



Published in final edited form as:

*Best Pract Ment Health*. 2010 January ; 6(1): 103–126.

## Demographic Correlates of Psychological Well-Being and Distress Among Older African Americans and Caribbean Black Adults

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### Abstract

This study examines the demographic correlates of psychological distress and psychological well-being among older African American and black Caribbean adults. Analysis of the National Survey of American Life revealed that psychological well-being and psychological distress are distinct concepts. Findings also identify distinct correlates of psychological well-being (e.g., happiness, life satisfaction, self-rated mental health) and psychological distress (e.g., depressive symptoms, serious psychological distress) across and within racial and ethnic groups. Findings demonstrate the heterogeneity within the older black American population and provide a rare detailed examination of the differences between the correlates of psychological well-being and psychological distress among older adults. Practice implications highlight the need for targeted interventions that more precisely identify groups at elevated risk for poor mental health and lower psychological well-being, increased research focusing on within-group differences, and attention to the impact of immigration on social work training and interventions with individuals, families, and communities.

### Keywords

African American; Afro-Caribbean; West Indian; mental health; mental illness; aging

### Introduction

A large literature documents the importance of mental health for the overall health of older adults (Ostir, Berges, Markides, & Ottenbacher, 2006) in general, and older African Americans, in particular (Jackson, Chatters, & Neighbors, 1986). Unfortunately, many studies in this area treat African Americans as a monolithic group and fail to take into account the diversity among this population. Most studies solely compare the levels of psychological well-being or psychological distress between blacks and whites. While such comparisons are extremely informative, analyses limited to racial comparisons are unable to illuminate the heterogeneity of mental health among African Americans. Additionally, the black population in the United States is diverse and becoming more so each year, largely due to the immigration of blacks of Caribbean descent. In 1990, blacks in the United States

totaled about 30 million and by 2000 had increased to 36.2 million (U.S. Census, 2005). Of the nearly 4 percent of blacks who were foreign born, 60 percent were from the Caribbean.

As a departure from previous efforts, this study distinguishes among African Americans and black Caribbeans. Accordingly, the purpose of this study is to examine the demographic correlates of psychological distress and psychological well-being among older African Americans and black Caribbeans using data from the National Survey of American Life.

### **African Americans and Psychological Distress**

Psychological distress differs from organic mental disorders in the sense that it is a reactive disorder affected by external stress (George, Hughes, & Blazer, 1986). Studies of psychological distress in the gerontology literature, and in the social sciences in general, typically use the number of depressive symptoms as a measure of distress. These studies have identified specific demographic characteristics, such as female gender, unmarried status, and lower socioeconomic status as risk factors for psychological distress. However, because so few studies examine psychological distress among African Americans exclusively, little is known about whether these risk factors function in the same way and to the same extent among older African Americans compared with other groups.

Comparative studies make up the bulk of investigations of psychological distress among African Americans and provide strong empirical support for differences in levels of distress between African Americans and whites. These studies typically report significantly higher levels of psychological distress for the general population of African Americans (Travis & Valesco, 1994), and for older African Americans, in particular, compared with whites (Blazer, Landerman, Hays, Simonsick, & Saunders, 1998; Cochran, Brown, & McGregor, 1999; Fernandez, Mutran, Reitzes, & Sudha, 1998). However, some report no race differences (Gallo, Cooper-Patrick, & Lesikar, 1998). Still other studies find higher baseline levels of psychological distress for African Americans compared with whites. However, once demographic confounders like socioeconomic status (Kessler & Neighbors, 1986), poverty (Schulz et al., 2000), age, and sex are accounted for (Skarupski, Mendes de Leon, Bienias, Everson-Rose, Wilson, & Evans, 2005) these differences are “explained away.”

Studies focusing on older African American adults exclusively are few in number and typically focus on distress among specific subpopulations such as caregivers (Adams, Aranda, Kemp, & Takagi, 2002) and older persons with physical health problems, including urinary incontinence (Bogner, 2004), cancer (Deimling, Bowman, Sterns, Wagner, & Kahana, 2005), and arthritis (McIlvane, 2007). Relatively few studies examine the correlates of psychological distress using representative broad-based national or community samples of older African Americans.

One study of the correlates of psychological distress among a statewide sample of older African Americans, Cubans, non-Cuban Hispanics, and non-Hispanic whites (Jang, Chiriboga, Kim, & Phillips, 2008) found that lower education was a significant and unique predictor of psychological distress for African Americans. Similar to the other racial and ethnic groups in this study, however, income was also a significant predictor of psychological distress for African Americans. However, paradoxically, African Americans have lower levels of depressive disorders compared with their white counterparts (Williams et al. 2007).

Serious psychological distress (SPD) is a nonspecific indicator of past-year mental health problems such as anxiety or mood disorders. Whereas depressive symptoms and psychological distress are typically measured with the Center for Epidemiological Studies-Depression scale (CES-D), serious psychological distress is measured by the K6 or the K12

(Kessler et al., 2002, 2003), which attempts to identify individuals with mental health problems that cause moderate or severe impairment and require treatment. In 2007, an estimated 24.3 million people, or 10.9 percent of the adult population, had symptoms of serious psychological distress (a Substance Abuse and Mental Health Service Administration [SAMHSA], 2008a). Combined data from 2005 and 2006 indicate that the annual prevalence rate of SPD was 7.0 percent for adults aged 50 or older (an estimated 6.1 million persons) (SAMHSA, 2008b). Prevalence rates of SPD among older adults varied by demographic characteristics: women (8.7% for females vs. 5.2% for males), those with less than a high school education, and those with an annual family income of less than \$20,000 were more likely to have SPD compared with their counterparts. Other evidence indicates that persons with SPD are less likely to be married compared with those without SPD (Pratt, Dey, & Cohen, 2007). Older African American adults, because they have lower SES and are less likely to be married compared with other racial or ethnic groups (Administration on Aging, 2004), may have a higher risk for SPD.

Although previous studies of psychological distress provide important insight about the mental health status of African Americans, a race comparative approach potentially obscures the variability in distress that may be due to different social statuses among African Americans. Thus, it is surprising that few studies investigate the sociodemographic correlates of psychological distress among African Americans in general, and older African American adults in particular.

### **Well-Being and African Americans**

There is a long tradition of research in social gerontology on subjective well-being. Subjective well-being is an overarching construct that is characterized by a focus on subjective experiences (as opposed to objective conditions—income, housing, education, crime) and also incorporates positive measures such as happiness. This field recognizes that economic prosperity does not guarantee happiness or contentment, and that it is critical to study both the positive aspects of life as well as the negative aspects (Diener, Suh, Lucas, & Smith, 1999). Research on subjective well-being has investigated a number of indicators, including life satisfaction, happiness, positive affect, and morale. Research also examines various domains of satisfaction, such as marital satisfaction, health satisfaction, and employment satisfaction. Historically, the impetus for examining subjective well-being in social gerontology was to examine the conditions that lead toward successful or optimal aging.

