

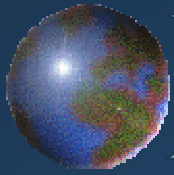
How Will the U.S. Health Care System Meet the Challenge of the Ethnogeriatric Imperative?

Gwen Yeo, PhD, AGSF

Stanford Geriatric Education Center

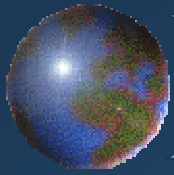
INSTITUTE OF MEDICINE COMMITTEE ON THE FUTURE
HEALTH CARE WORK FORCE FOR OLDER AMERICANS

June 28, 2007



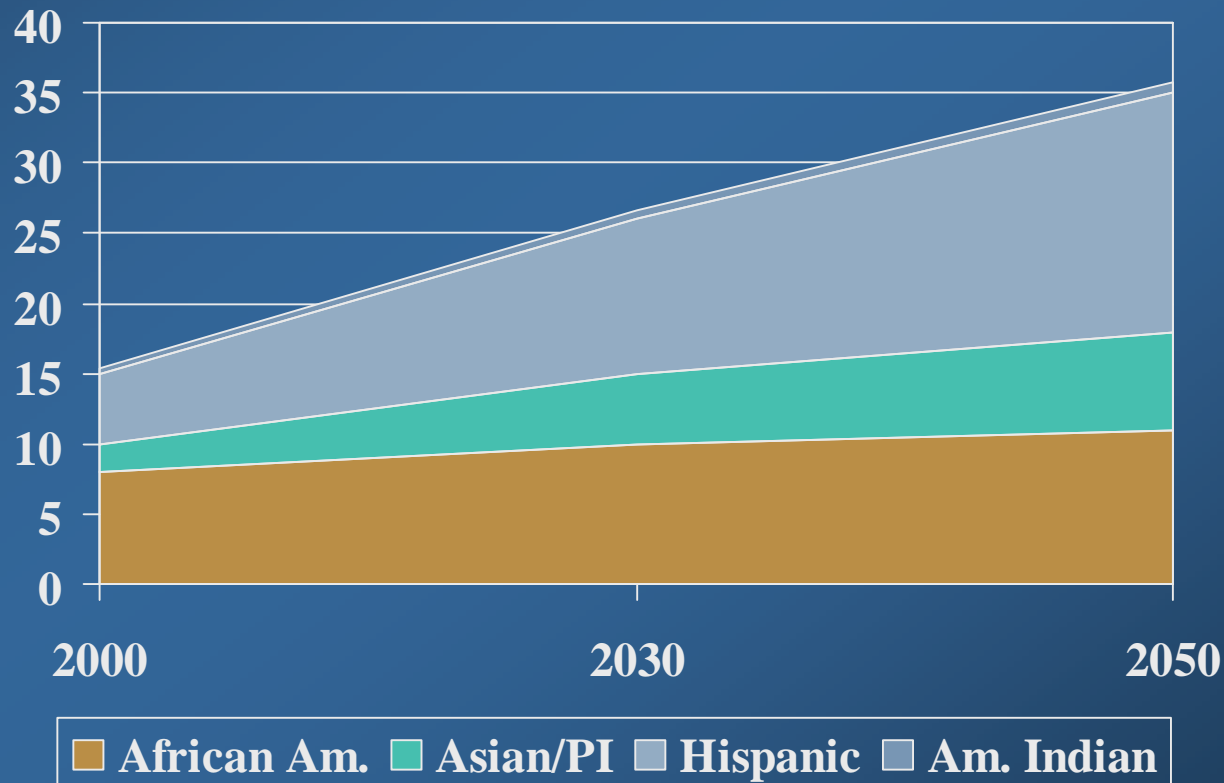
Ethnogeriatric Imperative

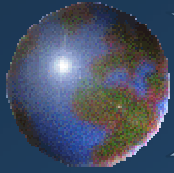
- ❖ Increasing numbers of elders from diverse ethnic backgrounds
- ❖ Increasing heterogeneity within older ethnic populations
- ❖ One-third of U.S. population 65+ are projected to be from one of the four minority categories



