



## Exploring Health Disparities in the Care of Older Adults




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### Presenter



**Lisa Little**

- MPH, BSHA, COTAL
- Palliative Care Program Coordinator
- Michigan Home Care & Hospice Association
  - Palliative Care Committee (Co-Chair)
  - Public Policy Committee
  - Hospice Committee
- The Senior Alliance (Wayne County)
  - Advisory Council Member
- Leading Age
  - Public Policy Task Force
- Michigan Oncology Quality Consortium
  - Palliative Care and End-of-Life Care Task Force
- Public Speaking/Education/Advocacy/Project Management

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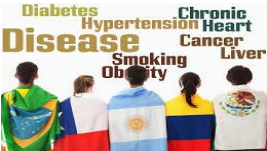
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## Defining Health Disparities



- Differences in any health-related factors that exist among population groups that is associated with a broad array of interrelated factors.



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## Disparities of Health

- Disease Burden
- Diagnosis
- Response to Treatment
- Quality of Life
- Health Behaviors
- Access to/Quality of Care
- Age
- Race/Ethnicity/Culture
- Socioeconomic Status
- Disability Status
- Gender Identity
- Geographic Locations
- Education Level

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## Social Determinants of Health

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### Social Determinants of Health



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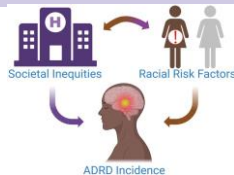
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## Health Disparities Among Older Adults

- **Racial/Ethnic Minorities**
  - Black
  - Hispanic
  - Native American
  - Asian
- **Low Socioeconomic Status**
- **Rural Residents**
- **Sexual/Gender Minorities**
  - LGBTQ+
- **Individuals with Disabilities**



Angela Hospice



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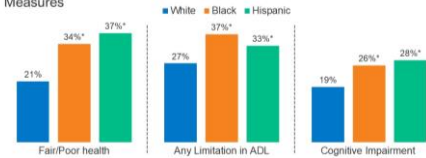
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## Quality of Health

Larger Shares of Black and Hispanic Beneficiaries Than White Beneficiaries Report Relatively Poor Health Across Selected Health Measures



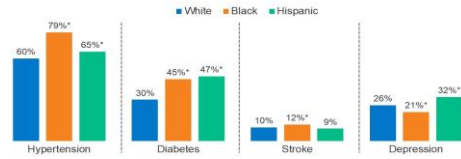
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## Chronic Conditions

Black and Hispanic Medicare Beneficiaries Have Higher Prevalence Rates of Certain Chronic Conditions Than White Beneficiaries



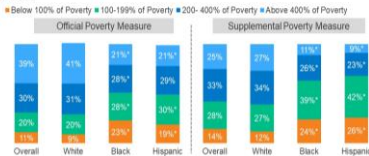
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## Poverty Levels

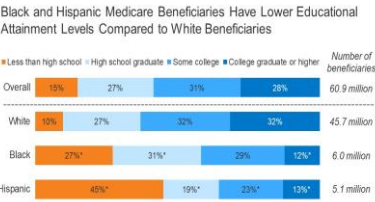
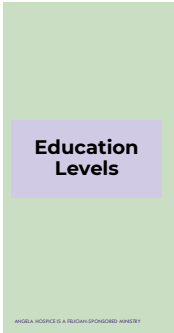
Nearly Half of Older Black and Hispanic Adults Have Family Incomes Below 200% of Poverty – Nearly Double the Rate Among Older White Adults



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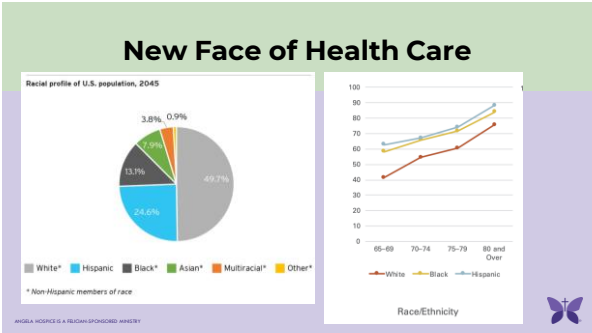
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### Healthcare Challenges

- Transform Care & Services
- Equitable Business Practices
- Diversity in Workforce
- Partnerships/Coordinated Care

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### CMS & Federal Initiatives

Health Equity Services in the 2024 Physician Fee Schedule Final Rule

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Social Determinants of Health Risk (SDOH) Assessment	5
Community Health Integration (CHI)	6
Principal Stress Navigation (PSN)	9
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Advocacy update: \$12.5 million for NIA palliative care research included in FY 2024 appropriations bill

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## Palliative vs. Hospice Care

