

ICHA

Inner City
Health Associates

Living & Dying on the Streets:

Exploring the impact of homelessness on health

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Palliative Education And Care for the Homeless (PEACH)
Journey Home Hospice
Inner City Health Associates

Gratitude

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McMaster
University 

St. Michael's

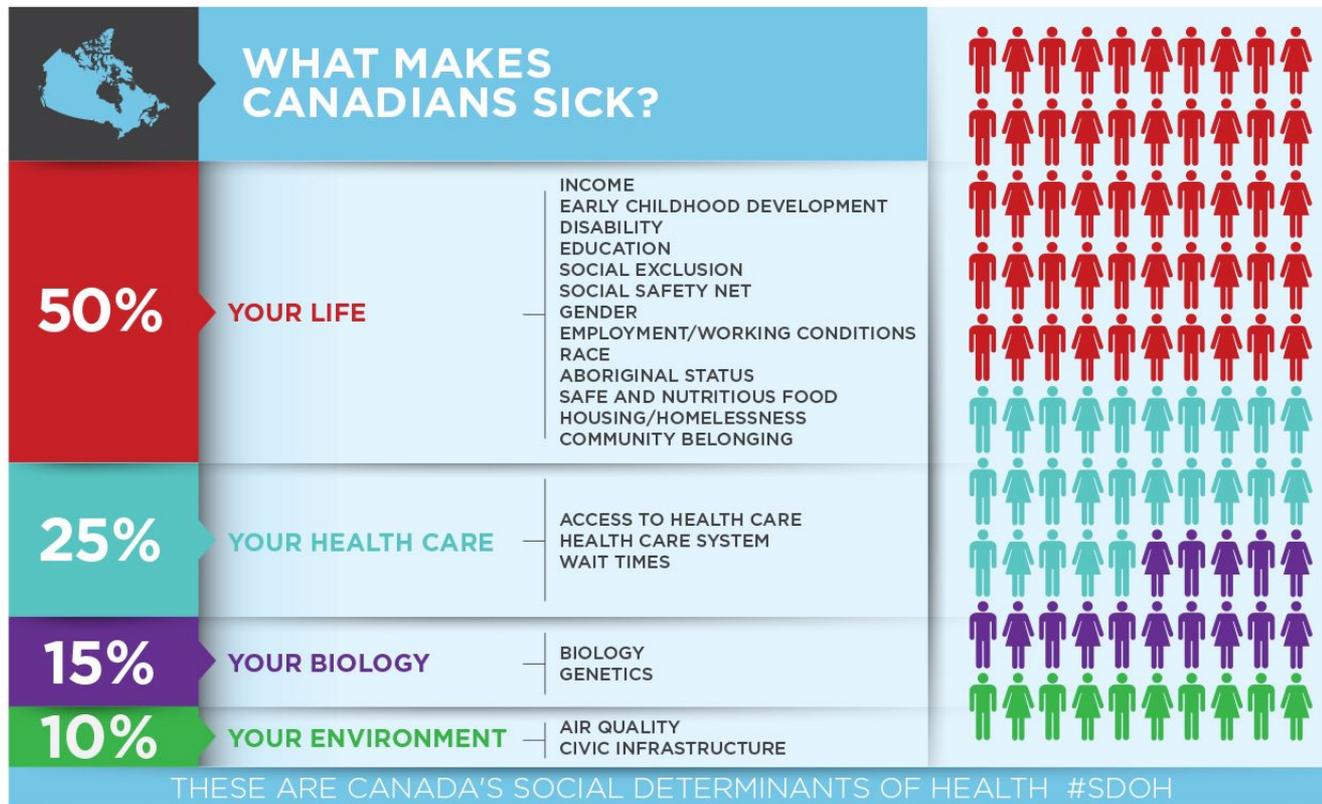
Inspired Care.
Inspiring Science.



Family & Community Medicine
UNIVERSITY OF TORONTO

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What makes us sick?



