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**THE LIVED EXPERIENCES OF OLDER AFRICAN AMERICANS RESIDING IN
URBAN NURSING HOMES**

by

MARILYNN BYRD KNALL

THESIS

Submitted to the Graduate School

of Wayne State University

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

MASTER OF INTERDISCIPLINARY STUDIES

2009

MAJOR: GERONTOLOGY

Approved by:

Advisor

Date

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DEDICATION

THIS THESIS IS DEDICATED TO

MY CHILDREN

HĒNRI (KENDRA), CYNTHIA, NICHOLE (CARLTON), AND MICHAEL

MY GRANDCHILDREN

MICHAEL, JALEN, KENNEDY, LAURYN, EMMANUEL, AND HĒNRI

AND

MY SISTERS

ALBERTA, BEVERLY, AND MARJORIE

ACKNOWLEDGMENT

A sincere thank you to my advisor, Dr. Durrenda Onolemhemhen, who gave so much of herself, put in long hours, and believed in me, and continues to believe

and

a second sincere thank you to Dr. Cassandra Bowers who gave me enough books to start my own library and for believing that this thesis would happen.

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CHAPTER I

Introduction

Statement of the Problem

America is growing older and the number of urban elderly will dramatically increase as the baby boomer generation ages and retires in the large cities of America (Onolemhemen, 2009). A hundred years ago, only 4% of the population was over the age of 65, but today, that figure has jumped to 13% and by the year 2030, it will increase to 30% (Moody, 1990). From 1950 to 2006, the total resident population of the United States increased from 151 to 299 million persons, representing an average annual growth rate of 1.2% (Day, 2001). This report also states that “during the same period, the population 65-74 years of age grew on average, 1.5% per year, increasing from 8 to 19 million persons and the population 75 years of age and over grew the fastest (on average, 2.8% per year), increasing from 4 to 18 million persons (Day, 2001).

As a result, the population of those aged 65-74 years will increase from 6% to 10% of the total population between 2006 and 2030 and the population 75 years of age and over will rise from 6% in 2006 to 9% of the population by 2030 and continue to grow 10-12% in 2050. Therefore, by 2040, the population age 75 years and over is projected to exceed the population 65-74 years of age (Day, 2001).

As the huge number of baby boomers reach old age, an increased need for nursing home care will be inevitable in the future. Elderly people face more complex health issues that often lead to debilitation or disability and thus the need for long-term care. The numbers of consumers needing long-term care

services will more than triple during the next 30 years (U.S. Dept of Health & Human Services, 2000).

It is interesting to note that in the year 2000, there were 50,454 centenarians (people age 100 or over), representing 1 out of every 5,578 people, compared to 1990 when centenarians numbered 37,306 people (1 out of every 6,667 people) (U.S. Census Bureau, 2001). People are living longer and Table 1 shows the percentage of those 65 years and over living in the ten largest cities in the United States (Hetzl and Smith, 2001).

Table 1

Percent 65 Years and Over of the Ten Largest Cities: 2000

City	Total population	Population 65 years and over	
		Number	Percent
New York, NY	8,008,278	937,857	11.7
Los Angeles, CA	3,694,820	357,129	9.7
Chicago, IL	2,896,016	298,803	10.3
Houston, TX	1,953,631	164,065	8.4
Philadelphia, PA	1,517,550	213,722	14.1
Phoenix, AZ	1,321,045	106,795	8.1
San Diego, CA	1,223,400	128,008	10.5
Dallas, TX	1,188,580	102,301	8.6
San Antonio, TX	1,144,646	119,362	10.4
Detroit, MI	951,270	99,056	10.4

Source: U.S. Census Bureau, Census 2000 Summary File 1. (For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf1.pdf).

Most people turn to nursing homes only after they have exhausted all other alternatives. The decision for institutionalization is not a single, sudden event. It is a process that starts with the need to make a decision, continues through the placement itself, and ends in the adjustment to that placement

(Naleppa, 1996). For most nursing home residents, this is usually the beginning of a new life. While society has developed rituals for many occasions, unfortunately no ritual exist for this difficult life transition (Naleppa, 1996). We should keep in mind that these nursing home residents once had total control over their own lives and possibly the lives of others and now are in a position of having little or no control and little or no choice even over their own everyday issues.

African Americans and the Nursing Home Problem

The population of aging African Americans is growing at significant levels. Between 1980 and 1995 there was a 29% increase of African Americans over 65 years old, and it is projected that by 2039 the number will be approximately 8.5 million (Waites, 2008). Many of these seniors reside in the urban areas of America.

Historically speaking, the African American population has relied on informal systems of support during their senior years. Generally those who resorted to nursing homes were unmarried or had no reliable family members to take care of them. Traditionally speaking, African Americans have considered nursing home care for the aged as a last resort and a culturally distasteful means of caring for elderly family members (Douglass, Espino, Meyers, McClelland, Haller, 1988).

Currently African Americans are underrepresented in long-term care facilities such as nursing homes. However, due to the increasing numbers of aging African Americans (caused by the “baby boom”) and increased life

expectancy among this group the need for nursing home care is inevitable (Hooyman & Kyiak, 2005).

Given that African Americans will enter nursing homes in large numbers in the future, how culturally and socially adequate are these institutions in providing the necessary services in an environment that is beneficial to this population? What needs must be addressed in order to make the lives of African American seniors residing in these facilities meaningful? These are issues that are addressed in this thesis.

Significance of the Problem

Policymakers and planners on all levels of government must prepare for the large number of African Americans entering nursing homes and other long-term care facilities (Davis & Waites, 2008). Information which can facilitate successful aging for this population would be invaluable in promoting a smooth transition at this stage of their lives (Moody, 2006). The nursing homes in urban cities must be prepared to accommodate the cultural needs as well as the physical, psychological, and biological needs of African Americans (Davis & Waites, 2008).

CHAPTER II

Literature Review

Demographic Characteristics of Detroit Elderly Residents

In the City of Detroit there are 87,759 citizens at the age of 65 or older representing 10% of the population (see Table 2). African Americans represent the majority (81.1%). This high number of African Americans is attributable to the fact that Detroit is predominately an African American community (US Census Bureau, 2005-2007).

Table 2

Demographic Characteristics of Elderly Detroit Residents

Total Population of Detroit	843,121	
	<u>n</u>	<u>%</u>
Population ≥ 65 years	87,759	10%
Gender:		
• Male	34,050	38.8%
• Female	53,709	61.2%
Ethnicity:		
• Black or African Americans	71,173	81.1%
• White	13,954	15.9%
• Hispanic/Latino	2,369	2.7%
• Other races	263	0.3%

Reproduced from: Source: U.S. Census Bureau. American FactFinder. Detroit, Michigan. 2005-2007.

A needs assessment conducted by the Institute of Gerontology, Center for Urban Studies and the Center for Healthcare Effectiveness Research, Wayne State University (2002), found that older adults in Detroit are more likely than a comparative national sample to have “limited education, low incomes, live alone,

and be unemployed (p.1).” They also had incomes of less than \$20,000 annually. Seventy percent were retired, 16.5% worked, 2.7% were disabled and 10.7% were unemployed. The majority of the elderly were females (70%) while 30% were males. Most (72%) owned their own homes and many had resided in the city for over 54 years (Institute of Gerontology, 2002).

Forty-six percent of the Detroit seniors are at or below 125% of poverty and 65% below 150%. Compared to national poverty figures of 65 and older that report 11 % in poverty, Detroit seniors are nearly three times more likely to have incomes at or below the poverty level (p.19).

The profile which emerges of a typical aging citizen of Detroit is that of a poor elderly African American female who has spent most of her adult life in the city.

Nursing Home as a Residential Living Arrangement

The “typical” resident in a nursing home can be described as a poor white, elderly female, suffering from chronic conditions, who dies in the institution. (Schneider, Kropf & Kisor, 2000).

Nursing home residents are generally very old, with 82% being 75 or older. They are overwhelmingly female with women comprising 75% of nursing home residents. Among males and females in nursing homes, 60% percent have experienced the deaths of their spouses and among this group 3% are widowers and 72% are widows. The majority of nursing home residents (89%) are White; 8% are African American; 2% are Latino; and the remaining 1% are Asian and Native American. Most residents in nursing homes have chronic or crippling

disabilities that require assistance in attempting their daily living activities (Dey, 1997).

