Table 1. Summary Table of Articles Included in Review

NR = Not Reported | AA = African American/Black | Age reported in years

Study Type	Source	Family Relationships	Sample & Condition	Theories & Methods	Study Outcomes/ Focus (Qualitative)
Intervention	Allen RS, Hilgeman MM, Ege MA, Shuster Jr JL, Burgio LD. Legacy activities as interventions approaching the end of life. J Palliat Med. 2008 Sep 1;11(7):1029-1038.	Family (broad reference); 2 people per family, 2 people reporting	31 family dyads; Patients approaching end of life with cancer, dementia, heart disease, renal failure, stroke: 70.97% AA, 74.19% Female, 75.29 mean age; Caregivers with anxiety, depression: 67.74% AA, 83.87% Female, 75.36 mean age	Revised stress and coping model, socioemotional selectivity theory; Randomized, contact control group design; two (group) by two (time assessment) mixed model ANOVA; Home visits, 3 visits over 3 weeks	Decrease caregiving stress, increase family communication
Intervention	Belle SH, Burgio L, Burns R, Coon D, Czaja SJ, Gallagher-Thompson D, et al. Enhancing the quality of life of dementia caregivers from different ethnic or racial groups: a randomized, controlled trial. Ann Intern Med. 2006 Nov 21;145(10): 727-738.	Children/parent; family (broad reference); siblings; spouses/partners; 2 people per family, 1 person reporting (Caregivers)	642 family dyads; Patients with dementia: 32.43% AA, 59.65% Female, 60.9 mean age; Caregivers with depression, mood disorders: 32.87% AA, 83.01% Female, 57.1 mean age	NR theory; RCT, baseline and follow-up survey assessments; generalized estimating equation models, linear regression; Home visits, telephone calls 12 sessions over 6 months	Quality of life, clinical depression
Intervention	Berry DC McMurray R, Schwartz TA, Skelly A, Sanchez M, Neal M, Hall G. Rationale, design,	Fathers/children; mothers/children; 2 people per family, 2 people reporting	358 family dyads; Parents with asthma, diabetes, overweight: 63% AA, 93% Female, 36.7 mean	Self-efficacy, social cognitive theory; Two-group longitudinal design, cluster RCT; clinical assessments,	Children: stabilization of BMI percentile trajectory from baseline to 18 months, Parents: Decrease in

Continued, Table 1. Summary Table of Articles Included in Review

	methodology and sample characteristics for the family partners for health study: a cluster randomized controlled study. BMC Public Health. 2012 Dec; 12(1), 250.		age; Children with asthma, diabetes, overweight: 63% AA, 56% Female, 8.6 mean age	surveys, general linear multivariate model; School setting, weekly sessions over 18 months	BMI from baseline to 18 months, Children and parents: adiposity, nutrition and exercise health behaviors, and self-efficacy
Intervention	Berry D, Turner M, Biederman D, Flanagan O. Benefits for Latino, African American, and white children and parents taught together in the same community-based weight management intervention. Hisp Health Care Int. 2009 Dec 1;7(4):203-212.	Parents/children; 2 people per family, 2 people reporting	40 family dyads; Children with overweight/obesity (BMI): 40% AA, 60% Female, 11.9 mean age 8-16 age range; Caregivers with overweight/obesity (BMI): 40% AA, 85% Female, 41.1 mean age 27-60 age range	NR theory; Pilot RCT; secondary analysis, descriptive statistics, ANOVA; NR setting, 12 weekly sessions	Body mass index, body fat percentage, pedometer steps, nutrition knowledge, stress management, parents' health responsibility
Intervention	Brody GH, Yu T, Chen E, Beach SR, Miller GE. Family-centered prevention ameliorates the longitudinal association between risky family processes and epigenetic aging. J Child Psychol Psychiatry. 2016 May;57(5):566-574.	Mothers/children; parents/children; 2 people per family, 2 people reporting	399 family dyads; Children with emotional distress, unhealthy behaviors: 100% AA, 54.67% Female, 11.73 mean age (control), 11.61 mean age (intervention); Caregivers with depression: 100% AA, NR Female, 37.56 mean age (control), 37.57 mean age	Risky family model; Cross-sectional interviews (surveys); medical data (glucometer data), structural equation modeling; Home, community facility, 7 sessions	Depression, exposure to harsh parenting

Continued, Table 1. Summary Table of Articles Included in Review

Intervention	Campbell LC, Keefe FJ, Scipio C, McKee DC, Edwards CL Herman SH, Donatucci C. Facilitating research participation and improving quality of life for African American prostate cancer survivors and their intimate partners: a pilot study of telephone-based coping skills training. Cancer: Interdiscip Int J Am Cancer Soc. 2007 Jan 15;109(S2):414-424.	Spouses/partners; 2 people per family, 2 people reporting	(intervention) 30 family dyads; Patients with prostate cancer: 100% AA, 0% Female, 62.1 mean age; Spouses/partners with anxiety, quality of life: AA NR, Female NR, 58.7 mean age	Self-efficacy; RCT; surveys, ANCOVA, t-tests, effect size calculations; Telephone calls, weekly sessions for 6 weeks	Enhance coping with side-effects, improve quality of life
Intervention	El-Bassel N, Jemmott JB, Landis JR, Pequegnat W, Wingood GM, Wyatt GE, Bellamy SL. National Institute of Mental Health multisite Eban HIV/STD prevention intervention for African American HIV serodiscordant couples: a cluster randomized trial. Arch Int Med. 2010 Sep	Spouses/partners; 2 people per family, 2 people reporting	535 family dyads; Family member with cancer, heart disease HIV positive, hypertension, substance abuse, STD, stroke: 50-100% AA, 60.37% Female, 43.41 mean age	Social cognitive theory, social ecological framework; NIMH Eban intervention, longitudinal cluster randomized controlled trial; biological specimens, audio computer-assisted self-interviewing; intent-to-treat analysis, generalized estimating equation models, risk ratios; Clinic sites, 8 weekly sessions over 12 months	Reduce HIV/sexually transmitted disease (STD) risk behaviors

Continued, Table 1. Summary Table of Articles Included in Review

	27;170(17):1594-601.			
Intervention	Forducey PG, Glueckauf RL, Bergquist TF, Maheu MM, Yutsis M. Telehealth for persons with severe functional disabilities and their caregivers: Facilitating self-care management in the home setting. Psychol Serv. 2012 May;9(2):144.	NR family relationship; 2 people per family, 1 person reporting (Caregivers); (Three studies reported within this article, we are sharing information about the third study.)	11 family dyads; Care recipient with dementia: NR AA, NR Female, 18-75 age range; Caregiver with depression, distress: 100% AA, 90.90% Female, 18-75 age range	NR theory; 3 pilot RCTs; surveys, clinical assessment; Wilcoxon's rank sum tests, chi square tests, t-tests, ANOVAs, Wilks' lambda, effect size estimates; Home, video calls, cognitive behavioral therapy CBT	Use of telecommunications technologies in promoting self-care management and enhancing health care outcomes
Intervention	Glueckauf RL, Davis WS, Willis F, Sharma D, Gustafson DJ, Hayes J, Stutzman M, Proctor J, Kazmer MM, Murray L, Shipman J. Telephone-based, cognitive-behavioral therapy for African American dementia caregivers with depression: Initial findings. Rehabil Psychol. 2012 May;57(2):124.	Adult children/parents; adult grandchildren/grandparents; spouses/partners; 2 people per family, 1 person reporting (Caregivers)	11 family dyads; Care recipient with dementia: 100% AA, 45.45% Female, 76.73 mean age; Caregiver with depression: 100% AA, 90.90% Female, 58.09 mean age	Self-efficacy, Stress Process Model; RCT with pre-post, two-group design; focus groups, surveys, chart review, semi-structured phone interviews; t-tests, thematic analysis, fidelity assessment; Home, telephone calls, university library, weekly sessions over 12 weeks	Changes in caregiver burden, assistance support, depression, and health status
Intervention	Gonzalez EW, Polansky M, Lippa CF, Gitlin LN, Zauszniewski JA. Enhancing resourcefulness to	Spouses/Partners; 2 people per family, 1 person reporting (Caregivers)	102 family dyads; Patients with Alzheimer's or dementia: 55.88% AA, 57.74% Female; Caregivers with	Interactional role theory, learned resourcefulness, self-regulation theory; Pilot RCT; face-to-face structured interviews; t-tests effect sizes; NR	Enhancing resourcefulness

Continued, Table 1. Summary Table of Articles Included in Review

	improve outcomes in family caregivers and persons with Alzheimer's disease: A pilot randomized trial. Int J Alzheimer's Dis. 2014;2014.		anxiety, depression: 56.86% AA, NR% Female, 61.91 mean age (intervention), 58.46 mean age (control)	setting, weekly sessions over 6 weeks	
Intervention	Guglani L, Havstad SL, Johnson CC, Ownby DR, Joseph CL. Effect of depressive symptoms on asthma intervention in urban teens. Ann Allergy Asthma Immunol. 2012 Oct 1;109(4):237-42.	Teens/caregivers; 2 people per family, 2 people reporting	355 family dyads; Teens with asthma, depression: 100% AA, 58.31% Female, 15.8 mean age (intervention groups) 15.9 mean age (control group); Caregivers with depression: NR AA, NR Female, NR mean age	NR theory; RCT; surveys; chi-square, Wilcoxin rank sum, logistic regression; School setting, 4 sessions	Uncontrolled asthma, quality of life
Intervention	Jacobson S, Wood FG. Lessons learned from a very small pilot study. Online J Rural Nurs Health Care. 2012 Dec 4;6(2):18-28.	Adult children/parent; friends; grandchildren/grandparents; spouses/partners; 3 people per family, 3 people reporting	3 family triads; Family member with diabetes, heart disease: 100% AA, 44.44% Female, 9-18 range age (children) 21-55 age range (adults)	Social cognitive theory; Feasibility intervention study; surveys, field notes; descriptive analysis and program evaluation; Home visits, 7 sessions over 7-9 months	Feasibility of in-home, educational diabetes intervention
Intervention	Jemmott III JB. Eban Health Promotion Intervention: Conceptual Basis and Procedures: The NIMH Multisite HIV/STD Intervention Trial for African American Couples Group. J	Spouses/Partners; 2 people per family, 2 people reporting	43 family dyads; Partners with cancer, coronary heart disease/heart attack, diabetes, hepatitis, HIV, hypertension, obesity, STD, substance abuse: 100% AA, 50% Female, NR mean age	Social cognitive theory; Formative research and description of intervention development and evaluation; Clinic sites, 8 sessions	Increase healthful behaviors, including physical activity, healthful dietary practices, ceasing cigarette smoking and alcohol abuse; practicing early detection and screening behaviors, and

