

Achieving the Promise of Health Equity by Addressing Social and Structural Determinants of Elder Mistreatment

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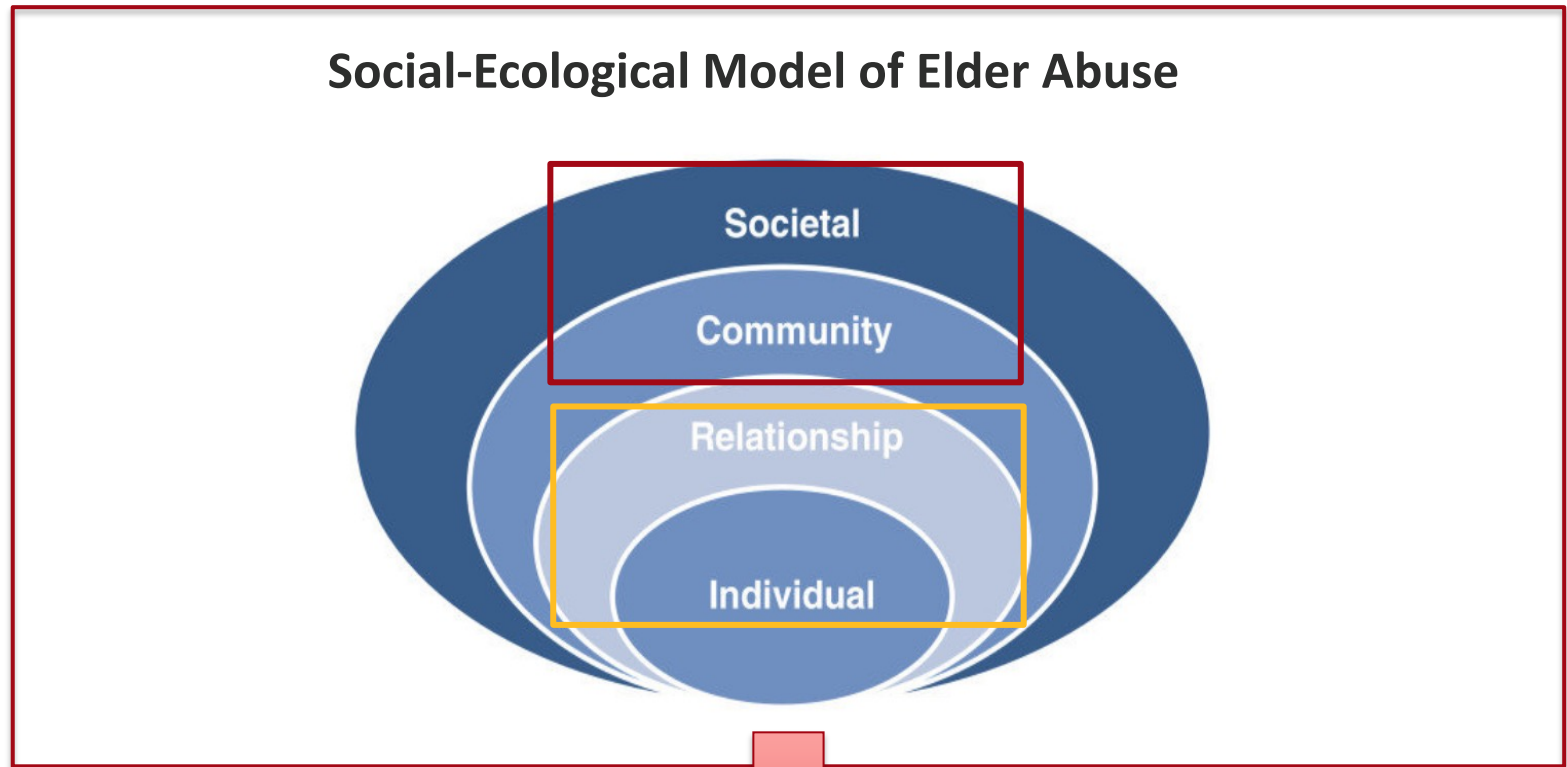


Health Equity in Aging

**Minority Aging and
Racial/Ethnic Disparities**

**Social and Structural
Determinants of Health**

Why study SDoH in Elder Mistreatment?



Improved understanding of societal drivers may enhance elder abuse prevention/ intervention across health care systems

SDoH:

Non Medical Factors that Influence Health

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Account for between 30-55% of health outcomes



The Role of Ageism

Ageism

Research definition

Systematic stereotype, prejudice, or discrimination against people because of their age



Structural Ageism

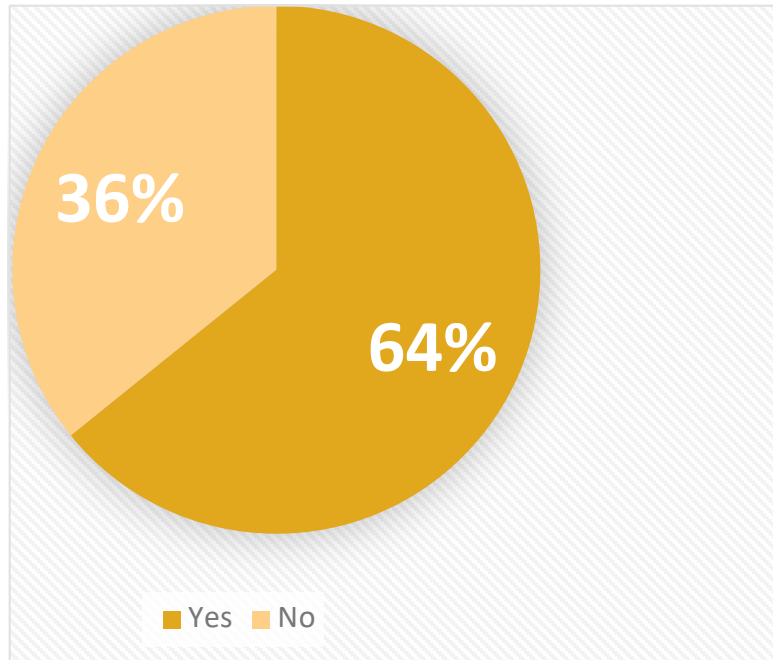
Explicit or implicit policies, practices, or procedures of **social institutions** that reinforce systematic bias toward older persons

