



Listening to Older Black Californians

How Aging Women Face the “Triple Jeopardy” of Race, Gender, and Age in Health Care

Background

Black Californians are a heterogeneous population, and this is reflected in their varied health care experiences. For aging Black women, the double jeopardy of older age and racial minority status becomes a “triple jeopardy” with the addition of gender. This group experiences three intersecting systems of oppression — racism, sexism, and ageism — that exacerbate their negative health care experiences. This fact sheet uses an intersectional approach to highlight the health care experiences of aging Black women in California and the efforts they take to maintain their health and increase their chances of receiving fair treatment. It also makes recommendations to address racial, gender, and age-related bias in health care.

Aging Black Women Take Their Health into Their Own Hands

Aging Black women actively engage in efforts to improve or maintain their health through self-advocacy, self-monitoring, and other forms of self-care. Nearly 90% of Black women age 45 or older speak up about their concerns when going to the doctor “a great deal” (68%) or “quite

About the Study

In 2021 and 2022, Black-owned research firm EVITARUS conducted the *Listening to Black Californians* study for CHCF. In [100 individual interviews](#),¹ [18 focus groups](#), and a [statewide survey of 3,325 adult Black Californians](#),² participants described their attitudes toward their own health and their experiences with the health care system. In 2024, The Lincoln Lab at the University of California, Irvine, led by Dr. Karen D. Lincoln, conducted new, in-depth data refinement and analyses of the survey data focused on Black older adults. Findings presented in this fact sheet are representative of middle-aged and older Black women in California.

About the Participants: Black Older Women

The *Listening to Black Californians* study offers the opportunity to examine experiences of both older women (age 65 or older) and middle-aged women

(age 45–64), collectively referred to here as “aging women” or “older women.” The study included aging women as participants in hour-long interviews (28 participants), focus groups (12 participants), and a statewide survey (1,022 participants). This study is notable for the large number and diversity of Black aging women across California who participated in the qualitative and quantitative phases of the research. This fact sheet is based on data from the study’s 1,752 middle-aged and older adult survey participants (1,022 women and 730 men); illustrative quotations come from the study’s individual interviews with women. See Appendix A for a demographic breakdown of the aging Black female survey respondents.

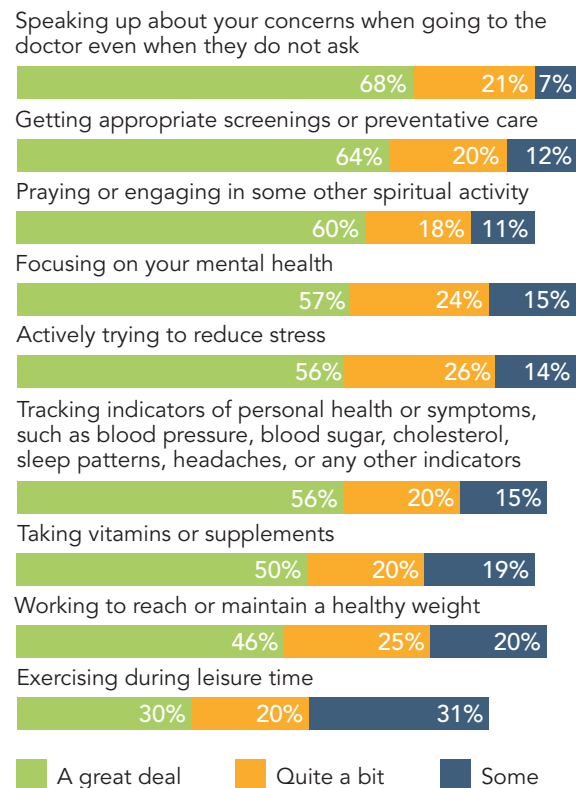
a bit” (21%), even when they are not asked (Figure 1). Almost 85% of aging Black women report getting appropriate screenings or preventative care “a great deal” (64%) or “quite a bit” (20%). The majority of aging Black women report engaging in prayer or other spiritual activities “a great deal” (60%) or “quite a bit” (18%) to maintain or improve their health. Similar numbers focus on their mental health, actively try to reduce stress, and track indicators of personal health or symptoms. Comparatively fewer aging Black women report engaging in exercise during leisure time to maintain or improve their health “a great deal” (30%) or “quite a bit” (20%). These personal efforts occur fairly consistently across age groups among middle-aged and older Black women.

