



# Geriatrics in a Multicultural Society

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# Juxtaposition of Three Cultures

- Patients
- Clinicians
- Culture of Medicine

# Caveat!

- Although awareness of a patient's ethnic or racial background can aid in patient care, everyone must first be seen as an individual.

# Overview

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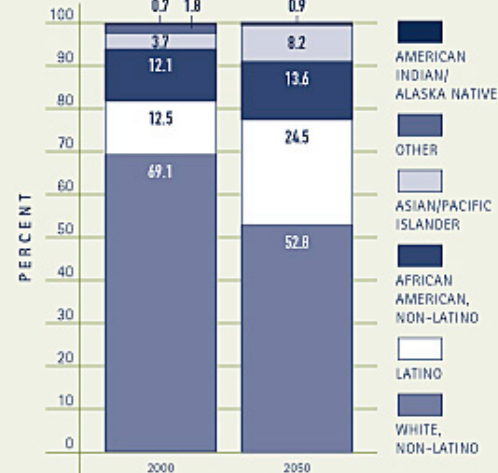
- Scope
- Tools
- Strategies
- Action Plan
- Sexual Minorities

# Scope of Multiculturalism

Age by 2050 older adults will comprise 39% of the United States population compared to 21% currently.

## Racial and Ethnic Minorities Will Comprise Almost Half of the Total Population by 2050

FIGURE 2  
Distribution of the U.S. population by race/ethnicity, 2000 and 2050



NOTE: "Other" includes non-Latino individuals who reported "Some other race" or "Two or more races." Data for 2050 do not include estimates for the "Other" category.

SOURCES: U.S. Census Bureau. 2001. PHC-T-1. Population by race and Hispanic or Latino Origin for the United States: 2000. Available at: <http://www.census.gov/population/cen2000/phc-t-1/tab03.pdf> and Day, J.C. 1996. Population projections of the United States by age, sex, race, and Hispanic origin: 1995 to 2050. U.S. Bureau of the Census Current Population Reports (P25-1130).

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"Achieving High-Quality Multicultural  
Geriatric Care, January 25, 2016



# Culture

Culture learned and understood deeply rooted beliefs about:

- Activity- how people organize
- Relationships- gender, class, friendships
- Motivation-methods of achievement
- Interpretation of life events
- Perception of Self- identity and respect.

# Diversity

Religion

Race

Ethnicity

Language

Gender

# Less Obvious

Age

Educational

Status

Mobility

Sexual

Orientation



## Goals

Elimination of racial and ethnic health disparities  
Delivery of healthcare services that meet social, cultural and linguistic needs of the patient.



# Communication Barriers

Verbal 17 million adults speak a language other than English. 48% speak English “less than well.”

# Communication Barriers

## Non-Verbal

- Eye Contact
- Touch
- Personal Space
- Assertiveness
- Modesty
- Dietary Practices

# Literacy and Education

1. Complex health decision
2. Understanding instructions
3. Reading pill bottle labels
4. Comprehending educational material
5. Completing forms

# Why then is Cultural Competence Important?

Dissatisfaction leads to:

Less partnering

Less participation in decision making

Lower level of satisfaction

Poorer outcomes

# Strategies- Awareness

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Self reflection, personal biases and prejudices

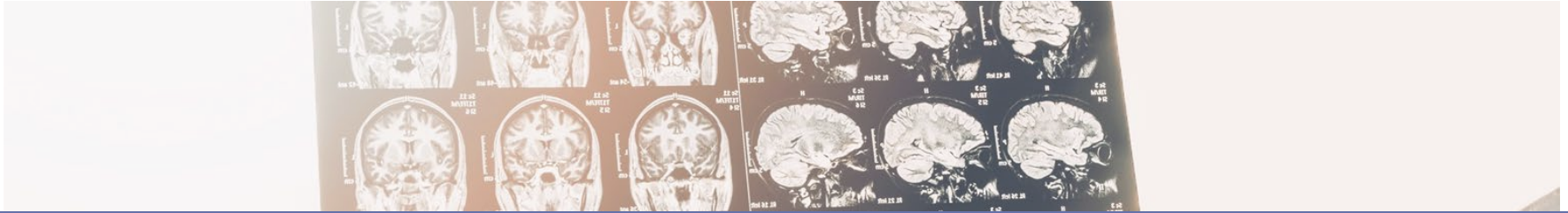
What stigmas are associated with the sociocultural group your most closely associate with?

# Strategies- Perceptions

How do your perceptions differ from those of people who come from other cultural backgrounds?

# Strategies- Attitude

What is your attitude toward adults who are from lower socio- economic status, have limited English or minimal health literacy, who are immigrants with an accent or difficult to understand.



