

3. A PUBLIC HEALTH APPROACH TO PALLIATIVE CARE

In Europe, Australia, Asia, and the WHO- collaborating palliative care centres, the public health approach has demonstrated that it provides the best approach for establishing/integrating effective palliative care into a society.⁸⁷ The approach offers evidence-based, holistic, cost-effective strategies to close existing gaps in end-of-life care and meet the complex needs of the population within their community. Practical examples of the public health palliative care model are discussed in the next chapter.

This chapter provides an overview of the public health approach: conceptual principles, operational levels of, and the essential public health strategies to effectively address a population health problem. In addition, the conceptual congruence between the public health approach and palliative care, and the potential impact of this approach on attributes and outcomes of the palliative care delivery will also be discussed. The overview will be followed by an introduction to the “WHO Public Health Palliative care Model” and the “Health Promoting Palliative Care/Compassionate Communities” by Dr. Allen Kellehear.

A. What is a public health approach?

The public health approach has an enviable record of contributions to population health worldwide and has a long history in addressing major health and social issues effectively. To analyze and solve a problem, the approach applies the public health sciences including: epidemiology, health research, and policy analysis.

Definition

By definition, public health combines the science, art, and skills to organize and direct the society’s efforts to protect, maintain, and improve the health and wellness of the whole population and to maximize quality of life when health cannot be restored.^{88 89 90}

Principles

Both the public health approach and the palliative care approach are based on a common set of conceptual principles. The conceptual congruence between the two approaches played a

⁸⁷ Stjernsward J., Foley K., Ferris F. The Public Health Strategy for Palliative Care. *J Pain Symptom Manage*.2007; 33(5):486–493

⁸⁸ The Future of Public Health, Institute of Medicine. National Academy Press, 1988.

⁸⁹ Winslow C E A. The Untilled Fields of Public Health, *Science*. 1920; 51(1306): 23-33.

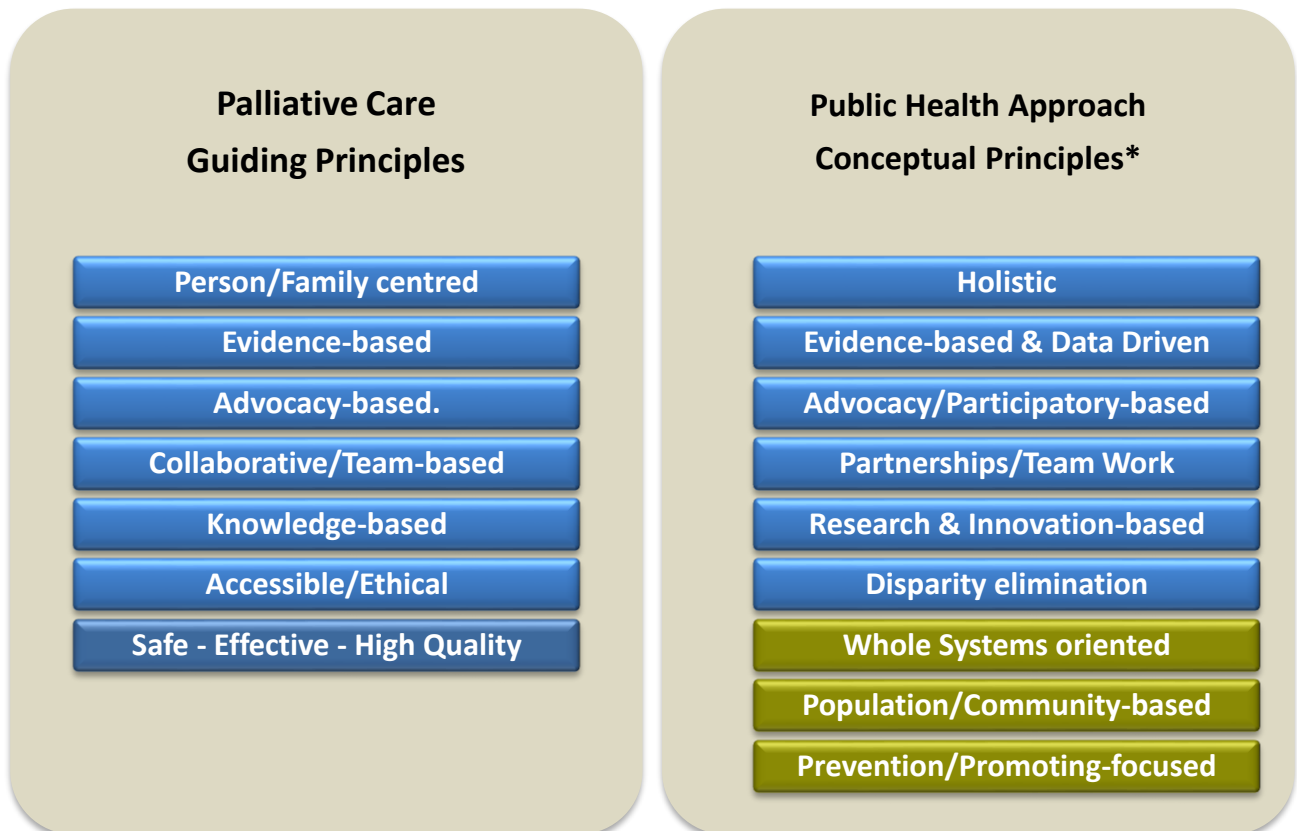
⁹⁰ WHO Definition -available at: <http://www.who.int/trade/glossary/story076/en/>

