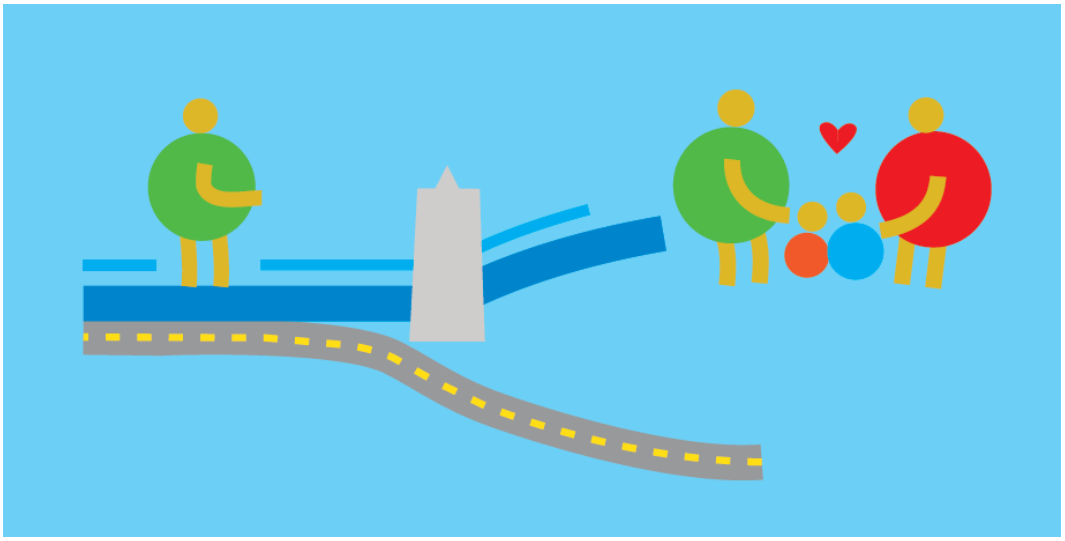
THE HEALTH AND EQUITY IMPACTS OF EXPANDED ACCESS TO PRESCHOOL: CINCINNATI'S FORK IN THE ROAD

Report Appendices



HUMAN IMPACT PARTNERS

August 2016

AMOS PROJECT

Cincinnati Children's changing the outcome together

StrivePartnership Cincinnati & Northern Kentucky

INTERACT FOR HEALTH A Catalyst for Health and Wellness

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Human Impact Partners works to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision-making. For more about Human Impact Partners, visit www.humanimpact.org.

APPENDIX A: HIA PROCESS AND METHODOLOGY

HIA Process

HIA is a flexible process that typically involves six steps:

1. Screening involves determining whether or not an HIA is warranted and would be useful in the decision-making process.
2. Scoping collaboratively determines which health impacts to evaluate, the methods for analysis, and the work plan for completing the assessment.
3. Assessment includes gathering existing conditions data and predicting future health impacts using qualitative and quantitative methods.
4. Developing recommendations engages partners by prioritizing evidence-based proposals to mitigate negative and elevate positive health outcomes of the proposal.
5. Reporting communicates findings.
6. Monitoring evaluates the effects of an HIA on the decision and its implementation as well as on health determinants and health status. Stakeholder engagement Stakeholder engagement, including participation of community members who are directly impacted by the policy, is a vital part of HIA. We engaged stakeholders in the following ways:

Stakeholder Engagement

Stakeholder engagement was an essential part of the HIA. We included groups who would be impacted by the initiative in the following ways:

Advisory Committee

This study was conducted in partnership with The AMOS Project. The advisory committee consisted of representatives of several community based organizations and health service organizations, including: Cincinnati Children's Hospital, Interact for Health, Mercy Health, StrivePartnership, and United Way of Greater Cincinnati.

