

Linked Lives in the Great Recession: Personal and Family Mortgage Delinquency and Financial Stress and Older Adult Health and Well-Being

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ABSTRACT

The economic crisis that began in 2008 is expected to have significant immediate and long-term consequences for the health and well-being of the older adult population. However, there is currently limited research on how the recession was experienced by older adults. Furthermore, the experiences of older adults may have been linked to the recession experiences of their family. Therefore, the health and well-being of older adults may have been shaped not only by their own personal experiences in the recession, but also the experiences of their families. This study used data from a subsample of the Health and Retirement Study to examine associations between housing instability and financial strain experienced by older adults and their families and older adult's social and health characteristics. Initial results show that disadvantaged groups, including non-whites and less educated older adults, were at greater risk of experiencing housing instability or financial strain themselves or through their families. In addition, net of sociodemographic characteristics, older adults who were affected by the recession were more likely to report poor health and well-being.

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INTRODUCTION

The economic crisis and recession that began in 2008 was accompanied by increases in joblessness, housing instability, and financial strain. The recession is expected to have significant immediate and long-term consequences for the health and well-being of the population (Sargent-Cox, Butterworth, and Anstey 2011). The current financial crisis, therefore, provides an ideal opportunity to further our understanding of social and economic influences on health. The impact of the recession may be particularly acute for older adults who are more likely to be at increased risk of health declines related to economic stress. However, there is currently very little research on the impact of the economic recession on older Americans.

Although the health effects of the economic crisis may be more likely to manifest in the older adult population, there is some debate about whether older Americans have been insulated from the economic stress and uncertainty of the recession. On the one hand, older adults were less likely to have experienced joblessness or housing instability as a result of the financial crisis (Morin and Taylor 2009). On the other hand, losses in the stock market had a greater impact on the retirement plans of older adults. However, limiting the assessment of the impacts of the recession to an individual's personal experience of joblessness, housing insecurity, and financial distress overlooks the social context in which this economic crisis took place. For instance, older adults who were less affected by the financial crisis might have been expected to provide assistance to their adult children and other family members in financial difficulty.

Families represent an important social context in which social and economic changes are experienced. The experiences of individuals and their families during the recession were intertwined and evaluations of the individual-level effects of the financial crisis should consider the experiences of the individual in relation to their family and other close social relationships. The recent economic crisis, therefore, provides an opportunity to extend research on broader sociological questions relating to the ways in which individuals experience social and economic change in the context of their close social relationships.

Using the linked lives perspective in life course theory as an orienting theoretical framework, this study examines the association between recession-related experiences with mortgage delinquency and financial hardship, for both older individuals and their families, and the health and well-being of older Americans. In addition to providing new empirical data on how the recession has affected older adults, this study contributes to our understanding of the interdependency of human lives and the significant role of families in shaping individual experiences of social and economic changes.

THEORETICAL AND EMPIRICAL BACKGROUND

Interdependence of Linked Lives

This study draws on life course theory to frame our understanding of how socio-historical events, such as the Great Recession, affect individuals both directly through changes in their own economic situation as well as indirectly through the changing fortunes of their families. One of the key principles characterizing the theoretical orientation of the life course perspective is the emphasis on linked lives. The principle of linked lives refers to the inherent interdependence of the lives of individuals in a shared social context, such as the family context, and how the experiences in one person's life can have significance for the lives of others as well (Elder 1994). This conceptual framework suggests that individuals will experience the recession not only through its impacts on their own life conditions, but also through its impact on the lives of their family.

A key proposition in life course theory is that the lives of individuals cannot be fully understood when without placing individual experience in the context of significant social relationships. Therefore, any evaluation of the impact of the recession on the lives of Americans must take into account how the recession affected their families as well. Older adults who are financially secure themselves may be an important part of the safety net of family, particularly grown children and grandchildren. The misfortunes experienced by adult children can then become the problems of their aging parents (Elder 1994; Pillemer and Suitor 1991). For instance, prior research has found that adult children's experience of financial strain and unemployment is associated with poorer health and well-being among their parents (Greenfield and

Marks 2006; Milkie, Bierman, and Schieman 2008). Thus even if an older adult has not been directly affected by the recession, they may have experienced the recession indirectly through their family's experience with housing instability, joblessness, and financial strain.

