WORKING TOGETHER TO STRENGTHEN DEATH LITERACY & EDUCATION IN REGIONAL AND RURAL COMMUNITIES

Maria Cambitzi [1], Shannon Elwell [2], Charles Broadfoot [2]
1. HammondCare, Sydney, NSW, Australia
2. Hunter New England and Central Coast Primary Health Network, Newcastle, NSW, Australia

KEYWORDS

Palliative Care, End of Life Care, Community, Equity of Access, Aged Care, Education, Death Literacy, Workshops, Regional and Rural, Partnership

EXECUTIVE SUMMARY (100 words maximum)

In 2025, Hunter New England Central Coast Primary Health Network (HNECCPHN), funded by the Commonwealth Government through the Greater Choice for At Home Palliative Care program, commissioned HammondCare (HC) to deliver the *Last Days* education program. The 2023 HNECCPHN Needs Assessment identified gaps in death literacy, end-of-life care capability, and equitable access across regional and rural communities. In partnership twenty face-to-face and two online workshops were delivered by the HNECCPHN & HC to aged care staff, carers, allied health workers, and community members. Several evaluation tools were used pre & post workshop to demonstrate success and future areas for planning.

INTRODUCTION

Death and dying remain topics that are often misunderstood or avoided, contributing to fear, uncertainty, and reduced confidence among care providers, families, and communities. The Last Days program was developed to address these gaps by providing clear, practical, and compassionate education about the normal dying process, palliative care principles, and supportive care practices. Through a partnership between HammondCare and HNECCPHN, the program aimed to build death literacy and strengthen palliative care capability across aged care and community settings in the Hunter, New England, and Central Coast regions.

HIGHLIGHTS

- Significant improvement in participant knowledge of end-of-life care
- Increased confidence supporting people in the last days of life
- Strong engagement across aged care, allied health, and community groups
- High satisfaction, with 97% recommending the program
- Demonstrated value of partnership-based community education
- Strong partnership with HC providing the Clinical expertise and HNECCPHN providing the local stakeholder relationships and knowledge in palliative and EOL care, project management and education expertise.

METHODOLOGY/ PROCESS

The program delivered 22 Last Days Foundation workshops, comprising 20 face-to-face sessions and two online sessions conducted during business hours across regional and rural locations. Workshops were facilitated by specialist palliative care clinicians and supported by comprehensive participant workbooks. Education addressed key domains including understanding dying, advance care planning, symptom management, grief and loss, and cultural and practical considerations. A mixed methods evaluation framework was applied, incorporating formative (pre workshop), process (post workshop), and impact surveys, alongside qualitative participant feedback. The Death Literacy Index was used to establish a baseline and guide future targeted initiatives. Evaluation findings demonstrated significant improvements in participant knowledge, confidence, and preparedness for end-of-life care, and informed priorities for future planning and program development.

RESULTS/ OUTCOMES

Evaluation results demonstrated substantial improvements in participant capability and confidence. Post-workshop findings showed that 90% of participants reported increased understanding of how to support a person at the end of life, and 94% reported greater knowledge of delivering a palliative approach in their workplace. Confidence improved markedly from pre-workshop baseline measures, with participants describing the sessions as practical, supportive, and transformational. Community participants reported increased confidence to initiate end-of-life conversations and provide emotional and practical support. Overall satisfaction was high, with 97% indicating they would recommend the program to others.

