

Early Childhood Screening Ages 3-5

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Image from www.ourkids.us

Introduction

- The years leading up to kindergarten are critical to the development of a child.
- Early screening allows early detection of developmental conditions with greater chances to improve outcomes.
- Carver County is becoming increasingly more diverse, with Latino residents representing the largest ethnic minority.
- There is concern that children are being screened too late, at ages 4-5 instead of at age 3, making early intervention prior to kindergarten impossible.
- With the growing and diversifying community, there is a need to identify barriers to screening for the Latino population, and a need to develop culturally relevant services.

Research Questions

1. What are the major barriers to accessing or utilizing early childhood screening among Latino populations?
2. What are best practices that have been utilized to overcome barriers to early childhood screening for Latino populations?

Methods

- **Literature review of articles 1990-2015**
- **Peer reviewed articles from:**
 - Google Scholar
 - PubMed
 - University of Minnesota MNCAT Discovery Library
- **Key Search Terms:**
 - “Strategies”, “best practices”, “screening”, “children”, “3-5”, “immigrant”, “diverse”, “school”, and “barriers”

Identified Barriers

1. Knowledge

- ✧ Immigrant families are new to both the U.S. education system and healthcare system. They lack information on U.S. cultural development markers, screening requirements, and screening outcomes. Providers also lack knowledge about immigrant families and their cultures.

2. Financial Barriers

- ✧ Many immigrant families face financial barriers that impact many areas of life. This has a large impact on healthcare access.

3. Cultural Beliefs and Practices

- ✧ Different cultures have different beliefs about health, childhood development and education, children with special needs, and healthcare.

4. Language

- ✧ Language barriers may hinder understanding between providers and families about screening procedures and requirements, cultural beliefs and norms, and barriers to care.

5. Transportation and Time

- ✧ Families do not always have transportation to screening appointments and screening hours may be too limited.

6. Provider Attitudes

- ✧ Providers may be unwilling to work with immigrant families. Providers may also be skeptical about healthcare or educational needs being met after they are identified through screening.

Recommendations

- Address socioeconomic barriers that immigrant families face.
- Engage immigrant families in conversations about screenings to allow them to express concerns or questions they may have.
- Utilize translators and cultural specialists to bridge culture gap and interact with families in community settings.
- Proactively provide families with complete information about screenings and utilize preexisting family meeting places to do so.

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For more information, please view the complete report on the RCP website at visitrcp.umn.edu.

Best Practices

- Proactively provide information on screening for immigrant families well ahead of when their child needs screening.
- Utilize mobile screening units.
- Partner with community organizations.
- Include the community in the decision making process.
- Use culturally appropriate screening tools when possible.

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