Compassionate Communities: A Taiwan Experience

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Contents

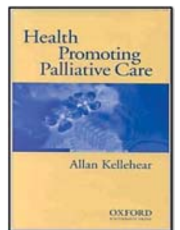
- My own story
- What is a compassionate community, and why is it essential?
- Basis concepts of health promotion and community development
- The development of compassionate communities , example from the world
- Our own experiences…

My own story:

- I began my journey as a family medicine physician after graduating from medical school.
- I earned my doctoral degree in public health in the United States 23 years ago.
- Approximately 27 years ago, I had the privilege of establishing the first Buddhist Hospice, known as the Heart Lotus Hospice, in East Taiwan.
- "15 years ago, I was seconded from the university to the Bureau of Health Promotion, where I served as Deputy Director General for a period of two years."

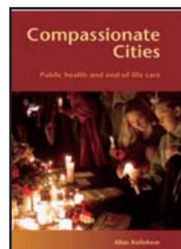
My own story cont.…

- When I started my new job, a colleague approached me and said, *"We are considering withdrawing the palliative care program from the Bureau of Health Promotion. After all, our department focuses on health promotion, not end-of-life care. "*
- How can I response?
- I was fortunate to come across the book "Health Promoting Palliative Care" authored by Professor Allan Kellehear. This book delineates the application of health promotion principles, as outlined in the Ottawa Charter, to community-based palliative care. Armed with these principles, I am confident that I can persuade my colleague to retain the palliative care program as an integral component of our health promotion initiatives.

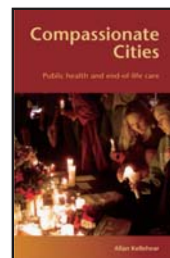


My own story cont.…

- Seven years ago, I was once again seconded, this time from the university to the Health Promotion Administration, where I assumed the position of Director General.
- I initiated community intervention programs grounded in the principles of health promotion, including initiatives like **healthy cities and age-friendly cities.** It was during this time that I encountered another impactful book, "**Compassionate Cities**," also authored by Professor Allan Kellehear.



The Compassionate Cities (CC) model



- Is an end of life care community application of **WHO Healthy Cities model**
- is a theory of practice for HPPC (**health promotion palliative care)**
- the principle of **healthy communities – health is everyone' s responsibility**
- the principle of compassionate communities – palliative and end of life care is everyone' s responsibility
- IN BOTH – **communities and services** create partnerships where *both* lead in areas where they have authority and responsibility

I searched Youtube – ….**Bill's Story by Milford Care Centre**

https://www.youtube.com/watch?v=_5tJGaWjRZk&pp=ygUmY29tcGFzc2lvbmF0ZSBjb21tdW5pdGllcyBiaWxsJ3Mgc3Rvcnk%3D

World Hospice & Palliative Care Day

WHAT IS A COMPASSIONATE COMMUNITY?

A Compassionate Community is a community of people who are **passionate and committed** to improving the experiences of those who are living with a serious illness, caregiving, dying and grieving. A Compassionate Community takes an active role in caring for people affected by these experiences, **connects people to supports, raises awareness about end-of-life issues, and builds supportive networks**

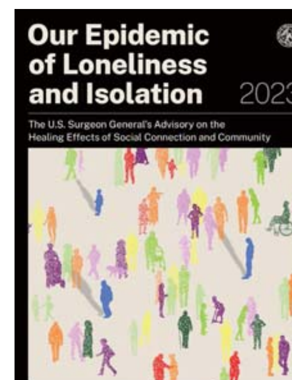
What is community?

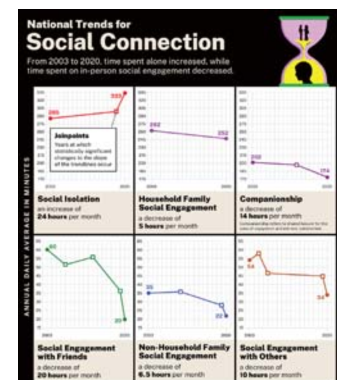
- **A community** can be a geographical location (e.g. city, town or neighborhood), a social group (e.g. book club or running group), a group of people united by a common purpose (e.g. members of a faith community, co-workers or neighbors), and even an online community.

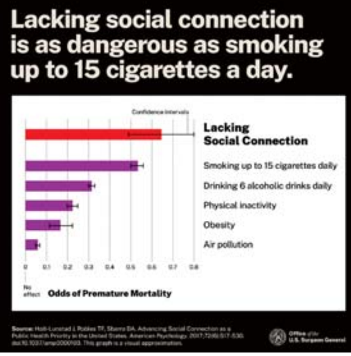
What is a new public health approach to end of life care?

Goes by many names…

- **Community engagement, participation, development**
- **Health promotion**
- **Community capacity building**
- **Social network approaches**
- **Compassionate Communities**







Source: Holt-Lunstad J. The Major Health Implications of Social Connection. *Current Directions in Psychological Science.* 2021;30(3):251-259.

- American Heart Association 2022
  - "social isolation and loneliness are common, yet underrecognized, determinants of cardiovascular health and brain health
  - Heart failure with high levels of loneliness :
    - 68% increased risk of hospitalization,
    - 57% higher risk of emergency department visits,
    - 26% increased risk of outpatient visits, .
- Chronic loneliness and social isolation can increase the risk of developing dementia by approximately 50% in older adults.
- "Social isolation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and lethal suicidal behavior among samples varying in age, nationality, and clinical severity."

