



Rhode Island Children's Cabinet

April 24, 2017

Nicole Alexander-Scott, MD, MPH

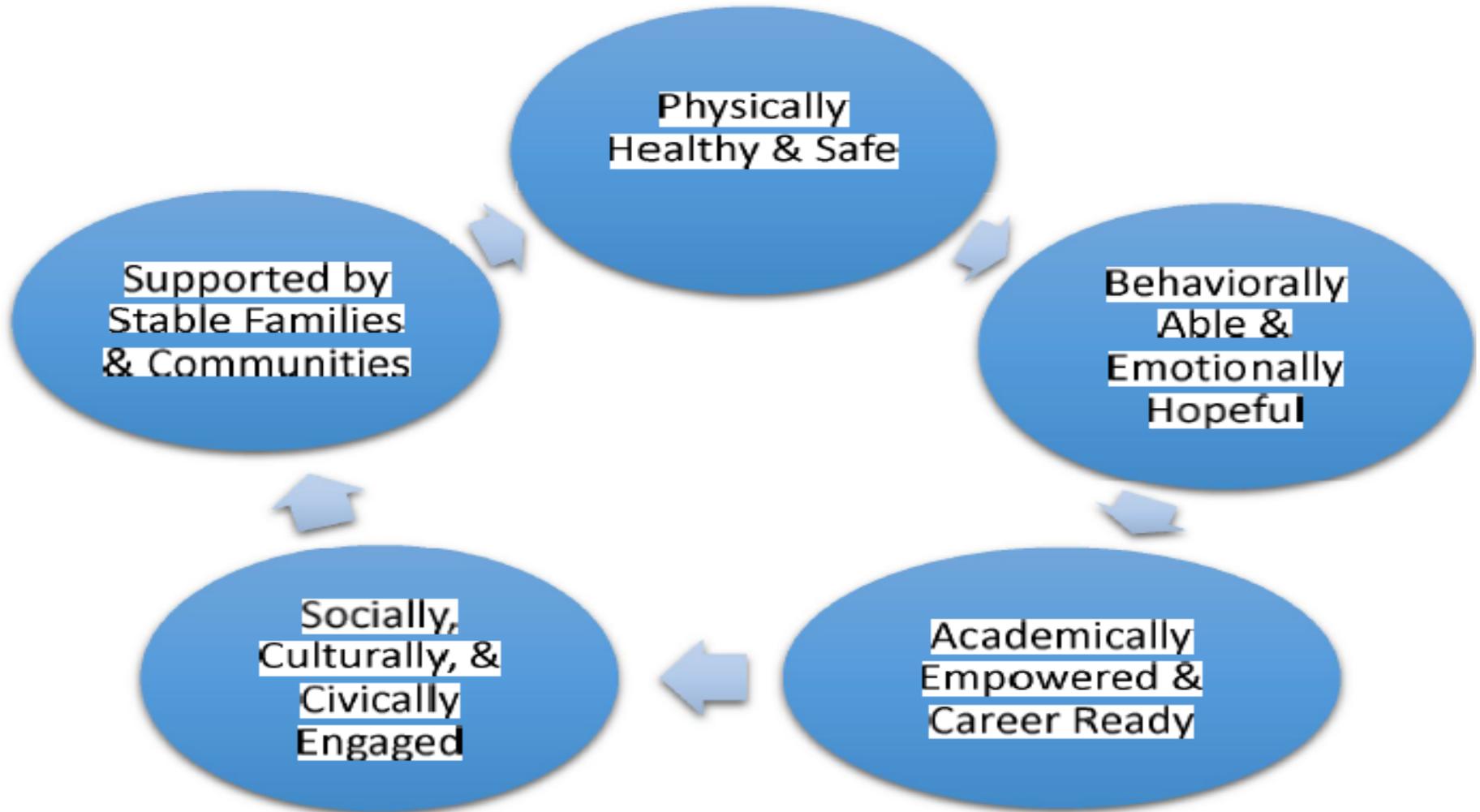
Director, Rhode Island Department of Health

RI Children's Cabinet focus



- **Alignment of the RI Children's Cabinet Strategic Plan and 3rd Grade Reading Goals**
 - 2015 to present
- **Advance early childhood health outcomes through a State-Academic Partnership**
 - In support of achieving 3rd grade reading goals
 - By leveraging the RIDOH Academic Center
- **Monthly updates on 3rd Grade Reading Action Plan for community feedback**
 - DCYF, RIDE, RIDOH, and stakeholders

