TuftsMedicine
Care at Home

Monthly Educational Series
Heart Failure and Health Equity

1/3: Zones
2/3: Self-Care
3/3: Equity in Action

Health Equity Learning Objectives

By the end of this session, staff will be able to:

- Explain what health equity means and how it is different from treating everyone the same.
- Recognize how social factors like housing, transportation, language, or cost can affect a patient's ability to manage heart failure.
- Identify when a patient may need extra support and how to connect them with available resources.
- Use documentation to support fairness in care, avoiding assumptions like "non-compliant" without asking why.
- Take one small action to help improve health equity during home visits or team meetings.

Knowledge Poll

- Every day, home care clinicians support patients with heart failure, managing symptoms, adjusting medications, and teaching self-care strategies. But not all patients start from the same place. Where they live, how much support they have, their ability to afford medications, and even the language they speak can drastically affect outcomes.
- On the next slide is a one question “mini poll” and is based on this short training about health equity, the idea that fair and tailored care leads to better results.
- *As you answer the question, think about how social factors like transportation, income, housing, and education intersect with a person’s ability to manage their heart failure. Understanding each person’s situation helps us prevent hospital stays that don’t need to happen and support the best care for every patient.*

What is the goal of health equity in patient care?

A. Give every patient the exact same instructions

B. Help each patient get the right kind of support based on their needs

C. Make sure patients use fewer healthcare services

D. Only focus on what medications the patient takes

What is the goal of health equity in patient care?

Not quite

A. Give every patient the exact same instructions

- Health equity isn't about treating everyone ***exactly the same***.
- Instead, it's about giving each person the support they need based on their individual situation, like access to food, transportation, or help at home.
- For example: Two people with heart failure may get the same medication instructions, ***BUT*** only one can afford the prescription or get to the pharmacy.

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What is the goal of health equity in patient care?

Not quite

C. Make sure patients use fewer healthcare services

- Health equity is not about reducing how much care people use, it's about ***making sure every person can access the right care at the right time***, based on what they need to succeed.
- In fact, when people face barriers like poor transportation, low health literacy, or cost concerns, they may avoid care until their condition gets worse, increasing the need for emergency or hospital services.
- Supporting health equity can ***actually lead*** to better long-term outcomes and more efficient care, but the goal is ***fairness***, not just reducing service use.

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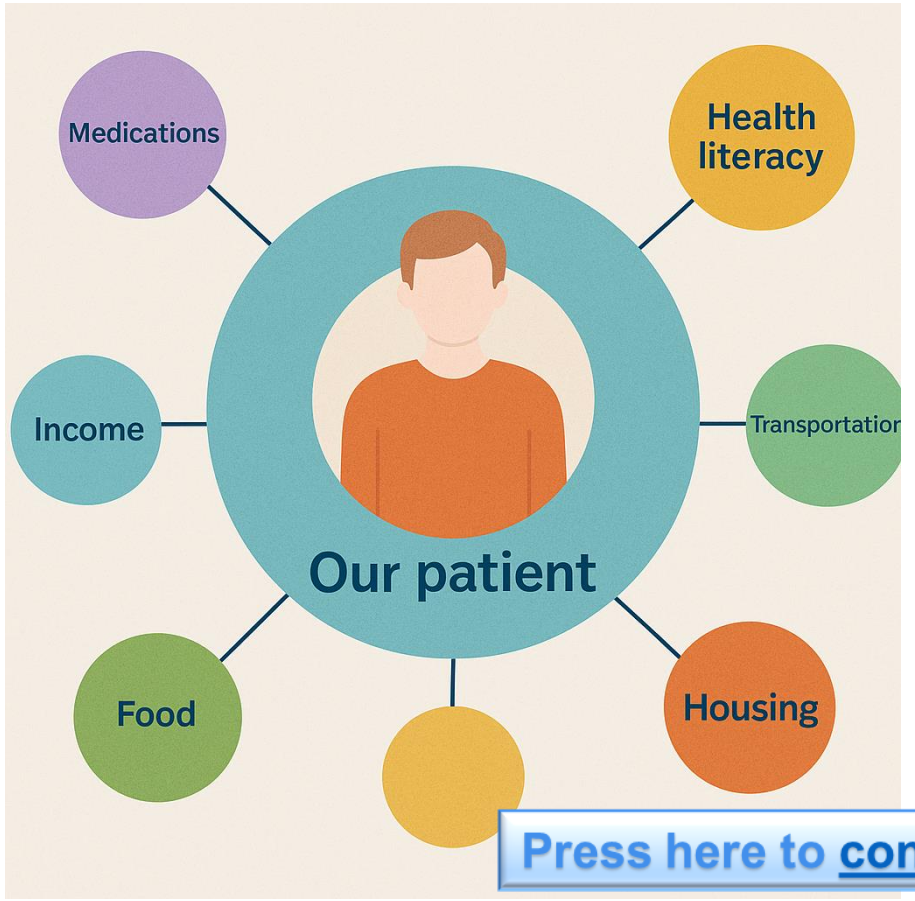
What is the goal of health equity in patient care?

