

NHPCO Project ECHO *Equity Where It Matters*

Key Takeaways: Engaging Community Systems to Improve Health Equity

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Key points:

- Health inequities are closely linked to social determinants of health, which, in turn require innovative conceptual models for community engagement.
- For communities to engage in improving health equity, there must be shared power and a willingness to share resources.
- The consumer must be at the center of care delivery.
- Health disparities exist everywhere - on an individual and very personal level.
- Plan for person-centered resources in advance, patching those together after the fact results in a weak effort.
- Provide the patient/ family with complementary, tried-and-true services that are anchored in the local and immediate community.

Actionable Steps:

- Cultivate comprehensive health equity science (through the collection and sharing of key data and evidence.
- Optimize interventions. Ensure that your organization is assessing whether patients are able to access the interventions you are providing – for example, assess literacy level prior to providing written instructions, etc.
- Reinforce and expand robust partnerships.
- Have a consistent approach to asking and assessing if there is a need for communication support.
- Enhance capacity and workplace diversity, inclusion, and engagement (<https://www.cdc.gov/healthequity/core/>)
- Be proactive!

Conversation Starters:

1. What current community-based systems and programs in serious illness and end of life are available to individuals?
2. Does the Medicare Hospice benefit provide an all-comprehensive, person-centered, need-based care delivery model for all?
3. For health systems and providers: Think about what you are already prepared to do? Is there an opportunity to offer individualized, person-centered resources from a proactive approach?
4. What matters most to individuals who are experiencing serious illness or are at the end of life but with disparate resources and opportunities for self-care?
5. How can we move away from “referral-centered care”?



Participant Perspectives:

- It's important to use layperson's terms and simple language when describing prognosis to patients, and to ask the patient if they understand what's been said, to confirm that they know what their prognosis means.
- Ask your patient what matters most to them.
- Patient self-determination is critical, even if providers don't agree with all the decisions that patients make.
- Consider community resources that the patient may be eligible to connect with – faith community, veterans' benefits, group homes, and others.

References:

- Key Concepts – Health Equity: <https://innovation.cms.gov/key-concept/health-equity>
- National Academies of Sciences, Engineering, and Medicine. (2017). Communities in action: Pathways to health equity.
- Aguilar-Gaxiola, S., Ahmed, S. M., Anise, A., Azzahir, A., Baker, K. E., Cupito, A., ... & Zaldivar, R. (2022). *Assessing meaningful community engagement: a conceptual model to advance health equity through transformed systems for health: organizing committee for assessing meaningful community engagement in health & health care programs & policies*. NAM perspectives, 2022.
- CDC's CORE Commitment to Health Equity: <https://www.cdc.gov/healthequity/core/>
- NHPCO Access and Inclusion - <https://www.nhpc.org/resources/access-and-inclusion/>
- *Hospice Through the DEI Lens: A Research Study Identifying Barriers to Hospice Care in Underserved Communities*, National Hospice and Palliative Care Organization.
- NHPCO Diversity Tools and Resources <https://www.nhpc.org/education/tools-and-resources/diversity>
- Culturally and Linguistically Appropriate Services (CLAS) <https://thinkculturalhealth.hhs.gov/clas>
- CMS Framework for Health Equity <https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity>

