Towards equity-oriented palliative care: A pan-Canadian workshop on improvements in palliative care for individuals experiencing homelessness or vulnerable housing

Kelli I. Stadjuhar, PhD, RN, FRSC, FCAHS, FCAN | Professor and Canada Research Chair (Tier 1), School of Nursing and Institute on Aging and Lifelong Health, University of Victoria; Coach and Advisor, Healthcare Excellence Canada, Improving Equity in Access to Palliative Care

Dr. Naheed Dosani, MSC, MD, CCFP(PC) | Founder & Lead, PEACH Program, Inner City Health Associates; Health Equity Expert Advisor, Canadian Partnership Against Cancer; Medical Director, Kensington Hospice, Kensington Health; Palliative Care Physician, St Michael's Hospital, Unity Health Toronto; Assistant Professor, Department of Family & Community Medicine, University of Toronto

Dr. Cara Bablitz, BSc, MD, CCFP(PC) | Palliative Care Physician, George's House, George Spady Society; Founder & Lead, Palliative Care Outreach and Advocacy Team (PCOAT); Medical Director, Indigenous Wellness Clinic, Royal Alexandra Hospital; Coach, Healthcare Excellence Canada, Improving Equity in Access to Palliative Care; Clinical Lecturer, Department of Family Medicine, University of Alberta

Holly Prince, MSW, PhD Cand. | Division Lead, Indigenous Peoples' Health & Aging, Centre for Education and Research on Aging & Health, Lakehead University; Coach and Advisor, Healthcare Excellence Canada; Project Lead, Canadian Virtual Hospice

Healthcare Excellence Canada | Excellence en santé Canada

CANADIAN PARTNERSHIP AGAINST CANCER | PARTENARIAT CANADIEN CONTRE LE CANCER

Conflict of Interest Disclosure
Presenter: Kelli Stadjuhar

( ) I have no, real or perceived, direct or indirect conflicts of interest that relate to this presentation.

(x) I have the following, real or perceived direct or indirect conflicts of interest that relate to this presentation:

TYPE OF AFFILIATION:

- Receipt of grants/research supports: Canadian Institutes of Health Research, Canada Research Chairs Program, Canadian Cancer Society Research Institute, Michael Smith Health Research BC
- Receipt of honoraria or consultation fees: Healthcare Excellence Canada
- Participation in a company sponsored speaker's bureau: None
- Stock shareholder: None
- Spouse/Partner: None
- Other support (please specify): None

Conflict of Interest Disclosure
Presenter: Naheed Dosani

( ) I have no, real or perceived, direct or indirect conflicts of interest that relate to this presentation.

(x) I have the following, real or perceived direct or indirect conflicts of interest that relate to this presentation:

TYPE OF AFFILIATION:

- Receipt of grants/research supports: Canadian Institutes of Health Research, St Michael's Hospital Department of Family & Community Medicine, University of Toronto Temerty Faculty of Medicine, New Frontiers in Research Fund
- Receipt of honoraria or consultation fees: Inner City Health Associates, Kensington Health, Canadian Partnership Against Cancer
- Participation in a company-sponsored speaker's bureau: Talent Bureau
- Stock shareholder: None
- Other support (please specify): None

Conflict of Interest Disclosure
Presenter: Cara Bablitz

( ) I have no, real or perceived, direct or indirect conflicts of interest that relate to this presentation.

(x) I have the following, real or perceived direct or indirect conflicts of interest that relate to this presentation:

TYPE OF AFFILIATION:

- Receipt of grants/research supports: Canadian Institutes of Health Research, M.S.I. Foundation, Royal Alexandra Hospital Foundation, Alberta Health
- Receipt of honoraria or consultation fees: Healthcare Excellence Canada, Turtle Island Consulting, Alberta Medical Association
- Participation in a company sponsored speaker's bureau: None
- Stock shareholder: None
- Spouse/Partner: None
- Other support (please specify): None

Conflict of Interest Disclosure
Presenter: Holly Prince

( ) I have no, real or perceived, direct or indirect conflicts of interest that relate to this presentation.

(x) I have the following, real or perceived direct or indirect conflicts of interest that relate to this presentation:

TYPE OF AFFILIATION:

- Receipt of grants/research supports:
- Receipt of honoraria or consultation fees: Canadian Virtual Hospice, Healthcare Excellence Canada
- Participation in a company sponsored speaker's bureau: None
- Stock shareholder: None
- Spouse/Partner: None
- Other support (please specify): None

Learning Objectives

1. Learn about the development of a pan-Canadian collaborative on equity-oriented palliative care;
2. Identify barriers and develop solutions to integrate equity-oriented palliative
3. Consider lessons learned from a pan-Canadian implementation of equity-oriented palliative care
4. Identify best practices for equity-oriented palliative care; and
5. Develop skills to become champions (or allies) in improving palliative care access and gaining access to practical tools and resources for local, national, and international implementation.

Interactive Poll

Enter the code

XXXX

Or use QR code

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Canada's Landscape

From east to west, Canada stretches almost 4,700 miles (7,560 kilometers) across six time zones.

Population: (2024 est.) 42,069,000

Official Languages: English, French

"Canadians should have equitable access to required medical care based on their need and not on their ability, and willingness, to pay."

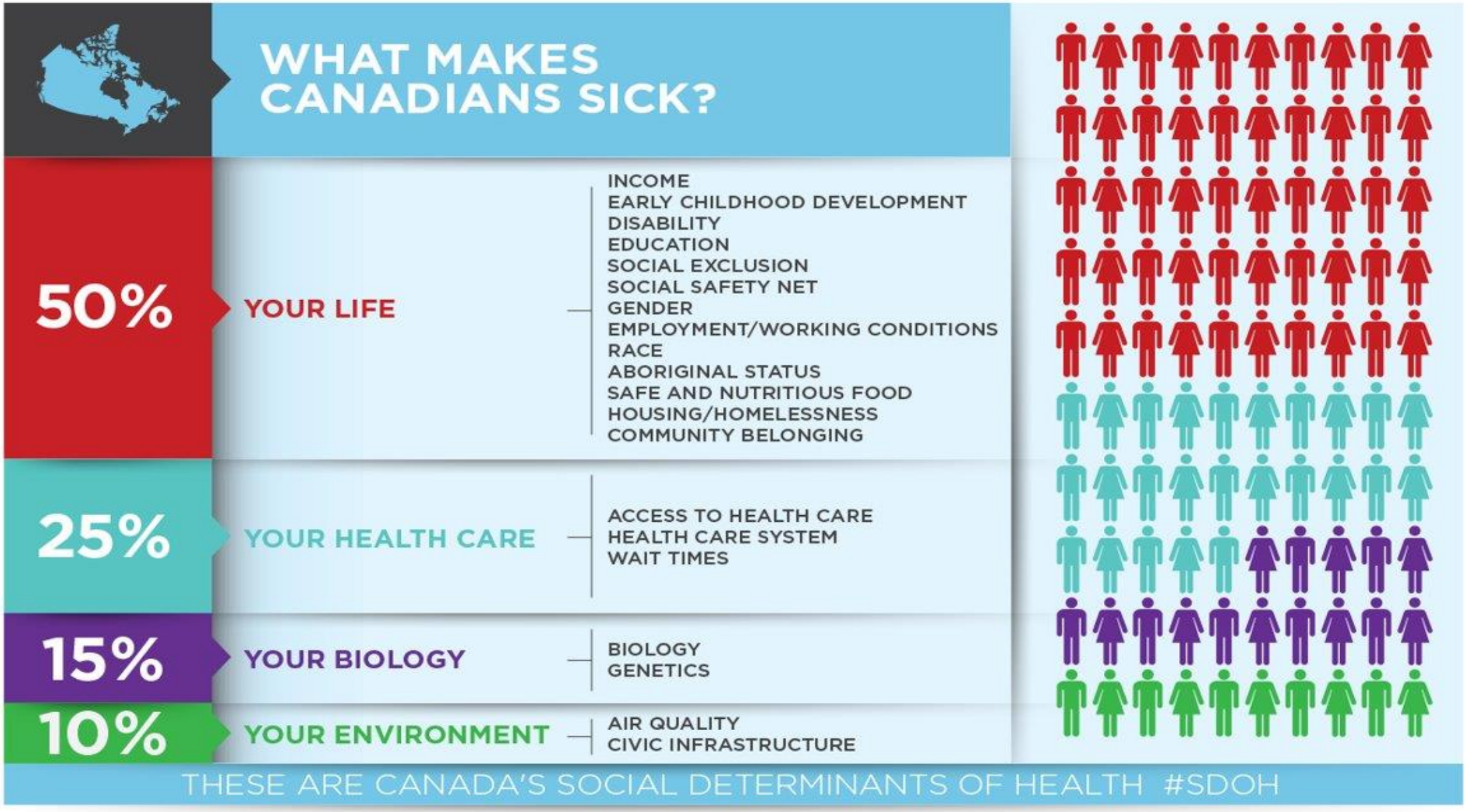
- Canada Health Act, 1984

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

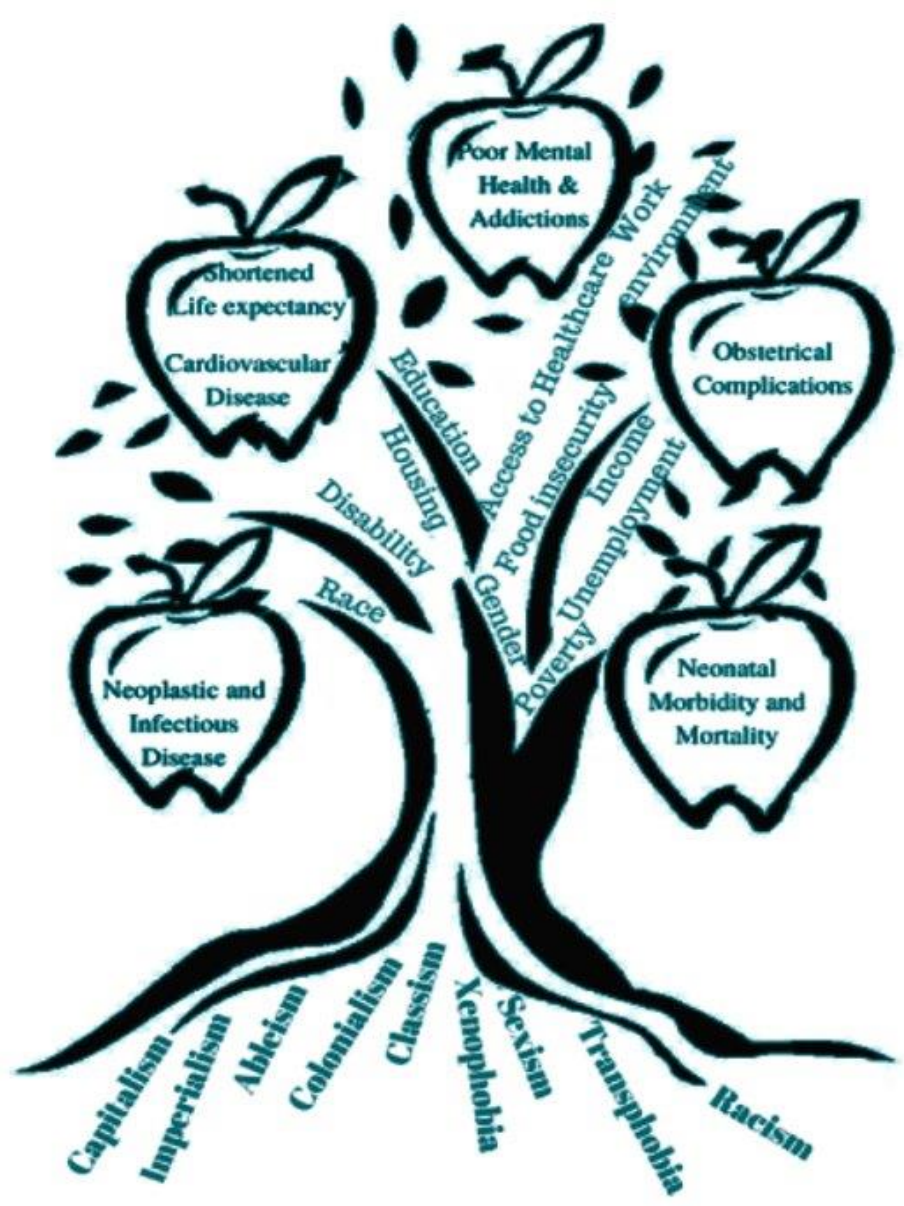
Healthcare Excellence Canada
Excellence en santé Canada



PARTENARIAT CANADIEN CONTRE LE CANCER

Excellence Canada en santé Canada

Canadian Medical Association, 2015



Social Determinants of Health

Digging at the roots, not just low hanging fruit:

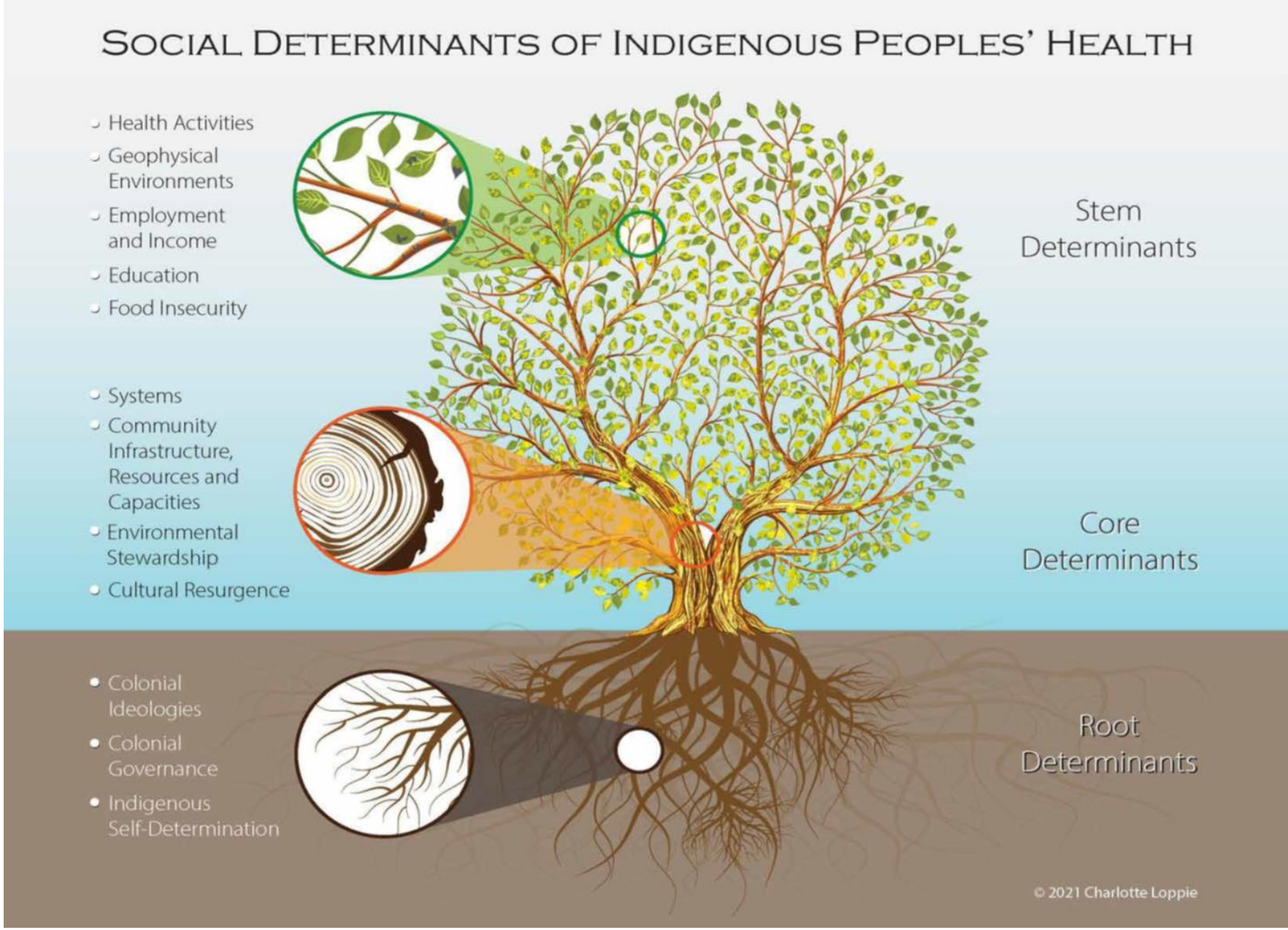
The reproduction of the social determinants of health when the structural determinants are left untouched

