GUIDE

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ENSURING EARLY AND APPROPRIATE

SCREENINGS AND INTERVENTION

Part of a series on Growing Healthy Readers:
Taking Action to Support the Health
Determinants of Early School Success

The Campaign for
GRADE-LEVEL
READING

Growing Healthy Readers

TAKING ACTION TO SUPPORT THE HEALTH DETERMINANTS OF EARLY SCHOOL SUCCESS

INTRODUCTION

When children are healthy and developing on track, they are more likely to be successful in school. The Campaign for Grade-Level Reading recognizes the important interconnections of health and learning, known as *the health determinants of early school success.*

Children from low-income families have more frequent challenges that affect their health and well-being than more affluent children. The Campaign's Healthy Readers Team has identified five Children's Health and Learning Priorities: health-related issues with a demonstrated relationship to one or more of the Campaign's community solutions. They include prenatal care and infant development; comprehensive screenings, follow-up and early intervention; oral health; asthma management; and nutrition and physical activity. The team has developed materials to help community stakeholders incorporate strategies that can strengthen positive impact on children's health and learning. *Growing Healthy Readers: Taking Action to Support the Health Determinants of Early School Success* is a set of seven guides to assist Sponsoring Coalitions in incorporating the Children's Health and Learning Priorities into Community Solutions Action Plans (CSAPs) to achieve the Campaign's community solutions and improve grade-level reading.

These Healthy Readers Resource Guides will help community- and state-level Sponsoring Coalitions identify priority issues that affect children's health and determine how to take action. The priority issues and corresponding guides — each with a research-based connection to success in learning — include:

