Equal Access to Speech-Language Pathologists in New York City: A Survey of Two Daycares

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Speech-language pathologists (SLPs) are trained “to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults” (American Speech-Language-Hearing Association, 2020). Early intervention refers to services for children three years or younger. Many of these children with speech/language difficulties may go unnoticed within a preschool/daycare setting, potentially due to a lack of resources to help teachers recognize developmental delays. Importantly, researchers have argued that “during this time [birth to three years old], children are still advancing oral language skills that are also essential for the eventual development of reading and writing” (Terrell & Watson, 2018, p. 149). Thus, the building blocks for later literacy and school success are formed during these early years, and so early intervention is critical for children showing delays.

There are programs offered by NYC and New York state (NYS) to address the needs of children with communication delays. 3-K and Pre-K are two of the programs designed by NYC to alleviate financial stress for parents and caregivers, by funding early intervention services. Websites constructed by NYC and NYS include contact emails and telephone numbers regarding approval of Early Intervention Program (EIP) services. These EIP services offer “assistance for infants and toddlers up to three years old who have a diagnosed physical or mental condition that is likely to result in a developmental delay or are suspected of having a developmental delay or disability” (City of New York, 2020). Below we review factors (economics, race, and health literacy) which are thought to influence access to early intervention services.

**ECONOMICS**

The Financial District in Lower Manhattan is one of the richest areas in all of NYC, with the average annual family income at $185,275 (Gannon, 2017, June 28). The average household income in Bedford-Stuyvesant, on the other hand, is $48,720 (Point2Homes, n.d.). Daycare costs vary throughout New York City. On average, without health insurance, an initial session or evaluation by a speech-language pathologist could cost anywhere from $200-$250 (CostHelper Health, n.d.). Thus, families with higher incomes may be able to pay for early intervention services out-of-pocket or through insurance, and bypass the process of securing services through NYC and NYS. In fact, Morgan et al. (2016) reported that young children of higher socioeconomic status (based on family income and parental education and occupation) were more likely to receive services for speech and language delays than were young children of lower socioeconomic status.

**RACE/ETHNICITY**

According to Statistical Atlas (2018, September 14), Bedford-Stuyvesant is around 62% Black and 18% White, compared to the Financial District which is 24% Black and 65% White. Importantly, young White children were more likely to receive services than young Black children in the study by Morgan et al. (2016) cited above, even after controlling for socioeconomic factors. Thus, the racial differences between Bedford-Stuyvesant and Financial District neighborhoods could influence access to early speech/language services in the current study. Morgan and colleagues also
reported that Hispanic children were less likely to receive services, although this was particularly explained by a non-English language being spoken in homes. Morgan et al. concluded that increased access to services for children from racial and ethnic minority groups may be accomplished by providing important information to parents about language development and services, and by training SLPs to better identify speech/language delays in minority children. Of note, only 7.9% of all SLPs licensed through the American Speech-Language-Hearing Association represent a minority population (American Speech-Language-Hearing Association, 2016, p. 2). Although beyond the scope of the current project, increasing diversity of the field in general may have a positive effect on identification of minority children as well.

HEALTH LITERACY

Health literacy “is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2015). This is an essential skill for understanding developmental milestones and the process of procuring early intervention services that is relevant to teachers, parents, and others involved in a child’s life.

METHOD

PARTICIPANTS

Directors and teachers from two daycares participated in this study - a daycare in Bedford-Stuyvesant, Brooklyn, and a daycare in the Financial District, Manhattan. Daycare directors completed one brief survey and interview. Five daycare teachers from each center participated in two brief surveys.

