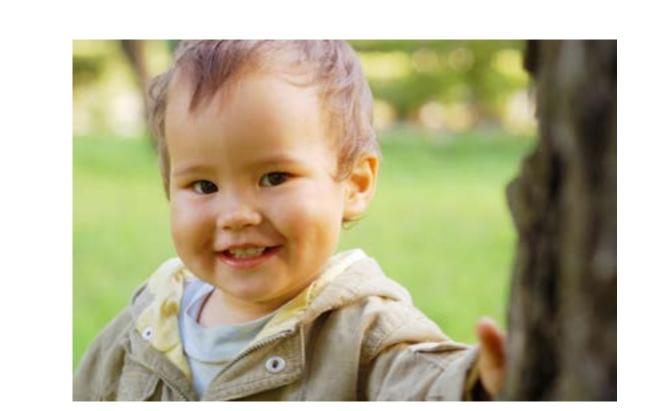# Data Linkages Between Health, Education, and Social Service Programs: Making the Connection for Young Children with Special Needs

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2014 CityMatCH and MCH Epidemiology Conference, Phoenix, AZ, September 2014

Background

✳ Health, education, and social service programs are important in supporting optimal outcomes for young children. Little is known about capacity across the U.S. to link data for children served in state Individuals with Disabilities Act (IDEA) Part C early intervention (EI) and Part B Section 619 early childhood special education (ECSE) programs with other early childhood health, education, and social service program child data.

✳ States with these connections are better positioned to maximize public investments in these programs by using data to improve their positive impact on young children with or at risk for disability or developmental delays.

✳ This poster presents findings from a national study on states' Individuals with Disabilities Education Act (IDEA) EI and ECSE data systems, and how extensively these data are integrated with other early childhood health, education, and social service program data systems.

Study Questions

✳ How many states in the U.S. have linkages between statewide EI, ECSE, health, education, and social service program data?

✳ How many states consider creating these linkages a priority?

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: 94% for EI and 96% for ECSE.

✳ Questions addressed state capacity to link EI and ECSE child-level data to vital records, birth defects registries, Early Hearing Detection and Intervention (EHDI), hospital, behavioral health, nutritional assistance, Medicaid/State Children's Health Insurance Programs (SCHIP), all-payer claims, state pre-kindergarten, Head Start, Early Head Start, child care, home visiting, child welfare, foster care, Temporary Assistance for Needy Families (TANF), and homeless services data. Respondents were also asked if establishing such linkages was a state priority.

Findings

✳ Almost one-third of states reported that their EI and ECSE child data were in the same system or have been linked at least once; nearly half reported that the two data systems have not been linked (Figure 1).

✳ Results for 23% of states were ambiguous because EI and ECSE coordinators' answers did not agree (Figure 1).

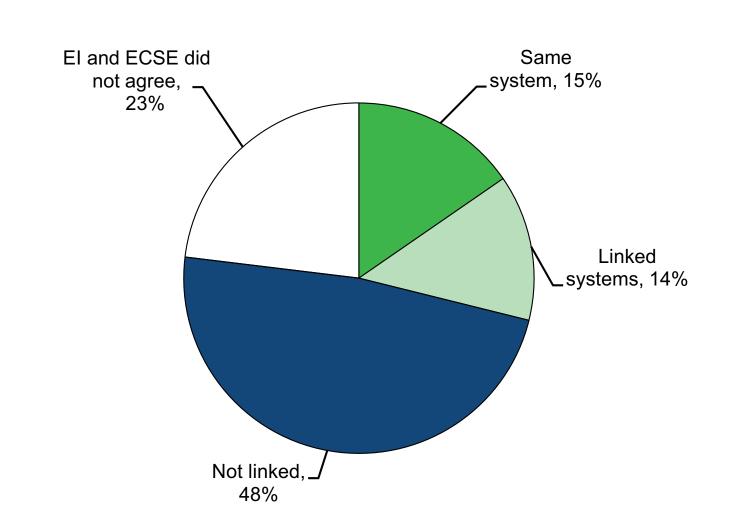### Figure 1. Linkages Between EI and ECSE State Data Systems

Pie chart: EI and ECSE did not agree, 23%; Same system, 15%; Linked systems, 14%; Not linked, 48%.

