

Appendix A
John Hopkins Individual Evidence Summary Tool

Article Number	Author and Date	Evidence Type	Sample, Sample Size, Setting	Findings That Help Answer the EBP Question	Observable Measures	Limitations	Evidence Level
Article 1	<p>Cheruvu, V. K., & Chiyaka, E. T. (2019). Prevalence of depressive symptoms among older adults who reported medical cost as a barrier to seeking health care: Findings from a nationally representative sample. <i>BMC Geriatrics</i>, 19(1). https://doi.org/10.1186/s12877-019-1203-2</p> <p>Permalink: https://chamberlain.primo.exlibrisgroup.com/permalink/01CUCON_INST/f6kb8f/cdi_doaj_primary_oai_doaj_org_article_45beeb83d1314c549be80f5424fffd55</p>	<p>Evidence Quantitative study</p> <p>Type Cross sectional study /Survey</p> <p>Aim: To investigate whether delay in seeing a doctor when needed but could not because of medical cost is significantly associated with symptoms of current depression in older adults.</p>	<p>Sample: Older adults 65 years old and older.</p> <p>2011 Behavioral Risk Factor Surveillance System (BFRSS) from 12 states and Puerto Rico were used for this study.</p> <p>Sample Size: 24,018 BRFFS participants</p> <p>Setting: Kent University</p>	<p>The author showed that out of pocket cost is an obstacle to seeking treatment for symptoms of depression in adults age 65 and above.</p> <p>The findings in the study highlighted the significant need for efficient intervention to address the barriers of cost that burden individuals with depression.</p> <p>Another finding from the study shows the need for effective strategies/interventions to address the financial hardship that causes obstacles for individuals to seek medical care, especially those with chronic conditions, to help reduce the risk for current depression in older adults.</p> <p>This finding suggested that the burden associated with out-of-pocket medical cost is considerably associated with symptoms of current depression but the magnitude of this association could be mitigated due with affordable health plan.</p>	<p>Yes or no closed-ended questionnaire and telephone survey.</p> <p>The use of screening tools in this study.</p>	<p>The use of closed ended questions in the survey and the inability to generalize the responses of the participants.</p> <p>Further clinical psychiatric diagnostic interview through the use of a structured psychiatric diagnostic instrument.</p>	<p>Level III</p> <p>Quality: A high</p>