or

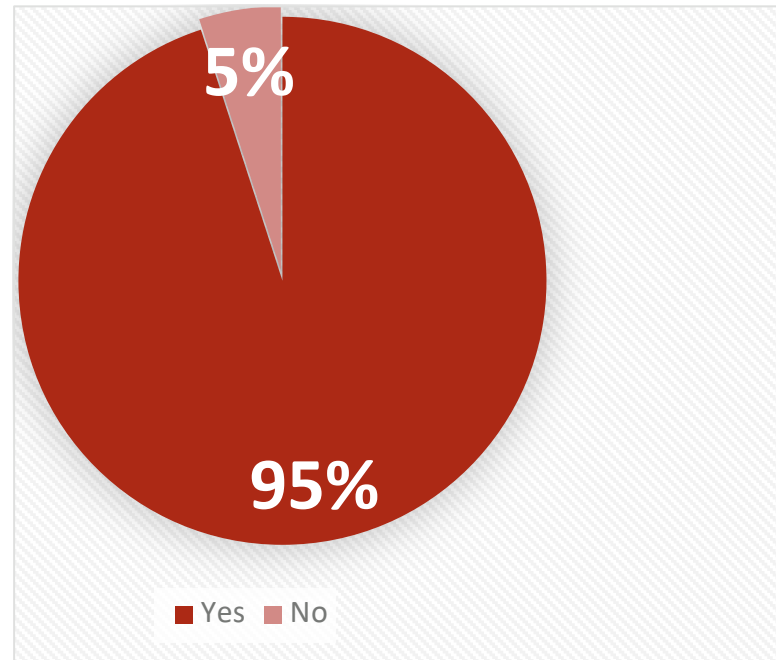
The age-based actions of **individuals who are part of these institutions**, such as the staff of a hospital