Social Relationships and Mortality Risk: A Meta-analytic Review

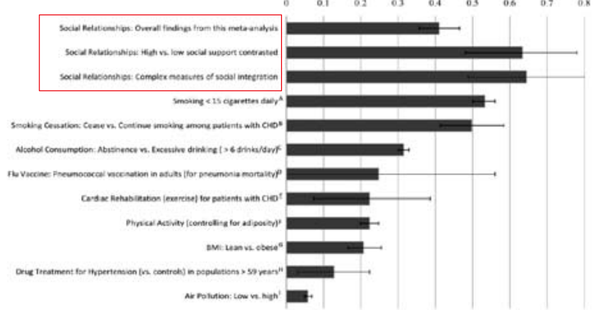
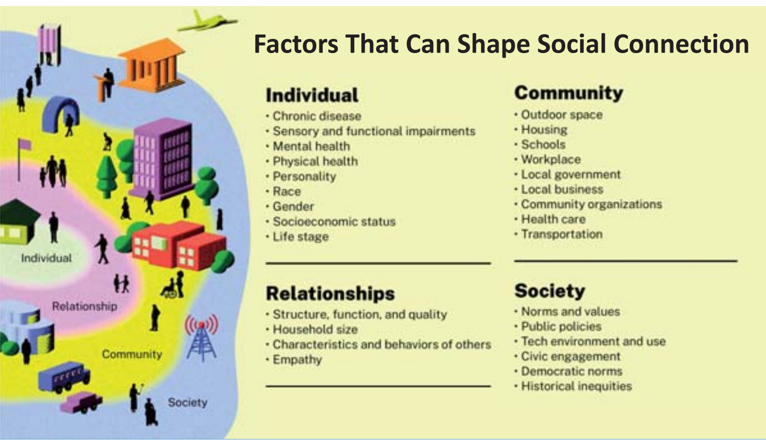


Figure 6. Comparison of odds (lnOR) of decreased mortality across several conditions associated with mortality. Note: Effect size of zero indicates no effect. The effect sizes were estimated from meta analyses: ; A = Shavelle, Paculdo, Strauss, and Kush, 2008 [205]; B = Critchley and Capewell, 2003 [206]; C = Holman, English, Milne, and Winter, 1996 [207]; D = Fine, Smith, Carson, Meffe, Sankey, Weissfeld, Detsky, and Kapoor, 1994 [208]; E = Taylor, Brown, Ebrahim, Jollife, Noorani, Rees et al., 2004 [209]; F, G = Katzmarzyk, Janssen, and Ardern, 2003 [210]; H = Insua, Sacks, Lau, Lau, Reitman, Pagano, and Chalmers, 1994 [211]; I = Schwartz, 1994 [212].
doi:10.1371/journal.pmed.1000316.g006

PLoS Med 7(7): e1000316. 2010

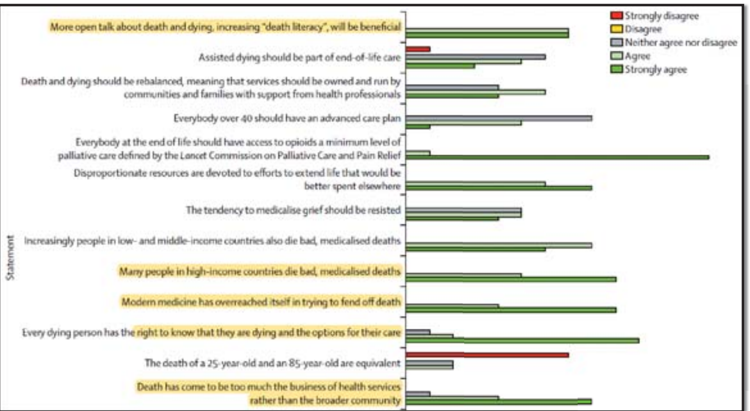


The Lancet Commissions

Report of the *Lancet* Commission on the Value of Death: bringing death back into life

Libby Sallnow, Richard Smith, Sam H Ahmedzai, Afsan Bhadelia, Charlotte Chamberlain, Yali Cong, Brett Doble, Luckson Dullie, Robin Durie, Eric A Finkelstein, Sam Guglani, Melanie Hodson, Bettina S Husebø, Allan Kellehear, Celia Kitzinger, Felicia Marie Knaul, Scott A Murray, Julia Neuberger, Seamus O'Mahony, M R Rajagopal, Sarah Russell, Eriko Sase, Katherine E Sleeman, Sheldon Solomon, Ros Taylor, Mpho Tutu van Furth, Katrina Wyatt, on behalf of the Lancet Commission on the Value of Death*

Lancet 2022; 399: 837–84



Lancet 2022; 399: 837–84

The changing nature of death and dying

	Before 1950	1950	2019
Level of medical technology	Low	Increasing	High and increasing
Detection of terminal disease	Poor	Improving	High
Definition of death	Simple	Still simple	Complex
Deaths from acute disease (mostly rapid)	High	Still high	Low
Deaths from injuries (mostly rapid)	High	Still high	Lower
Deaths from chronic disease (mostly slow)	Low	Increasing	The majority
Length of dying	Short	Still mostly short	Long
Passivity in response to a person dying	Common	Decreasing	Gone in western medicine
Involvement of doctors in dying	Low	Increasing	High
Number of doctors in UK per 100 000 people	Fewer than 26	26	280
Familiarity with death among the population	High	Still high	Low
Activities to manage death (death awareness campaigns, advance care planning, assisted dying, etc)	Low	Low	High
Community involvement in death and dying	High	Falling	Low
Meaning in death and dying	Mostly supplied through faith and faith organisations	Faith and faith organisations still have an important role	Inadequately supplied by multiple organisations, including the health system

Lancet 2022; 399: 837–84

Death is a social event with a medical component, not a medical event with a social component.

Professor Allan Kellehear

Why is the presence of compassionate communities important?

"For patients in the last year of life, only 5% of their day is provided by formal care, while the remaining 95% is delivered through informal care."

