

Gaps in Access to Palliative Care for All Seriously Ill Patients:

- Despite an increase in the availability of palliative care in large U.S. hospitals over the last ten years, there is still a disparity in access to services for minority patients.
- Many minority patients are unaware of the existence of palliative care and the value it provides - partly due to the paucity of programs where many minority patients are receiving care – e.g. safety net hospitals.
- Additionally, for those that are familiar with palliative care, many believe that it is synonymous with hospice and that patients cannot receive curative treatment alongside palliative care (Varney, 2015).

Strategies for Hospital-Based Palliative Care Programs to Increase Awareness among Underserved Groups:



Palliative care program marketing materials should be created/tailored to reflect the patient population. Programs can work with their institutions marketing department to develop postcards/one-pagers that describe palliative care and its value while simultaneously using culturally sensitive language and images that resonate with minorities, while also taking into account the various health literacy levels and languages of their patient populations.



Participation in community events - particularly of interest to their patients' community (e.g. heritage festivals) – can foster trust and communication.

Tip: Palliative care teams can partner with reputable, trusted community-based organizations to co-sponsor or participate in events that provide 'one-on-one' time with community members.

West 125th Hospital

Palliative Care

Palliative care at West 125th makes all the difference. Here's what you can expect.

At West 125th St. Hospital, our board-certified palliative care team of specialists includes physicians, nurses and social workers. Together with your own doctor, we make sure that you receive:

- Relief from symptoms including pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, numbness, problems with sleep and much more.
- In-depth depth communication with you and your family about your goals, your concerns and your treatment options – and how to match your goals to those options.

We also provide:

- Inpatient and outpatient care
- Referral and coordination of home care services
- 24-hour support

Coordination of your care among all of your health care providers

- Improved ability to tolerate medical treatments and the side effects of the disease
- Improved ability to carry on with daily life
- Emotional, practical and spiritual support for you and your family

Getting palliative care is easy. Just ask for it. You may already have been referred to the palliative care team, but if not, just call your doctor for a referral. We work together with your primary doctor and health care team.

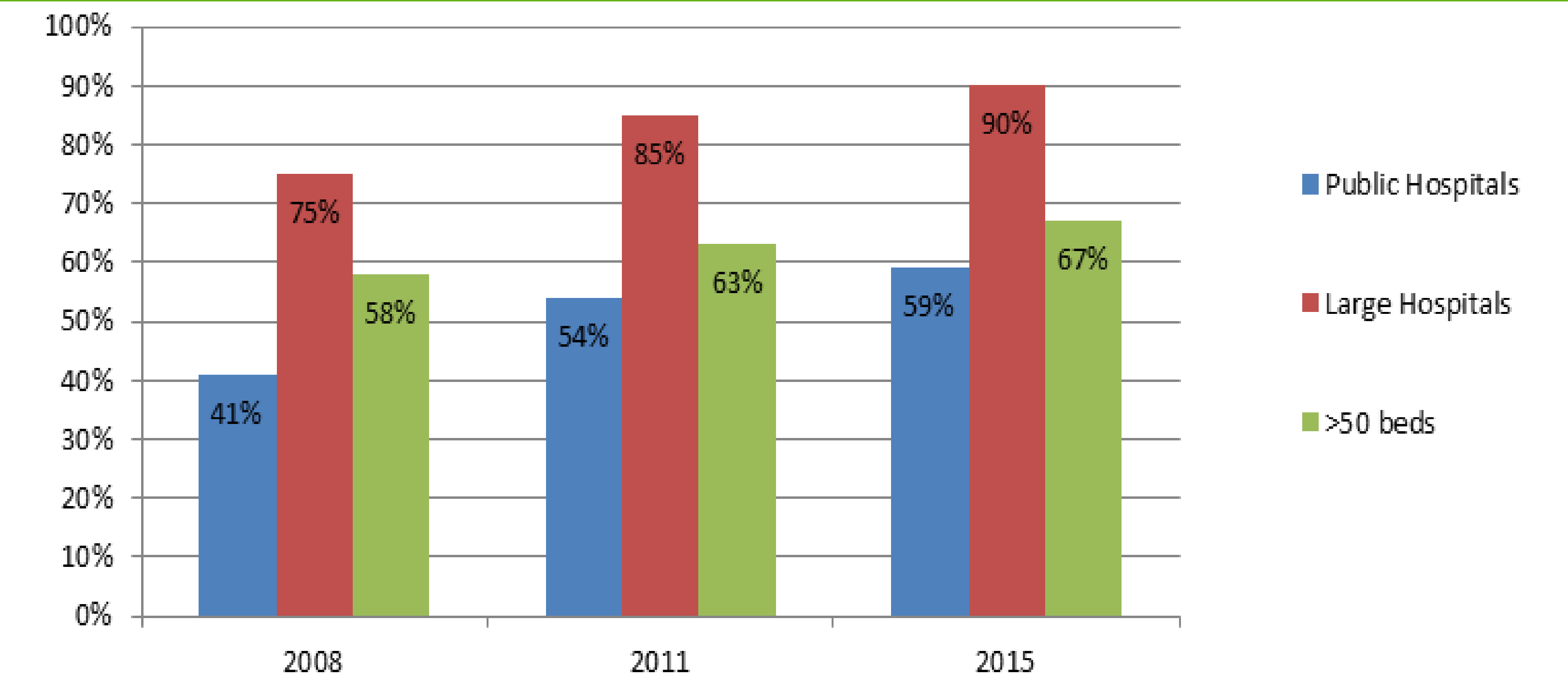
For more information, call the West 125th palliative care team at 212-233-4567 or email us at West125@palliativecare.org.

