

The background features a stylized medical illustration. In the upper right, there is an orange insulin bottle labeled 'INSULIN Injection 10ml', a syringe, and a pill container with several pills. In the lower left, there is a blue glucose meter with a screen showing a line graph, a blue insulin pen, and a syringe. The overall color palette consists of light blue, orange, and white.

DIABETES IN THE HOMELESS POPULATION

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LAND ACKNOWLEDGEMENT

We want to acknowledge that we are on the traditional lands of the Tk'emlúps te Secwépemc (Kamloops campus) and the T'exelc (Williams Lake campus) within Secwepemcúl'ecw, the traditional and unceded territory of the Secwépemc.

Issue to Resolve



Max is a 50 year old male that is experiencing homelessness. He has a necrotic foot wound due to poor management of diabetes and current lifestyle factors. This has led to multiple complications which now has required him to have an above knee amputation. Max is now wheelchair-bound and is having a hard time adjusting to his new situation.





EXCLUSIVE

RONALD ANDERSON

DUMPED AT HOMELESS SHELTER

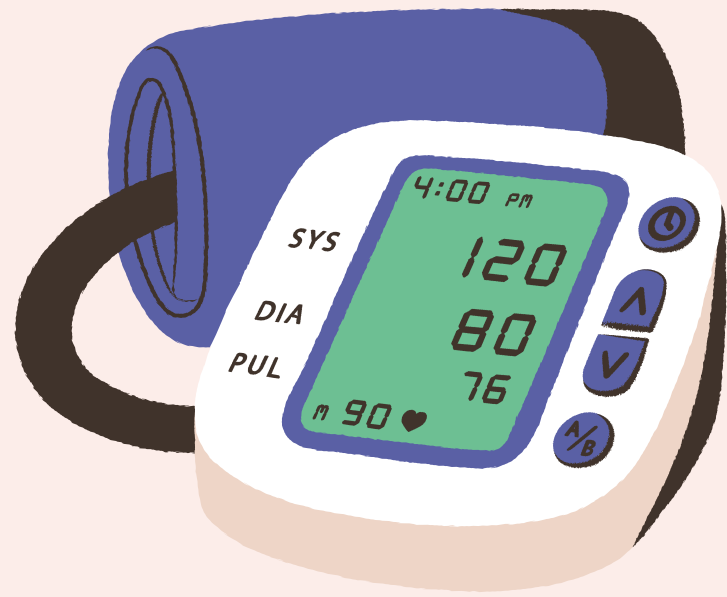


#abc7eyewitness

EVALUATE THREAT

- Max is facing multiple threats to his health and well-being:
 - Lack of housing
 - Poor diabetic management and medication access
 - Wheelchair bound - accessibility
 - Increase risk to infection and sepsis
 - Poor diet and nutrition
 - Stigma-homelessness and mental health





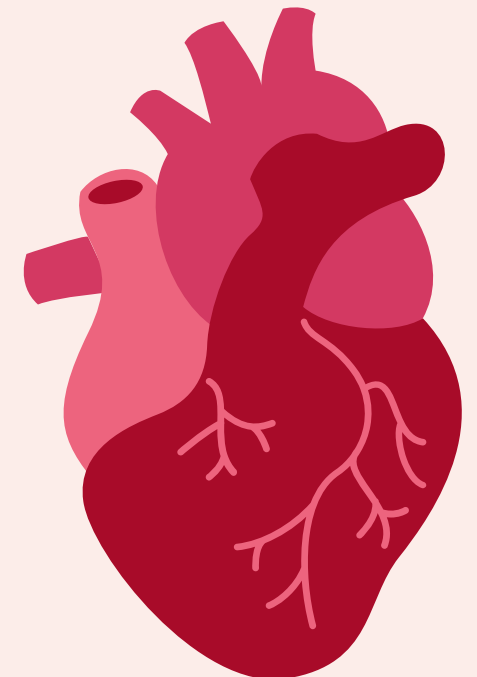
CONTRIBUTING FACTORS TO DIABETES

People experiencing homelessness are more likely to be affected by:

- High morbidity from physical illnesses (5).
- Mental health illnesses (5).
- Substance misuse (5).
- Cardiovascular disease (5).
- Lack of access to nutritious food and exercise facilities (11).
- Low health literacy (5).
- Unmet basic needs (shelter, food, income) prioritized over health (11).

All of these factors contribute to a diagnosis of diabetes

In Canada, lower socioeconomic status is linked to higher rates of hospital use for glycemic emergencies (9).





CONTRIBUTING FACTORS TO HOMELESSNESS



Socioeconomic and personal factors:

- Trauma (5).
- Chronic health conditions (5).
- Discrimination and family conflict based on someone's sexual orientation (5).
- Domestic violence (5).
- Mental health conditions/substance use (5).
- Financial issues (11).
- Lack of affordable housing (11).
- Lack of resources to help those experiencing homelessness (11).
- Long-term impact of colonialism (5).