“I try to eat a balanced diet. I try to keep my weight in check. I hate exercise, so we have a pool in the health center next door, and the only exercise I like is water aerobics. So, I’ll go over there when the pool is open, before the pandemic maybe two or three times a week, and do water aerobics. Again, I monitor my vitals, my blood pressure, my sugar every day. Stay on top of my medication, if I noticed anything that’s strange or out of the ordinary, I give my doctor a call. As a matter of fact, I just found out I got to get hearing aids.”

– 71-year-old Black woman, Inland Empire

Figure 1. Actions Aging Black Women Take to Improve or Maintain Personal Health

Q. Here are things that some people do because they think that these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it.



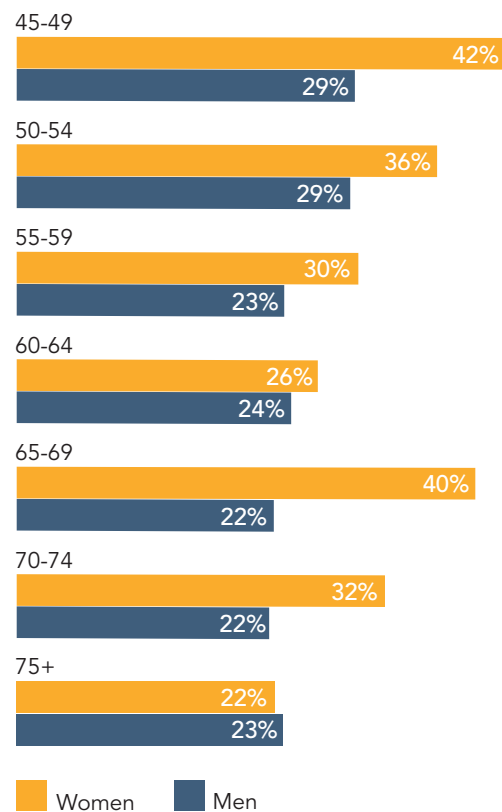
Note: Sample includes 1,022 Black female California residents age 45 or older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Figure 2. Experiences of Racism When Accessing or Receiving Health Care, by Gender and Age

Q: Have you ever experienced racism or discrimination when accessing or receiving health care?

Yes, %



Note: Sample includes 1,752 Black California residents age 45 or older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Racism in Health Care is Unevenly Experienced by Gender and Age

There were many similarities in reported experiences of racism in health care among middle-aged and older Black Californians overall. However, there were large differences by gender and age. Aging Black women face a unique triple jeopardy when accessing and receiving health care because of the combined effects of race, gender, and age. Aging Black women were more likely than aging Black men to report experiencing racism in health care. These differences were especially pronounced among women age 45–49 and 65–69, with 42% and 40% reporting experiences with racism when accessing and receiving health care, respectively, compared to 29% of men age 45–49 and 22% of men age 65–69 (Figure 2).

Aging Black Women Face More Pervasive Negative Experiences in Health Care Compared to Aging Black Men

Racism in health care impacts the entire health care experience of aging Black Californians. Patient wait times, whether a patient is respected or believed, provider interpretations of patient symptoms, treatment decisions, and ultimately patient health outcomes are all influenced by the attitudes and beliefs of providers and their staff. Aging Black women and men described a wide range of experiences with the health care system that can create barriers to receiving quality health care and achieving positive health outcomes. These experiences included providers

Figure 3. Experiences with Health Care, by Gender

Q. Thinking more generally about your experiences with health care visits, have any of the following ever happened to you...?

Yes, %



Note: Sample includes 1,022 Black female and 730 Black male California residents age 45 or older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022)

prescribing medication that patients didn't feel they needed, refusing to order tests or treatment that patients felt they needed, and not believing patients or blaming them for their health problems (Figure 3).

The effects of this triple jeopardy are reflected in the higher prevalence of reported negative health care experiences among aging Black women than among aging Black men. More than one-third of aging Black women reported they were prescribed medication that they didn't feel they needed (35%) compared to one in four aging Black men (26%). Aging Black women were more likely than aging Black men to report that their provider did not believe they were telling the truth (28% vs. 19%, respectively), and one in four women (24%) compared to one in five men (19%) reported that their provider refused to order a test or treatment that they felt they needed. More than one in five aging Black women reported that other patients were prioritized ahead of them (21%) and that a provider suggested that they were personally to blame for their health problems or conditions (21%). Fewer aging Black men reported these experiences.

