Access to Therapy for Children with Autism: A Population-Based Analysis

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- 1 year Secondary Data Analysis study
Introduction

• Increase in prevalence in Autism Spectrum Disorders (ASD) \(^1\)

• Therapy services (OT, ST, PT) are frequently used interventions \(^2,3\)

• Need more therapy services than other children \(^4\)

• More likely to have unmet need for health care services, including therapy services \(^5\)

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\(^1\) Centers for Disease Control & Prevention (2014)  
\(^2\) Green et al. (2006)  
\(^3\) Thomas, Ellis, McLaurin, Daniels & Morissey (2007)  
\(^4\) Gurney, McPheeters, & Davis (2006)  
\(^5\) Chiri & Warfield (2012)
Specific Aims

1. Compare rates of access to therapy service between children with ASD and other children with special health care needs (CSHCN) at two population survey time points

2. Examine the relationship of individual and contextual characteristics on access to therapy services across the two survey time points
Methods

Design & Data Source

- Retrospective, population-based cohort design
- National Survey for Children with Special Health Care Needs (NS-CHSCN)\(^6\)
  - n=40,465 (05-06 Survey)
  - n=40,242 (09-10 Survey)
- Compared children 0-17 years with current ASD to other CSHCN

Need for Therapy:

Yes response to “In the past 12 months, was there any time when your child needed physical, occupational or speech therapy?”

Unmet Need for Therapy (Access variable):

No response to “Did your child receive all of the therapy that he/she needed?”

\(^6\) CDC, NCHS, SLAITS [http://www.cdc.gov/nchs/slaits/cshcn.htm#09-10](http://www.cdc.gov/nchs/slaits/cshcn.htm#09-10)
# Unmet Need for Therapy

Did your child receive all of the therapy that he/she needed?

## 2005-06 NS-CSHCN<sup>a</sup> vs. 2009-10 NS-CHSCN<sup>b</sup>

<table>
<thead>
<tr>
<th></th>
<th>2005-06</th>
<th></th>
<th>2009-10</th>
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<tbody>
<tr>
<td></td>
<td>NS-CSHCN</td>
<td>NS-CSHCN</td>
<td>NS-CSHCN</td>
</tr>
<tr>
<td>ASD</td>
<td>Other CSHCN</td>
<td>ASD</td>
<td>Other CSHCN</td>
</tr>
<tr>
<td>(n=1538)</td>
<td>(n=7543)</td>
<td>(n=2216)</td>
<td>(n=8008)</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>[95% CI]</td>
<td>[95% CI]</td>
<td>[95% CI]</td>
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<tr>
<td>Yes</td>
<td>82.1</td>
<td>87.2</td>
<td>75.6</td>
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<tr>
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<td>[78.8-85.0]</td>
<td>[85.8-88.6]</td>
<td>[72.4-78.5]</td>
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<tr>
<td>No</td>
<td>17.9</td>
<td>12.8</td>
<td>24.4</td>
</tr>
<tr>
<td></td>
<td>[15.0-21.2]</td>
<td>[11.4-14.2]</td>
<td>[21.5-27.7]</td>
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</tbody>
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<sup>a</sup>Design-based F (1, 9030)=10.1, p=.002. Strata = 51, PSU= 9081, Subpopulation observations= 9 081

<sup>b</sup>Design-based F (1, 10122)=27.8, p<.001. Strata = 102, PSU=10 224, Subpopulation observations= 10 224

Predictors of Unmet Need for Therapy Services

• Current ASD diagnosis
• Sampled in 2009 year
• Insurance status
  – Uninsured
  – Public insurance
  – Public + private insurance
• Functional needs of child
  – “Usually” or “Always” were affected
• No well-child visit in past year
Conclusions/Discussion

• Importance of well-child visit for appropriate care

• Impact of recession?
  • Disposable income—copays
  • Federal poverty level was not predictive
  • Having public insurance was protective

• Next Steps:
  • Examine whether cultural differences in reporting of need impacted results
  • Sub-population analyses with specific diagnoses
  • State-level differences due to mandates