RI Children's Cabinet Strategic Plan - Outcomes



	Early Childhood (0-8)	Middle Childhood (9-14)	Young Adulthood (16-24)
Physically Healthy and Safe	Young children develop appropriately by receiving high-quality early healthcare services.	Adolescents and young adults develop appropriately by receiving regular, coordinated healthcare, avoiding abuse of substances, and accessing reproductive health services.	
	Children live in safe and healthy living environments.		
Behaviorally Able and Emotionally Hopeful	Children with (or at risk of) mental and behavioral health issues receive appropriate treatment and make successful transitions.		
Academically Empowered and Career Ready	Children are ready for elementary school and have access to high-quality early learning and developmental programs.		Adolescents and young adults access, afford, and complete college.
	Children regularly attend, actively participate, and progress appropriately in school.	Adolescents and young adults prepare for and thrive in appropriate, in-demand jobs.	
Socially, Civically and Culturally Engaged		Children and adolescents avoid justice system involvement.	
	Children and youth engage positively with each other and their communities, and access sports, after-school and community-based programming.		
Supported by Stable Families and Communities	Children and families are supported by stable wages and housing.		
	Families with children maintain stability and meet basic needs during periods of household unemployment or under-employment.		

Agenda for April 24th, 2017



- **Advance *RI early childhood health* outcomes through a State-Academic Partnership**
 - In support of achieving 3rd grade reading goals
 - By leveraging the RIDOH Academic Center
- **3 Academic Partners with the State:**
 - April CC meeting: Dr. Patrick Vivier (knowledge)
 - May CC meeting: Dr. Justine Hastings (policy)
 - June CC meeting: Dr. Steven Buka (practice)
- **April Update: RI's 3rd Grade Reading Plan**
 - Community Feedback

RI Early Childhood Health



- **Implement 3rd Grade Reading Action Plan**
 - School readiness, School success
 - Safety net services, Community engagement
- **Advance early childhood health outcomes through a State-Academic Partnership**
 - In support of achieving 3rd grade reading goals
 - By leveraging the RIDOH Academic Center
- **Rhode Island Department of Health Academic Center**
 - foster an academic approach to improve health outcomes in RI (including early childhood health)

RI Early Childhood Health



RIDOH Academic Center is a resource

Vision:

Excellence in public health practice while producing the next generation of multidisciplinary public health practitioners

Mission:

Strengthen the integration of scholarly activities with public health practice, by instilling a culture of learning and innovative problem solving along with continuous quality improvement

Outcomes:

Improved public health capacity for assessment, policy development, and assurance; enhanced public health outcomes; and health equity

RI Early Childhood Health



- **To improve the health and education outcomes for children**
 - key investments must be made in the areas of “Knowledge,” “Policy,” and “Practice.”
- RIDOH, through its Academic Center, will convene three Brown University collaborators, along with URI and EOHHS, RIDE, and others
 - to align and integrate their research with existing state efforts
 - to generate population level impacts on early childhood health

3 Academic Partners - State



- **Patrick Vivier, M.D., Ph.D. – April Children’s Cabinet mtg**
 - Investing in **Knowledge**: Hassenfeld Birth Cohort Study
Pilot project collecting, analyzing, and evaluating data associated with this prenatal, maternal and child health cohort.
- **Justine Hastings, Ph.D. – May Children’s Cabinet mtg**
 - Investing in **Policy**: Rhode Island Innovation Policy Lab
Build on the knowledge investments, by integrating the work of the Rhode Island Innovation Policy Lab associated with connecting data systems and leveraging outcome-based analytics.
- **Stephen Buka, Sc.D. – June Children’s Cabinet mtg**
 - Investing in **Practice**: Working Across Sectors to Accelerate the Delivery of Evidence-Based Programs
Implement action steps to remove silos and address already known recommendations within and between existing child- and family-serving programs across the state

Agenda for April 24th, 2017



- **Advance *RI early childhood health* outcomes through a State-Academic Partnership**
 - In support of achieving 3rd grade reading goals
 - By leveraging the RIDOH Academic Center
- **3 Academic Partners with the State:**
 - April CC meeting: Dr. Patrick Vivier (knowledge)
 - May CC meeting: Dr. Justine Hastings (policy)
 - June CC meeting: Dr. Steven Buka (practice)
- **April Update: RI's 3rd Grade Reading Plan**
 - Community Feedback