DATA COLLECTION

See Figure 1 for a full depiction of the data collection process. In January of 2019, initial surveys were conducted with each of the daycare directors (found in appendix A). This survey consisted of demographic questions and a needs assessment. With the information obtained from this survey, the first pilot resource was drafted (titled “Accessing Care in the NYC Area”, described in the results section below). Upon presenting the pilot resource to the daycare directors, interviews on the content of the pilot were conducted (found in appendix B). The purpose of this interview was to understand what changes needed to be made to the initial pilot. Based on this feedback, a final resource was created—a series of posters based on the Centers for Disease Control and Prevention’s (CDC’s) Developmental Milestones Checklist (Centers for Disease Control and Prevention, 2019). These posters were created by the first author using information provided by the CDC. Posters contained a more limited amount of information when compared to those provided by the CDC in order to be more accessible to teachers during the day. In March of 2020, five teachers from each daycare took a preliminary survey, viewed the posters, and then completed a second survey (both surveys found in appendix C). The goal of this set of surveys was to assess the teachers’ confidence in their understanding of developmental milestones in general (not limited to language) in their classroom.
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DATA ANALYSIS
Data from the surveys and interviews were assessed both descriptively and quantitatively, comparing responses between the two daycares in order to identify any potential trends in the data.

RESULTS
The initial survey with the directors (see select responses in Table 1) showed that the daycare at Bedford-Stuyvesant has more children in attendance with an average of 162 students ages 3 months to 4 years. The Financial District has an average of 61 students ages 3 months to 4 years. Five children in the Bedford-Stuyvesant daycare receive SLP services (all through the state). Two children in the Financial District daycare receive SLP services (both privately funded). This means that 3.09% of students in the Bedford-Stuyvesant daycare receive services and 3.28% of students in the Financial District daycare receive SLP services. The Financial District daycare, as expected, has a high (estimated) annual family income on average. Similarly, high daycare tuition rates were observed for this area—$3,345 monthly for any child under three years of age. In contrast, although the Bedford-Stuyvesant daycare director could not estimate family income, she wrote “unknown” and “low income” on the survey. Cost also differs between the daycares, with the cost of one month of care for children under three in Bedford-Stuyvesant ranging from $800-$1,000. In the Financial District daycare, 65% of the children are White (estimated) with no African American or Black children in attendance. In the Bedford-Stuyvesant daycare, 80% of the children are African American or Black.

Both daycare directors verbally stated that a resource including information on developmental milestones and how to access NYC funded services would be beneficial to their center.
The interviews with daycare directors began with the introduction of the resource, “Accessing Care in the NYC Area.” This resource consisted of a developmental milestones checklist for ages birth to four years old, instructions for accessing early intervention services through the NYC Department of Health, and a list of libraries in the area with their hours of operation. Interview questions targeted improving this resource and making it more accessible for the teachers at the daycare centers. Both daycare directors suggested making the resource more brief. Neither daycare director judged that the teachers at their site had a strong understanding of developmental milestones. The director at the Bedford-Stuyvesant daycare expressed that teachers may not feel comfortable relaying information to parents because the resource contains too much information. Both daycare directors suggested drafting a poster with similar information. Using the CDC’s Developmental Milestones checklist, posters for ages 6 months to 3 years old were created. Daycare directors also emphasized speaking with teachers regarding the posters.

Five teachers at each center were given a preliminary survey in which they rated their levels of confidence in assessing social/emotional, language/communication, cognitive (learning, thinking, problem-solving), and movement/physical delays (see Figure 2). Between the two daycares, the average is less than three (very confident). Bedford-Stuyvesant teachers scored themselves slightly higher on confidence levels than the teachers at the Financial District daycare. Teachers from both daycares scored themselves lowest for the category “addressing delays with parents.” After viewing the posters, nine of the ten teachers responded that the posters would be a beneficial resource for their classroom. The one teacher (Financial District) who did not believe the posters would be beneficial explained this by writing “Parents might get stressed if [their] child is not meeting the milestone that is described on [the] poster. Not every child meets their milestones on the month (age) they’re considered to be meeting it—every child meets their milestone on their own timing.”

