

Data Collection in Maine: *Assessing the Return on Public Investment in Maine's Early Childhood System*

by Judy Reidt-Parker



To better understand the outcomes of investments in early childhood, we need comprehensive data to measure benchmarks, according to Judy Reidt-Parker. She describes the current state of data collection in Maine and discusses data that are needed and where there are opportunities for improvement. The greatest need is for the development of a common set of child and program outcomes that can be shared across departments and systems and for linking systems so that children's progress can be followed longitudinally. 🐞

As discussed throughout this issue of *Maine Policy Review*, early childhood experiences and learning opportunities have a significant impact on a child's future success in life. We understand that the positive impact of early childhood programs is directly dependent on the level of program quality (National Scientific Council 2007). Moreover, as Trostel (this issue) describes, economists have determined that investments in early childhood programs provide a more significant return on interventions than at any other stage in an individual's life.

To accurately evaluate the quality, affordability, accessibility, and outcomes of Maine's early childhood systems, quantifiable and credible benchmarks are essential. Currently, comprehensive data to establish and monitor these benchmarks are not readily available, even though a substantial amount of information is being collected within and across the departments of state government.

DATA WE HAVE AND DATA WE NEED

In 2008, the Children's Growth Council (CGC) began work to establish baseline standards for an annual report on the status of children and early childhood programs throughout Maine. (See sidebar for description of the CGC.) This effort revealed significant gaps in data compilation and collation. Child and program outcomes that can be consistently tracked over time must be developed and then objectively analyzed; however, much of the existing information is limited to a listing of numbers of families served, or days attending a program. Current data are not representative of all aspects of early childhood. If we are to truly assess the efficacy of investing in early childhood, however, we need a data collection system that is designed to measure the impact of public policy. An essential component of any future data systems planning is the development of a central clearinghouse to collate the data from all the relevant departments and provide an objective analysis. This system must be comprehensive and include data encompassing prenatal care through adulthood, compiling data currently housed in diverse information silos.

Evidence strongly indicates that early childhood health is directly related to later success or struggles in

Maine Children's Growth Council

The Maine Children's Growth Council was created by state statute to achieve sustainable social and financial investment in the healthy development of Maine's young children and their families. The group is comprised of two members of the Senate, one from each of the two political parties having the greatest number of members in the Senate, appointed by the president of the Senate; two members of the House of Representatives, one from each of the two political parties having the greatest number of members in the House, appointed by the Speaker of the House; the governor or the governor's designee and the attorney general or the attorney general's designee; three parents, at least one of whom has a young child, one each appointed by the governor, the president of the Senate and the Speaker of the House; two persons with experience in public funding and philanthropy, appointed by the president of the Senate; one person representing child abuse and neglect prevention, appointed by the Speaker of the House; one person representing postsecondary education, appointed by the governor; eight persons representing statewide, membership or constituent organizations that advance the well-being of young children and their families, nominated by their organizations and appointed by the governor; one person representing a statewide association of business and industry and one person representing a business roundtable on early childhood investment, appointed by the governor; up to eight members of the public, appointed by the governor; three ex-officio nonvoting members: the commissioner of education or the commissioner's designee, a Department of Health and Human Services employee who works with early childhood programs including Head Start, and a person representing the office within the Department of Health and Human Services that is the fiscal agent for the federal grant program for comprehensive early childhood initiatives; and the director of the Head Start collaboration project within the Department of Health and Human Services, Office of Child Care and Head Start.

The Council reviews and addresses recommendations of legislative studies, advisory committees and the Children's Cabinet and is responsible for implementing the long-term plan for a unified, statewide early childhood services system, Invest Early in Maine. The council must coordinate state and community providers and partners in this effort.

Source: Maine State Legislature. 2009. An Act to Amend the Laws Governing the Maine Children's Growth Council. http://www.mainelegislature.org/legis/bills/bills_124th/billpdfs/HP067101.pdf [Accessed August 19, 2009]

adult life (Reynolds et al. 2007). Therefore, the development of a comprehensive data system should begin with the health data collected during prenatal care. Linking the data collected by the Maine Center for Disease Control (CDC) regarding prenatal health to early childhood health, child care and education data would be a significant step toward the first part of a longitudinal data approach. The Early Periodic Screening Diagnosis and Treatment (EPSDT) system, which follows the American Pediatrics Bright Futures standard, a system already established statewide, could be a key starting point for child health data. Known to parents as the “well-child visits,” this process is implemented by doctors statewide, for all children regardless of income or funding source. A variety of data are collected through this method over an extended period of time, from the first postnatal visit until a child reaches adulthood. A first step will be to determine what currently collected data could be used longitudinally and to develop a method for linking those data to child outcomes such as obesity or mental health issues.

