

Division of Maternal & Child Health

BRIEF: Developmental Screening

The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont’s women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence-based, and data driven.

Priority Area

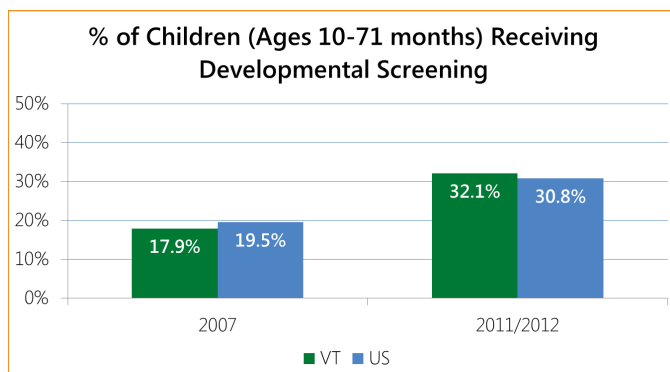
Achieve a comprehensive, coordinated, and integrated state and community system of services for children

Performance Measure

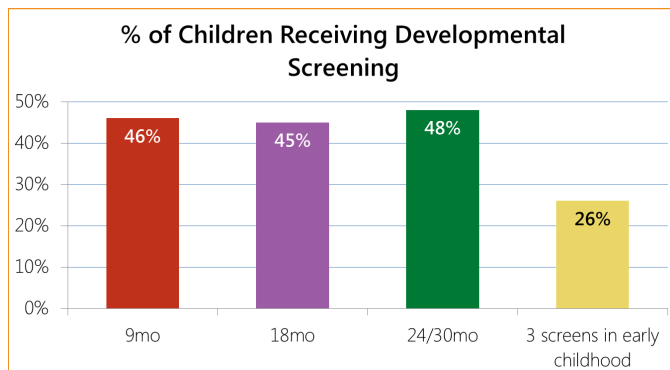
% of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Introduction. Early identification of children at risk for developmental delays and disabilities is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental or behavioral disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit in order to identify children at risk for behavioral and developmental delays and in need of early intervention and/or further assessment, including vulnerable populations (culturally and linguistically diverse, living in poverty, etc). As part of our Healthy Vermonters 2020 and the MCH strategic plan, considerable work has occurred over the past decade in Vermont to advance developmental screening in medical home settings. Between 2009 and 2011, the number of children receiving one age-appropriate developmental screening more than doubled from 21% to 51% following a quality improvement intervention. However, in 2013, only 1 in 4 children received all three recommended developmental screens by their 3rd birthday.

Results.



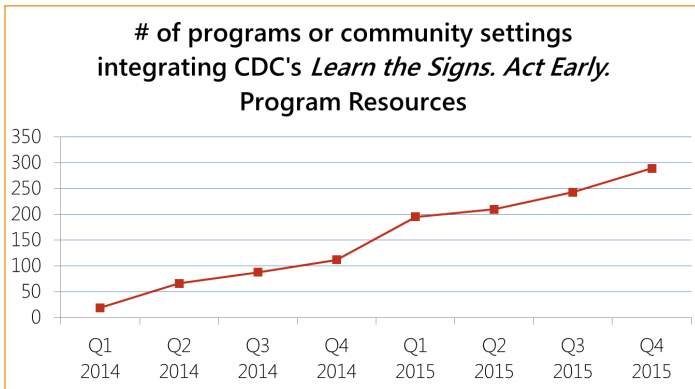
Source: National Survey of Children’s Health (NSCH), 2007 and 2011-2012



Source: CHAMP Network practices, VCHIP, 2013 (33 practices, 975 records)

