Perspectives of Filipino Parents in Los Angeles: Identifying Barriers to Developmental Behavioral Pediatric Care

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Background: Filipino immigrants constitute one of the largest foreign born groups in the United States, accounting for 4.5 percent of the 41.3 million total immigrant population based on the last American Community Survey. Most Filipino immigrants settled in California. Filipinos comprise 2.2 percent of Los Angeles County, leading nationwide county rates for Filipino density. Behavioral and mental health disparities among Filipinos have been described in past studies. Filipinos have a higher rate of severe depression compared to other Asians despite lower reported levels of anti-depressant medication use. Mental health is often associated with dysfunction for Asian-Americans who are more likely to seek care for somatic symptoms versus behavioral concerns. Despite unique ethno-cultural differences, studies evaluating mental health have often included Filipinos under a general Asian-American cohort. Filipinos have strong cultural, social, and familial ties which may add to a low behavioral health service use. Developmental-Behavioral Pediatricians (DBPs) offer expert evaluation, and management using validated approaches for behavior concerns including autism, ADHD, learning disorders, intellectual disability, and developmental delay. With a deeper understanding that a child’s development happens foremost in the context of family, DBPs seek to understand the family’s view of the problem and this problem’s effect on the family using a bio-psycho-social model. To date, literature has not analyzed the barriers to utilization of Developmental-Behavioral Pediatrics (DBP) within the Filipino community.

Aims: To identify barriers in DBP service utilization within this rapidly growing and understudied population.

Design/Methods: We will describe perceptions of Filipino parents toward DBP through a two-step qualitative method using semi-structured interviews and focus groups of Filipino parents living in Los Angeles County with children 0-8 years old, recruited through local community programs. Semi-structured interviews will be conducted in two groups of 8 parents, with one group representing parents of children with a diagnosed developmental-behavioral concern and one group without. Themes generated from the interviews will then inform interview scripts that will be used in two focus groups of 4-8 parents divided based on their child’s previous developmental-behavioral diagnosis history. Interview and focus group data will be analyzed using grounded theory to identify barriers to care from recurring perceptions.

Implications: Once identified, strategies to overcome specific barriers may be produced to increase delivery of care, improving behavioral health outcomes within the family unit.