

# Measuring and Addressing Social-Emotional Well-Being in Early Childhood

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## Background

The NC Early Childhood Action Plan was created to help ensure all young children in NC are 1) healthy, 2) safe and nurtured, and 3) learning and ready to succeed by 2025.



- One of the 10 overarching goals is to have a reliable, statewide measure of young children’s social-emotional health (SEH) and resilience at the population level.
- SEH is defined as a broad domain and includes emotional regulation, temperament, the ability to follow directions, and the ability to express wishes.
- SEH predicts long-term health and economic outcomes. Understanding and supporting SEH in young children is critical for ensuring optimal adult outcomes.

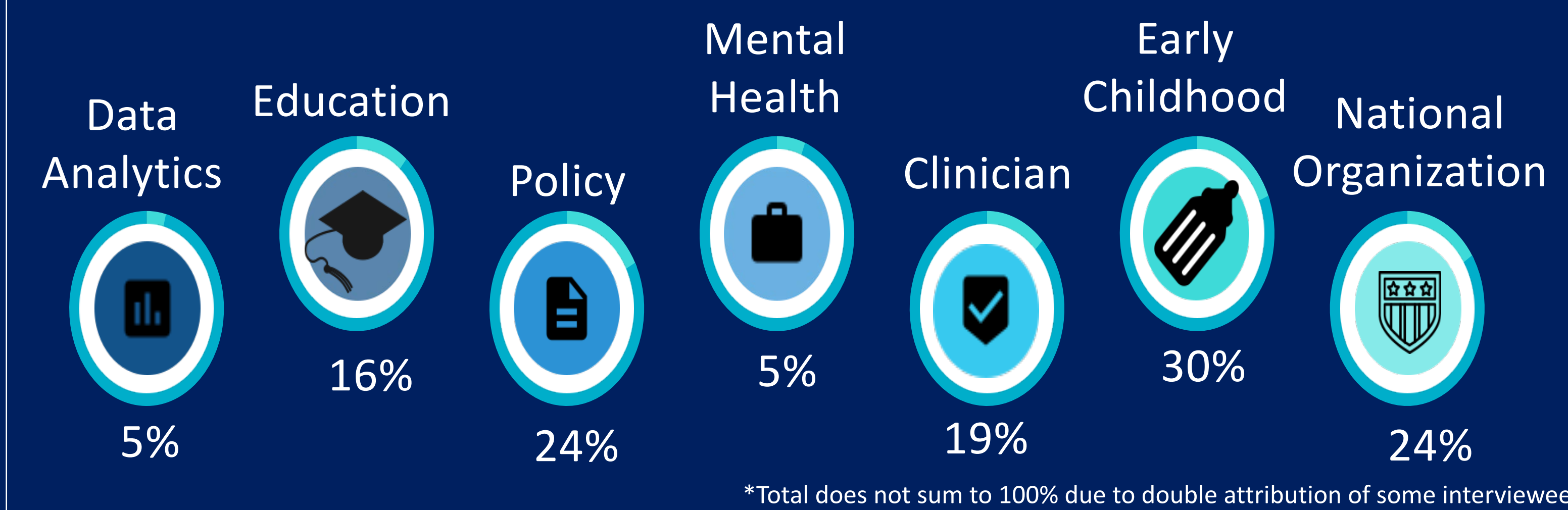
**Objective:** Create a national landscape of SEH screening and determine best practices to measure young children’s (0-5 years old) SEH at the population level in NC.

## Data & Methods



- 37 SEH experts in various sectors were interviewed (Figure 1).
- Key informants represented 19 states and 8 national organizations.
- Interviews centered around current efforts to monitor and collect data on early childhood SEH, implementation barriers, and policy levers for population-level screening.
- Content analysis of interviews was performed to guide our recommendations.

Figure 1. Key-Informant Characteristics



## Key findings

Screeners	Equity Concerns	Data Sharing Barriers	Lack of Follow-up
<ul style="list-style-type: none"> <li>• No screener exists to solely measure SEH at a population level</li> <li>• ASQ and SWYC are the most frequently used</li> </ul>	<ul style="list-style-type: none"> <li>• Language and social context barriers exist</li> <li>• Difficult to ensure equitable access</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of cross-sector collaboration</li> <li>• Data privacy fears</li> <li>• Inadequate infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of coordinated systems to ensure follow-up</li> <li>• “Providers don’t want to screen if they can’t do anything about it...”</li> </ul>

### Other Findings:

- A limited number of SEH monitoring programs exist.
- Oregon is one of a few states that has a statewide SEH monitoring system.

## Recommendations



### Use an Equity-Based Approach

- Adopt screeners that are verified across various languages and cultures.
- Make screeners free and accessible to everyone.



### Incorporate Caregiver/Child Dyad Screening

- Improves caregiver awareness of their child’s social emotional development.



### Establish Routine Screening

- Use a multi-sector approach to screen for SEH at every touchpoint – well-visits, early childcare programs, and early education programs.



### Data Sharing

- Create a statewide repository to record and store data.
- Develop opt-in parental consent systems for cross-sector data sharing.



### Improve Follow-up and Reimbursement

- Use alternative payment models such as the Integrated Care for Kids (InCK) Model.
- Create a closed-feedback loop framework for follow-up.
- Leverage existing programs (i.e. Smart Start and NCCare360).

## Conclusion

Many opportunities exist to improve the health of NC children by monitoring SEH and providing adequate follow-up. Our next steps include developing an implementation framework for social-emotional health measurement at a population level.