Strengthening Palliative Care in Victoria through Health Promotion

BRIDGING REPORT July 2010-June 2011

LA TROBE UNIVERSITY

Palliative Care VICTORIA
Specialist health care and practical support

A project funded by Cancer & Palliative Care Unit, Victorian Department of Health

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Project Partners:

La Trobe University Palliative Care Unit
Palliative Care Victoria

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ACKNOWLEDGEMENTS

This project was funded by the Department of Human Services (now Department of Health) as an extension of the Health Promoting Palliative Care Project completed in June, 2009 (see Report: 'Strengthening Palliative Care in Victoria through Health Promotion') and initially extended for one year (July, 2009 – June 2010) and then on a reduced basis for a further year in two of the original regions, Hume and Northern and Western.

We acknowledge the significant and sustained commitment of the two Project Regional HPPC Officers, Helen Corbett and Barbara Young and thank them for their contribution over the life of the Project.

We continue to be grateful to the Cancer and Palliative Care Unit both for their support in providing funding and for the continuing involvement of Ellen Sheridan on the Advisory Committee. We appreciate particularly the further two years' extension they have provided.

The Advisory Committee for the project was made up of representatives of each of the two remaining participating Regional Palliative Care Consortia, a DHS representative, a representative of the project sponsor, Bruce Rumbold, and Fiona Gardner as training and evaluation coordinator. Deborah Morris (previously O'Connor) took over from Sue Salau in 2010. Consortium Regional HPPC Officers also contributed to some meetings of the Advisory Committee. We acknowledge in addition to Ellen Sheridan the consortium representatives at the time of the project:

- Molly Carlile, Project Manager, North & West Metropolitan Region Palliative Care Consortium
- Robynne Crooke, Executive Director, Northern Health Continuing Care, North & West Metropolitan Region Palliative Care Consortium.
- Erica Ruck, Program Manager, Community Consultancy and Care, Ovens & King Community Health Service, Wangaratta, Hume Region Palliative Care Consortium.

The work of the Advisory Committee was essential to the project, and we acknowledge with gratitude their continued interest and investment.

Fiona Gardner
Deborah Morris
Bruce Rumbold

INTRODUCTION

The 'Strengthening Palliative Care in Victoria through Health Promotion' project (henceforth referred to as the Project) was funded by the Cancer and Palliative Care Unit of the Victorian Department of Human Services (now the Department of Health) from July 2007 to June 2009. The Project initially received an extra year of a reduced level of funding from July 2009 to June 2010, and then a further year's funding from July, 2010 to June 2011.This is the report for this second bridging period.

One of the original Palliative Care consortia involved in the Project, Southern Metropolitan Consortium, withdrew for this final year having decided that their involvement was not sustainable at a reduced level of funding. The Project has continued as a partnership between the Palliative Care Unit, La Trobe University and Palliative Care Victoria in conjunction with the other two regional Palliative Care consortia, with the funds allocated equally between the two remaining consortia: one rural, Hume Region Consortium and one metropolitan, North and West Metropolitan Consortium.

Over the last two years the bridging funding provided was significantly less than the original funding. The Department's intention was to keep the Project operating until longer-term policies and funding issues could be resolved. How this was managed varied significantly in the three participating regions and had major implications for the Project, particularly, as already noted, the withdrawal of the Southern Metropolitan Region in this year on which we are reporting. Arrangements in the other two regions were:

1. North and West Metropolitan Region Consortium: Helen Corbett was funded 8 hours a week from the Project and in the second half of the year this was complemented by an extra day a week from the Consortium. She was also employed in a general health promotion role for the remainder of the week, so was effectively available full time.

2. Hume Region Consortium: Barb Young was funded one day a week from the Project and based at Ovens and King Community Health Service where she is funded for a palliative care health promotion role and a volunteering consultancy role. On this basis, she was also nearly available on a full time basis, while allocating one day a week to the Project.

In this final bridging year only six months of the cost of training and evaluation was charged against the project budget. The remaining six months, plus management costs for the full year, were included in the operating budget of the La Trobe University Palliative Care Unit.

