

# A Narrative Review of Structural Barriers to Healthcare Access in Latino/a Individuals with Intellectual and Developmental Disabilities

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## BACKGROUND

Latino/a individuals with intellectual and developmental disabilities (IDD), along with their families and caregivers, encounter significant, layered barriers within the U.S. healthcare system. Challenges related to insurance access, food and resource insecurity, quality of care, and language contribute to inequities in diagnosis, treatment, care coordination, and long-term health outcomes. Despite a growing Latino/a population, limited research explores these experiences.

## OBJECTIVE

This review explores the impact of intersecting barriers on healthcare access for Latino/a individuals with IDD and aims to highlight common challenges and systemic inequities discussed across existing research.

## METHODS

A narrative literature review was conducted using PubMed to identify U.S.-based, English-language published studies within the past 15 years that addressed healthcare barriers faced by Latino/a individuals with IDD and their families. Search was performed using the terms “Latino”, “IDD”, “Spanish.” Fifteen articles were eligible and analyzed for common themes related to healthcare access, systemic barriers, and improvement strategies.

## RESULTS

Key barriers identified included limited insurance coverage, food insecurity, difficulties navigating special education, and ineffective Spanish-language services. Observed health disparities included delayed autism diagnosis and higher obesity rates among Latino/a children with IDD as well as increased stillbirth rates among Latina women with IDD.

## RESULTS CONT.

Latino/a individuals with IDD remained underserved even after accounting for income and insurance status. Promising practices such as caregiver advocacy programs, maternal self-care interventions and protective factors showed potential in improving outcomes.

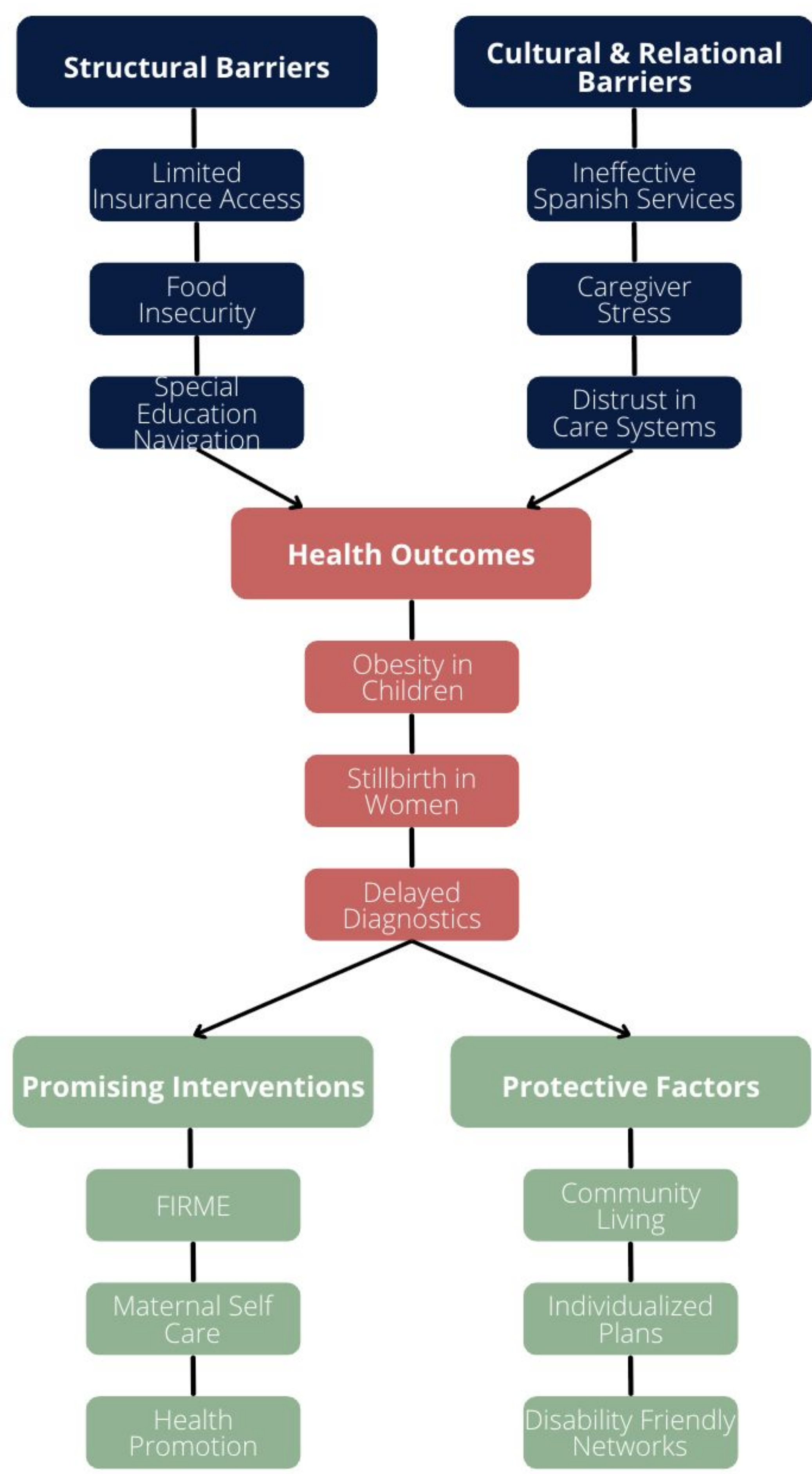
## DISCUSSION

This review highlights the layered healthcare disparities faced by Latino/a individuals with IDD shaped by structural barriers like limited insurance, delayed diagnosis, and food insecurity. These challenges are compounded by cultural and linguistic mismatches and affect outcomes across the lifespan—from childhood obesity to adverse maternal outcomes. Caregivers, especially Latina mothers, bear significant emotional and logistical burdens. While culturally tailored interventions show promise, more inclusive, intersectional research is needed. Future efforts should focus on responsive care models, policy reform, and improving access to linguistically appropriate services.

## CONCLUSIONS

Latino/a individuals with IDD face unique, intersecting healthcare disparities driven by structural, cultural, and systemic factors. Culturally tailored interventions, caregiver support, and systemic reforms, like expanding access to linguistically competent services, are urgently needed to promote health equity across the lifespan.

## REFERENCES



\*FIRME: Families Included in Receiving Better Special Education Services