

Framework and Hypotheses

Framework: Influence of life course experiences, the effects of natural disasters, and chronic stress exposure on the **psychological health** and **well-being** of diverse older race/ethnic older adults.

- **H1:** Over time, given the known impacts of chronic stress and disasters, there will be a significant increase in older adults' reports of anxiety and depression (a), and general health (b). Rates of mental and general health problems will vary nationwide (c).
- **H2:** The increase in reports of anxiety and depression and worse health among older race/ethnic adults will be inversely related to age (a), and seen largely among those with significant financial strain and/or low income or in lower-wage occupational fields (b).
- **H3:** Measures of social interaction will be independently related to mental health symptoms.



Data Sources

Primary Analyses

Census Bureau's Household Pulse Survey (HPS)

- Designed to generate timely data to capture the experiences of American households during the COVID pandemic.
- Data released periodically (on average a few weeks after collection) to enable accelerated and ongoing analyses.
- We used data collected in Phase 1 and 2, spanning April to end of September 2020.
- Adults 50 years and older, reporting race/ethnic background as Non-Hispanic Black (NHB), Non-Hispanic Asian (NHA), or Hispanic.

Secondary Analyses

National Opinion Research Center (NORC) COVID Impact Survey

- Weekly US national and regional (18 select areas) estimates of general health conditions and “economic security and social dynamics.”
- Regional data used in this report are also collected on individuals 18 years and older (~400 weekly in each of the 18 targeted regions) by online or telephone surveys following “a multi-mode address-based (or ABS) approach.”
- Data collected April 20-26, May 4-10, and May 30-June 8, 2020.
- Adults 45 years and older, reporting race and/or ethnic background as Non-Hispanic Black (NHB) or Hispanic.



Outcomes

Primary Analyses

Census Bureau's Household Pulse Survey (HPS)

1. General Health Status
2. Anxiety or Depression:
Anxiety measured using GAD-2 which includes two probes:
 - Feeling nervous, anxious or on edge
 - Not being able to stop or control worrying**Depression** measured using PHQ-2 which also includes two probes:
 - Little interest or pleasure in doing things
 - Feeling down, depressed or hopeless**Depressed or anxious:** A person scoring ≥ 3 on either of sum of the anxiety or depression items was considered depressed/anxious (Twenge & Joiner, 2020).

Secondary Analyses

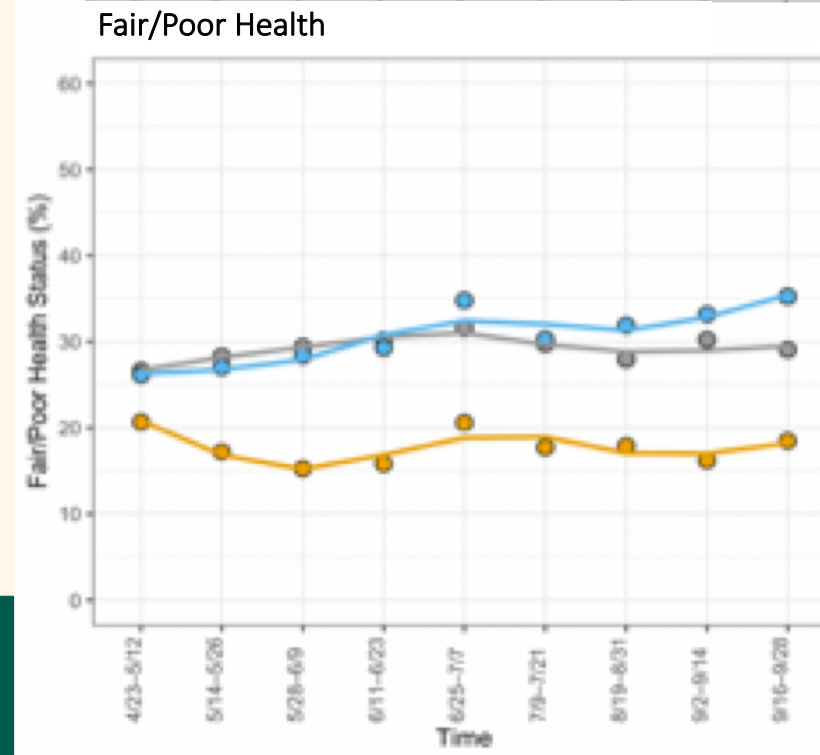
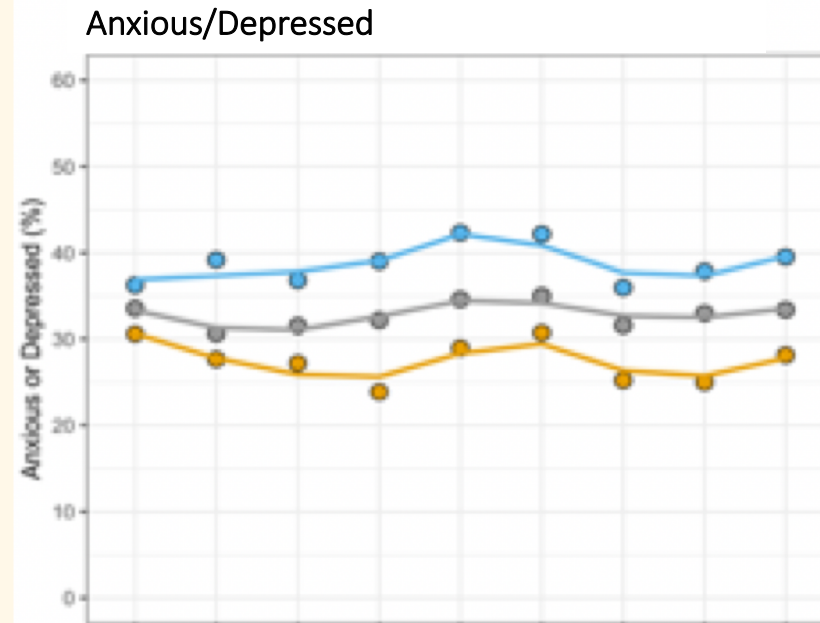
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Time Trends in Mental and Physical Health Of Older Minorities