~ Dr Nanky Rai, 2017

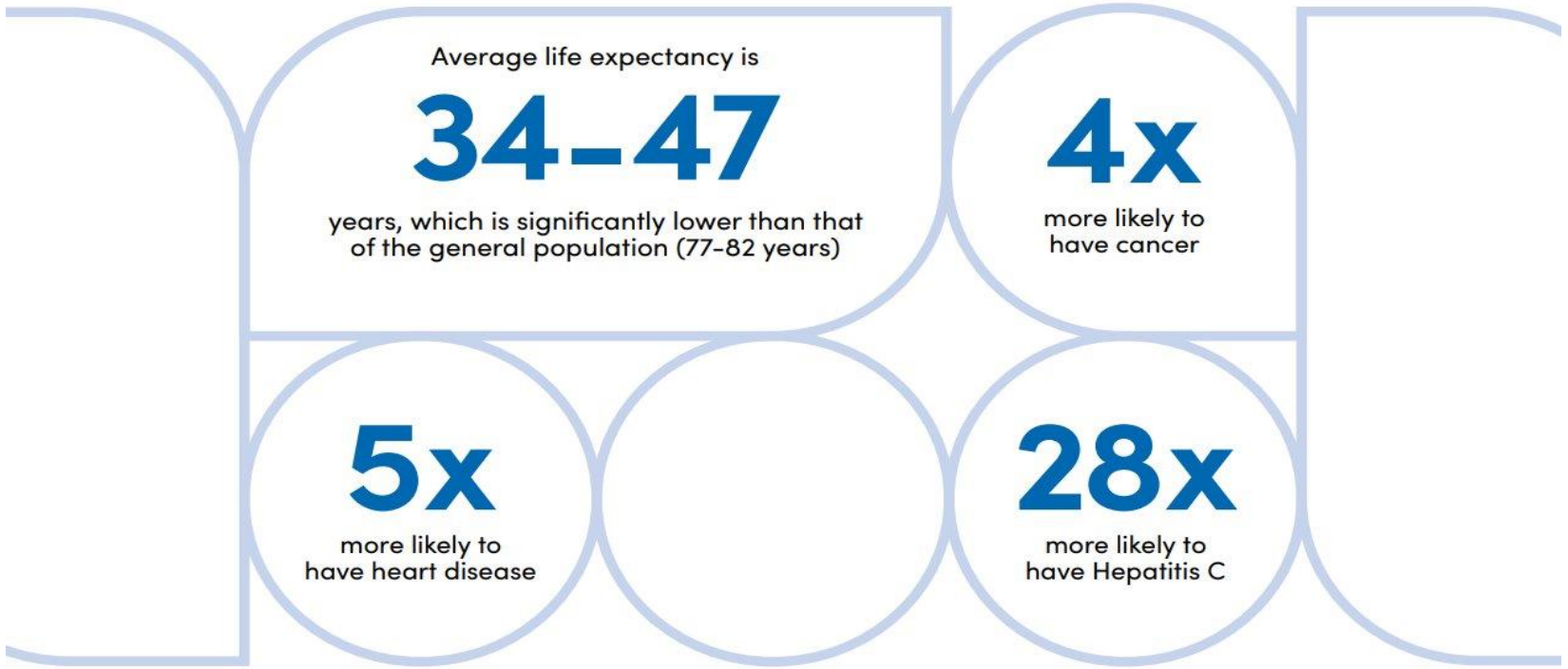
Direct impact on the health of individuals (education and training, employment, income and social status, social supports and resources)

Infrastructure and systems (education, health, justice, social welfare)

Deeply embedded foundations which shape all other determinants (political, ideological, economic, and societal)

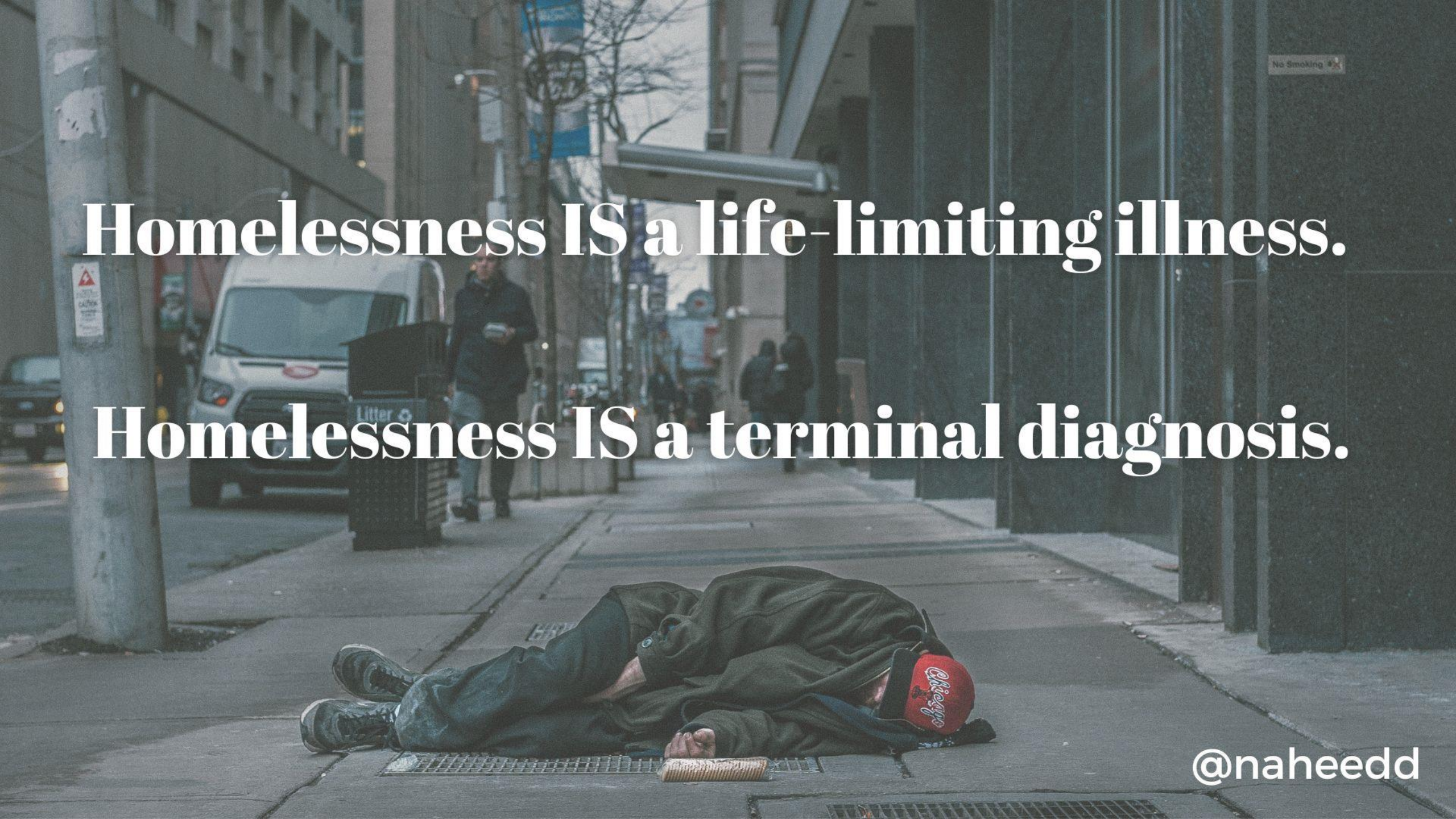


Homeless Health in Canada



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

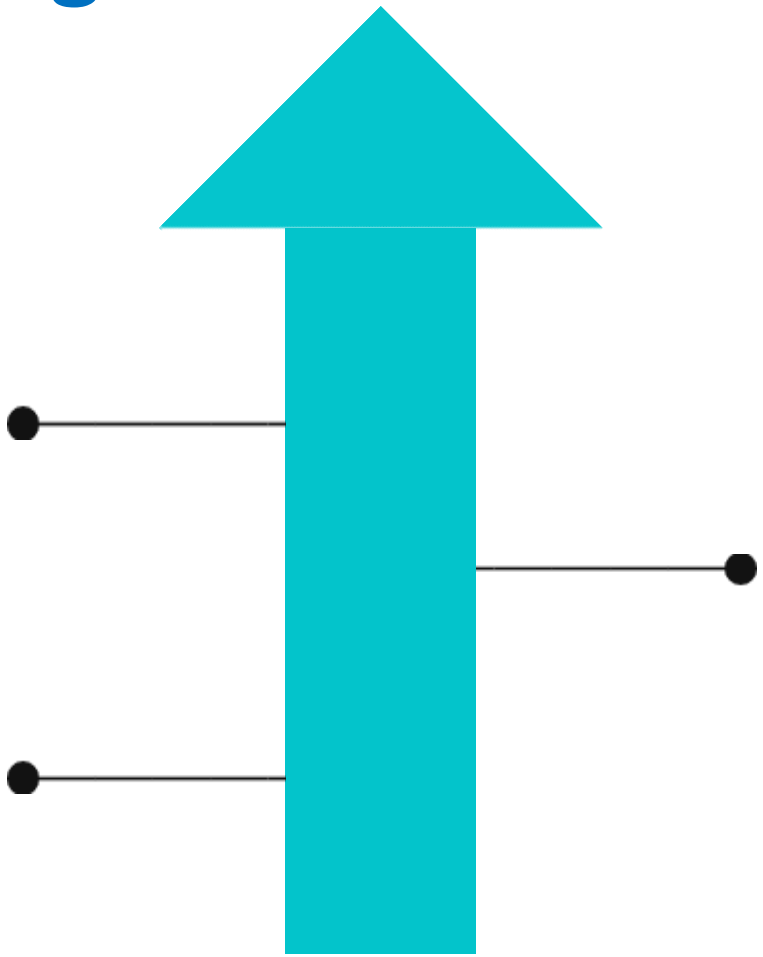

50%


Homelessness IS a life-limiting illness.
Homelessness IS a terminal diagnosis.
@naheedd

Palliative Approaches to Care for People Experiencing Structural Vulnerabilities

People impacted by structural inequities such as inadequate housing, racialization, classism, stigmatization of substance use and mental illness continue to experience persistent health and health care inequities.

People who experience structural vulnerability who are also at EOL experience significant barriers accessing care.



People who experience structural vulnerability suffer from more aging-related conditions than those who are decades older, experience "accelerated aging" relative to the general population, and have disproportionately high rates of cancer and other chronic illnesses.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER
Healthcare Excellence Canada
Excellence en santé Canada

Structural Disadvantage

Structural vulnerabilities: i.e. homelessness, poverty, criminalization, racism, and stigma

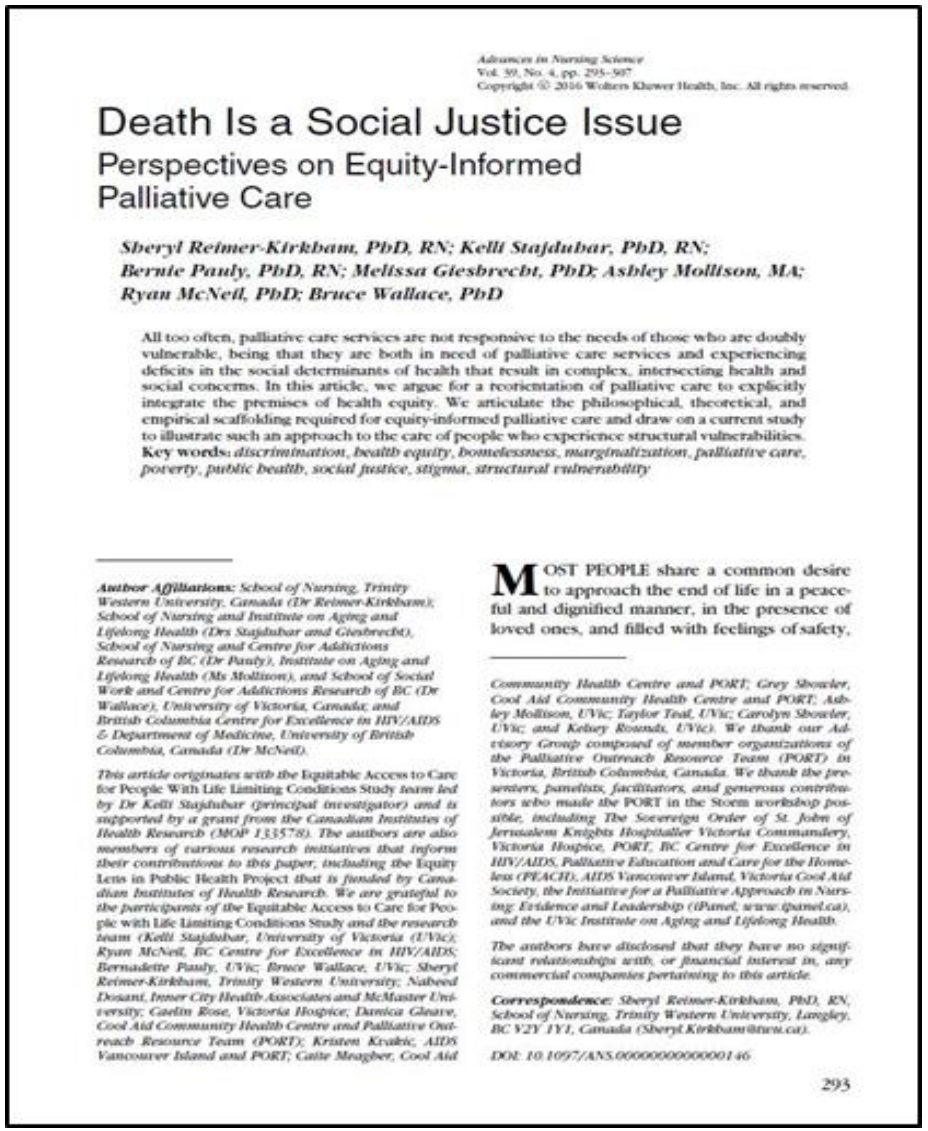
Chronic illness: i.e. lung, liver, or kidney disease, cancer, HIV/AIDS

Severe disadvantage when health declines

“It’s a time … at the end of your life when I think it brings into view the things that are there and the things that aren’t.

