



RESEARCH BYTES



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**REPRESENTING THE UNDERREPRESENTED:
VOICES OF HISTORICALLY SILENCED PERSONS** Pt. 2

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A MESSAGE FROM THE ASSOCIATE DEAN FOR RESEARCH



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Uncovering and amplifying the voices of persons who have historically been silenced are at the forefront of Kent School's work. Studies in this macro-focused issue feature work involving systems and institutions. Read more about how social, structural, and institutional factors affect the wellbeing and quality of life of historically silenced persons in this issue of *Research Bytes*.

Recommendations for Improving Health and Quality of Life for Older Adults in Prison



enhancing
accessibility in
prisons



implementation of
trauma-informed
mental health
services



use of
compassionate
release and medical
parole

Older Adults Incarcerated in State Prison: Health and Quality of Life Disparities Between Age Cohorts

S.G. Prost, A.J. Archuleta, & S. Golder

Aging & Mental Health 25(2) | DOI: 10.1080/13607863.2019.1693976

This exploratory study sought to describe the physical and psychological health and quality of life (QOL) among older adult men who are incarcerated in a Kentucky prison and to examine differences between emerging, middle, and late older adult groups. The men in this sample were an average of 58 years old. The average length of time served under current sentence was just under 15 years. Rated highest were physical health (emerging older adults), social relationships (middle age-older adults), and psychological (late older adults). Chronic health conditions were common and were almost equally distributed across age groups. However, health issues greatly increased in the oldest group; alcohol and drug problems reduced by half between the youngest and oldest age groups. QOL was consistent across age groups, with lowest QOL in environmental facets and highest QOL in social relationships. Recommendations for improving health and QOL for older adults in prison include enhancing accessibility in prisons, implementation of trauma-informed mental health services, and use of compassionate release and medical parole.

Dementia Caregiving Research: Expanding and Reframing the Lens of Diversity, Inclusivity, and Intersectionality

P. Dilworth-Anderson, H. Moon, & M.P. Aranda

The Gerontologist 60(5), pp. 797-805 | DOI: 10.1093/geront/gnaa050

This paper expands and reframes the lens of dementia caregiving research among diverse groups to better understand the unique needs, strengths, and stressors of multicultural and racial-ethnic minority family caregivers. More diverse and inclusive knowledge and frameworks through can help create a new path forward in caregiving. Inclusive caregiving theory and research should encompass history, culture, social determinants of health, and place of the individuals and groups involved. History provides a broad understanding of how past generational experiences determine access to and use of services and trust of different kinds of services and support. Culture allows for understanding identity, norms, values, beliefs, and ways of 'being' and 'doing.' Social determinants of health provide information on factors that affect wellbeing. Place allows for understanding social structural aspects that impact wellbeing and health.

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Concepts to Inform Inclusive Caregiving Theory and Research



History

How do past generational experiences determine service access and use?



Culture

What are their ways of "being" and "doing"?



Social Determinants of Health

How are distal and proximal factors (education, income, literacy, discrimination, etc.) affecting health and wellbeing?



Place

What are the social structural aspects of caregiving?

Need-based intervention strategies and culturally responsive service programs are needed to meet the needs of diverse older adults.



Intervention-related strategies that increase access to social resources and allow for support exchanges should target older Mexican American men, immigrants, and those not living in extended households.

Social relationships with other LatinXs and maintaining LatinX culture can enhance protective factors and increase access to support for LatinX individuals.



To provide effective grief counseling to Black individuals, the counselor must first acknowledge the generational grief that germinates from the horrific experience of U.S. chattel slavery and the subsequent psychological, emotional, and spiritual trauma.



