



Correlates of Awareness of Palliative Care, Hospice Care, and Advance Directives in a Racially and Ethnically Diverse Sample of California Adults

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Disclosures

No relevant commercial relationships to disclose



Learning Objectives

At the end of this session, participants should be able to:

1. Understand the disparities around patient awareness of palliative care, hospice care, and advance directives
2. Explore ways to eliminate barriers associated with lack of awareness of palliative care, hospice care, and advance directives



Definitions:

Palliative Care: Specialized medical care for people living with a serious illness

- ❖ Provide relief from the symptoms and stress of illness
- ❖ Can be provided along with curative treatment and does not depend on prognosis
- ❖ Goal: Improve quality of life for both the patient and the family

Hospice Care: Specialized medical care for people with a terminal illness, often <6-month prognosis

- ❖ Provide relief from the symptoms and stress of illness
- ❖ No attempts to cure the person's illness
- ❖ Goal: Improve quality of life for both the patient and the family

Advance Directive: A legal statement of a person's wishes regarding medical treatment should they be unable to communicate them to the healthcare team



Background

- Improvement in medical advances
- Racial and ethnic disparities in healthcare utilization, medical treatment and quality of care, still abound
- Health disparities in knowledge and utilization of end-of-life care options
- Reasons for these disparities are not well understood
- Few studies in this areas have racial/ethnic diverse participants



Objective

To examine correlates of awareness of palliative care, hospice care and advance directives in a racially and ethnically diverse large sample of California adults

Specifically...

Compare the impact of socio-demographic, socio-economic, and health status on this awareness between non-Hispanic Whites, non-Hispanic Blacks and Hispanic adults



Data collection

- Ipsos Knowledge Panel; Random; Address-based sampling
- Current study - limited to adults > 18 y.o.
- Survey; Cross-sectional; June-July 2019



Outcome Variable

“Have you ever heard of any of the following terms:”

- Palliative care?
- Hospice care?
- Advance directive?

Yes

I am not sure

No



Independent Variables

- Demographic and socioeconomic characteristics
 - *Gender, age, educational attainment, marital status, race/ethnicity, and household income*
- Number of chronic conditions (#)
- Primary care provider (yes/no)
- Informal healthcare experience (yes/no)
 - Lost a loved one, or made decisions about a loved one's end-of-life care, past 2 years



Methods-Statistical Analysis

- Analysis of data accounting for the design and sample weight
- Descriptive statistics
- Bivariate statistics
 - Chi-square or ANOVA
- Multiple logistic regression
 - Presented as Adjusted Odds Ratios (AOR); 95% confidence interval; p-values $\neq < 0.05$



Results

Characteristics of Sample (n = 2,328)		
	n	%
Gender		
Male	979	42.1
Female	1349	57.9
Age		
18 – 29	409	17.6
30 – 44	566	24.3
45 - 59	611	26.2
≥ 60	742	31.9
Education		
No high school diploma	186	8.0
High school diploma	524	22.5
Some college	863	37.1
Bachelor's degree or higher	755	32.4