Informal Care
95% of the Day

- ✓ Spouse
- ✓ Caregiver
- ✓ Family & Friends
- ✓ Neighbours
- ✓ Workplaces & Schools
- ✓ Community Agencies
- ✓ Municipalities
- ✓ Faith Communities
- ✓ Hospices & Volunteers

Formal Care
<5% of the Day

- ✓ Doctor
- ✓ Nurse
- ✓ Nurse Practitioner
- ✓ Personal Support Worker
- ✓ Social Worker
- ✓ Pharmacist

Preferred Place of Death in Adult Cancer Patients: A Systematic Review and Meta-Analysis

Armin Fereidouni[1], Maryam Rassouli[2], Mahmood Salesi[3], Hadis Ashrafizadeh[4], Amir Vahedian-Azimi[5] and Salman Barasteh[6]*

Results: A total of 14,920 participants of 27 studies were included into the meta-analysis. Based on the results, 55% of cancer patients with a confidence interval [95% CI (41–49)] preferred home, 17% of patients with a confidence interval [95% CI (−12%) 23)] preferred hospital and 10% of patients with confidence interval [95% CI (13–18)] preferred hospices as their favored place to die. Effective factors were also reported in the form of demographic characteristics, disease-related factors and psychosocial factors.

Conclusions: This study showed that more than half of cancer patients chose home as their preferred place of death. Therefore, guided policies need to ensure that the death of the patients in the preferred place should be considered with priority.

Front. Psychol 2021. 12:704590.

Congruence between Preferred and Actual Place of Death for Those in Receipt of Home-Based Palliative Care

Jiaoli Cai, PhD,[1] Li Zhang, PhD,[1] Denise Guerriere, PhD,[2] and Peter C. Coyte, PhD[2]

TABLE 2. CONGRUENCE BETWEEN THE PREFERRED AND ACTUAL PLACE OF DEATH AMONG ALL THE DECEDENT (N=290)

	Actual place of death [n (%)]				
Preferred place of death [n (%)]	*Home*	*Hospice*	*Hospital*	*LTC*	*Total*
Home	***130 (68.42)***	14 (7.37)	46 (24.21)	0 (0.00)	190
Hospice	2 (4.27)	***40 (85.11)***	4 (8.51)	1 (2.13)	47
Hospital	9 (18.37)	5 (10.20)	***35 (71.43)***	0 (0.00)	49
LTC	0 (0.00)	1 (25.00)	0 (0.00)	***3 (75.00)***	4
Total	141	60	85	4	290

The overall congruence was 71.72% with an overall kappa statistic of 0.527.
Values in bold and italic illustrate number and proportion of decedents who achieved congruence.
LTC, long-term care.

JOURNAL OF PALLIATIVE MEDICINE Volume XX, Number XX, 2020

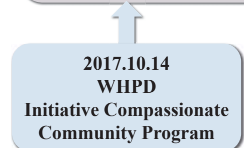
My own story cont....

The development of compassionate communities in Taiwan

Invitation to Taiwan

Professor Allan Kellehear

- March 2017 in Hong Kong
- July 2017 in Singapore

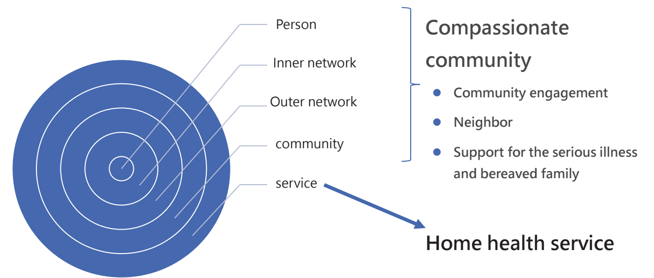


2017 Compassionate communities workshop

- Aged friendly, dementia friendly , compassionate communities -

Time : 2017.11.8-9
Venue : Taipei New Horizon Building

Community responses to EOL (Kumar, 2005)



The public health vision for end of life care

2019 Compassionate communities workshop -

Workshops organized by Bonnie Tompkins, Companionate Communities National Lead Pallium Canada :
-In North, Central, South and East Taiwan -

NGO from different communities participated in the workshop

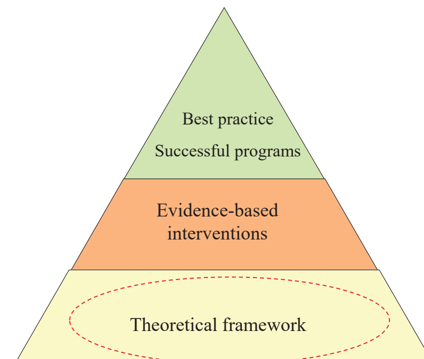
2020 Compassionate communities campaign

響應世界安寧療護聯盟提出「保障照顧者及家人能得到最佳照護與舒適的支持」倡議的前瞻性作法，串連縣市衛生局所、社區、學校、醫院及宗教領導者為超高齡社會超前部署

Catholic
Buddha
Vice President of Taiwan
Christian

Leaders from ...

The development of successful program



Access to palliative care: the primacy of public health partnerships and community participation

- Older people (aged ≥85 years), ethnic minorities, people with non-cancer illnesses, and people living in rural locations or areas of social deprivation had unequal access to palliative care.
- Palliative-care providers adopting new public health approaches will be best-equipped to tackle the challenges of equity and access for diverse populations
- By community, we mean not merely community services or volunteers but members of neighborhoods, faith groups, workplaces, schools, local government agencies, as well as sporting clubs, and cultural organisations such as galleries and museums.
- WHO through recognition of community assets and respect for community-defined priorities, community development empowers and enables social networks to identify shared concerns and engage in participatory
- Central to the development :strengthen community action and create supportive environments - Ottawa Charter

www.thelancet.com/public-health Vol 6 November 2021

What is health promotion?

Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people' s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

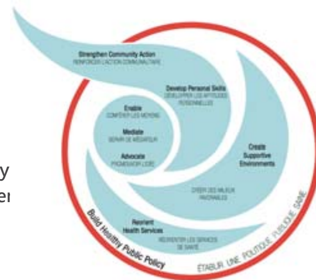
Empowerment

1986 World Health Organization (WHO) Ottawa Charter for Health Promotion

Key concept of Health Promotion

3 Strategies
- Enable
- Mediate
- Advocate

5 Domains
- Building healthy public policy
- Create supportive environme
- Strength community action
- Development personal skills
- Reorient health services



1986 World Health Organization (WHO) Ottawa Charter for Health Promotion

Compassionate community strategies

Strategies to Move Forward

Enable
- Promote education
- Association and agency leadership

Mediate
- Support local adoption
- Engage local, regional and provincial leaders

Advocate
- Advocacy common messages
- Incorporating common messages into association/organizational policy

HPCO

The underpinning principles guiding change

Ottawa Charter for Health Promotion

1。Integrate community provision of palliative and end of life care into public health practice and policy
- Formalize and share organizational commitment to community development (e.g. publish on website)
- **Adopt a Compassionate City Charter** to drive civic change at a population level
- Develop policies and processes to promote and support people at the end of life, their families and carers, such as compassionate workplaces
- Respect differences and diversity in the community as individuals' experiences, needs and preferences across the spectrum of death and dying can vary significantly.

Compassionate communities implementation guide 2018

2. Draw on community strengths to create supportive environments and generate advocacy
- Identify and **build on existing community strengths, activities and organisations**
- Aim to foster supportive communities that care for each other, reduce stigma and promote respect
- Engage community champions (individuals and organisations) to provide credibility, increase profile and awareness
- Be flexible and embrace a variety of solutions – compassionate communities and public health approaches can only operate on the available capacity within each specific community.

Compassionate communities implementation guide 2018

3. Strengthen community development and action

- Support the community to define their own compassionate community, what it stands for and what it does
- **Support community-led and driven activities** and initiatives to align as closely as possible to community needs
- Emphasize the **development of networks to increase social connectedness**
- Provide training and support to citizens to mobilise compassionate communities and ensure that actions are sustainable.

4. Develop individual knowledge and skills about end of life

- Facilitate and normalize conversations about dying and end of life, including advance care planning
- Increase knowledge of palliative care, available services and other supports and how to access them
- Invest time in building the knowledge and skills of community members and volunteers, especially in finding, training and retaining volunteers with suitable skills.

Compassionate communities implementation guide 2018

5. Re-orient health services to work in partnership with community

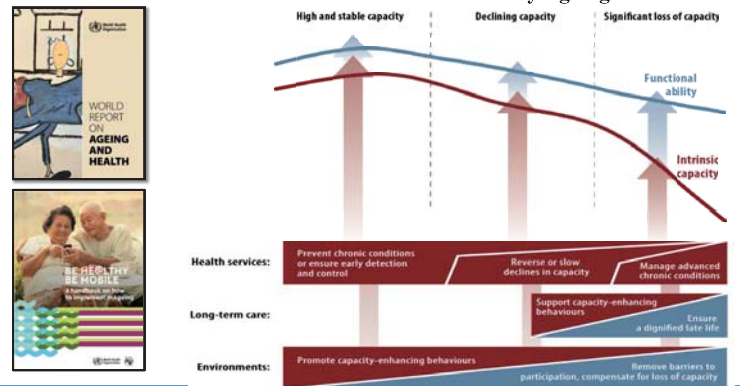
- Develop a **system where individuals, families, carers, communities, social, health and aged care services can collaborate to deliver integrated support**
- Focus on **what matters to people** at end of life and their families, including what is important to their quality of life and their preferred place of care
- **Build a culture** where the roles of all those involved in delivering palliative and end of life care – including health professionals and communities – are recognised, respected and supported
- Provide education and support for health services to broaden awareness of non-health services available to support end of life, and encourage power-sharing.

Compassionate communities implementation guide 2018

9th Global Conference on Health Promotion, Shanghai 2016

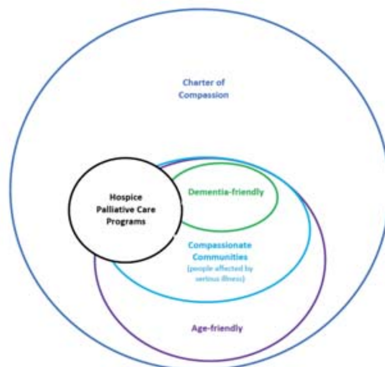
- **Health Literacy** is an important factor in improving health outcomes
- Increase knowledge to help people to make healthiest choice and decision for themselves or theirs family to achieve the goal:
  - **Empowering citizens**
  - **Reducing health inequities**

Public Health Framework for Healthy Ageing



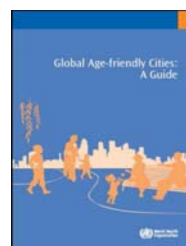
Compassion is care:

- Caring for others is an act of kindness. Compassion entails empathy. Sharing in other people's feelings helps in gaining an understanding and compassion of how they feel.
- Compassionate caregivers are empathetic to the pain and suffering of their patients which is vital to their well-being. Compassionate care makes people living with palliative care needs more comfortable when they are in pain, feeling ill or suffering from emotional, or psychological stress.



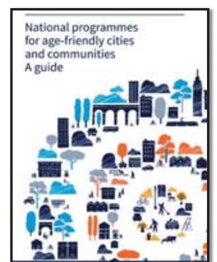
Citation: 'Pallium Canada, BC Centre for Palliative Care, Hospice Palliative Care Ontario (2021). Compassionate Communities' Relationship With Other Community Action Initiatives. Canada.'

Towards an age-friendly society



Global Age-friendly City: A Guide, 2007

An AFC is an ***inclusive** and **accessible*** urban environment that promotes active ageing.
-WHO, 2007



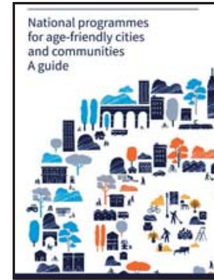
WHO 2023 April

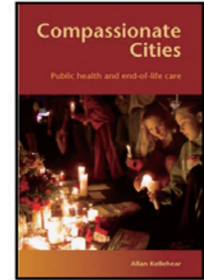
Building Dementia-Friendly Society in Japan

Since 2005 indicate that the Japanese society places great emphasis on prevention, awareness/ promotion, population needs, community development and partnerships, supportive systems and environments, and capacity of health care providers.

