

Promoting Palliative Care to the Public

Guidance and Lessons Learned from
3 Years of Community Outreach Efforts

Housekeeping

- This webinar is being **recorded**.
- Information on how to access the recording and slides from this webinar will be emailed to you in the next few days, along with the follow-up survey.
- Please complete the **online follow-up survey**. This is required for anyone requesting CEs.
- **Post questions in the Q&A box** at any time - Questions will be answered at the end of presentations.



About us.



- ✓ Founded in 1998
- ✓ Collaborative approach
- ✓ Committed to improving serious illness care

Ways to Engage

organizations

Become a Sustaining Supporter

Become an Organizational Member

Purchase our World Class Materials

Sponsor the Premier Palliative Care Summit in CA, April 3-4, 2024

Hire CCCC to Provide Training for your Staff

individuals

Attend the Annual Summit, April 3-4, 2024

Participate in Palliative Care Webinars

Make a donation! *Support the Movement!*

Become a GEM (Give Every Month)

Thank You to Our Sustaining Supporters



Today's Presenters

Introductions



Ann Cao-Nasalga
Program Coordinator



Ashley Bragg
Program Director



Grant Smith
Medical Director



Olivia Tigre Nerimora
Project Manager





Stanford
M E D I C I N E

Palliative
Care

Promoting Palliative Care to the Public:

Guidance and Lessons Learned from 3 Years of Community Outreach Efforts

California Coalition for Compassionate Care
October 24th, 2023



palliativecare@stanfordhealthcare.org



[@Stanford_PC](https://twitter.com/Stanford_PC)



med.stanford.edu/palliative-care



[@stanford_pall_care](https://www.instagram.com/@stanford_pall_care)

Disclosures

- Cao-Nasalga: No Disclosures
- Bragg: No Disclosures
- Smith: Shareholder - Russell Street Ventures
- Tigre Nerimora: No Disclosures

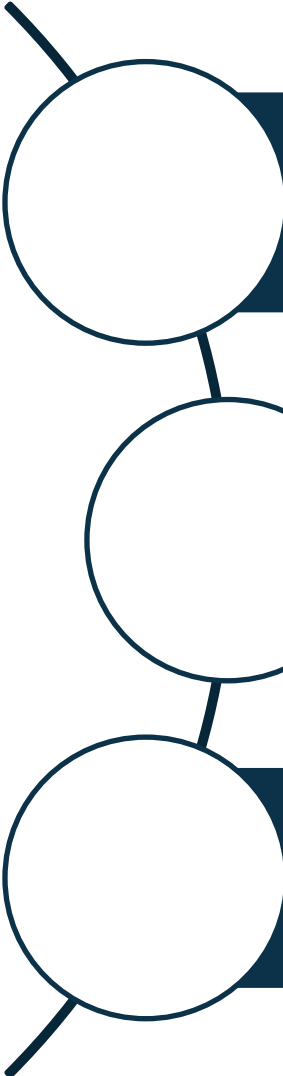
Who is here today?

- What type of organization do you work for/do you represent?
 - Community-based organization/Non-profit
 - Academic healthcare system
 - Community healthcare system
 - Hospice
 - Insurer/Health plan
 - Foundation/Philanthropic Organization
 - Other

Who is here today?

- What is your primary occupation?
 - Chaplain
 - Social worker
 - Nurse
 - Advanced Practice Provider (APP, APN, PA, NP, CNS)
 - Doctor
 - Hospital/Hospice Administrator
 - Community-based organization staff/volunteer
 - Employee of health plan
 - Other

Learning Objectives



Identify low awareness and inadequate knowledge about palliative care as a key barrier to people living with serious illness accepting or asking for referrals to palliative care.

Describe a systematic approach for developing, implementing, and evaluating community-based outreach about palliative care through community partnerships.

Identify a community-based organization or programmatic/institutional resource that could help your program get started in community-based/public outreach about hospice and palliative care.

Lessons Learned

1



2



3



4

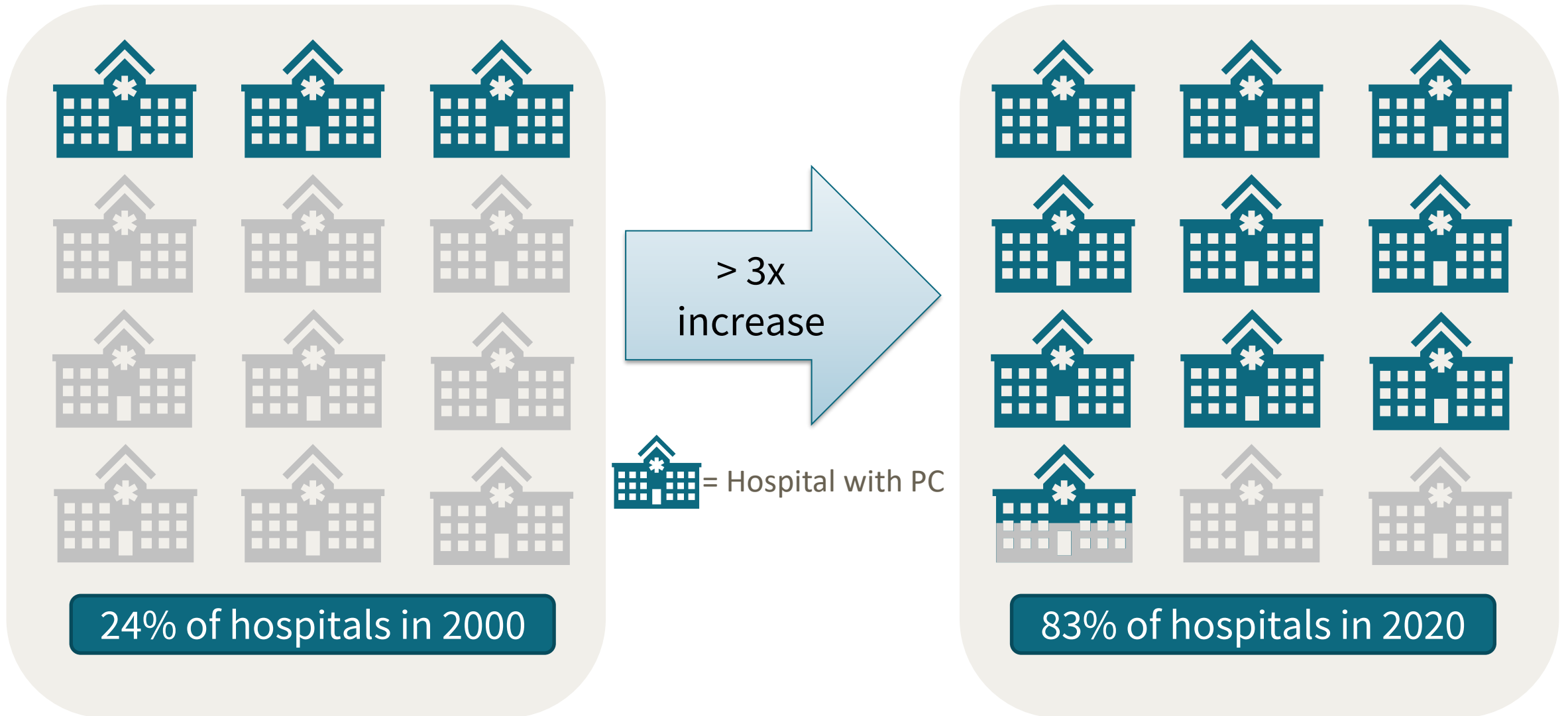




There is a lot of work to do in improving the public's knowledge and attitudes about PC

Lesson #1

Access to Palliative Care has Improved



Over the last decade, how has awareness about palliative care changed among adults in the US?

- Halved
- No change
- Doubled
- Tripled
- Quadrupled

What percentage of adults in the U.S. have NEVER heard of palliative care?

- 10%
- 30%
- 50%
- 70%
- 90%

Palliative Care Awareness



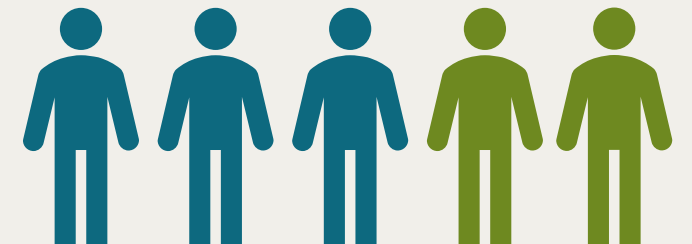
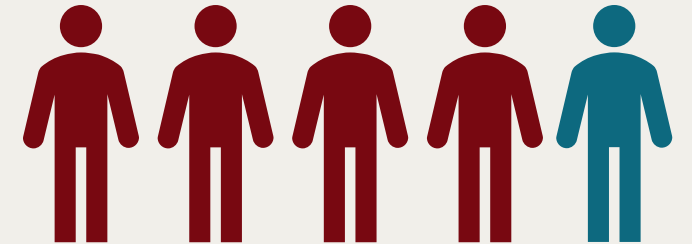
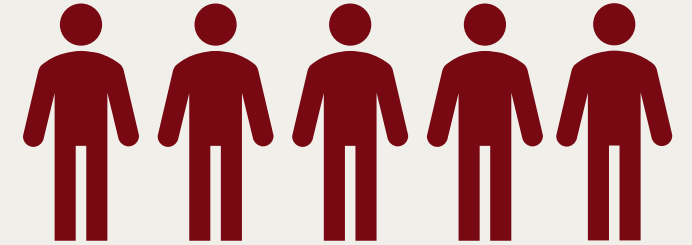
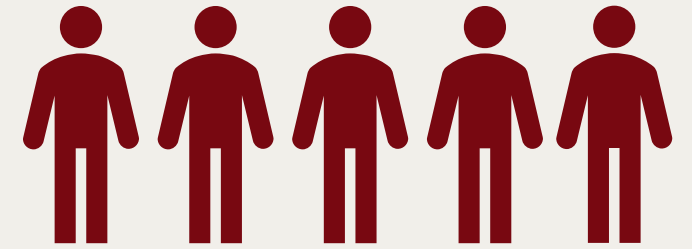
70% Have never heard of PC



20% “Know a little” about PC



10% Can describe PC to someone else



Palliative Care Knowledge

- Compared to other developed countries, **Americans have some of the lowest levels of knowledge about palliative care.**



What are some of the common
misperceptions about palliative care?

Common Misperceptions About Palliative Care

PC is exclusively for people in the last 6 months of life

PC is the same as hospice

PC encourages people to stop treatments

Automatically think of death when think of PC

Palliative Care and the Media



Palliative Care Messaging Tip Sheet

In Response to *New Amsterdam* Episode, “In the Graveyard”



The NBC medical drama series, *New Amsterdam*, is airing an episode Tuesday, February 11, at 10:00 pm ET entitled, “In the Graveyard.” Unfortunately, the episode perpetuates misconceptions by portraying palliative care as only end-of-life care and conflating palliative care and hospice.

The following talking points are meant to address questions and concerns you may hear from patients, families, referring clinicians, and others in response to the show.



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NETFLIX



EXTREMIS

NETFLIX



END GAME



CAREGIVER

a love story

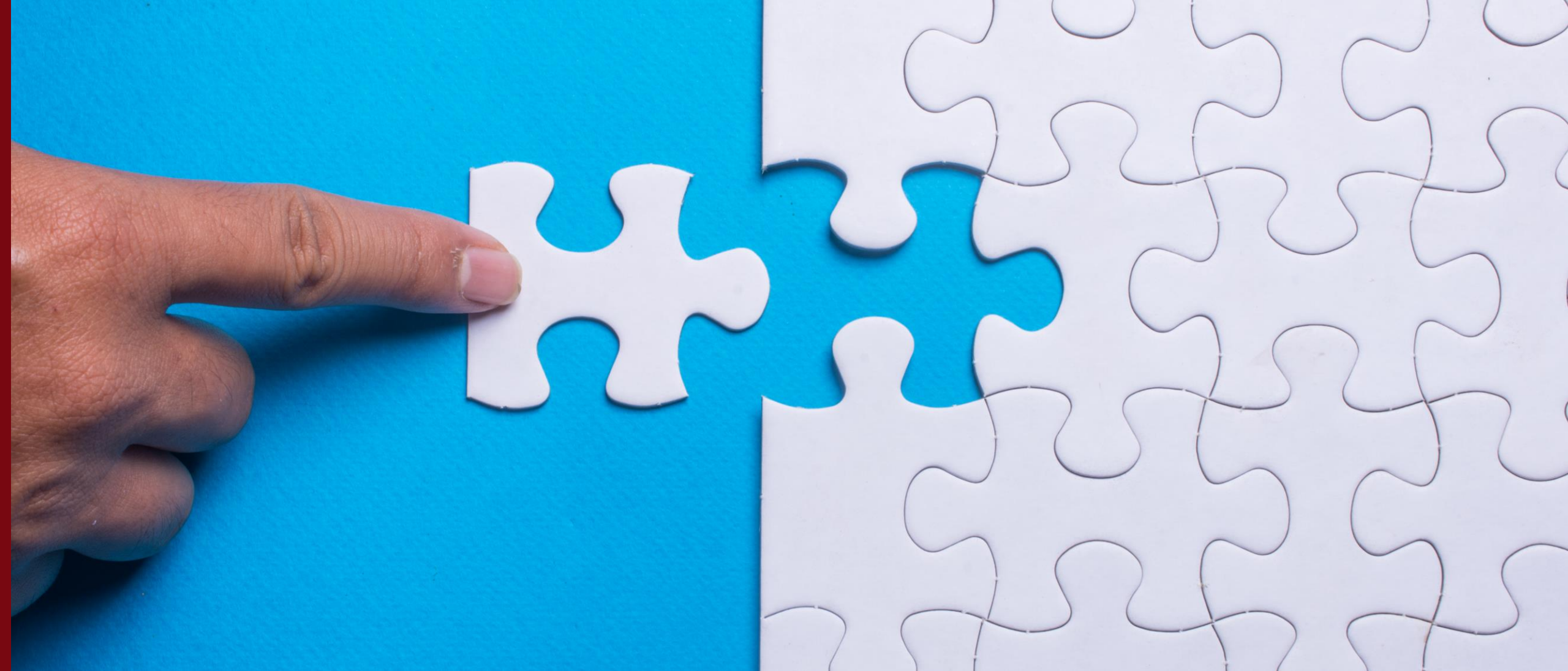


when love isn't enough.

