Autism symptom severity serves as primary predictor of early diagnosis in conjunction with race, SES, and rurality.

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INTRODUCTION

Early identification and intervention of autism spectrum disorder (ASD) can contribute to later social, developmental, and functional outcomes.

Age of diagnosis (AOD) is typically later than when parents first become concerned about their child's development.

Need for specialists, long waitlists, lack of clear therapeutic pathways, and more all contribute to delays in diagnosis and intervention.

METHOD

Data were collected from a university-affiliated ASD specialty clinic.

Participants include 109 parents of children diagnosed with ASD aged 2-15 years old (Male= 74%, *M age*= 5.60, *SD age*= 3.49).

Socioeconomic status was operationalized as whether or not a family used Medicaid for treatment, race was self-reported, rurality was measured by a family's zip code, and ASD severity was measured using the Autism Spectrum Rating Scale (ASRS).

Urban & Suburban	Rural
78%	22%
White	**Hispanic, Black, & Asian Combined**
45%	55%
Medicaid	**Private Pay**
58%	42%

Among diagnosed individuals, Social Communication and Unusual Behavior subscales severity served as a stronger predictor of age of first diagnosis, while rurality and race remain related to AOD.

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RESULTS

AOD was significantly correlated with the Unusual Behaviors (r= 0.366, p<.001) and Social Communication ASRS subscales (r= -0.153, p<.001).

Minority race was associated with earlier diagnosis (p= 0.020) and Medicaid status was not a predictor of AOD (p=0.123). An ANOVA revealed that zip code was near significance (p= 0.066) and demonstrated **children in very rural areas received diagnoses later than children in urban or suburban areas.**

A multiple regression examined the relative influence of ASD traits (step 1) and rurality and race (step 2) on AOD. Adding rurality and race did not significantly improve the model, $\Delta F(2, 104)=1.794$, p=.171, ΔR^2=.028, although the overall model remained significant $F(4, 104)=6.472$, p<.001, R^2=.169, **suggesting that social communication and unusual behaviors served as stronger relative predictors.**

DISCUSSION

Although rurality and race appear related to AOD, the Social Communication and Unusual Behavior subscales served as a stronger predictor of age of first diagnosis

Studies that increased knowledge on access and barriers to care can serve as building blocks to improving early intervention and access to information and resources.

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