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African Americans and Caribbean Blacks: Perceived neighborhood disadvantage and depression

Julia F. Hastings¹, MSW, Ph.D.* [Assistant Professor] and

School of Public Health, University at Albany, One University Place, Rensselaer, NY 12144

Lonnie R. Snowden, Ph.D.² [Professor Emeritus]

²School of Public Health, University of California, Berkeley, 235 University Hall, Berkeley, CA 94720-7360

Abstract

To advance theoretical understanding of impoverished neighborhoods impact on mental health and to inform policy measures encouraging residents to leave such neighborhoods, this study investigated whether individuals' perceived neighborhood disadvantage served as a risk factor for clinical depression in a nationally representative sample of African Americans and Caribbean Blacks. Logistic regression analysis was performed on stratified socioeconomic status (SES) subsamples from the National Survey of American Life (NSAL) sample of 5,019 African Americans and Caribbean Blacks. The association between perceived neighborhood social disorder and past-year depression was statistically significant for Low SES individuals (at or below the federal poverty line) (OR=1.73 [CI: 1.07, 2.81]; $p=0.026$) and at the boundary of significance for Mid SES individuals (between 100% and 300% of the poverty line) (OR=1.74 [CI: 1.00, 3.02]; $p=0.052$), but not for High SES individuals (at or above 300% of the poverty line). Results suggest, at least for low and middle income African Americans, perceived neighborhood social disorder is a depression risk factor. US housing policies aimed at neighborhood improvement and poverty de-concentration may benefit the mental health of low-income African Americans and Caribbean Blacks.

Keywords

Depression; Neighborhood Characteristics; Housing Policy; African Americans; Caribbean Blacks; Psychiatric Epidemiology

Introduction

Residing in a disadvantaged neighborhood is associated with myriad personal problems including violence and crime victimization (Sampson, Raudenbush, & Earls, 1997), physical illness (Kawachi & Berkman, 2003) and mental illness (Goldsmith, Holzer, & Mandersheid, 1998; Ross, 2000; Santiago, Wadsworth, & Stump, 2011; Stiffman, Hadley-Ives, Elze, & Johnson, 1999). African Americans are overrepresented in disadvantaged neighborhoods and

*Corresponding Author: jhastings2@albany.edu, Phone: (518) 402-0293, Fax: (518) 402-0414.

Black Americans' greater exposure to distressed neighborhoods' adverse conditions is thought to mark a pathway linking African American status to various social, psychological, and health-related difficulties (Kawachi & Berkman, 2003; Santiago et al., 2011).

Depression, which is among the world's leading sources of disease burden (Eaton et al, 2008), has been linked to neighborhood disadvantage in a body of work reviewed several times. In a 2008 review, Mair, Diez Roux, & Galea (2008) reported that 27 of 45 studies significantly related one or more neighborhood characteristic to clinical depression or depression symptoms. Measures of neighborhood composition and characteristics of the built environment yielded less consistently positive findings than did indicators of social processes such as social disorder. Reviewing findings appearing between 1956 and 2008, Kim (2008) reported that most studies found that neighborhood disadvantage, and associated neighborhood characteristics, were linked to depression. Kim attributed negative results to studies' methodological weakness. Focusing on research published between January 2009 and January 2010, Paczkowski and Galea (2010) calculated that eight of ten findings affirmed a neighborhood distress-disadvantage connection. Restricting themselves to research on older adults, Julien, Richard, Gauvin, & Krestens (2012) identified 19 reports published between 1967 and 2011. Forty two percent of neighborhood-level variables evaluated yielded significant findings, including neighborhood composition and neighborhood "perceived problems" indicating social disorder.

To assess neighborhood characteristics investigators rely on aggregate census data, direct observation of neighborhood conditions, and GIS-based assessment of physical characteristics, as well as on structured ratings of how neighborhood residents perceive local conditions (Julien et al., 2012; Kim, 2008; Paczkowski & Galea, 2010). Neighborhood ratings reflect resident's personal experiences but correspond closely with objectively assessed neighborhood physical and social conditions. One large study found that 73% of variation in resident perceived disorder was explained by trained observers' assessed disorder, although meaningful sociocultural and personal sources of variation appeared to remain (Sampson & Raudenbush, 2005).

