CULTURAL CONSIDERATIONS FOR THE AGING POPULATION AND THEIR FAMILIES
BY

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WHAT IS CULTURAL COMPETENCY?
HOW CAN WE AS HEALTHCARE AND SOCIAL SERVICE PROFESSIONALS APPLY CONSIDERATE METHODS TO OUR AGING POPULATION?
1. CULTURAL CONSIDERATIONS IN MENU PLANNING FOR AGING POPULATIONS.

- Hospital
- Assisted Living
- Senior Centers
- Nursing Homes
2. MEDICATION ADMINISTRATION
3. HOSPICE/ PALLIATIVE CARE
4. SOCIAL SERVICES
5. SUPPORT SYSTEM MODELS FOR FAMILIES
CULTURAL COMPETENCY IS DEFINED AS:

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

(source: www.nasponline.org)
NEW YORK CITY- DIVERSITY AT ITS THE BEST!

Some interesting Statistics:

- 36% of the population is Foreign-Born.
- New York City is the home to the largest Jewish population in the world outside of Israel.
- Most of New York City’s Immigrants arrive from: Dominican Republic, China, Jamaica, Guyana, Mexico, Ecuador, Haiti, Colombia, Trinidad and Tobago, Russia and el Salvador.
- We have the largest Asian Indian population in Western Hemisphere.
- New York City is home to the largest African community in the country- more than any other city in the United States.
- Our Puerto Rican population is the largest in the country outside of the island of Puerto Rico.

(Source: www.Wikipedia.com)
THE UNITED STATES AS A WHOLE, IS BECOMING INCREASINGLY DIVERSE.
By the year 2050-Hispanics are expected to become 30% of the US Population.

Latino Senior Citizens are expected to become the largest racial/ethnic minority group in this Cohort.

(Source: American Psychological Association, Multicultural Aging Mental Health Resource Guide)
CHALLENGES IN THE HEALTHCARE SYSTEM PRESENTED ARE:

• How can we eliminate the racial and ethnic disparities that currently exist in our Healthcare System?

• How do these disparities affect our aging population in regards to meal planning, Medication Administration, Hospice/Palliative Care, and Family Supportive Services?

• How can we properly address the multicultural needs to an aging population that is driven by its culture and tradition and assist in the aging in place model?

• How can we, as providers of this multi-layered system, ensure the families of our aging citizens are properly supported?
MENU PLANNING:

- Nutritional needs for the aging are already specialized due to the fact that older adults have different needs than younger adults.

- Therefore, certain nutrients become increasingly important for an aging Male/Female.
EXAMPLES INCLUDE:

Calcium and Vitamin D
Older adults need more Calcium and Vitamin D to help maintain healthy, strong bones.

Vitamin B 12
Older adults over the age of 50 do not receive enough vitamin B12

Fiber
It helps reduce the risk of heart disease, ideal for weight maintenance, and may help in the prevention of Type 2 diabetes.

Source: Academy of nutrition and Diabetes
Couple the most basic requirements in nutrition for an aging population with an individual’s cultural background, the delivery of nutrition becomes challenging.

Food must taste GOOD! If it does not taste good, it will not get eaten!
A Major Attraction to a senior center, assisted living facility, or adult day care center is the menu.

Depending on the demographic area you are in—the cultural influences of the menu take precedence, even over its nutritional content!

**Examples:**
Queens – Asian, Greek, South/Central American Influenced dishes are a common theme in Senior Centers and Adult Day Care Centers.

Brooklyn - Italian, Jewish, Polish, Puerto Rican, and African influenced dishes may be more common.
Manhattan- Jewish, Caribbean, Latino, and Asian cuisine may be a draw for some older adults.

Bronx- Puerto Rican and Dominican influenced dishes are a must throughout the borough. Other areas of the Bronx require African American/Southern style comfort food dishes to remind them of home.
Specialized diets must be created for the aging adult—such as Diabetes, Obesity, Celiac Disease—modification should be available as an option.

