Public Health and Palliative Care
A Recommendation Report for Mobilization in Canada
Pallium Canada
July 2016

Summary Recommendations

Suggested Action Plan for Canada 2016-2020

1. Seek partnership and collaborative relationships with all levels of Public Health in Canada.
2. Public Education
3. Formalize public health and palliative care curricula within existing education systems
4. Compassionate Schools Curricula
5. Engage in a Formal Strategy for Third Sector Mobilization
6. Foster uptake of the Compassionate Communities Charter
7. Establish health and social sector opportunities for Performance and Evaluation research.

Introduction

In 2014 Pallium Canada with support from Health Canada, embarked on a series of projects aimed to contribute to improvements in the awareness, accessibility and education of palliative care consumers so that they might better understand and choose appropriate care options. Within that mandate, Pallium proposed to a) catalyse the international “Compassionate Communities” movement across Canada; and to b) collaborate on the development of a Compassionate Schools program. Specifically, under mandate a), Pallium proposed to;

1. Create a national Community of Practice for Public Health Palliative Care/Compassionate Communities;
2. Participate in the growth of the Compassionate Communities movement in Canada by articulating key language, and terminology from the international work done to date;
3. Undertake surveillance and knowledge translation of existing Canadian projects that might serve as Compassionate Communities exemplars
4. Promote the Compassionate Communities model
5. Provide recommendations and principles to assist the PHPC and Compassionate Communities model moving forward in Canada
This report outlines Pallium's progress on Public health Palliative care and the Compassionate Communities model in particular with key recommendations based on this work for Canada’s future mobilization on Compassionate Communities.

**Background**

Public health is what we, as a society, do collectively to assure the conditions for people to be “healthy”. Any issue affecting a society that has a prevalence, an impact on society, preventable suffering, effective interventions and equity issues, should be considered a public health issue. Given the *universality* of death, dying, loss and bereavement, palliative care is increasingly being seen around the world as a true public health issue.

Over a decade ago, the World Health Organization issued a global call for all countries to consider palliative care as a public health problem and to include it in their health agendas (ref Eman and her reference 24). This was driven by the realization that end of life care in all countries is increasingly challenged by evolving disease trajectories, life spans, socio-economic changes and health system constraints. The social dimensions of living with advanced or progressive life limiting illness, dying, death, grief and loss have been articulated and are understood to be critical to a societies sustainable approach to care. International health care systems have started to formally mobilize around palliative care as a public health issue. Some countries have adopted a whole systems approach, others have adopted a Health Promoting model while others have incorporated both. Regardless, the common themes of partnerships with communities, social organizations, governments and all levels of service providers are seen as essential.

**Health Promoting Palliative Care (HPPC)** was developed as a social movement. The underlying philosophy behind HPPC is the international charter for public health, known as the [Ottawa Charter for Health Promotion](https://www.who.int/healthpromotion/publications/charter/). It was established in 1986, and is based on 5 core principles:

- Building public policies that support health
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services

HPPC places emphasis on community development and partnerships across all sectors to empower communities, instead of emphasizing the responsibilities of health services as the primary advocate or deliverer of care for death, dying, loss
and bereavement. A fundamental goal of a HPPC approach is to build community
capacity such that access to palliative care is enhanced. (reference book)

The Compassionate Cities/Communities (CC) model is a theory of practice for HPPC.
In many jurisdictions around the world where HPPC has been embraced, the
Compassionate Cities/Communities model as developed and published by Dr. Alan
Kellehear and colleagues, is the actual model being used. Based heavily on the
success of the WHO Healthy Cities model, CCs treat palliative and end-of-life care as
a community responsibility and creates partnerships between the community and
services. The goal is to bridge gaps in the community, especially those involving
social care. These gaps include inadequate and inequitable access to care,
inadequate support for caregivers, lack of clear accountability for this care across
systems of care, and lack of real integration of care.

