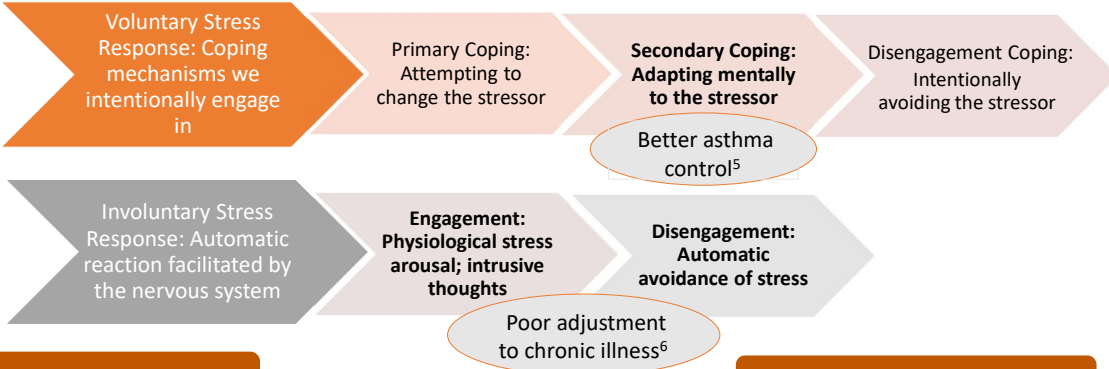


# Coping and Stress Responses to Asthma in Latinx Youth

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## Background

- Latinx youth have higher asthma attack and uncontrolled asthma rates than other racial-ethnic groups<sup>1</sup>
- Children with asthma have higher rates of emotional and behavioral difficulties<sup>2</sup>
- Stressors that contribute to asthma management include healthcare barriers, socioeconomic status, and environmental setting<sup>3</sup>
- Voluntary and involuntary stress responses have been linked to chronic illness outcomes<sup>4</sup>



## Hypotheses

- Secondary control coping will be associated with better asthma control
- Involuntary disengagement and involuntary engagement will be associated with poor asthma control

## Methods

Data analysis included baseline measures of *Adapt 2 Asthma*<sup>3</sup>, a clinical trial of a culturally-competent asthma coping intervention ( $n=138$ ):

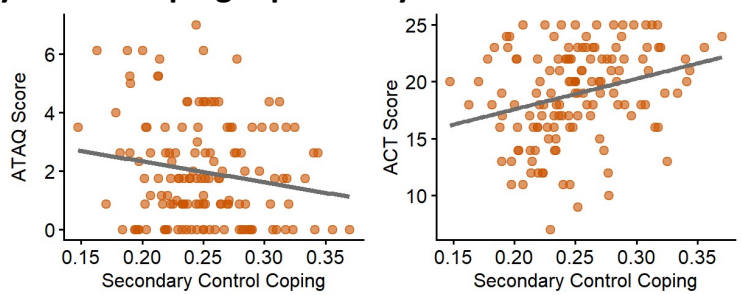
- 8-14 years old ( $M= 10.93$ ,  $SD=1.94$ )
- 54% male
- 83% had an annual family income of  $\leq \$50,000$ ;
- All participants identify as Latino/a/x

Measures were administered aloud in English or Spanish:

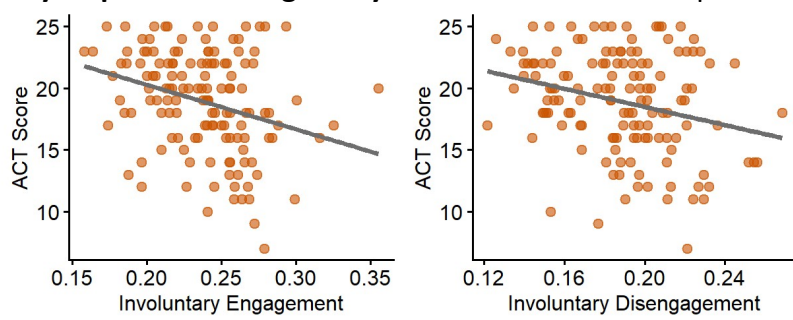
- Response to Stress Questionnaire (RSQ):** Likert scale ratings of how the child responds and copes with their asthma
- Asthma Control Test (ACT):** Child report of asthma symptoms and inhaler use. Higher score indicates better asthma control.
- Asthma Treatment Assessment Questionnaire (ATAQ):** Parent report of child's asthma symptoms and inhaler use. Lower score indicates better asthma control.

## Results

### Secondary control coping is positively correlated with asthma control.



### Both involuntary responses are negatively correlated with child-reported asthma control.



Variable	M	SD	1	2	3	4
1. Secondary Control Coping	0.25	.04	--			
2. Involuntary Disengagement	0.19	0.03	-.64**	--		
3. Involuntary Engagement	0.24	.03	-.68**	.41**	--	
4. ACT Score	18.93	4.09	.28**	-.26**	-.30**	--
5. ATAQ Score	1.98	1.77	-.17*	.08	.14	-.30**

### Involuntary responses are not associated with parent-reported asthma control.

## Conclusions

- Association between secondary coping and asthma control supports recent asthma interventions that focus on coping skills
- Further research is needed to distinguish correlation vs causation and directionality
- Future studies should focus on possible moderators of asthma control and involuntary responses, including biological pathways (i.e. inflammation, immunity, etc.) and socioenvironmental factors
- What large scale changes can address disparities in asthma outcomes?

## References

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