



# SOCIAL NETWORKS IN RESEARCH ON AGING, RACE, AND HEALTH DISPARITIES

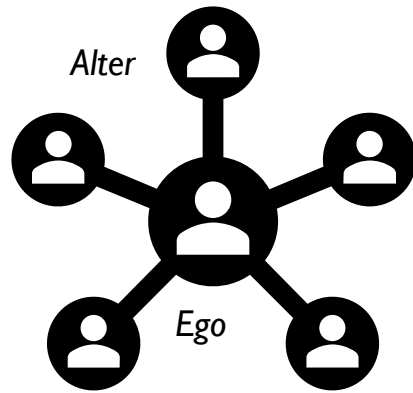
Alyssa Goldman

Department of Sociology

Boston College

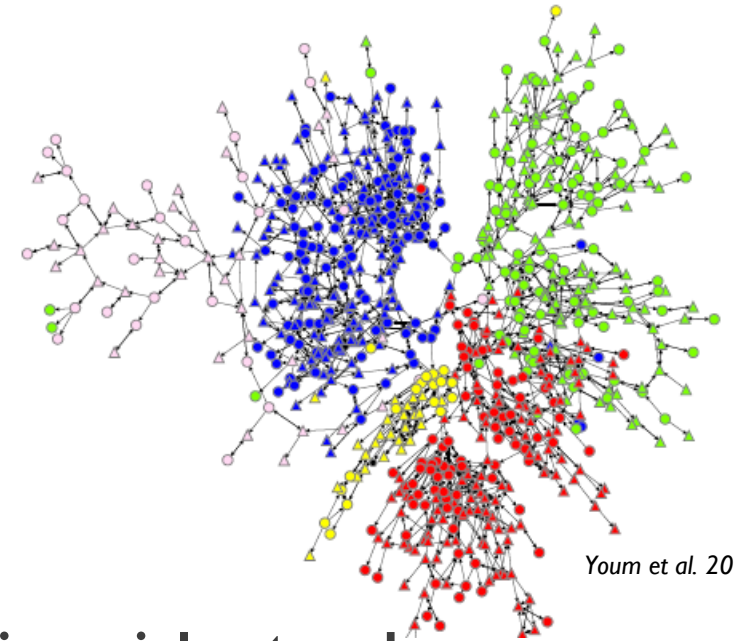
NIA RCCN Workshop June 28, 2022

# WHAT DO WE MEAN BY SOCIAL NETWORKS?



“a set of actors and the ties among them”

-Wasserman and Faust, 1994



Youn et al. 2015

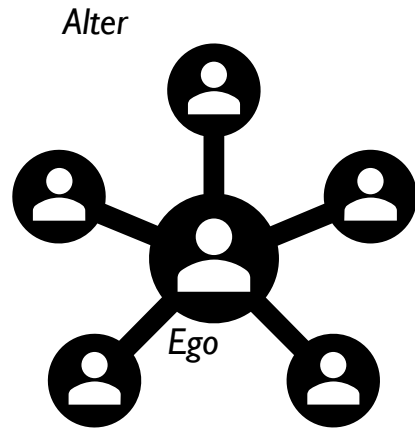
## Egocentric social network

- An focal individual (“ego”), their social ties (“alters”), and the ties among their alters
- Also “personal social network”

## Sociocentric social network

- All actual or potential ties among individuals in a particular social group (e.g., a high school, a community center)
- Also “global” or “whole-network”

# SOCIAL NETWORKS AND HEALTH

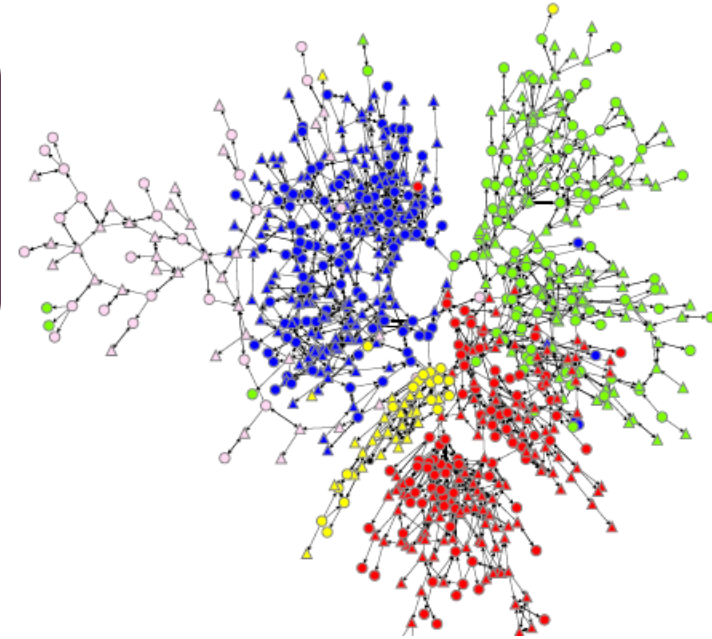


Social networks

Physical, mental,  
emotional health

Morbidity

Mortality



*Youm et al. 2015*

## Egocentric social network

- Access to social resources, social support, social integration
- Coordination/oversight
- Social norms
- Direct source of information, advice, influence