Continued, Table 1. Summary Table of Articles Included in Review

	Acquir Immune Defic Syndr (1999). 2008 Sep 1;49(Suppl 1):S28.			improving medication adherence
Intervention	Kally Z, Cote SD, Gonzalez J, Villarruel M, Cherry DL, Howland S, Higgins M, Connolly L, Hepburn K. The Savvy Caregiver Program: Impact of an evidence-based intervention on the well-being of ethnically diverse caregivers. J Gerentol Soc Work. 2014 Oct 3;57(6-7):681-93.	Adult children/parents; family (broad reference); parents/adult children; siblings; spouses/partners; 2 people per family, 1 person reporting (Caregivers)	288 family dyads; Care recipient with Alzheimer's, dementia: NR AA, NR Female, 18-85 age range; Caregiver with depression, distress: 28.47% AA, 87.50% Female, 18 - 85 age range	NR theory; Intervention, pretest-posttest design; NR setting, 6 sessions over 6 weeks	Caregiver competence, reduced depression, greater tolerance for care recipients' memory problems, better management of their overall situation, improved perception of that situation
Intervention	NIMH Multisite HIV/STD Prevention Trial for African American Couples Group. Formative study to develop the Eban treatment and comparison interventions for couples. JAIDS J Acquir Immune Defici Syndr. 2008 Sep 1;49:S42-51.	Spouse/partners; 2 people per family, 2 people reporting	43 family dyads; Partners with depression, distress, HIV, physical abuse, PTSD & trauma symptoms, substance abuse: 100% AA, 50% Female, 42 mean age	Ecological model, grounded theory analysis, inductive reasoning, social networks & social support, social ecological framework; Formative research and pilot testing, focus groups and pre-post surveys, thematic analysis (focus groups), descriptive statistics; Clinic sites, 8 weeks	HIV-risk reduction (formative research)
Intervention	Ziegahn L, Styne D, Askia J, Roberts T, Lewis ET, Edwards W. Strategies to	Family (broad reference); NR people per family, 1 person reporting	NR family units; People with diabetes, heart disease, obesity: 83.33% AA, 87.50%	Community-based participatory research model CBPR; Coalition building, community-	Strategies to prevent and reduce diabetes and obesity

Continued, Table 1. Summary Table of Articles Included in Review

	prevent and reduce diabetes and obesity in Sacramento, California: The African American Leadership Coalition and University of California, Davis. Prev Chronic Dis. 2013;10.		Female, NR mean age	engaged research; focus groups, surveys; thematic analysis; Community setting, NR duration	
Mixed methods	Celano M, Bakeman R, Gaytan O, Smith CO, Koci A, Henderson S. Caregiver depressive symptoms and observed family interaction in low-income children with persistent asthma. Fam Process. 2008 Mar;47(1):7-20.	Family (broad reference); grandparents/grandchildren; mothers/children; 2-6 people per family, 2-6 people reporting	101 family units; Children with persistent asthma: 97% AA, 29% Female, 8.6 mean age; Caregivers with distress: 93% AA, 100% Female, 36.8 mean age	Biobehavioral Family Model, Family Stress Theory; Cross-sectional; in-home and clinic interviews (surveys), semi-structured interviews, video-taped structured interaction tasks; correlational analysis, multiple regression, coded interactions (standardized coding system)	Parenting behaviors and family processes (warmth/involvement, hostility, consistent discipline, relationship quality)
Mixed methods	Madden MH, Tomsik P, Terchek J, Navracruz L, Reichsman A, demons Clark T, Cella P, Weirich SA, Munson MR, Werner JJ. Keys to successful diabetes self-management for uninsured patients: social support, observational learning, and turning	Family (broad reference); NR people per family, All reporting about the family as a whole	26 family units; All participants with depression, diabetes: 57.7% AA, 65.38% Female, 52.5 & 54 median age	Health belief model, social cognitive theory, social networks & social support, transtheoretical model; Cross-sectional, semi-structured interview, data-matrices & immersion/crystallization with thematic analysis (qualitative); Fisher's exact test and Mann Whitney U tests (quantitative)	Un/successful diabetes, self-management

	points: a safety net providers' strategic alliance study. J Natl Med Assoc. 2011 Mar 1;103(3):257-64.				
Mixed methods	Mayberry LS, Harper KJ, Osborn CY. Family behaviors and type 2 diabetes: What to target and how to address in interventions for adults with low socioeconomic status. Chronic Illn. 2016 Sep;12(3):199-215.	Adult children/parents; adult grandchildren/grandparents; friends; parent/adult children; siblings; spouses/partners; NR people per family, All reporting about the family as a whole	53 family units; All participants with Type 2 diabetes mellitus T2DM: 69.8% AA, 73.6% Female, 57.3 mean age	NR theory; Cross-sectional, mixed methods; surveys and focus groups; Kruskal-Wallis & Fisher's Exact Tests, thematic analysis of qualitative data (including tone of voice)	Experiences with diabetes-specific family behaviors, willingness to engage family members in diabetes interventions
Mixed methods	Piamjariyakul U, Werkowitch M, Wick J, Russell C, Vacek JL, Smith CE. Caregiver coaching program effect: Reducing heart failure patient rehospitalizations and improving caregiver outcomes among African Americans. Heart & Lung: J Acute Crit Care. 2015 Nov 1;44(6):466-73.	Adult children/parents; adult grandchildren/grandparents; family (broad reference); parents/adult children; siblings; spouses/ partners; 2 people per family, 2 people reporting	20 family dyads; Family members with heart failure, osteoarthritis/pain, thyroid condition: 100% AA, 40% Female; Caregiver with depression, diabetes: 85% Female, 61.4 mean age, 40-76 age range	NR theory; Pre-post, mixed methods design with stratification and random assignment; descriptive statistics, crosstabs, chi-square, Cohen's d	Patient rehospitalizations, caregiver confidence, perceived social support, depression
Qualitative	Adams-Leander S. The experiences of African-American	Children/parents, family (broad reference), parents/children,	8 family dyads; Kidney recipient with ESRD,	Interpretive phenomenological approach; Longitudinal;	Experience of living, kidney donors

Continued, Table 1. Summary Table of Articles Included in Review

	living kidney donors. Nephrol Nurs J. 2011 Nov 1;38(6).	spouses/partners; 2 people per family, 1 person reporting	glomerulonephritis: NR AA, NR Female, 18-70 age range; Kidney donors with renal failure, substance abuse: 100% AA, 75% Female, 18-70 age range	open-ended interviews; reflexive and interactive data analysis process, including memo-ing, field notes, reflexive journaling	
Qualitative	Auslander WF, Sterzing PR, Zayas LE, White NH. Psychosocial resources and barriers to self-management in african american adolescents with type 2 diabetes. Diabetes Educ. 2010 Jul;36(4):613-22.	Mothers/children; 2 people per family, 2 people reporting	10 family dyads; Adolescents with asthma, diabetes, kidney disease, learning disability, obesity: 100% AA, 90% Female, 16.4 mean age, 14-19 age range; Parents with diabetes: 100% AA, 100% Female, 42.2 mean age	Grounded theory; Cross-sectional, phenomenological study, in-depth semi structured interviews; modified grounded theory and negative case analysis strategy	Psychosocial resources and barriers to diabetes self-management
Qualitative	Blixen C, Perzynski A, Cage J, Smyth K, Moore S, Sila C, Pundik S, Sajatovic M. Stroke recovery and prevention barriers among young african-american men: potential avenues to reduce health disparities. Top Stroke Rehabil. 2014 Sep 1;21(5):432-42.	Family (broad reference); children/parents; parents/children; spouses/partners; 1-2 people per family, 1-2 people reporting	10 family units; Survivors with depression, diabetes, hypertension, ischemic stroke, PTSD: 100% AA, 0% Female, 53 mean age, 34-64 age range; Care provider with distress: 100% AA, 100% Female, 54 mean age, 49-61 age range	Social ecological model of health behavior; Cross-sectional; focus groups, semi-structured interviews; constant comparative analysis method, thematic content analysis, participant review of coding and analysis	Stroke recovery and prevention barriers
Qualitative	Bornak A, Kirksey L. Dialysis access thrombosis in a	Adult children/fathers; family (broad reference); siblings; 7 people per	1 family unit; Family member with end stage renal disease	NR theory; Cross-sectional; case-study, medical history; review	Dialysis access thrombosis

Continued, Table 1. Summary Table of Articles Included in Review

	family cohort. J Natl Med Assoc. 2007 Aug;99(8):933.	family, 1 person reporting	ESRD, thrombosis: 100% AA, 57.14% Female, 39 mean age (diabetes mellitus, homocystinemia hypertension), 42-49 age range; Siblings with diabetes, hypertension, proteinuria, systemic lupus erythematosus (SLE): NR age; Father & uncle with cardiac related events, diabetes mellitus and hypertension: NR age	of evidence-based protocol for access maintenance	
Qualitative	Boutin-Foster C, Ogedegbe G, Ravenell JE, Robbins L, Charlson ME. Ascribing meaning to hypertension: a qualitative study among African Americans with uncontrolled hypertension. Ethn Dis. 2007;17(1):29-34.	Family (broad reference); NR people per family, 1 person reporting	60 family units; Family members with hypertension, heart disease: 100% AA, 92% Female, 61 mean age, 29-84 age range	Explanatory model, social network & social support; Cross-sectional; in-depth structured interviews; grounded theory analysis	Meaning of hypertension and factors that influence perceptions
Qualitative	Bowman KF, Rose JH, Deimling GT. Appraisal of the cancer experience by family members and survivors in long-term survivorship. Psycho-Oncol: J	Children/parents; spouses/partners; 2 people per family, 2 people reporting	109 family dyads; Survivor with cancer, distress: 35.8% AA, 56.0% Female, 73.3 mean age; Family member with anxiety, distress, depression: 35.8% AA 73.4%	Lazarus and Folkman stress-appraisal-coping theoretical framework; Cross-sectional; interviews (surveys); ordinary least squares regression	Appraisal of cancer experience during long-term survivorship

