

SAMPLE ABSTRACT



Preventive Medicine 2014

Title: Mental health problems among US children having an incarcerated parent – 2011 National Survey of Children’s Health
Author: Susan Lukacs
Track: Population Health Practice

Background: An estimated 1.7 million US children had an incarcerated parent in 2007. These children are at risk for mental health and other health problems. Few studies have estimated the effect of having a parent incarcerated anytime during childhood. We estimated the risk of mental health problems among children who experienced parental incarceration any time during the child’s life.

Methods: Data on children ages 6-11 years were obtained from the nationally representative 2011 National Survey of Children’s Health (NSCH). We identified children reported to have ever lived with a parent or guardian who served time in jail or prison during the child’s life (n=2082, 8% of children 6-11). Demographic characteristics were compared between children having and not having an incarcerated parent. Risks of Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD), and having an emotional or behavioral problem needing therapy were estimated using logistic regression models adjusting for sex, race/ethnicity, family income, family structure, and insurance type.

Results: Compared to children without an incarcerated parent, children with an incarcerated parent were nearly twice as likely to be non-Hispanic Black, live in poverty, have public health insurance, or live with a single mother. Children who ever had an incarcerated parent had at least twice the odds of having ADHD (Adjusted Odds Ratio (AOR)=2.1, 95% confidence interval 1.58, 2.78), ODD or CD (AOR=2.6, 1.86, 3.52), or an emotional or behavioral problem needing treatment (AOR=2.2, 1.74, 2.80).

Conclusions: Young school-aged children who have lived with a parent incarcerated during the child’s lifetime are more likely than their peers to have mental health problems, adjusting for other risk factors.

Public Health Implications: Public health professionals should be aware of and prepared to address the burden of mental health problems among children having an incarcerated parent.

Data Source Utilized: 2011 NSCH

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Preventive Medicine 2014

Title: Diabetes Mellitus Type 2 Prevalence and Risk Factors Among Urban Native Americans in California
Author: Randall S. Stafford
Co-author: Lisa Goldman Rosas
Track: Population Health Practice

Background: Diabetes mellitus type 2 (DMT2) is a growing epidemic among American Indians/Alaska Natives (AIANs). While the prevalence of DMT2 and its risk factors have been described for specific AIAN tribal groups, limited details are available on urban AIANs even though a majority of AIANs live in urban communities. We analyzed California health survey data to examine the prevalence of DMT2 and its risk factors in urban AIANs in comparison with non-Latino whites.

Methods: We used weighted data from California Health Interview Survey for 2003, 2005, 2007 and 2009 (N=183,726 adults), including 7,171 self-reported AIANs (5,306 urban AIANs). In addition to descriptive analyses, multiple logistic regression models elucidated whether socio-demographics and diabetes risk factors explained the prevalence of DMT2 among urban AIANs.

Results: Urban AIANs were more likely to self-report DMT2 (9.2%) than urban non-Latino whites (5.0%), Latinos (7%) and Asians (6%), but similarly to African Americans (10%). Compared to urban whites, AIANs were more likely to be younger, unemployed, living in poverty, unmarried, lacking health insurance, and to have less schooling. Despite their younger age, risk factors for DMT2 were more prevalent in AIANs, including obesity (30% vs. 18% for whites) and hypertension (28% vs. 8%). Accounting for all of these differences, urban AIANs continued to have a greater likelihood of DMT2 compared to whites (OR 3.8, $p < 0.001$). Indicators of lower socioeconomic status, DMT2 risk factors, and more recent survey years (2007+2009 vs. 2003+2005) also independently increased the likelihood of DMT2.

Conclusions: Among urban Californians, AIANs have high rates of self-reported DMT2. Unfavorable socioeconomic indicators and more prevalent risk factors did not explain the high prevalence of DMT2 in urban AIANs.

Public Health Implications: High DMT2 prevalence in urban AIANs indicates the need for resources targeting these health disparities.

Data Source Utilized: California Health Interview Survey data for 2003, 2005, 2007 and 2009.

SAMPLE ABSTRACT



Preventive Medicine 2014

Title: Multivitamin and Other Supplement Use in a Large Cohort Attending a Health Appraisal Clinic
Author: Jill Waalen
Track: Integrative Medicine

Background: National surveys indicate that use of multivitamins and other supplements is common among US adults. Demographic and clinical characteristics associated with multivitamin and supplement use have not been extensively studied, particularly among clinic populations. We examined patterns of use among subgroups within a large cohort seen at a health appraisal.

Methods: Cross-sectional data on multivitamin and supplement use were obtained from a multiethnic cohort of 27,890 patients ages 20-97 years attending a health appraisal clinic and undergoing a standardized assessment which included a 400-item questionnaire on health status and medication use. Multivariable regression models were used to analyze associations of demographic characteristics (including age, sex, self-reported ethnicity) and health status (including body mass index, alcohol use, smoking status, and selected diseases) with use of multivitamins and supplements.

Results: Prevalence of multivitamin use among the overall cohort was 58%, with use of single supplements of Vitamins E and C reported by 40%, selenium by 11% and iron by 4%. Multivitamin use was highest among women (62% vs. 57% in men), patients reporting white ethnicity (61% vs. 46% in all other ethnicities) and increased with age, history of cancer, and in those with average alcohol intake of 1-2 drinks/day.

Conclusions: Overall prevalence of multivitamin use among patients attending a health appraisal clinic was similar to rates reported in US national surveys. Use of vitamins and other dietary supplements was highest among older patients, whites, and women.

Public Health Implications: Identification of patterns of multivitamin and other dietary supplement use can help identify subgroups for whom they contribute a significant portion of nutrient intake as well as those who may be at risk for excessive intake. The results underscore the need for clinicians to consider patients' use of these supplements in taking medication histories and in giving dietary guidance.

Data Source Utilized: The Scripps Research Institute Kaiser Health Appraisal Clinic.