OBJECTIVES

The original objectives of the project were to:

- Strengthen the capacity of Victorian palliative care service planners, staff and volunteers to adopt a health promoting palliative care philosophy by providing education and training in health promotion approaches through tertiary awards, professional development seminars, and community workshops and maintaining, in partnership with Palliative Care Victoria, a state wide Health Promotion in Palliative Care interest group for palliative care workers.
- Embed health promoting approaches to palliative care into Victorian palliative care services' strategic and operational planning, organisational policy and practice
- Increase public awareness of, and participation in, palliative care provision by promoting partnerships between palliative care services and other primary care agencies, community service organisations and groups.

Objectives for the original project, consistent with the objectives above, were:

- To implement, in partnership with regional consortia, a health promoting palliative care program in two or three Victorian health regions, including at least one metropolitan and one rural region.
- To develop, on the basis of this Project, education and training materials, and policy frameworks, applicable to all Victorian regions.

As well as continuing with the general objectives, specific objectives for the twelve months from July 2009 to June 2010 were to:

- Provide at least three seed grants to appropriate projects in community based or palliative care organisations
- Include health promoting palliative care in planning for regional services
- Contact all those in the region who had participated in PEPA (Program of Experience in the Palliative Approach) re potential interest in this project.
- Find an effective way for the resources developed by the Project to date to be accessed by other interested parties.

Objectives for Stage Four: July 2010 – June 2011.

Given the reduced funding for the Project, it was agreed that the key aims for the year would be to:

- Work with members of the consortium to increase understanding of HPPC and how to implement this perspective in their region.
- Develop and implement a 'train the trainer' program for 'what to say when you don't know what to say'.
- Generate three seed grant partnership projects across the two regions

- Redevelop the health promotion palliative care brochure to include more concrete examples
- Refine evaluation strategies to demonstrate whether change is sustained over time as a result of the project. This could include asking for permission to contact six months after a session attached to the end of the evaluation sheets for workshops.

Evaluation of Outcomes

This report focuses on the achievement of the objectives identified above. However, it is important to acknowledge that one of the overall themes emerging from this year is the continuing difficulty of working with the current level of funding that supported one day per week of HPPC activity in each region. The two existing HPPC officers have been able to work effectively partly because of the networks and contacts established in the first two years of the Project and partly because their other work roles mean that they are accessible for most or all of the week. This contrasts significantly with the experience of Southern Palliative Care Consortium where in 2009-2010 the worker was only available one day a week, so that maintaining the momentum of the Project became increasingly difficult. Feedback suggested that it was frustrating for those trying to contact her and for her to contact others and this often delayed activities or meant that they didn't go ahead.

We also note that the success of the bridging project depended on support from the La Trobe University that was not charged against the project funding. This included oversight of the project, Fiona Gardner's time in the current calendar year, and general support in project development from student who carried out literature reviews for the ukulele group and bereavement group projects.

In this second year of more limited funding we had a better sense of what would be possible and defined the objectives accordingly. The outcomes for each were:

1. **To work with members of the consortium to increase understanding of HPPC and how to implement this perspective in the region:**

The Project Officer for North and West Region developed a policy framework for consortia and for their related organisations to adopt. This was presented to the Consortium and adopted by it. The Project Officer also continued to work closely with the Consortium on the development of relevant strategies. This particularly related to promoting the health promoting palliative care connection with Quality Frameworks ie that this is a way for organisations to demonstrate their commitment to community capacity building and/or health promotion. Appendix 6 shows an example of the Health Promotion in Palliative Care Activity Record Sheet.

The Hume Project Officer also worked with this policy framework and as a result the Hume Region Palliative Care Consortium (HRPCC) endorsed two policy documents

- HRPCC *'Health Promotion and Public Health in Palliative Care' position statement*
- Specialist Palliative Care *'Health Promotion in Palliative Care' policy template*

Following a presentation to the HRPCC Clinical Advisory Group, the services have adopted the use of a *'Health Promotion in Palliative Care Activity Record Sheet'* (Appendix 6). This is a tool to connect the work with Quality processes eg NSAP. It is planned to collate information gathered and use this in a six monthly region wide report.

In Hume, the *Community Christmas Tree of Remembrance Project* has been a way for palliative care services and the community to implement a health promotion activity. In 2010 there were 37 trees set up across the region during the month of December, up from 26 the year before. Local ownership of the project is becoming more evident as demonstrated in the evaluations collected.

