DBPNet
Developmental Behavioral Pediatrics Research Network

Title: CONSULTING WITH AN ACADEMIC DBP: DOES RACE MATTER?

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Background: Many subspecialty services have been documented to be less available for non-white children.

Objective: To examine the differences between white (W) and non-white (NW) children in referral questions, evaluations, and diagnoses in a Developmental Behavioral (DB) consultation at an academic medical center.

Design/Methods: This observational study used survey data from practicing academic DB pediatricians collected in 2013-2014 from 56 pediatricians at 12 sites. Child race was obtained from pediatrician report. Chi-square tests were used to compare groups.

Results: In the full sample, 349 were W, 406 were NW (187 Hispanic, 135 Black, 58 Asian/Pacific Islander, 26 other/mixed) and 29 were missing race/ethnic data. The mean waiting time for W children was 22.28 weeks and for NW 18.4 weeks. When compared by site and length of wait (low, medium, high) there was no clear pattern of the role of race in wait time. Reasons for referral were similar between groups for autism (41.5% W vs 41.9% NW), cognitive delay (24.6 W vs 26.8% NW), socialization delay (18.3% W vs 20.0% NW), oppositional/conduct problems (21.5% W vs 18.0% NW), ADD/ADHD (42.4 W vs 38.4 NW), and school problems (20.9% W vs 2.7% NW), but differed for motor delay (15.5% W vs 9.6% NW, $p<0.019$), speech and language delay (36.4% W vs 48.0% NW, $p<0.001$), anxiety (13.2% W vs 6.9% NW, $p<0.005$) and sleep problem (12.3% W vs 5.2% NW, $p<0.001$). W children were more likely than NW children to have had either a psychopharmacologic evaluation or (21.8% vs 11.6%, $p<.001$), or genetic testing discussed (16% vs 9.9%, $p<.012$). Seventy-six W children (21.8%) had a psychopharmacologic evaluation discussed and only 46 (11.6%) of the NW which is significantly different ($p<0.0001$). Neuroimaging was rarely done in either group (W 0.9% and NW 0.5%, NS). Diagnosis at conclusion of the evaluation varied by race for particular diagnoses including ADD (41.8% W vs 32.3% NW, $p<0.008$), anxiety (18.6% W vs 12.8% NW, $p<0.034$) cognitive delay (23.8% W vs 38.0% NW, $p<0.0001$) Motor delay (19.8% W vs 13.5% NW, $p<0.023$), obesity (3.7% W vs 8.4% NW, $p<0.01$), parenting problems (4.0% W vs 7.9% NW, $p<0.032$) , sleep problems (21.2% W vs 14% NW, $p<0.012$), speech delay (39.3% W vs 53% NW, $p<0.001$).

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Conclusions: This data finds some differences by race among the consultations performed and diagnoses given by DBP. In designing access models for underserved communities it will be important to consider these differences.

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