

Psychosocial and Economic Health of Older African Americans in California

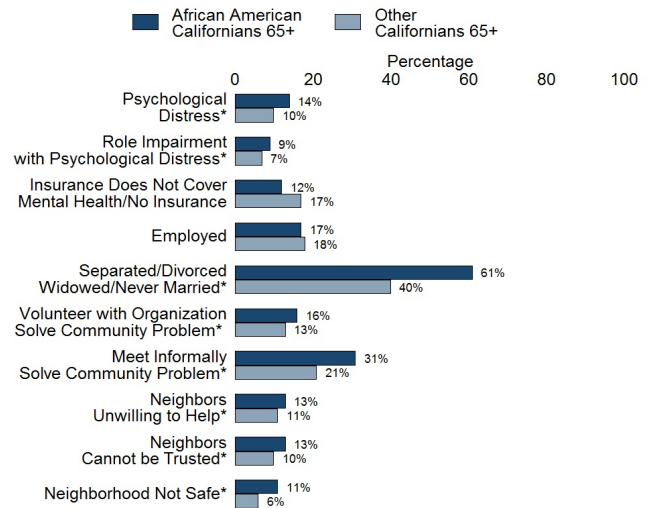
African American Californians (hereafter, African Americans), at birth, can expect to live, on average, to age 73.¹ This estimate is seven fewer years than the average Californian at birth and also varies by sex category and neighborhood socioeconomic status (SES). Life expectancy at birth for African Americans is longer for women (76) than it is for men (70)¹ and shortest for both women and men in the bottom 20 percent neighborhood SES.² Although white Californians in the bottom 20 percent neighborhood SES also have shortened lifespans, they are still estimated to live approximately five years longer than African Americans with a similar neighborhood SES.² This Short Subject employs California Health Information Survey (CHIS)³ indicators of mental health, social environment, and economic security to better understand older African Americans.

MENTAL HEALTH AND SOCIAL ENVIRONMENT

A new study suggests that stressors such as discrimination and racism encountered by African American men ages 30-50 might explain their shorter lifespans.⁴ There is evidence linking social stressors to the biological aging (shortening) of cells as measured by telomere length. Shorter telomere length, is associated with chronic disease and earlier mortality. The study suggests that implicit racial bias and discrimination are associated with shorter telomere length.

Mental health and social environment might also be related to the stress levels associated with telomere length. Figure 1 reveals that older African Americans were 40 percent more likely than other older Californians to have had mild to severe psychological distress in the past 12 months. They were also 29 percent more likely than were other Californians to experience role impairment (i.e., social, family, work, and/or chore) with moderate psychological distress. Of

Figure 1. African-American Californians 65+ Mental Health and Community Involvement



Note: The indicator 'Insurance Does Not Cover Mental Health/No Insurance' only refers to those people who report needing help for mental health problems or who have sought help for mental health problems.

those who sought help or felt they should seek help, 12 percent did not have insurance plans covering mental health care or did not have insurance.

Being connected to a community through such things as employment, partners, volunteering, or problem-solving can facilitate and reinforce mental health, even as being less connected can contribute to and exacerbate poor mental health. Older African Americans were 52 percent more likely than other older Californians to be separated, divorced, widowed, or to have never married—61 percent of older African Americans were not partnered compared to 40 percent of other older Californians (Figure 1). They stayed active in the social world by volunteering with organizations to solve community issues (16 percent), seeking to solve community problems by informally meeting with others (31 percent), and remaining employed (17 percent). They were more likely than were other older Californians to volunteer with an organization to solve a community issue (23 percent

more likely) and to meet informally to deal with community problems (48 percent more likely).

Where older adults live and their perceptions of their neighbors and neighborhood might also be related to stress levels. Older African Americans were more likely than were other older Californians to view their neighbors as unwilling to help (18 percent more likely) and not trust their neighbors (30 percent more likely). They were also 83 percent more likely than other older Californians to not feel safe at least some of the time in their neighborhoods.

