

[Collaborative approaches and hospice care in the Sunshine State. Featuring Lyn Peugeot.](#)

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Lyn Peugeot MSN, RN, is a nurse focused on hospice care, and has recently completed her doctoral research project looking at dementia diagnosis in African Americans. She discusses her concerns about the relatively low percentage of African Americans who choose hospice care, which may be less about access and more due to misperceptions about the role of hospice and its implications. Because of this, Lyn believes it is very important to educate all nurses about hospice care as a positive philosophy built around providing comfort and care at the end of life while maintaining dignity and autonomy. In terms of disparities, she sees access to care and medication as the areas where minorities experience the greatest barriers, and she discusses how the closure of safety net hospitals can exacerbate these access issues by reducing the availability of care navigation support, as well as care itself. Lyn helped found the Broward County, Florida chapter of NBNA, they will host the national conference in summer 2020. With Dr Carla Harwell.

Dr. Harwell: You are listening to the Health Disparities Podcast from Movement Is life, a series of conversations about health disparities with people who are working to eliminate them. Today I am discussing health disparities with Dr. Lyn Peugeot. Welcome, Lyn. And I understand you have much to celebrate right now, completion of your doctorate.

Lyn Peugeot: Yes, I do.

Dr. Harwell: And your chapter will host the National Black Nurses Association next year.

Lyn Peugeot: 2020. Well, we're excited.

Dr. Harwell: Absolutely. Well, let me start by asking you to tell us a bit about your doctorate.

Lyn Peugeot: Oh, my doctorate. You know what, when the economy crashed, I went back to school and got my graduate, my undergrad, my grad, and now I'm finishing my doctorate. Because I knew then that you have to have a higher level of education to succeed. And so, I got my DNP, and my project is basically on dementia patients. African Americans are just proportionately affected by dementia and Alzheimer's. And as such, we want to make sure that all populations are assessed for pain adequately. So, my project is on increasing nurse's knowledge and improving attitudes on assessing pain and dementia patients. Actually, where I work, we have a 500-patient census of dementia patients out of 1,800. So, it's a huge population that we have just in our program of VITAS. And so, it's important that we have nurses that can assess fully for patients of

dementia that have pain to ensure that they have comfort and quality care at the end of life. So, that was of significant importance to me.

Dr. Harwell: Right. As with most diseases, I'm sure there are some health and health care disparities as it relates to people of color with dementia.

Lyn Peugeot: Absolutely.

Dr. Harwell: Did you run across any of that in your studies?

Lyn Peugeot: Well, typically, I have to tell you that it's disappointing to know this, but only 8.6% of African Americans choose hospice, while 86% and higher Caucasians choose hospice, and so we get a small demographic, but we can certainly do better with caring for patients who have terminal diseases. Through supporting their family, supporting them and a lot of people think that hospice, like we're hope stealers, we're joy stealers. We're hoping for a miracle, if you're hoping for a miracle. You like it, we love it. And the thing is that just let us be there with you on this journey until your miracle comes. Well, we want to be able to support you and help you and provide you the comfort care for not only the patient but supportive services for the family. And oftentimes, African Americans, of course, do not elect hospice, but we're hoping to change that.

Dr. Harwell: You actually helped establish the Broward Chapter by the National Black Nurses Association in 2015. And that is a chapter that has a strong focus on hospice nursing.

Lyn Peugeot: Yes, we were the first chapter in history of the NBNA to be all hospice nurses. They all came from VITAS healthcare. I think we had 15 to start, all of them were hospice nurses. And we were not only the first hospice chapter, but the first chapter that had diversity. So, we had white, Hispanic, Cuban, African American, Haitian, Jamaican, we had it all. Male and female, we had two males when we started.

Dr. Harwell: That is absolutely, awesome.

Lyn Peugeot: Yeah, we were excited about that.

Dr. Harwell: Lyn, why do you think some populations have problems accessing hospice care?

Lyn Peugeot: You know, I wrote an article in Legacy Magazine that came out May 26, two months ago now, and the populations don't understand it. They don't know what hospice care is, or what the philosophy is. Hospice is really a philosophy. It is not a medical model. It's a philosophy on providing comfort and quality at the end of life, while maintaining dignity,

autonomy, and just support. So we don't take anything away, we build whatever you have up to what your comfort level is, and the thing is that most people don't understand it. And when I first started working for hospice, I got such resistance when I said, "Hi, how are you? Lyn Peugeot, work for VITAS Healthcare," and I would say, "Innovative Hospice," and they were just taken back by that and they didn't understand what kind of services we provide, and what can we do to support them at this time, and so it takes education. And that's what we do here at the conference. We typically do ELNEC, which is nursing education for our consortium, where we teach hospice care to the nurses that attend that seminar. I think Diane Dee said we've been doing this for 15 years here at the conference and I think she's trained over Maybe 15 to 20,000 nurses in the training. Sometimes they come back year after year, the same people, because they just want this knowledge. They want to hear what's new, and they want to play it forward to their communities. And that's important.

Dr. Harwell: That's great. So, it sounds like you have focused on one of the social determinants of health that affects individuals and that's the lack of education.

Lyn Peugeot: Anytime we see that there's inequality, we have an obligation as nurses to stand up and speak to that. And we see that there is inequality

in how communities of color get benefits, how communities of color get access to health care, we just had a conversation about this yesterday in one of our sessions, how communities of color, when they go to fill a prescription, the drugs aren't there because they may be prescription or they're not carrying it, or they just don't have it in the pharmacy. So, we'll get released from the hospital, we have the prescription, we go to the pharmacists to get it, and now we can't get it. So, we're in pain, we access Urgent Care again, which is just a Catch 22. And so, it's a cycle that perpetuates itself over and over and over again and we're trying to break that.

