Racial and Ethnic Disparities Among Adults with IDD and their Family Caregivers

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Overview of presentation/workshop

- Introduction
- Findings from study on health among Latino and African American mothers of children/adults with IDD
- Findings from study on racial and ethnic disparities of adults with IDD
- Policy and community-based interventions
- How agencies can address the health of people with IDD and their families
Families of adults with developmental disabilities

- More than half of adults with developmental disabilities live with their families
- Latino and African American persons with developmental disabilities are more likely to live with their families
- Parents are often involved with caring for as long as they are able
Research on minority caregivers: Handful of studies

- **Studies on African American caregivers**
  - Report less burden, similar levels of depression compared to white caregivers
  - Religion an important coping resource

- **Studies on Latino caregivers**
  - Experience burden and depression at higher levels than their white counterparts
  - Family support and family well-being important for maternal well-being

- Both groups have been found to be severely disadvantaged (low education, income and poor health).
People of color: unique experiences

- People of color experience environmental contexts and ecological circumstances that are not shared by whites.
- Chronic exposure to many stressors.
- Health disparities – especially chronic conditions.
Within group studies are important

- That compare African American caregivers to African American non-caregivers with similar socio-demographic characteristics
- Similarly for Latinos and other groups
- That examine not only emotional well-being, but physical health impacts
- That are based on representative samples
Current study

- Used a representative sample from which both comparison groups are drawn
- Examine similar issues within each group: African American and Latino caregivers
- Examine mental and physical health outcomes
- Health behaviors, health care use and access of caregivers
Conceptual Framework

Figure 1

- Demographic Variables
- Access to Health Care
- Health Care Use
- Health Behaviors
- Health Outcomes

Caregiving vs. Non-caring
Sample

- National Health Interview Survey (NHIS)
  - multi-purpose health survey conducted by the National Center for Health Statistics (NCHS), Center for Disease Control and Prevention (CDC)
  - over-sampled both Latino and African American populations
  - Used 3 years of the NHIS combined to ensure large enough DD minority sample
Sample

- 83 Latina and 79 Black American mothers who were 40 and older and co-resided with a child with a DD
- Mean age of the persons with DD was 17.9 (SD = 11.3)
- 59.4% were male
- Majority identified as having mental retardation, or other developmental disability
- Comparison- 1667 Latina, 1087 Black
Measures: health outcomes

Outcome measures:
- Diagnosed with hypertension, heart problems, asthma, diabetes
- Conditions that limit activity: arthritis, hypertension, diabetes
- 5 depressive symptom items
Measures: health behaviors, health care use and access

- Health behaviors: smoking, drinking, exercise, obesity
- Health care use: have seen mental health professional, general practitioner, OT or PT
- Access: can’t afford MH care or prescription meds, have insurance
Findings: Midlife Latinas mental health

![Bar chart showing comparison between carer and comparison groups on depression scale.](chart.png)

- Carer group shows higher depression scores compared to the comparison group.
Older Latinas: physical health

- 0 10 20 30 40 50 60

heart

arthritis

[Bar chart showing prevalence of heart and arthritis conditions among older Latinas, with categories such as 'carer' and 'comp' represented.]

RRTC ADD

Older Black American women

- Arthritis
- Diabetes

Bar graph showing
- Carers
- Comp
Health care utilization: Black American women

MH prof  
GP  
OT/PT

Carer  
comp
Black American women: health behaviors and health care access

![Bar chart showing health behaviors and care access]

- Exercise
- Can't MH
- Can't meds

Categories: Carer, West
Older Latinas: Utilization

Bar chart showing utilization for GP and OT/PT categories. The chart indicates a higher utilization for GP compared to OT/PT.
Latina mid-life: health behaviors and access

Bar chart showing smoking and insurance rates for carers and comp.
Foreign born Latinas

- Insurance
- Carers
- Comp

Y-axis: Number of Latinas (0-90)
X-axis: Insurance
Summary of findings

- Older caregivers were more likely to report having physical health problems than noncaregivers.
- Caregiving was associated with more depressive symptoms for Latinas.
- Caregivers less likely to see doctor.
- Black caregivers less likely to afford prescriptions and mental health care and less likely to exercise.
- Latina caregivers more likely to have insurance and to smoke.
Intersection of Race & IDD

http://floridaphotomatt.com/wp-content/photos/2013/06/Intersection.jpg
Research Question

