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Comparing Indicators of Advocacy Ability and Service Access Between Latino and White Families of Transition-Aged Youth with Autism

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Abstract

While access to services is critical for autistic youth, it can be difficult for families to navigate services. Barriers to service access are compounded among Latino families. Interventions which target advocacy ability (i.e., knowledge about services, perceived advocacy skills, and empowerment) may help families access services. By comparing advocacy ability and service access between Latino and white families, unique areas of strength and vulnerability can be identified, leveraged, and targeted in interventions. In this study, 94 parents (48 white; 46 Latino) of autistic youth completed surveys about their advocacy ability and service access. White (versus Latino) participants were significantly more: knowledgeable about services, comfortable with advocacy, and empowered in the community/political system. Latino (versus white) participants reported significantly greater family empowerment.

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Access to services is critical for transition-aged youth with autism to have positive school and post-school outcomes (Snell-Rood et al., 2020). Without access to services in adulthood, adults with disabilities, including autism, are significantly more likely to have more emotional-behavioral and health problems (Taylor & Hodapp, 2012). However, when adults with autism receive services, they are more likely to have improved post-school outcomes. For example, receipt of services relates to greater enrollment in post-secondary education programs and/or employment (Alverson & Yamamoto, 2017; Scott et al., 2019).

Unfortunately, the adult service delivery system is fragmented (Hanley-Maxwell et al., 1995) making it difficult for families of autistic youth to identify, apply for, and access needed services (Carlson & Wilt, 2020). Individuals must navigate separate systems to access services. For example, an individual must navigate the Social Security Administration to access financial assistance, Medicare to access public health insurance, Vocational Rehabilitative Services to access employment support, and Medicaid Home and Community-Based Services to access family or community-based support. Relative to non-Latino white families, Latino families of transition-aged youth with autism experience even greater barriers to accessing services (Hirano et al., 2018). Barriers include language differences, U.S. citizenship concerns, and limited information about adult disability services (Aleman-Tovar & Burke, 2022). Additionally, Latino families of youth with disabilities, including autism, often face barriers from professionals including racial bias (Angell & Solomon, 2017), and limited cultural awareness (Achola & Greene, 2016). Barriers may also relate to cultural norms such as machismo (i.e., a traditional view of male gender roles) and the limited medical diagnoses of autism in Latina American countries both of which may contribute to greater stigma about autism among Latino families (Zuckerman et al., 2014).

One way to improve access to services may be through parental advocacy abilities including: knowledge of adult disability services, perceived advocacy skills, and feelings of empowerment. Prior research—which has primarily reflected white families of autistic youth—has suggested that such advocacy abilities lead to increased service access for transition-aged youth with autism (Casagrande & Ingersoll, 2017; Taylor et al., 2017). Specifically, in a sample of parents of youth with disabilities, including autism, greater parent knowledge about disability services enabled families to access services (Burke et al., 2019). Characterized as the channeling of resources into positive change (Gutierrez et al., 1998), empowerment can also contribute to improved youth outcomes including access to services (Taylor et al., 2017). With respect to autism research, empowerment often enables families to meet their child's needs (Casagrande & Ingersoll, 2021). Given the importance of parent advocacy activities in improving access to services among youth with autism (Lee et al., 2022), equipping parents to advocate by enhancing their advocacy ability may be a promising way to improve service access. Because many of the aforementioned studies have been conducted with mostly non-Latino, white families, it is unclear whether similar correlates of service access exist among Latino families. To inform the development of effective and culturally responsive interventions, it is important to identify the correlates of service access among white and Latino families of youth with autism.

Among Latino families specifically, it may be important to examine the role of acculturation, particularly the role of language proficiency, in accessing services. Acculturation can refer to changes to align with a new culture (Berry, 2006). Prior research has documented that acculturation often impacts access to services. In a review of studies about service access among immigrant families—including Latino families—of children with disabilities, Xu and colleagues (2022) identified that acculturation mattered in service access. While acculturation can be defined in several ways, Xu and colleagues characterized acculturation as limited English proficiency, a preference for one's native language, and/or the length of time having lived in the United States; the findings of their review suggested a positive correlation between acculturation and service access. However, there was not an examination of how acculturation impacted parental advocacy abilities. By characterizing the relation between acculturation and advocacy abilities, there can be a more holistic understanding of the role of acculturation (specifically in regard to language proficiency) with potential mechanisms of action that could impact service access.

