PLEASE TAKE A MOMENT TO PROVIDE US WITH YOUR ANSWER TO THE FOLLOWING QUESTION

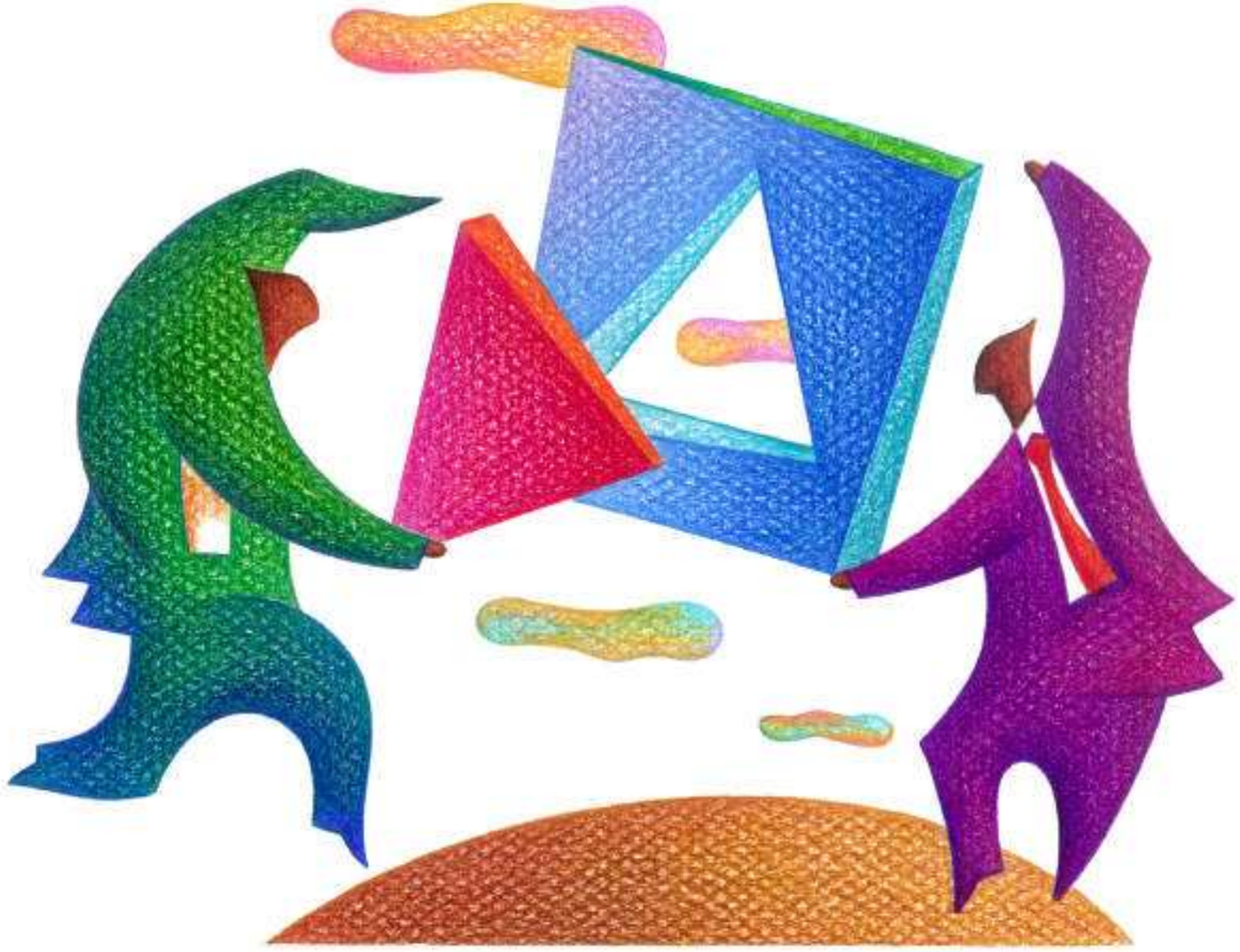
(Use the Q&A tab to share your response, please)

If you could write the title of your obituary, what would it be?

The Good Death – Models of Care

Module 2
March 16, 2023

Enid Walker Butler, MSG, CT
Angela Flack, MDiv



FAIRFAX COUNTY DEPARTMENT OF FAMILY SERVICES
ADULT AND AGING

LONGEVITY PROJECT
for a greater Richmond

YOUR INSTRUCTORS

Enid Walker Butler

Master of Science Gerontology; Certification of Thanatology; Affiliate Instructor VCU Department of Gerontology; Volunteer Coordinator Sentara Hospice

Angela Flack

Master of Divinity; Association for Clinical Pastoral Education Certified Educator; Director of Education; Assistant Professor VCU Department of Patient Counseling

THE SERIES

1

Week 1

Death and Dying: The Good Death

Session 1: An Overview

Session 2: Models of Care

2

Week 2

The Trifecta: Grief Loss and Trauma

Session 1: An Overview

Session 2: Practical Application

3

Week 3

The Toolbox

4

Week 4

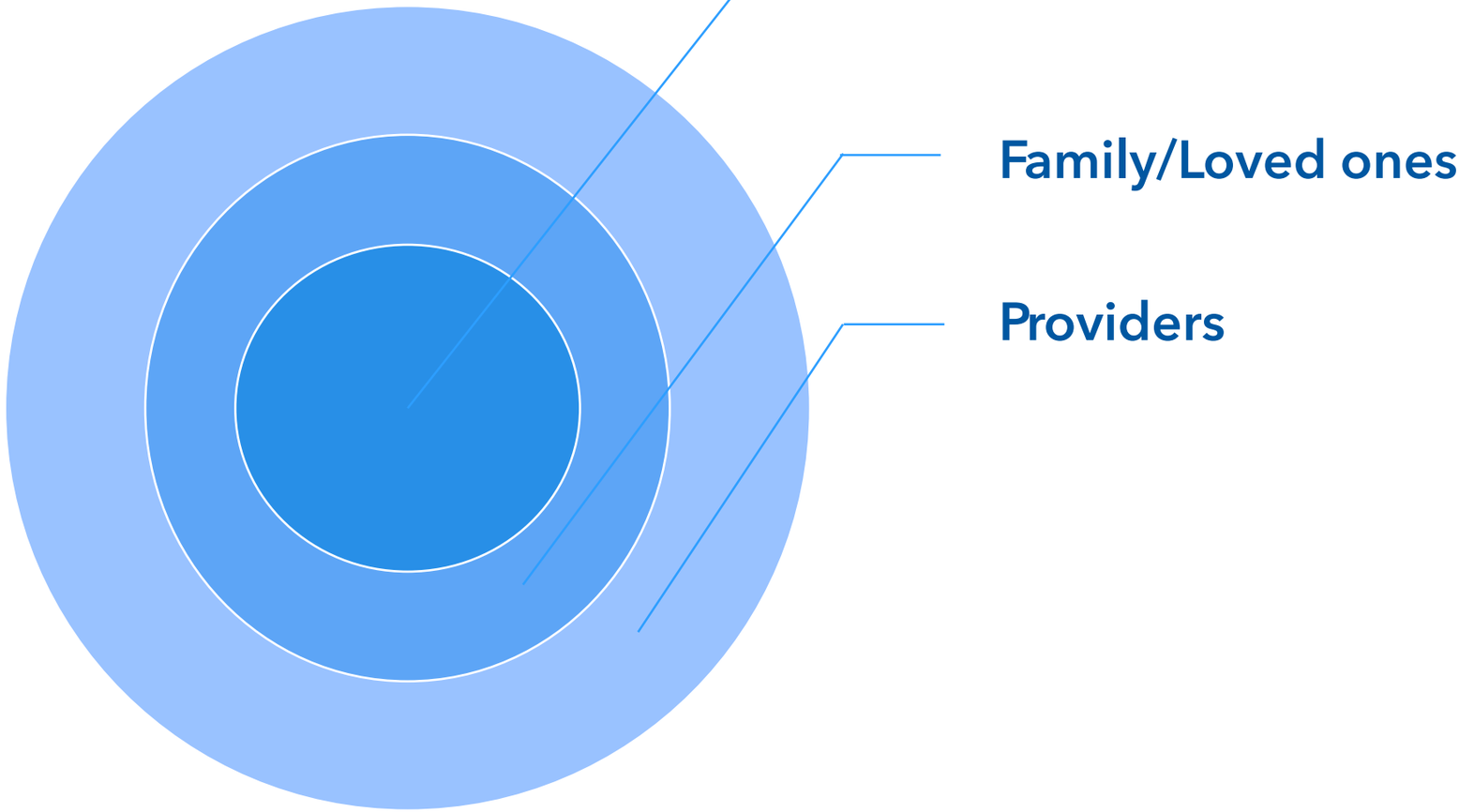
Leading the Way (For Supervisors)

Course Objectives

To recognize the importance of:

- Self-determination
- The uniqueness of the individual
- The individuality of death

Death is a Shared Experience



The Ethical Principle of Autonomy

Being Normal
Taking Charge

Autonomy – self-determination; "An individual's ethical right to receive care consistent with their preferences."