Terry



The health of the homeless

- 75% with one or more chronic disease
 - HCV: 28x
 - Heart Disease: 5x
 - Cancer: 4x
- Presentation to acute care:
 - ED: 8x
 - Hospital admission: 4x
- Shifting demographics:
 - >55 years old: 10%

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

Homeless at end-of-life

- Highest all-cause mortality rate of any population in Canada
 - Life expectancies: 34 - 47 years old
 - Mortality rates: 2.3x - 4x
- Location at EOL:
 - ED & acute hospital [vast majority]
 - transitional spaces
 - shelter-settings

St Micheal's Hospital, 2014

Podymow et al, 2006

Cagle, 2009

Plunkett, 2016

VANCOUVER NEWS

Homeless deaths preventable with homes: report



44



g+1

1



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by [Canadian Press - BC Local News](#)

posted Nov 6, 2014 at 5:34 PM — updated Nov 10, 2014 at 2:13 PM

By Tamsyn Burgmann, The Canadian Press

VANCOUVER - He was a wily character with a bright personality, known for philosophical musings as he sold flowers from the streets of downtown Vancouver where he also lived for 15 years.

But there would be no storybook ending for Tom Sawyer, a homeless man who died of blunt force trauma in an alleyway, believed to be the victim of unknown assailants.

A report released Thursday highlighting the risks of vagrancy found that homelessness cuts a person's life span in half in British Columbia, with the majority of deaths by accident, suicide or homicide.

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/j.chest.2014.02.016>

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 C. 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
 - Addictions
 - Mental health
- Care across settings

A palliative approach to street health



A new model of care

PEACH



PEACH: Palliative Education and Care for the Homeless

The PEACH team



The PEACH team



Life · Nursing Week

thestar.com



Nurse helps homeless die with dignity

Community nurse co-ordinator Namarig Ahmed brings palliative care to a vulnerable population.



PEACH: Looking at Outcomes

- No ED/acute hospitalizations: 64%
- EOL in location of preference: 78.3%
- Reconnected to family/friends: 82.6%
- Opioids:
 - Prescribed: 58.5%
 - Substance use risk assessments: 90.2%
- Shared care: 82.9%



The PEACH experience: Obstacles to delivering end-of-life care to Toronto's homeless

- Perceived care needs
- Mental health
- Substance use
- Hygiene
- Stigma & discrimination
- Non-traditional disease trajectories
- Outliving life expectancies
- Many more...





Palliative Care Services for People Experiencing Homelessness in Toronto

A preliminary needs assessment

Centre for Urban Health Solutions
Survey Research Unit,
St. Michael's Hospital
May 12, 2017

St. Michael's

Inspired Care.
Inspiring Science.

Centre for Urban
Health Solutions

St. Michael's

Inspired Care.
Inspiring Science.

Survey Research Unit



Not just a perceived need, but an unmet need:

- Need for a strong palliative care approach
 - Mobility of palliative care services
 - Barriers to existing spaces for EOL care
1. Rigid criteria
 2. Abstinence-based approaches
 3. Poor engagement with community
- Dedicated hospice needed for EOL care of homeless

Newsroom

News Release

Ontario Opening New Hospice for Homeless in Toronto

Province Bringing Palliative and End-of-Life Care to Those in Need

December 18, 2017 11:10 A.M. | Ministry of Health and Long-Term Care

news Ontario announces new Toronto hospice for the homeless

[Learn more about the new look.](#)

Ontario announces new Toronto hospice for the homeless

The Hospice will provide high-quality care to 40 to 50 people in need each year.

The Canadian Press · Posted: Dec 18, 2017 3:42 PM ET | Last Updated: December 18, 2017



Naheed Dosani

@NaheedD

So proud to join @DrEricHoskins this AM to announce the launch of 'Journey Home Hospice', a hospice to support #Toronto's #homeless population at end-of-life. #onhealth #onpoli #cdnhealth #cdnpoli #topoli #sdoh



1:20 PM - 18 Dec 2017 from Toronto, Ontario

39 Retweets 112 Likes



You, Dr. Eric Hoskins, Nancy Lefebvre and 7 others

6 39 112



https://www.youtube.com/watch?v=YYluul_Yn_w&t=2s

The “Journey Home Hospice” Pilot: Palliative care for those without a home



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Living on the street is hard.

