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Health Equity in Practice: Using a Social and Structural Determinants Lens to Address Elder Mistreatment

E-Shien "Iggy" Chang, PhD, she/her/hers
Assistant Professor of Gerontology in Medicine
Weill Cornell Medical College
esc4003@med.cornell.edu

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Cornell Center for Social Sciences

Minority Aging and
Racial/Ethnic Disparities

Social and Structural
Determinants of Health

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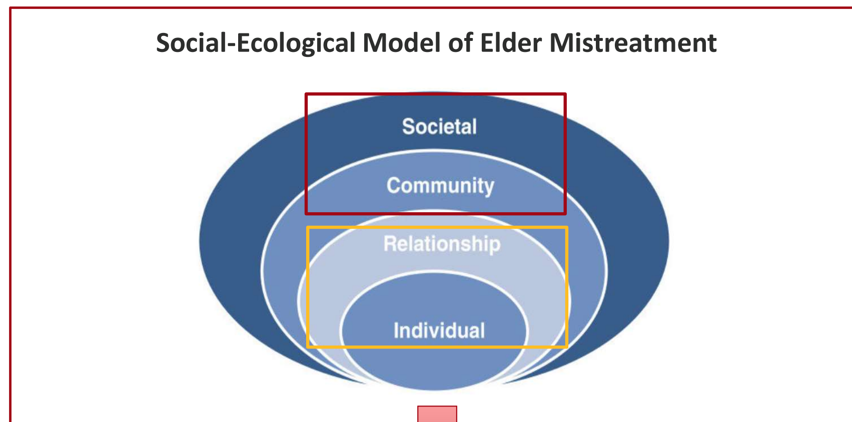
Why study SDoH in Elder Mistreatment?



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

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4

Reference: Bronfenbrenner's social ecological model cited in World report on violence and health: Summary. Geneva, World Health Organization, 2002

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	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Account for between 30-55% of health outcomes

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Reference: https://www.kff.org/coronavirus-covid-19/issue-brief/tracking-social-determinants-of-health-during-the-covid-19-pandemic/

The Role of Ageism

Ageism

Research definition

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

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Reference: Butler, 1969, Gerontologist

Ageism

<u>**Three Predictors according to the Stereotype Embodiment Theory**</u>

Age Discrimination:
Detrimental treatment for older persons

Negative Age Stereotype:
Negative beliefs about older people in general

Negative Self-Perceptions of Aging:
Negative beliefs of older persons about their own aging

Reference: Stereotype Embodiment Theory, Levy 2009
Butler, 1969, Gerontologist; WHO report

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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

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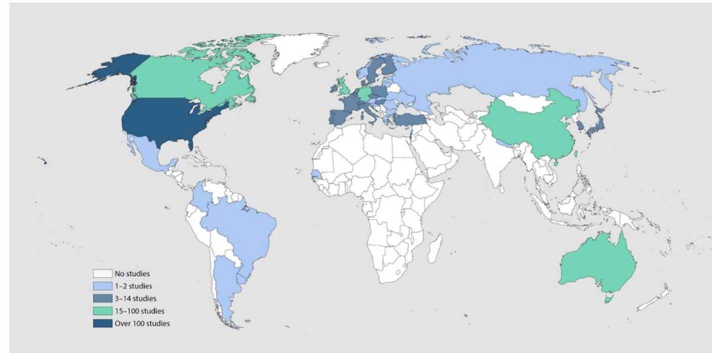
9

Chang et al, PlosOne, 2020

Wide-Reaching Adverse Health Impact of Ageism Across Geography and time



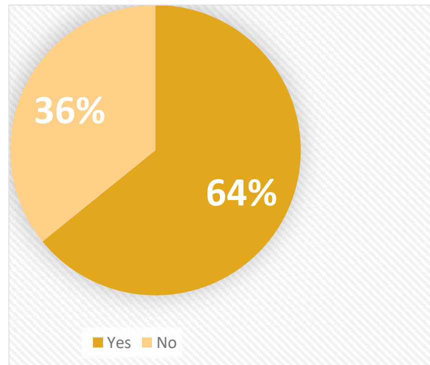
The studies (n=422; over 7 million participants) reported ageism effects in all 45 countries, 11 health domains, and 25 years studied, with the prevalence of significant findings increasing over time ($p < .0001$).