Moody (2006) argues that the growth of today's nursing home population is partly a result of improvements in medical technology combined with the success of the longevity revolution. But it may also reflect the fact that American society has failed to provide accessible alternatives to living in a nursing home, namely, long-term care based in the home or community. Therefore, more people will be living in nursing homes (Moody, 2006). However, there is a problem when it comes to minorities and African Americans in general who have not had a history of nursing homes use.

African Americans comprise less than 10% of nursing home residents. Even at age 85 and older, when the likelihood of nursing home placement is higher, proportionately fewer African Americans live in nursing homes. The underrepresentation of ethnic minorities groups in nursing homes appears to reflect cultural differences in the willingness to institutionalize older persons, greater availability of family supports, or institutionalized discrimination implicit in admission policies against elders of color (Hooyman & Kiyak, 2005).

Underrepresentation of African Americans in Nursing Homes

The elderly Black population has been shown to be underrepresented in the long-term care setting nationally (Douglass et al., 1988). Although it has been recognized at the national level that elderly African Americans are underrepresented in long-term care, this does not hold true for Detroit. Douglass et al. (1988) found no major underrepresentation of African Americans in Detroit

nursing homes. “In Detroit, the Black elderly are represented in nursing homes in approximate proportion to their representation in the larger community” (p.283). This exception is true merely because Detroit is a predominantly African American community. The African American population 65 or older is 81.1%.

However, nationwide African Americans are underrepresented in nursing homes. “Although it has been recognized that elderly African Americans are underrepresented in long-term care, the underlying causes for this phenomenon are not well understood” (p. 283). Research suggests (Davis & Waites, 2008) that this underrepresentation is due to factors such as misconceptions of nursing home facilities and cultural differences in the willingness to institutionalize older persons. Hooyman & Kiyak (2005) point out that stereotypes and media stories about poor-quality facilities discourage African American families from placing their older family members in nursing homes.

According to the same authors, “most (African Americans seniors) enter after receiving informal home care services, and, in some cases, following a stay in facilities such as assisted living or adult family homes. African Americans are more likely than other groups to enter directly into a nursing home from a hospital and therefore have less control over the placement decision” (Hooyman & Kiyak, 2005, p.400).

One of the fears of elders is that they will end up in nursing homes - a place they perceive as one to which older adults are sent to die, neglected and forgotten by their families (McInnish-Dittrich, 2005).

Davis and Waites (2008) point out that African Americans born before 1935, generally view nursing homes negatively. During their youths the institution was known as the “old folks home” in the community it generally accommodated frail, older adults that were homeless or had no family. Davis and Waites (2008) point out that there was a mistrust of those facilities and a fear of maltreatment. These beliefs were borne out by occurrences such as the Tuskegee Syphilis Experiment (Brandt, 1978) which misused poor Black men as subjects in unethical experiments for 40 years. Coupled with these fears, is the reality that there is a history of medical mistreatment of African Americans and health care exploitation which has resulted in distrust of the health care system and anxiety and fear by this group when interacting with its services (Randall, 1996).

Callahan's (2007) research explored many other reasons why African Americans did not become residents of nursing homes or assisted living facilities to the same extent as older White Americans, especially given African Americans' poorer health. These reasons included: culturally-based stronger family ties, differential participation in public long-term care programs, a predominately White orientated long-term care market, and residential segregation. Callahan's findings supported Hooyman and Kiyak (2005) in that “the under representation of ethnic minorities groups in nursing homes appears to reflect cultural differences in the willingness to institutionalize older persons, greater availability of family supports, or institutionalized discrimination implicit in admission policies against elders of color” (p. 399).

Although there has been a long-standing history of reliance upon the family system to support African American elders and provide them with care by family members, there are differences with every generation because *cohort effects*. This phrase refers to the norms, beliefs, values, and the historical influences that shape each generation. Cohorts of people not only share the experience of certain life events, but they also develop specific *lifeways* as a result of these experiences. *Lifeways* are adaptive responses reflected in traditions, rituals, behavior patterns, and customs. For example, many individuals who lived during the Depression had similar *lifeways*. These *lifeways* are often characterized by frugality, distrust of banks, and a greater propensity to save money (Davis & Waites, 2008 p. 149).

In essence, African Americans are within the same cohort and the cultural belief is that the nursing home is the last resort for ailing African-American elders when all else fails.

Underrepresentation of African Americans in nursing homes can also be attributed to health care and socioeconomic disparities. In old age these persons are more vulnerable and more likely to be victims of chronic health problems, more likely to be poor, and to remain victims of ageism and racism.

Hooyman and Kiyak (2005) propose that the health of African-American adults is worse than the health of their White counterparts and this is oftentimes a continuation of conditions in middle age and an outcome from the cumulative effects of poverty, racism, and genetics. Because of this, older African

Americans generally have less access to health care than Whites. “Being either Black or poor is a powerful predictor of higher rates of disability, illness, and mortality” (p. 534).

The socioeconomic disadvantages experienced by African Americans explain much of the variance in their lower utilization of health services; reduced access to health care; longer reported delays in obtaining health care due to cost; poorer health status and self-reports of health; and, higher rates of mortality (Hooyman & Kiyak, 2005, p. 534). As health care accessibility for African Americans becomes higher, it can be expected that the choice to become a nursing home resident may also increase.

Change in Nursing Home As a Choice for African Americans

The avoidance of nursing home placement is changing and several factors are contributing to this change. One factor is the lack of home caregivers caused by the increased participation of women in the workforce (Davis & Waites 2008). Also, with African Americans experiencing increased longevity and more access to long-term care facilities, families have become more willing to place their relatives in these facilities (p. 163).

In the past, African-American elders used nursing homes for rehabilitation. Traditionally, lower rates of nursing home care (and long-term care placement as a whole) among African Americans were attributed to the prevalence of home-based caregiving, Medicaid discrimination, and the lack of available beds at the federal/state level. Most recently, there has been more access to institutional social programs. Davis and Waites (2008) report that there have been significant

differences between Depression and Baby Boomer cohorts, in that more social programs have become available to the later cohort. The increased reliance of African Americans on social welfare services has led to reduced expectation that families will provide frontline care for family members. Government is often viewed as the provider of goods and services for older adults. However, families continue to play supportive roles (p. 149).

Therefore, the use of formal services has changed gradually over time for African Americans as anti-discrimination laws and public funding have provided greater access to nursing homes and home health services. Data from the 1999 National Nursing Home Survey (NNHS) indicate that, while nursing home utilization rates have declined for Whites, rates have increased for African Americans and now surpass those of whites (Houser, 2007).

Future of African Americans in Nursing Homes

According to McInnish-Dittrich (2005) the inequalities of African Americans' earlier lives will be mirrored in their later lives. An overview of the demographics of aging shows a population of persons over the age of 65 that is growing and will continue to grow rapidly during the 25th century. If these trends continue, older African Americans will live longer, but not necessarily healthier lives unless chronic poverty and health care inadequacies are addressed (McInnis-Dittrich, 2005). This trend suggests that there will be increased demands for caregivers. As noted earlier caregiving is a substantial issue in the African American family. As in many other groups, women are the primary caregivers (Spector, 2000). However, as participation of African American

women in the workforce increases, it follows that there will be an increase in the utilization of formal long-term care services (Davis & Waites, 2008). The lack of female caregivers is one of the main reasons why the number of African Americans in nursing homes will increase.

Houser (2007) reports that: “the growth in the number of older people of different racial and ethnic backgrounds, changes in disability rates among the different racial and ethnic groups, and patterns of both formal and informal long-term supportive service use among these groups need to be considered in state and national planning for future long-term services” .

CHAPTER III

Theoretical Framework

The multiple trajectories of individuals and their developmental implications are basic elements of the “life course,” as conceptualized in research and theory (Elder, 1998). When looking at older African Americans, there are two theories that should be considered: Erick Ericson’s psychosocial development perspective and the biopsychosocial perspective of development which can be defined as a holistic approach in defining human life course (Boeree, 2006).

Historical forces shape the social trajectories of family, education, and work, and they in turn influence behavior and particular lines of development. Some individuals are able to select the paths they follow, a phenomenon known as human agency, but these choices are not made in a social vacuum. All life choices are contingent on the opportunities and constraints of social structure and culture (Elder, 1998, p. 2).

