Models to Reduce Health Disparities for Hispanic Patients with Serious Illness: A Catalog of Interventions

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Acknowledgements

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This catalog was created with generous support from the Elea Institute.

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Who Should Use this Catalog?

This catalog was developed for palliative care leaders and team members who aim to provide more equitable care for Hispanic patients and families in their communities, as well as non-palliative care health equity champions focused on Hispanic patients with serious illness.

The catalog features links to evidenced-based health equity interventions from different care settings and types of health care organizations. The inclusion of a study in this catalog does not imply that CAPC endorses the article. Please refer to the linked articles for specific details on the intervention.

For more in-depth case studies on replicable interventions, see CAPC's Health Equity in Action Hub.

Focus Areas for Health Equity Interventions

Most of the health equity interventions discovered by CAPC fell into one of the following categories.

1. Expanding knowledge and use of palliative care services
2. Reducing caregiver burden
3. Improving health outcomes through patient engagement
4. Building cancer survivorship skills

This catalog features examples of interventions and their outcomes.

We hope these real-world efforts inspire meaningful action to advance health equity in your institution and community.

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Table of Contents

→ Section 1: Expanding knowledge and use of palliative care services

→ Section 2: Reducing caregiver burden

→ Section 3: Improving health outcomes through patient engagement

→ Section 4: Building cancer survivorship skills

Section 1: Expanding knowledge and use of palliative care services

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Using Participatory Action Research to Sustain Palliative Care Knowledge and Readiness Among Latino Community Leaders

Location: North Carolina
Setting: Community

Description:

This study examined the effectiveness of nurse-led training on palliative care knowledge and advance care planning readiness with Latino leaders.

The nurse-led palliative care program, comprising 4 nurses and a medical anthropologist, trained Latino community leaders in knowledge of palliative care and advance care planning as well as how to share information about advance care planning and home-based symptom management.

Using Spanish and English materials, 2 palliative care nurse specialists provided a 10-hour training plus a 6-month, post-training booster session.

Outcomes:

Among the 15 leaders who participated, 93% were women and 73% were of Mexican heritage. There was a significant increase in the Palliative Care Knowledge Scale (PaCKS) score between T0 and T1 (MdT0 = 10; MdT1 = 12, z = -2.15, pexact = .031) and T0 and T2 (z = -2.49, pexact = .008) with a medium-to-large effect size (r = .45). There was a significant increase in the Advance Care Planning and Engagement Survey (ACPES) scores between T0 and T2.

Link to Pubmed article

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A Lay Health Advisor-Nurse Partnership for Latinos with Cancer

Location: North Carolina
Setting: Home-based & Virtual

Description:

The purpose of this study was to develop and evaluate a community-based palliative care lay health advisor (LHA) intervention for rural-dwelling Latino adults with cancer. Trained Latino community leaders served as LHAs, delivering symptom management and advance care planning support through an average of three phone calls per patient after completing a 10-hour nurse-led training program, with booster sessions and ongoing consultation available through a nurse–LHA partnership that was central to the intervention.

Outcomes:

The major finding was that significant improvements were shown for all four items of the Advance Care Planning Engagement Survey (ACPES-4) among both the LHAs (post-training) and the participants (postintervention). Information on advance care planning was shared with 74.3% of the 35 participants. Participants showed clinical improvement in physical symptom scores and clinical deterioration in emotional symptom scores following the intervention.

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Apoyo con Cariño – A Palliative Care-Focused Lay Patient Navigation Intervention

Location: Colorado
Setting: Home-Based

Description:

A lay patient navigator model involving a culturally tailored intervention to improve palliative care outcomes for Hispanic patients with advanced cancer was tested across three urban and five rural cancer centers in Colorado. Five home visits were delivered over 3 months to 112 patients assigned to the randomized controlled trial's intervention arm. Grounded in core Hispanic values, visits addressed palliative care domains (advance care planning, pain/symptom management, and hospice utilization).

