“Starting the Conversation”

HPPAE
Hartford Partnership
Program for Aging
Education

2010 Master’s Student Project
“Starting the Conversation”

A Project on a Successful Media Campaign for a Social Service Issue

2008-2010

Created & Conducted by:

Mara Krotec, Tami Krzeszewski, Jennifer Marasco,

Chris Messersmith, Joe Osiecki, and Lynnae Stern
For a copy of this document or questions about the HPPAE, please contact one of the following:

- Elizabeth Mulvaney, LCSW  
  HPPAE Coordinator  
  School of Social Work  
  University of Pittsburgh  
  2011 Cathedral of Learning  
  Pittsburgh, PA 15260  
  O: 412.624.0036  
  F: 412.624.6323  
  email: eam65@pitt.edu

- Ray Engel, Ph.D.  
  Associate Professor  
  HPPAE Principal Investigator  
  2012 Cathedral of Learning  
  Pittsburgh, PA 15260  
  O: 412.624.6315  
  F: 412.624.6323  
  rengel@pitt.edu

For more information about the HPPAE, you may also visit the following websites:

At the University of Pittsburgh:  
http://www.socialwork.pitt.edu/research/hartford.php

At the New York Academy of Medicine – Social Work Leadership Institute  
http://www.socialworkleadership.org/nsw/ppp/about.php

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Forward

The Hartford Partnership Program for Aging Education has given each of us a greater knowledge of geriatrics. Specialized coursework and field rotations have fostered our experiential learning and given us the tools to grow as future professionals providing services to the older adult population. As the 2010 graduating Master’s Fellows, we would like to thank those who have contributed to our success. This project would not have been possible without the continued guidance and support of University of Pittsburgh School of Social Work faculty members Ms. Elizabeth Mulvaney, Ms. Patricia Kolar, and Dr. Rafael Engel. We would like to thank those professionals who took the time to give us their insight, feedback, and professional perspectives. We would like to express our gratitude to the agencies and organizations that published our written works and helped to educate the public and professionals about hospice. We would like to thank our field supervisors for their continued mentorship and fostering of our personal and professional development. We thank the Fine Foundation for its financial support of the HPPAE during this academic year. Finally, we would like to thank the John A. Hartford Foundation for its initiative in educating the future leaders of aging services. We appreciate the Hartford Foundation for giving us the opportunity to participate in this project.
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Introduction

Social service agencies face a myriad of important issues about which community members and other social services professionals may know little. One way to remedy this problem is to educate the community and professionals through a media campaign. It is important for social service agencies to gain experience in increasing public and professional awareness of the issues they face so that community members and professionals can come together to solve social problems and increase service utilization.

The HPPAE master's fellows have constructed a guide for social service agencies, professionals, and community members to use when conducting a media campaign. This guide can serve as a foundation for a media campaign on any social service issue. This guide was constructed based on the lessons learned from the media campaign that the fellows used to educate the public and professionals about hospice. This campaign will serve as a case example that demonstrates potential roadblocks and keys to a successful media campaign.

Case Example: Hospice

Once the broad topic of hospice was selected for a project, the fellows needed to determine what type of project to do. This section provides specific information found through interviews conducted with social service professionals from the Pittsburgh area who encounter hospice and end of life issues in their work. The information gleaned from these interviews helped the fellows to realize that a media campaign could make the greatest impact.

Background Information from Interviews

In an effort to learn more about the level of public knowledge on hospice and ways to increase this knowledge, the fellows contacted organizations in Pittsburgh that work with end of life issues, and fourteen professionals, most of whom are social workers employed in local hospices, granted interviews. For more information about the people interviewed, the organizations for which they work, and the questions they were asked, please see Appendix A.

All of the interviewees noted that the public is not well educated about hospice and what services it entails. Some of the interviewees mentioned that many patients and families do not even know what hospice includes when they first begin to receive hospice services.