Theorists distinguish between two dimensions beneath neighborhood disadvantage's individual indicators. Social disorder refers to the breakdown of social structures and social processes that maintain public order, civility, and safety (LaGrange, Ferraro, & Supancic, 1992; Taylor & Hale, 1986). A second dimension, addressing physical deterioration and lack of amenities, indicates that neighborhood settings offer few opportunities for employment and low-quality schools, low-quality housing, and too few recreational and other health-promoting opportunities. (Kirschenman & Neckerman, 1991; Sooman & Macintyre, 1995).

In the present study, statistical analyses estimate, in a nationally representative sample of the Black population, how much individuals' perceived neighborhood disadvantage is associated with depression. Depression was established according to the DSM criteria, thereby eliciting the most clinically significant, disabling forms of depression. It was expected that more neighborhood disorder and fewer amenities, as perceived by individuals, would translate into higher rates of clinical depression rates. We were especially interested in perceived disorder as a risk factor because, while grounded in observable events, perception captures

respondents' personal definition of community and personal sense of neighborhood social disorganization. When individuals perceive themselves to live in distressed conditions, it was hypothesized they will feel threatened and deprived, placing them at risk for clinical depression (Aneshensel & Sucoff, 1996; Ross, 2000).

Reflecting the US Black population's increasing heterogeneity, we stratified our sample to represent the 7% of that population who are of English-speaking Caribbean Black origins, (US Census Bureau, 2005). Rapidly increasing numbers of Black immigrants from the Caribbean living in the U.S. who self-identify as Black rose from 3.1 percent of the black population in 1980 to 8.7 percent in 2013. By 2060, 16.5 percent of the U.S. black population will be foreign-born (Kent, 2007). America's Black population is less homogenous than in previous generations and sweeping research claims about "Blacks" do not acknowledge the role that cultural differences, largely for persons born in Jamaica, Haiti, or Trinidad and Tobago, bring to the American Black experience. The impact of black immigration is particularly strong in states, especially New York, California, Texas and Florida, which have historically recorded higher numbers of African Americans. In cities such as Washington, DC, 15 percent of the black population was born outside the United States; in Miami, 34 percent of the Black community was born elsewhere, and in New York City, Black immigrants include 28 percent of the population (Kent, 2007; Vespa, Armstrong, & Medina, 2018). However, despite the growth of the Black Caribbean foreign-born population, the issue of Black ethnic heterogeneity continues to be largely ignored in research. Caribbean Blacks remain relatively "invisible", with little systematic and broad-based social science research on this population.

The mental health impact of diverse Caribbean Black cultures in the Black U.S. population has not been extensively considered (U.S. Department of Health and Human Services, 2001). Existing research has revealed that Caribbean Blacks record lifetime depression rates at 12.9% compared to African Americans at 10.4% and among Caribbean Blacks, past year rates were recorded as 7.2% compared to 5.9% for African Americans (D. R. Williams et al., 2007). Caribbean Black's background and community life experience distinguish them enough from African Americans' to modify associations found between perceived neighborhood characteristics and depression (Alegria, Molina, & Chen, 2014) and we investigated this possibility in exploratory analysis.

The present study centered on low income African Americans and Caribbean Blacks, comparing them with middle and upper income counterparts, because low-income people are overrepresented in disadvantaged neighborhoods and because federal housing policy, governing construction or rehabilitation of public housing and governing placement of tenants in public housing, discourages residence in disadvantaged neighborhoods. Voucher programs, to which housing policy has increasingly turned, promote relocation of low-income households away from distressed, high poverty neighborhoods by subsidizing rent for housing units located in the community at large (Schwartz, 2006; U.S. Department of Housing and Urban Development, 2007). Voucher recipients often move to another impoverished neighborhood, however, and they experience fewer economic and social benefits than anticipated, but they do experience lower rent burdens and reduced household crowding and less homelessness (Ellen, Center, & Wagner, 2017). Voucher recipients'

children grew up to experience greater earnings and lower incarceration rates (Anderson et al., 2016; Chetty, Hendren, & Katz, 2016). These long term improvements may have been facilitated by short-term improvements in children's anxiety and depression symptoms (Leventhal & Brooks-Gunn, 2003).

