

Maximizing Opportunities: Increasing timely developmental screenings during home visits



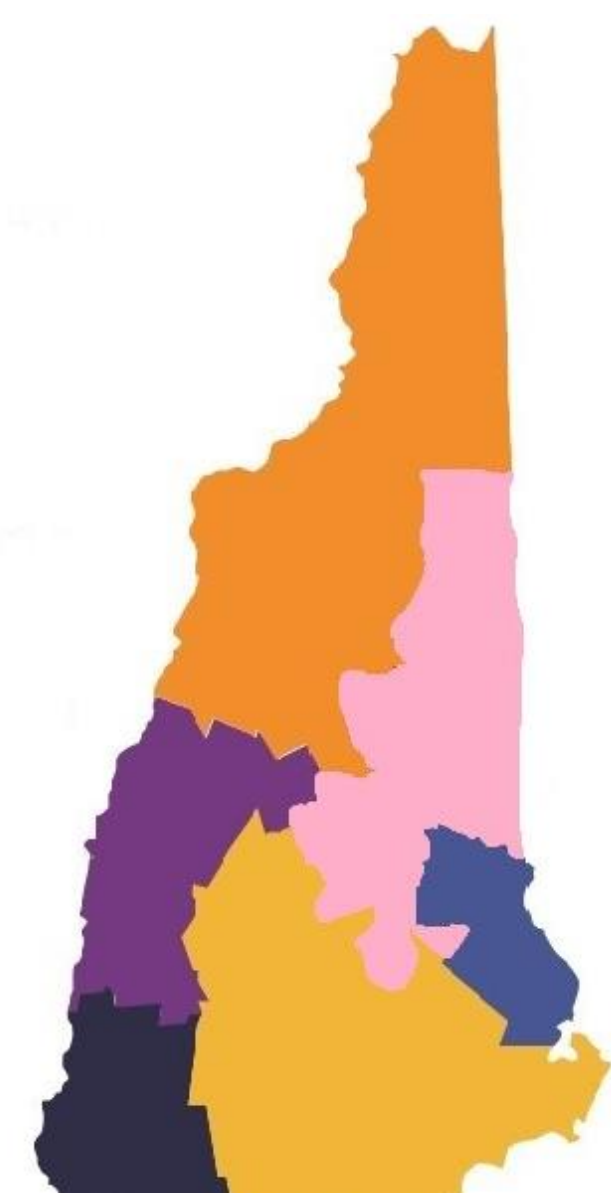
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Introduction

Partnering organization:

Maternal and Child Health Visiting Program

This program administers the Maternal Infant Early Childhood Home Visiting (MIECHV) federal grant and oversees the implementation of Healthy Families America (HFA) in NH. HFA is an evidence-based home visiting model that provides support to parents during and after pregnancy, until their child turns three.



- Waypoint – 4 sites
- Community Action Partnership of Strafford County
- TLC Family Resource Center
- Home Healthcare Hospice and Community Services
- Granite VNA – 2 sites
- Family Resource Center – 2 sites

