SWHPN General Assembly 2017: We're All In

The theme has been announced for the fifth annual SWHPN General Assembly! This year’s conference, set for February 19-21 in Scottsdale, Arizona, will explore social work practice with diverse populations. Registration and reservations are now available for this annual event showcasing leading research, strategies for practice, and policy discussions from innovative social workers and leaders in the hospice and palliative care field. Held once again in conjunction with the annual conference of the American Academy of Hospice and Palliative Medicine and the Hospice & Palliative Nurses Association, the SWHPN General Assembly offers numerous opportunities for interdisciplinary learning. Join us for a robust program of presentations, workshops, plenaries, and energizing networking opportunities. Conference submissions are now being accepted; submit your abstract by September 9! More information
The upcoming presidential election merits an examination of the candidates’ stated policy positions on the issues of health care, palliative care, and hospice. These are examined in the chart below. Regarding family caregivers of sick or frail elders, Hillary Clinton is thus far the only candidate to put forward initiatives of support for this population. Her platform includes the ability for caregivers to earn credit toward Social Security benefits when out of the paid workforce for caregiving; up to $1,200 in tax relief for caregivers; a Care Workers Initiative to organize and provide support to caregivers; and a $100 million investment in the Caregiver Respite program spearheaded by President Obama.

### Candidate Positions on Selected Issues Related to Hospice and Palliative Care

<table>
<thead>
<tr>
<th>ISSUES REGARDING...</th>
<th>HILLARY CLINTON (D)</th>
<th>DONALD TRUMP (R)</th>
<th>JILL STEIN (G)</th>
<th>GARY JOHNSON (L)</th>
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<tr>
<td>significant changes to Medicare?</td>
<td>• Allow people over 55 to buy in</td>
<td>• No cuts to Medicare benefits</td>
<td>• Medicare-for-all, single-payer public health plan</td>
<td>• Devolve Medicare to the states</td>
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<td></td>
<td>• Telehealth reimbursement</td>
<td>• Have Medicare directly negotiate drug prices</td>
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<td></td>
<td>• Reduce the impact of the prescription drug gap</td>
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<td></td>
<td>• No privatization</td>
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<td></td>
<td>• Reform delivery systems</td>
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<td>changes to Social Security, particularly benefits for survivors?</td>
<td>• Reduce how much benefits drop when a spouse dies</td>
<td>• Comprehensive tax reform to “shore up our entitlement programs for the time being” (AARP, para. 12)</td>
<td>• Remove the cap on payroll taxes</td>
<td>• Raise the retirement age</td>
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<td>• No privatization</td>
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<td>• Create personal investment accounts</td>
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<td>• Raise the cap on taxable payroll; tax additional sources of income</td>
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<td>• Means-testing for recipients</td>
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<td>significant changes to health care?</td>
<td>• Reduce the cost of pharmaceuticals for seniors</td>
<td>• Fully repeal the Affordable Care Act</td>
<td>• Medicare-for-all, single-payer public health plan</td>
<td>• Fully privatized health care</td>
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<td>• “Make a ‘public option’ possible” (Hillary for America, para. 2)</td>
<td>• Modify existing law that inhibits sale of health insurance across state lines</td>
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<td></td>
<td>• Incentivize states to expand Medicaid for low-income Americans, including seniors</td>
<td>• Fully deductible health insurance premiums</td>
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<td>• Cap patient share of medical visits</td>
<td>• Access to health savings accounts</td>
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<td>• Authority to block or modify insurance rate increases</td>
<td>• Block-grant funding for Medicaid</td>
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<td>policy initiatives related to prescription drugs and marijuana legalization?</td>
<td>• Drug prescribers must participate in a prescription drug monitoring program</td>
<td>• Legalize medical marijuana</td>
<td>• Legalize marijuana for medical and adult use</td>
<td>• Legalize marijuana for medical and adult use</td>
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<td></td>
<td>• Legalize medical marijuana; states are “laboratories of democracy” (MPP, para. 3)</td>
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Information on candidate positions was compiled using national election coverage from prominent news outlets and organizations. For a full list of sources, please see the references at the end of this newsletter.
Policy Spotlight

Social Security Survivor Benefit

For most Americans, Social Security benefits are the only source of income that can be expected to last through retirement until the end of life. These payments become especially important for widows and widowers; in 2014, for those age 65 and older in this population, 21% of women and 16% of men relied on the program for all of their income. Social Security benefits provided half or more of the income for 63% of widowed women and 58% of widowed men in the same year. In June 2016, more than 3.7 million widows and widowers age 60 and older – of which 97% were female – received an average monthly survivor benefit of about $1,295.

After the death of a spouse, widow(er)s and surviving divorced spouses may be eligible for a benefit of up to 100% of the deceased spouse’s benefit, if that benefit is larger than what the surviving spouse would receive based on his or her own work history.

The amount of this benefit depends on when the higher-earning deceased spouse claimed retirement benefits; this amount may be reduced if the higher-earning spouse claimed Social Security before his or her full retirement age, which is currently 66 and will increase to 67 for those born in 1960 or later.

