



The Illinois Department on Aging
Welcomes You to a Community and
Home Care Based Services
Quality & Risk Mitigation Webinar:

Older Black Americans and Mental Health

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Learning Objectives

1

Recognize the importance of understanding the historical context of the lives of older Black Americans

2

Recognize the importance of eliciting the older Black American's perspective of his/her mental and physical health problems.

3

Elicit socio-cultural and spiritual beliefs that could influence older Black American's health care choices and access to care.

4

Enhance knowledge of assessment, diagnosis, and treatment of major mental health disorders when working with older Black Americans.

Older Black Americans

- Older Black Americans are a diverse group (Taylor & Chatters, 2020)
 - Caribbean Blacks (Anderson & Lopez, 2018)
 - Jamaica & Haiti: Major metropolitan areas in the Northeast and Southeast
 - Blacks of African Descent

Older Black Americans

- The current cohort of older Black Americans was told stories during childhood about slavery, the Civil War, and the Reconstruction period.
 - Those time periods in American history are highlighted by racial violence and social upheaval.

Older Black Americans

- The childhood and young adulthood of the current cohort occurred during the “Great Migration.”
 - The Great Migration was the period following Reconstruction in which a large number of Black Americans left the South due to financial and racial hardship (Burton & Dilworth-Anderson, 1991).

Older Black Americans

- Older Black Americans fought in or supported the war efforts for WWII.
 - During WWII Black Americans fought for peace abroad and returned home to face inequality and segregation in education, housing, employment, and health.

Older Black Americans

- Today's Black American elders were middle aged (or approaching it) in the late 1960s.
 - The 1960's, the era of the Civil Rights Movement, has been considered “the most profound, revolutionary period in Black American history since Emancipation.”
(Bennett, 1993)

Older Black Americans

- The 1960's is also a significant time period for the documented health disparities between Black Americans & Caucasians despite economic advances and increased access to educational opportunities.
(Jackson, Chatters and Taylor, 1993)

Older Black Americans

- During these significant periods in Black American history, organizations such as the National Association for the Advancement of Colored People (NAACP) were formed and churches played a major role in social and political activities.

(Coke & Twaite, 1995)



Current Events

Black Lives
Matter
Movement /
Protests

Economic
Insecurity

Political Divide

Gun
Incidences

Abortion
Rights

Capital Riots
(Insurrection)

Who is an
ally?
What to say?

COVID-19

- * Face Masks
- * Vaccine Hesitancy
- * Health Disparities

Black Americans

- Constitute 36% of low income older adults (8%)
- More likely to receive only minimum Social Security benefits
- Less likely to receive pension income
- More reliant on SSI
- Chronic Disease is twice as high
- More likely to perceive themselves as poor in health

Black Americans

- More Hypertension
- More strokes
- Obesity in women
- Kidney failure, diabetes
- More completely incapacitated
- Less access to health care
- More likely to use emergency room as an entrance to hospitalization

Black Americans

- More likely to use home remedies, lay consultations and folk medicine
- Higher death rates for lungs, prostate than any other ethnic group
- Least likely to enter nursing home, but once admitted are less likely to be discharged
- More affected by social stressors than financial strain

Role Of Church

- Have a greater sense of satisfaction in their lives due to higher levels of spirituality and support of families and church groups
- Role of Church
 - Place to engage in religious practices
 - Agent for social reform (Cooke & Twaite, 1995)
 - Partly as a result of the social and political injustices, group solidarity, and racial identification, religion and spirituality have been consistent themes in the life course development of older Black Americans.

Role of Church

- Being “Raised in the church”
 - Opportunity to address health disparities.
 - Many problems begin as children and young adults.
 - Combine spirituality with healthy living.
 - More preventative messages than Alcohol and Abstinence--glutney, smoking, physical activity.

Life Course Perspective: Black Elders

- Cohort Issues for Black American seniors
 - Civil Rights cohort 55-70 years of age
 - Religion was woven in this movement
 - What about the next cohort?
 - Positive correlation between age and religious participation (older adults go more often than younger)

Older Black Americans

- Reaching old age is viewed as an accomplishment considering the unique history of Black Americans, given their disproportionate risk for physical, social and psychological harm (APA, 2020; Chatters, Taylor & Taylor, 2021; Jackson, Chatters, & Taylor, 1993)

Profile – Education & Health

- Joe, an 85 year old Black American, was diagnosed with hypertension 15 years ago.
- Joe exhibits dramatic fluctuations with his blood pressure due to noncompliance with prescribed treatment regimens.
- Joe's physician is unaware of the effects of using the word "hypertension" versus "high blood pressure" among Black American elders.
- Using the term "high blood pressure" will more likely lead to better adherence.