**Dying there is
even harder.**

[Get Involved](#) →



A national & international movement

Calgary Allied Mobile Palliative Program (CAMPP)	Calgary, Alberta	University of Calgary: Division of Palliative Care, Calgary Urban Project Society, Street CCRED, United Way of Calgary and Area
Palliative Care Outreach Advocacy Team (PCOAT)	Edmonton, Alberta	University of Alberta
Ottawa Mission Hospice for Homeless & Outreach Team	Ottawa, Ontario	University of Ottawa, Champlain LHIN
Victoria Cool Aid Society & PORT Team	Victoria, British Columbia	Victoria Cool Aid Society, PORT, Vancouver Island Health Authority



Naheed Dosani

@NaheedD

We mourn another death in #Toronto's shelter system tonight.

Cause of death: #poverty.

RIP my friend.

#topoli #cdnhealth #sdoh #hpm

RETWEETS

22

LIKES

9



8:29 PM - 14 Jan 2016



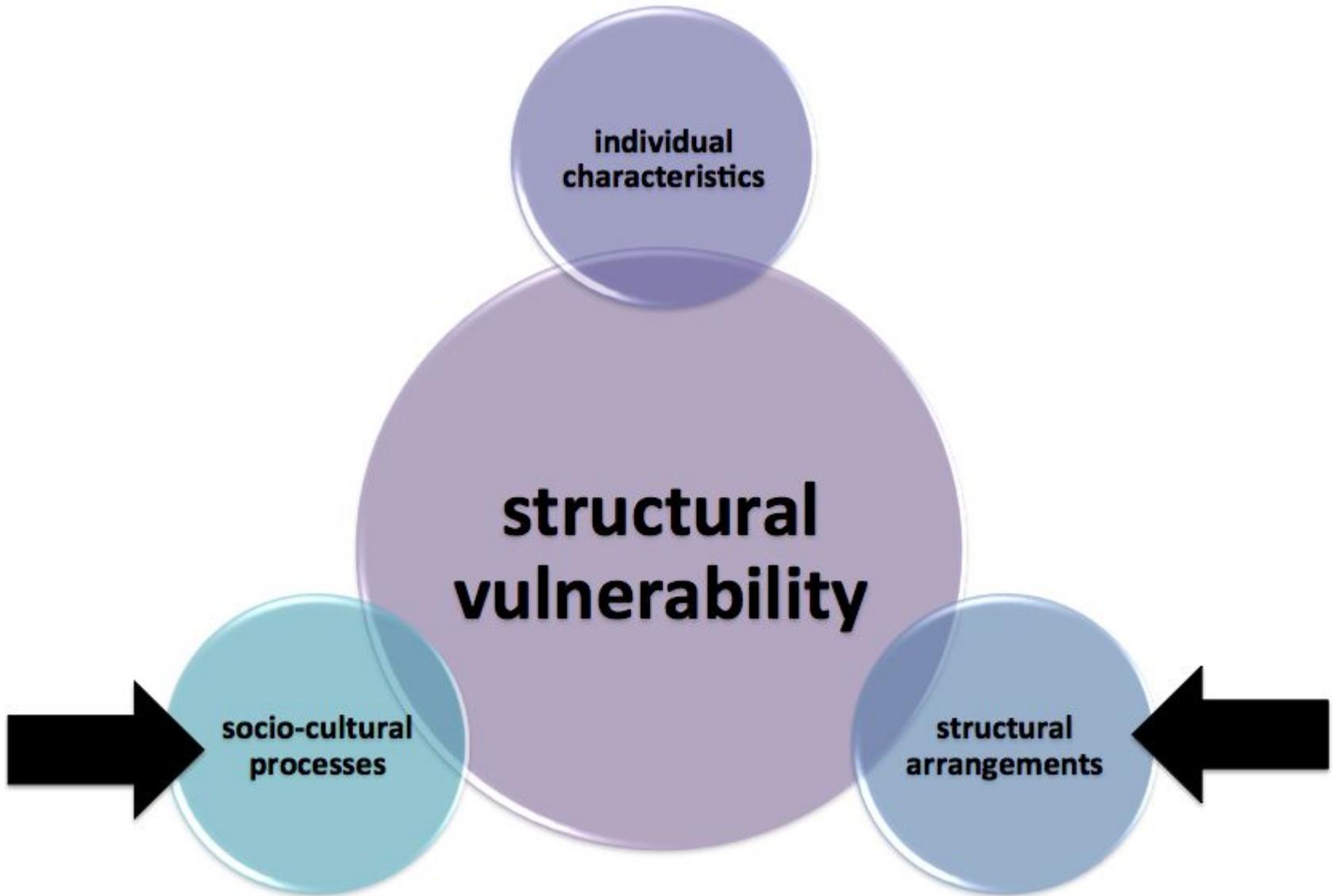
Reply to @NaheedD



Joyce Rankin @Joyce504941 · Jan 14

@NaheedD awful. Not again.





Death is a social justice issue

‘Double’ Vulnerability

Reimer-Kirkham et al, 2016

Report: Too Little Too Late




**University
of Victoria**
Institute on Aging
& Lifelong Health

Final Project Report for the Equitable Access to
Care Study in Victoria, British Columbia

Kelli I. Stajduhar, RN, PhD, FCAHS
Ashley Mollison, MA
on behalf of the Equitable Access to Care Team

NOVEMBER 2018

 **news** Homeless, vulnerable only find best health care when at death's door, UVic study finds

Homeless, vulnerable only find best health care when at death's door, UVic study finds



Researchers followed 25 marginally housed people for 2 years

Dirk Meissner · The Canadian Press · Posted: Nov 02, 2018 11:45 AM PT | Last Updated: November 4

<https://hours.ic>



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Too Little Too Late: Findings

- * The survival imperative
- * The normalization of death
- * Identification: a difficult concept
- * Silo-ing of healthcare systems
- * The benefits of a palliative approach to care