Racism Makes People Sick. As It Turns Out, Ageism is Worse

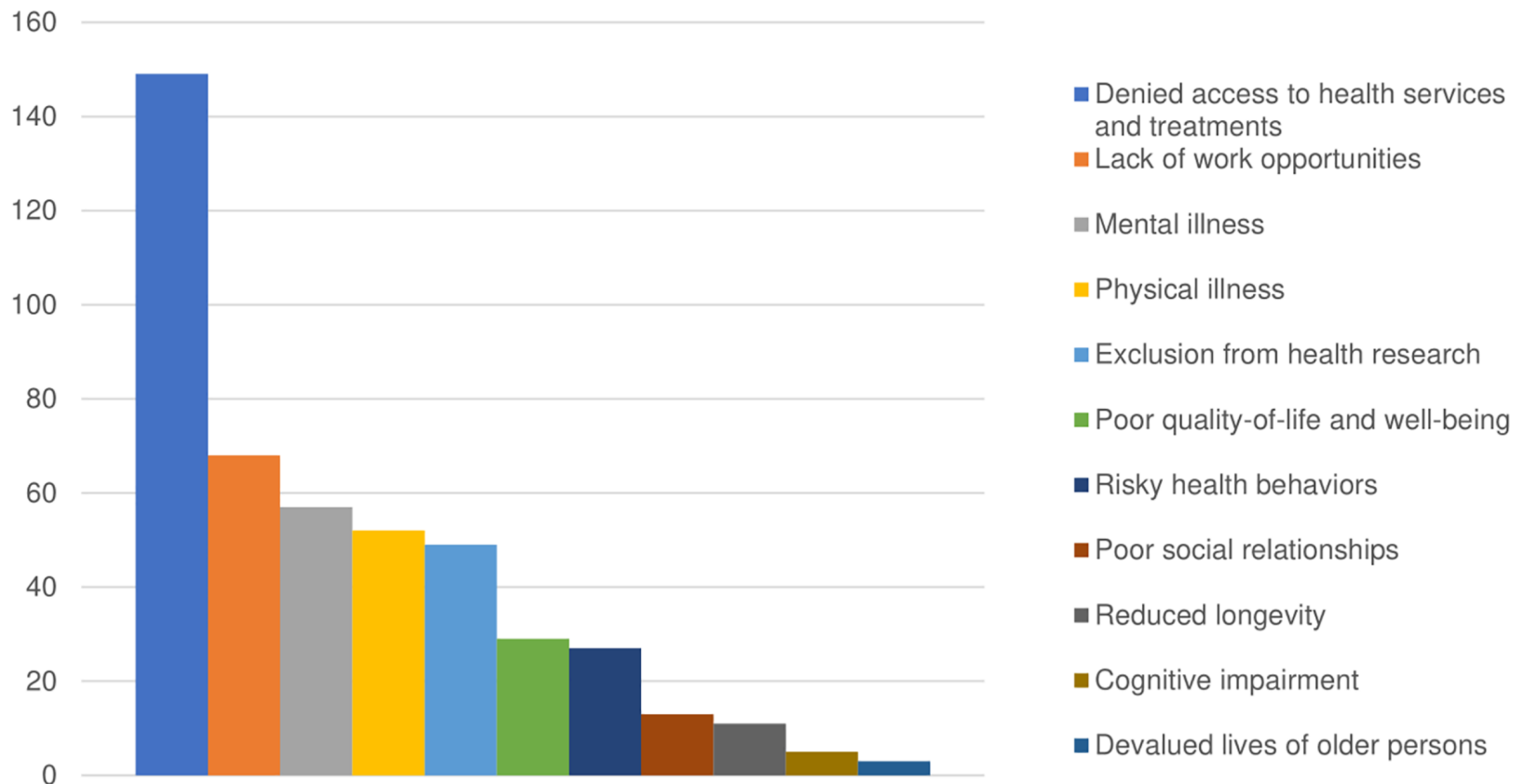


Proportion of racism studies that found negative effects of racism



Proportion of ageism studies that found negative effects of ageism

Most Well-Studied Ageism-Health Mechanism: Denied Access to Health Care



- Denied access to health services and treatments
- Lack of work opportunities
- Mental illness
- Physical illness
- Exclusion from health research
- Poor quality-of-life and well-being
- Risky health behaviors
- Poor social relationships
- Reduced longevity
- Cognitive impairment
- Devalued lives of older persons

The Financial Costs of Ageism

- Accounts for **\$1 for every \$7 spent (or a total of \$63 billion)** on 8 most expensive chronic conditions

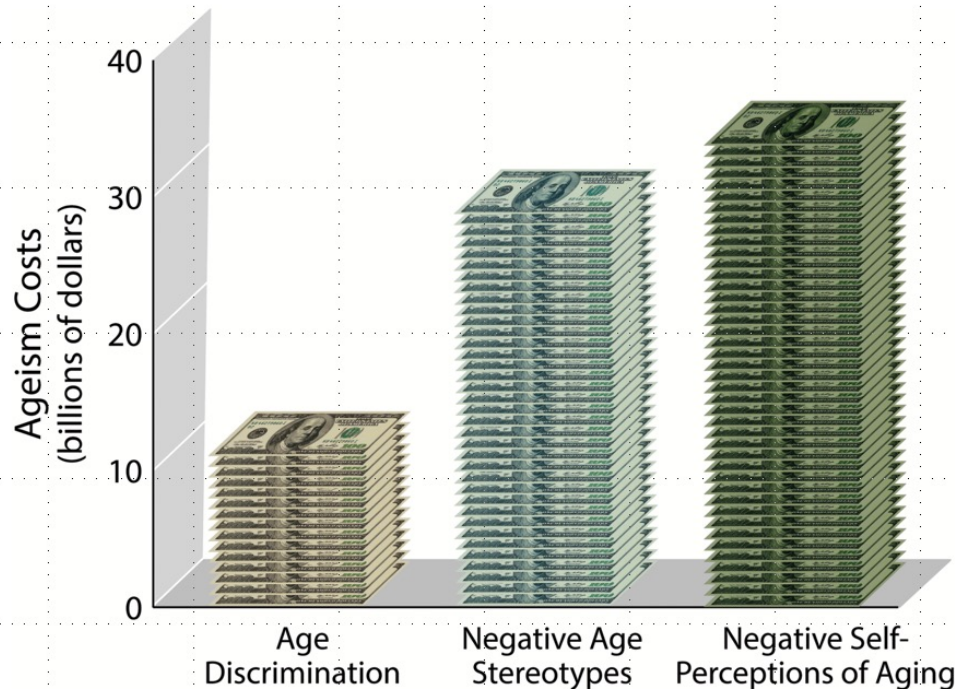
Research Article

Ageism Amplifies Cost and Prevalence of Health Conditions

Becca R. Levy, PhD,^{1,2,*} Martin D. Slade, MPH,² E-Shien Chang, MA,¹ Sneha Kannoth, MPH,⁴ and Shi-Yi Wang, MD, PhD⁴

¹Social and Behavioral Sciences Department, Yale School of Public Health, New Haven, Connecticut. ²Department of Psychology, Yale University, New Haven, Connecticut. ³Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut. ⁴Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, Connecticut.

Health care costs of age discrimination, negative age stereotypes, and negative self-perceptions of aging in one year



Levy, Slade, Chang, et al, Gerontologist, 2020

Structural Ageism and Violence Against Older Persons

Structural Ageism Index:

- 1) Discriminatory social policies: Economic, social, civil, and political rights
- 2) Country-level prejudicial social norms against older persons

