**Title**: Ethnic and Racial Disparities of Formal Disability Support Utilization among Adults with an Intellectual and Developmental Disability (IDD)

**Authors**: Kameron Stout, B.A.1, Cody Brunk1, Noah Simon1, Barbara Caplan., Ph.D. 1, Kelli Sanderson., Ph.D. 1,

**Introduction**: Formal supports are professional services provided by private or public government and healthcare agencies aimed at supporting individuals with intellectual and/or developmental disabilities (IDD) to promote independence and enhance their quality of life. These supports provide essential support such as healthcare, transportation, vocational experiences, and education that teaches adults with IDD and their families new life skills. Recent studies investigating patterns of service utilization have previously identified notable disparities in expenditures across racial and ethnic groups, with minority groups consistently demonstrating significantly lower service expenditures overall than white populations (Harrington & Kang 2008; Harrington & Kang 2016). However, there remains substantial gaps in the literature concerning ethnic disparities of service utilization, as opposed to service expenditures, among adults with IDD. The present study aims to: (1) identify potential racial/ethnic disparities in formal disability supports utilization among families with an adult child with IDD (2) investigate the relationship between the number of formal disability supports and services received and race/ethnicity when controlling for income.

**Method**: This project utilized data from a nationwide survey investigating the experience of families of adult children with IDD (ages 18 to 60; *M* = 23.51 years). Respondents included 518 parents of adults with IDD across 41 U.S. states. Of these participants,69.9% identified as Non-Hispanic White, 13.5% Black, 11% Hispanic, and 5.6% Asian American and Pacific Islander (AAPI). This study analysed family utilization of 11 formal disability supports and services. Examples of formal supports in the analysis include vocational rehabilitation (VR), social security disability insurance (SSDI), Medicaid waivers, Medicare, personal aides, and respite care. Income was broken into a dichotomous variable (above/below the national poverty line).

**Results:** A one-way ANOVA revealed a significant difference in the number of formal disability supports and services utilized across Black, White, Hispanic, and AAPI families (*F* (3,511) = 6.443, *p* < .001). Post-Hoc analysis using Dunnett T3 revealed Black families (*M* = 1.60, *SD* = 1.36) utilize significantly fewer formal supports than White families (*M* = 2.43, *SD* = 1.54), Hispanic families (M= 2.42, *SD* = 1.51), and AAPI families (*M =* 2.75, *SD* = 2.22). Specifically, Black families are utilizing the following formal supports at lower proportions: SSDI [χ² (4, N = 515) = 18.53 *p* < .001], Medicaid waivers [χ² (4, N = 515) = 18.54 *p* < .001, Medicare χ² (4, N = 515) =13.41 *p = .01*], personal aides [χ² (4, N = 515) = 10.561 *p = .*032], transportation services [χ²(4, N = 515) = 9.695, *p* = .046], and respite care [χ² (4, N = 515) = 24.78 *p* < .001].

A multiple linear regression was conducted to determine whether race and ethnicity significantly predicted the number of formal disability supports and services utilized while controlling for income. The overall regression model was significant *F* (4, 476) = 9.88, *p* < .001, explaining 7.7% of the variance in formal support utilization *R2*= .077. Identifying as Black (B = -.340, β = -.077, *t* = -1.553, *p* = .121), Hispanic (B = .076, β = .015, *t* =.342, *p* = .732), or AAPI (B = .185, β = .030, *t* = .030, *p* = .506) were not a significant predictor of formal support utilization when controlling for income. Income was a significant predictor of number of formal disability supports (B = .922, β = .231, *t* = 4.728, *p* < .001).

**Discussion:** Results of the current study establish both income and racial/ethnic identity as contributing factors in formal support service utilization. Findings highlight the disparities in access, particularly for Black families. However, findings were not consistent across supports such as Medicaid Waivers SSDI and Section 8 housing**.** This inconsistency is potentially explained by the varying complexity and bureaucratic oversight of certain formal supports, which disproportionately affects minority groups (Santerre, 2002). Through utilization of quantitative data this research helps increase visibility and emphasize need for targeted intervention among underserved communities, contributing to ongoing discussions on improving service equity for adults with IDD from underserved backgrounds.

**References:**

Harrington, Charlene, and Taewoon Kang. (2018) Disparities in service use and expenditures for people with intellectual and developmental disabilities in California in 2005 and 2013. *Intellectual and Developmental Disabilities*, vol. 54, no. 1,  <https://doi.org/10.1352/1934-9556-54.1.1>.

Harrington, Charlene, and Taewoon Kang. (2008) Disparities in service utilization and expenditures for individuals with developmental disabilities. *Disability and Health Journal*, vol. 1, pp. 184–195, <https://doi.org/10.1016/j.dhjo.2008.05.004>.

Sanderson, K. A., Burke, M. M., & Hodapp, R. M. (2024). Understanding Natural Supports in Diverse Adults With Intellectual and Developmental Disabilities Across Life Domains. *American journal on intellectual and developmental disabilities*, *129*(4), 247–262. <https://doi.org/10.1352/1944-7558-129.4.247>

Santerre RE. The inequity of Medicaid reimbursement in the United States. *Appl Health Econ Health Policy.* 2002;1(1):25-32. PMID: 14618745.

California State University Long Beach