The pressing charge for the CGC [Children’s Growth Council] is to identify a common set of child and program outcomes that can be shared across departments and systems, using compatible data collection practices.

Assuring that child health data are then linked with data from the Department of Education is of paramount importance. The basic understanding of early intervention services is that the long-term impact of a disability or developmental or social or environmental challenge can be reduced when treatment or intervention begins at an early age. Developing a collection and analysis system that provides longitudinal data on child outcomes from the early childhood system until graduation would provide policymakers with substantial information on

the efficacy of policies related to education, early intervention, child welfare, and behavioral health. It would also allow for an analysis of data across systems, so, for example, the impact of health interventions on educational outcomes can be explored.

Another significant gap in data for the early childhood system is a common set of school-readiness indicators. The establishment of such indicators, aligned with the *State of Maine Early Childhood Learning Guidelines* and reported statewide by all school departments, would provide data to inform public investments and professional development priorities for the early childhood system. Reflecting the core elements of the *Maine Learning Results* (K-12), the purpose of the *Early Childhood Learning Guidelines* is to help early care and education practitioners improve practice and programs for young children ages three through their entrance into kindergarten. The data related to the proposed school-readiness indicators could be collated and analyzed in the context of clearly defined outcome measurements, grounded in the already established early learning guidelines, and linked to the K-12 learning results. These measurements would provide an assessment of the public policies designed to improve child outcomes and should connect with longitudinal data to assure that the policies implemented provide the greatest possible return on investment.

OPPORTUNITIES FOR IMPROVEMENT

In 2009, the Maine legislature passed a law requiring schools to report Social Security numbers, thus establishing a potential link for tracking non-identifiable data about children across child-serving agencies of state government.¹ Most departments in state government already use Social Security numbers as participant identifiers. A number of federal funding opportunities are available to support the establishment of an infrastructure that makes use of this new ability for a comprehensive assessment of early childhood systems. With many state departments in the process of upgrading their database systems, Maine has a unique and immediate opportunity to develop a system to track individual and program outcomes reflective of public investments and policies across all state child-serving agencies.

Data collection within departments is often limited in scope and frequently driven by federal reporting requirements, rather than by the need for parallel data collection across programs, departments, and systems. Developing cross-department, cross-systems working agreements that allow for data to reflect individual and program outcomes must be established. At the same time, assuring the right to privacy for the birth to five-year-old population is essential and can be achieved. Maine has already developed ethical data collection methods that have been reviewed and approved by the related federal funding agencies. These methods provide an appropriate standard for assuring longitudinal data is collated and reported in a manner that provides sufficiently specific data without revealing an individual's identity.

Maine has the potential to track child and program outcomes in a broad range of early childhood domains, including child health, early care and education programs, child welfare, and behavioral health provided that the relevant departments of state government work collaboratively to share data. The development of uniform statewide school-readiness indicators is an essential element of these efforts.

CONCLUSION

The pressing charge for the CGC is to identify a common set of child and program outcomes that can be shared across departments and systems, using compatible data collection practices. Next, the CGC must develop and initiate a process that will establish cross-system working agreements for the development of a comprehensive, longitudinal assessment of the early childhood system in Maine.

Research supports the finding that programs delivering significant return on investment have four common elements, regardless of design (National Scientific Council 2007): targeted service populations, integrated programming, quality standards, and outcome-based program evaluation. The CGC should use those four elements as the basis for the development of any data infrastructure and for all recommendations related to early childhood public policy. 🐟

ENDNOTES

1. The state law also provides an opt-in provision for parents. If schools are required to provide Social Security numbers, the numbers will not be provided to the Department of Education without written parental consent. In many states in the U.S., data are linked across systems without relying exclusively on Social Security numbers, which can be unreliable, and are not required to link child or public data.

REFERENCES

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