

WELCOME TO THE CGNE & CNR COLLABORATIVE SEMINAR SERIES

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Center of Geriatric
Nursing Excellence

ANNOUNCEMENTS:

This seminar is being recorded.

Questions and comments entered into **Zoom Q & A** will be addressed during the Q & A/audience participation portion of the seminar.

The **post-event evaluation survey** will display in your browser following the seminar **& will be emailed to you in 1 day**. Please complete within 1 week in order to earn continuation education unit(s) (CEUs). While the post-event survey is required to earn CEUs, **we encourage all attendees to complete the survey** to help collect much needed data as part of the Age-Friendly Care, PA initiative.

Continuing nursing education certificates will be emailed to participants meeting all requirements within one month following the seminar.



Center for
Nursing Research

DIRECT QUESTIONS AND COMMENTS TO:
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Trends in Racism and Health Inequities among Aging Populations of Color

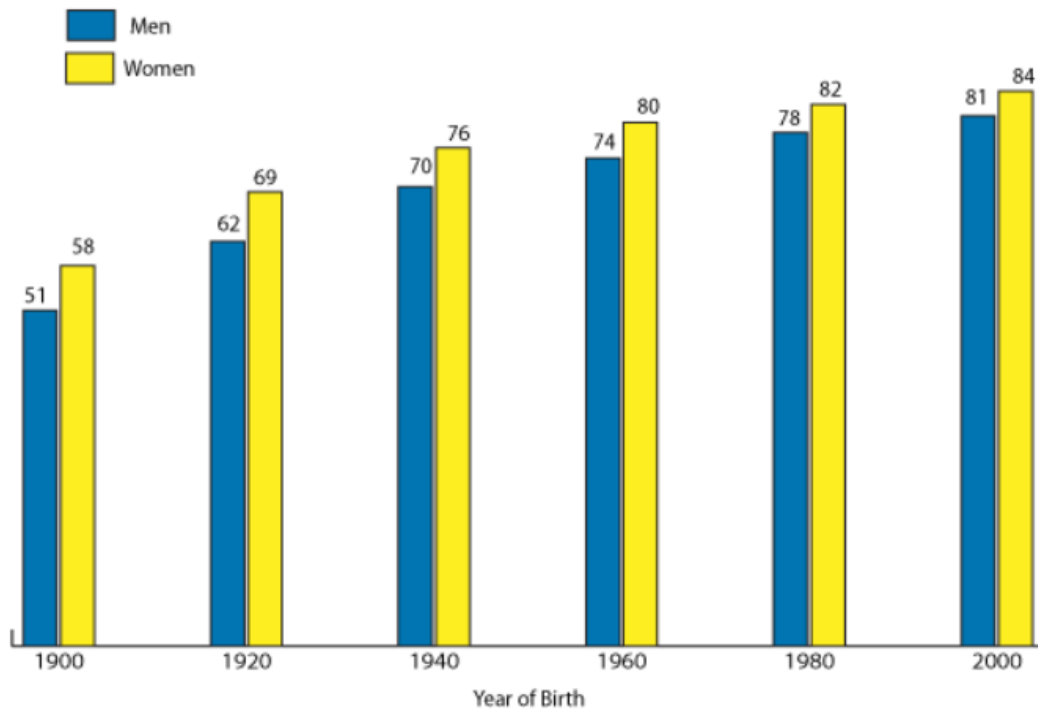
Sheldon D. Fields, PhD, RN, CRNP, FNP-BC, AACRN, FAANP, FNAP, FAAN

Associate Dean for Equity & Inclusion, Research Professor

January 21, 2021

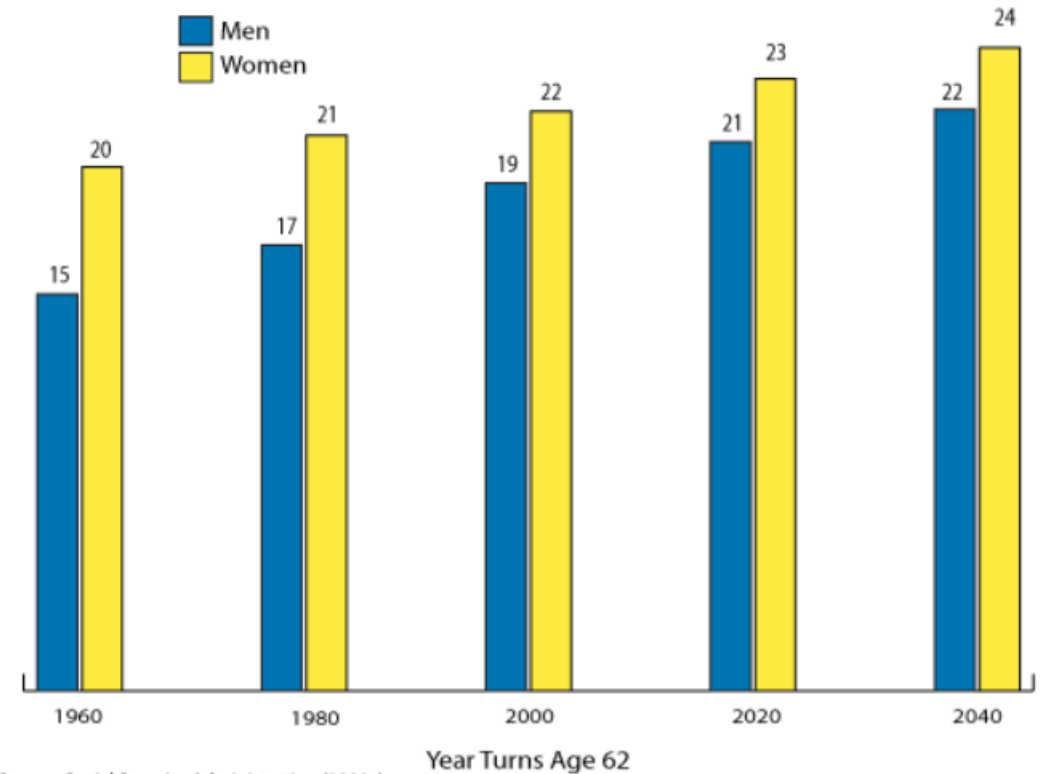
Aging in America

Years of Life Expectancy at Birth by Sex, 1900-2000



Source: Social Security Administration (2008c).

