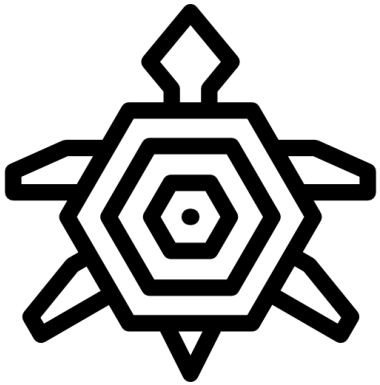
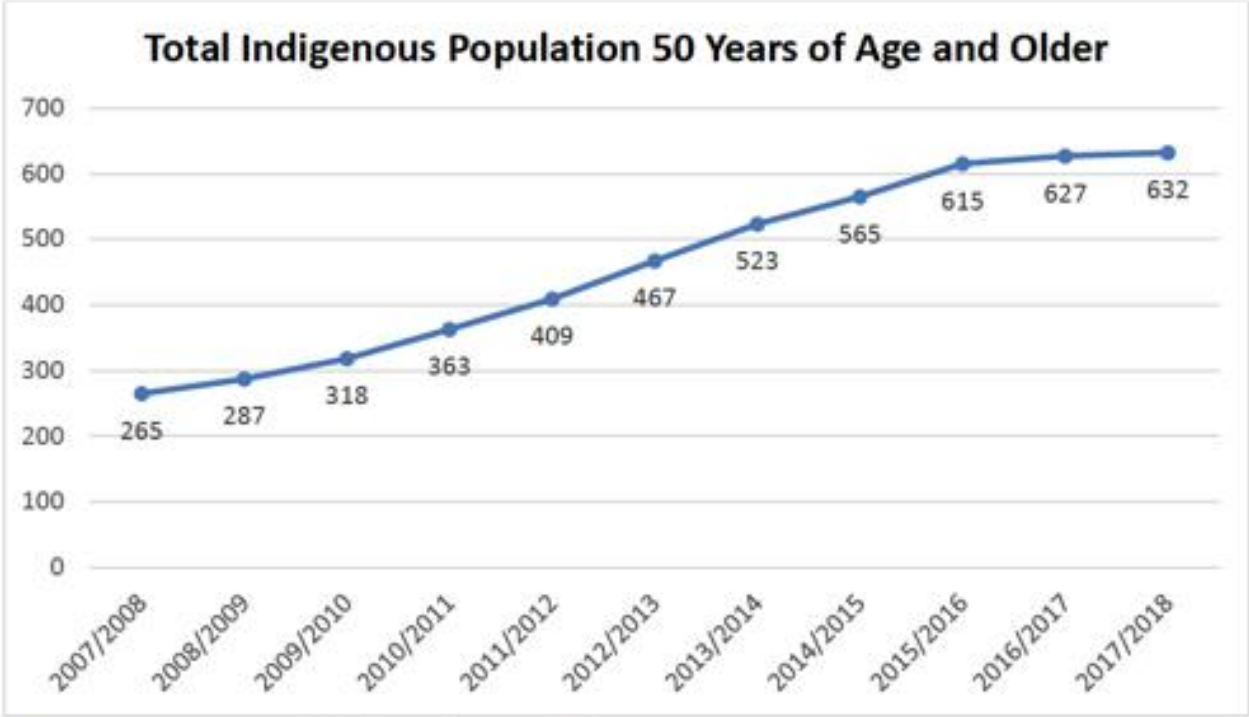
Living and Dying on the Streets: Palliative Care for Structurally Vulnerable Populations

Dr. Trevor Morey, MD, CCFP(PC), Palliative Care Physician

Leeann Trevors, MSW, Patient Navigator



Land Acknowledgment



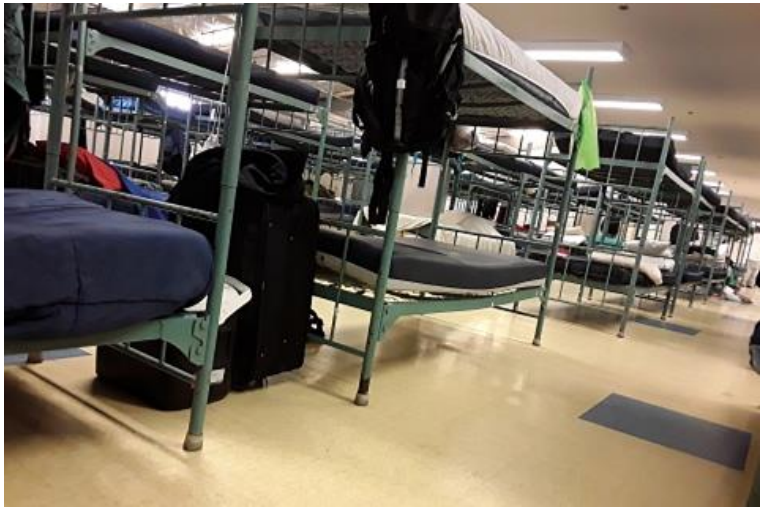
Source: CSC Data Warehouse. (June 2018).

