

# 2023 Forum on Aging in Rural Oregon

## Collaboration in Action for Person-Centered Care

Elizabeth Johnson, MA, The Peaceful Presence Project

Erin Collins, MNE RN CHPN, The Peaceful Presence Project

Angela Franklin, QMHA Older Adult Behavioral Health Initiative

Thank you to our partners:





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Oregon  
Older Adult Behavioral Health Initiative



peaceful presence  
END OF LIFE DOULAS

## Learning Objectives:

At the end of this presentation, participants will be able to:

1. identify three impacts of social isolation and loneliness on mortality.
2. describe the benefits of multi-organization collaboration.
3. consider the implementation of volunteer programs in their community for older adults living with serious illness.



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peaceful presence  
END OF LIFE DOULAS



"The greatness of a  
community is most  
accurately  
measured by the  
compassionate  
actions of its  
members."

-Coretta Scott King

# Compassionate Communities Model of Care: A Guiding Framework

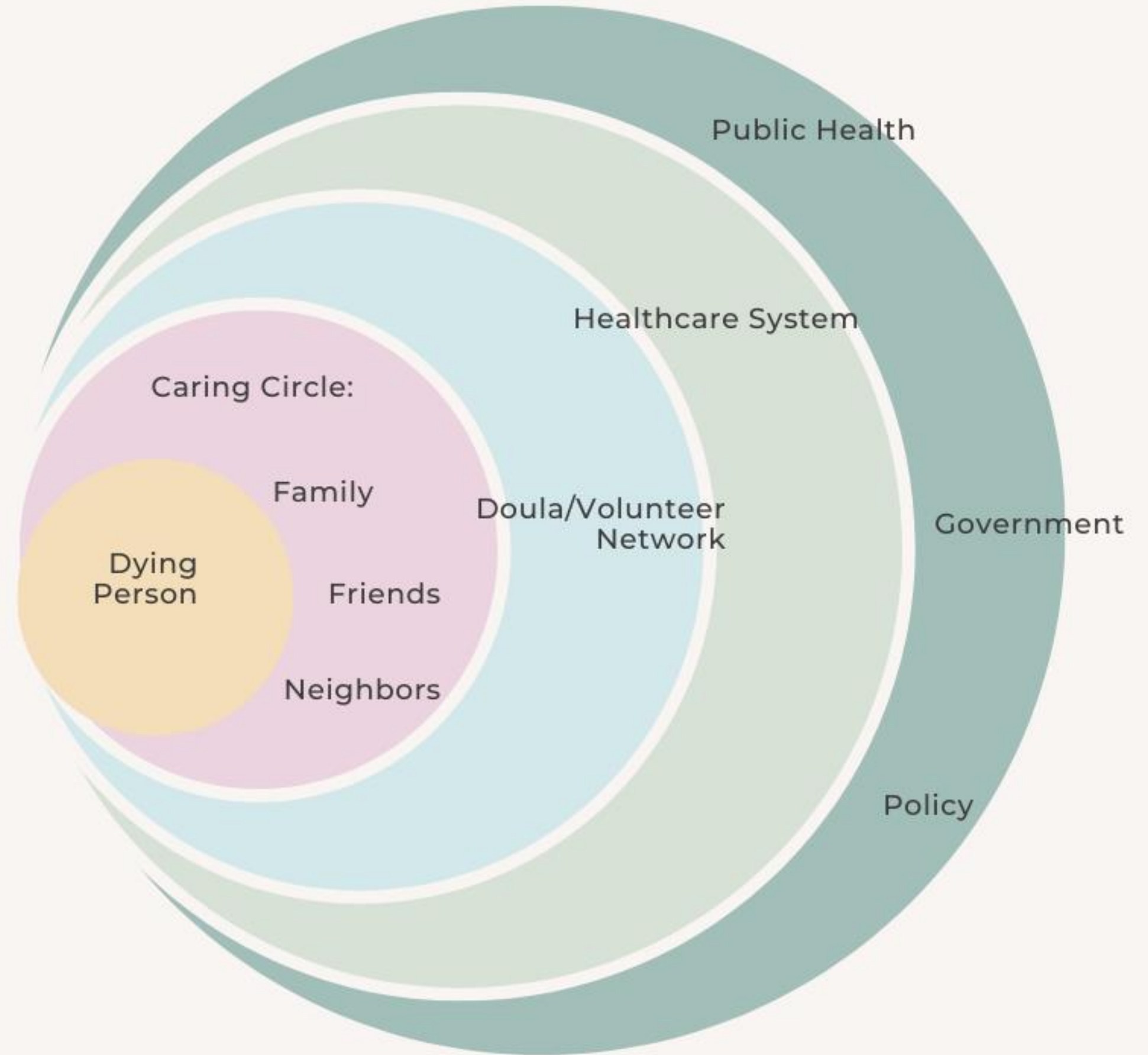
Compassionate Communities widen the circle of caring and provide much-needed support to patients and caregivers facing serious illness and death.

