



FACES *of* HOME HEALTH

Cultural, Racial, & Ethnic Diversity in Home Health Patient Populations

Based in Oakland, California, Asian American Home Care (AAHC) – a part of the Harden Healthcare Family of Companies¹ – is a leader in home health care aimed at a variety of ethnically and culturally diverse populations. The agency has over 15 years experience treating diverse populations in the Bay Area, and has developed specialized programs for a number of the area’s largest minority populations. The AAHC staff, as a group, speaks more than nine different languages and dialects in order to communicate well with their patients. AAHC’s expertise in home health, as well as sensitivity to cultural, ethnic, and racial diversity, allows their clinical and caregiving teams to continue to provide individually tailored home care to patients and achieve optimal outcomes.

Like their patients, members of the AAHC team come from diverse cultural backgrounds. The languages and dialects represented on staff include, among others, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, Hmong, Tagalog, Japanese, Spanish, Hindi, and more. Where possible, AAHC pairs case managers with therapists who share their assigned patient’s language and

cultural background to encourage communication that will facilitate improved health outcomes.

Understanding a patient’s unique cultural background and values is key to a patient-centered care plan that addresses the patient’s needs and aids the recovery process.

Training Home-Based Care Teams to Treat Diverse Populations

In order to meet the needs of home health patients while maintaining sensitivity to their cultural differences, AAHC requires all staff to undergo a training course and offers teaching materials in a variety of different languages. Additionally, the entire staff meets monthly to share information and prepare and coordinate care.

According to Medicare’s Home Health Compare statistics², AAHC scores higher than both the state and national averages in most quality of patient care measures; including much higher than average rates in how often patients improved at getting in and out of bed (63% for AAHC patients compared to 54% and 55% in California and nationally, respectively).

The AAHC staff employs a number of specialized care tools in treating their patients:

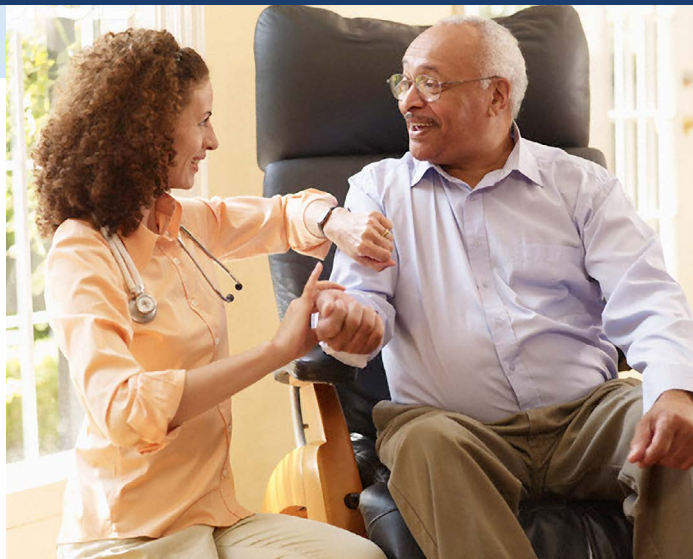
- **Communicating in the verbal and emotional language of the patient.** In addition to communicating with the patient in their native or primary language, the clinical team learns how different patient populations react to and express pain. Some cultures emphasize that it is not socially acceptable to express pain publicly and that it is critical to avoid complaining, which may make it difficult for patients in these cultures to express how their disease is affecting their daily living. The team has established an Asian mental health program within AAHC to address the needs of the large Asian – specifically Chinese – population they serve. AAHC also coordinates with the community-based mental health organization, Asian Community Mental Health Services (“ACMHS”).
- **Educational tools in the patient’s native languages that address how to treat disease and learn self-management.** For example, the team’s medical social workers coordinated with the American Cancer Society’s California Chinese Unit to issue a community resource pamphlet on cancer in the Chinese language.
- **Personalized nutritional coaching that takes into account the unique cultural and dietary habits of the patient.** For instance, while many older Americans are taught to avoid bacon, sausage, and cheeseburgers as part of a low-sodium diet for hypertension, AAHC case managers working with a Chinese patient who eats a more traditional Chinese diet might educate that patient on avoiding pickled foods and roasted duck.
- **Understanding how political and natural disasters may affect the health of immigrating patients, such as AAHC’s specialized work with Vietnamese refugees.** Many of these refugees suffer from post-traumatic stress disorder. When caring for these patients, case managers at AAHC may perform additional screening for depression beyond the initial home health assessments and provide appropriate services if the patients test positive.
- **Understanding financial and socioeconomic barriers to care.** The AAHC team discusses how current patients, especially dual eligible patients who receive Medicare and Medicaid services, may have difficulty paying for non-medical equipment to assist in recovery, such as a shower stool. Case managers learn early on whether the patient can afford these tools and then work with community organizations to help obtain them for the patient.