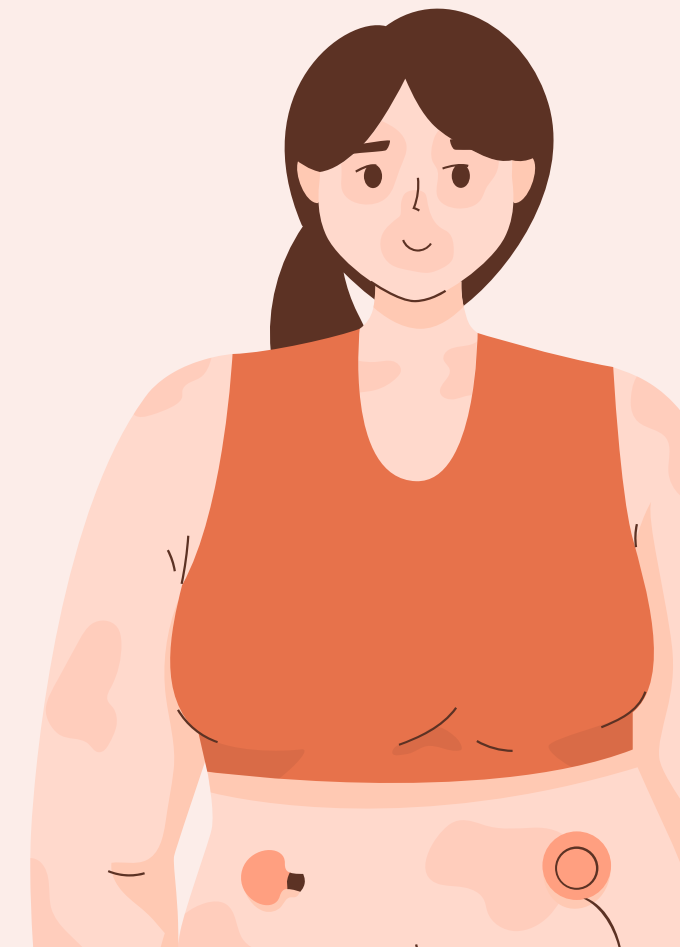
Research shows that, compared to diabetics that are housed, those with diabetes experiencing homelessness have a **5x increased risk** of hospitalization and **45% higher chance** of mortality, both stemming from complications of diabetes (13).

Individuals who experience homelessness have competing priorities, such as acquiring food, shelter, or income, that are often placed before their medical needs. They also report mistrust of the medical system, further decreasing access to care. **Management of diabetes impacts physical, mental, and social health which can be even more challenging if this was of concern before diagnosis.** These barriers can contribute to poor blood sugar control (11).

How is this relevant to Nurses?

- The lack of continuity of care from acute care to community care
 - Ex) acute care nursing cannot access community nursing charting notes - there is a gap in communication between healthcare workers which causes worse outcomes for patients like Max
- Lack of follow-up post-discharge for people experiencing homelessness - lack of fixed address
- Stigma that healthcare workers have towards people experiencing homelessness

This is currently happening in Kamloops!!



STIGMA & HOMELESSNESS

A study done in Ontario, homeless patients described unwelcoming healthcare encounters as being dehumanizing and they characterized their experience as being rushed or subjected to rude treatment (14).

There is a growing body of literature that conceptualizes health stigma and discrimination with the production of harmful consequences for those who face social and structural inequities (14).

In emergency care settings participants felt prejudged by clinicians as being drug-seekers (14).



ENVIRONMENTAL SCAN: KAMLOOPS

Services Available to Max:

- Drop in street clinic on Kings Street: Immunizations, basic wound care, and health promotion education (16).
- Public health street nurses: Small wound care (16).
- MHSU: Basic nursing care, assessment and referral to services (methadone, suboxone, treatment options, housing) (16).
- The Mustard Seed: Health and Wellness Centre: Advocacy, Healthcare Supports, Foot Care, Employment Support, Housing Support, Mental Health & Counselling Supports (16).
- Kamloops Diabetes Clinic - offers education for prevention and awareness and help for individuals to manage their condition
- A nurse practitioner visits the shelters in Kamloops to offer health supports
- Kamloops Food Bank for healthier food choices