The Advisory Committee began collaborating by phone in January 2016 with an in-person meeting in Cincinnati, OH in April 2016. The Advisory Committee advised HIA researchers on where to find specific data and research, organized and conducted focus groups, devised strategies on how to communicate findings, shared the political context of the initiative, and reviewed and offered feedback on the draft findings, report, and recommendations. The Advisory Committee will also continue to communicate and disseminate the HIA findings.

Data Collection

The need to gather data and research for HIA is one way to start a discussion about the impacts a policy has on health. We engaged stakeholders for the following data collection task:

Focus Groups: The AMOS Project organized and conducted focus group discussions with 1) parents and guardians of preschool-aged children not enrolled in preschool, 2) parents and guardians of preschool-aged children enrolled in preschool, and 3) preschool teachers.

Methods

The following methods were utilized to describe existing conditions and make impact predictions:

- Review of the scientific (peer-reviewed) and grey (non-peer reviewed) literature;

- Data collection from existing sources, such as the U.S. Census Bureau's American Community Survey, U.S. Department of Labor Statistics, City of Cincinnati Health Department, an economic analysis by the University of Cincinnati Economic Center, the Greater Cincinnati Community Health Status Survey, and data from the Ohio Department of Youth Services;
- Focus groups with parents and guardians of preschool-aged children not enrolled in preschool, 2) parents and guardians of preschool-aged children enrolled in preschool, and 3) preschool teachers.

Estimating the Impacted Population

We estimated the total number of 3-4 year old children in Cincinnati (9,150 children) by using used the U.S. Census Bureau American Community Survey (ACS) 5-year estimates (2010-2014) of 3- and 4-year-olds enrolled in public schools, private schools, and not enrolled. Of the total population of 3-4 year old children, 4,037 (44%) currently attend preschool while 5,113 (56%) do not currently attend preschool. The projections are based on the goal of an 80% "take up rate" or percent of eligible children that may use the program. Therefore, we estimated that 4,090 children (80% of the 5,113 preschool-aged children who do not currently attend preschool) might gain access to quality preschool with an expansion of access to preschool. However, because the ACS only reports these data as the number of 3- and 4- year old children, we reported our impact predictions over a 10-year period by multiplying the numbers for each 3- and 4-year old cohort by five. Thus, approximately 20,452 preschool-aged children may gain access to preschool over the next 10 years. Finally, we estimated the number of children living in poverty that may be impacted by expanded access to preschool, with 80% take up rate. To do this, we applied the percent of children currently living in poverty (44%) to the impacted children (20,452) over a 10-year period.

Estimating Reductions in Need for Special Education Services and Grade Retention

A recent economic analysis of a proposed preschool initiative by the University of Cincinnati Economics Center provided data and methods that were very applicable to this HIA. From this report, we used their estimates of the percent of preschool-aged children eligible for preschool that require special education services and percent of preschool-aged children eligible for preschool that were held back (grade retention). To update their projected benefits to society, we used more current data on the estimate of 3-4 year olds from the ACS 5-year estimates 2010-2014 and inflated the 2013 dollars to 2016 dollars. Secondly, we used the percentages of special education services and grade retention for preschool-aged children eligible for preschool (22.5% and 19%, respectively). We applied percent reductions in special education services (12% reduction) and grade retention (an average of 14.5% reduction) after access to preschool from literature to the 20,452 eligible preschoolers over the next 10 years in order to estimate the number of students that would no longer require special educational services or be held back, as a result of expanded access to preschool.

Estimating High School Graduation Rates, Crime Rates, and Monthly Earnings

One study that examined a randomized controlled trial of a preschool program did long-term follow up and provided percent estimates of people arrested for criminal acts and rate of high school graduation for people with access to preschool and people without access to preschool (Zoritch et al., 2000). Therefore, we applied these estimates to our population. According to the follow up study, the high school graduation rate for those who attended preschool was 71% and 54% for those who did not attend preschool. Additionally, 31% of people who attended preschool were arrested for criminal acts as compared to 51% of

those who did not attend preschool. Finally, we inflated 1993 monthly earnings for those who attended preschool versus the monthly earnings of those who did not attend preschool to 2016 dollars. We applied these percentages and average monthly earnings to our populations assuming the current distribution of 3-4 year olds that attend or do not attend preschool.

