Non-Hispanic Black, Hispanic, and Asian populations were aged 55 years and above in Ohio, from the 2021 Behavioral Risk Factor Surveillance System (BRFSS). We used data from a state-level survey of people aged 55 years and above in the United States. Additionally, the study compared the prevalence of self-reported chronic kidney disease (CKD) among resettled Bhutanese older adults with refugee backgrounds in the US have not been well-studied. This study aimed to examine whether the effects of changes in social relationships on health outcomes varied among frail older adults compared to those who were more robust. Data were from three waves of the FRÉLE Longitudinal Study, a longitudinal study among 1643 Canadian community-dwelling older adults aged 65 years and over. We performed latent growth curve analysis to examine the relationships on changes in physical, mental, and cognitive health outcomes. The results revealed that increasing changes in social support from different social ties were associated with greater declines. The results suggest that social support has a protective and compensatory role in enhancing health, among frailer older adults compared to those who were more robust. This longitudinal study suggests that social support from different social ties (e.g., children, friends) is associated with greater declines in health outcomes. The link between social relationships and health is well-documented in research studies could explore other risk factors that impact health.
Multimorbidity is a risk factor for patient-important outcomes including quality of life and functional decline. Multimorbidity research has focused mainly on disease counts, with less attention to patterns among chronic conditions. Network analysis has been increasingly used to examine multimorbidity clusters, but there are no guidelines for its conduct. In 12 recent studies using network analysis, we found heterogeneity in association measures (10 different measures) and clustering algorithms (5 different methods) used to identify multimorbidity clusters. Using self-reported data on 24 diseases in community-living adults aged 45-85 from the Canadian Longitudinal Study on Aging, we conducted network analyses using the 10 association measures and 5 clustering algorithms to better understand how these choices impact the number and types of clusters identified. We compared the similarity among clusters using the adjusted Rand index (ARI); an ARI of 0 is equivalent to the diseases being randomly assigned to clusters and 1 indicates perfect agreement. Two clinicians independently identified potential disease clusters which we compared to network analyses results. We found results differed greatly across combinations of association measures and cluster algorithms. The number of clusters identified ranged from 1 to 12 and their similarity was generally very low. Compared to clinician-derived clusters, the ARIs ranged from 0 to 0.23 indicating little similarity. These analyses demonstrate the need for a systematic evaluation of the performance of network analysis methods on binary clustered data like diseases. Moreover, diseases may not cluster, and a personalized approach to the care of older adults may be needed.