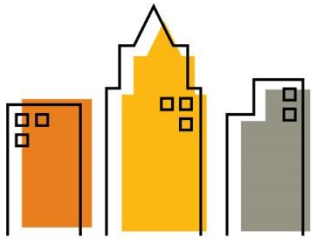
MULTICULTURAL AGING IN THE UNITED STATES

Caroline Rosenthal Gelman, Ph.D.



Silberman Aging
A Hartford Center of
Excellence in Diverse Aging

SILBERMAN SCHOOL *of* SOCIAL WORK
HUNTER COLLEGE | CUNY

Key Themes: Greater Need, Less Care

- As a group, minority older adults experience greater morbidity and mortality than White counterparts
- Despite these significant needs, structural barriers restrict access to resources and services
- Service professionals must advocate for practice and policy changes

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Demographics of Aging

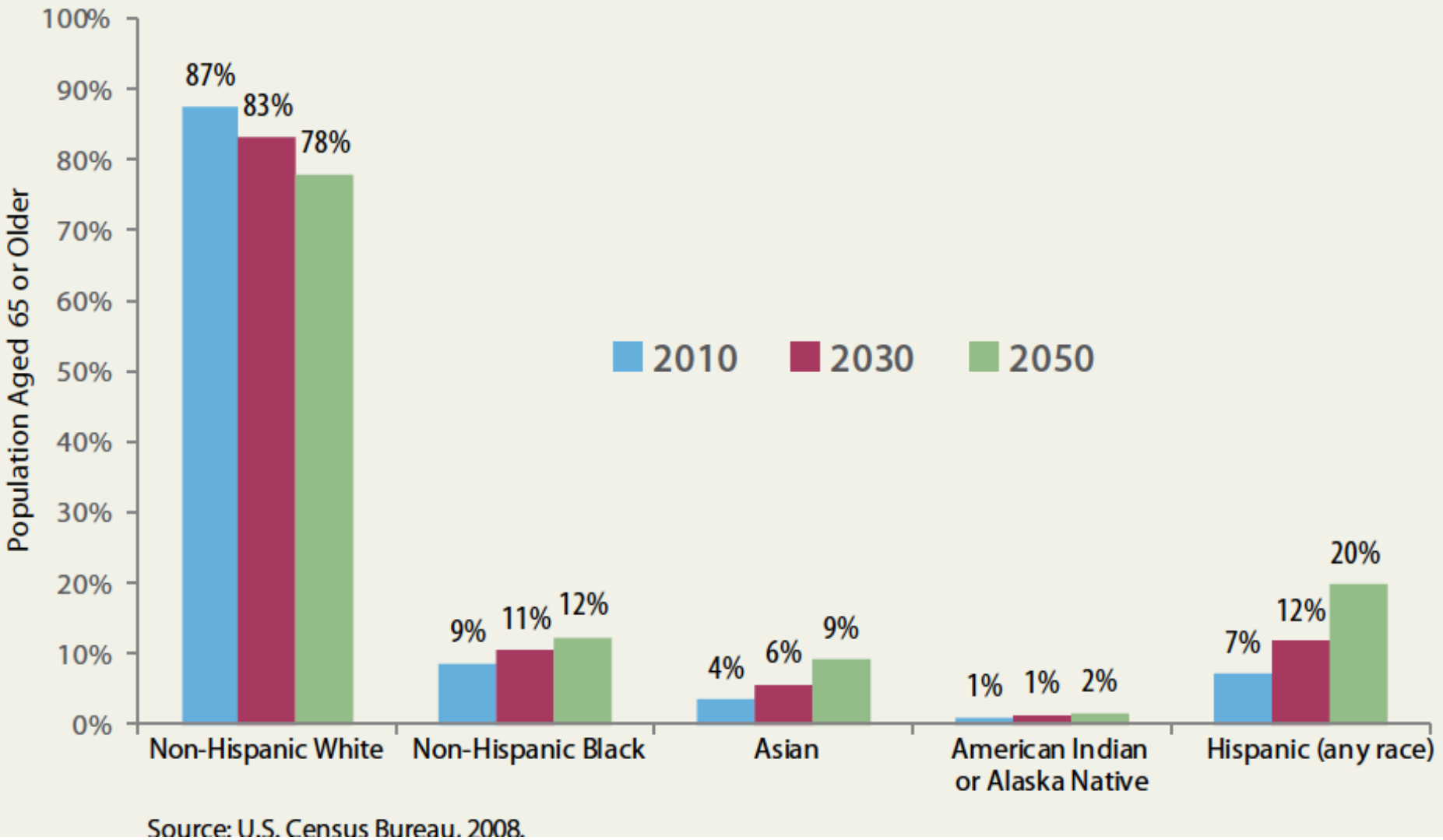
- Unprecedented growth in # and proportion of older adults
  - Increased longevity
  - Aging “Baby Boomers”
- Population 65+ will more than double by 2050 to 89 million (CDC, 2013a)
- Ethnic minorities: 20% of elders currently, 42% by 2050