Scholarly interest and international dialogue and knowledge exchange on this
concept has steadily developed over the past 10 years. Much of the initial work,
outlining concepts and strategies is contained in two key resource books authored
by the architect of the international movement towards Health Promoting Palliative
Care, Dr Allan Kellehear (HPPC and CC books) Subsequently, projects and initiatives
from around the world in countries where the concepts have been integrated into
health and social care systems, have been described, examined, expanded, and
replicated. Much of this early dissemination is described in International
Perspectives on Health Promoting Palliative Care. Most recently, research and
scholarly interest has turned towards system and societal outcomes. Both
qualitative and quantitative research examining key issues such as system
performance, sustainability, costs, population health outcomes and social outcomes,
has begun with leadership from researchers in the U.K., Denmark and Belgium, and
Australia, amongst others. A recent edition of the journal Progress in Palliative Care
has been dedicated to this emerging scholarly interest. (ref).

A current and thorough overview of Public Health and Palliative Care, Health
Promoting Palliative Care and international work is well articulated in the recent
document from The BC Centre for Palliative Care, entitled “The Public Health
Approach to Palliative Care; Principles, Models and International Perspectives”
(ref). This excellent review helps set the stage for Canada’s involvement and
integration of Public Health and Palliative Care.

**Process Undertaken by Pallium Canada**

Pallium Canada embarked on an approach to help Canada mobilize around Palliative
Care as a public health issue, and in particular, to understand, adapt and adopt the
Compassionate Communities paradigm. Through knowledge translation,
education, project facilitation and leadership, Pallium Canada invited citizens, communities, care-providers, schools, businesses, educators and organizations to learn about Compassionate Communities and to engage in this social transformation.

Beginning in 2015, Pallium initiated a multi-pronged assessment and engagement strategy. Clinicians, educators and health care leaders were invited to a national symposium to learn more detail of the CC concepts and background with the intent of regional and local mobilization.

Pallium utilized social media, especially blogs and Twitter chats to inform, disseminate and discuss key concepts with a wide audience. In particular, two Twitter chats, the first focused on core concepts of Compassionate Communities (October 2015) and the second on Compassionate Schools (?date). Television interviews and Ted style presentations were also used.

During this same period of time, surveillance of potential CC projects in Canada was undertaken. This was done via key informant interviews, long form interviews, face to face meetings, project and site visits and small group meetings. Some overviews of key Compassionate Communities projects especially Windsor-Essex and Niagara West are described and located on the Pallium Canada website under the Compassionate Communities tab.

Knowledge translation was undertaken via invited presentations and a series of workshops and social media activities throughout 2015/16. This has included provincial conference presentations, national clinician meetings, national conference workshops, national invitational meetings, and international meeting presentation. This approach to KT will be continuing through the rest of calendar year 2016.

A Community of Practice (CoP) was initiated in (date) with a face to face meeting and subsequent establishment of an online forum. The intent of the CoP is to foster development of CC projects in Canada and to share best practice ideas and advise. Pallium envisions an ongoing role in supporting this CoP while a need for this method of early mentorship continues to exist.

Seeking and establishing partnerships with individuals, and organizations was a key strategy undertaking as part of Palliums Compassionate Communities approach. Particular emphasis was placed on key national and provincial palliative care partners, social sector leaders and programs and Canadian consumers.

A focused emphasis was also directed toward articulating, disseminating and providing KT on the concepts of Compassionate Schools in Canada.

Kathy can you write a line or two summarizing the key work done?
Report on Deliverables

The use of social media for KT on Compassionate Communities has met with considerable success. The twitter and blog initiatives resulted in hundreds of thousands of online impressions and tweets, and significant individual participation.

The Community of Practice (CoP) for CC is now active and hosted by Pallium on an online platform. Participants post and share best practice ideas, seek partnerships and pose questions.

Pallium's Compassionate Communities Co-leads were invited to help create the Ontario Compassionate Communities Research Network, in June 2016 as a result of the leadership and KT undertaken by these leads and Pallium Canada. This network will be the first forum for research collaboration in Compassionate Communities in Canada.

New knowledge brokers and partnerships have been established with health system leaders in Ontario, BC, and most recently, Nova Scotia.

In 2015 Pallium's Compassionate Communities co-lead, Dr Denise Marshall, was elected to sit on the inaugural board of Public Health Palliative Care International. At this key table, she has, and will be able to forward Canada's interest and capacity for growth in public health palliative care and help establish a number of key international collaborations and initiatives.

In partnership with the Canadian Hospice Palliative Care Association and key national leaders, Pallium's Compassionate Communities initiative sought and was successful in securing the role of National Host for the 5th International Public Health Palliative Care Conference, to be held in Ottawa, September 2017. The will serve to further enhance Canada's understanding and mobilization of Compassionate Communities, and foster international partnerships and scholarly work.

