

Developmental Delays and Disorders

October 14, 2024

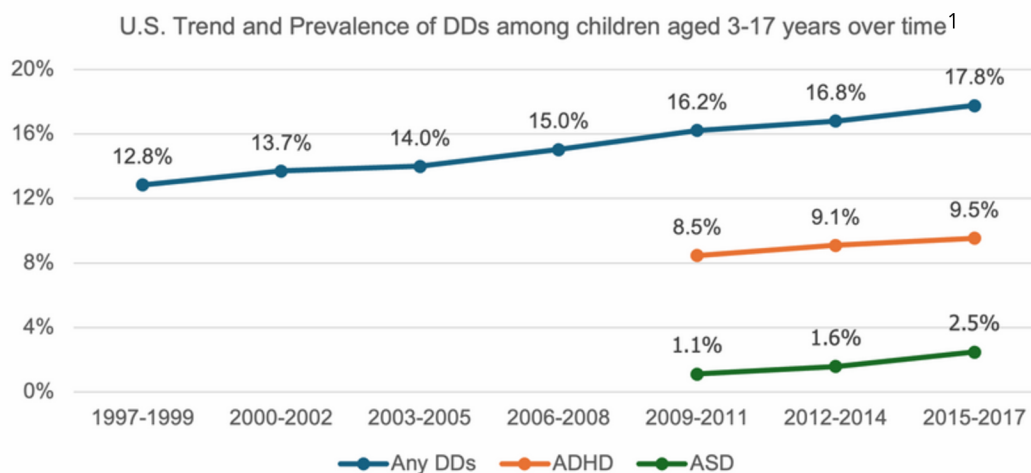
KEY TAKEAWAYS

1. There has been an increase in children in the U.S. being diagnosed with a developmental delay or disorder (DDs) since the late 1990s.
2. Early identification and intervention of DDs are crucial for children to thrive. Actions are needed to increase screening and developmental monitoring in order to support the development and health of Texas's children.

Background

The U.S. has seen a 39% increase in children between 3-17 years old who have been diagnosed with a developmental disorder or delay.¹

- About 25% of Texans are under the age of 18, and over 1.55 million are under 4 years old.²
- Timely tracking and interventions are needed to optimize the health and development of Texas children.



Defining Developmental Delays and Disorders (DDs)

- *Developmental Delays*: when children do not achieve the developmental milestones associated with peers of the same age range; delays can occur in social/emotional, communication, motor, and/or cognitive domains.³
- *Developmental Disorders*: a group of syndromes in which the typical patterns of development are disrupted due to an impairment in physical, learning, language, or behaviors areas; examples include Autism Spectrum Disorder (ASD), attention-deficit hyperactivity disorder (ADHD), hearing loss, or vision impairment.⁴

The utilization of special healthcare services among children with DDs differs by sociodemographic factors.

Prevalence of DDs in U.S. Children Aged 3-17 (2014-2018 National Health Interview Survey)⁵



1 in 6 have at least one DD



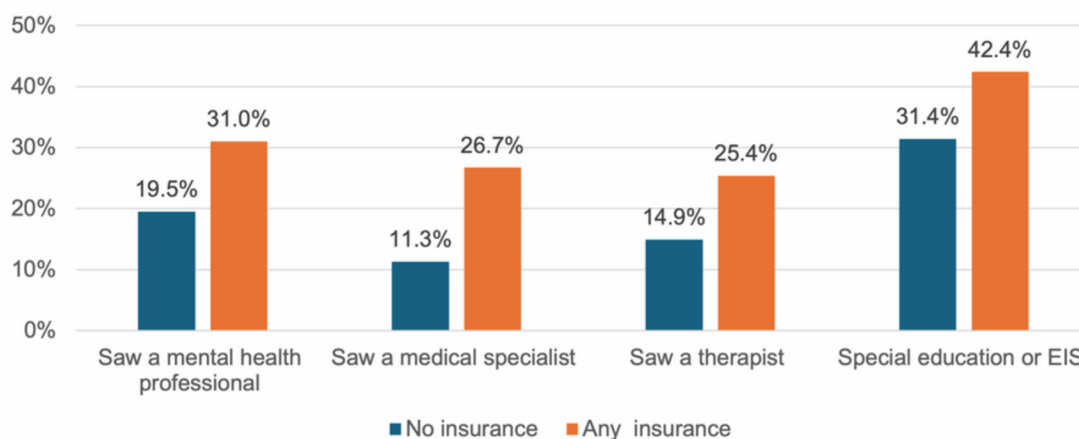
1 in 15 have two or more DDs

5 Most Common DDs

- ADHD (9.4%)
- Learning disability (6.5%)
- Other developmental delay (3.9%)
- ASD (2.4%)
- Stuttering (2%)

