

What's our challenge?

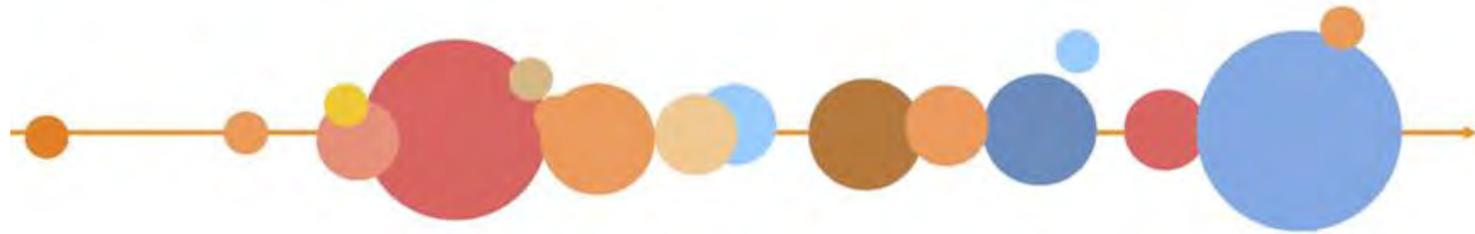


**PROGRAM RICH
SYSTEM POOR**



Connecting for impact

What's our approach?



**INCREASED ALIGNMENT
COMMUNITY CAPACITY
COLLECTIVE IMPACT**

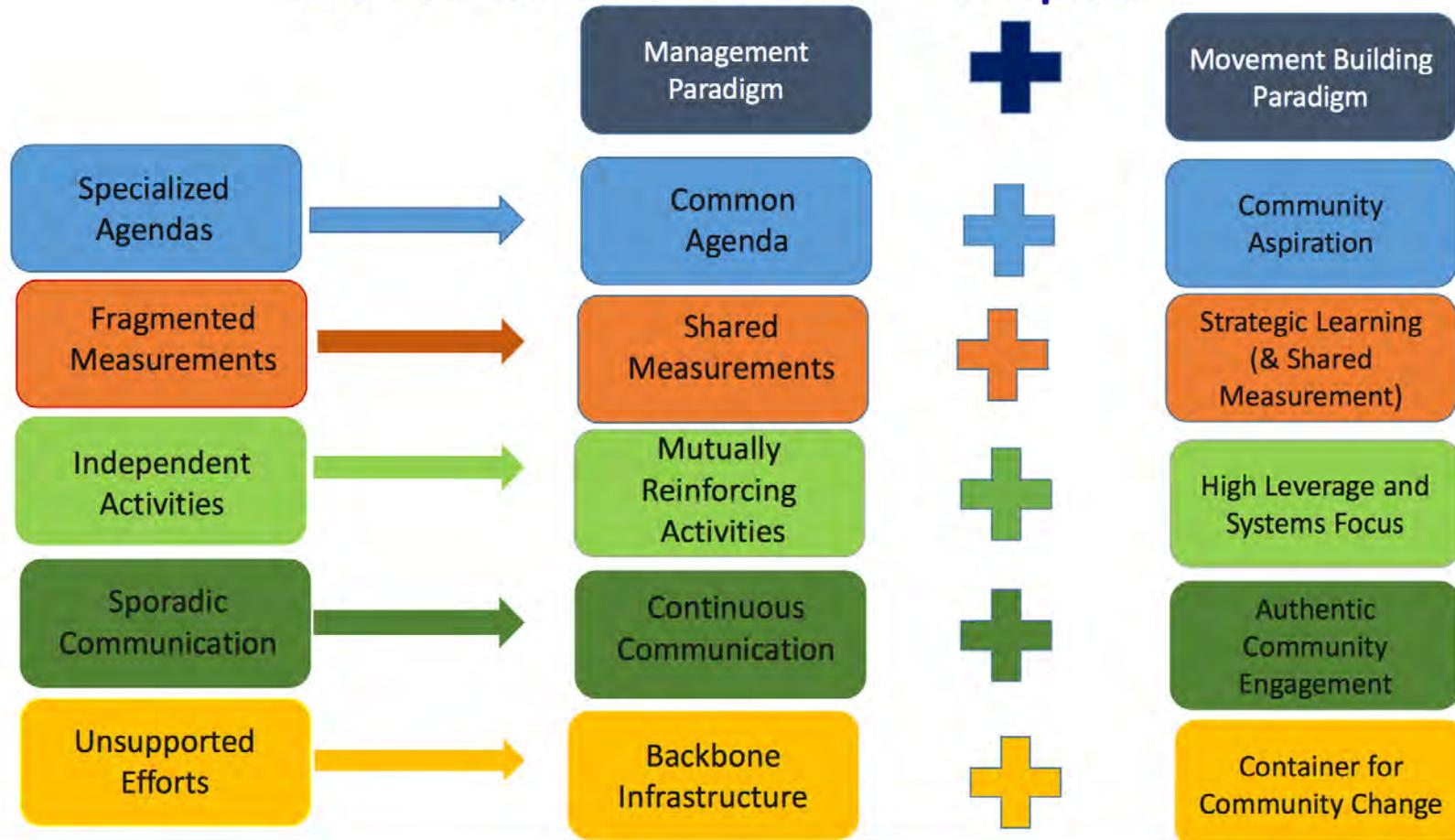
What is collective impact?

