

Examining the Relationship between Neighborhood Adversity and Glycemic Control Among Adolescents with Type 1 Diabetes

Jamil Gharib, BS, WSU Department of Family Medicine and Public Health Sciences Yasir Mehmood, WSU Department of Family Medicine and Public Health Sciences Jessica Worley, BS, WSU Department of Family Medicine and Public Health Sciences April Idalski Carcone PhD, MSW, WSU Department of Family Medicine and Public Health Sciences Malcolm Cutchin PhD, WSU Institute of Gerontology & Department of Health Care Sciences Deborah Ellis PhD, WSU Department of Family Medicine and Public Health Sciences

Wayne State University School of Medicine 2020 DFMPHS Research Day

National Institute of Diabetes And Digestive And Kidney Diseases of the National Institutes of Health under Award Number R01DK110075



Background

- Type 1 diabetes is a chronic medical condition in which the pancreas produces little to no insulin and requires complex, daily care and management.
- African American youth with Type 1 Diabetes (T1D) demonstrate poorer glycemic control (average blood glucose levels) than White youth.
- Among adults with diabetes, neighborhood adversity (NA) factors have been shown to affect glycemic control.
 - Neighborhood poverty levels
 - Neighborhood residents unemployed
 - Neighborhood residents with less than a 12th grade education, no diploma
- Research on the relationship between neighborhood factors and glycemic control in youth with type 1 diabetes is lacking.



Hypothesis

- This study examined the relationship between neighborhood adversity and glycemic control among African American adolescents.
 - Neighborhood adversity refers to a greater proportion of combined socio-economic stressors in the area where one lives.
- We hypothesized that higher levels of neighborhood adversity would be associated with poorer glycemic control



Methods

Design

- Baseline data from a longitudinal multi-center clinical trial
- 124 youths recruited from 4 hospital-based diabetes clinics: 1 in Chicago and 3 in Detroit.
- Participants
 - African American youth with Type 1 Diabetes aged 10-16

Measures

- HbA1c, the measure of average blood glucose levels during the past 90-120 days, was collected via finger-stick at baseline.
- American Community Survey
 - census block group data
 - Index of neighborhood-level socio economic adversity, e.g. education level, employment, housing, occupation, poverty level.

Cutchin MP, Eschbach K, Mair CA, Ju H, Goodwin JS. The socio-spatial neighborhood estimation method: An approach to operationalizing the neighborhood concept. *Health & Place*. 2011;17(5):1113-1121. doi:10.1016/j.healthplace.2011.05.011.



Results

- Pearson's correlation demonstrated a significant, positive relationship (r = 0.310, p < 0.001) between HbA1c and NAI scores.
 - This suggests adolescents had higher HbA1c levels when they lived in neighborhoods with greater adversity.





Conclusion

- This study is among the first to explore this relationship between NA and A1c levels among youth with T1D.
- Our results supported our hypothesis that higher levels of neighborhood adversity would be associated with poorer glycemic control.
- Research is needed to test the possible mechanisms of this relationship
 - Youth in high adversity neighborhoods may experience more stress, which may lead to poorer glycemic control through a biological stress response (i.e., greater cortisol level)
 - Parents of youth living in neighborhoods with high levels of adversity may not have the resources, financial or otherwise, to provide adequate care for a child with a chronic illness, like T1D
- Limitation: use of correlational data
 - Future studies could investigate this relationship using a longitudinal design



Public Health Implications

- Individual and family stressors might interact with NA and should be explored.
- The ability to identify these stressors may allow interventionists to ameliorate the effects of NA.
- Identifying interventions to mitigate the negative effects of NA on health outcomes are needed to address this critical factor on adolescent health and health outcomes.