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Assessment of Geriatric Focused Care for Latinos and Black Americans in the American Healthcare Sector

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Abstract

Provision of focused health care to older adults is necessary to ensure sustenance of high quality of life. The purpose of this study is to assess the geriatric-focused care for Latinos and Black Americans. Quantitative analysis of existing 14 studies and 16 hospital records. Significantly fewer older adults of Latino (21.7%) and Black American (14.3%) origin are engaged in geriatric-focused care compared to other races (64%, p =0.001). Factors observed to affect enrolment in geriatric focused care include multicultural workforce (r=0.643, p =0.001), cross-cultural leadership (r=0.44, p =0.031) and high knowledge of cultures (r=0.469, p =0.003). Low enrolment was also associated with language barrier (r=-0.276, p =0.035) and prohibitive cultural values (r= -0.149, p = 0.44). Disparity in the provision of geriatric-focused care is associated with prohibitive community related factors and lack of cross-cultural leadership and a multicultural workforce in the health sector.

Keywords: Geriatric Focused care; Latinos; Black Americans; Culturally congruent health care; Disparity.

1 Introduction

The prevalence of diseases such as neurological and cardiac related illness increases with aging. The neurological diseases are indicated to affect about 55% of people above the age of 55 years [1]. In a health care system characterized by racial and ethnic disparity, such as the US, [2] care for the older adults from diverse ethnicities is of critical importance since the country is projected to have a culturally diverse population of older adults by 2030 [3].

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One in every three Americans belongs to the Black American or Latino ancestry; and the proportion is set to reach one in every two by 2060 [4]. The number of older people (aged above 65 years) in this cohort is, however, small. Recent statistics show that 9% of the older people in the US are Black Americans while older Latinos constitute 8% of the total population of older people in the US [5]. Geriatric patients of Black Americans and Latinos mainly rely on the public owned health facilities to meet the health challenges that they encounter at their advanced age. However, the provision of quality geriatric care for patients of non-white origin especially those of Black American or Latino ancestry in the public health care facilities has been questioned [6].

Cultural disparity in the caring of older adults from the minority ethnicities presents a challenge to the health care system. Lack of competence among health care staff in caring for individuals from diverse cultures has been indicated to be the main reason for the increased concern about the quality of care given to this section of the population [7]. One of the strategies that have been advocated to solve the disparity is the development of geriatric-focused care. However, the prevailing culture and values in the health care system alongside prohibitive personal and community associated factor influence the effectiveness of such initiatives [8]. It is important, therefore, to assess how geriatric-focused care is provided among the minority groups, since the information obtained from such assessment provides a platform in which strategies on enhanced provision of culturally congruent health care can be made. In this study, therefore, the geriatric-focused care was assessed for Latinos and Black Americans through the analysis of the impact factors that are associated with health care staff, the patient and the community.

DEFINITION OF TERMS

American Nurses Association definition of *geriatric* was adopted as relating to elderly people (above age of 65 years) [9]. The term *geriatric focused care* used in this study, refers to the healthcare services and programs dedicated to address the health care needs of geriatric patients. In this study, the term *cultural values* refers to the norms and believes of the Latino and Black America communities that have influence on the provision of geriatric focused care. The term *multicultural workforce* is used to refer to the health care staff that constitutes individuals from diverse racial background while the term cross *cultural leadership* refers to the health care leadership approach that is able to adapt to the needs to individuals from diverse racial background.

