

Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.





Playbook on Data-Informed Advocacy for Head Start and Early Head Start

Making the case for state support to meet rising need



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The purpose of this data guide is simple. It is to teach the skills of using data to make the case for investing in Head Start and Early Head Start to address the rising tide of need in your state. Used wisely, data can provide policymakers and community leaders the insight and information they need to make smarter investments in the success of every child.

Here are some reasons why gathering data and using it effectively are so critically important:

- ✓ **Data can inspire action.** An organization, community or state may come together when they discover a gap or need.
- Data can help identify gaps in equity or access for different populations to understand the needs of the most marginalized and vulnerable children.
- Data can inform funding gaps and opportunities to leverage or layer funding to meet a need.
- Data provides a way to share evidence of progress with important stakeholders, including funders who want their investments to result in measurable and meaningful impacts.

Each section of the guide explains why this stage is important and frames essential questions to consider. There are examples and resources to help you get started.

1.

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Questions? Reach out to NHSA Staff Contact: Kent Mitchell, Director of State Affairs, <u>kmitchell@nhsa.org</u>.

4.

4 Steps of
Data-Informed
Advocacy

Focus the Purpose

Collect Key Data

2.

Make Meaning

3.

Communicate Findings

Step 1: Focus the Purpose

When you think about the needs of young children and families in your state, it is overwhelming. You know that there has been a widening gap of need, especially for your most vulnerable families. There are several factors contributing to the rising tide of need for support. The challenge is for you to discern the most compelling and pressing indicators to communicate that case for support. To narrow your focus, it is helpful to learn what is important to your stakeholders and what other successful states have done.

Key Questions to Consider

1. Who are the children and families in need of services?	2. Who is being served/unserved?
 This first question is focused on framing the target population in your state. You want to help paint a picture about whom you are making the case for support. Some of the data to pull together might include: Families with young children living in poverty Children in foster care Children experiencing homelessness 	 This next question is meant to focus on the target population. You want to demonstrate that there is a population who is not being served, underserved or a service need is unmet. Some of the data to pull together might include: Number of children enrolled in early care and education (by age group or geographic area) Number of children identified as in need of services that aren't enrolled in early care and education Number of children and pregnant women receiving services from evidence-based home visiting programs (e.g., MIECHV, First Steps, maternal and infant health initiatives like OB Navigator)
3. What are the unmet needs?	4. What is Head Start doing that could meet these needs?
 This question will help you provide some context for the unmet need(s) you are making the case to address. For example, if your state has seen an increase in substance abuse rates then further connect how home visiting services could support this rising need. In this section is where you could highlight data related to COVID-19 and its implication on unmet needs. While your state and the country is still in the midst of dealing with this national pandemic, there may be some preliminary data to highlight the impact on children and families. Other unmet needs in your state that you may want to highlight based on the context and policy discussions: Additional needs of families such as access to health, mental health, trauma and substance abuse services COVID impact and implications (loss of child care spots/capacity, increase demand, most vulnerable have been disproportionately affected) 	 This question is important, because it is where you get to offer a solution(s) to address this need and gap in the state. The challenge is Head Start is comprehensive and collects a lot of data, so you need to be specific and direct. One example might be to highlight that you are already serving this population (share your enrollment demographic data) and have relationships that you could grow to further support this group. Another example might be to highlight the comprehensive services that you are already providing that could be expanded to meet the need. Some of the data to pull together might include: Demographics of children enrolled (related to the target population) How HS/EHS has addressed the need thus far Is geographically positioned across the state to meet the need What percentage of the need HS/EHS is currently capable of meeting

Suggested Criteria for Selecting Indicators

- Consider the context and trends in your state. Has there been a growing conversation about the increased rate of child abuse and neglect, or a concern around infant mortality? Think about how to frame your data to connect with ongoing discussions in your state.
- Select no more than 6 key indicators to make your case. The goal with your data is to present a clear and concise case of need for a target population, not the whole population. Therefore, you want to be strategic and selective in your use of data to tell the story. If you have too many indicators, the message will not be clear and could be overwhelming.
- ✓ Indicators must be changeable to a significant degree by local or state action. Select data points that have potential to improve through some possible action.

