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AGING AND ETHNICITY

Brief overview information includes:

- Curriculum Module on Aging and Ethnicity prepared by A. Scharlach, E. Fuller-Thompson, and B. Kramer

Curriculum Module

on

Aging and Ethnicity

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Preface

These curriculum materials provide a basic introduction to existing knowledge regarding minority elderly in the United States. They are designed to provide instructors with accurate information that can easily be integrated into existing undergraduate and graduate-level courses, including courses in social welfare, public health, anthropology, sociology, psychology, and minority studies. In so doing, it is hoped that these materials will enhance the quantity and quality of aging content in existing courses, so that students can be better prepared for the intellectual and societal challenges facing an aging and increasingly diverse society.

The curriculum module on Minority Aging consists of five sections. The first section, "Aging Among Minority Populations," provides an overview of key issues in minority aging. Topics covered include diversity among minority elders, demographic trends, life expectancy, economic status, health conditions, and family relationships. The Overview is followed by separate sections summarizing existing knowledge regarding older adults in four specific minority groups: African-Americans, Hispanics, Asian/Pacific Islanders, and American Indians.

The Overview and each of the following sections is accompanied by a reference list, an annotated bibliography of suggested readings, a list of available audiovisual materials, as well as an in-depth interview with a selected expert regarding the particular racial or ethnic group. The interviews address such issues as the unique characteristics of the elderly in each minority group, the accuracy of popular stereotypes, the challenges faced by the current cohort of older ethnic minority adults, and suggested approaches to teaching students about minority issues. The five interviewees are: Percil Stanford (Overview of Minority Aging), Charlotte Perry (African-American Aging), Ramon Valle (Hispanic Aging), Barbara K. Yee (Asian/Pacific Islander Aging), and Robert John (American Indian Aging).

Instructors are encouraged to adapt these materials as appropriate to their particular needs. Some instructors may wish to utilize the information summaries as a source of lecture material; others may wish to assign sections for student reading and discussion. These materials also may be useful as background reading for students and professors new to this topic. However, they are used, it is hoped that these materials will stimulate increased interest in and knowledge about aging among minority groups in the United States. For further information regarding how these materials can best be utilized, instructors are welcome to contact Professor Andrew Scharlach at the School of Social Welfare, University of California at Berkeley.

Also being developed as part of this project are curriculum modules summarizing information regarding a number of other aging-related topics, including the following: (1) Demographic characteristics of an aging society; (2) Myths and stereotypes about aging; (3) The aging process; (4) Women and aging. These curriculum modules are available from the Center on Aging, 535 University Hall, University of California at Berkeley, or from Professor Scharlach at the School of Social Welfare.

Development of these curriculum materials was made possible by grants from the Office of Educational Development, the Media Resource Center, the Academic Geriatric Education Program, the American Cultures Program, and the Eugene and Rose Kleiner Chair for the Study of Aging Processes, Practices and Policies. Andrew Scharlach, Professor of Social Welfare and holder of the Kleiner Chair in Aging at the University of California at Berkeley, coordinated all aspects of the project. Esme Fuller-Thomson, now at the University of Toronto School of Social Work, conducted extensive literature reviews regarding the various minority elderly populations. B. Josea Kramer, now at the Sepulveda Veterans Administration Medical Center Geriatric Research, Education, and Clinical Center, made significant revisions in the information summaries, and conducted the interviews with the five expert informants. We would like to express our appreciation to Kris Duermeier, graduate student in the School of Social Welfare at Berkeley, who updated census data and made final editorial corrections. We also are indebted to the numerous faculty members in Social Welfare and other departments who took the time to review earlier drafts and make suggestions designed to increase the usefulness of these materials.

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Ageing Among Minority Populations: An Overview

Information Summary

Introduction

The U.S. population is aging dramatically. Already the number of persons over the age of 65 living in the U.S. is greater than the entire population of Canada. According to the 1990 U.S. Census, an estimated 31.6 million persons were age 65 or older, representing one in eight Americans. By the year 2030, the number of persons 65 or older is expected to more than double to 66 million, or one in five Americans.

Minority persons constitute the fastest growing segment of the elderly population. The

number of minority group elderly is expected to increase more than 500% by the middle of the next century, from 4.3 million persons in 1990 to 22.5 million by the year 2050. Whereas minority elders currently represent only 10% of all older adults, they will account for more than 15% of older persons by 2020 and more than 21% of older persons by 2050. Although Whites will continue to represent the majority of the aged population, minority elderly will become "an even larger and more important component of the aging of America" (Angel and Hogan, 1991:1).

This Overview provides a summary of key issues in minority aging. Topics covered include diversity among minority elders, demographic trends, life expectancy, economic status, health conditions, and family relationships. The Overview is followed by separate sections summarizing existing information regarding older adults in four general minority groups: African-Americans, Hispanics, Asian/Pacific Islanders, and American Indians.

The Overview and each of the following sections is accompanied by an in-depth interview with a selected expert regarding a particular minority elderly population. The five interviews converge on a number of key points: (1) Existing theories of the aging process do not adequately address cultural factors; (2) There is great diversity within as well as between ethnic groups; (3) There is a tremendous need for additional research; (4) We need to acknowledge how little we actually know about each other; (5) Minority aging presents a wide field of opportunities both for scholarship and for career development in the social and health sciences.

Who are the Minority Elderly?

Minority elderly persons are generally identified as members of four non-European populations: African-American, Hispanic, Native American, and Asian/Pacific Islander. Amendments to the Older Americans Act in 1987 focused national attention on the needs of these groups by mandating that services be targeted to those in greatest social and economic need, particularly minority elderly. These minority categories represent diverse, heterogeneous populations. The category of Asian/Pacific Islander, for example, embraces numerous distinct cultural groups, including native and foreign-born Americans from diverse backgrounds such as Korean, Japanese, Chinese, Filipino, Samoan, and refugee Hmong and Mien peoples. The category of Native American includes the extremely heterogeneous population of American Indians, Aleuts, and Inuits from approximately 278 federally recognized reservations, 500 tribes, bands or Native Villages, and 100 non-recognized tribes.

Definitions of the four ethnic minority categories are generally accepted across disciplines but are not absolute. Native Hawaiians, for example, are considered an Asian/Pacific Islander population by demographers; however, since 1987, policy makers have included Native Hawaiians under the category of Native Americans/ Alaskan Natives with regard to the funding provisions of Title VI of the Older Americans Act.

The Hispanic category is unified by linguistic and some cultural traditions, although it includes significant differences between Puerto Rican, Cuban, Latin American, Mexican and Central American populations. While the other three minority groups may also represent broad racial groups, persons of Hispanic origin may be of any race.

While the heterogeneity of Native American, Asian/Pacific, and Hispanic populations may seem obvious, the heterogeneity in the African-American population should not be overlooked (Jackson, 1988). Differences among elderly African-Americans, based largely on life experience, are reflective of the great variation in the American experience among rural and urban lifestyles, geographic regions and socio-economic conditions.

Dramatic Growth in the Numbers of Minority Elders

The population of minority elderly is expected to increase 500% in the next 55 years. While fewer than one in ten minority persons are now elderly, by the year 2050 the proportion will increase to one in five.

Already, the fastest growing segment of the African-American population is composed of those persons over the age of 65, and the number of Afro-American elderly increased 21% between 1980 and 1990. The number of Hispanic elderly grew 64% between 1980 and 1990. The biggest growth is expected to occur among the "oldest old," those who are 85 years of age and older.

