

# Who is C-TAC? – We believe Every person experiencing serious illness has a high quality of life.


## We will improve lives over the long-term across policy advocacy, public engagement, and workforce reform:

***All persons living with serious illness should have access to care reflecting these core principles, regardless of who pays for that care.***

1. The person and family are the focus of care, with the goal to improve the quality of life for both.
2. Comprehensive care is available as needed throughout the continuum of a serious illness, from diagnosis to end of life.
3. Ongoing assessments are made of each individual's physical, social, psychological, and spiritual needs based on standardized protocols.
4. Care plans, reflecting shared decision making, are developed to reflect the person's goals, preferences, and needs.
5. Care includes individualized physical, social, psychological, and spiritual services and supports for the person and family caregiver(s).
6. Care is provided by a qualified core interdisciplinary team with additional team members as needed.
7. Care is provided in the setting(s) the person prefers, including the home.
8. The person and family have 24/7 access to care services, using technology as appropriate.
9. Care is coordinated, with seamless transitions and integration of clinical and community-based services.
10. Care is inclusive and aims to reduce inequities and disparities and remove barriers to access and to quality care.
11. Payment is value-based and aligned with these core principles, and available to qualified organizations of any size, and includes risk adjustment, upfront investment, accountability, standardized metrics, quality assurance, and covers clinical and social services.

*Note: These Core Principles align with the evidence-based 4<sup>th</sup> edition of the [National Consensus Project Clinical Practice Guidelines](#)*

# The State of Health Care

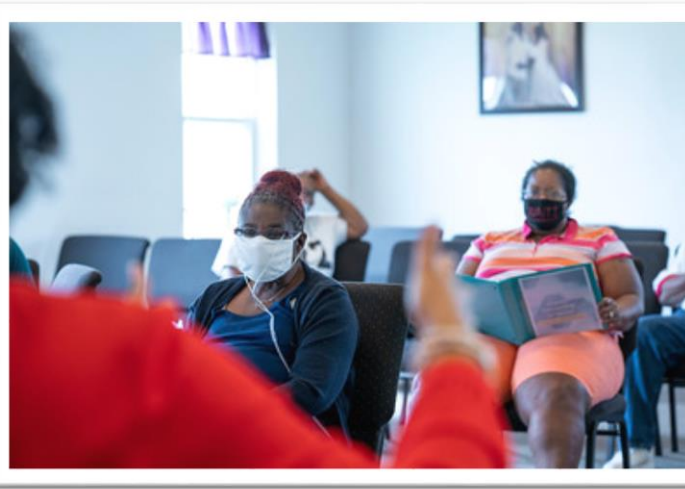
- There are at least 12 million seriously ill people in the U.S. with three or more chronic medical conditions that affect their ability to care for themselves or perform basic tasks.
  - Serious illness takes a heavy toll on the 44 million informal caregivers that work tirelessly to support loved ones without compensation and proper training.
  - In a 2016 report, Hispanic and Black Medicare beneficiaries said that help was provided in managing their care significantly less often than did White beneficiaries.
  - As such, C-TAC set the 2030 Moonshot to galvanize our coalition over the long-term across policy advocacy, public engagement, and workforce reform: 12million people living with serious illness have high quality of life.
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# Louisville Pilot Project... What Did We Set Out to Do?

Answer the Following Questions:


1. How can we improve serious illness care for those most in need?
2. What does excellent healthcare look like to a community that is dealing with COVID-19, widespread poverty and systemic racism?



# Louisville Pilot Project... What Did We Set Out to Do?

Answer the Following Questions (cont.):

3. What are the needs related to serious illness care support for African American patients and family caregivers?
4. What assets can the faith community use in providing this support?
5. What type of partnerships with other community organizations are effective?
6. What templates might other communities use to provide this support, given geographical variations in the presence and capacity of African American faith communities (e.g., size of churches, mosques, synagogues etc.)?

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- A photograph of three people standing in front of a colorful mural. They are wearing bright green t-shirts with the C-TAC logo and text. The person on the left is a woman with glasses and a black face mask. The person in the middle is a man with a black face mask and black gloves. The person on the right is a woman with a light blue face mask. The mural behind them features yellow stars and green leaf-like shapes on a purple background. A white horizontal line is positioned below the text on the left side of the image.
- C-TAC is a trusted voice of the movement because we do not represent a trade, product or service. We have no vested interest beyond achieving our goal of improving quality of life.
  - COVID-19 pandemic and the push for racial justice has created new opportunities to improve community infrastructure and create new payment models for serious illness.