Case Study Example (Part 1)

For illustrative purposes with this data guide, we will use a case study to help demonstrate how to apply this resource.

For our example state, we see a rising tide to invest in Early Head Start due to an increase in infant mortality. In order to make the case for increase funding and support, we are going to focus in on the following key indicators:

- Smoking during pregnancy
- Prenatal care rates
- Infant mortality
- Number of children and pregnant women enrolled in evidence-based home visiting
- Number of children and pregnant women identified as eligible for but not enrolled in evidence-based home visiting
- Number of Early Head Start programs and spots

Step 2: Collect Key Data

Discovering where to find quality data is the second step in the data informed process. There are many places that contain data related to your key indicators. Some are easier to access and more reliable than others. Data sources are updated at different times during the year. Pay attention to how old the data is and whether it is the most recent data available. Gaining access to the data will present different challenges. Once you have collected the data you need, you can begin harnessing the power of data using analysis and visualization which are detailed in the next section.

Most of the data that you are seeking to make the case for the rising tide is available from state agencies. In addition to state agencies, there are some national resources that provide state and county level data that may be useful.

Key Data Indicator Crosswalk

Key Indicators	Data Source
Population Data, Demographics, and Poverty	 Easy Access to Juvenile Populations (EZAPOP) KidsCount Data Center National Center for Children in Poverty U.S. Census Bureau
Early Care and Education	 State agencies that manage child care and develop- ment funds and state-funded pre-k
Home Visiting	 State agencies that manage MIECHV and Title V Maternal and Child Health Services Block Grant
Health, Mental Health, Substance Abuse	 <u>KidsCount Data Center</u> <u>RWJF County Health Rankings</u> State agencies that manage Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant
Child Abuse and Neglect	 <u>KidsCount Data Center</u> State agency that manages child welfare
Housing/Homelessness	 <u>KidsCount Data Center</u> State agencies that manages McKinney-Vento Homelessness Assistance Act <u>United States Interagency Council on Homelessness</u>
Hunger/Food Insecurity	Feeding America: Map the Meal Gap
Head Start	 Program Information Reports National Head Start Association state fact sheets

National Resources with State/Local Data

Easy Access to Juvenile Populations (EZAPOP)

EZAPOP provides access to National, State, and County level population data detailed by age, sex, race, and ethnicity. It's helpful for looking at population data by single age groups. This data is originally collected by the U.S. Census Bureau and subsequently modified by the National Center for Health Statistics (NCHS).

National-, state-, and county-level data updated annually

KIDS COUNT Data Center

Snapshots provide information about child economic wellbeing, health, early childhood, safety, and public education.

National, state, and county data published annually

RWJF County Health Rankings

Rankings provide information about health outcomes and health factors.

National, state, and county data published annually

U.S. Census Bureau

The U.S. Census Bureau collects data from citizens on a variety of topics and makes the data available for the entire U.S. Going to their main page is helpful, but checking out the American Community Survey and Data pages will be a good place to start.

The U.S. Census takes place every 10 years, but most national, state, county, and city data is updated on an ongoing basis using The American Community Survey (ACS).

ZERO TO THREE's State of Babies Yearbook

The State of Babies Yearbook compiles nearly 60 indicators specifically for children ages 0 to 3—to measure progress across the three policy areas. States are ranked by a set of indicators and grouped into four tiers that represent their progress towards assuring access to healthcare, paid family and medical leave, quality early learning opportunities, and more.

National and state data published annually

Case Study Example (Part 2)

For our example state, we have identified the key indicators and the sources from which we could gather this data.

Key Indicators	Data Source
Birth rate	Easy Access to Juvenile Populations (EZAPOP)
Prenatal care rates	<u>State Health Department</u>
Infant mortality	 <u>RWJF County Health Rankings</u> <u>State Health Department</u>
Number of children and pregnant women enrolled in evidence- based home visiting	 Agencies that manages MIECHV-funded home visiting programs and Title V home visiting programs <u>State Head Start Collaboration Office</u>
Number of children and pregnant women identified as eligible for but not enrolled in evidence- based home visiting	 Agencies that manages MIECHV-funded home visiting programs and Title V home visiting programs <u>Head Start State Collaboration Office</u> <u>KidsCount Data Center</u>
Number of Early Head Start programs and slots	Head Start Program Information Report

Step 3: Make Meaning

I have my data, now what? You have spent all of this time and effort gathering this critical information. Now you have the task of making sense of the data to tell your story of need. The first step is to analyze your data. When reviewing your data, use the following questions to guide deeper discussion and analysis.

