Material Hardship, Parenting Stress, and Family and Neighborhood Buffers for Children With and Without Special Health Care Needs

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My colleagues and I have documented no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.



Sarah and Sienna





Children with Special Health Care Needs

- Children with special health care needs (CSHCN) are defined as children who:
 - Have a chronic physical, developmental, behavioral, or emotional condition
 - Require health services beyond what is typically required
- Approximately 19% of US children have special health care needs
- Families of CSHCN face increased financial burdens



Material Hardship

"The lived experience of poverty"

- Defined as difficulty meeting basic needs
 - includes food, shelter, utilities, health care
- Common in families experiencing poverty
- Associated with adverse child health outcomes

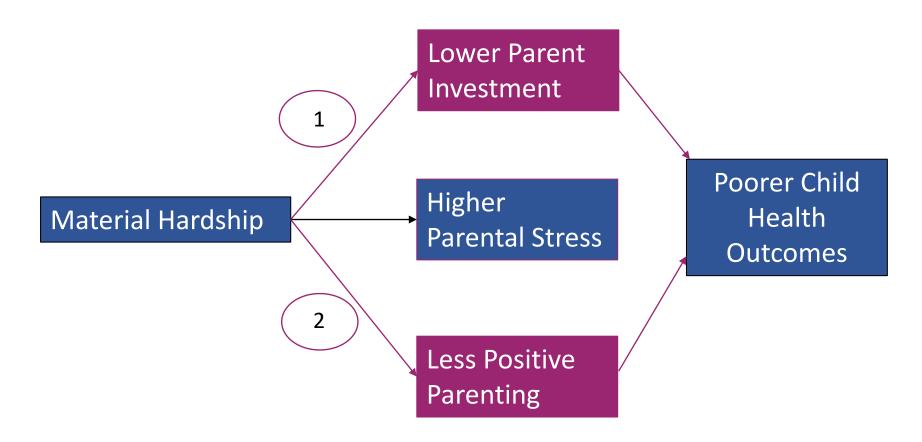


How can material hardships lead to poorer outcomes?

Material Hardship Poorer Child
Health
Outcomes

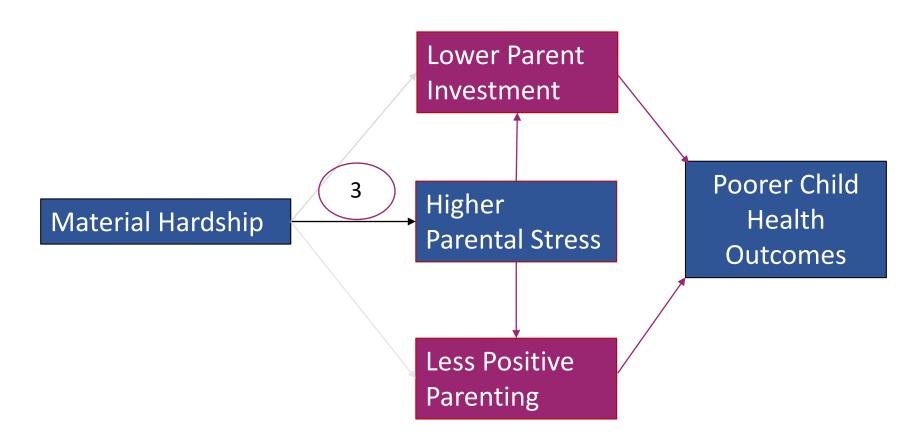


How can material hardships lead to poorer outcomes?





