Data Linkages Between Public Health and Education Programs for Young Children with Special Needs

Taletha Derrington, Donna Spiker, Kathleen Hebbeler, SRI International
Martha Diefendorf, FPG Child Development Institute, University of North Carolina at Chapel Hill

American Public Health Association 142nd Annual Meeting and Exposition, New Orleans, LA, November 2014

Background
- Health and education programs are important in supporting optimal outcomes for young children with special needs. However, little is known about capacity across the U.S. for data on children served in stateIndividuals with Disabilities Act (IDEA) Part C early intervention (EI) and PartB Section 619 early childhood special education (ECSE) programs with public health data.
- Public health is influenced by education and social welfare. Therefore, data linkages to other early childhood (EC) programs, K-12 education, and social services programs could also be used as a tool to promote public health.
- Because young children with or at risk for disability or developmental delays are often served by multiple programs, states with these connections are better positioned to use data to improve programs' positive impact and maximize public investments.

This poster presents findings from a national study on states' EI and ECSE data systems, and how extensively these data are integrated with public health, education, and social services data.

Methods
- Online survey in summer 2013 of state EI and ECSE coordinators and data managers.
- Response rates from the 50 states, DC, and Puerto Rico: 34% for EI and 96% for ECSE.
- Questions addressed state capacity to link EI and ECSE child-level data to multiple health, education, and social programs.
- Respondents were also asked if establishing such linkages was a state priority.

Findings
- Comparison of EI and ECSE Linkages (Figure 1)
  - Linkages to health programs were more common for EI than for ECSE, as more than half of states (54%) reported linkages between EI and at least one health program, compared with 13% for ECSE.
  - Conversely, linkages to other early childhood (EC) programs and K-12 education data were more common for ECSE than for EI: 44% and 38% of states reported EI-EC and EI-Education linkages, respectively, and 63% and 69% of states reported ECSE-EC and ECSE-Education linkages, respectively.
  - Results were similar for linkages to social service programs, with almost the same percentage of EI and ECSE coordinators (33% and 31%, respectively) reporting linkages to at least one social service program.

- States have made progress in developing the capacity to link early childhood health, education, and social service programs' data, but the low percentages for many linkages indicate there is considerable room for improvement.

- Linkages reflect to some degree the influence of federal policies requiring coordination between programs (e.g., EI and other welfare), the historical greater focus on health in EI, and ECSE's location in state education agencies.

Public Health Implications
- Cross-system linkages increase state capacity to use data to improve the health and well-being of young children with special needs.
- Policy and administrative structures can promote or inhibit the development of these linkages.
- More information is needed about how few states can link EI to the other early childhood programs and ECSE with health programs.

This information can inform greater policy attention to supporting the creation of these data linkages.

The contents of this poster were developed under a grant from the U.S. Department of Education, #H325G120002. However, the content does not necessarily reflect the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government, Project Officers, Meredith Rieli, and Michelle Davis.