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Promoting completion of advance directives in a Hispanic religious congregation: An evidence-based practice project

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UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

Luis Daniel San Miguel, BSN

A portfolio presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
UNIVERSITY OF SAN DIEGO

In partial fulfillment of the
requirements for the degree

DOCTOR OF NURSING PRACTICE
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Final Manuscript

Promoting Completion of Advance Directives in a Hispanic Religious Congregation: An
Evidence-Based Practice Project

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Abstract

Background: Hispanics utilize more aggressive medical treatment at the end of life and are less likely to receive end-of-life care consistent with their wishes than nonHispanic Whites. Hispanics are less likely than non-Hispanic Whites to have an advance directive (AD). Increasing AD completion among Hispanics can promote end-of-life care consistent with their wishes, diminish healthcare disparities, and eliminate unnecessary healthcare spending. *Objectives:* To promote completion of advance directives by increasing knowledge, positive attitudes, and comfort with advance care planning (ACP) in a Hispanic population through culturally appropriate interventions. *Intervention:* The project was implemented with a Hispanic religious congregation. Two group sessions were held at the congregation's meetinghouse. Informational handouts and exercises were provided to each participant along with an initial knowledge and attitudes questionnaire. Individual reflections and group exercises were used to explore personal views, ways to talk to loved ones about ACP, and how to make difficult healthcare decisions. At the conclusion of the second group session, the same knowledge and attitude questionnaire was completed. Participants then scheduled a one-on-one session to complete an AD. *Results:* Of the 21 eligible participants, 13 attended both group sessions and scheduled a one-on-one visit. Mean scores for knowledge increased from 71% to 91%; mean attitude and comfort scores increased from 61% to 80%; and 100% of participants who attended both group sessions completed an AD. *Conclusion:* Increasing AD completion among Hispanics can be achieved through culturally appropriate interventions that increase knowledge about, attitudes toward, and comfort with end-of-life decisions. Promoting completion of ADs can improve care outcomes and decrease

costs. More studies are needed among Hispanics that focus on effective interventions to complete ADs, rather than Hispanic end-of-life cultural preferences alone.

Introduction

The Hispanic community is the largest ethnic subgroup in the United States. According to the 2010 U.S. Census, “more than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population.”¹ According to the 2012 National Healthcare Disparities Report, Hispanics were less likely than non-Hispanic Whites to receive end-of-life (EOL) care consistent with their wishes. In addition, Hispanics received worse care than non-Hispanic Whites in 40% of quality measures and had worse access to care for about 70% of measures.² One of the goals of the U.S. Department of Health and Human Services (USDHHS) launched in “Healthy People 2020” is to achieve health equity, eliminate disparities, and improve the health of all groups.³

The American Patient Self-Determination Act enacted in 1991 made it possible for patients to express their EOL wishes in the form of an advance directive (AD).⁴ A durable power of attorney for health care (DPOAHC) or health care agent (HCA) indicates a person’s chosen representative to make health care decisions for him or her. A living will (LW) dictates a person’s EOL wishes to be followed when he or she is no longer able to express them. An AD usually allows for both a HCA and a LW to be documented. Patients that specify limitations in EOL care through ADs are associated with significantly lower levels of Medicare spending, lower likelihood of in-hospital death, and greater use of hospice care.⁵

Studies have repeatedly shown that Hispanics are less likely than non-Hispanic Whites to have an AD.^{6,7} According to Kelley, Wenger, and Sarkisian,⁸ up to 84% of Hispanics would prefer comfort care measures rather than life-prolonging treatment if

seriously ill; however, 47% had never discussed their preferences and only 24% had an AD. It has also been suggested that, compared to Hispanics, non-Hispanic Whites are 11.1 times more likely to have a DPOAHC and 5.8 times more likely to have a LW.⁹ A California statewide survey of 1,669 adults found that only 23% of Californians had their EOL wishes in writing, and only 9% of those were Hispanic.¹⁰

