

The Science of Bereavement  
Moving forward in 2022

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**Confronting Loss**  
Fostering Resilience

Coordination of Bereavement  
Support Provided by Communities

Developed with funding from the  
Association of Clinical Pastoral Care

# Bereavement is a state of being We can measure it



**Death:**  
Bereavement  
refers to the fact  
of death.  
  
Grief involves  
feelings.



**Measurement:**  
Cause-specific  
bereavement.

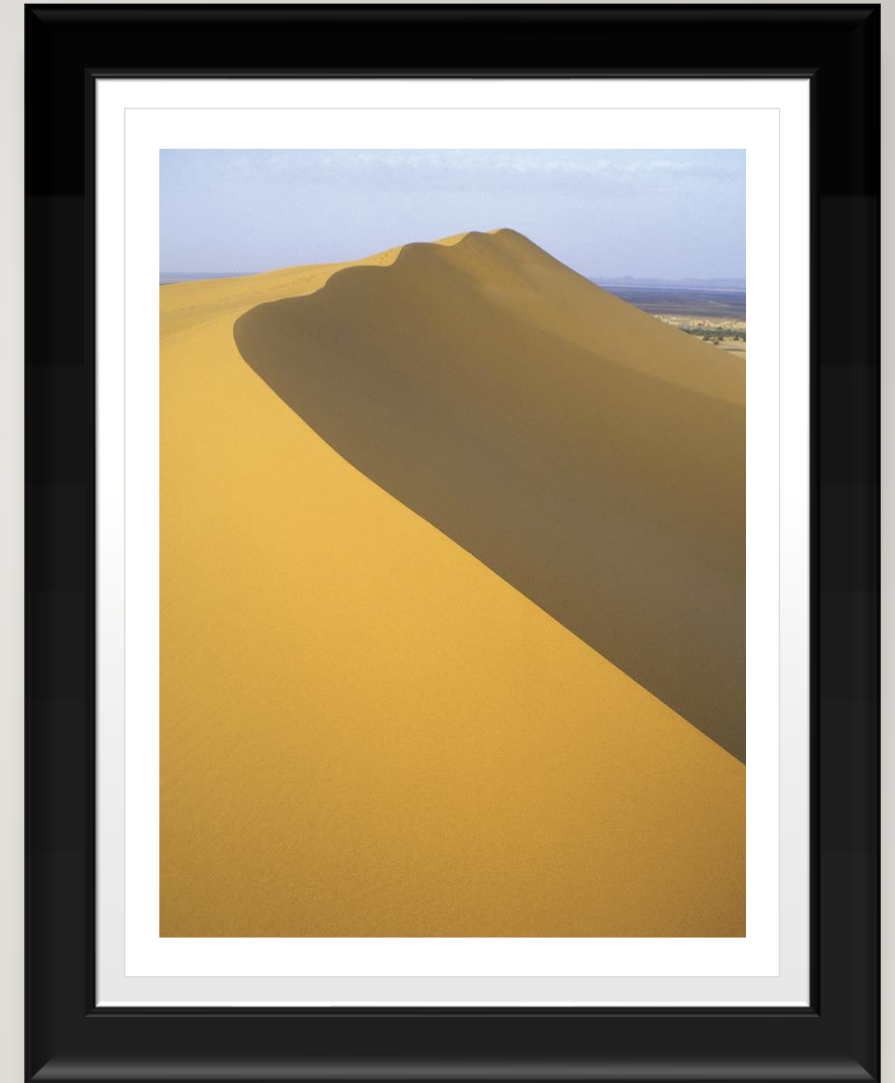


**Measurement:**  
Phrases have  