There are many theories on the social developments of human beings. However, one of the most well known is Erikson’s (1950), which expounds on the psychological crises to be resolved at each of his eight stages of human development. These psychosocial stages occur during infancy, early childhood, preschool age, school age, young adulthood, middle age, and later life. A ninth stage, *disgust*, was added by Erikson’s wife and is meant as the final stage.

Erikson’s Psychosocial Perspective on Aging

From the day we are born, the quality of our social relationships has a major impact on a host of physiological systems (Cacioppo, 2000). This is evidenced, according to the late psychologist Erik Erikson’s depiction of the life

course as a series of psychological tasks, each requiring the person to resolve conflicting tendencies (Moody, 2006). The journey of life is traveled through several stages. His theory states that if these crises or developmental tasks are not mastered; this failure can provide difficulty when other developmental crises are encountered (Sharf, 2008).

Sharf (2008) describes the eight original stages plus one additional psychosocial stage and are briefly described here:

Infancy: Trust vs Mistrust

An infant must develop trust in the mother to provide food and comfort so that when she is not available, the infant does not experience anxiety or rage. If these basic needs are not met, nontrusting interpersonal relationships may result.

Early Childhood: Autonomy vs Shame and Doubt

Being able to develop bladder and bowel control with confidence and without criticism from parents is the crucial event in this stage. If parents promote dependency or are critical of the child, the development of independence may be thwarted.

Preschool Age: Initiative vs Guilt

At this stage, children must overcome feelings of rivalry with the other-sex parent and anger toward the same sex parent. Their energy is directed toward competence and initiative. Rather than indulge in fantasies, they learn to be involved in social and creative play activities. Children who are

not allowed to participate in such activities may develop guilt about taking the initiative for their own lives.

School Age: Industry vs Inferiority

At this point the child must learn basic skills required for school and sex-role identity. If the child does not develop basic cognitive skills, a sense of inadequacy or inferiority may develop.

Adolescence: Identity vs Role Confusion

During this key stage in Erikson's schema, adolescents develop confidence that others see them as they see themselves. At this point, adolescents are able to develop educational and career goals and deal with issues regarding the meaning of life. If this is not done, a sense of role confusion, in which it is difficult to set educational or career goals, may result.

Young Adulthood: Intimacy vs Isolation

Cooperative social and work relationships are developed, along with an intimate relationship with another person. If this is not done, a sense of alienation or isolation may develop.

Middle Age: Generativity vs Stagnation

Individuals must go beyond intimacy with others and take responsibility for helping others develop. If individuals do not achieve a sense of productivity and accomplishment, they may experience a sense of apathy.

Later Life: Integrity vs Despair

When individuals reach their sixties (or later) and feel that they have not handled their lives well, they may experience a sense of remorse and regret about not having accomplished what they wanted in life. Having passed successfully through life, individuals contribute their accumulated knowledge to others.

Disgust: Wisdom

In this stage, those in their eighties and nineties can move toward gerotranscendence, a shift from a materialistic and rational vision to peace of mind and spirituality.

Wheeler, Ampadu, and Wangari (2002) argue that these hierarchies are in conflict with the African-centered emphasis on social harmony and spiritual interdependency as the highest attainment.

Wheeler et al. (2002) explained that African Americans possess an African-centered spirituality “and many factors influence the spirituality of African descent people” with one of these factors being the longstanding history of worldwide oppression of African people and people of African descent.

Spirituality holds a unique position in the psychology of African descended people since, because of white racism around the world, people of African descent experience life differently and thus could be expected to develop dramatically different psychological processes (Wheeler et al., 2002, p. 72).

Given this difference in life experiences, it is not surprising that people descended from Africa have developed psychological strategies for making the transition through the various stages of life which may differ somewhat from those Erickson describes. These different experiences usually result in varying perspectives, assumptions, expectations, levels of trust, issues of identity, coping styles, and self-esteem (Wheeler et al., 2002). Therefore, Erickson's theories for psychological development and aging may not be relevant for African Americans.

However, the *biopsychosocial perspective model* encompasses three dimensions, as the name suggests: biophysical, psychological and social perspectives. Combining these three yields a logical method to conceptualize the developmental implications of older adults and, more specifically, older African Americans.

The Biopsychosocial Perspective Model

When discussing the life experience of African Americans, the underlying theoretical perspective used is the Biopsychosocial Perspective Model. The biopsychosocial model addresses the complexity of interactions between different domains of functioning and argues that it is the interaction of domains that illuminate important processes (Gilbert, 2002). (See Figure 1.)

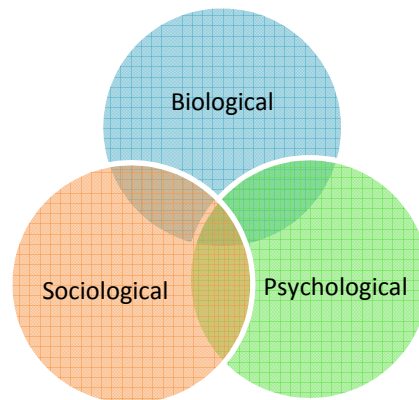


Figure 1. BioPsychoSocial Model of Health and Illness Venn Diagram
Adopted from Shaheen Lakhan retrieved <http://cnx.org/content/m13589/latest/>

The biopsychosocial approach theorizes that mental states are influenced by many interacting processes such as bodily processes, personality dispositions and life events. While physical changes that may be inherent in the aging process follow a definite pattern, how biological changes may affect each elder varies based on some differences in genetic makeup, lifestyle choices, and even personal attitudes toward the aging process (McInnish-Dittrich, 2005).

In relating the biopsychosocial perspective to older African Americans living in an urban nursing home, it is perceived that the influence of their birth cohort is of particular significance.

The current generation of African Americans all remember a time when their civil rights were not protected by law, when it was legal and common to be denied housing, employment, or education simply on the basis of skin color or ethnic group membership. They ...were denied quality education and therefore access to well-paying jobs. This experience limited their access to the financial rewards that could help

them build sound economic futures. Chronic poverty and substandard housing have affected their health and the health of their families. If they make it to old age, they are more likely to continue to be poor and experience chronic health problems on the basis of their birth cohort experience (McInnis–Dittrich, 2005, pp.10-11).

This will have a profound influence on the biological, psychological, and sociological aging of African Americans.

Biological aging

As we grow up, each of us absorbs the undeniable truth that old things tend to wear out and break down: old toys, old cars, old machines – and old people (Arking, 1998). Arking discusses the reality of aging and suggests that it takes at least four forms:

First is the acceptance and celebration of our mature years, freed of lingering diseases. *Second* is a refusal to accept aging. Many have fought senescence and death, knowing it to be a struggle they must lose but nevertheless fighting because they could do nothing else. A vital and vigorous life is precious to us; that is why we both celebrate and rage at its finite length. A cooler, more intellectual reaction is to describe life's events; this approach constitutes the *third* form of response. ... The *fourth* form of our reaction to the reality of aging is then the scientific investigation of the biological mechanisms responsible for the predictability of our aging. (Arking, 1998, pp. 3-5)

It is believed that old age is the final stage in the biological life course of the human body and is profoundly affected by all physical changes that have occurred prior to it (Arking, 1998). There are significant biological changes in the body's systems as a result of aging. The urinary system the gastro intestine, the immune system and the nervous system no longer function at their maximum capacity as aging progresses. Most significant are the sensory functions such as the ability to see, hear, touch, and smell which are at a gradual decline as the body ages. This decline "has a profound influence on our interactions with our social and physical environments." (Hooyman & Kiyak, 2005, p.88) The changes in the bodily system which occurs in aging greatly influence the quality of life of older adults and makes daily interactions with others difficult and in cases of extreme incapacity, impossible.

Sociological Aging

The sociological aspects of aging will find older African Americans in unique situations. The major issues that older African Americans face in nursing homes are issues of freedom; the feeling of independence or lack of it; and the right to the free exercise of individual initiative in planning and managing their own lives.

The Older Americans Act (1965) created the Administration on Aging, which is housed in the Department of Human Services, to assist states and local communities in meeting the needs of the elderly (Zastrow & Kirst-Ashman, 1990). The timing of this act's initiation was perfect for the cohort of African Americans now living in nursing homes, as it coincided with the height of demonstrations

and “sit ins” across the United States for equal human rights. Some of the rights secured for the elderly were: the right to adequate income; the right to the best possible physical and mental health; suitable housing; restorative services for those who require institutionalized care; and, the pursuit of meaningful activities (Zastrow & Kirst-Ashman, 1990, p.505).

