

Advance Directive Promotion in the Community Setting

Erin Dugan

Nebraska Methodist College

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Dr. Lyndsi Hall

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ADVANCE DIRECTIVE PROMOTION

Table of Contents

Abstract.....3

Overview.....4

 Problem Description4

 Available Knowledge.....6

 Rationale8

 Purpose.....10

Methods.....10

 Context.....10

 Intervention(s).....11

 Study of the Intervention(s)12

 Measures12

 Analysis.....13

 Ethical Considerations14

 Results.....15

Discussion.....15

 Summary.....15

 Interpretation.....16

 Limitations.....16

Conclusions.....16

References.....18

ADVANCE DIRECTIVE PROMOTION

Abstract

Problem: An advance directive is a recognized legal document that expresses a person's own wishes and values which will guide medical decision making in the event of serious illness or incapacity. Despite many ongoing efforts to increase civic awareness, advance directive completion rates remain historically low and the need for a standardized approach to advance care planning discussion has been extensively supported within the literature.

Intervention: The purpose of this project was to implement an oral discussion forum and enhanced informational session within the community setting to increase the intention to complete an advance directive form among adults aged 55 and older. The Honoring Choices campaign was utilized as a guide for facilitating the program.

Measures: Efficacy of the project was measured using a pre- and post-test consisting of the 9-item Advance Care Planning Engagement Survey.

Results: There was not a significant difference between participants' readiness scores before or after the intervention, suggesting that individuals who participated in the intervention were not significantly more ready to complete an advance directive ($p = 0.67$).

Conclusion: Stagnant advance directive completion rates among individuals in the United States is a civic health issue impacting all adults. Findings from this project suggest that one, hour-long educational information session does not result in an increased intention to complete an advance directive and further research in the area is still a recognized need.

Keywords: advance directive, advance care planning, completion readiness, community knowledge, oral discussion, informational session

ADVANCE DIRECTIVE PROMOTION

Advance Directive Promotion in the Community Setting

Advance directives, in the form of a living will or power of attorney, are utilized to guide medical decision making, promote autonomy, and ensure their wishes are carried out in the event they are unable to speak for themselves. Despite multiple previous efforts to increase completion rates, an analysis conducted by Enguidanos and Ailshire (2017) found that just 25.4% of a population sample aged 50-74 possessed a completed advance directive document. Spoelhof and Elliott (2012) attribute historically low advance directive completion rates to multiple barriers including patient lack of knowledge, inaccessibility, and the desire and comfortability of physicians initiating the discussion. The purpose of this study was to implement an oral discussion forum and enhanced informational session in the community setting, to determine if these discussion forums result in an increase in intention to complete advance directive forms. By applying the established rapport between community member and healthcare provider, starting discussions early and having them often, and continually assessing advance directive completion readiness, many of the previously identified barriers can be overcome.

Overview

Problem Description

An advance directive is a recognized legal document that expresses a person's own wishes and values which will guide medical decision making in the event of serious illness or incapacity (Yadav et al., 2017). Advance directives allow patients to maintain control of their independence and receive the care they desire. As it is unrealistic that a person would be able to predict a period of incapacity, completing an advance directive is essential regardless of age or health status. Despite many ongoing efforts to increase civic awareness, a community health needs assessment conducted in the metro area of a city in a large Midwestern State identified

ADVANCE DIRECTIVE PROMOTION

only 31.9% of individuals as having a completed advance directive (CHI Health Immanuel, 2019). Declining or stagnant rates were noted particularly in the northeast, northwest, and southeast areas of the city. Barriers to obtaining health information identified by those communities were primarily related to the ease of understanding both written and orally presented information, as well as confidence in completing health forms. A systematic review of 55 studies conducted by Bravo et al. (2008) identified the most successful intervention to increasing rates of advance directive completion as repeated oral discussions, provided over multiple encounters that frequently evaluate individual participant needs. Furthermore, interactive discussions that take place in a trusted setting allows for participants to ask questions, clarify concepts, and inspire further discussion regarding personal health status (Jezewski et al., 2007). Based on this information, the PICOT statement developed for this project is in participants aged 55 and older, does the implementation of an oral discussion forum and enhanced informational session regarding advance directive planning in the community setting, result in advance directive forms being completed after one informational session.