(Houska & Loucka, 2018)

Autonomy has a deeper, more contextualized meaning with terminally ill individuals.

Review of literature reveals the need to view autonomy not just as the ability to make one's own treatment choices but to be supported in the process of living through a terminal illness.

What is death?

Death
is a
spiritual process with medical implications
rather than a
medical process with spiritual implications.

Death Is Multi-dimensional

The Physical: The natural process of shutting down

The Psychosocial/Spiritual: The “spirit" releasing the natural body.

The Process

Natural process of emotional, spiritual, mental release

Release of the body and environmental attachments

Prepares spirit to move from this existence to the next

Requires support and encouragement

The Notion of a "Good Death"

Preferences for the Dying Process

How Who When Where

Pain Free Status/ Treatment Plan

Feeling No Pain

Emotional Well Being/Dignity

Peace of Mind

"Family"

Who do you love?

Life Completion

Looking back

Spirituality/Religiosity

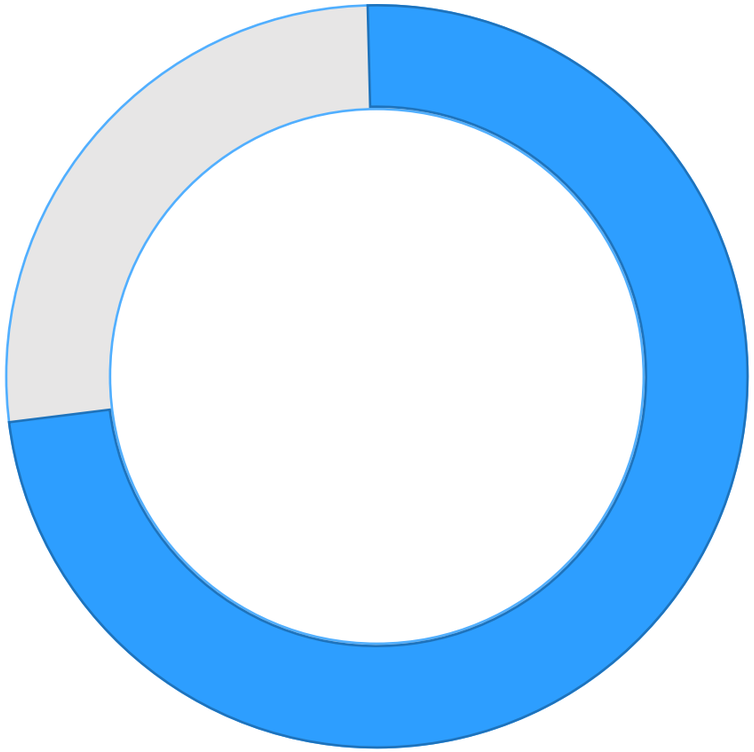
Looking forward

Quality of Life

A Life Worth Living

(Meier et al., 2015)

Death in the US



Deaths 65+: 2.5 million (approx. 72% of US deaths)

Adults 65+: 56 million (16.9% of US population)

2021 Total Annual Deaths:

3.46 million

(Ahmad et al., 2022, Americas healthrankings.org)

	Death in 1900	Death in 2021
Life Expectancy	47.3 years old	76.4 years old (2021, lowest since 1996)
Cause of Death	Infectious Disease Smallpox, influenza, scarlet fever, pneumonia	Degenerative/Chronic disease Heart disease, cancer, COVID-19, stroke, lung disease, dementia
Trajectory	Rapid, brief (days, weeks)	Slow decline (months, years)*
Location	80% at home Only poor died in institutions	66.5% in institutions, i.e., hospitals, nursing homes
Caregivers	Family Members	Paid Professionals
Death Encounter	Intimate, Close, Participant	Removed, Sanitized, Observer
Role of Physician	Comforter, Consoler	"Curer-er," Miracle Worker

(cdc.gov/nchs, Corr & Corr, 2013, DeSpelder & Strickland, 2011)

