Social Determinants of Depression Among Adults in the United States

Dhara Richardson, MSPH¹; Stephanie Miles-Richardson, DVM, PhD² and Gemechu B. Gerbi, MSc, PhD²



¹Mel & Enid Zuckerman College of Public Health, University of Arizona, Tucson, AZ ²Morehouse School of Medicine, Atlanta, GA



87,050

87,504

86,802

Background

- Major depression is one of the most diagnosed mental illnesses4
- Prevalence is estimated to be 8% in the US in 2021⁴
- Depression is associated with a lower life expectancy,1 and those diagnosed with depression are twice as likely to die as those without depression⁵
- Depression can contribute to a decline in physical well-being, poor mental health, and a more difficult recovery Social Determinants of Health process in the wake of a health event, such as stroke²
- Social Determinants of Health (SDOH) are nonmedical factors that contributes to one's health, risks, and outcomes³
 - Five domains: economic stability, health care access and quality, education access and quality, neighborhood and built environment, and social and community context
- SDOH are a key upstream target for primary prevention of poor health outcomes within populations

Objective

This study aims to assess the social determinants of depression among adults aged ≥18 years in the US and to provide evidence and indications for depression control and prevention.

Methods

Data

- 2017 Behavioral Risk Factor Surveillance System (BRFSS)
- Cross-sectional telephone interview of adults aged ≥ 18 years living in 50 states, including the District of Columbia, Puerto Rico, Guam, and the Virgin Islands

<u>Measures</u>

- BRFSS includes 16 core modules and 30 optional modules
 - Module 6: Chronic Disease Conditions (core)
 - Module 25: Social Determinants of Health (optional)

<u>Analysis</u>

- Data restricted to the 17 states, N < 87,000
- A bivariate analysis was performed to assess factors independently associated with a self-reported history of depression diagnosis among adults aged ≥18 years
- Statistically significant variables (p≤0.05) in the bivariate analysis were entered in the final multivariable logistic regression model
- Adjusted Odds Ratios (AORs) and 95% Confidence Intervals (95% CIs), obtained from the multivariable logistic regression analysis were reported (Table 2)
- Adjusted for gender, race/ethnicity, age, level of education, level of income, marital status, and health status
- All statistical analyses were conducted using SAS version 9.4.

