



# ***Rallying Points***

Improving Community End-of-Life Care Through Coalitions

**DiversityNotes**  
**September 2002**

***African American Aging and Health Care***  
***Relevant to Care and Caring Near and at the End of Life***

### **Culture/Ethnicity**

African Americans comprise a very diverse population. Variations are based on regional, urban and rural differences, age, education and socioeconomic status. Depending on the region of the United States, immigrants from the Caribbean Islands and countries in Africa may be included in the African American diaspora. However, their experiences, language, and culture add to the diversity of African Americans in the United States.

### **Aging in America**

By the year 2030, there may be as many as 7.3 million African American elders in the United States. African American elder adults continue to live in the community, with and because of the support and assistance of their family members. African American families cling to values of responsibility to family, the extended family network, and home care for relatives for as long as feasible.<sup>1</sup> As a result, African Americans traditionally have a low use of formal caregiver services.

### **Caregivers and African American families**

In a 1994 study of mother-daughter dyads, the finding was that African American daughters have a strong sense of filial responsibility which made them less receptive to the use of formal services.<sup>2</sup> In another 1994 study, the findings were similar – a strong sense of filial obligation and intergenerational ties among caregivers caring for elders with dementia.<sup>3</sup> Thus, family assistance continues as the primary support.

---

<sup>1</sup> African American Voices: African American Health Educators Speak Out, Ruth Johnson, Editor, 1999, Aging, Caregiving Effects, and Black Caregivers, Sandra Sayles-Cross, 165-177.

<sup>2</sup> Price, M. (1994), African American daughters attitudes about caregiving to frail elderly parents. *The ABNF Journal*, 112-116.

<sup>3</sup> Kelly J. D. (1994). African American caregivers: Perceptions of the caregiving situation and factors influencing the delay of institutionalization of elders with dementia. *The ABNF Journal*, 106-109.

In a 1993 study of family caregivers, caregivers were predominantly female and care recipients were also primarily female. The majority of elders lived with and were primarily cared for by family members. The cultural values of these families supported family care as opposed to institutional placement. A significant portion of the caregivers were caring for aunts/uncles supportive of strong family values which extend to relatives outside of the immediate family.<sup>4</sup>

### **Health Care Disparities**

Significant disparities in the health care system have resulted in unequal access to health care including hospice and palliative care:

According to an AARP report (May 2002) on health and insurance coverage, Hispanics and African Americans aged 50-64 were more likely than their white cohorts to not have seen a health care professional in the past year. While one in 10 whites aged 50 to 64 are uninsured, the rate for Hispanics is one in three and for African Americans one in five.

Forty-three (43) percent of seniors (70 and older) who lack prescription drug coverage and who are either minorities, have an annual incomes of less than \$10,000 or have high out-of-pocket prescription drug costs greater than \$100 a month, restrict their use of prescribed medications because of cost.<sup>5</sup>

Numerous studies have found that African Americans are more likely to be under-treated for pain than whites in emergency rooms, during hospital stays, in outpatient clinics and nursing homes.

In addition, in a recent national survey of over 6,700 individuals who reported having a regular physician found that African Americans, Asian Americans and Hispanics are more likely than whites to experience difficulty communicating with their physician.<sup>6</sup>

The National Hospice and Palliative Care Organization estimates that of the more than 600,000 Americans who died while receiving hospice care in 2000, 8 percent were African American.

---

<sup>4</sup> Sayles-Cross, S. (1990). Perspectives of familial caregivers of elder adults. Image, 88-92.

<sup>5</sup> Journal of General Internal Medicine, December 2001.

<sup>6</sup> Testimony of Lisa Cooper, MD, MPH, Associate professor of Medicine and Health Policy and Management, Johns Hopkins University School of Medicine and Bloomberg School of Public Health – Hearing on Racial Disparities in Health Care before the House Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources – May 2002.

African Americans are less likely to have advance directives in place, although they support the concept of planning for end-of-life care by using planning tools (American Health Decisions, 1997).

African Americans are more likely than Caucasians to mistrust the health care system and its providers. (Reese et al., 1999; Mebane, 1999).

Both African American patients and African American physicians value the length of life at the end of life as a measure of successful medical treatment and are more likely to employ life-sustaining treatments and other aggressive measures (Mebane, 1999; McKinley, 1996).

For more information contact:  
National Resource Center on Diversity @ 1-866-670-6723

**Rallying Points** is an initiative of The Robert Wood Johnson Foundation's *Last Acts* campaign to improve care and caring near the end of life.



***Rallying Points***  
Improving Community End-of-Life Care Through Coalitions

***National Resource Center On Diversity  
In End-of-Life Care***

***DiversityNotes***

**“The process of dying more than other moment in the course of medical care, can accentuate cultural differences between patients, families, and providers.”**