2 Methodology

Design and Sample

This study was based on quantitative analysis of the existing data. The choice of an online database was informed by the data collection protocol and the

database rating. Database with data collected through a statistical approach that reduces bias and errors, such as random sampling, was considered. Any database that had poor ratings as shown by the website reviews was rejected. Based on the above stated inclusion criteria, four different online databases were selected from a total of 12 considered. The databases that were included in the study are the US National Library of Medicine, HCUP-US, Partners and Information Access for Public Health Workforce and the Administration for Community Living databases. From the selected database, existing studies that addressed geriatric-focused care in the US were selected. Preference was given to the studies that addressed geriatric-focused care across different races in the US between 2009 and 2016. Data obtained from hospital records were also assessed. Hospitals that were considered were those located in San Bernardino County, California. The county has a total of 26 hospitals; however, hospitals that were unwilling to share their patient records and data were excluded. In this study, a total of 40 existing studies and 16 hospital records were used. The hospital patient records obtained were above the age of 55 years.

3 Data Collection

To enhance objectivity and minimize researcher bias, data were collected from the different sources based on the developed research questions. During the collection of the online data, I was guided by a set of keywords that included geriatric-focused care, Latinos, Black Americans and health care disparity. Data on hospital involvement in geriatric-focused care, hospital data and the number of older people of Latino and Black American background that are benefitting from the geriatric-focused care were collected from the hospital records. Data on the health care-related factors and patient and community factors that influence the provision of geriatric-focused care to Latinos and Black Americans were collected from online studies.

4 Statistical Analysis

I sorted and coded data based on axial coding. Coded data were assigned to different constructs that were developed based on the research questions as shown in Table 1. Data in the different groups were checked for missing values, which were replaced with the group mean. The outliers were also corrected using natural log transformation. Data in each group were then tested for normality using Kolmogorov-Smirnov procedure. The evaluation of the geriatric cases among the Latinos and Black Americans was then carried out using descriptive statistics through the calculation of the means, frequency, and percentages of the various forms of geriatric issues reported in the hospitals. The data on the impact of

Health care-related factors and patient and community factors on the provision of geriatric-focused care were analyzed using correlation statistics at 5% level of significance. The analysis of data was carried out using SPSS version 23 software.

5 Results

Demographics

Thirty-nine percent of the hospital records obtained for this study were patients from Latino origin, while 31% records were patients from Black American background. The remaining 30% were classified as others and included the whites and Asians.

Geriatric cases among the Latinos and Black Americans

The evaluation of geriatric cases among Latinos and Black American was carried out by first determining the distribution of various geriatric conditions based on race. As indicated in Table 2 below, the proportions of older adults of Latino origin (26.2%) and Black American background (19.8%) with neurological disorders were not significantly different. However, their proportions were significantly lower compared to those of other races (p =0.029). The percentage of older adults of Black American origin was observed to be significantly higher (39%) compared to that of Latinos (p =0.042). No significant difference in the number of older adults with cardiovascular disorders was observed among the Latinos, Black Americans and other races as indicated in Table 2.

Table 2: The variation in the geriatric conditions among different ethnicities

Ethnicity	Geriatric conditions and corresponding proportion (%)		
	Neurological disorders	Obesity	Cardiovascular disorders
Latinos	26.2b ±3.107	27.9b ± 4.023	30.3 ±5.439
Black Americans	19.8b ±4.002	39a ±3.002	31.5 ±4.332
Others	54a ±10.111	33.1ab ± 5.023	38.2 ±6.113

(*Note: The letters* ***a, b, and c*** *are used to show a significant difference at p=0.05. Values with a column with different letters are significantly different while those sharing letters are not. The column with no letters assigned to the values indicates no significant difference*).

The evaluation of the proportion of patients who benefit from geriatric focused care showed a disproportionate distribution among races. Significantly fewer older adults from the Latino (21.7%) and Black American (14.3%) background was shown to access the geriatric-focused care compared to the proportion of older adults of other races (64%, p =0.001) as indicated in Figure 1.

