

How Perceptions of Health Vary by Race and Ethnicity among Older Adults with Chronic Conditions, BRFSS 2016

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Background

- Chronic conditions (CC) affect daily living and are associated with low perceptions of health (measured by self-reported health (SRH) status)
- The absolute number of older adults with CCs is expected to continue to grow
- Racial/ethnic health disparities exist among those with CCs and low SRH
- Some literature supports that chronic hardship (e.g. discrimination or poor health outcomes such as multiple CCs) contributes to resilience and/or normalization of poor circumstances such that thresholds of poor health are raised

Objective

Examine the association between CC status and SRH status among adults aged 50+ with special attention to whether and how race/ethnicity differences in SRH vary as a function of CC status

Methods

- Sample: Adults aged 50+ who identified as white, black, or Hispanic (n=238,164)^a
- Multivariable logistic regression was used to evaluate the association between CC status and SRH status, and effect modification by race/ethnicity^b
- Analyses were performed using SAS 9.4

^a All races are non-Hispanic

^b After adjustment for covariates (age, sex, education, income, and employment, marital and health insurance status)

Methods, cont'd

Variable	Prevalence (sample)	Description
Exposure: CC status	35.0% 0 CC 33.2% 1 CC 31.7% 2+ CC	Number of self-reported chronic conditions (0, 1, 2+) including diabetes, heart attack, CHD, asthma, arthritis, chronic respiratory conditions, or depressive disorder.
Outcome: SRH status	78.8% High 21.2% Low	Low (i.e. poor, fair), high (i.e. good, very good, or excellent) self-reported health.

Results

Among black and Hispanic older adults (relative to white older adults):

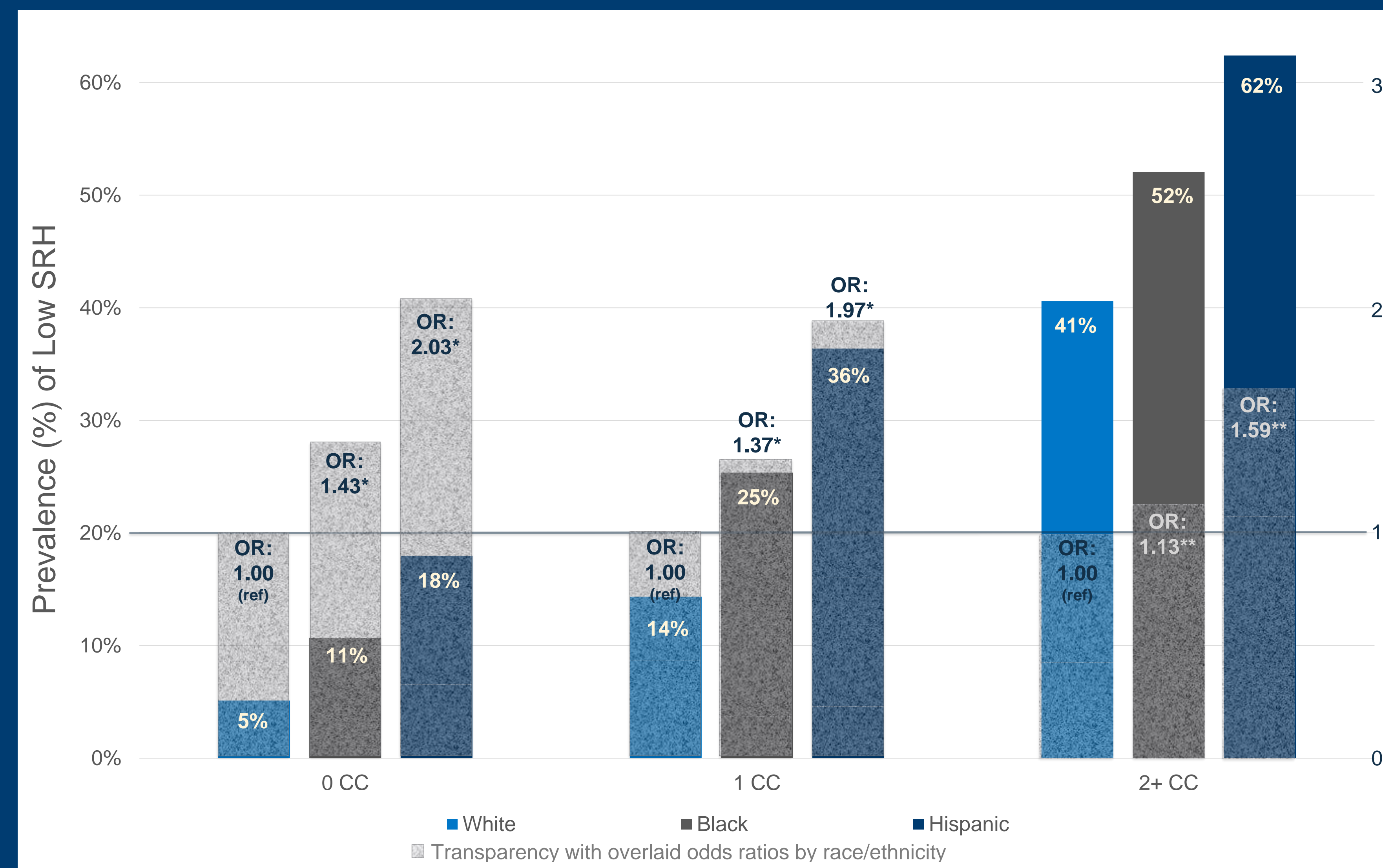
- Prevalence of low SRH status was consistently higher across all CC statuses (including no CCs):
 - 62% of Hispanic and 52% of black adults with multiple CCs reported low SRH, compared with 41% of white adults
- Odds of low SRH was significantly higher across all CC statuses (including no CCs)
- Odds of low SRH status, however, decreased as the number of CCs increased:
 - Hispanic adults with no CCs had higher odds of reporting low perceived health (OR: 2.03) than Hispanic adults with one CC (OR: 1.97) or multiple CCs (OR: 1.59)

Figure 1. Prevalence (%) and adjusted odds ratio (OR) distributions of low self-reported health status by chronic condition status and race/ethnicity

ORs adjusted for all covariates

(*) Denotes statistical significance (p-value <0.0001) for comparison across race/ethnicity

(**) Denotes significance based on non-overlapping CIs for comparison across CC status



Results, cont'd

- Black adults with no CCs had higher odds of reporting low perceived health (OR: 1.43) than black adults with one CC (OR:1.37) or multiple CCs (OR: 1.13)
- Odds of low SRH were significantly lower for those with multiple CCs:
 - The threshold of 2 or more CCs put black and Hispanic older adults at significantly reduced odds of self-reporting poor health than those with one or even no CCs (based on non-overlapping CIs)

Conclusions

- Race/ethnicity differences in SRH varied by CC status
- Odds of low SRH was significantly reduced among black and Hispanic older adults with multiple CCs (than for those with single or no CCs, relative to white older adults with respective number of CCs)
- This research supports the “resilience” hypothesis that chronic hardship experienced by racial/ethnic minorities contributes to higher perceptions of health

Future research:

- Explore the mechanisms by which multiple CCs affect SRH, and how perceived health influences health behaviors

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