



THE GUILFORD ROCS (READINESS OF CHILDREN FOR SCHOOL) STUDY

Overview

Shira Mattera and Carolyn J. Hill

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OVERVIEW

A robust body of evidence over the past half a century has documented the importance of early childhood experiences for adult outcomes. From maternal prenatal care to early intervention in infancy and toddlerhood, and through high-quality care and educational experiences in the preschool years, support services and programs for families and young children have been shown to improve children’s outcomes into the school years and adulthood.

Building on this promising evidence base, the Ready for School, Ready for Life initiative in Guilford County, North Carolina, aims to support interconnected programs and services for young children and their families with the goal of having children enter kindergarten ready for learning. The initiative aims to strengthen connections among existing programs in Guilford County and provide sustainable and comprehensive support for families and young children through universal screening for strengths and needs, followed with connections to targeted services. Launched in 2018, the initiative has eight components focusing on families and children prenatally through age 3, clustered in three areas: building a system of care, expanding and improving services, and changing systems and building public will.

This report provides an overview of the early phases of the initiative, and of MDRC’s evaluation of it—the Guilford Readiness of Children for School (ROCS) study—which includes an implementation substudy and an outcomes-monitoring substudy. It also summarizes MDRC’s analyses regarding the feasibility of evaluating the impacts of the initiative and conducting cost-benefit analyses of it.

The ROCS implementation substudy seeks to evaluate how the Ready Ready initiative is being implemented, to what extent its stated values are evident in the initiative as implemented, and the types of services and activities families with young children participate in, among other research questions. The ROCS outcomes-monitoring substudy will attempt to document the extent to which the well-being of children and families in Guilford County—and disparities in well-being—are changing over time. Publications from this evaluation are planned each year through 2031.

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The Authors

A robust body of evidence over the past half a century has documented the importance of early childhood experiences for adult outcomes.¹ From maternal prenatal care to early intervention in infancy and toddlerhood, and through high-quality care and educational experiences in the preschool years, support services and programs for families and young children have been shown to improve children’s outcomes into the school years and adulthood.

Building on this promising evidence base, the Ready for School, Ready for Life initiative in Guilford County, North Carolina, aims to support interconnected programs and services for young children and their families with the goal of having children enter kindergarten ready for learning.

This report provides an overview of the early phases of the initiative, and of MDRC’s evaluation of it—the Guilford Readiness of Children for School (ROCS) study—which includes an implementation substudy and an outcomes-monitoring substudy. It also summarizes MDRC’s analyses regarding the feasibility of evaluating the impacts of the initiative and conducting cost-benefit analyses of it.

THE CONTEXT: GUILFORD COUNTY AND ITS EARLY CHILDHOOD LANDSCAPE

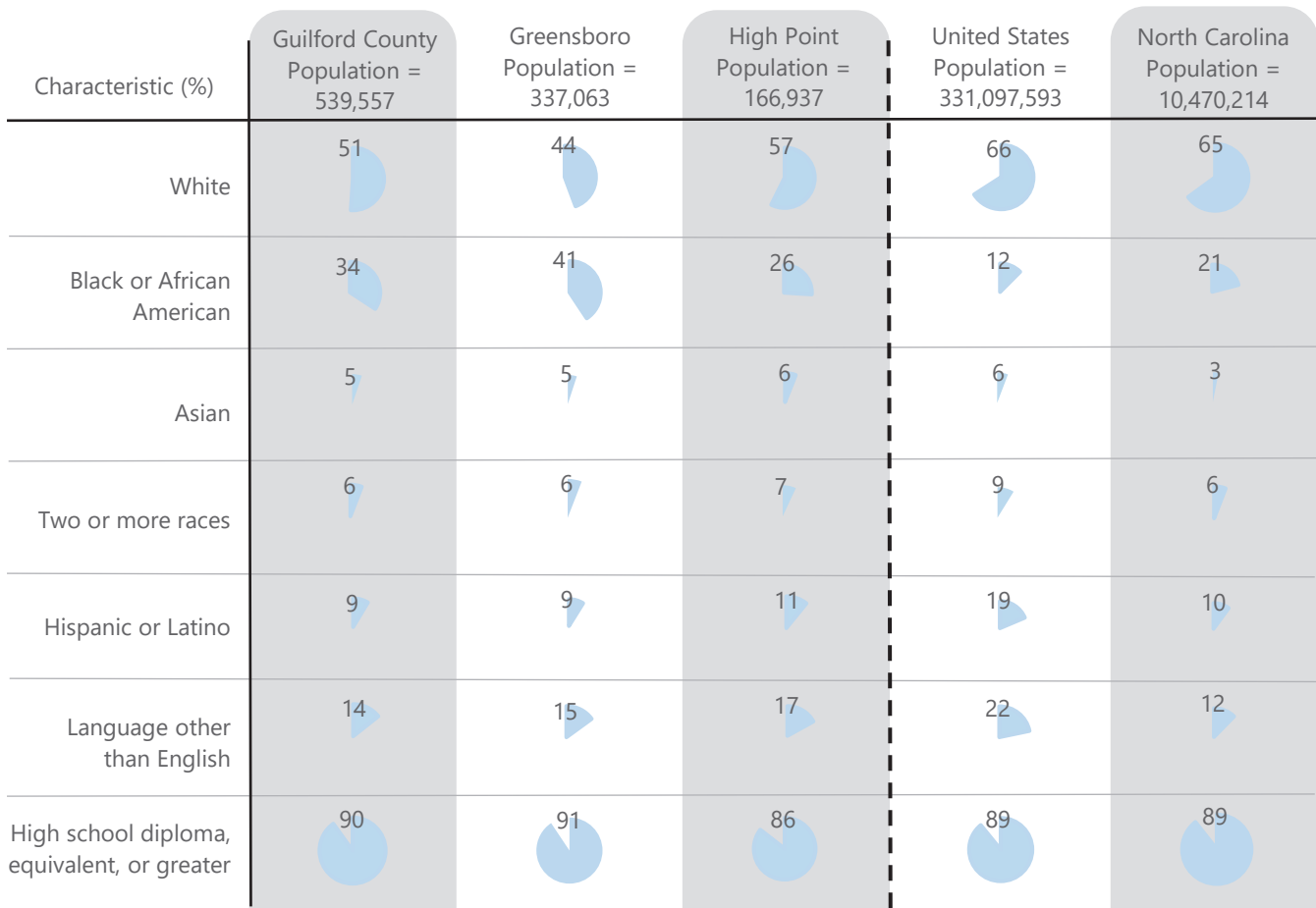
Guilford County in the north-central part of North Carolina is home to over half a million people, the large majority of whom live in its two largest cities of Greensboro and High Point (see Figure 1).² About half of the county’s population is White, about one-third is Black, and about one-tenth is Hispanic or Latino. Fourteen percent speak a language other than English at home, and among those at least 25 years old, 90 percent have earned at least a high school degree.