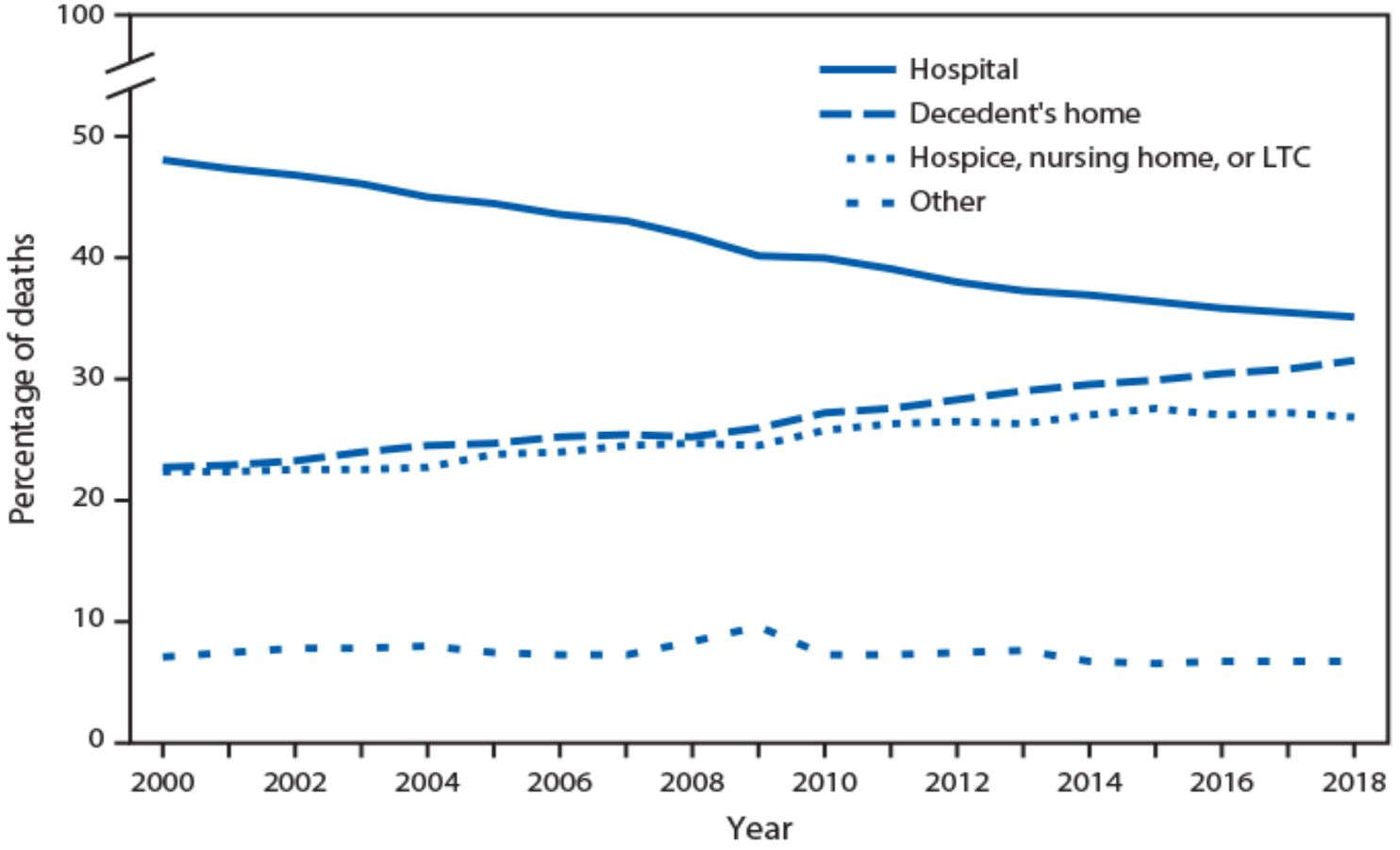
Models of Care

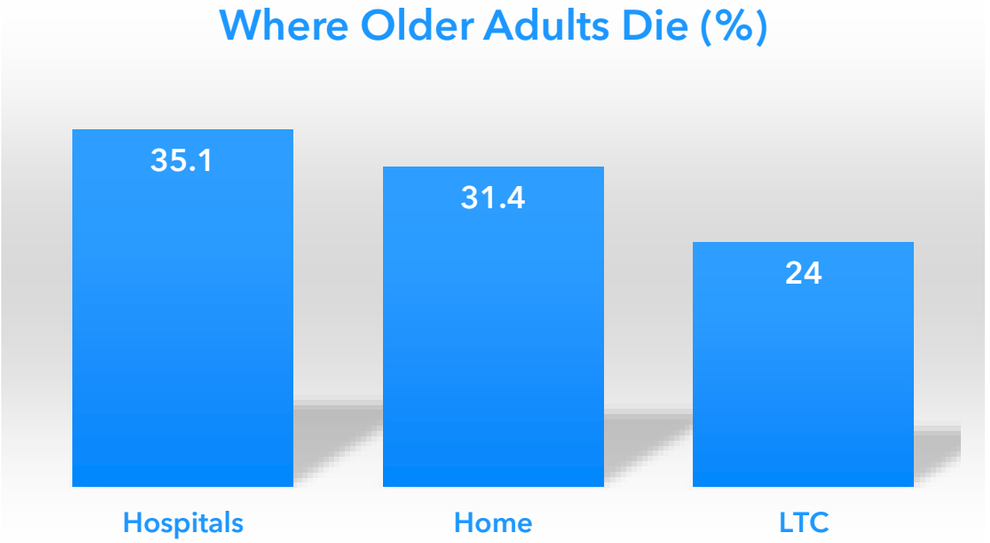
POLL

Have you ever had a loved one pass away…

- ❑At home?
- ❑In a hospital?
- ❑In long term care?
- ❑In hospice care?

Where Older Adults Die





Wonder.cdc.gov/ucd-icd10.html

Hospitals (Acute)

35.1% of older adults die in hospitals, down from 50%.

Disease/Curative Focus

Costly

~$4,000-$10,000 day

May provide a sense of security for some, sense of anxiety for others

Presence of family & loved ones important.

Most common setting for palliative care.

(Madsen, 2019, nhpco.org/about/palliative care, Wonder.cdc.gov/ucd-icd10.htm)l

Long Term Care

24% of deaths occur in long-term care facilities. (Up from approx. 22%)

Residential setting and family-like caring relationships

Focus of care and reimbursement based on restorative and maintenance goal

EOL requires intense focus on symptom management.

Staff ratios often don't allow for level of care required at EOL.

CNAs, provide majority of hands on care.

Knows patients well

Limited training

Family expectations often exceed facility capabilities.

Determining death trajectory complicated.

Partnerships with hospice care beneficial.

(Cornally et al., 2015, Hospice and Long Term Partnerships, 2008, Pott, et al., 2020, QuikStats: Percentage of deaths, 2020, Wonder.cdc.gov/ucd-icd10.html)

Home

34.1% of deaths occur at home and are expected to increase

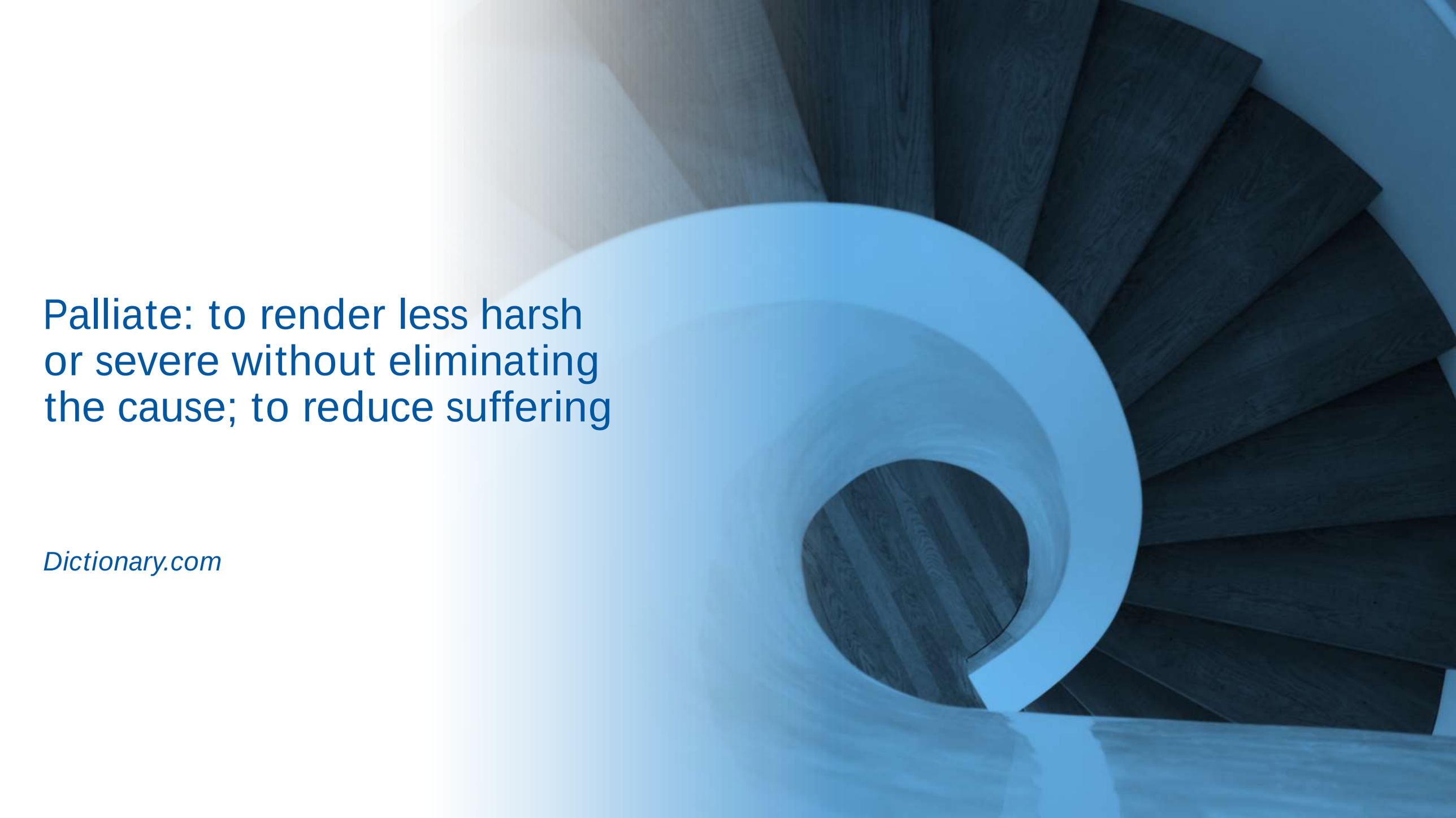
Familiar comforting setting and caring family relationships

Can be burdensome and troubling for caregivers

Not viable over time without dedicated caregiver(s)

Works best with hospice care support

(nhpco.org, , QuikStats: Percentage of deaths, 2020, Wonder.cdc.gov/ucd-icd10.html)



Palliate: to render less harsh or severe without eliminating the cause; to reduce suffering

Dictionary.com


Palliative Care

Palliative Care

Main focus on symptom management

Primarily offered in hospital or outpatient setting

Services provided and coordinated by an interdisciplinary team (medical & psychosocial)

Collaboration between family, providers both medical and psychosocial team members

Services are available concurrently with or independent of curative or life-prolonging care

Reduced medical costs and re-hospitalizations

Nhpco.org/Palliative Care Needs Survey Results, 2020)


All hospice care is palliative
but
all palliative care is *not* hospice care.

Hospice

Compassionate End of Life Care

Hospice isn’t about giving up.
It’s about changing tactics.

It’s about comfort and quality of life.