1. Nationwide caravan to train **one million dementia supporters**
2. Building dementia-friendly communities
   - Regional **Comprehensive Support networks**
   - Happy cafes
   - Wandering-watch program
   - “Community support centres”

Japan: Dementia Supporter Caravan Model





The Compassionate City Charter

© ALLAN KELLEHEAR

People who live with life-threatening or life limiting illness, their caregivers, and the bereaved are segmented social groups, forced to experience lifestyles that are commonly socially hidden and disenfranchised from the wider society. Outside of the health services that deal specifically with their immediate problems, these populations suffer from a range of other troubles that are separate but linked to their health conditions or social circumstances – loneliness, isolation, job loss, stigma, depression, anxiety and fear, or even suicide. These populations also suffer from a range of other debilitating health problems often caused by their social and psychological troubles - insomnia, cardiac arrhythmias, chronic fatigue and headaches, hypertension, and gastric-intestinal disorders.

Compassionate Cities are communities that publicly encourage, facilitate, supports and celebrates care for one another during life’s most testing moments and experiences, especially those pertaining to life-threatening and life-limiting illness, chronic disability, frail ageing and dementia, grief and bereavement, and the trials and burdens of long term care. T

REVISED AND APPROVED *DECEMBER 2020*,
© COMPASSIONATE COMMUNITIES UK

The Compassionate Cities Charter

1	Schools	Annually review policies or guidance documents for dying, death, loss and care
2	Workplaces	Annually review policies or guidance documents for dying, death, loss and care
3	Trade unions	Annually review policies or guidance documents for dying, death, loss and care
4	Worship places	Have at least one dedicated group for end-of-life care support
5	Hospices & Nursing homes	Have a community development program involving local area citizens in end-of-life care activities and programs
6	Museums & Art galleries	Hold annual exhibitions on the experiences of ageing, dying, death, loss or care

The Compassionate Cities Charter

7	City	Host an annual peacetime memorial parade representing the major sectors of human loss outside military campaigns
8	City	Create an incentives scheme to celebrate the most creative compassionate organization, event, and individual/s.
9	City	Publicly showcase, in print and in social media, the local government policies, services, funding opportunities, partnerships, and public events that address ‘the community’s compassionate concerns’ with living with ageing, life-threatening and life-limiting illness, loss and bereavement, and long term caring.
10	City	Work with local social or print media to encourage an annual city-wide short story or art competition that helps raise awareness of ageing, dying, death, loss, or caring.

The Compassionate Cities Charter

11	All compassionate policies and services	Demonstrate an understanding of how diversity shapes the experience of ageing, dying, death, loss and care – through ethnic, religious, gendered, and sexual identity and through the social experiences of poverty, inequality, and disenfranchisement.
12	People	Seek to encourage and to invite evidence that institutions for the homeless and the imprisoned have support plans in place for end-of-life care and loss and bereavement.
13	City	Establish and review these targets and goals in the first two years and thereafter will add one more sector annually to our action plans for a compassionate city – e.g. hospitals, further & higher education, charities, community & voluntary organizations, police & emergency services, and so on.

End-of-life conversations and care: an asset-based model for community engagement

Mary Matthiesen,[1] Katherine Froggatt,[2] Elaine Owen,[3] John R Ashton[4,5]

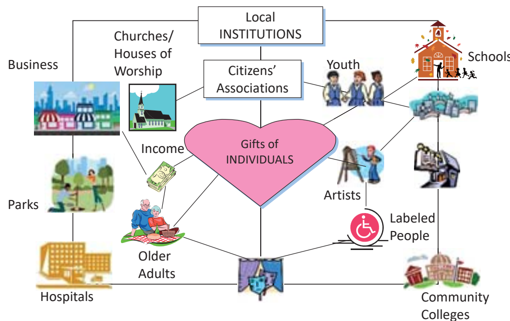
Matthiesen M, et al. BMJ Supportive & Palliative Care 2014; 4:306–312.

The Dilemma . . .

People and Communities have *deficiencies & needs*

Individuals and Communities have *assets and capacities*

Community Assets Map



The principle of Asset based community development ABCD

- Asset based
- Internally focused
- Relationship driven

Six Community Assets

1. Individuals
2. Associations
3. Institutions
4. Physical Space
5. Exchange
6. Culture/Stories/History

The development of compassionate communities, with examples from around the world..

"The public health approach has the most potential to enhance the quality of life and sense of well-being to the widest number of people in sickness, in dying and in loss, as well as in health toward one another."

https://www.phpci.org/

Canada

The Compassionate Community Movement in Canada

- Pallium Canada
- BC Centre of Palliative
- Hospice Palliative Care Ontario
- Building Compassion in Children, Schools & Communities in Peel
- Hospice Northwest
- Community Connection and Outreach; supporting Education and Service Delivery in Toronto

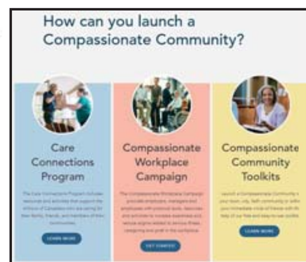
Pallium Canada – Mobilizing Compassionate Communities at a National Level

Pallium is a national, non-profit organization

Vision: Palliative care is everyone's business

What we do: Provide practical and evidence-based solutions

Who we help:
- Health care organizations
- Health care professionals
- Community champions



https://www.pallium.ca/compassionate-communities/

Supportive Approaches – Resources for Leaders

Develop resources to support those leading Compassionate Community (CC) initiatives

Compassionate Communities Startup Toolkit
- Designed to support a community champion who wants to launch a CC initiative