The primary objective of the present study is to rigorously examine whether perceived amenities and disorder are risk factors for depression for African Americans and Caribbean Blacks. Substantial variation exists between neighborhoods in psychological well-being of residents (Alamilla, Scott, & Hughes, 2016), and neighborhood differences have been linked to depression for African Americans (Alegria et al., 2014; Cutrona et al., 2005) and for Caribbean Blacks (Alegria et al., 2014).

This study goes beyond previous ones by evaluating, in a nationally representative sample of both African Americans and Caribbean Blacks, key underlying dimensions of neighborhood difference, neighborhood disorder and amenities in terms of respondent perceptions, and by estimating associations with depression within SES and income levels. Within-SES and income analysis were performed to isolate neighborhood effects for low SES individuals, many of whom live in low amenity and high disorder neighborhoods but many whom do not (Sampson, Raudenbush, & Earls 1997). Knowledge of variation within low income populations most likely to qualify for housing assistance can help policy makers to focus on poor resident's perceptions of their neighborhoods as they formulate guidelines for administering voucher-based housing policy.

Methods

Data and Sample

The National Survey of American Life (NSAL) was part of the National Institutes of Mental Health Collaborative Psychiatric Epidemiology Surveys initiative that included three nationally representative surveys: the NSAL, the National Comorbidity Survey Replication (NCS-R), and the National Latino and Asian American Study (NLAAS). The data for NSAL were collected through face-to-face interviews in English using a computer-assisted personal interview and lasted an average of 2 hours and 20 minutes. The NSAL included a household probability sample of 3,570 African Americans, 1,621 Blacks of Caribbean descent (hereafter referred to as Caribbean Blacks), and 891 non-Hispanic Whites aged 18 years and older. African Americans were persons who self-identified as Black but did not report Caribbean ancestry. Caribbean Blacks self-identified as Black and answered affirmatively to any of these inclusion criteria: (1) they were of West Indian or Caribbean descent; (2) they were from a Caribbean-area country; or (3) they had parents or grandparents who were born in a Caribbean-area country. The Caribbean Black sample was selected from residential areas that reflected the distribution of the African American population and from additional metropolitan areas where Caribbean Blacks comprised more than 10% of the population. Data were collected between February 2001 and June 2003. The study's overall response rate was 72.3% for Whites, 70.7% for African Americans, and 77.7% for Caribbean Blacks. The study sample consisted of 5,019 African Americans and Caribbean Blacks combined.

Variables

Dependent Variable: Depression—The World Health Organization Composite International Diagnostic Interview (WHOCIDI) is a fully-structured, comprehensive diagnostic interview designed to be administered by trained, lay survey interviewers to obtain true diagnoses of a variety of mental disorders following the criteria of the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994) and the World Health Organization International Classification of Diseases (ICD-10). The psychiatric disorders assessed in the NSAL, which included major depressive disorder (MDD), are slightly modified versions of those developed for the WHO-CIDI project initiated in 2003 and used in the NCS-R and the NLAAS. (Kessler et al., 2004; Pennell et al., 2004) The algorithm for MDD is the same as that for major depressive episode (MDE): criteria C, the presence or absence of a manic episode, is not considered. MDD was coded 1 if respondents reported the presence of depression within the previous 12 months and 0 otherwise.