Table 1. Linkages Between EI/ECSE Child Data and Other State Programs' Child Data (%)

	EI	ECSE
Vital records and health data		
Medicaid/SCHIP	42	12
EHDI	37	8
Vital records	21	0
Birth defects registry	21	2
All-payer claims (insurance)	13	0
WIC/SNAP	8	6
Hospital	6	2
Behavioral health	4	2
Other Early Childhood Programs		
Early Head Start	2	10
Head Start	6	22
Child care	6	8
State pre-K	12	46
Home visiting	8	8
K-12 Education		
General Education	14	79
Special Education	41	87
Social service data		
Child welfare	21	10
Foster care	12	8
Temporary Assistance for Needy Families (TANF)	10	14
Homeless services	6	14

Note: SCHIP = State Children's Health Insurance Program; EHDI = Early Hearing Detection and Intervention; WIC/SNAP = Women, Infants, and Children/Supplemental Nutrition Assistance Program.

Figure 2. Linkages Between Statewide EI, ECSE, and Health Data Systems

Top row: Medicaid/SCHIP, EHDI, Vital Records, Birth Defects Registry. Center: EI, ECSE. Bottom row: All-Payer Claims, WIC/SNAP, Hospital, Behavioral Health.

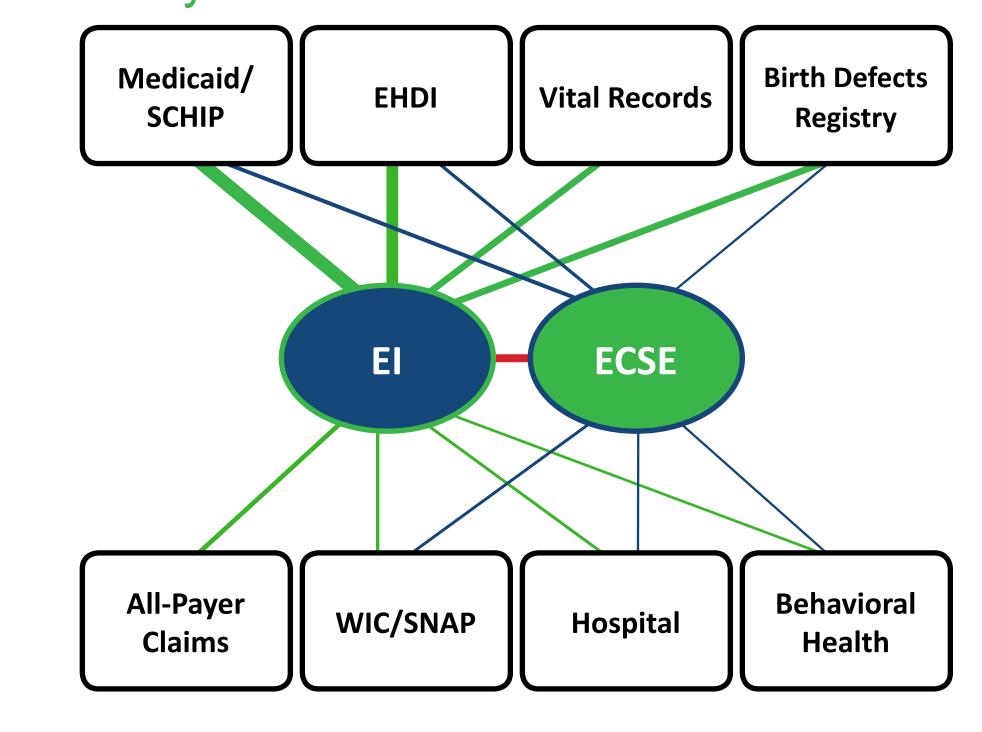### Figure 3. Linkages Between EI, ECSE, Other Early Childhood Programs, and K-12 Education Data Systems

