

Early Relational Health: HealthySteps Research Guidance

To ensure healthy development, children must consistently experience positive, responsive interactions with caregivers. Early relational health is a framework that describes the importance of positive early relationships and experiences in healthy development across a child's lifetime.¹ Safe, stable, and nurturing relationships improve children's social-emotional, cognitive, and language development.² They are also associated with long-term indicators of health and well-being.³ Responsive and nurturing relationships are most critical during the first three years of life, when attachment relationships form and parental care shapes children's neurobiological, social-emotional, and psychological health.⁴

HealthySteps sites are well positioned to promote early relational health. HealthySteps sites can aid the development of positive early relationships by providing guidance and helping facilitate access to supports. Positive early relationships, in turn, can help mitigate the impact of adversity experienced by some young children. For more information on HealthySteps activities that can promote early relational health, see "Early Relational Health: HealthySteps Theory of Change."



Previous Research on HealthySteps and Early Relational Health

Previous HealthySteps research has shown promise of a connection between the model and responsive caregiving practices that promote strong early relational health. The HealthySteps program national evaluation, a randomized controlled trial (RCT), found that:

- Families participating in HealthySteps were more likely than families not receiving HealthySteps services to notice behavioral cues and provide age-appropriate nurturing.⁵ Mothers participating in HealthySteps were more likely than mothers in the comparison group to interact sensitively and appropriately with their children.⁶
- HealthySteps participation was associated with greater security of attachment and fewer child behavior problems.⁷

Additional research is warranted to better understand how HealthySteps strengthens early relational health. The following section presents sample research questions and approaches sites can use to examine how HealthySteps activities can help promote early relational health.

How Your Site Can Build Evidence Related to Early Relational Health

Your HealthySteps site can conduct its own research to help learn what strategies work best to promote early relational health and demonstrate the value of HealthySteps; there are a variety of factors to consider when determining which questions you would like to address. First, consider where your site is with respect to implementing HealthySteps with fidelity to the model. Greater fidelity to implementation is associated with achieving better outcomes.⁸ Thus, you may want to ensure that your site is meeting at least basic fidelity requirements before evaluating questions that require more intensive methods (e.g., quasi-experimental studies).

Using HealthySteps Administrative Data for Program Improvement

The National Office seeks to build on field-level efforts to craft and test new tools that can be leveraged to measure early relational health as part of regular practice. If your site is collecting data related to early relational health (e.g., Early Relational Health Screen), you may be interested in monitoring data for [Tier 3](#) families to identify areas ripe for program improvement efforts and/or changes over time.

Also consider the resources available to conduct your study. Some research approaches generally take more effort because they require a certain study design or level of data collection. Your site's resources (e.g., data already collected, access to an evaluator or statistician) can help offset or amplify the typical level of intensity.







Your site can decide which families you want to include in your research. However, we expect that studying early relational health among Tier 3 families will provide the greatest opportunity to see HealthySteps' impact and recommend that more rigorous research focuses on that population.

Note that HealthySteps research may require review and approval from an Institutional Review Board (IRB). You may also want to identify a researcher and/or external evaluator to help you plan and conduct a research study. Also, consider how to involve families in the selection of research questions, development of measures, and/or interpretation of findings. Family participation in shaping the research process is a key step in embedding equity into your research and helping to ensure the findings are accurate and useful for participants. Finally, you should reach out to the HealthySteps National Office at ZERO TO THREE to learn more about available supports related to your evidence-building efforts.

Exhibit 1 provides an overview of potential research topics, recommended study designs, and level of intensity. Each research topic also links to a comprehensive profile with information on related:

- *Research questions* to answer
- *Methods*, including study designs,^a data sources, and anticipated level of intensity
- *Potential measures* to better understand early relational health
- *Target population* on which to focus data collection
- *Potential actions* to help answer questions of interest

Exhibit 1. Sample Research Approaches for HealthySteps Sites

Research topic	Study design	Intensity
<ul style="list-style-type: none"> • Resources to support early relational health 	Descriptive	
<ul style="list-style-type: none"> • Demographics associated with receipt of early relational health resources 	Correlational	
<ul style="list-style-type: none"> • Relationship between receipt of guidance and information and positive early relational health 	Longitudinal	
<ul style="list-style-type: none"> • Relationship between receipt of community services and positive early relational health 	Longitudinal	
<ul style="list-style-type: none"> • Impact of HealthySteps on family protective factors 	Quasi-experimental	
<ul style="list-style-type: none"> • Impact of HealthySteps on positive early relational health 	Quasi-experimental	

^a We do not recommend that sites conduct a RCT to answer the research questions in this document. Please contact the National Office to discuss RCT design considerations for HealthySteps (e.g., a cluster RCT involving multiple sites).

Resources to Support Early Relational Health

Research questions

- What resources do HealthySteps families need most to support their early relational health?
- To what extent do families find HealthySteps resources and supports (e.g., What's Up newsletters, topical handouts) useful in supporting positive early relational health?

