THE IMPACT OF SOCIAL DETERMINANTS ON MANAGEMENT OF TYPE 1 DIABETES IN SINGLE PARENT BLACK FAMILIES: RESEARCH AND CLINICAL IMPLICATIONS

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Disclosures

Conflict of Interest: None

Funding: Pediatric Endocrine Nursing Society; Sigma Theta Tau Xi Chapter; Heilbrunn Nurse Scholar Award; National Institutes of Nursing Research (F31NR018097)
Objectives

1) Participants will define the social determinants of health framework and outline its key domains.

2) Participants will describe a three-phase mixed methods study to identify social determinants of health that influence T1D family management in single-parent black families.

3) Participants will explore and discuss how social determinants can impact a family’s ability to manage a chronic illness, for instance T1D, using the “But Why?” technique.

Over the next 30 years T1D incidence rates are predicted to TRIPLE.

Greatest increases will be seen in ethnic and racial minority youth.
Sociodemographic risk factors for poor glycemic control and self-management behaviors

- Race/ethnicity
  - racial/ethnic minority
- SES (income, parental education & health insurance)
  - low SES, underinsured
- Family structure
  - single parent structure

Consistently associated with influencing glycemic control and self-management behaviors.

Black youth experience persistent disparities in T1D incidence, treatment, management and outcomes, yet the voices of their families continue to be underrepresented in pediatric T1D research.

We know very little as to what is driving these disparities or how to address them.
What are the social determinants of health?
“circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness.”

(Marmot et al., 2008)

- Economic Stability
  - Poverty
  - Employment
  - Food insecurity
  - Housing stability

- Education
  - High School Graduation
  - Higher Ed Enrollment
  - Language and literacy
  - Early Childhood Ed and Development

- Social & Community Context
  - Social cohesion
  - Civic participation
  - Discrimination
  - Incarceration

- Health & Health Care
  - Healthcare access
  - Primary care access
  - Health literacy

- Neighborhood & Built Environment
  - Healthy food access
  - Housing quality
  - Crime and Violence
  - Environmental Conditions

Influence of Social Determinants of Health on T1D

Healthy People 2020 SDOH Framework
Current Study

SDOH: Social Determinants of Health
T1D: Type 1 diabetes

Purpose:
To identify and learn how SDOH influence T1D family management and to generate potential solutions for addressing identified management barriers in a clinic population of black, single parents.

What does the study entail?

How?
Three phases: focus groups, interviews and a survey

With whom?
Single parents of black youth with T1D from CHOP Diabetes Center

Where?
Recruitment and focus groups: Diabetes Center clinic
Interviews: by phone
Survey: in clinic or by mail
Phase 1: Focus groups
Nominal Group Technique (NGT)

NGT includes four steps:
1. Silent generation of ideas
2. Round-robin recording of individual ideas
3. Group discussions of list of ideas
4. Vote on top 3 ideas & generate solutions

• Parent-centered participatory approach:
  ➢ Parents directly generate, prioritize and explain their own questions and answers

Phase 2: Semi Structured Interviews

• Randomly selected subgroup of parents
• Clarify and add meaning to the list of ideas generated in NGT groups.
• Help condense and simplify the list of ideas
• Obtain consensus for the ideas that were prioritized

Phase 3: Quantitative Survey

• The list of ideas of barriers to family management was further condensed and organized into the 5 domains of the study SDOH framework:
  • Economic stability,
  • Education,
  • Social and Community Context,
  • Health and Healthcare
  • Neighborhood and Built Environment
• This has resulted in a 73 item questionnaire.
Sample Survey Items

Exploring the impact of social determinants on chronic illness management: The "But Why?" technique

The “But Why?” Technique

- Root causes: basic reasons behind the problem you are seeing in your patient/family/clinic/neighborhood/community

- “But why?” technique examines the problem by asking questions to find out what is the root cause.

- Each time an answer is given, a follow-up “But why?” is asked.
Example Clinical Problem: This child’s A1c is regularly too high.

But why?: Because they don’t check their blood sugar before or after meals
  But why?: Because they don’t remember to.
  But why?: Because they don’t have a daily schedule.
  But why?: Because they stay up late and have little supervision.
  But why?: Because mom works nights and they are in the care of their older sibling at night.
  But why?: Because mom can’t afford child care and gets paid more to work nights.

Let’s practice

1. Try to apply this technique in your clinical practice.
2. Reflect on what type of intervention you might consider if you’d stopped asking the question after the first response, as opposed to the third or fourth.
If you're interested in learning more about using the “but why?” technique, this is a useful resource:


Acknowledgements

Research reported in this presentation was supported by the National Institute Of Nursing Research of the National Institutes of Health under Award Number F31NR018907.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Huge THANK YOU to all the families that participated in this study and shared their experiences with us. Without their time this study would not be possible!!
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