Cultural Responsiveness in Pediatric Screening: Developing a Companion Document to the ASQ-3 in Norton Sound Region, Alaska

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BACKGROUND

Alaska's Norton Sound Region has a population of approximately 9,500 people: up to 81.6% of the population identifies as Alaska Native/American Indian (Alaska Area Native Health Service, 2011).

The Ages & Stages Questionnaire, Third Edition (ASQ-3) is a pediatric screening tool for ages 1 month to 5 1/2 years used to identify delays in milestones (Squires & Bricker, 2009). Assessment and screening tools that were normed on a different culture or language group are likely to have reduced reliability and validity (Kerfeld et al., 1997; Padilla, 2001; Rubio-Codina et al., 2016).

The healthcare workforce in the United States is comprised of 0.1% to 0.8% American Indian or Alaska Native practitioners (U.S. Department of Health and Human Services [U.S. DHSS], August 2017).

PROJECT DETAILS

Help Me Grow Alaska envisions universal screening for Alaska's children (Help Me Grow Alaska, 2021). In partnership with local stakeholders. Help Me Grow Alaska is creating processes for adapting screening tools to be culturally appropriate for Alaska's populations. The process includes: establish need; gather stakeholders; discover (stakeholder review of tool); explore (feedback group or work group); initial draft; additional feedback group or field test; revise draft: and finalize and format.

This project focused on the Norton Sound Region in partnership with the Norton Sound Early Childhood Coalition.

FOCUSED QUESTION

What adjustments are necessary to make a culturally responsive companion document to the ASQ-3 for Alaska's Norton Sound Region population?



METHODS

Discover and Explore participants were primarily healthcare service providers and Head Start educators.



RESULTS

Key findings from provider/stakeholder feedback:

- Over referrals of children for developmental delay assessment
- Offending families unintentionally with ASQ-3 questions
- Open ended auestions provide improved results, e.g., "How does your child let you know they need somethina?"
- Perceived failure with families saying, "My child failed the test"
- Historic trauma and "shame"
- Materials unavailable in rural homes. including: boardbooks, child safe scissors, toys, strollers/wagons
- Unaddressed milestones, including communication with facial expression



Companion document:

- Disclaimer that the tool is imperfect
- · Materials instructions on how to receive supply loans and reassurance that home items are appropriate
- · Open ended questions recommended for providers
- Facial communication ask families to comment
- · Word and context examples for alternatives to specific questions
- Images provide culturally familiar images rather than asking for picture books

HEALTHCARE IMPLICATIONS

It is important to consider the cultural ramification of using a pediatric screening tool designed for a wide population:

- · Over referrals for pediatric assessment of developmental delays. Further research is necessary to determine if it also results in delaved referrals.
- · Reinforce negative interactions: in a minority population with historic trauma, such a tool may reinforce negative interactions and biases between the predominant culture and the minority culture.
- Cultural responsiveness includes tools used in screening and assessment, in addition to direct healthcare service.

Additional considerations:

- Cultural bias of school-readiness skills should be further examined.
- Healthcare profession diversity: efforts toward inclusivity, racial diversity, and cultural diversity in healthcare professions would add valuable insight into caring for minority populations.

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IHS) as part of an award totaling \$598,507 with zero percentage financed with nongovernmental sources. The contents a) and ch not received with revorgent the official views of, nor an endorsement, by IHRSA, IHRS or the U.S. Government.