

Developing Policy Questions to Guide Integration of Home Visiting and Other Early Childhood Data

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Introduction

Evidence-based home visiting programs exist in over half of the counties in the United States.¹ Because home visiting programs aim to improve the health, education, and life circumstances of pregnant mothers and their children, they are a critical piece of the early childhood landscape.² However, the data collected about these programs are siloed, making it difficult for policymakers to answer questions about programs' short- and long-term benefits. Data within and across home visiting models are fragmented because each program uses different methods for storing and reporting outcomes. To address this problem, state leaders, with input from early childhood stakeholders, are developing integrated longitudinal data systems to connect data from home visiting and other early childhood programs, which will lead to a better understanding of the collective impact of these investments.³

The purpose of this resource is to provide examples of policy questions that state leaders can answer when home visiting data are combined with other early childhood data. These sample questions are organized according to the type of integration of home visiting data needed to answer them. Depending on the policy question(s) to be answered, home visiting data can be integrated in one of three ways:

1. Across home visiting models
2. With data from other early childhood services
3. With longitudinal data, to examine impact on both short- and long-term child outcomes

The sample questions highlighted in this resource are intended to help spark conversations with stakeholders and inform planning efforts to integrate early childhood integrated data, inclusive of home visiting data at the state level.

The State-level Home Visiting Integration with Early Childhood Data Systems (SHINE)



project aims to support states in integrating their home visiting data with other early childhood data. SHINE is a project of the Early Childhood Data Collaborative (ECDC), which focuses on the development and use of coordinated state early care and education data systems. This resource was funded by the Heising-Simons Foundation.

¹ National Home Visiting Resource Center. (2018). 2018 Home Visiting Yearbook. Arlington, VA: James Bell Associates and the Urban Institute.

² Early childhood is the time of child development from prenatal through age 8, with most programs targeting children from birth to age 5. The early childhood system is a set of policies, approaches, and services that are delivered through existing systems, such as education (e.g., pre-K), health care (e.g., immunization), or social services (e.g., subsidies to offset the cost of child care).

³ The Early Childhood Data Collaborative. (2018). 2018 State of State Early Childhood Data Systems. Bethesda, MD: Child Trends.

Engaging stakeholders to develop policy questions

Before state leaders begin integrating home visiting data with other early childhood data, they should work with stakeholders to develop critical research and/or policy questions that require integrated data to answer. Developing these questions is an important first step in the process⁴ of data integration because the questions are used to:

- Determine which data elements are needed to answer research/policy questions
- Identify gaps in current data collection practices that should be addressed to answer research/policy questions
- Engage key audiences and end users for integrated data

Stakeholders may include state and local agencies that contribute data, advocacy groups, early childhood leaders, researchers, practitioners, and parents. Stakeholder engagement is crucial because a state's policy questions will become the road map that guides how selected program data are integrated and used. For example, North Carolina convened a subcommittee of researchers who gave input on which research and policy questions could only be answered by integrating administrative data from early childhood programs and services. Working with stakeholders can also help identify which questions can be answered with administrative data and which require a more formal evaluation or research study.

It is also important to consider the input of a wide variety of experts, including home visiting programs statewide. Many states have a mixture of nationally known home visiting models providing services statewide (e.g., Nurse-Family Partnership or Early Head Start) and locally developed home visiting programs that may only provide services in a specific county or region. When engaging home visiting stakeholders to get their input about the questions they would like to answer with integrated data, it is critical to include stakeholders that represent both statewide and local programs so that all perspectives are represented.

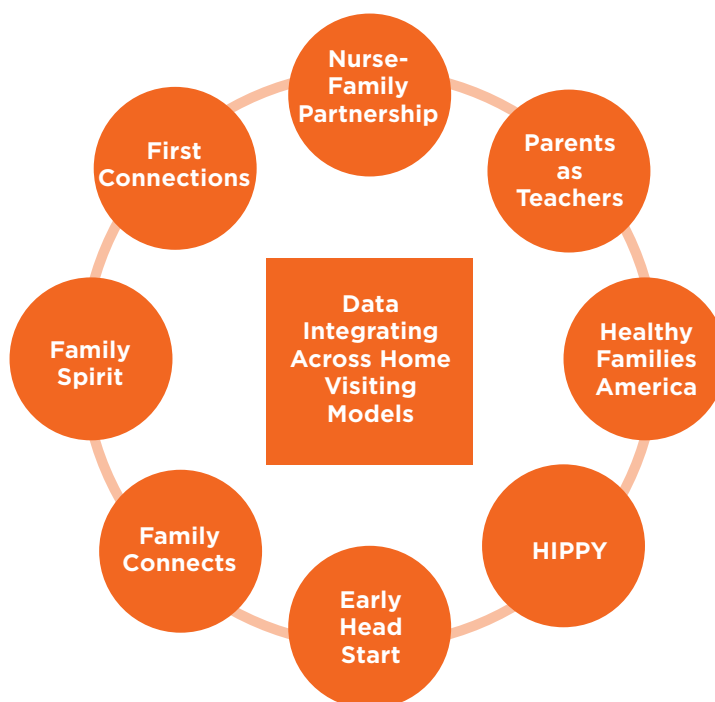
1. Questions to guide the integration of home visiting data across models