* More and more seniors are asking, if not demanding for Kosher, Vegetarian, Halal, Korean, Chinese, Puerto Rican, Argentinean, Polish style dishes at their local community Senior Center or Facility.
THE OLDER ADULT SHOULD BE INVOLVED IN THE MENU PLANNING AT THE FACILITY OR CENTER.
METHODS OF ACHIEVING PARTICIPATION:

Partner with the Nutritionist/Registered Dietician in the menu Planning for that community. Always consider the ethnic flavors of that area.

For example, the NYC Department for the Aging has a website called Simple Servings that offer a array of menus with a multitude of cultural variations.

Nutritional/Menu Planning Advisory Council.
Monthly Surveys.
INTERESTING FACT:

Did you know?

As your body ages, so do your taste buds.

• Adults have 6,000 taste buds.
• Elderly Adults have only 2,000 to 3,000.

(source: AssistedlivingFacilities.org)
Menu planning for an Assisted Living, Adult Day Care, Senior Center must take into account:

- Nutritional Balance (must have vitamins and meet the standard guidelines under the Food Pyramid.)
- Cultural influences (i.e. Curry for Indian communities, Pimento or smoked paprika in Latino dishes).

- Religious influences in the community (i.e. Kosher meals for a heavily populated Jewish Community, or the removal of pork from the menu for Islamic/Arabic community.)
Always offer a choice!
Medication Administration for Older Adults
As we get older, medications may play a large role in our every day life.
The US Census report that 1 out of 4 Americans are non-white.

80-90% of all narcotics in the world are consumed by the United States of America. This startling statistic affects how the healthcare provider treats pain or a side effect that may result in discomfort.

The United States of America is very “anti-pain” while other countries view pain as part of the healing process.

“Ethnic Culture Affects our beliefs about health, illness, and medications as well as how we interact with healthcare providers, comply with prescribed medications, and respond physiologically to medications”

(sources: Acute Care, ISMP Medication Safety Alert, Cultural Diversity and Medication Safety, page 1).
White American patients are typically intolerant to pain. Other cultures, such as Asian culture, view pain as part of life. Also, white American patients tend to expect to receive a prescription after visiting their doctor and they expect to be cured very soon.

Japanese Older Adults- Tend to use medication very sparingly and accept pain as part of life. They may opt for green teas to detoxify their bodies and special diets and herbs may help cure them.
Chinese elders tend to view American medications as a quick relief for symptoms but not a cure for the long term illness. Therefore, many Chinese elders are skeptical about medications in the United States. Chinese elders tend to lean toward the use of traditional herbs and methods such as acupuncture to assist in their healing process.
Social Interactions to consider in medication administration
Would you consider a doctor not maintaining eye contact with you to be a rude or cold?

Would you consider a male nurse in your room as disrespectful?

Must your spouse be present before a decision is rendered by the healthcare provider and you accept the decision?
Interaction with the Healthcare Provider Affects Medication Administration.
Ethnic beliefs may supersede the need for certain medications and this may disrupt the healthcare delivery process for an older adult.
EXAMPLES:

Native American
Older adult that is depressed may discontinue an anti-depressant and seek a cure from botanicals and herbs to ease the mind or from a healer in his or her community.

Islamic
Older adult female with a yeast infection may not accept a medication that must be administered vaginally.

Mexican
Older adult may fear addiction to certain medication, therefore, choose to not take it at all.
Christian Scientist

Older adult will refuse medication due to religious belief.

Vegetarian

Older adult may not take any medications with animal by-products.
EXAMPLES OF HOW TO DELIVER EXCEPTIONAL HEALTHCARE WITH CULTURAL SENSITIVITY
Ask questions and be in tune to the cultural nuances in your local community. An internist in the Bronx, NYC may operate very differently in Chinatown, NYC when it comes to language and traditions.
Explore your patients’ and caregivers’ beliefs around medicines with these questions:

• How do you feel about taking medication?
• How do you feel about taking this particular medication?
• What do you expect from the medication?
• How do you feel about the amount of this medication you are taking? Too much? Too little? Why?
• Are there any rules about medication you follow- like avoiding the sun, certain foods, etc.?
• Do you (did you) get the medications in the United States, in another country, or both? Some cultures get their medicines elsewhere and not in the United States.