Although not yet explored among families of transition-aged youth with autism, there is some research to suggest that during childhood and due to systemic barriers, Latino (versus non-Latino, white) families may have different advocacy abilities. Burke and colleagues (2020) compared special education knowledge and empowerment with services among white and Latino families of school-aged children with autism. Latino (versus white) families reported significantly less special education knowledge and less empowerment in service delivery systems. However, their study did not include families of transition-aged youth with autism, and did not directly examine perceived advocacy skills. Further, there are three areas of empowerment: family, services, and the community/political system (Koren et al., 1992). Burke and colleagues only examined empowerment with respect to services. Given cultural values such as colectivismo (i.e., interdependence and valuing the welfare of others, Magaña, 2000) and familismo (i.e., the needs of the family come before the needs of the individual, Steidel &

Contreras, 2003), it may be that Latino (versus white) families are more empowered with respect to their families.

In contrast to special education services which are housed within the school system, youth with autism often navigate adult services which are housed in multiple service delivery systems. By understanding whether differences between Latino and white families in indicators of advocacy ability (i.e., knowledge, advocacy skills, and empowerment) persist into transition planning across a range of service systems, targeted interventions can be developed to ameliorate service disparities. To that end, it is important to determine whether youth age impacts service access given that many adult services are tied to the youth's age (e.g., may require the youth to be 18 years of age to quality for the service, Taylor et al., 2017).

The purpose of this study was to examine similarities and differences in indicators of advocacy ability and service access among Latino and non-Latino white families of transition-aged youth with autism. Our research questions were: (1) What are the similarities and differences between non-Latino white and Latino families with respect to: knowledge about adult services, perceived advocacy skills, empowerment, and service access?; (2) Do associations between advocacy ability and service access differ by ethnicity?; and (3) Among Latino families, do aspects of acculturation (i.e., years in the United States and language proficiency) impact advocacy abilities and/or service access?. In alignment with the research about systemic barriers facing Latino families (Aleman-Tovar & Burke, 2022) and extant research among Latino and white families of school-aged children with autism (Burke et al., 2020), we hypothesized that white (versus Latino) families would have more: knowledge about services, empowerment for systems change (i.e., community empowerment), and perceived advocacy skills. Consistent with Latino values (e.g., colectivismo, familismo, Magaña, 2000), we hypothesized that Latino (versus white) participants would report greater family empowerment. Given the service disparities among Latino families (Hirano et al., 2018), we hypothesized that Latino (versus white) families would report significantly greater unmet service needs and fewer services. Because advocacy often relies on communication (Burke et al., 2019), we hypothesized that greater comfort with reading, writing, and speaking in English would positively correlate with perceived advocacy abilities.

Method

Participants

Participants were drawn from two parallel trials testing family advocacy programs. Participants in both programs were parents of transition-aged youth with autism who expressed interest in participating in an advocacy program about adult disability services. For the program for English-speaking families (i.e., Program A), participants needed to: have a child with autism who was between the ages of 16-26 and lived in one of three states. For the program for Spanish-speaking families (i.e., Program B), participants needed to: identify as Latino, have a child with autism who was at least 12 years of age, live in a specific Midwestern state, and speak Spanish (although Spanish did not need to be their first language). Program B was offered at age 12 as prior research with Latino families of autistic children found that families wanted information about adult disability services earlier, starting at age 12 (Aleman-Tovar et al., 2023). While Program A was offered in three states, only the Midwestern state that was the same as Program B was included in this study. Further, for this study, Program A’s sample was restricted only to non-Latino white participants. Altogether, there were 48 white, English-speaking parents of transition-aged youth with autism (from Program A) and 46 Latino, Spanish-speaking parents of transition-aged youth with autism (from Program B) (*N* = 94). See Table 1.