Estimating Cases of Abuse or Neglect

We started with the current percent of children who are victims of abuse or neglect in Hamilton County (1.14%) and multiplied it by the current number of preschool-aged children in Cincinnati (9150), to estimate the number of preschool-aged victims of abuse or neglect in the City of Cincinnati (104). One study found a 52% reduction in abuse or neglect in children attending preschool. We translated this into the percent of abused and neglected children who currently attend preschool (.075%) and the percent of abused and neglected children who do not currently attend preschool (1.44%). We then applied these percentages to the population changes in children attending preschool and children not attending preschool, if expanding access to preschool was achieved. This allowed us to estimate a reduction in the number of children that are victims of abuse or neglected for the 20,452 3-4 year olds that would gain access to preschool over the next 10 years. This finding assumes an equal distribution of abused and neglected children attend and don't attend preschool. It also assumes 80% uptake into preschool, and that the current distribution of 3-4 year olds remains constant over the course of the 10 years.

Literature Review

For the literature review we gathered empirical evidence using databases such as Google Scholar, general Internet searches, and other public health, sociological, and child and adolescent health databases. Grey literature included reports produced by organizations and institutions including the University of Cincinnati Economics Center, Justice Policy Institute, Robert Wood Johnson Foundation, PEW Charitable Trusts, Urban League of Greater Southwest Ohio, and the Community Building Institute.

Strengths and Limitations of this Study

Limitations

Available data

Certain types of data that were lacking or not publicly available would have enhanced findings and made predictions of change due to expanded access to preschool more precise.

- It was difficult to determine how many 3- and 4-year olds were enrolled in preschool, as opposed to other types of daycare or early education programs. We relied on Census data, which only reported "enrolled in public school", "enrolled in private school", or "not enrolled" by age. Therefore, the estimates presented are assuming that children at the ages of 3 or 4 who are "enrolled in school" are in preschool, but further clarity would have been ideal.
- We could not access data on incarceration rates for Cincinnati residents, therefore, we have used crime rates as a proxy
- We suspected that the higher rate of single-parent households in Cincinnati might be due to the higher crime rate (and potentially higher incarceration rate) for Cincinnati, but we were unable to obtain any data to confirm this.

Research and evidence

There were research gaps that also would have provided more confidence in the predictions of the potential impacts of expanded access to preschool:

- Most of the studies of long-term impacts of preschool were conducted on cohorts that were in preschool in the 60s and 70s, so additional historical changes could influence the relevance of these outcomes today.
- Some of the relationships mentioned in the report have not been thoroughly studied, so findings may be preliminary and subject to further understanding and review.

Other methodological limits

With any study of how an intervention affects outcomes, there are a myriad of social changes that impact the ability to make predictions of change. Most of the studies showing impacts of preschool on behavior and education outcomes were conducted on cohorts that completed their education before the more recent zero tolerance discipline policies began to sweep the nation. It is likely that some of the benefits of preschool may be tempered when children encounter a zero-tolerance K-12 experience, which could still leave them susceptible to higher crime and incarceration rates. It is our hope that the findings from this study will inform the conversation around access to preschool for Cincinnati's children, however, the exact relevance of the predictions may depend on final policy decisions that will happen after the completion of this study.

Strengths

Numerous strengths are evident as well. The participation of Advisory Committee members ensured that we included and understood a variety of perspectives on early childhood education, the barriers that families and teachers face, and the political context of the initiative in Cincinnati. Furthermore, their connections to parents/guardians, teachers, and community resources, provided us with access to meaningful and credible stories that provide additional context to our findings, incorporating the voices of those most impacted by this potential policy decision.