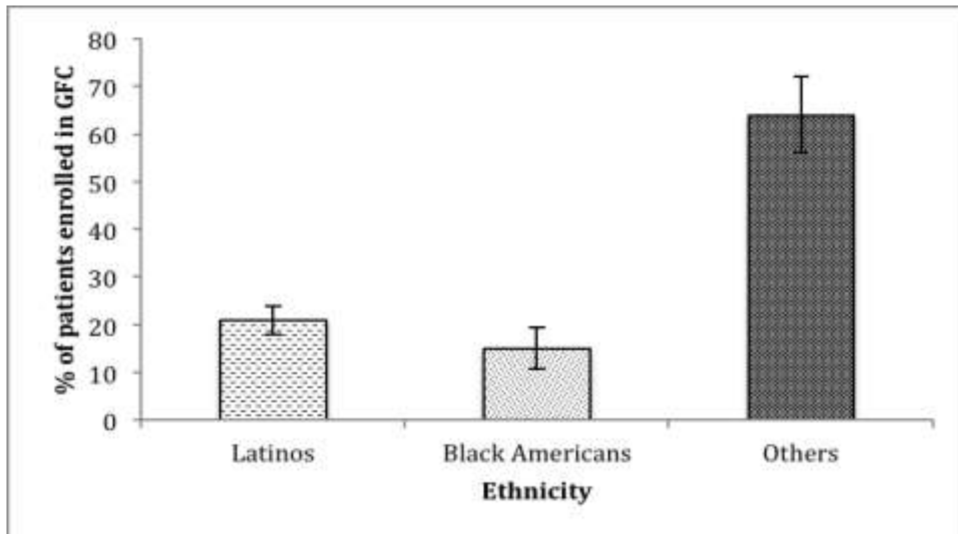

Figure 1: Comparison of patients enrolled in geriatric-focused care (GFC)

Health care-related factors and geriatric-focused care

Cultural compliance of health care staff was examined based on four cultural competence standards that include social justice, cross-cultural leadership, knowledge of cultures and multicultural workforce. In this study, social justice refers to the minimization of the social and economic conditions that adversely affect the health of geriatric patients. It was evident from the data collected that the most health care facilities are complaint with social justice (56%) and knowledge of cultures (91%). However, it was observed that fewer health care facilities are compliant with the cultural competence standards of cross-cultural leadership (37.9%) and multicultural workforce (42%) as indicated in Figure 2.

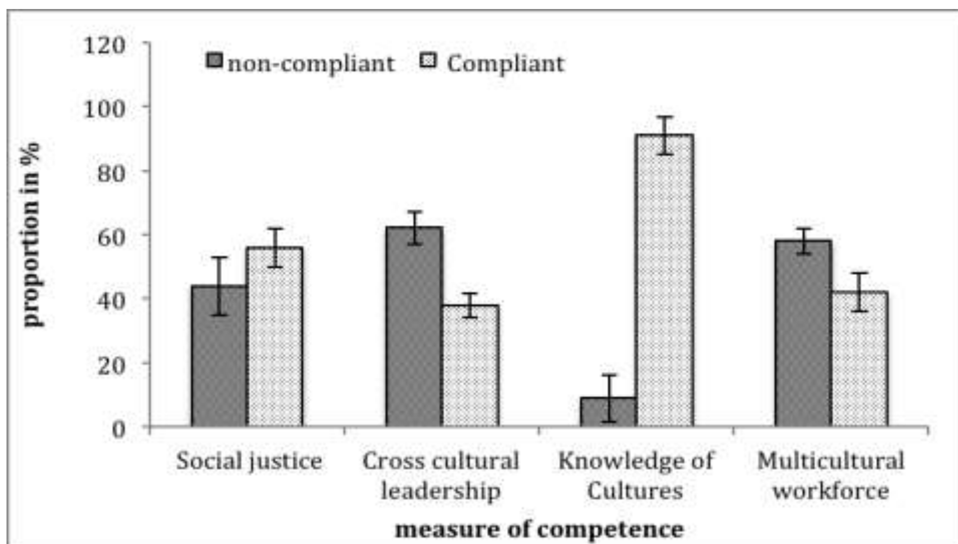

Figure 2: Cultural competence based on health care-related factors.