Dr. Harwell: Absolutely. What are your thoughts on the current dilemma of so many safety net hospitals closing and the future of care in communities of color?

Lyn Peugeot: The safety net hospitals are closing. Thank God for the hospitals we have in Broward County, because they're county hospitals where everyone is admitted, regardless of their ability to pay. They will source for insurance or any money they can get for you but typically, Broward Health and Memorial Health Systems will take anybody without the ability to pay. They'll work it out later, but they're not going to turn you away. So, these safety hospitals are usually in small areas, maybe rural areas, or some cities that are really disenfranchised, not getting any more federal money. We're burdened by this in Florida as well, in some of our smaller

counties. Our Governor Rick Scott, and now the new governor, elected not to expand Medicaid for Florida and so that really hurt us because I think there's 24% of Floridians do not have healthcare coverage when the national average is 15%. And historically, there of course, low socioeconomic status. And so, as nurses, and as leaders in healthcare, we have to look upstream at what we can do to really change downstream. If we don't start addressing upstream, downstream, we're going to have all these kinds of crisis. we're going to have people that have low health literacy, poor management of diseases, not nutritious foods, inadequate transportation, inadequate parks and recreations for them to have a healthy lifestyle and if we don't grab the children, especially quickly, and get them some services, get them good meals, get the nutrition, start educating them and developing them into productive citizens, then we're losing. It's generational, and we have an obligation to really step in and try to make some changes with that.

Dr. Harwell: And you have some mentorship programs I believe with your Broward Chapter that you've put in place. How do they work and what kind of results are you seeing?

Lyn Peugeot: Well, our motto is that "We will rise as we lift you." And so, every one of the chapter members has an obligation to mentor somebody else, whether it's a chapter member, that's trying to get an advanced degree or

maybe a different job, or if it's people in the community. We mentioned a lot of students in the community that are trying to get a higher education. And so, each one of the members is mentoring someone in their own right but we do mentor DNP students, we mentor master's in nursing education students, and we mentor our students who are trying to get a BSN, or our LPN students that are trying to get licensed as an LPN nurse or go on to associates degree, or bachelors. So, all of that, we believe that it coming to this conference was transformational for me in 2015, you saw so many people of color and diversity that achieved such great levels of excellence in their career, profession, and in education and when you see that you say to yourself, I'm just like them. I can do that. I'm just like them. And it inspires you and every one of our members that have come to conference, has gone home and registered in the class. So, I'm excited about that always.

Dr. Harwell: Excellent, excellent. We think we can get professionals more involved. We talked about patients and you know, literacy issues and patient education. You're doing great work with the nurses and from that standpoint, but other health and healthcare professionals that may not be as actively engaged, as you seem to be in NBNA with a lot of their initiatives to help eliminate health disparities, what else can you think about that we can do to get more healthcare professionals involved in this process?

Lyn Peugeot: Well, healthcare is collaborative, and so we may be nurse, but we need physical therapists, we need pharmacy educators, and we need, of course, physicians, and we need a variety, social workers, we need everybody on board with this. And so, together we can find a solution. If we all practice in silos, if nurses just stay for nurses, and you know, physicians just stay for physicians and pharmacists want to be pharmacists, then we get nothing done. We can only do this if we do this collaboratively and healthcare is a collaborative effort. If you want the best outcomes in patient care, if you want to maintain health and wellness for populations, you have to have a collaborative approach of all disciplines, and outside of disciplines because you still need work. We partner with Urban League, NAACP, we partner with so many organizations in Broward County, because what? We have people there that need us, and we need them for certain things. So, it's all collaborative and inter-professional relationships that help lift up an entire community. No one can practice in a silo and expect any change to contain that.

Dr. Harwell: It takes a village.

Lyn Peugeot: It takes a village.

Dr. Harwell: It will take a village.

Lyn Peugeot: It does take a village.

Dr. Harwell: Absolutely. Well, we have a few minutes remaining, so for my last question, I want to ask you, now that you've completed your doctor, what's next?

Lyn Peugeot: You know, someone's going to spank me for saying this, but I really told someone the other day that the school I go to Nova Southeastern University just started a DNP to PhD program, right? So, I want the research part of it now. I want the PhD. I know that sounds crazy, because, you know, it's like school is so challenging but I really want that part of it. So, I could really bridge the gap between bedside care, and the research that's implemented at bedside care. And so, I would love to partner with different disciplines to create another project, like a PhD project, because you don't have to do your dissertation by yourself. Your manuscript doesn't have to be just one person, you can have an inter-professional collaboration with your projects. And I'd like to bring in another perspective for this. And we have a lot of black nurses here that have a PhD in DNP, so it's not unusual. And I didn't think I'd say that, but I really want that relationship with the research and how we can translate that to the bedside care.

Dr. Harwell: And we need more professionals of color in that area, so that's awesome.

Lyn Peugeot: We do.

Dr. Harwell: Well, thank you, Lyn.

Lyn Peugeot: Thank you for having me. This was wonderful.

Dr. Harwell: Absolutely. And thank you all for listening to the Health Disparities Podcast from Movement Is life. Please join us for new installments every two weeks by subscribing at Apple podcasts, Stitcher, Spotify, and Google. You can also find us at www.movementislifecaucus.com. Thank you and see you next time.

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