BC Centre for
Palliative Care

Facilitating Equitable Access to Palliative and End-Of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025)

Insights Specific to:

Culturally Diverse Individuals
Living with a
Life-Limiting Illness

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For More Information

For more information about this report, please communicate with:

Rachel Carter, PhD
Director of Research
BC Centre for Palliative Care

Email: rcarter@bc-cpc.ca

Eman Hassan MD, MPH
Executive Director
BC Centre for Palliative Care

Email: ehassan@bc-cpc.ca

Knowledge Exchange Overview

In Spring 2025, the BC Centre for Palliative Care on behalf of the BC Palliative Care Research Collaborative hosted a three-part virtual **Knowledge Exchange Series** on *facilitating equitable access to palliative and end-of-life care for underserved populations in BC*.

Shaped by research, expert insights, and lived experiences, the series aimed to advance an equity-informed approach to palliative care by sharing stories, highlighting promising practices, strengthening connections between health and community systems, and identifying future directions for policy, practice, and research.

Discussions and activities focused on twelve underserved population groups with limited access to essential palliative and end-of life care services.

Read the full Summary Report here.

Insights Specific to Culturally Diverse Individuals Living with a Life-Limiting Illness

Insights from the Literature and Key Informants

To inform discussions about **culturally diverse individuals living with a life-limiting illness** during the Knowledge Exchange sessions, a population fact sheet was developed. The fact sheet summarizes key themes from a literature review and insights gathered from key informants through an online survey—highlighting experiences, opportunities, facilitators, and barriers to care.

View the population fact sheet here. A preview is shown below.

Facilitating equitable access to palliative and end-of-life care for underserved populations
Knowledge Exchange and Learning Series *hosted by the BC Palliative Care Research Collaborative*

Population Factsheet: People living with life-limiting illness who are culturally diverse

This population comprises individuals identifying as members of non-White immigrant populations in Western nations. Individuals belonging to this group face significant barriers to accessing care, some of which are mitigated based on age at time of immigration, language proficiency, and financial resources.

The information in this factsheet is organized according to the session it is of relevance to. *The included literature was identified through a systematic search for papers conducted in February 2025. Key informants across British Columbia (n=57) completed an environmental scan survey in January-February 2025*

Session 1: The lived experience of access to palliative and end of life care for underserved populations

What does the literature say?

Shared experiences across culturally diverse groups

Compared to English speakers, patients with limited English proficiency have been found to experience (Bigger et al., 2024):

Insights from the Knowledge Exchange Series

Key barriers, potential solutions and recommended actions that emerged from discussions on improving palliative and end-of-life care access for *culturally diverse individuals living with a life-limiting illness.*

Insights Specific to Culturally Diverse Individuals Living with a Life-limiting Illness

Barriers

- **Language barriers:** Some medical terms don’t translate well, leading to confusion and miscommunication.
- **System navigation:** Cultural differences can make it more difficult to understand how services intersect, how to make decisions, and who to seek help from for these decisions.
- **Lack of community supports:** Not having communities that support these minority groups can make the experience of seeking help isolating and difficult, deterring access to care.

Solutions

- **Train bilingual volunteers** in cultural care, including bereavement and therapeutic support.
- **Strengthen ties between non-profits and health authorities** to improve care navigation and coordination.
- **Ensure dedicated funding for in-person translation** is available to support clear, safe communication.
- **Promote cultural humility** by teaching providers to ask open, respectful questions rather than trying to know every cultural nuance.

Recommended Action

Patients and families often struggle to understand how services intersect, and who to turn to for guidance. Strengthening partnerships between non-profit organizations and health authorities can enhance resource coordination and improve navigation support. In parallel, fostering cultural humility—by focusing on respectful, open-ended conversations that understand people as they are—will help build trust and deliver more personalized care. Pulling together and sharing clear, accessible information is essential to support a more connected and compassionate palliative care approach.

Insights from the Knowledge Exchange Series

After the Knowledge Exchange Series, participants completed a survey to prioritize the most important research questions and promising solutions for each underserved population.

