



# **BLACK AND AGING IN AMERICA**

2021

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# **BLACK AND AGING IN AMERICA**



# ACKNOWLEDGEMENTS

This report is dedicated to memory of Hobart Jackson and Samuel J. Simmons. NCBA was founded in 1970 by the late Hobart C. Jackson, Jr. (1916-1978). His dedication to African American seniors and desire to make a difference laid the cornerstone and began the dialogue for change as it pertained to the programs and services that benefit low-income Older African Americans.

Similarly, in the spirit of his predecessor Samuel J. Simmons served as president and chief executive officer of NCBA for two decades (1974-2003). Mr. Simmons continued to foster a deeper understanding about the needs of African American seniors. Throughout his career, he worked tirelessly to enhance and change policy, increase public awareness and education as it related to employment and training, housing, health, legislation, advocacy, and research.

NCBA would also like to recognize the millions of Older African Americans around the country who face daily challenges and an uncertain future. They continue to contribute to their communities, to enrich American culture and their experience continues to be benefit to the nation.

NCBA thanks its staff members for making this document possible through the contribution of their talents and expertise. It is our hope and goal that in releasing this publication, we will inform and stimulate earnest and productive conversation that addresses and leads to solutions for the multiple concerns that continue to plague Older African Americans.

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# INTRODUCTION

*Black and Aging in America*® presents summaries, statistics, and perspective on the status of Older African Americans. By examining social, economic, health and other indicators, in comparison to other racial and ethnic groups, this report illustrates progress as well as the many challenges that remain.

Some organizations, academic studies, and government agencies consulted for this report define seniors as over age 55. However, unless otherwise noted, this report reflects information on the 65-and-older cohort. *Black and Aging in America*® condenses this broad spectrum of information into one simplified presentation—a readily accessible portrait of the status of Older African Americans.

In some instances, *Black and Aging in America*® highlights distinctions between the population as a whole and the Older American population in particular, as well as racial breakouts of the older adult cohort. The report illustrates the differences between the major racial and ethnic groups and draws important gender comparisons and between men and women within ethnic groups, where relevant. In some cases, startlingly disparate realities are revealed when the demographic indicators of health, employment, housing, income, and living arrangements are compared among demographic cohorts.

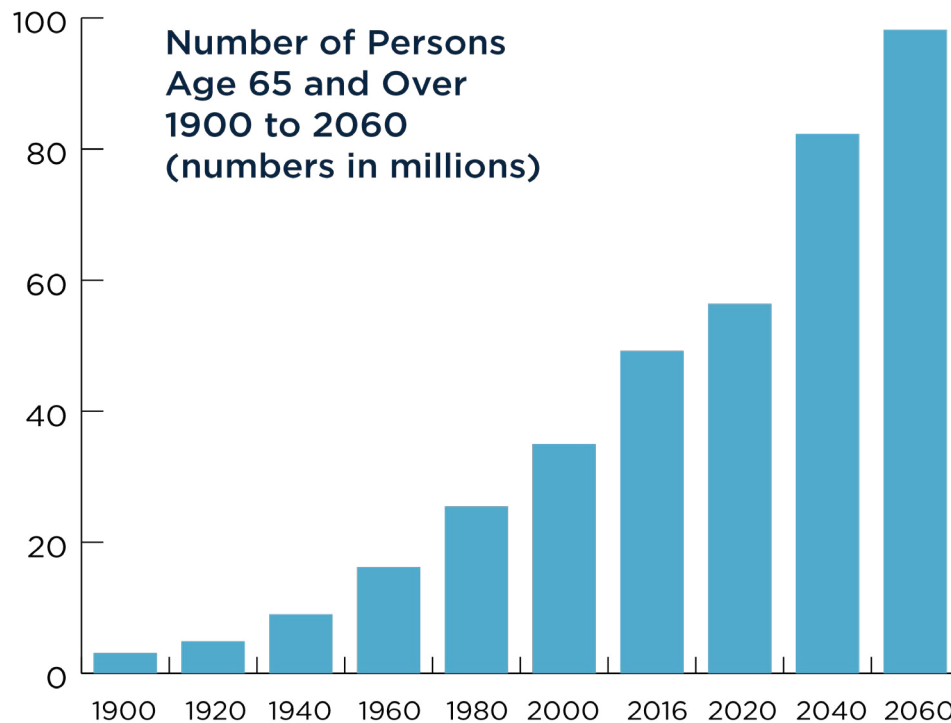
*Black and Aging in America*® will demonstrate that certain trends, particularly economic and health indicators affecting Older Black Americans, have not changed much over the years, although there have been improvements in some areas, such as obesity and health insurance coverage.

We hope these summarized findings will provide a blueprint for responsive adjustments in law and policy, and in societal attitudes and behaviors that help fuel disparities.

# THE BIG PICTURE

Driven by the Baby Boom of 1946 and 1964, the number of Older Americans has grown substantially since the 2010 U.S. Census. In one decade, the country's 65-and-older population swelled from 40.3 million to 54 million, an increase of more than 34 percent. Census officials found that no other age group grew as much in those ten years.

According to their projections, the growth trend will only accelerate in the coming decades.

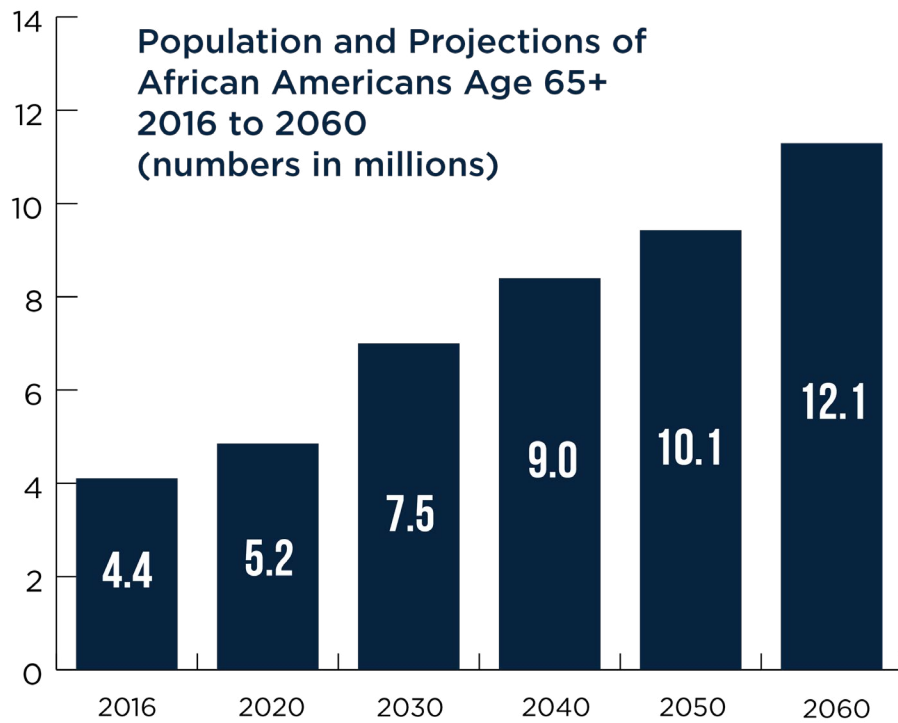


Source: U.S. Census Bureau

## THE COLOR LINE

Across the spectrum of American life, African Americans and other People of Color suffer inequities in nearly all quality-of-life indices, cradle-to-grave: health, net wealth, employment, education, housing, and longevity. These disparities are not only no different for the older Black population, but more pronounced. While they share a generation with elders of other races and ethnicities, much of the commonality ends there, as Older African Americans face an excessive number of challenges and disadvantages, particularly compared to White elders.

