RELATING RACIAL IDENTITY, RELIGIOSITY AND

NEIGHBORHOOD CONDITIONS TO HEALTH

AND LIFE OUTCOMES

by

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ABSTRACT

Racial identity, religiosity and neighborhood conditions were utilized to predict physical/mental health and life outcomes for a low income African American population. Data from 1,181 adult interviews, which were part of the Mobile Youth Survey (MYS) were engaged in a secondary data analysis to answer the research questions. For the analyses, a Hierarchical Linear Model (HLM) framework, implemented in SAS PROC MIXED using maximum likelihood (ML) methods was used. From the various models tested, six of the eight potential dependent variables yielded significant results: physical health change and mental health change were not significant. Results suggested that all three of the predictor variables (racial identity, religiosity and neighborhood conditions) are variables that are significant predictors of the dependent variables (health and life outcomes). Interesting patterns arose in relation to the specific scales used to measure each of the independent variables. There were distinct differences in the predictive patterns of the subscales for discrimination and racial identity, as well as emerging predictive trends for the subscales related to religiosity. Also, there is a discussion regarding future research to help determine whether racial identity, religiosity and neighborhood conditions are exclusive items or inseparable constructs for African American populations.

DEDICATION

I dedicate my thesis work to my family and many friends whose words of encouragement and push for tenacity ring in my ears. A special feeling of gratitude to my loving parents, Dennis and Marilyn Smith, for always thinking that I could do or be anything I wanted. My little sister Rachel who is my motivation in all that I do, and my two older siblings Marilyn II and Michael, who are always willing to assist me in any capacity. Thank you to my Spelman sisters and Morehouse brothers who push me to be and do better as I push them to do the same. Thank you all for being a listening ear and a sounding board as well as believing in my ability even when I myself failed to. I would also like to thank the generations of my family that preceded me. Without the hardships they endured, and their struggle to secure rights that they themselves were never allowed to enjoy, I would not be in this position. I love and appreciate all of you, and without you this thesis would not have been written.

LIST OF ABBREVIATIONS AND SYMBOLS

a   Cronbach's index of internal consistency

b   Beta weight, the regression coefficient

df   Degrees of freedom: number of values free to vary after subtracting the number of estimated parameters

SE   Standard error of the mean: standard deviation of the sample-mean's estimate of a population mean.

F   Fisher's *F* ratio: A ration of two variances that is used to assess whether the variances in two independent samples are equal

M   Mean: a number obtained by adding a set of measures together and dividing the sum by the number of measures in the set

p   Probability associated with the occurrence under the null hypothesis of a value as extreme as or more extreme than the observed value

r   Pearson product-moment correlation

t   Computed value of *t* test

$<$ Less than

$>$ Greater than

$=$ Equal to

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INTRODUCTION

Religiosity and racial identity are two variables that have been heavily explored in research related to the African American community. Both religiosity and racial identity are engaged in analyses pertaining to mental and physical health, discrimination, stress, and life satisfaction and are found to be essential components of these outcomes (Grantham & Ford, 2003; Iwamoto & Liu, 2010; Mattis & Jagers, 2001; Watlington & Murphy, 2006; Yap, Seetles & Pratt-Hyatt, 2011). The literature tends to present both religiosity and racial identity as means to cope with negative life effects for African American communities, yet the two are rarely investigated conjointly. Additionally, while both variables have shown connections with neighborhood conditions in the African American population, they typically have not been engaged with these characteristics at the same time (Ellison, Musick & Henderson, 2008; Oysermoon & Yoon, 2009). Although the literature suggests that this type of research is necessary, there has not been an active pursuit of an integrative approach to racial identity and religiosity (Hoffman, et al. 2008). With regard to the overwhelming impact of both religiosity and racial identity in a variety of outcomes for African Americans, it seems important to engage these items together in a single analysis. This project seeks to explore the relationships among racial identity, religiosity, and neighborhood conditions and the impact they have on the overall quality of life and health outcomes for low income African Americans. Possible moderators, such as perceived racial discrimination and life stressors, were also addressed in the analyses. Fieldwork for this study took place in predominantly low-income communities in Mobile,

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Alabama. The critical piece of this research lies in the systematic evaluation of the possible connections between racial identity and religiosity in a low income population.

The exploration of these relationships helped in beginning to uncover the possible intertwined relationship between these variables. Based on past research it was hypothesized that the three main variables of racial identity, religiosity and neighborhood conditions would all have predictive value for mental and physical health status and life satisfaction. It was also hypothesized that perceived discrimination and life stressors would act as moderators in the data analysis. The results of this study are valuable because it can potentially lead to a more comprehensive assessment of the roles racial identity and religiosity play in predicting important life outcomes for the African American population.

Independent Variables

Racial Identity

Racial identity is the extent to which an individual assigns meaning to his or her racial heritage and perceives it as being an integral component of his or her larger social identity (Sellers, Smith, Shelton, Rowley & Chavous, 1998). Research on racial identity has shown it to be of varying importance in different racial groups (Jaret & Reitzes, 1999). Of the identified racial groups in the U.S., European Americans seem to place the least emphasis on their racial identity; this is usually cited as resulting from their dominant status in society (Jaret & Reitzes, 1999). Individuals who are minority group members seem to show a psychological benefit coinciding with a healthy sense of racial and ethnic identity (Grantham & Ford, 2003). Research suggests that this healthy sense of racial identity is important because it acts as a buffer against racially charged situations and leads to less psychological stress as a result (Iwamoto & Liu, 2010; Smith, 1989). Although racial identity is applicable to all racial groups, it has been found

to be the most important to the self-concept of African Americans (Jaret & Reitzes, 1999). Thus, the racial identity of African Americans has been explored at a high rate in comparison to the other racial groups in America. Furthermore, racial identity of African Americans has been heavily researched due to the long and unique history of this racial group in American society (Sanders-Thompson & Akbar, 2003). African American racial identity has also received greater attention because it is more predictive of outcomes for these group members than for the majority or other minority groups (Junn & Masuoka, 2008).

Within the realm of psychology, racial identity is one of the most widely researched areas pertaining to the psychological experience of the African American population (Sellers et al., 1998). Since the inception of research on racial identity there has been constant revision to the definition and meaningfulness of the construct (Cross, 1991). Initial work on racial identity was conceived in terms of an internalization of the societal stigmas that are constantly imposed on African Americans by the larger society (Clark, 1965). This research line is often referred to as the "mainstream" approach to racial identity and focuses on universal group identity with African Americans serving as an example of traditional group identity theory at work (Gaines & Reed, 1994; Sellers et al., 1998). The traditional or mainstream approach to racial identity utilizes identity theories that reflect the effect of the majority culture on the minority culture's group concept. Concepts such as the looking glass self (Cooley, 1902) and the reflected appraisal theory (Mead, 1925) state that individuals perceive themselves in terms of the self they believe generalized others perceive them to be.

Most of society, especially before the Civil Rights Movement and other social reforms, held negative views of those of African American heritage. Thus much of the work produced during the earliest mainstream research operated under the assumption that self-hatred was a part

of the African American identity (Cross, 1991). However, during the late 1960's, an increased number of psychologists shifted their focus to incorporate the uniqueness of the African American experience, culture and oppression in the United States as the foundation of their research (Sellers et al., 1998). This approach operated under the premise that all African Americans may not view mainstream society as composed of significant others who impact their self-concept (Crocker & Major, 1989) and focused on the history of African Americans in the United States and their independent development as a minority group. This approach is sometimes referred to as the underground or Afrocentric approach. This group views racial identity as developing outside of the perceptions of the majority culture, with the emphasis being on interactions with and knowledge of similar others (Settles et al, 2010). The distinguishing feature between the two approaches is that mainstream applies racial identity to all ethnic groups, whereas underground approaches racial identity in African Americans as separate from others (Sellers et al., 1998).

The research conducted on the racial identity of African Americans has shown the level of racial identity to be a significant predictor of a variety of behavioral, social and economic outcomes for the individual respondent as well as the larger family unit (Sellers et al., 1998). Self-esteem is defined as an individual's evaluation of his or her value or self-worth (Rosenberg, 1965). Self-esteem has been widely studied in racial identity with significant results (Markkar & Strube, 1995; Speight, Vera & Derrickson, 1996). These results often find positive feelings toward being African American associated with higher levels of global self-esteem (Speight et al., 1996). Similar results are found in studies involving self-efficacy, locus of control, psychosocial competence, self-actualization and body image (Carter, Desole, Sicalides, Glass & Tyler et al., 1997; Cross, 1971, 1995; Martin Nagayama-Hall, 1992; Parhams & Helms, 1985;

Tipton & Worthington, 1984). There is also evidence of racial identity affecting achievement

motivation and academic competency in African American students (Grantham & Ford, 2003).

The racial identity of African American parents seems to have a direct impact on the subsequent

racial identity of their children (McHale et al., 2006). This is primarily due to the increased level

of racial socialization that highly racially identified parents seem to engage in when compared

with less identified parents (McHale et al., 2006). Racial socialization involves the level to which

parents communicate their racial history, traditions, morals, and standards to their children

(Smith, 1989).

Although researchers have consistently found correlations between psychological well-

being and racial identification, there is limited exploration of mechanisms through which racial

identity acts (Yap et al., 2011). Lack of information regarding the impact of such variables as

social support, religion and discrimination leaves a noticeable void within the racial identity

literature. These mechanisms should be explored to uncover the impact of racial identity on

items such as life satisfaction and desire to change various aspects of one's life. Research

regarding racial identity in relation to life satisfaction does exist, but there are a limited number

of studies addressing elements of this construct. The research that does exist finds racial identity

to be positively correlated with life satisfaction and well-being (Yap et al., 2011). However, the

restricted demographic groups (i.e. college students and middle class) usually utilized in these

studies limit the range of African Americans to whom these findings can be applied.

Racial identity and health research centers on identity as a predictor of both physical and

mental health for African American participants. Studies on psychological adjustments show that

a positive racial identity can act as a buffer against negative stressful events such as those related

to perceived discrimination (Prelow, Mosher & Bowman, 2006). While racial identity does seem

to be influential in all subsets of the African American community, it seems to affect African Americans from different demographic backgrounds in different ways. An important function of racial identity research should be identifying demographic determinants of African Americans' identity (Allen et al, 1989; Demo & Hughes, 1990). Older works on African American racial identity note stark differences based on regional, financial and educational factors. Within the African American community those with higher levels of wealth and success are often viewed as weakly identified African Americans (Johnson & Kaiser, 2012). Socioeconomic status has been found to be negatively associated with the perceived closeness an individual feels toward the African American community, as well as autonomy as an African American (Allen et al., 1989; Demo & Hughes, 1990). Allen et al. also note that those with higher socioeconomic status had more favorable evaluations of African Americans as a group. Other studies suggest that those who are older, southern, and rural, and/or have less educational background feel closer to other African Americans (Broman et al., 1998). This suggests that socioeconomic status is negatively associated with racial identity, yet the research on this matter is still debated. Within the realm of present day psychology, the majority of research on African Americans occurs with college aged populations, leaving most other subgroups understudied (Yap et al., 2011). This study used data from African Americans living in low-income neighborhoods, a population not typically included in research concerning racial identity.

   Religiosity

   Religion is seen as the system of beliefs, rituals or other practices that are shared by an organized group of individuals to serve a higher power (usually God(s)). Religiosity is the extent to which an individual adheres to the doctrines, practices and beliefs of said religion (Mattis & Jagers, 2001). A widespread concept in psychology, religiosity has been explored in multiple

contexts, with the approach of viewing religiosity as a coping mechanism being one of the more developed areas of this research line. This research shows that religiosity as a method of coping with life stressors is a widespread phenomenon in the United States. Although individuals in a variety of demographic groups draw on their religious faith as a means to cope, there is a greater emphasis on the power of religiosity within the African American community (Watlington & Murphy, 2006).

Historically, the religious institutions of the African American community often referred to as the "Black Church," have served multiple purposes within the lives of its members (Ellison, et al, 2008). From being a place of worship, to a safe haven to those in need, to a place to organize protests and movements, the Black Church has long been an essential part of African American life (Watlington & Murphy, 2006). Research on the Black Church has also explored the tendency to engage in ecstatic, participatory worship that is unmatched in other religious racial groups (Meyer, Roscigno, & Stephen, 2009). There is also evidence of low socioeconomic status (SES) individuals engaging in more physical forms of worship and the utilization of verbal affirmations of faith in comparison to higher SES groups. This difference in worship habits is often cited as the possible root of the more integrative approach to religiosity as being central to life in African American individuals (Ellison et al., 2008).

Religiosity in African American communities has long been studied as a central part of African American culture. Prior research has suggested that African Americans tend to be more religious individuals than their European American counterparts (Chatters, Taylor, & Lincoln, 1999; Gallup, 1984, Hunt & Hunt, 2001; Moore-Thomas & Day-Vines, 2008). This higher level of religiosity is often demonstrated through a more personal connection with religious faith and a higher frequency of attendance and participation in religious activities (Watlington & Murphy,

2006). This greater personal connection has been explored through research initiatives, which have found religiosity in African Americans to be a significant predictor of life satisfaction (Krause, 2004). Religiosity has also been shown to aid in coping with race-specific stressors such as racism and discrimination in relation to African Americans (Ellison et al., 2008). The emphasis on religiosity in the African American community has also been demonstrated by the reports of using prayer, worship and religious counseling to overcome or come to terms with medical and mental health concerns (Mattis & Jagers, 2001). Studies also suggest that religious African Americans grant more God-mediated control over their lives in comparison to their religious European American counterparts (Krause, 2007). God-mediated control is the extent to which an individual believes that God is actively engaged in directing the events that occur in everyday life (Krause, 2005).

Religion has been established as influential in life satisfaction for most individuals, but it has an increased influence in the African American community. Literature related to religion and life satisfaction suggests that the social aspects of church attendance and other religious functions are strong predictors of overall life satisfaction (Mattis & Jagers, 2001). Relationships formed in church seem to be more relevant in the secular lives and relationships of African Americans than their European American counterparts, contributing to the influence of religion in their everyday lives (Krause, 2011). Religiosity and its impact on life satisfaction and health seem to be the most evident for women and older adults (Chatters, Taylor, Jackson & Lincoln, 2008; Meyers et al., 2009; Lawless, 1983; Miller & Thoresen, 2003). In regards to mental health, research on religious African Americans tends to show lower incidences of poor mental health outcomes when compared to their religious European American counterparts (Krause, 2003). Religious faith is also related to lower engagement in risky health behaviors and subsequently a

healthier individual overall (Mattis & Jagers, 2001). Research has also suggested that the combined influence of religiosity and adherence to traditional culture is a significant predictor of overall life satisfaction in African American individuals (Jang, Borenstein, Chiriboga, Phillips & Mortimer, 2006). Thus, Jang et al. suggest that the more emphasis African Americans place on their culture, the more religiosity will act as a predictor of life satisfaction. Although the initial study of acculturation measured adherence to African American culture through the usage of the African American Acculturation Scale (AAAS), recent studies have shown that acculturation scales measure constructs similar to those measured by racial identity scales (Pope-Davis, Liu, Ledesma-Jones & Nevitt, 2000). Therefore, the Jang et al. study suggests that religiosity and acculturation, a variable similar to racial identity, have a significant relationship with each other.

Neighborhood Conditions

An individual's quality of life is highly dependent on the environmental context in which that individual lives. Neighborhoods that are safe, well kept, and economically sound, with a solid sense of community, also tend to be the neighborhoods whose residents flourish (Rose & Clear, 1998). According to Shaw and McKay's (1942) social disorganization theory, there are detrimental effects related to living in a neighborhood lacking structure and opportunities. Thus, knowledge about neighborhood conditions and social environment can place issues related to personal health and satisfaction with life in perspective. Social support and cohesion, crime rate, physical conditions, and socioeconomic status of the neighborhood are highly relevant factors to the subsequent success of a neighborhood and its inhabitants. Poor neighborhood conditions are often cited as being a driving force behind a number of maladaptive behaviors of the residents within a specific community (Rose & Clear, 1998). When certain aspects of a neighborhood are inadequate or detrimental to its inhabitants, there are subsequent breakdowns in various facets of

the residents' lives (Shaw and McKay, 1942). These breakdowns generally occur through the systematic impairment of critical aspects of the self-concept resulting in a weakening of the resolve to overcome adversity (Rose & Clear, 1998).

Research suggests that racial identity is influenced to some degree by neighborhood conditions (Oyserman & Yoon, 2009). Racial identity in low income neighborhoods with a homogeneous racial composition is often compromised by overexposure to impoverished group members (Clark, 1965/1989). The effects of a homogeneous neighborhood are highly dependent on the social climate of the neighborhood (Bolland, 2003). Many low income neighborhoods with African American or Latino residents consist predominantly of individuals from that racial group, with little or no racial diversity. Sometimes this lack of racial diversity, poor social cohesion between residents, and limited exposure to others outside the community create social isolation and a sense of complacency (Taylor, Repetti, & Seeman, 1997). This can result in an unstable community among residents, as well as lowered social capital, that is, the degree to which individuals in a community form networks and establish trust with each other (Granovetter, 1973). However, if the neighborhood is cohesive and supportive, these neighborhood conditions could bolster positive interactions and outcomes within the community (Bolland, 2003).

Social support is comprised of the number of people available to help or give physical and emotional aid (received social support) and the perception that these people provide aid that is adequate (perceived social support) (Asberg, Bowers, Renk, & McKinney, 2008; Eurelings-Bontekoe, Diekstra, & Verschuur, 1995). Social support research has suggested that high levels of social support have a possible buffering effect against stress (Dahlem, Zimet, & Walker, 1991). Social support has also been shown to be positively associated with health outcomes and

negatively associated with life stress (Yap & Devilly, 2007). A supportive neighborhood can create social change, promote healthy behaviors and reduce risky behaviors (Bolland, 2003; Bolland & McCallum, 2002). According to research, social capital is predictive of the social, health and economic status of a community (Meyer, Morris-Hyde, & Jenkins, 2005). Low levels of social cohesion can also cause disconnect pertaining to the values, norms and roles of community members, leading to a community in disarray (Shaw and McKay, 1942). This absence of stability can lead to a weakening of the social ties of the community's social network. Successful interaction among community members, however, can increase social capital and relieve the issues caused by social disorganization. Further explorations of this idea have posited that an intact social network, with supportive and cohesive functioning can alleviate the perils of negative neighborhood conditions (Sampson and Groves, 1989). Integration into the community, friendships, churches and other socially relevant activities are moderating factors protecting against participation in maladaptive behaviors (e.g. crime) (Sampson and Groves, 1988).

The perception of an integrated, supportive and cohesive neighborhood is a critical element to an individual's sense of community (Meyer, Morris-Hyde, & Jenkins, 2005). Sense of community is often tied to positive outcomes and seems to behave as a buffer against harsh neighborhood conditions for certain groups (i.e., those in low income neighborhoods). Chronic diseases such as obesity and depression seem to be predicted by neighborhood environment and the social network within it (Diez Roux & Mair, 2010). This social network can often be found in the relationships that exist in the religious institutions within these communities (Ellison, et al, 2008). Neighboring behavior, such as borrowing, lending and visiting with one another, allows individuals in a community to engage each other in additional community-promoting behaviors (Bolland & McCallum, 2002). This exposure to neighborhood members can create close

relationships which allow individuals to discuss relevant neighborhood issues and create strategies to produce change.

Moderators

Life Events

Stressful events such as death of significant others, sickness, and financial issues can lead to drastic changes in perceptions of life quality and health status (Pascoe & Richman, 2009). Life stress in the African American community has been consistently related to social support (Clark, 2006; Sellers & Shelton, 2003). There are several models of stress that employ social support in an attempt to understand its role in dealing with life stressors. The stress-buffering model presents social support as being able to shield individuals from the negative effects of life stressors (Pascoe & Richman, 2009). However, according to the support mobilization model, the presence of life stressors causes an increase in the social support provided by the community and thus more reliance on said social support (Barrera, 1988). Although the literature on social support and life stress is split among various theories (e.g., Stress and coping social support theory, Relational regulation theory (RRT) and Life-span theory), all theories agree that social support is a critical component for handling stress. Racial identity has been found to have a relationship with life stress, and religious affiliations seem to have an impact as well, with religion often buffering against the negative feelings that life stressors can bring to bear (Brodsky, 2000 & Maton, 1989; Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003).

Perceived Discrimination

A significant type of stress is derived from experiences with racial discrimination. Discrimination based on racial differences often occurs as a direct result of racial prejudice, the perspective that one group is subordinate to another (Jones, 1972). Thus, racial discrimination is

the manifestation of racial prejudice as concrete actions with the intent of preserving one's own

race at the expense of another (Jones, 1972; Pascoe & Richman, 2009). Experience with racial

discrimination is often measured by assessing an individual's perception of discrimination in

many circumstances to gauge how many specific events have affected that individual's life

(Lazarus & Folkman, 1984; Pascoe & Richman, 2009). Research suggests that perceiving the

self as a victim of racially motivated discriminatory actions has a great impact on the lives of

African Americans (Clark, 2006; Pascoe & Richman, 2009; Prelow, Mosher, & Bowman, 2006).

This type of discrimination is psychologically distressing due to race serving as a key component

of the self's social identity (Branscombe, Schmitt & Harvey, 1999; McCoy & Major, 2003;

Schmitt & Harvey, 2002).

    According to scholars such as Brenda Major the discounting perspective accurately

depicts the impact of discrimination on the individual. This perspective states that upon receiving

negative feedback or experiencing a negative outcome, self-protective strategies will be used to

buffer the individual's self-esteem and well-being (Crocker & Major, 1989; Major, Gramzow,

McCoy, Levin, Schmader& Sidanius, 2002; McCoy & Major, 2003; Schmitt & Branscombe,

2002). This perspective pinpoints three self-protective strategies used to buffer the effects of

negative feedback: (1) making attributions to prejudice (i.e., attribute to external causes); (2)

selectively devaluing performance dimensions on which they or their group are generally

unsuccessful and valuing the dimensions on which they or their group excel; and (3) shifting

comparison groups (i.e., compare outcomes to other in-group members rather than to out-group

members). Certain scholars reject the discounting model because it approaches perceived

discrimination as if its attributions to prejudice are completely external. Some of these scholars

offer the rejection-identification model as an explanation of the way perceived discrimination

influences life. This model posits that in-group identification (i.e., racial identity) plays a central role in the way perceived discrimination operates by mediating the relationship between perceived discrimination and decreases in self-esteem and well-being (Branscombe et al., 1999; McCoy & Major, 2003). The rejection-identification hypothesis also suggests that making attributions to prejudice increases racial identification (Branscombe, Schmitt & Harvey, 1999; Chae, Lincoln & Jackson, 2011; Seaton, Yip, Sellers, 2009). However, the specific relationship which racial identity has with perceived discrimination has been frequently debated within the literature (McCoy & Major, 2003). Debate centers on whether racial identity serves to buffer against or to exacerbate the negative effects of discrimination (McCoy & Major, 2003). While various studies show decreased mental health outcomes in the face of racial discrimination (Chae et al., 2011; Gee, Spencer, Chen, Yip & Takeuchi, 2007), the effect of racial discrimination has been shown to vary with the level of racial identification (McCoy & Major, 2003). Based on the literature, the impact of racial identity on perceived discrimination seems to be substantial (Sellers & Shelton, 2003). However, the exact nature of this relationship is still debated.

