Primary Care for People Experiencing Houselessness

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FMF
Family Medicine Forum
Forum en médecine familiale

VANCOUVER CONVENTION CENTRE

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Presenter Disclosure

Presenter: Ginetta Salvalaggio

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Learning Objectives

- Elicit a trauma-informed housing history
- Manage common clinical presentation in people experiencing houselessness
- Identify opportunities for housing-related advocacy and allyship

Acknowledgment

I am grateful to be visiting with you on the unceded traditional territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) Nations.

I live and work in ᐊᒥᐢᑲᐧᒌᐚᐢᑲᐦᐃᑲᐣ (Amiskwacîwâskahikan, 'Beaver Hills House’, the literal translation of the Original Name for 'Edmonton'), located within the Northern Prairies of Turtle Island (the Original Name for North America). For thousands of years, this has been, and continues to be, a common territory to many peoples including the Cree, Sioux, Stoney, Dene, Metis, Blackfoot, and many more. This place is also called Métis Nation of Alberta Region No. 4 and Treaty 6 Territory.

Pekiwewin (coming home): advancing good relations with Indigenous people experiencing homelessness

Jesse Thistle MA, Janet Smylie MD MPH

■ Cite as: *CMAJ* 2020 March 9;192:E257-9. doi: 10.1503/cmaj.200199

See related article at www.cmaj.ca/lookup/doi/10.1503/cmaj.190777

KEY POINTS

- In Canada, Indigenous people are 8 times more likely to be homeless than non-Indigenous people and represent 10%–80% of the total homeless population in large urban centres.
- The roots of Indigenous homelessness involve colonial disruptions of relationships with self, family, community, land, water, place, animals, culture and language.
- Responses to Indigenous homelessness need to be led by Indigenous Peoples and grounded in Indigenous worldviews and practices.
- Indigenous protocols regarding relationships provide a strong and practical framework for health and social service providers working with Indigenous people who are experiencing homelessness.
- The life experience of Indigenous people who are or have been homeless is an invaluable gift that can enrich communities and teach providers.

Common Stories

"Seth" (he/him/his), is a 52-year-old male; a hands-on learner and mechanically intuitive. He is currently taking methadone in the amount of 100mg daily and has missed multiple doses. He has 3 reported poisoning events in the past 12 months with one event that resulted in the transfer to the Emergency Department. “Seth” is also a diabetic with chronic leg wounds, and untreated Hepatitis C. He sleeps in public spaces and has body lice. He has various physical injuries resulting from multiple assaults.

"Jessi" (they/them/theirs), is an 18-year-old non-binary person; an introvert with a passion for creating art through color pencil. They are pregnant and at 30 weeks in their pregnancy, they are in the early stage of their 3rd trimester and currently are not connected to antenatal care. “Jessi” also has untreated syphilis. They have recently experienced aging-out of foster care and are currently couch surfing. They were a victim of sex trafficking and have since adopted survival sex as a means to support themselves in their current situation. They are neurodivergent and on the autism spectrum and have a recent release from incarceration.

“Theresa” (she/her/hers), is a 35-year-old female that uses music to channel the emotion she does not express. She is the mother of 5 children whose ages range from 6-15. She is fleeing a long-term relationship that was fueled by alcohol, drugs, and domestic violence. She currently lives in a battered women’s shelter with her two youngest children. She was accustomed to receiving ‘speed’ (methamphetamine) from her former partner to keep up on daily demands and has now grown irritable and depressed in its absence. She does not have a history of being connected to primary care and only has records of emergency room visits to treat physical wounds. She did not finish high school, is unemployed and has not had any jobs for more than a month and is estranged from family members.

“Isaiah” (he/him/his), is a 28-year-old gay male with a recent HIV+ diagnosis; with a gift and a passion for math, he has learned to make sense of the world through numbers. He was connected to medical care through an outreach team, and takes his anti-retroviral medication but misses a few doses. “Isaiah” is unsheltered and has spent the last 90 days in encampments across the metro area. He has substance use disorder (opioids), and self-identified as a person who injects drugs. He also reports use of methamphetamine use, not as a first choice, but as a means to stay awake due to safety concerns.

“Tanya” (she/her), is a 56-year-old woman who loves to dance. She is diagnosed with severe lung disease, diabetes with kidney disease requiring 3x/week dialysis visits who is at a shelter. She has prior eviction histories that prevent her from accessing permanent supportive housing. She could be eligible for kidney transplant but has missed multiple specialty appointments, and social worker assessment was unfavorable due to housing factors.

“Melody” (she/her/hers), is a 48-year-old woman with no kids of her own but presents with a real motherly air about her; she puts care and compassion in her cooking which she generously shares with others. She is boisterous and joyful and a singer in the church choir. She lives in a food desert and has a diet that consists of affordable and available food choices that are high in sugar and carbohydrates. She is a Type 2 diabetic who was laid off her long-term job in food service this year. She is unable to afford benefits. She lost power due to being unable to afford her electric bill and her last prescription of insulin has spoiled. She is housing insecure at this point and healthcare is not her first priority.

What is Houselessness?