Older Adults in the Great Recession

With the exception of the implications for retirement timing and investment income, the effects of the recession on older Americans have been largely overlooked. The prevailing perspective is that older Americans have been the most insulated from the effects of the recession (Morin and Taylor 2009). Older adults are more likely to be retired and own their homes outright and were therefore less likely to have experienced joblessness and housing instability during the recession. However, older adults did not have uniform experiences during the recession; some demographic groups fared worse than others. For instance, older racial and ethnic minorities fared worse than older whites during the recession (Morin and Taylor 2009). To date there has been very little empirical research documenting how older adults have been affected by the recession and how these experiences have been distributed across population subgroups.

The stress of the recent financial crisis may have important implications for the health and well-being of Americans who have experienced a job loss or home foreclosure (Bennett, Scharoun-Lee, and Tucker-Seeley 2009). Even older Americans who have not themselves experienced housing instability, joblessness, and financial strain may still have been adversely affected by the recession through the experience of their family and close friends. For instance, parents of adult children experiencing housing instability or joblessness may provide financial assistance to their children. In addition, older adults who have family members experiencing financial stress as a result of the recession may worry about those family members and feel distress over their family's problematic economic situation, perhaps even more so if they are not in a position to help their family.

This study draws on the linked lives perspective within life course theory to extend our understanding of how the recession affected older Americans. This study addresses the following research

questions: Which subgroups of the population aged 50 and over were most negatively affected by the financial crisis and which subgroups had families who were negatively affected? What effects have the financial crisis had on health and well-being of older adults and how have these effects differed according to one's own experiences and the experiences of one's family?

DATA AND METHODS

Data

The data come from the Health and Retirement Study (HRS), a nationally representative ongoing survey of U.S. adults over the age of 50 (Juster and Suzman 1995). The HRS is designed to monitor social and economic conditions among older Americans and their impact on age-related changes in health, functioning, and well-being. The initial HRS interviews were conducted in 1992, with follow-up interviews conducted biannually from 1994 to 2010. We use data from the 2009 Internet Survey (Couper et al. 2007). Between March and August 2009 a sub-sample of HRS respondents – those with access to computers and who were regular users of the internet - (N=5,742) participated in an Internet-based survey that included questions on health and well-being and the recent financial crisis. A total of 4,433 respondents completed the Internet Survey, for a survey response rate of 77.2%.

Measures

Health and Well-Being

We use three measures of health and well-being; self-reported health, sleeping difficulty, and depression. Self-rated health is measured using the following question: "Would you say your health is excellent, very good, good, fair, or poor?" We collapsed the responses so that poor or fair health = 1 and excellent, very good, or good health = 0. Sleeping difficulty is measured using the following question: "In the last 30 days, how much difficulty did you have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?" We collapsed the responses so that moderate, severe or extreme difficulty = 1 and no or only mild difficulty = 0. Depression was measured

using a single item from the Center for Epidemiologic Depression (CESD) scale (Kohout et al. 1993) in which respondents were asked if they felt depressed much of the time during the past week. We coded responses so that yes = 1 and no = 0.

Housing and Financial Strain

Respondents were asked about their own as well as their family's experience with housing instability and financial strain due to the recession. Respondents were asked if they owned their homes and, for homeowners who owed money on their homes, if they had fallen more than two months behind on mortgage payments and if they had gone through a foreclosure. Respondents were also asked if anyone in their immediate family had fallen more than two months behind on their mortgage and if these family members had experienced a foreclosure. We assessed housing-related financial strain with a measure of whether the respondent had helped anyone in their immediate family with their house payments in the last year. All housing-related measures are dichotomous; yes = 1 and no = 0.