- Are there racial and ethnic disparities in health status among adults with IDD?
- Are there differences in health status among Latinos and Blacks with IDD compared to Latinos & Blacks without IDD?
- Outcomes: health status, mental health status, obesity & diabetes
Methods

Sample

- National Health Interview Survey (2000-2010)
- Medical Expenditure Panel Survey (2002-2011)
Methods

- Demographic variables
  - Age
  - Race/ethnicity
  - Family income
  - Urban vs. rural
  - Marital status
  - Education
  - Insurance status

- Outcome variables
  - Health status
  - Mental health status
  - Obesity
  - Diabetes
Methods

Data analysis:
- Racial & ethnic differences
- Disparities between minorities and Whites among adults with IDD
- Disparities within Latinos & Blacks (comparing adults with IDD to those without IDD)
# Table 1: Demographic Characteristics Adults with IDD

<table>
<thead>
<tr>
<th></th>
<th>White (N = 615)</th>
<th>Black (N = 293)</th>
<th>Latino (N = 223)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>35.3</td>
<td>36.9</td>
<td>32.0</td>
</tr>
<tr>
<td><strong>Less than HS</strong></td>
<td>37.7%</td>
<td>51.6%</td>
<td>58.7%</td>
</tr>
<tr>
<td><strong>Income &lt;125% FPL</strong></td>
<td>28.5%</td>
<td>46.3%</td>
<td>39.6%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>44.5%</td>
<td>39.6%</td>
<td>30.7%</td>
</tr>
<tr>
<td><strong>Urban</strong></td>
<td>74.3%</td>
<td>84.4%</td>
<td>96.1%</td>
</tr>
<tr>
<td><strong>Married</strong></td>
<td>11.6%</td>
<td>5.14%</td>
<td>7.9%</td>
</tr>
<tr>
<td><strong>Insured all year</strong></td>
<td>85.9%</td>
<td>86.9%</td>
<td>75.5%</td>
</tr>
</tbody>
</table>
### Table 2: Adjusted odds of health status outcomes among adults with IDD

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Black</th>
<th>Latino</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair/poor health (N=988)</td>
<td>1.7</td>
<td>2.5</td>
<td>*</td>
</tr>
<tr>
<td>Fair/poor mental health (N=988)</td>
<td>1.6</td>
<td>2.2</td>
<td>**</td>
</tr>
<tr>
<td>Obesity (N=911)</td>
<td>1.4</td>
<td>1.7</td>
<td>+</td>
</tr>
<tr>
<td>Diabetes (N=908)</td>
<td>1.1</td>
<td>2.9</td>
<td>*</td>
</tr>
</tbody>
</table>

Reference group = White;  *< .10  **< .01  *< .05  **< .01
Table 3: Adjusted odds of health status outcomes within Black and Latino adults (N= 137,857)

<table>
<thead>
<tr>
<th></th>
<th>Black IDD</th>
<th>Latino IDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair/poor Health</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Fair/poor Mental Health</td>
<td>3.6</td>
<td>5.3</td>
</tr>
<tr>
<td>Obesity</td>
<td>0.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.3</td>
<td></td>
</tr>
</tbody>
</table>

Reference group = Non IDD; * < .05  *** < .001
Summary of Findings

- Among adults with IDD
  - Latinos and Blacks were more likely to be in fair/poor health and fair or poor mental health than Whites
  - Latino adults with IDD were more likely to have diabetes compared to whites with IDD.

- Within Black and Latino adults:
  - Blacks and Latinos with IDD were more likely to report fair/poor health and fair/poor mental health than Blacks and Latinos without IDD.
  - Latino with IDD were more likely to have obesity and diabetes than non-IDD Latinos.
Policy and programs

- There has been more focus on health of people with IDD, CDC funding, etc.
  - Health Matters is making inroads with respect to dissemination
- No policies that focus on health of family caregivers (or PWD and caregivers)
No policies that focus on health of family caregivers (or whole family)

Problem is that IDD services are aimed at the person but not their families

Could be cost-effective to engage the whole family in health promotion
What can agencies do to promote health of families

- Engage family caregivers and PWIDD in health promotion programs
- Ask family caregiver how they are doing and assist them in navigating health services for themselves
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