- Alarming consistent high rates of mental health symptoms (nearly 1/3 of older race/ethnic adults) among all three racial/ethnic groups. Rates especially high among Hispanic older adults (2 in 5)
- Evidence for a curvilinear trend in the prevalence of mental health problems; increasing during the summer months (June and July) and dropping to starting levels by the end of summer and into early fall. Trends particularly evident for the Hispanic group, but less so in Blacks and Asians.
- A linear increase in the prevalence of fair/poor general health over time.

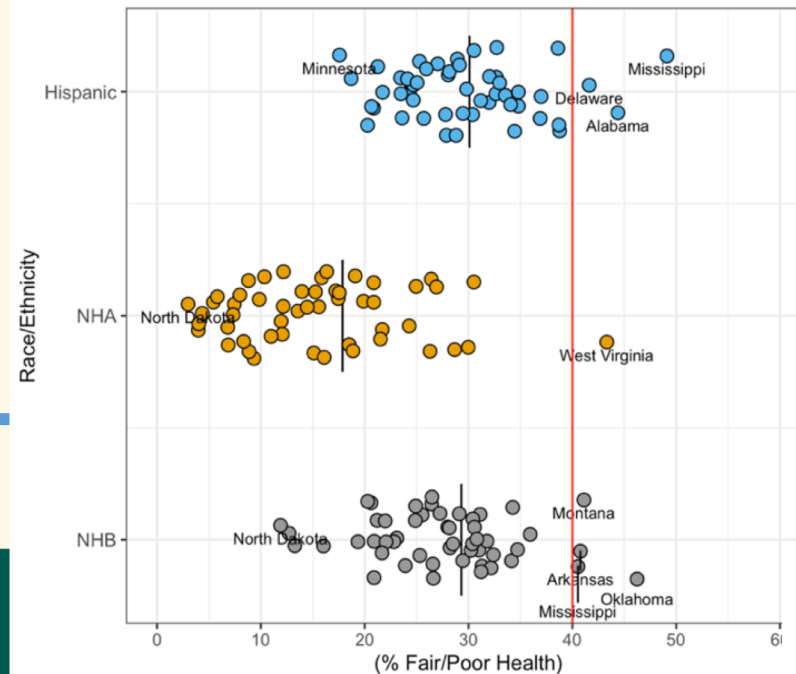
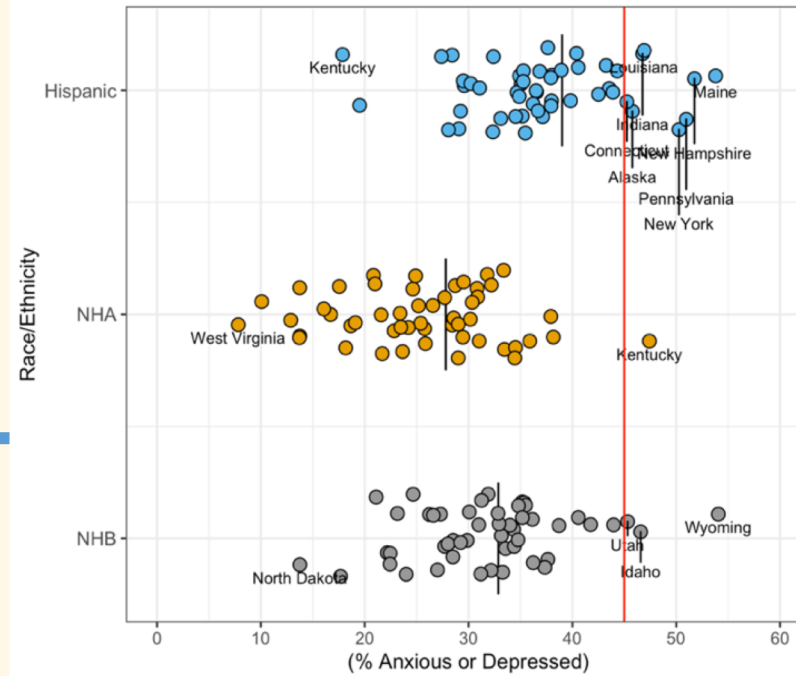


