

# UW to study link between recession-related stress and health in older Americans

April 19 2016, by Deborah Bach

The Great Recession devastated millions of Americans financially—but what impacts did that economic stress have on their physical and mental well-being? Gillian Marshall, an assistant professor of social work at the University of Washington Tacoma, wants to answer that question.

Marshall was awarded a five-year, \$654,000 grant from the National Institutes of Health to study the link between financial hardship and <u>health</u>. She is the first faculty member at UW Tacoma to receive an NIH Mentored Research Scientist Career Development Award. Marshall recently sat down for an interview with UW Today to answer a few questions about her project.

#### Why did you want to undertake this project?

My research has primarily been around looking at different types of stressors that impact older adults. With the 2008 recession, I began to wonder what financial stressors older people are experiencing and how are those impacting their health? Most people that were writing about this were in the economics field. They weren't really focused on any physical or mental health issues, so I thought this would be a nice way to close that gap in the research. We know there's an association between stress and mental health, like depression and anxiety. But we really don't know much about the financial piece.

#### What questions are you hoping to answer through this



#### work?

The main question is, what is the association between stressful life events, like a job loss, any sort of life event—a recession, for example—and overall stress related to finances? How does that impact our mental and physical health? A review of the literature suggests that it doesn't really show up instantly. It takes time. So this longitudinal dataset allows me to look at this relationship over time. Once we have identified the mechanisms involved, then the next phase will be, at what point and how do we intervene?

What data will you be looking at? I'm using the <u>Health and Retirement</u> <u>Study</u>. It's a national representative dataset that collects information about people's income, health insurance and costs, physical health and other indicators. The study has been collecting data on persons age 50 years and over since 1992. They collect biannually, every two years, so I will have about seven waves of data to look at, which is very exciting.

## The recession ended years ago. Is there reason to think that the negative health impacts it led to are ongoing for some folks?

Well, there are two ways to think about this. Some have found that recessions are good for your health, meaning that when we look at groups of people, mortality rates decline when there is a recession. An alternative viewpoint is that common events that occur during recessions, such as job loss, unemployment and <u>financial hardship</u> lead to poor health outcomes.

I think the recession isn't over. There are still a lot of residual impacts, and the effects of the recession, we're still seeing some of those things. Using the data, I can look at some of these associations over time and



look at how people are faring after the recession. I suspect that I'm going to see there are still some challenges. We're dealing with a population that people assume is financially secure, when in reality, even if you were well-off, this recession was unique in that it was sudden and it impacted even a lot of wealthy people that had money tied up in the stock market.

It affected people regardless of socioeconomic status, which is what makes this situation so unique. And it's not like older people can just go out and get a job and recoup some of the money they lost. It is rare that employers are willing to hire people in their 70s; let's be honest. Among professionals, we see that they stayed in the job market longer. I have a colleague who is almost 80 and he was planning on retiring, and he said he couldn't. When he read my grant proposal, he said, "You're talking about me. I have to stay in the job market."

#### Your project has a particular focus on the impact of the recession on older Americans. Why are you interested in this population?

I'm a gerontologist, so my population of interest has always been older people. Although I position myself primarily as a gerontologist who also looks at health disparities, this study also allows me to examine middleage adults before they enter late life. I'm sure this is also happening among younger populations in their 20s and 30s, but I'm most interested in what's happening with this population, particularly because they're not able to recoup money as quickly as a younger group could.

Your project will look at how financial strain impacts mental and physical health differently by race and gender. Do you anticipate that you'll see differences along race and gender lines?



I think I might. Based upon my preliminary data, financial strain strongly predicts poor <u>mental health</u> and <u>physical health</u> conditions for at-risk groups, such as older Americans, African American women and Latina women. Older African Americans and women, for example, are particularly vulnerable to developing poor health outcomes and may be more likely than whites and men to suffer poor consequences as a result of changes in economic conditions, such as a recession. But because this recession was so sudden and it impacted people regardless of socioeconomic status, we just don't know.

## You'll also be looking at the role social networks play in mental and physical health. Can you tell me a little about that?

What I mean by social networks is how much <u>social support</u> you have. Literature says older African Americans tend to have a lot more social support through church, family, et cetera. But there's a phenomenon known as negative social support—if you're continuing to ask for assistance and money, maybe it's straining this relationship, and therefore you have a negative social support system. So the person is still part of your social support network, but there's tension now. I will be looking to see if that social support is really going to alleviate some of that stress, or instead compound the stress.

#### Provided by University of Washington

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