African Americans and Black immigrants account for 5.2 million of the country's 65-and-older cohort. That number is expected to double by 2050, when Older African Americans will compose nearly 13 percent of the older adult population.



Source: U.S. Census Bureau

## HEALTH

As demonstrated throughout this report, Older Older African Americans lag White elders in each of the five key Social Determinants of Health (SDOH), defined by the U.S. Centers for Disease Control and Prevention (CDC) as “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.”<sup>1</sup>



Source: Centers for Disease Control and Prevention

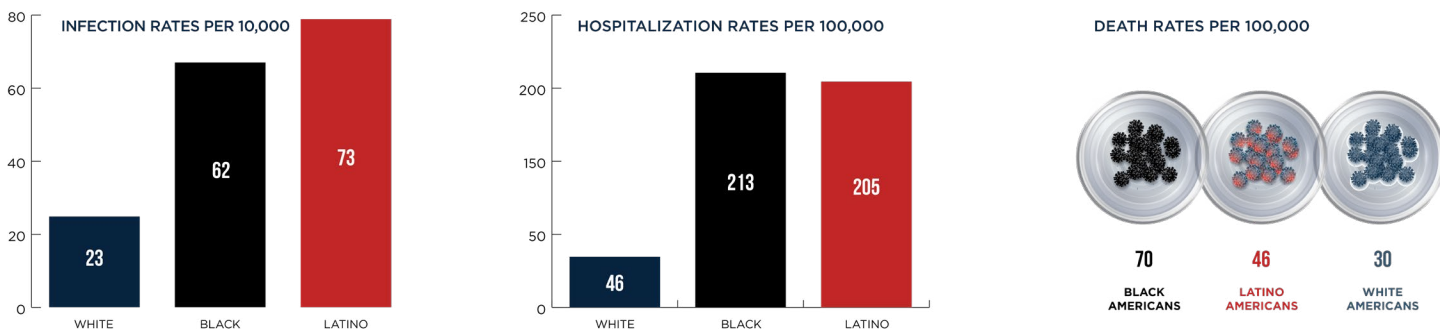
## A RECKONING

The Covid-19 pandemic of 2020-21 unearthed long-buried truths about disparities in health and healthcare between White Americans and African Americans. The virus viciously and relentlessly attacked the Black community where, as with all racial groups, it found the older population especially vulnerable.


*Differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying what we know about SDOH, we can not only improve individual and population health but also advance health equity.*

—“About Social Determinants of Health (SDOH)”  
Centers for Disease Control and Prevention


While older Black adults composed only 9 percent of the 65-and-older population, they accounted for 37 percent of Covid-19 hospitalizations in 2020 and 2021. Moreover, the death rate from Covid for older Black adults was more than twice the rate of older Whites.<sup>2</sup>



Source: Centers for Disease Control and Prevention



*Race is a placeholder for something else. That something is less likely to be genetic. It is more likely to have to do with socioeconomic and political issues of bias as well as physiologic and genetic issues that go into that same bucket. Some racial differences are more nuances. But there are issues of disparity and there are issues relative to racism that operate in a very broad context.*



—Clyde W. Yancy, MD, University of Texas Southwestern Medical Center

In the wake of Covid disparities, doctors, scientists, sociologists, historians, and other experts confirmed what racial equity advocates have long understood: that the pervasiveness of underlying health conditions within the African American community – diabetes, hypertension, obesity, and asthma, for example – made Black citizens particularly susceptible to a virus that preys upon compromised bodies.

The U.S. Department of Health and Human Services’ Office of Minority Health provides this troubling statistical portrait of the underlying conditions that made African Americans more vulnerable to Covid infections than other populations:

### **Obesity and African Americans**

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- African American women have the highest rates of obesity or being overweight compared to other groups in the United States. About 4 out of 5 African American women are overweight or obese.
- In 2018, non-Hispanic Blacks were 1.3 times more likely to be obese as compared to non-Hispanic Whites.
- In 2018, African American women were 50 percent more likely to be obese than non-Hispanic White women.
- From 2013-2016, non-Hispanic Black females were 2.3 times more likely to be

- overweight as compared to non-Hispanic White females.
- People who are overweight are more likely to suffer from high blood pressure, high levels of blood fats, diabetes, and LDL cholesterol – all risk factors for heart disease and strokes.
- In 2018, African Americans were 20 percent less likely to engage in active physical activity as compared to non-Hispanic Whites.

## **Diabetes and African Americans**

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- In 2018, non-Hispanic Blacks were twice as likely as non-Hispanic Whites to die from diabetes.
- African American adults are 60 percent more likely than non-Hispanic White adults to be diagnosed with diabetes by a physician.
- In 2017, non-Hispanic Blacks were 3.2 times more likely to be diagnosed with end stage renal disease as compared to non-Hispanic Whites.
- In 2017, non-Hispanic Blacks were 2.3 times more likely to be hospitalized for lower limb amputations as compared to non-Hispanic Whites.

## **Heart Disease and African Americans**

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- In 2018, African Americans were 30 percent more likely to die from heart disease than non-Hispanic Whites.
- Although African American adults are 40 percent more likely to have high blood pressure, they are less likely than non-Hispanic Whites to have their blood pressure under control.
- African American women are 60 percent more likely to have high blood pressure, as compared to non-Hispanic White women.

## **Stroke and African Americans**

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- African Americans are 50 percent more likely to have a stroke (cerebrovascular disease), as compared to their White adult counterparts.
- Black men are 70 percent more likely to die from a stroke as compared to non-Hispanic Whites.
- African American women are twice as likely to have a stroke as compared to non-Hispanic White women.

## **Asthma and African Americans**

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- In 2018, 2.7 million non-Hispanic Blacks reported that they currently have asthma.
- Non-Hispanic African Americans were 40 percent more likely to have asthma than non-Hispanic Whites, in 2018.
- In 2019, non-Hispanic Blacks were almost three times more likely to die from asthma related causes than the non-Hispanic White population.