fundamental role in the introduction and consequently the worldwide plausibility of the public health palliative care model.

As illustrated in Figure 4, the public health approach has three core principles that are distinct from those of palliative care and that are key to addressing a health problem or service delivery.⁹¹

1. Population/community-based view
2. Prevention/Promoting-focused
3. Whole-systems approach

Figure 4 Conceptual congruence between the public health approach and palliative care



**Adapted from: Hemenway D, Miller M. Public Health Approach to the Prevention of Gun Violence. New England Journal of Medicine, 368(21):2033-5. 2013*

⁹¹ Gómez-Batiste X., Martínez-Muñoz M., Blay C., Espinosa J., Contel JC., Ledesma A.: Identifying needs and improving palliative care of chronically ill patients: A community-oriented, population-based, public-health approach. Curr Opin Support Palliat Care 2012;6(3):371–378

- **Population/community-based⁴⁷**

A central concept of a public health approach is that it focuses on the health of entire populations not on specific individuals. It is one of the most basic notions that distinguishes public health from the rest of health care. Public health enquire about, intervenes with, and measures health at the population level.

A population/community-based approach means that the approach considers a broad mix of interventions (e.g. changing social norms, formulating public policies) and applies them in different settings in the community to ensure that the health problem is addressed in a comprehensive manner.

- **Prevention/Promoting-focused**

The approach values preventive and health promoting interventions for their known cost-effectiveness impact on achieving greater gains in population health.⁹² Therefore, the approach seeks to prevent health problems.

Through the health promotion focus, the approach seeks to optimize health/wellbeing- not only enhance it-, and it does so by: building public policy, creating supportive environments, strengthening community action, developing personal skills, and building partnerships between the health sector and broader society. (Ottawa Charter for Health promotion, 1986)⁹³ Health promotion embraces both actions directed at strengthening the capabilities of individuals and actions directed towards changing social, environmental, political and economic conditions so as to alleviate their impact on public and individual health.⁹⁴

- **Whole Systems-oriented**

The approach aims to create structured systems in which it is difficult to make mistakes or behave in a way that can cause harm to anyone. ⁹⁵ The public health approach applies this at every level of the health system and other systems involved in the problem. It includes review and reorientation of service provision, development of laws and policies, standardization of care, and cross-sector collaboration under a shared accountability framework.

