

Ageism and Racism in Senior Care in Minnesota

Webinar for Elder Voice Family Advocates



SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

Presenters

- Tetyana P. Shippee, PhD
- Odichinma Akosionu, MPH
- Mai See Thao, PhD
- Alana Wright, BS

Land acknowledgment

We acknowledge that as representatives of the University of Minnesota we gather on the traditional land of the Dakota People, past and present, and acknowledge with gratitude the Land itself and the People. We take to heart and commit through action to learn and honor the traditional cultural Dakota Values: Courage, Wisdom, Respect and Generosity.

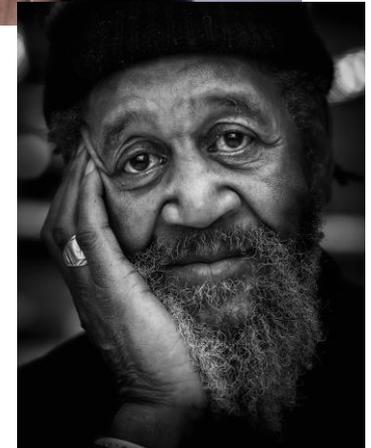
Session Objectives

1. Understand the prevalence of **ageism** in American society and how it translates to senior services with implications during COVID.
2. Identify **racism** as a public health issue and how it impacts long-term care in Minnesota and nationally.
3. Share recent **research on racial/ethnic disparities** for Minnesota nursing home residents and those receiving home and community-based services.
4. **Resources**, opportunities and connections: Minnesota Diverse Elders Coalition.

Ageism in America

Ageism:

- Includes stereotypes, prejudice and/or discrimination against people based on chronological age, particularly against older persons
- Views older people as debilitated, unworthy of attention and resources, or unsuitable for employment
- Can be implicit or explicit and can be expressed on individual, institutional- or structural-levels
- Is pervasive and has been growing in the US
- Has a negative impact on older people's lives.



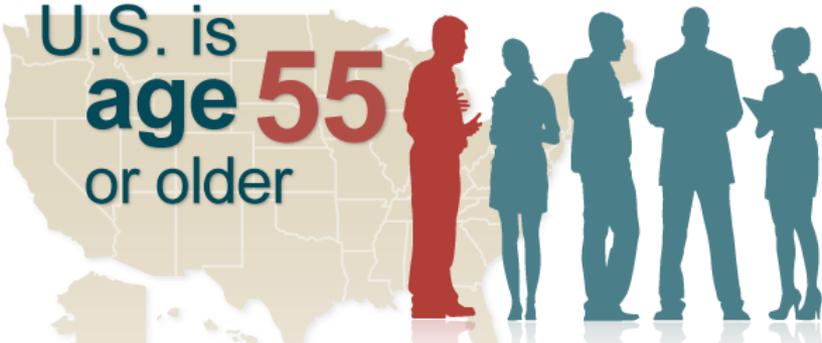
GSA, 2020

Age discrimination is prevalent

Older Workers and Age Discrimination

The Age Discrimination in Employment Act (ADEA), signed into law in 1967, forbids discrimination in the workplace against anyone 40 or older. A recent survey shows that many workers still believe there are signs of age discrimination on the job today.

1 in 5 workers in the U.S. is **age 55** or older



64% of workers say they have seen or experienced age discrimination in the workplace.

58% of adults believe age discrimination begins among workers in their 50s.

Source: Bureau of Labor Statistics

Staying Ahead of the Curve 2013: AARP Multicultural Work and Career Study Perceptions of Age Discrimination in the Workplace — Ages 45-74

GRAPHIC: AARP Digital Design

AARP
Real Possibilities

The Equal Employment Opportunity Commission — the nation’s workforce watchdog — 2018 findings:

“age discrimination remains a significant and costly problem for workers, their families and our economy.”