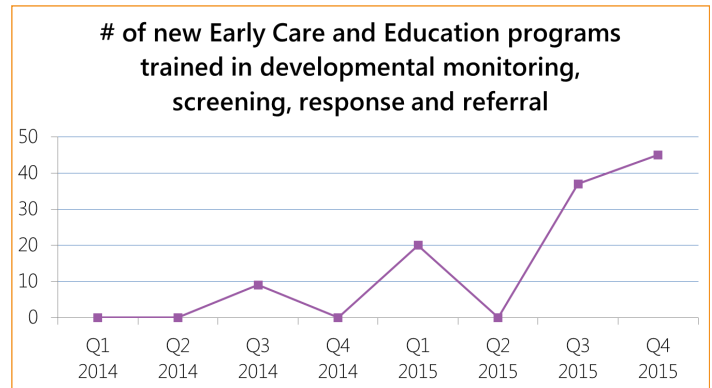
- The reported rate of developmental screening in Vermont is 32.1% in the 2011/12 NSCH vs. 30.8% in the U.S. as a whole. This rate is comparable to the U.S., and has increased since the 2007 NSCH. There are no statistically significant differences across stratification variables, such as sex, parental education, family income, or for children with a special health care need.

- This rate is lower than the rates found in the 2013 Child Health Advances Measured in Practice (CHAMP) survey of 33 primary care practices—2013 UVM/ Vermont Child Health Improvement Program (VCHIP). This survey found rates of screening for infants and children in the age range of 9 to 24-30 months to be 45 to 48%. The CHAMP screening measure represents a narrower age range than we find in the NSCH survey.



Early Care and Education (ECE) programs play an increasingly significant role in supporting children's healthy development. Under Project LAUNCH, VCHIP is currently training and coaching ECE program teams to develop practices that promote ongoing monitoring of child development, including periodic developmental screening, referral to appropriate services, and access to services to support each child's developmental progression in the context of a collaborative and well-coordinated system of care.

CDC's "[Learn the Signs. Act Early.](#)" (LTSAE) program aims to increase parent-engaged developmental monitoring, as a complement to developmental screening, across all childhood service delivery systems. The LTSAE program works with *Help Me Grow* and other federal and state initiatives to provide free, research-based, parent-friendly materials designed to help parents and providers track developmental milestones, as well as other resources, to empower parents and providers to act early on developmental concerns.



Vermont Strategies.

- Implement *Help Me Grow* Vermont – *HMG VT* is comprehensive system that ensures that early detection leads to the linkage of at-risk children and their families to community-based programs and services, including medical homes through a centralized call center and no-wrong-door approach
- In partnership with the Vermont Child Health Improvement Program, provider leadership to the Child Health Advances Measured in Practice (CHAMP) project, a voluntary **quality improvement** which monitors measures of health care, including developmental screening and identifies strategies for **practice improvement**
- Refine and promote **Vermont's Universal Developmental Screening protocol**
 - ▲ Launch the new **Universal Developmental Screening Registry**, available to health care providers to input and track all screenings completed for all Vermont children
 - ▲ Under Project Launch and now expanded statewide, in partnership with Vermont Birth to Five, provide **training to professionals** in the selection and implementation of appropriate, psychometrically **valid developmental screening tools**, in alignment with [AAP/Bright Futures Guidelines](#).
 - ▲ Pilot and implement the **Mid-Level Developmental Assessment (MLDA)** model for high quality, easily accessible developmental assessment of children
 - ▲ Embed **developmental monitoring tools and resources in early childhood settings** using CDC's "*Learn the Signs. Act Early.*" program materials that promote screening
- MCH leadership participates in the **Vermont Home Visiting Alliance** responsible for developing core training and data standards across VT home visiting programs, which includes developmental screening
- **Strengthen partnerships with Vermont's ACOs** to leverage opportunities to focus on improving developmental screening rates (a Vermont ACO measure)

Data Issues.

(i) In the NSCH, Vermont's relatively small sample sizes are often associated with suppressed data or wide confidence intervals, hindering interpretation in these subgroup analyses. (ii) The developmental screening measure was added in 2007 and is only available at two time points. (iii) In 2011-2012, the NSCH changed from a landline-only sample to a dual-frame sample including landlines and cell phones. Therefore, estimates may not be comparable over time.

Data Sources.

[2007 & 2011/12 National Survey of Children's Health \(NSCH\)](#)
[CHAMP Network Data Summary Report 2013 Findings](#)

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