

Chapman University

Chapman University Digital Commons

Student Scholar Symposium Abstracts and
Posters

Center for Undergraduate Excellence

Spring 5-2021

Racial/Ethnic Differences in the Benefit of Social Networks on Anxiety Symptoms

Melissa Vargas Calderon

Jennifer Robinette

Follow this and additional works at: https://digitalcommons.chapman.edu/cusrd_abstracts



Part of the [Community-Based Research Commons](#), [Health Psychology Commons](#), [Medicine and Health Commons](#), [Multicultural Psychology Commons](#), [Other Psychology Commons](#), [Race and Ethnicity Commons](#), [Social Psychology and Interaction Commons](#), and [the Sociology of Culture Commons](#)

Racial/Ethnic Differences in the Benefit of Social Networks on Anxiety Symptoms

Melissa Vargas Calderon & Dr. Jennifer Robinette, Ph.D.
Chapman University

Background

Anxiety affects 40 million adults in the U.S. annually¹

Communities of color have lower prevalence rates of anxiety disorders relative to Non-Hispanic Whites, despite experiencing more lifetime adversity characteristics²⁻³

Contact with social network, particularly closely knit social networks among Hispanics, buffer against anxiety⁴

Research Questions:

Are there racial/ethnic differences in anxiety symptoms, and in the benefit of social contact on anxiety?

Method

Data:

Health and Retirement Study (HRS): nationally representative of adults aged 51+ in the United States

- 2010/2012 waves were used to incorporate anxiety symptoms

Outcome: Beck Anxiety Inventory

"How often did you feel that way during the past week?"

- E.g., I had fear of the worst happening, was nervous, hands trembling, fear of dying, felt faint.
- 1 = never – 4 = most of the time ($\alpha = 0.82$)

Contact with Social Network: with children, other family members, and friends

- "How often do you do each of the following: meet up, speak on the phone, write or email?"
- 1 = three times or more/week – 6 = less than once a year/never ($\alpha = 0.50$, $\alpha = 0.53$, $\alpha = 0.53$)

Covariates: age, sex, education, household wealth

Analysis:

Two weighted linear regression models were used to predict the hypothesized main effects and interactions

