# Ethnic Disparities in Diagnosis, Interventions, and Conceptualizations of Autism Spectrum Disorder in Texan Families

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## Introduction

- Disparities diversely affect socially disadvantaged groups: longer/confusing diagnostic process, less access/use of interventions and resources, and negative conceptualizations of ASD[1]
  - Are potentially avoidable: 1. Identification & 2. Aim to reduce and eliminate disparities[1]
- Prior research suggests Latinx populations have the most disparities. Ex. Less likely to identify ASD, language, economic barriers [2][3]
  - Culture is linked to ASD disparities and cultures between Latinx immigrants and U.S. born Latinx vary [4]
  - No previous information on Texas
- This study investigated the disparities in diagnostic process, interventions and services, and conceptualizations of autism spectrum disorder (ASD) between White, U.S. born Latinx, and Latinx immigrant families of Texas

## Hypothesis

Latinx immigrants will have a longer diagnostic process, less access to interventions & resources, and more negative conceptualizations of ASD.

## Methods

- **Measures**: data was obtained from a needs assessment survey sent out across central Texas.
- **Participants** (n = 84)
  - Latinx Immigrant (n = 12)
  - U.S. born Latinx (n = 19)
  - White (n = 53)
- **Analytic Plan:**
  - Utilizing SPSS to code responses, transform data, find means and percentages, & conduct ANOVAs and t-tests for significance
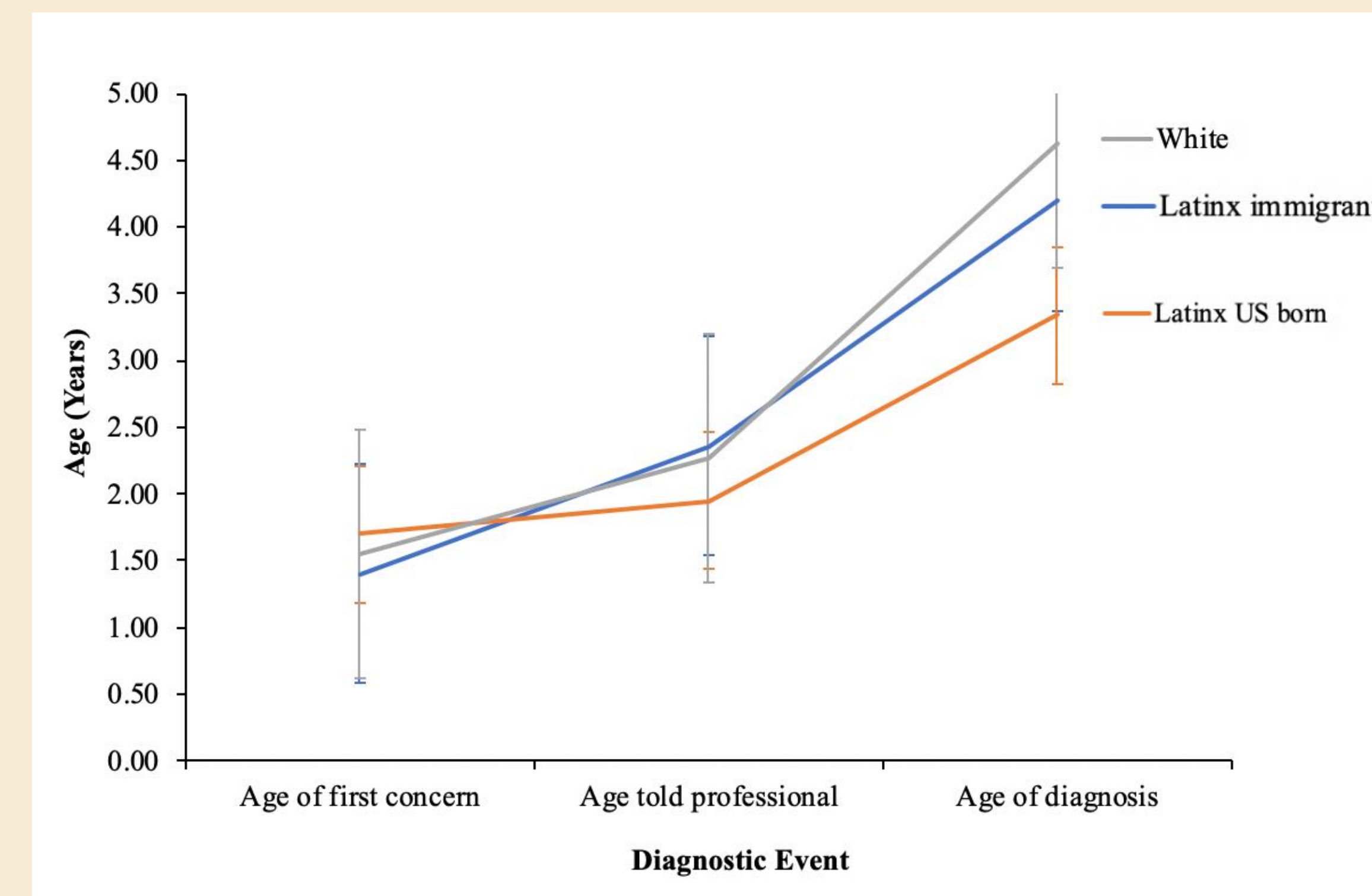
## Survey Measures

