

from these meetings contributed to the development of infographics that illustrate these concepts.

**Results** Two infographics were developed. The Life Journey Map graphic captures important moments in one's life that provide opportunities to consider planning for the future. The Life Planning graphic showcases the important three assets an individual possesses: health, finances and estates and highlights the essential documents needed to plan for and protect these assets.

**Conclusion** To improve uptake of ACP with the public, an innovative approach is needed to re-think how ACP is messaged. By utilizing a life journey and asset-based approach, we can message the importance of ACP earlier in life and to a wider audience beyond a healthcare setting. The next steps are incorporating these concepts into our website called [CompassionateAlberta.ca](http://CompassionateAlberta.ca) and evaluating impact.

## BOS2b: ACP and Culture 2

### BOS2b.001 THE ROLE OF ACCULTURATION IN THE PROCESS OF ADVANCE CARE PLANNING AMONG CHINESE IMMIGRANTS: A NARRATIVE SYSTEMATIC REVIEW

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**Background** Acculturation is the process of immigrants adapting to the host culture. It is unclear whether and how acculturation influences Chinese immigrants' engagement in advance care planning.

**Aims** To synthesize evidence regarding the role of Chinese immigrants' acculturation in their engagement in advance care planning.

**Methods** We conducted a systematic mixed-method review, registered in PROSPERO (CRD42021231822). EMBASE, MEDLINE, Web of Science, and Google Scholar were searched for publications until January 21, 2021. We included empirical studies on Chinese immigrants' acculturation and their engagement in advance care planning.

**Results** Twenty-one out of 1,112 identified articles were included in the analysis; 17 had a qualitative design, 13 originated from the United States. Three of four quantitative studies reported that higher acculturation levels were associated with better knowledge or higher rates of engagement in advance care planning. Analysis of qualitative studies showed that Chinese immigrants' engagement in advance care planning was associated with their: (1) self-perceived cultural identity (native or non-native); (2) interpretation of filial piety (traditional or modern); and (3) interpretation of autonomy (individual or familial). To facilitate their engagement, Chinese immigrants prefer an implicit approach, non-family-related initiators, contextualization of advance care planning in the Chinese culture and using Chinese language.

**Conclusion** We found that Chinese immigrants' willingness to engage in advance care planning varied with their

acculturation level. To support engagement in advance care planning, we recommend taking people's perceptions of their cultural identity, filial piety, and autonomy into consideration, as well as their preferences for a certain approach, initiator, context, and language.

### BOS2b.002 ADVANCE CARE PLANNING AMONG OLDER ADULTS OF MOROCCAN ORIGIN: AN INTERVIEW-BASED STUDY

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**Background** Advance care planning (ACP) is rare among older adults with a migration background because of social, cultural, and religious reasons. This study aimed to explore ACP-related knowledge, experience, views, facilitators, and barriers among older adults of Moroccan origin in Belgium.

**Methods** Semi-structured interviews were conducted in Darija (Moroccan Arabic). General practitioners in Brussels and Mechelen recruited participants. Data were analyzed using a combination of inductive and deductive thematic analysis techniques.

**Results** The 25 interviewees (average age, 74 years) lacked ACP knowledge and had not discussed it with healthcare professionals. After a brief explanation, most interviewees did not find ACP useful. After more extensive explanation with specific examples, they were more willing to have discussions with their general practitioners and/or relatives. The most frequently mentioned facilitator was general practitioners' provision of information; children's involvement in ACP discussions and the desire to not be dependent on children. Barriers were a lack of knowledge, procrastination due to good health, trust in one's children to take over care and make decisions, and fear of worrying one's children.

**Conclusion** Many older adults with Moroccan origin were willing to talk about advance care planning after receiving understandable information with case examples in their native language. Physicians should pay sufficient attention to the way in which ACP is described. The use of understandable language can determine the impact of ACP conversations.

### BOS2b.003 DEVELOPING A CULTURALLY APPROPRIATE ADVANCE CARE PLANNING PROGRAM IN LONG-TERM CARE FACILITIES IN CHINA: STAKEHOLDER THEORY OF CHANGE WORKSHOPS

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10.1136/spcare-2023-ACP.11

**Background** Advance care planning (ACP) is advocated as a means to centralise older people's preferences in their end-of-

life care. As a complex intervention, the development and implementation of ACP must reflect cultural considerations. However, it remains unclear how ACP can be effectively delivered in China. This study aims to develop an ACP program in long-term care facilities (LTCFs) in China.

