

# An Update on Healthy and Ready to Learn: A Measure for States and the Nation

## Child Trends Webinar Q&A

During Child Trends' webinar held on June 11, 2020, participants posed many excellent questions to the presenters. Since there was not enough time to respond to all questions during the webinar, we are providing written responses. In some cases, responses to similar questions are grouped. Our thanks to everyone who attended the webinar!

### Defining Healthy and Ready to Learn

**Q. Can you please clarify how "healthy and ready to learn" is defined by this instrument? I think I missed that in the presentation.**

**A:** Healthy and Ready to Learn (HRTL) is a composite, population-level measure built from four domains:

- Early Learning
- Health & Motor Development
- Self-regulation
- Socioemotional Development

Children's responses to developmentally sensitive tasks are coded by age within each domain. Children are coded as On Track, Emerging, or Needs Support. Then, the proportion of children who are coded as On Track in each of the four domains is summed. Those children who are On Track in all four domains are defined as Healthy and Ready to Learn.

### Age Differences

**Q. Do you have items that apply to younger children? I see you may be adding items for age 3.**

**A:** There are items that are appropriate for 3-year-olds; however, a number of these are not appropriate for 5-year-olds, and vice versa. Because competencies among children vary greatly from ages 3 to 5, new age-specific items have been developed and are being tested.

**Q. Can you say more about [age-specific items] and whether anything is being done for children less than [age 3]?**

**A:** There are 11 early language items in the National Survey of Children's Health (NSCH) for children ages 1 to 5, including whether the child can: "Use 2 words together, such as 'car go,'" or "Use 3 words together in a sentence, such as, 'Mommy come now.'"

## The National Survey of Children's Health (NSCH)

**Q. How concerned are you about bias in the collection process (e.g., such a high percentage collected online)?**

**Q. [Are there] any methodological considerations to ensure best representation of children [birth to age 5] (an age group that is historically miscounted, especially amongst vulnerable populations as reported by the Census)?**

**A:** Children from birth to age 5 are oversampled, and nonresponse bias analyses are conducted annually. No systemic evidence of bias has been found. For details, see: <https://www.census.gov/programs-surveys/nsch/technical-documentation.html>.

**Q. Is the sample size large enough to compare same time and trend info by sub-population across states?**

**A:** To examine subgroups within a state, such as children ages 3 to 5 (or children ages 3 to 5 of a particular race), it would be necessary to combine data across at least two years.

**Q. Is there any hope for using this tool to document the developmental impacts of the pandemic and the recession on child well-being?**

**A:** The NSCH, in which the HRTL measure is embedded, is fielded annually between summer and early winter, allowing year-to-year comparisons of the HRTL measure; however, the NSCH was not in the field during the spring of 2020. The HRTL measure will undergo at least one more set of revisions in 2021, so the measure as it stands in the 2017, 2018, 2019, and 2020 NSCH survey will differ from the measure in 2021 and beyond. While it may be possible to compare estimates from earlier versions of the HRTL measure to newer versions of the measure, that is unknown at this time.

**Q. Are there any elements in the survey that establish ... participation in an intervention, like home visiting, publicly funded ECE [early care and education], [or] parenting education?**

**A:** The NSCH includes general questions about health care services, preschool enrollment, the presence and timing of an individual education plan, and receipt of child care for more than 10 hours per week, but not about participation in specific programs.

## Uses of the Healthy and Ready to Learn Measure

**Q. Have you [tested], or are you considering testing, collection at a more granular level as a possible benchmarking tool for early childhood providers (with guardrails about appropriate/inappropriate uses and allowed/unallowed uses—e.g., cannot be used for punishment or reward)?**

**A:** When the HRTL National Outcome Measure is finalized, such tests would be possible because all survey items from the NSCH are in the public domain. However, because the HRTL measure is a population-level measure, it is not designed as a benchmarking tool for providers or programs. It is our intention to clearly describe the purposes and uses of the measure when sharing it publicly.

**Q. Is the measure available for programmatic use to assess readiness? In other words, can we use this as an internal assessment tool?**

**A:** The National Outcome Measure is a population-level measure. As such, it is not designed to assess the readiness of a given child. However, it could be useful to help organizations collect data that allow them to compare the children in their program to children in their state or in the nation, assuming that a sufficient

sample of parents can complete the questions. Population-level measures are also not designed to be sensitive enough to capture change as a result of enrollment in a given program or intervention; rather, they are designed to track trends in groups of children over longer periods of time than a typical intervention, such as year-over-year changes. Many other assessments of children's skills and well-being are more appropriate for use by a given program.

**Q. Would it be possible to fund our own research at the county level using the measure being developed here?**

**A:** Once the next version of the questionnaire is finalized in the first half of 2021, the Maternal and Child Health Bureau at the Health Resources and Services Administration (HRSA MCHB) can make the items and, ultimately, the coding protocol available on their website. Additionally, states have the option to purchase oversamples to produce sub-state-level estimates—e.g., estimates at the county level. Information about this process is available here: [https://www.census.gov/content/dam/Census/programs-surveys/nsch/NSCH\\_State\\_Oversample\\_Summary\\_Document.pdf](https://www.census.gov/content/dam/Census/programs-surveys/nsch/NSCH_State_Oversample_Summary_Document.pdf).