A widowed spouse can claim survivor benefits as early as age 60, as opposed to 62 for non-widowed spouses, but the amount of the benefit will be reduced. If a surviving spouse is also eligible for a benefit based on his or her own earnings record, s/he can choose which benefit to receive first. In other words, a widowed spouse may claim his or her survivor benefit while waiting to claim his or her worker benefit, allowing it to grow.

For more information on the Social Security Survivor Benefit, visit the Social Security Administration on the web.

SWHPN does not provide official policy or legal interpretation of the programs and regulations of the Social Security Administration (SSA). This information is for educational and advocacy purposes and was compiled using the sources listed in the references at the end of this newsletter.

Practice Update

Assessment Practices in Hospice Social Work

By John Cagle, PhD

The Issue: The hospice social work assessment is part of the comprehensive team assessment, which must be completed for all new hospice patients and families. Social workers are charged with conducting an in-depth evaluation of patient/family risks, needs, available resources, and coping. Data from assessments guide care plans and intervention activities. Yet, social workers have little guidance about what topics to ask about and how to best broach the difficult subjects that come up during assessment. If essential psychosocial topics are not brought up during assessment conversations, then important patient/family issues and needs might be overlooked.

The Evidence: There is little consensus about which issues should be included in social work assessments, and agencies have adopted a wide range of assessment types (paper-based, electronic and hybrid format).

Several professional advocacy organizations, including the National Hospice and Palliative Care Organization (NHPCO) the National Association of Social Workers (NASW) and Social Work Policy Institute (SWPI), have identified key areas of assessment focus for hospice and palliative care social workers. These organizations have identified assessment topics that fall into nine general categories: (1) Patient Physical and Functional...
Status (2) Patient Emotional and Mental Health; (3) Knowledge of Illness and Preferences; (4) Family Coping and Bereavement Risk; (5) Family/Caregiver Health and Functional Status; (6) Family and Relationship Issues; (7) Culture, Spirituality and Religiosity; (8) Communication and Literacy Issues; and (9) Resource Needs and Safety.

A recent content review of assessment instruments being used by hospice social workers in the U.S. found that that many assessments included content on Patient Emotional and Mental Health, Family Coping and Bereavement, and Risk Family and Relationship Issues. Few assessments, however, included items inquiring about Patient Physical and Functional Status, Culture, Spirituality and Religiosity, and Communication and Literacy Issues.

Practice Implications/Recommendations:
Regarding assessment practices hospice and palliative social workers are advised to:
• Make sure the social work assessment document includes a comprehensive array of psychosocial domains
• Use validated assessment measures (e.g., the PHQ-9) when appropriate
• Whenever possible, make joint assessment visits with other team members, such as a nurse, to minimize assessment burden on families
• Consider using an electronic documentation format
• Use skip logic to minimize unnecessary assessment questions

Research Spotlight

A Father’s Role
Examining the Experiences of Fathers of Children with a Life-Limiting Illness

By David B. Nicholas, Laura Beaune, Maru Barrerac, Jonathan Blumberge, and Mark Belletrutti

Little research exists regarding the sole experiences of fathers of children with life-limiting illness (LLI). Through qualitative, in-depth interviews with 18 of these fathers, including six who had endured the death of their child, social work researchers uncovered details to characterize the ordeal, including external stresses, strategies for coping, and perceived means of support. In focus groups, fathers elaborated on their role in care, employment and financial pressures, dissatisfaction with the health care system, relational and emotional challenges, and preferences for the provision of support. Findings of this study encourage health care providers and researchers to develop resources and interventions targeted to fathers of children with LLI. Read more

Reduced Hospital Admissions and Costs
What is the Marginal Benefit of Payment-Induced Family Care?

In Forbes, Howard Gleckman covers a new paper from the National Bureau of Economic Research analyzing the Cash and Counseling Demonstration program, a 15-state Medicaid-based initiative that aims to make it possible for people with disabilities and older adults to direct their own care at home. This program replaces traditional long-term care services with a monthly cash allowance that a patient could use to meet care needs; some paid family members for serving as caregivers. Researchers examined 5,000 adults nine months after program enrollment, half of whom received traditional Medicaid benefits. Among other findings, those who received the cash allowance were one-third less likely to utilize the emergency room and half as likely to be admitted to the hospital as those getting standard Medicaid care. Read more

Examining Longevity
The Sightlines Project

From the Stanford Center on Longevity comes the Sightlines Project, an investigation of three areas of well-being for older Americans: healthy living, financial security, and social engagement. Study results are based on analyses of eight nationally representative, multi-year studies surveying more than 1.2 million Americans in six age groups over two decades. Key findings include that gains in health, like smoking reduction, have been offset by risks like poor eating habits, and that fewer Americans establish retirement savings plans before age 55. Additionally, members of the Baby Boom generation have weaker social and family ties than their older counterparts. See more findings
Experiences of Cancer

