



Community-Based Developmental Screenings



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Background

- Early recognition and intervention of developmental disabilities is essential to improved outcomes.
- Hispanic children ages 18 months to 5 years, in non-English speaking households are at increased risk for developmental delay¹
- Disparities exist in the early diagnosis of autism among immigrant, namely Latino, populations²
- Developmental delays are often recognized later when more severe³
- Standardized screening tools, such as the Ages and Stages Questionnaire (ASQ) and the Modified Checklist for Autism in Toddlers (M-CHAT) have been effective in urban settings for identifying developmental delay and referring to Early Childhood Intervention (ECI)⁴
- Juega Conmigo is a program developed by the University of Texas at Dallas the Center of Children and Families (UTD-CCF) to engage the community of underserved Hispanic families in Dallas with few resources and limited access to healthcare
- Designed to promote child development in the context of informal play and includes individual developmental screenings for selected infants and toddlers (under age 3)
- However, participation in these screenings has been limited due to lack of manpower and age restrictions of participants
- In light of this, we planned developmental screening events in collaboration with UTD-CCF to expand the scope of this program and promote the medical home in this population

Objectives

1. To increase awareness in the community of the warning signs of potential developmental disability
2. To expand the scope of the UTD-CCF developmental program by screening a larger number of children and including preschool age children
3. To involve residents in community-based developmental screening events in underserved neighborhoods using standardized screening tools
4. To refer families without an established medical home to local clinics that accept CHIP/Medicaid as well as uninsured patients

Materials & Methods

Participants: Families with children ages 0 to 5 years old from the Vickery Meadow area in Dallas, TX invited to two separate 1-day screening events planned and advertised in the area. 39 children were recruited.

Personnel: Residents (CMC), developmental specialists (UTD-CCF), audiologists (UTD Callier Center) and community volunteers.

Screening tools: ASQ-3, M-CHAT, and ASQ-3SE (licenses and permission obtained)

- Residents from CMC used a known community partner (Juega Conmigo) to reach out to leaders in child development serving the local immigrant community
- Community leaders developed a coalition of organizations to stage an event targeting local residents
- Participants were recruited from the community and scheduled appointments for screening events held in local community centers
- Written consent was obtained from all parents
- Resident and developmental specialists used the above tools to screen for developmental delay
- Residents gave brief presentations on age-appropriate development and the value of an established primary care physician to the families
- Based on the above screening, children at risk were referred to ECI or PPCD
- Families without a medical home were referred to MyChildrens, Los Barrios Unidos, or Parkland clinics
- Hearing screens were offered to all participants
- Surveys in English and Spanish were administered to assess parents' perception of the utility of the screening and to improve quality of future events

Results

- Two events were held during which 39 children were screened for developmental delays
- Of these children 26% required referral to ECI/PPCD for interventions
- In addition to the 39 participants, 35 other children and adult family members were given hearing screens
- Each family was asked whether they had a primary care provider and lists of providers were given to any family who did not already have one.

Event	Patients Screened	Referred to ECI/PPCD (%)
Apr 2014	17	4 (24)
Nov 2014	22	6 (27)
Total	39	10 (26)



Discussion

Our project demonstrates how resident advocates can use existing relationships with community leaders to create a broader coalition of community partners and produce meaningful advocacy among the people they serve. We began with the goal of serving the Latino immigrant population and creating more "connectedness" between this and the broader Dallas area community. As we approached community partners we found that child development was an important and motivating issue in the community. Our community partners had insight into what geographic areas could be targeted for intervention, as well as connections among the Latino immigrant community which could be leveraged to plan and advertise free events. The percentage of screens that required referrals was higher than we expected, which likely reflected a pre-selected population of patients who were drawn to the event. Currently much of the planning of new events has been taken over by our community partners creating a project which will continue to produce results after the current class of residents has graduated and moved on.

Future Directions

- Improving the follow-up process by establishing stronger communication between UTD, PCP, and ECI
- Expansion of scope to include refugee populations
- Integration into local community health fairs
- Possible integration into residency curriculum and involvement of the medical school

Bibliography

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Collaborators