Independent Variables: Neighborhood Disadvantage

Perceived Neighborhood Social Disorder.: Two variables were used to classify neighborhoods as “advantaged” and “disadvantaged”. The first variable represented a summed composite score, developed from two measures of neighborhood safety, representing the social disorder component of neighborhood disadvantage. Respondents’ neighborhoods were categorized as “Disordered” if they answered affirmatively to either of two questions regarding perceived neighborhood social disorder. The first, “How often are there problems with muggings, burglaries, assaults or anything else like that in your neighborhood?”, was coded with a 5-item Likert response scale as Very often (1), Fairly often (2), Not too often (3), Hardly ever (4), and Never (5). A response of “Very often” or “Fairly often” resulted in categorization of the respondent’s neighborhood as “Unsafe”. The second question, “How much of a problem is the selling and use of drugs in your neighborhood?”, used a 4-item Likert response scale of Very serious (1), Fairly serious (2), Not too serious (3), and Not serious at all (4). A response of “Very serious” or “Fairly serious” led to designation of a “Drug Problem” neighborhood. Responses to the two categories were combined to form a “Perceived Neighborhood Social Disorder” categorization; if a respondent’s neighborhood was coded as either an “Unsafe” or “Drug Problem” neighborhood, or both, the neighborhood was categorized as “Disordered”.

Perceived Amenities.: The number of amenities found in the respondent’s neighborhood was used as another measure to classify neighborhoods, representing a measure of the economic and social deprivation component of neighborhood disadvantage. The question asked, “Do you have any of the following in this neighborhood?” Respondents answered “Yes” or “No” to the following perceived amenities: a park, playground, or open space; a big supermarket where you can buy food; a medical clinic or health service; a bank or credit union; a check cashing outlet; a police station or sub-station; and a public library. Responses were reverse-scored and ranged from 0 to 7, where 0 responses meant no perceived amenities and 7 described neighborhoods with all resources. The median score of 2 was used to differentiate different types of neighborhoods with respect to economic and social deprivation. The variable was then categorized as follows: neighborhoods with 0 – 2

amenities represented “Low Amenities” and were coded as 1, while neighborhoods with 3 – 7 amenities represented “High Amenities” and were coded as 0.

Demographic Variables—Socioeconomic status level (SES Status) was based on an income-to-needs measure according to the official federal poverty line: Low SES was defined as persons in households at or below the poverty line (incomes less than or equal to 100% of the federal poverty line); Mid SES described persons with incomes greater than 100% and up to 300% of the poverty line, and High SES defined persons whose incomes were equal to at least 300% of the poverty line. Participants categorized as “High SES” served as the comparison group.

Age was measured as the number of years attained by the date of the interview; Education was measured as the number of school years finished; Household Income was measured as total monetary resources (dollar amount) from all sources; Ethnicity was coded African American (1) or Caribbean Black (0). Marital Status was measured as Married coded as 1, Partner coded as 2, Separated, Divorced, or Widowed coded as 3, and Never Married coded as 4, then recombined into a dichotomous Marital Status variable of Married/Partner (reference) vs. Separated, Widowed, Divorced, or Never Married. Employment Status was measured as Full-Time work (coded as 1), Part-Time work (coded as 2), or Not Working (coded as 0; reference). Immigration status, an important concern for Caribbean Blacks but less so for African Americans, was defined as “Nativity” and coded as U.S.-born (1) or Foreign-born (0).

Statistical Analysis

We divide our sample into socioeconomically differentiated strata to better focus attention on poverty’s role in understanding the link between perceived neighborhood disadvantage and distress and we control for individual-level socioeconomic indicators within socioeconomically homogeneous strata to adjust for remaining individual-level sources of variation.

Results from one-way analysis of variance and chi-square tests (with results converted to F statistics) using the second-order survey design correction of Rao and Scott (1984) are presented in Table 1 to identify differences between African Americans and Caribbean Blacks. Table 2 provides a close look at associations between SES, perceived neighborhood social disorder, and depression by stratifying the overall sample on SES, presenting chi-square analyses (with results converted to F statistics as described above) of associations between perceived neighborhood social disorder and depression within SES strata.

This preliminary analysis suggests that perceived neighborhood social disorder’s impact is significant for lower and middle SES NSAL respondents. There were no significant differences in association between amenities and depression.

Model estimation used the SVY LOGISTIC procedure of Stata 9.2 (StataCorp., 2005). Each analysis technique utilized statistical weights to adjust for differential probabilities of selection and non-response, and post-stratified to represent the national Black population accordingly.

