



What is 1st Five?

1st Five is a public-private partnership bridging primary care and public health services in Iowa. The 1st Five model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to 5 and coordinates referrals, interventions and follow-up.



Summary of Evaluation Findings

1st Five Healthy Mental Development Initiative

February 2014



2013 was a year of change and expansion for Iowa's 1st Five Healthy Mental Development Initiative. Created in 2007, 1st Five has supported health providers in identifying the wide-ranging and often complex needs of children and families and link them to community resources. In 2013, Iowa lawmakers expanded the appropriation for 1st Five and it is now able to reach more health practices, children and families.

1st Five is an important strategy for reaching children in need. More than one in five Iowa children ages four months to 5 years are at moderate or high risk of developmental, behavioral or social delays.¹ Among children at risk for developmental delays, only 50 percent are detected prior to school entry, when early intervention has the greatest impact.² Chronic stress in the form of family stress, caregiver depression and other environmental factors is detrimental to developing brains, particularly in the youngest years.³

Health providers are key partners in identifying factors that hinder healthy development. Over 95 percent of children birth to age 5 visit a health provider for preventive health care⁴—far more than use any other formal support system.

“1st Five understands that child health extends beyond the clinic/hospital and into the child’s living environment.”

Amy Shriver, MD

Blank Children's Pediatric Clinic, Des Moines

KEY FINDINGS AND RECOMMENDATIONS

- **1st Five's reach is growing—and addressing a range of family needs.** In 2013, 1,371 children and their families were referred by providers to 1st Five. That brings to over 6,300 the families who have been referred since the initiative's start. The top reason for referral is parent or family stress (1,884). Speech or hearing concerns are a close second. Since 2007, over 16,500 connections to local resources have been made for families across 1st Five sites. Connections to resources, such as food, housing, energy assistance, child care and preschool, employment assistance and transportation are most common. Health-related referrals, such as immunizations, lead screening, vision testing and specialty care, are second.
- **1st Five has shown success in helping practices overcome the most often-identified barriers to surveillance and screening:** lack of staff, lack of time and lack of training on the high-quality tools used to identify the full

1st Five's reach in Iowa 2007-2013

6,356

Families referred from health providers into 1st Five

16,654

Connections from 1st Five out to community services

1,244

Children referred by 1st Five to well-child care

3.57

Community connections made for each family engaged in 1st Five care coordination

13 → 49

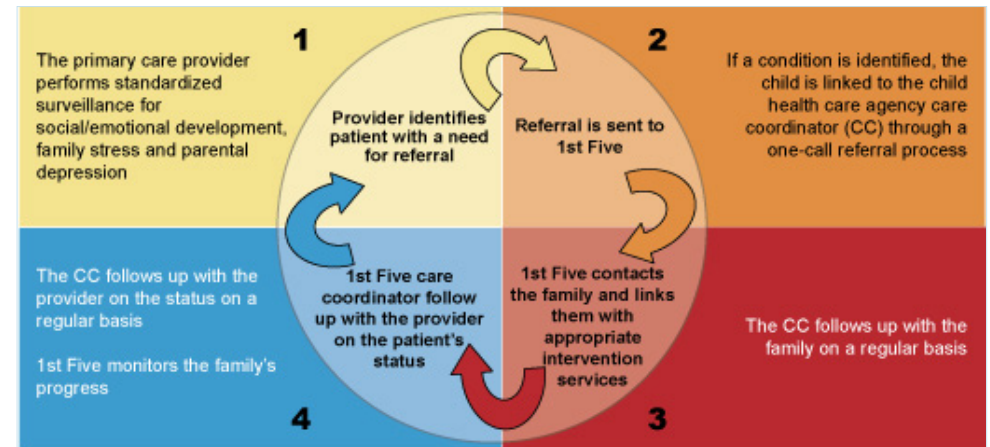
Number of Iowa counties served by 1st Five sites before and after expansion in 2013

Of these, 33 are served by implementation sites, which offer a full range of services, including educating and working with providers to implement developmental surveillance and screening, care coordination and feedback to providers. Another 16 are covered by community planning sites, which are building community relationships and infrastructure needed to move to full implementation.

range of family needs. The share of practices utilizing high-quality, standardized surveillance tools (which include questions related to family stress, autism and caregiver depression) at all visits has moved from 33 percent prior to 1st Five involvement to over 92 percent.

