Autism Disparities: Assessing Quality of Care and Structural Barriers to Diagnosis and Service

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Autism Spectrum Disorder Disparities

- White children 30% more likely to be identified with ASD compared to Black children; 50% more likely than Hispanic (CDC 2016)
- Age at diagnosis (e.g., Mandell et al. 2002)
- Access to intervention and services (e.g., Liptak et al. 2008)
- Representation in special education (e.g., Boswell et al. 2014)
Autism Clinic Hughes Spalding CHOA

- Established in 2002
- 90% rely on Medicaid or uninsured
- Interdisciplinary team
- 3 days/month
- 15-20 patients
Aim 1: Measure the quality of care at the Children’s Hughes Spalding Autism Clinic
Aim 2: Assess the impact the Autism Clinic has had on children who have received services
Aim 3: Identify barriers to autism diagnosis and services for low-income, minority and/or underserved children and their families
Mixed Method Approach

- **Caregiver Quality of Care Survey (N=60)**
  - Extensive demographics – 25 questions
  - 3 levels of quality of care
  - Overall satisfaction
- **In-depth interviews**
  - Caregiver experiences before, during, and after autism diagnosis
  - Clinic Staff
- **Clinic Observation**
  - 1 year (3 days a month)
Structural Inequalities

- **Parent and Family Factors**
  - Transportation, lack of flexible employment, limited financial resources, single parent

- **Community Knowledge/Resources**
  - Lack of awareness/information on autism
  - Lack of social support, stigma

- **Healthcare and Educational Systems**
  - Lack of trained professionals
  - Limited services: outside of Metro Atlanta, special education, and Medicaid
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