CAREGIVERALOVESTORY.COM

DIRECTED AND PRODUCED BY JESSICA NUTIK ZITTER, MD & KEVIN GORDON
PRODUCERS JESSICA NUTIK ZITTER, JEANNIE BLAUSTEIN & LOIS PERELSON-GROSS
FEATURING BAMBI FASS, RICK TASH, MYA TASH, JESSICA NUTIK ZITTER, RABBI GERSHON ALBERT
CINEMATOGRAPHY BY CLARE MAJOR & SHALEECE HAAS EDITED BY KEVIN GORDON MUSIC COMPOSED BY WILLIAM RYAN FRITCH





Efforts in community outreach and partnerships evolve over time

Lesson #2

How We Got Started

“

**Get palliative care to the
people.**

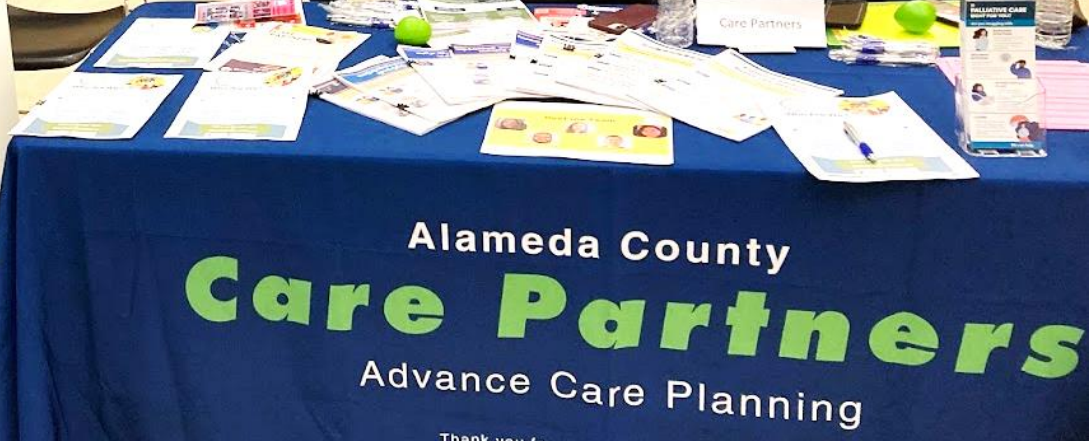
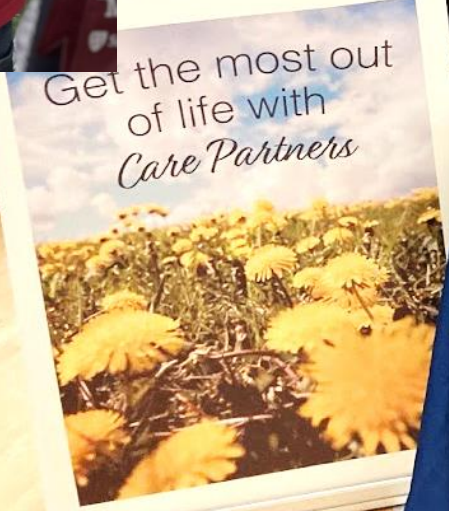
”

-Anonymous donor





Alameda County
Care Partners
577-3517
partners@acgov.org



For People Living with a Serious Illness, and Those Close to Them

Get more information about palliative care, advance care planning, and community resources



What is Palliative Care?

The term "**Palliative Care**" (pronounced pal-lee-uh-tiv) comes from the word "palliate" which means to alleviate or reduce suffering.

Palliative Care is specialized medical care for **people living with a serious illness**.

- The goal is to **improve quality of life** for the person living with the illness and those close to them.
- It is **appropriate at any age and at any stage** in a serious illness. It **can be provided with treatments meant to cure the illness**.
- Care focuses on **relief of symptoms and stress**.
- A specially-trained team of palliative care doctors, nurses, and other specialists work together with a patient's other doctors to **give an extra and layer of support**.
- The palliative care team's focus is on the needs of the **person living with the illness and their loved ones**.



[+ Expand All](#)

What Does Palliative Care Provide?

Care that helps you live your best life and focuses on what matters most to you.



Is Palliative Care Right for Me?

Check if Palliative Care might be able to help you.



How Do I Get Palliative Care?

Get connected to Stanford Palliative Care or palliative care at another place.





Home



Explore



Notifications



Messages



Bookmarks



Twitter Blue



Profile



More



Stanford Palliative Care

767 Tweets



Edit profile

Stanford Palliative Care

@Stanford_PC

Stanford Medicine's Palliative Care Team, and Palliative Care Center of Excellence

📍 Palo Alto, CA [🔗 med.stanford.edu/palliative-car...](https://med.stanford.edu/palliative-car...)

📅 Joined October 2019

2,091 Following 2,157 Followers



stanford_pall_care

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119 posts

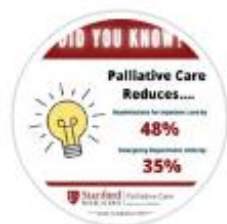
1,308 followers

277 following

Stanford Palliative Care

Stanford's palliative care team and the Stanford Palliative Care Center of Excellence. Raising awareness about palliative care.

linktr.ee/StanfordPalliativeCare



Did you know?



Event Videos



ACP workshops



New

POSTS

REELS

SAVED

TAGGED



Improving public knowledge and attitudes about palliative care through virtual, community-based education

Smith, MD¹, Ashley Bragg, BS¹, Ann Cao-Nasalga, MBA², Kelly Towey, MD³, Samantha M.R. Kiling, PhD, RD⁴, & Laura Holdsworth, MD⁵
¹Stanford School of Medicine, Department of Medicine, Section of Palliative Medicine, ²Stanford Health Care, Department of Patient Experience, ³Stanford School of Medicine, Department of Medicine, Section of Palliative Medicine, ⁴Stanford Health Care, Department of Patient Experience, ⁵Stanford School of Medicine, Department of Medicine, Section of Palliative Medicine

Methods:

Recruitment:

- Collaborated with 5 community organizations
- Utilized e-newsletters, social media, community events

Pre-Session Survey:

- Demographics
- Palliative Care Knowledge Assessment (PCKSA)
- Interest in PC-related topics

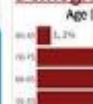
Educational Intervention:

- 40 min lecture, 20 min Q&A
- Covered definitions, philosophy, team approach, and services provided by PC
- Distilled PC and

Post-Session Survey:

- Palliative Care Knowledge Assessment (PCKSA)
- Interest in PC-related topics
- PC-related measures

Demographics



The Call: Engaging Family as a Critical Intervention

Anne Rohlfing, MD^{1,2}; Anne Kelly, LCSW³; Lynn Flint, MD^{1,4}

¹Care & Palliative Medicine Service, VA Palo Alto Health Care System; ²Division of Primary Care & Population Health, Stanford Medicine; ³Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine; ⁴Division of Geriatrics, University of California San Francisco

Case Summary

64 y/o male with COPD and atrial fibrillation admitted for nausea, dyspnea, and weight loss diagnosed with metastatic cancer; declined to involve family until palliative care team consulted; family visited two days prior to death, leaving little time for goals of care discussions, financial/practical planning, and quality time together.

IS PALLIATIVE CARE RIGHT FOR YOU?

Are you struggling with:

MANAGING SYMPTOMS

- Symptoms that interfere with everyday life.
- Or your serious illness may be difficult to be as active as you would like to be.

TREATMENT DECISIONS

- Making treatment choices
- Figuring out how to choose your care and treatment to match what's most important to you.
- Understanding the pros and cons of treatments.

MAKING MEDICAL PLANS

- Setting up an advance care directive
- An advance health directive is a document that describes what kind of care you want if you are unable to communicate.

COPING

- Stress from your serious illness
- How to talk with your family and friends about your illness
- Sharing what's important to you at this time
- Seeking spiritual or religious support

HOW PALLIATIVE CARE CAN HELP YOU

SUPPORT YOU AT ANY AGE AND AT ANY STAGE OF YOUR ILLNESS

You can get palliative care while you are in treatment. Palliative care can begin as soon as you are diagnosed with a serious illness.

SUPPORT A BETTER QUALITY OF LIFE

For you, your family, and your caregivers.

OFFER RELIEF FOR YOUR BODY, MIND, AND SPIRIT

Palliative care can ease the pain, symptoms, and stress of serious illness as you go through treatment.

GIVE YOU PRACTICAL ASSISTANCE

Palliative care experts can help you to prepare for life changes, including advance care planning.

PARTNER WITH YOUR HEALTH CARE TEAM

Your palliative care team will partner with your other doctors to give you an extra layer of support.

LEARN MORE ABOUT PALLIATIVE CARE

MAKE AN APPOINTMENT: Call (650) 723-4000

VISIT OUR WEBSITE: med.stanford.edu/palliative-care/patientsandfamilies.html

¿SON APROPIADOS EN SU CASO LOS CUIDADOS PALIATIVOS?

Tiene dificultades para:

CONTROLAR SÍNTOMAS

- Síntomas que interfieren con su vida diaria.
- O la enfermedad que padece le dificulta ser tan activo como le gustaría.

TOMAR DECISIONES SOBRE LOS TRATAMIENTOS

- Elegir tratamientos.
- Descifrar cómo elegir la atención y los tratamientos con base en lo que usted considera más importante.
- Entender las ventajas y desventajas de los tratamientos.

PLANEAR LA ATENCIÓN MEDICA DE SU VIDA

- Preparar un documento de voluntades anticipadas
- El documento de voluntades anticipadas describe el tipo de atención médica que le gustaría recibir en caso de estar demasiado enfermo como para comunicarse.

SOBRELLEVAR LA SITUACIÓN

- Estrés por la enfermedad grave que padece.
- Cómo hablar con su familia y amigos sobre su enfermedad.
- Compartir lo que usted considera más importante en este momento.
- Buscar apoyo espiritual o religioso.

LOS CUIDADOS PALIATIVOS LE AYUDAN DE LA SIGUIENTE MANERA:

LE BRINDAN APOYO A CUALQUIER EDAD Y EN CUALQUIER ETAPA DE SU ENFERMEDAD

Puede recibir cuidados paliativos mientras recibe su tratamiento. Puede comenzar a recibir estos cuidados tan pronto como le diagnostiquen una enfermedad grave.

LO APOYAN PARA LOGRAR UNA MEJOR CALIDAD DE VIDA

Para usted, su familia y las personas que cuidan de usted.

OFRECEN ALIVIO PARA EL CUERPO, LA MENTE Y EL ESPÍRITU

Los cuidados paliativos pueden aliviar el dolor, los síntomas y el estrés que suelen presentarse durante el tratamiento de una enfermedad grave.

PRESTAN ASISTENCIA PRÁCTICA

Los expertos en cuidados paliativos le pueden ayudar a prepararse para los cambios de vida, así como a planear su atención médica por adelantado.

COLABORAN CON SU EQUIPO DE ATENCIÓN MÉDICA

Su equipo de cuidados paliativos colaborará con sus otros doctores para brindarle apoyo adicional.

CONOZCA MÁS SOBRE LOS CUIDADOS PALIATIVOS

HAGA UNA CITA: Llame al (650) 723-4000

VISITE NUESTRO SITIO WEB: med.stanford.edu/palliative-care/patientsandfamilies.html

緩和療護 適合您嗎?

以下情況是否正困擾著您:

症狀管理

- 影響到日常生活
- 或, 您的嚴重疾病無法隨心所欲

治療決策

- 選擇治療方式
- 研究如何按照您最看重的事物、優先順序來選擇您的治療與照護
- 理解治療方案的優點與缺點

制定醫療計劃

- 設定事前醫療指示
- 事前醫療指示是一份文件, 描述如果您病得厲害、無法溝通時, 想接受怎樣的治療。

心境應對

- 嚴重疾病造成的壓力
- 如何與家人和朋友談論您的疾病
- 分享當下您覺得重要的事情
- 尋求心靈或信仰的支持

提供實質幫助

緩和療護專家能協助您做出生命轉捩點的準備, 提早安排您的治療。

想更加瞭解緩和療護是什麼嗎?

