

Shifting Focus:

Palliative Care with People Experiencing Homelessness

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Objectives

- 1. Articulate a person-centered and trauma-informed context for discussing homelessness**
- 2. Analyze barriers to care for people experiencing homelessness using a socio-ecological model**
- 3. Identify practice tools to improve patient interactions and care plans**

Healthcare for the Homeless Palliative Care Team



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Public Health
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UW Medicine
HARBORVIEW
MEDICAL CENTER

Positionality

Michael

- White
- Cis Male
- Queer
- Born in US
- Family Language is English
- Temporarily Able-Bodied
- Independently Housed
- Met HHS Definition of Homeless
- No Military Service
- Chronic Childhood Illness; No Serious Adult Illness
- Middle Income Family
- Above Median Household Income
- Full Code

Tony

- White
- Cis Male
- Heterosexual
- Born in US
- Family Language is English
- Temporarily Able-Bodied
- Independently Housed
- No Period of Homelessness
- No Military Service
- Serious Family Illness
- Middle Income Family
- Above Median Household Income
- Full Code

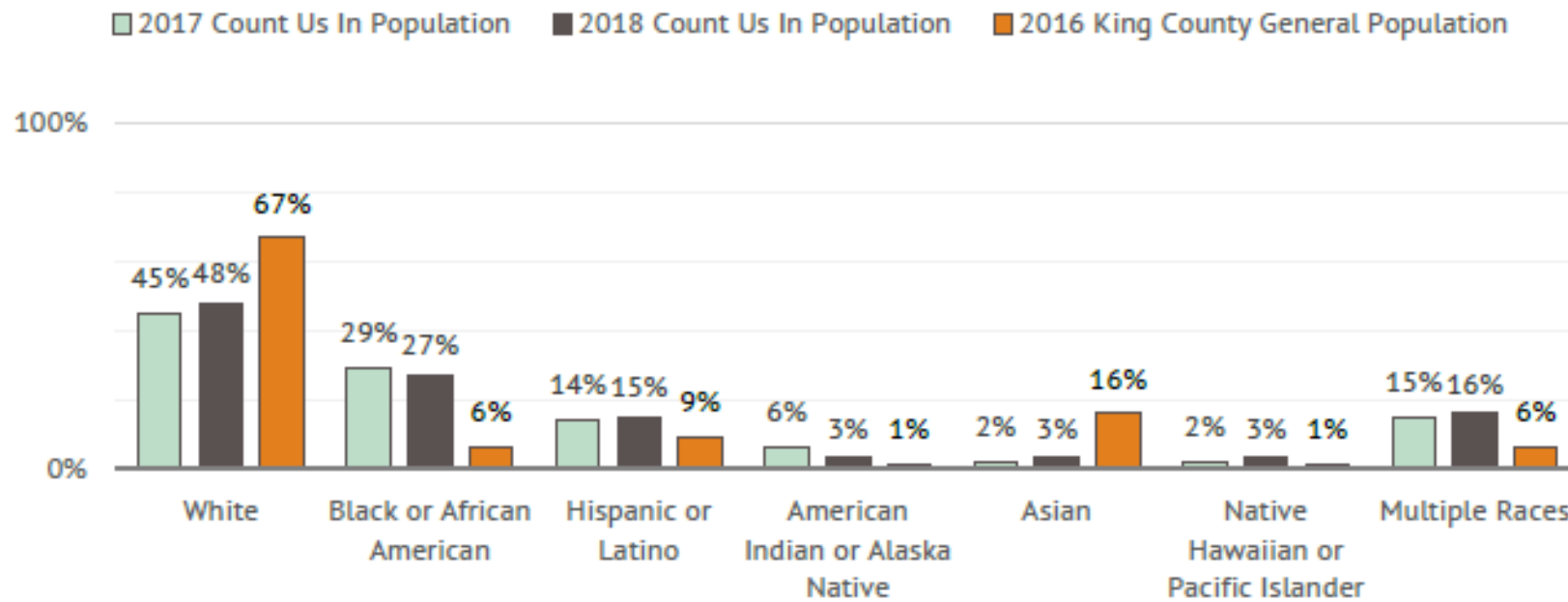
Joe

- White
- Cis Male
- Heterosexual
- Born in US
- Family Language is English
- Temporarily Able-Bodied
- Independently Housed
- No Period of Homelessness
- Serious Family Illness
- Middle Income Family
- Above Median Household Income
- DNR / DNI