Pallium's work to disseminate and support KT of the CC model has been formative in the ability of Burlington Ontario and Niagara West Ontario, to move towards attaining the international designation of Compassionate Cities as detailed by the Compassionate Cities Charter the first to do so in Canada. It is anticipated that other Canadian municipalities will similarly be able to achieve this benchmark over the next 2 years.

New leadership has emerged both from the fields of Public Health and health policy, in Ontario. The Law Commission of Ontario, currently working on its proposals to Improve the Last Stages of Life in Ontario, is including Compassionate Communities. Schools of Public Health, including McMaster University and the Dala Lana School of Public Health at the University of Toronto are investing educational time in the
pursuit of palliative care as a public health issue. It is anticipated that these new partnerships will gain momentum across Canada.

Discussion

The work undertaken by Pallium Canada in 2015-16 to support the understanding, and development of CC in Canada has demonstrated a high degree of interest, aptitude, and capacity for the Compassionate Communities model to flourish in Canada. It is apparent that Compassionate Communities initiatives exist across Canada and now with a shared understanding of the concepts and principles, there is an opportunity for Canada to truly mobilize nationally and provincially in embracing this sustainable, community wide, social approach to death dying loss and bereavement. There is evidence of active community development and engagement work in may jurisdictions, adoption of CC work at health system levels regionally and provincially and awareness of the need for robust integration with public health, social care and the wider community. Opportunities to influence public policy around death dying loss and bereavement is also emerging.

With the initial awareness-raising near completion, Pallium Canada’s recommendations for further growth and national mobilization include;

1 Seek partnership and collaborative relationships with all levels of Public Health in Canada.
Evidence from the international experience suggests that early and robust relationships between existing Public Health structures and other sectors involved in Palliative and End of life Care, as well as community organizations, is critical to mobilization of Compassionate Communities. In just two years of development with Pallium Canada, there has been significant interest from federal, and provincial public health organizations and schools of Public Health. Formalized partnerships should be sought.

2 Public Education
In partnership with formalized public health, health care, and palliative care infrastructures in Canada, an ongoing public education strategy should be undertaken. Experience from 2015-16 from Pallium Canada suggests a high degree of readiness in Canadians especially when connected via social media and local third sector organizations. Adapting best practice from jurisdictions such as Australia and the UK would be prudent.
3 **Formalize public health and palliative care curricula within existing education systems**

All levels of health care learners have demonstrated interest in gaining competencies in public health palliative care and in particular, the Compassionate Communities model. Programs offering pre-licensure, post-licensure and practicing clinician education in health care, and social care, should be encouraged to incorporate this learning into their curricula. Similarly, formalized curricula should be developed within Canadians schools of Public Health. The experience of Pallium Canada suggests that formalized relationships between palliative care, primary Care and Public Health in Canada is desirable.

4 **Compassionate Schools Curricula**

Kathy can you please write a line of two regarding your experiential recommendations? Thanks!!

5 **Engage in a Formal Strategy for Third Sector Mobilization**

The experience of Pallium Canada suggests that third sector organizations in Canada have considerable capacity and interest in participating in and facilitating the Compassionate Community model within their local communities. Many projects in Canada that meet some if not all the criteria of the Compassionate Community model already, have involved leadership and co-ownerships from diverse third sector groups. This interest and capacity should be harnessed at local, regional, provincial and national levels.

6 **Foster uptake of the Compassionate Communities Charter**

Municipalities across Canada are demonstrating interest in adopting the international Compassionate Communities Charter for their local communities. Pallium Canada was able to participate in the development of two communities who will achieve this benchmark in 2016-17. A process of support, leader and facilitation of municipal development should be developed.
7 Establish health and social sector opportunities for Performance and Evaluation research.

The work of Pallium Canada in 2015-16 has resulted in international partnerships that will afford opportunities for system performance evaluation, outcome measure evaluation and societal impact evaluation of the Compassionate Communities model. Similarly, key relationships have been developed with Health System performance researchers within Canada. These relationships should be further developed and include collaborative funding envelopes and strategic initiatives. In particular, development of networks such as the Ontario Compassionate Communities Research network should be supported and funded.

Respectfully submitted,

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