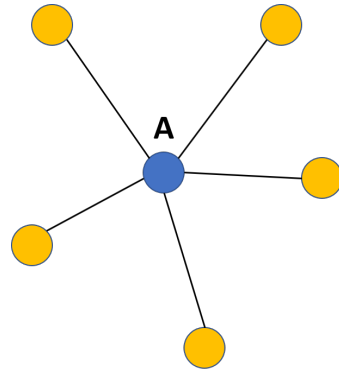
## Sociocentric social network

- Contagion
- Broader patterns of diffusion, influence in a community
- Embeddedness, constraint, cohesion

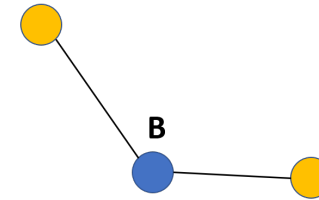
# SOCIAL NETWORKS, AGING, AND HEALTH

## Social network characteristics:

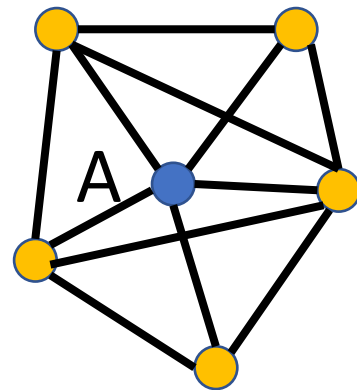
- Size
- Composition; diversity
- Density; embeddedness
- Frequency of interaction
- Emotional closeness
- Multiplexity
- Mode of communication
- Length of relationship
- Geographic proximity
- Homophily



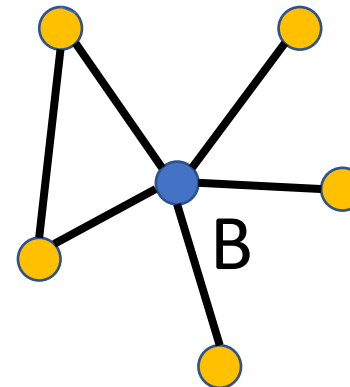
Network size = 5



Network size = 2



Higher network density

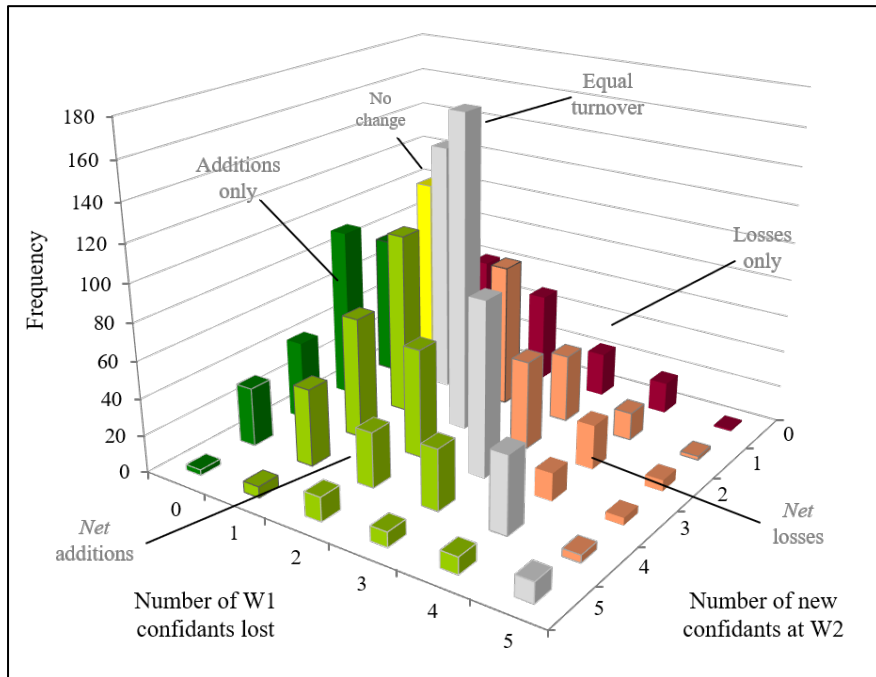


Lower network density

**Social networks profoundly influence older adults' health and well-being.**

- Mortality; morbidity; cognition functional health; depression; self-rated health; physiological functioning; health behaviors