As shown in Figure 2, Guilford County is home to over 33,000 children ages six and younger, giving it among the state’s largest populations of young children. The figure also shows that over a third (37 percent) of these young children live in poverty, and that almost 10 percent of the babies born in the county between 2018 and 2022 had low birth weights (that is, weights of less than 2,500 grams or 5.5 pounds).³ Finally, the figure shows that in 2023, 59 percent of third-graders in Guilford County were proficient in math and 41 percent were proficient in reading, compared with statewide rates of 61 percent (math) and 48 percent (reading).

In 2017, The Duke Endowment chose Guilford County for a regional investment focused on early childhood. At that time, an existing array of programs, providers, workgroups, and

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1. Dearing, Bustamante, Zachrisson, and Vandell (2024); Gray-Lobe, Pathak, and Walters (2023); Duncan and Le Menestrel (2019); Phillips et al. (2017).
 2. The city of High Point spans four counties (Davidson, Forsyth, Guilford, and Randolph), with the majority of the city’s population in Guilford County. See City of High Point (n.d.).
 3. Births in Guilford County by year 2018-2022, respectively: 6,115; 6,045; 5,927; 5,794; 5,883. See North Carolina Department of Health and Human Services, State Center for Health Statistics (2024).

Figure 1. Selected Characteristics of Guilford County and Its Two Largest Cities, the United States, and North Carolina 2018-2022



SOURCE: 2018-2022 American Community Survey.

NOTES: All "Race" characteristics displayed (besides "two or more races") represent the percentage of the population who is that race alone; these categories do not include individuals who identify as more than one race.

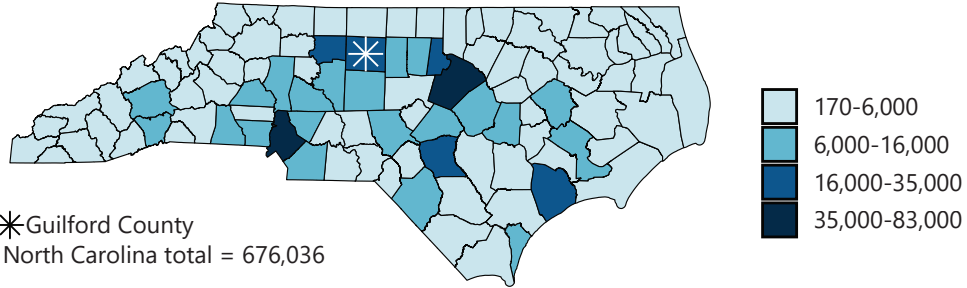
The percentages of American Indian and Alaska Native individuals in Guilford County, North Carolina, and the United States are 0.3 percent, 1.1 percent, and 0.8 percent respectively.