Hospice is Not a Place

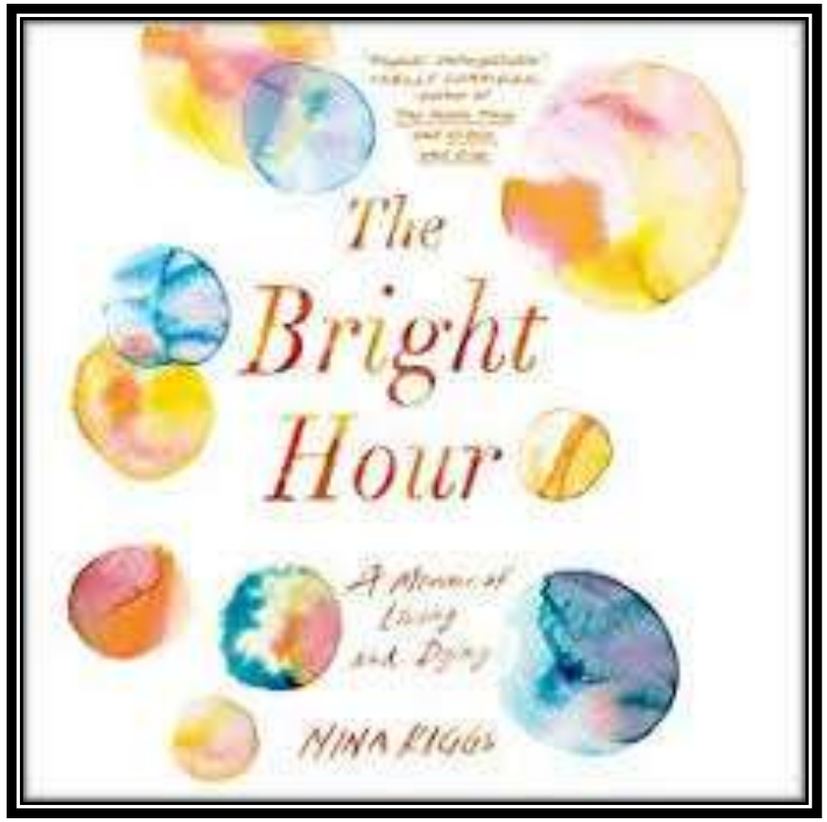
But a holistic model for compassionate, quality care for individuals facing a life-limiting illness or injury.

Word "hospice" (same linguistic root as "hospitality") traced back to medieval times; place *of rest and shelter for ill or weary travelers.*

Hospice is at once both ancient and modern.

Most widely used form of palliative care.

(nhpco.org/about/hospice-care, Why Hospice Doesn't Mean Giving up, 2015)



Nina writing about her mother

"We have called in hospice for my mom. It's strange, because hospice is one of those words that when you say it people's faces fall. It is a word that evokes last breaths and hushed voices. But the more I think about it, the more I'm struck by what a beautiful word it is – hospice. It is hushed especially at the end. But it's comfortable and competent sounding too. A French word with Latin roots – very close to hospital, but with so much more serenity due to those S sounds. It used to mean a rest house for travelers - for pilgrims. And is there anything more welcome to a weary pilgrim than rest?"

Hospice Is About Living

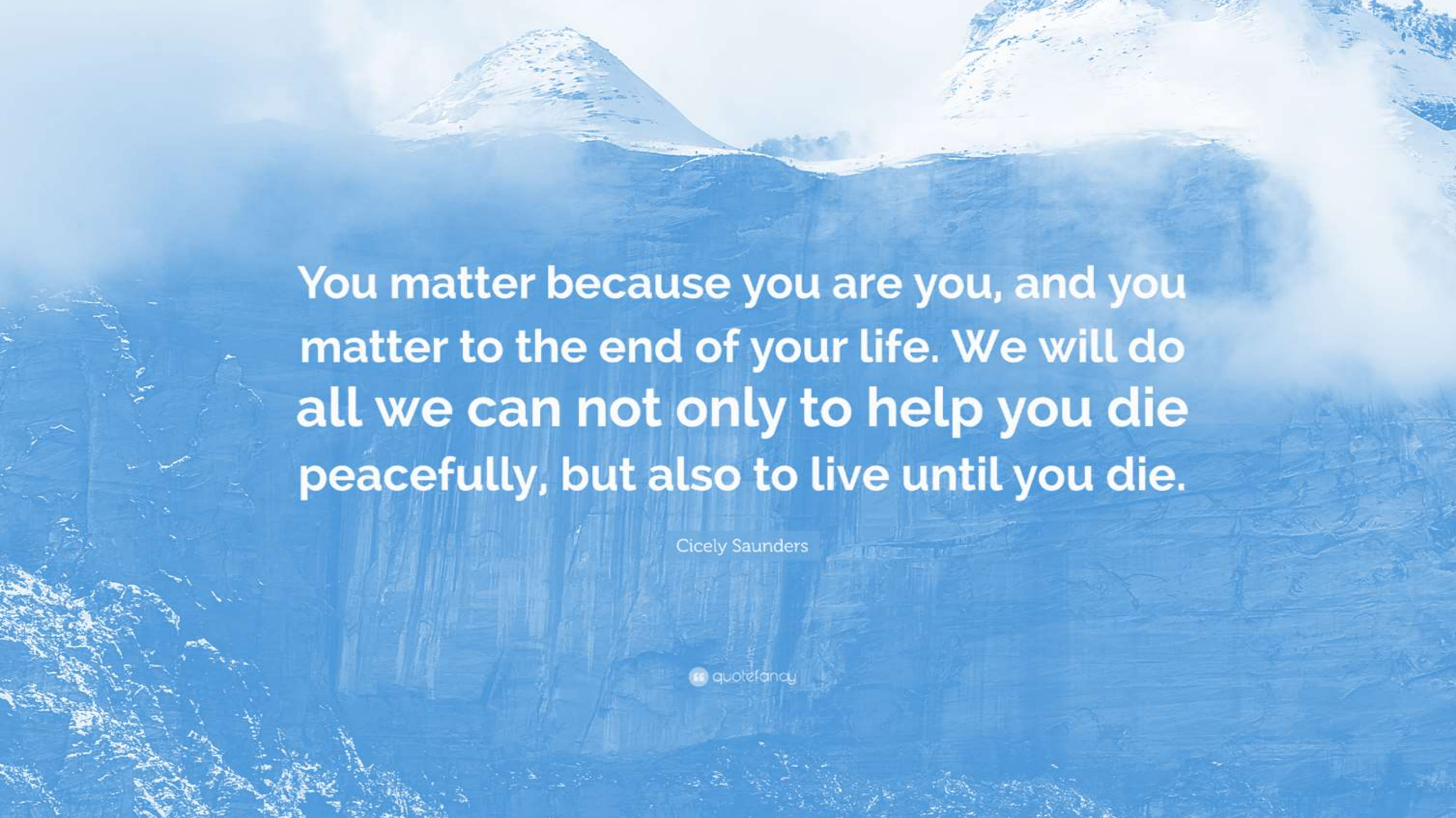
Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury

A team-oriented holistic approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes.

Support is provided to the patient's loved ones as well.

At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

http://www.nhpco.org/about/hospice-care

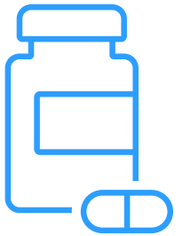

You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.
Cicely Saunders
quotefancy

Principles of Hospice Care

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates cultural, psychological and spiritual aspects of patient care.
- Offers support systems to help patients live as actively as possible until death.
- Approx. 50% of decedents are under hospice care at time of death.

nhpco.org/hospice-care-overview

Curative Versus Hospice Care



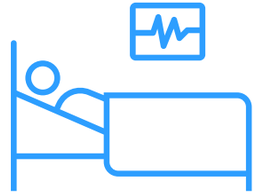
Curative

Disease driven

Doctor in charge

Disease process primary

Narrow focus



Hospice

Symptom driven

Patient in charge

Comfort and quality of life primary

Holistic focus

Hospice Eligibility

- Certification by 2 physicians of terminal illness
- Presence of a disease that would take life in 6 months or less if it follows it normal course
- Acceptance of comfort care instead of aggressive treatment for terminal illness
- Medicare funds 82% of all hospice care in the US.