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	Psychol Soc Behav Dimens Cancer. 2006 Sep;15(9):834-45.		Female 61.0 Age mean		
Qualitative	Clottey EN, Scott AJ, Alfonso ML. Grandparent caregiving among rural African Americans in a community in the American South: challenges to health and wellbeing. Rural Remote Health. 2015 Jul 1;15(3).	Grandparents/grandchildren; NR people per family, 1-2 people reporting	NR family units; Grandparents with arthritis, asthma, chronic obstructive pulmonary disease, chronic pain, depression, diabetes, heart attacks, heart disease, hypertension, lupus, neuropathy, shingles, thyroid problem: 100% AA, 91.67% Female, 56-71 age range; Grandchildren with ADHD, allergies, anger management issues, asthma, learning disabilities, obesity: 100% AA Female NR, 3-16 age range	Social ecological model; weathering hypothesis (discussion); Cross-sectional; in-depth interviews, document review; content analysis	Challenges to health and wellbeing
Qualitative	Copeland VC, Snyder K. Barriers to mental health treatment services for low-income African American women whose children receive behavioral health services: an ethnographic investigation. Soc	Mothers/children; 2-7 people per family, 1 person reporting (mothers)	64 family units; Children receiving behavioral health treatment: NR AA, NR Female, NR Age; Mothers with anxiety, depression: 100% AA, 100% Female, 37 mean age, 23-63 age range	Social networks and social support model; Cross-sectional; ethnographic interviews; content analysis	Barriers to mental health treatment services

	Work Public Health. 2011 Jan 1;26(1):78-95.				
Qualitative	Flynn SJ, Ameling JM, Hill-Briggs F, Wolff JL, Bone LR, Levine DM, l Roter D, Lewis-Boyer L, Fisher AR, Purnell L, Ephraim PL. Facilitators and barriers to hypertension self-management in urban African Americans: perspectives of patients and family members. Patient Prefer Adher. 2013;7:741.	Adult children/parents; friends; siblings; parents/adult children; spouses/partners; NR people per family, All people reporting	18 family units, 30 individuals total; Patient with hypertension: 100% AA, 66.67% Female, 30-82 age range; Family member with hypertension: AA NR,75% Female, 25 – 62 age range	Health belief model, social cognitive theory, PRECEDE-PROCEDE model; Cross-sectional; focus groups; thematic analysis	Facilitators and barriers to hyper-tension self-management
Qualitative	Gallant MP, Spitze GD, Prohaska TR. Help or hindrance? How family and friends influence chronic illness self-management among older adults. Res Aging. 2007 Sep;29(5):375-409.	Friends; spouses/partners; NR people per family, 84 people reporting	84 family units, Patients with arthritis, diabetes, heart disease: 44.05% AA, 71.43% Female, 74.0 mean age (AA females), 75.8 mean age (AA males)	Interpersonal support beliefs, pathways linking social network interactions to health, self-efficacy, social cognitive theory; Cross-sectional; focus groups; thematic analysis	Positive and negative influences of family and friends on chronic disease self-management
Qualitative	Hamilton JB, Sandelowski M. Living the golden rule: Reciprocal exchanges among African Americans with cancer. Qual	Friends; siblings; spouses/partners; NR people per family,1 person reporting	28 family units; Family: 100% AA, 53.57% Female, 60 mean age; Women with breast cancer: 67 mean age; Men with prostate cancer: NR	Reciprocal relationships; Cross-sectional, grounded theory; open-ended, minimally structured interviews; intra- and cross-case displays, grounded	Reciprocal exchanges among AAs with cancer

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	Health Res. 2003 May;13(5):656-74.		theory analysis methods	
Qualitative	Lampley-Dallas VT, Mold JW, Flori DE. Perceived needs of African-American caregivers of elders with dementia. J Nat Med Assoc. 2001 Feb;93(2):47.	Adult children/parents; family (broad reference); friends; NR people per family, 13 people reporting	NR family units; Elders with dementia, organic brain syndrome; Caregivers with depression: 100% AA, 84.62% Female, 54 mean age, 40-79 age range	NR; Cross-sectional; surveys, focus groups; descriptive statistics, thematic analysis	Perceived needs, expectations of health care system, perceived success and satisfaction with meeting needs, level of distress
Qualitative	Rimando M. Perceived barriers to and facilitators of hypertension management among underserved African American older adults. Ethn Dis. 2015;25(3):329.	Family (broad reference); friends; NR people per family, 28 people reporting	NR family units; Family with diabetes, hypertension; Patients with arthritis, diabetes, hypertension, pain: 100% AA, 78.57% Female, 55-75 age range	Explanatory model, transtheoretical model; Cross-sectional; semi-structured interviews; thematic content analysis	Barriers and facilitators to hypertension management
Qualitative	Sterling YM, Peterson JW. Characteristics of African American women caregivers of children with asthma. MCN: Am J Maternal Child Nurs. 2003 Jan 1;28(1):32-8.	Parents/children; At least 2 people per family, All people reporting	19 family dyads; Children with asthma: NR AA, NR Female, 10.73 mean age, 9-12 age range; Parents with asthma, diverticulitis, glaucoma: 100% AA, 100% Female, 31-74 age range	Explanatory models of asthma, family caring, stress and coping womanist theory; Longitudinal; descriptive qualitative ethnography; interviews, observation, fieldnotes; thematic analysis	Attributes and characteristics of AA women caregivers of children with asthma
Qualitative	Thornton N, Hopp FP. "So I just took over": African American daughters caregiving for parents with heart failure. Fam Soc. 2011 Apr;92(2):211-7.	Parents/adult children; 2 people per family, 1 person reporting	7 family dyads; Patients with Alzheimer's, dementia, anxiety, cancer, coronary heart disease, diabetes: 100% AA, 71.43% Female, 72.7 mean age; Adult children	Damron-Rodriguez, Wallace, and Kingston's framework; kinship care; Waite's intergenerational solidarity framework for African American families; stress and coping model; Cross-sectional,	Caregiving for parent with heart failure

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			with back pain, depression, diabetes, hypertensions: 100% AA,100% Female, 45.29 mean age	phenomenological approach; interviews; open-coding, clustering, charts & note taking, thematic analysis	
Qualitative	Warren-Findlow J. Weathering: Stress and heart disease in African American women living in Chicago. Qual Health Res. 2006 Feb;16(2):221-37.	Fathers/children; mothers/children; NR people per family, 1 person reporting	12 family units; Person with arthritis, asthma, cancer (breast, cervical, and ovarian), depression, diabetes, high cholesterol, gastroesophageal reflux disease (GERD), hypertension, nonobstructive coronary artery), overweight or obesity, seizures, sleep apnea, stroke: 100% AA,100% Female, 50-73 age range; Family members with ADD heart attacks or heart-related illnesses, seizures: NR AA, NR Female, NR Age	Sojourner syndrome. weathering conceptual framework; Longitudinal, grounded theory; in-depth interviews; field notes, journaling, thematic analysis	Influence on chronic and cumulative stress on perceptions of heart disease/health
Qualitative	Warren-Findlow J, Prohaska TR. Families, social support, and self-care among older African-American women with chronic illness. Am J Health Promot. 2008 May;22(5):342-9.	Adult children; adult grandchildren/grandparents; family (broad reference); grandchildren/grandparents; mother siblings; spouses/partners; NR people per family, 1 person reporting	12 family units; Family member with anxiety, arthritis, asthma, depression, diabetes, gastro-esophageal reflux disease, hypertension, nonobstructive coronary artery disease, obesity, sleep	Explanatory model, Sojourner Syndrome, stress and coping model, weathering framework; Longitudinal, grounded theory; multiple in-depth interviews; thematic analysis	Type and extent of social support, helpful or inhibiting behaviors from families

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			apnea; Support person with heart attacks, obesity, strokes: 100% AA, 100% Female, 50-73 age range		
Qualitative	Wexler R, Elton T, Pleister A, Feldman D. Barriers to blood pressure control as reported by African American patients. J Nat Med Assoc. 2009 Jun 1;101(6):597-603.	Family (broad reference); NR people per family, 1 person reporting	26 family units; Family members with arthritis, cancer, diabetes, heart failure, hypertension, obesity, osteoporosis, stroke: 100% AA, 76.92% Female, 49 mean age, 32-71 age range	NR theory; Cross-sectional, focus groups; thematic analysis	Barriers to blood pressure control
Quantitative	Adams B, Aranda MP, Kemp B, Takagi K. Ethnic and gender differences in distress among Anglo American, African American, Japanese American, and Mexican American spousal caregivers of persons with dementia. J Clin Geropsychol. 2002 Oct 1;8(4):279-301.	Spouses/partners; 2 people per family, 2 people reporting	202 family dyads; Spouses with dementia: NR AA, NR Female, NR Age; Caregivers with anxiety, coping, depression, distress, hostility, obsessive–compulsiveness, phobias, psychiatric distress, psychoticism, somatization: 24.26% AA, 67.37% Female, 67.4 mean age	Stress and coping model; Cross-sectional, face-to-face structured interviews; MANOVA, ANCOVA	Psychiatric distress, depression
Quantitative	Alperen J, Brummel S, Tassiopoulos K, Mellins CA, Kacanek D, Smith R, Seage III GR, Moscicki AB. Prevalence of and risk factors for substance use among perinatally human	Family (broad reference); fictive kin; parents/children; 2 people per family, 2 people reporting	511 family dyads; Caregivers with HIV, substance abuse: NR AA, NR Female, NR Age; Children with perinatally exposed uninfected HIV: 68.88% AA, 50.49% Female, 13.19 mean age	NR theory; Cross-sectional and longitudinal; audio computer assisted self-interview; generalized estimated equation modeling	Substance abuse (marijuana, alcohol and cigarette use)

