ETHNOGERIATRIC EDUCATION: NEED AND CONTENT*

ABSTRACT. The population of elders from ethnic minority populations in the U.S. is growing much more rapidly than the exploding older population as a whole, yet few geriatric providers are being educated concerning ethnic elders' diverse health care needs. Examples are given of the diversity of ethnic elders' health risks, health beliefs and expectations of treatment, and utilization patterns of health care services being incorporated into ethnogeriatric curriculum being developed by the Stanford Geriatric Education Center.

Key Words: aged, curriculum, elderly, ethnic, health, minority

THE NEED FOR ETHNOGERIATRICS

A major challenge facing geriatric educators in the 1990s is preparation of health care providers for the tremendous variation they will see in the ethnic background of their older patients.

In California, for example, based on Department of Finance projections, two of every five elders will be non-Anglo by 2020 (California Department of Finance 1988). Among the largest and most rapidly growing categories, the Hispanic and Asian/Pacific Island elders (see Figure 1), are found patterns of health beliefs and health care utilization sharply different from the majority, as well as vast extremes of heterogeneity within the categories. For example, among those people lumped together in the most rapidly growing designation, the "Asian/Pacific Islanders", the percentage of elders who are "foreign born" range from 28 percent for Japanese to virtually 100 percent for Vietnamese and Cambodian, with the large Chinese and Filipino groups estimated to be 81 percent and 96 percent, respectively. In the metropolitan areas of most Western states among elders labeled "Chinese", at least three different language groups are found, including elders who were born in mainland China, in Taiwan, and in Hong Kong, and whose educational backgrounds vary from no years of schooling to graduate degrees.

CURRICULUM IN ETHNOGERIATRICS

Given the extremely varied range of cultural factors that influence health risks and health behaviors, how do educators in the various health care disciplines begin to give students and practitioners the background and skills they need to respond appropriately to the older patients they may see? This is the challenge that the Core Faculty and staff1 at the Stanford Geriatric Education Center (SGEC) faces in its faculty and curriculum development efforts in the field of Ethnogeriatrics. Materials and learning experiences that emphasize both the unique issues of care among elders in various ethnic populations, as well as the

Projected Growth of Older Californians

Projected Distribution of Older Californians

Fig. 1. Estimates of present and future population 65 and over in California, by ethnicity