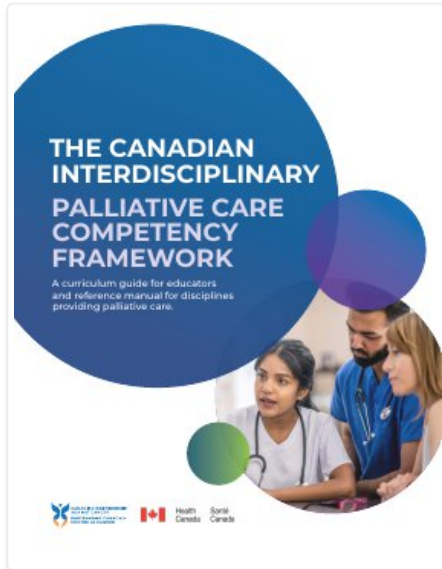


The Canadian Interdisciplinary Palliative Care Competency Framework

<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



The thumbnail shows the title page of a clinical guideline. At the top, it says 'GUIDELINE' and 'VULNERABLE POPULATIONS'. The main title is 'Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience'. Below the title, there is a list of authors and their affiliations. A red box highlights the 'KEY POINTS' section, which includes several bullet points. At the bottom of the thumbnail, there is a footer with the CMAJ logo and the date 'OCT 16, 2019'.

GUIDELINE | VULNERABLE POPULATIONS

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

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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 disproportionate risk with poor utilization and underly policies. 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 with communities and adapting and improving practices.¹⁻⁴

Essentially speaking, "homelessness" encompasses all individuals who lack permanent and affordable housing, including the immediate prospect, intent and ability of acquiring it.⁵ Under such conditions, individuals and families face increasing mental, emotional and physical health risks that significantly compromise mental and overall health.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 is 10 years shorter than the national average.⁹

Of particular note, homelessness in Canada is more likely to affect people who are younger and Black.¹⁰ Today, the approach to homelessness is shifting to include higher proportions of women, people with mental health conditions, and people with physical health conditions.¹¹ For example, family homelessness (and homelessness experience among other forms of homelessness) is a significant, persistent part of the crisis in 2018, with the estimated 250,000 homeless people in Canada, 21.5% were women, 18.7% were youth, 6% were racialized (immigrants and refugees), 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 patient's gender, age, independence, history, interests and needs, and of access to comprehensive primary health care.
- An initial step is to use a list of homeless and vulnerably housed populations to provide information to health care providers.
- Case management case workers, with access to psychiatric services, are recommended to support or manage the needs of homeless and vulnerably housed populations.
- Home-visitation interventions, such as supervised consumption, and case management, are recommended for people who are homeless.

Practice guidelines, peer support workers and primary care providers can work together to identify social causes of poor health and provide information for patient medical teams.¹³ A patient's medical history is a family practice defined by the patient as the place they find most comfortable spending and discussing their personal and family health and medical concerns.¹⁴ Medical care is "family practice" centered on the patient, needs are valued throughout every stage of life, and seamlessly integrated with other services in the health care system (the community).¹⁵ It is a holistic and person-centred approach. Primary care providers are also well positioned to address health promotion, disease prevention, diagnosis and treatment, and rehabilitation services.¹⁶

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Insite: CMA submission regarding Insite supervised injection site and program.

<https://policybase.cma.ca/link/policy14129>

POLICY TYPE Court submission

DATE 2011-02-17

TOPICS Health care and patient safety
Pharmaceuticals, prescribing, cannabis, drugs

Documents

