

Cultural and linguistic adaptation of Advance Care Planning public education to increase equity in access for Chinese and South Asian Communities.

Authors

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Learner-Centred Presentation Objective

Following the presentation, participants will be able to:

- Describe the cultural adaptation process as it applies to their own initiatives
- Utilize adapted and translated ACP resources with people with a Chinese or South Asian background.

Context

We have had great success partnering with community organizations to spread a community-led Advance Care Planning education program that trains and supports community organizations to facilitate in-person Advance Care Planning sessions for the public. Evaluation demonstrates the program is sustainable and effective in communities serving people who are predominantly Caucasian, well-educated, and English-speaking. To address the low uptake of Advance Care Planning resources in Chinese or South Asian communities, we culturally adapted and translated the program's toolkit for people who speak Cantonese, Mandarin or Punjabi.

Intervention

Cultural and linguistic adaptation of the program's toolkit was completed by a working group for each cultural group, using information gathered from an environmental scan, key informant interviews and focus groups. The working groups comprised members with subject-matter experience, and public partners from the communities. Toolkit components were translated, and confirmed by bilingual Working Group members. The toolkit was subsequently adapted for online delivery during the pandemic.

Measurement

The adapted toolkit was piloted and evaluated through a mixed-methods approach, collecting data from trained facilitators and public participants. The adapted sessions were well received, with public participants with a Chinese or South Asian background agreeing the sessions were appropriate for their culture (88-94%), and easy to understand in their language (71-94%). The concept was new to most public participants, but the session provided the key information they needed to begin Advance Care Planning conversations with family and friends as well as healthcare providers.

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Lessons Learned

Adaptation included changes to account for health literacy and general cultural sensitivity, use of more relevant stories, culturally accepted translation of key terms, and provision of translated sample scripts. We conclude that cultural adaptation of Advance Care Planning education is feasible, and public partner participation in the process contributes greatly to the acceptability of the adapted resources.