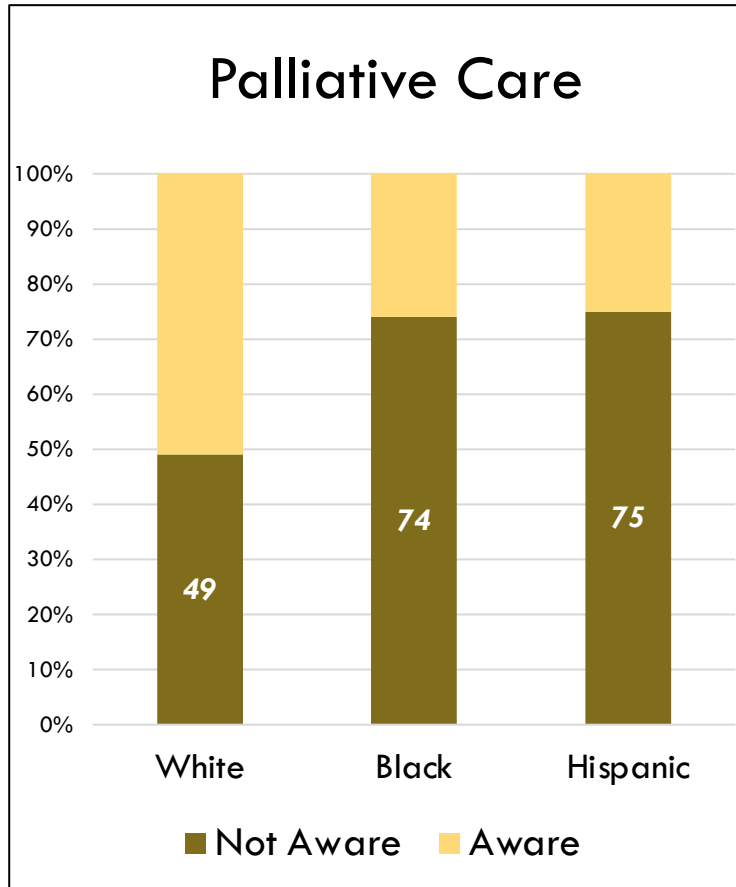
Results

Characteristics of Sample (n = 2,328)		
	n	%
Household income		
Under 150%	873	37.5
150% - 399%	797	34.2
≥ 400%	658	28.3
Informal healthcare experience		
No	2057	87.7
Yes	289	12.3
		Mean ± SD
Number of Chronic Conditions (1 to 13)		1.33 ± 1.57
Race/Ethnicity		
Non-Hispanic Black	704	30.2
Hispanic	711	30.5
Non-Hispanic White	913	39.2
Access to Primary Care Provider		
No	405	17.4
Yes	1919	82.6