- “Home” vs “House”
- Are these homes?
  - Shelter
  - Institution (jail, hospital)
  - Couch surfing
  - Tent (“sleeping rough”)

- Have a home vs. Stability vs. Safety
  - Unsheltered
  - Emergency sheltered
  - Provisionally accommodated
  - Precariously housed
- Episodic vs. Chronic
- Own vs. Rent, Market vs. Subsidized
- Is the housing…
  - Adequate?
  - Suitable?
  - Affordable?

https://www.cfp.ca/content/66/8/563

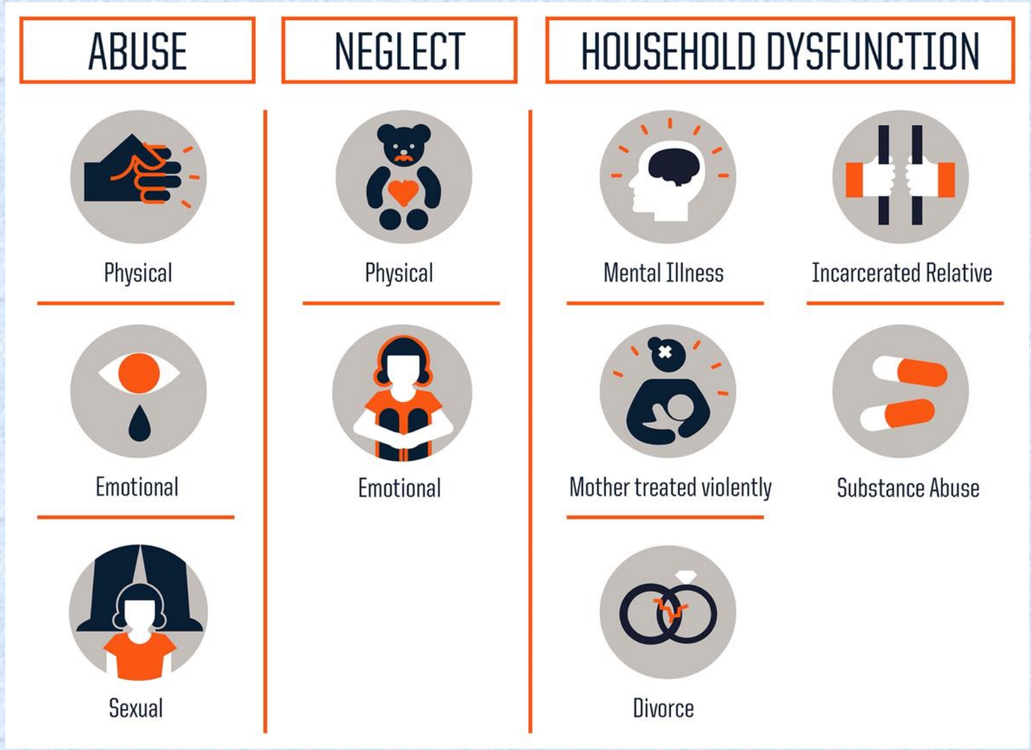
Who is Unhoused?

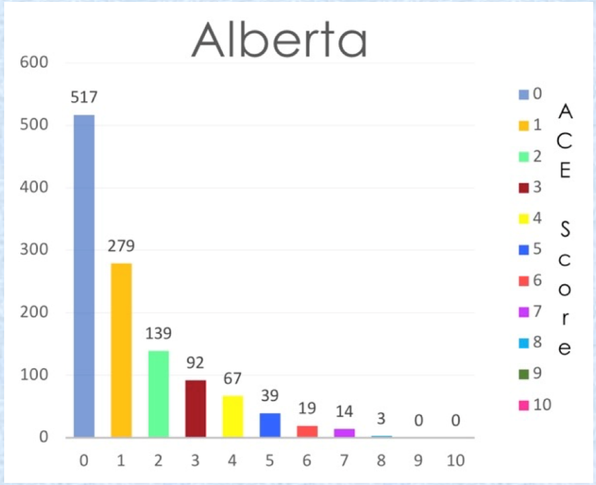
- All ages, all genders, all family structures
- Homeless counts are an approximation
- Lots of HIDDEN houselessness
- Some groups experience a disproportionate share
  - Indigenous peoples, New immigrants, 2SLGBTQIA…

What “leads” to Houselessness?

- Economics
- Violence
- Illness
- Substance use (with caveats)
- The “system”…

What “leads” to Houselessness?