Many of the professionals interviewed indicated that most doctors they work with are reluctant to discuss and refer patients to hospice. Based on their professional experiences with patients, families, and other professionals, most of the interviewees reported that there is a myth that hospice care is only for patients who are actively dying, even though patients are eligible for the Medicare Hospice Benefit.
when they have as much as six months to live. The professionals interviewed indicated that this myth results in late referrals to hospice, depriving patients of available services. According to the National Hospice and Palliative Care Organization (NHPCO), half of all hospice patients served in 2008 received services for less than three weeks. The interviewees stated that it is important to improve understanding of hospice by stressing to patients and their families that hospice is about maintaining autonomy and improving the quality of life at the end of life, not about hastening death.

The interviewees reported that end of life issues are not openly discussed in the community and suggested several venues that they felt are appropriate for such discussions. They stated that doctors should discuss the option of hospice with terminally ill patients in hospitals and nursing homes, and primary care physicians should provide education about hospice and end of life issues to patients before they become terminally ill. It was also noted that other professionals who serve terminally ill patients, such as social workers and nurses, need to be better educated about hospice so that they are comfortable discussing hospice with patients and families.

The interviewees recommend that clergy and leaders of community organizations, such as senior centers, learn more about hospice so that they can inform their members about end of life issues and encourage families to discuss these issues before someone becomes terminally ill.

The interviewees who work for hospices explained that most hospices have speakers’ bureaus that are available to make presentations to community organizations, but these bureaus are underutilized. They stated that hospices also have brochures and written materials that are available in nursing homes, hospitals, and community settings. The interviewees noted that the patients and families that they serve are not using the internet to access information about hospice. They also stated that several local and national organizations such as the Jewish Healthcare Foundation, Take Charge of Your Life Partnership, National Hospice and Palliative Care Organization, Good Grief Center and others provide hospice education through the internet, newsletters, conferences, and other outlets.

The professionals interviewed made it clear that there is not a lack of educational resources related to hospice and end of life issues, but that the public is not accessing these resources. The interviewees indicated that the general public is reluctant to address these issues because such discussions have not traditionally been a part of our culture.

Based on the information learned from these interviews, a professional literature review, and review of materials developed to educate the public about hospice, the fellows constructed a media campaign that succeeded in encouraging media outlets and professional organizations to distribute information about hospice. For more information about the topic of Hospice and the Hospice Medicare benefit, please see Appendix B.
Common Themes of Interview Responses

- The public is not well educated about hospice and the services it includes
- Most doctors are reluctant to refer patients to hospice
- There is a myth that patients are only eligible for hospice when they are actively dying despite the fact that they are eligible for the Medicare Hospice Benefit when they are given a prognosis of six months or less
- Misinformation about hospice can result in late referrals
- It is important to tell patients and their families that hospice is about maintaining dignity and quality of life at the end of life, not about hastening death
- End of life issues are not being discussed in the community
- Doctors, nurses, and social workers that interact with terminally ill patients need to be better educated about hospice
- Leaders of community organizations, such as the directors of senior centers and clergy, need to be educated about hospice so that they can facilitate community dialogue
- People are reluctant to discuss end of life issues because the subject of death is taboo in our culture
- There are educational resources about hospice available in the community but people fail to access them
Keys to Conducting a Media Campaign

This section offers a general outline of how social service professionals can construct a media campaign. This outline contains the group’s experience and the lessons and information that it learned through conducting this campaign.

1. **Focus the campaign**
   A campaign should be very specific and well thought out. The size of the campaign should be based on the available resources, including personnel. Campaigns should be focused on an attainable goal. The campaign topic should also be well researched.

2. **Gather and build the campaign tools**
   Every campaign will require different tools, such as op-ed piece or a public service announcement, in order to build and carry out the campaign. These tools are some of the most important aspects of the campaign and the partnering process. These tools should be built so that they are able to be tailored for use in different contexts (see Appendices D and E for examples).

3. **Identify possible partners and contacts**
   Gather a list of contacts that can serve as information resources as media outlets and organizations seek more information on aspects of the campaign topic. Provide the names of professionals who are well known to add credibility to the campaign.

4. **Create a package and plan its contents**
   The package is how the group sends out its message. It may look different when sent to different sources, so be prepared to have a package that can be customized to meet the need of a particular source. The package’s look should be based on what will attract the recipient (see Appendices C, D, and E for contents of package).

