Background
Health and education programs are important in supporting optimal outcomes for young children with special needs. However, little is known about coordination among the U.S. population of children served in state Individualized Education Plans (IEPs) or Part B 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 service programs' data.
* Respondents were also asked if establishing such linkages was a state priority.

Findings

Compared to 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 ECSE-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.

Linkages to Health Programs (Figure 2)
- Linkages to all eight of the specific public health programs asked about in the survey were reported for EI in at least one state, while there were very few linkages for ECSE to six of the programs, and no linkages to vital records or all payer claims (insurance).
- Both EI and ECSE were most commonly linked with Medicaid/SCHIP (42% and 12%, respectively), and EHOI (37% and 8%, respectively).

Abstinence & Prevention, State Children’s Health Insurance Programs, Early Education (Kindergarten through 12th grade), State Medicaid/Children’s Health Insurance Program, Early Childhood Education, K-12 Education, and Social Services.

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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.

Linkages to Early Childhood (EC) and Education Programs (Figure 3)
- Both EI and ECSE were linked to each of the eight specific EC programs in at least one state.
- Almost one-third of states (29%) reported EI to ECSE linkages.
- Both EI and ECSE were most commonly linked with K-12 general (14% and 79%, respectively) and special education (41% and 87%, respectively).

Linkages to Social Service Programs (Figure 4)
- All EI and ECSE programs, both EI and ECSE are linked to each of the four specific social programs in at least one state.
- The most common linkages for EI were to child welfare (21%) and foster care (12%), while the most common linkages for ECSE were to Temporary Assistance to Needy Families (TANF) and homeless services (both 14%).

Implications
- Linkages to all eight of the specific public health programs asked about in the survey were reported for EI in at least one state, while there were very few linkages for ECSE to six of the programs, and no linkages to vital records or all payer claims (insurance).
- Both EI and ECSE were linked to each of the eight specific EC programs in at least one state.
- Almost one-third of states (29%) reported EI to ECSE linkages.
- Both EI and ECSE were most commonly linked with K-12 general (14% and 79%, respectively) and special education (41% and 87%, respectively).

Conclusions
- States have made progress in developing the capacity to link early childhood health, education, and social service programs with public health data, but the low percentages for many linkages indicate that there is considerable room for improvement.
- Linkage patterns reflect to some degree the influence of federal policies requiring coordination between programs (e.g., EI and early education), the historical greater focus on health in EI, and ECSE 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 why so few states can link EI and ECSE to other early childhood programs and ECSE with health programs.
- This information can inform greater policy attention to supporting the creation of these data linkages.