Culturally Competent Care for Seniors and their Families:

Addressing Behavioral Health & Psychosocial Challenges

New Jersey Statewide Network for Cultural Competence Conference, September 12, 2014

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Goals for this Workshop: Overview

I. Provide a comprehensive introduction to African American and Asian Indian immigrant elders and their needs

II. Examples of New Jersey Resources & Services

III. Provide Recommendations for Interventions

New Jersey Demographics

- The elderly population (65 years old and over) grew by 8.5% during the 1990s and 6.5% during the 2000s.
- **14%** of the current population is 65 and older
- The proportion of senior citizens in New Jersey will expand to 16.3% in 2020 and **19.9% in 2030**.
- In 2030, our population will be
  46.3% White
  26.7% Hispanic
  11.8% African American
  12.9% Asian
  2.3% Native American & Multiracial

US Census Data Prepared by NJ Dept. of Labor & Workforce Dev., Div. of Labor Market & Demographic Research; Projections of New Jersey's Population and Labor Force by Sen-Yuan Wu, Research Economist (Demography)

African American Elders

Mental Health Care: Historical Context

- African American mental health care has a long, yet very distorted history in the U.S.
- Black behavior and illness viewed through racist stereotypes and assumptions – social antecedents of behavior and illness ignored.
- Lack of accurate scientific research and exploitative, inhumane research protocols.
- 1940's – Tendency to over-diagnose (and over-treat) psychosis and to under-diagnose affective disorders.
- 1960's – Concept of the black family as "dysfunctional" predominates.
- 1980's – Gradual recognition and acceptance of discrimination and social inequality upon mental health and mental health care.

African American Elders

Sociological Perspective

- Cohort who experienced legalized segregation and discrimination as the societal **norm**.
- **Substandard** housing and education; inequality in occupational opportunities regardless of education.
- **Inferior** **access** and **quality** of medical and mental health care.
- Disrespectful, dehumanizing treatment; life-threatening experiences (race riots, lynching).
- Fought valiantly to defend our country, but could not enjoy freedoms they fought hard to secure.
- Higher proportions live in poverty, suffer **multiple** chronic illnesses, more vulnerable to victimization and have fewer financial resources (e.g. history of exclusion from original Social Security Act, etc.)

African American Elders

Sociological Perspective

- Historic resilience despite overwhelming odds..
- Preference for and reliance upon informal support system.
- Keeper of the "family narrative" and family history. .
- Preservation of family unit despite multiple environmental stressors – grandparents raising grandchildren.
- Importance of religion and spirituality as cornerstone of life.

African American Elders

Religion As "Protective" Factor

African Americans, especially women, with strong religious beliefs and who attend regular religious services are significantly **less** likely to feel depressed or to be suicidal

- Social connectedness provided by faith communities.
- Psychological comfort and reinforces sense of hope and power over adversity
- Increased **self-esteem** and importance.
- Reinforces sanction against **suicide**.
- Increasing **faith-based** initiatives to
- assist in education and linkage to
- medical/mental health services.

African American Elders

Primary Mental Health Issues Affecting AA Elders

- **Anxiety**, **depression** and **dementia** major MH problems among African American elders. (Source: Vinson, Crowther, Austin and Guin, 2014).
- **Highest** rates of Alzheimer's disease than other populations; cultural perceptions of dementia.
- Issue of **stigma** in viewing mental illness
- Under-diagnosed and under-treated depression

African American Elders

Family Caregivers Of Aa Elders

- Historical views of African American caregivers.
- Elder caregiving as core “family value”; filial responsibility and respect.
- Major challenges in providing care.
- Impact of cultural tradition of “staying strong” upon physical and mental health.
- Negative experiences within the medical and mental health systems.

African American Elders

Impact of Health Care Disparities Among AA Elders:

- Disproportionately higher incidences of major chronic illnesses, including cancer, cardiovascular diseases, diabetes, and Alzheimer's disease/related dementias.
- Diagnosed at later stage of disease due to delayed identification/access.
- Barriers to accessing quality care – transportation, insurance coverage for specialists, financial constraints for LTC resources, cultural bias of health care professionals.
- Cultural factors – mistrust and fear of health care system; under-utilizationof health//social services

African American Elders

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African American Elders

Importance Of Respect

- Use of elder's last name, unless first name basis is requested by elder, is critical to establish relationship and rapport!
- Rooted in African tradition of elders as revered "teachers".
- Important to remember that historically, use of familiarity with older AA was a systematic, deliberate attempt to disrespect, humiliate and subjugate by the larger society

African American Elders

African-American Women and Anxiety:

- Among the highest and longest- lasting rates of untreated anxiety disorders of any population.

- Factors contributing to Anxiety among AA women:
  - Concept of being a "Strong Black Woman"- fear of appearing "weak" to others.
  - Multiple roles and pressure to live up to those roles.
  - Sociopolitical realities disproportionately impacting AA women.