Recruitment

Participants were recruited via a variety of methods. Across both programs, word of mouth, research registries, and recruitment flyers were used for recruitment. Recruitment flyers were posted on the websites and/or social media of autism support groups and disability organizations. For Program A, all recruitment was conducted only in English. For Program B, recruitment was conducted in English and Spanish. All participants were compensated for completing data collection. Specifically, each Program A participant was compensated a $75 giftcard and each Program B participant was compensated a $20 gift card. Notably, Program A had more extensive data collection requiring higher compensation.

Procedures

This study was approved by the Institutional Review Board. Each interested individual completed a consent form; then, participants completed a baseline survey comprised of established measures via REDCap. For this study, only baseline data were used (i.e., none of the participants had received the intervention).

There were some minor differences in procedures between the programs. For Program B, participants had the option of completing the baseline survey in Spanish or English; most participants (*n* = 39) chose to complete the survey in Spanish. To that end, all research procedures and measures were forward and backward translated (Brislin, 1970) by native Spanish speakers for use with families of autistic individuals. Only for Program A, participants completed all measures on REDCap with the exception of the Service Access measure; for that measure, they completed a structured interview with a research team member.

Measures

There were several reasons for selecting the below-mentioned measures for this study. First, the measures reflect the constructs of interest (e.g., knowledge, empowerment). Further, each measure has been validated among families of individuals with disabilities. Third, each measure has been used with English and Spanish-speaking families.

Knowledge of adult disability services (Adult Disability Service Knowledge Scale, Taylor et al., 2023). Comprised of 22 questions about adult services (e.g., Medicaid waivers, Vocational Rehabilitative services), each question has four multiple choice answers. One answer was correct (scored as a "1") and the other answers were incorrect (scored as a "0"). A sample item was "Which of the following automatically qualifies your youth for Medicare?". In this study, the individual item scores were summed. For this study, the Kuder-Richardson coefficient was 0.60 for Program A and .84 for Program B.

Perceived Advocacy Skills (Advocacy Skills and Comfort Scale, Burke et al., 2016). Using a 10-item measure, participants responded about their perceived advocacy skills. A sample item was "How able are you to effectively communicate with providers, agencies, and/or professionals?". There was a five-point Likert scale ranging from 10 to 50 with higher scores indicating greater comfort with advocacy. Scores were summed. For this study, the Cronbach's alpha was .87 for Program A and .91 for Program B.

Empowerment (Family Empowerment Scale, Koren et al., 1992). Comprised of 32 items, the Family Empowerment Scale reflects empowerment across three subscales: Family (e.g., "When problems arise with my child, I handle them pretty well"), the Service System (e.g., "I feel I have a right to approve all services my child receives", and the Community and Political Environment (e.g., "I feel I can have a part in improving services for children in my community"). Each item was rated on a five-point Likert scale with higher scores indicating greater empowerment; items were added to create a summed score for each subscale. For this study, the Cronbach's alphas were: .85 and .89 for the Family Subscale for Programs A and B; .83 and .91 for the Service System Subscale for Programs 1 and 1; and .84 and .83 for the Community and Political Environment Subscale for Programs 1 and 2.

Service Access (Service Inventory, Taylor et al., 2017). Comprised of 10 types of governmental programs that fund adult services, the Service Inventory included measuring the total number of government programs received and the total number of unmet needs. Government programs included: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Vocational Rehabilitative services, Medicaid Home and Community-Based Services (HCBS) Waiver services, Medicaid Long Term Services and Supports, legal decision-making, special needs trusts, housing vouchers, Supplemental Nutrition Assistance Program (SNAP) and Medicaid or Medicare health insurance. Each participant was asked if the youth was receiving each service and if they were not, the participant was asked if the youth needed the service. In this study, we examined two prongs of service access: the number of programs received by the participant (i.e., the sum of the number of programs received by the youth) and the number of unmet service needs (i.e., the sum of the number of programs needed but not received by the youth). For the total number of programs received, the Kuder-Richardson coefficient was .71 and .79 for Program A and 2, respectively. For unmet service needs, the Kuder-Richardson coefficient was .65 and .81 for Program A and 2, respectively.