We also assessed financial strain related to the recession. Respondents were given the following prompt: "Over the past months there have been reports about the nation's financial problems, including large drops in the stock market and in the housing market and increased rates of foreclosure and joblessness." They were then asked if because of how they had been affected by these national problems they had received financial assistance (not including help housing payments) totaling \$500 or more in the last six months from family and friends. They were also asked if they had given such assistance to family or friends because of the nation's financial problems. These financial strain measures are dichotomous; yes = 1 and no = 0.

Finally, we include measures of the respondent's assessment of how they have been affected by the recession and their current financial situation. After the prompt about the nation's financial problems, respondents were asked: "As this financial crisis unfolds, more and more people have been affected in different ways. Have you been affected by these problems?" We coded the response categories so that no = 0, yes-a little = 1, and yes-a lot=2. Respondents were also asked: "How difficult is it for you and your

family to meet monthly payments on your family's bills?" We collapsed the response categories so that not at all and not very difficult = 0, somewhat difficult = 1, and very and completely difficult = 2.

Sociodemographic Characteristics

In bivariate and multivariate analyses we include measures of the respondent's age (in years), gender, race/ethnicity (white, black, Hispanic, and other), educational attainment (less than high school, high school or equivalent, some college, and college degree and higher), current partnership status (married or living with a partner, divorced or separated, widowed, and never married), and current employment status (employed, unemployed, and not in the labor force).

Statistical Analyses

First, sample characteristics are presented. The Internet sample is a subsample of the HRS and, for comparison between the two samples, sociodemographic characteristics are presented for both the 2009 Internet sample and the core 2008 HRS sample. Bivariate and associations between social and health characteristics and housing instability and financial strain are then presented. Finally, multivariate analyses are presented for the association between housing instability and financial strain and measures of health and well-being. Analyses were conducted using Stata 11SE.

PRELIMINARY RESULTS

Sample Characteristics

Table 1 shows sample characteristics for the 2009 HRS Internet sample as well as the sociodemographic characteristics of the core 2008 HRS sample for comparison. The sample was mostly female and white, and most sample members had at least some college education, were married or living with a partner, and were employed or not in the labor force. In comparison to the core HRS sample, which is representative of the U.S. population ages 50 and older, the Internet sample was slightly older with more women and fewer non-whites. The level of education was higher in the Internet sample and the

sample was composed of more individuals who were married or partnered as well as more unemployed individuals, compared to the core HRS.

-- Table 1 Here --

The sample was fairly healthy, with only 18% of respondents evaluating their health as being poor or fair and 12% reporting feelings of depression. One-third of the sample reported having at least moderate difficulty sleeping. Nearly 90% of the study members were home owners, though less than half still owed money on their homes. In this sample of adults ages 50 and older, few experienced housing instability. Only 1.5% reported falling behind on their house payments and less than 1% experienced a foreclosure. However, nearly 9% of respondents reported having a family member who had fallen behind on their house payments and 2.5% reported having family who had gone through a foreclosure. In addition, 5% of respondents helped a family member with their house payment. They largely provided this assistance to their grown children. While only 3% of respondents received non-housing related financial assistance, nearly 30% gave financial assistance to family and friends. Most assistance was given to children and, to a lesser extent, other relatives.

Finally, only 28% of respondents felt they had not been affected by the financial crisis, while 45% said they had been affected a little and nearly 27% said they had been affected a lot. However, the majority of the sample reported little difficulty paying their monthly bills, suggesting the effects of the financial crisis may not have been related to the respondent's own immediate financial situation.

Recession Experiences by Social and Health Characteristics

The next three tables show the percent of respondents who were themselves, or whose families were, negatively affected by the financial crisis by respondent social and health characteristics. Table 2 presents the associations between housing stability and respondent social and health characteristics. Although there were no gender differences in the respondent's experience of housing instability, women were more likely to report that someone in their family had experienced housing instability. Non-whites and their families were more likely to experience housing instability. Those with less education were also

more likely to both experience housing instability themselves, and have family who experienced housing instability. Married or partnered respondents were less likely to experience housing instability. As might be expected, the unemployed were more likely to report falling behind on their house payments and were also more likely to have family who fell behind on their house payments. Those reporting worse health and well-being were more likely to have experienced housing instability and have family who had fallen behind on their house payments.