⁹² Cohen JT, Neumann PJ, Weinstein MC. "Does Preventive Care Save Money? Health Economics and the Presidential Candidates." *New England Journal of Medicine*, 358(7): 661–3. 2008

⁹³ Ottawa Charter for Health Promotion: An International Conference on Health Promotion. Ottawa, Canada 1986. <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/index-eng.php>

⁹⁴ <http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/glos-eng.php#p>

⁹⁵ Hemenway D, Miller M. Public Health Approach to the Prevention of Gun Violence. *New England Journal of Medicine*, 368(21):2033-5. 2013

- **Holistic**

The concept of health and wellness in the public health model is “Holistic” – Health is “a state of complete physical, mental and social well-being” and Wellness is “as a state of dynamic physical, mental, social, and spiritual well-being that enables a person to achieve full potential and an enjoyable life”. The public health approach gives full consideration to the full spectrum of determinants of health and recognizes the complex interactions that occur between them.

- **Evidence-based and Data driven**

A public response is initiated upon the availability of accurate information about a threat to the population’s health/wellbeing. Public health decisions are driven by population health data and needs assessment information and are based on the best available evidence.

- **Advocacy/Participatory-based**

The approach emphasizes the importance of regular interaction with legislators, policy makers, health care providers, professional societies, and the public to increase awareness of the problem and promote engagement in developing and implementing interventions in an integrated, multifaceted way. The approach promotes shared responsibility of the problem and shared accountability for outcomes.

- **Partnership/Team work**

By definition, public health is about team work and partnering formally and informally with governmental, non-governmental and private sector organizations in the community to align and direct society’s resources and efforts towards a problem that threatens the health/wellbeing of a population.

- **Research and innovation-based**

Every step of the public health approach is informed by innovative solutions and cutting-edge research and based on the best evidence⁹⁶ to ensure that resources and efforts are directed to interventions known to have the greatest impact on population health.

- **Disparity elimination**

Public health is essentially concerned with good access to appropriate care and equity in that access.⁹⁷ The public health approach ensures that people with equal needs have the same access to the same care. There is evidence that the public health approach eliminates disparities in health and ensures universal access to health care through:⁹⁸

⁹⁶ Brownson RC, Baker EA, Leet TL, Gillespie KN. Evidence-based Public Health. New York: Oxford University Press; 2003

⁹⁷ A Public Health Perspective on End-of-life Care edited by Joachim Cohen, Luc Deliens. Oxford

⁹⁸ Satcher D And Higginbotham EJ. The Public Health Approach to Eliminating Disparities in Health. Am J Public Health. 2008 March; 98(3): 400–403.

- 1) Community and population wide preventive and health promoting strategies;
- 2) Analysis of health surveillance data to identify populations experiencing barriers to care, to determine these barriers, and to target these populations with appropriate interventions.

Operational Levels

The public health approach involves interventions that operate at all levels of society:⁹⁹

- **Individual**

To change the beliefs, attitudes, or behaviors of individuals.

- **Interpersonal**

To change beliefs, attitudes, and behaviors shared within social networks such as families, peer groups, and friends.

- **Organizations & Institutions level**

To influence organizations and institutions such as schools, workplaces, places of worship, and community centres, to introduce policies and rules to change the culture or practices among their members and create supportive environments.

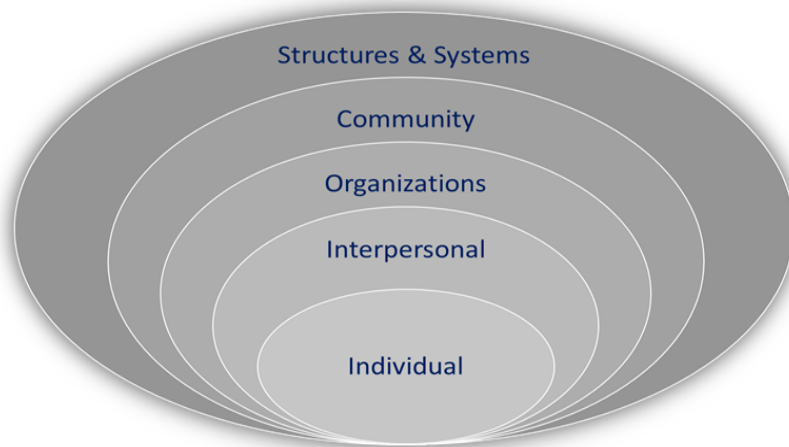
- **Community level**

To change the policy of a local community or improve the space, facilities, or other community elements relevant to the target of the intervention.

