Life Course Racial Disadvantage in Exposure to Family Member Deaths

DEBRA UMBERSON
UNIVERSITY OF TEXAS-AUSTIN

RCCN WORKSHOP
AGING, RACE AND HEALTH DISPARITIES, JUNE 28, 2022
Shifting the Focus

Racial disparities in life expectancy
- From infancy onward

Focus on surviving family members
- Extent of loss
- Consequences of inequality in loss
Stress and Life Course Framework

• Systemic Racism
  • Segregation, discrimination → disproportionate exposure to poverty and more stressful environments beginning in childhood

• Stress and life course process of cumulative dis/advantage
  ◦ Stress → social, behavioral, psychological, biological dysregulation → health/life expectancy

• Race differences in life expectancy mean race differences in bereavement across the life course
National Longitudinal Survey Data

The National Longitudinal Survey of Youth-1997 (NLSY-97)
- 1997-2015
- Youth aged 13-18 in 1997, followed to age 30-35
- Analytic sample: 2,386 non-Hispanic Black, 5,231 non-Hispanic White participants
  \(N = 7,617\)

The Health and Retirement Study (HRS)
- 1992-2014
- Men and women aged 50 and older (and spouses)
- Analytic sample: 6,681 non-Hispanic Black, 28,076 non-Hispanic White participants
  \(N = 34,757\)
Family Member Death Exposures

Specific Losses
- Mother
- Father
- Sibling
- Child
- Spouse

Cumulative Exposure

Life Course Timing of Loss
Relative Risk of Loss for Black Americans Compared to White Americans by Age 30 (NLSY 1997)

Relative Risk of Loss for Black Americans Compared to White Americans, Age 50-80 (HRS)

BLACK/WHITE ODDS RATIOS FOR MULTIPLE DEATH EXPOSURES
NATIONAL LONGITUDINAL SURVEY
OF YOUTH

Unequal Exposure to Loss

Black Americans are more likely than White Americans to experience family member deaths and to experience deaths earlier in the life course.
Exposure to family member deaths across the life course shapes health and mortality risk
Life Course Consequences of Experiencing a Family Member’s Death

Outcomes

- Mortality
- Overall physical health
- Cardiovascular health
- Mental health
- Physical disability status
- Cognitive health

Factors that increase probability of loss may also increase health risk

- Race/ethnicity, gender, age
- Socioeconomic status—education, income, employment status, marital status, region of birth (South vs. other)
Relative Risk of Losing a Child for Black Americans Compared to White Americans

Source: NLSY-97 (by age 30); HRS (by age 80); reported in PNAS 2017, Umberson et al.)
Child Bereavement & Dementia

Parents who lose a child by age 40 are more likely to develop dementia than parents who do not lose a child by that age.

- Nonbereaved parent
- Parent bereaved by age 40

Predicted probability of developing dementia:

- Non-Hispanic white parents: 0.008 vs. 0.013
- Non-Hispanic black parents: 0.024 vs. 0.036

Multiple Losses and Cardiometabolic Conditions (HRS)

White Adults

Black Adults

Number of Conditions vs Age

0 Death
1 Death
2+ Deaths
Conclusions

Death of a family member(s) increases long-term risk
- No race or sex differences in effects on health

All is not equal
- Black Americans at higher risk of loss and health disadvantage apart from loss
- Losses occur at earlier ages
- Multiple losses

Each loss affects many survivors
- Multiple losses—Verdery & colleagues estimate 9 bereaved people for each loss due to COVID-19
Gaps and Future Directions

Measures
- Need measures of bereavement in national surveys

Exposure to bereavement
- Cumulative lifetime exposure to bereavement (and timing)
- More focus on the early life course
- Geographic variation (states, neighborhoods, regions)

Bereavement and health
- Race-specific pathways linking bereavement and long-term health outcomes
- Consequences for other populations (e.g., Latinx, Native American)
- More attention to intersection of race and gender

Bereavement as Public Health Issue
- Need action on screening, policy, and interventions
Thank You

Acknowledgments

• National Institute on Aging (R01-AG17455)
• Texas Center on Aging and Population Sciences (P30AG066614, NIA)
• Population Research Center, University of Texas (P2CHD042849, NICHD)