Despite the importance of subjective well-being, there remains a limited amount of research on the subject among older African American adults. Chatters (1988) conducted one of the first in-depth examinations of happiness among older African Americans using a causal model that included controls for health and stress. The findings indicated that married respondents had higher levels of happiness than their widowed and separated counterparts and that among this group of older respondents, age was positively associated with happiness. In a subsequent analysis of these data, Tran, Wright, and Chatters (1991) found that the addition of self-esteem and personal efficacy to the causal model did not alter the relationships between marital status and age with regard to well-being. Other analyses have examined this basic model to investigate the impact of religion (Levin, Chatters, & Taylor, 1995; Levin & Taylor, 1998) and family (Taylor, Chatters, Hardison, & Riley, 2001) on well-being among African Americans.

### **Older Black Caribbeans and Mental Health**

Studies of mental health among the general population of black Caribbeans and African Americans illustrate the heterogeneity within the black American population. Recent

findings from the National Survey of American Life (NSAL) (Williams et al., 2007) found similar risk for depression for African Americans and black Caribbeans. However, both groups had lower lifetime prevalence, but a higher risk of the persistence of major depressive disorder (MDD) compared with whites in the same sample. In addition, blacks had greater impairment and were less likely to receive treatment compared with whites. Underscoring the heterogeneity within the black population, Caribbean immigrants had lower lifetime rates of MDD compared with their U.S.-born counterparts. Compared with African American men, black Caribbean men had higher risk for psychiatric disorders; black Caribbean women had lower risk for disorders compared with African American women (Williams, Haile, Gonzalez, Neighbors, Baser, & Jackson, 2007).

The current study investigates the demographic correlates of psychological distress and psychological well-being among African American and black Caribbean older adults using data from the National Survey of American Life. This study contributes to existing knowledge in several ways. First, despite the importance of mental health and well-being among African Americans, there is surprisingly little research on these topics among older African Americans. Second, this study investigates a range of mental health outcomes. This approach is consistent with the positive psychology movement, which advocates examining the positive aspects of psychological life such as happiness and life satisfaction, as well as the more difficult aspects such as psychological distress. Third, this is the first study that investigates the correlates of serious psychological distress among older African Americans. Fourth, this is the first study that examines mental health and well-being among a national sample of older black Caribbeans.

## Methods

### Sample

The National Survey of American Life: Coping with Stress in the 21st Century (NSAL) was collected by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research. The field work for the study was completed by the Institute for Social Research's Survey Research Center, in cooperation with the Program for Research on Black Americans. A total of 6,082 face-to-face interviews were conducted with persons aged 18 or older, including 3,570 African Americans, 891 non-Hispanic whites, and 1,621 blacks of Caribbean descent. Among persons 55 years of age and older, 837 were African American, 298 were non-Hispanic whites, and 304 were Caribbean blacks, for a total of 1,439 persons over 55 years of age. This older subsample was used in this study. The overall response rate of 72.3 percent is excellent, given that African Americans (especially lower-income African Americans) and Caribbean blacks are more likely to reside in major urban areas, which are more difficult and expensive with respect to survey fieldwork and data collection. Final response rates for the NSAL 2-phase sample designs were computed using the American Association of Public Opinion Research (AAPOR) guidelines (for Response Rate 3) (AAPOR, 2006).

The African American sample is the core sample of the NSAL, which consists of 64 primary sampling units (PSUs), 56 of which overlap substantially with existing Survey Research Center National Sample primary areas. The remaining 8 primary areas were chosen from the South in order for the sample to represent African Americans in the proportion in which they are distributed nationally. The African American sample is a nationally representative sample of households located in the 48 coterminous states, with at least one black adult 18 years of age or over who did not identify ancestral ties in the Caribbean. Both the African American and non-Hispanic white samples were selected exclusively from these targeted geographic segments in proportion to the African American population.

The sample design and analysis weights for this sample were designed to be optimal for comparative analyses in which residential, environmental, and socioeconomic characteristics are controlled in the black-white statistical contrasts. For all three racial/ethnic samples, the NSAL weights were designed to correct for disproportionate sampling, nonresponse, and to provide representation across various demographic characteristics in the 48 coterminous states.

The black Caribbean sample was selected from two area-probability sampling frames: the core NSAL sample, and an area-probability sample of housing units from geographic areas with a relatively high density of persons of Caribbean descent (more than 10% of the population). Of the total black Caribbean respondents (1,621), 265 were selected from the households in the core sample, while 1,356 were selected from housing units from high density Caribbean areas (see Heeringa, Wagner, Torres, Duan, Adams, & Berglund, 2004, for a more detailed description of the sample designs and sampling methods used in the development of the NSAL). Caribbean blacks report over 25 different countries of origin that can be characterized as Spanish-speaking Caribbean countries (e.g., Puerto Rico, Dominican Republic, Cuba), English-speaking Caribbean countries (e.g., Jamaica, Barbados, Trinidad & Tobago), and Haiti.

In both the African American and black Caribbean samples, it was necessary for respondents to self-identify their race as black. Those self-identifying as black were included in the black Caribbean sample if (a) they answered affirmatively when asked if they were of West Indian or Caribbean descent, (b) they said they were from a country included on a list of Caribbean area countries presented by the interviewer, or (c) they indicated that their parents or grandparents were born in a Caribbean area country (see Jackson, Neighbors, Neese, Trierweiler, & Torres, 2004, for a more detailed discussion of the NSAL sample). The interviews were administered face-to-face and conducted within respondents' homes, and respondents were compensated for their time. The data collection was conducted from February 2001 to June 2003.

## Measures

**Dependent Variables**—There are five dependent variables in this analysis. *Life satisfaction* was measured by the question: In general, how satisfied are you with your life as a whole these days? Would you say very satisfied (4), somewhat satisfied (3), somewhat dissatisfied (2), or very dissatisfied (1)? ( $M = 3.37$ ,  $SE = 0.03$ ). *Overall happiness* was assessed by the following question: Taking all things together, how would you say things are these days? Would you say you are very happy (4), pretty happy (3), or not too happy these days (2)? A few respondents volunteered that they were “not happy at all” (1) ( $M = 3.30$ ,  $SE = 0.03$ ). *Self-rated mental health* was measured by the question: How would you rate your overall mental health at the present time? Would you say it is excellent (5), very good (4), good (3), fair (2), or poor (1)? ( $M = 3.69$ ,  $SE = 0.04$ ).

Depressive symptoms were assessed using the 12-item version of the Center for Epidemiological Studies-Depression scale (CES-D) (Radloff, 1977). This abbreviated CES-D has been found to have acceptable reliability and a similar factor structure, compared with the original version. Item responses are coded 1 (hardly ever) to 3 (most of the time). These 12 items measure the extent to which respondents: had trouble keeping their mind on tasks, enjoyed life, had crying spells, could not get going, felt depressed, hopeful, restless, happy, as good as other people, that everything was an effort, that people were unfriendly, and that people dislike them in the past 30 days. Positive valence items were reverse-coded and summed. The mean was computed across the 12 items, resulting in a continuous measure of depressive symptoms; a high score indicates a greater number of depressive symptoms ( $M = 6.51$ ,  $SE = 0.21$ ) (Cronbach's  $\alpha = 0.78$ ).

