



INTRODUCTION

Children from disadvantaged backgrounds face disproportionate barriers to preventive health services.

Minority and low-income children are around 40% less likely to receive timely screenings or diagnoses¹ despite a higher prevalence of developmental delays.²

In Monroe County:

- An average of 14% of families are living in poverty compared to a national child poverty rate of 12.8% in 2021.³
- Rochester, NY exceeds both these averages with 30% of families living in poverty.³
- Children in poverty are more likely to require special education services due to undiagnosed developmental delays.⁴
- Children from Black or Hispanic families are more likely to be uninsured or rely on Medicaid, creating additional obstacles to care.⁵

Challenges in healthcare access and equity, as well as social determinants of health, contribute to disparities, limit opportunities for early intervention, and hinder educational readiness.

COMMUNITY PARTNER: GROW

The Get Ready to GROW (GROW) program is a community-based program through the Children's Institute in Rochester, NY.

- Provides free, comprehensive screenings and follow-up services for children aged 1 to 5 yrs.
- Present throughout Monroe County and the Finger Lakes region including disadvantaged and underserved populations.⁶
- Active partnerships with local community institutions, schools, and federally funded programs, especially universal prekindergarten programs.

Get Ready to GROW: Identifying and Evaluating Demographics, Health Needs, and Impact of Community-Based Developmental **Screenings for a Pediatric Population**

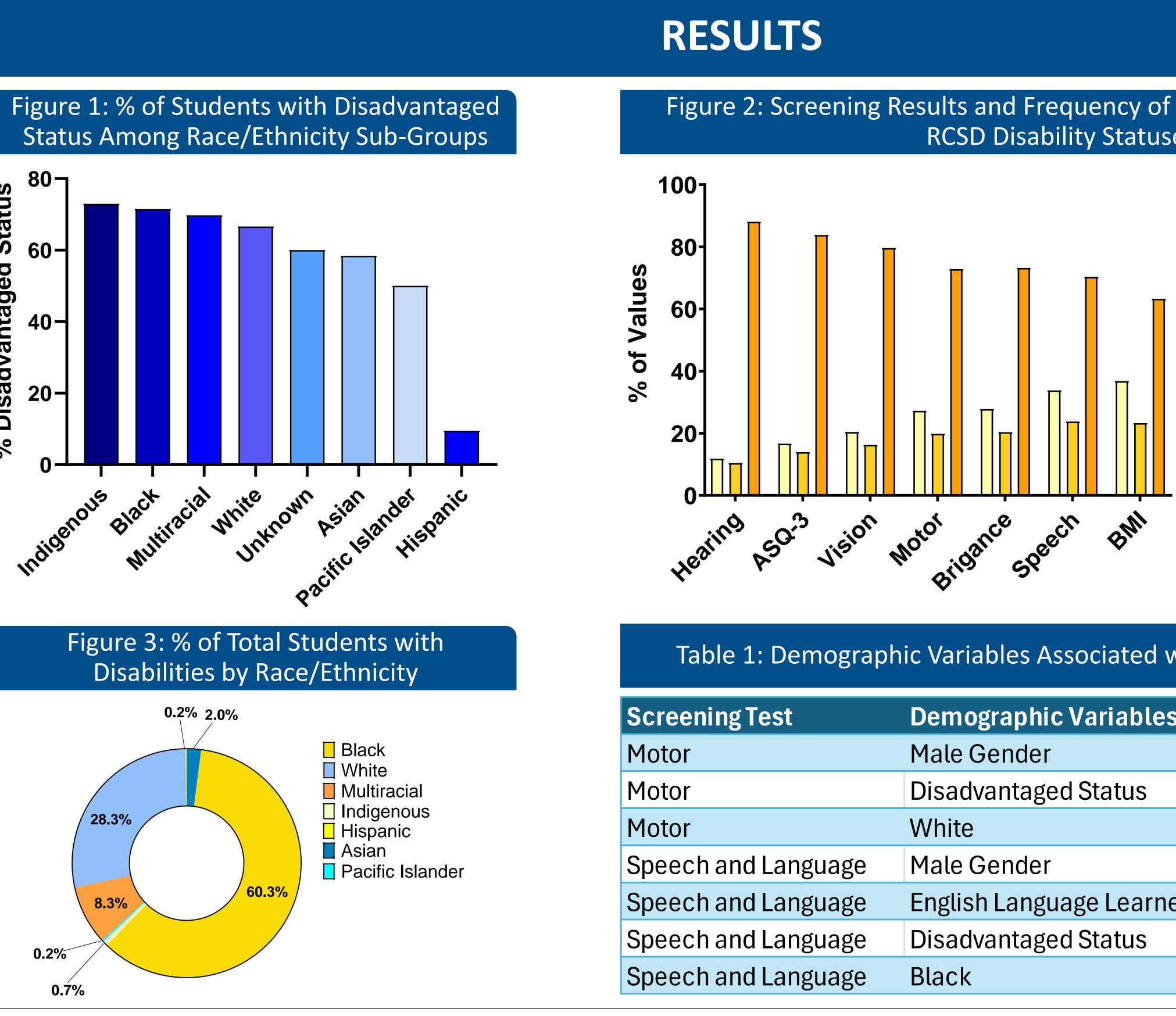
Primary Objective: Program evaluation assessing feasibility of the screening program in working with underserved populations, identifying demographics, and analyzing the screening results of children ages 1-5 who were dually enrolled in the Rochester City School District (RCSD) and had undergone a developmental screening through GROW between 2015-2024 to identify health needs, bridge potential gaps in access, and ensure equitable and effective implementation.

