

Factors impacting the health of Latinx Children with Intellectual and Developmental Disabilities and their Caregivers

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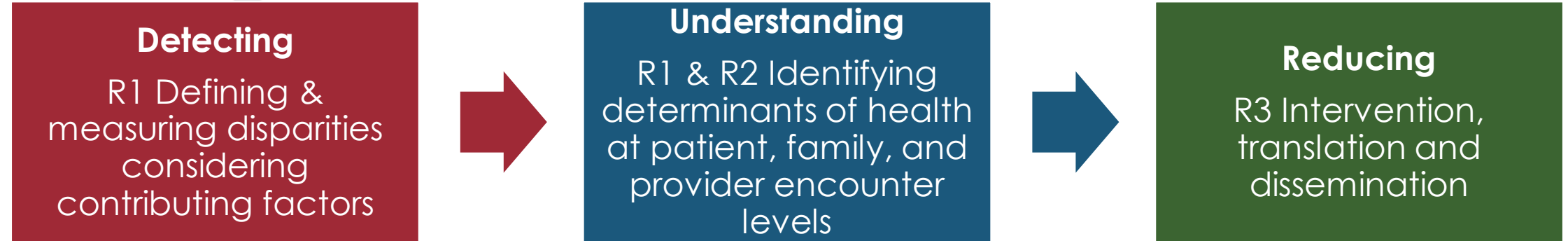
PODER: **P**romoting **O**besity prevention among Latinx children with **D**evelopmental disabilities and families through **E**ngaged **R**esearch (NIDILRR/DRRP). The contents of this research project were developed under a grant from the United States Department of Health and Human Services, Administration for Community Living (ACL), National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) Grant #90DPHF0005-01-00 (P.I. Sandy Magaña).

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Overview

- Children and youth with IDD have higher rates of obesity and worse health outcomes than typically developing children and youth (Rimmer et al., 2011)
- Latinx children and their caregivers have higher rates of obesity and worse health outcomes when compared to other groups (Magaña et al., 2014)
- Scarcity of research about Latinx children and youth with IDD (Suarez-Balcazar et al., 2018)
- We aim to strengthen this body of research and develop and test interventions to address disparities for Latinx children & youth with IDD and their families
- Based on a **Social Determinants of Health Conceptual Model**, we plan to address this gap in research with three ground-breaking studies.

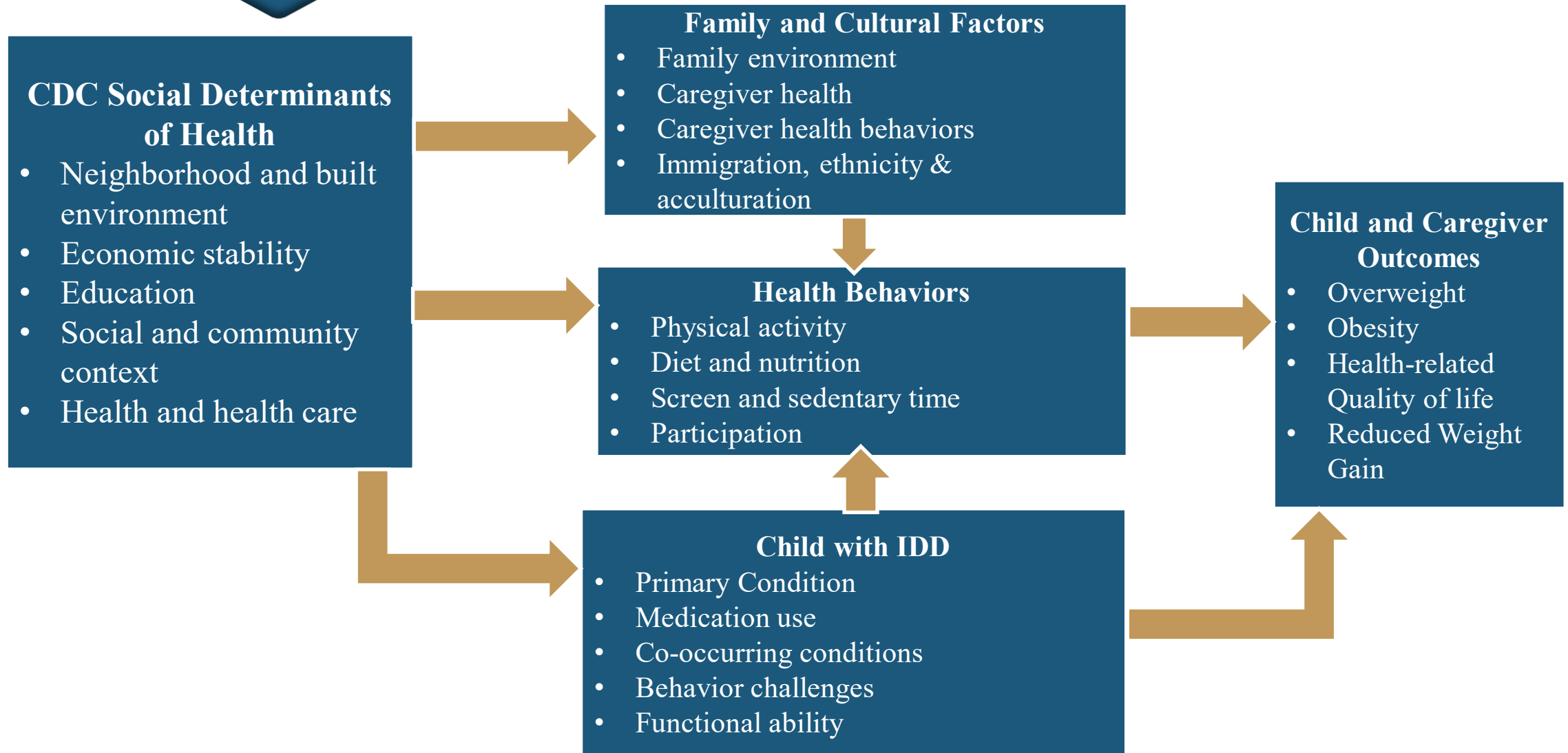
Three Phases of Health Disparities Research in the PODER Project



