

Latino Children with Autism and Other Developmental Disabilities Experience Disparities in Access, Utilization, and Quality of Health Care



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Overview

Compared to White children, Latino children with autism and other developmental disabilities experience worse outcomes in health care access, utilization, and quality. In a nationally-representative sample, Latino families consistently reported higher rates of problems with health care than White families. These results demonstrate that ethnic disparities in health care persist, despite recent policy attention focused on reducing them.

The study also found a relationship between the quality of care that families receive and those families' utilization of health care services. This means that health care providers, such as doctors and nurses, may be able to alleviate ethnic disparities through providing high-quality, culturally sensitive care to children with autism and other developmental disabilities. Policymakers interested in reducing or eliminating health care disparities should pursue policies to improve care at the level of the clinical encounter.

This study is the first to describe ethnic disparities in access to health care and utilization of health services by Latino children with autism and other developmental disabilities. Latinos are the largest and fastest growing ethnic minority population in the US (Fry, 2008) and are therefore an important population to consider with respect to families and developmental disabilities. The findings mirror disparate access that has been reported elsewhere for nondisabled Latino children (Flores, 2010; Flores & Tomany-Korman, 2008). Disparities are particularly disturbing in the context of children with disabilities, since negative outcomes for vulnerable children with autism and other developmental disabilities can result in secondary health conditions that are costly and harmful from a public health standpoint as well as to families.

This *Lurie Institute for Disability Policy Brief* reports findings from an analysis of data from the 2005-06 National Survey of Children with Special Health Care Needs. We examined the indicators of access to health care, utilization of health care, and quality of health care and compared outcomes for Latino children with autism and other developmental disabilities to outcomes for White non-Latino children. We also tested for connections between quality of care and use of health care services.

Disparities in Access, Utilization & Quality of Health Care

Compared to White children, Latino children with autism and other developmental disabilities experienced more problems with health care:

- Worse access: Latino children were more likely than White children to lack a usual source of care, a personal doctor or nurse, and insurance.
- Worse utilization: Latino children reported more difficulty using services, problems getting referrals, and unmet health care needs than White children.
- Worse quality: Latino families experienced more problems with health care providers not spending enough time with their children, lack of cultural sensitivity from providers, and providers failing to make parents feel like a partner in their children's health care.

Summary & Recommendations

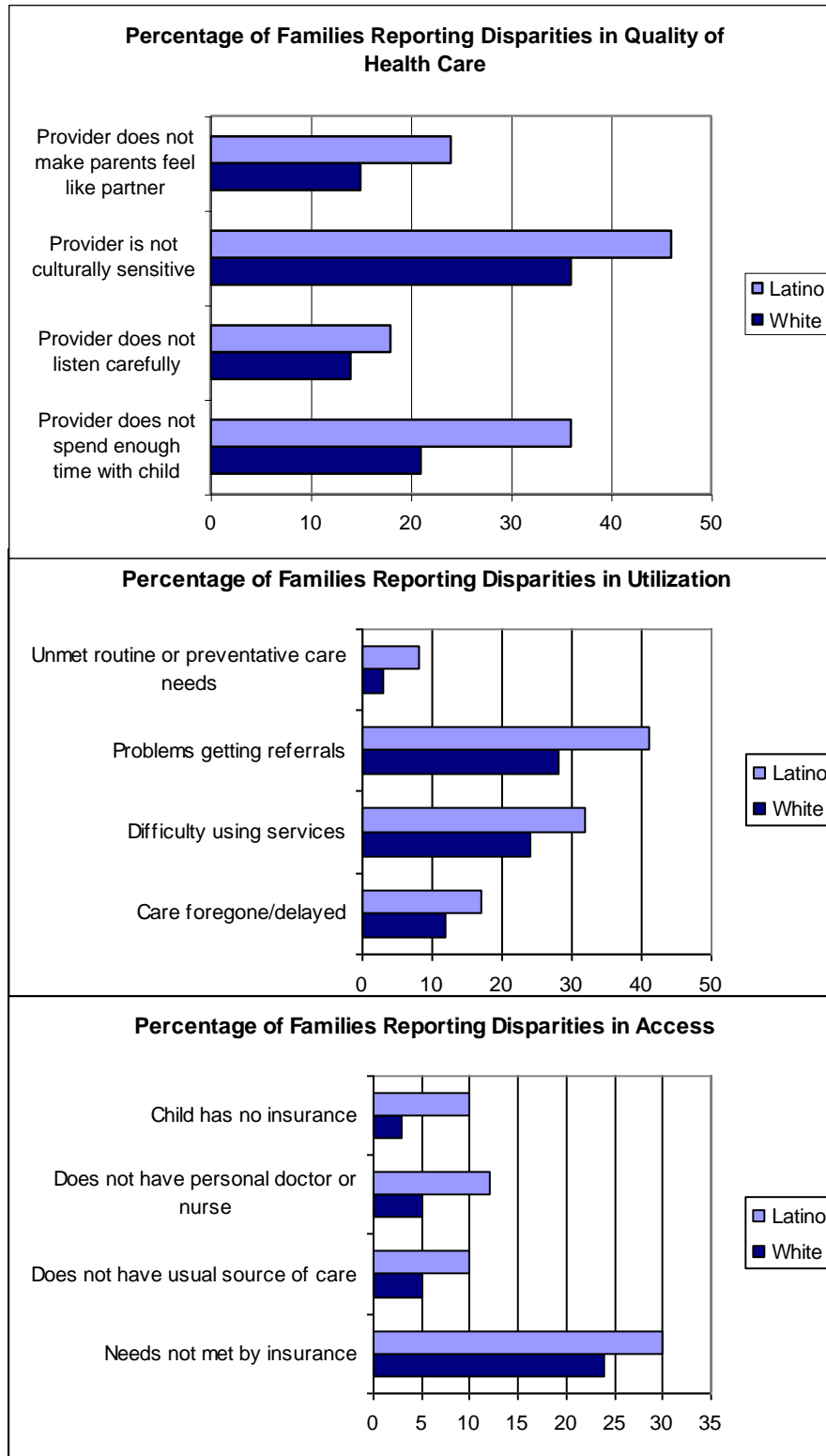
Despite recent attention to health care disparities, adverse outcomes continue to be the norm. Compared to White children, Latino children with autism and other developmental disabilities show a consistent pattern of worse access, utilization and quality. To reduce these disparities, policymakers should:

- Encourage providers to meet benchmarks for patient satisfaction and improve quality of care;
- Improve cultural competence of providers;
- Promote family-centered, responsive care in clinical training programs and continuing education of health care providers;
- Tie health care provider compensation more directly to quality;
- Structure reimbursement to compensate providers adequately for the time necessary to communicate clearly and build relationships with patients; and
- Expand the pool of available physicians and nurses from the Latino community.

Our results suggest that policies that improve care at the level of the clinical encounter may have an effect not only on quality but also on utilization. Through listening carefully, providing culturally sensitive care, and making parents feel like partners in the health care of their children, health care providers may be able to reduce the effects of these disparities. However, further research is needed to determine whether health care quality directly causes the effects on utilization that we observed in this study.

Authors & Acknowledgements

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