Operation R.E.D.

relationship, education, development

Team 9

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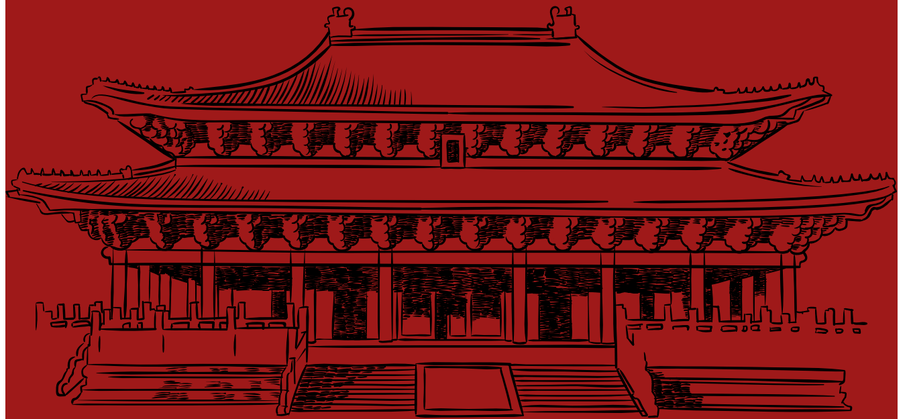
Background & Problem Statement

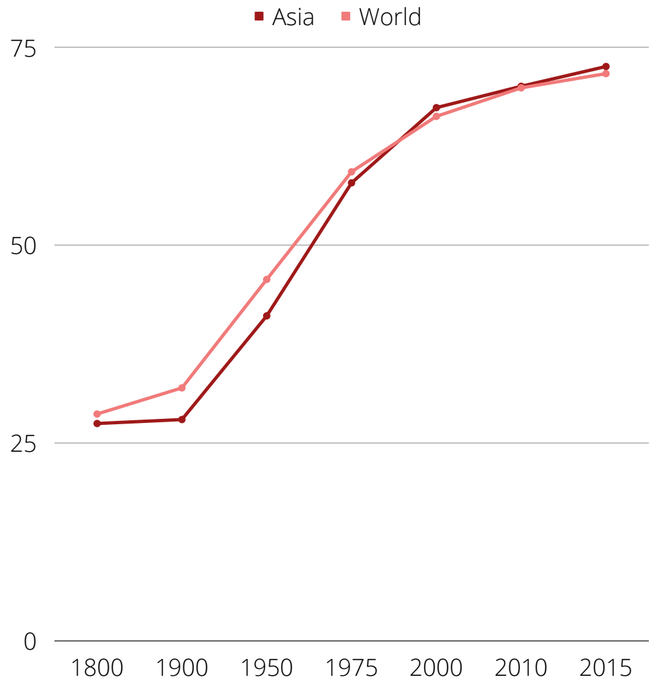
Population

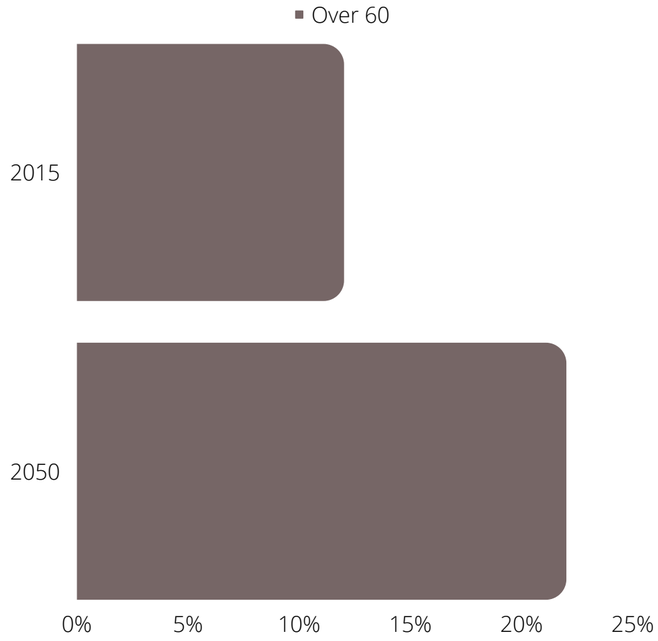
- World population is increasing
- Life expectancy increasing
- 703 million people are >65, accounting for 9% of the global population

