

Resilience in Real Time: Parents of Youth with Type 1 Diabetes (T1D) Summer 2020 Psychosocial Experiences

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INTRO

- COVID-19 disproportionately impacts parents, people with health risks like diabetes, and those of lower SES.
- Minorities and those from low SES backgrounds experienced increased negative health outcomes related to the pandemic.
- Racial tensions after George Floyd's murder may have worsened negative health effects.
- Aim: Examine differences in depressive symptoms and protective factors by race/ethnicity and insurance type.

METHODS

- Participants were 100 parents of youth with T1D who completed a behavioral RCT ≥6 months prior in Washington, DC and Houston, TX.
- Surveys were completed June-July 2020 including:
 - Parents' self reported demographic information.
 - Protective Factor Survey-Concrete Support Subscale (PFS-CS; Awareness of how to obtain housing/financial/food resources).
 - Center for Epidemiological Studies -Depression (CES-D; depressive symptoms).
- ANOVAs compared total scores by group and Pearson Correlations examined the relationship between PFS-CS and CES-D scores.

RESULTS

- Black and Hispanic parents and parents with public insurance reported significantly higher concrete support ($p < 0.1$) than non-Hispanic white parents and those with private insurance (See Table 2).
- The overall CES-D score for the sample was 10.4±8.3. Higher support correlated with lower depressive symptoms, $r = -.26, p = .05$.

DISCUSSION

Emphasizing sources of support and resilience may be a useful strategy in strength-based interventions for ethnically and racially diverse parents of children with T1D.

Despite the COVID-19 pandemic and racial tensions last summer, compared to non-Hispanic, white parents, Black and Hispanic parents of kids with T1D demonstrated greater knowledge of support resources which was associated with lower depressive symptoms.

Recognizing this resiliency during troubling times can be a focus point in future interventions.

Tables & Figures

Table 1: Participant Characteristics

Demographics (n=100) M±SD	
Parent Age	36.4 ± 6.8 yrs
Child Age	6.7±1.6 yrs
T1D Duration	2.9±.5 yrs

Figure 1: Parent Race/Ethnicity

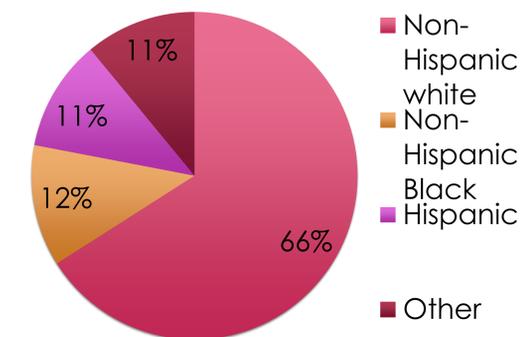


Figure 2: Child Insurance Type

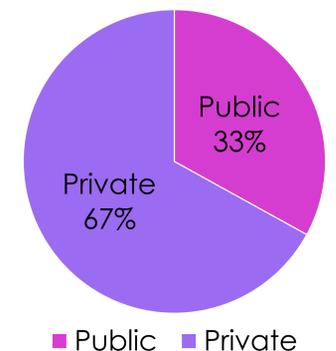


Table 2: PFS Scores by Demographic Group

Demographic	M±SD
Hispanic	1.6±0.5
Non-Hispanic, Black	1.6±0.6
Non-Hispanic, White	1.3±0.3
Private Insurance	1.3±0.3
Public Insurance	1.6±0.5

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Title: Resilience in Real Time: Parents of Youth with Type 1 Diabetes (T1D) Summer 2020 Psychosocial Experiences

Objective: The COVID-19 pandemic disproportionately impacts parents, people with health risks like diabetes, and those with fewer financial resources. Minorities face particularly negative outcomes of the pandemic, and racial tensions after George Floyd's murder may have worsened effects. We examined group differences by race/ethnicity and socio-economic status (SES) in depressive symptoms and protective factors in parents of children with T1D in summer 2020.

Methods: Participants were n=100 parents (98% mothers) of youth with T1D (60% female, M age=6.7±1.6 yrs, M T1D duration = 2.9±.5 yrs), who completed a behavioral RCT ≥6 months prior. In July/July 2020, parents self-reported on awareness of how to obtain housing/financial/food resources (Protective Factor Survey Concrete Support [PFS-CS] subscale) and depressive symptoms (Center for Epidemiological Studies –Depression [CES-D]). Race/ethnicity (66% non-Hispanic white, 12% non-Hispanic Black, 11% Hispanic, 11% other) and health insurance (33% public, 67% private) were reported at RCT enrollment. We ran ANOVAs and Pearson correlations to compare CES-D and PFS-CS by demographic groups.

Results: PFS-CS scores differed significantly by race/ethnicity and insurance status, both $p < .01$. Hispanic (M=1.6±0.5) and non-Hispanic Black (M=1.6±0.6) parents had higher CS than non-Hispanic white parents (M = 1.3±0.3). Those with public insurance (M = 1.6±0.5) had higher CS than those with private insurance (M = 1.3±0.3). Higher CS correlated with lower CES-D, $r = -.26$, $p = .05$. CES-D did not differ across groups.

Conclusion: Racially/ethnically diverse and lower SES parents of children with T1D reported more knowledge about how to access useful resources. This may have buffered against elevated mood symptoms during co-occurring major societal and public health stressors in 2020. Highlighting sources of support and resilience may be a useful strategy in strength-based interventions for parents of children with T1D.