The projected changes in the number of minority elders from 1990 to 2050 are shown in Table 1 (taken from Taeuber, 1990):

Table 1
Projected Growth of Minority Populations, Age 65+

1990 2050

Blacks 2.6 million 9.6 million

Other Races (Not
White or Black) 600,000 5.0 million

Hispanic (any race) 1.1 million 7.9 million

Perspectives on Minority Aging

Two hypotheses which describe minority aging have received considerable attention. The "double jeopardy" hypothesis argues that minority elderly are at a double disadvantage in American society, particularly with regard to economic status and health (Dowd & Bengston, 1978; Jackson, 1968). Minority elders are discriminated against by virtue of being a member of a minority group **and** by being identified as aged in an agist society. However, a review of various studies of the double jeopardy concept (Jackson, 1985a) found the hypothesis to have limited theoretical or empirical validity, despite its usefulness as an advocacy concept.

A competing perspective, the "age as leveler" hypothesis, maintains that differences in status between minority and Anglo populations are reduced over the course of a lifetime, particularly as both groups experience similar problems and societal barriers in old age (Kent, 1971). Analyses of inter-group differences in later life are generally consistent with the predictions of the "age as leveler" hypothesis (Markides, 1983). Differences between African-Americans and Anglos with regard to income and health, for example, tend to decline from middle age to old age.

As noted in the accompanying interviews with leading experts in the field of minority aging, many contemporary researchers find these and other theoretical formulations unsatisfactory because they tend to ignore the experience and effect of cultural factors. "Diversity in aging" is now being considered in a new light (Bass, Kutza & Torres-Gil, 1990; Stanford & Torres-Gil, 1991). The use of a Euro-American standard model from which other populations deviate is now rejected. Diversity is taken to include not only a multi-ethnic perspective, but also the many individual and social differences that are related to the aging process.

Ethnic and cultural diversity are woven into American society. Within any minority group there are differences in individual status with regard to health, housing, marital status, social network, income, etc. These differences cut across all social categories.

America can acknowledge its diversity and accept the challenge to develop a new language that validates and affirms differences as an essential part of the economic and social fabric of one's society. America's diversity is not a melting pot, and it may but be a "mosaic" or a "tossed salad." How our diversity will be characterized, named, and tolerated is as much a challenge in gerontology as in other disciplines. (Stanford & Yee, 1991:22)

Life Expectancy and Racial Mortality Cross-over

Minorities tend to have shorter life expectancies than do Anglos. In 1986 the average U.S. life expectancy at birth was 74.8 years. The average life expectancy of a minority individual was 69.2 years, more than five years less (Harper, 1991). However, those African-Americans and Hispanic persons who do survive to old age tend to live longer than their Anglo counterparts (Wing et al., 1985). This "mortality cross-over" phenomenon has not been found among Japanese, Chinese, or Native American populations (Harper, 1991).

Although there are no definitive answers explaining this crossover phenomenon, one suggestion is that early mortality selects the least hardy individuals, leaving among the older cohort a disproportionate population of more hardy persons who have been successful in coping with stress throughout their lifetime (Greene & Siegler, 1984). In any case, this phenomenon is an indication that chronological age may not be an adequate measure in developing policies to meet the needs of older adults (Jackson, 1985b; Markides & Machalek, 1984).

Economic Status

Despite substantial decreases in the poverty rate of America's senior citizens over the last twenty years, the incidence of poverty among minority elders remains high. Whereas the 1990 Census found 10.1% of older Anglos living in poverty, 33.8% of elderly African-Americans lived in poverty as did 22.5% of older persons of Hispanic origin (Chen, 1991). Data from the 1990 Census also indicated that the percentage of older American Indians living in poverty ranged from 21.3% in urban areas to 37.5% in rural and/or reservation areas.

Higher poverty rates among minority elders result from a combination of factors over the life course: inadequate education, discrimination in hiring and rates of pay, work histories of low wage jobs, high unemployment, and intermittent employment. Frequent and/or extended periods of unemployment or underemployment create immediate financial hardship and reduce the possibility of adequate pension benefits. Because Social Security payments are based on a person's average yearly income including incomeless years, periods of unemployment reduce monthly benefits eligibility.

Many minority elders worked at manual labor, domestic service, and/or temporary or part-time jobs that offered neither pensions nor social security benefits. Moreover, low paid workers had little opportunity to accumulate assets on which to live in their later years. Savings provide a major source of income for 72% of all households of elderly Anglos, in contrast to only 27% of elderly African-American households and 37% of elderly Hispanic households (Chen, 1991).

Health

Minority elders experience higher rates of morbidity and mortality than do Anglo elders. Seventeen percent of African-American elders and 11% of Hispanic elders rate their health as poor, as compared with 7% of Anglo elders. Even when controlling for income, minority elders in 1976 had an average of 58 days on which their activity was restricted due to health reasons as opposed to an average of 45 days for Anglos (Manuel, 1982).

Risk factors contributing to greater morbidity and mortality among minority elders include higher rates of smoking, poor nutrition, inadequate housing, and reduced access to or use of health care services. These differences are largely attributable to a number of social, economic and political realities: increased poverty among minority elders, lack of adequate health care throughout life, and a greater likelihood of working at manual jobs that are potentially physically debilitating. Moreover, despite more problematic health conditions on average, older minority members are less likely than Anglo elders to have health insurance or to visit a doctor.

The rates of mortality and morbidity for specific diseases vary among the various racial or ethnic groups. The current level of research does not readily allow comparisons across groups, however the following are some important variations:

- American Indian elders tend to experience aging-related physical, psychological and social changes at much younger ages than do non-Indians (NICOA, 1981). The characteristics associated with Anglos of age 65 often are found among urban elders at age 55 and among reservation elders at age 45. Heart disease recently has become the leading cause of death among Indian elders, perhaps as a result of the increasing incidence of diabetes and non-traditional behaviors such as habitual and excessive use of tobacco, poor dietary practices, and increased levels of life stressors (Rhoades, 1991).

- Gillum and Liu (1984) note that American Blacks have the highest rate of mortality due to coronary heart disease of any population in the world. Since many of the risk factors for heart disease can be modified, there is hope that its incidence can be reduced for this population (Harper & Alexander, 1991:203).

- The first national assessment of the health of older Hispanics, conducted under the auspices of the Asociacion Nacional por Personas Mayores, found that 73% of Hispanic elderly reported impaired activities as a result of their health conditions (LaCayo, 1980). Data on specific diseases awaits the completion of the national Hispanic Health and Nutrition Examination Survey (HHANES).

- Chinese and Japanese Americans have lower mortality rates and longer life expectancies than do Anglos (Markides & Mindel, 1987). Data remain scarce on health issues affecting Asian Americans and Pacific Islanders (Harper, 1991). However, adoption of majority U.S. lifestyles appears to be having a negative impact on health. The higher sodium diet in the U.S., for example, has been associated with increased rates of hypertension and arteriosclerotic disease (Liu, 1985).

It is noteworthy that the higher proportion of health problems among minority elders do not lead to higher institutionalization rates for this population. In fact, a much smaller percentage of non-white (3%) than Anglo (5.8%) elderly live in nursing homes. Reasons for this difference include discrimination in referrals to long term care services, geographical separation from support networks, potential linguistic isolation, shorter life spans for most minority individuals, and greater involvement of families and other unpaid sources of assistance (Manuel, 1982). In addition, some ethnic groups place high value on caring for elderly members within the family context and/or attach a social stigma to institutionalization.