Collective impact is the commitment of a group of key actors from different sectors to develop a common agenda for solving a specific social problem.

Source: FSG



Six Shifts in Collective Impact



Collective Impact Shared Measures & Strategic Learning

Definition:

Measures that participants feel are important to track to assess the overall progress of their work.

Shared
Measures

Common examples in early childhood:

- the number and percentage of children receiving (identify the # of visits) **well-child visits** in the first 15 months of life;
- an increase of **utilization of existing available services** (ex: home visiting, food security, mental health services, etc);
- the number and percentage of children who **enter kindergarten ready to learn** at grade level

NOTE: This project is NOT trying to establish shared measurements, which are “A set of techniques or processes that require diverse organizations to employ the same techniques for gathering, analyzing and reporting data.”

The Montana Children's Health Data Partnership Project

Best Beginnings Advisory Council

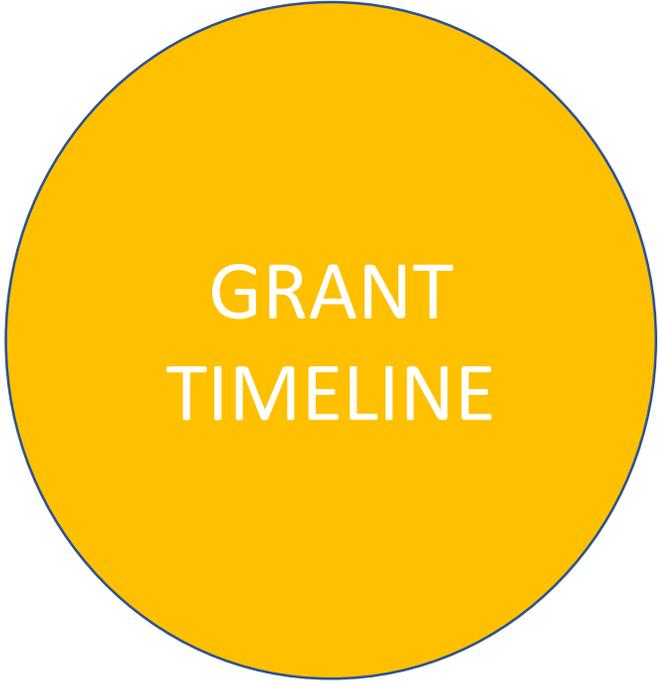
March 15, 2018

Grant Overview



GRANT
OVERVIEW

Timeline for Grant



GRANT
TIMELINE

GRANT
DESIGN
TEAM

Meets between
meetings of full
group to make
decisions and
move the grant
forward