Ageism in long-term care

- Ageism has been built into delivery of long-term care in the US
 - Segregating residents in long-term care facilities within age groups
 - “Professional ageism” among healthcare workers
- Ageism and COVID-19

Ageism among care workers and administrators of long-term institutions

1. Providing sub-standard care
2. Not giving an older person enough privacy
3. Controlling the interaction and using inappropriate and diminishing language with older individuals

Ageism and COVID in long-term care

- High risk of transmission
- New health risks due to no family visits policy: increased depression, weight loss, and disruptive behavior among residents due to feeling lonely, abandoned, and despondent.
- Likely declines in quality of care & quality of life since family visits are crucial for monitoring quality.

Racism in America

Racism is a system of “*structuring opportunity and assigning value based on race that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.*” **Camara Phyllis Jones, MD, MPH, PhD**



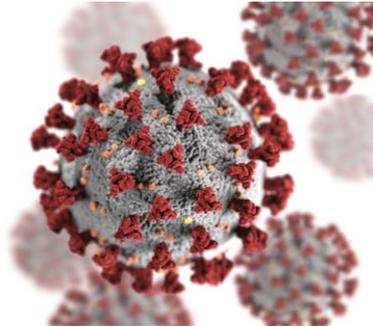
Racism in America

Racism:

- Is a public health crisis
- Can be intentional or an unintentional consequence
- Operates at individual, institutional, and macro/system levels
- Impacts quality of long-term care in Minnesota and nationally



Racism and COVID-19



Black and Latino people have been **3 times** more likely to contract COVID-19 than white people.

In **Minnesota**, COVID-19 disproportionately affects Black Americans compared to whites.



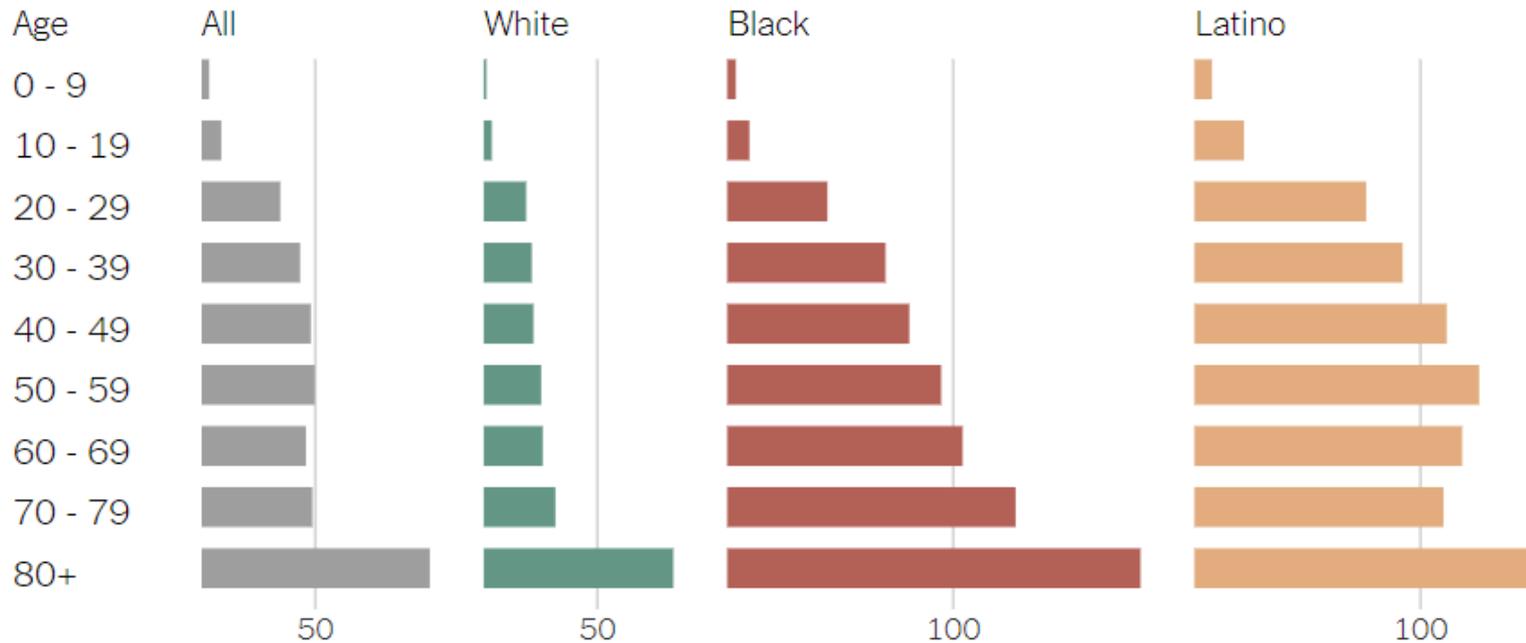
Black patients are **less likely** to receive a COVID-19 test if they need it.