# SOCIAL NETWORKS, AGING, AND HEALTH

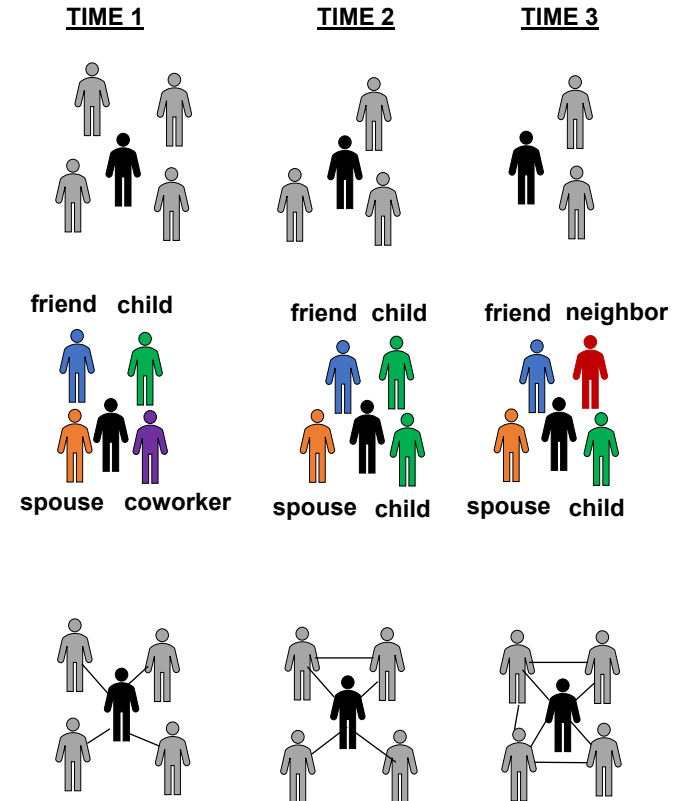
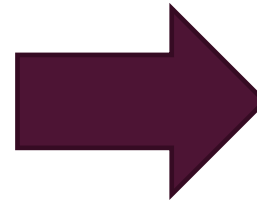


Cornwell, Goldman, and Laumann, 2020, *The Journals of Gerontology Series B*

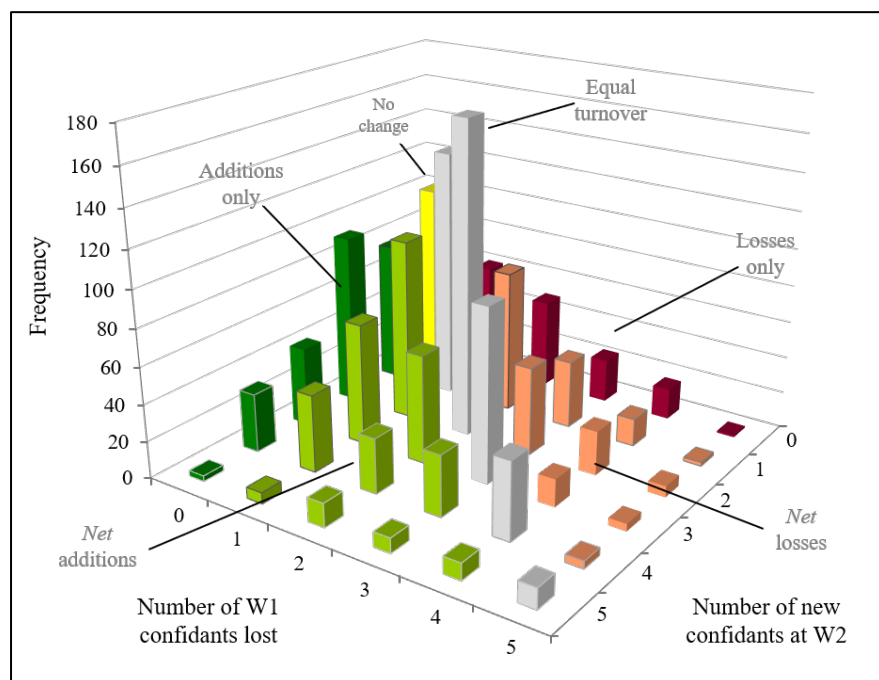
- Over a 5-year period, the majority of older adults experience at least one network loss and one network addition.

## Life course transitions, for example:

- Retirement
- Geographic mobility
- Grandparenthood
- Caregiving
- Re-partnering
- Widowhood
- Widowhood
- Health declines
- Death of alters



# SOCIAL NETWORKS, AGING, AND HEALTH



Cornwell, Goldman, and Laumann, 2020, *The Journals of Gerontology Series B*

- Over a 5-year period, the majority of older adults experience at least one network loss and one network addition.

