# NHPCO Project ECHO Equity Where It Matters

# Key Takeaways: Supporting Patients Experiencing Housing Insecurity at the End of Life

### September 28, 2023

### Key points:

- Many low-income and unhoused/housing insecure individuals' mistrust govt/social servicesand also have mistrust of healthcare.
- Thinking outside the box to build trust with community partners like end-of-life doulas or Community Health Workers can improve quality of life and continuity of care.
- Housing is healthcare this is a great place to start to improve a person's quality of life.

#### Actionable Steps:

- Consider political advocacy around Medicaid Waiver and expediting supports for dying persons.
- Consider incorporation of end-of-life doulas into your programs to potentially bridge some caregiver gaps, provide respite, ease burden of care for hospice teams, and improve comfort and quality at end of life.
- Ensure that your team is utilizing all disciplines to provide interdisciplinary care to unhoused patients ensure robust social work support
- Perform early advanced care planning, including safety planning and funeral plans
- Offer as many options as possible to allow patient to retain control
- Explore opportunities to perform home repairs that may allow patient to stay at home safely

## **Conversation Starters:**

- 1. What networks and respite facilities exist in your community for individuals who need shelter at the end of life?
- 2. To build trust in your organization, what community connectors/service providers can be partners?
- 3. How might you incorporate an end-of-life doula program in your organization?

## Participant Perspectives:

- Consider patient's right to self-determination versus risk of harm. Consult ethical codes and councils for guidance in circumstances where it is unclear whether a patient is safe.
- It's important to give patients as much control as we can give.
- Be careful to avoid assuming what the patient's wishes are complete careful assessments.



## **References:**

- Brazil, K., Bedard, M., & Wilson, K. (2002). Factors associated with home death for individuals who receive home support services: A retrospective cohort study. BMC Palliative Care, 1, 2–6.
- Caswell, G.,'& O'Connor, M. (2015). Agency in the context of social death: Dying alone at home. Contemporary Social Science, 10(3), 249-261.
- Chokshi D. (2018). Income, poverty, and health inequality. JAMA, 319(13):1312–1313.
- Royal College of Nursing (2014). Only one third of dying people who wish to die at home actually do, survey finds. Nursing Standard, 28(46), 8-8.
- Webb, W. A. (2015). When dying at home is not an option: exploration of hostel staff views on palliative care for homeless people. International Journal of Palliative Nursing, 21(5), 236-244.
- NHPCO Access and Inclusion <u>https://www.nhpco.org/resources/access-and-inclusion/</u>
- <u>Hospice Through the DEI Lens</u>: A Research Study Identifying Barriers to Hospice Care in Underserved Communities, National Hospice and Palliative Care Organization.
- NHPCO Diversity Tools and Resources <u>https://www.nhpco.org/education/tools-and-resources/diversity</u>
- Culturally and Linguistically Appropriate Services (CLAS)
  <u>https://thinkculturalhealth.hhs.gov/clas</u>
- CMS Framework for Health Equity <u>https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity</u>

