

In April 2021, CAPC released [a blog](#) about how social workers on interprofessional palliative care teams can showcase their leadership skills and training in addressing health disparities for people living with serious illness. The blog focused on 3 care areas:

1. Ask the social workers on your team about the greatest burdens and unmet needs in the population you serve.
2. Lead with purpose and develop a vision and mission encompassing reducing health inequity. This requires development of and adherence to an equity strategic plan.
3. Listen to patients and families about what matters most to them, and about their greatest worries.

In 2026, when gaps in services widen for patients and families that have historically experienced disparities and barriers to culturally concordant serious illness care are still in place ^[1], social workers are still leading the way in addressing health disparities, globally ^[2] and maintain their commitment to mitigating harm and ensuring all patients have equitable access to high quality care.

Background/Context

In serious illness care, we have witnessed an increased demand for palliative care specialists to strengthen the health care system's capacity to address [deficiencies](#) in skilled symptom management, communication and patient-centered approaches.

Social workers on palliative care teams are especially trained and prepared to provide a social justice approach to addressing disparities. The National Association of Social Workers (NASW) [Code of Ethics](#) ^[3] – requires social workers to promote health equity, ensuring all people—especially vulnerable populations—have access to necessary care. It mandates advocating for resource access, protecting confidentiality in healthcare settings, and addressing social inequalities that prevent access to services. Anchoring our practice in cultural competence prepares social work professionals for accountability and the following Standards of Practice, all of which are needed in serious illness care.

- **Social Justice and Equality:** Social workers are obligated to challenge inequality and barriers to healthcare access, including disparities in treatment.
- **Access to Services:** Social workers must advocate for patients and families to receive serious illness care and support services.
- **Self-Determination:** Respecting and supporting the right of patients to make their own decisions about their health, including informed consent and the right to refuse care.

Here are some additional tips/resources and practical guidance that the care teams should implement – in alignment with the standards of practice:

Challenging Existing Inequalities in Workflow

1. Incorporate a standardized social determinant of health (SDOH) screener into workflow
2. Build a simple quick reference (bilingual if needed) for referrals to transportation, financial counselors, community health workers, and other resources
3. Document barriers clearly so they can be tracked and escalated as needed
4. During rounds, don't be afraid to ask: ***“Has this care plan considered cultural, language, or socioeconomic factors that may impact follow-through?”***

Increasing Self Determination

1. Help patients understand and assert their rights and preferences in the care system
2. Empower family caregivers with tools, resources, and confidence to advocate for their loved ones

Improvements Individuals Can Make

1. Initiate or join existing equity or ethics committees within the team or organization
2. Use equitable language (e.g., “undocumented” instead of “illegal,” “caregiver limitations” instead of “non-compliant,” “minoritized” instead of “minority”)
3. Participate in a resource sharing group or training opportunities with the team on bias, trauma-informed care, and cultural humility

Increasing Access to Services

1. Partner with community-based organizations, faith groups, and cultural leaders
2. Attend or host community health events to hear individual concerns and close feedback loops with the health system
3. Use data to highlight disparities in missed appointments, hospice/palliative care referrals, readmissions, access to interpreters and/or pain management. Track common themes in barriers to care and raise them during staff meetings or Quality Improvement huddles

Improving Cultural Competence

1. Ensure interpreter services are used—not family members—to support shared decision-making
2. Help clinicians identify cultural congruence between patient values and treatment options
3. Develop culturally relevant health education materials with patient/community input, not just translation

Use Documentation as an Advocacy Tool:

1. Track unmet social needs to build the case for resource gaps (social work coverage, CHWs, etc.)
2. Provide leadership with a quarterly and/or annual summary of patterns, stories, and missed opportunities that require action

Prioritize Professional Sustainability

1. Build support circles with colleagues to create psychologically safe environments
2. Allocate time for reflective practice and self-care
3. Make use of paid time off to rest and restore

Additional Resources

Social workers are an asset to serious illness care team, patients and families, for reducing health disparities in palliative care delivery and beyond. They have awareness, skills and knowledge (ASK) to provide support, guidance and expertise. Learn more about palliative social work as a specialized area of practice by speaking with your social work team members and/or accessing the following online resources:

- [CAPC's Social Work Resources](#)
- [Social Work Hospice & Palliative Care Network](#)
- [Advanced Hospice & Palliative Care Social Work Certification program](#)
- [National Association of Social Workers](#)

Publications/References

1. Rosa, W. E., Gray, T. F., Chambers, B., Sinclair, S., Knaul, F. M., Bhadelia, A., ... & Smith, C. B. (2022). Palliative care in the face of racism: a call to transform clinical practice, research, policy, and leadership. *Health Affairs Forefront*.
2. Silvers, A., Sinclair, S., Curseen, K., Chambers, B., Bullock, K., & Bowman, B. (2022). How Medicare Advantage could address pain inequities for Black patients living with serious illness. *Health Affairs Forefront*.
3. Boucher, N. A., & Johnson, K. S. (2021). Cultivating cultural competence: How are hospice staff being educated to engage racially and ethnically diverse patients?. *American Journal of Hospice and Palliative Medicine*®, 38(2), 169-174.
4. Bullock, K., Gray, T. F., Tucker, R., & Quest, T. E. (2022). Race Roundtable Series: Structural Racism in Palliative Care. *Journal of Pain and Symptom Management*, S0885-3924(22)00038-0. <https://doi.org/10.1016/j.jpainsymman.2022.01.015>