## **Cancer and African Americans**

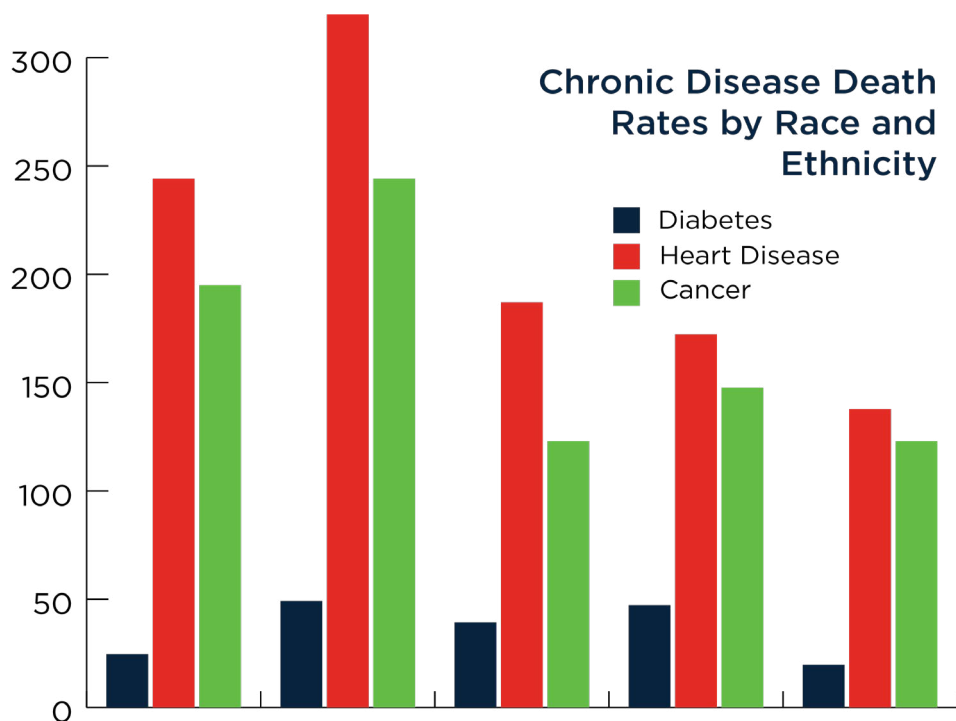
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African Americans have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers. Death rates for all major causes of death are higher for African Americans than for non-Hispanic Whites, contributing in part to a lower life expectancy for both African American men and African American women.

- From 2012-2016, African American men were 1.2 times and 1.7 times,

respectively, more likely to have new cases of colon and prostate cancer, as compared to non-Hispanic White men.

- African American men were 1.7 times as likely to have stomach cancer, as compared to non-Hispanic White men and 2.5 times more likely to die from stomach cancer.
- African Americans men have lower 5-year cancer survival rates for most cancer sites, as compared to non-Hispanic White men.
- African American men are twice as likely to die from prostate cancer, as compared to non-Hispanic White men.
- From 2012-2016, African American women were just as likely to have been diagnosed with breast cancer, however, they were almost 40 percent more likely to die from breast cancer, as compared to non-Hispanic White women.
- African American women are twice as likely to be diagnosed with stomach cancer, and they are 2.2 times as likely to die from stomach cancer, as compared to non-Hispanic White women.



Source: U.S. Department of Health and Human Services, Office of Minority Health

## HEALTH INSURANCE

Researchers James R. Knickman and Emily K. Snell of the Robert Wood Johnson Foundation identified four “key aging shocks” that all elders encounter: “uncovered costs of prescription drugs, the costs of medical care that are not paid by Medicare or private insurance, the actual costs of private insurance that partially fills in the gaps left by Medicare, and the uncovered costs of long-term care.”<sup>3</sup>

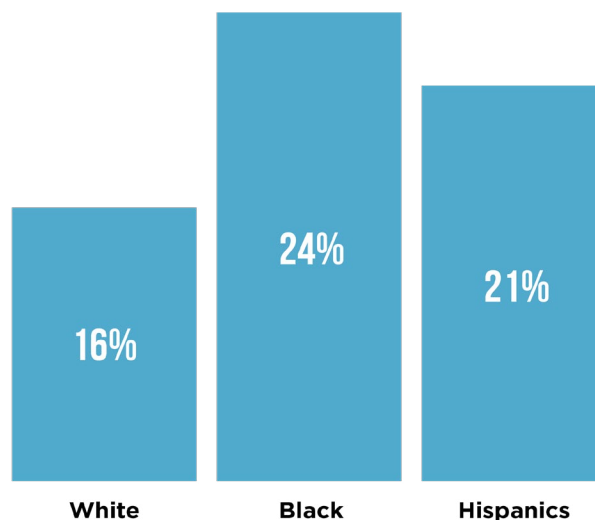
Four percent of African Americans aged 65 and older have no health care coverage whatsoever – a number that matches the overall uninsured rate among seniors. However, where 46 percent of all older adults were covered by both private insurance and Medicare—the government insurance program for those 65-and-older or

permanently disabled—only 32 percent of Older African Americans had both private insurance coverage and Medicare.

Compared to Whites, nearly twice as many older Black adults relied on both Medicare and Medicaid, the government insurance program for low-income subscribers, for healthcare coverage.<sup>4</sup> The higher reliance on government health insurance programs among African Americans reflects the unaffordability of healthcare vis-a-vis pervasive income disparities.

- The median income for Black Medicare enrollees is \$17,350, compared to \$30,050 for Whites.
- Nearly one-fourth of African American seniors have no supplemental coverage to help defray the cost of inpatient care covered by Medicare Part A or its deductible of \$1,400. Meanwhile, 16 percent of White Medicare recipients have no supplemental coverage.
- 37 percent of Black Medicare recipients describe their health as fair or poor, compared to 24 percent of White recipients.
- 39 percent of Black Medicare recipients have one or more disabilities.

**Share of Traditional Medicare Beneficiaries  
64 and Older Who Lack Supplemental Coverage  
for Inpatient Care, by Race/Ethnicity**



*Source: AARP Public Policy Institute*

The disturbing history of medical and scientific experimentation on African Americans—the infamous Tuskegee Syphilis Study being the paramount example—compounded by documented racial biases among healthcare providers, disparities in the social determinants of health, and the paucity of comprehensive health care coverage creates a “perfect storm” for poor health outcomes within the Black population and especially so among those grappling with the multiple challenges of aging. Stark differences between outcomes for Black and White populations occur in every age group but are more pronounced among those aged 65 and older.