Prenatal Care and Infant Development

Resource Guide: Supporting Healthy Births and Infancy

Comprehensive Screenings, Follow-Up and Early Intervention

Resource Guide: Ensuring Early and Appropriate Screenings and Intervention

Resource Guide: Supporting Children's Healthy Social-Emotional Development

Oral Health

Resource Guide: Ensuring Oral Health

Asthma Management

Resource Guide: Controlling Environments and Managing Asthma

Nutrition and Physical Activity

Resource Guide: Promoting Healthy Food Choices

Resource Guide: Increasing Physical Activity

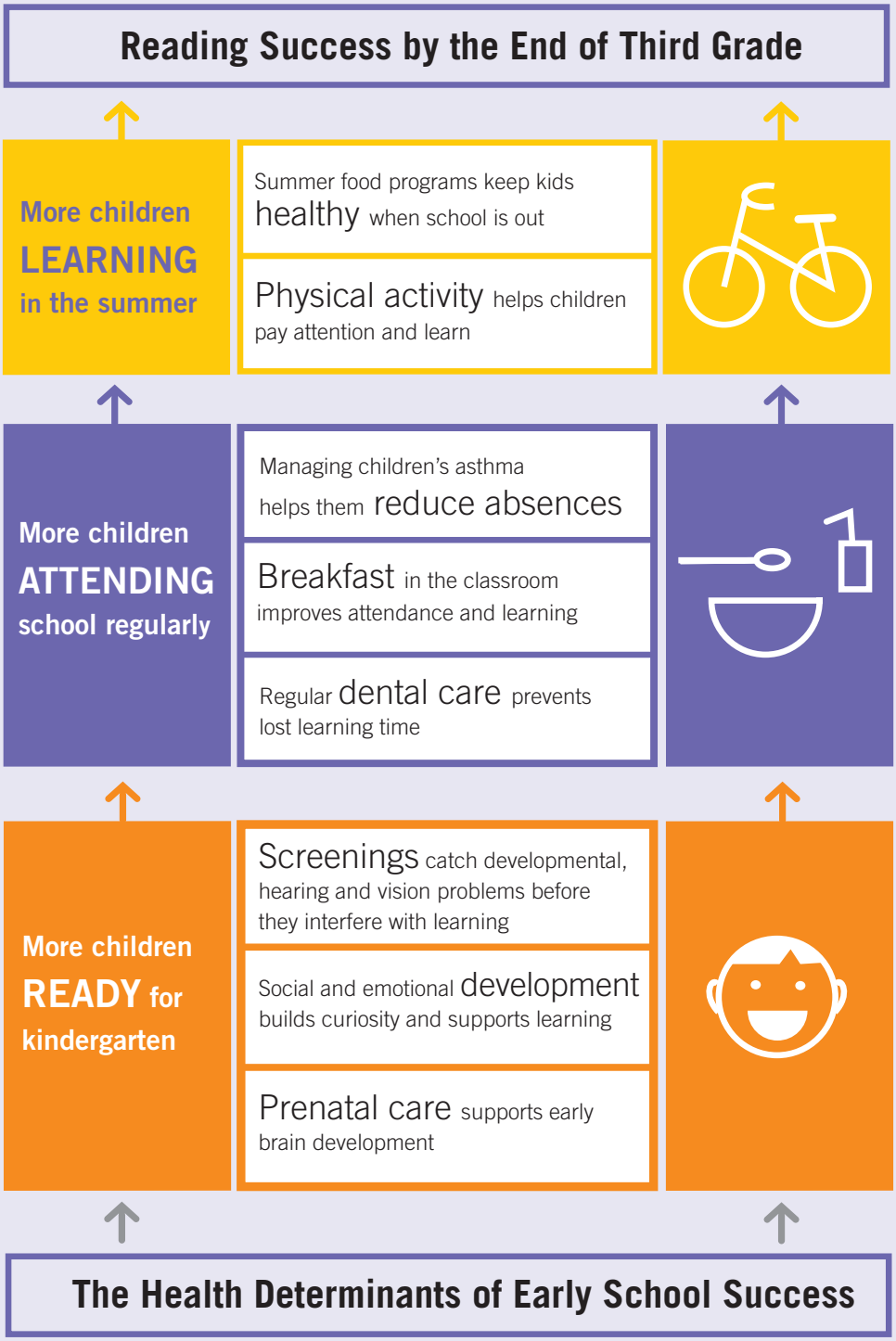
Sponsoring Coalitions will want to consult available local data and gather information to help determine which priorities to address to improve children's health and learning. The Resource Guides include valuable resources and recommendations about how to proceed. Each guide is organized to:

- Address the important link between health and learning
- Identify evidence-based and promising models and strategies
- Help coalitions understand how to begin to take action
- Identify content and funding resources specific to that topic

Improving health and learning for children from low-income families is important work, but it need not be daunting. No matter which strategies a Sponsoring Coalition undertakes, it is useful to include representatives from Head Start, physician offices, the Health Department and a Federally Qualified Health Center (FQHC) if there is one in your community. These individuals can help Sponsoring Coalition members understand the context for children's health in the community and reach out to others who can support the work.

The Campaign's Healthy Readers Team and state and regional Campaign leads can provide support as well. In the coming months, we expect to establish state-level pilot projects to link communities that are working in the same focus area, support peer learning, and provide additional information and support.

If you have questions or comments, please contact Becky Miles-Polka, Healthy Readers Team Leader: bmilespolka@gradelevelreading.net.


Reading Success by the End of Third Grade
More children LEARNING in the summer
Summer food programs keep kids healthy when school is out
Physical activity helps children pay attention and learn
More children ATTENDING school regularly
Managing children's asthma helps them reduce absences
Breakfast in the classroom improves attendance and learning
Regular dental care prevents lost learning time
More children READY for kindergarten
Screenings catch developmental, hearing and vision problems before they interfere with learning
Social and emotional development builds curiosity and supports learning
Prenatal care supports early brain development
The Health Determinants of Early School Success

ENSURING EARLY AND APPROPRIATE SCREENINGS AND INTERVENTION

Children's Health and Learning Priority	Which community solution(s) does it support?
Comprehensive Screenings, Follow-Up and Early Intervention	SCHOOL READINESS; SCHOOL ATTENDANCE

DEVELOPING AWARENESS

What are screenings for young children?