Outcomes:

Nine common themes, describing the lay patient navigator role, emerged and are displayed in an investigator-developed model: *activation/empowerment, advocacy, awareness, access, building rapport, providing support, exploring barriers, symptom screening, and the patient experience.*

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Improving Palliative Care Knowledge among Hospitalized Hispanic Patients: A Pilot Study

Location: California
Setting: Hospital

Description:

A pre-and post-test pilot study evaluating a brief educational intervention among 50 Spanish-speaking Hispanic patients age 40 and older hospitalized at a large public hospital. Participants viewed a four-minute video featuring a palliative care patient as a relatable role model, with palliative care knowledge and intentions to enroll in palliative care assessed before and after viewing.

Outcomes:

Palliative care knowledge significantly improved after viewing the video, with average knowledge scores increasing from 6.4 to 11.4.

Intentions to enroll oneself in palliative care increased from 72% to 92%, while intentions to enroll a family member increased from 64% to 98%.

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Culturally Adapted Palliative Care Consultation and Changes in Code Status

Location: Texas
Setting: Hospital

Description:

Palliative care consultations guided by SPIKES protocol (six-step tool used for clear communication while delivering bad news) was culturally adapted with bilingual Hispanic RN leading discussions, involvement of multiple family members, and support from a Catholic chaplain (priest). Intervention focused on culturally sensitive communication, shared decision-making, and incorporating patients' religious beliefs and family dynamics to facilitate end-of-life care planning including code status changes (e.g., DNR).

Outcomes:

Both primary language and ethnicity were associated with likelihood of change from full code to DNR status, such that Spanish speakers and those of Hispanic ethnicity were more likely to switch to DNR than non-Hispanics and English-Speakers.

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Section 2: Reducing Caregiver Burden

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Webnovela Mirela - Technology-Based Support for Hispanic Dementia Caregivers

Location: California
Setting: Home/Other

Description:

Webnovela Mirela is an 18-episode Spanish-language online telenovela designed to support Hispanic/Latino caregivers of individuals with dementia. It uses cognitive behavioral therapy (CBT)-based psychoeducation to teach caregivers how to cope with dementia caregiving, reduce stress and burden, and alleviate depression.

The intervention uses a fictional story to deliver caregiver education and coping strategies without professional involvement.

Outcomes:

Caregivers has a significant reduction in stress (PSS, p = .045) and depression (CES-D, p = .045), along with significant improvements in dementia caregiving knowledge (p = .041) from pre- to post- intervention

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Spanish Validation of the Stress-Busting Program (SBP) for Family Caregivers

Location: Texas
Setting: Other

Description:

The Stress-Busting program (SBP) was designed to reduce stress and improve quality of life among Hispanic family caregivers of people with Alzheimer's disease and related dementia (ADRD).

The 9-week program included weekly 90-minute sessions on stress-management techniques and caregiving topics. The culturally adapted Spanish version incorporated Hispanic values such as familismo and included guided imagery, meditation, relaxation breathing, and progressive muscle relaxation.

Outcomes:

After 9 weeks, caregivers showed significant improvements in caregiver burden and depression, along with significant changes in cortisol, salivary flow rate, and leukocyte telomere length

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Caregivers Like Me

Location: Multi-state
Setting: Community-Based

Description:

"Caregivers Like Me" was created as a source for nonprofessional caregivers to improve their knowledge about Latino caregiving of elders at end-of-life (EOL). This resource aims to educate about caregiver stress and to improve attitudes towards the utilization of EOL services

It consists of a 15-minute culturally tailored telenovela followed by a structured discussion on hospice, palliative care, caregiver stress, and available services. Sessions were held in community centers and lasted about 1 hour. Delivery included pretest and posttest questionnaires to assess knowledge, attitudes, and satisfaction, with discussion prompts before and after viewing.

Outcomes:

Participants in a multisite cross-sectional pilot study among nonprofessional Latino caregivers (N = 145) reported active learning from the intervention and high satisfaction with the overall educational experience.

