

The Moderating Effect of Socioeconomic Status on the Relation between Adverse Childhood Experiences and Mental Health Outcomes for Black Individuals in the US

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Background

- Culturally specific adverse childhood experiences (ACEs), such as racial discrimination, significantly impact the mental health of Black children. These experiences intersect with ACEs like depression and anxiety, exacerbating their effects (Bernard et al., 2022).
- Economic instability, including poverty and food insecurity, further influences mental health outcomes for children and families. Low-income families face barriers to accessing mental health services due to financial and insurance constraints (Tall et al., 2023).

Objective

- Investigate the association between Adverse Childhood Experiences (ACEs), mental health outcomes (ex. stress and depression), and the moderating effect of socioeconomic status focusing on individuals of African descent.
- By investigating the impact of ACEs on adult mental health, with a focus on the role of socioeconomic status, this research aims to fill critical gaps in the literature that overlook the unique challenges faced by populations of African descent.

Research Questions

- RQ1: Do African American Adults living in the US who experienced 4 or more ACEs report fewer healthy outcomes?
- RQ2: Do social determinants of health moderate the relation between ACEs and overall health outcomes?

Research Design

- Type: Cross-Sectional Study
- Data Source: 2022 Behavioral Risk Factor Surveillance System (BRFSS) dataset
- Population: Individuals of African descent
- Variables: ACEs, healthy days outcomes, socioeconomic status
- Analyses: Regression, Comparative, Descriptive Statistics

Data Collection and Analysis

- Multiple Regression Analysis:**
 - To evaluate the impact of ACE, SES, and mental health outcomes while controlling for potential confounders such as age, gender, and education.
- Comparative Analysis:**
 - Group comparisons to examine differences in mental health outcomes across SES levels and ACE exposure.
- Descriptive Statistics:**
 - To summarize demographic information, prevalence of ACEs, SES, and socioeconomic status.

Participants

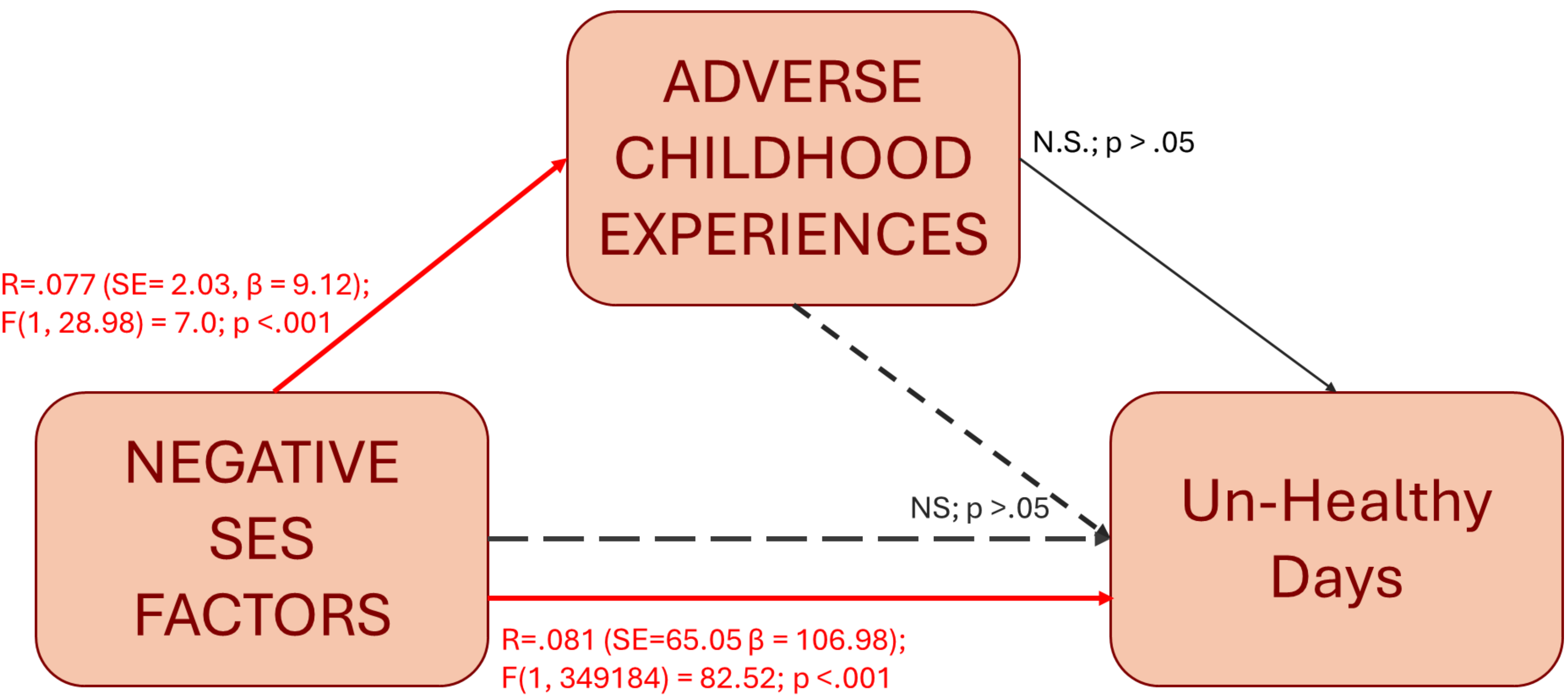
- The participants in this study were drawn from the Behavioral Risk Factor Surveillance System (BRFSS) dataset obtained from the Centers for Disease Control and Prevention (CDC), specifically utilizing the BRFSS codebook.
- For the purposes of this study, only individuals of African descent were included in the analysis, aligning with the focus on a specific demographic group.
- The final dataset comprised responses from individuals who identified as African American, Black, or of African descent.
- Overall Sample n = 45,122
 - Mean education Level- 4.86, indicates that on average individuals have completed slightly more than high school and close to completing one year of college

