



**HOSPICE CARE ON THE RISE**

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**NEW YORK POST**

# Health

## at home

**PROGNOSIS: JOB DEMAND STRONG — AND RISING**

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**IN-HOUSE CARE GOES HI-TECH**

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Aides like this one help keep elderly patients out of nursing homes.

## For rising number of city seniors, home is where the health care is

By CHRISTOPHER MOORE

**M**ATTIE MOSLEY has lived in her apartment on West 131st Street for 35 years. She likes being around the comforts of home: the family photographs, the iconic images of the civil rights movement she learned about firsthand in Alabama, the drawing of a rustic scene she picked up at a flea market which now hangs over her bed.

Thanks to home health care, Mosley, 75, does not have to give up these reminders of who she is and the life she's lived.

A heart patient, cancer survivor, diabetic and rheumatoid arthritis victim with a sweet smile, Mosley still has an independent spirit.

"I try to do what I can for myself, believe me," she says, "I don't want to depend on somebody else."

But there are things she cannot do for herself, which is what brought her to the Visiting Nurse Service of New York's VNS Choice program, which provides managed long-term home care to elderly people who might otherwise need to move into an assisted-care facility. In Mosley's case, that means having a home health aide, Esther Okesole, six hours a day, five days a week. And then there's Keenah Lynch, the nurse who visits at least once every two weeks.

Mosley, who shares her apartment with her daughter and grandson, welcomes Lynch on a rainy Wednesday morning. The two

talk briefly about how today marks the 15th anniversary of the death of Mosley's son, Tyrone, in a car crash. Mosley speaks in a low voice about how tough it was to live through.

"But I went on," she says. "I've got to go on. I can't lay here and die."

The two get into the medical details. Within minutes, Mosley's had an at-home exam, with her weight and blood pressure recorded and medications reviewed. Lynch puts out a pill supply for the coming days, and seeing that there's been a mix-up, she gets on the phone. She's pleasant but forceful in dealing with both the pharmacy and the doctor.

"She's a congestive heart patient," she says. "She needs her medicine."

Hearing this, Mosley feels reassured. "When you get married," she tells Lynch, "I'm going to dance at your wedding."

Mosley is hardly alone, either in having a close relationship with a home health worker or in needing the services of one. At a time when the population is growing older — worldwide, the number of people aged 65 to 84 will triple by 2050, according to the AARP — a growing number of New Yorkers are looking for ways to age in their own place, and they're turning to home care.

"More people want to stay at home, rather than go into a nursing home or hospital," says David Slifkin, vice president of Personal Touch Home Care, of Queens.

Typically it's not the patient who initiates service, says Donna McNamara of Unlimited Care in

See **COVER STORY**, p. 46

# No place like home

## Home care is where patients want to be.



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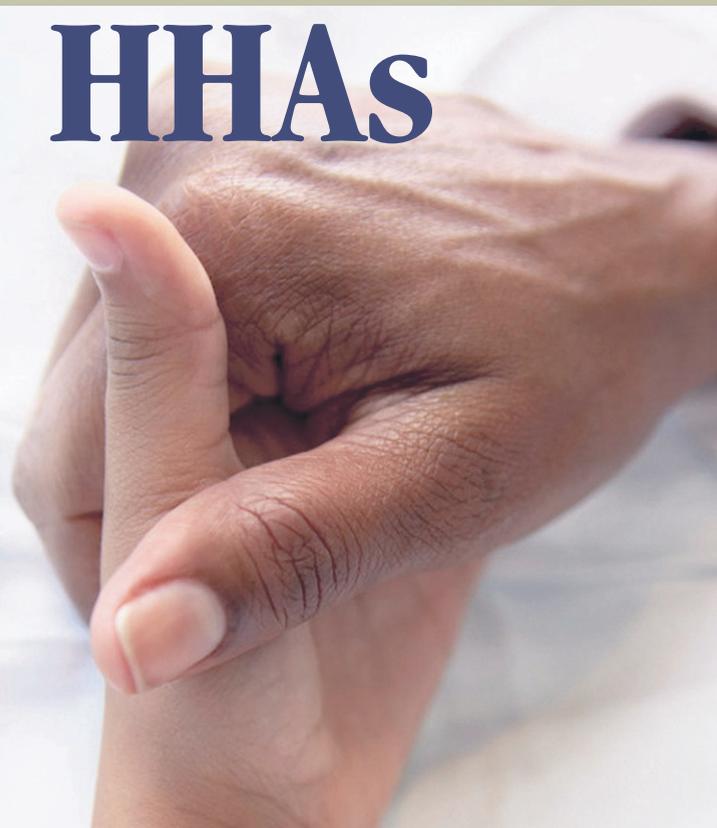
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at home health