**Methods** We conducted two workshops (one face-to-face, one online) using the theory of change (ToC) method. Forty professional stakeholders (nursing home clinical staff and managers, palliative care specialists and researchers) in China participated. Workshop data were analysed using content analysis and integrated with the results of our realist review and primary qualitative data with mechanisms and contextual influences on ACP implementation in LTCFs. A ToC map was developed to outline causal pathways through which ACP program is expected to work.

**Results** The causal pathways of ACP program started with five preconditions, including (1) Government, facility leadership and external organisations buy-in; (2) Availability of resources, such as laws and regulations, ACP team and champions, external ACP experts and referral networks; (3) Availability of ACP awareness campaigns and training in the facility; (4) Identification of residents' readiness and appropriate time to initiate ACP; (5) Conduct and review ACP communication regularly. Interventions that target preconditions include provision of assessment tools and conversation guides, training and supervision for ACP team, and regular debriefing meetings. Long-term outcomes that ACP can achieve were identified from residents (i.e. improved end-of-life care), family (i.e. reduced care and financial burden) and staff (i.e. reduced risk to legal disputes) level.

**Conclusion** Our ToC map demonstrates that ACP can contribute to dying with dignity and shifting the view of death-denying in China. This study informs ACP feasibility testing in China and provides insights into cultural adaptation of ACP in Asian countries.

#### BOS2b.004 ADVANCE CARE PLANNING- TYPE BEHAVIOURS IN OLDER NON-NATIVE LANGUAGE SPEAKERS IN SWITZERLAND

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10.1136/spcare-2023-ACP.12

**Background** Advance care planning (ACP) involves formal structured communication around future health states and wishes, however, uptake is low. Behaviours such as discussing values and expressing wishes for future care may occur informally. This study aimed to map health related communication in older non-native language speakers in Switzerland.

**Methods** Semi-structured interviews about social connections, health related communication and advance care planning-type behaviours were conducted with 44 non-native language speakers. Interviews were audio-recorded and thematic analysis was conducted directly on audio-recordings.

**Results** While some participants discussed a quite formal and deliberate 'checking in' about their own and their social connections' health, this was exceptional. Most participants indicated that they are selective about whom they communicate about their health for a variety of reasons: not to bore others, because discussing health isn't 'interesting', not wanting to

burden others with their problems, not wanting to worry loved ones who live abroad, and because they feel pressure to move closer to family to be 'looked after' in the future. Some discussed the need to 'manage' health communication according to their loved ones wishes and sensitivities about other people's health (not wanting to discuss their own health when they know that their interlocutor's health is declining). Some indicated that they have a person 'onsite' who knows about their health and wishes, who is also in contact with their family abroad, and if future health events arise, they imagine the two communicating and managing the situation well. People who had documented wishes discussed doing so after their own or others serious health event, or wanting to get their affairs 'in order'.

**Conclusion** Knowledge about informal advance care planning-type behaviours can equip clinicians with the resources to provide goal-concordant care by knowing where essential information is located within a social network.

## BOS2c: Programme Development and Evaluation

### BOS2c.001 MEASURING THE EFFECTIVENESS OF A COMPASSIONATE COMMUNITIES APPROACH TO RAISE PUBLIC AWARENESS OF ADVANCE CARE PLANNING: AN EVALUATION FRAMEWORK

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10.1136/spcare-2023-ACP.13

**Background** Raising awareness of advance care planning is essential for better preparing people for living with serious illness. A multi-year, multi-sectoral initiative is underway in Alberta, Canada (population 4.4 million) to increase public awareness and understanding of advance care planning using a Compassionate Communities approach. Here we describe the development of an evaluation framework to: 1) determine effectiveness of the initiative in raising public awareness of advance care planning, and 2) contribute to best practice and knowledge on evaluating a Compassionate Communities-based public awareness initiative.

**Methods** A literature review was undertaken to identify relevant framework(s) to guide our evaluation. Meetings were held with stakeholders to solicit feedback on the selected evaluation framework(s) and proposed measures.

**Results** A logic model was developed to synthesize the goals, inputs, audience, activities, outputs, process measures and outcome measures for the program. Process evaluation is structured around the Healthy End of Life Program Evaluation Framework, based on its public health palliative care approach to evaluation, health promotion principles, and community development approach. Outcome evaluation is structured around the Australia Palliative Care Evaluation framework to capture impacts on 'consumers' (i.e. 'the public', patients, families, carers, friends), 'providers' (i.e. professionals, volunteers, community organizations) and the 'broader care delivery system' (i.e. structures and processes, networks, relationships). Proposed process and outcome measures were refined with stakeholder input.