Socio-Economic Factors and Their Effects on the Nutrition and Dietary Habits of the Black Aged

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Abstract

A review of selected literature was conducted to examine the socio-economic and nutritional status of the black elderly. Strong evidence that links adverse dietary habits to socio-economic factors is presented. The authors relate these to the group that is most affected by this — the elderly black poor. They discuss what needs to be done to develop processes and programs that promote and protect the nutritional health of the nation’s black elderly.

Introduction

The increased proportion and numbers of elderly persons in the United States has caused growing concern about the role of nutrition in health and longevity. Although research among the elderly is proliferating along with a growing concern about the number and the plight of the old in society, the main nutritional thrust has been the collection of data from the white segment of the population. In order to better understand the food habits of groups of people, it is necessary to develop a more detailed understanding of their culture, economic status, and social habits with regard to food and nutrition.

Nearly 2.8 million black people in the United States were 60 years or older in 1968 and lived on substantially lower incomes, than elderly whites. The social and economic status of elderly black people has improved between 1970 and 1975; however, they continue to have to use a large proportion of their income for food, shelter, and other basic necessities.

Rosen confirmed that blacks have significantly poorer nutritional health than the rural white elderly; twice as many blacks as whites receive public assistance. However, whites have significantly less social interaction with family members than blacks. Research from Ramsey’s 1972 study stressed the need for more information about daily activities and energy expenditures of aged blacks, in order to better understand nutritional need. He also reported that this information could alert health care providers to the frequent lack of sufficient iron and calcium among many aged blacks in the South.

Nutrition of the elderly is an important concern of the federal government as demonstrated by the infusion of millions of dollars through Title VII of the Older American Act, the Federal Food Stamp Program, and other interventions. However, federal policy directs nutrition centers (congregate and home delivered meals) to serve meals which provide only one-third of the recommended daily allowance of major nutrients, regardless of the local patterns of deficiency, habits, and culture. This means that two-thirds of the recommended daily allowance of major nutrients may be lost to some people.

Nutrition for the aging can be effective only when the principles are applied within the framework of the individual’s lifestyle and environment. Therefore, it is imperative that the programs mentioned above be examined and evaluated.

The purpose of this article is to review pertinent literature that focuses on the socio-economic and nutritional status of the black elderly. Also, the socio-economic trends in the United States affecting the black elderly will be examined in order to demonstrate the effect of their lifestyles and culture on their dietary habits and nutritional stages.

The Administration on Aging reports that the following three groups will increase in numbers most dramatically in the present decade: the old-old females (those 75 years of age and over), the non-white, and the minority elderly. This trend has serious implications for the allocation of resources, for

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manpower research and training, as well as for public policy formation. An issue such as an equitable allocation of resources to be provided in the 1980s and beyond must be addressed in order to meet the increased need and numbers of minority elderly. Policy planners, decision-makers, and health providers have to be better sensitized to variables of ethnicity, race, culture, and socio-economic status if they expect to develop appropriate plans and policies.

Review of Selected Literature

Socio-economic Status of Black Elderly

A paucity of literature exists concerning the lifestyles, culture, and socio-economic status of the black population. This is evidenced by the exceptionally low number of empirically founded studies that relate to their nutritional status. Also, little has been found that describes or analyzes data about specific problems and conditions of the black aged. For any black man or women, now 60 years or older, the attitudes, behaviors, and life expectancies reflect the circumstances and conditions prevailing in the United States during his or her formative years.

These concerns were recognized as early as 1964 by the National Urban League. Their comprehensive study, appropriately entitled "Double Jeopardy," reported that social and economic indignities such as unequal opportunities for education, housing, and employment as well as inadequate medical care are brought to old age by blacks, therefore placing them in double jeopardy by being black and old. More recently, there has been discussion about multiple jeopardy in relation to the added burden of being poor, uneducated, and female.

Some minorities in America have retained their own cultures; however, the black sub-culture resembles more closely that of the dominant white culture. Slavery removed black people from their basic cultural African ties by separating families. Later, Reconstruction offered them freedom, but no real changes in their social or economic status. The Black Revolution of the 60s attempted to promote change.

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However, most of today's black elderly refuse to accept the gains brought forth by this action.

Each individual brings to old age all those cultural attitudes and beliefs that have resulted from many years of socialization within an ethnic group. His cultural heritage includes a value system, a world view, and a normative structure. The way in which an individual integrates these elements results in his unique personality.

Baird and Schulz found that lifestyle, attitudes, and behavior can and do affect dietary intake and nutritional status. Although the biological needs for food, water, sleep, air, or elimination are universal, the ways in which they are met are quite different.

Not only do food preferences vary according to ethnicity, but older persons differ in their eating habits from younger persons within the same ethnic group. For example, the much discussed "soul food" of the southern black may be enjoyed by the 70-year-old because of its in-group associations, but be disliked by the 45-year-old because it reminds him of an environment he is trying to forget. Food preferences, then, may be age-related as the direct result of the era and region of early socialization.