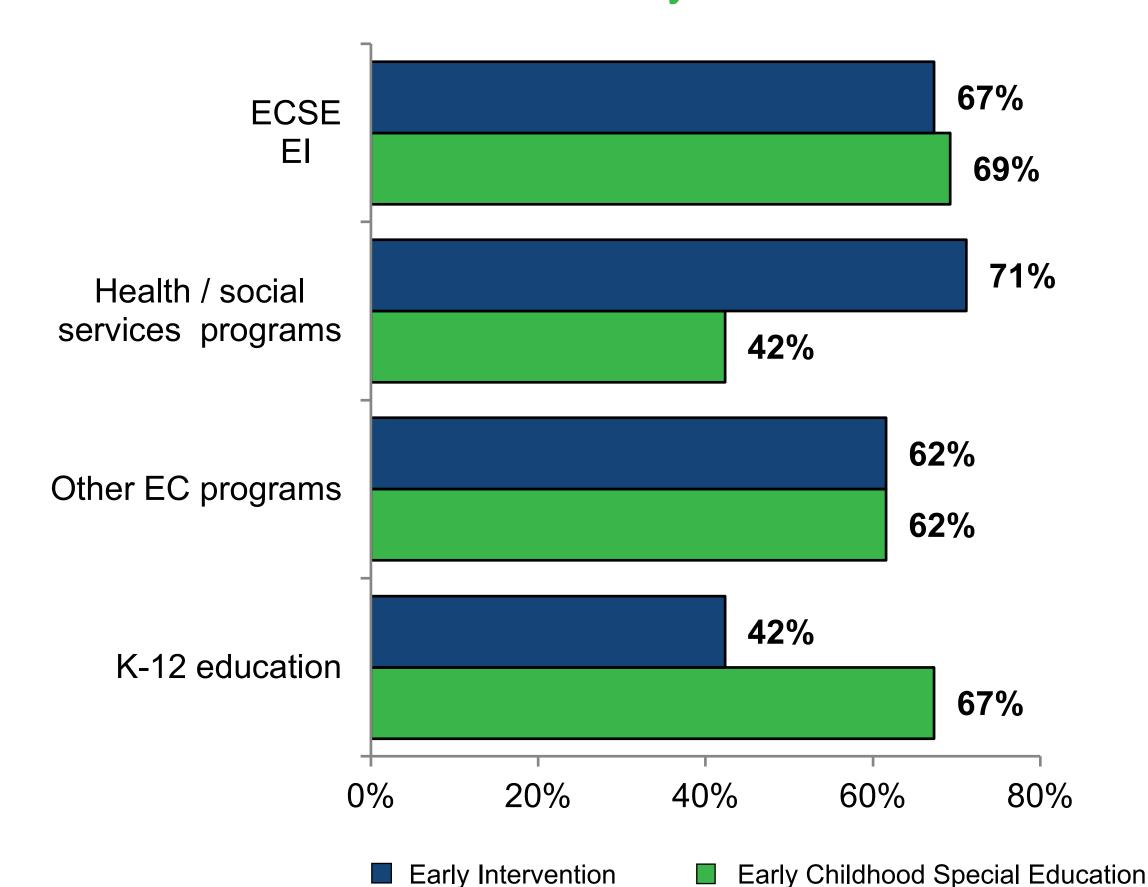Top row: Early Head Start, Head Start, Child Care, State pre-K, Home Visiting. Center: EI, ECSE. Bottom row: K-12 General Education, K-12 Special Education.
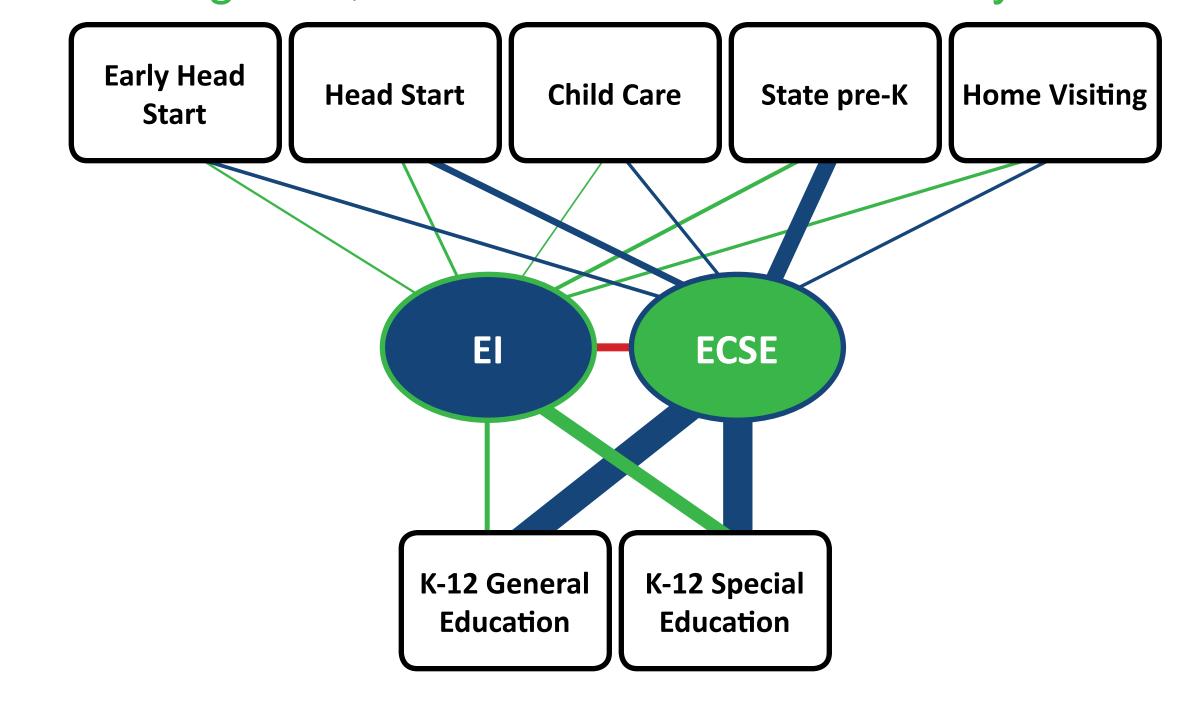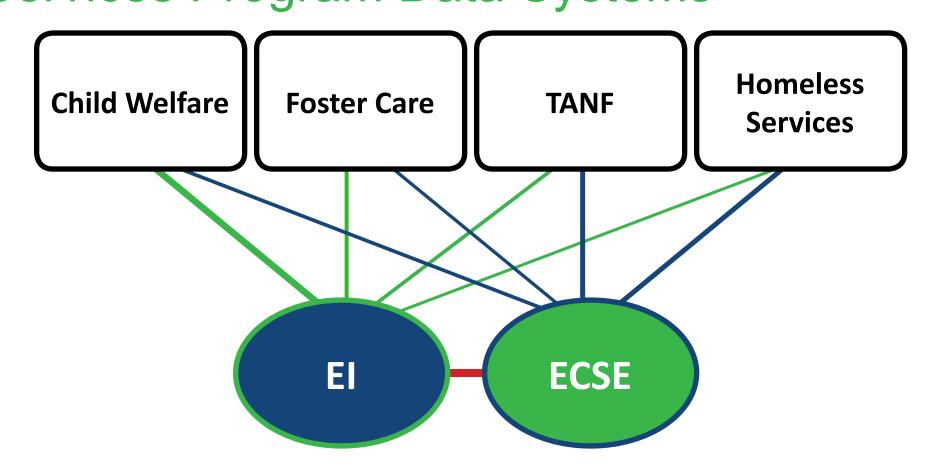
Figure 4. Linkages Between Statewide EI, ECSE, and Social Services Program Data Systems