預約診診, 請電: (650) 723-4000 *可提供口譯服務

歡迎造訪: med.stanford.edu/palliative-care/patientsandfamilies.html

緩和療護 可以如何幫助您

提供不分年齡或疾病階段的支持

在疾病治療期間, 您可以同時進行緩和療護。重大疾病一經確診即可開始接受緩和療護。

增進生活品質

支持您、您的家人, 和您的照顧者

帶來身、心、靈慰藉

緩和療護可以在您進行治療的時候幫助您緩解嚴重疾病造成的疼痛、症狀, 和壓力。

提供實質幫助

緩和療護專家能協助您做出生命轉捩點的準備, 提早安排您的治療。

與您的醫療團隊合作

您的緩和療護團隊將與您的其他醫生合作, 提供額外支持。

VIRTUAL WORKSHOP

USING CANNABIS FOR SYMPTOM MANAGEMENT IN PALLIATIVE MEDICINE

WEDNESDAY
APRIL 26TH AT
12-1PM

With
Eolse Thelsen, NP, AGPCNP-BC APP

Stanford MEDICINE | Palliative Care
Department

REGISTER

<https://tinyurl.com/Symptom-Management>

The poster features a green background with a circular graphic containing the word 'Symptom' and a QR code. A small icon of a person is in the top right corner.

Wednesday, April 26th, 12:00pm PST

Using Cannabis for Symptom Management in Palliative Medicine

Learn how cannabis can be a safe and effective option to manage chronic pain, anxiety, sleep, and other distressing symptoms. This presentation will cover the different types of cannabis commonly used for symptom management, the different routes of administration, common side effects and potential drug interactions.

REGISTER >

Presented by
Stanford MEDICINE | Palliative Care
Department

PALLIATIVE CARE

VIRTUAL WORKSHOP

LIVING YOUR BEST LIFE:
How Palliative Care Can Improve Your
Quality of Life

TUESDAY | MAY 23, 2023 | 12:00-1:00PM

REGISTER HERE

<https://tinyurl.com/PCupcomingevents>

The poster features a dark red background with a circular graphic containing a stethoscope and a sign that says 'PALLIATIVE CARE'. A QR code is at the bottom.

Tuesday, May 23rd, 12:00 pm PST

Living Your Best Life: How Palliative Care Can Improve Your Quality of Life

Having a difficult illness can affect your life in many ways. Join us for this event to find out what you can do to manage the impact your illness has on your life. At this event, Stanford palliative care doctor, Grant Smith, MD, will share ways to live your best life using a holistic, person-centered approach. Dr. Smith will talk about physical symptoms as well as emotional and spiritual well-being. You'll also learn about the medical specialty, called palliative care, and how it can give you an extra level of support and improve your quality of life.

REGISTER >

Event Recordings

Video recordings and slides to download of past educational events about palliative care. Available on our SHC Palliative Care YouTube playlist [here](#).



11.07.22 2nd Annual Hospice & Palliative Care Awareness Month Webinar



6.22.22 Travonde Community Day: Living your Best Life - Stanford Palliative Care with Dr. Smith



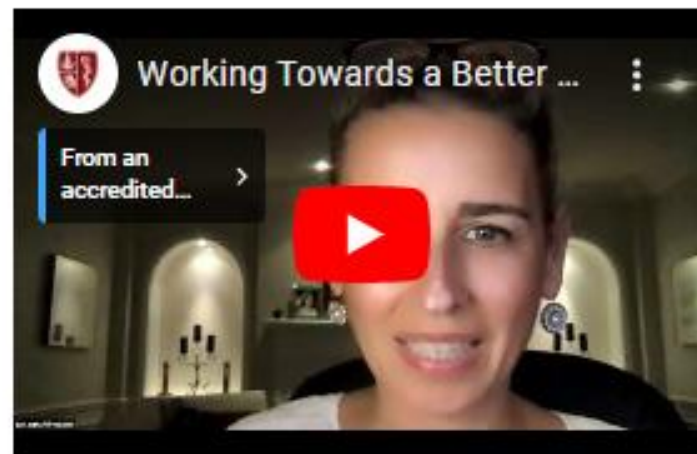
10.29.21: Understanding Palliative Care for Cancer Patients: Part 1



10.29.21: Understanding Palliative Care for Cancer Patients: Part 2



11.18.21: Everything You Want to Know About Palliative Care



10.4.21: Working Towards a Better Experience for Adolescents and Young Adults (AYA) Living with Cancer

Building Community Partnerships



Our Focus Evolved Over Time

2019
• Launch

2020
• Said yes to everything
• Learn about community

2021
• Focused on a few key community partnerships

2022
• Narrowed in on cancer (where we thought could have most impact)

2023
• Growing our team

Continue to Beat the Drum

	FY20	FY21	FY22	FY23
Events	27	28	33	28
Participants	1663	1189	1159	846

AC Care Alliance

November
2021

- Initial Meeting
- Unclear how to work together
- Believed in each other's work

January
2022

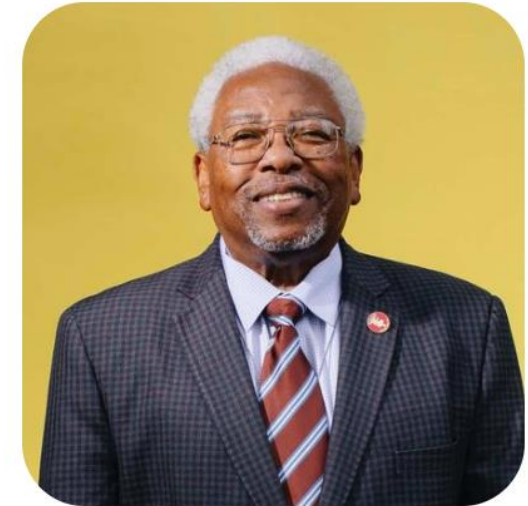
- Stanford institutional support didn't materialize

April 2022

- Connection to Community Benefits Office

January
2023

- Initial grant obtained, hired/trained community health worker



Cancer CAREpoint & Bay Area Cancer Connections



**Cancer
CAREpoint**

COUNSELING • ASSISTANCE • RESOURCES • EDUCATION



BACC
Bay Area Cancer Connections

2020

- Initial meeting
- Co-marketed some events

2022

- Cancer-Specific
- Tailored events for each

2023

- Grouping events together
- More time to develop specific content



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Measuring impact is challenging

Lesson #3



Intervention

■ Design

- Pragmatic, mixed methods quality improvement initiative including:
 - Non-randomized quasi-experimental (pre/post) intervention study
 - Qualitative 1-on-1 semi-structured interviews

■ Recruitment/Participants

- Participants in our community-facing webinars
- Partnering with community-based organizations to reach beyond Stanford
- Utilizing e-newsletter, Twitter, Instagram, online calendars, Stanford marketing channels, and community-organizations



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Intervention

■ Timing

- 60-minute webinars
 - 40 min content
 - 20 min Q&A

■ Content

- Definition/Philosophy of PC
- Services provided/Team members
- FAQs: Who pays? How to access? How to ask for referral?
- Incorporate patient stories from getpalliatvecare.org



Demographics & PC Experience

■ Demographics

- Age
- Gender Identity
- Race/Ethnicity
- Educational attainment

■ Experience with palliative care

- Heard of PC
- Experience with PC
- Prior educational event about PC

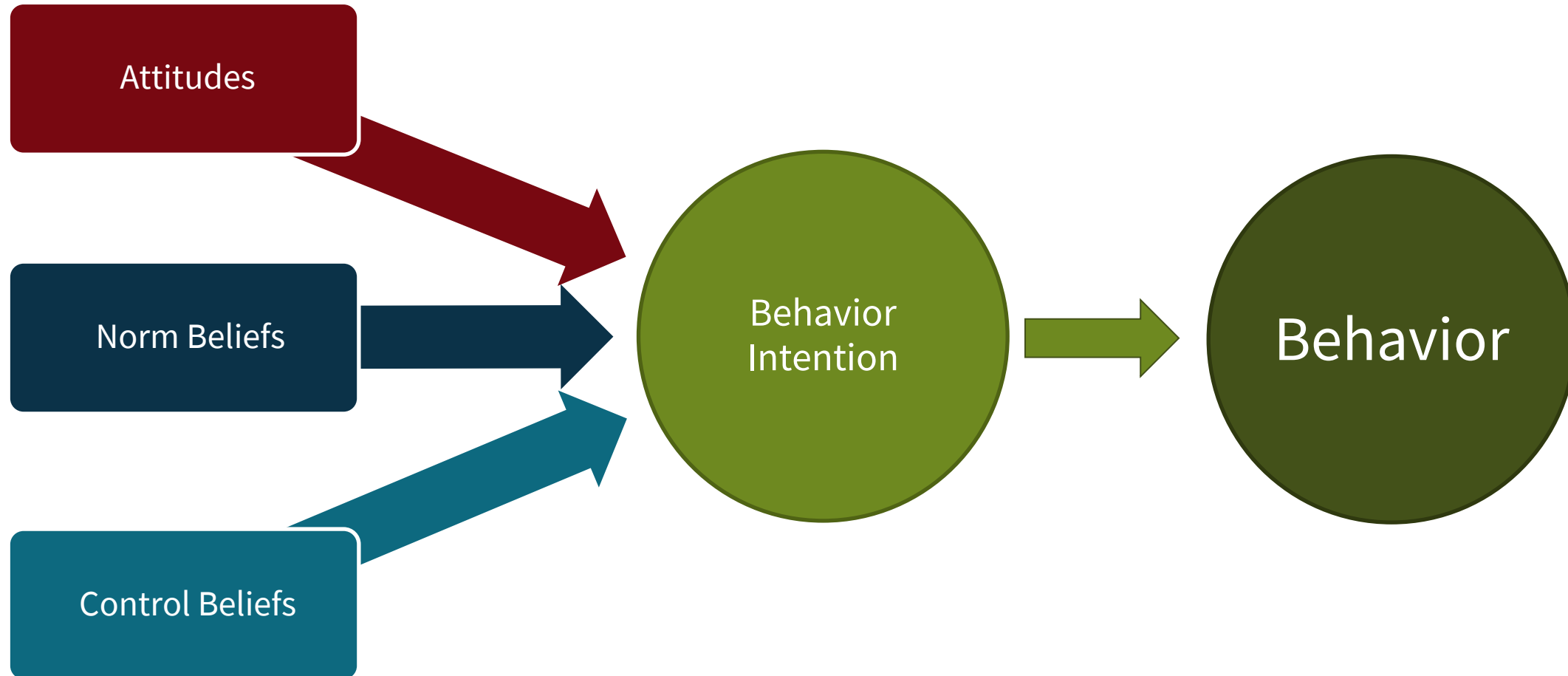


PC Knowledge

- **Palliative Care Knowledge Scale (PaCKs)**
 - Standardized, previously studied scale
 - 13-Item True / False / Don't Know
 - Palliative care can help people manage the side effects of their medical treatments. (True)
 - Palliative care is exclusively for people who are in the last six months of life. (False)
 - Palliative care encourages people to stop treatments aimed at curing their illness. (False)



PC Attitudes: Theory of Planned Behavior



PC Attitudes

Attitudes

- A PC visit would be:
 - scary
 - comforting
 - helpful

Norm Beliefs

- Most people...
 - would approve of me having PC visit
 - like me have a PC visit
- My MD would support me having a PC visit

Control Beliefs

- I could ask my MD for a referral
- I would have a PC visit if
 - I felt I needed it
 - my MD recommended it

Participation

10

months

9

events

170

participants

66

matched pairs

39%

response rate

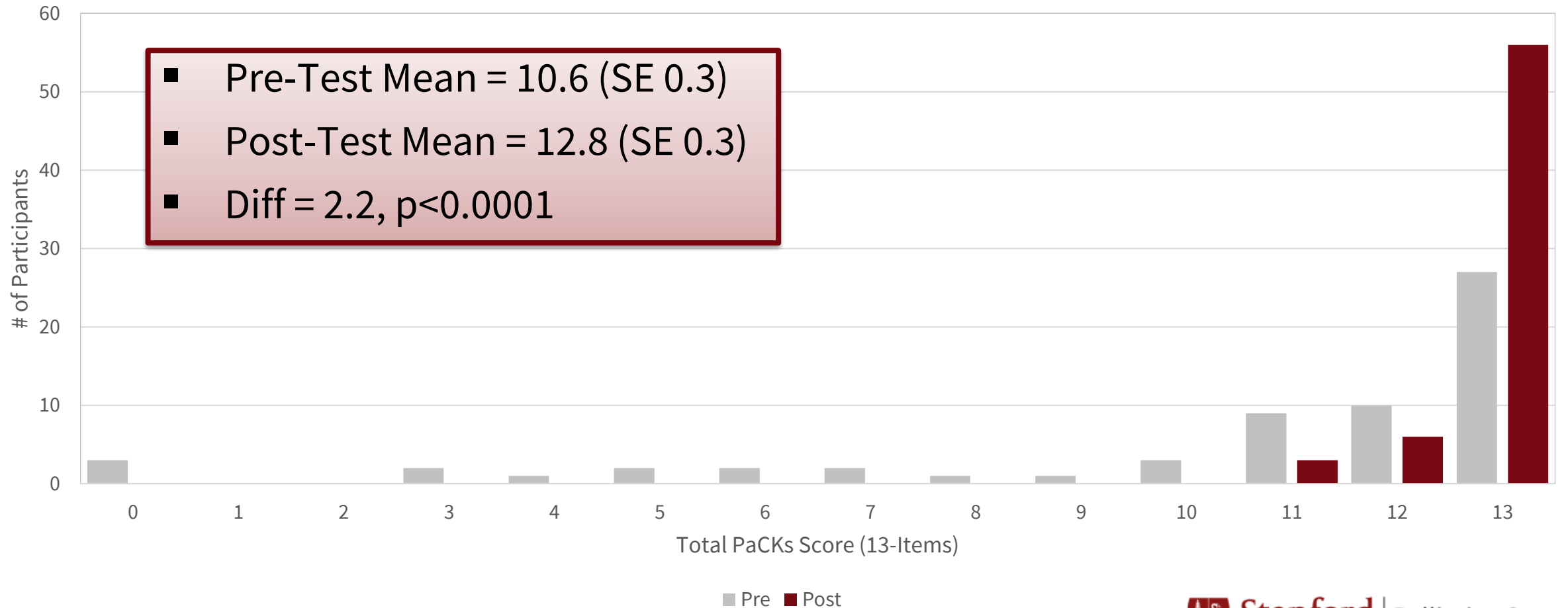
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Community
Partners