5. **Have a plan B – adapt, shift, customize**
   In case the original plan does not work, adapt or customize. Prepare a few backup plans. Having setbacks is normal and the best way to conduct outreach may only be realized through trial, error, and feedback from media organizations.

6. **Persistence**
   Persistence is the key to success. In a campaign there is no quitting. Some outlets may need to be contacted several times before they give the topic a chance or decide that the campaign is important.
Project Process and Timeline

The timeline for this particular project is a great resource for achieving a better understanding of how a media campaign unfolds.

April 2009
Selection of hospice as project topic

Campaign topic decided upon. The next step was to design the campaign & research relevant information.

Summer 2009
Interviews conducted about hospice

Phone and face-to-face interviews were conducted with hospice social workers and other healthcare professionals. Questions addressed hospice education, hospice usage, hospice referral, and stigma surrounding hospice care. This provided relevant information on which to base campaigns claims (see Appendix A).

Literature review

Searched and read scholarly literature to better understand demographics, factors, and patterns affecting hospice use (see Appendix B).

August - September 2009
Project Decision: Media Campaign

Research showed that hospice is an underutilized service that people and professionals are somewhat reluctant to discuss it. Increase in awareness about hospice through a media campaign became the focus. Campaign to target consumers, families, social workers, and other health professionals began.

October 2009
Consultation with a media professional

Campaign to focus on newspapers and radio outlets. List of these contacts was created and pursued. Contents of media tool kit were written including pitch and op-ed piece (see Appendices C & D).

January – March 2009
Distribution of Media Kit and Adapting it for Media Outlets

Expansion of media kit by writing a professional article and through changes in existing pitch and op-ed piece. Pieces were changed to reflect location of media source and the type of people projected to read or hear the piece (see Appendix E).
Roadblocks

Roadblocks are an inevitable part of any project. The fellows encountered some significant roadblocks, which were found to be fairly typical. The fellows learned the importance of understanding why the roadblocks occurred and then found ways to adapt and go forward. If no viable solution could be found, being flexible to new directions for the project was necessary.

Project Roadblocks

<table>
<thead>
<tr>
<th>Inexperience with journalistic methods</th>
<th>Topic already covered in recent past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect/impersonal contacts with sources</td>
<td>Content material too general</td>
</tr>
<tr>
<td>Uncertainty of contacts made</td>
<td>Maintaining integrity of the project</td>
</tr>
<tr>
<td>Lack of media outlet interest in topic</td>
<td>Time frame of project</td>
</tr>
<tr>
<td>Content lacked personal ‘hook’ for audience</td>
<td>Uncertainty whether targets received media package</td>
</tr>
</tbody>
</table>

Media-Related Roadblocks

To reach the public and to promote education on hospice services and its benefits, the project targeted media outlets—a variety of large and small local neighborhood newspapers and magazines, local radio stations, and local television stations. First, the fellows conducted research on how to submit materials and how to reach specific individuals working for media outlets. The fellows synchronized a ‘blast the media’ campaign with hospice information. Given the fellows strong beliefs about the benefits of hospice care, the fellows believed that they misjudged the media’s eagerness to discuss the topic of hospice. Thus, the first roadblock was the poor response from these media sources.

Evaluating the initial lack of responses, several possible explanations emerged. These explanations include:

1. Original contacts and submissions were not very personal or tailored to each outlet.
2. There was the possibility that the package never actually reached the person for whom it was meant due to communication or technical error.
3. The sources may simply have been uninterested in the subject.
4. Efforts to be more direct via phone calls to sources did not lead to successful results. Most attempts ended in unreturned phone calls, even after numerous tries.
5. Misjudgment of the degree to which other people might find hospice to be newsworthy.

From this communication roadblock, the fellows learned two lessons: the importance of persistence and direct communication. Through persistence in contacting sources or figuring out different
ways to directly communicate the story, the fellows were able to have some success. The ability to personally present the pitch gave an opportunity to adapt the message to suit the needs of each media outlet.

In two instances, outlets had either just covered the subject of hospice or had run a series of hospice articles in recent months. These outlets were fulfilling a duty to educate the public; however, it prevented the fellows from getting out their information. Even with this roadblock, some sources provided feedback on the piece, allowing the fellows to continually improve the pitch, and connected the fellows with other outlets for which the piece was more appropriate. This situation illustrated the importance of networking.