Not quite

D. Only focus on what medications the patient takes

- Medications are a key part of managing health conditions like heart failure, but they are only one piece of what patients need.
- If someone doesn't understand how or when to take their meds, can't afford to refill them, or doesn't have food, electricity, or housing, those prescriptions may not help much.
- Health equity means understanding and addressing the full picture, including challenges like low income, poor health literacy, or no transportation.
- Care must go beyond prescriptions to support real success at home.



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What is the goal of health equity in patient care?

Correct!

B. Help each patient get the right kind of support based on their needs

- Health equity means supporting each patient based on their unique needs, not just giving everyone the same care.
- It's about being fair, not identical.
- One person may need transportation help while another person might need extra teaching due to language or health literacy barriers.
- Equity ensures that each person has a real chance to succeed at home.

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What Makes Us Healthy?
Understanding the Social Determinants of Health

You Are the Eyes & Ears

What This Means for You

Nurses & HHAs

Notice if a patient is missing meals, meds, or appointments

Social Workers

Identify and refer for housing, food, and income insecurity

Therapists

Adjust care plans if the home is unsafe or inaccessible

All Staff

Use teach-back to assess health literacy and language needs

You are the eyes and ears of the patient's environment.

Your Role in Advocacy

Shift from noticing to being part of the solution!

- Speak up during team meetings or case conferences

"Patient reported skipping dose due to cost."

- Refer to social work or community partners
- Ask: "What does this patient ***need*** to succeed?

"Missed last two appointments due to lack of transportation."

- Be brave enough to say: "This discharge plan doesn't feel safe."
- Document social concerns clearly – don't just focus on vitals!
- Is the patient ***really non-compliant***? Ask yourself: "Why wouldn't they want to improve their health?"

"No working refrigerator in home to store insulin."

Equity Starts with Awareness

- When was the last time I considered a patient's access to food or medications?
- Do I ever assume a patient is "non-compliant" without exploring why?
- How ***do I contribute*** to equity – or inequity – in my documentation and decisions?

Where are the Resources to Improve Health Equity?

TM Organizational Tools:
- Care Coordination or Case Management Team
- Social Workers
- Interpreter Services
- Resource Lists or Handbooks

Local Community Organizations:
- Area Agencies on Aging (AAA)
- Community Health Centers (CHCs)
- Faith-based organizations
- Local housing authorities
- Food pantries or Meals on Wheels

Local and State Government Programs:
- MassHealth
- Department of Public Health (DPH)
- 211 (United Way)

Advocacy & Education Partners:
- Local chapters of national organizations like:
  - American Heart Association (AHA)
  - National Alliance on Mental Illness (NAMI)
  - Community Action Agencies
  - Public libraries

Ask the patient:

"Who helps you with thinks like rides, groceries, or making appointments?"

"Have you worked with any community groups before?"

One Thing I Can Do

What is one small action you can take this week to promote health equity in your visits?

Resources & Assistance

(to get you started)

- ***Aging and Disability Advocates and Service Providers****: A resource of government organizations and government funded programs, as well as private organizations that advocate and/or provide services for older adults and people with disabilities.*
- ***American Heart Association:*** *Resources for financial assistance, transportation, and other aid – and healthy eating.*
- ***Massachusetts Behavioral Health Help Line:*** *Helps MA residents connect with mental health and substance use treatment support AND can also help locate health-related social supports throughout Massachusetts.*
- ***AgeSpan:*** *Provides information and links for individuals, caregivers, and family members.*
- ***211 Organization****: The Massachusetts Chapter (**Mass211**), and the New Hampshire Chapter (**NH-211**) helps people find local resources and support for a wide range of needs. The program is run by the United Way in partnership with local and state organizations. Services can include connecting individuals and families with essential community services, including:*
  - *Food Assistance; Housing & Shelter; Utility Assistance; Mental Health Services; Substance Use Treatment; Employment Support; Health Care Services; Transportation Resources; Childcare and Parenting Resources; Disaster or Crisis Support.*

To access the website, click anywhere in the word(s) written in blue.