The Ethnogeriatric Imperative

Projections of Percent of Ethnic Elders in U.S. 65+

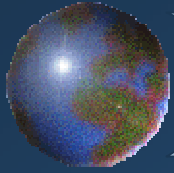




Conclusions of Review of Demographic Issues

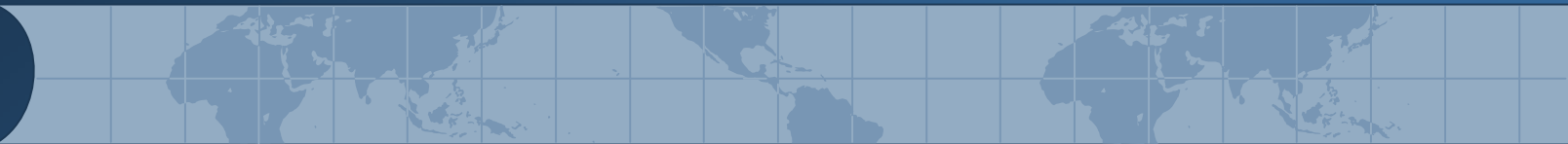
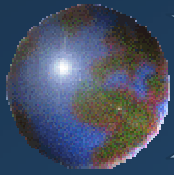
To understand needs and plan appropriate models of care, we need to:

- ❖ Be specific to populations rather than generalize to “minority”, and
- ❖ Disaggregate racial/ethnic categories rather than lump diverse populations together, and consider unique needs