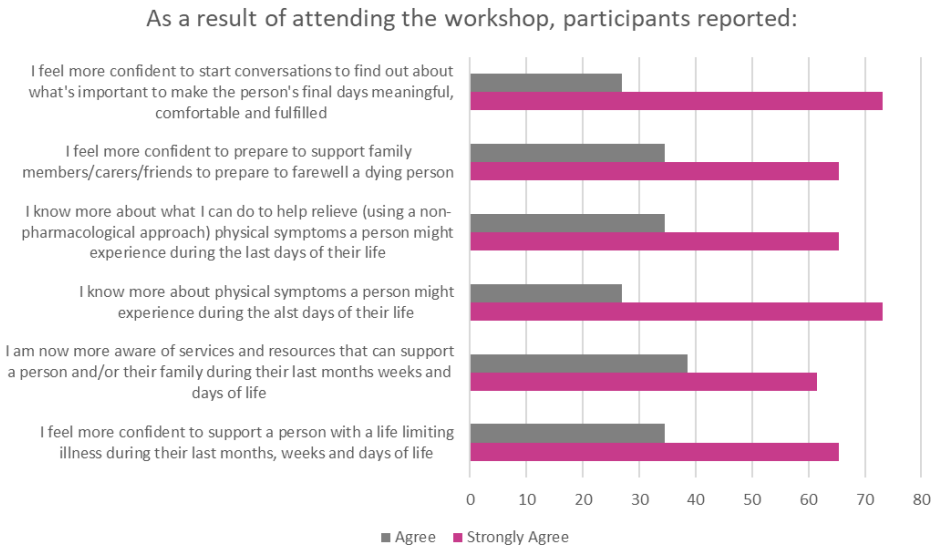
CONCLUSION

The Last Days program successfully improved death literacy and end-of-life care capability across aged care and community settings within the HNECCPHN region. The combination of evidence-based content, skilled facilitation, and strong partnership enabled meaningful improvements in knowledge, confidence, and preparedness. These findings highlight the effectiveness of community-based education initiatives in strengthening palliative care capacity and normalising conversations about death and dying, particularly in regional and rural contexts.

ADDITIONAL INFORMATION:

Location	Date/Month
Central Coast – Wyong and Woy Woy	19th and 20th August
New England – Scone and Gunnedah	25th – 27th August
New England – Moree and Gunnedah	29th Sept – 1st October

Hunter – Forster and Port Stephens	23rd - 25th September
Hunter – Toronto and Cessnock	7th and 8th October
Online – Allied Health Professionals	30th October
Online – Aged Care Professionals	5th November



Some quotes from participants:

This workshop helped me understand what palliative care is and how I can advocate for my family member as they approach their last days.
The participant workbook was great, I took lots of notes and will be able to continue reflecting on the workshop and all i learnt.
Skilled & passionate facilitator presenting the content. Content very informative. Amazing Participant Workbook provided. Morning tea was delicious :)
Practical information provided about what happens to the body during last days
Friendly, calm environment and facilitator
Practical advice about symptoms of dying and what to do when your person you care for dies
Thank you so much for opening the conversation around death and dying. WOW!!! this was a very confronting and healing workshop. It was wonderful to hear other people's experiences and express my personal experience as well. Thank you again for coming to Moree!!

OTHER IMPORTANT NOTES FOR PREPARING YOUR ABSTRACT – DELETE THIS HEADING AND EVERYTHING BELOW BEFORE SUBMITTING YOUR ABSTRACT

Page Limit

Maximum 2 pages of text followed by a maximum of 3 pages of supporting tables and graphics.

Page Size and Layout

The paper should be prepared for A4 size paper (210 x 297mm), with overall margins of 20mm on all sides of the paper (top, bottom, right and left). Use font type Arial for the entire document. Justify text.

Do not include page numbers, headers or footnotes.

Abstract Title and Affiliations

The top section of the first page of the paper should contain the paper title, author list, and affiliations.

Titles must be in 12-point font, bold and capitalised. Do not use more than two lines for the title, and try to limit the title to ten words.

Authors and affiliations must be in 10-point font. Authors with more than one affiliation should indicate additional affiliations by numbers, superscripted following the author's name.

Affiliations must be entered as follows: Organisation, City/ Town, State (abbreviated), Country

(e.g. Palliative Care NSW, Sydney, NSW, Australia)

References

Do not include references or acknowledgements in this abstract. If the abstract is accepted for presentation, references can be included in the final paper if you choose to submit one.

Figures and Tables

Figures and tables, both of which must have numbers and captions, can be included in a maximum of 3 pages at the end of the abstract. Colour images are welcome. Refer to page 3 for examples.