All of these are a collaborative approach using different disciplines



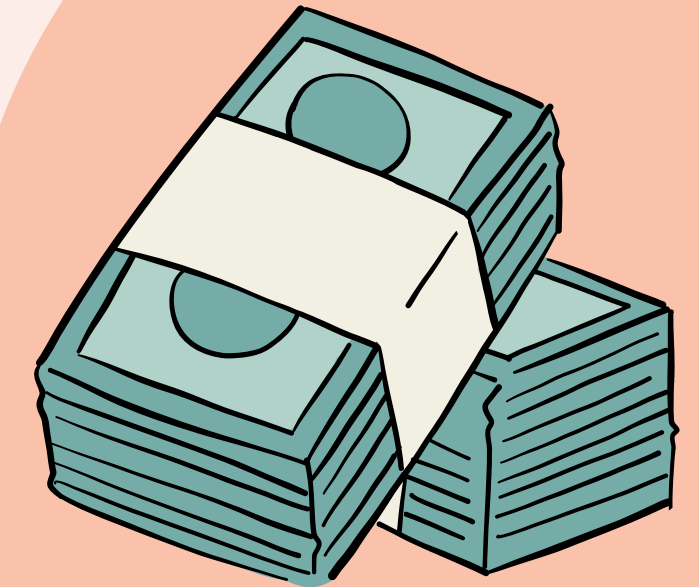
ENVIRONMENTAL SCAN: KAMLOOPS

- On track program - Primary prevention for those with stable diabetes. It offers health education and supervised exercise programs for those who need clinical support to make lifestyle changes (16).
- Vascular Improvement Program - Primary prevention:and secondary prevention related to challenge the risk factors for vascular related diseases (16).
- Keep on Moving - Helps community members identify safer exercise options closer to their home (16).



Financial Concerns

- Government financial support
 - Fair PharmaCare, Disability assistance, subsidized housing (17).
 - Equipment loan programs (15).
- Government financial assistance for single childless individuals is only \$1,060 per month (15).



- The out-of-pocket costs for type 2 diabetes per year is approximately \$388-\$6,098 for medication and devices related to diabetes management (18).

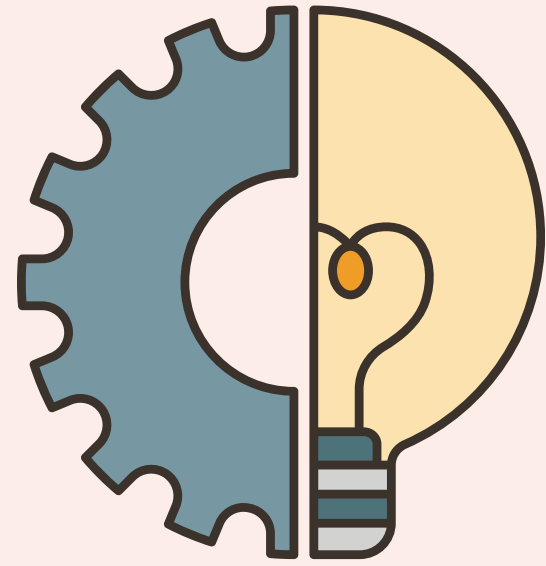
For someone who is experiencing homelessness or on income assistance, this can be a huge stressor and lead to not following the treatment plan due to these costs. Which can lead to poor health outcomes related to their diabetes



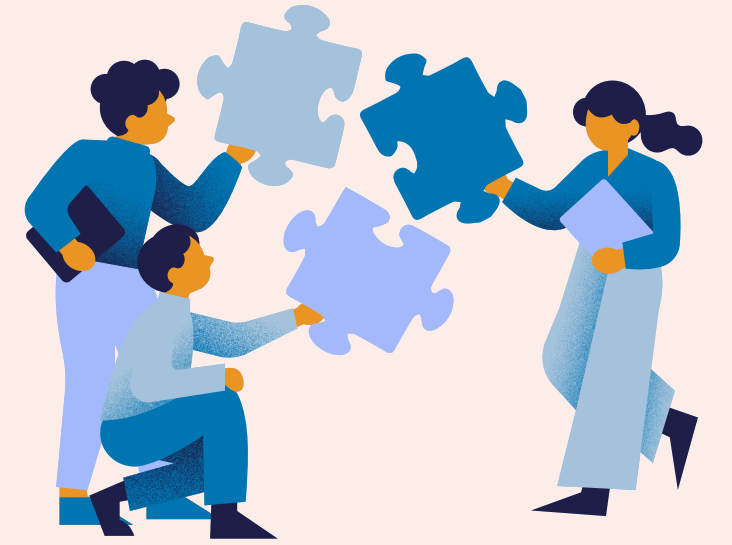
Current Policies, Services, and Programs

In recent years the BC government has implemented the following related to diabetes:

- Elimination of MSP in 2020 (18).
- In April 2021, the government introduced a tax of 7% to pop to help address obesity and type 2 diabetes (18).
- In June 2021, the government announced coverage for the Dexcom G6 for those that are aged 2+ and require basal and bolus doses of insulin. This year they also announced coverage for FreeStyle Libre 2 is CGM for those aged 4+ as well (18).
- In November 2021. the government removed its MAC pricing policy for rapid acting insulin. It is now completely covered (18).
- As of this year, all five health authorities in BC can provide totally contact cast services for treatment of foot ulcers. As well custom orthotics and adaptive shoes for those with diabetic foot ulcers that have been recently healed with the total contact casting (18).