Race/Ethnicity

- Hispanic
- NHB
- NHA

National Variability in Mental and Physical Health Levels among Older Minorities

- Heterogeneity in mental and physical health conditions across groups and regions of the country.
- Both geographic and within group heterogeneities are important to keep in mind regarding mental and physical health among diverse groups.
- One size fits all policy solutions are likely insufficient to alleviate these within group differences. Multidimensional interventions with federal, state, and local components are likely required.



Race/Ethnicity

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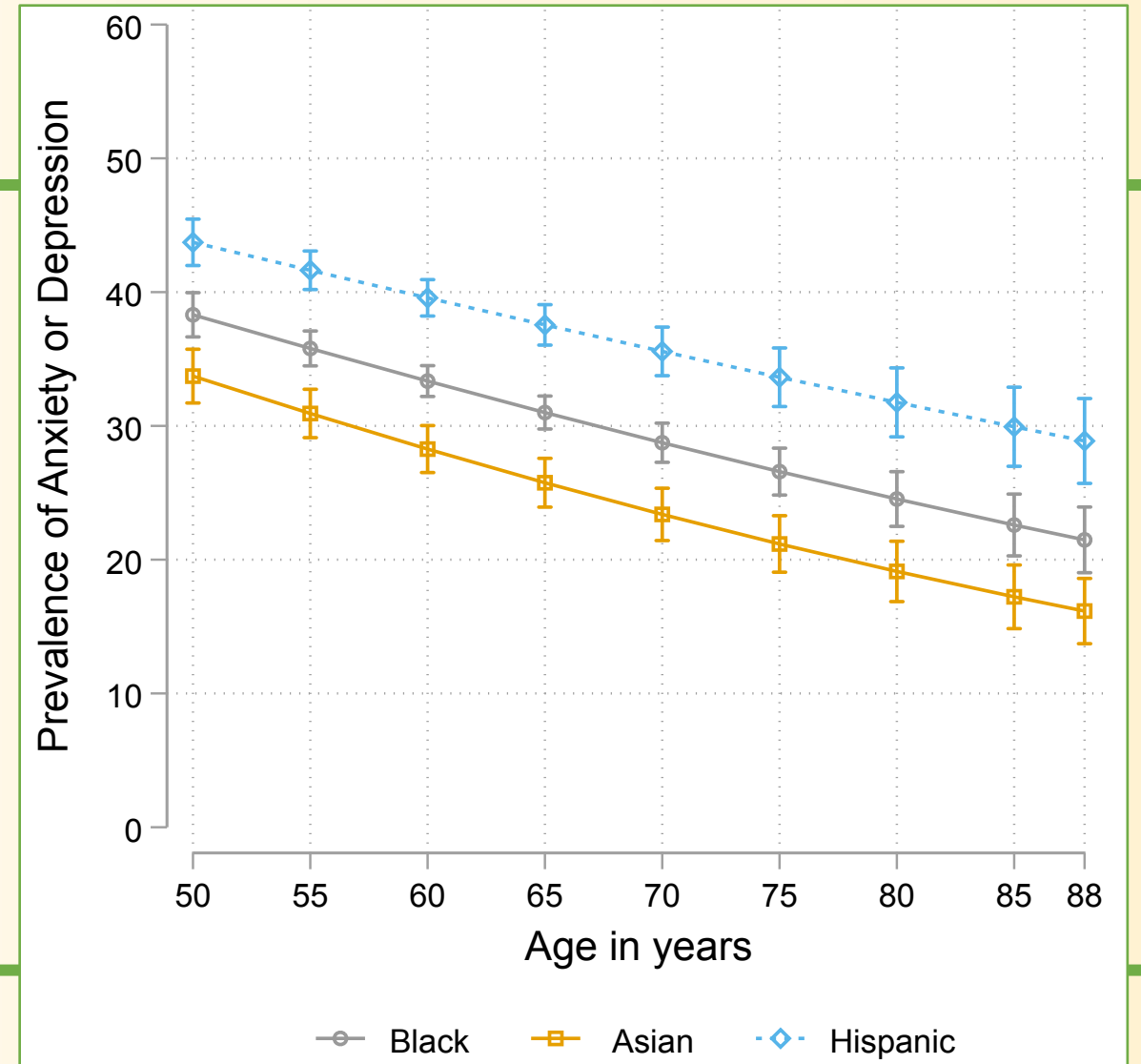
Resilient Aging