An intended outcome of this study was to increase participant knowledge and facilitate improved informational discussion sessions to gauge participant willingness to complete an advance directive, particularly amongst participants aged 55 and older. Definitive outcome success for the intended study was ultimately evaluated using quantitative and qualitative data collected from community members via individual questionnaires dispersed both before implementation of the proposed intervention, as well as at the end of the informational session period. Questionnaires were specifically aimed at assessing individual advance directive knowledge, receptiveness and effectiveness of increased education, and presence of an existing or recently completed advance directive.

ADVANCE DIRECTIVE PROMOTION

Available Knowledge

Population

There is an abundance of literature targeting the proposed population of adults aged 55 and older. Enguidanos and Ailshire (2017) found that just 25.4% of a population sample aged 50-74 possessed a completed advance directive document. This statistic was further supported in a study by Rao et al. (2014) which reported that 74.7% of total participants, 31.7% of which were adults aged 55 or older, did not have an advance directive in place. Within the metro area of this Midwestern State specifically, a community health needs assessment identified only 31.9% of County residents as having a completed document (CHI Health Immanuel, 2019). Moreover, a recommended area of improvement explicitly identified by Yadav et al. (2017) includes concentrating future advance directive initiatives on increasing completion rates amongst those most likely to benefit, as well as healthy adults, thus maximizing both significance and efficacy.

Intervention

The need for a standardized approach to advance care planning discussion is extensively supported within the literature. Rao et al. (2014) found that the most common reason cited by US adults for not having a completed advance directive was lack of awareness, with almost 50% of study respondents reporting never having had any discussion whatsoever in the event of serious illness. Overall lack of knowledge was also demonstrated as a significant barrier in a study conducted by McLennan et al. (2015) with participants reporting avoidance of advance directive completion due to fear, mistrust, and concerns over perceived lack of control. The authors specifically recommend that enhanced communication strategies be tailored to a wider variety of race, ethnicity, and education levels. An extensive systematic review conducted by Bravo et al. (2008) found that the most successful intervention for increasing directive completion rates was

ADVANCE DIRECTIVE PROMOTION

repeated oral discussion, provided over multiple encounters. Yadav et al. (2017) also conducted a significant systematic review which concluded that proactive advance care planning provided in the primary care setting is achievable, can promote patient autonomy, support independent preferences, reduce burdensome, costly, or nonbeneficial treatment, and promote an individualized end of life plan.

Outcomes

An intended outcome of this project was to increase participant knowledge and facilitate increased willingness to complete an advance directive. Misconceptions regarding advance directive relevancy related to age and health status, as well as issues with fear and mistrust were identified by McLennan et al. (2015), all of which could be easily addressed with the proposed intervention. Holland et al. (2017) found that conducting initial and ongoing advance directive discussion in the primary care setting is ultimately achievable and may improve patient outcomes.

An additional intended result was to expand overall advance directive completion readiness rates among participants aged 55 and older. McLennan et al. (2015) identified major barriers associated with successful completion including lack of knowledge or understanding, misinformation, inaccessibility, and discomfort with discussion. Complexity of documents was also identified as a major barrier in studies conducted by both McLennan et al. (2015) and Solis et al. (2018). These obstacles could be overcome with the proposed intervention by increasing dialogue and available knowledge surrounding advance care planning, address any misconceptions, and assist with deciphering terminology within advance directive documents.

ADVANCE DIRECTIVE PROMOTION

Timeline

During an extensive systematic review and meta-analysis conducted by Solis et al. (2018), the authors found that delayed follow-up, longer than 30 days post intervention, was identified as a major barrier to successfully completing an advance directive. Additionally, a significant barrier identified within multiple studies during the meta-analysis included limited discussion due to time constraints for both patient and provider during a clinical visit (Solis et al., 2018). Thus, the proposed intervention took place during one scheduled meeting with subsequent analysis completed in the two weeks following.