Continued, Table 1. Summary Table of Articles Included in Review

	immunodeficiency virus–infected and perinatally exposed but uninfected youth. J Adolesc Health. 2014 Mar 1;54(3):341-9.				
Quantitative	Ashiabi GS. African American and non-Hispanic white children's health: integrating alternative explanations. Ethn Health. 2008 Nov 1;13(5):375-98.	Father/children; mother/children; 2-3 people per family, 1 person reporting (Caregivers)	18,092 family units; Children with non-specific conditions that limit physical activity: 18.45% AA, NR Female, 5.37 mean age; Caregivers with depression: 18.50% AA, NR Female, 34.17 mean age	Family resource perspective, parental psychological resource explanation, sociocultural explanation, structural framework: Cross-sectional data, national survey; computer-assisted telephone interviews; multigroup SEM	Child health status
Quantitative	Barr AB, Simons RL. A dyadic analysis of relationships and health: Does couple-level context condition partner effects? J Fam Psychol. 2014 Aug;28(4):448.	Spouses/partners; 2 people per family, 2 people reporting	249 family dyads; Partners with distress: 87.95% AA, 50% Female, 18-44 age range	NR theory; Cross-sectional, dyadic design; interviews (surveys); multi-level actor partner interdependence model	Self-reported health, psychological distress
Quantitative	Bekhet AK. Resourcefulness in African American and Caucasian American Caregivers of Persons With Dementia: Associations With Perceived Burden,	Family (broad reference); 2 people per family, 2 people reporting	43 family units; Person with dementia: NR AA, NR Female NR Age; Caregivers with anxiety, depression: 38.36% AA, 90.41% Female 57.46 mean age	Middle range theory of resourcefulness; Cross-sectional; secondary data analysis; t-tests and Pearson's correlation	Caregiver burden, anxiety, depression, hostility, resourcefulness, positive cognitions, psychological well-being

Continued, Table 1. Summary Table of Articles Included in Review

	Depression, Anxiety, Positive Cognitions, and Psychological Well-Being. Perspect Psychiatr Care. 2015 Oct;51(4):285-94.				
Quantitative	Biegel DE, Katz-Saltzman S, Tracy EM, Townsend A. Predictors of dyadic relationship quality of women in substance abuse treatment. Journal of Dual Diagnosis. 2006 May 4;3(1):87-112.	Adult children/parent; family (broad reference); parent/ adult children; siblings; spouses/partners; 2 people per family, 2 people reporting	82 family dyads; Women with anxiety, depression, dysthymia, PTSD, substance abuse: 81.7% AA, 100% Female, 34.1 mean age, 21-55 age range; Caregivers with burden, depression symptoms: 84.1% AA, 59.8% Female, 40.0 mean age, 18-77 age range	Stress-coping model; Cross-sectional; face-to-face interviews (surveys); hierarchal multiple-regression analyses	Relationship quality of caregivers
Quantitative	Boyd RC, Chen E, Benton T. A pilot investigation of the rates and predictors of mental health services utilization among depressed African American mothers and their children. Journal of the National Medical Association. 2009 Nov;101(11):1096-1103.	Mothers/children; 2 people per family, 2 people reporting	51 family dyads; Children with anxiety, depression: 100% AA, 65% Female, 11.2 mean age, 7-14 age range; Mothers with depression: 100% AA, 100% Female, 39.3 mean age, 23-63 age range	NR theory; Longitudinal pilot study; telephone interviews (surveys); logistic regression	Child and mother's mental health service utilization
Quantitative	Boyd RC, Diamond GS, Ten Have TR. Emotional and behavioral	Mothers/children; 2 people per family, 2 people reporting	63 family dyads; Children with anxiety, depression: 100% AA, 59% Female,11.2	Comprehensive theoretical model of the transmission of depression from a	Child depression and anxiety (total, social and separation/panic)

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	functioning of offspring of African American mothers with depression. Child Psychiatry & Human Development. 2011 Jun 14;42(5):594-608.		mean age, 7-14 age range; Mothers with major depressive disorder, dysthymic disorder, psychiatric diagnoses: 100% AA,100% Female, 39.2 mean age, 23-63 age range	mother to her offspring with four mechanisms of transmission; Cross-sectional; survey, clinical interview; multiple regression analyses	
Quantitative	Boyd RC, Waanders C. Protective factors for depression among African American children of predominantly low-income mothers with depression. Journal of child and family studies. 2013 Jan;22(1):85-95.	Mothers/children; 2 people per family, 2 people reporting	77 family dyads; Mothers with depressive disorder, depression not otherwise specified, dysthymic disorder, major depressive disorder: 100% AA, 100% Female, 38.6 mean age, 23-63 age range; Children: NR 100% AA, 58% Female,11.1 mean age, 7-14 age range	NR theory; Cross-sectional; clinical interviews; two-step multiple regression analysis	Child depression
Quantitative	Boyd RC, Wooden TD, Munro MA, Liu T, Ten Have, T. The impact of community violence exposure on anxiety in children of mothers with depression. Journal of child & adolescent trauma. 2008 Dec;1(4):287-300.	Mothers/children; 2 people per family, 2 people reporting	63 family units; Mothers with depression: 100% AA, 100% Female, NR Age; Children with anxiety: 90% AA, 59% Female, 11.2 mean age, 7-14 age range	Violence exposure; Cross-sectional; survey assessment; multiple regression	Anxious coping, physical symptoms of anxiety in children
Quantitative	Brincks AM, Feaster DJ, Mitrani, VB. A multilevel mediation	Adult children/mothers; children/mothers; family (broad reference);	214 family units; Mothers with distress, HIV: 100% AA,	Stress and coping model; Cross-sectional; secondary analysis,	Psychological distress

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	model of stress and coping for women with HIV and their families. Family process. 2010 Nov 16;49(4):517-529.	father/adult children; friends; siblings; spouses/partners; NR people per family, 508 individuals reporting, About 2 members per family	100% Female, NR Age; Family members with distress: NR AA, NR Female, 12+ Age range	baseline RCT data; multilevel mediation modeling	
Quantitative	Brody GH, Kogan SM, Murry VM, Chen YF, Brown AC. Psychological functioning, support for self-management, and glycemic control among rural African American adults with diabetes mellitus type 2. Health Psychology. 2008;27(1S):S83.	Adult children/parents; family; friends; parents/adult children; spouse/partners; 2 people per family, 2 people reporting	200 family dyads; Adults with glycemic control, type 2 diabetes mellitus T2DM, psychological functioning: 100% AA, 70% Female, 52.46 mean age, 40-65 age range; Support person with psychological functioning: NR AA, NR Female, NR age	Contextual-ecological model; Cross-sectional; interviews (surveys), medical data (glucometer data); structural equation modeling	Glycemic control in adults with diabetes
Quantitative	Brogan K, Carcone AI, Jen K-LC, Ellis D, Marshall S, Naar-King S. Factors associated with weight resilience in obesogenic environments in female African-American adolescents. Journal of the Academy of Nutrition and Dietetics. 2012 May;112(5):718-724.	Family (broad reference); 2 people per family, 2 people reporting	67 family dyads; Adolescents with obesity: 100% AA, 100% Female, 12 mean age, 12-17 age range; Caregivers with psychological distress: NR AA, NR Female, 18+ age range	Social ecological framework, resiliency framework; Cross-sectional; baseline data from intervention study; logistic regression	Weight resilience
Quantitative	Byers DJ, Beard TH, Wicks MN. African-American women's	Adult children/parent; mother/adult children; siblings; spouses/partners;	75 family dyads; Family member with end stage renal	Flaskerud's Vulnerable Populations Model; Cross-sectional, surveys;	Health status, health status changes, perceived health status

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	perceived health status while caring for a relative with end stage renal disease. Nephrology Nursing Journal. 2009 Nov/Dec;36(6):599-632.	other; 2 people per family, 1 person reporting	disease ESRD: NR AA, NR Age; Caregivers with depression: 100% AA, 100% Female 46.93 mean age	descriptive, secondary analysis	
Quantitative	Byers DJ, Wicks MN, Beard TH. Depressive symptoms and health promotion behaviors of African-American women who are family caregivers of hemodialysis recipients. Nephrology Nursing Journal. 2011 Sep-Oct;38(5):425-430.	Family (broad reference); 2 people per family, 1 person reporting	75 family dyads; Care recipients with chronic hemodialysis therapy: NR AA, NR Female, NR age; Caregivers with depression: 100% AA,100% Female, NR Age	NR theory; Cross-sectional survey; descriptive statistics	Depressive symptoms and health behaviors (nutrition, exercise, stress modification, faith/spirituality, follow physician orders/take medication) of caregivers
Quantitative	Campbell LC, Keefe FJ, McKee DC, Edwards CL, Herman SH, Johnson LE, ... Donattuci CF. Prostate cancer in African Americans: relationship of patient and partner self-efficacy to quality of life. Journal of pain and symptom management. Nov 2004;28(5):433-444.	Spouses/partners; 2 people per family, 2 people reporting	40 family dyads; Family member with prostate cancer: 100% AA, 0% Female, 61.4 mean age; Spouses/partners with anxiety, depression, strain: NR AA, 97.50% Female, 57.6 mean age	Self-efficacy theory; Cross-sectional; surveys; Correlational analyses (Pearson's r)	Symptom control and quality of life

