All Together-Compassion Communities

Topic: *"A Rural Approach to Compassionate Communities"*

Date: February 27, 2024th

AGENDA ITEM	DISCUSSION
	Facilitator: **Lisa Clement**, Public Health Initiatives Program Manager, BC Centre for Palliative Care (BCCPC) **Presenter: Meghan Derkach**, BSW RSW/CNPEA Board Member, Executive Director, Cherryville Community Food & Resources Society
Poll	**63%** of session participants currently live or have lived in a rural community

Meghan's Presentation	**About Cherryville**
	• 930 residents
	• 36% of population are 60+ years old
	• 30% of population is low income (higher than BC average)
	• Considered remote under some classifications and rural under others – can vary on things like grant criteria
	• Generational (for many families multiple generations have lived in community)
	• Rich in talent
	• Back to the roots is a major part of charitable identity: homesteaders, strong ties to land, mindful of footprint on earth
	• Giving community
	
	About Cherryville Community Food & Resources Society
	• 2010 established as a food bank, came out of the local church putting on a Christmas hamper
	  ○ Took about a decade of building trust and working through misconceptions around food insecurity. At the same time working through unique rural barriers: limited cell service, internet access, cost of travel on residents (about 60kms to closest urban centre with hospital and many medical services), winter road conditions, off-grid residents
	  ○ Cultural factors (the lived identity and historical roots of Cherryville) also played part in needing time
	• Culture shift through providing education as a food bank: challenging biases, normalizing asking for help. A big part of this was **engaging supports in community by community** (the power of key stakeholders in your community)
	• Worked to mitigate rural barriers: recognized need support/services beyond food security. Supports needed for aging community. COVID was a catalyst for this (less support and services coming in to Cherryville)
	• 2020 – name change/constitution change to include resources = Cherryville Community Food & Resources Society

	○ Started with doing check-ins with some aging and serious ill community members and grew to the range of services being offered today ○ Increasing supports to Cherryville aging community, residents living with disabilities, youth and family, mental health and substance use ○ Have a newsletter that targets lack of information and misinformation – printed and mailed to every household, posters, social media. • 2023 received first seed grant from BC Centre for Palliative Care to offer a caregiver support group and increase access to psychosocial supports for palliative adults or those living with life limiting illness. ○ Came out of desire to support aging in place (including dying in place) ○ Rural communities like Cherryville have particular barriers (location, costs, historical factors) resulting in equitable access to care challenging an individual's ability to age-in-place for as long as they would like. Ex. Interior Health in-home supports are available multiple times per day in urban centres and Cherryville residents may be able to get once a day or a few times / week. Leaving residents to hire private care (not an option for many). ○ For many Cherryville residents the idea of having to trade the community they know and feel comfortable in is unimaginable for many to leave and go to hospice/hospital setting
Discussion	Participants split into breakout rooms to discuss: **What are some barriers unique to your community and what are some innovative approaches you have taken/could take to increase access to supports and services?** Participants came back together to share some learnings from their breakout discussion time: • Jennie Biltek (Sunshine Coast Hospice). Hospice is community led with no counsellors on staff. They developed the Complicated Bereavement Fund for people arriving at hospice who had complicated grief. This has expanded now. Currently have 9 counsellors on a list that are contracted on as needed basis. This way have the ability to match clients and their particular needs with a counsellor that suits them (ex. Counsellor who specializes in supporting those experiencing grief from a substance use death) ○ A fully funded program (mix of private funding and grants). Anyone interested in learning more welcome to contact Jennie: jennie.biltek@coasthospice.com • Sunshine Coast Hospice doing a 35-hour hospice training program. Take about 16 people / year. Can contact Jennie about the training to learn more and she can connect you with volunteer coordinator. There is talk at the provincial level that there will be some standardized training for volunteers but this will likely not fit for rural communities so their training is specific to living in a rural community • Sunshine Coast Hospice is also working with the overdose awareness group, as well as shelter for unhoused folks. It's a hugely under served community with grief and palliative support. Folks have no where to palliate and there's often fear and lack of security in hospital. • Nancy McPhee (Galiano Healthcare Centre) – just finished some training with volunteers as part of our home hospice program. No brick and mortar hospice facility as we are a Health Centre. Training program developed from conversations with multiple organizations to gain ideas (ex. Vancouver Island Federation of Hospices)