Contextualizing Homelessness

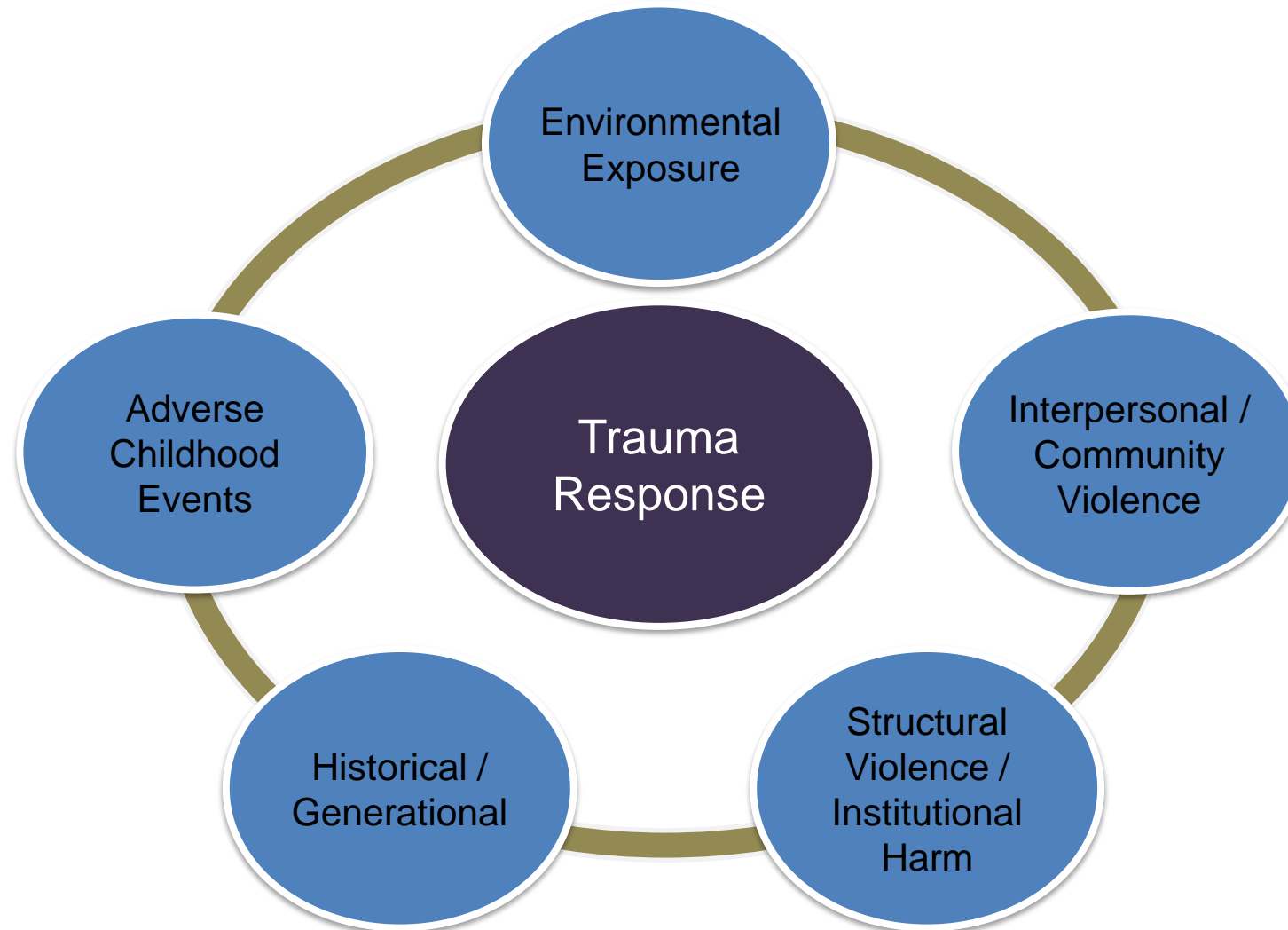
Homelessness is Inequity

FIGURE 13. INDIVIDUALS EXPERIENCING HOMELESSNESS, TOTAL COUNT POPULATION BY RACE AND ETHNICITY



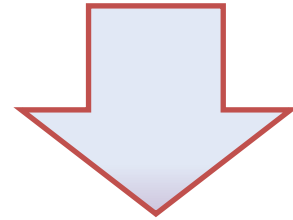
People of color also experience disparities related to employment, incarceration, and health outcomes

Homelessness is Traumatic



The experience of
homelessness IS a life-
limiting condition

Barriers to Care



Distrust of medical system | Lack of care | Inconsistent care | “Loss to follow up” Poor pain management
Lack of advance care planning | Ethical concerns | Limited options at end-of-life
High utilization of emergency department | High rates of admission and readmission
Complex morbidity | Premature mortality

Group Exercise



- 1. Develop patient impression & identify barriers to care**
- 2. Locate barriers in the socioecological model**

Barriers by Category

Structural

- Demands of Living
- Housing / Shelter
- Financial Access
- Employment
- Insurance Access
- Transportation / Access
- Legal History / Status



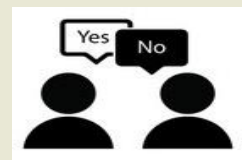
Medical

- Navigation / Systems
- Medical Equipment
- Place to Recover / Receive Care
- Cognitive Impairment
- Disability / Functional Impairment



Communication

- Language
- Literacy
- Health Literacy
- Distrust of Medical Care / Providers
- Functional
- Interpersonal

