From the Guest Editor

Canada's palliative care systems were not built for people who are homeless or vulnerably housed. There have been pockets of innovation across the country, but until now, no national initiative of this scale. In February 2025, I received an e-mail from Dianne Foster-Kent, Editorial Director for *Healthcare Quarterly*, asking whether I would consider serving as guest editor for a special issue profiling the Improving Equity in Access to Palliative Care (IEAPC) collaborative. Led by the Canadian Partnership Against Cancer and Healthcare Excellence Canada, the collaborative aimed "to improve access to palliative care for those who are experiencing homelessness or vulnerable housing across Canada," and to "provide healthcare leaders with tools and strategies that they can adapt to their own jurisdictions to enhance access to palliative care for equity-deserving communities."

At the time, I was nine months into maternity leave and working part-time to keep my research program afloat. My bandwidth was limited, but the opportunity was one that I could not turn down. Improving access to palliative care for people experiencing homelessness or vulnerable housing has been a passion of mine for well over a decade. My very first research job in public health involved interviewing individuals at the Ottawa Mission about their experiences navigating primary care while homeless or vulnerably housed. Since then, I have been involved in several studies relevant to palliative care for this population in Baltimore, Toronto and Ottawa. I replied to Dianne's e-mail within 20 minutes.

The Innovation of the Improving Equity in Access to Palliative Care Collaborative

Over the next two years, a series of conversations and iterations unfolded as we worked together to support the IEAPC collaborative in clearly and cogently representing the innovation of their initiative and the lessons learned. Across 23 communities in eight provinces, IEAPC demonstrated that palliative care can be redesigned to meet people where they are both literally and structurally. This achievement is unprecedented in Canadian palliative care, and the Canadian Partnership Against Cancer and Healthcare Excellence Canada should be applauded for their leadership in spearheading this work.

The IEAPC enhanced access to and quality of palliative care for people who were and are homeless or vulnerably housed, all while leveraging an approach grounded in community engagement, person-centredness, trauma-informed practice, and culturally safe(r) care. The breadth and depth of what unfolded since the IEAPC launched in 2022 is documented throughout this special issue, which is thoughtfully packaged to represent the initiative from multiple angles.

Overcoming the Challenge of How to Evaluate Patient and Public Involvement and Engagement

Patient and public involvement and engagement in research and quality improvement initiatives is notoriously hard to do and hard to publish. Typical biomedical paradigms and positivist ontologies do not pair well with the nature of this work. Nevertheless, these authors and organizations assembled a comprehensive, customizable evaluation framework for each of the 23 communities. Were improvements captured with propensity-score-matched comparator groups or randomized participants? No, and nor would either have been feasible in the context in which IEAPC operated. And do we need this level of rigour to say the IEAPC improved lives? Also no.

As a researcher who works at the nexus of evidence, practice and policy, I often struggle with balancing gold-standard rigour with the urgency of implementing initiatives that improve lives. Sometimes, to achieve one, we must compromise the other. I once had a caregiver partner exclaim, after I presented results from nine years of meticulous research, "Stop studying this and start implementing it. We need these solutions now and not after a step-wedged multi-site randomized control trial!" The IEAPC went ahead and leveraged patient and public involvement and engagement to quickly and effectively implement solutions at a time of intersecting crises of housing instability, increased morbidity and mortality, aging, caregiver burden and the opioid crisis, to name a few.

Key Takeaways From This Issue

For healthcare leaders, the lesson is clear: meaningful evaluation must fit the realities of the populations served. The IEAPC demonstrates that equity-oriented palliative care is not only possible but also scalable. The approaches showcased in this issue offer actionable insights for jurisdictions seeking to redesign palliative care with and for communities who have historically been excluded from it. Investing in community-engaged design, adapting trauma-informed approaches and embedding flexible evaluation frameworks are not optional; they are essential for equity-oriented system redesign. HQ

About the author

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