Communal and Religious Participation

Religion and peer support are important resources for many minority elders. Strong communal support systems have developed for many minority groups as a reaction to discrimination and to facilitate support, interaction and functioning among group members. These economic, emotional and social support systems often are particularly important for elderly persons, especially those who are foreign born and have limited English language skills. The church often occupies a central role in the provision of support within minority communities. It provides a political structure for helping minority group members, particularly Hispanics and Afro-Americans, to deal with "social, economic, and political inequities" (George, 1988); it provides a mutual aid system to provide economic, emotional and spiritual assistance to a disenfranchised population; and, it provides an opportunity for minority elders to perform meaningful roles that are valued by their community.

Family

Research on all four minority populations documents the traditional and cultural importance of the family in providing informal support to elderly members. Minority families often have developed and retain distinctive models of interaction that combine traditional patterns of roles and responsibilities with adaptations called forth by the American experience.

Among African American families, intergenerational relationships have been found to be extremely significant (Mutran, 1985); the American Indian elder is considered the "heart and soul" of family and

tradition (Lyons, 1978; Red Horse, 1980); Confucian ideals of filial piety influence many Asian families (Koh and Bell, 1987); and, an intergenerational compact underlies relationships in Hispanic families (Markides and Krause, 1985).

Afro-American, Hispanic and Native American families have traditionally been structured to involve at least three generations. The grandparents frequently see their role as passing on the traditions and heritage of the culture, including the teaching of Spanish language skills in Hispanic families. In addition, grandparents may act as surrogate parents when parents work outside the home, are disabled, or are otherwise unavailable (Barresi, 1987).

Generalizations about family support among minority groups must be tempered with the knowledge that the family's resources often are scarce and inconsistent (Manson, 1990). The realities of family diversity and of the barriers to accessing formal support systems belie the simple belief that minority families "take care of their own" (Lockery, 1991). Immigrant families may have particular difficulty dealing with the potential "generation gap" between grandparents and grandchildren who may speak different languages and have different beliefs and expectations regarding filial piety.

Cultural values regarding the provision of care to older family members also are being challenged by demographic forces which affect the entire society. Declining birth rates, increasing female labor force participation, decreasing rates of marriage, increasing rates of divorce, wide-spread unemployment, and abuse of drugs and alcohol all limit the number of persons available to provide care and assistance to increasing numbers of older family members (Antonucci and Cantor, 1991). As the number of adults living longer lives continues to increase, this will be a challenge throughout the entire society.

Approaches to the Study of Minority Aging

To date, most research regarding the elderly has focused on the majority Euro-American population. However, as current demographic trends have become more widely recognized, there has been increasing attention to the special needs of minority elders in the United States.

The available data, while limited, are sufficient to convince even a critical observer that race and ethnicity affect the health and welfare of elderly minority group members. Unfortunately, the existing data can tell us neither why nor what interventions might improve the status of older minority people. (Gerontological Society of America, 1991:vii)

Many studies of minority aging compare minority elders to an Anglo standard, largely ignoring intragroup heterogeneity. In so doing, they gloss over the dimensions of culture which distinguish the various ethnic groups that comprise the minority elderly. This approach ignores the positive experience of participating in an ethnic minority community in which shared cultural values facilitate individual adjustment to aging (see for instance studies on the anthropology of aging in Sokolovsky, 1990, or Myerhoff and Simic, 1978). In addition, focusing on minorities as social classes within a stratified society can contribute to a deficit model that views minority status only in terms of discrimination and exclusion (Holtzberg, 1982).

Conclusion

The cohort of minority persons who are now elderly has experienced a unique history, typically including substantial family and social involvement, problems associated with immigrant status, as well as great perseverance in the face of racism and institutionalized prejudice. The unique assets and problems of minority elders have, to a large extent, been ignored by mainstream social scientists, policy makers and service providers. There is a need for accurate, relevant knowledge regarding minority elders in order to assure that the needs of all older persons are adequately met and understood.

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Minority Elderly

Based on an interview with Percil Stanford, Director,
National Resource Center on Minority Aging
University Center on Aging, San Diego State University.

Who are the "minority elderly"?

Minority older persons are those persons who are underserved and in many instances economically deprived. Some years ago, we had to narrow down the definition to be consistent with the civil rights definition: African American or Black, the Hispanic or Chicano or Latino, the American Indian and the Asian/Pacific Islanders. About six or seven years ago it became clear that these particular groups were still the target groups. But, we've gotten more individuals from some of the Eastern European countries who are also showing some of the same needs in terms of services, language needs, and diet. So we've had to pay more attention to a broader kind of concern than color and race and deal with cultural tradition and value systems, or ethnicity. So more and more we talk about ethnic as well as minority older persons.

Most of the time ethnic minority persons are not effective or politically powerful enough to make a difference in the political agenda. So I think that's very definitely a defining factor. Another aspect that we just don't deal with, and I don't see any signs of dealing with, is racism. Historical racism underlies much of the inattention to older minorities, not only from those who are in a position to make a difference, but also from the reactions of older people. The real tragedy is that we expect minority older people to somehow become involved in doing things that will empower their own plight, when in most instances they have been denied the pathway to do anything to enhance their own plight, over and over for years. So it's very difficult for them to automatically, or to just suddenly, take the position to step forward and say "I'm going to be a spokesperson. I'm going to speak out. I'm going to make a difference." I think those are some of the underlying things that make a difference in terms of who those individuals are that might be labeled as minority.

What is the popular image of minority elders?

Outside of AARP's image of a rainbow collection of older people, I don't see much being done to foster any kind of public image of the underserved ethnic minority older people. It's still kind of a hidden group of individuals. When people talk about the minority aged quite often the image is an older black person. And when you question them further they will say, "oh, yeah, that's who I'm talking about," or "Oh no, I'm really talking about two groups: Hispanic, and black or African American." Very seldom is there the notion that the category minority collectively includes the groups that I've mentioned.

I think, with the language in the Older Americans Act which dealt with targeting services to low income and minority aged, there was a resurgence of attention to minority concerns. But I see a backing away from putting money into programs. I wouldn't say that there was any kind of drive on the part of politicians and legislators and others to include the minority older person under "the umbrella." I think part of what has happened is that older people themselves have indicated the need to pay more attention to their basic needs in their particular communities. So I think recent interest in minority aging is more from the ground up, rather than from any kind of real political agenda. Even from a research standpoint, there has been very little effort, except maybe in the last two years, to really address an agenda that would take aggressive action toward highlighting minority research. The major effort recently has come through the National Institute on Aging looking at some specific issues related to long-term care and Alzheimer's Disease.

What public policies particularly impact minority elders?

Basic policies affecting older minorities include the Older Americans Act: Title III (the social support services) or Title VII (the nutrition program). There have been situations where programs were not accepted by the Feds because they didn't meet all the criteria for appropriate nutrition programs. In fact, given the conditions and the circumstances, the equipment and training of individuals in those minority communities **were** adequate in terms of their needs. There were no adjustments for the particular cultural values and expectations even for nutrition programs. In some of the American Indian communities, for example, the expectation was that if there was food available, then according to their particular cultures it was not to be reserved just for the old. It was to be used for the children as well. When you look at a broader issue of targeting, up until the last couple of years, there has been very little attention given to the distribution of funds for programs and projects. So now that's being addressed a little bit better.

What are the greatest service needs of minority elders?

I think one of the major things that needs to happen now is to look at some of the issues around employment. There are a lot of older people who are in need of some kind of supplementary income. Many of the individuals in this group have not had jobs that would even provide social security. Another issue is how well-prepared are they to be involved in job situations that would require a certain level of literacy. We talk about the growing number of older persons in minority ranks and the fact that older people are going to be increasingly more visible in the workforce, but we don't stop and assess very carefully who those people are going to be and what their preparation is. Training for effective participation in the job market is very critical. Another area that has a tremendous impact on this group is being victims of crime in their own neighborhoods. We know for a fact that the crime rates are quite often higher in some of the areas where minority elder people reside, so it is somewhat prohibitive for them to get out and participate without fear.