<http://www.health.ri.gov>

Nicole Alexander-Scott, MD, MPH

Director of Health

Rhode Island Department of Health

Nicole.AlexanderScott@health.ri.gov

Investing in Knowledge - Hassenfeld Birth Cohort Study

Patrick M. Vivier, MD, PhD
Director, Hassenfeld Child Health Innovation Institute
Director, Interdisciplinary Education Programs,
Brown University School of Public Health
Royce Associate Professor of Teaching Excellence;
Associate Professor of Health Services, Policy and Practice;
Associate Professor of Pediatrics
Brown University

Hassenfeld
CHILD HEALTH
INNOVATION INSTITUTE

Focus of Today's Presentation

- Introduction to the Hassenfeld Child Health Innovation Institute
- Overview of the planned approach
- Examples from previous GIS/Informatics work to demonstrate what we will be doing
- Brief discussion of other Hassenfeld resources that may be relevant going forward



Hassenfeld
CHILD HEALTH
INNOVATION INSTITUTE



Hassenfeld
CHILD HEALTH
INNOVATION INSTITUTE

Integrate research, clinical practice, public health efforts, and educational programs to:

- Improve the health of children, making the communities we serve among the world's healthiest places for children and their families
- Address the issue of poverty and how it impacts child health
- Serve as a national and international model for what can be achieved in child health
- Train the next generation of child health leaders



Hassenfeld
CHILD HEALTH
INNOVATION INSTITUTE

Core Research and Evaluation Unit

Faculty

- Elizabeth Chen, PhD
- Annie Gjelsvik, PhD
- Will Fairbrother, PhD
- Adam Sullivan, PhD
- Patrick M. Vivier, MD, PhD
- Erika Werner, MD, MS

Staff

- Data Analysts
- Project Coordinators
- Research Assistants

*Understanding Child Health in Rhode Island:
Individual, Family, Neighborhood and Service Use Impact on Health and Flourishing*

- Comprehensive assessment of child health in Rhode Island
- World Health Organization definition: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
- Service use
- Individual and family factors
- Neighborhood characteristics and hot spots



Hassenfeld
CHILD HEALTH
INNOVATION INSTITUTE

*Understanding Child Health in Rhode Island:
Individual, Family, Neighborhood and Service Use Impact on Health and Flourishing*

- A Partnership Approach
 - EOHHS
 - Department of Health
 - Department of Children, Youth and Families
 - Department of Human Services
 - Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
 - Department of Education
- Refine the approach moving forward



*Understanding Child Health in Rhode Island:
Individual, Family, Neighborhood and Service Use Impact on Health and Flourishing*

- Annual birth cohorts beginning in 2005
 - Analyze as separate cohorts
 - Combine years
- Follow children through school years
- Data from all participating state agencies
- Geocode to include neighborhood patterns and characteristics
- Changing denominator



*Understanding Child Health in Rhode Island:
Individual, Family, Neighborhood and Service Use Impact on Health and Flourishing*

From Birth to School

- Pregnancy and the Perinatal Period
 - Prematurity/Low birth weight
- Infant and child morbidity and mortality
- Developmental and risk assessment
- System and service engagement
- School functioning



*Understanding Child Health in Rhode Island:
Individual, Family, Neighborhood and Service Use Impact on Health and Flourishing*

- Identify
 - Modifiable factors
 - High risk groups for intervention
 - Opportunities for coordinating programs
- Monitor progress of interventions going forward
- Policy relevant research