- Conversations around death, dying, and bereavement normalized and productive.
- Palliative care repositioned to community-based health and social care
- Strong networks of care and resiliency



"A compassionate community recognizes all-natural cycles of sickness and health, birth and death, and love and loss occur every day within the orbits of its institutions and regular activities"

- Dr. Allan Kellehear



# 95% RULE

Only 5% of a dying person's time is spent face to face with a medical professional

- What are we as communities doing with the other 95% of the time?
- What quality of support are people receiving, and from whom? And is it sufficient?





# End of Life Literacy

- End of life literacy is 'practice wisdom', which anyone can develop.
- Being death literate strengthens our ability to care, creating compassionate communities.
- Skills, knowledge, experiential learning and social action create systemic change in care of the ill and dying.





# Death Literacy Index

PLEASE RATE YOUR LEVEL OF AGREEMENT WITH THE FOLLOWING STATEMENTS. If I were to provideend of life care for someone, I know people who could help me (on a scale of 1-5 between Strongly disagree to Strongly agree)

	1 - Strong Disagree	2	3	4	5 - Strongly Agree
Access community support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide day to day care for the dying person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access equipment required for care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access culturally appropriate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access emotional support for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to **www.menti.com** and use the code **2724 3227**

 Mentimeter

# Instructions

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## WORKING UPSTREAM ON PRIMARY PREVENTION

*Focusing on the social determinants of health to promote mental health and wellbeing*

Addressing  
loneliness and  
isolation in older  
adults

Extending services  
to rural  
communities

Increasing support  
systems and  
awareness

Creating  
communities of  
support

OABHI Specialists building capacity in their communities to better meet the needs of older adults and adults living with physical disabilities.

### **Geriatric Competencies:**

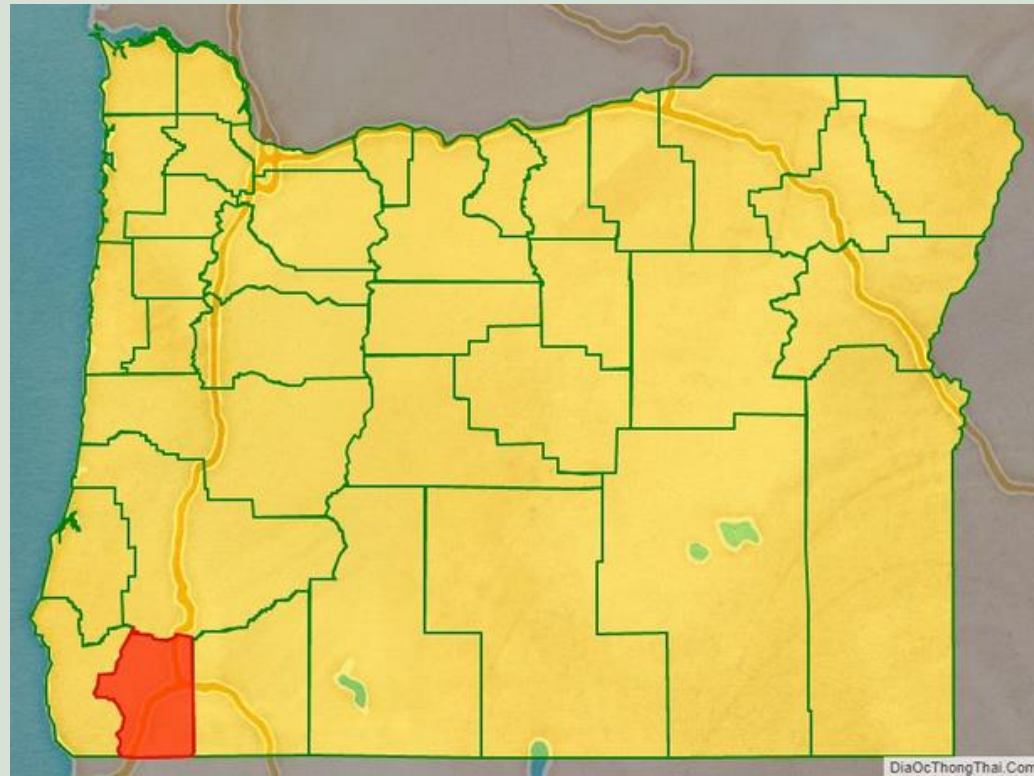
End of Life - Palliative care vs hospice care

