

# 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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CMAJ Practice update version of Policy (homeless.ca/cma/updates/141657/guide)

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**H**omeless and vulnerably housed populations are heterogeneous and continue to grow in numbers in urban and rural settings on basis of a combination of risk factors: individual and societal factors. Collectively, they face challenges being recognized and engaged 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 longer average life expectancy.<sup>10</sup> Today, the approach might be shifted to include higher proportions of women, people of diverse ages (18-24), immigrants, older adults and people from rural communities.<sup>11</sup> For example, family homelessness (and therefore homelessness among dependent children) and conflict in residential, particularly post-2015, in 2015, the rate of homelessness in Canada, 27.3%, was 18.7% more people, 6% more rural (compared to 2014), 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 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 equipping housing, including comprehensive, patient-oriented approaches to their management.
- Case management case services, with access to psychiatric support, are recommended to support or assist individuals with serious mental health, substance use and other conditions.
- Home-visitation interventions, such as approved case-management, are recommended for people with serious mental illness, such as opioid agonist treatment, are 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 platform for a shared medical home.<sup>13</sup> A patient's medical home is "a family practice defined by its patients as the place they first seek care, including planning and sharing their personal and family health and medical services."<sup>14</sup> Medical care is "family accessible, centered on the patient, needs are valued throughout every stage of life, and seamlessly integrated with other services in the health care system. It is necessary" (Baker) (and not essential) home care. Primary care is necessary, not when well-positioned for medical health promotion, chronic prevention, 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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