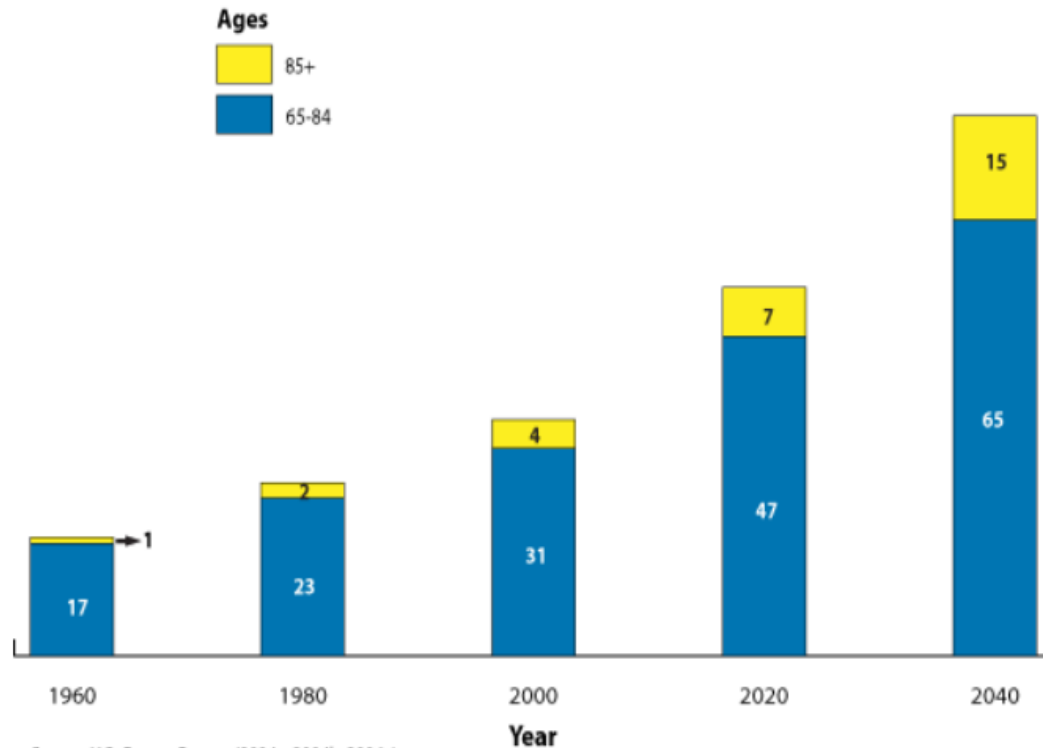
Remaining Years of Life Expectancy at Age 62, 1960-2040



Source: Social Security Administration (2008c).

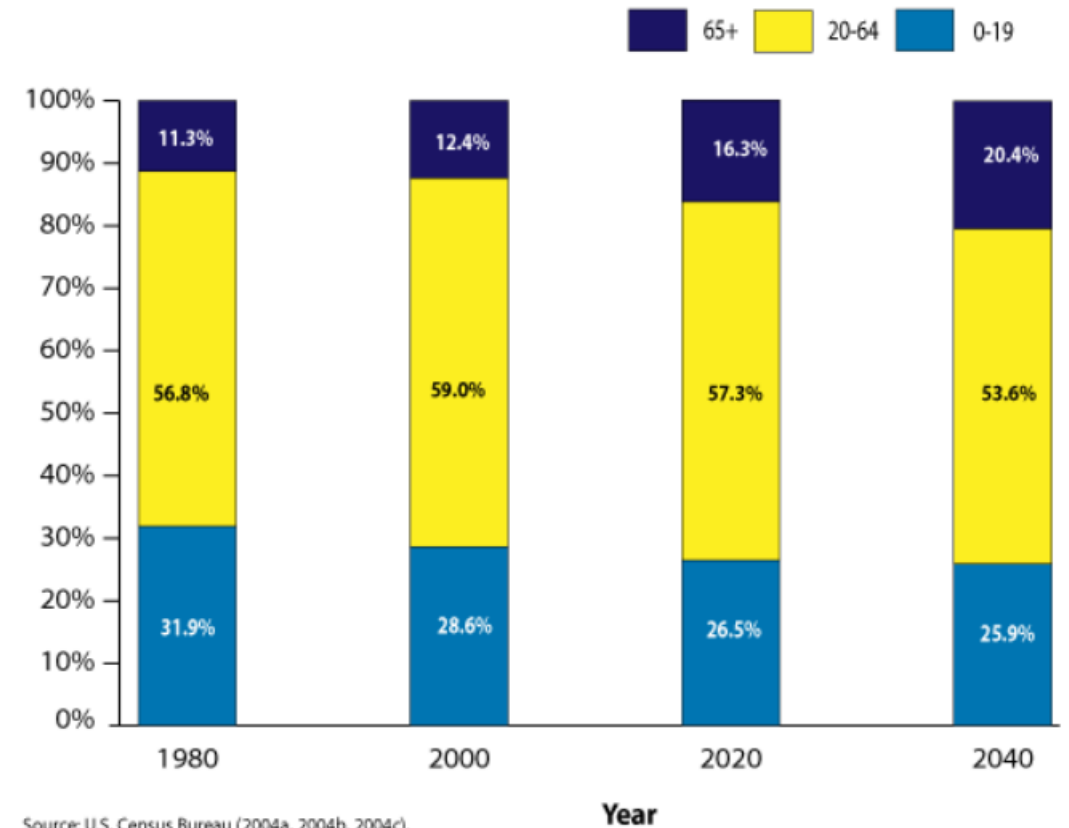
Aging in America

Number of Older Americans, 1960-2040 (in millions)



Source: U.S. Census Bureau (2004a, 2004b, 2004c).

Age Distribution of the Population, 1980-2040

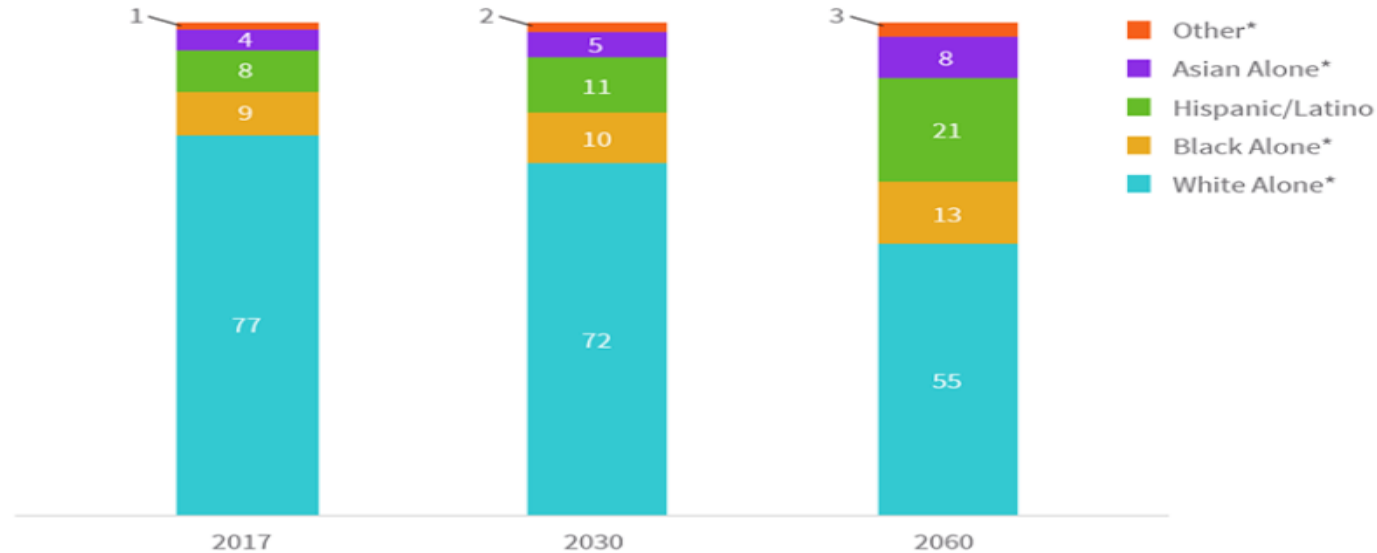


Source: U.S. Census Bureau (2004a, 2004b, 2004c).

