



BBF Child Outcomes Accountability Team

Health Equity through Social Needs Screening

Thursday, January 28th, 2021

VECAP GOAL 1

1. ALL CHILDREN HAVE A HEALTHY START

Children's healthy development depends on their early experiences, their environment and the health and well-being of their parents and caregivers. We know children are more likely to thrive when they live in safe and stable home environments and when families have equitable access to resources when they need them. To achieve this goal, Vermont will work to ensure all children prenatal through age eight are thriving across 4 primary domains: physical health, social and emotional wellness, developmental and educational results, and adequate basic needs for a child to thrive.



Vermont's Early Childhood Action Plan - Levels of Change

Figure 1



Vermont Early Childhood Action Plan: Objectives and Strategies

Screening as a Key Strategy

Indicators for Goal 1 - All Children Have A Healthy Start

Developmental and Educational Outcomes	▲	% of children who have a developmental screening in the first 3 years of life (VDH)	▲	% children ready for Kindergarten using Vermont's R4K! (AOE)
			▲	% of children reading at grade level by 3rd Grade (AOE)
			▲	% of children meeting or exceeding expectations in literacy, math and social emotional development domains using TSGOLD (AOE)
	▲	% increase in use of Vermont's Developmental Screening Registry (VDH)	▲	% of children receiving EI services with a reported improvement in their social and emotional skills (CDD)
			▲	% of families receiving EI services who reported they have the skills to help their child develop and learn. (CDD)

Vermont Early Childhood Action Plan: Objectives and Strategies

Screening as a Key Strategy

Goal 1 Objective 1.1 - All Children Have A Healthy Start

Objective 1.1: Parents, caregivers and children have equitable access to comprehensive physical and mental health supports and services.

Strategy 1: Increase equitable access to maternal, prenatal and perinatal physical and mental health services

- Strengthen and use evidence-based home visiting to ensure each and every child and family who need it have access.
- Advocate for investments to expand access to an array of home visiting services for families who have young children or are expecting a baby.

Strategy 2: Ensure prenatal to age eight healthcare services are comprehensive, accessible, high quality, and culturally and linguistically responsive.

- Expand screening for perinatal mental health, food, and housing security screening efforts in medical and early care and education settings.
- Connect families to information and community resources for pregnancy, child development, mental wellness, and parenting.
- Facilitate connections through Help Me Grow (HMG), Children's Integrated Services, Parent Child Centers, and mental health agencies to community resources.



Vermont Early Childhood Action Plan: Objectives and Strategies

Screening as a Key Strategy

Goal 1 Objective 1.3 - All Children Have A Healthy Start

Objective 1.3: Each and every child and family have access to needed services and resources to support optimal developmental and educational outcomes.

Strategy 1: Improve outcomes of Vermont's vulnerable children 0-3 and their families by ensuring equitable access to developmental and behavioral screening, early identification, and early interventions.

- Align and standardize developmental and social/emotional screening across environments (the family home, medical home, child's early learning environment, and community settings) through use of Vermont's Universal Developmental Screening Registry to improve communication and coordination among providers and reduce duplication.
- Invest and expand support for Children's Integrated Services and early intervention under the Individuals with Disabilities Act (IDEA) Part C, to assure that each and every child who is eligible for early intervention and special education services is identified as early as possible.
- Align early identification, screening, and referral practices through program and cross-sector collaboration to streamline access for families and reduce duplication.
- Promote and expand the use of Help Me Grow's centralized resource hub by families and providers. Engage and empower families through information on early child development, navigation of systems of care, and follow up care coordination to ensure young children get connected to needed resources and supports at an early age when the benefit is greatest.



Comprehensive Screening Efforts in Vermont



Definitions

Data Walk

Promising Practices

Common Vision

Strategic Discussion

Comprehensive Screening - Definitions



“Why treat people and send them back to the conditions that made them sick in the first place?”

– Sir Michael Marmot

Developmental screening provides a quick check of a child’s developmental progress. The tools used for developmental and behavioral screening are formal questionnaires or checklists that ask questions about a child’s development, including language, movement, thinking, behavior, and emotions. Completing a developmental screening tool can help identify your child’s strengths as well as any areas where your child may need additional help or practice.

