# Opportunities to Improve Care and Promote Health Equity for Black People with Serious Illness

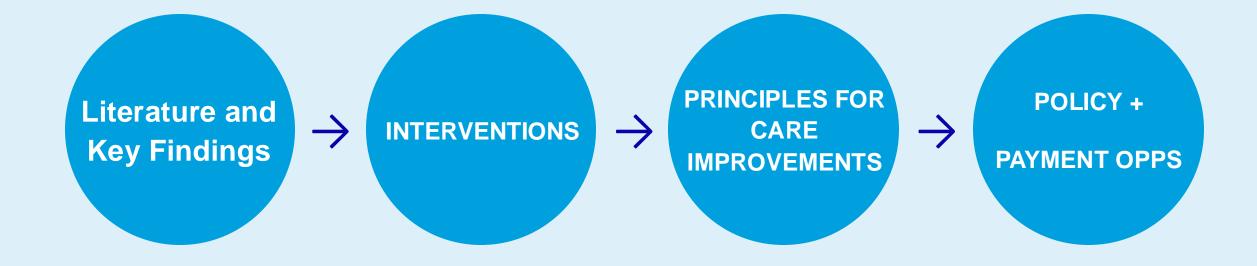
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#### **Today's Agenda**





#### **Key Findings**

- Black patients living with serious illness receive **poorer quality pain management** from their health care providers.
  - Other symptom management provided to Black patients living with serious illness is worse than that for White patients.
- Black patients with serious illness report poor-quality clinician-patient relationships and communication.
- Black patients are less likely to have advance care planning (ACP) discussions or documents, compared to White patients.
- Health care organizations providing care for people living with serious illness have identified cultural competency training and workforce diversity as areas in need of improvement.

NOTE: There are mixed findings on whether racial disparities exist in the utilization of palliative care.



- Scoping review of the literature to categorize studies on care for Black patients living with serious illness and their family.
- January 2011 June 2021
- 160 articles our of 433 articles screened
- 12% of 433: Intervention

- Most common topics focused on documenting disparities in access to services and life-sustaining treatment rather than investigating the root causes of disparities.
- Further research should examine the root causes of disparate care experiences.

# The Experience of Black Patients With Serious Illness in the United States: A Scoping Review

Open Access • Published: July 11, 2023 • DOI: https://doi.org/10.1016/j.jpainsymman.2023.07.002 •





#### **Research Questions:**

1. What interventions have been tested to improve access to high-quality care for Black people living with serious illness?

2. What is known about the barriers and facilitators of their implementation?



Some interventions have focused on improving knowledge and perceptions of palliative care.

- Healthcare organizations have used both written material and educational sessions to improve understanding and perceptions of palliative care.
  →Some of which incorporated the education of church leaders and the use of lay navigators to reach Black community members.
- Others have designed culturally based palliative care consultations that can be provided in the community using telehealth technology.
- Tested interventions have resulted in improved performance on a survey of knowledge of the purpose of palliative care services.



**Organizations** have also looked inward to improve the cultural competence and diversity of their own workforces.



- One study described a quality improvement project to test the feasibility of adding a racism-screening question to their palliative care consult note.
- Some organizations are also building towards a more diverse workforce to better align with their patient population.
- For interventions in this area, some organizations were still in the implementation process and, therefore, we await shareable outcome measures in the future.

#### Community Health Worker supports:

Training and provision of lay health workers or peer navigators have been tested to improve the quality of life for Black patients living with serious illness.

- Navigators specific to a disease category, like cancer, have been used to support Black patients with unique needs or stressors, such as spiritual concerns.
- One study found that the intervention lowered costs and ED utilization for both Black and White patients.
- A study currently underway is testing an intervention that recruits and trains the wives and widows of Black clergy to serve as peer supports to cancer patients.
- An East Coast nonprofit organization supports Black women with breast cancer as patient advocates to ensure they receive equitable access to services.

#### Facilitators: Factors that aid in implementation efforts

→Community-based participatory research and the use of Community Advisory Groups (CAG) helped maintain participation over long periods of time.

→Clinician advocacy: Referring clinician endorsement and encouragement is vital to patient acceptance of interventions.

→Influence of faith communities: Investigators noted the importance of endorsement by not only pastors, but other church leaders as well (e.g., deacons) if church-based interventions are to succeed.





CAPC's Guide for Advancing Equity for Black Patients with Serious Illness (coming soon!)



