

- According to the Centers for Disease Control and Prevention (CDC, 2017) and Autism and Developmental Disabilities Monitoring (ADDM, 2017), ASD affects 1 in 68 children within our country. Broken down by gender, autism affects about 1 in 42 boys and 1 in 189 girls.
- There is growing attention and focus on health care disparities in African American children with ASD (Burkett, et al., 2015; Gourdine et al., 2011). Individuals with autism spectrum disorder are not unique to any specific ethnicity, culture or social class (APA 2000).
- Specifically, autism affects about 1 in 89 non- Hispanic, African American children and about 1 in 85 white children (CDC, 2012).
- It is well documented that children of minority backgrounds experience disparities in diagnosis of ASD and access to services (Mandell et al., 2007).
- African American children are diagnosed at least 1.5 years later than white children and are twice as likely to be misdiagnosed with conduct disorder and five times more likely with adjustment disorder. The consequence of misdiagnosis is a delay of access to specialized early intervention (Baird et al., 2003).
- African American families report more dissatisfaction with the quality of their' child's services and less family-centered care compared to Caucasian families (Liptak et al. 2008).
- This delayed diagnosis, frequent misdiagnosis and possibility of inadequate service provisions has the potential to adversely impact the developmental outcomes of an African American child with ASD, by delaying their chances for early intervention.

- The purpose of this study was to add to the sparse literature pertaining to autism in African American children and youth. Specifically the objectives of this study are;
  - Objective 1:**
    - To examine and develop an understanding of the disparities that exist with regard to autism diagnoses, service access and treatment quality for African American children and families.
  - Objective 2:**
    - To gain an understanding of the reason for these discrepancies
  - Objective 3:**
    - To evaluate the extent to which culturally adapted service interventions have been implemented and their effectiveness for African American with ASD

- To distinguish literature for the objectives of this review, an electronic database search of PsycInfo was conducted.
- **Eligibility Criteria:**
  - Written in English, US sample, peer-reviewed and less than 16 years old
  - Eight articles included for **Objectives 1 & 2**
  - Six articles included for **Objective 3**

- **Objective 1**
  - African American children are more likely than their white peers to be misdiagnosed before receiving an ASD diagnosis and diagnosed later (Burkett, 2015).
  - African American children with autism are more likely to have difficulty accessing specialty care compared to their white counterparts (Montes & Halterman, 2011).
  - In comparison to white parents of children with autism, parents of children of color report that they are less satisfied with the quality of care they receive from physicians and report feeling as though the physician does not listen or spend enough time with them during visits (Magana et al., 2012).
- **Objective 2**
  - The Institute of Medicine (2002) found that healthcare providers can showcase behaviors that are unequal regarding their interactions with culturally diverse patients.
  - Mandell & Novak (2005) found that white parents are more likely to notice and report general developmental delays or deterioration of language skills before social issues. African American parents are more likely to report behavioral concerns.
- **Objective 3**
  - There is not any research pertaining to changes that were made to existing interventions or services for children with ASD to meet the unique customs and values of African American children and their families.
  - A vital finding of the literature review on cultural competence training for healthcare providers was an absence of formal diversity training and experiences with diverse groups and healthcare providers who felt unprepared when working with diverse clients (Drake, 2013).

- Through a review of the literature it is evident that disparities within autism diagnosis exist for African American children. Such disparities can be seen regarding age of diagnosis, misdiagnosis and within service provisions.
- There is agreement on the importance of a cross-cultural understanding, research on empirically supported practices pertaining to cultural competency or cultural adaptation within the healthcare field is very limited (Brookes 2004).
- Research suggests that treatment providers and interventions that are culturally adapted may help reduce disparities in diagnosis and treatment for minority children (Alizadeh & Chavan 2016).



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