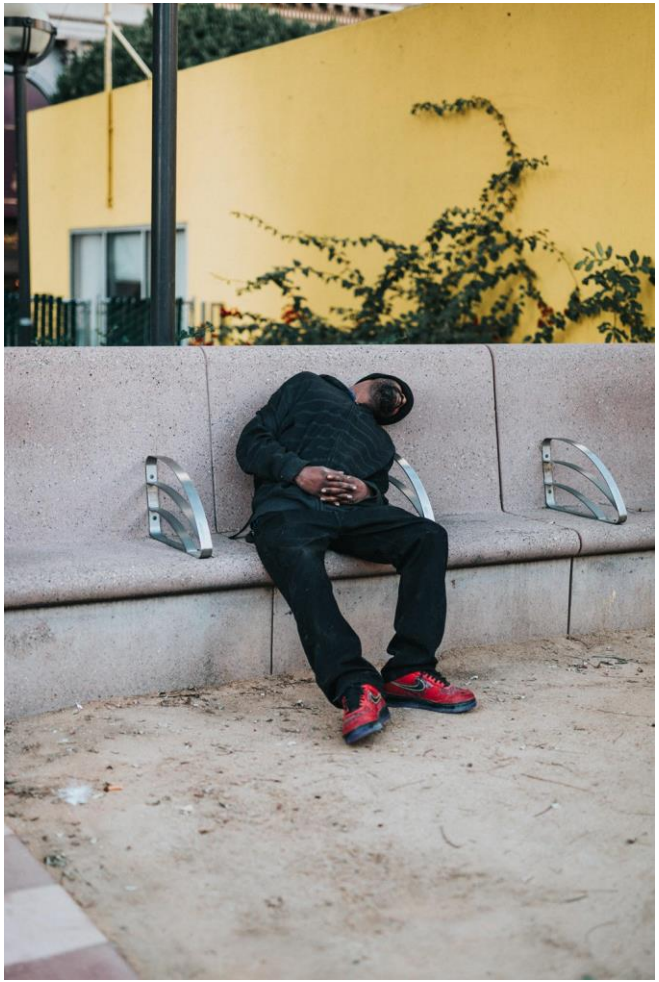
- Indigenous peoples now account for 27% of the total federal inmate population. 37.6% of the federal women inmate population is Indigenous.

- Between 2007 and 2016, the Indigenous population has increased by 39%, compared to 5% for the overall prison population.

- Despite faster entry into correctional programs and higher program completion rates, Indigenous offenders are still being released later and revoked more often than their counterparts.