Retirement is basically a misnomer for minority older people. The majority in fact never retire. Most of the individuals that we look at are people who have gone from job to job and haven't had the benefit of any kind of systematic retirement or pension plan. So most, I would say probably 60% or more, may use the word "retirement" but are saying that they have reached an age, but do not necessarily have the benefits or the wherewithal to assume the retired role. So I would say that the situation in a nutshell is that we have terminology that doesn't meet with fact.

What special challenges are faced by today's minority elders?

The current generation of minority elders probably is not going to be tremendously different from the next cohort. We would like to think that they would; but, if you stop and think about the next cohort, those will be people who are probably right now in their early sixties. These are individuals who were born in the early 1930's or when the country was coming out of the Depression. These are still people who have been subject to a lot of laws and reprisals because of their race and ethnicity. I don't think you are going to see much difference between cohorts until you get to the baby boom generation. These individuals, not the majority but a substantial number, will exhibit more of the traits of the mainstream society elders. That will include better economic opportunities and perhaps better retirement lifestyles in a true sense. But that's another generation down the road. And then after that group, I think we're going to be back to where this current cohort is to a great extent, because the kinds of economic and social supports that the baby boom generation has received, would have been and have been withdrawn to a great extent. So you are going back to another deprived cohort where there is a struggle to have full participation in our various societal systems.

What do students most need to understand about minority elders?

I think one of the first things that instructors and teachers have to do, is to compare themselves to the minority older persons that they are teaching about to understand their similarities and their differences. Understand that there are some cultural differences that they won't understand immediately and not be afraid to explore those differences. Then once that exploration has taken place, it's important to work with the students to highlight the fact that there are some basic differences. Contrary to what we've thought over the years, we're not going to automatically have a melting pot in this society. There may be some assimilation and acculturation; but, for the foreseeable future, we're going to have multiple cultures which need to co-exist.

Having said that, I think the focus needs to be on understanding the true history of the minority groups. I think the celebration of Columbus Day is a good example. We say that Columbus discovered America when in fact American Indians were here for years. Well, when you stop to look at the ridiculous nature of that, it's a powerful statement as to the disregard for human beings that occupied a territory. We need to understand, and to make students understand, how the African-American population was integrated into this land. And look at that for what it is, and what it was, and how that has unfolded. The succeeding groups, Hispanics and Asian/Pacific Islanders, had their roles in building this country. So all of that, then, would serve to put some reality into the existence of different groups in our society.

Deal with the stereotypes and understand what the stereotypes are. Have people ask themselves very

carefully how they have come about the stereotypes that they have. Whether it's first hand, second hand, or tertiary. Get students to acknowledge that they, in fact, quite often don't know very much about the reality of other groups, only the stereotype.

Older people are a tremendous resource that we don't use enough. The minority older person is a very good resource that we need to take more advantage of in a positive way. We need to set up situations where students can interface with minority older persons, learn from them, and have a chance to see them as real people. We need to get students to a point where they can appreciate the beauty of the differences, which many older people bring to a situation rather than saying, "it's not like me," or "not like what I know," and therefore it's not good.

I think the other thing that is very important to stress is that intragroup variations are very important, yet they often get ignored in the emphasis on inter-group affairs. Too often, we use mainstream EuroAmerican vs. all other non-EuroAmerican groups as our primary context for examining issues. In doing so, we may ignore some very real concerns from an intra-ethnic and minority standpoint.

Suggested Readings

American Association of Retired Persons (AARP). (1987). *A Portrait of Older Minorities*. Washington, DC: AARP.

This is a comprehensive, concise overview of sociodemographic characteristics of minority elders in the United States. Included is information on demography, marital status, living arrangements, education, employment, income and health.

American Society on Aging (ASA). (1992). *Serving Elders of Color: Challenges to Providers and the Aging Networks*. San Francisco, CA: ASA.

This report provides a concise overview of the demographic and social trends affecting elders of color, their role as a resource in their communities and the country, and the problems and barriers they face. The report discusses an approach to change based on a commitment to empowerment of elders of color, and concludes with suggestions for future directions for improving the status of elderly persons of color.

Angel, Jacqueline L., & Hogan, Dennis P. (1992). "The demography of minority aging populations." *Journal of Family History*, 17, 95-115.

This article examines historical and demographic trends in the ethnic and racial composition of older cohorts in the United States. It projects future trends in the relative size of different racial and ethnic populations, considers their likely impact on family structure, and discusses implications for social policy and for the welfare of the minority elderly in the 21st century.

Gelfand, Donald, & Barresi, Charles. (1987). *Ethnic Dimensions of Aging*. New York: Springer. This edited volume examines the interrelationships between ethnicity and aging from the perspective of leading researchers and practitioners. The volume includes chapters on theoretical issues related to ethnicity and aging, examples of conceptually grounded research on various ethnic groups, and practice and policy implications. This is an important book, which does an excellent job of summarizing many key issues regarding the ways in which aging and ethnicity interact in the lives of individuals and society.

Gerontological Society of America (1991). *Minority Elders: Longevity, Economics and Health, Building a Public Policy Base*. Washington, DC: GSA. Background papers on demography, income, social support and health status review current state-of-the art knowledge and include findings on the 1990 U.S. Census. A fifth paper provides excellent background on American Indian Aging.

Harper, Mary S. (1990). *Minority Aging: Essential Curricula Content for Selected Health and Allied Professions*. Health Resources and Services Administration, Department of Health and Human Services. DHHS Publication No. HRS (P-DV-90-4). Washington, DC: U.S. Government Printing Office.

This volume provides an excellent overview on each of the four minority populations in terms of demography, health status and cultural background. Focusing on health care, the collection has applied research to recommendations for improving health status and health care within each group.

Kramer, B. Josea, & Barker, Judith C. (1991). "Ethnic Diversity in Aging and Aging Services in the U.S." *Journal of Cross Cultural Gerontology*, 6(2).

This special issue is devoted to research on smaller ethnic populations located mainly in California.

Markides, Kyriakos S. (1983). "Minority Aging." In Mathilda W. Riley, Beth B. Hess, and Kathleen Bond (Eds.), *Aging in Society* (pp. 115-138). Hillsdale, NJ: Lawrence Erlbaum Associates.

This article provides an excellent review of research regarding the "double jeopardy" versus "age as leveler" perspectives on minority status and aging. Markides compares the two perspectives in terms of their ability to explain existing knowledge about Afro-American, Hispanic and Anglo elders with regard to income, health, primary group relations, and psychological well-being. This chapter will undoubtedly promote class discussion.

Sokolovsky, Jay. (1990). "Bring Culture Back Home: Aging, Ethnicity, and Family Support." In Jay Sokolovsky (Ed.), *The Cultural Context of Aging* (pp. 201-212). New York: Bergin & Garvey Publishers.

This chapter provides a concise overview of family and community involvement of minority elders. It argues that public policy has relied too heavily on family-based "informal support systems" for service provision to the minority elderly, and that family support must be coupled with publicly funded non-familial systems of care to avoid inadequacies in service delivery and excessive demands on minority families.

Stanford, E. Percil, & Torres-Gil, Fernando. (Eds.). (1991, Fall). "Diversity: New Approaches to Ethnic Minority Aging." *Generations*, 15(4).

This entire issue of *Generations*, the journal of the American Society on Aging, is devoted to a variety of new approaches to policy and planning to meet the needs of a culturally diverse and heterogeneous aging society. Of special interest to Californians will be Hayes-Bautista's article on young Latinos, older Anglos, and public policy.