Social Determinants of Health or Social Conditions of Health

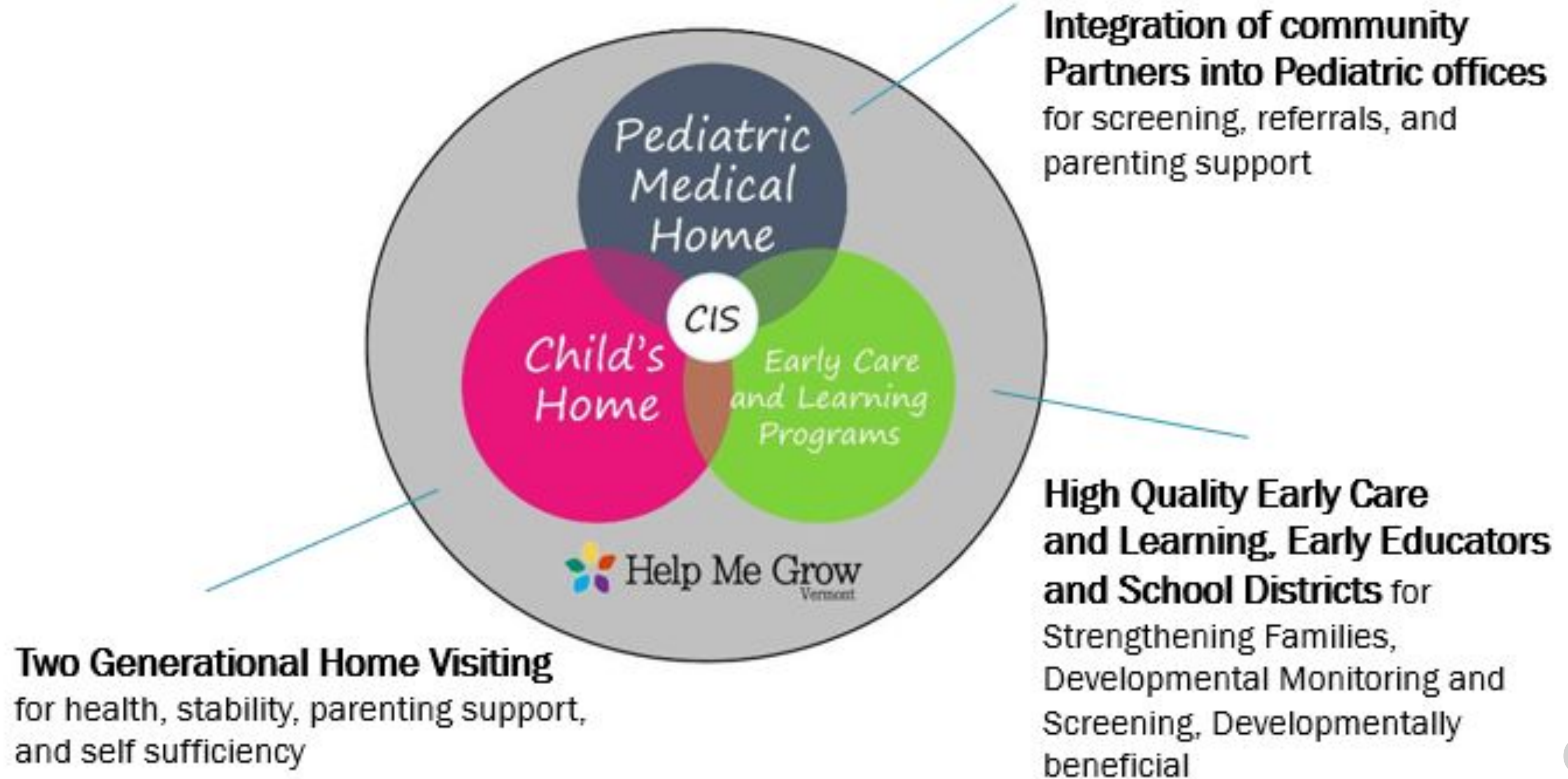
defined by the American Academy of Family Physicians (AAFP), are the conditions under which people are born, grow, live, work, and age.