been tested.



**Measurement:**  
Rates of refusal  
were < 1%.

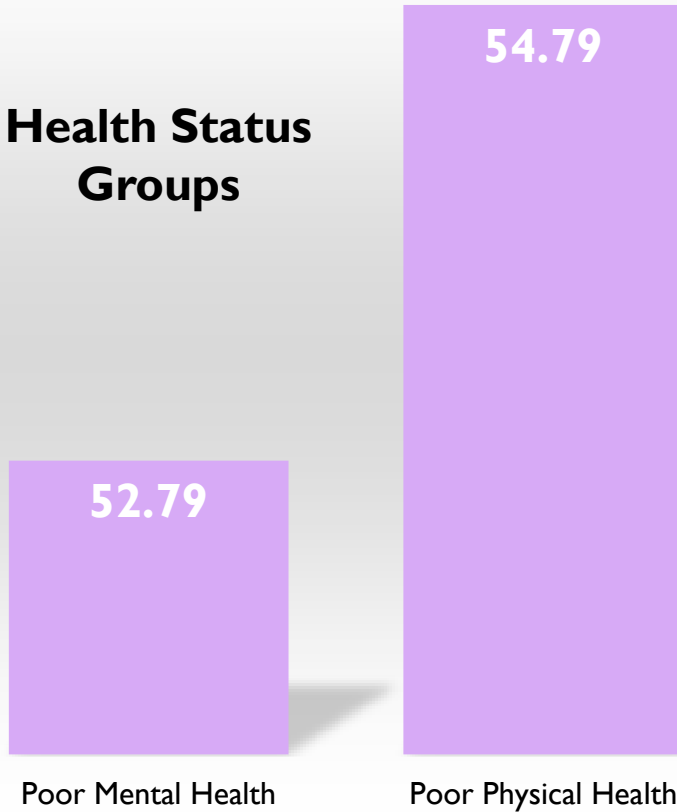
Phrase: 'Have you experienced the death  
of a family member or close friend?'



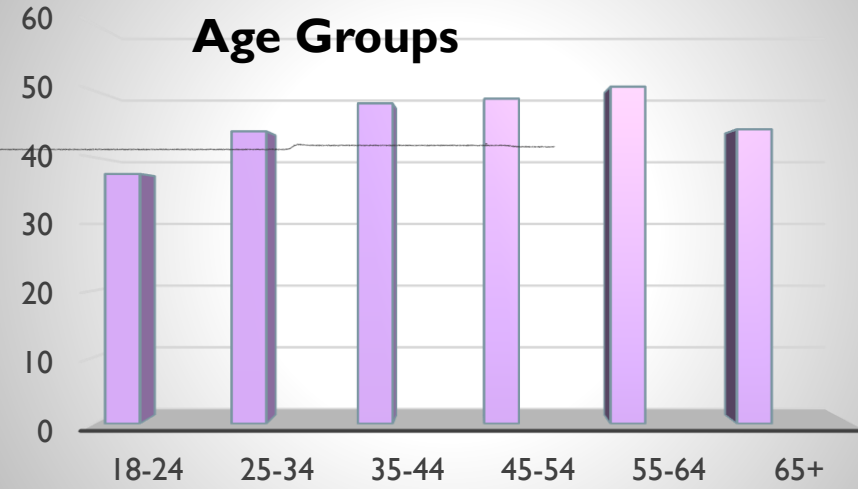
# Differential Rates of bereavement create disparities: Health status, Age, and Race / Ethnicity

**GA Rate: 45.8 per 100**

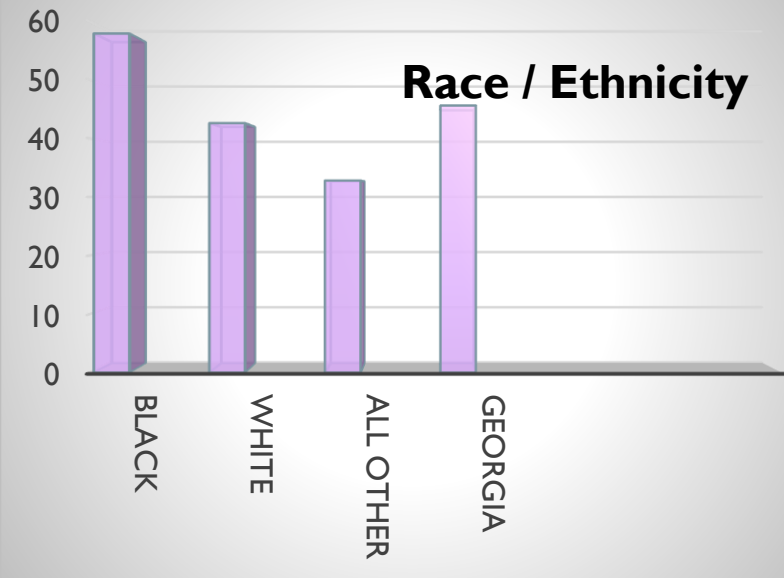
## Health Status Groups



## Age Groups



## Race / Ethnicity



## Analyses:

Is Bereavement associated with greater rates of high-risk health behaviors?