Country Specific

- China contains 18.47% of the world's population
- 12% of Chinese population is >65
- Total health expenditure is only 3% world total

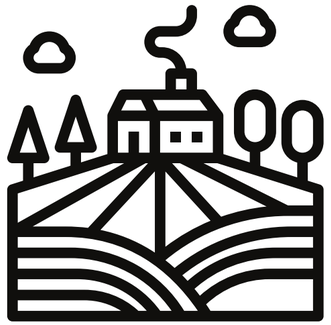






High Impact Points

Goal: Implement government-supported health care systems and hospice care for the growing elderly population in China

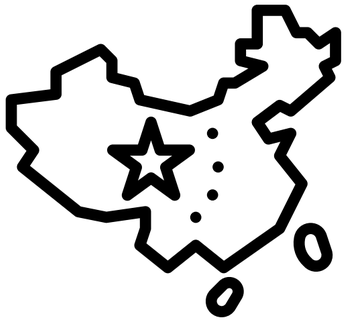


Challenge 1

Disconnect between communities and healthcare causes healthcare inequality

Challenge 2

Chinese culture largely shies away from communication surrounding death and dying leading to educational gaps



Challenge 3

Existing healthcare systems are focused on treatment of acute health issues rather than chronic and are often inaccessible

R

Relationships

Strengthen relationships between healthcare workers, community health officials, and the families they serve

E

Education

Bilateral approach to educate medical providers and families on end-of-life care

D

Develop

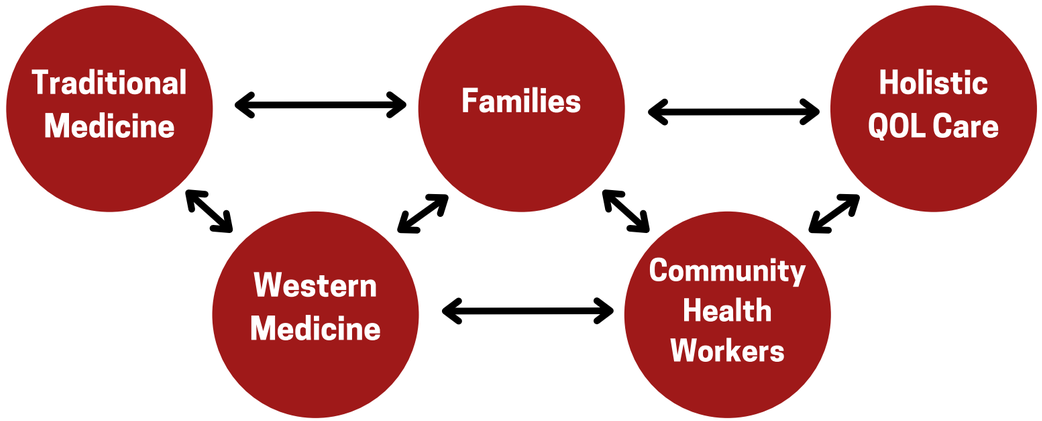
Refine existing structures and incorporate new systems to facilitate advancements in elderly care.

Solutions & Objectives

Relationships

Strengthen relationships between healthcare workers, communities, and families by utilizing community health workers and social programs

- Incorporate traditional medicine and emphasis on healthy living
- Shift rhetoric from end-of-life care (EOL) to quality-of-life care (QOL)
- Connect community to healthcare through community healthcare workers