Submission Instructions

1. Maximum 2 pages of text followed by a maximum of 3 pages of supporting tables and graphics.
2. Ensure you run a spell-check and ask a peer to proof your abstract prior to submitting.
3. **Convert this document to PDF format before submitting.**
4. Files larger than 10MB should be compressed as they are too large to upload.
5. Upload your abstract through the conference website: www.pcnswstateconference.org.au
   (Call for Papers section)
6. If your abstract does not meet the submission requirements, it will not be processed for review.

Figure 1 is an example of a graph in the text with a caption below the figure. Please include a blank line above the figure and below the caption. The caption should be in italics.

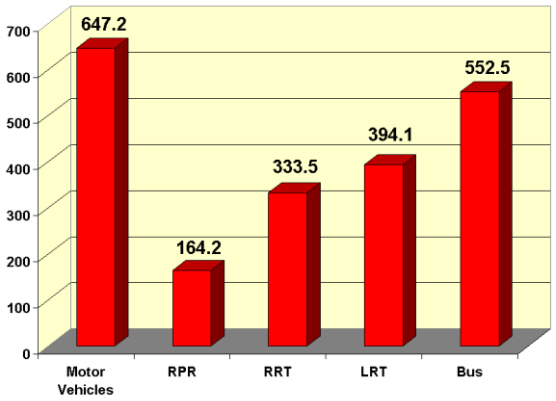


Figure 1: Example of a Figure

Table 1 shows an example of a table, where the caption should be on the top of the table.

Table 1: Example of a Table

Heading 1	Heading 2	Heading 3
Entry 1	Entry 2	Entry 3

Figure 2 is an example of an oversized figure.

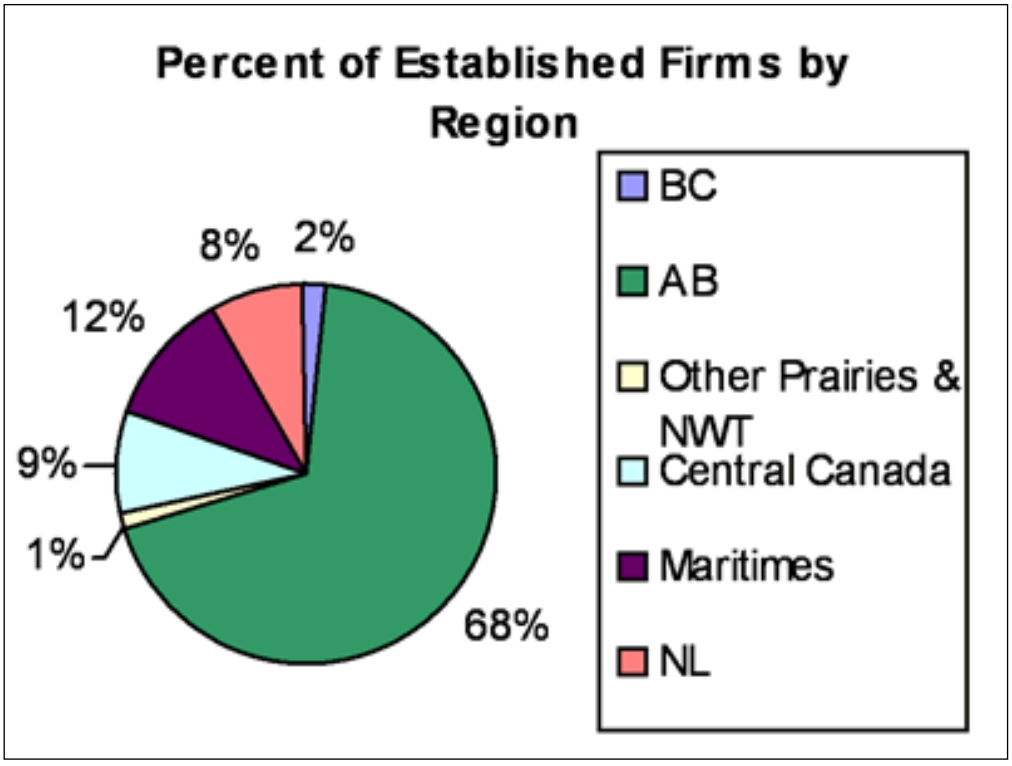


Figure 2: Example of an Oversized Figure