The content and tone of the educational piece was problematic. As social work students, the fellows did not have any journalistic background and were unfamiliar with what to include in a media focused article. The fellows met with professionals in the media field and learned valuable information before beginning the campaign. For example, the original piece was too general to appeal to certain demographic groups. Many revisions, including the addition of outlet specific demographics, met the needs of the sources. Some sources accepted this approach while others passed on the offer to adapt the article.

The fellows discovered that the media package lacked a “hook,” or a personal connection for the readers or listeners. The fellows attempted to overcome this roadblock by locating someone who had a personal experience with hospice and who would be willing to share his or her story with the public. The fellows located two potential individuals. However, because both avenues were explored later in the project, time did not allow for their personal stories to be included. It is unfortunate that time prevented incorporating such an essential element. Despite this challenge, the fellows learned that media campaigns benefit from the inclusion of a personal story.

**Roadblocks to Reaching Professionals**

The fellows also worked to reach out to professional organizations. By promoting the topic among professionals, the fellows sought to increase professionals’ knowledge of hospice and make them more comfortable discussing hospice with patients and their families. The fellows encountered fewer roadblocks with the professional organizations than with media outlets, but there were still lessons learned from this part of the project. Again, the initial article content was too general. When reaching out to different professionals, a general piece was insufficient, so revisions were made to the original piece to speak to different audiences.

Another roadblock encountered with professionals involved staying true to the project idea and the time frame. The fellows made great connections with professional organizations. While these other parties had fantastic ideas, their goals sometimes differed from those of the media campaign. The fellows had to be clear about the goals of the campaign to avoid collaborating with others on projects that did not share the goals of the campaign. These experiences taught the fellows collaboration and partnership skills.

One method the fellows used to reach a variety of professionals was convincing professional organizations to include their
written pieces in electronic newsletters. Although the fellows potentially reached thousands of people using this method, there is no way to know whether the information was read or understood. It is difficult to know how many people the electronic newsletters reached. The same can be said for any of the pieces that were run in media outlets. This lack of certainty can be viewed as another roadblock.

Lessons Learned

- Prepare for roadblocks
- Problem solve unexpected roadblocks
- Be flexible with new ideas and directions for the campaign
- Direct communication is vital
- Persistence pays off
- Create partnerships and collaborate when possible

Collaboration with Community Organizations

Much of the campaign’s success was due to collaboration with community organizations (see chart on the next page). Through these partnerships, the fellows were given helpful feedback regarding both the public’s and professionals’ perceptions of hospice and end-of-life care. Working together with these organizations allowed the fellows to distribute their written pieces to staff and organization members and learn about other organizations with which they could collaborate. Collaboration was key to the media campaign. Before the fellows began eliciting help from community organizations, they met with resistance and very little progress.

Conducting a media campaign was difficult due to the fellows’ journalistic inexperience. Partnerships provided the support of experienced professionals and allowed the fellows’ media campaign to benefit from the reputations of community organizations with whom they partnered.

General Public

One of the primary goals of the campaign was to educate the general public about the benefits of hospice. An op-ed was utilized to attract readers from local areas in western Pennsylvania. It was adapted slightly for each locale. Radio was another outlet used to reach residents in Allegheny County. The group was also able to facilitate a presentation by staff from a local hospice at a senior center to discuss hospice services and benefits. The ultimate goal of the campaign was to encourage both community members and professionals to start conversations about hospice and end-of-life issues. The fellows’ media campaign successes with the general public are detailed in a chart on the next page.
## Community Agencies Partnering with HPPAE Fellows on Hospice Campaign