700
7th ST

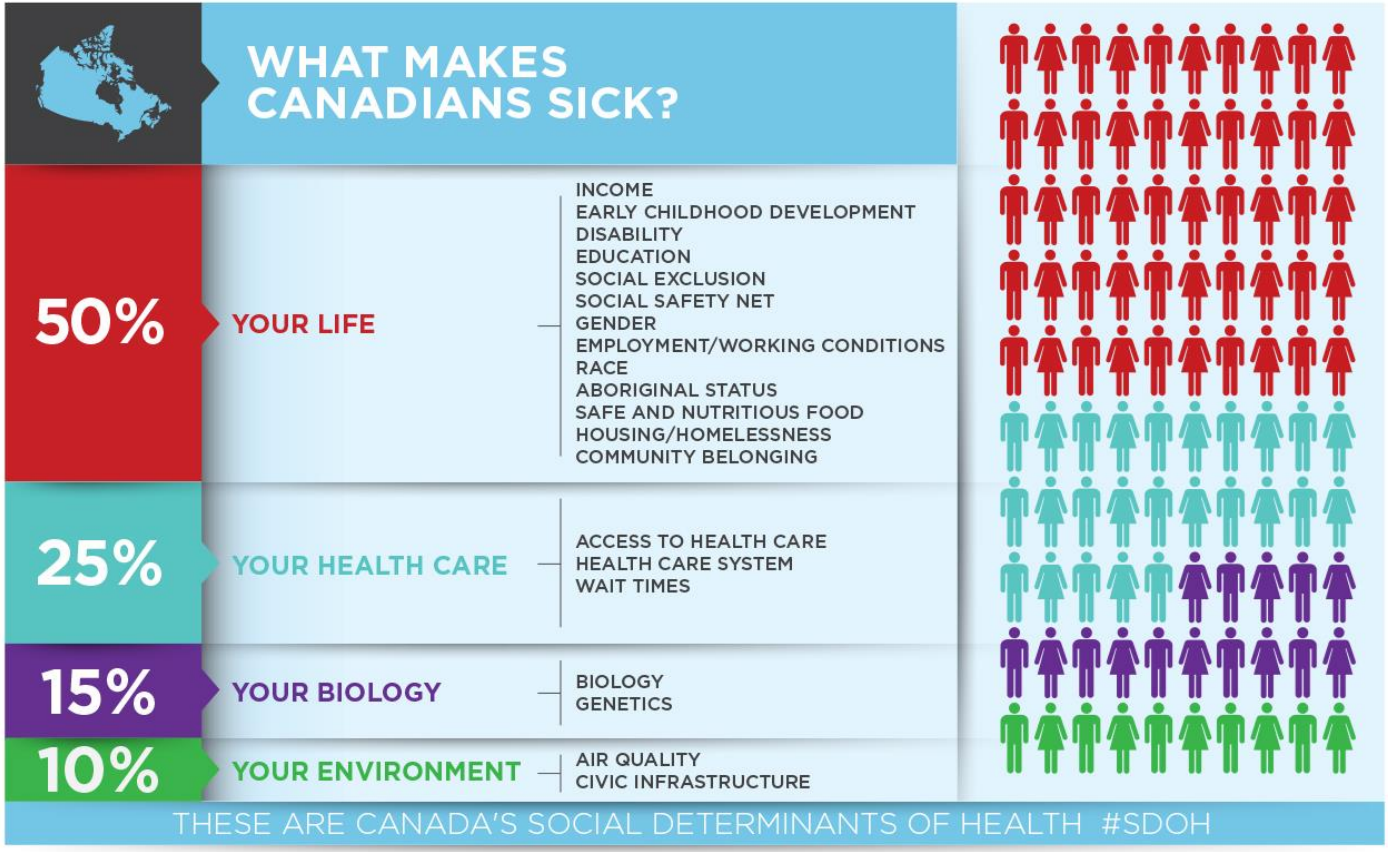




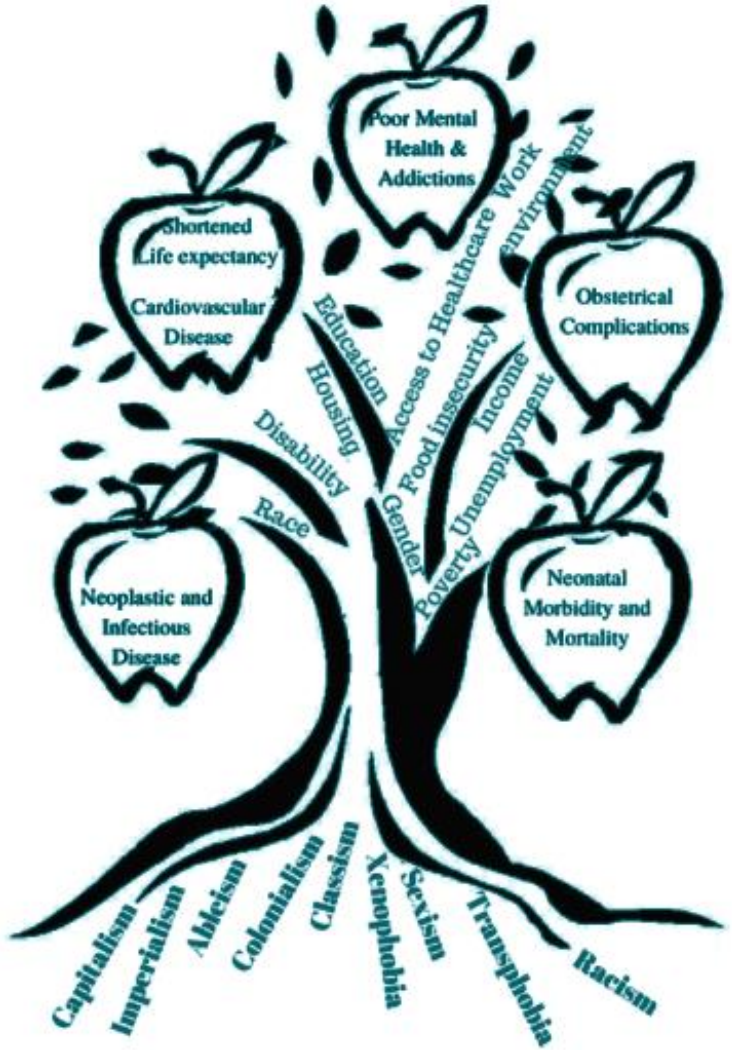

4019
WHEEL-TRANS

Goals

1. Review the impact of homelessness on health outcomes.
2. Review promising interventions to address the supportive and palliative care needs people experiencing homelessness.
3. Inspire equity-based directions to improve care for structurally vulnerable populations.



