# Disparities in Childhood ADHD Symptom Severity by Neighborhood Poverty

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OBJECTIVE: To determine the association between neighborhood poverty and ADHD severity among children in a large metropolitan area. METHODS: This is a secondary analysis of data collected April 2016 to July 2017 at the Children's Hospital of Philadelphia Care Network. We attributed 2015 American Community Survey census tract poverty, defined as percent of individuals with income below poverty level, to each child's residential address. Tracts were grouped from low to high poverty. ADHD severity was determined by Vanderbilt Parent Rating Scale (VPRS) symptom score. We also recorded parent-reported child ADHD medication use. RESULTS: A total of 286 children were linked to 203 unique census tracts. The majority of children from high poverty tracts were black and from disadvantaged households. Higher neighborhood poverty was associated with higher VPRS scores and decreased medication use in bivariate analysis. Poverty was no longer associated with VPRS scores in multivariate analysis, but medication use still had a significant negative association with VPRS score. Post-hoc stratification by medication use revealed that neighborhood poverty and VPRS score were significantly associated for children on medication, but not for those off medication. CONCLUSIONS: Neighborhood poverty was not associated with ADHD severity in multivariate analysis. This suggests other factors, including medication use, confound the relationship between neighborhood poverty and ADHD severity. Lack of medication treatment was significantly associated with higher symptom burdens for children with access to primary care. Decreased medication use in higher poverty communities warrants exploration and public health interventions to ensure adequate ADHD management for all children.

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