

Virtual Learning Together Series Webinar Recap

Equitable Care:

The Palliative Education and Care for the Homeless (PEACH) Program

October 15, 2021

Takeaways

PEACH is a mobile street and shelter palliative care program that delivers trauma-informed, relationship-centered medical care to individuals experiencing vulnerable housing or homelessness.

COVID-19 has demonstrated the downstream consequences of health inequities, but also, that homelessness can be cured if the right partners, levers and resources are leveraged.

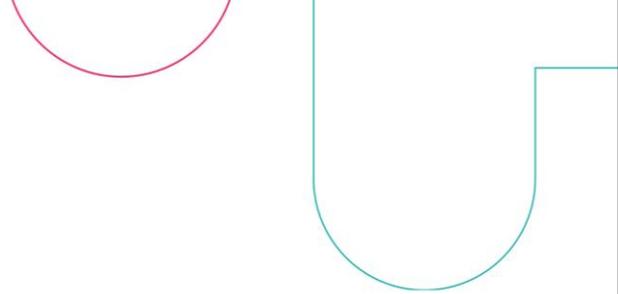
Recap

Dr. Naheed Dosani is a palliative care physician and health justice activist dedicated to advancing equitable access to health care for people experiencing homelessness and marginalization. These efforts include founding Palliative Education and Care for the Homeless (PEACH) and serving as Medical Director for a regional COVID-19 Isolation/Housing Program in the Toronto area. Dr. Dosani shares his passion for health equity through education and advocacy efforts that include media, public speaking, social media and faculty appointments at the University of Toronto and McMaster University.

Discussion

The PEACH Program

- 90% of Canadians want to age and die at 'home'. Individuals experiencing homelessness are no exception – shelters are home to them.
- The PEACH program, led by Inner City Health Associates in Toronto, is a mobile street and shelter palliative care program to provide medical care for individuals experiencing vulnerable housing or homelessness. It tackles inequities that influence social determinants of health and delivers trauma-informed, relationship-centered care.
- PEACH serves individuals experiencing homelessness who are terminally ill or faced with a serious illness (i.e., heart failure, HIV, etc.), under the philosophy that providing appropriate medical management, food, social support, financial support and housing is life promotion for individuals facing homelessness. As such, the program extends beyond traditional palliative care by offering care to improve individual quality of life, pain



and symptom management, as well as emotional, psychological and psychosocial support.

- The program serves 120-130 clients at any given time and is comprised of an interdisciplinary team, including five palliative care physicians, a nurse coordinator, a health navigator, peer workers, and a psychiatrist.
- To overcome a lack of robust funding to support the palliative care of socially vulnerable individuals, PEACH is creatively financed through diverse sources (i.e., Ministry of Health in Ontario, Toronto Local Health Integration Network (LHIN), not-for-profits etc.).

Barriers to Care

- Oftentimes, individuals experiencing homelessness cannot access care due to requirements of the healthcare system (i.e., needing a home, cellphone, caregivers, lack of drug use, active health card, etc). As such, diagnoses for those facing homelessness, who use drugs or experiencing mental illness tend to occur in end-of-life. According to Dr. Kelli Stajduhar from the University of Victoria Institute on Aging and Lifelong Health, palliative care is often seen as a luxury for those experiencing homelessness.
- Additional barriers to palliative care for those experiencing homelessness, include the lack of a support system, resources and collaboration between the housing sector and community palliative care, existing stigma around death in shelters, and operational restrictions of community healthcare agencies.
- Innovative payment models must be created to overcome important barriers to providing palliative care to marginalized populations (i.e. expired health cards), and to attract more healthcare providers to work in this space.
- Programs like PEACH, address an important gap in healthcare, however, the healthcare system must still overcome barriers for delivering care for the structurally vulnerable.

Education and Advocacy

- The healthcare system needs to address inequities that influence social determinants of health (i.e., xenophobia, racism, capitalism, ableism), and the factors that drive these inequities. As such, education, research and capacity building are needed for palliative care to deliver mobile palliative care and for the healthcare system to deliver care to structurally vulnerable individuals living in the community.
- Through the University of Toronto palliative care residency program, the PEACH program offers a core rotation in social accountability, where residents create an advocacy project and complete a workbook on socially accountable clinical practice.

COVID-19 and Ending Homelessness

- During the pandemic some shelters reduced their capacity or closed. This resulted in a distancing between individuals experiencing homelessness and their social or case workers, as well as health providers.
- The downstream consequences of the pandemic for individuals experiencing homelessness included growing encampment communities, food insecurity, overdoses, and deaths. Further, in Toronto, a change in public policy led to the criminalization of poverty during the pandemic (i.e., ticketing people living in encampments and using military force to remove individuals).
- Among care providers, the pandemic led to grief and trauma from witnessing heightened suffering and death. As such, the PEACH program's 'grief circles' created a safe, structured space to grieve as a community. Grief circles were maintained and adapted to a virtual context during the pandemic, and due to its success, became a widely adopted model of care in the city of Toronto (i.e., COVID recovery hotel program) and in Canada.
- The pandemic has encouraged creativity, innovation and collaboration of many different actors across Canada to support those experiencing homelessness and structural vulnerability (i.e., local government, shelters, advocacy groups, faith groups, etc.). For example, in the first wave of COVID-19, a portion of those living in shelters were moved to motels and allowed the emergence of new clinical models to support those who were isolated, COVID-19 positive or physically distancing. This demonstrate that partners working together, in conjunction with the right political levers and resources can cure homelessness.

Resources Shared

Listed below are the resources mentioned during the webinar:

- [ICHA Peach Program](#)
- [Too little, too late: How we fail vulnerable Canadians as they die and what to do about it](#)
- [Palliative care team helps the homeless 'die with dignity', a healing circle helps them to grieve](#)

Webinar Recording

- [Watch the full webinar here!](#)

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