Canadian Medical Association, 2015

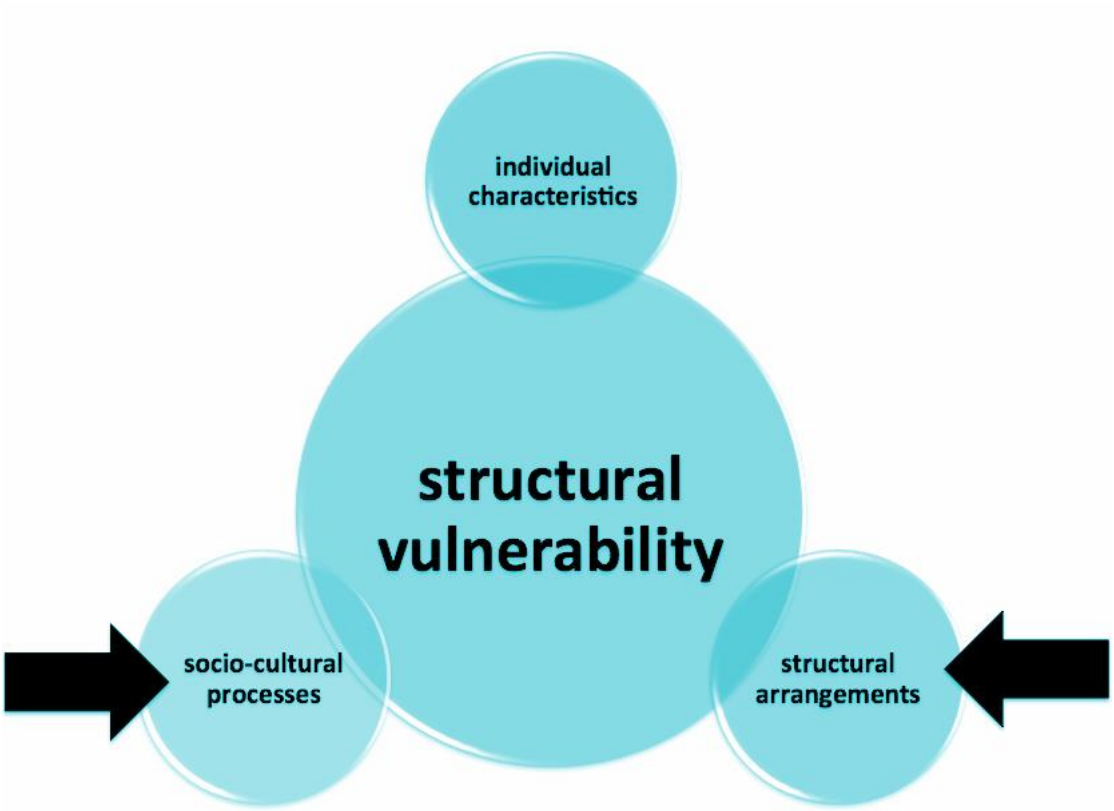


Social determinants of health

Digging at the roots,
not just low hanging fruit:

The reproduction of the social determinants of health when the structural determinants' are left untouched

~Dr Nanky Rai


individual characteristics
structural vulnerability
socio-cultural processes
structural arrangements

McNeil, 2015

Examples of structural vulnerabilities

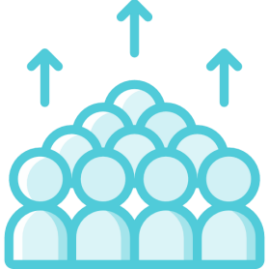
- Homeless & vulnerably housed
- Homelessness
- Poverty
- Social isolation
- Substance use
- Trauma
- Poverty
- Social isolation & trauma
- Racialized communities
- Substance use disorders
- Mental illness
- New Canadians, immigrants, refugees
- Non-status populations

Homelessness is a continuum

Living at risk of homelessness due to lack of financial security or other factors (intimate partner violence, separation, divorce)

Living in accommodations without security of tenure (couch-surfing, rooming houses)

Guirguis-Younger et al, 2014



Quantifying Canada's homeless

- 35 000 people nightly
- 150 000 sheltered annually
- 150 000-300 000 homeless people per year

Canadian Observatory on Homelessness, 2014
Fazel et al, 2014

Did you know?

