

NHPCO Project ECHO 2023

Equity Where It Matters

Disrupting Ageism

November 2, 2023

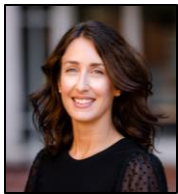


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Disclosures

Disclosure

The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. We ask all participants to take the survey as it will help us to improve future sessions.

Ground Rules and Video Conferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants – introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Today's Agenda

- Introduction of Faculty – NHPCO Team
- Didactic Presentation – Faculty
- Case Study Presentation – Faculty
- Discussion – Session Participants, Faculty, and NHPCO Team
- Key Takeaways – Faculty and NHPCO Team
- Closing Remarks – NHPCO Team

Session Faculty



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Didactic Presentation

Age is part of our identity

- Everyone ages and has different experiences because of age throughout their life course
- Age is continuously changing
- Age is stratified in our society by law:
 - Voting
 - Driving
 - Eligible for Medicare
- Age is stratified in our society by cultural expectations and norms:
 - When should you go to college?
 - When should you settle down into a career?
 - When should you get married?
 - When should you retire?

What is Ageism?

- Ageism refers to **discrimination** (how people act), **prejudice** (how people feel) & **stereotyping** (how people think) based on age.
- Like other isms, ageism begins in childhood and is reinforced over the course of one's life.
- As we grow older, ageism in later life will be something that everyone will face
- Types of ageism include explicit, implicit, external, internalized, compassionate and institutional/structural

Global report on ageism. Geneva: World Health Organization; 2021

Why & Where Does Ageism Occur

- Because we do not want to think about our own selves growing old and dying
- Because society values youth, physical beauty, and sexuality
- Because society values productivity, operationalized in a narrow sense



In Healthcare Settings:

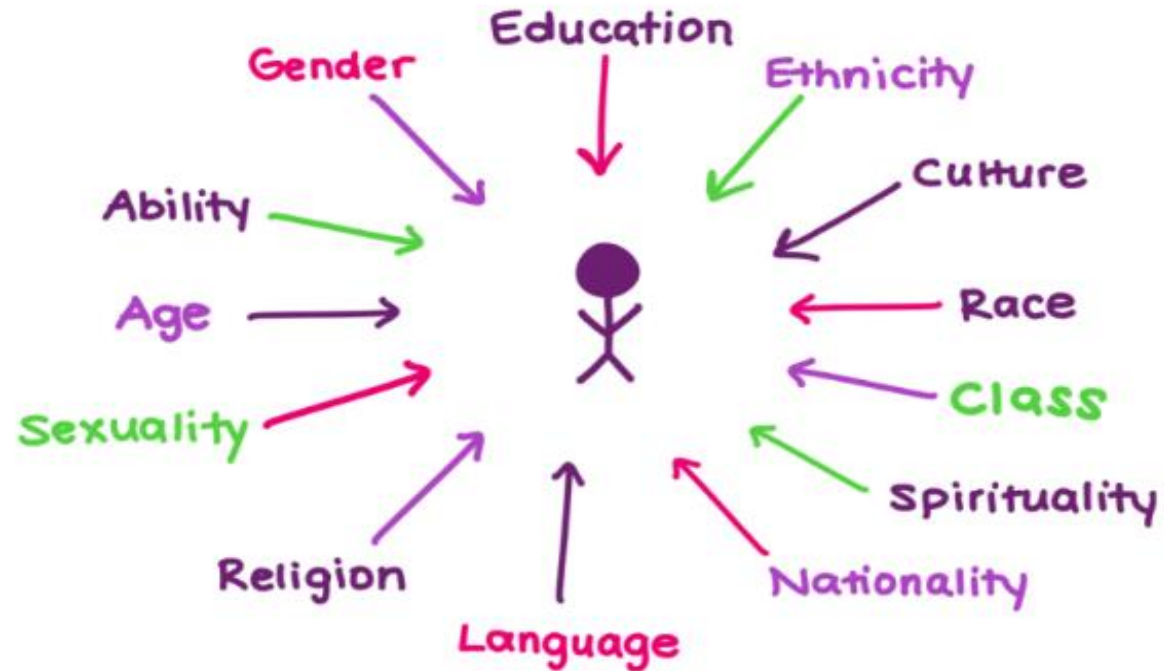
- Age can be used as a treatment guideline with higher rates of decisions to withhold treatment, surgeries
- Lack of knowledge in disease presentation in older adults and lack of interest in geriatrics

Impact of Ageism

- Impairs Health
 - Leads to poor physical health
 - Associated with worse health behaviors
 - Delays recovery from disability
 - Negatively affects mental health
 - Reduces overall quality of life
- Reduced income and retirement security
- Increases conflict between generations
- Inhibits research and training on components of aging and ageism itself

Chang ES, et al. 2020

Aging & End Of Life Care at the Intersections



Intersectionality is widely used to illustrate the interplay between discrimination, whether it's based on gender, race, age, class, sexual identity, religion, or more. Image credit: IWDA

<https://iwda.org.au/>

Aging & End Of Life Care at the Intersections

“In addition to the consequences of poverty and ageism, many older people have minoritized identities (eg, racial, ethnic, and cultural) that render them actively and systematically excluded from accessing equitable palliative care. For instance, sexual and gender minorities might face homophobia, transphobia, social isolation and stigma, disenfranchised grief and bereavement, violence, and criminalization.”

