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

Presenters

• Tetyana P. Shippee, PhD
• Mai See Thao, PhD
• Odichinma Akosionu, MPH

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. 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.

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

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

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

NYTimes; CDC data

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

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Trends in QOL Over 5 Years

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

Experiences of Hmong residents
Culturally Sensitive Care

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

1. Building the knowledge of the staff members to care for diverse patients
2. Creating a legacy of 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 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
Culturally Sensitive Care

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

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

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

Moving towards 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

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

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

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

Resources

- https://www.huffpost.com/entry/a-powerful-new-tool-to-combat-ageism_b_56e522e88e4b02b1779365955
- https://www.frameworksinstitute.org/external-article/new-tools-to-combat-ageism/
Questions & Discussion

Contact information

- Tetyana P. Shippee, PhD
  - tshippee@umn.edu
- Mai See Thao, PhD
  - thaom@uwosh.edu
- Odichinma Akosionu, MPH
  - akosi001@umn.edu