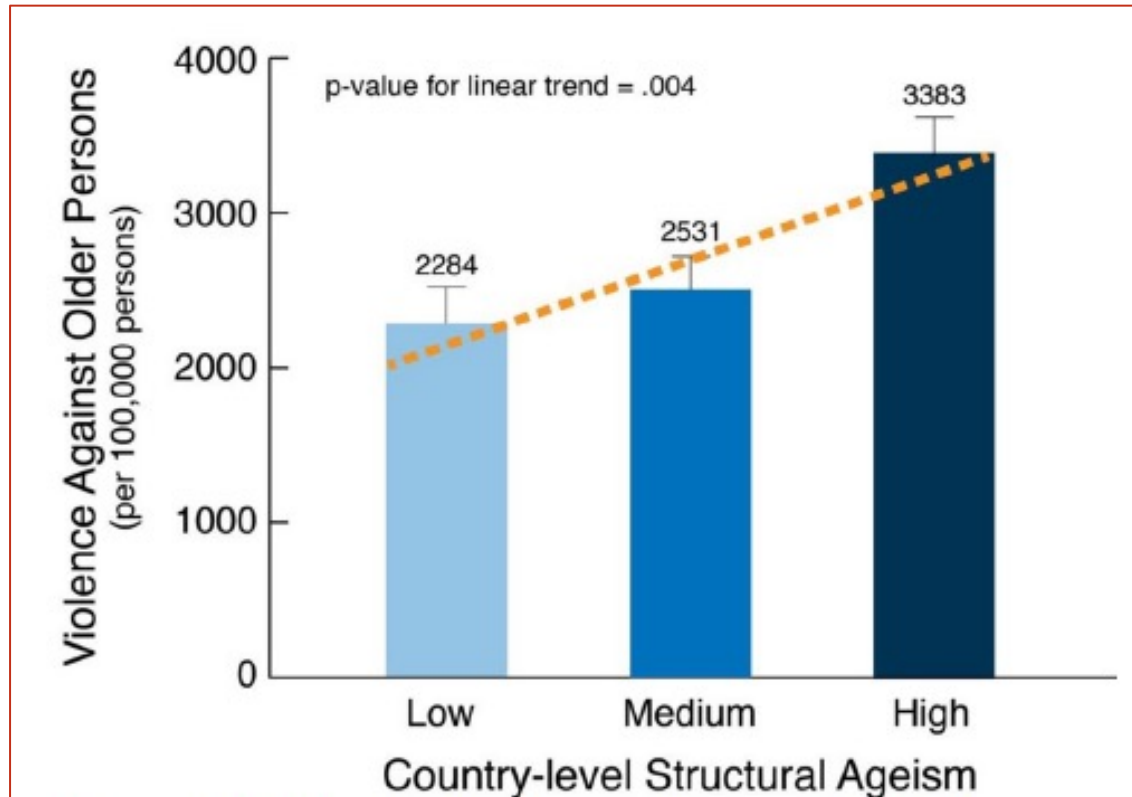


Figure 1 Higher structural ageism is associated with greater prevalence rates of violence against older persons.

Mechanism between structural ageism as a SDOH and elder abuse

One psychological pathway:
Individuals' negative age beliefs

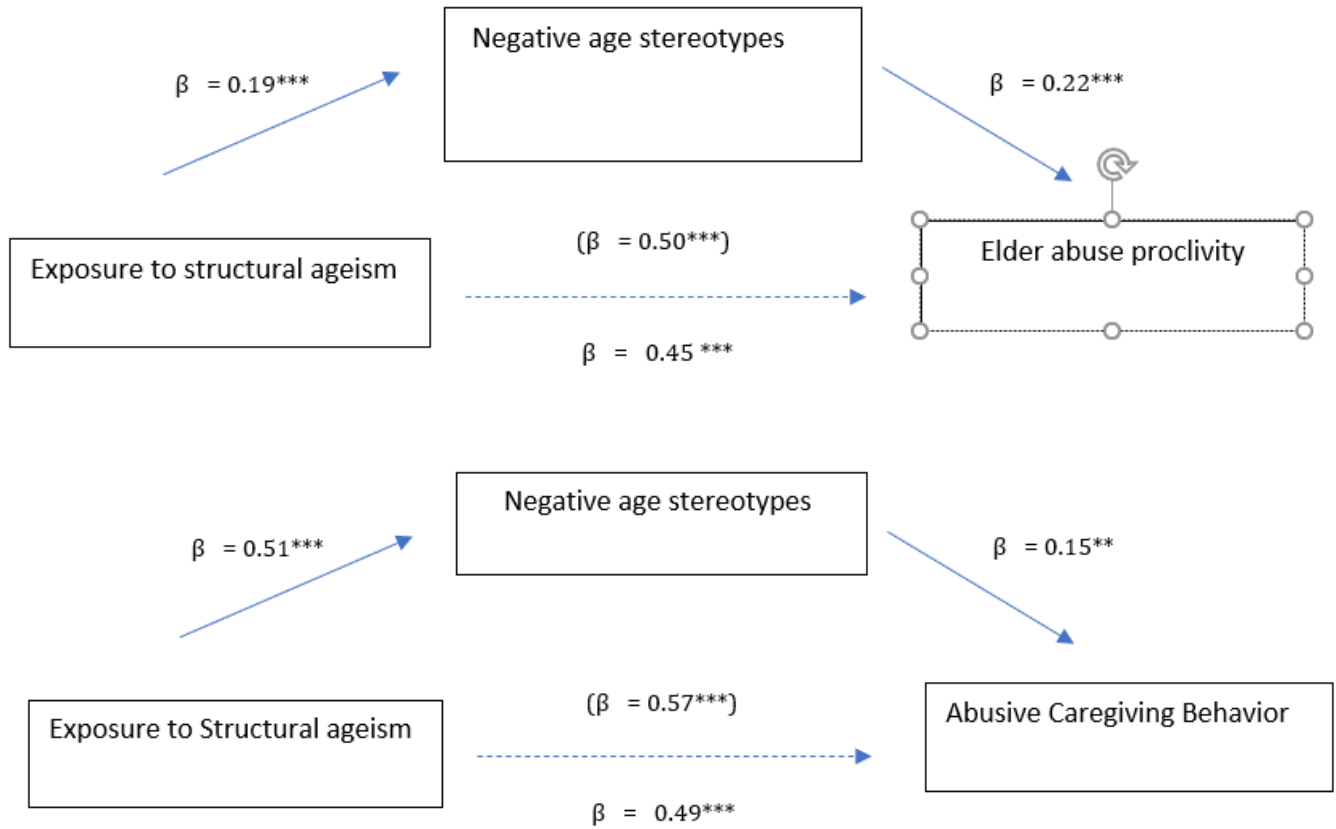
Structural and Individual Ageism Predicts Elder Abuse Proclivity and Perpetration