Medical Professional

- Medical Education Reform
- Standardize Care

Community Health Worker

- Competency Based Certification
- Bridge the Gap

Families

- Education on Choices
- Destigmatize EOL and QOL care

Education

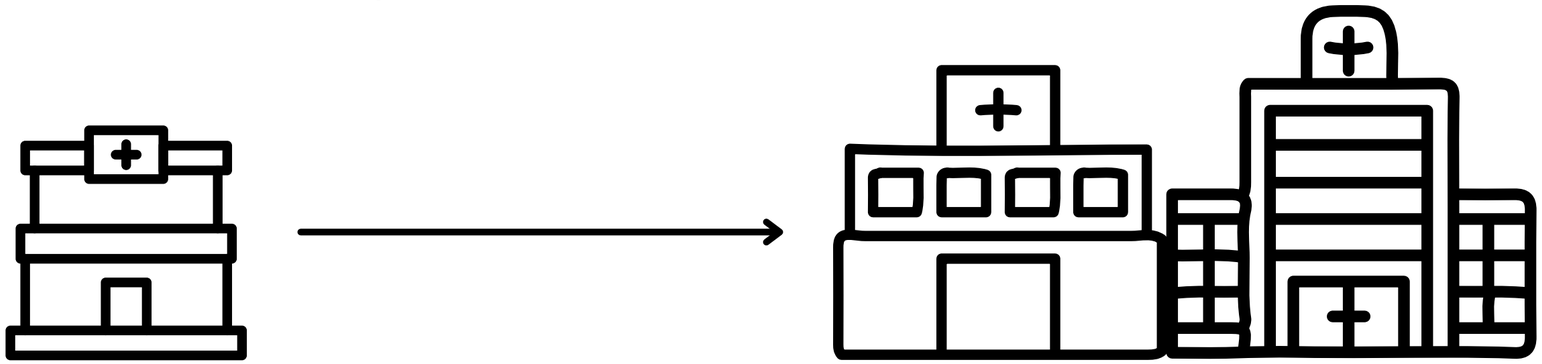
Bilateral approach allows us to target medical education at both a macro (professionals) and micro (communities) level

- Medical Education
  - Integrate classes on palliative care with respect to filial piety
  - Palliative care certification program
- Community Health Worker Implementation
  - Bridge the gap between medical professionals and the community
  - Outreach into underrepresented sectors
- Family Education
  - Advanced care directives
  - Education on EOL/QOL care

Develop

Refine existing structures and incorporate new systems to facilitate advancements in elderly care.

- Expand Existing Structures and Systems
  - Community Health Service Centers
  - Partnerships
  - Health Insurance Policy
- New Structures and Systems
  - Stipends
  - Community Health Workers
  - Indicators and Outcomes



Proposed **Timeline**

Stage 1

6 Months
- Initiate Medical Education
- Informational Brochures
- Stipend
- Increase Nursing Staff

Stage 2

1 Year
- Begin Insurance Policy Reform
- Certification Program

Stage 3

1.5 Years
- Healthy Living Initiative
- Significant Medical Education Reform

Stage 4

2 Years
- Community Health Centers
- Advanced Care Directives

Stage 5

4 Years
- Integration of Community Health Workers in all Regions

Stage 6

5-15 Years
- Yearly Progress Reports
- Sustainability

Yearly Surveys to monitor program progress

SWOT ANALYSIS

S Strengths

- **Synergistic** integration of cultural and religious view points with traditional and western medical approaches
- **Multidimensional** approach to healthcare reform
- Maximizes community importance
- **Uniquely adaptable**
- **Expansion and improvement** of existing systems and **capacity building**

W Weaknesses

- Cultural viewpoints
- Rural/Urban Gap
- Geographic coverage
- Retraining of medical professionals

O Opportunities

- **Expansion** to holistic education and practice
- **Partnerships** between medical schools, health organizations, palliative care, and community workers
- Trickle-down education
- Development of a **sustainable** system for a growing elderly population
- Individual care from families

T Threats

- Funding dependent on governmental support
- Efficacy & response to education
- Resource availability (medication, medical personnel, etc)

