

# Guide for Transforming Care of Young Children in Community Health Centers: Executive Summary

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# EXECUTIVE SUMMARY

## A Vision for Young Child Health Care Transformation

A growing number of child health experts, health policy leaders, early childhood system builders, national organizations, federal agencies, thought partners, innovators, and parent experts have collectively come to recognize the emergence of a breakthrough moment for advancing health equity, social justice, and improved child, family and community outcomes. These leaders are aligning around a vision for the transformation of child health services and early childhood systems that equitably support all families of young children with the services and supports they need to flourish. We now know enough to take definitive actions.

The American Academy of Pediatrics (AAP) Policy Statement, “Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health” boldly stated that pediatric care is on the cusp of a paradigm shift that will reprioritize clinical activities by focusing on the safe, stable, and nurturing relationships that buffer adversity and build resilience for the future wellbeing of all children. AAP states that to make such a shift, children’s primary care providers—including the care delivered in community health centers—need: (1) sufficient time with patients and families, (2) continuity of care and families, and (3) the skills needed to form respectful, trusted, and collaborative relationships with families.

Successfully, transforming primary care for children toward early relational health requires advancing the high performing medical homes for young children—a standard which is now within reach thanks to emerging best practices, team-based care and evidence-based models, and Bright Futures guidelines in combination with respectful, strengths-based, and relational approaches with families.

## The Role of Health Centers in Serving Young Children

The 1,400 federally funded community health centers across the nation are an important source of primary care for approximately 2.8 million children under age 6, representing 1 in 10 young children and 1 in 4 young children living in poverty nationwide. Health centers are also disproportionately likely to serve young children living in poverty and those with Medicaid or no insurance, with Black, Indigenous, and Hispanic children overrepresented in those groups.

Strikingly, each year, more than 540,000 child patients in community health centers show non-specific signs of developmental delay (and this figure is likely an undercount since it includes only those children for whom developmental risks and/or conditions have been identified). Screening and follow up with additional services to address developmental risks can prevent or ameliorate such conditions.

Responsive, family-centered early childhood developmental services and high-quality primary care in community health centers hold great potential for filling gaps in access and reducing disparities in outcomes by race/ethnicity, income, and insurance status. With their reach to young children and their families, community health centers can play a pivotal role in providing high quality early childhood developmental health services that foster optimal child development, promote early relational health, and help assure lifelong well-being for children, families and communities.

In August 2023, the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) made the first grant awards to 151 Early Childhood Development (ECD) community health center grantees in 40 states. The objectives of these ECD grants are to: 1) increase the number of children ages 0-5 who receive recommended development screening, 2) increase the number of children and their families who receive assistance in gaining access to appropriate follow-up services for identified risks and concerns, and 3) build early childhood development expertise into their primary care teams.

## Transforming Child Health Care to Fit with New Knowledge and Guidelines

In recent years, child health transformation has been a topic of active research and innovation that now offers guidance for changing practice, adopting new financing strategies, advancing meaningful measurement, and

## Lessons from Research in Exemplary Practices

- Partner with families and design efforts that are family-centered, strengths-based.
- Maximize team-based care and specify roles for all team members.
- Apply QI methods to increase rates for screening and effective referrals.
- Use electronic health records and other technology as needed.
- Set up workflows for all five recommended types of screening in well-child visits.
- Don't forget referral and care coordination processes.
- Identify and train staff who will engage and support families (e.g., community health workers, care coordinators, family peer navigators, parent coaches).
- Give attention to equity in access, workforce cultural congruency, and linguistic appropriateness.
- Use measurement to drive quality and performance.

changing the culture of care. Community health centers are among the growing number of child health providers engaged in health care transformation for young children. Clinics across the country are adopting best practices, engaging families, and structuring strong, team-based care approaches.

A large body of research regarding the value of early relational health, protective factors, positive childhood experiences, and other factors that support optimal development points to the role that both social and medical risks can play in lifelong health. Using strengths-based approaches and engaging parents as partners in the primary care process are essential for advancing equity and family engagement. Moreover, most community health centers—often trusted resources within community—have opportunities to engage young children's parents/ caregivers in positive, family-centered and relational approaches, which are foundational for advancing child and family wellbeing.

While all children should have access to a medical home, most low-income families with young children need additional support through a newly defined “high performing medical home.” These advanced, team-based, high performing medical homes for young children provide comprehensive well-child care based on AAP Bright Futures guidelines, deliver relational care coordination for both medical and social factors, and embed or link to other needed services and supports.

Many health centers are already providing such care for young children, and others are in the early stages of transformation. Operating as an advanced, high performing medical home for young children will require most health centers to make changes and enhancements to their practices and procedures. One key aspect of improving the medical home is to advance team-based, relational, family-centered health care. In an [FAQ sheet for ECD Grantees](#), HRSA-BPHC emphasizes the importance of team-based care for improving early childhood health and development.

