

Despite a significant increase in palliative care programs throughout the country over the last ten years, racial and ethnic minorities have not benefited from its services equally. With the COVID-19 crisis, there is already early evidence that racial and ethnic minorities are beginning to bear a greater impact and experience negative health outcomes. It is essential that palliative care teams work to ensure current disparities are not further exacerbated during this pandemic.

1. Join your institution's crisis committee that monitors COVID-19 efforts across the organization.

Most health systems have an oversight committee to respond to the COVID-19 crisis. Palliative care is an essential member.

- Undetected cases are likely to be intensified among marginalized racial groups with less access to healthcare.
Advocate for special attention to equitable testing for ALL patients.
- Inquire and review your organizational dashboard to understand which populations are underserved and where disparities currently exist.
- Request that surveillance systems include data on race/ethnicity, socioeconomic, sociodemographic information.
- Use data to implement proactive identification strategies to ensure your team is seeing patients who need palliative care most.

“The white coat is not something magical, and a palliative care fellowship doesn't immunize us [palliative care teams] from universal human short-cuts and reactions manifested by implicit bias.”

Kimberly Curseen, MD
Associate Professor of Internal
Medicine at Emory School of

2. Reduce Implicit Bias through Training and Tools

Implicit bias is significantly related to patient-provider interactions and pain treatment decisions.

- Take Harvard's [Implicit Association Test \(IAT\)](#) to increase self-awareness.
- Review the [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#).
- Always use the “[Teach Back](#)” method to confirm patient understanding of health care instructions.
- Seek implicit bias training through your organization's Diversity & Inclusion department.
- Read CAPC's blog post on [Implicit Bias and Its Impact on Palliative Care](#).

3. Utilize Relationships with Community Organizations

Palliative care teams cannot do this work alone. Think beyond the clinic walls and partner with organizations more familiar with the needs of traditionally underserved populations.

- Coordinate with pharmacies to ensure availability of comfort medications for your patients.
- Use a [Social Needs Screening Tool](#) to identify patients for adverse social determinants of health.
- Do a weekly check-in about services from community partners (food, transportation, etc.) to offer patients