Although hospitals are not the preferred place for patients with progressive illnesses to die or receive care, more than 50% of adults in the United States die in hospitals.^{11,12} Hispanics are known to utilize more aggressive medical treatment at the EOL than non-Hispanic Whites. The healthcare cost for Hispanics in the last 6 months of life has been documented as 57% higher than the cost for non-Hispanic Whites.¹³ Eighty-five percent of the higher cost was attributed to greater use of the intensive care unit (ICU) and other intensive procedures. In 2006, treatment for patients in their last year of life accounted for more than one-quarter of Medicare spending.⁵

More than a third (37.6%) of all Hispanics in the United States reside in the state of California.¹ In 2012, one third (32.7%) of San Diego County's, and more than half (58.2%) of the city of Chula Vista's population in 2010 was of Hispanic origin.¹⁴ With the rapidly increasing Hispanic population locally and around the country, the contradiction of desired comfort EOL care and excessive EOL intensive care spending for Hispanics calls for an urgent focus on this problem.

Since the American Patient Self-Determination Act was enacted, there has been slow progress in AD completion in the general U.S. population and even slower among Hispanics. Multiple barriers to AD completion have been identified, yet only a small number of interventions have been studied enough to direct an EBP approach geared

towards Hispanics. The purpose of this evidence-based practice (EBP) project was to promote completion of ADs among Hispanics by increasing knowledge, positive attitudes, and comfort with EOL preferences through culturally appropriate interventions.

Methods

Setting

The project was implemented in a Hispanic Christian congregation with approximately 430 members in the city of Chula Vista, California. The average weekly attendance at Sunday services was 150 men, women, and children. The congregation represented a variety of Hispanic countries of origin including Mexico, Guatemala, Peru, Argentina, and Cuba, among others. In discussion with the spiritual leader of the congregation, it was recognized that there had been a lack of teaching regarding advance care planning (ACP) to the congregation.

A survey was conducted to determine a more accurate representation of the prevalence of ADs among the congregation. Initially, a convenience survey of members of the congregation 18 years of age and older using a SurveyMonkey questionnaire on a tablet was attempted between classes during Sunday services. The survey inquired about having completed an AD or any form of LW or DPOAHC, as well as demographic data such as gender, age, marital status, country of origin, number of years living in the United States, and highest level of education. After two weeks, only 6 people had completed the survey, and it was observed that most participants were unfamiliar with the technology and needed the assistance of the project coordinator to enter their responses. In order to obtain more responses, the survey was shortened to asking congregation members if they had completed an AD. A total of 15 responses were collected and of those, only one

person (6%) knew what an AD was and had completed one. Interestingly, the person with a completed AD was married to a non-Hispanic White. Another respondent had only made funeral arrangements.

Members of the congregation were knowledgeable about disaster preparedness, food storage, modest spending and savings, and other means of preparation. Given such strong emphasis on preparation and self-reliance, planning for health care decisions at the EOL seemed to be in line with their beliefs and values.

Project participants and recruitment

Flyers were displayed in the congregation's building four weeks prior to the start of the project. Invitations to participate were made via Sunday bulletin, during announcements by the congregation leader at Sunday meetings, and by direct invitation from the coordinator.

Participant inclusion criteria were members of the congregation 18 year of age or older of Hispanic descent that did not have an AD. Twenty-one of the 24 participants that attended the first meeting met the inclusion criteria and of those 13 (62%) completed the program. The average age of the participants was 52 (range 33-81); four were male and 17 female. Dissemination of de-identified findings was approved by the congregation's leader and by the University of San Diego's Institutional Review Board.

Practice Innovation

Talking it Over group discussions

All aspects of project implementation were conducted in Spanish. Two group sessions, approximately 1.5 hours each, were held a week apart in the congregation's meetinghouse during their regular weeknight activity. A PowerPoint presentation was

used to guide discussions on the findings regarding current EOL care among Hispanics; the history and legal background of ADs; the basics of ADs including purpose, legal requirements, and options for care; and the congregation's religious views on ACP. Childcare and light refreshments were advertised and provided during both sessions.