According to Shock and Grenby, income is the strongest determinant of nutritional status. The U.S. Department of Commerce's 1978 statistics of the black population reported that one out of every three black aged lives at or below the poverty line. Aged blacks are about three times as likely to be poor as elderly whites (32% of all blacks 60 years or older lived in poverty in 1978, in contrast to 11% of elderly whites). Nearly 1.3 million older blacks are either poor or marginally poor. The net impact is that almost one out of every two aged blacks (46%) either lives in poverty or is so close to it that there is no appreciable difference between them. The same statistics reveal that older blacks live on substantially less income than 60% of that for white males. In the case of black females, it ranges from 66% to 76% less than the median income for white females. Therefore, their ability to afford adequate nutrition is greatly reduced.

Furthermore, the 1978 U.S. Statistics show that black males, 65 years and over, have an unemployment rate more than twice that for elderly whites. The rate is 73% higher for black men 60 to 64 years old than for similarly situated aged white males. Lower educational attainment contributes markedly to the generally higher unemployment levels among elderly blacks as well as their "lower economic status." The median level of education for blacks (both sexes) 60 to 64 years old is barely above the eighth grade. The median level for the very elderly blacks (those 75 or older) is only slightly above "functionally illiterate." (Persons are considered functionally illiterate if they have completed less than 5 years of schooling.) The adverse effects on ability to purchase food or have knowledge about food and nutrition is clear.

During the 1971 White House Conference on Aging, the National Caucus for Black Aged stated "an adequate income would eliminate any need for food assistance or substantial funds for comprehensive nutrition programs, for older persons would not be in poverty and would be able to purchase their foods in the modal American manner..." What all this means is that blacks are more likely to have nutritional deficits related to a lack of financial resources than whites.

Nutritional Status of Black Elderly

Both the Ten-State Nutritional Survey and the 1970 First Health
and Nutrition Examination Survey (HANES) confirm that blacks over age 60 are especially nutritionally vulnerable. LeBovit and Baker also reported that diets of low-income people tend to be lower in nutritional quality than do diets of the average population.

Food, for example, absorbs more of the black family budget than do white family disbursements for comparable income. Food sources in black neighborhoods tend to be priced higher than those in white neighborhoods. Some of the reasons given are high crime, theft, and security costs in the black neighborhoods. Also, there is a lack of mobility results in higher food costs for blacks. This demonstrates why when it comes to food prices, black people pay more than whites.

The common deficiencies found among blacks include insufficient amounts of Vitamin A, C, Iron, and Calcium. However, standards of measurement for nutrient intake have not been consistent. Several of the large surveys established their own standards, but most studies use the Recommended Dietary Allowance (RDA) of the National Research Council. The RDA allowances were first established in 1971 and have been revised eight times and represent amounts of essential nutrients that should be consumed daily. The RDA also sets standards for energy allowances (calories) but their recommendations have been questioned by research nutritionists who feel that the RDA recommends overconsumption of food to meet energy needs of the elderly.

No specific statistics were found regarding the intake of Vitamins A and C as relevant to the black population even though it has been stated that they are deficient in these nutrients. In a study of elderly people with low or moderate income in rural Pennsylvania, 63% of the subjects' intake of Vitamin A was below two-thirds of the RDA. However, this area of the U.S. does not represent a true sample of the black population.

Gershoff et al. in examining 779 subjects over 60 years of age, found that as a group, black women showed lower hemoglobin and hematocrits than white women. The mean intake of iron was less than the standards of 10 mg for the low income group as surveyed by HANES. One factor in inadequate intake of iron for blacks is the relative expense of iron-rich foods such as meat, green vegetables, and eggs. Another factor is that they consume large amounts of inexpensive bread and cereal products which are relatively low in iron but high in phosphate. It has been demonstrated that large amounts of phosphate inhibit iron absorption.

Both the HANES and Ten-State Survey found that all black subjects, regardless of individual dietary patterns in the majority of old people remain similar to those which they have acquired at an earlier age. Diets of the elderly blacks during their formative years reflect the lack of income to buy nutritious foods. Meals were designed to suppress hunger and supply energy; consequently, meals were chosen for quantity not quality.

Early surveys by nutritionists revealed that dietary intake and nutrition are positively related. Social interaction should be considered when planning or intervening in the dietary habits of elderly blacks because their social relationships serve as a source of strength and support.

Social interaction should be considered when planning the diets of elderly blacks because their social relationships serve as a source of strength and support. Hill enumerates the special strengths of black families as: 1) adaptability of roles; 2) strong kinship ties; 3) strong religious orientation; 4) strong work orientation; and 5) strong achievement orientation. Of these, strong kinship ties and strong religious orientation will be discussed.

