

Presenters





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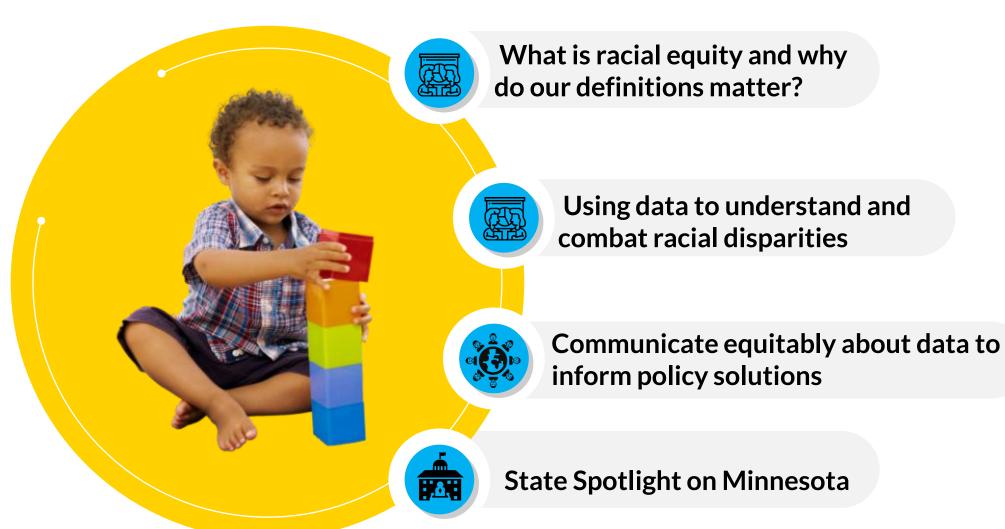


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Overview







How are you defining racial equity?

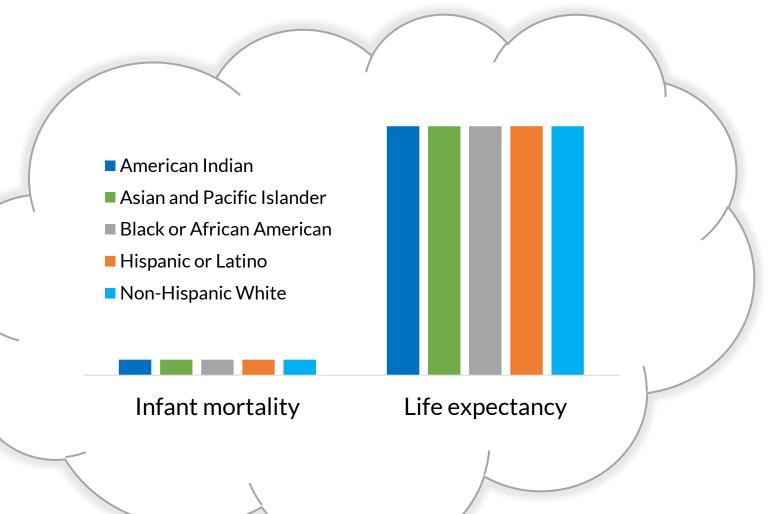


Outcome:

Our race no longer predicts how we fare

Process:

The work it takes to get there



Definitions matter









What is race?

- Sorting system that people made up
- Based on physical characteristics
- Differs by place and time
- Social, not biological, ancestral, or genetic
- Has real consequences because of discriminatory practices and policies

Why does the social construction of race matter?

- Race does not correspond to innate differences
- Differences in outcomes are not natural
- Racism is the cause of disparities not race

How can you use data to understand and combat racial inequities?