Informatomics and Spatial Analysis

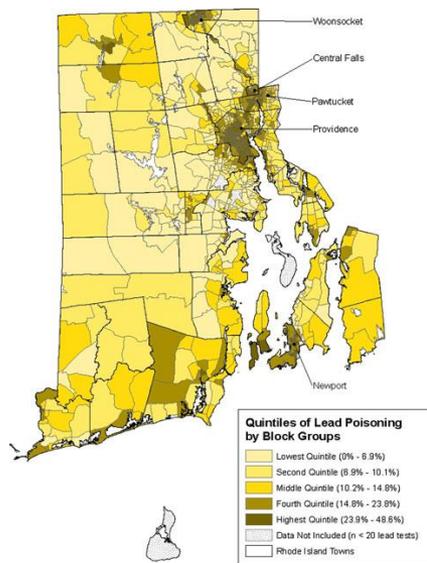


Fig. 1 Quintiles of percent of population lead poisoned

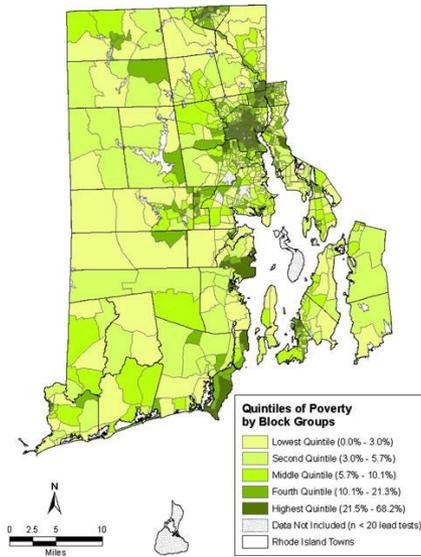


Fig. 3 Quintiles of percent of population living in poverty

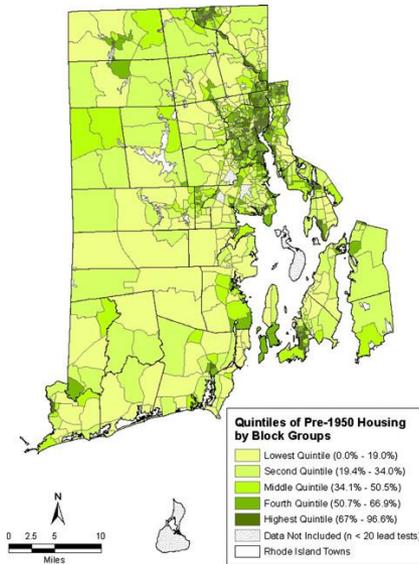


Fig. 4 Quintiles of percent of housing units built pre-1950

Informatics and Spatial Analysis

Table 2 Comparison of study children lead poisoning by quintiles of block group census characteristics

	Lead poisoned (blood lead level ≥ 10 $\mu\text{g/dL}$)?	
	No	Yes
	169,330 (82.7%)	35,416 (17.3%)
Quintiles of population in poverty		
Lowest quintile ($n = 41,327$)	37,893 (91.7%)	3,434 (8.3%)
Second quintile ($n = 40,585$)	36,585 (90.1%)	4,000 (9.9%)
Middle quintile ($n = 41,070$)	35,505 (86.4%)	5,565 (13.6%)
Fourth quintile ($n = 41,205$)	31,514 (76.5%)	9,691 (23.5%)
Highest quintile ($n = 40,559$)	27,833 (68.6%)	12,726 (31.4%)
Quintiles of pre-1950 housing		
Lowest quintile ($n = 41,002$)	38,185 (93.1%)	2,817 (6.9%)
Second quintile ($n = 40,924$)	36,529 (89.3%)	4,395 (10.7%)
Middle quintile ($n = 41,145$)	33,103 (80.5%)	8,042 (19.5%)
Fourth quintile ($n = 40,897$)	31,558 (77.2%)	9,339 (22.8%)
Highest quintile ($n = 40,778$)	29,955 (73.5%)	10,823 (26.5%)

Table 3 Poverty, pre-1950 housing and lead poisoning characteristics

Spatial lag coefficient: .55
(.50 to .60)

^a Adjusting for test method, age at test, and gender and clustered by block group

^b Adjusting for test method, age at test, gender, and spatial effects of lead poisoning and clustered by block group

	Crude odds ratio (95% CI)	Adjusted odds ratio (95% CI) ^a	Adjusted odds ratio (95% CI) ^b
Quintiles of population in poverty			
Lowest quintile	1.00	1.00	1.00
Second quintile	1.21 (1.15–1.27)	1.07 (0.97–1.19)	.99 (.90–1.08)
Middle quintile	1.73 (1.65–1.81)	1.36 (1.22–1.52)	1.17 (1.06–1.28)
Fourth quintile	3.39 (3.25–3.54)	2.19 (1.91–2.50)	1.42 (1.28–1.58)
Highest quintile	5.05 (4.84–5.26)	3.97 (3.40–4.63)	1.64 (1.44–1.87)
Quintiles of housing built pre-1950			
Lowest quintile	1.00	1.00	1.00
Second quintile	1.63 (1.55–1.71)	1.27 (1.11–1.46)	1.18 (1.07–1.30)
Middle quintile	3.29 (3.15–3.45)	2.06 (1.80–2.34)	1.54 (1.39–1.70)
Fourth quintile	4.01 (3.84–4.19)	2.47 (2.16–2.82)	1.70 (1.53–1.90)
Highest quintile	4.90 (4.69–5.12)	2.89 (2.55–3.28)	1.77 (1.59–1.97)