Disproportionately Black counties account for up to **60 percent** of COVID-19 deaths in America.

NYTimes; CDC data

Age and Race differences in COVID cases

Coronavirus cases per 10,000 people, by age and race



Source: Centers for Disease Control and Prevention | Note: Data is through May 28.

COVID and nursing home racial disparities

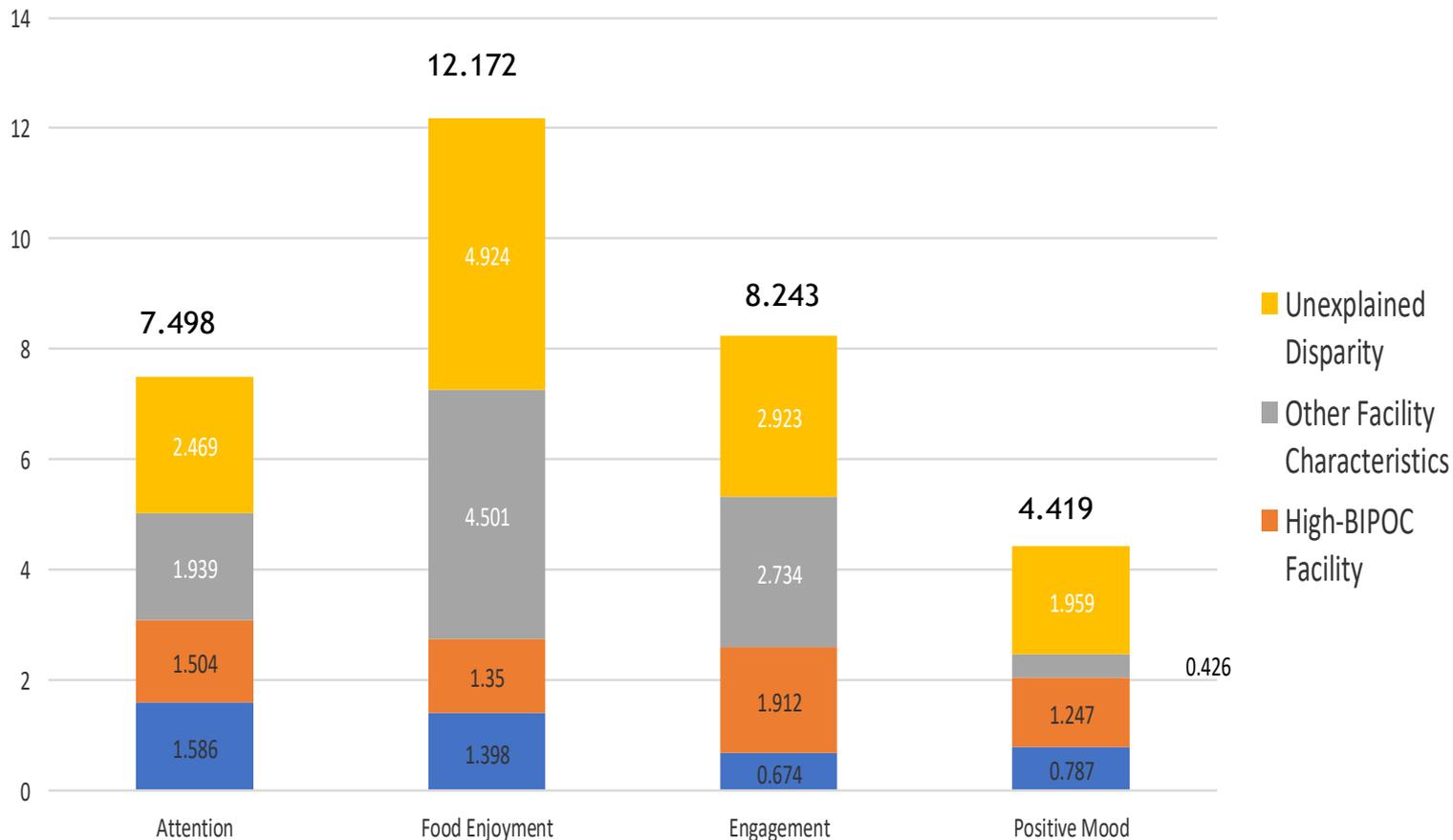
- “Strong and consistent relationship” between NH racial composition and COVID infections and mortality (Konetzka, 2020)
- NHs with more Black or Latino residents have reported at least one COVID-19 case, which was **nearly double** the rate of primarily white nursing homes.