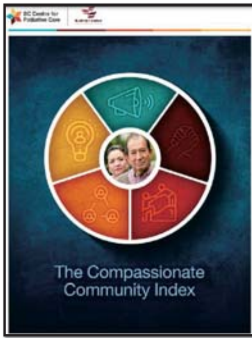
Compassionate Communities Sustainability Guide
- Designed to build off the Startup Toolkit by supporting the stages of development through the life of the initiative

https://www.bc-cpc.ca/wp-content/uploads/2023/05/BC-Compassionate-Communities-Framework-for-Action-1.pdf

Principles

- **Communities** know best.
- **Perceptions** are powerful. Measuring and communicating them is a key to jump-starting a community to action.
- **Communities** have untapped human resources and energy that the Compassionate Community Index can tap into.
- **The process** is better when it's inclusive and engages potential partners and allies.
- The **Compassionate Community Index** can assist in community planning.
- **Small steps/actions** to build capacity are recommended

Handbook for the Compassionate Community Index - June 2020



- Compassionate Community Index is a survey that **assesses communities with respect to their level of readiness, commitment and efforts** to become a more Compassionate Community.
- Before administering the survey, the meeting facilitator should make sure that **participants**:
- have been introduced to the concept of Compassionate Communities
- are made aware of the gaps in supports and unmet needs of people with serious illness and their families, and
- are informed about examples of Compassionate Community initiatives in other communities

https://bc-cpc.ca/wp-content/uploads/2019/10/CC-Index_PRESS-1-1.pdf

A AWARENESS & ADVOCACY	NOT YET STARTED	JUST STARTED	ON THE ROAD	NEARLY THERE	WE'RE THERE!	DON'T KNOW/ NOT APPLICABLE
1. Most people I know in our community plan in advance for the way they want to be treated and cared for during illness and near end of life.	☐	☐	☐	☐	☐	☐

B ATTITUDES & COMMITMENT	NOT YET STARTED	JUST STARTED	ON THE ROAD	NEARLY THERE	WE'RE THERE!	DON'T KNOW/ NOT APPLICABLE
1. End of life is not a taboo subject in our community. In fact, conversations about caregiving, dying and grieving have been normalized.	☐	☐	☐	☐	☐	☐

C LEADERSHIP & CAPACITY	NOT YET STARTED	JUST STARTED	ON THE ROAD	NEARLY THERE	WE'RE THERE!	DON'T KNOW/ NOT APPLICABLE
1. There is a recognized individual or organization in our community who/that takes the lead on compassionate community initiatives.	☐	☐	☐	☐	☐	☐

D NETWORKS & CONNECTIONS	NOT YET STARTED	JUST STARTED	ON THE ROAD	NEARLY THERE	WE'RE THERE!	DON'T KNOW/ NOT APPLICABLE
1. There are support group(s) or organization(s) to check-in with the unmet social needs of seniors, frail people, those facing social isolation and life-limiting illness, caregivers, and other vulnerable people.	☐	☐	☐	☐	☐	☐
2. There are support group(s) or organization(s) in our community that help people feel connected while coping with significant changes in health status or social circumstances.	☐	☐	☐	☐	☐	☐
3. People in my community know how to find and access support services when needed.	☐	☐	☐	☐	☐	☐
4. Neighbours in our community often have strong social connections.	☐	☐	☐	☐	☐	☐
5. Overall, our community has strong	☐	☐	☐	☐	☐	☐

E OPPORTUNITIES & RECOGNITION	NOT YET STARTED	JUST STARTED	ON THE ROAD	NEARLY THERE	WE'RE THERE!	DON'T KNOW/ NOT APPLICABLE
1. There are people in our community who are actively engaged in identifying needs, new ideas and opportunities that support our compassionate community initiative.	☐	☐	☐	☐	☐	☐
2. There are people in our community who are actively exploring partnerships with other compassion-based initiatives such age-friendly communities, dementia-friendly communities and programs that support homeless people.	☐	☐	☐	☐	☐	☐
3. Our community promotes and celebrates	☐	☐	☐	☐	☐	☐

ndex

- Action Guide is recommended **after the completion of a Compassionate Community Index (CC Index) survey**
- level of difficulty in implementing

EASY | MODERATE | ADVANCED

Resources: Australia

https://ncq.org.au/resources/compassionate-communities-an-implementation-guide-for-community-approaches-to-end-of-life-care/
https://ncq.org.au/wp-content/uploads/2020_GroundswellProject_Building-Compassionate-Communities-in-Australia.pdf

Compassionate Connectors Program: A distinct form of end-of-life volunteering

Prof Samar Aoun
Perron Institute Research Chair in Palliative Care
University of Western Australia/ Perron Institute
Chair, South West Compassionate Communities Network

Prof Bruce Rumbold
La Trobe University, Melbourne
Perron Institute, Perth

LA TROBE UNIVERSITY
perron institute for neurological and translational science
THE UNIVERSITY OF WESTERN AUSTRALIA

Compassionate Community Connectors
Partnership between the community and health service in Western Australia

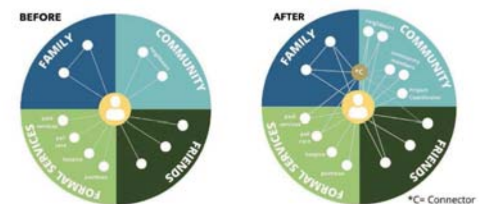
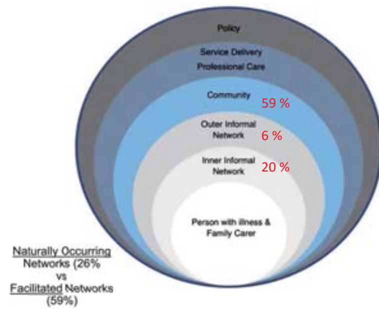


Figure 1. Social network mapping before and after the intervention.