There is evidence that racial identity serves as a protective factor against perceived discrimination (McCoy & Major, 2003; Seaton, Yip & Sellers, 2009). Groups that experience consistent prejudices often have higher levels of self-esteem; this is true for African Americans who sometimes have higher rates of self-esteem than their European American counterparts (Chea, Lincoln & Jackson, 2011; Crocker and Major, 1989). While this may seem counterintuitive, numerous scholars point to chronic perception of prejudices and discrimination as a mechanism that may serve as a buffer against negative effects such as depression (Chea, Lincoln & Jackson, 2011; McCoy & Major, 2003). The ability to attribute negative outcomes to discrimination against the group instead of to personal aspects of the self also seems to protect

against blows to the self-concept, and therefore, more positive feelings about racial group membership may lessen the effect of perceived discrimination (Chea, Lincoln & Jackson, 2011; McCoy & Major, 2003; Seaton, Yip & Sellers, 2009; Sellers & Shelton, 2003).

While both sides of the effect of racial identity on perceived discrimination provide supporting evidence, researchers seem to agree that more in-depth research should be done to investigate this relationship (McCoy & Major, 2003; Seaton, Yip & Sellers, 2009). Longitudinal research regarding racial identity's impact on the effect of discrimination has suggested that perceived experiences with discriminatory action lead to an increase in the exploration of racial/ethnic identity in minority participants (Pahl & Way, 2006). Scholars suggest that while high identification with the racial group may make an individual more vulnerable to perceiving instances of discrimination, it may also provide a tangible social support network as well as more emotional resilience (McCoy & Major, 2003; Seaton, Yip & Sellers, 2009). While some studies find that highly identified individuals have more negative effects such as depression or low self-esteem, this finding is often mentioned with the need for additional research (McCoy & Major, 2003).

While discrimination is the catalyst, the actual effect on self-esteem is noted to be a result of acknowledging that powerful members of society believe that a vital piece of one's social identity has no value or is subordinate (Chae et al., 2011; McCoy & Major, 2003). Because race is a central component to the self-esteem of individuals who are highly racially identified, threats to the racial group are also interpreted or treated as threats to the self (Crocker & Major, 1989; McCoy & Major, 2003). Also, individuals for whom racial identity is high or central to the self-concept seem to perceive being involved in more incidents involving racial discrimination than those for whom racial identity is low or less central to the self (Major et al, 2004; Scott, 2004;

Seaton, Yip & Sellers, 2009; Sellers, Morgan & Brown, 2001). A need for longitudinal studies

and studies which parse racial identity into factors measuring different aspects of this identity are

frequently mentioned as necessary research directions (McCoy & Major, 2003; Chae et al.,

2011). Although a few studies have looked into the link between racial identity and perceived

discrimination, there is ample room to further investigate the debate about racial identity's effect

on perceived racial discrimination (Chae et al., 2011). This research delved deep into this debate

and incorporated separate components of racial identity as well as perceived discrimination and

systematically investigated their relationship with each other.

Dependent Variables

Life Outcomes

These various lines of research show that racial identity, religiosity, neighborhood

context, life stress, and discrimination all have some relationship to the well-being and life

outcomes of African Americans. Well-being has been assessed in terms of life satisfaction and in

terms of outcomes such as physical health and mental health. Life satisfaction is the

quintessential measure of a person's current view of his or her life, as well as perceptions about

how his or her life will be in the future. Age, health, marital status, religion, and income have

been pinpointed as the most significant predictors of life satisfaction in adults (Broman, 1997).

Previous research in this area has found that individuals who are married, financially stable,

older and healthier are more satisfied with the current state of their lives (Fife, Adegoke, McCoy

& Brewer, 2011). While life satisfaction is sparingly looked at specifically in the African

American community, the impact of racial stressors, such as racial discrimination, seems to

affect overall life satisfaction within this population (Broman, 1997). This added stressor is

unique to ethnic minorities and thus is almost never studied in the context of the majority

(European American) or general population (Blake & Darling, 2004). Thus, several studies have uncovered specific variables (i.e., religion and social support) that differentially predict life satisfaction in African American populations compared to the European American population (Blake & Darling, 2004; Fife et al., 2011; Mattis & Jagers, 2001).

Health concerns in the African American community are also shown to be greatly affected by both religion and racial identity (Prelow et al, 2006; Utsey et al, 2002). Chronic diseases such as obesity and depression are also predicted by neighborhood environment and the social network within it (Diez Roux & Mair, 2010). This social network can often be found in the relationships that exist in the religious institutions within these communities (Ellison et al., 2008). The pain associated with poor health is also shown to be correlated with the amount of social support that a neighborhood grants its inhabitants (Baker, Buchanan, Small, Hines & Whitfield, 2011). Further research in this area suggests that sense of community and the presence of a strong social network further contributes to overall life satisfaction (Prezza, Amici, Roberti, & Tedeschi, 2001; Yap et al., 2011).

METHOD

This project sought to explore the extent to which racial identity, religiosity and the social context of the neighborhood are key predictors of the perception of quality of life and the mental and physical health of low income southern African Americans. It was hypothesized that all of these factors will be significant predictors of these outcomes. It was further hypothesized that these relationships will be positive, with higher incidences of identification, religiosity and social connectedness being associated with better health outcomes and more positive life quality. It was also hypothesized that perceived discrimination and life stress will act as moderators within this analysis.

Sample and Procedures

This research engaged the Mobile Youth Survey (MYS) in a secondary data analysis to answer the research questions. The MYS is an ongoing annual research initiative headed by Dr. John Bolland of the University of Alabama department of Human Development. This research takes place in Alabama primarily within the cities of Mobile and Pritchard. Dr. Bolland has directed the MYS since 1998, making the summer of 2011 its 14th year in action, with approximately 12,448 child participants and 1181 adults to date. This research has focused on urban poverty and how it affects the lives of those living in impoverished neighborhoods. The expressed purpose of the MYS is to study the etiology of various negative outcomes for the individuals who are living within these low-income neighborhoods. The targeted negative outcomes involve various risk behaviors such as those pertaining to sexual habits, academic

success, personal safety, and alcohol and drug use. The MYS also evaluates the impact of the larger social context (e.g., family, friends, school, and neighborhood) on those behaviors. Another valuable and important aspect of the MYS is striving to create a community of people that is receptive to interventions and complementary studies within the neighborhood. This research involves an extensive survey concerning risk behaviors, academic outcomes, family structure and other key elements of the lives of children in low income neighborhoods. Most of the children in the sampled neighborhoods are of African American descent. A select number of the caregivers of the participants have been surveyed as well. It is these caregivers who are the focus of the current study.

The MYS data are collected during the summer and recruitment is done through both passive and active methods. First, the neighborhood is mapped and specific parts of the area are selected for either passive or active recruitment. The primary active method for recruitment involves knocking on doors in a predetermined neighborhood, explaining the MYS program, and extending an invitation to participate in MYS. The primary passive method involves posting flyers around neighborhoods not chosen for active recruitment. The participants then come to the center designated for data collection; this center is usually a local school or Boys and Girls club in the neighborhood of interest. Parents or guardians give parental consent prior to this day (usually at recruitment) and the participants provide assent at the center. In order to supplement the MYS data, some of these parents, adults 19 years of age and older, are also recruited in a complementary adult MYS data collection. Adult participants are recruited through door-to-door contact with a random sample of MYS participant homes. These adults are residing in the household with the MYS participants and are usually the participant's mother or other legal

guardian. They are given a brief overview of the study's purpose and requirements and, upon consent, are administered the survey.

The adults are surveyed through one three-hour face-to-face interview which is conducted in the home of the adult respondent. The interview is conversational and consists of the interviewer asking questions to the interviewee and recording the participant's response on the interview form. There are a total of 1,181 adult cases in the MYS dataset, 1,056 of which are unique survey participants with no duplicate incidences of survey participants. The remaining 125 data points belong to participants who have completed this survey more than once. All cases will be used in the final analyses because of the longevity of the study and frequent relocation of numerous subjects, thus changing their circumstances. Using all cases (while controlling for repeated measures) allows for an analysis that accounts for the effect of location on these outcomes. This sample is overwhelmingly female with only 187 of the 1,181 cases being labeled as definitively males, 970 being definitively females, 23 unknown cases, and 1 probable male. These interviews cover a wide range of social, economic, family, psychological, and racial topics that the adolescent MYS participants may not be privy to. Upon completion of the survey, the adult is paid 25 dollars for his or her time and debriefed. This data collection began in 2001 and additional cases have been added every year through 2011, except for 2003.

Instruments

All instruments used for the study appear in the appendix.

Racial identity

The racial identity measure that was used in this research was an adaptation of a measure which utilizes a system of partition to capture the full meaning of racial identity. The Multidimensional model of racial identity (MMRI), by Sellers et al. (1998), is often used to

establish the level to which individuals identify with their African American heritage. The MMRI measures separate aspects of an individual's racial identity: racial salience, racial centrality, two components of racial regard (private regard and public) and racial ideology. The adapted version of the MMRI in this dataset includes only the racial centrality and the two racial regard measures. Racial salience was not used because it is a construct that is malleable dependent on situational variables (Shelton & Sellers, 2000). Racial ideology was excluded due to previous research findings suggesting that there is no single ideology that provides adaptive advantages in all ecological contexts (Quintana, 2007). Sellers et al., present an extensive breakdown of the meaningfulness and function of each segment of racial identity. *Racial centrality* was measured as a four item measure which addresses the degree to which the respondent perceives racial heritage as essential to his or her individual self-concept and esteem. Relatively stable across situations, centrality involves the level of regard given to race when an individual defines himself or herself. This measure can also involve the place race holds in the hierarchical rankings that are given to the various social identities that an individual has. *Racial regard* involves the affective and evaluative positive and negative feelings and judgments toward one's race. This measure was split into two separate components to capture the difference between privately held versus the assumed societal feelings toward the race. *Private regard* was measured as a four-item measure which addresses how an individual feels about other members of the racial group as well as his or her own membership within the group. *Public regard* was a six-item measure which addresses the individual's perception of the societal view of members of the racial group. All questions were scored using a 7-point scale (strongly disagree to strongly agree), and the sum of the items was used as the participant's score on each subscale measure. Higher values indicate a greater level of racial identity. Sellers et al. report the following

Cronbach alpha values for internal consistency: centrality (α=.70), private regard (α=.78) and public regard (α=.78).

Religiosity

Level of religiosity was measured using two separate scales to assess level of religiosity. The first measure, *religious participation*, consists of items related to consistency of attendance at religious functions, reading of religious material, and frequency of prayer. A total of five questions made up this scale and all variables were measured on a 7-point scale (every day to once a year or less). Lower scores on this measure indicated higher levels of religiosity. The second measure, *impact of a higher power*, has items concerned with the extent to which an individual proclaims control over his or her life by a higher power. This measure consisted of nine items that were assessed using a 7-point scale (strongly agree to strongly disagree). Lower scores on this measure indicated higher levels of control given to a higher power. These scales were developed by the researcher from items on the adult survey. The sum of the items was used as the participant's score on each subscale measure.

Neighborhood conditions

Neighborhood conditions were measured through the use of eight pre-existing scales in the dataset which measure distinct aspects of neighborhood climate. All of the items on the first five scales were measured on a 7-point response scale (strongly agree to strongly disagree). The first scale used was a *neighborhood physical decay,* which measured participant reports on neighborhood upkeep and how much the neighborhood has deteriorated. This scale has four items targeting key areas such as vandalism and maintenance of property, with high internal consistency (α= .82, Bolland & McCallum, 2002). *Neighborhood social problems* was the second scale of interest and consists of five questions related to issues occurring within the

neighborhood (α= .91, Bolland & McCallum, 2002). Questions are related to neighborhood

alcohol consumption, drug use, and the character of members of the neighborhood. The third

scale, *psychological sense of community*, was measured as the extent to which individuals feel as

if they belong to, are responsible for, and are one with their community. This measure has seven

items which generally pertain to the tendency for people in the neighborhood to look out for one

another (α= .81, Bolland & McCallum, 2002). The fourth scale was *informal social control*

which addresses the tendency of individuals within the community to protect the community.

Consisting of four questions this scale asked whether neighbors attempt to stop fights, vandalism

or drug distribution within the community (α= .74, Sampson & Laub, 1997). *Neighboring*

behavior, the fifth measure, was a six-item scale consisting of items related to how much

neighbors engage in helpful behavior for each other (α= .72, Bolland & McCallum, 2002).

Questions addressed included requests of housesitting, loans, childcare, visits and discussing

personal issues with neighbors. *Criminal victimization*, the sixth measure, was a participant

report of his or her experiences with crime victimization. This scale has two items and consisted

of a question pertaining to being assaulted or being a victim of burglary within the past year (α=

.82, Martinez & Richters, 1993). This scale was measured as a dichotomous variable and

participants answered yes or no. The seventh scale, of *social support,* was based on the Inventory

of Social Supportive Behaviors (ISSB), a scale found to be highly reliable (α= .92, Barrera et al.,

1981). This scale has thirty items pertaining to perceived social support of the neighborhood.

These items contain questions such as how likely neighbors are to give advice or assist with a

chore on a 6 point scale (not likely to highly likely) (Barrera et al. 1981). The eighth and final

neighborhood scale was exposure *to neighborhood violence,* a measure of participant reported

experiences with criminal or violent behavior that has taken place within the limits of the

neighborhood. This scale consists of five items and addresses issues such as witnessing a violent crime or feeling the need for increased safety precautions (α= .82, Martinez & Richters, 1993). This scale was measured as a dichotomous variable and participants answered yes or no. The sum of the items was used as the participant's score on each subscale measure. For all measures, higher values indicate higher levels of the neighborhood characteristic of interest.

Perceived Discrimination

The perceived discrimination variable was measured with two separate scales. The first scale, *frequency of perceived discrimination*, consisted of nineteen items and measured the frequency with which racial discrimination was experienced. These items are measured on a 4-point scale (never to weekly) and ask questions pertaining to how often one is ignored, insulted or given bad service due to racial composition. Higher values indicate a greater level of perceived discrimination. The second scale, *feelings about discrimination,* includes the same nineteen issues and asks how much those experiences bothered the respondent. This variable was measured on a 5-point scale (not bothered at all to a lot bothered). These scales were adapted from the Daily Life Experiences Scale (α = .92, Harrell, 1997) and the Racism Experiences Stress Scale (α = .89, Harrell, 1997). Higher values indicate a greater level of distress has been experienced and attributed to the discrimination. The sum of the items was used as the participant's score on each subscale measure.

Life Stress

Life stress was measured with two scales addressing events in life that could cause drastic changes. The first scale used was a 30-item *life events scale* that addresses such household changes as death, change in income, changes in mental or physical health, new household member, state removal of a member, or relocation. The second measure used was an 18-item

scale related specifically to financial stress. The *financial stress* scale included unexpected financial strain such as household/car repairs and hospital bills, as well as issues related to worries about being able to afford to survive, pay for holidays and other expenses. Both scales used a yes or no dichotomous response. These scales were developed by the researcher from items on the adult survey. The sum of the items was used as the participant's score on each subscale measure. Higher values indicated a greater number of life changing events or financial stressors have occurred.

Physical Health

The physical health outcome was made up of three separate scales. A 1-item self-reported measure of overall physical health on a 5- point scale (excellent to poor) was used to gauge individual *perception of health*. There was also a 1-item self-reported measure of *physical health change* on a 5-point scale (much better than last year – much worse than last year). The final measure, *health limitations*, was a nine-item measure of the extent to which health status limits physical and social activities such as walking and carrying groceries or ability to attend social gatherings. The sum of the items on the health limitations scale, each measured on a 3-point scale, was used as the participant's score on the measure. Higher values indicated higher amounts of health limitations. These scales were developed by the researcher from items on the adult survey.

Mental Health

Mental health was measured using three different variables. A 1-item self-reported measure of overall *mental health rating* on a 5- point scale (excellent to poor) was used to gauge individual perception of mental health. There was also a 1-item self-reported measure of *mental health change* on a 5-point scale (much better than last year – much worse than last year). The

main item of interest for mental health was the *Center for Epidemiologic Studies Depression Scale (CES-D)* (Radloff, 1977). This measure is a standardized tool which allows the participants to self-report various symptoms by answering 20 questions centering on depressive mood and then rating on a 3-point scale the frequency with which they experience these symptoms (α=.85, Radloff, 1977). The sum of the items on the CES-D scale was used as the participant's score on the measure. Higher scores indicated higher rates of depression.

Life Outcomes

Life outcomes were measured through the use of two scales. The first scale for analysis, *future orientation*, is a 23-item measure which addressed faith and hope for a successful future. Items such as "Look forward to the future with hope" and "Can't imagine life in 10 years" were included. Each item was dichotomous (1=false 2=true) and the sum of the scale was used as the participants score. Items with negative connotations were reverse coded. Lower values indicated a greater level of future orientation. The second scale, *life satisfaction*, was a 10-item scale addressing current views of place in life. These scales were adapted from the *List of Threatening Experiences* (α = 92) and the *Satisfaction with Life Scale* (α =89) (Brugha, & Cragg, 1990 & Pavot & Diener, 1993). Items such as "I am satisfied with my life" and "My life is close to my ideal" were present on this scale. Each item was dichotomous (1=false 2=true) and the sum of the items was used as the participant's score. Higher values indicated a greater level of satisfaction with life.

ANALYSIS

The structure of the data involved two types of dependencies: (a) repeated observations nested within respondents; and (b) respondents nested within households. These dependencies were addressed through a Hierarchical Linear Model (HLM) framework, implemented in SAS PROC MIXED (Littell, Milliken, Stroup, & Wolfinger, 1996; Murray & Wolfinger, 1994) with maximum likelihood (ML) methods. Unlike least squares estimators, ML methods use all available data and do not eliminate cases if predictor variables or covariates are missing. Moreover, if any missing data were ignorable (i.e., the probability of missing data on variable Y were unrelated to the value of Y), restricted maximum likelihood (REML) produced best linear unbiased estimates (BLUE) and best linear unbiased predictors (BLUP). Thus, for data that were missing completely at random (MCAR) or missing at random (MAR), REML all but eliminated the problem of data loss from linear model analyses. The issues of missing data within the scales were controlled for by replacing the missing score with the sample mean for that item.

This model tested three categories of predictor variables (neighborhood condition, religiosity and racial identity) for each of the three outcome measures: mental health, physical health and life satisfaction. Each outcome variable was analyzed independently. Racial identity was represented by three variables, *centrality, private regard* and *public regard*. Religiosity was represented by two variables, *religious participation* and *impact of a higher power*. Neighborhood condition was represented by eight variables; *neighborhood physical decay, neighborhood social problems, psychological sense of community, informal social control*,

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neighboring behavior, criminal victimization, social support and exposure to neighborhood violence. Gender and age were also entered on the same level as the predictor variables in order to account for the impact of these demographic variables. The gender variable was of particular interest due to prior research which indicated that women were more religiously active and received more health benefits from religion compared to their male counterparts (Lawless, 1983; Meyers et al., 2009; Miller & Thoresen, 2003). The variables of perceived discrimination (*frequency* and *feelings*) and stress (*life events* and *financial stress*) were also entered as predictor variables to assess their role as possible moderators. Both perceived discrimination and life stressors have been shown to impact the social, religious and racial components of African American life; therefore, their presence in this analysis accounted for their impact (Brodsky, 2000, Rosenbaum, 2008). Figure 1 illustrates the model used for the data analyses for the outcome measure physical health, Figure 2 for mental health, and Figure 3 for life satisfaction. As proposed in the hypotheses, all three of the independent variables were significant predictors of all three of the outcome variables. The addition of the moderation variables provided a more direct and clear interpretation from the independent variables to the dependent variables. While there were only 6 theoretical combinations of racial identity, religiosity and neighborhood conditions, there were 192 possible variable combinations for each of the eight dependent variables based on the number of measures utilized. This was done in an attempt to parse the overarching variables into sections to better understand the mechanisms behind how these independent variables operate.

Figure 1

| Racial Identity |
| Neighborhood Conditions |
| Religiosity |
| Demographics |

Physical Health

Perceived Discrimination

Life Stress

Figure 2

| Racial Identity |
| Neighborhood Conditions |
| Religiosity |
| Demographics |

Mental Health

Perceived Discrimination

Life Stress

Figure 3

| Racial Identity |
| Neighborhood Conditions |
| Religiosity |
| Demographics |

Life Satisfaction

Perceived Discrimination

Life Stress

RESULTS

The analysis for the data utilized both random and fixed factors, thus requiring a Linear

Mixed Model (LMM), which allows for nested factors. The analysis was conducted using SAS

proc mixed, and variables were centered in order to make the interaction terms more

interpretable while reducing the possibility of multicollinearity. From the various models tested,

six of the eight potential dependent variables yielded significant results: physical health change

and mental health change were not significant. The means, standard deviations and Cronbach

alpha coefficient for the analysis are presented in Table 1 (see below) and there is a breakdown

of gender presented in Table 2 (see below). Correlations in Tables 3, 4 and 5 (see below) show

the relations among dependent variables, the independent variables, and the moderator variables

of interest. All of the reported betas are unstandardized. Numerous variables within the following

analyses had strong relationships with each other producing a high collinearity between some

variables. Due to this high collinearity multiple models were reported when certain variables

were unable to coexist within a single model. This was necessary in order to examine the impact

of each of these relevant variables on the dependent variable of interest. Two variables which

had high collinearity were feelings about experiences with discrimination and frequency of

discrimination. Thus if feelings about experiences with discrimination was in the model,

frequency of discrimination was not significant and vice versa. A similar issue arose in regard to

the variables involving racial identity. Centrality, public regard and private regard were

significant variables within separate models; however, they were also highly correlated with each

other and therefore could not exist within the same model. Thus if centrality, public regard or

private regard were present in a model, the other two variables were not significant variables

within the model.

