

Advance Directives Completion among Asian American Church Communities

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Selected Study Aims

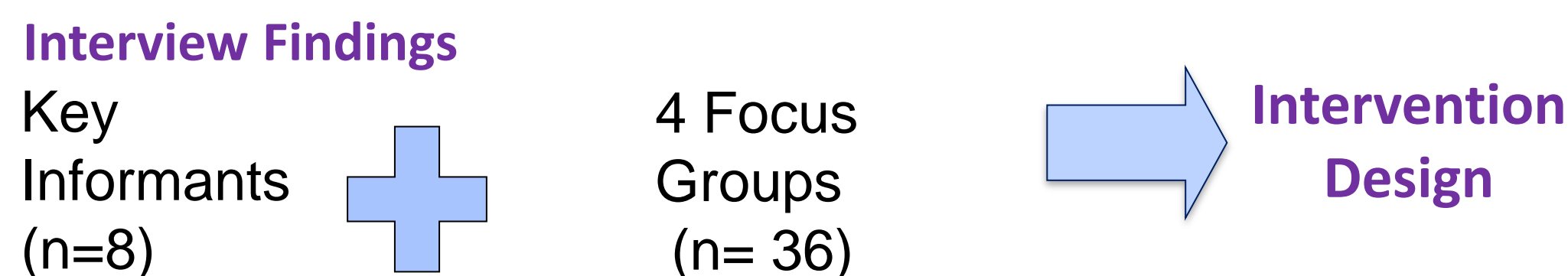
- **Design** an effective intervention involving church organizations to address advance care planning in Chinese and Vietnamese American communities.
- **Evaluate** the impact and efficacy of a faith-based intervention to increase knowledge and completion of advance directives (AD) among Chinese and Vietnamese Americans.

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

Methods

Intervention Development



Intervention Participation Criteria

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

Intervention Recruitment

- Through Church Networks and Flyers
- Promoted under general topic: How to Communicate with your Physician

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)**

4 weeks

Review/Discuss CAHDF at home and Communicate with healthcare proxy

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)

Post- Intervention Survey

*Content was standardized for Chinese and Vietnamese participants

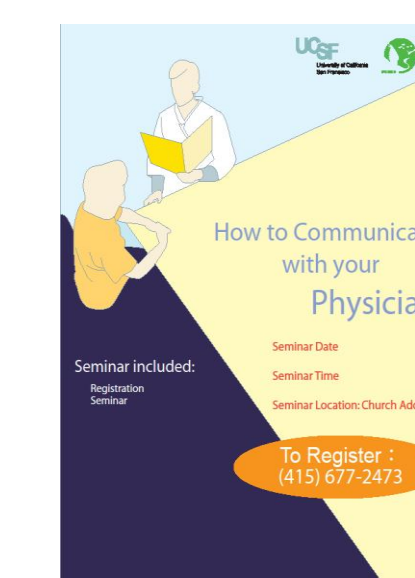
Results

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

Item	Chinese n=100 (%)	Vietnamese n=74 (%)
Mean Age (in years)	65.0 ± 12.9	62.4 ± 7.5
Birthplace		
China/Taiwan/Hong Kong	89.0	0.0
Vietnam	8.0	100.0
United States	2.0	0.0
Other	1.0	0.0
Gender: Female	72.0	55.4
English Reading Proficiency : "Somewhat well" or below	71.7	68.9
Education (High School Graduate or below)	76.0	78.6
Annual Household Income < \$25,000	52.0	45.6
Marital Status: Married	53.5	86.8
Mean Number of Children in Household	2.5 ± 1.7	4.1 ± 2.1
Self-reported Current Health Status: "Excellent," "Very Good," or "Good"	52.6	41.7
Ever had Serious or Life-Threatening Illness (Yes)	14.1	29.4

Selected Images from Sessions

Sample Session Promotion Flyer



Reverend Wong giving a presentation to church members

Study Participants



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

Results (Cont'd)

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

Item	Pre (%)	Post (%)**	p-value‡
Heard of AD	23.1	75.3	<0.0001
Had in-depth conversation with healthcare proxy about healthcare wishes	7.1	25.9	<0.0001
Completion of AD	0.0	67.2	<0.0001
If had completed an AD, would give copies to:			
• Healthcare Proxy	11.5	34.5	<0.0001
• 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

After receiving AD-related information and before receiving guided support in Session 2, AD completion rates were 5.4% (Chinese) and 20.0% (Vietnamese).

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.

Acknowledgments

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