Results

Table 1. Pearson Correlations

Variables	ACEs	Neg_SES	UHD
Adverse Childhood Experiences	1	0.038	0.009
Negative SES Factors	0.038	1	.197**
UnHealthy Days	0.009	.197**	1

** . Correlation is significant at the 0.01 level (2-tailed).



- ACEs and SES: No significant correlation between ACEs and SES**
- ACEs and Health Outcomes: No significant correlation between ACEs and healthy days**
- SES and Health Outcomes: There is a positive correlation between Healthy Days and SES.**

Connection to Education

- Academic Performance- adverse experiences can lead to difficulties in concentration, poor cognitive development, which can negatively affect academic performance
- Access to Resources- Students from low-SES backgrounds may have limited access to educational resources, such as tutoring, extracurricular activities, or technology.
- Behavioral Issues- Children who experience ACEs are more likely to exhibit behavioral problems in school, including aggression, hyperactivity, and difficulty following instructions.
- Teacher Awareness and Training- Educators can benefit from training on trauma-informed care to recognize the signs of ACEs and offer supportive learning environments.
- Intergenerational Impact- Parents who have experienced ACEs themselves may face challenges in providing stable, nurturing environments for their children, as their own unresolved trauma can affect parenting practices.

Discussion

- No significant correlation exists between total ACEs and SES, suggesting that ACEs are not limited to low SES groups and may occur across socioeconomic backgrounds in diverse ways.
 - Specific ACEs were correlated with socioeconomic status
- No correlation was found between ACEs and health outcomes, challenging the assumption that ACEs consistently lead to poorer health outcomes.
- There is a positive associating between Healthy Days and SES, likely due to access to resources and healthcare, which serve as protective factors against ACE-related health impacts.
- These results emphasize the need for interventions addressing both the prevalence of ACEs and SES's buffering role to reduce health disparities.

Conclusion

Using data from the BRFSS, this study examined the relations between Adverse Childhood Experiences (ACEs), mental health outcomes, and the moderating role of socioeconomic status (SES) among individuals of African descent. Although most results were null, a few significant findings suggest that higher SES may offer a protective effect against the negative mental health impacts associated with ACEs. The findings suggest that weak yet significant correlations between ACEs and health indicate that ACE exposure is associated with worsened health, but higher SES may help buffer these effects.

Key References



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