Why Minority Elders Do Not Use Hospice Care: Findings from a Systematic Review

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BACKGROUND
Despite a continued growth in the number of racial and ethnic minority elders and the minority population overall, lower use of hospice care by minority elders than that of their white counterparts has been evidenced in many studies. Prior research found that hospice patients experience better pain management, better quality of life and better quality of death than non-hospice patients. If minority elders want to access hospice care for such benefits but face barriers in doing so, it becomes important to understand and address the barriers. Also, if minority elders have access to hospice care, but, hospice service providers cannot accommodate their preferences in receiving care, these preferences could serve as barriers, and, therefore, need to be examined.

PURPOSE
The purpose of this study is to critically review current knowledge regarding factors which hinder minority elders’ participation in hospice care and to separate these factors into two groups: 1) barriers that affect access to hospice care and 2) preferences that affect the actual use of hospice care.

METHODS
- A systematic review of previous studies on minorities’ use of hospice care using CINAHL, SocINDEX, PubMed, Medline, and, ProQuest
- Key words used for search: end-of-life, palliative, hospice, minority, race, ethnicity, old, and, elderly
- Search result narrowed to studies whose findings report factors that affect minority elders’ use of hospice care

RESULTS
Fourteen articles (7 public opinion studies and 7 secondary data analyses) were located. Identified factors are categorized into two groups.

Access barriers: ‘structural’ in nature
- lack of health insurance, limited income, immigration status, Medicare caregiver requirement, lack of knowledge of hospice care, low referral rate by physicians, and, other logistic barriers

Minority elders’ preferences:
- discourage the actual use of hospice care even if they have access to the care
- Minority elders’ end-of-life healthcare preferences:
  - spiritual/religious beliefs, acculturation, family-centered culture of care, and, mistrust and medical racism
- Minority elders’ cultural preferences in receiving healthcare services:
  - lack of cultural diversity among healthcare providers and language differences

IMPLICATIONS
Understanding these two different types of barriers will assist practitioners in hospice settings to better advocate for public policy and agency-level programs that would help alleviate barriers and promote minority elders’ access to and use of hospice care.