NYT analyses, May 2020; Konetzka 2020; Abrams et al. 2020

Our Research

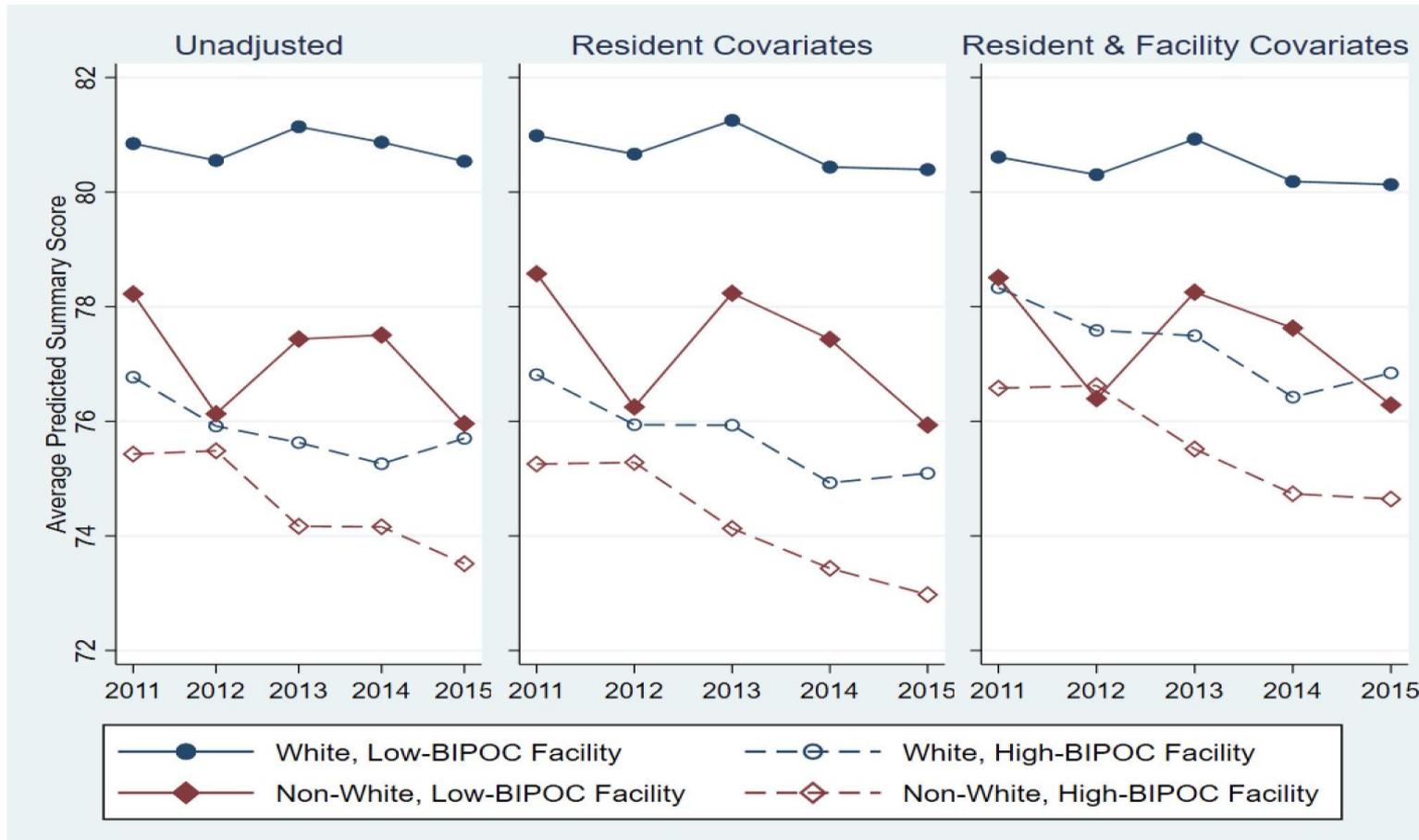
- Significant and growing racial/ethnic disparities in quality of life for nursing home residents
 - Black and indigenous residents report lowest quality of life
 - Domains with lowest scores include food satisfaction, meaningful activities, and attention from staff
 - White residents who live in primarily white nursing homes have the highest scores; Black residents in mainly Black facilities have lowest scores

