

20-30% of Latino and African American children receive an ASD diagnosis and intervention services (Autism Speaks, 2014; CDC 2018).

CULTURAL COMPETENCE OR RESPONSIVENESS

Data for Action: Explore, Partner, Apply, Reach for Gold Standard

The richness and breadth of our data will help:

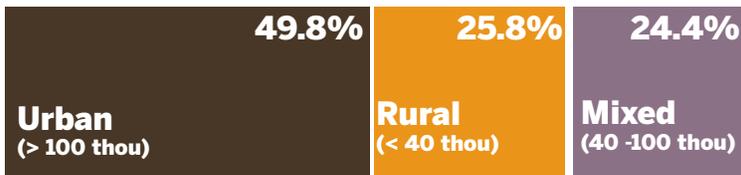
- Inform policy
- Plan for training
- Focus on awareness, early identification, and disparity
- Distribute services based on need
- Coordinate services
- Prioritize research

INDIANA AUTISM NEEDS ASSESSMENT

Since 2012, we have surveyed over 4,000 Indiana residents (English and Spanish-speaking population) to learn about ongoing needs of

- individuals with autism spectrum disorder
- families
- educators
- healthcare professionals
- service providers (e.g., therapists, service workers)
- first responders
- others working with ASD population.

Responses by Region Types*



* Largely representative of the types of regions compared to census data in Indiana and nationwide

| | Survey Respondents | Indiana Census | US Census |
|------------------------|--------------------|----------------|-----------|
| African American | 5.2% | 9.7% | 13.3% |
| Asian/Pacific Islander | 0.9% | 2.3% | 5.9% |
| Caucasian | 89.0% | 85.6% | 61.3% |
| Latino/Hispanic | 4.5% | 6.8% | 17.8% |
| Native American | 0.5% | 0.4% | 1.3% |

The responses can be broken down by other demographic groups, including:

- level of education
- household income
- family roles
- access to services

DEFINITION OF CULTURAL COMPETENCE:

Understanding and appropriate response to the unique combination of cultural, linguistic and individual diversity that the professional and client, patient, or family bring to interactions (ASHA, 2017). In education, it refers to as cultural responsiveness and a “pedagogy that empowers students intellectually, socially, emotionally, and politically by using cultural referents to impart knowledge, skills, and attitudes” (Ladson-Billings, 1994, p. 382).

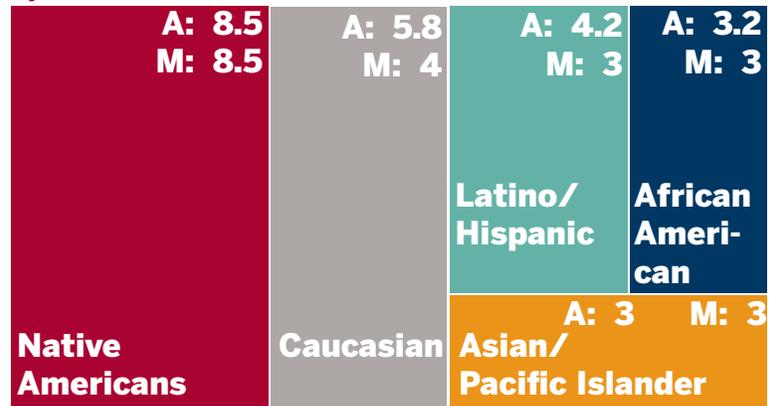
DISPARITY

A noticeable and often unfair difference in treatment of people.

CAUSES OF DISPARITY:

- Diversity of cultural values and beliefs about physical and mental illness, healing and help seeking
- Physical limitations or disabilities, like autism spectrum disorder (ASD)
- Differences in language use
- Socioeconomic status and conditions
- Racism, prejudice, and social injustice
- Lack of information about available services
- Immigration status
- Access/ Location of service delivery
- History of previous abuse or trauma
- Lack of data and research
- Segregation and its link to vulnerability
- Lack of diversity in health care providers
- Lack of culturally competent services
- Lack of physicians in rural areas
- Lacking education

Average (A) and Most Frequent (M) Age of Diagnosis by Race



On average, families had to travel to get a diagnosis:

- Cross county lines: 61.8 miles (13% 100+ miles)
- Within the same county: 52.4 miles (17% 100+ miles)

HELPING TO ADDRESS COMMUNITY-INFORMED STATEWIDE PRIORITIES



HANDS IN AUTISM®
INTERDISCIPLINARY TRAINING
& RESOURCE CENTER

We are proud partners with FSSA and facilitators of IIACC efforts

Join IIACC to be part of the solution!

HANDS@IUPUI.EDU
317.274.3935
HANDSINAUTISM.IUPUI.EDU