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Institute for Aging Research Study Finds Racial Differences in Hospice Use for Heart Failure

Study Highlights Need to Ensure Equal Access to and Education about Hospice

BOSTON – Building on previous studies that found racial differences in hospice use, a new study from the Institute for Aging Research of Hebrew SeniorLife and Boston University School of Medicine finds that blacks and Hispanics use hospice for advanced heart failure at a rate of up to 50 percent less than whites, despite a markedly higher rate of incidence of the disease in these populations.

This is the first large study to document racial differences in hospice utilization among patients with heart failure, the most common non-cancer hospice diagnosis. The study, published in the March 8 issue of the *Archives of Internal Medicine*, builds on research that has found racial and ethnic differences in hospice utilization primarily among cancer patients.

Hospice is available to patients whose life expectancy is six months or less, as determined by their doctor. It focuses on the active management of pain and other symptoms, as well as the psychological, social and spiritual issues often experienced at the end of life. Hospice is a Medicare benefit; private insurance covers some or most hospice-related expenses.

The study found that blacks had 40 percent lower odds and Hispanics 50 percent lower odds of receiving hospice care for heart failure than whites. The finding is significant because blacks develop heart failure at a significantly higher rate than either Hispanics or whites, primarily because they have higher rates of diabetes and high blood pressure, two of the leading risk factors for heart failure. A recent study found that young and middle-aged blacks suffer heart failure at a rate 20 times higher than their white counterparts.

“Our findings document significant racial differences in hospice use and show that overall increases in the availability of hospice services in the 1990s have not erased racial differences in hospice utilization,” says lead author Jane L. Givens, M.D., M.S.C.E., a scientist at the Institute for Aging Research.

Dr. Givens says the study underscores the need to ensure that there is equal access to hospice services, as well as equal education about hospice, for racial and ethnic minorities.

While studies show that cultural beliefs and values may play a role in the hospice-use difference, Dr. Givens says that hospice care must be culturally sensitive to be effective.

Previous studies of hospice utilization have found that geography plays an important role, with patients living in areas with a greater number of minority residents having less access to hospice services. The Institute for Aging Research study took into account local patterns of hospice use and still found large racial differences in the use of hospice for heart failure.



Patients with end-stage heart failure may benefit from hospice care as they often suffer debilitating symptoms, including confusion and disorientation, nausea, weight loss, depression, and unusual breathing patterns that reduce blood flow to areas of the brain that control breathing. Hospice promotes quality of life by providing professional medical care and symptom relief.

A condition in which the structure and function of the heart impairs its ability to supply sufficient blood to meet the body's needs, heart failure currently affects nearly 5 million Americans and is the leading cause of hospitalization among Medicare beneficiaries. Despite progress in treatment, patients with advanced heart failure have a one-year mortality rate of 50 percent to 70 percent. While hospice care is increasingly recommended for heart failure, it is underutilized. Only 12 percent of hospice recipients have a diagnosis of heart failure.

The study was funded by the National Institutes of Health's Department of Bioethics and the National Institute on Aging.

Scientists at the Institute for Aging Research conduct rigorous medical and social studies, leading the way in developing strategies for maximizing individuals' strength, vigor and physical well-being, as well as their cognitive and functional abilities, in late life. Founded in 1903, Hebrew SeniorLife, an affiliate of Harvard Medical School, is a nonprofit organization devoted to innovative research, health care, education and senior housing that improves the lives of seniors.

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