Palliative Care & Social Practice 2022, Vol. 16: 1–11

Role of connector:
Enhance networks within circles of care

Connectors provide assistance to the person affected by advanced illness and their family by identifying the additional social and practical support they may require from within their local community and tap into formal and informal sources.

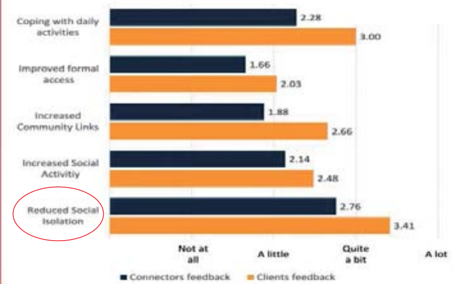


Secondary outcome:

Self-reported impact on social wellbeing

(scale: 1=not at all to 4=a lot)

highest impact on reduced social isolation



Key Outcomes-Effectiveness Analysis (Cook & Aou

- Significant decline in frequency of hospitalisations per month: (-0.509 events/month; 95%CI: -0.752,-0.266)
- Significant decline in number of hospital days per month (-0.475; 95%CI: -0.615,-0.335)
- Increased use of outpatient services (+1.180; 95%CI: 0.957, 1.402)

Net savings of the Connector program was on average $AUD 561,256 over a six-month period.

The Death Literacy Index

STEP 1: Complete this survey and add up your total for each section

Practical Knowledge

TALKING SUPPORT - SUBSCALE #1

Please rate how difficult or easy you would find the following talking support.

Talk about death, dying or grieving to:	Not at all able 0	1	2	3	Very able 4
A close friend	○	○	○	○	○
A child	○	○	○	○	○
Talk to a newly bereaved person about their loss	○	○	○	○	○
Talk to a GP about support at home or in their place of care for a dying person	○	○	○	○	○

enter your total: #1

HANDS ON SUPPORT - SUBSCALE #2

Please rate how difficult or easy you would find the following hands on support.

Undertake the following care duties for the dying:	Not at all able 0	1	2	3	Very able 4
Feeding a person or assisting them to eat	○	○	○	○	○
Bathing a person	○	○	○	○	○
Lifting a person or assisting to transfer them	○	○	○	○	○
Administering injections	○	○	○	○	○

enter your total: #2

National Palliative and End of Life Care Partnership

Six ambitions to bring that vision about

01 Each person is seen as an individual
02 Each person gets fair access to care
03 Maximising comfort and wellbeing
04 Care is coordinated
05 All staff are prepared to care
06 Each community is prepared to help

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

Each community is prepared to help

The building blocks for achieving our ambition

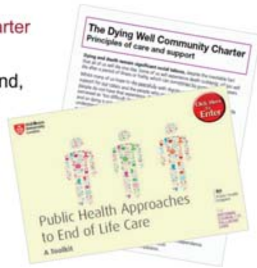
Compassionate and resilient communities	Public awareness
Public health approaches to palliative and end of life care need to be accelerated and support given to people and communities who can provide practical help and compassion.	Those who share our ambition should work to improve public awareness of the difficulties people face and create a better understanding of the help that is available.
Practical support	**Volunteers**
Local health, care and voluntary organisations should find new ways to give the practical support, information and training that enables families, neighbours and community organisations to help.	To achieve our ambition more should be done locally and nationally to recruit, train, value and connect volunteers into a more integrated effort to help support people, their families and communities.

UK

Public Health England

The Charter and Toolkit

- The Dying Well Community Charter
  - NCPC
  - Engagement with NHS England, hospices, charities and Royal Colleges
- Public Health Approaches to End of Life: A Toolkit
  - Allan Kellehear



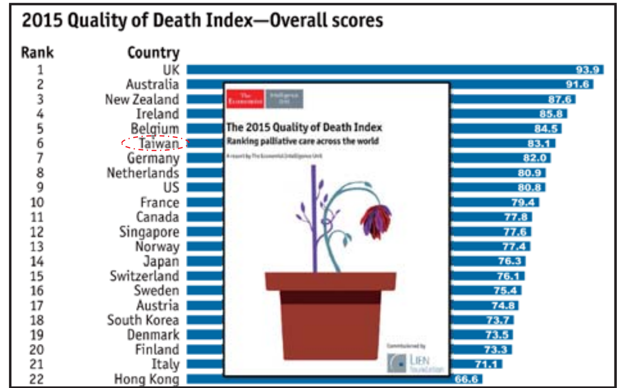
http://www.ncpc.org.uk/communitycharter

MAKING CONNECTIONS, MAKING A DIFFERENCE

Nav-CARE is a free volunteer navigation program that supports people with declining health to live as well and independently at home for as long as possible. Specially trained volunteer navigators help clients access resources and services in their community, while providing companionship and emotional support.

https://nav-care.ca/

The development of Compassionate communities in Taiwan



Case study: Taiwan—Leading the way

	Rank/80	Score/100
Quality of Death overall score (supply)	**6**	**83.1**
Palliative and healthcare environment	5	79.6
Human resources	9	72.2
Affordability of care	=6	87.5
Quality of care	=8	90.0
Community engagement	=5	82.5

Taiwan / Average / Highest

Palliative and healthcare environment; Human resources; Affordability of care; Quality of care; Community engagement (0–100)

The quality of palliative care in Taiwan is high (it is tied for eighth place in this category), with a focus on improving the quality of a patient's last days. Major steps have been made in recent years: Dr Siew Tzuh Tang, a professor at Chang Gung University School of Nursing, reports substantial improvement in several end-of-life indicators between her team's national surveys in 2003/4 and 2011/12. For example, while less than half of terminally ill cancer patients were aware of their prognosis in the first survey, this number increased to 74% by 2012. Use of aggressive medical treatments for cancer patients in the last month of life, such as CPR and intubation, also declined over this period.

Community engagement, in particular to break down cultural taboos against discussing death, has also been a focus. Such taboos are still widespread, but proponents of palliative care are attempting to change that by introducing discussions of life and death into the education system from primary school through university, and by changing the mindset of patients.