• Did you get medication from a doctor or from a healer/friend/family member?

• Did you take medication as you were told to take it?

• Do you use any herbs or other remedies?

Source: Dimensions of Culture
www.dimensionsofcultur.com
Some drugs may have negative interactions with certain herbs and remedies.

Using questions will help assess the needs of the older adult and will help engage him or her. He or she will feel like their input matters and it does!

Include the Older Adult in the process and the cultural layers will be beneficial to both parties.
HOSPICE AND PALLIATIVE CARE FOR THE AGING ADULT - CULTURAL CONSIDERATIONS
Geiger-Davidhizar’s Cultural Assessment Model considered six components relevant to end-of-life care:

- communication, space, time, environment control, social organization, and biological variation (Giger, et al., 2006).
ASSESSMENT QUESTIONS FOR THE HEALTH CARE PROVIDER TO CONSIDER

• What are the usual and customary communication patterns and practices?
  
  For example, the Cambodian Sampheah greeting (placing hands together like praying at chest level and bowing to the person) is more than just a way of saying hello, but it is also a sign of respect, which is central to Cambodian culture. (Source: www.ethnomedicine.com)

• How do the patient and family expect to be communicated with on death and dying issues?

• Who will be the decision-maker in the family regarding health care issues?
COMPONENTS

• Space
• Time
• Environmental Control
• Social Organization
• Biological Variation
KAGAWA-SINGER & BLACKHALL’S ABCD CULTURAL ASSESSMENT MODEL

Kagawa-Singer and Blackhall developed a cultural assessment mnemonic approach to assess the degree of cultural adherence to help avoid stereotyping and decrease the risk of miscommunication (Kagawa-Singer & Backhall, 2001).
RELIGIOUS TIES TO HOSPICE AND PALLIATIVE CARE
SPIRITUAL SENSITIVITY

As the bridge between the older adult receiving care and services and the community; the Healthcare and Social Service team must proactively seek knowledge in spiritual sensitivity.

Support Systems for Families of the Aging Adult.
-Respect the Family’s role as an integral piece of the Healthcare or Social Service your organization is delivering.

-Increase the sensitivity of the providers in your organization through in-services and training on the cultures in the communities they serve.
Build the structure of the Healthcare and Social Service delivery plan based on the moving pieces of that client’s culture.

An “Americanized” family may have very different views than their grandparent or parent.
ADVANCE DIRECTIVES

(source: www.ethnomed.org)
The Patient Self-Determination Act (PSDA) of 1990 (Electronic Code of Federal Regulations, 2011) requires health care facilities to ask patients if they have an advance directive and if not, requires them to provide patients with information about advance directives. The intent of the advance directive is to improve end-of-life care.
There are two types of advance directives: a document called an advance directive which is also known as living will, personal directive or advance decisión, and a durable power of attorney for health care (WSMA, 2012).
CULTURAL ISSUES REGARDING ADVANCE DIRECTIVES

Studies indicate that ethnic minorities in comparison whites continue to have lower rates of completing advance directives (Kwak & Haley, 2005).
- LACK OF KNOWLEDGE AND UNDERSTANDING ABOUT ADVANCE DIRECTIVES
ACCULTURATION
COLLECTIVISM
PREFERENCE FOR PHYSICIAN TO MAKE HEALTH CARE DECISIONS.
INFLUENCE OF FAITH AND SPIRITUALITY
CONCLUSION.

Cultural layers exist in each and every one of us.
As we age, these traditions that were passed down to us become increasingly significant.

The aging adult wants to remain as independent and as healthy as possible.
As providers, social workers, or even caregivers, we must all lend ourselves to embrace and respect how culture impacts decision making in medicine, menu planning, selecting an assisted living facility versus staying with an adult child, and Palliative Care.
THANK YOU FOR YOUR ATTENTION.