

Assuring Better Child Development: Improving Services in Communities

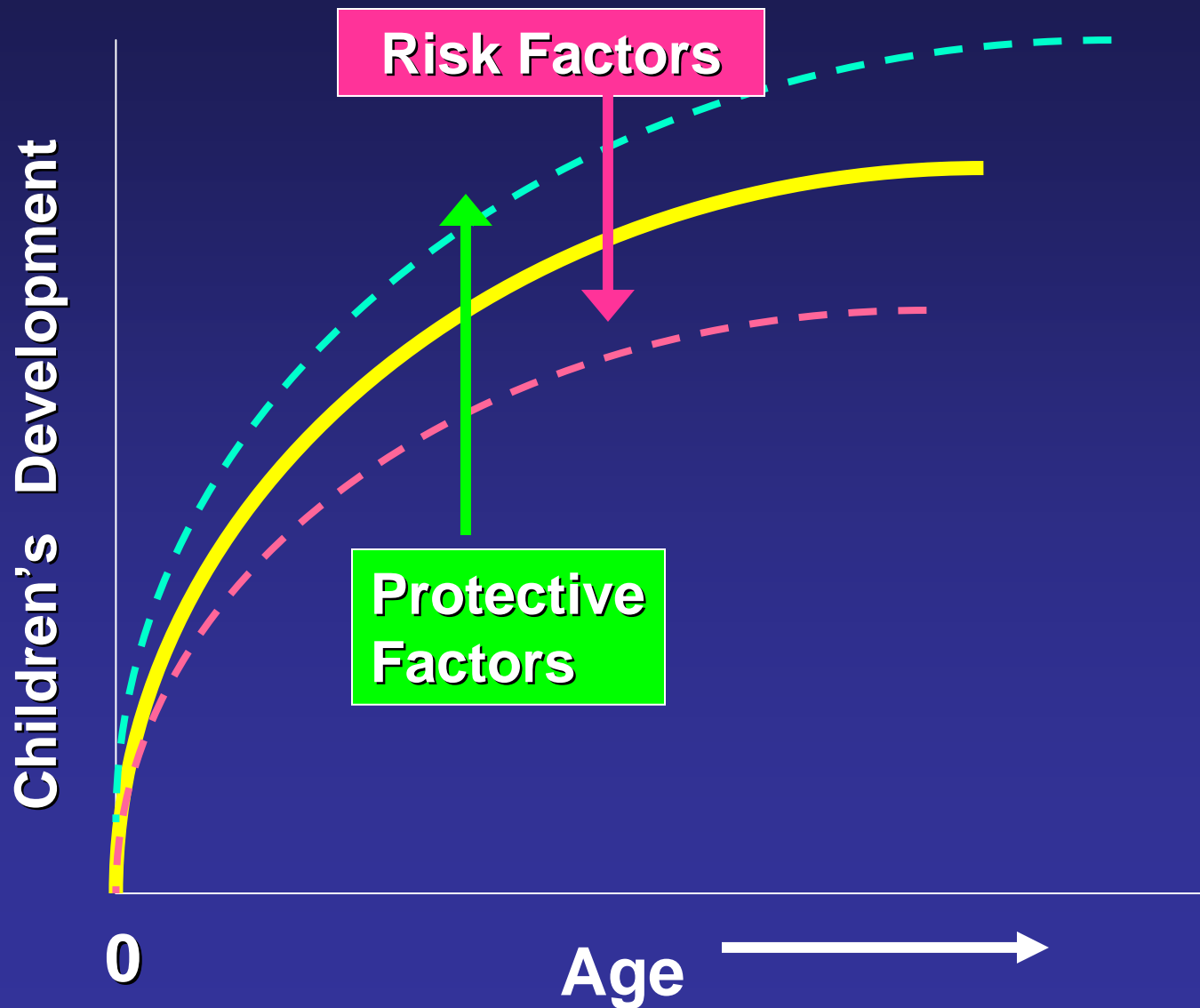
**Edward L. Schor, MD
The Commonwealth Fund**



**Thanksgiving Point
Lehi, Utah
May 20, 2005**

Pediatrics is a developmental specialty

How to Alter Children's Outcomes



EARLY READING PERFORMANCE: Kindergarten through 1st grade, by mother's education: 1998-2000

Scale Score

100

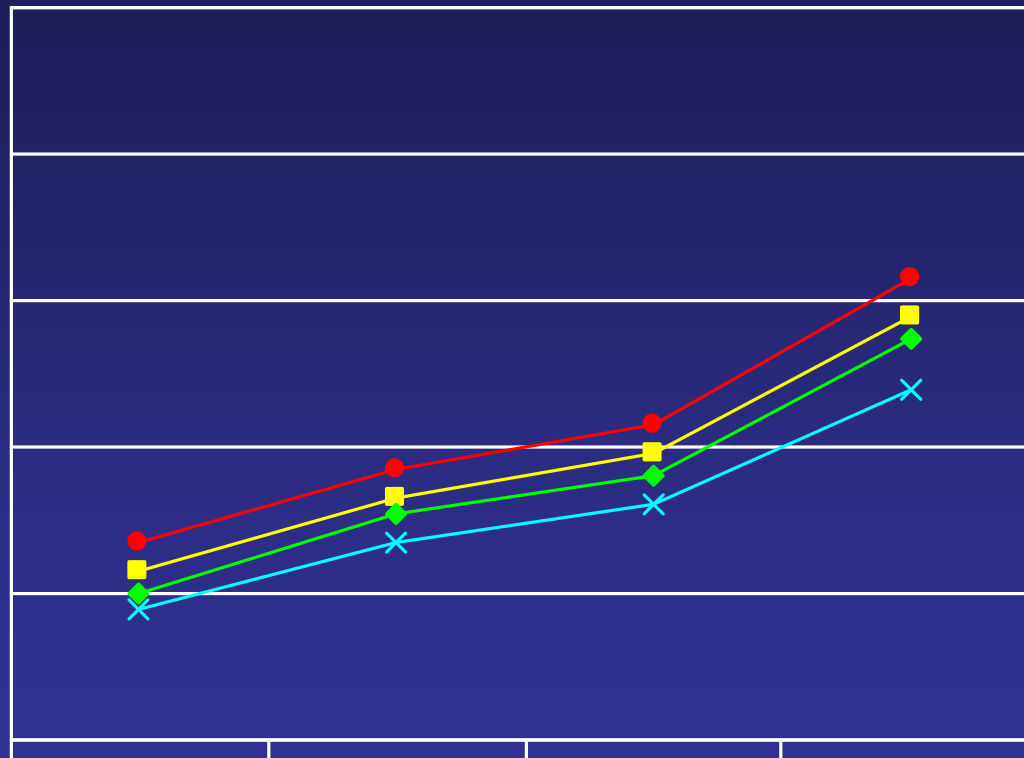
80

60

40

20

0



Fall
Kindergarten

Spring

Fall

Spring

1st grade

- Bachelor's degree
- Some college
- ◆ High school
- × Less than high school

Consequences of Early Childhood Developmental Problems

- Low self-esteem, poor self-image
- Poor relationship formation
- Poor academic success
- Conduct problems
- Truancy and school drop-out
- Uneducated workforce
- Unemployment
- Poor quality parenting skills



Preventable or Mutable Conditions

- Attachment disorders
- Developmental delays
- Behavior problems
- Conduct disorders
- Affective Disorders
- ADHD

Public Education Expenditures: Primary & Secondary in the U.S.

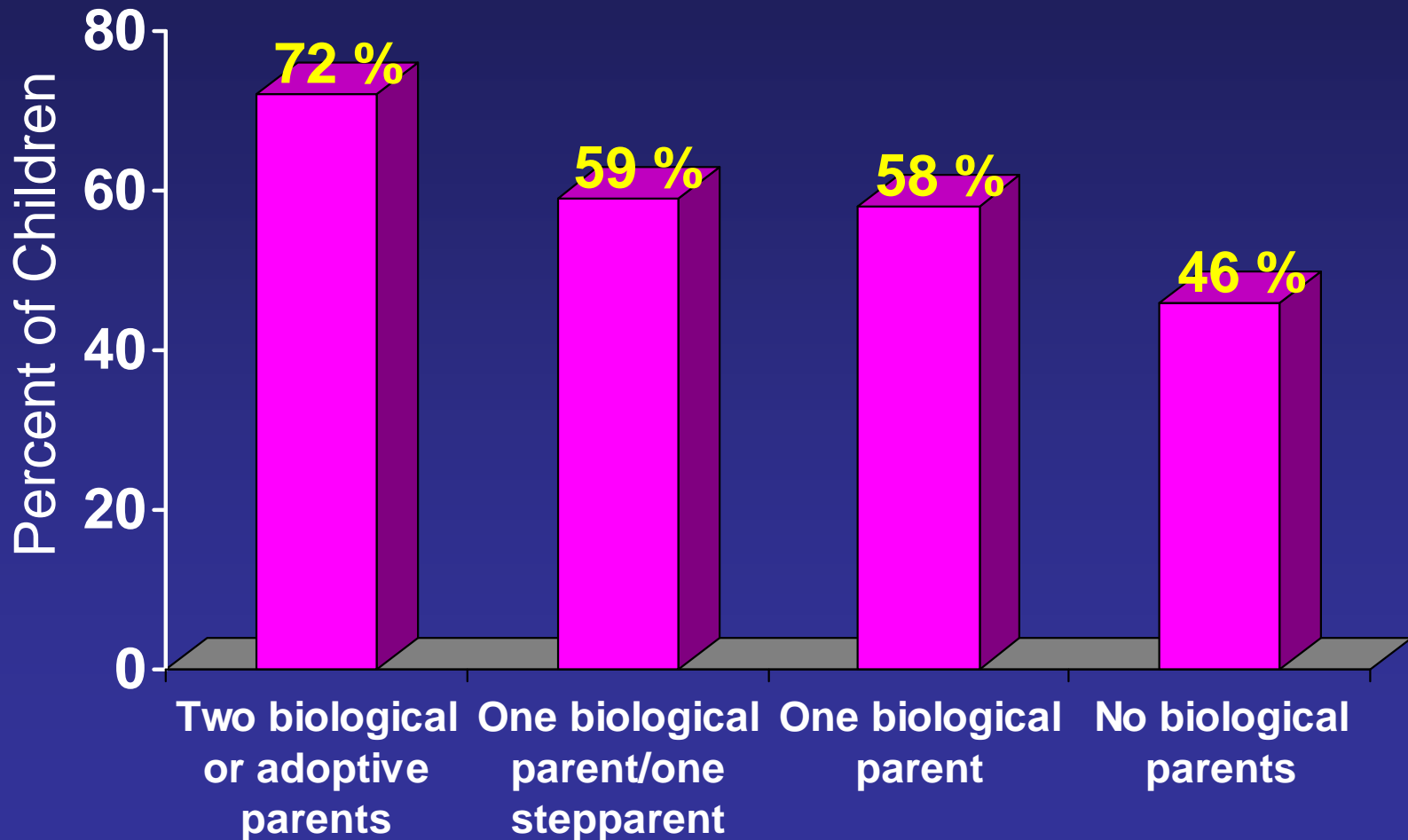
- Average Annual Per Pupil \$8,482
- Special Education Per Pupil \$12,500
 - Emotional Disorder* \$14,200
 - Mental Retardation* \$15,000
 - Autism* \$18,800



