



Improving Early Childhood Screenings in New York: Early, Routine, Coordinated

Overview

Early childhood screenings provide parents, health care and early childhood professionals with a standardized way to assess child development as early as possible. Screening is a valid method to compare one child's growth to the norm for all children at recommended intervals. By sharing observations and hearing questions or concerns during the screening process, providers and parents have an opportunity to understand and support the child's optimal development.

Screenings should start during the first year of life when brain and body development occur at a rapid pace. The screening is usually done in a primary care setting or in an early care and education program—someplace where the family feels comfortable. For children and parents to get the most out of screenings, they must be done early in a child's life; they must be done consistently as children grow; and they must link families to follow-up services as necessary.

Through screenings, families can learn if the child is on track with their development, cognitive function, social skills, language skills or motor skills. Screenings can indicate when a child has developmental delays that would benefit from further assessment and can provide parents with guidance about what to expect in their child's development. Screenings can help detect an undiagnosed health condition, such as

hearing problems or limited vision, or a condition that could make learning more difficult, such as dyslexia. Some screenings can flag chronic conditions early, when interventions may provide better outcomes than when diagnosis occurs later and problems are more entrenched and solutions more costly.

Early identification of problems or delays, coupled with the services necessary to ameliorate conditions, can maximize the child's potential and reduce the economic burden on families, communities, schools, and government.

Issues

The American Academy of Pediatrics (AAP) recommends a set of screenings at particular intervals for all children. It is especially important to screen children for developmental issues throughout the first 3 years of life, but periodic screens should be conducted throughout childhood. Medicaid covers these screenings through the Early Periodic, Screening, Diagnosis and Treatment (EPSDT) program. This is important because vulnerable children are at particular risk for developmental delay. Best practice is that all children receive the recommended screenings at appropriate intervals using tools that have been validated as effective.

- Approximately 12% -16% of children have developmental or behavioral disorders.¹
- Between 9.5 and 14.2 percent of U.S. children ages 0-5 experience social-emotional problems that negatively affect their functioning, development and school-readiness.²
- About one-third of poor children, minority children and children with public insurance appear more likely to be at-risk for delays.³
- Only 20%-30% of children with disabilities are identified before entering school.⁴
- Provider surveys suggest that less than half of pediatricians regularly use standardized screening instruments to monitor development of their young patients.⁵
- In a 2007 national survey, only 11.7% of parents in New York State recalled a doctor asking them to complete a standardized developmental screening questionnaire in the past 12 months.⁶

Many children do not get recommended screenings and some children who are screened are not properly linked to follow up care. The early years of a child's life are hectic for parents so unless they are given a clear explanation of screenings, they may not think to ask for them. And, just like getting through other parts of the health care system, parents can find the complex system of referrals and follow up care confusing.

Next Steps

New York State's Early Childhood Advisory Council (ECAC) is developing a coordinated set of policies to improve the state's rates of early childhood screenings. Other states, notably North Carolina and Connecticut, have had great success in bringing together agencies and advocates in the areas of health, early care and education, and mental health to dramatically improve the number of children being screened in their states.

Identifying more children and identifying them early can assure that families, health care providers and early care and education providers can create environments that meet the needs of all children. Early identification also ensures that children get the help they need for maximum impact.



Screenings assess many different aspects of a child's growth and development that are done in a variety of settings. The ECAC will focus initially on general developmental screenings conducted in primary health care settings. This will result in a detailed set of recommendations on policies that can then be expanded to other settings and additional types of screenings.

The ECAC is examining how New York can change policies in health care and early care and education to increase the number of children screened and improve access to follow-up services. To start, the ECAC is exploring policy recommendations to assure that:

- All parents understand the importance of screenings, engage in planning for follow-up, and receive assistance in navigating systems.
- Primary health care practices (pediatricians and family physicians) have procedures and protocols in place to conduct recommended screenings on all children using evidence-based screening tools.
- Primary health care providers are trained in how to administer screenings and interpret results.
- New York measures the number and types of screenings through health quality reporting.
- Financing in both public and insurance programs covers screenings, referrals and necessary treatment.

The ECAC will be working with the health care community, early care and education providers, parent groups and policymakers to develop recommendations and an implementation strategy to create a coordinated system of early childhood screenings for the children of New York.

Endnotes

- ¹ Incorporating Comprehensive Developmental Screening into Program and Services for Young Children, Ounce of Prevention Fund, 2006.
- ² Brauner, C.B. & Stephens, B. C. 2006. Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorder: Challenges and Recommendations. Public Health Reports 121: 303-310.
- ³ Kenny, G., Pelletier, J., Improving the Lives of Young Children, The Role of Developmental Screenings in Medicaid and CHIP, Urban Institute, December, 2010.
- ⁴ Developmental Screening in Early Childhood Systems: Summary Report, American Academy of Pediatrics/Health Child Care America, 2009.
- ⁵ Improving the Lives of Young Children, Urban Institute, 2010.
- ⁶ National Survey of Children's Health, New York State, 2007: Indicator 4.16: During the past 12 months, was [child's name] screened for being at risk for developmental, behavioral and social delays using a parent-reported standardized screening tool during a health care visit? Accessed at <http://www.childhealthdata.org/browse/survey/results?q=257&r=34>

The Early Childhood Advisory Council (ECAC) was created in 2009 to build a comprehensive, sustainable early childhood system in New York State. The ECAC has the collective expertise to help New York's policymakers make the best investments in children. It is comprised of key leaders in early care and education, health care, child welfare, and mental health, as well as state agencies, advocacy organizations, foundations, higher education, unions, and others who serve young children and their families. www.ccf.ny.gov/ECAC