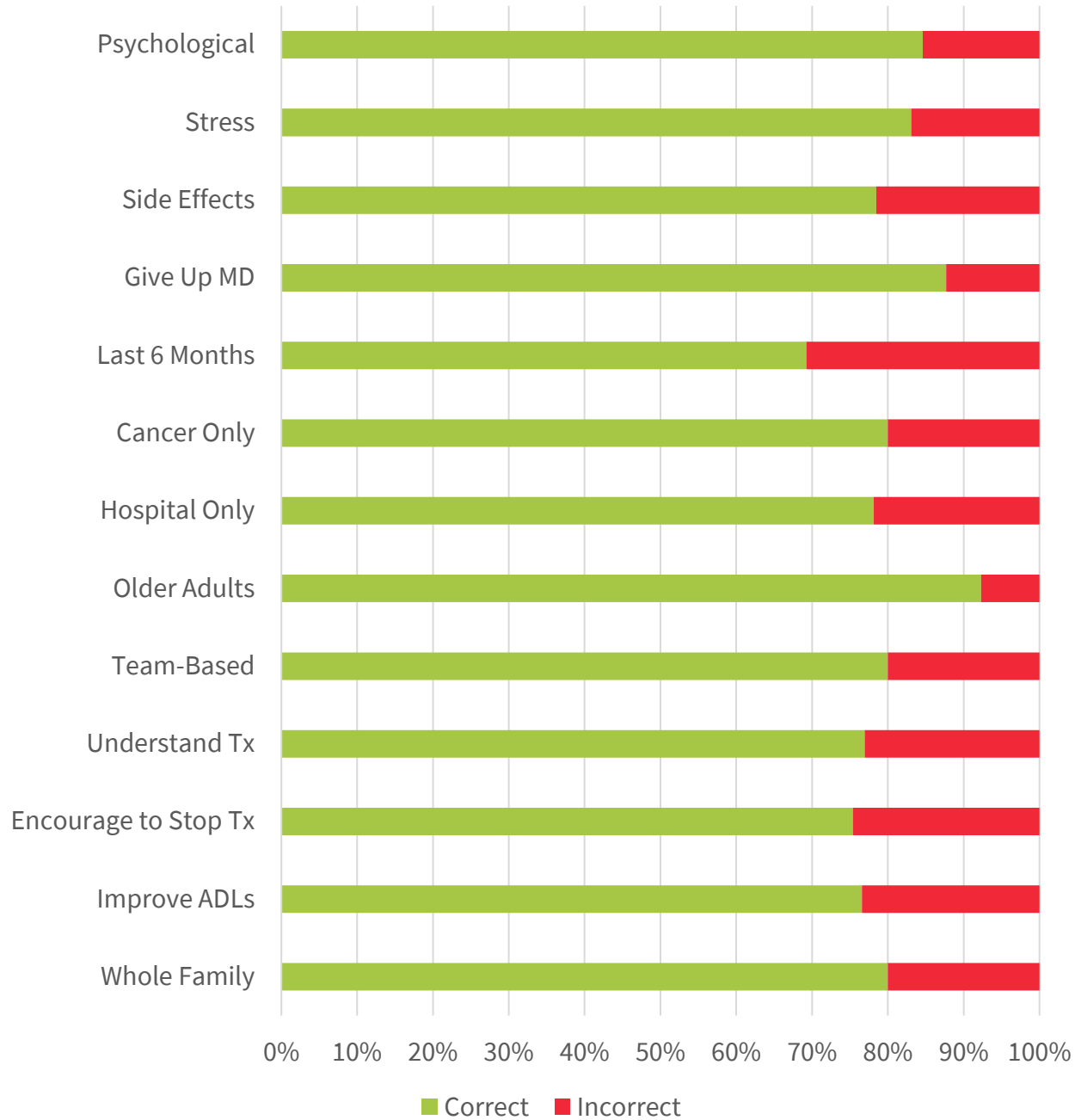


Results: PC Knowledge

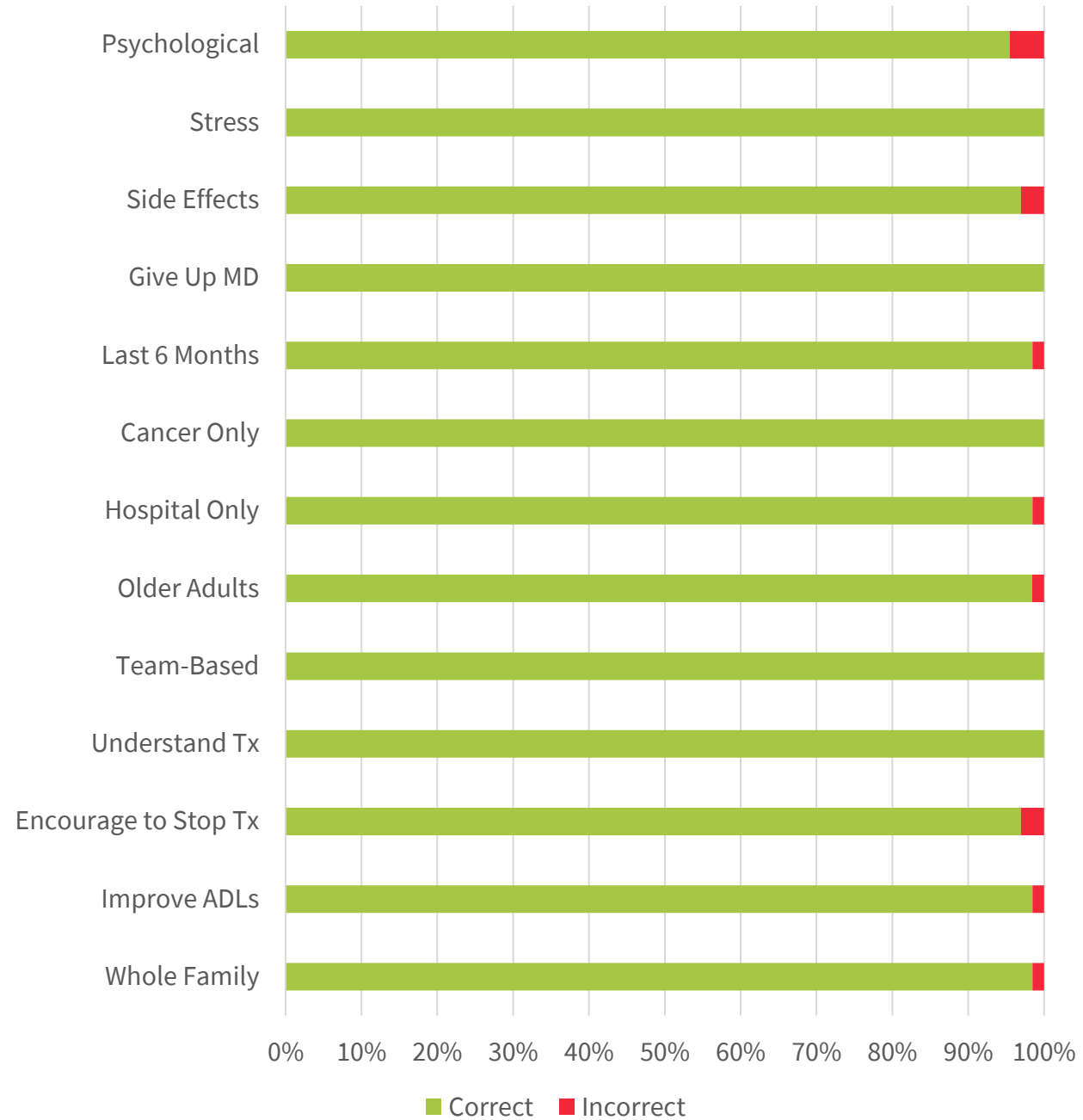
Total PaCKS (N=66)



