

Promoting Palliative Care and Advance Directive to Ethnic Minority Groups in Hong Kong: A Cultural Specific Approach

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Abstract

Background: Hong Kong is a multi-ethnic society, with over 100 thousand South Asian people. However, there is anecdotal evidence suggesting that individuals from ethnic minority groups in Hong Kong, particularly those of South Asian descent, seldom receive specialized palliative care or discuss advance directives (ADs). More actions are needed to overcome the barriers in language and culture in palliative care and ADs among the ethnic minority, to improve their level of knowledge in such area, and to increase their awareness and engagement.

Intervention: Culturally-adapted promotion is needed, such as health talks in different languages (English, Hindi, Nepali, and Urdu), supplemented with materials that are culturally adapted and immediate translation by trained lay volunteers in Hindi, Urdu and Nepalis.

Methodology: South Asian individuals who attended local ethnic-minority support centres were invited to participate in health talks on palliative care and ADs. These 1-hour talks were conducted by a trained professional and offered in English, Nepali, Hindi, or Urdu, in community centers near their neighbourhood. The materials disseminated in the talks were culturally adapted, and covered the essential topic on palliative care, advance care planning and ADs. Except for the information that were shared by the team, the talks also provided face-to-face two-way sharing and discussions between professionals, volunteers and participants.

Measurement: Data collection through questionnaire was conducted on all the participants before and after each health talk to gather information on participants' social background, as well as their knowledge (a 10-item true / false questionnaire) and opinions (yes/no questions) on the topic. These were assessed by a 10-item true / false questionnaire which was developed taking reference with Siu et al. (2010) and Yee et al. (2011). The test has been validated by an expert panel including academics and clinicians.

Percentages were calculated to describe the prevalence of these opinions. A paired sample t-test was used to compare the difference on knowledge level and their opinion towards AD after the health talk.

Results: All the 175 South Asian in the project participated the health talks and completed the questionnaires before and after the talks.

Prior to the health talks, only 20% of the participants had heard of and 20.6% understood the concept of palliative care. The awareness and understanding of ADs were even lower, at 18.3% and 17.1% respectively. After the talk, 91.4% understood the concept of palliative care, and 90.9% understood ADs. However, 53.1% of participants considered the current social promotion of ADs to be insufficient, and 35.4% still stated that they would not create any ADs in the future. In terms of knowledge about ADs, participants could only answer 2.19 questions correctly before the talk. After the talk, the number increased to 6.77 ($\Delta=4.58$, $p<0.001$).

Discussion: The open-ended feedback from the participants, which was attached at the end of the post-talk questionnaire, was generally positive. They found the talks to be informative and well-organized. However, it should be noted that the purpose of the talks was to promote the concepts rather than provide in-depth education. In the future, more case sharing and discussions can be included if participants express a desire to learn more about the concepts.

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