Living & dying on the streets:

Palliative care for older adults experiencing homelessness

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Palliative care physician & health justice advocate







- 1. Reframe the concept of equity-oriented palliative care.
- 2. Describe the experiences of people who experience structural vulnerabilities (eg poverty, homelessness, mental illness) and how they experience significant barriers to accessing palliative care.
- 3. Provide practical solutions that derive palliative care equity by design in the context of health justice advocacy.









WHAT MAKES CANADIANS SICK?

· · · ·		
50%	YOUR LIFE INCOME EARLY CHILDHOOD DEVELOPME DISABILITY EDUCATION SOCIAL EXCLUSION SOCIAL EXCLUSION SOCIAL SAFETY NET GENDER EMPLOYMENT/WORKING CONDIT RACE ABORIGINAL STATUS SAFE AND NUTRITIOUS FOOD HOUSING/HOMELESSNESS COMMUNITY BELONGING	
25%	YOUR HEALTH CARE - ACCESS TO HEALTH CARE HEALTH CARE SYSTEM WAIT TIMES	ŢŦŢŦŢŦŢŦŢ
15%	YOUR BIOLOGY BIOLOGY GENETICS	
10%		
Tł	HESE ARE CANADA'S SOCIAL DETERMINANTS	S OF HEALTH #SDOH

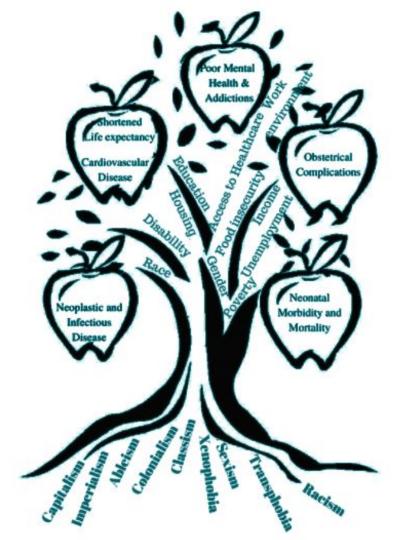


Canadian Medical Association, 2015

A key determinant of palliative care access

YOUR POSTAL CODE!





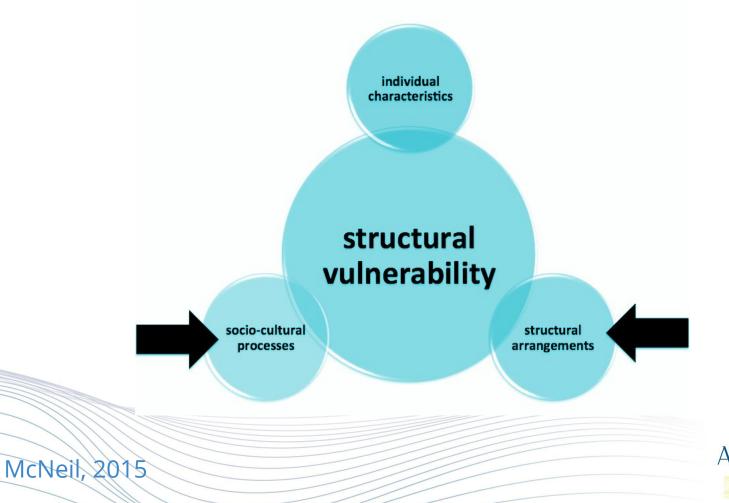
Social determinants of health

Digging at the roots, not just low hanging fruit:

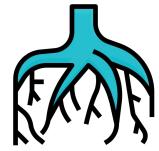
The reproduction of the social determinants of health when the structural determinants' are left untouched

~Dr Nanky Rai (@NankyRai)









Examples of structural vulnerabilities

- Homeless & vulnerably housed
- Poverty
- Social isolation
- Substance use
- Trauma
- Poverty

- Racialized communities
- Mental illness
- New Canadians, immigrants, refugees
- Non-status populations