# The nurse is in

COVER STORY, from p. 45

White Plains — “It’s usually the doctor or husband or someone else who says, ‘This is not working.’”

McNamara stresses that nursing is different when it happens in the home. There are various factors that come into play, including cultural, economic and sociological differences.

“When you go into someone else’s environment, you have to be very respectful of those things,” she says.

Mila Gushanskaya has seen her nurse, Irina Zeldin of First to Care Home Care, seven days a week for three years. With translation from Zeldin, who shares her Russian roots, she spoke of her affection for her enabler, and her gratitude at being able to stay put.

“I like my house,” is how she puts it.

It’s easier, Zeldin thinks, to help patients like Gushanskaya because of knowing how they live. And being able to stay in their homes is hugely important to their well-being, she says.

“If you were to ask any of my patients if they want to be in a nursing home, they would all say of course not, because home is home,” she says. “You know what my grandmother said? ‘My walls are helping me. I believe in that.’”

Hilda Lorenzo agrees. Before her father died last summer, he utilized home health-care services, up to and including hospice care from the Metropolitan Jewish Health System. After multiple strokes made it impossible to live alone, he tried an assisted living facility, but neither he nor his daughter liked the arrangement. So, enabled by a grant for veterans, Lorenzo’s father, who earned a Purple Heart in World War II, moved into her apartment and started getting home visits.

“He kept saying, ‘I’m home, I’m home,’” Lorenzo recalls. “One of his fears was that he was going to have to go somewhere else. I said, ‘No, you are going to die here.’”

Indeed, he died at home and in his daughter’s arms.

When family members aren’t there, it helps to have a nurse like Marion Conteh around. Conteh, who just started a new, 24-patient



Caren Browning

**HOUSE CALL:** Nurse Keenah Lynch checks up on Mattie Mosley in the Harlem apartment where Mosley has lived for 35 years.

## EXTRA 100 years and counting



Allison Joyce

**Most of us know people** are living longer, but for agencies that provide home care, the concept is not an abstraction. They see the evidence in an ever-rising number of clients who’ve passed the century mark. Last

year Visiting Nurse Service of New York served 525 New Yorkers over 100 — 50 more than the previous year, and a number they expect to continue rising.

Among them is 102-year-old Hall Ngan Jin of Chinatown, who gets daily visits in the third-floor studio apartment where she’s lived for over two decades.

“It’s very important for her to be independent,” says her grandson, Richard Chen. “She’s always lived by herself.”

One statistical quirk: the older you get, the even longer you’re likely to survive. “The longer you live, the more you’re part of a self-selected group that has made it,” explains Richard Bernstein, medical director of VNS Choice Medicare. “It’s a kind of a pyramid.”

And he’s happy to see centenarians’ ranks grow. “They’re my favorite people,” he says, “because they inspire.”

route in Washington Heights for VNS Choice, says she can find out a lot about patients by asking whether they get visitors.

“It tells me how lonely they feel,” she says.

One of her patients, Ana Cordero, does not sound lonely as she talks about their ongoing relationship.

“I have lots of passion for her and I love her a lot and I feel very well when she gets here,” Cordero says, using granddaughter Adenia to translate. Then Adenia herself weighs in on what she sees: “Some patients and nurses don’t have the relationship they have — and it’s very necessary.”

Lifesaving, even. If that

sounds dramatic, think about what happens at Mosley’s apartment. Nurse Lynch comes in and within 10 minutes has figured out that Mosley does not have enough medicine to last two weeks. She trains Okesole, the new health aide, to attend to details like picking up the medications. And she listens as Mosley talks about how thoughts of her late son made her sit up all night at the side of this bed.