- Minority children with DDs are less likely to utilize specialty services or have health care needs met.
 - A lower proportion of non-Hispanic Black, non-Hispanic other, and Hispanic children with DDs took prescription medication for ≥ 3 months versus non-Hispanic White children with DDs.⁵
 - Compared to non-Hispanic White children with DDs, Hispanic children with DDs were less likely to have seen a mental health professional, and non-Hispanic Black and Hispanic children with DDs were less likely to have seen a medical specialist.⁵
- Lower proportions of children with DDs who do not have health insurance maintain the use of prescribed medication for ≥ 3 months and utilize specialty services, compared to children with DDs who have health insurance.⁵
 - Even among children with DDs with health insurance, **less than half** of them used specialty services.⁵

U.S. Children with DDs Specialty Services Used⁵

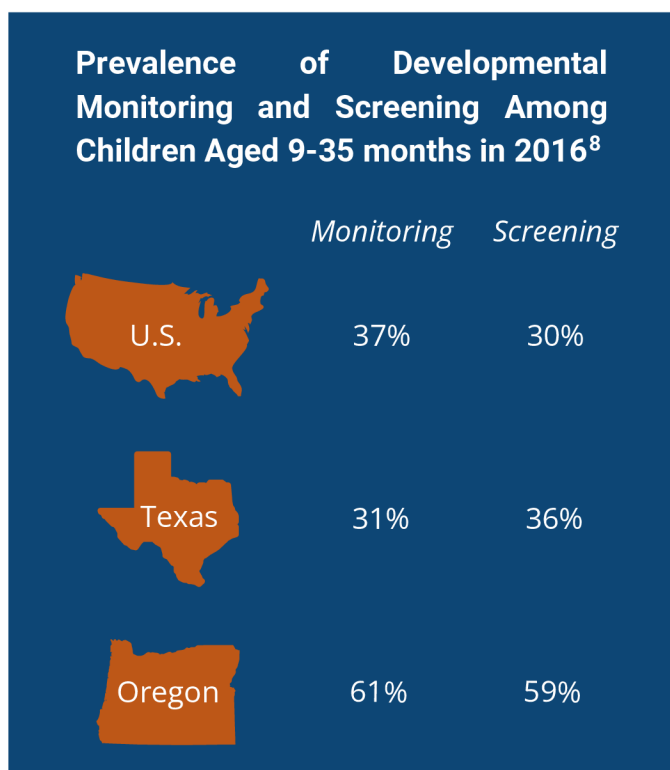


There are several different opportunities and settings where the identification of developmental delays, disorders, or disabilities may occur.^{3, 6}

- Routine monitoring and screening through well-child visits
 - American Academy of Pediatrics recommends:
 - developmental/behavioral screening for all children during well-child visits at 9, 18, and 30 months
 - screening for ASD at 18 and 24 months
- Parents or guardians can raise concerns about their child's development with their medical providers.
- Preschool teachers or childcare staff are sometimes the first to notice signs of delays or disabilities in babies and toddlers.

Developmental monitoring and screening for DDs are important steps to promoting early intervention, which is crucial for improving and optimizing children's developmental and educational outcomes.

- About **4 in 10** and **3 in 10** U.S. children aged 9-35 months received developmental monitoring and screening in 2016, respectively.
 - Texas had similar rates compared to the U.S. However, when compared to Oregon, which has the highest rates of both monitoring and screening across the country, Texas has clear potential to improve.⁸



Monitoring vs. Screening⁹

- *Monitoring*: Observing how a child is growing; continual process with children whose development is not on track, but may not qualify for intervention.
 - *Screening*: Assessing whether a child's development matches expectations; determines whether further assessment or evaluation is warranted.
- Less than 20% of U.S. children received **both** developmental screening and monitoring in 2016, while more than half received neither.⁸
 - Developmental screening in the U.S. significantly increased from 30% in 2016 to 36% in 2020, but there is still room for improvement.⁸

Next Steps

Given the current low monitoring and screening rates, there are several actions that can ultimately support the optimal development of infants and young children.

- Ongoing screening of children's development during routine preventive visits is critical for identification of children who are at risk of developmental delays and may need specialty medical services.⁸
 - Increase the number of children receiving the recommended number of well-child visits through reminder-recall and home-visiting programs.⁸
 - Promote continuous and comprehensive primary care with medical home (a family-centered approach with a partnership between the child, the child's family, and primary healthcare) to increase the quality and use of preventive services.^{8,10}
- Support parents and healthcare providers in adhering to screening recommendations.
 - Address the language barriers of parent-completed screening tools.⁸
 - Implement clinician training and include automated prompts in electronic medical records.⁸
 - Address the barriers to screening, such as inadequate time and training for staff.⁸
- Implement and disseminate effective monitoring tools and processes.^{6,11}
- Increase awareness of the importance of timely developmental screening, referrals, and intervention.

Experts

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