Table 1: Range, Means, Standard Deviations, and Alpha Coefficients								
Type	**Measure of Interest**	**Scale**	**N**	**Min**	**Max**	**Mean**	**SD**	**A**
Predictor Variables	*Demographic*	Age	1138	18	93	38.99	12.38	-
	Religiosity	Impact of a higher power	1000	9	36	30.41	4.01	.93
		Religious Participation	991	5	35	21.97	7.25	.70
	Racial Identity	Centrality	940	4	16	10.87	2.56	.65
		Private Regard	927	4	16	11.68	3.32	.88
		Public Regard	850	6	24	15.59	2.91	.66
	Neighborhood Characteristics	Physical Decay	1059	0	12	6.38	2.98	.77
		Sense of Community	1037	0	21	11.38	4.26	.86
		Social Support	945	0	90	53.65	25.53	.98
		Social Control	961	0	10	5.41	3.25	.83
Moderator Variables	*Stressors*	Life Events	1000	0	21	4.25	3.81	.79
		Financial Stress	919	0	18	7.47	3.86	.81
	Discrimination	Frequency of Discrimination	913	19	73	28.54	11.17	.94
		Feelings about Discrimination	708	19	95	34.33	18.01	.95
	Physical Health	Health Rating	944	1	5	2.99	1.20	-
		Health Limitations	925	3	11	5.96	1.75	.92
Dependent Variables	*Mental Health*	Mental Health Rating	948	1	5	2.45	1.16	-
		Depression	1127	0	57	17.04	10.87	.86
	Life Outcomes	Future Orientation	871	3	23	9.51	3.05	.60
		Life Satisfaction	1023	14	48	32.76	4.71	.79

<table>
<tr><td colspan="3">Table 2: Gender Breakdown</td></tr>
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Gender	N	%
Men	153	14.3
Women	914	85.5
Unknown	2	.2
Total	1069	100

Category	Variables	1	2	3	4	5	6
Dependent Variables	1. Health Rating	1					
	2. Health Limitations	.053	1				
	3. Mental health rating	.036	.397**	1			
	4. Depression	.052	.206**	.344**	1		
	5. Future orientation	.038	.123**	.173**	.336**	1	
	6. Life sat.	-.004	-.102**	-.154**	-.218**	-.140**	1
Moderators	7. Financial stress	.079*	.156**	.214**	.279**	.098**	-.126**
	8. Life Events	.062	.080*	.071*	.191**	.062	-.064
	9. Frequency of disc.	.021	.072*	.139**	.268**	.021	-.047
	10. Feelings about disc.	-.004	.105*	.135**	.295**	.069	-.111
Independent Variables	11. Centrality	-.018	-.002	-.037	-.102**	.006	.074*
	12. Private Regard	-.082*	-.033	-.065	-.134**	-.089*	.090**
	13. Public Regard	-.056	-.065	-.040	-.138**	-.016	-.115**
	14. God's Impact	-.026	-.015	-.076*	-.038	-.086*	.239**
	15. Religious Participation	-.071*	.119**	.060	.-.080*	-.090**	.058
	16. Physical decay	-.004	.032	.049	.072*	-.027	-.045
	17. Sense of comm.	.046	-.049	-.064	-.115**	-.043	.177*
	18. Social Support	.017	-.051	-.099**	-.162**	-.044	.171**
	19. Social Control	.012	-.041	-.055	-.121**	-.041	.152**

Table 3: Correlations of DV's with Moderators and IV's

Table 4: Correlations of IV's with Moderators					
Category	*Variables*	*7*	*8*	*9*	*10*
Moderators	7. Financial stress	1			
	8. Life Events	.156**	.1		
	9. Frequency of disc.	.269**	.340**	1	
	10. Feelings about disc.	.309**	.316**	.887**	1
Independent Variables	11. Centrality	-.125**	-.003	.089**	.028
	12. Private Regard	-.134**	.042	.090**	.034
	13. Public Regard	-.039	-.058	-.134**	-.186**
	14. God's Impact	.048	.097**	.057	.106**
	15. Religious Participation	-.067	.005	.045	.035
	16. Physical decay	.025	.110**	.138**	.105**
	17. Sense of comm.	-.084*	-.042	-.056	-.060
	18. Social Support	-.024	-.006	-.033	-.030
	19. Social Control	.001	-.027	-.057	-.029

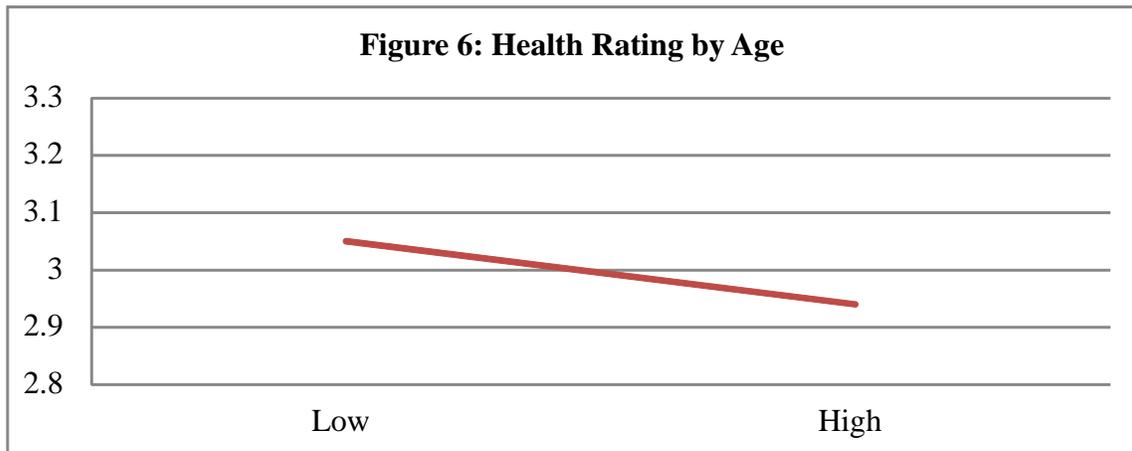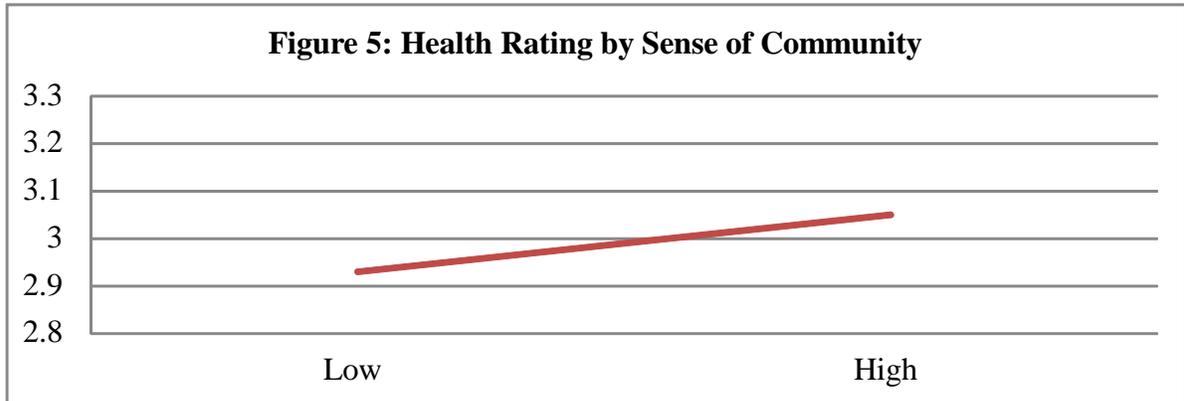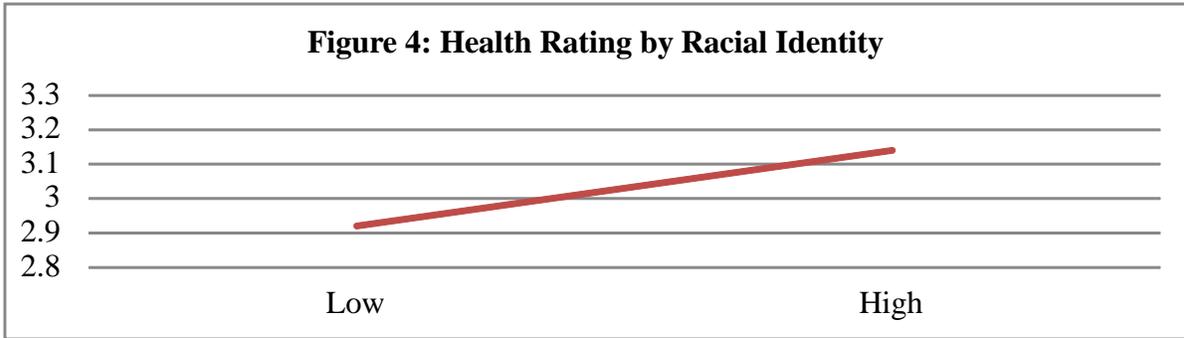| Table 5:Correlations of IV's with Each Other								
Variables	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*
11. Centrality	1							
12. Private Regard	.772**							
13. Public Regard	.300**	.271**						
14. God's Impact	.123**	.220**	.056					
15. Religious Participation	.346**	.472**	.133**	.142**				
16. Physical decay	.088**	.102**	.023	.040	.087**			
17. Sense of comm.	.281**	.332**	.229**	.115**	.225**	-.252**		
18. Social Support	.104**	.078*	.071	.095**	.058	-.006	.190**	
19. Social Control	-.044	-.030	.011	.018	.011	-.161**	.221**	.336**

Physical Health

Health Rating

The self-reported health rating variable had one significant model. The model had three significant main effects, sense of community $p \leq .01$, b= .032, SE= .011, private regard of racial identity $p \leq .01$, b= -.042, SE=.014 and age $p \leq .05$, b=.007, SE= .003. As evident in Table 6 (see below), higher health ratings were associated with younger age, lower sense of community and higher racial identity. There were no significant interactions for physical health rating. Means for high and low groups on these variables (based on a median split) are graphed in Figures 4, 5, and 6 (see below). Since the values of the physical health rating variable were scaled so that higher levels mean negative perceptions of physical health values for the variable mental health were inverted in the graphs. The values were graphed in this manner for ease of interpretation (i.e., positive relationships means higher/healthier physical health related to higher values on the independent variables).

Table 6: Health Rating						
Model #	**Effect**	**Estimate**	**Standard Error**	**Error df**	**F**	**P**
Model 1	Intercept	2.992	0.046	644	-	$\leq.0001$
	Community	0.032	0.011	564	8.71	$\leq.01$
	Private regard	-0.042	0.014	610	9.43	$\leq.01$
	Age	0.007	0.003	485	4.22	$\leq.05$
*higher numbers indicate lower rating of health						

*The following three graphs are inverted so that higher levels mean better health; this is done for ease of interpretation.

Figure 4: Health Rating by Racial Identity

Figure 5: Health Rating by Sense of Community

Figure 6: Health Rating by Age

Health Limitations

The dependent variable assessing health limitations had eight significant models. The main effects of feelings about experiences with discrimination and frequency of discrimination were only significant when just one of the discrimination variables was present. This is largely due to the high collinearity between these two variables. Public regard and private regard were two other variables that were significant only when run in separate models. Also, the

discrimination variables were not significant when either the financial stress or the life events variables were present in the model and vice versa. Therefore, all eight versions of analyses are reported below and in Tables 7 through 12 (see below). The first model showed a significant main effect for religious participation, $p \leq .0001$, b = 0.021, SE= 0.004, private regard of racial identity $p \leq .0001$, b= -0.042, SE= 0.010, and frequency of discrimination $p \leq .05$, b= 0.006, SE= 0.003 (Table 7). The second model for health limitations showed a significant main effect for religious participation, $p \leq .0001$, b= 0.024, SE= 0.005, private regard of racial identity $p \leq .0001$, b= -0.048, SE= 0.012, and feelings about experiences with discrimination $p \leq .01$, b=0.005, SE= 0.002 (Table 8). The third model showed a significant main effect for religious participation, $p \leq .0001$, b= 0.019, SE= 0.004, public regard of racial identity, $p \leq .05$, b= -0.024, SE= 0.011, and feelings about experiences with discrimination $p \leq .01$, b= 0.004, SE= 0.002 (Table 9). The fourth model showed a significant main effect for religious participation, $p \leq .0001$, b= 0.015, SE= 0.004, public regard of racial identity $p \leq .05$, b= -0.022, SE= 0.010, and frequency of discrimination $p \leq .0001$, b= 0.009, SE= 0.002 (Table 10). There were no significant interactions for models 1 through 4. The fifth model had four significant main effects, religious participation, $p \leq .01$, b= 0.043, SE= 0.010, private regard of racial identity $p \leq .01$, b= -0.054, SE= 0.023, financial stress, $p \leq .01$, b= 0.054, SE= 0.017, and life events, $p \leq .01$, b= 0.044, SE= 0.017 (Table 11). An interaction term was entered with the main effects in model five, and there was a significant interaction between life events and religious participation, $p \leq .05$, b= -0.005, SE= 0.002 in the sixth model (Table 11). There were four significant main effects in the seventh model, religious participation, $p \leq .001$, b= 0.034, SE= 0.009, public regard of racial identity $p \leq .05$, b= -0.050, SE= 0.024, financial stress, $p \leq .01$, b= 0.056, SE= 0.018, and life events, $p \leq .05$, b= 0.040, SE= 0.018 (Table 12). Tests of interaction terms yielded an eighth and final model

with the main effects from model seven, and a significant interaction between life events and religious participation, $p \leq .05$, b= -0.005, SE= 0.002 (Table 12).

Table 7: Health Limitations						
Model #	Effect	Estimate	Standard Error	Error df	F	P
Model 1	Intercept	1.742	0.030	624	-	$\leq$.0001
	Religious participation	0.021	0.004	646	23.44	$\leq$.0001
	Frequency of discrimination	0.006	0.003	667	4.89	$\leq$.05
	Private regard	-0.042	0.010	666	16.63	$\leq$.0001
	*higher numbers indicate lower participation in religious activities					

Table 8: Health Limitations						
Model #	Effect	Estimate	Standard Error	Error df	F	P
Model 2	Intercept	1.727	0.033	500	-	$\leq$.0001
	Religious participation	0.024	0.005	508	22.58	$\leq$.0001
	Feelings about discrimination	0.005	0.002	532	9.32	$\leq$.001
	Private regard	-0.048	0.012	530	16.74	$\leq$.0001
	*higher numbers indicate lower participation in religious activities					

Table 9: Health Limitations						
Model #	Effect	Estimate	Standard Error	Error Df	F	P
Model 3	Intercept	1.505	0.030	468	-	$\leq$.0001
	Religious participation	0.019	0.004	452	20.46	$\leq$.0001
	Feelings about discrimination	0.004	0.002	499	7.56	$\leq$.01
	Public regard	-0.024	0.011	489	4.73	$\leq$.05
	*higher numbers indicate lower participation in religious activities					

Table 10: Health Limitations						
Model #	Effect	Estimate	Standard Error	Error Df	F	P
Model 4	Intercept	18.06	0.428	452	-	$\leq$.0001
	Religious participation	0.015	0.004	463	22.34	$\leq$.0001
	Frequency of discrimination	0.009	0.002	485	8.73	$\leq$.05
	Public regard	-0.022	0.010	490	5.77	$\leq$.0001
	*higher numbers indicate lower participation in religious activities					

Table 11: Health Limitations						
Model #	Effect	Estimate	Standard Error	Error df	F	P
Model 5	Intercept	6.010	0.650	631	-	$\leq.0001$
	Religious participation	0.043	0.010	689	18.76	$\leq.01$
	Private Regard	-0.054	0.023	697	5.56	$\leq.01$
	Financial stress	.054	0.017	701	9.57	$\leq.01$
	Life events	0.044	0.017	685	6.59	$\leq.01$
Model 6	Life events * Religious participation	-0.005	0.002	701	3.63	$\leq.05$
	*higher numbers indicate lower participation in religious activities					

Table 12: Health Limitations						
Model #	Effect	Estimate	Standard Error	Error df	F	P
Model 7	Intercept	6.010	.068	585	-	$\leq.0001$
	Religious participation	0.034	0.009	642	13.68	$\leq.001$
	Public regard	-0.050	0.024	651	4.24	$\leq.05$
	Financial stress	.056	0.018	651	9.55	$\leq.01$
	Life events	0.040	0.018	634	4.96	$\leq.05$
Model 8	Life events * Religious participation	-0.005	0.002	651	3.67	$\leq.05$
	*higher numbers indicate lower participation in religious activities					

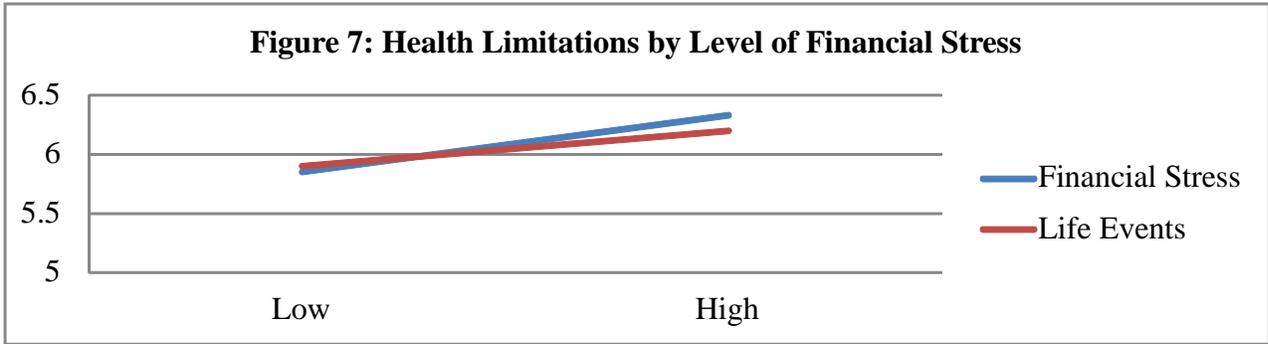Across all models for health limitations, religious participation and racial identity were significant predictors of the extent to which health limitations interfered with daily activities involving work and social activities. Also in all models some form of stressor, (facing discrimination, financial strain or negative life events) contributed to the prevalence of impaired activity caused by limits to health. Lower levels of health limitations were associated with stronger racial identity, higher levels of religious participation, and lower experiences of discrimination or stress. Means for high and low groups on these variables (based on a median split) are graphed in Figures 7, 8, and 9 (see below). The interaction between life events and religious participation is graphed in Figure 10 (see below).

Figure 7: Health Limitations by Level of Financial Stress

Figure 8: Health Limitations by Level of Racial Identity

Figure 9: Health Limitations by Level of Discrimination

Figure 10: Health Limitations by Life Events * Religious Participation
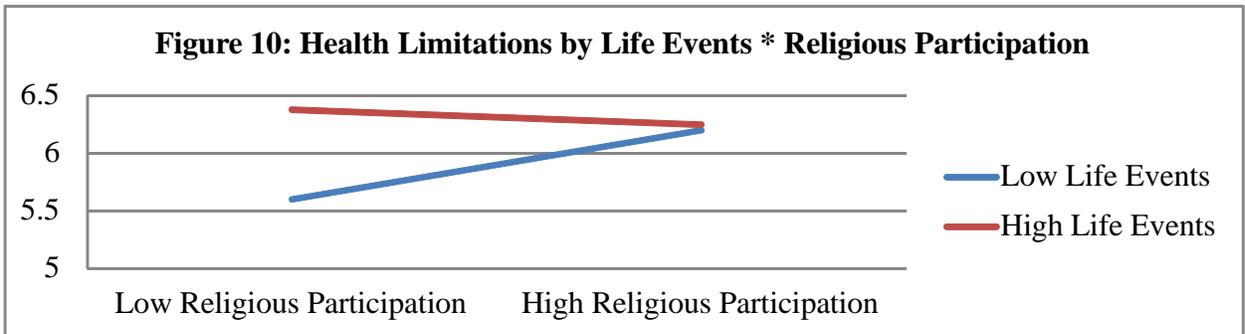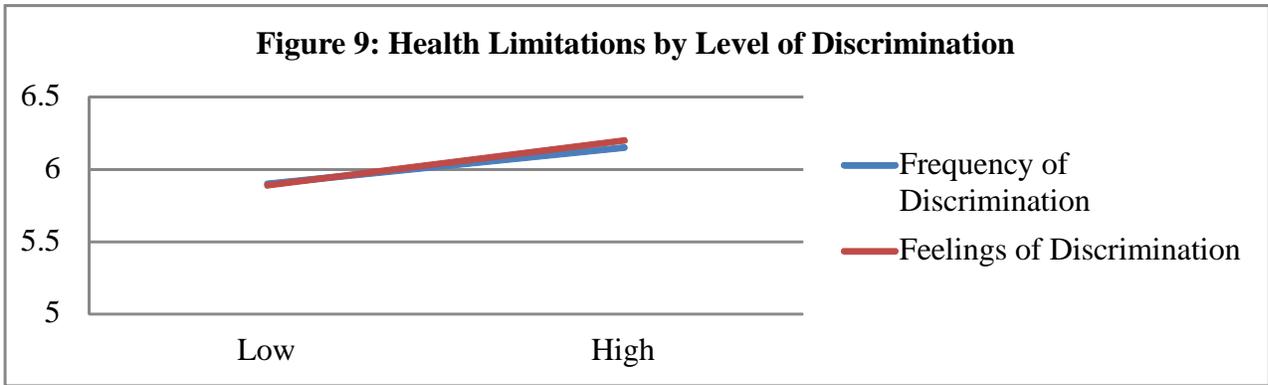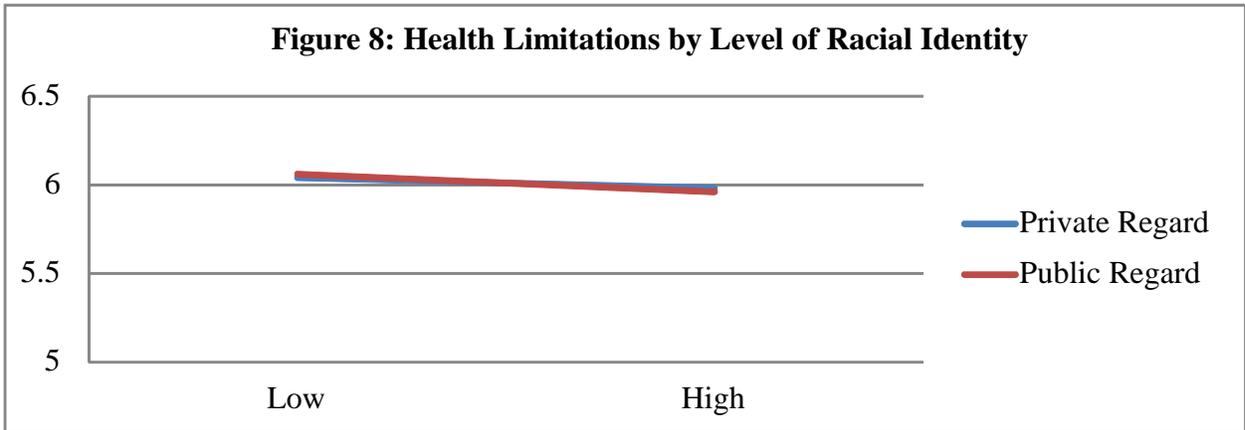
*The preceding graph displays religious participation as an inverted variable so that higher levels mean more participation in religious activities; this is done for ease of interpretation.
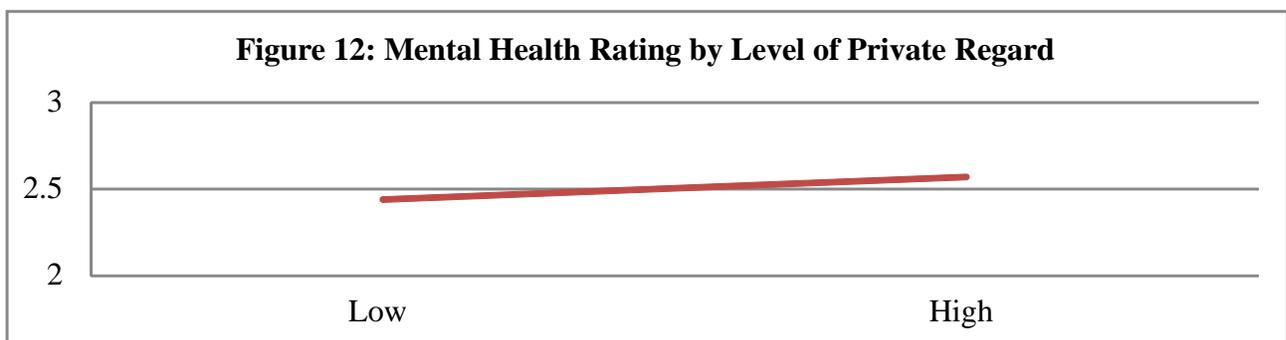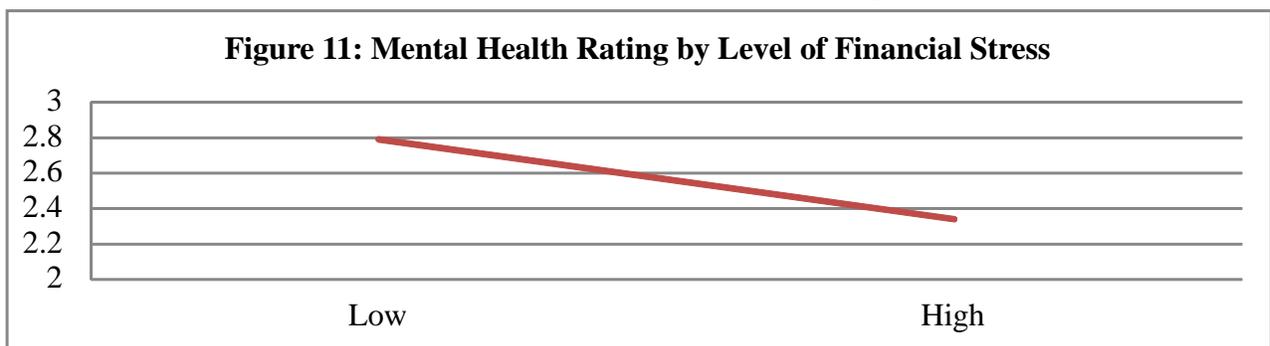
Mental Health