Resilience against mental health problems that comes with aging.

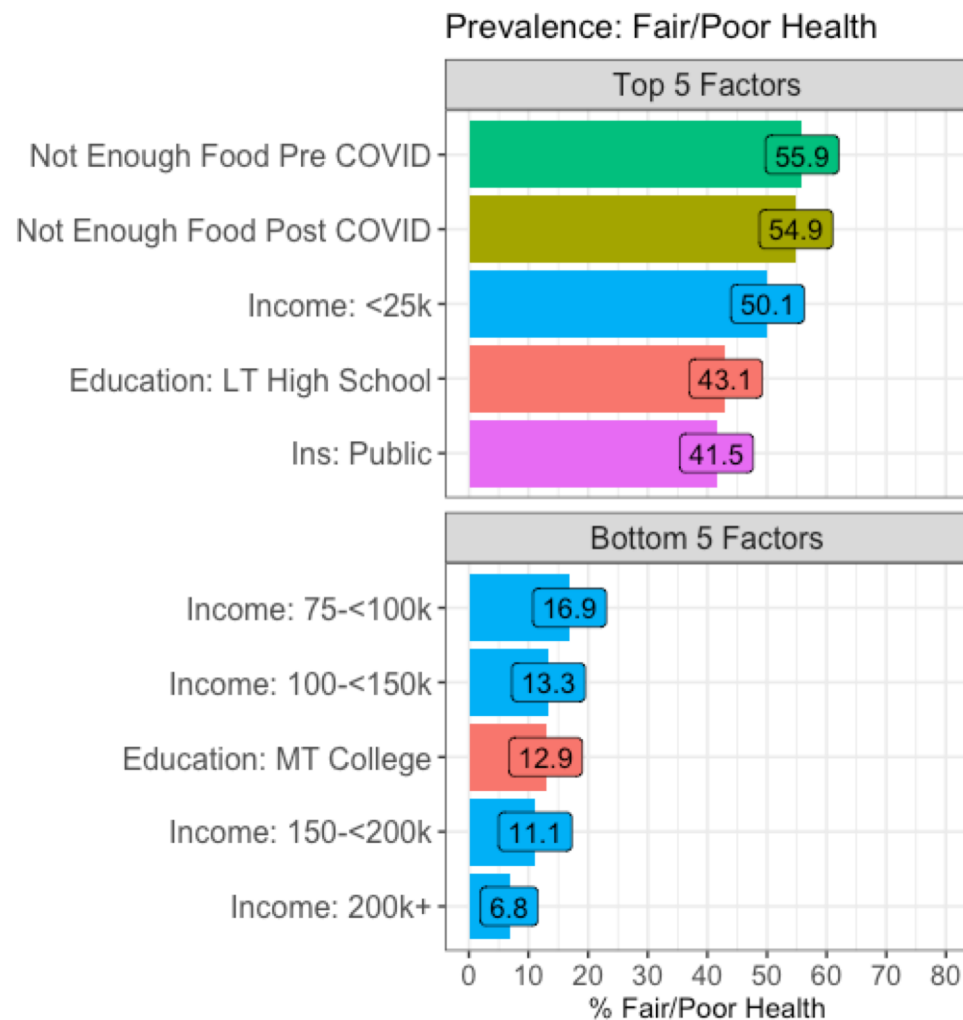
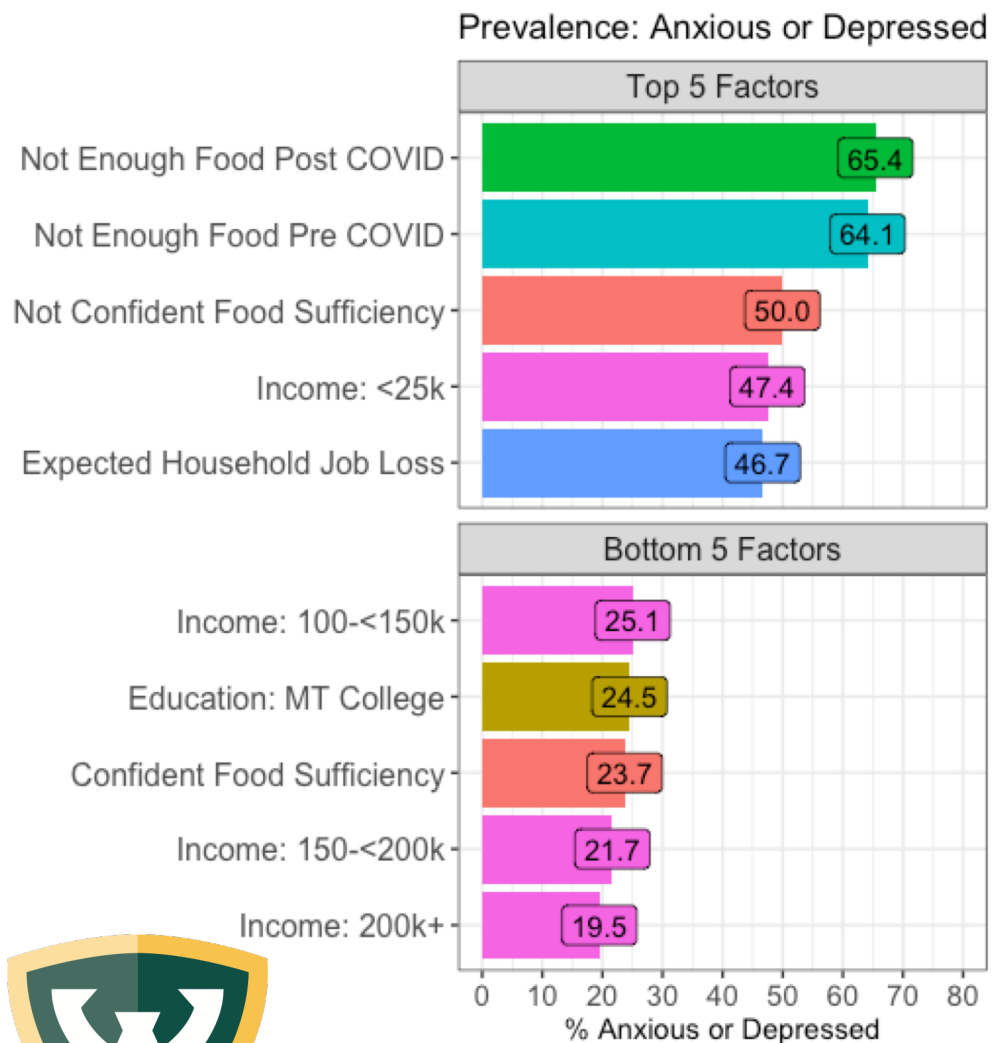
Prevalence of anxiety or depression decreased consistently with age:

- 2 in 5 persons age 50 years reported mental health problems
- Roughly 1 in 4 persons age 75 years and older.