1
person in a shelter

=

23
vulnerably housed individuals and households

Hwang et al, 2011

The health of people who are homeless

- 75% with one or more chronic disease
  - HCV: 28x
  - Heart Disease: 5x
  - Cancer: 4x
- Acute care:
  - ED: 8x
  - Hospital admission: 4x
- The elderly

St Michael's Hospital, 2014 Podymow et al, 2006 Cagle, 2009 Plunkett, 2016

The health of people who are homeless

- Highest all-cause mortality rate in Canada
  - Life expectancies:

    34 - 47 years old

  - Mortality rates: 2.3x - 4x
- Location at EOL

St Michael's Hospital, 2014 Podymow et al, 2006 Cagle, 2009 Plunkett, 2016

50%

Best Practices: Palliative Care

The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

Early Specialty Palliative Care — Translating Data in Oncology into Practice

Ravi B. Parikh, A.B., Rebecca A. Kirch, J.D., Thomas J. Smith, M.D., and Jennifer S. Temel, M.D.

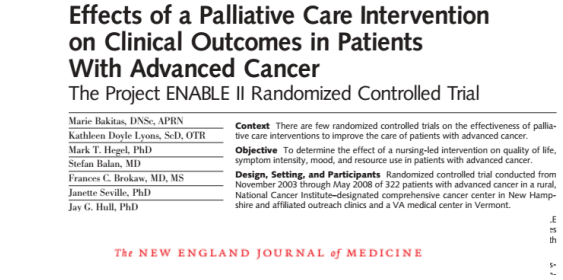
Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial

Camilla Zimmermann, Nadia Swami, Monika Krzyzanowska, Breffni Hannon, Natasha Leighl, Amit Oza, Malcolm Moore, Anne Rydall, Gary Rodin, Ian Tannock, Allan Donner, Christopher Lo

Summary

Background Patients with advanced cancer have reduced quality of life, which tends to worsen towards the end of life. We assessed the effect of early palliative care in patients with advanced cancer on several aspects of quality of life.

Published Online February 19, 2014 http://dx.doi.org/10.1016/



Effects of a Palliative Care Intervention on Clinical Outcomes in Patients With Advanced Cancer

The Project ENABLE II Randomized Controlled Trial

Marie Bakitas, DNSc, APRN
Kathleen Doyle Lyons, ScD, OTR
Mark T. Hegel, PhD
Stefan Balan, MD
Frances C. Brokaw, MD, MS
Janette Seville, PhD
Jay G. Hull, PhD

Context There are few randomized controlled trials on the effectiveness of palliative care interventions to improve the care of patients with advanced cancer.

Objective To determine the effect of a nursing-led intervention on quality of life, symptom intensity, mood, and resource use in patients with advanced cancer.

Design, Setting, and Participants Randomized controlled trial conducted from November 2003 through May 2008 of 322 patients with advanced cancer in a rural, National Cancer Institute–designated comprehensive cancer center in New Hampshire and affiliated outreach clinics and a VA medical center in Vermont.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

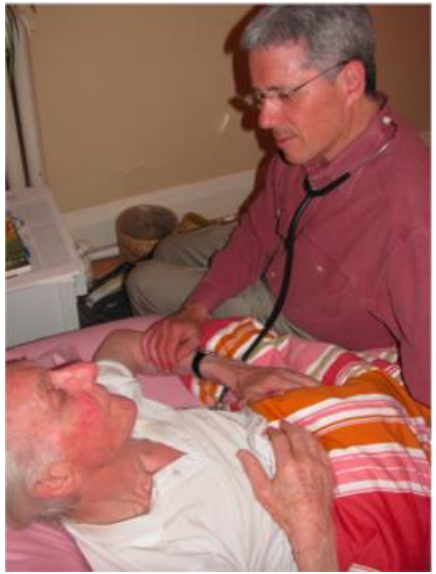
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

Best Practices: Homeless Health

- Outreach
- Intensive case management
- Interdisciplinary
- Care across settings
- Harm reduction
- Integration with housing sector

A new model of care



The PEACH team

About PEACH

- How is the PEACH program structured?
- How do we get referrals?
- Who are our clients?
- What do we do for them (and their communities)?
- What are their trajectories?
- What has PEACH accomplished?

About PEACH

- Reconnection to family or friends
- Prevention of acute hospitalizations /ED use
- EOL in preferred place
- Housing status

Table 1: Housing status of PEACH clients at time of referral and time of death

	Time of referral (% of clients)	Time of death (% of clients)
Shelter	24 (38.1%)	5 (7.9%)
Affordable Rental	17 (27.0%)	0
Transitional Housing	12 (19.0%)	8 (12.7%)
Social Housing	6 (9.5%)	1 (1.6%)
Sleeping rough	2 (3.2%)	0
Market Rental	1 (1.6%)	0
Unknown	1 (1.6%)	6 (9.5%)
PCU/Hospice	0	28 (44.4%)
Acute Care Hospital	0	15 (23.8%)

About PEACH

ICHA | Inner City Health Associates

59 Adelaide Street East,
2nd floor, M5C 1K6
Phone: 416-591-4411 Fax: 416-640-2072

EXTERNAL REFERRAL

PALLIATIVE EDUCATION AND CARE FOR THE HOMELESS (PEACH)

The Palliative Education and Care for the Homeless initiative with Inner City Health Associates has been developed to provide palliative supports to individuals with life limiting illnesses in addition to having experienced homelessness or are vulnerably housed.

