HEALTH BEHAVIORS AND OBESITY AMONG HISPANICS WITH DEPRESSION, UNITED STATES 2006

Objective: To examine the differences in health behaviors, and obesity between Hispanics and non-Hispanic Whites with depression.

Design: Depression data were gathered from 38 states, the District of Columbia, Puerto Rico, and the US Virgin Islands using the 2006 Behavioral Risk Factor Surveillance System, a state-based random-digit-dialed telephone survey of adults aged ≥18 years (n=156,991). The Patient Health Questionnaire 8 was used to determine current depression. Lifetime diagnosis of depression was assessed by self-report of physician diagnosis. Prevalence ratios were calculated to examine the racial/ethnic differences in leisure-time physical activity, cigarette smoking, binge drinking, heavy drinking and obesity among people with current depression and lifetime diagnosis of depression.

Results: There were significant differences in age, education, and health care coverage between Hispanics and non-Hispanic Whites with current depression and lifetime diagnosis of depression. Hispanics with current depression and with lifetime diagnosis of depression were more likely to be obese than non-Hispanic Whites. After adjusting for demographic factors, health care coverage, and self-rated health status, Hispanics with current depression were 17% more likely to participate in leisure-time physical activity and 42% less likely to be a current cigarette smoker compared with non-Hispanic Whites. Hispanics with lifetime diagnosis of depression were 14% more likely not to participate in leisure-time physical activity and 44% less likely to be a current cigarette smoker than non-Hispanic Whites after adjusting for confounders.

Conclusions: Public health intervention programs are needed to promote healthy behaviors especially physical activity participation with in the Hispanic community, and paying particular attention to people who already are depressed. *(Ethn Dis. 2014;24[1]:92–96)*

Key Words: Depression, Ethnicity, Hispanics, Physical Activity, BRFSS

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INTRODUCTION

Approximately 6.6% of the US adult population had experienced a major depressive disorder during the preceding 12 months. In the last 30 years, the American population represented by minority populations increased at a faster rate than that of non-Hispanic White populations. The Surgeon General’s supplement report on *Mental Health: Culture, Race and Ethnicity* indicates a greater burden of disability from mental illness for Hispanic populations than for Whites.

Depression is associated with poor health-related quality of life and impaired social functioning. Depression can increase one’s risk of becoming obese and to adopting unhealthy behaviors such as smoking, physical inactivity, and heavy and binge-level consumption of alcohol. Research studies have indicated a higher prevalence of any current depression among Hispanics as compared with non-Hispanic Whites. Hispanics are more likely to be obese and less likely to participate in leisure-time physical activity and current cigarette smoker compared with non-Hispanic Whites.

Results: There were significant differences in age, education, and health care coverage between Hispanics and non-Hispanic Whites with current depression and lifetime diagnosis of depression. Hispanics with current depression and with lifetime diagnosis of depression were more likely to be obese than non-Hispanic Whites. After adjusting for demographic factors, health care coverage, and self-rated health status, Hispanics with current depression were 17% more likely to participate in leisure-time physical activity and 42% less likely to be a current cigarette smoker compared with non-Hispanic Whites. Hispanics with lifetime diagnosis of depression were 14% more likely not to participate in leisure-time physical activity and 44% less likely to be a current cigarette smoker than non-Hispanic Whites after adjusting for confounders.

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METHODS

Data Sources

We used data from the 2006 Behavioral Risk Factor Surveillance System (BRFSS) for our study. The BRFSS is a cross-sectional telephone survey conducted by the state health departments with assistance from the Centers for Disease Control and Prevention on non-institutionalized adults aged ≥18 years. Trained interviewers collect data on a monthly basis, and interviews are conducted in English and Spanish. Design, random sampling procedures, information about weighting, and validation of the BRFSS survey are described in detail elsewhere. During 2006, an anxiety and depression module (ADM) was added to the BRFSS survey for 38 states, the District of Columbia, Puerto Rico, and the US Virgin Islands. Five states, Connecticut, Kansas, Maryland, Nebraska, and Washington, collected ADM data on a subset of the state sample rather than on the entire sample.