Triple Jeopardy Differentiates How Aging Black Women Are Treated by Providers

In the United States, race is a more salient social characteristic than gender, age, and other attributes. So, it's not surprising that both Black women and Black men reported a greater frequency of poor

treatment from health care providers because of race than because of gender or age (Figure 4). However, because of their triple jeopardy experience, more aging Black women reported being treated poorly because of their race than did Black men across all age groups. Nearly half (49%) of women age 45–49 reported being treated poorly because of their race compared to 30% of men in the same age cohort. Four in 10 Black women age 50–54 (40%) and age 65–69 (38%) reported being treated poorly because of their race compared to 3 in 10 (32%) and 2 in 10 (22%) men in these age cohorts, respectively. Notably, across all Black aging adults, poor treatment because of race is reported least among Black women (12%) and Black men (9%) age 75 or older.

Gender bias also influenced poor treatment by health care providers among aging Black women more significantly than it did for aging Black men. Nearly one-fifth (17%) of Black women age 45–49 reported receiving poor treatment because of their gender compared to 10% of men in the same age cohort. Black women age 65–69 were three times more likely than men (14% vs. 4%, respectively) to report poor treatment because of gender.

Finally, the effect of ageism on health care experiences was more evident among Black women. Compared to aging Black men, middle-aged and older Black women were more likely to report that they were treated poorly because of their age, with more than one in five (21%) women age 65–69 reporting this

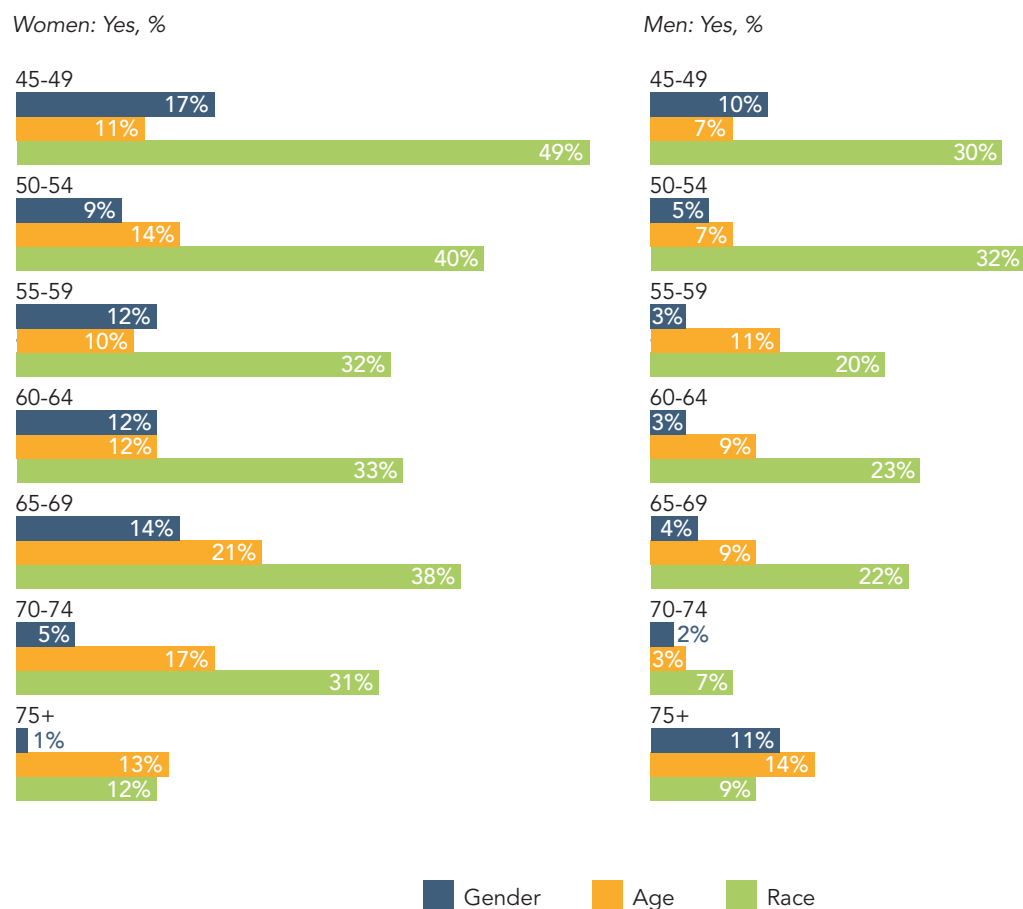
experience. Nearly two in 10 (17%) Black women age 70–74 reported being treated poorly because of their age, followed by 14% of women age 50–54. For women, the triple jeopardy effect tends to decline at more advanced ages with respect to poor treatment due to gender, but the effects of race and age on poor treatment are relatively stable across the life course.