Impacts & Outcomes

Education

Medical education reform, community education through CHW

Culture

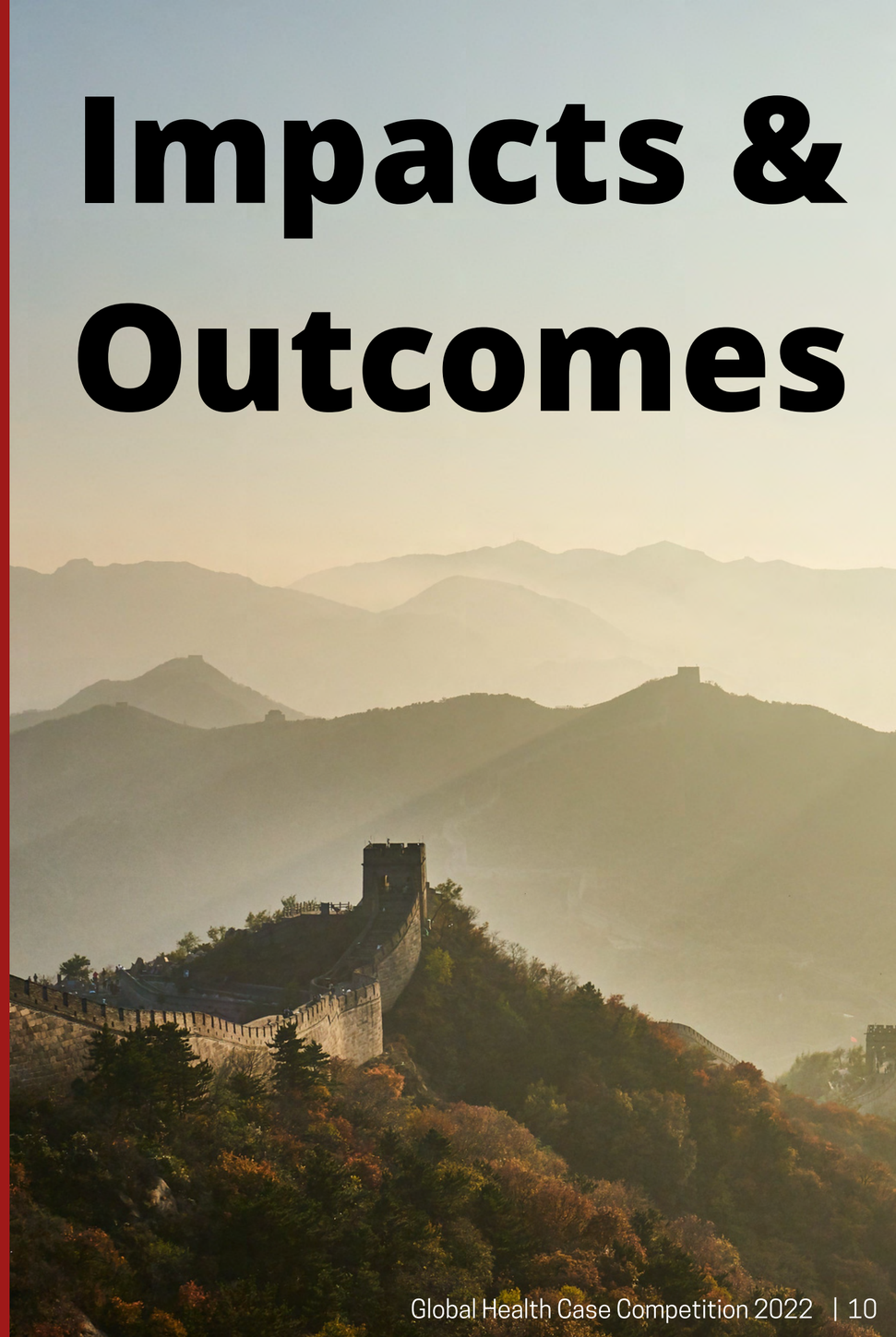
Attention to cultural and religious structure allows for respectful and effective practice

Economics

Engages with new and old systems to maximize benefits and minimize cost

Politics

Insurance policy reform allows marginalized groups to access medical care



Appendix

Appendix A: Critical Term Definitions

- **Traditional Chinese Medicine (TCM)** focuses on general health and utilizes many physical and psychological treatments rooted in maintaining Qi.
- **Tai Chi**: Focused movement and breat beneficial for more sedentary, older populations for physical health and has many mental benefits. Can play a significant role in community building.
- **Death culture**: death-related conversation is avoided to varying degrees (from family to medical teaching), leaving gaps in end of life plans, health care, communication, and other areas.
- **Filial Piety**: The notion that younger family members have reverence towards their elders and ancestors and will care for them as they age; crucial part of Chinese culture with roots in many religions.
- **Face**: Cultural understanding of respect, honor, and social standing. Disrespectful words or action can cause a person or family to lose face, whereas giving gifts, winning awards, or being respectful can cause a person or family to gain face. Of critical importance for this case, the notion of filial piety. By sending elderly parents to a hospice home, adult children lose face.