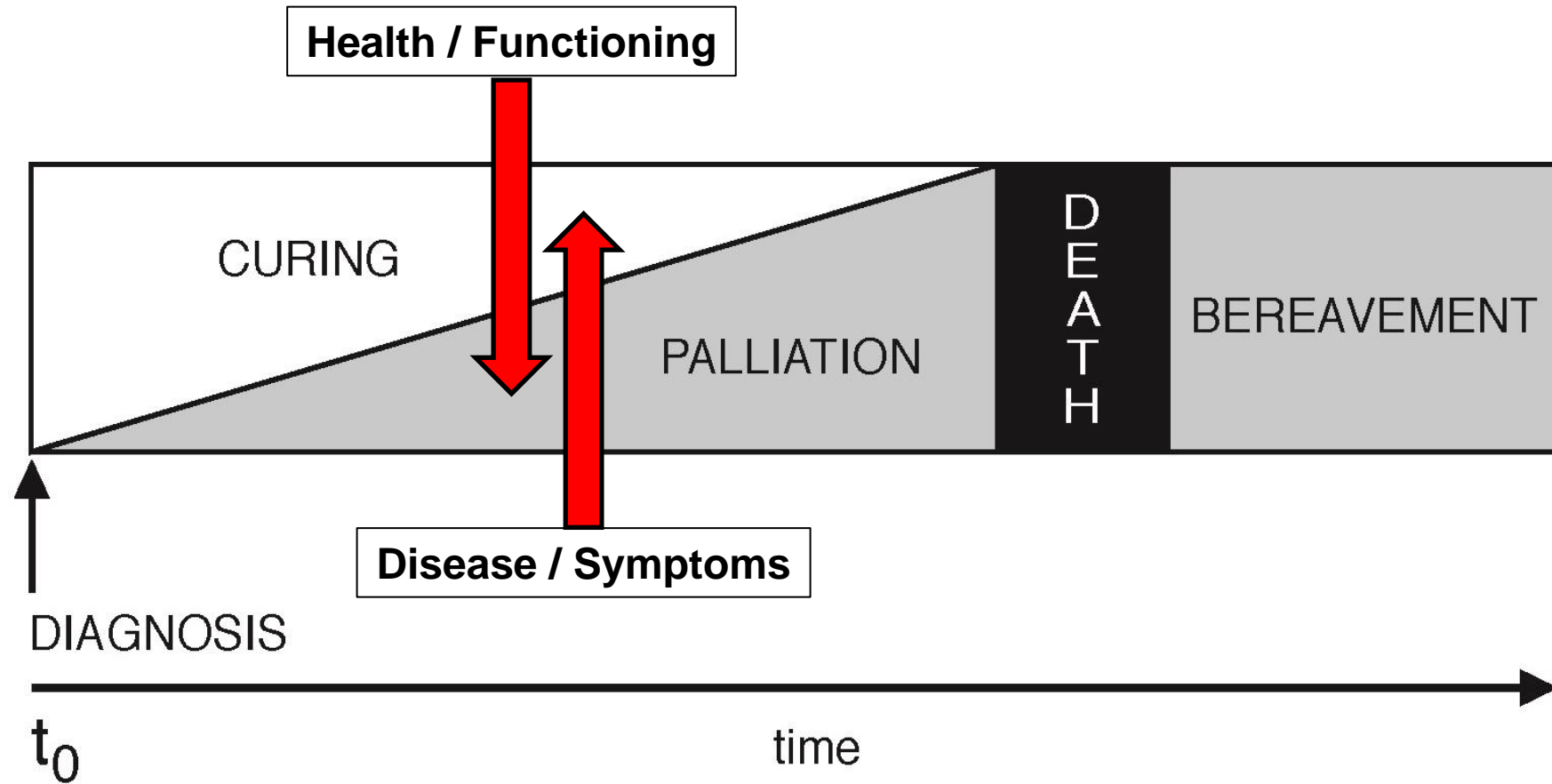


Social / Cultural

- Beliefs / Culture
- Partner Violence
- Mental Illness
- Substance Use
- Coping / Behaviors
- Family / Caregiving Demands
- Caregiver Support
- Loss Assoc. with Care



Barriers & Time



Barriers & Setting



Doubled-Up
Housing



Supportive Housing



Transitional
Housing



Encampments /
Tent Communities



Shelter /
Respite



Vehicles



Hotels / Motels



Streets

Barriers & Setting

Street & Encampments

- Security of belongings
- Mobility devices
- Risk of violence
- Transportation
- Exposure to substance use