Rationale

The Iowa model of Research-Based Practice to Promote Quality Care primarily focuses on guiding practitioners in the use of research evidence to evaluate everyday patient care, and improve healthcare outcomes (Titler, 2010). This framework was developed by a team of nurses from the University of Iowa Hospitals and Clinics (UIHC) and College of Nursing, and incorporates research utilization, integration of multiple evidentiary levels, and strategies for assimilating positive practice change (Collaborative et al., 2017). There are several foundations which this model is rooted in including teamwork and evaluation as a central contributor to successful application of evidence-based practice (EBP) (Titler, 2010). EBP is also classified as a continuous process and not a singular event (Titler, 2010). The Iowa model has consistently demonstrated efficacy within various clinical and scholarly settings and has historically been widely used as a practical guide for integrating research-based processes (Collaborative et al., 2017).

The Iowa model begins by identifying a primary problem that generates an inquiry related to current healthcare practices and how they may be improved through the use of

ADVANCE DIRECTIVE PROMOTION

evidentiary research (Titler, 2010). The practice problem being investigated within the proposed project was: “In participants aged 55 and older, does the implementation of an oral discussion forum and enhanced informational session regarding advance directive planning in the primary care/community setting, result in an increase in intention to complete advance directive forms after one informational session?”

The next phase of the Iowa model entails conducting a review of available literature to ensure that there is an adequate number of reports to utilize as a foundation for practice change. While priority is given to studies guided by high proportions of EBP, other types of evidence may be utilized including case reports or expert opinions (Titler, 2010). The literature matrix included within this project reinforces the need for practice change related to advance directive completion rates among the target audience, as well as offers an extensive analysis of potential facilitators, barriers, and EBP interventions related to the identified practice problem.

The final phase of the Iowa model framework involves the development of an EBP guideline derived from the available evidence (Titler, 2010). The guideline proposed within this project were aimed at implementing enhanced information sessions and oral discussion forums in the community setting, which would target successful advance directive completion rates among participants aged 55 and older. Implementation of this project was introduced as part of a planned practice change and was first applied to a small group of members of the Community Center 55+ Club. Once the proposed practice change was successfully implemented among the focus group, an evaluation took place. Statistical data was analyzed for significant findings or modifications that had been identified, as well as examined whether the intended outcomes of the project were adequately met.

ADVANCE DIRECTIVE PROMOTION

The Iowa model of Research-Based Practice to Promote Quality Care has been extensively applied in both current and historical literature as an industry standard for practical implementation of the EBP process. The Iowa model has successfully demonstrated efficacy as a dynamic resource for clinicians to evaluate and apply pertinent research findings into day-to-day patient care and provides a practical, foundational framework with which the proposed project was guided (Collaborative et al., 2017).

Purpose

The purpose of this project was to answer the clinical question, “In participants aged 55 and older, does the implementation of an oral discussion forum and enhanced informational session regarding advance directive planning in the primary care/community setting, result in an increase in intention to complete advance directive forms after one informational session?”

Methods

Context

The intervention proposed within this project was completed at a local community center situated within the suburbs of a large Midwestern State. This community center serves a population comprised of mostly middle-class families where 89% of households are Caucasian, and the median income is \$80,619 (United States Census Bureau, 2019). Amenities provided by the facility contribute to the organization’s core mission by offering dedicated services for individuals through educational, recreational, nutritional, and social programs (City of Papillion, 2021). In accordance with this mission statement, the facility at large offers several resources to the surrounding residents however, one senior service group in particular will be targeted as they exclusively tailor to individuals aged 55 and older. While this group consistently maintains as many as 50 active members, statistics show a potential outreach population of almost 2,000

ADVANCE DIRECTIVE PROMOTION

residents or nearly 20% of the surrounding region that is aged 55 or older (United States Census Bureau, 2019). Implementation of the proposed evidence-based project in unison with the identified senior service group presented an invaluable opportunity to speak with an established audience, in a recognized setting, as well as allowed for an expanded outreach effort and ultimately facilitated greater program success.

Intervention(s)

Program participants were notified via meeting information posted on the community center website and senior group event calendar. The meeting was one-hour in length, offered on one occasion, and was facilitated by a Doctor of Nursing Practice (DNP) student from a local nursing college. Prior to the start of the meeting, participants were asked to complete a pre-intervention survey to assess current levels of knowledge related to advance directives and gauge receptiveness to increased education. The program then began with an introduction of the speaker and included a brief overview of the program agenda, as well as discussed, the background of the Honoring Choices (2021) campaign which was utilized as a guide for facilitating the program.