Neighborhood Risks and Pediatric Asthma Hospital Use

Figure 1. Neighborhood Risk Index in Rhode Island

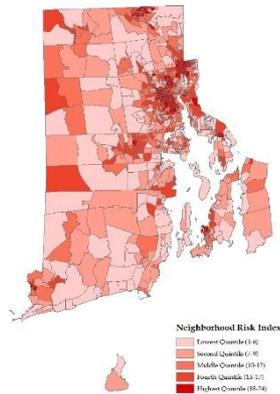
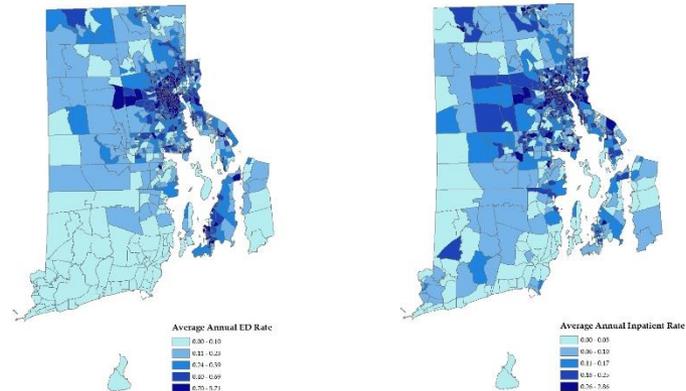


Figure 2. Average Annual Emergency Department and Inpatient Rates in Rhode Island



The “Other” Birth Cohort Study

- Pregnancy Enrollment for approximately 200 mothers annually
- Birth Enrollment for 1,000-1,5000 births annually
- Biologic sample frozen
- Web-based surveys
- Annual phone follow up
- Information systems
- Opportunities for supplemental studies and interventional research



Hassenfeld
CHILD HEALTH
INNOVATION INSTITUTE

Executive Committee

- Phyllis Dennery, MD
- Maureen Phipps, MD, MPH
- Patrick M. Vivier, MD, PhD

Deans

- Jack A. Elias, MD
- Fox Wetle, MS, PhD

Leadership



Scientific Committees

President's Advisory Council



Rhode Island's Third Grade Reading Plan: April Update

April 24, 2017

To accomplish the Third Grade Reading goal, a collaborative approach is needed

- ▶ The **Third Grade Reading Action Plan** identifies objectives to reach each of the four strategies and FY18 actions that will be executed by the following Rhode Island agencies/departments:
 - ▶ Children's Cabinet Leadership
 - ▶ Executive Office of Health and Human Services (EOHHS)
 - ▶ Rhode Island Department of Children, Youth & Families (DCYF)
 - ▶ Rhode Island Department of Elementary and Secondary Education (RIDE)
 - ▶ Rhode Island Department of Health (RIDOH)
 - ▶ RI Office of Libraries and Information Services (DOA-OLIS)
 - ▶ Rhode Island Department of Human Services (DHS)
- ▶ The Action Plan builds on and incorporates **community expertise, engagement and contributions**, and is designed to encourage regular feedback among departments and the community.

3rd Grade Reading Project Plan

To prepare for FY18 action steps, each owner will be given the following questions to help in planning and surfacing points to discuss with the team and community:

- ▶ What is currently happening?
- ▶ What needs to happen before the start of Fiscal Year 2018 (July 1)?
- ▶ Who are the additional people needed to accomplish this action?
- ▶ What are the tools (technology, systems, infrastructure) need to accomplish this action? If they are not in place, what is needed?
- ▶ What is the process—or the steps—needed for this action to start?
- ▶ What are potential challenges to implementation?
- ▶ What feedback is needed from the field? From community partners?

3rd Grade Reading Project Plan

The following template, which is currently under review, is designed for **encouraging alignment and transparency** across the owners as they build out their FY18 actions, as well as helping to identify points to discuss with the team and community:

Strategy				
Objective(s)			Baseline: FY18 Target: 2025:	
Action			Department:	Owner:
Phase	FY18- Implementation			
Questions to Guide Summary + Milestones	What are the steps—by quarter—to accomplish the action? What feedback is needed from the field? From community partners? What is the FY18 target?			
Timeframe	Q1 (7/1-9/30)	Q2 (10/1-12/31)	Q3 (1/1-3/31)	Q4 (4/1-6/30)
Summary				
Milestones				

3rd Grade Reading Project Plan

Planning for future fiscal years will also be necessary. To **prepare for FY19-FY25**, owners will be given the following questions to help in planning and surfacing points to discuss with the team and community:

- ▶ What are the targets for FY19-FY25 for each objective?
- ▶ What are the actions to meet those targets?
- ▶ What are the steps to accomplish the action items?
- ▶ What are the needed resources (people, tools, funding) to reach the targets?
- ▶ What are potential challenges?
- ▶ What support is needed from the field? From community partners?

