

2024 Forum on Rural Population Health & Health Equity



Public Health Palliative Care for Community Well-Being: a Holistic Approach

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- Audio has been muted for all participants upon entry
- Moderators will assist with Q+A at the end of the presentation
- Presentation slides will be posted at ohsu.edu/orhforum
- Sessions will be recorded and available to attendees
- Please take the session surveys!

Public Health Palliative Care for Community Well-being: A Holistic Approach

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Doula
The Peaceful Presence Project



peaceful presence

Learning objectives

Upon successful completion, participants will be able to:

1. Understand how a public health approach to palliative care can improve the well-being of community members living with serious illness.
2. Identify cross-sector opportunities to engage rural residents in community-led care.
3. Describe how the goals of a statewide network for community-based care can decrease disparities in serious illness care.



We reimagine and transform the way communities talk about, plan for and experience the last stage of life.

Vision: A culture in which every community member receives compassionate, equitable support through the end of life.

Compassionate Communities Model of Care

A Compassionate Community recognizes that caring for one another during times of crisis and loss is not simply a task for health and social services but is *everyone's responsibility*.

- Transforming practices and conversations around death, dying, and end of life care.
- Holistic and collaborative action between systems is required
- Communities are able to provide *skilled and informed* practical and emotional support
- Strong networks of care and resiliency

Higher quality, more equitable end-of-life care experiences

- Mindful Awareness & Integration
- Attunement to self and others
- Kindness & Courage
- Knowledge & Skills
- Wisdom & Action

COMPASSIONATE INDIVIDUALS



- Between Family Members
- Between Patient-Caregiver
- Between Team Members
- Between Organizations
- Between Systems

COMPASSIONATE RELATIONSHIPS



Connectedness and shared humanity

- Solidarity
- Social Attitudes
- Shared Values
- Sense of Belonging
- Interoceptivity

COMPASSIONATE COMMUNITIES



- Policy & Structure
- Leadership & Governance
- Guidance & Accountability
- Economic Sustainability

COMPASSIONATE ORGANISATIONS



95/5% RULE

Only 5% of a dying person's time is spent face to face with a medical professional

-What are we as a community doing with the other 95% of the time?

-What quality of support are people receiving, and from whom?

-Is it sufficient?



PUBLIC HEALTH PALLIATIVE CARE

Bereavement care as example

6.4% (10%)

High Risk – at risk of complex grief issues. May need referral to mental health professionals

35.2% (30%)

Moderate Risk – in need of some additional support e.g. peer support/ volunteer led group

58.4% (60%)

Low Risk – majority of individuals deal with grief with support of family & friends

Aoun et al. 2015, PLoS One

“

Death is a **social** event with a medical *component*;
not a medical event with a social component.

~Dr. Allan Kellehear

”

PUBLIC HEALTH PALLIATIVE CARE


The social world of the dying person is a crucial part of their support

What is the “social” in our psychosocial interventions?



EOL Friendly Criteria

1. Community coalition to address gaps in care (such as healthcare inequities at the end of life, lack of advance care planning, caregiver shortages)
2. Community-based death education
3. Palliative care available and accessible
4. Care and housing options for people at the end of life
5. Funeral and burial options that respect culture and the environment
6. Healthcare provider training in end-of-life conversations and planning


 Rural Oregon County Mapping

Home
Statewide Resources
Glossary of Terms
Crook County
Douglas County
Harney County
Jefferson County
Lane County
Wheeler County

End-of-Life (EOL) Friendly Criteria for Communities:

1. Community supports educational events about the end-of-life
2. Multiple care options are available for aging and dying patients
3. Hospitals offer palliative care to patients
4. Funeral and burial options are available within the community
5. Majority of adults have been given the opportunity to have an Advance Care Planning conversation
6. Local clinicians have been trained to have end-of-life conversations with their patients