> *"The messages and comments demonstrate how valuable this activity is to the community. The ease of access to materials and guidelines and evaluations ...make it easy to administer, implement and evaluate"*
>
> *"Yes we would undertake this project again"*
>
> *"Yes relatively easy to organise, positive feedback from all involved, increasing response each year"*

2. **To develop and implement a 'Train the Trainer" program for the How to Care, What to Say sessions and to trial it (Appendix One)**

This program has been developed and renamed: Creating Compassionate Communities: What to Say. The program is a one-day program and the aim is for participants to feel confident by the end of the day to deliver the session on their own. The Program was trialled with the Project Officers.

In Hume the Grief and Bereavement Consultant to the Hume Palliative Care Consultancy Team is a trained facilitator in a related program designed by the Australian Centre for Grief and Bereavement. In 2010-2011 nine workshops were presented to service providers and community members. The Consultancy Team has a continual request for this type of training to assist people to engage in conversations with people experiencing grief. The collaboration between the Grief & Bereavement Consultant and Health Promotion Officer has been beneficial to both programs.

3. **To generate three seed grant partnership projects:**

In responding the this objective, both Project Officers pointed out the range of contacts that had already been developed as well as their continuing work in meeting with new individuals and organisations. While there was only one seed grant project in North and East the Project Officer carried out a wide range of activities with interested groups.
More specifically:

Hume Region:
Three small grant applications have been received and funded:

- 1 by specialist palliative care: Activity during Grief Week to acknowledge the experience of loss and grief.

- 1 by coordinator of palliative care volunteer network: Facilitation of Activity at Regional Volunteer Day to encourage volunteer involvement in the regional Community Christmas Tree of Remembrance.
- 1 by a carer organisation: Formation of ukulele group to provide accessible way of encouraging mutual support for carers.

(See Appendix Three for more details of these projects).

Appendix Four shows a wide range of other contacts made and activities generated.

North and East Region:

A significant proportion of time was spent in the maintenance of connections already made through additional speaking opportunities. This, combined with time limitations, meant that the focus became policy development initiatives such as the Palliative Care Victoria Quality Special Interest Group. Whilst many new connections were also made during this phase of the project there was limited interest in the creation of small projects.

One small project was undertaken in the North & West Metro Region. This was to trial a short series of group Art Therapy sessions for Palliative Care clients and carers at Broadmeadows Health Service.

Additional value in the maintenance of relationships saw a number of groups and organisations contact the co-ordinator as word-of-mouth referrals requesting the Project Office to speak with staff and/or clients. A list of her community contacts and activities in is Appendix Five. This demonstrates the considerable range of organisations and activities offered over the year, with some examples being: Banyule/Darebin/Nillumbik Primary Care Partnerships Palliative Care Special Interest Group Nillumbik Community Health community nurse coordinates group: 4Cs – Chicks, Cancer, Coffee ad Cake, Air Supply and Huff and Puff (both COPD groups), the Northern Health life and Death Matters Group.

4. **To redevelop the health promotion palliative care brochure to include more concrete examples:**

Barb and Helen have redeveloped this brochure - see attached example (Appendix Seven) from North and West Metropolitan Region. The new version is clearer, particularly about overall aims, and conveys the information in a more accessible way.

5. **To refine evaluation strategies to demonstrate whether change is sustained:**

A possible strategy was developed in relation to people engaged in workshops, but because of the changing nature of activities generated by the community, there were no workshops suitable to generate opportunities for evaluation. We have identified people willing to be contacted six months after the forum, in November 2011.

However, In Hume, the specialist palliative care consultancy willing to be contacted six months after the death education forum Living and Dying Well. This follow-up is expected to occur around November 2011.

There is now a research project underway related to the impact of a bereavement group originally funded through a small community seed grant. The health promotion officer and

manager from the Hume Palliative Care Consultancy Team have gained ethics approval through Ovens & King Community Health Service to conduct "The Bereavement and Social Networks Project: Research into the social impact of a bereavement activity group in a small regional city".

Local service providers in Yarrawonga have identified the need to offer again to the community the Café Conversation death education session in Yarrawonga in July 2011. It was last offered 4 years ago. The health promotion officer is assisting them to identify a process to understand the impact of Café Conversations in their Community.

6. Work with RELiC (Reform of End of Life Care) at La Trobe University to develop an evaluation and research plan.

The network did not meet during the reporting period, in part because of the university's reorganisation of research priorities and processes. It is planned to launch a revised End of Life Care research network later in 2011.