Disparities in Quality of Life Domains



Bowblis, J., Ng, W., Akosionu, O., and Shippee, T. P. 2020. "Decomposing Racial and Ethnic Disparities in Nursing Home Quality of Life." *Journal of Applied Gerontology*, in press.

Trends in Quality of Life Over 5 Years



Shippee, T.P., et al. 2020. "Changes over Time in Racial/Ethnic Differences in Quality of Life for Nursing Home Residents: Patterns within and between facilities." *Journal of Aging and Health*, in press.

Racism, COVID, and Long-Term Care

Odichinma Akosionu, MPH

Doctoral Student

Graduate Research Assistant

University of Minnesota, School of Public Health

[Insert Program/Unit Title or Delete]



COVID-19 and disparities in long-term care

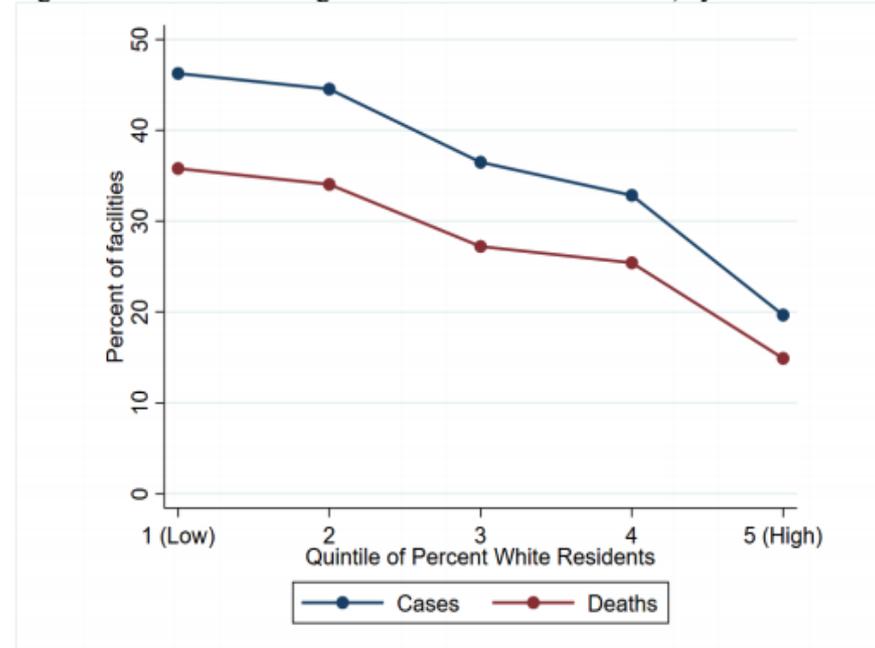


COVID-19 and disparities in long-term care

Nursing homes and home and community-based settings:

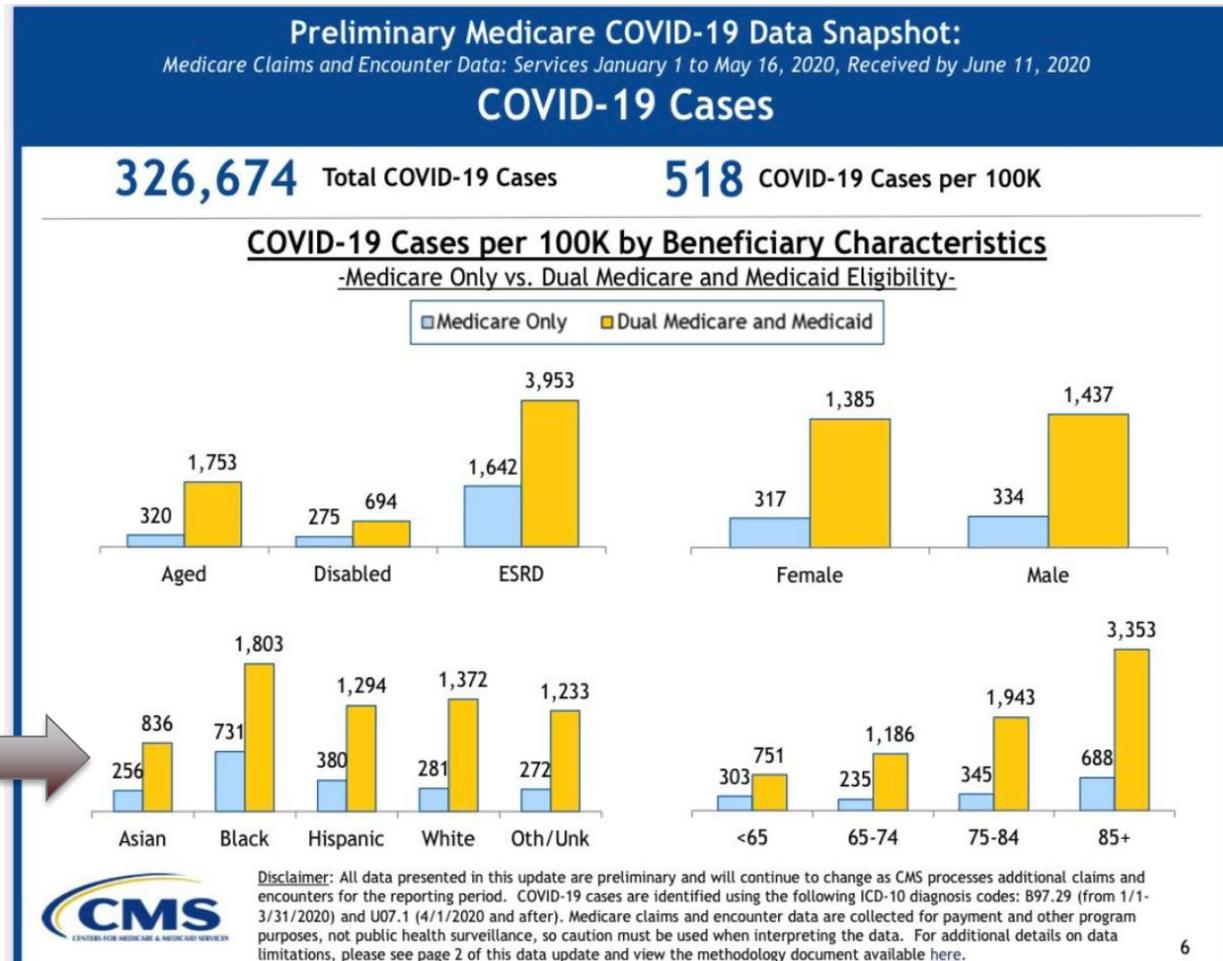
- Unequal access to care/services
- Disparities in quality of care/services
- Disparities in quality of life

Figure 1: Percent of Nursing Homes with COVID-19 Cases, by Race



Note: The percent of nursing homes with at least one case based on CA, CO, CT, GA, IA, IL, MA, NJ, NV, OH, TN, and OK; the percent of nursing homes with at least one death based on CA, CO, CT, GA, IL, NJ, NV, and TN

