

10:15 am - 11:45 am

Concurrent Session 1H

***Culturally-Competent Oncology, Hospice and Palliative Care for Latinx, Chinese, and Korean Immigrants: Clinical and Research Perspectives**

*1.5 hours for Social Work CEU's will be given for this session.

In-Person Only

Speakers: Cathy Berkman, Grace R. Downs-Liguori, Xiaofang Liu, Hing Lin (Helen) Sit, Mi (Emma) Zhou, Preferred time:

This session will include three linked presentations:

1. Pathways to Culturally-Adapted Cancer Care: Clinical Work and Program Development with Latinx and Chinese Immigrant Patients
Presenters: Grace R. Downs-Liguori, Hing Lin (Helen) Sit, Mi (Emma) Zhou
2. Attitudes and Preferences of Chinese and Korean American Older Adults about Advance Care Planning
Presenters: Cathy Berkman and Xiaofang Liu
3. Attitudes and Preferences of Chinese American Older Adults about Hospice Care
Presenters: Xiaofang Liu and Cathy Berkman

Pathways to Culturally-Adapted Cancer Care: Clinical Work and Program Development with Latinx and Chinese Immigrant Patients

This presentation will explore the challenges, barriers and opportunities in the delivery of culturally-responsive cancer care for patients in the Chinese and Latinx immigrant New York City community. Disparities in cancer diagnosis, treatment, and outcomes drawn from the literature will be presented to frame why culturally-responsive treatment is crucial to improve the engagement and outcomes of these large and growing groups. Instructors will guide participants through the assessment and intervention process with these populations and will discuss their clinical work with immigrant cancer patients. Grace will present her experience as the only oncology social worker in a community hospital where a large number of Latinx immigrants receive their care. Emma will present the process of developing culturally-tailored cancer-supportive services for Chinese immigrant patients, barriers encountered during the program building process, and the strategies for reaching out to Chinese immigrant cancer patients and recruiting them to the program. Helen will present her experience working with older Chinese immigrants in the VNS Health Chinatown Neighborhood Naturally Occurring Retirement Community. Emma and Helen will also highlight the collaboration between a cancer center and a community-based organization in outreach efforts to the Chinese immigrant community. Participants will learn important cultural values for both populations and the role they play in engagement in healthcare and decision-making, barriers in engaging these groups in advance care planning and psychosocial support, as well as best practices on providing culturally-responsive care to these groups.

Chinese and Korean American Older Adults' Knowledge, Attitudes and Behaviors Related to Advance Care Planning

Chinese and Korean American older adults are at risk for receiving unwanted care when they are seriously ill or near the end of life. This presentation reports on the findings from a cross-sectional study of 490 participants recruited from eight older adult centers in two

predominantly Chinese neighborhoods and a large predominantly Korean neighborhoods in NYC. Interviews were conducted in Mandarin, Cantonese, and Korean. Study participants had poor knowledge and misconceptions about healthcare surrogates and living wills. Few had completed an advance directive or discussed their treatment preferences with either their family or their healthcare provider. The presentation will include how sociodemographic characteristics are related to their knowledge, attitudes and behaviors. We will also report on findings from a substudy of adult children of 80 of the older adult respondents who were the actual or likely surrogate for them. Findings from the substudy revealed that the adult children: 1) were not aware of their parent's end-of-life preferences; and 2) had different preferences for end-of-life care than their parent.

Attitudes and Preferences of Chinese American Older Adults about Hospice Care

The underutilization of hospice care services among the minority groups remains a persistent concern. This presentation shares the findings from a cross-sectional study of 262 Chinese American immigrants aged 60 and older, recruited from six older adult centers in NYC. Interviews were conducted in Mandarin and Chinese. Results indicated that non-English-speaking older Chinese immigrants had limited knowledge about hospice care. However, after receiving a comprehensive definition of hospice, participants generally expressed positive attitudes and a strong willingness to use hospice services when near the end of life. There were many misconceptions about hospice and these were associated with less favorable preferences toward hospice care. Additionally, the adult children of 40 of the participants were surveyed to examine the alignment of their awareness, attitudes, and preferences regarding hospice compared with their parent. There was significant incongruence in the parent-child dyads, underscoring the critical need for culturally-tailored education and interventions to facilitate open discussions and promote patient-centered end-of-life care for this population.

Learning Objectives

1. Describe at least three strategies to facilitate engagement with cancer patients from the Latinx and Chinese communities.
2. Identify micro and macro strategies to collaborate with community-based agencies to provide quality psychosocial services for cancer patients from the Latinx and Chinese communities.
3. Identify at least three barriers for Chinese and Latinx immigrant cancer patients to access psychosocial support services and how to navigate these.
4. Describe Chinese and Korean American older adults' knowledge, attitudes, and behavior about advance care planning.
5. Describe the lack of congruity for end-of-life preferences between Chinese and Korean American older adults and the adult children who will be their healthcare surrogate.
6. Describe Chinese American older adults' knowledge and attitudes about hospice and lack of congruity with their adult children.

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