Rural Oregon EOL Mapping



Baker Coos Crook Curry Deschutes Douglas

<https://thepeacefulpresenceproject.org/oregon-endoflife-friendly-criteria>

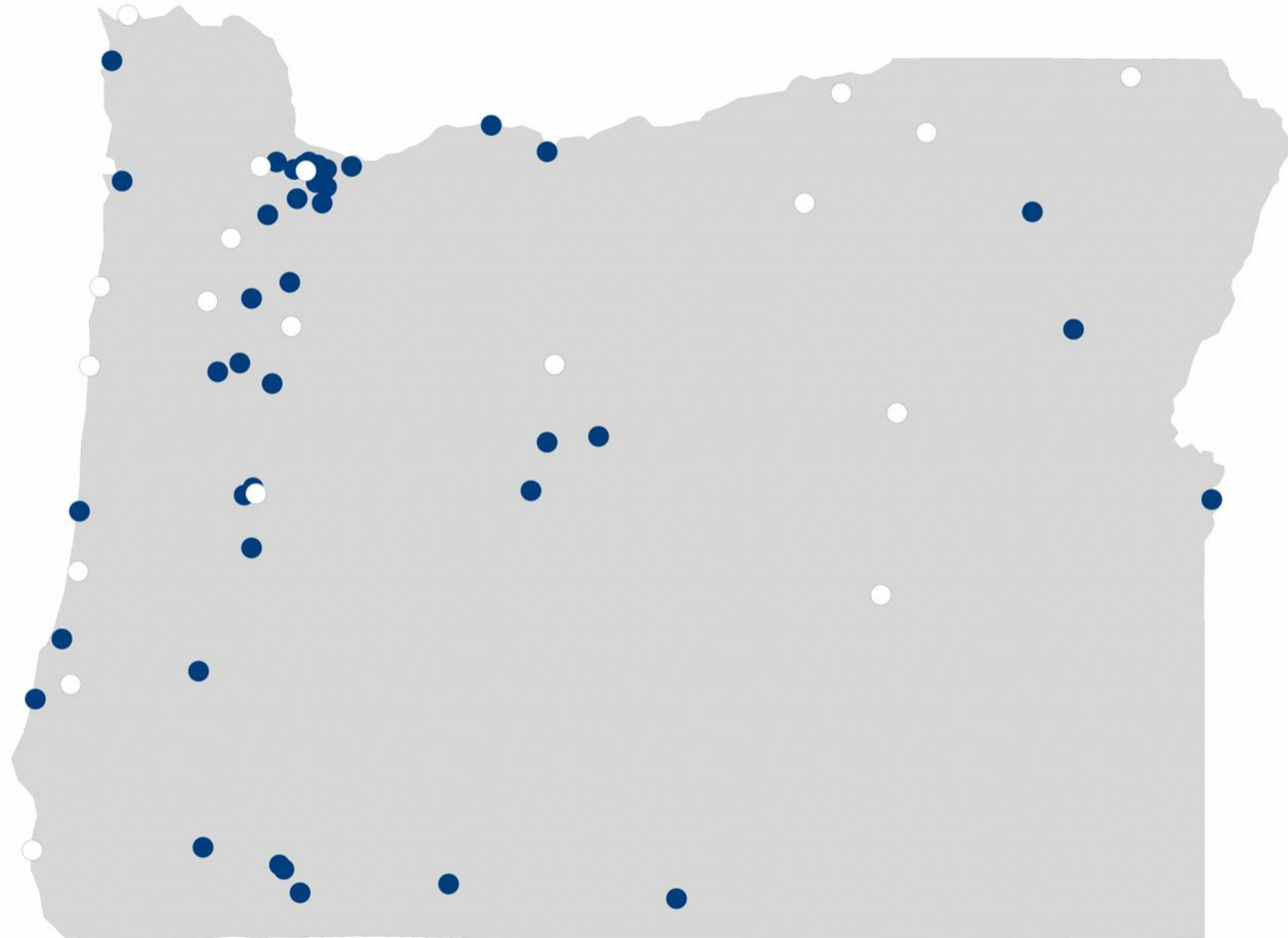


CROSS-SECTOR COLLABORATION