Summary

The Strengthening Project continues to demonstrate the value of this public health approach. Recognition of this has been demonstrated by the continuing support of both Consortia, particularly by North and West's allocation of funding to support the Project, and in both agencies providing seed grant funding as this could not be covered as well as staff wages. The extension of time provided by the Department has allowed the project team to consolidate resources, extend the range of activities carried out, form new partnerships, contact hundreds more members of the community, and establish a better basis for evaluation.

However, there are questions about the capacity to adequately support the existing Project and certainly to further develop it with existing funding levels. Both Project Officers found that the reduced time meant conflict arose between time spent on maintaining existing relationships versus pursuit of new contacts. That is, at this level of funding there was a necessary shift away from innovation toward maintenance activities.

The Hume Region is awaiting the outcome of the Consultancy Team review process. It is anticipated that the health promotion officer will continue in the role until June 2012. The evaluation activities noted above (point 5) will be carried out by the health promotion officer during this period with the support of the La Trobe University Palliative Care Unit.

RECOMMENDATIONS

In considering the results of this year's Project it is clear that the recommendations from the previous Project have been further reinforced. The value of a health promoting palliative care approach has been demonstrated and the approach taken by the Regional HPPC Officers validated. In particular effective partnerships have been built with Advance Care Planning teams and bereavement services.

On this basis, the recommendations are:

1. **Statewide Health Promoting Palliative Care Initiative:**
   The role of the Project Officer should include the following objectives:
   - To raise awareness in local communities about how to support those living with a terminal illness and their families and to encourage community engagement in related activities
   - To provide information including continuing to actively connect to related programs such as Advanced Care Planning.
   - To encourage the development of collaboration and partnerships between communities and service providers
   - To generate a health promoting palliative care understanding in specialist palliative care services (including volunteers) and in other related services
   - To participate in policy development in relation to health promoting palliative care.

2. **Location of Project Officers:**
   It is recommended that they be located in:
   - Community based consultancy services or community health
   - In a service perceived as offering region wide services even if the service is not a regional service
   - A service that has links to palliative care if not a palliative care service.

3. **Ongoing Support, Education and Evaluation for Project Officers:** A HPPC Resource Kit has been developed and will be available on the Palliative Care Victoria website in the second half of 2011. This kit contains information and templates to assist health professionals who are interested in the development, implementation and evaluation of HPPC projects. A small balance of project funding has been allocated to this (see Financial Statement Appendix 8).
4. **Recognition of Rural and Metropolitan differences.**
5. **Resourcing a Health Promoting Palliative Care Approach**
6. **Research and Evaluation** It is envisaged that use of the HPPC Resource Kit will be tracked and users will provide evaluation of their projects.

The *Strengthening Palliative Care in Victoria Through Health Promotion Project* has the capacity to contribute to the "Strengthening Palliative Care: Policy and Strategic Directions 2012-2015". A principal focus is Strategic Direction 7 *Ensuring Support From Communities*, to which the project provides a range of community capacity building strategies designed to strengthen awareness of death, dying and loss. Further, both the Hume and the Northern

and Western Region Project Officers developed significant links with Advanced Care Planning initiatives in their areas, and this has enhanced the work of both programs. This in turn contributes to Strategic Directions 1 and 2, and has implications for Strategic Directions 3 (care in place of choice) and 5 (coordination of care)

The work undertaken by Helen Corbett on quality assurance using data generated through HPPC activities has been of interest to a number of services. This should be developed further and made generally available as a contribution to Strategic Direction 6.

We believe that a health promoting framework provides an effective means of coordinating and implementing the key strategic directions of the new policy and strategic directions.

APPENDICES

1. Train the Trainer Outline
2. How to care
3. Hume Region Small Grants
4. Hume Region Community Contacts
5. North and West Community Contacts
6. Health Promotion in Palliative Care Activity Record Sheet (not attached)
7. Health Promotion in Palliative Care Information brochure
8. Financial Statement

APPENDIX ONE

Creating Compassionate Communities: Talking About Dying:

Train the Trainer Session:

Session One: Welcome and Introductions

Why are you interested?
What are your hopes for this workshop? Any concerns?
What's been your experience of people talking about death and dying? Why does it seem to be so hard?
Ground rules: confidentiality, recognise challenging area so being sensitive re comments.

Session Two: HPPC – key concepts, use of Powerpoint One.

Session Three: Historical context: Powerpoint Two.