-- Table 2 Here --

Table 3 presents associations between the exchange of financial assistance and respondent social and health characteristics. There were no gender differences in whether financial assistance was received from or given to family and friends. Non-whites were more likely to have given financial assistance to family members, both for house payments and other expenses. More educated respondents were more likely to have given assistance to family members to help with house payments. Those who were married or partnered were less likely to have received financial assistance. Assistance given to others did not vary by partnership status. The unemployed were more likely to have received financial assistance, but were less likely to have given financial assistance to family and friends, with the exception of assistance to family for house payments. Those with poor health and well-being were more likely to have received financial assistance, but were also more likely to have given assistance to family members for their house payments.

-- Table 3 Here --

In Table 4 the associations between reports of the effects of the financial crisis and current financial situation are presented by respondent social and health characteristics. Although there were no gender differences in reports of being affected by the financial crisis, more women reported having difficulty paying their monthly bills. Compared to blacks and Hispanics, whites were more likely to say they had been affected a lot by the financial crisis, but were less likely to report difficulty paying their bills. Similarly, those with more education were more likely to say they had been affected by the financial crisis but were less likely to report difficulty paying their bills. Fully 90% of unemployed respondents

said they had been affected by the crisis and 24% said it was very difficult or completely difficult to pay their bills. Respondents who had been affected by the financial crisis and had difficulty paying their bills also reported worse health and well-being, with the exception that respondents who reported having poor or fair health were less likely to say they had been affected by the financial crisis.

-- Table 4 Here --

Health and Well-Being

Table 5 presents the results from multivariate logistic regression models. Models predicting fair/poor self-related health, difficulty sleeping, and depression are presented in the rows, with key independent variables shown in the columns. Thus, coefficients for dichotomous independent variables come from separate models and pairs of non-omitted coefficients for categorical variables come from separate models. For each outcome, Model 1 controls for age, gender, race/ethnicity, and partnership status and Model 2 further controls for education and employment status.

-- Table 5 Here --

The results presented in Table 5 show that the odds of having poor health, sleeping problems, and depression are higher for individuals who have experienced housing instability, received or given financial or housing assistance, and who have a difficult financial situation. These results suggest that both one's own negative housing and financial experiences as well as the experiences of their families are associated with a greater likelihood of having poor health and well-being. These associations persist even with controls for key social and economic characteristics.

CONCLUSIONS AND NEXT STEPS

Very few older Americans had direct experience of joblessness and housing instability, the primary events that have characterized the recent financial crisis. However, nearly one-third of older adults gave financial assistance to family, mainly adult children, presumably to help make up for lost income due to the financial crisis. Importantly, the majority of older Americans feel they have been

affected by the financial crisis in some way. These findings underscore the importance of considering family experiences in addition to individual experiences with the recession.

This study also demonstrated key demographic differences in how the recession has been experienced. Women, non-whites, those with less education, single people, and the unemployed were more likely to experience housing instability and financial strain either in their personal lives or through family. Not surprisingly, those who were unemployed were most likely to say they had been affected a lot by the financial crisis. However, whites and those with more education were also more likely to say they had been affected a lot by the crisis, suggesting that individual assessments of the impact of the crisis on their lives may not match perfectly with their experiences with housing instability and financial strain, at least with respect to the measures used in this study. This study is among the first to show demographic differences in individual experiences with the recession and may be the first study to also show differences in whether one's family experienced housing instability and financial strain as a consequence of the recession.

Another key finding from this study is that the economic stress of the recession was associated with having poor health and well-being among older adults. The results supported a linked lives perspective, showing that adverse health was associated not only with the individual's personal experiences but also the experiences of their family members. Because this study uses cross sectional survey data it is not possible to determine whether poor health was a contributing factor in economic stress experienced during the recession, or a consequence of that stress. Prior research indicates that medical causes are a major contributor to home foreclosure (Robertson et al. 2008), for instance, and it is possible that some individuals had poor health prior to the financial crisis. However, even if poor health was not the direct consequence of the recession it is still significant that some individuals experienced both economic stress and poor health. It is these individuals, after all, who have been the most affected by the recession and they warrant our attention.