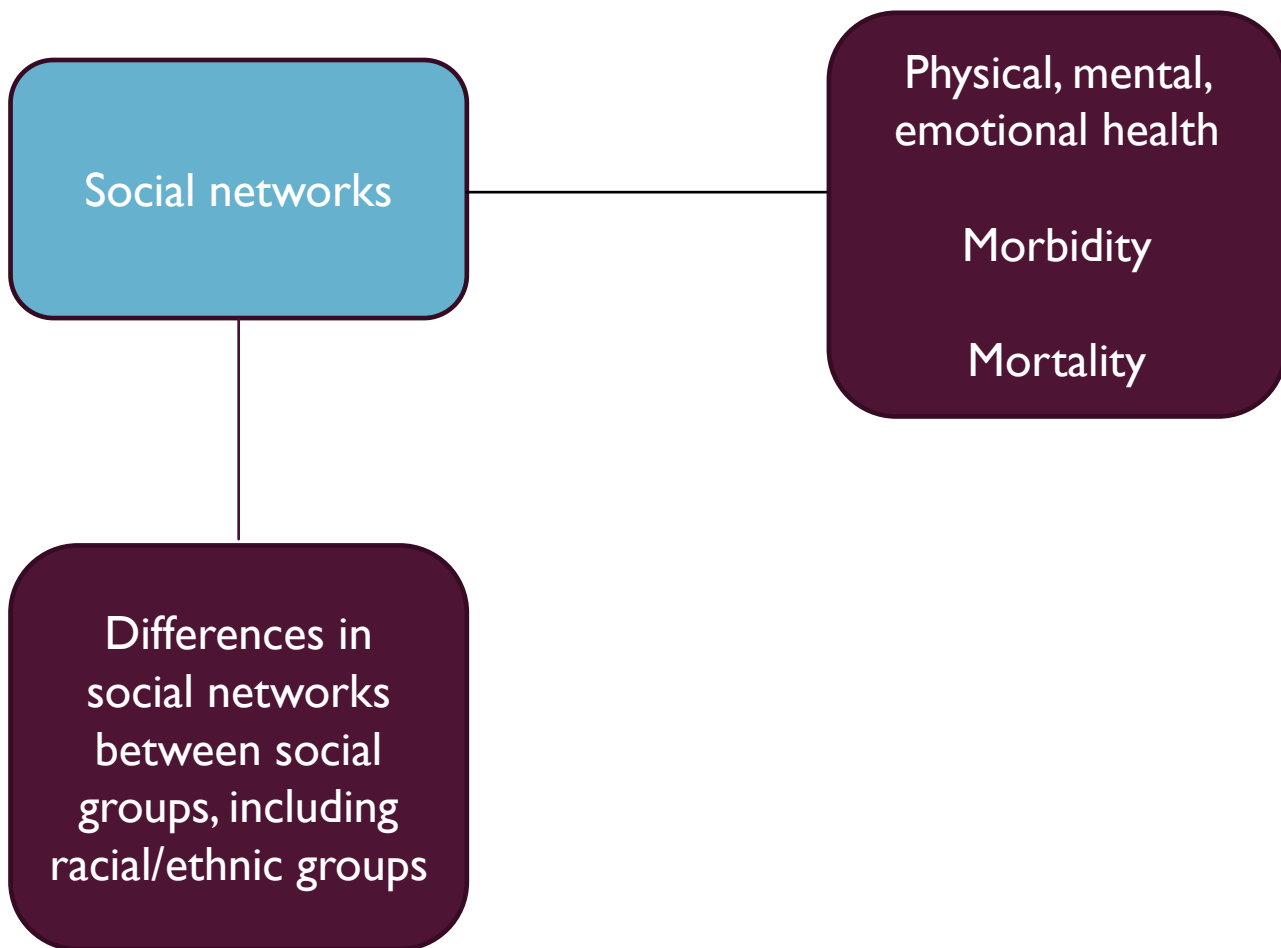
Measure of social connectedness	W1-W2 Decrease followed by W2-W3			W1-W2 Stability followed by W2-W3			W1-W2 Increase followed by W2-W3		
	Decrease	Stability	Increase	Decrease	Stability	Increase	Decrease	Stability	Increase
Confidant network size	61 (4.2%)	81 (5.4%)	235 (15.9%)	159 (10.3%)	285 (17.9%)	101 (6.8%)	238 (16.2%)	258 (14.6%)	100 (8.8%)
Frequency of contact with confidants	141 (9.8%)	95 (6.9%)	318 (22.1%)	142 (8.8%)	109 (7.5%)	99 (7.1%)	308 (19.9%)	120 (8.1%)	141 (9.9%)
Kin composition of confidant network	143 (9.4%)	73 (4.4%)	322 (22.7%)	169 (12.1%)	254 (16.9%)	74 (5.6%)	245 (15.7%)	113 (7.3%)	86 (6.1%)
Confidant network density	74 (6.5%)	29 (2.4%)	238 (20.1%)	169 (13.0%)	367 (33.2%)	16 (1.1%)	156 (11.4%)	106 (8.5%)	54 (3.8%)
Religious services attendance	59 (4.7%)	129 (9.4%)	100 (7.2%)	158 (11.2%)	507 (37.4%)	88 (6.1%)	172 (15.5%)	84 (6.4%)	27 (2.3%)
Volunteering	70 (6.8%)	137 (11.4%)	135 (11.3%)	89 (8.0%)	258 (25.5%)	84 (7.3%)	164 (16.6%)	81 (7.3%)	64 (5.8%)
Organized group involvement	63 (5.6%)	117 (11.0%)	154 (12.9%)	102 (9.5%)	233 (22.3%)	90 (8.1%)	197 (19.8%)	83 (7.0%)	45 (3.9%)