Honoring Choices (2021) is an advance care planning initiative led by the Minnesota Twin Cities Medical Society. The initiative is dedicated to the promotion of enhanced education and ongoing dialogue surrounding an individual's future healthcare goals and is ultimately committed to ensuring that those goals and care choices are fulfilled. The campaign offers free online educational materials and videos including a general guide for starting discussions, personal testimonials and explanations, informational sheets on various important life-sustaining measures, considerations for choosing a health care agent, examples of when a directive may be

ADVANCE DIRECTIVE PROMOTION

used, and means for completing an advance directive online. These resources were used as a guide for facilitating the first 45-minutes of the program meeting.

Once the informational portion of the session was complete, a 15-minute opportunity for review and reflection was provided wherein participants were able to ask questions, seek further clarification or discussion, and offer feedback. Participants were then asked to complete a post-intervention survey to assess for enhanced knowledge regarding advance directives and examine efficacy of the educational interventions offered throughout the program.

Study of the Intervention(s)

The 9-item Advance Care Planning Engagement Survey was developed and validated to effectively measure individual involvement in advance care planning and can be used to measure overall response to an advance directive specific intervention (The Regents of the University of California, 2020). The 9-item survey was adapted from the original 82-item version which took an average of 50 minutes to administer. In addition to greater expedience, the compacted version has also demonstrated comparable results in detecting advance care planning changes and provides a more efficient way for assessing the true value of an advance directive intervention (Shi et al., 2019). The survey utilizes a 5-point Likert scale response option with 1 being representative of no knowledge on the subject and indicating a lack of readiness to complete a directive, and 5 being representative of extensive knowledge and indicating an increased readiness to complete a directive.

A copy of the survey was distributed to participants prior to and immediately following the educational session intervention. Survey responses were then used to examine overall efficacy of the program in enhancing individual knowledge base and increasing intent to complete an advance directive.

ADVANCE DIRECTIVE PROMOTION

Measures

The 9-item Advance Care Planning Engagement Survey is a validated questionnaire that has been modified from the original 82-item evaluation form and was used to measure efficacy of the intervention outcomes outlined within the proposed project. The survey utilizes a 5-point Likert scale approach to detect and measure changes in behavior in response to an identified advance directive intervention (The Regents of the University of California, 2020). The survey focuses on 4 specific behavior change domains including knowledge, contemplation, self-efficacy, and readiness (The Regents of the University of California, 2020). As the original survey requires an extensive amount of time to administer, Shi et al. (2019) studied progressively more condensed versions of the survey to enhance both the efficacy and efficiency of data collection. The study ultimately found that the 9-item survey is an acceptable, psychometrically sound alternative to the full 82-item survey in most broad clinical and research settings (Shi et al., 2019). Validity and reliability for the 9-item survey was conducted by Sudore et al. (2017) which revealed a Cronbach's alpha of 0.89 ($P < 0.001$), and a Pearson correlation coefficient of 0.89 ($P < 0.001$) when using the original 82-item form as a comparison. Permission to use this survey for the purposes of the proposed evidence-based project is approved under the Creative Commons Attribution – Non-Commercial – Share Alike 4.0 International License which allows the survey material to be copied, redistributed, and adapted.

Analysis

Quantitative data was gathered from the pre- and post-intervention surveys. Behavior-change scores related to self-efficacy and readiness were then measured by calculating the sum of the 9 survey items on each separate questionnaire. The numerical value of this comprehensive sum may range from 9 to 45. Mean scores from the pre- and post- intervention data were then

ADVANCE DIRECTIVE PROMOTION

evaluated using Microsoft Excel as well as a dependent *t*-test to evaluate whether there was a statistical significance which would ultimately support the intervention. Anonymity of responses were maintained by distributing paired surveys to participants which were marked with matching numerical digits. Only questionnaires that had been completed in full were incorporated in the analysis, any surveys with missing data were excluded, and overall accuracy of the data set was confirmed via manual verification. Additionally, the consultation services of a capstone statistician were available as needed for data analysis support.