Acculturation to American Culture: Years in the United States and Language Proficiency (Felix-Ortiz et al., 1994). Acculturation was assessed in three ways: number of years the participant lived in the United States, proficiency with the English language, and proficiency with the Spanish language. Proficiency was measured by a five-point Likert scale examining preferences in speaking, reading, and writing in English or Spanish, respectively. The language proficiency measures were aggregated to reflect the overall comfort with the given language. Only participants in Program B completed the acculturation scale. For the English language proficiency subscale, the Cronbach's alpha was .97. For the Spanish language proficiency subscale, the Cronbach's alpha was .93.

Analyses

Across all analyses, missing data were imputed according to Harrell's guidelines (2001); notably, <5% were missing data. Preliminary analyses tested for demographic differences between the white and Latino participants. To compare knowledge, perceived advocacy skills, and empowerment between Latino and white participants, we conducted individual ANCOVAs. Because youth's age impacts what government programs they can access (e.g., a youth must be 18 to receive SSI on their own accord), and the recruitment age ranges were different between Program A and Program B, we controlled for age in all analyses. Partial Eta Squared was used as our measure of effect size (ES). The ESs were categorized as: 0.01-.06 was small, 0.06-.14 was medium, and >.14 was large (Cohen, 1998).

To test the association between ethnicity (Latino versus white), knowledge, perceived advocacy skills, and family, services and community empowerment with service access, two regression models were conducted. Before running the models, we examined the independent variables for multicollinearity via Pearson correlations. We found that the Family Empowerment subscale and the Services Empowerment Subscale were highly correlated ($r = .82$). Given the importance of family empowerment in Latino culture (Steidel & Contreras, 2003), we excluded the Services Empowerment subscales in the regressions. In each model, we tested the association between ethnicity (i.e., Latino versus non-Latino white) with indicators of advocacy ability and service access. We also tested associations between advocacy ability and service access by ethnic group. In one model, the dependent variable was the total number of services received. In the other model, the dependent variable was unmet service needs. For both models, continuous variables were mean-centered. Among the Latino participants, correlations were conducted between the acculturation variables, indicators of advocacy ability, and service access. Because the data were normally distributed, we conducted Pearson correlations.

Results

Comparisons in Advocacy Abilities and Service Access Between White and Latino Families

With a large effect size, white (versus Latino) participants reported significantly greater knowledge (*F* = 30.10, *p* < .001, *ES* = .27). Notably, Latino and white participants scored low on the Knowledge Scale with means of 6.03 (*SD* = 4.08) and 11.92 (*SD* = 3.21) for Latino and white participants, respectively. Out of 22 questions on the scale, few participants (regardless of ethnicity) answered the majority of questions correctly. Specifically, among white participants, only 58.33% (*n* = 28) answered more than 50% of the knowledge questions correctly. Among the non-Latino white participants, only 8.70% (*n* = 4) answered more than 50% of the questions correctly. With a large effect size, white (versus Latino) participants reported significantly greater political and/or community empowerment (*F* = 21.37, *p* < .001, *ES* = .21); with a medium effect size, white (versus Latino) participants demonstrated greater perceived advocacy skills (*F* = 7.98, *p* < .01, *ES* = .09). Conversely, with a large effect size, Latino (versus white) families reported significantly greater family empowerment (*F* = 12.86, *p* < .001, *ES* = .14). The difference between ethnicity groups in services empowerment was not statistically significant. With respect to service access, there was not a significant difference between groups in total services received. However, there was a significant difference with respect to unmet service needs with Latino (versus white) participants reporting significantly greater unmet service needs ($F = 9.86$, $p = .002$, $ES = 11$). See Table 3.

