

# Latino Community Outreach and Engagement Project

Early Childhood  
Screening  
Ages 0 - 3

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# Purpose

- To identify barriers to access of the Early Childhood Screening program among the Latino community for children aged 0 - 3
- To recommend strategies to increase engagement and screening rates among the Latino community attending Eastern Carver County schools

# Early Childhood Screening - Why is it important?

- American Academy of Pediatrics: recommends developmental screening during regular well-child visits at 9 months, 18 months, and 24 or 30 months (CDC, 2015)
- Early childhood screening can detect developmental delays or disabilities.
- Risk factors for developmental delays and disorders include:
  - Parent attentiveness and warmth
  - Maternal education and health literacy
  - Socioeconomic status
  - Poverty
- Immigrant children, children who are foreign-born or who are born in the US but have one or more parents who are foreign-born, are especially at-risk for developmental delays (Council on Community Pediatrics, 2013).

# Minnesota Department of Education

## ECHS Requirements

- Minnesota Department of Education: requires early childhood developmental screening **for all children ages 3-4 before entering kindergarten in the public school system**
  - Developmental assessments: “cognition, fine motor skills, communication and language, and social-emotional development” (Minnesota Department of Education 2011, p.1)
  - Hearing and vision screening or referral
  - Measurement of height and weight
  - Identification of risk factors that could influence learning
  - Interview with the parent about the child
  - Referral for needed additional services (Minnesota Statutes 2015, section 121A, subdivision 17.3)

# Methods

## Literature Review

**Areas of Interest:** Public Health, Social Work, Nursing, Psychology, Education and Pediatrics

Keywords & Search Terms:

1. **Screening:** Childhood Screening; Screening; Newborn Screening; Screening Birth to 3
2. **Ethnicity:** Hispanic; Latino/a; Puerto Rican; Mexican; Central American
3. **Barriers:** Health Access; Spanish; Undocumented; Immigrant; Migrant; Barriers
4. **Development/Delays/Disorders:** Early Childhood Screening; Child Development; Children with Special Health-care Needs; Autism; Developmental Delay; Cognitive Delay; Special Needs; Well-Child Visits
5. **Cultural Brokers:** Cross-Cultural Parenting; Cultural Competency; Cultural liaisons; Promotora; Intercultural Specialist

# Findings: Barriers

Language (Flores, et. al., 1998; Oretga et al, 2007; Burgos et al., 2005)

Cultural Competency (Flores, et. al., 1998)

Lack of Knowledge of Child Development (Bornstein & Cote, 2004; Franciozo et al., 2008; Kummerer et al., 2007)

Finances & Insurance (Flores, et. al., 1998;)

Differing Parenting Practices (Bernhard, et. al., 1998)

Transportation (Flores, et. al., 1998)

# Findings: Best Practices

Mobile clinic with strong support and referral services

Provided there was adequate recruitment

Utilize the community health worker/community liaison(s)

Could be beneficial with issues with the largest disparities

“Survival packages” that contain: information on healthcare and legal services

Collaborate with providers (School Nurses and Primary Care Clinicians)

Toys, books, and other reading materials provided at no cost

# Immigration Policy

Understand historic and current policies around immigration

Policies and practices can influence rhetoric, behavior, etc.

Examples:

Braceros Program (1942-1964)

Arizona SB 1070 (2010)

Deferred Action for Childhood Arrivals (2012/2014)



# Discussion & Recommendation

Language, lack of knowledge of childhood development, inadequate finances, lack of time and cultural competencies were the most common barriers seen

Effective intervention will require steps taken to counter these barriers

It also involves using people in the community to educate and help link schools clinic and other helpful resources.

For any intervention to be successful, the trust of the parents and the community at large needs to be earned

# Recommendations

Translators or bilingual staff members should always be available to help with families where the parents can't speak English.

Use of a cultural community liaison fluent in both Spanish and English and also knowledgeable about the educational system. In addition to overcoming the language barrier, this will also help alleviate misconceptions about early childhood screening and fears about immigration.

Collaboration with schools, health care providers.

Performing screening tests in the evenings or weekends should be considered.

Screening should not be held in government buildings

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