Diversity Issues Relevant to Circle Center Adult Day Services

Abigail Hoffman

Longwood University

Professor Reynolds

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At the Circle Center Adult Day Center and within adult day programs issues regarding diversity and inclusion are relevant. There are notable diversity issues related to adult day programs on the micro, mezzo, and macro levels. On the micro level here at the center an issue on the micro level is the lack of cultural diversity training within the center. On the Mezzo level limited interactions with diverse groups in the community. At the macro level, there are disparities in care for dementia based on race. Social workers can play a role in advocating for these issues to better meet the needs of their clients.

A diversity issue at Circle Center Adult Day on the micro level comes from limited cultural competence within the programs presented to the participants. The programs are mostly based off a white American lens. The cultural events discussed are events and celebrities that are not of a diverse population. The program staff makes efforts to include diverse programs and topics, however, these programs can often be limited to relevant holidays. The programs have been in use through the years and have not had many adjustments. The program staff is majority white, while the participants are approximately half white and half belong to a racial minority population. The program content being focused mostly on white people in history and being shared by white staff can create feelings of exclusion and othering for minority participants. The programs can miss out on influential people and cultures in history due to having a culturally limited lens. There are many different cultures represented among the participants and the staff, these cultures are often left out. With research programs depicting a diverse population could be implemented in the program routine fairly easily. This would take some time and effort for the program staff to do, but it would have a positive impact for the participants at the center. The social work team at the center can advocate for these adjustments by talking directly to the program staff and having a conversation about what can be done to make the programs more diverse.

Another diversity issue at the center on the micro level are the language barrier between some participants and staff. At the center, four individuals speak Spanish as their primary language. Within the staff, there is one staff member who is completely fluent in Spanish with a couple of staff speaking some Spanish. Due to the nature of dementia, the participants can have difficulties understanding that they are not speaking the same language as the people they are talking to. This can cause them to be frustrated. When the Spanish-speaking staff member is in the room with the Spanish-speaking participants they are able to help translate the requests of the participant. But this can pull them away from their other duties. When there is no one to fully translate for these participants it can cause a lot of guesswork and miscommunication. This can lead to the needs of the participants being overlooked. There is also a participant who speaks an Indian dialect. This barrier causes similar frustrations and agitation for the participant due to not being understood. Unlike for the Spanish-speaking participants, there are no staff members who speak or understand this language. The dialect that this participant speaks is uncommon and the participant experiences verbal aphasia, this creates even more barriers to helping the participant. There is also a participant at the center who is completely deaf. This participant understands ASL but there are no staff members who can communicate with ASL. This requires the participant the rely on reading lips and trying to communicate through speech, which is difficult for him. At the center there are screens that are used to display the programs, however, they rarely have the closed captions on. This would not only be beneficial for the participants who are hearing impaired but all the participants for additional support. Finding accommodations for these various communication barriers is often overlooked and seen as a low priority. This can cause them to feel excluded and have their needs ignored. Incorporating tools to help with the communication barriers would take some effort to implement, but they would not be hard to complete. The easiest accommodation that could be done is turning on closed captions on the screens. This would make engaging in the programs much easier for certain participants. In addition to this there is technology that could convert spoken words to closed captions. These technologies could be implemented for those who need it either on their own personal device or on the screens. An intervention that could help with the Spanish language barrier is a push to hire more bilingual employees as well as a push to learn conversational Spanish. Spanish is also a common language so technology-based translation services can be used fairly easily. These can be found on mobile devices and help understand the requests of the participants. However, this would be more difficult for the participant who speaks an uncommon dialect. Interventions to reduce communication barriers could be implemented at staff training meetings. Advocacy could be done by the role of a social worker at the agency to implement interventions.

Another example of a micro-level diversity issue is the impact of interactions that are based off prejudiced beliefs from participants. The participants can come from backgrounds where prejudiced beliefs were common and accepted, this may result in participants saying harmful statements to staff and other participants. With participants with dementia, they may have grown from those beliefs and reverted or lost the ability for impulse control for those beliefs. Derogatory statements have been made towards minority races, women, and members of the LGBTQ+ community. Due to the nature of dementia reinforcing that the behavior is inappropriate may not be effective, redirecting the conversations is the best option. The effect of those behaviors on staff who are affected is overlooked. Advocacy could be done to promote check-ins with staff and provide a space for them to discuss the impacts of this behavior.

An example of a diversity issue on the mezzo level is the lack of involvement with diverse groups in the community. There are some volunteer groups that come to the center but they are mostly upper-class white women groups. This is most likely due to the limited timeframe for volunteers. There are many groups in the community that could be valuable to the center that are not currently active at the center. The center could reach out to these groups in the community and invite them to be involved in the center. This engagement could also foster relationships with these organizations. These relationships could bring the center closer to the community.

Systemic disparities related to how dementia and other medical conditions affect members of diverse populations are an issue on the macro level that is relevant to the work at the center. The black population and Hispanic population are twice as likely to experience dementia compared to the white population. However, they are less likely to be diagnosed, especially early diagnoses(Alzheimer’s Asccotioan, 2020). They are also less likely to participate in clinical trials and research. A factor that may contribute to minority populations being less likely to receive early interventions for dementia is difficulty with the medical system. Evidence shows that the black population has more difficulty being believed about their own health to white medical personnel. Early symptoms of dementia are also commonly overlooked as normal signs of aging. Minority patients feel like they are less likely to be believed when they bring up their symptoms and concerns (Chen & Zissimopoulos). This lack of trust in the medical system can cause hesitancy to partake in clinical trials or research studies (Chen & Zissimopoulos). This systemic evidence is relevant at the center, newly enrolled black participants at the center are typically further progressed in their dementia compared to their white counterparts (Circle Center, 2024).

Comorbidities that are correlated with dementia such as diabetes, a history of strokes, and high blood pressure also have higher rates among the Black and Hispanic populations. Environmental factors that are correlated with higher dementia rates disproportionally affect minority populations. Examples of environmental factors include; poor housing quality, improper nutrition, and hazardous working conditions. These factors are related to a lower socioeconomic status which can more probably affect minority populations due to systematic factors.

Other evidence to demonstrate the effects of systematic oppression on the minority population is the racial demographics of Medicaid recipients. Nationally, forty-eight percent of the Black population, forty-five percent of the Hispanic population, twenty-seven percent of the Asian population, and twenty percent of the white population receive Medicaid benefits (CMS, 2020). This data shows the income disparities that affect minority populations. Black and Hispanic populations have a greater risk of requiring federal benefits for health care coverage. At the center, seventy percent of the black participants are funded by Medicaid and two of the three Hispanic participants are funded by Medicaid (Circle Center, 2024). This is evidence of income disparities within the country. This also demonstrates potential populations who are left out of care by not qualifying for Medicaid while also not being to afford private pay.

A social worker can help eliminate these disparities in the health field that cause higher rates of dementia for minority populations and limitations to care by advocacy efforts. Advocacy can be for better federal programs to assist minority populations overcome these disparities. The can also work with the individuals to help them better navigate the healthcare system. Social workers can work on the micro, mezzo, and macro level to assist clients in minority populations.

References

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