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

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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+
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

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 Promatores/CHWs and cultural guides
  - Develop incentives for underrepresented populations to train in geriatrics