Still, Mosley says her numbers, especially blood pressure, are good. “I’m OK,” she says.

“Yes,” Lynch says quickly and quietly, “you are.”

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**THE RIGHT CARE NOW**

'Telemonitoring' devices and other gadgetry is changing domestic care

# In-house tech help

By BRIAN MOORE

**T**HE Berlin Wall separating hospital and home is gradually being shattered into rubble, due to advances in home health technology.

The increasing sophistication of home monitoring devices, coupled with gadgets that ease symptoms of chronic conditions, are allowing patients to access hospital-quality medical care from the comfort of their living-room Barcaloungers.

The hottest trend in domestic health care is "telemonitoring" patients via a phone line or computer.

Symptoms and vital signs "get monitored daily, and you look for trends," says GERALYN CURNYN, the director of nursing at Bergen Care Home Health in Westwood, NJ, a division of CareOne.

The devices, which are

about the size of an old-fashioned telephone, let patients transmit the latest data on their weight, pulse, glucose, respiration, blood pressure and other vital signs to their physicians.

In addition, telemonitors can be rigged to ask yes-or-no questions about diet and exercise, as well as simple queries to determine if patients with cognitive problems are 100 percent in the *compos mentis* department.

The technology has long been used in rural communities to help patients without nearby access to clinics and hospitals. But, says Curnyn, it's becoming more common in the New York area as health-care providers realize it cuts costs by reducing hospital visits, while building a detailed, day-to-day history of a patient's condition.

In the past, for example, patients with respiratory

issues had to go to a clinic to get readings on their status. Now monitoring devices can take such readings daily.

Nurses add that telemonitoring empowers patients by giving them direct control of their stats.

"With congestive heart failure or diabetes — any disease that requires self management — it's a great teaching tool. It gives them confidence," says Irina Sigal, the Telehealth program manager at Montefiore Medical Center's Home Health Agency in The Bronx and Westchester County.

Even machines as simple as cellphones and laptops are allowing home-care nurses to work with greater efficiency.

Take wound care, notes Fiona Wong, a nurse with Visiting Nurse Services of New York. Back in the day, a nurse would have to secure a camera — if one could be

found — before going to check out a patient's post-surgical incision. Now, a nurse can use a cellphone to photograph a wound and transmit the image to a specialist who can analyze it.

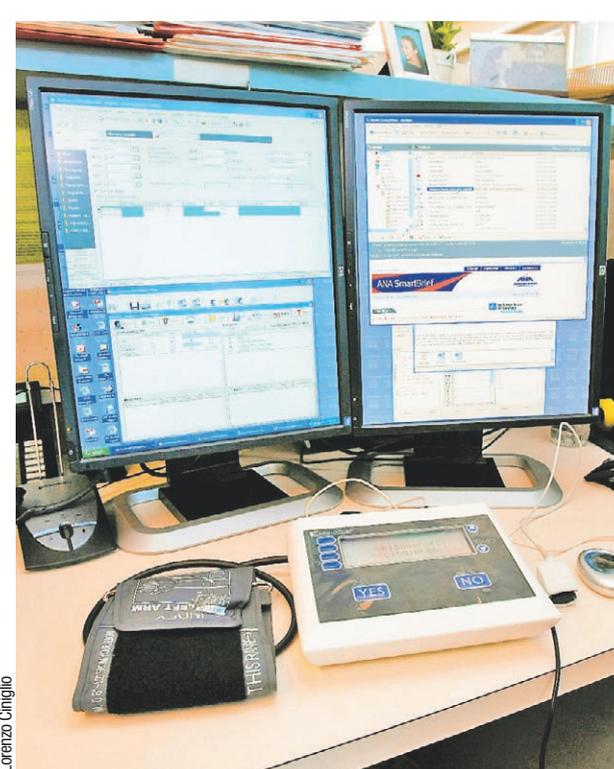
And with a portable computer, health-care providers can visit a patient without being avalanched with paperwork.

"I can look up everything about the patient before I go," Wong says. "We don't have to delay anything."