These rights were available to most U.S. citizens, but prior to the passage of the Older American Act (1965), African Americans still had to fight against institutional discrimination which prevented them from utilizing nursing homes (Zastrow & Kirst-Ashmen, 1990, p.525).

Psychological Aging

Aging causes cognitive changes that occur in the intellectual, memory, learning, and creative processes of elders (McInnis-Dittrich, 2005). According to McInnish-Dittrich (2005), intelligence is the way in which a person gathers information, processes it, develops new ideas, and applies information to new and familiar situations in activities of daily living. McInnish-Dittrich (2005) describes two aspects of intelligence, crystallized intelligence and fluid intelligence. Crystallized intelligence is the perspective of accumulating information so that intelligence does increase or at least is maintained well into old age. It is noted that how effectively individuals accumulate knowledge is strongly influenced by the amount of information they are exposed to through education and life experience. Fluid intelligence is the ability to secure new information, combine it with accumulated knowledge, and apply it to problem solving (McInnish-Dittrich, 2005). Aging does not cause a decrease in

intelligence and it follows that as people grow older and accumulate knowledge and experience, they should know more (p.64).

It is interesting that McInnis-Dittrich (2005) lists *nutrition* and the *environment* as factors contributing to intelligence. One of the most important findings about intellectual functioning among elders is the significance of the environment in which elders are required to use cognitive skills. However, inadequate nutrition contributes to declining intellectual functioning (Baltes, 1993).

Some pathological concerns to psychological aging are mental disorders such dementia. Even though dementia is not a normal part of aging, dementia is a biologically based dysfunction in cognitive or intellectual functioning which can occur during the aging process. Older African American adults can expect that some cognitive functions will slow as a normal part of aging due to changes in the efficiency of neuro-transmitters processing messages to and from the brain (McInnis-Dittrich, 2005). However, it is expected that most older adults can complete very complex tasks if given more time because there is not a loss of these functions, but a slowing of them (p.64). Unfortunately, some older adults acquire the Alzheimer's disease and this has become a serious problem among this group.

Alzheimer's Disease is the most common form of dementia with one-half of all residents of nursing facilities in the United States suffering from the disease or a related dementia disorder (McInnis-Dittrich, 2005, p.124). Senile dementia

is a slow deterioration of cognitive functioning associated with hardening of the arteries in older adults (p. 124).

Therefore, with crystallized intelligence, older African American adults can vividly recall the times in their lives when they enjoyed certain things unique in their culture; types of food they enjoyed; and the music that they played. However, those whom have dementia can recall very little and progressively loss most of their mental capacity.

Purpose

The literature on African Americans living in nursing homes is extremely limited and, with the exception of a 21-year old study on African Americans living in nursing homes in Detroit, there has been no study that takes into account their experiences of living in a nursing home. It is the intent of this research to gain, by interviewing older African American adults in an urban area, information that will add to the knowledge base of gerontological studies and services which will provide a richer, deeper insight regarding the lived experiences of older African Americans, thereby providing a realistic service base that more closely meets their needs.

CHAPTER IV Methodology

The objectives of the study are:

1. to document and identify the uniqueness of the lived experience of African Americans;
2. to document trends and themes that will inform future needs of nursing home residents; and
3. to recommend ways of meeting these needs.

Operational Definitions

The following definitions provide an understanding of the concepts used throughout this study:

Phenomenology – "... step by step, attempts to eliminate everything that represents a prejudgment, setting aside presuppositions, and reaching a transcendental state of freshness and openness, a readiness to see in an unfettered way, not threatened by the customs, beliefs, and prejudices of normal science, by the habits of the natural world or by knowledge based on unreflected everyday experience " (Moustakas, 1994).

Lived experience - Lived experience refers to the way that a person experiences and understands his or her world as real and meaningful. Lived experience describes those aspects of a situation as experienced by the person in it.

(Retrieved from <http://www.phenomenologyonline.com/glossary/glossary.html>)

Co-researchers - is used in phenomenological research to describe the role and responsibility of the participants in sharing their experiences with the researcher as outlined by von Eckartsberg (1986).

African American Senior – is a person of African descent who falls into one of these age categories “young-old” (aged 65-74), “old-old” (aged 75-84) or “oldest-old” (aged 85 and over) (Moody 2006).

Nursing Home – can refer to any residential facility giving some degree of nursing care to elderly or disabled people (Johnson & Grant, 1986).

Satuation - Sampling in qualitative research is flexible and often continues until no new themes emerge from the data, a point called *data saturation* (Ploeg, 1999).

Bracketing – refers to the obligation of the research to put aside any preconceived notions about the phenomena they are investigating (Onolemhemen, 2009).

Research Perspective

This study used the phenomenological approach to research methodology. The approach is both qualitative and descriptive. The term phenomenology often is used without a clear understanding of its meaning. Phenomenology has been described as a philosophy, methodology, and method. Phenomenological research is used to gain understanding of the essential “truths” (i.e. analyses of the written or [oral] word). Phenomenologists believe that knowledge and understanding are embedded in our everyday world, in other

words, they do not believe knowledge can be qualified or reduced to numbers or statistics (Walters, 1995; Paley, 1998).

Hooyman & Kiyak (2005) believe that the emphasis of phenomenologists is on understanding, not explaining, individual processes of aging as influenced by social definitions and social structures. Therefore phenomenology is defined as “a point of view in studying social life that places an emphasis on the assumptions and meaning of experience rather than the ‘objective’ facts, with a focus on understanding rather than explaining (Hooyman & Kiyak, 2005).

Hooyman and Kiyak (2005) state that, instead of asking how factors such as age cohorts, life stages, or system needs, organize and determine one’s experiences, the phenomenological approach relies on individual rather than professional perceptions of an experience. The same authors further expound that individual human behavior produces a type of reality which in turn structures individual lives. They then conclude with the perception that social reality shifts over time, reflecting the differing life situations and social roles that occur with maturation.

A narrative study reports the life of a single individual as opposed to a phenomenological study, which describes the “lived experience” of a concept or a phenomenon by several individuals. Phenomenologists focus on describing what all participants have in common as they experience a phenomenon. The basic purpose of phenomenology is to reduce individual experiences phenomenon to a description of a universal essence (Creswell, 2007).

According to Ray (1994), phenomenology “derives from the Greek word phenomenon, which means ‘to show itself,’ to put into light or manifest something that can be visible in itself” (p.118). Phenomenology is interested in the essence of an experience, as described by research subjects. The experience is called the *lived experience*; Bogden and Taylor (1975) best described the conceptual and methodological aspects of phenomenological research:

The phenomenological views human behavior – what people do and say – as a product of how people interpret their world. The task of the phenomenologist, and, for us the qualitative methodologists, is to capture this process of interpretation To do this requires . . . empathic understanding or ability to produce the actions of others. In order to grasp the meanings of a person’s behavior, the phenomenologist attempts to see things from that person’s point of view (Bogden & Taylor, 1975, p.14). Phenomenology was chosen as the research method because it takes into account a deeper level of understanding by allowing the co-researchers the opportunity to not only tell but also express their phenomenon through lived experiences. Therefore, this method will give us more insights into the lives of older African Americans who reside in urban nursing homes.

Research Site

The research site was a nursing home located in the inner-city of Detroit, Michigan. It is a 124 bed nursing home with 104 residents. The facility caters to Medicaid and Medicare patients. It is a nonprofit corporation with a Resident

Council and Family Council. At the time of the interviews, 98% of its residents were African American.

The Sample

Flyers for the solicitation of participants were posted and given to the Nursing Directors in various nursing stations throughout the nursing home. Persons who met inclusion criteria were approached and asked to participate.

The criteria for participation were:

1. must be 65 years old or older;
2. reside in an urban nursing home for at least one year; and
3. be an African American.

A purposive sample of five African American nursing home residents volunteered to participate.

Data Collection

In depth interviews with the participant were utilized as a method of data collection. These interviews took place in the nursing home and were audio tape recorded. An interview schedule of nine questions was the data collection instrument. The participants (co-researchers) were told to give their life experiences as they relate to life prior to their admission and the factors that lead to nursing home residency. They were also asked to evaluate their lives in the nursing home. The interviews ranged from 45 to 60 minutes and were a onetime occurrence.

