The Power of Storytelling: Engaging Palliative Care Teams in Health Equity
Submitted by: Seattle Children’s Hospital

Overview
Sharing patient stories has been a proven strategy for palliative care teams to “make the case” for their services. Recognizing the power of these stories, the Pediatric Palliative Care Team at Seattle Children’s Hospital decided to leverage this strategy to improve health equity at its institution. Team members decided to embed equity conversations into their practice by 1) starting daily rounds reviewing patient cases and intentionally acknowledging how equity intersects in the care delivery, and 2) including a longer discussion on equity and access issues (usually with a case study) into their monthly interdisciplinary meetings. They also collaborate with the institution’s Center for Diversity and Health Equity, and the Cultural Navigation and Interpreter Services programs.

Impact
The Pediatric Palliative Care Team has not formally evaluated the impact of this initiative; however, it has seen a significant increase in team members’ ability to identify health equity issues. Beyond that, Seattle Children’s Hospital embeds equity-related metrics into practice and institution reporting (e.g., number of consults, faculty hired broken out by race/ethnicity/gender), and also requires that employees include health equity goals in their annual evaluations. Looking forward, the Pediatric Palliative Care Team is considering how to leverage these requirements to demonstrate impact.

Feasibility
This intervention is a relatively simple and low-cost approach to infusing equity education and action into daily practice. The most important resource needed was staff time for the equity stories during daily meetings. The Pediatric Palliative Care Team did not receive special funding for implementation (although it has identified ways in which additional resources such as funding for staff time on education and associated educational materials). This team also benefited from having a member who is a professional health equity consultant outside of their work at Seattle Children’s.

Seattle Children’s Hospital is committed to becoming an antiracist institution through education, data collection, and action, so the Pediatric Palliative Care Team did not have to make a case to their leadership to implement this practice change.
**Scalability**

The Pediatric Palliative Care Team started small with this intervention by specifically targeting staff education. This raised awareness among team members about systemic issues within and outside of the institution that lead to health disparities, and provided a foundation for additional equity interventions. Teams should be able to adopt this storytelling practice easily, particularly if they leverage free and low-cost resources such as the “Little Black Library.”

**Sustainability**

Given that this intervention requires no additional funding, sustainability is largely dependent upon consistent practice and engagement by those on the team. Like most interventions, it is important to have a dedicated champion to hold the team accountable. Furthermore, additional resources such as outside evaluation and consultation would be beneficial for teams that do not have embedded health equity expertise.

**Key Advice**

- Conduct a baseline assessment to track changes in the team’s knowledge and attitudes about health equity.
- This work is about progress, not perfection; fear of mistakes creates paralysis, which enables white supremacy culture to persist. It is okay to try and fail, but the expectation is that everyone keeps working.
- Requiring participation can be effective, but understand how this may impact different employees depending on how their jobs are structured. Be ready to adapt!
- When identifying champions to implement the initiative, it is important to leverage the expertise of team members with health equity knowledge; however, be careful not to overburden these professionals.

**Project Team**

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