Associations with Service Access

For the regression with service receipt as the dependent variable, the overall regression was significant ($F = 2.79$, $p < .01$), explaining 18% of the variance in service receipt. There was a significant main effect for perceived advocacy skills with service receipt ($B = .33$, $t = 2.38$, $p = .02$). Ethnicity moderated the relation between perceived advocacy skills and service receipt ($B = -.17$, $t = -2.11$, $p = .03$). A simple slopes analysis revealed, among the white participants, there was a significant relation between perceived advocacy skills and services received ($B = .17$, $t = 4.55$, $p < .001$). Among the Latino participants, there was no significant relation between perceived advocacy skills and services received ($B = .03$, $t = .88$, $p = .38$). Thus, the interaction suggests that higher advocacy skills is not associated with more services for Latino participants but it is for non-Latino, white participants. See Table 4.

We conducted a regression with unmet service needs as the dependent variable. The model was significant ($F = 2.00$, $p < .01$), explaining 21% of the variance. The only statistically significant variable was age. Specifically, older youth had more unmet service needs relative to younger youth ($p < .01$). See Table 5.

Acculturation Correlates among Latino Families

Overall, greater acculturation to American culture related to increased perceived advocacy abilities. Specifically, greater English language proficiency was significantly associated with higher perceived advocacy skills ($r = .53$, $p < .01$), and knowledge of adult services ($r = .33$, $p < .01$). Alternatively, greater Spanish language proficiency was significantly correlated with fewer services received ($r = -.36$, $p < .05$) and less knowledge of adult services ($r = -.32$, $p < .05$). See Table 6.

Discussion

The current study suggests that there are differences between Latino and white participants of transition-aged youth with autism. However, such findings should be considered with caution as there were differences in educational background and income between Latino families and white participants in the sample. There were three main findings. First, knowledge of adult services was low; accordingly, knowledge needs to be increased, especially among Latino participants. The disparity between Latino and white participants underscores that Latino families in this study may face greater barriers in accessing information in Spanish about adult services (Aleman-Tovar, Burke, & Monárrez, 2023; Francis et al., 2018). The correlates between English and Spanish proficiency with knowledge further suggests that language may be an obstacle for Latino, Spanish-speaking participants to learn about their rights to adult disability services. To this end, it may be important to create materials that are not reliant on reading ability but rather available in digestible formats (e.g., TikTok reels, short videos) in Spanish. Moreso than other racial minority populations, 50% of Latino adults use TikTok (Pew Research, 2024). By leveraging social media videos, families (regardless of reading ability or language) can learn about adult services.

Notably, regardless of the participant's ethnic background, most participants did not answer more than half of the knowledge questions correctly. The overall limited knowledge among the participants may reflect the difficulties families face in understanding adult services given their complexity (Carlson & Wilt, 2020). Unlike school services which are housed in one location, adult services are in unique service delivery systems with differing norms, bureaucracies, and eligibility criteria. Limited knowledge may reflect the complicated nature of adult services. To this end, it may be appropriate to consider the best ways in which to make information available to families. To date, there have been several interventions designed to educate families about adult disability services. Such interventions range from a brochure to educate families about services (Young et al., 2016), computer-based programs about transition planning (Rowe & Test, 2010), and parent trainings (which can range from one hour to 24 hours, for a review, see Aleman-Tovar & Burke, 2022). Future research should more closely examine extant interventions to discern which ways may be the most impactful to educate families about adult disability services, in English and Spanish.

Second, the findings suggest that perceived advocacy skills matter for service access among white participants. When designing interventions to improve service access, it is important to identify the mechanism through which the intervention will impact service access. From this study, with respect to white participants, it seems that one mechanism may be perceived advocacy skills. Indeed, prior research has suggested that advocacy activities may be more important than demographic and functioning variables of the parent and the autistic youth in predicting service access (Lee et al., 2022). This study extends the literature by suggesting that perceived advocacy skills (which may be a precursor to advocacy activities) may be tied to ethnicity.

