

Poor or Fair Health and Depression Among Black Women

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Poor or Fair Health and Depression in Black Women

Problem Statement

According to the U.S. Department of Health and Human Services (2015), depression is one of the most common mental disorders in the United States and is more common in women than in men. Carr, Szymanski, Taha, West, and Kaslow (2013) report that 13.85% of African American women are diagnosed with depression throughout their lifetime, though depression is believed to be highly under diagnosed in this population. In addition, Carr et al. (2013) assess the multiple and intersecting forms of oppression linked to depression that African American women experience, including sexual objectification, racist events, gendered racism, and internalization. Those who are of lower socioeconomic status are at increased risk for trauma and disparities in resources and experience even higher risk for depression (Carr et al., 2013).

African Americans also experience significant health disparities, a factor believed to be related to depression. Wilson-Frederick, Chinn, Ejike-King, and Dorsey (2015) examine Black women's "vastly different morbidity and mortality profiles relative to other racial and ethnic U.S. populations" and report that they experience the highest rates of hypertension and obesity among racial or sex groups (p. 1). Poor health and depression have been found to be positively related in a number of studies. Chronic or disabling medical conditions, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) increase risk for major depressive episodes (American Psychiatric Association, 2013). Depressive episodes often complicate common illnesses, including diabetes, obesity, and cardiovascular disease; these episodes tend to be more chronic than those in physically healthy individuals (American Psychiatric Association, 2013). Though the relationship between poor health and depression appears to go both ways, current literature seems to focus on exploring the effects of depression

on health status but not how health status influences depression. Further research is needed to illuminate the extent to which this relationship exists.

Jones (2008) argues that more research on Black women and mental health is also urgently needed, writing, “the paucity of treatment outcome studies involving Black women makes it difficult to draw conclusions about the effectiveness of treatment” (p. 627). Clarifying a relationship between health and depression and effectively supporting the currently underserved community of Black women with depression will contribute to more effective practice and should be a priority for all relevant agencies and social workers. Major implications may include a call for better integration between physical and mental healthcare and appropriate and accessible services to support physical health among Black women with depression.

Research Hypothesis

In this research, I will focus primarily on the relationship between poor or fair current health and depression among Black women, where I predict that Black women who rated themselves as having poor or fair health will be more likely to be depressed compared to those who rated themselves as having good, very good, or excellent health.

I also expect to observe increased likelihood between depression and the following variables poor economic status while growing up relative to higher economic statuses and income below the poverty line, income below 150 percent of the poverty line, and income below 200 percent of the poverty line compared to those above these thresholds.

Variable Chart

Variables chosen from the Panel Study of Income Dynamic (PSID) data set.

(**Note:** A subgroup of Black women was selected for this analysis so gender and race are not included in the variable chart)

SPSS variable name (page #)	Description of Variable	Scale	Predict ion	Variable Type	Mean value	N for each
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						variable
Feelingbadmost days13 (p. 24)	In the last 30 days, have you felt sad for most days, or nervous for most days, or restless for most days, or hopeless for most days, or worthless for most days, or felt that everything is an effort for most days?	Nominal	--	Dependent	0.165	14128
Poorhealth13 (p. 21)	Poor current health	Nominal	Positive	Primary Independent	0.040	14131
Fairhealth13 (p. 21)	Fair current health	Nominal	Positive	Primary Independent	0.126	14131
Age13 (p. 20)	Age of the person	Ratio	Positive	Independent/Control	45.265	14185
Gupoor (p. 3)	Grew up poor	Nominal	Positive	Primary Independent	0.28	17608
Gumid (p. 3)	Grew up with middle income	Nominal	Excluded	Primary Independent		
Gurich (p. 3)	Grew up rich	Nominal	Excluded	Primary Independent		
Depressiontotal 09a (p. 3)	# of childhood years w/depression	Ratio	Positive	Independent/Control	0.08	12037
Pov13 (p. 22)	In poverty	Nominal	Positive	Independent/Control	0.134	14189
Pov15013 (p. 22)	Below 150% of the poverty line	Nominal	Positive	Independent/Control	0.225	14189
Pov213 (p. 22)	Below 200% of the poverty line	Nominal	Positive	Independent/Control	0.313	14189

References

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