

ACP Cultural Adaptations Initiative

Environmental Scan - Summary of findings

Common between both communities

Factors/Findings	Both Communities
ACP Activities	No. of participants: 22. 80% of the respondents (participating organizations) currently conduct ACP activities that include: <ol style="list-style-type: none"> a. The Speak Up Campaign – ACP public education, public awareness campaigns, Development of e-learning modules, Resource development. b. Community Outreach – ACP public education, ACP toolkit, ACP workshops/events. c. Healthcare – Promote ACP conversation and goals of early care, LEAP core, Training on ACP community engagement.
Training resources used for ACP sessions	No. of participants: 21 71% of the organizations used resources from the Ministry of Health while 57% of the organizations used resources from Health authority and BC Centre for Palliative Care.
Standardize ACP information	Agree to standardizing resources to understand terminologies and concepts better and reduce confusion.

Common between both communities, cont.

Factors/Findings	Both Communities
Conflicting cultural values	<p>No. of participants in the survey: 20 reps.</p> <p>Lack of cultural competence of diverse communities lead to conflicting values with western ideals.</p> <p>50% of participating organizations have experienced language and cultural barriers when delivering programs.</p> <p>Concept of ACP is unfamiliar and unrelatable to the community.</p> <p>Tendency to avoid the topic and facing challenges initiating.</p> <p>Limited culturally specific resources.</p> <p>Shifting responsibilities/Deferring – SDM.</p> <p>Do not assume and generalize cultural differences. Be aware of the culture within each family.</p>
Ethics of decision making/SDM	<p>Unable to challenge the law from a health care decision making perspective.</p> <p>Unable to acknowledge diverse cultural and religious likes.</p> <p>Need to develop public resource.</p> <p>Lack of clear guidelines for developing decision making capacity of the individuals.</p> <p>Legislation contradicts with the collective culture of a community.</p>
Ethical issues of language barriers	<p>Promote different models of ACP decision making that offers ethnic minorities more support.</p> <p>Increase patients’ access to supportive language resources.</p>
Translation services	<p>Lack of awareness about the option to use a language translator.</p> <p>Family members as translators are not recommended to avoid bias.</p> <p>Unavailability of literal translation of ACP available in Punjabi, Urdu and Chinese.</p>
Shared understanding	<p>Necessary mutual support – ethnic community and healthcare professionals.</p>
Equity in ACP	<p>There is a lack of equitable access to ACP resources and hence increase efforts in outreach activities.</p>

Specific to Chinese Community

Factors/Findings	Chinese Community
<p>Practical learning and knowledge</p>	<p>Participants want to learn practical aspects of end-of-life care that includes guidelines to complete documents – tools to help them with ACP completion.</p> <p>Elderly Chinese community members are less interested in planning their medical and personal care.</p> <p>Concerned with financial and legal arrangements after death.</p>
<p>Community Engagement</p>	<p>ACP program facilitators work closely with Chinese community.</p> <p>Recruit from the community to serve as the cultural link to community resources.</p> <p>Create a Chinese Advisory Committee.</p> <p>Utilize volunteers from the community.</p> <p>Tailor make the ACP content and program delivery.</p> <p>Organize free group workshops, build network for knowledge sharing.</p>
<p>Time and Location</p>	<p>Misconception about discussing an unfamiliar/uncomfortable topic – an hour for ACP activities.</p> <p>Offer series of ACP sessions, bring family and friends, having extra time for reflections.</p> <p>Conduct the sessions in physical public spaces: public library, community organizations.</p>
<p>Community Workshop Participant Composition</p>	<p>Older individuals in late 50s and early 60s were functionally independent and healthy in the workshop.</p> <p>Cultural barriers in ACP discussion.</p> <p>Chinese community is more focused on immediate medical situation.</p> <p>Elderly Chinese showed lack of trust for the facilitators - thinks ACP workshops were a way for the government to cut costs.</p>
<p>Individual and Family focused ACP engagement</p>	<p>Adult children reach out for help when they need immediate support or in a crisis.</p> <p>Elderly individuals leave important decisions to their family.</p> <p>Start the ACP process early.</p> <p>Adult children do not want to create concern for parents by discussing ACP too early.</p>

Factors/Findings	Chinese Community
	<p>Adult children serve as the cultural and language bridge between individuals and healthcare context.</p>

Specific to Chinese Community, cont.

Factors/Findings	Chinese Community
<p>Serious illness conversation guide</p>	<p>Lack of awareness about the ACP concept.</p> <p>Younger adults accept serious illness conversation with their elderly parents.</p> <p>Always ask for permission to discuss illness with family.</p> <p>Acknowledge cultural differences.</p> <p>Introduce conversation on a positive note.</p>
<p>Language and cultural communication</p>	<p>Modify use of language to gain better understanding.</p> <p>Chinese communities' unfamiliarity with the term "palliative care".</p> <p>Ensure standard language and definitions when describing ACP terms.</p> <p>Using direct translations without supportive documents invoke feelings of fear and anxiety.</p>
<p>Guiding framework</p>	<p>Serve the purpose of ACP activities in its entirety.</p> <p>Provide different language options when facilitating ACP sessions.</p> <p>Pair PAC (Palliative Approach to Care) with clinical frailty scale to help participants understand how PAC can support them in their different stages of health.</p> <p>Preference for acute care among Chinese participants.</p> <p>Provide education about palliative service options.</p> <p>Storytelling is an effective way to start off ACP conversation.</p> <p>Use volunteers to help with ACP document completion.</p> <p>Use ACP engagement strategies: Group education, online training for staff, engagement with healthcare providers and patients, Counselling</p>

Specific to South Asian Community

Factors/Findings	South Asian Community
Community engagement and cultural facilitators	Train South Asian community members to facilitate ACP workshops. Leverage support from community power centers. Spread the information through word of mouth. Provide cultural sensitivity training and resources.
Communication and story telling	Share personal stories to illustrate and increase understanding. Encourage participants to use story telling for decision making.
Workshop structure	Adapt workshops based on the participants feedback and evaluation. Share resources to review on their own after each workshop.
Sustainability	Organizations facing challenges with sustaining ACP programs. Reasons: Lack of time, resource, budget. Have a contingency plan to make the program self-sustainable. Solution: Support community members in facilitating their own workshops on a voluntary basis. Support people with non-healthcare background to facilitate community education. Provide tools and resources to share knowledge. Use a community space: familiar, accessible and affordable.
Build on Community Capacity	Involve religious, political and community leaders in ACP promotion, engagement and dissemination. Involve family members.



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