Identify Underlying Causes

Break data apart by race and ethnicity



Propose informed solutions

Break data apart by race and ethnicity



Percent of households with children that experienced <u>zero</u> hardships during COVID-19

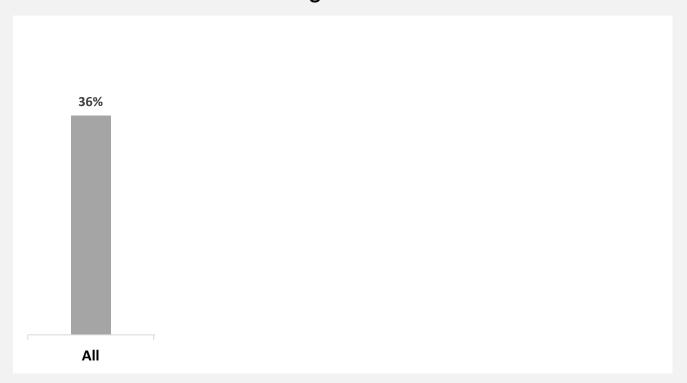


Figure 1. Percent of households with children that experienced zero hardships during COVID-19. Adapted table from "More than One in Four Latino and Black Households with Children Are Experiencing Three or More Hardships during COVID-19 "by C. Padilla, & D. Thomson, 2021. Child Trends.

Types of hardships:

- 1. unemployment
- 2. difficulty paying expenses
- 3. behind on rent or mortgage
- 4. food insecurity
- 5. physical health problems
- 6. symptoms of anxiety or depression
- 7. lack of health insurance

2/17/2021

Identify Underlying Causes¹



"Are these policies and practices leading to equity or inequity?" – Ibram X. Kendi, Alliance for Early Success Webinar, November 18, 2020

Examples of inequity in early childhood:

- Black children and boys are **suspended** at higher rates in preschool²
- Black early childhood educators earn less across center and home-based child care settings³

Example of an underlying cause:

Bias toward framing Black behavior as deviant

[1] Andrews, K., Parekh, J., & Peckoo, S. (2019). How to Embed a Racial and Ethnic Equity Perspective in Research: Practical Guidance for the Research Process. Bethesda, MD: Child Trends. Retrieved from: https://www.childtrends.org/wp-content/uploads/2019/09/RacialEthnicEquityPerspective_ChildTrends_October2019.pdf

[2] United States Government Accountability Office (2018). K-12 Education: Discipline Disparities for Black Students, Boys, and Students with Disabilities. Washington, D.C.: Author. Retrieved from https://www.gao.gov/assets/700/690828.pdf

[3] Austin, L.J.E., Edwards, B., Chavez, R., & Whitebook, M. (2019, December 19). Racial Wage Gaps in Early Education Employment. Center for the Study of Child Care Employment. Retrieved from https://cscce.berkeley.edu/racial-wage-gaps-in-early-education-employment/

Propose Informed Solutions



Over half of states, are making changes to improve their use of early childhood data

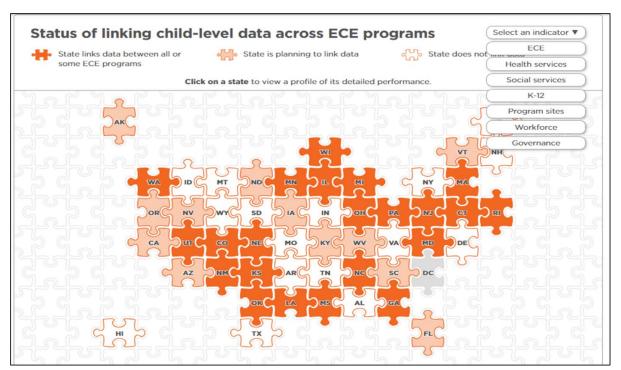


Figure 3. Number of states linking child, workforce, and program data. Adapted figure from "2013 State of states' Early Childhood Data Systems" by C. King, V. Perkins, C. Nugent, & E. Jordan, 2018. Early Childhood Data Collaborative, Child Trends.

To support the use of early childhood data to advance equity stakeholders can:

- identify questions to document and track causes of inequity
- capture data on race and ethnicity
- engage communities at every stage
- communicate limitations and potential bias
- include the voices of children, families, and educators



How do you communicate equitably about data?





Say what you mean, using person-centered language

2

Do not center one type of person as the norm



3

Put data in context

Source: Gross, E (2020). *Equitable Research Communication Guidelines*. Child Trends. Retrieved from https://www.childtrends.org/publications/equitable-research-communication-guidelines

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Say what you mean, using person-centered* language



Avoid euphemism

• E.g., diverse, vulnerable, underserved, marginalized

Be specific

• Be clear on who is included and who is not

Don't label people with stigmatizing circumstances

• If it is <u>not</u> an identity, do <u>not</u> use it as a label. If it is an identity, how would the population refer to themselves?

