

Children With Developmental Disabilities May Have More Unmet Social Needs

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TOPLINE:

Children with developmental disabilities had over twice the odds of reporting at least one unmet health-related social need compared with primary care patients.

METHODOLOGY:

- Researchers conducted a retrospective analysis of data from patients at a large urban health system in the Bronx, New York.
- Families of patients completed a nine-item social needs screener. Community health workers were integrated into the health system to address identified needs, with referrals made for families reporting unmet needs.
- The primary outcome was the presence of at least one unmet health-related need, and secondary outcomes included specific domains such as housing or food insecurity, healthcare transportation needs, and healthcare cost needs.
- Overall, 1420 children with developmental disabilities (69.7% male individuals; 52.8% Hispanic, Latino, or Spanish individuals) and 32,143 pediatric primary care patients (50.1% male individuals; 41.9% Hispanic, Latino, or Spanish individuals) , all aged 21 years or younger, were included, and the likelihood of self-reporting unmet health-related social needs was assessed.

TAKEAWAY:

- Overall, 30% of children with developmental disabilities reported at least one health-related social need compared with 12.6% of primary care patients.
- Children with developmental disabilities had greater odds of reporting at least one unmet health-related social need than primary care patients (adjusted odds ratio [aOR], 2.49; $P < .0001$).
- Compared with children aged 0-5 years, those aged 12-17 or 18-21 years had lower odds of reporting unmet needs ($P < .0001$ for both). White patients had significantly lower odds of reporting unmet social needs than patients of other races, including Black and Latino.
- Patients with developmental disabilities had significantly higher odds of unmet needs across all social need domains, including housing insecurity (aOR, 2.45; $P < .0001$), food insecurity (aOR, 2.11; $P < .0001$), healthcare cost needs (aOR, 2.02; $P < .0001$), and legal needs (aOR, 3.53; $P < .0001$).

IN PRACTICE:

"This study supports universal health-related social needs [HRSNs] screening in pediatric populations with developmental disabilities. Institutions that serve children with developmental disabilities should consider implementing interventions and allocating resources, such as specialized community health worker programs, to address HRSNs in this vulnerable population," the authors wrote.

SOURCE:

The study was led by Alexandra L. Falkenberg, BS, of the Rose F. Kennedy Children's Evaluation and Rehabilitation Center in the Department of Pediatrics at the Albert Einstein College of Medicine in the

Children's Hospital at Montefiore in the Bronx, New York. It was published [online on](#) September 15, 2025, in *The Journal of Pediatrics*.

LIMITATIONS:

The cross-sectional design of the study limited the ability to establish causal relationships between developmental disabilities and unmet social needs. Misclassification bias could occur if families underreported needs due to stigma or if developmental disability status was noted but not followed up. The study did not account for other household members with special needs, potentially affecting economic stability and caregiver well-being. The generalizability of the findings may be limited to similar urban settings.

DISCLOSURES:

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