

# CULTURE AND CARE IN AGING

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# OVERVIEW

- Introduction
- Impact of culture and care and aging
- Culturally appropriate care across the continuum
- Supporting caregivers from culturally diverse backgrounds
- Practical strategies and recommendations
- Closing

# LEARNING OUTCOMES

1. Understand the impact of culture on seniors and care
2. Identify the limitations of a “one-size-fits-all” care model
3. Ways to apply culturally appropriate practices to in home and residential care
4. How to support seniors and caregivers from diverse cultural backgrounds
5. How to implement strategies of cultural competence



# INTRODUCTION

- Culture has a fundamental influence on aging
- In America there are two main care options in aging:  
home support and residential care
- In many cultures, caring for aging family members is a responsibility and a sign of respect
- In many cultures, autonomy is not the goal in aging
- And yet home support and residential care are aimed at independence and self-reliance
- Let's create a system of culturally appropriate care for seniors in all circumstances

# DEFINITIONS

- Race refers to the classification of individuals into groups based on perceived physical traits, such as skin color and facial features.
- Culture refers to the shared practices, beliefs, customs, values, traditions, language and behaviors of a particular group of people. Based on shared experiences, learning and socialization.



# DEFINITIONS

## Cultural safety

- Culture - shared practices, beliefs, customs, values.
- Safety - protected from danger.

Cultural safety is an outcome based on respectful engagement that acknowledges different cultural membership. And also recognizes and strives to address power imbalances inherent in the in systems. It results in an environment free of racism and discrimination, where people feel safe when receiving care.



# MAY'S STORY

May is a 72-year-old woman of Chinese descent.

May moved to Florida as a nanny working for a Chinese family when she was 32 years old. She loved the children she cared for and they loved her.

She married a Chinese-American man and had two children, Lucy and Simon. Because May spoke Chinese at work as a nanny and with her husband, she never learned English proficiently. May views her children as American, but taught them to speak Chinese and celebrated events such as Lunar New Year as they grew up. She believes in traditional Chinese medicine.



# MAY'S STORY

May was diagnosed with Parkinson's disease and the physical symptoms made living alone increasingly difficult. May was lonely and wanted to move in with Lucy but didn't want to be a bother.

Lucy hesitated to invite May to live with her as Lucy and her husband work full time during the day. But they eventually do ask May to move in and agree to find her help during the day.

May's son, Simon, lives out of state and is unable to help.





# STATISTICS

- 14.3% of the population in the US is foreign born.
- The median age of the immigrant population is 47 (older than the national average).
- It is estimated that there will be 20 million immigrants over the age of 60 by the year 2050.
- 18% of the foreign-born immigrants today are 65 year or older.
- 47% of immigrants ages 5 years and older report limited English language proficiency.
- The vast majority of immigrants are immediate relatives or are family sponsored.

# IMPACT OF CARE AND CULTURE IN AGING

Culture impacts aging in a variety of ways

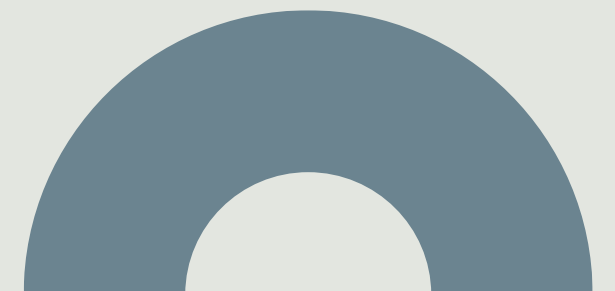
- Perceptions of aging
- Roles and expectations
- Economic and social status
- Health care



# STEREOTYPES

**That people from  
racialized  
minorities are  
more likely to live  
together in  
multigenerational  
households**

**The reason for  
this is because  
of economic  
hardship and a  
lack of  
independence**



# REALITY

**Extended families  
live together for a  
variety of reasons**

- Filial piety**
- Financial necessity**
- emotional and social support**
- Cultural continuity**
- Shared responsibility for caregiving**

# CAREGIVING AND CULTURE

- Seniors are considered valuable members of the family who should be respected, consulted and cared for at home
- Care for seniors is socialized into some cultures and seen as an honor to be able to care for an aging relative
- Cultures with a strong sense of responsibility would feel guilt or shame for not providing care. Further, formal care could be looked down upon by their larger community

# MAY'S STORY

Lucy searches but struggles to find home support services in her area. There is a long waitlist for publicly funded services. There aren't many private services, and they are all costly. Eventually she finds and hires a private company.