If gadgets are your thing, home health care is riddled with bells-and-whistles devices that make life more convenient for patients.

For an example, Tom Ryan of Homecare Concepts in Farmingdale, LI, points to lightweight high-end oxygen generators, which transform air into pure O<sub>2</sub>, eliminating the need for bulky oxygen tanks.

Carol Napierski, director of the New York Medical



Lorenzo Chingilo

**SCREEN TIME:** Monitoring devices transmit vital signs and other patient data, cutting down on required hospital visits.

Equipment Providers Association, cites an array of devices that make life easier for home-care patients. Dryers can be installed in bathrooms so a person doesn't need an aide to towel them off after bathing. Cabinets can be

rigged to move up and down according to a patient's needs. Wheelchairs can climb stairs.

"It depends on their ability to interact with the environment," she says. "If somebody can't use their hands, there's so many other ways to turn on a light."

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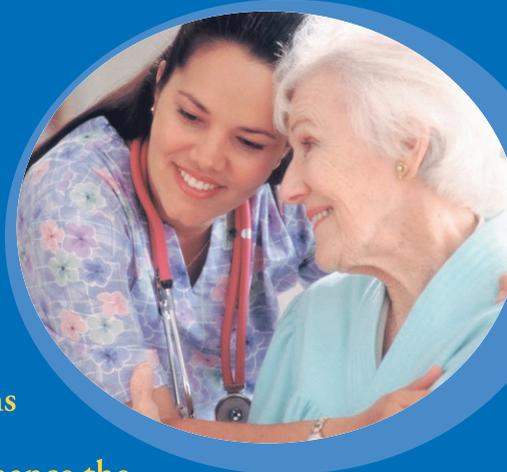
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at home **health**

# Giving counsel and comfort

## Home hospice care on the rise in NYC

By BRIAN MOORE

**F**OR most of human history, people chose to die in their homes. Unless the circumstances of their demise were tragic — say, dying in battle or in a natural catastrophe — passing one's final days in a hospital hooked up to machines was a rare phenomenon. If death was inevitable, dying was done at home, where the patient could lie in relative comfort, surrounded by loved ones.

Now increasing numbers of people are choosing to spend their final months at home, as terminal patients become aware of the benefits of home hospice care. The rise is especially notable in New York City, which has long lagged behind national averages in terms of hospice deaths. Currently 13 percent of deaths here are under hospice care, compared to 39 percent nationally, but that gap is quickly closing.

"It's becoming more and more prevalent," says Ruby Whitfield of Village Care Plus, a subsidiary of the nonprofit Village Care of New York. "As people come to the realization that the end of their life is coming, they want to be at home."

Home hospice care is a palliative, holistic treatment for patients deemed to have six months or less to live. The treatment doesn't seek to cure patients, but to make them as comfortable as possible as they die. While pain management is a major part of the home hospice regimen, a team of nurses, social workers, chaplains, health-care aides and volunteers also work together to tackle spiritual, emotional and practical issues as well as matters of physical comfort. This can encompass a range of services, from massage or aromatherapy to help with financial planning to spiritual counseling to just plain companionship.

Though hospice rooms are available for patients



Getty Images

who cannot be treated at their home, "hospice care is designed to be delivered to someone's home," says Jeanne Dennis of Visiting Nurse Service of New York (VNSNY) Hospice Care, which in recent years has seen steady growth in the number of people it serves.

For Robert Fymat, a retired architect who lives in Manhattan, home hospice care was a godsend to him and his two daughters as his wife of 50 years, Francine, succumbed to ovarian cancer in July.

"You couldn't find a more humane, a more compassionate group of people," says Fymat of the VNSNY program.

When told her cancer was terminal, Francine Fymat insisted on spending her final days at home. A nurse at the hospital told the Fymats about home hospice care — a service Robert Fymat, like many, was unaware even existed. He contacted VNSNY, and says the service sprung into action right away.

"Oh, my God. Within a couple of hours they

furnished a room like a mini-hospital," Fymat says. "The first day, six, seven, eight, nine people were coming inside" to make sure his wife was comfortable.

Fymat is particularly grateful for the care he and Francine received from a bereavement counselor. At one point, the counselor asked each of them why they stayed together so long.

