

HOSPICE AND PALLIATIVE CARE IDENTIFIED DISPARITIES AND SOLUTIONS

Income

- Socioeconomics (which includes insurance status, education, and household income) is associated with less palliative care engagement (Nelson et al., 2021)
- Study revealed that social workers and nurses reported that Hospice Medicare Benefit (HMB) emphasis on finances affected the care of patients and care-givers (Cabin, 2022)

60% AMERICANS DIE WITHOUT HOSPICE CARE

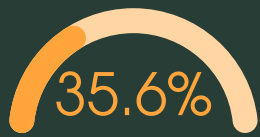


Cultural Barriers

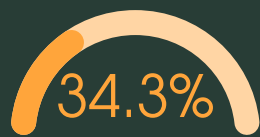
- Providers of Public Health Services identified a gap in care for Latino communities (Nedjat-Haiem et al., 2013)
- Native American communities geographical isolation and poverty negatively affect access to end-of-life care (Wachterman et al., 2020)
- 1 in 3 hospices do not offer care to undocumented individuals (Wachterman et al., 2020)



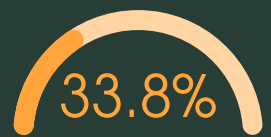
WHITE MEDICARE DECEDENTS WHO USED HOSPICE IN 2021



BLACK MEDICARE DECEDENTS WHO USED HOSPICE IN 2021



HISPANIC MEDICARE DECEDENTS WHO USED HOSPICE IN 2021



NATIVE AMERICAN MEDICARE DECEDENTS WHO USED HOSPICE IN 2021

Illness/Age Barriers

- In one study, only 1 in 5 patients with non-small cell lung cancer used palliative care (Islam et al., 2023)
- In one study, 50% of hospice nurses in a given sample in 3 states had no experience working with children in hospice, and 70% had limited experience with pain management in children who were actively dying (Jawed, 2022)

Solutions



- Assess patient needs-their concerns, doubts, or any issues (Nedjat-Haiem et al., 2013)
- Require automatic contractor/intermediary review for discharge patients to ensure that patients needs are met and not discharged for financial purposes (Cabin, 2022)
- Expand hospice options to underserved communities/hospitals (Wachterman et al., 2020)
- Continued research that is expansive to all genders, races, communities, socioeconomis, illnesses, and ages (Nelson et al., 2021)

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