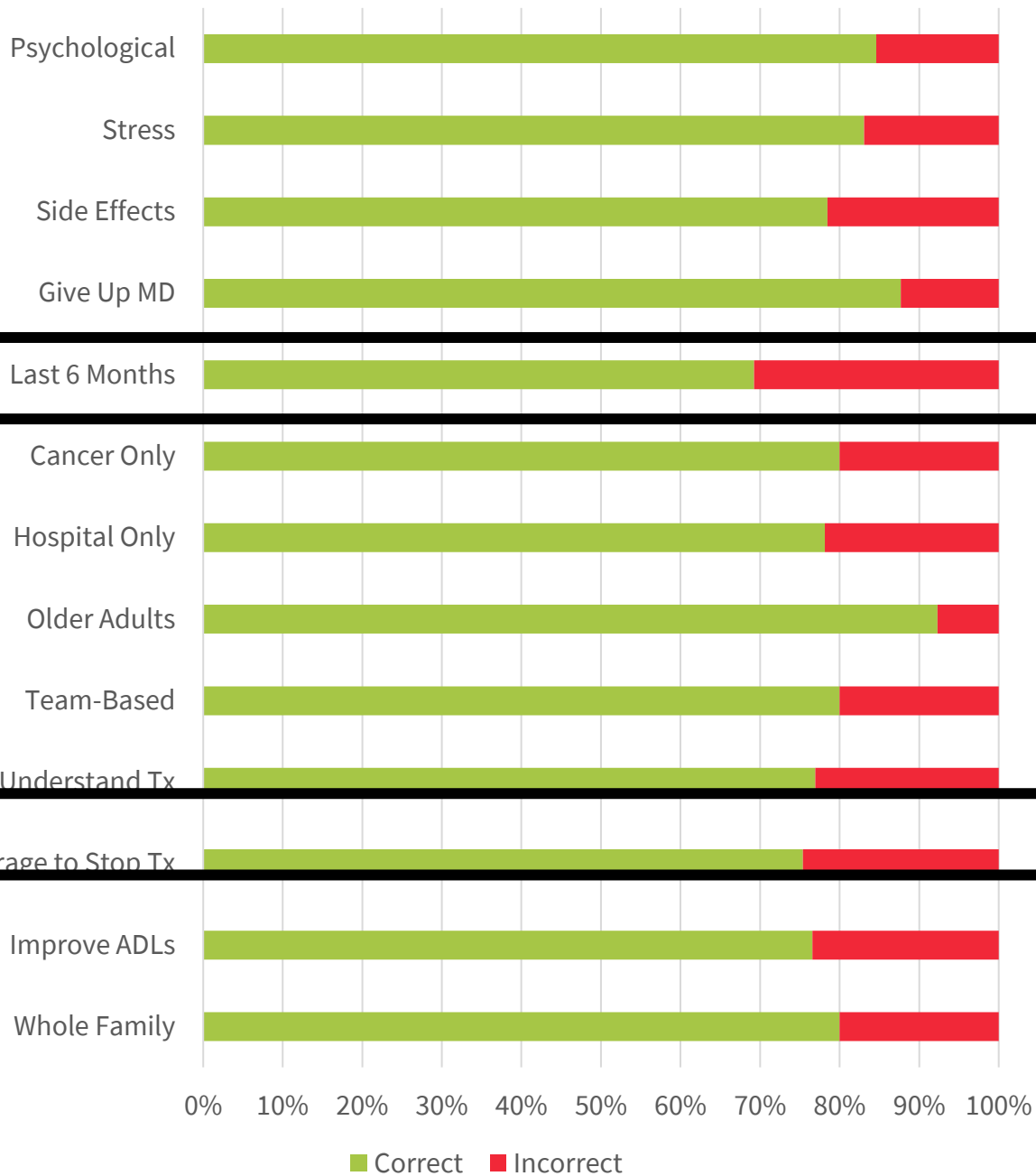
Pre-Session



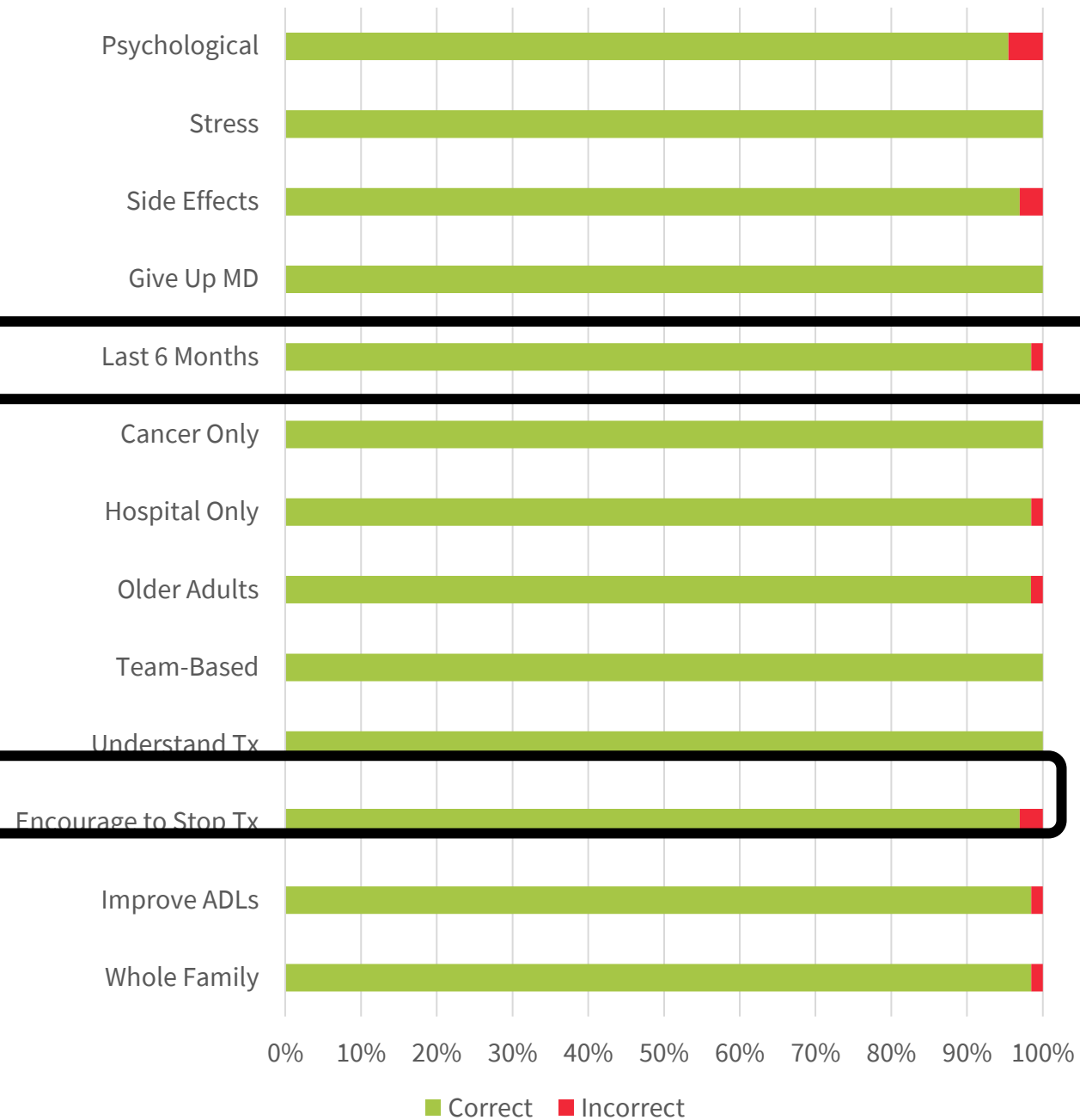
Post-Session



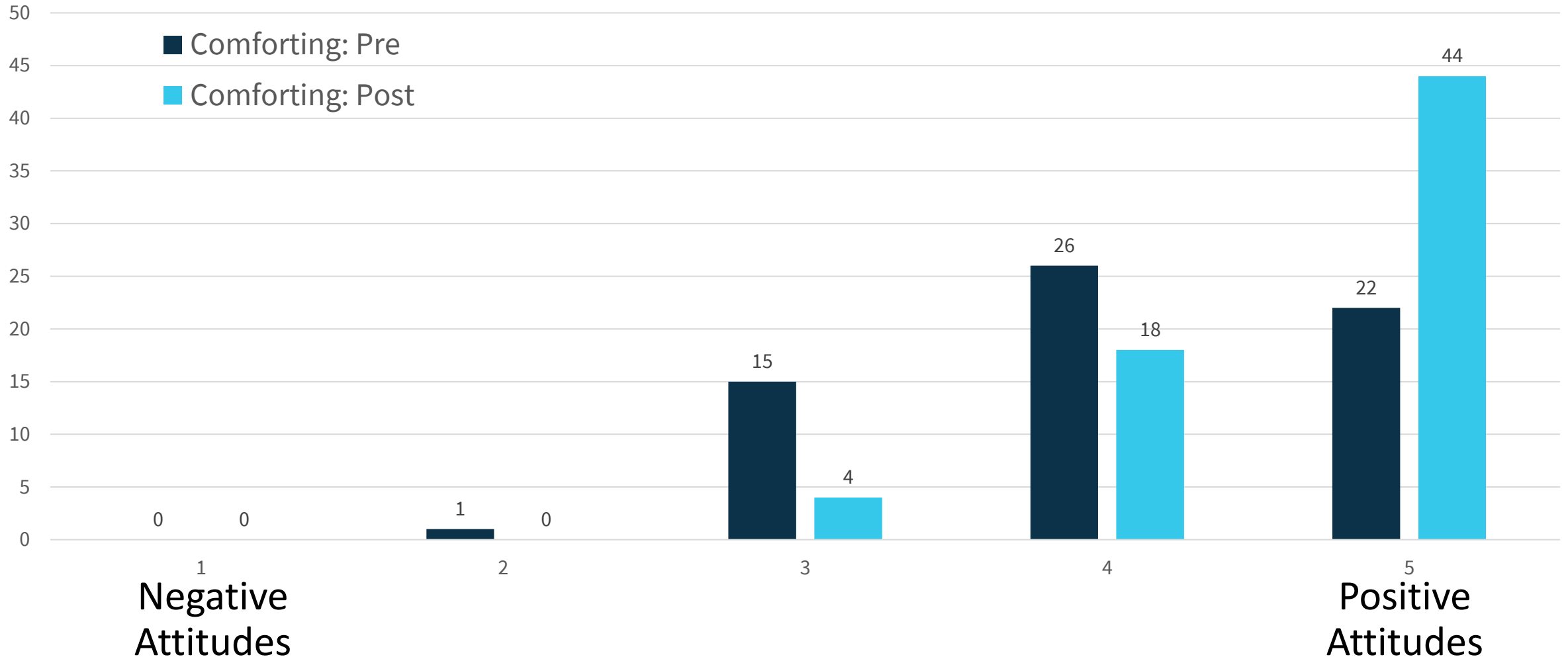
Pre-Session



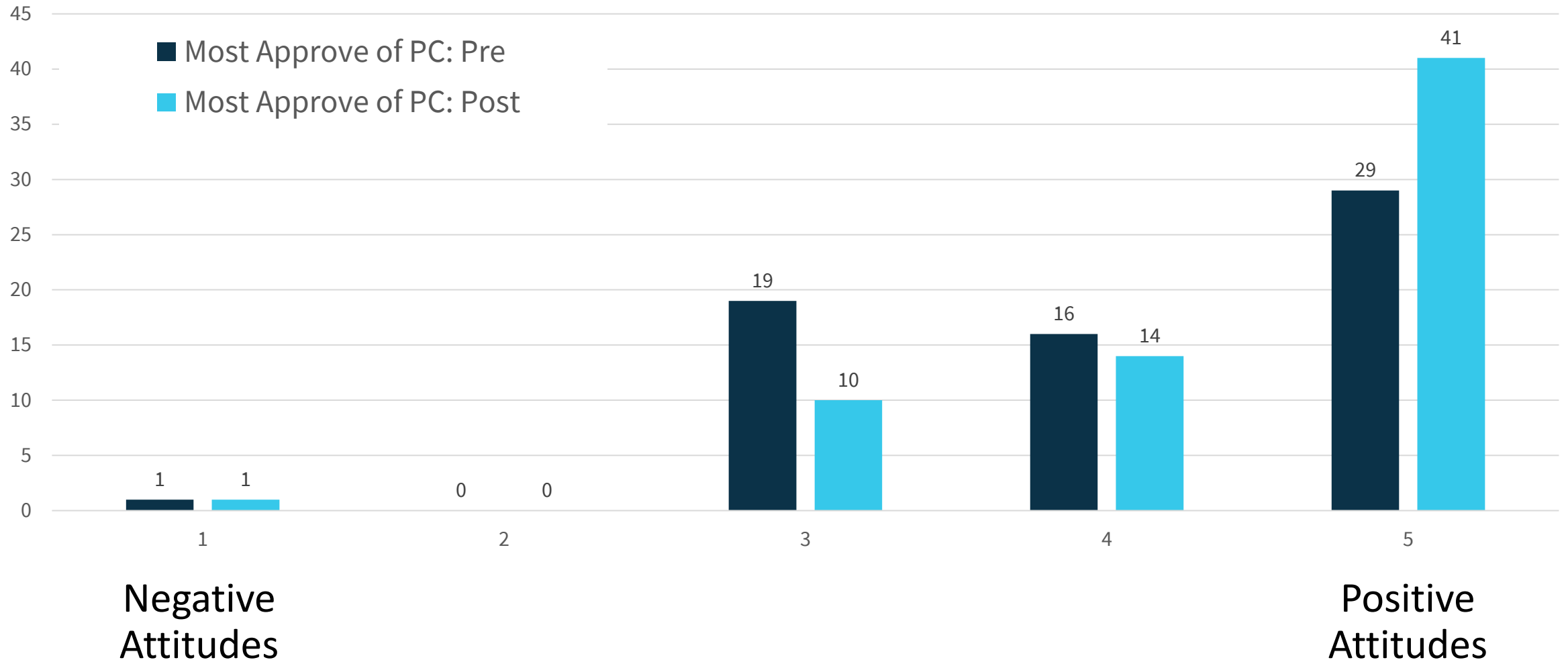
Post-Session



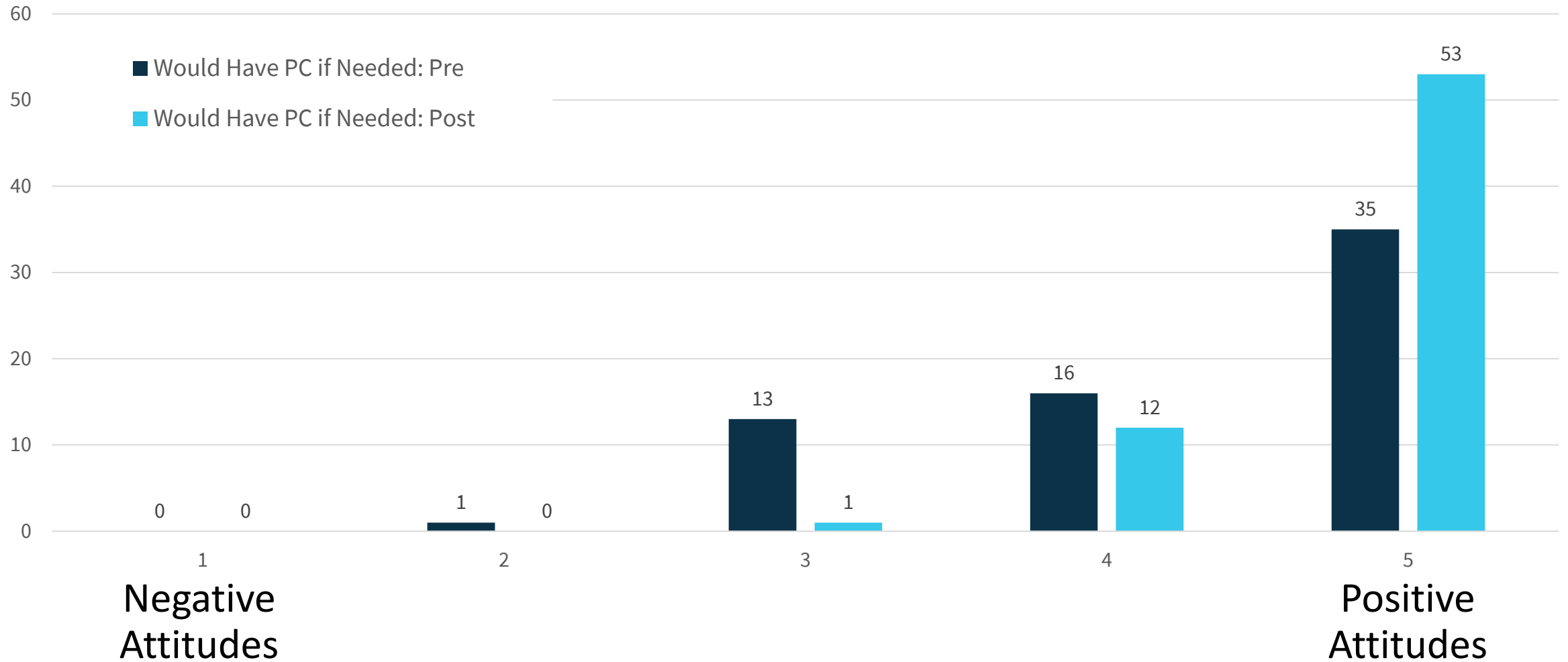
PC Attitudes



PC Attitudes: Norm Beliefs



PC Attitudes: Control Beliefs



Qualitative Results

“It opened my eyes to what palliative care means. So, every time I get a call about my brother and his palliative care my heart won’t race. I know now that it is about comfort during this time of his illness not just end of life.”

“Now that I know that medical doctors are a part of the palliative care team, I am very reassured about signing myself up when the time comes.”