Serious psychological distress (SPD) was measured by the K6. This is a 6-item scale designed to assess non-specific psychological distress including symptoms of depression and anxiety in the past 30 days (Kessler et al., 2002, 2003). Specifically, the K6 includes items designed to identify individuals with a high likelihood of having a diagnosable mental illness and associated limitations. The K6 is intended to identify persons with mental health problems severe enough to cause moderate to serious impairment in social and occupational functioning and to require treatment. Each item was measured on a 5-point Likert scale ranging from 0 (none of the time) to 4 (all of the time). Positive valence items were reverse-coded, and summed scores ranged from 0 to 24, with higher scores reflecting higher levels of psychological distress ( $M = 3.22$ ,  $SE = 0.13$ ) (Cronbach's  $\alpha = 0.84$ ).

**Independent Variables**—Several demographic factors were included as independent variables (i.e., age, gender, marital status, region, education, and family income). Income was coded in dollars and divided by 5,000 in order to increase effect sizes and provide a better understanding of the net impact of income. Missing data for family income and education were imputed using an iterative regression-based multiple imputation approach, incorporating information about age, sex, region, race, employment status, marital status, home ownership, and nativity of household residents. Because black Caribbeans are mostly located in the northeast, the variable region was included in the analysis for African Americans only.

Two additional demographic variables that are exclusively relevant to the black Caribbean sample were included in this analysis: immigration status and country of origin. Immigration status has four categories: (a) respondent was born in the United States, (b) respondent immigrated to the United States less than 25 years ago, (c) respondent immigrated to the United States between 26 and 35 years ago, and (d) respondent immigrated to the United States 36 or more years ago. Older black Caribbeans reported over 25 different countries of origin that were recoded into four categories: Jamaica, other English-speaking country (e.g., Barbados, Trinidad & Tobago, Bahamas), Spanish-speaking country (e.g., Puerto Rico, Dominican Republic), and Haiti.

### Characteristics of the Sample

**Overall Sample**—A full description of the demographic characteristics of the older adult sample of the NSAL is provided in Taylor, Chatters, and Jackson (2007). Overall, the three groups are fairly similar, but there are a few notable differences. Older African Americans have a higher percentage of female respondents, have lower incomes, are less likely to be married, and more likely to be widowed than both older black Caribbeans and older non-Hispanic whites.

**Older African American Sample**—The respondents in this older African American subsample range in age from 55 to 93 years ( $M = 66.63$  and  $SE = 0.31$ ). Approximately 60 percent of the respondents are women, 4 out of 10 are married (39.71%), 3 out of 10 are widowed (31.81%), and 3 out of 10 respondents (28.47%) are divorced, separated, or never married. More than half (55.6%) of the sample reside in the South. With regard to socioeconomic status, the average family income is \$32,853 ( $SE = \$2,396$ ), and the average years of education is 11.50 ( $SE = 0.15$ ).

**Older Black Caribbean Sample**—The average age of older black Caribbeans in the sample is 65.89 years ( $SE = 0.66$ ). Overall, 53 percent are male and 55 percent are married, compared with 7 percent who are separated, 13 percent who are divorced, 20 percent who are widowed, and 5 percent who have never been married. The average family income is

\$41,851 ( $SE = \$3,761$ ), and the average education level is 12.02 ( $SE = 0.32$ ) years of schooling.

Eighty-four percent of older black Caribbeans claim a national heritage from an English-speaking country, and half of this group is from Jamaica (46% of the Caribbean sample). Eight percent of this sample is from Haiti, and another 8 percent is from a Spanish-speaking country. With respect to immigration history, 27.8 percent of respondents were born in the United States, 27.8 percent immigrated to the United States less than 25 years ago, 19.2 percent immigrated between 26 and 35 years ago, and 23.2 percent of older black Caribbeans immigrated to the United States 36 or more years ago.

### Analysis Strategy

Measures of internal consistency reliability (Cronbach's alpha) and correlations of the five dependent variables were calculated using SAS (Version 9.1.3, SAS Institute, 2005). The distribution of basic demographic characteristics and weighted linear regression analyses were conducted using SAS-callable SUDAAN (Version 9.0, RTI International, 2004). Standard error estimates are corrected for unequal probabilities of selection, nonresponse, poststratification, and the sample's complex design (i.e., clustering and stratification), and results from these analyses are generalizable to the African American and black Caribbean populations.

Linear regression analyses of the dependent variables by race/ethnicity controlled for demographic factors. Two sets of regressions are conducted in which race/ethnicity is represented by a set of dummy variables. In the first set, African Americans are used as the excluded or comparison category, and black Caribbeans and non-Hispanic whites are the included categories. In the second set, black Caribbean is the excluded or comparison category and African Americans and non-Hispanic whites are the included categories. A third set of regressions are subgroup analyses; one set is conducted exclusively with older African Americans and a second set is conducted exclusively among older black Caribbeans. In this way, variables that are specific to those populations can be utilized (i.e., immigration status and country of origin for black Caribbeans and region for African Americans).

### Results

One of the strengths of this analysis is the ability to examine the more serious aspects of mental health such as depressive symptoms and serious psychological distress (SPD), as well as the more positive aspects such as happiness and life satisfaction. An examination of the correlations between the independent variables (Table 1) indicates that depressive symptoms and SPD (psychological distress variables) ( $r = .69$ ), and happiness and life satisfaction (well-being variables) ( $r = .52$ ) were strongly correlated. Besides these two relationships, overall, the dependent variables were moderately correlated. Additionally, as expected, the two distress variables were negatively correlated with the other variables.

Table 2 presents the regression analysis of racial/ethnicity differences in psychological well-being and psychological distress. Both older African Americans and older non-Hispanic whites report higher levels of happiness compared with older black Caribbeans. Non-Hispanic whites had higher levels of depressive symptoms than both older African Americans and older black Caribbeans, and higher levels of SPD than older African Americans.

For older African Americans, the regression analysis for the measures of psychological well-being, depressive symptoms, and SPD is presented in Table 3. With respect to psychological well-being, age and marital status were significantly associated with life satisfaction;

respondents of advanced age and married respondents reported higher levels of life satisfaction compared with their counterparts. Age and marital status were also significantly related to happiness. Respondents of advanced age had higher levels of happiness than younger respondents, and married respondents reported higher levels of happiness than those who were separated and divorced. Education was the only variable significantly associated with self-rated mental health, with respondents with more years of formal education reporting higher ratings of mental health. Age, income, and education were significantly related to depressive symptoms and SPD. Respondents of relatively older age and those with higher levels of income and education had fewer depressive symptoms and lower levels of SPD than their counterparts. Additionally, respondents who resided in the West had more depressive symptoms than Southerners.