Homelessness is a continuum



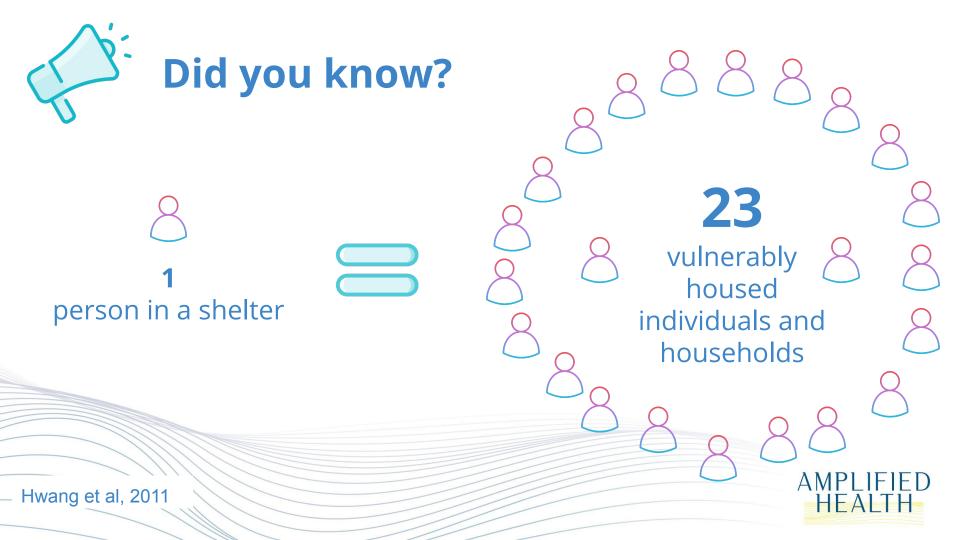
Living outside or in places not fit for human habitation

Staying in temporary or emergency accommodations (emergency shelters) 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





As compared to the general population homeless people:

- Are 2x more likely to have a disability compared to general population
- 3x-6x higher rates of diabetes, heart disease, and HIV/AIDS among the homeless population compared to the general population.





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





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





- Racism
- Ableism
- Ageism
- Sexism
- Stigma (PWUD)
- Criminalization of poverty
- Policing
- Labour rights
- New age advocacy









Best Practices: Homeless Health

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



























- 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%)





1. Integrating health & social services to support client

2. Trauma informed approach to palliative care



ANATOMY OF A CARE TEAM



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The trauma informed approach

Assumes that every patient may have experienced some form of trauma.

We don't necessarily need to question about their experiences, rather just assume a possible history of trauma.

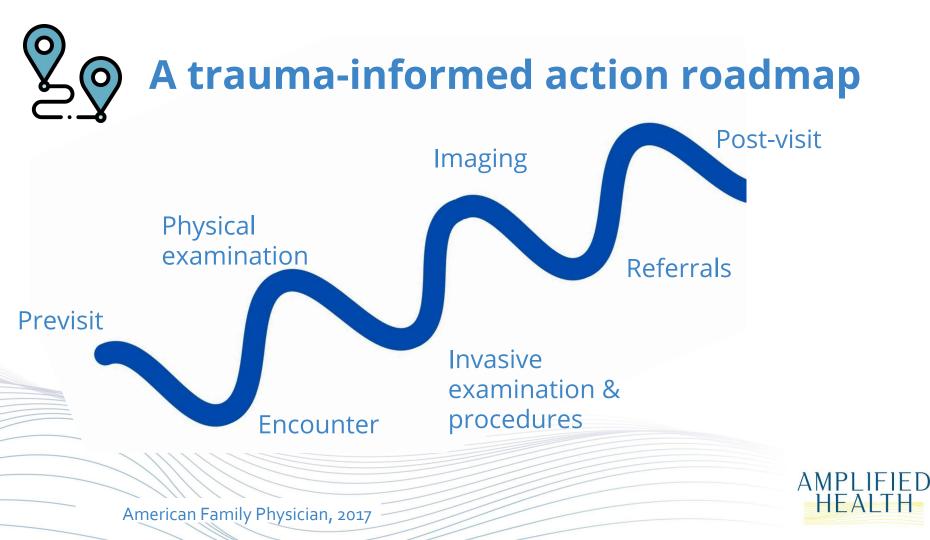


Harvard Health



Principles of Trauma Informed Care





Homeless in a COVID19 World

The experience of homelessness itself places people without homes at greater risk of symptomatic infection and mortality from COVID-19.