Qualitative Results

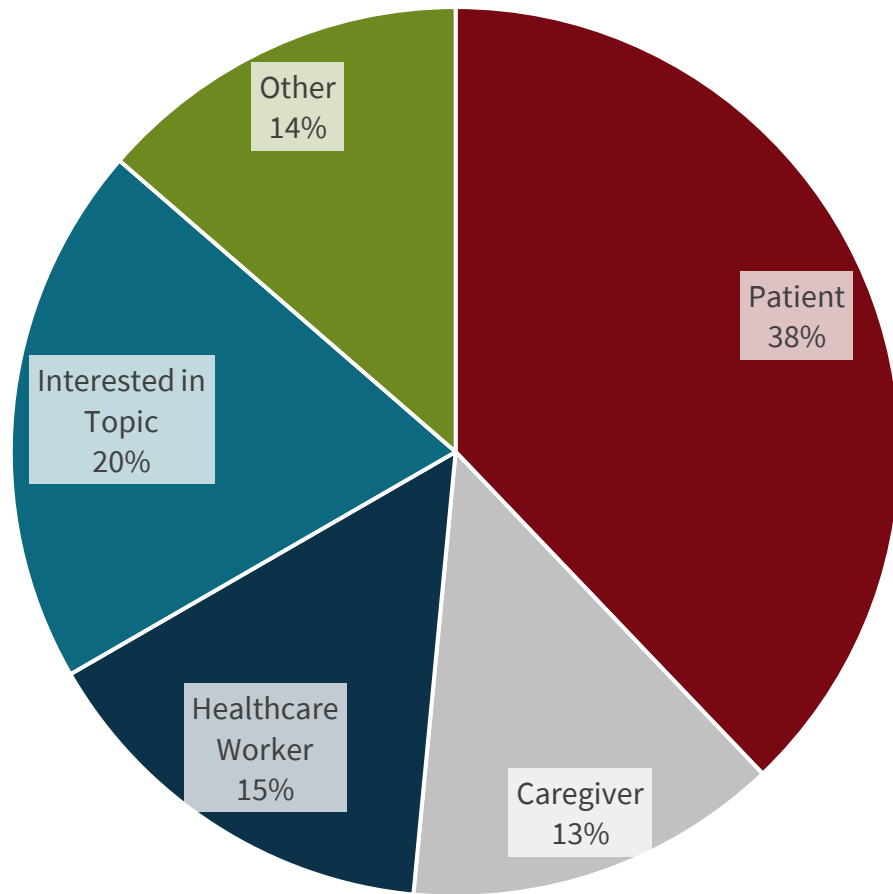
“I can go to my doctor and say I learned about palliative care from a Stanford class. I feel like I am good advocate for myself, and this gives me the backup that I can say a Stanford doctor told me about this I just didn’t google it.”



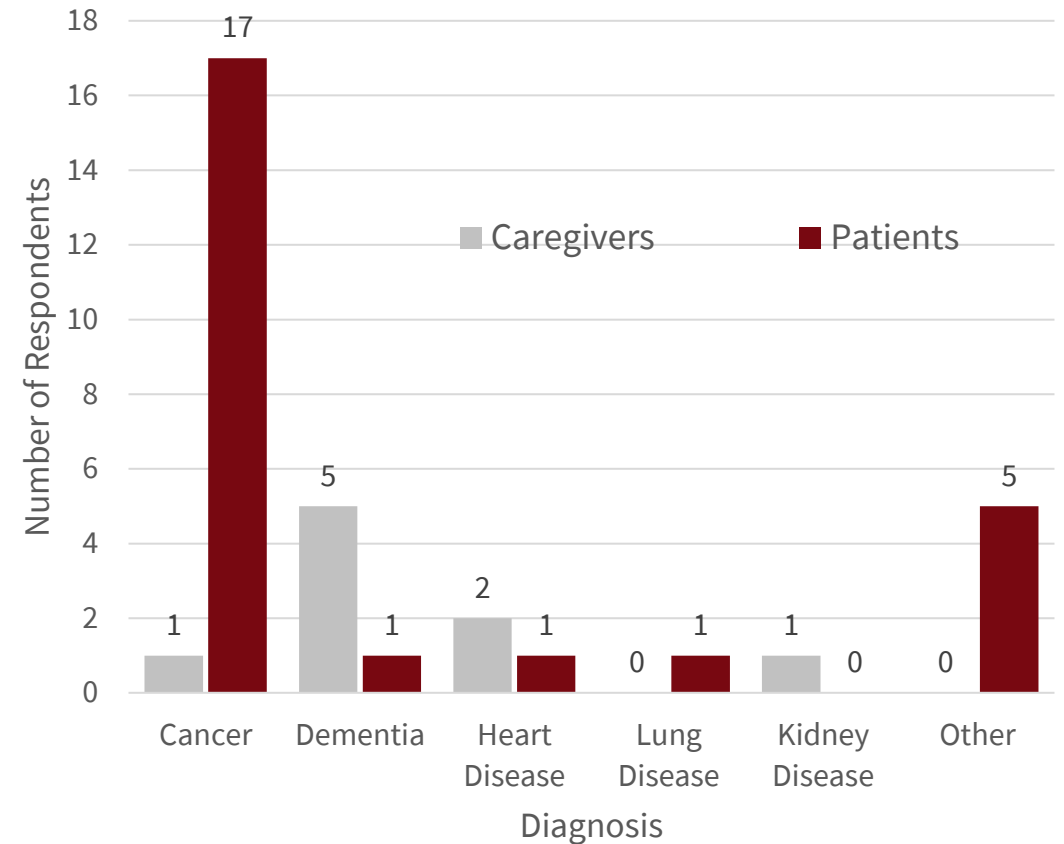
There is much work left to do, especially for underserved populations

Lesson #4

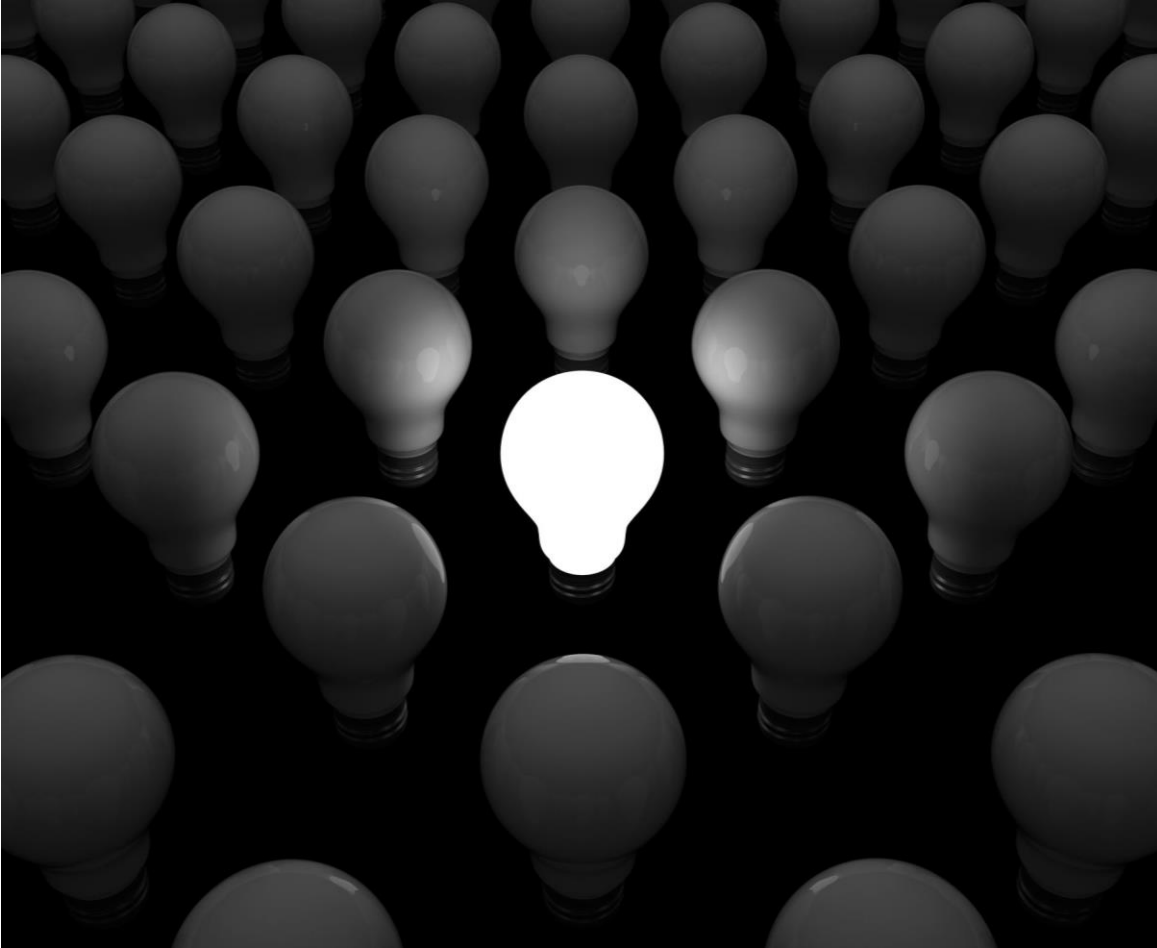
Who Have We Reached?



(N=25 Patients, N=9 Caregivers)



Who Have We Reached?



- Age: Majority 50-80
- Gender Identity: 94% Women
- Race/Ethnicity:
 - 60% White
 - 24% Asian
 - 90% Non-Hispanic
- Education: >80% college or advanced degree
- >80% have heard of PC
- >30% have seen PC

What's Next for Us?

- Continue to beat the drum

AND.....

- 1. Explore partnerships with agencies serving diverse populations**
- 2. Co-develop materials with community organizations**
- 3. Refine our measurement tools**
- 4. Expand our repertoire of educational tools**



How Will Your Organization Get Started?

- Are you a community-based organization/non-profit?
 - Where/Who are the hospice and palliative care resources in your community?
- Are you a healthcare institution?
 - Where/Who are the community organizations with inroads to communities?
- Who can help at your institution?
 - Patient experience?
 - Marketing?
 - Passionate providers?



Lessons Learned

- There is much opportunity for PC education in the community

1



- Relationships can evolve over time

2



- Measuring impact is hard

3



- There is much more to do

4





Questions?

Thank You!

Coalition for Compassionate Care of California
October 24th, 2023



palliativecare@stanfordhealthcare.org



[@Stanford_PC](https://twitter.com/Stanford_PC)



med.stanford.edu/palliative-care



[@stanford_pall_care](https://www.instagram.com/@stanford_pall_care)

Small-Group/Pair Share

- What are the barriers to doing this work?
- What are the facilitators at your institution?

Small-Group/Pair Share

- What is one step you can take to start down the path toward community education?
- Use your SmartPhone to Google a local organization or local health care organization (or the hospice and palliative care team members!)