- **Demographics**
  - Caregiver characteristics: age, sex, ethnicity
  - Child characteristics: age, sex, support needs
- **Diagnostic Process**
  - Atypical behavior -> receiving medical diagnosis -> beginning interventions
- **Interventions & Resources**
  - Sources of ASD info & access/use of therapy & interventions
- **Conceptualizations**
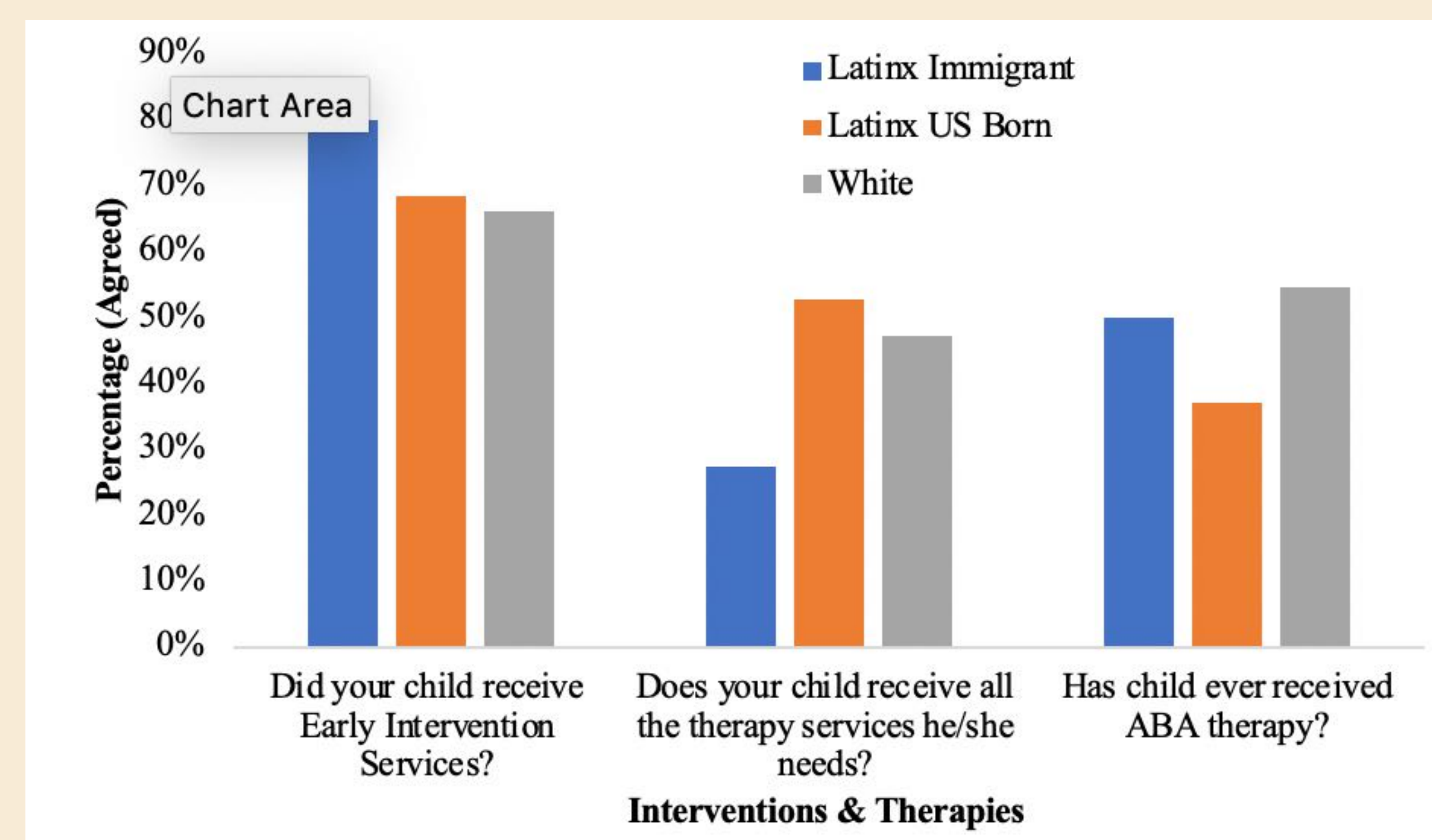  - Parent and community beliefs about ASD