Data Analysis

Colaizzi's (1978) phenomenological method of data analyze was used to analysis the data. The first step was to transcript the audio tapes verbatim. Next, the transcripts were read several times to obtain an overall feeling for them. From each transcript, significant phrases or sentences that pertained directly to the lived experience of African American nursing home residents were identified. Meanings were then formulated from the significant statements and phrases. The formulated meanings were clustered into themes, leading to the emergence of themes common to all the participants' transcripts. Lastly, the results were integrated into an in depth, exhaustive description of the phenomenon. Methodological rigor was attained through the application of verification, validation, and validity (Meadows & Morse, 2001).

CHAPTER V Results

Descriptions of Participants

As to be expected the five co-researchers were all African American. There were three women, and two men all over the age 75 (see table 3). The average age was 82 years old which places them in the old-old category of the aged. They had lived in the nursing home for at least a year.

As seen in Table 3 only one of the co-researchers reported being married at the time of the interview. Three of the participants had never married, and one was a widow. The participants had small families. Three of the co-researchers had children while two of them reported having no children. Only one of the participants had more than one child.

The education of the co-researchers varied widely, most reported having less than a high school education while one participant had a Masters Degree. Likewise, their occupations differed as well. One of the participants has served in the armed forces, another owned a business with her husband, and one of the women reported being a housewife. Two of the participants didn't mention their occupation.

Table 3

Demographic Characteristics of Co-researchers

Name*	Age	Place of Birth	Marital Status	# of Children
Bill	78	Virginia	Never married	1
Mary	83	Michigan	Married	2
Olivia	80	Illinois	Never married	0

Table 3 (continued)

Demographic Characteristics of Co-researchers

Name*	Age	Place of Birth	Marital Status	# of Children
Bernice	82	Mississippi	Widow	1
Rufus	85	Alabama	Never married	0

*Pseudonyms are used to protect the identity of the co-researchers

Narratives

The following are the narratives of the co-researchers:

Co-researcher One

Bill is a 78-year-old, single, African-American male and the youngest of the group interviewed. He was born in the state of Virginia. Bill came from a fairly large family of eight children. He reports that he has five sisters and two brothers. Tragically three sisters and one brother were killed together in an automobile accident. He made no mention of his parents in the interview and never mentioned returning to Virginia, not even for a visit. He never married, but acknowledged that he has a son and two grandchildren. Currently, he does not know the whereabouts of his family members. Bill enlisted in the army when he was 20 years old and was stationed in Germany for two years before moving to Detroit.

He had mixed feelings about the relationship between Blacks and Whites in Liberty Heights where he grew up. For example he said:

Liberty Heights swimming was for Whites and Blacks where Whites and Blacks mixed and then after I went to Germany and came back

Whites and Blacks really mixed together, they had parties together, the two schools changed. All of the White kids came to the Black schools and all of the Black kids went to the White schools and it was a life experience. There was no such thing as discrimination in Virginia ... but I lived where seven Blacks were executed for raping a White woman ... and I don't think they raped that White woman.

During the interview he expressed a love of sports. "I loved playing any kind of sports and I continued that up to about 11 years ago." And when asked what happened that stopped him from playing sports he said:

I went home to take a shower to go to Chandler Park to play some golf. My cousin took a bath before me and left the soap in the tub. I fell on it and busted my hip side, and that was 9/11 when they bombed the New York Twins in New York and my birthday was the next day. I didn't go to no doctor right away; I waited 3 or 4 months before I went to the doctor. The only reason I did because I smelt an odor from a wound I had. I thought it was gangrene. My cousin's son dropped me over here (nursing home) one Sunday night and I been here ever since.

It is clear his injury in the shower was a life changing event that resulted in his being admitted in the nursing home, because he had no one to take care of him every day.

When evaluating his nursing home experience he talked about the nursing home administrator who was in charge of the facility. he had ambiguous feeling about her and exhibited in the following statement:

She was a good woman but she just was more for ... Whites than Blacks, this is the fault I found with her. Everyday she always said she wanted to talk to me. I said 'what do you want to talk to me about, I said I ain't got nothing to say to you other than respect and being polite to you but as far as liking you, liking me, like you want me to, I ain't gonna do that.' ...when they told her this place was going to change hands, she left! So I am not going to stay here."

His final summary of his experiences in the nursing home was as follows:

There are some nice educated people here and those are the ones you try to get next to cause you can learn from them and they can learn from you. Everyday something can come up.

Co-researcher Two

Mary is an 83-year old, married, African American female. Mary was born in Detroit, Michigan, and lived in Detroit all of her life though she expressed a desire to live somewhere else. "I got stuck here ... I guess I was hoping my husband would seek employment elsewhere." She was an only child and attended schools in the Detroit area through the first two years of high school. For her last two years of high school, she attended the National Trade and Professional School for Women and Girls in Washington, D.C. It was an African American, all girls' school in Washington, D.C. and Mary found it to be very prejudice. "... it was a prejudiced place, you wouldn't think so but it was very prejudice."

Mary said that she had three pregnancies. She had one stillbirth and she gave birth to two daughters, one of which recently moved back to Detroit from California. The other daughter lives in Detroit.

When asked how she came to live at the nursing home, she replied that she had undergone a surgery and because of a mistake in the hospital her leg had to be amputated. She says, "I had gone to the hospital for poor circulation and they were supposed to put a band in my stomach. So then they called and said that they put the wrong band in me... (and) when they took it out it seems that this leg turned colors, so they had to remove it. I was brought here (nursing home) because he (her 93 year old husband) can't take care of me, and both of the girls had gone, well one was here (Detroit) but you know..." "I've been here about 4 years."

When asked about memorable events in her life, Mary talked about the pharmacies that she and her husband owned in Detroit. One of the pharmacies was located on 12th Street and during the riots it was burned down. "During the riots, it was the last one that they burned. We were thinking that it would be saved but it wasn't. After they did that, they didn't have any place to shop."

Mary said she really couldn't think of many other memorable moments except for when her husband graduated from Wayne State and she took some classes there. She wasn't sure what classes "I was just there." She commented that her favorite class in high school were "Hurry up and get out of here – who wants to be here forever"!

When asked her opinion of living in a nursing home, she simply replied, “You know, I think I’m going to go home. I would like to go home, we’re (speaking of her husband) not getting any younger and I would like to see him every day. I’m sorry I can’t walk back but that seems ... impossible.”

Co-researcher Three

Olivia is an 80-year-old, single, African American female. She never married and was childless. She was born in Chicago, Illinois, but has lived in Detroit for all of her life. She grew up on the east side of Detroit. She is one of three siblings and both her brother and sister are now dead. She lived in a single-parent home with her mother. “I didn’t know my father until I was 16 years old.” Then Olivia revealed that she later found out that she had about a dozen other brothers and sisters.

What Olivia felt to be a memorable moment in her life was her education at Wayne State University. She talked extensively about how she was a student at the university and what it meant to her. “It was nothing special, I just went on through, and I graduated with a BA from Wayne State.” Later in the conversation she also noted that she received a Master’s degree at Wayne State. “I was at Wayne [State University] when they had the riots (Detroit Race Riots of ’43) and when they got in the fights in 1943 – I was there. Actually, didn’t stop going to school.”

When asked how she came to live at the nursing home she says,

My legs decided to give out. And so I just got to the place where I couldn’t walk so I just came here. None of us in this room can actually

walk, none of us. So we just exist in the way that we can. Walking is something that we hope that one day we can walk. That's the only hope that we have that one thing we can do [walk].

But out of nowhere she made this comment, "the food here is terrible – the food is terrible." During our interview a nurse came in the room to give Olivia some medicine, she took it and as the nurse left she commented, "That's one of my good nurses."

Co-researcher Four

Bernice is a 82-year-old, African American female. She is a widow and has a son, a granddaughter, and two great-grandchildren. Bernice was born in Mississippi. She said that her family moved around a lot because her father would move whenever his boss would start a saw mill. Finally her father got a better job up north and they moved to Detroit.

Bernice discussed two incidents of racism which she could not forget. One incident happened in the South when she was about 10 years old.

