



Opportunity 1: Equity — Potential Actions by Stakeholder

Ensure palliative care reaches and meets the needs and preferences of communities of color and other underserved populations.

Action: Analyze data to identify areas of disparity and listen to community needs.

Action: Tailor programming and communication to respond to community needs.

Action: Expand the specialty palliative care workforce to include more clinicians of color.

Health Plans

- ▶ Regularly evaluate enrollment and service outcomes to identify disparities across member characteristics (e.g., race/ethnicity, gender, gender identity, sexual orientation, age, income, geography, diseases, disabilities, social needs such as housing status, etc.).
- ▶ Contract with community-based organizations that offer nonmedical, culturally responsive, supportive care programs (e.g., lay navigation, emotional and spiritual support, etc.) to ensure responsiveness to the needs of specific populations.
- ▶ Prioritize contracting with or hiring clinicians who share the characteristics of your members.

Health Systems and Community-Based Providers

- ▶ Regularly evaluate enrollment and service outcomes to identify disparities across patient characteristics (e.g., race/ethnicity, gender, gender identity, sexual orientation, age, income, geography, diseases, disabilities, social needs such as housing status, etc.).
- ▶ Create community advisory boards or other ongoing participatory processes to gain regular insight into community needs.
- ▶ Support the creation of or forge stronger ties and referral mechanisms with community-based organizations that offer nonmedical, culturally responsive, supportive care programs (e.g., lay navigation, emotional and spiritual support, etc.) to ensure responsiveness to the needs of specific populations.
- ▶ Integrate language capabilities and culturally appropriate practices into programs.
- ▶ Leverage telemedicine to provide palliative care (PC) to people who have difficulty attending traditional office visits.
- ▶ Prioritize hiring PC clinicians of color for full-time PC positions, offer mentorship programs, and offer financial incentives in the early years of practice (e.g., housing stipends).

Clinicians Who Care for People with Serious Illness

- ▶ Participate in equity-focused communications training.
- ▶ PC clinicians should directly support new or potential PC providers of color by offering mentorship or similar peer supports.
- ▶ PC clinicians should consider opportunities to work in underserved areas.

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State and Local Government Agencies

- ▶ Require PC programs that offer services to Medi-Cal enrollees to regularly evaluate enrollment and service outcomes to identify disparities across patient characteristics (e.g., race/ethnicity, gender, gender identity, sexual orientation, age, income, geography, diseases, disabilities, social needs such as housing status, etc.) and report their findings.

- ▶ Offer incentives for PC programs that receive state funding to employ or contract with clinicians that have shared characteristics with the local community.
- ▶ Offer incentives to encourage clinicians of color to become certified in palliative care.
- ▶ Offer incentives (e.g., cash bonuses, housing stipends, loan forgiveness) for PC clinicians to take positions in safety-net hospitals and in rural or other underserved areas.

Philanthropy

- ▶ Fund research to learn how to reduce disparities in access, acceptance, and quality of PC.

- ▶ Fund pilots and early demonstration of interventions that meet the needs of underserved communities and are complementary to PC (e.g., serious illness navigation, caregiver support).
- ▶ Create materials that explain palliative care with culturally appropriate framing and in needed languages.
- ▶ Fund the scaling of care models that promote equitable outcomes.

- ▶ Provide funding to encourage clinicians of color to become certified in palliative care and to remain in California.
- ▶ Provide funding for incentives (e.g., cash bonuses, housing stipends, loan forgiveness) for PC clinicians to take positions in safety-net hospitals and in rural or other underserved areas.

Note: Please be aware that these opportunities and potential actions by stakeholder are part of the California Health Care Foundation's project aimed at describing the progress of palliative care in California and identifying key remaining opportunities. These potential actions serve as examples of how various stakeholders can contribute to the ongoing advancement of palliative care. They are intended to stimulate thought and strategic planning, and the list should not be considered exhaustive.

To learn more, visit www.chcf.org/resource-center/californias-palliative-care-evolution.