

Title: Palliative Care in an Urban Community Health Center Setting: A Needs Assessment

Authors: Erin Salvador MD^{1,2}; Paul Pirraglia MD, MPH¹; Edward Ferrera; Regina Fink RN, PhD, AOCN, FAAN²; Amos Bailey MD²; 1- Baystate Medical Center, Springfield, MA; 2 -University of Colorado Anschutz Medical Campus, Aurora, CO

Statement of the Problem: Seriously ill Baystate Health (BH) community health center patients have unmet palliative care (PC) needs. The population is vulnerable with a high poverty rate, systemic racism, and literacy challenges.

Background/Literature Review: A search of evidence from 2016-2021 was performed in the PubMed database limited to the English language using the following search terms: “palliative care,” “knowledge,” and “urban health.” The research reveals low rates of awareness of PC in urban Black and Hispanic populations. Studies suggest that interventions are most successful when theory-driven, co-created with members of the community, and work to improve on known knowledge gaps.

Purpose: This needs assessment’s purpose is to assess the BH community health centers’ staff and providers for knowledge, attitudes, resources, and barriers to PC to inform strategy and interventions for improvement.

Methods/Measures: A descriptive study design was used to query 115 physicians, trainees, and other staff. An investigator developed the PC needs assessment survey instrument with both quantitative and open-ended questions, informed by literature review and stakeholder interviews. Descriptive statistics and content analysis were used to summarize data.

Findings: Fifty-two of those queried (45%) responded. Dissatisfaction with current PC was identified including lack of alignment to patients’ values and preference and gaps in emotional, family, and caregiver support. Significant barriers to providing PC to this population exist and include personnel shortages, lack of access to subspecialty PC, and lack of community awareness of PC. Many respondents were interested in access to screening tools, PC education, subspecialty consultation, and a local palliative care champion. Non-physician staff had a more favorable view of current PC services.

Conclusions: Results of the needs assessment will be combined with the findings from community stakeholder focus groups to inform the development of a multifaceted intervention to improve palliative care services.