The first incidence was in the South, she says:

I reckon we were about 10 or 11 years old. We all were playing, a bunch of kids ...in the alley. We were playing (with) a little black dog. A white dog, come through the fence and was playing with the black dog. The white owner of the dog ... he come out there and killed that black dog in front of all us kids. I'll never forget that as long as I live, it stayed on my mind, he killed that little black dog and picked up his e white dog and went back through the fence.

The other incident happened in the Detroit metropolitan area when she was an adult. She says,

I parked my car, you know, in a residential street and there was a group of 10 and 11 years old children (nearby) when I got out (of the car), they were right behind me (chanting) 'Nigga, nigga, nigga, I smell a nigga,' and I turned around and said ... I'm gonna slap the shit out of you.' Then I was scared to go back to the car ... thinking that they would go home and tell their people.

Life was not always unpleasant for Bernice. She described her many travels. She talked about her travels. Aruba; Hawaii; Israel; Paris; and many places around the United States. "The good times was [sic] my travelling."

She would go to Las Vegas twice a year once for her birthday – she was born on Christmas Day. When asked what kind of work she performed for a living she replied that she never worked, "I didn't work. I was a gambler (chuckled)." Her only mention of her husband was when she said that his tax consultant told him that he should write off the car as a travel expense since she used it for her trips to gamble.

Bernice seemed to be close to her son and he visited her almost daily.

When asked what led her to come to live in a nursing home, she replied,

Three years ago if someone had told me I would be in here I would have told them that they was a lie... I had been to Hamtramck shopping, (and I) had an arm full of bags. I had been in the dollar store. When I got to the corner, oh my God, I fell! I looked down, I hadn't stumbled on nothing, I

didn't know why I fell, I didn't have no pain. Ain't no pain since I been here, just this leg, I can't stand up. I had a stroke.

Bernice had a lot to say and would jump from topic to topic. At one point she just stopped in the middle of a sentence and asked, "Is Medicaid welfare"?

She talked about food. "I love cornbread, cornbread and greens, and ham hocks." They (nursing home staff) bring you hotdogs without mustard and I can't stand that rice, it's too hard. And the spinach is mushy." "I told the nurses could I have a piece of bacon cause Black people, they eat meat every day." She was extremely dissatisfied with the nursing home meals.

Co-researcher Five

Rufus is an 85-year-old African-American male. He was born in the state of Alabama in 1926. He never married and did not have any children. He was the youngest of 15 children with 7 brothers and 7 sisters. He reported that he has one living sister and she lives in Buffalo, New York. His closest relative is his niece who lives in Detroit.

Rufus went to school in Alabama and then joined the army. The army was his career and he served for about 18 years. He talked about a special regiment in the service. It was called the "Big Red One". Rufus gave credit to the Big Red One for their assistance during the 1943 riots in Detroit. He says that they came to put down the civil unrest. He reported that being in the military and serving under General Patton during World War II was a memorable event in his life.

Well, a eventful thing in my life was when I first went into the military under General Patton in 1941. And I mean it was tough back

then, 'cause the Negroes in any military base, they did really, really stand for something. So the military brought the Black race up. And what really got the ball rolling was we got our Black president. See that shocked everybody. They never thought they see a Black president; they had Roosevelt, Truman, and Carter, but not a Black one. But we got one. But what we got to do, give him respect cause he due respect. When he open his mouth he know what he talking about, he not a Uncle Tom.

After leaving the army, he became a truck driver and drove around the different states.

When asked what led him to come to live in a nursing home, he replied,

“I come to see my sister and I was smoking in the apartment, my pants set on fire and burned my leg. I got hurt and so my insurance company ... put me here. They pay all my bills in here and so does Social Security.”

Rufus seemed to be very satisfied with the nursing home. He seemed to be very secure and comfortable in the fact that there were African American staff and African-American administrators in the nursing home. He says,

This is a beautiful building, it's nice and clean, you don't have no junk in here. You don't just walk in here. When you go to bed you can sleep in peace. It's nice and clean. See this place is good, it's all run by Blacks, it's a Black woman on every floor in every office and they ain't no Uncle Tom. If you got a problem, they solve it for you and I mean solve it.

... And this place here is run by Blacks, Black cook, Black doctor. I'm proud I come here.

Emerging Themes

From five verbatim transcripts, ten significant statements were extracted. Table 4 includes examples of significant statements with their formulated meanings.

Table 4

Selected Examples of Significant Statements of Persons Living in an Urban Nursing Home

Significant Statement	Formulated Meaning
I keep good insurance. My insurance company put me here. My insurance company pays for me to stay here, along with Social Security.	Having and keeping good insurance is important.
See, this place (nursing home) is good, it's all run by Blacks, it's a Black woman on every floor in every office and they ain't no Uncle Toms. That Black woman that works in there is a highly intelligent woman ...	There is a secure feeling to know that intelligent Blacks are working in key positions in the nursing home.
I'm 84 years old, I never thought I would see a Black president. And he's a smart man, highly intelligent.	High regard for Black leadership.
When we went to school, the kids would come up, 'nigga, nigga, nigga.'	Experienced discrimination.

Table 4 (continued)

Selected Examples of Significant Statements of Persons Living in an Urban Nursing Home

Significant Statement	Formulated Meaning
Now they telling me that Medicare done cut out on certain things and my son gotta bring cash money down here every month – but that's gone to run out. Is Medicaid welfare? It's the same thing ain't it?	Concerned about future with Medicare/Medicaid.
I love cornbread and greens and ham-hocks . . . I told the nurses could I have a piece of bacon 'cause Black people, they eat meat every day.	Wants to be served ethnic foods and observe ethnic customs.

Arranging the formulated meanings into *clusters* resulted in six (6) themes.

Theme 1: Significant changes in health

Change in health caused by accident

Sudden stroke

Amputation

Need more help for daily care

No family

Theme 2: Concerns about the cost of nursing home

Insurance is needed to pay nursing home

Social Security pays nursing home costs

Medicaid and Medicare pays

Is Medicaid welfare

Cash money is needed to pay nursing home

Theme 3: Control over my life because there is no one to take care of me

No siblings

No children

Incontinence

No home

Hard to take orders

Theme 4: Nursing Home Environment

Clean, safe place

Intelligent employees

Can't eat the food

Greens and corn bread

Cat walking around dining room

Theme 5: Current events – Race Matters

Current events in Detroit

National current events

First Black president

Attend church services

Theme 6: A Hope of Going Home vs. the Realization that Nursing Home is Home.

Proud to live here

Want to go home

Would like to move to assisted living facility

Would like to walk some day

I'm not going to stay here

Table 5 contains two examples of theme clusters that emerged from their associated meanings.

Table 5

Example of Two Theme Clusters with Their Associated Formulated Meanings.

<p>Significant Changes in Health</p> <p>Change in health caused by accident</p> <ul style="list-style-type: none"> Sudden stroke Amputation Need more help for daily care No family <p>Concern About the Cost of Living in Nursing Home</p> <ul style="list-style-type: none"> Insurance is Needed to pay Nursing Home Social Security Pays Nursing Home Costs Medicaid and Medicare Pays Is Medicaid Welfare Cash Money is Needed to Pay Nursing Home

Example of Two Theme Clusters with Their Associated Formulated Meaning Themes.

Theme 1: Significant Changes in Health.

The common denominator for those interviewed was a significant change in health that led to living in a nursing home. Most commented that they were in the best of health one day and then the next day was a different story. An 85-year-old man, who had been in the nursing home for 4 years, said that he was

visiting with his sister one day and smoking a cigarette, suddenly his pants and leg caught fire. They took him to the hospital and from the hospital he was admitted directly into the nursing home.

Theme 2: Concern about the cost of living in a Nursing Home Facility.

Paying to be taken care of was prevalent on the minds on those interviewed. “I keep good insurance,” commented an 85-year-old resident. “My insurance company pays for me to stay here. My insurance company pays for me to stay here, along with Social Security.” He was quite confident that he need not worry about the bill being paid. But not so for an 82-year-old female patient who described her situation and ended with a question, “And now they’re telling me that Medicare done cut out on certain payments and my son got to bring cash money down here every month – but that’s going to run out. Is Medicaid welfare?”

Theme 3: Control over my Live because there is no one to take care of me

Co-researchers expressed the view that although they had relatives there was no one to take care of them after they had a significant change in health and therefore they ended-up in a nursing home. Since they didn’t have a caregiver they felt forced to take control over their lives in the nursing home although they could not fully care for themselves.