Table 4 presents the regression coefficients for older black Caribbeans. Marital status and country of origin were significantly related to life satisfaction. Separated respondents had lower levels of life satisfaction compared with their married counterparts. Respondents from Spanish-speaking countries had higher levels of life satisfaction than respondents from Jamaica. Gender, marital status, immigration status, and country of origin were related to happiness. Older black Caribbean women had higher levels of happiness than men, and separated and never-married respondents had lower levels of happiness than married respondents. Older black Caribbeans who immigrated to the United States less than 25 years ago and between 26 to 35 years ago reported higher levels of happiness than older black Caribbeans who were born in the United States. Additionally, respondents from Spanish-speaking countries and other English-speaking countries had higher levels of happiness than respondents from Jamaica.

Education and immigration status were significantly associated with self-rated mental health (Table 4). Respondents with more years of formal education and those who immigrated in the last 25 years had higher levels of self-rated mental health than their counterparts who were born in the United States. Education was negatively related to the number of depressive symptoms, and separated respondents had more depressive symptoms than their married counterparts. There were no significant relationships between any of the demographic correlates and SPD among older black Caribbeans.

## Discussion

This article investigated the demographic correlates of psychological well-being and psychological distress among a national sample of older adults. We will first discuss the relationships among the dependent variables. Next, we will discuss differences between older African Americans, black Caribbeans and non-Hispanic whites. Following this, we will focus on the differences within the older African American sample and within the black Caribbean sample.

### Relationships Among the Dependent Variables

The relationships among the dependent variables indicated several expected patterns of associations among these factors. First, while all intercorrelations were significant, the strongest associations were noted for variables that tapped the same dimensions of mental health and well-being. For example, life satisfaction and happiness (.574) and psychological distress and SPD (.699) were strongly and positively related to one another. In contrast, cross-dimension correlations such as life satisfaction and SPD, were negatively associated with one another and correlated at around the .30 to .36 level. Interestingly, while self-rated mental health and psychological well-being were positively related, the associations were only moderate in strength, suggesting that ratings of general life quality (happiness and life satisfaction) are not identical to evaluations of one's mental health.



## Race Differences

There were several significant racial and ethnic differences. Both older African Americans and older non-Hispanic whites had significantly higher levels of happiness compared with older black Caribbeans. The lack of available studies in this area makes it difficult to interpret this finding. However, discrepancy theory may provide a reasonable explanation. As suggested by Wilson (1967) and others (e.g., Markus & Nurius, 1986), high aspirations can be a threat to happiness. Specifically, the discrepancy between one's aspirations and actual standing can impact one's subjective well-being. High aspirations can lead to unhappiness because individuals will be discouraged by the gap between where they are and where they would like to be. This may be the case for some Caribbean immigrants, the majority of whom migrate to the United States in pursuit of a better life and economic opportunities compared with what is available in their country of origin (Basch, Schiller, & Blanc, 1994). Those who arrived during the 1980s came from middle-class backgrounds or had high educational aspirations (Kasinitz, 1992). If these expectations were met, one could expect that they would report high levels of happiness. On the other hand, those who were unable to meet their economic goals and aspirations are likely to express lower levels of happiness (e.g., Markus & Nurius, 1986).

Unrealized expectations may be especially salient for black Caribbeans (compared with African Americans) because they are less familiar with the racialized context of the United States. Caribbean migrants, especially those from majority black contexts, may have high expectations for success, social and economic mobility, but be less familiar with the realities of living within the majority white context of the United States. The fulfillment of these expectations may be especially difficult for Caribbean migrants who may face barriers in the United States due to their immigrant status (Foner, 2005) and to racial discrimination (Waters, 1999). Reported lower levels of overall happiness may possibly reflect the downward social mobility associated with being black in the United States.

Non-Hispanic whites had higher levels of SPD compared with African Americans. This finding is similar to those previously reported in studies comparing the prevalence rates of these two groups (SAMSHA, 2008a). Non-Hispanic whites also had more depressive symptoms than African Americans and Caribbean blacks. This finding is a departure from previous studies indicating higher levels of depressive symptoms for older African Americans compared with whites (Blazer et al., 1998; Fernandez et al., 1998) even after adjusting for socioeconomic status (Skarupski et al., 2005). One potential explanation for this finding is that previous studies typically use community samples (e.g., Blazer et al., 1998; Fernandez et al., 1998; Jang et al., 2008; Skarupski et al., 2005) rather than nationally representative samples of African Americans. Our finding corresponds with research on depression among national samples of adults, which consistently finds that African Americans have lower rates of major depressive disorders than whites (see Breslau et al., 2005; Williams et al., 2007).

## Older African Americans

Age was the most consistent indicator of psychological distress and well-being, being positively associated with life satisfaction and happiness but negatively associated with depressive symptoms and SPD. These findings clearly indicate that among older African Americans, those of more advanced age have higher levels of psychological well-being and lower levels of distress. These findings are consistent with recent research which found that among older African Americans, respondents 75 years and older were least likely to have any lifetime mood disorder, any lifetime anxiety disorder, any lifetime substance disorder, and overall any lifetime mental disorder (Ford, Bullard, Taylor, Toler, Neighbors, & Jackson, 2007).

One of the issues when finding a significant age difference is trying to determine whether this difference is an actual age effect or a cohort effect. If this is a cohort effect, then as the cohort of younger elderly age, they will continue to have relatively higher levels of psychological distress. However, an examination of previous research leads us to believe that our findings are aging effects. Research using the National Survey of Black Americans (1979–1980) also found that among older African Americans, age was positively associated with life satisfaction and happiness (Chatters, 1988; Jackson et al., 1986), and negatively associated with having a serious personal problem and the degree of distress associated with personal problems (Jackson, Chatters, & Neighbors, 1982). Having the same significant age differences in data sets conducted roughly 20 years apart indicates that across time periods, the oldest respondents in these different samples consistently demonstrate higher levels of well-being as compared with their younger counterparts. If a cohort effect were operating, we would expect that the lower levels of psychological well-being found among the young-old group (55–64 years) would be maintained as they transition into the old-old category. The absence of this finding across two data sets leads us to believe that these are true age effects and not cohort effects.

This age difference may be due to what has been termed the “healthy survivor effect” (e.g., Strauss, Ojdana, Shavelle, & Rosenbloom, 2004). That is, those older blacks who do not have serious mental health problems are more likely to live to older ages. Consequently, older individuals (age 75+) tend to have higher levels of well-being, lower levels of depressive symptoms, and a lower prevalence of psychiatric disorders (Ford et al., 2007) because they represent a healthier subgroup. This crossover effect indicates that because of the high levels of mortality among African Americans of all ages, those who reach the oldest ages are survivors. This observation is also consistent with research in psychiatric epidemiology, which investigates the impact of depression on physical health. This literature has found that depression is a risk factor for coronary heart disease (Rugulies, 2002), and that both major depression and subclinical depression are risk factors for mortality (Cuijpers & Smit, 2002).