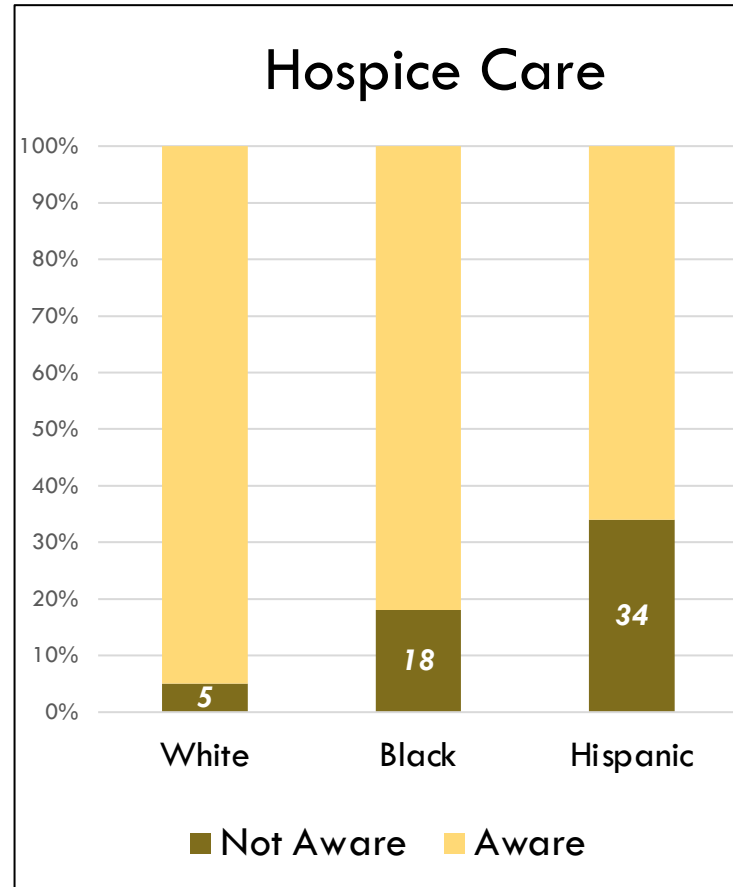


Results: Bivariate*

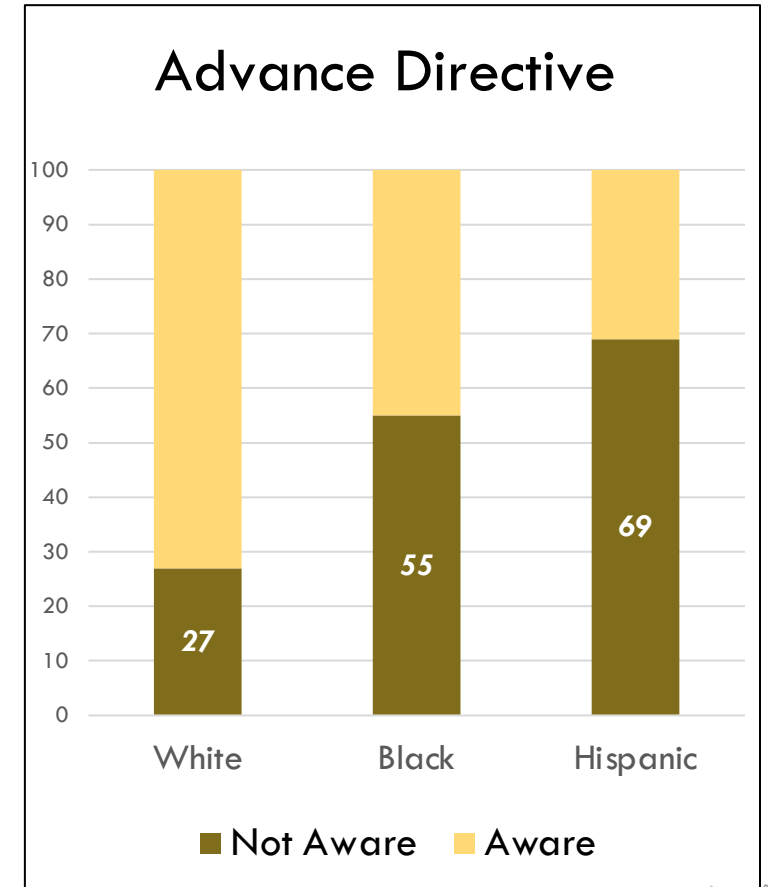
Awareness differences by race/ethnicity



P=<.001



P=<.001









P=<.001

*Unadjusted



Results: Multivariate Logistic Regression

Awareness 'yes' and race/ethnicity




	Palliative Care	Hospice Care	Advance Directive
	Adjusted odds ratio of Whites being more aware		
White Vs Black	 2.5x	 2.3x	 2.3x
Whites Vs Hispanic	 2.0x	 4.3x	 3.3x

Adjusted for gender, age, education, marital status, household income, primary care provider, no. of chronic disease and caregiver status



Results: Multivariate Logistic Regression

Awareness 'yes' and access to a PCP

	Palliative Care	Hospice Care	Advance Directive
	Adjusted odds ratio of being more aware		
Has access to PCP	 1.5x	 1.3x	 1.7x

Adjusted for gender, age, education, marital status, household income, primary care provider, no. of chronic disease and caregiver status



Other Findings

- Female gender, older age, higher education, higher income, and having more chronic conditions were all significantly associated with more awareness of palliative care, hospice care and advance directive
- Recently lost a loved one or made decisions about a loved one's end-of-life care were more aware of palliative care and advance directives, but not hospice care



Discussion: Other studies

- 2018 Health Information Trends Survey – 74% of Blacks in the US did not know palliative care and confused it with hospice care [Flieger SP, et al. 2020]
- Minorities less likely to know about Advance Directives, and more likely to be dissatisfied with the process [Noh H, et al. 2018]
- End-of-life care reading materials poorly designed, not culturally tailored, not catered to low-literate individuals [Ache KA et al. 2009]
- Lack of access to a PCP may cause significant gaps in continuity of care and lack of confidence in the healthcare system, ultimately less awareness about end-of-life care options [Baker R, et al. 2020]



Strengths/Limitations

Strengths:

- Large, diverse sample
- Helps fill gap on minority research in this area
- Several confounders considered in models

Limitations:

- Self-reported information
- Cross sectional study, cannot infer causation



Summary

1. Overall lack of awareness of all three end-of-life care options among California adults
 - *Palliative care is least known*
2. Black and Hispanic minorities less likely to be aware of all three end-of-life care options compared to Whites
3. Having a PCP increased awareness, but many are still unaware of these options
4. Other demographic factors may explain lack of awareness



Factors contributing to end-of-life care options are complex and likely driven by historical, social, and cultural mechanisms at the individual, community, and organizational levels



Implications

Delivery:

- Innovative methods to improve knowledge
- Communication methods - culturally tailored and right literacy level

Training:

- Revisit PA curriculum to provide more actionable training
- Train a variety of members of the healthcare team

Systems/Policy/Infrastructure

- Incorporate in system workflow in all healthcare settings
- Build culturally sensitive and multidisciplinary healthcare teams
- Develop policies that incentivize providers and patients
- Explore community-based collaborative models



Why PAs?

- Already trained to collaborate with other healthcare team members
- Trained to communicate effectively, culturally appropriate manner
- Work with all types of patients/families in all healthcare settings



Conclusion

- Awareness of end-of-life care options is largely influenced by race and ethnicity, access to PCP and other demographic factors
- More research needed to understand barriers and develop interventions
- PAs have an opportunity to be change leaders in increasing end-of-life care education for patients and their families



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Thank You



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