

## Research and Policy Recommendations

Although our findings are descriptive in nature and cannot determine causal relationships, we found that household income appears to be a very important factor in understanding health disparities for children with autism, with further investigation needed to determine the degree to which it might contribute to differences in health status, insurance coverage, medical expenditures, and health care access. The report also showed that autism, poverty, and race/ethnicity warrant additional study as potential risk factors for poor health and health care outcomes individually and in combination. More work is needed to understand the complex ways in which autism, socioeconomic status, and race/ethnicity combine to affect health. Future research should monitor disparities across a wide range of social determinants and incorporate policies outside of health care to address health equity among U.S. children with autism.

The growing commitment to create social and physical environments that promote health equity has led to widespread recognition of the importance of social determinants of health.<sup>14</sup> Social determinants are broadly defined as “the conditions in the environments in which people are born, live, learn, work, play, worship, and age.”<sup>15</sup> These determinants represent factors outside of medical care that influence health and can be grouped into five major areas: economic stability, education, social and community context, health and health care, and neighborhood and built environment. At present, much of our understanding of disparities among children with autism has concentrated on inequities in health and health care access; however, evidence shows that medical care only accounts for a small fraction of health disparities.<sup>16,17</sup> Therefore, it is imperative that researchers monitor disparities across a wide range of social determinants. Without this information, and data on how people enroll in health care and the services they receive, policymakers do not have the evidence needed to make decisions about health care policy.

Tracking both the rates of poor health and variation in rates across relevant social groups can help to identify areas in which to target policies and programs. Findings from empirical studies suggest that the unequal distribution of key health determinants (like economic resources, housing difficulties, and neighborhood deprivation) can lead to disparities in health across social groups.<sup>14,15,18,19</sup> Indeed, in this report, we found that groups who had multiple potential risk factors (poverty, autism, identifying as BIPOC) did show higher rates of poor health and health care outcomes. In some cases, the differences we observed between income groups were more substantial than the differences we observed between children with and without autism, or between white and BIPOC children. We conclude that efforts to reduce health inequities must be combined with efforts to improve the economic stability of children, especially those with autism and those who are BIPOC. Social policies outside of healthcare delivery (like cash assistance and nutrition programs) can reduce health disparities by ameliorating the adverse effects of poverty among children.<sup>20</sup> Future research aimed at understanding how social policies influence health disparities is needed.<sup>21</sup> Innovative policy approaches that combine health and social policy solutions are needed to address the health inequities we identified.

## Data Needs

Monitoring racial/ethnic and economic disparities in health and its determinants is a necessary step towards achieving Healthy People 2030’s goal of eliminating health disparities and achieving health equity. However, these efforts are impeded by data limitations. To move this area of research forward, we need to: 1) Include more detailed measures of socioeconomic status,<sup>22</sup> race/ethnicity, and social determinants of health in data collection efforts and analyses; and 2) Include underrepresented racial and ethnic groups; 3) Collect longitudinal data that include adults with autism.