Among older African Americans, both income and education were significantly associated with depressive symptoms and SPD. Respondents with higher incomes and more years of education had lower levels of serious psychological distress and fewer depressive symptoms than their counterparts with lower socioeconomic status. This finding confirms those of previous studies reporting a negative association between SES and poor mental health status among the general population of African Americans (Lincoln, Chatters, Taylor, & Jackson, 2007; Williams, Yu, Jackson, & Anderson, 1997) and among older African Americans specifically (Jang et al., 2008). Interestingly, income and education were unrelated to either life satisfaction or happiness, and only education was associated with subjective ratings of mental health, which further indicates that psychological distress and well-being are related, but not identical constructs. As a matter of fact, this finding is consistent with the well-being literature, which indicates that higher levels of income and education do not bring happiness and life satisfaction (Diener et al., 1999). Socioeconomic status measures are indicators of life circumstances that expose individuals to specific types of stressors and vulnerabilities (e.g., income insufficiency, housing inadequacies) that compromise mental health (e.g., depressive symptoms). In contrast, happiness and life satisfaction are general assessments of life quality that are, in large part, independent of socioeconomic status (Diener et al., 1999; Jackson et al., 1986).

Significant marital status differences in psychological well-being among older African Americans indicated that married respondents had higher levels of life satisfaction than separated, divorced, widowed, and never-married respondents, and higher levels of happiness than separated and divorced respondents. This finding is consistent with previous

research, which found that among older African Americans, married respondents have higher levels of psychological well-being than their unmarried counterparts (Chatters, 1988) and that marital status is one of the strongest correlates of psychological well-being (Jackson et al., 1986).

Region was associated with depressive symptoms for older African Americans. Those residing in the West reported higher levels of depressive symptoms compared with those residing in the South. Research in the area of religious participation may help us understand this relationship. Among African Americans, Southerners have higher levels of religiosity (Taylor, Chatters, & Levin, 2004), and residents in the West have the lowest level of religiosity. Studies of religious involvement and mental health indicate lower levels of psychological distress for those with higher levels of religious involvement and commitment (e.g., Levin, Chatters & Taylor, 1995; Lincoln & Chatters, 2003; Schieman, Pudrovska, Pearlin, & Ellison, 2006).

### Older Black Caribbeans

Overall, there were very few significant demographic differences among black Caribbeans. This indicates that, overall, other variables have a greater influence on well-being and distress within this ethnic group. Happiness is a notable exception, with several demographic variables demonstrating significant associations. Women indicated higher levels of happiness than men, which could be due to the greater autonomy that Caribbean women have in the United States as compared with in the Caribbean (Foner, 2005), where women generally do not have the same level of economic opportunities and tend to have relatively low levels of power in male-female relationships. However, the new employment and educational opportunities that migration to the United States provides for Caribbean women enhances their personal and financial autonomy and increases their power in the family (Foner, 2005). The increased independence for women could result in higher levels of reported happiness. With respect to marital status differences, the finding that separated and never-married older black Caribbeans have lower levels of happiness than their married counterparts is generally consistent with previous research on older African Americans (Chatters, 1988).

The two immigration variables were significantly related to well-being. Older black Caribbeans who immigrated to the United States 35 years ago or less (this includes the category of < 25 years) had significantly higher levels of happiness and self-rated mental health than their counterparts who were born in the United States. Recent findings indicate that longer residence in the United States is associated with a trend for higher reports of happiness among older cohorts, especially compared with persons in the country 10 years or less. Among Caribbean blacks who are born in the United States, older age is associated with higher levels of subjective well-being than younger age cohorts (Jackson, Forsythe-Brown, & Govia, 2007). However, other findings suggest that people who are 45 years of age and older who migrate to the United States and who age within the U.S. context versus their homeland, report lower levels of well-being (Jackson & Antonucci, 2005). It appears that immigrating at older ages may produce risks for negative physical and mental health outcomes, perhaps because of inadequate time to adjust to a new country prior to new demands associated with aging-related physical and social changes (Cohen, Berment, & Magai, 1999).

Although most of the significant demographic differences among older black Caribbeans involved overall happiness, there were a few differences with psychological well-being and distress. Older black Caribbeans with more years of formal education had fewer depressive symptoms and higher levels of self-rated mental health. These findings are consistent with

those of previous studies of SES and mental health, which identify education as a protective factor for mental health status (Williams et al., 1997).

Separated respondents also had higher levels of psychological distress than their married counterparts. As noted earlier, separated respondents also had significantly lower levels of life satisfaction and happiness than married respondents. These findings are supported by several studies reporting greater subjective well-being for married individuals compared with previously married individuals among the general population (Mastekaasa, 1994), and among older African Americans (Chatters, 1988; Tran et al., 1991). This finding is also consistent with research which indicates that transitions out of marriage (e.g., separation) are detrimental to well-being (Marks & Lambert, 1998).

### Practice Implications

These findings suggest several implications for best practices within older black populations. First, the pattern of demographic effects indicated that specific groups of older adults are at increased risk for higher levels of psychological distress and lower levels of psychological well-being, and that these differences were apparent within and across distinct racial and ethnic groups. The presence of both racial and ethnic differences in mental health suggests that universal approaches to prevention and interventions may not be optimal. Instead, this information argues for the need for developing targeted interventions that are designed to reduce the burden of mental health problems among diverse populations.

Second, the findings convincingly make the case that focused attention on within-group differences is needed in order to fully understand the ethnic and cultural heterogeneity and diversity within the black population. For example, other research using the NSAL data found that Caribbean black men have higher rates of major depression than African American men. Further, the rate of major depression for Caribbean black men was actually comparable with that for Caribbean black women and African American women (Williams et al., 2007). Caribbean black men also had higher rates of suicide attempts than Caribbean black women and both African American women and men (Joe, Baser, Breeden, Neighbors, & Jackson, 2006). These findings are at odds with well-established gender differences in major depression and suicide attempts (i.e., higher rates for women) and would not have been uncovered if Caribbean blacks had not been examined as a separate group. Again, the practice implications underscore the need to develop and implement targeted interventions that are based on solid evidence concerning which population subgroups are at risk for mental health problems.

Taken as a whole, recent findings underscore the overall importance of focused research on the vast number of minority groups in the United States. Although many of the relationships between demographic groups and mental health outcomes may be similar, current research indicates that there are many other significant and interesting differences (e.g., gender and depression) that require investigation. Further, attention to within-group differences would help to determine whether and how these processes operate for particular subgroups that are typically subsumed under a general racial/ethnic category like Asian and Hispanic.

Finally, it is important to recognize that the geographic distribution of the Caribbean black population has implications for social work practice and treatment, as well as workforce and training issues. The Caribbean black population is concentrated in metropolitan areas on the east coast. While growth continues in these centers, other areas of the country are also seeing increases as immigrating Caribbean blacks move out from “gateway” cities into the other regions. The phenomenon is comparable with changes in the geographic distributions of other ethnic and racial minority immigrant groups (e.g., Hispanics, Asians) that are moving from areas that have relatively high concentrations of immigrants to locations with

fewer established immigrant communities (Frey, 2002). Recent arrivals are relocating to areas in which the immigrant community is relatively small and may not have extensive social resources and community networks (e.g., religious institutions, civic groups) in place to provide informal assistance in the relocation process and provide a sense of community. Areas of the country receiving new immigrants will be faced with adaptations across multiple institutions and sectors (e.g., medical, educational) in an attempt to accommodate and serve the needs of new arrivals.