## MENTAL AND COGNITIVE HEALTH

Access to mental health care and treatment for African Americans remains a persistent problem. Consider these grim findings:

- In 2018, 58.2 percent of Black and African American young adults 18-25 and 50.1 percent of adults 26-49 with serious mental illness did NOT receive treatment.<sup>5</sup>
- Nearly 90 percent of Black and African American people over the age of 12 with a substance use disorder did NOT receive treatment.<sup>6</sup>
- In 2016, 12.3 percent of Black and African American adults who had a doctor's office or clinic visit over the past year had difficulty getting needed care, tests or treatment compared to 6.8 percent of white adults.<sup>7</sup>

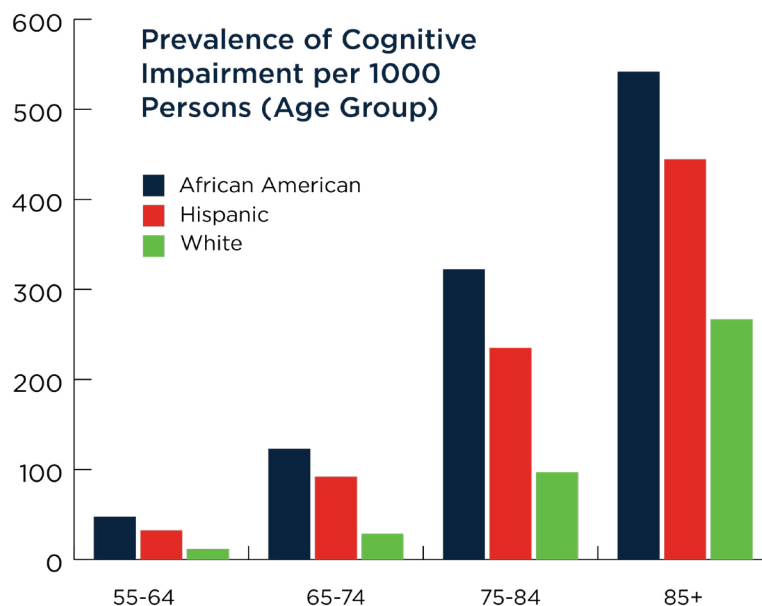
Subjective cognitive decline—impaired memory and confusion of which a patient is self-aware—can be devastating to anyone, affecting all aspects of life.

A study published in the journal *BioMed Central* found that African American and Hispanic elders are significantly more vulnerable to these impairments and earlier in life than are other racial groups of seniors. The findings were incorporated in the *Behavioral Risk Factor Surveillance System*, a massive national survey. It found that Black and Hispanic who reported their own cognitive decline—subjective decline—were often as young as 45 to 55, while White persons with self-described symptoms were usually 65 or older.

Lead researcher Sangeeta Gupta of Delaware State University concluded that “lack of access to healthcare can result in ethnic and racial minorities having a higher burden of chronic conditions, which are cognitive risk factors, than their White counterparts.”<sup>8</sup>

The Alzheimer's Association reports that most of the more than five million people in the U.S. who have Alzheimer's Disease are White. However, African Americans are twice as likely to develop Alzheimer's or other dementias yet are less likely to have a formal diagnosis.

When an Alzheimer's diagnosis is made for an African American, it is most likely to occur in the later stages of the disease, requiring more expensive healthcare.



Source: U.S. Department of Health and Human Services

## **OTHER FACTORS AFFECTING MENTAL HEALTH**

Increasingly, medical researchers are recognizing the deleterious effects of racial discrimination as a determinant of minority health. The consensus among a variety of researchers examining racism over the course of a decade was that “discrimination is generally associated with worse mental health,” according to the National Academies of Sciences, Engineering and Medicine (NASEM).<sup>9</sup> Based on a 2016 study by the American Psychological Association “Discrimination appears to exert its greatest effects not because of exposure to a single life traumatic incident but because people must mentally and physically contend with or be prepared to contend with seemingly minor insults and assaults on a near continual basis.”

## **EMPLOYMENT**

More than 9.8 million Americans aged 65 and older are in the U.S. labor force.<sup>10</sup> White elders account for 8.3 million of that total – 4.7 million men and 3.6 million women. About 869,000 Older African Americans are still active in the workforce; 468,000 are women; 401,000 are men.

The Covid pandemic wreaked havoc with this already dire circumstance, producing an almost unprecedented statistical reversal. For the first time in half a century, unemployment rates for workers 55 and older were greater than jobless rates for mid-career employees for a sustained period.

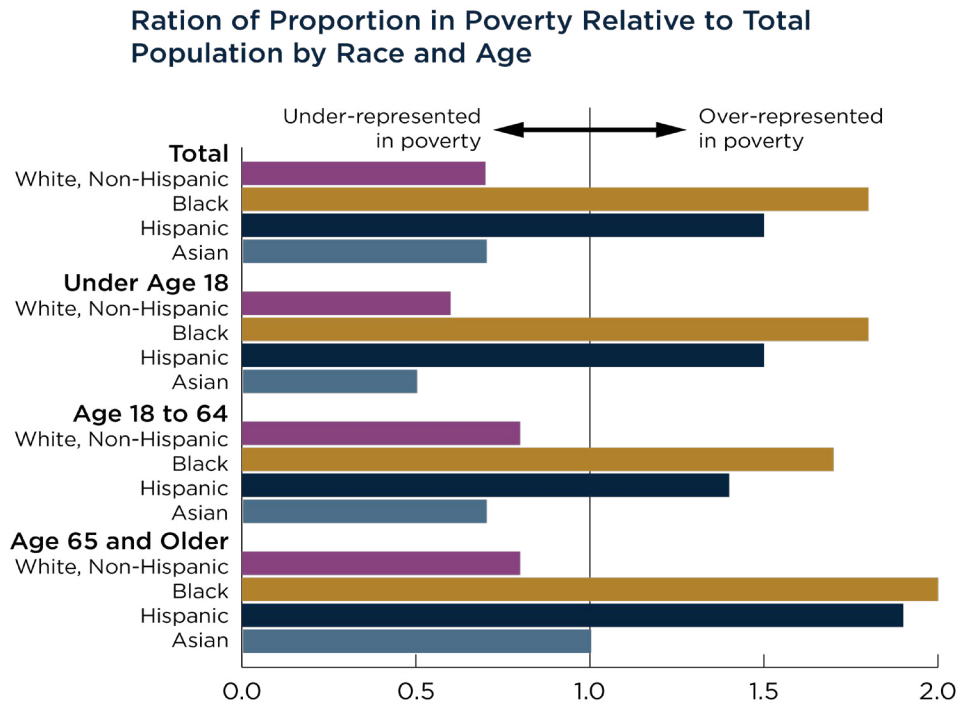
At one point, the rate of unemployment among Older Americans more than doubled. Even when the pandemic-burdened economy began to recover, older employees re-entered the labor market at a slower pace than their younger counterparts.

Analysts say persistent unemployment leads older workers to leave the labor force earlier than they had planned, with adverse effects on their retirement readiness. They found that during the pandemic, unemployed older workers were nearly five times more likely to leave the labor force than were employed older workers.<sup>11</sup>

Approximately one-third of unemployed Older African Americans pulled out of the labor force in the seventh month of the pandemic, double the rate for older White workers.