- **Structure & systems level**

It operates at the provincial, and federal structures and systems to affect the environment surrounding communities and individuals.

⁹⁹ Centers for Disease Control. Social Ecological Model. The model can be found at http://www.cdc.gov/obesity/health_equity/addressingtheissue.html Accessed March 18, 2015

Figure 5 The Public Health Approach Operates at All Levels

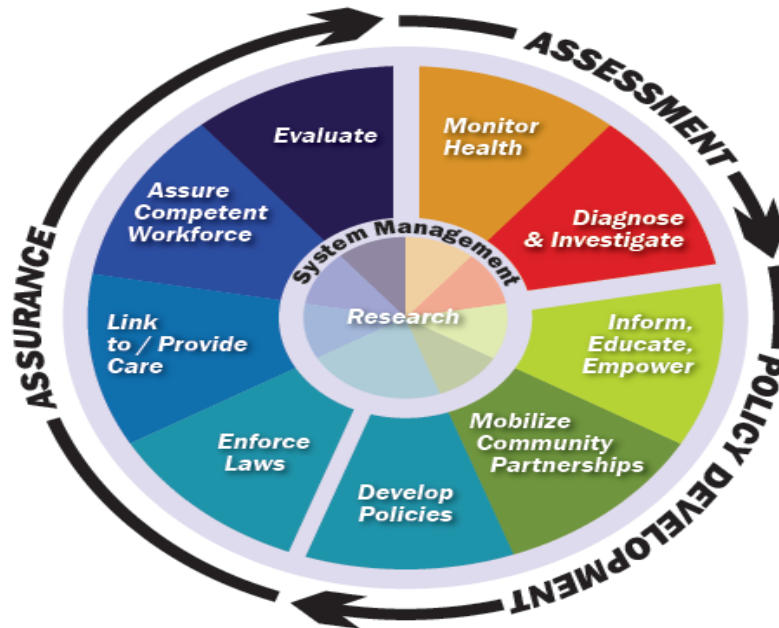
SOURCE: Centres for Disease Control. *Social Ecological Model*.

Ten Essential Strategies/Elements

To apply the public health approach in practice, a group of well-defined, holistic, value-based strategies are essential-The Ten Public Health Strategies/Elements. These strategies create a comprehensive infrastructure that provides a supportive context for any public health priority in a community. (See Figure 6) The Ten Essential Strategies objectify the principles of the public health approach illustrated in Figure 1.

For the public health strategies to be effective, they must be incorporated by governments into all levels of their health care systems, be owned by the community, and involve the society through collective and social action. To effectively address health concerns, the ten strategies are implemented simultaneously and not necessarily in order.

Figure 6 The Ten Essential Strategies of the Public Health Approach



SOURCE: Centres for Disease Control and Prevention. Essential public health services.2014¹⁰⁰

To demonstrate how the Essential Public Health Strategies can be implemented, the following section presents examples of national or community practice for each strategy:

#1: Monitor health status to identify threats to population health

- Establishing surveillance systems to enable accurate periodic assessment of the community's health status and needs [Population-based Community Health Profile]:
 - Identification of health risks
 - Attention to vital statistics and disparities
 - Identification of assets and resources
 - Health services needs
- Maintenance of population health registries

#2: Diagnose and investigate health problems in the community

- Identification of health threats through epidemiological investigation of health trends and health determinants
- Identification and selection of evidence-based interventions
- Development of society-wide action plan

¹⁰⁰ Centers for Disease Control and Prevention. Office for State, Tribal, Local and Territorial Support. 2014
<http://www.cdc.gov/nphsp/documents/essential-phs.pdf>

#3: Inform, educate, and empower people about health issues

- Initiatives using health education and communication sciences to:
 - Build knowledge and shape attitudes
 - Inform decision-making choices
 - Develop personal skills and behaviours for healthy living
- Health education and health promotion within the community to support healthy living;
- Media advocacy and social marketing efforts- e.g., targeted media public communication: Toll-free information lines