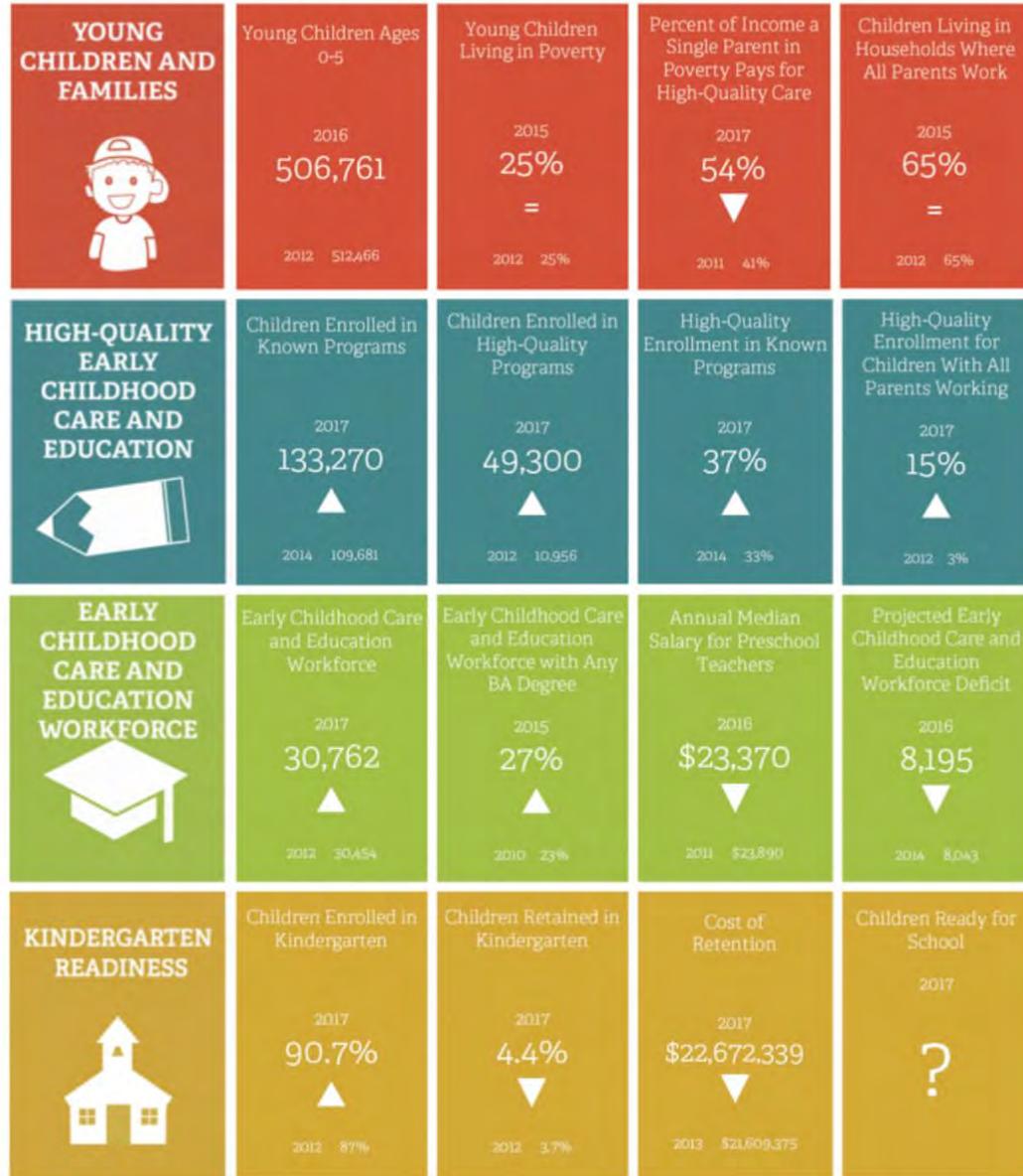
**at final
meeting based on shared measures
selected**

Examples of Data Dashboards



2018 ELAC Dashboard Indiana Profile

Improved ▲ Worsened ▼





Early Childhood Outcomes & Indicators

Outcomes	Indicators	Trends	Change from Previous Year
Outcome ① Babies Are Born Healthy	% of Low Birth Weight Babies (<5.5 lbs or 2,500 grams)		-0.5%
	% of Women Receiving Prenatal Care in First Trimester		-1.1%
Outcome ② Children are Healthy, Safe & Nurtured	Substantiated Child Abuse and Neglect Cases Per 1,000 Children Under 5		3.1
Outcome ③ Children Are Ready for School	# and % of 4-year-olds Attending PreK or Head Start		142
	% of Children Who Are Ready for Kindergarten <i>(Proxy Indicator: % Meeting DIBELS Benchmarks for First Consonant Sound)</i>		0%

Arrows indicate change from the previous year. Colors indicate whether the change is desirable (green) or not desirable (red).



Early Childhood Data Dashboard for Austin / Travis County



Low-income children are your fast-growing demographic:



They are not set up for success

Percent of school-ready children



Care & education in Austin are expensive



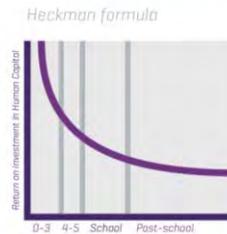
Families cannot afford care



Children are left unserved

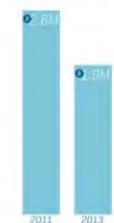


We know there's a high ROI



Other communities are outpacing us

City of Austin investments



Public spending per low-income child



The **School Readiness Action Plan** is a community-wide initiative led by United Way for Greater Austin to change these statistics. Learn more at: uwatx.org/sb6

Dashboard: Illinois Indicators Related to Early Childhood

The identified indicators and metrics are intended to track identified outcomes.