### Table 1. Initial survey responses from each daycare director.

<table>
<thead>
<tr>
<th>Question</th>
<th>Financial District</th>
<th>Bedford-Stuyvesant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your daycare currently employ (or contract) a Speech-Language Pathologist (SLP)?</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>2. Do you receive any private SLP care within your daycare? (paid through parent)</td>
<td>YES</td>
<td>PROVIDED BY STATE</td>
</tr>
<tr>
<td>3. How many children currently receive SLP care in your daycare overall? (estimate)</td>
<td>2</td>
<td>FIVE</td>
</tr>
<tr>
<td>4. Of the above number, how many children receive SLP care by the contracted SLP?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Of the number in question three, how many children receive SLP care by the private SLP?</td>
<td>2</td>
<td>ALL BY STATE</td>
</tr>
<tr>
<td>6. How many contracted SLPs work in your center?</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. How many private SLPs attend your center?</td>
<td>3</td>
<td>5 THROUGH STATE</td>
</tr>
<tr>
<td>8. Do you accept ACS vouchers/assistance at your center?</td>
<td>NO</td>
<td>ACD AND HKA VOUCHERS</td>
</tr>
<tr>
<td>9. If the answer to number eight is yes, how many parents use ACS vouchers at your center? (estimate)</td>
<td>-</td>
<td>90%</td>
</tr>
<tr>
<td>10. What is the average income of parents at your center? (estimate)</td>
<td>$150,000 +</td>
<td>UNKNOWN, LOW INCOME</td>
</tr>
</tbody>
</table>
CONCLUSION

Both similarities and differences were observed between the two daycares. The higher incomes of the average family in the Financial District daycare likely allowed for a simpler (privately funded) process by which early intervention services were attained. These high income families did not need to go through the NYC assistive services programs to receive SLP services; thus, private care (covered either by health insurance or out-of-pocket) is more common in this Financial District daycare. While there is roughly the same percentage of students receiving SLP services at each daycare, every child at the Bedford-Stuyvesant daycare received services through the state. Initially, we expected that families in the Bedford-Stuyvesant location would have more difficulty accessing early intervention services due to socioeconomic differences. Contrary to our expectations, both daycare directors and teachers placed more concern on the understanding of developmental milestones and expressing them to parents than with accessing services. Of course, we did not interview the parents, so do not know their experiences or opinions on this issue. Both daycare directors judged that the teachers at their site had a somewhat limited understanding of developmental milestones. However, teachers reported being comfortable overall.

Figure 2. This double bar graph represents the average confidence ratings in identifying developmental delays in four categories among teachers. Teachers rated their confidence in addressing developmental delays with parents in the fifth category. Extremely confident = 4 points, very confident = 3 points, moderately confident = 2 points, minimally confident = 1 point, not at all confident = 0 points.
Oftentimes, teachers fear (according to daycare directors) that parents will not be accepting of news of potential developmental delay in their child. In the Financial District, the director expressed particular concern, given the affluent nature of the area, that a label of developmental delay would carry a stigma. Parents may be less likely to pursue speech, physical, or occupational therapy if they fear shame associated with any sort of assessment. Another aspect of this may be cultural differences. As mentioned earlier, with a disproportionate number of SLPs being minorities, understanding family structures and practices may be challenging for SLPs in Bedford-Stuyvesant.

**LIMITATIONS AND RESEARCH DIRECTIONS**

Limitations of this project include a small sample size and a lack of participation from parents. Further, limited time was available to assess the success of the resource. In order for the resource to reach parents, teachers must have the time to share with parents, specifically if the child presents with delays. The nature of this resource also requires an ample amount of time for parents to understand it, apply it to their own child, and finally seek evaluation. In addition, self-assessment surveys like the one used for teachers in this study can be difficult to interpret, as they are highly subjective. In future studies, a multiple choice assessment with objectively correct answers may be used to more accurately determine daycare teachers’ level of knowledge of developmental milestones. Future research should also include a large number of daycares throughout all of the boroughs of NYC.

**Appendix A**

*Initial Survey*

1. Does your daycare currently employ (or contract) a Speech-Language Pathologist (SLP)?
   Please circle:
   a. Yes
   b. No

2. Do you receive any private SLP care within your daycare? (paid through parent)
   Please circle:
   a. Yes
   b. No

3. How many children currently receive SLP care in your daycare overall? (estimate)

4. Of the above number, how many children receive SLP care by the contracted SLP?

5. Of the number in question three, how many children receive SLP care by the private SLP?

6. How many contracted SLPs work at your center?

7. How many private SLPs attend your center?

8. Do you accept ACS vouchers/assistance at your center?
   Please circle:
   a. Yes
   b. No
9. If the answer to number eight is yes, how many parents use ACS vouchers at your center? (estimate)

10. What is the average income of parents at your center? (estimate)

11. What is the tuition for each age group in your center?
   a. 3 months to 12 months:
   b. 1 year to 2 years:
   c. 2 years to 3 years:
   d. 3 years to 4 years:
   e. 4 years to 5 years:

