

Intra-group Differences Among Racial/Ethnic Minorities

African American Older persons: The African American/Black older persons are the largest category of older minorities composed mostly of native born persons and a growing number of aging immigrants from Africa, Caribbean, West Indies, Haiti, Jamaica, and the Latin countries. There are extreme differences in rural/urban, socioeconomic, educational, and religious backgrounds. The current cohort of Black older persons from the South experienced exploitation and legalized discrimination and while those in the North dealt with covert discrimination and prejudice. Many immigrant older persons came to the U.S. in their youth to escape racial discrimination, oppression, and/or poverty. Older persons from each subgroups may access health care using strategies shaped by their experiences with formal systems. The trust factor would be a prominent element in their clinical encounters (Yeo, Hikoyeda, McBride, Chin, Edmonds, Hendrix, 1998; McBride & Lewis; 2004; Richardson, 1996).

Asian American and Pacific Islander (API) Older persons: They represent over 60 ethnic groups and over 100 languages (Smedley, Stith, & Nelson, 2002; Office of Minority and Multicultural Health, 2000). The Asians originate from continent of Asia, India, Southeast Asia, and the Far East. The largest subgroups are Chinese, Filipino, Japanese, Koreans, and Asian Indians. The Pacific Islanders are natives of Polynesia (Hawaii, Samoa, and Tonga), Micronesia (Marianas, Marshalls, Gilbert, and others), Melanesia (Fiji). It has been reported that place of birth contributes to health risks for older APIs (Liu & Yu, 1985). Proficiency in English varies within subgroups. Language skills of both native born and immigrant older persons who self-report as “Chinese” may range from no skills (monolingual) to fluent. It is essential that bicultural, bilingual providers and trained medical interpreters are available in health care settings that serve a large number of APIs.

Hispanic/Latino Older persons: The ancestral origins of a large proportion of Hispanic/Latino older persons are Mexican, Puerto Rican, and Cuban. A smaller number who are now growing older, come from Central American, South America, and Spain. The term “Hispanic” is an ethnic category used by the US Bureau of Census to designate persons of any race who trace their descent from these subgroups. In 2000 census, the term “Hispanic”, “Latino”, or “Spanish origin” was used to accommodate regional differences in preferred terms across the country (OMB, 2001; Talamantes 2001). In the Eastern region, “Hispanic” is used while “Latino” is used in the Western region. For more information on current census terminology visit <http://www.whitehouse.gov/OMB/fedreg>. The vast heterogeneity within the groups continues to be influenced by its historical and political realities and geographic distribution. Older Mexican Americans tend to reside in California, Arizona, Colorado, and Texas; Cubans predominantly live in Florida; and Puerto Ricans live mostly in the Northeast with concentrations in New York, New Jersey, and Midwestern cities such as Chicago. Variability can also be found in wealth, family size and support network, language skills, and use of traditional healing practices. The significant increase of Hispanics/Latinos has contributed to the demand for Spanish language classes and are being offered in continuing education programs for health professionals (Villa, Cuellar, & Yeo, 1993).

American Indian/Alaska Native (AI/AN) Older persons: There are at least 558 different tribes/nations recognized by the federal government. Recognition is still being sought by 126

tribes/nation. About 106 of 300 Indian languages are still spoken today although the languages of Alaska Natives are usually not part of this count. There are six major groups of Alaska Natives - Yup'ik, Alutiiq, Aleut, Inupiat, Athabascan, and Southeastern (Tlingit, Tsimshian, and Haida). Each group speaks a distinct language and unique history and culture. Contemporary Alaska Native older persons share a common sense of urgency to pass on their culture and tradition to the next generation (Easley, Kauaqlak, & Graves, 2005). Currently, California has the largest number of older AI/AN people. Other states with large number of older Indians are Oklahoma, Arizona, Texas, and New Mexico while Alaska is home to most older Alaska Natives who live in remote, isolated, and most rugged regions of the U.S. In contrast, since the 1990 census, about 62% of people who self-identify as American Indian are living in urban areas and are not served by the Indian Health Service. An urban Indian subculture is evolving into Pan-Indianism in which AIs from different tribes/nations formed to preserve their culture and develop culturally relevant services in the community. The challenge of creating culturally congruent health care programs for older AI/ANs underscores the heterogeneity of this group (Hendrix, 2001).

White Ethnic Older persons: Although the emphasis of this topic is on minority groups, it is important to acknowledge the variations in socioeconomic, cultural and religious characteristics among older people classified as “white” that influence their utilization of health care services. Recent immigrants from Russia, the Baltic region, and other parts of Europe comprise the “White ethnic” or Euro-American groups. There are also generations of American families who maintained their ethnic identity in their community such as the Irish, Italian, Lithuanian, Portuguese, and Scottish subgroups, to name a few (Yeo, McCabe, Henderson, Talamantes, Scott, & Yee, 1996).