



MassGeneral Hospital
*for Children*SM

Racial and Ethnic Differences in Subspecialty Use by Children With Autism

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Background

- African-American children receive diagnosis later than white children (Mandell et al.)
 - Later access to EI and other services
- African-American children with ASD report (Kogan et al.)
 - More delayed or forgone care
 - Less likely to have usual source of care
 - Difficulties getting needed care
 - Among those “no longer having a diagnosis,” high representation among African-American children
- Higher rates of comorbid conditions among children/youth with ASD

Partners Study of Subspecialty Use in ASD

- Children/youth with diagnosis of ASD
 - Ages 2-21 years
 - Visits from 2000-2011
- Examined rates of visits with
 - Gastroenterology(GI)/nutrition
 - Neurology
 - Psychiatry/psychology
- Laboratory and procedures
 - GI
 - EEG and neuroimaging
 - Sleep studies
 - Neuropsychiatric testing

Results

- 3,615 children and youth
 - 2,935 white
 - 243 Latino
 - 188 African-American
- Gender
 - 2879 Male
 - 736 Female

Visit likelihood (odds ratios)*

Subspecialty Visit	White	African-American	Hispanic	Other non-white
GI/nutrition	Ref	0.32**	0.32	0.56
Neurology	Ref	0.52	0.40	(0.84)
Psychiatry/psychology	Ref	0.44	0.60	0.62

*Adjusted for gender, age at visit, and insurance

***I.e., African-American children about 1/3 as likely to have GI/nutrition visit*

Selected procedures (odds ratios)

Procedure	White	African-American	Hispanic	Other non-white
GI/nutrition				
Stool studies	Ref	0.49	(1.01)	(0.73)
Colonoscopy	Ref	0.23	0.26	(0.68)
Endoscopy	Ref	0.31	0.27	0.53
Neurology				
EEG	Ref	(0.65)	0.53	(0.98)
MRI-brain	Ref	0.37	0.62	(0.99)
Psychiatry				
Neuropsych testing	Ref	(0.80)	0.55	(1.05)
Developl testing	Ref	(1.47)	3.48	(0.61)

Summary

- Major differences by race/ethnicity in subspecialty service use
- Potential explanations
 - Differences in presentation or severity
 - Differences in physician or parent referrals
 - Differences in referral followup

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