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Socioeconomic Factors that Affect Self-Management and Transition into Adult Care in Adolescents with Type I Diabetes

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ABSTRACT

Effective transition from pediatric to adult health care during adolescence is crucial for patients with type 1 diabetes to insure adequate disease self-management in adulthood. To improve program delivery, it is important to understand if other socioeconomic barriers impede in successful transition preparation.

To examine whether socioeconomic factors such as race, health insurance, and income affect diabetes self-management and transition readiness.

The Transition Readiness Assessment in Diabetes (TRAiD), a self-assessment tool that covers diabetes self-management, health insurance, and future plans, was administered to all patients aged 14 and over. We generated a scale to measure readiness (0-8, higher value = higher transition readiness). We describe the differences in disease self-management, transition readiness, and whether outcomes vary by race, insurance status and income.

There were 179 surveys completed. Mean readiness for all age groups was 5.9. We find a negative trend towards lower readiness in Hispanics (mean 5.4 vs whites mean 6.0, $p=0.06$), patients on public insurance (mean 5.7 vs mean 6.0 for private insurance, $p = 0.2$), and patients from lower income brackets (mean 5.9 for lowest income vs 6.1 for highest income, $p = 0.6$).

Targeted intervention or additional support may be required for Hispanics. While there is a trend towards lower readiness in poor and publically insured patients, further evaluation is required to see if these factors are significant in a larger population.

Keywords: Type I Diabetes, Self-Management, Adult Care

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