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Northern Manhattan Hispanic Caregiver Intervention Effectiveness Study (NHiCE)

Location: New York
Setting: Clinic/Home

Description:

A randomized comparative effectiveness study of two established caregiver support programs for 221 Hispanic family caregivers of people living with dementia in New York City. Participants received either the New York University Caregiver Intervention (NYUCI), which emphasized individual and family counseling, or REACH OUT, which focused on skill building, problem solving, and caregiver education. Both programs included six 60- to 90-minute sessions over six months led by bilingual social workers.

Outcomes:

Both programs reduced caregiver burden and stress after six months, with no significant difference in effectiveness between NYUCI and REACH OUT. Reductions in burden and stress were greater among caregivers of spouses than caregivers of parents. Neither program significantly changed depressive symptoms or physical function.

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Circulo de Cuidado (Circle of Care)

Location: Massachusetts
Setting: Community

Description:

A Spanish language, culturally sensitive, targeted cognitive behavioral (CBT) group intervention for Latino ADRD caregivers coping with their relatives' neuropsychiatric symptoms. Using a randomized controlled trial design, 67 caregivers were assigned to the CBT experimental condition or the psychoeducational (PED) control condition and interviewed at baseline, post-group, and 3 months follow-up. The 2 manualized interventions had the same structure: 5 weekly 90-minute group sessions, followed by telephone coaching at 3, 6, 9 and 12 weeks post-group.

Outcomes:

CBT participants reported lower neuropsychiatric symptoms in their relative, less caregiver distress about neuropsychiatric symptoms, a greater sense of caregiver self-efficacy, and less depressive symptoms over time.

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Mentalizing Imagery Therapy (MIT)

Location: Colombia
Setting: Home

Description:

A culturally adapted, Spanish-language virtual Mentalizing Imagery Therapy (MIT) program for family caregivers of people living with dementia. Twelve Spanish-speaking caregivers participated in four weekly 2-hour virtual group sessions incorporating mindfulness, guided imagery, perspective-taking, and compassionate reflection to support caregivers' psychological well-being.

Outcomes:

The intervention was feasible and highly acceptable, with 100% attendance and high participant satisfaction. Depressive symptoms significantly decreased and improvements were maintained at 4-month follow-up. Participants also showed significant improvements in mindfulness after the intervention and in caregiver burden and well-being at 4 months.

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Confidently Navigating Financial Decisions & Enhancing Financial Wellbeing in Dementia Caregiving (CONFIDENCE)

Location: California
Setting: Community & Virtual

Description:

CONFIDENCE was a 5-week, culturally tailored, virtual intervention for Latino caregivers of individuals with dementia, delivered via weekly 1.5-hour video conference sessions in a community setting. Grounded in resourcefulness and self-efficacy theory, the program included guided activities, group discussions, and a workbook to build skills in managing financial strain and navigating service systems. Participants were asked to complete weekly practice exercises and share reflections in subsequent sessions. The intervention was co-designed with community input and aimed to support caregiver coping strategies and empowerment.

Outcomes:

Findings from pre- and post-test surveys indicated statistically significant changes in outcomes for financial strain, resourcefulness, and self-efficacy from baseline.

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CuidaTEXT

Location: Multi-State
Setting: Home

Description:

CuidaTEXT is a six-month, bilingual (English/Spanish), bidirectional SMS-based intervention for Latino/a dementia caregivers. It delivers 1–3 automated educational/support messages daily on dementia care, self-care, problem-solving, behavioral symptoms, end-of-life, and resources, plus on-demand keyword responses and live chat with a bilingual coach. Includes a 19-page reference booklet. Content is culturally tailored, based on the Stress Process Framework and Social Cognitive Theory, and personalized to caregiver preferences.

Outcomes:

The 5 caregivers who used the prototype of CuidaTEXT scored an average of 97 out of 100 on the System Usability Scale.