Economic Security

The number and percentage of Illinois children birth through age 5 living in families above 200% FPL.



High-Quality Early Learning for Infants and Toddlers

The number and percentage of Illinois children birth to age 3 with high needs who are enrolled in a gold-rated ExceleRate program and/or a home visiting program.



Health

The number and percentage of Illinois children receiving Medicaid/SCHIP who attend six or more well-child visits in their first 15 months.



High-Quality Early Learning for Preschoolers

The number and percentage Illinois children age 3 to kindergarten entry who are enrolled in a gold-rated ExceleRate program and/or a home visiting program.



Kindergarten Individual Development Survey (KIDS)

The number and percentage of Illinois children scoring at the "developing" level or higher on all domains of the KIDS assessment.

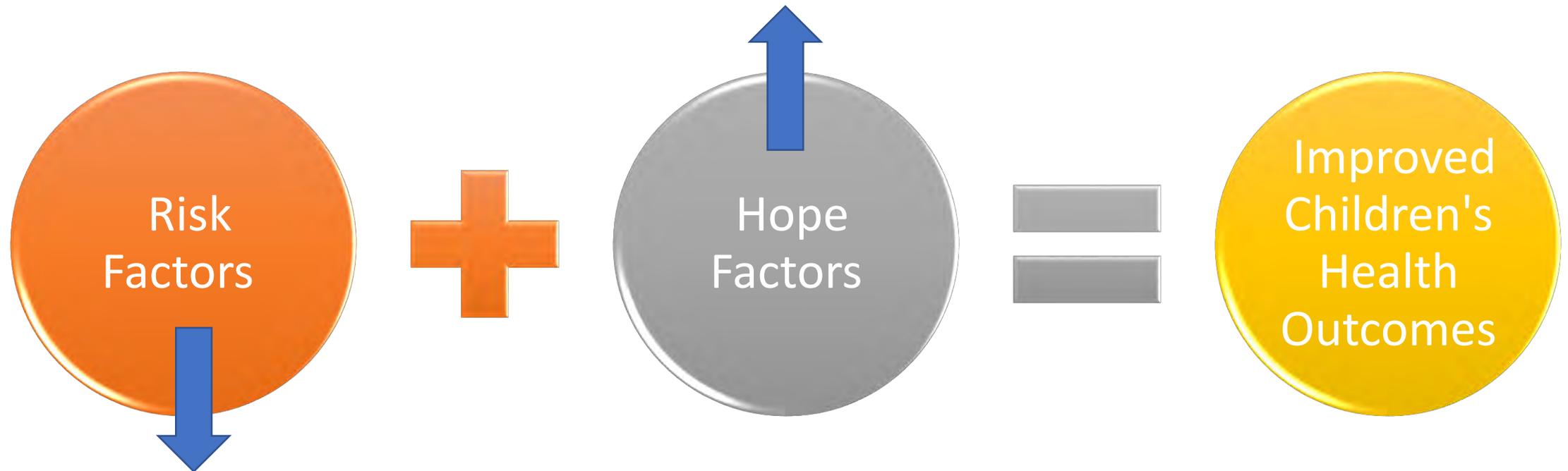


Coordinated Community Systems

The number and percentage of Illinois children birth to age 5 living in communities with high-functioning community



What will the MONTANA data dashboard look like?



National survey of children's health

Moves beyond risk

Changes the way we think about and measure children's health

Describes outcomes like “flourishing”

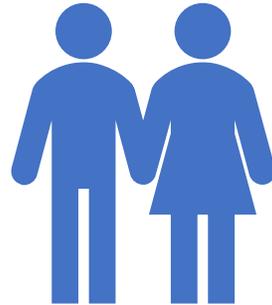
Incorporates ecological model

95,677 respondents

2016 data available online:

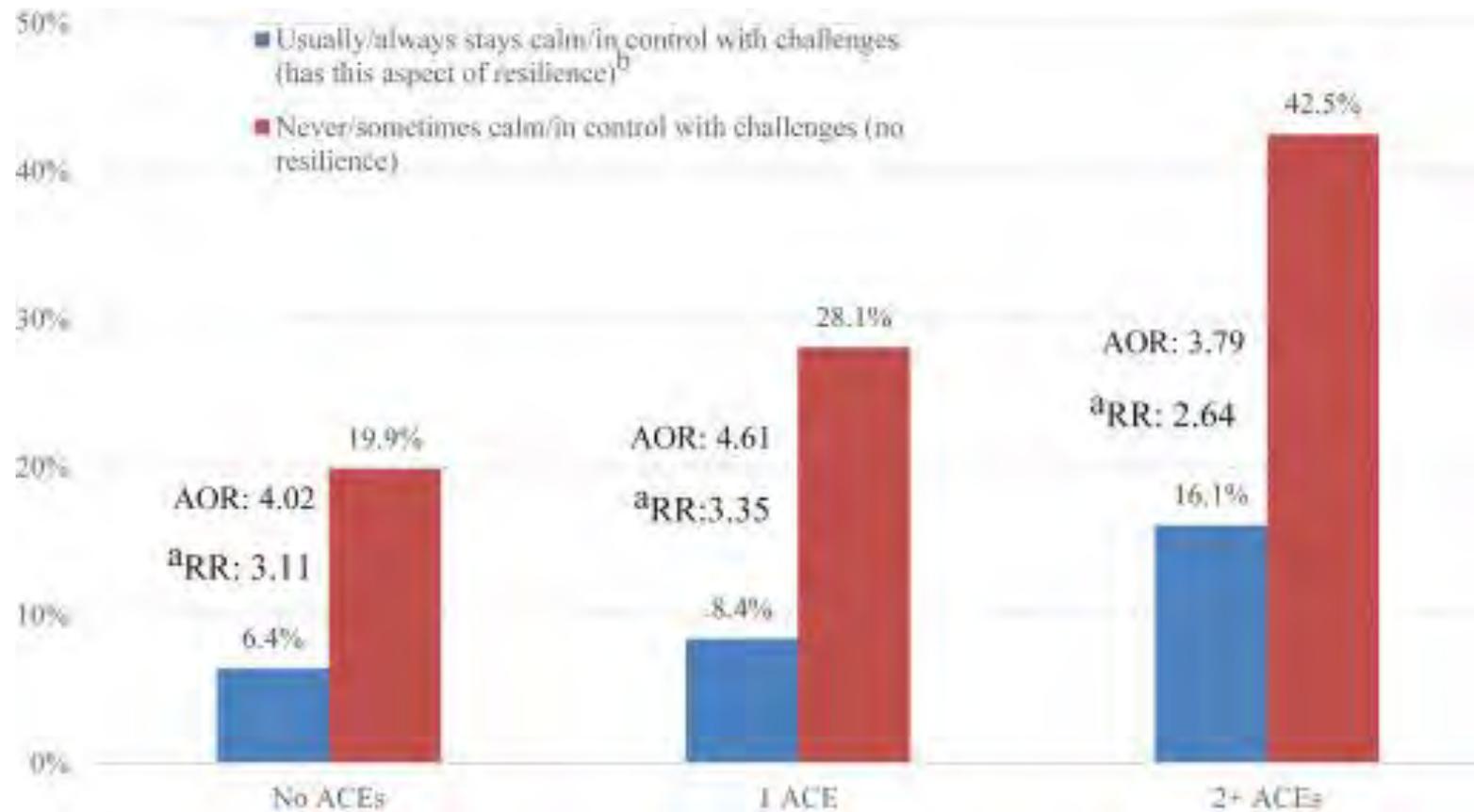
www.childhealthdata.org





- Home environments support child wellbeing
 - Sharing meals
 - Spending time together
 - Parent participation in children's activities
- Strong association between childhood experience and maternal health and child wellbeing
- Results apply to normally developing children, and those with special health needs

Prevalence of Emotional, Mental, and Behavioral Conditions by Adverse Childhood Experiences and Resilience Status (all US children ages 6-17)



