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

- Needs not met by insurance
- No usual source of care
- No personal MD/nurse
- Uninsured

<table>
<thead>
<tr>
<th>Category</th>
<th>Latinos</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs not met by insurance</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>No usual source of care</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>No personal MD/nurse</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>5%</td>
<td>2%</td>
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</table>
Findings: Percent of Children with DD with Utilization Problems

- Care delayed or foregone
- Difficulty using services
- Problems getting referrals

Latinos: [Bars]
Whites: [Bars]
Findings: Percent of Children with DD with Quality Problems

<table>
<thead>
<tr>
<th>Condition</th>
<th>Latinos</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider doesn't spend enough time</td>
<td>45%</td>
<td>30%</td>
</tr>
<tr>
<td>Provider doesn't listen carefully</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td>Provider is not culturally sensitive</td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>Provider doesn't make parent feel like partner</td>
<td>35%</td>
<td>30%</td>
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# Findings: Significant Mediation Results

<table>
<thead>
<tr>
<th>Mediator</th>
<th>Difficulty using services</th>
<th>Problems with referrals</th>
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<tbody>
<tr>
<td>Provider doesn’t spend enough time</td>
<td>32.5% (indirect as % of total effect; p&lt;.05)</td>
<td>73.3% (indirect as % of total effect; p&lt;.10)</td>
</tr>
<tr>
<td>Provider is not culturally sensitive</td>
<td>38.1% (indirect as % of total effect; p&lt;.05)</td>
<td>NS</td>
</tr>
<tr>
<td>Provider doesn’t make parent feel like partner</td>
<td>51.9% (indirect as % of total effect; p&lt;.01)</td>
<td>68.3% (indirect as % of total effect; p&lt;.10)</td>
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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

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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?
Acknowledgements

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Thank you!