E-Shien Chang, Joan Monin, Daniel Zelterman, Becca Levy

Innovation in Aging, Volume 5, Issue Supplement_1, 2021, Page 89,

<https://doi.org/10.1093/geroni/igab046.338>

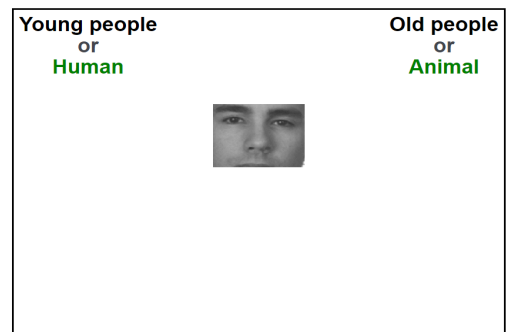
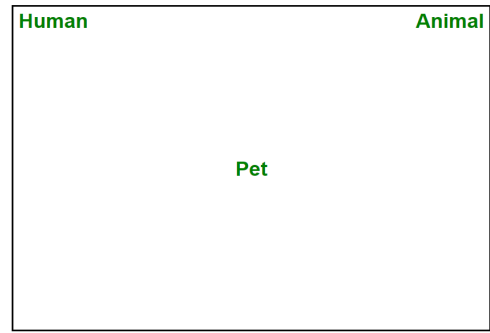
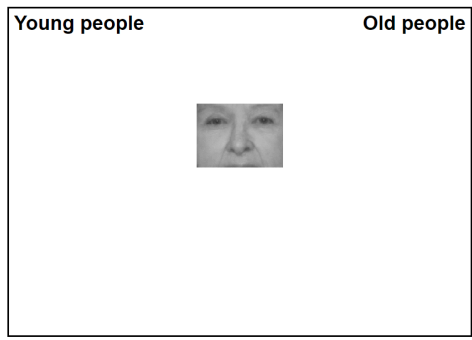
Published: 17 December 2021



Cohort 1: 1,590 persons 18+ recruited via Mturk and Lucid; 55% female, 70% White, mean age of 54.2

Cohort 2: 400 family caregivers 18+, currently providing care to an older family member recruited via Mturk; 55.3% female 67.1% white, mean age of 38.5

Ageism as Implicit Bias: Measuring Implicit-Dehumanization-Toward-Older-Persons



Implicit Dehumanization: Determinant of Elder Abuse Proclivity

- A total of 31% of the caregivers explicitly and 51% implicitly dehumanized older persons in the study
- Caregivers showing high and congruent forms of implicit and explicit dehumanization had the strongest proclivity to commit elder abuse

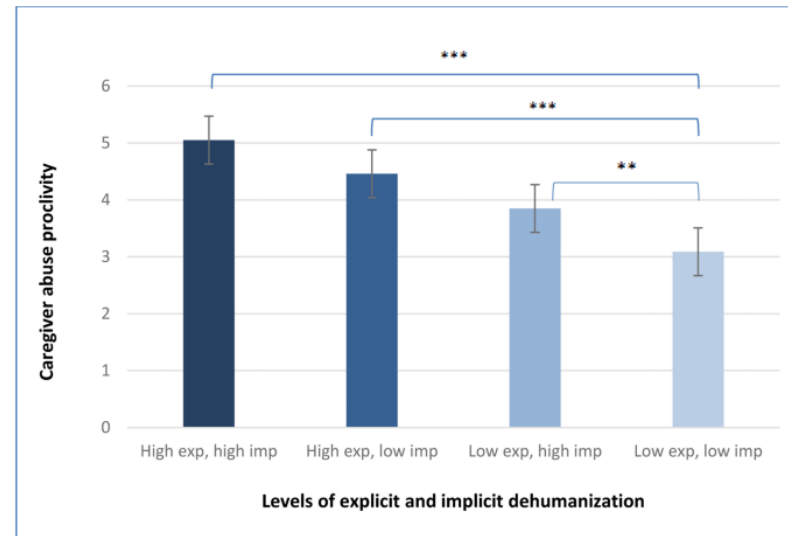


Figure 2.
Association between Levels of Explicit and Implicit Dehumanization and Elder Abuse Proclivity
*p<.05; **p<.01; ***p<.001

Multivariable Logistic Regression Predicting Elder Abuse Proclivity among Family Caregivers

	OR (95%CI)	p-value
Implicit Dehumanization	1.21 (1.01-1.48)	<.001



The Role of Race, Ethnicity, and Racism

Violence in Nursing Home

HEALTH CARE

'It hurt so bad:' Multiple acts of abuse alleged at Iowa nursing home

BY: CLARK KAUFFMAN - APRIL 25, 2022 3:54 PM



NEWS > CRIME



Former Olathe nursing home employee charged with mistreating elder person, identity theft

ADVERTISEMENT

Nursing home resident accused of beating another resident to death

By WESH Staff

Published: May. 12, 2022 at 4:30 AM EDT | Updated: May. 12, 2022 at 4:31 AM EDT



PALM COAST (WESH) - A 72-year-old nursing home resident from Florida is in custody after he allegedly admitted resident found unresponsive in his room.