- **A current goal is moving more 1st Five practices from surveillance activities, like those outlined above, to screening.** Screening is a more in-depth approach, using a standardized tool to tell if a child is reaching specified milestones when he or she should, or if there are delays. Screening is the next step in identifying needs of children and their families. Over 20 percent of 1st Five practices are currently implementing a quality screening tool such as the Ages and Stages Questionnaire.
- **In some areas, 1st Five's ability to help families is limited by the shortage of community resources, even when needs have been identified.** 1st Five care coordinators continue to report lack of timely access to local resources like affordable housing, child and adult mental-health support, bilingual services, pediatric developmental services, transportation and child care in both rural and urban areas. Long drives and waiting lists are common. Expanding the range and availability of such services is an important complement to 1st Five expansion.
- **An implementation and funding plan for continued statewide expansion** is necessary to ultimately make 1st Five care coordination available to health providers regardless of where in Iowa they are located.

1st Five care coordinators are the link between health providers and a broad range of community services



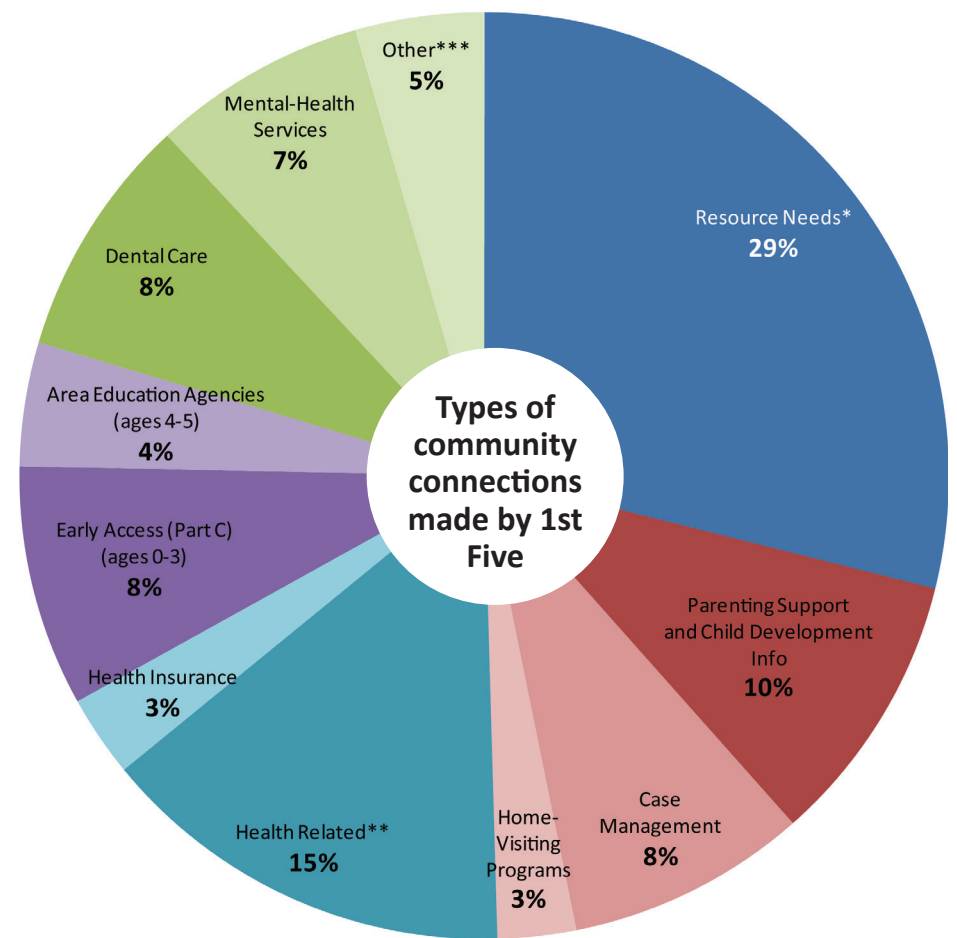
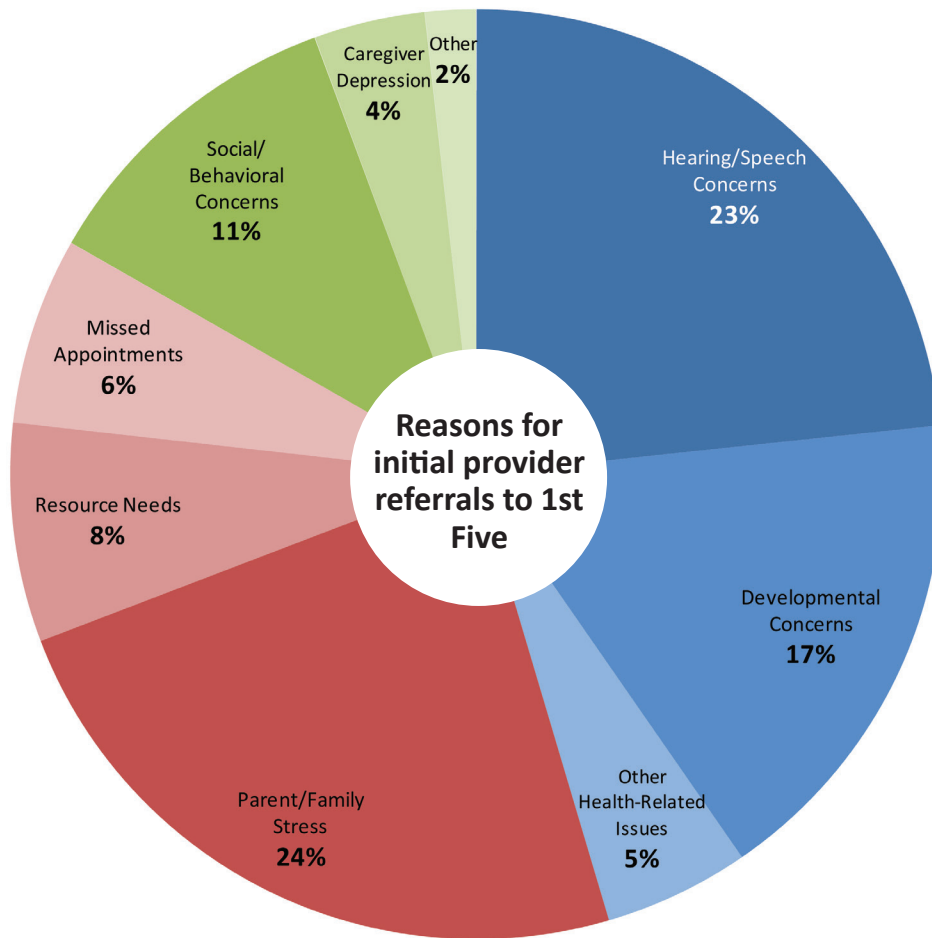
Source: 1st Five Healthy Mental Development Initiative

For more information on this evaluation, contact CFPC research director Michelle Stover Wright at michellesw@cfpciowa.org. For general information on 1st Five, contact 1st Five program consultant Rebecca Goldsmith at Rebecca.Goldsmith@idph.iowa.gov.

Sources:

- ¹ Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health, 2007.
- ² Centers for Disease Control and Prevention.
- ³ Harvard Center for the Developing Child.
- ⁴ CAHMI, 2007.

1st Five bridges health-provider referrals and community resources



When a health provider identifies a family need through surveillance or screening, she makes a referral to 1st Five.

