

Racial/Ethnic Differences in Social Health of Older Adults in a Northern California Healthcare System

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INTRODUCTION

- There is limited information on the prevalence of social risks experienced by older adults and how risks differ by racial/ethnicity in a general (“non-safety net”) older medically insured population.
- This study examined racial/ethnic disparities in financial and social risks during the early months of the COVID-19 pandemic in a diverse population of older adult members of Kaiser Permanente in Northern California (KPNC).

METHODS

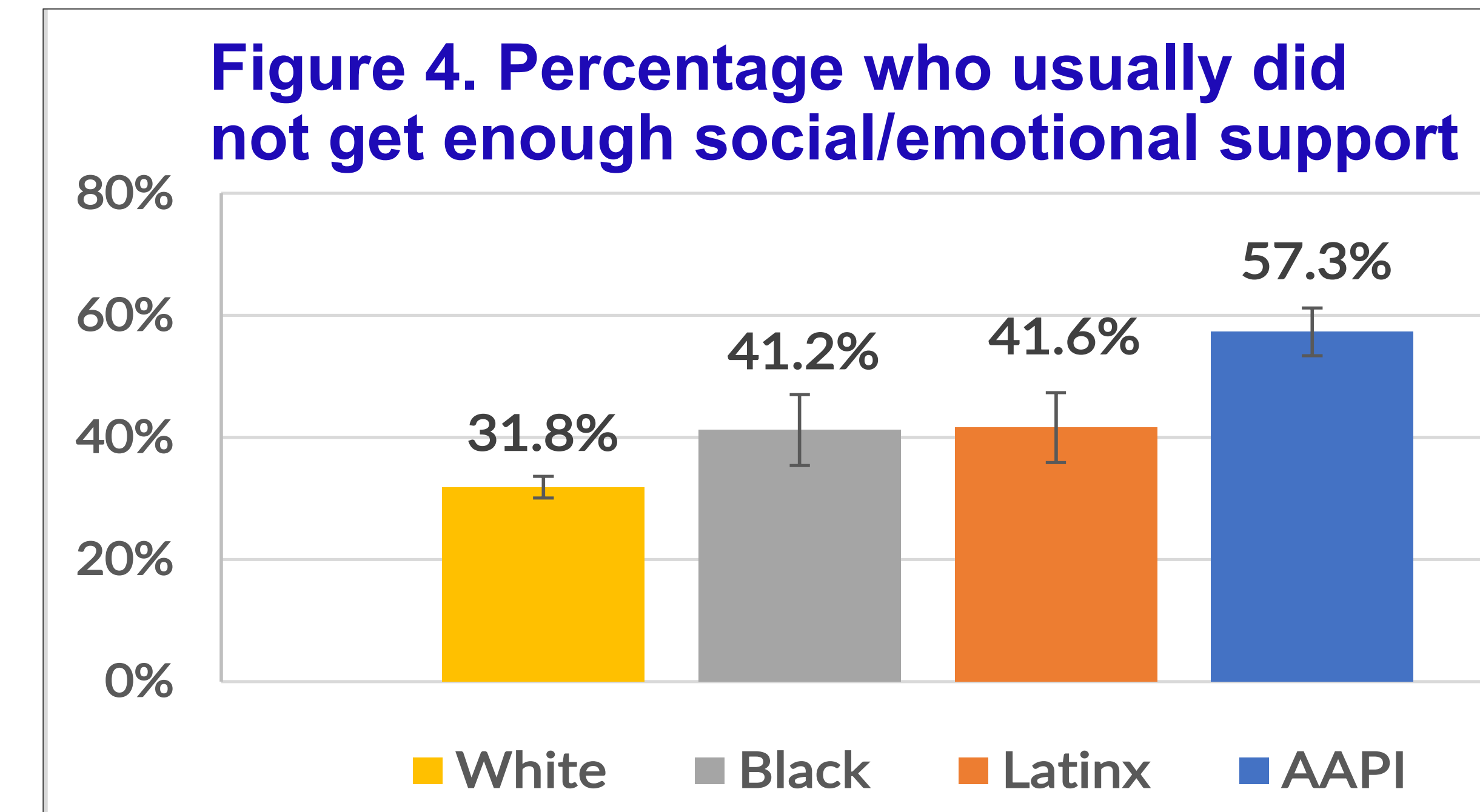
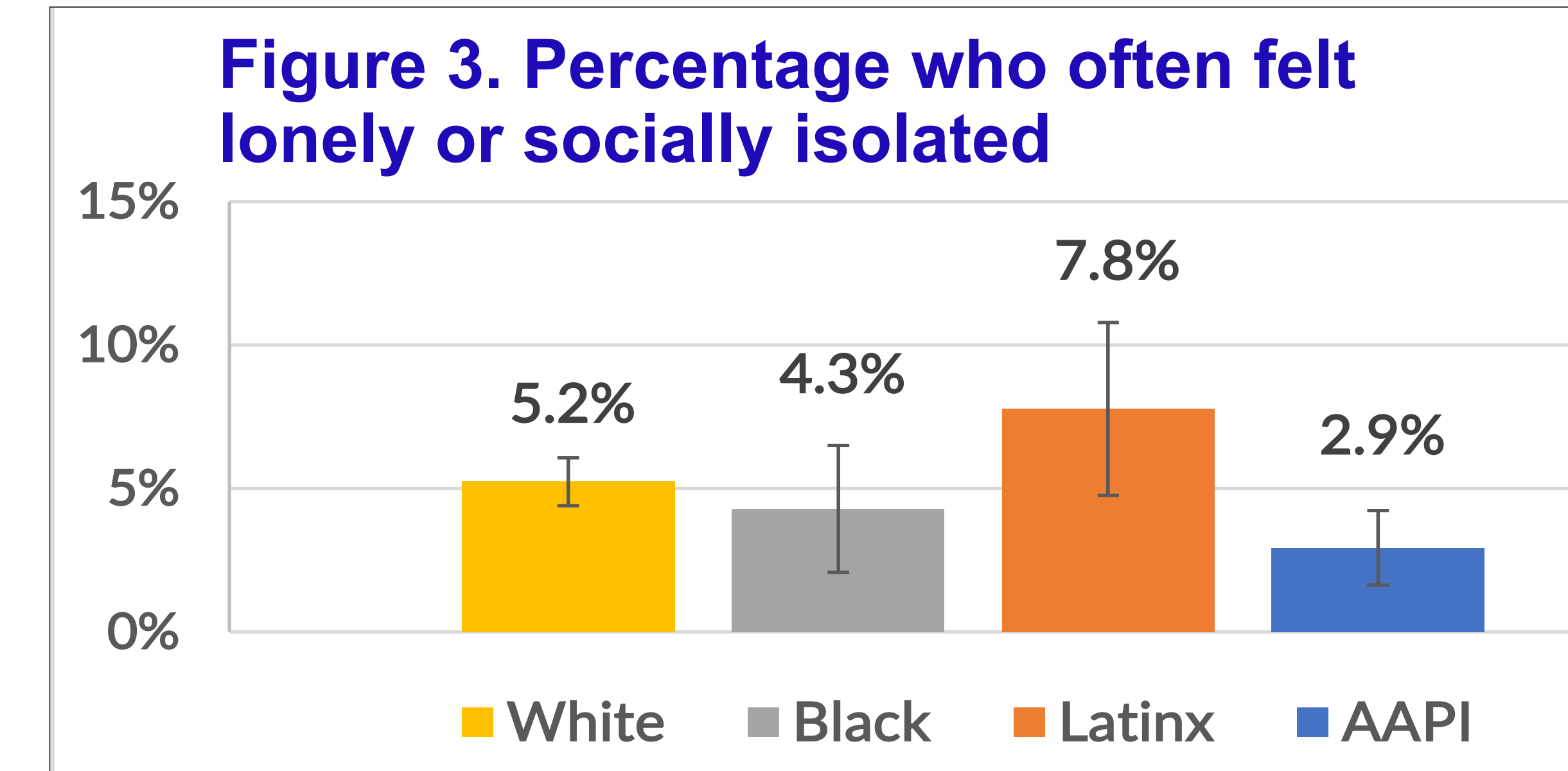
