



A Comparison of Developmental Screening Tools in a Community Health Setting

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OVERVIEW

Community Partner

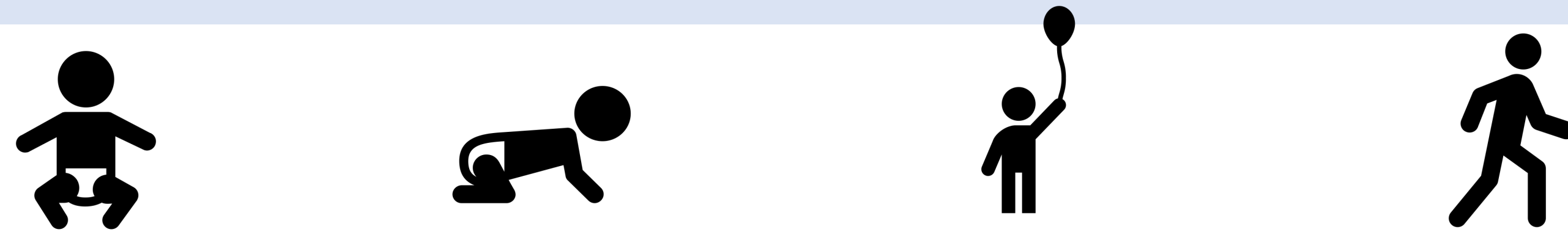
The mission of Greater Seacoast Community Health (GSCH) is to deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

Project

As an employee of the Family Center and member of the organization's Trauma Informed Care task force, I was interested in a tool that would capture risks of child adversity among our pediatric population to improve service delivery and ultimately health and social outcomes. In 2018, 44% of the primary care patients were pediatric and 80% of all patients had a household income ≤200% of the federal poverty level.

Background

Adverse childhood experiences (ACEs) and social determinants of health (SDoH) interrupt healthy development. Children's immature and developing systems are especially susceptible to the effects of chronic stress with potentially lifelong consequences for learning, behavior, mental health, physical health, and overall well-being. Young children impacted by toxic stress often present with behavioral challenges and developmental deficits such as self-regulation, cognitive performance, and executive functioning.



ACTIVITIES

- Reviewed NH DHHS Commissioner's Request for Information
- Reviewed Current Contract Scope of Services
- Observed Pediatric Primary Care Provider and Child Development Specialist in Clinic Setting
- Interviewed Program Specialist related to Watch Me Grow
- Reviewed the SWYC Manual
- Conducted Review of Literature
- Comprehensively compared ASQ-3 and SWYC Tools

SUMMARY OF FINDINGS

- Broad tools, like commonly used ASQ-3, are insufficient- they miss key indicators of developmental concern such as behavior and risk factors.
- SWYC is a free and comprehensive alternative that synthesizes multiple screeners in a concise and easy to follow format.
- Systemic barriers limit adoption of SWYC at GSCH.
- Value of SWYC may be misunderstood among providers.
- Colocated professionals help to successfully link services.

18 Month Screenings Comparison

| | ASQ-3 | ASQ-SE | M-CHAT | Total | SWYC |
|------------------|-------|--------|--------|-------|------|
| Questions | 39 | 31 | 20 | 90 | 47 |
| Pages | 6 | 5 | 1 | 12 | 2 |
| Time to Complete | 15 | 15 | 10 | 40 | 10 |