Social work has important roles to play in assisting immigrant families and communities in relocating and adapting to new settings. These include working with immigrants in meeting the challenges associated with geographic relocation, understanding and coping with acculturative stress, and bridging cultural and language differences. Effective social work practice requires a solid understanding of how demographic changes affect immigrant families and communities and their implications for intervention, treatment, and social work training and workforce needs.

## Conclusion

This examination of psychological well-being and psychological distress among a national sample of older adults has provided an initial understanding of both the positive and negative aspects of mental health status and well-being across three racial/ethnic groups. The analyses reported here provided a comparative portrait of overall demographic differences between older African Americans, black Caribbeans, and non-Hispanic whites, which suggested both similarities and differences in patterns of effects for race (i.e., black vs. white) and ethnicity (i.e., African American vs. black Caribbean). In addition, the study provided a more in-depth examination of the operation of demographic factors for two groups of older adults who share African ancestry, but who have important social, cultural, historical, and national differences that have not been examined before in the literature. Differences in the patterns of significant predictors for older African Americans and black Caribbeans provide further evidence of the often unacknowledged distinctions between these two groups.

Research in the field of gerontology is increasingly concerned with multiple measures of well-being and psychological distress as manifested within diverse groups of older adults. This expanded emphasis is important for several reasons. Past research has typically neglected the positive aspects of human experience in favor of investigations that focus on assessments of mental disorder, distress, and symptomatology. The neglect of positive assessments of life quality and ratings of mental health severely limits our understanding of how older individuals themselves characterize their life situations. Documented changes and decrements in physical health and social status that are often associated with older age can easily be used to create a stereotypic depiction of old age as a time of inevitable decline and loss. Given this, it is particularly important to expand our assessment strategies to include positive measures and to use self-appraisals of status across several domains of life quality. Investigations such as these can help to provide a view of adult development and aging that expresses the totality of experience—both positive and negative.

## References

- Adams B, Aranda MP, Kemp B, Takagi K. Ethnic and gender differences in distress among Anglo American, African American, Japanese American, and Mexican American spousal caregivers of persons with dementia. *Journal of Clinical Geropsychology*. 2002; 8:279–301.
- Administration on Aging. A profile of older Americans: 2004. Administration on Aging, U.S. Department of Health and Human Services; 2004.

- American Association for Public Opinion Research. Standard definitions: Final dispositions of case codes and outcome rates for surveys. 4. Lenexa, KS: AAPOR; 2006.
- Basch, L.; Schiller, Y.; Blanc, CS. Nations unbound: Transnational projects, post-colonial predicaments, and deterritorialized nation-states. New York: Gordon and Breach; 1994.
- Blazer DG, Landerman LR, Hays JC, Simonsick EM, Saunders WB. Symptoms of depression among community-dwelling elderly African-American and white older adults. *Psychological Medicine*. 1998; 28:1311–1320. [PubMed: 9854272]
- Bogner HR. Urinary incontinence and psychological distress in community-dwelling older African Americans and whites. *Journal of the American Geriatrics Society*. 2004; 52:1870–1874. [PubMed: 15507064]
- Breslau J, Su M, Kendler K, Aguilar-Gaxiola S, Kessler RC. Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States. *Psychological Medicine*. 2005; 35:317–327. [PubMed: 15841868]
- Chatters LM. Subjective well-being evaluations among older black Americans. *Psychology and Aging*. 1988; 3:184–190. [PubMed: 3268258]
- Cochran D, Brown D, McGregor K. Racial differences in multiple roles of older women: Implications for depressive symptoms. *The Gerontologist*. 1999; 39:465–472. [PubMed: 10495585]
- Cohen CI, Berment F, Magai C. A comparison of U.S.-born African American and African-American Caribbean psychiatric outpatients. *Journal of the National Medical Association*. 1999; 89:117–123. [PubMed: 9046765]
- Cuijpers P, Smit F. Excess mortality in depression: A meta-analysis of community studies. *Journal of Affective Disorders*. 2002; 72:227–236. [PubMed: 12450639]
- Deimling GT, Bowman KF, Sterns S, Wagner LJ, Kahana B. Cancer-related health worries and psychological distress among older adult, long-term cancer survivors. *Psycho-Oncology*. 2005; 15:306–320. [PubMed: 16041841]
- Diener E, Suh EM, Lucas RE, Smith HL. Subjective well-being: Three decades of progress. *Psychological Bulletin*. 1999; 125:276–302.
- Fernandez ME, Mutran EJ, Reitzes DJ, Sudha S. Ethnicity, gender and depression in older workers. *The Gerontologist*. 1998; 38:71–79. [PubMed: 9499655]
- Foner, N. In a new land: A comparative view of immigration. NY: New York University Press; 2005.
- Ford BC, Bullard KM, Taylor RJ, Toler AK, Neighbors HW, Jackson JS. Lifetime and 12-month prevalence of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition disorders among older African Americans: Findings from the National Survey of American Life (NSAL). *American Journal of Geriatric Psychiatry*. 2007; 15:652–659. [PubMed: 17504908]
- Frey WH. U.S. census shows different paths for domestic and foreign-born migrants. *Population Today*. 2002; 30:4–5.
- Gallo J, Cooper-Patrick L, Lesikar S. Depressive symptoms of whites and African Americans aged 60 years and older. *Journal of Gerontology: Psychological Sciences*. 1998; 53B:277–286.
- George L, Hughes D, Blazer DG. Urban/rural differences in the prevalence of anxiety disorders. *American Journal of Social Psychiatry*. 1986; VI:249–255.
- Heeringa SG, Wagner J, Torres M, Duan N, Adams T, Berglund P. Sample designs and sampling methods for the Collaborative Psychiatric Epidemiology Studies (CPES). *International Journal of Methods in Psychiatric Research*. 2004; 13:221–240. [PubMed: 15719530]
- Jackson JS, Antonucci TC. Physical and mental health consequences of aging in place and aging out of place among black Caribbean immigrants. *Research in Human Development*. 2005; 2:229–244.
- Jackson JS, Chatters LM, Neighbors HW. The mental health status of older black Americans: A national study. *The Black Scholar*. 1982; 13:21–35. [PubMed: 11614267]
- Jackson, JS.; Chatters, LM.; Neighbors, HW. The subjective life quality of black Americans. In: Andrews, F., editor. *Research on the quality of life*. Ann Arbor: University of Michigan Institute for Social Research; 1986. p. 193-213.
- Jackson JS, Forsythe-Brown I, Govia IO. Age cohort, ancestry, and immigrant generation influences in family relations and psychological well-being among black Caribbean family members. *Journal of Social Issues*. 2007; 63:720–743.