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Section 3: Improving Health Outcomes through Patient Engagement

The Influence of Patient-Provider Language Concordance in Cancer Care: Results of the Hispanic Outcomes by Language Approach (HOLA) Randomized Trial

Location: Multi-state
Setting: Hospital, Clinic & Virtual

Description:

The HOLA program was designed to improve patient satisfaction and communication among Latinx patients receiving cancer care, particularly those with limited English proficiency

The program compared oncology consultations delivered directly in Spanish by bilingual physicians with consultations conducted through professional interpreter services. Patients also participated in Spanish-language interviews exploring cultural and communication barriers to palliative and end-of-life care.

Outcomes:

Patients receiving direct Spanish-language care reported significantly higher satisfaction with technical quality of care (4.41 vs. 4.06; $p = .005$), interpersonal manner (4.37 vs. 3.88; $p = .004$), communication (4.50 vs. 4.25; $p = .018$), and time spent with providers (4.30 vs. 3.92; $p = .028$). They also asked more questions (11 vs. 4; $p = .007$) and were more likely to initiate unprompted speech (11 vs. 3; $p < .001$).

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Improving HIV Outcomes Among Black and Latino Adults

Location: New York
Setting: Clinic

Description:

Designed to improve HIV care engagement and viral suppression among African American/Black and Latino people living with HIV (PLWH) who had detectable viral loads and barriers to HIV care. Included five behavioral components: motivational interviewing (MI), focused support groups (SG), peer mentorship (PM), pre-adherence skill building (SB), and navigation, designed to address barriers to HIV care engagement.

Outcomes:

HIV viral suppression increased to 37% (45% in sensitivity analysis). MI and pre-adherence skill building significantly improved health-related quality of life, while MI and SG showed antagonistic effects on viral suppression, with the highest probability of suppression when either MI or SG, but not both, was assigned.

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Telenovela Intervention – Increase Awareness of Supportive Services

Location: Arizona
Setting: Other

Description:

A culturally tailored telenovela intervention designed to increase awareness and use of home health care services (HHCS) among Mexican American older adults with chronic health conditions and their family caregivers

The intervention consisted of a 12-minute telenovela followed by guided dialogue, offered twice within 24 hours before discharge. The content was developed with community members and culturally adapted for Latino audiences.

Outcomes:

Awareness and confidence in HHCS significantly increased following the intervention. HHCS use was higher among intervention participants (91.1% vs. 71.2% of authorized visits), although the difference was not statistically significant (p = .18). HHCS use was also associated with decreased caregiver burden and depression and improved older adult-caregiver mutuality.

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Efficacy of Motivational Interviewing to Enhance Advance Directive Completion in Latinos With Chronic Illness

Location: New Mexico
Setting: Clinic

Description:

A motivational interviewing (MI) intervention designed to support advance care planning (ACP) among Latino adults over age 50 with one or more chronic illnesses, including cancer. In this pilot randomized controlled trial, participants received either usual care with ACP education alone or ACP education plus MI counseling that included interactive decisional support, emotional support, and navigation of barriers.

Outcomes:

Participants who received ACP education plus MI counseling were significantly more likely to document an advance directive (AD) than those who received ACP education alone. However, they reported lower readiness to discuss ACP with healthcare providers or family members, and difficulty talking about dying was negatively associated with AD completion.

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Telehealth-delivered Pulmonary Rehabilitation (TelePR)

Location: New York
Setting: Home, Clinic & Virtual

Description:

TelePR is an 8-week pulmonary rehabilitation program delivered via telehealth, including exercise sessions twice weekly (90 min each), equipment (recumbent bike, weights, tablets) delivered to home or community center, supervised by respiratory therapists with real-time vital signs monitoring. There was also an alternative approach which used standard office-based pulmonary rehabilitation (SPR) at two clinical sites.

Outcomes:

TelePR participants showed significant improvements in fatigue and gains in COPD symptoms, disease knowledge, and functional capacity, with similar adherence and no adverse events. There were some barriers to adoption, maintenance, and sustained exercise reported.