Supportive Housing

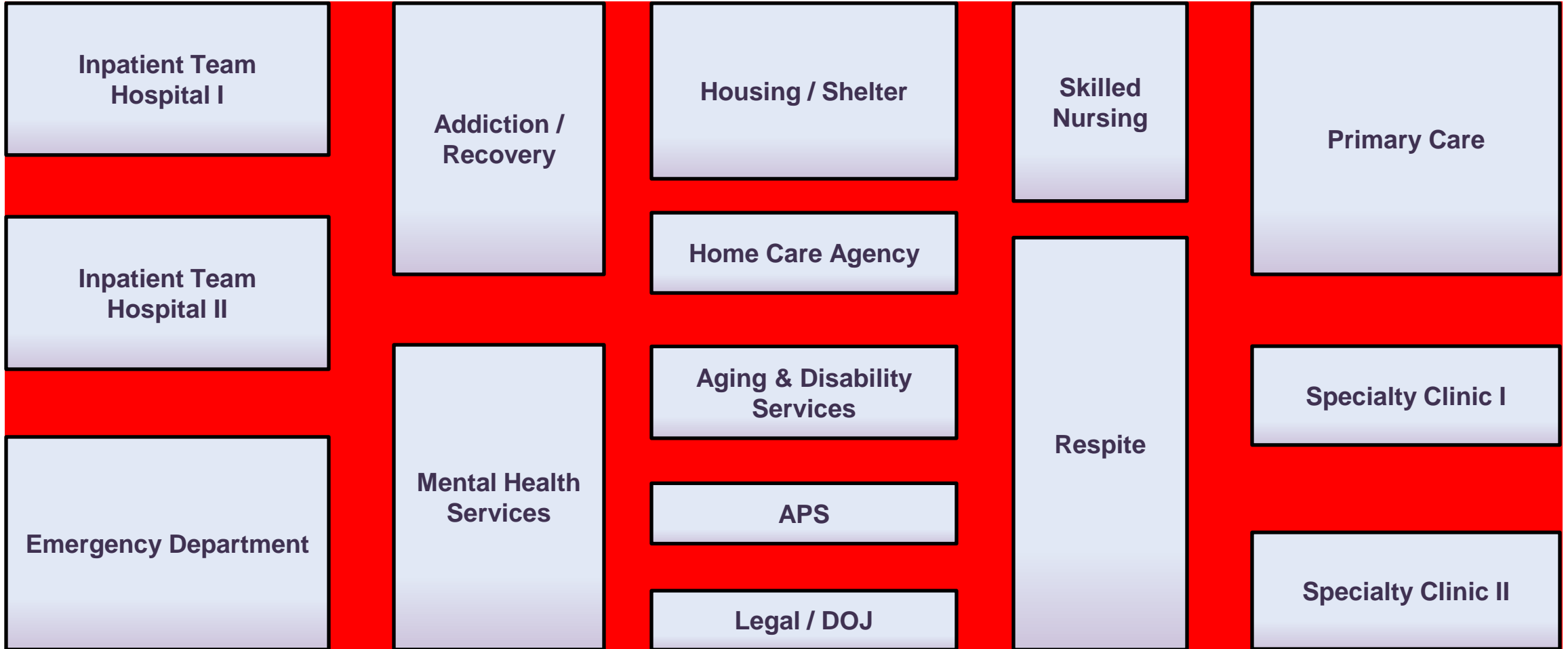
- Comfort level of home-service providers
- Exemption for live-in support
- Separation from natural supports
- Staff turnover

Shelters

- Bathroom access
- Oxygen access
- Hygiene / air quality / communicable disease
- Must be ADL independent
- Altercations w/ staff and residents



Barriers & Setting



Barriers & Intervention

Medication Management

- Pharmacy visits
- Copays
- Medication burden
- Cognitive / memory problems
- Lost / stolen items

Procedures

- Arrival times
- Anxiety
- Pre-procedure preparation
- Decisional capacity
- Recovery environment

Outpatient Treatment

- Scheduling
- Setting tolerance
- Provider knowledge
- Caregiving support
- Transportation

SNF Placement

- Substance / tobacco use
- Methadone
- Legal / insurance status
- Loss of financial resources
- Loss of social support

Pain Management

- Safe storage
- Substance use
- Opioid tolerance
- Prescribing Limits

Hospice Services

- Location for services
- Staff tolerance
- Hospitalizations
- Phone access
- POLST location

Barriers & Systems

SEATTLEWEEKLY

HOMELESSNESS

Facing Cuts From City, Homeless Service Providers Request a Reprieve

Funding would be cut for at least 300 shelter beds in Seattle, as well as hygiene and support services.