Engage communities

• Engage and elevate the voices of community stakeholders

Explain

Explain why you chose your language



- Diverse children
- Non-English speakers
- Low-income parents
- Marginalized, underserved, minority communities
- Children with special needs



- Black and Indigenous children
- Spanish speakers
- Parents who earn less than \$22,000/year
- Black, Indigenous, communities of color
- Disabled children or children with disabilities

Source: Hyams, K, Prater, N., Rohovit, J., Meyer-Kalos, P.S. (2018). Person-centered language. Clinical Tip No. 8 (April, 2018): Center for Practice Transformation, University of Minnesota.



Do not center one type of person as the norm



- Be aware of assigning value and stigma
- Identify all groups, not just the "different," non-normative groups
 - E.g., Disabled and nondisabled;
 White children and children of color
- Think carefully about comparisons



Put data in context



- Presenting disparities data without context can be harmful
- Investigate structural explanations for differences
 - Discriminatory practices and policies
 - Access to resources
- People skim, so include context early and often



Source: Freepik.com



Why is equitably interpreting and communicating data and research important?



In 2018, the United States infant mortality rate was **5.7** deaths per 1000 live births.

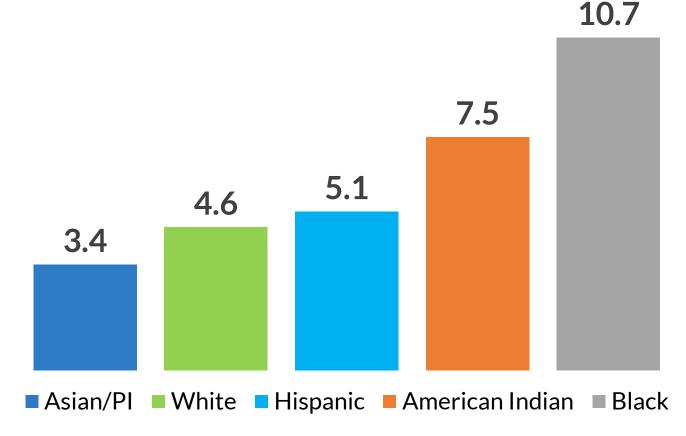
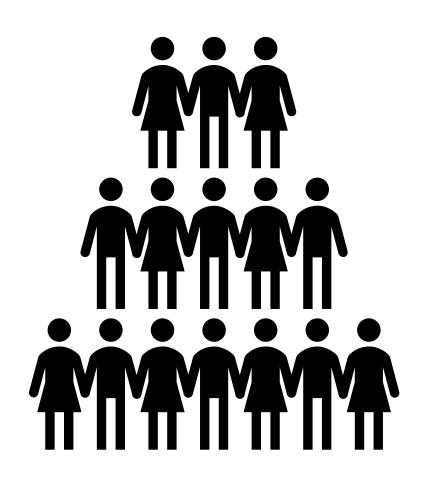


Figure 3. Infant mortality rate per 1,000 live births by race and ethnicity. Adapted from KIDS COUNT Data Center. (n.d.). Infant mortality by race in the United States, 2009-2018 [Dataset].

The idea of "closing gaps" is unfair to all of us.

It centers whiteness as the norm and implies Black, Indigenous, and other people of color should aspire to be like White people.



"Closing gaps" often renders Asian Americans invisible and does not consider within-group differences.



In 2017, the United States infant mortality rate for Asian/Pacific Islander infants was 3.8 deaths per 1000 live births.

