8th Public Health Palliative Care International Conference: Building Bridges between Science and People

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Welcome from the PHPCI President

Dear Colleagues

Dear Friends

It brings me immense joy to extend a warm welcome to every one of you to the 8th Public Health Palliative Care International Conference in Bern, the cozy and beautiful capital city of Switzerland. We invite you to experience the charms of Bern, an ancient city at the gateway to the breath-taking high mountains of the Alps.

Two years ago, we met in Bruges, Belgium, for the 7th PHPCI conference and experienced there a fantastic conference embedded in the Compassionate City of Bruges. Next to the conference program, we had the exciting artistic track and during the conference week, the Compassionate City was organizing the city festival, embracing several local initiatives on the themes of serious illness, long-term care, mourning and loss. I am very pleased that we can offer you this year an equally interesting and exciting conference in Bern.

During the conference week, several activities and events will be hold in the City of Bern, in collaboration with the Compassionate City Bern. The scientific and cultural programs have been carefully prepared by the committees and this gathering promises to showcase the many aspects of public health palliative care from all over the world. The cultural engagement with the City of Bern provides an opportunity to see how the civic, social and healthcare worlds can partner to support compassionate communities and compassionate cities.

This conference promises to be an extraordinary gathering, showcasing the pinnacle of progress in public health palliative care, a practice and research domain that is rapidly evolving. Addressing the complex needs of the seriously ill, death, dying, loss and bereavement requires collaboration across professional groups and disciplines. Let us embark together on a journey to identify and engage researchers and practice experts in public health palliative care, fostering creativity and innovation.

We encourage each of you to take full advantage of this unique opportunity at the conference to connect with fellow attendees both within and beyond the confines of our conference venue. It is my fervent hope that the conversations, insights, and knowledge gained during this conference will galvanize public health palliative care worldwide, charting a course toward a brighter future for all those in need of compassionate care.

I extend my profound gratitude to the members of the preparatory committees (Organizing Committee, Scientific Committee, Committee of the City Programme, Committee of the German-Speaking

Countries, Committee of the Swiss Programme) and to all volunteers for curating an exceptional program, rich in content and relevance. All names of people involved in these committees can be found on the conference website (https://www.phpci2024.org).

Lastly, I extend my deepest appreciation to each one of you for your commitment to public health palliative care. Your presence at the 8th PHPCI Conference in Bern is a testament to your dedication, and I eagerly anticipate the opportunity to engage with you in stimulating discussions and meaningful interactions at the conference. On behalf of the Council of PHPCI, I wish you all a stimulating and engaging conference.

Luc Deliens, president of PHPCI

stories/description of the associative realities; 6) Potential actors to be involved; 7) Expectations; 8) Motivations to participate in InVIta!

The data from focus groups and survey will be triangulated with the interviews to identify further themes.

Conclusions: The data collected from this study will allow to identify intervention/interventions for the design and implementation of a sustained C.C.

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Topics: Research methods

Keywords: home healthcare, palliative care, knowledge, attitudes, survey research

Palliative care-related knowledge, attitudes & confidence in home health care: Results from a U.S. pilot study

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Background: In the United States (U.S.), the rising use of home health care (HHC) services among people with multiple chronic conditions highlights a need for home-based palliative care (PC). However, only 7% of such programs in the U.S. are operated by HHC agencies. Integrating PC into the HHC setting could improve patient outcomes. Prior to integration, better understanding of clinician readiness for and patient/caregiver receptiveness of PC are needed.

Objectives: Develop 2 questionnaires to assess readiness for and receptiveness of PC among U.S. HHC clinicians' and patients/caregivers, focusing on knowledge, attitudes, and confidence (KAC).

Design: A cross-sectional pilot study guided by the 2018 National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care.

Methods: We adapted existing PC-related KAC scales and added new items to cover all eight NCP Guideline domains. Following expert review and 20 cognitive interviews, we refined the questionnaires. The final versions have 3 sections assessing KAC with 56 items for patients/caregivers and 95 for clinicians, including core and role-specific items. After IRB approval, pilot testing was conducted at a large, urban U.S. HHC agency. Descriptive statistics were calculated using Stata 17.

Results: 28 patients/caregivers and 30 clinicians (nurses, physical therapists, social workers) participated. Overall, 48.4% of patients/caregivers were unaware of PC. However, 31.3% of caregivers indicated they had some knowledge. Among patients/caregivers, knowledge gaps existed regarding pain management/opioid use, spiritual/cultural aspects of PC, and end-of-life (EOL) decision-making. Attitudes on pain management/opioid use varied. Caregivers were less confident in managing difficulty breathing and agitation, engaging in EOL discussions or providing EOL care. But 93.6% would consider PC for themselves or a loved one.

Overall, clinicians demonstrated adequate knowledge; however, several questions about pain management/opioid use and ethical/legal aspects of PC were answered incorrectly by $>40\%$ of clinicians. Clinicians held positive attitudes towards PC but had varying levels of confidence in PC provision.

Conclusion: We developed 2 PC-related KAC questionnaires for the U.S. HHC setting, laying the groundwork for PC integration. Broader questionnaire distribution will identify training needs and findings will enable tailored interventions for HHC patients, caregivers and clinicians.

ID: 178
Abstract Type: Workshop

Topics: Death and grief literacy, Artistic and creative approaches

Keywords: creativity, death anxiety, death literacy

Away from words: Using art-making to alleviate death anxiety in the palliative care workforce

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