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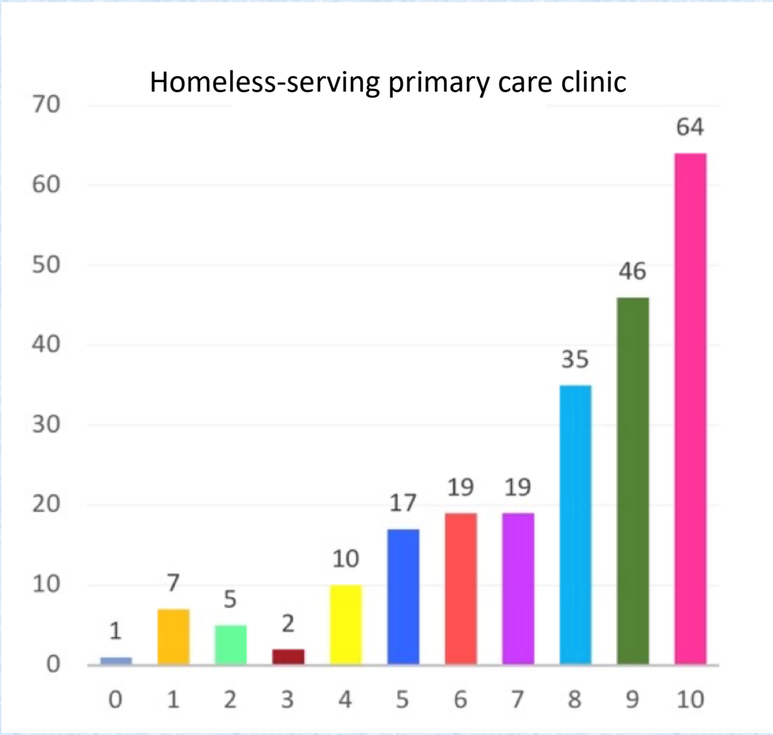
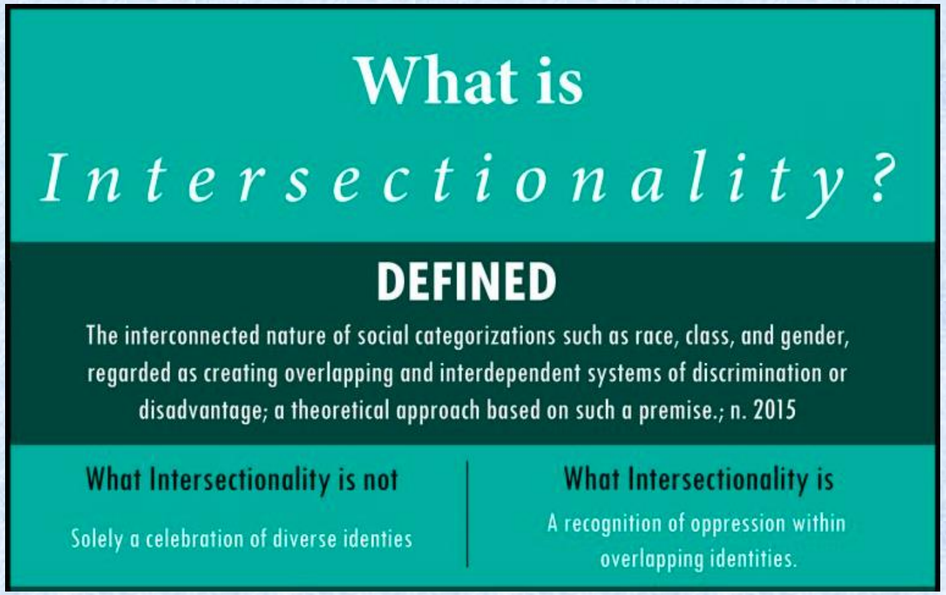
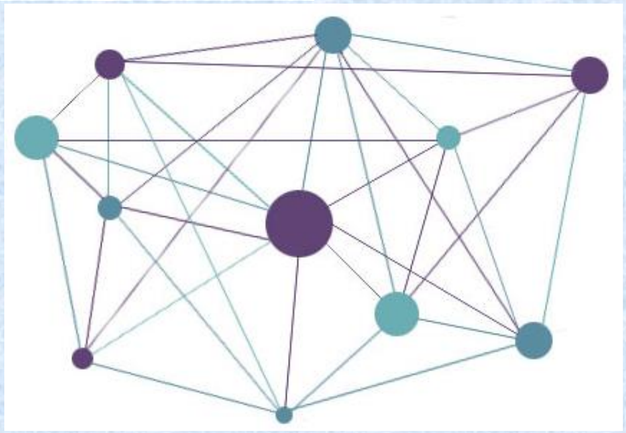
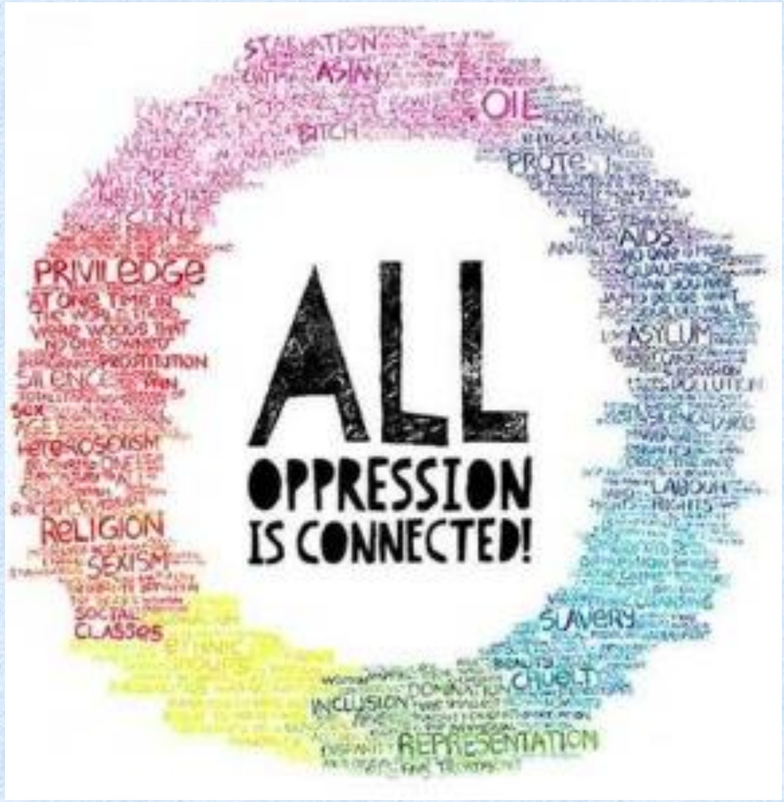