This "small" list is only a fraction of the resources available, and each resource above provides more resources lists on their websites.

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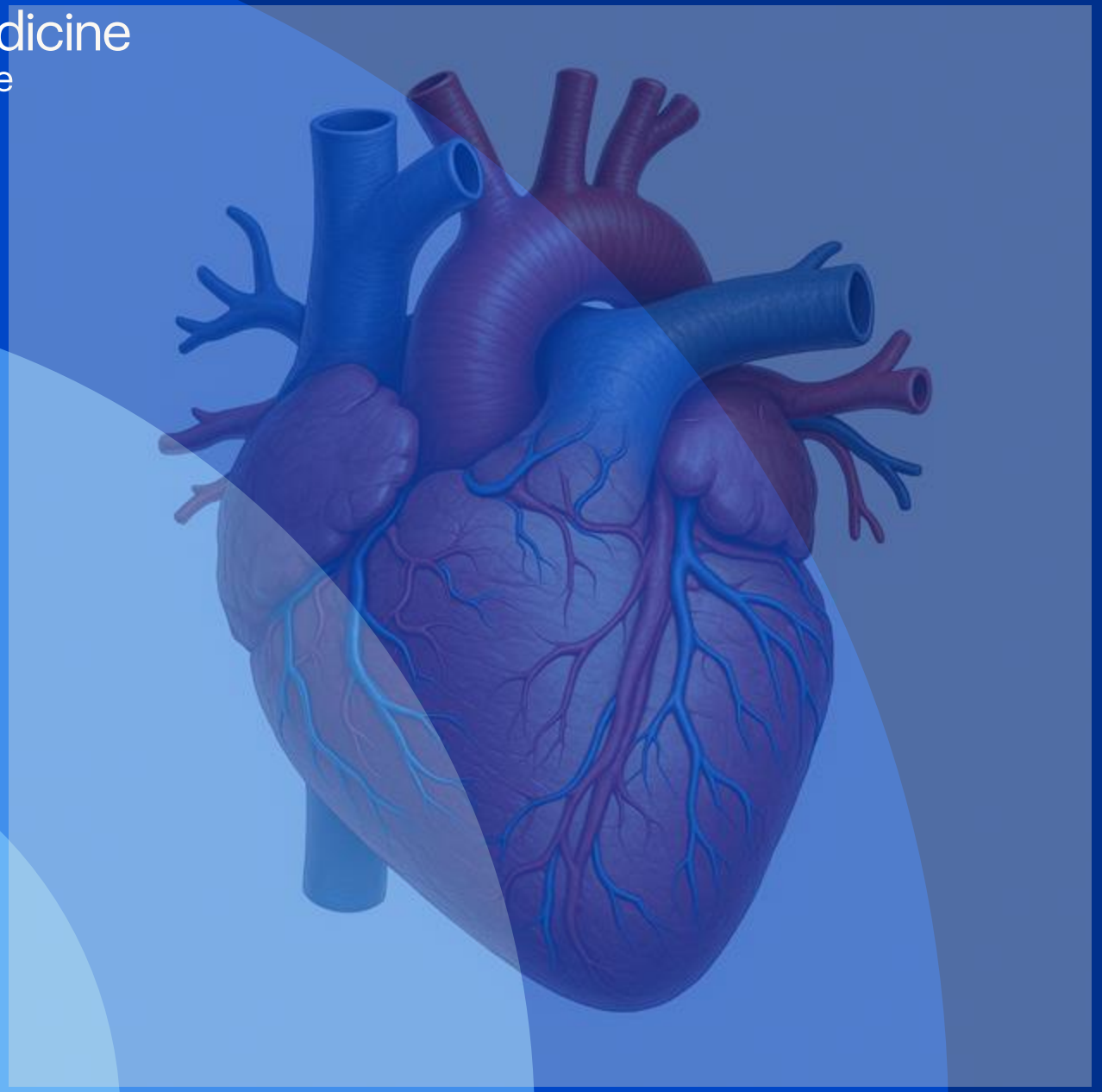

Thank You For Learning!

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