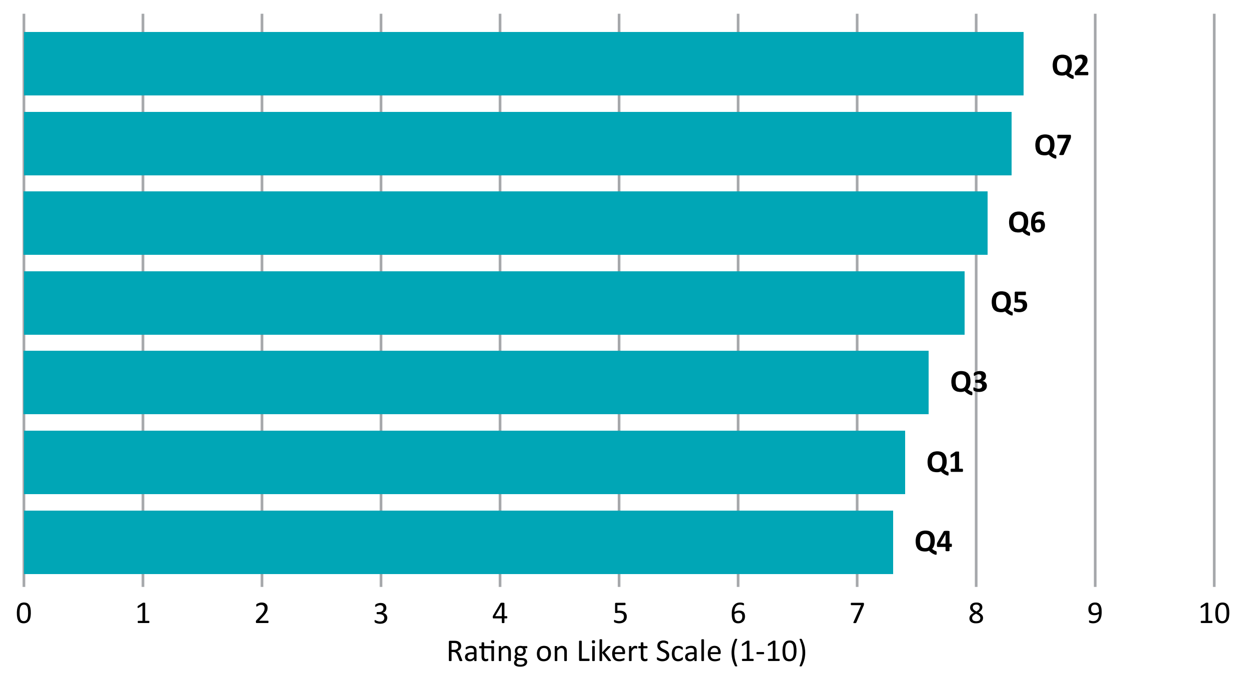
Top three rated research questions and promising solutions for *culturally diverse individuals living with a life-limiting illness.*

	Top 3 Questions to Answer	Top 3 Solutions to Consider
1	**Practice/Care** How can Elders, spiritual leaders, and cultural knowledge holders be formally recognized and integrated as legitimate members of the care team?	**Community Engagement** Promote community-based services, strengthen organizational partnerships, and grow patient navigator roles.
2	**Education/Training** How can we increase awareness of available community services to support self-referral?	**Practice/Care** Establish protocols for checking patient and family preferences around disclosure and rituals. Implement routine cultural safety check-ins during care transitions and family meetings.
3	**Education/Training** How can we strengthen patient education on advance care planning and serious illness conversations so that it reflects and respects diverse cultural values?	**Practice/Care** Establish clear clinician roles and assign responsible care providers.

The average importance rating for each priority research question related to *culturally diverse individuals living with a life limiting illness.*

Priority Research Questions: What do you want to know or solve? *(Session 3 Breakout 1)*