A Spanish version of the guide *Talking it Over* (TIO) developed by the Coalition for Compassionate Care of California (CCCC) was used to engage participants in individual reflections and group exercises to explore personal views, how to talk to loved ones about ACP, and how to make difficult healthcare decisions.¹⁵ The guide TIO encourages conversation through hypothetical culturally-sensitive EOL scenarios followed by open-ended questions. The CCCC conducted an unpublished internal report to evaluate the impact of their educational programs in promoting ACP. They surveyed discussion leaders trained by the CCCC, and of the 93 respondents, 68% had found the TIO exercises very or somewhat helpful in engaging participants in conversation. Another internal report including data from 12 TIO groups found that 22% to 58% of participants had completed an AD two months after group discussions. Referring to the TIO guide, Katherine Glasmire, Associate Director of the Center for Healthcare Decisions, stated, "In 2002-04 we worked with the QueensCare Health and Faith Partnership to provide advance care planning education to Hispanics and Latinos in Los Angeles faith communities and other community organizations. We found the materials and info to be helpful in engaging people" (personal email communication, March 26, 2014).

Go Wish Cards

The Go Wish Cards created by the Coda Alliance were also used during a group session as a tool to identify what was and was not important to the participants at the EOL. This was done with small groups of 4-5 people sorting through a deck of cards. The Go Wish Cards facilitate EOL conversations between patients, their loved ones, and their medical providers by “focus[ing] the conversation, provide[ing] important vocabulary to give voice to patients’ needs and concerns, and offer[ing] a means for sharing those ideas.”¹⁶

One-on-one family sessions

At the conclusion of the second group session, participants scheduled a one-on-one session with the project coordinator to complete an AD. The most effective intervention to increase AD completion has been shown to be one-on-one discussions over multiple encounters.¹⁷⁻¹⁹ Although this was concluded in three systematic reviews, their focus was not primarily on the Hispanic population but on the population at large. However, in a randomized control trial, Hispanic elders were assigned to either a control group or one of two one-on-one educational interventions to determine if there was an influence on attitudes and comfort with ACP. Heyman and Gutheil found a significant increase in positive attitudes and comfort with ACP as a result of one-on-one education interventions. However, they did not engage in AD completion or measure the number of participants that completed an AD after the intervention.²⁰

Participants were encouraged to have the one-on-one sessions in their home to facilitate the presence of close family and friends and promote family decision-making. There is a body of evidence in support of family decision-making in the Hispanic population.^{8,21-23} Even when able to make decisions independently, some Hispanics prefer

family-centered or group decision-making and limited patient autonomy.⁸ Close family ties are one of the most important cultural characteristics of Hispanics. Del Río²¹ suggested that the emphasis placed on family loyalty and cohesion leads to important decisions, such as EOL preferences, being made by extended families rather than the individual alone.

Easy-to-read form

During the one-on-one sessions, participants completed the AD form *Instrucción anticipada de atención de salud de California* developed by the Institute for Healthcare Advancement (IHA). This easy-to-read form is written in Spanish at a fifth grade reading level with color illustrations and English translation in fine print. In their literature review, Zager and Yancy found that “standard AD forms failed to capture individual preferences for values and beliefs at the end of life.” They further suggested that redesigned forms that are easier to read, have a clear layout, and text-enhancing graphics may increase AD completion.²³ A randomized trial compared a standard California AD form with the redesigned IHA form. Forty percent of the participants had limited literacy and 73% preferred the IHA form to the standard form. Those randomized to the IHA form completed more ADs six months after, and of those, 95% used the IHA form.²⁴

Outcome Measurement

AD knowledge

Based on the congregation survey findings and lack of previous AD teaching, educating participants about ADs was a key focus. A goal was set to increase the mean knowledge about ADs among participants. In order to measure AD knowledge, a questionnaire was completed at the beginning of the first group session and at the end of

the second group session. The survey was based on the work of Jackson et al.²⁵ who conducted an extensive literature review to determine item selection as well as a pilot test of the survey. Spanish translation of the questionnaire was done with input for clarity from 5 Spanish-speaking healthcare providers and 5 congregation members and resulted in a 6-item questionnaire about AD purpose and logistics. Initial knowledge was compared with end-of-project results.

