

# Community Forum on Racial Equity in Services for Older Adults

The forum was a partnership between the University of Minnesota, School of Public Health and the MN Leadership Council on Aging's, Minnesota Diverse Elders Coalition.

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## Introduction

In November, you attended a community forum held in partnership with the Minnesota Diverse Elders Coalition and the University of Minnesota, School of Public Health. Attendance exceeded our expectations with close to 100 people present! Attendees included members of multiple communities affected by disparities in long-term care quality for older adults, including individuals who participated in U of MN focus groups, and care providers from nonprofit and other organizations.



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## Purpose

Our goal for this forum was to cover three main objectives:

- ❖ **Build collaboration** across different community groups and members within Aging.
- ❖ **Share findings** from University of Minnesota researchers on the needs of racially/ethnically diverse consumers in long-term services.
- ❖ **Create a dialogue** between the University of Minnesota-School of Public Health and community members around supporting the needs of racially/ethnically diverse consumers using long-term supports and services.

## Overview

### What is Long-Term Care Services and Supports (LTSS)

A refresher of what we mean by long-term care services and supports (LTSS). LTSS includes a broad range of health, personal care, and supportive services that meet the needs of frail older people and other adults whose capacity for self-care is limited because of a chronic illness, physical, cognitive or mental disability or injury.

**Home examples:** Family, Friends, Personal Care Assistance, Home Health Aide, Transportation, Hospice

**Community examples:** Adult Day Services, Home Delivered Meals, and Respite Services

**Other Residential examples:**

Assisted Living or Shared Residential Community Living

**Institutional Care:** Nursing Homes and Memory Care



## Presentations

### University of Minnesota Research

Dr. Tetyana Shippee, and research assistant Odi Akosionu, gave a brief presentation of research findings from her study regarding racial disparities in quality of life for nursing home residents. A number of forum attendees also participated in Dr. Shippee's research as focus group members who provided a community/family perspective on this topic.

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## LTSS Provider Panel Presentations

Three providers spoke describing how their perspective organizations work to support racial equity in long-term care services and supports. Provider panelists included (pictured on page 1):

- ❖ Kaleeca Bible, Director of Nursing at Augustana Care
- ❖ Kari Davis, Branch Director, Cora McCorvey YMCA
- ❖ Alejandro Diez, Program Manager/Hispanic/Latino Outreach, Alzheimer's Association

## Elder/Community Leader Panel Presentations

Two community members shared their perspective community's issues and concerns with finding and accessing long-term care services and supports. Community leader panelists included (picture below):

- ❖ Abdi Rashi A Sheikh, President, Center for Mediation and Community Services
- ❖ Karen Webb, Caregiver & Co-facilitator of the Volunteers of American Caregivers Support Group at Pilgrim Baptist Church in St. Paul

## Table Discussions

The final 45 minutes of this 3 hour forum consisted of table discussions among attendees addressing 3 main questions.



## Question 1: What are your experiences with finding long-term care for you or a loved one?

Thank you for sharing your stories of both positive and negative/challenging experiences in finding care. Below are the main categories that were discussed.

- ❖ **Communication issues with facilities**
- ❖ **Hard to navigate the health care system**
- ❖ **Language barriers**
- ❖ **Resources are limited for people who use public assistance**
- ❖ **Lack of culturally sensitive care**
- ❖ **Understaffing, especially at nursing homes**
- ❖ **Challenges to accessing care-transportation and rural areas**

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## Question 2: What are your recommendations for provision of culturally sensitive services in long-term care?

So many thoughtful recommendations were provided - too many to fit in this newsletter! We are sharing the most frequently mentioned areas for improvements and first steps. A good first step would be to define what we mean by culturally sensitive care (many people use the term but may mean different things). The overarching term used to guide these recommendations is person-centered care (providing individualized care and cultural needs).

### **Changes long-term care providers and staff can make to provide person-centered care:**

- ❖ Know who you serve by learning cultural care best practices and including a cultural care plan for all residents
- ❖ Provide more diverse activities
- ❖ Discuss ways to engage with residents who can no longer speak (dementia)
- ❖ Provide translational services when needed (day or night)

### **Need for policy solutions:**

- ❖ Mandated cultural training for all workers
- ❖ Policy changes in care hours and staffing ratios
- ❖ Insurance coverage for non-traditional treatments
- ❖ Better transportation options for seniors
- ❖ A formation of legislative coalitions for changes to long-term care

### **Operational changes long-term care providers can do to improve care:**

- ❖ Better communication between facilities and families
- ❖ Increase direct care staff wages and offer better incentives
- ❖ Better staffing during the evening/night shifts
- ❖ Work with communities to start intergenerational initiatives

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### Question 3: What is the role of providers in ensuring health equity in long-term care? State? Community?

**To ensure health equity, Providers should:** **1)** promote diversity at the leadership level; **2)** offer ongoing cultural sensitivity training for all staff and managers; **3)** strive to provide good standards of care regardless of a person's funding source; **4)** ensure interpretation services are available when people need it; **5)** address staffing issues including (re)assessing what appropriate staffing levels look like and providing a living wage for aides and nursing assistants who are typically underpaid; **6)** evaluate and update intake and care planning forms to capture patient and family information and wishes to provide culturally responsive care; and **7)** include family members in care planning and delivery.

**To ensure health equity, The Community can:** **1)** community centers should receive enough assistance to help support their elders; **2)** be more aware (education) of long-term care needs and become better advocates for older adults within their communities; and **3)** participate in organizations, community forums, research, and surveys to voice their needs and concerns to influence policy and programs.

**To ensure health equity, the State should:** **1)** Focus on promoting person-centered care; **2)** meet with family and resident care councils after survey periods to understand their experiences; **3)** let families know how they can assist and partner with providers; **4)** provide community education on home and community programs and services available to help older adults age in place; and **5)** track and share cultural information and resources with families

## Going forward

The outcomes of this community forum demonstrate community interest and need to address racial/ethnic inequity in access to and use of long-term services and supports. Community members asked for the ability to engage on this topic with various stakeholders who can affect policy change (DHS, state government officials, providers, etc.).



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One recommendation is to hold an annual event that would provide a continued opportunity for engagement between community members, individuals from service organizations, researchers, and state government and related agencies. Such a forum should be used to foster an active dialogue and translate into policy toward implementing meaningful changes for diverse communities who use LTSS.

To make this kind of a forum successful in the future, it is essential to have the resources and planning up front to meaningfully include members of non-English speaking communities whose voice is often not heard but who are a growing proportion of users for long-term supports and services. We also recommend a longer duration for the forum (3 hours went by quickly and many wanted to provide additional feedback).

Thanks to everyone who attended and provided input on this important topic.

**A Call to Action for Service Providers to join the Minnesota Diverse Elders Coalition (DEC).** The DEC intends to continue growing the number of member organizations so all voices from diverse and underserved communities are included and amplified.

If interested: Contact Alana Wright (Health Equity Consultant and Operations Coordinator) at [alana@mnlcoa.org](mailto:alana@mnlcoa.org)