## Developmental Screening and Referrals are Key Roles of Primary Care Providers

Effective use of developmental screening begins with babies and continues throughout early childhood. The term developmental screening often refers to use of tools that screen for general development. However, the AAP and federal HRSA Bright Futures guidance recommends screening young children for developmental risks in five areas: 1) general development, 2) autism spectrum disorders (ASD), 3) social-emotional development, 4) maternal depression, and 5) social drivers of health (SDOH)/ health related social needs (HRSN).

Despite recommendations and guidelines from the AAP and governmental agencies, far too many child health providers do not have benefit of standardized screening and referral processes. Disparities in screening and referrals by race/ethnicity and income have also been widely documented. Similar disparities are also seen in the rates of follow up diagnosis and treatment of early childhood developmental and mental health conditions.

## Research Points to Successful Strategies for Health Centers and Other Clinics

Some federally funded health centers, other pediatric care clinics (e.g., children's hospital and academic medical

center clinics), and private pediatric practices have dramatically improved their rates of recommended screening in early childhood. A variety of studies point to the value of quality improvement (QI) projects, clinician and staff training, use of electronic records, and enhanced care coordination and support for families. Research also points to the critical role of timely referral for culturally and age appropriate developmental, mental health, and social services. Studies underscore the need for respectfully engaging families and fostering collaborative partnerships across community systems of care.

## Data for Quality Improvement and Performance Measurement

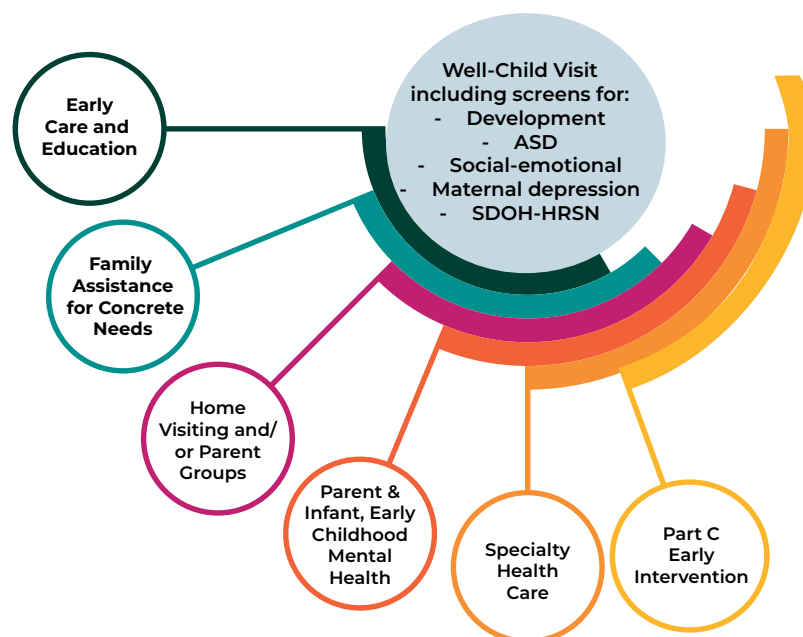
The work of child health transformation requires using the “three faces of measurement” including: monitoring performance, conducting QI efforts, and evaluating progress. Based on HRSA guidance, ECD grantees are required to report on the number of young children (under age 6) who receive developmental screens. For health centers overall, a measure was added to the HRSA Uniform Data System to track the number of children who receive developmental screening services. Specifically, for reporting on the number of children who receive general developmental screening, the CPT Code Number 96110 is recommended.

ECD grantees are also required report on the number of young children (under age 6) who receive additional services within 30 days of a developmental screening that identified a developmental risk or area of concern (i.e., referral and follow up). Additional follow-up services include but are not limited to referral for: additional screening, IDEA Part C Early Intervention programs for assessment, developmental evaluation separate from Part C, care coordination, food and nutrition services, home visiting, early care and education parent support groups, parent-infant, early childhood mental health services (P-IECMH), and other referral and follow-up services.