Cliff Mody, 72, is charged with second-degree murder after officials say he admitted to beating another resident a Assisted Living & Memory Care in Palm Coast, Florida. Deputies were called around 2 a.m. Wednesday when staff rounds made a gruesome discovery.

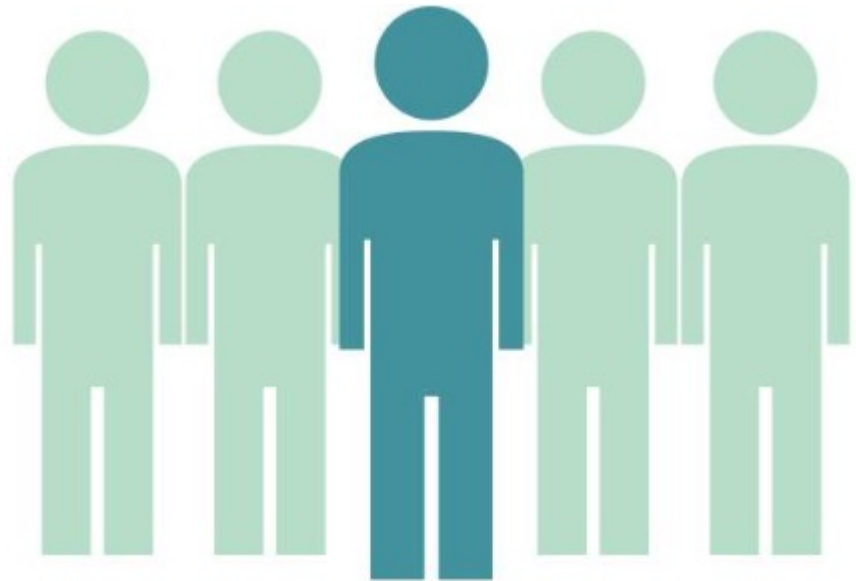
Investigators say a 77-year-old female resident was found unresponsive, lying on Mody's bed with obvious facial i



Resident to Resident Aggression (RRA)

“Negative and aggressive physical, sexual, or verbal interactions between long-term care residents that would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient”

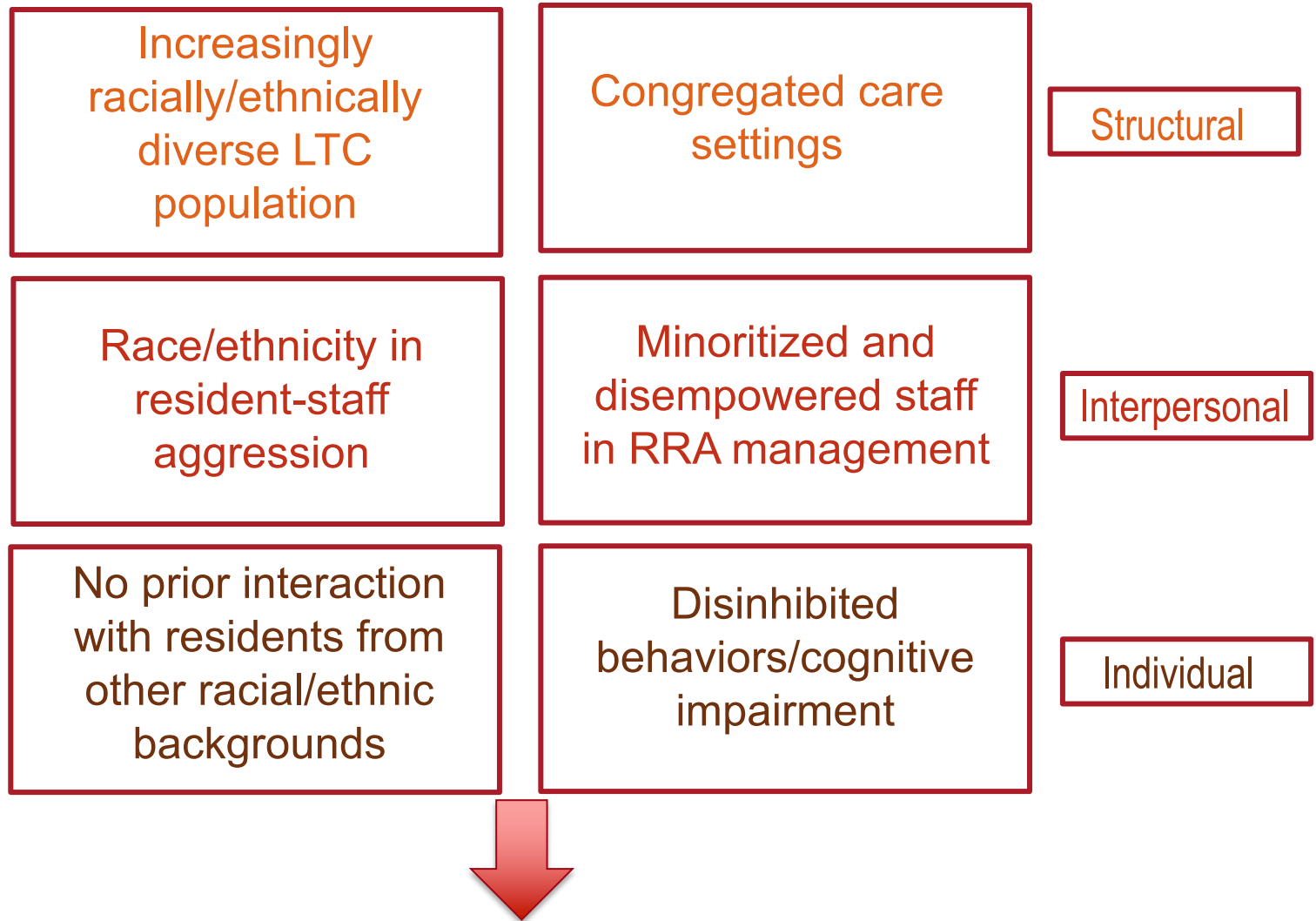
- Many subtypes: all under-recognized
- Known risk factors
 - Individual level: milder (not severe) dementia; behavioral symptoms; lower level of physical impairment; special-care-unit residence
 - Facility level: units with higher CNA workload
- Adverse health consequences