#4: Mobilize community partnerships to identify and solve health problems

- Identification of system partners and stakeholders
- Constituency development -convening community groups to undertake defined preventive and support programs
- Coalition development- building skilled coalition to draw upon the full range of potential human and material resources
- Formal and informal partnerships to promote health and well-being improvement
- Establishing a committee to oversee the implementation of community-wide health strategies

#5: Develop policies and plans that support individual and community health efforts

- Define and develop consistent policy regarding prevention and treatment services
- Community and state improvement planning
- Leadership development at all levels
- Identify accountable entities to achieve each objective of the state strategy
- Standardization of care

#6: Enforce laws and regulations that protect health and ensure safety

- Review, evaluation, and revision of legal authority, laws, and regulations
- Education about laws and regulations
- Advocating for regulations needed to protect and promote health
- Support of compliance efforts and enforcement as needed

#7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Identification of populations with barriers to care
- Effective entry into a coordinated system of care
- Ongoing care management at all care settings
- Culturally appropriate and targeted health information for at risk population groups
- Assure availability of culturally and linguistically appropriate materials and staff
- Transportation and other enabling services

#8: Assure a competent health care workforce

- Assess competency of the health care workforce
- Continuing education and life-long learning opportunities to health care professionals
- Training of informal care providers in the community
- Adoption of essential competencies within all health professional licensure and certification programs.
- Leadership development

#9: Evaluate effectiveness, accessibility, and quality of health services

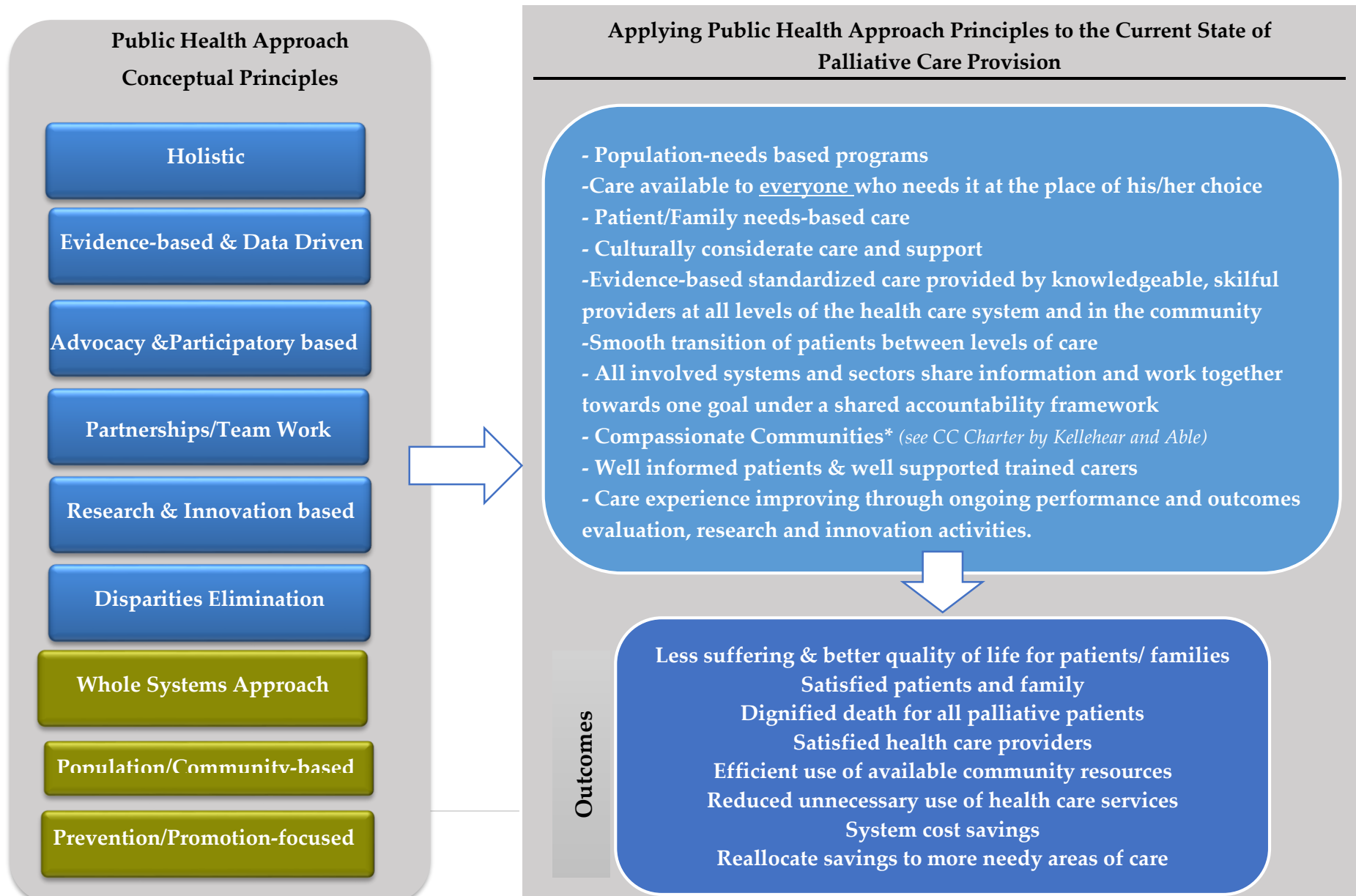
- Evaluation must be ongoing and should examine:
 - Personal health services
 - Population based services
 - The health system
- Evaluation of effectiveness and impact of system and community efforts based on analysis of timely health status and service utilization data
- Quality Improvement and Performance Monitoring

