



## **Health Care of AFRICAN AMERICAN ELDERS**

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### **Showing Respect**

Respect for elders has been valued in the African American community since the time of slavery. Among American slaves, youth were expected to respect the older slaves, lest they risk severe reprimand. Deference among slaves functioned as social and psychological support for old disabled slaves facilitating their coping with the harsh and inhumane demands of the slavers culture. Younger, able-bodied slaves shared their returns from labor with the older disabled who were less able to fend for themselves. Older slaves supported and cared for the health of each other through folk medicine. The knowledge of the 40-year Tuskegee Experiment, which recruited African American men with syphilis to be a part of a research project in which they were promised but never given treatment, is widely known in the African American community. This memory, in addition to the widespread discrimination most have faced in their lifetimes, provide reasons for African American elders to be suspicious of health care providers, especially those who suggest any experimental treatments or research. Listen attentively and encourage conversation. Use respectful titles (e.g., Mr., Mrs.) unless given permission to do otherwise.

### **Types of Healers**

There are three ranks of folk healers: those who learned the ability from others (these are the individuals considered to have the least amount of power), older persons who received the gift of healing from God during a religious experience in later life (these are middle rank in power), and those who are born with the gift of healing (the most powerful). Root and herb doctors are included among the groups who learned to heal from others and are believed to have the least amount of healing power. The services of a root doctor, who is a type of conjurer, are sought either to place a hex on someone (or induce an illness condition) or to ward off evil. Root doctors may also be consulted for help in changing a person's luck, especially in interpersonal relationships. Roots are objects that are believed to have magical powers and can take many forms including dolls, colored stones, and red flannel bags as well as roots of plants. Faith or spiritual healers are practitioners with the greatest power and are believed to have received the gift of healing from a god. The laying on of hands, prayers and incantations are the methods most used to treat spiritual illness. Most individuals who acquire the power through learning or an apprenticeship are able to treat natural and/or occult illnesses, but the person who is born with the power or who receives the gift from a god is believed to be able to cure all illnesses.

### **Causes of Illness**

Some traditional African groups believe that when one has good health, one is in harmony with nature. If one is ill, a state of disharmony exists. Most illnesses can be classified as having a natural, occultist, or spiritual origin. A natural illness results from physical causes, such as infection, disease, weather, and other environmental factors. Treatments of natural illnesses emphasize the uses of herbs, barks, teas, and similar natural substances. An occult illness results from supernatural forces, such as evil spirits, and their agents, such as conjurers. Finally, spiritual illness results from sin, such as adultery, theft or murder. Like the occult, spiritual forces can affect all aspects of life, ranging from physical to spiritual. There is a close relationship between the presumed cause of an illness and the type of intervention needed to correct the malady. For example, physical disorders are due to natural causes and can be treated by modern medical doctors, herbalists and other doctors of natural illnesses. By contrast, illnesses and accidents that are believed to be caused by occult forces or their agents require the powers of a conjurer to produce and execute the correct treatment. Finally, it is the power of a god acting through a religious healer or medium that is required to diminish spiritual illness.

### **Adapting Assessment Techniques to Skin Color**

Use appropriate assessments that reflect skin tone changes for conditions such as cyanosis. Skin color changes in decubitus ulcer formation are not readily apparent in dark pigmentation, so that actual skin breakdown often occurs before formation is noted.

### **Cultural Biases and Misdiagnoses**

It was once believed that high rates of hospitalization for the treatment of selected mental disorders among African Americans was due to an "inherent racial susceptibility" to certain kinds of psychopathology. It was also widely believed that African Americans, as a group, tended to have low rates of depression because of their historical social and educational oppression. Depression and other illnesses are complex disorders and must be carefully studied, including cross-cultural variations in symptoms. The variation in reports of the prevalence of dementia warrants carefully chosen instruments to assess cognitive and physical status in African American elders. Studies report differences in the validity of cognitive measures with African American elders. The Activities of Daily Living scale and the Short Portable Mental Status Questionnaire are two tools that have been specially tested and shown to be reliable and valid with older African Americans. Numerous studies found that African Americans are less likely to undergo cardiac catheterization and coronary-artery bypass graft surgery than their White counterparts. One particularly insightful study showed that Black women were significantly less likely to be referred for cardiac catheterization than White men. Health care providers are less likely to offer breast or prostate cancer screening to African American elders than to their White counterparts.

### **End of Life Care**

African Americans are less likely to complete advance directives such as do-not-resuscitate orders or living wills. Elders may feel that if they decide to opt for "do-not-resuscitate," that would give the system license to provide sub-standard care or give up on them 'too-soon'. Religious beliefs may also play a role, as many older African Americans believe that God is ultimately in control and is the only one who can determine the timing of death. Among both African American patients and physicians, more have been found to favor aggressive life prolonging treatment in the case of terminal illness than among comparison White groups. Any effort at withholding life-sustaining therapies might be seen as another attempt of genocide by predominantly Caucasian institutions. Providers should be very sensitive to issues regarding refusal or withdrawal of tube feedings. Extreme tact and sensitivity are called for when having discussions about advance care planning and end of life issues. Ensure that you have adequate time and that the patient's family is present. It is very important for the provider to have built a trusting relationship with the patient and family in the past. Ask the patient or family their understanding of the illness and treatment options, and use this as the basis for further discussion. Having a trusted spiritual counselor as part of the team may be helpful for patients.

### **Social Support and Caregiving**

Blacks have more active social support networks than Whites, expanding network membership through creation of "fictive" kin. Caregiving, a traditionally female role, is not only a family value, but an act of love, and frequently, social supports serve to mediate caregiver burden. It has been noted that Black caregivers report less depression than White caregivers and have greater self-efficacy in managing caregiving problems.

### **Role of Church and Religion**

The value of religion, reading religious materials, listening to religious programs, prayer and other forms of non-organized religious participation are part of the fabric of life and culture of older African Americans. Churches provide significant amounts of "non-kin" support to older African Americans. Particularly in rural communities, churches play a special role, often serving as the "provider" of services. Ministers and church members form part of the caregiving and "expressive" or emotional support network needed by the older adult. The frequency of church attendance has been found to impact the amount and frequency of care received.