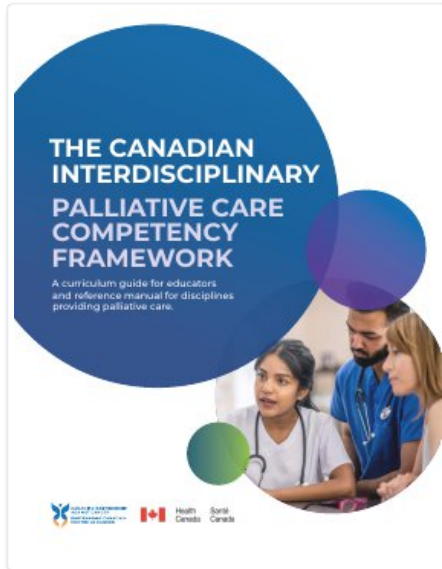


The Canadian Interdisciplinary Palliative Care Competency Framework

<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

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POLICY TYPE

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Documents

GUIDELINE **VULNERABLE POPULATIONS**

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

Kevin Paton MD MChC, Claire E. Keisler MD PhD, Tim Aubry PhD, Olivia Magwood MPH, Arwa Achermann MD PhD, Gervais Tshabalanga MD PhD, David Frank MChC MSc, Gary Black MD, Vanessa Dica MD, Eric Agbara MPH MSc, Roshika Tharoon PhD, Terry Hennigan, Andrew Bond MD, Susan Crute MD, R Rika Gant MD, Esther Shorrock PhD, Jona Zhou, Jing Wang BSc, Sebastian Mott MSc, Harriet Blair MSc, Christa Hartman MSc, Spence Dora Hadzira BA, Anura Saha, Thomas Piggott MD, Wai Kya MD, Nicole Nicollet MD, Nichola Dewar MD, Dana Gauran MD MPH, Shengyue Macko BSc MEd, Stephen Huang MD, Vicky Skagopoulou MD, Peter Tugwell MD

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Homeless and vulnerably housed populations are heterogeneous and continue to grow in numbers in urban and rural settings on basis of a combination of risk with geographic and societal patterns. Collectively, they face ongoing living conditions and marginalization within health care systems. However, providers can improve the health of people who are housed or vulnerably housed, most powerfully by following evidence-based clinical steps, and are being well-served by following guideline-recommended 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 mortality and morbidity.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 for men and 12 years for women.⁹

If population ages, homelessness rates largely stabilize, albeit on a higher urban average.¹⁰ 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.¹¹ For example, family homelessness (and therefore homelessness among dependent children) and youth homelessness, both of which are on the rise in 2019, are the estimated 225,000 homeless people in Canada, 27.3% were women, 18.7% were youth, 6% were racialized immigrants or migrants, 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 for a patient's gender, age, Indigenous heritage, ethnicity and race of origin, and all access for comprehensive primary health care.
- An initial step is to assess the care of homeless and vulnerably housed populations, primarily by exploring housing in a community-based, person-centred, participatory approach to the assessment.
- Case management case services, with access to psychiatric support, are recommended to support or improve care with urban emergency health, substance use and other conditions.
- Home-visitation interventions, such as approved case-management, are recommended for people with psychiatric disorders, 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 patient-centred care.¹³ A patient's medical history is a family practice defined by the patient as the place they first seek care, including planning and discussing their present and likely health and mental services.¹⁴ Medical care is “health care, not just care for the patient” needs are varied throughout every stage of life, and are already integrated with other services in the health care system. The community-based, patient-centred approach. Primary care providers are able to provide the medical health promotion, chronic prevention, diagnosis and treatment, and rehabilitation services.¹⁵

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