Ethical Considerations

Prior to implementing the proposed practice project, Institutional Review Board (IRB) approval was attained, and Collaborative Institutional Training Initiative (CITI) completed by the principal investigator and faculty advisor. There have been no personal or professional conflicts of interest identified between the principal investigator and the clinical partner agency. Confidentiality of pre- and post-intervention responses was maintained by issuing paired paper copies of the 9-item surveys marked with matching numerical digits. Utilization of this process prevented the collection of any personal identifying information while still allowing for data comparison. Final statistical data was recorded on a password-secured computer. Prior to being formally shredded and destroyed, paper documents collected from participants was kept in a locked filing cabinet that is only accessible to the principal investigator. Subject participation was voluntary and not incentivized, with minimal associated risk. Therefore, informed consent was assumed based on completion of the 9-item surveys. However, written information was made available to participants regarding the intent of the program, as well as the presence of a waived consent.

ADVANCE DIRECTIVE PROMOTION

Results

Twenty-two individuals participated in the intervention. Eight participants were excluded due to incompleteness of one or both of the surveys, leaving 14 paired surveys for analysis. There was not a significant difference between participants' readiness scores before ($M = 38.21$, $SD = 7.41$) and after ($M = 38.93$, $SD = 5.73$) the intervention. These data suggest that individuals who participated in the intervention were not significantly more ready to complete an advance directive ($t(13) = -0.48$, $p = 0.67$).

Discussion

Summary

This project evaluated the efficacy of a community-based enhanced informal session and oral discussion forum, on increasing participant's intention to complete an advance directive. Ultimately, there was not a significant positive association between this intervention and an increase in intent. Thorough analysis of the data collected over the course of this project suggested that a significantly limited proportion of participants aged 55 and older showed an enhanced intent to complete an advance directive after partaking in the interventional program.

Despite these findings, there was a substantial strength identified throughout implementation of the project which was the opportunity for open, honest discussions with community members. This approach allowed for knowledge sharing amongst participants within a comfortable, safe environment. Many participants noted after the program that they felt more confident in discussing the subject with their loved ones, and more informed on the true importance of a document and when it would be utilized.

ADVANCE DIRECTIVE PROMOTION

Interpretation

In addition to the immediate data analysis results, several of the previously identified outcomes were addressed throughout the discussion portion of the project. There were various questions asked by participants which offered opportunities for further clarification regarding the overall importance of advance directives, specific components of a document, and the steps in the comprehensive completion process. Numerous participants were unaware of recommendations that individuals name an alternate power of attorney in the event that the primary party is unable to fulfill their duties. Additionally, multiple participants were uninformed on where they could obtain blank directive documents, or that there are several freely available resources that can assist with completion.

The differences in anticipated and observed outcomes could potentially be attributed to a lack of diversity among participants. Efficacy of the program could have been enhanced by recruiting a broader population sample that included a more comprehensive age range with more culturally, and racially inclusive persons as initially recommended by Yadav et al. (2017). Additionally, recommendations initially brought forth by Bravo et al. (2008) could have enhanced overall value of the program by offering repeated discussions over multiple encounters, rather than one singular presentation.

Limitations

Limitations to the project include a uniform participant sample consisting of similar age, race, cultural background, and socioeconomic standing which may affect generalizability of results to more diverse populations. Another limitation was the condensed time frame for presentation, interactive discussion, and data collection which may affect reliability or internal validity of results.

ADVANCE DIRECTIVE PROMOTION

Conclusions

The revised standard for quality improvement reporting excellence (SQUIRE 2.0) was used as a framework for reporting this project. This project was intended to act as a basis for potential practice change in the way advance directives are discussed within the community setting. To aide in the continuation of this project, printed materials were supplied to the community service group director to serve as an educational resource for current and future members, as well as serve as a foundation for any subsequent presentations. Additionally, a manuscript was submitted for publication to an online peer-reviewed journal to serve as a guide for implementing advance care planning discussion interventions at the community level.

In conclusion, it has been well documented that stagnant advance directive completion rates among individuals in the United States is a civic health issue impacting all adults. Various previous attempts have been made to incite more successful advance care planning rates however, there is still a recognized need for a standardized approach. This project focused on implementing an oral discussion forum and enhanced information session for community members aged 55 and older, in the hopes of increasing participants' intention to complete an advance directive form after one hour-long session. While this project ultimately did not demonstrate a positive correlation between the intervention and an increased intention, it did validate the continued need for research surrounding an improved, standardized approach to advance care planning discussions that target more diverse populations over multiple encounters.

ADVANCE DIRECTIVE PROMOTION

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ADVANCE DIRECTIVE PROMOTION

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