Mental Health Rating

The self-reported rating of mental health issues yielded two significant models. The main effects of feelings about experiences with discrimination and frequency of discrimination were only significant when just one discrimination variable was present. The first model had two significant main effects, the feelings about experiences with discrimination, $p \leq .001$, b= 0.008, SE= 0.003 and social support $p \leq .05$, b= -0.004, SE= 0.002 (Table 13, see below). The second model had five significant main effects, religious participation $p \leq .01$, b= 0.020, SE= 0.007, frequency of discrimination $p \leq .05$, b= 0.008, SE= 0.004, private regard of racial identity $p \leq .01$, b= -0.042, SE= 0.016, social support $p \leq .01$, b= -0.005, SE= 0.002 and financial stress $p \leq .0001$, b= 0.048, SE= 0.012 (Table 14, see below). There were no significant interactions for the mental health rating variable.

Table 13: Mental Health Rating						
Model #	Effect	Estimate	Standard Error	Error df	F	P
Model 1	Intercept	2.492	0.048	515	-	≤.0001
	Feelings about discrimination	0.008	0.003	587	9.92	≤.001
	Social support	-0.004	0.002	591	4.74	≤.05
	*higher numbers indicate lower mental health rating.					

Table 14: Mental Health Rating						
Model #	Effect	Estimate	Standard Error	Error df	F	P
Model 2	Intercept	2.174	0.099	665	-	≤.0001
	Religious participation	0.020	0.007	666	8.52	≤.01
	Frequency of discrimination	0.008	0.004	656	3.95	≤.05
	Private regard	-0.042	0.016	664	7.10	≤.01
	Social support	-0.005	0.002	666	7.39	≤.01
	Financial stress	0.048	0.012	666	16.08	≤.0001
	**higher numbers indicate lower mental health rating *higher numbers indicate lower participation in religious activities					

Across both models, discrimination and social support were significant predictors of mental health. Better mental health was associated with higher ratings of social support and lower reports of discrimination. Religiosity, racial identity and financial stress appear in the second model. Higher religiosity and racial identity were positively related to mental health, while financial stress and discrimination had a relationship with mental health. Means for high and low groups on these variables (based on a median split) are graphed in Figures 11, 12, 13, 14 and 15 (see below). Since the values of the mental health variable were scaled so that higher levels mean negative perceptions of mental health values for the variable mental health were inverted in the graphs. The values were graphed in this manner for ease of interpretation (i.e., positive relationships means healthier/higher values on the mental health related to higher independent variable values).

* The following five graphs displays mental health rating as an inverted variable so that higher levels mean better mental health ratings; this is done for ease of interpretation.

Figure 11: Mental Health Rating by Level of Financial Stress

Figure 12: Mental Health Rating by Level of Private Regard

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Figure 13: Mental Health Rating by Experience of Discrimination

Figure 14: Mental Health Rating by Religious Participation

Figure 15: Mental Health Rating by Social Support
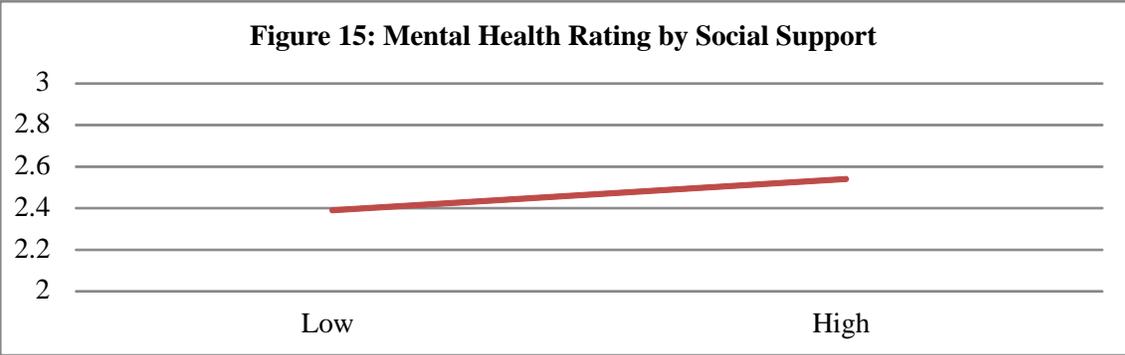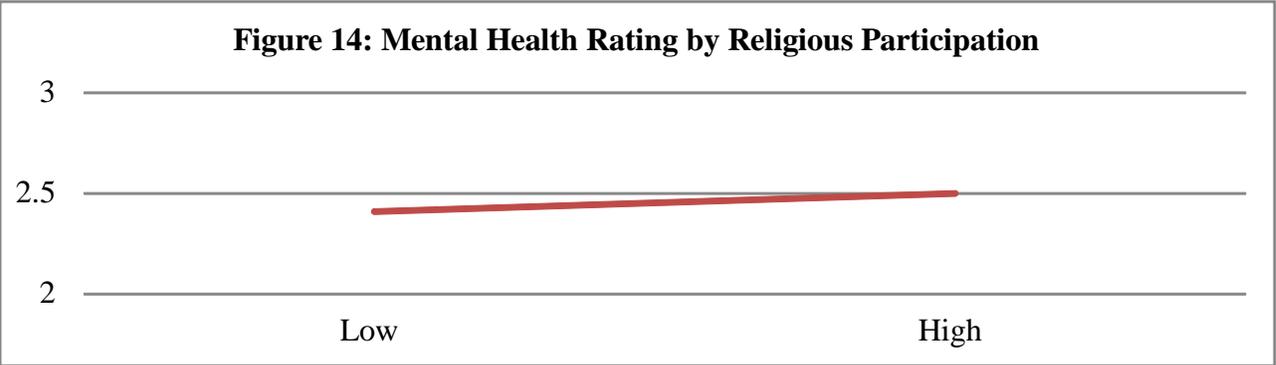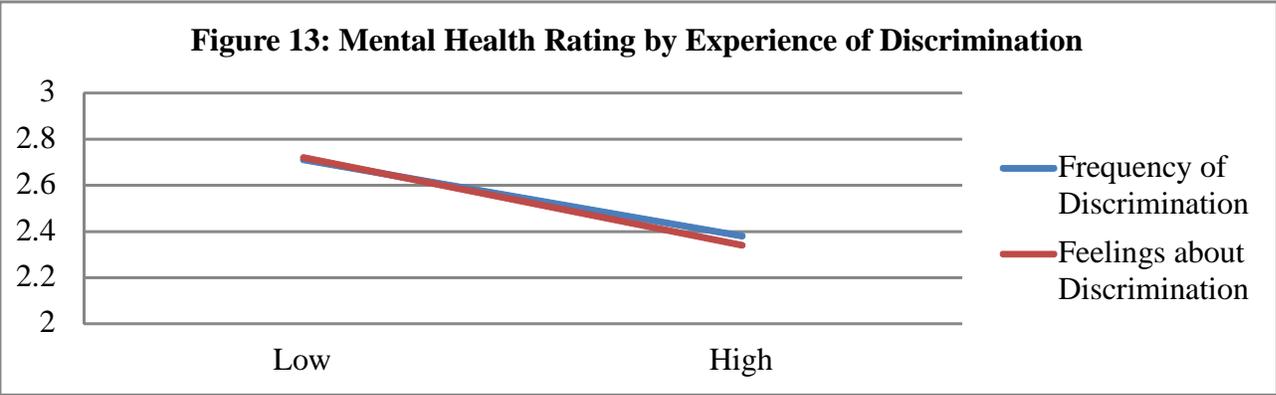
Depression

The depression variable yielded 13 significant models as presented in Tables 15 through 19 (see below). The first model had four significant main effects: frequency of discrimination, $p \le .0001$, b =.215, SE= .036; social support $p \le .0001$, b = -.066, SE= .015; public regard of racial identity $p \le .01$, b = -.386, SE=.140; and life events, $p \le .05$, b= .241, SE=.109 (Table 15). There was an interaction term entered in the second model using the main effects from model one

which showed a significant interaction between social support and public regard, $p \leq .05$, b= -.010, SE= .005 (Table 15). There was also a significant interaction between public regard and life events p≤.01, b=-.095, SE=.036 in the third model, using the same main effects present in model one (Table 15). There were four significant main effects for the fourth model, frequency of discrimination, p≤.0001, b= .187 SE= .034, social support, p≤.0001, b= -.061, SE= .015, public regard, $p \leq .001$, b= -.437, SE= .138 and financial stress, p ≤ .001, b= .517, SE= .104 (Table 16). There was an interaction term entered in the fifth model using the main effects from model four which yielded a significant interaction between frequency of discrimination and social support, p ≤ .05, b= .003, SE= .001. The sixth model had three significant main effects, feelings about discrimination, p≤.0001, b= .157 SE= .022, physical decay of the neighborhood, p≤.01, b= .350, SE= .143 and centrality of racial identity, p ≤ .05, b= -.388, SE= .169 (Table 17). There was an interaction term entered in the seventh model using the main effects from the sixth model and there was a significant interaction between feelings about discrimination and the physical decay of the neighborhood, $p \leq .05$, b=.017, SE= .008 (Table 17). The eighth model had three significant main effects feelings about discrimination, $p \leq .0001$, b= .160, SE= .023, physical decay of the neighborhood, p≤ .01, b= .415, SE= .147 and private regard of racial identity, $p \leq .05$, b= -.297, SE= .130 (Table 18). There was an interaction term entered in the ninth model using the main effects from the eighth model and there was a significant interaction between the physical decay of the neighborhood and private regard of racial identity, $p \leq .01$, b= .122, SE= .041 (Table 18). In the tenth model there was a significant interaction between the physical decay of the neighborhood and feelings about discrimination, using the same main effects from model eight $p \leq .01$, b= .019, SE= .008 (Table 18). The eleventh model had four significant main effects, feelings about discrimination, $p \leq .0001$, b=.132, SE= .024, physical

decay of the neighborhood $p \leq .01$, b=.391, SE= .147, public regard of racial identity, $p \leq .05$, b=-.381, SE= .152, and life events $p \leq .01$, b=.281, SE= .113 (Table 19). There was an interaction term entered into the twelfth model using the main effects from model eleven and there was a significant interaction between the physical decay of the neighborhood and feelings about discrimination, $p \leq .0001$, b=.019, SE=.008 (Table 19). There was a significant interaction between life events and feelings about discrimination, $p \leq .05$, b=-.012, SE=.006, in the thirteenth model, using the main effects present in model eleven (Table 19).

Table 15: Depression						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 1	Intercept	17.072	0.388	567	-	≤.0001
	Frequency of Discrimination	0.215	0.036	648	36.65	≤.0001
	Social Support	-0.066	0.015	622	18.53	≤.0001
	Public Regard	-0.386	0.140	649	7.62	≤.01
	Life Events	0.241	0.109	648	4.90	≤.05
Model 2	Social Support * Public Regard	-0.010	0.005	649	3.98	≤.05
Model 3	Public Regard * Life Events	-0.095	0.036	649	-262	≤.01

Table 16: Depression						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 4	Intercept	13.268	0.849	648	-	≤.0001
	Frequency of Discrimination	0.187	0.034	649	29.42	≤.0001
	Social Support	-0.061	0.015	624	16.80	≤.0001
	Public Regard	-0.437	0.138	649	10.01	≤.001
	Financial Stress	0.517	0.104	649	24.64	≤.0001
Model 5	Frequency of Discrimination * Social Support	0.003	0.001	647	4.23	≤.05

Table 17: Depression						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 6	Intercept	17.149	0.406	646	-	≤.01
	Feelings about Discrimination	0.157	0.022	646	49.06	≤.0001
	Physical Decay	0.350	0.143	646	6.04	≤.01
	Centrality	-0.388	0.169	646	5.29	≤.05
Model 7	Feelings about Discrimination * Physical Decay	0.017	0.008	646	5.21	≤.05

Table 18: Depression						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 8	Intercept	17.099	0.413	626	-	≤.0001
	Feelings about Discrimination	0.160	0.023	626	49.96	≤.0001
	Physical Decay	0.415	0.147	626	7.98	≤.01
	Private Regard	-0.297	0.130	626	5.21	≤.05
Model 9	Physical Decay * Private Regard	0.122	0.041	626	8.96	≤.001
Model 10	Feelings about Discrimination * Physical Decay	0.019	0.008	626	6.57	≤.01

Table 19: Depression						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 11	Intercept	17.300	0.439	501	-	≤.0001
	Feelings about Discrimination	0.132	0.024	578	28.02	≤.0001
	Physical Decay	0.391	0.147	585	7.02	≤.01
	Public Regard	-0.381	0.152	587	6.20	≤.05
	Life Events	0.281	0.113	587	5.73	≤.01
Model 12	Feelings about Discrimination * Physical Decay	0.019	0.008	586	6.09	≤.0001
Model 13	Feelings about Discrimination * Life Events	-0.012	0.006	586	4.17	≤.05

Across all models, discrimination and racial identity were significant predictors of the

scores on the CES-D scale. Also in all models some form of stressor (facing discrimination,

financial strain, physical decay of the neighborhood, or negative life events) contributed to the

prediction of depressive symptomology. Lower levels of depression were associated with

stronger racial identity, lower levels of neighborhood physical decay, lower number of life events, lower levels of financial strain, and lower experiences of discrimination. Means for high and low groups on these variables (based on a median split) are graphed in Figures 16 through 21(see below). The interactions for this variable are graphed in Figures 22 through 27 (see below).

Figure 16: Depression by Level of Discrimination

Figure 17: Depression by Level of Racial Identity

Figure 18: Depression by Level of Social Support

Figure 19: Depression by Number of Life Events

Figure 20: Depression by Level of Financial Stress

Figure 21: Depression by Level of Physical Decay

Figure 22: Depression by Public Regard * Number of Life Events

Figure 23: Depression by Social Support * Public Regard

Figure 24: Depression by Frequency of Discrimination * Social Support

Figure 25: Depression by Feelings of Discrimination * Physical Decay

Figure 26: Depression by Physical Decay * Private Regard

Figure 27: Depression by Feelings of Discrimination * Life Events

Life Outcomes

Future Orientation

The variable measuring future orientation yielded five significant models, as presented in tables 20 through 24 (see below). Within these models the main effects of feelings about experiences with discrimination and frequency of discrimination were only significant when only one discrimination variable was present. The same was true for the religious variables with impact of a higher power and religious participation both being significant, but when one of these variables was present the other was not able to be significant. The first significant model had two significant main effects, the feelings about discrimination $p \leq .05$, b=.015, SE-.007 and the impact of a higher power, $p \leq .01$, b=-.080, SE= .033. The second model had two significant main effects, the frequency of discrimination, $p \leq .01$, b=.026, SE=.010 and religious participation, $p \leq .05$, b=-.033, SE= .016. The third model had two significant main effects, the

frequency of discrimination, p ≤ .05, b=.022, SE=.038 and private regard of racial identity, p

≤.01, b=-.100, SE= .010. The fourth model had two significant main effects, the frequency of

discrimination, p ≤ .01, b=.028, SE=.010 and the impact of a higher power on life, p ≤.05, b=-

.065, SE= .028. The fifth model had two significant main effects, financial stress, p ≤ .01,

b=.076, SE=.030 and the impact of a higher power, p ≤.01, b=-.072, SE= .029. There were no

significant interactions for the dependent variable concerning future orientation.

	Table 20: Future Orientation					
Model #	**Effect**	**Estimate**	**Standard Error**	**df**	**F**	**P**
Model 1	Intercept	9.415	0.126	513	-	≤.0001
	God Impact	-0.080	0.033	566	5.99	≤.01
	Feelings about discrimination	0.015	0.007	559	4.26	≤.05
	*higher numbers indicate less control given to a higher power *higher numbers indicate lower future orientation					

	Table 21: Future Orientation					
Model #	**Effect**	**Estimate**	**Standard Error**	**df**	**F**	**P**
Model 2	Intercept	9.529	0.114	600	-	≤.0001
	Religious Participation	-0.033	0.016	701	4.27	≤.05
	Frequency of discrimination	0.026	0.010	697	6.99	≤.01
	*higher numbers indicate lower participation in religious activities *higher numbers indicate lower future orientation.					

	Table 22: Future Orientation					
Model #	**Effect**	**Estimate**	**Standard Error**	**df**	**F**	**P**
Model 3	Intercept	9.558	0.117	605	-	≤.0001
	Private Regard	-0.100	0.010	690	7.07	≤.01
	Frequency of discrimination	0.022	0.038	691	4.60	≤.05
	*higher numbers indicate lower future orientation					

Table 23: Future Orientation						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 4	Intercept	9.474	0.113	606	-	≤.0001
	God Impact	-0.065	0.028	714	5.30	≤.05
	Frequency of discrimination	0.028	0.010	712	8.06	≤.01
	*higher numbers indicate lower future orientation *higher numbers indicate less control given to a higher power.					

Table 24: Future Orientation						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 5	Intercept	9.485	0.116	580	-	≤.0001
	God Impact	-0.072	0.029	683	6.11	≤.01
	Financial Stress	0.076	0.030	683	6.49	≤.01
	*higher numbers indicate lower future orientation *higher numbers indicate less control given to a higher power.					

Across most models, religiosity and discrimination were significant predictors of future orientation. Higher levels of religiosity were associated with better future orientation. Lower levels of discrimination were associated with better future orientation. Financial stress was also present in one model and racial identity in another. Higher racial identity predicted better future orientation and financial stress predicted less future orientation. Means for high and low groups on these variables (based on a median split) are graphed in Figures 28, 29, 30 and 31 (see below). Since the values of the future orientation variable were scaled so that higher levels mean less future orientation, values for the future orientation variable were inverted in the graphs. The values were graphed in this manner for ease of interpretation (i.e., positive relationships mean higher future orientation is related to higher values on the independent variables).