Top row: Child Welfare, Foster Care, TANF, Homeless Services. Center: EI, ECSE.

Note: Thickness of line represents relative proportion of states with linkages.

✳ Linkages to health programs were more common for EI than for ECSE (Figure 2).

✳ Linkages to other early childhood (EC) programs and K-12 education data were more common for ECSE than for EI (Figure 3).

✳ Results were mixed for linkages to social service programs (Figure 4).

✳ Slightly more ECSE coordinators reported linkages to EI as a priority (69%) than EI coordinators reported for linkages to ECSE (67%) (Figure 5).

✳ Developing linkages to health/social services programs was reported as a priority by 71% of EI coordinators, compared to only 42% of EC coordinators (Figure 5).

✳ An equal number of EI and ECSE coordinators reported priorities for linkages to other EC programs (62%) (Figure 5).

✳ More ECSE coordinators reported priorities for linkages to K-12 education (67%) than EI coordinators (42%) (Figure 5).

Figure 5. State Priorities for Linking IDEA Early Childhood Data Systems to Other Health, Education, and Social Service Data Systems

Bar chart:
- ECSE/EI: 67% (EI), 69% (ECSE)
- Health / social services programs: 71% (EI), 42% (ECSE)
- Other EC programs: 62% (EI), 62% (ECSE)
- K-12 education: 42% (EI), 67% (ECSE)

Legend: Early Intervention (blue), Early Childhood Special Education (green).

Conclusions and Implications

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

✳ Linkage patterns reflect the differences between EI and ECSE in the state lead agencies for these programs (both in education vs. health/human services agencies for EI and education for ECSE) as well as federal policies requiring coordination between programs (e.g., EI and child welfare).

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 why so few states can link EI with other early childhood programs and ECSE with health programs.

✳ Greater policy attention to supporting the creation of these data linkages is warranted.

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