

## Report on MECCSS Focus Groups

March 2005

**DRAFT**

As a part of the environmental scan of Minnesota’s screening for young children, 11 focus groups were held during March and April 2004 at five Minnesota sites—Detroit Lakes, Grand Rapids, Redwood Falls, Rochester, and Roseville. The focus groups led 49 respondents through six questions designed to “gather information from regional experts to assess how the early childhood screening system for children from birth to age five addresses the five key elements of the Minnesota Early Childhood Comprehensive Screening Systems (MECCSS) Planning Grant.”

### Methodology and Sample

State-of-the-art focus-group methodology was used, following the teachings of Richard Krueger, author of *Focus Groups: A Practical Guide for Applied Research* (2<sup>nd</sup> ed., 1994). Moderators and recorders participated in training sessions and were given a three-page set of instructions written specifically for the MECCSS focus groups. The focus groups brought together small groups of people in meetings facilitated by one or two people per focus group (a total of eight people served as facilitators) to discuss and answer six questions. Notes were taken in each meeting by one or two people (a total of eight recorders). These notes on responses were later transcribed.

Respondents were a purposive sample of volunteers drawn from a pool of local health agency, school, and Head Start staff members who were attending regional training sessions on early childhood screening issues, Early Childhood Screening Eighth Annual Interagency Workshops. The Minnesota Department of Health, Minnesota Department of Education, and Minnesota Department of Human Services jointly sponsored these training sessions. Self-reported affiliations of the 49 respondents were:

<i>Number of Respondents</i>	<i>Affiliation</i>
12	Public Health Nurse (PHN)
9	Early Childhood Family Education/Parent Education (ECFE/Parent Ed.)
8	Child and Teen Check-ups (C&TC)
5	Head Start
5	School Nurse
5	Other
2	Early Childhood Screening (ECS)
2	Early Childhood Special Education (ECSE)
1	Individualized Early Intervention Consortium (IEIC)

## Verbal Responses

During analysis and coding of the responses, the following topics emerged as a combination of the most often discussed issues, important issues not recognized, or especially significant issues raised in response to the six questions.

Question 1. Through the screening process (outreach, screening, referral/follow-up) in your community, how do you address *access to health insurance and medical homes*?

- Medical homes were infrequently mentioned, indicating a lack of awareness and/or knowledge of the concept by respondents.
- Respondents were aware of the importance of medical insurance and knew in their geographic areas what insurance was available and the problems with access to insurance, especially for undocumented people. Some respondents use standardized demographic forms that ask whether the family has health insurance.
- Issues were raised around screening of people who are undocumented.
- Responses indicated variations in the types of screening that was done (Head Start, C&TC, ECS, etc.), as well as in health insurance coverage that varied among types of screening.
- MinnesotaCare and Medical Assistance were often mentioned.

Question 2. Through the screening process (outreach, screening, referral/follow-up) in your community, how do you address *mental health and social-emotional development*?

- A few organizations use a screening tool for mental health and social-emotional development.
- A variety of ways to screen mental health and social-emotional development are utilized, including the following tools: ASQ-SE, Dial R, PECFAS, Denver II, and Family Factors questions on interviews.
- Head Start uses observation, questionnaires, and tools to address social-emotional development.
- Funding has been cut for some screening and follow-up services.
- Frequently mentioned as gaps in services were: the lack of places to refer people, especially diverse populations (e.g., Somali and Hispanic families), and the need for better tools, which would be more culturally sensitive and positive in tone.

Question 3. Through the screening process (outreach, screening, referral/follow-up) in your community, how do you address *early care and education/child care*?

- A number of focus group participants identified ECFE as early care activity.
- Fewer talked more broadly about child care.
- Some people didn't know what "early care" means. Some wondered if it meant day care. This indicates a need for developing common language across disciplines.
- Other early care providers mentioned were Head Start and Child Care Resources and Referrals (CCR&R), to which referrals are made.

- Home visiting was frequently mentioned. Its relationship to early care and education was unclear.

Question 4. Through the screening process (outreach, screening, referral/follow-up) in your community, how do you address *parent education*?

- Comments indicated a widespread understanding of what parent education is about.
- ECFE was mentioned often as a source of parenting education.
- Respondents named a number of venues to educate parents, such as C&TC and ECFE, and a wide variety of topics related to healthy families, such as how to deal with an angry child, discipline, and nutrition.
- Although materials (brochures, books, etc.) are available, respondents saw a need to not just hand out flyers, but to make it more personal. As one focus group participant said, “It’s one thing to have beautiful flyers, but some parents don’t understand.”
- Staff in a variety of disciplines do parenting education.

Question 5. Through the screening process (outreach, screening, referral/follow-up) in your community, how do you address *family support*?

- Concerns (e.g., stresses on children and family; worries about abuse; smoking) are routinely listed on family information sheets.
- When talking about family support, a variety of topics were discussed, such as drug (coke, pot, meth), referrals to other community agencies, abuse, parental living situations, and homelessness.
- Participants mentioned how hard they work to deal with diverse cultures and languages, including Hmong, Spanish, Somali, and Laotian. Multicultural staff are matched with similar clients.
- Teacher support for children was recognized, and concern was expressed about inordinate responsibility falling on school staff members.

Question 6. Is there anything you wanted to share that was not brought up? Final comments?

- Focus group participants shared their concerns about the impact of budget cuts on health issues, such as vision and hearing screening and immunizations. As one said, “Budget cuts, yet we still need to be held accountable.”
- Single focus groups praised service co-ops, healthy learner clinics in Minneapolis, and collaboration with schools. As one participant said, “We had to recognize that the schools have ‘gifts’ and we have our own ‘gifts’.”
- Some concerns were focused on data collection processes, such as retention of forms and information and accessibility of web sites.

## **Ranking of Key Elements**

Focus-group participants were asked to rank from 1 to 5 the key elements discussed in the focus groups, with 1 meaning “Doing the best in addressing this key

element in the screening of children birth to five” and 5 meaning “Needs the most improvement in addressing this key element in the screening of children birth to five.”

Results indicate that respondents believed that they were most successful at addressing these two key elements in screening of children birth to five: “access to health insurance and medical homes,” followed closely by “early care and education/child care.” They overwhelmingly ranked “mental health and social-emotional development” as the key element that they most needed to address better in screening.

<i>Key Element</i>	<i>No. of Responses</i> <i>1 = Doing the best in addressing this key in the screening of children birth to five</i>	<i>No. of Responses</i> <i>5 = Needs the most improvement in addressing this key element in the screening of children birth to five</i>
Access to health insurance and medical homes	17	7
Early care and education/child care	13	2
Parent education	8	1
Family support	6	9
Mental health and social-emotional development	2	23

N.B. Due to some confusion regarding the instructions for ranking, numbers do not add up to 49 in each column.