Figure 28: Future Orientation by Religiosity

Legend: Impact of a higher power; Religious Participation

Figure 29: Future Orientation by Level of Discrimination

Legend: Feelings about Discrimination; Frequency of Discrimination

Figure 30: Future Orientation by Level of Private Regard

Figure 31: Future Orientation by Level of Financial Stress
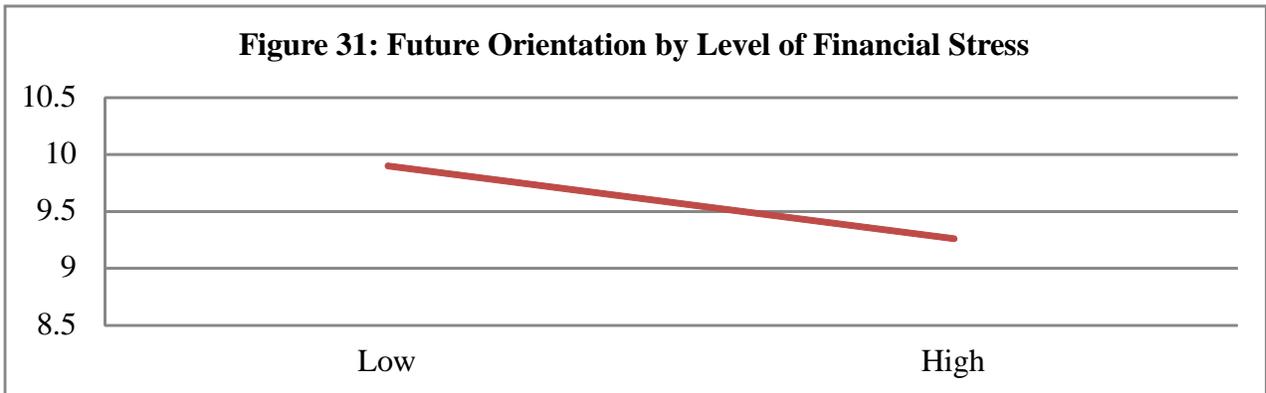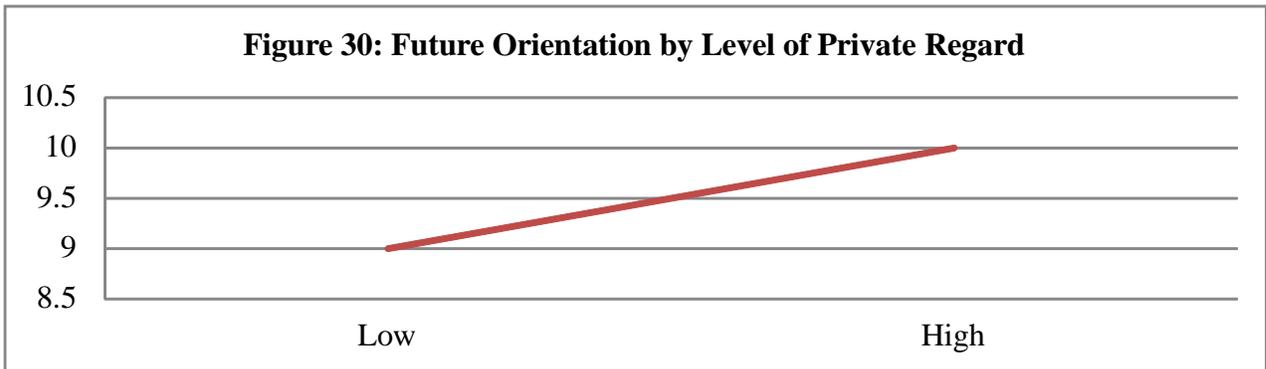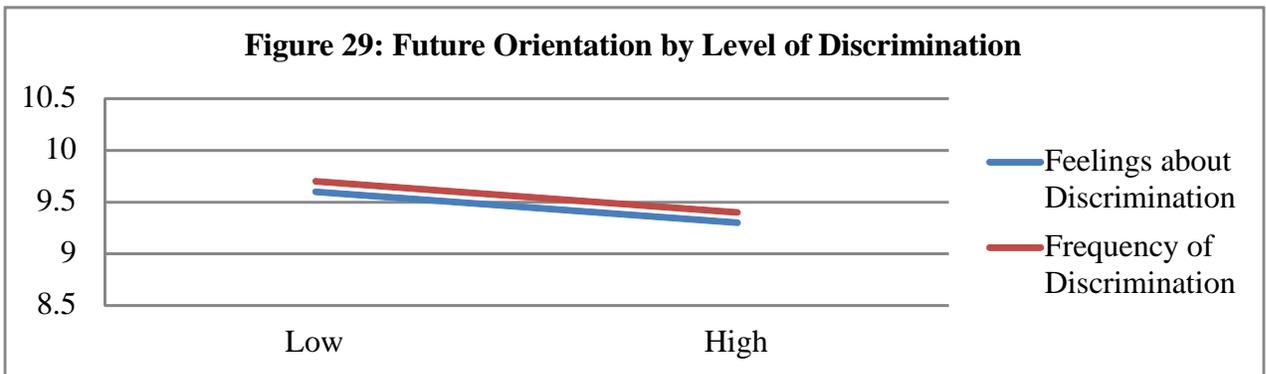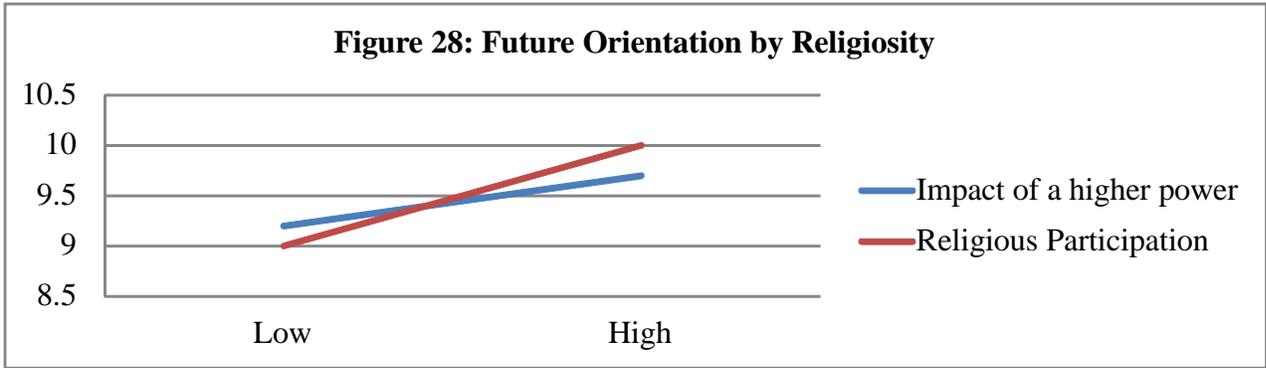
Life Satisfaction

The variable measuring satisfaction with life yielded twenty-five significant models. These models appear in Tables 25, 26, 27, 28 and 29 (see below). The first model had five significant main effects, there was a significant main effect for psychological sense of community, $p \leq .05$, b= .118, SE= .047, social support, $p \leq .001$, b= .024, SE= .007, the impact of a higher power on life, $p \leq .0001$, b= .285, SE= .046, feelings about discrimination, $p \leq .05$, b= -.020, SE= .010, and financial stress, $p \leq .001$, b= -.174, SE= .049 (Table 25). The following interactions occurred when entered with the main effects from model one. The second model yielded a significant two way interaction between psychological sense of community and feelings about discrimination, $p \leq .05$, b= .006, SE= .003 (Table 25). In the third model there was a significant two way interaction between the impact of a higher power on life and feelings about discrimination, $p \leq .01$, b= -.007, SE= .003 (Table 25). A significant two way interaction was present in the fourth model between social support and the impact of a higher power on life, $p \leq .01$, b=.005, SE= .002 (Table 25). There was a three way interaction between financial stress, social support and feelings about discrimination, $p \leq .05$, b=.-000, SE= .000 in the fifth model (Table 25).

Table 25: Life Satisfaction						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 1	Intercept	32.823	0.177	498	-	$\leq$.0001
	Community	0.118	0.047	519	6.31	$\leq$.05
	Social Support	0.024	.007	524	12.00	$\leq$.001
	God Impact	0.285	0.046	522	38.01	$\leq$.0001
	Feelings about Discrimination	-0.020	0.010	524	3.79	$\leq$.05
	Financial Stress	-0.174	0.049	524	12.64	$\leq$.001
Model 2	Community * Feelings about Discrimination	0.006	0.003	524	5.13	$\leq$.05
Model 3	God Impact * Feelings about Discrimination	-0.007	0.003	522	8.05	$\leq$.01
Model 4	Social Support * God Impact	0.005	0.002	519	6.60	$\leq$.01
Model 5	Financial Stress * Social Support * Feelings about Discrimination	-0.000	0.000	524	4.46	$\leq$.05
	*higher numbers indicate less control given to a higher power.					

The sixth model had five significant main effects: public regard of racial identity, $p \leq$.01, b= .146, SE= .066, social support, $p \leq$.001, b= .023, SE= .007, the impact of a higher power on life, $p \leq$.0001, b= .331, SE= .047, feelings about discrimination, $p \leq$.0001, b= -.031, SE= .010 and financial stress $p \leq$.001, b= -0.188, SE= .050 (Table 26, see below). The following interactions occurred when entered with the main effects from model six. There was a significant two way interaction in the seventh model between the impact of a higher power on life and feelings about discrimination, $p \leq$.01, b= -.006, SE= .003 (Table 26). In the eighth model there was a significant two way interaction between public regard of racial identity and feelings about discrimination $p \leq$.0001, b= .015, SE= .004. The ninth model had a significant two way interaction between social support and the impact of a higher power on life, $p \leq$.01, b= .005, SE= .002 (Table 26). There was a significant three way interaction between public regard of racial identity, the impact of a higher power on life and feelings about discrimination $p \leq$.01, b= .002,

SE= .001 in the tenth model (Table 26). The eleventh model saw a significant three way

interaction between social support, the impact of a higher power on life and feelings about

discrimination $p \le .05$, b= .000, SE= .000 (Table 26). In the twelfth model there was a significant

three way interaction between financial stress, impact of a higher power and feelings about

discrimination, $p \le .05$, b= -.002, SE= .001 (Table 26). In the thirteenth model there was a

significant three way interaction between financial stress, public regard of racial identity and

feelings about discrimination, $p \le .05$, b= .002, SE= .001 (Table 26).

Table 26: Life Satisfaction						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 6	Intercept	32.961	0.180	468	-	$\le .01$
	Public Regard	0.146	0.066	495	4.85	$\le .01$
	Social Support	0.023	.007	490	11.51	$\le .001$
	God Impact	0.331	0.047	494	49.50	$\le .0001$
	Feelings about Discrimination	-0.031	0.010	493	9.44	$\le .001$
	Financial Stress	-0.188	0.050	490	13.98	$\le .001$
Model 7	God Impact * Feelings about Discrimination	-0.006	0.003	480	5.88	$\le .01$
Model 8	Public Regard * Feelings about Discrimination	0.015	0.004	486	16.41	$\le .0001$
Model 9	Social Support * God Impact	0.005	0.002	467	2.62	$\le .01$
Model 10	Public Regard * God Impact * Feelings about Discrimination	0.002	0.001	488	4.43	$\le .05$
Model 11	Social Support * God Impact * Feelings about Discrimination	0.000	0.000	419	4.67	$\le .05$
Model 12	Financial Stress * God Impact * Feelings about Discrimination	-0.002	0.001	489	5.39	$\le .05$
Model 13	Public Regard * Feelings about Discrimination * Financial Stress	0.002	0.001	488	3.92	$\le .05$
	*higher numbers indicate less control given to a higher power.					

The fourteenth model had five significant main effects: public regard of racial identity p

$\le .001$, b= .196, SE= .061, social support $p \le .01$, b= .021, SE= .007, impact of a higher power on

life $p \le .0001$, b= .286, SE= .043, social control $p \le .05$, b= .118, SE= .055, and financial stress, p

≤.001, b=-.161, SE=.044 (Table 27, see below). The following interactions occurred when

entered with the main effects from model fourteen. There was a significant two way interaction

in the fifteenth model between social support and the impact of a higher power on life, $p \leq .05$, b=

.004, SE= .002. In the sixteenth model there was a significant two way interaction between social

support and social control, $p \leq .01$, b= .006, SE= .002 (Table 27). The seventeenth model had a

significant two way interaction between social support and financial stress, $p \leq .001$, b= .003,

SE= .002 (Table 27). In the eighteenth model there was a significant three way interaction

between public regard of racial identity, social support and the impact of a higher power on life,

$p \leq .05$, b= .001, SE= .001 (Table 27).

Table 27: Life Satisfaction						
Model #	Effect	Estimate	Standard Error	df	F	P
Model 14	Intercept	32.801	0.168	627	-	≤.0001
	Public Regard	0.196	0.061	627	10.16	≤.001
	Social Support	0.021	0.007	627	8.62	≤.01
	God Impact	0.286	0.043	627	44.59	≤.0001
	Social Control	0.118	0.055	627	4.64	≤.05
	Financial Stress	-0.161	0.044	627	13.28	≤.001
Model 15	Social Support * God Impact	0.004	0.002	626	4.94	≤.05
Model 16	Social Support * Social Control	0.006	0.002	626	8.64	≤.01
Model 17	Social Support * Financial Stress	0.003	0.002	626	13.15	≤.001
Model 18	Public Regard * Social Support * God Impact	0.001	0.001	626	4.01	≤.05
*higher numbers indicate less control given to a higher power.						

The nineteenth model had three significant main effects, public regard of racial identity p

≤.05, b= .110, SE= .065, social support $p \leq .01$, b= .020, SE= .007, and psychological sense of

community $p \leq .01$, b= .108, SE= .046 (Table 28, see below). The following interactions occurred

when entered with the main effects from model nineteen. In the twentieth model there was a

significant two way interaction between social support and psychological sense of community, *p*

≤.05, b= .003, SE= .002 (Table 28). There was a significant two way interaction between public

regard of racial identity and the psychological sense of community, *p* ≤.05, b= .028, SE= .012 in

the twenty-first model (Table 28). The twenty-second model had a significant two way

interaction between public regard of racial identity and social support, *p* ≤.01, b= .007, SE= .002

(Table 28). There was a significant three way interaction between public regard of racial identity,

social support and the psychological sense of community, *p* ≤.0001, b= .002, SE= .000 in the

twenty-third model (Table 28).

Table 28: Life Satisfaction						
Model #	**Effect**	**Estimate**	**Standard Error**	**df**	**F**	**P**
Model 19	Intercept	32.842	0.176	649	-	≤.0001
	Public Regard	0.110	0.065	649	2.90	≤.05
	Social Support	0.020	0.007	649	7.51	≤.01
	Community	0.108	0.046	649	5.64	≤.01
Model 20	Social Support * Community	0.003	0.002	649	4.12	≤.05
Model 21	Public Regard * Community	0.028	0.012	649	5.03	≤.05
Model 22	Public Regard * Social Support	0.007	0.002	649	8.54	≤.01
Model 23	Public Regard * Social Support * Community	0.002	0.000	649	16.37	≤.0001

The twenty-fourth model had three significant main effects: public regard of racial

identity, *p* ≤.01, b = .162, SE= .062, social support, *p* ≤.0001, b= .030, SE= .007, and financial

stress *p* ≤.01, b= .006, SE= .002 (Table 29, see below). An interaction term was entered in the

twenty-fifth model with the main effects from model twenty-four and there was a significant two

way interaction between public regard of racial identity and social support *p* ≤.01, b= .006, SE=

.002 in the twenty-fifth model (Table 29, see below).

Table 29: Life Satisfaction						
Model #	Effect	Estimate	Standard Error	df	F	P
	Intercept	32.771	0.172	643	-	≤.0001
	Public Regard	0.162	0.062	643	6.79	≤.01
Model 24	Social Support	0.030	0.007	643	19.62	≤.0001
	Financial Stress	-0.126	0.045	643	7.80	≤.01
Model 25	Public Regard * Social Support	0.006	0.002	664	5.84	≤.01

Across most models, religiosity, discrimination, social aspects of the neighborhood and racial identity were significant predictors of life satisfaction. Also in some models the stressor financial strain contributed to the ratings of satisfaction with life. Higher ratings of life satisfaction were associated with stronger racial identity, higher levels of religiosity, greater sense of a social network and lower experiences of discrimination. Financial strain had a negative relationship with life satisfaction. Also, both financial stress and discrimination were significant moderators in several of the models. Means for high and low groups on these variables (based on a median split) are graphed in Figures, 32, 33, 34, 35, 36 and 37 (see below). The interactions for the variable life satisfaction are graphed in Figures 38 through 53 (see below).

Figure 32: Life Satisfaction by Level of Financial Stress
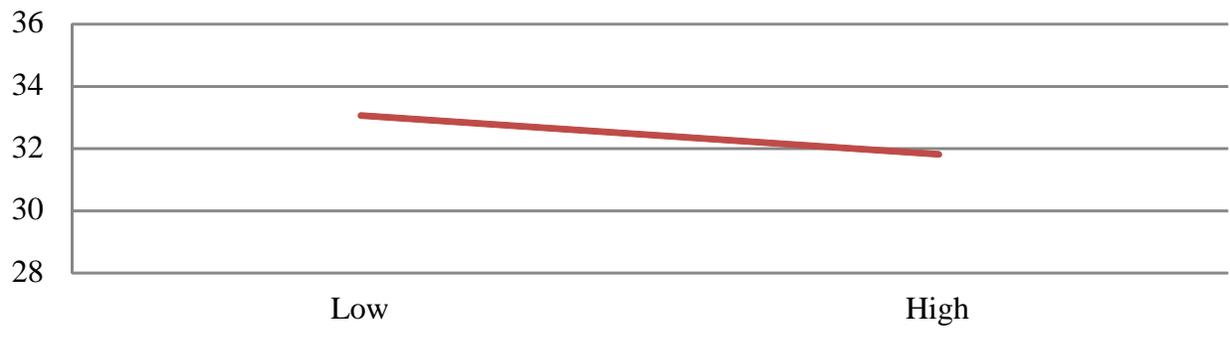
Figure 33: Life Satisfaction by Sense of Community

Figure 34: Life Satisfaction by Feelings about Discrimination

Figure 35: Life Satisfaction by Social Variables

Figure 36: Life Satisfaction by Impact of a Higher Power

	Low	High
36		
34		
32		
30		
28		

*The above graph displays impact of a higher power as an inverted variable so that higher levels mean more control granted to a higher power; this is done for ease of interpretation.

Figure 37: Life Satisfaction by Level of Public Regard

	Low	High
36		
34		
32		
30		
28		

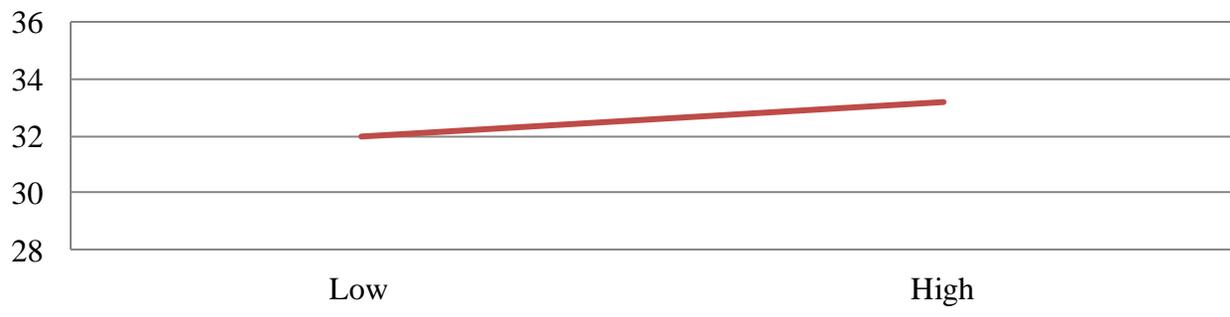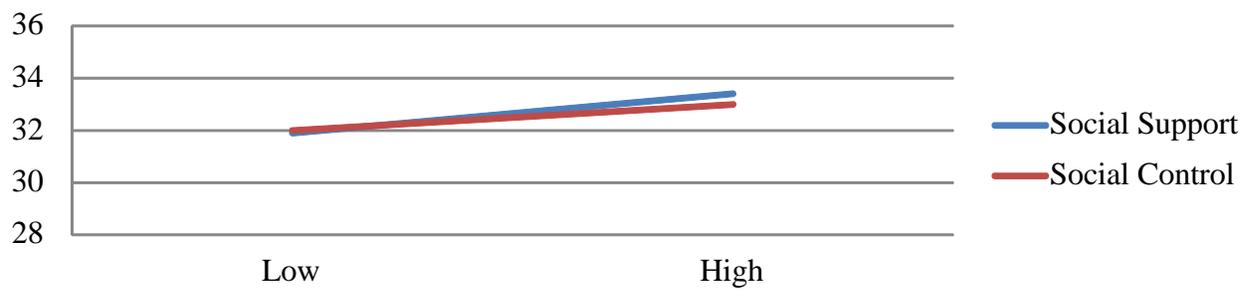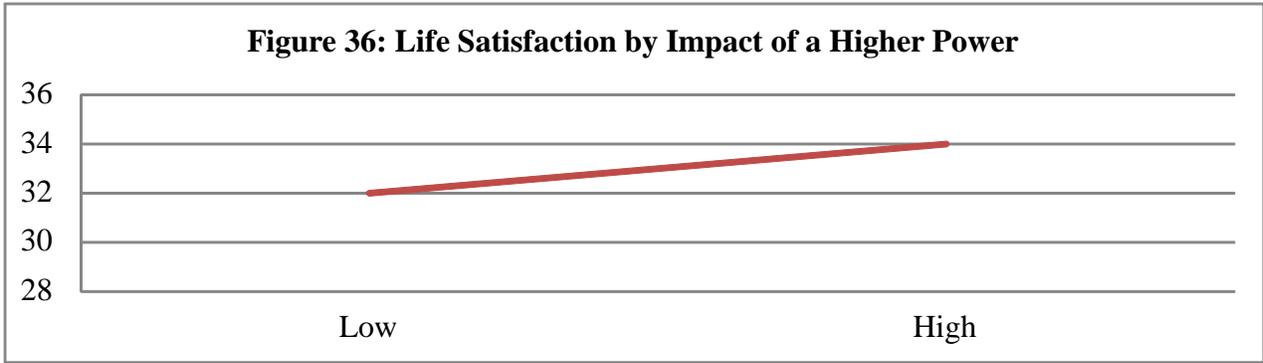**Figure 38: Life Satisfaction by Feelings of Discrimination * Community**

— Low Community
— High Community

Low Feelings of Discrimination   High Feelings of Discrimination

Figure 39: Life Satisfaction by Impact of a Higher Power * Feelings of Discrimination

—Low Impact of a Higher Power
—High Impact of a Higher Power

Low Feelings of Discrimination   High Feelings of Discrimination

*The above graph displays impact of a higher power as an inverted variable so that higher levels mean more control granted to a higher power; this is done for ease of interpretation.