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Quantitative	Daniels PR, Kardia SL, Hanis CL, Brown CA, Hutchinson R, Boerwinkle E, Turner ST. Familial aggregation of hypertension treatment and control in the Genetic Epidemiology Network of Arteriopathy (GENOA) study. The American journal of medicine. 2004 May 15;116(10):676-681.	Siblings; 2 people per family, 1-2 people reporting	2,543 family dyads; Siblings with hypertension: 41.35% AA, 63.69% Female, 59.8 mean age (women), 60.7 mean age (men)	NR theory; Cross-sectional; clinic visits and data collection; odds ratios	Treatment and control of hypertension in families
Quantitative	Davis M, Young L, Davis SP, Moll G. Parental depression, family functioning and obesity among African American children. Journal of cultural diversity. 2008;15(2):61-5.	Parents/children; 2 people per family, 2 people reporting	44 family dyads; Children with depression, obesity: 100% AA, 54.5% Female, 9.93 mean age; Parents with depression, obesity: 100% AA, 93% Female, 38.02 mean age	Social cognitive theory; Cross-sectional; clinic assessment, surveys; regression	Child obesity
Quantitative	Drentea P, Goldner MA. Caregiving outside of the home: The effects of race on depression. Ethnicity and Health. 2006;11(1):41-57.	Children/parents; family (broad reference); parents/children; other; NR people per family, 1 person reporting	2,493 family dyads; Family member with cancer, serious heart trouble, neurological disorder, stroke: NR AA, NR Female NR age; Caregivers with depression: 11% AA, 60.33% Female, NR age	Stress process model; Cross-sectional; survey; OLS regression	Depressive symptomatology

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Quantitative	Ensminger ME, Hanson SG, Riley AW, Juon HS. Maternal psychological distress: Adult sons' and daughters' mental health and educational attainment. Journal of the American academy of Child & adolescent Psychiatry. 2003 Sep;42(9):1108-1115.	Mothers/adult children; mothers/children; 2 people per family, 2 people reporting	879 family dyads; Mothers with anxious symptoms, major depressive disorder, psychological distress: NR AA, 100% Female, NR Age; Children with major depressive disorder, social adaptation: 99% AA, 51.24% Female, 6-32 age range	NR theory; Longitudinal; interviews (surveys), school board records; multiple logistic regression	Depressive disorder and educational achievement of adult children
Quantitative	Essex EL, Biegel DE. Older case management clients with younger family members in need of care: interdependencies and well-being. Care Management Journals. 2007;8(4):162-170.	Family (broad reference); grandparents/grandchildren; parents/adult children; parents/children; 2-6 people per family, 2-6 people reporting about family as a whole	78 family units; Family members with arthritis, asthma, ADD, depression, distress, diabetes, cardiac problems, high blood pressure, glaucoma, renal disease, impairment from strokes: 96.2% AA, 88.5% Female 12.4 mean age (children), 43.3 mean age (younger adults), 72 mean age (older adults)	Interdependence; Cross-sectional; structured interviews; ANOVAs	Caregiving, interdependence
Quantitative	Forehand R, Jones DJ, Brody GH, Armistead L. African American children's adjustment: The roles of maternal and	Mothers/children; 2 people per family, 2 people reporting	277 family dyads; Children with depressive symptoms, externalizing problem: 100% AA, 50% Female, 11.34 mean	Depression subscale of the Brief Symptom Inventory BSI: Child Behavior Checklist CBC: Child Depression Inventory CDI; Cross-	Maternal and child depressive symptoms

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	teacher depressive symptoms. Journal of Marriage and Family. 2002 Nov;64(4):1012-1023.		age, 7-15 age range; Mothers with depressive symptoms: 100% AA, 100% Female, 34.00 mean age	sectional; surveys; hierarchical multiple regression	
Quantitative	Furner SE, Giloth BE, Arguelles L, Miles TP, Goldberg JH. A co-twin control study of physical function in elderly African American women. Journal of aging and health. 2004 Feb 1;16(1):28-43.	Siblings; 2 people per family, 2 people reporting	180 family dyads; Twins with arthritis, diabetes, fracture/ osteoporosis, heart attack, hypertension, incontinence, obesity, osteoporosis, substance abuse (smoking), major hearing problem, and major eye problem: 100% AA, 100% Female, 71.6 mean age, 67 - 86 age range	NR theory; Cross-sectional, co-twin control design; telephone survey; multi-level mixed effects regression model	Physical functioning limitations
Quantitative	Grant K, Poindexter L, Davis T, Cho MH, McCormick A, Smith K. Economic stress and psychological distress among urban African American adolescents: The mediating role of parents. Journal of Prevention & Intervention in the Community. 2000;20(1-2):25-36.	Mothers/children; parents/children; 2 people per family, 2 people reporting	50 family dyads; Adolescents with psychological symptoms: 100% AA, 47.2% Female, 12.5 mean age, 11-15 mean age; Caregiver with depression: 100% AA, 100% Female, NR age	NR theory; Cross-sectional, surveys, video-taped interactions; mediational analyses, SEM	Adolescent psychological symptoms
Quantitative	Green KM, Zebrak KA, Robertson JA, Fothergill KE,	Mothers/children; 2-3 people per family, 2-3 people reporting	1,242 family units; Children with psychological distress,	Life course theories; Longitudinal; group-based assessments,	Psychological distress, alcohol use, marijuana/cocaine use

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	Ensminger ME. Interrelationship of substance use and psychological distress over the life course among a cohort of urban African Americans. Drug and alcohol dependence. 2012 Jun 1;123(1-3):239-248.		substance abuse: 100% AA, NR Female, 5-6 age range (1996), 15-16 age range (1975), 32-33 age range (1992/3), 42-43 age range (2002/3); Mothers with psychological distress, substance abuse: 100% AA, 100% Female, NR Age	interviews (surveys); SEMs with cross-lagged relationships	
Quantitative	Guilfoyle SM, Zeller MH, Modi AC. Parenting stress impacts obesity-specific health-related quality of life in a pediatric obesity treatment-seeking sample. Journal of developmental and behavioral pediatrics: JDBP. 2010 Jan;31(1):17.	Parents/children; 2 people per family, 2 people reporting	120 family dyads; Youth with obesity: 50% AA, 65.8% Female, 11.0 median age, 5-18 age range; Caregivers with depressive symptoms, obesity: 50% AA, 94.9% Female, 40.1 mean age	NR theory; Cross-sectional; medical records, clinical assessment, surveys; parallel hierarchical linear regression	Pediatric BMI, weight and obesity-specific health-related QOL
Quantitative	Hart T, O'Neil-Pirozzi TM, Williams KD, Rapport LJ, Hammond F, Kreutzer J. Racial differences in caregiving patterns, caregiver emotional function, and sources of emotional support following traumatic	Family (broad reference); parents/adult children; spouses/partners; 2 people per family, 1 person reporting	256 family dyads; Family members with traumatic brain injury TBI: 23.83% AA, 33.33% Female, NR age: Caregivers with anxiety, depression: 23.83% AA, 83.67% Female, 52.5 mean age (AA), 50.5 Age mean (White)	Study assessment theory; Cross-sectional; interview (surveys) and medical chart data; Mann-Whitney U tests, chi-square, McNemar Tests, ANCOVAs	Caregiving patterns, emotion function, life satisfaction, preferred supports

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	brain injury. The Journal of head trauma rehabilitation. 2007 Mar-Apr;22(2):122-131.				
Quantitative	Heo GJ, Koeske G. The role of religious coping and race in Alzheimer's disease caregiving. Journal of Applied Gerontology. 2013 Aug 1;32(5):582-604.	Family (broad reference); 2 people per family, 1 person reporting	321 family dyads; Care recipient with Alzheimer's disease: NR AA, NR Female, NR Age; Caregivers with depression: 32.86% AA, 79% Female, 62.3 mean age, 24-92 age range	Stress and coping model; Cross-sectional; surveys; multi-sample SEM	Caregiver depression
Quantitative	Hidalgo G, Tejani C, Clayton R, Clements P, Distant D, Vyas S, ... Singh A. Factors limiting the rate of living-related kidney donation to children in an inner city setting. Pediatric transplantation. 2001;5(6):419-424.	Fathers/adult children; fathers/children; mothers/adult children; mothers/children; 1-3 people per family, 1-3 people reporting	60 family units; Children with renal failure: 60% AA, 57% Female, 13 mean age; Family member with anemia, breast cancer, diabetes, hepatitis C, hypertension, obesity, renal disease, scleroderma, substance abuse: NR AA, 64.71% Female,18-55 age range	NR theory; Cross-sectional; retrospective chart review and telephone interviews; single-step multiple-regression analysis	Parental availability and willingness to donate a kidney
Quantitative	Ho CJ, Weitzman PF, Cui X, Levkoff SE. Stress and service use among minority caregivers to elders with dementia. Journal of Gerontological	Adult children/parents; family (broad reference); spouse/partners; 2 people per family, 1 person reporting	117 family units; Elders with Alzheimer's, dementia, Alzheimer's disease and related dementias ADRD "problems with memory": 24.79% AA, 78.6% Female,	Model of caregiver stress; Cross-sectional; interviews (surveys); Fisher's exact, Kruskal-Wallis, ANOVA, ordinary linear regression	Stress and service use