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|---|--|
| <ul style="list-style-type: none"> <li>• Chronic Conditions</li> <li>• No Time Frame</li> <li>• Curative Treatment</li> <li>• Umbrella Term that includes Hospice Care</li> <li>• Philosophy: establishing comfort and quality of life</li> <li>• Symptom Management/advanced care planning</li> <li>• IDG</li> <li>• Coordinated Care</li> </ul> | <ul style="list-style-type: none"> <li>• Terminal Illness</li> <li>• 6 Months or Less</li> <li>• No Curative Treatment</li> <li>• Under the Palliative Umbrella Term</li> <li>• Philosophy: establishing comfort &amp; quality end of life</li> <li>• Whole person care: Spiritual care, NP, SW, Integrative Therapies</li> <li>• IDG</li> <li>• Coordinated Care</li> </ul> |
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## Service Benefits



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- **DECREASES:**
  - HEALTH CARE EXPENSES
  - ER VISITS
  - HOSPITALIZATIONS
  - INTENSIVE/INVASIVE/AGGRESSIVE TREATMENTS & PROCEDURES
    - INTUBATION
    - MECHANICAL VENTILATION
    - TRACHEOSTOMIES
    - FEEDING TUBES
- **INCREASES:**
  - Patient Outcomes
  - Patient Satisfaction
  - Hospice Referrals
  - In-home Deaths
  - Advanced Care Planning



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## Getting to the Root of the Problem



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Minority Patient Experiences





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Health Care Challenges

- **Black Patients have increased:**
  - ER Visits
  - ICU Admissions
  - Intensive Procedures
    - CPR
    - Cardiac Conversion
    - Mechanical Ventilation
    - Gastrostomy/gastronomy tube insertion
    - Hemodialysis
- **Black & Hispanic Patients are more likely to die in a hospital**



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Facts & Figures

- **Decreased:**
  - Usage of hospice and palliative care services
    - Higher Rates of Disenrollment
    - Decreased Quality of Care
  - Advanced Care Planning
  - Symptom Management
  - Palliative Performance Scale Scores
  - Referrals & Service Recommendations



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Facts & Figures



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- **Medicaid Recipients:**
  - Largely Comprised of minorities
  - Significantly decreased hospice usage
    - Advanced Cancer Diagnosis
  - Shorter Length of Stay



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Fact & Figures

Figure 9: Share of Medicare decedents who used hospice, by race

White	50.0%	50.0%
Asian American	36.3%	43.7%
Black	35.4%	44.4%
Hispanic	34.3%	45.7%
North American Native	33.8%	46.2%

■ Medicare Decedents who utilized hospice  
■ Medicare Decedents who did not utilize hospice  
Source: MedPAC March 2022 Report to Congress, Table 10-3

- **Medicare Recipients:**
  - % of expenses spent in last year of life
  - Black patients 20% increase

Figure 10: Share of Medicare decedents who used hospice, by race

White	48.4%	48.4%
Hispanic	35.3%	45.7%
Asian American	35.7%	45.3%
Black	33.4%	42.4%
North American Native	32.5%	42.4%

Source: MedPAC March 2022 Report to Congress, Table 10-3

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Barriers



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## Why African American Seniors are Less Likely to Use Hospice

PBS Clip



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## Historical Wounds



- Structural Racism & Discrimination
- Denial of basic healthcare services
- Segregated and underfunded hospitals and clinics
- Medical Exploitation
- Police Violence
- Covid-19



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## Cultural Stigmas

- **Mistrust of healthcare professionals/system**
  - Concerns with foregoing curative treatment
  - Lack of advanced care planning
- **Spiritual Beliefs**
- **Poor Perceptions**
- **Cultural beliefs and values**
  - Discomfort in discussing death and end of life preferences
  - Less positive attitude towards disclosure of terminal illness among Asians and Hispanics
  - Healthcare providers initiate conversation
  - Decreased ethnic and minority staff within hospice care



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## Cultural Stigmas




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## Healthcare Barriers

- **Decreased Usage of Services Associated With:**
  - Racial Minority
  - Male Gender
  - Being Unmarried
  - Poverty
  - Rural Residence



- **Decreased Access**
  - Geographic Disparities
  - Lack of Health Insurance
    - Monetary Concerns
  - Decreased Access to Resources/Support
  - Lack of Knowledge & Awareness
  - Poor Communication with Healthcare Provider




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## Communication Barriers

- **Healthcare Providers are not Comfortable Discussing End of Life Care and Death**
- **Lack of Service Recommendations**
  - Implicit Bias
- **Lack of Communication & Rapport with Medical Providers**
  - Lack of Knowledge and Awareness
    - Treatment Options/Services
  - Disease Prognosis/Progression & Life Expectancy
- **Language Barriers**
  - Recent Immigration
  - English 2nd Language
- **Decreased Health Literacy**
- **Decreased Healthcare Provider Knowledge on Services**
- **Time Constraints**




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Healthcare Stigmas



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Interventions  
&  
Strategies



