Perceived Discrimination and Physical, Cognitive, and Emotional Health in Older Adulthood

Angelina R. Sutin, Ph.D., Yannick Stephan, Ph.D., Henry Carretta, Ph.D., M.P.H., Antonio Terracciano, Ph.D.

Objective: *To examine whether perceived discrimination based on multiple personal characteristics is associated with physical, emotional, and cognitive health concurrently, prospectively, and with change in health over time among older adults.* **Design:** *Longitudinal.* **Setting:** *Health and Retirement Study (HRS).* **Participants:** *Participants (N = 7,622) who completed the Leave-Behind Questionnaire as part of the 2006 HRS assessment (mean age 67 years); participants (N = 6,450) completed the same health measures again in 2010.* **Measurements:** *Participants rated their everyday experience with discrimination and attributed those experiences to eight personal characteristics: race, ancestry, sex, age, weight, physical disability, appearance, and sexual orientation. At both the 2006 and 2010 assessments, participants completed measures of physical health (subjective health, disease burden), emotional health (life satisfaction, loneliness), and cognitive health (memory, mental status).* **Results:** *Discrimination based on age, weight, physical disability, and appearance was associated with poor subjective health, greater disease burden, lower life satisfaction, and greater loneliness at both assessments and with declines in health across the four years. Discrimination based on race, ancestry, sex, and sexual orientation was associated with greater loneliness at both time points, but not with change over time. Discrimination was mostly unrelated to cognitive health.* **Conclusions:** *The detrimental effect of discrimination on physical and emotional health is not limited to young adulthood but continues to contribute to health and well-being in old age. These effects were driven primarily by discrimination based on personal characteristics that change over time (e.g., age, weight) rather than discrimination based on more stable characteristics (e.g., race, sex).* (Am J Geriatr Psychiatry 2014; ■:■−■)

Key Words: Discrimination, disease burden, loneliness, stress, well-being

It is not uncommon for people to be treated unfairly on the basis of a personal characteristic.[1] Such treatment has been most well documented for race and sex, but discrimination can be based on any number of factors, including age, weight, and sexual orientation. There are significant consequences to

Received July 2, 2013; revised March 5, 2014; accepted March 16, 2014. Florida State University College of Medicine (ARS, HC, AT), Tallahassee, FL; and the University of Montpellier (YS), Montpellier, France. Send correspondence and reprint requests to Angelina R. Sutin, Ph.D., Florida State University College of Medicine, 1115 W. Call St., Tallahassee, FL 32306. e-mail: angelina.sutin@med.fsu.edu

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these experiences: Perceived discrimination is harmful to both physical and mental health.[2,3] It has been linked, for example, to a number of indicators of physical health, including elevated C-reactive protein[4] and ambulatory blood pressure,[5] and significant health outcomes, including mortality.[6] Individuals who perceive discrimination are also at greater risk for depressive symptoms,[7] major depression,[8] and psychological distress.[9]

Stress and coping models have been developed to describe how the experience of discrimination contributes to poor health.[10] Within these models, perceived discrimination is identified as a chronic stressor that has particularly detrimental effects on health because it is uncontrollable and unpredictable.[2,3] Physiological and behavioral mechanisms have both been implicated in the association between discrimination and health. Discrimination, for example, has been associated with greater oxidative stress[11] and heightened physiological stress response,[2] which increase risk for morbidity and mortality. Individuals who experience discrimination may also engage in unhealthy behaviors (e.g., smoking),[12] and the stress of discrimination may reduce the psychological resources necessary to constrain behavior and make healthy choices.[13]

These models were developed to illustrate how discrimination based on race/ethnicity contributes to poor health.[3] Discrimination based on other characteristics, however, has also been implicated in health and health-risk behaviors. For example, women who perceive sex discrimination are at greater risk for smoking[14] and discrimination based on sexual orientation is associated with worse cardiovascular health.[15] Thus, discrimination based on a broad range of personal characteristics may have implications for health.

Research on discrimination and health has concentrated primarily on adolescents and young to middle-aged adults; comparatively less research has focused on older adults. Discrimination continues to occur as adults get older and some forms of discrimination become more relevant and more prevalent with age, most notably age discrimination.[1] Given that the risk of significant illness also increases with age, it is particularly important to examine how discrimination contributes to disease and the progression of disease at older ages. Related research on aging stereotypes suggests that older adults who internalize negative attitudes toward aging are at increased risk for functional[16] and cognitive decline,[17,18] and initial evidence indicates that perceived discrimination among older adults is associated with declines in health over two years.[19]

The present research takes a comprehensive approach to perceived discrimination and health in several ways. First, in contrast to previous research that typically focused on discrimination based on one personal characteristic (race, sex, age, etc.) or an aggregate, we examine whether discrimination based on eight personal characteristics shares similar or different associations with health outcomes. Second, we test the effect of discrimination on three domains of health—physical, emotional, and cognitive—to examine whether different forms of discrimination have differential associations with these aspects of health. Third, we test the longitudinal association between discrimination and change in physical, emotional, and cognitive health across four years to examine whether discrimination is associated with changes in health over time. Based on existing stress and coping models[2] and prior research on discrimination and health-risk behaviors,[12] we hypothesize that discrimination, regardless on which personal characteristic it is based, will be associated with worse physical, emotional, and cognitive health at baseline, follow-up, and change across the four-year interval.

METHODS

Participants

Participants were drawn from the Health and Retirement Study (HRS), a nationally representative longitudinal study of Americans ages 50 years and older.[20] HRS participants are re-interviewed every two years. Starting in 2006, the psychosocial questionnaire that participants completed at home and returned by mail included items about perceived discrimination (see the following section). We used the 2006 assessment as the baseline for the health measures, because discrimination was first measured in this assessment. We used the health measures from the 2010 assessment as the follow-up to have the longest longitudinal interval between assessments. A total of 7,622 participants (58.8% female) completed the discrimination measure at baseline. These participants were, on average, 67.54 (SD: