

Traditional palliative care models often exclude vulnerably housed populations, who are typically younger and face systemic marginalization. A cross-sector working group launched in September 2024 is piloting a trauma-informed, patient-centered outreach model.

This project reimagines “home” at the end of life. By meeting people where they are – in shelters or community settings – it supports dignity in dying, comfort, and belonging, for those historically marginalized by the healthcare system.

## Activities

Surveys were conducted of palliative care physicians and nurses AND shelter staff:

- Barriers identified included: stigma, lack of primary care, fragmented systems, safety concerns.

Inspiration and learnings were taken from other successful palliative care outreach models:

- PEACH, PORT

Collaboration with other programs across the province and country:

### Palliative Care Teams

May's Place Hospice & Pender CHC – Vancouver  
Palliative Outreach Resource Team (PORT) – Victoria  
Palliative Education and Care for the Homeless (PEACH) – Toronto  
Palliative Advocacy & Care Team (PACT) – Thunder Bay  
Palliative Care Outreach and Advocacy Team (PCOAT) – Edmonton

### Fraser Health Programs

Fraser Health Integrated Homelessness Integrated Response Team (IHART)  
Gateway Palliative Care Consult Team  
Newton & Whalley UPCCs  
Fraser Health Homeless Outreach Team  
Fraser Health Home Health

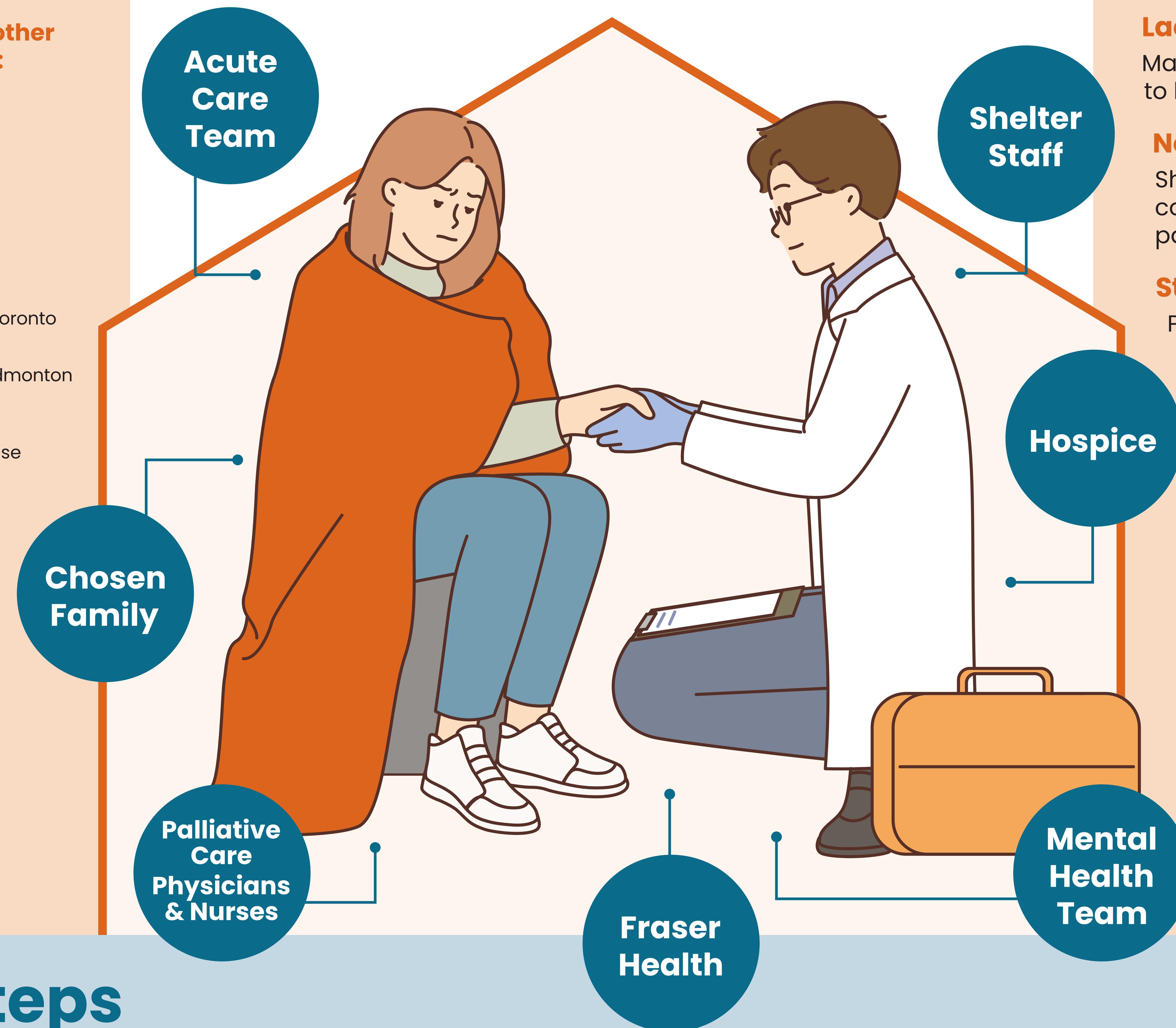
### Supportive Housing

Foxglove Supportive Housing and Shelter  
Lookout Housing and Health Society  
Surrey Urban Mission Society

### National/Provincial Organizations

Healthcare Excellence Canada  
BC Centre for Palliative Care  
Fraser Valley Cancer Centre

# Fraser Palliative Outreach Program (FPOP)



## Key Barriers to palliative care access include:

### Lack of continuity of care

Many patients relied on episodic care, leading to late interventions and fragmented support.

### Non-traditional settings

Shelters are often viewed as home, but safety concerns and inadequate support make in-shelter palliative care largely unfeasible.

### Stigma and discrimination

Patients with substance use histories often experienced stigma from the health system (actual or perceived), resulting in reduced engagement with their care team.

### Medication challenges

Risks of theft and misuse complicate safe pain and symptom management.

*“People deserve to die around the people they love in the location they choose.”*  
– Dr. Sukaina Kara, Palliative Care Physician

## Next Steps

Using learnings from survey data and comparable programs, the working group is developing a pilot mobile outreach program to deliver palliative care to shelters and community settings.

Over the next 24 months, the working group will:

- Launch the palliative care outreach program (Fraser Palliative Outreach Program) in Surrey-North Delta
- Improve access to patient-centred care for marginalized populations
- Strengthen shelter-based supports and collaboration across providers
- Track impact through reduced hospitalizations and EHS calls

**Improving Palliative Care**  
for Populations Experiencing Structural  
Vulnerabilities in Surrey-North Delta



Surrey-North Delta  
Division of Family Practice  
An FPSC initiative

SharedCare  
Partners for Patients