# ECONOMIC/INCOME

Although on the decline since 2015, the poverty rate for African Americans is still nearly 2.5 times the rate for White Americans and is the highest among all racial groups.



*Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2020*

Eighteen percent of Older African American seniors live at or below the poverty level, compared to 6.8 percent of the Older White Americans.<sup>12</sup>

According to the University of Massachusetts Elder Index, 64 percent of single African American seniors and 34 percent of Older African American couples are economically insecure. In another comprehensive study, the Urban Institute identified an array of factors responsible for this plight among African Americans vis-à-vis their White peers. These factors include<sup>13</sup>:

- A mean income equal to two-thirds of that received by older Whites.
- Fewer assets (financial, retirement accounts, and home equity)
- Less access to retirement plan coverage and fewer earnings with which to contribute to retirement plans
- Higher likelihood of unemployment and involuntary part-time work

Across the U.S., more than half of all single seniors face economic insecurity, including high percentages of Latino and Black elders. Older women are more likely to be poor than are older men.

## LIKELIHOOD OF POVERTY IN 65+ POPULATION

	Men	Women
All 65+	12%	17%
White non-Hispanic	10%	14%
Black non-Hispanic	18%	25%
Hispanic	28%	31%
Married	11%	12%
Divorced	15%	19%
Widowed	15%	20%
Never married	21%	29%

Source: Current Population Survey, U.S. Bureau of Labor Statistics

### **ASSETS AND INHERITED WEALTH**

White Americans receive more than twice the amount of income from assets as do African Americans. More than 55 percent of Whites can count on proceeds from property, investments, annuities, and other assets, compared to 26 percent of African Americans.

When it comes to inherited wealth, Whites again outpace Black beneficiaries both in percentage and in wealth accumulation. Thirty percent of Whites have inherited wealth, with an average inheritance of \$195,000. Only 10 percent of African Americans inherit more than \$100,000.

### **RETIREMENT SAVINGS**

While 65 percent of White Americans have retirement savings with an average balance of \$50,000, only 44 percent of African Americans have savings for their post-work years, with an average of \$20,000 in retirement accounts. (Federal Reserve) Additionally, 34 percent of Black Americans have stock and mutual funds; half of all Whites do. Overall, White families have five to six times more retirement savings than African American families.

Unsurprisingly, this disparity is even more pronounced within the older population, and particularly so for Black women after a lifetime of lower employment levels, lesser pay, fewer opportunities for advancement to high-paying jobs, less disposable income, and limited retirement plan opportunities. Black women who live alone have a median retirement income of \$17,843 per year, compared to \$23,114 for White single women.

### **SOCIAL SECURITY AND PENSIONS**

Social Security benefits are a lifeline for most Older African Americans. For 35 percent of older Black married couples and 58 percent of unmarried African American elders, Social Security accounts for most, if not all, of their regular income. Without those benefits, the poverty rate among African Americans nearly triples from 18 percent to 51 percent.

At the same time, the average older Black man receives only \$16,265 a year from Social Security while the average older Black woman receives \$13,574 annually. Those amounts are \$1,500 to \$2,500 below the average for all seniors.

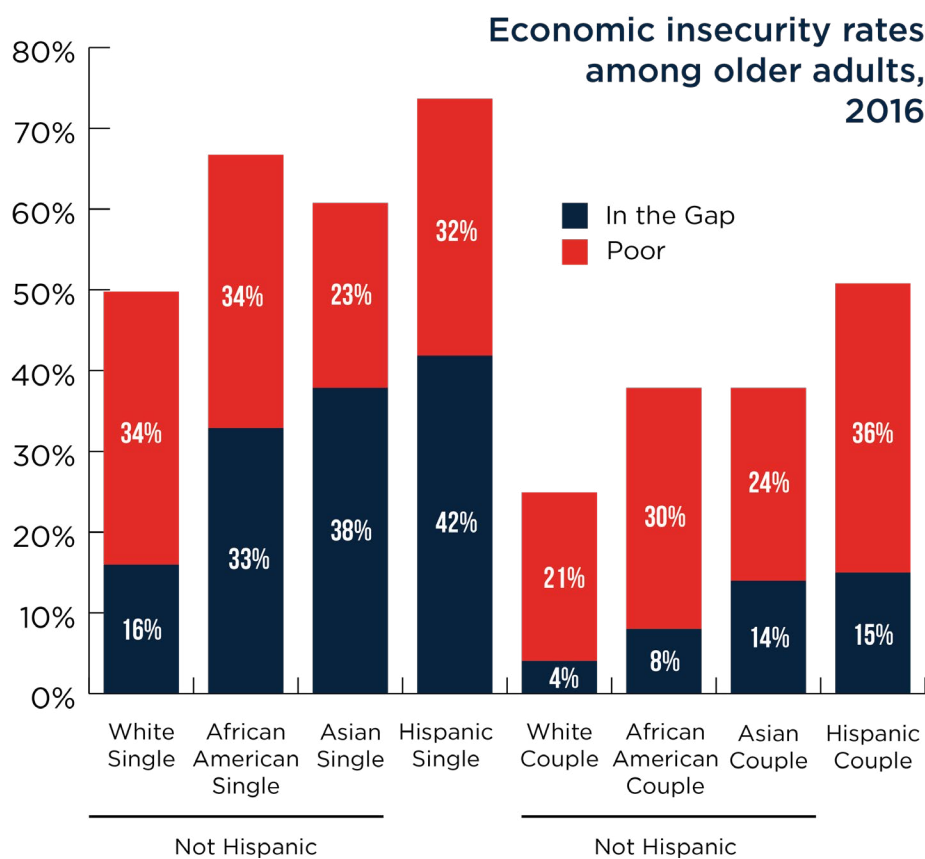
***The Black White Wealth Gap Left Black Households More Vulnerable***

—Brookings Institution

## **THE ACTUAL COST OF LIVING**

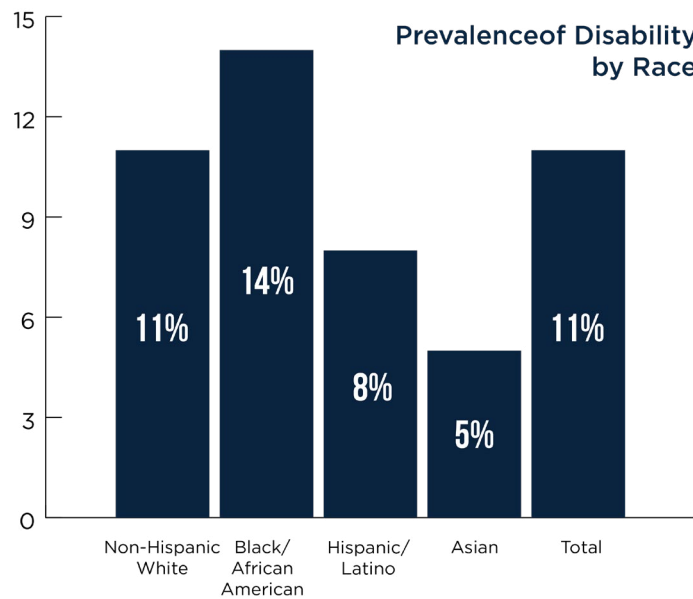
Because of historically lower wages, lesser savings, the rarity of pension plans, and fewer assets than their White peers, Older African Americans are at a decided disadvantage in navigating the ordinary living expenses like housing, utilities, transportation, healthcare, and even food.