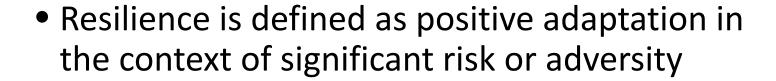
The Importance of Parental Stress





Resilience

Some at risk children have positive outcomes



 Factors at the family and neighborhood levels can promote resilient outcomes





Potential to buffer effects of material hardship



Cumulative Risks for CSHCN and Families Increases Stress

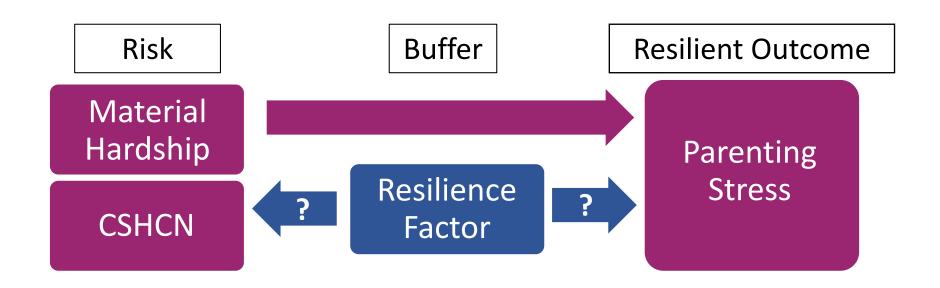
- Families of CSHCN are more vulnerable to material hardship
- Extra stresses related to their child's underlying conditions
- Poorer health outcomes due to their underlying condition





Factors Promoting Resilient Outcomes

 Very little is known about how family and neighborhood resilience factors affect parenting stress in the setting of these cumulative risks





Objectives

- 1) To compare children with and without special health care needs with respect to material hardship, resilience factors and parenting stress
- 2) Separately, for children with and without special health care needs:
 - a) To measure associations between material hardships and parenting stress
 - b) To determine if resilience factors buffer the effects of material hardship on parenting stress



Study Design

- Cross-sectional study using data from the 2016 National Survey of Children's Health
 - Population-based telephone, mail-in and web-based survey

- Inclusion criteria:
 - Low income (<200% of the federal poverty level)
 - Completed assessments for main study variables



Defining CSHCN

- CSHCN defined using the 5-item CSHCN screener from the National Center for Health Statistics
 - Addresses functional limitations and need for health care services
- To meet the definition
 - Must have lasted or be expected to last for at least 12 months
 - Must be due to a chronic condition



Independent Variables

- Material Hardship
 - Since this child was born, how often has it been very hard to get by on your family's income – hard to cover basics like food or housing?

• Resilience:

- Family problem solving
- Neighborhood cohesion



Family Problem Solving

When your family faces problems, how often are you likely to...?

- Talk together about what to do.
- Work together to solve our problems.
- Know we have strengths to draw on.
- Stay hopeful even in difficult times





Neighborhood Cohesion

Responses to the following statements about neighborhood conditions:

- People in this neighborhood help each other out
- We watch out for each other's children in this neighborhood
- When we encounter difficulties, we know where to go for help in our community





Dependent Variable: Parenting Stress

- Parenting stress: 3 questions
 - During the past month, how often have you felt your child is much harder to care for than most children their age?
 - During the past month, how often have you felt they do things that really bother you a lot?
 - During the past month, how often have you felt angry with them?

Dichotomized at recommended cut-point



Statistical Analysis

- Logistic regression models to test for independent associations
- Special Health Care Needs status → Material Hardship, Resilience Factors and Parenting Stress
- 2) Material Hardship and Resilience Factors -> Parenting Stress
 - Separately for Children with and Without Special Health Care Needs
- Adjusted for child age, sex, ethnicity, insurance type; and parent age, education, employment status and marital status



Statistical Analysis

- Moderation
 - Tested using interaction terms
- Mediation
 - Baron and Kenny's 4-step process for testing mediation hypotheses
 - Structural equation models to determine direct and indirect relationships between material hardships, buffers and parenting stress
- All analyses used survey weights established by the National Center for Health Statistics

Results



Baseline Characteristics

n=11543 Weighted n=28,465, 581	CSHCN	
Characteristic: n (%)	No (n=8545)	Yes (n=2998)
<u>Child</u> :		
Age in years (mean, SD)	8.6 (5.3)	10.5 (4.5)
Sex (male)	4198 (49.1)	1706 (56.9)
Insurance (public or mixed)	4697 (55.2)	2083 (69.5)
Parent:		
Age in years (mean, SD)	39.8 (11.1)	42.3 (10.9)
Education (high school)	3403 (39.8)	1182 (39.4)
Employed	7221 (84.5)	1816 (60)
Married	5976 (69.9)	1764 (58.8)



Comparing Children With and Without Special Health Care Needs

	CSHCN	
	AOR	95% CI
Material Hardship	1.61	1.35, 1.94
Resilience Factors:		
High Family Problem Solving	0.76	0.63, 0.92
High Neighborhood Cohesion	0.73	0.61, 0.87
High Parenting Stress	5.25	3.94, 7.01

