

theme. Videos included a cultural explanation of the need for such communication.

Conclusion. Partnering with RSAA pastors and healthcare providers resulted in the development of a series of training videos that focus on culturally respectful communication methods for clinicians caring for RSAs with serious illness.

Implications for Research, Policy, or Practice. Enhancing clinicians' knowledge of culturally appropriate communication has the potential to build trust and meet RSAA patients' goals of care.

Engaging Diverse English- and Spanish-Speaking Older Adults in Advance Care Planning: The PREPARE Randomized Clinical Trial (FR421D)



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Objectives

- Describe the design and implementation of free, easy-to-use, patient facing advance care planning tools (www.prepareforyourcare.org), particularly for vulnerable and disenfranchised populations.
- Describe the comparative efficacy of an online advance care planning program called PREPARE (www.prepareforyourcare.org) plus an easy-to-read (5th-grade reading level) advance directive versus an advance directive alone on new advance care planning documentation and self-reported advance care planning engagement without additional clinician or system-level interventions.

Original Research Background. Advance care planning (ACP) improves value-aligned care; yet, it remains sub-optimal among diverse patient populations. To mitigate literacy, cultural, and language barriers, we created easy-to-read advance directives (ADs) and a patient-directed, online ACP program called PREPARE in English and Spanish.

Research Objectives. To compare the efficacy of PREPARE plus an easy-to-read AD (PREPARE arm) to an AD alone to increase ACP documentation and patient-reported engagement.

Methods. We conducted a comparative efficacy randomized trial from February 2014 to November 2017 in four San Francisco, safety-net, primary-care clinics among English- or Spanish-speaking adults age ≥ 55 years, with ≥ 2 chronic or serious illnesses. Participants

were randomized to the PREPARE arm or the AD alone. There were no clinician/system-level interventions. Staff were blinded for all follow-up assessments. The primary outcome was new ACP (i.e., legal forms and/or documented discussions) at 15 months. Patient-reported outcomes included ACP engagement at baseline; 1 week; and 3, 6, and 12 months using validated surveys. We used intention-to-treat, mixed-effects logistic and linear regression, controlling for time, health literacy and baseline ACP, clustering by physician, and stratifying by language.

Results. The mean (SD) age of 986 participants was 63.3 years (± 6.4); 39.7% had limited health literacy; and 45% were Spanish-speaking. No participant characteristic differed between arms; retention was 85.9%. Compared to the AD alone, PREPARE resulted in higher ACP documentation (adjusted 43% vs. 32%; $p < 0.001$) and higher self-reported increased ACP engagement (98.1% vs. 89.5%; $p < 0.001$). Results remained significant among English and Spanish speakers.

Conclusion. The patient-facing PREPARE program and an easy-to-read AD, without clinician/system-level interventions, increased ACP documentation and patient-reported engagement, with statistically higher gains for PREPARE for both English- and Spanish-speaking older adults.

Implications for Research, Policy, or Practice. These tools may mitigate literacy and language barriers to ACP, allow patients to begin planning on their own, and could substantially improve the process for diverse, English- and Spanish-speaking populations.

1:30–2:30 pm

Concurrent Sessions

The Practice of Palliative Medicine in Developing Countries—Part One (FR430)



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Objectives

- Learn how physicians in specific countries provide palliative care to their patient populations often with limited resources.
- Recognize specific cultural and political challenges to developing palliative care clinical, educational and research programs.
- Describe roles of different health care providers practicing palliative care and how they meet the needs of their local populations.