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	Social Work. 2000;33(1):67-88.		55.8 mean age, 57 median age; Caregivers with depression: NR AA, NR Female, NR age		
Quantitative	Jessup NM, Bakas T, McLennon SM, Weaver MT. Are there gender, racial or relationship differences in caregiver task difficulty, depressive symptoms and life changes among stroke family caregivers? Brain injury. 2015;29(1):17-24.	Spouses/partners; 2 people per family, 2 people reporting	243 family dyads; Family members with stroke: NR AA, NR Female, 63.0 mean age, 25-94 mean age; Caregivers with depression: 24.5% AA, 48.6% Female 54.8, mean age, 22-87 age range	NR theory; Baseline RCT data, phone interviews; general linear models with post-hoc analyses	Caregiver perceptions of task difficulty, depressive symptoms and life changes
Quantitative	Jones DJ, Forehand R, Brody G, Armistead L. Psychosocial adjustment of African American children in single-mother families: A test of three risk models. Journal of Marriage and Family. 2002 Feb;64(1):105-115.	Mothers/children; 2 people per family, 2 people reporting	277 family dyads; Mothers with depressive symptoms: 100% AA, 100% Female, NR Age; Children with depression: 100% AA 50% Female, 11.40 mean age, 7-15 age range	Additive risk model, cumulative risk model, indirect effects model; Cross-sectional; surveys and focus groups (feedback on measures); hierarchical regression	Child externalizing and internalizing problems
Quantitative	Kaslow NJ, Heron S, Roberts DK, Thompson M, Guessous O, Jones C. Family and Community Factors	Parents/children; other; 2 people per family, 2 people reporting	56 family dyads; Children with anxiety, depression: NR AA, NR Female, 9.46 mean age, 8-12 age range; Caregivers with	NR theory; Cross-sectional; interviews (survey); multiple regression	Child's internalizing distress and externalizing distress

	that Predict Internalizing and Externalizing Symptoms in Low-Income, African-American Children: A Preliminary Report. Annals of the New York Academy of Sciences. 2003;1008(1):55-68.		distress: 100% AA, 100% Female, 31.27 mean age, 22-52 age range		
Quantitative	Kim JH, Knight BG, Longmire CVF. The role of familism in stress and coping processes among African American and White dementia caregivers: Effects on mental and physical health. Health Psychology. 2007;26(5):564-576.	Family (broad reference); 2 people per family, 1 person reporting	160 family units; Adults with dementia: NR AA, NR Female, 55 mean age, 21-87 age range; Caregivers with cardiovascular indicators, coronary heart disease, depression, hypertension: 59.38% AA, 66.0% Female, 55 mean age, 21-87 age range	Stress and coping theory; Cross-sectional; structured interviews; path modeling	Caregivers' poor health
Quantitative	Kim Y, Carver CS, Rocha-Lima C, Shaffer KM. Depressive symptoms among caregivers of colorectal cancer patients during the first year since diagnosis: a longitudinal investigation. Psycho-Oncology.	Adult children/parents; friends; parents/adult children; siblings; spouses/partners; 2 people per family, 2 people reporting	79 family dyads; Care recipient with colon cancer, rectal cancer: NR AA, 77.2% Female, NR Age; Caregiver with depression: 49.37% AA, 77.2% Female 54.7 mean age	NR theory; Longitudinal survey; general linear modeling	Depressive symptoms of caregivers

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	2013 Feb;22(2):362-367. Klein K, Armistead L, Devine D, Kotchick B, Forehand R, Morse E, ... Clark L. Socioemotional support in African American families coping with maternal HIV: An examination of mothers' and children's psychosocial adjustment. Behavior Therapy. 2000;31(1):1-26.	Mothers/children; 2 people per family, 2 people reporting	205 family dyads; Mothers with depressive symptoms, distress, HIV: 100% AA, 100% Female, 18-45 age range; Children with anxiety, depressive symptoms: 100% AA, 49.75% Female, 6-11 age range	Socioemotional support; Longitudinal; interviews (surveys); longitudinal and controlled cross-sectional regression	Mothers' psychological distress, child's depressive mood
Quantitative	Knight BG, Longmire CF, Dave J, Kim JH, David S. Mental health and physical health of family caregivers for persons with dementia: A comparison of African American and white caregivers. Aging and Mental Health. 2007 Oct 11;11(5):538-546.	Adult children/parents; family (broad reference); spouses/partners; 1 person per family, 1 person reporting	204 family dyads; Person with Alzheimer's vascular dementia: NR AA, NR Female, NR age; Caregivers with depression: 50.98% AA, 45.25% Female, 57.15 mean age (AA), 55.05 mean age (White)	Sociocultural stress and coping model; Cross-sectional; interviews (surveys) and clinical assessment; ANCOVAS	Caregiver mental and physical health
Quantitative	Knight BG, Silverstein M, McCallum TJ, Fox LS. A sociocultural stress and coping	Adult children/parents; spouses/partners; 2 people per family, 1 person reporting (Caregivers)	169 family dyads; Family member with dementia: NR AA, NR Female, 57.00 mean age; Caregivers	Sociocultural stress and coping model; Cross-sectional; in-person interviews (surveys) & cardiovascular	Emotional distress

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	model for mental health outcomes among African American caregivers in Southern California. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 2000 May 1;55(3):P142-P150.		with anxiety, depression, distress: 24.26% AA, NR Female, 57.00 mean age	measurements; ANCOVAs	
Quantitative	Koehler AD, Fagnano M, Montes G, Halterman JS. Elevated burden for caregivers of children with persistent asthma and a developmental disability. Maternal and child health journal. 2014 Mar 12;18(9):2080-2088.	Parents/children; 2 people per family, 2 people reporting	530 family dyads; Children with asthma, behavioral disorder, ADHD, ADD, conduct disorder, Autism spectrum disorder: 63% AA 42% Female, 7.1 mean age; Caregivers with asthma-related quality of life, depression: 61% AA, 96% Female, 66% age (< 30 years)	NR theory; Cross-sectional, baseline community survey; bivariate and multivariate regression	Caregiver burden and QOL
Quantitative	Lai BS, Tiwari A, Beaulieu BA, Self-Brown S, Kelley ML. Hurricane Katrina: Maternal depression trajectories and child outcomes. Current psychology. 2015 Jun 6;34(3):515-523.	Mothers/children; 2 people per family, 2 people reporting	283 family dyads; Mothers with depressive symptoms, posttraumatic stress symptoms: 62% AA, 100% Female, 39.20 mean age, 26-61 age range; Children with anxiety, depression, posttraumatic stress symptoms: NR AA, 53% Female, 11.52	Growth mixture modeling; Longitudinal; surveys; latent class growth analysis	Mothers' depressive trajectories, long-term child distress (PTSD, depressive symptoms, anxiety symptoms)

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			mean age, 8-15 age range		
	Leung SL, Bangieva V, Sarda G, Stress M, Perlmuter LC. Impact of maternal anxiety on children's orthostatic blood pressure regulation and anxiety. Vulnerable Children and Youth Studies. 2014;9(2):159-166.	Mothers/children; 2 people per family, 2 people reporting	126 family dyads; Children with anxiety, orthostatic blood pressure: 50% AA, 57.14% Female 8.49 mean age (Caucasian), 8.24 mean age (AA); Caregivers with anxiety: NR AA, 100% Female, NR age	NR theory; Cross-sectional; surveys and clinical assessment; t-test, hierarchical multiple regressions	Child's systolic blood pressure
Quantitative	Lindsey MA, Browne DC, Thompson R, Hawley KM, Graham JC, Weisbart C, ... Kotch JB. Caregiver mental health, neighborhood, and social network influences on mental health needs among African American children. Social Work Research. 2008 Jun;32(2):79-88.	Family (broad reference); fathers/children; grandparents/grandchildren; mothers/children; other; 2 people per family, 2 people reporting	514 family dyads; Children with internalizing (i.e. Social withdrawal, somatic complaints, anxiety/depression) and externalizing symptoms: 100% AA, 52% Female, 8 years Age; Caregiver with depression, distress, substance abuse: 100% AA, NR Female NR age	NR theory; Longitudinal study; interviews (surveys) and child developmental testing; SEM	Child's mental health needs
Quantitative	Magge SN, Stettler N, Jawad AF, Katz LEL. Increased prevalence of abnormal glucose tolerance among obese siblings of children with type 2	Siblings; 2 people per family, 2 people reporting	62 family units; Siblings with abnormal glucose tolerance AGT, Type 2 Diabetes Mellitus T2DM: NR AA, NR Female, ages reported by control group and	Homeostasis model assessment; Cross-sectional; surveys and clinical assessments; logistic regression; Clinical visits	Abnormal glucose tolerance, insulin resistance

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	diabetes. The Journal of pediatrics. 2009 Apr;154(4):562-566.		T2DM status		
Quantitative	Magaña SM, Greenberg JS, Seltzer MM. The health and well-being of black mothers who care for their adult children with schizophrenia. Psychiatric Services. 2004 Jun 1; 55(6):711-713.	Mothers/ adult children; 2 people per family, 1 person reporting	293 family dyads; Children with schizoaffective disorder or schizophrenia: NR AA, NR Female NR age; Mothers with arthritis, depressive symptoms, diabetes, eye problems, heart problems high blood pressure: 100% AA, 100% Female, 55 or older age range	NR theory; Cross-sectional; community & national survey data (comparison); ANCOVAs	Maternal mental and physical health
Quantitative	Maikranz JM, Steele RG, Forehand R. Longitudinal correlates of depressive symptoms among urban African American children: II. Extension of findings across 3 years. Journal of Clinical Child and Adolescent Psychology. 2003;32(4):606-612.	Children/mothers; 2 people per family, 2 people reporting	248 family dyads; Children with cognitive competence, depressive symptoms: 100% AA, 51% Female, 9.4 mean age (HIV positive), 9.6 mean age (HIV negative); Mothers with HIV, social competence: 100% AA, 100% Female, 30.80 mean age (HIV positive) 32.98 mean age (HIV negative)	NR theory; Longitudinal; interviews (surveys); hierarchical regression analysis	Child psychosocial functioning (social and cognitive competence)
Quantitative	Marhefka SL, Tepper VJ, Brown JL, Farley JJ. Caregiver psychosocial characteristics and	Family (broad reference); fictive kin; grandparents/ grandchildren; parents/children; 2 people per family, 2 people reporting	54 family dyads; Children with HIV: 83% AA, 48% Female, 7 mean age, 1-13 age range; Caregivers with	NR theory; Cross-sectional; medical records, interviews (survey); multivariate logistic regression	Child adherence to anti-retroviral therapy

	children's adherence to antiretroviral therapy. AIDS Patient Care & STDs. 2006 Jun 21;20(6):429-437.		distress, HIV: 83% AA, 91% Female, 43 mean age, 20-69 age range		
Quantitative	McKee L, Jones DJ, Roland E, Coffelt N, Rakow A, Forehand, R. Maternal HIV/AIDS and Depressive Symptoms Among Inner-City African American Youth: The Role of Maternal Depressive Symptoms, Mother-Child Relationship Quality, and Child Coping. American Journal of Orthopsychiatry. 2007 Apr;77(2):259-266.	Children/mothers; 2 people per family, 2 people reporting	108 family dyads; Children with depressive symptoms: 100% AA, 58% Female, 10.12 mean age, 9-11 age range; Mothers with depressive symptoms, HIV/AIDS: 100% AA, 100% Female, 34.00 mean age, 18-45 age range	NR theory; Cross-sectional; interviews (surveys); hierarchical multiple regression analysis	Child depressive symptoms
Quantitative	Milkie MA, Bierman A, Schieman S. How adult children influence older parents' mental health: Integrating stress-process and life-course perspectives. Social Psychology Quarterly. 2008 Mar 1;71(1):86-105.	Parents/adult children; 2 people per family, 2 people reporting	678 family dyads; Adult children with serious mental or physical illness: NR AA, NR Female, NR age; Parents with depression: NR AA, NR Female, 73.33 mean age	Stress-process theory; Longitudinal; interviews (surveys); multivariate analysis	Parent's mental health