It was a struggle for independence revealed by these statements made by one of the co-researchers (she refers to herself and the other residents as patients),

“I told them other patients down the hall there; I said we got to learn how to live with them. Deal with them (nursing home staff) ‘cause we can’t do no better; we got to take what you get. When you’re use to living alone, doing what you want to do, going where you want to go, it’s hard to take orders. And you see when you get old; you think you’re always right.”

On the other hand, some have accepted that they live there and do what they can to make the most of it. “My friend came to take me to church Sunday. He’ll take me to places where he thinks I can go.” Family and friend support is important in feeling comfortable about their living arrangements. Rufus is very comfortable with where he lives. He had a table and a chair right outside the door of his room. He had his radio (a small boom box) on the table and listened to a baseball game. It was as though he were sitting on his front porch and speaking to his neighbors as they passed by. He seemed to feel very secure in himself and told me, “My niece, she takes care of me. She comes and handles all my business. She comes to visit me every day.”

Theme 4: Nursing Home Environment.

The nursing home environment was extremely important to the residents whether they liked it or not, and the opinions varied from one end of the spectrum to the other. For example, one resident thought that it was nice to have a bird cage and cats within the facility. “... oh yeah, the bird cages. You didn’t see that old cat did you? (he had a big smile on his face.) They got her spoiled. They pet her, they tote her as if she a baby.” However, a resident on the same floor feels

the cat is disgusting. “Well they put the food out there, carry you out there to eat and then there go the cat, running – see I don’t like that.”

One resident talked about the cleanliness of the nursing home facility throughout the interview.

Good clean place, they got 24-hour janitors, they keep this place clean and up-to-date. Twenty-four hour security guard – you don’t just walk in here. They got an all Black security guards.

Theme 5: Current events – Race Matters.

It appeared as though it was important to be abreast of current events, especially events dealing with Black politicians. “I’m 85 years old and I never thought I would see a Black president.” There was a certain pride about it. This 85-year-old man made these comments:

And that’s why I’m so proud of Obama, the Black president, when he opens his mouth, he know what he talking about. He’s not an Uncle Tom. In the interview with an 82-year-old woman, she showed me pictures of her family and immediately went into the local politics.

Why they bring Kilpatrick (former mayor of Detroit) back here for? They say he’s doing better now than when he was here and they want to know where he getting that money from. It ain’t they business. He just got paid too young and got that money and didn’t know how to handle. All of them did it, Mayor Young and all of them. One thing about a Black person, they get some money and they gonna [sic] party.

But race mattered beyond what was going on in the world of politics; it mattered within the nursing home too. An 85-year-old man thought it was very important that Blacks played a major role in the place where he lived.

And this place here is run by Blacks; Black cook, Black doctor. I'm proud I come here. You don't see people running around here in the robes. You can't smoke in here; they got 24 hours janitors. They have a big dining room down stairs, church downstairs, [this is] a good clean place.

Theme 6: A Hope of Going Home vs. the Realization that Nursing Home is Home.

Even though it was impossible for many to walk or to physically take care of themselves, a recurring theme was of going home. One co-researcher, an 83-year-old, amputee, a woman, thought about it and said,

"I think I'll go home, I would like to see my husband every day and we're not getting any younger. I would like to walk back, but ..."

She said it as though she had a choice to leave and would be able to take care of herself.

Another co-researcher, a 78-year old male, said practically the same thing. When talking about the changes in administration at the nursing home he said,

"The nursing home administrator left, so I think I'm going to leave here too."

He had been a resident of the nursing home for nearly 11 years, could not take care of himself, and did not have any family.

The interviews started with a discussion about the residents' place in the nursing home and then changed dramatically to thoughts and wishes about leaving.

CHAPTER VI

Discussion

In the past, it has been considered a stigma for older African American adults to spend their final years in a nursing home, because it is an indication that they have no family to take care of them. However, with the Baby Boomers and the increased longevity among minority groups, the need for nursing home care will most likely readily present itself as a problem given the unique cultural characteristics of this group.

There were a number of commonalities found among the participants in this study. The majority was not born in Michigan and had come to Detroit to seek a better life. They had grown up in an era of America when racism was prevalent and they related to the researcher negative experiences regarding their ethnicity. These experiences made them sensitive to race in their old age. Despite the drawback of race, all of them had managed to succeed in life.

They voiced many concerns about their current situation. They were concerned about the cost of nursing home care although they had resources to pay for their stay. They talked about the incongruent between the services provided by the nursing home and what they were use to before admission. Most noticeably was food. The co-researchers reported that they preferred a “soul food” diet whereas the nursing home served traditional American cuisine.

While most participants felt that the environment of the nursing home was pleasant nevertheless they had difficulty in seeing it as “home”. For example, a co-researcher believed that she was going to be discharged when it was obvious that her physical condition would not allow this. Most felt a level of discomfort

toward their surroundings. For example, co-researcher complained about a cat that lived in the nursing home. They categorized the staff members as either “good” or “bad” but none of them reported having a close relationship or receiving special attention from the employees of the nursing home.

Recommendations

Based on this study’s findings, the lives of African Americans who reside in nursing homes would be more meaningful if:

1. the facility owners and administrators and employees of nursing homes were more sensitive to the needs of minority residents by giving them special treatment ;
2. allowing them to have the foods that they like;
3. assuring that they have a good understanding of the nursing home’s cost and fees;
4. providing culturally appropriate music, movies and art; and
5. making sure there are minority staff that can communicate effectively with the patient.

An example of culturally appropriate nursing homes for minorities is in San Francisco and Seattle where there is a large population of Asians. Japanese and Chinese American older adults can enter nursing homes operated and staffed by people who speak their languages and serve the specific foods of their culture (Hooyman & Kiyak 2005).

CHAPTER VII

Summary

Nursing home facilities located in the urban America should address the distinctive ethnic needs of their residents so that these residents can spend their later years in peace and happiness. Due to the rapid increase of African American seniors residing in nursing homes, Detroit, just as other communities with large ethnic minority populations, should encourage nursing homes to be built under the auspices of African American nonprofit organizations or religious groups.

“Congress enacted provisions in nursing home regulations in December 1987, that were intended to recognize and respect residents’ rights. This law requires every nursing home that participates in Medicare or Medicaid to respect the dignity, choice, and right of self-determination of its residents” (Hooyman & Kiyak, 2005, pp.399 - 400). Therefore, nursing homes that cater to the special needs of predominantly minorities residents would be a reflection of this regulation. This study shows that nursing homes in the Detroit area must meet the challenge to provide a culturally relevant environment for its residents.

Limitations

A limitation of this study was the fact that all of the participants resided in the same nursing home. However, this nursing home is a very large facility, located in the Detroit urban area and is typical of nursing homes found in the urban areas of America. The co-researchers probably represent the typical African American nursing home resident.

Implications

The findings of this study have implications for culturally sensitive nursing home care. Large numbers of African Americans residing in an urban nursing home is one phenomenon that must be recognized as a possible precursor to, not only physical illnesses but also sociological and psychological illnesses as well. Nursing home caregivers must enhance the biopsychosocial well being of nursing home residents by being culturally sensitive to its residents.

Nursing home caregivers such as social workers, nurses, and administrators can enhance residents' well being by being sensitive to their special needs. Agencies such as Citizens for Better Care, Detroit Area Agency on Aging, Healthier Black Aging of the Institute on Gerontology, and other local agencies on aging must work to assist nursing homes by informing older African Americans about Medicare /Medicaid rights for nursing home care in these programs.

APPENDIX A

HUMAN INVESTIGATION COMMITTEE (HIC) EXEMPTION

**WAYNE STATE
UNIVERSITY**

HUMAN INVESTIGATION COMMITTEE
101 East Alexandrine Building
Detroit, Michigan 48201
Phone: (313) 577-1628
FAX: (313) 993-7122
<http://hic.wayne.edu>



CONCURRENCE OF EXEMPTION

To: Marilyn Knall
Deans Office Social Work
219 Thompson Home

From: Ellen Barton, Ph.D. _____
Chairperson, Behavioral Institutional Review Board (B3)

Date: August 11, 2009

RE: HIC #: 082109B3X
Protocol Title: The Lived Experiences of Older African American Adults Residing In Urban Nursing Homes
Sponsor:
Protocol #: 0908007391

The above-referenced protocol has been reviewed and found to qualify for **Exemption** according to paragraph #2 of the Department of Health and Human Services Code of Federal Regulations [45 CFR 46.101(b)].