Screenings identify children who need follow-up and are likely to benefit from intervention, services and supports to assist their development. This resource guide focuses on four types of screening — developmental, vision, hearing and lead toxicity — because concerns in these areas can affect learning and a child's ability to read proficiently by the end of third grade. An important part of ensuring that every child enters school ready to learn and becomes a good reader is to identify concerns early, and then address them early, when interventions can be most effective.

- Developmental screenings help identify any concerns regarding cognition and understanding, communication, fine and gross motor skills, social and emotional behavior, and problem-solving and self-help.
- Uncorrected vision difficulties can sabotage academic success. An estimated 20 percent of school-age children have a vision problem — most often nearsightedness, which makes it difficult to see at a distance, or farsightedness, which makes it difficult to read a printed page.
- Although they are much less common than vision issues, uncorrected hearing impairments in young children are linked with lifelong speech and language deficits, poor academic performance, social challenges and emotional difficulties. For a child born with a hearing loss, effective intervention within the first six months of life significantly improves future prospects. Many states require a hearing test soon after birth, but rescreening is indicated, especially if a child does not seem to be responding to sounds.
- Lead is toxic to the brain and can cause serious, and often irreversible, cognitive impairment in children, with the greatest risks to the youngest children. High levels of lead in a child's blood often result in later academic failure and behavior issues.
- Children's social and emotional development has a strong correlation to academic success. Children who are rated by their parents as having higher levels of emotional regulation score higher on assessments of math and literacy. For additional information about social and emotional development, see the Resource Guide on *Supporting Children's Healthy Social-Emotional Development*.

DEVELOPING AWARENESS (CONT.)	
Why is it important for communities to implement this solution?	Infants, toddlers, preschoolers and children in the earliest grades with unaddressed developmental, vision, hearing or lead-poisoning concerns are among those least likely to read proficiently by the end of third grade. • Children from low-income families are almost twice as likely to have a reported developmental delay or disability as children from higher-income families. • Lead poisoning disproportionately affects young children from low-income families, including those who live in older, substandard housing or near former industrial sites. • Vision problems are the most common physical condition affecting learning, and may have direct consequences for learning to read. Low-income and minority children are at risk for underdiagnosis and undertreatment of vision problems.
How can communities provide screening for on-track development, vision, hearing and lead poisoning?	There are effective, simple, low-cost developmental screening tools to identify children who may have an issue or delay in one or more developmental domains. Effective early interventions, therapies and supports also are available to help children with developmental issues get back on track. • Four research-based parental-report developmental screening tools — ASQ (*the Ages and Stages Questionnaires*) and ASQ: SE (*Ages and Stages: Social and Emotional*), PEDS (*Parent's Evaluation of Developmental Status*) and PEDS: DM (*PEDS: Developmental Milestones*) — are used widely. These short tools can be quickly administered with fidelity and are accurate with up to 80 percent of children, helping providers identify concerns across developmental domains. They are available in many languages and can be easily completed in a variety of settings — for example, by parents at home, at a pediatric practice, in community settings or in a child care center. • They rely on what parents know and observe about their children and provide a natural way to talk with parents about their children's well-being and follow-up steps when developmental delays or disabilities are suspected. • Community volunteers can be trained to conduct developmental screenings and vision screening programs. Many communities provide screenings in conjunction with outreach and enrollment campaigns to ensure that children are ready for kindergarten. • Pediatric health care providers screen children at specific intervals for the effects of lead on cognitive and physical health. To help overcome developmental delays caused by lead poisoning requires both supports for the children and efforts to remove the damaging lead from the children's environments. Public health departments and housing authorities are important partners in these efforts.

What are some strategies for promoting screening programs for young children?

Strategies with Results

Colorado's **Assuring Better Child Health and Development (ABCD)** project began in 2006 and receives support from the public and private sectors. Reaching across the state in small, medium and large communities, the effort is led by a strong state team that provides support to communities that want to ensure a quality coordinated system of care for standardized developmental screening, referral and follow-up at the local level. The project has developed a "Model Community" document that is a practical guide for communities to use as a blueprint.