Attitudes and comfort with EOL preferences

A second goal was to increase attitudes and comfort with EOL preferences. This was measured concurrently with the knowledge questionnaire. Jackson et al.²⁵ also measured EOL attitudes, thus the Spanish attitude and comfort tool was based on their work as well and underwent the same translation and quality process as the knowledge test, resulting in 11 items.

AD completion

The ultimate goal of the EBP project was to promote AD completion and a goal was set to achieve completion of ADs by more than 25% of participants that received all of the intervention (two group sessions and the one-on-one visit).

Results

Project results are depicted in Figure 1. Mean knowledge and attitude scores were calculated for the 21 initial participants and compared with the mean scores of the 13 that attended both group sessions. The baseline mean score for AD knowledge was 71% compared to a 91% mean post-intervention score. This represented a 28% increase in AD knowledge. Mean attitude and comfort scores increased from 61% to 80% (a 31%

improvement). Of the 13 participants that attended both group sessions, 100% completed an AD during their one-on-one session (or 62% of the initial 21).

During the last group session, the 13 participants also completed an evaluation of the project. Twelve of the 13 strongly agreed that the visual aids and handouts were easy to understand and strongly agreed that they felt better prepared to make decisions about their medical care. A similar number of participants also strongly agreed that it was important to have an AD. In addition, twelve of the 13 participants strongly agreed that they would attend other health-related classes if available and would recommend others to take the class on advance directives.

Discussion

In their systematic review on effectiveness of interventions to increase AD completion, Jezewski et al. reviewed 25 studies, dividing them into two types of interventions, didactic (giving information in an impersonal manner) or interactive (person-to-person interaction with opportunity to ask questions and/or receive AD form completion assistance). AD completion rates in didactic studies ranged from no change to a 34% increase in completion following intervention. Completion rates for interactive studies were considerably higher, ranging from 23% to 71%.²⁶

One of the studies was an educational program implemented among a number of different faith communities, one of which was predominantly Hispanic (4% of total participants). During a recruitment meeting, attendees watched a 15-minute video and completed a questionnaire. Those desiring to participate received educational materials and exercises. They then attended an educational meeting to review legal and medical aspects of ADs and ask questions. For the next five months, parish nurses remained in

contact with participants to provide additional encouragement and information about resources. Thirty-six percent of the 248 participants that completed the program either revised an existing AD or completed one for the first time. Thirty-five percent of those who completed the program signed an AD for the first time.²⁷

There were a number of key differences between the previously discussed study and the proposed EBP project. In the prior study, there was no evidence that the educational meeting to review legal and medical aspects of AD was done in Spanish for those of Hispanic descent. In contrast, the entire EBP educational program was in Spanish including advertising, handout materials, presentation, AD forms, and so on. In addition to educating on AD, the EBP project engaged participants in group discussions and individual exercises to explore personal preferences and ways to communicate those preferences to others. Although the EBP project was done in two separate group meetings, versus one in the prior study, it is possible that the additional time spent on increasing positive attitudes and comfort with EOL preferences resulted in a better percentage of newly completed ADs. It is also important to note that in the EBP project their religion's views on ACP were examined and discussed and were generally supportive.

Although effective, this project was limited by the small number of participants. However, in order to allow participation by all and create a sense of community, the project coordinator recommends groups no larger than 20 participants per facilitator. More small and larger-scale replications of this project are needed to determine the most effective group size. This project was conducted among members of a Hispanic Christian congregation. Similar projects should be implemented among different religious

denominations and in other community venues. The project coordinator had previously been a member of the congregation, which could have had an impact on recruitment and overall results. Future projects should focus on improving retention rates. The majority of participants attended the one-on-one session with a close friend or significant other; however, only one participant opted to meet at her home and no one accompanied that participant during the session. Although much research has been done on the impact of family decision making among Hispanics, this project found that the majority of the participants sought the support/advice of a close friend or significant other rather than the complete family unit. Future projects should evaluate the impact of knowledge, attitudes, and comfort on decision-making styles among Hispanics.