The percentages of Native Hawaiian and Other Pacific Islander individuals in Guilford County, North Carolina, and the United States are <0.1 percent, 0.1 percent, and 0.2 percent respectively.

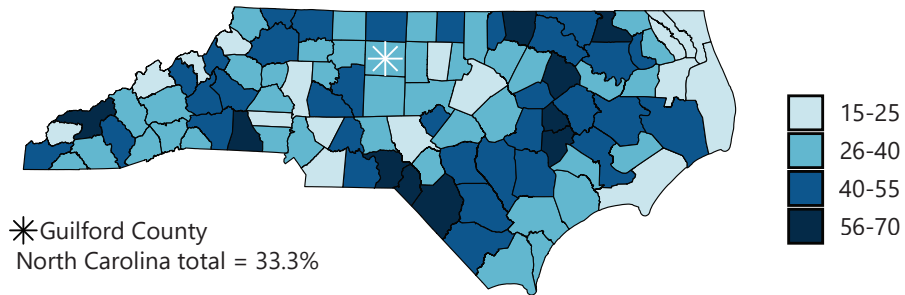
The percentages of individuals who responded that they were some other race than any of these options in Guilford County, North Carolina, and the United States are 3.4 percent, 4.0 percent, and 6.1 percent respectively.

Figure 2. County-Level Demographics for North Carolina

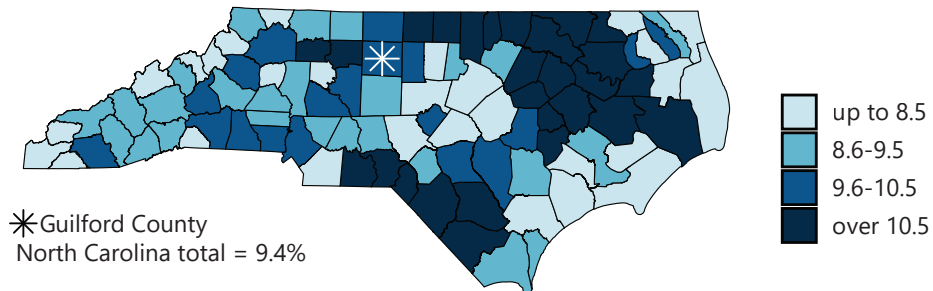
Population of 0-6 Year-Olds



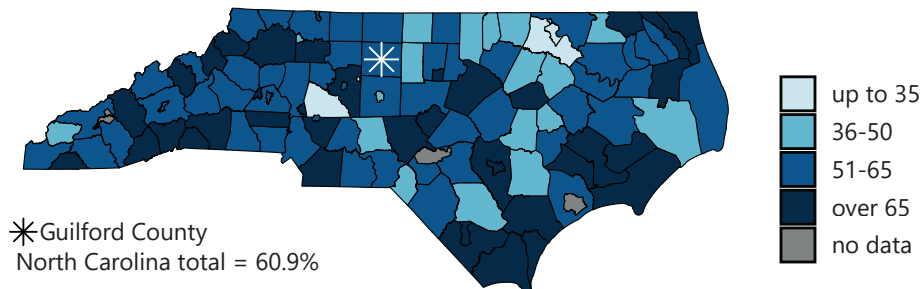
Percentage of Children Ages 0-6 in Families Below 150% of the Federal Poverty Level



Percentage of Children Weighing Less Than 2,500 Grams at Birth



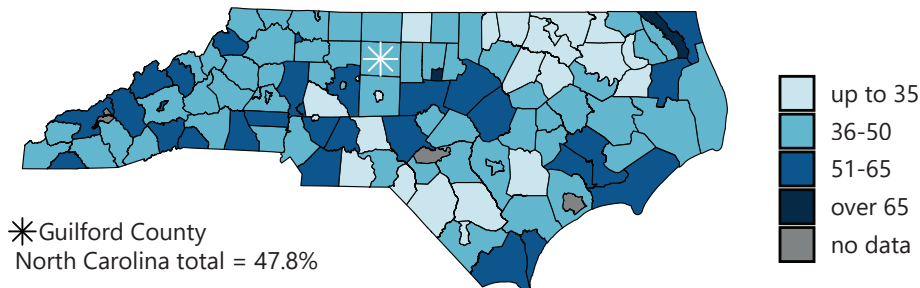
Percentage of Third-Graders at or Above Proficient Level on the 2023 State Math Test



(continued)

Figure 2 (continued)

Percentage of Third-Graders at or Above Proficient Level on the 2023 State Reading Test



SOURCES: 2018-2022 American Community Survey, North Carolina State Center for Health Statistics, North Carolina Department of Public Instruction.

fundors that focused on prenatal and early childhood support operated in the county. This array included evidence-based programs serving families and young children (such as Nurse-Family Partnership, Family Connects, and Reach Out and Read), as well as public programs such as Early Head Start, the North Carolina Infant-Toddler Program, and Medicaid care management programs serving pregnant people and young children.⁴

THE READY FOR SCHOOL, READY FOR LIFE INITIATIVE

Ready for School, Ready for Life is an initiative comprising community-based organizations supporting young children and their families.⁵ The initiative aims to strengthen connections among existing programs in Guilford County and provide sustainable and comprehensive support for families and young children through universal screening for strengths and needs, followed with connections to targeted services. It identifies six guiding values: being family-centered, inclusive, equity-driven, responsive to evidence, transparent, and collaborative. A backbone organization by the same name (Ready for School, Ready for Life) coordinates the initiative.