Children Who Are at Greatest Risk

- Families who are poor
- Parents with mental illness
- Parents who use or abuse substances
- Incarcerated parents
- Abused, neglected or abandoned
- Homeless
- Severe emotional trauma
- Aversive, unpredictable or unresponsive parenting
- Undiagnosed learning problem

Kindergartners With Behavioral Self-Control Most of the Time



Socioemotional Adjustment to Kindergarten

- The more time spent in non-maternal child care through age 4 1/2, the more behavior problems were manifest in kindergarten
- The best predictor of child development outcomes is maternal sensitivity and supportive parent-child relationships



Trends in Children's Psychosocial Problems

Clinician-identified psychosocial problems increased from 6.8% to 18.7% for all pediatric visits between 1979 and 1996.

Kelleher et al, 2000

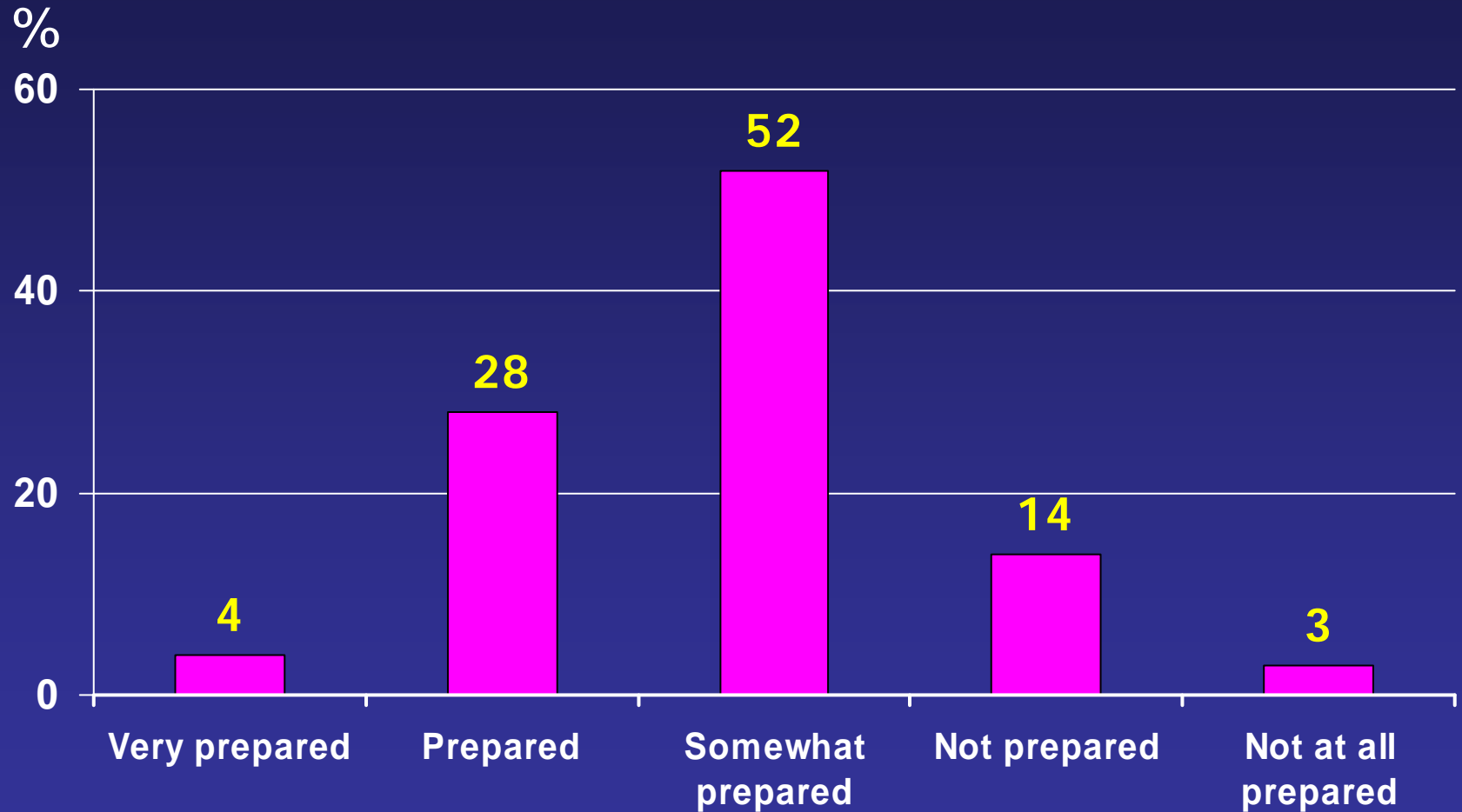
Parents' Misconceptions

Of parents with young children...

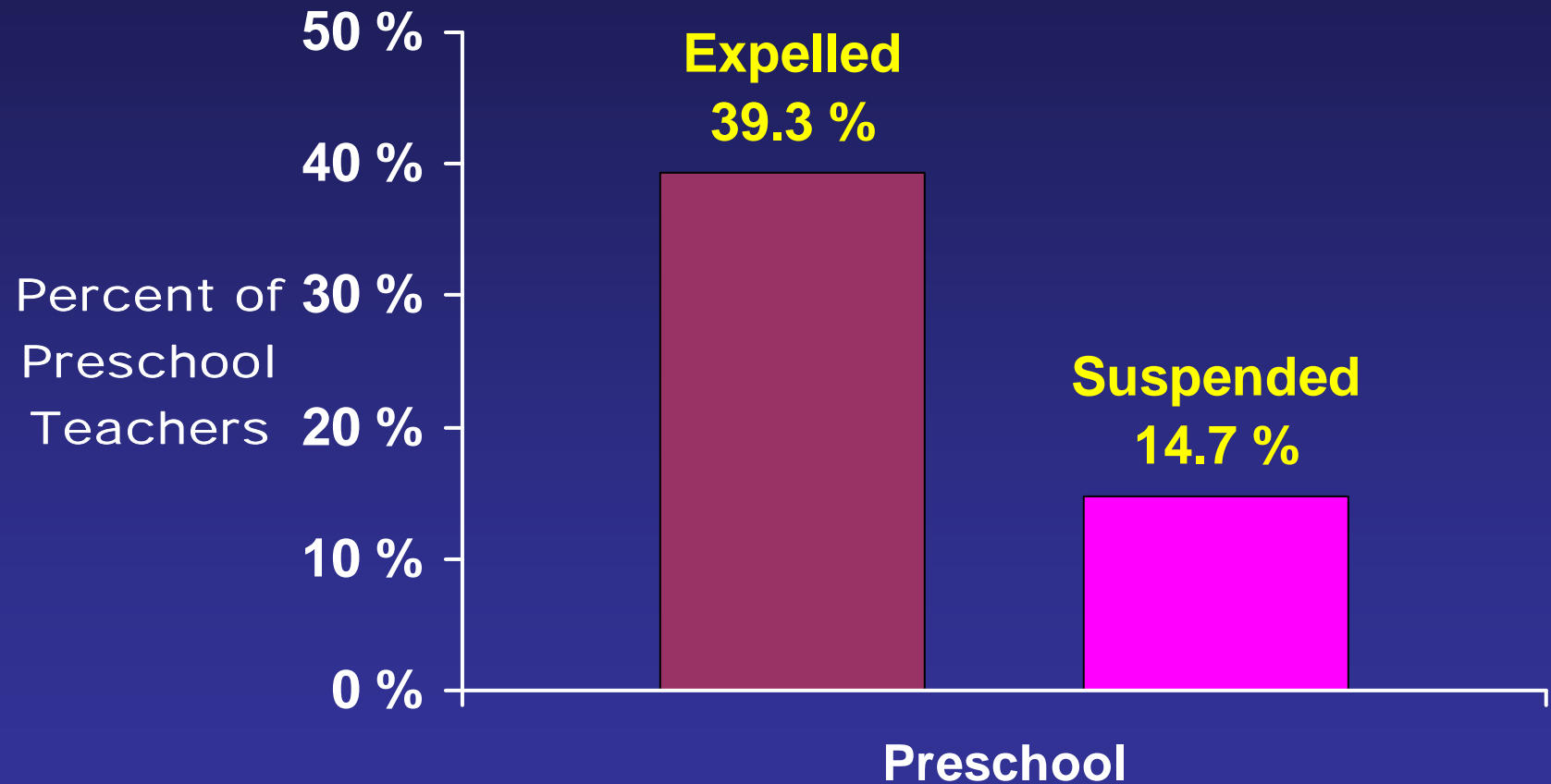
- 62% believe babies do not take in or react to the world around them until 2 months
- 55% say a baby must be at least 3 months to sense their parent's mood
- Almost 40% believe a 12-month-old's behavior can be based on revenge
- 51% expect a 15-month-old to share