Intersections, not root causes





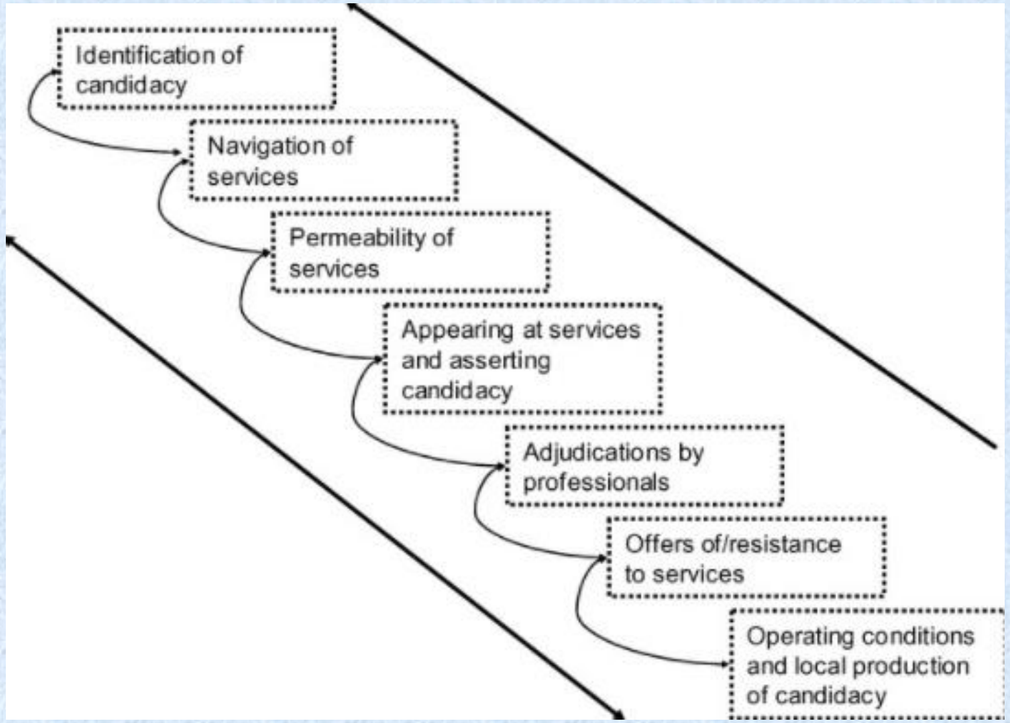


When healthcare harms

Abstinence only policies, inadequate pain & withdrawal management, negative stereotypes, limited access to evidence-based treatment for substance use disorders

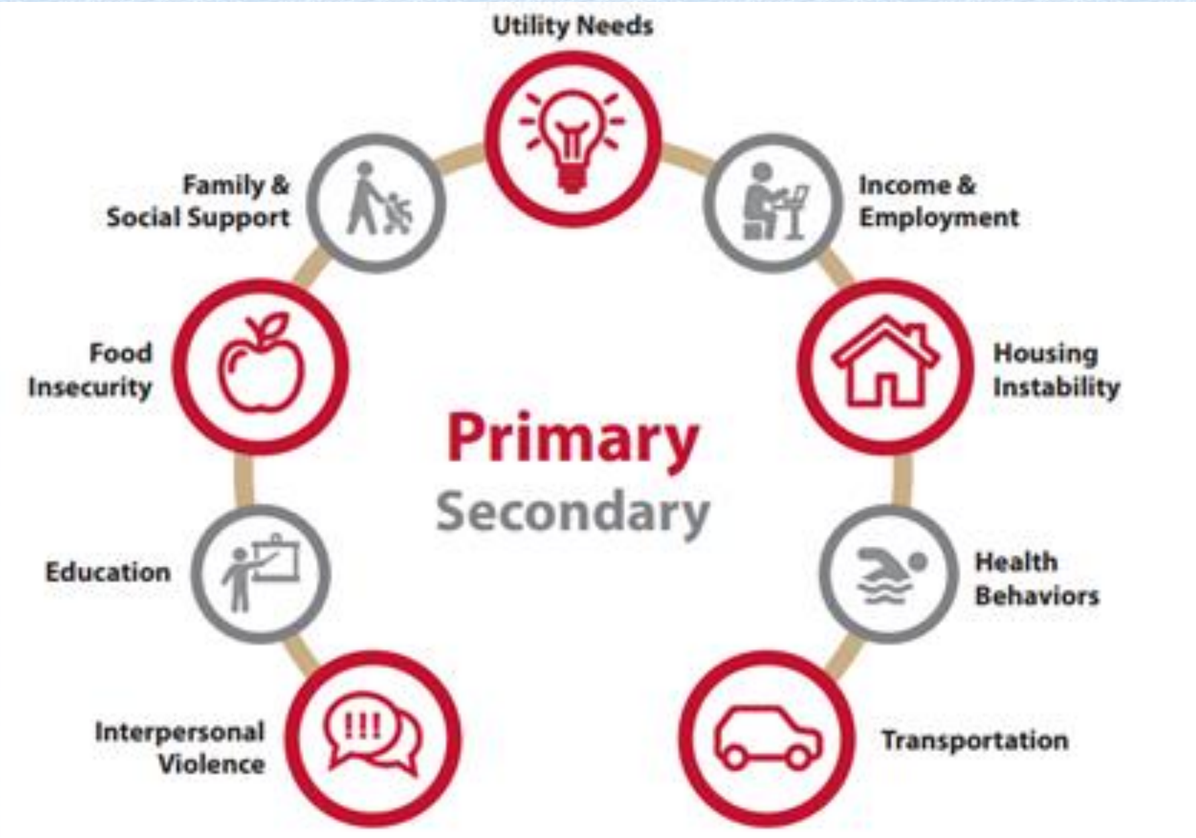
Inability to practice harm reduction, involuntary discharge

