

## LETTER

Response to commentary by Allan Kellehear on: "We are all in this together: Building capacity for a community-centred approach to caring, dying and grieving in Australia." Hilbers, J., Rankin-Smith, H., Horsfall, D & Aoun, S. (2018). *EJPCH* 6 (4) 693-694

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## To the Editor

We are grateful to Professor Allan Kellehear for providing an aspirational commentary on our article and for taking this opportunity to progress the movement theoretically. We agree with the bigger picture he has provided regarding where we are headed, what we dream about and what we hope to achieve. What our article describes is the first practical step that one group of people, in a voluntary capacity, took to work towards sharing this vision with their community.

Part of the point of the Compassionate Communities work we describe is to develop the movement and see what happens. It is important that we both document and develop our understandings regarding how people implement and operationalise these ideals and how ideas need to change or develop in response. As there is very little research being done in this space, we hope that by sharing our journey along the way, it will encourage others to do the same and for a robust community of practice to emerge in this field. Our commitment is to a strengths-based community development approach, one that seeks to be inclusive and build positive relationships. In doing so, we are demonstrating *we are all in this together...* not competitors or adversaries. This includes people from the health system.

We would like to clarify one point. Professor Kellehear, while generously describing our initial work as "an excellent example of a community event by a

community", believes it to be "unmistakably influenced by palliative care ideas and language", probably deriving from the many health professionals who were from palliative care services. In fact, one-third of attendees who responded to the survey (n=27) identified themselves as health professionals. We do not know how many of these respondents were from palliative care. However, we do know that from the overall 100 attendees, only six were from palliative care. We used the Public Health Palliative Care language.

As a brand new group we were privileged to have Professor Kellehear introduce the concept of Compassionate Communities to our community at the Mini Death Fest *via* video link. Professor Kellehear made a passionate case for why this approach is needed and outlined what the future could look like for our communities. His presentation and our event have had significant ripple effects. For example, the community hospice volunteer group in a neighbouring community have started conversations with their local government about how they can work together to support a Compassionate Communities approach in their area. Our local Member of Parliament has since presented the Compassionate Communities concept to his colleagues. These are examples of community development in action.

What frameworks such as the Ottawa Charter and the Compassionate Cities Charter do is show us the multi-strategic approach that is required for a new reality to be embedded across systems/communities. As all good

population health practitioners know, the starting point for this can differ and achieving the vision takes sustained effort over time. This is now our challenge moving forward, to engage more and more of the community and to grow into the comprehensive population health approach outlined by Professor Kellehear.

In concluding, we encourage scholars and practitioners to join us for the sixth international conference on Public Health Palliative Care entitled “Compassionate Communities in Action: Re-claiming Aging, Dying and Grieving”, in the Blue Mountains, New South Wales, Australia, 13-16 October 2019. ([www.phpci.info](http://www.phpci.info)).