COVID-19 and long-term care - Challenges

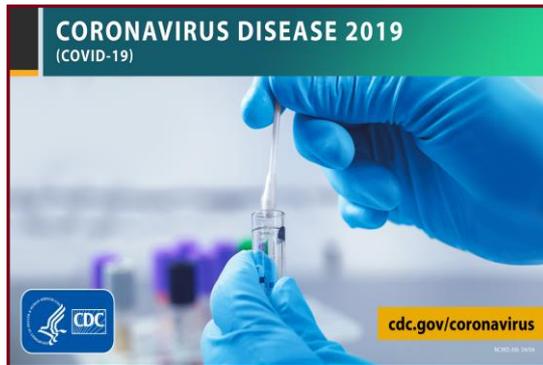


Long-term care workforce challenges

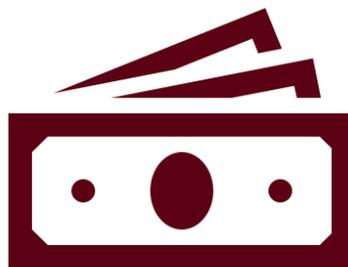
- Undercompensated long-term care staff
(i.e. direct care workers)
 - Direct care staff who are Black, Latino, immigrant, women
 - Low income families
- Environmental factors & COVID-19
- Increased workplace related stress and staff shortage