## Social network changes are associated with changes in:

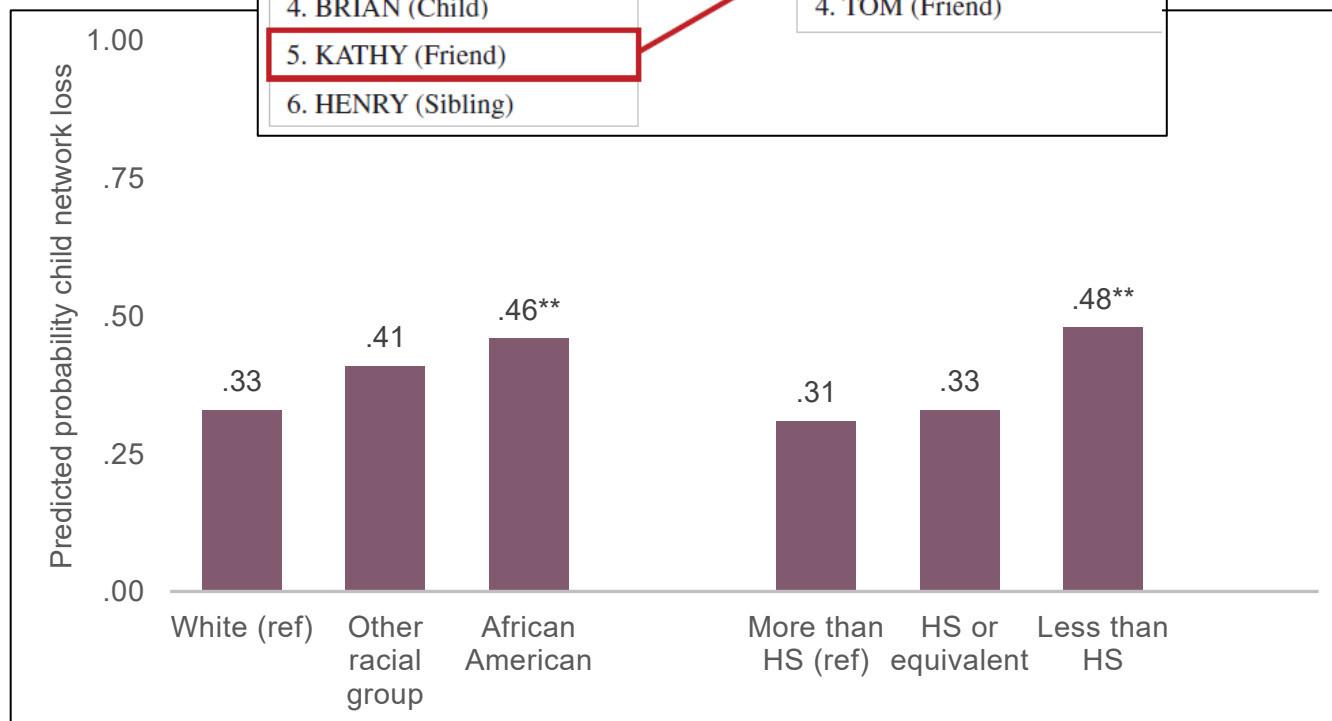
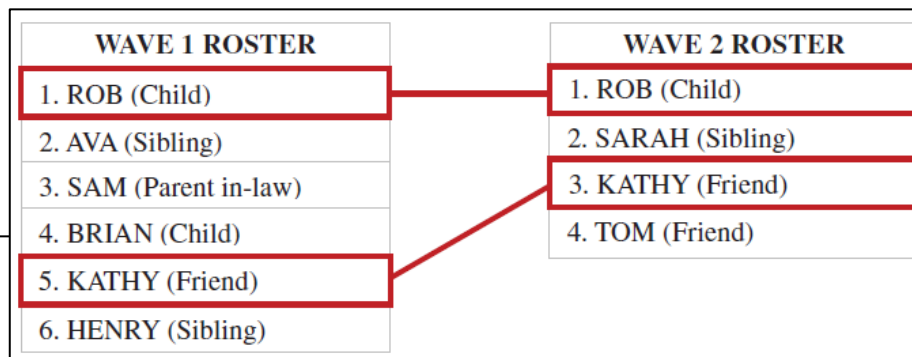
- Functional health
- Self-rated health
- Depression
- Emotional well-being

(Cornwell and Laumann 2015; Bookwala 2016; Schwartz and Litwin 2017, 2019; Badaway et al., 2019)