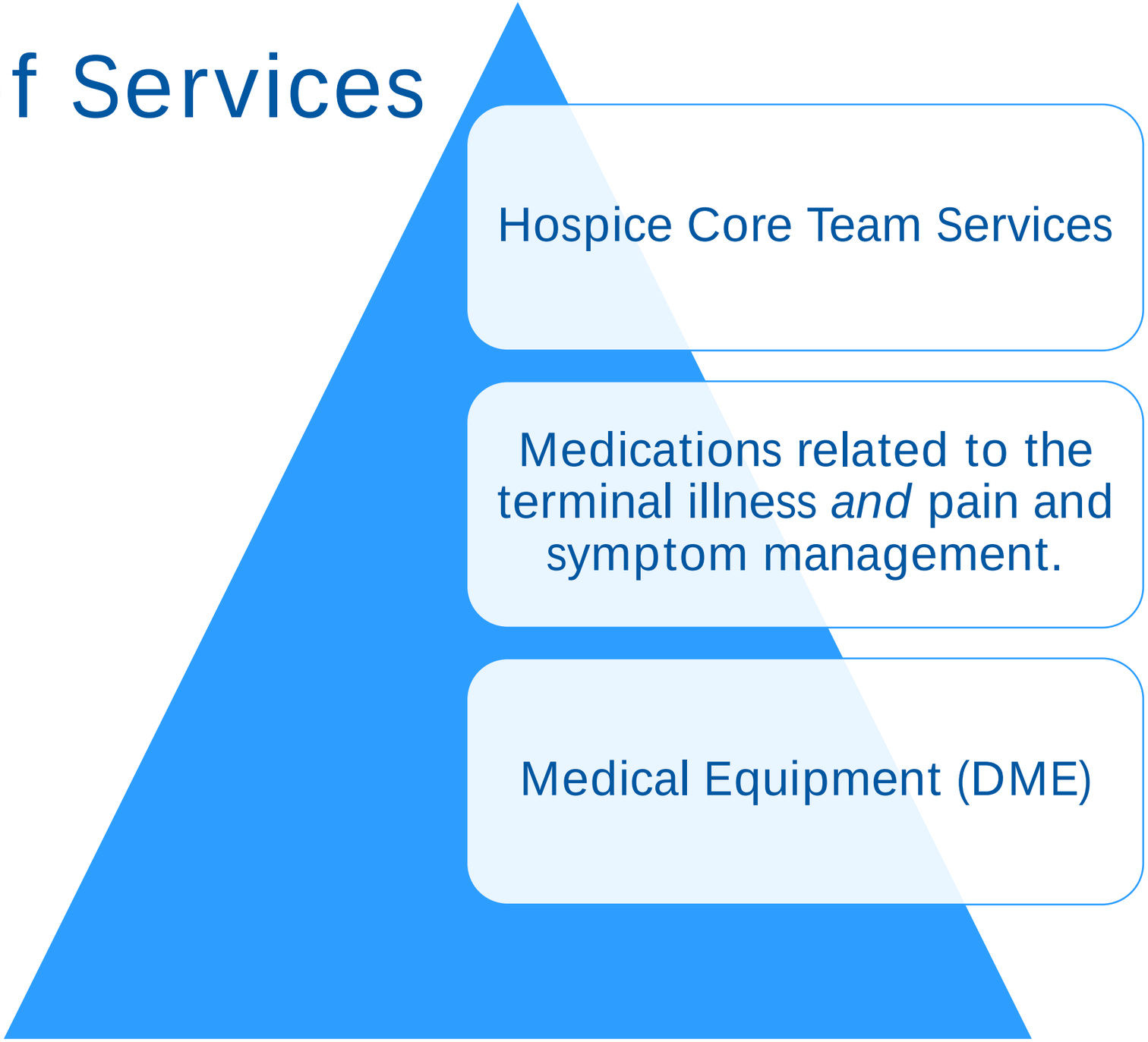
(nhpco.org/hospice-care-overview, CMS.gov/hospice care)

“Wherever Home Is”

Patient’s home	Long Term-Care	Living	Hospital	Hospice House
55.7%	42.2%	Independent Living Assisted Living Skilled Nursing	0.8%	0.8%

(nhpco.org/facts-figures-2022, nhpco.org/hospice-care-overview, CMS.gov/hospice care)

Overview of Services



Overview of Services

Symptom control and pain management

Support in psychosocial, emotional and spiritual aspects of dying process.

Medication, supplies and equipment.

Family caregiver training and support.

Volunteer support

Special services as needed (speech, PT)

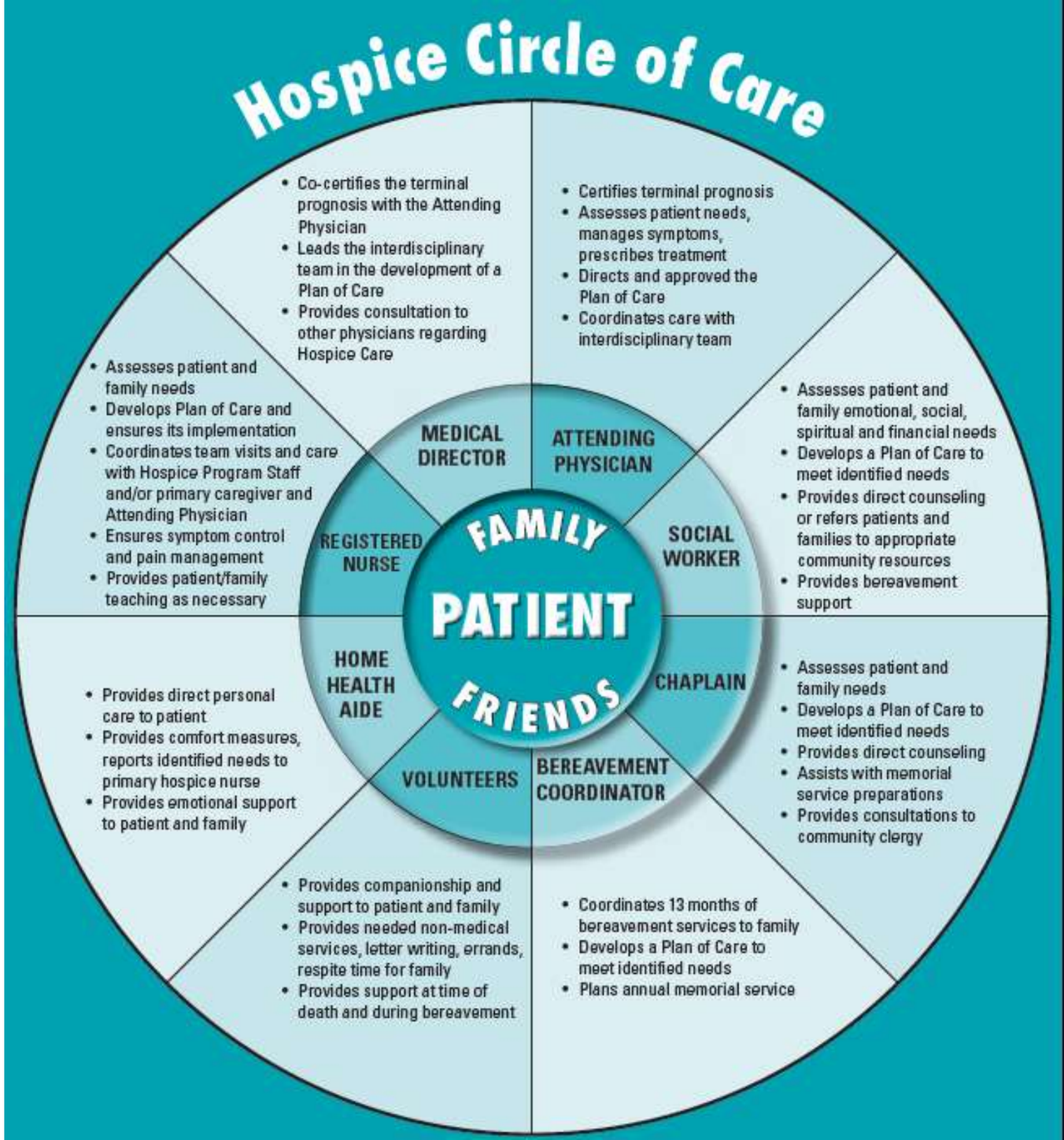
Short-term in-patient care for symptom/pain management or family respite.

Emotional and bereavement support to family.