Increased morbidity and mortality



McNeil R, Small W, Wood E, Kerr T. Hospitals as a 'risk environment': an ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs. Soc Sci Med. 2014 Mar;105:59-66. doi: 10.1016/j.socscimed.2014.01.010. Epub 2014 Jan 19. PMID: 24508718; PMCID: PMC3951660.
Dixon-Woods, M., Cavers, D., Agarwal, S. *et al.* Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Med Res Methodol* **6**, 35 (2006). https://doi.org/10.1186/1471-2288-6-35

How does housing impact health?



https://www.habitatforhumanity.org.uk/
https://gardner.utah.edu/blog/blog-the-intersection-of-housing-and-health-care/

Supportive housing leads to cost savings across health care, social service and justice systems

Providing supportive housing to one household =

$613/month

One shelter bed = $2,100/month

3x MORE

One long-term care bed = $3,960/month

6x MORE

One correctional facility bed = $4,300/month

7x MORE

One hospital bed = $13,500/month

22x MORE

Canadian Mental Health Association

I choose

Learn more at ichoosemha.ca

How does houselessness impact health?

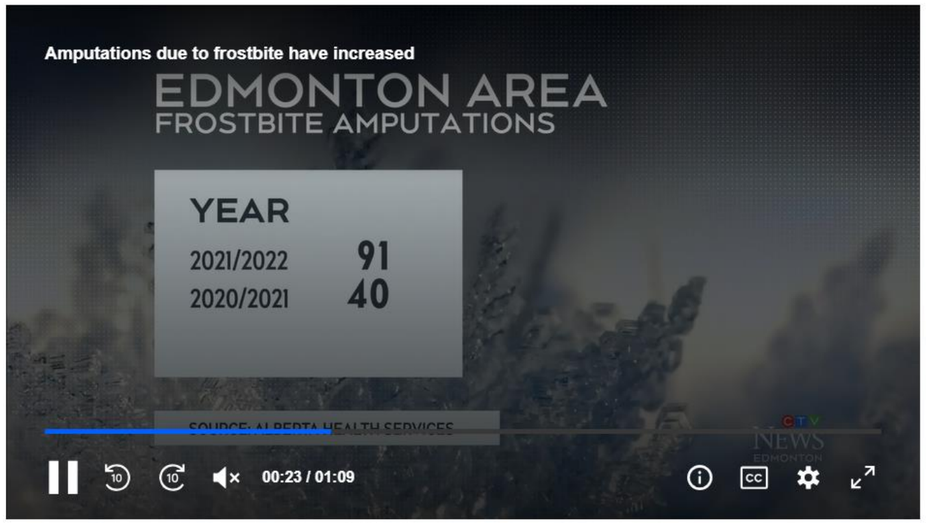
Edmonton

More than 110 people hospitalized as shigella outbreak in Edmonton grows

Bacteria that transmits through contaminated surfaces, food or water is sweeping through inner city

Julia Wong · CBC News · Posted: Nov 17, 2022

Amputations due to frostbite on the rise in Edmonton medical zone

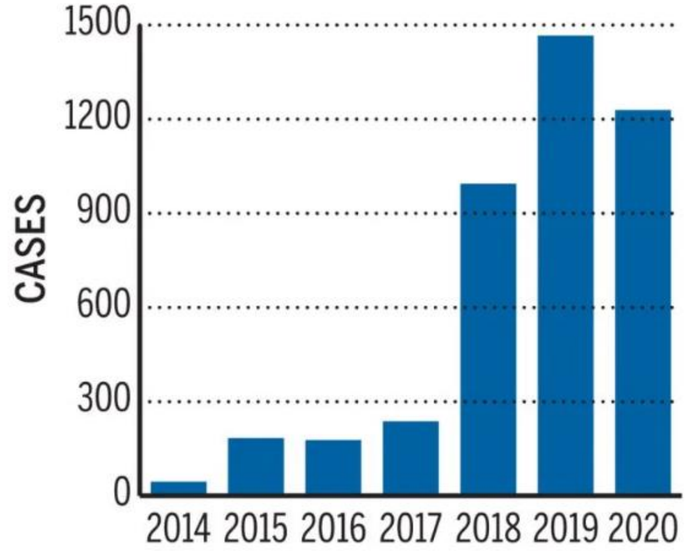


Karyn Mulcahy
CTVNewsEdmonton.ca

Amputations due to frostbite in the Edmonton medical zone have hit a 10-year high, according to data from Alberta Health Services.