APPENDIX B: FOCUS GROUP METHODOLOGY

Three focus groups were conducted between March 14 and March 17, 2016. The purpose of conducting focus groups was to bridge the gaps in the literature and existing conditions data, to support the findings in those sources, and provide new insight on how the initiative would specifically impact targeted communities. Our partner organization, The AMOS Project, was compensated for their work in recruiting and facilitating the focus group discussions. They were also provided with additional funds to give stipends to focus group participants, supply food and refreshments during the meetings, and to address any barriers that participants may have come across in their ability to participate, such as transportation, parking reimbursement, child care services, and so forth.

The AMOS Project recruited participants using flyers and through their connections with other community organizations. All participants were Cincinnati residents, and were put in one of the three groups:

- Parents of preschool-aged children *not* enrolled in preschool,
- Parents of preschool-age children enrolled in preschool, and
- Preschool teachers.

Participant Demographics for Focus Groups with Parents

Total number of participants	9
Gender	Female – 7 Male – 1 Self-reported: non-binary - 1
Age	Average = 35 4 participants ages 26-30 2 participants ages 54 & 55 2 – data not provided
Race/ethnicity	Black/African American – 8 Black and White - 1
Number of children/grandchildren	Average = 3
Ages of children	Average = 8, 10 children preschool age or younger 10 children ages 6-10
Marital status	Single – 7 Married – 1 1 – data not provided
Annual household income	0-$20,000 – 8 $21,000 - $30,000 - 1

Each focus group had one facilitator and one note-taker. The discussions were also audio-recorded and transcribed to ensure accuracy of discussion. Following the guidelines of qualitative researchers Miles and Huberman,[1] a codebook was created prior to reading the data that was informed by the literature review and preliminary research gathered from stakeholder feedback during the early phases of the HIA process.

The data from the focus group notes were then reviewed line by line by Human Impact Partners staff to identify segments of the text that could be coded according to these

previously selected themes and categories. In addition, data that did not fit into these themes and categories were categorized into their own "in vivo" codes, according to Strauss's guidelines on codes that derive from the data itself.[2] (The codebook is provided in this document after the focus group interview guides.) Finally, the data were analyzed by reviewing all codes in the same category to derive and further summarize the codes that most clearly represented those overall concepts. Selected examples of these codes were incorporated into the final HIA report where they offered additional context, depth, validity, or original concepts to the critical concepts in the report.

We prepared a set of questions for each focus group to guide the conversation. See the following pages for focus group discussion guide questions.

1. Miles M, Huberman A. *Qualitative Data Analysis*. 2nd ed. Thousand Oaks, CA: Sage; 1994.

2. Strauss A. *Qualitative Analysis for Social Scientists*. Cambridge, UK: Cambridge University Press; 1987.

Parents of Preschool-Aged Children Not Enrolled in Preschool

Introductory questions

- What is your name, number of children, name(s), and age/grade level?
- Did you think about enrolling any of them in preschool?
    - If yes, what was the reason you did not enroll them in preschool after all?
    - If not, why not?

Behavioral Problems and the Criminal Justice System

- What do you think might have been the benefits if they had attended preschool?
- Do you ever notice any behavior problems with your child at home, school, with family, and with siblings and/or friends? (ex: emotional/social/academic behaviors such as bullying, withdrawal, inability to focus, etc.)
- In what way, if any, do you think preschool might have had an effect on those behavior problems?
- What do you think might happen if the behavior problems continue and/or get worse as your child continues through the rest of school?

Parental Wellness: income, employment, disposable income

- How much did the cost of preschool factor into your decision not to enroll your child?
- How did not having your child in preschool impact your opportunities for work, income, time, etc.?
- Have you ever had to choose between living needs (such as food, rent, water, electricity) and resources for your child's education?
- Do you ever feel stress from money problems or parenting challenges?
    - In what way, if any, do you feel that having access to quality preschool for your child might impact those stresses?