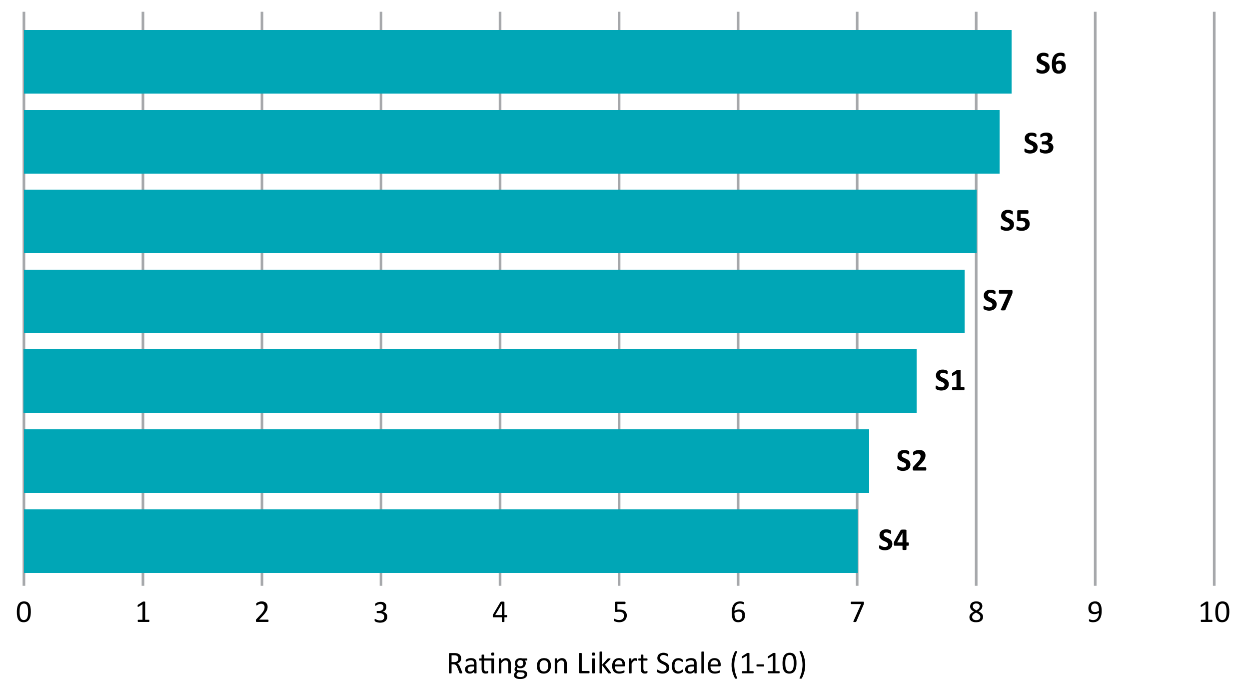
	Question	Average Rating
1	Research: What research opportunities exist to explore how culturally tailored conversations impact the uptake of advance care planning (ACP) among diverse populations, and how can this inform future priorities in equitable palliative care delivery?	**7.4**
2	Practice/care: How can Elders, spiritual leaders, and cultural knowledge holders be formally recognized and integrated as legitimate members of the care team? *(Highest Rated)*	**8.4**
3	Practice/care: What opportunities exist to develop culturally adapted digital navigation tools or use technology to support families who are less familiar with the healthcare system?	**7.6**
4	Community engagement: Who should take initiative to partner with culturally diverse organizations (non-profit or religious organizations)?	**7.3**
5	Practice/care: How can we better address translation and interpretation needs?	**7.9**
6	Education/training: How can we increase awareness of available community services to support self-referral?	**8.1**
7	Education/training: How can we improve patient education on advance care planning and serious illness conversations?	**8.3**



The average importance rating for each priority promising solution related to *culturally diverse individuals living with a life limiting illness.*

Priority Research Solutions: What can be done right now and by who? *(Session 3 Breakout 2)*

	Solution	Average Rating
1	Research: Develop and provide interpretation and glossary tools to providers and patients. Co-create plain language multilingual materials on end-of-life care options and rights.	**7.5**
2	Practice/care: Utilize virtual meetings with cultural leaders and lay advisers to align care plans.	**7.1**
3	Practice/care: Establish protocols for checking patient and family preferences around disclosure and rituals. Implement routine cultural safety check-ins during care transitions and family meetings.	**8.2**
4	Education/training: Develop and utilize online platforms to share information and culturally-engaged media outlets.	**7.0**
5	Practice/care: Establish clear clinician roles and assign responsible care providers.	**8.0**
6	Community engagement: Promote community-based services, establish partnerships with organizations, and grow patient navigator roles. Provide public health offices or primary care networks with contact info and designated spot for central intake. *(Highest Rated)*	**8.3**
7	System/program planning: Create a centralized source for information on palliative care benefits.	**7.9**



For similar insights on other underserved populations, visit the BC Centre for Palliative Care website here.

BC Centre for Palliative Care

Advancing palliative care through best practices, innovation and collaboration.

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