How Do Screening Tests Perform in Settings Serving At-risk Populations?

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**Purpose:** Quality screens are standardized on a sample of children and families whose socio-economic and demographic characteristics represent those of an entire nation (e.g., in the US by creating a normative group that reflects Census Bureau population parameters). Standardization of tests on such a sample defines what is typical performance and, in the case of screening tests, predicts frequencies of referral rates. But, should researchers and clinicians working with Medicaid, NICU follow-up, or other at-risk groups expect their referral rates to differ from national norms?

**Methods:** Referral rates based on national norms for Parents Evaluation of Developmental Status (PEDS) (N = 771) were compared to those from a pediatric
clinic serving mostly Medicaid patients in Milwaukee, Wisconsin (N = 744), and to 211LA, a warm line serving mostly ethnic minority families (47% Latino and 30% African-American) in non-medical crisis (e.g., housing or food instability)(N = 257).

**Results:** Chi-square comparisons among the three groups revealed that clinics serving families with elevated rates of psychosocial risk (e.g., poverty, less than a high school education, limited English proficiency, etc.) had significantly higher rates of children with problematic performance when compared to PEDS’s nationally representative sample (p < .0001). These results are corroborated by other studies of at-risk children administered different screening tests.

**Conclusion:** The impact of psychosocial risk on development is well known to developmental-behavioral specialists. Helping trainees and generalist pediatricians anticipate increased referral rates when working with at-risk populations is needed. Screening test authors should report, not only the frequency of problematic performance on nationally representative samples, but also frequencies for various at-risk populations (e.g., children in foster-care, NICU follow-up, etc.).