Trends consistent across all three racial/ethnic groups considered.



Inequitable Distribution of Mental and Physical Health

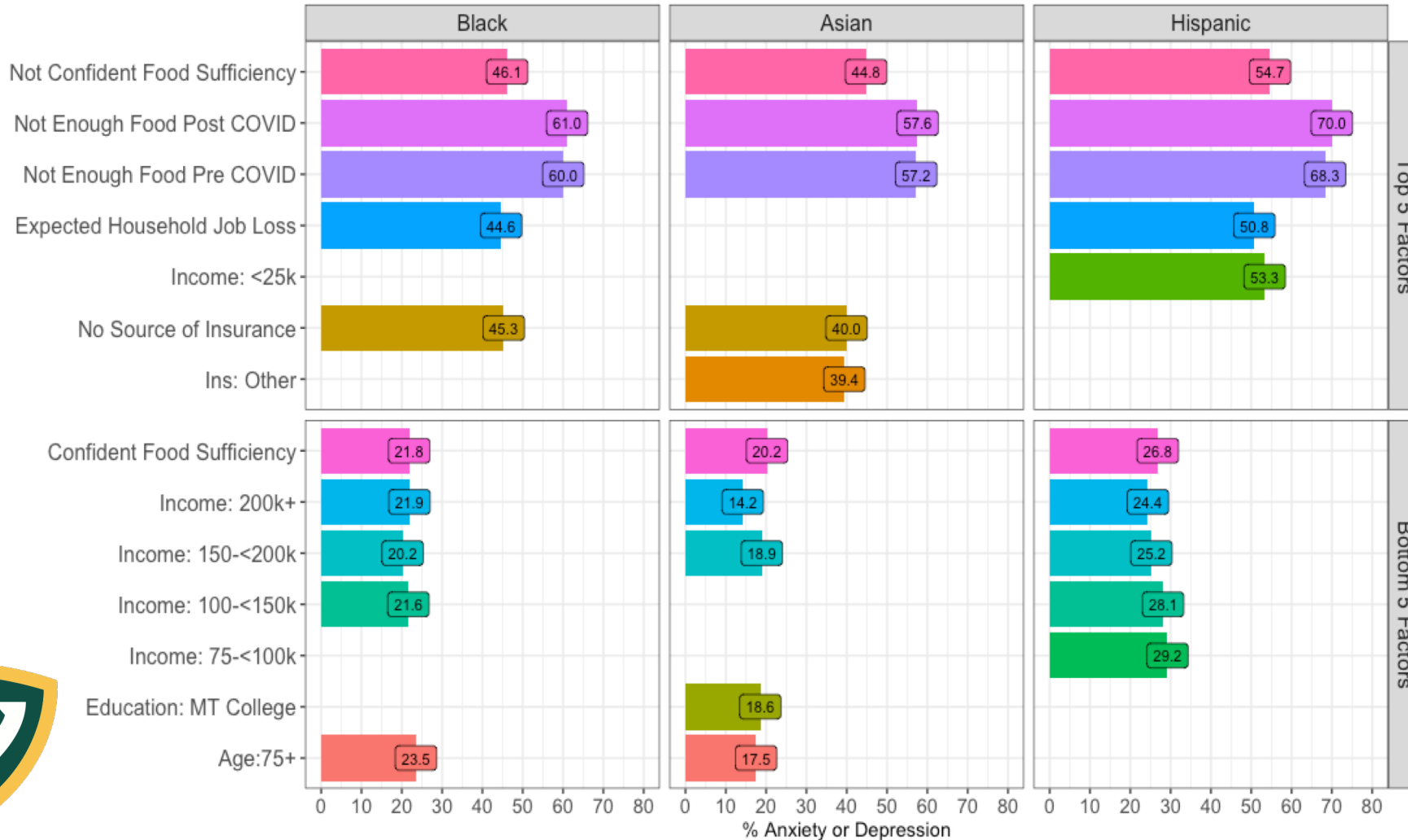


Significant mental health symptoms found most when basic needs not being met.



