



Introduction

- Advance Care Planning (ACP) is a process of discussing individual End-of-Life (EOL) care preferences (Aging with Dignity, 2010)
- The goal is to record the EOL wishes in the Advance Directive (AD) document
- The ACP dialogue eases out the decision-making burden away from the family, healthcare professionals (Lee et al., 2015) and decreases healthcare cost (Sun et al., 2017)
- A nurse-led culturally-tailored ACP education increases ACP readiness to engage in EOL conversation and AD adaptation among ethnic minorities (Lee et al., 2015)
- The ACP conversation offers the Roman-Catholic (RC) believers the EOL care congruent with preferences and beliefs, and allows them to achieve dignified death (USCCB, 2018)

Background & Significance

- The lack of ACP discussions leads to extreme and life-prolonging EOL care measures (Dartmouth Institute, 2019)
- The intense EOL efforts are often incongruent with the individual preferences (Weathers et al., 2016)
- The low AD rate among New Jersey residents results in decreased EOL quality care and increases state expenditure on healthcare (Kaiser Family Foundation, 2016)
- There are no statistical data available regarding the AD adaption rate among Polish RC population residing in New Jersey

Problem

- The lack of culturally-tailored outreach leaves Polish community as a disadvantaged population when it comes to ACP options and opportunities

Methods

Design: quasi-experimental pre-post-post study design

Study Population: convenience sample of 40 Polish RC aged 18-89 year-old

Setting: RC church located in Northern New Jersey

Intervention: two, 90-minute, nurse-led culturally tailored intervention

- ACP Seminar (education)
- Two-week follow-up Booster Session (step-by-step Five Wish AD guidance)

Outcome Measures:

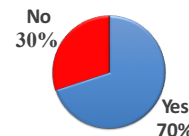
- ACP Engagement Survey (pre-post-post)
- EOL Personal Preferences Survey
- Signed AD
- Program Evaluation

Results

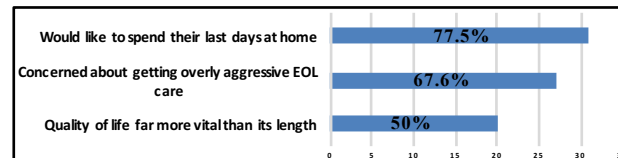
Demographics: 100% (n=40) Polish American, 70% (n=28) female, 40% (n=16) high-school graduates, 62% (n=25) married, 95% (n=38) having children. Mean age group of 56-64 years and mean acculturation time of 26-35 years.

ACP Engagement: Wilcoxon Rank-Sum Test:	Readiness to Engage in ACP	N	Standardized Test Statistics	Standard Error	P value
Pre-test and Post-test		40	2.422	30.551	0.015
Post test and Follow-up test		40	2.287	36.949	0.022

- **Adapted Five Wishes AD:**



- **EOL Individual Preferences:**



- **Program Evaluation:**

65% (n=26) stated that the ACP intervention met their expectations, 77.5% (n=31) admitted that the program prepared them to apply the acquired knowledge in the future and 90% (n=36) would recommend the seminar to others

Discussion

- The nurse led culturally-tailored ACP intervention increases faith-based communities' readiness to engage in ACP conversation
- Bilingual Five Wishes AD is a valuable tool for guiding ACP dialogue among minority groups
- Step-by-step AD guidance allows to increase the AD adaption rates

Implications

Clinical Practice and Research

- Active support of minority groups with ACP discussions requires professionals to understand one's culture, values, and religious beliefs
- The nurse-led ACP intervention may be adapted for use in other ethnically diverse groups and various settings
- Studies are needed to assess the effect of individual ACP community intervention on a larger scale

Healthcare Policy

- Reimbursement and ACP funds to facilitate EOL public education
- Advocacy for dignified death
- Increase diversity in nursing
- Faith-based organizations are reliable clinical partners for population health

Quality and safety

- Completed AD assists providers in respecting the individual beliefs and enhance EOL care satisfaction
- ACP discussions reduce the fear associated with death and dying concept and reinforce trust among partakers
- Four-item ACPES may be helpful to evaluate public readiness to engage in ACP discussion

Education

- Comprehensive EOL care education integrated into undergraduate and graduate curriculum

Economic

- Potential cost savings to the taxpayers, families, Medicare and insurance companies (Lilly et al., 2017)

References

Available on a separate sheet

References

- Aging with Dignity. (2019). Every life is important and deserving of dignity.
• Retrieved from <https://agingwithdignity.org>
- Dartmouth Atlas Project. (2019). End of life care. Retrieved on 2/28/2019 from <https://www.dartmouthatlas.org/interactive-apps/end-of-life-care/#hsa>
- Kaiser Family Foundation. (2016). Medicare spending at the end of life: A snapshot of beneficiaries who died in 2014 and the cost of their care. Retrieved from <http://files.kff.org/attachment/Data-Note-Medicare-Spending-at-the-End-of-Life>
- Lee, M. C., Hinderer, K.A., & Friedmann, E. (2015). Engaging Chinese American adults in advance care planning: A community-based, culturally sensitive seminar. *Journal of Gerontological Nursing*, 41(8), 17-21.
- Lilly, C.M., Swami, S., Liu, X., Riker, R.R., & Badawi, O. (2017). Five-year trends of critical care practice and outcomes. *Chest*, 152(4), 723-735.
- Sun, A., Bui, Q., Tsoh, J. Y., Gildengorin, G., Chan, J., Cheng, J.,... & Nguyen, T. (2017). Efficacy of a church-based, culturally tailored program to promote completion of advance directives among Asian Americans. *Journal of Immigrant and Minority Health*, 19(2), 381-391.
- United States Conference of Catholic Bishops. (2018). Ethical and religious directives for Catholic Health Care Services. Retrieved from <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>
- Weathers, E., O’Caoimh, R., Cornally, N., Fitzgerald, C., Kearns, T., Coffey, A., & Molloy, D. (2016). Advance care planning: A systematic review of randomised controlled trials conducted with older adults. *Maturitas*, 91, 101–109. doi: <https://doi.org/10.1016/j.maturitas.2016.06.016>