



# In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

## Rates of Parent-Centered Developmental Screening: Disparities and Links to Services Access

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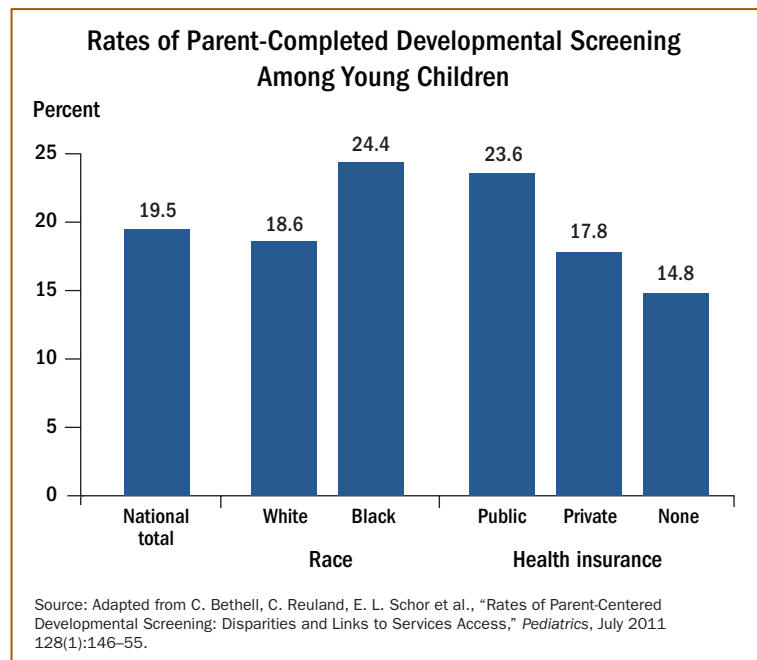
**Access to full article:** <http://pediatrics.aappublications.org/content/128/1/146.abstract>

### Synopsis

Although experts in pediatric care recommend that all young children undergo screening for developmental problems, less than 20 percent of U.S. children under age 6 received a parent-completed screening at the request of a health care provider. High-risk children who are screened are more likely to receive early intervention services than their unscreened high-risk peers.

### The Issue

In 2006, the American Academy of Pediatrics recommended that pediatricians screen all young children for risk of developmental, behavioral, and social delays as a routine part of well-child care, and that the screenings include standardized questionnaires completed by parents. However, studies conducted a decade ago, including the 2000 American Academy of Pediatrics Periodic Survey of Fellows, pointed to significant gaps in developmental screening. To provide a more timely assessment of the use of standardized, parent-completed developmental screening (DS-PC), Commonwealth Fund-supported researchers analyzed findings from the 2007 National Survey of Children's Health.



### Key Findings

- Nationally, 19.5 percent of children received a DS-PC, with the percentages ranging from 10.7 percent in Pennsylvania to 47.0 percent in North Carolina. State differences in socioeconomic or

health status accounted for only a portion of the variation, suggesting that state policy plays an important role.

- The prevalence of screening was highest for children younger than 12 months (26.7%), black children (24.4%), and children covered by government health insurance (23.6%). Rates were lower for children ages 36 months to 71 months (17.4%), white non-Hispanic children (18.6%), and children with no insurance (14.8%) or with coverage gaps in the previous year (16.5%).
- The proportion of children with a DS-PC was more than twice as high among children who had at least one preventive care visit during the previous 12 months as it was among children who had no such visit (19.8% vs. 9.2%).
- Children with emotional, behavioral, or developmental problems who received mental health treatment or counseling services were more likely to have received a DS-PC than children who needed, but did not receive, these services.

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### **Addressing the Problem**

The authors recommend continued promotion of developmental screening in pediatric care settings. State and federal policy can play an important role, they say. With only nine states exceeding the national screening average, a more systematic approach across the states is needed to better integrate screenings into routine well-child care. Higher screening rates in North Carolina, which has instituted a number of efforts over several years to promote screenings, suggest it is possible to improve.

**We urge continued promotion and monitoring of developmental screening in pediatric health care settings and the development of systems to support primary care-based screening.**

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### **About the Study**

The authors analyzed data from the 2007 National Survey of Children's Health, which is sponsored by the federal Maternal and Child Health Bureau. Among other questions, the survey included items to assess the prevalence of screening for risk of developmental, behavioral, and social delays in children ages 10 months to 71 months through the use of parent-completed questionnaires. Screening was assessed only for children who had had at least one health care visit in the previous 12 months.

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### **The Bottom Line**

Less than 20 percent of U.S. children under age 6 receive a parent-completed developmental screening as recommended in national guidelines. But wide variation across the country suggests states can successfully raise rates by instituting policies and implementing systematic improvement processes.

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### **Citation**

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