(nhpco.org/hospice-care-overview,)

Interdisciplinary Team

- Medical Director
- Attending Physician
- Registered Nurse
- Home Health Aide
- Social Worker
- Chaplain
- Volunteers
- Bereavement Coordinator



Benefits of Hospice Care

Extended life over “usual care” patients (approx. 29 days)

Reduction in overall healthcare usage

Reduction in hospitalization; Less hospital deaths

Higher care satisfaction, patients and family

Higher perceived quality of life

Families and patients feel more supported and less isolated

Lessens grief after death

(nhpco.org/facts-figures-2022, nhpco.org/hospice-care-overview, CMS.gov/hospice care)

Barriers to Hospice Care

Reluctance to terminate life-saving interventions

Reluctance of health care professionals to have the conversation

Difficulty of determining 6 months prognosis

Stigma

Misconception of how it works

Social/Cultural beliefs

(nhpco.org/facts-figures-2022, nhpco.org/hospice-care-overview, CMS.gov/hospice care)

Palliative Services

Paid by insurance, self

Any stage of disease

Same time as curative treatment

Typically happens in hospital

In Common

Comfort care

Reduce stress

Offer complex symptom relief related to serious illness

Physical and psychosocial relief

Hospice Services

Paid by Medicare, Medicaid, insurance

Prognosis 6 months or less

Excludes curative treatment

Wherever patient calls home

Older Adults & Advance Care Planning

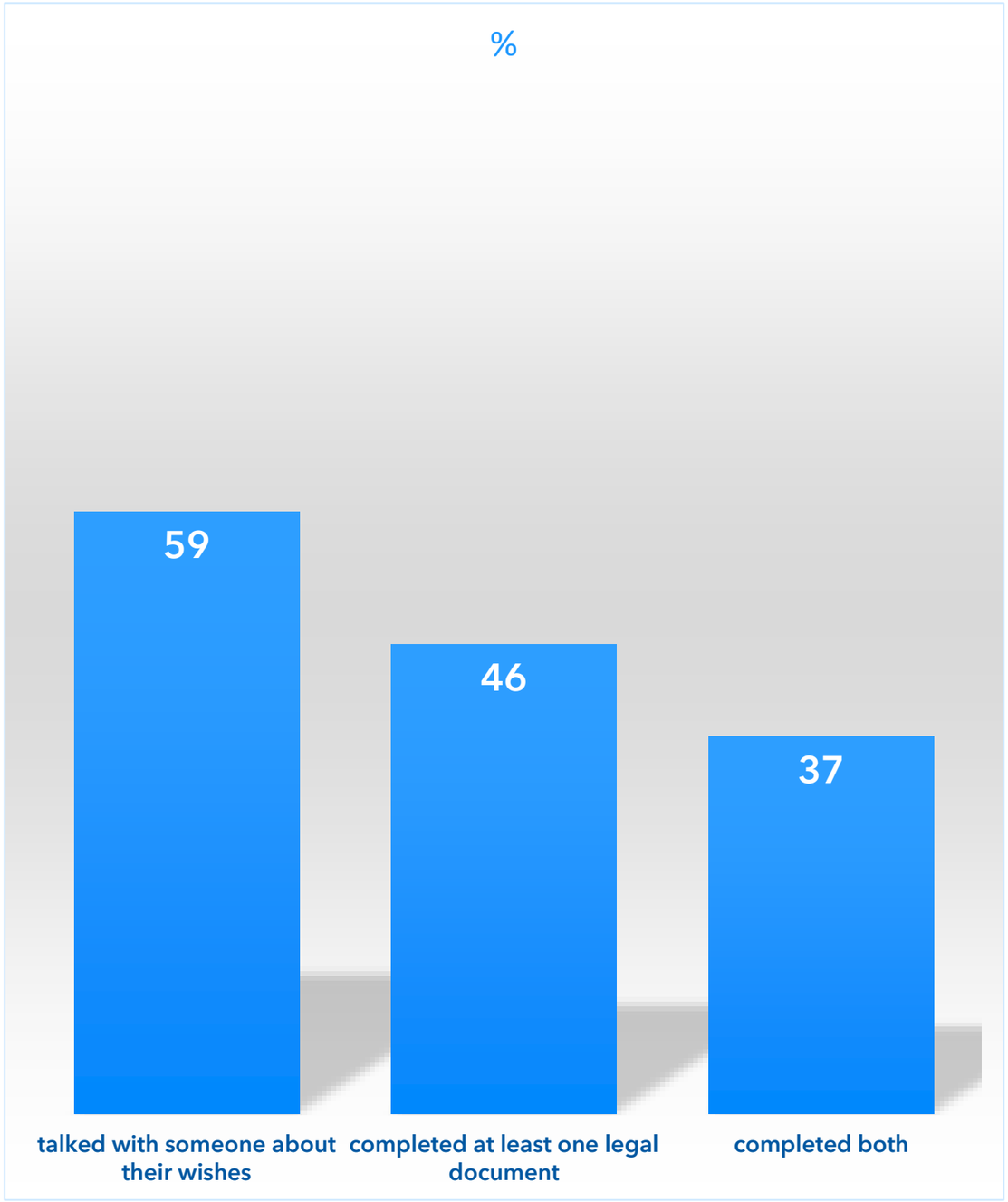
"It's too early until it's too late."

The Conversation Project

Do you have an Advance Care Plan?

- ❑ No I don’t have one.
- ❑ Yes I have one.
  - ❑ Living Will?
  - ❑ Health Care Power of Attorney?
- ❑ If you have assigned a health care agent, does he or she know your health care preferences and goals and values?

ACP & Older Adults



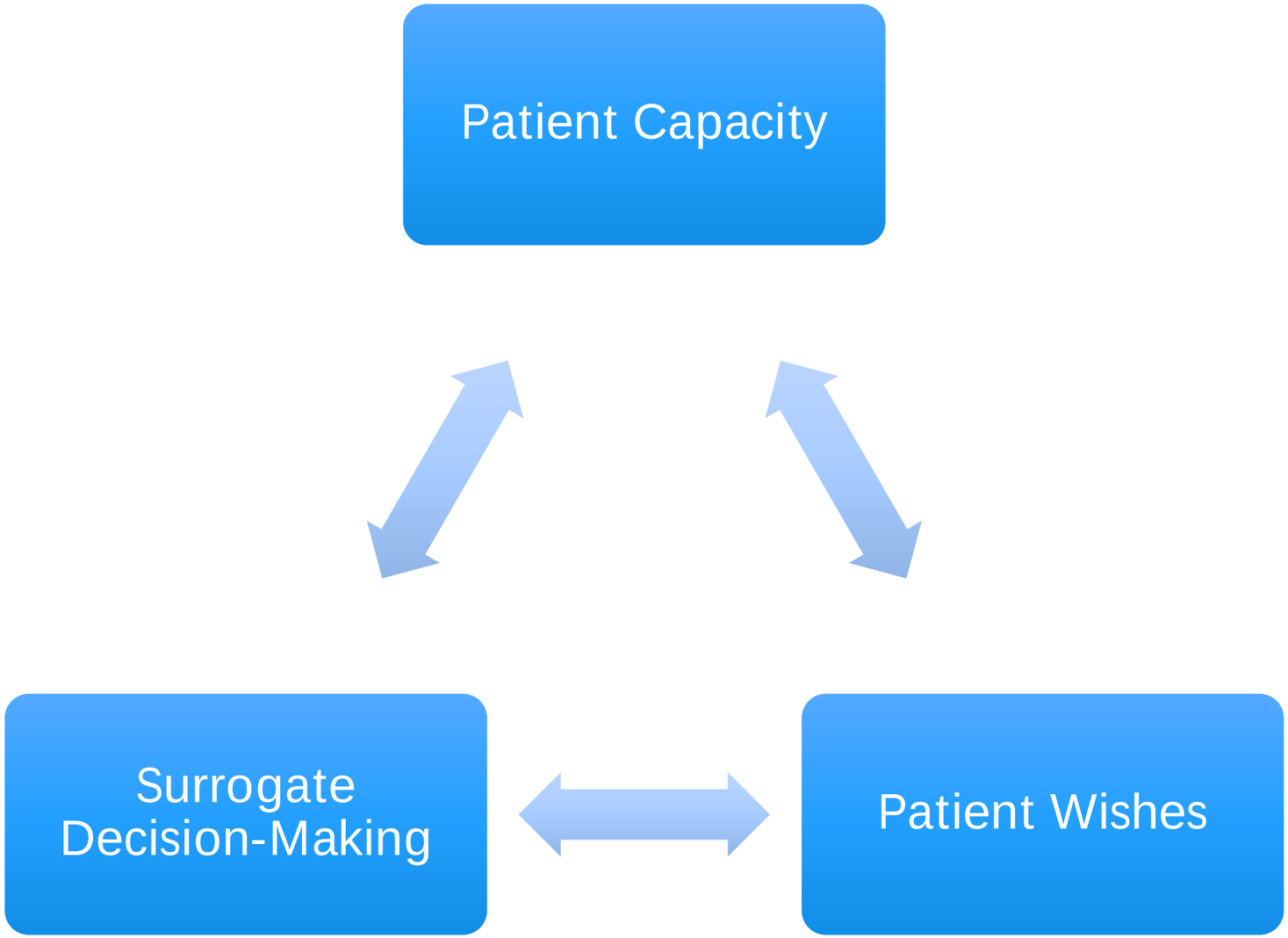
https://www.vsb.org/site/public/healthcare-decisions-day/https://theconversationproject.org/get-started)

What is an Advance Directive?