MENU

CBCradio

Tapestry

with Mary Hynes



Wednesday April 01, 2015

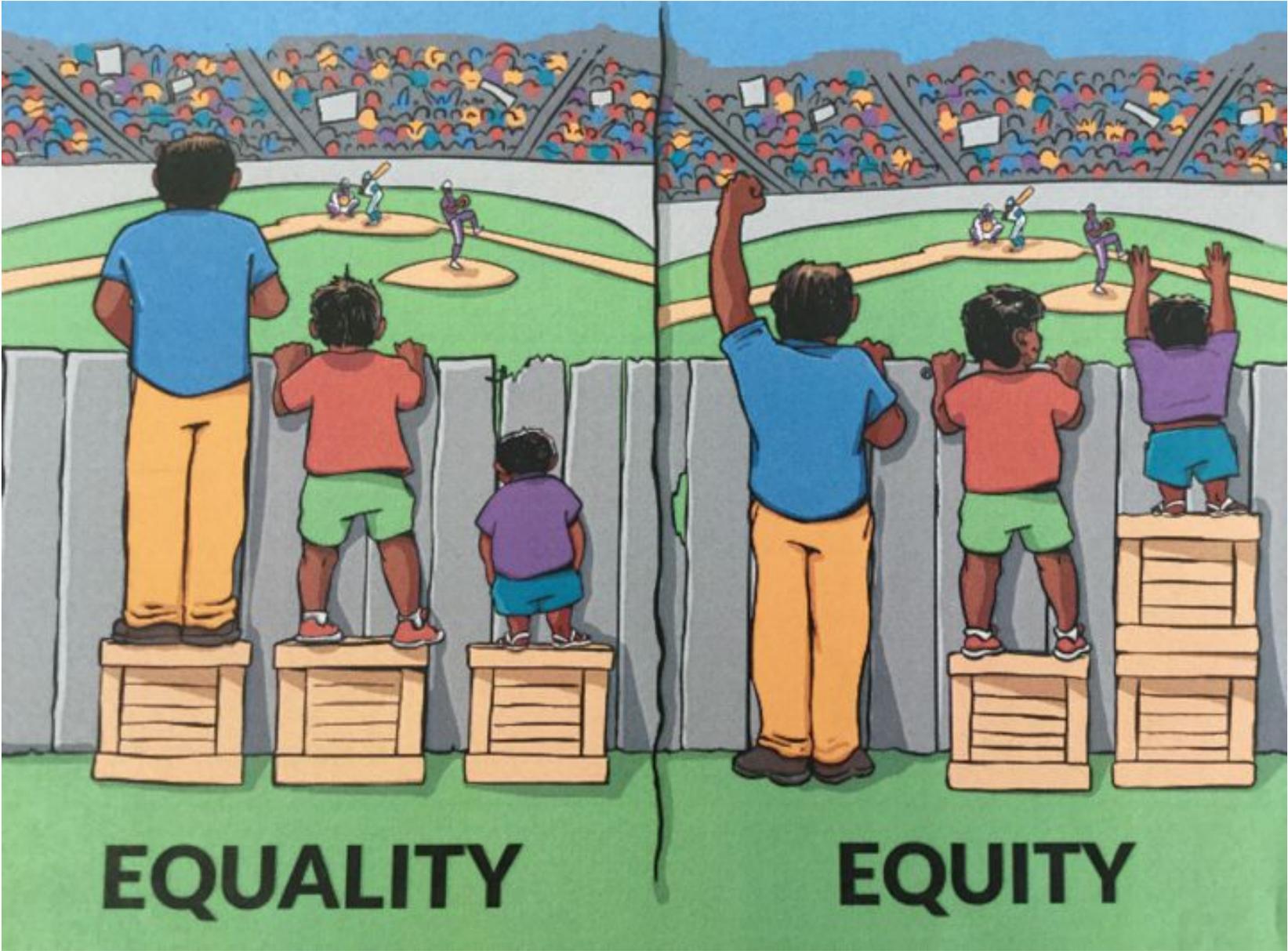
"What's a life worth?"



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



Listen 15:39



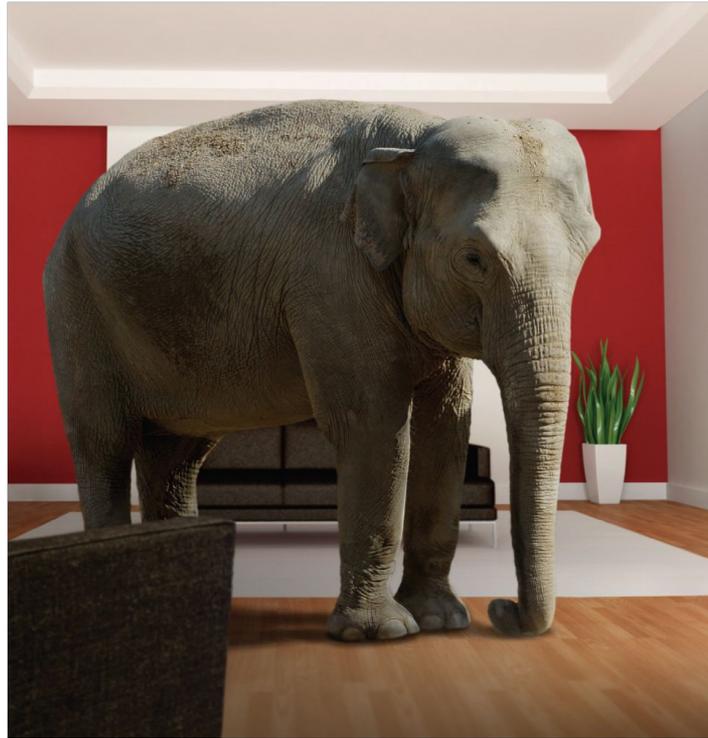
EQUALITY

EQUITY



BANKSY

The elephant in the room?