“Palliative Care” Has Unique Challenges

Palliative Care

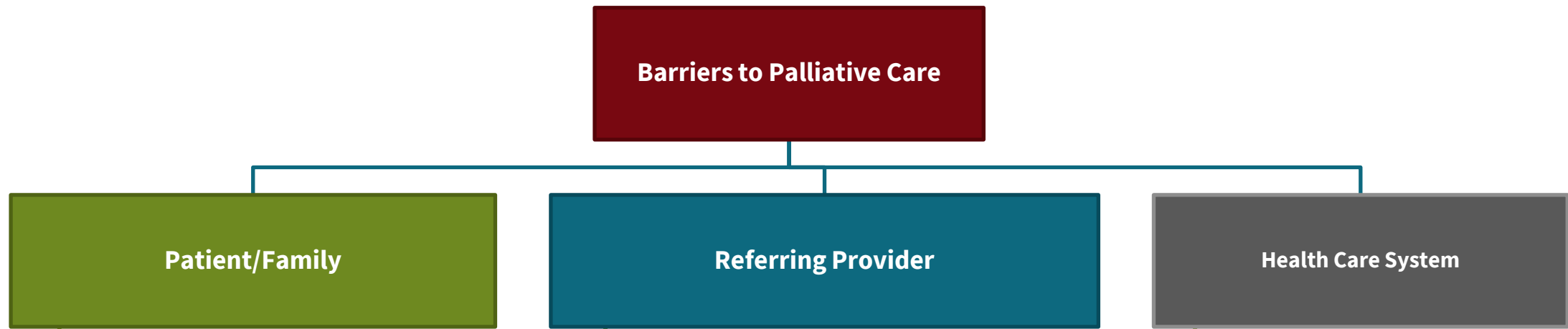
- No awareness
- Lots of misperceptions

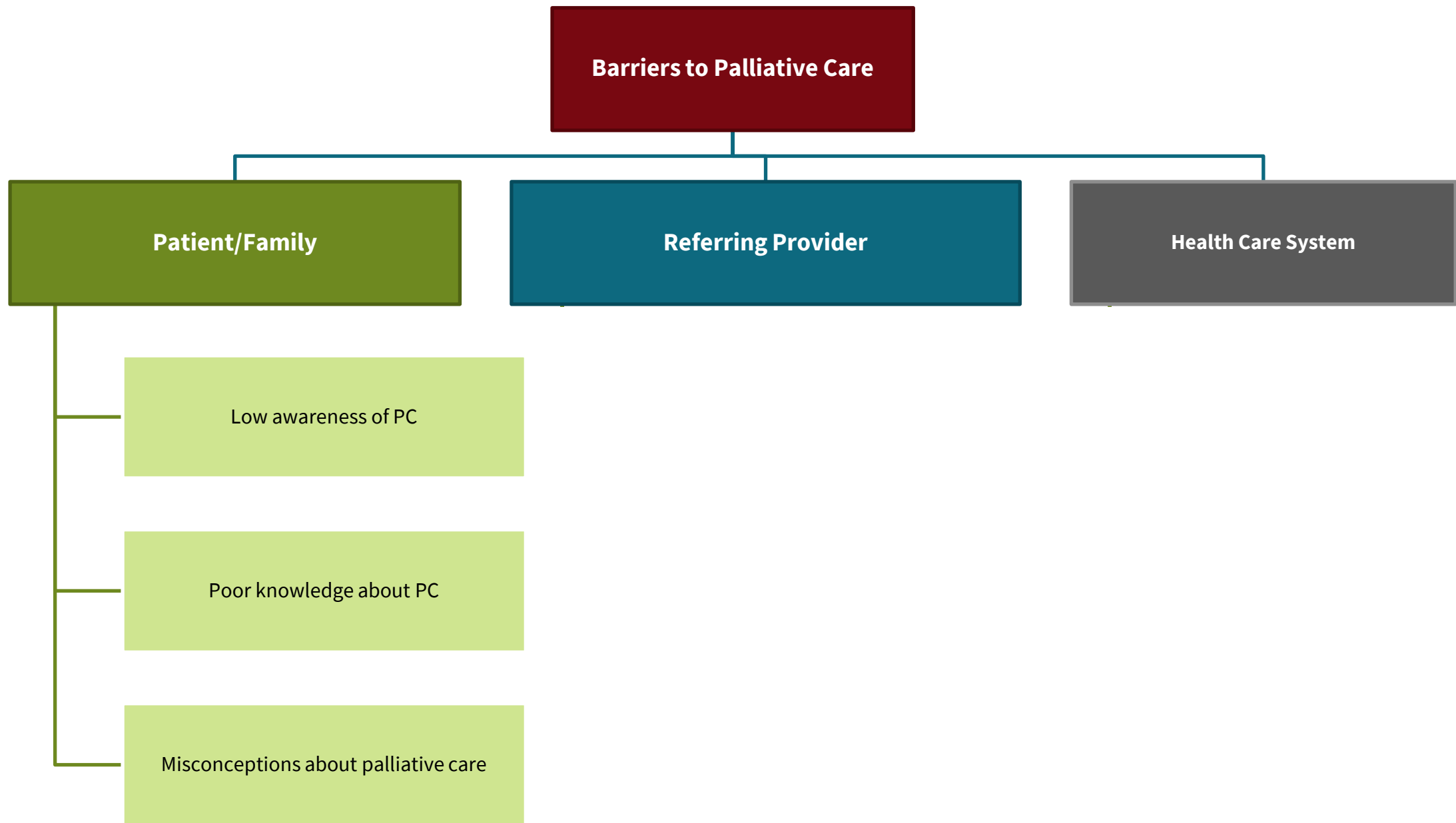
Hospice

- Good awareness, rated favorably
- Small group with serious reservations

Advance Care Planning

- Good awareness, understand importance
- Low uptake of action (naming DPOA/completing AD)





Patient/Family Barriers to Palliative Care

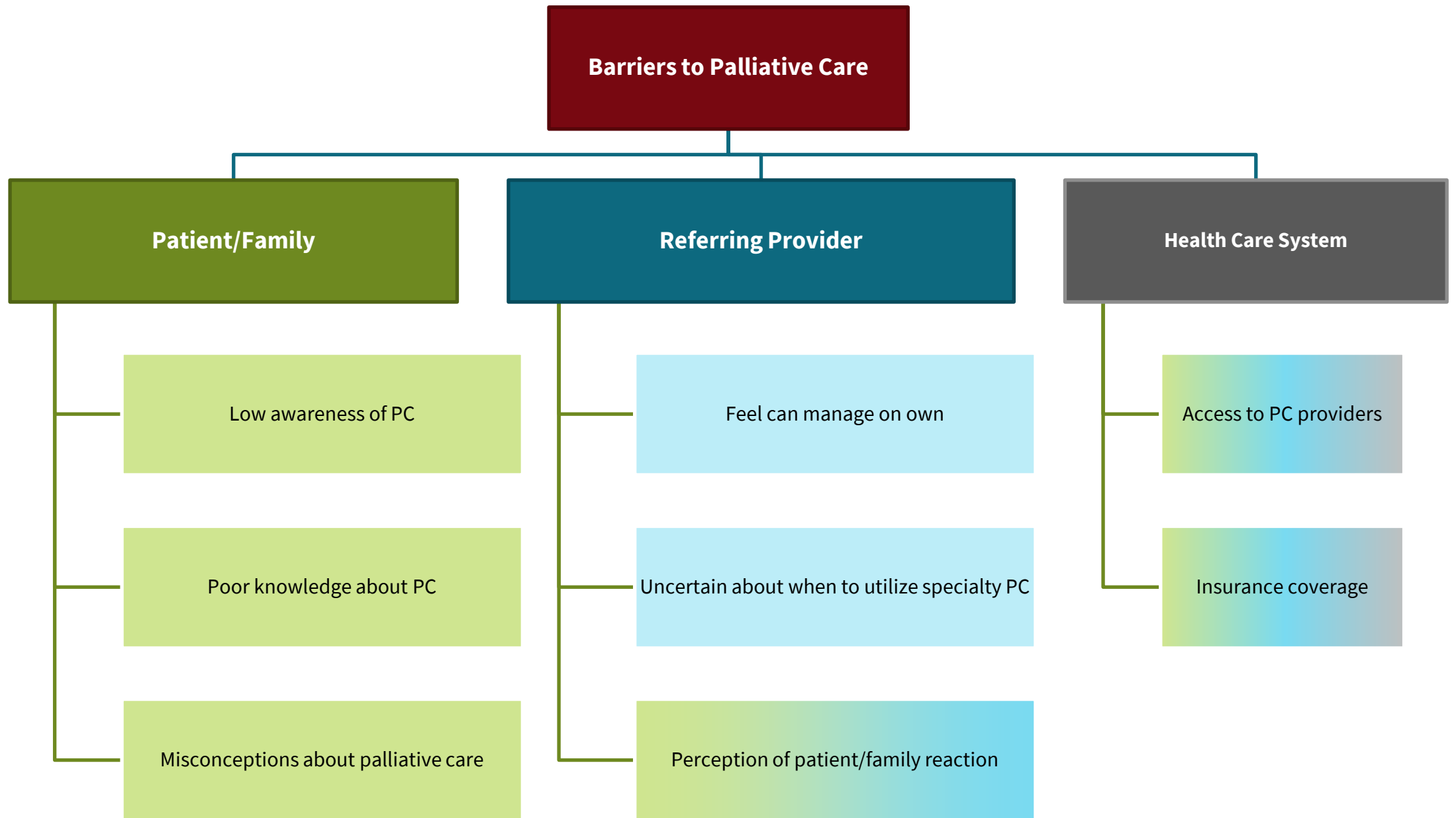


Yeah, the name of the program, I think... palliative care gives me the impression that it's someone ...you know, at the end of their life... and they're preparing...for death. You're making someone comfortable...until they pass.



Stanford
MEDICINE

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Department of Medicine



Providers' Perceptions of Patients Also Affects Referrals

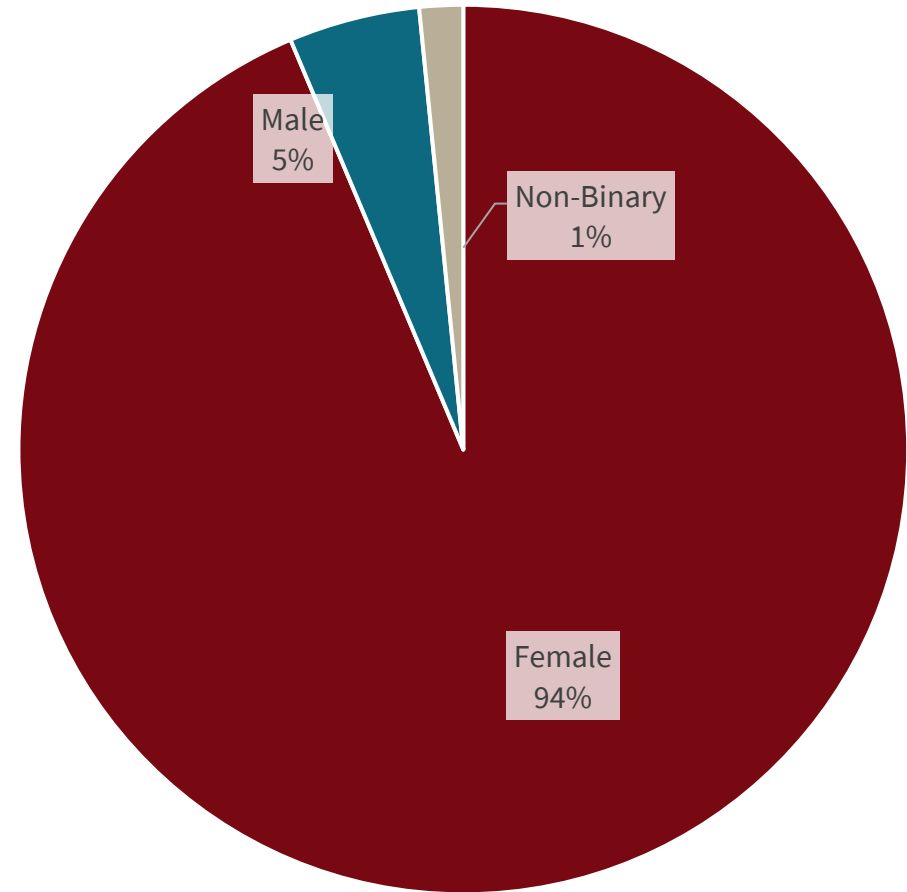
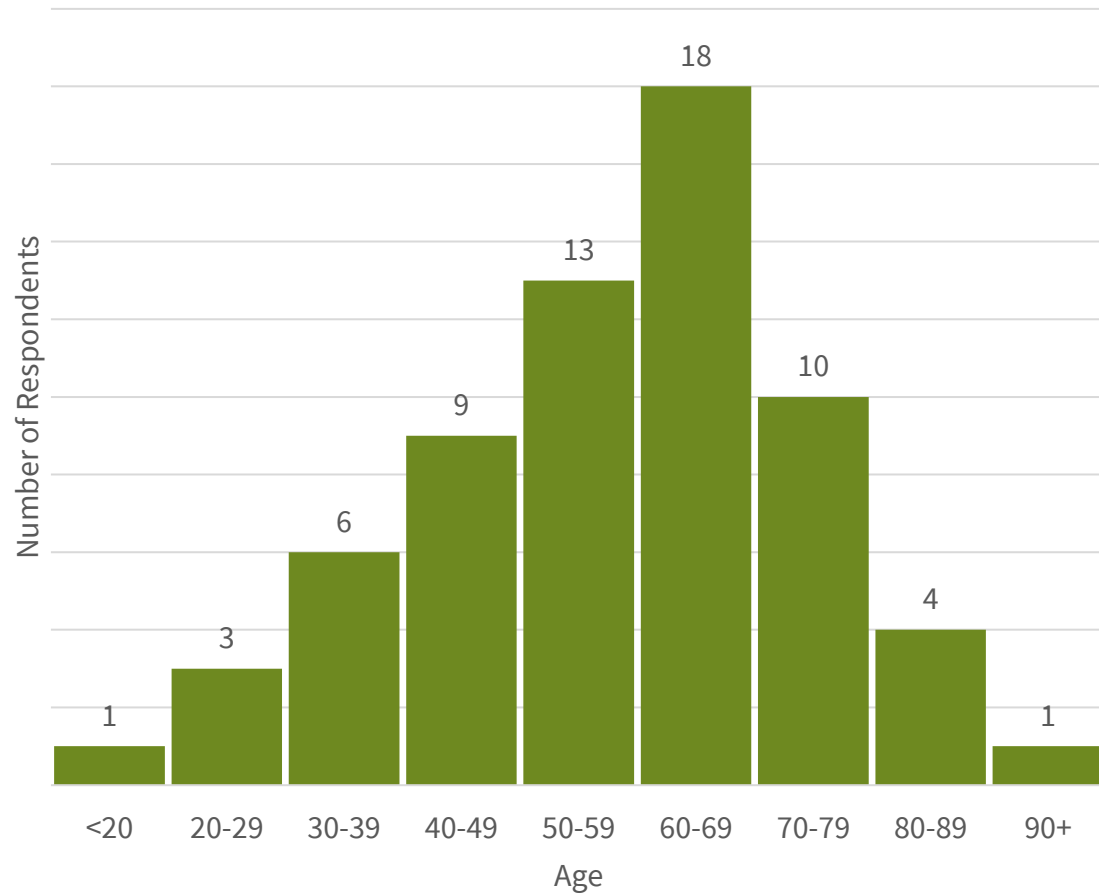
“*People get their barriers up and their defenses up often when they hear the term “palliative” because to them that means you’re dying. I think that’s probably a big challenge, education around what it [can] mean.*”