"I've been going to this doctor I say about four years now...I had told her about this spot. And I told her I need to see a dermatologist. And I said, I do not want to go to any of the doctors in Madera because I have seen how they work...So she sent me to a doctor in Madera. And this doctor stood across the room (from) me, told me to lift up my shirt. And he diagnosed me from across the room. He never touched me. He never even seen what it was. And he gave me a prescription for...some kind of cream. And \$72. Huh? I'm like, wait a minute, you didn't even touch me,... How could you tell across the room when the spot is about the size of a quarter?"

– 73-year-old Black woman, Central Valley

Figure 4. Poor Treatment Because of Gender, Age, and Race, by Gender and Age

Q. Have you ever been treated poorly by a doctor, dentist, nurse, or other health care provider because of your race or ethnicity, age, gender, or gender identity?



Patient-Physician Interactions Highlight the Effects of Triple Jeopardy on Black Women’s Health Care Experiences

Gender’s impact on the health care experiences of aging Black Californians is evident in the interpersonal processes of care and the social and psychological aspects of patient–physician interactions.³ One domain of the interpersonal processes of care is *interpersonal style*, which includes the friendliness, respectfulness, discrimination, cultural sensitivity, and support from providers toward their patients.

Aging Black women were significantly more likely than men to report that they were not treated with respect during health care visits (Figure 5). Almost half (46%) of Black women age 45–49 reported that they were not treated with respect compared to 30% of Black men in the same age group. Black women age 55–59 were almost three times more likely than same-age men (33% vs. 13%, respectively) to report being disrespected by a provider. This type of treatment is reported less often by Black Californians who are age 75 or older, with just over one in 10 women and men in that age group reporting it.

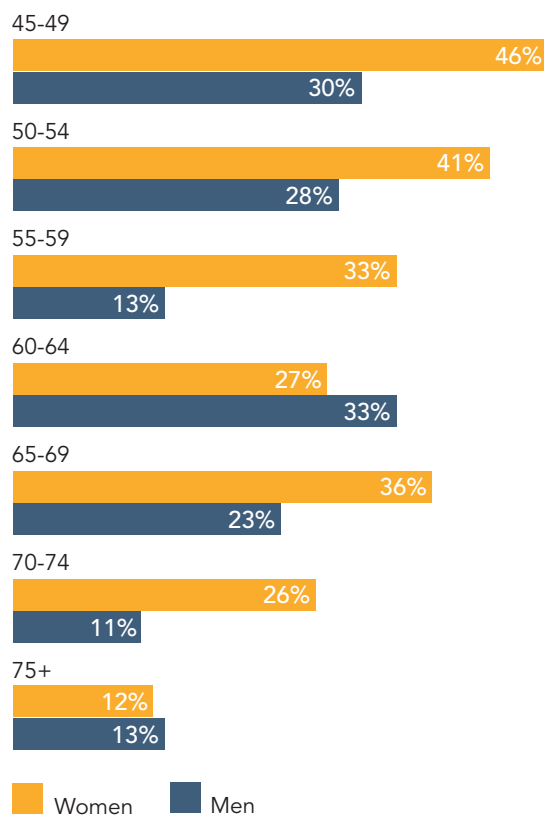
Note: Sample includes 1,022 Black female and 730 Black male California residents age 45 or older.
 Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

Figure 5. Disrespectful Treatment During Health Care Visits, by Gender and Age

Q. Thinking more generally about your experiences with health care visits, have any of the following ever happened to you?

— You were not treated with respect.

Yes, %



Note: Sample includes 1,022 Black female and 730 Black male California residents age 45 or older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

“Like they have your life in their hands and they can say whatever they want, like one little typo can determine how they treat you. You know, talk to me like crap. You know, like, it’s my fault you in here, and I’m wasting my time. I gotta be with you... That’s the attitude they come over to me as.”