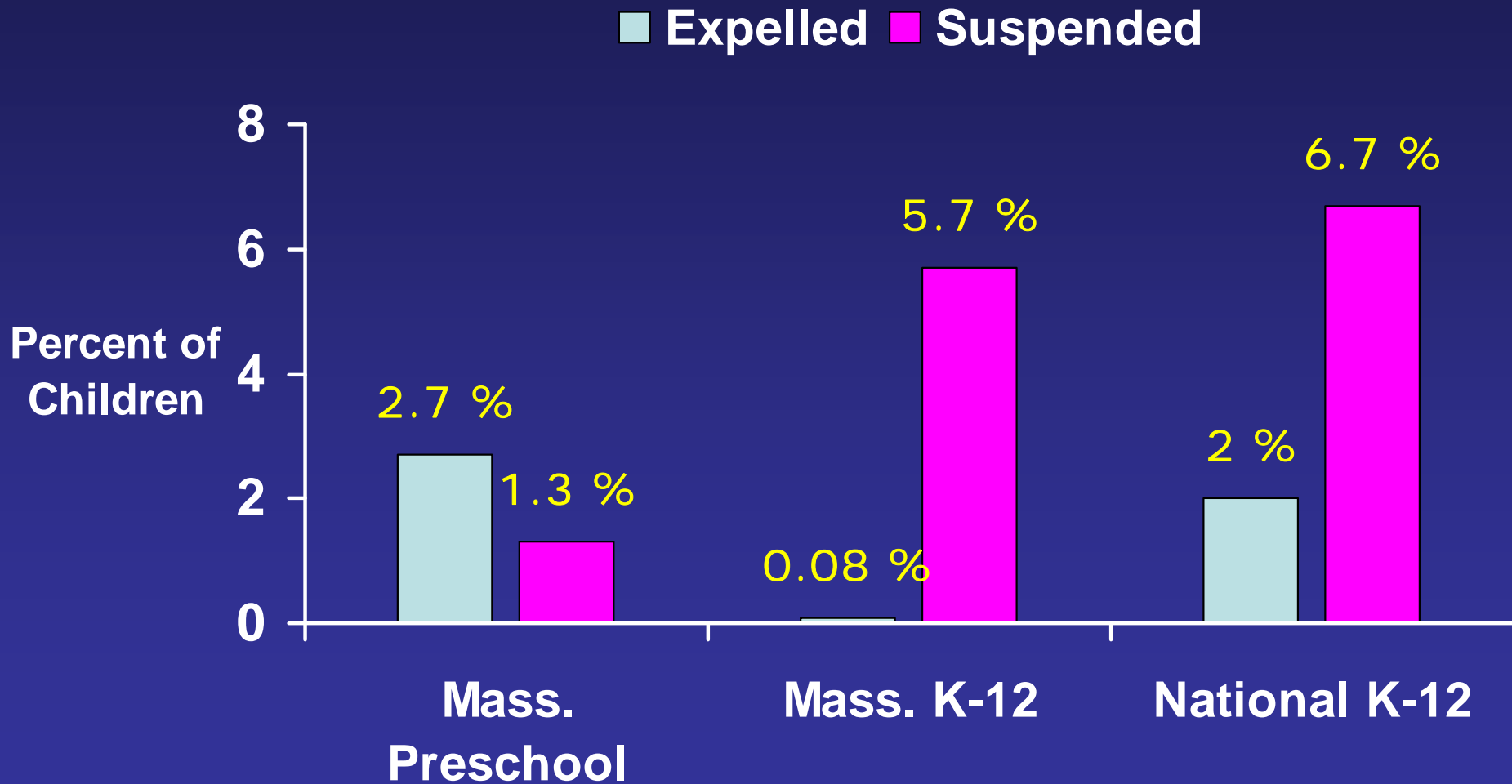
Childcare Workers Prepared to Meet Social-Emotional Needs of Children and Families



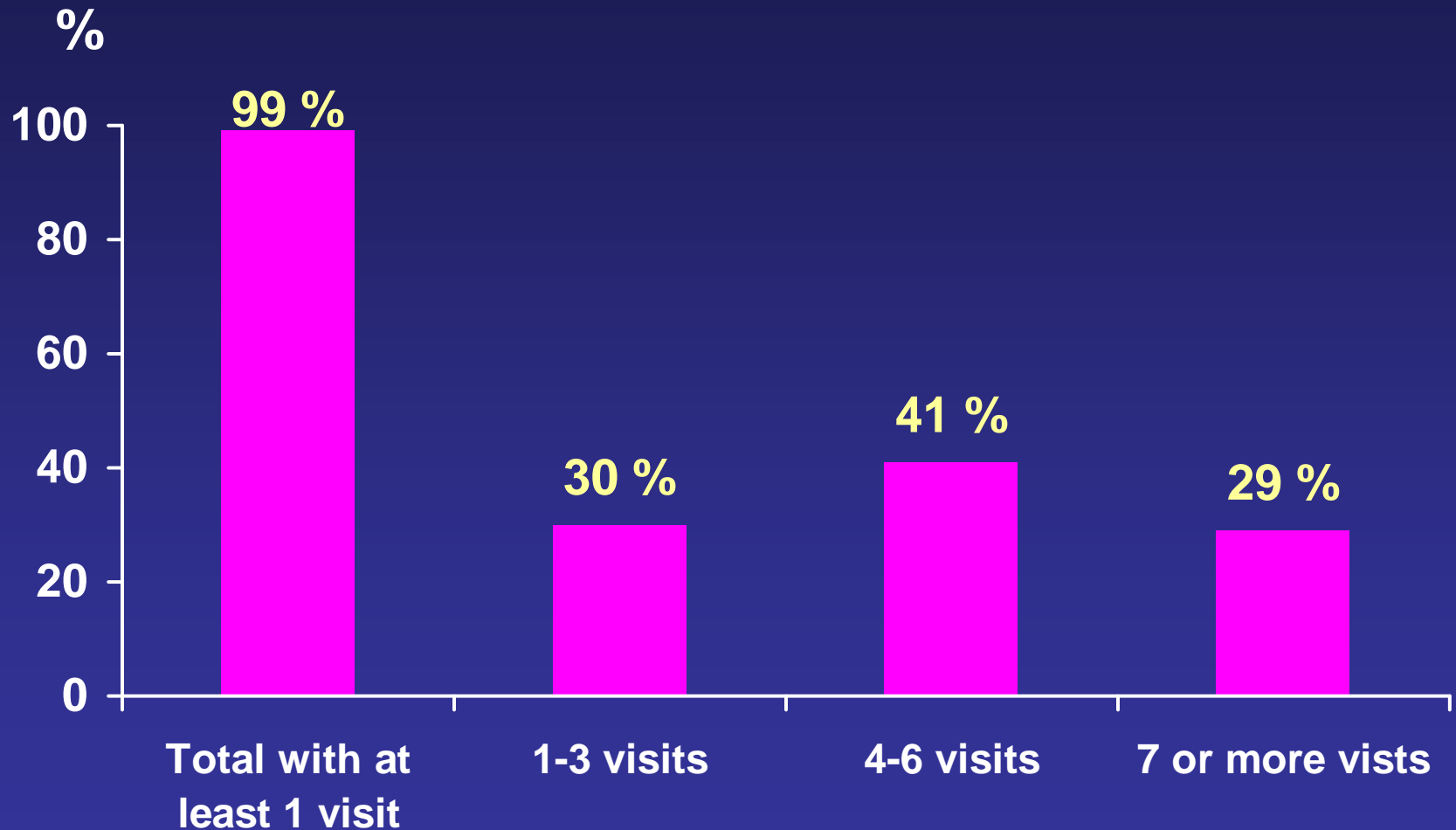
Preschool Teachers Expelling or Suspending At Least One Child in Past Year (N=119)



Children Expelled or Suspended from Preschool and K-12 in Past Year



Percent Of Children Who Saw A Pediatric Clinician In Past Year





Developmental Services in Primary Care

- Educate parents
- Assess families and children for risks and problems
- Intervene with children and parents
- Coordinate care, refer and follow-up



Outcomes of Well Child Care – Age 5

Emotional, social and cognitive development

- No unrecognized or untreated developmental delays: (emotional, social, cognitive, communication)
- No unrecognized maternal depression, family violence, or family substance use
- Parents read regularly to the child
- Parents knowledgeable and skilled to anticipate and meet child's developmental needs