However, more research is needed about the relation between advocacy skills and service access. When only examining Latino participants, there was a significant correlation ($r = .35$, $p < .01$) between perceived advocacy skills and service access. However, the simple slopes analysis did not reveal a significant association between advocacy skills and service access in this group. Future research with a larger sample may be able to discern whether there is a nuanced relation between perceived advocacy skills and service access among Latino families. Variables such as socioeconomic status, educational background, age, and prior receipt of services may impact service access. For example, there may be a relation between youth age, advocacy, and ethnicity. Youth age was only controlled for in the regression analyses. Yet, age matters in terms of service access. For this study, services were focused on adults with autism; thus, for many services, youth would not be eligible until they are 18 years of age. Given the older age among white families, it may be that they qualified for more services. Future research should be conducted with Latino families of older individuals to discern the relation between perceived advocacy skills and services. Further, this finding should be interpreted with caution. Associations that occur with cross-sectional data without an intervention may not mirror what would happen in intervention research.

Future research may also consider exploring other dimensions of advocacy and how they relate (or not) to ethnicity and service access. Advocacy is a multi-faceted term with many interpretations. In a review of advocacy across the lifespan, Burke, Patton, and Lee (2016) identified no consistent definition of advocacy. Types of advocacy ranged from relying on one’s intuition, learning one’s rights, and developing knowledge of the type of disability of the child (Trainor, 2010). For Latino families, advocacy may be especially nuanced given that there is no direct translation for “advocacy” in Spanish (Cohen, 2013). To date, the research is mixed about advocacy strategies among Latino families in the United States. Some studies report that Latino families use non-adversarial advocacy strategies and knowledge of their rights to advocate (Rios & Aleman-Tovar, 2023) whereas other studies report that Latino families may need to engage in more confrontational advocacy (Shapiro et al., 2004). Research is needed to delineate different types of advocacy skills and activities and how they may differ in relation to ethnicity.

Third, Latino (versus white) participants have significantly greater family empowerment. This finding aligns with the cultural values among Latino families including colectivismo (Magaña, 2000) and familismo (Steidel & Contreras, 2003). Intervention developers may develop strengths-based interventions by leveraging the inherent family empowerment among Latino families. For example, advocacy programs for Latino families may target collectivism by using a cohort (Rios & Burke, 2020) and/or promotora model (e.g., having an experienced parent provide individualized support to a parent of a young child, Magaña et al., 2020). Because of the shared experiences in cohort and navigator models, there may be a way to leverage family empowerment in interventions. We note that this finding should be interpreted with caution as empowerment could also relate to greater access to types of capital (e.g., fiscal capital) which were not explored in this study.

While not related to service access in this study, greater family empowerment could relate to other outcomes for Latino participants. For example, research has found a positive correlation between family empowerment and family quality of life (Bagur et al., 2023). As noted in a systematic review by Casagrande and Ingersoll (2021), empowerment can also lead to other improved outcomes such as fewer parent mental health and child behavior problems (Weiss et al., 2012), reduced caregiver stress (Dixon et al., 2001), more collaborative care (Casagrande & Ingersoll, 2017), and improved family-centered care (Fordham et al., 2012). However, most of the aforementioned effects have been identified in primarily white samples; research is needed to discern whether such positive outcomes occur among Latino families.

Limitations

While an important launching point to understanding the similarities and differences among Latino and white families of transition-aged youth with autism, this study had a few limitations. First, this study was limited to cross-sectional data; thus, the directionality of relations cannot be determined. Second, this study was limited to a convenience sample of families who were registered for an advocacy program about adult disability services. Accordingly, the findings cannot be generalized to families who are not interested in advocacy programs. Also related to the sample, the participants were from one Midwestern state. Given the differences in service delivery systems across states, it is important to determine whether the findings could be replicated in other states. Further, half of the participants for Program A completed data collection during the COVID-19 pandemic; thus, there may be historical effects of the pandemic that impacted service access. Finally, there were differences between the Latino and white families in the sample; it is important the readers do no generalize the results beyond the scope of the study.

Directions for Future Research

Research is needed to identify other variables that may impact service access. With respect to Latino families, more research is needed to examine the role of acculturation. Our study suggests that acculturation in terms of language may impact service access. However, acculturation is more than just language—it includes the alignment to a new cultural context with respect to attitudes, values, and behaviors (Berry, 2006). Other dimensions potentially related to acculturation may include discrimination and bias as Latino families often report facing discrimination in their communication with providers (Francis et al., 2018). Altogether, future research should discern how robust measures of acculturation and discrimination impact service access among Latino families.