Beginning in 2018, the initiative focused on plans for the prenatal-to-age-3 phase that include eight components—or streams of work—in three broad areas, listed in Table 1 and described in the following subsections. These components focus on pregnant people and

-
4. The names of these care management programs in North Carolina are Care Management for High-Risk Pregnancies (CMHRP) and Care Management for At-Risk Children (CMARC).
 5. Initially, this initiative was called the “Get Ready Guilford Initiative.” In 2022, the backbone organization changed that name to the Ready for School, Ready for Life initiative.

Table 1. Components of the Ready Ready Initiative in 2023

Build a System of Care	Expand and Improve Services	Change Systems and Build Public Will
<ul style="list-style-type: none"> • Community Navigation • Routes to Ready • Integrated Data System • Community Alignment 	<ul style="list-style-type: none"> • Program Expansion • Continuous Quality Improvement • Early Literacy 	<ul style="list-style-type: none"> • Backbone Organization (Ready for School, Ready for Life organization)

families with young children up to 3 years old. As described in the following subsections, some components develop new structures or activities, while others expand existing programs or activities. In 2023, the backbone organization convened community partners to develop and pilot test four strategies for children ages 3 to 5, related to early literacy, social and emotional development, early childhood education, and the transition from prekindergarten to kindergarten.

Community Navigation

AIMS AND ACTIVITIES: Community Navigation (CN) is intended to offer all families who live in Guilford County free access to resources and referrals through trained staff members (called community navigators), during the prenatal and postnatal periods. CN is intended to complement other programs in the county. Prenatal CN aims to have a memorandum of understanding with all obstetric offices in the county and postnatal CN aims to have one with all pediatric offices in the county.⁶ The goal is for a family interacting with CN to:

- Provide (or decline) consent to participate in CN and consent to share their data with other service providers in the county
- Complete a screening questionnaire about their needs or concerns
- Have a “Guided Conversation” with a community navigator to discuss their needs in greater detail, including their economic/resource needs and their needs related to physical, mental, behavioral, and emotional health
- Receive information or referrals for services and other forms of support from other providers
- Receive follow-up contacts from the community navigator, including promotional messages about healthy behaviors, mental health, and positive parenting
- Interact virtually or in person with a community navigator at least three times each year

6. In late 2024, the initiative was considering additional locations for postnatal CN.

Descriptions of CN’s engagement strategies emphasize the importance of incorporating families’ voices into the direction of overall programs and into the services they receive, establishing trust with families, tailoring outreach and support to families’ needs and strengths, and using culturally competent approaches.⁷

PROGRAMS/ORGANIZATIONS: The Children’s Home Society of North Carolina operates the CN program in Guilford County.⁸

TIMELINE: CN is a new program in Guilford County, developed from a planning process that began in 2017. In 2020, the backbone organization selected Children’s Home Society to operate the Community Navigation program. Small-scale pilot implementation began in early 2020 for prenatal CN and in late 2023 for postnatal CN.

Routes to Ready

AIMS AND ACTIVITIES: Routes to Ready (RTR) refers to coordination and integration efforts among four programs in Guilford County: Community Navigation (discussed above), Family Connects Guilford County, HealthySteps, and Nurse-Family Partnership. The staff members in these programs—community navigators, nurses, and child-development specialists—reach, assess, and connect families to community resources. RTR aims to reach all families during the prenatal and postnatal periods, to minimize service duplication, increase continuity between services, and reduce burdens on families who seek support. A working group of representatives from the four programs and the backbone organization identifies opportunities for coordination and organizes processes such as “warm handoffs” among the four programs.⁹ Participants in each of the four RTR programs have the option of sharing information with other RTR partners (through the Integrated Data System, discussed next).

PROGRAMS/ORGANIZATIONS: The four program partners in RTR are:

- Community Navigation (described in the previous section), operated by Children’s Home Society
- Family Connects Guilford County, operated by the Guilford County Division of Public Health¹⁰
- HealthySteps, operated by Children’s Home Society¹¹

7. “Culturally competent approaches” refer to providing staff members with training in diverse cultural backgrounds and in how to foster inclusive practices by addressing biases and stereotypes.