Results

Descriptive Statistics

The percentages, means, and standard deviations for variables included in statistical analysis are presented in Table 1. Caribbean Blacks in our sample recorded a somewhat higher prevalence of past-year depression (8.2%) compared to African Americans (6.7%), but the difference was not statistically significant. A similar proportion of Caribbean Blacks lived in disordered neighborhoods (39.7%) compared to African Americans (42.0%); the difference was not statistically significant. At the same time, significantly more Caribbean Blacks lived in neighborhoods with High amenities (92.8 %) than African Americans (81.9%). These differences in neighborhood residence may reflect the greater residence of Caribbean Blacks in major metropolitan areas (David R. Williams et al., 2007).

Bivariate Analysis

Table 2 indicates that the bivariate association between perceived neighborhood social disorder and past-year depression is significant for persons categorized as Low SES ($F = 7.55$; $p = 0.01$) and Middle SES ($F = 4.77$, $p = 0.03$). The association was not significant for High SES individuals. Contrary to expectation, bivariate associations between perceived amenities and depression were significant for Low and High SES individuals such that higher rated perceived amenities was associated with a higher rate of depression (Table 3).

Multivariate Analysis

The analysis began by regressing depression on perceived neighborhoods' characteristics and covariates separately for subsamples of Caribbean Blacks and African Americans. Results for African Americans indicated that depression and perceived neighborhood social disorder's association was significant for both Low SES ($OR=1.73$ [$CI: 1.07, 2.81$]; $p=0.026$) and Mid SES individuals ($OR=1.74$ [$CI: 1.00, 3.02$]; $p=0.049$). Perceived amenities were not significantly associated with depression for African Americans in any SES strata.

We combined African American and Caribbean Black samples and introduced interaction terms to investigate whether there was *differential* association for African Americans and Caribbean Black subsamples linking key independent and dependent variables. Inspecting Amenities x African American vs. Caribbean Black interaction term ($OR=3.21$ [$CI=.374, 15.00$, $p=.89$) and Disorder x African American vs. Caribbean Black interaction term ($OR=0.61$ [$CI=0.24, 3.44$] $p=0.29$), we found no significant interaction. We therefore combined African American and Caribbean Black samples for further analysis.

Table 4 presents, for African Americans and Caribbean Black subsamples combined, results from logistic regression equations regressing past-year depression on neighborhood disadvantage as well as individual-level sociodemographic characteristics for individuals stratified into Low-, Mid-, and High SES. For Low SES individuals, the association between perceived neighborhood social disorder and depression was statistically significant ($OR=1.73$ [$CI: 1.08, 2.76$]; $p=0.023$) after controlling for individual-level characteristics. For Mid SES individuals, the adjusted association between perceived neighborhood social

disorder and depression was at the boundary of significance (OR=1.61 [CI: 1.00, 2.59]; $p=0.052$). The association between perceived neighborhood social disorder and depression for High SES individuals was not statistically significant. No tested association between perceived amenities and depression proved statistically significant.

Discussion

The study's results indicate that African Americans and Caribbean Blacks living at or below the poverty line and also indicate at the border of statistical significance, that those living with up to 300% of the poverty line incomes, are more likely to experience clinical depression if they live in a neighborhood they perceive to be socially disordered. This association, which did not significantly differ from that for Caribbean Blacks, is consistent with a previously reported links between social disorder and the onset of depression for African American women (Cook, Zuvekas, Chen, Progovac, & Lincoln, 2017; Cutrona et al., 2005) and with Schulz et al. (2006), who found that self-reported social disorder was associated with depression symptoms.

No association between disorder and depression was found for High SES persons. Although many were only marginally wealthier than "near poor" NSAL respondents, their greater personal resources may have been sufficient to shield them from depression when they perceived their neighborhood as socially disordered. The study clarifies that a social disorder-depression link is limited to poor neighborhood residents of disordered neighborhoods, perhaps extending to middle income residents but no further.