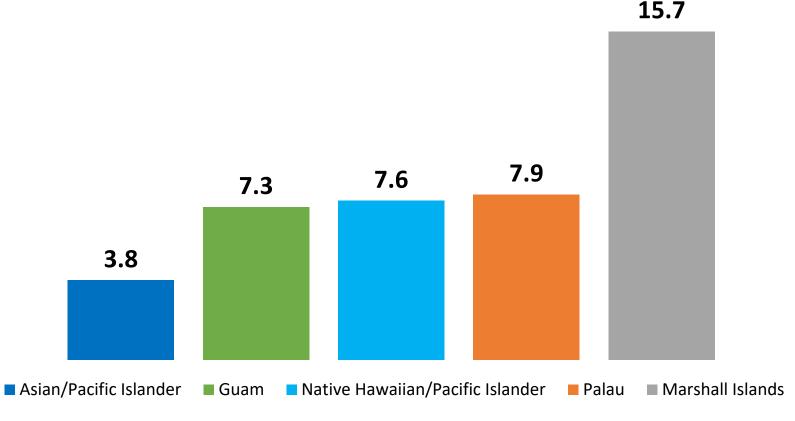


Figure 4. Infant mortality rate per 1,000 live births for Asian/Pacific Islander infants. Adapted from "Infant Mortality in the United States, 2018: Data From the Period Linked Birth/Infant Death File" by D.M. Ely, & A.K. Driscoll, 2020. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf.

"Closing gaps" rarely addresses the diversity with Latinx and Hispanic communities



In 2017, the United States infant mortality rate for Hispanic American infants was 5.1 deaths per 1000 live births.

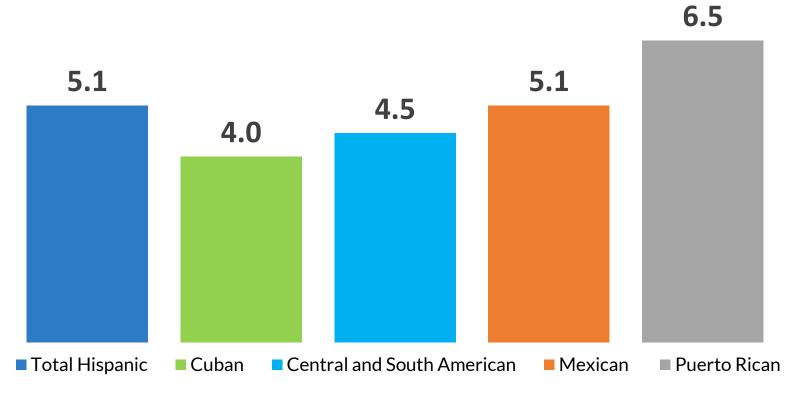
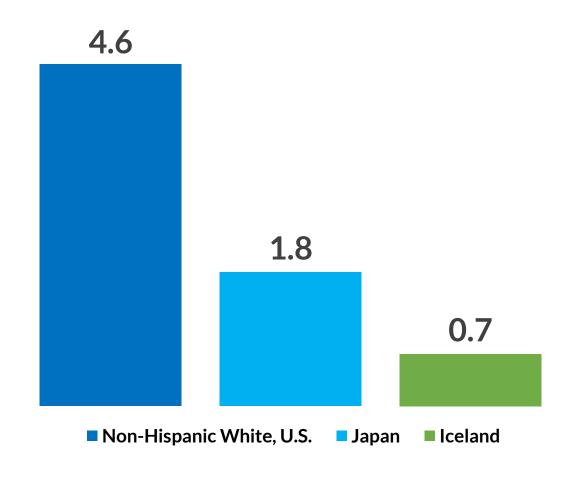


Figure 5. Infant mortality rate per 1,000 live births for Hispanic American infants. Adapted from "Infant Mortality in the United States, 2018: Data From the Period Linked Birth/Infant Death File" by D.M. Ely, & A.K. Driscoll, 2020. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf.

"Closing gaps" ignores the fact that White infants are not doing well either compared to infants in other countries.



In 2018, the United States infant mortality rate for White infants was 4.6 deaths per 1000 live births.





The goal is to get the rate as close to zero as possible for all infants.



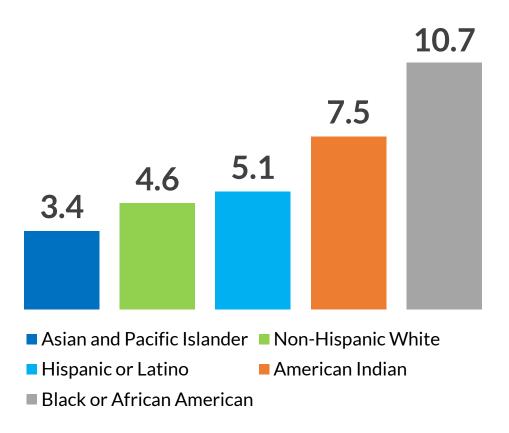
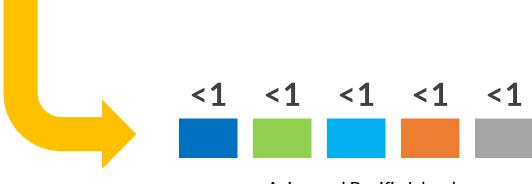


Figure X. Infant mortality rate per 1,000 live births by race and ethnicity. Adapted from "Infant Mortality in the United States, 2018: Data From the Period Linked Birth/Infant Death File" by D.M. Ely, & A.K. Driscoll, 2020. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf.

