



BC Centre for
Palliative Care

Institute for Health System
Transformation & Sustainability



Environmental Scan

Part 3: Key Informant Interviews

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Key Informants

Number	Key Informant Name	Organization	Role	Community
1	Janine Sam	Vancouver Coastal Health	Clinical Project Lead	Chinese
2	Katherine Tam	Vancouver Coastal Health, Community Engagement and Advisory Network	ACP Volunteer Facilitator	Chinese
3	Cari Hoffman	Fraser Health Authority	ACP Regional Coordinator	Chinese and South Asian
4	Amrish Joshi	Vancouver Coastal Health Research Institute, University of British Columbia	Palliative Community Research	Chinese
5	Jehanara Chagani	Central West Palliative Care Network	Advanced Practice Nurse-Clinical Nurse Specialist	South Asian
6	Chad Hammond	Canadian Hospice Palliative Care Association	Program Manager	Chinese and South Asian
7	Sharon Tong	Alzheimer's Society	Support and Education Coordinator	Chinese
8	Jacinta Slobodan	Vancouver Island Health Authority	ACP Regional Coordinator	Chinese and South Asian
9	Patricia Biondo	University of Calgary	Researcher	South Asian

Key Informant Interview Guiding Questions

Key informant interview guiding questions were developed to gain an understanding of how to best deliver and adapt ACP information and resources for members of the Chinese and South Asian communities. The interview style was semi-structured. Key informants were identified by the BC-CPC or from other key informants as leaders in ACP program delivery and/or education for Chinese and/or South Asian community members. Questions were developed after careful review of the literature, and review of baseline surveys used to better understand the current state of the Chinese and South Asian ACP information and resources.

The questions listed below were used to guide to key informant interviews.

1. **Tell me about the ACP education and resources that you deliver to members of the Chinese/South Asian communities.**
2. **How do you approach members of Chinese/South Asian communities?**
 - a. Recruitment and community outreach methods
 - b. Marketing and advertisement
3. **Language and Translations**

- a. What words/language you use in ACP information and resources
- b. What words /language do you avoid in ACP information and resources

4. Cultural Translations

- a. How is ACP information and resources received by members of the Chinese and South Asian Communities?
- b. Can you discuss the social or cultural barriers to ACP information and education?
 - i. Do you have any suggestions on how to overcome these social or cultural barriers?
- c. Can you identify and supportive social or cultural facilitators to delivering ACP information and education to members of the Chinese and South Asian communities.

5. How you evaluate activities and processes?

- a. Follow-up evaluation
 - i. Understanding of ACP
 - ii. ACP Engagement
 - iii. What do you feel is needed for further success?
 - iv. Would you do anything differently?

6. Do you have any additional resources to share?

7. Do you know anyone else who can provide us with more information?

Key informant responses to the semi structured interview questions were documented and arranged into different themes highlighted in the report below.

Common to both communities

Standardize ACP Information

- It is important to standardize ACP information to ensure a shared understanding of terminologies and concepts.
- Different organizations and people are delivering ACP information, and there is no way to ensure that the information is accurate and correct.
- A lack of standardization could lead to confusion for people who are learning about ACP.



Conflicting Cultural Values

- Quite often there are conflicting values between the values of patient and families from diverse ethnic backgrounds, and what we are taught with Western ideals.
- Much of what we value in the West includes autonomy, patient voice, complete medical disclosure with the patient, open communication, and people speaking for themselves.
- Other cultures may value collective or family decision making, avoidance of sensitive subjects such as death and dying, choosing to withhold medical information from the patient, passive communication, deferring decisions to others.
- Conflicts may occur when discussing ACP with an adult child of an elderly patient, if there is a lack of cultural competence or understanding between the two different groups.

Diversity within Diversity

- It is difficult to separate the different ethnic communities, with varied experiences.
- There is the desire to honour the patient's wishes, however individual differences may be overlooked if too much emphasis is placed on cultural norms and values.
- Be careful not to assume cultural values and preferences based off of the limited experiences of working with a small sample of people belonging to a particular ethnic group. In most cases, individuals are speaking from their own personal experiences.
- Generalizing or applying stereotypes to all members of a group can further exacerbate the vulnerability of individuals belonging to visible ethnic minorities.
- Some of the barriers with engaging patients in ACP conversations that are attributed to "cultural norms" are often shared across all cultures. (i.e., not wanting their family to know about terminal diagnosis right away)
- Sometimes rather than focusing on cultural differences try to understand that each family has a different culture, we need to be aware and sensitive to the culture within each family.