Adjusted for child age, sex, ethnicity, insurance type; and parent age, education, employment status and marital status

CSHCN have higher risk and lower buffers compared with N-CSHCN



Material Hardship and Parenting Stress

 For children with and without special health care needs, material hardship was associated with <u>high parenting stress</u>

	Parenting Stress (AOR, 95% CI) CSHCN	
	No	Yes
Material Hardship:	2.21 (1.43, 3.41)	1.70 (1.17, 2.46)



Family and Neighborhood Buffers and Parenting Stress

 For children without special health care needs, <u>both buffers</u> were associated with <u>lower parenting stress</u>

	Parenting Stress (AOR, 95% CI)		
	CSHCN		
	No	Yes	
Resilience Factors:			
Family Problem Solving	0.24 (0.16, 0.37)	0.32 (0.22, 0.45)	
Neighborhood Cohesion	0.42 (0.27, 0.67)	0.77 (0.53, 1.11)	



Family and Neighborhood Buffers and Parenting Stress

 For children with special health care needs, <u>only family problem</u> solving was associated with lower parenting stress

	Parenting Stress (AOR, 95% CI) CSHCN	
	No	Yes
Resilience Factors:		
Family Problem Solving	0.24 (0.16, 0.37)	0.32 (0.22, 0.45)
Neighborhood Cohesion	0.42 (0.27, 0.67)	0.77 (0.53, 1.11)

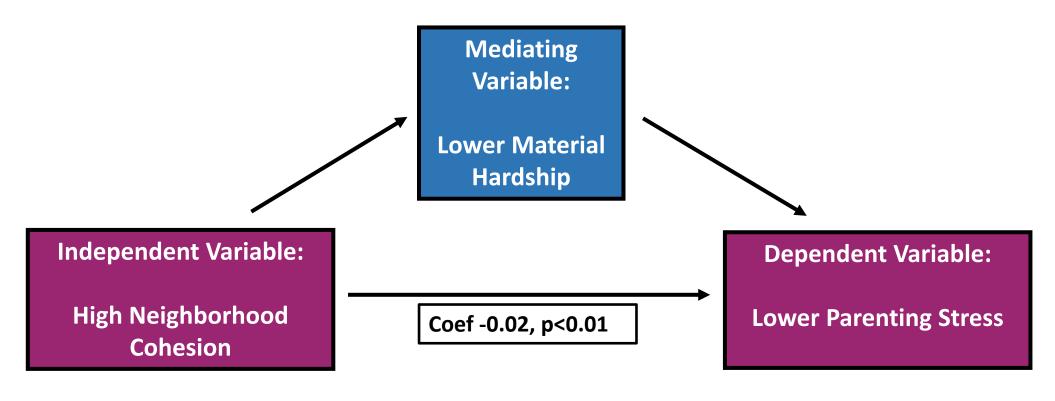


 Explored mechanisms of protective effects of resilience factors for children with and without special health care needs

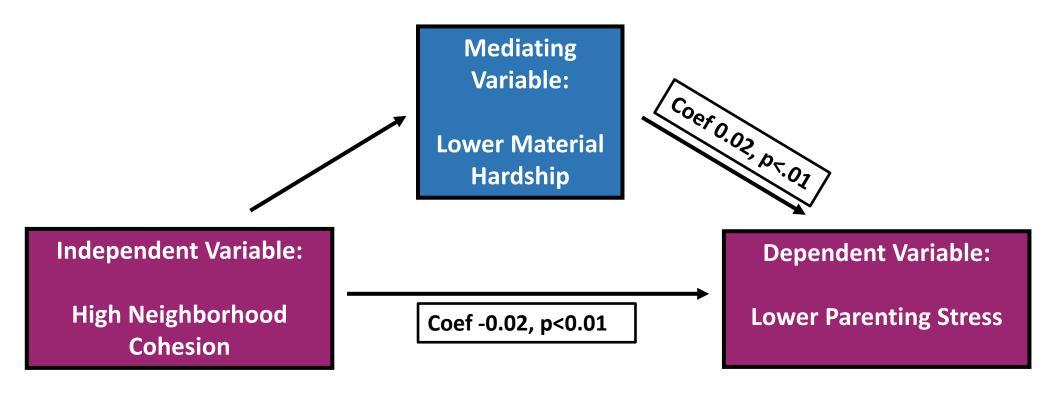
• Effects of resilience factors were mediated by lower material hardship