By [Melissa Hellmann](#)

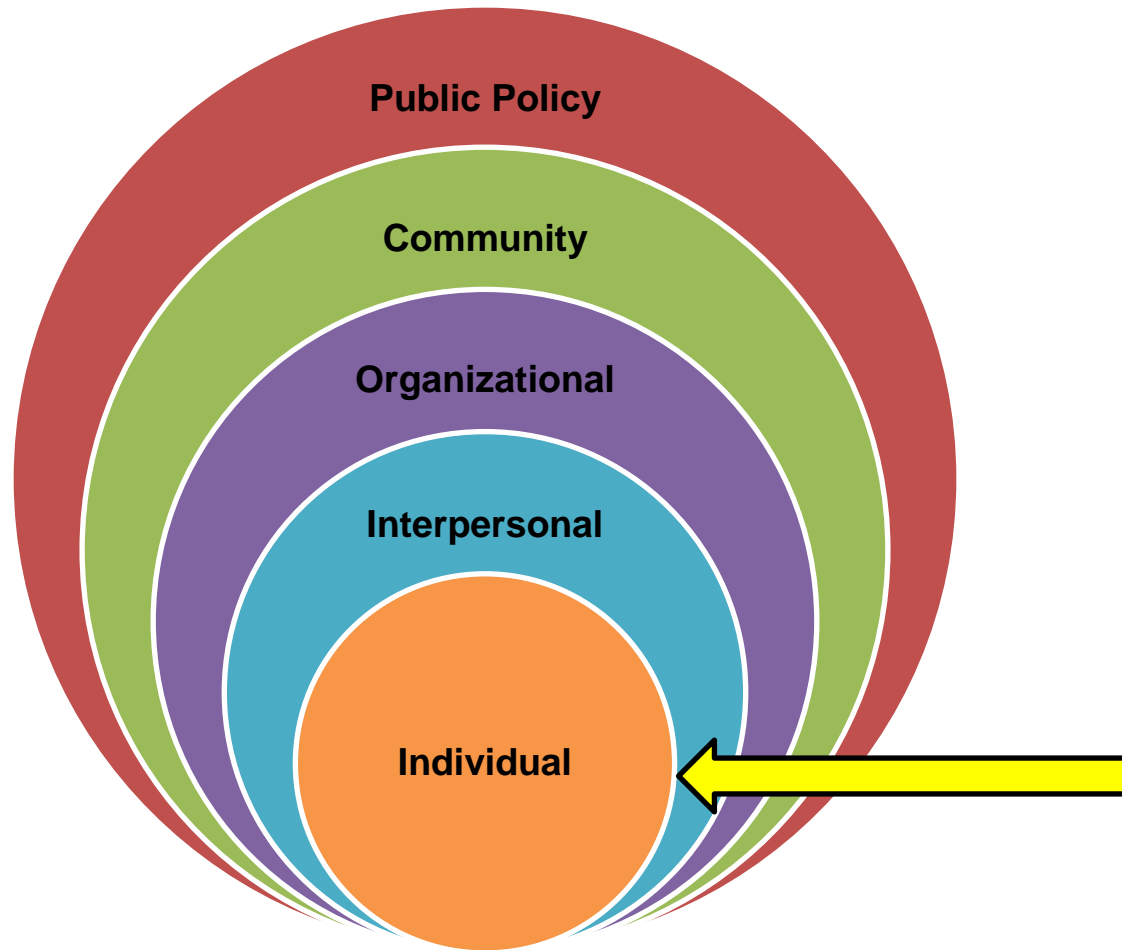
Friday, December 8, 2017 8:30am | [NEWS & COMMENT](#) [HOMELESSNESS](#) [NEWS](#)



Women in Black and Housing for All Coalition members held a silent vigil for the 88 houseless people who have died this year. Photo by Casey Jaywork