– 73-year-old Black woman, Central Valley

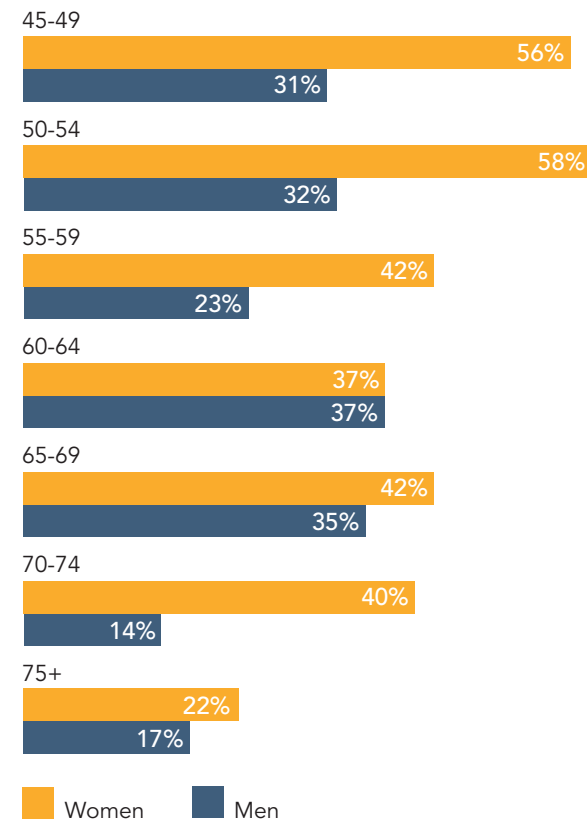
Another domain of the interpersonal processes of care is *communication*, including general clarity, elicitation of and responsiveness to patient concerns, explanations, and patient empowerment. Compared to men, aging Black women were more likely to report that their symptoms were not taken seriously during health care visits, with close to 60% of Black women age 45–54 having reported this treatment (Figure 6). As Black women reach age 55 or older, around 40% reported that their symptoms were not taken seriously during their health care visits. It is not until they reach more advanced age (75 or older) that this type of experience declines. Still, one in five Black women age 75 or older reported that their symptoms were not taken seriously by a health care provider.

Figure 6. Symptoms Not Taken Seriously, By Gender and Age

Q. Thinking more generally about your experiences with health care visits, have any of the following ever happened to you?

— Your symptoms were not taken seriously.

Yes, %



Note: Sample includes 1,022 Black female and 730 Black male California residents age 45 or older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

"I lost my fertility because of being undiagnosed with a simple test that should have taken place. I went another 10 years of every doctor I can imagine. And none of them until I had a female at the Cleveland Clinic, who actually listened and listened to all of my symptoms and asked me questions. And that's when I got a diagnosis. And it was interesting, because there was another female physician, Black physician, [name deleted], attended my church. And she looked at me one day, and she said, you are too thin, I need you to go and get an examination right away. And I did and [name deleted] actually worked for the Cleveland Clinic and her husband was also worked in Cleveland Clinic. And that saved my life..."

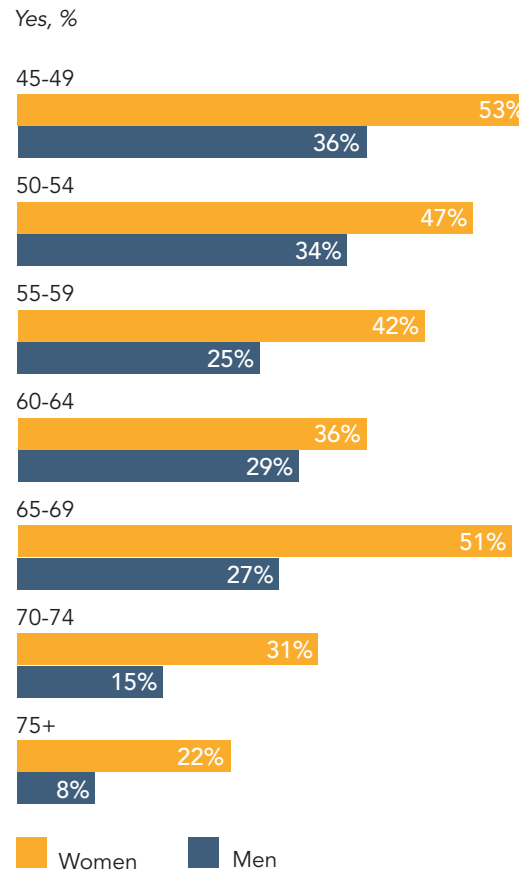
– 71-year-old Black woman, Oakland

Providers Show a Pattern of Distrust When Black Patients, Especially Aging Black Women, Seek Help for Pain

