Seeding Compassionate Communities

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What drove the Initiative

- Universality of death
- Aging population
- Chronic & serious illness growing
- Loneliness epidemic
- Quality of life and dying issues
- Gaps in access to palliative care
- Equity challenges

Communities can help!
Compassionate Communities

- A public health palliative care model
- International successful examples in
  - UK
  - Ireland
  - Australia
  - India
  - Japan
- International movement started in 2013
- Canada joined the movement
- Evidence for impact is building
Compassionate Communities Model

Core elements

• Public awareness
• Public education – help individuals to cope with illness
• Community engagement
• Community development
• Mobilizing partnerships – put collective impact into actions
• Advocacy for public policy – to create supportive environment
What is a Compassionate Community?

A community where people:

- have conversations “How to live well to the end of life”
- support each other during illness, dying and loss.
Compassion

By June 2018, we will engage and empower 50 community groups to implement compassionate communities projects across BC.

**Goal**
To maximize social connection and well-being of British Columbians who are affected by serious illness, frailty, dying and loss.

**Guiding Principles**
- Compassion
- Person-centred
- Inclusive
- Sustainable

**BCCPC’s Role**
To support BC communities to become more compassionate & supportive of those touched by a serious illness, frailty, dying or loss.

**Target**
By June 2018, we will engage and empower 50 community groups to implement compassionate communities projects across BC.

Caring for others is everyone’s responsibility
Strategies

- Promote
- Convene
- Inspire
- Engage
- Spread
- Mobilize action
- Celebrate
- Empower

Community
Seeding Compassionate Communities

Seed Grant Program

Training

Tools & Resources

Networking

Community Non-profit Organizations

Implement new Ideas

Spread Success

BC Centre for Palliative Care
Funding Decision

Non-partisan Committee Members

- Compelling opportunity
- Scalable approach
- Clear goals and objectives
- Clear work plan
- Achievable outcomes
- Citizen engagement
- Partnership potentials
- Evaluation measures
- Required expertise on board
- Access to needed resources
- Appropriate budget plan

High likelihood of success criteria
## BC Evaluation Plan

<table>
<thead>
<tr>
<th>Evaluation Plan</th>
<th>Who is responsible</th>
<th>Tools</th>
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</thead>
<tbody>
<tr>
<td>A logic model <em>(recommended)</em></td>
<td>Communities</td>
<td>Template &amp; examples [BCCPC]</td>
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<tr>
<td>Evaluation measures <em>(required)</em></td>
<td>Communities</td>
<td>Template &amp; examples [BCCPC]</td>
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<tr>
<td>Final Report: evaluation questions</td>
<td>Communities</td>
<td>Template [BCCPC]</td>
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<tr>
<td>Process measures</td>
<td>Communities</td>
<td>Template [BCCPC]</td>
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<tr>
<td>Outcomes measures</td>
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</tr>
<tr>
<td><strong>Benefits for public participants</strong> <em>(Knowledge, skills, confidence, comfort, satisfaction)</em></td>
<td>Communities</td>
<td>Surveys</td>
</tr>
<tr>
<td><strong>Benefits for volunteers</strong> <em>(knowledge, skills, confidence)</em></td>
<td>BCCPC</td>
<td>Post-training survey, End of project survey, &amp; focus group</td>
</tr>
<tr>
<td><strong>Benefits for community organizations</strong> <em>(capacity, growth, trust, partnership)</em></td>
<td>BCCPC</td>
<td>End of project interviews</td>
</tr>
</tbody>
</table>
Seed Grant Application A

Appendix B: LOGIC MODEL Template

INPUTS

WHAT WE INVEST (REQUIRED RESOURCES)

ACTIVITIES (WHAT WE PLAN TO DO)

PARTICIPATION (WHO WE WILL REACH)

OUTCOMES

WHAT THE RESULTS ARE
(In terms of LEARNING/ACTION/CONDITION)

Project Goal

Objectives

Evaluation Measures
The Problem:
Family caregivers of patients with terminal illness often feel physically exhausted and emotionally fatigued but they are reluctant to leave the bedside of their loved ones because they do not.

Project Goal
To provide respite for family caregivers whose loved ones are in their final days of life.

Objectives
Train volunteers to offer vigil services; offer emotional support by phone.