This project demonstrated that increasing AD completion among Hispanics can be achieved through culturally appropriate interventions that increase knowledge about, attitudes toward, and comfort with end-of-life decisions. Moreover, partnering with existing Hispanic community organizations, such as churches, participating in group discussions, having one-on-one conversations, and utilizing easy-to-read AD forms are effective strategies to achieve ACP outcomes among Hispanics.

As the U.S. population continues to be more racially and ethnically diverse, models of care that are culturally sensitive to minority groups will need to be implemented to reduce health disparities. The EBP project described here addressed some of the most frequently identified barriers to AD completion among Hispanics (lack of knowledge, language barrier, and family decision making). However, there is minimal evidence on effective interventions to overcome many of the other studied barriers. More well-designed randomized controlled trials on interventions to increase AD completion

among Hispanics are needed, rather than those focused on Hispanic end-of-life cultural preferences alone, to support new approaches in future EBP efforts. This EBP project is a potential steppingstone for future researchers and scientists that seek to eliminate racial disparities in AD completion.

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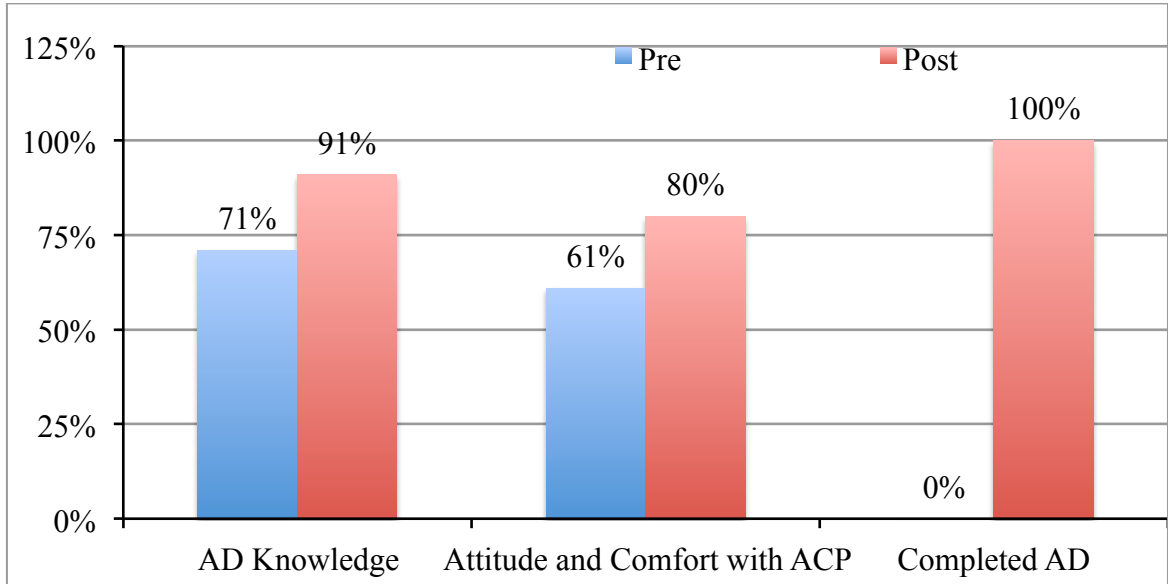
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Figure 1. Changes in Knowledge, Attitudes, and Comfort, and AD Completion



Abstract

PROMOTING ADVANCE DIRECTIVE COMPLETION AMONG HISPANICS: AN
EBP PROJECT

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Purpose

To promote completion of advance directives (AD) by increasing knowledge, positive attitudes, and comfort with advance care planning (ACP) in a Hispanic population through culturally appropriate interventions.

