



Listening to Aging Black Californians Changing the Culture of Health Care One Person at a Time

California's landmark [Listening to Black Californians](#) study examines participants' attitudes toward their own health and their experiences with the health care system. Fact sheets detailing the experiences and perspectives of both older (age 65 or older) and middle-aged (age 45–64) adults, collectively referred to here as “aging adults,” are available on the [CHCF website](#).

The information below draws from the study and from other research on and experiences with potential solution pathways.

Key Findings

- ▶ **Aging Black Californians experience racism, discrimination, and unfair treatment in health care.** More than one in four aging Black Californians experience being treated poorly by a health care provider because of their race (28%); specific experiences of poor treatment include disrespect during health care visits (25%), symptoms not being taken seriously (39%), and pain not being treated adequately (36%).

- ▶ **Aging Black Californians use strategies to increase their odds of fair treatment.** Nearly 7 in 10 aging Black women (68%) and more than half (57%) of aging Black men research a health condition or concern before meeting with a provider to increase the chances that they will be treated with respect when seeking health care. Forty percent of aging Black Californians signal to providers that they are educated, knowledgeable, and/or prepared to hold them accountable to increase the chances that they will be treated with respect when seeking health care.
- ▶ **Aging Black Californians have spoken, and they want a culture change in health care.** Top priorities (“extremely important”) for addressing racism and discrimination in health care include expanding education on how to navigate the health care system and advocate for high-quality care (57%), tying accreditation for doctors and hospitals to improvements in health disparities and ratings of patient experiences (56%), requiring implicit bias training for health professionals (55%), and increasing the number of Black doctors, nurses, and other health professionals (53%).

Improving Equity Through Culture Change

Achieving equitable health care experiences and outcomes for California’s aging adults will require the culture of health care to move meaningfully toward person-centered care. Person-centered care is focused on and organized around the health needs and expectations of individuals needing care and their family and community. The goal of person-centered care is a meaningful life for the person needing care, as defined by that person based on their life experiences.

Sample Areas for Action

Changing the culture of health care by advancing person-centered care does not require dismantling the system. The existing health care infrastructure can be used to address racism in health care through education and training, care delivery, and accountability strategies.

Education and Training

RECOMMENDATIONS	EXAMPLES IN ACTION
Expand and support medical education and training that includes curriculum on the history of racism in medicine and contemporary practices that perpetuate inequities, and clinical practice in and with Black communities.	University of California (UC) Irvine School of Medicine’s PRIME LEAD-ABC is the first medical school program in the US designed to train medical students to serve the unique health needs of African, Black, and Caribbean communities.
Expand the Black health care workforce through comprehensive pathway programs and partnerships between predominantly white institutions and historically Black colleges and universities (HBCUs).	<ul style="list-style-type: none">▶ The UC-HBCU Initiative provides research internships and funding to increase enrollment of HBCU students in UC graduate programs.▶ The Charles Drew University/University of California Los Angeles (CDU/UCLA) Medical Education Program (MEP) has trained medical students dedicated to advancing health care in underserved areas, both domestically and internationally since 1981. The MEP set the foundation for the new medical school at CDU.▶ The Urban Health Equity Pathway at UCLA teaches medical students advanced skills in health equity, health disparities, urban health policy and advocacy, the built environment, and more.
Move beyond cultural competency in provider training to leadership development to increase the capacity of providers, policymakers, and community leaders to be advocates for social justice and health equity.	The Satcher Health Leadership Institute at the Morehouse School of Medicine provides collaborative leadership development for physicians, elected and appointed officials, policymakers, community health leaders, and government public health professionals to identify the root causes of health disparities, enhance capacity and advocacy leadership skills, and create actionable steps toward alleviating disproportionate health outcomes.

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Sample Areas for Action (continued)

Care Delivery

RECOMMENDATIONS	EXAMPLES IN ACTION
Use existing tools to understand the social context of aging Black Californians to improve the patient care management process and health outcomes.	The Member-Level Social Vulnerability Index (SVI) can be used to assess and address social determinants of health risks at a patient level.
Integrate assessments of person-centered care into routine practice.	The Person-Centered Care Planning Assessment Measure and the Person-Centered Care Assessment Tool can be used by providers and patients to understand the strengths, supports, and challenges that patients bring to their health care experiences, and to consider supports that could be incorporated into patients' care plans.

Accountability Strategies

RECOMMENDATIONS	EXAMPLES IN ACTION
Assess patient-provider interactions and patients' experiences of care (what happens during visits); link outcomes to physician ratings.	The Interpersonal Processes of Care Survey examines care interactions through the lenses of communication, shared decisionmaking, and interpersonal style; it is available free of charge and can be accessed from the Center for Aging in Diverse Communities .

Sources: "PRIME Leadership Education to Advance Diversity - African, Black and Caribbean (PRIME LEAD-ABC)," UCI School of Medicine; "UC-HBCU Initiative," University of California Office of the President; "CDU/UCLA Medical Education Program," Charles R. Drew University of Medicine and Science; "Urban Health Equity Pathway," UCLA David Geffen School of Medicine; and "Welcome to the Satcher Health Leadership Institute," Satcher Health Leadership Institute; Niklesh Daga, Mukul Sonker, and Dheeraj Maraju, *A Paradigm Shift in Healthcare Analytics: The Rise of Member-Level Social Vulnerability Index*, Innovaccer; Victoria Stanhope et al., "Developing a Tool to Measure Person-Centered Care in Service Planning," *Frontiers in Psychiatry* 12 (Aug. 2, 2021): 681597; and Liuna 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. 19, 2024): 217; "Interpersonal Processes of Care (IPC)," Center for Aging in Diverse Communities. All sources accessed January 24, 2025.

KEY TAKEAWAY

Progress toward equity in health care can be achieved by listening and responding to aging Black Californians and by centering the value of person-centered care in the health care system.

About the Author

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