EDMONTON ZONE INFECTIOUS SYPHILIS CASES

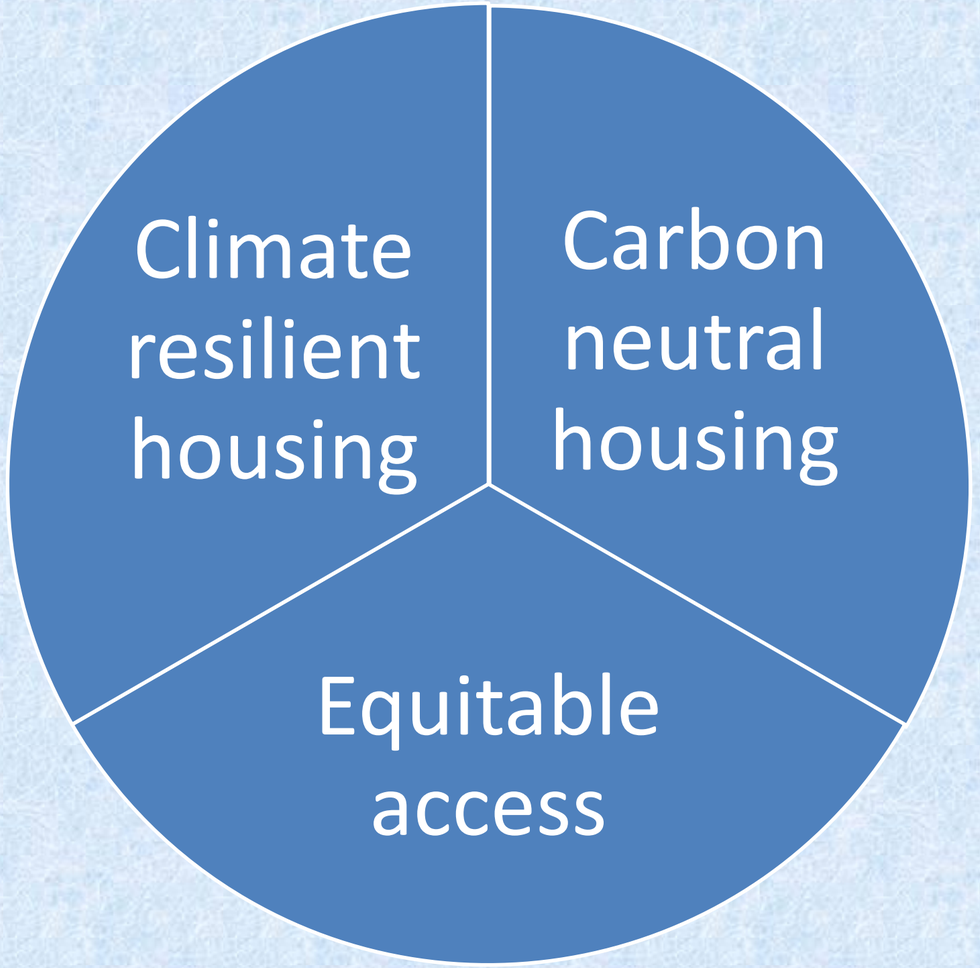
The number of reported cases of infectious syphilis in the Edmonton Zone from 2014-2020



SOURCE: GOVERNMENT OF ALBERTA

Housing and the Climate Crisis

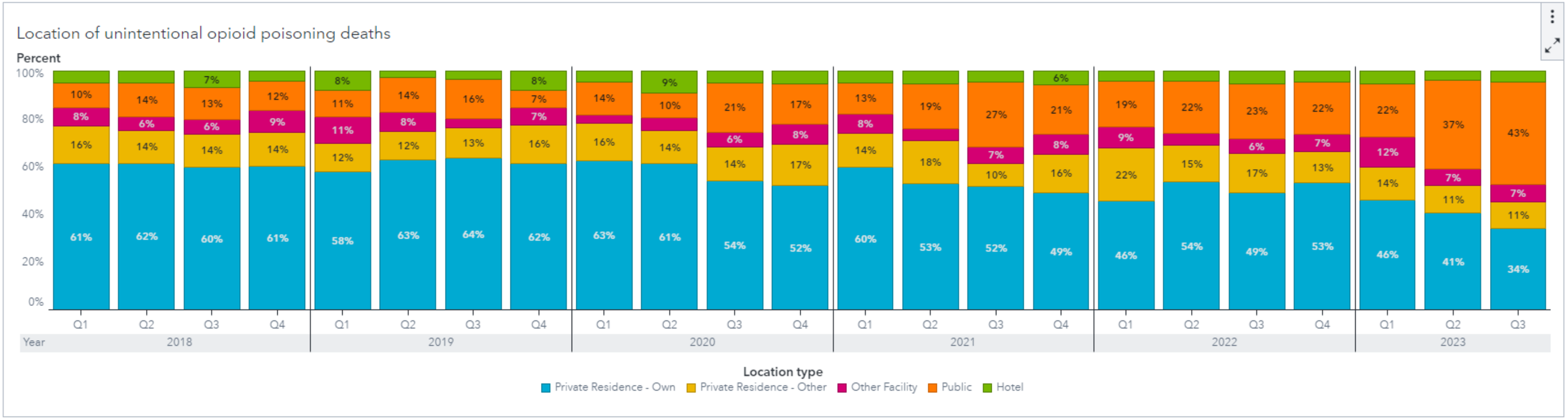
- Direct impacts
  - Extreme temperatures (heat, cold)
  - Air quality (wildfires, industry)
  - Extreme weather (storms, floods)
  - Infectious disease (existing and emerging)
- Housing precarity
  - Energy insecurity
  - Disaster recovery
  - Migration