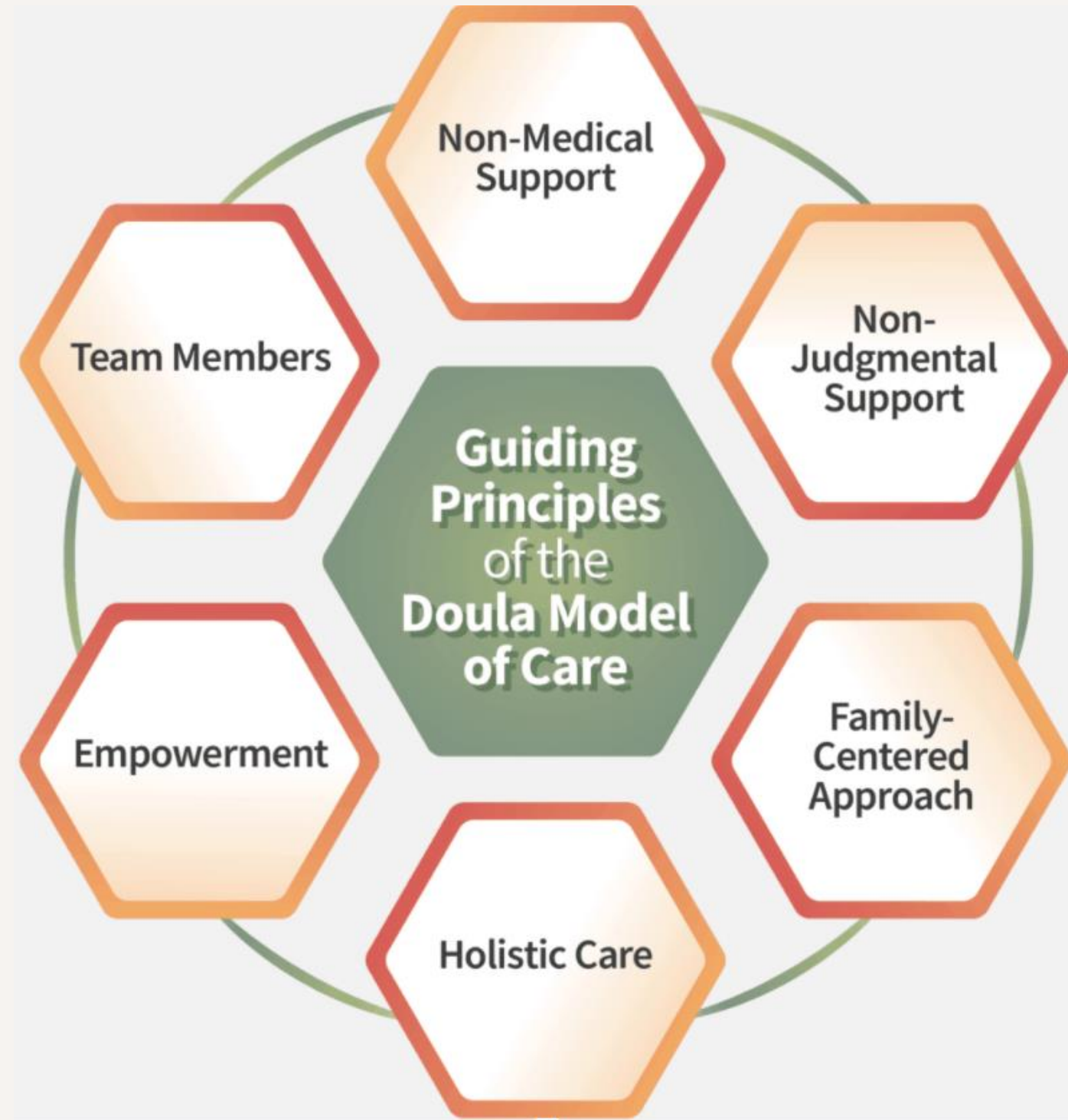
Older Adult Behavioral Health Initiative
Coalition of Local Health Officials
Shepherd's House
Council on Aging
Mosaic Medical
Partners in Care Hospice
Deschutes County Behavioral Health
Faith Communities