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Multicultural Demographics of Aging

- % African Americans 65+: from 8% in 2010 to 11% by 2050.
- % Latinos 65+: from 7% in 2010 to nearly 20% by 2050.
- % Asian Americans 65+: from 3% in 2010 to 8.5% by 2050.
- % American Indian/Alaska Natives: 65+: from 1% in 2010 to 2% by 2050. (CDC, 2013a + source of graph on next slide)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging



Source: U.S. Census Bureau, 2008.

Minority Older Adults: Disparities in Health and Well-being

- As a group, minority older adults fare worse than White counterparts on almost every measure of health and well-being.
- Concept of multiple jeopardy: life-long oppression, racism, social inequality and subsequent ageism => cumulative disadvantage resulting in greater morbidity & mortality, reduced access to services, worse care (Stoller & Gibson, 1994)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Higher Rates of Poverty

Poverty rates among older adults:

- White 7%
- Asian American 13%
- African American 18%
- Hispanic 21%

(Administration on Aging, 2013)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Lower Levels of Education

Older adults who have completed high school:

- White 87%
- Asian American 76%
- African American 71%
- American Indian/Alaska Native 60%
- Hispanic 51%

(Administration on Aging, 2013)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Poorer Health

- Inequities in morbidity and mortality persist for racial and ethnic minorities in the U.S. (Gee & Ford, 2011; Sondik, Huang, Klein, & Satcher, 2010).
  - Life expectancy for African Americans and American Indians/Alaska Natives is 5 years shorter compared to Whites (Angel, 2009, Trabant, 2010)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Higher Rates of Disability

- Studies indicate higher rates of disability among diverse groups, with Africans Americans and American Indians having highest disability prevalence (Hummer, Benjamins, & Rogers, 2004; Markides & Wallace, 2007)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Higher Rates of Chronic Illness

- Elders of color experience higher prevalence and incidence of many chronic diseases; for example, prevalence of arthritis, hypertension, heart disease, cancer, and diabetes is twice as high among African Americans as among Whites (Bulatao & Anderson, 2004; Goins, Moss, Buchwald, & Guralnik, 2007; Villa et al., 2012)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Complex Mental Health Picture

- Major depression more frequent among minority groups. Associated with health burden, lack of insurance (Dunlop et al., 2003)
- But, more recent work finds similar lifetime prevalence rates of depressive, anxiety, and substance use disorders among Whites and Latinos, lower rates of depression among African Americans, and lower rates of all disorders among Asian Americans (Jiménez et al, 2010).
- Varying prevalence rates suggest different patterns of illness and risk (Jiménez et al, 2010).

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Less Access to Care

- Well-documented racial and ethnic disparities in access to health services (AHRQ, 2014, Mahmoudi & Jensen, 2013)
- Eliminating disparities has been goal of US health care policy (USDHHS, 2010)
- Health insurance,higher education, income, wealth all contribute to health care utilization among older adults (Dunlop, Manheim, Song, & Chang, 2002)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Less Access to Mental Health Care

- Older African Americans, Latinos and Asians have far less access to mental health services than older Whites
  (Sorkin,Nguyen, & Ngo-Metzger, 2011; Sorkin, Pham, & Ngo-Metzger, 2009)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Structural Barriers to Care

- Language differences (Derose & Baker, 2000)
- Geographic distance
- Unreliable transportation
- Undocumented status
- Lack of health insurance

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Other Barriers to Care

- Lack of knowledge regarding healthy aging and expectable changes in functioning (Rosenthal Gelman, 2010; Hinton, Franz, Yeo, & Levkoff, 2005; Mahoney, Cloutterbuck, Neary, & Zhan, 2005; Ortíz & Fitten, 2000)
- Cultural beliefs or low levels of education?