Results

Figure 1. Race/ethnicity x social contact interaction predicting anxiety

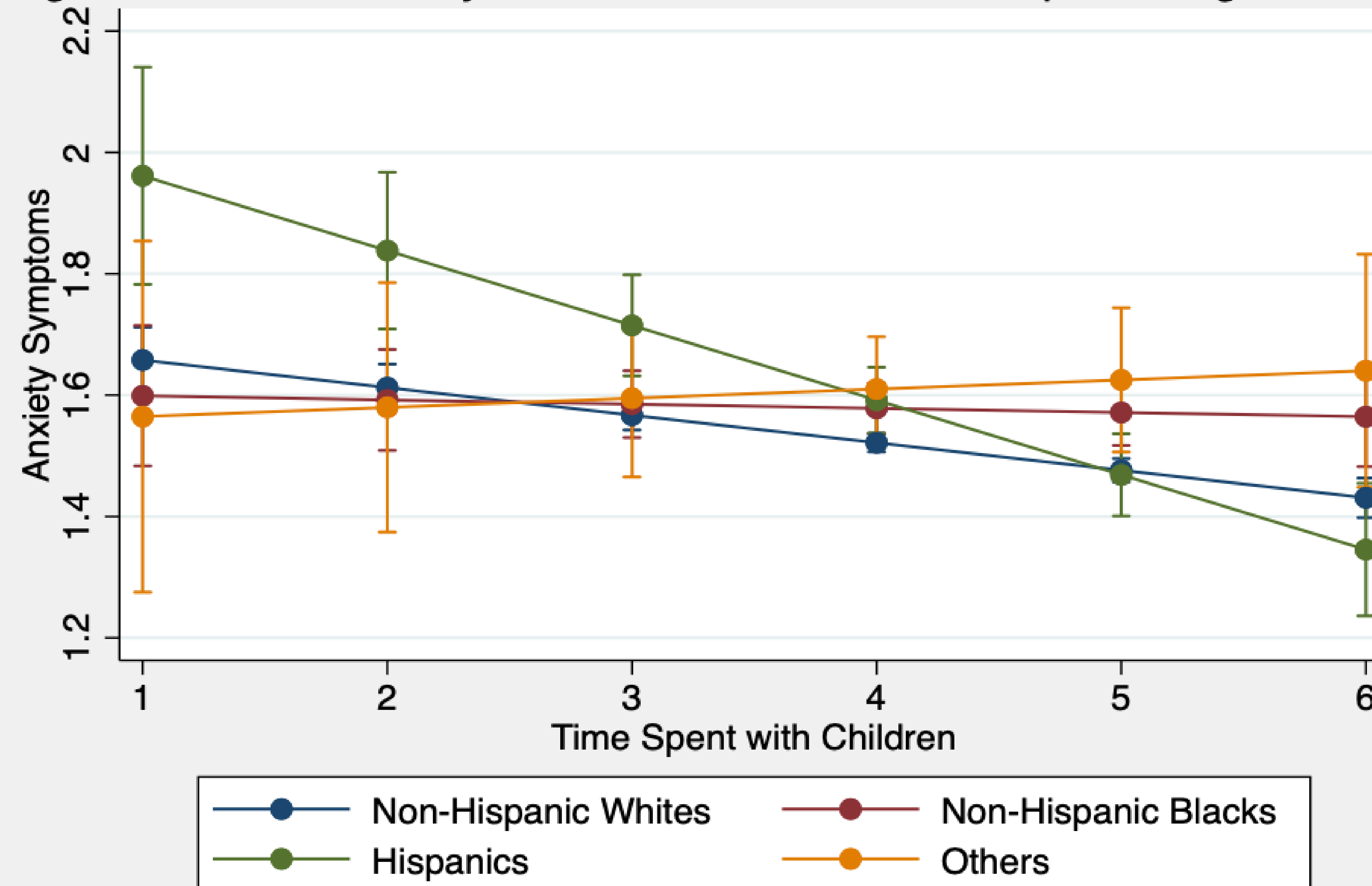


Table 1. Weighted linear regression predicting anxiety symptoms

	Model 1	Model 2
Race/Ethnicity ^a		
Non-Hispanic Black	0.05* (0.02)	0.17** (0.06)
Hispanic	0.08* (0.01)	-0.16* (0.08)
Non-Hispanic Other	0.09 (0.05)	0.27 (0.06)
Time Spent with Children	0.05*** (0.01)	0.05*** (0.01)
Time Spent with Friends	0.04*** (0.01)	0.04*** (0.01)
Time Spent with Family	-0.00 (0.01)	-0.01 (0.50)
Race/Ethnicity x Time Spent with Children		
Non-Hispanic Black		-0.04* (0.02)
Hispanic		0.01** (0.03)
Non-Hispanic Other		-0.06 (0.05)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Note. All models adjusted for age, sex, household wealth, and education

^aCompared to Non-Hispanic Whites

Model 1: Main Effects

Non-Hispanic Blacks and Hispanics reported more anxiety symptoms relative to non-Hispanic Whites

Reporting more social contact with children and friends was related to less anxiety symptoms

Model 2: Interaction Effects

Compared to non-Hispanic Whites, time away from children was more strongly linked to anxiety among Hispanics and less strongly related to anxiety among Blacks (Figure 1)

Discussion

Implications: Hispanics may benefit more from spending time with their children relative to other racial/ethnic groups

Findings support familism⁴ as a cultural protective factor to explain the Latino health paradox⁴. Tight knit family and community groups may protect the mental health of this marginalized group

Limitations: Both anxiety symptoms and contact with social network were self-reported.

Future Directions: Future research should use other measures of social support and include more racial/ethnic groups (e.g., Asians)

References

- Anxiety and Depression Association of America. (2021, February 17). *Facts and Statistics*. Retrieved March 28, 2021 from <https://adaa.org/understanding-anxiety/facts-statistics>
- American Psychiatric Association. (2017). *Mental Health Disparities: Diverse Populations*. Retrieved March 16, 2021 from <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>
- Markides, K.S. & Coreil, J. (1986, June). The health of Hispanics in the southwestern United States: An epidemiologic paradox. *Public Health Reports*, 101(3), 253-265.
- Ruiz, J.M., Hamann, H.A., Mehl, M.R., & O'Connor, M. (2016, January 18). The Hispanic health paradox: From epidemiological phenomenon to contribution opportunities for psychological science. *Group Processes & Intergroup Relations*, 19(4), 462-476.
- Smith, J., Ryan, L., Fisher, G., Sonnega, A., & Weir, D. (2017). HRS psychosocial and lifestyle questionnaire 2006–2016: Documentation report. Retrieved March, 2, 2020.

Acknowledgements

I would like to thank the members of the C.A.R.E. Lab for their generous support and feedback in making this research project possible.