[A longevity society requires integrated palliative care models for historically excluded older people - The Lancet Healthy Longevity](#)

Didactic Presentation

“There can be little doubt that many of the difficulties and barriers faced by older people at the end of their lives are a consequence of inherent age discrimination, which affects the way in which support services at the end of life are often designed without reference to older people's needs.”

[Age discrimination denies elderly people a “dignified death” - PMC \(nih.gov\)](#)



Didactic Presentation Q&A

Case Study Presentation

Story of JT & End of Life Care

Situation

- JT is admitted to the hospital, experiencing severe depression and possible addiction to pain medication prescribed as part of his cancer treatment.

Background

- JT is a 76-year-old gay man who, until recently, lived with his life partner in Texas. They were together 15 years.
- JT's daughter recently relocated him, two states away from his life partner (against JT 's wishes) to seek medical care for JT 's depression and addiction to pain medication.
- The Daughter has requested no contact by the hospital with JT 's partner.

Assessment

- During the intake with JT , the hospital Social Worker asks JT if he is distraught over being moved out of state and away from his life partner.
- JT states that his life partner, not his daughter, is his durable power of attorney for health care and emergency contact.
- JT shares that his daughter has never accepted that he is gay and is one of the reasons that JT and his partner never married, as he knew that would cause additional problems with his daughter.
- JT provides written permission to contact his life partner to include him in the care plan.

Assessment

- During a call with the Social Worker, the partner shares that JT has been considering Hospice and Palliative Care to help with pain management and end of life care. The partner wants to take care of JT at home, where he has always said he wanted to be.
- JT and his partner believe that JT 's daughter is upset about JT 's plan to receive Hospice and Palliative Care and this is the reason she moved JT into her house, two states away from JT 's life partner.
- The Social Worker suggests a referral to Hospice and Palliative Care. JT 's daughter arrives during the Hospice/Palliative Care intake and threatens to immediately discharge her Dad and take him home.

Discussion and Recommendations

Key Takeaways

- Center the individual and their lived experiences
- Recognize the impact of external and internal ageism may have on health, well-being and decision making
- Recognize that the daughter does not embrace her father's choice of life-partner and is not respecting his life wishes for care
- Continue to explore the cultural intersections of aging and end of life care
- Consider cultural needs family caregivers may need to support their loved ones right to self-determination at the end of life
- Consider the help of a Nurse Patient Advocate to help navigate the situation

References

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- The Joint Commission. What is a Patient Advocate? *The Joint Commission*. The Joint Commission; 2023(7.14.2023). <https://www.jointcommission.org/resources/for-consumers/take-charge/use-an-advocate-or-be-an-advocate-for-others/#:~:text=The%20overall%20goal%20of%20a,system%20as%20smooth%20as%20possible>

Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions!
- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for each session. To receive confirmation of completion, please complete the following [Project ECHO Session Evaluation and Knowledge Check](#) following each session.

NHPCO Health Equity Certificate

- Would you like to demonstrate your commitment to delivering culturally competent care across the continuum of serious illness in an equitable, inclusive, and person-centered manner?
 - NHPCO is pleased to offer a Health Equity Certificate for individuals who participate in at least 17 sessions in the *Equity Where It Matters* series
- Participants interested in earning the Health Equity Certificate must complete the [Project ECHO Session Evaluation and Knowledge Check](#) following each session.
- Effective July 20, the Session Evaluation and Knowledge Check can be completed using one link for each session.
- Session Evaluation and Knowledge Check links are unique for each Project ECHO session and do not expire. Links for each 2023 session can be found on the [NHPCO Project ECHO webpage](#).

Upcoming Sessions

Date: November 16

Topic: Cross-Cultural Variation in Grief and Mourning

Date: December 7

Topic: The Unique Needs of Adults with Intellectual and Developmental Disabilities in Hospice and Palliative Care

Additional Information

NHPCO Project ECHO webpage:

<https://www.nhpc.org/regulatory-and-quality/quality/projectecho/>

NHPCO Project ECHO session recordings and Key Takeaways:

<https://www.nhpc.org/regulatory-and-quality/quality/projectecho/2023-project-echo-session-recordings/>

NHPCO Project ECHO Registration Link:

<https://nhpc.zoom.us/meeting/register/tZEsfu-trz4oGtQeKFw41UEIYNwjSli8QCBF>

For more information:

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