## Results

### Demographics showed no significant difference in child support needs but significant differences in income, education, and insurance

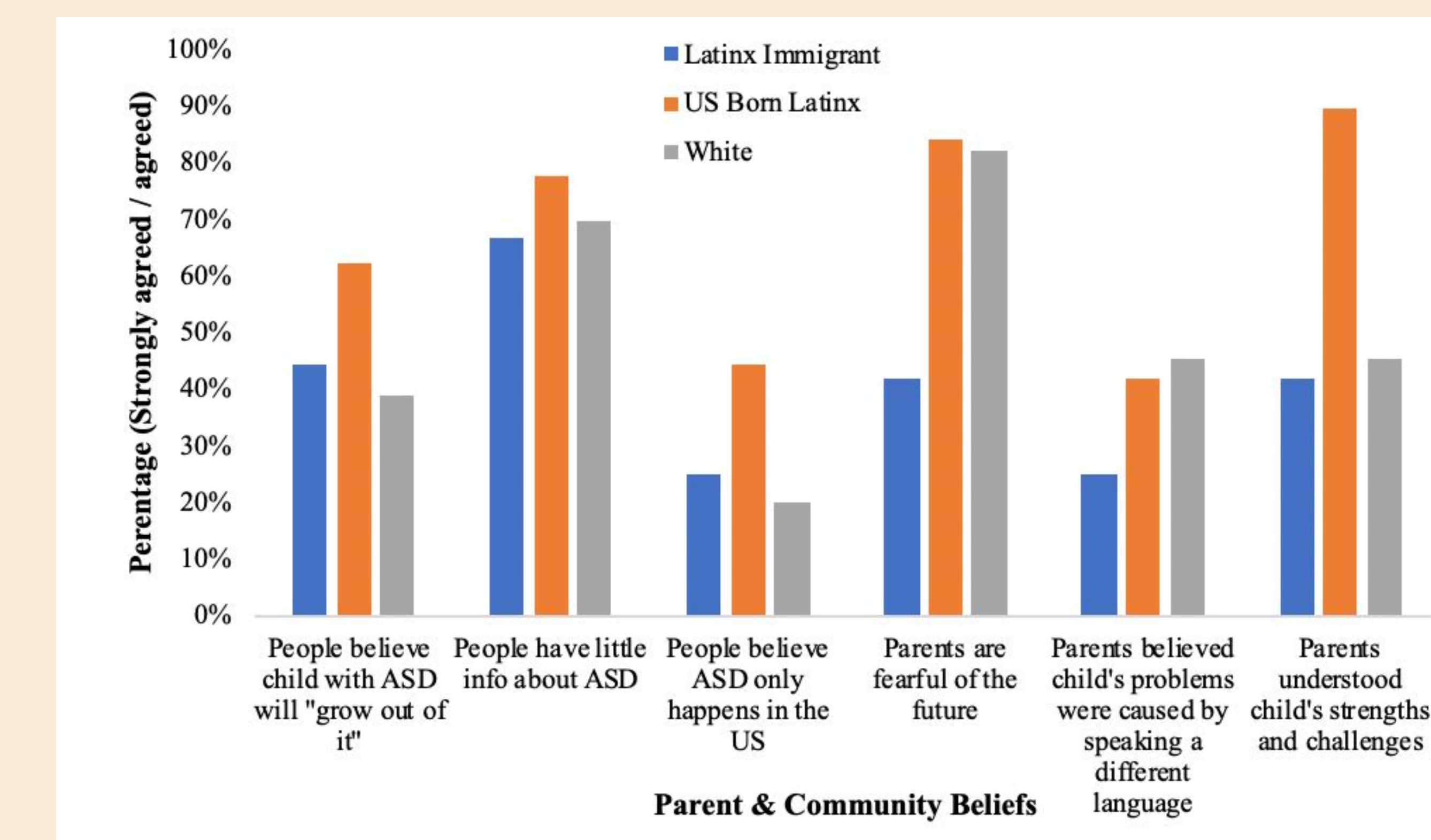| | Latinx Immigrants (*n* = 12) | Latinx US Born (*n* = 19) | White (*n* = 53) |
|---|---|---|---|
| **Caregiver Characteristics** | | | |
| Age (in years) | 39.0* | 40.2+ | 46.7*+ |
| Sex (% Female) | 100% | 94.7% | 90.6% |
| # of Children with ASD in Household | 1.33 | 1.05 | 1.17 |
| Income (% ≤ 200% FPL)*** | 83.3% | 38.9% | 12% |
| Education (% HS or less)*** | 66.7% | 15.8% | 7.5% |
| **Child Characteristics** | | | |
| Age (in years) | 9.0* | 10.1 | 13.0* |
| Sex (% Male) | 100%* | 84.2% | 77.4%* |
| Insurance (% Medicaid only) | 81.8%* | 52.6% | 41.5%* |
| Child Support Needs (% requires significant support) | 50.0% | 66.6% | 47.2% |

### U.S. born Latinx had shortest diagnostic process, then Latinx Immigrants, then White



### Latino Immigrants received early intervention services most often but needed services least.



### U.S. born Latinx had most negative conceptualizations but most understood child's strengths/ challenges.



## Conclusion

- Contrary to my hypothesis, results suggest that U.S. born Latinx in Texas were the ethnicity with most differences
  - Not all differences are disparities
- U.S. born Latinx showed the fastest diagnostic process
- Latinx immigrants had more differences in demographics but no significant difference in child support needs
- Further research is needed to evaluate the role ethnicity plays in disparities for ASD

**Knowledge of these disparities or differences can help:**
- **Health care services improve confusing diagnostic processes**
- **Provide more bilingual initiatives**
- **Ensure that all ethnic groups in Texas have equal access to services to further the developmental outcome of their children**

**Limitations**
- Selection bias
- Limited sample size is not very representative of the population
  - Significance tests not conducted
- Future research should have a larger pool of participants

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## References

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