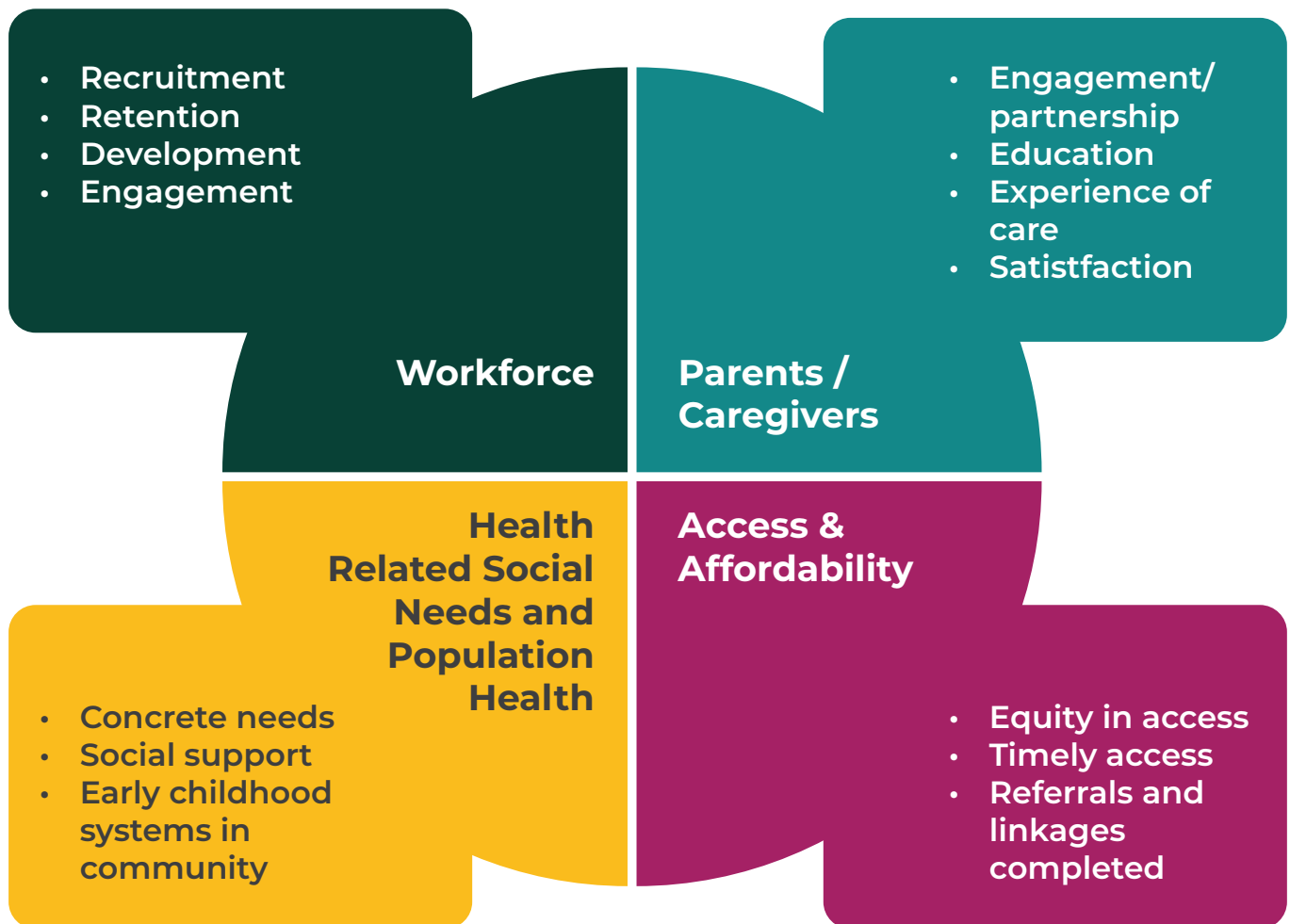
## From Vision to Reality for Community Health Centers

Nurture Connection’s *Guide to Transformation of Care for Young Children in Community Health Centers* serves as the authoritative, state-of-the-art resource for child health care transformation specifically targeted achievable advancements for community health centers. The opportunities are great for millions of families and young children.

### Multiple Referral Pathways in Response to Screening in Health Center Primary Care for Young Children



# FRAMEWORK FOR EARLY CHILDHOOD DEVELOPMENT HEALTH CENTER GRANTEE ACTIVITIES



Adapted by Nurture Connection from HRSA Early Childhood Development Factsheet.

<https://bphc.hrsa.gov/sites/default/files/bphc/funding/fy-23-nofo-flyer-ecd.pdf>

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**Nurture Connection** <https://nurtureconnection.org/>

For additional information and resources related to federal Early Childhood

Development grants and community health centers, visit:

- Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC). Manage the Early Childhood Development (ECD) Award <https://bphc.hrsa.gov/funding/funding-opportunities/fy-2023-early-childhood-development#resources>
- Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Early Childhood Systems Programming <https://mchb.hrsa.gov/programs-impact/early-childhood-systems> and <https://mchb.hrsa.gov/programs-impact/early-childhood-systems/transforming-pediatrics-early-childhood>
- Early Childhood Developmental Health Systems: Evidence to Impact Center <https://earlychildhoodimpact.org/>
- Geiger Gibson Program in Community Health, Milken Institute School of Public Health, George Washington University. Policy briefs. <https://geigergibson.publ-ichealth.gwu.edu/geiger-gibsonrchn-community-health-foundation-research-col-laborative-policy-briefs>