We found this effect only for children without special health care needs

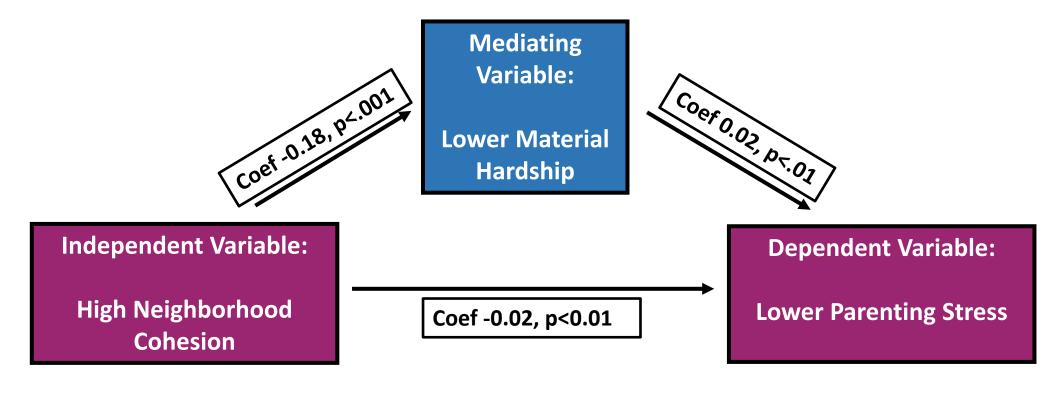




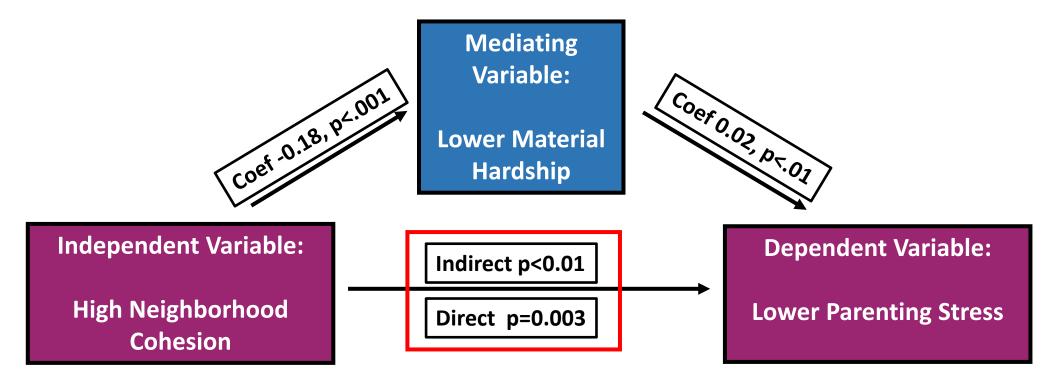












20% of the total effect of neighborhood cohesion was through lower material hardship



Conclusions

- CSHCN face cumulative risks, particularly in the setting of poverty
- Family and neighborhood resilience factors are associated with lower parenting stress primarily for parents of children without special health care needs

 One possible mechanisms of these resilience factors is through reducing material hardship



Limitations

- Cross-sectional study design
 - Difficult to infer direction of relationships, and associations are likely multi-directional
- Self-reported measures may be subject to bias

- Constructs and relationships examined are complex
 - Likely other factors involved that have not been measured



Implications

 Interventions to strengthen neighborhood cohesion may positively impact parenting stress in vulnerable low income families

- Parents of CSHCN face cumulative stresses that may be less responsive to family and neighborhood factors
- Future research should explore the mechanisms of these buffers and determine how the needs of families of CSHCN may differ in order to tailor interventions



Acknowledgements

- My coauthors and mentors:
 - Dr. Rachel Gross, NYU School of Medicine
 - Dr. Nicole Brown, Dr. Suzette Oyeku, Children's Hospital at Montefiore
- Division of Academic General Pediatrics, Children's Hospital at Montefiore
- Division of Paediatric Medicine, Hospital for Sick Children

Questions?