Variations In Mental Health Problems Within Racial And Ethnic Groups

Prevalence: Anxiety or Depression



Basic needs are consistent drivers of elevated mental health problems across race ethnic groups



Prevalence of Top Drivers of Mental and General Health within Racial/Ethnic Groups

	Black %(SE)	Asian %(SE)	Hispanic %(SE)	Total %(SE)
Not Enough Food Pre COVID	12.79 (0.42)	5.99 (0.55)	14.08 (0.54)	12.34 (0.31)
Not Enough Food Post COVID	13.11 (0.42)	6.35 (0.54)	14.79 (0.54)	12.84 (0.31)
Not Confident Food Sufficiency	45.54 (0.62)	30.13 (0.88)	43.86 (0.71)	42.37 (0.42)
Income <25K	18.77 (0.51)	9.32 (0.59)	17.38 (0.53)	16.70 (0.33)
Expected Household Job Loss	34.87 (0.55)	36.96 (0.85)	42.82 (0.67)	38.80 (0.40)
LTHS Education	10.03 (0.44)	11.62 (0.87)	26.36 (0.73)	17.70 (0.41)
Public Insurance	20.10 (0.51)	15.73 (0.76)	18.43 (0.53)	18.68 (0.33)

Note: LTHS = Less than high school; Public Insurance e.g. Medicaid



Mediators of Group Differences in Health Outcomes

- Difference in prevalence between Blacks and Asians was 5.2% and 11.4% for Anxiety/Depression and Fair/Poor Health, respectively.
- Differences in prevalence between Hispanics and Asians was 11.3% and 12.2% for Anxiety/Depression and Fair/Poor Health, respectively (75% of this difference explained through the considered factors).
- Basic need factors followed by health factors were the primary explanatory factors of group differences.
- Differences in prevalence between Blacks and Hispanics was 6.2% for Anxiety/Depression and non-differentiable for Fair/Poor Health.
- The considered factors explained little in terms of the differential rates between these two groups.

	Differences Decompositions					
	Black vs. Asians		Black vs. Hispanics		Hispanic vs. Asian	
	Anxiety/Depression	Fair/Poor Health	Anxiety/Depression	Fair/Poor Health	Anxiety/Depression	Fair/Poor Health
	Δ (%)	Δ (%)	Δ (%)	Δ (%)	Δ (%)	Δ (%)
Crude Difference in Prevalence	-5.2	-11.4	6.2	0.8	-11.3	-12.2
Explained Difference in Prevalence	-7.3	-8.3	0.4	2.4	-8.4	-10.4
Unexplained Difference in Prevalence	2.1	-3.1	5.8	-1.6	-2.9	-1.9
	<u>% Explained Difference</u>	<u>% Explained Difference</u>	<u>% Explained Difference</u>	<u>% Explained Difference</u>	<u>% Explained Difference</u>	<u>% Explained Difference</u>
Demographics	13.5	3.1	n/a	n/a	6.2	1.5
Health Enabling	16.4	60.6	n/a	n/a	13.5	56.2
Employment	-2.4	0.2	n/a	n/a	8	-0.9
Healthcare Access	8.4	10.6	n/a	n/a	9.6	8.4
Basic Need Factors	37.4	17.8	n/a	n/a	34.1	18.2
Health Factors	26.8	7.8	n/a	n/a	28.6	16.5

Demographic factors included *age, gender, marital status, living alone, and having children below 18-years of age living in the household*. Health enabling factors included *education and income*. Employment measurement included *reporting a household job loss, and expectation of a household job loss*. Healthcare access included *insurance status, reported delays in care due to COVID, and reported problems in access not related to COVID*). Basic needs factors included *not having enough food pre and post COVID, as well reporting low confidence in food sufficiency*. Finally, health factors included *general health when examining anxiety or depression as an outcome, and mental health when examining fair/poor general health as an outcome*.