The analysis of the effect of various health care related issues on the delivery of geriatric focused care was performed using Pearson's correlation statistics. The outcome of the analysis indicated a significant and a moderately positive correlation between adherence to social justice and patient enrollment in geriatric focused care (r=0.329, p =0.027). Similar results were obtained for the effect of adherence to cross-cultural leadership (r=0.44, p =0.031) and high knowledge of cultures (r=0.469, p =0.003) on individual enrollment in geriatric-focused care. A significant and a highly positive correlation between enhanced multicultural workforce and patient enrollment in geriatric-focused care was observed (r=0.643, p =0.001).

Patient and community factors and geriatric-focused care

Researchers also sought to establish how patient and community-related factors such as cultural values, language, and financial status affects the engagement of the Latino and Black American communities in geriatric-focused care. The outcome of the Pearson's correlation study indicated that the patient and community-related factors influence the engagement of the older adults in geriatric-focused care. It was observed that the adherence to cultural values is significantly slightly negatively correlated with the engagement of older adults in geriatric-focused care programs (r= -0.149, p = 0.44). A slightly negative and significant correlation was observed between enhanced multicultural workforce and patient enrollment in geriatric-focused care (r=-0.276, p =0.035). However, increased financial stability was shown to have a significantly negative correlation with the engagement of older adults in geriatric-focused care (r=0.467, p =0.03) as shown in Table 3.

Table 3: Impact of patient and community-based factors on geriatric-focused care

	r-value	p-value
Cultural values	-0.149	0.044
Language barrier	-0.276	0.035
Financial status	0.467	0.03

6 Discussions

Geriatric-focused care for Latinos and Black Americans was assessed through the analysis of the impact factors associated with health care staff, the patient and the community. The aim of the study was addressed by first identifying the geriatric cases among the Latinos and Black Americans. The outcome of the study indicated that geriatric health conditions vary between the races with no particular ethnicity being more susceptible to all geriatric health conditions. It was observed that the neurological conditions were significantly low among Latinos and Black Americans (p =0.029) while obesity cases were high

among the Black Americans. The fact that the cases of cardiovascular disorders were the same across all the races suggests that the older adults regardless of race face the risk of contracting various diseases. Despite the observed similarity, the outcome of the study indicates a race related to the disproportionate distribution of patients engaged in geriatric-focused care. It was observed that fewer numbers of older patients of Latino and Black American origin are engaged in geriatric-focused care compared to the individuals from other races.

Second, various health care related factors were examined and how they influence individual enrollment in geriatric-focused care. The outcome of the study shows that fewer health care facilities have a multicultural workforce and adhere to cross-cultural leadership. The disparity needs to be addressed since it was observed that an enhanced multicultural workforce leads to enhanced enrollment of individuals from minority groups in geriatric-focused care as shown by a positive correlation outcome ($r=0.643$, $p=0.001$). Similar effect was observed with the adherence of cross-cultural leadership on the enrollment of individuals in geriatric-focused care. The study, however, indicated that the adoption of social justice and enhanced knowledge of cultures is high in the US health care facilities.

The adoption of social justice and enhanced knowledge of cultures is vital in enhancing the delivery of culturally congruent health care services [10]. Various studies have shown that the provision of a culturally congruent health care service, especially to the older adults is influenced by the cultural competency of the health care staff caring for the patients [11]. It is suggested that multicultural workforce enhances cultural competency by bringing on board enhanced and firsthand understanding of the cultural values of the different ethnicities [12]. Social justice is also indicated to enhance the engagement of individuals in geriatric-focused care programs by ensuring that the staff handles the culturally diverse people in a fair, equitable and respectful manner [13]. Knowledge of cultures is also indicated to be a critical feature of a culturally diverse health care team. The knowledge of cultures enables the health care team to provide quality care for the older adults of diverse culture by enhancing their understanding of the various traditions, values and family systems [14].