Updates: DCYF

To prepare for FY18 actions, DCYF has taken the following steps:

- **School Readiness:** Implementation of DCYF Early Childhood Service Referral Policy and Procedure- May 2017
- **School Success:** Active Recruitment of Child Welfare Involved 4-year-olds into State Pre-K Slots- May 2017
- **School Readiness:** Establish baseline of completed Child Outreach Screening for children in Foster Care- By September 2017

Updates: RIDE

To prepare for FY18 actions, RIDE has taken the following steps:

- **Safety Net Services:** RIDE and the Governor's Office are applying for a competitive grant opportunity through the National Governor's Association (NGA) to help with the nutrition objective. If awarded this grant, RI will send a team to NGA's Learning Lab on Strategies to Reduce Childhood Hunger to create a plan to ensure school-age children have regular access to healthy meals.
- **Community Engagement:** RIDE is drafting a campaign strategy that will be circulated to partners for feedback, input and cross-stakeholder actions. This communications plan will include a vision for future events, social media, and resources and materials for the general public.

Updates: RIDOH

To prepare for FY18 actions, RIDOH has taken the following steps:

- **Safety Net Services:** RIDOH is collaborating with EOHHS and DCYF to identify children at risk, at the earliest possible point, to ensure that they are engaged in services, by using bi-directional referrals, creating cross-agency policies, and supporting care coordination at the community level.
- **School Readiness:** RIDOH is comprehensively evaluating evidence-based home visiting programs implemented in RI to 1) determine the cost of implementing the models, 2) document outcomes, and 3) assess unmet community need, in order to complete a sustainability and expansion plan.
- **School Readiness:** RIDOH is supporting primary care, and other community providers to systematize referrals to Child Outreach to increase referrals, focusing on children and families in at-risk communities.

Feedback

What questions, thoughts or input do you have on:

- The 3rd Grade Reading Project Plan
- Updates from DCYF
- Updates from RIDE
- Updates from RIDOH

Appendix

- **Rhode Island's Third Grade Reading Action Plan** – March 27, 2017



Rhode Island's Third Grade Reading Action Plan

March 27 2017

Reading by Third Grade is Critical

Reading proficiently by the end of third grade is a crucial indicator in a child's development.

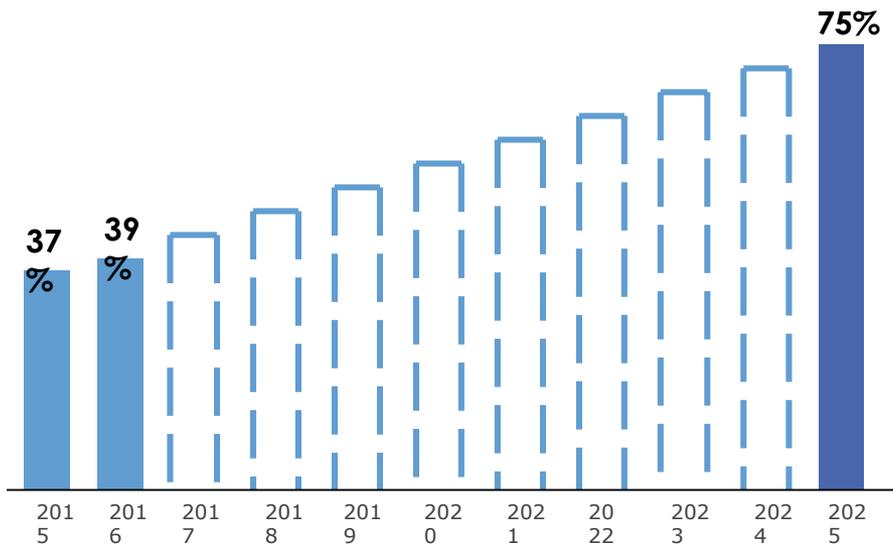
- Students who are competent readers are more likely to perform well in other subjects
- Students who do not read at grade level in third grade are four times more likely to drop out of high school than those who do
- Nearly 60% of boys and young men in prison could not read at a third-grade level when they committed crimes

Rhode Island's economy demands that more children be on track to be proficient readers.