Even poverty does not serve as a reason among elderly black people for not sharing their limited resources with others. This sharing especially relates to food because meal time is considered "a most happy occasion." The function of food selection and preparation cannot be overemphasized. Most of the elderly blacks who have living relatives can legitimately depend upon them for their nutrition and housing needs. Even though the majority of all old black people and a significant, though smaller, proportion of their relatives live in poverty, they attempt to "squeeze blood from a turnip" in order to provide assistance to each other.

One of the strengths of black families that has been widely discussed, but less frequently empirically documented, is their strong religious orientation. The black church has since the days of slavery
been the strongest social force among older blacks. In the days of plantation living, church going was usually the only permissible avenue of group activities. Hence, the black church became not only a means of spiritual subsistence but a major, and often the only, outlet for social relationships. It often plays the same role for the elderly blacks today. "Dinners" are often served in the church dining hall after "special" services. Also, one of the most prestigious acts of socialization within the church is to invite the "preacher" home for Sunday dinner.

According to Hanson social support and satisfaction are factors of immense importance in maintaining personal well-being throughout the life cycle, particularly in old age, in view of the loss of status of the elderly in society today.

Knowledge Gaps

One of the most significant gaps in the level of knowledge regarding nutrition of the black aged might be narrowed through the development of normative and behavioral studies of the black aged. These studies should be done in their communities and focus especially on family, religion, economic, and social patterns. Very little data on this exists. Most of the literature reviewed included subjects of blacks versus whites. Very few of the studies were available that utilize only black subjects and the effects of their diet on aging. In most of the studies blacks have either been excluded or included in an undifferentiated sample. For example, in earlier censuses (1900-1960), no separate data on age composition of the black population were presented. In addition to blacks, the non-white group included American Indians and Orientals. However, any steps taken toward increasing knowledge regarding the nutritional status and needs of the black aged in America can be done with special efforts to collect and analyze specific data about this group.

A function of socio-economic status includes the ability to afford good nutrition. Since elderly people are often unable to do this they should be encouraged to eat meals with others, pooling resources either through a community congregate meals program or by taking turns hosting a meal for friends. The dining rooms of black churches would be ideal places for congregate "pot-luck" meals. This would foster social interaction at mealtime and also provide nutritious meals.

Another important information gap is that there is little knowledge of optimal nutrient intake for those who are already old. Current knowledge of nutrient needs is supported primarily on data from relatively limited periods of life, notably, the young child and young adult. The needs of the adolescent and the elderly are areas in which little or no information could be found. The eighth revised edition of RDA has only two age categories for adults; namely 23 to 50 and 51 and over. Therefore, it is important to know how much of each nutrient is needed at age 65, 75, and 85, a span over which energy intake can fall by 20%. Wide gaps in information concerning the elderly in general and the black elderly specifically are apparent.

Still another gap pertains to nutrition counseling and planning for nutritional programs. Templeton concluded: "Dietary program designs should appeal to all clients, with particular emphasis given to those who have lower levels of formal education and income, two factors shown to be related to dietary inadequacies." For this reason then, any planning for nutritional programs should include all aspects of the population in which planning is to be done, i.e., ethnic, cultural, and physical elements all of which are important because of the intense social function of food and feeding for the elderly. Failure to do this can result in less effective outcomes for programming because the elderly in general and black elderly specifically account for a large proportion of the population with low income and less formal education.

Summary

This article focused on the socio-economic and nutritional status of the black elderly. The selected literature points out that many of the problems related to the low socio-economic status have a negative impact on the nutritional status and dietary habits of black elderly. The level and diversity of food consumption has been related to knowledge about cultural backgrounds, food, living arrangements, socio-economic status, family relationships, and availability and accessibility to food sources. All of this should be assured for the elderly in general and black elderly specifically. It seems clear then that this is a complex issue in which health care professionals must become involved.

Recommendations

The need for empirically grounded research in nutrition and aging, especially for the black elderly, is clear. Steps taken toward increasing the knowledge about the nutritional status of the black aged can provide a theoretical base and conceptual framework for health care workers. For example, health educators could be provided with more accurate information about the socio-economic and cultural factors that determine eating patterns of the black elderly. This information could facilitate the planning and implementation of adequate educational planning in nursing. This type of information could also lead to valid and reliable studies of this aged population's nutrition and could contribute further to the knowledge and understanding of the nutritional factors on aging for this group.

The following recommendations are suggested:
1. Longitudinal studies of the black population in general and the black elderly specifically could be done by:
   a. establishing baseline data on their dietary habits and nutritional status
   b. comparing eating patterns and their effect on aging
   c. attempting to determine the extent to which socio-economic or environmental factors impact upon their dietary habits
   d. collecting empirical data on the normal aging process within this population
   e. evaluating systematically and making changes when necessary

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2. Establish daily nutritional requirements for all persons 65 years and older that are based on hard data.
3. Provide counseling and programs for the elderly that are based on reality factors.
4. Design federal programs to assure the financial resources necessary for adequate nutrition.
5. Develop information systems that are directed toward program implementation for the education of nurses and other health professionals.

References