Economic Issues

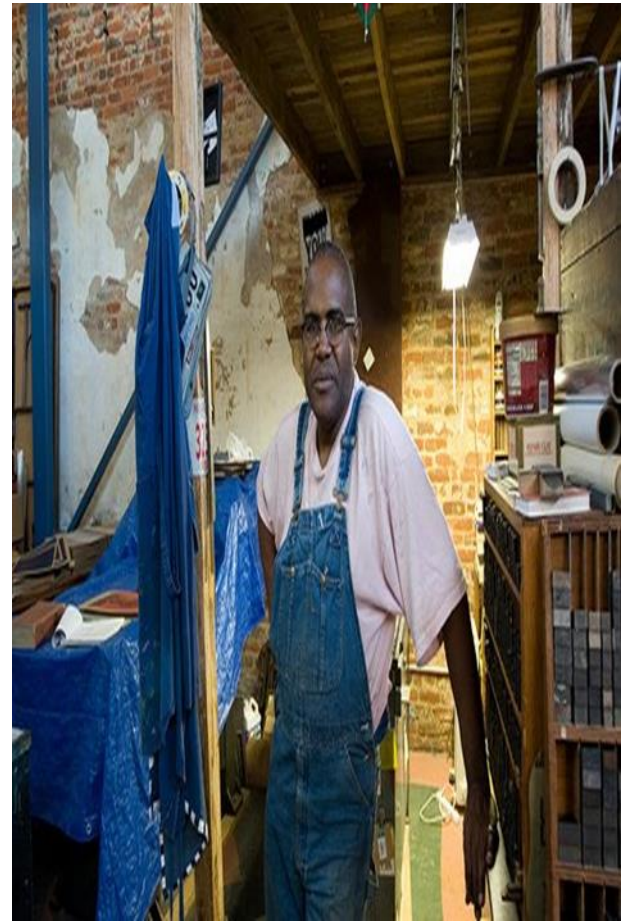
- In 2019, not having enough food was reported three times more frequently by Black persons and two times more frequently by Hispanic persons than by White persons (Coleman-Jensen, Rabbitt, Gregory & Singh, 2019)
- While older adults overall typically have extremely modest retirement savings & investments, minority households have even fewer financial resources to rely upon
- Example: Older Black American households, have an estimated median net worth of just \$13,000, compared with a median \$181,000 for older white households. As a result, for most older minority women, Social Security has become the most important, and too-often sole, source of retirement income. In fact, without Social Security benefits, 62% of black women and 57% of Hispanic women would be destitute (Hounsell & Humphlett, 2003)

Economic Issues-Practice

- Given the relation between poverty & health clinicians should:
 - Develop strategies to provide low income older adults with needed financial information such as how to find assistance with medications
 - Often older adults don't know what resources are available to help meet their needs.
 - Understand the similarities & differences between urban & rural poverty.
 - Transportation, health care, resources

Rural Older Blacks

- 25% of the 65 year old and over population live in rural areas
- Rural elders are becoming isolated
- The proportion of older adults in rural communities is larger than the proportion in urban areas primarily as a result of younger populations moving to larger urban areas
- Along with the out-migration of younger people is an in-migration of retired elderly



Rural Older Blacks

- Rural elders are one of the greatest at-risk groups for experiencing physical & mental health problems
- In many rural communities there are no psychosocial services available to meet the needs of the rural elderly

Rural Older Blacks

- Traditional rural values stress:
 - Self-reliance
 - Conservatism
 - Family network
 - Work orientation
 - Religion/ Fatalism
- Mistrust of health care professionals:
 - Distrust of outsiders
 - Fear associated with Tuskegee Syphilis Experiment
 - "I don't know if that works for me."

Building Collaborative Ties



Bereavement

- Overall, there is a deficit in the literature examining bereavement among Black American populations in a noncomparative manner to other groups (Granket & Peleg-Sagy, 2015)
- Over 70% of older adults experience loss within a 2.5-year period (Williams et al., 2007)
 - This rate is likely higher among Black older adults
 - Black Americans have a higher risk of experiencing the untimely loss of a loved one (Rosenblatt & Wallace, 2005)
- Stoicism also might play a key role in Black grief
 - Bereaved Black Americans might be less likely to report their symptoms of distress throughout their bereavement (Hunter & Schmidt, 2010)

