

Racism in MN Senior Care: Steps for Policy and Action

A presentation for the Minnesota Association of Geriatrics Inspired Clinicians Conference

CENTER FOR HEALTHY AGING AND INNOVATION



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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.



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Session Objectives

1. Identify **racism** as a public health issue and how it impacts long-term care in Minnesota and nationally, as well as staff who provide care.
2. Share recent **research on racial/ethnic disparities** for Minnesota nursing home residents.
3. Discuss **frameworks** for culturally sensitive care in long-term care.



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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**



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Racism in America

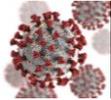
Racism:

- 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



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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



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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



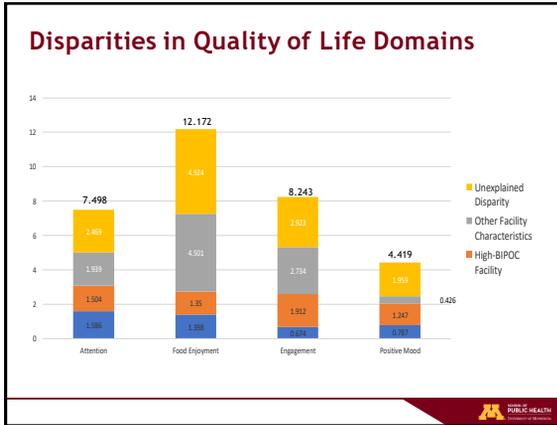
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Our Research

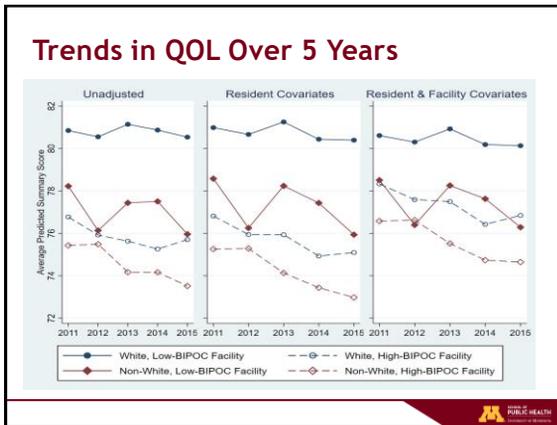
- Significant and growing racial/ethnic disparities in quality of life for nursing home residents
 - Black and indigenous residents report lowest quality of life
 - Domains with lowest scores include food satisfaction, meaningful activities, and attention from staff
 - White residents who live in primarily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



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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

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Culturally Sensitive Care

- Culturally Sensitive Care is often seen as the solution to addressing racial disparities
- BUT...let's unpack what CSC entails

[Insert Program/Unit Title or Delete]



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Culturally Sensitive Care

A. Educating NH Staff members on how to care for diverse patients

1. Building the knowledge of the staff members to care for diverse patients
2. Creating a legacy of culturally sensitive care

[Insert Program/Unit Title or Delete]



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Culturally Sensitive Care

B. Addressing the cultural needs of the resident

1. Creating culturally relevant processes such as cooking rice for Hmong residents
2. Institutional policies prohibit staff members from addressing residents' cultural needs

[Insert Program/Unit Title or Delete]



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Culturally Sensitive Care

C. Educating resident & their family members about the culture of NH

1. Increasing non-white residents' and their family members' understanding of NH and biomedical culture
2. Understanding the limits of NH care and activating residents and their family members to address the gaps in care

[Insert Program / Unit Title or Delete]

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Culturally Sensitive Care

D. Managing the emotional labor of CSC

1. Personal Satisfaction
2. Fear of disappointment
3. Sense of obligation
4. Separating professional and ethnic identity
5. Burn out

[Insert Program / Unit Title or Delete]

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Moving towards Culturally Sensitive Care

A. Educating NH staff members on how to care for diverse patients

1. Building the knowledge of the staff members to care for diverse patients
2. Creating a legacy of culturally sensitive care

B. Addressing the cultural needs of residents

1. Creating culturally relevant practices such as cooking rice for Hispanic residents
2. Institutional policies prohibit staff members from addressing residents' cultural needs

C. Educating resident and family members about the culture of NH

1. Increasing non-white residents' and their family members' understanding of NH and biomedical culture
2. Understanding the limits of NH care and activating residents and their family members to address the gaps in care

D. Managing the emotional labor of CSC

1. Personal Satisfaction
2. Fear of disappointment
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[Insert Program / Unit Title or Delete]

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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



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COVID-19 and disparities in long-term care

Nursing home settings:

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

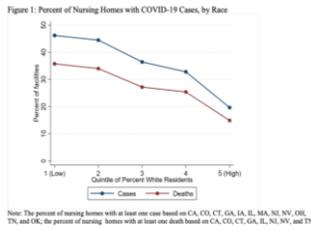


Figure 1 source: Konefska, R.T. (2020) Hearing on Caring for Seniors amid the COVID-19 Crisis. United States Senator Special Committee on Aging. https://www.senate.gov/imo/media/document/aca_1002123_00_21_20.pdf



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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



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COVID-19 and long-term care - Recommendations

Anti-racist policies & programs

Wages & benefits

Health and social justice

Prioritize COVID-19 testing and PPE

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Implications

- Institutional and system level change
- Need for culturally sensitive care, educational curricula and advocacy, including by providers
- Invest in quality of life initiatives for indigenous residents and those from communities of color
- More resources for NHs with high proportion of black, indigenous, and other residents of color
- More support for staff, including providers, especially those from communities of color
 - Educational interventions
 - Advocating for BIPOC staff/providers

[Insert Program/Unit Title or Delete]

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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.johnhartford.org/dissemination-center/view/reframing-aging-webinar-reframing-the-response-to-covid-19-applying-reframed-language-to-counteract-ageism>
- [file:///C:/Users/tshippee/Downloads/Ageism%20and%20COVID19%20\(1\).pdf](file:///C:/Users/tshippee/Downloads/Ageism%20and%20COVID19%20(1).pdf)

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Questions & Discussion

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