The haves and the have nots become really amplified.”

- Inner City Nurse



Advances in Nursing Science
Vol. 39, No. 4, pp. 295–307

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*

Author Affiliations: *School of Nursing, Trinity Western University, Canada (Dr Reimer-Kirkham); School of Nursing and Institute on Aging and Lifelong Health (Drs Stajduhar and Giesbrecht), School of Nursing and Centre for Addictions Research of BC (Dr Pauly), Institute on Aging and Lifelong Health (Ms Mollison), and School of Social Work and Centre for Addictions Research of BC (Dr Wallace), University of Victoria, Canada; and British Columbia Centre for Excellence in HIV/AIDS & Department of Medicine, University of British Columbia, Canada (Dr McNeil).*

This article originates with the Equitable Access to Care for People With Life Limiting Conditions Study *team led by Dr Kelli Stajduhar (principal investigator) and is supported by a grant from the Canadian Institutes of Health Research (MOP 133578). The authors are also members of various research initiatives that inform their contributions to this paper, including the* Equity Lens in Public Health Project *that is funded by Canadian Institutes of Health Research. We are grateful to the participants of the* Equitable Access to Care for People with Life Limiting Conditions Study *and the research team (Kelli Stajduhar, University of Victoria (UVic); Ryan McNeil, BC Centre for Excellence in HIV/AIDS; Bernadette Pauly, UVic; Bruce Wallace, UVic; Sheryl Reimer-Kirkham, Trinity Western University; Nabeed Dosani, Inner City Health Associates and McMaster University; Gaelin Rose, Victoria Hospice; Danica Gleave, Cool Aid Community Health Centre and Palliative Outreach Resource Team (PORT); Kristen Kvakic, AIDS Vancouver Island and PORT; Gaite Meagher, Cool Aid Community Health Centre and PORT; Grey Showler, Cool Aid Community Health Centre and PORT; Ashley Mollison, UVic; Taylor Teal, UVic; Carolyn Showler, UVic; and Kelsey Rounds, UVic). We thank our Advisory Group composed of member organizations of the Palliative Outreach Resource Team (PORT) in Victoria, British Columbia, Canada. We thank the presenters, panelists, facilitators, and generous contributors who made the* PORT *in the Storm workshop possible, including The Sovereign Order of St. John of Jerusalem Knights Hospitaller Victoria Commandery, Victoria Hospice, PORT, BC Centre for Excellence in HIV/AIDS, Palliative Education and Care for the Homeless (PEACH), AIDS Vancouver Island, Victoria Cool Aid Society, the Initiative for a Palliative Approach in Nursing: Evidence and Leadership (iPanel, www.ipanel.ca), and the UVic Institute on Aging and Lifelong Health.*

The authors have disclosed that they have no significant relationships with, or financial interest in, any commercial companies pertaining to this article.

Correspondence: *Sheryl Reimer-Kirkham, PhD, RN, School of Nursing, Trinity Western University, Langley, BC V2Y 1Y1, Canada (Sheryl.Kirkham@twu.ca).*

DOI: 10.1097/ANS.0000000000000146

MOST PEOPLE share a common desire to approach the end of life in a peaceful and dignified manner, in the presence of loved ones, and filled with feelings of safety,

"Most definitions of palliative care … do not make explicit the additional attention needed to address social and structural inequities that profoundly shape health, illness, and dying experiences for people who are made particularly vulnerable by a constellation of sociopolitical, economic, cultural, and historical forces."

Reimer-Kirkham, Stajduhar, Pauly, et al. 2016

cspcp.ca

Equity-Oriented Palliative Care

PALLIATIVE APPROACHES
TO CARE IN AGING AND COMMUNITY HEALTH

Health Equity

Differences in population health status and mortality rates that are systemic, patterned, unjust and actionable, as opposed to random or caused by those who become ill.

Health equity can be viewed as a process – removing economic and social obstacles to health such as poverty and discrimination, and an outcome – everyone has a fair and just opportunity to be healthy.

Whitehead, M. (1992). The concepts and principles of equity in health. *Health Promotion International*, 6(3), 217-228.

PALLIATIVE APPROACHES
TO CARE IN AGING AND COMMUNITY HEALTH

Equity-Oriented Palliative Care

- Gives us a lens to look at who current palliative care programs and working for and serving, and who they are not
- Who are our palliative care programs designed to serve?
- Do our palliative care programs pay explicit attention to equity?
- Are we directing our resources to those with the greatest need?

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Systemic and Social Inequities

Stajduhar, K., Mollison, A., Giesbrecht, M., et al. Just too busy living in the moment and surviving: Barriers to accessing health care for structurally vulnerable populations at end-of-life. BMC Palliative Care, 18(11), https://doi.org/10.1186/s12904-019-0396-7.

Stajduhar, K.I., Giesbrecht, M., Mollison, A., & d'Archangelo, M. (2020 . Just too busy living in the moment and surviving: Barriers to accessing health care for structurally vulnerable populations at end-of-life : An ethnographic exploration on the potential of integrating a palliative approach to care among workers in inner city settings. Palliative & Supportive Care, 18(6), 670-675.

Invited Editorial

PALLIATIVE MEDICINE

Closing the health equity gap in palliative care: The time for action is now

Palliative Medicine
2023, Vol. 37(4) 424–425

DOI: 10.1177/02692163231164729
journals.sagepub.com/home/pmj
SAGE

Kelli Stajduhar[1] and Merryn Gott[2]

In order to "leave no one behind," the Worldwide Hospice Palliative Care Alliance's 2021 campaign called for governments and policymakers to prioritize equity-focused palliative care and to tackle structural inequities in end-of-life experience and bereavement. The campaign was reflective of a broader shift to address health equity driven by the recognition that, despite decades of research and health interventions, vast disparities exist in health outcomes and health care experiences both between, and within, countries. In her widely cited paper on equity in health, Whitehead[1] explains that health inequities are avoidable and potentially remedial differences in health

palliative care services, responds to the needs of the dying.

The collection of papers in this special issue of *Palliative Medicine* highlights recent evidence and practices, as well as the potential of research methodologies under-used within palliative care. It also points to some of the thorny issues that the field of palliative care faces in its efforts to close the health equity gap and the hard work required to get there. Indeed, the field of equity-focused palliative care is in its infancy. Modern day palliative care was developed to improve the quality of dying for those with cancer, with greater attention paid in recent years to others

Equity in palliative care means paying attention to power and working to address the social and structural determinants of health.

In this sense, addressing the social and structural determinants of health is a first-line palliative care intervention in contexts of inequity.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Pan-Canadian Research Collaborative

PCOAT
Palliative Care Outreach and Advocacy Team

(Edmonton, AB)

PEACH
Palliative Education and Care for the Homeless

(Toronto, ON)

ICHA Inner City Health Associates

Kensington Health

PORT
Palliative Outreach Resource Team

(Victoria, BC)

CoolAid everyone deserves home

island health

CAMPP
Community Allied Mobile Palliative Partnership

(Calgary, AB)

Community Allied Mobile Palliative Partnership
campp

PACT
Palliative Advocacy & Care Team

(Thunder Bay, ON)

PACT
PALLIATIVE ADVOCACY CARE TEAM

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

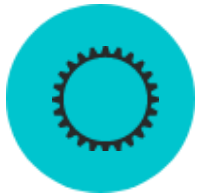
Healthcare Excellence Canada
Excellence en santé Canada

How can health and social care

Ensure **equitable approaches to palliative care,** taking into account intersecting vulnerabilities?

Intervene early enough to promote **physical**, **emotional**, **social** and **spiritual** well-being so that people who are dying and their chosen family can live the best quality of life up until the time they die?

Prioritize **what matters most** as people are coming to the end of life?



Capitalize on the assets in our community and within our citizens to support equity-oriented palliative approaches to care and allow people to **live in the community** (if they wish) as they are dying?

Community:

People With Lived Experience + workers + community organizations

Research

Palliative Care

+

other health services

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Over a Decade of Evidence…

Stajduhar et al. BMC Palliative Care (2019) 18:11
https://doi.org/10.1186/s12904-019-0396-7

BMC Palliative Care

RESEARCH ARTICLE Open Access

"Just too busy living in the moment and surviving": barriers to accessing health care for structurally vulnerable populations at end-of-life

K. I. Stajduhar[1,4*], A. Mollison[1], M. Giesbrecht[1], R. McNeil[2,3], B. Pauly[4,5], S. Reimer-Kirkham[6], N. Dosani[7], B. Wallace[8], G. Showler[9], C. Meagher[9], K. Kvakic[10], D. Gleave[9], T. Teal[10], C. Rose[1], C. Showler[1] and K. Rounds[1]

- People's focus is on survival and immediate needs; palliative care not really on the radar
- "We don't see many of 'these' people."
- Our palliative care services are not designed for populations of people facing inequities
- Big silos in care in which people fall in between – social services, health services, mental health services, etc.

https://pubmed.ncbi.nlm.nih.gov/30684959/

ELSEVIER

Health & Place

Volume 53, September 2018, Pages 43-51

Hospitals, clinics, and palliative care units: Place-based experiences of formal healthcare settings by people experiencing structural vulnerability at the end-of-life

Melissa Giesbrecht [a], Kelli I. Stajduhar [a b], Ashley Mollison [a], Bernie Pauly [b c], Sheryl Reimer-Kirkham [d], Ryan McNeil [e f], Bruce Wallace [g], Naheed Dosani [h], Caelin Rose [a]

Show more

Health care services, including palliative care, do not feel safe or welcoming for people and their chosen supporters

https://pubmed.ncbi.nlm.nih.gov/30055467/

Palliative & Supportive Care

"Everybody in this community is at risk of dying": An ethnographic exploration on the potential of integrating a palliative approach to care among workers in inner-city settings

Published online by Cambridge University Press: **07 May 2020**

Kelli I. Stajduhar, Melissa Giesbrecht, Ashley Mollison and Margo d'Archangelo

Show author details

Article | Metrics

Identification of people who could benefit from a palliative approach to care is complex

Questions related to who is eligible for palliative care services when everybody in the community is at risk of dying

Lack of knowledge and awareness of palliative approaches to care among community workers and tools to support them in the community

https://pubmed.ncbi.nlm.nih.gov/32378499/

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Research Access to health care

Association between opioid use disorder and palliative care: a cohort study using linked health administrative data in Ontario, Canada

Jenny Lau MD MSc, Mary M. Scott MSc, Karl Everett MSc, Tara Gomes PhD, Peter Tanuseputro MD MHSc, Sheila Jennings LLB PhD, Rebecca Bagnarol MPH, Camilla Zimmermann MD PhD, Sarina R. Isenberg PhD

Cite as: *CMAJ* 2024 April 29;196:E547-57. doi: 10.1503/cmaj.231419

https://www.cmaj.ca/content/196/16/E547

OPEN ACCESS

Opioid safety recommendations in adult palliative medicine: a North American Delphi expert consensus

Jenny Lau [1,2] Paolo Mazzotta,[2,3] Ciara Whelan,[2,3] Mohamed Abdelaal,[1,4] Hance Clarke [5,6] Andrea D Furlan,[7,8,9,10] Andrew Smith,[10,11,12] Amna Husain,[2,3] Robin Fainsinger,[13] David Hui,[14] Nadiya Sunderji,[15,16] Camilla Zimmermann [1,4,17]

► Additional supplemental material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/bmjspcare-2021-003178).

For numbered affiliations see end of article.

ABSTRACT

Objectives Despite the escalating public health emergency related to opioid-related deaths in Canada and the USA, opioids are essential for palliative care (PC) symptom management. Opioid safety is the prevention, identification and management of opioid-related harms. The Delphi technique was used to develop expert

Key messages

What was already known?

- The opioid crisis has had an effect on all aspects of society, particularly in the USA and Canada.
- Guidelines on management of opioid safety have focused on chronic non-cancer

https://pubmed.ncbi.nlm.nih.gov/34389553/

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Palliative Medicine
Volume 34, Issue 7, July 2020, Pages 946-953

https://doi.org/10.1177/0269216320917875

Original Article

Caregiving at the margins: An ethnographic exploration of family caregivers experiences providing care for structurally vulnerable populations at the end-of-life

Kelli I Stajduhar [1,2], Melissa Giesbrecht [1], Ashley Mollison [1], Naheed Dosani [3], and Ryan McNeil [4,5]

Background: People experiencing structural vulnerability (e.g. homelessness, poverty, racism, criminalization of illicit drug use and mental health stigma) face significant barriers to accessing care at

Caregiving in the context of inequities is fundamentally different than what we would consider in mainstream palliative care where we have 'family' caregivers who heavily support our work

https://pubmed.ncbi.nlm.nih.gov/32340556/

Original Article

"Once you open that door, it's a floodgate": Exploring work-related grief among community service workers providing care for structurally vulnerable populations at the end of life through participatory action research

Palliative Medicine
1–9

DOI: 10.1177/02692163221139727
journals.sagepub.com/home/pmj

Melissa Giesbrecht[1], Ashley Mollison[1], Kara Whitlock[1] and Kelli I Stajduhar[1,2]

Abstract
Background: At the end of life, people experiencing structural vulnerability (e.g. homelessness, poverty, stigmatization) rely on community service workers to fill gaps in access to traditional palliative services. Although high levels of burnout are reported, little

Grief experienced by community service workers (de facto family) is unrecognized, invisible, and profound

https://pubmed.ncbi.nlm.nih.gov/36461158/

J Palliat Med. 2021 Aug;24(8):1232-1235. doi: 10.1089/jpm.2020.0772. Epub 2021 Mar 31.

Retrospective Study of a Toronto-Based Palliative Care Program for Individuals Experiencing Homelessness

Evan Schneider [1] [2], Naheed Dosani [1] [3]

Affiliations + expand

PMID: 33794110 DOI: 10.1089/jpm.2020.0772

https://pubmed.ncbi.nlm.nih.gov/33794110/

Healthc Q. 2023 Apr;26(1):24-30. doi: 10.12927/hcq.2023.27055.

