Hospice Use in Racial Minorities

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Results

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<th>STUDY DESIGN</th>
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<td>Cohen, L. (2008). Racial and Ethnic Disparities in Hospice Care</td>
<td>This is a systematic review that included articles that compared hospice use in minority versus non-Hispanic white individuals aged 15 years or older in the United States who were eligible to use hospice services, regardless of illness. A final group of 13 studies were utilized for the review, majority of which were retrospective cohort studies.</td>
<td>Twelve of thirteen relevant studies found differences in hospice use between minorities and whites. This was the case in all of the studies even after controlling for gender, education, marital status, income, and access to healthcare.</td>
<td>The studies show statistically significant differences among African American patients and were not adequately powered to show significant differences that may exist in Latino or Asian groups.</td>
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<td>Haas, J., Earle, C., Oyar, J., Braveman, P., Neville, B., Acevedo-Garcia, D., Williams, D. (2007). Lower Use of Hospice by Cancer Patients who Live in Minority Versus White Areas</td>
<td>This is a retrospective cohort that gathered data from the Surveillance, Epidemiology, and End Results (SEER) - Medicare file. The study included 70,699 patients that qualify for Medicare and are either dying from breast, colorectal, lung, or prostate cancer.</td>
<td>Medicare beneficiaries with cancer who live in areas with a greater percentage of minorities are less likely to use hospice care than those who live in areas with fewer minorities, regardless of socioeconomic and clinical characteristics.</td>
<td>The nature of the study focused on the geographic component of hospice use and not differences of knowledge and beliefs, pharmacies, and end-of-life care between African Americans and Hispanics vs. Whites.</td>
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<td>Ngo-Metzger, Q., Phillips, R., McCarthy, E. (2008). Ethnic Disparities in Hospice Use Among Asian-American and Pacific Islander Patients Dying with Cancer</td>
<td>This is a retrospective cohort comparing hospice use between Asian-American and Pacific Islander (AAPI) (n = 8614) to non-Hispanic white patients (n=175,467) dying of cancer. This study included patients &gt;65 yo with lung, colorectal, prostate, breast, gastric, and liver cancer.</td>
<td>AAPI patients had lower rates of hospice enrollment than white patients after adjusting for demographic and clinical factors. However the length of stay in hospice varied greatly within the subgroups of AAPI.</td>
<td>The data collected reflects hospice use only until 1998. There is a disparity in the hospice use between African Americans and Hispanics vs. Whites.</td>
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<td>Connor, S., Elwert, F., Spence, C., Christakis, N. (2008). Racial Disparity in Hospice Use in the United States in 2002</td>
<td>This study was restricted using only 2 databases.</td>
<td>This study did not take into consideration the functional status of the patients or the symptom severity which could change how the patient wishes to be taken care of.</td>
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Methods

- A literature search was conducted using PubMed limited to papers that were freely available and published in English
- Search terms: hospice, hospice use, hospice utilization, racial and ethnic disparities, end of life care, race, ethnicity, differences, quality of life
- Articles were assessed based on methods/study designs, limitations, analysis, and strengths
- Levels of evidence were determined

Summary & Recommendations

All 5 sources utilized in the study concluded that racial minorities with terminal illnesses utilize hospice at a lower rate than their white counterparts. However, many studies lacked statistical significance and power. The study by Connor, S., et al. specifically did not adjust for socioeconomic factors. Therefore, further studies are needed to examine disparities in hospice use between racial groups.

An increase in the distribution and availability of hospice resources is needed. Physicians should also effectively communicate the availability and benefits of hospice to patients.

Additional References

2. Steinhauser KE, Christakis NA, Clipp EC. Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA. 2011;284(19): 2476-82.