References: Rosen T, Pillemer K, Lachs M. Resident-to-Resident Aggression in Long-Term Care Facilities: An Understudied Problem. *Aggress Violent Behav.* 2008;13(2):77-87.
Lachs MS, Teresi JA, Ramirez M, et al. The Prevalence of Resident-to-Resident Elder Mistreatment in Nursing Homes. *Ann Intern Med.* 2016;165(4):229-236. Pillemer K, Silver S, Ramirez M, et al. Factors associated with resident-to-resident elder mistreatment in nursing homes. *Journal of the American Geriatrics Society.* 2021



Race/Ethnicity in RRA

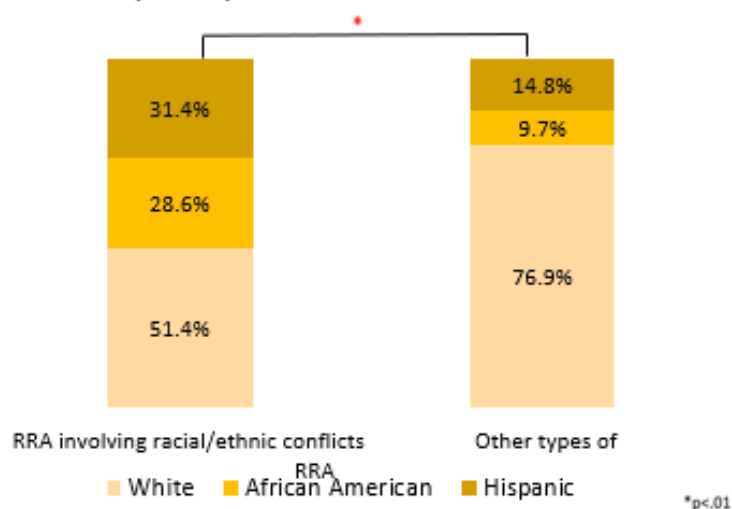


Improved understanding of race/ethnicity in RRA may enhance NH ability to address and prevent it.

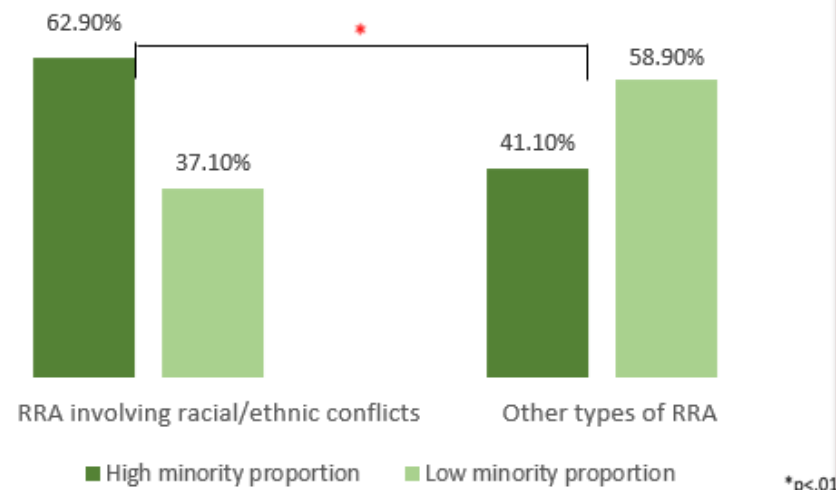


Exploring explicit racial/ethnic conflicts in RRA: Results from secondary data analyses of first RRA prevalence cohort study

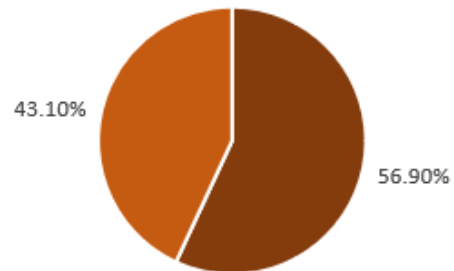
Racial/ethnic minority residents were more likely to experience racial/ethnic conflicts



Racial/ethnic conflicts occurred more frequently in facilities with higher proportion of racial/ethnic minorities



Majority of RRA incidents involving racial/ethnic conflict occurred repeatedly between pairs of residents



- Same incident involving a specific pair of residents more than once
- Same incident involving a specific pair of residents only once

Distinct patterns surrounding racial/ethnic conflicts in RRA

1. Racially/ethnically-motivated physical violence

An unknown resident approached Resident #26 with a knife and said that she needs to go back to her country (*Interview with Resident #26, a 86-year-old Hispanic woman*)

2. Racial/ethnic discrimination

An unknown resident approached Resident #26 and told her that “this place does not like Jewish people) (*Interview with Resident #26, a 56-year-old White woman*)

3. Racial/ethnic slurs and verbal derogation

“Another resident called me the n-word.” (*Interview with Resident #13, a 82-year-old African American man*)

