

Health Care Access, Utilization and Quality of Latino Children with Developmental Disabilities

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Background

- Overwhelming evidence of persistent, pervasive racial and ethnic health care disparities for nondisabled adults
 - Across all domains of access, utilization & quality of care
- Relatively little is known about the extent of racial and ethnic health care disparities of children; similar general trends are obvious
- Some evidence of later diagnosis for Latino and Black children with autism
 - Mechanisms are not well-understood



- Only one existing study of the health care access of Latino children with autism, nationally

Research Question

- What is the health care access, utilization and quality received by Latino children with autism and other developmental disabilities?

Fundamentally: how do we inform efficient and effective policies that meet the needs of the most vulnerable population of children with autism and developmental disabilities in the USA?



Data Source

- 2005-06 National Survey of Children with Special Health Care Needs
- Random-digit dialed telephone survey representative of US non-institutionalized civilian population < 18
- ~750 interviews per state with parents of children with special health care needs
- ~40,000 total interviews
- 5,658 children with developmental disabilities.
- Children with developmental disabilities & autism identified from 4 questions: "To the best of your knowledge does [child] currently have...?"
 - Autism/austism spectrum disorder
 - Down syndrome
 - Mental retardation or developmental delay
 - Cerebral Palsy



Sample

- Among children with DD, there were 665 Latino children, and 3,762 White children
- 40% of White and 32% of Latino children with DD had autism
- Latino families were disadvantaged in terms of income, parental education
- 35% of children were girls (no sex differences across ethnicity), consistent with lower rates of autism among girls



Dependent Measures of Health Care

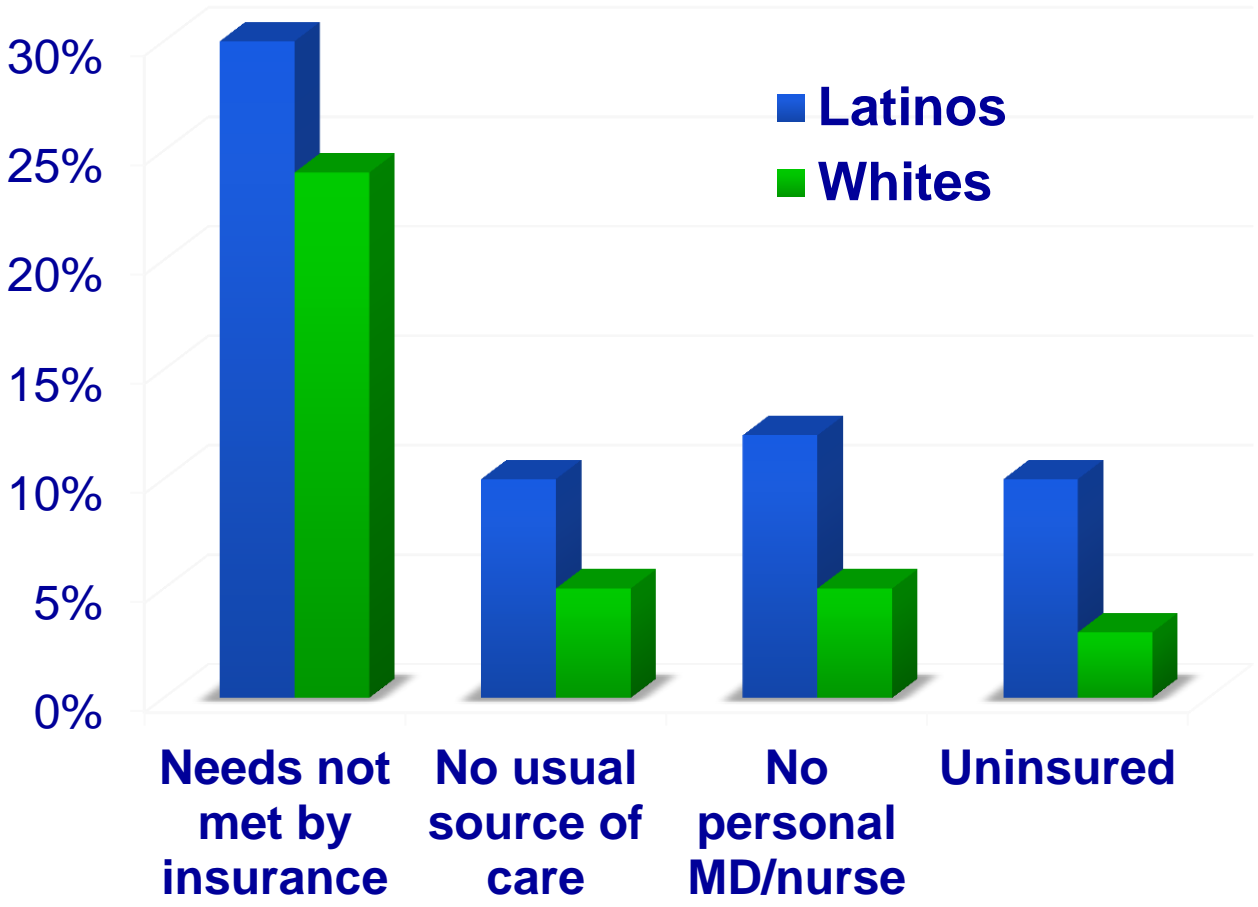
- Health Care Access
 - Usual source of care
 - Uninsured in last year
 - Needs not met by insurance
- Health Care Utilization
 - Care delayed or foregone in last year
 - Difficulty using services
 - >10 visits
 - Unmet routine service needs
- Health Care Quality
 - No personal MD
 - MD doesn't spend enough time
 - Provider doesn't listen
 - Provider not sensitive to cultural needs
 - MD does not make parent feel like partner
 - Not satisfied with health care