<table>
<thead>
<tr>
<th>Community Agencies</th>
<th>Social Workers in Aging Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Red Cross</td>
<td>Social Workers in Aging Practice</td>
</tr>
<tr>
<td>• Brian Knavish</td>
<td>• Pat Kolar, LSW</td>
</tr>
<tr>
<td>Home Instead Senior Care</td>
<td>Social Workers in Aging Practice</td>
</tr>
<tr>
<td>• Andrea Peterson</td>
<td>• Pat Kolar, LSW</td>
</tr>
<tr>
<td>Hospice of Metropolitan Erie</td>
<td>Southwestern Pennsylvania Partnership for Aging</td>
</tr>
<tr>
<td>• Kim Mascia, M.D.</td>
<td>• Jen Martchek, LSW</td>
</tr>
<tr>
<td>• Karen Moski, Executive Director</td>
<td>• Nancy Kukovich</td>
</tr>
<tr>
<td>Jewish Healthcare Foundation</td>
<td>Take Charge of Your Life</td>
</tr>
<tr>
<td>• Pam Vingle</td>
<td>• Margaret Stubbs, Ph.D.</td>
</tr>
<tr>
<td>• Bridget McNie</td>
<td></td>
</tr>
<tr>
<td>Sivitz Hospice (JAA)</td>
<td>University of Pittsburgh</td>
</tr>
<tr>
<td>• Hilary Kramer, MSW</td>
<td>• Beth Mulvaney, LCSW</td>
</tr>
<tr>
<td></td>
<td>• Ray Engel, Ph.D.</td>
</tr>
<tr>
<td></td>
<td>• Rick Morczy, Ph. D., LCSW</td>
</tr>
<tr>
<td></td>
<td>• Megan O’Donnell, Media</td>
</tr>
</tbody>
</table>

## Campaign Successes to Educate the General Public

<table>
<thead>
<tr>
<th>Date</th>
<th>Outcomes</th>
<th>Audience Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 24, 2009</td>
<td>Dr. Margaret Stubbs interviewed on KQV about hospice</td>
<td>Unknown</td>
</tr>
<tr>
<td>February 26, 2010</td>
<td>Op-ed distributed at Shadyside Senior Care Center</td>
<td>Unknown</td>
</tr>
<tr>
<td>March 9, 2010</td>
<td>Sivitz Hospice presentation at the Jewish Community Center</td>
<td>23</td>
</tr>
<tr>
<td>March 26, 2010</td>
<td>Op-ed published in Erie Times News</td>
<td>200,000</td>
</tr>
<tr>
<td>March 29, 2010</td>
<td>Pitt News article about fellows’ campaign published</td>
<td>14,000</td>
</tr>
<tr>
<td>April 2010</td>
<td>Op-ed published in Squirrel Hill Magazine</td>
<td>Unknown</td>
</tr>
<tr>
<td>June 25, 2010</td>
<td>Caregiver Magazine article about the fellows and hospice services published</td>
<td>40,000</td>
</tr>
</tbody>
</table>
Professionals

Another primary goal of the campaign was to encourage professionals to have conversations with patients about hospice. Professionals can be extremely influential by helping patients and their families begin discussing options for end-of-life care. The campaign was successful in reaching many professionals through the use of a brief article aimed at educating professionals about hospice and encouraging them to start conversations with patients and their families. The article was modified based on whether the target audience included social workers, physicians, or nurses. The fellows’ professional education successes are detailed below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Outcomes</th>
<th>Audience Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 25, 2010</td>
<td>University of Pittsburgh Gerontology Update email</td>
<td>43</td>
</tr>
<tr>
<td>March 1, 2010</td>
<td>Article distributed at UPMC and Canterbury leadership staff meeting</td>
<td>9</td>
</tr>
<tr>
<td>March 2, 2010</td>
<td>New Social Worker Online article published</td>
<td>27,000</td>
</tr>
<tr>
<td>March 5, 2010</td>
<td>South Western Pennsylvania Partnership for Aging (SWPPA) included op-ed and article in newsletter</td>
<td>350</td>
</tr>
<tr>
<td>March 9, 2010</td>
<td>Presentation to BSW class at St. Francis University</td>
<td>20</td>
</tr>
<tr>
<td>March 11, 2010</td>
<td>Op-ed and article distributed at Family Hospice and Palliative Care’s Spiritual Care at the End of Life: Beyond Bedside Prayers CEU event</td>
<td>32</td>
</tr>
<tr>
<td>March 26, 2010</td>
<td>Social Workers in Aging Practice distributed article and op-ed to members via email</td>
<td>130</td>
</tr>
<tr>
<td>March 30, 2010</td>
<td>Article emailed to University of Pittsburgh’s Geriatric Medical Students</td>
<td>600</td>
</tr>
<tr>
<td>April 5, 2010</td>
<td>Article included in University of Pittsburgh’s Student Executive Council email newsletter</td>
<td>400</td>
</tr>
<tr>
<td>April 28, 2010</td>
<td>Article distributed at SWPPA’s Journey to a Better End Conference</td>
<td>120</td>
</tr>
<tr>
<td>June, 2010</td>
<td>Article will be emailed to University of Pittsburgh’s Geriatric Management Students (nurses)</td>
<td>20</td>
</tr>
</tbody>
</table>
Conclusion