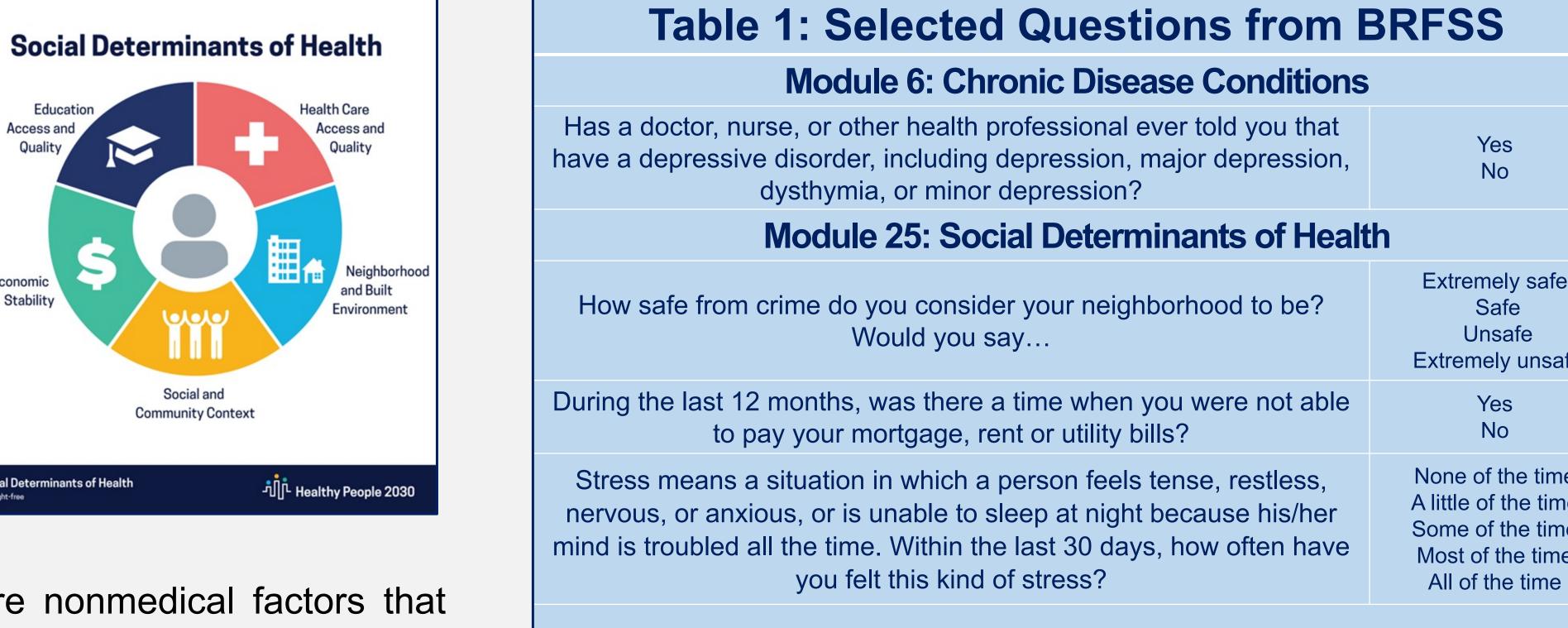
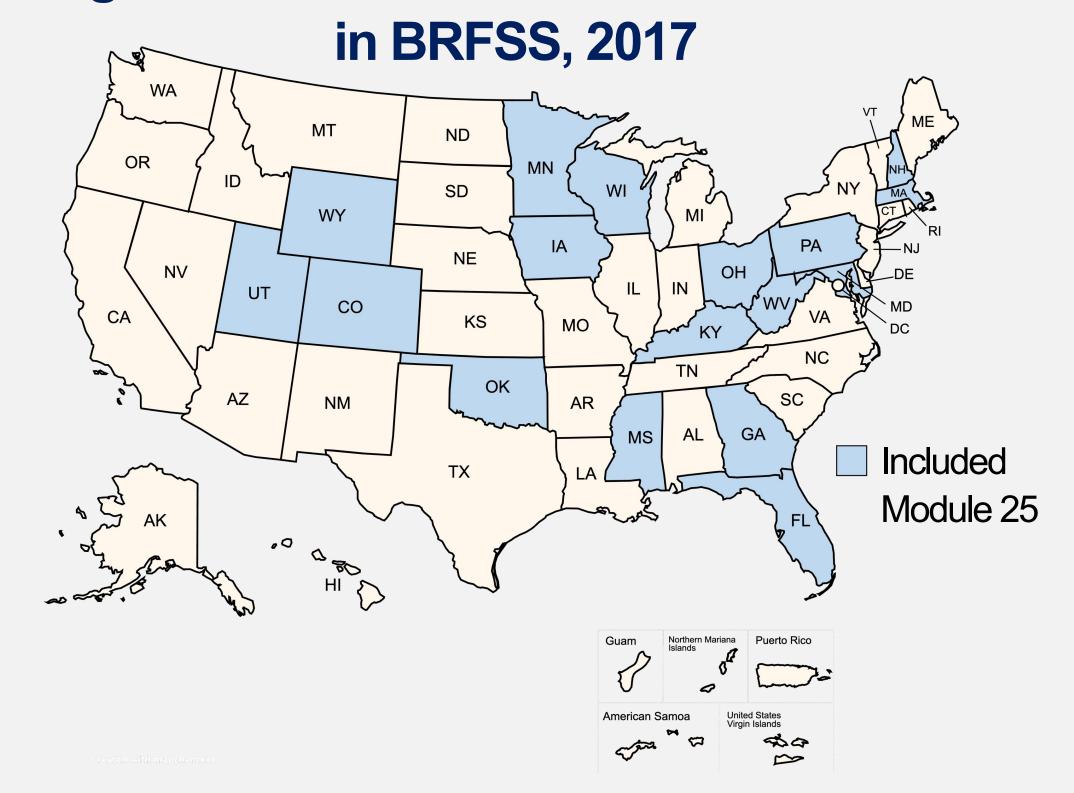


Figure 1: States that included Module 25

Note: Each question allowed for an answer of "don't know/not sure" or "refused".

