CULTURAL COMPETENCE AND DEMENTIA CARE

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Professional care providers working with individuals with dementia will provide info & support for professional care providers working in culturally and linguistically diverse communities.
Better understand the cultural perspectives they bring to the care situation.

Make informed choices on managing day-to-day situations presented by culturally diverse individuals with dementia.

Know where to find further information and support services.

Communicate in a more culturally effectively way with individuals with dementia and their family members.
DIVERSITY WITHIN THE AGING POPULATION

- African-Americans
- Asian Americans
- Latino Americans
- LGBT Older Adults

Diversity in Faith Traditions
OLDER ADULT PROJECTIONS FOR 2050

- **AFRICAN AMERICAN**: 8.60% (2011), 11% (2050)
- **LATINO AMERICAN**: 7.20% (2011), 19.80% (2050)
- **ASIAN AND PACIFIC ISLANDER**: 4% (2011), 8.60% (2050)

**Legend**
- **2011 PERCENTAGE OF OLDER ADULTS**
- **2050 PROJECTION OF OLDER ADULTS**
Black/African American Older Adults

50% of African American older adults live in 8 states:
1. New York
2. Florida
3. California
4. Georgia
5. North Carolina
6. Virginia
70% of Latino older adults live in 4 states:
1. California
2. Texas
3. Florida
4. New York

- Received Pneumococcal Vaccination
  - Older Adult Population 64%
  - Latino Older Adults 36%

- Finished High School
  - Older Adults 77%
  - Latino Older Adults 65+ 46%

- Poverty Rate:
  - 19%

- No Usual Source of Medical Care:
  - 7.50%

- Delayed Accessing Health Care Due to Cost:
  - 6.50%
Asian American Older Adults

60% of the Asian, Hawaiian and Pacific Island older adult population reside in 3 states
1. California
2. Hawaii
3. New York
### Increase in households of same-sex partners in Virginia:

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>1,791</td>
<td>1,276</td>
<td>3,067</td>
<td>-</td>
</tr>
<tr>
<td>2000</td>
<td>7,053</td>
<td>6,749</td>
<td>13,802</td>
<td>350%</td>
</tr>
</tbody>
</table>

### Households of same-sex partners in Virginia, urban vs. rural:

<table>
<thead>
<tr>
<th>Year</th>
<th>Urban Total</th>
<th>Rural Total</th>
<th>Percent Urban</th>
<th>Percent Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>2,676</td>
<td>391</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>2000</td>
<td>11,308</td>
<td>2,494</td>
<td>82%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Please note that HRC estimates that the Census 2000 figures could undercount lesbian and gay families by as much as 62 percent. For more information, see Census 2000.

*Source: Technical Resource Center, Promoting Appropriate LTC supports for LGBT Elders, U.S. Administration on Aging*
Challenges for GLBT Adults

- The effects of social stigma and prejudice
- Unequal treatment under laws, programs and services
- Reliance on informal families of choice for social connections, care and support

OTHER ISSUES:
- GLBT Elders Financial Wellbeing
- Health and Health Care
- Social Support and Community Engagement
What Can Service Providers Do?

* Review documentation and assessment information for heterosexist language

* Improve coordination of services between LGBT services and older adult services

* Recognize and change policies and practices that discriminate or leave LGBT older adults ineligible for services
World Faiths expressed as a percentage of global population - 2005

- Christianity (including Catholic, Protestant, Eastern Orthodox, Pentecostal, Anglican, Monophysite, Latter-day Saints, Evangelical, Jehovah's witnesses, Quakers, AOG, nominal, etc.), 33%
- Islam (Shiite, Sunni, etc.), 20%
- Nonreligious (including agnostic, atheist, secular humanist, people answering "none or no preference; half of this group is "theistic" but nonreligious), 16%
- Hinduism, 13%
- Primal-Indigenous (incl. African Traditional/Diasporic), 6%
- Chinese Traditional, 6%
- Sikhism, 0.36%
- Judaism, 0.22%
- Other