Next Steps

I plan to make several additions to the analyses presented here. A major limitation of the current study is the reliance on cross sectional data. The HRS is a longitudinal survey and I plan to incorporate information on prior health status in the analyses. This will allow me to evaluate changes in health status and determine whether individuals experienced health declines prior to the recession or subsequent to the recession. Another limitation of the current study is that it uses survey data that are not representative of the older U.S. population. The 2009 Internet sample is composed of a subsample of HRS respondents who said they regularly use the internet. This study, therefore, represents a select subset of the older adult population. A comparison of the study sample with the core HRS sample from the previous survey year shows that the Internet sample is composed of more white and college educated older adults. Some of the questions from the Internet Survey were asked to the core HRS sample. I will, therefore, run parallel analyses on the full HRS sample using a similar, but more limited, set of questions about the recession. This will enable me to compare results from the Internet sample with results from the nationally representative data and see if the findings differ.

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TABLES

Table 1. Characteristics of the 2009 HRS Internet sample and select characteristics of the 2008 HRS core sample.

	Internet Sample	HRS Core Sample
Age (in years), mean	66.2 (8.5)	64.8 (9.8)
Female, %	57.3	54.4
Race/Ethnicity, %		
White	88.1	81.4
Black	6.4	9.0
Hispanic	3.8	7.1
Other	1.7	2.6
Education, %		
College degree	38.5	25.0
Some college	29.1	24.1
High school	28.7	34.4
Less than HS	3.6	16.6
Partner Status, %		
Married/partnered	77.1	66.8
Divorced/separated	10.4	13.9
Widowed	10.6	15.6
Never married	1.9	3.8
Employment Status, %		
Employed	38.6	38.8
Unemployed	3.3	0.9
NILF	58.1	60.2
Poor/fair SRH, %	17.8	--
Difficulty sleeping, %	36.5	--
Depressed, %	12.4	--
Own home, %	89.5	--
Owe on home, %	45.0	--
Housing Instability, %		
R fell behind on payments	1.5	--
R foreclosed on	0.1	--
F fell behind on payments	8.9	--
F foreclosed on	2.5	--
R gave foreclosure assistance	5.1	--
Financial assistance, %		
R received	2.8	--
R gave	29.4	--

(cont. Table 1)			
Affected by financial crisis			
No	27.8		--
Yes, a little	45.3		--
Yes, a lot	26.8		--
Difficulty paying bills, %			
Not very	72.7		--
Somewhat	21.3		--
Very	6.0		--
Notes: R = Respondent, F = Family. Numbers for HRS sample are weighted.			

Table 2. Social and health characteristics associated with housing instability.

	Respondent				Respondent's Family			
	Behind on Payments		Experienced Foreclosure		Behind on Payments		Experienced Foreclosure	
	%	p-Value	%	p-Value	%	p-Value	%	p-Value
Gender								
Men	1.4	0.655	0.16	0.718	7.0	<.001	2.0	0.087
Women	1.6		0.12		10.3		2.8	
Race/Ethnicity								
White	1.2	0.002	0.1	0.356	8.4	0.015	2.4	0.081
Black	3.3		0.4		12.7		1.8	
Hispanic	4.3		0.0		10.7		3.6	
Other	2.8		0.0		15.9		6.8	
Education								
College degree	1.0	0.019	0.0	n/a	6.3	<.000	1.8	0.053
Some college	2.4		0.4		9.0		2.4	
High school	1.3		0.1		11.4		3.3	
Less than HS	1.9		0.0		14.5		3.8	
Partner Status								
Married/partnered	1.4	0.033	0.2	0.057	8.5	0.527	2.4	0.45
Divorced/separated	3.2		0.0		10.6		2.2	
Widowed	0.9		0.0		9.4		3.5	
Never married	1.2		1.2		10.6		1.2	
Employment Status								
Employed	2.2	<.000	0.2	0.203	9.7	0.052	2.7	0.598
Unemployed	10.9		0.7		12.8		2.8	
NILF	0.6		0.1		8.0		2.2	
Poor/fair SRH	1.7	0.645	0.4	0.058	11.4	0.011	3.0	0.283
Difficulty sleeping	2.2	0.012	0.3	0.15	10.5	0.009	2.9	0.161
Depressed	3.8	<.000	0.4	0.091	14.4	<.000	3.2	0.239

Notes: P values were obtained from significance tests using the Wald chi-square statistic. In one case p values were not obtained due to small sample size and resulting non-convergence of the model (n/a).