Thank you!



Are we achieving palliative care equity?

The New York Times



The Opinion Pages

O **Opinionator**
A GATHERING OF OPINION FROM AROUND THE WEB

THE END
Unequal Lives, Unequal Deaths

By SUNITA PURI JANUARY 20, 2016 4:45 AM 190



The End is a series about end-of-life issues.



PREVIOUS POST
« Reducing Unnecessary C-Section Births

NEXT POST
» Making Peace With Violence: Camus in Algeria

The End features essays by people who work in fields dealing with death and dying, like medicine, ethics and religion, as well as personal essays by those who have experienced the death of a loved one.

INSIDE OPINIONATOR

- FIXES**
April 28, 2016
Guiding a First Generation to College
Students who are new to America or lack college-educated parents often don't know their options. [Read more...](#)
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 - COUCH**
 - THE STONE**
 - MOVIEGOERS**
April 19, 2016
How Dwindling Fish Stocks Got a Reprieve
Giving fishermen a business incentive to fish sustainably can "unleash their creative capacity" to help solve the problem, says one expert. [Read more...](#)
- [MORE CONTRIBUTORS](#) ▾
- [More From Fixes](#) »

ARCHIVE ▾

Puri, 2016

SDoH & Palliative Care: The gap is real

- 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%)
 - were more likely to die in hospital (68.5% vs 61.5%)

A key determinant of palliative
care access

YOUR POSTAL CODE!

Correlations to access

- Education
- Income
- Social class

Campbell, 2010

Our accountability to a human right

“Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

- UN Universal Declaration of Human Rights

Palliative care: our accountability

“An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual...”

- WHO definition of ‘Palliative Care’, 2002

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.”

- Bourgois et al, 2017

10 Promising Practices to improve Palliative Care delivery for the homeless & vulnerably housed



1. Let's not reinvent the wheel: integrate social & health services



2. The name of the game is coordination



3. Keep your eyes on the prize: Build community capacity



4. Provide palliative care where people are at



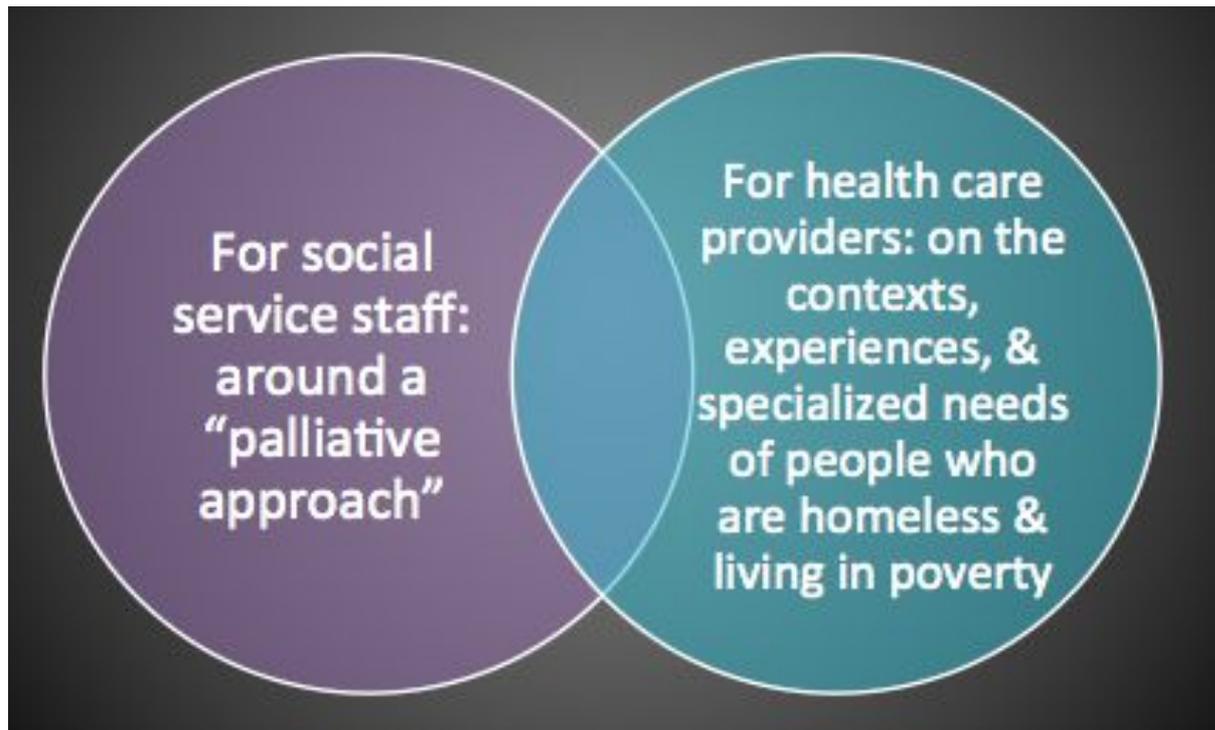
5. Adopt harm reduction approaches to care



