Summary of Data Points

Who are we? We are one of the subcommittees of the Nevada Early Childhood Advisory Council (ECAC), that is the Data & Evaluation Subcommittee.

What is our Objective? To increase availability of, access to, and use of data that can be disaggregated to drive informed decision making.

What did we do? The Nevada ECAC Data & Evaluation subcommittee developed a set of Research Questions/Data Points about Early Childhood and created a Data Dictionary of Early Childhood data measures. This resource aims to guide data-driven decisions within the Early Childhood Comprehensive System (ECCS), and allows us better understand and support the diverse needs of young children and families across Nevada.

What is Data Dictionary?

- The data dictionary is a comprehensive document that includes 68 variables across key areas such as early learning/childcare, home visiting, early intervention/special education, nutrition/food assistance, parental engagement, prenatal/postpartum care, children's health care, mental/behavioral health, economic/social support, safety, health, thriving children/families, and prenatal-to-three outcome measures.
- We searched over 40 different data sources to gather the data information, both nationally and locally to identify the current status, utilization, successes, and gaps within the early childhood sector. Some of the data sources include US Department of Health & Human Services, Nevada Department of Health and Human Services, Southern Nevada Health District, US Department of Education, Nevada Department of Education, Centers for Disease Control and Prevention (CDC), American Board of Pediatrics, Center for Law and Social Policy, Kaiser Family Foundation (KFF), The Annie E. Casey Foundation, US Department of Agriculture, Nevada Department of Agriculture, Nevada Office of Analytics, etc.
- For each variable, we provided detailed data information, including the data source, access links, and instructions on how to access the data. This document is a valuable resource for any professionals working with data or needing integrated data information in one place.

What were the Data Gaps?

- ***Data we found***
  - We were able to find data information for 64 out of 68 variables. Of those 64 variables, for one related to home visiting—the number of children served in evidence-based home visiting programs like Nurse Family Partnership, Home Instruction for Parents of

Preschool Youngsters (HIPPY), and Parents as Teachers (PAT), which come from three different programs/sources─the data was not publicly available. So, we had to reach out personally to the relevant stakeholders (Nevada Home Visiting team) to obtain it. This process may not be efficient for those who are actively searching for data. It would be much easier if the data were available publicly, as it would benefit early researchers and professionals looking to conduct or develop various programs. Data plays a crucial role in the success of these initiatives.

- ***Data we didn't find***
  - For 4 variables, we were unable to locate data information. Those variables include:
    1. **The number of slots/seats in District PreK programs (early learning/child care):** The data gap is that while we found the number of eligible children enrolled, we were unable to obtain information about the actual number of available slots/seats in these programs. This missing data could limit our understanding of capacity and enrollment potential.
    2. **The number/percentage of parents/family members involved in local/state advisory groups by each factor in vulnerable population definition (parental engagement):** Another data gap is that we have information on the number of parents/family members involved in local/state advisory groups/boards in the early childhood sector, but we lack data disaggregated by vulnerable population definition, including race/ethnicity. This missing information makes it harder to understand who is truly represented in these advisory groups.
    3. **The number/percentage of doulas (prenatal/postpartum care):** The state has no documented data on doulas, which is an important gap, as we are unable to understand this vital workforce.
    4. **The number/percentage of employees with paid family leave benefits by each factor in the vulnerable population definition, including race and ethnicity (economic/social support):** There is also no available information on the number of employees with paid family benefits, making it difficult to assess the complete scope of support available for workers in the state.
- ***Proxy data points***
  - For two mental/behavioral health variables, we could not find the exact data, and the information we found was limited. As a result, we had to rely on proxy or related data. However, proxy information may not always fully represent what we are looking for, as it may miss specific details or the context of the original data. This can lead to gaps or

inaccuracies when we try to draw conclusions or make decisions based on it. The variables are:

  i. **The number/percentage of children who are eligible/need infant and early childhood mental health (IECMH) services:** We were unable to find this exact data, however, we did find a close proxy: the number/percentage of parents or caregiver who tried to access mental health services for their children. Using this proxy data, we can determine how many parents in need attempted to access IECMH services for their kids.
  ii. **The number/percentage of IECMH consultants (per capita):** For this measure, we found proxy data on the number of child abuse pediatricians & developmental-behavioral pediatrics, who are responsible for providing mental-behavioral health services to children. Those seeking information on the number of IECMH providers may refer to this proxy data, as it represents similar information.

- ***Data disaggregation***
  - Out of 64 variables for which the data information is available, only half—32 variables—could be further disaggregated, for example, by age, location, race/ethnicity, disability, poverty, homelessness, foster care, language, child with abuse/neglect, and health insurance, at least by two categories. For those 32 variables which could be disaggregated, the disaggregation of data was as follows:
    i. **84% could be broken down by age**
    ii. **75% by race/ethnicity**
    iii. **62% by location (county wise/rural-urban residence)**
    iv. **50% by poverty**
    v. **44% by health insurance**
    vi. **31% by language spoken**
    vii. **28% by children with abuse/neglect**
    viii. **25% by disability**
    ix. **9% by foster care**
    x. **6% by homelessness**
  - This implies that data disaggregation is not sufficient for categories like health insurance, languages spoken, children with abuse/neglect, disability, foster care, and homelessness. These important sub-groups are not adequately represented in the analysis, which could result in missed opportunities for providing the right support for children and families.

    - The remaining 32 variables could not be disaggregated at all, particularly in areas like early learning/child care, parental engagement, prenatal/postpartum care, mental/behavior health, economic/social support, thriving children/families, and prenatal-to-three outcome measures. Having more disaggregated data is beneficial because it provides a deeper and more accurate understanding of disparities in vulnerable populations, allowing for targeted interventions that address specific needs within different groups.

What did we learn?

While data is available for most of the variables, there are limitations in accessibility and disaggregation.

What are the Recommendations?

Efforts should be made to improve and enhance data collection, and disaggregate it by key factors such as age, race/ethnicity, poverty, languages spoken, and other factors. This will help to identify disparities and ensure targeted interventions and resources for children and families in need. Investment should also be done in strengthening data infrastructure.