African American Elders

Identification Of Depression

- Use of screening tools as part of assessment (e.g. Geriatric Depression Scale – Yesavage). Assess educational level.
- Adapt assessment to include open ended questions that may identify depression:
  - "How often?..." instead of questions eliciting "Yes/No" answers.
  - Ask about symptomalogy of depression rather than "Are you depressed?" (e.g. loss of appetite, insomnia, decreased energy, anhedonia).
- Provide education about depression as a highly treatable medical illness ("not a weakness or a failure").
- Look for signs of "covert" suicidal ideations:
  - Non compliant with medical regimen.
  - Behavior that places person "in harms way".
- Consider re-evaluation of AA elders diagnosed with mental illness in their earlier years.

African American Elders

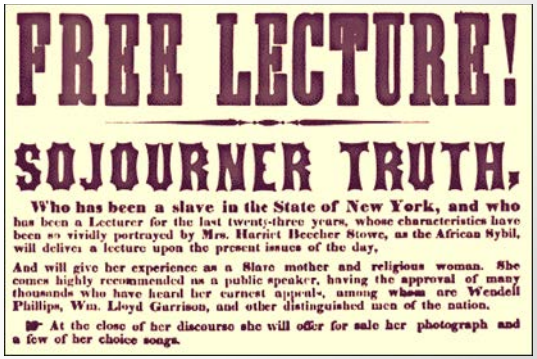
Importance Of Maintaining Sense Of Hope: Strategies:

- Vital to physical, psychological and spiritual survival!
- Partnership with AA clients to **encourage**, **reassure**, **support** and **reinforce** elder's existing strengths.
- Use of **positive affirmations** familiar to older clients if comfortable.
- **Life stories** of struggles over which the elder triumphed.
- "Energize and Mobilize" – help clients develop strategies to gain inspiration and perseverance.
- **Intergenerational** programs very valuable!
- Provides AA elders with purpose and younger adult with mentorship and "surrogate" grandparenting.
- Sharing life story of perseverance over obstacles

African American Elders

Decrease Social Isolation: Strategies

- Familiarize yourself with socialization programs (e.g. Senior Centers and nutrition sites; adult day care) in elder's community.
- Partner with medical and social service professionals trained in geriatric care in your area who can link your client to services.
- Explore culturally-relevant community programs/clubs (e.g. faith-based activity program, nutrition site in AA, church, etc.).
- Foster client's church attendance if desired – elicit support from family/friends, church.


FREE LECTURE!

SOJOURNER TRUTH,

Who has been a slave in the State of New York, and who has been a Lecturer for the last twenty-three years, whose characteristics have been so vividly portrayed by Mrs. Harriet Beecher Stowe, as the African Sybil, will deliver a lecture upon the present issues of the day,

And will give her experience as a Slave mother and religious woman. She comes highly recommended as a public speaker, having the approval of many thousands who have heard her earnest appeals, among whom are Wendell Phillips, Wm. Lloyd Garrison, and other distinguished men of the nation.

☞ At the close of her discourse she will offer for sale her photograph and a few of her choice songs.

African American Elders

Mobilize Social Supports: Strategies

- Don't treat older adult clients in a "vacuum"! Identify their social support systems in early phase of treatment and include them in treatment process (with client permission) if at all possible.
- Use of genograms can be helpful to pinpoint primary supports and potential supports.
- Family conferences for education, support and collaboration.
- Involve spiritual or religious leaders if desired and available.

Asian Indian Elders

History & Background

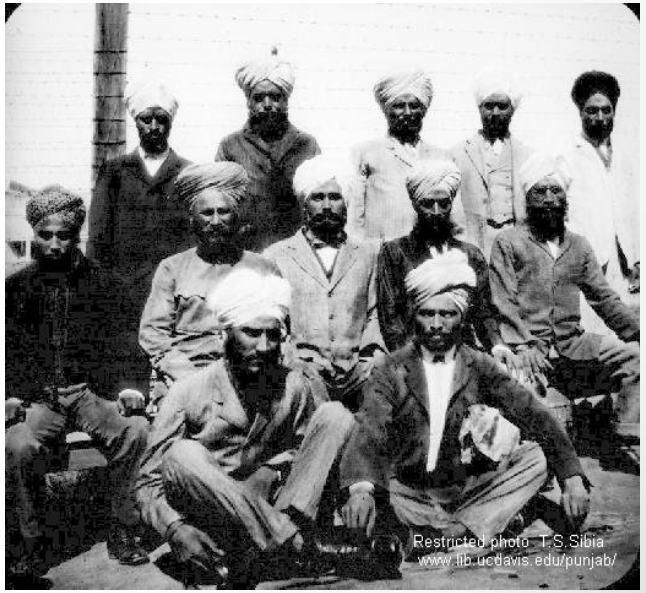
- Indians from India have been referred to as Asian, East, or South Indians to distinguish from other South Asians, West Indians, and American Indians.
- While more recently data are being collected on the various subgroups of Asian Americans, the U.S. Census Bureau had routinely grouped all Asians and Pacific Islanders together although this term overlooks major national and racial differences and cultural variations among this very heterogeneous group.