Ethics of Decision Making

- Government or publicly funded agencies such as the Provincial Health Authorities, are governed by laws and regulations. There is a lack of alignment or tension around how to acknowledge and respect diverse cultural and religious preferences that may present a conflict with laws and regulations. From a health care decision making point of view, we can't challenge the law.

- Sometimes patients belonging to different ethnic communities are surprised that they actually have rights within healthcare, and that they can ask the healthcare provider questions, and request more information. They are often uninformed about the laws that are in place to help patients make medical decisions if patients aren't able to.
- Develop a public resource that discusses the legal requirements for ACP, and uses plain language to reflect legislation correctly, to help clarify all of the grey areas.
- It is okay to honour a patient's wishes if it conflicts with Western cultural norms. If a patient doesn't want to know about their prognosis, they don't have to know. However it is important to make sure that this information is coming directly from the patient and not their family members
- Understand that the patient voice should be heard in whatever way he/she chooses. It is important to embrace the different ways of approaching care even if they don't completely adhere to Western cultures and values.
- Everyone can struggle with ACP conversations, so it is important to ease ACP conversation in whatever way the patient prefers.
- Consider practicing cultural humility. Try saying "I don't know what your wishes are, and I don't want to assume, can you just tell me, and I will work with you to accommodate".

Ethics of Substitute Decision Makers

- It is important to acknowledge different modes of decision making. There are many legal barriers based on legislation around the designation of a substitute decision maker.
- When the culture relies heavily on the input of many different individuals when making important decisions. The process lacks cultural relevance, and doesn't acknowledge different communities have different ways of nominating and making decision. The way legislation applies contradicts how collective culture operate as a community.
- The Issue of deferred decision making is also a grey area. This is where the individual has capacity, but they chose to delegate someone else to make decisions on their behalf. Our legislation does not acknowledge this difference and there is no clear guidelines for how to navigate the process.
- How are members of ethnic minorities able to balance practicing their cultural traditions with the restrictions of healthcare practices.
- ACP a process that respect cultural processes and rights that different groups have, however we are able to acknowledge differences, but are confronted with challenges when trying to integrating them.

- Different perspectives- There are inconsistencies between the Liberal constitution that allows individuals to practice culture, and the legislation used to make decisions ignores that right.

Ethical Issues of Language Barriers

- Furthermore, language barriers make communication difficult between healthcare providers and patients. However, if a patient is unable to speak English, healthcare providers must make sure that legally they do their due diligence to ensure that patient understands their rights and responsibilities
- Promote different models of ACP decision making that offers ethnic minorities more support
- If a patient with language barriers hears words that they don't understand within the healthcare context, they might be designated as incapable of making decisions for themselves.
- Increase the patient's access to supportive language resources that are available (i.e., translator, Apps with visual aids, access to different tools and resources) they would still be able to make decisions. While these tools are available, they are stripped from their capacity when they actually have capacity, quicker to be deemed incapable. Having better access to supports.
- Alberta has within their legislation a role of supported decision maker, where a person can designate a supporter to provide extra support to help them to communicate effectively with healthcare professionals. The supported decision maker, may have access to a patient's health information, attend care meetings, and facilitate conversations. They have the power to assist the patient through the ACP process. <https://www.alberta.ca/supported-decision-making.aspx>

Translation Services

- There is a reluctance to use translation services among patients as they are inconvenient and expensive. Some people are unaware that there is the option of using a language translator, or do not know how to access the service.
- Translation services are under-utilized, encourage the use of translation services amongst patients, or request additional funding to support the delivery of translation services.
- Using professional translation services can offer the health care provider the extra step of involving the patient simply through asking them whether or not they consent.

- Solely relying on family members to translate healthcare information is not recommended, as family members may filter and deliver information to the patient in a biased and subjective way. They may hear words, and represent the meaning in a different way.
- For example, the translator can ask the patient “we understand from your son/daughter that you want this _____, are you okay with this?”. Obtaining healthcare consent through translation services will help reassure health care providers that they are aligning with the healthcare protocol, and will allow them to document the response in the patient’s health record.
- Translating written resources was a waste of time and energy. Understanding resources written in their traditional languages related more to education and literacy.
- If individuals were able to read their own language odds were that they were also able to read English.
- If individuals couldn’t read their own language odds were they also couldn’t read English.
- Elderly parent typically rely on their adult children to translate information for them, but in many cases the children were only able to read English. Traditional languages are more commonly spoken than written and read.