Ref: Chang et al, 2020, PlosOne

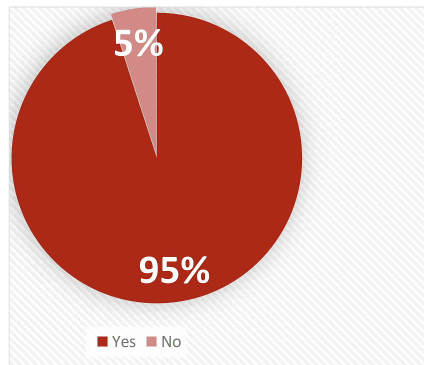
Racism Makes People Sick.
As It Turns Out, Ageism is Worse

PLOS ONE

Global reach of ageism on older persons' health: A systematic review



Proportion of racism studies that found negative effects of racism



Proportion of ageism studies that found negative effects of ageism

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Chang et al, PlosOne, 2020

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

PLOS ONE

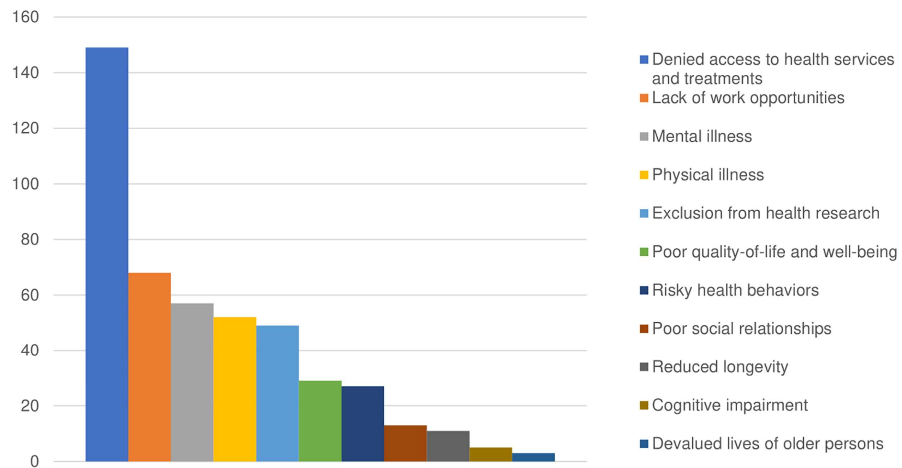
OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

Global reach of ageism on older persons' health: A systematic review

E-Shien Chang, Sneha Kannoth, Samantha Levy, Shi-Yi Wang, John E. Lee, Becca R. Levy

Published: January 15, 2020 • https://doi.org/10.1371/journal.pone.0220857



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Chang et al, PlosOne, 2020

Structural Domain:
Denied Access to Health Care and Treatments

- Denied access to health services and treatments was the most researched aspect of structural ageism
- For example, in a study of U.S. 9,105 hospitalized patients, health care providers were significantly more likely to withhold life-sustaining treatments from older patients, compared to younger ones, after controlling for patients' prognosis and care preferences
- Among patients who wanted more aggressive care, physicians were less likely to believe patients' preferences when patients were older

Hamel et al, 1999

Structural Domain: Exclusion from Health Research

- Older persons were excluded from trials from 9 medical specialties
- These global trial data included up to 206 countries and territories
- For example, using an international registry of Parkinson's disease clinical trials, 49.0% of these trials explicitly included an arbitrary upper age limit

THE NEW OLD AGE

Older Adults May Be Left Out of Some Covid-19 Trials

The coronavirus disproportionately affects seniors, but they may not be included in important clinical trials for vaccines and treatments.

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Fitzsimmons et al, 2012

The Financial Costs of Ageism

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

THE GERONTOLOGICAL SOCIETY OF AMERICA®
The Gerontologist
cite as: *Gerontologist*, 2020, Vol. 60, No. 1, 174–181
doi:10.1093/geront/gny131
Advance Access publication November 13, 2018
OXFORD