Palliative Education and Care for the Homeless (PEACH): A Model of Outreach Palliative Care for Structurally Vulnerable Populations

Nicole Buchanan [1], Naheed Dosani [2], Andrew Bond [3], Donna Spaner [4], Alissa Tedesco [5], Nadine Persaud [6], Trevor Morey [7]

Affiliations + expand

PMID: 37144698 DOI: 10.12927/hcq.2023.27055

https://pubmed.ncbi.nlm.nih.gov/37144698/

Palliat Med. 2023 Apr;37(4):646-651. doi: 10.1177/02692163221146812. Epub 2022 Dec 28.

Assessing the impact of a health navigator on improving access to care and addressing the social needs of palliative care patients experiencing homelessness: A service evaluation

Lilian Robinson [1], Leeann Trevors Babici [2] [3], Alissa Tedesco [2], Donna Spaner [2], Trevor Morey [2], Naheed Dosani [2]

Affiliations + expand

PMID: 36576315 PMCID: PMC10074742 DOI: 10.1177/02692163221146812

Free PMC article

https://pubmed.ncbi.nlm.nih.gov/36576315/

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

https://doi.org/10.24095/hpcdp.43.8.02

Original qualitative research

Improving access to palliative care for people experiencing socioeconomic inequities: findings from a community-based pilot research study

Anna Santos Salas, PhD (1); Cara Bablitz, MD (2,3)*; Heather Morris, MN (1); Lisa Vaughn, MN (1); Olga Bardales, BScN (1); Jennifer Easaw, MLIS (1); Tracy Wildeman, NP (1); Wendy Duggleby, PhD (4); Bukola Salami, PhD (4); Sharon M. Watanabe, MD (5,6)*

This article has been peer reviewed.

https://pubmed.ncbi.nlm.nih.gov/37584628/

ORIGINAL ARTICLE Open Access

Extending Palliative Approaches to Care Beyond the Mainstream Health Care System: An Evaluation of a Small Mobile Palliative Care Team in Calgary, Alberta, Canada

Courtney Petruik, PhD (C)[1,*] and Simon Colgan, MD, CCFP[2]

https://pubmed.ncbi.nlm.nih.gov/35919385/

Original Article

Developing palliative care programs in Indigenous communities using participatory action research: a Canadian application of the public health approach to palliative care

Mary Lou Kelley[1,2], Holly Prince[2], Shevaun Nadin[2,3], Kevin Brazil[4], Maxine Crow[5], Gaye Hanson[6], Luanne Maki[7], Lori Monture[8], Christopher J. Mushquash[2,3,9], Valerie O'Brien[10], Jeroline Smith[11]

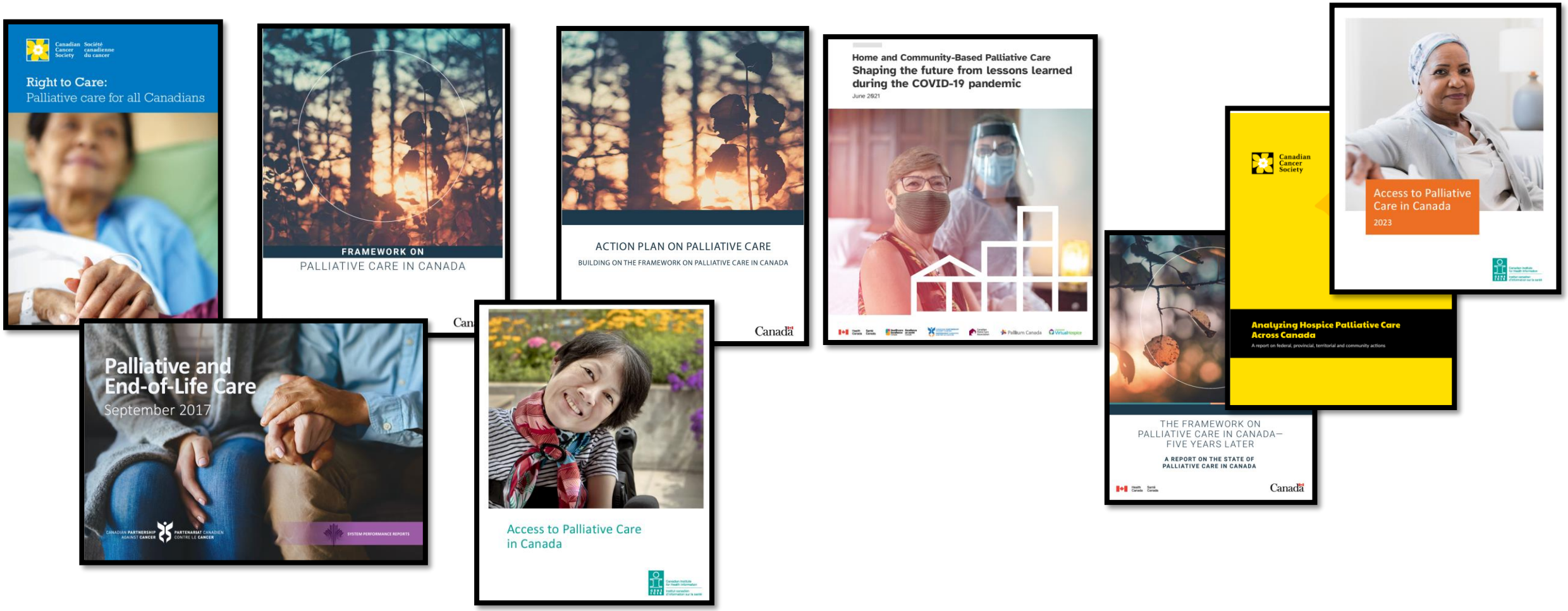
https://pubmed.ncbi.nlm.nih.gov/29764173/

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Building on National Momentum

2016 2020 2023



Breakout Discussion

What are some of the challenges you experience within your organizations/communities in addressing the needs of people who experience structural vulnerabilities?

What are some of the program or policy changes that you would like to see improved in this area?

Healthcare Excellence Canada

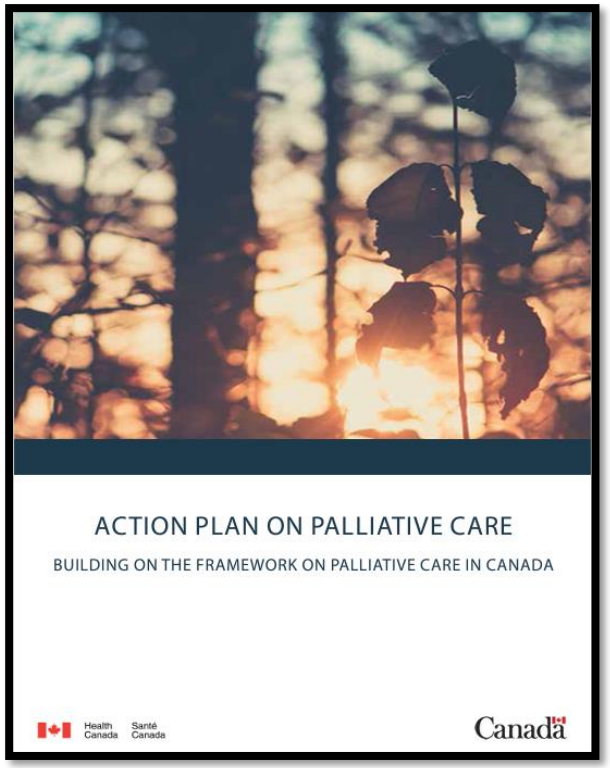
Excellence en santé Canada

CANADIAN PARTNERSHIP AGAINST CANCER

PARTENARIAT CANADIEN CONTRE LE CANCER

Improving Equity in Access to Palliative Care

A Pan-Canadian Collaborative



https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/action-plan-palliative-care.html

4. FOSTER IMPROVED ACCESS TO PALLIATIVE CARE FOR UNDERSERVED POPULATIONS

1. Support the online dissemination of resources and supports for caregivers and community members in both official languages.
2. Convene multilateral discussions with stakeholders and other interested parties to explore innovative ways to improve access to and share knowledge about culturally appropriate advance care planning and palliative care for underserved populations.
3. Support the development of culturally and linguistically appropriate tools to help increase discussions about advance care planning.
4. Support other federal departments in their efforts to improve palliative care delivery to their mandated populations (e.g., Veterans Affairs, Correctional Services Canada).

"People who are homeless or vulnerably housed need flexibility and an understanding of their lives. Implementing any new approach involves community engagement and community capacity development.

It takes time and skilled facilitators who already have a good rapport established to help navigate between their community and the health system."

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Advancing Healthcare Innovations, Together

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

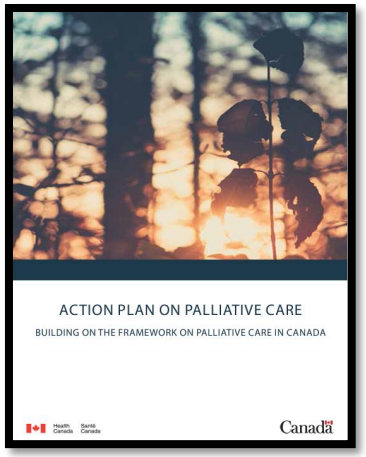
Healthcare Excellence Canada
Excellence en santé Canada

Goal of the Improving Equity in Access to Palliative Care (IEAPC) Collaborative

To create measurable improvement in access to palliative care for those experiencing homelessness or vulnerable housing

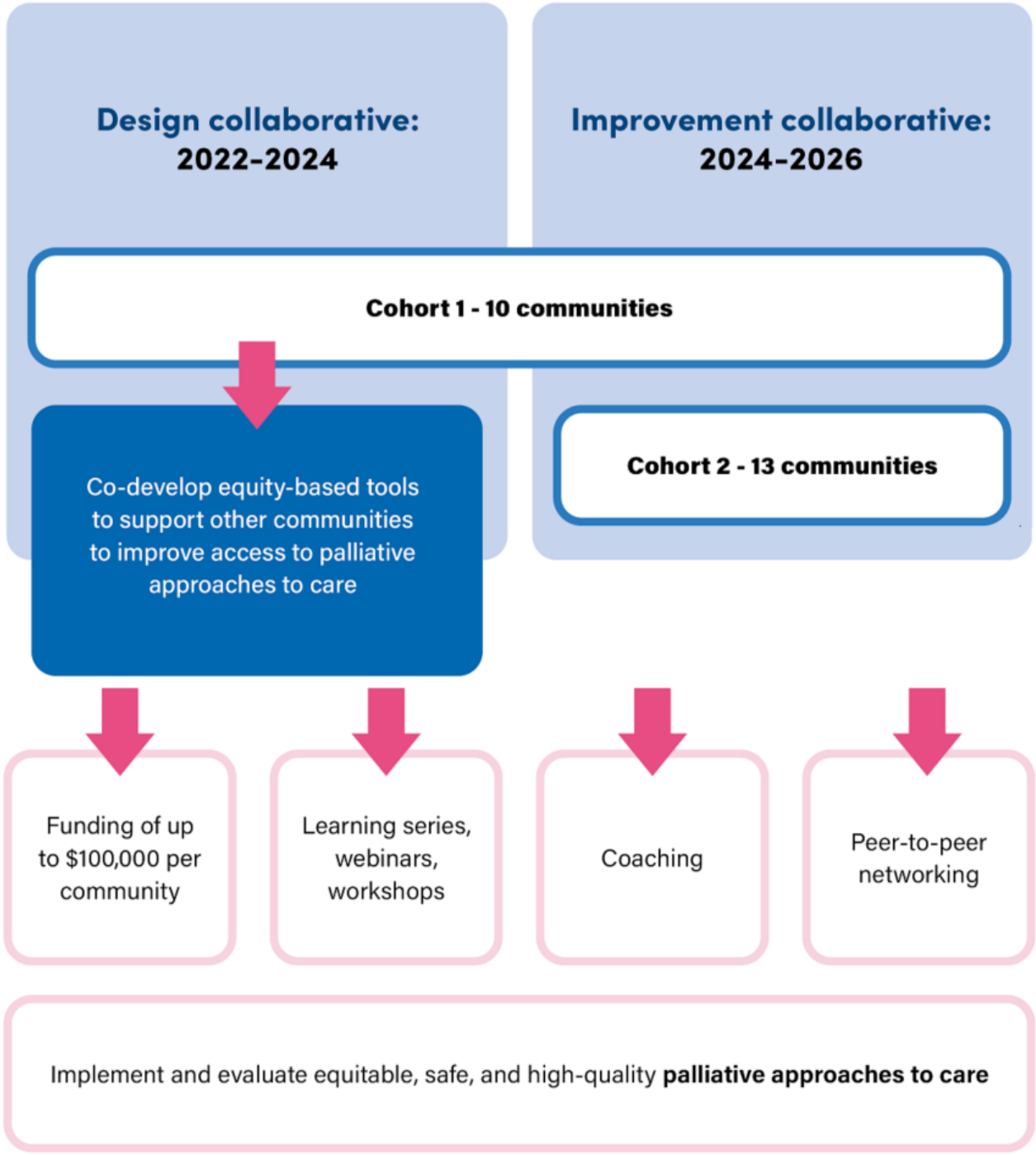
Alignment with the Federal Action Plan on Palliative Care:

Foster improved access for underserved populations



CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER
Healthcare Excellence Canada
Excellence en santé Canada

About the Collaborative



CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Collaborative Model

A model that brings people together to learn, apply and share improvement methods, ideas, and data.

