

July 26, 2023

Valerie Jarvis, Chair, Long-Term and Behavioral Health Committee
J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center Raleigh, NC 27699-2704

Dear Ms. Jarvis and Mr. Linton:

I am writing to voice my strong support for the petition filed by Heart'N Soul Hospice to include an adjusted need determination in the 2024 State Medical Facilities Plan for one additional hospice home care agency in Mecklenburg County focused on serving historically underserved racial and ethnic minority populations.

When David Turner with Heart'N Soul Hospice called my office asking for my support for an upcoming Certificate of Need (CON) request for a new hospice agency, my immediate response was to dismiss him entirely. I told him that I believed the area was already adequately served by our existing hospice agencies and that I was not convinced an additional hospice is truly needed. Mr. Turner explained that Heart'N Soul is an African-American owned company, and that they have expertise and a legacy of success in taking the message of hospice into African-American communities which are statistically very underserved by hospice. Something about that message resonated with me, and I agreed to meet with Mr. Turner.

Before that phone call, I had never really thought about the numerical acceptance rate of hospice in the African-American community compared to other demographic groups, but I knew intuitively there was some validity to the claim, and it prompted me to go online and educate myself on the issue. The statistics I found were shocking. Only 8% of African-Americans have any end of life planning compared to 41% of whites.

In a news release from Johns Hopkins that can be found at https://www.hopkinsmedicine.org/news/newsroom/news-releases/study-documents-

<u>racial-differences-in-us-hospice-use-and-end-of-life-care-preferences</u>, a study demonstrated clear disparities between black and white Americans at end of life.

"What's unique about our study is that we show this disparity is persistent — not decreasing over time — and appears to be fairly general because it is not specific to a few diseases such as cancer," says <u>David L. Roth, Ph.D.</u>, director of the Johns Hopkins Center on Aging and Health (COAH) and a co-author of the study. These persistent disparities may impact the quality of end-of-life experiences differently for Black and white Americans and underline the importance of advance care planning and advance directives — things that <u>other studies</u> have shown are less likely to be in place for Black Americans."

The study also supported the notion that black Americans "voluntarily seek substantially more intensive treatment, such as mechanical ventilation, gastronomy tube insertion, hemodialysis, CPR and multiple emergency room visits in the last six months of life, while white patients more often choose hospice services.

My review of news stories, peer-reviewed studies and articles validated Mr. Turner's assertion that the African-American community is dramatically under-served in the United States when it comes to end of life planning and hospice. With the persistence of the issue being related to a very deep-seated and legitimate skepticism of government and of health care institutions due to fairly recent racial abuses including the 40-year Tuskegee Syphilis Study that concluded in 1972, it will take a very nuanced message from a very focused provider like Heart'N Soul Hospice to begin a legitimate dialogue.

I enthusiastically support approval of a CON in hopes Heart'N Soul will help reduce the unmet need for hospice services in the African American community in Mecklenburg County, and I look forward to welcoming the company and its providers to the medical community once it's approved.

Sincerely,

David Plemons, Administrator

Eastover Nursing Center

Charlotte, NC