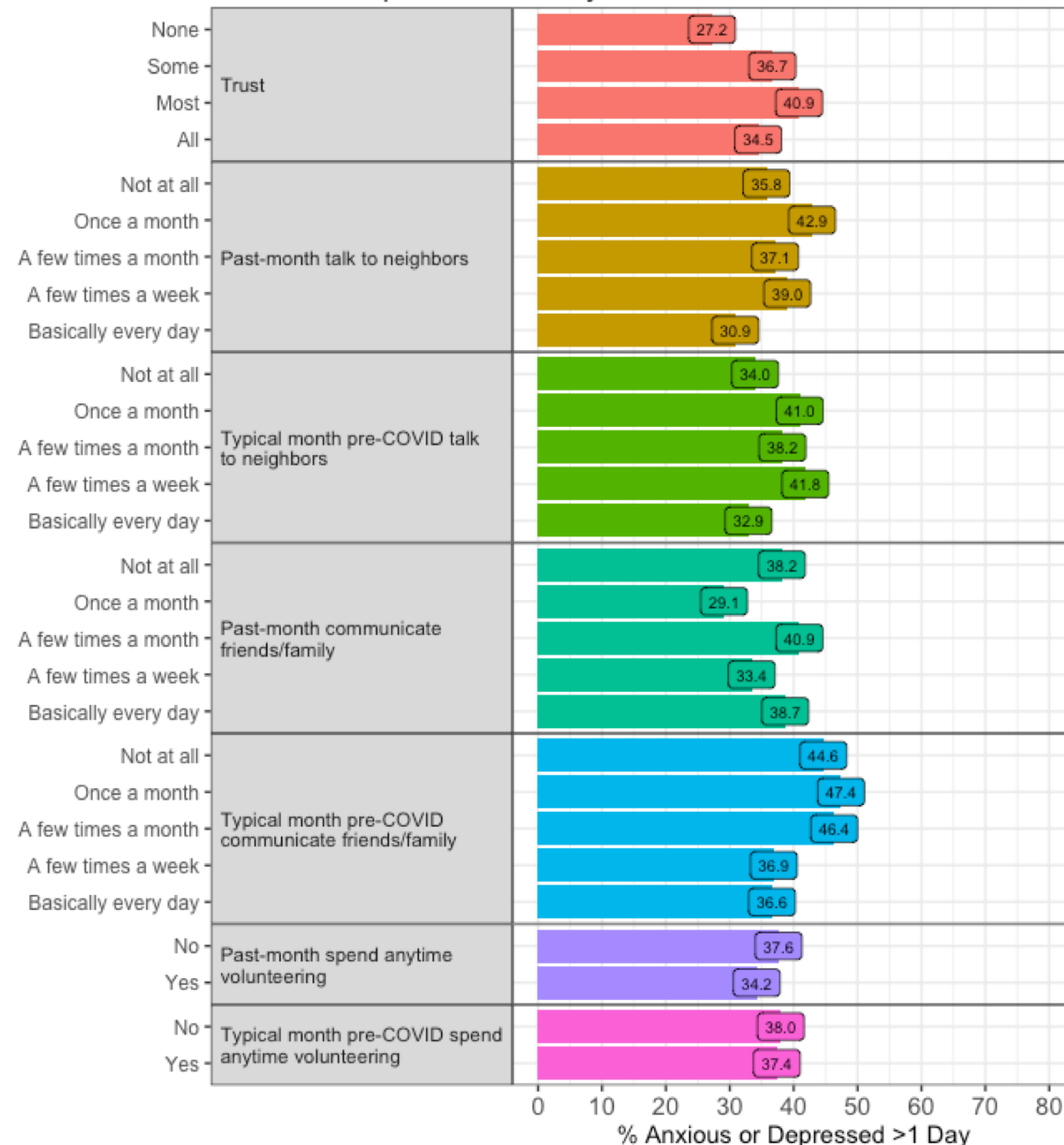


Role of Trust and Social Connectedness in Older Blacks' and Hispanics' Health

- As with the HPS data reported above, concerns about basic needs were among the primary factors associated with elevated levels of anxiety or depression using the COVID-Impact Data.
- Overall, we found little evidence to support a major role for measures of trust, social connectedness, and social participation (e.g. volunteering) in buffering against mental health problems.
- We found similar trends when we looked at reports of fair/poor health.



Prevalence: Anxious or Depressed >1 Day





Institute of Gerontology
Promoting Successful Aging in Detroit and Beyond

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