3 SOLUTIONS!



1. Advocate for Change Part 1
2. Advocate for Change Part 2
3. Multidisciplinary Approach



ADVOCATE FOR CHANGE

An illustration on the left side of the page shows several hands of different skin tones holding a megaphone. The megaphone has a red body and a dark grey horn. The background behind the hands is a dark blue shape with several light blue diagonal lines radiating from the top, suggesting sound or emphasis. The overall design is clean and modern with a color palette of blues, oranges, and reds.

- Some of the most common reported reasons for lack of care plan adherence are cost-related, lack of access to prescription refills, failure of healthcare to meet psychiatric needs (9). Current systems are not friendly for those without a permanent address.
- Current systems are not designed to discharge homeless patients safely, so facilities see frequent re-admissions (3).
- Nurses in the community are in the best positions to lead and research new interventions, and drive change (10).
- Change is slow, requires awareness of need for change, government engagement, and appropriate solutions.

ADVOCATE FOR CHANGE PART 1: HOMELESS HEALTHCARE



- UK 2018 Homelessness Reduction Act - half 'rough sleeping' by 2022, eliminate by 2027 (1).
- Homeless Healthcare teams implemented in hospitals - On admission, teams investigate what client needs are, which community facilities can provide, and initiate referrals starting day 1 (1).

ADVOCATE FOR CHANGE PART 2: BASIC INCOME



- Income has a significant impact on health outcomes, opportunity, and other psycho-social stressors (4). People may not take preventative actions for their health if they feel they do not have the finances to spare (4).
- Universal basic income has been tested several times in North America from the 1970s' to the 2000s by governments, charities, and NGOs (4).
- Each test showed decreased hospitalizations, reduced spending from healthcare systems, improved school performance from families with children, and decreased rates of poverty (4).
- Unfortunately, Canada is massive - Multiple provincial governments, provinces and federal gov. can never agree on who pays. Possible public backlash

A MULTIDISCIPLINARY APPROACH

- Nurses are often the first point of contact for homeless populations, but cannot manage all healthcare needs alone. They are in the best position to connect with patients (10). Outreach/community nurses can meet people where they are, explain necessary healthcare interventions, and why they are needed (5,9).
- Care includes adequate diabetic diet, access to BGM supplies, medication management and prescription, and diabetic specialty care (endocrinologist, educators, foot and eye-care specialist) (7,8).
- Addressing the healthcare needs of homeless populations requires a coordinated approach from multidisciplinary teams (7). This population often experiences multiple comorbidities or mental health conditions. May need to curb other existing conditions (commonly depression, drug or alcohol use) before a patient can be engaged to manage their diabetes (10).



A MULTIDISCIPLINARY APPROACH (CONTD.)



- Homeless populations are typically the most difficult to reach and engage as they have competing priorities preventing seeking medical care - food security, shelter, acquiring insulin needles and syringes (6).
- Community support and public infrastructure like shelters and public transit can communicate data to healthcare facilities (9). Coordination with community shelters providing resources and references has been shown to dramatically increase effectiveness and continuity of care (9).
- Back to the UK Homelessness Reduction Act - Hospitals are forced to collaborate with community services, provide referrals, and create a care plan to prevent “revolving door” admissions (1).

A MULTIDISCIPLINARY APPROACH (CHALLENGES)

What?



- Facilities in Kamloops cannot always access charting from other facilities - cannot see most up-to-date notes/reports.
- Often when patient come into acute care, healthcare provider only chart under their acute care system. All this information is often not accessible to community healthcare providers.
 - This leads lack of continuity of care
 - Often times, acute care providers are not aware of potential care plans that are in place for the patients. Or that they are not aware of what services they are accessing
 - Community care providers might not be aware that their patient even accessed acute care and what treatment they received.

PRIORITY SOLUTION.....

Multidisciplinary Approach:

- This would be the fastest solution to implement over the other solutions.
- In Max's case, a multidisciplinary approach would have the best outcome in the most time-effective manner.
- A multidisciplinary approach is a sustainable solution that can springboard future solutions.
- This solution is the most simple to implement - no policy making or bill passing. There will be less resistance from the public.
- Diabetic management requires multidisciplinary care because it effects multiple factors within someone's life.

**THANK YOU FOR
LISTENING!**

QUESTIONS?