**Q. Is the tool itself available? Or a subset of items if not?**

**A:** The items are currently still under assessment. After cognitive testing is completed and new items are selected, they will be reviewed by the Office of Management and Budget; the revised instrument will hopefully be included in the 2021 NSCH. The questionnaire in English and Spanish is always posted online: <https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents>.

**Q. [Do you have] any suggestions if the local county or organization uses this survey to assess children's kindergarten readiness? Or, what [opportunities are available] to partner with the local county or organization to do a study using this survey?**

**A:** Conducting a prospective validity study to examine whether the HRTL measure predicts positive outcomes when children enter elementary school is a high priority. At present, however, funding to conduct such a study has not yet been identified. For further information, please contact Reem Ghandour at [RGhandour@hrsa.gov](mailto:RGhandour@hrsa.gov).

## State Comparisons

**Q. How does the state-level HRTL measure compare to the KY, MD, OH, and IL data? That is, how do the individual state HRTL data compare to the Kindergarten Entrance Assessment (KEA) data in those states—as opposed to [a comparison of] the national HRTL data to state KEA data. I want to know the state-level breakout of HRTL compared to the state KEA.**

**Q. What is Connecticut's readiness percentage rate?**

**Q. [A lack of alignment between the HRTL measure and Kindergarten Readiness Assessments (KRA)] could also point out flaws in KRAs, particularly if there is more alignment than misalignment state-by-state.**

**A:** The 2017-2018 data did not have a sufficient sample size to generate state-level estimates for 3- to 5-year-olds, so we could not directly compare state-level estimates of HRTL to state-level KRA estimates. (This would be a more useful comparison than national HRTL estimates vs. a state KRA estimate.) Such a comparison will be possible in the future, though, by combining multiple years of NSCH data to generate state-level estimates of HRTL. However, because the 2016 and 2017-2018 HRTL pilot measures were somewhat different, it would not have been appropriate to combine those three years' worth of data to generate state-level estimates. We heard a lot of interest in oversampling; if that strategy gains traction, it could allow for annual state-level estimates, as well as sub-state estimates!

## Oversampling of local areas

**Q. Is there any chance ... this survey would get more granular [in the future]—like to the county or city level?**

**Q. Is there any possibility for local (county-level) communities to piggyback on the national survey to get estimates below the state level? For example, [are there] options to pay for an oversampling? It is very difficult to get community-level data to compare with this amazing state-/national-level survey.**

**Q. Is there any discussion/effort to oversample in selected areas of the country in order to create estimates at the sub-state level—perhaps [by] partnering with state or local departments of health conducting local child health surveys? While these data would be most useful at the subcounty level, county-level estimates would be incredibly useful as well.**

**Q. Can you please link where states can pay for oversampling?**

**A:** Due to cost constraints, there is no current plan to produce county- or city-level estimates for the nation as a whole. Starting in 2020, however, states have the option to purchase oversamples for the purposes of producing sub-state-level estimates (e.g., estimates at the county level), or to allow a general increase in the number of completed questionnaires within the state to enable reporting for smaller populations or rare outcomes. Information about this process is available here:

[https://www.census.gov/content/dam/Census/programs-surveys/nsch/NSCH\\_State\\_Oversample\\_Summary\\_Document.pdf](https://www.census.gov/content/dam/Census/programs-surveys/nsch/NSCH_State_Oversample_Summary_Document.pdf).

## Expert Panel

**Q. Do you have a document or reference that lists the background/training of the expert panel? Did developmental and behavioral pediatricians participate as experts?**

**A:** A document is not available. However, members of the Expert Panel represented a variety of stakeholders and fields of expertise, including developmental psychologists and behavioral pediatricians. Members were highly engaged and provided valuable input.

## Policy Implications

**Q. How is this information communicated to legislators and policymakers?**

**Q. How do we get food to the food-insecure children?**

**Q. Childhood Food Solutions has a way to deliver boxes of food support to school kids on non-school days. We provide extra food and kids say they share their food with younger siblings. Is anyone else working on getting food to food-insecure preschool-age children?**

**Q. This work will yield great data, but it still is not clear how to move policymakers to give priority to early childhood family support services. We have known the need for greater investment for a long time.**

**A:** Data from the NSCH are accessible in multiple formats, including reports from HRSA MCHB, journal articles, and briefs and blogs from Child Trends, in addition to sources from other partners. The data can be downloaded by researchers for analysis, and various stakeholders, policymakers, and advocacy groups can share the data broadly. Microdata files are available for download through the U.S. Census Bureau, which conducts the NSCH on behalf of HRSA MCHB: <https://www.census.gov/programs->

[surveys/nsch.html](#). Data from the NSCH can also be analyzed through the Data Resource Center for Child and Adolescent Health using a user-defined query system: [www.childhealthdata.org](http://www.childhealthdata.org).

Discussion participants noted the importance of having information for children at the state and national levels every year prior to school entry so that initiatives can be implemented to enhance children's health and readiness for school. For example, data can inform governors' advisory groups (e.g., children's cabinets) and advocates regarding Title V grant plans and programs such as Head Start. Because the data are collected annually and are "multi-lingual" (i.e., speak to many early childhood sectors), the information can be used by stakeholders across systems, allowing examination of a variety of issues, including nutrition, health care, and early education. The data can also support an understanding of how events—including national events like a recession or pandemic, or more local events like a hurricane—affect children. Discussants noted that two thirds of funds for children are from state and local governments and that much of the remaining funds are managed at the state level. Accordingly, having comparable yearly data across states will allow policymakers to assess the effectiveness of varied policies for children.