



Improving Advance Directive Awareness in Underserved Communities: A Medical Student-Led, Evidence-Based Community Outreach Model

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Abstract

Introduction: Advance directives (ADs) are central to protecting patient autonomy, yet completion rates remain disproportionately low in underserved communities. Barriers such as limited health literacy, historical mistrust of healthcare systems, discomfort with end-of-life discussions, and limited access to guidance contribute to persistent disparities in advance care planning (ACP). Without adequate knowledge or support needed to document their wishes, patients often cannot exercise meaningful autonomy over future medical decisions. Physicians and medical students are well-positioned to help normalize these conversations and improve access to ACP resources.

Objective: To develop a medical student-led outreach model that increases access to AD education and supports informed, values-based decision-making in underserved populations.

Methods: A structured literature review identified barriers to AD completion and informed the design of a scalable outreach intervention at community health fairs. Trained medical students will deliver brief educational discussions supported by literacy-conscious, culturally responsive materials in English and Spanish. Participants will receive printed AD forms, optional guidance for completion, and access to a public notary free of charge. Pre- and post-intervention surveys will assess changes in knowledge and comfort with ACP discussions.

Conclusion: This model expands access to ACP through education, community partnership, and practical support, helping reduce barriers to meaningful autonomy in end-of-life decision-making.

Introduction

Advance directives (ADs) allow individuals to communicate their healthcare preferences if they are unable to make decisions for themselves. Despite their importance, completion rates remain low, particularly among underserved populations¹. Barriers include limited health literacy, lack of access to resources, and discomfort discussing end-of-life care^{2,3}. Brief, culturally competent, community-based educational interventions may help improve understanding and engagement with advance care planning⁴.

Objectives

- Assess baseline knowledge of advance care planning (ACP) and advance directives (ADs)
- Evaluate change in knowledge following a brief educational intervention
- Measure comfort with ACP
- Assess intent to complete an AD
- Evaluate feasibility of the intervention for broader implementation

Methodology

Study Design:

Community-based, non-identifiable pre/post educational intervention

Setting & Participants:

Adults (≥18 years) attending local community health fairs

Intervention:

Standardized 5-minute educational session delivered by trained medical students using large-font, literacy conscious (8th-grade-level) materials in both English and Spanish

Data Collection:

Pre- and post-intervention surveys adapted from validated Advance Care Planning via Group Visits (ACP-GV) instruments developed by the U.S. Department of Veterans Affairs assessing knowledge, comfort, and intent related to advance care planning¹.

Optional Component:

On-site completion of a state-specific advance directive with access to complimentary notary services

Data Management:

De-identified responses stored on a secure, password-protected institutional server

Participant workflow is illustrated in Figure 1.

Outcomes and Impact

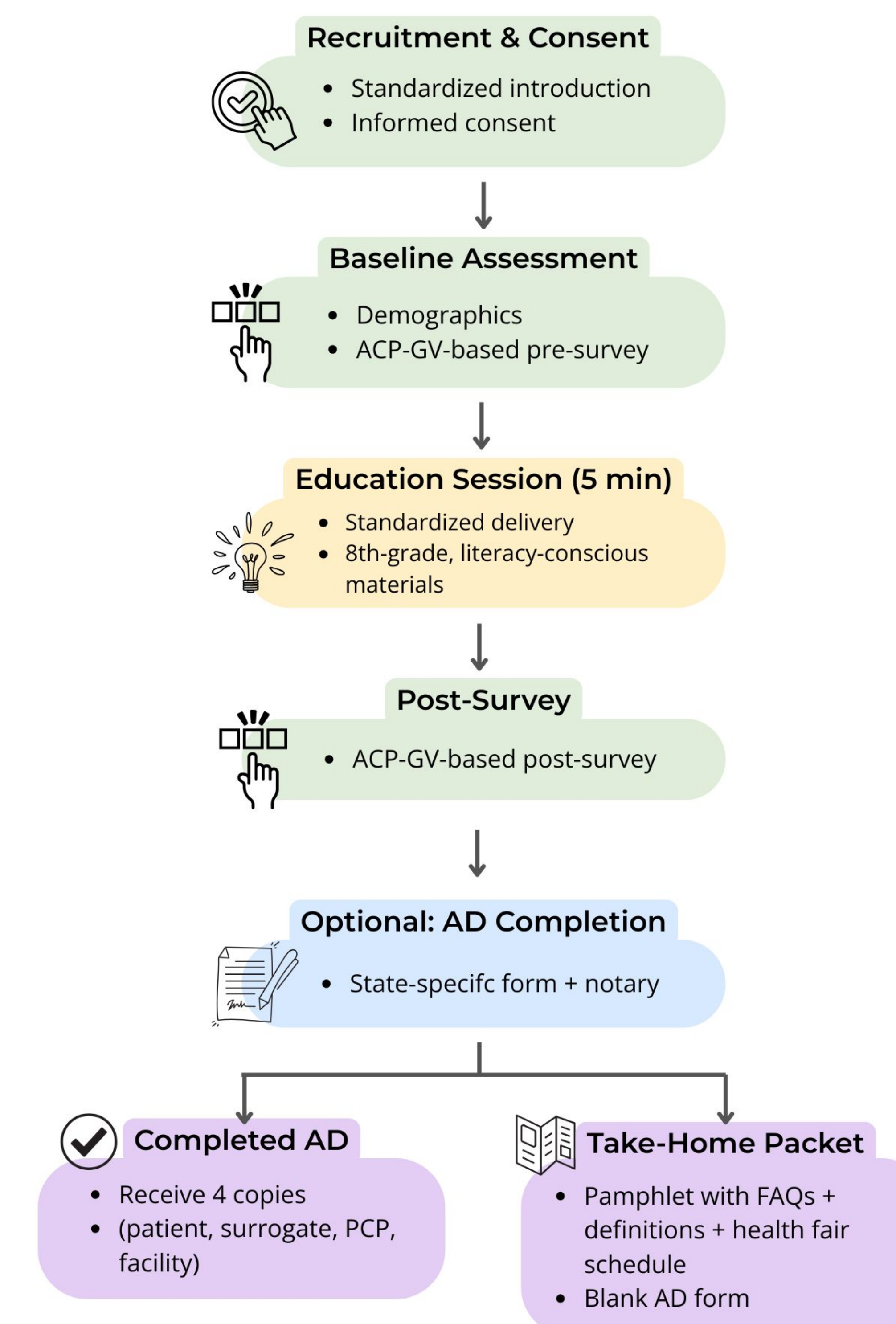
Anticipated Outcomes:

- Increased knowledge of advance directives (ADs)
- Improved comfort discussing advance care planning (ACP)
- Increased intent to complete an AD
- Demonstration of feasibility of a brief, student-led educational intervention

Impact:

This model provides a scalable, community-based approach to improving engagement in advance care planning through accessible, literacy-conscious education. By addressing key barriers such as health literacy and access, this intervention has the potential to support more informed decision-making and promote meaningful patient autonomy in underserved populations.

Figure 1. Study Workflow



Participants progress through a brief, standardized educational intervention with optional advance directive completion.

References

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