8. Children’s Home Society of North Carolina, “Community Navigation” (n.d.).

9. “Warm handoffs” cover a range of practices from sharing with parents the name of a contact in a different program to telling a different program about the family.

10. The Guilford County Health Department website provides a brief description of Family Connects Guilford County. See State of North Carolina Guilford County, “Community Health Programs” (n.d.).

11. The Children’s Home Society website provides a brief description of HealthySteps in Guilford County. See Children’s Home Society of North Carolina, “HealthySteps Support for Families” (n.d.).

- Nurse-Family Partnership, operated by GenerationEd (a multiservice nonprofit organization)¹²

TIMELINE: In 2017, the backbone organization and Family Connects Guilford County, HealthySteps, and Nurse-Family Partnership programs began discussing universal assessment, cross-program communication, and coordination. As noted in an earlier section, CHS started operating Community Navigation in 2020. In 2023, the backbone organization introduced the RTR brand and started publicizing it.¹³

Integrated Data System

AIMS AND ACTIVITIES: The Integrated Data System (IDS) aims to enable RTR program partners to share data about participants in their programs. The IDS seeks to support programs in coordinating service delivery across partners and over time, to reduce redundancies and administrative burdens on participants, and to generate information that programs can use to improve their services and processes.

Each RTR program owns and operates its own separate database, or management information system. With the consent of participants, specific data fields from each program's management information system are linked in the IDS, which is owned and administered by the backbone organization. The IDS Governance Council, which has representatives from the four RTR programs and the backbone organization, oversees the legal, ethical, and physical infrastructure considerations involved in IDS design and operations, including the following:

- Consent processes that specify how each program's participants can authorize linking their data to the IDS
- Formal data-sharing agreements between the backbone organization and each RTR program, which specify the data fields that programs link to the IDS
- Summary statistics and dashboard reporting, developed and produced by the backbone organization for use by the RTR programs and community leaders, providing information such as consent rates, the number of participants in each RTR program, the number of service referrals each makes, and participant demographics

PROGRAMS/ORGANIZATIONS:

- The backbone organization
- Community Navigation (described in a previous section), operated by Children's Home Society

12. The GenerationEd website provides a description of Nurse-Family Partnership in Guilford County. See GenerationEd (n.d.).

13. The backbone organization's website provides a brief description and visual for the Routes to Ready process. See Ready for School Ready for Life, "Routes to Ready" (n.d.).

- Family Connects Guilford County, operated by the Guilford County Division of Public Health
- HealthySteps, operated by Children’s Home Society
- Nurse-Family Partnership, operated by GenerationEd

TIMELINE: Initial planning for the IDS began in 2018, and the technical specifications and development for the current version began in 2021. Some data fields from Community Navigation, Family Connects Guilford County, and HealthySteps began to be linked to the IDS in 2023.

Community Alignment

AIMS AND ACTIVITIES: Community Alignment refers to the initiative’s efforts to provide up-to-date information about services and other forms of support in Guilford County, to identify gaps between the services and other forms of support that are available and what families need and want, and to work with program partners to respond to those gaps. Through these efforts, Community Alignment aims to increase responsiveness to families’ needs.

The Agency Finder is a directory of programs and services that are available to people living in Guilford County; it includes information such as program name, location, contact information, services offered, eligibility criteria, languages spoken by bilingual staff members, and waiting-list status.¹⁴ Information from the Agency Finder is available in each RTR program’s management information system, and some of the information is available to the public through the backbone organization’s Community Portal.¹⁵ The backbone organization works with RTR programs and other community program partners to identify relevant programs and services and to maintain accurate, updated information. The initiative seeks to verify information about each program listing every six months, and for the majority of broad service types (such as “early education programs”) to include at least four verified listings each.¹⁶

PROGRAMS/ORGANIZATIONS: The backbone organization, RTR programs, and community program partners.

TIMELINE: Initial planning for Community Alignment began in 2019, and the backbone organization distributed an initial draft of the Agency Finder to RTR programs and to the public in 2022.

14. The Agency Finder categorizes each entry with at least one broad service type such as “postpartum services,” or “early education programs.”

15. Ready for School Ready for Life, “Community Portal” (n.d.).

16. The initiative defines a “verified listing” as one whose details have been checked and validated by the backbone organization or directly by the listed organization itself.

Program Expansion

AIMS AND ACTIVITIES: Using additional funding from The Duke Endowment and Blue Meridian Partners, this component aims to increase the number of families who can participate in early childhood programs in Guilford County. For future comparison purposes, as a baseline in 2019, over 3,500 families received a Family Connects Guilford County integrated home visit, over 600 children were designated as needing more extensive support and met with a HealthySteps specialist, and over 250 families participated in Nurse-Family Partnership.¹⁷ Additional funding also supports the expansion of other programs serving families with young children, such as Child First, Reach Out And Read, and a community-based doula program.¹⁸

PROGRAMS/ORGANIZATIONS: The backbone organization, RTR programs, and other programs.