Background

Hispanics utilize more aggressive medical treatment at the end of life and are less likely to receive end-of-life care consistent with their wishes than nonHispanic Whites (Agency for Health Research and Quality, 2012; Hanchate, Kronman, Young-Xu, Ash, & Emanuel, 2009). However, the majority of Hispanics would prefer comfort care measures rather than life-prolonging treatment if seriously ill (Kelly, Wenger, and Sarkisian, 2010). Such contradiction is reinforced by the fact that Hispanics are less likely than nonHispanic Whites to have an AD (Carr, 2011; Lake Research Partners & Coalition for Compassionate Care of California, 2012). Increasing AD completion among Hispanics can promote end-of-life care consistent with their wishes, diminish healthcare disparities, and eliminate unnecessary healthcare spending.

Best Practice

The project was implemented with a Hispanic religious congregation. General invitations to participate were made by way of Sunday bulletin announcements, informational flyers, and weekly announcements during general Sunday meetings. Twenty-four participants

attended the initial group session. Two group sessions were held at the congregation's meetinghouse. A folder with printed informational handouts and exercises was provided to each participant along with an initial knowledge and attitudes questionnaire. Sessions included information on the history, legal background, and the basics of ADs. Individual reflections and group exercises were used to explore personal views, ways to talk to loved ones about ACP, and how to make difficult healthcare decisions. At the conclusion of the second group session, the same knowledge and attitude questionnaire was completed. Participants then scheduled a one-on-one session to complete an AD.

Outcomes

Of the 21 eligible participants, 13 attended both group sessions and scheduled a one-on-one visit. Mean scores for knowledge increased from 71% to 91%; mean attitude and comfort scores increased from 61% to 80%; and 100% of participants who attended both group sessions completed an AD.

Implications

Increasing AD completion among Hispanics can be achieved through culturally appropriate interventions that increase knowledge about, attitudes toward, and comfort with end-of-life decisions. Promoting completion of ADs can improve care outcomes and decrease costs. More studies are needed among Hispanics that focus on effective interventions to complete ADs, rather than Hispanic end-of-life cultural preferences alone.

Promoting Advance Directive Completion Among Hispanics:

An EBP Project

Luis Daniel San Miguel, BSN, DNP Student
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Nursing Practice, Research, and Evaluation

Background

- Hispanics are less likely than non-Hispanic Whites to have an advance directive (AD) (Crawley, 2005; Kelly, Mitchell, Marlow, Murphy, & Morris, 2001).
- 84% of Hispanics would prefer comfort care measures rather than life-prolonging treatment (if seriously ill) (Kelley, Weinger, & Saksian, 2010).
- Only 9% of Hispanics have an AD according to a California statewide survey (Lake Research Partners & Coalition for Compassionate Care of California, 2012).
- The project was implemented among a Hispanic Christian congregation in San Diego, California.
- 0% of those surveyed among the congregation had an AD or knew what an AD was.
- The congregation has strong welfare and self-reliance beliefs and programs, however, a lack of knowledge regarding ADs was identified.
- Currently there is no Welfare Specialist in the congregation.

Aim/Purpose

- To promote completion of ADs by increasing knowledge, positive attitudes, and comfort with advance care planning (ACP) in a Hispanic population through culturally appropriate interventions.

Evidence

- One-on-one discussions over multiple encounters has been shown to be the most effective intervention to complete ADs in the general population (Dunbar, Fish, Beckman, & Smith, 2010; Ramsarup, Reid, & Adelman, 2007; Tamayo-Velazquez et al., 2010) and can significantly increase positive attitudes and comfort with ACP among Hispanics (Heyman & Gutheil, 2010).
- Collaborating with churches in the community improves Hispanic recruitment and retention to outreach programs (Lekorr & Sanchez, 2003; Werner, Deros, Dominguez, & Mala, 2012).
- Engaging in group discussions is an effective and culturally appropriate learning intervention for Hispanics (Morgan, 2004; O'Leary, & Villarreal, 2014)
- Utilizing an AD form that is easy to read, has clear layout, and text-enhancing graphics, such as the IHA form, increases AD completion (Sudore et al., 2007; Zager & Yancy, 2011).

