



## 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



January 2013

**W**e know many of Iowa's young children are facing challenges. 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.<sup>1</sup> Among children at risk for developmental delays, only 50 percent are detected prior to school entry, when early intervention has the greatest impact.<sup>2</sup> Chronic stress in the form of family stress, caregiver depression and other environmental factors is detrimental to developing brains, particularly in the youngest years.<sup>3</sup>

We also know health providers are key partners in the early identification of the factors hindering healthy development. Over 95 percent of children birth to age 5 visit a health provider for preventive health care<sup>4</sup>—far more than utilize any other formal support system.

In 2007, Iowa created the 1st Five initiative to support health providers in identifying the often complex and wide-ranging needs of children and families and link them to community resources. After five years, the initiative has shown to be effective in that mission.

**“(1st Five) is helping me deliver the kind of health care that I know kids and families need.”**

**Dr. Angela Townsend  
Covenant Clinic, Waterloo**

## KEY FINDINGS

- **Almost 5,000 children and their families have been referred by health providers to 1st Five** for support and connections to community resources since 2007. A speech or hearing concern is the number one reason for an initial health provider referral to 1st Five, with family stress a close second.
- **Almost 12,000 connections to local resources have been made** for these families across seven 1st Five sites. Connections to resources such as food, housing, energy assistance, child care and preschool, employment assistance and transportation are most common, with health-related referrals, such as immunizations, lead screening, vision testing and specialty care, second.
- **1st Five supports practice change**, helping Iowa health providers implement standardized, research-based tools to better identify the full range of family needs, including caregiver depression and family stress.

## 1st Five's reach in Iowa 2007-2012

7

Coordinating sites

13

Iowa counties

83

Health practices

284

Providers

\*\*\*

77,000

Estimated number of children  
birth to age 5 reached

4,985

Families referred from health  
providers into 1st Five

11,736

Connections from 1st Five out  
to community services

1,218

Children referred by 1st Five  
to well-child care

3.25

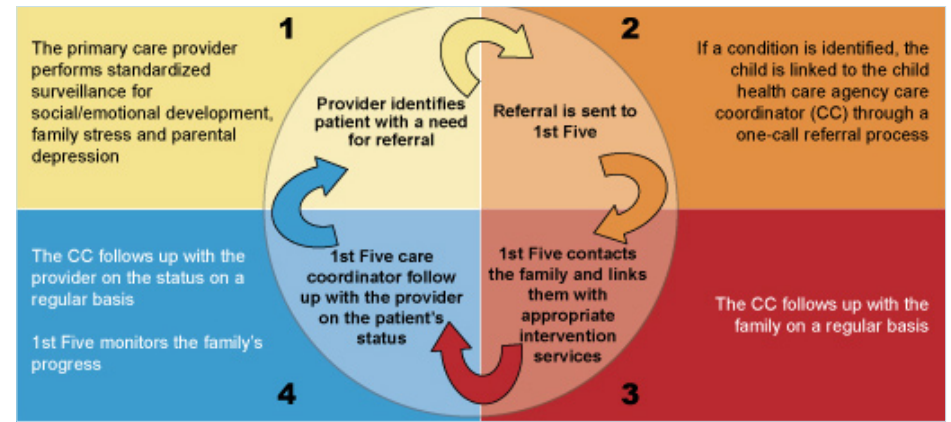
Community connections made for  
each family engaged in  
1st Five care coordination

33% → 93%

Share of health providers including  
comprehensive developmental  
assessment before and after 1st Five  
involvement

- **1st Five** has been described by participating providers as an **easy-to-implement remedy** to the challenge (identified by the providers and supported by a recent U.S. physician survey) that doctors do not have the time, staff support or knowledge of community resources to address the full range of patient needs.
- **Relationships are key** to success and sustainability of the 1st Five initiative. The work requires time-intensive and ongoing relationship building with health providers, community organizations and families.