Increased parent involvement in child's education at school and at home, as well as more quality time with children

- In what ways have you been involved in your child's education? (Attending workshops, helping with homework/reading/educational playtime at home, etc.)
- Describe the time that you spend with your child at home. How do you get along? Do you have time to do any activities with them?
- How might enrolling your child in preschool have had an impact, if any, on the way that you interact with them at home?

Concluding questions

- What are your thoughts about the Cincinnati Preschool Promise ballot initiative?
- In what way would Cincinnati change if all of its children had an opportunity for quality education?
- Is there anything else you'd like to share that you haven't had a chance to share?

Parents of Children Enrolled in Preschool

Introductory questions

- What is your name, number of children, name(s), and age/grade level?
- Are any of them currently in preschool or did any of them attend preschool?

Behavioral Problems and the Criminal Justice System

- Why did you enroll your child in preschool?
- What have been the benefits in having them attend?
- Did your child's preschool attendance change their behavior at home, school, with family, and with siblings and/or friends?
- What do you think might have happened if their behavior had not changed as they continued through the rest of school?

Parental Wellness: income, employment, disposable income

- How has enrolling your child in preschool impacted your ability to afford living needs (such as food, rent, water, electricity) and materials for your child's education?
- How has having your child enrolled in preschool helped you manage your time, job, and income?
- Do you ever feel stress from money problems or parenting challenges?
    - In what way, if any, do you feel that having access to quality preschool for your child has impacted those stresses?

Increased parent involvement in child's education at school and at home, as well as more quality time with children

- In addition to having your child learn earlier in life, what have been other benefits to you and your family? (probe: did you learn about health, nutrition, CPR, or other workshops from school that you would have otherwise not learned?
- What areas of family life you have seen the most changes since your child started preschool? (Probe: better parent-child relations, more bonding, improved communication, decreased stress)
- How has enrolling your child in preschool had an impact, if any, on the way that you interact with them at home?

Concluding questions

- What are your thoughts about the Cincinnati Preschool Promise ballot initiative?
- In what way would Cincinnati change if all of its children had an opportunity for quality education?
- Is there anything else you'd like to share that you haven't had a chance to share?

Preschool Providers/Teachers

Introductory questions

- What is your name and how long have you been a teacher/educator for?
- Do you teach at a public or private school?

Behavioral Problems and the Criminal Justice System

- What are some barriers you see for parents who want to enroll their children in preschool but are unable to do so? (Income, location, quality, etc.)
- Are there any additional challenges in accessing preschool for certain groups, such as low-income families, children in the foster care system, single-parent households, etc.?
- In what way, if any, do you feel preschool attendance changes the behavior of the children at home, school, with family, and with siblings and/or friends?
- How are behavior problems identified and addressed in preschool?
    - What resources does your school offer to help children who may display behavioral, cognitive, or mental health problems?
    - What about resources for physical health problems, such as asthma, malnutrition, etc.?
- In what way do these behavior changes/interventions in preschool impact later educational performance and social and emotional health for the students?

Parental Wellness: income, employment, disposable income

- In your experience, how does enrolling their children in preschool impact a family's ability to afford living needs (such as food, rent, water, electricity) and materials for their child's education?
- How do you think having a child enrolled in preschool helps families manage their time, job, and income?
- In what way, if any, do you think having access to quality preschool for their children impacts financial or parenting stress for families?

Increased parent involvement in child's education at school and at home, as well as more quality time with children

- Are there any other resources or services that you offer to parents, aside from the educational programming for their children? (workshops/guidance on ways to interact with children at home, reading, health, nutrition, CPR, etc.)
- In your experience, how does enrolling their children in preschool have an impact on the way that families interact with their children at home? (Probe: better parent-child relations, more bonding, improved communication, decreased stress)
- In your experience, how does having a child enrolled in preschool impact a parent's engagement in their child's ongoing education?