- Decision-making tool for an incapacitated individual.
- Two-pronged approach that allows an individual to guide their care when they can't speak for themselves.
- Focus on patient goals and values
- Primary elements:
  - Patient Preferences*: Living Will*
  - Surrogate Decision-Making: *Health Care Agent*

https://www.vsb.org/site/public/healthcare-decisions-day/https://theconversationproject.org/get-started)

Decision-Making Triad



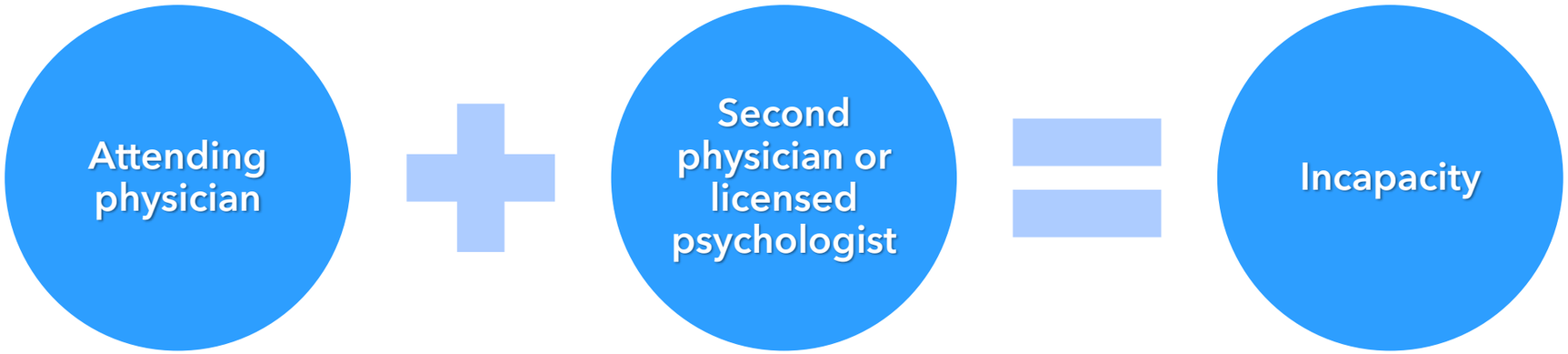
Patient Wishes: Living Will

- Outlines an individual's care wishes regarding care. Usually narrowly defined range of circumstances.
- Guides health care providers and family members in their decision-making
- Can include both the administering and the withholding of life-sustaining treatment.

https://www.vsb.org/site/public/healthcare-decisions-day/https://theconversationproject.org/get-started)

Patient Capacity

- Capacity: patient's ability to understand risks and benefits of treatment decisions and to make decisions regarding their care.
- A diagnosis alone is not enough to make the determination.
- Determination differs from state to state.
- VA requires two physicians to declare a patient incapacitated except for when the patient is unconscious or in an acute status



(vsb.org/site/public/healthcare-decisions-day, theconversationproject.org/get-started)

Surrogate-Decision Making

Health Care Agent

- the individual authorized to make decisions
- “Extension of the patient”
- Should set aside their own health care philosophy

Health Care Power of Attorney - the legal document that grants that authority.

Laws in most states prohibit individuals from appointing their physicians as their health care agent, although Virginia does not.

(vsb.org/site/public/healthcare-decisions-day/theconversationproject.org/get-started)

The Steps

Remember & Reflect

- Experience from others illnesses, what did you learn?

Define Quality of Life

- What activities or experiences are most important to you?
- How does your faith, cultural or personal beliefs factor in?

Choose a Decision Maker

- Who would most likely carry out your wishes?

Ask the Person

- Are they willing?
- Be sure to discuss goals and values

Complete the documents

- Define health care desires

(honoringchoices-va.org, theconversationproject.org/getstarted, vsb.org/site/public/healthcare-decisions-day, theconversationproject.org/get-started)

Types

TRADITIONAL

State Forms – almost all states have a standardized form; requires a witness over the age of 18

Attorney generated – not necessary but often used; best with complicated medical conditions; usually notarized

Oral – only valid with a terminal condition and stated directly to a doctor

POLST or POST – Medical order

ALTERNATIVE OPTIONS

My Living Voice

Five Wishes

(theconversationproject.org/get-started , vsb.org/site/public/healthcare-decisions-day,)

Benefits of ACP

Helps ensure care is consistent with preferences

Increases the likelihood that wishes are understood and carried out by providers and family

Increases family satisfaction and lessens grief

Reduces hospitalizations and increases hospice enrollment

Fewer hospital and ICU deaths

Enhances EOL care for dementia patients

Improves outcome while decreasing health care expenditures

Barriers to ACP

“Don’t get around to it”

Perceived as complicated and difficult to execute

No clear path to execution

Patients expect physicians to initiate but physicians lack time and training

Misconceptions about their purpose

Confusion around provisions

Reluctance to discuss “death”

Cultural differences

PRACTICE PAUSE
Share Highlights of Your Experiences

What do you know now that you wished you'd known earlier?

Key takeaways from the Death & Dying sessions?

What do you feel you still need to know?

References

2020 Palliative Care Needs Survey. NHPCO. (2021, September 24). Retrieved March 12, 2023, from https://www.nhpco.org/2020-pc-needs-survey/

Acp. (2021, April 26). *19 evidence-based benefits of Advance Care Planning*. Advance Care Planning (ACP) Decisions. Retrieved March 12, 2023, from https://www.acpdecisions.org/19-evidence-based-benefits-of-advance-care-planning/

Ahmad, F. B., Cisewski, J. A., & Anderson, R. N. (2022, April 28). *Provisional mortality data - united states, 2021*. Centers for Disease Control and Prevention. Retrieved March 12, 2023, from https://www.cdc.gov/mmwr/volumes/71/wr/mm7117e1.htm

America's Health Rankings Senior Report. America's Health Rankings. (n.d.). Retrieved March 12, 2023, from https://www.americashealthrankings.org/learn/reports/2021-senior-report

Burke, D. (2016, August 4). *Saying goodbye in America: How western medicine shapes the dying experience*. Death with Dignity. Retrieved from Deathwithdignity.org

Byock, I. (2014). *The four things that matter most: A book about living*. Atria Books.

Centers for Disease Control and Prevention. (2020, May 15). *QuickStats: Percentage of deaths, by place of death - national vital statistics system, United States, 2000–2018*. Centers for Disease Control and Prevention. Retrieved June 21, 2022, from https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a4.htm

Centers for Disease Control and Prevention. (2022, August 31). *Life expectancy in the U.S. dropped for the second year in a row in 2021*. Centers for Disease Control and Prevention. Retrieved March 12, 2023, from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm

Clarkson, B., & Lovvorn, M. L. (2014). *The heart of hospice: Core competencies for reclaiming the mystery*. Lulu Publishing.

Cornally, N., Coffey, A., Daly, E., McGlade, C., Weathers, E., O'Herlihy, E., O'Caoimh, R., McLoughlin, K., Svendrovski, A., & Molloy, W. (2016). Measuring staff perception of end-of-life experience of older adults in long-term care. *Applied Nursing Research*, *30*, 245–251. https://doi.org/10.1016/j.apnr.2015.05.015

Corr, C. A., Corr, D. M., & Doka, K. J. (2019). *Death & Dying, Life & Living*. Cengage.

DASS, R. A. M. (2022). *Walking each other home: Conversations on loving and dying*. SOUNDS TRUE.