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



Source: 1st Five Healthy Mental Development Initiative

## RECOMMENDATIONS

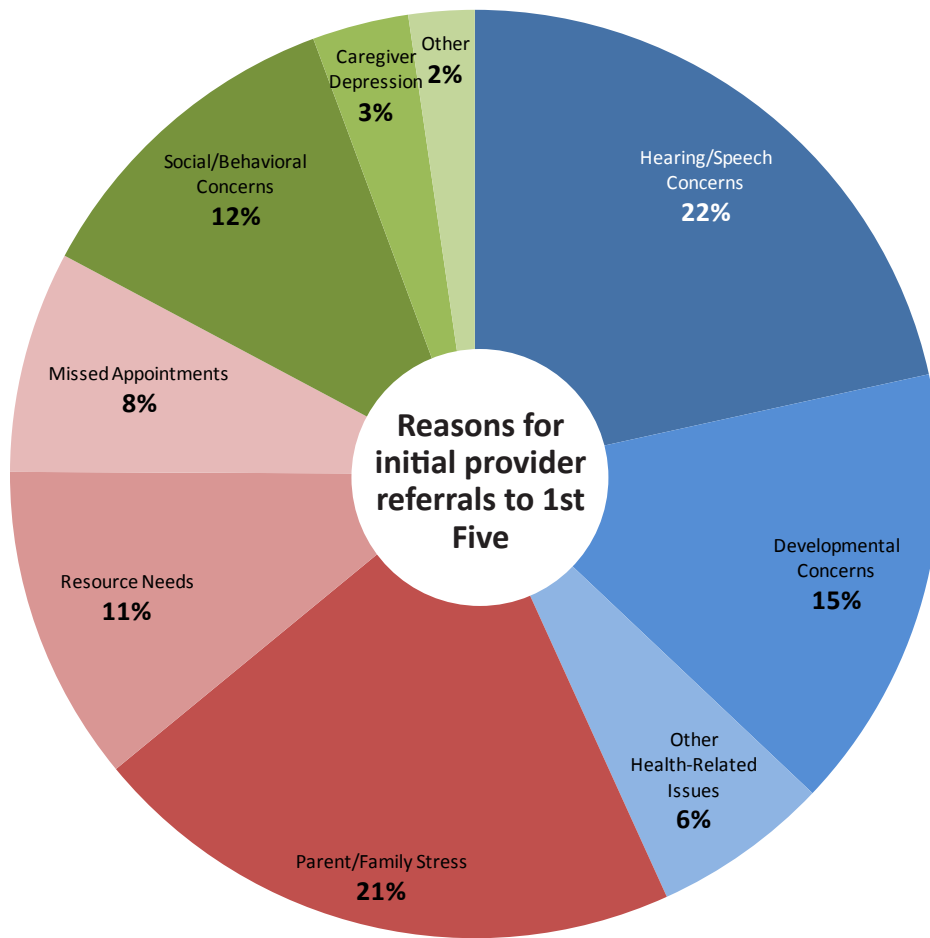
- **Bolster community services.** 1st Five care coordinators report lack of timely access to local resources like affordable housing, child and adult mental-health support, bilingual services, pediatric developmental services, transportation and child care in both rural and urban areas of the state. Long drives and waiting lists are common. These shortages limit 1st Five's ability to connect families to resources, even when needs have been identified.
- **Sustain current 1st Five sites.** Assure existing 1st Five sites have the resources to sustain momentum and expand to additional providers as needed. As sites move from "start up" to "sustaining" status, state funding decreases. This decreases their capacity to maintain relationships with health providers, which is reflected in a decrease in referral numbers in sustaining sites.
- **Develop an implementation and funding plan for statewide expansion** to make 1st Five care coordination available to health providers regardless of where they are located.

### Sources:

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

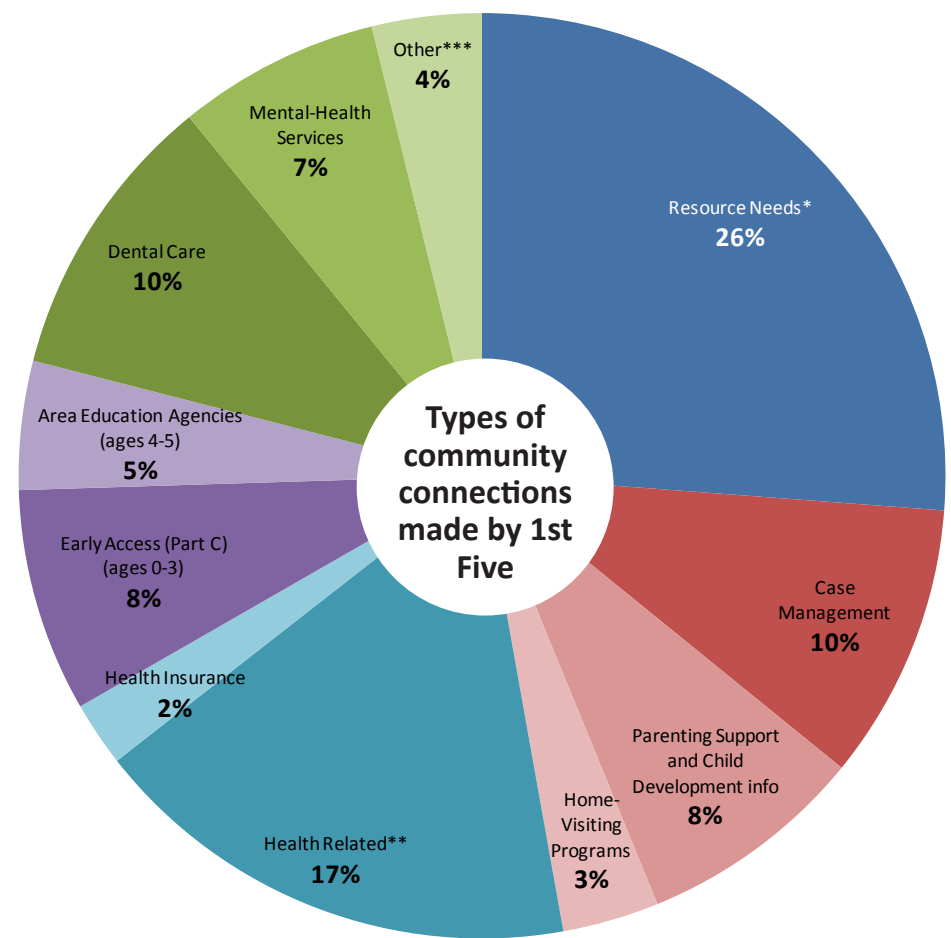
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# 1st Five bridges health-provider referrals to community resources



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

Of 6,523 needs identified among 4,985 families, 43 percent were for health or developmental concerns, including speech and hearing (blue). Another 40 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 almost 12,000 connections, 26 percent were for resource needs (blue), 21 percent for family-support services (red), 19 percent for health-related needs (aqua) and 13 percent for early-intervention services (purples). The remaining 18 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.

# Families and providers across Iowa find value in 1st Five

