

Member Submitted Summaries and Suggestions for Consideration of the Work Group at the June Meeting

Alane Capen, Coastal Hospice

Below are two important links that are available to anyone through the Caring Connections site developed by the National Hospice and Palliative Care Organization. 3386 is the Faith Outreach guidelines and materials and 3385 is African American Outreach guidelines and materials. To be honest, we have started working with the Faith Outreach materials but have not been using the African American Outreach materials as yet. I will be reading it soon. Please share the links with the group.

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3385>

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3386>

Coastal Hospice has received a grant from the Community Foundation of the Eastern Shore to develop and air a television commercial specifically aimed at AA residents of our service area and our emphasis is Dorchester County. We will share whatever is helpful from this effort.

I was really struck with the idea of “crafting the message” differently, and I think that needs to be fleshed out with some AA staff/board/family members. I also thought that joint efforts with the Area Agencies on Aging when speaking to groups such as black churches or NAACP and focusing on care-giving...easing into end of life discussions was brilliant.

Our past success with increased attendance at bereavement functions leads me to believe that focus on the spiritual/supportive/ aspects of hospice may have more draw than medical/comfort.

I hope to catch up today with Reverend M. Luther Hill who is our chaplain and an area director of MOTA. He has been away.

To summarize what we have done in recent past with questionable results:

- AA staff and volunteer focus groups for ideas on outreach
- Active recruitment of AA board members (3 of 18 or 16% are AA)
- Ads and articles in African American Pride Magazine
- NAACP speaking engagements (poorly attended, presenters were AA)
- Bereavement services at UMES (very successful in reaching AA community)
- Advertized bereavement in Dorchester, had large AA turnout (1/2 of attendees)
- UMES radio spotlighting bereavement programs
- Cultural sensitivity training of our staff by an AA Chaplain on our staff focusing on AA culture (many families matriarchal – get message to grandma)

Nicole Dempsey Stallings, Maryland Hospital Association

MHA's Transitions: Handle with Care campaign

- Thirty-two hospitals have signed on to participate in this 18 month initiative.
- Participating hospitals have agreed to work with other providers in their communities to reduce readmissions. Cross-continuum teams work together to review events associated with readmissions, identify their causes and develop strategies to address them.
- MHA held a kick-off meeting on March 19 attended by more than 400 participants representing hospitals, physicians' practices, hospice, home health agencies, nursing homes, and other community-based providers.
- Monthly webinars will cover topics of interest to the participating hospitals and their cross continuum partners.

To further support this work MHA has convened a statewide *Care Transitions Steering Committee* to provide visibility and mobilize solutions to common systemic challenges impacting transitions and readmission reduction efforts. Leadership from provider associations including the Hospice & Palliative Care Network, consumer representatives and state government met on April 23 to initiate this work. The next meeting is planned for June.

Related initiatives include:

- Working with the HSCRC to address health disparities through the development of statewide education programs for hospitals to share best practices around the collection of race, ethnicity and language data. Our mutual goal is to improve the accuracy of data available to hospitals to advance and tailor programs provided to their patients and to the State for inclusion in various quality incentive programs.
- Working with the Institute for Patient and Family Centered Care to integrate the core concepts of patient and family centered care in all MHA strategies to transform the delivery of care in hospitals and health systems. MHA and 13 hospitals recently participated in the IPFCC's national training seminar.

Coalition Work:

- Working as part of a statewide coalition to promote the availability of affordable health care coverage under the provisions of the Affordable Care Act.
- Our member hospitals all participate in and financially contributed to the Local Health Improvement Coalitions established as part of DHMH's State Health Improvement Process.
- Three of the five recently designated Health Enterprise Zones are hospital-led.

How we reach our members:

- Targeted listservs for all major category of health care worker (all C-suite, medical directors, staff nurses, HR, PR, compliance, risk managers, legal, etc.)
- Weekly newsletter
- Educational programs through our educational arm, Maryland Healthcare Education Institute (MHEI)
- Face to Face meetings

Ideas mentioned at the meeting:

- Are there lessons learned from organ donation?
- Question about what the final product is – are there recommendations that we all sign our name too? Is there a certain time where they are released along with a press release to help garner more attention? Do we all commit to doing something to facilitate awareness?

Gene Ransom, MedChi

On behalf of MedChi, I appreciate the MHCC reaching out to our organization to discuss ways in which state policy can assist in promoting greater diversity in doing outreach to underserved communities that have historically have less hospice utilization. MedChi General Counsel Stephen Johnson gave a detailed report at the last work group on the things MedChi has done on this issue, and he will continue to attend and participate. We are willing to work on this issue, however, any request for CMEs or practitioner outreach will require a funding source. We are also reaching out to local chapters of the National Medical Association regarding this issue pursuant to your request. The Prince George's Chapter has expressed an interest in helping, and we will forward you a contact once we have it available.

Arnold Eppel, Baltimore City Health Department, Office of Aging / Care

Below are 5 suggestions on next steps for the committee to review and offer their ideas for discussion.