Recent evidence confirms persistent disparities in pain management, with Black Americans overall and Black women in particular reporting that their pain was not adequately treated by their health care provider.⁴ Disparities in pain management heighten the risks of dementia, heart disease, and obesity, not only through chronic stress and sustained inflammation, but also through reduced physical activity, which is crucial for maintaining health. Overall, 36% of aging Black Californians reported that their pain was not treated adequately. Aging Black women (41%) were

Figure 7. Pain Not Treated Adequately by a Health Care Provider, by Gender and Age

Q. Has there ever been a time when your pain was not treated adequately by a health care provider?



Note: Sample includes 1,022 Black female and 730 Black male California residents age 45 or older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

more likely than aging Black men (26%) to report inadequate pain treatment, with more than half of women age 45–49 (53%) and age 65–69 (51%) reporting it (Figure 7).

"You know, I have a neighbor who is an advocate for sickle cell. And she talks about sickle cell patients going to the hospital and not being able to get pain medication, because the doctors or the nurses say, you know, they compare them to opioid addicts. You know that, that what happened to somebody like Serena Williams, where she had a blood clot after she gave birth, that not taking Black females seriously in terms of their health care needs. And...it could happen to me."

– 74-year-old woman, Los Angeles

Aging Black Women Engage in Strategies to Improve Their Chances of Fair Treatment During Their Health Care Visits

Aging Black women in California take it upon themselves to increase their odds of being treated with respect by health care providers. This could be an indication of their mistrust (i.e., general sense of suspicion) in or distrust (i.e., lack of trust based on experience or reliable information) of the health care system. These personal efforts suggest that aging Black women may anticipate unfair treatment when seeking health care. Furthermore, these strategies and the extent to which aging Black women engage in them offer some clues

into what aging Black women perceive as the reasons for their poor treatment (e.g., providers' negative attitudes and beliefs) and how they adjust their behavior or appearance in an effort to be treated with respect.

In anticipation of potential disrespect during a health care visit, 68% of aging Black women reported that they research a health condition or concern before meeting with a provider (Figure 8). Forty-three percent of women signaled to providers that they were educated, knowledgeable, and/or prepared to hold the provider accountable. More than one-third of aging Black women paid special attention to how they were dressed (37%) or took a companion into the exam room with them during an appointment (34%). Nearly one-third of aging Black women tailored their speech and/or behavior to put providers "more at ease" or to avoid being "off-putting" (32%), and nearly one in four women (23%) minimized questions and concerns to avoid being perceived as "difficult" when seeking care. More aging Black women reported engaging in these efforts than did aging Black men.

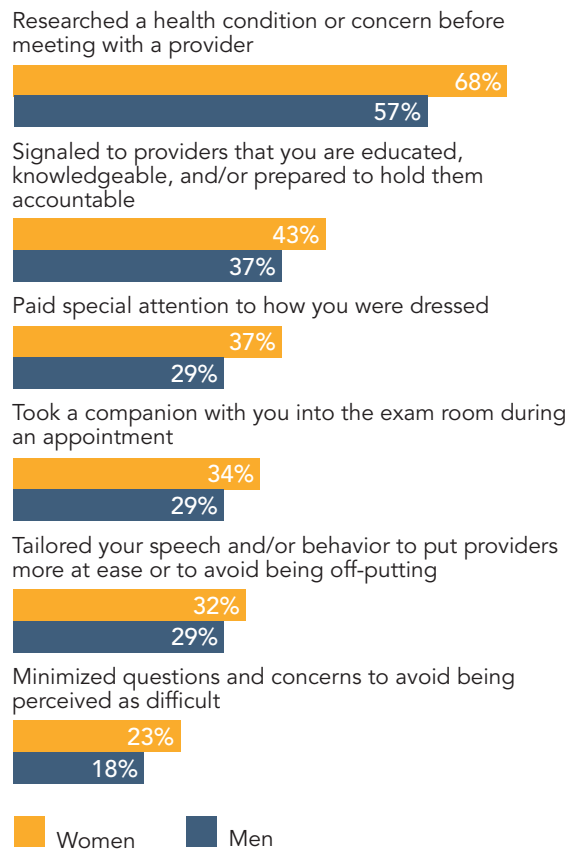
Key Areas for Action

Efforts to address racism in health care that do not also pay attention to gender and age will fall short of attaining quality health care for aging Black women, just as efforts to address gender or age bias have fallen short of addressing racial bias in health care for this population. Characterizing aging Black women's identity using a siloed, unifocal approach ignores

Figure 8. Strategies to Increase Chances of Being Treated with Respect, by Gender

Q. Next is a list of things some people may do to increase the chances that they will be treated with respect when seeking health care. For each one, please indicate if you have ever used that approach or strategy when seeking care.

