

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

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Health care and patient safety  
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## Documents

**GUIDELINE** **VULNERABLE POPULATIONS**

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

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See related article at [www.cmaj.ca/lookup/doi/10.1503/cmaj.190777](https://www.cmaj.ca/lookup/doi/10.1503/cmaj.190777)

**H**omeless 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 policies. Collectively, they face ongoing living conditions and marginalization in health care systems. However, providers can improve the health of people who are homeless or vulnerably housed, most powerfully by following evidence-based clinical steps, and are being well-served by following adapted patient-oriented practices.<sup>1-4</sup>

Essentially speaking, “homelessness” encompasses all individuals who lack permanent and affordable housing, including the immediate prospect, intent, and ability of acquiring it.<sup>5</sup> Under such conditions, individuals and families face increasing mental, emotional and physical health risks that significantly compromise mortality and morbidity.<sup>6</sup> 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.<sup>7,8</sup> Canadian research reports that people who experience homelessness face life expectancy rates that are 10 years for men and 12 years for women.<sup>9</sup>

Of particular note, homeless Canadians were largely unable to get a single year’s larger urban rentals.<sup>10</sup> Today, the approach might be shifted to include higher proportions of women, youth, Indigenous people (Inuit, Métis, and First Nations), older adults and people from rural communities.<sup>11</sup> For example, family homelessness (and therefore homelessness among dependent children) and youth homelessness, both of which were 10% of the total in 2018, are the highest 2018 homelessness figures in Canada, 27.3% more women, 18.7% more youth, 6% more racialized immigrants and migrants, and a growing number were veterans and seniors.<sup>12</sup>

**KEY POINTS**

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a patient’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 equipping housing to bring comprehensive, patient-oriented attention to their requirements.
- Case management case services, with access to psychiatric support, are recommended to support or arrange care with other organizations, including substance use and other specialists.
- Home-visitation interventions, such as approved case-management, are recommended for people with serious mental illness, such as a prior diagnosis, or an assessment for psychiatric stabilization.

Practice managers, peer support workers and primary care providers can work jointly to identify social causes of poor health and provide a platform for a patient-centred team.<sup>13</sup> A patient’s medical history is a family practice defined by its patients as the place they first meet (and likely remain) and the place they go to for health and mental services.<sup>14</sup> Medical care is “health care, not just for the patient, needs are valued throughout every stage of life, and are already integrated with other services in the health care system. The community” (Bills) will not be successful if it does not take a primary care approach that is patient-centred, and that is not just for the patient, but also for the community, diagnosis and treatment, and rehabilitation services.<sup>15</sup>

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# The Canadian Interdisciplinary Palliative Care Competency Framework

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## Documents

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