COVID-19 and long-term care - Recommendations



Prioritize COVID-19 testing and PPE



Wages & benefits



Anti-racist policies & programs



Health and social justice

Need for Culturally Sensitive Care

Dr. Mai See Thao

Assistant Professor

Director of Hmong Studies

Department of Anthropology, Global Religions, and Cultures

University of Wisconsin-Oshkosh

Secondary Appointment

Adjunct Assistant Professor

Department of Family and Community Medicine

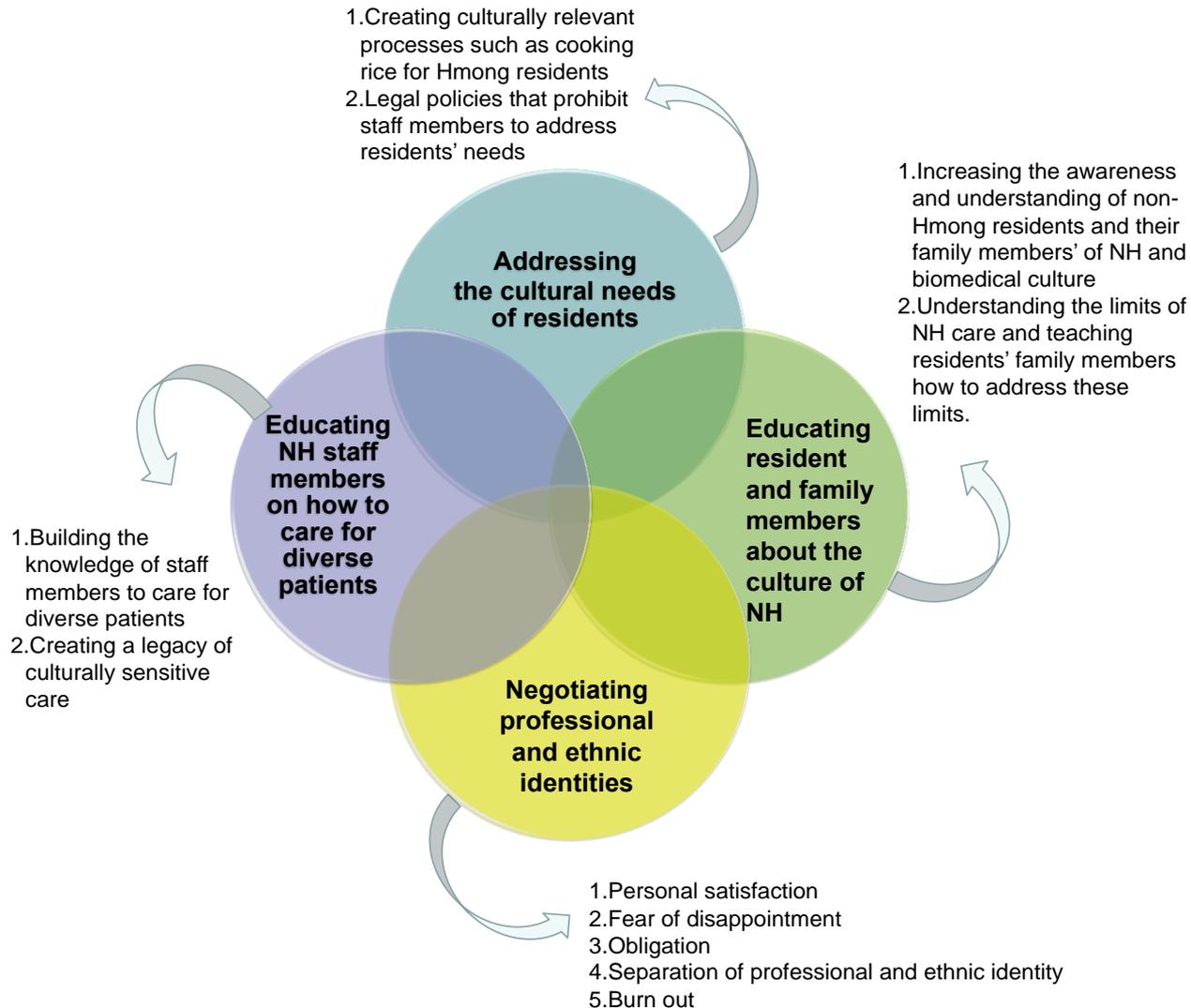
Medical College of Wisconsin

Experiences of Hmong residents

Limited English Proficiency impacting Quality of Life

1. Lack of Attention to Non-English speaking residents
2. Limited/Disrupted Social Relations
3. Lack of Meaningful Activities
4. Attitude of Resignation

Moving toward culturally sensitive care



The racialization of nursing home care

- Culturally sensitive care (CSC) in NH case study is equated to language and ethnic concordance
- CSC racializes Hmong NH staff member's care as natural, innate
- Hmong NH staff are not provided additional compensation nor support for CSC despite high emotional demands

Minnesota Diverse Elders Coalition

Alana Wright, BS
Coordinator



Minnesota Diverse Elders Coalition

Formed by the Minnesota Leadership Council on Aging in 2019

Purpose:

To create healthy communities where older adults are valued and have improved access to high quality and culturally diverse supports for all older Minnesotans to live well.

Advocating Priorities:

- Elevate the voice of black, indigenous, and people of color (BIPOC) and LGBTQ communities
- Explore health, social and economic equity
- Ensure sustainability of Minnesota Diverse Elders Coalition

Community forum on racial equity in services for older adults - Purpose

- **Build collaboration**
- **Share findings**
- **Create a dialogue**

Community forum on racial equity in services for older adults - Lessons

1. What are your experiences with finding long-term care for you or a loved one?
2. What are your recommendations for provision of culturally sensitive services in long-term care?
3. What is the role of providers in ensuring health equity in long-term care?

Implications

- Institutional and system level change
- More resources for NHs with high proportion of black, indigenous, and other residents of color
- Invest in quality of life initiatives for indigenous residents and those from communities of color
- Need for culturally sensitive care
- More support for staff, especially those from communities of color
- Role of family members and meaningful partnership with community organizations

Resources

- https://www.huffpost.com/entry/a-powerful-new-tool-to-combat-ageism_b_58e525a8e4b02c1f72345955
- <https://www.frameworksinstitute.org/external-article/new-tools-to-combat-ageism/>
- <https://www.johnahartford.org/dissemination-center/view/reframing-aging-webinar-reframing-the-response-to-covid-19-applying-reframed-language-to-counteract-ageism>
- https://www.geron.org/images/gsa/reframing/AgeismInfo_graphic_final.pdf

Questions & Discussion

Contact information

- Tetyana P. Shippee, PhD
 - tshippee@umn.edu
- Odichinma Akosionu, MPH
 - akosi001@umn.edu
- Mai See Thao, PhD
 - thaom@uwosh.edu
- Alana Wright, BS
 - alana@mnlcoa.org