# SOCIAL NETWORKS, AGING, AND RACIAL HEALTH DISPARITIES



# SOCIAL NETWORKS AND HEALTH DISPARITIES

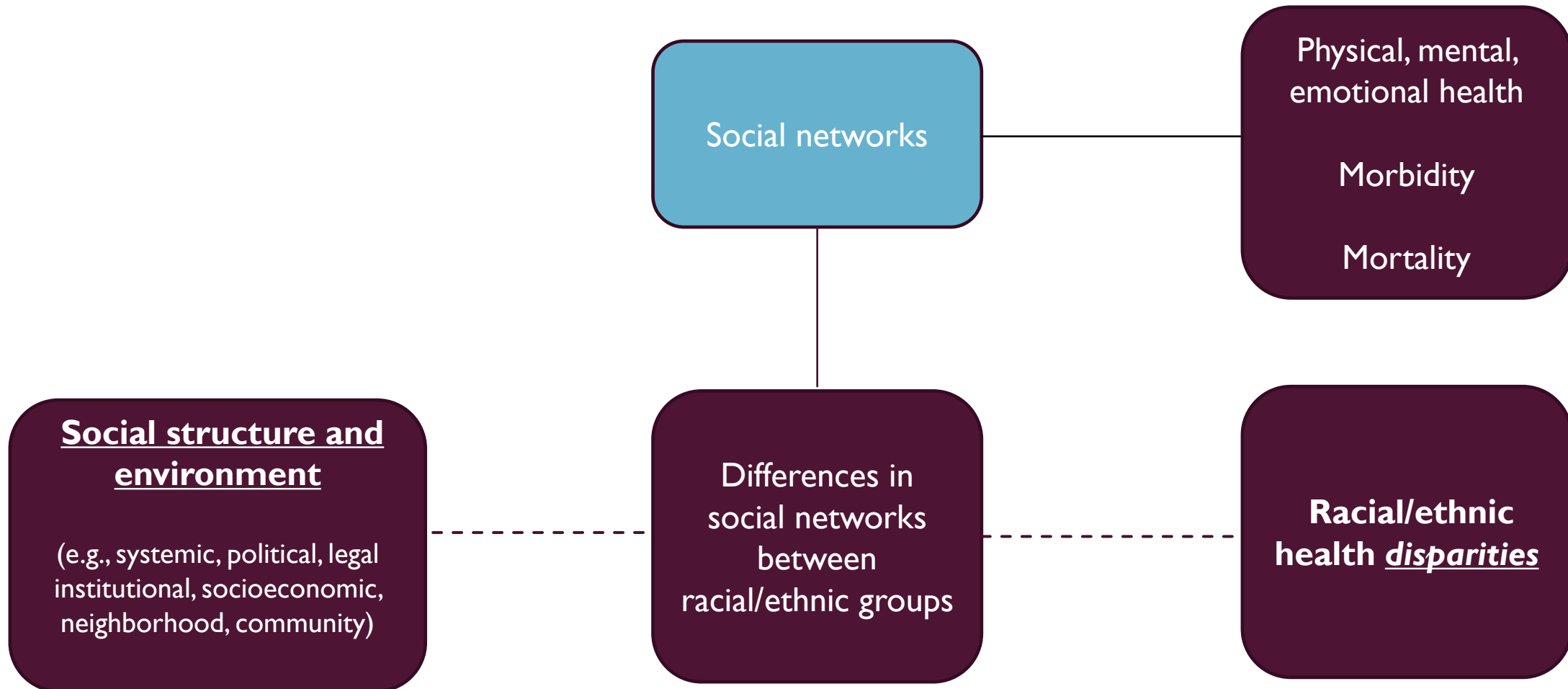


- Significant differences across racial/ethnic groups in older adults' network size, frequency of accessing network members, kin-centricity (e.g., Ajrouch et al. 2001; Small 2007; Alwin et al., 2018)
- Black older adults have higher levels of social network turnover compared to White older adults, including higher rates of network losses due to death (Cornwell 2015)