Analysis

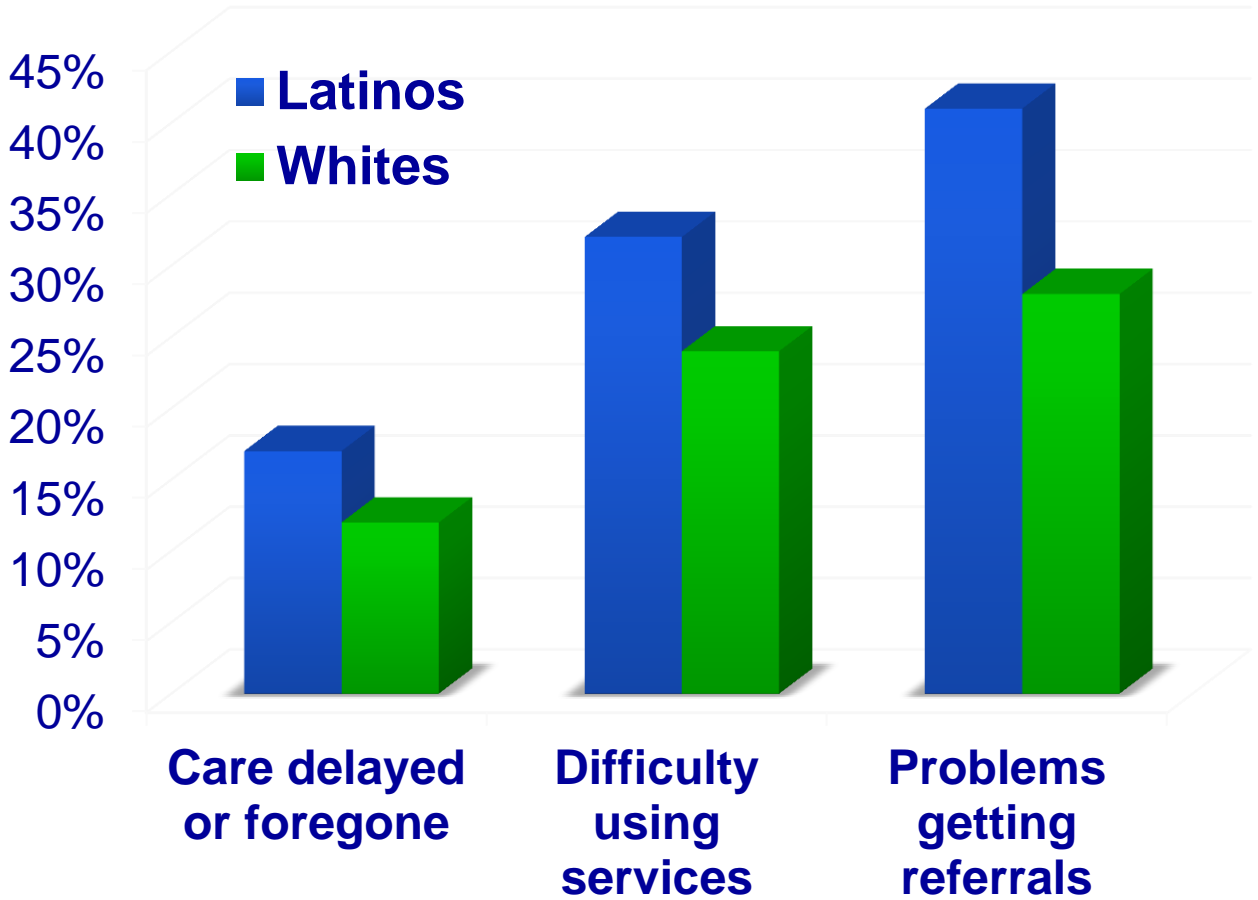
- National Survey of CSHCN is a stratified random sample
 - Data properly weighted and adjusted (Mplus)
- Logistic regression; all outcomes binary, indicating presence (=1) or absence (=0) of health care problem (quality, access, utilization)
- Model covariates: family income, parental education, family structure, severity of child's condition, health insurance status of child
- Tested whether health care quality mediates the ethnic disparities in health care access (Baron & Kenney)



