Risk and Resilience: The Impact of Social Determinants and Psychosocial Stressors on Depression in African American Older Adults

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Introduction

• Depression is the most prevalent mental health problem in older adults with 7.7% reporting current depression and 15.7% reporting lifelong depression (Centers for Disease Control, 2009).

• As compared to older adults without depressive symptoms, ambulatory costs and inpatient costs are 43-51% higher (Kanton, et al., 2003).

• The number of risk factors for depression are greater in African Americans yet rates of depression are similar to Caucasians (Sriwattanakomen, et al., 2010).
Relationship of Risk Factors for Depression: African Americans as Compared to Caucasians

**Health behaviors**
- Physical activity
- Smoking
- Alcohol use and other drugs
- Accessing treatment

**Psychosocial stressors**
- Grand-parenting
- Racism and discrimination

**Social determinants**
- Education
- Environment
- Income (lower for African Americans)

**Chronic Illness**
- Diabetes (24.5% vs 14.9)
- Hypertension (68.4% vs 49.7)
- Arthritis (53.4% vs 48.6)

Data from CDC National Center for Health Statistics. National Health Interview Survey, 2006.
Guided by House’s (2002) model of social inequalities of health and aging, the purpose of this literature synthesis is to explore the social determinants, psychosocial stressors, and paradox of increased risk factors for depression and depressive symptoms. Yet, inconsistent incidence of depression and depressive symptoms in African American older adults.
Sociodemographic, Political, Socioeconomical, Individual, and Environmental Linkages to Health Outcomes: Depression

EXPLANATORY VARIABLES

Medical Care and Insurance
1. Psychosocial Risk Factors
2. Health Behaviors
3. Social Relationships and Supports
4. Chronic and Acute Stress
5. Psychological Dispositions
6. Social Roles and Productive Activities

Physical/Chemical and Social Environmental Hazards

Health Outcomes
1. Mortality
2. Institutionalization
3. Morbidity (Chronic)
4. Functional Limitations
5. Self-Rated Health
6. Cognitive Function
7. Depression
Outcome Variables

• Depression...
  – positive screen through the use of a standardized tool and or diagnosis of depression as indicated in the Diagnostic Criteria from DSM-IV (American Psychological Association, 1994).

• Depressive symptoms...
  – endorsement of one or more clinically significant items on a standardized screening tool such as Center for Epidemiological Studies-Depression (CES-D) and or Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Weissman et al., 1977; American Psychiatric Association, 1994).
Evidence Acquisition

- Relevant articles were identified through PubMed, PsychInfo and Cumulative Index of Nursing and Allied Health (CINHAL) databases and ancestral search.

- Scholarly publications were selected based upon scientific rigor for qualitative and quantitative studies (Lincoln & Guba, 1985; Shadish, Cook & Campbell, 2006).

- A grid of common points allows the writer to group material into categories to organize the synthesis (Henning, 2011).
Inclusion Criteria

• >10% of sample African American.

• United States of America.

• Mean age ≥50.

• Depression outcome (vs. predictor) variable.
Search Results

1319 Articles → 1144 Excluded → 175 Evaluated → 35 Included
Social Determinants

- Education
- Income
- Neighborhood

Psychosocial Stressors

- Racism
- Discrimination
- Grand-parenting

Neighborhood and Individual
### Categories

#### Neighborhood
- Neighborhood disarray
- Neighborhood poverty
- Neighborhood stability
- Social within the neighborhood

#### Individual
- Race (African American)
- Gender (Female)
- Age (52-63 years old)
- Low income
- Lower education
- Chronic disease
- Prior hospitalization
- Limited function
- Widowed or divorced
- Stress attributed to racism and discrimination
- Grand-parenting

(Musil et al., 2010; Cabin & Fahs, 2011; Carter & Reynolds, 2011)
The Paradox?
Resilience

Ability to “bounce back” or have good outcomes despite exposure to multiple (Rutter, 2006; Atkinson et al., 2009).

Greater spiritual experiences reported less symptoms of depression (Mofidi et al., 2006).

Willingness to seek treatment for depression (Smith, 2009).
Back to House

Literature synthesis supported pathways in House’s model.

Age was a significant factor for depression and depressive symptoms.

Not neighborhood alone but individual characteristics posed greatest risk.
So Where’s the White Space? Opportunities for Future Research...

1. Identify the impact of racism and discrimination on health outcomes in African American older adults.
2. Explore intra-group differences of communities that support better or worse mental health after controlling for neighborhood effects.
3. Target assessment and interventions for depression and depressive symptoms to young old (age 52-65).
4. “Unpack” strengths of African American older adults that buffer depressive symptoms to benefit all.
Conclusion

Learning about depression in African Americans from a strengths perspective (resiliency through spirituality) rather than a risk orientation would lead to developing interventions directed toward environmental, socioeconomic and social cohesion for older adults. Through research, the identification of what works well within the African American community can help researchers to develop interventions that support resiliency and control strategies for all.
Thank you!