Stoller, Eleanor P., & Gibson, Rose C. (Eds.). (1994). *Worlds of Difference: Inequality in the Aging Experience*. Thousand Oaks, CA: Pine Forge Press.

This anthology includes a rich mosaic of selections - some scholarly, some fictional, some autobiographical - representing diverse experiences of the aging process. Major sections of the book address race, class, and gender differences among older adults with regard to (1) life course and cohort influences, (2) cultural images about old age, (3) productive activity in late life, (4) family diversity, and (5) health and mortality. Whether read selectively or as a whole, this anthology provides a stimulating and provocative introduction to the topic of aging and diversity.

Yeo, Gwen, & Hikoyeda, Nancy. (1992). *Cohort Analysis as a Clinical and Educational Tool in Ethnogeriatrics: Historical Profiles of Chinese, Filipino, Mexican and African American Elders*. Stanford, CA: Stanford Geriatric Education Center.

This monograph provides historical profiles of American elders from four racial/ethnic groups. Each profile traces some of the major periods and events in each group's history since coming to the United States. Major historical periods also are examined in terms of the approximate age at which today's elders may have experienced them, making this an extremely useful resource for gaining an overview of how ethnicity-related historical events have influenced the lives of older individuals.

Periodicals

Journal of Cross-Cultural Gerontology (published quarterly by Kluwer Academic Publishers). Anthropology Library (UC Berkeley) (HQ1060.J68).

Journal of Minority Aging (published semi-annually by the National Council on Black Aging). Social Welfare Library (UC Berkeley) (HQ1064.U5.B4).

Audiovisual Resources

Alzheimer's: A Multicultural Perspective

Running time: 34 minutes/video

ATTN: Andrew Scharlach

School of Social Welfare

329 Haviland

University of California at Berkeley

Berkeley, CA 94720

(510) 642-0126

This tape examines the experience of caring for an elderly relative through the eyes of four families: Chinese, Japanese, Latino, and Vietnamese. The stories portray some of the difficulties families can experience when traditional cultural values conflict with majority societal norms and the pressures of daily life. Included is a discussion of services available to assist families caring for someone with Alzheimer's Disease, as well as potential barriers to service utilization. Produced by the School of Social Work at San Jose State University.

Geriatric Assessment: A Functionally Oriented, Ethnically Sensitive Approach to the Older Patient

Running time: 20 minutes/video

(1990) Stanford Geriatric Education Center

703 Welch Rd., Suite H-1

Stanford, CA 94305

(415) 723-7063

An introductory video designed to acquaint the learner with the concepts underlying assessment of the geriatric patient using formal instruments in different domains of function. The tape demonstrates four patients of differing ethnic/racial groups in four separate health care settings.

Responsive Health Care for Minority Elderly

Running time: 38 minutes/video

University of Maryland - Video Services Dept. of Physical Therapy

32 S. Greene Street

Baltimore, MD 21201

(301) 528-7720

A series of actual patient interviews demonstrates the need for health professionals working with elderly minority patients to expand the traditional concept of assessment to include psychosocial, cultural, educational, economic, and environmental factors. Emphasized is the importance of integrating the patient into the health care system, patient education and preventive medicine.

African American Elderly

Demographic Overview

There are approximately two million African Americans age 65 or older in the U.S., representing about 8% of the African American population. The African American elderly population has been increasing at a rate almost twice that of the African American population as a whole. This rate of growth also exceeds that of the general elderly population. It is estimated that, by the year 2050, the number of elderly African Americans could nearly quadruple to more than nine million persons, representing 15% of all African Americans. Increasing percentages of elderly persons are primarily a result of declining death and birth rates, which act together to bring about an increase in the number and proportion of elderly. The percentage of elderly remains lower in the African American population than in the white population because death and birth rates, though declining, still are higher than in the white population (Cowgill, 1988).

Life Expectancy and the Crossover Phenomenon

African Americans continue to have shorter life expectations than does the white majority. The estimated life expectancy for African American men is 67.7 and for African American women is 75, considerably lower than the 72.7 and 79.6 years estimated for their white counterparts (AARP, 1987). Possible reasons for this shorter lifespan include poverty, dramatic health status differences, and reduced access to health care services.

Despite lower life expectancies for African Americans from birth, a mortality crossover phenomenon occurs at age 73 for black males and age 85 for black females, whereby African American elders that reach these ages tend to live longer than their white contemporaries. Although there are no definitive answers explaining this crossover, one suggestion is that high early mortality selects the least hardy African American individuals, producing among the older cohort a disproportionate population of more hardy persons. Another possible explanation is that many African American elders have had to cope with stress and few economic resources throughout their lifetime; therefore, negative outcomes in old age may appear less serious or the elder may simply have developed a more reliable set of coping strategies to deal with the stresses of old age (Greene & Siegler, 1984).

Socioeconomic Situation

African American elders tend to have significantly lower socioeconomic status than do white elders. In 1990 the median income for urban African American elderly men was \$7078 versus \$13,745 for urban white elderly men. Urban African American older women earned an average of only \$5,555 while white elderly women's earnings averaged \$9,827. In 1990, the poverty rate for older African Americans was 30.7%, and only 9.6% for older white Americans.

There are many possible reasons for the high poverty rate among African American elders, including inadequate education, discrimination in hiring and rates of pay, work histories of low wage jobs, and high unemployment resulting in lower Social Security and private pension plan coverage.

With regard to educational background, the proportion of high school graduates is substantially less among African Americans (17%) than among white elders (41%). Perhaps even more significantly, many African American elderly never received any formal education. Six percent of older African Americans never attended school compared to only 2% of white elderly (AARP, 1987).

Discrimination is another important contributor to the high rates of poverty experienced by African American elders who often were denied access to jobs commensurate with their experience and capabilities. Moreover, minority elders often were (and are) paid lower salaries than their white counterparts for the same job responsibilities (Manuel, 1982). Low wage jobs not only provide less of an income from which to save for one's retirement, they are also much less likely to be covered by a private pension. In addition, low paying jobs form the least stable part of the labor market, leaving workers in these jobs more vulnerable to unemployment.

Frequent and extended periods of unemployment and underemployment do not just provide immediate financial hardship, they also can disqualify a worker from receiving pension benefits. To be fully insured by Social Security, workers must be in jobs covered by Social Security for ten years. The elderly cohort of

African Americans tended to work in manual labor, domestic service, temporary and/or part time jobs, the majority of which were not covered by Social Security. Social Security also computes incomeless years into an average yearly income; thus, scattered periods of unemployment can cause a significant reduction in monthly benefits. Moreover, only 20% of African American workers compared to 43% of white workers were covered at some point in their work career by a private pension. Of those workers who were covered by private pensions, only a little more than half (52%) of the African American workers actually collected pension benefits, as compared to 77% of white workers.

Health

African American elders tend to perceive their health as more problematic than do white elders. Seventeen percent of African American elders rate their health as poor, as compared with 7% of white elders. Much of this differential in health status can be attributed to increased rates of poverty among African American elders, lack of adequate health care throughout life, and a greater likelihood of working at manual, physically debilitating jobs. Moreover, older African Americans are less likely than white elders to have health insurance or to have seen a doctor in the previous year.

A higher proportion of health problems among minority elders does not lead to higher institutionalization rates for this population. In fact, a much smaller percentage of African American (3%) than white elderly (5.8%) live in nursing homes. Among the oldest population of elderly, 12% of African Americans and 23% of whites are institutionalized. Reasons for these differences include discrimination in referrals to long term care services, potential social isolation, geographical discrimination in nursing homes and shorter life expectancies (Manuel, 1982), as well as a culturally-based ethic that elderly should be cared for by "blood" (Carter, 1988). A strong, supportive family orientation may have its roots in the necessity to provide care unavailable from other sources due to the "racial discrimination and the social historical exclusion of African Americans from public and private social welfare and health services" (Watson, 1982, p. 145).