"I started talking to my wife like I never did before," he says. He expressed his true, unadulterated feelings, he says, "not the ones on a birthday card."

"I think I spoke for a good 20 minutes, a flow of words that went on. What I felt. What I wanted. Mostly what she did for me in years past," he recalls. "And my wife couldn't really express herself, openly, fluently. She only said a dozen words, but they were a dozen words I'd never heard before."

The counselor asked each of them to write on a stone what they meant to each other. Francine, in barely legible script, wrote "I love you" on hers and presented it to her husband. Robert,

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➤ **EXTRA**

**In life and in art, hospice worker finds inspiration**

**Nine years ago, when Taren Sterry embarked on six months of hospice-care field work in South Dakota, she intended to change the lives of the dying patients in her care. But something very different happened during her stay.**



"I thought I was going to go help them figure out their lives," says Sterry, then a college student, now 32 and head of the hospice volunteer program for Visiting Nurse Service of New York. Instead, she ended up being the one absorbing the lessons.

"It was the most transformative experience of my life," she says. It was so transforming that Sterry, who's also an actor, writer and comedian, turned the experience into a humorous one-woman show, "180 Days," which she performs this month and next at Stage Left Studio on West 37th Street. In addition to portraying herself as both an idealistic 23-year-old and her present-day incarnation, Sterry depicts a variety of her wards and their family members in the show.

Though most folks may consider hospice work a grim subject for theater, Sterry says it's anything but. "The secret is that it's not depressing. It's actually very rewarding and fulfilling," says the Astoria, Queens, resident. Plus, "For me, there's a very thin line between comedy and tragedy, and all good theater lives in that space."

Sterry's interest in hospice work was birthed in a course on death and dying she took at the University of California at Santa Cruz. That led her to the stint in South Dakota, and she's worked in hospice care ever since.

"I was drawn to the stories," she says. "At the end of life, nobody is trying to put on a brave front. People want to talk about their families, the state of the world. They want to talk about their lives and the people around them."

It's challenging work, of course. "Most people struggle with a range of emotions on a day-to-day basis," she says. On one visit a patient may be incredibly fearful, while on another, "they don't even seem sick."

"You have to meet them on their level," she says. But the rewards are legion, says Sterry, who says she finds "joy" in her work.

"It's a whole lot more about life than about death," she says. —B.M.

in turn, wrote "compassion, fairness, kind, loving, caring." "A thousand words wouldn't have been enough," he says. His wife was buried with the stone he gave her. He carries hers with him.

Home hospice-care experts say such treatment is par for the course with good care. A hospice team is run by a registered nurse who performs an initial assessment, then supervises a team of workers, counselors and volunteers. (The programs themselves are run by a hospice medical director who's a licensed physician.) The team not only helps the patient, but gives family members support.

Many hospice services help their patients fulfill their final wishes.

"Maybe it's a deep sea fisherman who wants to

go on that final fishing trip, or someone who wants to go to a baseball game," says Loretta Spoltore of Care Alternatives Hospice in Cranford, NJ.

For instance, a choreographer in the care of VNSNY's hospice service was transported to his studio each day until he died. In other cases, the service has put together weddings, helped people finish books, arranged for parents to attend graduations and scheduled a day in Atlantic City for a patient who loved to gamble.

But terminal patients can't use the service if they don't know it exists.

"Today, most people do not enter hospice care until they're very far along," says Cynthia Hosay, a professor of health science at Lehman College who's studied

hospice care. "I'd like to see it offered as an option earlier in the process."

One reason it's not is resistance from doctors, she says, recalling a case where a family wanted to bring home a 96-year-old woman riddled with ailments, whose system was shutting down.

"The surgeon started yelling that they were killing their mother," says Hosay. It's an extreme case, she says, but illustrates the point that "doctors' training teaches them that the death of a



**AS PEOPLE REALIZE THAT THE END IS COMING, THEY WANT TO BE AT HOME."**

patient is their failure."

If the doctor isn't resistant, often family members are, she says.

"It's very hard to lose someone you love at any time," says Hosay. "It's something we're not good at doing in our culture."

The least resistant are the patients themselves.