PEACH Referral Criteria

- Homeless or vulnerably housed
- Life-threatening illness
- Significant pain and/or symptomatic burden
- Difficulty accessing mainstream palliative care services

PEACH is able to accept a limited number of clients into the program. Please refer to ICHA website for additional Palliative Care supports in the GTA.

We will review the referral and connect with you regarding the referral status.

Thank you

ICHA | Inner City Health Associates

59 Adelaide Street East,
2nd floor, M5C 1K6
Phone: 416-591-4411 Fax: 416-640-2072

EXTERNAL REFERRAL

Palliative Education and Care for the Homeless (PEACH)

Date: ____/_____/_____ Health Card No. _____ Version ___

Referral Source: _____ _____ _____
Name Title Phone Number

_____ _____ _____
Referring Physician Organization Name Fax Number

Patient Info: _____ _____ ____ ____/___/____
First Name Last Name Gender Date of Birth

_____ _____ _____
Phone Number Address Shelter Name

Housing Situation_____

Reason Client is Unable to Access Mainstream Palliative Care Services_____

Reasons for Referral: _____

Primary Palliative Diagnosis: _____ **Date of Diagnosis**: ___/___/___
Substance Use (type, amount, frequency): _____
Mental Health Diagnosis: _____

Please note when the referral is accepted, the following information will be requested:

- ☐ List of Medications
- ☐ Recent Laboratory results
- ☐ Pathology Reports
- ☐ Recent Consultation Notes
- ☐ Relevant chart notes

Please include any information that will help us determine whether the patient fits our criteria.

Submit completed application by fax to 416-640-2072

Why PEACH works

- Community ← → hospital
- Integration within model of home & community care
- Person-centered (not physician-centered)
- Focused on coordination & health navigation
- Communication without borders
- A community of practice centered on advocacy

On Calgary streets: Dignity, at the end of life

British Columbia

Doctor and nurse go mobile to provide palliative care to Victoria's homeless

Judgment and stigma discourage people from accessing proper care, says local researcher

Adam van der Zwan · CBC News · Posted: Sep 20, 2019 11:46 AM PT | Last Updated: September 20

SDoH & the palliative care GAP

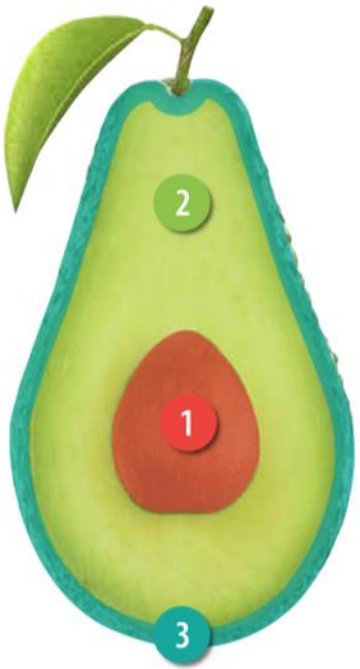
Palliative care patients living in the poorest neighbourhoods (still housed) in Ontario:

- Were least likely to get a home visit from a doctor (29.4% vs 40.2%)
- Were more likely to have unplanned ED visits (65.4% vs 59.8%)
- Were more likely to get admitted to hospital in their last 30 days of life (64.5 % vs 58.9%)

A key determinant of palliative care access

YOUR ZIP CODE!

Social Accountability



1. **Micro:** The clinical environment; encompasses both the individual family physician–patient relationship and the inter-professional, team-based care setting.

2. **Meso:** The local community; the geographic context in which clinical and academic medical work are situated. Includes education, training, and continuing professional development (CPD).

3. **Macro:** The broader realm of policies and their impact on population and public health, where family physicians act as advocates for healthy public policy.

Reproduced from the College of Family Physicians of Canada.[13]

Our Social Accountability

A socially accountable health system is one that dedicates resources to where they are truly needed, up and downstream

