

Perceived Threat and Knowledge of COVID-19 symptoms Among Older African **Americans: Impact on Dietary Intake**

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Background

- Suboptimal diets are associated with chronic health conditions and excess mortality.
- During aging, periods of poor dietary intake can have long-term detrimental health effects.
- Many older African Americans do not meet dietary guidelines, and their diets may have worsened during the COVID-19 pandemic.
- Grounded in the health belief model (HBM), individuals' perceptions of COVID-19 prompted people to adopt healthy or unhealthy dietary behaviors.

The purpose of this study was to assess the impact of knowledge and the perceived threat of COVID-19 on diet quality among older African Americans.

Methods

- Older African American parishioners living in an underserved area of South Los Angeles
- Aged 65 years or older or age 55-64 years with a chronic medical condition
- Survey includes Diet History Questionnaire (DHQ) III, socio-demographic and health information, COVID-19 perceptions and knowledge, food insecurity, and local food environment
- Healthy eating index 2015 (HEI-2015) was calculated based on DHQ III reporting
- Data analysis includes:
- Descriptive statistics
- Bivariable analysis between diet quality (HEI). COVID-19 knowledge and perceived threat, health status, and socio-demographic variables (using t-tests and Pearson correlations)
- Multivariable linear regression to examine associations of dietary guality and knowledge and perceived threat of COVID-19

Table 1. Participant characteristics		Table 2.
		Table 2.
Age		Variable
55 - 64	40 (33.9)	vaniabie
65 – 74	53 (44.9)	Knowled
75 and older	25 (21.2)	(low to hi
Gender		Perceive
Male	36 (30.5)	
Female	82 (69.5)	(less to h
Education		Attitudes
Less than high school degree	16 (13.6)	vaccinati
High school degree	28 (23.7)	Food En
Some college	48 (40.7)	Food Ins
Bachelor's degree	12 (10.2)	
Master or doctorate degree	14 (11.9)	_
Has Insurance		6 I.
Yes	116 (98.3)	
No	2 (1.7)	
Physical Health		 Diets
Excellent/very good	33 (26.5)	reaso
Good	42 (36.2)	constr
Fair/Poor	41 (35.4)	· Highe
Chronic conditions		-
Hypertension	69 (59.5)	promp
COPD or Asthma	28 (24.1)	 Food
Diabetes	26 (22.4)	of qua
Heart disease igure 1. Bivariate relationships with diet quality	11 (9.5)	[See pos

Results



During the COVID-19 pandemic, older African Americans, especially those with chronic diseases had suboptimal diets. As a result, chronic diseases in this population may worsen. Interventions are needed to counteract the adverse effects of suboptimal diets induced by COVID-19 in this population.

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The average number of chronic conditions was two. The most prevalent diseases were

The mean HEI was 67.41 (SD: 8.92), which would earn a "D" by USDA suggested

62.7% of participants reported good or better physical health

scoring

hypertension (59%), COPD or Asthma (24%), and diabetes (22%)

Results

ble 2. Results of multivariable linear regression

		SE	Sig.
dge of COVID-19 high)	0.26	2.30	0.010
ed Threat of COVID-19 high)	0.31	0.41	0.004
es toward COVID-19 ation	-0.10	1.16	0.278
nvironment	-0.05	0.86	0.639
security	-0.20	0.85	0.042

After controlling for age, gender, education, living arrangements, insurance status, # of chronic conditions. food environment, and food insecurity, increased knowledge and perceived threat of COVID-19 were positively and significantly associated with diet quality

Discussion

Diets of underserved African American older adults were far from optimal. Potential reasons include barriers to use online grocery delivery, food shortages, and financial constraints exacerbated by the pandemic.

Higher knowledge of COVID-19 and perception of the harm of COVID-19 may have prompted the adoption of healthy behaviors.

Food insecurity, but not the food environment, was associated with diet quality. Presence of quality foods in the neighborhood does not translate to healthy diets

See poster at this conference - Monday, May 22nd, 1-2pm, Stage A]

Strengths and Limitations

Strengths: Comprehensive, rigorous survey methodology

Limitations: Natural bias from the convenience sampling; smaller sample size

Conclusions

Reference

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