"Most older people fear dying more than they do death," she says. "They fear the pain, and the pressure their dying will place on their families and friends."

Despite what many believe, hospice care tends to be much more uplifting than grim, says Dennis of VNSNY.

"It can result in a very meaningful and positive time in the life of a patient and his or her family, and one that leaves an important legacy."

And in the end, there are circumstances where hospice care adds length of life as well as quality, says Kathleen Lawler of Pax Christi, the hospice service of St. Vincent's Catholic Medical Centers. Patients can and do leave the program if their condition improves or new treatment becomes available.

"Sometimes they do much better in a hospice program and rally," she says. "That's not uncommon."



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at home **health**

# Help wanted

*As other sectors suffer, the home-care field is full of jobs, with more on the horizon*

By RAYNA KATZ

**A**T 9 a.m. on Sunday, Maia Tevdorashvili of Queens is already dressed and making breakfast. Once it's been eaten, she might walk a few blocks to the supermarket to pick up a carton of milk. Then she'll start on lunch, maybe soup or chicken cutlets, followed by some laundry and ironing.

Tevdorashvili, 31, isn't catching up on her weekly chores. These tasks aren't for her or a relative — they're for Olga, an 82-year-old housebound woman with myriad health problems, whom Tevdorashvili tends to every Saturday and Sunday. As a home health aide, she also helps Olga bathe, get dressed, groom and perform other basic daily living tasks.

She enjoys the work; she likes helping people, and getting to "see the appreciation in their face." And there's another big plus — at a time when employers are cutting back as far as the eye can see, she's in a thriving field. In fact, home health care is poised to undergo explosive growth in the coming years.

The biggest need, says Phyllis Wang, president of the New York State Association of Health Care Providers, is for paraprofessionals, or home-health aides (HHAs) and personal-care aides (PCAs). PCAs help patients with personal hygiene, dressing,



Lorenzo Ciniglio

**ON THE JOB:** Petra Carno of Bronxwood Health Care was inspired to become a home aide by helping her grandmother.

feeding, walking, light housekeeping and laundry. HHAs are responsible for health-related tasks and personal care. Duties might include taking temperature and pulse, monitoring respiration and blood pressure and other basic health tasks.

"If I had another 100 home health care aides, I could probably get work for all of them," says Jordan Shames, president of Neighbors Home Care in The Bronx.

And that demand is only going to grow as baby boomers age. There were 82,000 HHAs in the city in 2006, and 115,000 will be needed by 2016, according to the state Department of Labor; the number of PCAs is expected to jump from 47,000 to 63,000. Demand for registered nurses, already high, is likewise predicted

to grow. And there are also openings for therapists, including physical, occupational and speech.

And for those who aren't interested in direct patient care, there are strong opportunities for clerical and administrative workers and other agency support staff.

Job availability was part of the draw for Sharani Jaime, 29, who became an aide this year. But a bigger motivator was boredom at her job as a security dispatcher.

"I wanted to help people," says the Bronx resident.

These days that's just what she does as an aide for Bronxwood Home Care, working with a 77-year-old woman who makes her appreciation clear.

"She says, 'Thank god you're here,'" she says. "It's very rewarding."

Natalia Selezneva, 39, a registered nurse, says

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she likes the flexibility of home-care work, and the opportunity it offers to really get to know a patient.

"It's one-on-one. This is your only patient," she says.

In addition to working with the elderly, aides can help other types of clients, such as young victims of illness and their families.

Petra Carrno, 28, says the most rewarding case of her four-year HHA career involved working with a 12-year-old autistic boy.

"When I took care of him or helped him with homework, I felt like he was my little brother," she says.

HHAs typically earn from \$7.25 to \$10 an hour, and sometimes more, depending on tenure and the agency.

Training is rigorous, but short. PCAs get 40 hours, HHAs 75, in accordance with state requirements. That's followed by 12 hours of continuing education annually. Many agencies offer training free of charge, and some provide a job guarantee. Others send applicants to schools, which can cost anywhere from \$80 to a few hundred dollars. Some will front applicants the money to attend.

Requirements vary. At a minimum, candidates will be interviewed, references will be reviewed, criminal history checked and a drug test administered.