Other ways to provide deeper analysis and insight for making your case include the following recommendations:

- 1. Make Comparisons
- 2. Disaggregate Data
- 3. Look at Trends
- 4. Use Program Information Report (PIR) Data

Guiding Discussion Questions:

- ✓ What is interesting?
- What questions does this raise for us?
- What is significant about this information?
- ✓ What else do we want to know?

1. Make Comparisons

Put your data in context to understand if it is better or worse. Examples of doing this could be to pull in national data or other peer states in your region. In addition, you could also present data by county to show the counties of greatest need or with greatest change in need.

Best Practice Example #1

Indiana's Head Start Needs Assessment had been reporting the program schedule breakdown across grantees for years. The <u>2018 report</u> was the first year that national data was used for comparison, and it demonstrated that Indiana's largest supply of slots is part-day programs which is not consistent compared to the national data of programs with full day slots. This chart was used to help demonstrate that there is a need for more full day spots in Indiana to support working families, which aligned with several policy discussions occurring in the state at the time.



Data Source: 2018 Indiana Head Start Needs Assessment

Best Practice Example #2

This <u>chart</u> is an example of how a state identified the top 5 and bottom 5 counties with different indicators. It presented the range of need across counties that an average or median percentage does not communicate. It also stirred action in those communities who were identified at the bottom.

Data Source: 2020 Indiana Early Learning Advisory Committee Annual Report

Percentage of Children Who Need Care Enrolled

Top 5 Cou	nties	Bottom 5 C	counties
Wayne	64%	Newton	14%
Monroe	62%	Tipton	14%
Bartholomew	58%	Fountain	8%
Vanderburgh	54%	Jasper	8%
Grant	54%	Blackford	7%

2. Disaggregate Data

There are several different ways to analyze the data by different factors. This can help inform if there is a larger gap between different populations and/or inequities to access services. The following are potential categories for disaggregation:

- race/ethnicity
- single parent/two parent households
- age of children/parents

- geography (e.g. county)
- employment status
- primary language/language spoken at home

The critical factor is determining which of your key indicators can be disaggregated further by these categories. Not all data is able to be analyzed in this way.

Best Practice Example #3



This chart is using the data to identify the number of unserved pre-kindergartners. By disaggregating the data by income level, the reader can identify the estimated number of unserved children by these different income categories. In addition, other publicly funded pre-k program data is used with the children in poverty data to identify an overall number of unserved children.

Data Source: 2017 Indiana Early Learning Advisory Committee Annual Report

Best Practice Example #4

The example <u>charts</u> are highlighting population demographics, numbers served, and affordability. This data was able to be disaggregated by race, income levels and special populations (foster care).



Figure 6: How many young children in each racial group are living in poverty?





This more detailed breakdown of data demonstrates an overrepresentation of a population group in single female households and black young children living in poverty. It also shows the unaffordability of high quality early care and education for a single parent.

Data Source: 2019 Indiana Early Learning Advisory Committee Annual Report

Best Practice Example #5

Figure 54: How many foster children are being served in early childhood education?22



This chart highlights the low enrollment rate of foster care children in a state with an exceedingly high child maltreatment rate.

Data Source: 2019 Indiana Early Learning Advisory Committee Annual Report

3. Looking at Trends

When data is presented for one year, it provides point in time information for that period. Sometimes it is more compelling to present data over a period of time. A key factor when presenting trend data is to ensure that the data has been consistently available over a period of time and calculated in the same manner. If not, then the data may not be reliable and appropriate to use.



Data Source: 2020 Indiana KidsCount Data Book





Best Practice Example #7

Another example is this <u>funding chart</u> that looks at the publicly funded early care and education programs to see how the financial investment has changed over time. In the past few years, the state has had a lot of effort to expand their pre-k program (On My Way Pre-K and EEMG). With all of that work and effort, it has made a relatively small impact in the overall investment in early care and education funding.