Table 3. Social and health characteristics associated with receiving and giving financial assistance.

	Received Financial Assistance		Gave Financial Assistance		Gave Housing Payment Assistance	
	%	p-Value	%	p-Value	%	p-Value
Gender						
Men	2.3	0.141	29.3	0.946	5.5	0.383
Women	3.1		29.4		4.9	
Race/Ethnicity						
White	2.6	0.322	29.1	0.073	4.9	0.057
Black	4.0		30.7		5.1	
Hispanic	4.2		27.6		7.8	
Other	1.4		43.1		11.0	
Education						
College degree	2.4	0.212	33.1	<.001	5.2	0.261
Some college	3.6		28.8		5.8	
High school	2.4		25.5		4.3	
Less than HS	2.6		24.5		7.1	
Partner Status						
Married/partnered	2.4	0.029	29.8	0.466	5.1	0.867
Divorced/separated	4.2		28.5		5.4	
Widowed	3.9		27.8		5.7	
Never married	4.8		23.2		3.6	
Employment Status						
Employed	2.9	<.000	31.6	0.019	4.1	0.033
Unemployed	12.8		23.2		7.1	
NILF	2.1		28.3		5.7	
Poor/fair SRH	4.0	0.027	31.9	0.095	7.7	<.001
Difficulty sleeping	3.9	<.001	31.0	0.095	6.3	0.011
Depressed	8.5	<.000	31.1	0.372	7.4	0.017

Notes: P values were obtained from significance tests using the Wald chi-square statistic.

Table 4. Social and health characteristics associated with assessments of the effects of the financial crisis and current financial situation.

	Affected by Financial Crisis, %				Difficulty Paying Bills, %			
	No	A little	A lot	p-Value	Not very	Some	Very	p-Value
Gender								
Men	27.8	44.8	27.4	0.749	75.7	19.4	5.0	<.000
Women	27.9	45.7	26.4		70.5	22.8	6.7	
Race/Ethnicity								
White	26.7	45.6	27.8	<.000	74.4	20.4	5.2	<.000
Black	40.4	46.9	12.7		58.2	29.3	12.5	
Hispanic	36.2	38.0	25.8		61.0	26.8	12.2	
Other	23.9	42.3	33.8		66.7	25.0	8.3	
Education								
College degree	20.2	47.8	31.9	<.000	79.7	16.1	4.2	<.000
Some college	28.3	45.3	26.4		67.4	25.5	7.1	
High school	34.3	43.4	22.2		69.5	23.7	6.8	
Less than HS	54.2	32.3	13.5		65.2	25.8	9.0	
Partner Status								
Married/partnered	26.8	45.7	27.5	0.075	75.0	19.9	5.1	<.000
Divorced/separated	29.7	43.7	26.6		57.9	30.9	11.2	
Widowed	33.6	43.1	23.2		70.5	22.7	6.8	
Never married	28.0	48.8	23.2		72.8	17.3	9.9	
Employment Status								
Employed	24.1	47.2	28.7	<.000	68.5	25.4	6.1	<.000
Unemployed	10.1	41.0	48.9		35.0	40.9	24.1	
NILF	31.3	44.4	24.3		77.7	17.5	4.8	
Poor/fair SRH	35.2	38.6	26.2	<.000	57.4	31.2	11.4	<.000
Difficulty sleeping	27.1	44.5	28.4	0.234	65.3	26.2	8.5	<.000
Depressed	26.3	42.0	31.8	0.027	45.9	34.2	19.8	<.000

