The Connection Between Social Support, Race, and Mental and Physical Well-being Among Older Adults in the United States

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ABSTRACT

The United States population of older adults is expected to increase exponentially over the next few decades. With this growing population comes a more racially diverse group with cultural differences that may influence the aging process. An important element of aging is social support, which may be limited later in life due to changing relationships and living arrangements. The aim of this study was to investigate whether race impacted the degree to which social support influenced mental and physical health indicators in a geriatric population by use of a previous study conducted on Los Angeles older adults using secondary analysis of Well Elderly II data. Findings indicate that dimensions measuring social support play a role on mental and physical well-being. This is true for all but one relationship, which is that of social support availability on physical health of minority populations. This highlights the importance of social support across racial cohorts and indicates further areas of study on limits of social support on physical health of non-white populations.

INTRODUCTION

Significance

- A considerable concern in the lack of social support for older adults is rising levels of loneliness and feelings of social isolation among the geriatric population (Cornwell & Waite, 2009; Petersen et al., 2016).
- The 2016 census found that 75% percent of adults over the age of 65 were Caucasian. The additional quarter of the population is comprised of about 9% African American individuals, followed by 8% of Hispanic/Latino descent, less than 5% Asian descent, 1% two or more races, and 1% of either Native American, Alaskan Native, Pacific Islander, or Native Hawaiian descents (Roberts et al., 2018).

Purpose

- The purpose of this study was to explore the role of meaningful social relationships has on physiological and psychological health across ethnic cohorts.

Research Questions

- Does race have an impact on the role of social support on physical indicators for older adults?
- Does race have an impact on the role of social support on the mental health of older adults?

Hypothesis

- There will be differences among racial cohort impacts on mental health due to differences in racial cohorts such as culture and family status.
- Variations will exist among the relationship between social support and physical health of different racial cohorts.

LITERATURE REVIEW

- Previous literature found that as adults age, they are likely to experience a decreased size in their social networks which may impact health and well-being (Cornwell & Waite, 2009; Petersen et al., 2016; Stokes & Moorman, 2018).
- While some variation exists, it has been estimated that anywhere from 25-29% of the entire population of American adults aged 70 and older are considered lonely (Ong et al., 2016).
- Research suggests that social connectedness plays a substantial role in promoting mental well-being among older adults (Ermer & Proulx, 2019; Fuller-Iglesias, 2015; Kwag et al., 2011; Ong et al., 2016; White et al., 2009).
- Satisfaction in the availability of social and emotional support is positively correlated with positive health status (Ermer & Proulx, 2019; Kim & Thomas, 2019; White et al., 2009). And findings suggest instrumental support may be more protective for physical health than psychological (Fuller-Iglesias, 2015).
- One study found that African Americans who reported an imbalance in social support received/provided may have had increased physical health odds (Cary et al., 2016)
- In comparison to members of the Caucasian race, perceived social support played a less mediating role against this diminished mood state among those in the Hispanic population (Russell & Taylor, 2009).

METHODOLOGY

Research Design and Data Collection Procedures

- The current study is a secondary analysis of data collected from the two-wave Well Elderly II which was conducted from 2004-2008.
- Data analyzed within this study was collected through self-report measures and collected at baseline and bi-annually. Additionally, the study considered bio-markers of participants.

Sample and Sampling Methods

- Participants were found by use of randomized control trials. Participants were selected from 21 geriatric service facilities in the Los Angeles, California area. Participants ranged from age 60 to 95 years old. The present study examines data from each of the Well Elderly II's participants (n=480).

Measures

- Sociodemographic variables such as age, education level, sex, and income level were assessed using self-report measures by use of formulated questions.
- Depressive symptoms were measured using the Center for Epidemiologic Studies Depression Scale (CESD). The scale is valid and internal consistency is high (Smarr & Keefer, 2011). Higher scores were reflective of higher depressive symptomology.
- Physical health was measured by use of a sub-scale based on responses to the Short Form-36 Health Survey. This measure yielded validity in discriminative and predictive capabilities, and had adequate reliability (Haywood et al., 2005). Items related directly to physical well-being were analyzed and sub-scaled with lower scores indicating worse health.
- Life satisfaction was measured by use of the Life Satisfaction-Z Scale (LSIZ). The scale is 13 questions, and higher scores were indicative of greater satisfaction.
- Social support was measured by use of the Lubben Social Network Scale (LSNS) and one portion of the Meaningful Activity Participation Assessment (MAPA). Scores on the LSNS greater than 31 indicate low risk for social isolation. The MAPA was developed for the Well Elderly II, and questions pertaining to frequency of social activities was measured using sub-scales with a score range of 0 to 30. Higher scores indicated higher activity.