https://www.mdpi.com/1660-4601/18/11/5812

https://www.tandfonline.com/doi/full/10.1080/14693062.2023.2194280

Housing and the Poisoning Crisis



https://www.alberta.ca/substance-use-surveillance-data.aspx

What is the role of substances?

I asked my patient once why he used meth. He said I have nothing left, no wife, no kids, no home. Meth makes everything better for 24 hours I don't

When i was living on the streets its was survival if we couldnt find a place to sleep it helped us move place to place & also helped not be so hungry when meals were scarce now that am housed i eat way to much when am using Haha

I used meth because it wasn't safe to sleep, I already had eating disorders. Staying thin gave me tons of validation, even if I was homeless. Meth also gave me energy to carry all my belongings while homeless

Replying to @ginettafammed and @CAPUDofficial
It helps be able to live a 'functional' life without it i probably wouldnt be able to hold 3 jobs or even be able to eat, think or w/e

I used it to dance, to avoid sleep, to focus, and to stay thin & avoid spending money on food.

How to ask about housing

- “How is your living situation?”
- “Do you ever feel unsafe?”
- “Where are you staying right now?”
- “When did you last have a stable place to stay?”
- “Do you have trouble making ends meet at the end of the month?”

https://www.cfp.ca/content/66/8/563#ref-28
https://cep.health/download-file/1542915867.061284-96/

#1: PREVENT Houselessness

- Income insecurity screening and social prescribing
- Mindful completion of disability forms
- Address other risk factors, e.g. frequently co-occurring conditions

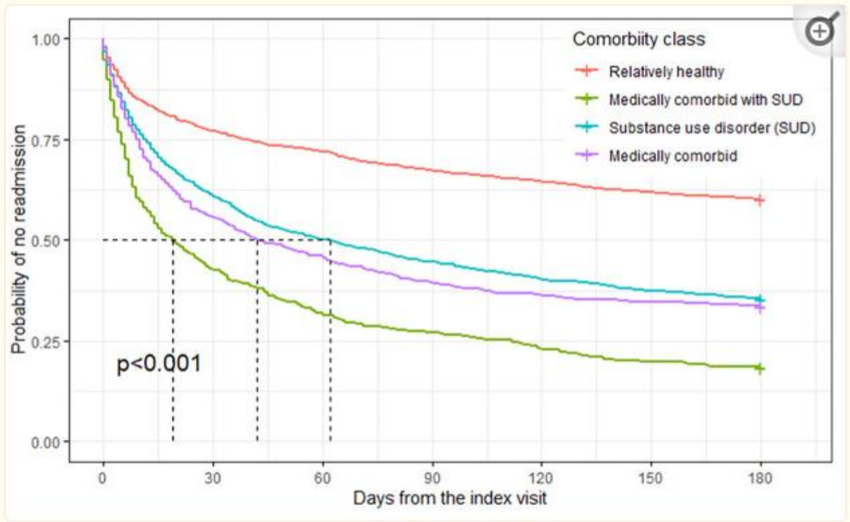


Fig 2

Kaplan-Meir curves of probability of no readmission against time (in days) since the index-visit.

https://www.cmaj.ca/content/192/10/E240

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0268841

#2: TREAT Houselessness

- ID-income-housing trifecta
- Multidisciplinary approach
  - Can you include peer support in this?
- Permanent supportive housing is gold standard

https://www.cmaj.ca/content/192/10/E240

#3: REDUCE HARM from Houselessness

- Check in on people - say hi!
- Harm reduction supplies and education
- Socks, undies, mitts, hats, foot bath in clinic
- Ensure / Boost, water / snacks in clinic
- Bus passes
- Telephone / wifi / electrical access
- Bathroom access
- Permission to nap!
- Meet people “halfway”, help with navigation
  - Rethink your “contact info”
  - Rethink your “no shows”
- **Call out stigma in healthcare**

Common medical things you will see

- Feet: diabetic foot, chilblains, trench foot
- Cold injuries: frostbite, +/- amputation
- Bugs: body lice (endocarditis risk), bedbugs
- Infections: MRSA, iGAS, STBBIs, Shigella, TB
- Teeth: gums, pain, malnutrition
- Brain: hypoxic and traumatic brain injuries, fetal exposure, neurodivergence