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Fixing Paco (a bilingual, culturally tailored telenovela series)

Location: California
Setting: Hospital, Clinic, & Home

Description:

"Fixing Paco" is a 10-episode, 1-hour-31-minute bilingual (English/Spanish), culturally tailored telenovela designed to improve education among Hispanic patients with end-stage renal disease (ESRD). The series uses a fictional narrative to address kidney disease, the kidney transplantation process, postoperative care, and proactive self-care behaviors, alongside standard care education.

Outcomes:

Patients who viewed "Fixing Paco" had significantly greater improvements in knowledge about ESRD, transplantation, postoperative care, and self-care ($\beta = 4.06$; $p < .001$) and behavioral intentions toward proactive health behaviors ($\beta = .62$; $p < .05$) compared with standard care. Family members also showed significant knowledge gains ($\beta = 3.74$; $p < .01$).

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Section 4: Building Cancer Survivorship Skills

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Un Abrazo Para La Familia

Location: Multi-state
Setting: Community & Clinic

Description:

Un Abrazo Para La Familia (Abrazo) is a 3-hour culturally tailored, strength-based psychoeducational intervention for Hispanic/Latino cancer survivors and family co-survivors. It focuses on cancer knowledge, treatment options, emotional coping, and navigating the healthcare system.

The intervention was delivered in small groups by trained “promotoras” or lay community health care workers and was adaptable to participants’ language and family needs.

Outcomes:

Cancer knowledge significantly increased among co-survivors from 5.49 to 9.22 ($p < .001$), while self-efficacy increased from 4.78 to 8.71 ($p < .001$). Cancer knowledge increased more among co-survivors than survivors (4.3 vs. 3.1; $p = .0095$), and distress decreased among co-survivors.

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Telephone Interpersonal Counseling (TIPC) and Supportive Health Education (SHE)

Location: Arizona
Setting: Home-based & Virtual

Description:

Telephone interpersonal counseling (TIPC) and Supportive Health Education (SHE) were 8-week psychosocial interventions delivered by telephone to Latinas with breast cancer and their informal caregivers. TIPC focused on counseling, while SHE focused on health education, with both addressing psychosocial distress, symptoms, social support, and caregiver needs

Outcomes:

Among breast cancer survivors, SHE significantly reduced urgent care and emergency department visits compared with TIPC (OR = 0.31, 95% CI [0.12, 0.88], p = .03). Total costs per 100 survivors were $28,695 for SHE and $27,399 for TIPC. Caregiver outcomes also improved, including reduced symptoms, distress, and anxiety and improved self-efficacy with SHE at 2 months.

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High-Intensity Parenting Intervention Program (HIP)

Location: California
Setting: Office-Based

Description:

The High-Intensity Parenting Intervention Program (HIP) was designed to help parents support the academic success of childhood cancer survivors (CCSs) experiencing challenges with school-related functioning after cancer treatment. The program included up to 8 individualized bilingual sessions over 6 months, delivered in person or by phone.

Sessions focused on parenting strategies based on four learning area: motivation, study skills, information-processing strategies, and focused practiced. The program was culturally adapted for Latino families, incorporating familismo, flexible pacing, and parents' education levels.

Outcomes:

Parenting efficacy and knowledge significantly improved in the HIP group compared with the lower-intensity program at 6 and 12 months ($p \leq .01$). Child school functioning did not significantly improve, but social functioning and one measure of attention significantly improved at 12 months ($p < .05$)

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Photonovela to increase community-partnered participatory research

Location: California
Setting: N/A

Description:

Culturally tailored educational booklet (photonovela) developed using community-partnered participatory research (CPPR). Focuses on Latino adolescent and young adult (AYA) cancer survivors and their families, aiming to improve survivorship knowledge, confidence, and engagement. Development involved literature review, RAND-modified Delphi method, booklet creation, and acceptability testing through focus groups.

Outcomes:

Cancer survivors and their families described the photonovela as entertaining and relatable. Its story positively reflected their own experiences, and they connected strongly with its characters. Acceptability testing of the photonovela played a significant role in its final script and content and provided additional new insights into understanding survivorship care perspectives for Latino AYA survivors and their families.