Findings: Percent of Children with DD with Access Problems

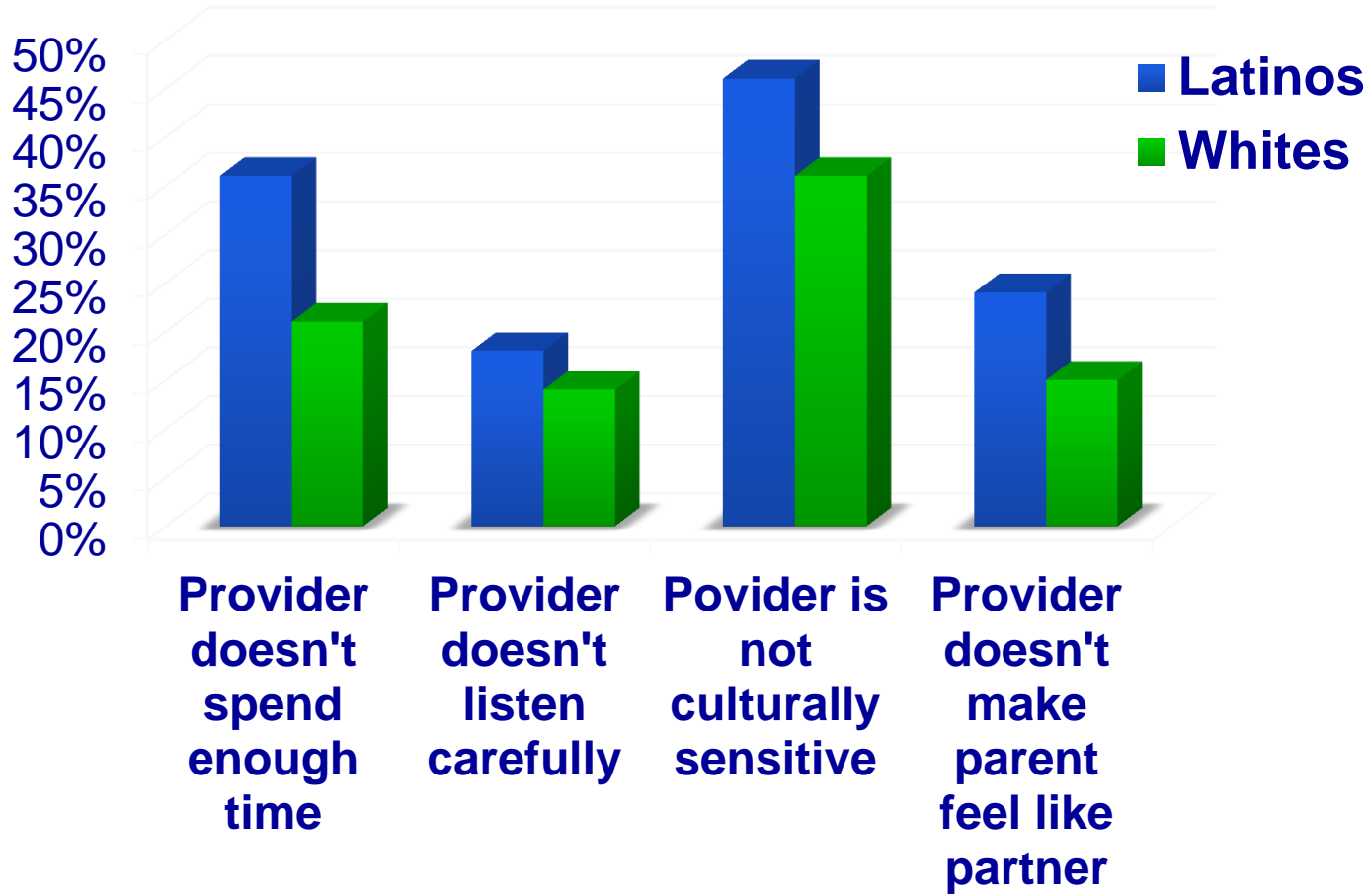


Findings: Percent of Children with DD with Utilization Problems





Findings: Percent of Children with DD with Quality Problems



Findings: Significant Mediation Results

Mediator	Difficulty using services	Problems with referrals
Provider doesn't spend enough time	32.5% (indirect as % of total effect; $p < .05$)	73.3% (indirect as % of total effect; $p < .10$)
Provider is not culturally sensitive	38.1% (indirect as % of total effect; $p < .05$)	NS
Provider doesn't make parent feel like partner	51.9% (indirect as % of total effect; $p < .01$)	68.3% (indirect as % of total effect; $p < .10$)



Limitations

- Reliance on self-reported information from parents
 - No independent or clinical corroboration of child's diagnosis or health care
- Variables that help explain children's health care access are limited in the National Survey of Children with special health care needs (e.g., parental employment; detailed information about type of public ins;)
- Gross measures of health care access (period: one year)
 - While consistent with other national health surveys, greater detail would be more informative
- Cannot measure acculturation of Latino families, length of time in the US, immigrant status, or country of origin



Implications

- Policy interventions are warranted to increase health care access, utilization and quality for Latino children with autism and other developmental disabilities
- Incentives should address cultural competence of health care providers, which seems imperative from these findings
 - Improving the quality of care would likely increase health care utilization, parental satisfaction
- Targeted measures are necessary to improve access of Latino children
 - Will the President's health care plan help?



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Thank you!

