

Dissertation Defense

Presented by

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“How early is early enough? How enrolling in Early Head Start and the availability of services during pregnancy promotes later parenting and child development outcomes”

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9:00am

Virtually via [WebEx](#)

Advising Team:

Major Advisor: Caitlin Lombardi, Ph.D.

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Abstract

The prenatal period is an ideal time for interventions and social service programs to initiate supports for families, such as is done in many home visiting and two-generation programs, including Early Head Start (EHS). EHS programs support pregnant women through ongoing health care and health insurance, comprehensive services, prenatal and postpartum information, education, and services (Administration for Children and Families, 2018). Previous research has found that some of EHS' positive effects on parenting were stronger for families who enrolled in EHS during pregnancy than those who did not (Administration for Children and Families, 2006).

This study has five research aims: 1) to describe the prevalence of services offered to pregnant women by EHS programs and investigate if there are inequities in the availability of these services based on community and program characteristics; 2) to describe variation that pregnant women experience in the availability of these services based on risk factors; 3) to investigate associations between the availability of these services and parents' and children's physical and emotional wellbeing when children are one and two years old; 4) to test whether these associations vary for children who experience home- vs. center-based EHS at age 1; and 5) to help gain an understanding of how EHS programs make decisions about offering services for pregnant women.

Research Aims 1-4 are addressed via secondary data analysis of the Early Head Start Child and Family Experiences Study 2009-2012 (Baby FACES; Vogel & Boller, 2009-2012), a longitudinal study that gathered information on EHS programs and staff and the children and families enrolled in them. This study uses a subsample of Baby FACES participants whose mothers had enrolled in EHS during pregnancy. Descriptive statistics are reported to address Research Aims 1 and 2, while OLS regressions are used for Research Aims 3 and 4. Research Aim 5 is addressed via thematic analysis of semi-structured interviews that were conducted with a purposive sample of EHS program staff.

On average, EHS programs offered 15 services (out of 23 they were asked about) to pregnant women. Home-based EHS programs tended to offer more services for pregnant women than programs with other approaches. Different categories of services offered during pregnancy were associated with maternal depression, child health and social-emotional wellbeing, with more associations present in the subsample of children who attended home-based EHS at age 1. Qualitative data provided context and nuance in interpreting these findings, for example, one participant

described the thoughtful transition planning for pregnant women whose infants then enter home-based EHS.

Implications for research, policy, and practice are discussed.

Keywords: *prenatal services; Early Head Start; home visiting; toddler outcomes; parental well-being*