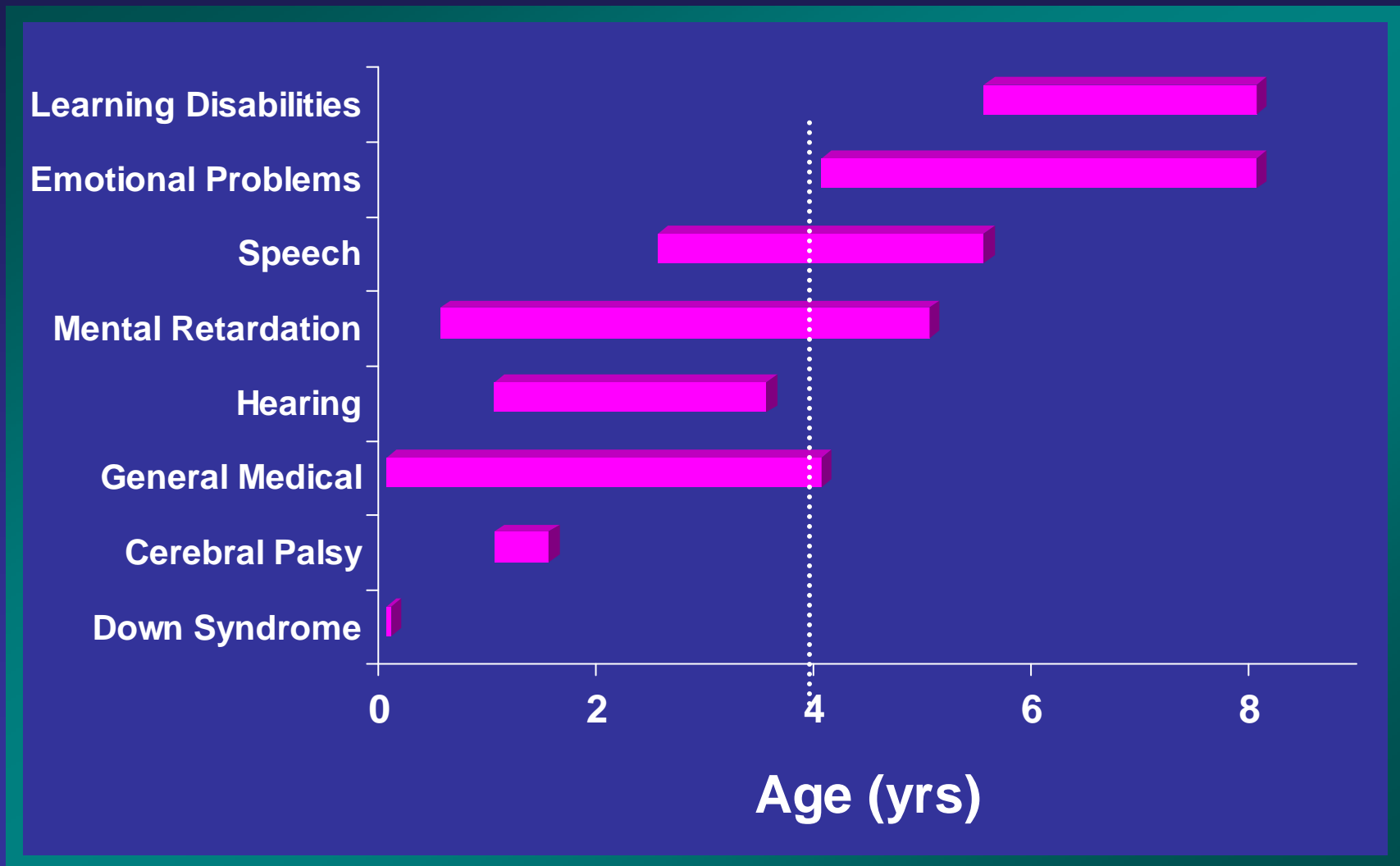


Outcomes of Well Child Care – Age 5

Emotional, social and cognitive development

- Child has good self-esteem
- Parents linked to all appropriate community services
- No undetected early warning signs of child abuse or neglect
- Parents feel valued and supported as their child's primary caregiver

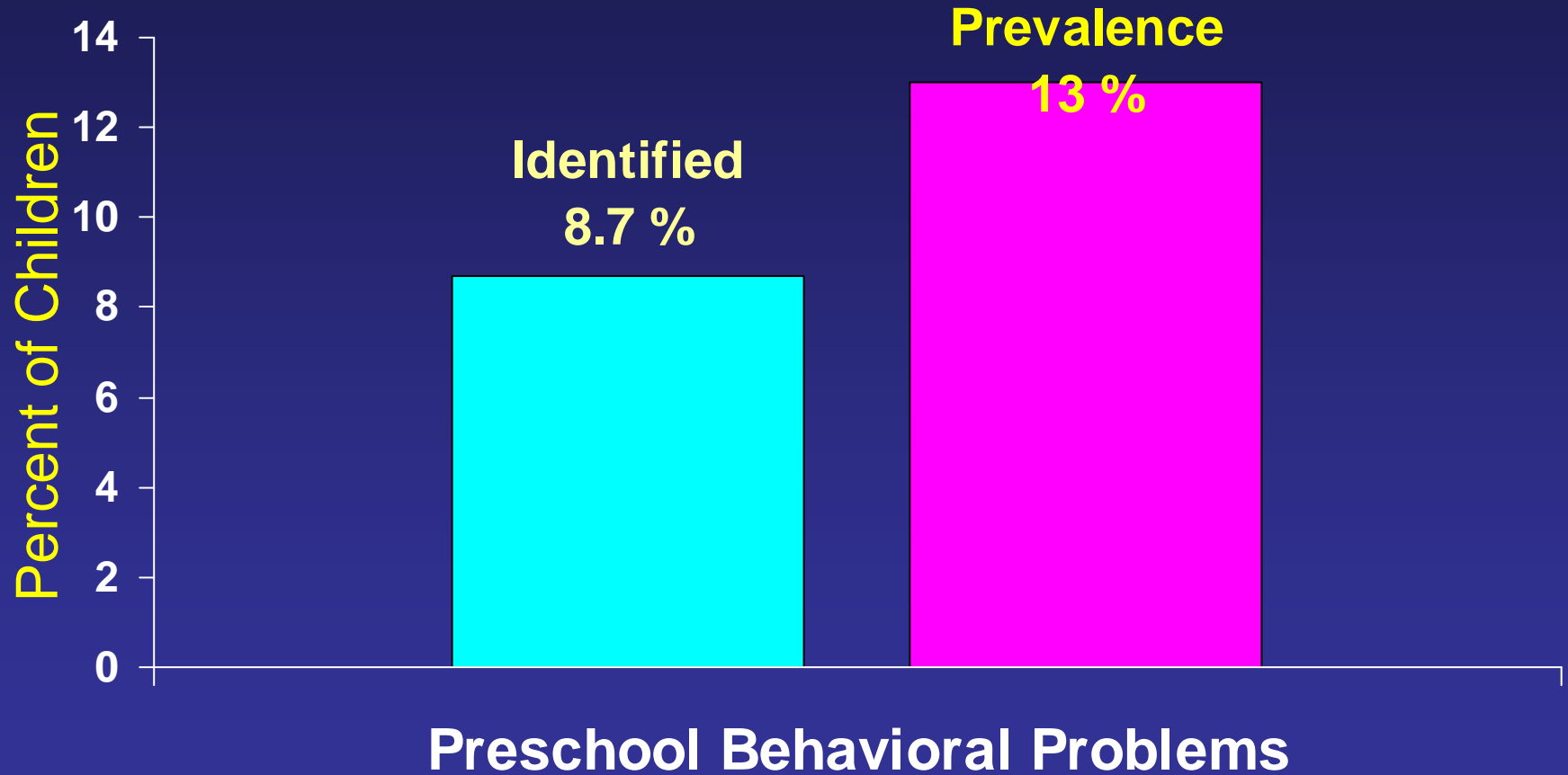
Age at Identification of Handicapping Conditions (25th-75th Percentile)



Modified from Palfrey J. et al, J.Peds. 1987; 111:651-9



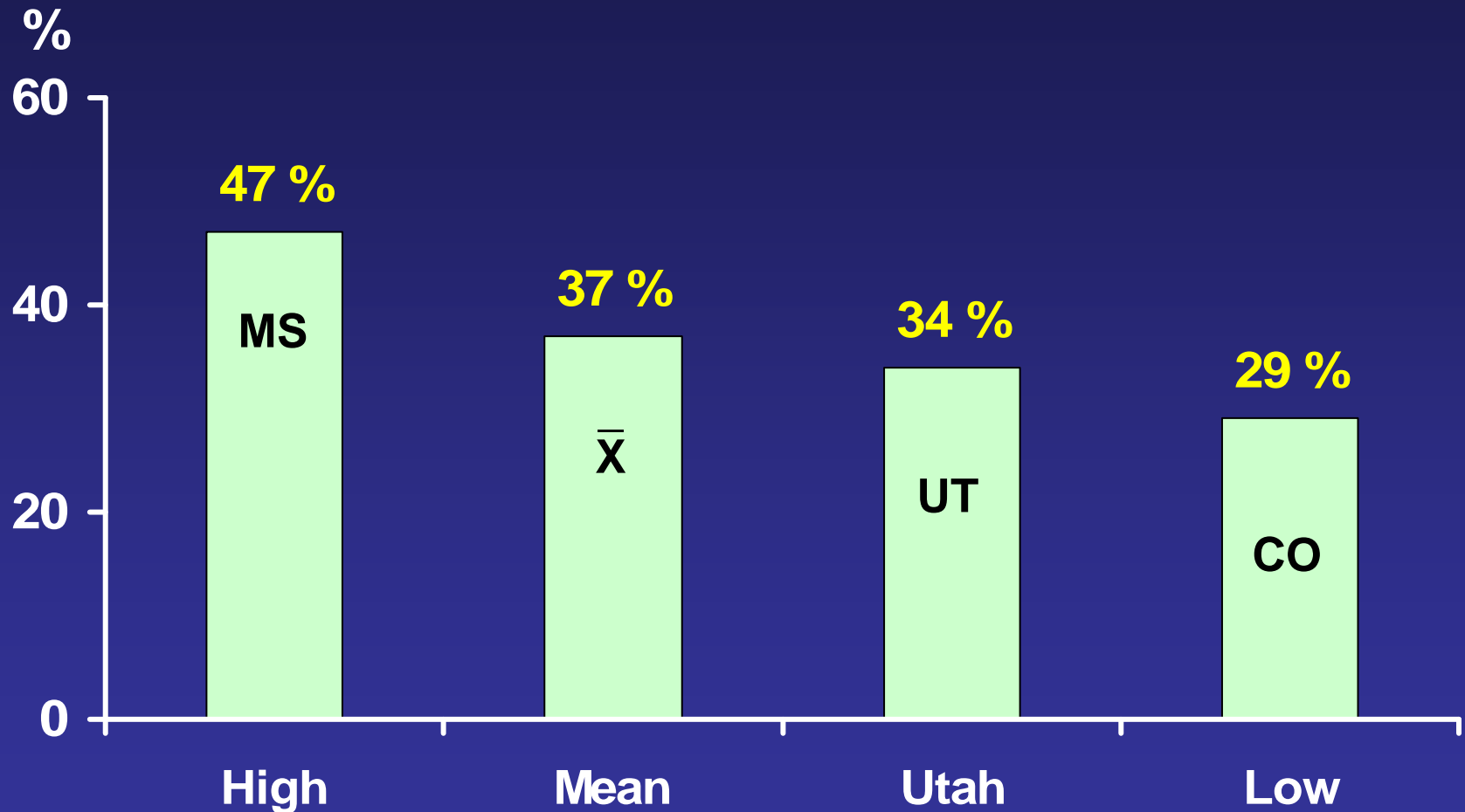
Pediatrician Recognition of Developmental and Behavioral Problems