18 Month Questionnaire Example

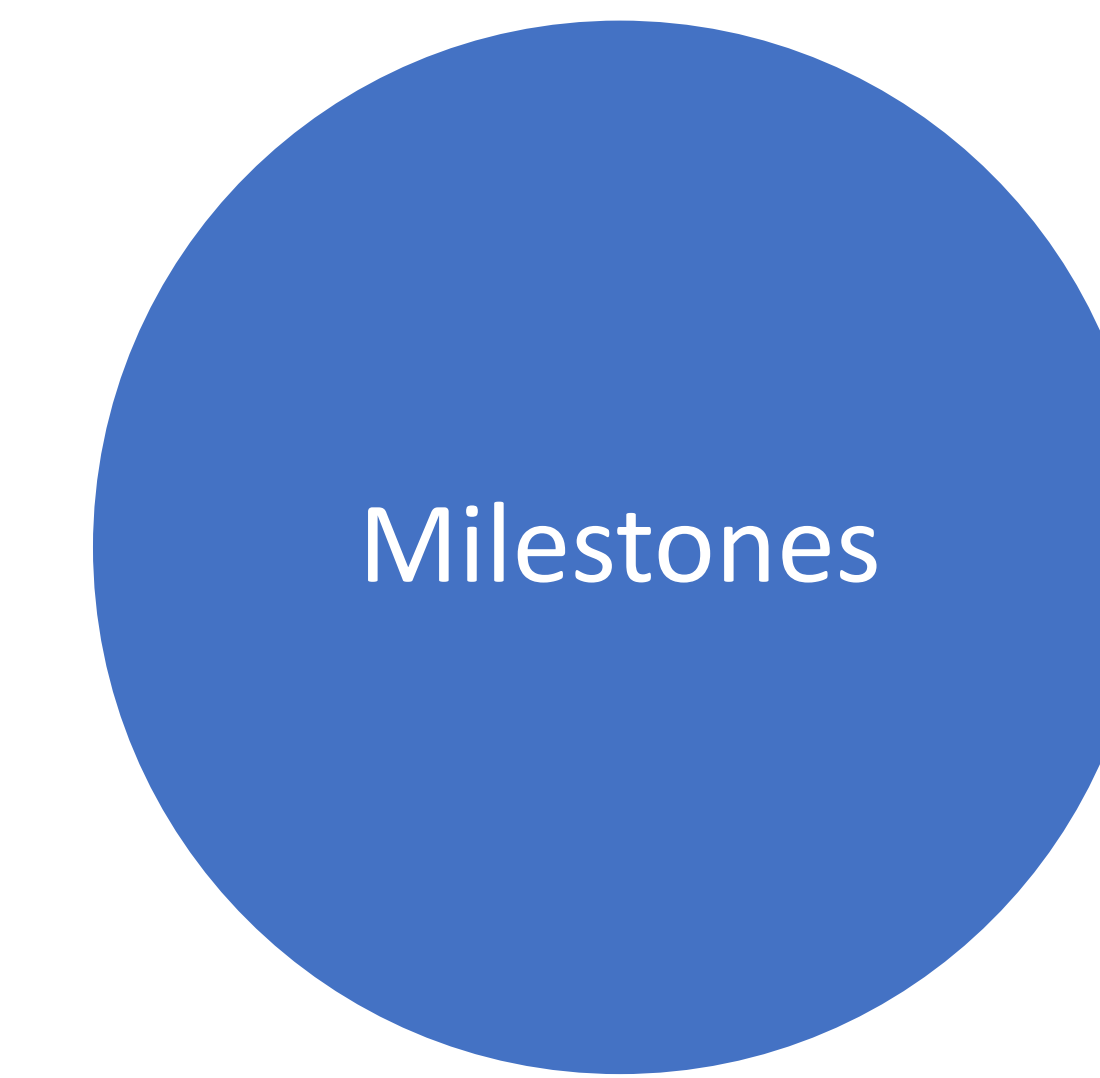
ASQ-3

6. Does your child say two or three words that represent different ideas together, such as "see dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all right," and "What's that?") Please give an example of your child's word combinations. (Yes. Sometimes. Not yet.)