1. After speaking today with Beverly Harris, a LCSWC (Licensed Certified Social Worker Clinical) who operates the City AERS unit (Nursing Home Eligibility Assessment), she concluded that social workers need to be targeted on Hospice as well. Social Workers are not well versed on speaking about end of life and need additional training in hospitals, nursing homes etc.
2. I believe a website perhaps piggy backing on MAP or the State ADRC website where hospice or end of life could be added. After operating a long term care community for about 2 1/3 years I was many times able to determine when a resident was failing and in a predicted period of time based on illness would possibly expire. Most people do not have that training and perhaps a top 20 hospice indicators or disease stages could be created for the caregiver or decision maker. A physician could be very helpful in developing this tool or modeling for caregivers to look at when helping to make end of life decisions. <http://www.marylandaccesspoint.info/>
3. A strong partnership with Caregiver funding via the Older Americans Act. This could be a mandate that whenever a caregiver session event or conference is held Hospice info would go hand in hand with these events.
4. I also {would} like a Myths on Hospice handout to be widely distributed in Maryland and a listing of all CON providers by region that render hospice services for easy access.
5. Finally working with the religious community is imperative and needs to be at the top of the list for Baltimore City. Seminars educating pastors and religious leaders on Hospice 101. These events could be hosted by the Area Agency on Aging, BCHD but need to be funded by the provider community including outreach material, etc.

Diane Owen, Gilchrist Hospice

Educational initiatives for end of life/hospice services in Maryland with outreach to minorities in Baltimore City and Prince George's County

Summary of ideas

- ❖ Use targeted topics that have a wide appeal to minority populations and integrate end-of-life care information as part of the overall presentation – don't bill it as "End-of-Life" but rather build a discussion that explains aging as developmental process that begins at mid-life and explains dying as an adult developmental illness. Some topics to bridge the end-of-of life discussion might be:
 - Caregiver support
 - Healthcare resources for retirees/seniors. What is available for social support and financial support? Clarify what is happening; what should happen well in advance, what is available to navigate the system.
 - Alzheimer
 - Information on Retirement/Assisted Living communities in Baltimore City and Prince George's Co.
 - Navigating healthcare today i.e., Affordable Act Policy
 - Bereavement services
 - Cancer support
 - Preparing a will, advance directives, power of attorney
 - Increasing health literacy

- ❖ Develop flyers/literature/presentations/related to making good choices/decisions for end-of-life and advertise, distribute and/or present at or share with the various outlets listed. In addition to the above it is also suggested that there be video training depicting end-of-life care choices.*
 - Churches
 - Church ministries
 - Senior Citizen Centers
 - Senior Expo
 - Veteran hospitals, American Legion, VFW, Elks, etc.
 - Senior High Rise Buildings
 - Retirement communities
 - Health clinics
 - Health Fairs
 - Palliative Care Programs (25% in palliative care programs don't translate to hospice)
 - Grand Rounds at hospitals
 - Use religious visitation community network to go out to their parishioners to help change the mindset and bridge the gap; use the religious network to act as liaisons to deliver the benefits of end of life care.
 - Advertise on public radio

- Place Ads and Articles in African American publications
 - Advertise on TV spots that focus on African Americans
- ❖ Present programs/panel discussions/meet with physicians, social workers, case managers, etc., local businesses in Baltimore City/Prince George’s County to dispel wrong idea of what “hospice” is. Change their mindset and understanding and answer questions. Create an outreach to physicians to educate that recommending hospice doesn’t mean they are giving up.
- Increase provider training
- ❖ Thoughts to keep in mind when developing this Educational Initiative:
- The matriarchal importance
 - Increase cultural competency. The goal of any good cultural competency training is to teach professionals to communicate effectively through inquiry, spiritual sensitivities, a passion for seeking and respecting multiple perspectives, and openness to new insights and humility. **
 - There is an increase in the trust factor when using a similar face that looks like the audience
 - Importance of language when speaking to an African American audience.
 - Do not come across as dictating but as a “partner”. How can we help answer your questions?
 - Explain how hospice care could “help” their family. Hospice can help one to die with serenity (Karma ideas)
 - Talk about dying as part of the journey
 - Dispel the myths around hospice
 - Educate on the fact that the African American population is not familiar with the idea of dying at home
 - Provide an understanding of the disease process and the reality of what may happen
 - The physician has an extremely significant role in hospice care
 - Message is that hospice doesn’t mean giving up
 - Develop strategies to change negative perceptions of end-of-live care

There is no magic bullet to reducing end-of-life health disparities in the African American population. It will take time to educate the community/professional caregivers and change negative perceptions about hospice and build trust in the community. Additionally, organizations and staff that provide the hospice care should continue to improve their cultural competencies.