Why? If not us who?

# Faith Leader Engagement

## EXECUTIVE SUMMARY

- ✦ ✓ **Opportunity:** Meet People Where They Are
  - ✦ ✓ **Mission:** Provide Healthcare Aids & Planning Supports To Underserved Communities
  - ✦ ✓ **Solution:** Assessing Needs & Introducing Community Based Organizations That Can Provide Assistance to Those Needs, While Raising Awareness To The Needs That Are Unable To Be Met
  - ✦ ✓ **Expected return:** Congregants will be better informed to Advocate for Themselves and Put Into Place Plans of Action For Care
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# What We Did (7 months)

## July 2020-January 2021


- Leadership Engagement: Engaged two African American faith leaders in Louisville, KY (40203) Conducted a needs-and-asset assessment regarding the individuals they serve
- Involvement: Based on needs and asset review, co-designed and implemented strategic plan
- Awareness:
  - Grief Support for Associate Ministers & Deacons. 93% felt more prepared to provide grief support
  - Community Based Organizations & Faith Leaders Meet & Greet
    - **Connected congregations to available food & essentials as well as health resources (Louisville local, KY statewide, national) and assisted with parishioners understanding as it relates to navigating accessing these resources**
  - Advance Care Planning. 10 individuals created and notarized ACP documentation.
  - Caregiver Support: Caregiver's Celebration with Resources
  - Received 4,000 masks that was distributed to low-income families in community
- Expanding the Coalition
  - Addressing Local Social Determinants of Health
    - Connected Faith Leaders and surrounding community with local partners
  - Planned, Sponsored and Executed Food & Essential Drives
- Evaluation
  - Faith leader self-report - Conducted an evaluation of the impact of the interventions at the end of project
  - *"Are You In Good Health?"* Interviews with 25 individuals from community

**C-TAC**  
COALITION TO TRANSFORM  
ADVANCED CARE

**AARP**®



# Expanding the Coalition to do What We Could Not

- Lack of resources to address social determinants of health
  - Lack of human resources and training to support full congregation needs
  - Lack of health partners to facilitate health programming (e.g., health screenings, care planning, caregiver support)
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# Faith Leader Engagement ~ 40203 Louisville, KY



Rev. Adrian Baker,  
Christ Way Baptist  
Church

# Food & Health for Our Community



# CELEBRATION PARADE

Staging at Floyd and Jacob St (Near Wave 3 News)

FORTNITE VBUCKS  
FAMILY GAMES  
CANDY (LOVES  
JUICY DROPS)  
SAKI BLUE SUSHI



CELEBRATING  
EMMANUEL "BUBBY" MITCHELL - J

DEC  
19

PARADE WILL START AT 2:00 PM (Staging at 1:30)

237 EAST BRECKINRIDGE LOUISVILLE KY

INFO: TYLISHA MITCHELL 502-389-1479



# Next Steps ~

## Where Do We Go From Here? Louisville, KY

### *Building Case Model for Value Based Care*

1. Develop business case for local stakeholders (business, health systems, others) for improving access and use of high quality serious illness care for African Americans and others underserved in the community
2. Recruit additional partners for the serious illness care program and make connections with partners who can support the communities' other areas of need upstream of serious illness – for instance, food insecurity and transportation
3. Establish a research-based language for Faith Leaders to use when attempting to identify program funding.
4. Provide research-based supports for the identification of specific areas where persons who have experienced serious illness care have found barriers to support, resources and/or service provision.
5. Identify research-based information around specific opportunities for Faith Leaders in Louisville to galvanize support for families and extended care communities.
6. Implement, Evaluate and Disseminate findings

#### Team

Tihisha Rawlins, AARP

Elder Angela Overton, CTAC

Abbie Szymanski, United Community

Ivory Rollins Cross, University of Louisville

Ben Reno-Weber, University of Louisville

#### **Advisory Participants**

Lauran Hardin, National Center for

Complex Health & Social Needs

Camden Coalition of Healthcare

Providers

David Jones, Jr., Chrysalis Ventures

**5-8 Places of Worship Potential hub**