ECONOMIC SECURITY

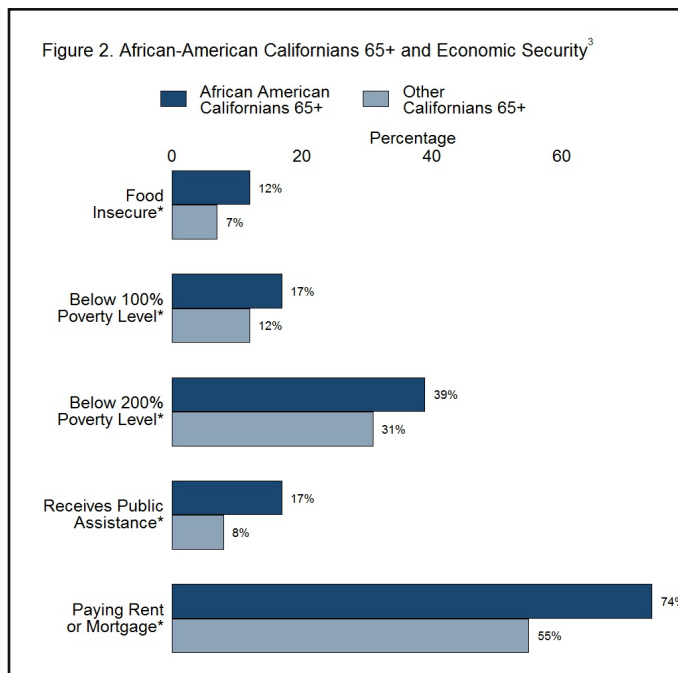
Figure 2 offers a comparison across economic indicators. Overall, older African Americans experienced less economic security than did other older Californians across each indicator presented. They were roughly two times as likely to receive public assistance and to experience some combination of not being able to afford food, skipping meals, going hungry, and not eating balanced meals. They were also more likely than other older Californians to be below 100 percent of the poverty level (42 percent more likely), below 200 percent of the poverty level (26 percent more likely), and to be paying rent or mortgage (35 percent more likely).

BRIEF DISCUSSION

It is evident that a larger percentage of older African Americans experienced more psychological distress, less social connection in some ways, and more economic insecurity than other older Californians. It is also clear that some (14 percent, see Figure 1) suffered from psychological distress but did not have health insurance covering mental health. More research would strengthen our understanding of associations among mental health, social environment, and economic indicators and the shorter lifespans of African Americans in California.

ENDNOTES

1. Burd-Sharps, Sarah and Kristin Lewis. (2011). A Portrait of California: California Human Development Report 2011. Retrieved from <http://www.measureofamerica.org/docs/APortraitOfCA.pdf> Life expectancy at birth is affected by factors such as infant and youth mortality. Generally, as people live longer, their life expectancy also increases. See for instance Census tables here: http://www.census.gov/compendia/statab/cats/births_deaths_marriages_divorces/life_expectancy.html



2. Clarke, Christina A. and Amal Harrati. (2011). Life Expectancy in California's Diverse Population: Recent Estimates by Race/Ethnicity and Neighborhood Social Class. In Nari Rhee (Ed.) Meeting California's Retirement Security Challenge. Berkeley, Ca.: UC Berkeley Center for Labor Research and Education. In this study, SES was assigned based on block group characteristics.
3. California Health Interview Survey. CHIS 2011 Adult Public Use File, (Los Angeles, CA: UCLA Center for Health Policy Research, November 2013). Retrieved from <http://healthpolicy.ucla.edu/chis/data/Pages/overview.aspx> Comparative statements in this report in reference to CHIS data have undergone statistical testing, and comparisons are significant at the 90 percent level unless otherwise noted. Significant differences in figures are noted with an *.
4. Chae, David H., Amani M. Nuru-Jeter, Nancy E. Adler, Gene H. Brody, Jue Lin, Elizabeth H. Blackburn, and Elissa S. Epel. (2014). "Discrimination, Racial Bias, and Telomere Length in African-American Men." Retrieved from <http://www.ajpmonline.org/article/PIIS074937971300593X/fulltext>

This Short Subject was requested by Assembly Member Mariko Yamada, Chair of the Committee on Aging and Longterm Care.

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