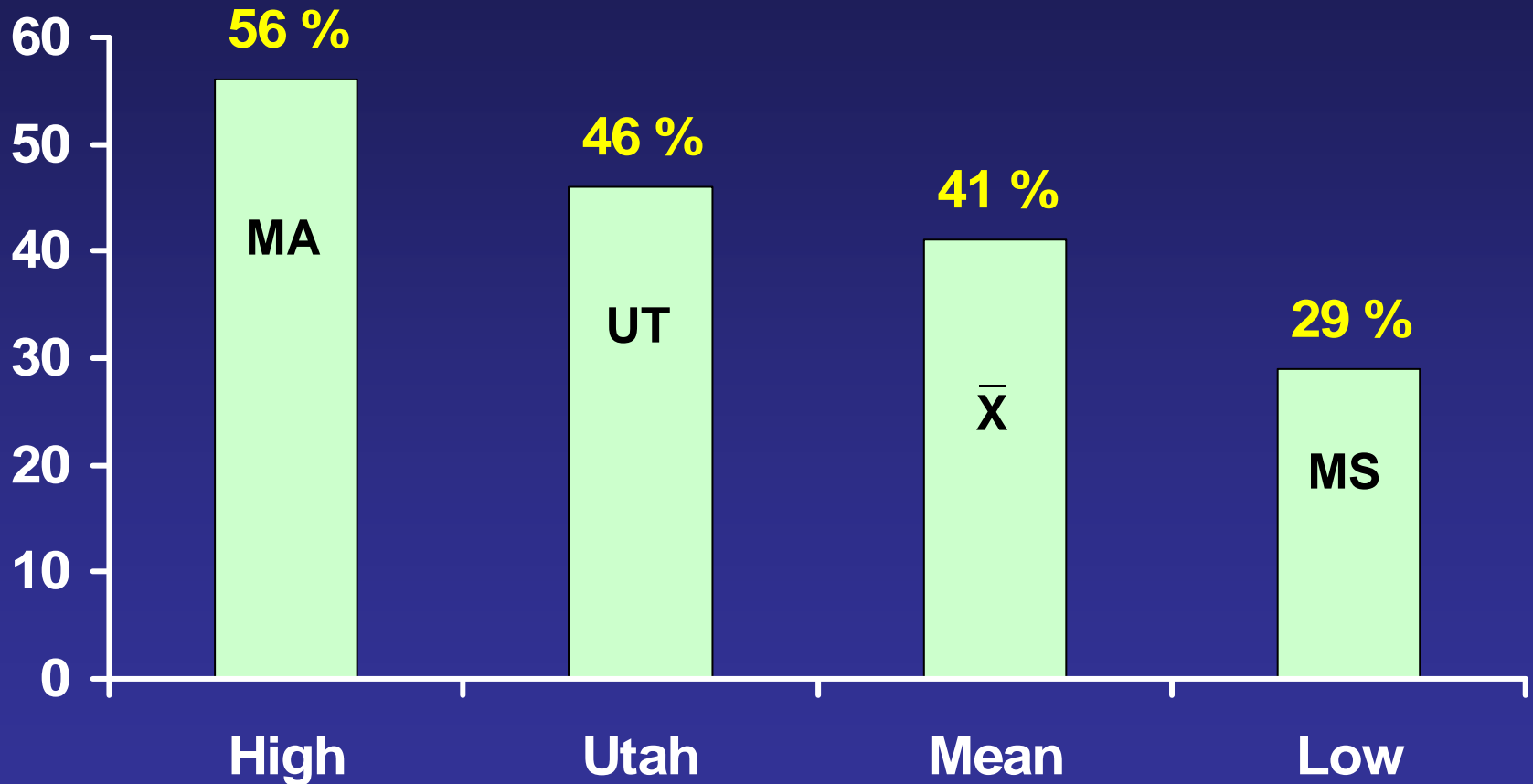
Developmental Surveillance/Assessment

| | |
|-----------------------------|---|
| Parent Concerns | Parent Concerns Assessment |
| Developmental Screening | Developmental history Developmental screening test |
| Psychosocial Risk Screening | Psychosocial history Psychosocial risk assessment Stress management interview Home environment screening |
| Behavior Concerns | Child behavioral assessment Temperament assessment |

Children 0-5 Whose Parents Reported One or More Concerns About Learning, Development or Behavior



Children 0-5 Whose Parents Were Asked About Concerns About Learning, Development or Behavior



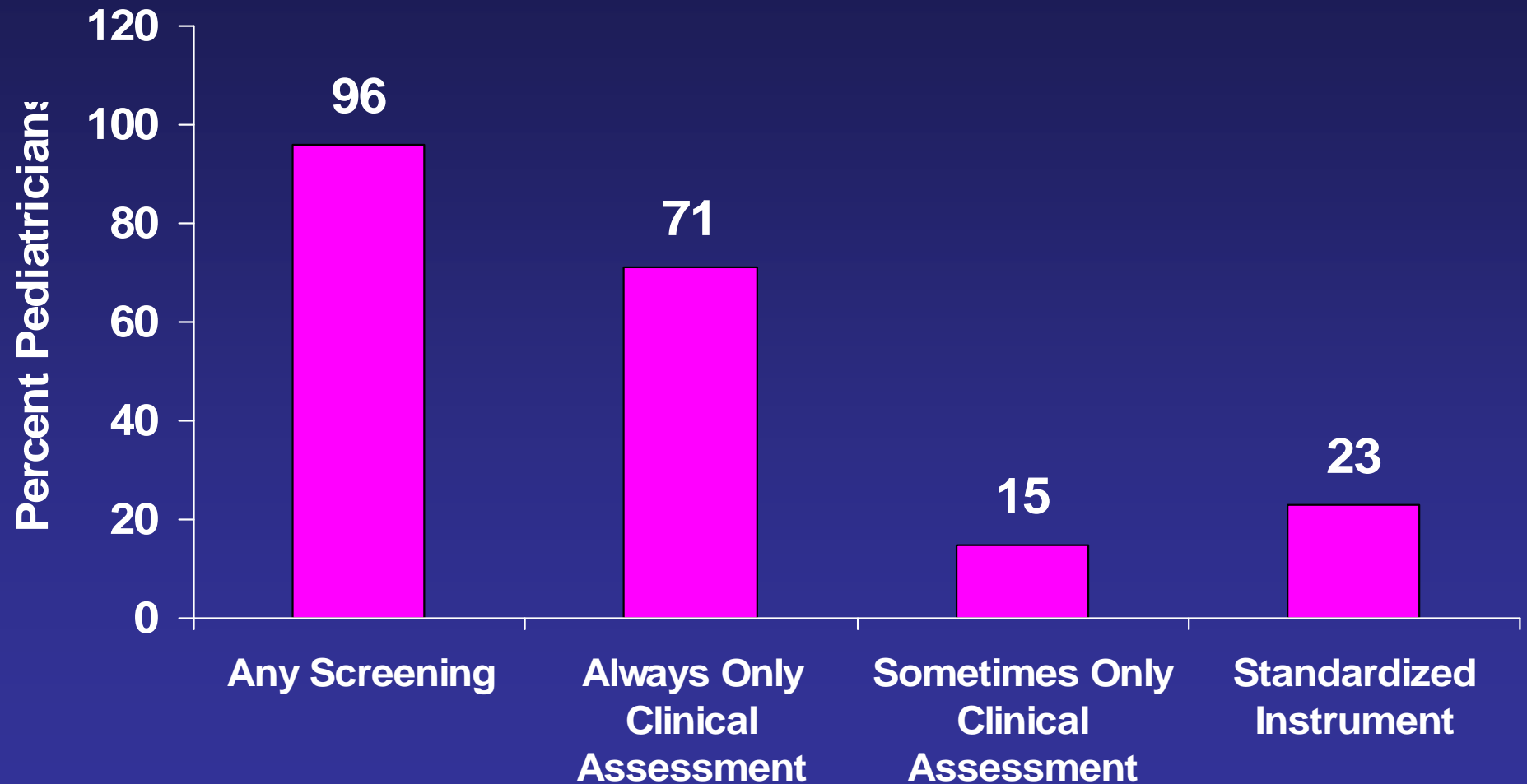
Options for Early Detection Developmental Surveillance

“...a flexible, continuous process in which knowledgeable professionals perform skilled observations of children during child healthcare.”