11 Healthy Families America services providers across NH

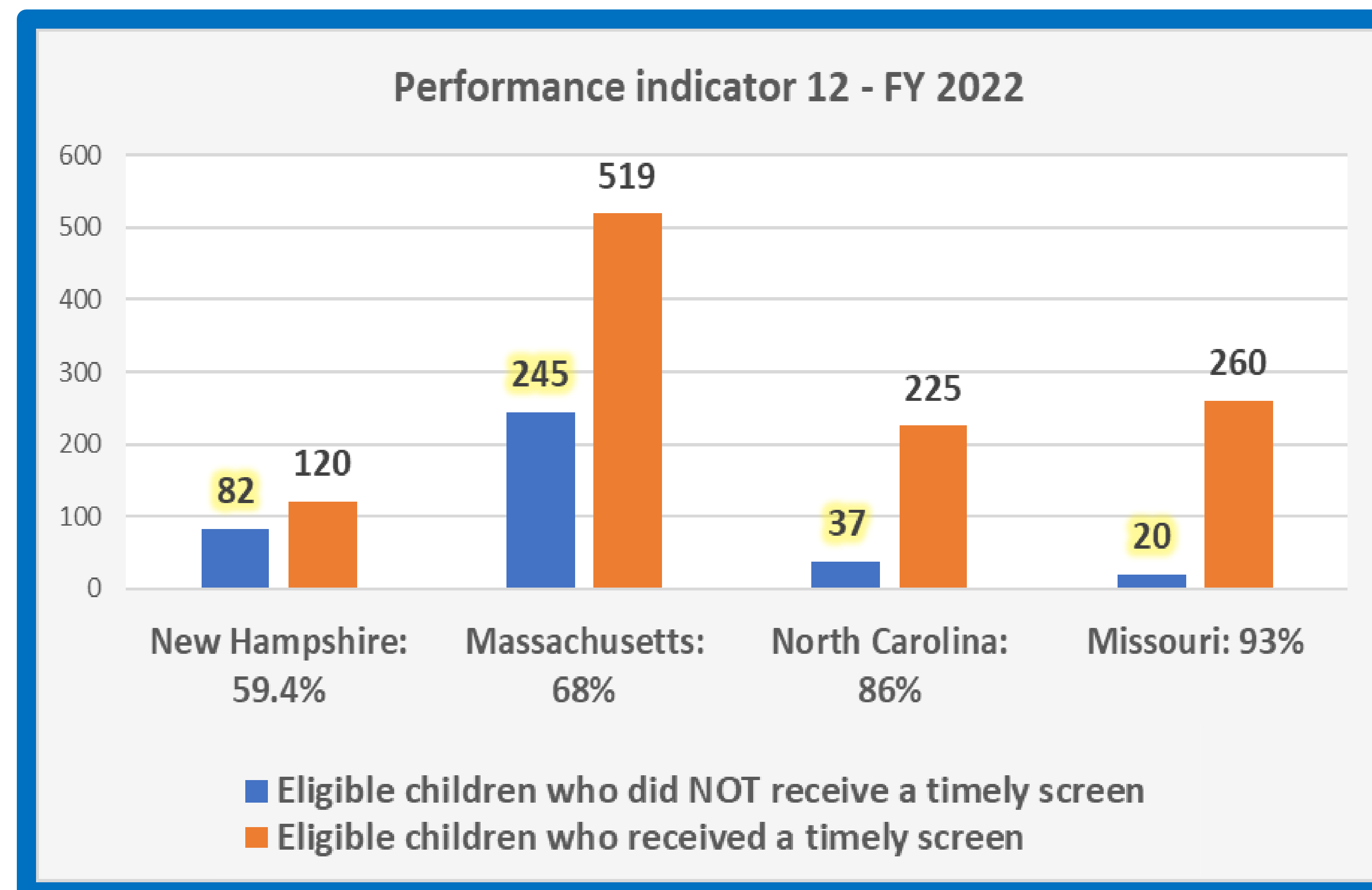
- MIECHV program grantees are required to collect data and report their performance measures to demonstrate improvement in the services provided to participating families in at least four of six benchmark areas.
- There are 19 performance measures included in this annual report that are categorized as *performance indicators* or *systems outcomes*.
- Performance indicators ARE* directly linked to interventions provided by home visitors and, as such, are more sensitive to change by home visitors' actions.