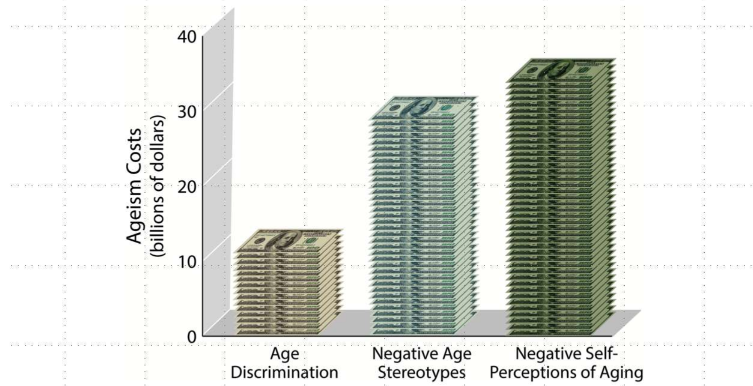
Research Article

Ageism Amplifies Cost and Prevalence of Health Conditions

Becca R. Levy, PhD,[1,2,*] Martin D. Slade, MPH,[3] E-Shien Chang, MA,[1] Sneha Kannoth, MPH,[4] and Shi-Yi Wang, MD, PhD[4]

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

The Gerontologist, Volume 60, Issue 1, February 2020, Pages 174–181, https://doi.org/10.1093/geront/gny131

Structural Ageism and Violence Against Older Persons

Open access | Original research
BMJ Open | Impact of structural ageism on greater violence against older persons: a cross-national study of 56 countries

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

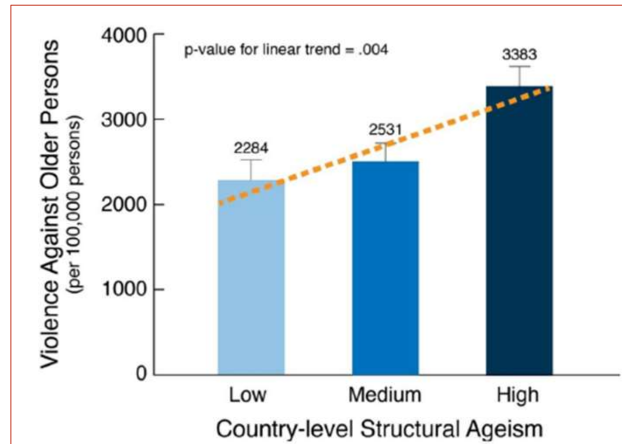


Figure 1 Higher structural ageism is associated with greater prevalence rates of violence against older persons.

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Chang et al, BMJ Open, 2021

Mechanism between structural ageism as a SDOH and elder abuse

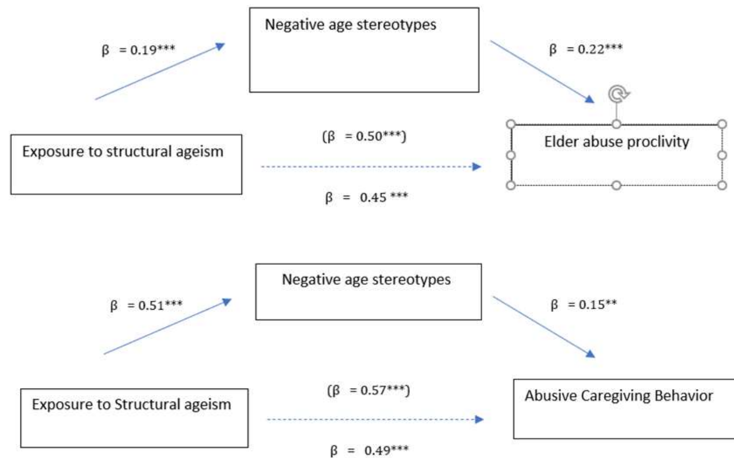
One psychological pathway: Individuals' negative age beliefs

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

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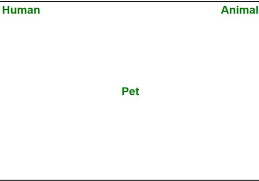
Chang et al, Innovation in Aging, 2021

Ageism as Implicit Bias:

Measuring Implicit-Dehumanization-Toward-Older-Persons



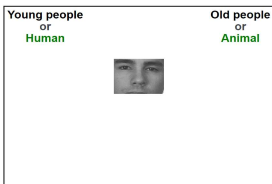


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Image credit: salud America.org