The construction and completion of a successful media campaign taught the fellows that media campaigns are a highly effective tool for educating the public and professionals about important social problems. Social service agencies that commit to learning the art of media campaigning have the potential to increase knowledge and interest in the social problems that they address and to increase utilization of their services. They keys to success are to collaborate with other people and organizations that are passionate about the same issue and to remain flexible in order to effectively adapt to roadblocks encountered during the media campaign. The willingness of social service agencies to learn new skills will allow them to more effectively address the problems they seek to solve.
References


APPENDIX A
Interview Questions & Information

Research Questions

- Do you feel that people in the community are well educated about hospice services?
- Where are hospice and end of life issues being discussed in the community?
- Where do you think it is appropriate to discuss these issues?
- Where do people get information about hospice services when they need them?
- How do you present the topic of hospice to clients? (ex. about quality of life vs. about death)
- Are doctors reluctant to discuss and refer patients to hospice?
- Are doctors and other professionals (social workers, nurses, etc.) educated about hospice?
- Are you aware of any hospice education/community outreach programs locally or nationally?
- What needs do you feel there are in the community regarding hospice services?
  - How can the use and quality of hospice services be increased?
- Is there anyone that you can refer me to for an interview?

Information on Interviews

<table>
<thead>
<tr>
<th>Interview #</th>
<th>Date</th>
<th>Job Title</th>
<th>Organization</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5/15/09</td>
<td>Social Worker (BSW)</td>
<td>Skilled Nursing Facility</td>
<td>In-Person</td>
</tr>
<tr>
<td>2</td>
<td>5/15/09</td>
<td>Director of Social Services (MSW)</td>
<td>Skilled Nursing Facility</td>
<td>In-Person</td>
</tr>
<tr>
<td>3</td>
<td>6/11/09</td>
<td>Social Work Supervisor (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>4</td>
<td>6/11/09</td>
<td>Social Worker (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>5</td>
<td>6/11/09</td>
<td>Bereavement Coordinator (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>6</td>
<td>6/11/09</td>
<td>Community Liaison</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>7</td>
<td>6/26/09</td>
<td>Social Worker (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>8</td>
<td>6/26/09</td>
<td>Social Worker (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>9</td>
<td>6/26/09</td>
<td>Social Worker (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>10</td>
<td>6/26/09</td>
<td>Director of Social Services (MSW)</td>
<td>Cancer Patient Services</td>
<td>Phone</td>
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<tr>
<td>11</td>
<td>6/26/09</td>
<td>Social Worker (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
</tr>
<tr>
<td>12</td>
<td>7/2/09</td>
<td>Social Worker (MSW)</td>
<td>Hospice</td>
<td>Phone</td>
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<tr>
<td>13</td>
<td>7/2/09</td>
<td>Associate Director (MSW)</td>
<td>Bereavement Support Services</td>
<td>Phone</td>
</tr>
<tr>
<td>14</td>
<td>8/14/09</td>
<td>President (Ph D)</td>
<td>Hospice Advocacy Organization</td>
<td>Phone</td>
</tr>
</tbody>
</table>
Appendix B
Hospice Education & Benefits

Hospice Medicare Benefit

Since 1983, hospice services have been covered as a Medicare benefit (Chung, Lehr Essex, & Samson, 2009). In 2006, 965,000 individuals received hospice-related services using this benefit (Hospice Foundation of America, 2010). Taking a holistic approach to the treatment of the terminally ill, hospice services are specialized to the needs of individuals and their families. In-home nurses manage pain and provide comfort to hospice patients during the dying process (Centers for Medicare and Medicaid Services, 2010). The emotional needs of patients and their families are met through services provided by social workers and chaplains. Support groups are offered to patients and families during the grieving process and after the loss. Hospice benefits also cover tangible needs, such as catheters, bandages, medications, and specialized dietary needs, to ensure that patients have the highest quality of life during their last days. Respite care may also be provided to help alleviate caregiver burden for those providing direct care to hospice patients (Centers for Medicare and Medicaid Services, 2010).

