HEALTH DISPARITIES PRESENT IN LATINX CHILDREN WITH AUTISM IN MASSACHUSETTS

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Objectives

- Impact of Autism
- Disparities
- Personal Story
- Future of Pediatric Care
Neurodevelopmental Conditions

Unique Brain-Based Activation

Nature vs Nurture: Contributing Factors

Heightened Sensitivity
Impact on Children

- Lifelong experience with unique coexisting traits
- Early Signs
- 46% of adolescents with ASD encountered bullying
Cases of Autism Per 10,000 Children

(WORLD POPULATION REVIEW @STATISTA 2020)
Autism in Massachusetts

1 in 54 eight year olds are diagnosed nationwide (2016-2018)

1 in 44 eight year olds are diagnosed in Massachusetts (2016-2018)

53.6% rise in students with autism in public schools (2007-2017)
In MA.
20% of kids ≤ 17 are Latinx

Diagnosis
Latinx- 5.4 yrs
Non-Latinx- 3.8 yrs
Barriers

- Race
- Socioeconomic Status
- Gender
Race

- Implicit Biases
- Inequality of Treatment
- Communication
Implicit Biases

- Misdiagnosis
- Late Diagnosis

"Every delayed diagnosis is a stolen opportunity for a child’s brighter future."

- Maria Mendez
Inequality of Treatment

- Access to Resources
- Service Disparities
Communication

Lack of interpreters

Cultural Difference

Spanish

Portuguese
Socioeconomic Status

Environmental Stressors
- Intensify signs

Limited Access
Figure 6. The Family Household Type of Massachusetts Children

- Female householder, no husband present:
  - Non-Latino: 6.8%
  - Latino: 11.1%
  - Total: 17.8%
  - Non-Latino: 38.4%
  - Latino: 11.1%
- Male householder, no wife present:
  - Non-Latino: 11.1%
  - Latino: 11.1%
  - Total: 22.2%
- Married Couple Family:
  - Non-Latino: 75.5%
  - Latino: 50.5%

Source: 2018 American Community Survey
Insurance

Relation to pediatric care

Qualifications for Children’s Health Insurance Program
Gender

Brain Development

Autism Description on Males vs Females

Underdiagnosis in Girls
Brain Development

D. Autism-F vs. Neurotypical-F

FEMALE

Visual & Face
Speech Processing

E. Autism-M vs. Neurotypical-M

MALE

Reward &
Motor Processing

P(Autism-F) > P(Neurotypical-F)

P(Autism-M) > P(Neurotypical-M)
<table>
<thead>
<tr>
<th>Article</th>
<th>Number of girls/women (F) and</th>
<th>Mean age in years (SD) if not</th>
<th>Mean intellectual quotient (IQ) or</th>
<th>Methods (and possible sub-scales)</th>
<th>Included study areas</th>
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<tbody>
<tr>
<td>Tsai &amp; Beisler</td>
<td>F 23</td>
<td>F 6.4 (2.97)</td>
<td>F 42.13 (26.78)</td>
<td>Developmental Profile (social development, motor abilities)</td>
<td>Social Linguistic Motor</td>
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<td></td>
<td>M 52</td>
<td>M 6.0 (2.47)</td>
<td>M 57.27 (26.09)</td>
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<td>M 30</td>
<td>3.55 (0.9)</td>
<td>M 70.04 (24.53)</td>
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</tr>
</tbody>
</table>

Source: ADI, Autism Diagnostic Interview; ADI-R, Autism Diagnostic Interview
10 year old girl

Misdiagnosed with mild intellectual disability (mild ID) for 6 years of her life

“Unfortunately, there is a lot of miseducation in the community.” - Ms. Lerma
Recap

- Miscommunication and biases leads to misdiagnosis and delayed diagnosis.
- Low economic status causes environmental stressors and limited access to healthcare.
- Sexism and stereotypes leads to misconception and signs being overlooked.
Thank you
Questions?