After one week May refuses to let the workers into the home as she doesn't understand them. She is frustrated that one worker refused to make her Chinese medicine teas.

Lucy is frustrated as she has to work to support her own family. She cannot afford to stay at home to care for her mother.



# MAY'S STORY

Lucy returns home from work one day and finds May gone. She locates her in their gated backyard, confused and wandering.

Lucy and Simon consider placing May at a residential care facility. They feel guilty for not being able to care for their mother at home, but distance and financial obligations means they are unable to provide the level of support she needs. Their extended family shame them for considering this.

Lucy and Simon are at their wits end. They want their mother to be well cared for but are unsure how to do it without help.

# LACK OF CULTURALLY APPROPRIATE SUPPORT

For both residential care and home supports:

- Language barriers for seniors who don't speak English (or Spanish)
- Food preferences and restrictions (ie. Halal or Kosher).
- Recognition and normalization of Christian holidays and celebrations
- Lack of consideration of religious and spiritual needs





# CULTURALLY APPROPRIATE SUPPORT

- We can seek to understand the context of care decisions (cultural, family, religious, spiritual)
- Home support and residential care can be tailored to meet the cultural needs of seniors and families
- We can integrate cultural beliefs and values with care

# CULTURAL SAFETY

- Cultural safety is where there is no challenge or denial of a person's identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience; living and working together with dignity. Truly listening.

Williams, 1999



# CULTURAL SAFETY

- Identifies an individual's cultural traditions, beliefs, expectations and preferences and incorporates them into decision-making and care planning
- Assesses the needs and wishes of the senior and family and implements this into care

# CULTURAL SAFETY- HOW TO

- Cultural awareness training
- Participate in cultural activities
- Be inclusive of cultural norms
- Learn more about major religions
- Have an understanding of relevant issues
- Build a diverse workforce that reflects the clients you serve
- Notice the words, thoughts and assumptions that we use and make about particular groups
- Create care plans that address aspects of cultural norms and reflect values

# CULTURAL SAFETY- QUESTIONS

- What language are you most comfortable using when discussing your care needs?
- Are there any cultural practices or traditions I should be aware of when providing care or support?
- Do you have any dietary restrictions or food preferences?
- What is your family's role in your care and decision-making?
- Are there any beliefs or values that influence your care?
- Do you feel safe and respected here? Is there anything I can do to make you more comfortable?



# CULTURE – LGBTQ2+

- Experiences with in-home and residential care
- Experiences of discrimination in society
- Less likely to be married, less likely to have had children
- Less support in older age
- Discrimination in care



# SELF-AWARENESS

- Awareness of biases
- Improving capacity for cultural competence
- Fostering a safe environment

# STAFF

- Worker comfort and safety
- Inclusive and respectful workplaces
- Openness to innovation and a culture of accountability



# BARRIERS TO CULTURAL SAFETY

- Lack of self-awareness about one's own discriminatory attitudes.
- An individuals own trauma history or experiences with racism or discrimination that leads them to be avoidant
- Insecurity about how to ask individuals about their cultural needs
- Paternalistic attitudes when it comes to seniors and their families
- Belief that the client should be the one to raise concerns and issues of culture

# May's Story

Simon finds a home support agency that has a Mandarin speaking worker, Grace. Lucy introduces May and Grace and is hopeful that this is the solution.

May feels comfortable with Grace and allows her to help with daily tasks. They play Mahjong and socialize in Mandarin.

Grace provides care during the day when Lucy is working, and Lucy cares for her mother evenings and weekends. Lucy finds caregiving difficult.



