7TH PUBLIC HEALTH PALLIATIVE CARE INTERNATIONAL CONFERENCE BRUGES 2022

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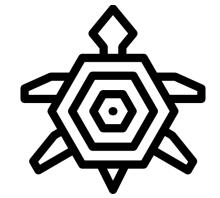
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Homelessness and poverty:

Palliative care for people experiencing structural vulnerabilities



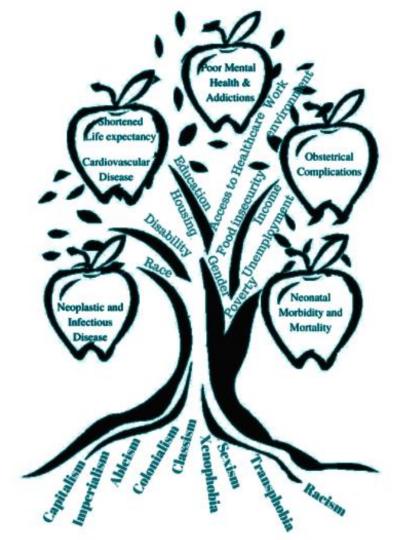




### WHAT MAKES CANADIANS SICK?

50%	YOUR LIFE INCOME EARLY CHILDHOOD DEVELOPMENT DISABILITY EDUCATION SOCIAL EXCLUSION SOCIAL SAFETY NET GENDER EMPLOYMENT/WORKING CONDITIONS RACE ABORIGINAL STATUS SAFE AND NUTRITIOUS FOOD HOUSING/HOMELESSNESS COMMUNITY BELONGING	ŤŤŤŤŤŤŤ ŤŤŤŤŤŤŤ ŤŤŤŤŤŤŤ
25%	YOUR HEALTH CARE - ACCESS TO HEALTH CARE HEALTH CARE SYSTEM WAIT TIMES	
15%	YOUR BIOLOGY - BIOLOGY GENETICS	
10%		Π.Ψ.υ.Ψ.υ.Ψ.υ
TH	HESE ARE CANADA'S SOCIAL DETERMINANTS OF	HEALTH #SDOH

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



## Homelessness IS a life-limiting illness.

## Homelessness IS a terminal diagnosis.



### A new model of care









- 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%)



## JOURNAL OF Palliative Medicine

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

Evan Schneider 🖂 and Naheed Dosani

Published Online: 31 Mar 2021 | https://doi.org/10.1089/jpm.2020.0772

## Why PEACH works

- Community  $\leftarrow \rightarrow$  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



# **E** Report: Too little too late



How we fail vulnerable Canadians as they die and what to do about it

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

**INCOMES** 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

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#### 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



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# On Calgary streets: Dignity, at the end of life



**British Columbia** 

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

### (f) 🔰 📾 🥌 (in

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





# 10 ways to improve palliative care for structurally vulnerable populations



# 1. Build community by integrating social and health services



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



# 3. Anti-racism & anti-oppression must be driving principles



### 4. Meet people where they're at



### 5. Adopt harm reduction approaches to care



Harm reduction means respect, dignity and compassion.



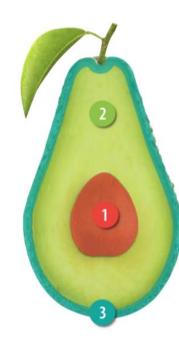


### 7. Caring together, grieving together



HFA

# 8. Build compassionate communities that see social accountability as part of care



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



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



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



## 9. This work IS advocacy

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



**Pinned Tweet** 

Naheed Dosani 🤡 @NaheedD · May 31, 2020 RACISM IS A PUBLIC HEALTH EMERGENCY RACISM IS A PUBLIC HEALTH EMERGENCY

1 854

#### ♥ 114

3.6K



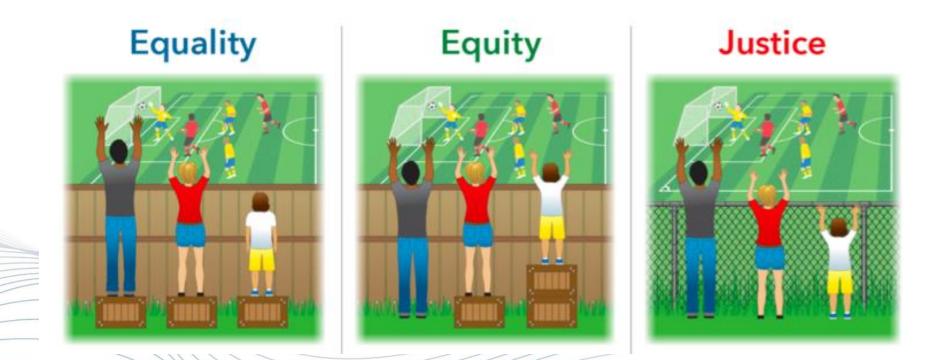
#### Life · Nursing Week thestar.com Nurse helps homeless die with dignity

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





## 10. Derive equity by design





## Let's keep the conversation going.





### Naheed Dosani