HOSPICE-VETERAN PARTNERSHIP PROGRAM FOR COMMUNITY BASED HOSPICE AGENCIES: A GRANT PROPOSAL

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PROBLEM

- There are more than 600,000 veterans who are expected to die each year.
- Veterans Health Administration is the largest health care system in the United States, there are barriers that veterans face in receiving the healthcare that they deserve.
- Most veterans continue to die in the community instead of a VA facility; this population includes those veterans who die in rural areas as well as homeless veterans (We Honor Veterans, 2013).

GOALS

- This grant is to create a position for veterans’ health consultant in a community based hospice agency who has not become a part of the Hospice Veteran Partnership offered by We Honor Veterans
  - A collaboration between the VA and the National Hospice and Palliative Care Organization
- The consultant will train staff to understand the unique needs of veterans at the end of life
- Using the National Hospice-Veteran Partnership model from wehonorveterans.org, this grant will be implemented within a Long Beach, CA hospice facility.
SOCIAL WORK RELEVANCE

► How social work plays a unique role in the end of life care
  ► Social workers have the skills needed in hospice and palliative care that reinforces a multidimensional approach to treatment.

► History of social work and the relationship with the VA
  ► 1926 was when the first social work program was established to help with those with psychiatric needs (VA, 2012).

► Social work role as educators
  ► Social workers are uniquely qualified to support agencies that serve veteran
  ► We Honor Veterans compassionate care model along with the continued collaboration between the VA and the unique qualities that the social work profession has with end of life care, will allow veterans to die with dignity and respect (WHV, 2013).
CROSS-CULTURAL RELEVANCE

Demographics of veterans

- Current U.S. veteran population 22,234,000
  - 1.7 million WWII veterans
  - 2.3 million Korean War veterans
  - 7.4 million Vietnam War veterans
- State of California 40-45% of population is 65 years of age and over
- City of Long Beach, CA: 21% of the residents 65 years of age and older are veterans (U.S. Census, 2013).
METHODS

► **Target Population**
  - The target population for this grant is a community-based agency, Wisteria Hospice, which has not participated in the National Hospice-Veteran Partnership (HVP) in the Long Beach area.
  - According to the U.S. Census (2013), the veteran population between 2007-2011 for this community was 22,472. Understanding war era experiences.
  - For the purpose of this grant, a community hospice was chosen as the focus of the target population, as community hospice organizations serve many veterans in the city of Long Beach.

► **Strategies Used to Identify & Selecting a Funding Source**
  - The search for potential funding sources for this grant proposal was conducted by searching various websites and included a visit to the Long Beach Nonprofit Partnership Library (LBNPL).
  - The search included key words such as “palliative care” or “hospices and military/veterans”. A more advanced key word search included adding key words in the *types of support* field that included “faculty/staff development”, “continuing support”, “consulting services”, “conferences/seminars”, “advocacy”, “program development”, and “consulting services”. The geographic area used for the search was “California” and “National”.

Identification of a Funding Source

- The Archstone Foundation was selected as the funding source of this project based on the following:
  - They are located in the city of Long beach
  - They focus on broad issues surrounding health and healthcare delivery; specifically their purpose is to meet the needs of an aging population (i.e. end-of-life issues)
  - This foundation provides funds for is Professional Education and Training (Archstone Foundation, 2013).

Needs Assessment

- Once an agency was selected, the specific needs for that agency was assessed as to who would need the training and how often the training would be to educate them on the levels of partnership. State, county, and city sources of data was be used to analyze the needs of the potential agency.

Projected Budget Range and Categories

- The proposed budget range is $36,671 that includes:
  - Salaries & Benefits
  - Direct Program Expenses
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Program Summary & Description

- The NHPCO and the VA developed WHV with the mission to set the standards for “partnership between community hospice providers and the VA (Antoni et al., 2012).
- This program has 4 levels of partnership based on the provider’s ability to meet veteran-specific educational and system targets.
- This task will be accomplished by facilitating communication, collaboration and coordination of care and benefits for veterans across the VA and the community (WHV, 2013).

Population Served

- The target population for this grant is a community-based agency that has not participated in the National Hospice-Veteran Partnership (HVP) in the Long Beach, CA area.
- According to the U.S. Census (2013), the veteran population between 2007-2011 for this community is 22,472
- The VA established their Hospice and Palliative Care Initiative (VAHPC) in November of 2001 to improve the end of life care for veterans. From this initiative the National Hospice-Veteran Partners program was created with help from the National Hospice and Palliative Care Organization, the Center for Advanced Illness Coordinated Care, to create a national network of HVPs (WHV, 2013)
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Sustainability

The implementation of the HVP program for Wisteria Hospice, will be provided by the toolkit training offered through We Honor Veterans and will be delivered in multiple steps estimated to be within a one-year timeframe. Training will be provided quarterly. Evaluation is included as part of the toolkit training. All training materials for the HVP program are provided free of charge for agencies through the WHV program.

Program Objectives

The WHV has given the HVP’s a mission to educate communities by conducting outreach educational programs for veterans groups. To accomplish this, WHV suggests: having local and statewide educational events related to hospice care in the community, education on the VA healthcare system and veterans benefits, education on veteran specific clinical issues, establish networks of mentors and experts to assist with staff and program development, and to develop speaking groups for veterans service organizations, community agencies, and VA facilities (WHV, 2013).

Program Evaluation

The evaluation process will occur at each training session as the agency achieves a new WHV Level Status. Evaluation is included as part of the toolkit training. All training materials for the HVP program are provided free of charge for agencies through the WHV program. Review the Veterans Module of the Family Evaluation of Hospice Care (FEHC-V), or similar survey, with staff for implementation within their agency.
LESSONS LEARNED/IMPLICATIONS FOR SOCIAL WORK

- **Lessons Learned**
  - This grant-writing project was a huge learning experience. It was originally thought to be an intimidating challenge. At times, with all of the other workload, it did feel quite challenging trying to time manage adequately. One component on meeting the challenge was completing the grant in sections. This helped with time managing and it also alleviated some of the stress. It was also helpful that the topic of this grant proposal was of great interest to this writer and the information never became redundant.
  - Another learning aspect of writing this grant was finding out the need for continued care for veterans facing Hospice. The number of veterans who will need hospice is incredible and the nation’s healthcare system seems to be lacking in being prepared for this number.

- **Implications for Social Work**
  - Social workers have specific skills as educators and are uniquely qualified to support agencies that serve veterans. Part of a professional social worker’s integrity is educating and consulting with the community and sharing their expertise. The core values as described in the NASW Code of Ethics (2013) can be implemented to educate the hospice community of the importance of quality service to veterans.
  - The HVP program promotes veteran-specific education and helps agencies find ways to increase access and improve quality of services (WHV, 2013). This compassionate care model along with the continued collaboration between the VA and the unique qualities that the social work profession has with end of life care, will allow veterans to die with dignity and respect.
REFERENCES