Factors that strongly influence health outcomes include a person’s:

- Access to medical care
- Access to nutritious foods
- Access to clean water and functioning utilities (e.g., electricity, sanitation, heating, and cooling)
- Early childhood social and physical environment, including child care
- Education and health literacy
- Ethnicity and cultural orientation
- Familial and other social support
- Gender
- Housing and transportation resources
- Linguistic and other communication capabilities
- Neighborhood safety and recreational facilities
- Occupation and job security
- Other social stressors, such as exposure to violence and other adverse factors in the home environment
- Sexual identification
- Social status (degree of integration vs. isolation)
- Socioeconomic status
- Spiritual/religious values



Comprehensive Screening - Vermont Data

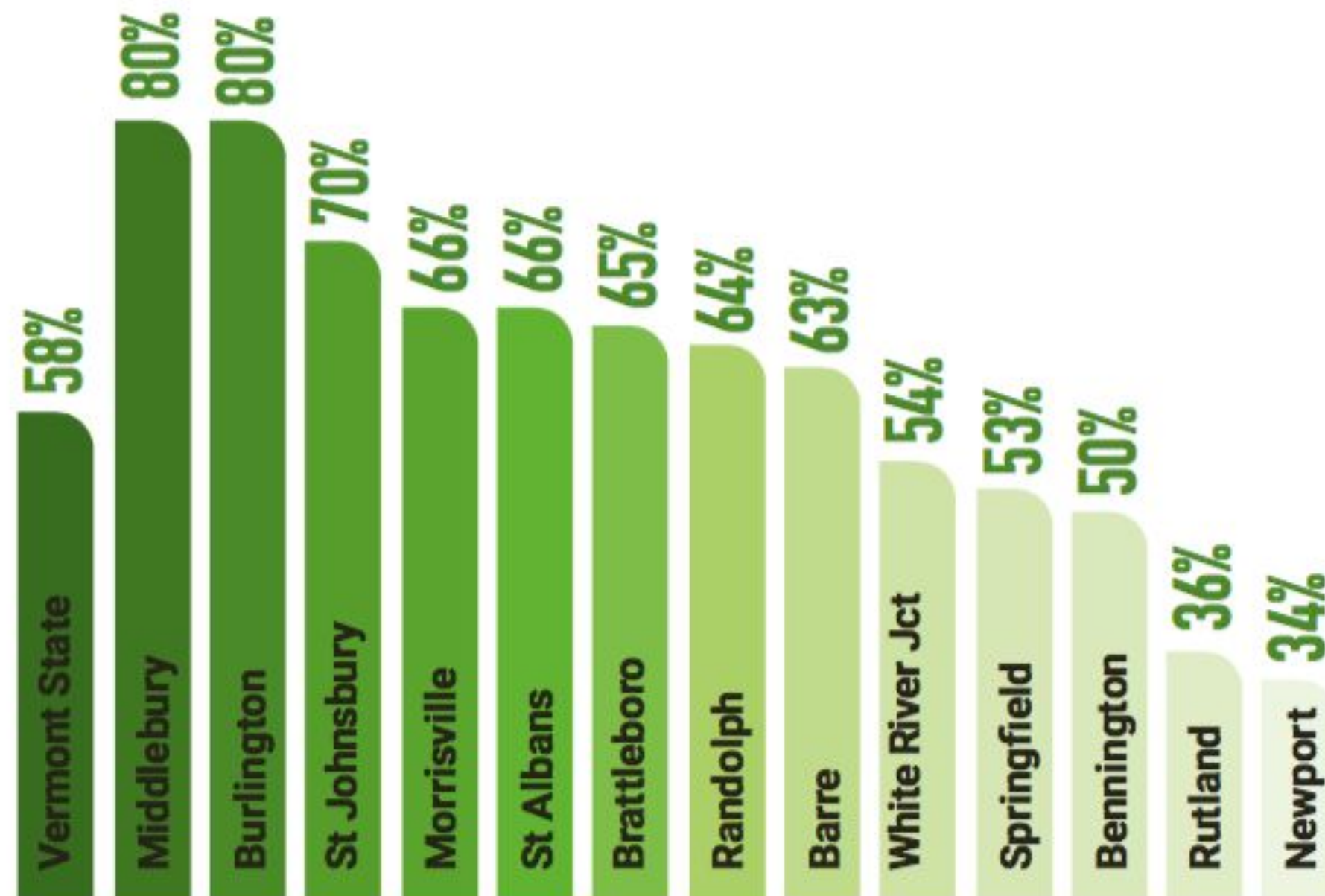


Comprehensive Screening - Vermont Data



Comprehensive Screening - Vermont Data

Figure 20⁵⁵ Percent of Vermont Children Who Received a Developmental Screening in the First 3 Yrs of Life



of Screens (ASQ-3/ASQ:SE2) in the HMG- Hosted ASQ Online System (2020 Q3)

Early Educators: **105**

Strong Families/Nurse In-home Visiting: **28**

Pediatric and Family practices: **656**

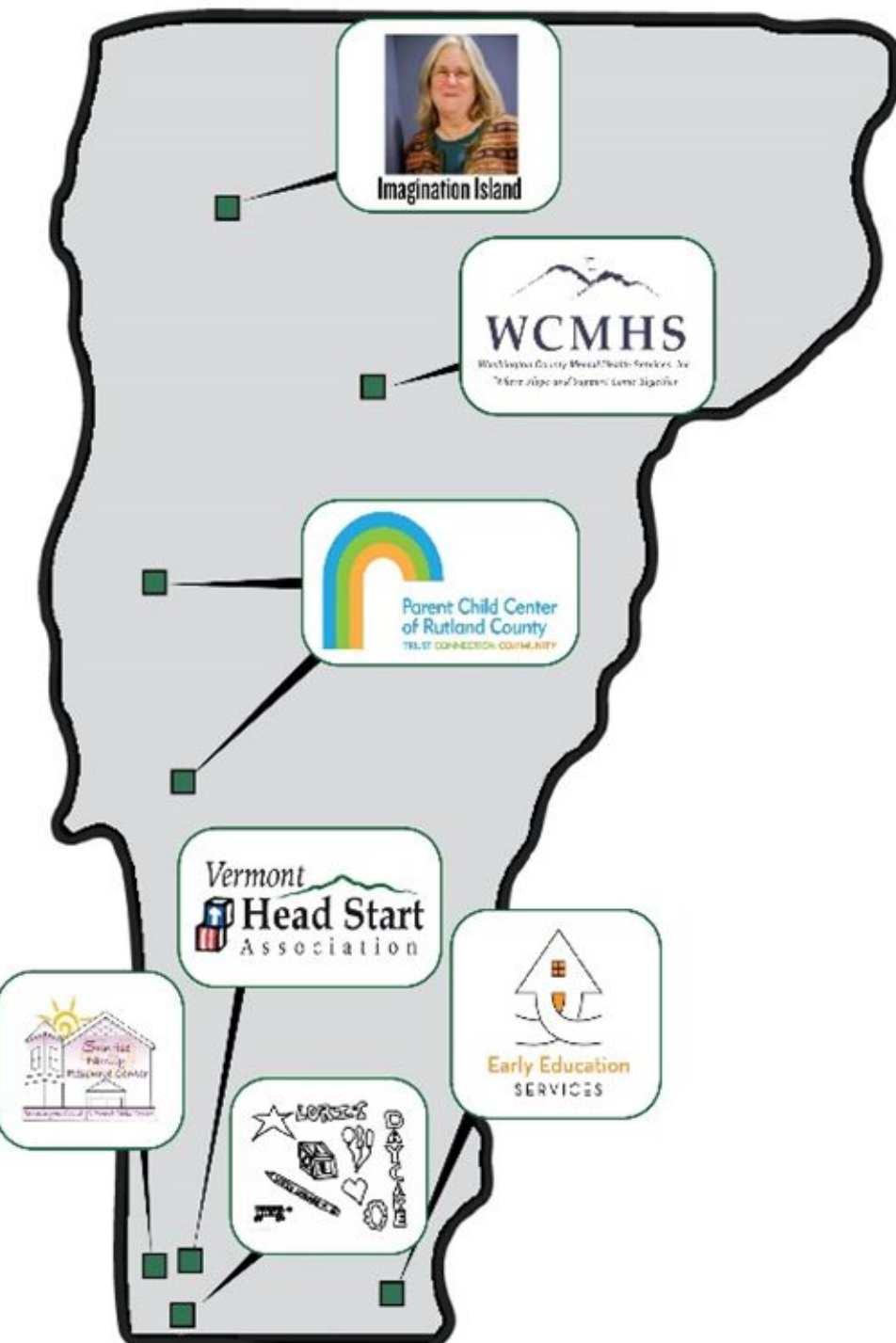
- To date, **1,096** ASQ-3/ASQ:SE screens have been completed by all programs via the HMG ASQ online system.