Objective: Learn how to improve performance measure 12

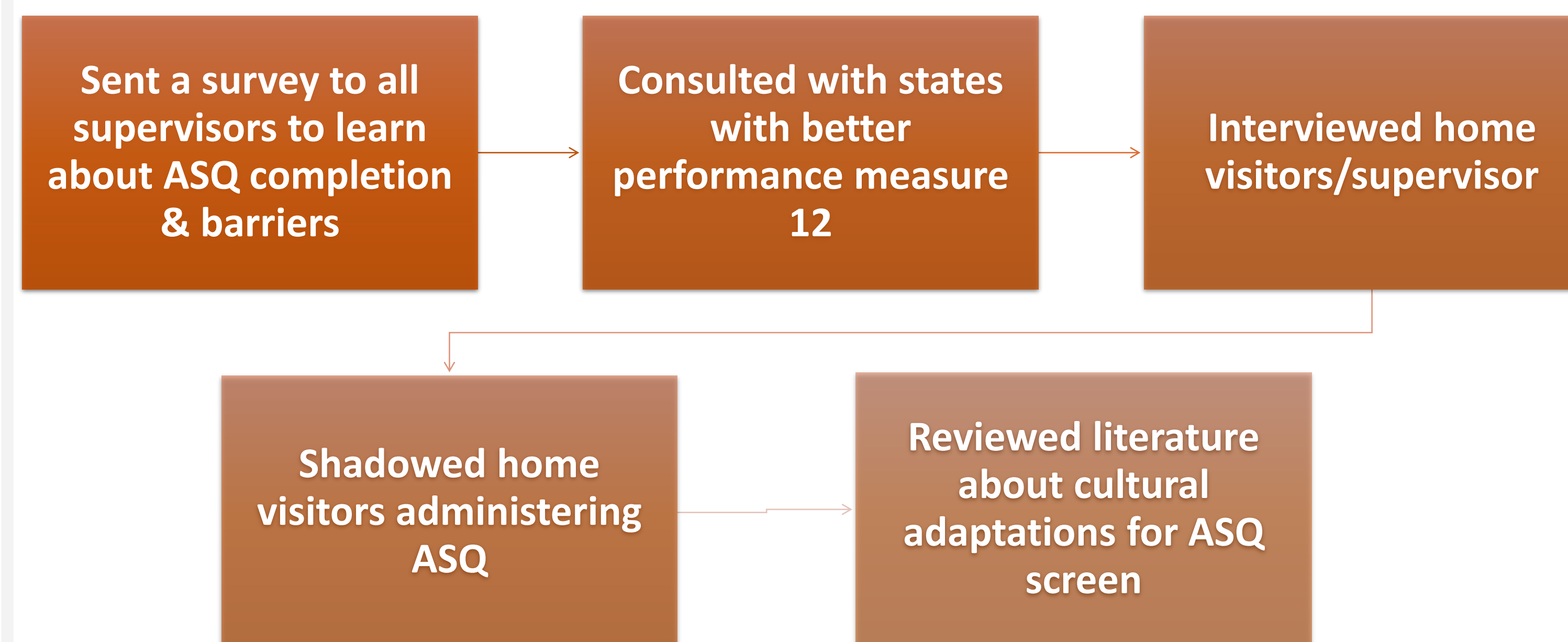
III – School Readiness and Achievement	12. Developmental Screening	Performance Indicator	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool
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In NH, the validated tool used is the **Ages and Stages Questionnaire, Third Edition (ASQ-3)**. Grantees are required to administer this screening as a minimum at the age intervals of **9, 18, 24 and 30 months** to all age eligible children participating in the program.

Only 59.4% of children enrolled in an HFA program had a timely developmental screen in NH