- Jackson JS, Neighbors HW, Nesse RM, Trierweiler SJ, Torres M. Methodological innovations in the National Survey of American Life. *International Journal of Methods in Psychiatric Research*. 2004; 13:289–298. [PubMed: 15719533]
- Jang Y, Borenstein AR, Chiriboga DA, Mortimer JA. Depressive symptoms among African American and white older adults. *Journal of Gerontology: Psychological Sciences*. 2005; 60B:P313–319.
- Jang Y, Chiriboga DA, Kim G, Phillips K. Depressive symptoms in four racial and ethnic groups: The survey of older Floridians (SOF). *Research on Aging*. 2008; 30:488–502.
- Joe S, Baser RE, Breeden G, Neighbors HW, Jackson JS. Prevalence of and risk factors for lifetime suicide attempts among blacks in the United States. *Journal of the American Medical Association*. 2006; 296:2112–2123. [PubMed: 17077376]
- Kasinitz, P. *Caribbean New York: Black immigrants and the politics of race*. Ithaca, NY: Cornell University Press; 1992.
- Kessler RC, Andres G, Colpe LJ, Hiripi E, Mroczek DK, Normand ST, et al. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*. 2002; 32:959–976. [PubMed: 12214795]
- Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. *Archives of General Psychiatry*. 2003; 60:184–189. [PubMed: 12578436]
- Kessler R, Neighbors HW. A new perspective on the relationships among race, social class, and psychological distress. *Journal of Health and Social Behavior*. 1986; 27:107–115. [PubMed: 3734380]
- Levin JS, Chatters LM, Taylor RJ. Religious effects on health status and life satisfaction among black Americans. *Journal of Gerontology: Social Sciences*. 1995; 50B:S154–S163.
- Levin JS, Taylor RJ. Panel analyses of religious involvement in African Americans: Contemporaneous vs. longitudinal effects. *Journal for the Scientific Study of Religion*. 1998; 37:695–709.
- Lincoln, KD.; Chatters, LM. Keeping the faith: Religion, stress, and psychological well-being among African American women. In: Brown, DR.; Keith, VM., editors. *In and out of our right minds: African American women and mental health*. New York: Columbia University Press; 2003. p. 233-241.
- Lincoln KD, Chatters LM, Taylor RJ, Jackson JS. Profiles of depressive symptoms among African Americans and Caribbean blacks. *Social Science & Medicine*. 2007; 65:200–213. [PubMed: 17449157]
- Marks NF, Lambert JK. Marital status continuity and change among young and midlife adults: Longitudinal effects on psychological well-being. *Journal of Family Issues*. 1998; 19:652–687.
- Markus HR, Nurius P. Possible selves. *American Psychologist*. 1986; 41:954–969.
- Mastekaasa A. Marital status, distress, and well-being: An international comparison. *Journal of Comparative Family Studies*. 1994; 25:183–206.
- McIlvane JM. Disentangling the effects of race and SES on arthritis-related symptoms, coping, and well-being in African American and white women. *Aging and Mental Health*. 2007; 11:556–569. [PubMed: 17882594]
- Ostir GV, Berges IM, Markides KS, Ottenbacher KJ. Hypertension in older adults and the role of positive emotions. *Psychosomatic Medicine*. 2006; 68:727–733. [PubMed: 17012526]
- Pratt LA, Dey AN, Cohen AJ. Characteristics of adults with SPD as measured by the K6 scale: United States, 2001–04. *Advance Data*. 2007; 30:1–18. [PubMed: 17432488]
- Radloff LS. The CES-D scale: A self-reported depression scale for research in the general population. *Applied Psychological Measurement*. 1977; 1:385–401.
- RTI International. SUDAAN: Version 9.0.0. Research Triangle Park, NC: RTI; 2004.
- Rugulies R. Depression as a predictor for coronary heart disease: A review and meta-analysis. *American Journal of Preventive Medicine*. 2002; 23:51–61. [PubMed: 12093424]
- SAS Institute, Inc. SAS/STAT user's guide. Version 9.1.3. Cary, NC: SAS Institute; 2005.
- Schieman S, Pudrovska T, Pearlin LI, Ellison CG. The sense of divine control and psychological distress: Variations across race and socioeconomic status. *Journal for the Scientific Study of Religion*. 2006; 45:529–549.

- Schulz AJ, Williams DR, Israel BA, Becker A, Parker E, James SA, et al. Unfair treatment, neighborhood effects, and mental health in the Detroit metropolitan area. *Journal of Health and Social Behavior*. 2000; 41:314–332. [PubMed: 11011507]
- Skarupski KA, Mendes de Leon CF, Bienias JL, Everson-Rose SA, Wilson RS, Evans DA. Black-white differences in depressive symptoms among older adults over time. *Journal of Gerontology: Psychological Sciences*. 2005; 60:136–142.
- Strauss D, Ojdana K, Shavelle R, Rosenbloom L. Decline in function and life expectancy of older persons with cerebral palsy. *NeuroRehabilitation*. 2004; 19:69–78. [PubMed: 14988589]
- Substance Abuse and Mental Health Service Administration. National Survey of Drug Use and Health Report: Serious psychological distress and receipt of mental health services. Office of Applied Studies, Substance Abuse and Mental Health Services Administration; 2008a December 22.
- Substance Abuse and Mental Health Service Administration. National Survey of Drug Use and Health Report: Serious psychological distress among adults aged 50 or older: 2005 and 2006. Office of Applied Studies, Substance Abuse and Mental Health Services Administration; 2008b June 26.
- Taylor RJ, Chatters LM, Hardison CB, Riley A. Informal social support networks and subjective well-being among African Americans. *Journal of Black Psychology*. 2001; 27:439–463.
- Taylor RJ, Chatters LM, Jackson JS. Religious and spiritual involvement among older African Americans, Caribbean blacks and non-Hispanic whites: Findings from the National Survey of American Life. *Journals of Gerontology: Social Sciences*. 2007; 62:S238–S250.
- Taylor, RJ.; Chatters, LM.; Levin, JS. Religion in the lives of African Americans: Social, psychological and health perspectives. Thousand Oaks, CA: Sage Publications; 2004.
- Tran TV, Wright R Jr, Chatters LM. Health, stress, psychological resources, and subjective well-being among older blacks. *Psychology and Aging*. 1991; 6:100–108. [PubMed: 2029358]
- Travis R, Velasco S. Social structure and psychological distress among blacks and whites in America. *The Social Science Journal*. 1994; 31:197–207.
- U.S. Census Bureau.. Census 2000 special report, We the People: Blacks in the United States. Washington, DC: U.S. Census Bureau; 2005.
- Waters, MC. Black identities: West Indian immigrant dreams and American realities. New York: Russell Sage Foundation; 1999.
- Williams DR, Gonzalez HM, Neighbors H, Nesse R, Abelson JM, Sweetman J, et al. Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and Non-Hispanic whites. *Archives of General Psychiatry*. 2007; 64:305–315. [PubMed: 17339519]
- Williams DR, Haile R, Gonzalez HM, Neighbors H, Baser R, Jackson JS. Disentangling mental health disparities: The mental health of black Caribbean immigrants: Results from the National Survey of American Life. *American Journal of Public Health*. 2007; 97:52–59. [PubMed: 17138909]
- Williams DR, Yu Y, Jackson JS, Anderson NB. Racial differences in physical and mental health: Socioeconomic status, stress and discrimination. *Journal of Health Psychology*. 1997; 2:335–351.
- Wilson W. Correlates of avowed happiness. *Psychological Bulletin*. 1967; 67:294–409. [PubMed: 6042458]



**Table 1**

Correlations between measures of psychological well-being and psychological distress

	<b>Serious Psychological Distress</b>	<b>Life Satisfaction</b>	<b>Self-Rated Mental Health</b>	<b>Happiness</b>
Depressive Symptoms	0.699	-0.312	-0.347	-0.345
Severe Psychological Distress		-0.301	-0.383	-0.368
Life Satisfaction			0.314	0.574
Self-Rated Mental Health				0.353

Note: All correlations were significant at the  $p < 0.001$  level.