Trends in the Ethnic Minority Elder Population

FIGURE 2
Racial and Ethnic Minorities Will Make Up an Increasing Share of the U.S. Older Population

Percent Distribution of the U.S. Population Ages 65 and Older by Race and Ethnicity, 2017, 2030, and 2060



Note: An asterisk denotes non-Hispanic.

Source: U.S. Census Bureau, 2017 Population Projections.

Finding Common Meaning

- **Race**

- Any one of the groups that humans are often divided into based on physical traits regarded as common among people of shared ancestry
- It is a social and political concept, not a scientific one

- **Racism**

- A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race

- **Prejudice**

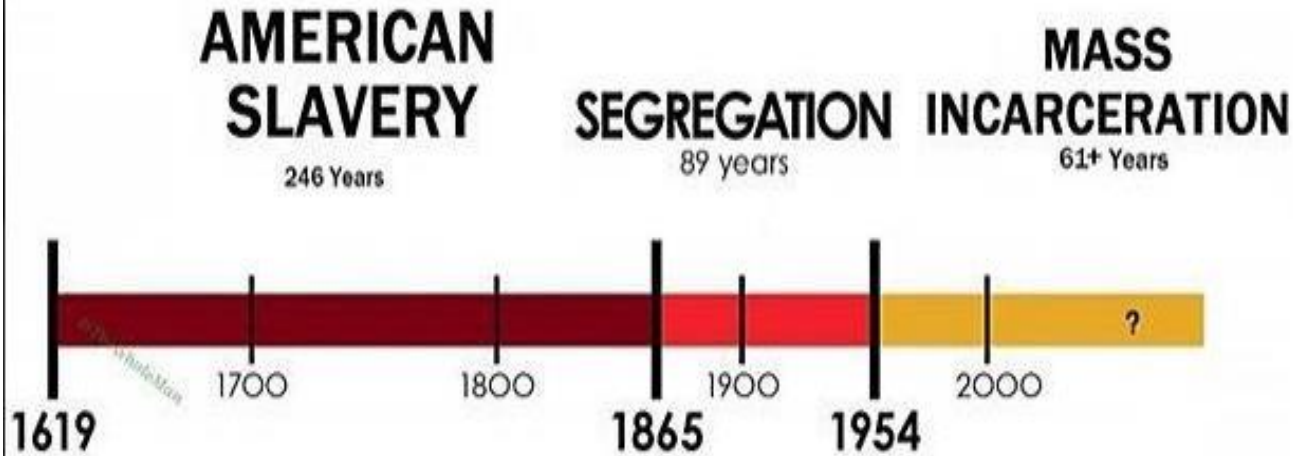
- An irrational attitude of hostility directed against an individual, a group, a race, or their supposed characteristics

- **White Supremacy**

- The belief that the white race is inherently superior to other races and that white people should have control over people of other races

Trends in Racism and Racial Reckoning

BLACK LIVES MATTER



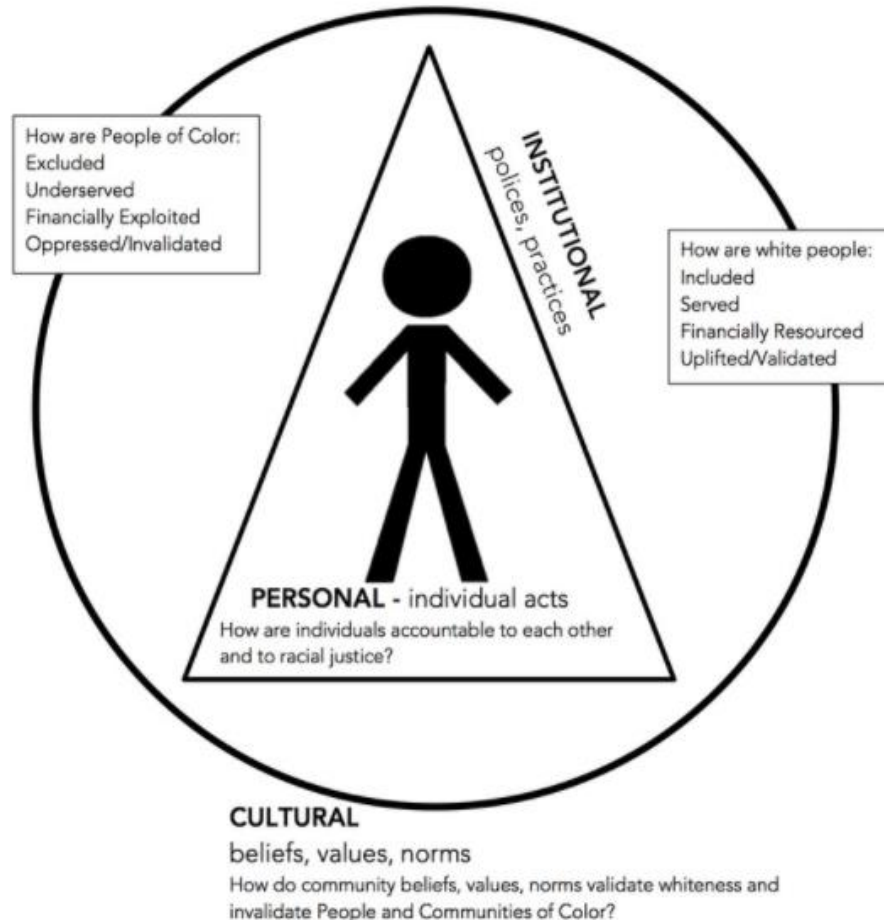
This is America / This is Us



Forms of Racism

- ***Structural***: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity
 - It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time
 - It is a feature of the social, economic and political systems in which we all exist
- ***Institutional***: Refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage
 - Criminal Justice, School systems, Employment

Racism Expressed



- **Cultural:** Dominant Culture Imposed
 - White beauty standards
 - White collar crime normalized
 - Black/Brown welfare queens
- **Institutional:** Set up to advantage white people
 - Education – Biased testing standards
 - Housing- Red lining, discrimination
 - Jobs- Low wages, lack of representation
- **Personal:** How I show I am better than you
 - Use of the “N” word and other slurs
 - Acts of implicit bias
 - Microaggressions

