Title: Health Care Disparities Affecting Latino Children with Autism Spectrum Disorders or Down Syndrome in a National Sample

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Introduction: Among Latino children with disabilities, studies have consistently found disparities affecting access to diagnostic and developmental assessments, evidence-based treatments, and quality health-care (Magaña et al., 2012; Zuckerman et al., 2017a). Children and youth with Autism Spectrum Disorders (ASD) or Down Syndrome (DS) present with unique symptoms that require specialized health care and may experience higher risk for chronic health conditions. Within ASD, restricted interests, sensory sensitivities, and difficulties in social communication can affect the nutritional quality and quantity of food consumed, with many children and youth also reported to have co-occurring medical conditions (e.g., gastrointestinal disorders; Lee et al., 2008; Marshall et al., 2014; Nikolov et al., 2009). Children and youth with DS are prone to limited lung capacity along with metabolic and autonomic dysfunction, are at greater risk of developing thyroid disorder and more likely to have heart defects (Alexander et al., 2015). Furthermore, Latino children with these conditions may be more likely to experience other risk factors that have been identified as contributing to health care disparities, including low socioeconomic status, non-English home language, among other systemic issues (Zuckerman et al., 2017b). To date, studies have not explicitly examined the health care access, utilization, and experiences among Latino children with ASD or DS. The goal of this study is to identify health disparities in use of health care services among Latino children with ASD and DS compared to non-Latino White children with these conditions.

Method: The 2016 National Survey of Children’s Health (NSCH) was used as the data source to investigate health care disparities that affect Latino children with ASD and children with DS. The 2016 NSCH includes a total sample of 50,212 children between 0 and 17 years of age. Within the national dataset, three clinical groups were identified: Children with ASD, children with DS, and Children with no developmental disability (DD; i.e., ADHD, Intellectual Disability, Developmental Delay). The sample was further limited to Latino and non-Latino White children from the overall sample. Health care variables that were examined included: Health care access, health care use, health care quality, financial burden of health care, unmet health care needs, and child chronic health conditions.

Result: Sampling weights provided in the 2016 NSCH dataset were used to account for survey nonresponse. Analyses were conducted separately for children with ASD and children with DS and each group was compared to children with no DD. Relative risk ratios were computed for health care disparities between each clinical group (ASD, DS) and the comparison group (no DD), and then within ethnic groups (Latino, non-Latino White). Overall, Latino children with ASD were more likely to not receive needed health care due to availability, difficulties getting an appointment, and cost, when compared to non-Latino White children with ASD. Latino children with ASD were also less likely to have a personal doctor or nurse when compared to non-Latino White children with ASD. Latino children with DS were also more likely to have not received needed health care within the past year and were more likely to need extra help coordinating care when compared to non-Latino White children with DS. Latino children with DS were also less likely to have received special services to address their developmental needs and less likely to have continuous and adequate health insurance, when compared to non-Latino White children with DS. Additional analyses will further examine sociocultural factors that may contribute to these disparities among Latino children with ASD and DS.

Discussion: Much of the research to date has not adequately addressed the prevalence, risk factors, and outcomes of Latino children with ASD and DS, specifically as it relates to health care services. The goal of this study was to identify the scope of health care access, utilization, and experiences that affect Latino children and youth with ASD or DS. The preliminary findings suggest that Latino children with ASD and children with DS experience greater disparities in health care access and utilization. The results of this research can inform the development of culturally-tailored interventions to address child, family, cultural, and health behaviors that uniquely impact Latino children and youth with disabilities.

References/Citations:

Disabilities, 50, 287-299.