

# “What Does ‘Age-Friendly’ Mean to You?” Exploring Resident-to-Resident Micro-Aggressions in a Life Plan Community

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## INTRODUCTION

Establishment of age-friendly practices is a policy goal of the Age-Friendly Health Systems framework (AFHS). The concept of “age-friendliness” has not been explored in relation to residential settings such as life plan communities that incorporate housing, health, and social care.

## METHODS

Multiple case study method utilizing the intersectionality lens: four individual, semi-structured in-depth interviews (mean time 57.5 minutes), observational data across three years, and five types of organizational document data in a contextualist thematic analysis accounted for, respectively: individual perspectives on resident-to-resident social relationships; the experiences of additional residents in the setting and their social interactions; and policy statements that guided norms and expectations.

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# Results

## Theme A. Existing Experiences of “Age-Friendly”: Built Design vs. Identity

*For me, personally, age-friendly means knowledge and talking to my grandparents and my father [...] they told me things about my culture [...] how we were treated as African-Americans [...] bigotry and those things were going on (Resident 4).*

## Theme C. Desired Experience of the Setting as “Age-Friendly”

*A broad spectrum of ages [...] ‘individual friendly’ is all I can think of because I’m disabled. But I’m not disabled like someone in an electric power chair (Resident 2).*

Table 1. Description of the Four Cases and Reasons Selected

	RESIDENT 1	RESIDENT 2	RESIDENT 3	RESIDENT 4
Age	91	57	71	70
Race/Ethnicity	White	White	White	Black
Length of Residence	26-30 years	2-5 years	6-10 years	2-5 years
Health Status	Hypertension	Traumatic brain injury and other related conditions	Blindness and other issues related to motor functioning	Mobility limitation
Assistive Device	N/A	Walker	White Cane	Walker
Reason Selected	Oldest, relatively healthy	Youngest	Uniqueness in navigating the setting as an unsighted person	One of the very few African American residents in the setting

## Theme B. Resident-to-Resident Microaggressions

### Subtheme B1. Identity-Related

*I came home from somewhere one day [...] I managed to get around all the people [sitting in the lobby] and this one guy blurted right out loud, ‘You’re not as dumb as you look’ (Resident 3).*

### Subtheme B2. Intergenerational

### Subtheme B3. Condition-Related

### Subtheme B4. The Influence of

### Microaggressions on Social Isolation

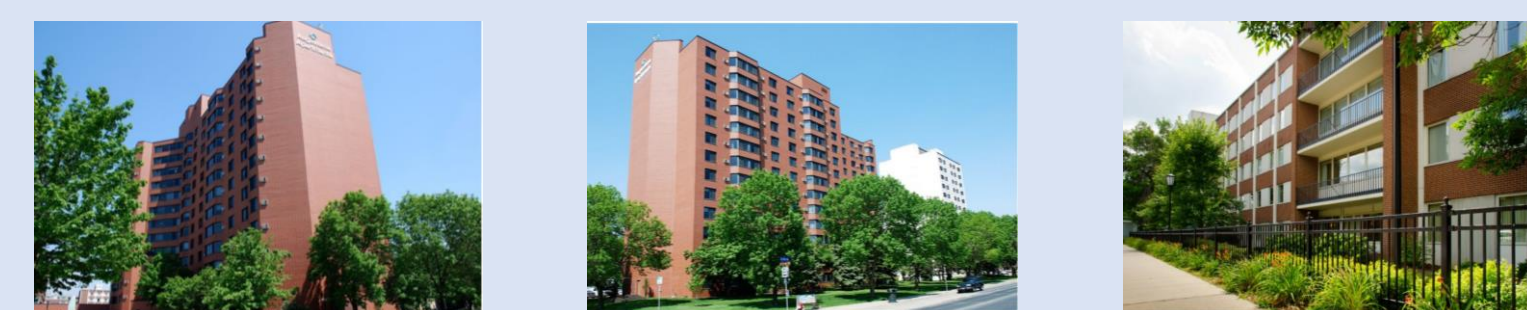


Table 2. Type and Volume of Data

Type of Data	Volume of Data in Typed Text Pages	Time Period		
Four interview transcripts	64 pages (based on almost 4 hours of recording: 63, 44, 39, and 84 minutes across the four participants)			
Participant observation	112 pages	Year 1 January through October	Year 2 January through December	Year 3 May through November
Documents	Approximately 200 pages in total			
Annual census report to residents for two years	3 pages			
Resident Handbook	136 pages			
Residency Agreement	35 pages			
By-laws of the Residents’ Association	9 pages (part of the Resident Handbook)			
Resident Council Meeting Minutes across three years	Ranged from 2 pages to 8 pages per meeting	Year 1 September October November	Year 2 May June July	Year 3 January February March
Web/public-facing information	7 pages			

## DISCUSSION

The life plan community met many environmental and healthcare needs. It lacked design factors prioritizing meaningful social relationships between residents. Residents with readily observable diversity experienced a greater degree of microaggressions (stemming from ableism, racism, and age differences) in comparison to older adults with less readily observable diversity.

## Limitations

This study relied on data collected in a single non-profit multi-level (independent living, assisted living, skilled nursing care) life plan community. Rigor criteria were applied to reflect grounds for transferability (external validity) by accumulating empirical evidence through multiple data sources (interviews, observations, and documents) as well as analysis methods (contextualist thematic analysis of interview and observational data infused with content analysis of document data).

## CONCLUSION

- Resident-to-resident social relationships are key in the experience of a life plan community as age-friendly.
- Resident-to-resident microaggressions undermine perceptions of the community as age-friendly, and play a role in social isolation.
- Administrators and managers should account for—and reflect in policies—relational inequities among residents because they can directly impact residents’ quality of life.
- Social relationships should be reflected as part of the expansion of age-friendly frameworks in mixed health and social care environments. The “what matters” tenet may allow room toward that goal.

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