- The current pool of qualified high school graduates is neither large enough nor skilled enough to supply our nation's workforce, higher education, leadership and national security needs
- Every student who does not complete high school costs an estimated \$260,000 in lost earnings, taxes and productivity

Just over one-third of Rhode Island third graders are reading on grade level

Governor Raimondo has set a goal to double state-wide third-grade reading proficiency in eight years



While closing significant achievement gaps

RI Third Graders Meeting Expectations on the PARCC 3rd Grade ELA Exam	
Subgroup	2015-16
Students with Disabilities	10%
English Language Learners	15%
Hispanic Students	24%
Low-Income Students	25%
Black Students	26%
All Students	39%

Rhode Island Is Ready to Improve

Long-Standing Commitment to Setting Strategic Priorities and Achieving Goals

- Rhode Island's 2010-2015 State System Plan
- The Successful Start Early Childhood Systems Initiative
- The Race to the Top – Early Learning Challenge



Community Expertise, Engagement and Contributions

- RI Campaign for Third Grade Reading
- Early Learning Council
- Successful Start Steering Committee
- Engaged Research Partners



Early Leadership and Investments by Governor Raimondo

- Reconvened RI Children's Cabinet
- All-Day Kindergarten State-Wide
- Expanded Access to Pre-K
- Home Visiting Act signed into law
- Investments in Child Care Quality



THE ACTION PLAN

By 2025, 75% of third-graders in Rhode Island will be reading at grade level

- ▶ **Governor Raimondo's Third Grade Reading Action Plan** focuses on four specific and complementary strategies aimed at doubling the state's third grade reading proficiency level in eight years:
 - ▶ **School Readiness:** Ensure all children are ready to learn in school
 - ▶ **School Success:** Provide all children with high-quality literacy instruction in and out of school
 - ▶ **Safety Net Services:** Effectively serve young children at high-risk with state-wide screening, referral and response system
 - ▶ **Community Engagement:** Engage family and community members with a year-round campaign to prepare their children for school and for success in school

Continuum

School Readiness (early health and learning)

School Success (engaging literacy instruction)

Safety Net Services (Timely screening, referral and response)

Robust Family and Community Engagement

SCHOOL READINESS: Address health determinants of school success and improve progress towards developmental milestones

Health outcomes drive significant disparities in school success. State wide focus on improving early health and development for Rhode Island's children is crucial to this plan's success.

Objective	Baseline	2025 Target
Ensure all children have access to affordable health insurance coverage	97%	99%
Improve comprehensive screening rates for at-risk populations	67%	90%
Reduce rates of lead poisoning, childhood asthma, and early toxic stress	TBD	TBD

FY18 Action

- Maintain our nation-leading percentage of children with access to high-quality, affordable health care
 - Owner: EOHHS
- Evaluate opportunities to expand evidence-based home visiting for children in need
 - Owner: RIDOH
- Modernize the lead poisoning prevention program by centralizing administration within the Department of Health
 - Owner: RIDOH
- Increase referrals to Child Outreach Screens for at-risk children, including DCYF-connected children and other children receiving home-visiting services and child care assistance
 - Owners: DCYF, RIDOH, RIDE and DHS

SCHOOL READINESS: Expand access to high-quality child care

*Success in school starts with early child care, long before entering kindergarten.
High-quality child care ensures all children have an opportunity to learn, and plays an important role in reducing learning disparities.*

Objective	Baseline	2025 Target
Increase # of Child Care Assistance Program (CCAP) providers at higher levels of Bright Stars (4-5)	9.5%	30%
Ensure low-income children have access to high-quality child care	7.6%	25%

FY18 Action

- Invest \$1 million to increase access to high-quality childcare for families by creating a new performance-based quality payment program for the Childcare Assistance Program
 - Owner: DHS
- Develop and promote best-practice coursework for childcare workers, based on Bright Stars data, to improve child care quality statewide
 - Owner: DHS
- Engage the Early Learning Council and other community stakeholders to examine the child care rate structure
 - Owner: DHS

SCHOOL SUCCESS: Ensure Early Literacy Instruction is High-Quality

Early literacy instruction must be developmentally appropriate and evidence-based. Successful implementation is dependent on preparing educators and ensuring quality instruction is available.