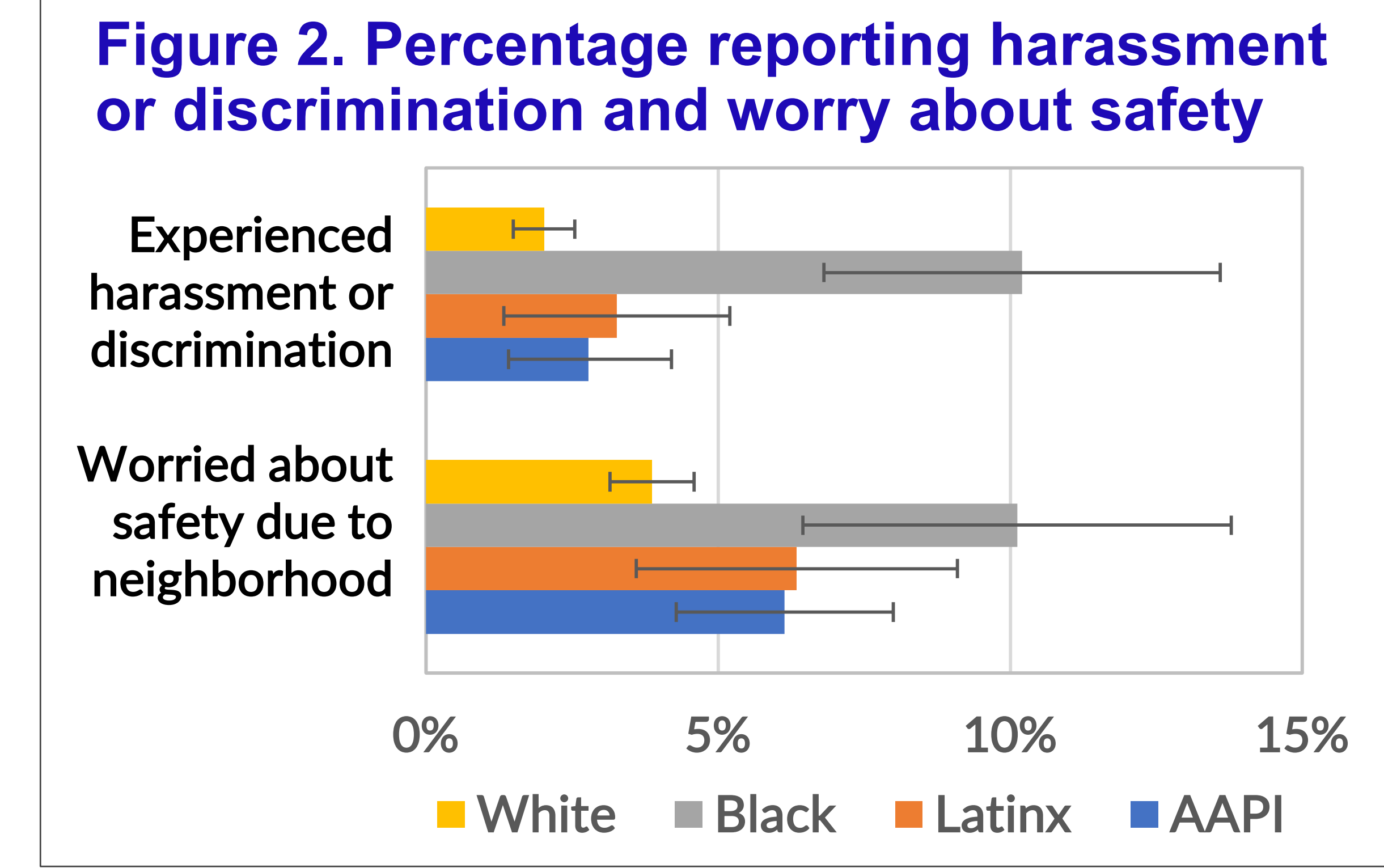
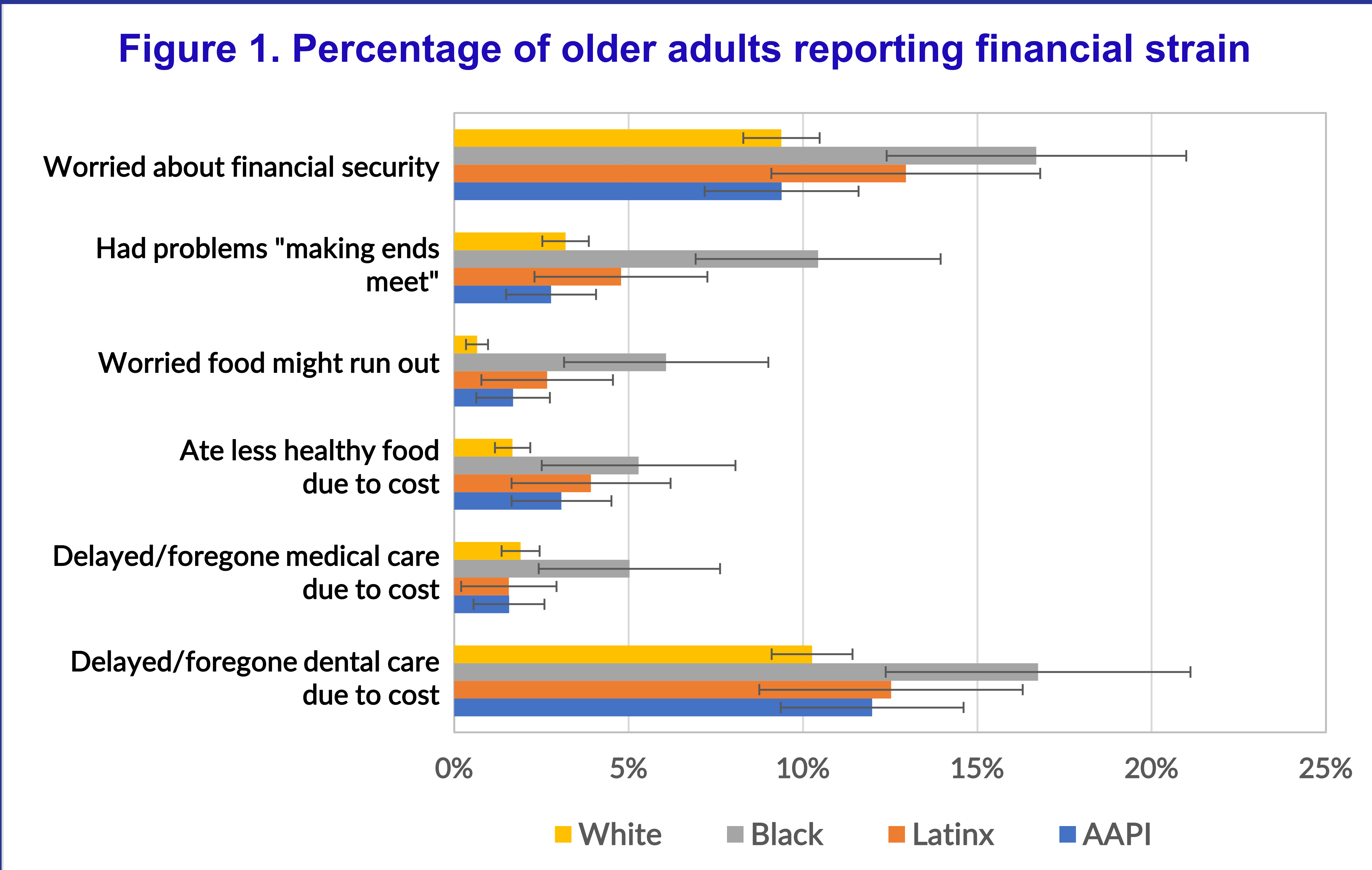
- Cross-sectional study using data from the KPNC Member Health Survey, June-Dec 2020.
- Analysis of weighted data for 4282 respondents aged 65-85 who completed a mailed/online survey [2896 White, 313 Black, 355 Latinx, 737 Asian American and Pacific Islander (AAPI)]
- Social risks examined included: financial strain, food insecurity, cost-related delays to health care, experience of discrimination, worry about neighborhood safety, frequent feelings of loneliness/social isolation, and lack of social/emotional support during the prior 12 months.
- Weighted prevalence estimates are reported with 95% confidence intervals [CI].

RESULTS

- Black adults were most likely to report financial difficulties, food insecurity, cost-related delay in medical/dental care, and worry about financial security (Fig 1); experience discrimination and worry re: safety/neighborhood violence (Fig 2).
- Latinx adults were most likely to report often feeling lonely or socially isolated (Fig 3).
- AAPI adults were least likely to report frequent loneliness (Fig 3) but most likely to report lack of adequate social/emotional support (Fig 4).

Racial/ethnic disparities in financial or other social risks may contribute to racial/ethnic disparities in the health and well-being of older adults.

Culturally respectful approaches to screening for and addressing social risks in diverse older adult populations are needed to achieve equity in healthcare access, health, and well-being.



DISCUSSION

- Racial/ethnic disparities were observed for different social risks in older adults during the early COVID-19 pandemic, with Black adults most likely to experience financial risk/strain.
- Across all groups, the percentage very worried about financial situation was much higher than the percentage with trouble ‘making ends meet.’
- Reported lack of adequate social/emotional support was a more pervasive social risk than frequent feelings of loneliness.

FINANCIAL DISCLOSURES

- Funding: KPNC Community Health Program