#10: Research for new insights and innovative solutions to health problems.

- Identification and testing of innovative solutions and cutting-edge research
- Linkages between public health practice and academic/research settings
- Building internal capacity to mount timely epidemiologic and economic analyses and conduct health services research (e.g., survey design; conducting interviews and facilitating focus groups)

B. Applying the public health approach to palliative care-Impact on care attributes and outcomes

Figure 7 Applying the public health approach to palliative care-Impact on care attributes and outcomes



C. Existing Public Health Palliative Care Models

WHO Public Health Palliative Care Model

In 1990, the WHO pioneered a public health strategy to integrate palliative care into existing health systems. To help governments develop and implement plans and policies for the WHO Public Health Palliative Care Model, three WHO collaborating centres for palliative care have been established in: Oxford, United Kingdom;¹⁰¹ in Barcelona, Spain;¹⁰² and in London, United Kingdom.¹⁰³ Based on experience with the 1990 model, an enhanced Model has emerged - The WHO Public Health Palliative Care Model. (See Figure 8)

The WHO Public Health Palliative Care Model provides a framework for palliative care implementation within the context of culture, disease demographics, socioeconomics, and the health care system structure and resources of a country. It encompasses four components that must be addressed to ensure effectiveness:

- 1) Appropriate policies
- 2) Adequate drug availability
- 3) Education of health care workers and the public
- 4) Implementation of palliative care services at all levels throughout the society

Figure 8 WHO Public Health Palliative Care Model- Overview



¹⁰¹ Sir Michael Sobell House Hospice. <http://www.sobellhospiceoxford.org> Accessed April, 1 2015.

¹⁰² 2. Institut Català d'Oncologia. http://www.iconcologia.net/index_eng.htm Accessed April, 1 2015

¹⁰³ Palliative care, policy and rehabilitation. King's College London, 2010 (<http://www.kcl.ac.uk/palliative> Accessed April, 1 2015)

For each component, the WHO defined short, intermediate, and long-term outcomes to promote evaluation and benchmarking activities.¹⁰⁴

Figure 9 WHO Palliative Care Model- Provider distribution at different levels of care.



The WHO Public Health Palliative Care Model has demonstrated that it provides an effective and efficient strategy for establishing and integrating palliative care into a health system.^{105 106}

¹⁰⁷ The 20-year experience of Catalonia, Spain with the WHO Public Health Palliative Care Model is presented in detail in Chapter 4.