"Family members feel that for the patient to die without CPR is not filial," says Dr Rongchi Chen, chairman of the Lotus Hospice Care Foundation. "But we are trying to teach people that filial duty and love should find its expression in being with the family member at the end of his or her life, and in encouraging acceptance of disease and peaceful passing."

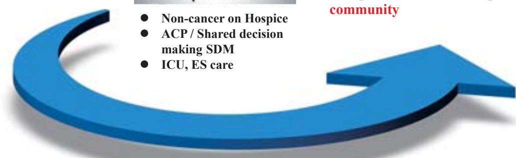
New Movements in Hospice and Palliative Care

The Ministry of Health and Welfare organized a taskforce to develop hospice and palliative care in 1995

1st Hospice Movement
- Development of Hospice concept
- Focus on cancer
- Development of hospital care, shared care and home care

2nd Hospice Movement
- Non-cancer on Hospice
- ACP / Shared decision making SDM
- ICU, ES care

3rd Hospice Movement
- The elderly and children Hospice Care
- Early palliative Care
- Hospice of Long-Term Care and community
- New Technology in community Palliative care
- Patient Self-Determination Act
- Compassionate cities/compassionate community



Compassionate Community Volunteer training

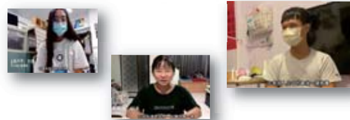
The use of board games as teaching tools

Compassionate Community-Series Activities for Spreading the Word - competition activities to collect stories from the communities

Training / advocacy

如果今天是你生命的最後一天，你會想做什麼？(花蓮慈濟醫院-病房區)

如果今天是你生命的最後一天，你會想做什麼？(花蓮慈濟大學、社區)



早期安寧緩和照護與社區關懷(花蓮慈濟醫院-病房區)

宗教師/志工訓練

Chronic disease supportive group

乳癌病友宣導

往生病人家屬- 節日的支持

吉祥七月花蓮慈院感恩祈福會

社區關懷活動

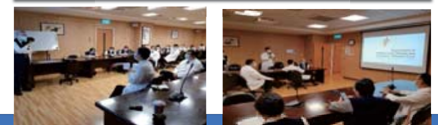
College students community service (What matters)

Support patient to fulfil his last wishes

Provide internal training for health professional - social prescribing

靈性和諧 相伴生死

慈悲關懷城市/社區



慈濟大學 Tzuchi University - compassionate corner

7位
志工

4位慈
大同仁

13個
國家

24位
學生

死亡咖啡館討論會

1.觀看孫越影片生命的樂章
-人生四季之歌

2.觀看新加坡Geri palliative care program 2 video

3.Bill story 影片觀賞

Milford Care Centre

Primary school

校內辦理學生/社團宣導

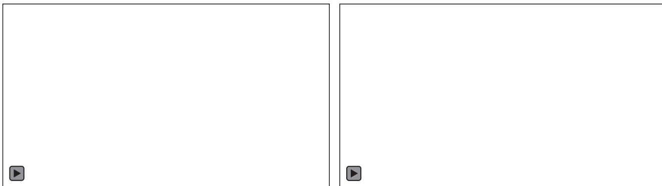
分享「癌症與重症病人慈悲關懷友善社區推動計畫」

觀看孫越《生命的樂章-人生四季之歌》、Bill story

生命圓舞曲-教師家長

生命圓舞曲-學生社團

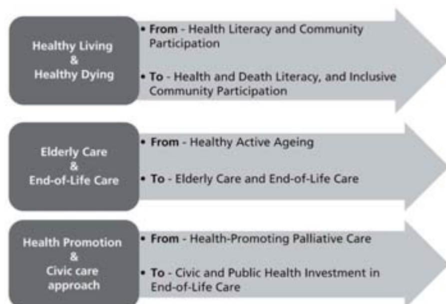
Community creative activity – board game about death literacy

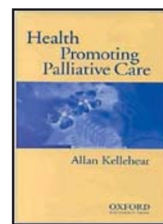


Help Aunt Chen in the community in her final year of life!

幫幫阿好嬸～虛擬助人行動

Extensions and shifts through public health end-of-life care

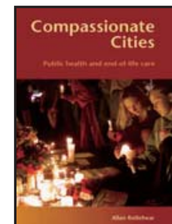




1999

Ottawa Charta(1986)

- Healthy public policy
- Supportive environment
- Community action
- Improve personal skill
- Reorienting health services



2012

- WHO Healthy city/community
- Community volunteer

Death, Dying, Loss and Care ; (DDLC

2022

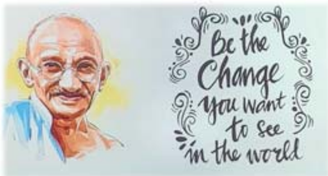
- New public health concept。

Palliative care—the new essentials model

Ann Palliat Med 2018;7(Suppl 2):S3-S14

Confucius chapter	
大道之行也，天下為公	When the great way prevails, the world community is **equally shared by all.**
選賢與能	The worthy and able are chosen as office holders.
講信修睦	**Mutual confidence is fostered and good neighborliness cultivated.**
故人不獨親其親，不獨子其子	Therefore people do not regard only their own parents as parents, nor do they treat only their own children as children.
使老有所終，壯有所用，幼有所長	**Provision is made for the aged till their death, the adults are given employment, and the young enabled to grow up.**
鰥、寡、孤、獨、廢疾者皆有所養	**Widows and widowers, orphans**, the old and childless as well as the sick and disabled are **all well taken care of.**

Chinese Confucius Culture -



Dr. Sidney Burwell, the dean of Harvard Medical School from 1935-1949,

" Half of what we are going to teach you is wrong, and half of it is right. Our problem is that we don' t know which half is which."

God grant me the serenity

To accept the things I cannot change,

The courage to change the things I can,

And the wisdom to know the difference.

Reinhold Niebuhr