States fund a variety of home visiting models that collect data about services to families with young children; these data must be aligned prior to integration (see Figure 1). The models differ from one another in the target populations they serve, their goals, and their program requirements and components. [Healthy Families America](#) (HFA) and [Family Connects](#) are examples of two home visiting models with different approaches. HFA's target population is parents who are facing life challenges, including single parenthood, low-income status, a history of abuse and neglect, mental health issues, or substance use issues. HFA enrolls families prenatally through the child's third month, with families receiving regular visits (weekly at first, and then according to the families' needs) from an HFA home visitor, ideally until the child's third birthday. Family Connects, on the other hand, provides nurse home visiting services to parents of newborns, regardless of income, with the goal of connecting families to appropriate resources in their community. Families receive one to three visits from a nurse home visitor—a very different approach and dosage of services from what HFA provides.

⁴ Statewide Longitudinal Data Systems Grant Program. (2013). *Answering Key Questions with an Early Childhood Data System*. Washington, DC: Institute of Education Sciences, National Center for Education Statistics.

In addition, home visiting models may differ in their systems for collecting and storing data. For example, [Parents as Teachers](#) uses the Penelope system to collect and store program data, whereas the [Nurse-Family Partnership](#) partners with the National Service Office (NSO) to collect program data. Because home visiting models in a state may collect and store their data in different ways, states will often need to integrate data across the various home visiting models in order to answer research and policy questions related to home visiting services provided statewide. Figure 1 shows examples of home visiting models with data that may be integrated at the state level.

Figure 1. Home visiting models with data that can be integrated at the state level



Integrating data across all home visiting models offered within a state allows leaders to answer research and policy questions about the reach of home visiting services statewide, such as the following:

- How many eligible families are receiving home visiting services statewide? What is the racial/ethnic makeup, income status, and geographic location of children receiving home visiting programs statewide?
- What populations are, or are not, being served in home visiting programs statewide (e.g., pregnant teens, infants, preschoolers, children with special needs, children at risk for maltreatment)?
- What characteristics (e.g., number of home visits) of different home visiting models are associated with achieving target outcomes for children and mothers?
- Are pregnant women who participate in home visiting more likely to receive prenatal care compared to mothers who are not part of a home visiting program?

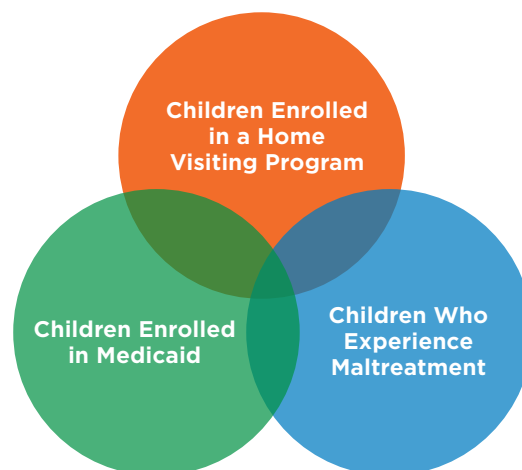
In the process of developing policy or research questions, state leaders should consider whether there are target populations that are of particular interest. Because home visiting models may differ in approach and population(s) of interest, it is important to specify target populations in the questions. For example, some home visiting programs target supports only for new mothers or children at risk for abuse or neglect. Developing questions about specific geographic areas or population groups of interest is helpful for identifying which home visiting models and data to integrate. Second, leaders should consider how home visiting models in their state are structured to support families and their intended goals. Depending on the type of program, goals may include a variety of mother and child outcomes such as reduced infant mortality, increased breastfeeding, or improved academic skills. Below are some sample questions to consider when integrating data about specific populations:

- What proportion of parents participating in home visiting are **first-time mothers** or under age 18?
- What are the short- and long-term outcomes for **children at risk for abuse and neglect** who receive home visiting services and those who did not receive home visiting services?
- What percentage of pregnant mothers receiving home visiting services in **rural communities** receive prenatal care compared to pregnant mothers receiving home visiting services in urban areas?
- What are the short- and long-term outcomes for **tribal populations** of children and families who have and have not received home visiting services?