Of 7,926 needs identified among 6,356 families, 45 percent were for health or developmental concerns, including speech and hearing (blue). Another 38 percent of referrals were connected to family stress and day-to-day resource needs (red). The final 17 percent ranged from caregiver depression and social and behavioral worries to language barriers and parent education needs (green).

After a referral, 1st Five coordinators work with the family to identify resources addressing the family's needs.

Of 16,654 connections, 29 percent were for resource needs (blue), 21 percent for family-support services (red), 17 percent for health-related needs (aqua) and 13 percent for early-intervention services (purple). The remaining 20 percent were for dental and mental-health care and other family needs (green).

* **Resource-need referrals** are for supports such as food, transportation, housing, child care/preschool, energy and baby supplies.

** **Health-related referrals** are for services such as lead screening, vision, immunizations, hearing assessments, nutrition and care at the Child Health Specialty Clinics.

*** **Other referrals** are for services like domestic violence support, legal and translation services and resource guides.

1st Five components: physicians, coordinators and families

Providers find value in 1st Five

Here is some of what 1st Five health providers said about their experiences with the program:

“It took me 10 minutes of the office visit to assess a need and refer to 1st Five. 1st Five saved me hours of work. Families return for care on a routine basis and have increased respect for the health system and the community.”

Stacey K. Neu, MD
Family Medicine at East Des Moines

“Having one place that can identify and coordinate needs for families is a wonderful resource.”

Anne Kohlner
McFarland Clinic, Ames

“Asking simple stress and depression questions provides great insight into the needs of the families and helps a great deal with early intervention.”

Diane Link, RN
Medical Associates Pediatrics, Dubuque

1st Five provides a quick, effective option for medical offices to provide a wide range of services for their patients. There is nothing else like it in the community, and we are incredibly fortunate to have it available in our area.”

Rhonda Enserro, MD
Pediatrics at Walnut Creek, West Des Moines

74%
of providers described the initiative as “easy” or “very easy” to implement.

83%
assessed the initiative overall as “good” or “very good.”

83%
said they “agree” or “strongly agree” that 1st Five makes it easier for them to connect families and children to needed community resources.

1st Five coordinators help families with wide variety of needs

Dubuque County Family

A refugee family on the verge of homelessness was referred to 1st Five. The family had no food, clothing, furniture or health insurance. The 1st Five coordinator was able to meet the family’s immediate needs (emergency housing, food from the local food pantry and basic household goods) and connect them with ongoing support, including a medical home, services from the local AEA for a speech delay and mental-health services for the mother.

MICA Family

1st Five began working with the family of a 3-year-old boy after the family expressed concern about his development and social skills. The child was connected with the local AEA and Head Start. When his mother indicated he needed dental care, 1st Five provided a list of dentists who accept Medicaid. The family also faced financial concerns, including having enough food in the house. The 1st Five staff connected them with the Salvation Army’s Thanksgiving dinner, the Emergency Food Box and LIHEAP to help with heating costs. The child’s mother expressed interest in help with a job search and possibly ESL and GED classes. 1st Five referred her to the Strong Parents Strong Children Program and the local Workforce Development Center. The mother said she is extremely thankful for ongoing assistance from 1st Five, which has allowed her family to benefit from many local resources.

Story County Family

A family with a 3-year-old was referred to 1st Five by the child’s provider due to concerns about his mother’s physical and mental health and parenting skills. The mother also identified to 1st Five financial concerns. The 1st Five care coordinator responded with referrals to parenting-support programs, WIC and health services, including insurance programs, mental-health services, prescription assistance and free clinics. Mom was interested in ways to parent more effectively, and the care coordinator followed up with discipline and parenting tips. After four months, mom is working with an in-home parent-support program, receiving WIC and approved for public insurance. She has access to supports to improve her relationships with her children and other resources that reduce stress so she can be mentally healthy for her children. She reports a brighter outlook and says her depression is much better.

* 5 percent other languages (among them Chinese, Burmese, Chin, Karenni, Vietnamese, Bosnian, Arabic and Marshallese) and 3 percent unknown.

About children served by 1st Five