Bereavement

- Black Americans may grieve differently than other groups (Holloway, 2003; Rosenblatt & Wallace, 2005a; Rosenblatt & Wallace, 2005b)
 - One example of this difference includes the effects racism might have in how bereaved Black Americans conceptualize their loss and how racism in the bereaved's lives might impact their grieving (Rosenblatt et al., 2005b)
 - Histories of poverty, racism, discrimination, and oppression represent additional stressors that could impact Black grief compared to other groups (Holloway, 2003; Rosenblatt et al., 2005b)
 - These factors are particularly relevant for older Black American adults

Bereavement

- Despite the relative dearth in literature, there are some identified ways Black American bereaved populations have been found to cope with their loss:
 - Religion/spirituality (Harrison, Kahn, & Hsu, 2005)
 - Compensatory strategies & meaning making
 - Greater acceptance (Kalish et al., 1981)
 - Social support (Billingsley, 1992; Boulware & Bui, 2016; Somhlaba & Wait, 2009)
 - Resilience (Harrison et al., 2005)

Cognitive Impairment

- Cognitive status is generally associated with activities of daily living like using a telephone, taking public transportation, and managing finances (Avlund & Fromholt, 1998; Barberger-Gateau et al., 1999)
- Capacity, as an extension of this, is the combination of cognitive status and behavior in effectively accomplishing activities of daily living and making important autonomous decisions (Moye, Marson, & Edelstein, 2014)
- In assessments of cognitive status, education is often a major determining factor in assessment performance (Schaie, 1996)

Disparities in Cognitive Impairment Diagnosis

- Systemic and institutional racism among Black older adults (particularly those in the Deep South) place Black older adults at a disadvantage on cognitive measures (Loewenstein et al., 1994; Whitfield & Wiggins, 2003; Manly et al., 2002)
- Biased examiners and systemically biased education could also have grave impacts
- Around 27% of Black people live below poverty levels in the U.S. (U.S. Census Bureau, 2016) and might be living in areas limited to health care (Green et al., 2005; Morrison et al., 2000)

Health Disparities in Cognitive Impairment

- Susceptibility to cognitive impairment between racial/ethnic groups has been attributed to lifestyle factors, health, and SES (Barber et al., 2016; LaVeist, 2005; Sachs-Ericsson & Blazer, 2005)
- Conflicting evidence on whether health conditions more prevalent among Black American older adults (seizures, TBIs, thyroid disease, diabetes, HBP, high cholesterol, congestive heart failure) contribute to risk for cognitive impairment (Barber et al., 2016)

Testing Disparities

- There is a fundamental lack of cultural sensitivity within psychological assessment tools
 - Norming and standardization populations (Olmedo, 1981; Reynolds, 1982)
 - Dictations of “normality” (Sue et al., 1992)
- When comparing older adults administered the same cognitive tests, Black American older adults perform worse (Hilgeman et al., 2019; Manly et al., 1998; Manly et al., 2002; Patton et al., 2003; Unverzagt et al., 1996)
- Using dementia test batteries, Black American older adults are judged as cognitively impaired more often than NHWs (Carlson et al., 1998; Inouye et al., 1993; Manly et al., 1998; Marcopulos et al., 1997; Ripich et al., 1997; Unverzagt et al., 1996)
- Are older Black adults just more cognitively impaired? Evidence suggests not.

Systemic Disparities in Cognitive Impairment

- Education plays a key role in explaining between groups cognitive status disparities (Schaie, 1996)
- Black people have been found to receive less education than NHWs irrelevant to cohort differences (Harper & Alexander, 1990; Adams-Price, 1993)
- Black American older adults who attended school during Jim Crow encountered less educational expenditures, shorter academic years, and more students per teacher in classroom settings (Loewenstein et al., 1994; Whitfield & Wiggins, 2003; Manly et al., 2002)
 - This coincides with lower reading attainment, which has been found to have the greatest effect on neuropsychological test performance (Manly et al., 1999)

Rates of Depression in Black Older Adults

- There is a wide range in rates of reported depression symptoms among Black older adults:
 - Some reports as high as 12.8% of clinical depressive symptoms
 - Other reports between 5.4-10.4% (Murrell et al., 1983, Blazer et al., 1998, Williams et al., 2007a, Woodward et al., 2012)
 - Some estimates between 6-33% (Baker et al., 1995, Baker, 1995, Aranda et al., 2011)
 - Ambulatory care rates between 27.2-30% (Rosenthal et al., 1987, Agarwal et al., 2010)

Different Manifestations of Depression

- However, some of these disparities in the rates of depression among older Black adults might be attributable to culturally biased testing measures
- Depression among Black Americans may not coincide with the “typical” presentation
- Non-traditional manifestations include:
 - Hypertension (Pickering, 2000)
 - General somatization (Carrington, 2006)
 - Increased physical distress (Brown et al., 1996)
 - Increased sleep disturbance (Bazargan, 1996)

