Cultural & linguistic adaptation of Advance Care Planning public education for Chinese & South Asian communities

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Presenter Disclosure

Presenters:

- Thomas Shajan, Project Officer, South Asian Project Coordinator
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No potential bias identified.







What is Advance Care Planning?

A process where you:

Think about and share your values, beliefs and wishes for future care

to support informed health-care decision making

to help you get the care that's right for you, even if you are unable to speak for yourself

Adapted from Sudore et al, 2017, Journal of Pain and Symptom Management







Community-led Advance Care Planning Model

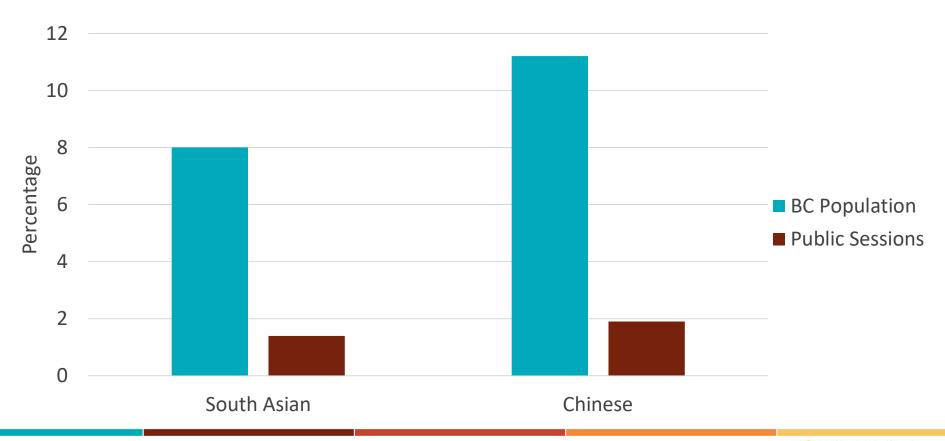








The need for the project...







Adaptation Process



Community perspectives integrated throughout Project Team, Working Group, Advisor Committee, Focus Groups, Surveys





Identify relevant cultural perspectives

Gain understanding of cultural beliefs & unique experiences, in particular factors stopping people from engaging in ACP.





Explore how to fit with cultural perspective

Identify solutions to barriers to ACP participation.





Adapt ACP Model

Adaptation can be done to presentation of content, strategy of implementation, mode of delivery, 'dose' of intervention.













Cultural Perspectives



Key Findings: Common Barriers



ACP is an unfamiliar concept



Conversations about death and dying avoided/feared





Language & literacy barriers



Preference for limited or no disclosure of diagnosis to patient



Lack of understanding of Canadian healthcare system







Key Findings: Chinese Community



Preference for indirect and passive communication style



Physicians are experts, and best to make medical decisions for patient



Frame ACP as opportunity to learn, and tool to avoid stress



Partnership with reputable organisations







Key Findings: South Asian Community



Religion features prominently and religious leaders are top of the social heirarchy



Recognise and build on community capacity



Spread information through word of mouth



Acculturated people may still refer to original cultural beliefs when faced with critical life events







Key Findings: Common Suggestions





Avoid assumptions about cultural beliefs. Recognise them as one aspect of preference.



Do not just frame around death



Use different motivations



Use organisations and facilitators to reach participants







Adaptation & Translation



Toolkit Adaptation - Themes

	Problem	Solution
	Concerns about reading level, health literacy level and cultural sensitivity in resources	Toolkit-wide review of languageFocus on plain language
	Specific information/considerations based on cultural values and practices	 Include stories and videos that are culturally applicable Continued consultation with community members
\$ <u> </u>	Need for consistent and appropriate use of terms in other languages	 Step-wise translation, starting with key terms, through to sample scripts and public resources
	Identification of information needs and preferred modes of information	 Translated web-based information Translated documents to support legal form completion Preference for single language handouts





Adapted Toolkit

Resources for: Organisations, Facilitators, Public Participants



Resources for organizations and facilitators

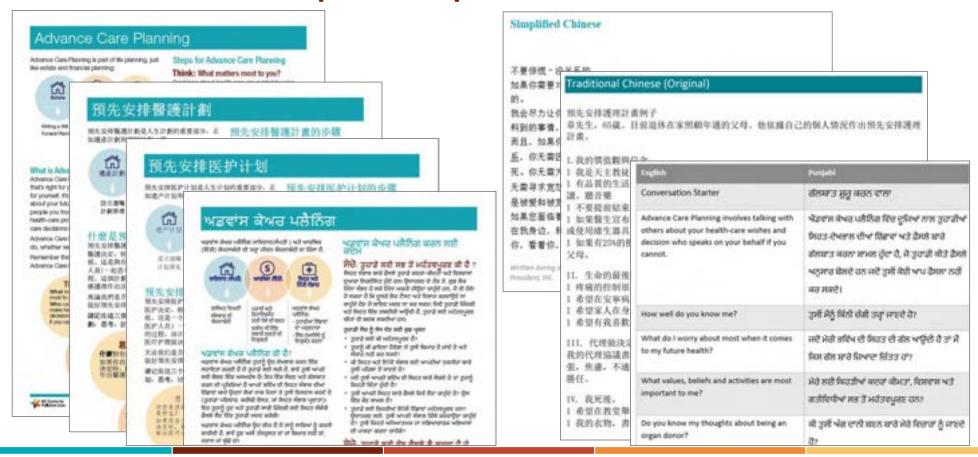








Resources for participants

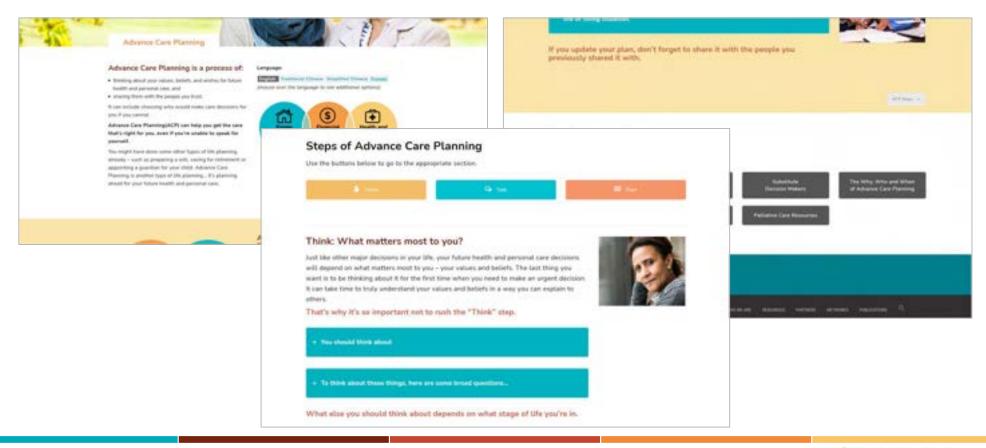








Resources for participants – web-based info



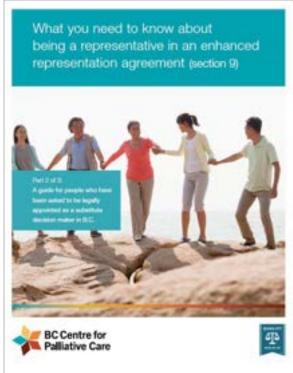






Resources for participants – Rep Agreements













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