Concluding questions

- What are your thoughts about the Cincinnati Preschool Promise ballot initiative?
- In what way would Cincinnati change if all of its children had an opportunity for quality education?
- Is there anything else you'd like to share that you haven't had a chance to share?

Focus Group Codebooks for Analysis

Parent Analysis Codebook

Theme	Category	Source/Type*
	Background	
Family composition	Single parent household	In vivo, prelim rsrch
	Grandparent	In vivo, prelim rsrch
	Unknown/other	In vivo
	Children not yet in pre-school	In vivo
	Children in daycare (not preschool)	In vivo
Access to preschool	Voucher/no voucher	In vivo
	Distance (to school)	In vivo, lit review
	Other barriers (e.g. child has more than one home)	In vivo, prelim rsrch, lit review
Education	Role of education in families and society	In vivo, lit review
	Role of education for children	In vivo, lit review
	Parental experiences with education	In vivo, lit review
Current Path: What happens if Cincinnati does not make an investment in quality early education for their children		
Academic Achievement	Kindergarten preparedness	Prelim rsrch, lit review, In vivo
	Overall improvement (e.g. following directions)	Prelim rsrch, lit review, In vivo
Family income & SES	Full time v. part time work	Lit review, In vivo
	Reliance on safety net programs	Lit review, In vivo
	Ability to provide basic needs (housing, clothing, food/nutrition)	Lit review, In vivo, prelim rsrch
	Stress related to family roles	In vivo
Family relationships	Child abuse and neglect	Lit review, prelim rsrch, in vivo,
	Involvement in child(ren's) education	Lit review, prelim rsrch, in vivo,
	Time spent at home	In vivo
Behavioral Problems and crime	Behavioral problems in school (social skills)	Lit review, prelim rsrch, in vivo
	School discipline	Lit review, prelim rsrch, in vivo
	Use of medication for behavior problems	Lit review
	Mental health (trauma, ACEs)	Lit review, prelim rsrch, in vivo
	Physical health (nutrition)	Lit review, prelim rsrch, in vivo

Community determinants	Help or hinder child	Lit review, in vivo
Impact of expanded access to preschool: What happens if Cincinnati makes an investment in quality early education for their children		
Academic Achievement	Kindergarten preparedness	Prelim rsrch, lit review, In vivo
	Overall improvement (e.g. following directions)	Prelim rsrch, lit review, In vivo
Family income & SES	Full time v. part time work	Lit review, In vivo
	Reliance on safety net programs	Lit review, In vivo
	Ability to provide basic needs (housing, clothing, food/nutrition)	Lit review, In vivo, prelim rsrch
	Stress related to family roles	In vivo
Family relationships	Child abuse and neglect	Lit review, prelim rsrch, in vivo,
	Involvement in child(ren's) education	Lit review, prelim rsrch, in vivo,
	Time spent at home (with education, behavior, etc.)	In vivo
Behavioral Problems and Crime	Behavioral problems in school (social skills)	Lit review, prelim rsrch, in vivo
	School discipline	Lit review, prelim rsrch, in vivo
	Mental health (trauma, ACEs)	Lit review
	Physical health (nutrition)	Lit review, prelim rsrch, in vivo
	School to prison pipeline	Lit review, prelim rsrch, in vivo
Recommendations		
Quality teachers/preschools		In vivo, lit review, prelim rsrch
Zero tolerance policies/harsh discipline		In vivo, lit review, prelim rsrch
Trauma informed		Lit review, prelim resrch
Parent-engagement approach		Lit review, prelim resrch
Other		
Additional challenges/stressors		In vivo

* Sources/types of codes can be codes that were informed through theory, through the literature review, through preliminary data collection (such as a scoping meeting discussing pathway diagrams), and through in vivo coding–codes that were not anticipated but were revealed through a review of the data.

