

DEVELOPMENTAL SCREENING

Public Health Issue

Developmental delays are identified when a child does not reach developmental milestones at the same time as other children his or her age. Some children with developmental delays are eventually diagnosed with a disability, while others catch up to their peers when therapy or intervention is provided.

Approximately 15% of children in the U.S. have developmental disabilities. Children from low-income families are more likely to experience disabilities than children from higher-income families and boys are more likely than girls to have a disability. Children who are most at risk for developmental problems are those that have experienced multiple risk factors during early childhood including poverty, domestic violence, a biomedical risk condition, child maltreatment, and/or having a single parent, a parent with a mental health problem, or teenage parent [1].

Magnitude and Trend

Approximately one of every seven children in the United States faces a developmental disability or a disabling behavioral problem before age 18. However, fewer than 50% of these children are identified before they start school [2].

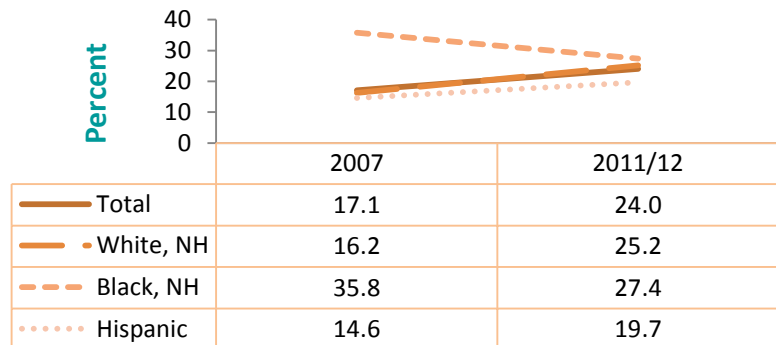
According to the National Survey of Children’s Health, the overall state and nation-wide prevalence of

developmental screening increased significantly from 2007 to 2011, (FL: 17.1% vs. 24.0%; U.S.: 19.5% vs. 30.8%) [3]. This increase was driven by a statistically significant increase in screenings among non-Hispanic white children (Figure 1). Screenings among non-Hispanic black children were lower in 2011/12 than 2007; however, this decrease was not statistically significant. In 2011, 11% of children ages 4 months to 5 years had a high risk for developmental delays; 15% had moderate risk, and 14% had low risk for delays. Between 2003 (the first time these data were collected) and 2011, there were no significant overall changes in the percentages for these categories [4].

Poverty is a strong predictor of poor developmental outcomes in children. Low-income children are more likely than children from other income groups to have poor health and special health care needs that place them at risk of developmental delays [5]. Yet these children are less likely to receive developmental screening [6].

Uninsured children are less likely to receive developmental screenings and preventive health care than children enrolled in public insurance programs such as Medicaid or the State Children’s Health Insurance Program (SCHIP) [7].

Figure 1. Parent Completed Standardized Developmental Screening Tool by Race/Ethnicity, 2007 & 2011/2012



National and State Goals

The American Academy of Pediatrics promotes high-quality developmental screening, in a coordinated fashion in both the pediatrician's office *and* within a family-centered systems network of community-based services. The ultimate goal of this "medical home" approach is to effectively provide developmental screening, assessment, and services to those children who most need it [8].

The Healthy People 2020 initiative has set a goal to increase the proportion of young children with developmental delays who are screened, evaluated, and enrolled in early intervention services as soon as possible (MICH-29). There is also a goal to increase the proportion of parents who have a concern about their children's learning, development, or behavior who receive information from a health care professional from 48.0% in 2007 to 52.8% (EMC-2.4) [9].

Although there are no state goals, Florida has numerous initiatives to address developmental screening.

Current State Programs and Initiatives

The Florida Department of Education, Office of Early Learning, mandates that all children birth to age 5 who participate in the School Readiness Program receive a developmental screening. The developmental screenings help identify children who may not meet the milestones appropriate for their age and might benefit from further assessment and follow-up. Parents, coalitions, or providers can complete the screenings. Results are shared with parents.

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) program is being implemented in Florida through a public-private partnership. Led by the Florida Association of Healthy Start Coalitions, Inc., the goal of the initiative is to improve health and developmental outcomes for at-risk children through evidence-based home visiting programs. The goal of the program is to equip parents and other caregivers with the knowledge, skills, and tools they need to assist their children in being healthy, safe, and ready to succeed in school.

Healthy Families Florida (HFF) provides community-based home visitation services focused on promoting child health and development and positive parent-child interaction. In partnership with the Ounce of Prevention Fund of Florida, HFF funds 33 community grants that provide services to families living in targeted areas in 55 Florida counties.

The Florida Department of Health Healthy Start program offers targeted support services that address risks for poor birth outcomes or developmental delay identified through the state's prenatal and infant risk screens. Healthy Start provides services to pregnant women, infants and children up to age 3 in all 67 counties. A total of 32 Healthy Start coalitions oversee funding and the development of local systems of care for at-risk pregnant women and their families.

Public Health Strategies and Practices

Developmental screening programs identify children whose development may deserve closer observation or assessment and children who may be at-risk of later developmental problems. Early identification of developmental issues, partnered with a system of support to intervene, can prevent early challenges from compromising the child's development. Building ongoing developmental screening into services delivered by Healthy Start and the local health departments allows professionals to monitor and support children's development. If screening raises concerns, children

can be referred for in-depth evaluation and appropriate intervention to improve developmental outcomes [1].

DOH Capacity

Project LAUNCH is a partnership between the Florida Department of Children and Families and the Florida Department of Health. The goal of the project is to prevent youth emotional and behavioral disorders by improving family function and the quality of the parent-child relationship by encompassing a family-centered and holistic approach across partners that aims to promote health, social, emotional, mental and behavioral development of children through prevention and early intervention efforts.

The Early Steps Program is the Florida Department of Health's early intervention system that offers services to eligible infants and toddlers (birth to 36 months) with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their child learn and develop. Early Steps is family-centered and most services are early intervention home visits. A child's eligibility for services is determined through a screening process.

In addition, the Florida Department of Health provides oversight for the Healthy Start Program in Florida.

References

1. Center on the Developing Child, *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*. Center on the Developing Child, Harvard University, 2007, www.developingchild.harvard.edu.
2. Child Trends' original analyses of data from the National Survey of Children's Health. Retrieved from: http://www.childtrends.org/wp-content/uploads/2013/07/111_Developmental-Risk-and-Screening.pdf
3. National Survey of Children's Health. Retrieved from: <http://www.childhealthdata.org/browse/>
4. Centers for Disease Control and Prevention, *Developmental Monitoring and Screening*, 2011, www.cdc.gov.
5. Data Resource Center for Child and Adolescent Health, "Nationwide Profile from the 2009/10 National Survey of Children with Special Health Care Needs." NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, www.childhealthdata.org.
6. B. Strickland, P. vanDyck, M. Kogan, et al., "Assessing and Ensuring a Comprehensive System of Services for Children with Special Health Care Needs: A Public Health Approach." *American Journal of Public Health* 101 (2011): 224–231.
7. Kaiser Commission on Medicaid and the Uninsured, *The Impact of Medicaid and SCHIP on Low-Income Children's Health*. February 2009, www.kff.org/medicaid/7645.cfm.
8. American Academy of Pediatrics. *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents — Third Edition*. Hagan JF, Shaw JS, Duncan PM, eds. Elk Grove Village: American Academy of Pediatrics; 2007. Retrieved from: http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html
9. Healthy People 2020. Retrieved from: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26> (Goal MICH-29)
<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=10> (Goal EMC-2.4)