2. Questions to guide the integration of home visiting and early childhood data across programs

Before starting school, a child may receive a myriad of early childhood services, including home visiting. These services are of great interest to state and local decision makers trying to understand which interventions are reaching targeted populations and what combination of services yields the greatest benefits. Services received during the early years of life are particularly important for young children who live in poverty, have experienced trauma, or are at risk of entering kindergarten with fewer readiness skills than their peers. As Figure 2 illustrates, when data are integrated across home visiting, Medicaid, and child abuse prevention programs, policymakers can examine overlaps between government-funded programs in which children are enrolled. Information about the types of interventions a child does and does not receive can be used to better connect families with available services.

Figure 2. Overlap of children enrolled in home visiting and Medicaid who experienced maltreatment



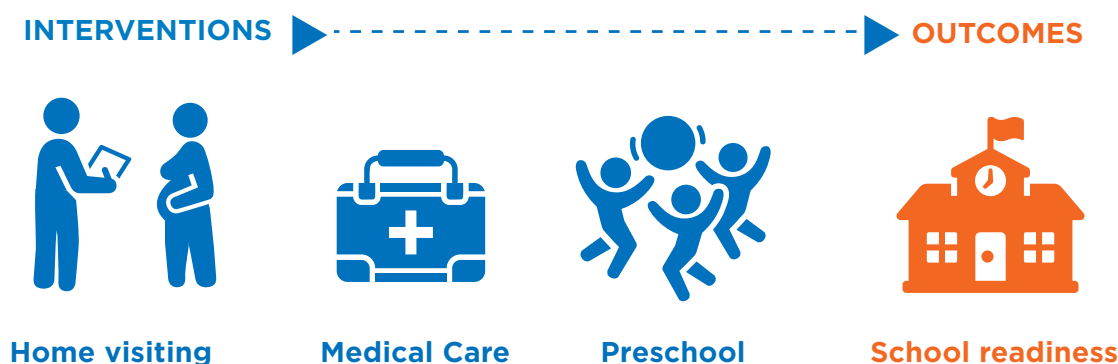
Integrating home visiting data with other early childhood data allows policymakers to answer questions about the number of eligible families with access to a range of services that support a child's early development and reduce stress for families. In most states, initiatives to improve children's health and raise academic performance focus on multiple types of interventions to support both children and their families. State leaders should consider which programs provide these interventions, and develop questions to understand how families do and do not interact with them. These questions should focus on the state's core family services and the highest-priority populations for services. Sample questions with this focus on service coordination include:

- In what combination of services are families enrolled? Do home visiting programs connect families with additional services (i.e., medical, food, or financial assistance)?
- What proportion of children are served in home visiting compared to other early childhood education settings, by age?
- How many children with a developmental delay received both early intervention and home visiting services?
- How many children who have experienced maltreatment are reached by home visiting programs statewide?

3. Questions to guide the integration of home visiting and early childhood data longitudinally

Access to information about children's later health and educational outcomes allows policymakers to identify trends and shape policy to reduce disparities for at-risk populations. Home visiting has been shown to be effective across a range of outcomes; these include birth outcomes and infant health, maternal depression, school readiness, reductions in use of child welfare, and family economic self-sufficiency.⁵ To understand the effects of early childhood interventions—including home visiting, health care services, and early learning programs (e.g., preschool)—state leaders should develop questions to identify desired outcomes that can be measured over time. Figure 3 illustrates examples of early childhood interventions a child may receive prior to entering school and their effects on children's school readiness.

Figure 3. School readiness outcomes for children who received a combination of early interventions (e.g., home visiting, medical care, and preschool)



⁵Sama-Miller, E., Akers, L. Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., and Del Grosso, P. (2018). Home Visiting Evidence of Effectiveness Review: Executive Summary. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC.

Integrating home visiting data with other early childhood data and then tracking families' enrollment in programs over time allows policymakers to answer questions about the short- and long-term outcomes of early childhood services. Below are examples of the types of questions that can be answered when data are integrated over time to examine outcomes of program participation:

- Do families that receive home visits experience fewer instances or shorter periods of maternal depression than similar families that do not participate in home visiting?
- Is there a connection between home visiting participation and kindergarten readiness?
- What are the outcomes of home visiting on mothers' parenting and positive interactions with their children? What are the characteristics of effective home visiting programs on supporting children's social-emotional development (i.e., form positive relationships, regulate emotions, interact with peers)?
- What are the health, education, and economic outcomes for children of teen mothers who participated in home visiting services compared to children of teen mothers who did not participate?

Conclusion

For state leaders, identifying policy questions is an important starting point for integrating home visiting data and other early childhood data. These policy questions can guide leaders as they develop a plan to integrate data, communicate how they intend to use the integrated data, and explain the value of this data to stakeholders. These questions will also inform leaders' decisions about which data elements to prioritize for integration. We recommend that, after reviewing this resource, leaders next review the ***Identifying Home Visiting Data to Integrate with Other Early Childhood Data*** resource, which can be found at ecedata.org. This resource will be helpful for identifying and mapping out the various home visiting models, funding sources, and data requirements statewide to determine the best approach for starting to integrate home visiting data.