

# Key Findings of the 2022 Nebraska End-of-Life Survey

## KNOWLEDGE OF HOSPICE CARE AND PALLIATIVE CARE



**97%** of respondents have heard of hospice care



**50%** of respondents have heard of palliative care



**64%** either did not know the difference between hospice care and palliative care or were not sure of the difference



Find ways through marketing campaigns, educational programming, and communication strategies to inform the public should be a priority for NHPCA and other providers of hospice care and palliative care.

## LOCATION OF CARE



Home is where the heart is. People prefer to receive care, whether hospice (**91%**) or palliative (**88%**), in their homes. What is unknown is if these same people have the necessary support systems in place to ensure their wishes are fulfilled.



Continued exploration of the available support systems in place for those wanting hospice care or palliative care in the home should be investigated through more specific survey items in the future.

## PAYMENT MECHANISMS



**61%** of respondents are uncertain if Medicare or other insurance will pay for hospice care

**81%** of respondents are uncertain if Medicare or other insurance will pay for palliative care



An opportunity exists for NHPCA and other providers to educate the public and the health care community about funding sources such as Medicare and other insurance options to pay for care.



## COMPLETION OF HEALTH CARE DIRECTIVES



**52%** of respondents have completed either a Health Care Power of Attorney or Living Will. An encouraging development when compared to the latest figures reported by Yadav et al (2017) at the national level (**37%**).



Those who were most likely to complete a health care directive were older, widowed, in very good health, living in a one or two person household, and with higher education. Those least likely to complete were younger (19-35 years of age), single/never married, and in poor health.



Encouraging people who have not completed a health care directive to give thought to their health care is important. Outreach to underrepresented groups (persons of color, those not married, and those who are younger) is a good next step for NHPCA.

## THE ROLE OF OTHERS



Family members, especially spouses (**53%**), children (**45%**), and other family (**30%**) are key informants for knowing the wishes of a loved one. However, not everyone has communicated their wishes to another. Surprisingly, **15%** of respondents have told no one of their wishes.



In addition to family members, health care providers (8%), attorneys (20%), financial planner/insurance agent (5%) and clergy or other religious leader (4%) are also involved in the communication of wishes. These professionals are also viewed as trusted sources to respondents and are in an ideal position to help to further the conversation. NHPCA may want to explore ways to educate and encourage these groups to become more involved through statewide programming.

## END-OF-LIFE PLANNING BEYOND HEALTH CARE



Like previous years, about half of respondents have completed a last will and testament. Fewer (**22%**) have made arrangements for their final disposition.



NHPCA might give consideration to offering EOL planning workshops around the state to assist people in thinking about care both before and after death.

### ACKNOWLEDGMENTS

UNL Bureau of Sociological Research  
Marilee Malcom, R.N., executive director, Nebraska Hospice & Palliative Care Association

### SURVEY FUNDERS

Physicians Mutual, Immanuel Vision Foundation, Medica Foundation, Vetter Health Services

### SECONDARY ANALYSIS AND REPORT/PRESENTATION GRAPHICS FUNDER

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