

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

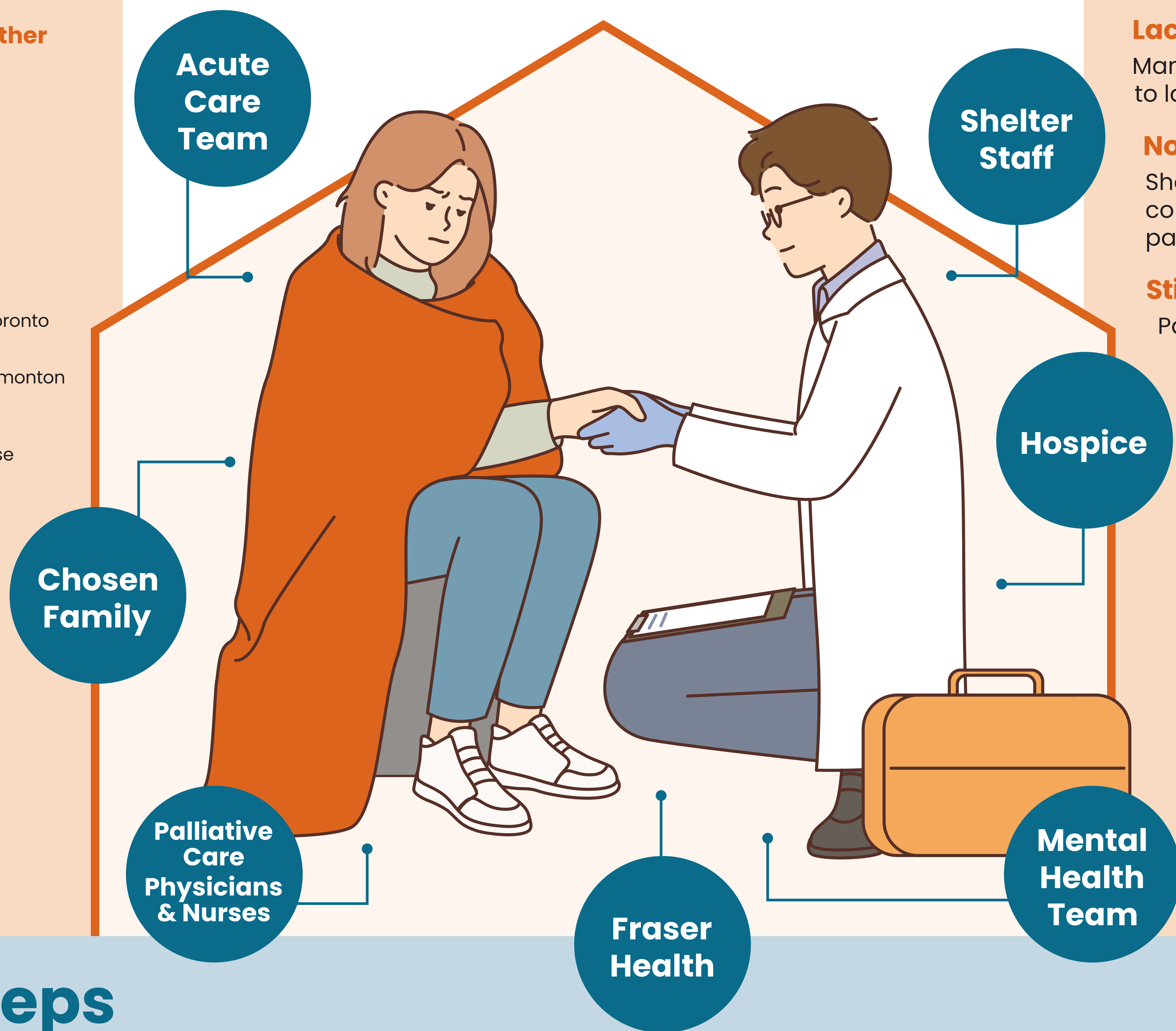
- Collaboration with other programs across the province and country:**
- Palliative Care Teams**
- May's Place Hospice & Pender CHC – Vancouver
 - Palliative Outreach Resource Team (PORT) – Victoria
 - Palliative Education and Care for the Homeless (PEACH) – Toronto
 - Palliative Advocacy & Care Team (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 made 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 complicated 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