Workshops

Coaching

Site Visits

Online Learning Platform

Listening and Learning, Together

Oct 2022 | **Mar 2023** | **Sep 2023**

Call for applications

Cohort 1 starts (10 communities)

Workshop in Toronto, ON March 2023

In-person site visits (spring/ summer 2023)

Virtual peer-networking through Collaborative Conversations, Evaluation Committee

Individual coaching opportunities

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Listening and Learning, Together

Oct 2023

Call for applications (Cohort 2)

Dec 2023

Workshop in Victoria, BC October 2023

Apr 2024

Cohort 2 starts (23 communities in total)

Sep 2024

Workshop in Saskatoon, SK

2026

Ongoing Implementation and Evaluation

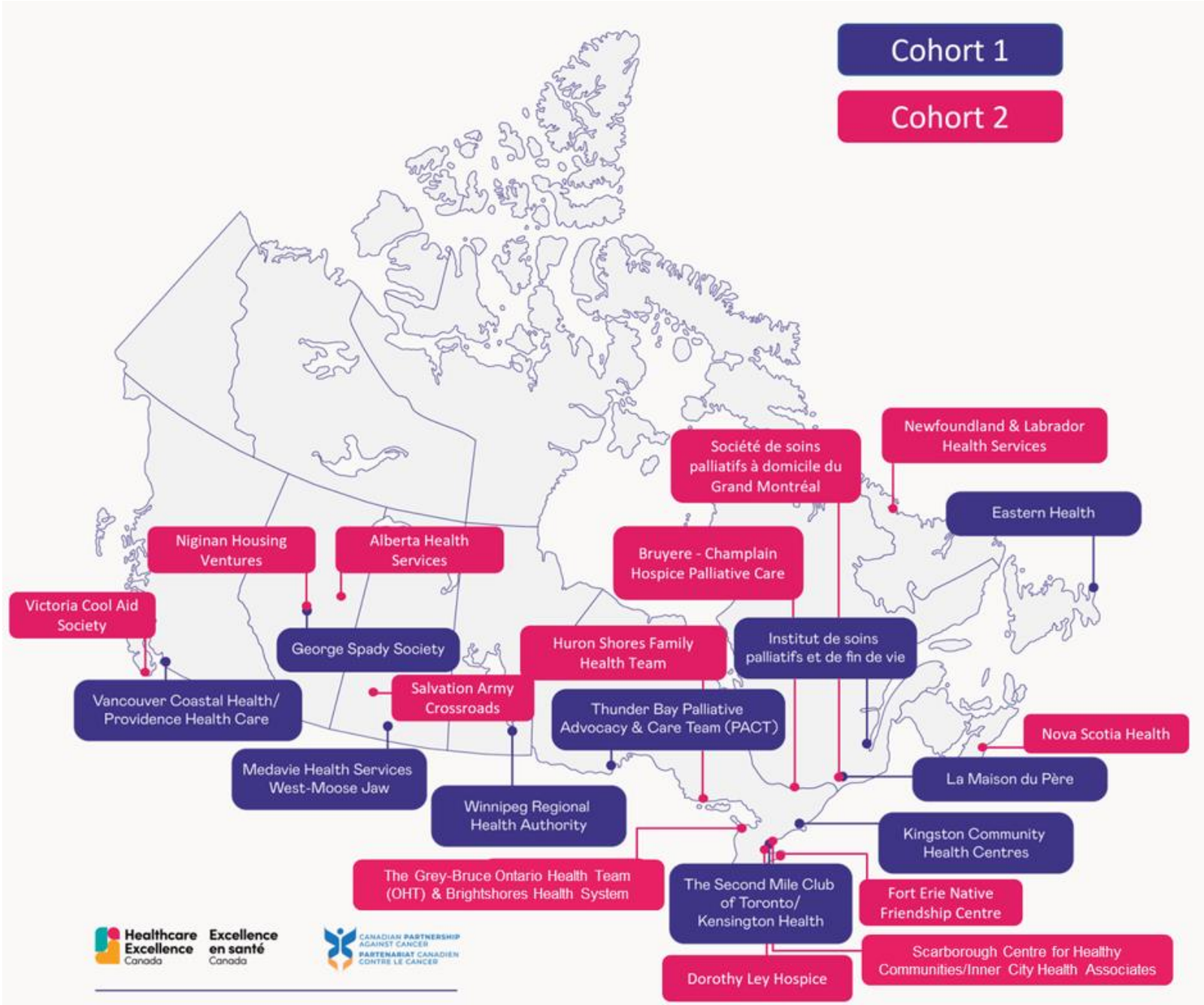
Virtual peer-networking through Collaborative Conversations, Workshops

Individual coaching opportunities upon request

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

23 participating communities



Emerging Models of Care

Mobile-based	Care that follows the client regardless of their location
Outreach	Support in community including shelters, community health centres, etc.
Equity-oriented clinical pathways	Improve the integration and collaboration within the healthcare system
Hospice & bed-based models	Palliative care in community-based housing or hospice beds
Capacity-building and community engagement	Seeking to enhance care planning preferences and implement person-informed best practices

Emerging Model of Care:

Hospice and Bed-Based Model

George's House

"where dignity lives"

George Spady Society

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Death and dying all around us

The health impact of homelessness is often not recognized, and yet people who are homeless die young, often unsupported and in unacceptable conditions. They are facing serious illness and the life-limiting conditions of homelessness, poverty, racism, criminalization, and stigma.

EDMONTON	ALBERTA	CANADA
3,051 people are structurally vulnerable		25,000-35,000

BASED ON WESTERN KNOWLEDGE

Colonial legacy embedded in institutions of power

Lack of cultural safety

Indigenous people's life expectancy is up to 18 years lower than the general population.

HEALTHCARE

Ill-equipped medical system to meet the needs of people living in extreme poverty

Resource contraint

Vulnerable populations are less likely to access care owing to a mistrust of the healthcare system and experiences of discrimination from providers

HOMELESSNESS

The many health issues of people who are homeless are exacerbated by other social determinants of health such as psychological trauma, poverty, unemployment, and social disconnection

Comorbidity - 2 or more medical conditions

Houseless, 34-47 years
Homes, 77-82 years

No Where to Go

Excluded from mainstream services

SUBSTANCE USE

People who use substances are systematically excluded from mainstream housing services due to stigma and a lack of harm-reduction approaches

MENTAL HEALTH

People who are houseless often have diagnosed and undiagnosed mental health issues

George's House

George Spady Society

Who We Are

Onsite care provided by:

- Program Manager
- 24/7 Licensed Practical Nurses
- 24/7 Health Care Aids

In-reach support by

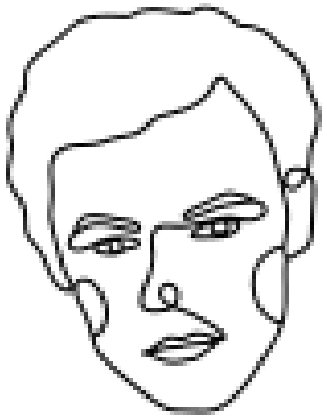
- CAT team
- Dr. Bablitz
- Edmonton Zone Palliative Care Team
- Pilgrims Hospice, No One Dies Alone
- Death Doulas
- Cultural Helpers

Who lives and dies at George's House?

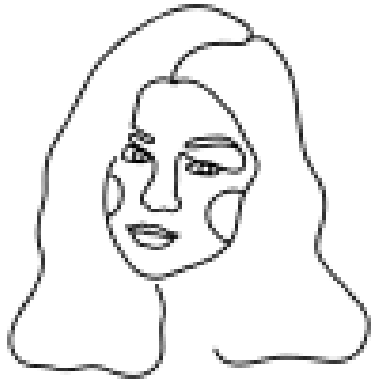
27 people last year

Average age 51 years

14 people were indigenous



19 Men



8 Women

Average length of stay 68 days

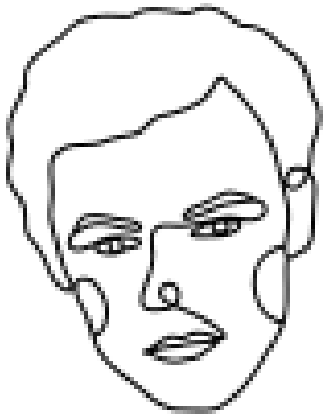
CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

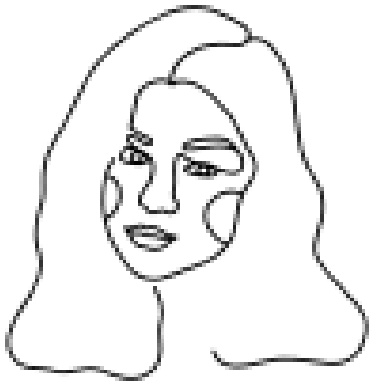
Who lives and dies at George's House?

Steven is a 39 year man who is diagnosed with colon cancer. He is likely to die within 4 months. He loves his cats and spends time with them as much as possible.

Namid is a 43 year old Indigenous woman who is experiencing end stage liver failure. She loves her kids and her favourite thing to do is give her kids gifts when they visit.



Ron is a 64 year old man who is diagnosed with lung, head and neck cancer. John doesn't have anyone that he wants to connect with but he loves talking to staff and he likes to laugh a lot!



Flora is a 23 year old women who has sinus and nasal cancer. She has 1-3 months to live. She is young and still has a lot of spunk. She is playful and likes to cheer up her housemates.

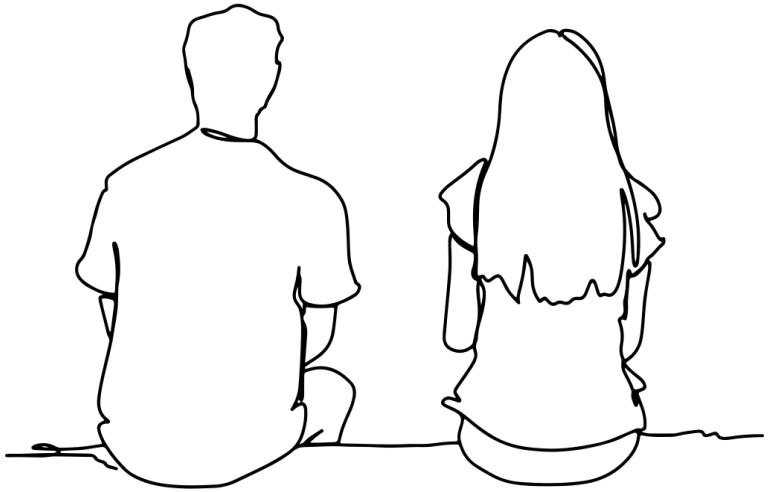
Leo is a 44 year old cree man who has brain cancer. He has a 10 month old daughter that lives with his mother and he speaks about often. All he wants is for her to have a good life.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

It’s as much about life as it is about death

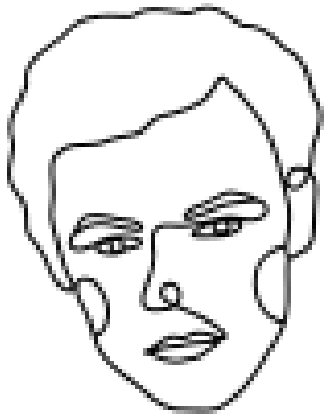
- Prioritize needs and one’s own definition of the quality of life.
- Autonomy and self-determination
- Alleviate the pain surrounding death and dying
- Advocate to get people what they need
- Respect and value their rights, worth and their humanity.
- Freedom for creative workarounds
- Connection with families however one defines them



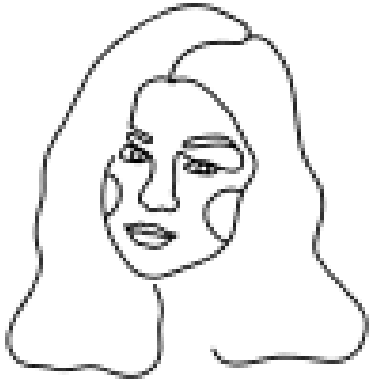
Who lives and dies at George's House?

Steven was so worried about leaving his cats behind. After he passed we made sure to find a good home for them. They are together and spoiled, just like we promised him.

Namid was able to connect with her mom and children and we hosted a family reunion at the house where some of her kids met for the first time.



Ron enjoyed the company of the staff and found a lot of peace in them. We were his home and the staff were by his side when he died.



Flora is improving because of the consistency of care that she receives at the house and her prognosis may improve

Leo died with his family by his side. They held him and told him that they loved him. His death was full of family, forgiveness and love and he died knowing that his daughter would be okay.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

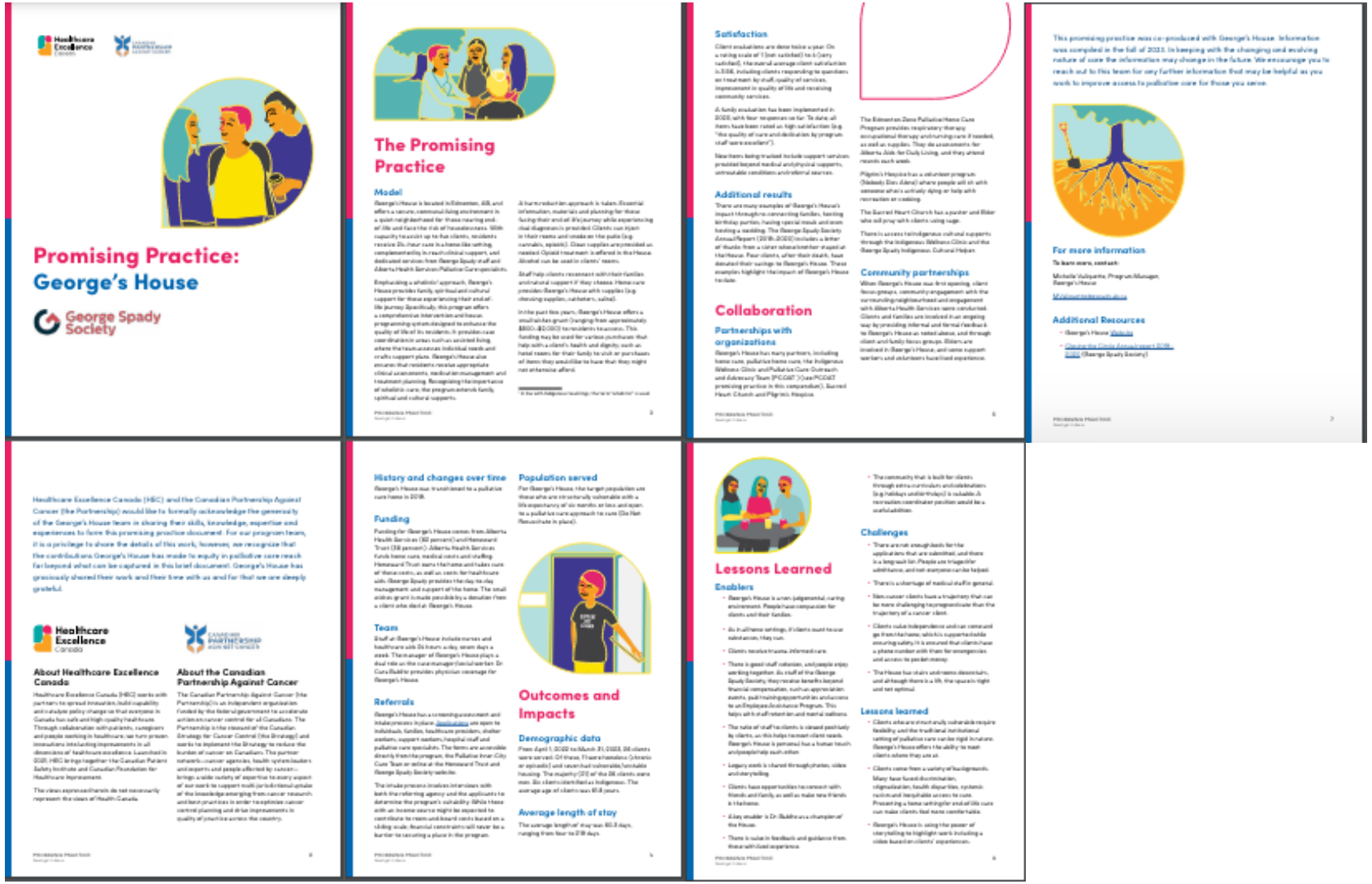
The End is the Beginning

Legacy Work

Small Wishes

- Lindsay's Story

Promising Practice: Case Study



CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Research

Exploring the Experiences of Structurally Vulnerable and Unhoused Patients Admitted to a Harm Reduction Palliative Residential Care Home.