R2

- Examine the health and obesity of this population and their families. Collect data on family and cultural factors, health behaviors, a variety of child and caregiver outcomes, and social determinants factors (built environment, social-economic indicators, and community context).
- Two sites – TX and IL

Conceptual Framework/Domains



R2 Study: Participants Criteria

- Female caregiver of Latinx background
- Child with IDD between 6 and 17 years of age
- The focal child has a diagnosis of ASD, Down Syndrome or Intellectual disability (ID)
- The focal child is ambulatory

R2 Data Collection Procedures

Data Collection: Three interviews

1

Informed consent, parental consent and child assent; demographic questionnaire; food frequency questionnaire; height and weight measurement; instructions and setup of using the accelerometers.

2

Questionnaires about child's health, health behaviors, home environment, quality of life (Child responds to PEDS quality of life questions)

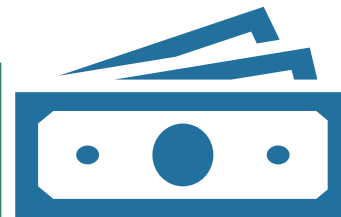
3

Questions about mom's quality of life, health and health behaviors

Phone interviews
• ~ 1 hour/visit



Caregivers
received \$25 per
visit



Child selected
small toy



Participants

- 88 children with IDD and their caregivers.
Child's mean age: 12.6 years,
Child's gender: 68.2% male
- Several measures were obtained including home food (HFE) and physical activity (HPAE) environment (e.g., access to unhealthy foods, electronics), and parenting strategies for child diet and physical activity (e.g., monitoring, controlling). Child BMI percentile and adult BMI were calculated

Results

- Overall, 33% of children met criteria for obesity, higher than the national prevalence for Latino children (25.6%). Female children had higher BMI percentile than males ($\beta=0.48$, $p=0.002$).
- Children of parents who were older ($\beta=0.38$, $p=0.02$), employed ($\beta=0.29$, $p=0.03$), and had higher BMI ($\beta=0.311$, $p=0.02$) had higher BMI percentile.
- Children whose parents demonstrated greater use of controlling parenting strategies had lower BMI percentile ($\beta=-0.34$, $p=0.002$) while those with greater access to electronics had higher BMI percentile ($\beta=0.45$, $p=0.002$).

Caregivers Mental Health & Well-Being

- Results indicated that perceived social support, higher income, and having access to financial benefits were associated with less mental health symptoms.
- Decrease in family income was significantly associated with depressive symptoms.
- Several caregivers reported moderately high perceived social support from a significant other. Financial benefit was significantly associated with increased perceived social support.

Mental Health

- 36% of the caregivers were at risk for depression (depressive symptoms scores ≥ 16).

Overall, they had moderately high depressive symptoms scores (mean=12.5, SD=9.0).

In comparison, the median prevalence of depression was 8.8% among the general population, according to a systematic review (Vilagut et al., 2016).

- Their depression scores were negatively associated with their physical health, level of energy, family income, and whether the family received any financial benefits during the pandemic.
- Child services were not associated with maternal depression.
- First generation immigrant status may be associated with lack of knowledge of financial and food resources, feeling disempowered to ask for support, or experiencing other barriers such as being uninsured

Quantitative data: Challenges and Concerns

- Access to resources and settings for physical activity and exercise
- Access to disability resources and supports
- Economic uncertainty
- Mental health and well-being and obtaining resources
- Sedentary behavior, decrease in physical activity
- Concerns about child's development and behaviors

Opportunities/benefits experienced in the last 2 years.

- Opportunities for learning new skills and technologies
- Opportunities for family bonding
- Opportunities for preparing meals at home as a family
- Opportunities for more healthy eating

Conclusion and Implications

- Latinx families of children with IDD face unique challenges.
- First generation immigrant status may be associated with experiencing more barriers to healthy lifestyles.
- Most families in this study were negatively impacted by the pandemic, which then led to greater caregiving responsibilities and worse health and mental health outcomes.
- Parents BMI and age impacts child's BMI
- Access to electronics impacts child's BMI

Knowledge Translation and Support for Latinx Families Provided by our Team

- Personalized physical activity and nutrition reports to help family understand their health needs
- Provided resources that serve families regardless of immigration status to support access to healthy food and physical activity
- Partnered with community organizations to offer educational programming, referrals for families and children that need further support
- Offered online webinars that focused on topics of interest to parents. These included promoting wellbeing, healthy eating and physical activity, sexuality and disability, occupational therapy service for children with IDD.

Thank you!
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