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Medical Facilities
PLANNING SECTION

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Presentation to North Carolina State Health Coordinating Council

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Good afternoon and thank you. My name is Ivans Belovs. As many of you know, I am a co-owner of Personal Home Care of North Carolina, a licensed North Carolina home care provider. For the past two years, we have submitted formal petitions asking for a change in the home health agency methodology and policy to make it more internally consistent and to make it possible for new home health agencies to be available when the people need them. Today I am again submitting a petition. I am requesting an adjusted need determination that would allow the development of one home health agency to address the special needs of the non-English speaking population in the Mecklenburg County area.

I settled in Charlotte after emigrating from Latvia in 1997, joining thousands of other Russian speaking people who were settling there. I became active in the Russian community, and started the Russian language newspaper, Panorama Charlotte. When my father-in-law became ill, I saw first hand the struggle of someone who spoke little English trying to communicate with his caregivers. I looked around for resources that could help him and found only that there were many others like him and little resources to assist. Two years ago, Personal Care of North Carolina was

founded with the intent to serve people like my father-in-law, those with language barriers who were not being well-served by existing agencies.

The Mecklenburg area has a large and growing population of foreign born citizens. According to the most recent U.S. Census Bureau estimates, 13 percent of the population is foreign born. In addition, eight percent of the Mecklenburg population report that they speak English "less than very well." Only about half of that group, speaks Spanish. The remainder speaks a wide variety of other languages, including: Arabic, Chinese, French, German, Italian, Japanese, Korean, Greek, Russian, and Vietnamese.

Recent media focus has drawn attention to the growing Hispanic population. Numerous changes in schools and health care facilities have been made to accommodate the needs of the Spanish speaking population. Out of necessity, Carolinas Medical Center (CMC) offers interpreter services, telephone prompts in Spanish, translated patient education materials and prescriptions filled in Spanish. For every location where more than five percent of the population speaks Spanish, they provide bilingual staff and on-site interpreters. CMC has incorporated these changes because of the challenges and risk of medical errors when treating patients with a language barrier. Yet, no one is addressing the remainder of Mecklenburg's diverse, foreign born population who struggle to communicate in English.

Home health care is a particularly challenging environment when caregiver and patient do not speak the same language. A home health care provider has fewer resources at her disposal; she is one-on-one in a patient's home. . What if I said to you, "Keep the bandage loose." But you heard, "Держите повязку свободно" or I said "Have you had a bowel movement today?" and you heard "Вы ходили сегодня в

туалет по большому?” or worse, what if I tried to translate and said “Did your bowel change its location in your body today?” This is the literal translation that would come through an interpreter service.

Patients are often elderly and frail and cannot muster the sign language to discuss bowel and bladder problems, eating patterns, skin care and express their pain. They become trapped in the isolation of their language barrier and suffer unnecessarily because of it

Our staff is too often called upon to provide volunteer translation services, when there is no one else available. We also provide nursing services to language-challenged patients who are covered by Medicare. Personal Home Care is not paid for these services, but provides them because these patients and families are desperate and have no where else to turn. We respond because it would be inhumane to ignore their cries for help.

Today, Personal Home Care of North Carolina serves over 200 patients. Most of our patients speak little or no English. We understand the challenges they face on a daily basis. We can identify with them. We have learned how to recruit, train and hire professionals from other countries certified to practice in North Carolina. Presently, we are the only home care provider in the area that can provide services that overcome language barriers. We are willing to take the challenge to serve more than one language. We are the best prepared to provide these services, because we are already providing them. We now have staff who speak Latvian, Ukranian, Polish, Czech, Spanish and Russian. We have also managed to train aides who

speak only Vietnamese. We are becoming the agency that people call when they have patients who do not speak English.

The methodology used to calculate the need for additional agencies is complex. Yet clearly, Mecklenburg needs more home health agency capacity and needs a multi-lingual agency that can well serve this special needs population. The average home health agency in Mecklenburg serves 60 percent more patients than the average agency in Guilford. This region has not had a new agency added since 2005. Moreover, when looking across the state, the extreme variability in age adjusted use rates prove the methodology needs to be reevaluating.

In summary, our company is a licensed North Carolina home care provider that specializes in serving this language challenged, special needs population. In order to provide our patients a full range of services, we must have a home health care agency license. Yet, year after year, despite a wave of immigration and a rapidly growing population, Region F continues to show no need in the State Medical Facilities Plan. There is evidence of insufficient home health agency capacity and a significant under-served special needs population.

Personal Home Care of North Carolina is willing, ready and able to serve this population if given the opportunity. We ask that you reconsider the need determinations and add another home health agency to the 2009 plan, so that the State of North Carolina may stay true to its basic principle of ensuring equitable access to all of our citizens.