Data Source: 2020 Indiana Early Learning Advisory Committee Annual Report

4. Use Program Information Report (PIR) Data

Head Start collects a lot of data that can be accessed and compared across grantees in a state, to other states and nationally. The PIR data can be aggregated across a state to look at enrollment demographics by eligibility factors (income, disability, homeless, foster care, etc.), children served, and other factors. The PIR (at least the summary) is publicly available, so it's okay to share it and publicize the data. People want to know about the work that Head Start does, and the PIR is a great source to tell the story.

Other uses of the PIR is all of the data regarding comprehensive services. Head Start focuses on the whole child, which extends to the whole family. Children and families involved with Head Start programs have a diverse set of needs. In order to meet these needs, Head Start programs provide many services beyond early childhood education. You can identify the percentage of children and parents who were able to access different services (health insurance, immunizations, developmental screenings, dental care, prenatal care, parenting education, workforce development and many more).

Best Practice Example #8

This <u>chart</u> shows that Head Start and Early Head Start programs in this state have the capacity to serve a higher percentage of children in poverty in rural counties compared to urban counties. This data highlighted (via a map) that Head Start is sometimes the only program in a rural community.

Data Source: 2019 Indiana Head Start Needs Assessment

Summary of Head Start/ Early Head Start Capacity for Children in Poverty

% of Children in Poverty Served	Urban Counties	Rural Counties
Less than 15%	21 48%	16 33%
15% - 24%	12 27%	12 25%
25% - 49%	8 18%	17 35%
50% or greater	3 7%	3 6%
Total	44	48

2020 Federal Poverty Guidelines

	Family of 2	Family of 3
100% FPL	\$17,240	\$21,720
125% FPL	\$21,550	\$27,150
150% FPL	\$25,860	\$32,580
185% FPL	\$41,894	\$40,182
200% FPL	\$34,480	\$43,440

Pro Tip:

Include a reference guide to help the reader understand the data you are presenting. For example, if you are referencing the percentage of children or families in poverty it might be helpful to include a simple <u>table</u> with the most recent federal poverty guidelines. This is data that you readily know, but most policymakers and other leaders may not understand.

Data Source: 2020 Federal Poverty Guidelines, Department of Health and Human Services

Demonstrate the Return on Investment

Another way to make the case for additional support for Head Start is to bring in research that communicates the value for investing in early care and education. There are several national studies available with estimated ranges of return on investment from \$12:1. Your state can use the national study estimates or your own state's estimates if they have been calculated. Dr. James Heckman, ReadyNation and the U.S. Chamber of Commerce are all good sources to reference data.



Data Source: <u>The Economic Impacts of Investing in Early Childhood</u> Education in Indiana, Sept. 2016.



Data Source: Indiana Early Learning Advisory Committee (ELAC)

Case Study Example (Part 3)

With our case study example of the rising tide of need to invest in Early Head Start due to an increase in infant mortality, this is how we are going to go deeper with the data to demonstrate need and gaps.



Birth rate

Compare birth rate by race and age group of mother to see if there are any differences



Prenatal care rates

Examine access by different demographics such as income, age, and race



Infant mortality

Compare by race; rank counties highest to lowest



Number of children & pregnant women enrolled in evidence-based home visiting Compare across counties; look at percentage of eligible population enrolled



Number of children & pregnant women identified as eligible for but not enrolled in evidence-based home visiting

Rank counties with greatest unmet need



Number of Early Head Start (EHS) programs and spots

Show the number of EHS programs and spots across the state; compare number of EHS spots in your state to other similar states (with greater access)

Step 4: Communicate Findings

Once you have analyzed your data and found meaningful ways to express it, then it is time to communicate findings to stakeholders. This is broken out into two steps: finalizing your end product(s) and creating a communication plan.

Finalizing a Data Product

For purposes of this guide, the primary audience for your data guide is policymakers. Their capacity to read a long report is limited, so the goal is to keep your end product short and user-friendly. You want to communicate and display your data in a way that will create a strong visual impact. This means that you will use a combination of text, quantitative data and qualitative (anecdotal) data.