**Data:** Alcohol consumption patterns, smoking, and self-report mental health.

**Analyses:** Rates of binge drinking, social drinking, and rates of bereavement.

**Result:** Binge drinking combined with bereavement is associated with highest risk for smoking.

**Result:** Whites, highest risk for combined bereavement and smoking.

### Limitations:

Self reported data and cross-sectional design does not prove causality.

	Model:		Model 2:	
	Current Smoker		Mental Health, poor	
	AOR	95% CI	AOR	95% CI
No Binge, No Bereaved		Ref		Ref
Yes Binge, No Bereaved	<b>2.37</b>	<b>1.47-3.81</b>	<b>2.00</b>	<b>1.26-3.15</b>
Yes Binge, Yes Bereaved	<b>5.14</b>	<b>3.39-7.79</b>	<b>3.28</b>	<b>2.17-4.97</b>
Female		Ref		Ref
Male	1.18	0.86-1.60	0.72	0.53-0.97
Black, NH		Ref		Ref
White, NH	<b>1.70</b>	<b>1.13-2.56</b>	1.19	0.81-1.75
All other	0.94	0.50-1.76	1.17	0.70-1.96

Note: Bold, p<.01, AOR = adjusted Odds ratio. AOR uses rate st



Like flood waters, bereavement is pervasive.  
It influences population health and disparities.  
It diminishes resilience in the age-group mostly likely to be in the workforce and provide informal caregiving.  
To advance the science:

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- Confirmation of the connection between a decedent and the bereaved. Example: *National Mortality Follow-back Survey*.
- Measurement of spillover health behaviors: Administrative dataset only have 'treated' conditions, not health behaviors.
- Researcher bias. Bereavement is *bad* for anyone at any age. Analyses need to shift from a racialized view to one that is universal. Why?
  - Family and friend Health Shock spillover effects vary by age.
  - Underlying geographic variation in mortality rates, availability of health care, and cultural norms - all shape 'expected' bereavement-related health behaviors.

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Miles T et al (Under review January 2022). Binge drinking, new bereavement, smoking, and poor mental health in a state population, 2019 BRFSS.

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Allegra, J. et al (2015). Population-level impact of loss on survivor mortality risk. QUAL LIFE RES, 24(12), 2959-2961. doi:10.1007/s11136-015-1048-x

Chahal J K et al (2015). Institutional Bereavement Care for Fictive Kin: Staff Grief in CCRCs. JAMDA, 16(10), 892-895. doi:10.1016/j.jamda.2015.06.013

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**To learn more about our group's work, see these papers.**

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# Bereavement: A Mechanism Shaping Health Behaviors

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## **Objectives:**

Theoretical Framework

Data Issues

Preliminary evidence: Bereavement and health behavior

# Bereavement Mechanism: Family Health Behaviors

*The evidence points towards salience as a major operative explanation.*

**Health Shock Model:** Health behavior is shaped through spillover effects on family. Family includes spouses, adult children, and 'fictive kin'.

**Data:** Danish administrative data: Prescription Drugs, Health Insurance Registry, and National Patient Registry (NPR).; Family health events from NPR, Cause of death registry, and integrated database for labor market research.

**Analyses:** Health care consumption models for a period of 4 years before and four years after specific health shocks. Shocks are hospitalizations, non-hospital urgent care, medication consumption, and opioid dosage.

## **Strengths:**

Clear evidence that salience, i.e. the health condition affecting the *Decedent* a key mechanism.

Salience also explains behavior change among non-household members and coworkers.

## **Limitations:**

These registries do not have data for behaviors that happen BEFORE or AFTER the Health Shock. They only include health care consumption. Behaviors such as alcohol use, smoking, physical inactivity, and mental health are not recorded.



# Measurement: Response rates,

*Have you experienced the death of a family member or close friend in the years 2018 or 2019?*

**Data:** Health behaviors,

**Analyses:** Sampling errors, low precision, and small subgroups.

**Result:** 45.8 % or almost 4 million persons were newly bereaved.

**Strengths:** Prevalence relates to state population.

Response rates acceptable.

**Limitations:**  
Replication needed.

Figure 2: Response rates to bereavement item: 'Have you experienced the death of a family member or close friend in the years 2018 or 2019?'