Appendix B: Potential Collaboration Opportunities

- Committee of Rehabilitation and Palliative Care (Wuhan)
- Chinese Association for life care
- Hong Kong Society of Palliative Medicine
- Society for the Promotion of Hospice Care
- United Family Home Health
- Municipal Governments
- Li-Ka Shing Foundation National Hospice Service Program
- The Committee of Rehabilitation and Palliative Care of the Chinese Anti Cancer Association
- Project Hope-- Senior Program
- Hong Kong Palliative Nursing Association Limited
- Chengjiaqiao Community Health Service Center

Appendix C

S
M
A
R
T

Specific
Government supported healthcare system & hospice care for the elderly

Measurable
Increase in education and program utilization, demonstrated by impacts and outcomes surveys

Attainable
Long and short term solutions to improve education, geographical, and communication gaps

Relevant
Stipends, insurance coverage, and education will lead to improvement

Time-Based
By 1Y significant educational progress and stipend available

Appendix D: PDSA Model

Plan

- Identify critical problem and associated challenges and barriers
- Assessment of facility and resource availability
- Formulate plan
- Contact organization and government for needed funding and, implementation resources, and support

Do

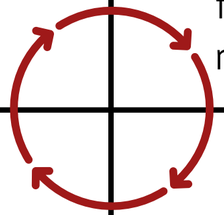
- Begin training and education of health care professionals, CHW, and Families
- Implement stipend, certification programs , and other plan aspects
- Prediction of impact

Study

- Compare data and analysis with original predictions
- Monitor functionality and implementation of programs
- Conduct surveys and interviews
- Track and analyze demographic data

Act

- Reevaluate budget and resource allocation
- Identify necessary changes to plan
- Adapt, adopt, and abandon.
- Restart planning process



Appendix E: Brochure Distribution

Content

- Emphasizes hospice and palliative care as a means for better quality of life for those living with chronic conditions.
- Provides options for family for in home, in hospital, and in community living care.

Distribution

- Hospitals
- Community Centers
- Universities
- Pharmacies
- Advertisements
- Websites
- Social Media

Appendix F: Community Health Workers

As defined by the WHO, "community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers." (WHO 1989)

Community engagement strategies
Pre-intervention consultation
Pre-programme consultation with community leaders
Meetings to sensitize community to an impending intervention, led by community leaders or community members
CHW selection
Engaging community in developing CHW hiring criteria
Engaging community in nominating community members for CHW positions
Community leaders involved in selecting and hiring CHW
CHW training
Involving selected community members or organizations in developing CHW training
CHW programme implementation
Enrolling community as members in organization/collaboration associated with CHW intervention
Engaging community members in retaining CHW
Involving community leaders in CHW activities
Engaging community members in intervention implementation
CHW project evaluation and oversight
Involving community members in decision-making, quality improvement and evaluation, e.g. participatory evaluation meetings
Establishment of a village health committee for project and CHW oversight

Appendix G: Medical School Education

- Based off of the University of Maryland, we can integrate classes about palliative/hospice care that focus on:
  - Describe the value of palliative and end-of-life care as a professional practice
  - Delineate the barriers to physician competence in end-of-life care
  - Describe the concept of hospice and the multidisciplinary approach to the care of the terminally ill
  - List the fundamental areas of knowledge and skills required for a physician to be an effective member of the palliative care team.
  - For China specifically, we can incorporate a cultural sensitivity component that highlights the importance of palliative/hospice care while still respecting the culture of filial piety.