- Components

- Eliciting/attending to *parents' concerns*
- Obtaining a relevant *developmental history*
- Skillfully *observing* children's development
 - Professionally administered tool as aid to monitoring
- Sharing opinions with other *professionals*

Developmental Screening of Young Children by Pediatricians



"Tis Better to Screen than Not"

| | Correctly Identified With Screening | Not Identified Without Screening |
|---|--|---|
| Children with Developmental Disabilities | 70-80% | 70% |
| Children with Mental Health Problems | 80-90% | 80% |

Structured Screening Protocol (Mock-up)

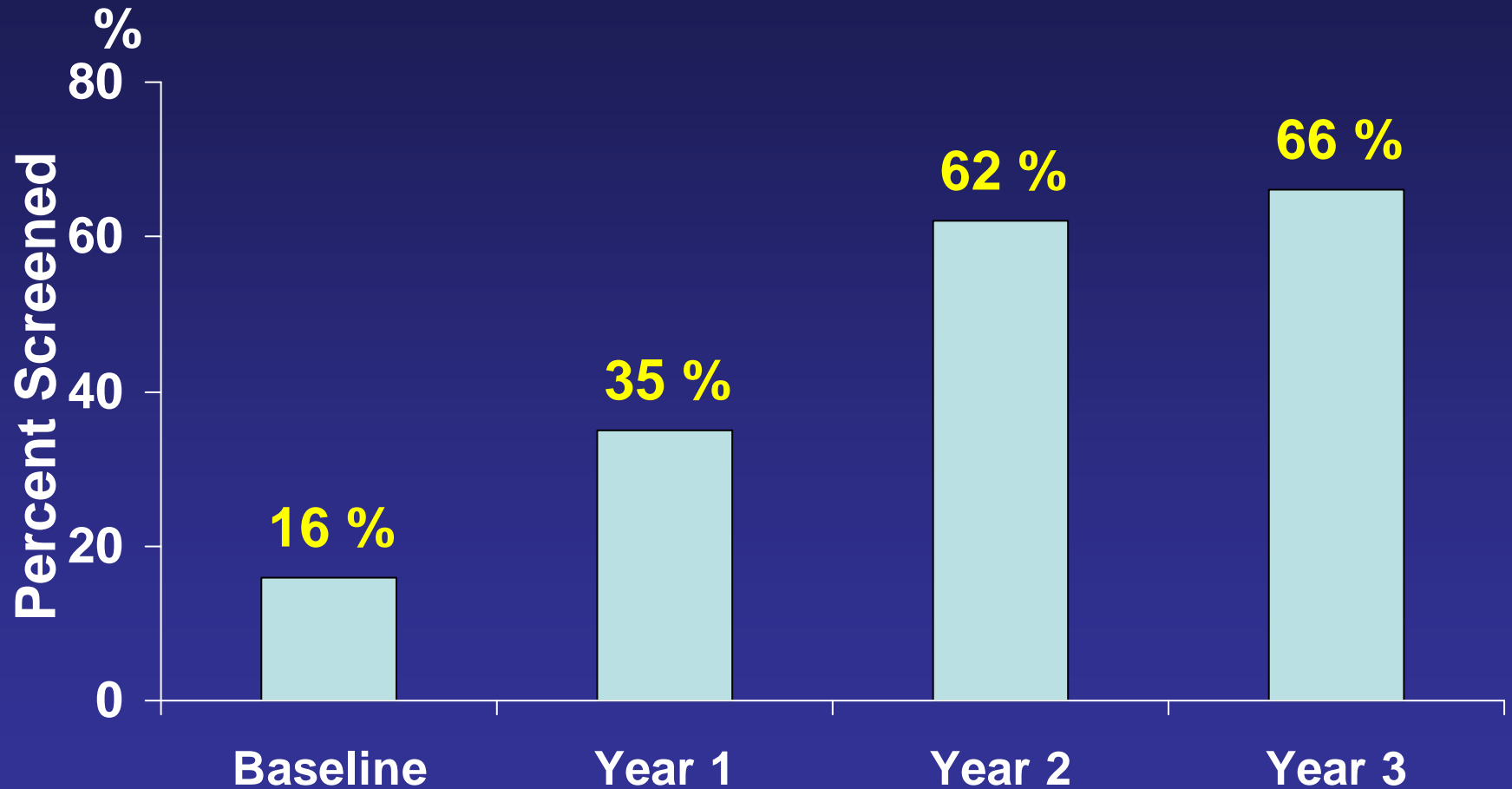
| | 2 wk | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 2 yr | 3 yr | 4 yr |
|-----------------------------------|------|------|------|------|------|-------|-------|-------|------|------|------|
| Family Psycho-Social | • | • | | | • | | • | | | | |
| Maternal Depression Screen | • | | • | | | | | | • | | |
| Parent's Concerns | | • | • | | • | | • | | | | |
| Develop'l Screen | | | | • | | • | | • | • | • | • |
| Milestones | | • | • | | • | | • | | | | |

Developmental Surveillance

(Marian Earls, MD)

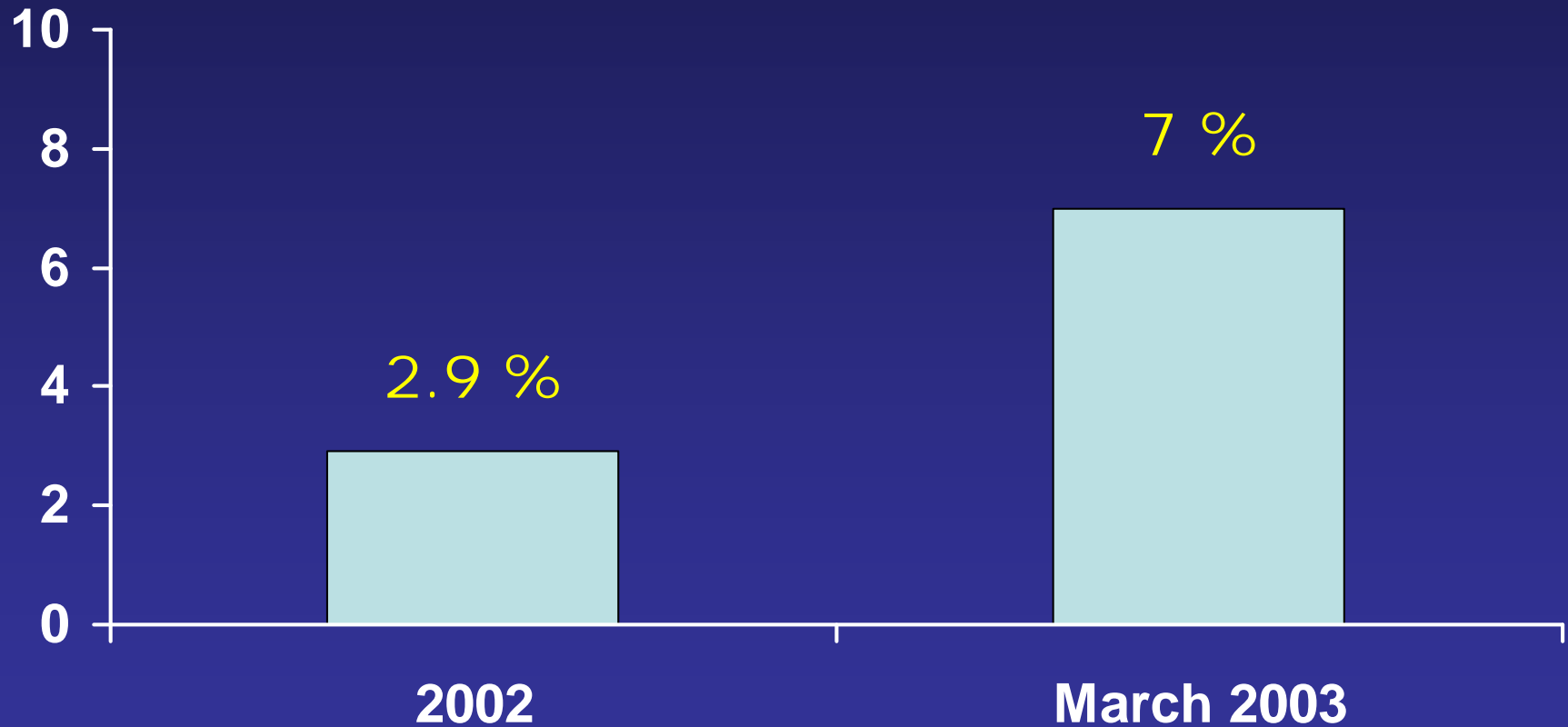
| | Standard | As Indicated | | Standard | As Indicated |
|----------------|----------------------------|---------------------|--------------|---------------------|--|
| 0-2 wks | Psychosocial | | 15 mo | Psychosocial | MCHAT |
| 2 mo | Maternal Depression | | 18 mo | ASQ/PEDS | ASQ SE, TABS or BITSEA |
| 4 mo | Psychosocial | | 24 mo | ASQ/PEDS | ASQ SE, TABS, BITSEA, Eyberg, MCHAT |
| 6 mo | ASQ/PEDS | ASQ SE | 36 mo | ASQ/PEDS | |
| 9 mo | Psychosocial | | 48 mo | ASQ/PEDS | ASQ SE, PSC |
| 12 mo | ASQ/PEDS | ASQ SE, | 60 mo | ASQ/PEDS | ASQ SE, PSC |