Depression

- In line with Black American communalism, low levels of perceived social support have been linked to higher risk for depression (Miller et al., 2004)
 - Black Americans who felt objectively isolated (i.e., no tangible connections) were twice as likely to meet criteria for MDD (Nguyen et al., 2020)
- Facing discrimination has also been associated with higher levels of depression, particularly among Black American women (Gibbons et al., 2014)
- The stoicism that is prevalent among Black older adults might also lead to an underreporting of symptoms of depression (Hunter & Schmidt, 2010)

Anxiety

- Among African Americans with 12-month MDD, 44.9% had a lifetime anxiety disorder, 29.6% had lifetime dysthymia, 27.4% had a lifetime substance disorder, and 25.5% reported lifetime suicidal ideation
- Older African Americans and African Americans across the adult have lower prevalence rates of psychiatric disorders than non- Latino white
- Older African Americans have lower rates of psychiatric disorders than younger African Americans

(Taylor & Chatters, 2020)



Covid-19

COVID: The Impact on Black Older Adults

- COVID-19 disproportionately affected two groups: older adults and POC (CDC, 2020a)
- Black older adults (65+) had disturbingly high mortality rates from COVID-19 during the height of the pandemic (CDC, 2020a)
 - In March 2021, Black people were found to have died from COVID-19 1.4 times more than NHWs (The Atlantic, 2021)
- Compounding this was systemic racism
 - CDC cited poor living conditions, occupational hazards, and negative health circumstances as key factors influencing COVID-related mortality (CDC, 2020a)

COVID & Systemic Racism

- Discrimination affects physical and mental health outcomes (Meyer, 2003)
- Discrimination is further linked to a mistrust of the medical field (Corbie-Smith et al., 1999; Goodin et al., 2013; Williams et al., 2003)
- Black older adults are influenced by: 1) systemic factors making them more susceptible to COVID-19, and 2) lived experiences that make them more likely to fall ill and less likely to receive treatment (McDuffie, 2021)
- Tuskegee Syphilis Study + vaccine hesitancy

COVID & Black Older Adult Mental Health

- Black older adults are likely to rely predominantly on two things during times of distress: religion and social support (Billingsley, 1992; Hill, 1972; Stack, 1974; Sudarkasa, 1997; Taylor, 1993)
 - Due to COVID-19, there was a greatly impaired ability to commune
 - Social separation could exacerbate or encourage the development of mental illness
 - Black religious institutions also have their basis in community (Taylor et al., 2013, 2016)
- Loneliness in older adults exacerbates a multitude of illnesses (Kastenbaum, 1986)
- Social isolation is a risk factor for physical illness, mental illness, and death (Lubben et al., 2015)

Main Points

- Older Blacks are not a monolithic group
- Assessment of depression, anxiety, and cognitive impairment are complex based on different symptom presentation
 - Somatic complaints
 - Food as a coping mechanism
- Assessing family functioning is an important part of mental health diagnosis & treatment
- Providing information about formal mental health services in “non-traditional” settings can increase the number of older Blacks that utilize services



Main Points

- Understanding AND Acknowledging the impact of past and current racism on mental health can positively impact diagnosis & treatment
- Be mindful of triggers. Encourage limiting exposure to social media. There is often a news loop repeated discussing stressful events and incidents related to discrimination, income disparities etc.



RESOURCES



Resources

- Clinical Gerontologist, Special Issue on Older African Americans
- Black Aging Matters: How to Better Address Racism-Related Stress in African American Older Adults (Webinar, APA Office on Aging, 2018): youtu.be/DqvF_700ISY
- Black and African American Elders (Diverse Elders Coalition, 2018): www.diverseelders.org/who-we-are/diverse-elders/black-elders/
- Facing the Divide: Psychology's Conversation on Race and Health (APA Office of Ethnic Minority Affairs, 2018): on.apa.org/facing-the-divide
- Health and Healthcare of African American Older Adults (V.J. Periyakoil & Rita Hargrave, 2010): geriatrics.stanford.edu/wp-content/uploads/2014/10/african_american.pdf
- Mechanisms of Racial/Ethnic Disparities in Cognitive Aging and Alzheimer's Disease (Jennifer Manly, 2016): wai.wisc.edu/pdf/ADUpdate2016/Manly%20presentation-6SLIDESPERPAGE.pdf
- Multicultural Aging Efforts at APA: on.apa.org/multicultural-efforts
- Psychological and Physical Effects of Race Related Stress (Association of Black Psychologists, 2018): youtu.be/NPYpYC6xCLg



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