Citizenship is not required, nor is a high school diploma, but candidates must be able to work in the US legally and read at an eighth-grade level. Hiring methods vary, but agencies are looking for people with the right temperament.

"Caring for your grandmother is very different than caring for a stranger who may be bitter about their illness and not have anyone to take it out

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**David Kaplan of Queens started as a home aide and now does marketing work.**

Lorenzo Ciniglio

STARTING AS A HOME AIDE is the most common route into the home-care field, but motivated workers who begin as one find any number of ways to move up, filling roles in administration, marketing and other areas.

"It's an open field. If you have a gift for gab, anyone can make their way," says David Kaplan, 41, of Queens. Kaplan was a sales and marketing consultant for a vitamin company when he became a nurse 12 years ago, inspired by the nurses who tended his dying mother.

After putting some time in on the job, he mentioned to his agency that he'd done marketing work, and could move the organization forward. "Run with it," he was told. Today, in between working with patients, Kaplan makes presentations on home care to patient families and workers at health care institutions, and crafts advertising campaigns.

While Kaplan still sees home-care clients, others leave fieldwork behind to take on different roles. Jorge Gonzalez started as a home aide and rose to become director of recruitment and training at Personal Touch, a job he loves.

Registered nurse Natalia Selezneva, 39, of Queens, likewise worked her way into an administrative role, as a director of nursing for her agency. She continues to work in homes, however, as she's done for 12 years.

"I get to wear different hats, and I like that. The company allows me to pursue my interests, and I encourage the other nurses to do the same," she says. "We all have different talents." — R.K.

on but you," notes Annette Horvath of Bronxwood Home Care, which tests applicants with a mock scenario asking what they'd do in a challenging situation.

The most important requirement is to be "a people person with a strong need to help others," says career counselor Kera Greene, who's worked with

health-care organizations. Wang agrees. "When you work with someone who's ill, or aged, or both, it's a test all the time," she says. "It takes a special kind of person."

But the rewards are worth it, says Selezneva, the nurse. "We make a great difference for patients — a life-saving difference," she says.

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at home health

# Playing by the house rules

*In city's melting pot, cultural-sensitivity lessons can be key part of aide training*

By CARA O'FLYNN

**W**HEN Adina Kolatch and a Chinese nurse entered a cramped Chinatown apartment to see an elderly patient, the scent of soup was overwhelming. "It smelled delicious," says Kolatch.

The nurse, however, knew that this wasn't dinner — it was a pot of herbal medicine. And she knew to ask family members for the ingredients so she could check for contraindications with the patient's medications. The wrong combination of Eastern and Western elixirs could land the patient back in the hospital, or worse.

Kolatch, who develops multicultural programs for Visiting Nurse Service of New York (VNSNY), was there to find out what she didn't know about Chinese culture and attitudes about health care. The end result would be better training and resources for home-care workers from other backgrounds.

"Good care isn't just about medical knowledge," says Kolatch. "It's essential to understand the culture and beliefs of the family."

With more than 50 languages spoken in NYC — not to mention vast differences even within groups united by a common language — cultural sensitivity is a crucial part of providing good home care.

To prepare caregivers to work with patients with differing backgrounds, agencies instruct them on ethnic and cultural cooking preferences, communication styles and family dynamics. Additional education takes place on the job.

"Culture can be difficult to teach in a classroom," notes Maria Covell, a branch manager for New York Health Care. "Aides acquire a lot of knowledge through experience."

One area patients are always particular about is what they eat.

"When people are sick, they want foods that feel good to them," says Nina Polinsky, president of Reliable Community Care, where aides receive training

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**MIND THE GAP:** Providing good home care means understanding customs that can vary greatly from one culture to the next.

on ethnic diets and how to keep a kosher kitchen.

Subtle contrasts in diet and food preparation can be surprising for caregivers. Deserine McPherson, an aide who is of Jamaican descent, was surprised that an Indian patient ate everything with rice — and that it was prepared in a way she was unaccustomed to.

“In my house, we bring rice to a boil and let it dry out,” she says. “But for her it had to be very moist and soft.”