TIMELINE: Planning began in 2017 and funding for program expansion began in 2018.

Continuous Quality Improvement¹⁹

AIMS AND ACTIVITIES: Activities in the Continuous Quality Improvement (CQI) component focused on building programs' ability to implement CQI processes, with the aim of improving the quality of their programs and services.

Through a competitive selection process, the backbone organization selected programs and organizations in Guilford County to be part of a cohort that received CQI training and technical assistance provided by external consultants.²⁰ Representatives from selected programs learned how to use the Model for Improvement, which involves three overarching questions: "What are we trying to accomplish?" "How will we know that a change is an improvement?" and "What change can we make that will result in improvement?" and conducted Plan-Do-Study-Act cycles.²¹ They also received training on implementation drivers ("core components or building blocks of the infrastructure needed to support practice, organizational, and systems change") and how to assess them for CQI.²²

17. The programs provided MDRC data from 2019. The program data are not mutually exclusive, and the same families may be included in each program's counts.

18. The Guilford County Department of Public Health operates the community-based doula program as part of Every Baby Guilford—a collective action effort that aims to reduce infant mortality (previously named the Guilford County Coalition on Infant Mortality). State of North Carolina Guilford County, "Every Baby Guilford – About Us" (n.d.). The program's page includes information about a doula's role. See State of North Carolina Guilford County, "Community-Based Doula Program" (n.d.).

19. In late 2024, the backbone organization changed the name of this component to "Capacity Building," with corresponding plans to broaden its emphasis beyond CQI.

20. Root Cause provided training and technical assistance to programs in the earliest cohort. The Collaborative for Implementation Practice at UNC-Chapel Hill School of Social Work and facilitators from Population Health Improvement Partners provided training and technical assistance to programs in three subsequent cohorts.

21. Associates in Process Improvement (n.d.).

22. Ward et al. (2018).

PROGRAMS/ORGANIZATIONS: Appendix A lists programs and organizations that have participated in CQI cohorts.

TIMELINE: Thirteen programs participated in a preliminary CQI cohort from 2018 to 2020. Twenty-four programs participated in one of three subsequent cohorts from 2019 to 2024. At the end of 2024, the backbone organization was planning to broaden its focus in this component to working with community program partners to provide them with opportunities to convene with one another, receive coaching, participate in training, gain tools and resources, and receive technical assistance on topics tailored to their needs.

Early Literacy

AIMS AND ACTIVITIES: The early literacy component aims to increase access to books for children and to bolster caregivers' knowledge of active reading strategies and time spent reading with children. The backbone organization provides books to children and distributes informational materials about the importance of early language and reading through the Basics Guilford campaign. It also provides funding, books and other materials, and referrals to programs in the community that support early literacy.

PROGRAMS/ORGANIZATIONS: Reach Out and Read, Dolly Parton Imagination Library, Backpack Beginnings, and the backbone organization.

TIMELINE: When the initiative began, the backbone organization was already distributing books and providing informational materials, and the programs just mentioned were operating in Guilford County. The initiative began providing or supplemented funding for these programs starting in 2019.

Backbone Organization (Ready for School, Ready for Life)

AIMS AND ACTIVITIES: This component focuses on building the Ready Ready organization's ability to fulfill its role as the initiative's backbone organization. A backbone organization aims to guide the community's vision and strategy, supporting aligned activities, establishing shared measurement practices, cultivating community ownership and engagement, advancing policy, and mobilizing resources.²³ Staff members in the backbone organization work with community programs and consultants to design and implement each of the initiative components. The backbone organization also engages with families and programs in the community through the Guilford Parent Leader Network and through the Basics Guilford public awareness campaign.

PROGRAMS/ORGANIZATIONS: Ready for School, Ready for Life ("Ready Ready"), a 501(c)(3) nonprofit organization.

23. Collective Impact Forum and FSG (2017).

TIMELINE: The Cemala Foundation and Joseph M. Bryan Foundation created Ready for School, Ready for Life in 2014.²⁴ The Ready Ready organization was incorporated in 2017 and was designated a 501(c)(3) nonprofit organization by the Internal Revenue Service in 2018. The Duke Endowment specified the Ready Ready organization as the backbone organization for the Ready Ready initiative in 2018.

ROCS EVALUATION PLANNING AND DESIGN

The Duke Endowment, the anchor funder of the initiative, engaged MDRC in 2018 to develop study designs to evaluate the initiative’s implementation, impacts, and benefits compared with costs. To inform these designs, MDRC and its partner James Bell Associates worked with initiative developers at the backbone organization and partner organizations to elicit details of initiative components focused on families and children from the prenatal period through age 3. The work included developing logic models that describe activities and intended results for each component.