Success Increasing Developmental Screening at Guilford Child Health

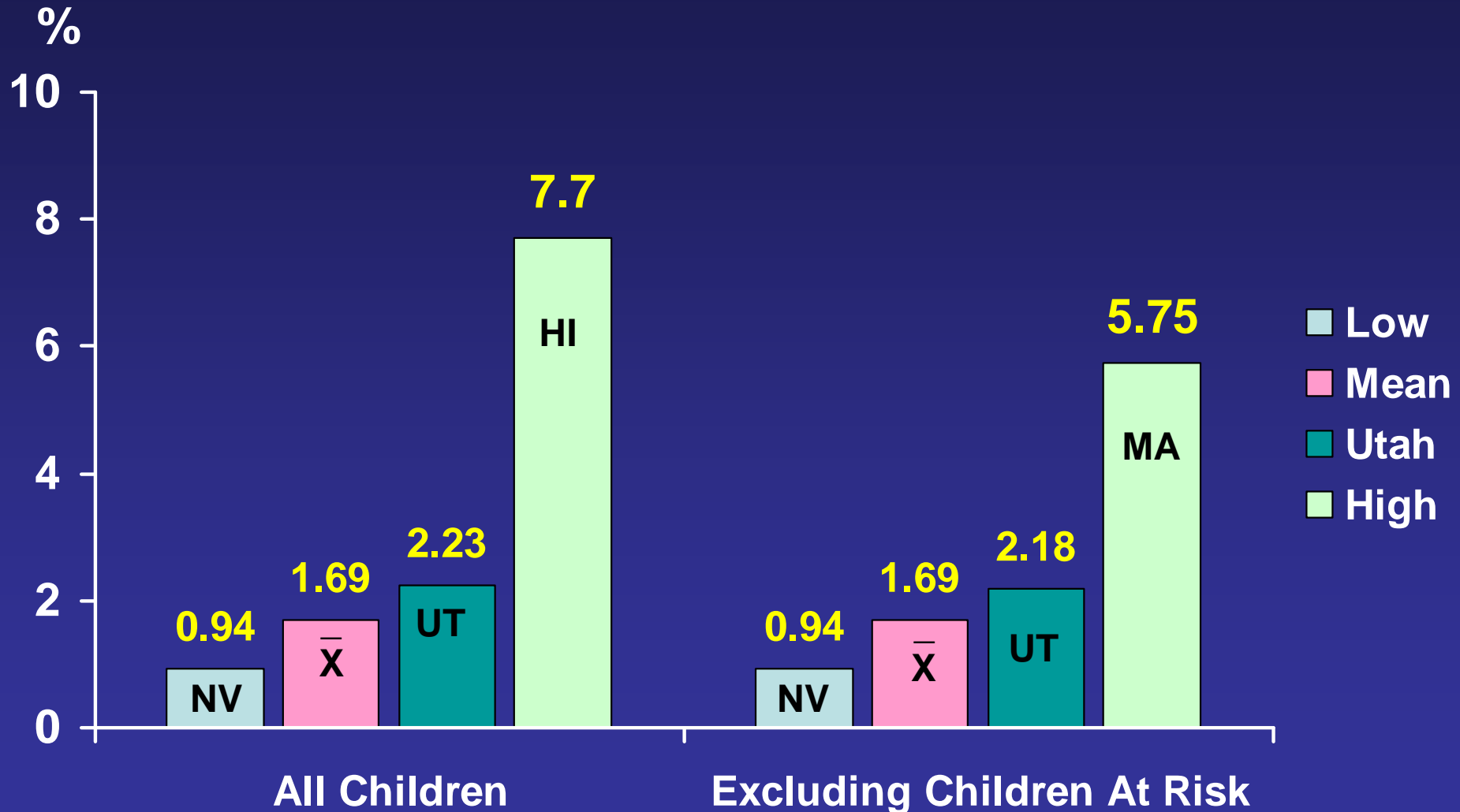


North Carolina ABCD: Referrals for Additional Developmental Services

Percent of children referred for additional services during screening

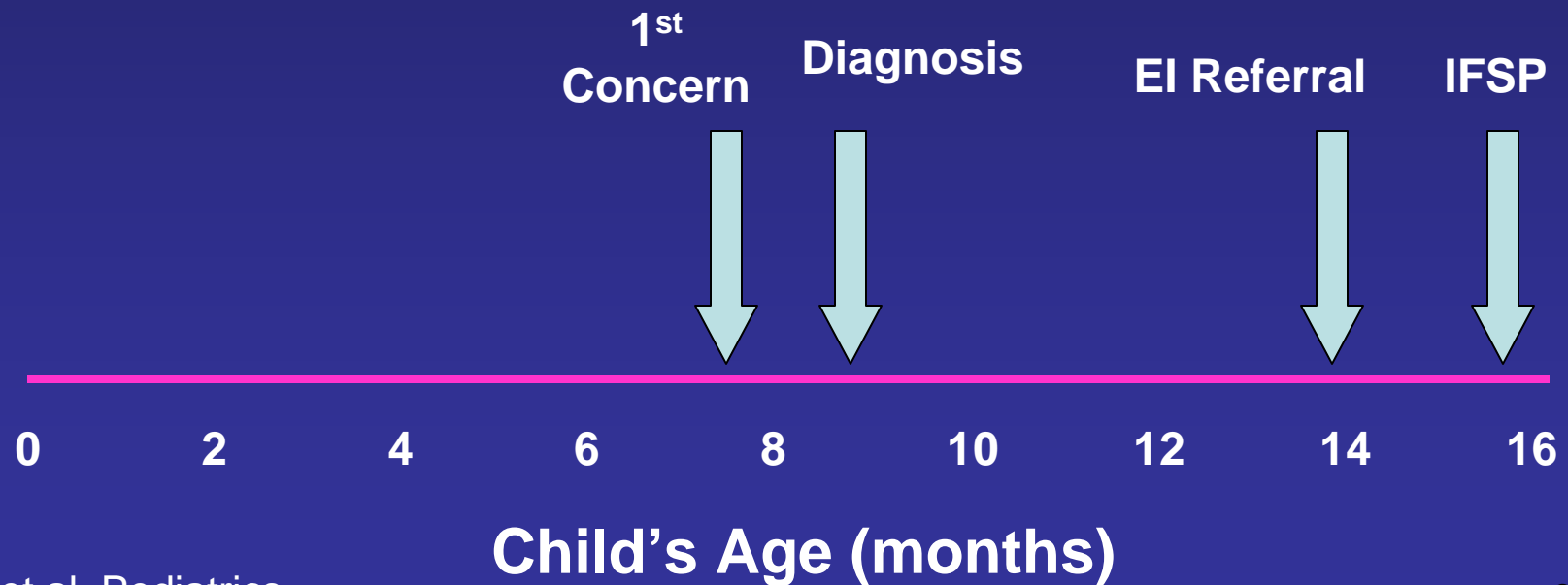


Percentage of Infants and Toddlers Receiving Early Intervention Services in States





Services for Children <31 Months with or at Risk for Developmental Disabilities (N=3338)



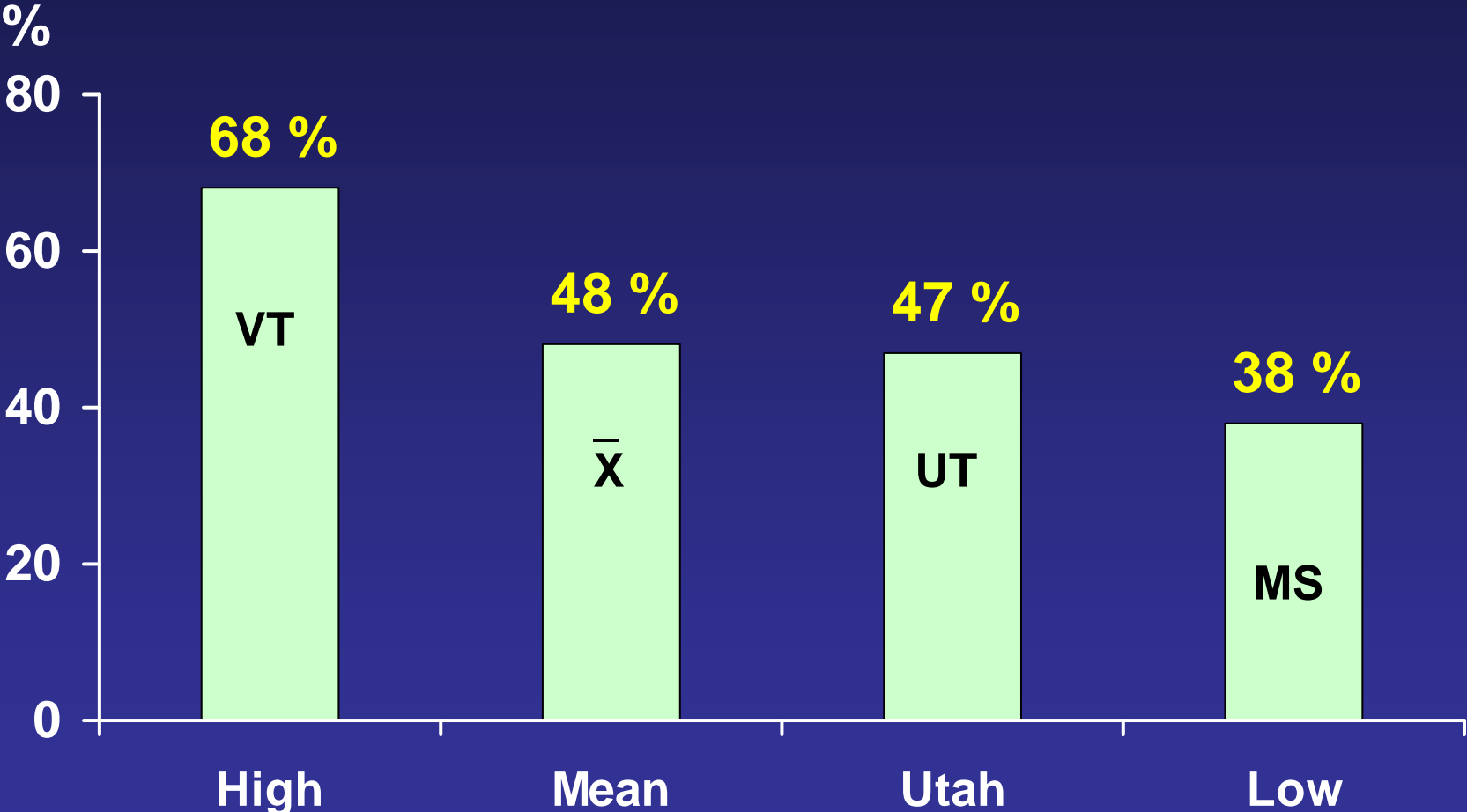


**Noting a child's development is
different than promoting a
child's development**

Meeting the Needs of Our Families

- 4 out of 5 parents desire for more information on child rearing
(Young et al Archiv Pediatr Adol Med 1998)
- 50% of parents have difficulty coping with their child's behavior *(Ibid)*
- 50% of parents report their concerns about child development are not adequately addressed during WCC
(Bethell, Peck and Schor Pediatrics 2001)

