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## Introduction

- Racial and ethnic minorities in the U.S. consistently experience worse outcomes and greater morbidity and mortality rates compared to non-minorities<sup>1</sup>
- The Institute of Medicine states that disparities in healthcare do exist across providers and health systems and may present in forms such as stereotyping, prejudice, and clinical uncertainty<sup>2</sup>
- People with intellectual and developmental disabilities (IDDs) are a minority group that has also had worse health outcomes compared to people with disabilities<sup>3</sup>
- People with disabilities are not currently designated by the NIH as a health care disparity population, but many of them are vulnerable to co-morbid conditions and have significant unmet healthcare needs<sup>4</sup>
- Factors like race/ethnicity, poverty, and low education can compound the disability's impact and lead to a much poorer quality of life<sup>5</sup>

## Objectives



## Method

Using the databases and keywords identified in the next column, we identified 65 articles. The articles for this study were deliberately limited to the U.S. population. We purposely chose to search the broad category of IDD as well as specific disabilities that are most encountered. The 30-year period since 1990, including the pandemic period, was used to be comprehensive and inclusive of trends over the last three decades. After completing the literature review, the reference lists of each article were further searched.

Databases	Keywords
<ul style="list-style-type: none"> <li>•PubMed</li> <li>•Google Scholar</li> <li>•Web of Science</li> <li>•CINAHL</li> <li>•APA PsycInfo</li> </ul>	<ul style="list-style-type: none"> <li>•Intellectual developmental disabilities</li> <li>•Race/ethnicity</li> <li>•Racial disparities</li> <li>•Healthcare outcomes</li> <li>•Autism spectrum disorder</li> <li>•Down syndrome</li> <li>•Cerebral palsy</li> <li>•Fragile X syndrome</li> <li>•Spina bifida</li> <li>•COVID-19</li> </ul>

## Results

### General Findings

- Black people with IDD have higher childhood mortality rates<sup>6</sup>
- All minority groups have less access to disability benefits, community services, and routine care<sup>7</sup>
- Many tools used to evaluate children with IDD are not validated for use with non-English speaking children<sup>8</sup>

### Autism Spectrum Disorder (ASD)

- Black and Latino children with ASD were found to receive lower quality of healthcare<sup>9</sup> and less access to services<sup>10,11</sup>
- The median age for ASD diagnosis was 6 months later in black children than white children<sup>12</sup>
- Black children with ASD were 3 times more likely to receive another diagnosis first, mainly conduct or adjustment disorder<sup>13</sup>

### Down Syndrome (DS)

- The life expectancy for black people with DS is much lower than for white people with DS, potentially due to factors including socioeconomic status, community support, and access to preventative care<sup>10,14</sup>

### Cerebral Palsy (CP)

- Asian and Black infants are more likely to get CP compared to white infants<sup>10,15</sup>
- The difference in prevalence for Black infants may be due to racial disparities in prenatal care or poverty and increased rates of low birth weight and prematurity<sup>15</sup>

### Fragile X Syndrome (FXS)

- Patients who utilize FXS clinics are more likely to be white, non-Hispanic, and come from families with incomes of greater than \$100,000<sup>16</sup>

### Spina Bifida

- The prevalence of spina bifida is higher among Black populations<sup>17</sup>
- Black and Hispanic children with spina bifida were found to have a lower probability of survival compared to children born to white mothers<sup>17</sup>

### COVID-19 Findings

- Black and Hispanic populations have greater mortality and prevalence rates of COVID-19 compared to white populations, potentially due to crowded living conditions and preventable underlying comorbidities<sup>18,19</sup>

### COVID-19 Findings (continued)

- Black, Asian, Hispanic, and Native Americans with IDDs were found to have higher COVID-19 rates than their white counterparts<sup>20</sup>
- Study in New York found that people with IDDs living in group homes had a case fatality rate of 15% whereas the risk for their counterparts without IDDs was 7.9%<sup>21</sup>

## Discussion and Conclusion

The intersection of racial/ethnic minority status with IDDs is associated with worse health outcomes than non-minorities. Studies highlighted Blacks and other minorities with IDDs have delayed diagnoses, less access to healthcare and social services, higher rates of mortality, and lower adherence to prescribed treatments. The COVID-19 pandemic has also much higher prevalence and mortality rates among racial/ethnic minorities and people with IDDs. The reasons for these disparities are likely multifactorial, including barriers to care and systemic factors that can affect the quality of care.

### Recommendations

- Recommend the federal government to give this population a medically underserved population (MUP) designation
  - Incentives for physicians, community grants, more training on caring for people with IDDs<sup>22</sup>
- Healthcare workers should enter every interaction with a knowledge of cultural competence
- Meet the patient in their cultural context and make sure they understand the information presented
- Take into account family dynamics, social barriers, and local resources when creating treatment plans
- Have open communication with others and learn to recognize personal biases.

## Resource Development

“A Primer on Health Disparities in People with Intellectual and Developmental Disabilities from Racial/Ethnic Minorities”



[https://flfcic.cbcs.usf.edu/docs/physician fs\\_disparities\\_2022.pdf](https://flfcic.cbcs.usf.edu/docs/physician_fs_disparities_2022.pdf)

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