Figure 40: Life Satisfaction by Social Support * Impact of a Higher Power

—Low Impact of a Higher Power
—High Impact of a Higher Power

Low Social Support   High Social Support

61
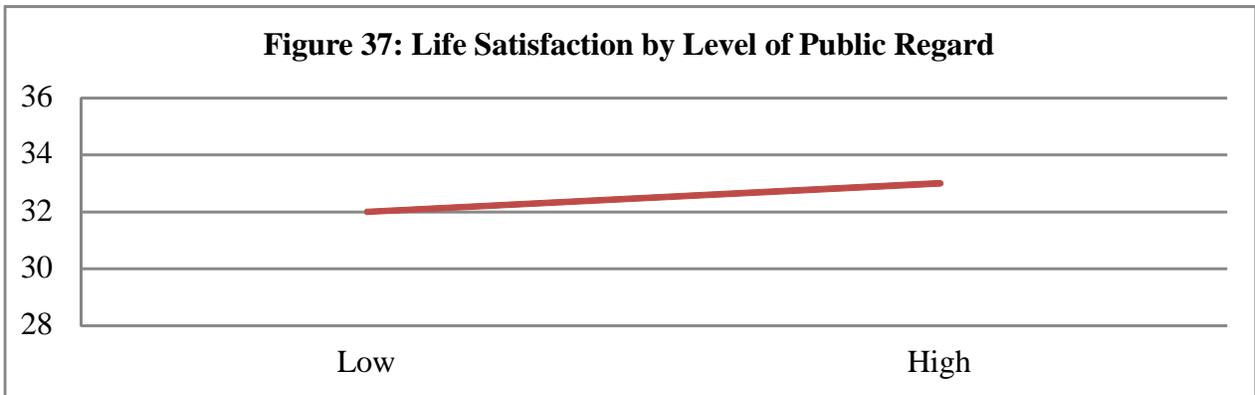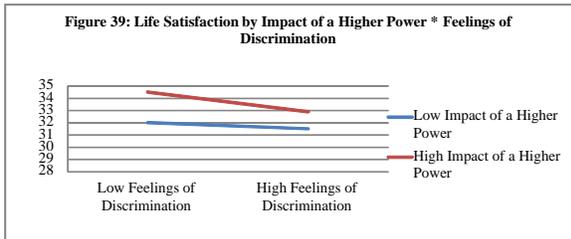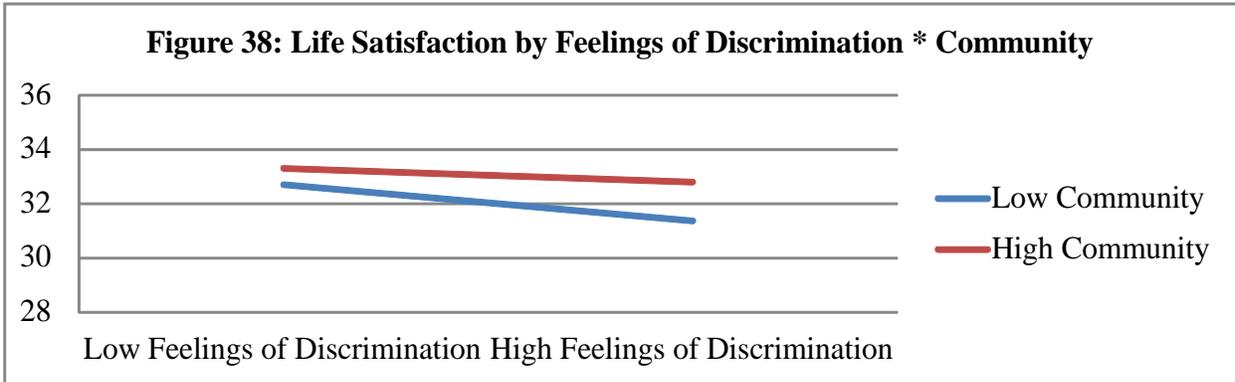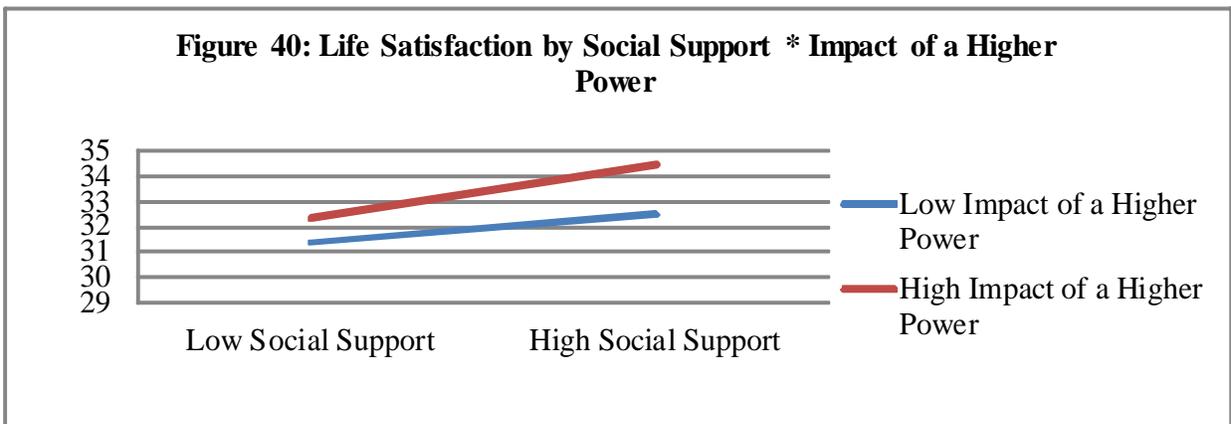
Figure 41: Life Satisfaction by Financial Stress * Social Support * Feelings of Discrimination

Legend:
- Low Financial Stress and Low Social Support
- Low Financial Stress and High Social Support
- High Financial Stress and Low Social Support
- High Financial Stress and High Social Support
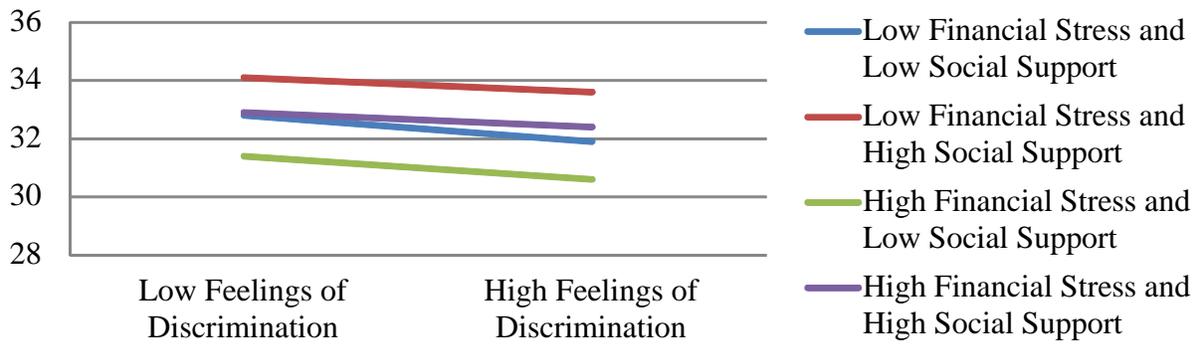
Figure 42: Life Satisfaction by Public Regard * Feelings about Discrimination

Legend:
- Low Public Regard
- High Public Regard
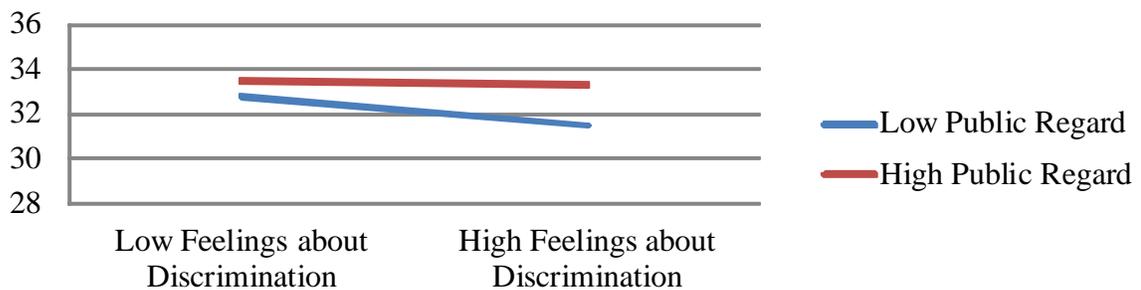
Figure 43: Life Satisfaction by Public Regard * Impact of a Higher Power * Feelings of Discrimination

Legend:
- Low Public Regard and Low Impact of a Higher Power
- Low Public Regard and High Impact of a Higher Power
- High Public Regard and Low Impact of a Higher Power
- High Public Regard and High Impact of a Higher Power
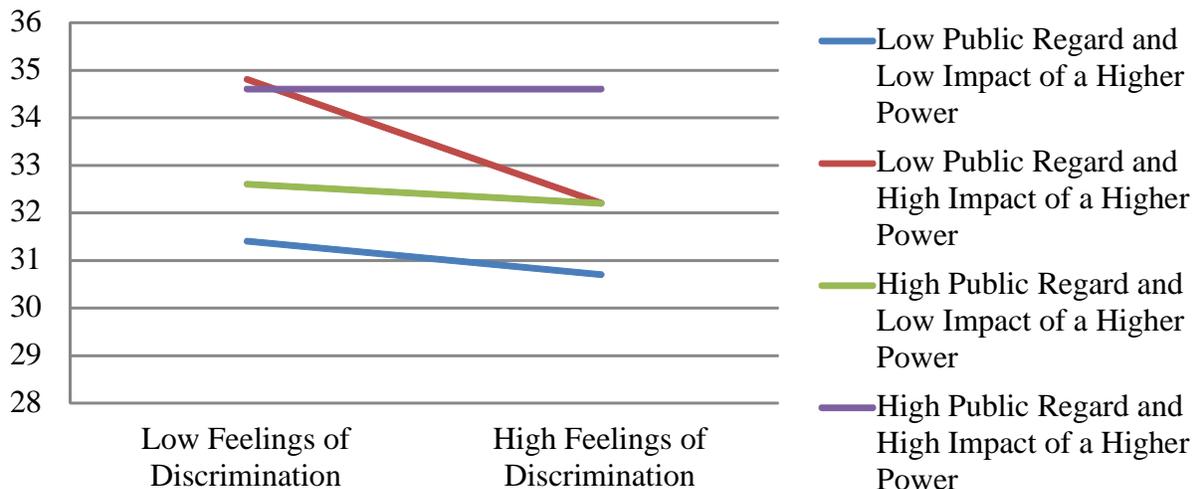
Figure 44: Life Satisfaction by Social Support * Impact of a Higher Power * Feelings of Discrimination

Legend:
- Low Impact of a Higher Power and Low Social Support
- Low Impact of a Higher Power and High Social Support
- High Impact of a Higher Power and Low Social Support
- High Impact of a Higher Power and High Social Support

x-axis: Low Feelings of Discrimination, High Feelings of Discrimination

Figure 45: Life Satisfaction by Financial Stress * Impact of a Higher Power * Feelings of Discrimination

Legend:
- Low Financial Stress and Low Impact of a Higher Power
- Low Financial Stress and High Impact of a Higher Power
- High Financial Stress and Low Impact of a Higher Power

x-axis: Low Feelings of Discrimination, High Feelings of Discrimination
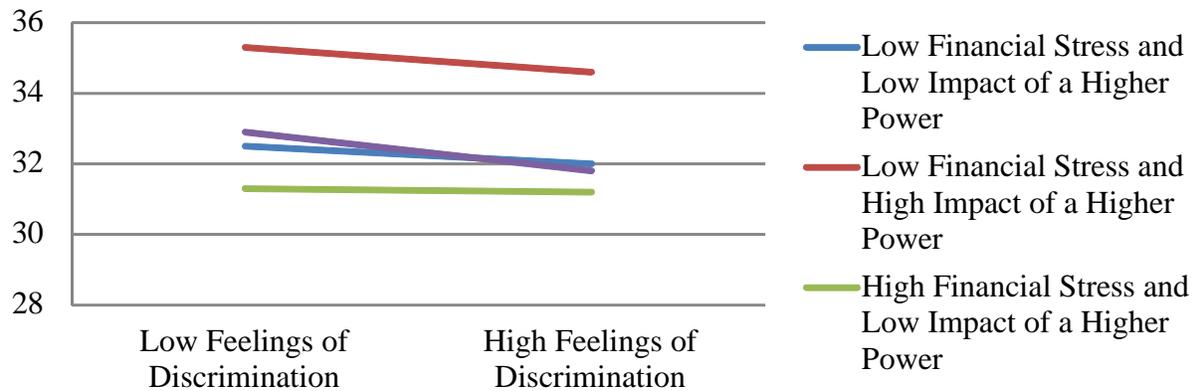
Figure 46: Life Satisfaction by Public Regard * Feelings of Discrimination * Financial Stress

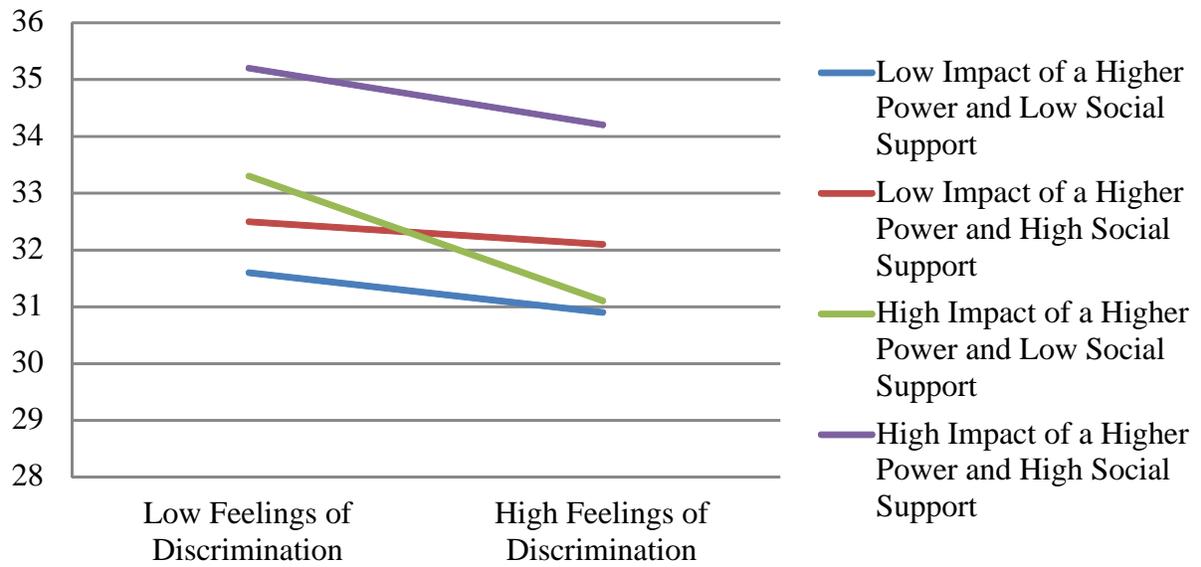- Low Public Regard and Low Financial Stress
- Low Public Regard and High Financial Stress
- High Public Regard and Low Financial Stress
- High Public Regard and High Financial Stress

X-axis: Low Feelings of Discrimination, High Feelings of Discrimination
Y-axis: 28, 30, 32, 34, 36
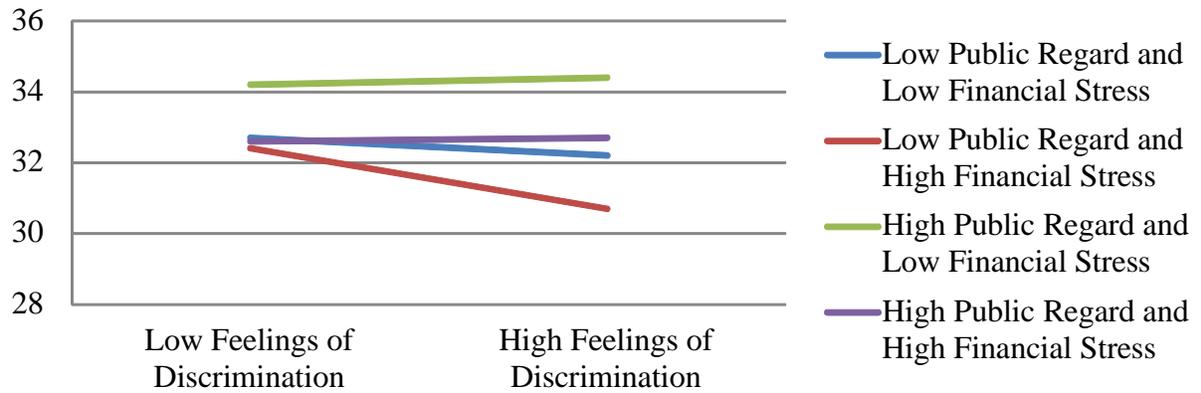
Figure 47: Life Satisfaction by Social Control * Social Support

- Low Social Control
- High Social Control

X-axis: Low Social Support, High Social Support
Y-axis: 28, 30, 32, 34, 36
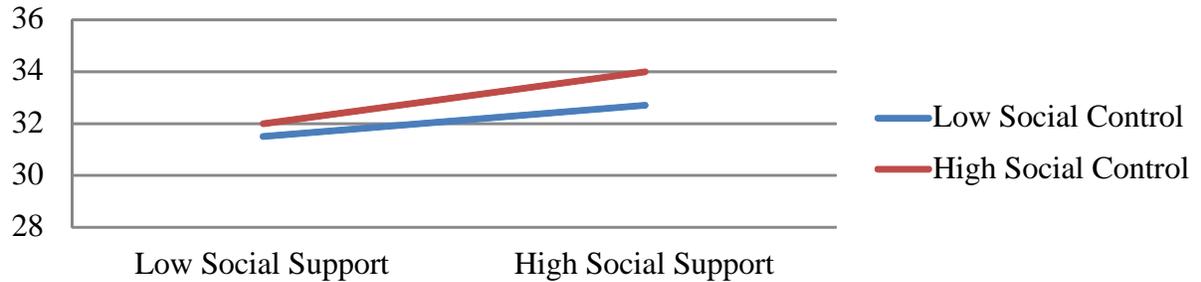
Figure 48: Life Satisfaction by Social Support * Financial Stress

- Low Financial Stress
- High Financial Stress

X-axis: Low Social Support, High Social Support
Y-axis: 28, 30, 32, 34, 36
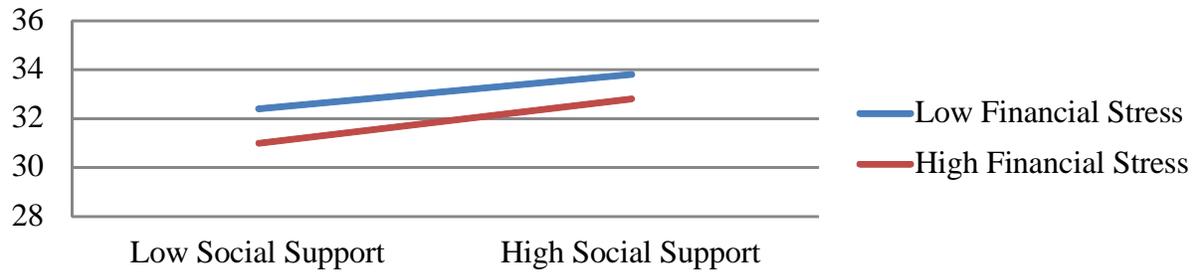
Figure 49: Life Satisfaction by Public Regard * Social Support * Impact of a Higher Power

Low Impact of a Higher Power and Low Impact of a Higher Power

Low Impact of a Higher Power and High Impact of a Higher Power

High Impact of a Higher Power and Low Impact of a Higher Power
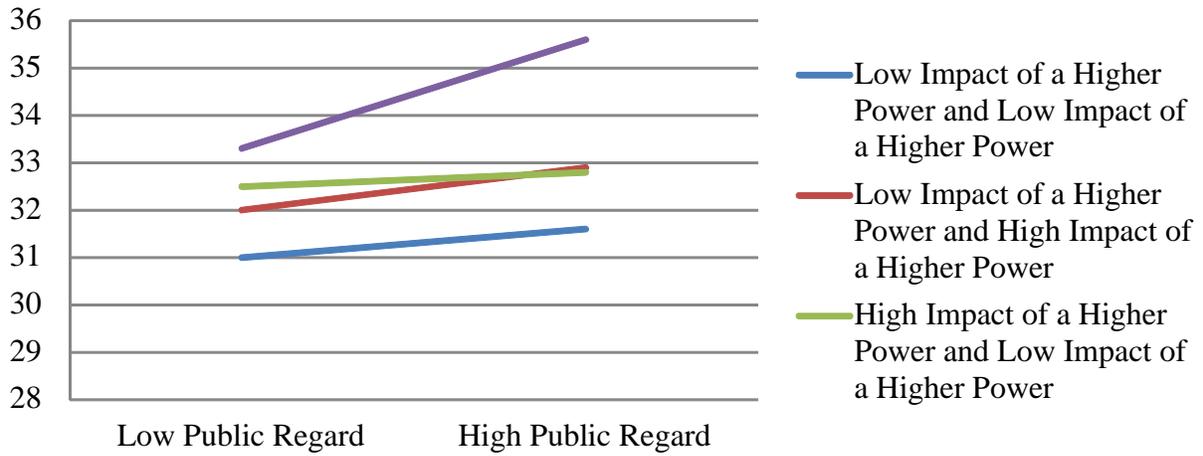
Figure 50: Life Satisfaction by Social Support * Community

Low Community

High Community

Figure 51: Life Satisfaction by Public Regard * Community

Low Community

High Community
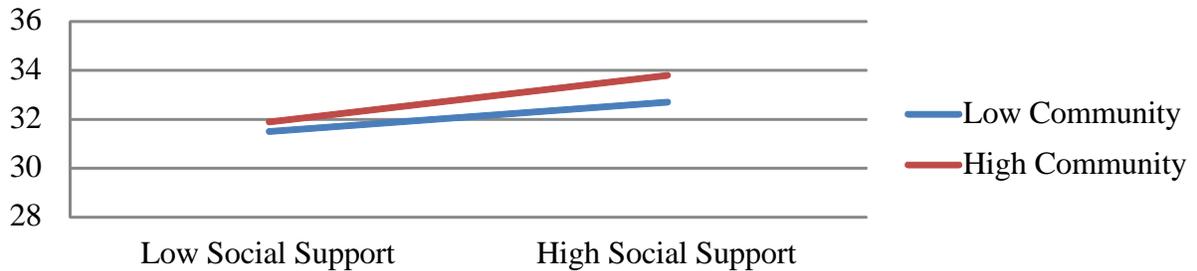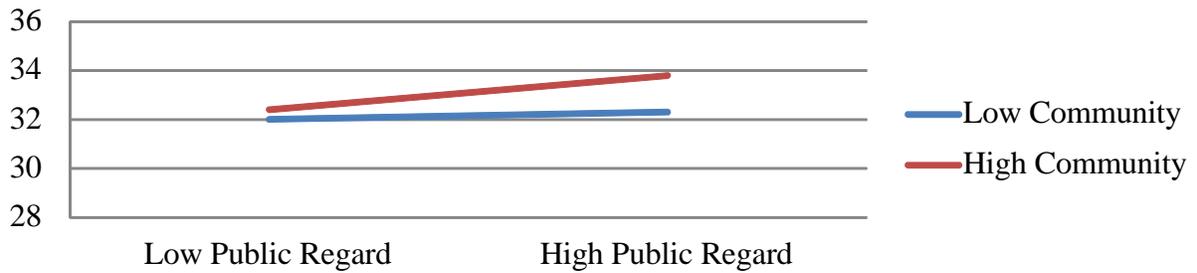
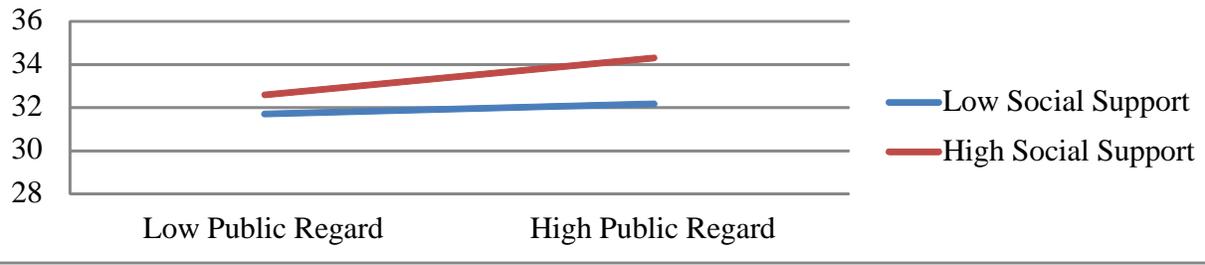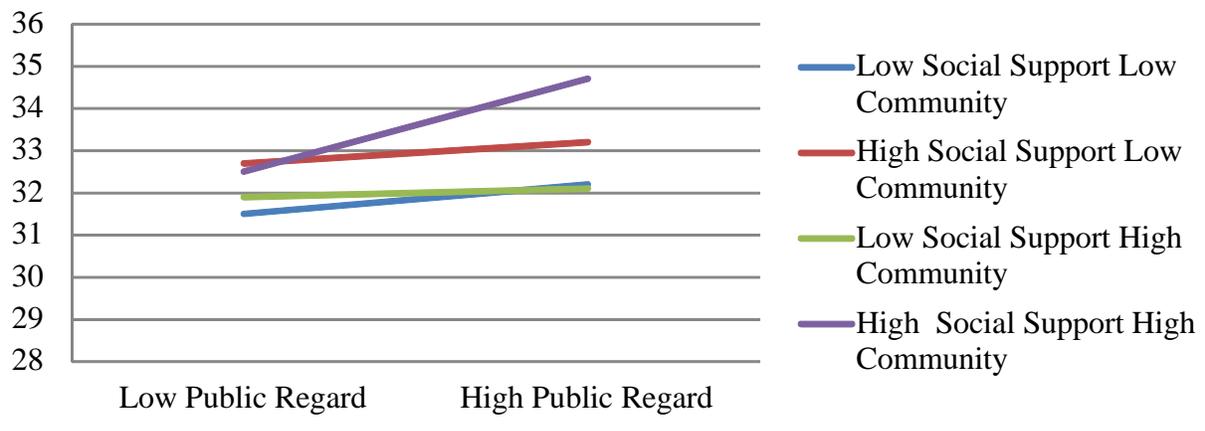Figure 52: Life Satisfaction by Public Regard * Social Support

Figure 53: Life Satisfaction by Public Regard * Social Support * Community

DISCUSSION

Overall, the results of these analyses suggest that religiosity; racial identity and neighborhood conditions are not mutually exclusive variables in terms of their impact on health and well-being within African American populations. Specifically within this particular population (low income and predominately female) religion, race and community seem to be intertwined in the Black community. Thus, the inclusion of all three factors tells a more complete story than analyses which explore religiosity, racial identity or neighborhood conditions singularly. Furthermore, the overall impact of these variables is also influenced by the levels of stress and discrimination experienced by the individual.