Family Roles

African American families have developed and retain distinctive models of family interaction that combine traditional patterns of roles and responsibilities with adaptations called forth by the American experience. Some of the African American family's strengths include: strong parent-child and sibling ties; greater likelihood of providing economic and social support to extended family members; large proportions of family members residing within the same neighborhood or area; care for ill and dependent family members; strong work orientation; adaptable family roles; strong religious orientation; and emphasis on respect for elders (Aschenbrenner, 1978, and Hill, 1972, as cited in Brown, 1990).

The black kinship system tends to be more extensive and cohesive than the family system of whites. The family is a mutual aid society where favors and obligations are taken when needed from other family members and paid back sometime in the future. Most studies comparing older African Americans and whites suggest older African Americans more frequently interact with their families and receive more social support from them. In addition, African American elders are more likely to provide help and money to their adult children (George, 1988).

African American elders are less likely than white elders to be married and living with a spouse, however. In 1983, 27% of older African American women compared to 40% of white women were living with their spouses, as were 63% of African American men versus 78% of white men. This difference is largely due to higher rates of widowhood and divorce among African American men and women.

African American families have traditionally been structured to involve at least three generations. It is estimated that 20% to 30% of African American older women head a multigenerational household. Older African American women are four times more likely than their white peers to live with young dependent relatives under 18 years of age (Tate, 1983). The grandparents frequently see their role as passing on the traditions and heritage of their culture and religion. In addition, grandparents may act as surrogate parents when parents work outside the home or are unavailable (Barresi, 1987). The African American grandmother has held and typically retains a central role in the family kinship system, often attempting to allocate limited family resources to ensure that all members are adequately provided for (Lesnoff Caravaglia, 1982).

There is much historical precedence for the respect of elders within the African American family. In preslavery days, the elders were the oral historians and the guardians of communal wisdom, customs and legends (Watson, 1982). Traditional organization was structured around kinship groups, in which elders had a great deal of authority and respect. Although the experience of slavery changed the structure of the family, families still retained their traditional importance and served to support the individual in the hostile American environment.

Even in post-Civil War America, African American families had to adapt cultural practices in order to deal with prejudices and inequalities associated with widespread racism. Extended families pooled economic resources to ensure survival and improve living standards. Grandparents were important to provide childcare and also to contribute to the economic viability of the extended family. In this context, older family members maintained the position of respect and authority they historically had held within the family. The extended matriarchal co-resident family, which describes a significant minority of African American families today, can be perceived as a continuation of this tradition.

Social, Community And Religious Involvement

Communal support and responsibility is a central feature of the African American community. It is not uncommon for nonrelated individuals to address each other as kin through endearments such as "granny" or "uncle", illustrating the closeness and importance of the bond. African Americans tend to utilize support from friends and neighbors to a greater degree than do whites. Even greater importance is put upon friendships for those elders without children or spouses (Taylor, 1988).

African Americans developed distinct ethnic enclaves in reaction to racial discrimination and segregation from the dominant society and to facilitate support, interaction and functioning among group members. Faced with impoverished circumstances, vulnerable to the stresses of frequent racial slurs and humiliations from the racist majority, economic and social support systems developed among African Americans to help community members in times of need. Historically, the church has fulfilled numerous functions within African American communities. It provided a political structure for helping African Americans to deal with "social, economic, and political inequities" (George, 1988); it instituted a mutual aid system to provide economic, emotional and spiritual assistance to a disenfranchised population; and, it provided an opportunity for minority elders to perform meaningful roles that were valued by their community. In recent decades, the church has retained its prestige in the community through the leadership position it adopted in the fight for equal rights.

The present cohort of elderly, in both the Anglo American and African American population, tends to be more religious than younger cohorts. Consequently, elders are both the mainstay of the church and significant recipients of its services and help. Individual members and church groups support each other with material, emotional and spiritual assistance. Many churches have programs to provide food and clothing and to visit the sick as well as elderly shutins. In addition, the church plays a significant role in promoting self worth and self esteem through the validation of "shared beliefs and attitudes held by the congregation" (Taylor, 1988).

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Based on an interview with Charlotte Perry
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What term do African American elders use to identify themselves?

Many folks in the African American community at this time use the term "African-American." They also use "Black" and, at times, they use "Colored."

What is the popular image of African American elders?

If there would be a popular image of the African-American elder, I suppose it would be one of a grandparent surrounded by great-grandchildren, perhaps cooking, or enjoying television shows. What is close to reality is that a good many of them are female. They are widowed and they live alone in single family homes, public housing, or apartment dwellings. In many cases they have friends as substitutes for families. A good number of the oldest women have outlived their children.

What divisions exist among African American elderly?

The African-American elderly population is as heterogeneous as the older majority white population. Some are middle class and living in a couple relationship. They are involved in friendship relationships with other couples, have their own type of social activities, go to senior citizen events, etc. And then you see the other side of the picture. A good number of them are widows who live alone, perhaps having become childless because their children have died, and who develop substitute friends or family roles in their social networks.

How do African American elders feel about aging?

Many of the oldest old, who are 85 years and older, think that they are doing better health-wise than friends their age. They feel that they are better off economically. They even describe themselves as being better off compared to what they expected to be at this age. But, overall they don't see themselves as a particularly disadvantaged group.

What is the primary social role of the African American elder?

The younger old are more involved in senior activities. For instance, one particular group is involved in creating a senior university to teach empowerment skills so they can become more involved in the legislative process and have some impact on the political process. That particular group, aged 65 to 74 years, is very active in community centers and senior centers. Whereas the older old, those 85 and older, tend to be involved in a central residential grouping (if they are living in public housing or congregate housing), or else they are more withdrawn. They are not reaching out for other kinds of activities. They may be involved in church but beyond church and maybe a couple of organizations they are not as involved as the younger old.

African American families perceive disabilities as part of the aging process. The greatest challenge that is facing older African Americans today is long term care. I think it's a very common philosophy among African American families not to put seniors into nursing homes. Yet, as a middle-aged generation, we are not prepared with the financial and person resources to take care of them in the home.

In the cohort of the oldest old, it is surprising that a good number of them are childless. They were in the childbearing age during the depression and some of them chose not to become parents because of the economic picture at the time. And then others have outlived their children and so they are also childless.

What theories best describe how African Americans respond to the aging process? In terms of theories that describe African American aging the best model that I have seen thus far entails the aging process but it goes beyond that. I like to use Kahn and Antonucci's "Convoy of Social Support" approach in looking at older African Americans because it takes into consideration the lifespan approach, looking at their roles over their lifespan, personal characteristics, situational characteristics, support structure, and support functions. It incorporates role theory, continuity theory and interaction theory.

How do African American elders differ from elders of other ethnic groups?

One of the differences between African Americans and older white Americans has been the whole notion

of social support. African Americans tend to take on friends and see them as part of the family network. In that network, friends may become the providers of expressive or instrumental support, which I find to be very different from older white Americans. For the latter, if it's not family and it's not spouse, then it may not be anyone. The literature says that Hispanics are more family-based, tend to keep connected over the years, and may even live in extended family situations. Whereas, older African Americans have moved away from that model. They are now in what we, as researchers, term the "modified extended model," and many families have incorporated either friends or fictive kin.

What are the greatest service needs of African American elders?