What socio-spatial features inhibit or help to facilitate a good death?

This research will generate critical knowledge about how George's House impacts the lives of its patients, which will allow for quality improvement efforts at George's House and inform policy makers on the efficacy of this treatment model for structurally vulnerable palliative patients.

Using patient arts-based research to capture the data (ie. photo-voice, maps, etc.) to be used for knowledge dissemination though an art exibit.

Future Planning: Hope to grow George's House

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER
Healthcare Excellence Canada
Excellence en santé Canada

Lesson's Learned

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Top 6 Things We've Learned about Equity-Oriented Palliative Care

1. ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH IS A PALLIATIVE CARE INTERVENTION

Source: Dahlgren G, Whitehead M. 1991. Policies and strategies to promote social equity in health. Stockholm, Sweden: Institute for Futures Studies

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

CTV NEWS
OTTAWA

NEWS VIDEO SHOWS ABOUT ACROSS CANADA

LIVE | CTV News Channel

Search CTVNews.ca

Social Prescribing: A new approach to healthcare

The Vanier Community Services Centre has started offering social prescriptions, a way to improve one's health and wellbeing. Here now to tell us more is Renee Aird. She is the Clinical Coordinator of the Program at the Vanier Social Pediatric Club.

Jan. 22, 2024 12:01 p.m. EST

Why you can trust CTV News

Share

cisp Canadian Institute for Social Prescribing

[Get Involved (socialprescribing.ca)](socialprescribing.ca)

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

2. ENSURING RIGOR IN PALLIATIVE CARE EQUITY WORK: DATA MATTERS!

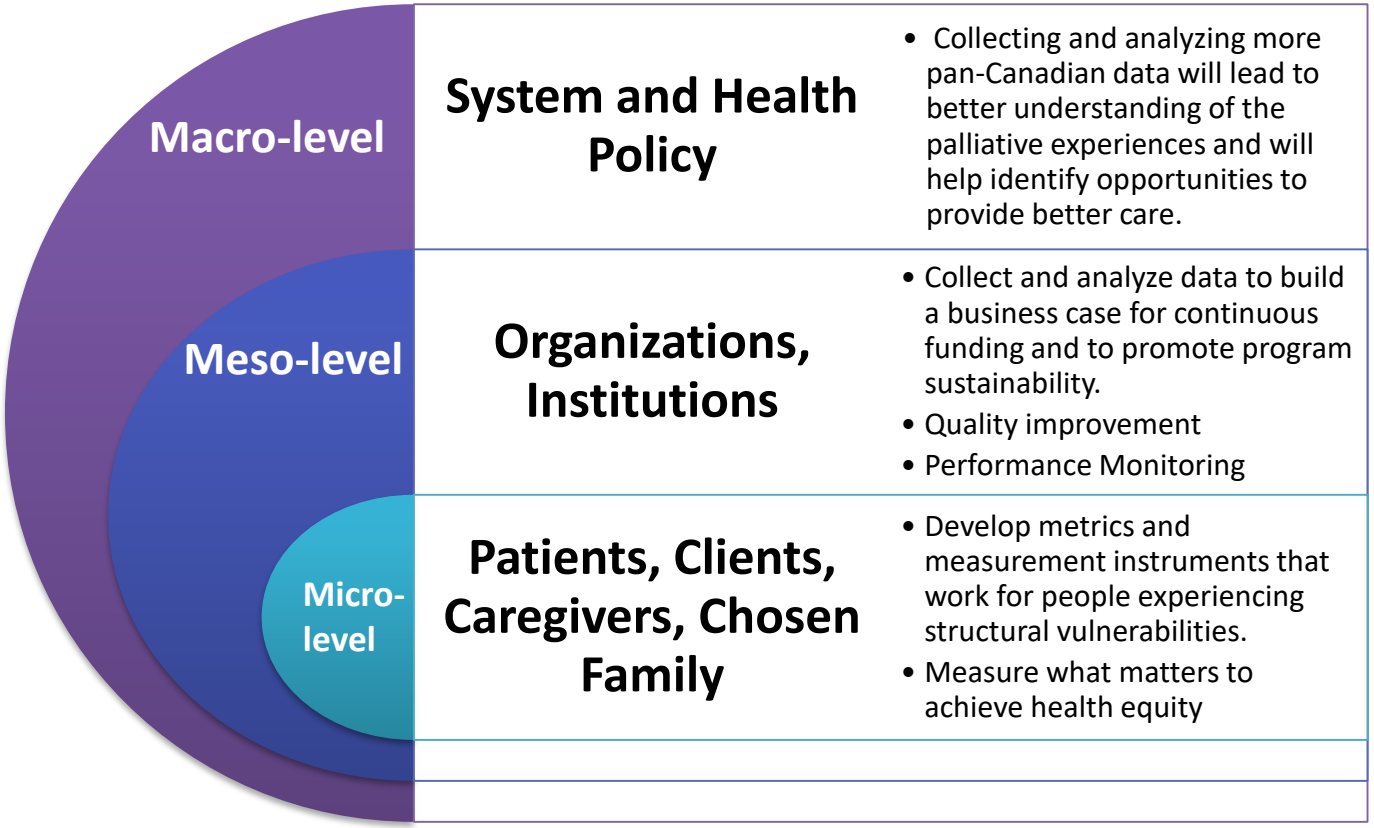
2023 Report on the State of Palliative Care, Health Canada
https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/framework-palliative-care-five-years-later/final-pdf-english-report-to-parliament-palliative-care.pdf

> - Include more diverse populations, illnesses and care providers in research, and measure equitable access to care.
> - Build research capacity through expanded research networks.
> - Move towards data standardization across jurisdictions. This includes common indicators and better data about palliative care delivery, patients' and families' outcomes and experiences.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

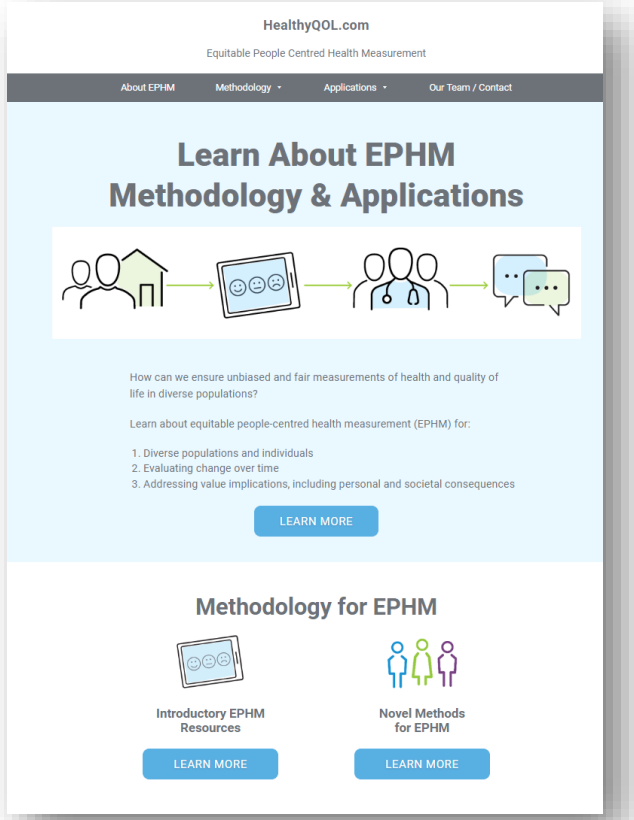
Healthcare Excellence Canada
Excellence en santé Canada

Multiple Levels of Measurement



Adapted from: Sawatzky R, *et al.* Implications of response shift for micro-, meso-, and macro-level healthcare decision-making using results of patient-reported outcome measures. Qual Life Res. 2021 Dec;30(12):3343-3357.

Research in the Equity Measurement Space



Equitable People-Centred Health Measurement
healthyqol.com

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

3. EMBRACING

HARM REDUCTION

APPROACHES

TO CARE

Health

Cocaine use rising in Canada, new data suggests, as researchers link stimulants to drug deaths

StatsCan report shows overall rise in wastewater levels

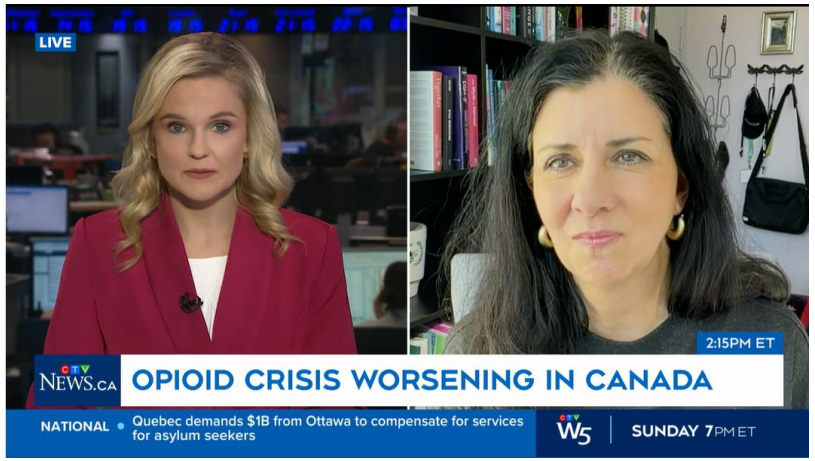
Lauren Pelley · CBC News · Posted: Nov 02, 2023 4:00 AM EDT | Last Updated: November 2, 2023

Drug overdoses increased overall from 2020 to 2021, and roughly half of the apparent accidental opioid deaths 'also involved a stimulant,' according to Statistics Canada. (Amared Thanapitak/Pond 5)

GOVERNMENT, OH&S

Opioid deaths continue at high levels: federal report

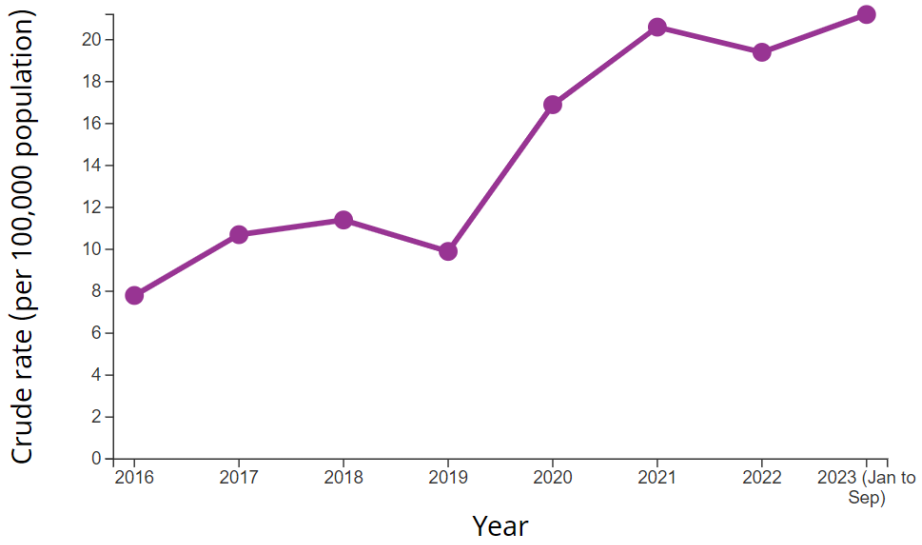
Don Wall October 16, 2023



CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Crude rate (per 100,000 population) of total apparent opioid toxicity deaths in Canada, 2016 to 2023 (Jan to Sep)



Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; March 2024.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

McNeil et al. BMC Public Health 2012, 12:312
http://www.biomedcentral.com/1471-2458/12/312

BMC Public Health

RESEARCH ARTICLE Open Access

Harm reduction services as a point-of-entry to and source of end-of-life care and support for homeless and marginally housed persons who use alcohol and/or illicit drugs: a qualit analysis

Ryan McNeil[1*], Manal Guirguis-Younger[2], Laura B Dilley[3], Tim D Aubry[4], Jeffrey Turnbull[5,6]

FORUM

Harm Reduction and Palliative Care: Is there a role for supervised drug consumption services?

Ryan McNeil and Manal Guirguis-Younger

R McNeil (corresponding author): Interdisciplinary Studies Graduate Program, University of British Columbia, and BC Centre for Excellence in HIV/AIDS, 608-1081 Burrard Street, Vancouver, British Columbia, Canada V6T 1Z1; rmcneil@cfenet.ubc.ca
M Guirguis-Younger: Faculty of Human Sciences, Saint Paul University, Ottawa, Ontario, Canada

J Palliat Med. 2021 Aug;24(8):1232-1235. doi: 10.1089/jpm.2020.0772. Epub 2021 Mar 31.

Retrospective Study of a Toronto-Based Palliative Care Program for Individuals Experiencing Homelessness

Evan Schneider [1 2], Naheed Dosani [1 3]

Review. Palliat Med. 2017 Feb;31(2):109-119. doi: 10.1177/0269216316649334. Epub 2016 Jul 10.

Advance care planning, palliative care, and end-of-life care interventions for homeless people: A systematic review

Rafael Sumalinog [1 2], Katy Harrington [2], Naheed Dosani [3 4 5 6], Stephen W Hwang [1 2 7]

Affiliations + expand

PMID: 27260169 DOI: 10.1177/0269216316649334

4. CHALLENGING COLONIAL SYSTEMS AND LOGIC TO IMPROVE CARE FOR INDIGENOUS PEOPLES

Indigenous peoples must lead the way in developing approaches to caring for people.