* A 2008 study identified that health literacy NOT RACE predicts end-of-life preferences. This study further identified that video educational sessions eliminated **all planning disparities** among Caucasians and African-Americans. (Vollandes, A., Paasche-Orlow, M., Gillick, M., Cook, E., Shaykevich, S., Abbo, E., Lehmann, L. Health Literacy not race predicts end-of-life care Preferences. Journal of Palliative Medicine. Vol. 11, Number 5, 2008)

**Price, C., Sodeke, S. Letter to the editor: end-of-life care and racial disparities: all social and health care sectors must respond! The American Journal of Bioethics, 6(5): W33-W34, 2006

Jessica Talley
Hospice of the Chesapeake

Strategies:

- In Prince Georges County there are three representatives who are all cultural sensitive and respond to referrals for hospice consultations in medical facilities, physician offices and local community
- Having African-Americans as hospice consultants can help establish quick trust and rapport with African-American population
- Hospice Consultants role often is clarifying message of “bad” news and dispelling myths
- Provide educational in-services to local hospital staff on our perinatal support program; Chesapeake Kids program; hospice care and levels of care including bereavement care;
- Provide educational in-services to medical community of nurses, physicians and social workers about advance care planning; end of life care and hospice levels of care
- Chief Medical Officer conducted a physician CME at Southern Maryland Hospital in April 2013 about advance care planning and palliative care/hospice. This hospital is located in Prince Georges Hospital where there is a high percentage of African-American patient population and high percentage of physicians of African-American descent
- Attendance at local community Expos in Prince Georges County (Churches, Senior Centers and other Community events)
- Partnership with Washington DC Area Geriatric Education Center Consortium (WAGECC) which is an organization that provides education in variety of healthcare topics for Geriatric population including Hospice
- Partnership with NIH: EPEC-O (Education in Palliative and End of Life Care-Oncology)
- Hospice Consultants provided EPEC-O presentation on 5/23/13. The title is Cultural Considerations When Caring for African Americans: Models of Comprehensive Care. This presentation highlighted the need for comprehensive care at time of Cancer diagnosis, treatment, palliative care, and finally hospice care (end of life care and bereavement). Healthcare delivery models were discussed as well as factors influencing underutilization of hospice among African-Americans.

Ideas to synergize the process for upcoming July meeting:

- Discussion of factors influencing under-utilization of hospice among African-Americans.
- “Start where patient is”: Understanding the needs of the patient and family
- Interventions before the healthcare crisis occurs are needed. When patients enter hospital setting in crisis, hospice utilization becomes too late. Lack of Support

networks, family structure and financial concerns contribute to under-utilization of hospice for some African-Americans

- Education about advance care planning, caregiving resources, community resources
- Health Fairs and other ways to intervene earlier
- Media discussion of hospice: Print ads, television, radio
- Form partnerships with existing organizations for community education such as NIH: EPEC-O project, WAGECC and other organizations

Cathy Stasny, Prince George's County Area Agency on Aging

The Education in Palliative and End-of-Life Care - Oncology: Cultural Considerations When Caring for African Americans PowerPoint presentations were presented by Capital Caring. The speakers, presented studies and discussion offered insight and enlightenment to Prince George's County Area Agency on Aging staff. The PowerPoint presentations in the following five areas are attached in the email¹:

- Communicating Effectively
- Comprehensive Care
- Spirituality
- Advance Care Planning
- African American Experience

Carlessia Hussein, Maryland's Office of Minority Health and Health Disparities

My only additions would be under Competence, consider:

1. Train doctors and other staff on cultural competence
2. Increase skill in developing a trust relationship between patients and providers
3. Medical and other Hospice staff need more education on health disparities
4. Address workforce diversity and sensitivity among Hospice staff
5. Hospices might hold periodic Focus Groups where clients and family members can voice their concerns and suggestions.

¹ Please note, due to file compression original photographs might not be as clear as in the original PowerPoints

July 2013

www.montgomeryhospice.org

- We have attended health fairs at the African American churches in the county. In addition to attending the health fairs, we provided workshops as well. Listed below are the churches, schools and organizations we have worked with over the last few years:
 - Community of Faith United Methodist Church
 - Mt. Jezreel Baptist Church
 - Mt. Calvary Baptist Church
 - People's Community Baptist Church
 - Clifton Park Baptist Church
 - Alpha Kappa Alpha Sorority, Inc.
 - Minority Health & Health Disparities
- We are building relationships with the following organizations:
 - Howard University School of Social Work, Nursing & Divinity
 - Bowie State University School of Social Work
 - Black Nurses Association
 - Black Social Workers Association
 - Compton State
- Montgomery Hospice has provided workshops in the African American community several times over and they are listed below:
 - Hospice 101
 - Care for the Caregiver
 - Spirituality & Ethics at the End of Life from an AA perspective
 - Alzheimer workshop geared to the AA perspective
 - End of Life Care & Dementia
 - Myths & Misconceptions About Hospice
- Dr. Robert Washington wrote an article on why African Americans should choose hospice care. This flyer goes into every educational event/workshop we do in the community.
- We have taught the different ministries in the church how to administer lavender hand massages when they visit the sick and shut-ins.
- MH hosted a conference called "The Need for Hospice Care in the African American Community" last year, and in 2013 we will host another conference titled "The AA Spiritual & Ethical End of Life Care (What Y'all Gon' Do With Me)."
- Nominate African Americans and different ethnicities to the Board of Directors.
- Employ in management African Americans and different ethnicities.