Notes: P values were obtained from significance tests using the Wald chi-square

Table 5. Odds Ratios and 95% CIs from logisitc regression models predicting health outcomes

	Respondent Housing				Respondent's Family Housing							
	Behind on Payments				Behind on Payments				Experienced Forclosure			
Fair/Poor SRH												
Model 1	1.25	(0.67	-2.33)		1.53	(1.17	-2.01)	**	1.36	(0.85	-2.19)	
Model 2	1.24	(0.65	-2.38)		1.41	(1.07	-1.87)	*	1.33	(0.82	-2.17)	
Difficulty sleeping												
Model 1	0.59	(0.09	-1.08)	*	0.28	(0.06	-0.50)	*	0.30	-(0.09	-0.70)	
Model 2	0.47	-(0.03	-0.98)	+	0.24	(0.02	-0.47)	*	0.28	-(0.12	-0.68)	
Depressed												
Model 1	2.59	(1.50	-4.49)	***	1.78	(1.33	-2.37)	***	1.30	(0.76	-2.22)	
Model 2	2.20	(1.23	-3.93)	**	1.64	(1.22	-2.21)	***	1.08	(0.61	-1.92)	
	Respondent Financial Strain											
	Received Financial Assistance				Gave Financial Assistance				Gave Housing Payment Assistance			
Fair/Poor SRH												
Model 1	1.68	(1.09	-2.60)	*	1.20	(1.01	-1.42)	*	1.67	(1.22	-2.28)	**
Model 2	1.57	(1.00	-2.47)	*	1.32	(1.11	-1.58)	**	1.65	(1.19	-2.28)	**
Difficulty sleeping												
Model 1	1.76	(1.21	-2.54)	**	1.13	(0.98	-1.29)	+	1.44	(1.09	-1.89)	**
Model 2	1.61	(1.11	-2.36)	*	1.17	(1.02	-1.35)	*	1.43	(1.08	-1.88)	*
Depressed												
Model 1	3.75	(2.52	-5.58)	***	1.12	(0.91	-1.37)		1.68	(1.16	-2.42)	**
Model 2	3.36	(2.23	-5.07)	***	1.18	(0.96	-1.45)		1.55	(1.07	-2.26)	*
	Respondent Affected by Financial Crisis											
	No				A little				A lot			
Fair/Poor SRH												
Model 1	1.00				0.65	(0.54	-0.78)	***	0.77	(0.63	-0.96)	*
Model 2	1.00				0.73	(0.60	-0.88)	**	0.90	(0.72	-1.13)	
Difficulty sleeping												
Model 1	1.00				1.00	(0.86	-1.17)		1.13	(0.95	-1.34)	
Model 2	1.00				1.06	(0.91	-1.24)		1.21	(1.02	-1.45)	*
Depressed												
Model 1	1.00				0.94	(0.75	-1.19)		1.17	(0.91	-1.50)	
Model 2	1.00				1.01	(0.80	-1.28)		1.24	(0.96	-1.61)	
	Respondent Difficulty paying Bills											
	Not at all/not very				Somewhat				Very/completely			
Fair/Poor SRH												
Model 1	1.00				2.44	(2.02	-2.94)	***	3.57	(2.66	-4.79)	***
Model 2	1.00				2.42	(1.99	-2.93)	***	3.31	(2.43	-4.51)	***
Difficulty sleeping												
Model 1	1.00				1.71	(1.46	-1.99)	***	2.22	(1.70	-2.89)	***
Model 2	1.00				1.65	(1.41	-1.94)	***	2.02	(1.54	-2.64)	***

(cont. Table 5)													
Depressed													
Model 1	1.00					2.72	(2.19 -3.37)	***		2.63	(2.11 -3.27)	***	
Model 2	1.00					7.09	(5.28 -9.52)	***		6.44	(4.75 -8.75)	***	
*** p <.001; ** p < .01; * p < .05; + p < .10													
Note: Model 1 includes controls for age, gender, race/ethnicity, and partnership status. Model 2 adds controls for education and employment status.													