Exploring the culture of silence

Our own attitudes towards death and dying



"Propose to me a pilot project that addresses loneliness in older adults, using volunteers, and can be delivered in long-term care settings." --  
Nirmala Dhar



Josephine County

- lack of volunteers after COVID
- lack of community education for EOL support
  - our forgotten in LTCFs and rurally isolated
  - medicalization of death
- compassionate communities / circles of care
  - increase death literacy

Why reinvent the wheel? There are amazing resources in Oregon



Older adults are at higher risk for social isolation and loneliness due to changes in:

- health and social connections
- hearing, vision, and memory loss
  - disability
  - trouble getting around
- loss of family and friends



# What is the project?

- This pilot project addresses older adults and adults with physical disabilities experiencing **social isolation, loneliness** and **depression** at **end of life** by utilizing volunteers as “companions.”
- Volunteers gain skills, knowledge and capacity in supporting people living with a life-limiting illness and living with loss.

## Who is it for?

Older adults (60 +) or adults with physical disabilities living with a life-limiting illness (a life expectancy of 18 months or less), who are experiencing social isolation, loneliness, and other psychological/emotional distress.





# Companions offer 1-4 hrs per week, in homes, assisted living or nursing facilities



- active listening
  - resource referral support
  - life review / dignity therapy
  - caregiver respite
- 
- systems of care knowledge
  - non-medical end of life support
  - compassionate presence
  - companioning

# Compassionate Communities Model

- transforming practices and conversations around death, dying, and end of life care.
- holistic and collaborative action between systems is required
- identify and develop cohesive networks of care = higher quality and more equitable end-of-life care experiences.





# Considerations around Project Design

How do we prepare community members to act as compassionate companions?

What are the necessary skills and knowledge required?





# Project Design

Development of 8 hour training curriculum

- Self Study Materials
- Session One: Knowledge and Information
- Session Two: Skill Building and Practice

Focus: Practice with and access to holistic, evidence based interventions that can be employed by community volunteers in a practical manner



Self Study Materials:

- Science of compassion
- Isolation and loneliness
- Cultural humility principles
- Self reflection and journal prompts

Session One: Knowledge and Information

- Compassionate Communities
- Systems of Care: Hospice and Palliative Care
- Physical aspects of the dying process
- Psychosocial considerations at end of life

THE ACT OF DYING	
STAGE OF DYING	COMFORT MEASURES
<p><b>MONTHS:</b> Fatigue, sleeping more, weight loss Withdrawal from daily responsibilities and interactions</p>	Active Listening, Life Review, Resource Connections
<p><b>WEEKS:</b> appetite loss, sleep more than awake, withdrawal from social environment, more dependence for ADLs</p>	Active Listening, safe environment, don't force food or fluids
<p><b>DAYS:</b> more bed bound, dependent in ADLs, less conscious, may "rally" or want to "pack up and go", some breathing, circulatory changes, mottling.</p>	Repositioning, calm reassurance, guided imagery, airflow
<p><b>HOURS:</b> Breathing changes dramatically- pauses in breath, difficult to arouse, minimal verbal communication</p>	Peaceful environment: music, soft light, comfortable linens, comforting aromas, reading
<p><b>TIME OF DEATH:</b> Not emergent, no rush. Pause.</p>	Pause, breathe, reflect, notify



## Session Two: Skill Building and Practice

- Active listening
- Role of companioning
- Spiritual pain and EOL regrets
- Grief literacy
- Cultural aspects of care
- Supportive Interventions
  - Motivational Interviewing
  - Dignity Therapy
  - Life Review
- Community Survey: Assets and Resources

### 7 Tasks of Life Review

Acknowledge the important people in your life

Remember treasured moments from your life

Apologize to those you love if you've hurt them

Forgive those you love who have hurt you

Express gratitude for the love and care you have received

Tell friends and family how much you love them

Take a moment to say goodbye



# Implementation Process:



Initial training with TPPP

(8 volunteers)

