



**American Academy of Nursing Releases Policy Brief on
Advance Care Planning in Diverse and Underserved Populations**

Serious Gaps Exist in Palliative and End of Life Care in Many U.S. Communities

Washington, D.C. (July 16, 2018) — The American Academy of Nursing today released its policy brief in support of greater advance care planning (ACP) conversations, including palliative and end of life care (EOL) needs, for underserved minority communities such as ethnic minorities, Veterans, LGBTQ individuals, those living in geographically isolated areas, those who are under resourced, and persons with disabilities.

Given that just over 25% of all adults have ever thought about EOL wishes, and an even smaller amount have materialized these thoughts into a durable power of attorney or a living will, members of these underserved communities are not having these ACP conversations. This means that EOL decisions may be made without the wishes of the patient, and not take into account the social, personal, familial, cultural, or other characteristics of underserved minority populations.

The Academy's policy brief, "Achieving Advance Care Planning in Diverse, Underserved Populations," was published in the May/June 2018 issue of the Academy's journal, *Nursing Outlook*.

"The Academy supports closing the gaps for diverse and underserved communities in regards to palliative and end of life care planning," said Academy President Karen Cox, PhD, RN, FAAN. "These efforts must address intersectionality of both social characteristics and personal experiences of underserved and marginalized populations."

The Academy recommends the development of quality measures by the Centers of Medicare and Medicaid Services (CMS) that, with input from a broad group of both clinical and consumer groups, tie the reimbursement of advanced care planning to conversations that cover information about patients' values, beliefs, and personal preferences. These quality measures should be consistently reviewed and revised. The Academy also recommends that grant awarding agencies (e.g., NIH, CDC, PCORI), as well as private funders, make advance care planning a research priority. Territory-specific ACP resources should be developed, noting lack of materials outside of the 50 states and D.C. Public service messages and news reports should be developed and disseminated that reflect diverse population's preferences in advanced care planning, and released during National Healthcare Decisions Day and National Hospice and Palliative Care month held annually in November.

Read the full policy brief: <https://doi.org/10.1016/j.outlook.2018.04.001>.

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