2016 CancerCare Patient Access and Engagement Report

From CancerCare comes a new study providing a comprehensive view of how Americans with cancer experience life with and beyond their disease. Three thousand adults with cancer answered six surveys on topics on their diagnoses, their participation in treatment decisions and advance care planning, care team communication procedures, financial and insurance systems, and symptoms, side effects, and quality of life. Interesting findings include that African American and Hispanic patients had 35% more conversations with care team members than their White counterparts in the days after a diagnosis, and that a third of those surveyed reported not having a caregiver to support them through treatment. Read more

In the News

In the New Yorker, reporter Larissa MacFarquhar profiles Heather Meyerend, a hospice nurse who visits between 16 and 20 patients a day in several South Brooklyn neighborhoods. Through describing the ins-and-outs of the job, including stool removal, navigating patients' questions about the amount of time left, and being present during death, MacFarquhar beautifully portrays the unique experiences and relationships rooted in hospice care.

Medical Marijuana, Less Medicine

NPR covers a recent study from Health Affairs showing that Medicare prescriptions have decreased for drugs typically prescribed to treat chronic pain, anxiety, and depression, including opioids and antidepressants, in states that have legalized medical marijuana. Coupled with a decline in spending by Medicare Part D, researchers say it appears likely that legalization has led to a drop in these prescriptions. Prescriptions did not drop for drugs not considered to be an alternative to marijuana.

Death Doulas Aim to Make Dying Easier

Ellen McCarthy of the Washington Post visited Baltimore’s Gilchrist Hospice Care for this story on death doulas, whose work is focused on providing presence, comfort, and peace to a person who is actively dying. Now a growing group of volunteers and professionals, death doulas, also known as end-of-life doulas, soul midwives or transition coaches, are mandated to assist and accompany, attending to the spiritual component of end-of-life care.

Coping Strategies and Quality of Life

Patients with a diagnosis of incurable cancer use a variety of strategies to cope with their prognosis. Medscape summarizes a new study, just released in the journal Cancer, which examines how some coping strategies contribute negatively to the quality of life of these patients. Findings include a correlation between high anxiety and depression scores and denial and self-blame strategies. Read more
NASW Honors Mercedes Bern-Klug

Congratulations to Mercedes Bern-Klug, PhD, on being honored with the Knee-Wittman Outstanding Achievement Award by the National Association of Social Workers at the national conference in June. Mercedes was recognized for her work in health and long-term care and focus on gerontological social work in nursing homes and at the end of life. Read more

SWHPN Partners with MJHS

The MJHS Institute for Innovation in Palliative Care, located in New York City, has been awarded a grant by the U.S. Cancer Pain Relief Committee to support “A National Consensus Project to Establish Core Competencies and Educational Curriculums for Generalist-Level Palliative Social Work.” At present, there is no consistent set of competencies or teaching curriculum with which to train social work students and practicing social workers in generalist-level palliative care. These educational gaps contribute to the workforce shortage in palliative care and hospice. Under the leadership of SWHPN board member Dr. Myra Glajchen, the MJHS Institute has empaneled an advisory board of nationally renowned experts in palliative social work to participate in a rigorous consensus process with the ultimate goal of establishing a set of core social work competencies framed by the eight domains of palliative care. SWHPN is participating as a dissemination partner, and many SWHPN board members have joined the advisory board for the project. The project will also create a training curriculum to teach specific competencies for social workers in hospitals, home care, field placements and long-term care practice settings. Learn more

Call for Manuscripts

The Journal of Social Work in End-of-Life and Palliative Care is now accepting submissions for special, separate issues on the themes of substance use and trauma. Manuscripts that report on original research – including systematic reviews and meta-analyses, policy analysis, program evaluation, educational programs, and evaluated community interventions – are encouraged. For specific submission criteria, please visit the journal online or email editor Ellen L. Csikai, PhD.

RECOGNITION

Gary Stein Receives Fellowship Appointment

SWHPN Vice Chair Gary Stein has been awarded a prestigious fellowship through the Health and Aging Policy Fellows Program. The program is geared to provide professionals in health and aging with learning opportunities that will aid in leading the effort to ensure that the U.S. health care system can meet the needs of a rapidly increasing aging population. Congratulations, Gary! Learn more

Educational Opportunities and Resources

Remembering Conversations with the Dying and Bereaved VNSNY Hospice and Palliative Care will sponsor a full-day conference with Dr. Lorraine Hedtke on September 16, 2016, “Remembering Conversations with the Dying and Bereaved.” Dr. Hedtke’s books include “Remembering Lives: Conversations with the Dying and Bereaved,” and “Bereavement Support Groups: Breathing Life into Stories of the Dead.” Approximately 50 seats are available at $75 each; please send a check to VNSNY c/o R. Beyamin Cirlin, LCSW, 1250 Broadway, 4th Floor, New York, NY, with your name, address, phone number, email, employer, and whether you require a vegetarian or kosher meal.

Training Grants for Oncology Social Workers

The American Cancer Society has a number of available grant opportunities for individuals and institutions that support the training of doctoral and masters-level students focused in the field of oncology social work. Application deadline is October 15. More information
For candidate positions:


Policy Spotlight


Practice Updates:


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