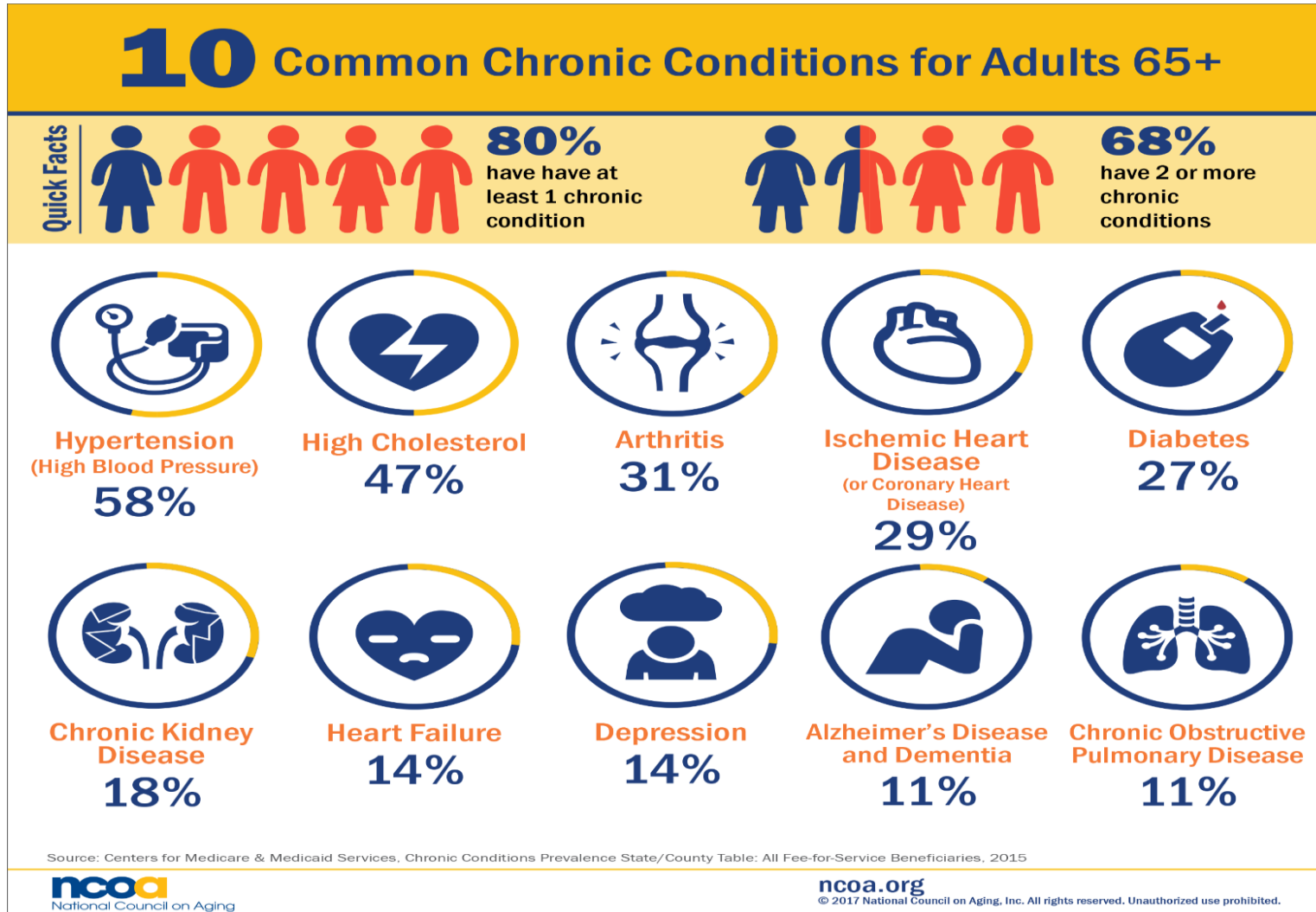
Health Care Disparities

The World Health Organization (WHO) defines health disparities as:

Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play

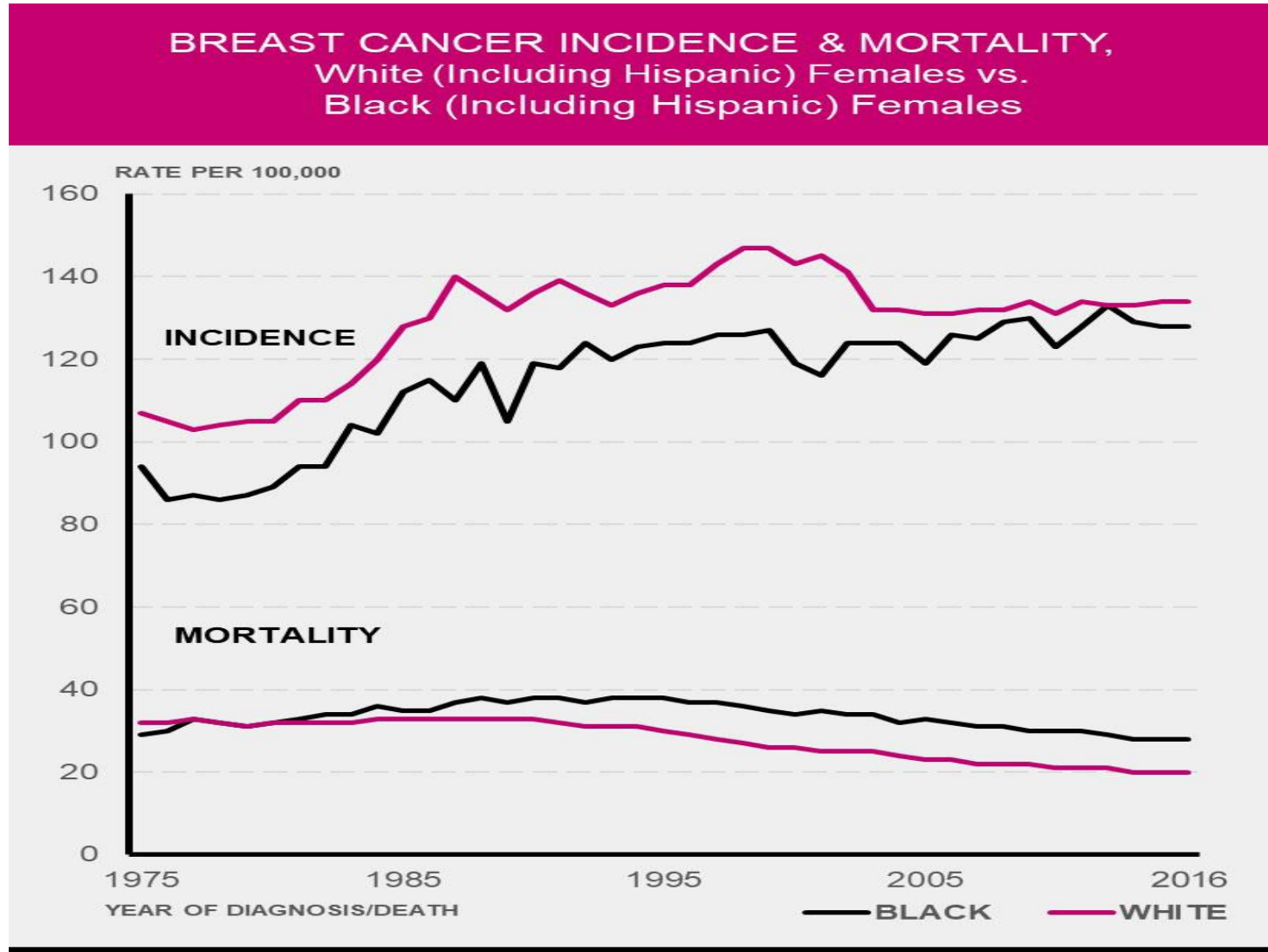
When White folks catch a cold, Black folks get pneumonia