Future research should also consider more nuanced measures of service access. This study was restricted to the receipt of services and unmet service needs. In our findings, we identified different correlates of receipt of services and unmet service needs suggesting that the receipt of services is not the inverse of unmet service needs. In addition to research measuring both receipt of services and unmet service needs, other aspects of service access should also be measured such as the duration of services, whether services reflect evidence-based practice, the appropriateness of the service, and the setting of the service (Burke & Taylor, 2023). By determining which aspects of service access relate to different constructs of knowledge, advocacy, and empowerment, there can be a more granular understanding of service access among Latino and white families. In tandem with this study's findings, such research should be conducted with families of adults with disabilities as age matters in qualifying for services.

Implications for Practice

Practitioners should consider leveraging the unique strengths of Latino and white families while also targeting areas for improvement. In terms of strengths, practitioners may capitalize on the inherent family empowerment among Latino families by offering interventions in cohort models and focusing on the family as a unit. To address areas of improvement, practitioners may focus the content of the intervention on educating Latino families about adult services. With respect to white families, practitioners may focus content on perceived advocacy skills.

Practitioners may also consider the age of the youth. Our study suggests that youth age correlates with unmet service needs. When designing interventions, practitioners need to determine the age range of the youth of the families. Prior research suggests there are tradeoffs to including youth that are too young to be eligible for adult services (Burke et al., 2019). However, Latino families report wanting to attend trainings about advocacy for adult services for their children as young as 12 (Francis et al., 2018). Altogether, practitioners should carefully consider cutoffs for youth age when offering trainings.

There may also be unique implications for school practitioners. Educators have unique roles and responsibilities when working with students with disabilities, including autism. Schools may offer additional supports to create equitable systems for all families raising children with disabilities (Alba, in press). To this end, school practitioners may consider ways to educate and empower Latino families of autistic children.

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Table 1.

Participant Demographics

	Latino % (*n*) or *M* (*SD*)	White % (*n*) or *M* (*SD*)	t/X^2	*p*
Gender:			.75	.39
Female	91.30% (42)	85.42% (41)		
Male	8.70% (4)	14.58 % (7)		
Household Income			58.87	<.001
$20,000 or less	21.74% (10)	2.08% (1)		
$20,001 - $40,000	23.91% (11)	6.25% (3)		
$40,001 - $60,000	34.78% (16)	6.25% (3)		
$60,001 - $80,000	4.35% (2)	12.50% (6)		
$80,001 - $100,00	10.87% (5)	4.17% (2)		
$100,001 or more	---	56.25% (27)		
Educational background			37.40	<.001
Less than high school	21.74% (10)	---		
Received high school degree	34.78% (12)	4.17% (2)		
Some college	34.78% (12)	16.67% (8)		
Bachelor's degree	21.74% (10)	56.25% (27)		
Graduate degree	4.35% (2)	22.92% (11)		
Child gender: Male	82.61% (38)	85% (41)	.17	.68
Child age	16.32 (4.83)	21.05 (2.44)	12.85	<.001

Table 2.

Correlations between the Variables

	1.Educational Background	2.Income	3.Services Received	4.Unmet Service needs	5.Perceived Advocacy Skills	6.Knowledge	7.Family Empower	8.Community Empower	9. Services Empower
1.	---	---	---	---	---	---	---	---	---
2.	.67**	---	---	---	---	---	---	---	---
3.	-.01	-.01	---	---	---	---	---	---	---
4.	-.05	-.01	-.17	---	---	---	---	---	---
5.	.28**	.34**	.35**	-.22*	---	---	---	---	---
6.	.53**	.64**	.24*	.16	.42**	---	---	---	---
7.	-.19	.24*	.23*	-.08	.34**	-.15	---	---	---
8.	-.04	-.03	.23*	-.06	.52**	.07	.82**	---	---
9.	.39**	.40**	.35**	-.23*	.64**	.46**	.38**	.62**	---

*refers to $p < .05$, ** refers to $p < .01$

Table 3.