Building on the initiative’s emerging plans and corresponding logic models, MDRC designed two substudies, described in the next section of this report: a multiyear, multimethod implementation substudy, and an outcomes-monitoring substudy. MDRC also explored the feasibility of conducting an impact substudy and a corresponding cost-benefit substudy. As detailed in Box 1, the strongest feasible design for an impact substudy could not reliably detect impacts of the size that a county-wide initiative like Ready Ready was likely to produce; therefore, The Duke Endowment did not move forward with the impact or cost-benefit substudies.²⁵

24. Personal communication with Ed Kitchen of the Joseph M. Bryan Foundation, October 15, 2024.

25. Because impact estimates are required to conduct a cost-benefit analysis, and because The Duke Endowment decided not to move forward with an impact study of the initiative, the corresponding cost-benefit substudy also did not move forward.

BOX 1

Estimating the Effects Caused by the Ready Ready Initiative: Impact Design and Feasibility

As part of designing the evaluation of the initiative, MDRC explored the strongest possible nonexperimental impact designs that could answer the question “To what extent is there evidence that observed changes in Guilford County outcomes were caused by the Ready Ready initiative?”

MDRC determined that a synthetic comparison design was the most rigorous, feasible approach for estimating the effects caused by the initiative.* But MDRC advised against proceeding with the impact study for two primary reasons. First, the initiative’s gradual and lengthy rollout—while typical and reasonable for implementing a complex, community-wide effort such as the Ready Ready initiative—would reduce the credibility of the impact estimates generated. Second, the impact design would be able to detect only very large effects, and if effects were smaller than hoped for, the design would not be able to detect them with confidence—the study would be “underpowered” (in terms of statistical power) to detect small effects.

A technical paper provides details about the synthetic comparison design developed for this study.†

NOTES: *The Duke Endowment and initiative developers specified that a randomized controlled trial should not be considered to evaluate the initiative. The Duke Endowment convened a separate evaluation advisory board, composed of experts in nonexperimental research designs and in early childhood interventions, who reviewed MDRC’s proposed impact design and corresponding analyses.

†A working paper version is available from GuilfordROCS@mdrc.org. At the time this report was published, the paper was being peer reviewed by an academic journal.

OVERVIEW OF ROCS SUBSTUDIES UNDERWAY

Substudy on Initiative Implementation

The implementation substudy provides a broad view of the initiative’s implementation and the Guilford County service landscape over time. Box 2 describes its central research questions. It is designed to complement, not duplicate, information collected as part of the initiative through components such as the Integrated Data System and through the backbone organization’s management activities.

The substudy began collecting data in 2023 and plans to continue through 2029.²⁶ Sources of qualitative and quantitative data include interviews with parents in Guilford County, surveys

26. As noted in an earlier section, evaluation design began in 2018. The ROCS implementation substudy did not get underway until 2023, due to initiative implementation delays caused by the COVID-19 pandemic and other factors.

BOX 2

ROCS Research Questions: Implementation Substudy

1. How is the Ready Ready initiative being implemented?
2. To what extent are the initiative's values and principles evident in the initiative as implemented?
3. What factors influence how the initiative is implemented?
4. What kinds of services and activities do families with young children participate in? What do they think about these experiences?
5. In what context is the initiative being implemented?

and interviews with program staff members and leaders of programs involved in the initiative and from the backbone organization, surveys of community leaders, and reviews of planning documents and meeting notes related to the initiative's various components. The substudy also reviews data from and implementation of the Integrated Data System component and coordinates with the outcomes-monitoring substudy to survey families with young children in Guilford County to learn about the services and other forms of support that they need, want, and use.

Substudy on Outcomes Monitoring

The outcomes-monitoring substudy describes the well-being of children and families in Guilford County and how their well-being changes over time. Box 3 describes its central research questions. Findings from the outcomes-monitoring and implementation substudies can provide interested parties in Guilford County with information on levels of service access and well-being in the county as the initiative is being implemented. The current study is not designed to assess whether the initiative causes changes in service levels or well-being, however.

The initiative focuses on outcomes at birth, three years old, kindergarten entry, and third grade. The outcomes-monitoring substudy, designed to track outcomes at these time points through at least 2029, draws on existing data from birth records, Medicaid, Child Protective Services, and Early Intervention, and from school records where they are available. However, early childhood providers in Guilford County and elsewhere do not generally have centralized information about the identities and locations of families, nor about how they are faring, what their needs are, and whether their needs are being met before children enter the formal school system. The substudy plans to address this lack of information by also collecting survey data, following two cohorts—of 1,300 children per cohort—who are born in Guilford County in 2025 and 2027. Caregivers who consent to participate in the study will

receive short surveys when their children are born, are 1 year old, and are 2 years old, and a longer survey when their children are 3.²⁷ The surveys collect information about families' needs and use of services in the county, and information on priority outcomes of the initiative in areas of children's language/literacy and social-emotional development. Caregiver reports rely on an adult who observes and interacts with a child consistently to report on that child's skills or ability level overall and in various contexts, not only over the duration of a short assessment. The survey design can assess children's current abilities at a particular age and children's growth as they age, and will allow the research team to make comparisons across cohorts over time.