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC80688/

Foot health

- General principles
  - Keep feet clean, warm, dry, and elevated
  - Avoid rewarming directly adjacent to open heat source
  - Avoid excessive rubbing
  - Anticipate and manage rewarming pain
- Trench foot (wet cold)
  - Pain, maceration, dysesthesia, vasoconstriction
- Chillblains (dry cold)
  - Surface tissue damage, pain, swelling, possibly blisters

Cold injuries

- Frostnip (1st degree frostbite)
  - Surface blanching / numbness
- Frostbite
  - 2nd degree – blistering, discoloration – similar principles as for foot care - weeks to months for healing
  - 3rd degree – deep tissue involvement – get acute care / specialist support
- Hypothermia
  - Prevention: Address and mitigate sources of heat loss (radiation, conduction, convection, evaporation)
  - Susceptibility increases with extremes of age, substance use, metabolic/CV/neuro dx, immobility, and infection
  - Check body temp if someone presents with hypoventilation, rigidity, altered LOC, or arrhythmia
  - Passive rewarming if mild; initiate ABCs and EMS if moderate to severe

Infestations

- General principles
  - Pair treatment with eradication
  - Symptom relief
  - Psychological support
  - Involve social work as needed
- When to suspect
  - Exposure / contacts
  - Pruritis +/- rash (timing, distribution)
  - Direct evidence
- Common DDx
  - Urticaria
  - Delusional parasitosis
- Bedbugs:
  - Abx if secondary infection
  - +/- topical steroids, antihistamines
  - Heating / freezing all bedding / fabrics
- Body Lice:
  - Topical permethrin, repeat prn
  - Abx / sx management
  - Heating / laundering / showering
- Scabies
  - Permethrin +/- Ivermectin
  - Abx / sx management
  - Cleaning / laundering living space

Infections

- General principles to reduce risk / prevent spread
  - Low threshold for PPE, screening
  - Hygiene education (e.g. wound management, substance use)
  - Treat infestations – these can be portals of entry for blood-borne pathogens (e.g. Bartonella spp, endocarditis)
  - Access to harm reduction supplies (including condoms)
  - Hydration, general nutrition
- Antibiotic selection
  - Consider empiric MRSA coverage if high prevalence in your community
  - Keep increasingly common iGAS in mind if disproportionate pain / infection slow to heal
  - Keep Shigella in mind if known outbreak – contact public health for guidance on whether to test / treat (azithromycin/ciprofloxacin)
  - Work with community pharmacist, nursing teams where feasible (increased frequency of dispensing, monitoring)

Oral health

- Key risk factors for poor oral health include poor glycemic control, stimulant use, malnutrition, and alcohol / tobacco use
- Check for bleeding / painful gums, oral lesions, and plaque / calculus
- Ask about dry mouth
  - If present, can you adjust meds to reduce xerostomia?
- Identify low cost options for oral health care in your community
  - Can you also supply free toothbrushes / paste / floss in your clinical space?
- Low threshold to prescribe meal supplements

Brain health

- Traumatic Brain Injury is VERY common and likely underdiagnosed
  - Consider if active alcohol use, risk factors for drug poisoning, or history of physical assaults
  - Attend to emerging deficits in executive functioning, altered LOC, change in sleep, emotional dysregulation, or other changes in behavior
  - Primary care assessment (MoCA or SLUMS) with additional neuropsychiatic assessment if feasible
  - Be aware that pre-existing FASD and/or neurodivergence may also be present… and also undiagnosed
  - Identification is KEY to advocating for commensurate supportive housing and disability benefits
  - Goals of Care: Address this EARLY if unhoused or precariously housed (major contributor to premature frailty)
  - Practical techniques in clinic: Emotional support, Reduce confusion, Memory aids, Simplified language

What NOT to do

You might have read in the news about the Edmonton Police's unilateral decisio
to sweep and dismantle encampments across the city in December 2023. This is
largest decampment event in the city's history.

EDMONTON JOURNAL

ts Opinion Business Arts Life Newsletters Puzzles Comics ePaper Remember

Local News

Edmonton would ban public drug use, loitering on transit, panhandling by roads in new bylaw

City bylaw officers can fine people $500 for openly possessing or consuming a controlled substance anywhere in public if council passes a proposed new bylaw during a special meeting Feb. 2

Lauren Boothby

Published Jan 19, 2024 • Last updated Jan 20, 2024 • 6 minute read

https://www.pialberta.org/stop_the_sweeps
https://doi.org/10.7939/r3-x7tt-8v78

Revisiting Stories

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Resources

- https://www.homelesshub.ca/
- https://cnh3.ca/
- https://www.cmaj.ca/content/192/10/E257
- https://www.cmaj.ca/content/192/10/E240
- https://upstreamlab.org/
- https://healthbegins.org/
- https://nhchc.org/clinical-practice/adapted-clinical-guidelines/

"Medicine is a social science, and politics nothing but medicine at a larger scale."

-R. Virchow

Thank you!

Please fill out your session evaluation now!

#myfmf

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 FamilyMedForum

 FamilyMedForum