Promising Practices

Social Determinants of Health: Health Equity through Social Needs Screening

Food Insecurity Screening Pilot Project - Participating Programs



Seven programs serving 449 families in five Vermont counties participated in the pilot.

All of the programs provided meals to families.

80% of the families in participating programs had some tuition paid for by the Vermont Child Care Financial Assistance Program.

“I have learned the families we serve are struggling and they have learned to trust us for support ... We serve a diverse population and some of the folks have never had to ask for help. This was a rewarding program for all involved.”



Promising Practices

Social Determinants of Health: Health Equity through Social Needs Screening

Food Insecurity Screening Pilot Project - Key Findings



79% of families in pilot programs were screened using the Hunger Vital sign tool.

Of the 360 families who were asked to complete the screen, only 2 refused to complete it.

Of the 358 families who completed the screening, 35% (127) were found to have some food insecurity (positive screen).

All programs reported that the tool was easy to use for the programs and families and a valuable tool for connecting with families.



Social Determinants of Health: Health Equity through Social Needs Screening

Draft Vision - Characteristics of Successful Screening Efforts



Draft Vision-characteristics of successful screening

Health care and others working with children and families increasingly recognize their role in identifying and addressing a family's food and housing needs in addition to efforts for earlier identification of a child's developmental delays and referral for early intervention. Relationships matter. When done well, families have a relationship with the provider and participate in the process followed by professional guidance and referral to connect with the supports they need. Screening is done with respect and with cultural humility.

By screening practices being normalized and universal, less people fall between the cracks, bias is limited and the conversations are destigmatized. Screening is an integrated part of workflow - whether in a medical practice, childcare, school or other setting and is regularly scheduled (3 under 3 for child developmental screening and annually for social determinants). Health care and early childhood partners share responsibility and are thoughtfully coordinated, able to share data and use screening and follow up as a tool to support child and family outcomes.



Social Determinants of Health: Health Equity through Social Needs Screening

Draft Vision - Characteristics of Successful Screening Efforts



What are strategic steps to meet this vision to improve access, equity and impact child and family outcomes?

Reflection questions:

- What is my role in achieving this vision?
- What's missing? What would you add to add to this vision?

What parts of this vision do we need to work on in Vermont?

Our Collective Vision: *Visualization of a Vermont Child Born in 2026*



In the year 2026, a child is born to a family in Vermont. We will call her baby Mariah. Vermont is a state where all children and families are accepted for who they are and we support this child from the very start all the way through their development and education. This child thrives with the loving care of her parents and caregivers. Her family is safe and stable in their home and have food in their fridge today and on the horizon. Baby Mariah's parents use paid family leave and home visiting to support the physical and mental health of both parents and baby. The family is connected to their diverse community and can access services, resources and support they need including high quality child care, a faith community, healthy food and jobs. Mariah grows into a toddler, preschooler and eventually transitions into the local elementary school. She is resilient to navigate even the difficult days she will face.

Mariah does not know there is a community holding her and her family through a seamless system of support. This is a system where all children have a healthy start. Where families and communities play a leading role in children's well-being. Where families have access to high quality opportunities. And where the early childhood system is integrated, well resourced and data-informed. This is the future.