# Action Plan

Keep an open mind

Ask-Beliefs regarding:

causation,

prevention,

intervention,

treatment





# Action Plan

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Know what you don't know-invite explanations

Action Plan

Build Trust

# Strategies

- Curiosity
- Empathy
- Humility
- Inquiry
- Reflection

# Action Plan

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Reach out to social workers  
and culture? (cultural group  
leaders)

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# Strategies-Organizational

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- ✓ Interpreters
- ✓ Minority Staff
- ✓ Location and Hours
- ✓ Incorporate cultural specific attitudes and values
- ✓ Coordinate with traditional leaders
- ✓ Partner with Community health services

# Sexual Minorities

- Heterosexual
- Homosexual
- Bi-sexual/Polysexual
- Transgender
- Asexual
- Unlabeled

# LGBT Demographics

	<b>1994 National Survey</b> (Laumann et al., 1994) Age 18-59 years old	<b>2002 National Survey of Family Growth</b> (Mosher et al., 2005) Age 15-44 years old
<i>Identify</i> as homosexual or bisexual	Men: 2.8% Women: 1.4%	Men: 4.1% Women: 4.1%
Same-sex sexual <i>behavior</i>	Men: 9.1% Women: 4.3%	Men: 6.0% Women: 11.2%

# Demographics of Older LGBT Adults

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- ❑ **LGBT Elderly (65 and older):**
  - ~1 to 2.8 million (in 2000)
  - ~2 to 6 million (by 2030)
- ❑ **Racially diverse**
- ❑ **Economically similar to heterosexuals**
- ❑ **More likely to live in urban areas compared to heterosexuals**

(Cahill et al., 2000)



# Demographics of Older LGBT Adults

- ❑ **Less likely to be partnered**

20% of LGBT are partnered vs. 50% of all elders  
(Brookdale Center on Aging and SAGE, 1999)

- ❑ **More likely to live alone**

65-75% of LGB live alone vs. 36% of all elders (Brookdale Center on Aging and SAGE, 1999; Rosenfeld, 1999)

- ❑ **No reliable data on transgender adults**

# Background of Older LGBT Adults

**Those who have been out are more likely to:**

- Be estranged from children or grandchildren
- Be single or without children
- Have extensive 'chosen family' of support networks, which can be threatened by aging and

**Many who have lived wholly or partially in the closet:**

- Have elaborate constructs to protect their sexual orientation
- Are at risk of exposure with disability or sickness

**All are at risk of discrimination in the medical community**

# Discrimination in Long-Term Care Facilities

- ❑ 120,000 to 300,000 LGBT seniors living in nursing homes by 2030
- ❑ Unrecognized needs
- ❑ Real or anticipated fear of discrimination
  - From staff
  - From other residents
- ❑ Fear of disclosure
- ❑ Loss of friend network or chosen family (Cohen et al., 2008)

# Discrimination in Long-Term Care Facilities, cont'd

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- **Survey of LGBT adults' perception of retirement care facilities**
  - 73% believe discrimination exists
  - 60% believe LGBT do not have equal access to social and health services
  - 34% believed they would have to hide their orientation  
(Johnson et al., 2005)

# Discrimination in Healthcare

## ❑ 2002 survey of physicians:

- 23% believe the healthcare system somewhat or very often treats gay and lesbian patients unfairly

(Kaiser Family Foundation, 2002)

## ❑ 1994 NY Area Agencies on Aging survey:

- 46% reported LGBT elderly not welcome at senior centers

(Behney 1994; Quam and Croghan, 2008)

## ❑ 1996 NY survey of social workers:

- 52% reported intolerant or condemning attitudes among nursing home staff toward lesbians and gay men (Fairchild et al., 1996)

# Taking a History in an Older Patient: What to Avoid

## Try to Avoid

Making assumptions about the gender of the patient's partner(s) (even if married)

Assuming that patient's sexuality is fixed, absolute, and/or lifelong

Assuming that being gay, lesbian, or bisexual is not a difficult issue for many patients

Forcing labels or outing a patient if they are not ready

Assuming that all transgender patient want full reconstructive surgery or complete hormonal transformation

Assuming that older people do not have active sex lives

# Interview Strategies for Obtaining the Social/ Sexual History

**Key issues to remind your patient confidentiality why you are asking acknowledge that it can be uncomfortable information to share**

**Some useful phrases:**

- ✓ Tell me more about yourself.
- ✓ Who are the important people in your life?
- ✓ Who do you turn to for support?
- ✓ Who do you live with?
- ✓ Are you in a relationship?
- ✓ Are you sexually active?
- ✓ Have your sexual partners been men, women, or both?
- ✓ Have you ever engaged in high risk sexual behavior?
- ✓ Do you currently have any worries or problems related to sex?
- ✓ Are you comfortable with your sexuality?
- ✓ Do you feel you can be open about this with family, friends, or at work?

# Creating a Welcoming Environment

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## **Tips and Strategies**

Join a referral program

Adapt forms to be inclusive (for example spouse/partner rather than husband/wife)

Talk with your registration staff and clinical director

Encourage cultural competency training by your colleagues and staff

Place an LGBT-friendly symbol, sticker or sign in a visible location

Have an LGBT-specific magazine or newspaper in the reception area

Have an open dialogue with patients about their life circumstances



# What can YOU Do?

- Be aware
- Be open
- Provide culturally competent support, counseling, referrals
- Advocate

# Ask Me

What is my main problem?

What do I need to do?

Why is it important for me to do this?

*The Doctors company Institute for healthcare  
department*



Thank you for completing the following:

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You may open the survey in your web browser by clicking the link below:

<https://www.nova.edu/webforms/gwep/index.html>