Hospice Education

Studies of hospice use indicate that it is utilized and understood differently by various parts of the population. Minority groups, particularly, African Americans, utilize hospice services at a lower rate than the general population (NHPCO, 2009). One reason cited for this disparity is a lack of education and shared knowledge among healthcare professionals and caregivers of those in need of hospice services (Chung, Lehr Essex, & Samson, 2009). As social workers and other professionals become educated on hospice, they can ultimately prove to be an important variable in helping to alleviate the racial disparity in the use of hospice services.

Understanding that hospice is neither a place nor a level of care, but a holistic approach to provide dignity and care through a multidisciplinary team, is pivotal to social work and health care. Once knowledgeable on all aspects of hospice care, social workers can work with other health care professionals to make timely referrals to ensure patients and families are able to utilize all of the benefits of hospice. Hospice referrals can be made when a patient’s life expectancy is six months or less. The benefit may be extended if a hospice patient lives longer than the expected six months, as long as he or she continues to show signs of decline. Too often, late referrals result in patients and families being unable to receive the full benefits of hospice care. Referrals made in a timely manner give the professional team time to understand the clients’ and families’ needs and to more fully meet them.

Social workers may play a vital role in helping dispel myths about hospice for families and clients. Too often the general population views hospice in a negative manner due to misconceptions. Families often view hospice as an imminent end to a loved one’s life. In fact, hospice can provide care for months and provide a more stable pain management program for the comfort of the client (Hospice Directory, 2010). The public views hospice as a service that is usually only used by those suffering from cancer. Hospice services provide care to all populations, suffering from any form of illness (2010).
Appendix C
Media Pitch

Hospice is an underutilized resource that saves an average of $2,309 on healthcare costs during the last year of patients’ lives. The U.S. can realize significant savings on healthcare without the passage of healthcare reform legislation if we work to raise public awareness about hospice care and how to access it. According to the Harris Survey on End-of-Life Care in 2002, 86% of people prefer to die at home, yet almost 70% of Americans die in hospitals or nursing homes. Hospice gives people the option of dying at home, yet the National Hospice and Palliative Care Organization reports that 83% of Americans do not know anything about hospice.

Hospice helps people to maintain their dignity and quality of life by providing pain and symptom management and spiritual and emotional support to both patients and their families, but only 38.5% of eligible patients benefited from hospice care in 2008. The number of people who can benefit from hospice care will increase dramatically as the population of people ages 65 and older expands from 40 million in 2010 to 55 million in 2020. Pittsburgh can especially benefit since its population of people 65 and older is nearly 4% higher than the national average.

I encourage you to write a story about hospice so that the residents of Pittsburgh can learn about this healthcare option and discuss it with their families and healthcare providers. I’d be happy to forward you more background information and coordinate an interview with the Executive Director of Forbes Hospice in Pittsburgh, or several other local hospice experts.

Additional Resources

Hospice Foundation of America: http://www.hospicefoundation.org/
National Hospice and Palliative Care Organization:
   http://www.nhpco.org/templates/1/homepage.cfm
Take Charge of Your Life: http://www.takechargeonline.org/
Appendix D
Op-Ed

“On Your Own Terms”

Hospice is about living, not dying. It is appropriate to acknowledge the valuable role of hospice in our community. Even if there is not a particular hospice facility located in our community, it does not mean that in-home hospice services are not provided in our community. In fact the vast majority of hospice facilities are not located where hospice patients reside. Hospice is often incorrectly associated with negative thoughts about hastening death. In reality, hospice has helped our society learn new ways to enhance quality of life. The final stages of life can now be experienced in a more positive way through the tender and loving care of hospice staff.