The AARP Foundation reports that 23.2 percent of Older Black Americans are food insecure, “unable to afford or readily access a diet of fresh, nutritious foods,” compared to 6.2 percent of Older White Americans.



Source: U.S. Census Bureau

Moreover, Feeding America reports that adults with disabilities are more than twice as likely to suffer food insecurity than non-disabled adults.<sup>14</sup> In fact, the adverse effects of disability are circular, affecting employment possibilities, earned income potential, savings, and healthcare expenditures. The Census Bureau’s American Community Survey finds that 37 percent of disabled Black adults are impoverished compared to 27 percent of all races.



Source: U.S. Census Bureau

## HOUSING

The vast majority of older Americans own their homes, including 62 percent of Older African Americans, and 82 percent of White seniors. But when it comes to net worth within those households, racial statistics diverge. For example, the median net worth of older African American households is less than \$60,000, compared to \$255,000 for older White households.<sup>15</sup>

### Average Living Expenses for 65-and-Older Americans

	Owner with No Mortgage		Owner with Mortgage		Renter	
	Older Single	Older Couple	Older Single	Older Couple	Older Single	Older Couple
Housing	548	548	1,469	1,469	915	915
Food	257	471	257	471	257	471
Transportation	259	399	259	399	259	399
Healthcare	395	790	395	790	395	790
Misc.	292	442	292	442	292	442
<b>Monthly Totals</b>	1,751	2,650	2,672	3,571	2,118	3,017
<b>Yearly Totals</b>	21,012	31,800	32,064	42,852	25,416	36,204

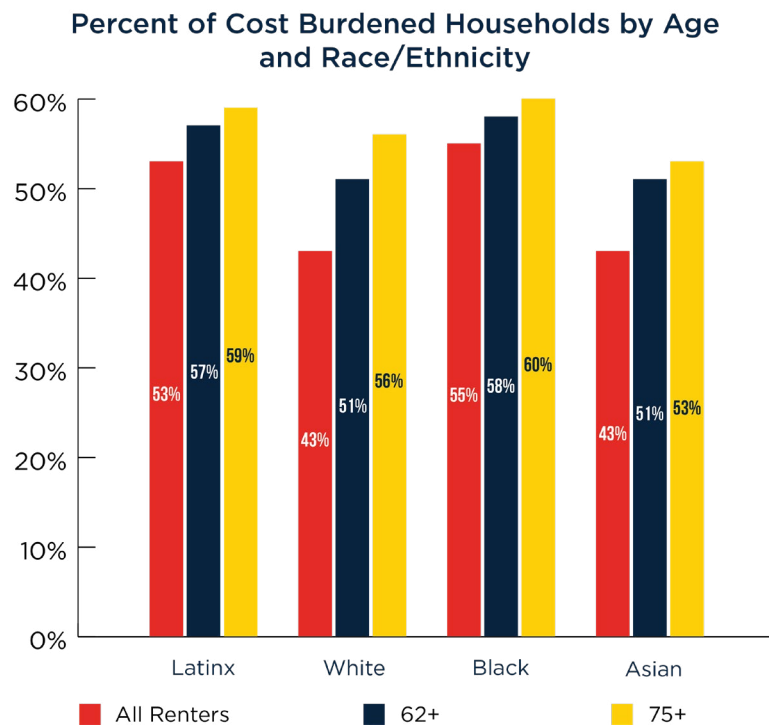
Source: Center on Social and Demographic Research on Aging Publications

Half of all Older Americans who live alone and one-fourth of older couples cannot afford their current standard of living. Many skimp on meals, endure discomfort to save on energy costs, ration their medications, and forego social, religious and community events – and even medical care – because of transportation costs. Among the two-thirds of Older African American who live alone, the poverty rate skyrockets to 50 percent or more.<sup>16</sup>

The percentage of older Americans who rent their homes is projected to increase from 21 to 23 percent by 2035. More than half of Black renters are cost-burdened, and 31 percent are severely so. Along with 11 million homeowners, up to 64 million renters will be cost-burdened by 2035. Nearly 9 million will face severe financial strain.<sup>17</sup>

Older Black households are more likely to be Extreme Low Income (ELI) renter households than any other racial cohort. Their numbers are slightly higher than Older Hispanic, Asian and Native American households but more than three times the rate of older White ELI households.<sup>18</sup>

The plight of ELI renters is exacerbated by the scarcity of affordable units. The Center for Housing Policy found that only 36 units are available for every 100 renters “with many states and localities having an even lower supply.” This dilemma has led a surge in homelessness among older adults, the fastest growing segment of the country’s homeless population. Without remedy, the number of homeless elders could triple by 2030.<sup>19</sup>



*Source: National Low Income Housing Coalition*

## PUBLIC HOUSING

More than one million American households live in publicly subsidized housing and 56 percent of them are headed by a person who is 62 or older, or one who has disabilities. Given that 44 percent of public housing residents are Black, Older African Americans are likely to represent a high percentage of public housing residents.

Despite the large and growing population of aging and disabled tenants, fewer than 20 percent of subsidized renters live in units that have features such as wheelchair ramps, step-free entries, wide doorways and faucets with levers. Forty-four percent of units with elderly tenants need accessibility adjustments.<sup>20</sup>

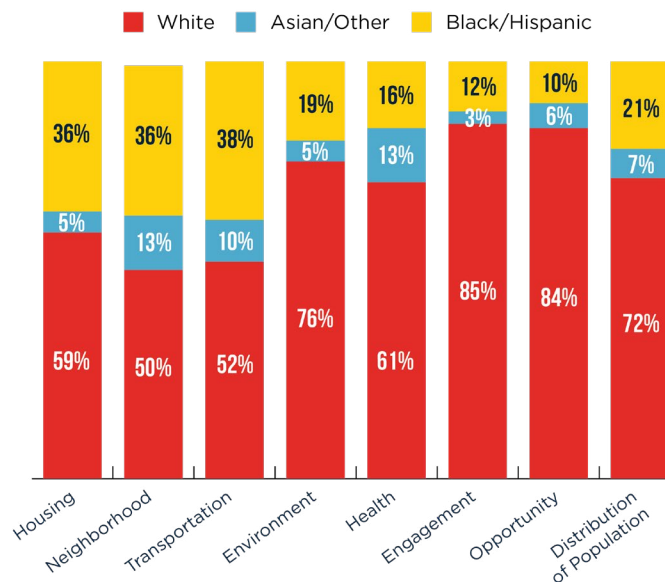
## THE LIVABILITY INDEX

Regardless of whether they own or rent their homes, 66 percent of older Blacks live in high-poverty neighborhoods, compared to 20 percent of White seniors. Remarkably, nearly one-third of upper income Black elders live in high-poverty neighborhoods – ten percentage points higher than the rate for White seniors with low incomes.