2nd with OABHI (7 volunteers)

15 volunteers trained

To Date:

7 Referrals:

APD, Community Based Orgs,  
Hospice Transitions, AAA

4 companions paired

-slow start, but picking up speed

Goal: 25 pairings in pilot year

## Insights / Feedback:

Increase referrals by gaining access to providers and finding the right people who are knowledgeable about prognosis of clients/residents/community members

\*\*more focus on connecting with  
assisted living communities and  
LTCFs\*\*





# Moving Forward:

- Evaluate pilot project -- ends in Dec 2023
  - Continue CPP in Josephine Co. and train more volunteers after pilot year
3. Replicate CPP in other counties
  4. Integrate CPP training into existing community organizations with volunteers



# **Compassionate Communities: Public Health Palliative Care Approach**

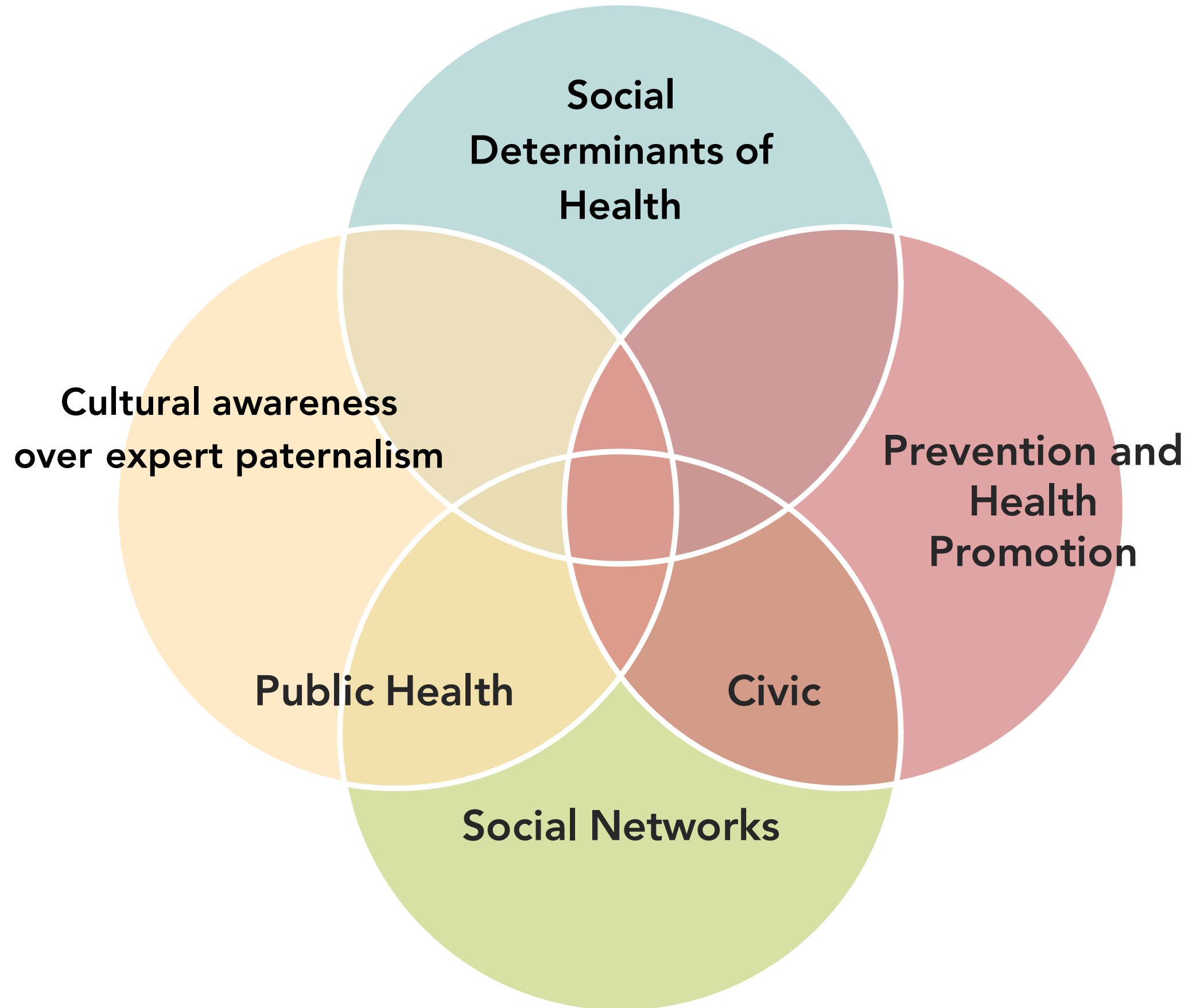
Palliative Care and End of Life are everyone's business— we ALL have a role to play

Areas of focus:

- Health Promotion (well-being)
- Social Ecology
- Community Development
- Public Education and awareness campaigns



# MAIN THEMES IN SOCIAL MODEL



# Public health palliative care: a social model

The social world of the dying person is a crucial part of their support

What is the “social” in our psychosocial interventions?