Trends in Health over age 65



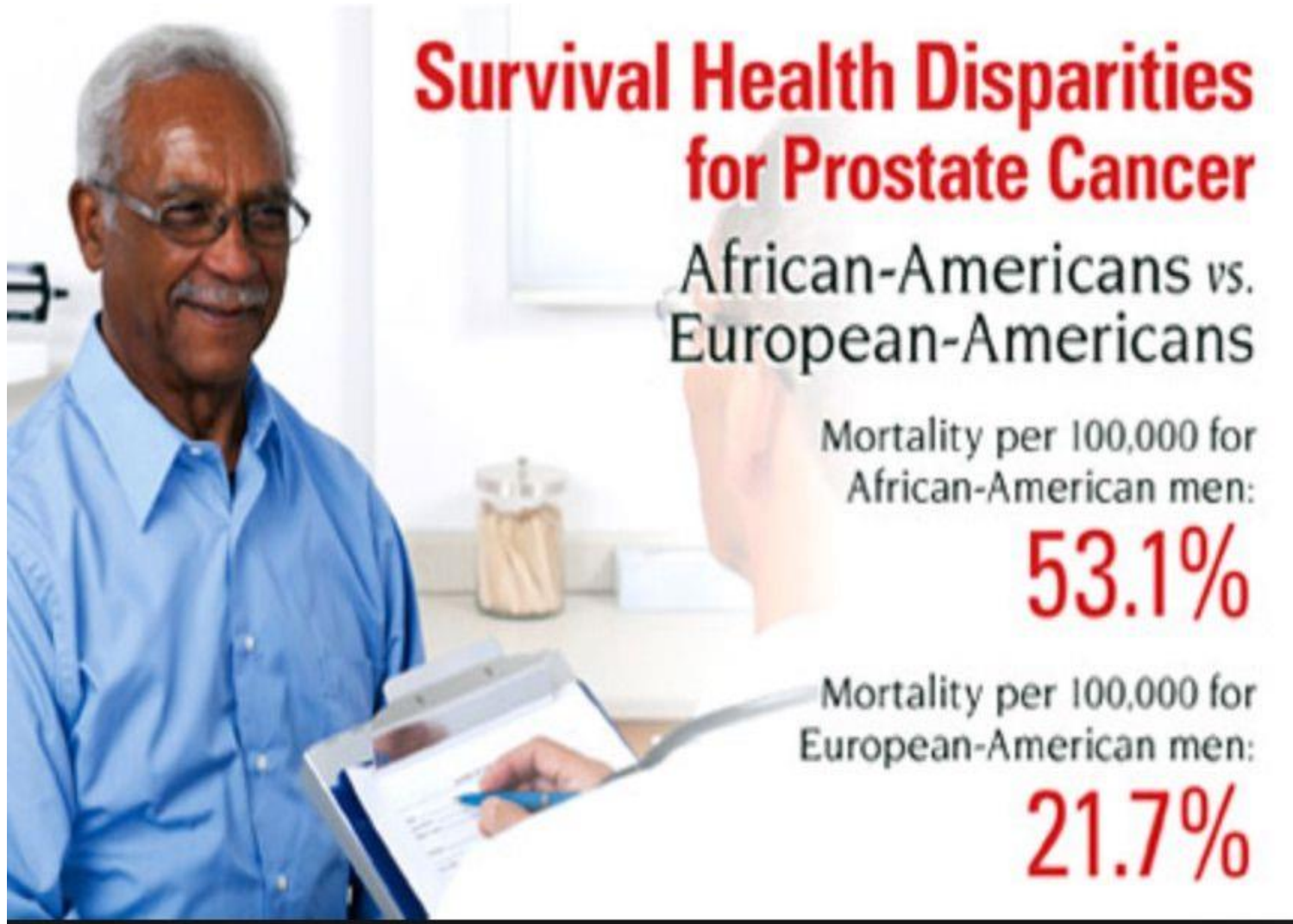
- The Incidence and prevalence of chronic health conditions increases with age
- However, the incidence of these chronic health conditions in aging populations of color often time point to glaring disparities
- What are some trends we can point to and how does racism factor in
- What can be done to address and reverse these trends

Breast Cancer Incidence and Mortality



- The most common cancers in the elderly are: **Breast Cancer, Prostate Cancer, Lung Cancer, and Bowel Cancer**
- Black have the highest breast cancer mortality rate
- **Recent trends point to incidence increasing among black women, aged 60–79 years**

Disparities and Prostate Cancer (NCHS, 2016)



Among U.S. men, prostate cancer is the second leading cause of cancer-related death

Trends for five-year survival for all stages combined was higher for White men than Black or Hispanic men

Although survival by age varied by stage, survival was lowest for ages >75 years

Trends in Disparities in HIV CDC, 2017

What is a health disparity?

A disproportionate number of health conditions and deaths compared with the general population

African Americans make up 13 percent of the U.S. population ...



... but represent almost half of all new HIV cases.



- In 2018, over half (51%) of people in the U.S. with diagnosed HIV were aged 50 and older
- Most of those 50 and older diagnosed in 2018 were men (N=4,548)
- Trending from 2014 – 2018 HIV diagnosis decreased 6% overall in people over age 50
- Compared to all people with HIV, people aged 55 and older have higher viral suppression rates
- The racial disparity in overall HIV diagnose is noted among those age 50 as well

Trends / Disparities in Diabetes (NCHS, 2016)

HISPANIC HEALTH DISPARITIES

DIABETES

Hispanic adults are
58% MORE LIKELY
to suffer from diabetes,
yet less likely to be
diagnosed compared to
the total U.S population



- **Racial Trends in diabetes diagnosis shows higher rates among ethnic minorities**
 - 7.5% of non-Hispanic whites
 - 9.2% of Asian Americans
 - 12.5% of Hispanics
 - 11.7% of non-Hispanic blacks
 - 14.7% of American Indians/Alaskan Natives
- The percentage of Americans age 65 and older with diabetes remains high, at 26.8%, or 14.3 million seniors

Trends in Alzheimer's and Dementia

New Estimates of Americans with Alzheimer's Disease and Related Dementias Show Racial and Ethnic Disparities

Number of Americans with Alzheimer's Disease Expected to Increase

Percentage of Adults Aged 65 and Older with Alzheimer's Disease by Race and Ethnicity



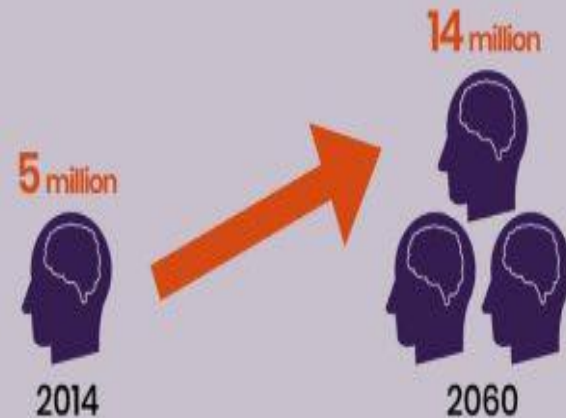
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www.cdc.gov/aging

Centers for Medicare and Medicaid Services, 2014

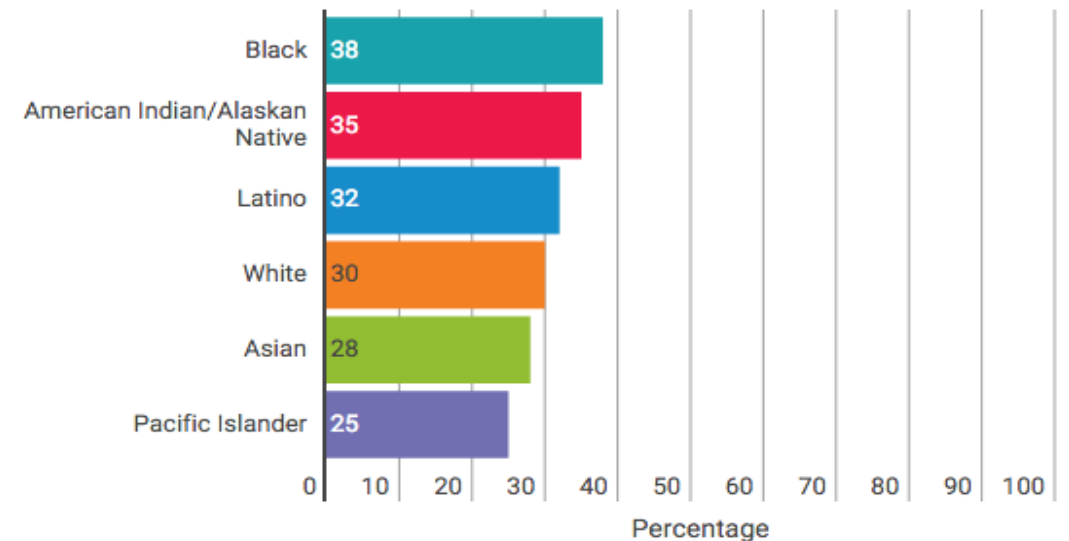
Alzheimer's Disease Projected to Nearly Triple by 2060