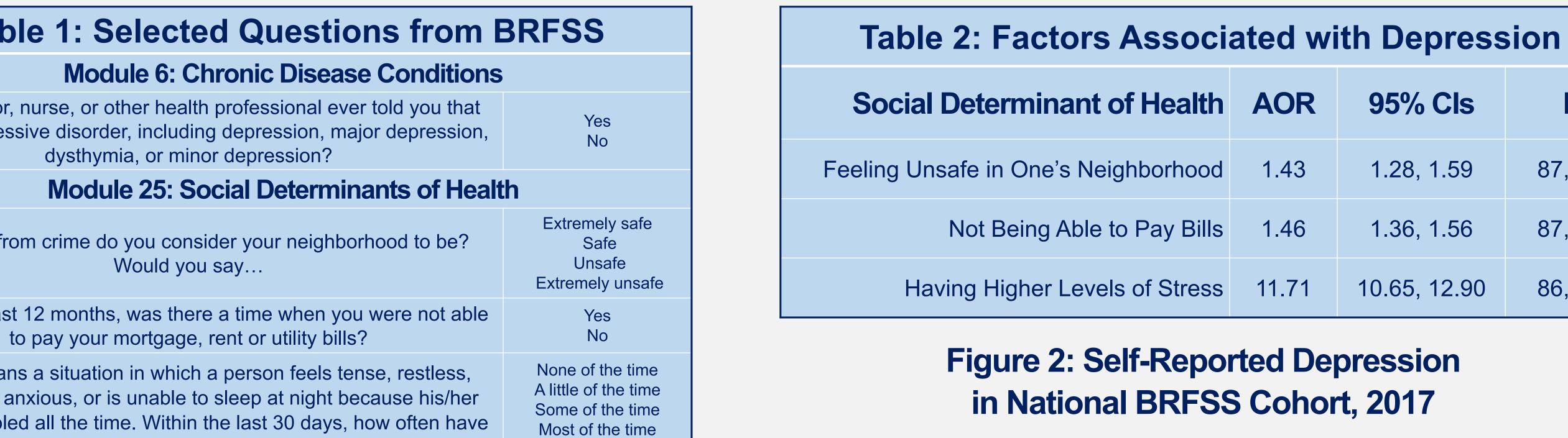
These responses, and those with any missing values, were excluded from our analysis.



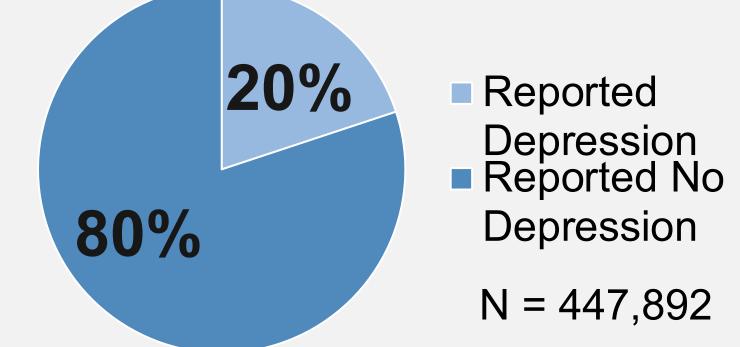
Highlights

- 17 states elected to include module 25 in the 2017 BRFSS, N < 87,000
- Three social determinant variables were associated with higher odds of self-reporting depression diagnosis after adjustment:
- feeling unsafe in one's neighborhood
- not being able to pay bills, and
- having higher levels of stress

Results







Discussion

- Our findings show that 3 key factors are important to explain the variability in the prevalence of self-reported depression in the sample population
- Social determinants should be considered a high priority for depression control and prevention
- The COVID-19 pandemic and current rising inflation have the potential to exacerbate these relationships with depression
- The SDOH question module was not included in the BRFSS questionnaire 2018-2021, so data on shifts in these variables associated with depression during COVID are not available
- Future BRFSS should include the SDOH module, so SDOH associated with depression can be further studied
- Reported variability in the prevalence of depression suggests that longitudinal data are required to provide more accurate estimates of the prevalence of depressive disorders among adults in the US

References

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