**Supplemental Digital Content Table 2***.* Concepts of the Conceptual Model of End-of-Life Care Planning and Their Definitions

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| **Concepts** | **Dimensions** | **Definitions or Examples (if needed)** |
| **Personal Factors** | Sociodemographic characteristics and living environment | Age, gender, race/ethnicity, immigration status, education, marital status, economic status, the number of children and cohabitants, living in large cities |
| Culture, acculturation, and language | How and to what extent a person adjusts to the mainstream culture and norms |
| Value systems, lifeways, and mindsets | Religion, spiritual beliefs, belief in a higher power, ethnic beliefs e.g., a belief in negative effects of discussing the end of life, optimism about life expectancy, attitudes toward end-of-life care planning, unwillingness to burden others, acceptance of death, communication of preferences, attitudes, and acceptance of death |
| Autonomy and dignity | Important aspects of caring for older adults |
| Knowledge, awareness, and health literacy | Knowledge about health, treatment options, and end-of-life care planning |
| Life stories and experiences | Experience of a loved one’s death and experience of a prior end-of-life conversations |
| Emotion regulation and psychological conditions | For example, in end-of-life care planning for newborns |
| Health-related factors  - Health status  - Health behavior  - Health literacy | Having multiple chronic conditions  Smoking, drinking, exercise |
| Timing and readiness | The time of planning discussions |
| Prognosis and needs | Being prepared/unprepared for new prognosis and needs |
| **Stakeholders** | Persons/patients | - |
| Family/surrogates | - |
| Community | - |
| Clinicians/providers | - |
| Health systems | - |
| Policymakers | - |
| Researchers | - |
| **Environmental and Social Factors** | Social networks and support | Social norms and support and the presence of a relative to appoint as the proxy |
| Caregivers and roles | Parenthood, significant others, professionals |
| Environmental contexts and resources | Counseling and other resources, such as difficulty with emergency services |
| Healthcare setting and trust | Healthcare system trust/distrust and providers’ knowledge and attitude |
| Technological factors and contemporary western medicine practice | Availability and access to technological devices |
| Involvement and conflicts of stakeholders and shared decision making | For example, conflicts between pediatric patients’ parents and professionals |