Children (0-5) Read to Every Day



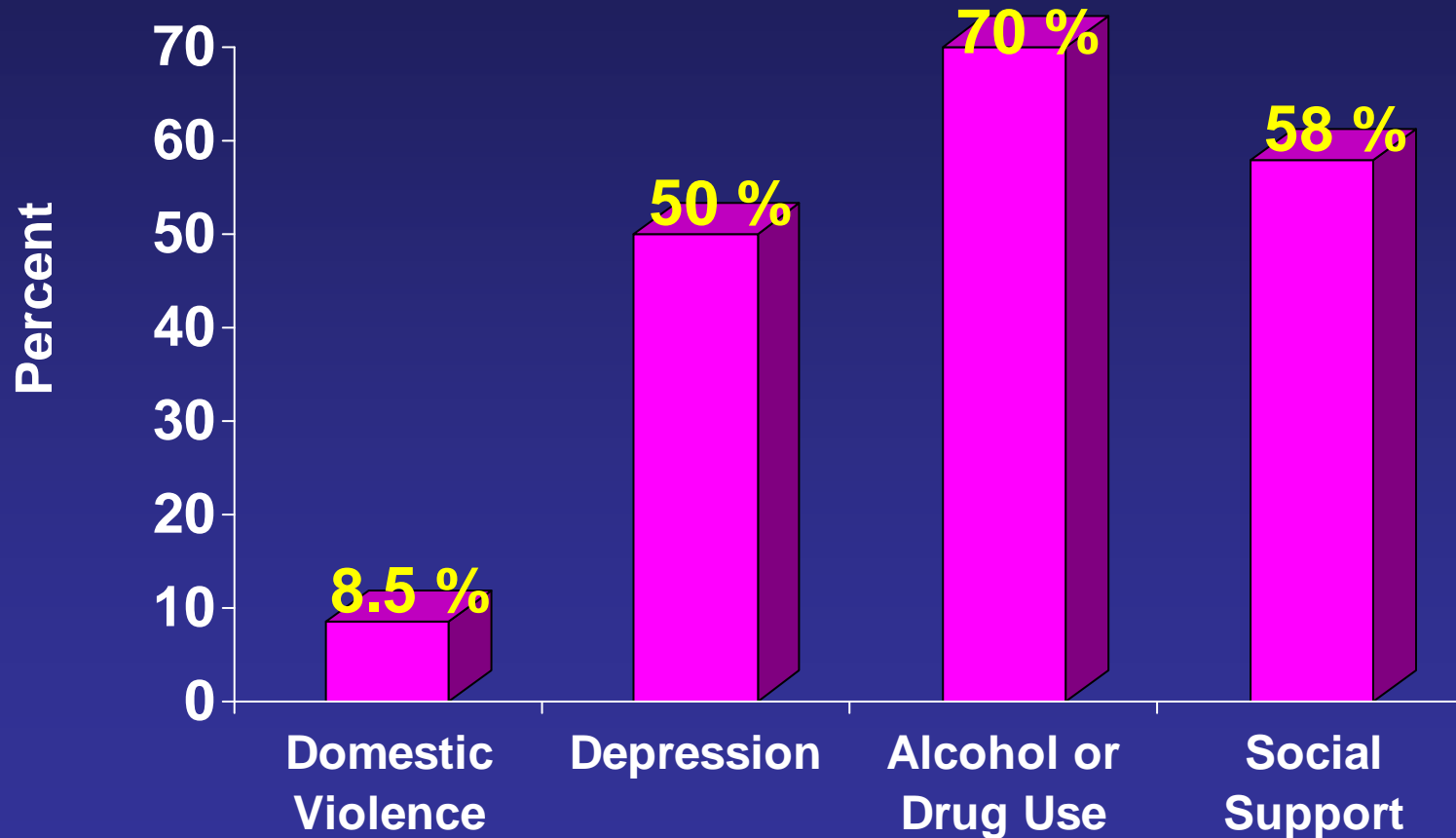


Changing Parenting Behaviors

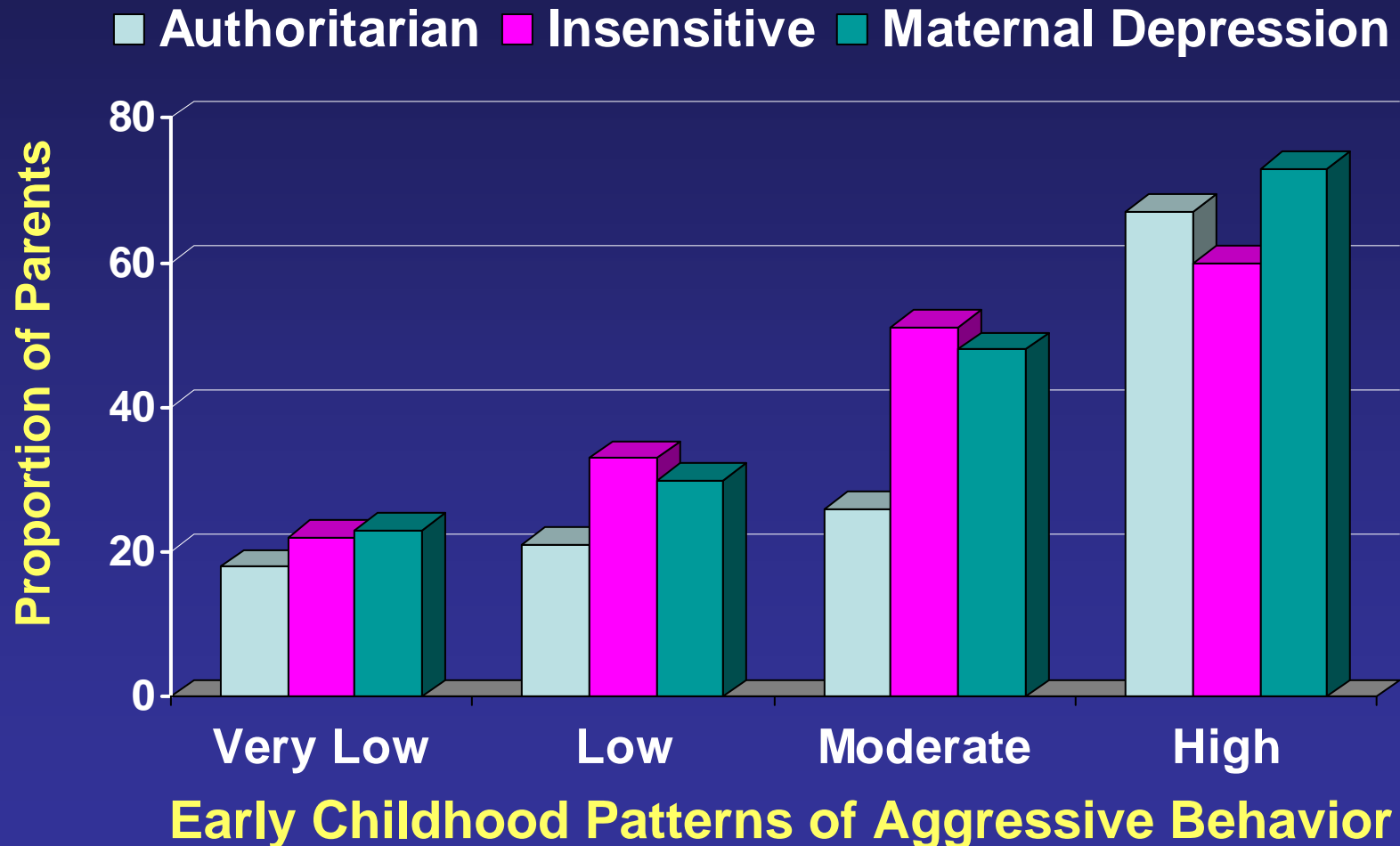
- Healthy Steps outcomes
 - Less maternal depression, continued breastfeeding, more reading, more knowledge of infant development and recognition of appropriate discipline (PrePare)
 - Interact with toddlers in a more positive manner, showing higher level of awareness and understanding of the child's needs and level of maturity
 - Avoided harsh disciplinary tactics, such as yelling, threatening, slapping, or spanking

Several of the risk factors for early school problems appear to be related to a child's difficulties in establishing and maintaining early, important relationships with parents, peers and teachers.

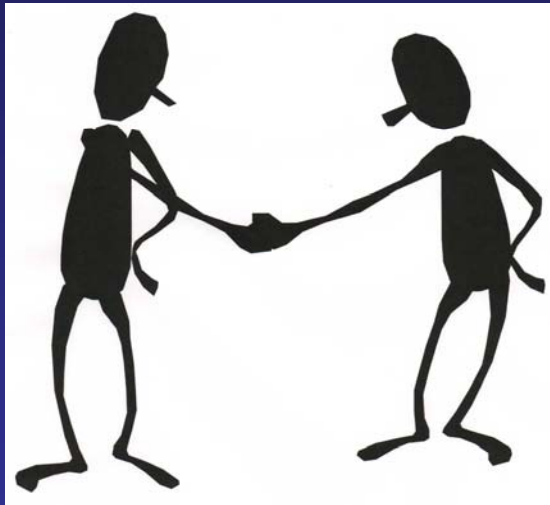
Parent Health Asked About by Child's Health Care Providers



Parental Risk Factors and Children's Aggressive Behavior



Partnerships to Improve Quality of Preventive Care



Good quality care depends on the existence of effective systems of care that integrate the efforts of a variety of professionals



Pediatrics and Public Health Separated by a Common Mission

Primary care and local child public health:

| | |
|--------------------------|-----|
| Formal relationship | 4% |
| Information relationship | 58% |
| No relationship | 38% |

***90% of practices rarely or never
made referrals to public health***

Waiting for the phone to ring...



Use community based resources as partners.

Early Intervention

Early Head Start

Maternal & Child Health/ Children
with Special Health Needs

Community Mental Health Centers



Improving the Quality of Preventive Care

1. Form relationships locally with child and family service providers
2. Agree upon desired child health outcomes that people really care about
3. Identify complementary or shared roles
4. Be patient but persistent in building networks



To Improve Developmental Services

1. Clarify agencies' responsibilities
2. Identify potential policy changes including benefits and eligible providers
3. Assess and improve service coordination and referrals across agencies and systems
4. Clarify standards of care expected through provider manuals and MCO contracts
5. Develop care guidelines and clinical standards for developmental services



To Improve Developmental Services

6. Recommend screening instruments
7. Implement program monitoring and QI activities
8. Provide education to health care providers
9. Expand services to include assessment of family

Websites for Reference

- www.dbpeds.org
- www.nashp.org
- www.cmwf.org
- [http://www.cdc.gov/ncbddd/child/
screen_provider.htm](http://www.cdc.gov/ncbddd/child/screen_provider.htm)