Shared Understanding

- Support needs to come from both sides. Advocating for the needs of ethnic community members, must be balanced with informing healthcare professionals
 - Ethnic minority communities need to share stories about what things would look like if healthcare providers supported their traditions.
 - Develop a process or create a resource that can be accessible to healthcare providers who need support while navigating between different cultures.

Equity in ACP

- Rather than increasing the number of people engaging in ACP, focus on increasing efforts in outreach activities to help close the gap and access the harder to reach populations.
- Many of the systems put in place do not support equitable access to resources and ACP.
- Acknowledge the differences in languages and phrases between different ethnic groups. The use of words and images may not be universally appealing to all community members. For example, the phrase “Speak up” can be off-putting to ethnic minorities, as it is can insinuate getting up in their faces, and speaking directly. An alternative phrase “Let’s talk” adopts a

more invitational approach to ACP. Sometimes a cultural adaptation can be as simple as “reframing” a concept that already exists.

- When trying to understand the needs and preferences within different ethnic groups, engage the community by asking them questions to learn about their perspectives.

Motivation for ACP engagement

- People want to replicate the good.
 - Some people have witnessed a loved one’s health decline and understand how ACP helped make the process easier.
- People want to avoid the bad.
 - Some people have had a previous negative experience with a loved one’s health decline and want to better understand how to ease the process in the future.
- People are planners.
 - Some people have no experience, but they like to plan for the future. They engage in ACP to help prepare them for the future.

Chinese Communities

Practical Learning and Knowledge

- Chinese community members want to learn about practical aspects of end-of-life care. They want to know what services are available, where they are located and how to access them.
- Telling Chinese community members about services, but in order to access them resources, people must first be referred, and assessed for eligibility can be frustrating. They don’t want to hear about ACP concepts, and their importance.
- Chinese community members seek more information and want to advocate for themselves, they want to know the direct number to call, and the name of a person that will help them.
- Chinese community members would like to see workshops that provide more detailed information that guide them how to complete documents. They want more 1-on-1 support given in workshops.
- Chinese community members want to be provided with tools that actually help them with ACP completion.

- They also want something tangible that they can take home to review on their own afterwards, or share with a close family member.
- The assignment of a task, and the completion of that task offers Chinese community members a sense of accomplishment.
- In Hong Kong or Taiwan, Chinese community members have positive reaction towards ACP packages that are to be picked up by the individual and taken home and completed independently. These packages with paired with an instructional video that describes the process in which to complete the process.
- Elderly Chinese community members are less interested in and give less consideration to planning their medical and personal care. There is the assumption that their family will make these decisions for them when the time comes.
- They are typically more concerned with the financial and legal arrangements after death, such as wills, resource allocation, and funeral arrangements. The common thought is that settling these things in order may reduce the burden on the loved ones left behind.
- Highlight the benefits of ACP with Chinese community members, to incentivize ACP engagement. For example, family members that engage in ACP, and understanding loved-one's values and wishes may experience lower emotional burden.
- Incorporating the legal and financial topics into ACP workshops may appeal to older Chinese community members and further increase ACP engagement.

Community Engagement

- ACP program facilitators should work closely with the Chinese community to learn about how to fill community knowledge gap.
- Recruit someone from the Chinese community to serve as a cultural link to community resources.
- Create a Chinese Advisory Committee to learn about how to connect with community, and recruit participants.
- Utilize volunteers from the local Chinese community to deliver ACP programs in the Chinese languages (Mandarin/Cantonese). When participants see that the ACP program leader is “like them”, a regular resident, it makes it easier for them to relate.
- Engage leaders that already exist in the community to facilitate ACP workshops, and lead discussions with their own members. They already have established connection to the community, cultivated trust and rapport.

- When participants see the program being led by someone that they recognize, there is immediate trust. (Examples of these types of leaders include, news and television personalities, or program leaders through different organizations).
- Make sure that the ACP content and program delivery is tailored to meet the needs and preferences of the audience. Each community group that houses workshops have different sub-cultures. People are typically drawn to the “vibe” of the organization that offers the workshop.
- Offering free ACP programs is especially appealing, especially when the program is offered by or in partnership with a reputable organization such as provincial health authority.
- Organizations are helpful in recruiting participants as they often have a pre-existing member base. They are also able to connect with members easily, they know what the members want, and are able to have conversations and share information in a natural way.
- Educate the community first through group workshops. From these educational workshops, community champions will begin to emerge. Champions are people who are naturally enthusiastic about ACP and willing to disseminate and share knowledge with other community members. Building a strong network of champions, sparks conversations and dialogue with others, as well as helps engage hard to reach members of the community.