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Interventions & Strategies

- **Cultural Sensitivity/Empathy Training**
  - Language and Interpreter Services
- **Increase community education /awareness & Outreach**
  - Social Determinant of Health
- **Enhance Clinical Skills**
  - Prognostication
  - Understanding of Palliative & Hospice Care Services
  - End of Life Care Discussions
  - Improve workflows
- **Improve Patient Communication & Rapport**
  - Personal values
  - Prognostic Understanding
  - Treatment Options
  - Treatment Preferences
- **Timely Referrals**
- **Diversity, Equity, Inclusion, + Belonging Initiatives**
  - Workforce
- **Implicit Bias Training**

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**Improving  
Provider  
&  
Patient  
Communications**

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**Intervention  
Examples**

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**African American  
Empowerment  
Project**



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## Empowerment Project

- **Ethics Council Convened in 2016:** African American population is underserved by hospice
- **Research Conducted:**
  - Underservice of African American Communities confirmed (8/10 hospice patients are Caucasian)
  - Positive correlation between completion of advanced directives and participation in religious activities
  - Non-Hispanic Blacks more religious than US population as a whole
  - Sample of parishioners reported they would welcome a church-based program on end-of-life care

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### Introducing the African American Church Empowerment Project

The African American Church Empowerment Project enables the premier and support caregivers through education and training to bring to medical communities respect in faith communities. Churches are communities of trust, empathy, and compassion. This is especially important in minority communities where members rely heavily on the church's leadership and one another for support through life's trials.

Rev. Diane Smith & Teri Turner, RN  
Empowerment Project Leaders



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## Empowerment Project

- **Feasibility Study**
  - Health care, churches, higher education, senior facility centers, LTC facilities
  - Is this important to the African American Community?
  - What is the best way to get the information to them?
    - Take it to the churches
  - **Project Development**
  - **Grant Funding: St. Francis Fund**

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## Empowerment Training

- **Session 1: An Introduction to Hospice**
- **Session 2: Advance Directives**
- **Session 3: Grief and Bereavement**
- **Session 4: Ask the Doctor**
- **Session 5: Empathic Listening**
  - Train leaders in the congregation

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## African American Empowerment Project

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- **2017 First Training: 2nd Baptist Church (Greektown)**
  - Project began in person
  - Church Leaders
  - Initially 4 Sessions
  - Each session 2 hours with ½ hour provided for meal
- **2020 Covid: Zoom Training:**
  - Meal Eliminated/Time expanded back into the training for response & discussion
  - 5th Session added
- **Project Modifications**
  - Condensed Sessions
  - Estate Planning Workshops
  - Additional Caregiver Training
- **Certificates Provided**
- **Surveys/Follow Up**
  - Positive Responses
  - Increased Clarity/Understanding



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## Religious & Cultural Sensitivity Guidebook

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## R & CS Guidebook Project



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- **Grant Funded Project: St. Francis Fund**
- **Research various cultures and faiths**
- **Partner with local community and faith-based organizations**
  - ACCESS: Arab Community Center for Economic and Social Services
  - Interfaith Health and Hope Coalition
  - Interfaith Leadership Council of Metro Detroit
  - The Senior Alliance
- **Guidance for healthcare professionals**
  - Special Rituals/Practices/Traditions
  - End of Life Care
  - Post-Mortem Care
  - Respect Patient & Family
  - Improve patient outcomes/Quality of care



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## Included Religions/Ethnicities/Cultures

- Baptist
- Buddhist
- Catholic
- Christian
- Episcopal
- Greek Orthodox
- Hindu
- Jehovah's Witness
- Jewish
- Lutheran
- Methodist
- Mormon/LDS




- Muslim
- Protestant
- Russian Orthodox
- 7th Day Adventist
- Presbyterian
- Native American
- Hispanic
- Asian
- Chaldean
- LGBTQ+
- Indonesian
- Atheist
- African American




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### DEI + B Initiatives

#### Our Commitment to Diversity, Equity & Inclusion

Angela Hospice is committed to creating a diverse community that respects and celebrates the unique experiences of all individuals. We are committed to the ongoing and continuous education of our staff and volunteers, and to providing a safe and inclusive environment for all patients, families, and community members.

We are committed to fostering a culture of respect and inclusion, where all individuals are valued and treated with dignity. We are committed to providing a safe and inclusive environment for all patients, families, and community members.

#### Our Mission

Angela Hospice is dedicated to providing compassionate, comprehensive, and coordinated care to all patients, families, and community members.

#### Our Core Values

**RESPECT** - We honor the dignity of all individuals and treat them with the same level of respect and care.

**COMPASSION** - We provide a safe and inclusive environment for all patients, families, and community members.

**TRANSPARENCY** - We are committed to providing a safe and inclusive environment for all patients, families, and community members.

**INTEGRITY** - We are committed to providing a safe and inclusive environment for all patients, families, and community members.

**JUSTICE & PEACE** - We are committed to providing a safe and inclusive environment for all patients, families, and community members.

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## FELICIAN CORE VALUES

RESPECT FOR HUMAN DIGNITY

COMPASSION

TRANSFORMATION

SOLIDARITY WITH PEOPLE IN NEED

JUSTICE & PEACE

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Conclusion

Health Equity

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Thank You!

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