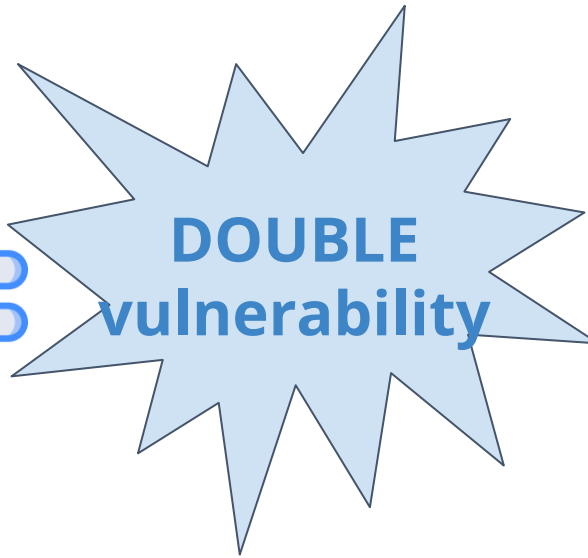
Structural vulnerability

"An individual's or a population group's condition of being at risk for negative health outcomes through their interface with socioeconomic, political, and cultural/normative hierarchies. Patients are structurally vulnerable when their location in their society's multiple overlapping and mutually reinforcing power hierarchies (e.g., socioeconomic, racial, cultural) and institutional and policy-level statuses (e.g., immigration status, labor force participation) constrain their ability to access health care and pursue healthy lifestyles."

Death is a social justice issue

People living with life-limiting illness

Affected by deficits in the social determinants



Reimer-Kirkham et al, 2016

Death is a Social Justice Issue

Advances in Nursing Science
Vol. 39, No. 4, pp. 293–307

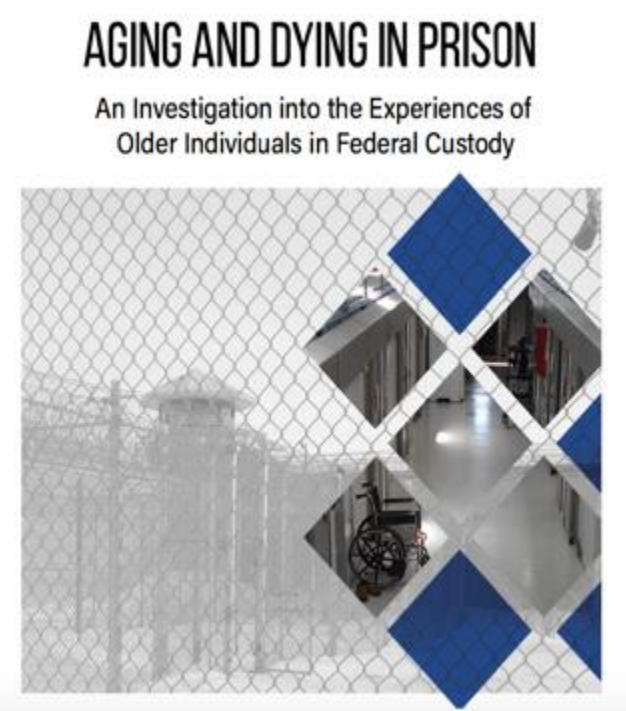
Death Is a Social Justice Issue

Perspectives on Equity-Informed Palliative Care

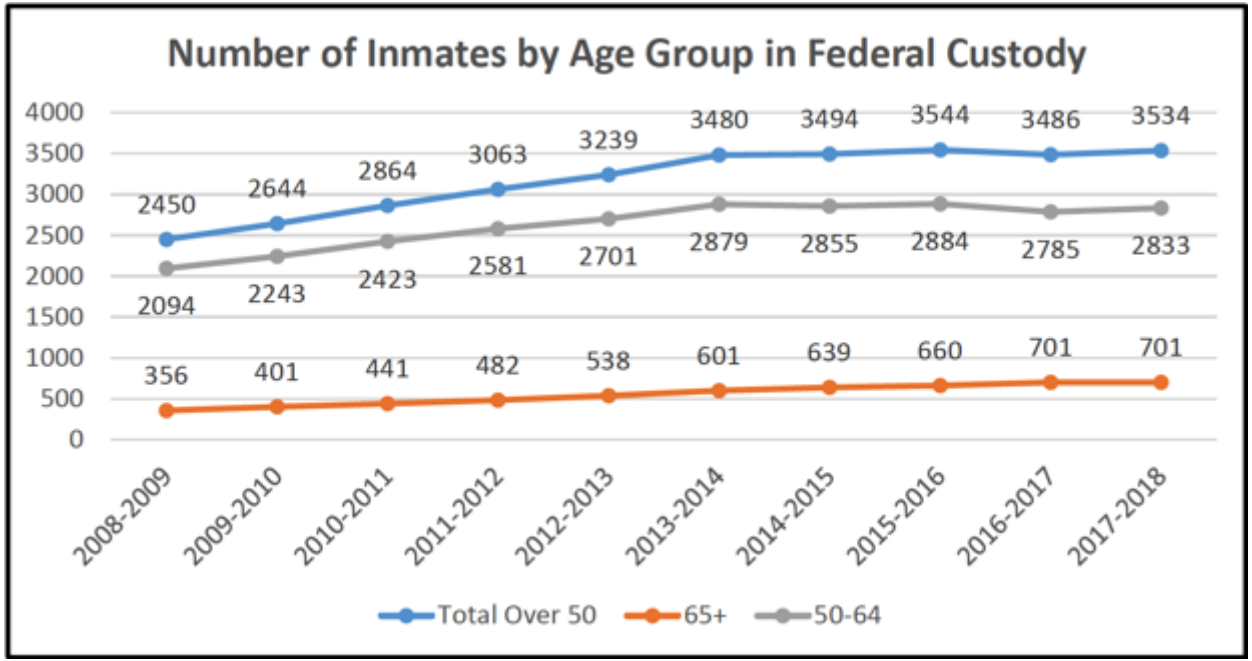
Sheryl Reimer-Kirkham, PhD, RN; Kelli Stajduhar, PhD, RN; Bernie Pauly, PhD, RN; Melissa Giesbrecht, PhD; Ashley Mollison, MA; Ryan McNeil, PhD; Bruce Wallace, PhD

