### Hospice policy advocacy: Understanding structural inequities, changing demographics, and possible policy solutions

#### Problem Statement

Structural assumptions embedded in the Medicare Hospice Benefit limit patient choice and perpetuate inequalities. The inability to meet these assumptions will become more prevalent in the future due to changing demographics.

#### Goal for this Poster

The goal of this project is two-fold. First is to assemble evidence of the scope and causes of the problem. Second is to review potential alternatives for addressing the issues. Current vulnerabilities significantly limit the ability of hospice patients to meet the hospice assumptions and changing demographics will increase these challenges. Three main assumptions are explored, and they combine leading to long term care placement. Policy solutions are offered for each of these issues. A fourth assumption, that of predictive illness trajectory is not covered here, but impacts policy solutions on hospice in the nursing home environment.

#### Call to Action

Advocacy around these limitations are a key social justice issue for hospice patients and thus an area for policy advocacy for hospice and palliative care social workers.

#### References

Single references [here](#).

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### The Hospice Assumptions:

#### Safe and Secure Housing

- People experiencing homelessness have higher prevalence of chronic illness. The average life expectancy of someone who experiences chronic homelessness is about 50 years old.
- The numbers of elderly that are unhoused is projected to grow in the coming decades.
- In addition to unhoused people, it’s important to consider those with insecure housing. Some housing is unstable, such as staying with friends, or inadequate, such as lacking basic utilities and appliances. Not everyone wants to die at home. Serving people first requires meeting basic needs before medical intervention or goals of care exploration.

#### Informal Support Network

- People are having fewer children and more people aren’t having children. More older adults are living alone and potentially physically and socially isolated.
- The overall aging population in addition to demographic shifts results in fewer caregivers available to provide care for older adults.
- In the absence of personal supports, people either pay for services or if they cannot afford them, they can use home and community-based services. However, this program does not currently cover 24-hour caregivers which are likely needed on hospice.
- Furthermore, caregiving significantly impacts caregivers: decreasing employment, leading to a loss of wages, and worsening SES for caregivers. This disproportionately impacts women and creates a feedback loop that will potentially impoverish the next generation when they need care.

#### Adequate Financial Resources

- In 2020, NHPCO reported that 84% of patients served were 65+.
- Most beneficiaries rely on social security for their income, and reliance increases with age as we deplete our savings.
- Reliance on social security, and therefore financial insecurity, is higher among Black, Hispanic, and Asian elders.
- Our population is aging, with an increase in people older than 65 while projections suggest older workers will experience downward mobility in their old age.
- Financial hardship is associated with intensive end of life care, even after adjusting for SES and patient preferences. Lower income has also been found to be associated with substantial care needs.

### What will you be an advocate for?

**Potential Policy Solutions:**
- Increased home and community-based services for hospice patients
- Increased employment supports for caregivers who are also working
- Increased hospice caregiving supports
- Policy Solutions: Placement in long term care setting
- Dedicated hospice facilities for those experiencing homelessness
- Priority access to residential supports plus expanded caregiving supports

### The Assumptions Combined

**Policy Solutions:**
- Support for hospice specific facility placement though access to Medicaid room and board funding and/or Medicare/insurance coverage
- Training and support to increase assisted living comfort and capacity for end-of-life care
- Skilled hospice benefit to cover room and board at nursing homes with significant limits
- Nursing hospice benefit that is not limited to 6-month prognosis due to patient mix