Yes, %



Note: Sample includes 1,022 Black female and 730 Black male California residents age 45 or older.

Source: *Listening to Black Californians*, statewide survey conducted by EVITARUS (March 5–May 8, 2022).

the true lived experiences of this patient population. Thus, solutions are needed to ensure that the multiple identities and experiences of aging Black women are understood within the intersecting contexts of racism, sexism, and ageism. Solutions include raising awareness, enforcing existing legislation, and using metrics to increase accountability and, ultimately, change the culture of health care.

"I don't believe the racism is accidental. I think it is an intentional decision to discriminate based on race... I was at an urgent care facility a few years ago, and an older Black lady, she's older than me, came in and she didn't have any insurance. She had Medicare, but that was all, and she didn't have any supplemental plan or anything like that. And the way that she was talked to, to me, was disgraceful. And they ended up telling her to go to some other place. It wasn't a life-threatening emergency, so they ended up saying, well, they'll take Medicare over at so-and-so-and-so urgent care. That didn't sit well with me...She never got past the intake; they were so worried about how they were gonna get paid."

–71-year-old woman, Inland Empire

Specific actions include:

- ▶ **Increase awareness and enforcement of the Affordable Care Act’s anti-discrimination requirements.** Health care organizations and advocates should inform aging Black women of their right to fair treatment under the law, as well as how to exercise that right. [Section 1557](#) of the Affordable Care Act prohibits discrimination in federally funded health programs on the basis of race, color, national origin, sex, age, and disability. In 2024, the Biden Administration published a final rule that expands upon those protections to explicitly highlight intersectional discrimination. Aging Black Californians should be made aware of legal advocacy organizations for older adults — such as [Justice in Aging](#), the [National Center on Law and Elder Rights](#), and local legal services programs — during the consent process and at each health care visit to ensure that they are aware of their rights, the mechanisms by which they can report violations, and the availability of legal assistance.
- ▶ **Improve how health measures address intersectionality.** [Initiative 52](#) of California’s Master Plan for Aging (MPA) calls for intersectional data metrics that consider age, disability, race, sexual orientation, gender identification, veteran status, and ethnicity. Current metrics in the [MPA Data Dashboard](#) fall short of capturing the complex interactions of multiple identities. The lead agencies responsible for delivering results on

this initiative could work with an interdisciplinary team of experts — from fields such as gerontology, social and natural sciences, law and criminal justice, education, public policy, social work, as well as biomedical, behavioral, and public health — to design equity metrics that capture the intersectional health implications that aging Black women face.

- ▶ **Integrate tools and measures that support person-centered care into routine practice.** To achieve equitable health care experiences, patients must be treated as individuals and as equal partners in their care. Several tools support putting person-centered care into practice. The Person-Centered Care Planning Assessment Measure is a 10-item tool that rates care plans based on their consideration of patient’s strengths, personal goals and preferences, social support networks, as well as on the plan’s promotion of community integration.⁵ The Person-Centered Care Assessment Tool includes 13 items that assess three dimensions: person-centered care, organizational support, and environmental accessibility.⁶ These tools and others like them represent important steps toward developing clinically useful measures that capture person-centered care — a vital, but often elusive, aspect of quality health care.
- ▶ **Use existing tools to measure and improve the patient-physician relationship.** Patient-physician interpersonal processes of care (IPC) – which involve interpersonal style,

communication, and decisionmaking (e.g., responsiveness to patient preferences, consideration of ability and desire to comply) — are important components of quality of care. IPC might help explain disparities in health between aging Black women and aging Black men, and between aging Black Californians and other racial, ethnic, gender, and age groups. IPC can be integrated into clinical care by health care professionals and staff to assess patients’ actual experiences of care (i.e., what happens during their health care visits) as opposed to their satisfaction with those experiences. The Interpersonal Process of Care Survey is free of charge and can be accessed from the [Center for Aging in Diverse Communities](#) website.⁷ The tool is available in English and Spanish and can be administered by a provider in person or by telephone, or can be self-administered by the patient.