Discussion: What are you reactions to the thoughts here about changes in community attitudes to death and dying/ to spirituality and religion.
What is your response to the idea of working with the range of possible reactions suggested here?

Session Four: Questions for reflection:

Think of a time when you/your family have had a crisis/tough time.
What helped? What made a difference?
How would you like to be listened to/asked about things?

Ask people to think/journal about this on own first, then share in small groups or pairs depending on feel of group.

Session Five:

Brainstorm responses from Session Four on board/butchers's paper: NB only the person's own experience, not what they think people would find helpful.

What are the implications for how we might be helpful to others?

- people are different and want different things
- what I think is helpful is not necessarily the same as others will
- I may be asked/ expected to do things out of my comfort zone
- What people want will vary over time.

Session Six: Handout, use own examples, encourage discussion /comments.

- be appropriate with examples, brief, not overly emotional or dramatic
- use stories to show death affects everyone
- value of learning from own and others experience.

Session Seven:

Role Play: Groups of three: take two of the themes from the principles. Think about how you might present them, what examples you might use.
Ten minutes to plan, fifteen minutes for each o practice, 5 minutes to debrief.

Session Eight: Discussion about group dynamics:

- acknowledge up front difficult subject, touches all of us, OK to feel emotional
- size of group, preferably not too big
- strategies for containing emotion, ie acknowledge and move on,
- ideally have someone else able to go with someone if go out upset.

Session Nine: - group practicalities

- useful to have food/ tea and coffee, either as ice breaker or part way through.
- Venue accessible and pleasant
- Publicity clear about topic and that some participation is expected
- Set ground rules early re participation – confidentiality etc.
- Ideally, group of up to twenty, though does work in bigger group.

APPENDIX TWO

How to care:

1. People are different and will want different things - be prepared to ask what would be helpful

2. Be aware of your own preferences and that these may be different from someone else's. Don't assume that what you would find helpful someone else will.

3. People want to be treated as normal - are still the whole person they have always been, probably with the same interests, sense of humour, etc.

4. People want their feelings to be taken seriously and their variety of feelings recognised ie important to recognise, accept, validate feelings, don't try to minimise grief or cheer the person up

5. Be interested: Listen without seeking to give answers – often aren't answers anyway, people generally want to be able to explore for themselves or simply to be heard.

6. Ask what matters for this person: recognise/sit with where they are coming from – for example, religious or not, spiritual or not. Be interested in what's important for them – their connections to family, community, to places and things.

7. Value being as much as doing ie recognise where the person is – do they need something practical, emotional, social. Do they want you to help them do something or do they want company in just sitting.

8. Be cautious about giving ideas/advice, if you do, be tentative and allow the person to make their own decision.

9. Remember people will experience death and dying differently as they do all other aspects of life; allow them to express their particular experience.

10. Recognise when you need to seek help – for yourself to clarify or debrief or just get support, when you need to refer on.

What to say/how to listen:

1. Be prepared to acknowledge the other person's experience ie to talk about dying and death

2. Open up the possibility of talking about loss and grief , saying, for example, I am/was sorry to hear about ..... I'm wondering how you are now with .....

3. Follow their lead about where they want the conversation to go

4. Listen to the words and what they are saying /feeling underneath the words

5. Respond to feelings – accepting, validating

6. Acknowledge the varieties of ways of experiencing loss and grief – no 'right' way

7. Listen without judgement

8. Recognise sometimes people need to say the same story many times without expecting you to respond differently

9. Let go of the need to have answers, if you need to simply say something like what can I say that just sounds very hard.

10. Be yourself.

APPENDIX THREE

Health Promotion in Palliative Care Bridging Project
2010-2011 Hume Region Small Grants

Organisation	Activity and target	Funding approved (GST Inc)	No of Participants	Outcome
Hume Region Palliative Care Coordinator of Volunteer Network	Facilitate a craft activity at Hume Region Palliative Care Volunteer Day in Benalla to encourage increased volunteer involvement in the regional Community Christmas Tree of Remembrance HPPC activity Target group: Palliative care volunteers from programs involved in Hume Region Palliative Care	$300	83 volunteers	In Dec 2010 Coordinators and Volunteers from 11 of the specialist palliative care volunteer programs were involved in the implementation of 25 of the 37 Community Christmas Tree of Remembrance trees set up across the region. This compares with 9 of the specialist palliative care volunteer programs' involvement with 18 of the 26 trees set up in Dec 2009
Albury Wodonga Health Wodonga Campus Specialist Palliative Care on behalf of a cross border Loss and Grief Committee	Support for resources to hold 'The Gathering' – a walk and lunch over the river Murray as an event during Grief Week to acknowledge the loss and grief experience Target group: People living on the border (Albury and Wodonga)	$500	~40 community members	Of those who participated 20 people wrote comments in the Remembrance Book provided. A further 8 people signed. Comments about the day included: "A great event" " Really worthwhile – thank you" "What a wonderful gathering" And about their loved "Always thought of and remembered with love"