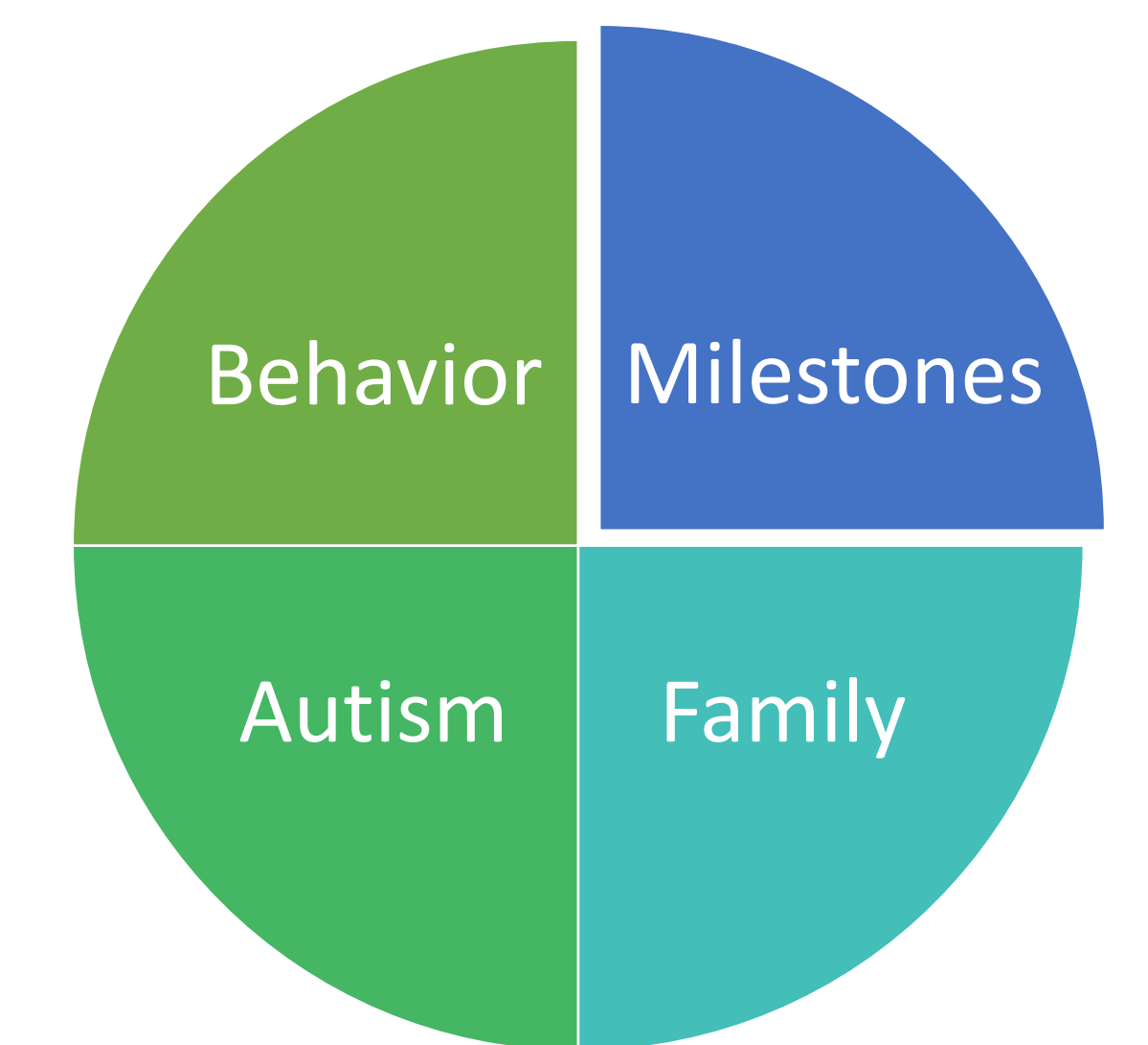
SWYC

Please tell us how much your child is doing each of these things. ...Puts 2 or more words together- like "more water" or "go outside" (Not yet. Somewhat. Very Much.)

ASQ-3



SWYC



RECOMMENDATIONS

GSCH is well poised as a medical home to serve young children and their families through a menu of health and family support services.

- Offer staff and stakeholders training on the relationship between child adversity and health.
- Integrate family support services into pediatric primary care.

NEXT STEPS

- Educate stakeholders on relationship between child adversity and health outcomes.
- Advocate for increased infrastructure at state level to support SWYC data collection.

GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health Families First Lilac City Pediatrics

References are available upon request.