“Residents of economically disadvantaged neighborhoods...are more likely to suffer from chronic diseases, mobility issues, cognitive impairment, and accelerated biological aging than those living in more economically prosperous neighborhoods,” notes the American Society on Aging.<sup>21</sup>

### White Older Adults Have Greater Access to Neighborhoods with the Most Engagement and Opportunity

Shares of Older Adults in Neighborhoods that Score Highest on Each Element of the Livability Index



Source: AARP Livability Index 2018



# LONG-TERM CARE & ASSISTANCE

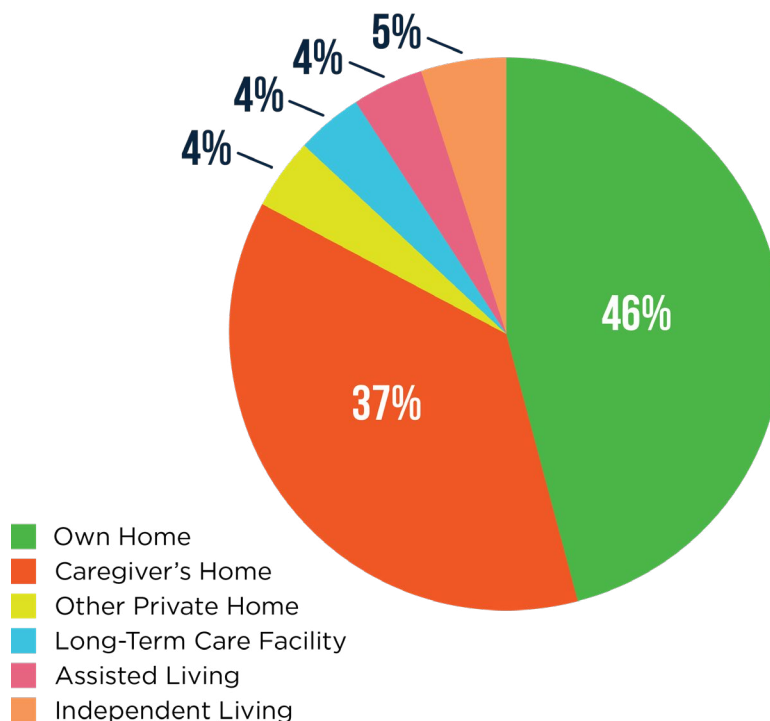
The U.S. Department of Health and Human Services estimates that nearly 70 percent of all 65-year-olds will need long-term care services as they age.

Given that Older African Americans have less healthcare access and coverage, lower incomes, poorer housing, and fewer retirement savings and pension benefits than their White peers, the availability and affordability of such services present another serious challenge.

While about 28 percent of all Older Americans say they are hindered by one or more age-related difficulties—e.g., diminished mobility, vision, hearing, motor skills, and cognitive skill—more than 38 percent of Older African Americans report impairments to daily living activities.<sup>22</sup>

Ten million older Americans are beneficiaries of programs under the Older Americans Act, including homemaker, transportation, adult day care, and nutrition assistance services. One-half of Older African Americans rely on food stamps, Meals on Wheels, and other social services to subsist.

However, those programs do not meet the needs of Older African Americans who require assistance with Instrumental Activities of Daily Living (IADL) such as cooking, eating, bathing, taking medications, transportation, and dressing themselves. With the cost of assisted living and continuing care retirement communities out of range—the median cost approaches \$50,000 a year<sup>23</sup>—financially strapped elders are left with three options: struggling on their own, in-home assistance, or nursing home care.



Source: AARP, National Alliance for Caregiving

## **IN-HOME CARE**

Aging in place—i.e., remaining in one’s home—is preferred across the aging spectrum, regardless of race, ethnicity, or income. But that option poses increasing risks as time whittles away at physical and mental faculties. Older people who live alone—28 percent of older Black men and 39 percent of older Black women—must rely on regular outside help to reduce the probability of worsening conditions.<sup>24</sup>

In 99 percent of cases, caregivers of persons aged 50 and over are needed to help with at least one IADL. On average, caregivers of aging African Americans handle nearly five IADLs. These caregivers also take on more “advocacy” duties—monitoring conditions, communicating with healthcare professionals, and representing their clients in business matters.

Whereas 45 percent of caregivers for all Americans age 50+ are the sole providers of care and are unpaid, that percentage jumps to 52 percent for Older African Americans. In the vast majority of unpaid assistance, the caregiver is a relative or close friend.

Among Older African Americans, 42 percent live with relatives or friends and rely on them as caregivers, compared to 33 percent of White elders.<sup>25</sup>

In those cases, some caregivers are paid—when the recipient gets a waiver for in-home care or when he or she can contribute to caretaking expenses. Still, a caregiver for an Older African American is highly likely to hold down a paying job averaging 37.5 hours a week in addition to his or her caregiving duties.

Although most such caregivers say their aging kin deserve their help and that it is rewarding work, that arrangement often produces its own set of problems for caregivers, including high rates of anxiety and stress, increased expenses and debt, and trouble on the job because of late arrivals, early departures and missed workdays on behalf of their live-in elder. Nonetheless, 31 percent of caregivers of Older African Americans report feeling isolated and exhausted.

## **NURSING HOME CARE**

Residency in U.S. nursing homes has declined in recent years, but Older African Americans are still inordinately represented in that population. While they compose 9 percent of the 65-and-older population, Black elders make up more than 14 percent of residents in nursing homes, even though the cost is significantly more than that for an assisted living facility. However, most if not all expenses in assisted living facilities are paid by the tenant, while most Black nursing home residents rely on Medicaid to cover the costs of about \$89,000 a year for a semi-private room.<sup>26</sup> Here again, the reason is manifest. Whereas 70 percent of older White adults have annual incomes of \$30,000 or more—with 40 percent receiving \$60,000 or more—65 percent of Older African Americans receive less than \$30,000 a year.<sup>27</sup>

Further, Older African Americans tend to be concentrated in nursing homes with low-ratings and a history of citations for violations of health and safety standards. Forty percent of Black nursing home residents live in lower-tier facilities, compared to 9 percent of Whites.<sup>28</sup> According to the Nursing Home Abuse Center, African American residents are three times more likely to be physically, emotionally, sexually, and/or financially abused than are White residents.