Based on the results of the various analyses conducted, both of the initial hypotheses proved to be valid. The three main variables of racial identity, religiosity and neighborhood conditions all had some predictive value for mental and physical health status, future orientation and life satisfaction. Although all three of the independent variables were rarely engaged in a single model together, they all frequently appeared as significant predictors. As hypothesized, perceived discrimination and life stressors both acted as moderators in the data analysis, appearing in a number of significant interactions. Both acted as moderators within analyses related to depression, including appearing in an interaction together. Other variables such as racial identity, and certain neighborhood conditions acted as moderators as well. Higher incidences of racial identification, religiosity and social connectedness were associated with better health outcomes and more positive life quality.

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The discussion of these findings first addressed the results for each of the dependent variables. Then the perspective is shifted to consider the overall role or impact of the various independent variables and moderator variables.

Dependent Variables

Physical Health

Health Rating

Sense of community, age and private regard were the significant variables within the model of interest for predicting the ratings of health. Age as a significant variable is not surprising, as the trend of health declining as age increases is well established (Case & Deaton, 2005). Sense of community has been presented as a determinant of health rating in numerous studies and the same finding was presented in this model (Hendryx & Ahern, 1997; Hendryx, Ahern, Lovrich & McCurdy, 2002; House, Landis & Umberson, 1988). The presence of the variable private regard suggests that racial identity has an impact on the ratings of health. Several previous studies have also shown positive levels of racial identity affecting the reported ratings of health (Sellers et al, 2003).

Health Limitations

The eight significant models related to the dependent variable of health limitations suggest the importance of religiosity, life events, discrimination, financial stress and racial identity. The prevalence of both religion and racial identity in all models suggests that these two variables were the most pertinent variables. This relationship seems to point to the potential influence of having a secure sense of the social self in terms of racial identity. Both private regard and public regard each showed up as significant main effects in three versions of analyses. While present in separate models, the existence of both of these variables suggests that regard of

the racialized self (both of public and private opinion) was the most relevant in reporting

limitations to health. This is in line with previous research which suggests that having a positive

sense of racial identity leads to greater physical health (Sellers et al, 2003). The results produced

by religious participation seem to indicate that higher instances of religious participation result in

less reporting of limitations to health. This is in line with previous research suggesting that

religion has a significant positive impact on health (Hill & Pargament, 2008; Koenig,

McCoullough, & Larson, 2001; Miller & Thoresen, 2003). This finding seems to address some

of the various traditions of the Black church. One of the traditions of the Black church is to

campaign around, pray for and tend to the sick and injured (Watlington & Murphy, 2006). This

campaign around the downtrodden also includes motivation to get better and place the ailment in

"God's hands" to be healed (Mattis & Jagers, 2001). This is a beneficial and religiously

appropriate reaction to the ill and may lead to an increase in pure will to be and feel better.

These results also speak to the potential mental stress that the experience of frequent and

pervasive racial discrimination can produce that may lead to exacerbated feelings of limits to

health. Previous research has suggested that discrimination can lead to more pronounced feelings

of physical ailments and reporting of symptomology, which is also evident in our analysis

(Pascoe & Richman, 2009). Life events, such as the birth or death of a family member, also

contributed to the reporting of limitations to health. This suggests that when faced with drastic

changes in life, participants express some of this mental strain through physical means. This

finding has been consistently present in the social psychology literature, thus implicating life

events as a significant contributor to health outcomes (Stroebe, 2000; Stroebe, Schut & Stroebe,

2007). Financial stress has been studied in the same manner as life events. As evident in prior

research, stress with roots in financial problems seems to exacerbate the physical health

problems individuals have (Krause & Rook, 2008; Stroebe, 2000). The interaction between religiosity and life events showed that life events only increases reporting of health limitations when religious participation was low. This suggests that having a religious foundation and participating in religious activities serves as a source of solace in times of great life change. Having a means to express and explore these changes (in church or through prayer) allows an outward expression of confusion or sadness that may not be afforded individuals who do not actively practice their religious beliefs.

Mental Health

Mental Health Rating

The two models for mental health rating had two significant variables in common. Discrimination and religious variables were significant main effects in both of the models. However, only the model containing frequency of discrimination also had a racial identity, life stressor and a neighborhood variable present in the model. Specifically private regard, financial stress and social support were the variables present in model 2 that were absent in model 1 (see pg. 40). Within both models higher instances of discrimination (frequency of and feelings about) resulted in lower ratings of mental health. This suggests that dealing with the pressures of discrimination can cause a lowering of resources necessary to deal with threats to the mental self. Prior research has also suggested that experiencing perceived discrimination has a negative impact on the mental health of individuals (Sellers, Copeland-Linder, Martin, Lewis, 2006). The presence of religious participation within both models also suggests that active participation in a religious faith leads to a greater ability to deal with the mental pressures that are present in life. In model 2, the frequency of discrimination variable and religious participation were present with social support, financial stress and private regard for racial identity (see pg. 40). This

combination suggests that in terms of mental health, added variables are necessary to behave as safeguards against threats to the mental self. Research has suggested that financial stress can lead to an increase in the turmoil associated with issues related to mental health (Streobe, 2000). Social support of individuals within the community seemed to be a relevant factor due to the need to garner a solid support base to aid individuals through mental and emotional turmoil. Social support has also been shown to contribute to the perception of mental health with more social support being associated with decreased reports of mental health issues (Pascoe & Richman, 2009). Racial identity has been shown to act as a buffer for the mental health of individuals who experience frequent discrimination (Sellers et al., 2006).

Depression

The variable measuring depression had thirteen significant models and both discrimination and racial identity were present as main effects in all models. Racial identity was involved in three interactions and discrimination was present in five interactions. These findings suggest that these variables are greatly associated with depression, a connection that has been investigated at length in prior works. Both racial identity and perceived discrimination have been researched in the literature in relation to depression; however, they are rarely considered together, or as equal contributors (Pascoe & Richman, 2009; Sellers et al., 2006). These findings suggest that for this sample of people, issues related to race are highly relevant to mental well-being and the presence of depressive symptoms. Two neighborhood variables repeatedly appeared in the analyses. Physical decay and social support appeared as both main effects and in interactions. As suggested in previous research, social support is often shown as a means to decrease the impact of mental anguish associated with mental health conditions such as depression (Pascoe & Richman, 2009; Paykel, 2007). The physical condition of a neighborhood

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has also been researched in association with depression, and findings suggest that visible

physical decay of a neighborhood is related to more pronounced depression (Diez Roux & Mair,

2010; Mair, Roux & Galea, 2008). The additional variable life events has also been engaged in

the literature as a contributor to depression, with significant life changes being associated with an

increase in depressive symptomology (Johnson, Cueller, Ruggero, Winett-Perlman, Goodnick,

White & Miller, 2008; Paykel, Emms, Fletcher & Rassaby, 1980). The interaction present

between social support and public regard (Fig. 23, see pg. 48) suggests that the combination of

high social support and high racial identity yields lower depressive symptoms. Research linking

social support and racial identity to depression is prevalent, but they are rarely engaged in

analyses together (Paykel, 2007; Paykel et al., 1980; Sellers et al., 2003/2006). The interaction

between public regard and life events (Fig. 22, see pg. 48) was also supported by past research,

with numerous studies that show that racial identity helps to curb the influence of life events on

level of depression (Sellers et al., 1998; Yip, Sellers, Seaton, 2007). This interaction suggests

that when there was a high level of change occurring in life, racial identity was a way to lessen

the manifestation of negative depressive symptomology. Frequency of discrimination and social

support (Fig. 24, see pg. 48) also had an interaction with depression, this suggests that higher

levels of social support were needed when there were higher incidences of discrimination

occurring. As noted in prior research, the impact of perceived discrimination is often diminished

when there are social networks present and available (Prelow, Mosher & Bowman, 2006).

Numerous studies have shown perceived discrimination to have negative implications for a range

of physical and mental health outcomes (Barnes & Lightsey, 2005; Clark, 2006; Pascoe &

Richman, 2009; Utsey, Payne, Jackson & Jones, 2002). The interaction between feelings of

discrimination and physical decay of the neighborhood (Fig. 25, see pg. 48) suggest that there

was a relation between the reaction to discrimination and the physical condition of the neighborhood of interest. Particularly there seemed to be a more severe impact of the condition of the neighborhood when there is more emotional distress due to perceived discrimination. This is in line with prior research which suggests that there is a relation between discrimination and the physical condition of a neighborhood and its manifestation through depressive symptomology (Beard, Cerda, Blaney, Ahern, Vlahov & Galea, 2009). The interaction between private regard of racial identity and physical decay of the neighborhood showed that physical decay of the neighborhood was impactful when there was a high level of private regard but had no impact when private regard was low (Fig. 26, see pg. 49). Thus, more positive feelings toward the race and membership were associated with less depressive symptomology when the physical decay of the neighborhood was low. When the decay was high, depression was higher regardless of racial identity. This relationship is not discussed in the literature, but given the definition of private regard it would seem that the high expectations implied with having high private regard would make a dilapidated neighborhood incongruent with the perception of self. Also, it is possible that because this is a low income neighborhood, a high regard and expectation of the racial self may not have meshed well with an individual's actual poor living conditions and circumstances. Thus the positive aspects of racial identity were not able to compensate or buffer the effects of the poor physical neighborhood conditions. Finally the interaction between the feelings about discrimination and life events (Fig. 27, see pg. 49) suggests that the number of important life events that occurred was important only when discrimination was low. This relationship is explored in the literature which suggests that discriminatory acts are pervasive and result in a vast amount of spillover into all areas of life (Grote, Bledsoe, Larkin & Brown, 2008; Odom & Vernon-Feagans, 2007). This may explain the lack of difference in depressive

symptomology based on life events for individuals who experience a high level of

discrimination, because the existence of extreme discrimination distracts from other aspects of

life.

Life Outcomes

Future Orientation

The models related to future orientation yielded some interesting findings, namely that

there was no variable that was significant across all five models. Two variables which made

frequent appearances were discrimination and religiosity. The presence of religiosity within these

models (most often impact of a higher power) coincides with prior research in this area,

suggesting that those highly committed to their religious beliefs are able to forgo immediate

gratification in pursuit of a distant more fulfilling goal (Carter, McCullough, Kim-Spoon,

Corrales & Blake, 2012). Many religions direct members to consider the distant far off future

(i.e., afterlife) in relation to everyday activities, thus making the more immediate future seem

less far off (Öner-Özkan, 2007). Thus, as evident in Figure 28 (see pg. 52), higher levels of

religiosity were paired with a greater level of future orientation. In relation to discrimination,

prior research has suggested that discrimination and future orientation do have a relationship,

with higher levels of perceived discrimination being reported when individuals have lower future

orientation (O'Hara, Gibbons, Weng, Gerrand & Simons, 2012). This is what was found in the

present analyses as well. Both religiosity and discrimination showed up in four of the five

models (each being present in the model the other was absent in) which is a substantial amount,

yet there seems to be a reason for their absence in the one model. Racial identity did appear in

one model related to future orientation (Fig. 30, see pg.52). While a relationship between future

orientation and racial identity is discussed in the literature, it is typically engaged in relation to

educational pursuits (Carter & Helms, 1987; Kerpelman, Eryigit & Stephens, 2008). Therefore, the presence of racial identity in the model alludes to the possible relationship that exists between racial identity and future orientation, with higher levels of racial identity being related to greater orientation toward the future. Financial stress was also in one model (Fig. 31, see pg. 52). The literature does suggest that individuals with high levels of financial stress place less emphasis on the future (Creed & Klisch, 2005).

Religion could not coexist in a model with racial identity, and discrimination could not coexist with financial stress. The inability of religion and racial identity to exist in the same model for future orientation is interesting because while future orientation has been studied in relation to both racial identity and religion, it has not been researched with both of these variables engaged in a single analysis. The finding that discrimination and financial stress lack the ability to reach significance in the same model is equally intriguing because as noted in the section related to depression, the impact of life stressors (such as financial strain) are often minimized when there is pervasive discrimination present (Grote et al., 2008; Odom & Vernon-Feagans, 2007). Although they are predictors of future orientation, they share too much variance to be significant in the model together.

Life Satisfaction

In all of the models related to life satisfaction, religiosity and social support were present as significant predictors. Participation in a religious faith has been shown to have a significant positive impact on life satisfaction (Lima & Putnam, 2010). Thus, the positive relationship that is present in the model is in line with previous research. Social support has also shown a positive relationship with life satisfaction in the current analyses as well as previous literature (Fife et al., 2011; Leu, Chen & Wu, 2010). Racial identity and financial stress each appeared as main effects

in all but one model. Financial stress has been previously investigated in regard to life

satisfaction, and a negative relationship between these two variables, as shown in the current

results, has been suggested (Leu, Chen & Wu, 2010). Discrimination and sense of community

also appear as main effects in several models as well. The negative relationship between

discrimination and life satisfaction is evident in previous research thus making the current

findings in line with prior works (Utsey et al, 2002). Sense of community also had a positive

relationship with life satisfaction in the current study that was also supported by previous

literature (Cantarero, Potter, & Leach, 2007; O'Brien & Ayidiya, 1991).

A series of significant two way and three way interactions occurred with life satisfaction.

The interactions most directly related to the current research interest will be discussed.

Interactions between social aspects of the neighborhood (social support and sense of community)

and racial identity are in line with prior research which suggests that these variables have a

complex relationship with one another (Yap et al., 2011). In the current analyses a three way

interaction between these variables suggests that high levels of public regard, an elevated sense

of community, and high levels of social support produce a vastly higher rating of life satisfaction

in comparison to other level combinations. Social control was only present as a main effect in

one model, but also served in an interaction with social support. Based on past literature, social

control does impact the effectiveness of social support in relation to life satisfaction (Bisconti &

Bergeman, 1999).

The interaction between social support and racial identity in regard to life satisfaction

(Fig. 52, see pg. 66) has been previously suggested in the literature which finds that both social

support and racial identity have positive relationships with life satisfaction (Yap & Devilly,

2004; Yap et al., 2011). The interaction between these two variables in the analyses suggests that

when public regard of racial identity was low, the impact of social support made no significant difference; when public regard of racial identity was high, however, higher social support predicted greater life satisfaction. This finding is interesting because public regard is a measure of the perception of the opinion of mainstream America's feelings toward African Americans. As public regard is a lesser researched subscale, further analyses should be conducted to explore the possibility that higher public regard may reduce the need for social support to be satisfied with life. This may be due to the feeling of acceptance from the distant other serving as a means to feel secure and happy with the current state of existence.

The interaction between racial identity and discrimination (Fig. 42, see pg. 62) was not surprising because it is frequently explored in the literature (Prelow, Mosher & Bowman, 2006; Sellers et al, 2003). The three way interaction between feelings about discrimination, racial identity and religiosity (Fig. 43, see pg. 62) provided a rather interesting finding. The interaction provides additional insight through suggesting that when discrimination was low there was no difference in the effect of low versus high public regard for those with low levels of impact of a higher power, but there was a great difference when feelings about discrimination are high. In that case, high public regard yields greater satisfaction with life. Thus, pervasive racism may require both a religious and racial identity buffer to guard against possible negative effects of discrimination. These two variables have both been engaged as potential buffer variables in the literature related to discrimination; however, there is no engagement of both racial identity and religiosity and certainly not in relation to life satisfaction (Ellison et al., 2008; Prelow, Mosher & Bowman, 2006).

A similar interpretation is warranted for the three way interaction between level of social support, impact of a higher power and feelings about discrimination (Fig. 44, see pg. 63). Life

satisfaction was highest when social support and impact of a higher power are high and discrimination was low. Greater impact of a higher power and social support produced vastly greater life satisfaction than other variable level combinations. Also, the combination of low impact of a higher power with high social support and high impact of a higher power with low social support exchange places with each other dependent on the level of discrimination. The three way interaction between the financial stress, social support and discrimination (Fig. 41, see pg. 62) was an interaction that is already established in the literature and thus our findings add more support to the validity of their relationship (Leu, Chen, Wu, 2010).

Independent Variables

We now turn our attention to the patterns of impact for the independent or predictor variables.

Demographic Variables

The age variable only showed up as a significant main effect in relation to the health rating variable. This was not a surprising effect given the impact age has on contributing to health issues during life (Case & Deaton, 2005). However, the lack of this variable in other models was surprising. Specifically, the lack of age as a significant variable in models related to reports of limitations to health, as well as in the two variables related to mental health (depression and mental health rating), was the most unexpected finding related to age. Gender did not show up as a significant main effect in any model; however, given the lack of gender diversity in the sample (Table 2, see pg. 31), this may not be surprising.

Racial Identity

The overarching model of racial identity was not significant in all models and the subcomponents of racial identity had substantial variability in which variables were significant.

Thus the subcomponents were the sole source of racial identity utilized and the global version of racial identity was not employed. This is consistent with prior research which suggests that the separate components of racial identity do act independently of one another, despite being highly correlated. Depression was the only variable which yielded models with significant main effects for all three subsets of racial identity. This supports previous research which suggests that these variables work best when they are allowed to operate alone. The variability with which these subcomponents yield significant results speak to the patterns that previous research has suggested that these variables operate under.

Private regard appeared in the most models, which agrees with the literature in that it is researched the most as well as considered the most developed scale (Ho & Sidanius, 2010). Private regard was the sole significant racial identity predictor in the models pertaining to physical health rating, mental health rating and future orientation. Health and private regard have been addressed numerous times in the literature with positive relationships existing between both mental and physical health outcomes and racial identity (Ho & Sidanius, 2010; Sellers et al., 2003; Settles et al., 2010). In relation to ratings of mental health there have been numerous associations between mental health and private regard (Street, Taha, Jones, Jones, Carr, Woods, Woodall, & Kaslow, 2012). Although not explicitly discussed in the literature, based on the findings surrounding private regard and the definition of future orientation, it would seem logical that future orientation relates to private regard more than the other subsets of racial identity. The private regard subscale measures the way individuals conceive of and feels about their identification with their African American identity, as well as how well they believe they adequately represent the race (Sellers et al., 1998). Future orientation is the extent to which individuals consider the possibilities for their future in everyday life (McCabe & Barnett, 2000).

Thus, both of these variables operate on a very personal, introspective level which makes a relationship between these variables highly likely. Private regard was only present in one interaction. This suggests that private regard may have a strong main effect not moderated by other variables.

Public regard was the sole significant racial identity variable for life satisfaction. There is very limited literature related to the relationship between life satisfaction and racial identity, especially in relation to the subscales in the MMRI. The limited research that has been conducted shows evidence of a relation between all three subscales of interest and life satisfaction but the present analysis only supports the relation with public regard (Yap et al., 2011). Public regard is defined as the perception of the societal view of African American people (Sellers et al., 1998). When considering the definition of public regard it seems that the perception that others approve of African American people and consider them valuable is important to satisfaction with life. Other people are pertinent to the way in which an individual feels satisfied with his or her life, thus, public regard makes sense as the primary racial identity subscale for this variable (Lim & Putnam, 2010). While the documented relationship between public regard and life satisfaction is not well-developed, it seems that this particular link should be explored at greater length.

Both private and public regard appeared as significant predictors for health limitations, and centrality was only significant in relation to depression. The presence of both private and public regard in several models attests to the fact that while measuring different components of racial identity, these two subcomponents of racial identity are relevant predictors of outcomes related to well-being. These findings can contribute to the literature because there is an ongoing debate around whether public regard and centrality are actual predictors of well-being for African Americans or non-relevant factors (Yap et al., 2011). The results from the current

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analyses suggest that all variables are relevant in regard to depression, but public regard may be a valued predictor along with the established predictor private regard.