The major health and support service needs of older African Americans are something better than Medicare and the Medicare gap insurance, such as the senior HMOs with a cap on out-of-pocket expenses. As far as social support, I think the United States social policy should move to compensating those families that provide long-term care in a community setting, as opposed to institutionalization. There should be some monetary compensation to shore up the efforts of family and friends. I did a study in the Southeastern part of the United States of a large group of widows living in subsidized housing. The widows who were "weller" (for lack of a better term) were in fact taking care of those in the housing complex that weren't as well. The housing complex management took no responsibility for making assessments on health status beyond the initial application that showed that applicants were able to manage their daily lives. People didn't come forth and say, "Well, now I'm unable to do this," because if they did, they would no longer be able to live there. What we found was that younger widows were taking care of those who were frail.

What do students most need to understand about African American elders?

The major message I would send to new students in the area, would be to learn as much as they can about the culture. Then they would best understand the ways of some of the older African American adults. If we're thinking about health in this large group, some practice folk medicine. They also take over-the-counter drugs with prescription medications. There is also a strong spiritual belief. A good many of them leave everything up to God. I ask them whom they trust in and they say, "it's God." And I ask who is their confidante and they will say, "He is the one." We really need more African American researchers to conduct research with older African Americans. Research is needed in all areas, across the board. If I were to pick any particular area, I would say we need more research in family support and health care delivery. We need more individuals to serve this community in social work and public administration, for housing developments, senior centers, adult day care centers, and other community services.

Suggested Readings African-American Elderly

Gibson, Rose C. (1986). *Blacks in an Aging Society*. Daedalus, 115, 349-371. This chapter addresses the social problems facing African American teenagers, middle-aged and elderly, as our population ages, as well as the implications they pose for society as a whole. The author uses census data to identify and summarize such critical issues as health care, shrinking federal funds, education, poverty and retirement among African Americans.

Greene, Ruth L., & Siegler, Ilene C. (1984). "Blacks." In Erdman Palmore (Ed.), *Handbook on the Aged in the United States* (pp. 219-233). Westport, CT: Greenwood Press. This chapter provides a concise introductory overview on Afro-American elders in the United States. A cohort historical analysis is done contextualizing the experience of the elderly through the Segregation era and Civil Rights era. Social and economic characteristics are discussed including population, education, labor force participation, income, and poverty. Coping, adaptation and mental health are also discussed and several research issues are presented.

Harel, Zev, McKinney, Edward, & Williams, Michael. (Eds.). (1990). *Black Aged: Understanding Diversity and Service Needs*. Newbury Park, CA: Sage. This book is of particular use for health care and social welfare service providers to Afro-American elderly. Federal social welfare policies, health issues and

diversity amongst the aged Afro-American population are discussed. A chapter by Stewart, Gerace and Noelke provide case studies to illustrate clinical social work practice with Afro-American elderly and their family caregivers.

Harper, Mary S., & Alexander, Camille. (1990). "Profile of the Black Elderly." In Mary S. Harper (Ed.), *Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions* (pp. 193-222). Health Resources and Services Administration, Department of Health and Human Services. DHHS Publication No. HRS (P-DV-90-4). Washington, DC: U.S. Government Printing Office.

This chapter provides a comprehensive overview of aged Afro-American's demography, marital status, living arrangements, education, employment history, poverty levels, and family life. A one page scenario is presented of a life history of a 74 year old Afro-American elder.

Jackson, James S. (Ed.). (1988). *The Black American Elderly: Research on Physical and Psychological Health*. New York: Springer.

This collection provides a comprehensive overview of recent research. Of particular interest are Taylor's article on aging and supportive relationships, George's article on social participation in later life, and Carter's article on health issues.

Peterson, Jane. (1990). "Age of Wisdom: Elderly Black Women in Family and Church." In Jay Sokolovsky (Ed.), *The Cultural Context of Aging* (pp. 213-228). New York: Bergin & Garvey Publishers.

This readable chapter is an anthropological study of an Afro-American great-grandmother. Through this woman's life-story, the importance of family and religion for many older Afro-American women is richly portrayed. The roles of elderly women discussed by the author include creating relationships, teaching values, helping raise children, being religious role models, and supporting fellow church members. This article will generate class discussion on the role of Afro-American Elders in the Afro-American community.

Richarson, Julee. (1990). *Aging and Health: Black American Elders*. Stanford, CA: Stanford Geriatric Education Center.

This monograph provides a concise but comprehensive overview of existing knowledge regarding the physical health and well-being of older African Americans, including information regarding morbidity, mortality, service barriers, and health practices and beliefs. While intended for health care providers and trainees, this review is an excellent resource for all students interested in understanding health-related issues affecting this population.

Robinson Brown, Diane. (1990). "The Black Elderly: Implications for the Family." In Mary S. Harper (Ed.), *Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions* (pp. 275-295). Health Resources and Services Administration, Department of Health and Human Services. DHHS Publication No. HRS (P-DV-90-4). Washington, DC: U.S. Government Printing Office.

The author discusses the structure, organization and importance of the family for Afro-American elders. Relationships within Afro-American families and the family impact on the elder's interaction in the community are also discussed.

Audiovisual Resources

Family Counseling with an Older Black Family

Running time: 15 minutes/video

ATTN: Professor Andrew Scharlach

School of Social Welfare

329 Haviland Hall

University of California

Berkeley, CA 94720

(510) 642-0126

Created to demonstrate family counseling skills appropriate to work with older Black families and to serve as a trigger for discussion, the tape portrays work with an older parent and their adult children where

health-related issues have resulted in tensions and misunderstandings. The major issue presented is the conflict between a daughter and her recently disabled mother over the mother's desire to live among her friends, and the daughter's insistence that she move far away to live with her. The theme is the importance of understanding the value of the Black church and extended kin networks to the life of many Black elderly people. Produced by the School of Social Work at San Jose State University.

Old, Black, and Alive!

Running time: 28 minutes/film (1974)

University of California at Berkeley

Extension Media Center

2176 Shattuck Avenue Berkeley, CA 94704

(510) 642-0618 or 642-0460

Seven elderly blacks share their insight, faith and strength in a compelling documentary on aging. Aging touches everyone. Its universality is reflected in this film with candidness and humor. Filmed in a rural area of the south, this film shows people who have something to say about aging. "A beautiful, thoughtful film ... full of humor and love." (Film Library Quarterly) "A vibrant film done with feeling and respect. An excellent addition to programs on aging, death, black social problems, and religion." (Religious Film Newsletter).

Older, Stronger, Wiser

Running time: 28 minutes/video or film (1990)

Indiana University Audio Visual Center

Bloomington, IN 47405

(812) 335-2103

Importance of black women as foundations of community through life-long dedications to church, education, and family. Profiles 5 remarkable women who have struggled to rise above the indignities of racism that have characterized the black experience for years.

On My Own: The Traditions of Daisy Turner

Running time: 28 minutes/video

(call # Video/C2163) Media Center,

Moffitt Library University of California at Berkeley

Presents the life of a daughter of a former slave, 102-year old Daisy Turner. She recalls childhood incidents and her father's Civil War experiences and talks about life in her homestead in Vermont. Folklorist Jane Beck fills in details about traditions preserved in the Turner family.