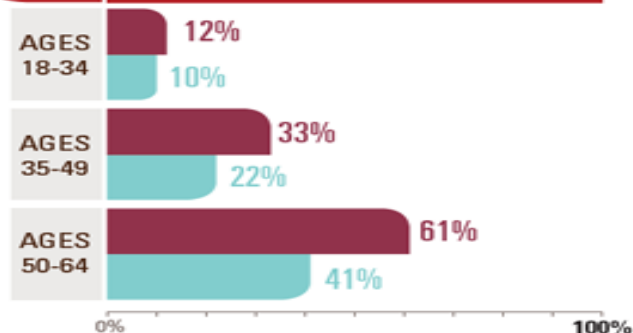
Census Population Projections Program, 2014 to 2060

Race and Dementia Risk

Researchers found significant variation in dementia rates among six ethnic and racial groups. This chart shows each group's likelihood of developing dementia within 25 years after age 65.



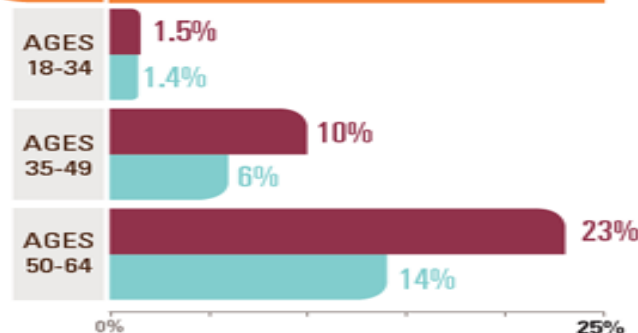
High Blood Pressure



African American

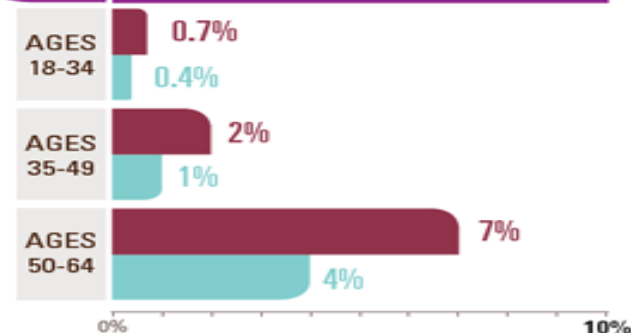
White

Diabetes



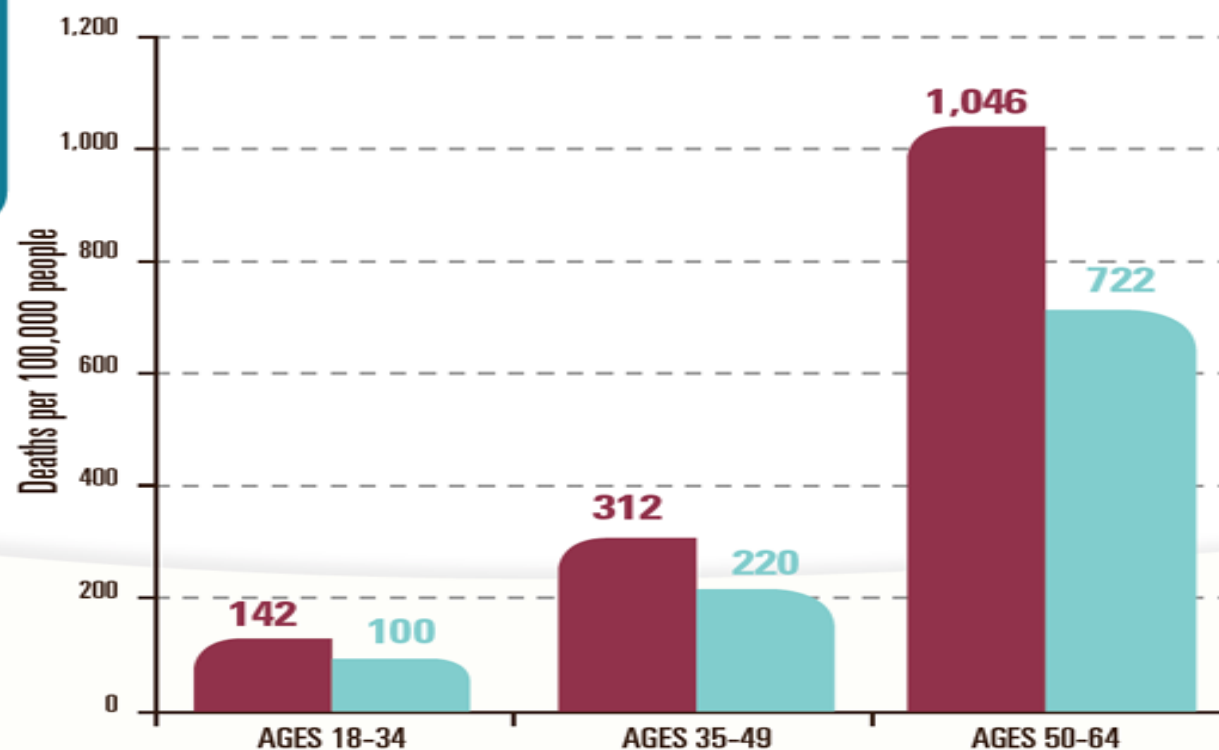
African Americans and whites include Hispanic and non-Hispanic origin.

Stroke



SOURCE: Behavioral Risk Factor Surveillance System, 2015.

