Hospice and Palliative Care for African Americans: Overcoming Disparities

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Dear Editor:

African Americans experience disparities in access to and quality of health care in the United States. This includes cancer care and extends to palliative and hospice care for African Americans with cancer.¹ Barriers that impact the illness experience of African Americans with cancer include cultural, socioeconomic, health literacy, and spiritual factors. In addition, many African Americans with advanced illness are unaware of their options for palliative and hospice care, and many misconceptions abound.² Although use of hospice services prior to death is increasing across the board, African Americans still lag behind, with 33% of African American decedents versus 44% of white decedents using hospice services prior to death in 2009.³

Improving access to hospice and palliative care among African Americans requires a multipronged approach. An important component is health professional education about the barriers to high-quality palliative care for African Americans and the evidence-based approaches shown to improve access.

With this in mind, the Office of Communication and Education within the National Cancer Institute (NCI) and the National Institute of Nursing Research (NINR), the lead National Institutes of Health (NIH) Institute for research in palliative and end-of-life care, collaborated in the development of an addendum to the Education in Palliative and End-of-Life Care–Oncology Curriculum (EPEC–O). This curriculum was originally developed by the EPEC project team with major funding from NCI and disseminated in partnership with the American Society of Clinical Oncology.⁴

The supplement “Cultural Considerations When Caring for African Americans” was developed with input from interdisciplinary leaders who are experts in the care of African Americans with advanced cancer and other advanced illnesses, including those actively working to improve access to high-quality hospice and palliative care for African Americans. Among them are physicians; nurse practitioners; nurses; chaplains; lawyers; communication experts; and outreach coordinators from academia, government, hospice, and community practice. The resulting curriculum supplement, modeled after the format of the original EPEC–O, includes a new plenary, “Cancer and the African American Experience,”

a new module, “Spirituality,” an updated and revised plenary, “Models of Comprehensive Care,” and two revised modules focusing on issues germane to the African American experience, “Communicating Effectively” and “Advance Care Planning.” Like the original curriculum, the supplement is in multimedia format with clinical video vignettes interspersed with text, accompanied by PowerPoint slides, and includes pre- and posttest questions to stimulate learning.

A rich resource for health professionals interested in expanding access to hospice and palliative care for African Americans, the self-study curriculum is available online free of charge from NCI at www.cancer.gov/resources-for/hp/education/epeco/african-americans. Although developed with a focus on patients with cancer, much of the content broadly applies to those with other chronic advanced illnesses. “Materials for Trainers” is available for educators who wish to use the curriculum for in-person training of interdisciplinary health care professionals.

References

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