Chang et al, Stigma and Health, 2023

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

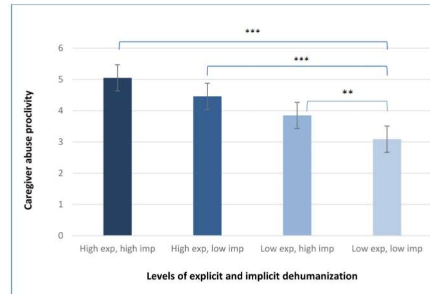

Figure 2.
Association between Levels of Explicit and Implicit Dehumanization and Elder Abuse Proclivity
*p<.05; **p<.01; ***p<.001

Multivariable Logistic Regression Predicting Elder Abuse Proclivity among Family Caregivers		
	OR (95%CI)	p-value
Implicit Dehumanization	1.21 (1.01-1.48)	<.001

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Chang et al, Stigma and Health, 2023

The Role of Race, Ethnicity, and Racism

Violence in Nursing Home

IOWA CAPITAL DISPATCH

GOVERNMENT + POLITICS AG + ENVIRONMENT HEALTH CARE JUSTICE WORKING + ECONOMY EDUCATION

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

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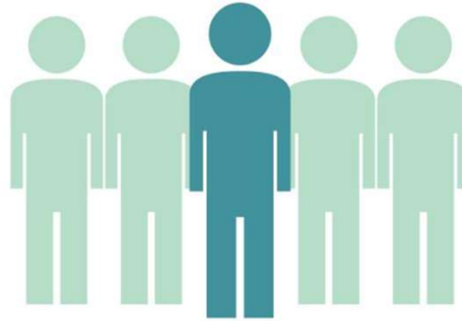
Resident to Resident Aggression (RRA)

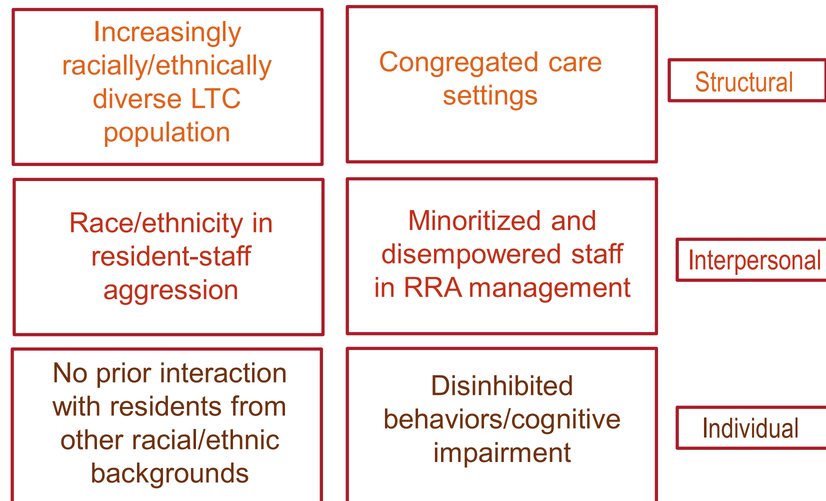
"Negative and aggressive physical, sexual, or verbal interactions between long-term care residents that would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient"

- 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.

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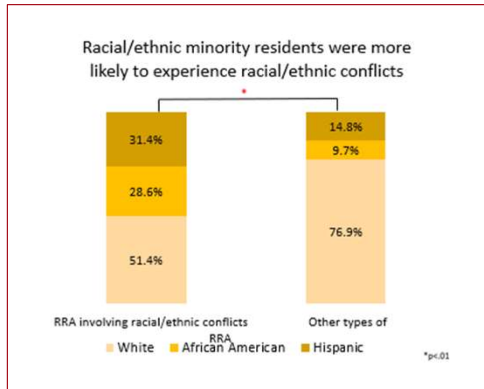
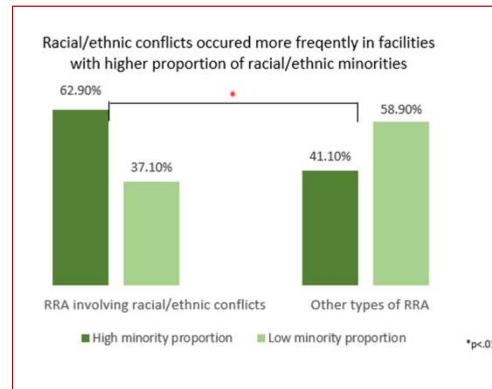
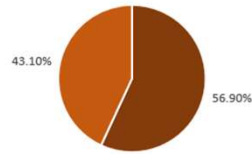
Exploring explicit racial/ethnic conflicts in RRA:
Results from secondary data analyses of first RRA prevalence cohort study