Appendix H: End-of-Life Nursing Education Consortium (ELNEC)

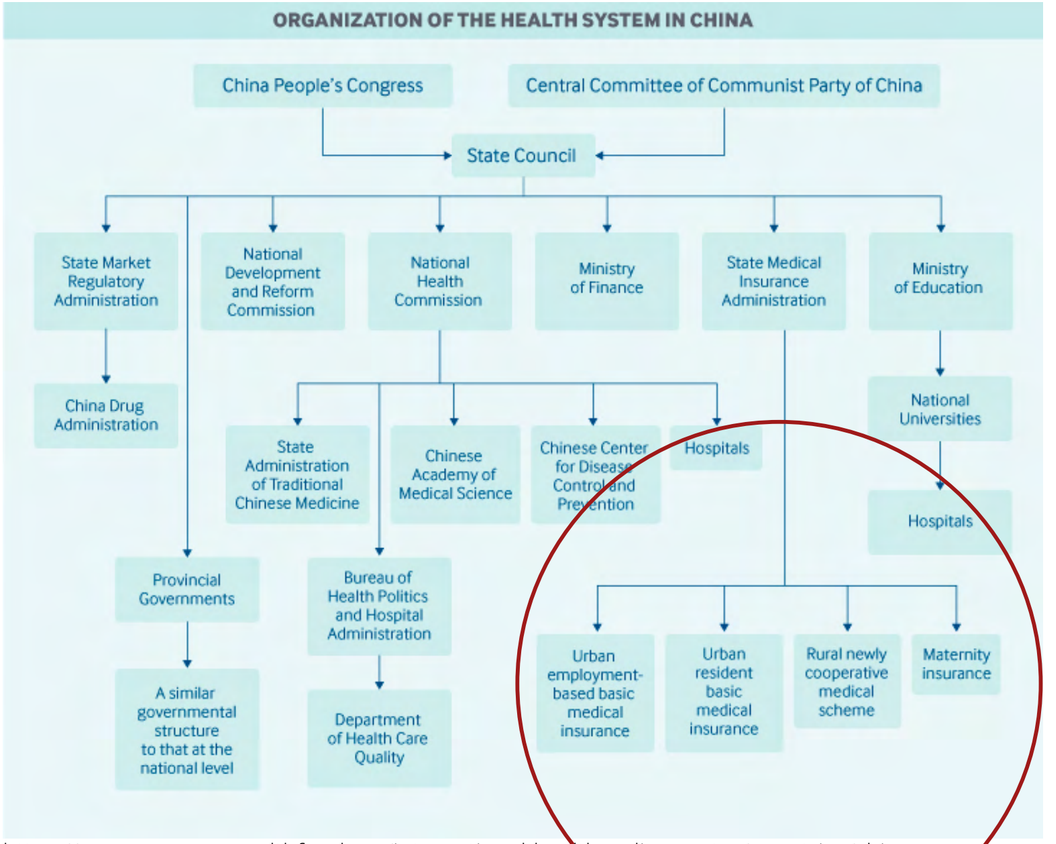
- *The End-of-Life Nursing Education Consortium (ELNEC)* project offers evidence-based, culturally appropriate curricula as a strategy for international palliative nursing education for both student and practicing nurses.
- ELNEC was translated from English to Chinese, which was sponsored by the Oncology Nursing Committee of the Chinese Nurses Association
- The content consisted of 14 class hours divided into six modules, namely, nursing care at the end of life, pain and other symptoms management, communication, ethical issues, spiritual care, and grief and bereavement.

Appendix I: Health Outcome Indicators

- Outcome indicators measure whether the program is achieving the expected effects/changes in the short, intermediate, and long term." (CDC)
- Outcome measures we are considering are patient experience (in all settings of hospital, hospice care, interactions with healthcare workers), effectiveness of care, and timeliness of care.
- Ways of conducting this data include surveys given by CHW, hospital staff, as well as through the internet

Appendix J: Policy Brief-Insurance

- 90% (according to governmental data) is covered by medical insurance with basic coverage from the social insurance plan.
- Current insurance plan does not cover palliative care.
- "Hukou" system registers Chinese and their insurance in their place of birth.
- 44% of heath care spending financed directly through public health insurance plan.



https://www.commonwealthfund.org/international-health-policy-center/countries/china