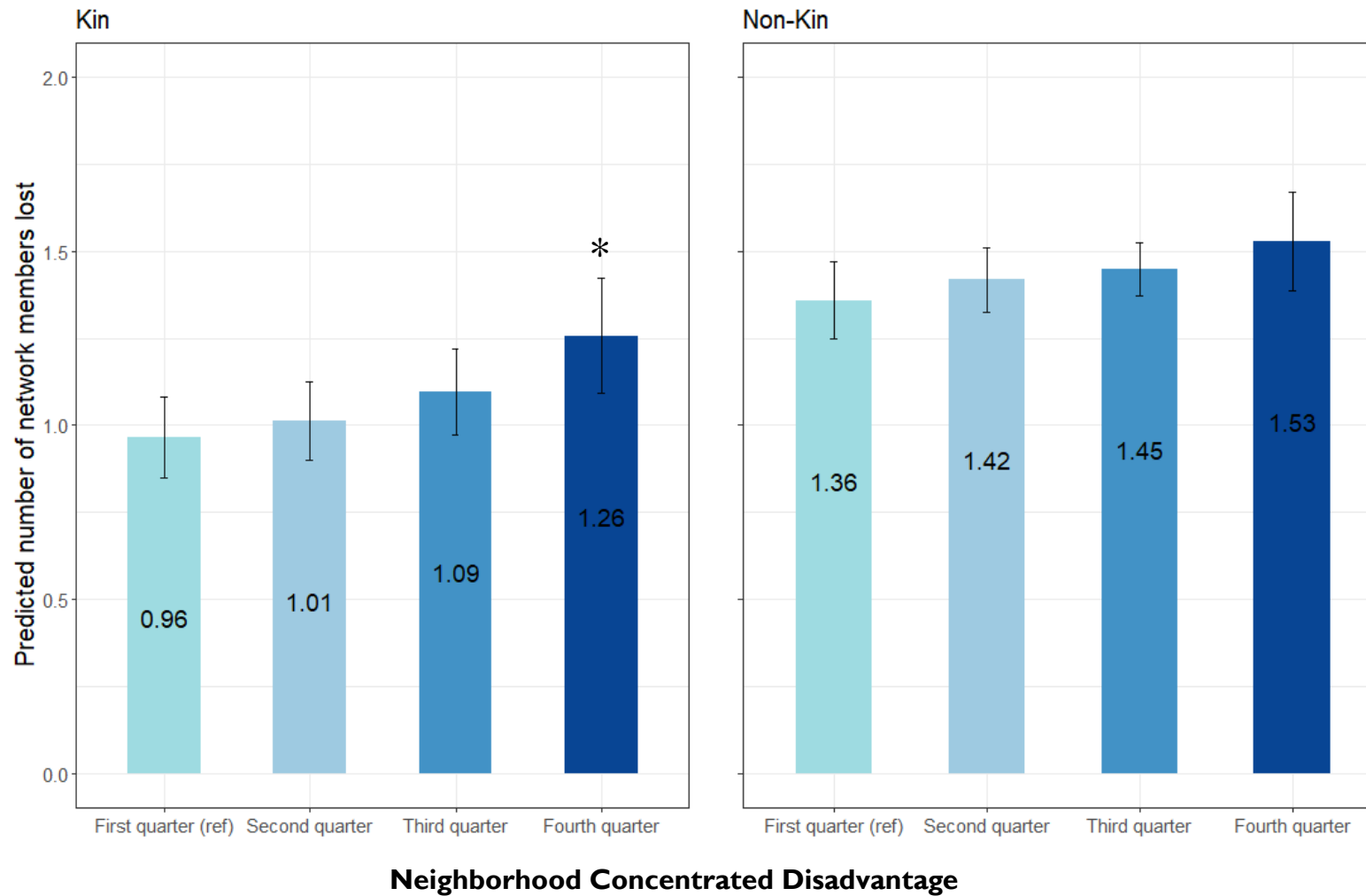
**Given the link between social networks and health, how do these patterns shape health disparities?**

- Social network differences between racial/ethnic groups may intensify health inequalities (Gauthier et al., 2021)

# SOCIAL NETWORKS, AGING, AND RACIAL HEALTH DISPARITIES



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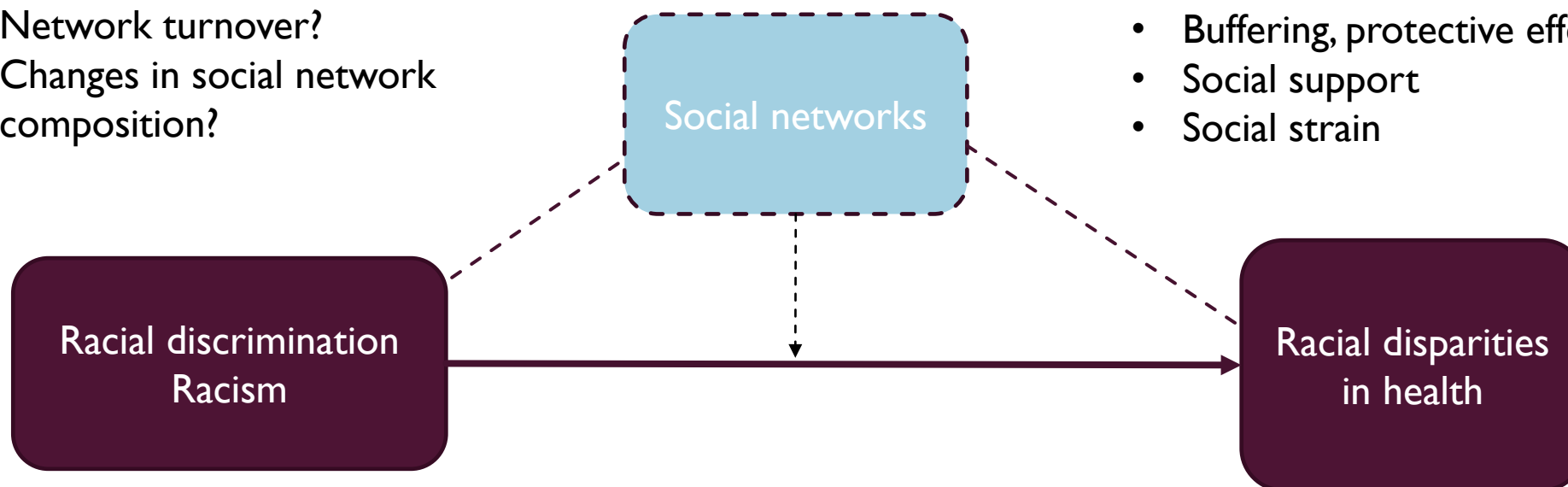
# SOCIAL NETWORKS, AGING, AND HEALTH DISPARITIES

