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**CHIP Title:** Bringing Accompaniment to Inpatient Clinical Spaces: The Creation of a Health Advocate Program for Black Inpatients at UCSF Health

**Project Description:**

Nationwide, Black patients who are admitted to the hospital experience disparities in pain management, patient communication, length of stay, and readmission rates. This disparity is seen at UCSF Health, where black inpatients have lower patient communication scores, higher lengths of stay in the hospital, and higher readmission rates than the rest of the patient population. In addition, there is limited engagement and input from community members in the care that hospitalized patients receive at UCSF Health.

The aim of this initiative is to improve care for Black inpatients by hiring Black community health workers to act as advocates who accompany Black patients during their health journey. These health advocates improve care for Black patients by elevating the patient voice, helping patients navigate the complex health system, and providing teaching for patients to help them advocate for themselves during hospitalization.

**Key Findings and Lessons Learned:**

This initiative launched in November 2022 when our first health advocate was hired. This health advocate has had a tremendous impact and has improved patient communication scores in the patients she has advocated for by almost 20%. She has also taught physicians and nurses to provide more patient-centered care, and has decreased length of stay significantly, producing an estimated \$284,000 in cost savings over nine months. The health advocate has collected data to gain deeper understanding of common areas of patient discontent and is using this data to help focus clinician teaching and system interventions. Common complaints of Black patients that she has elucidated include poor pain control, feeling disrespected by clinicians, not feeling like partners in the care they are receiving, not receiving interventions for their health-related social needs, receiving inadequate communication, and experiencing gaps in transitions of care.

In addition to providing focused teaching and feedback to clinicians, this initiative has led to larger systems-level work to address these needs. Feedback from the health advocates about the care that they are delivering to Black inpatients has resulted in a form of diversity, equity, and inclusion training that takes place in clinical environments rather than in non-clinical spaces. The improvement in both patient communication and reduction in length of stay has exhibited the broad benefits of the program.

**Next Steps:**

As the program evolves further, we are hiring two additional health advocates, broadening our focus to include social determinants of health interventions, hiring health advocates who work with Spanish-speaking and Cantonese-speaking populations in addition to Black populations, and creating formal mechanisms for educating clinicians on how to provide anti-racist and culturally humble care.