- Flyer
- Information Sheet (dated 8/10/09)

This proposal has not been evaluated for scientific merit, except to weight the risk to the human subjects in relation to the potential benefits.

-
- Exempt protocols do not require annual review by the IRB.
 - All changes or amendments to the above-referenced protocol require review and approval by the HIC **BEFORE** implementation.
 - Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the HIC Policy (<http://www.hic.wayne.edu/hicpol.html>).

NOTE:

1. Forms should be downloaded from the HIC website at each use.
2. Submit a Closure Form to the HIC Office upon completion of the study.

APPENDIX B**RESEARCH INFORMATION SHEET****Research Information Sheet**

Title of Study: The Lived Experiences of Older African Americans Living in Urban Nursing Homes

Principal Investigator (PI): Marilynn G. Knall
Graduate Student
Masters of Interdisciplinary Studies Program
313-577-4436

Purpose:

You are being asked to be in a research study of African Americans living in an urban Detroit area nursing home because you are African American; you are 65 years of age or older; and you live in a nursing home located in our near Detroit, Michigan. This study is being conducted at Wayne State University.

Study Procedures:

- If you take part in the study, you will be asked to participate in a face-to-face interview. The interviewer will ask questions about your life, including where you grew up, your work experiences, your most memorable life events, and what led to you coming to live in a nursing home. The interview will be audio recorded; however your identity will never be included in the recording or in the study notes. After the study is completed, the audio recording will be erased.
- If any elder abuse is disclosed or suspected, the Michigan Bureau of Family Services will be notified with the first name of the interviewee and the name of the nursing home where they reside through their Toll Free – 24-hour Vulnerable Adult Helpline at 1-800-996-6228. No identifying information will be recorded.

Benefits

- As a participant in this research study, there will be no direct benefit for you; however, information from this study may benefit other people now or in the future.

Risks

By taking part in this study, you may experience the following risks:

- Participating in this study might make you feel sad or upset; if this should happen, please contact: Leslie Mattel, the Social Worker for Boulevard Temple UMRC
- This interview may make you tired. If you should become tired, we can take a break and resume at a later time.

- The following information must be reported to the appropriate authorities if at any time during the study there is concern that elder abuse has possibly occurred.

Costs

- There will be no costs to you for participation in this research study.

Compensation

In appreciation of your interview, you will receive a small toiletries gift. The value of the toiletries is estimated to be \$5 or less.

Confidentiality:

- All information collected about you during the course of this study will be kept without any identifiers. The interview will be audio recorded but we will never record your name on the recording. After the study is completed, the audio recording will be erased.

Voluntary Participation /Withdrawal:

Taking part in this study is voluntary. You are free to not answer any questions or withdraw at any time. Your decision will not impact any present or future relationships or services you receive at Boulevard Temple UMRC; Livonia Nursing Home or Wayne State University or its affiliates or any other services you are entitled to receive.

Questions:

If you have any questions about this study now or in the future, you may contact Marilyn Knall or one of her research team members at the following phone number 313-577-4436. If you have questions or concerns about your rights as a research participant, the Chair of the Human Investigation Committee can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call (313) 577-1628 to ask questions or voice concerns or complaints.

Participation:

By completing the interview you are agreeing to participate in this study.

APPENDIX C
LETTER OF SUPPORT

**BOULEVARD TEMPLE
REHABILITATION &
NURSING CENTER**

A UMRC SKILLED NURSING CENTER

July 23, 2009

**Ms. Marilyn Knall
Interdisciplinary Studies
School of Social Work
Wayne State University
Detroit, MI 48202**

Dear Ms. Knall:

I am pleased to support your proposed study "The Lived Experiences of African American Older Adults Living in Nursing Homes in the Urban Detroit." I understand that the program is a Wayne State University graduate student research study and that this study is specific to the residents and not the facility in which they reside. We understand that Boulevard Temple will NOT be named or used in the study.

As Administrator of Boulevard Temple Rehabilitation and Nursing Center, I am excited that this study affords us an opportunity to have our residents give an account of their life experiences which lead to becoming a nursing home resident. It will blend closely with our efforts to provide culturally relevant services that more closely meet the needs of African Americans in our facility.

Sincerely,



**Jami L. Horton
Executive Director**

APPENDIX D

RESEARCH STUDY PARTICIPANTS FLYER



YOUR STORY!!

"This is a Research Study"

I Would Love to Hear Your Lived Story!!

How Did You Get Here?

What Are Some of Your Most Memorable Life Experiences?

My name is Marilyn Knall and I am a Graduate Student at Wayne State University. I am doing a study on African Americans that live in nursing homes in the urban Detroit area. I believe that listening to your lived experiences could possibly add to the knowledge base of nursing home services and improve the lives of elderly African Americans that live in nursing homes.

The study will be conducted by an audio taped interview. It can be done at your convenience. The interview will be one hour or less and is a one-time occurrence. As an appreciation for your time, I will be happy to leave a small gift basket with toiletries for you.

Taking part in this study is voluntary. You are free to not answer any questions or withdraw at any time. Your decision will not impact any present or future relationships or services you receive at Boulevard Temple UMRC or Wayne State University.

I will visit Boulevard Temple soon and take names of volunteers for this study or you can call me at 313-577-4436 and I will sign you up. Thank you. I'll see you soon!

APPENDIX E
INTERVIEW GUIDE

1. What year were you born?
2. Where were you born – city & state?
3. Tell me about your childhood.
4. Tell me about your educational background.
5. Growing up, how would you describe your economic status?
6. What is your marital status?
7. Tell me about your work experiences.
8. What life events are most memorable for you?
9. What factors led to your placement in a nursing home?

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ABSTRACT**THE LIVED EXPERIENCES OF OLDER AFRICAN AMERICANS LIVING
IN URBAN NURSING HOMES**

by

MARILYNN BYRD KNALL

December 2009

Advisor: Dr. Durrenda Onolemhemen**Major:** Gerontology**Degree:** Master of Interdisciplinary Studies

As huge numbers of baby boomers reach old age, an increased need for nursing home care in the future is inevitable. Older people face more complex health issues that often lead to debilitation or disability and thus the need for long-term care. The number of consumers needing long-term care services will more than triple during the next 30 years.

African Americans compose less than 10% of nursing home residents and even at age 84 and older, when the likelihood of nursing home placement is higher, proportionately fewer African Americans live in nursing homes. The underrepresentation of ethnic minorities groups in nursing homes appears to reflect cultural differences in the willingness to institutionalize older persons, greater availability of family supports, or institutionalized discrimination implicit in admission policies against older adults of color.

Using a phenomenological approach, this study examines the lived experiences of African American residents in urban area nursing homes. The information gained by interviewing older, African American adults and allowing

them to give an oral history of life events leading to living in a nursing home would possibly add to the knowledge base of gerontological studies and services of nursing homes which will provide a richer, thicker insight regarding the older adult lived experiences. Hence, providing a realistic service base that more closely meets the needs of African Americans in nursing home setting.

AUTOBIOGRAPHICAL STATEMENT

I am quickly approaching the “*young old*” category and find myself amazed with this new stage in my life. Both of my parents died in their “young old” stage of life and I all of my grandparents died before I met them leaving, me with no experience with old people. When my parents died, there was no decision about nursing homes or any other type of long-term care. There was no decision about home care or assisted living or any other decision that the “old” or the “old-old” would have to face. However, now, ironically I find that I have an interest in older people.

My first thought of older people was when I acknowledged that I was getting old. The thought came to me as I read an article that was titled something like “*The Best Place to Retire in the United States.*” It listed a place in Florida where the average yearly income was at least one million dollars and everyone owned a big boat or a yacht. It sounds good but this place is probably not filled with people like me or the average American. Then I thought that it would be nice to live in a place where the people would be like me and that they would enjoy doing the things that people like me enjoy doing.

I want to age gracefully and be healthy and strong and I want others to be able to do so also. Somehow I drifted off into wondering how people aged around the world. I am fascinated with the thought of researching and studying healthy aging here and abroad. My research goal is to conduct international research on aging and study different environments, cultures, and global settings.