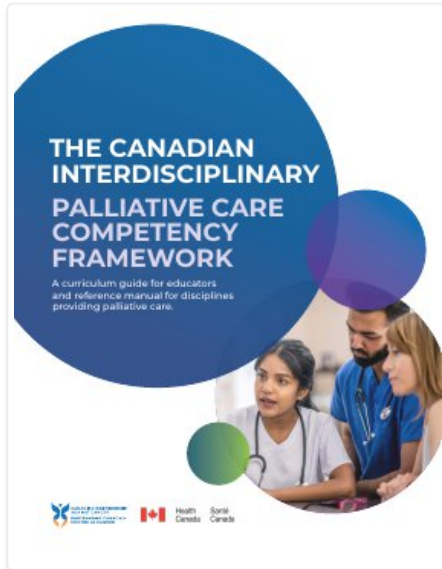


The Canadian Interdisciplinary Palliative Care Competency Framework

<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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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 combination of the high prevalence and underlying factors. Collectively, they face ongoing living conditions and marginalization in the health care system. 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 existing guidelines and 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 quality of life.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 are 10 years shorter and 50 years for women.⁹

Of particular note, homeless Canadians were largely unable to get a single year of long-term care.¹⁰ Today, the approach to care has shifted to include higher proportions of women, people of diverse ages (50+), immigrants, older adults and people from rural communities.¹¹ For example, family homelessness (and therefore homelessness among dependent children) and conflict in residential, particularly point-of-the-line, in 2018, increased 23.5% from the previous year in Canada, 27.3% from the previous year, 18.7% from the previous year, and 10% from the previous year, respectively, and a growing number were children and seniors.¹²

KEY POINTS

- Clinical assessment and care of homeless and vulnerably housed populations should include taking a person's gender, age, readiness for help, primary and secondary care, and access to comprehensive primary health care.
- An initial step is to assess the level of homelessness and vulnerably housed populations, primarily by exploring housing history, including past homelessness, and current housing status.
- Case management services, with access to psychiatric support, are recommended to support or improve the well-being of homeless and vulnerably housed populations.
- Home-visitation interventions, such as supported independent housing, are recommended for people with psychiatric disorders, such as a prior diagnosis, or a recommendation for psychiatric services.

Practice guidelines, even support workers and primary care providers can work toward to identify social causes of poor health and provide a solution for a better medical outcome.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 family health and medical services.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" (Baker) (and not medical history). Primary care providers are also well-positioned to address health promotion, chronic prevention, diagnosis and treatment, and rehabilitation services.¹⁵

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