Note: Total adds up to more than 100% due to rounding up and using the upper bound estimates for each group

http://www.ultimatebiblereferencelibrary.com/ChristianChurchs.html
Faith Traditions Impact on Care

* Faith based organizations may be the only vehicle to reach individuals with disease

* Faith Traditions have not always responded in a compassionate sensitive manner

* Faith traditions of health care provider have found to have an impact of End of Life Care access and information
Religiosity Impact on Health Indicators

* Public religious engagement has been associated with positive health outcomes

* Positive correlation between level of religiosity and Quality of Life

* Religiosity and Religion have been associated with lower levels of caregiver burden
In this context...

- How health care information is received
- How rights and protections are exercised
- What is considered to be a health problem
- How symptoms and concerns about the problem are expressed
- Who should provide treatment for the problem
- What type of treatment should be given.
Why is culture important to dementia care?

'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
How do we respond to cultural difference?

- Cultural Sensitivity
- Cultural Competence
- Cultural Humility
The National Center for Cultural Competence at Georgetown University has developed this website especially for use by health practitioners.

http://nccc.georgetown.edu/index.html

Click on the Cultural Competence Health Practitioner Assessment
CULTURAL BELIEFS ABOUT DEMENTIA

- Dementia as normal aging
- Dementia as mental illness
- Dementia as a culture specific syndrome
- Dementia as a disruption in social functioning

Cultural Beliefs about Dementia
BARRIERS TO CARE

- Barriers to Care
  - Accessibility
  - Mistrust
  - Acculturation
  - Language and Communication
  - Knowledge
  - Discrimination
  - Dementia Assessment
  - Finances
  - Accessibility

Barriers to Care

Accessibility
Mistrust
Acculturation
Language and Communication
Knowledge
Discrimination
Dementia Assessment
Finances
In order for us to work with individuals of diverse backgrounds, we must become culturally competent. There are five elements for becoming culturally competent:

1. **Value Diversity/Awareness and Acceptance of Differences**
   - Understand the way the “person/client” defines health and family.

2. **Self-Awareness**
   - Understand how one’s own culture influences how one thinks and acts.

3. **Dynamics of Differences/Be conscious of the dynamics inherent when cultures interact**
   - Two people may misjudge the other’s actions based on learned expectations. Both will bring culturally prescribed patterns of communication, etiquette and problem solving. Also both may bring stereotypes or underlying feelings about working with someone who is different. Without an understanding of their cultural differences, misinterpretations or misjudgments may occur.

4. **Knowledge of Client’s Culture**
   - Institutionalize cultural knowledge and become familiar with aspects of culture.

5. **Adaptation of Skills**
   - Develop programs and services that reflect an understanding of diversity between and within cultures. Adapt the helping approach so it reflects cultural differences and preferences. Although focused on ethnocultural groups, the same applies to diversity from a geographical as well as sexual orientation. The bottom line is we must be open-minded, respectful and non-judgmental.
10 Steps To Providing Culturally Appropriate Dementia Care

1. Consider each person as an individual, as well as a product of their country, religion, ethnic background, language, and family system.

2. Understand the linguistic, economic and social barriers that individuals from different cultures face, preventing access to healthcare and social services. Try to provide services in a family’s native language.

3. Regard the faith community for various cultures as a critical support system.

4. Understand that a family’s culture impacts their choices regarding ethical issues, such as artificial nutrition, life support and autopsies.

5. Do not place everyone in a particular ethnic group into the same category, assuming that there is one approach for every person in the group.

6. Understand that families from different cultures consider and use alternatives to Western healthcare philosophy and practice.

(www.alz.org)
* National Resource Center on LGBT Aging - www.lgbtagningcenter.org/
* University of Southern California USC Libraries Resource Guide to Diversity on Aging -
* Alzheimer’s Association Cultural/ Ethnic Diversity -
  www.alz.org/alzwa/in_my_community_13902.asp
* The Rowland Universal Dementia Assessment -
* Concise Cognitive Screen -
Thank you!