Practice Innovation

- Two groups sessions were held at the congregation's meetinghouse.
- A folder with printed informational handouts and exercises was provided to each participant.
- Sessions included information on the history, legal background, and basics of ADs.
- Individual reflections and group exercises were used to explore personal views, ways to talk to loved ones about ACP, and how to make difficult healthcare decisions.
- At the conclusion of the second group session, the same knowledge and attitude questionnaire was completed.
- Participants then scheduled a one-on-one session to complete an AD.

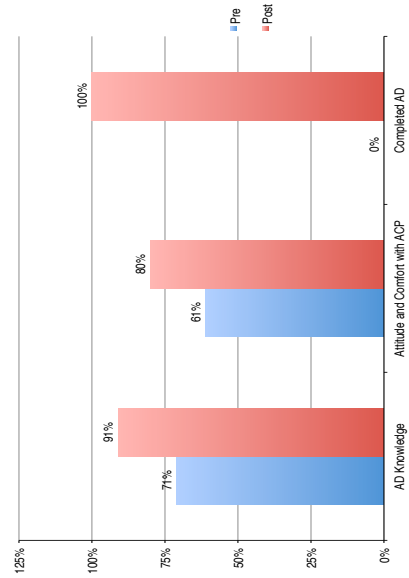
Evaluation Method

- Outcomes measured included: 1) knowledge about AD pre and post intervention; 2) attitudes and comfort with ACP pre and post intervention; and 3) number of completed ADs.
- The knowledge, comfort, and attitude questionnaire was adapted and translated into Spanish from the work of Jackson, Rolnick, Asche, & Henrich (2009).
- The questionnaire was administered at the beginning of the first group session and at the end of the second group session; a pre and post intervention mean score was calculated and compared.
- Number of completed ADs was counted and a ratio of those that attended both group sessions and those who completed an AD was calculated.

Results

- Of the 21 eligible participants, 13 attended both group sessions and scheduled a one-on-one session.
- Mean scores for knowledge increased from 71% to 91%.
- Mean attitude and comfort scores increased from 61% to 80%.
- 100% of participants who attended both group sessions completed an AD.
- Twelve out of 13 participants strongly agreed the visual aids and handouts were easy to read.
- Twelve out of 13 participants strongly agreed they felt better prepared to make decisions about their medical care.
- Twelve out of 13 participants strongly agreed they would recommend taking the class to a friend.

Tables/Graphs



Implications For Clinical Practice

- Increasing AD completion among Hispanics can be achieved through culturally appropriate interventions that increase knowledge about, attitudes toward, and comfort with end-of-life decisions.
- Promoting completion of ADs can improve care outcomes and decrease health care costs.
- This project demonstrated that partnering with existing Hispanic community organizations, such as churches, participating in group discussions, having one-on-one conversations, and utilizing easy-to-read AD forms is a feasible and effective strategy to achieve ACP outcomes among Hispanics.
- Other studies should be replicated with different religious denominations and in other community venues.
- Future projects should focus on improving retention rates.

References

- See handout provided.

Stakeholder Presentation

Promoting Completion of Advance Directives in a Hispanic Religious Congregation: An Evidence-based Practice Project

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Hahn School of Nursing and Health Science
Mary J Clark, PhD, RN, PHN
Hahn School of Nursing and Health Science

Background

- Hispanics are the largest ethnic subgroup in the U.S.
- 38% of all Hispanics in the U.S. reside in California
- 33% of San Diego County and 58% of Chula Vista's population are Hispanic.



Background



- Hispanics are less likely to receive end-of-life (EOL) care consistent with their wishes.
- 84% of Hispanics would prefer comfort care measures rather than life-prolonging treatment if seriously ill.
- Hispanics are known to utilize more aggressive medical treatment at the EOL than non-Hispanic Whites.

Background

- Patients can specify their EOL wishes through Advance Directives (AD).
- ADs are associated with lower Medicare spending, lower likelihood of in-hospital death, and greater use of hospice care.
- Hispanics are less likely than non-Hispanic Whites to have an AD. In a California statewide survey only 2% of Hispanics had an AD.