http://psychology.unl.edu/childmaltreatmentlab/documents/PDF_Asian_Indians_Handout_ABCT_2008_for_website.pdfooter Text

Asian Indian Elders

History & Background

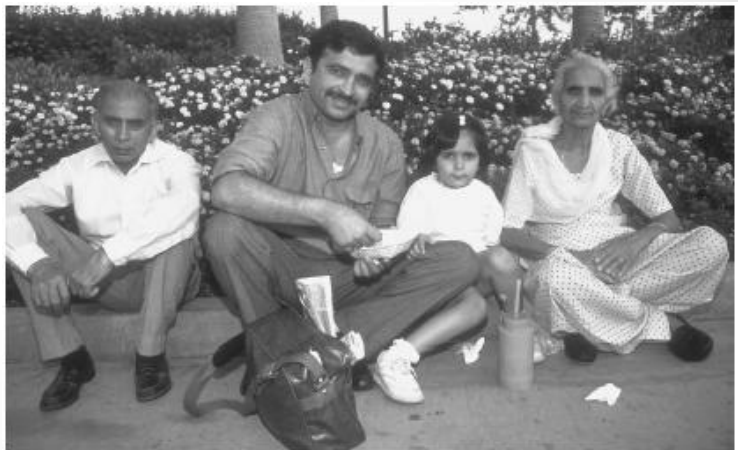
- Before the 1960's Indian immigration to the US was very restricted.



Asian Indian Elders

History & Background

- Beginning in the 1970s, New Jersey attracted large numbers of Asian Indian residents. By the 1980 Census, Asian Indians had become New Jersey's most populous Asian group. It now accounts for 40.3%of the total Asian population.
- The counties with the largest Asian Indian population are Middlesex , followed by Hudson County, then Bergen County, then Somerset.



A Brown Paper: The Health of South Asians in the United States, 2002 South Asian Public Health Association

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Asian Indian Elders

History & Background

- The majority of Asian Indians practice Hinduism. Others practice Sikhism, Buddhism, Jainism, Christianity, or Islam.
- There are more than three hundred languages and dialects spoken in India. Hindi, the national language is spoken by about 40% of the population. Other languages spoken are Gujarati, Punjabi, Bengali, Urdu, Marathi, Oriya, Kannada, Tamil and Malayalam. English is a popular second language.
- Older Indian immigrants may not speak English and may need interpreters for health care transactions.
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Asian Indian Elders

History

- There are two distinct groups of elders. Those who arrived in the US during the large waves of immigration in the 1970s and 1980s have lived here for an average of 20-30 years, are now reaching older adulthood in the US. This group is likely to have substantial growth over the next ten years.

Asian Indian Elders

History

- Those who immigrated as older adults, known as late-life immigrants, are often dependent on their adult children for support.
- The two groups of South Asian elders differ from each other significantly in terms of needs and access to resources.

Asian Indian Elders

Major Concerns & Issues

- Asian Indian immigrants in the U.S. have a high
  - prevalence of coronary heart disease
  - non insulin-dependent diabetes
  - lower high-density-lipoprotein (HDL) cholesterol levels
- All these have "insulin resistance'' as a common pathogenetic mechanism, which seems to be the most important risk factor.
- The prevalence of coronary artery disease (CAD) is three times higher in Asian Indian women than in women in the U.S. as a whole.

- A Brown Paper: The Health of South Asians in the United States, 2002 South Asian Public Health Association

Asian Indian Elders

Major Concerns & Issues

- In India only one in 40 women gets breast cancer, but in United States **one out of every eight Asian Indian women** will get the disease, **the highest incidence in the world**. According to the American Cancer Society, South Asian women have the second highest incidence of cancer among Asian Pacific Islanders.
- Asian Indian women are at a high risk for osteoporosis.
- The typical Asian Indian diet averages 56% of energy intake from carbohydrates, 32% from total fat and 8% from saturated fat. The high fat intake is associated with obesity and low leisure time activity.
- Mental health concerns are common, but rarely discussed and treated. India has the highest suicide rate in the world, but incidence of depression or other mental health concerns of this population in the US are little known.
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A Brown Paper: The Health of South Asians in the United States, 2002 South Asian Public Health Association

Asian Indian Elders

Major Concerns & Issues

The principal concerns for elders include

- Transportation
- Health care needs
- Information on eligibility for Medicare benefits
- Language issues
- Loneliness/loss of community and extended kin
- Developing social support systems
- Stigma about mental health issues