Project Activities



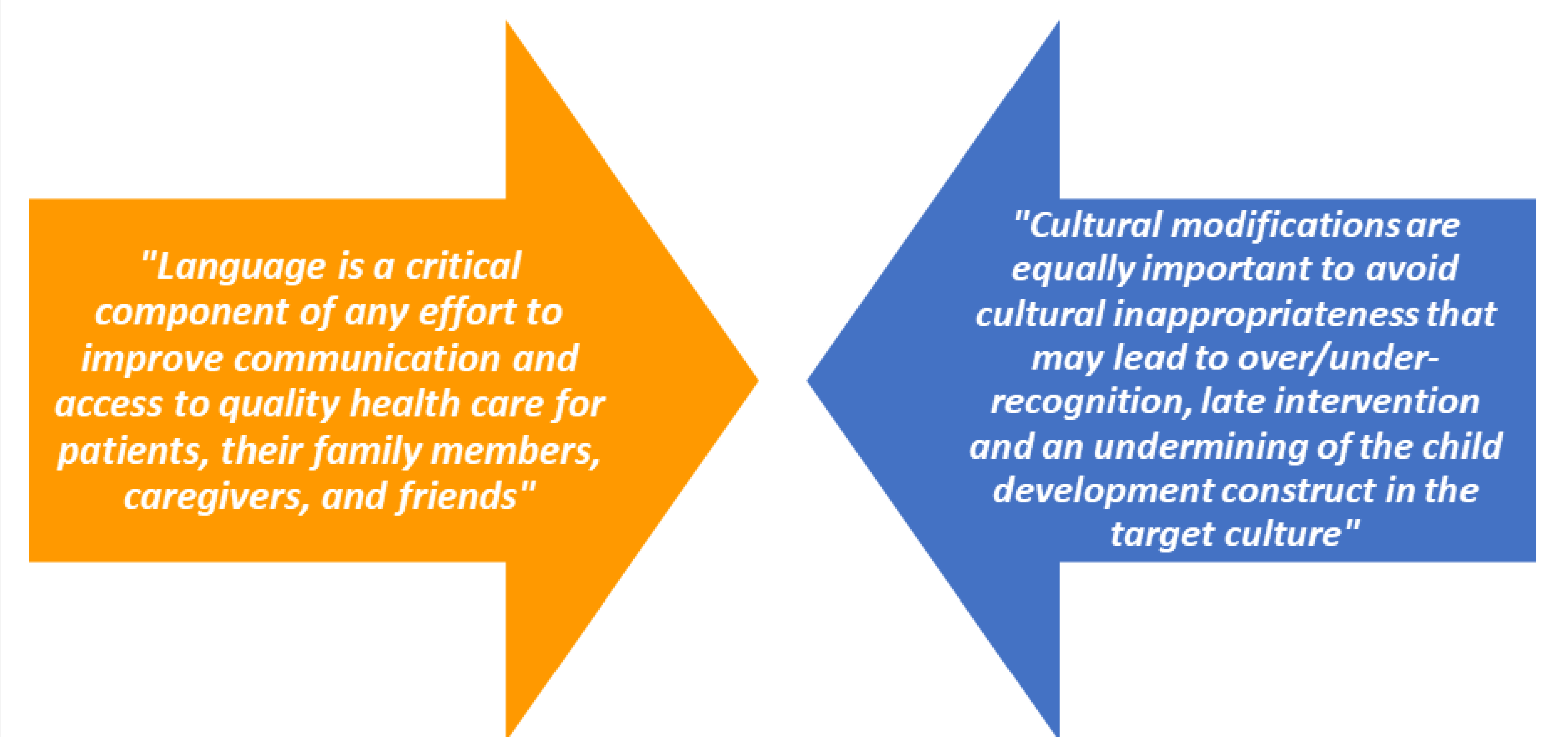
Survey question 5: What do you think are some of the barriers that home visitors face to complete the required ASQs (9, 18, 24 and 30 months)?

- Parental cooperation for completion
- Canceled visits, and if visit is virtual
- Remembering to do them
- Homelessness or housing instability, which prevents the HV from observing the child trying to complete required tasks, MH issues of the parent, SUD of the parent, low education/understanding of the parent
- Family situations, using interpreters and families that disengage service
- Home Visitor may not have a visit

Findings

Barriers:

- Not screening as soon as the window opens for each specific age range
- Staff turnover
- Unfamiliarity with **cultural adaptations** to effectively assess developmental skill
- Language access:** Unreliable interpreting services available for immigrant families



Project

- Summary of strategies implemented by other states to increase timely developmental screenings
- Recommendations to ameliorate language accessibility
- Creation of visuals to support caregiver's comprehension of questions asked in ASQ
- Reflections about validity and reliability of translations of ASQ as well as the need for cultural adaptation of this tool

References

- MIECHV Data & Continuous Quality Improvement. MCHB. (n.d.). Retrieved April 16, 2023, from <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/miechv-data-continuous-quality-improvement>
- U.S. Department of Health and Human Services. (2022, August 31). *Language access in clear communication*. National Institutes of Health. Retrieved April 21, 2023, from <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/language-access-clear-communication>
- Rousseau, M., Dionne, C., Savard, R. T., Schonhaut, L., & Londono, M. (2021). Translation and cultural adaptation of the ages and stages questionnaires (ASQ) worldwide: A scoping review. *Journal of Developmental & Behavioral Pediatrics, 42*(6), 490–501. <https://doi.org/10.1097/dbp.0000000000000940>