The Effects of Nativity Status on Well-Being Among Medicare Beneficiaries by Race/Ethnicity: A Multi-group Analysis

H. Moon, H. Kim, S.M. Rote, W.E. Haley, & J.S. Sears

Journal of Immigrant and Minority Health 23, pp. 755-763 | DOI: 10.1007%2Fs10903-020-01072-9

This study examined direct and indirect effects of nativity status (whether one was born in the U.S. or abroad) on stress, coping resources, health, and anxiety for diverse racial/ethnic groups. Findings indicate that being a foreign-born older adult was associated with more stressors (functional and cognitive impairment) and fewer resources, which contributed to worse depression, anxiety, and self-rated health than U.S.-born older adults. Given these effects and outcomes, service providers should pay attention to both the physical and emotional conditions of foreign-born Medicare beneficiaries to prevent any deterioration on their quality of life. The findings of this study indicate the need for specific need-based intervention strategies and culturally responsive service programs to meet the needs of diverse racial and ethnic groups.

Dual Trajectories of Dementia and Social Support in the Mexican-Origin Population

S.M. Rote, J.L. Angel, J. Kim, & K.S. Markides

The Gerontologist 61(3), pp. 374-382 | DOI: 10.1093/geront/gnaa100

This study examines connections between instrumental and emotional support and likely dementia in a cohort of older Mexican Americans. The sample showed persistent support needs, indicating that most of their needs were being met though the support of family and friends. As the level of impairment increased, so did the need for instrumental support. Results also show that Mexican American women had more access to and both emotional and instrumental support than do Mexican American older men. Mexican-born individuals had less instrumental support than American-born individuals. Findings suggest a symbiotic relationship between support needs and dementia, in which those with greater impairment in most need of both emotional and instrumental support. Living alone was significantly associated with risk for low levels of support and for experiencing impairment in later life. As dementia progresses, changing needs for assistance arise and can overwhelm caregivers when providing support. Improving access to culturally and linguistically appropriate formal dementia care options to supplement family support for older Mexican Americans is becoming increasingly important.

Exploring Network Derived Indicators of Acculturation Among College Enrolled LatinXs: Examining Language Use and Homophily in Support Networks

A.J. Archuleta & M.A. Dajani

Journal of Community Psychology 49(7), pp. 2403-2423 | DOI: 10.1002/jcop.22538

This study explored network-derived indicators of acculturation and determined the viability of network acculturation as a distinct construct from enculturation. Enculturation refers to a person's initial socialization into their culture along with the broader cultural environment where this socialization occurs. Pressures to maintain or change culture are stressful and contribute to negative mental health outcomes. Conversely, when individual enculturation experiences are similar to others' in their social networks, they may experience less acculturation pressure. Findings from this study indicate low acculturation pressure across generational groups. Enculturation and ethnic identity decreased across generational status, indicating a decline in LatinX culture. First- and second-generation LatinXs reported higher levels of enculturation and their networks comprised greater numbers of other LatinXs and more frequent Spanish language use compared to those in later generations. An individuals' enculturation and maintenance of culture are important in accessing social support. Further, their connection to others is critical in preserving and enhancing culture-related protective factors.

Cultural Responses to Loss and Grief Among Black Americans: Theory and Practice Implications for Clinicians

S.E. Moore, Jones-Eversley, Tolliver, Wilson, & Harmon

Death Studies | 10.1080/07481187.2020.1725930

This project aimed to provide information for social workers, counselors, and others who provide grief services to Black clients. Providers must include in their preparation for practice the historical contexts, including slavery and institutional racism, of Black Americans in the U.S. Historical trauma is cumulative emotional and psychological wounding across generations and gives clinicians a framework through which to consider history and the detrimental impact of living daily with oppression and discrimination. Black Americans may view death as a natural part of life and many see funeral services not as a sad occasion, but as a "home-going" celebration. In times of grief and distress, it is common for Black people to draw on spiritual faith and social support rather than seeking help from professional service providers. A model that blends clinical and traditional cultural interventions is recommended for facilitating resolution of unresolved grief and trauma. The model is based on Native healing circles and groups involves extended kinship networks in the therapeutic process.