Advance Directives Completion among Asian American Church Communities

Angela Sun, PhD, MPH (1); Quynh Bui, MD, MPH (2); Janice Tsoh, PhD (2); Tung Nguyen, MD (2); Stephen McPhee, MD (2); Ginny Gildengorin, PhD (2); Ky Lai, MD, MPH (2); Joyce Cheng, MS (1); Joanne Chan, BA (1)

(1) Chinese Community Health Resource Center; (2) University of California, San Francisco

Selected Study Aims

• Design an effective intervention involving church organizations to address advance care planning in Chinese and Vietnamese American communities.

• Evaluate the impact and efficacy of a faith-based intervention to increase knowledge and completion of advance directives (AD) among Chinese and Vietnamese Americans.

• There are no studies of interventions to address advance care planning among Chinese and Vietnamese Americans.

Methods

Intervention Development

Interview Findings

Key Informants

(n=8) 4 Focus Groups

(n=36) Intervention Design

Intervention Participation Criteria

• Chinese or Vietnamese
• Age 50 or older
• Church members
• Had not previously completed an AD

• Through Church Networks and Flyers

• Promoted under general topic: How to Communicate with your Physician

Results

Table 1: Baseline Characteristics of Chinese and Vietnamese (N=174)

<table>
<thead>
<tr>
<th>Item</th>
<th>Chinese</th>
<th>Vietnamese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (in years)</td>
<td>65.0 ± 12.9</td>
<td>62.4 ± 7.5</td>
</tr>
<tr>
<td>Birthplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>China/Taiwan/Hong Kong</td>
<td>89.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Vietnam</td>
<td>8.0</td>
<td>100.0</td>
</tr>
<tr>
<td>United States</td>
<td>2.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Gender: Female</td>
<td>72.0</td>
<td>55.4</td>
</tr>
<tr>
<td>English Reading Proficiency:</td>
<td>71.7</td>
<td>68.9</td>
</tr>
<tr>
<td>“Somewhat well” or below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>76.0</td>
<td>78.6</td>
</tr>
<tr>
<td>(High School Graduate or below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Household Income &lt; $25,000</td>
<td>52.0</td>
<td>45.6</td>
</tr>
<tr>
<td>Marital Status: Married</td>
<td>53.5</td>
<td>86.8</td>
</tr>
<tr>
<td>Mean Number of Children in Household</td>
<td>2.5 ± 1.7</td>
<td>4.1 ± 2.1</td>
</tr>
<tr>
<td>Self-reported Current Health Status: “Excellent,” “Very Good,” or “Good”</td>
<td>52.6</td>
<td>41.7</td>
</tr>
<tr>
<td>Ever had Serious or Life-Threatening Illness (Yes)</td>
<td>14.1</td>
<td>29.4</td>
</tr>
</tbody>
</table>

Methods (Cont’d)

Intervention Design

In-Person Session 1

Pre-Intervention Survey

Church Leaders gave a 5-minute presentation on AD

Physicians gave a 20-minute presentation on importance of AD completion

Participants received California Advance Healthcare Directive Form (CAHDF)

In-Person Session 2

Research Staff (5-10) provided with
• Guided support
• Frequently Asked Questions (FAQ) Presentation
• CAHDF Form Review/Completion (Including Witnessing and Photocopying)

4 weeks Review/Discuss CAHDF at home and Communicate with healthcare proxy

Post-Intervention Survey

Content was standardized for Chinese and Vietnamese participants

Table 2: Changes in Advance Directive-Related Behaviors from Pre- to Post-Intervention among Chinese and Vietnamese (N=174)

| Item                          | Pre (%) | Post (%) | p value
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heard of AD</td>
<td>23.1</td>
<td>75.3</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Had in-depth conversation with healthcare proxy about healthcare wishes</td>
<td>7.1</td>
<td>25.9</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Completion of AD</td>
<td>0.0</td>
<td>67.2</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

If had completed an AD, would give copies to:
• Healthcare Proxy
• Physician

9.8 | 33.3 | <0.0001

** Data collected after receiving AD-related information and guided support

P value based on McNemar’s chi-square test for categorical data

Conclusions/Future Direction

• Churches are promising venues for promoting AD awareness and increasing AD completion in Chinese and Vietnamese Americans.

• Information delivered by church leaders and physicians led to a small increase in AD completion. However, providing guided support led to a more substantial increase in AD completion.

• These promising findings need to be further tested in a randomized controlled trial and in other settings such as temples, community organizations, and/or clinics.

Funded in part by NIA/NIH Grant #1R21AG050756-1, NCI/NIH Grant #1R21CA164045, National Heart, Lung, and Blood Institute (NHLBI), Clinical and Translational Science Award (CTSA) grant UL1TR002373 from the National Institutes of Health (NIH), and California Community Foundation (CCF) and the epilepsy foundation.

Selected Images from Sessions

Reverend Wong giving a presentation to church members

California Advance Healthcare Directive Forms (CAHDF) in English, Chinese, and Vietnamese

Sample Session Promotion Flyer

Table 2: Changes in Advance Directive-Related Behaviors from Pre- to Post-Intervention among Chinese and Vietnamese (N=174)

Selected Study Aims

• Design an effective intervention involving church organizations to address advance care planning in Chinese and Vietnamese American communities.

• Evaluate the impact and efficacy of a faith-based intervention to increase knowledge and completion of advance directives (AD) among Chinese and Vietnamese Americans.

• There are no studies of interventions to address advance care planning among Chinese and Vietnamese Americans.

Background

• Chinese Americans had lower rates of AD completion (20%) compared to African-Americans and non-Hispanic whites (28%-47%). No data have been collected for Vietnamese Americans.

• Asian American faith communities are promising venues for promoting AD.