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Patient Navigator LIVESTRONG Cancer Navigation Services (PN-LCNS)

Location: Multi-state
Setting: Community & Clinic

Description:

Patient Navigator LIVESTRONG Cancer Navigation Services (PN-LCNS) is a culturally tailored bilingual patient navigation program providing one-on-one support via phone and in-person, educational materials (guidebook, health journal, care plan), and assistance in accessing community resources (e.g., psychosocial services, financial support). Navigators also helped with appointment planning and healthcare system navigation. Services were available in both English and Spanish.

Outcomes:

Women randomized to the PN-LCNS program, relative to those who received standard PN, had a statistically significant reduction in unmet needs (i.e., overall and for the health systems and information, physical and daily living, and patient care and support domains). Among men, younger age was associated with greater unmet needs at baseline.

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Nuevo Amanecer (New Dawn) Survivorship Care Planning Program

Location: California
Setting: Community, Home & Virtual

Description:

This study aimed to evaluate the feasibility, acceptability, and preliminary efficacy of a culturally and linguistically suitable SCPP called the Nuevo Amanecer (New Dawn) Survivorship Care Planning Program for Spanish-speaking breast cancer patients in public hospital settings, approaching the end of active treatment.

Outcomes:

Women reported greater improvements in anxiety over time, along with improvements in several stress management skills. These included increased ability to relax, greater awareness of physical tension, and improved confidence in coping with stress.

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Nuevo Amanecer-II

Location: California
Setting: Virtual

Description:

Nuevo Amanecer-II (NA-II) is an evidence-based, peer-delivered cognitive behavioral stress management intervention adapted from the original Nuevo Amanecer program for Latina breast cancer survivors in urban settings. NA-II was adapted for rural survivors and expanded to address self-care and stress management throughout survivorship.

Outcomes:

Participants reported reduced anxiety and improved stress management skills, including relaxation, tension awareness, and coping confidence. The intervention also demonstrated high retention, participant satisfaction, and delivery fidelity.

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My Guide Smartphone App

Setting: Virtual

Description:

My Guide is a culturally informed smartphone application designed to improve health-related quality of life (HRQoL) among Hispanic/Latina breast cancer survivors. Available in English and Spanish, the app provides breast cancer education, relaxation exercises, and survivorship guidance.

Participants were encouraged to use the app for approximately 3 hours per week for 4 weeks, with weekly bilingual telecoaching calls providing motivational interviewing, goal setting, and technical support.

Outcomes:

Breast cancer knowledge significantly improved from baseline to post-intervention (mean score 9.5 to 11.1; $p = .002$). Participants also reported high satisfaction with the app, while improvements in HRQoL were modest and not statistically significant.

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Mindfulness-Based Stress Reduction (MBSR) program

Location: Texas
Setting: Hospital

Description:

An 8-week bilingual group Mindfulness-Based Stress Reduction (MBSR) program for Hispanic/Latina breast cancer survivors, teaching meditation, body scans, yoga, and breathing exercises, with home practice supported by audio materials and a book.

The program featured weekly 2-hour sessions included up to 10 participants and focused on improving quality of life and reducing stress, anxiety, and depression.

Outcomes:

At 24 months, participants had significant reductions in anxiety (GAD-7) and depression (PHQ-9) and improved mental quality of life (SF-36 MCS). No significant change was found in physical quality of life (SF-36 PCS).

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Resources:

- **Health Equity toolkit**: a CAPC resource filled with practical tools and information to advance equitable care for patients with serious illness
- **Health Equity in Action** : collection of evidenced-based interventions
- **CAPC's Office Hours**: Reducing Health Disparities for People With Serious Illness - monthly small-group consulting calls

Together, we can make a difference.

CAPC aims to support you as a health equity champion in every way that we can. We encourage you to let us know what resources, tools, or peer support will help you in your work, and we applaud your efforts to make health care more equitable for Hispanic patients with serious illness, and their families and caregivers.

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