Objective	Baseline	2025
Expand implementation of the Kindergarten Entry Profile statewide to improve understanding of the needs and strengths of incoming kindergarteners	Pilot	50%
Expand access to high-quality HeadStart or Start Pre-K to all high-risk children	39%	80%
Ensure there is a sufficient number of certified English Language Learner Teachers in grades K-3	12%	30%
Increase % of students making progress on acquiring English language proficiency by grade 3	Determined in ESSA Plan	Defined by ESSA

FY18 Action

- Fill every available Pre-K and Head Start seat in RI (Expansion target for FY18 is 1,080)
 - Owner: DHS and RIDE
- Implement the Kindergarten Entry Profile in 5 districts.
 - Owner: RIDE
- Develop a statewide common definition of a “viable literacy curriculum” with a review and feedback protocol to use with districts, and implement those tools in two districts
 - Owner: RIDE

- Partner with Rhode Island Foundation, higher education institutions, and urban core LEAs to train 60 urban core teachers seeking EL Certification
 - Owner: RIDE
- Ensure alignment with the efforts of the Rhode Island State Literacy Advisory Board and the Rhode Island Comprehensive Literacy Plan, including appropriate instruction, assessments, and supports for students with or suspected of having specific reading disabilities, such as dyslexia
 - Owner: RIDE

SCHOOL SUCCESS: Increase Early Literacy Instructional Time

One cause of low literacy is inconsistent engagement with high quality and engaging literacy practices. Students must be in school as much as possible and should have access to additional programming outside of school to ensure they are on track for school success.

Objective	Baseline	2025 Target
Increase participation in summer reading programs by 10%	13,530	15,000
Reduce chronic absenteeism in the early grades (PK-3) by one-third	14%	10%
Reduce the rate of K-3 suspensions by two-thirds	1.5%	0.5%

FY18 Action

- Expand participation in the state-wide summer reading challenge in public libraries
 - Owner: RIDE & DOA – OLIS
- Include chronic absence and discipline measures in our State School Accountability Plan
 - Owner: RIDE
- Prioritize Early Literacy and Reading programs for funding through 21st Century Summer Learning Grants, with a goal of awarding grants to 25% more programs in this area
 - Owner: RIDE
- Utilize data from RIDE's InfoWorks survey to create a report that highlights survey results and informs school strategies that engage families and students on the importance of school attendance and early learning.
 - Owner: RIDE

SAFETY NET SERVICES: Respond to the needs of high-risk children

More information is needed on the needs of high-risk children in the state to identify and resolve issues that prevent a seamless transition between effective programs that will ensure school readiness.

Objective	Baseline	2025 Target
Increase retention in evidence-based prevention and intervention services	Determined in Cohort Study	Identified by Cohort Study
Increase Supper Program in all schools by 5% and increase breakfast participation by 5%	Supper: 285k Breakfast: 5,709,606	Supper: 300k Breakfast: 5,995,086

FY18 Action

- In partnership with the Hassenfeld Institute, launch a multi-year cohort Study of Rhode Island's high-risk births to study rates of screening, referral and program participation
 - Owner: Children's Cabinet Leadership
- Create a targeted district outreach plan around school lunch and supper programs
 - Owner: RIDE

FY19 Actions

- Reevaluate the Third-Grade Reading Action Plan in light of the data, and propose updates and budget investments for FY19 and future years.
 - Owner: Children's Cabinet Leadership
- Utilize the Cohort Study initial findings to build a cross-agency screening, referral, response, and data tracking system
 - Owner: Children's Cabinet Leadership

COMMUNITY ENGAGEMENT: Increase public awareness

Collaborate with the Third Grade Reading Campaign to promote public awareness and community-wide involvement in improving reading proficiency.

Objective

Engage all Rhode Islanders (parents, teachers, students and community members) in improving third-grade reading scores.

FY18 Action

- Convene four statewide events with the Third Grade Reading Campaign that promote school readiness, reducing absenteeism, and limiting summer learning loss
 - Owner: Children's Cabinet Leadership
- Launch a public awareness campaign focused on engaging educators and schools on improving third-grade reading proficiency
 - Owner: Children's Cabinet Leadership
- Distribute books through agency touchpoints, including DCYF foster families, pediatricians, childcare centers, summer lunch programs, and home visiting programs
 - Owner: RIDE
- Host a Third Grade Reading Summit in December 2017 to release the first-round of cohort data from the Hassenfeld Institute
 - Owner: Children's Cabinet Leadership

Necessary factors for success

Investments this year will start Rhode Island down the path of improving literacy.

However, there is more work to do to achieve our goals. To be successful, we will need sustained work from now through 2025.

- **Strong engagement from the Children's Cabinet and outside advocacy groups,** including the designation of Children's Cabinet Leadership responsible for the overall success of the plan and early childhood program and policy alignment across agencies
- **Commitment to data-driven management** for state programs and at local districts to measure and monitor progress consistently and provide quarterly opportunities for data-informed course corrections
- **Willingness to annually reassess the plan** to ensure proposed objectives and actions are working, to add new items, and to replace ineffective strategies
- **Opportunity to advocate for new budget investments,** which are determined to be cost effective and necessary for success