No significant findings were present associating amenities and depression, perhaps because perceived lack of amenities is less psychologically threatening than perceived social disorder. Characteristics of neighborhoods' physical environment—for example, limited access to fresh produce or to open space suitable for exercise—may be more important determinants of risk for general health conditions like diabetes, where unfavorable exercise and dietary practices directly enact greater risk. Conceivably, an opportunity-limiting physical environment operates less on psychological processes triggering depression,

Alternatively, differing cultural and local understandings may have caused amenities to be mismeasured as the resources present on the survey may not function as intended in disadvantaged communities. Thus, parks may invite illicit transactions more than creating aesthetic and recreational opportunities and local police presence may pose a threat more than a providing a sense of security. Policy makers and mental health professionals should incorporate local knowledge about neighborhood and cultural resources by asking neighborhood residents directly for their perceptions. Inquiry of this kind can build trust and further a process whereby policy decisions are perceived to be made on behalf of African Americans and Caribbean Blacks.

Neighborhoods are complex ecological settings whose characteristics and interactions are not easily understood, predicted, or measured. Research in this area has tended to be guided by predetermined parameters informed by social theory. Psychologically, the perception of disorder, as was assessed in the present study, represents a pathway from disordered social

conditions to perceptions of disorder and stress, ultimately leading to clinical depression. Other central aspects of the ecological theoretical framework is that neighborhood disorganization appears to be exemplified by residents' interpretation of safety -- low community support, decreased maintenance of common values about how neighborhoods should support daily life safety -- thereby, the difference in expectation versus reality may result in poor mental health outcomes.

Preliminary analysis failed to justify a separate focus on African American and Caribbean Black subsamples. Nevertheless future studies, proposing refined hypotheses, might reveal African American-Caribbean Black differences concealed in the present data. For example, poor Caribbean Black communities can be ethnic enclaves, concerned with immigrant resettlement and with maintaining family and cultural ties with residents' countries of origin (Shi & Singh, 2010 ENREF 29). Measuring social capital might pave the way to better identifying differential patterns of risk and resilience in poor African American and Caribbean Blacks' communities.

Through US public housing policy, steps have been taken to reduce neighborhood social disorder throughout the United States over the past 20 years. Because African Americans and many Caribbean Blacks are overrepresented in public housing, and in disadvantaged neighborhoods elsewhere, successful neighborhood improvement efforts might prevent or reduce depression among African Americans especially. Future research should more often directly assess the mental health consequences of neighborhood improvement programs and policies on African Americans and others in a comprehensive evaluation of impact.

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Table 1.

Demographic and socioeconomic characteristics among African Americans and Caribbean Blacks (n = 5,019)

Characteristics	African Americans (n = 3,434)		Caribbean Blacks (n=1,585)		F	p-value
	%	SE	%	SE		
Depression Status					1.63	0.21
Diagnosed Prev. 12 Mo.	6.7	(0.47)	8.2	(1.13)		
Not Diagnosed	93.3	(0.47)	91.8	(1.13)		
Perceived Neighborhood Social Disorder					0.27	0.60
Disordered	42.0	(2.11)	39.7	(3.73)		
Not Disordered	58.0	(2.11)	60.3	(3.73)		
Perceived Amenities					5.73	0.01 **
Low Amenities	18.2	(1.4)	7.2	(1.8)		
Middle-High Amenities	81.9	(1.4)	92.8	(1.8)		
SES Status					9.69	0.00 ***
SES Low (<=100% FPL)	35.9	(1.51)	26.7	(2.19)		
SES Mid	33.7	(0.92)	32.2	(2.16)		
SES Middle-High (>=300% FPL)	30.4	(1.49)	41.1	(2.38)		
Gender					2.07	0.14
Female	56.0	(0.83)	49.1	(3.56)		
Male	44.0	(0.83)	50.9	(3.56)		
Marital Status					5.87	0.02 *
Married/Partner	41.7	(1.03)	50.2	(3.39)		
Separated, Widowed, Divorced, Never Married	58.4	(1.03)	49.9	(3.39)		
Employment Status					4.48	0.02 *
Full-Time	56.9	(0.99)	64.3	(2.75)		
Part-Time	9.9	(0.62)	10.9	(2.07)		
Not Working	33.2	(1.05)	24.8	(1.70)		
Nativity					896.10	0.00 ***
US-born	97.7	(0.33)	37.0	(3.84)		
Foreign-born	2.3	(0.33)	63.0	(3.84)		
	$\bar{X}$	SE	$\bar{X}$	SE	F	p-value
Age (mean)	42	(0.52)	40	(0.84)	4.22	0.04 *
Education (years)	12.4	(0.09)	12.9	(0.15)	7.34	0.01 **
Annual Household Income (mean \$)	\$36,832		\$47,044		7.62	0.01 **

Data Source: National Survey of American Life

*
p < .05;**
p < .01;***
p < .000

Table 2.