Villa Maria Commonwealth Respite and Carelink Centre	Purchase of Ukuleles and tuners. Villa Maria (Wangaratta Office) is working in partnership with North East Health and Ovens and King Community Health Service to facilitate a beginner's group for the ukulele. Aims to improve the overall wellbeing of both the carer and the care recipient. Target group: Carers of those with dementia or an advanced chronic illness	$356.27	12 registrations 8 regular attendees	Enhanced well being of participants: "Having contact with other carers has been beneficial as has learning to play a music instrument has been great" Health messages about support for carers promoted in the wider community -Newspaper article -Radio segment and web video clip

APPENDIX FOUR

Health Promotion in Palliative Care Bridging Project
2010 – 2011 Community Contacts

2010-2011

Organisation	Action / Initiative	Target group	Number attending
July 2010			
Palliative Care Victoria	2 conference presentations	Palliative care providers	Approx 30
Albury Wodonga Loss and Grief Event Committee	Attend planning meetings for loss and grief event and administer small grant application		
August 2010			
Albury Wodonga Loss and Grief Event Committee	Assisted with Grief Week event called "The Gathering"	Community members	Approx 40
Anglican Parish in Shepparton	Input into Funeral Expo day planning		
September 2010			
Benalla Bushwalkers	Presentation	Community members	12
Hume Region Coordinator of Palliative Care Volunteer Network	Administer small grant application		
October 2010			
Hume Palliative Care Consultancy Team	Community Christmas tree of Remembrance planning and promotion	Community	
Euroa Health Inc	Presentation	Palliative Care volunteers	4
Wangaratta Methodist Church	Presentation on 'Enduring Powers of Attorney'	Community Members	80

Benalla Home Nursing Palliative Care	Presentation	Palliative Care Volunteers	4
Hume Region PCP	Conference presentation	Primary care providers	40
November 2010			
Tallangatta Community Hub	Discussion and presentation	Service provider	2
Hume Palliative Care Consultancy Team	Community Christmas tree of Remembrance planning and promotion	Community	
O&KCHS	Research		
December 2010			
O&KCHS	Research		
January - February 2011			
O&KCHS	Research		
Villa Maria (Wangaratta)	Administer small grant application		
March 2011			
Consortium Clinical Advisory Group	Presentation on quality processes	Specialist palliative care	9
April 2011			
O&KCHS	Research		
May 2011			
Beechworth Health Service	Presentation	Aged care volunteers	18
Moira Health Care Alliance	Request for How to Care What to Say education in second half of year	Volunteers	
O&KCHS	Research		

Hume Palliative Care Consultancy Team	Media promotion of death education community forum/ attendance at forum	Community	309
Palliative Care Victoria	Organise Podcast participants and community member for Australian newspaper journalist to interview		
June 2010			
O&KCHS	Research		
La Trobe University PCU	Host visiting GP from Scotland		

APPENDIX FIVE

North and West Metropolitan Region
PalliativeCareConsortium

2010 – 2011 Community Contacts

Organisation	Action / Initiative	Target group	Number attending
July			
Willowbrae Nursing Home Melton	Attended the service where the launch of the reflective space was launched (small project)	Nursing Home family and friends	70
Palliative Care Victoria	Conference presentation		
Broadmeadows Health Service	Met with Social work staff to discuss HPPC		3
August			
The Northern Hospital	Presented HPPC to the Residential Response Team	NH staff and staff from local nursing homes	40
National group conference x 2 days	Contacts etc for national group		
September			
BMW Edge	Four Funerals in One day at Federation Square		225