Addressing Barriers to Care

Shifting Focus

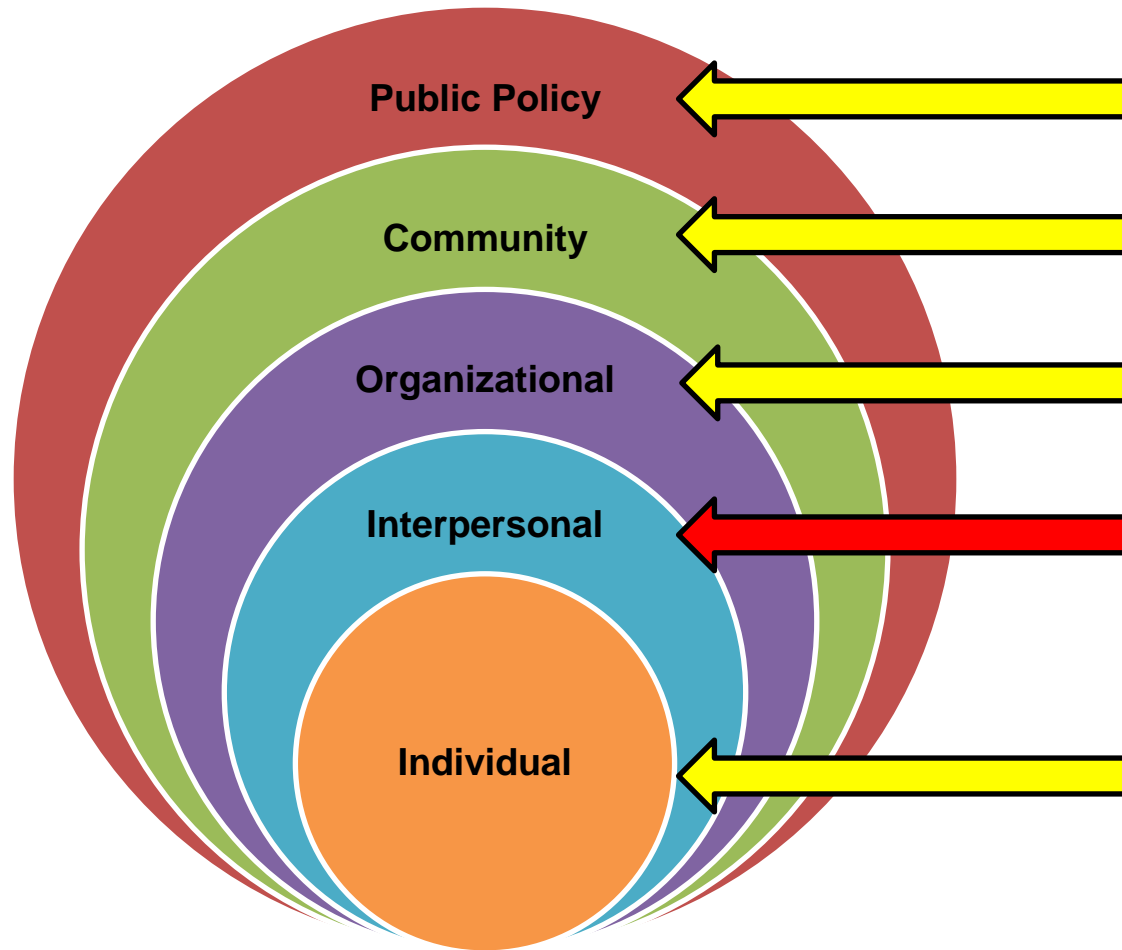


Who is affected by barriers?

**Who do we hold responsible
for non-adherence?**

**Where are barriers really
located?**

Shifting Focus



Where are WE located?

Where do we have the most power to reduce barriers?

Where else can we intervene?

Trauma-Informed Care

“...organizational structure and treatment framework... understanding, recognizing, and responding to the effects of all types of trauma... emphasizes physical, psychological, and emotional safety... and helps survivors rebuild a sense of control and empowerment.”

Six Principles

Collaboration and Mutuality

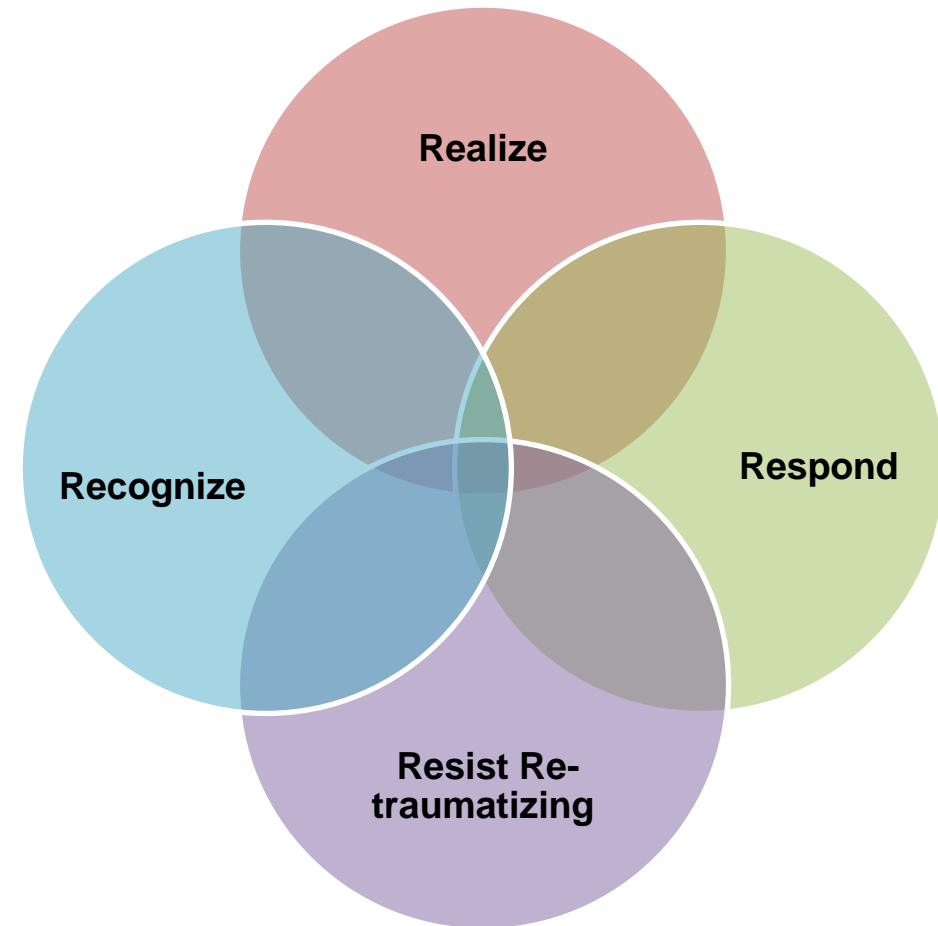
Empowerment, Voice, and Choice

Cultural, Historical, and Gender Issues

Safety

Trustworthiness & Transparency

Peer Support



Unpacking Bias

“...implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”

– Kirwan Institute

Positionality

- Race
- Ethnicity
- Gender
- Sexual Orientation
- Nationality / Residence Status
- Language
- Dis/ability Status
- Personal / Family Health History
- Income
- Socioeconomic Status
- Housing Status
- And...