It is important to note that hospice provides support to not only terminally ill patients, but to their families as well. Hospice is a holistic approach to care that attends to all of the needs of patients and families through pain and symptom management, bereavement support, and spiritual care. Hospices offer bereavement counseling for families up to one year, and sometimes longer, after a loved one has died. Chaplain services provide patients and their families with spiritual and religious guidance. Hospice can also offer patients a chance to engage in life review, allowing patients to share stories about their life experiences with others. Hospice improves the quality of life for the terminally ill and offers a supportive and loving atmosphere for their family and friends.

Hospice is an excellent option for serving the growing population of older adults. The aging of the Baby Boomer generation leads many Americans to wonder if we can afford to provide adequate medical care to the aging population, which is expected to increase by 20 percent to 65.6 million in 2030. In 2008, 16.8 percent of the population in Allegheny County was made up of people ages 65 years older. Allegheny County has the third highest proportion of people ages 65 years and older in the U.S.. Due to population aging, there will be more people experiencing terminal illness in the coming decades. Many, if not all, of these people could experience the end of their lives with more comfort and dignity if they use hospice services.

Hospice should no longer be considered a place to end life. Instead, it should be thought of as a place to support, cherish, and experience the life and memories of a person. Unfortunately, the medical community and loved ones of the terminally ill are often unaware of the vast benefits of hospice care. Patients are often referred to hospice at a late stage of their disease, which denies them the full experience that hospice has to offer. It is never too early for people with terminal illness to enter a hospice program and experience the final stages of their lives with comfort and dignity.

For more about hospice please visit The National Hospice and Palliative Care Organization’s website: http://www.nhpco.org/templates/1/homepage.cfm or call their Help Line at 1-800-658-8898

Works Cited
Appendix E
Article for Professionals
Starting the Hospice Conversation

Hospice is a valuable resource that can be utilized by professional social workers working in a variety of fields. According to the Harris Survey on End-of-Life Care in 2002, 86% of people prefer to die at home yet almost 70% of Americans die in hospitals or nursing homes. Hospice upholds the social work value of self-determination by allowing clients to die at home if they so choose. According to the Administration on Aging, the population of people ages 65 and older is expected to grow from 40 million in 2010 to 55 million in 2020, which will dramatically increase the number of people with terminal illness.

Hospice embraces the core social work value of respect for the dignity and worth of individuals by helping terminally ill patients to maintain their dignity and quality of life through pain and symptom management. Spiritual, emotional, and bereavement support are also offered to patients and their families. Hospice helps patients to die with comfort and dignity, yet the National Hospice and Palliative Care Organization (NHPCO) reports that 83% of people do not know anything about hospice. As social workers, we have a duty to educate clients about this compassionate healthcare option.

As social workers, we must be prepared to discuss all available end of life care options with clients and their families. Healthcare decisions often cause family disagreements, and social workers must be prepared to provide education, and dispel myths, about hospice for families while helping to facilitate family discussions. We must also be prepared to work with physicians who may not be comfortable discussing all of the options available to patients when a terminal diagnosis is made.

Hospice is covered by the Medicare Hospice Benefit and is included in many private insurance plans, yet it is underutilized. Patients are eligible for the Medicare Hospice Benefit after they receive a terminal diagnosis with a prognosis of six months or less, yet according to the NHPCO the average length of stay in hospice programs in 2008 was 21.3 days and 35.4% of patients died within seven days. These facts suggest that referrals are being made too late. Social workers must recognize when clients may be able to benefit from hospice services, discuss these services with clients and their families, and make appropriate referrals.

Knowledge about hospice services can be useful to social workers who encounter clients, in any setting, who have loved ones who are terminally ill. Social workers can inform clients about the availability of hospice services and bereavement support that is available after patients die. The illness and death of loved ones is a common experience that will be shared by clients in a variety of settings and, as professional social workers, we must be prepared to help clients cope with their grief and to navigate available resources.

Before we can educate our clients about hospice, we must educate ourselves. The websites of NHPCO, and other hospice organizations listed below, offer copious amounts of valuable information about hospice. Most hospices have speaker’s bureaus that are available to make educational presentations to professional and community organizations. Presentations can be scheduled easily by contacting your local hospice agencies. Please take the time to educate yourself about hospice so that you can better serve your clients.