LOOKING AHEAD

ROCS will continue to collect information about initiative implementation and family and child outcomes from existing data sources. A separate research report will share early findings from the implementation substudy. ROCS publications are planned each year through 2031 to share findings from the implementation and outcomes-monitoring substudies. In early 2025, ROCS will also launch the first survey of a cohort of children born in Guilford County.

BOX 3

ROCS Research Questions: Outcomes-Monitoring Substudy

1. To what extent is the well-being of children born in Guilford County changing over time? To what extent is the well-being of their families changing over time?
2. To what extent are subpopulation disparities in well-being for this population changing over time, concurrently with the evolution of the initiative's development and reach?

27. "Caregivers" refers to children's parents, guardians, or other primary caregivers.

APPENDIX

A

Appendix Table A.1. Programs Participating in the Ready Ready Initiative's Continuous Quality Improvement (CQI) Cohorts

Program	Organization
CQI Cohort I: November 2018 - July 2020	
Adolescent Parenting Program	YWCA High Point
Adopt-A-Mom	Guilford County Coalition on Infant Mortality
Bringing Out the Best	UNC Greensboro Center for Youth, Family, and Community Partnerships
Care Management for At-Risk Children ^a	Guilford County Department of Health and Human Services
Care Management for High-Risk Pregnancies ^b	Guilford County Department of Health and Human Services
Early Head Start	Guilford Child Development
Family Connects	Guilford County Department of Health and Human Services
Healthy Start	Family Service of the Piedmont
NC Infant Toddler Program	Children's Developmental Services Agency, NC Department of Health and Human Services
Parents as Teachers Guilford County	YWCA High Point
Teen Parent Mentor Program	YWCA Greensboro
WIC	Guilford County Department of Health and Human Services
Wise Guys	Children's Home Society
CQI Cohort I, Part 2: June 2022 - October 2022	
Adopt-A-Mom	Guilford County Coalition on Infant Mortality
Bringing Out the Best	UNC Greensboro Center for Youth, Family, and Community Partnerships
Healthy Start	Family Service of the Piedmont
Teen Parent Mentor Program	YWCA Greensboro

(continued)

Appendix Table A.1 (continued)

Program	Organization
CQI Cohort II: September 2022 - March 2023	
Capacity Improvement Plan*	Women’s Resource Center of Greensboro
Child Response Initiative	The Kellin Foundation
Community Alignment* ^c	Ready for School, Ready for Life
Community Garden Project	Positive Direction for Youth and Families
Emergency Family Shelter	YWCA Greensboro
Family Market	Backpack Beginnings
Food Supply and Storage*	Out of the Garden Project
Furnishing the Change	The Barnabas Network
Immigration Services	The Center for New North Carolinians
Life Success University	Greensboro Housing Authority
Mental Health Curriculum	Children and Families First
NextGen Young Adult Services	GuilfordWorks
Opportunity Accelerator	Triad Goodwill
Strategic Plan Support*	Room at the Inn
Thriving at Three	The Center for New North Carolinians
CQI Cohort III: October 2023 - April 2024	
Well Centered ME	D-UP, Inc.
Immigrant Assistance Center	FaithAction International House
Family Literacy Program	Reading Connections
Summer Day Camp	YMCA of Greensboro
Child Care Center	YMCA of High Point

NOTES: *Indicates a subunit or general area within the organization, not a specific program.

^aFormerly called Care Coordination for Children.

^bFormerly called Pregnancy Care Management.

^cCommunity Alignment was a partial participant in Cohort II.

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ABOUT MDRC

MDRC, a nonprofit, nonpartisan social and education policy research organization, is committed to finding solutions to some of the most difficult problems facing the nation. We aim to reduce poverty and bolster economic mobility; improve early child development, public education, and pathways from high school to college completion and careers; and reduce inequities in the criminal justice system. Our partners include public agencies and school systems, nonprofit and community-based organizations, private philanthropies, and others who are creating opportunity for individuals, families, and communities.

Founded in 1974, MDRC builds and applies evidence about changes in policy and practice that can improve the well-being of people who are economically disadvantaged. In service of this goal, we work alongside our programmatic partners and the people they serve to identify and design more effective and equitable approaches. We work with them to strengthen the impact of those approaches. And we work with them to evaluate policies or practices using the highest research standards. Our staff members have an unusual combination of research and organizational experience, with expertise in the latest qualitative and quantitative research methods, data science, behavioral science, culturally responsive practices, and collaborative design and program improvement processes. To disseminate what we learn, we actively engage with policymakers, practitioners, public and private funders, and others to apply the best evidence available to the decisions they are making.

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