Serious Illness Care in Oregon

Figure 2. Availability of Hospital Palliative Care in Oregon



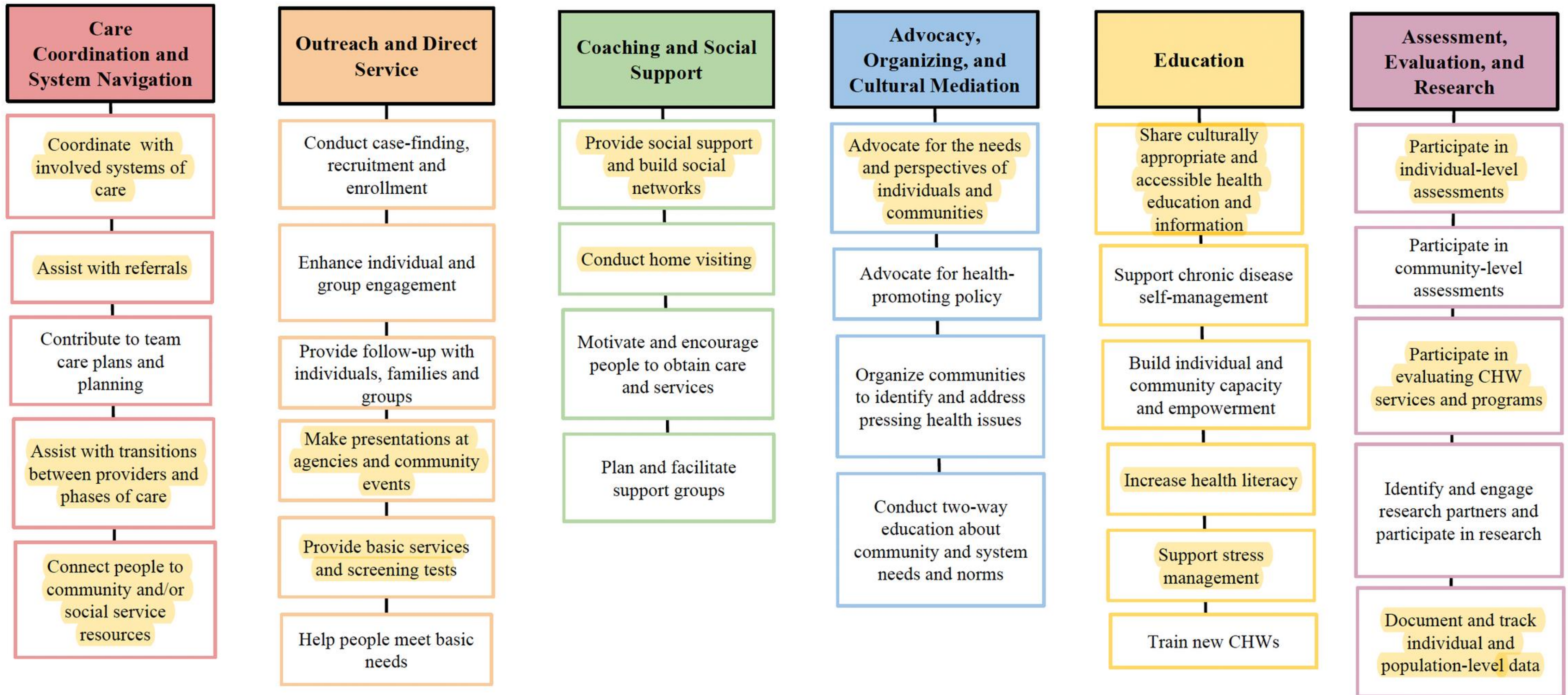
Peaceful Presence: End of Life Doulas



- End-of-Life Doulas [EOLDs] are non-medical companions to the dying and their families.
- EOLDs complement other services that a dying person and their family may be receiving, including hospice and/or palliative care.
- EOLDs provide a wide range of holistic life support services to address:

Physical
Emotional
Spiritual
Practical, Resources

CHW Scope of Practice



**Success of above roles are dependant on knowledge and skills gained in community membership and shared life experience.*

EOL DOULA

- Active listening
- Practical household support
- Comfort measures
- End of life education
- Hospice and palliative care knowledge

COMMUNITY HEALTH WORKER

- Community outreach
- capacity building
- health promotion
- public health knowledge
- care coordination