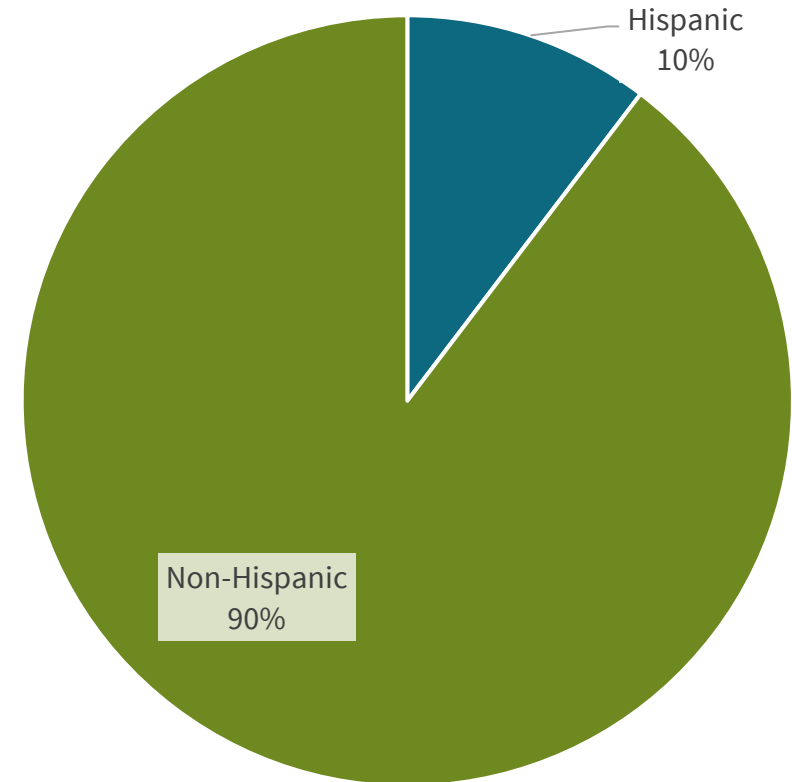
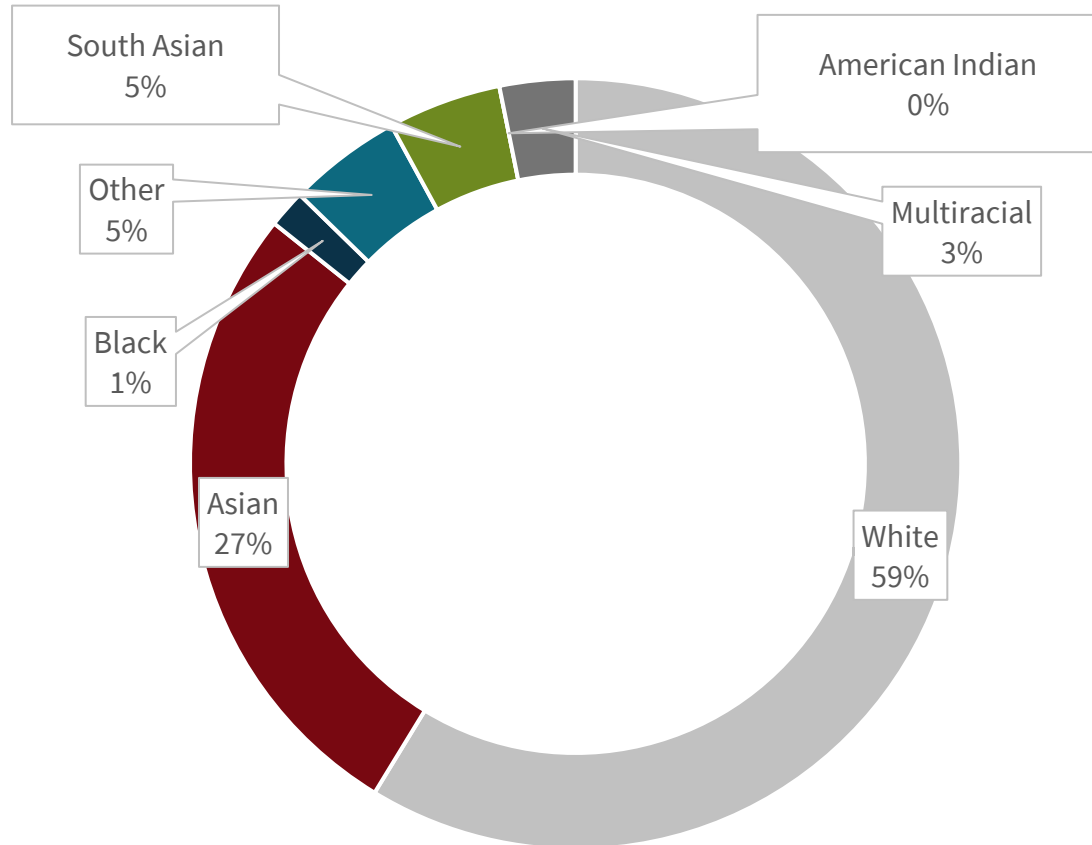
Results: PC Knowledge

Population	Pre-Test	Post-Test	Diff (SE)	P-Value
Patients (n=24)	10.0	12.8	2.8 (0.8)	0.003*
Caregivers (n=6)	10.7	12.8	2.2 (0.8)	0.04*
Interested in Topic (n=13)	9.8	12.8	2.9 (0.9)	0.007*
Healthcare Workers (n=10)	12.6	12.9	0.3 (0.3)	0.23
Other (n=9)	10.9	12.6	1.8 (1.5)	0.26

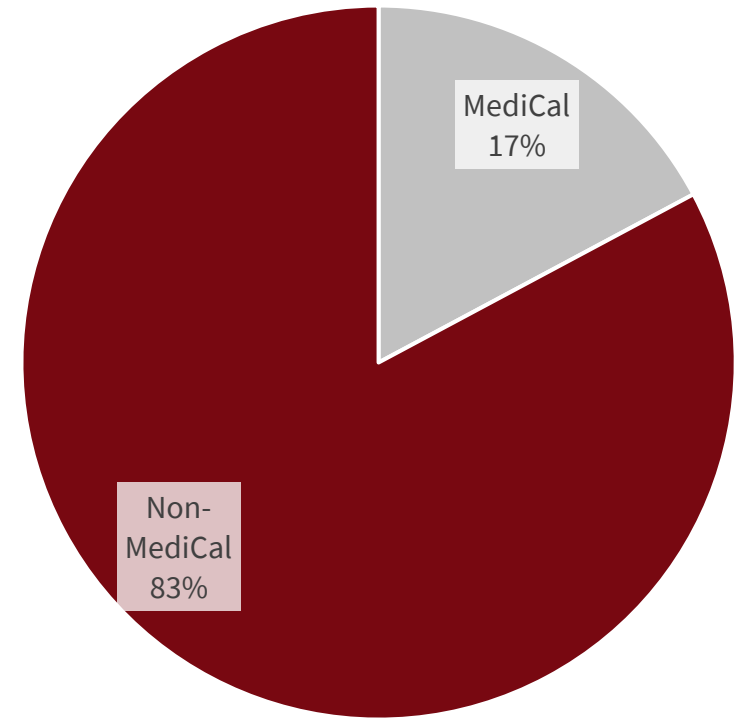
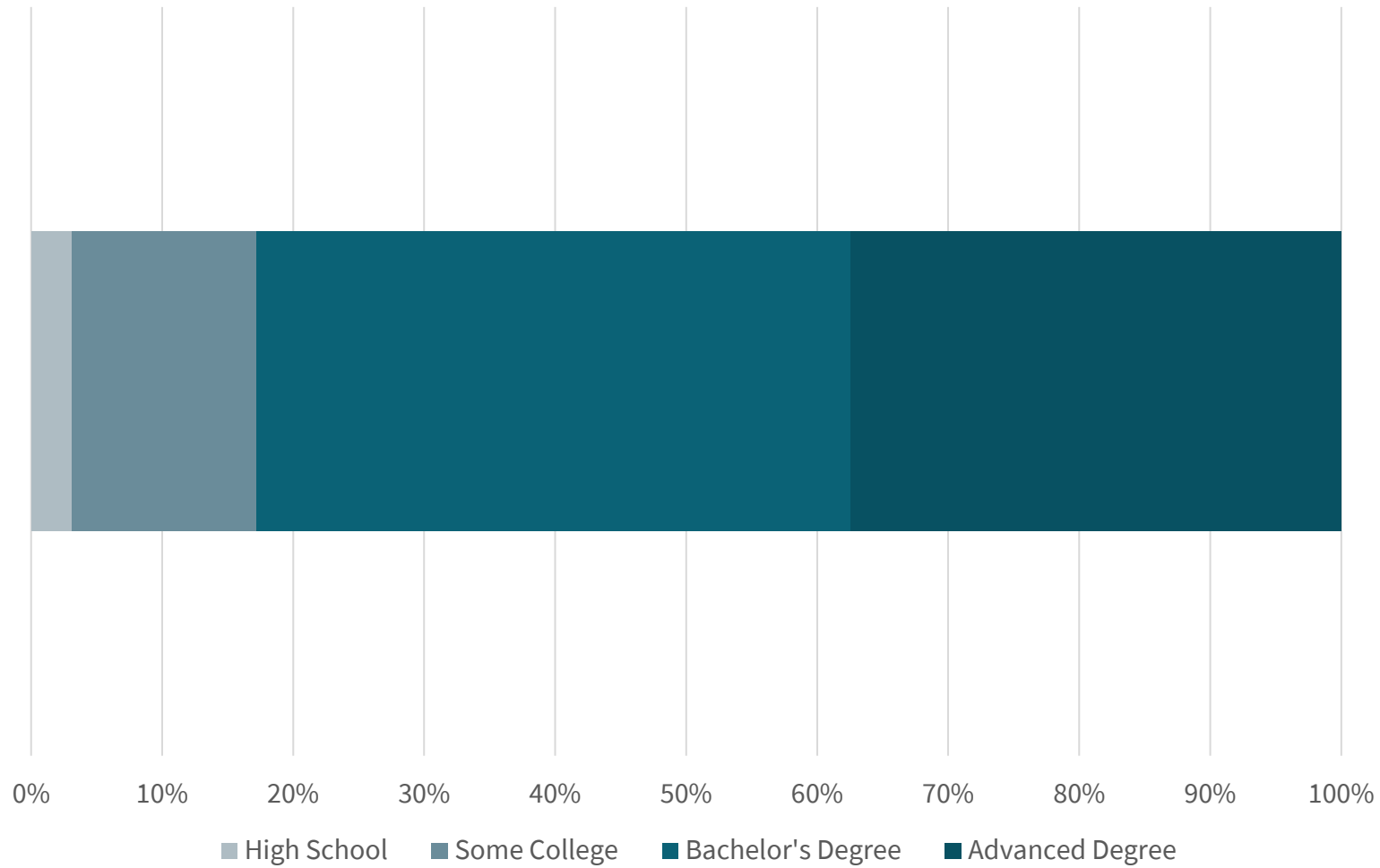
Demographics



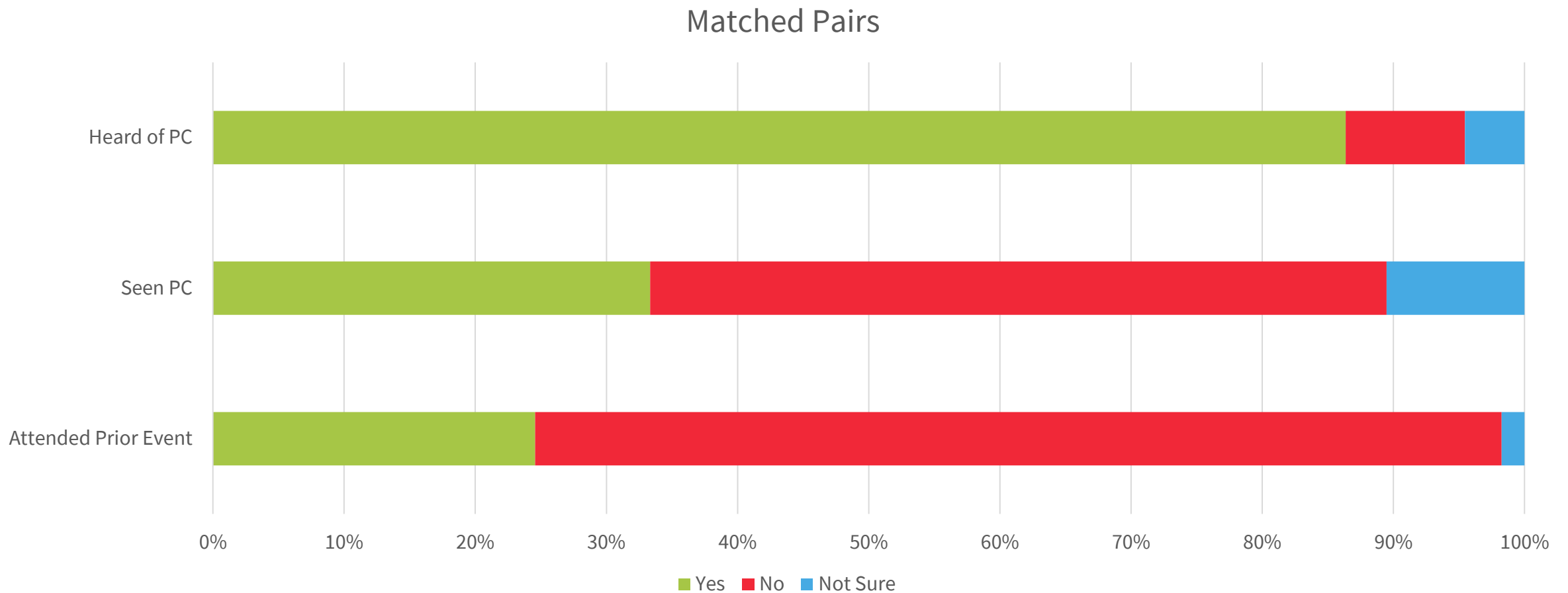
Demographics



Demographics



Demographics: Experience with PC



Questions & Answers

2024 SUMMIT



Breaking Barriers & Building Bridges to Whole Person Care



April 3–4, 2024 (Pre-Conference April 2) | Hyatt Regency Sacramento

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