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Receive Poorer Care

- Asians receive worse care than Whites on 20% of measures*
- Blacks and AI/AN on 40% of measures
- Hispanics on 60% of measures
- Poor people receive worse care than high-income people on 80% of measures (AHRQ, 2014)
- E.g. of measures: Emergency department visits where patient left without being seen; people with specific source of ongoing care; adults 50+ who ever received colorectal cancer screening

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Bias in Diagnosis and Treatment

- Health care providers exhibit racial biases in medical diagnosis and treatment (AHRQ, 2014; Smedley et al., 2003; van Ryn & Burke, 2000)
  - For example refer people of color less often for more aggressive treatments (Schulman et al., 1999)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Impact on Caregivers

- Multidimensional vulnerability of minority older adults leads to increased complexity for their caregivers
- More discussion of this in Understanding Cultural Perspectives in Dementia Caregiving module

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Implications for Minority Older Adults

- Poverty/inadequate education associated with lack of health insurance and accumulated wealth during life course; in turn impacts access to services (LaVeist, 2003)
- Financial strain/poverty over life course are key determinants of health inequalities in later life (CDC, 2013b; Kahn & Pearlin, 2006)
- As a group, racial and ethnic minority older adults experience greater morbidity and mortality, and Structural barriers within service delivery system

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Policy Implications for Service Professionals

- Improve disease prevention/management
- Increase access to services by reducing structural barriers

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Practice Implications for Service Professionals

- Person-in-environment, person-centered care as critical component of cultural competence because of within-group variation; understand broad inequities and disparities experienced by minority groups while also accounting for specific context of an individual's life.

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Cultural Competence

- Process, not end-point
- Definition: ability to provide services that are perceived as legitimate for problems experienced by culturally diverse persons. These services include assessment and interventions that are provided using an acceptable style of service delivery (Dana, Behn, & Gonwa, 1992)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Multidimensional Definition of Culture
(Falicov, 1995, p. 375-376)

- Those sets of shared world views, meanings and adaptive behaviors derived from simultaneous membership and participation in a multiplicity of contexts, such as rural, urban or suburban setting; language, age, gender, cohort, family configuration; race, ethnicity, religion, nationality, socioeconomic status, employment, education, occupation, sexual orientation, political ideology, migration and stage of acculturation. The groups produced by different combinations of "simultaneous memberships" and "participation in multiple contexts" are much more varied, fluid, unpredictable and shifting than the groups defined by using an ethnic-focused approach.

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Some Principles for Culturally Competent Practice (Rosenthal Gelman, 2004)

- Centrality of Relationship
  - Therapeutic alliance
  - Cultural value e.g. *personalismo*
  - Importance of self-awareness, self-evaluation, self-critique, “cultural humility” (Tervalon & Murray-Garcia, 1998; Hook et al., 2013)

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Some Principles for Culturally Competent Practice (continued)

- Acknowledgement of Clients' Individuality
  - Starting where the client is
  - Heterogeneity within all ethnic/racial groups
  - "There is no race so homogeneous in attainment and heredity and education that you can speak of them in a lump, and predicate any far revealing truth concerning them" (W.E.B.DuBois, 1908).

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Some Principles for Culturally Competent Practice (continued)

- Flexibility and Adjustment of Treatment to Meet Clients' Needs
  - Tailor intervention to individual
- Addressing Clients' Realities
  - Understand interrelationships between people and multiple systems- familial, educational, political, social, economic, medical-
  - Work toward change in any/all systems as necessary

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Key Points on Cultural Competence

- Each person raised in number of cultural subgroups and draws selectively from the groups' relative influences.
- There is value in having information about discrete contextual variables but there is no way to learn all the special characteristics of separate and distinct groups. This can lead to stereotyping and rigidity.
- Have an attitude of interest and respectful curiosity.
- Critically examine theories and developmental norms for biases.
- Be aware of your own cultural map or niche and how it might impact treatment.
- Start where the client is.
- Relationship is fundamental in facilitating change.

Silberman Aging
A Hartford Center of Excellence in Diverse Aging

Thank you!

Please contact us with questions at
aging@hunter.cuny.edu