“Homeless” as...

A **DESCRIPTOR** for neighbors in our community who do not live in secure structures meant for human habitation

A **PROXY** for people who experience homelessness as well as mental illness, substance use, and other significant psychosocial barriers to resources and services

A **EUPHEMISM** for people with behaviors or lived experiences that we find challenging or uncomfortable

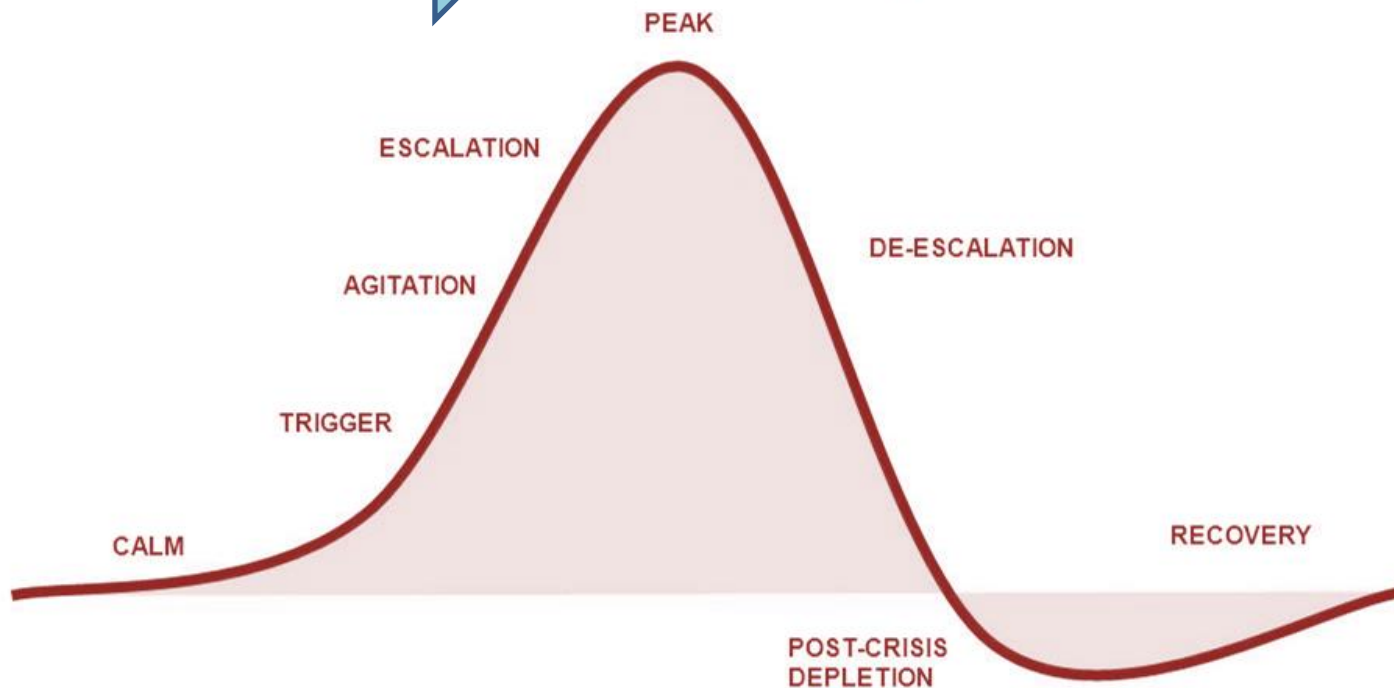
Defining Homelessness: Language

Common Language	Alternative Language
“Homeless People / Population”	“People experiencing homelessness” “Neighbors without secure housing”
“Homelessness Crisis”	“Community resource and policy crisis which allows people who are vulnerable to experience homelessness”
“Homelessness”	“Houseless” or “Roofless”

De-Escalation

Our Triggers /
Process

breathe



Ten De-Escalation Tips:

- Be Empathic and Nonjudgmental
- Respect Personal Space
- Use Nonthreatening Non-verbals
- Avoid Overreacting
- Focus on Feelings
- Ignore Challenging Questions
- Set Limits
- Choose Wisely What You Insist Upon
- Allow Silence for Reflection
- Allow Time for Decisions

Strengthening Empathy

Higher levels of empathy and compassion have been correlated with improved disease management, reduced hospital admissions, perceptions of care quality, and provider satisfaction, and more... (Lown, 2016)



Empathy is a muscle we can grow

Harm Reduction



Adapting care to reduce potential harm and provide greatest possible benefit in the context of circumstances that are unlikely to change

Broader Assessment

Self

- How am I entering this interaction?
- How might my biases affect my care?
- What am I trying to change?

