ABSTRACT

Background: Mental illness is an increasing public health concern. One aspect of mental illness is Major Depressive Symptomatology, which has increased dramatically in the United States. The associations between insurance status and depression symptomatology using national representative data from the NHANES 2017-2018 cycle are explored in this study.

Methods: The Patient Health Questionnaire (PHQ-9) agirescore was used to measure depression symptomatology. Respondents were categorized into Not Depressed, Minimal Depression, Mild Depression, Moderate Depression, and Severe Depression based on American Psychiatric Association recommendations. Associations between health insurance status and depression symptomatology were examined using logistic regression.

Results: Health insurance status and associated prescription drug coverage were not associated with depression symptomatology in the NHANES sample that participated in the 2017-2018 cycle. Among Hispanic, White, and Black Asian persons, those at or below $24,999 in household income had higher odds of MDD compared to men in both exposure groups.

CONCLUSION:

To determine if there is an association between health insurance coverage and depressive symptomatology after adjusting for demographic factors. The associations between insurance status, prescription drug coverage, and depressive symptomatology have lower odds of MDD when they lacked Health Insurance and lacked Prescription Drug coverage, compared to the reference group of Hispanic Whites. Women who have higher odds of MDD compared to men in both exposure groups.

METHODS

Inclusion/Exclusion Criteria

9,254 completed the interview

Of the 6,684, only 5,533 had data depression screener data that were publicly available.

RESULTS

The proportion of the distributions among subgroups, sex, age, and income are statistically different between insured and uninsured (p<0.001), as shown in Table 1.

Table 1 shows that among the included covariates, all of them except age had a significant difference between insured and uninsured (p<0.001).

DISCUSSION/CONCLUSION

- Chi-Square analysis showed significant differences based on race, sex, age, citizenship status, and income of those that have or do not have health insurance.
- Similarly, Chi-Square analysis showed significant differences based on race, sex, citizenship status of those with depressive symptoms or not. The association was significant at the 0.001 level.
- Neither the age or adjusted models showed any significant associations between health insurance status and depressive symptomatology.

Further research of health insurance and its effect on depressive symptomatology is warranted, especially in the current pandemic. Exploration of health insurance status and its effect on its effect on mental health outcomes and its mental health outcomes is necessary. Acknowledgements

References

Elisabeth P. Holzer

METHODS

Sample Selection

The data for the current study comes from the NHANES cohort of 2017-2018. The sample for the NHANES is based on multi-year, clustered four-stage samples. Within the sample, there was oversampling of certain subgroups for increased subgroup precision. Groups that were oversampled included Hispanic persons, Non-Hispanic Blacks, Asian persons of Black Asian persons, those at or below 185% of the federal poverty level, and those aged 0-11 years or 80 years and over.

FINANCIAL DISCLOSURE

No financial disclosures to report.