# CHALLENGES IN CAREGIVING

- Isolation
- Increasing cost of housing and increased cost of living
- People are living longer
- People having less children
- Children living at home longer - being emotionally and financially tied to parents longer than in previous generations

# CAREGIVERS

- $\frac{3}{4}$  of seniors (immigrant and non-immigrant) receive help from family/friends.
- Many seniors rely solely on family/friends and do not use formal supports.
- There are high rates of informal caregiving among Hispanic, African-American and Asian American seniors.
- Likelihood that seniors are already living with family members before they need care.



# MAY'S STORY

Despite the daytime support, Lucy and her husband struggle, at times, with caregiving for May whose illness is progressing.

Lucy wants to see someone for emotional support, but May frowns upon this as mental health is not a concept she is familiar with. She also thinks its wrong to share your personal family struggles with people outside the family.

Lucy confides in her aunt who tells her that May cared for Lucy as a baby, and it is an honor for Lucy to care for her mother at this time of life, when she needs it.

# CAREGIVERS AND WOMEN

- 65% of caregivers are women
- 34% of caregivers are over the age of 65
- On average, informal caregivers spend 20 hours a week on caregiving responsibilities
- The value, economically, of informal care is estimated to be 470 billion a year

McInnes-Dittrich, 2019



# STEREOTYPES

That families in multigenerational households are close and tight knit and everyone gets along

Because of filial piety everyone understands and accepts their role within the family



# REALITY

Generational conflict, disagreements over parenting, household responsibilities or daily routines can cause ongoing conflict in multigenerational homes.

- Adult children, particularly those raised in America, may be resentful of a traditional styles of caregiving
- Personality and relationship dynamics can lead to conflict
- There can be issues related to a lack of privacy





# CAREGIVING

- Stress
- Very high rates of depression and anxiety (men & women)
- Burnout
- Denial
- Social withdrawal
- Sleeplessness
- Irritability
- Lack of concentration
- Guilt

# SUPPORTING CAREGIVERS

- Respect the cultural beliefs around caregiving
- Help families build culturally appropriate community support systems
- Engage faith-based organizations and resources, if appropriate
- Validate and provide empathy for the difficulty of caregiving
- Provide referrals for counselling, emotional support and support groups if caregivers are open to it



# PROTECTIVE FACTORS IN CAREGIVING

- Positive view toward caregiving
- Strong social support network (formal and informal)
- Participate in hobbies/social activities
- Regular exercise
- Access to respite or have other people who can help provide care
- Having a lower acculturation gap
- Belief in filial piety

# MAY'S STORY

Lucy chooses to join a support group for caregivers, and this provides her emotional support.

With Lucy and the caregiver Grace's help, May's quality of life improves. She is able to manage her condition better and feels respected and cared for. Lucy feels relieved knowing her mother is getting excellent support.

Lucy settles into her caregiving role, leaning on extended family for help at times. She is aware of the values of her family and culture, which helps her on the difficult days.



# TAKEAWAYS

- Awareness of the foundational role culture plays in aging and care will help create environments of cultural safety
- Cultural training and education are helpful tools for workers
- Self-reflection on biases and cultural competence is essential
- Cultural safety can be created across the caregiving continuum
- Caregiving is difficult work and is often done by women
- Caregiver support can mitigate caregiver burnout
- Viewing caregiving as rewarding decreases depression

# CONCLUSION

- Understood the impact of culture on seniors and care
- Identified the limitations of a “one-size-fits-all” care model
- Applied culturally appropriate practices in home and residential care

- Discussed how to support seniors and caregivers from diverse cultural backgrounds
- Implemented strategies for cultural safety

# CLOSING EXERCISE

## **Closing Exercise:**

- 1. Set an intention: action/attitude/behavior to actualize what we've discussed.**
- 2. 'Speak' that intention into your semi-closed fist**
- 3. Hold your fist up in front of you**
- 4. When I say 'Action!', open your fist and speak your intention, all together!**



# Thank You

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