¹⁰⁴ Stjernsward J. and Gomez-Baptiste, X. Palliative care: The public health strategy. J Public Health Policy. 2007; 28: 42–55

¹⁰⁵ Stjernsward J., Foley K., Ferris F. The Public Health Strategy for Palliative Care. J Pain Symptom Manage.2007; 33(5):486–493

¹⁰⁶ Kumar S. Models of delivering palliative and end-of-life care in India. Curr Opin Support Palliat Care 2012;6(3):371–8

¹⁰⁷ Gomez-Batiste X, Martinez-Muñoz M, Blay C, Espinosa J, Contel JC, Ledesma A. Identifying needs and improving palliative care of chronically ill patients: a community-oriented, population-based, public-health approach. Curr Opin Support Palliat

The Health Promoting Palliative Care Model

The health promoting palliative care concept was first introduced in 1999 by Dr. Allan Kellehear, a Professor of Palliative Care at Middlesex University in London, UK, in his book 'Health Promoting Palliative Care'.¹⁰⁸ Professor Kellehear criticized current palliative care models for focusing on a distress-oriented approach to life-threatening illness rather than interventions that promote overall well-being.

He postulates that an approach that combines the principles of health promotion and palliative care has the potential to move life threatening illness, death, dying, grief into the public arena. In Kellehear's model, community participation, education, and public policy development are brought to bear on the experience of living with life-threatening illness, which is understood as a universal human experience. He argues that the social and psychological troubles associated with dying, death, caring, and bereavement are amenable to health promotion strategies in community settings.¹⁰⁹ Furthermore, a health promoting approach to palliative care is expected to increase resistance to negative changes in health care, and to increase advocacy for society-wide policy change, for additional government and private revenues, and for social and political support.

Dr. Kellehear was successful in creating a critical mass of supporters for his view worldwide. In 2003, the Public Health Palliative Care International (PHPCI) Association was inaugurated under his leadership to advocate and promote the philosophy, concepts and methods of health promotion into palliative care services everywhere.

"Compassionate Communities": A practical model of the health promoting palliative care approach.

A further development of the health promoting palliative care concept was presented in Dr. Kellehear's book: "Compassionate Cities: Public health and end-of-life care".¹¹⁰

"Compassionate Communities" was introduced as a practical model of the health promoting approach to palliative care. The model aims to deprofessionalise/demedicalize end-of-life care, return it to the community, and build up social capital that can then be mobilised when citizens come to the end of their life.¹¹¹

¹⁰⁸ Kellehear A. Health Promoting Palliative Care. Oxford Press, Australia: 1999

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¹¹⁰ Kellehear, A. Compassionate Cities. Public Health and End-of-life Care. London: Routledge. 2005

¹¹¹ Abel J., Bowra J., Walter T., Howarth G. Compassionate community networks: supporting home dying. BMJ Supportive & Palliative Care 2011; 1:129–133.

“The way forward to high quality end-of-life care is based on a true public health/health promotion model of the community, for the community, by the community”. (Dr. Kellehear October 24, 2013 at McMaster University)

Key operational policies are essential for a “Compassionate Community”:

- It fosters and supports compassion in the workplace, worship place, school and aged care facility;
- It demonstrates a strong commitment to social and cultural difference;
- It promotes and supports grief and palliative care services for rural and remote areas, indigenous populations and the homeless;
- Any implementation, policy or planning committee should include members with direct personal experience of ageing, living with a life-threatening illness or loss.

The Compassionate Cities Charter describes in detail these policies in the form of 13 social changes to be committed by cities in order to embrace community empathy and help reduce the negative social, psychological and medical impact of serious illness, caregiving, and bereavement in society.¹¹² (See Table 1)

So far, The Neighbourhood Networks model in Kerala, India is the most developed version of the health promoting palliative care/compassionate communities.¹¹³

¹¹² http://media.wix.com/ugd/14d74a_c6e21bb0a3f047dfa4191382b784beae.docx?dn=CCCharter.docx

¹¹³ Compassionate community networks: supporting home dying. BMJ Supportive & Palliative Care 2011; 1:129–133.

Table 1 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
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.
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.