Religiosity

While both of the variables related to religiosity showed up in various models, they followed very different patterns as to when they showed up as significant variables. The variable religious participation was the only significant religiosity variable for the models related to health limitations and mental health rating. Research on health and religiosity suggest that religiosity may have positive effects on both physical and mental health (Koenig, McCoullough, & Larson, 2001; Miller & Thoresen, 2003). However, these studies do not tease apart the actual attendance rates and participation of religious members from their belief system and extent to which they defer to a higher power in regard to life issues. Most research in the area focuses on the actual participatory acts of religion (i.e., attendance at religious services); however, there is some reason to believe that for some people, expressions of religiosity are routine and are done due to habit rather than deeply held beliefs (McGuire, 2008). Thus future research needs to employ scales that measure both the rate at which individuals participate in religious acts as well as the motives behind why they engage in these acts. The impact of a higher power variable was the sole religiosity predictor for the dependent variable life satisfaction. However, as with health, the link between religiosity and life satisfaction is well-developed, but there has been no attempt to tease apart the separate impact of belief (i.e., impact of a higher power) and practice (i.e., religious participation). Both religiosity variables were in models related to future orientation; however, religious participation was only present in one and impact of a higher power was present in three. The specific variable "impact of a higher power on everyday life" and its relation to future orientation has been previously studied and the results suggest a positive

relationship between these two variables (Öner-Özkan, 2007). Thus the greater involvement of impact of a higher power seems valid in relation to previous research.

Neighborhood Conditions

Social Support

The social support variable was present in models related to mental health rating, depression and life satisfaction. In terms of mental health there seems to be a positive relationship between social support and ratings of mental health and a negative relationship between social support and depressive symptomology (Hefner & Eisenberg, 2009). The relationship between life satisfaction and social support is well established in the literature, thus finding social support as a significant predictor was expected (Fife et al., 2011).

Social Control

The social control variable was only significant in relation to the life satisfaction variable and was present alongside the social support variable. Previous research suggests that social control influences social support as a potential mediator (Bisconti & Bergeman, 1999). This is evident in the graph showing the interaction between social support and social control for life satisfaction. Social control was especially important at high levels of social support, and life satisfaction was the highest when both social support and social control were high.

Sense of Community

The sense of community variable was a significant predictor in relation to physical health rating and life satisfaction. Literature on sense of community suggests that the extent to which an individual feels he or she belongs to a community is positively related to the amount of healthy behaviors he or she engages in (Hystad & Carpiano, 2012). Thus this finding is in line with prior findings. Sense of community also is related to life satisfaction for reasons similar to its relation

to physical health. Individuals desire to belong, and when they feel that they are accepted as a part of a community they are happier and more satisfied with their life (Dassopoulos, Batson, Futrell & Brents, 2012; Prezza, & Costantini, 1998).

Physical Decay

Neighborhood physical decay was present in models related to depression and life satisfaction. The relationship between depression and conditions of the neighborhood has been documented in the literature (Kim, 2008; Kruger, Reischl & Gee, 2007). Also, the negative relationship between quality of life or satisfaction with life and physical decay of the neighborhood has been previously demonstrated (Kruger, Reischl & Gee, 2007).

Moderators

We now consider the overall impact of the variables conceptualized as moderators in the models.

Perceived Discrimination

Both frequency of discrimination and feelings about discrimination were significant main effects in several models, even though they were unable to be present in the same model. This suggests that both the prevalence of discrimination as well as the way it is interpreted by the victims is critical to understanding the effect of discrimination. Previous research has shown that the experience of discrimination based on racial heritage, although a blatant mental hurt, can manifest itself as physical pain (Krieger, Smith, Naishadham, Hartman & Barbeau, 2005). The chronic stress caused by racial discrimination has been shown to greatly exacerbate physical ailments in the lives of African American and other marginalized groups (Jackson, Neighbors, Neese, Trierweiler & Torres, 2004). Heart disease, depression, chronic pain and various other physical and mental ailments all have been cited as diseases and disorders that are made worse with the constant presence of hard hitting racial discrimination (Jackson, Neighbors, Neese,

Trierweiler & Torres, 2004; Williams & Neighbors, 2001). These variables had similar representation in models for the dependent variable related to health limitations, yet there were some differences which emerged in relation to the other dependent variables. For the mental health rating variable, feelings of discrimination and social support were engaged in the first model, while frequency of discrimination was engaged with social support, religious participation, private regard and financial stress in the second model. This seems to suggest that in terms of judging the quality of personal mental health, the contribution of the frequency of discrimination allows more input of other variables than the feelings about discrimination seems to.

A more complex relationship seemed to emerge in the variable measuring depression and life satisfaction in the sample. Frequency of discrimination was a main effect in two models while the variable measuring feelings about discrimination was a main effect in five. Both subscales of discrimination were present in models with public regard and life events, but there was a vast amount of variability in the other models. Frequency of discrimination was uniquely associated with variables related to social support as well as financial stress while, feelings about discrimination was related to variables such as centrality of racial identity, private regard of racial identity and physical decay of the neighborhood. This breakdown of variables was revealing because the variables that vary based on which discrimination variable was present follow a certain trend. Those variables related to frequency of discrimination were variables rooted in day to day life issues like social networks and financial situations, while feelings about discrimination is related to introspective elements of living such as personal feeling about the neighborhood and the private regard and centrality of racial identity. Feelings about discrimination were also the only aspect of discrimination to be a predictor of life satisfaction.

These findings are valuable and appropriate means to further investigate the meaning and value behind separating these two variables and their ability to not only act separately, but to predict different things. Also, these findings address the need to distinguish whether frequency of or feelings about discrimination are being discussed when a variable involving discrimination is used.

Stress

Life Events

The life events variable was present in models related to health limitations and depression. Life events have been frequently discussed in relation to depression as evident in the research and the current results replicate the findings in the literature (Donald, Dower, Lucke, & Raphael, 2009). The relationship between life events and health is well documented in the literature as well (Tosevski, Milovancevic, 2006).

Financial Stress

The financial stress variable was significant in the models related to mental health rating, depression, life satisfaction and future orientation. In relation to mental health (depression and rating) previous research suggests that financial stress is positively related to depression, where greater levels of financial stress are associated with more depression (Schulz, Israel, Zenk, Parker, Lichtenstein, Shellman-Weir & Klem, 2006). Life satisfaction has been explored in prior research in relation to financial stress, and evidence supports the negative relationship between these variables that the current study found (Creed & Klisch, 2005; Leu, Chen & Wu, 2010).

GENERAL DISCUSSION/CONCLUSIONS

Overall, the two hypotheses were generally supported showing various relationships among neighborhood conditions, religiosity and racial identity as predictors of quality of life and physical and mental health of individuals within this particular community, with additional moderating effects for perceived discrimination and life stress. The three main predictor variables, racial identity, religiosity and neighborhood conditions, were all significant predictors for the outcome variables of interest, i.e., well-being as defined by good health (physical and mental), life satisfaction and orientation to the future. These findings suggest that future research should employ all three of these components within future analyses of similar life outcomes. The findings related to racial identity brings forth some clarity about the function of the subcomponents, specifically public regard and centrality, both of which have their predictive power and validity called into question on numerous occasions (Yap et al., 2011). While centrality did not show up in more than one model and therefore may not be as strongly associated with these measures of well- being, public regard showed up much more frequently. Also of special interest are the different patterns of significance that are evident in the variables measuring discrimination. The different patterns of significance that were evident for frequency of discrimination and feelings about discrimination suggest that the amount of discrimination one experiences and the feelings generated by that discrimination should be explored further as separate constructs. Discrimination also seems to act as a solid modifier as it showed up as a moderator in several models. Life stressors (life events and financial strain) also proved to be

moderating variables in the analyses. Thus, discrimination and life stressors should be included in future analyses that utilize racial identity, religiosity and neighborhood conditions as predictors.

The significant impact of racial identity, religiosity and neighborhood conditions as main effects and in interaction terms suggests the importance of more than simply utilizing their separate scales in a study. The creation of a scale that measures racial identity, religiosity, and neighborhood conditions separately as well as their influence on each other will also be beneficial. Determining whether racial identity, religiosity and neighborhood conditions are exclusive items or inseparable constructs would be an important step in better understanding this particular population. As the research on the African American population often speaks of the racial and religious self as one, it seems logical to interrogate how much each impacts the other (Hoffman, et al. 2008). The relationships between racial identity, religiosity and neighborhood conditions should also be engaged with variables other than well-being (i.e., relationship climate) to assess how all of these impact other relevant variables for this population. Also, conducting similar analyses in different populations is an important next step in this line of research. While this study benefitted from focusing on a very specific population, the limited variability does offer research questions. As this is a very distinct population; (low-income, predominately female and southern), this investigation should be expanded to include the varying populations throughout the South as well as other regions in the United States.

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APPENDIX: INSTRUMENTS

Multidimensional Model of Racial Identity
{The Multidimensional Inventory of Black Identity (MIBI)}

The Multidimensional Inventory of Black Identity (MIBI) was developed to measure the three stable dimensions of the MMRI (centrality, ideology, and regard) in African Americans college students and adults (Sellers, Rowley, Chavous, Shelton, & Smith, 1997). A 7-point response scale is used with 1=strongly disagree and 7=strongly agree.

Centrality Scale

1. Overall, being Black has very little to do with how I feel about myself. **(R)**
2. In general, being Black is an important part of my self-image.
3. My destiny is tied to the destiny of other Black people.
4. Being Black is unimportant to my sense of what kind of person I am. **(R)**
5. I have a strong sense of belonging to Black people.
6. I have a strong attachment to other Black people.
7. Being Black is an important reflection of who I am.
8. Being Black is not a major factor in my social relationships. **(R)**

Regard Scale
Private Regard Subscale
1. I feel good about Black people.
2. I am happy that I am Black.
3. I feel that Blacks have made major accomplishments and advancements.
4. I often regret that I am Black. **(R)**
5. I am proud to be Black.
6. I feel that the Black community has made valuable contributions to this society
Public Regard Subscale
1. Overall, Blacks are considered good by others.
2. In general, others respect Black people.
3. Most people consider Blacks, on the average, to be more ineffective than other racial groups. **(R)**
4. Blacks are not respected by the broader society. **(R)**
5. In general, other groups view Blacks in a positive manner.
6. Society views Black people as an asset.

Religious Participation

This scale consists of items related to consistency of attendance at religious functions, readings of religious material, and frequency of prayer. A total of five questions make up this scale and all variables were measured on a 7-point scale (every day to once a year or less). Measure constructed by researcher.

1. How often do you attend religious services?
2. How often do you read religious books or materials?
3. How often do you watch or listen to religious material on TV or radio?
4. How often do you pray?
5. How often do you ask someone to pray for you?

Impact of a Higher Power

This scale has items concerned with the extent to which an individual proclaims control over his or her life by a higher power. This measure consists of nine items that were scored using a 7-point scale (strongly agree to strongly disagree). Measure constructed by researcher.

1. I can succeed with God's help
2. I rely on God to help me control my life
3. If I need help, God is there for me
4. God rewards me if I obey his laws
5. God helps me control my life
6. With God's help, I can be whatever I want to be
7. By placing myself in God's hands, I can accomplish anything
8. My actions are the result of God working through me
9. If I really want something, I pray to God to bring it to me

Neighborhood physical decay

A scale associated with participant reports on neighborhood upkeep and how much the neighborhood has deteriorated. This scale has four items (α= .82) targeting key areas such as vandalism and maintenance of property (Bolland & McCallum, 2002).

1. Too much graffiti in the neighborhood
2. Neighborhood is too loud or noisy
3. Too much vandalism in the neighborhood
4. Too many empty buildings in the neighborhood

Neighborhood Social Problems

Consists of five questions (α= .91) related to issues occurring within, the neighborhood (Bolland & McCallum, 2002). Questions are related to neighborhood alcohol consumption, drug use, and the character of members of the neighborhood.

1. Too many people hang around the neighborhood
2. Too much drug use in neighborhood
3. Too much alcohol use in neighborhood
4. Neighbors cause a lot of trouble
5. Too much crime in neighborhood

Psychological Sense of Community

The extent to which individuals feel as if they belong to, are responsible for, and are one with their community. This measure has seven items (α= .81) which generally pertain to the neighborhood's tendency for people to look out for one another (Bolland & McCallum, 2002).

1. People watch out for each other in neighborhood
2. Can trust people in the neighborhood
3. People in neighborhood know their children's friends
4. Adults in neighborhood know who local children are
5. Adults in the neighborhood who children can look up to
6. Parents in neighborhood know each other
7. Adults watch out for children in neighborhood

Informal Social Control

Addresses the tendency of individuals within the community to protect the community, this scale Consists of five questions (α= .74), and asks whether neighbors attempt to stop fights, vandalism or drug distribution within the community (Sampson &Laub, 1997).

1. Neighbors stop kids spraying sidewalks
2. Neighbors stop kids from gambling
3. Neighbors stop drug dealers
4. Neighbors break up fights
5. Neighbors help someone being attacked

Neighboring Behavior

Is a six item scale (α= .72) consisting of items related to how much neighbors engage in helpful behavior for each other (Bolland & McCallum, 2002). Questions addressed within the survey include requests of housesitting, loans, childcare, visits and discussing personal issues with neighbors.

1. Neighbors ask you to watch their home
2. Neighbors ask you to loan them food
3. Neighbors ask you to watch their children
4. Neighbors talk with you about a personal problem
5. Neighbors ask you to visit their home
6. Neighbors ask you to give them information about neighborhood

Criminal Victimization

Is a participant report of his or her experiences with crime victimization, this scale has two items (α= .82) and consists of a question pertaining to being assaulted or being a victim of burglary within the past year (Martinez & Richters, 1993).

1. Been mugged or assaulted during past year
2. Home broken into during past year

Neighborhood Violence

A measure of participant reported experiences with criminal or violent behavior that has taken place within the limits of the neighborhood. This scale consists of five items (α= .82) and addresses issues such as witnessing a violent crime or feeling the need for increased safety precautions (Martinez & Richters, 1993).

1. Seen a fight with weapons during past 3 months
2. Heard gunshots during past week
3. Seen a violent argument between neighbors during past 3 months
4. Seen a gang fight during past 3 months
5. Seen someone badly hurt during past 3 months

Inventory of Socially Supportive Behaviors (ISSB)

RATE THE FREQUENCY OF EVENTS USING THE FOLLOWING CATEGORIES. Not at all - About every day Note: Items followed by an R should be reversed when coding.

Scale items:
1. Looked after a family member when you were away.
2. Was right there with you (physically) in a stressful situation.
3. Provided you with a place where you could get away for a while.
4. Watched after your possessions when you were away (pets, plants, home, apartment, etc.).
5. Told you what she/he did in a situation that was similar to yours.
6. Did some activity together to help you get your mind off of things.
7. Talked with you about some interests of yours.
8. Let you know that you did something well.
9. Went with you to someone who could take action.
10. Told you that you are OK just the way you are
11. Told you that she/he would keep the things that you talk about private-just between the two of you.
12. Assisted you in setting a goal for yourself.
13. Made it clear what was expected of you.
14. Expressed esteem or respect for a competency or personal quality of yours.
15. Gave you some information on how to do something.
16. Suggested some action that you should take.
17. Gave you over $25.
18. Comforted you by showing you some physical affection.
19. Gave you some information to help you understand a situation you were in.
20. Provided you with some transportation.
21. Checked back with you to see if you followed the advice you were given.
22. Gave you under $25.
23. Helped you understand why you didn't do something well.
24. Listened to you talk about your private feelings.
25. Loaned or gave you something (a physical object other than money) that you needed.
26. Agreed that what you wanted to do was right.
27. Said things that made your situation clearer and easier to understand.
28. Told you how he/she felt in a situation that was similar to yours.
29. Let you know that he/she will always be around if you need assistance.
30. Expressed interest and concern in your well-being.
31. Told you that she/he feels very close to you.
32. Told you who you should see for assistance.
33. Told you what to expect in a situation that was about to happen.
34. Loaned you over $25
35. Taught you how to do something.
36. Gave you feedback on how you were doing without saying it was good or bad.
37. Joked and kidded to try to cheer you up.
38. Provided you with a place to stay.
39. Pitched in to help you do something that needed to be done.
40. Loaned you under $25.

Racism and Life Experiences Scales (DLE-R; Harrell, 1997)

The DLE-R is a 19-item scale which assesses the frequency to which respondents experience ''micro-aggressions'' in their everyday life experiences because of race or racism.

1. Ignored or overlooked
2. Treated rudely or disrespectfully
3. Accused of something
4. Others were afraid
5. Followed in a public place
6. Talked down to
7. Ideas or opinions minimized
8. Overheard an offensive joke
9. Insulted or called a name
10. Others expect inferior work
11. Not taken seriously
12. Left out of conversations
13. Treated superficially
14. Avoided by people
15. Stared at by strangers
16. Made fun of
17. Mistaken for someone else
18. Harassed by the police
19. Not hired for a job

The Racism Experiences Stress Scale (EXP-STR; Harrell, 1997)

The EXP-STR is a 19-item scale used to measure discrimination distress. Taken from the Racism and Life Experiences Scales that assesses racism experiences in terms of their stressfulness.

1. Ignored or overlooked ---bothered
2. Treated rudely or disrespectfully ---bothered
3. Accused of something ---bothered
4. Others were afraid ---bothered
5. Followed in a public place ---bothered
6. Talked down to ---bothered
7. Ideas or opinions minimized ---bothered
8. Overheard an offensive joke ---bothered
9. Insulted or called a name ---bothered
10. Others expect inferior work ---bothered
11. Not taken seriously ---bothered
12. Left out of conversations ---bothered
13. Treated superficially ---bothered
14. Avoided by people ---bothered
15. Stared at by strangers ---bothered
16. Made fun of ---bothered
17. Mistaken for someone else ---bothered
18. Harassed by the police ---bothered
19. Not hired for a job ---bothered

List of Threatening Experiences

A 30-item life events scale that addresses such household changes as death, change in income, changes in mental or physical health, new household member, state removal of a member, or relocation. This scale utilizes a yes or no dichotomous response (Brugha, & Cragg, 1990).

1. Adult in household lost or quit job: 1 year
2. Adult in household changed jobs: 1 year
3. Someone who lived in household moved out: 1 year
4. Someone who moved out of household moved back in: 1 year
5. Someone new moved into household: 1 year
6. Someone in household got married: 1 year
7. Someone in household got separated or divorced: 1 year
8. Someone in household had a baby: 1 year
9. Someone in household adopted a baby or became a foster parent: 1 year
10. Child in household placed in foster care: 1 year
11. Child in household started school: 1 year
12. Family moved into new house or apartment: 1 year
13. Household member developed mental health problem: 1 year
14. Close relative who doesn't live in household developed mental health problem: 1 year
15. Close family friend developed mental health problem: 1 year
16. Household member went to jail: 1 year
17. Close relative who doesn't live in household went to jail: 1 year
18. Close family friend went to jail: 1 year
19. Household member attempted or committed suicide: 1 year
20. Close relative who doesn't live with you attempted or committed suicide: 1 year
21. Close family friend attempted or committed suicide: 1 year
22. Household member became seriously ill: 1 year
23. Close relative who doesn't live with you became seriously ill: 1 year
24. Close family friend became seriously ill: 1 year
25. Household member was hospitalized: 1 year
26. Close relative who doesn't live with you was hospitalized: 1 year
27. Close family friend was hospitalized: 1 year
28. Household member died
29. Close relative who doesn't live with you died
30. Close family friend died

Financial Stress

The financial stress scale includes unexpected financial strain such as household/car repairs and hospital bills, as well as issues related to worrying about being able to afford to survive, pay for holidays and other expenses. This scale utilizes a yes or no dichotomous response.

1. Leaky roof or ceiling: 6 months
2. Plumbing problems: 6 months
3. Broken windows: 6 months
4. Electrical problems: 6 months
5. Kitchen appliance problem: 6 months
6. Couldn't afford doctor: 6 months
7. Put money in bank: 6 months
8. Didn't have enough money: 6 months
9. Hard for family to live on income: 6 months
10. Money problems: 6 months
11. Worried about money: 6 months
12. Financial problems interfered with relationships: 6 months
13. Worried about disappointing children purchases: 6 months
14. Worried about holiday celebrations because of money: 6 months
15. Put off family activities because of money: 6 months
16. Feel bad because you couldn't buy child things: 6 months
17. Go hungry: 6 months
18. Worry about homelessness: 6 months

Overall Physical Health

A 1-item self-reported measure of overall physical health on a 5- point scale (excellent to poor) is used to gauge individual perception of health.

1. Rate overall physical health

Physical Health Change

1-item self-reported measure of physical health change on a 5-point scale (much better than last year – much worse than last year).

1. Rate how much physical health has changed over the past 12 months

Health Limitations

A nine item measure of the extent to which health limits physical activity such as walking and carrying grocery items; this scale was developed by the researcher from items on the adult survey. Scale of 1 to 3.

1. Health limits vigorous activities
2. Health limits moderate activities
3. Health limits carrying groceries
4. Health limits climbing stairs
5. Health limits bending, kneeling
6. Health limits walking
7. Health limits bathing, dressing self
8. Pain interfered with normal work
9. Health interfered with social activities: 1 month

Overall Mental Health

1-item self-reported measure of overall *mental health* on a 5- point scale (excellent to poor) is used to gauge individual perception of mental health.

1. Rate overall mental health

Mental Health Change

1-item self-reported measure of mental health change on a 5-point scale (much better than last year – much worse than last year).

1. Rate how much mental health has changed over the past 12 months

Center for Epidemiologic Studies Depression Scale (CES-D)

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells.
18. I felt sad.
19. I felt that people disliked me
20. I could not get "going."

Future Orientation
A 23-item measure adapted which addresses faith and hope for a successful future.

1. Look forward to the future with hope
2. Might as well give up because can't make things better
3. When things are bad, they won't stay that way
4. Can't imagine life in 10 years
5. Have enough time to accomplish the things I want to do
6. Expect to succeed in the future
7. Future seems dark
8. Expect to get more good things in life than average person
9. Don't get breaks, and don't expect to in the future
10. Past experiences have prepared me for the future
11. All I see ahead is unpleasantness
12. Don't expect to get things I really want
13. Expect to be happier in the future than now
14. Things won't work out the way I want
15. Have great faith in the future
16. Never get what I want so it's foolish to want anything
17. Unlikely I will get real satisfaction in the future
18. Future seems vague and uncertain
19. Expect more good times than bad times in the future
20. No use in trying to get what I want, because I won't get it
21. I am a person of worth
22. I have good qualities
23. I am a failure
24. I am able to do things as well as other people

Life Satisfaction

Is a 10-item scale adapted from the Satisfaction with Life Scale ($\alpha. =89$) addressing current views of place in life (Brugha, & Cragg, 1990 & Pavot & Diener, 1993).

1. My life is close to my ideal
2. The conditions of my life are excellent
3. I am satisfied with my life
4. I have gotten the important things I want in life
5. If I find myself in a jam, I can think of many ways to get out of it
6. I energetically pursue my goals
7. There are a lot of ways around any problem I face
8. I see myself as being pretty successful
9. I can think of many ways to reach my goals
10. I am meeting the goals I have set for myself