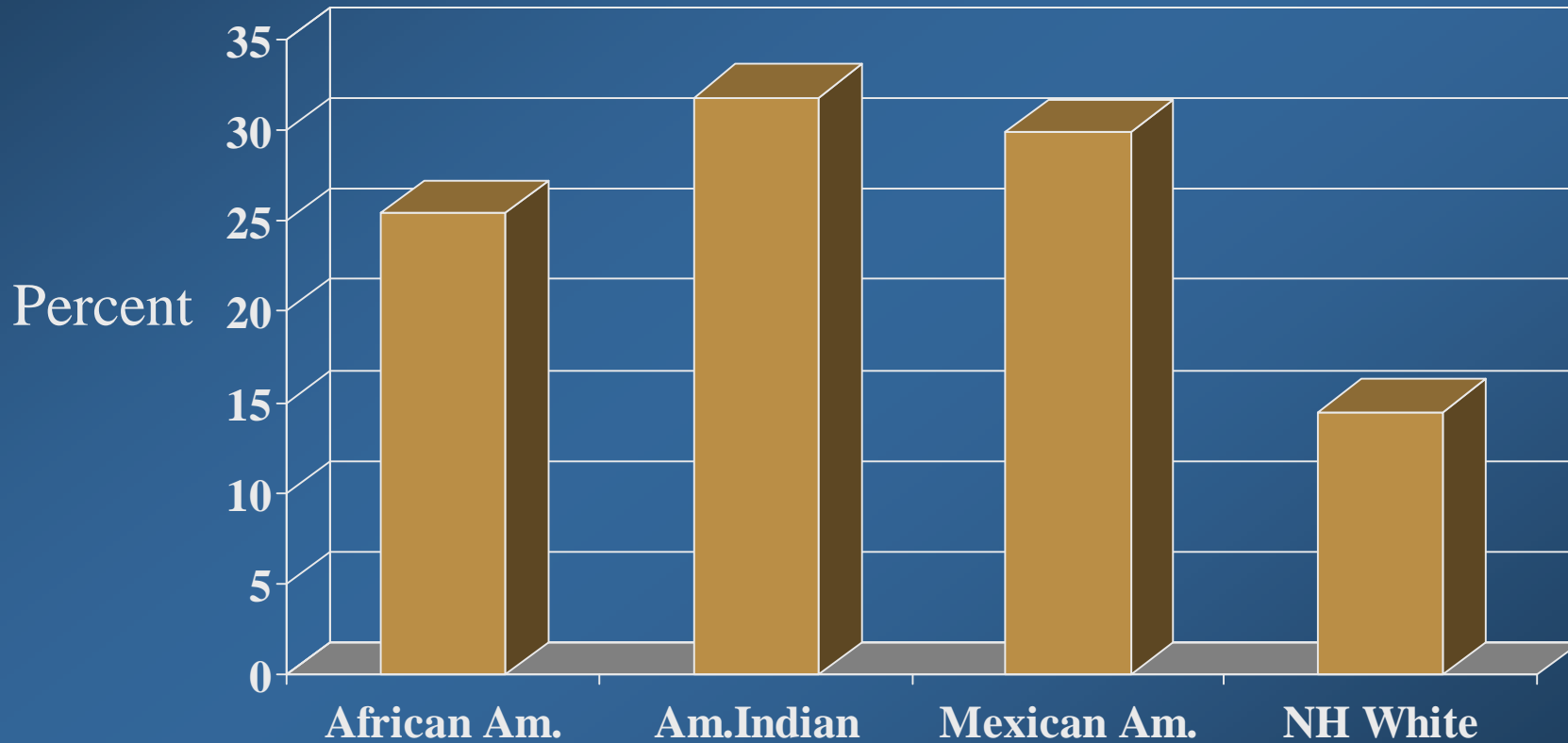


Developing Appropriate Models of Care: **MAJOR CHALLENGES**

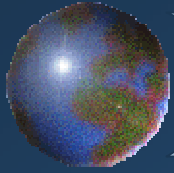
- Disparities in health status
- Disparities in health care
- Lack of data for many older populations
- Limited English proficiency and low literacy in many
- Diversity of attitudes toward prevention, LTC, and end of life care
- Lack of ethnogeriatric training of providers



Diabetes in Older Women of Color



Source: NIH, *Women of Color Health Data Book*, 1998



Models of Culturally Competent Ethnogeriatric Care: Planning

- Include target ethnic communities

- Needs?

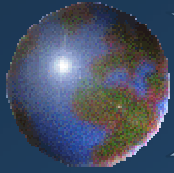
 - Accessible

 - Affordable

 - Appropriate

 - Acceptable

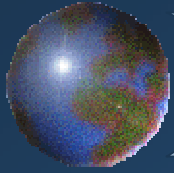
Damron-Rodriguez, et al, 1994



Standards for Culturally and Linguistic Appropriate Services (CLAS)

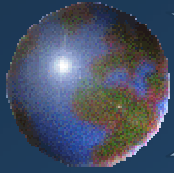
- 14 Standards for health care organizations
- 4 Mandated in Title VI of Civil Rights Act– language services
- 9 recommended as mandates – Cultural Competence
- 1 Voluntary-Public Information

<http://www.omhrc.gov/CLAS>



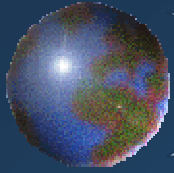
Models of Culturally Competent Ethnogeriatric Care: Workforce

- Providers from the target patient populations
- Cultural guides/brokers/consultants
- *Promotoras*/Community Health Workers



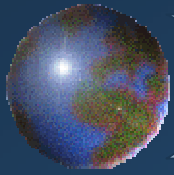
Models of Culturally Competent Ethnogeriatric Care: Language

- LEP patients in 65% of internists practices
- 38% Hisp/Latino and 41% of Asian elders in U.S. speak little or no English
- Trained interpreters improve clinical outcomes
- Options: staff, contract, telephone, video
- Reimbursement for interpreters: federal matching Medicaid \$ only used by 12 states



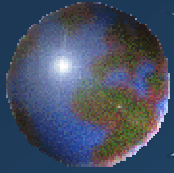
Models of Culturally Competent Ethnogeriatric Care: Training

- Attitudes: Recognize: providers' own biases, diversity within groups, acculturation levels
- Knowledge: Health beliefs, health risks, histories of patient populations
- Skills: Culturally appropriate:
 - Respect & non-verbal communication
 - Assessment
 - Eliciting and incorporating elders' explanatory models in care plan



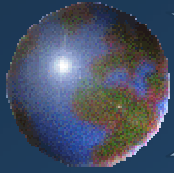
Models of Culturally Competent Ethnogeriatric Care: Long Term Care

- Importance of family involvement in many populations
- Diverse attitudes toward “institutional” care
- Advantages of ethnic specific models:
 food, activities, staffing
- Isolation of elders from diverse populations
 in community nursing homes



Models of Culturally Competent Ethnogeriatric Care: End of Life Care

- ❖ Different attitudes toward palliative care & hospice
- ❖ Talking about death taboo in some cultures
- ❖ Family decisions vs. autonomy of elder
- ❖ Distrust
- ❖ Rituals



Summary: Recommendations

- ❖ Develop models that respect wisdom, culture, language of elders:
 - Include ethnic communities in planning
 - Include families in models of care
 - Train providers in ethnogeriatrics
 - Chart language, have trained interpreters available
 - Use *Promotores*/CHWs and cultural guides
 - Develop incentives for underrepresented populations to train in geriatrics