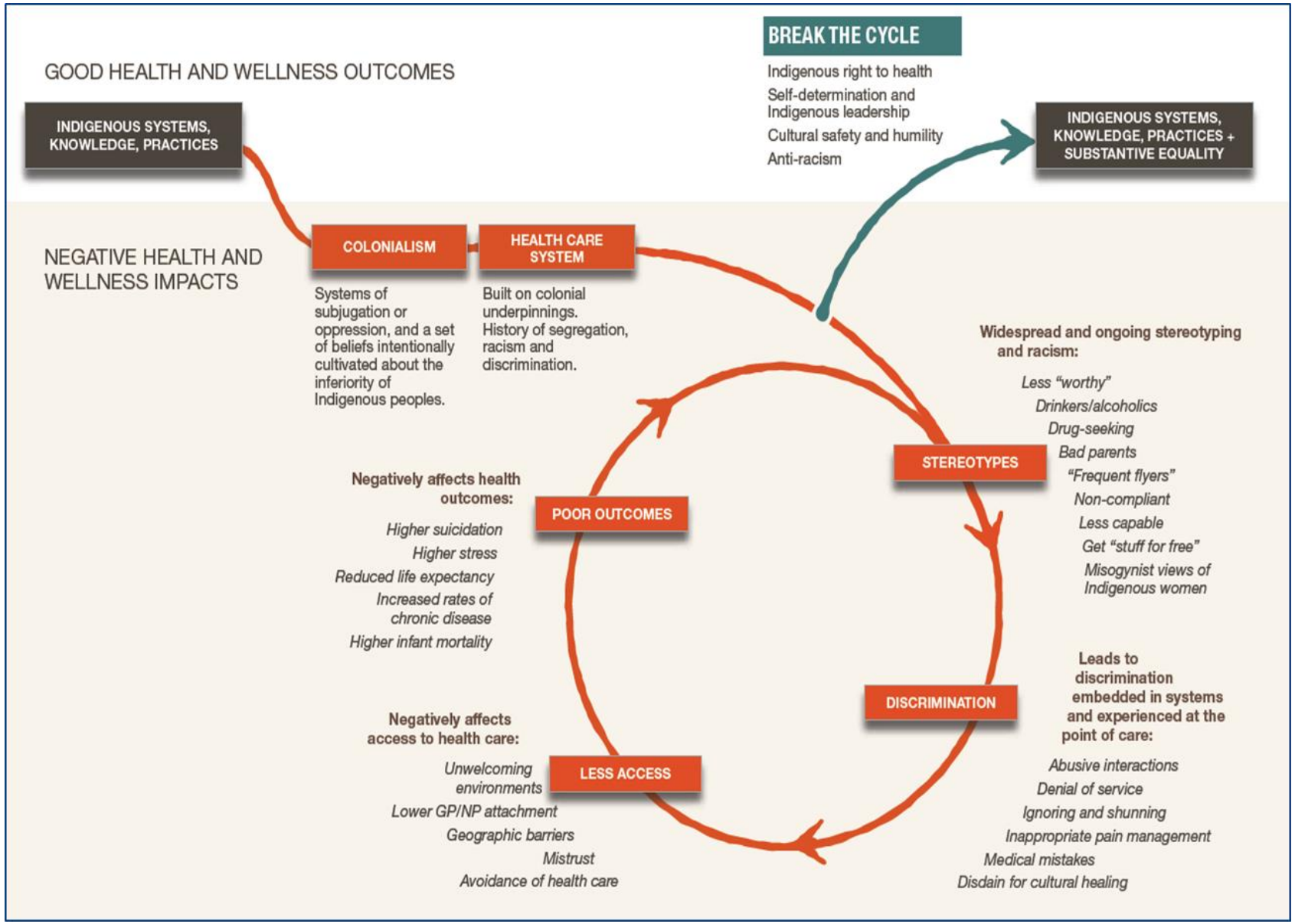
Structural systems and policies imposed through colonization need to be challenged.

Healthcare providers must be willing to challenge their own power structures.

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Prince, H., Kortes-Miller, K., Stajduhar, K. I., & Marshall, D. (2022). Public health palliative care, equity-oriented care, and structural vulnerability. *Oxford Textbook of Public Health Palliative Care*, 197.



In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, 2020

5. WE NEED TO DO BETTER AT BUILDING PALLIATIVE CARE WITH, AND BY, PEOPLE WITH LIVED EXPERIENCE … AND THEIR CARE NETWORK

SOURCE: NHPCO Facts and Figures 2020 Edition . NHPCO. (2020, August 20)

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Palliative Medicine
Volume 37, Issue 4, April 2023, Pages 646-651

https://doi.org/10.1177/02692163221146812

SAGE journals

Short Reports

Assessing the impact of a health navigator on improving access to care and addressing the social needs of palliative care patients experiencing homelessness: A service evaluation

Lilian Robinson [1], Leeann Trevors Babici [2,3], Alissa Tedesco [2], Donna Spaner [2], Trevor Morey [2], and Naheed Dosani [2]

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

6. WE HAVE

PROMISING PRACTICES

IN CANADA, LET'S

SCALE THEM UP!

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

'Radical love': Toronto hospice takes new approach to help people experiencing homelessness

Non-profit organization provides long-term and hospice care among other services

Liam Casey · The Canadian Press · Posted: Jul 09, 2023 10:02 AM EDT | Last Updated: July 11, 2023

Kevin Ackroyd sits on the patio at Kensington Hospice with his housing worker and close friend, Starr Dedam, in Toronto on Tuesday, June 6, 2023. Ackroyd, who was previously in a shelter hotel for the unhoused, moved to the hospice as the hotel was closing and faced living on the street while dying of liver cancer. (The Canadian Press/Chris Young)

George's House Palliative Care Program

Who Does George's House Serve?

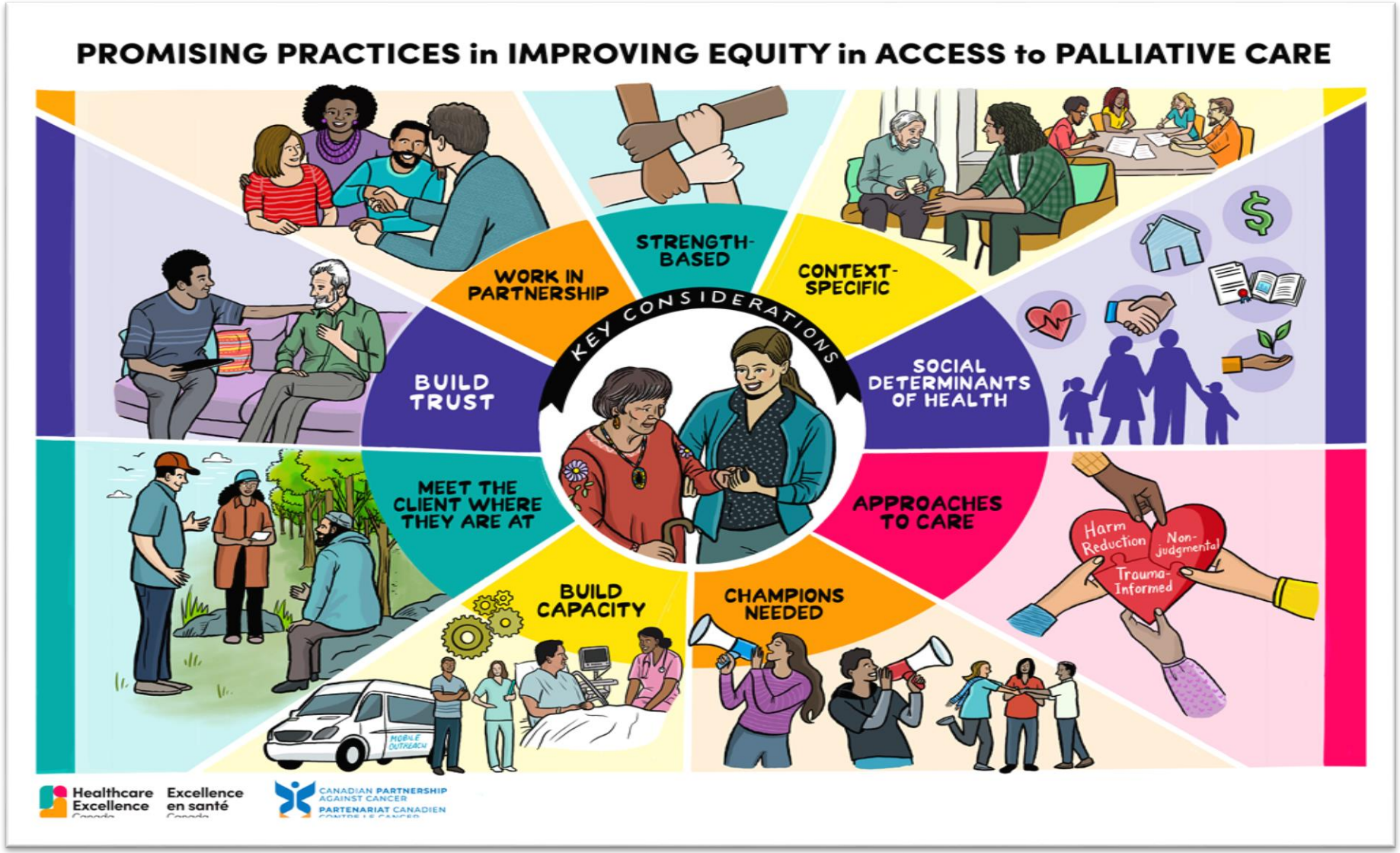
George's House is located in a quiet neighborhood and provides a safe, communal-living environment for individuals who are nearing end of life and are either experiencing houselessness or would be at risk of becoming houseless without supportive, person-centered palliative care.

Mobile palliative care team dignifies Calgary's dying homeless: 'They deserve it'

By Jill Croteau • Global News
Posted July 24, 2018 3:24 pm · Updated February 14, 2019 3:37 pm · 3 min read

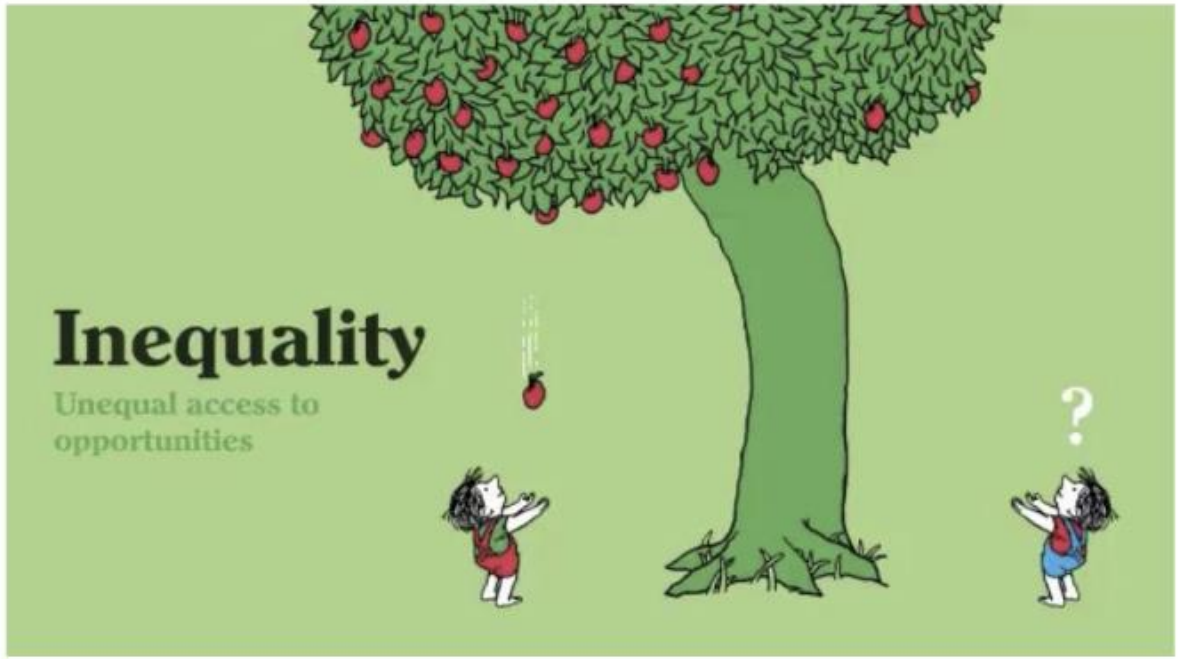
WATCH: Those living on the streets of Calgary are dying decades earlier than the life expectancy for the average person, according to officials. They are often judged for how they've lived but as Jill Croteau reports, a dedicated medical team is ensuring dignity in the way they're dying – Jul 24, 2018