# Guide will provide information on:

- How to engage Black patients, caregivers, and other community voices in the design of your health equity initiative
- Common focus areas for health equity quality improvement projects focused on Black patients and families, including case examples from across the country
- How to assess needs in your own organization and community
- How to design and seek funding for your health equity intervention
- Guiding principles for health equity work shared by experts

Thank you to members of the external Strategic Advisory Committee that steered the development of this guide



### Patient Engagement: Health Equity's North Star

 $\rightarrow$  "Nothing About Us Without Us"

 $\rightarrow$  How to Engage Patient, Caregiver, and Community

Voices





### Promising Models: A National Scan for Health Equity Initiatives Focused on Black Patients with Serious Illness

- → The Social Ecological Model: What Contributes to Lower- Quality Serious Illness Care for Black Patients?
- $\rightarrow$  Common Focus Areas for Health Equity Interventions
- $\rightarrow$  Case Examples: Health Equity in Action
- $\rightarrow$  Policy Tailwinds for Health Equity Work





### **Getting Started: Planning Your Health Equity Initiative**

 $\rightarrow$  Identifying The Need and Understanding Opportunities

 $\rightarrow$  Intervention Design and Partnership Development

 $\rightarrow$  Business Planning

- → Making the Case for Funding or Support
- $\rightarrow$  Data Collection and Evaluation





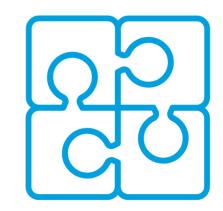
# **Overcoming Adversity**

 $\rightarrow$  Meaningful and Challenging Work

 $\rightarrow$  What I Wish I'd Known: Lessons Learned from

Health Equity Experts

 $\rightarrow$  Finding Community





# Supplement

Historical, Structural, and Social Drivers of Health Care Inequities:

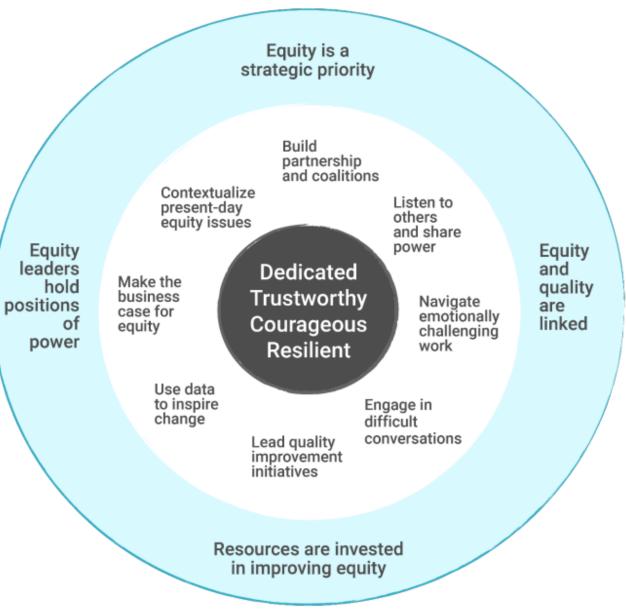
- How History shapes the present: Including a timeline with a brief sample of historical events and policies that enshrined and enforced racism in the U.S.
- Present-Day Health Disparities Among Black Americans





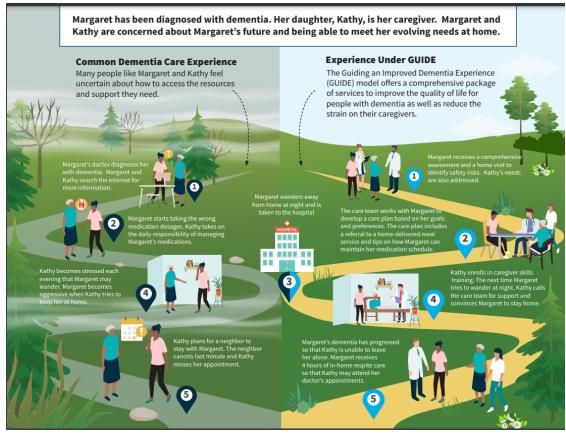
Health Equity Leadership Framework





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### Guiding an Improved Dementia Experience (GUIDE) Model