- Further isolation & marginalization
- Encampments
- The criminalization of poverty
- Addressing grief
- Vaccine confidence & equity
- Increased death

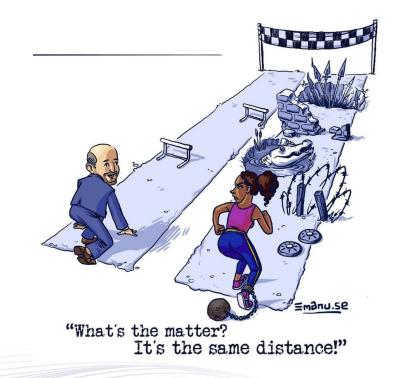
Due to lack of data collection, the true impact of COVID-19 on homeless mortality is not clear.



People who are structurally vulnerable face disproportionate health challenges.

These inequities are exacerbated during the pandemic.

What's our role now and post-pandemic?



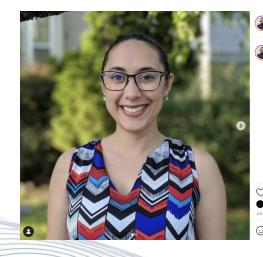


10 promising practices to improve palliative care delivery for the homeless & vulnerably housed





1. Build community by integrating social & health services



naheedd Toronto, Ontario

naheedd in 2014, the PEACH (Palliative Education And Care for the Homeless) program started with our nurse and 1 driving around the city in my Honda Civic providing palliative care to people experiencing homelessness wherever they were at.

It's PEACH's sixth anniversary and in my wildest dreams, I never could have imagined the impact this little program would have for so many. Today, I'm excited to share the news that we've grown to support more seriously ill people experiencing homelessness.

Welcome Leeann Trevors PEACH has always had a strong focus on equity because of its vital

Liked by npads and 291 others
JULY 10, 2020

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2. Anti-racism & anti-oppression must be driving principles







3. Provide palliative care where people are at







4. Adopt harm reduction approaches to care







5. Practice Trauma-Informed Care







6. Caring together, grieving together





7. Prioritize Advance Care Planning







Four steps to advance care planning for people experiencing homelessness

Illness understanding **Relationships Quality of Life** Setting/treatment



8. Foster peer supports: Include street and/or 'chosen' family in care





9. This work IS advocacy

MENU
~

Wednesday April 01, 2015

"What's a life worth?"





Dr Naheed Dosani and his patient Archie (Frank Faulk - CBC)

Listen 15:39



Pinned Tweet



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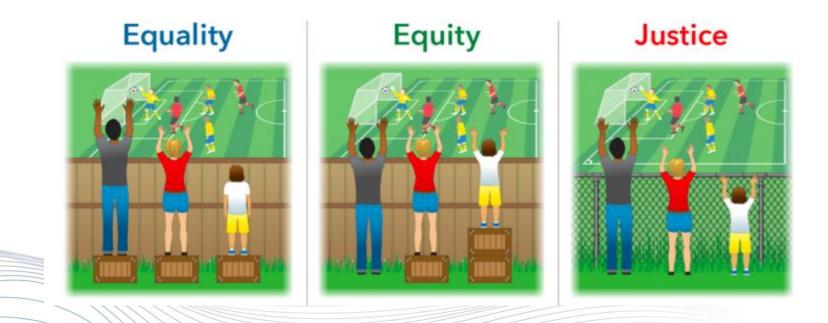
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10. Derive equity by design







Let's keep the conversation going.





Naheed Dosani



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