LECTURE NOTES

- Demographic Information
 - Increase of aged persons in all ethnic groups
 - Minority groups are fastest growing older population
- Ethnicity and “isms”
 - Ageism and racism
 - Disproportionally high poverty levels in minority elders
 - Work related issues, as less opportunity, less pay, high or intermittent unemployment, discrimination in hiring and promoting, fewer retirement benefits or funds
 - More SSI recipients than majority population
- Health Differences
 - Lower life expectancy
 - Higher incidence of chronic diseases such as diabetes
 - Less access to medical care
 - Continued lack of care throughout life
 - Distrust of medical community
 - Lack of insurance
 - High rates of mortality from disease as heart disease, certain cancers
 - Culturally specific attitudes about health and illness
 - May be more open to folk remedies, homeopathic medicine
 - Less institutionalization (nursing home placements and so on)
 - More interfamilial caregiving
 - More in-home care
 - Cost prohibitions
 - Culturally insensitive care, inhospitable environments
- Community/family ties
 - Strong familial ties—intergenerational support high
 - Strong ties to religion/church
 - Often living in ethnic community with strong neighborhood support
 - Clubs
 - Family/friends close by
 - Cultural support for “honoring” older persons
- Importance of Cultural Competence
 - Key social work value—respect for uniqueness of all people
 - Strengths in diversity
 - Multiple ways of knowing
 - Expansion of worldview
 - Alternative ways to approach problems, concerns
 - Good practice and policy

- Decrease stereotypical bias and “isms”
- Responsiveness to needs of individual
- Increases awareness of other values, attitudes, and goals
- Increase ability to “serve” diverse population
- Increase successful interventions
- Expand awareness of self and others
- Increase social justice
 - Equality of access to current programs
 - Equality of access to proposed programs and policies
- Ways to increase cultural competency in practice
 - Awareness of self (biases in particular)
 - Genuine respect for other cultures
 - Willingness to listen to persons without judgment
 - Willingness to learn about other cultures and adapt policy and programs to better serve
 - Hiring of culturally diversity colleagues
 - Ethnic guest speakers to provide in-services

CLASSROOM EXERCISES:

- 1) Discuss awareness of self and personal stereotypes/biases. Have student first complete an ethnicity inventory:
 - a. Ethnicity Inventory
 - i. What is your ethnicity?
 - ii. What does that mean to you? (benefits and disadvantages)
 - iii. List your perceptions of four qualities/attributes about three different (from you) ethnic groups.
 - iv. Where did you get the above opinions (i.e., first-hand experience, someone told you or you read about it, not sure)?

Next have students discuss their responses and ways in which intolerance influences practice and policy interventions.

Next discuss ways of addressing intolerance and lack of appreciation of diversity.

- 2) Have students read in class--Case Study—Margret and Sandor (case study at end of resources).
 - a. Discuss possible cultural differences in the following areas:
 - i. Place of residence
 - ii. Role of grand parenting
 - iii. Social interactions
 - iv. Language barriers
 - b. What possible social work interventions could be tried?
 - i. How will you decide? Which voices will you listen to?
 - ii. How will you approach each member of case study?
 - c. From a policy point of view—what new or existing programs might be helpful to Sandor and Margret?
- 3) Divide students in small groups and have them choose a particular racial/ethnic group to learn about. Have them prepare a brief class presentation (15-20 minutes) regarding their group. Possible topics might be: role of family, ways of viewing health or illness, unique experiences i.e. forced immigration, oppression, role of religion/spirituality, attitudes toward aging and older adults, and so on. What is their worldview and how does it differ from white America's?
- 4) Discuss unique events in the course of our global history and how these events have impacted ethnic minorities and how they have changed dominant culture? i.e. civil rights movement, Holocaust, immigration and so on.
- 5) Elder quest speakers from different ethnic groups can be invited to discuss their view of social service programs and policies. Remind the class of the variety of viewpoints that can and do exist between people in every ethnic group.

MEDIA RESOURCES

WEBSITES

<http://www.aarp.org/> -- American Association of Retired Persons website—has links to information on cultural, ethnic aging

<http://www.aeweb.org/> -- International website with intercultural topics

<http://www.asha.ucf.edu/> -- Links to services for African American elders.

<http://www.und.edu/dept/nrcnaa/> -- National Resource for Native American Aging

VIDEOS

V-162 Legacy—video about three generations of African-American women. Strong matriarchal figure of grandmother (also sited as resource in Women and Aging Module)

POWER POINT

Achieving Cultural Competency—CSWE power point. Discusses need for cultural competency, ways to achieve competency, and excellent case study vignettes.

READINGS FOR STUDENTS

- Applewhite, S. (1998). Culturally competent practice with elderly Latinos. *Journal of Gerontological Social Work*, 30, (1-2), 1-15.
- Desai, K. (1990). Ethnic communities and the challenge of aging. *Polyphony*, 12, 87-92. Retrieved June 19, 2002 from the World Wide Web: <http://collections.ic.gc.ca/magic/mt32.html>
- Administration on Aging. *Fact and Figures: Statistics on minority aging in the US (2000)*. Retrieved December 18, 2001 from the World Wide Web: <http://www.agingstats.gov>
- Harris, D. & True, G. (2001). African American perspective on end of life. *Last Acts* electronic newsletter. Retrieved December 17, 2001 from the World Wide Web: <http://www.lastacts.org/>
- Harris, J. *Aging and ethnicity: Communication services for older African Americans*. Retrieved June 20, 2002 from Academic Universe (on-line database) on the World Wide Web: <http://www.lexis-nexis.com/universe>
- National Aging Information Center. Internet Information Notes; *Cultural and racial diversity and aging*. Retrieved December 19, 2001 from the World Wide Web: <http://www.aoa.gov/naic/notes/diversityaging.html>
- Sullivan, M. C. (2001). Lost in translation: How Latinos view end of life care. *Last Acts*, electronic newsletter. Retrieved December 17, 2001 from the World Wide Web: <http://www/lastacts.org>.
- Center for Disease Control. *Women, African-Americans, and people with low income comprise most affected population (frailty)*. (2001, April 29). Retrieved June 18, 2002 from Academic Universe (on-line database) on the World Wide Web: <http://www.lexis-nexis.com/universe>

CITATIONS

(included in overview)

COMMUNICATION AND AGING :

CASE STUDY - MARGRET AND SANDOR (*A Shared Experience: Bridging Cultures" manual, 1983*)

Issues:

1. Expectations and adjustment of immigrant ethnic seniors
2. Intergenerational relationships and roles within cultural context
3. Use of interpreter

Margret and Sandor's son John emigrated from Poland 9 years ago. It was expected that they would quickly settle in the new country and sponsor his parents. It took nine years to reunite this family during which time John got married and had two children. John sponsored his parents to immigrate to Canada.

Sandor was a tailor. He expected that he would quickly find work, and be able to continue to support his wife as well as to contribute to the overall family expenses. After some searching he finally found work at a cleaners where his son knew the owners.

Margret looked forward to contributing to the maintenance of the home by helping her daughter-in-law with the children and household chores, but her daughter-in-law did not seem to want Margret's assistance. Margret felt maybe she had done something to offend her, but she continued to be agreeable and helpful.

Just as life was beginning to settle down, John announced to his parents that he had found them an apartment in a seniors building several blocks away. Margret and Sandor could not understand why they were being sent away. John, his wife, or older grandson called every day and visited once a week. On weekends, they were invited to their son's house for a visit. Other than for birthdays and holidays, these were the only times they spent as a family.

There were many social activities in the seniors building but Margret and Sandor did not become involved. People in the building were quite friendly and often came to invite them to join in the activities.

Margret was very uncomfortable with her limited English. She did not want to meet anyone in the building and got nervous when anyone knocked at the door. She often wouldn't answer. She never went out unless Sandor could go with her.

Sandor began to make friends at work and his English quickly improved. He tried to convince Margret that she needed to meet new people.

Margret became quite irritable and unfriendly. Her isolation increased. Whenever Sandor brought friends home, she served refreshments, then left. She began to withdraw from her husband and family.

Watt, S. (1994). Communication and Aging. School of Social Work McMaster university.