Methods

- Descriptive study using qualitative methods (e.g., interviews, focus groups, open-ended survey questions)

Potential actions

- Develop measures that are culturally appropriate and sensitive to families' literacy levels
- Pilot test questions with selected families to ensure questions are easy to understand
- Collect data in multiple languages
- Provide participant incentives to reimburse families for their time

Intensity

Medium intensity



Potential measures

Locally specific questions to better understand the needs of families in the community and the potential role of stigma

Target population

Families in Tiers 1, 2, and/or 3

Demographics Associated With Receipt of Early Relational Health Resources

Research question

- Among families receiving Tier 3 services, is receipt of positive parenting guidance and information on the topic of early relational health (e.g., responding to infant cues, helping children feel secure) associated with family demographic characteristics (e.g., race, ethnicity, insurance type)?

Methods

- Correlational study using administrative data

Potential actions

- Determine if demographic data are captured for most families at your site
- Document provision of positive parenting guidance and information on the topic of early relational health over time and across well-child visits and consults
- Consider a root cause analysis to understand why there are differences (if applicable)

Intensity

High intensity



Potential measures

Not applicable

Target population

Families in Tier 3

Relationship Between Receipt of Guidance and Information and Positive Early Relational Health

Research questions

- Among families receiving Tier 3 services, is receipt of positive parenting guidance and information on the topic of early relational health (e.g., responding to infant cues, helping children feel secure) associated with positive early relational health?
- If yes, what specific guidance and information are associated with positive early relational health?

Methods

- Longitudinal study using administrative data and measurement tool

Potential actions

- Document provision of positive parenting guidance and information on specific topics (e.g., responding to infant cues, helping children feel secure) over time and across well-child visits and consults
- Recruit an external evaluator and/or data analyst to examine if a relationship exists between receipt of positive parenting guidance and information and early relational health

Intensity

High intensity



Potential measures

Early Relational Health Screen

Keys to Interactive Parenting Scale (KIPS)

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)

Protective Factors Survey, Nurturing and Attachment subscale

Target population

Families in Tier 3 with children ages 6-24 months (Early Relational Health Screen), 2-71 months (KIPS), 10-47 months (PICCOLO), or 0-47 months (Protective Factors Survey)

Relationship Between Receipt of Community Services and Positive Early Relational Health

Research questions

- Among families receiving Tier 3 services, is receipt of services that meet family needs (e.g., mental health services, housing assistance) associated with positive early relational health?
- If yes, which specific services are associated with positive early relational health?

Methods

- Longitudinal study using administrative data and measurement tool

Potential actions

- Document and track referral outcomes for family services, such as:
 - Mental health
 - Housing assistance
 - Substance use
- Recruit an external evaluator and/or data analyst to examine if a relationship exists between receipt of services and early relational health

Intensity

High intensity



Potential measures

Early Relational Health Screen

Keys to Interactive Parenting Scale (KIPS)

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)

Protective Factors Survey, Nurturing and Attachment subscale

Target population

Families in Tier 3 with children ages 6-24 months (Early Relational Health Screen), 2-71 months (KIPS), 10-47 months (PICCOLO), or 0-47 months (Protective Factors Survey)

Impact of HealthySteps on Family Protective Factors

Research question

- Compared with receipt of pediatric primary care as usual, does participation in HealthySteps Tier 3 services result in increased protective factors for families?

Methods

- Quasi-experimental (e.g., matched comparison group) study using administrative data

Potential actions

- Consider data available for comparison families^a
- Recruit an external evaluator to plan and implement the study

Intensity

High intensity



Potential measures

Protective Factors Survey

Target population

Families in Tier 3 with children ages 0-47 months

^a For example, a matched comparison study is an option only if other non-HealthySteps sites in your health system collect the same measures as does your HealthySteps sites. A multiple baseline/staggered start design is an option if you are expanding to new sites.

Impact of HealthySteps on Positive Early Relational Health

Research questions

- Compared with receipt of pediatric primary care as usual, does participation in HealthySteps Tier 3 services result in improved early relational health for children ages 0-3?
- Are there differences in the impact of HealthySteps on early relational health across demographic groups (e.g., race/ethnicity, insurance status)? If so, why?

Methods

- Quasi-experimental (e.g., matched comparison group) study using administrative data

Potential actions

- Consider data available for comparison families^a
- Recruit an external evaluator to plan and implement the study
- Consider a root cause analysis to understand why there are differences (if applicable)

Intensity

Medium intensity



Potential measures

Early Relational Health Screen

Keys to Interactive Parenting Scale (KIPS)

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)

Protective Factors Survey, Nurturing and Attachment subscale

Target population

Families in Tier 3 with children ages 6-24 months (Early Relational Health Screen), 2-71 months (KIPS), 10-47 months (PICCOLO), or 0-47 months (Protective Factors Survey)

^a For example, a matched comparison study is an option only if other non-HealthySteps sites in your health system collect the same measures as does your HealthySteps sites. A multiple baseline/staggered start design is an option if you are expanding to new sites.

References

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