Organisation	Action / Initiative	Target group	Number attending
November			
BHS	Discussions Social work		3
Northern Health	Trans-cultural and language services Life and Death Matters group		10
January 2011			
Public health & health promotion Conference, Dacca	Presentation		?
PCV Quality Special Interest Group	Presented HPPC record sheet.	PC Quality reps.	8 – distributed more broadly
February			
Banyule Darebin Nillumbik PCP	Presented HPPC	Palliative Care SIG	22
Nillumbik Community Health (Linda Hammond)	Presented HPPC to coordinator of cancer support group. Requested copy of "Dying to know" for group.		1
Warringal Private Hospital	HPPC - Requested 2 copies of "Dying to know" for waiting rooms	2 social work	2
Northern News	Article re PH & PC conference		
March			
Annecto (Bronwyn Perry)	Presented HPPC	Case managers	16
Merri Community Health (Deb McCallum)	Presented HPPC	Team leaders – Aged Services	3
April			

Organisation	Action / Initiative	Target group	Number attending
Broadmeadows Health Service	Met with NUM of Palliative Care Unit		1
"Air Supply"	Presented HPPC – referred as a result of Darebin Community Health small project	Clients with heart and lung disease	8
Social Networks newsletter	Article re PH & PC conference		
Social networks newsletter	Article re HPPC and ACP		
May			
Darebin Community Health	Presented HPPC – (also revisited to speak about group small project)	Staff	3
Bundoora Extended Care Centre	Organised "Paranormal session" as lead in to Palliative care week	Staff	36
Broadmeadows Health Service	Organised "Paranormal session" as lead in to Palliative care week	Staff	35
Displays NH for PC week		Staff and visitors	
Darebin Community Health & PCV – Reservoir	Podcast for NPC Week	All	
June			
La Trobe University PCU	Day with visiting Scottish GP		

Health Promotion in Palliative Care Activity Record Sheet

DHS Principle 7 - People with a life-threatening illness and their carers and families are supported by their communities

Palliative Care Australia Standard 9 - Community capacity to respond to the needs of people who have a life limiting illness, their caregiver/s and family is built through effective collaboration and partnerships.

NSAP Standard 8 – Formal mechanisms are in place to ensure that the patient, their caregiver's and family have access to bereavement care, information and support services.

NSAP Standard 9 – Information is available to the community, patients, their caregivers and family in various formats, languages and styles.

EQuIP Functions: **2.4.1** *Better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation.*
1.6.1 *Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.*
1.2.1 *The community has information on and access to health services appropriate to their needs.*

DATE	ACTIVITY	EQuIP Function	HPPC KPI	DHS principle	NSAP Standard	PC Aust. Standard	Health Promotion Interventions and Capacity Building Strategies						
							Social marketing /health informati Designed to *influenc the voluntary behaviour* of target audiences	**Health educati and skill development** Provision of educ to individuals or groups through p sessions	**Community Action** (for social and environmental change): *Empower communities* to build their capacity	**Settings and Supportive Environments** Aims to *create m supportive* workpl community clubs, schools, and busi	**Organisational Development** Strengthen organisational *support* for health promotion within provider agencies through policies a quality improvem	**Workforce Development** *Developing the h promotion skills knowledge of the Workforce.* Professional development and education.	**Resources** Developing resources to support hp – financial, information, decision making, and tools &models.
	Presentation to Polish Community Group on building community resilience, plus information about PC services	2.4.1 1.2.1	Still being finalised	7	8. 9 9	9	Yes	Yes		Yes			
	Development of new brochure around grief services available to community as result of feedback from clients. Brochure for public and other health service circulation.	2.4.1 1.6.1 1.2.1	Still being finalised	7	8.10 9	9	Yes						Yes

Original concept developed by The North & West Metropolitan Region Palliative Care Consortium
For more information regarding Health Promotion Interventions and Capacity Building Strategies, go to http://www.health.vic.gov.au/healthpromotion/steps/implementation.htm

Community education is about loss and death education for everyone

Look at providing opportunities with schools and clubs, workplaces and community groups. Relevant topics include:

- **Social needs:** sexuality, work, friendships, recreation, legacy, hobbies, discrimination and stigma, staying 'normal', wills, enduring powers of attorney and care at the end of life
- **Psychological needs:** anxiety, depression, loss and grief, despair, anger
- **Spiritual needs:** meanings of survival and suffering, religious belief, reunion/reconciliation
- **Physical needs:** encouraging a more holistic approach for physical health and well-being needs

Community Small Grants for HPPC activities

For community groups and organisations

Contact us re current availability, guidelines and application form

The great majority of people who are living with cancer and other life limiting or terminal diseases spend their time with families, work mates and friends, outside of any formal health care system. Many people feel unprepared when such illnesses befall them or others. In many of our local communities we need to relearn the old ways of caring for one another – those persons who are dying and those left behind.