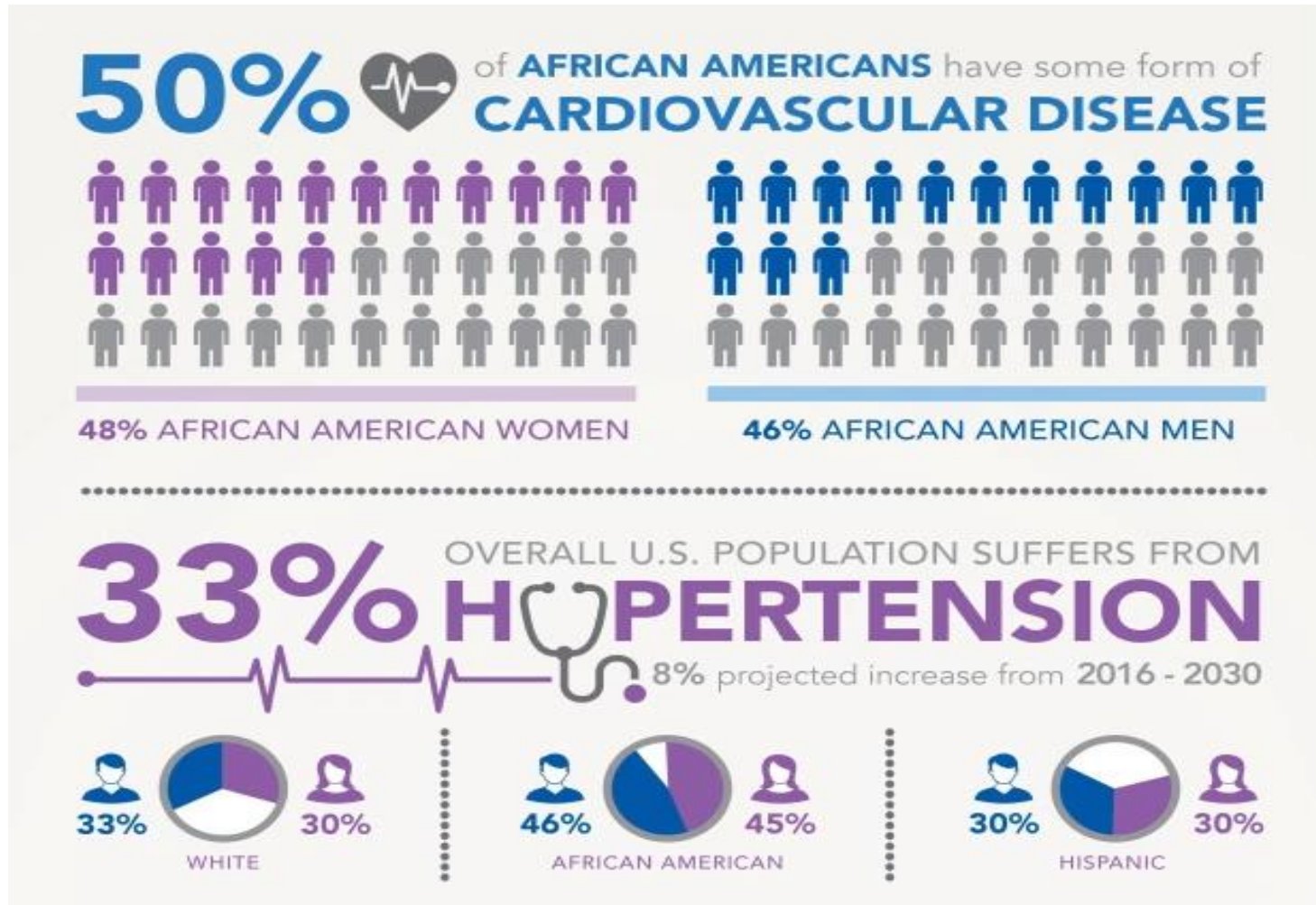
African Americans are more likely to die at early ages from all causes.



SOURCE: US Vital Statistics, 2015.

Trends / Disparities in CVD and Hypertension

(NCHS, 2016)



- The global burden of hypertension is increasing due to an **aging population** and increasing prevalence of obesity, and is estimated to affect one third of the world's population by 2025
- The overall prevalence of hypertension increases with age and those 60 and over account for most cases

LGBT Health Disparities

OUT2ENROLL

LGBT HEALTH AWARENESS WEEK

**LGBT communities have
a lot to gain by enrolling
in health insurance**

the facts

> LGBT people are:

2x more likely
to smoke

> Lesbian + bisexual women:

10x less likely to get
cancer screening

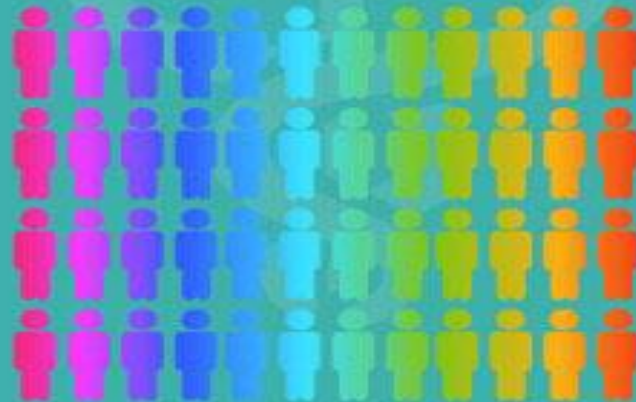
> Gay + bisexual men:

79x more likely to be
diagnosed with HIV



1 in 4 low- & middle-
income LGBT people
are uninsured

**all LGBT people
are protected from discrimination.**



Older LGBT Adults:

1 million to 2.8 million

2 million to 6 million by 2030

Older Gay Men

Higher rates of smoking and recreational drug use when younger

Anal Cancer: 43 times more common in gay/bisexual men and 88 times more common in HIV+ gay/bisexual men, Prostate cancer Incidence of HIV and other STI's

Older Lesbian Women

Smoking and obesity = risk for CAD

Cervical Cancer Screening: 29% lesbians did not have routine Pap screening test
Lesbians do need to be screened for cervical cancer

Greater incidence of breast cancer

#OUTVISIBLE

www.out2enroll.org @out2enroll

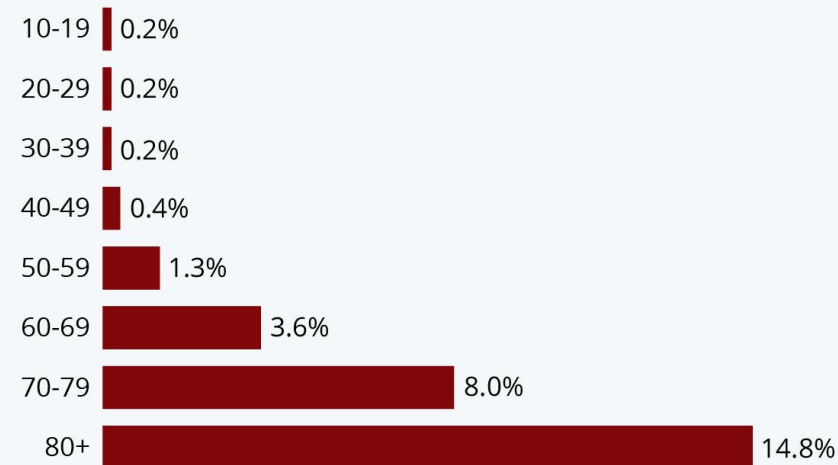
COVID-19 Revealed Health Disparities

- The rate of Black fatalities is 2.4 times that of whites with COVID-19. In states including Michigan, Kansas and Wisconsin and in Washington, D.C., [that ratio jumps](#) to five to seven Black people dying of COVID-19 complications for every one white death
- **Blacks** are only **13%** of the population but account for **30%** of COVID-19 cases across 14 states where data is available = ***SYNDEMIC CONDITIONS***
- **Why the differences in infection and death rates from COVID-19**
 - Over-representation of Blacks in the “essential workforce” (HHA, Janitors, Food service, Laundry)
 - Population density (Public Housing, Transportation)
 - Historic trauma, mistrust, medical bias, structural racism, cultural incompetence
 - Lower health insurance rates, lack of Medicaid expansion (Especially in the Southern U.S)
 - **SDH**: Income inequality, employment discrimination, political gerrymandering
 - Higher prevalence of underlying chronic conditions (DM, HTN, Obesity, etc.)