Purpose

- To promote completion of ADs among Hispanics by increasing knowledge, positive attitudes, and comfort with EOL preferences through culturally appropriate interventions.
- A goal of the Department of Health and Human Services is to achieve health equity, eliminate disparities, and improve the health of all groups.



Setting

- Hispanic Christian congregation with approximately 430 members in the city of Chula Vista, California.
- Average weekly attendance to Sunday services was 150 men, women, and children.
- Represented a variety of Hispanic countries of origin including Mexico, Guatemala, Peru, Argentina, and Cuba, among others.



Survey

- Convenience survey of 15 congregation members 18 years of age and older.
- Only one person knew what was and had completed an AD.

Participants

- Inclusion criteria: members of the congregation 18 year of age or older of Hispanic descent that did not have an AD.
- Twenty-one of the 24 participants that attended the first meeting met the inclusion criteria and of those 13 (62%) completed the program.
- The average age of the participants was 52 (range 33-81); four were male and 17 female.

Practice Innovation

Talking it Over Group Discussions



- A Spanish version of the guide developed by the Coalition for Compassionate Care of California was used to engage participants in individual reflections and group exercises to explore personal views, how to talk to loved ones about ACP, and how to make difficult healthcare decisions.

Practice Innovation

Go Wish Cards

- Created by the Coda Alliance to facilitate EOL conversations.
- Focuses conversation and gives voice to patient's needs and concerns.
- Offers means for sharing ideas.



Practice Innovation

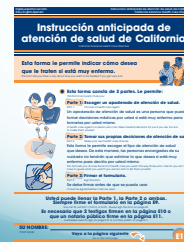
One-on-one family sessions

- Most effective intervention to increase AD completion.
- Hispanics prefer family-centered or group decision-making and limited patient autonomy.
- Close family ties are one of the most important cultural characteristics of Hispanics.



Practice Innovation

Easy-to-read form

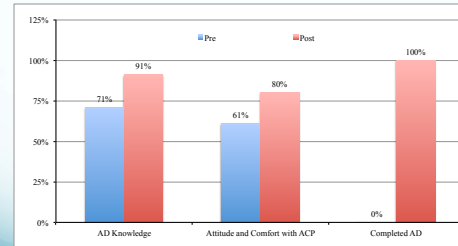


- "standard AD forms failed to capture individual preferences for values and beliefs at the end of life."
- Redesigned forms that are easier to read, have a clear layout, and text-enhancing graphics may increase AD completion.
- Developed by the Institute for Healthcare Advancement.
- Written in Spanish at a fifth grade reading level with color illustrations and English translation in the print

Outcomes Measured

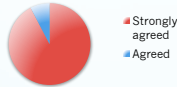
- AD Knowledge
- Attitudes and comfort with EOL preferences
- AD completion

Results



Results

Visual aids and handouts were easy to understand



Felt better prepared to make decisions about their medical care



Would attend other health-related classes if available



Would recommend taking the AD class



Project comparison

- Systematic review by Jezewski et al. of 25 studies divided into two categories: didactic or interactive.
- AD completion rates:
 - Didactic: 0% to 34%
 - Interactive: 23% to 71%

Project comparison

- Educational program among faith communities by Medvene et al.
- One community was predominantly Hispanic (4% of total participants)
- Video, questionnaire, educational materials and exercises, educational meeting to review legal and medical aspects of ADs and ask questions, 5-month nurse contact for encouragement, information and resources.
- 35% that completed the program sign an AD for the first time.

Implications

- HB2 6.1.1 The Lord has commanded members to take care of their minds and bodies. They should obey the Word of Wisdom, eat nutritious food, exercise regularly, control their weight, and get adequate sleep. They should practice good sanitation and hygiene and obtain adequate medical and dental care.
- HB2 6.2.5 The bishopric may also call other welfare specialists to help members with needs such as education, training, nutrition, sanitation, home storage, *health care*, family finances, and the Perpetual Education Fund.