- **How do racial discrimination and racism shape social networks?**

- Network turnover?
- Changes in social network composition?

- **Social networks as a potential moderator:**

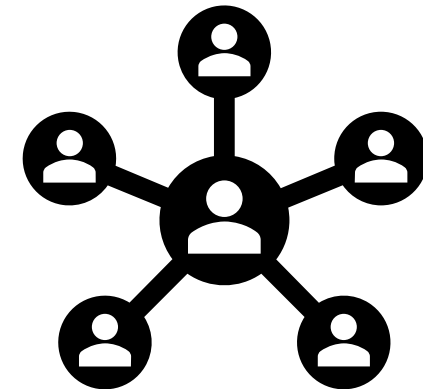
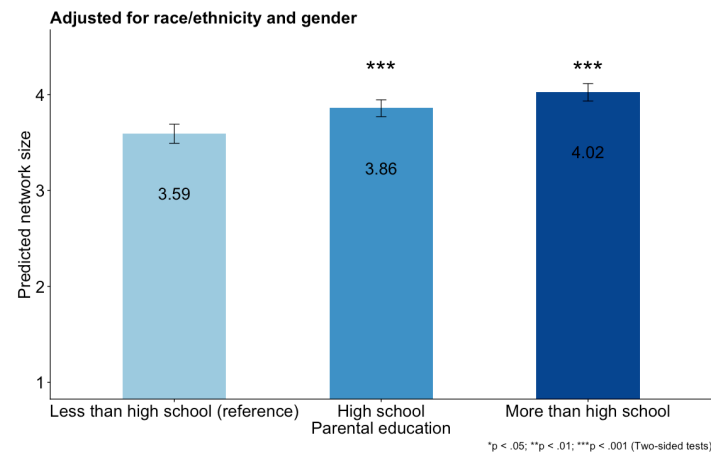
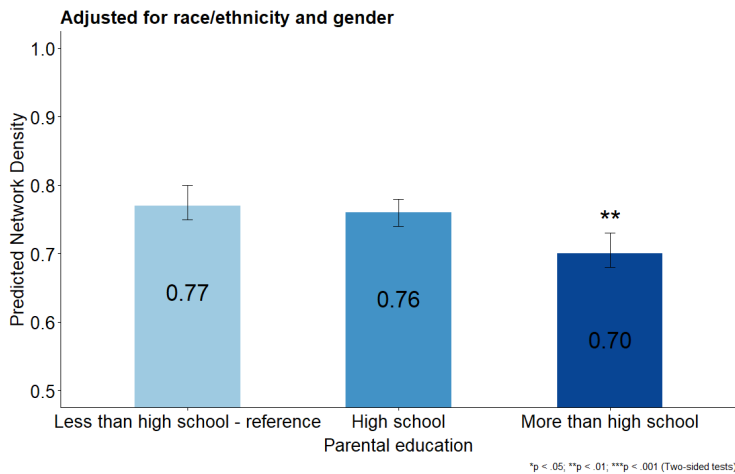
- Buffering, protective effect
- Social support
- Social strain



# SOCIAL NETWORKS AND HEALTH DISPARITIES IN AGING

**How do experiences and exposures across the life course shape the social networks individuals have when entering later life?**

**Linked lives:** events, experiences, or exposures that directly affect an individual can also affect their social network ties  
(Gee et al., 2012; Elder et al., 2003; Berkman et al., 2000)



What are the effects of an individual's experiences of racism on the health and well-being of their social network members? (Gee et al., 2012)

# FUTURE RESEARCH DIRECTIONS

- How does racial inequality across the life course shape later life networks, in ways that may contribute to health inequalities? (Alwin et al. 2018)
- How are between-group differences in social network characteristics affected by racism and institutional forms of social and economic exclusion?
- What is the role of social networks in buffering or exacerbating the well-established associations between exposure to discrimination and health across the life course?



# THANK YOU!

Alyssa Goldman, PhD

Boston College

Department of Sociology

alyssa.goldman@bc.edu

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