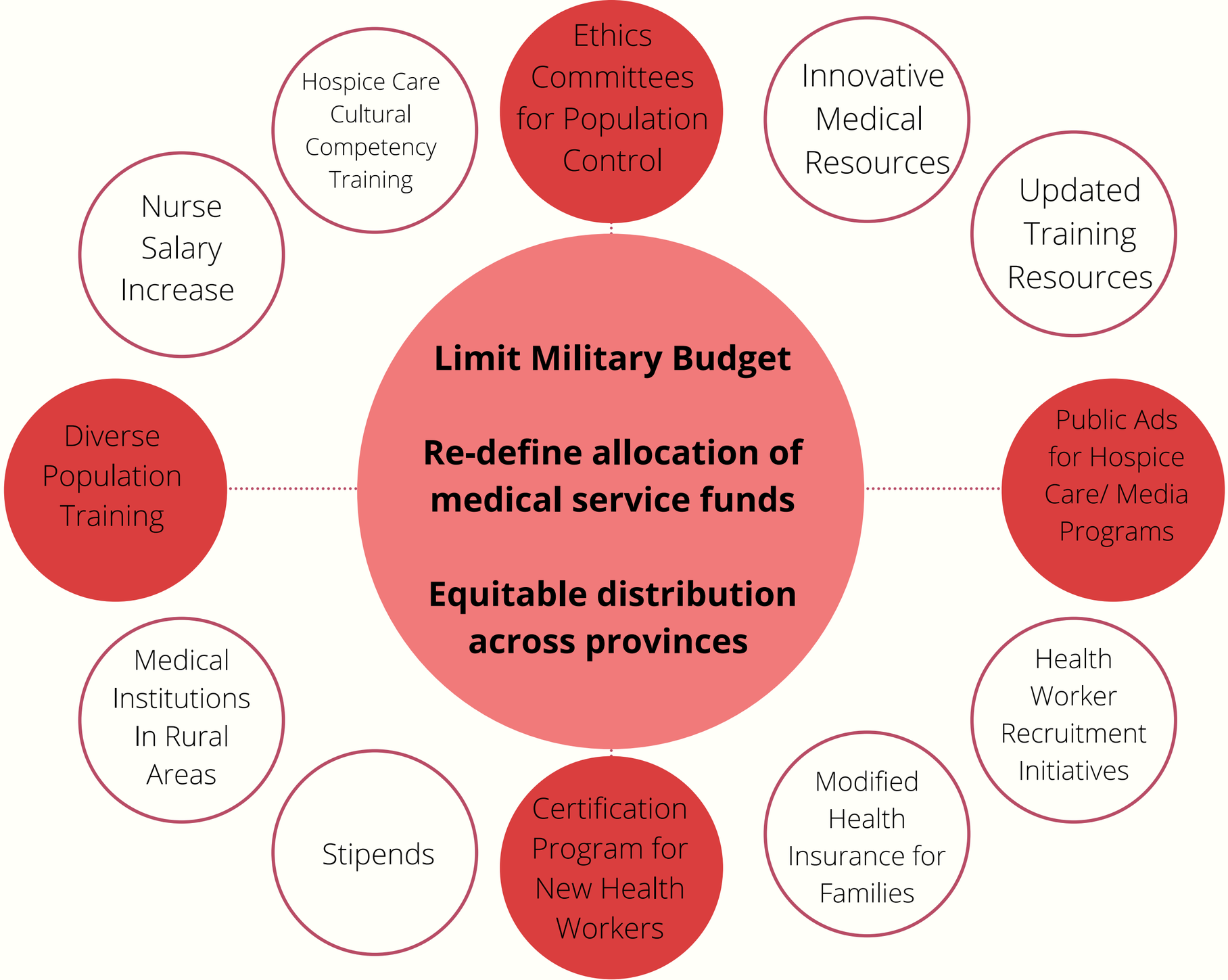
Appendix K: Resource Divestment

2018 China Public Health Expendenture/GDP: **1.34%**

Public health Expendture/ Total Fiscal Expendenture: **5.34%**

Nurse Salary below **$50,000** after 8+ years

15.2% increase in China's Public Health Expendture since COVID-19



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