Addressing Racial Inequities in Autism Spectrum Disorder: A Multidisciplinary Program for the Diagnosis and Treatment of ASD within Los Angeles County

Christina Guest, M.D., PGYS
LAC + USC Child and Adolescent Psychiatry Fellowship

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INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder consisting of social communication deficits and repetitive behaviors, as diagnosed with the below DSM-V criteria:

- Deficits in social-emotional reciprocity, non verbal communicative behaviors and deficit in the development, maintenance and understanding of relationships.
- Two of the following:
  1. Stereotyped or repetitive motor movements, use of objects, or speech.
  2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior.
  3. Highly restricted, fixated interests that are abnormal in intensity or focus.
  4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment.

As a neurodevelopmental disorder, ASD should be a diagnosis of early childhood to ensure early intervention. Due to individual and environmental factors (i.e. access of care difficulties, cultural barriers, etc) early diagnosis and intervention is not equal amongst all.

DATA & STATISTICS

- Approximately 18.5 per 1000 children have ASD
  - Medicaid populations 8 per 1000 children
  - US Census data 28 per 1000 children
- ASD is diagnosed in 1 Female for every 4.3 Males diagnosed.
- Racial inequities are present in diagnostic prevalence rates:
  - Non Hispanic Whites - 18.5 per 1000 children
  - Non Hispanic Blacks - 18.3 per 1000 children
  - Hispanics – 15.4 per 1000 children
  - Asian/Pacific Islander – 17.9 per 1000 children
- Outpatient services received in Medicaid settings:
  - Black 5.2 % points lower than white children
  - Asian 2.6 % points lower than white children
  - Native American/Pacific Islander 3.7 % points lower than white children.
- No significant disparities in use of school-based services.
  - Black children have a rate of school-based service 5.6% points higher than white children
  - Asian children have a rate of school-based service 4.8% points higher than white children.

S.H.A.R.K. PROGRAM

In response to the known increased morbidity and mortality for children with high Adverse Childhood Experiences (ACES), Los Angeles County Department of Health Services (for Medicaid patients) has created a program focused on children and teens identified with high ACES for specialized care.

The Strong Healthy And Resilient Kids (S.H.A.R.K.) Program provides primary care and specialty consultative services for children and teens with complex medical, social, emotional and developmental needs. One such consultative service we plan to add is a multidisciplinary clinic for the diagnosis and treatment of Autism Spectrum Disorder.

This specialty clinic will be developed with the following multidisciplinary team:
- Developmental Pediatrician
- Child and Adolescent Psychiatrist
- Occupational Therapist
- Psychologist
- Speech Therapist
- Nursing staff
- Case Management

The goal of this clinic will be to decrease racial inequities in early diagnosis and treatment of children with ASD in attempts to decrease long term morbidity and mortality for these children.

REFERENCES

4. CDC - https://www.cdc.gov/ncbddd/autism