Correlates of Self-Rated Health and Self-Rated Mental Health in Order Chinese Americans

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Abstract:

Purpose. Individuals from different racial and ethnic backgrounds may vary in conceptualizations and evaluations of their own physical and mental health status. With the parallel wording structure, the single items of self-rated health (SRH; “how would you rate your overall health?”) and self-rated mental health (SRMH; “how would you rate your mental health?”) have potential to serve as an efficient but robust indicator of global health and to facilitate more comprehensive understandings of the dynamics of health. The present study examined the factors associated with SRH and SRMH in older Chinese Americans.

Methods. Data were drawn from surveys with 108 community-dwelling Chinese American older adults (Mean Age=70.6, SD=7.70) in Central Florida. Bivariate correlations among study variables and multiple regression models of SRH and SRMH were conducted. For regression models, sufficiency in the ratio between the number of predictor variables and the sample size was ensured. The common sets of predictors for both SRH and SRMH were: (1) demographic characteristics (age, gender, marital status, and acculturation), (2) physical health indicators (chronic conditions and functional disability), and (3) mental health indicators (depressive symptoms). Educational attainment, birth place, and length of residence in the U.S. were also asked; however, they were excluded from the main analyses due to the conceptual and statistical overlaps with the level of acculturation.

Results. All physical and mental health indicators were correlated with SRH and SRMH in the expected directions, and no sign of collinearity was observed (all rs ≤ .48). In the initial step of the multiple regression models for both SRH and SRMH, only acculturation was found to be significant. Individuals with lower levels of acculturation were likely to have poorer ratings of their physical and mental health. In the subsequent step with an entry of physical health indicators, both chronic conditions and functional disability emerged as significant predictors of poor ratings of physical and mental health. After controlling for background variables and physical health indicators, the significance of depressive symptoms was only obtained in the model of SRMH. The amount of variance explained by the estimated model was respectively 30% (F = 5.11, p < .001) in SRH and 38% (F = 7.35, p < .001) in SRMH.

Implications. Findings demonstrate that physical health indicators play an important role in shaping individuals’ self-perceptions of both physical and mental health. The strong association between physical/mental health indicators and SRMH reflects the body-mind connection among older Chinese Americans and provides implications for integrative health promotion efforts.