



The Help Me Grow Model A Selection of Evidence

Measuring potential and impact of Help Me Grow (HMG) can be demonstrated in published journals. The evidence base of HMG is made up of several academic journal articles that examine:

- The inception and conceptualization of the HMG Model;
- The role that HMG plays in larger systems that affect child development; and
- The impact that HMG has had on child and parent factors.

SUPPORTING THE POTENTIAL OF ALL YOUNG CHILDREN

Grounded in the importance of children’s optimal healthy development especially during early childhood (from birth through age five), the HMG Model focuses on developmental promotion, early detection, referral, and linkage for all children, especially those at-risk for developmental or behavioral concerns.

The original conception of the HMG Model examines the importance of a single point of access (also known as the Centralized Access Point) for child health providers, families, and other community-based service providers who may come into contact with a young child and their family. In addition to the importance of the Centralized Access Point, several case studies show that service providers and families benefit from a robust resource directory and the power of community networking to aid in linking families to timely and appropriate services.

Further research emphasizes that HMG does not seek to create *additional* programming, but rather seeks to enhance access to programs and services for all children, including those who are vulnerable and at-risk for unfortunate developmental outcomes. Realizing that children do not develop in isolation, supporting articles acknowledge that the Model interfaces with the larger child and family-serving system. For example, the HMG Centralized Access Point sometimes receives referrals regarding other needs such as basic needs, parenting classes, or early care and education. Furthermore, existing evidence examines that complex social needs often become the “most urgent risk factors” that may impact child development, which must be faced by an approach that truly crosses systems and encourages collaboration outside of the traditional content of child health services. In some cases, families are referred to HMG for multiple needs.

Further, a 2017 article in the Morbidity and Mortality Weekly Report (MMWR) Series, prepared by the Centers for Disease Control and Prevention (CDC) describes the HMG Model as a strategy to achieve equity. Scrutinized and approved by CDC leadership, this piece affords more evidence in support of the validity and importance of [the Model and its foundation in targeted universalism](#).

CONNECTING THE GRID OF RESOURCES

Both in theory and practice, HMG's Centralized Access Point aims to serve as a tool for care coordination in order to fill a crucial gap in a patchy grid of resources. Research shows that this gap is often between child health providers and existing community resources. The HMG Model also works to lessen some of the burden of developmental screening and surveillance on child health providers through providing training and outreach. Training child health providers on HMG assisted in addressing specific barriers about referral, eligibility criteria, and service availability. This research acknowledges that the most persistent barrier for child health providers is lack of time to address developmental surveillance, which remained a barrier after training, leading to the need for further integration of tools and approaches that reduce the time it takes to conduct developmental surveillance.

STRENGTHENING PARENTS KNOWLEDGE OF CHILD DEVELOPMENT

The Family & Community Outreach Core Component of HMG builds adult caregivers' understanding of healthy child development – how it works and what they can do to improve children's outcomes – and their awareness of the supportive services available to families and service providers in the community. There are several studies that demonstrate the positive impact that HMG has had on young children and their families. Earlier studies examining HMG document the number of children that received services through a linkage from HMG in Hartford, Connecticut throughout a three-year period and highlighted case studies of families who successfully accessed services through a connection from HMG.

Three more recent studies examine the influence that HMG has had on the development of protective factors within families. For example, a 2016 survey of parents observing the impact of HMG on parent perception of protective factors showed that HMG helped them in areas such as feeling that there are people to provide assistance in times of need, having a better understanding of their child's development, and having a better understanding and meeting their child's needs. Another study also surveyed parents before and after receiving linkage from HMG. This study found that parents had a significant increase on the protective factor scales, especially questions related to knowledge of parenting and understanding child development. A 2023 report from the Center for the Study of Social Policies outlines the many ways in which the HMG Model aligns with the core values of the Strengthening Families Approach, including mapping how each implementation of HMG supports each core value.

ADDITIONAL RESEARCH

Additional studies, while not specifically related to HMG, document the large potential of community-based developmental screening and linking families to services. One study looked at parent awareness of linkage to services after developmental screening. While 70% of participants were able to connect with recommended services, only 54% reported that the child's needs were met. This shows that additional research is needed to improve efforts to help families sufficiently access appropriate services. It is important to note that when families had difficulty accessing services, they expressed factors such as ineligibility, atrial services, and lack of a variety of service array.

One of the most rigorous studies in this evidence base does point to the potential that screening through a single point of access when compared to a group that didn't receive this intervention. This randomized control study explored the effectiveness of screening and care coordination through 2-1-1, which found that children were

more likely to be referred and receive services than compared to children who only received usual care from their primary care providers.

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