6. Ensure flexibility in program policies



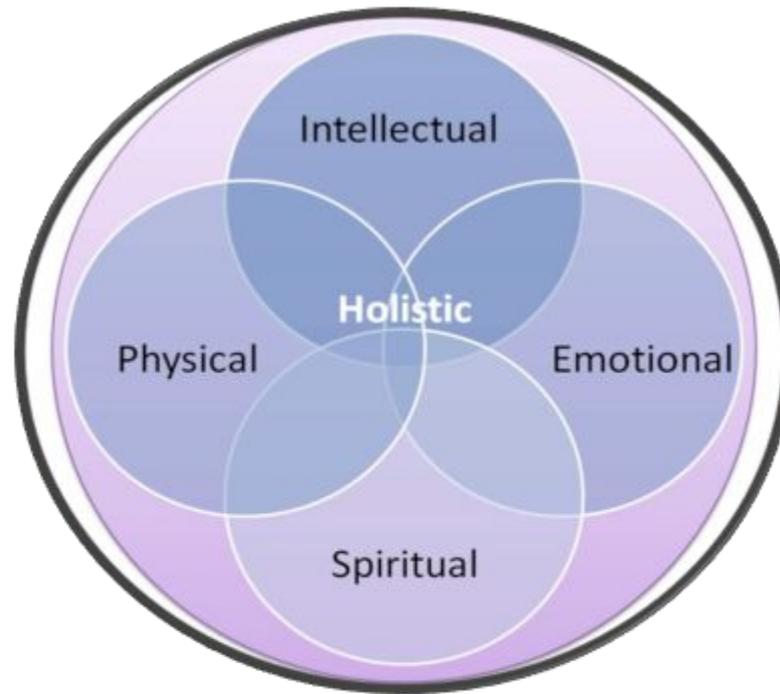
7. Training & education



8. Prioritize client dignity



9. Employ holistic care models



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

Tuesday, October 14, 2014
10:54 PM EDT

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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.

Tweet 396 | G+ 5 | reddit this! | save to my star



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.

By: Sheryl Ubelacker The Canadian Press, Published on Sun Aug 03 2014

They're too often the forgotten people — or the ones many of us turn a blind eye to as we pass a street corner where they might implore us for extra change: the homeless

Top News

- TCHC tenant still living in empty building slated for demolition
- Ontario review coming after study says Canada pays double for generic drugs
- Toronto child porn case triggers scandal in Britain
- NEW Maple Leafs beat Avalanche on Phil Kessel's OT winner
- Rob Ford casts advance ballot, says he's not feeling well
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Beyond the bricks and mortar



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References & Citations

Available upon request