Data visualization is a technique used to communicate data and information as a visual object. Data patterns and trends often go undetected in text-based data, so this is the power of using charts and graphics. Using visualization tools will help your audience understand the significance of key data points, as you tell your story.

When you are creating charts, you want to have a good mix of charts that best communicate your data. This includes a combination of bar graphs, line charts, pie charts, donut charts, maps and tables. You might need to try all of the different charts to see which ones best tell the story with your data.

In addition to using charts, you can also use infographics to visualize your data. An infographic takes your data and visualizes it with images. It can add diversity in your report between text and charts. The first <u>visualization</u> below takes a data point (64% or almost $\frac{2}{3}$ of young children live in households where all parents work) and converts it to a visual image representing the data.

Storytelling Tips:

- Keep the report simple and brief, which means no more than 5 pages.
- Find the right balance between visualization and narrative. Digital content should be heavier on the visualization, while a formal print evaluation report should be heavier on narrative. You want your visualizations and narrative to support each other without being duplicative.
- Make sure to include qualitative data, personal stories, anecdotes and comments that add color and context to your quantitative data.



Committee Annual Report

Creating a Communication Plan

Determine the best means of communicating your story. What materials and channels make the most sense—printed materials, an email blast, social media, individual or group meetings? In today's Information Age, there are so many options to communicate with your audience. Think about your primary and secondary audiences and the best ways that they consume information. Then develop your outreach effort to present your report and its findings through those communication methods. Make sure you have the resources to implement effectively. Consider strategically partnering with others to increase your reach and impact.

Lastly, consider timing. What time of year or time of day will your audience be most receptive to receiving your message and responding to your call to action? It may be important to release your report right before a new state legislative session to inform policy and funding decisions. If there is a state study committee or advocates convening around your issue area, then it might make sense to release your report then. You also want to consider holidays and other times when individuals are focused on other priorities to not release your report then.

Below is a suggested template for planning your communication efforts.

Communication Plan Template

Project name:

Target Audience(s):

List primary, call-to-action recipients of the message and secondary audiences, such as those that should be informed as a courtesy or for information only.

Critical Partners:

List all parties involved in executing this plan and their role.

Purpose/Rationale:

Why is this report needed?

Goals:

List up to 5 high-level goals. What are you trying to accomplish overall through the communications plan? Try to be as specific as possible, such as clicks on an email blast, count of individual meetings, number of articles in the media, etc.

Strategies:

State the communications tactics, channels, partnerships, and timeline that you will use to engage your key audiences and accomplish your objectives. Be as specific and detailed as possible and also include a timeline for when you will accomplish these tactics.

Key Messages:

List up to 3 key messages that you and partners will consistently use to promote your report and findings.

Resources

There are some helpful resources and websites with some of the recommended data that is already compiled as well as examples of how to communicate data and findings. See the list below as references as you prepare your state's case statement.

Census Data

- U.S. Census Bureau: How to Navigate data.census.gov
- U.S. Census Bureau: Analyzing Census Data in Excel

COVID-19 Resources

- American Academy of Pediatrics: <u>Guidance Related to Child Care During COVID-19</u>
- U.S. Census Bureau: The Household Pulse Survey: Measuring Household Experiences during the Coronavirus Pandemic

Data Resources

Prenatal-to-3 Policy Impact Center: <u>State Policy Roadmap 2020</u>

Homelessness Data

U.S. Department of Education: <u>Early Childhood Homelessness State Profiles</u>

Hunger/Food Insecurity

Feeding America: <u>Map the Meal Gap</u>

Indicator Selection and Relevant Resources

Project HOPE: Selecting Indicators for Early Childhood Systems Change Projects

Nonprofit Storytelling Data

- National Head Start Association: <u>Data Analytics Playbook</u>
- Transform Consulting Group: Why Go Visual Blog
- Transform Consulting Group: <u>Creating Infographics to Help Tell Your Story</u>
- Transform Consulting Group: <u>3 Tools to Develop Meaningful Infographics Blog</u>

Opioid Data

• United Hospital Fund: The Ripple Effect: National and State Estimates of the U.S. Opioid Epidemic's Impact on Children

Poverty

National Center on Children in Poverty: <u>Data Tools</u>