12. How many children in each age group regularly attend your center? (Full-service care only)
   a. 3 months to 12 months:
   b. 1 year to 2 years:
   c. 2 years to 3 years:
   d. 3 years to 4 years:
   e. 4 years to 5 years:

13. What is the ethnicity* break-down of your center?
   a. White:
   b. Black or African-American:
   c. American Indian or Alaskan Native:
   d. Asian:
   e. Native Hawaiian or other Pacific Islander:
   f. From multiple races:
   g. Other (please specify):

*The authors acknowledge that “race” is the correct term given the choices, and apologize for this oversight.

Appendix B

Daycare Director Interviews

1. What could be added or excluded from the resource?

2. How do you think this resource would be best relayed to parents?

3. Do you feel the teachers at your center are comfortable with the information covered in this resource?

4. What do you think the best way to receive feedback regarding the resource is?

5. Do you feel the parents at your center would find this resource useful?

6. Additional comments:
Appendix C
Teacher Surveys

Preliminary Survey

1. What age group do you work with?
2. How many students are typically under your supervision?
3. What is the ratio for your classroom?
4. How confident are you in recognizing social/emotional delays for your classroom’s age group?
   a. Extremely confident
   b. Very confident
   c. Moderately confident
   d. Minimally confident
   e. Not at all confident
5. How confident do you feel in recognizing language/communication delays for your classroom’s age group?
   a. Extremely confident
   b. Very confident
   c. Moderately confident
   d. Minimally confident
   e. Not at all confident
6. How confident do you feel in recognizing cognitive (learning, thinking, problem-solving) delays for your classroom’s age group?
   a. Extremely confident
   b. Very confident
   c. Moderately confident
   d. Minimally confident
   e. Not at all confident
7. How confident do you feel in recognizing movement/physical development delays for your classroom’s age group?
   a. Extremely confident
   b. Very confident
   c. Moderately confident
   d. Minimally confident
   e. Not at all confident
8. How confident do you feel in addressing delays among students in your classroom with parents/guardians?
   a. Extremely confident
   b. Very confident
   c. Moderately confident
   d. Minimally confident
   e. Not at all confident
9. Would a resource regarding developmental milestones for your classroom’s age group be beneficial to you?
   a. Yes
   b. No
   c. Additional comments:

10. Level of education:

Post-poster viewing survey

1. What age group do you work with?

2. Do you feel these posters contain a sufficient amount of information?
   a. Yes
   b. No
   c. If no, what else could be included?:

3. Would you feel comfortable using this poster in your classroom?
   a. Yes
   b. No
   c. If not, why so?:

4. How confident do you feel in addressing delays among students in your classroom with parents/guardians?
   a. Extremely confident
   b. Very confident
   c. Moderately confident
   d. Minimally confident
   e. Not at all confident

5. Would this resource be beneficial to your classroom?
   a. Yes
   b. No
   c. If not, how could it be improved?:

6. Any additional comments:
ACKNOWLEDGMENTS
The authors acknowledge and greatly appreciate the daycare directors and teachers for participating in this pilot study. The authors are also grateful for the support of the Ozanam Scholars Program at St. John’s University. Lastly, Ms. Swinburne thanks Dr. Gary Martin for his mentorship.

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Gwyneth L. Swinburne is an undergraduate student of speech-language pathology and audiology at St. John’s University. Gwyneth is also a member of the Ozanam Scholars Program which focuses on combining service and research through Vincentian leadership. Gwyneth also studies Lactation Consulting, and plans to work in early intervention as a speech-language pathology assistant in Maryland upon graduation in May 2020. Later, she plans to complete graduate work in speech-language pathology.

Gary E. Martin, PhD, CCC-SLP, is an Associate Professor in the Department of Communication Sciences and Disorders at St. John’s University in New York, and a nationally certified speech-language pathologist. Before joining the faculty at St. John’s University, Dr. Martin was a Scientist at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill. Dr. Martin’s research focuses on speech and language development of children with fragile X syndrome, autism spectrum disorder, and Down syndrome with a particular emphasis on pragmatic language, prosody, and the overlap of fragile X syndrome and autism.