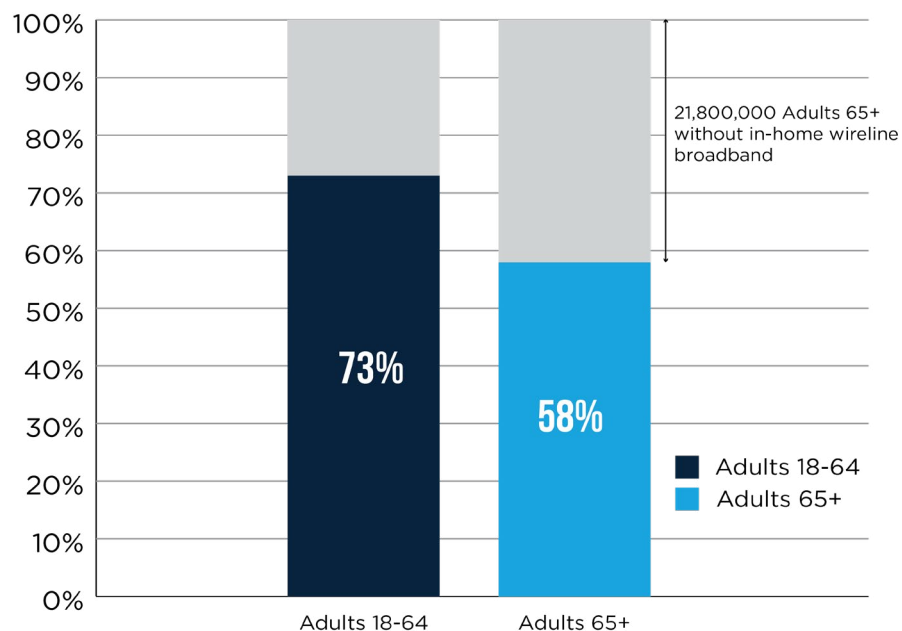
## TECHNOLOGY

If not before, the Covid-19 pandemic proved the importance of online connections to healthcare professionals, delivery services, transportation services, classrooms, religious services, and family. Hence, the absence of high-speed internet connectivity—once, a mere inconvenience—now carries significant consequence.

This so-called “digital divide” is widest between the 65-and-over cohort and the rest of the population. Forty-one percent of Americans aged 65 and over have no access to high-speed internet. This means 22 million Older Americans must rely on substantially slower dial-up technology, which is notorious for dropped or “frozen” connections and ties up landline phones when online.<sup>29</sup>

Such “digital deserts” exist in all 50 states, particularly in rural areas. In seven states—Alabama, Arkansas, Kentucky, Louisiana, New Mexico, North Dakota, and West Virginia—at least one-fifth of the population has no broadband service.

**Percentage of Americans With in-Home Wireline Broadband**



Source: American Community Survey, U.S. Census Bureau

Where broadband is available, the cost of service—nearly \$70 a month on average—prohibitive for low-income customers. Indeed, many cannot even afford a desktop, laptop, or tablet needed to access the internet, which renders connectivity concerns moot.

Older African Americans are one-fifth as likely to own a computer or have internet access compared to Older White Americans. Black elders who receive Medicaid assistance are half as likely to own a computer.<sup>30</sup> Across the Black community, 14 million Americans have no access to computer technology in their homes. Thirty-five percent of African American households have no broadband.<sup>31</sup>

The paucity of computers, high-speed internet, and training “excludes, marginalizes, and disenfranchises those who are older, have low incomes, have low health literacy, and/or are members of minority groups,” says Dr. Ruth Tappen, Florida Atlantic University nursing professor and lead author of a study titled “Digital Health Information Disparities in Older Adults.”<sup>32</sup>

During the Covid-19 pandemic, the Federal Communications Commission initiated the Emergency Broadband Benefit Program to help low-income Americans get or stay online. The program’s offerings included a one-time, \$100 discount for the purchase of a laptop, tablet or desktop computer, and a \$50-75 monthly discount on broadband service.

Applicants were required to meet at least one of the following criteria:<sup>33</sup>

- Income that is at or below 135% of the Federal Poverty Guidelines or participates in certain assistance programs, such as SNAP, Medicaid, or Lifeline
- Approved to receive benefits under the free and reduced-price school lunch program or the school breakfast program, including through the USDA Community Eligibility Provision, in the 2019-2020, 2020-2021, or 2021-2022 school year
- Received a Federal Pell Grant during the current award year
- Experienced a substantial loss of income due to job loss or furlough since February 29, 2020, and the household had a total income in 2020 at or below \$99,000 for single filers and \$198,000 for joint filers
- Meets the eligibility criteria for a participating provider’s existing low-income or COVID-19 program.

Although the discounts and subsidies are commendable, the FCC program had no remedy for the lack of broadband technology in low-income and rural communities, nor for the low digital literacy rates in underserved communities. Although digital literacy is improving among all age groups—the more educated and more affluent, the greater the literacy rate—studies show that only 26 percent of Older Americans say they can use computers, smartphones, and/or the internet without assistance.<sup>34</sup>

# CONCLUSION

*Black and Aging in America* is not merely a compendium of statistics and numbers; the findings paint a picture of how Older Black Americans fare in the United States relative to other ethnic groups—portrait that is in many ways undeservedly bleak.

With the ever-growing plight of poverty, insufficient income, the lack retirement savings, substandard housing, the lack of affordable health care and the rising cost of prescription drugs, as well less available and less affordable long-term care, the needs of Older Americans, particularly minority elders, are ponderous. Moreover, as the number of aging Americans grows, so do the egregious social, financial, and health disparities addressed herein.

As demonstrated in this report, many Older Americans must work longer, live on reduced savings, and forgo the enjoyment of their golden years regardless of race, ethnicity, and economic status. They desperately need the nation's focus on this unsustainable condition. Going forward, the heretofore forgotten must be factored into every social and economic calculation.

NCBA is committed to ensuring that the voices of aging African Americans and Black immigrants are heard and heeded. It is our foremost mission to bring their needs to the fore of public debate and policy.

We know that what accounts for the shameful disparities between White and non-White elders is not race itself but rather the circumstances attached—and often assigned—to race by misguided and even malevolent practice, law, policy, and custom. These injustices must be addressed honestly and immediately if the unconscionable duality is to end.

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***If U.S. policy- and lawmakers do not remedy the current racial and ethnic disparities within the aging population, they imperil not only the country's global reputation and moral integrity, but also the prosperity, health, and quality of life for all Americans.***

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The National Caucus and Center on Black Aging, Inc. (NCBA), a 501(c)3 corporation, is the only national organization dedicated to improving the quality of life for Older African Americans.





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