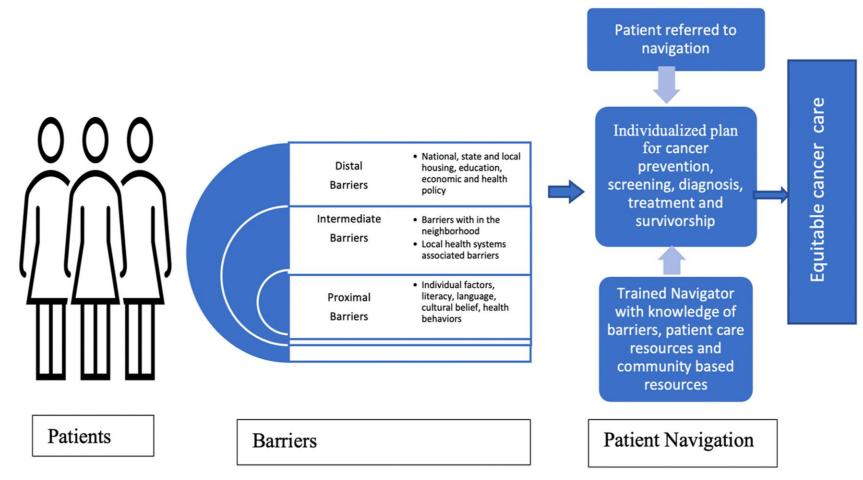


•Sets a standard approach to care,

Including 24/7 access to a support line, as well as caregiver training, education, and support services.

 Incorporates policies to enhance <u>health equity</u> by ensuring that underserved communities have equal access to the model intervention.

#### **Coding and Reimbursement for Principal Illness Navigation (PIN) services**



# **Expanding to Other Patient Populations**

#### HEALTH EQUITY

#### The Invisible Millions: Caring for Latino Patients and Families during COVID-19

Updated January 8, 2021 | By Stacie Sinclair, MPP; Brittany Chambers, MPH, MCHES; and Carine Davila, MD

How the pandemic has impacted Latinos living with serious illnesses – and the important role palliative care teams play in providing culturally humble care.



#### HEALTH EQUITY

#### How to Support AIAN/Native American Populations during COVID-19

Updated November 23, 2020 | By Brittany Chambers, MPH, MCHES and Stacie Sinclair, MPP

A discussion around the impact of COVID-19 on American Indian and Alaska Native (AIAN)/Native American populations, and how palliative care teams can help address health care inequities.



Image by Molly Ferguson for STAT News

#### HEALTH EQUITY

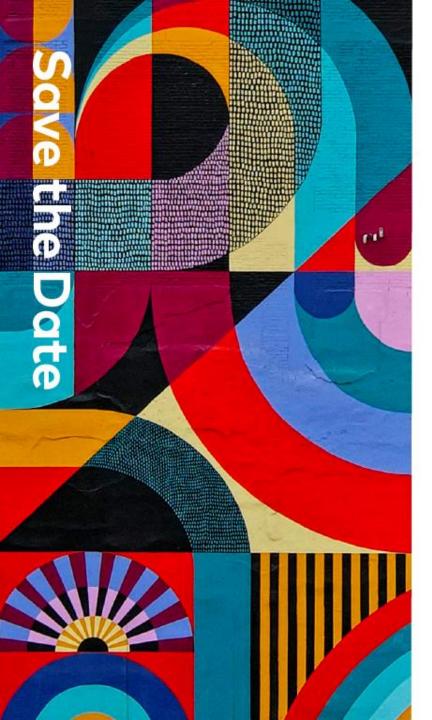
#### Fostering a Safe Space for Our LGBTQ+ Patients and Staff

Updated July 19, 2022 | By Noelle Marie Javier, MD

A palliative care physician discusses some of the unique needs and experiences of LGBTQ+ patients, and how clinicians can improve care for these populations.







**Center to Advance Palliative Care** 

# National Seminar 2025



September 15-17, 2025 • Philade Capc.org/seminar September 15-17, 2025 • Philadelphia, PA

### **CAPC Resources**

•Monthly Virtual Office Hours: <u>Achieving Health Equity and</u> <u>Reducing Implicit Bias in Palliative Care</u>

- •(9/25 AT 10:30AM) (OPEN TO ALL)
- •Health Equity in Palliative Care Toolkit

• Diversity, Equity, Inclusion, and Belonging (DEIB) Principles for

**Palliative Care Leaders** 

•NEW! CAPC Circles: Health Equity (For CAPC Members only)