Time and Location

1. There is a misconception that people do not want to spend much time discussing an unfamiliar and potentially uncomfortable topic, so ACP activities are typically allotted for 1 hour.
2. Program facilitators found that the ACP activities revealed many unknowns, and Chinese community members wanted to ask questions and discuss things further (facilitators would often stay an extra hour).
 1. Offer a series of different ACP sessions.
 2. Return for another repeat session, community members can bring family and friends.
 3. Offer extra time following the session where people reflect on, and engage in further discussion with others about ACP.
3. The physical space in which ACP activities were held was important. It is recommended to hold activities in at familiar places, such as public spaces (i.e., public library) or at community organizations (i.e., S.U.C.C.E.S.S).

Community Workshop Participant Composition

- Chinese community members attending community events are proactive seeking to understand more about ACP before a crisis situation.
 1. Older individuals (late 50s early 60s) who want to gain ACP information for themselves. These participants were functionally independent, appeared healthy, and physically able to sit through a one hour workshop.
 2. Adult children who want to gain information to help them care for their elderly parents. They recognize that they will soon be caring for their aging parents and are interested in learning about what their parents want. They also want to learn how to best navigate the Canadian healthcare system.
 3. More recently there has been a culturally shift where, adult children and their elderly parents would attend ACP workshops together.
 4. There weren't many requests from elderly Chinese community members for ACP workshops, as there are still many cultural barriers to ACP discussions. They are also typically more focused on their immediate medical situation, and do not consider the possibility of losing their mental capacity. Some elderly Chinese that attended sessions greeted facilitators with pushback and expressed a lack of trust, as they thought that the ACP workshops were a way for the government to cut costs.

Individual and Family Focused ACP Engagement

- Some Chinese community members are reactive and seek to learn more about ACP when they are in a desperate situation.
 - Adult children often reach out for help when they need immediate support, or when they are faced with a crisis (i.e., transition phase from home to care home, or parent losing cognitive capacity). They want to gain more information, and learn about resources, as they are not adequately prepared. Adult children that do not live with their parents understand that the process of planning for end-of-life decisions may take time, and it is important to have everything done in advance, before a crisis.
 - Elderly Individuals are often entrenched in family dynamics and traditions, they typically want to leave important decisions for their family. They also do not want to think about or talk to their family about their death and dying process.
 - It is not easy to overcome cultural and traditional barriers, but it is important to reinforce the importance of “encouraging” the process of thinking about and communicating wishes.

- State the importance of starting the ACP process earlier on, as it will make things easier for the individuals and the family later when things get “too heavy”.
- ACP engagement may take a lot of time and occur over multiple conversations.
- Sometimes adult children and their elderly parents engage in ACP or have serious illness conversations together with their healthcare provider. However, there are often cultural differences between these two groups.
 - Adult children- do not want to create concern for parents by discussing ACP too early, but they recognize the importance of ACP conversations.
 - Elder parents- Do not always recognize importance of ACP as they tend to place complete trust in adult children to make end-of-life care decisions. Greater emphasis towards family centred decision making than towards Individual autonomy. Language barriers of the elderly parent furthers the reliance on adult children, as they serve as the cultural and language bridge between the individuals and the healthcare context.
 - By attending ACP programs together, adult children can help their parents understand why ACP engagement is important. It educates both parents and adult children about ACP at the same time, allowing them to navigate the steps of the process together.

Serious Illness Conversation Guide

- Chinese community members are generally more passive when discussing health conditions with their healthcare provider. It is also assumed that it is the responsibility of the health care provider to initiate the topic of ACP. As ACP is a new concept amongst many older Chinese community members, many are unaware that such a concept exists. Without knowledge of ACP, it is impossible for the individual to initiate ACP conversations.
 1. Children born in Canada or younger adults were typically more accepting of serious illness conversations than their elderly parents. When having serious illness conversations with different family members belonging to different generations, it is important to keep in mind that shared values and beliefs are not necessarily guaranteed.
 2. In Chinese communities, the family is typically the gatekeeper to having serious illness conversations with their ageing parents. Use the family as a cultural buffer to communicate with the patient, they will help guide you as to what is “acceptable” in their family and cultural context. Family constructs impact the delivery and success of the serious illness conversation