Colorado has had significant success regarding state policy including the development of a model statewide referral form to address issues of information sharing and privacy. The ABCD project has also established a mandated "close the loop" process so that referring sources know the status of the child after referral.

Results

- The number of pediatric practices using a standardized developmental screening tool has increased from less than 5 percent to 93 percent
- Over 90 percent of the practices that screen do so in accordance with American Academy of Pediatrics policy recommending a minimum of three screens with a standardized tool by 3 years of age
- Referrals from primary care practices to Colorado's Early Intervention program increased over 400 percent from 2006 to 2012

The Casey Eye Institute works with the Oregon Elks Clubs to provide vision screening for all children enrolled in Head Start in the state. Elks receive training from Casey Eye Institute staff and conduct the screenings. Casey Eye Institute staff provide screening materials and training, and follow-up services. Head Start staff work with parents to ensure that children who are identified as having vision difficulties have a follow-up appointment with an ophthalmologist and receive glasses if necessary.

Results

A study conducted by the Shiley Eye Center at the University of California San Diego found that preschool children whose vision was corrected with glasses showed gains on standardized tests of academic achievement.

What are some strategies for promoting screening programs for young children? (cont.)

Promising Strategies

Columbus Kids — a program of the United Way of Central Ohio to provide community-wide developmental screening, referral and early intervention services — targets children ages 2 1/2 – 4 from low-income families in the places they and their families naturally go, including child care centers, libraries and WIC and welfare offices. Children are screened using the ASQ and ASQ: SE. The program includes cash incentives for partners who provide space, and for parents who participate in the screening along with their children. Developmentally appropriate materials are provided for parents to encourage their children's skill development.

Results

Although the program is early in its development, the initial results are promising. By November 2013, more than 11,000 children had received a screening (called a "Learning Checkup"), and nearly 40 percent had been rescreened. The Learning Checkups have found:

- 56.7 percent of children are developing on target
- 19.4 percent children need monitoring
- Nearly 26 percent of children require a referral for services

An extensive evaluation is in progess.

At **Educare Atlanta**, developmental screenings are integrated into early care and education settings through a System of Care that also engages parents and medical providers. It is operated by Sheltering Arms Early Education and Family Centers and includes as partners Atlanta Public Schools and the Annie E. Casey Foundation. Educare Atlanta serves 200 children, primarily African American, from low-income families. Class-room teachers perform the screenings using the ASQ screening tool, with parents present in the classroom to discuss their children's development. The team includes a Registered Nurse who serves as a "health navigator," working with parents of children whose screening results indicate a concern and connecting them with services and supports where indicated. The health navigator helps parents make and keep appointments, prepare paperwork for Early Intervention programs and understand unfamiliar terminology. Screening results also are shared with a child's primary health care provider.

Results

In 2012, Educare Atlanta achieved the following goals for participating children:

- 99 percent had a visit with a Primary Care provider in the past year
- 98 percent were properly immunized against childhood diseases
- 97 percent had health insurance coverage
- Only 7 percent used the emergency room for primary care
- More children receive early intervention services where appropriate

DEVELOPING AWARENESS (CONT.)

What are some strategies for promoting screening programs for young children? (cont.)

Strategies to Build Public Awareness

The "Act Early" Initiative was developed by the CDC to help parents and the public understand children's developmental milestones, track children's healthy development and get help if they have concerns. Working with a range of state and national organizational partners, CDC is promoting "Learn the Signs, Act Early" — a set of messages about healthy development and its importance for children's growth and learning.

National Lead Poisoning Prevention Week occurs annually during the last week of October. The CDC has put together a toolkit to help communities plan events; increase awareness about lead poisoning prevention and the dangers of lead poisoning; and ensure "Lead-Free Kids for a Healthy Future."

MOVING TO ACTION

How would a Sponsoring Coalition begin to implement this strategy?

