

Role of Social Determinants of Health in Rates of Diagnosis and Treatment for Patients as Evidenced by ASD & FAS

Sumaya W. Fawaz

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Introduction

Social determinants of health are environmental factors that impact people's health by various means including factors such as socioeconomic status (SES), race, gender, and education. They can impact food accessibility, housing security, employment stability as well as opportunities available to improve one's health or receive treatment (Islam, 2019). Conditions like fetal alcohol Syndrome (FAS), which can cause deformities and learning disabilities, and autism spectrum Disorder (ASD), a developmental condition that impacts one's social interactions, are heavily correlated with various social determinants of health because of the risk for alcoholism and the difficulty in accessing health services. This literature review will investigate how the rates of diagnosis and treatment are impacted for patients with FAS and ASD by factors such as race and SES. By analyzing the rates of diagnosis and treatment in communities with ASD and FAS, we aim to determine if there are inequities in rates that can be explained by race and SES independently. With this information it may be possible to identify cost-effective strategies that may improve the treatment of these conditions in racial minorities and lower SES communities.

Methods

Previous literature regarding social determinants of health generally focused on the link between poverty and health. Current research, though, focuses more on the relationship between different social determinants such as race and further explores socioeconomic status (SES) in health because of greater evidence supporting that clusters of social determinants may be linked. Additionally, multiple cross-sectional observational studies were used as the primary forms of data analysis that made the correlation between social determinants like SES or race and developmental disabilities apparent. The studies analyzed in this literature review were compared to similar cross-sectional studies in order to confirm the hypotheses regarding these correlations.

Results

The data reveals that minority children diagnosed with ASD who come from a lower SES have difficulties accessing therapy services and psychotropic medications. This group is also less likely to have a doctor that spends enough time with them. Additionally, parents who are lower income or received a low-level education are less likely to feel that a doctor listens to their concerns. Lastly, African American children with ASD have a smaller chance of experiencing family-centered care in comparison to white children (Zuckerman et al., 2015).

Figures

1.

	Percent in each demographic category holding belief [†]			
	Definitely agree condition is likely to be lifelong rather than temporary	Agree Condition can be prevented or decreased with treatment	Agree Child's condition is a mystery to parent	Agree Parent has the power to change child's condition
Overall Percentage of Sample[‡]	70.8%**	81.5%**	44.5%*	44.8%*
Race/Ethnicity				
White, Non-Hispanic	75.5%**	80.2%	39.5%**	43.3%
Hispanic	54.8%*	87.7%	55.5%	46.1%
Black, Non-Hispanic	56.4%*	79.6%	50.6%	51.7%
Other Race, Non-Hispanic	75.1%	82.8%	54.4%	48.1%

Figure 1: Table that draws data from the 2011 Survey of Pathways to Diagnosis and Services and the 2009–10 National Survey of Children with Special Health Care Needs. The differences between minority and non-minority parents are significant. More minority parents thought their child's condition (ASD) was a mystery and they have the power to change it (Zuckerman et al., 2015).

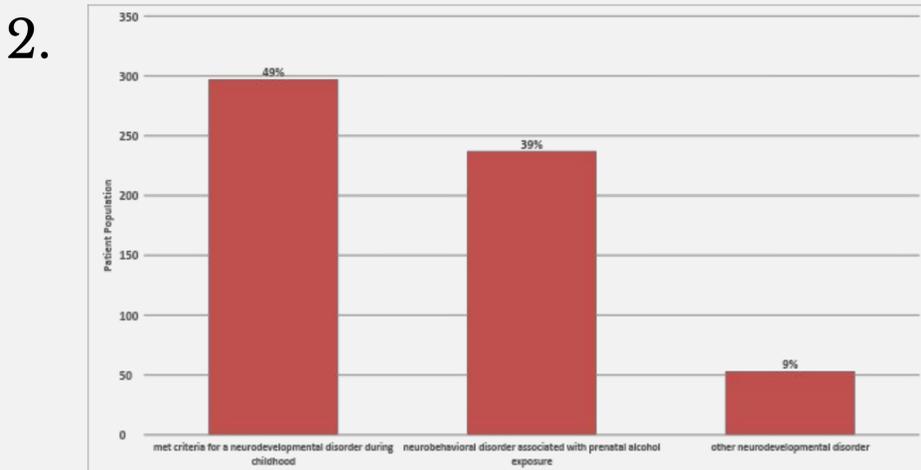


Figure 2: Graph that draws data from Jackson Park Hospital's Family Medicine Clinic on Chicago's South Side which examined the prevalence of neurodevelopmental disorders among mainly lower SES, African-American psychiatric patients. 297 patients (43%) met the criteria for a neurodevelopmental disorder during childhood; 237 (39%) had clinical profiles consistent with neurobehavioral disorder associated with prenatal alcohol exposure; and 53 (9%) had other neurodevelopmental disorders (Bell & Chimata, 2015).

Future Directions

The public health system has been negatively affected by the COVID-19 pandemic, which has exacerbated issues such as alcoholism and poverty. Therefore, in an effort to adapt to the new needs of the public, identification of enhanced public health needs is crucial. Following this pandemic there will be a greater need for our social safety net, and efficiency on a per-dollar basis for most benefit will be paramount for a further stretched system. For example, working on improving mental health across our nation can decrease the rates of alcoholism, especially in lower SES areas where a greater number of people have been displaced or left unemployed, and could stand to decrease the rate of FAS. The education system has also been damaged by COVID-19, and promotion of health literacy in the system may allow a deeper understanding regarding ASD in lower income and minority communities.

Conclusions

Social determinants of health like race and SES likely impact rates of diagnosis and treatment for patients with FAS and ASD, but current research is working to analyze the impacts of such factors. It may be helpful to prioritize the importance of education because focusing on this issue can help increase the awareness about the risks of alcoholism and the resulting possibility of FAS, and the characteristics of ASD. Furthermore, the healthcare system must work on creating easier access to treatment for lower income and minority communities. Overall, examining areas affected by social determinants of health and determining what solutions can aid those negatively impacted by them is crucial to supporting our nation's development and rebound from this pandemic.

References

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