**Table 2**  
Weighted linear regression analyses for race/ethnicity differences in measures of psychological well-being and psychological distress

	Life Satisfaction		Happiness		Self-Rated Mental Health		Depressive Symptoms (CESD)		Serious Psychological Distress (K6)	
	B	S. E.	B	S. E.	B	S. E.	B	S. E.	B	S. E.
Black Caribbean <sup>2</sup>	.04	.08	-.21**	.07	.16	.22	.36	.46	1.02	.93
Non-Hispanic White	.01	.05	-.06	.05	.05	.08	1.33***	.28	2.89***	.44
N	1,423		1,419		1,368		1,290		1,286	
F	4.80		9.70		8.28		10.91		13.84	
R <sup>2</sup>	.07***		.07***		.06***		.07***		.09***	
African American <sup>3</sup>	-.04	.08	.21**	.07	-.16	.22	-.36	.46	-1.02	.93
Non-Hispanic White	-.03	.08	.16*	.08	-.11	.24	.96*	.46	1.87	1.00
N	1,423		1,419		1,368		1,290		1,286	
F	4.80		9.70		8.28		10.91		13.84	
R <sup>2</sup>	.07***		.07***		.06***		.07***		.09***	

<sup>1</sup> All regressions control for age, gender, income, education, marital status, and region. All of the coefficients are unstandardized.

<sup>2</sup> African American is the excluded category.

<sup>3</sup> Black Caribbean is the excluded category.

\* p < .05;

\*\* p < .005;

\*\*\* p < .001

Table 3

Weighted linear regression analyses for measures of psychological well-being and psychological distress for older African Americans.<sup>1</sup>

	Life Satisfaction		Happiness		Self-Rated Mental Health		Depressive Symptoms (CES-D)		Serious Psychological Distress (K6)	
	B	S. E.	B	S. E.	B	S. E.	B	S. E.	B	S. E.
Age	.01***	.00	.01***	.00	-.00	.00	-.07*	.03	-.06**	.02
Gender: Female	.02	.05	-.08	.05	-.07	.09	-.38	.40	-.16	.26
Income	.00	.00	.00	.00	.01	.01	-.11**	.04	-.06*	.03
Education	-.00	.01	-.01	.01	.05***	.01	-.31***	.06	-.20**	.06
Marital Status										
Separated	-.32**	.12	-.27*	.13	-.01	.16	.22	.81	.60	.72
Divorced	-.28***	.08	-.18**	.07	.07	.10	-.18	.66	-.33	.44
Widowed	-.14*	.06	-.10	.06	-.00	.11	.18	.54	.16	.35
Never Married	-.38***	.13	-.18	.10	-.07	.16	.74	.90	.90	.60
Region										
Northeast	-.13	.11	-.22	.12	.04	.10	.42	1.11	.21	.75
North Central	-.12	.10	-.09	.08	-.07	.13	.07	.44	.10	.41
West	.13	.11	.12	.08	.14	.26	1.37*	.53	.45	.39
Constant	2.64***	.26	2.77***	.27	3.01***	.35	14.27***	2.45	9.45***	1.70
N	827		825		786		774		777	
F										
R <sup>2</sup>	.07		.08		.06		.95		.08	

<sup>1</sup> Several predictors are represented by dummy variables: Gender: female = 1, marital status: married = 0 and region: South = 0.

Income is coded in dollars and has been divided by 5,000 in order to increase effect sizes and provide a better understanding of the net impact of income. All of the coefficients are unstandardized.

\* p < .05;

\*\* p < .01;

\*\*\* p < .001

Table 4

Weighted linear regression analyses for measures of psychological well-being and psychological distress for older Black Caribbeans.<sup>1</sup>

	Life Satisfaction		Happiness		Self-Rated Mental Health		Depressive Symptoms (CES-D)		Serious Psychological Distress (K6)	
	B	S. E.	B	S. E.	B	S. E.	B	S. E.	B	S. E.
Age	-.00	.01	-.00	.01	-.03	.02	.02	.08	-.01	.04
Gender: Female	.12	.14	.55**	.17	-.04	.26	-1.35	1.18	-.43	.76
Income	-.00	.01	.02	.02	-.03	.02	.11	.10	-.01	.04
Education	.00	.02	-.00	.02	.14*	.05	-.44*	.21	-.18	.11
Marital Status										
Divorced	-.27	.20	-.40	.22	.11	.28	1.18	1.63	1.51	.85
Widowed	.07	.16	.01	.29	.67	.38	.72	1.53	-.04	.93
Separated	-.63**	.19	-.52*	.25	-.15	.28	5.95*	2.49	1.49	.75
Never Married	-.31	.22	-.44*	.20	-.14	.35	1.26	1.54	1.48	1.34
Immigration Status										
<25 Yrs	-.04	.24	.46**	.16	.79*	.38	-1.65	1.54	-.51	.60
26-35 Yrs	-.03	.21	.57**	.17	.50	.32	-1.16	1.29	-.27	.61
36+ Yrs	-.24	.21	.32	.19	.39	.28	-.93	1.09	-.08	.60
Country of Origin										
Spanish	.31*	.15	.74***	.20	.54	.31	.29	1.15	.28	.88
Haiti	-.20	.33	.42	.41	.31	.31	3.51	3.17	1.65	1.64
Other English	-.02	.10	.39***	.10	-.20	.19	.70	.82	.79	.74
Constant	3.80***	.74	2.34***	.67	3.70**	1.09	9.18	6.57	5.33*	2.50
N	299		298		291		291		291	
F										
R <sup>2</sup>	.11		.23		.19		.16		.10	

<sup>1</sup> Several predictors are represented by dummy variables: Gender: female = 1, marital status: married = 0, Immigration status: born in the United States is the excluded category, and country of origin: Jamaica is the excluded category. Income is coded in dollars and has been divided by 5,000 in order to increase effect sizes and provide a better understanding of the net impact of income. All of the coefficients are unstandardized.

\* p < .05;

\*\* p < .01;

100 > d  
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