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Quantitative	Mitchell MM, Knowlton, A. Caregiver role overload and network support in a sample of predominantly low-income, African-American caregivers of persons living with HIV/AIDS: a structural equation modeling analysis. AIDS and Behavior. 2012 Feb;16(2):278-287.	Family (broad reference); friends; spouse/partners; 2 people per family, 2 people reporting	215 family dyads; Family member with HIV/AIDS: NR AA NR Female, NR age; Caregivers with depressive symptoms: 92.6% AA, 56.9% Female, 45.4 mean age	NR theory; Cross-sectional; face-to-face computer-assisted personal interview (surveys); latent profile analysis	Caregiver overload
Quantitative	Mitchell MM, Robinson AC, Nguyen TQ, Knowlton AR. Informal caregiver characteristics associated with viral load suppression among current or former injection drug users living with HIV/AIDS. AIDS and Behavior. 2015 May 13;19(11):2117-2122.	Family (broad reference); friends; spouses/partners; 2 people per family, 2 people reporting	258 family dyads; Care recipients with depressive symptoms, HIV, substance abuse: 84.5% AA, 46.2% Female, NR age; Caregivers with depressive symptoms, HIV, mental health status, substance abuse: 89.1% AA, 59.3% Female, 47.3 mean age	Interdependence theory; Cross-sectional; surveys; logistic regression	Undetectable viral load among former or current persons on antiretroviral therapy
Quantitative	Mowbray CT, Bybee D, Oyserman D, MacFarlane P, Bowersox N. Psychosocial outcomes for adult	Mothers/adult children; mothers/children; 2-8 people per family, 1 person reporting	157 family units; Parents with bipolar disorder, depression, schizophrenia: 59.2% AA, 100% Female, 44.6 mean age, 34.7-	NR theory; Cross-sectional; interview (surveys); path modeling; multiple regression	Psychosocial outcomes of adult children (drug and alcohol use, legal problems, psychological problems)

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	children of parents with severe mental illnesses: Demographic and clinical history predictors. Health & Social Work. 2006 May 1;31(2):99-108.		61.0 age range; Children with ADHD, bipolar disorder, depression, learning disabilities, substance abuse: 59.2% AA, 48% Female, 22.28 mean age (adult children), 18-29 age range (adult children) 0-3 age range (young children)		
Quantitative	Neely-Barnes SL, Carolyn Graff J, Washington G. The health-related quality of life of custodial grandparents. Health & Social Work. 2010 May 1;35(2):87-97.	Grandparents/grandchildren; NR people per family, 1 person reporting	119 family units; Grandparents with depressive symptoms: 94.1% AA, 97.5% Female, 55.45 mean age; Children with ADHD, allergies, asthma, bronchitis, cerebral palsy, chronic, developmental delays, eczema, hearing problems, learning disabilities, seizures, speech problems, vision problems: NR AA, NR Female, NR age	NR theory; Cross-sectional; face-to-face interview (survey); latent profile analysis; ANOVA, content-analysis (open-ended questions)	Health-related quality of life
Quantitative	NIMH Multisite HIV/STD Prevention Trial for African American Couples Group. The contribution of male and female partners' substance use to	Spouses/partners; 2 people per family, 2 people reporting	535 family dyads; Family member with HIV, substance abuse: 100% AA, 50% Female, 43.41 mean age	NR theory; Baseline RCT data; audio computer-assisted survey interview; odds ratio; Eban study, a NIMH Multisite HIV/STD Prevention Trial	Risk of heterosexual transmission of HIV

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	sexual risks and STDs among African American HIV serodiscordant couples. AIDS and Behavior. 2010 May 25;14(5):1045-1054.				
Quantitative	O'Neal CW, Arnold AL, Lucier-Greer M, Wickrama KAS, Bryant CM. Economic pressure and health and weight management behaviors in African American couples: A family stress perspective. Journal of Health Psychology. 2015 Apr 22;20(5):625-637.	Spouses/partners; 2 people per family, 2 people reporting	506 family dyads; Husbands with depressive symptoms: 100% AA, 0% Female, 41 median age; Wives with depressive symptoms: 100% AA, 100% Female, 37 median age	Actor-partner interdependence model, family stress model; Longitudinal; phone surveys; cross-lagged structural path analysis; A Study of African American Marriage and Health, a National Institute of Child Health and Human Development (NICHD)-funded project	Husbands' and wives' poor health and weight management behaviors
Quantitative	O'Neal CW, Wickrama KAS, Bryant CM. Control over work, positive self, and health among African American husbands and wives. Journal of Family Issues. 2014;35(3):384-410.	Spouses/partners; 2 people per family, 2 people reporting	344 family dyads; Wives with depression: 100% AA, 100% Female, 33.16 mean age; Husbands with depression: 100% AA 0% Female, 35.64 mean age	Erosion hypothesis, self-directedness hypothesis, stress-illness perspective, vulnerability hypothesis, work socialization perspective; Longitudinal, dyadic survey data; SEM	Depressive symptoms and physical health
Quantitative	Otsuki M, Eakin MN, Arceneaux LL, Rand CS, Butz AM, Riekert KA. Prospective relationship between	Mothers/children; 2 people per family, 1 person reporting	262 family dyads; Children with asthma: 100% AA, 38.2% Female, 6.68 mean age; Mothers with depressive symptoms:	NR theory; Longitudinal; phone surveys; cross-lagged structural path analysis	Maternal depressive symptoms, child asthma morbidity

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	maternal depressive symptoms and asthma morbidity among inner-city African American children. Journal of pediatric psychology. 2010 Aug;35(7):758-767.		NR AA, 100% Female, 30.17 mean age		
Quantitative	Perrin PB, Heesacker M, Uthe CE, Rittman MR. Caregiver mental health and racial/ethnic disparities in stroke: Implications for culturally sensitive interventions. Rehabilitation Psychology. 2010;55(4):372-382.	Other relationships; 2 people per family, 2 people reporting	124 family dyads; Person with stroke: 24.2% AA, 1.6% Female, 66.13 mean age; Caregivers with depression: 22.6% AA, 87.1% Female, 59.0 mean age	Causal feedback loop theory; Longitudinal; face-to-face interviews (surveys), observations, medical records; RMANOVAs, canonical correlation models	Caregiver mental health, care recipient functioning
Quantitative	Peyrot M, Egede LE, Funnell MM, Hsu WC, Ruggiero L, Siminerio LM, Stuckey HL. Ethnic differences in family member diabetes involvement and psychological outcomes: Results from the second Diabetes Attitudes, Wishes and Needs (DAWN2) study in the USA. Current medical research and	Adult children/parents; family (broad reference); spouses/ partners; 2 people per family, 1 person reporting	238 family dyads; Care recipient with diabetes: NR AA, NR Female, NR age; Caregivers with diabetes-specific distress, perceived diabetes burden: 19.75% AA, NR Female, 63.18 mean age (AA participants)	NR theory; Cross-sectional survey data; multiple regression analyses	Well-being, quality of life, diabetes impact, diabetes distress, diabetes burden

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	opinion. 2015 May 20;31(7):1297-1307.				
	Pilowsky DJ, Zybert PA, Hsieh PW, Vlahov D, Susser, E. Children of HIV-positive drug-using parents. Journal of the American Academy of Child & Adolescent Psychiatry. 2003 Aug;42(8):950-956.	Parents/children; NR people per family, NR people reporting	61 family units; Parents with HIV, substance abuse: 98.36% AA, 57.38% Female, 38.1 mean age; Children with affective mood disorders, schizophrenia: NR AA, 55.69% Female, 8.7 mean age	NR theory; Longitudinal survey; logistic regression	Children's psychiatric disorders, parental HIV status, symptoms/disclosure and depression
Quantitative	Roth DL, Haley WE, Owen JE, Clay OJ, Goode KT. Latent growth models of the longitudinal effects of dementia caregiving: a comparison of African American and White family caregivers. Psychology and aging. 2001;16(3):427-436.	Adult children/parents; family (broad reference); spouses/partners; 2 people per family, 2 people reporting	218 family dyads; Patients with Alzheimer's, dementia, depression: 35.32% AA, 68.8% Female, 73.5 mean age; Caregivers with depression: 37.56% AA, 66.0% Female, 59.7 mean age	Latent growth modeling; Longitudinal structured interviews, surveys; latent growth curve modeling	Depression, physical health symptoms, life satisfaction
Quantitative	Sagrestano LM, Paikoff RL, Holmbeck GN, Fendrich M. A longitudinal examination of familial risk factors for depression among inner-city African American adolescents. Journal	Parents/children; 2-3 people per family, 2 people reporting	302 family dyads; Children with anxiety, depression, oppositional defiant disorder (ODD): 100% AA, 56.62% Female, 10.96 mean age; Parents & caregivers with anxiety, depression: 100% AA, 89%	NR theory; Longitudinal; surveys, observation; multiple regression	Depression, depressive symptomatology, anxiety, oppositional defiant disorder