3. Always **ask for permission** from the patient to discuss illness with their family. Use phrases like “Is it OK for me to talk about your condition” or “how much information do you want to know about your condition”. Asking this question may increase anxiety as discussing illness in front of children is considered to be taboo.
4. Keep in mind that from a cultural perspective these types of conversations can be upsetting, **acknowledge cultural differences that exist**.
 - It might be instinctual for an adult child to cut off a serious illness conversation, as these conversations may be seen as a sign of disrespect.
 - In many cases adult children prefer to withhold information regarding terminal prognosis from their parents in the attempt to protect them from psychological distress or burden.
 - It may be uncomfortable to discuss end-of-life preferences with both elders and children present, as elders typically defer to their adult children to make decisions on their behalf.
 - Having these serious conversations in the company of adult children is not typical in the Chinese community.
 - Asking about care preferences early on in the illness trajectory does not necessarily mean that the end is near. Many Chinese community members do not feel that it is culturally appropriate to initiate ACP when their parent is healthy and strong.
5. In the serious illness conversation guide, keep in mind that “fears and worries” are culturally considered to be negative words. Consider introducing the conversation on a more positive note by opening up with the identification of “sources of strength”. Sources of strength can be used to highlight available resources that the individual can draw from to help manage their illness. Once you have the attention and positive engagement of the patient and their families, you can consider transitioning into more sensitive sections such as fears and worries.
6. You always want to make sure that the patient is comfortable with the conversations. When in doubt, **take a pause, assess and look for cues**. Sometimes non-verbal cues such as facial expression or body language can help you to assess whether further clarification is required. See this as an **opportunity to clarify and explain** rather than perceiving it as a barrier.
7. Understand that there are many different family dynamics, and subcultures within the Chinese community, and that we cannot adopt a “one size fits all” approach.

Language and cultural communication

- Many Chinese community members are unfamiliar with the terms, “Palliative Care” and “Hospice”. Ensure consistent and standard language and definitions when describing ACP terms. This is especially important when people are first learning about ACP. For example, people may attend different workshops from different organizations to learn more about a new topic of interest, if the way that ACP is described and defined is inconsistent, confusion may result. If community members attending different ACP programs get together to share information with each other, it could be quite challenging to determine who has been given the most accurate information.
- There are many complexities with translating languages. The traditional translation of Palliative Care is Peaceful dying- traditional. Using direct translations (words only) without using any supportive context to help frame the conversation can invoke feelings of fear and anxiety. It is important to reassure the individual that Palliative Care does not mean that “we are giving up on you and are not longer to help you”, but rather that we are still doing something to help you.
- The use of language often shifts depending on your target audience. (i.e., when using a professional translator, as opposed to a non-professional translator such as a family member). It is important to modify your use of language in order to help others gain a better understanding of the concepts that you are trying to communicate.

Guiding Framework

- The purpose of ACP activities is to prepare people for the future, and to get the necessary documents ready ahead of time before time of need.
- Consider the language needs of the audience, provide different language options when facilitating the ACP sessions.
- Aiming for a shift in knowledge towards, **palliative approach to care (PAC)**.
 1. PAC is not just for those who are seriously ill and dying, but rather an approach that if you embrace it early on, can support you through the journey of life.
 2. Pair PAC with the clinical frailty scale to help participants understand how the PAC can support them at different stages of health.
 3. Values will change over time and depending on life situation. For example, “Things to consider when you are “managing well” are _____, at this stage you may want to talk about _____. When things begin to get more challenging and you

find yourself starting to struggle with _____, you might want to consider _____”.

