Depression, Cognition, & Social Determinants of Health: Assessing Associations in Older African Americans with Diabetes

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Recommended Citation

Davis, Jeremiah; Casten, PhD, Robin; and Rovner, MD, Barry W., "Depression, Cognition, & Social Determinants of Health: Assessing Associations in Older African Americans with Diabetes" (2017). *CWIC Posters*. 33.  
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Background

- Social determinants of health have been widely identified as characteristics of one’s social and economic climate that affect one’s health outcomes. (see Graphic 1)
- The Alzheimer’s Association indicates that rates of Alzheimer’s disease (AD) and other forms of dementia are two times higher in older African Americans than their white counterparts. People who have diabetes are also at an increased risk.
- The prevalence and co-morbidity of depression among older Americans with diabetes (both with and without cognitive impairment) has been well established.
- Understanding the effect of social determinants of health have on the onset and progression of dementia and depression in older African Americans is important as such understanding may better inform future health policy and government spending on healthcare intervention(s).

Objective

- To assess whether mild cognitive impairment (MCI) and rates of depression are associated with social determinants of health in a population of older (≥65) diabetic African Americans.

Methods

- The sample under study included 141 African American Philadelphians, aged 65 or older with type II diabetes.
- Each subject was administered six neuropsychological exams and a depression questionnaire by trained community health workers.
  - Tests included: Folstein Mini Mental Status Exam (MMSE), Logical Memory test and Logical Memory test delayed, Trail Marking Test, Digit Symbol Substitution Test (DSST), Wide-Range Achievement Test (WRAT-4), and the Depression Patient Health Questionnaire (PHQ-9)
- Using subjects’ mailing addresses, subjects were grouped by neighborhood planning district (defined by the City of Philadelphia’s Department of Public Health) and values were assigned for neighborhood characteristics using publicly available data. (see Graphic 2 and Table 1)
- Each social determinant of health measure was dichotomized based on a median split.
- A series of one-way ANOVAs were performed to examine differences in cognitive test scores and depression based on neighborhood status (i.e., high or low on each social determinant).

Results

- Results indicate that global cognition [Mini Mental State Exam (MMSE) scores] is related to objective characteristics of living environment, namely homicide rates (p<0.036) and neighborhood poverty (p=0.053). (see Table 2)
- The results also showed that subjects who lived in neighborhoods with higher homicide (p=0.099), firearm homicide (p=0.007), and poverty (p=0.046) rates had lower mean scores on the PHQ-9. (see Table 3)
- One-way ANOVA was performed with planning districts containing at least 8% of the total subject population showed that geographical characteristics accounted for variance in subjects’ Logical Memory test and Trail Making Test (p-values of 0.036 and 0.032 respectively). (*Not shown)

- No statistically significant associations were made between unemployment and subjects’ scores on neuropsychological tests or the depression questionnaire.

Study Limitations

- The presence of both counter-intuitive and contradictory one-way ANOVA results for depression may be considered statistical artifact due to volunteer bias and/or cultural (e.g. social and community support) and geographical variance between planning districts: factors which were not accounted for in this study.
- Another consideration for improvement of this study is to incorporate subjective measures of social determinants of health.
- Last, unemployment as an objective measure for economic stability was ineffective, as the statistic used was not representative of individual subjects’ job status but that of the community they occupy.

Implications

- Findings from this study show that an association exists between global cognition and social determinants of health in a population of older (≥65) diabetic African Americans.
- Though exploration of a causal relationship is warranted, this finding supports the notion that public health intervention at the community level (e.g. community enrichment and safety improvement) may be an effective measure for the reduction of disparities in diabetes-related MCI.
- Further investigation with the intent of identifying how social determinants of health contribute to the aforementioned health disparities should involve a study design that addresses the limitations noted in this study.

Acknowledgements

This work was supported by Developing Researchers to Improve Healthcare Value and Equity (DRIVE) Summer Internship, which is funded by the PA Dept. of Health. Data for this study was supported by NHI (R01MD010925).

References