4. Racial/ethnic stereotyping

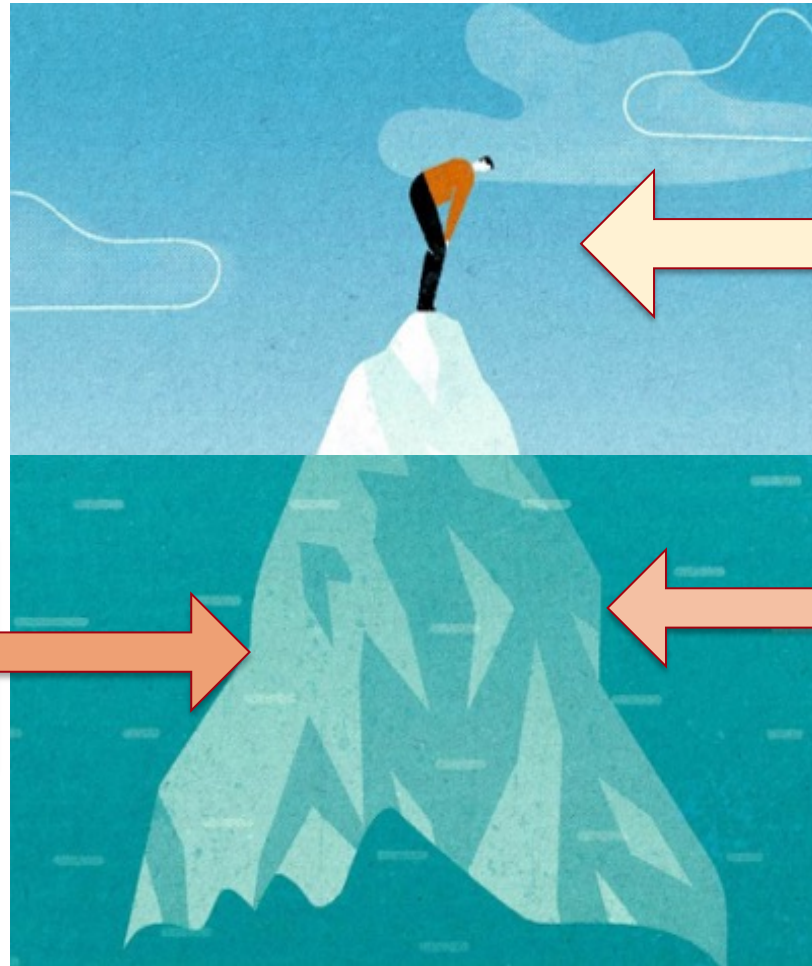
An unknown resident stated that Resident #18 was rude and nasty to everyone. While asked, the unknown resident could not give a reason (...) and just said it was because “she (Resident #18) is the colored one” and that “she should be happy she is here (despite she is not White)” (*Interview with Resident #18, a 86-year-old Hispanic woman*)

5. Racial/ethnic microaggression

Roommate of Resident #15 tells him to turn down TV on a daily basis; this only happens when Resident #15 is watching in Spanish, not English (*Interview with Resident #15, a 69-year-old Hispanic man*)



Ongoing Research



Explicit racial/ethnic conflicts in RRA

Facility level How might race/ethnicity shape RRA occurrences and responses?

Dyadic level Does risk of RRA increase among racially/ethnically discordant dyads?

Goal:
Improve LTC workforce by designing and piloting a staff-based education module addressing race/ethnicity in RRA

CARE Matters

CARE Matters! is a practical CNA toolkit to help CNAs figure out what they can do to improve care and communication with residents from different racial, ethnic, or cultural backgrounds.



Curiosity

Awareness

Root out bias

Empathy

- Addressing “provider cultural competency” as key SDoH
- USC Geriatric Workforce Enhancement Program (GWEP) trained Long-Term Care Ombudsmen (LTCO) to become trainers
- Part of a larger 4-module educational program to improve geriatric competencies of CNAs
- The first cross-cultural communication training course tailored to CNAs
- Preliminary evidence suggests feasibility and acceptability among workforce and key engaged partners

Key References

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2020 Tamkin Scholars Travel Award Application
E-Shien Chang
Describe why you are interested in elder abuse research and why you want to attend this symposium

An 82-year-old older Chinese widow, who hardly spoke any word of English, lived with her only son. He lost his job due to a gambling addiction and asked her for money every day. He yelled and threatened to throw her out of the home if she didn't give any. She was forced to sell almost all her possessions. What happened next? In this case, she asked that "all problems be kept within my own family, as I am too old to make any changes".

The response was one of the hundreds that I gathered during my field work when working with elder abuse survivors in the Chinese community in Chicago. What was concerning was not only older victims' thoughts in preserving family harmony, as reflected in a series of qualitative papers that I co-authored. It was also troubling that older victims in our studies continued to suffer in silence because they believed that older age was associated with less value, and therefore normalized elder abuse victimization.

As a health equity researcher, I became interested and engaged in elder abuse research because at the core, addressing elder abuse requires an intersectional approach to understand why some cultural and societal contexts place older persons and families at higher risks of abuse victimization and perpetration than others. Consequently, opportunities to enhance older persons' health and safety must be structured around these intersections of gender, race/ethnicity, class, and structural characteristics.

- ✓ **Goal 1:** Deepen knowledge in multi-disciplinary research in elder abuse
- ✓ **Goal 2:** Gain valuable mentorship support and networking opportunities
- ✓ **Goal 3:** Further my goal of becoming an independent researcher in the intersection of minority aging and elder abuse



Thank you!

Happy to take questions!
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