Secondary Objectives:

1) Further develop the collaboration between GROW and URSMD in developing a sustainable pipeline for students to volunteer.

Methods: Developmental screenings consisting of standardized scales/tools to assess domains (vision, dental, hearing, speech and language, motor, social-emotional development, and academic/learning skills) were administered by GROW members and school staff in participating Monroe County schools.

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• De-identified datasets from both the Children's Institute research staff and the RCSD were provided to the project team. • Out of 14,462 students enrolled in RCSD between the years of 2015-2024, the GROW program provided 6,968 children with screenings. • 19.9% (n=1,332) were registered as a student with disability at one point in time. Of the 1,332 of students with disabilities, 88.4% (n=1,178) had one or more disabilities during their preschool education and 4.7% (n=313) were English language learners.

References: 1) Centers for Disease Control and Prevention (CDC). (2022). Prevalence of developmental disabilities among children aged 3–17 years — United States, 2019–2021. Morbidity and Mortality Weekly Report (MMWR), 71(12), 381–387; 2) New York State Department of Health. (2021). Monroe County and City of Rochester Minority Health Data Report; 3) U.S. Census Bureau. (2024). Income and poverty in Easter Minority Health. (2021). Monroe County and City of Rochester Minority Health. (2021). Monroe County and City of Rochester Minority Health. (2021). Monroe County and City of Rochester Minority Health. (2021). Monroe County and City of Rochester Minority Health. (2021). the United States: 2024 (P60-283). U.S. Department of Commerce; 4) University of Rochester Medical Center. (2022). 2022-2024 Monroe County Community Health Needs Assessment; 5) New York State Department of Health. Medicaid enrollment trends in New York State; 6) Children's Institute. (2023). Annual report 2023

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COMMUNITY HEALTH IMPROVEMENT PROJECT

2) Provide a foundational dataset for future research.



Figure 2: Screening Results and Frequency of Agreement Compared to **RCSD Disability Statuses**

☑ % Positive Screen

- ☐ % True Positive
- **%** Freq. of Agreement

Table 1: Demographic Variables Associated with Two Screening Tests

est	Demographic Variables	Odds Ratios	P-value	
	Male Gender	2.74	<0.05	
	Disadvantaged Status	1.58	<0.05	
	White	0.75	<0.05	
Language	Male Gender	2.1	<0.05	
Language	English Language Learner	2.01	<0.05	
Language	Disadvantaged Status	1.66	<0.05	
Language	Black	1.24	<0.05	



INPACT AND CONCLUSIONS

This project has identified demographics of the community screened by GROW, screening outcomes, significant associations to demographic subgroups, and has supported the feasibility and utility of the program.

Screening results bring attention to developmental health disparities:

- Underserved groups were highly represented in this study population, including disadvantaged students.
- Many students with disabilities were first evaluated by GROW in their preschool years.
- There were significant associations between demographic variables and the GROW screening tests, especially male gender and disadvantaged status.
- Regardless of race/ethnicity, many of these students had a disadvantaged status at one point.

This program increases access to initial preventive health services through an equitable and effective implementation into local schools and communities, contributing to the developmental health of a largely disadvantaged and underserved youth population.

FUTURE STEPS AND SUSTAINABILITY

• Identify and evaluate referral rates and **outcomes** following GROW screenings.

 Continue evaluation into potential predictors of screening outcomes of the Rochester pediatric population.

 Reassess screening test methodology and utilization to address perceived health needs.

• Create a **student pipeline for future** medical and graduate students to volunteer with the screening process and future research.