

USING MEDICARE'S ANNUAL WELLNESS VISIT TO REDUCE HEALTH DISPARITY AMONG HISPANIC WOMEN WITH COGNITIVE IMPAIRMENT



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Greater than half of all people in the United States diagnosed with Alzheimer's disease (AD) are women (Alzheimer's Association, 2022a). Hispanics in the United States are 1.5 times more likely than Whites to have some form of dementia (Alzheimer's Association, 2022b). Overall, older Hispanic women living in the United States have lower literacy and health literacy levels, less money, fewer resources, and high rates of dementia-related comorbidities compared to other ethnicities, and thus are at an amplified risk for dementia (Velasco-Mondragon et al., 2016). Early detection of dementia can be very useful in changing the way the disease is managed by individuals and those assisting in their care.

Medicare's Annual Wellness Visit (AWV)

As an intervention, Medicare's Annual Wellness Visit (AWV) offers the opportunity for an individual to learn of their cognitive status if the individual chooses to know. The AWV is a benefit established by the Patient Protection and Affordable Care Act of 2010 that helps to assess and record cognitive and functional baselines for older adults (Jiang et al, 2018). Comparisons to the baselines can help detect possible changes to an individual's cognition and functional status as early as possible. The initial Welcome to Medicare visit is offered at no cost to the beneficiary within the first twelve months of Medicare enrollment and annually thereafter as the AWV.

The AWV benefit is underutilized by older Hispanics in the United States, with just 18.3% of Medicare enrollees receiving an AWV in 2015 (Carter et al., 2019). Extensive implementation of this screening process could be the essential step in decreasing the number of missed or delayed dementia diagnoses and allowing for improved management and better outcomes for patients and their caregivers.

Strategies for Delivering Culturally Sensitive Healthcare Services

The quality of healthcare for older US Hispanic women may be greatly reduced by the inability to adequately communicate and understand healthcare literature and medical jargon due to language and/or cultural barriers. Conveying appropriate, culturally sensitive healthcare services for older Hispanic women is essential and could help increase enrollment of older Hispanic women for the AWW. It is particularly important for healthcare providers to recognize the overall low level of literacy and English proficiency in this population. Some strategies to delivering culturally sensitive healthcare services include:

1) Providing materials at an appropriate educational level in both English and Spanish

Having bilingual educational materials at a fourth-grade level or less and in a pictorial format is one way to deliver culturally sensitive care for older Hispanic women and avoid potentially embarrassing situations.

2) Implementing continued education on cultural sensitivity for healthcare professionals

Cultural training in healthcare provider schools and continued education should be integrated into how we promote healthy behaviors. It becomes meaningless to encourage older Hispanic women to come to clinic visits such as Medicare's AWW and then have culturally insensitive and untrained staff to discourage these individuals from staying or returning.

Conclusion

The occurrence of AD is accompanied with incredible physical, social, and financial afflictions to the affected person and at a great monetary price to society. Utilizing the Medicare AWW benefit is an excellent way to detect cognitive decline and dementia earlier. This available benefit has been underused by individuals with Medicare part B since the program's inception in 2011. Implementing strategies to delivery culturally sensitive healthcare services may help increase older Hispanic women's participation in the AWW. By establishing cognitive baselines in older US Hispanic women, there are opportunities for earlier treatments and for individuals to make important decisions while still capable.

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