All too often, palliative care services are not responsive to the needs of those who are doubly vulnerable, being that they are both in need of palliative care services and experiencing deficits in the social determinants of health that result in complex, intersecting health and social concerns. In this article, we argue for a reorientation of palliative care to explicitly integrate the premises of health equity. We articulate the philosophical, theoretical, and empirical scaffolding required for equity-informed palliative care and draw on a current study to illustrate such an approach to the care of people who experience structural vulnerabilities.
Key words: *discrimination*, *health equity*, *homelessness*, *marginalization*, *palliative care*, *poverty*, *public health*, *social justice*, *stigma*, *structural vulnerability*

Aging and Dying in Prison



Aging and Dying in Prison



Aging and Dying in Prison

Compassionate Release

Two cases were brought forward by CSC staff members during interviews that demonstrate how difficult it is for a terminally ill patient to be allowed to die in the community. In the first case, an elderly patient was dying of cancer in a medium security institution and CSC staff put his case forward to the Parole Board to be granted release to a hospice within the community. The response from the Parole Board was that it wanted to see the offender managed in a minimum security institution before granting him release to the hospice. He was eventually released to the community, but died 2 hours after release.

In the second case, CSC staff supported the transfer of a terminally ill patient (minimum security) to a hospice facility within the community, and brought the case forward to the Parole Board. There was concern that the patient may not have much time left and that they may lose the spot they had secured with the hospice so the institution tried to push the Parole Board to make a decision quickly. The Board responded that should it not be able to make a decision quickly, CSC could use a medical escorted temporary absence (ETA) to accommodate the offender in the community hospice. A medical ETA requires uniformed guards to be present with the offender at all times. Quite appropriately, the hospice was not supportive of these conditions.

Haley House

Report: Too little too late

Thank You!

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Leeann Trevors
trevorsL@smh.ca

Links

Global News- PEACH program

Part 1:
https://globalnews.ca/news/7478848/coronavirus-toronto-palliative-care-peach-program/

Part 2:
https://globalnews.ca/news/7478961/coronavirus-toronto-peach-program/

Part 3
https://globalnews.ca/video/7489780/good-wishes-project-helps-fulfill-dreams-for-toronto-palliative-care-patients-experiencing-homelessnes

Toronto Star-

Haley House

https://www.youtube.com/watch?v=jl7zMVojUa0

Links

PEACH program

http://www.icha-toronto.ca/programs/peach-palliative-education-and-care-for-the-homeless

University of Victoria Too Little Too Late Report

https://www.uvic.ca/research/groups/peol/assets/docs/too-little-too-late.pdf

Top 10 practices to improve care for structurally vulnerable populations

1 Derive equity by design

Practice trauma-informed healthcare

Structurally vulnerable populations to consider:

- Homeless & vulnerably housed
- Indigenous communities
- Poverty
- Social isolation & trauma
- Racialized communities
- Substance use disorders
- Mental illness
- New Canadians, immigrants, refugees
- Non-status populations

Operationalize anti-oppressive frameworks

Digging at the roots, not just low hanging fruit:

The reproduction of the social determinants of health when the structural determinants' are left untouched

4 Decolonize our healthcare systems

5 Take a human rights approach

6 Meet people where they are at

Prioritize dignity

Empower the populations we aim to serve

News / GTA

Palliative care program helps homeless in their final days

PEACH, which stands for Palliative Education and Care for the Homeless, is a mobile program in Toronto that's bringing end-of-life care to the displaced.

CHRIS YOUNG / THE CANADIAN PRESS

Dan Thibideau, left, sits in his room with Dr. Naheed Dosani at Toronto's Fred Victor transitional housing centre. Thibideau, who has cancer, is the first patient of the PEACH (Palliative Education and Care for the Homeless) program.

9 Support each other

Challenge the status quo within our communities