PALLIATIVE SUPPORT CHW

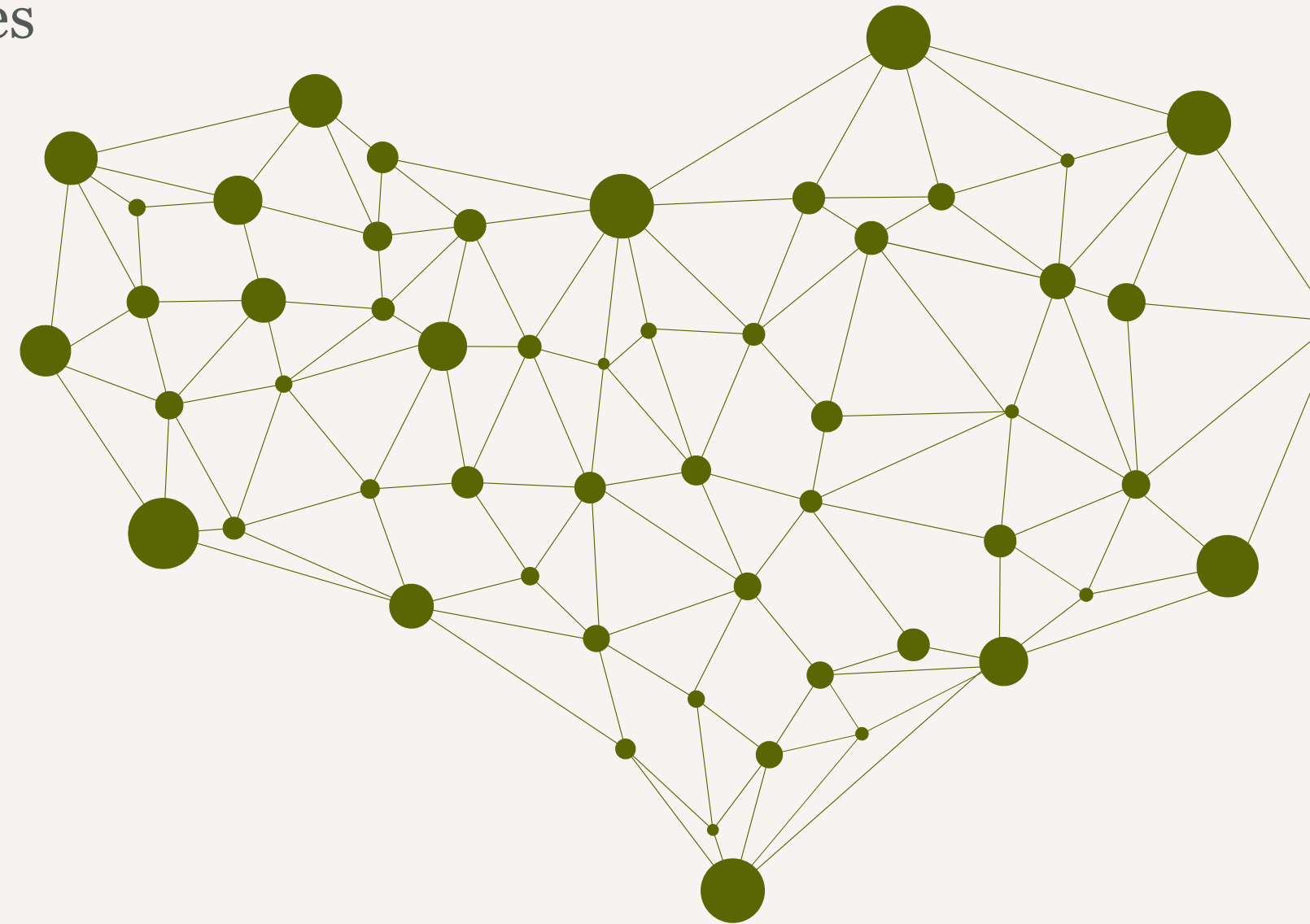
communication
resource referrals
team members
interpersonal skills
cultural humility
advocacy

Statewide Network for Serious Illness Care

- Peer to peer networks established in each county
- Ongoing mentorship and support to encourage best practices
- Referrals and online directory for EOL care practitioners

Education and training opportunities for:

- Community Health Workers
- Community Connector volunteers
- Professional end-of-life doulas



THE PEACEFUL PRESENCE PROJECT

Oregon Network for
Community-Based
Serious Illness Support



PROJECT GOALS



WIDEN

Widen the circle of caring for patients and caregivers



IDENTIFY

Identify roles of individuals who can embed the end of life care skill set in existing professions or capacities



EXPAND

Expand cohesive presence of informed community members who can support, especially in resource-limited settings



ULTIMATE GOAL

A more death literate Oregon

RESOURCES

<https://thepeacefulpresenceproject.org/compassionatecommunitiesus>

<https://thepeacefulpresenceproject.org/oregon-network-for-serious-illness-support>

<https://thepeacefulpresenceproject.org/oregon-endoflife-friendly-criteria>

1. Kimball J, Hawkins-Taylor C, Anderson A, et al. Top Ten Tips Palliative Clinicians Should Know About Rural Palliative Care in the United States. *J Palliat Med*. Published online March 15, 2024. doi:10.1089/jpm.2024.0032
2. Lichtenthal WG, Roberts KE, Donovan LA, et al. Investing in bereavement care as a public health priority [published correction appears in *Lancet Public Health*. 2024 May;9(5):e281]. *Lancet Public Health*. 2024;9(4):e270-e274. doi:10.1016/S2468-2667(24)00030-6
3. Mills J, Abel J, Kellehear A, et al. The role and contribution of compassionate communities. *Lancet*. Published online October 13, 2023. doi:10.1016/S0140-6736(23)02269-9



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END OF LIFE DOULAS

Get in touch with us

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Thank you to our partners!