Communication can also get complicated when

there’s a cultural divide.

For example, “Aides need to understand that Chinese people view the doctor as authority, so they may not say what they believe out of respect,” says Teresa Lin, director of VNSNY’s Asian home-care program. That could mean failing to tell the doctor they’re skipping prescribed medications, she says.

It’s likewise important to know that, whether they’re expressing agreement or not, “A Chinese patient is always going to nod,” says Kolatch.

“We train nurses on how to ask questions so they know whether it means yes or no.”

Understanding who the decision-maker is within the family structure can also be essential.

In Hispanic families, typically “the head of the household — the man — needs to be consulted,” says Covell. In Chinese families, the eldest son is generally the decision-maker, says Lin.

Religious sensitivity can also be crucial for maintaining a connection to a patient.

“With Orthodox Jewish patients, aides handling grooming must know they cannot cut the man’s sideburns, which are there for religious reasons,” says Kolatch. “And with Orthodox women who wear wigs, there are traditions around who can touch them and how they’re handled.”

In the end, workers say, it comes down to awareness, and being respectful of others’ values and beliefs.

“I do my daily living differently from my patients, so I have to keep an open mind,” says aide McPherson. “Everybody lives differently.”



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# Into the homes of babes

By LINDA DIPROPERZIO

**A**S A 17-year-old expectant mother, Evelyn Frazier knew she needed all the help she could get. So when De'Vorah Levi came to Frazier's high school to promote the prenatal and infancy home-visiting services available through the Nurse-Family Partnership, it made perfect sense to sign up.

"I had a good support system with family and friends, but I wanted someone that could actually show me how to take care of the baby and be a mom," says the Jamaica, Queens, resident, now 19.

While most people associate home-based health services with caring for the sick or elderly, there are a number of programs designed to teach parenting skills to first-time parents.

Introduced in 2003, the Nurse-Family Partnership is available to low-income first-time mothers from their

## Training inside and outside the house gives new parents a hand

first trimester to the child's second birthday. Every week or so, an assigned nurse meets with an expectant or new mom to offer guidance on issues ranging from prenatal health to breastfeeding to dealing with postpartum depression. The program currently has 106 nurses assisting 2,200 families.

"We focus on health and nutrition, as well as guidance on parenting skills and child development," says Lisa Landau, who directs the program for the city Health Department.

And the assistance doesn't end with instructions on changing diapers. The larger aim is to "provide lifelong training with a focus on self-efficacy," she says.

For Levi, the registered nurse who worked with Frazier, that meant helping her achieve her goal of staying in school while caring for her son.

With Levi's help, Frazier and her now 17-month-old son, Jayden, have flourished. Frazier finished high school, and is now enrolled in a technical school to become a medical assistant.

"I would not be where I am today without De'Vorah," she says.

Moms aren't the only ones reaping benefits from new parent programs. The Visiting Nurse Services of New York's Bronx Fatherhood program and their Fathers First program in Queens work to prepare young men for the responsibilities of parenthood, with education and support, individual and family counseling, and links to other community resources such as educational and vocational assistance.

"We want these men to look at themselves as more than a financial provider,"

says program director Jacob Victory. "We really look at what the role of the father is, and how he can establish that bond with his own child."

In addition, VNSNY's maternal health and newborn care services — its first established program, started 116 years ago — is available to all women and children in need of home-based nursing care. Not only does it provide pregnancy and postpartum education to new mothers, but nurses can also assist in the care of women who have undergone difficult births or need special care after a C-section, or children with special medical needs.

When Karen Austin's four year-old son was diagnosed with a health condition that has required multiple surgeries, his doctor suggested she contact VNSNY for help. Today a nurse comes once a week to check his progress and take care of any tasks she cannot do on her own.

"She's been with us for two years, and she is re-



**KID STUFF:** Top: Nurse Mei Wu (right) with Thaddens Xu and twins at a Nurse-Family Partnership graduation. Above: Tanya Roache (left) with daughter Imani and nurse Sandra Hibbert.

ally like family now," says the 38-year-old Brooklyn resident. "When you have a sick child, having someone

come to your home to care for him and make sure he is doing well — it brings such peace of mind."



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