



Community Development

Canada's Research-Based
Community Capacity Development Model
for
Developing Local Palliative Care Programs

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Pallium Canada



Philosophy

- Requires a bottom up approach to developing local programs and services
- Requires acknowledging that dying is not a medical event, but a social event that happens in family and community
- Requires local leadership, community control and empowerment
- Requires adopting a palliative approach that integrates into primary care
- Requires establishing and maintaining strong partnerships between community stakeholders and health care providers

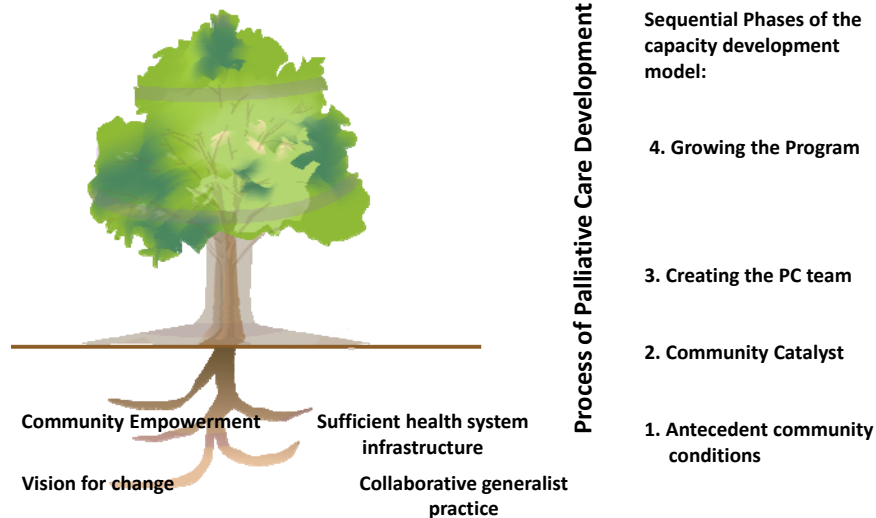
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What makes this approach different?

- Bottom up
- Inside out
- Does not assume there is *one best way* to support people and their families at the end of life.
- Starts with family and community vision, *not health system best practices*

Kelley Community Capacity Development Model





Practical Examples

- Long Term Care Homes
- Rural Communities
- First Nations Communities

Long Term Care Homes

- Their reality:
 - *Death is part of the job*
 - *It is hard to watch people die for a living*
 - *We don't know what to say*
- Their solutions
 - Staff education and support for their peer mentors
 - Implementing peer lead post-death debriefing
 - Introducing the comfort care bag



Example Communication Innovation

- **Comfort Care Bag**



Rural Communities


- Their reality
 - Health Care providers are embedded in the communities
 - Limited formal services/resources
 - Low # of expected deaths annually
 - Need to *build on what exists*
- Their solutions
 - *We did it with what we had, and we are proud of it.*
 - We have an “automatic team”; it’s “hats off at the door”
 - *No one dies alone*
 - Volunteerism (not overly formalized)
 - External partnerships with palliative care experts.



First Nations Communities

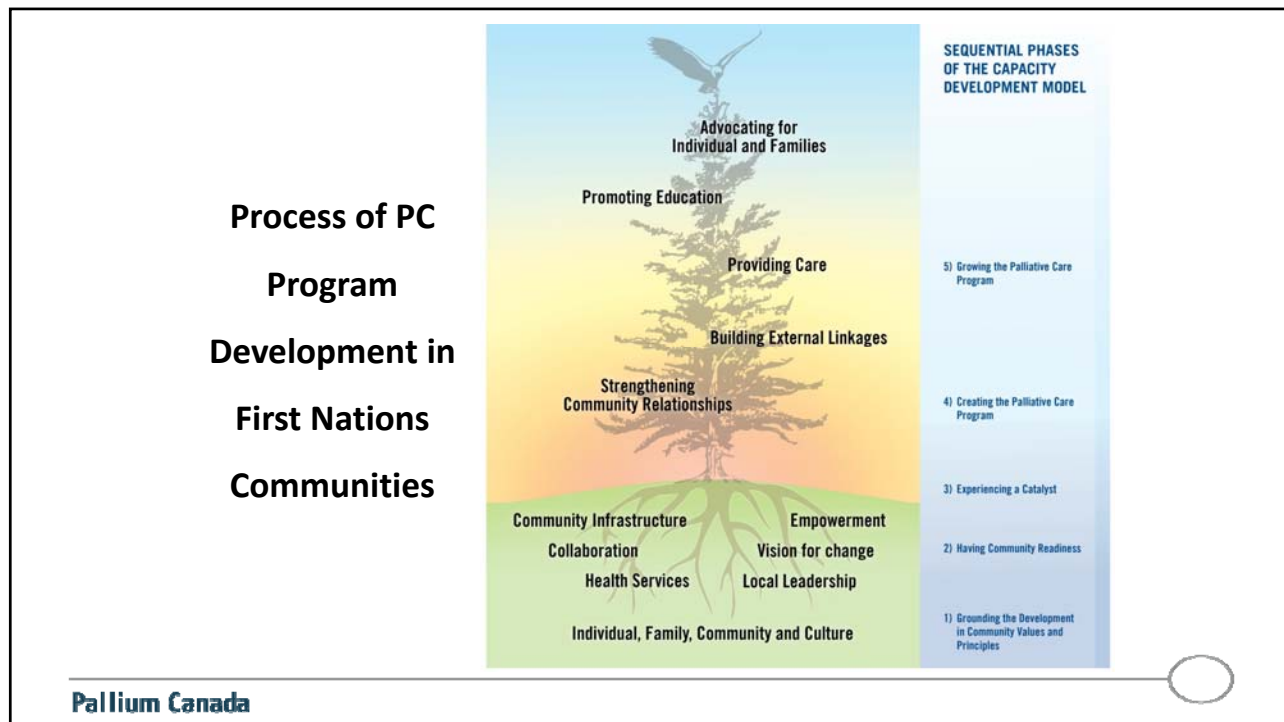
- Their reality
 - Lack of funding for palliative care services in First Nations Communities
 - Desire to die at home surrounded by family, community and culture
- Their solution
 - Develop local palliative care programs integrated into individual, family, community and culture
 - Local ownership, control and leadership
 - Create partnerships with regional health services

The Power to Choose:



The Story of Developing Palliative Care
in 4 First Nations Communities

<http://www.eolfn.lakeheadu.ca/>



A Practical Approach...

- Engage local community leaders, community members and health Service Providers
- Understand the vision of the Community
- Understand the current community capacity: assets, gaps, and barriers
- Create a local leadership team and develop a work plan
- Empower local service providers to engage and collaborate with external health service and palliative care providers
- Create a *community accountable* local Palliative Care Program (structures & processes are constantly evaluated)
- Monitor outcomes for patients, families & health care providers - at the individual, community and health systems level



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