Translating Science to Practice

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Mental And Physical Health Outcomes In Youth Facing Socioeconomic Disadvantage

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Why Should We Study Health Disparities In Children?

- Mental and physical health disparities usually start in childhood and continue across the lifespan.
- Children and adolescents from historically marginalized communities are especially at risk for poor health outcomes due to structural and systemic inequalities including, but not limited to: [3,4]
  - Economic inequity
  - Racism
  - Inadequate access to health care
  - Distrust of the medical health community
- Most health disparity studies usually focus on adults, preventing us from learning about differences in health outcomes at earlier stages of development, which could guide early intervention programs to improve health and well-being.

Defining Terms

Health Disparities:
Health differences that can be attributed to economic, social, and environmental disadvantage.[1]

Socioeconomic Status (SES):
An individual's or a family's position in society based on a combination of factors such as income, education, occupation, and employment status.

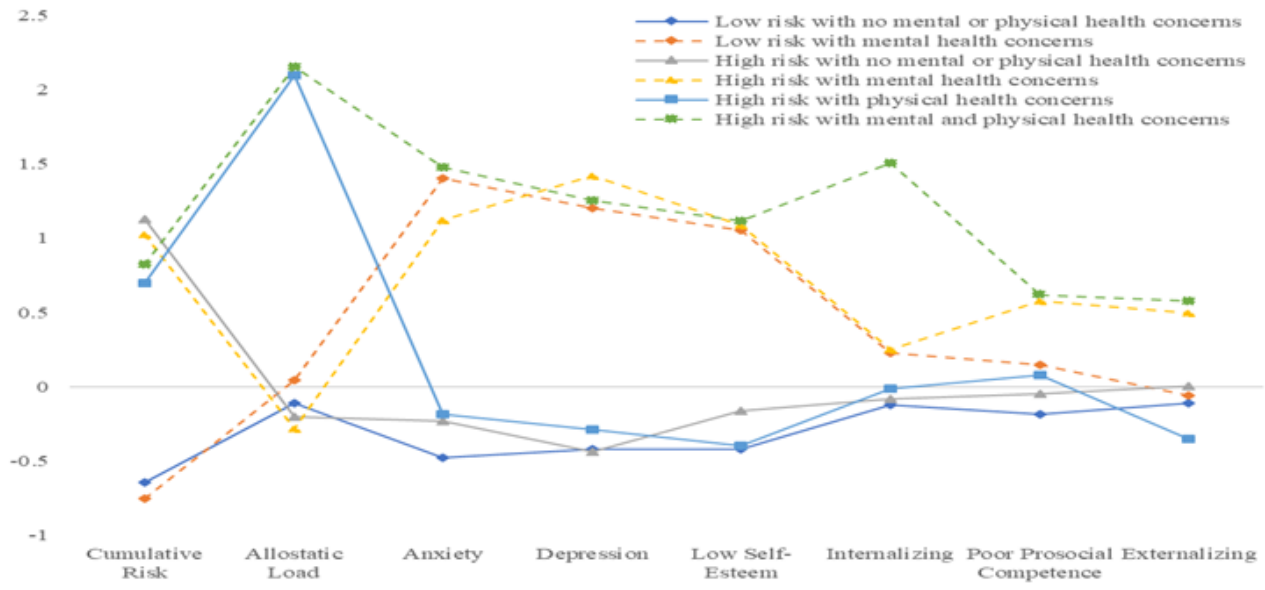
Allostatic Load (AL):
The cumulative physiological "wear and tear" of the brain and the body.[2]

Research Findings

In our study with underserved children ages 8-12 years, youths fell into different groups based on their scores for cumulative SES risk (e.g., poverty risk, parent's education level, unemployment, single family structure, community violence exposure, reliance on public assistance, caregiver burden, allostatic load, and mental health problems): [5]

1. Low SES risk with no mental or physical health concerns (51.53%).
2. Low SES risk with mental health concerns, but no physical health concerns (9.37%).
3. High SES risk with no mental or physical health concerns (resilient; 19.76%).
4. High SES risk with mental health concerns, but no physical health concerns (13.24%).
5. High SES risk with physical health concerns, but no mental health concerns (4.48%).
6. High SES risk with mental health and physical health concerns (1.6 %).

Profiles of youths based on their scores on cumulative socioeconomic risk, allostatic load, and mental health outcomes



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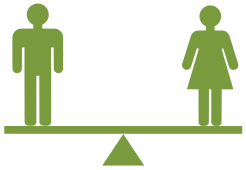
These groups have differences in race, gender, experiences of childhood maltreatment and social-emotional outcomes [5]



- Black youth were less likely to be in the low-risk with mental health concerns profile.
- Boys were more likely to be in the high-risk with mental health concerns group.
- Youths in the resilient and high-risk with mental health concerns profiles had higher exposure to childhood maltreatment compared to youths in the two low-risk groups.
- Two of the high-risk groups (resilient, and high risk with physical health concerns) and the low-risk with no mental or physical health concerns group had better emotion regulation, more positive feelings, less difficulty controlling negative emotions and less inappropriate expression of emotion than the high-risk group with mental health concerns.
    - *This means that even though children in the high-risk groups had experienced higher levels of SES risk, they could regulate their emotions with as much success as the children in the low SES risk group.*
- The low-risk with no mental or physical health concern and resilient groups also had higher levels of ego resiliency, conscientiousness, and agreeableness, and lower levels of neuroticism than the high-risk with mental health concerns group. In other words, youth from the low-risk and resilient groups were better at responding to environmental demands, were more hardworking, responsible, cooperative, and friendly and were less emotionally unstable.

What we can do/act on?

- Middle childhood and early adolescence may be an opportune time for identifying youth who are at-risk for poor mental and physical health.
- We can harness Intervention efforts at the individual, family, and policy level to promote positive health outcomes among underserved youth. Future research and intervention programs need to understand how resources and support centered on the utilization of effective coping and emotion regulation strategies may lead to better psychosocial and physiological health outcomes in underserved youth and their families
- To address the systemic origins of health disparities among U.S. youth, we need to disseminate programs and policies at a broader scale to improve the lives and health outcomes of all children and their families.

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