AAHC staff stress cultural, ethnic, and racial sensitivity as a part of the care process, providing care plans suited to a diverse variety of considerations. These tailored home health plans offer patients a chance to recover in their own home. Many of the cultures the AAHC team works with stress the importance of staying in one’s home over other recovery options. Communicating in a patient’s primary language and preferred environment improves patient satisfaction and leads to better overall communication and results.

¹In October 2013, Gentiva Health Services acquired the home health, hospice, and community care businesses from Harden Healthcare.

²Complete Home Health Compare data for Asian American Home Care, Inc. can be found at the address:
<http://www.medicare.gov/homehealthcompare/profile.aspx#profTab=1&ID=557754&loc=OAKLAND%2C%20CA&lat=37.8043637&lng=-122.2711137&name=asian%20american%20home%20care&stsltd=%20CA>.

SNAPSHOT: Race, Ethnicity, and Income Among 2011 Medicare Home Health Beneficiaries



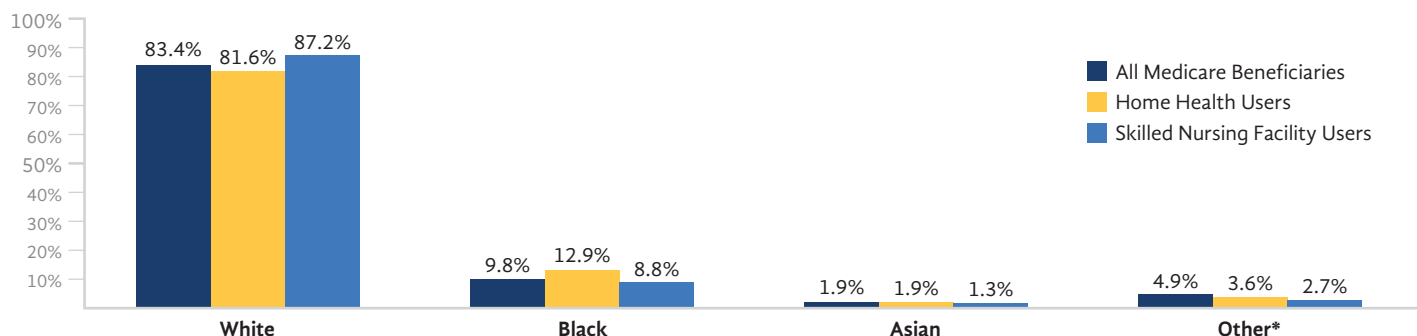
National trends for home health care reveal that the patients receiving the Medicare home health benefit often come from diverse racial, ethnic, and socioeconomic background. The following information, taken from the 2013 Home Health Chartbook, reveals basic demographic information using 2011 Medicare claims data for the patients receiving home health care services under the Medicare program. You can find the full analysis and past years of data at <http://ahhqi.org/research/home-health-chartbook>.

Medicare home health care providers in the United States serve a more diverse patient population than the overall Medicare program or Skilled Nursing Facilities (SNF).

- In 2011, 12.9% of home health beneficiaries were Black (compared to 9.8% of all Medicare beneficiaries and 8.5% of SNF patients).
- 1.9% of home health beneficiaries were of Asian descent (compared to 1.3% of SNF patients).
- 3.6% of home health patients described themselves as “Other” or non-white, which includes American Indian, Alaska Native, Native Hawaiian, Pacific Islander, and multi-racial patients (compared to 2.7% of SNF patients).

Demographics of Home Health Users

Chart 2.4: Race of Home Health Users, Skilled Nursing Facility Users, and All Medicare Beneficiaries, 2011



Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file 2011

*Other includes American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Other race, and more than one race

Demographics and Income by Racial and Ethnic Background

In general, home health users of racial or ethnic minority backgrounds face more challenges in their health than the average Medicare beneficiary. Black and Hispanic home health users are more likely to be over the age of 85, living alone, managing 3 or more chronic conditions, or suffering from 2 or more Activities of Daily Living (“ADL”) limitations than their Medicare peers. Over half of Black and Hispanic home health users report fair or poor health, as compared to only 26.6% of Medicare beneficiaries. This data reveals that

these beneficiaries are in need of programs that can assist in managing their chronic conditions.