SES by 12-month Depression Prevalence by Perceived Neighborhood Social Disorder cross-tabulation for African Americans and Caribbean Blacks combined (n = 5,019)

	Low SES		Mid SES		High SES	
	Non-disordered	Disordered	Non-disordered	Disordered	Non-disordered	Disordered
Not depressed	93.9% (0.94)	89.6% (0.98)	94.4% (0.97)	90.8% (1.39)	94.7% (0.76)	94.3% (1.33)
n	1526	1198	1572	991	1535	863
Depressed	6.1% (0.94)	10.4% (0.98)	5.56% (0.97)	9.2% (1.39)	5.3% (0.76)	5.7% (1.33)
n	84	131	71	83	72	63
Column F (p-value)	F = 7.55 (p = 0.01 ^{**})		F = 4.77 (p = 0.03*)		F = 0.08 (p = 0.78)	

Data Source: National Survey of American Life

p < .05;

^{**}
p < .01;

^{***}
p < .000

Table 3.

SES by 12-month Depression Prevalence by Perceived Neighborhood Amenities cross-tabulation for African Americans and Caribbean Blacks combined (n = 5,019)

	Low SES		Mid SES		High SES	
	Low Amenities	High Amenities	Low Amenities	High Amenities	Low Amenities	High Amenities
Not depressed	91.9% (2.03)	91.7% (0.74)	93.4% (2.22)	92.8% (0.88)	96.1% (1.90)	94.4% (0.77)
n	360	2364	300	2263	196	2202
Depressed	6.1% (2.03)	8.3% (0.74)	6.6% (2.22)	7.2% (0.88)	3.9% (1.90)	5.6% (0.77)
n	84	183	26	138	29	126
Column F (p-value)	F = 0.003 (p = 0.95)		F = 0.056 (p = 0.82)		F = 0.49 (p = 0.49)	

Data Source: National Survey of American Life

*
p < .05;

**
p < .01;

p < .000

Table 4.

Adjusted associations between Neighborhood Status and 12-Month Depression Prevalence separated by SES Level for African Americans and Caribbean Blacks combined (n = 5,019)

Independent Variable	SES Low		SES Mid		SES High	
	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI
Neighborhood Char.						
Disordered	1.73 *	[1.08, 2.76]	1.61 ^	[1.02, 2.59]	0.90	[0.48, 1.68]
Not Disordered (Reference)						
Low Amenities	0.88	[0.46, 1.68]	1.19	[0.51, 2.78]	1.27	[0.39, 4.17]
High Amenities (Reference)						
Age (mean)	0.99	[0.97, 1.00]	0.98 *	[0.96, 1.00]	0.98	[0.97, 1.00]
Gender						
Female	1.55 *	[1.03, 2.33]	1.44 (0.47)	[0.76, 2.76]	1.18 (0.37)	[0.61, 2.27]
Male (Reference)						
Marital Status						
Married/Partner (Reference)						
Separated, Widowed, Divorced, Never Married	0.73	[0.43, 1.24]	0.79	[0.42, 1.48]	0.24 ***	[0.13, 0.45]
Employment Status						
Full-Time	1.07	[0.48, 2.36]	1.86	[0.88, 3.91]	1.86	[0.72, 4.81]
Part-Time	1.36	[0.89, 2.09]	0.85	[0.42, 1.74]	1.50	[0.61, 3.70]
Not Working (Reference)						
Nativity						
U.S.-born	0.79	[0.39, 1.59]	1.11 (0.33)	[0.62, 2.02]	0.91 (0.27)	[0.50, 1.65]
Foreign-born (Reference)						

Data Source: National Survey of American Life

^
p = 0.055;

*
p < .05;

**
p < .01;

p < .000