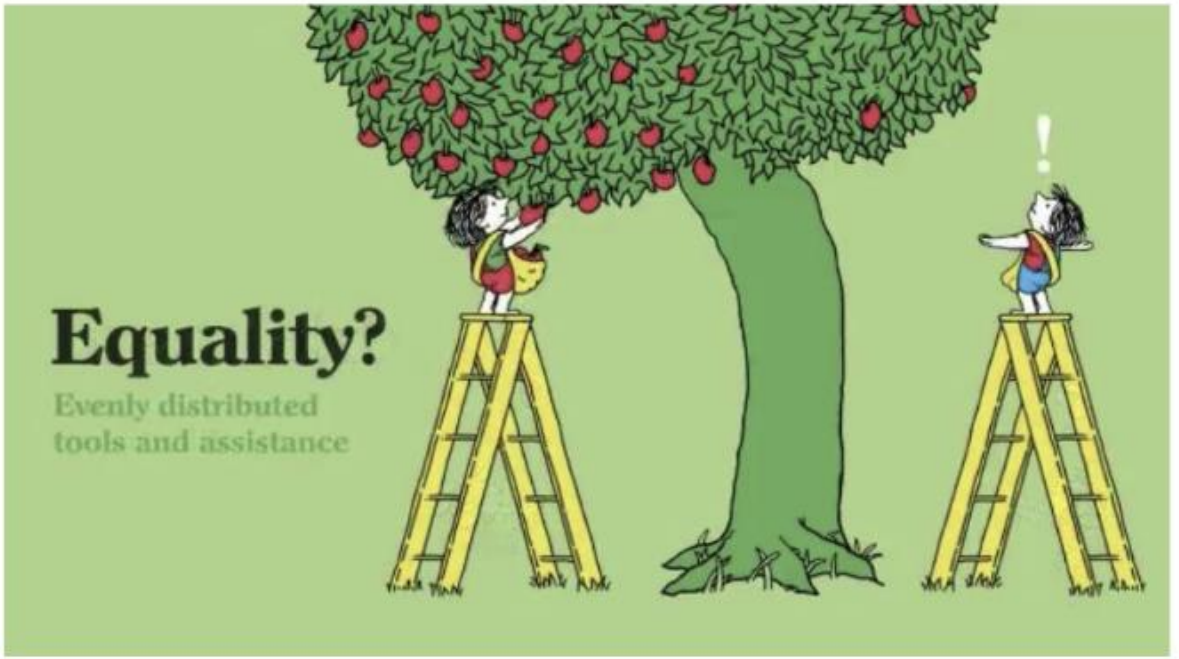
Promising Practices in Canada

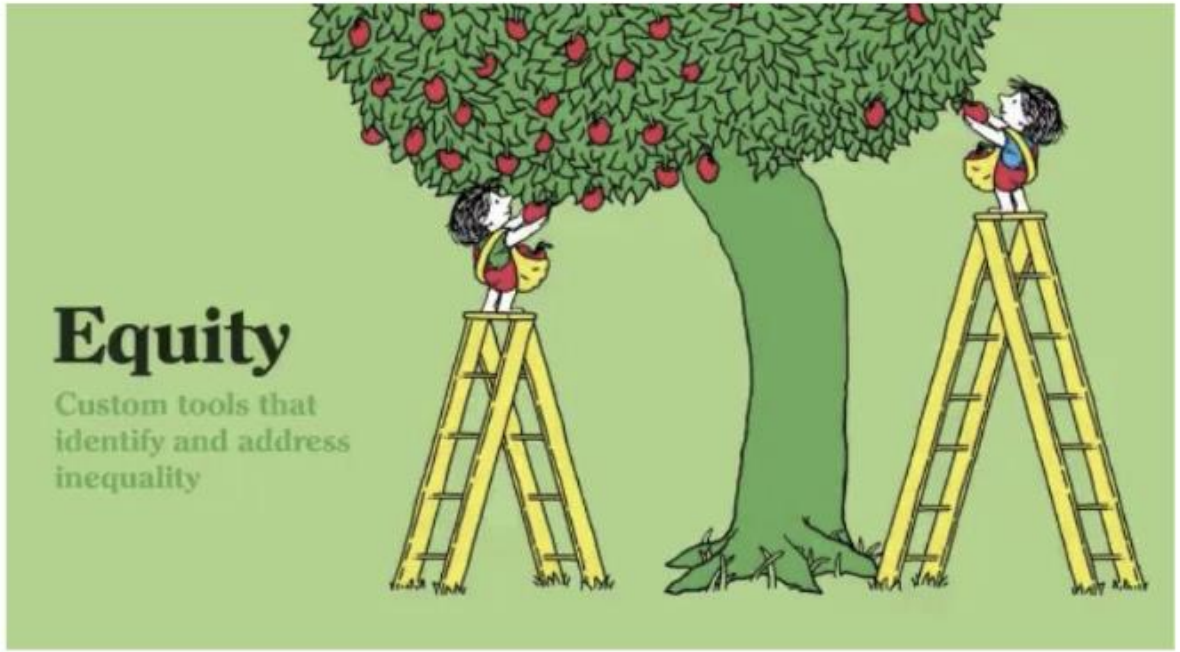


CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

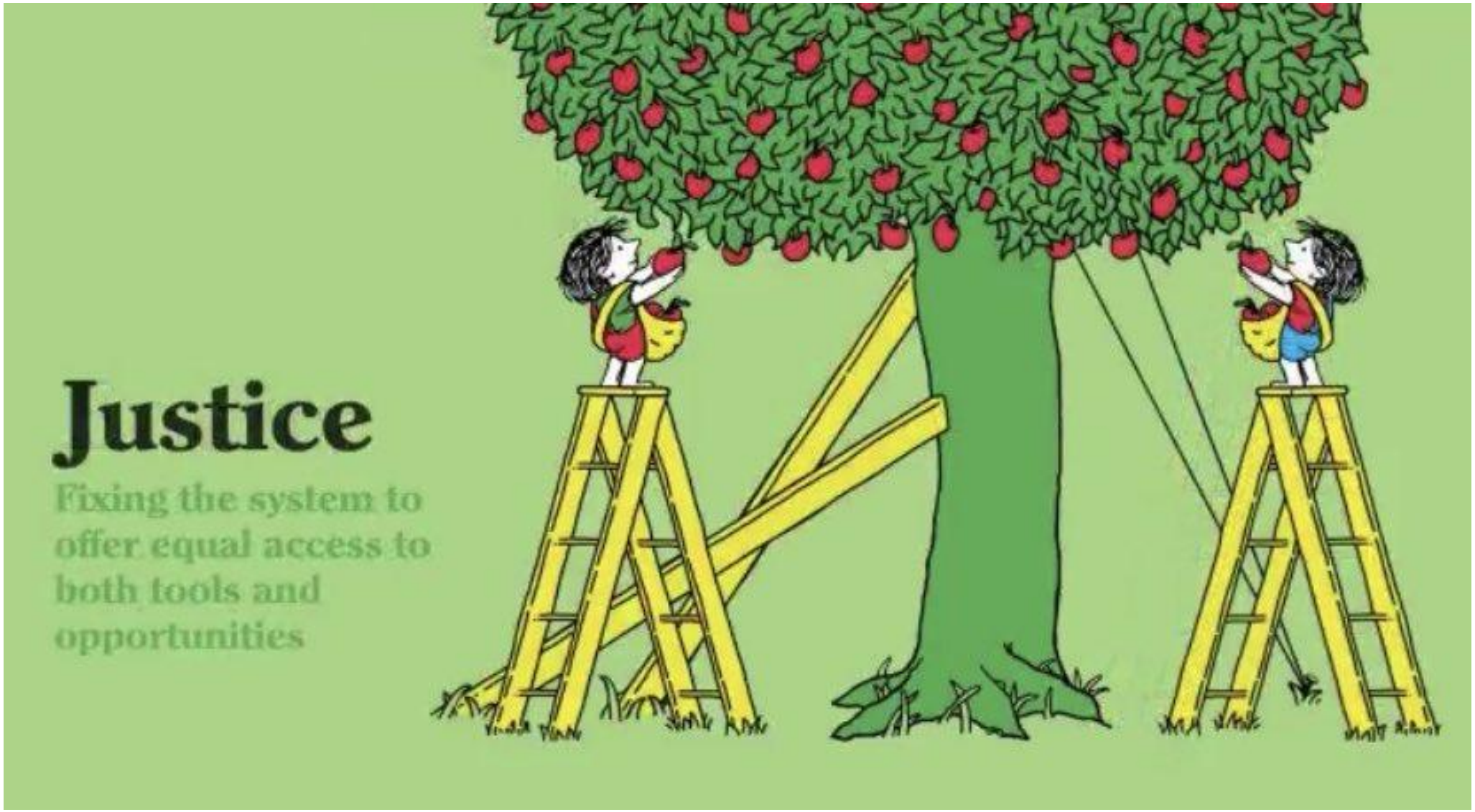
Healthcare Excellence Canada
Excellence en santé Canada





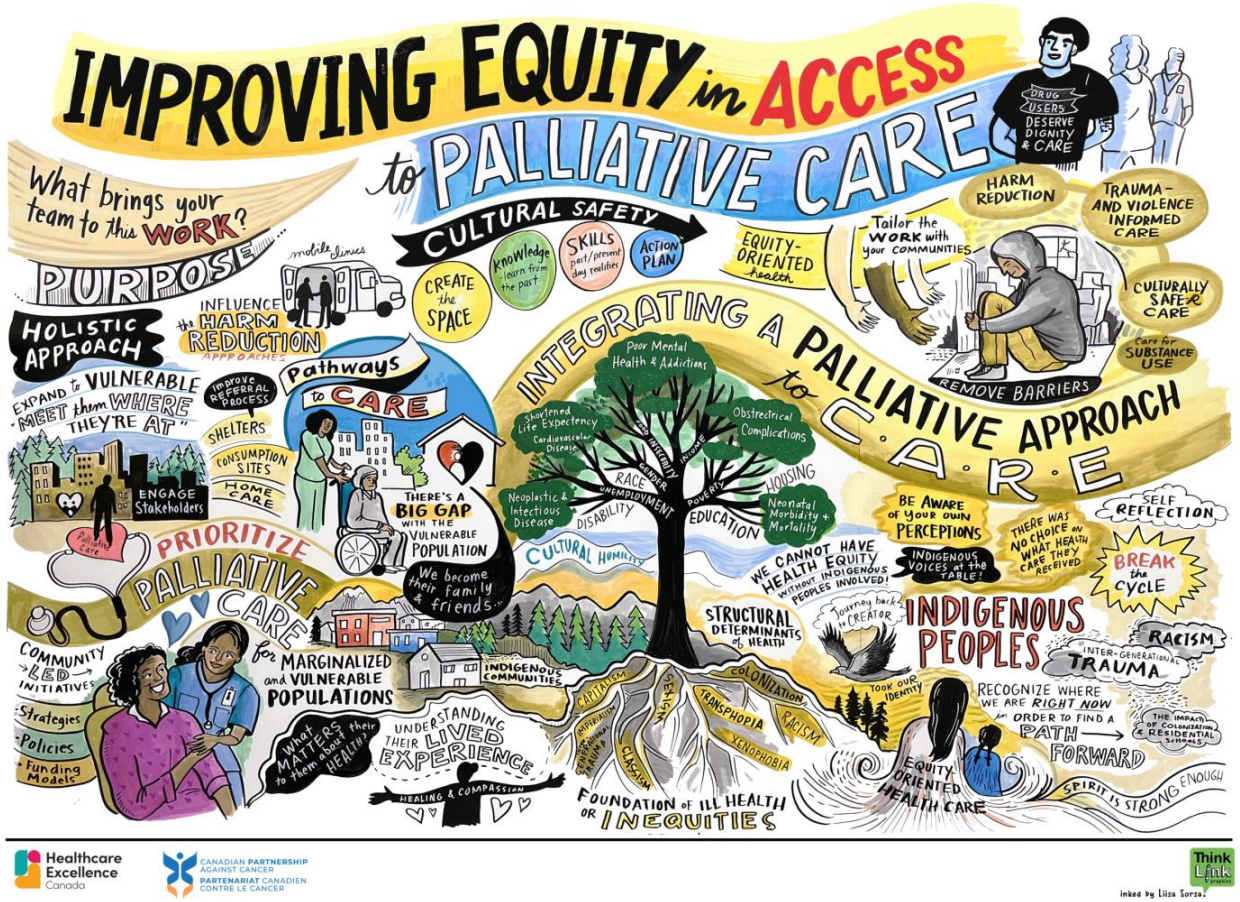


Tony Ruth @lunchbreath


Justice
Fixing the system to offer equal access to both tools and opportunities

For Reflection:

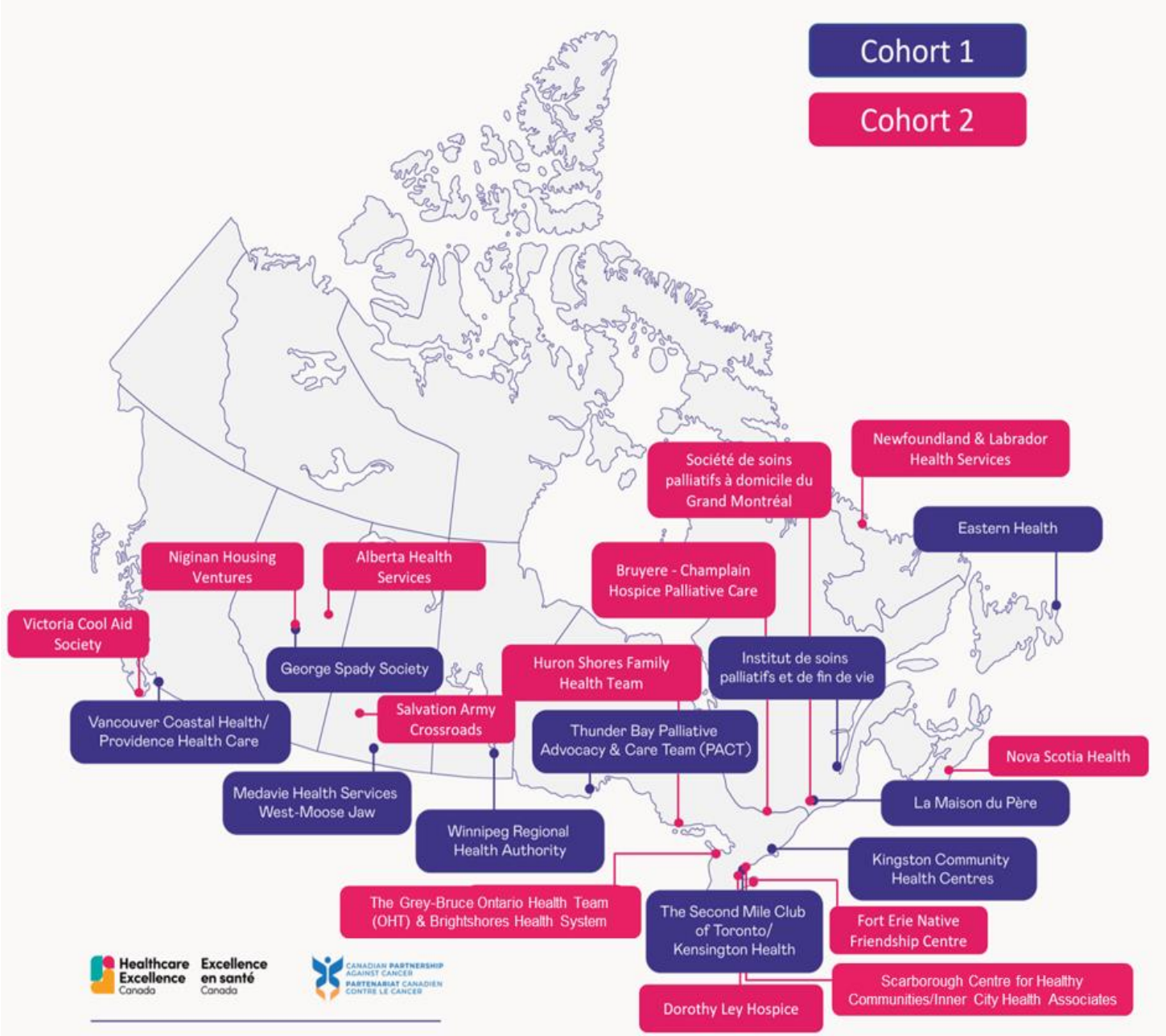
What are some of the lessons learned that you can take back to your organizations and communities?



CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

Healthcare Excellence Canada
Excellence en santé Canada

Many thanks to the IEAPC Collaborative Teams



Summary of Key Resources

REPORT

Beginning the journey into the spirit world: First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada. This resource focuses on the challenges and resiliencies of accessing timely and culturally congruent palliative and end-of-life care for First Nations, Inuit and Métis People

EQUIP Equity Essentials. This resource shares essential messages on equity, categorized into six sections with an accompanying brief video per section. These key messages serve as a foundation for better understanding health equity.

VIDEO

VIDEO

Where Are All my Relations? Stories of Indigenous Homelessness in B.C. This eleven-episode video series explores Indigenous homelessness rooted in Indigenous worldviews and experiences. The series provides a broader understanding of Indigenous homelessness in British Columbia.

Palliative Outreach Resource Team (PORT) Interim Report. This report provides an analysis of service user demographics and service utilization of a consultation-based mobile team in Victoria, BC.

REPORT

RESEARCH PAPER

Extending Palliative Approaches to Care Beyond the Mainstream Health Care System: An Evaluation of a Small Mobile Palliative Care Team in Calgary, AB. This evaluation outlines program activities and guides program development with the intention of improving program sustainability and informing future palliative equity practices.

Palliative Care Competency Framework. A curriculum guide for educators and reference manual for people providing palliative care. This framework establishes a minimum national standard for palliative care in Canada.

FRAMEWORK

Disclaimer

As steward of the Canadian Strategy for Cancer Control (the Strategy), the **Canadian Partnership Against Cancer** (the Partnership) receives ongoing funding from Health Canada to work with provincial and territorial ministries of health and their cancer programs, health system leaders and clinicians, and people affected by cancer across Canada to implement the Strategy to improve cancer outcomes for all people in Canada. Learn more at www.partnershipagainstcancer.ca

The views expressed herein do not necessarily represent the views of Health Canada.

Disclaimer

Healthcare Excellence Canada works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

Healthcare Excellence Canada is an independent, not-for-profit charity funded primarily by Health Canada.

The views expressed herein do not necessarily represent the views of Health Canada.