Kellehear 2005

Helen Corbett
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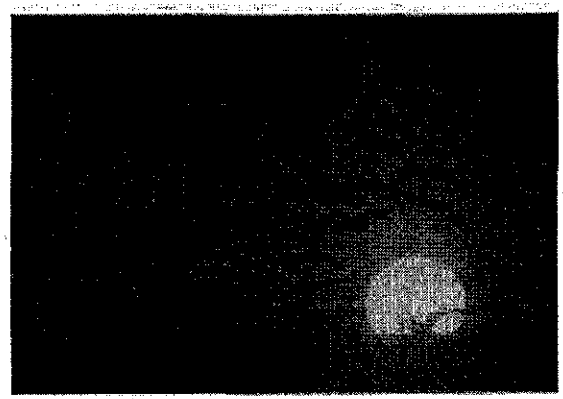
Health Promotion in Palliative Care

North and West Metropolitan Region
PalliativeCareConsortium



Strengthening Palliative Care in Victoria through health promotion

Palliative care

Offers a support system to help patients, live as actively as possible until death and to help the family cope during their illness and own bereavement

National Palliative Care Strategy 2010

However, services on their own can never provide all that people need.

Health promotion in palliative care (HPPC)

- Builds on the community's ability to help care for those with a life threatening illness as neighbours, family, colleagues and friends
- Reminds the community of the place of dying and death as a part of life
- Creates supportive environments to engage in difficult conversations about death, dying and palliative care

"Strengthening Palliative Care in Victoria through Health Promotion"

Project supported by Victorian Department of Health

Why health promotion in palliative care?

There are currently many mixed messages and attitudes around death and dying and it often remains a taboo subject in our local communities. We need to find ways to get people thinking about their attitudes to death and dying so that community members are better able to support themselves, and their own, alongside the care provided by professional carers.

A health promotion approach to palliative care involves the entire community, and the work becomes more in tune with social needs that support prevention, harm minimisation and early intervention. In this way we create a community better equipped to understand how to support those experiencing the difficulties associated with dying, death, loss, bereavement and caring for others.

A public health approach to palliative care focuses on creating partnerships with local communities and involves initiatives such as:

- Community development
- Community education
- Prevention strategies aimed at reducing social morbidity (isolation and despair)
- Social policy, practices and advice

Palliative Care Australia (2003)

What does health promotion in palliative care offer?

Information and talks to community groups and organisations such as local government, community health, neighbourhood houses, service clubs, unions and business associations.

Creative partnerships with schools, local newspapers, TV and radio, sports associations and clubs, local government, businesses, organisations and churches

Opportunities to inform those responsible for health promotion - community health, Aids Council, Women's Health, Education Department and public health associations - on how they can support this approach.

Strategies include:

- World Café conversations
- Death education for everyone
- Community reflective spaces
- Support programs for carers
- Creative arts responses and performance
- Community Christmas Trees of Remembrance
- Education on how to compassionately care for people experiencing end of life issues
- Noticeboard posters with key HPPC messages

HEALTH PROMOTING PALLIATIVE CARE PROGRAM

		July 2010-June 2011 (excl gst)
REVENUE		
Balance brought forward		0
DHS payment received	21st April 2010	50000
Total Revenue		**50000**
EXPENDITURE		
LTU Payments to Consortium Members		**Actual 2010**
Ovens & King Community Health Service		
25 October 2010		4,318.00
5 January 2011		4318.00
15 April 2011		4318.00
7 July 2011		4318.00
Melbourne City Mission/ North and West Metropolitan Region		
25 August 2010		4,000.00
20 October 2010		4,000.00
17 January 2011		4,000.00
15 April 2011		4,000.00
Palliative Care Unit, La Trobe /Palliative Care Victoria		
Dev & Distribution web based resources		2608.91
Catering - Coordinator Meetings		212
Travel/Accomm		0.00
FGardner .2 June to end 2010		13,907.00
Total Expenditure		50,000.00
REVENUE less EXPENDITURE		
Balance		**0.00**