Additionally, Black and Hispanic home health users have incomes significantly below the Federal Poverty Lines. For example, 84.2% of Black home health beneficiaries and 82.7% of Hispanic home health beneficiaries have annual incomes of less than \$25,000. Overall, these patients need well-coordinated resources in order to manage the complexity of their care and to address potential gaps in covered care.

Demographics of Home Health Users by Race and Ethnicity

Table 2.9: Selected Characteristics of All Medicare Home Health Users and Medicare Home Health Users by Race and Ethnicity, 2011

	Black Medicare HH Users	Hispanic Medicare HH Users	All Medicare Beneficiaries
Over age 85	18.7%	19.9%	12.5%
Live alone	34.5%	31.8%	29.4%
Have 3 or more chronic conditions	81.6%	76.1%	60.5%
Have 2 or more ADL limitations*	36.3%	30.9%	10.6%
Report fair or poor health	55.1%	55.2%	26.6%
Are in somewhat or much worse health than last year	33.0%	48.3%	23.0%
Have incomes under 200% of the Federal Poverty Level (FPL)**	85.1%	82.2%	48.9%
Have incomes under 100% of the Federal Poverty Level (FPL)**	66.6%	53.4%	22.0%



SPEAKING THE SAME LANGUAGE: Working with Asian American Home Health Beneficiaries

Mrs. Sue Wu is a 91 year-old AAHC patient with a history of osteoporosis, hypertension, atrial fibrillation, early-stage congestive heart failure, and peripheral neuropathy. She also battles bilateral pain in her shoulders and stiffness in her legs. She recently fell, causing a traumatic wound on her right lower leg, which required her to seek additional care to manage her injury. Mrs. Wu preferred to stay in her home to recover, rather than receive treatment in an institutional facility.

While Mrs. Wu speaks some English, she is a native Chinese speaker, and most comfortable expressing herself in Chinese. In order to best help Mrs. Wu, AAHC paired her with case manager Dee Lo, who also speaks Chinese and has a background in Traditional Chinese medicine (TCM).

Health Literacy Across Languages

Ms. Lo's fluency in Chinese allows her to more accurately communicate with Mrs. Wu and assess Mrs. Wu's current condition. For example, Mrs. Wu describes chest pain as “心悶” or “xinmen” to her doctors and nurses. If one were to put this term into a standard Chinese translation application, it translates crudely as “heart, nausea.” The medical translation of this term, which Mrs. Wu is trying to describe, is angina, tightness of the chest, or chest pain. Lo, recognizing that for many of her non-native English speaking patients language can be a barrier to communicating their conditions, makes flash cards for her patients with common medical terms so that patients may point out for their doctors and other providers what is really ailing them.



Managing Drug Interactions Between Herbal Remedies and Pharmaceuticals

Feeling more comfortable using TCM practices, Mrs. Wu infrequently visits Western doctors, but does use various forms of herbal medicine and acupuncture. Part of Mrs. Wu’s normal routine used to include Gua Sha once a week. Gua Sha is an ancient Chinese folks medicine practice, where an object with a smooth surface is scraped in pressured strokes along a lubricated body. This practice results in a series of red patches on the skin that normally fade in a couple of days. While Mrs. Wu told Ms. Lo that Gua Sha offers her an immediate relief from her shoulder pain by removing blood stagnations, she also takes 5mg of Coumadin—an anticoagulant—everyday for atrial fibrillation. As a result, Mrs. Wu was severely bruised following some of her treatments. Ms. Lo spoke with Mrs. Wu’s TCM doctor to find an alternative approach for her pain, choosing a Moxibustion treatment applied indirectly to Mrs. Wu to warm her shoulder regions, thereby limiting the bruising side effect she had previously suffered.

Addressing Cultural and Ethnic Diets

Additionally, Mrs. Wu’s feet are often swollen due to high sodium intake from her diet. Ms. Lo assessed Mrs. Wu’s diet and found out that she eats “Hot Pot” every night. Hot Pot, also called Chinese fondue, is the process of cooking your food at the table in a big simmering metal pot of stock at the center of the dining table. The food that Mrs. Wu cooks includes a variety of vegetables, and some chicken and beef. However, Ms. Lo found that the soup broth that Mrs. Wu chooses is high in sodium, and the special hot pot dipping sauce from her local Chinese market uses 760mg of sodium per serving. On a typical day, Mrs. Wu eats about three servings of each per hot pot meal. After teaching her how to read food labels, instructing her to avoid drinking the soup, and to use vinegar and other spices as alternatives to the dipping sauce, Mrs. Wu’s swelling went down.

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