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*Cultivating a Culture  
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# Needs Assessment: Minority Aging Cohort Interview on Health and Healthcare

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- ABIM Disclosure

## Background

- The growing diversity in our aging population has implications for our healthcare system – specifically the workforce’s preparedness to provide culturally responsive care to underserved, ethnically diverse, and LGBT older adults.
- To address this gap, we built a strong partnership between an academic campus, including schools of Medicine and Nursing, and community-based service providers to train healthcare professionals and community healthcare workers to better serve this diverse populations.

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## Purpose

To identify and describe underserved seniors' perceptions of health/illness and their experiences with healthcare services in the United States.

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## Methods

- One-on-one, semi-structured interviews with 10 Vietnamese, 10 Korean, 10 Hispanic, & 10 LGBT elders (aged 65 or older) living in Orange County (OC), CA.
- Each individual interview was approximately one hour conducted by bilingual interviewers.
- Recruitment: Vietnamese/Korean community centers, UCI Health and Senior Centers in OC & OC LGBT community

## Topics Covered in Interview

- Health and Illness
- Challenges with aging (Geriatric syndrome)
  - depression, anxiety, memory problems, elder abuse, end of life, cancer, urinary incontinency, and caregiving
- Community support
- Healthcare experiences in the United States
- Specific LGBT experiences

	Vietnamese (n=10)	Korean (n=10)	Latino (n=10)*	LGBT (n=10)*
Mean Age (year)	72 (66-76)	74 (65-80)	69 (58-80)	70 (64-78)
Gender (female)	6	8	9	5 (self-identified)
Education (high school or above)	N/A	10	N/A	10 (all college or above)
Living status:				
Alone	2	1	0	2
With child/spouse	0	0	1	-
With only spouse	2	9	1	7 (partner)
With only children	2	0	2	-
With other(s)	2	0	3	-
Years in the US	21 (7-41)	36 (20-51)	30 (17-46)	N/A
Health Insurance (yes)	9	10	5*	N/A
Comorbidity (>=2 chronic diseases)	7	6	6	N/A
English Proficiency (1=cannot speak English; 5=excellent)	2.1 (1-3)	2.9 (2-5)	1.8 (1-3)	5

\*Note: Limited demographic information is available in Latino group and LGBT group.

# Similar Findings from Ethnic Groups

- Interviews across the three ethnic groups were similar with few differences.
- Health was defined as the absence of physical and or mental illness, being independent, and having the ability to carry out chores and socializing with friends.
- Participants expressed concerns that they felt isolated, lonely, and undignified.
- Many experienced financial stress.
- Most said they received support from family, church, or a local ethnic-specific service agency.
- An important theme was that as ethnically diverse older adults they wanted to receive services specific to their culture or language, including foods and caregiving.

## Expressed Difference Across Ethnic Groups

- One major difference across ethnicity was the frequent expression of religious beliefs by the Latinos.
- Some Korean expressed concerns about the physician's medical office equipment.
- Many Vietnamese mentioned their appreciation of free healthcare services.

## Findings from LGBT Elder Interviews

- Seeking out gay/gay-friendly doctors: Difficulty finding non-homophobic doctors
- Negative experience: felt mistreated by health professionals
- Positive experience: being in their LGBT community
- Provider competency: lack of faith concerning the awareness of dealing with a LGBT person as an elder
- Concerned about growing old in general not as LGBT
- Need for mental health support in gay community – no county mental health services for LGBT group, poor mental health services at LGBT center

# Findings from LGBT Elder Interviews (Continued)

- The Needs to educate physicians
  - Ask about sexuality and partners
  - Invite LGBT community representatives to give presentations
  - Listen, be present, be gentle
    - “*If you get to know us, I think that if they knew more gay people, the comfort level would rise*”
- Support from LGBT-friendly churches, families, friends (mostly non-gay), partners, LGBT community (e.g., Rainbow Club, LGBT center)
- Services/Resources
  - LGBT-friendly homes (e.g., condos)
  - LGBT senior counsel on aging

## Conclusion

- Findings highlight areas of strength as well as some key challenges in the current health care system when it comes to meeting the needs of ethnically diverse and LGBT older adults.
- Results will be used to develop educational programs for the geriatric workforce and healthcare professionals, thereby contributing to a culturally responsive and compassionate healthcare system for diverse minorities.

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*Note: The contents of the study are solely the responsibility of the authors/investigators and do not necessarily represent the official views of the HHS/HRSA.*

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