Communicating data equitably is part of how we get to this goal.



- Asian and Pacific Islander
- Non-Hispanic White
- Hispanic or Latino
- American Indian
- Black or African American



State Perspective



Evaluating Early Childhood Program Access:

An Analysis of Participation Data for Lower Income Children, Children of Color and American Indian Children from the Minnesota Early Childhood Longitudinal Data System



The potential for a future productive workforce, prosperous economy and thriving communities in Minnesota is being formed right now in the experiences and opportunities provided to the state's youngest citizens. During the first years of life a child's brain goes through its most rapid development with 700 new neural connections occurring every second. Those neural connections are the building blocks of concerns, like children of color, American Indian children, and the brain, which is constructed from the bottom up starting with simple skills that provide the foundation for more advanced skills later in life. That's why providing a stable foundation for brain development in a child's earliest years through strong caregiver relationships, early education for all young children and early intervention when development is disrupted by adverse experiences (such as poverty, hunger, exposure to violence, or parental mental illness or addiction) is essential to ensuring positive outcomes later in a child's life. Investments in early education and intervention programs not only support future learning and development, but also reduce the need for remedial services like Special Education, justice systems, and public work support programs, and can result in societal returns on investment of up to \$16 for every \$1 spent on prevention and intervention. This is the best possible investment communities can make in their children's futures. The state's future workforce and economy depends on how we treat children now



State and federally funded programs provide and support access to education, prevention and intervention services for young children and families in Minnesota. The purposes of these programs include supporting access to basic needs and work supports such as food, health care, and child care and promoting healthy child development and family stability through parental support and education, and access to high-quality early education. Effective early childhood programs and supports are safe, accessible and developmentally appropriate and include appropriately trained and compensated staff, parental support and involvement, language development support, small adult-child ratios, comprehensive supports to address the needs of the whole child, and responsive

adult-child interactions. These programs can tip the scales toward positive development for children by preparing them socially and academically for school, providing emotional support to build resilience, and including cultural support to develop a secure identity. Evidence has shown that children at greater risk of developmental lower income children, experience even greater positive effects from participation in rigorously evaluated early childhood programs that incorporate these high-quality components. Gains include improved school readiness, increased reading comprehension by third grade,3 improved health outcomes,4 and supported development of executive functioning skills like self-control, memory, leadership skills and

The benefits of early childhood programs have become widely known and recognized through public investment at the national, state and local levels. In recent years, Minnesota has invested millions of dollars into programs like Early Learning Scholarships, School Readiness, Voluntary Pre-K, Head Start and the Child Care Assistance Program (CCAP) because lawmakers, parents and citizens understand the long-term return on investments of these programs. However, it has become increasingly difficult to track data on children's early childhood program participation, particularly across programs, and long-term outcomes based on that participation primarily because early childhood programs are administered by different state agencies. have various levels and sources of funding, and track participation data and outcomes differently. This multi-services delivery approach that also allows for often necessary layering of services is beneficial to young children and families who have varying needs and access to services. However, it does make it difficult to track how services are layered, compare results and outcomes of services, and determine gaps in services for specific populations and geographic areas.

Minnesota Early Childhood Longitudinal Data System

In order to gain a more comprehensive understanding of early childhood and social program participation and use patterns to identify gaps in services and opportunities for investment and outreach, integrated data between administrative agencies has become necessary. Minnesota began to embark on the creation of such a system in 2010 through Race to the Top Early Learning Challenge Grant Funding, Minnesota Early Childhood Longitudinal Data System (ECLDS) was launched in early 2016. The ECLDS is an interactive and accessible data tool that combines and links data collected by the Minnesota Departments of Education, Human

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eclds.mn.gov

