

Factors Affecting the Completion of Advance Care Planning and End-of-Life (EOL) Care Decisions Among Older Korean Americans in Rural America

Learning Objective:

1. Through this scholarly presentation, attendees will have an enhanced understanding of the considerations required for developing a culturally competent intervention to promote advance care planning and end-of-life decision-making among elderly Korean immigrant individuals living in rural regions of the United States.
2. This presentation will aim to increase attendees' awareness of the needs of racial and ethnic minority populations, often overlooked by the social welfare and health care system.
3. This presentation will motivate participants to discuss social work advocacy strategies for empowering senior Korean immigrants in the community to exercise their right to a dignified end of life.

Abstract: The growing number of older Korean Americans necessitates understanding the factors influencing advance care planning and end-of-life care decisions. Despite some existing studies on end-of-life planning among older Korean Americans and their families, more is needed to know about the factors influencing their preferences for advance directives (ADs), explicitly focusing on cultural factors such as acculturation and filial piety. Furthermore, research has not focused on older Korean Americans in rural communities.

Through this mixed-method approach involving eight snowball and convenience samples, this study explored the following research questions: What factors influence Korean elderly Americans' end-of-life care and planning? How do cultural factors, including filial piety and acculturation, impact their end-of-life care and planning? Data were collected through one-hour, in-depth, face-to-face interviews conducted in Korean, per participants' preference. There were four male participants with a mean age of 66.5 years (SD=4.12). On average, they had lived in the U.S. for 34.2 years (SD=12.6 years). Despite their extended residence in the U.S., all participants still identified themselves as Korean rather than adopting the identity of Korean Americans. In qualitative interviews, several significant factors emerged that prompted participants to consider completing ADs, including their advancing age, medical condition, treatment options, family well-being, and financial situation. Also, no cultural factors, including acculturation and filial piety, were linked to completing advance directives.

The study findings offer valuable insights into the timing and approach needed for discussing end-of-life care and decisions when working with Korean immigrant older adults in rural areas.

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Bio: Junghee Han, MSW, Ph.D., is an Assistant Professor of Social Work at the University of Southern Indiana (USI). She has worked in the field of aging and disability for seven years in S. Korea and the U.S. She received a Ph.D. from Fordham School of Social Services and an MSW from Washington University in St. Louis. She has worked as a faculty member of the USI since 2020.

She is particularly interested in advancing health equity for racial and ethnic minorities and specializing in palliative care and hospice services for unique populations, including racial and ethnic minorities and incarcerated individuals. Her research and interests also extend to minority mental health and promoting productive aging.