Dealing with death in long-term care - US news & world report. (n.d.). Retrieved June 16, 2022, from https://www.usnews.com/news/healthiest-communities/articles/2018-09-04/dealing-with-death-in-long-term-care-facilities

Facts-figures-2022. NHPCO. (2022, December). Retrieved March 12, 2023, from https://www.nhpco.org/nhpco-facts-figures-2022/

Frechman, E., Dietrich, M. S., Walden, R. L., & Maxwell, C. A. (2020). Exploring the uptake of advance care planning in older adults: An integrative review. *Journal of Pain and Symptom Management*, *60*(6). https://doi.org/10.1016/j.jpainsymman.2020.06.043

Garber, J. (2022, February 7). *The medicalization of death: What does it mean and what can we do about it?* Lown Institute. Retrieved February 25, 2023, from https://lowninstitute.org/how-death-became-medicalized-and-what-we-can-do-about-it/

Givler, A., Bhatt, H., & Maani-Fogelman, P. A. (1970, January 1). *The importance of cultural competence in pain and palliative care*. Semantic Scholar. Retrieved January 22, 2023, from https://www.semanticscholar.org/paper/The-Importance-Of-Cultural-Competence-in-Pain-and-Givler-Bhatt/0c05579f15ef83173bad59504e58d199b39c3682

References

History of hospice. NHPCO. (2020, July 13). Retrieved March 12, 2023, from https://www.nhpco.org/hospice-care-overview/history-of-hospice/

Honoring choices Virginia – advance care planning to support your health care decision-making. Honoring Choices Virginia – Advance Care Planning to Support Your Health Care Decision-Making. (2021, August 16). Retrieved March 12, 2023, from https://honoringchoices-va.org/

Hoofe, C. (2020, April 28). *Does using battle language around illness mean we suffer more?* Marie Curie. Retrieved February 25, 2023, from https://www.mariecurie.org.uk/talkabout/articles/does-using-militaristic-language-around-illness-mean-we-suffer-more/274102

Hospice and long-term partnerships work well with attention to details. Relias Media - Continuing Medical Education Publishing. (n.d.). Retrieved June 16, 2022, from https://www.reliasmedia.com/articles/10618-hospice-and-long-term-partnerships-work-well-with-attention-to-details

Hospice. CMS. (n.d.). Retrieved March 12, 2023, from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice

Houska, A., & Loučka, M. (2019). Patients' autonomy at the end of Life: A Critical review. *Journal of Pain and Symptom Management*, *57*(4), 835–845. https://doi.org/10.1016/j.jpainsymman.2018.12.339

Institute for Healthcare Improvement. (n.d.). *Your conversation starter guide - the conversation project*. The Conversation Project. Retrieved March 12, 2023, from https://theconversationproject.org/wp-content/uploads/2020/12/ConversationStarterGuide.pdf

Kubler-Ross, E. (1969). *On death and dying*. MacMillan Paperbacks Edition.

Lee, E., Sussman, T., Kaasalainen, S., Durepos, P., McCleary, L., Wickson-Griffiths, A., & Bimman, R. (2020). The relationship between caregivers' perceptions of end-of-life care in long-term care and a good resident death. *Palliative and Supportive Care*, *18*(6), 683–690. https://doi.org/10.1017/s1478951520000292

Madsen, K. (2019, July 2). *The hidden costs of dying in America*. Medium. Retrieved March 12, 2023, from https://tincture.io/the-hidden-costs-of-dying-in-america-2da0b81bbcd1

Marks, A., & Lucille Marchand. (2015, October). *Fast facts and concepts #118 near death awareness* . Retrieved January 22, 2023, from https://www.mypcnow.org/wp-content/uploads/2019/02/FF-118-Near-Death-aware.-3rd-Ed.pdf

Meagher, D. K., & Balk, D. E. (2017). *Handbook of Thanatology: The essential body of knowledge for the study of death, dying, and bereavement*. Routledge.

Meier, E. A., Gallegos, J. V., Thomas, L. P., Depp, C. A., Irwin, S. A., & Jeste, D. V. (2016). Defining a good death (successful dying): Literature Review and a call for research and public dialogue. *The American Journal of Geriatric Psychiatry*, *24*(4), 261–271. https://doi.org/10.1016/j.jagp.2016.01.135

Munn, J. C., Dobbs, D., Meier, A., Williams, C. S., Biola, H., & Zimmerman, S. (2008). The end-of-life experience in long-term care: Five themes identified from focus groups with residents, family members, and staff. *The Gerontologist*, *48*(4), 485–494. https://doi.org/10.1093/geront/48.4.485

Murphy, S. L., Kochanek, K. D., Xu, J., & Arias, E. (2021, December). *Mortality in the United States, 2020 - centers for disease control and* ... Retrieved January 22, 2023, from https://www.cdc.gov/nchs/data/databriefs/db427.pdf

Nania, R. (2019, December 11). *More people are choosing to die at home, instead of in a hospital*. NBCNews.com. Retrieved March 12, 2023, from https://www.nbcnews.com/health/aging/more-people-are-choosing-die-home-instead-hospital-n1099571

Older adults' experiences with advance care planning. National Poll on Healthy Aging. (2021, April). Retrieved March 12, 2023, from https://www.healthyagingpoll.org/reports-more/report/older-adults-experiences-advance-care-planning

Older adults' experiences with advance care planning. National Poll on Healthy Aging. (n.d.). Retrieved March 10, 2023, from https://www.healthyagingpoll.org/reports-more/report/older-adults-experiences-advance-care-planning

References

PA;, G. A. B. H. M.-F. (n.d.). *The importance of cultural competence in pain and palliative care*. National Center for Biotechnology Information. Retrieved February 25, 2023, from https://pubmed.ncbi.nlm.nih.gov/29630206/

Palliative care vs. hospice: Which to choose. CaringInfo. (2022, December 9). Retrieved March 12, 2023, from https://www.caringinfo.org/types-of-care/what-is-the-difference-between-palliative-care-and-hospice-care/

Passel, J. S. (2020, May 30). *U.S. population projections: 2005-2050*. Pew Research Center's Social & Demographic Trends Project. Retrieved February 25, 2023, from https://www.pewresearch.org/social-trends/2008/02/11/us-population-projections-2005-2050/

Pott, K., Chan, K., Leclerc, A., Bernard, C., Song, A., Puyat, J., & Rodney, P. (2020). Death in long-term care: Focus Groups and interviews identify strategies to alleviate staff burnout. *Journal of Long Term Care*, 131–143. https://doi.org/10.31389/jltc.34

Poveda-Moral, S., Falcó-Pegueroles, A., Ballesteros-Silva, M. P., & Bosch-Alcaraz, A. (2021). Barriers to advance care planning implementation in health care: An umbrella review with implications for evidence-based practice. *Worldviews on Evidence-Based Nursing*, *18*(5), 254–263. https://doi.org/10.1111/wvn.12530

Riggs, N. (2018). *The Bright Hour: A memoir of living and dying*. Simon & Schuster Paperback.

Searight, H. R., & Gafford, J. (2005). Cultural diversity at the end of life: Issues and guidelines for family physicians. *American Family Physicians*, *71*, 515–522.

Span, P. (2014, April 11). *Wounded by the language of war*. The New York Times. Retrieved February 25, 2023, from https://archive.nytimes.com/newoldage.blogs.nytimes.com/2014/04/11/wounded-by-the-language-of-war/

Spelder, L. A., & Strickland, A. L. (2011). *The Last Dance*. McGraw-Hill Companies1.

U.S. Census Bureau quickfacts: United States. (n.d.). Retrieved February 25, 2023, from https://www.census.gov/quickfacts/US

U.S. Department of Health and Human Services. (n.d.). *What are palliative care and Hospice Care?* National Institute on Aging. Retrieved February 26, 2023, from https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care

Why hospice doesnt mean giving up. Daily Dose - why hospice doesnt mean giving up. (n.d.). Retrieved February 26, 2023, from https://atriumhealth.org/dailydose/2015/01/15/why-hospice-doesnt-mean-giving-up

Xu, J., Murphy, S. L., Kochanek, K. D., & Arias, E. (2022, December). *Mortality in the United States, 2021 - cdc.gov*. NCHS Data Brief. Retrieved March 12, 2023, from https://www.cdc.gov/nchs/data/databriefs/db456.pdf