WHAT WE INVEST (REQUIRED RESOURCES)
- INFORMATION/DATA
- STAFF
- VOLUNTEERS
- MONEY
- PARTNERS
- EXPERTS
- EQUIPMENT

WHAT THE RESULTS ARE (In terms of LEARNING/ACTION/CONDITION)
- CHANGE IN: LEARNING
- AWARENESS
- KNOWLEDGE
- ATTITUDES
- SKILLS
- ASPIRATIONS
- MOTIVATIONS
- PERSON/FAMILY SATISFACTION
- CONFIDENCE LEVELS

A Training manual developed
- Brochure created
- # Volunteers trained
- # Brochures distributed
- # Respite visits made
- # Families who received respite services (by type of service)

OUTCOMES
- PERSONS WITH SERIOUS ILLNESS
- FRAIL SENIORS
- HOME HEALTH CARE PROVIDERS
- RESIDENTIAL CARE PROVIDERS
- FAMILY CAREGIVERS

Families:
- % Families who are aware of the availability of respite services
- % Families who feel comfortable to use respite services
- % Families who are satisfied with the service received

Increase in level of knowledge about respite care
Increase in confidence level to provide respite

Suggested Evaluation Measures
- # Families affected by the problem
- # Partners recruited
- Partners ’contribution (cash and in-kind)
- # (and profile) of experts recruited
- # of volunteers recruited
Our Journey: from idea to reality

Engagement
- BCHPCA conference
- Stakeholder engagement led by Dr. Kellehear
- Community outreach

Planning
- A White Paper
- Identify Key partners: BCHPCA, Family Caregivers of BC, Healthy Communities BC Society
- Plan

Endorsement
- Provincial Advisory Committee for PC
- PH Officers' Council of BC
- Partners

Empowerment
- Seed money
- Toolkits, Training, Coaching
- Networking
- Public Awareness
- Community Talks
- Professional Education

Networks of care
- 68 CC projects across BC
- 48 community organizations
- 50% in rural/remote areas

Q2-2015
Q3-2015
Q4-2015
2016
2017

BC Centre for Palliative Care
68 Projects

48 community organizations

50% are in rural and remote communities

Community-based Project

Provincial Project
Initiatives supported by BC Centre for Palliative Care

Examples
New Westminster Compassionate City
Building Compassionate Community Through Dialogue and Songs
Compassionate companion
High school students

West Coast Compassionate Project

Pacific Rim Hospice Society
Legacy Art Program
Advance Care Planning Conversations

Over 800 people throughout BC attended Advance Care Planning Sessions

Invites you to
Start the conversation on
Advanced Care Planning

Who would speak for you
If you couldn’t speak for yourself?

Please Join us April 21, 2017
Please RSVP to Sherry Webster: 250-985-5816

Time: 7:00 pm to 9:00 pm

This project is funded by the Seed Grants Program, a joint initiative between the BC Centre for Palliative Care and the BC Hospice Palliative Care Association, which is funded through a grant from the Ministry of Health.
Over 200 people played the game throughout BC.

A Conversation Game

Cowichan Hospice invites you to join them for Afternoon Tea and the Advance Care Planning Game Hello. The Conversation Game for Living and Dying Well

Saturday, April 8th, 2017
1:30 PM - 4 PM
at the Duncan Ramada

For more information or if you would like to attend, please call 250.701.4242 or email cvhospice@shaw.ca

This event is free of charge, but space is limited, so register early!

Funded by the BC Center for Palliative Care, The Seed Grant Program.
Evaluation: evidence of benefits
Over 12-month

• > 75 community volunteers trained
• **105** public education and community events across BC
• Over 2000 British Columbians were reached and supported.
• > **100** tools developed by community organizations:
  ○ event toolkits,
  ○ educational/information materials (videos, brochures, presentations, posters...)
  ○ evaluation surveys
• Evaluation data available for every project
Benefits for reached population

**At end of the session:**

**Increased knowledge**

- When to think about personal values
- When to speak about values
- Options for documenting wishes
- Who I would want to make my decisions

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**4-6 weeks after the session:**

**Improved behaviours**

- Thought about personal values, beliefs and wishes: 29% increase
- Had ACP conversations with Substitute Decision Maker: 46% increase
- Had ACP conversations with those close to them: 76% increase
- Had ACP conversations with a health-care provider: 75% increase
- Created an ACP document: 69% increase

Data from public education sessions about advance care planning
Benefits for community organizations

Improved connection
New partnerships
Raised profile
Attract additional funding
Benefits for community organizations

- **Awards** from Chamber of Commerce!

- **A regular spot** on our local radio station

- **Care facilities** want us to continue our work with seniors

- **Partnership** with Family physicians

- **Received $100k Grant from** Vancouver Foundation

- **Strong connections** with 4 sponsors

- **Community now see us as more than a support for end of life**

- A new face .... a new reputation.
Benefits for trained volunteers

Increased knowledge
- Concepts and terms of ACP: 67% increase
- The ACP process: 60% increase

Improved skills
- Have required facilitation skills: 63% increase
- Know where further information can be found: 49% increase

Improved confidence
- Ability to explain & answer questions about ACP: 100% increase
- Ability to facilitate ACP workshop: 94% increase

Before
- Strongly Agree
- Agree

After
- Strongly Agree
- Agree

(n=47)
"Each one of us can make a difference. Together we make change."

Barbara Mikulski
## BC Compassionate Communities

**More info**

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| Email: office@bc-cpc.ca |
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