Finally, researchers sought to determine the effect of patient and community factors on the engagement of older adults of minority groups in geriatric-focused care programs. Cultural values and language barriers were identified as the two main factors that need to be addressed in order to realize enhanced engagement of older adults in focused care programs. Enhanced financial status was, however, shown to enhance the engagement of the individuals of minority groups in geriatric-focused care programs. The ability of individuals to communicate with the care providers has also been shown to increase the likelihood of engaging in geriatric-focused care [15]. As is the case with this study, previous studies have also shown that language barrier limits the number of people engaged in geriatric-focused care by contributing to the inability of the patients to express themselves, thereby, increasing the chances of not being provided with quality health care attention [16].

The outcome of this study, therefore, shows that less number of older adults from the Latino and Black American origin is engaged in geriatric-focused care despite the indication that they have an equal risk of developing various diseases such as cardiovascular related disorders as the individuals of other races. The reason for the disparity in the provision of geriatric-focused care includes the health care factors such as low level of multicultural workforce and cross-cultural leadership. It was also observed that patient and community-related factors such as prohibitive cultural values, language barrier, and poor financial status contribute to the low proportion of older adults from the Latino and Black American origin engaged in geriatric-focused care.

Previous researchers indicated that the older members of Latino and Black American origin have various unmet healthcare needs [17] which according to [18] is associated to the disparity in access to health care services. Failure to afford the cost of healthcare service has been cited to be the main cause of the rising disparity. However, this study provides a new perspective on the aspects that contribute to disparity in the provision of geriatric-focused care for Latinos and Black Americans. From the study, it was observed that patient and community factors such as adherence to cultural values and health care related factors such as the lack of multicultural workforce contribute to the disparity in the provision of the geriatric-focused care for Latinos and Black Americans. According to [19] the lack of multicultural workforce contributes to the disparity in the provision of health care services by contributing to the lack of sound patient–provider relationship. The lack of sound patient–provider relationship in an environment with lack of multicultural workforce is due to poor patient–provider communication [20] and cultural barriers, bias, and clinical uncertainty [21, 22].

The objectives of this study have been fully addressed. However, there are other questions that need to be addressed by future studies. One of such questions is the influence of geriatric-focused care on the quality of life and the role of community education in enhancing geriatric-focused care through the modification of prohibitive cultural values.

7 Conclusion

Geriatric-focused care for Latinos and Black Americans was assessed through the analysis of the impact factors associated with health care staff, the patient, and community. This study demonstrates that relatively fewer older adults from the Latino and Black American origin are engaged in geriatric-focused care. The study has pointed to the health care-related factors such as low level of multicultural workforce and cross-cultural leadership and the patient and community-related factors such as prohibitive cultural values, language barrier and poor financial to be the leading cause of the disproportionate provision of geriatric-focused care to the older adults of Latino and Black American origin.
There are various implications of the results of this study in the health care system

and practice. First, enrollment and constitution of the health care team need to factor in the inclusion of members of different ethnic and racial background. The health care system should also embrace cross-cultural leadership to enhance its cultural competence. The government should provide financial subsidies and insurance coverage to the older individuals of the Latino and Black American origin with a disadvantaged financial background to enable them meet the cost of geriatric-focused care. The geriatric-focused care should also be designed to ensure that the target population has the ability to afford it.

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Appendix

Table 1: The description of the constructs used in the study and the respective research questions

Construct	Research Question (s)
Geriatric cases among the Latinos and Black Americans	I. What are the common geriatric diseases reported among the Latinos and Black Americans? II. What percentage of the geriatric patients in the public health care sector belongs to the Latinos and Black Americans community?
Health care-related factors	I. Are members of healthcare staff such as nurse culturally competent to deal with Americans community? II. Does health care sector adhere to multicultural staff and leadership?
Patient and community factors	I. Do the financial status and cultural values of the Latinos and Black Americans influence the provision of geriatric-focused care?