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	of Family Psychology. 2003;17(1):108-120.			Female, 34.38 mean age	
Quantitative	Schweingruber HA, Kalil A. Decision making and depressive symptoms in Black and White multigenerational teen-parent families. Journal of Family Psychology. 2000;14(4):556-569.	Family (broad reference); grandchildren/grandparents; other; 2 people per family, 2 people reporting	56 family units; Teenage mothers with depression: 53.57% AA, 100% Female, 16.73 mean age, 15-18 age range; Grandmothers with depressive symptoms: 53.57% AA, 100% Female, 39.98 mean age, 31-51 age range; Child with NR condition: 53.57% AA, NR Female, 11.68 months mean age, 0-36 months age range	NR theory; Cross-sectional; face-to-face interviews; Hierarchical multiple regression analysis	Decision making and depressive symptoms
Quantitative	Seaton EK, Taylor RD. Exploring familial processes in urban, low-income African American families. Journal of Family Issues. 2003 Jul 1;24(5):627-644.	Mothers/children; 2 people per family, 2 people reporting	164 family dyads; Adolescents with depression behavior: 100% AA, 54% Female, 12-18 age range; Mothers with depression: 100% AA, 100% Female, NR Age	NR theory; Cross-sectional; interview (surveys); path modeling	Adolescent adjustment problem behavior, academic self-concept, adolescent depression, school engagement
Quantitative	Sharp LK, Curtis LM, Mosnaim G, Shalowitz MU, Catrambone C, Sadowski LS. The influence of caregiver's psychosocial status on childhood asthma	Family (broad reference); parents/children; 2 people per family, 2 people reporting	531 family units; Caregivers with asthma: NR AA, NR Female, 38.1 mean age; Children with obesity: 57.1% AA, 41.8% Female, 10.6 mean age	NR theory; Cross-sectional; surveys; logistic regression	Asthma severity, asthma control in children

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	and obesity. Annals of Allergy, Asthma & Immunology. 2009 Nov;103(5):386-394.			
Quantitative	Siegler IC, Brummett BH, Williams RB, Haney TL, Dilworth-Anderson P. Caregiving, residence, race, and depressive symptoms. Aging & mental health. 2010 Jul 14;14(7):771-778.	Adult children/parents; adult grandchildren/grandparents; 2 people per family, 1 person reporting	87 family dyads; Care recipient with dementia: NR AA, NR Female, NR age; Caregivers with depression: 42.53% AA, NR Female, 51.2 mean age	NR theory; Cross-sectional; survey and laboratory data collection; linear regression	Depressive symptoms (CESD) and sub-scales (somatic, depressive affect, wellbeing, interpersonal)
Quantitative	Simon K, Barakat LP, Patterson CA, Dampier C. Symptoms of depression and anxiety in adolescents with sickle cell disease: The role of intrapersonal characteristics and stress processing variables. Child Psychiatry and Human Development. 2009 Jan 24;40(2):317.	Children/parents; family (broad reference); siblings; 1-3 people per family, 2-3 people reporting	44 family units; Adolescents with anxiety, depressive symptoms, sickle cell disease SCD: 87.2 % AA, 47.7% Female, 15.00 mean age, 12-19 age range; Caregivers with anxiety, depressive symptoms: 86.0% AA NR Female, 44.0 mean age, 31-72 age range; Healthy sibling with anxiety, depressive symptoms: 93.3% AA, 53.3% Female, 14.93 mean age, 12-18 age range	Risk and resistance model; Cross-sectional; surveys; t-tests, ANCOVAs, multiple linear regression	Depression, anxiety
Quantitative	Sleath B, Thorpe J, Landerman LR,	Adult children/parents; siblings; spouses/ partners;	2,032 family dyads; Veterans with	NR theory; Cross-sectional data from	Depressive symptoms, psychotropic drug use

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	Doyle M, Clipp E. African-American and White Caregivers of Older Adults with Dementia: Differences in Depressive Symptomatology and Psychotropic Drug Use. Journal of the American Geriatrics Society. 2005 Mar;53(3):397-404.	2 people per family, 1 person reporting (Caregivers)	Alzheimer's disease, vascular dementia: NR AA, 0% Female, 60+ age range; Caregiver with depressive symptoms: 16% AA,100% AA, 68.1 mean age	longitudinal national survey; secondary analysis; logistic regression	
Quantitative	Tandon DS, Solomon BS. Risk and protective factors for depressive symptoms in urban African American adolescents. Youth & Society. 2009;41(1):80-99.	Children/parents; 2 people per family, 1 person reporting	467 family dyads; Adolescents with depression: 100% AA, 58.6% Female, 13.4 mean age, 9-19 age range; Adults in home with substance abuse: NR AA, NR Female, NR age	Compensatory model, resilience models; Cross-sectional; individual survey via group administration; multivariate linear regression	Depressive symptoms
Quantitative	Townsend AL, Miller B, Guo S. Depressive symptomatology in middle-aged and older married couples: A dyadic analysis. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 2001 Nov 1;56(6):S352-S364.	Spouses/partners; 2 people per family, 2 people reporting	5423 family dyads; HRS couples with depression: 12.42% AA, 50% Female, 57.98 mean age (AA husbands), 53.32 mean age (AA wives); AHEAD couples with depression: 8.11% AA, 50% Female, 71.59 mean age (AA wives), 76.69 mean age (AA husbands)	Social contextual model of depression; Cross-sectional; dyadic data from national survey; multilevel modeling	Depressive symptomatology in couples

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	Voisin DR, Elsaesser C, Kim DH, Patel S, Cantara A. The relationship between family stress and behavioral health among African American adolescents. Journal of Child and Family Studies. 2016 Mar 11;25(7):2201-2210.	Family (broad reference); 2 people per family, 1 person reporting	638 family units; All family members with anxiety, delinquent behaviors, depression, post-traumatic stress disorder PTSD, schizophrenia, sexually risky behaviors, substance use disorder: 100% AA, 53.80% Female 15.85 mean age, 13-22 age range	Family stress theory; Cross-sectional; survey; logistic regression	Family stress
Quantitative	Wallsten SS. Effects of caregiving, gender, and race on the health, mutuality, and social supports of older couples. Journal of aging and health. 2000 Feb 1;12(1):90-111.	Spouses/partners; 2 people per family, 2 people reporting	234 family dyads; Family members with arthritis, fractured or broken bones, heart trouble, and diabetes, functional ADLs and IADLs, osteoporosis: 53.42% AA, 59.83% Female, 78.77 mean age (family member), 75.03 mean age (caregiver)	Theory that the individual's perception of and adaptation to chronic stressful situations are responsible for responses that may result in physical health problems; Cross-sectional; survey; descriptive statistics, ANOVA	Physical health (major health problems, health symptoms, functional abilities, care recipients' behavioral problems), mutuality, social support
Quantitative	Warren-Findlow J, Seymour RB, Shenk D. Intergenerational transmission of chronic illness self-care: Results from the caring for hypertension in African American families study. The Gerontologist. 2011 Feb;51(1):64-75.	Parents/adult children; 2 people per family, 2 people reporting	95 family dyads; Adult children with high blood pressure/hypertension: 100% AA, 61.10% Female, 41.18 mean age; Older parents with high blood pressure/hypertension: 100% AA, 82.10% Female, 65.40 mean age	Theory or interdependence; Cross-sectional, dyadic study; interviews (surveys); logistic regression	Medication adherence among older parents and adult children

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	Wickrama T, Bryant CM. Association between body mass index and depressive symptoms of African American married couples: Mediating and moderating roles of couples' behavioral closeness. Journal of Family Issues. 2012;33(5):613-638.	Spouses/partners; 2 people per family, 2 people reporting	450 family dyads; Wives with depression, obesity: 100% AA, 100% Female, 33.54 mean age, 21-71 age range; Husbands with depression, obesity: 100% AA, 0% Female, 35.95 mean age, 21-79 age range	Transactional dyadic associations theory; Cross-sectional, dyadic analysis; SEM	Husband and wife depression
Quantitative	Williams AM. Distress and hardiness: a comparison of African-American and white caregivers. Journal of National Black Nurses' Association: JNBNA. 1999 Dec 31;11(1):21-26.	Adult children/parents; adult grandchildren/grandparents; family (broad reference); spouses/partners; 2 people per family, 1 person reporting	46 family units; Family with stroke: NR AA, NR Female NR age; Caregivers with anxiety, depression, distress: 43.48% AA, 86.96% Female, 47.1 mean age (AA participants)	Caring theory, social exchange theory; Cross-sectional, comparative study; surveys; t-tests	Mental distress, physical distress, family hardiness of caregivers
Quantitative	Williams IC. Emotional health of black and white dementia caregivers: a contextual examination. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 2005 Nov 1;60(6):P287-P295.	Adult children/parents; family (broad reference); spouses/ partners; other; 2 people per family, 1 person reporting	720 family dyads; Care recipients with dementia: NR AA, NR Female, 51-101 age range; Caregivers with depression: 37.34% AA, 76.70% Female, 23-95 age range	Sociocultural context; Longitudinal; survey; multiple regression	Caregiver emotional health (measured as depressive symptomatology)
Quantitative	Zauszniewski JA, Bekhet AK, Suresky	Adult children/parents; family (broad reference);	60 family dyads; Family member with	Theory of resourcefulness; Cross-	Perceived burdens, depressive cognitions,

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MJ. Relationships among perceived burden, depressive cognitions, resourcefulness, and quality of life in female relatives of seriously mentally ill adults. Issues in Mental Health Nursing. 2009 Jul 9;30(3):142-150.	mothers/adult children; siblings; spouses/partners; 2 people per family, 1 person reporting	serious mental illness: 50% AA, NR Female, 37.75 mean age; Caregivers with depressive cognitions, quality of life: 50% AA, 100% Female, 46.28 mean age, 18-65 age range	sectional study; surveys; t-test, correlations	resourcefulness Quality of life