We welcome questions from patients and caregivers.

Palliative care programs should find 'champions' within the community. These trusted members of the community can help to spread the word about palliative care and its offerings. For example, if a hospital-based palliative care program partners with a faith-based organization, they can train members of the congregation to define palliative care, describe its benefits and dispel existing myths.



Lower Rates of Palliative Care Program Prevalence Persist in Safety-Net/Public Hospitals in the U.S.



State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals (2008, 2011 and 2015).

- Safety-net clinics and hospitals provide care to ~44 million patients who are disproportionately minorities, immigrants, Medicaid beneficiaries, uninsured and/or those living in disadvantaged communities (Nguyen, 2016).
 - Being African American or Latino is one of the strongest predictors of safety-net clinic use among adults with private insurance or Medicare.
- Patients tend to choose safety-net intuitions because of their unique ability to address barriers such as: language, culture, employment, and transportation – compared with non-safety-net providers.

Patient Story:

Marissa Matthews is a 28 y/o African American female with lupus, admitted to the ED multiple times. Her kidneys start to fail and eventually, she suffers a stroke, leading to significant functional decline.

Usual Care at a Hospital without Palliative Care Services:

- 8 ED visits and 4 hospitalizations over the last 12 months
- Feeling hopeless and in excruciating pain
- Grieving loss of her brother James who also died from lupus
- Husband Marcus is overwhelmed and does not know how to help his wife
- Marissa dies alone in the ICU

Palliative Care at a Hospital with Palliative Care Services:

- Husband Marcus learns about palliative care from his pastor
- Palliative care doctor manages her pain/symptoms to relieve suffering
- Palliative care chaplain helps to diminish her anxiety and her spirits are lifted
- Palliative care SW spends time with Marissa & Marcus to discuss goals of care
- 0 ED visits and hospitalizations in last 18 months of life
- Final weeks of her life, Marissa transitioned to hospice care and dies at home

Summary:

Despite additional barriers that reduce the accessibility and availability of palliative care for minorities, palliative care programs are uniquely positioned to help address the disparity in awareness among these groups. **In taking up this initiative, palliative care programs will assist in bringing the vision of palliative care for ALL seriously ill patients to fruition.**