



Holly Vossel, July 03, 2024

Breaking down health care disparities can come with complex operational and financial challenges for hospices as reimbursement avenues lag amid widespread workforce shortages.

Navigating these challenges can be a difficult feat when seeking to expand equitable access, according to Teresa Lin, vice president of cultural market development at VNS Health. The provider offers hospice, home health and palliative, personal and behavioral health care services across the New York City area, including four surrounding counties.

Improving health equity among underserved populations includes substantial investment into building community collaborations, expanded staffing support and increased cultural education and outreach efforts, Lin said at the Hospice News Elevate conference in Washington D.C.

“It does take a village to break down the barriers,” Lin told Hospice News. “Majority of the [patients’ we serve come from another country, or even if they have been here for decades they may have limited English proficiency. The way we get this information to them is really through their [community] organizations. We invite local elected officials, hospital partners and health providers and community-based organizations to really raise the awareness of hospice care.”

Investing in health equity

VNS Health hires a diverse workforce, which has helped the provider to improve understanding of its hospice services among a broader patient population, according to Lin.

While cultural and language barriers create access issues and misunderstandings around hospice, these efforts helped VNS Health to expand a community education program among Chinese communities within its service region, which it later expanded to senior centers, local hospices and cancer center support groups in other areas, she stated.



Hospice News photo by Merz Photography, Teresa Lin, vice president of cultural market development, VNS Health

“We intentionally hire bilingual and bicultural professionals, and that’s key to having communication done effectively,” Lin said. “It impacts the quality of care, because information can get lost in translation. It’s making sure the materials are also translated right in their language.”

Financial and operational resources are needed to increase health equity efforts among hospices, said David Turner, vice president of special projects and initiatives at St. Croix Hospice, which serves 10 Midwest states. Turner is also CEO and partner of Nashville-based Heart’n Soul Hospice.

Improving access and utilization comes with significant costs during difficult economic times for hospices, Turner stated. Workforce pressures have [sparked fierce competition](#) for clinical resources, while reimbursement rates [have not kept pace](#) with rising care delivery costs.

“Margins aren’t what they used to be, but there are some things you should do because it’s the right thing,” Turner told Hospice News at the conference. “It starts with saying, ‘This is important to the community ... let’s get it supported.’ Beyond that, you have to be creative. There are tools that allow you to reach into areas. What we hope is that more people want to be a part of this dialogue [to be] shepherds going out into the community willing to do the work that is necessary.”

Diversity ROI

Greater inclusion efforts often require expanded interdisciplinary staff training and diversified recruitment practices, as well as development of strong community collaborations, according to Turner. These are just a few of the initial steps in a long journey towards equitable hospice care, he indicated.

Hospices that do not invest in diversity and inclusion stand to lose out on a vast majority of underserved patient populations with growing end-of-life care needs, Turner indicated. Ultimately, the return on investment of pouring resources into health equity is improved quality outcomes and reduced health care costs among the swelling aging population, he said.

Caucasians consistently represent 80% of Medicare decedents who utilize the hospice benefit, with minority populations making up the remaining 20%, according to the National Hospice and Palliative Care Organization.

The data point to the large untapped market of patients and families in need of stronger support and worth the investment of hospices' health equity dollars, Turner said. Populations of color are one of many underserved populations in need of expanded hospice reach, including LGBTQ+ communities and patients in rural and economically depressed areas, he indicated.

"The hospice benefit is still primarily being taken advantage of by the white, middle-class," Turner said. "There's still a long way to go. When I think of anyone who is underserved ... a lot of the time it has to do with their socioeconomic status. If you have money, you're going to have access. We haven't done a good enough job in all aspects of health care — not just hospice — of making sure that everyone has at least the opportunity to learn about services available to them."



David Turner, vice president of special projects and initiatives, St. Croix Hospice; CEO and partner, Heart'n Soul Hospice

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