Trends in COVID-19 Elder Inequities

Study: Elderly Most At Risk From The Coronavirus

COVID-19 fatality rate by age (as of February 11, 2020)



n=44,672 confirmed COVID-19 cases in Mainland China
Source: Chinese Centre for Disease Control and Prevention



statista

CDC Has Information For Older Adults at Higher Risk

8 out of **10** COVID-19 deaths reported in the U.S. have been in adults 65 years old and older. Visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus) for steps to reduce your risk of getting sick.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Health Equity – Dr. Camara Jones (2014)

- **Health Equity**: Assurance of the conditions for optimal health for all people
- **Three principles to achieve health equity**:
 - Providing resources according to need
 - Valuing all individuals and populations equally
 - Recognizing and rectifying historical injustices

IOM: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

- **Minorities receive a lower quality of care than whites**
 - Even when they have the same health insurance or the ability to pay
- **Causes of Healthcare Disparities**
 - Healthcare system organization and operation
 - Cost containment, Public health insurance, Access
 - Patients' attitudes and behaviors
 - Historical mistrust, not following doctors orders
 - Healthcare providers biases, prejudices, and uncertainty when treating minorities
 - Ism's and Stereotypes, communication
- [IOM (2003). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.]

Implicit & Explicit Bias

Explicit Bias

- Person is aware of their evaluation of a group
- Believes evaluation to be correct
- Explicit bias toward ethnic/racial groups has declined and now considered unacceptable

Implicit Attitudes

- Automatically triggered
 - Does not require any endorsement or attention for expression
- Operates in an unintentional, often unconscious manner
 - Can be activated quickly and unknowingly by situational cues (skin color, accent)
- Influence behavior without awareness
- Common and persistent

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

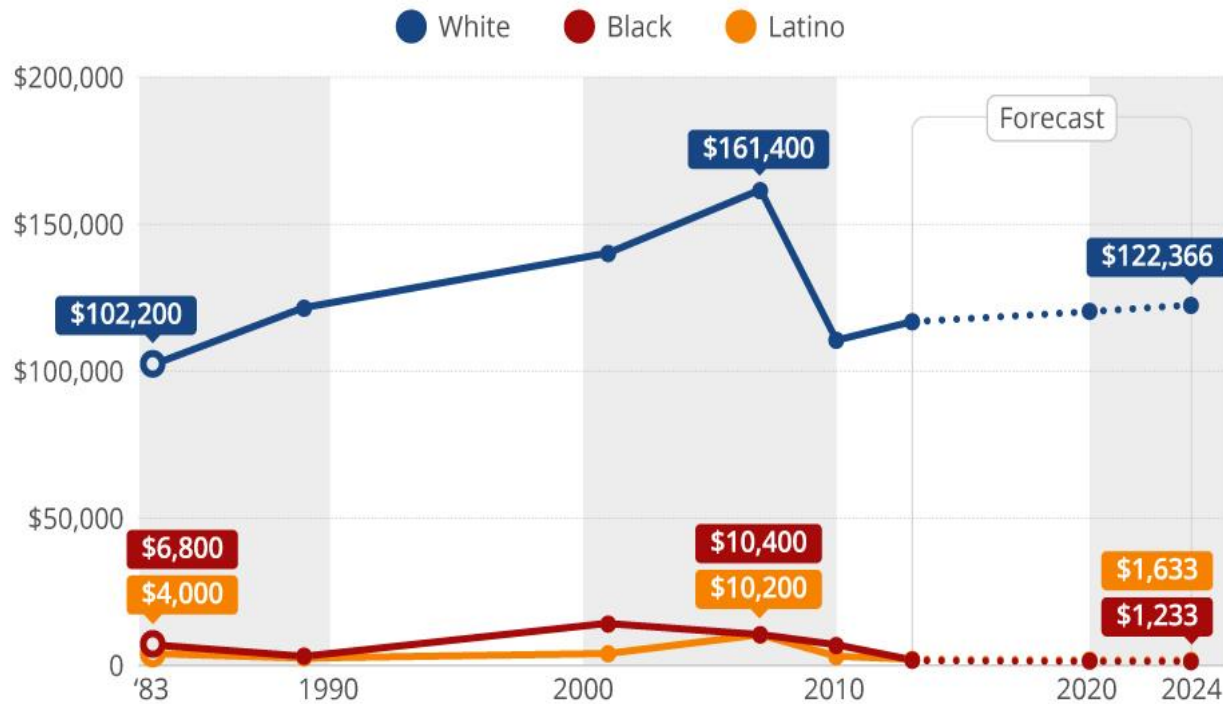
Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Wealth Inequality as a Driver

Racial Wealth Inequality Is Rampant In The U.S.

Median household wealth by race/ethnicity in the United States (1983–2024)



@StatistaCharts Source: Prosperity Now & Institute For Policy Studies

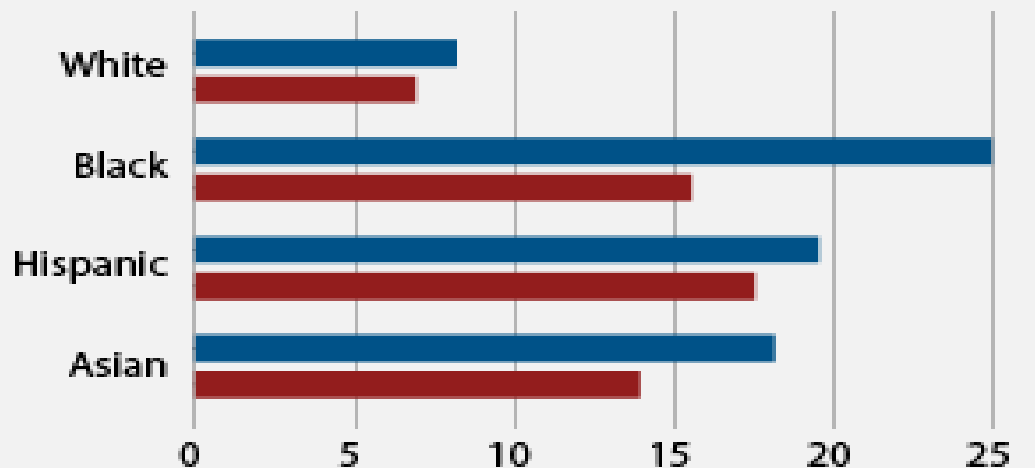
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FIGURE 1

Scraping by

Percentage of seniors living at or below 100 percent of the poverty line by race

Legend: Ages 75 and older (Blue), Ages 65–74 (Red)



Taking on the Trends

- **Encourage SDOH screening and referrals at every wellness visit**
- Support community-based programs that seek to address multiple social determinants
 - Programs must be focused on low-income elders
- **Integrate and streamline benefit enrollment and provision**
- Encourage development of affordable senior housing
- **Plan for the transportation needs of older adults**
- Ensure the integrity of the social security safety net
- **Increase the diversity and cultural competence of the elder healthcare workforce**

Final Thoughts and Comments

- “To be a Negro in this country and to be relatively conscious is to be in a rage almost all the time”
— James Baldwin
- Caring for seniors is perhaps the greatest responsibility we have. Those who have walked before us have given so much and made possible the life we all enjoy – Senator John Hoeven
- “Of all the forms of inequality, injustice in health care is the most shocking and inhumane”---
Martin Luther King, Jr.