THE TAKEAWAY

Racial discrimination in health care is experienced by aging Black women and aging Black men alike. However, the triple jeopardy of age, race, and gender faced by aging Black women is associated with more pervasive negative health care experiences relative to aging Black men, as well as increased efforts to maintain or improve their health and to be treated fairly and with respect. The intersection of race, gender, and age with other patient characteristics and social determinants of health may further disadvantage aging Black women with regards to timely screening, diagnosis, and treatment. Delivering person-centered care and targeting policy and practice solutions to address racism, sexism, and ageism in health care are key components of health care reform.

About the Author

This fact sheet was written by Karen D. Lincoln, PhD, Professor of Environmental and Occupational Health and Director of the Center for Environmental Health Disparities Research at the University of California, Irvine, [Joe C. Wen School of Population & Public Health](#), and Founder and Director of [Advocates for African American Elders](#). Data analysis was conducted by Hawa Mariko, PhD, Luohua Jiang, PhD, and Karen D. Lincoln, PhD.

Endnotes

1. Linda Cummings, [In Their Own Words: Black Californians on Racism and Health Care](#), California Health Care Foundation (CHCF), January 2022.
2. Linda Cummings, [Listening to Black Californians: How the Health Care System Undermines Their Pursuit of Good Health](#), CHCF, October 2022.
3. Anita L. Stewart et al., "Interpersonal Processes of Care Survey: Patient-Reported Measures for Diverse Groups," *Health Services Research* 42, no. 3 (June 2007): 1235-56.
4. Lakeshia Cousin, Versie Johnson-Mallard, and Staja Booker, "'Be Strong My Sista'": Sentiments of Strength from Black Women with Chronic Pain Living in the Deep South," *Advances in Nursing Science* 45, no. 2 (Apr./June 2022): 127-142; and Antoinette Schoenthaler and Natasha Williams, "Looking Beneath the Surface: Racial Bias in the Treatment and Management of Pain," *JAMA Network Open* 5, no. 6 (June 2022): e2216281.
5. Victoria Stanhope et al., "Developing a Tool to Measure Person-Centered Care in Service Planning," *Front Psychiatry* 2, no. 12 (Aug. 2021): 681597.
6. Lluna Maria Bru-Luna et al., "Person-Centered Care Assessment Tool with a Focus on Quality Healthcare: A Systematic Review of Psychometric Properties," *BMC Psychology* 12, no. 1 (Apr. 2024): 217.
7. Stewart, "Interpersonal Processes of Care Survey."

Appendix A. Demographics of Aging and Older Female Respondents (N = 1,022, age 45 or older)

	PARTICIPANTS (#)	PARTICIPANTS (%)		PARTICIPANTS (#)	PARTICIPANTS (%)		PARTICIPANTS (#)	PARTICIPANTS (%)
AGE			LENGTH OF RESIDENCE IN CA			EDUCATION		
45 to 49	150	17	>10 years	17	2	Less than high school diploma	18	10
50 to 54	161	16	10–20 years	26	3	High school graduate/ GED	65	17
55 to 59	153	15	20+ years	214	20	Some college or associate’s degree	425	41
60 to 64	181	17	N/A	765	75	Bachelor’s degree	242	19
65 to 69	146	12	URBANICITY			Graduate or profes- sional degree	272	13
70 to 74	105	9	Rural	58	9	INSURANCE TYPE		
75+	126	14	Small town	87	11	None	23	2
REGION			Suburban	318	27	Private	601	50
Los Angeles County	446	45	Urban	532	48	Public	398	47
Inland Empire	111	11	HOUSING STATUS			SERIOUS HEALTH CONDITION		
San Diego, Orange, and Imperial Counties	89	7	Own	565	45	Self/respondent	506	53
San Francisco Bay Area	232	22	Rent	398	48	Household member	110	10
Central Valley	57	8	Live with family	48	5	Both self & household member	94	8
Central Coast	12	<1	Don’t have stable housing	6	<1	No	297	43
North	68	6	CHILDREN <18 AT HOME			Notes: Ns are unweighted. Percentages are weighted to represent the population of Black women in California age 45 or older.		
Far North	7	<1	Yes	242	26	Source: <i>Listening to Black Californians</i> , statewide survey conducted by EVITARUS (March 5–May 8, 2022).		
NATIVITY			No	778	74			
Born and raised in CA	558	56	INCOME					
Born in CA, raised elsewhere	19	3	Less than \$20,000	83	22			
Born elsewhere, raised in CA	202	19	\$20,000 to \$75,000	429	38			
Neither born nor raised in CA	241	23	\$75,000 to \$100,000	166	12			
			\$100,000+	344	29			