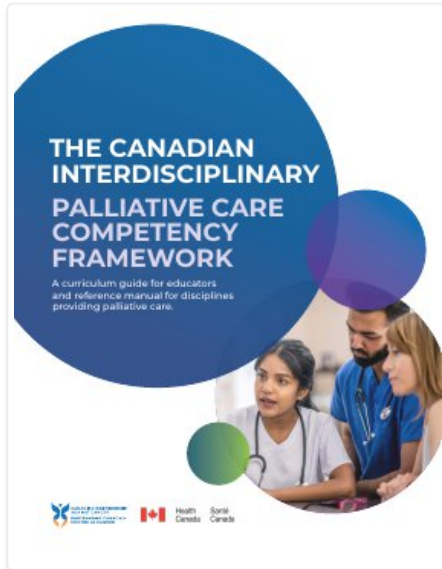


The Canadian Interdisciplinary Palliative Care Competency Framework

<https://policybase.cma.ca/link/policy14439>

POLICY TYPE	Policy endorsement
DATE	2020-12-05
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

<https://policybase.cma.ca/link/policy14165>

POLICY TYPE

Policy endorsement

DATE

2019-10-17

TOPICS

Health care and patient safety
Population health, health equity, public health

Documents

GUIDELINE **VULNERABLE POPULATIONS**

Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

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© CMA 2020 March 9, 2020-24. doi: 10.1503/cmaj.190777

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Homeless and vulnerably housed populations are heterogeneous and continue to grow in numbers in urban and rural settings on a basis of a combination of the high prevalence and underlying factors. Collectively, they face ongoing living conditions and associated health care system issues. However, providers can improve the health of people who are housed or vulnerably housed primarily by following evidence-based clinical steps, and are best with community and adaptive and supportive practices.¹⁻⁴

Essentially speaking, "homelessness" encompasses all individuals who lack permanent and affordable housing, including the immediate present, intent and ability of acquiring it.⁵ Under such conditions, individuals and families face increasing mental, emotional and physical health risks that significantly compromise quality of life.⁶ For example, people who are homeless and vulnerably housed experience a significantly higher prevalence of chronic mental health conditions and substance use disorders than the general population.^{7,8} Canadian research reports that people who experience homelessness face life expectancy that are 10 years for men and 12 years for women.⁹

Of particular note, homeless Canadians were largely unable to get a single year's longer average life expectancy.¹⁰ Today, the approach to care has shifted to include higher prevalence of chronic, poorly managed mental illness, neurological, older adults and people from rural communities.¹¹ For example, family homelessness (and therefore homelessness among dependent children) and conflict in residential, particularly point of the crisis, in 2018, the rate increased 23.5% from 2016 in Canada, 27.3% from 2016 in Ontario, 18.7% from 2016 in the same period (compared to 2016), and a growing number were veterans and seniors.¹²

KEY POINTS

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a person's gender, age, Indigenous heritage, ethnicity, and history of trauma, and of access to comprehensive primary health care.
- An initial step is to take care of homeless and vulnerably housed populations, primarily by supporting housing, including community, and supportive services to the maximum extent possible.
- Case management services, with access to psychiatric support, are recommended to support or improve care for individuals with mental health, substance use and other conditions.
- Home-visitation interventions, such as supported independent housing, are recommended for people with psychiatric disorders, such as a prior diagnosis, or recommended for people with substance use.

Practice managers, peer support workers and primary care providers can work jointly to identify social causes of poor health and provide a solution for a patient or family.¹³ A patient's medical history is a family practice defined by the patient as the place they live, their social history, and the way they live, and how they live and how they live.¹⁴ Medical care is "family practice, and not the patient's needs, are valued throughout every stage of life, and are already integrated with other services in the health care system. The community's role is to build and sustain the social, primary care providers, and other well-positioned for medical health promotion, chronic prevention, diagnosis and treatment, and rehabilitation services."¹⁵

8230 CMAJ | MARCH 9, 2020 | VOLUME 192 | ISSUE 10