POLICY & CULTURE



COMMUNITY



FAMILY

strengthening families
A PROTECTIVE FACTORS FRAMEWORK

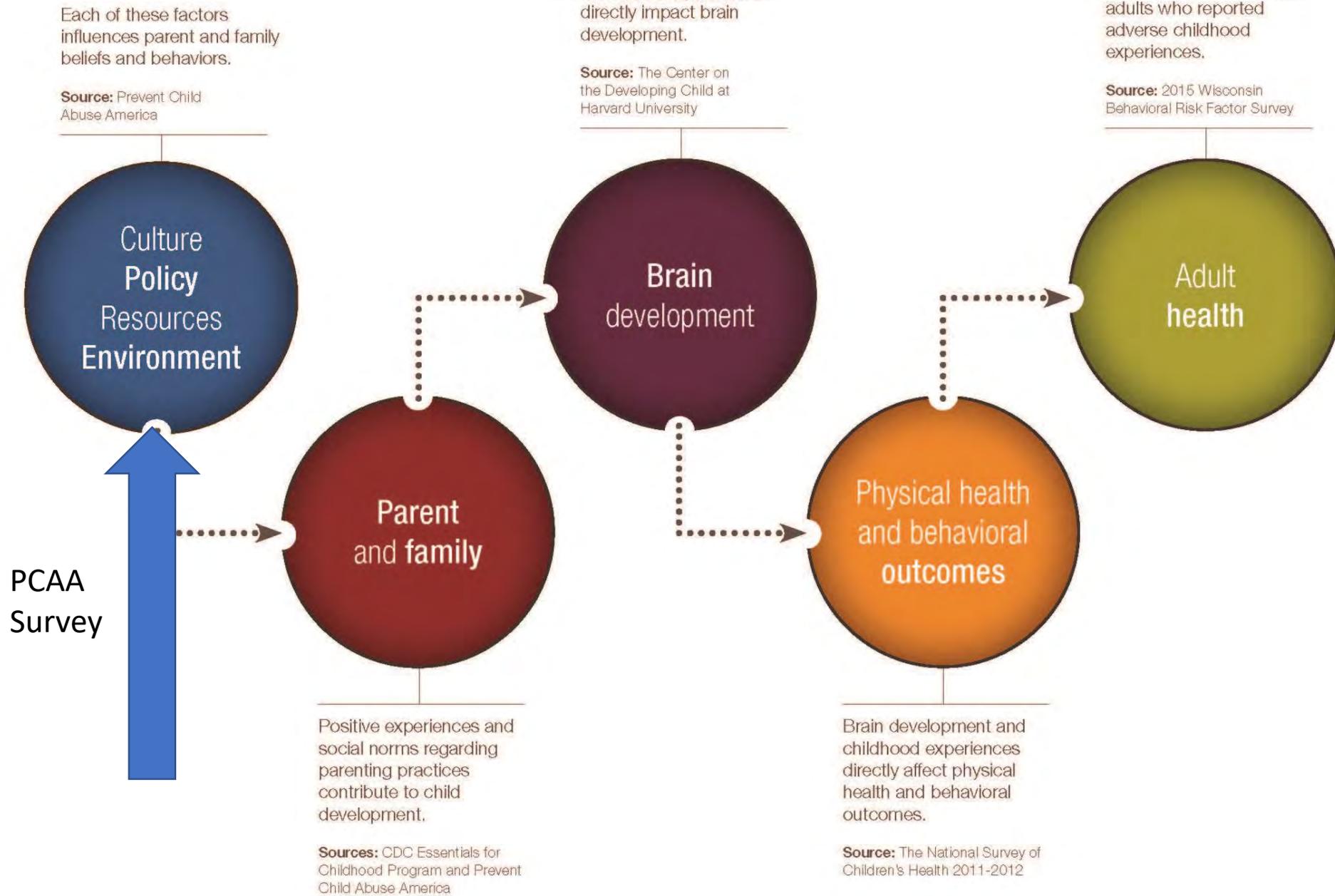
Home Visiting

CHILD

ACES — HOPE



Support for Cultural and Policy Change



The four positive experiences that matter

1. **Being** in nurturing supportive relationships
2. **Living, playing, and learning** in safe, stable, protective and equitable environments
3. **Engaging** in constructive social / civic activities that develop a sense of connectedness
4. **Learning** social and emotional competencies

Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. *Academic Pediatrics* 2017; 17:S79-S85



Provide
review and
feedback
throughout
the
process!!

Early Childhood Coalitions & Stakeholders



Comments &
Questions
Related to the
project???

How can agreeing on ten common measures help us advance children's health in Montana?



Connecting for impact



There are a lot of data available and even more that is not readily available. What are some criteria we should use to select the ten measures?

Sample criteria:

- Research/experience tells us that if we move this data, it will have a real impact on children's health in Montana
- This is data we already collect
- This is data we could begin to collect without extraordinary new resources of time and money
- We could impact this data with existing programs & resources (even if we have to rearrange resources/increase coordination to do so)