Patient

- What will help my patient feel safe and heard?
- What is important to my patient?
- What strengths and expertise does my patient have?

System

- What will interfere with the current care plan?
- Where does this patient turn for help and support?
- What resources are available to me and my patient?

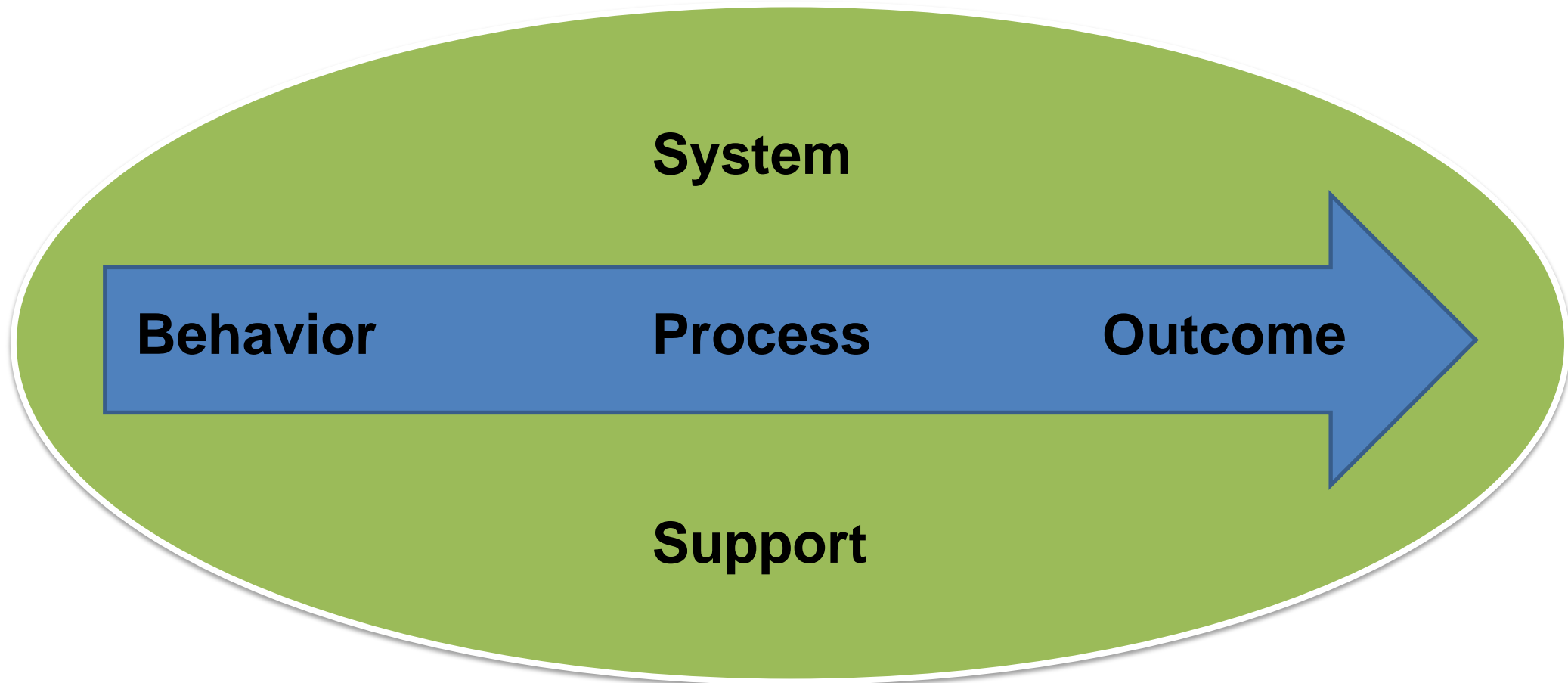


“Self Care”



There are no simple
solutions to systemic
injustice and structural
violence or their
sequelae

What Are We Changing



Reflection

- What barriers to health, education, or other important systems have you or a loved one experienced?
- What / who facilitated those barriers? What / who facilitated your way through / around them?



Resources

Implicit Bias Assessments

<https://implicit.harvard.edu/implicit/user/pimh/index.jsp>

Compassion Meditation Training

<https://centerhealthyminds.org/join-the-movement/compassion-at-work>

Trauma Informed Care

<https://www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/training.aspx>

De-escalation Tips

<https://www.crisisprevention.com/Blog/October-2017/CPI-s-Top-10-De-Escalation-Tips-Revisited>

Harm Reduction

<https://www.nhchc.org/training-technical-assistance/online-courses/harm-reduction/>

Brief Resilience Scale

<https://www.psytoolkit.org/survey-library/resilience-brs.html>