Chang et al, JAMDA 2023

Majority of RRA incidents involving racial/ethnic conflict occured 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

Chang et al, JAMDA 2023

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

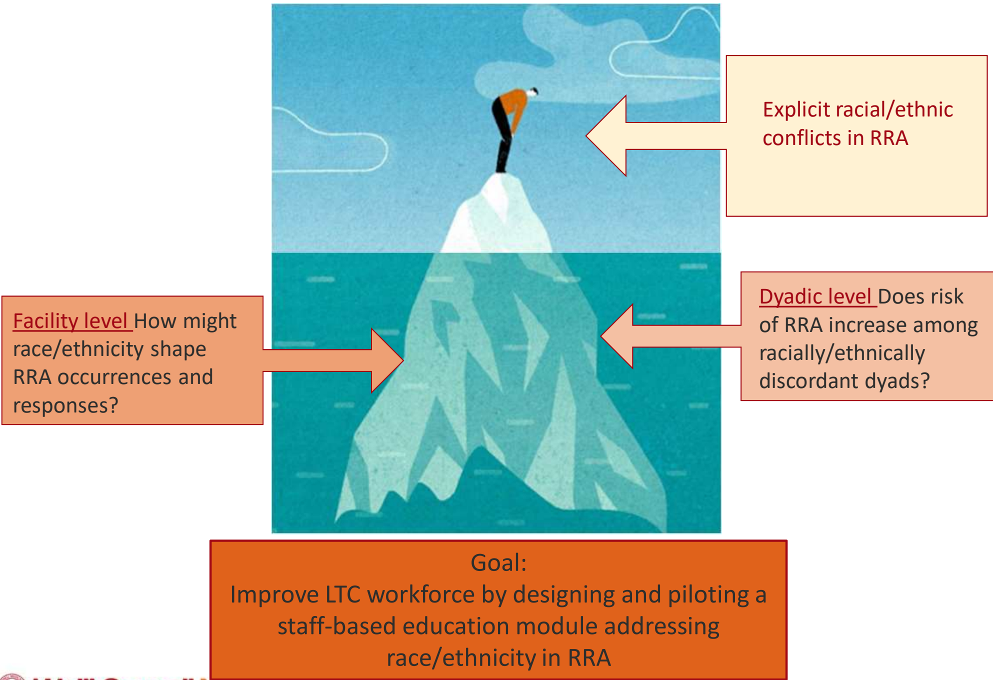
An unknown resident stated that Resident #18 was rude and nasty to everyone. While asked, the unknown resident could not give a reason (…) and just said it was because "she (Resident #18) is the colored one" and that "she should be happy she is here (despite she is not White)" *(Interview with Resident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

Chang et al, JAMDA 2023

Ongoing Research



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Path forward:
Developing Interventions

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
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Support	Walkability				
	Zip code / geography				

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Reference: https://www.kff.org/coronavirus-covid-19/issue-brief/tracking-social-determinants-of-health-during-the-covid-19-pandemic/

CARE Matters

Curiosity

Awareness

Root out bias

Empathy

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CARE Matters

- Addressing "**provider cultural sensitivity**" as key SDoH
- USC Geriatric Workforce Enhancement Program (GWEP) trained Long-Term Care Ombudsmen (LTCO) to become trainers
- Preliminary evidence suggests feasibility and acceptability among workforce and key engaged partners
    - All participants (n=32)recognized the importance of learning cross-cultural care in improving their work (100%).
    - Nearly all were confident or very confident in providing cross-cultural care (96.8%).
    - Nearly all indicated that they learned something new (90.3%).

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Implications for Practice

- The need for cultural sensitivity training programs in elder mistreatment prevention and intervention

Where do we start?

- Increase community awareness
- Focusing on reducing biases and prejudices
- Engaging older persons/care partners with lived experiences from diverse backgrounds
- More research to practice collaborations!

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esc4003@med.cornell.edu
@iggychang7