Determine what actions the team could take now to strengthen children's health and development to support improved grade-level reading outcomes. Often simple no-cost or low-cost actions are a way to build momentum and gain early enthusiasm and support for the work.

1. **Collaborate** with multiple partners to collect information about screening and follow-up for developmental concerns and disabilities, hearing and vision problems, and elevated blood lead levels in children in the community.
   - What information is available about the prevalence among young children of conditions that impede learning and reading — such as developmental delays, disabilities, vision and hearing problems, and lead poisoning?
2. **Determine** what programs in the community focus on developmental, vision, hearing and lead toxicity screening.
   - Are these programs readily accessible to low-income families with young children?
3. **Identify** what percentage of young children from low-income families receive regular and appropriate screenings.
   - How many children from low-income families receive follow-up services and supports where indicated to help overcome concerns and ensure on-track development?
4. **Reach out** to the health department, schools, Early Intervention programs, Head Start and Early Head Start programs, and nonprofit organizations such as the March of Dimes to understand where children with more significant delays and disabilities are being served in your community:

MOVING TO ACTION (CONT.)	
How would a Sponsoring Coalition begin to implement this strategy? (cont.)	• What percentage of children are enrolled in Early Intervention (children from birth to age 3) and Preschool Special Education (children ages 3 to 6)? • How do these percentages compare to state and national rates? Higher enrollment rates for young children are often a good sign: they mean that the community is identifying and helping infants, toddlers and preschoolers who need intervention sooner rather than later. • How do Early Intervention and Preschool Special Education enrollment figures compare to those for school-age children who receive Special Education services? Large differences may indicate that many children who could have been identified and helped before they entered school were missed. 5. **Check** with your local health department to see if the risk for lead poisoning is present in your community. • Are there neighborhoods with many houses or apartments built before 1978, which may be contaminated by flaking lead paint? • Are there local efforts to reduce or remove contamination or help families move to housing that is not contaminated with lead? Are these efforts sufficient to serve the families who need them?
What funding sources may be available to support this strategy in your community?	Resources for screening and follow-up efforts may vary from state to state and from community to community: • Head Start and other prekindergarten programs can provide developmental screenings using existing staff. • Nonprofit and higher education institutions can train volunteers and involve them in screening for vision problems. Service clubs and other organizations may provide financial resources for screening programs as well as volunteer support. • CHIP/Medicaid programs can provide reimbursement for screenings as part of well-child visits. • Local United Ways may fund screening programs. • States have funding for outreach and screening services through the Federal Maternal Infant and Early Childhood and Home Visiting grants. • The CDC provides funding to state and local health departments to determine the extent of lead poisoning risk in communities and develop programs to identify and treat affected children.

RESOURCES

- For the Ages and Stages Questionnaires (ASQ) and the ASQ: SE, see http://agesandstages.com. For the Parents' Evaluation of Developmental Status (PEDS) and PEDS: Developmental Milestones (PEDS: DM) tools, see www.PEDStest.com
- Bright Futures is a national health care promotion and disease prevention initiative coordinated by the American Academy of Pediatrics that uses a developmentally based approach to address children's health care needs in the context of family and community. http://brightfutures.aap.org
- For information about CDC's public awareness campaign about lead poisoning, see www.cdc.gov/nceh/lead/nlppw.htm. The CDC also provides data that show the frequency of childhood lead poisoning in counties and communities, see www.cdc.gov/nceh/lead/data/national.htm
- For information about CDC's Act Early Initiative, see www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/LTSAE-factsheet_508.pdf
- For information about Colorado's ABCD program, see www.coloradoabcd.org
- For information about Educare Atlanta, see www.educareschools.org/locations/atlanta.php
- For information about Columbus Kids, see www.columbuskids.org
- *Help Me Grow* is a system that builds collaboration across sectors, including child health care, early care and education, and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services. Ongoing data collection and analysis help identify gaps in and barriers to the system. http://helpmegrownational.org
- For information about vision correction and academic performance, see Roch-Levecq, A.C., Brody, B.L., Thomas, R.G., and Brown, S.I. (2008).

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