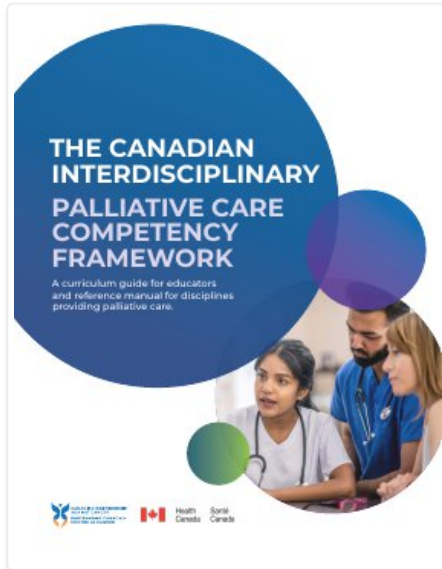


The Canadian Interdisciplinary Palliative Care Competency Framework

<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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© 2019 CMAJ 2019 March 5; 191(8):E460-64. 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 risk factors: individual and family 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 best practices.¹⁻⁴

Essentially speaking, “homelessness” encompasses all individuals who lack permanent, affordable housing, including the homeless, precariously housed, and at-risk of evictions.⁵ Under such conditions, individuals and families face increasing mental, emotional and physical health risks that significantly compromise mental and physical 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 rates that are 10 years shorter and 62 years for women.⁹

If population ages, homelessness rates largely stabilize, except in large urban settings.¹⁰ Today, the approach has shifted to include higher proportions of women, people of diverse ages (50s-70s), immigrants, older adults and people from rural communities.¹¹ For example, family homelessness (and therefore homelessness among dependent children) and youth homelessness, both of which were 10% of the total in 2010, are now 18.7% and 17% respectively. In some recent longitudinal evaluations, and a growing number of cross-sectional surveys,¹²

KEY POINTS

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a person's gender, age, language, literacy, 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 community and professional attention to their homelessness.
- Case management case services, with access to psychiatric support, are recommended to support or manage 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 health, such as a prior diagnosis of mental illness, or a diagnosis of mental illness, or a diagnosis of mental illness.

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 first seek health care, and identifying their personal and family health and medical services.¹⁴ Medical care is “family practice, defined as the practice” needs are varied throughout every stage of life, and are usually integrated with other services in the health care system. The community health worker model of care, primary care providers, and other well-positioned for medical health promotion, chronic prevention, diagnosis and treatment, and rehabilitation services,¹⁵

CMAJ | MARCH 5, 2019 | VOLUME 191 | ISSUE 10 | www.cma.ca | 1010