- Many Chinese community members expressed a preference for acute care at the end of life, indicating a knowledge gap. Make sure that attendees leave with a better understanding of how to plan for Palliative Services (which are under-utilized in ethnic minority populations).
- Educate to promote an understanding about what palliative services are available, and how to guide people properly through the end-of-life journey.
- Storytelling is a very effective strategy to ACP engagement. Start off the workshop by sharing a personal story that highlights the importance of ACP. This makes the workshop facilitator more relatable and many participants may find themselves able to identify with a similar life event.
- Use volunteers to help participants with ACP document completion.
- Explain ACP as a process and introduce the stages of change model, reassuring the audience that different people are at different stages, and that is okay, as we all have to start somewhere.
 1. Some people are unaware of ACP as a concept altogether, while others have thought about their values and wishes, communicated their wishes with loved ones and health care providers, or have put their wishes in writing.
 2. Get to know where the audience is at as far as their ACP knowledge and experience goes early on in the workshop, and tailor your session to meet the needs of the audience.
 3. Repeatedly share ACP information to facilitate Learning, Reinforcement and Encouragement amongst Chinese community members. It is important to let the audience know that ACP is not just a one time thing, and that it is an ongoing process.
 4. Offering multiple ACP sessions, makes facilitators available to support the entire process of ACP from when the individual learns about it, to completing the ACP activities of thinking about wishes and preferences, selecting a substitute decision maker, communicating their wishes with loved ones and health care providers, and putting wishes in writing.
 5. Offering multiple ACP sessions can also allow facilitators to keep track of where participants are at with in the ACP process. For example, it allow you to evaluate whether participants that attended the first workshop completed any ACP activities by the subsequent sessions.



6. Offering multiple ACP sessions, also allows facilitators to track how long it takes to progress from the pre-contemplation phase to maintenance phase.
 7. Offering multiple ACP sessions also allows the facilitator to establish an ongoing relationship with community members, rather than just a one time workshop. Establishing rapport and developing trusting relationships, may serve to help facilitators collect feedback to better understand what aspects of the workshop left the greatest impressions on participants, and what areas need improvement.
 8. Patience is necessary, and there should be no pressure or expectations of anyone to complete ACP. Understand that just because an individual attends an ACP workshop, they not yet be ready or motivated to continue with the ACP journey.
- Other resources and framework used to guide ACP engagement include the Serious Illness Conversation Guide, legal documents, MyVoice, SpeakUp, and the BC Provincial Framework.
 - In addition to ACP workshops, other ACP engagement strategies include:
 1. group education
 2. online training modules for staff
 3. 1-on-1 ACP education
 4. engagement with healthcare providers and patients
 5. Information sessions primarily targeting caregivers and the general public.
 6. Support Groups
 7. Counselling
 8. information and referrals (Support and assistance accessing ACP resources)
 - over the phone
 - in-person.
 9. Self care workshops for individuals and caregivers
 10. Personal planning workshops.
 - Provide the participants with something to take away (i.e, package) that will assist them with accomplishing what needs to be done, otherwise the workshop was just a piece of information, where they listen for an hour, leave, and forget about it the next day.

South Asian Communities

Community Engagement and Cultural Facilitators

- Train South Asian community members to facilitate ACP workshops.
- Leverage the support from community, religious, and political leaders to support and promote ACP workshops.
- Information about workshops is often spread throughout the South Asian community through word of mouth
- Hold workshops in community centres.
- Bring cultural food and snacks to incentivize workshop attendance.
- Offer workshops in different languages (i.e., Punjabi, Hindi, Urdu)
- Encourage participants to bring a friend.

Communication and storytelling

- Share personal stories to illustrate ACP, and increase understanding.
- Encouraging participants to use stories to describe when they had to be involved in making decisions.
- Stories help to explain meaning behind ACP, as there is no way to literally translate the concept.
- Stories capture people's hearts, engage.
- Consider sharing two different perspectives through storytelling
 - Positive story- to share encouragement and hope for the future. ACP is not about doom and gloom, there's something I can do to help myself and others.
 - Negative story- wakes people up.
- When followed up one year later participants did not necessarily remember the ACP workshop content, but they did remember the stories, which is a testament of using storytelling to convey a powerful message, and to leave a lasting impression.
- Use metaphors to help illustrate the concepts associated with ACP.
- Use gentle humour to lighten to mood.
- Once comfortable facilitators can introduce death as a topic.

Workshop Structure

- Two workshops within the series
 - The first workshop shares information and resources
 - The second workshop helps participants complete ACP
 - South Asian participants want something to take home with them to review on their own.
- It is recommended that you adapt your workshops as you go along, based on participant feedback and evaluation.
- Once people understand ACP and why it's important then they want more information.

Sustainability

- Unfortunately, many organizations experience challenges with sustaining ACP programs over time, due to lack of resources, and budget issues. It is important to develop a contingency plan to make programs self sustainable.
- It is not fair to community members, to increase their interest in ACP, and trust in community members, and then just STOP delivering programs completely.
- One solution is to support the community members in facilitating their own workshops on a volunteer basis.
- Give people the tools, to share knowledge, support people with non-healthcare background to facilitate community education.

Use a community space that is familiar, accessible, and affordable.