Descriptive Statistics: Study Variables (N=480)

Variables	M	SD
Independent Variables		
Frequency Activities Related to Socialization	13.6	5.05
Social Support Availability	26.7	9.34
Dependent Variables		
Mental Wellbeing		
Depressive Symptoms	13.66	10.9
Life Satisfaction	16.76	4.25
Physical Health		
Self-Reported	16.86	5.62

Sample Characteristics of Participants (N =480)

Characteristic	f	%
Gender		
Male	165	34.4
Female	315	65.6
Age in Years	M= 74.31	SD= 7.65
Race Ethnicity		
White	180	37.7
Non-white	298	62.3
Education completed		
0-4 years of school completed	38	7.9
5-8 years of school completed	44	9.2
Some high school	60	12.5
High school completed	93	19.4
Post high school, business or trade school	56	11.7
1-3 years of college completed	109	22.7
4 years of college completed	51	10.6
Post graduate study	29	6.0
Present Retirement Status		
Yes (Retired)	370	77.1
No (Not retired)	110	22.9

RESULTS

Correlational Analysis: Spearman's *rho* and Pearson's Correlation Coefficient

Total Population

- Each correlational relationship for the total population was found to be significant and weak for mental health analysis of depression and life satisfaction.
- Spearman's *rho* analyses for relationships between depression symptomatology with social factors such as frequency of social activities ($r_s(477)$= -.304, p<.01) and social support levels ($r_s(478)$= -.186, p<.01) were negative, indicating that more social support was associated with lower depression scores.
- In reference to physical health, each correlation was significant and weak. The Pearson's correlation of physical health and social support availability was $r(478)$= .133, p=.004. The Pearson's Correlation Coefficient to examine physical health and social activity frequency was $r_s(477)$= .209, p<.001.

White Population

- Each of the correlational analysis for the White participants were found to be both significant and weak.
- As with the total population, correlational analysis found negative relationships between depression and social support ($r_s(178)$=-.318, p<.001*) as well as frequency of social activities ($r_s(178)$=-.314, p<.001). Again, higher social support and social activity frequency was associated with lower depression scores.

Non-White Population

- The relationship between social support availability and self-rated physical health of Non-white individuals was tested using a Spearman's *rho* correlational analysis. No statistically significant relationship was found, $r_s(296)$=.090, p=.122.
- However, the Pearson's correlational relationship between social activity and physical health yielded weak, positive, and significant results, $r(295)$=.233, p<.001.
- All other correlational analysis for the Non-white group mental health in reference to each social support variable yielded significant and weak relations.

Figure 1) Activities and Depressive Symptoms in Non-white Participants
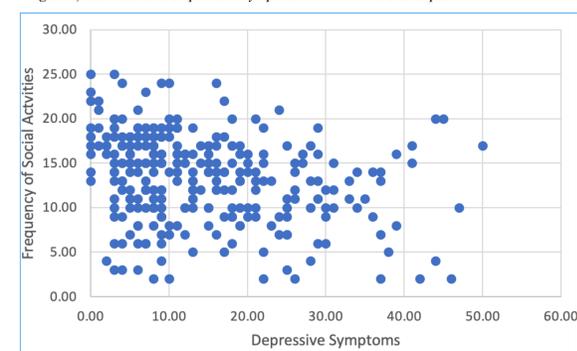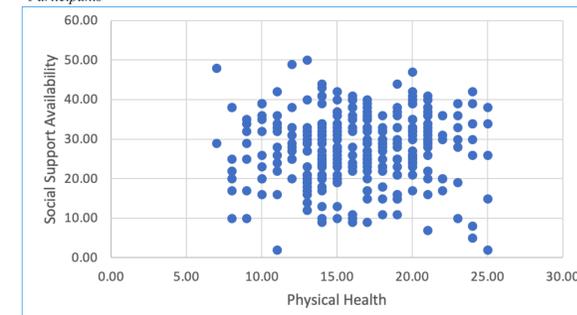

Figure 2) Intercorrelation of Social Support Availability and Physical Health In Non-White Participants

DISCUSSION

Summary

Interestingly, study findings yielded limited differences between ethnic cohorts when evaluating the relationship between social support factors such as social activity frequency and social support availability in relation to factors such as depressive symptoms, life satisfaction, and physical health scores. Nearly all of these results across ethnic subgroups yielded both significant and weak correlations. Many analysis in the study indicated that higher social support had positive influence on mental and physical health indicators. However, one major result was that no significant relationship existed between social support availability and physical health among the minority participant group. This highlights a further research area to evaluate the moderating role that race may play in social support influence on Non-white populations. Further, this poses that socioeconomic and other social factors may play a larger role in health than social connectedness in some instances.

Strengths and Limitations

Strengths

- Adding to a more limited body of research examining impacts social support on both mental and physical well-being of different racial groups of older adults
- The original study sample allowed for a diverse sample of older adults for the present study's analysis
- Findings may be used to generalize to other groups due to diversification and random sampling

Limitations

- Bivariate relationship analysis within study does not account for influence of outside factors
- Study does not indicate causation due to the use of cross-sectional data
- Limited sample size
- Conducted only within Los Angeles area
- Study is secondary, limiting the type of information collected and analyzed

Implications for Research and Practice

Practice

- Geriatric social workers must serve as links and advocates for increased social support and activities among older adults
- Social workers need to continue to consider the role of socioeconomic status, health, and cultural difference when formulating treatments and interventions for minority populations
- Social workers must continue to implement cultural competence into their practice, and challenge racial stereotypes

Research

- Further research on social support variables and physical wellbeing would enhance the knowledge base for future populations.
- The use of race as a moderator in such studies would allow for better understanding of social connectedness of minority populations in comparison to their white counterparts

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