A Brown Paper: The Health of South Asians in the United States, 2002 South Asian Public Health Association

Asian Indian Elders

Family Caregiving

- Almost one in eight Asian Indian Americans live in an extended family, among the highest proportion for an ethnic group
- Asian Indian immigrants feel a responsibility to take care of their parents
- Four variables determine caregivers' burden: Impact on finances, impact on work schedule, lack of assistance from extended family, and a sense of entrapment
- With increased number of years serving as a caregiver, there is an associated increase in feelings of entrapment and financial burden
- Loss of privacy
- Intergenerational conflict

Srivatsa C. "All in the Family: The extended family experiences a revival in America" Little India December 1996. Available at:
- http://206.20.14.67/achal/archive/Dec96/family.htm.

Asian Indian Elders

Some Current Barriers to Accessing Care

- Lack of insurance
- Transportation
- Social Isolation
- The high cost of home health services
- Lack of availability of paraprofessionals who can communicate in the same language impair the ability to obtain services to care for the elders.
- Sigma and ignorance about mental health.

Asian Indian Elders

Recommendations

- Provide a support system that is built on traditional values.
- Help develop an elder community through educational programming with classes on topics such as financial information, ESL, and civics.
- Assist seniors in creating their own social network through planning events of interests such as movie nights and picnics.
- Educate seniors and caregivers alike about available social and health services, benefits, and facilities, such as public transportation and Medicare eligibility.
- Guide seniors in reaching obtainable goals, such as developing a hobby.
- Create an environment where seniors feels needed and wanted through event programming (for example, holding a prayer service or participating in blood donation drives).
- Provide education about mental health.

New Jersey Experience Programs!

- PACE – Programs of All-Inclusive Care for the Elderly.
- African American Alzheimer's Awareness and Brain Health Initiative (Rutgers-Newark)
- Community Health Worker Training Programs in NJ
- M.O.R.E Project (Multicultural Outreach and Resources for the Elderly) – Kimball Medical Center (1992-2002.)

New Jersey Programs

- Programs by local Senior Centers
- The New Americans Program
  (732) 247-3727
  info@newamericansnj.org
  www.newamericansnj.org/index.asp
- Agraj Seva Kendra – All –Volunteer Association
  (732) 801-4814
  info@agraj.org
  www.agraj.org/home/

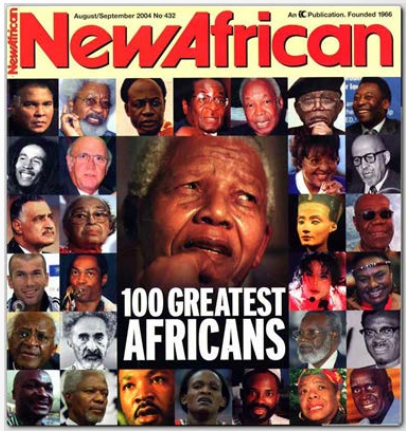
The NAMI NJ/COPSA Experience

- NAMI NJ
  - SAMHAJ
  - AACT NOW
- COPSA Geriatric Services (Rutgers UBHC)
  - "Successful Aging" Educational Series
  - Outreach to Faith based communities and senior centers
  - Cultural Competency Training for Professionals

Recommendations

Light at the End of the Tunnel!

- Develop and publicize educational resources and outlets for those in midlife (and those with family members reaching older age) on issues such as life after retirement, long term options, insurance and assistance programs that can help.
- Increase in faith-based mental health services
- Surgeon General's Reports on Mental Health and "Call to Action to Prevent Suicide" (Dr. David Satcher, 1999)
- Increased call for ethnogeriatric research – development of culturally sensitive research protocols and culturally-focused treatment and services for elders and caregivers.



Ways to Provide Support to Family Caregivers

- Listen to them and validate them, their concerns and their needs!
- Link them with caregiver education and support services in their communities, including caregiver support groups.
- Teach them to follow the "Three B's of Caregiving": "Be Educated", "Be Prepared", "Be Good to Yourself"!
- Encourage referral for counseling/psychotherapy for signs of more severe difficulty in coping with caregiving.

Resources

- COPSA Geriatric Services
  Rutgers University Behavioral Health Care
  1-800-494-2494,
  http://ubhc.rutgers.edu/services/geriatric/
- Rutgers Newark African American Alzheimers Awareness & Brain Health Initiative – 973-353-3674
- NAMI New Jersey/SAMHAJ South Asian program
  1562 Route 130, North Brunswick, NJ 08902
  (732) 940 0991; info@naminj.org; www.naminj.org
- New Americans Program – United Way
  www.newamericansnj.org/index.asp
- South Asian Public Health Association (SAPHA)
  www.sapha.org/

Questions?

Thank you for your Interest!

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