Teacher Analysis Codebook

Theme	Category	Source/Type*
	Background	
Teaching track	Length	In vivo
	Educator experiences with education system	
Barriers to enrolling children in school	Full day v. half day school	In vivo
	Transportation and proximity to school	In vivo, lit review
	Income/employment	In vivo, lit review
	Other resources	In vivo
	Transient population (single parent, homeless, foster)	In vivo, lit review
	Quality schools	In vivo, lit review, theory
	Unstable environments	
Behavioral Problems	Changes with other students	In vivo, lit review
	Changes at home	In vivo, lit review
	Changes/Identification of behavioral problems	In vivo, lit review
	Discipline policies	In vivo, lit review, theory
School resources	School based health and family services	In vivo, lit review
	Referrals to family services	In vivo, lit review
Academic Achievement	Kindergarten preparedness	Lit review, prelim rsrch
	Overall improvement (e.g. following directions)	In vivo, lit review, prelim rsrch
	Parent engagement	In vivo, lit review, prelim rsrch
Family income, SES, and relations	Child abuse and neglect	In vivo, lit review
	Reliance on safey net programs	In vivo, lit review
	Ability to provide basic needs (housing, clothing, food/nutrition)	Lit review
	Time spent at home (with education, behavior, etc.)	In vivo, lit review
	Parent stress	In vivo, lit review
	Parent engagement	In vivo, lit review
Teacher impacts	Underpaid/overworked/underappreciated	In vivo, lit review, prelim rsrch
	Value of education	In vivo, lit review, prelim rsrch
	Not well versed in other issues students deal with	In vivo, lit review, prelim rsrch

	Bureaucracy of education system	In vivo, lit review, prelim rsrch
	Emotional labor	In vivo
	Recommendations	
Quality Teachers/Preschools		In vivo, lit review
Zero tolerance policies/harsh discipline		In vivo, lit review
Trauma informned		Lit review
Parent-engagent approach		Lit review
Non-economic approach		In vivo
	Other	
Preschool expectations	Magic bullet	In vivo, lit review, prelim rsrch
	Other systems	In vivo, lit review, prelim rsrch
	School to prison pipeline	In vivo, lit review, prelim rsrch

* Sources/types of codes can be codes that were informed through theory, through the literature review, through preliminary data collection (such as a scoping meeting discussing pathway diagrams), and through in vivo coding–codes that were not anticipated but were revealed through a review of the data.

APPENDIX C: EVALUATION AND MONITORING PLAN

Process Evaluation

Human Impact Partners will develop and implement an internal evaluation to assess the process of conducting the HIA. The evaluation will focus on understanding whether the HIA met its intended goals, whether it adhered to the HIA work plan, ways in which stakeholders were engaged, challenges and opportunities for improvement, and lessons learned.

HIA goals that will be evaluated include:

1. Conduct a study to assess the health and equity impacts of expanded access to preschool.
2. Inform the Cincinnati residents, voters, media, and other key decision-makers and community groups of the HIA findings and recommendations.
3. Engage and empower people and communities who would be directly impacted by this policy.

The evaluation will be conducted with the input of HIA partners and stakeholders to assess their experiences of participating in the HIA. Participants will include: Human Impact Partners, The AMOS Project, Cincinnati Children's Hospital, Interact for Health, Mercy Health, StrivePartnership, and the United Way of Greater Cincinnati.

Process evaluation questions may include:

- What were the reasons for conducing the HIA
- Who was involved in screening the HIA and why? Were others who should have been involved and why?
- Were there arguments against conducting the HIA? What were some of the reasons why it may not have been beneficial to conduct the HIA?
- How were issues identified and prioritized?
- Were the relevant stakeholders involved in the scoping process?
- Which health issues did the HIA address, which were left out, and how were those decisions made?
- What were the goals of the project? Were they achieved?
- What kinds of evidence were mobilized for use in the project? What challenges existed in mobilizing evidence?
- How were impacts to vulnerable populations/equity implications assessed?
- Did the HIA document methodology and data sources as well as assumptions and limitations of the assessment?
- How were recommendations prioritized?