	• Meghan asked about barriers around things like ferries. Has virtual care been explored at all? ○ Ferries can be a huge barrier for care (timing, long travel days sometimes even need to stay overnight and because very cost-prohibitive) • Patricia Biondo: I'm here on behalf of our Compassionate Alberta project www.compassionatealberta.ca, most of our activities are around public education as we are funded to try to raise awareness of palliative care and advance care planning. I can't say we've developed anything specifically for rural populations but some of our tools/resources could be applicable/available to rural communities. E.g. we are offering a 'PalliLearn' train the trainer program to train people to facilitate PalliLearn public education courses in their communities, and also resources to support 'Death Cafes', to support people to become a Death Cafe facilitator and run Death Cafes in their community. And we've also created an Understanding Palliative Care online module that can be accessed free online. Feel free to check out our website if any of this is helpful. • Alexandra Guerrero: Here on behalf of the ALS Society of BC. We do have mobile clinics, which helps to provide educational sessions to health care professionals in the rural areas. The sessions are provided by the ALS Centre in Vancouver
Compassionate Community Cherryville	**Meghan concluded her presentation with some more information on Compassionate Community initiatives in Cherryville** • Offering a caregiver support group – aim to provide psychosocial supports to Cherryville residents living with life limiting illness or disease, chronic health conditions, complex frail older adults • Needed to be flexible and pivot as there wasn't much interest in this group. Community experienced a lot of traumatic loss around this time so offered grief support group instead which was of interest • Results: offered range of psychosocial supports to 11 individuals who met criteria: meeting in home, system navigation support and advocacy, offering to sit and be with them • Interest for another grief group • Most notable successes: openness to discuss EOL and death, allowing death literacy to expand. • Ripple affect of program awareness - Clients using hamper program heard about grief group, open to learn more and share their own grief experiences. Reach of this program went far beyond the 11 registered. • New partnerships: North Okanagan Hospice Society, Paramedicine, collaborating with a pharmacy to reduce barriers and increase access to medication for residents in community **Concluding points:** • Buy-in and trust takes time (took 10 years for resource centre) • Important to have strong local representation throughout planning and implementation • Find the local community champions and have them involved from the beginning • Listen to community and be willing to adapt • Cherryville has always been a compassionate community but through this process with the seed grant we are simply tapping into heart of community and organizing opportunities for individuals to better support one another

	• Anyone can integrate Compassionate Community model into their neighbourhood regardless of geographical barriers • Start the conversations
Q&A	**Q: How did you get around barrier of talking about death, dying, EOL? (people's comfort level to talk about these topics)** • Death cafes are an idea • Communication through newsletter and printed materials • Grief group was a conversation starter that opened the door for more to start engaging in these conversations. Grief group was non-confrontation and provided education and gave space if people wanted to share but there was no pressure for them to share • Jennie: If any interest in developing a Green Sleeve Advanced Care Planning program in their community, please let me know. We developed something specific to our rural community in coordination with the palliative care team: jennie.biltek@coasthospice.com
References	During session Meghan shared pieces from articles that support compassionate communities in rural communities and the unique considerations that need to be taken into account to support those with serious illness. **Presentation Reference list:** • Ken-Opurum, J., Darbishire, L., Miller, D. K., & Savaiano, D. (2020). Assessing rural health coalitions using the public health logic model: A systematic review. American Journal of Preventive Medicine, 58(6), 864–878. https://doi.org/10.1016/j.amepre.2020.01.015 • Kornelsen, J., Carthew, C., Miguez, K., Taylor, M., Bodroghy, C., Petrunia, K., & Roberts, D. (2021). Rural citizen-patient priorities for healthcare in British Columbia, Canada: Findings from a mixed methods study. BMC Health Services Research, 21(1), 1-12. https://doi.org/10.1186/s12913-021-06933-z • Statistics Canada. (2021). Census Profile, 2021 Census of Population – Cherryville. StatCan - Cherryville • Tompkins, B. (2018). Compassionate communities in Canada: It is everyone's responsibility. Annals of Palliative Medicine, 7(2), 118-129. http://dx.doi.org/10.21037/apm.2018.03.16
Additional Resources and connect	• Meghan's contact: meghan.derkach@hotmail.com • Session recording: YouTube • BC Centre for Palliative Care: Compassionate Communities Resources **Save the Date for **All Together Symposium**, Oct 4th, 2024 in Vancouver. Details here: All Together 2024 Event page. The symposium will focus on bridging the gap between healthcare system and community system and organizations.