## Populations this negatively affects:

Elderly

Socially isolated

Rural residents

Lonely and friendless

Without access to public education =  
little to no literacy of grief, death, caregiving or bereavement





## Rural Oregon County Mapping

Home

Statewide Resources

Glossary of Terms

Crook County

Douglas County

Harney County

Jefferson County

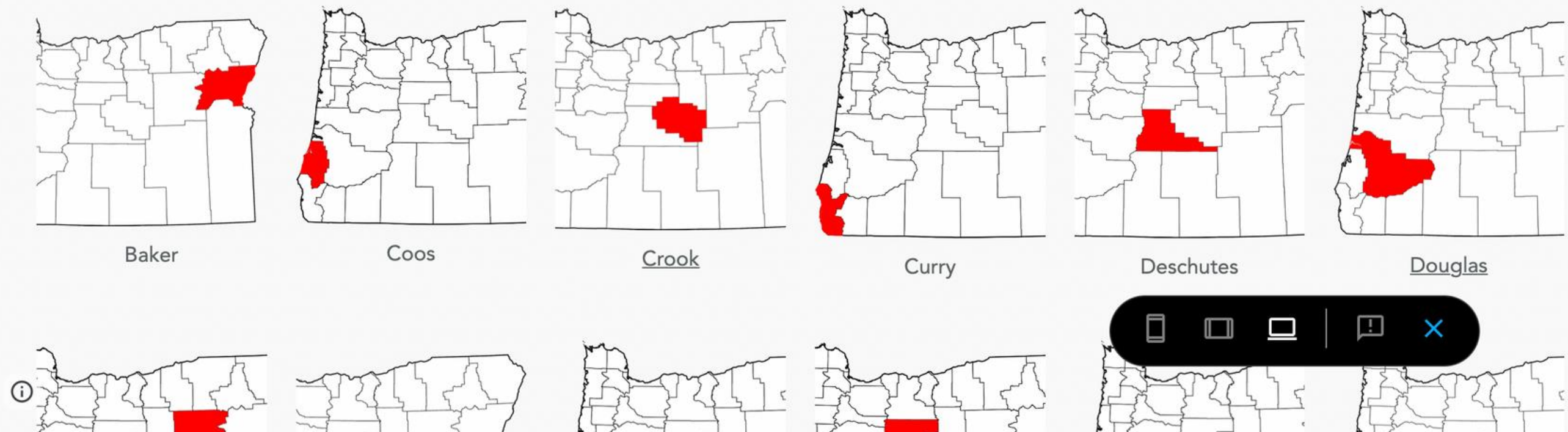
Lane County

Wheeler County

## End-of-Life (EOL) Friendly Criteria for Communities:

1. Community supports educational events about the end-of-life
2. Multiple care options are available for aging and dying patients
3. Hospitals offer palliative care to patients
4. Funeral and burial options are available within the community
5. Majority of adults have been given the opportunity to have an Advance Care Planning conversation
6. Local clinicians have been trained to have end-of-life conversations with their patients

## Rural Oregon EOL Mapping



<https://sites.google.com/view/rural-oregon-county-mapping/home>



# Palliative Care: Well-being at the End of Life



Education and community involvement bridges healthcare

Generalist and specialist training are important to future workforce development

More training is needed for neighbors and public health workers, and for K-12 and public awareness campaigns

# Call to Action

**What is your community doing for those living with serious illness and at end of life?**

Looking at the map for your community, what is lacking?

What opportunities present for you?

What one step will you take to improve life with serious illness in your community?

Volunteer program....douglas....CHWs...community leaders...faith communities...

**Let's make Oregon a model Compassionate Communities State**



Questions





# 2023 Forum on Aging in Rural Oregon

## Thank you!



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Part of the CareOregon Family



*Building healthier communities together*

