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Disparities in Access to Services in Children Undergoing Routine Developmental Screening in Primary Care

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Background Information

- AAP Screening Recommendations:
  - Development: 9, 18, and 24/30 months (Lipkin et al., 2020)
  - Autism Spectrum Disorder (ASD): 18 and 24/30 months (Hyman et al., 2020)
- 1 in 54 children have been diagnosed with ASD (Maenner et al., 2020) and 1 in 14 children have a developmental disability (including ASD) (Zablotsky et al., 2017)
- Health disparities related to service access exist for children with ASD and developmental concerns (e.g., Khetani et al., 2017)

Study Objectives

- Objective 1: Examine the predictive validity of the Modified Checklist for Autism in Toddlers (M-CHAT) and Parents' Evaluation of Developmental Status (PEDS) screening tools for diagnosis of ASD or developmental delay (DD)
- Objective 2: Examine the relation between screening measure scores and access to services
- Objective 3: Examine whether the above proposed relations vary by race and/or sex

Method

- Retrospective chart review of 906 patients' well-child checks (WCC) at an urban, primary care center housed within an academic medical center

Time 1 Measures (18m WCC)

- M-CHAT (Robins et al., 2001; 2014)
- PEDS (Glascoe, 1999)

Time 2 Measures (4-6y WCC)

- Diagnostic Status (ASD/DD)
- Access to Services (Number of referrals placed or active services)

Description of Sample

- 91.6% non-White (8.4% White)
- 54.1% male (45.9% female)

Time 1 Scores (18m WCC)

- M-CHAT score
  - *M* = 1.65, *SD* = 1.73
- PEDS score
  - *M* = 0.14, *SD* = 42

Time 2 Scores (4-6y WCC)

- Diagnostic Status
  - 2.49% with diagnosis of ASD or DD
- Access to Services
  - *M* = 0.46, *SD* = 0.86
  - 26% had access to at least one service

Results

Diagnostic Status

- M-CHAT (but not PEDS) predicted diagnostic status
- No main or moderating effects of race or sex on diagnostic status

Access to Services

- Higher scores on M-CHAT and PEDS predicted service access
- Female and non-White patients had access to fewer services
- Both sex and race moderated the relation between PEDS score and service access. Sex moderated the relation between M-CHAT score and service access

Implications

- The PEDS did not provide incremental predictive power over the M-CHAT for later diagnosis
- Both the PEDS and MCHAT were related to service access
- Increased risk on the PEDS was less associated with service access for female and non-White patients
- Increased risk on the M-CHAT was less associated with service access for female patients
- Findings highlight the importance of addressing barriers to access for female and non-White patients

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