Comparisons among Latino and white Participants (Controlling for age)

	Latino Adj. Mean (*SE*)	White Adj. Mean (*SE*)	*F*	*p*	*Cohen's d*
Knowledge	6.03 (4.08)	11.92 (3.21)	30.100	<.001	.27
Family Empowerment Scale					
Family subscale	46.69 (7.54)	40.10 (7.23)	12.86	<.001	.14
Services subscale	45.33 (7.33)	44.89 (6.45)	.09	.75	.001
Community subscale	31.92 (7.00)	39.39 (5.51)	21.37	<.001	.21
Perceived Advocacy Skills	27.92 (8.24)	34.27 (6.66)	7.98	.006	.09
Services					
Total Services Received	2.31 (2.27)	2.79 (2.03)	.31	.58	.004
Unmet Service Needs	2.39 (1.94)	1.75 (1.50)	9.86	.002	.11

*refers to $p < .05$, ** refers to $p < .01$

Table 4.

Model Testing Ethnicity, Knowledge, Advocacy, and Empowerment with Receipt of Services

	B	*SE*	*t*	*p*	ES
Intercept	-2.03	1.80	-1.13	.26	--
Ethnicity	1.38	1.06	1.30	.19	.15
Age	.01	.05	.27	.78	.03
Knowledge of Adult Services	.05	.21	.23	.82	.02
Perceived Advocacy Skills	.33	.14	2.38	.02*	.27
Family Empowerment	.08	.17	.48	.63	.05
Community Empowerment	-.12	.19	-.64	.53	.07
Knowledge*Ethnicity	.04	.14	.36	.72	.04
Advocacy*Ethnicity	-.17	.08	-2.11	.03*	.24
Community Empowerment*Ethnicity	.13	.11	1.16	.24	.35
Family Empowerment*Ethnicity	.06	.10	.64	.53	.07

*refers to $p < .05$, ** refers to $p < .01$

Table 5.

Model Testing Ethnicity, Knowledge, Advocacy, and Empowerment with Unmet service needs

	B	*SE*	*t*	*p*	ES
Intercept	-1.15	1.70	.67	.50	--
Ethnicity	1.05	.99	1.06	.29	.12
Age	.16	.05	3.13	.002**	.34
Knowledge of Adult Services	-.12	.19	-.61	.54	-.07
Perceived Advocacy Skills	-.17	.13	-1.29	.19	.15
Family Empowerment	-.01	.16	.08	.94	.01
Community Empowerment	.07	.18	.40	.69	.04
Knowledge*Ethnicity	.12	.12	.94	.35	.11
Advocacy*Ethnicity	.06	.08	.84	.40	.09
Community Empowerment*Ethnicity	.06	.11	.54	.59	.06
Family Empowerment*Ethnicity	.01	.09	.14	.88	.01

*refers to $p < .05$, ** refers to $p < .01$

Table 6.

Acculturation Correlates Only Among Latino Families

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Time in the US	---	---	--	--	--	--	--	--	--	--
2. English language composite	.22	---	--	--	--	--	--	--	--	--
3. Spanish language composite	.09	.06	--	--	--	--	--	--	--	--
4. Knowledge of adult services	.01	.33**	-.32*	--	--	--	--	--	--	--
5. Perceived advocacy skills	.21	.53**	.05	.42*	--	--	--	--	--	--
6. Family empowerment	.13	.23	.08	-.15	.34**	--	--	--	--	--
7. Services empowerment	.15	.21	.03	.07	.52**	.82**	--	--	--	--
8. Community empowerment	-.04	.30	.00	.46**	.64**	.38**	.62**	--	--	--
9. Number of services	.06	.18	-.36**	.24*	.35**	.23*	.23*	.35**	--	--
10. Unmet service needs	.21	.08	-.10	.16	-.22*	-.08	-.06	-.23*	-.17	--

*refers to $p < .05$, ** refers to $p < .01$