

## 2021 UC ANR CE Position Template (Advisor)

### Position Title

BIPOC Senior Health & Wellness Advisor-Alameda, Contra Costa, San Mateo & San Francisco Counties

### Position: Briefly Describe

Supports, strengthens, and enhances wellness and quality of life resilience of Black, Latine and other indigent Seniors in urban environments. Research examines historical implications of limited access to culturally sensitive physical, mental, and behavioral health services, negatively impacting life expectancy of Black and other indigent seniors. Cultivates awareness, sensitivity, and greater understanding of how racism and other forms of discrimination like ageism, classism, sexism, ableism, and more, contribute to the negative health outcomes of BIPOC elders. Aims to promote a better understanding of the lens through which BIPOC Seniors view their experiences, acknowledge and respect culturally significant practices -- spirituality, family ties, and strong positive racial group identity in crafting problem solving solutions. Participates in advisory boards and councils with community leaders, church elders, policy makers, and other communicators in discussions and planning culturally relevant interventions sensitive to the needs and interests of BIPOC elders at risk for negative health outcomes. Advanced degree in Urban Health, Epidemiology, Social Work, Public Health, Nutrition, Cultural Anthropology, and 5+ years of experience working conducting research in Black and Latine and other indigent communities.

### Justification

The Department of Finance projects California's working population will grow 6% by mid-2030s, age 65+ will increase over **65%**, and under 18, declines. The ANR Workgroup on Aging Californians in Rural and Urban Settings in 2010 highlighted the implications of a state growing gray and more diverse. Cal Ag's special issue on aging emphasized the need for UCANR to prioritize aging issues through research, policy, client education and interventions in this high-risk population with a poverty rate exceeding 20%.

The infamous Tuskegee syphilis study demonstrated the callous disregard for the lives of Black men, leaving deep-rooted mistrust in the health care system. Compounded by lifelong experiences of symptoms discounted, misdiagnosis, lack of treatment, psychological scars, reinforced by discriminatory experiences in health care services contributes to on-going mistrust in our health care services and poor health outcomes for these vulnerable seniors. Epidemiological studies of adults/seniors consistently show high rates of preventable morbidity and mortality of Blacks and Hispanics chronicled over time, stand as a stark contrast to the majority culture. Racial/ethnic disparities in morbidity and mortality are so egregious that the federal government tried to determine what role socioeconomic status and culture play in these disparities.

Cancers such as breast, prostate, and colorectal cancer also occur at higher rates in Black communities and Black and Hispanic older adults are at risk for worse outcomes. Environmental exposures, mental and physical stressors, lack of community resources, and limitations in navigating a complex, fragmented, and often biased health care system are all contributors. High rates of diabetes, chronic kidney disease, obesity, heart failure, pulmonary hypertension, and other chronic diseases heightened the risk of Black Americans also becoming ill and dying from COVID-19.

UCANR research in Alameda County found the prevalence of health inequities and chronic diseases of Blacks and other minorities magnified in low-income senior homes, and public housing complexes. Over 40% lived with multiple chronic conditions and many cared for someone with multiple conditions. Learning how to integrate multiple concepts and complex research and technology into their personal lives is the greatest educational need. A ten-county food safety assessment found heightened concern about food safety risk among seniors as well as their caregivers and volunteers. Seniors are at greater risk than other adults for foodborne illness, poor nutrition, and high rates of nutrition- and lifestyle-related chronic diseases.

Despite increased vulnerability of race related stressors, there is insufficient dialog that focuses on the physical and mental health impact of stressors such as depression and substance use. Years of working in high-risk jobs in dangerous conditions contributed to the poor health these seniors face today. Service providers need greater awareness, education, and training to address race-related stress in Black and other indigent seniors, and historical issues of substandard healthcare. Limited access to community resources, such as grocery stores, pharmacies, culturally competent health and aging services, transportation, and poor housing, contribute significantly to race-related stress and barriers to achieving healthy aging.

According to Alameda African American Utilization Report, living in poverty and crime-stricken neighborhoods leads to frequent episodes of emergency care, hospitalizations, and inability to manage independence. African American elders who are the primary caregivers for [grandchildren](#) and/or adult children experience additional physical and emotional stress.

### **Extension**

Works closely with campus-based human development, nutrition, health specialist, and social scientist to empower senior and indigent population groups. Collect and use historical and real-time community and location-based data, integrated with predictive analytics and emerging technologies to build healthier environments, increase health equity, and racial justice for Black and other indigent seniors.

### **Research**

Conduct basic and applied research to evaluate socioeconomic and other issues key to affecting positive condition changes among Black and other indigent seniors. Identify successful culturally and age-appropriate practices and approaches for effective community interventions, including investments and involvement. Craft solutions that create an equitable playing field for underrepresented people of color, historically mistreated, discriminated against, and denied preventive and health maintenance services.

### **Network**

Campus based health and nutrition specialist, AES human development scientist, health and social scientists, Food Literacy and Healthy Lifestyle and California Communities program teams, Aging Californians, food security, food safety, nutrition, climate change and disaster readiness working groups, and field-based advisors and educators.

### **Network External to ANR**

Social Services Agencies, County Public Health Departments, hospitals, community clinics, and local health practitioners. Senior centers and housing authorities, faith-based organizations, supplemental food assistance organizations, and other community-based organizations, city and county aging Services.

### **Support**

County directors, UCSF Department of Epidemiology and Biostatistics, DEIJ, Aging Californian in rural and urban setting workgroup.

### **Other Support**

City and county governments, East Bay Foundation on Aging (EBFA), County and City Aging & Adult Services, Civic organizations e.g. The Brotherhood of Elders Network, California Black Woman's Health Project, Aging with Grace & Elegance (SAGE), and others

### **Headquarters and Coverage Area**

Based in Alameda County with responsibilities extending throughout Bay Area

### **Developed and Proposed By**

Frank McPherson & Dr. Mary Blackburn