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### What is the Homeless Health Network?

#### Who are we?

The Homeless Health Research Network is a multidisciplinary team of investigators, practitioners, primary healthcare providers, public health professionals, and student leaders with shared interests in developing homeless health clinical guidelines that best address the needs of homeless and vulnerably-housed populations in Canada.

### What is our message?

To initiate a positive change with social and healthcare services provided for individuals with lived experience of homelessness in Canada to improve their health and general wellbeing.

### The Release of Evidence Based Clinical Guidelines

Primary healthcare practitioners are well positioned to identify and address social causes of poor health and direct their homeless patients to available resources in the community. Homeless populations in Canada could benefit from interventions that are effective in improving their health and wellbeing such as permanent supportive housing, income assistance, case management and harm reduction intervention for substance use.



We have developed our guidelines to inform primary healthcare practitioners about a series of linked, evidence-based recommendations to support individuals with lived experience of homelessness and ensure their access to comprehensive primary healthcare and stable housing. These guidelines incorporate the values and preferences of people with lived experience of homelessness, and consider feedback from stakeholders regarding the feasibility, acceptability, cost and health equity of these interventions. We envision these recommendations representing the union of our five interventions that work together to improve the wellbeing and quality of life of homeless populations. The Guidelines will be published to the public in October.







# **The Guideline Development Panel Process**

The guideline development process followed the **G**rading of **Re**commendations **A**ssessment, **D**evelopment and **E**valuation (**GRADE**) approach which utilizes a panel to help with the process of creating the recommendations. We presented our evidence to a group called the national guideline panel which is made up of 17 content experts, such as primary care practitioners, internists, psychiatrists, public health professionals, persons with lived



experience of homelessness, medical students and residents. Panel members were invited from across Canada and have remained independent from the Homeless Health Guideline Project until that point to ensures they do not arrive with pre-established ideas of what the recommendations should be. They also had no financial or intellectual conflicts of interest. After the panel were presented with the evidence, they discussed the benefits and harms of interventions, their cost-effectiveness, and their feasibility and acceptability to stakeholders. Panel members identified gaps in the research as well. Based on this evidence, the panel members were responsible for drafting the guideline recommendations.

## **Engaging with the Community**

"I believe that ending homelessness strengthens the health and wellbeing of our communities, and most importantly, it improves lives. I know this first hand. Raised in poverty, I experienced homelessness when I became a mother at the age of 20. When I found housing, it changed the trajectory of my life. I graduated university, found employment, provided for my daughter, and became healthier. I have dedicated my career to serving those experiencing homelessness both on the front lines and through public policy. As the Manager of Homelessness Policy and Programs with the City of Hamilton, I champion the efforts to end chronic homelessness locally and nationally. Through improved coordination across human services, advancement of evidence-based practices such as Housing First, and partnerships with key stakeholders, Hamilton has reduced homelessness by 35%. I also know it's possible because I'm living proof."

Amanda DeFalco is the manager of homelessness policy and programs with the City of Hamilton.



# **End of Grant: Knowledge Mobilization**

Knowledge mobilization (Also known as knowledge translation) is the act of moving knowledge into action and informing knowledge users of our research findings and recommendations.

We have submitted our systematic reviews and guidelines to high-calibre open-source journals such as the Lancet Public Health and the Canadian Medical Association Journal. We have also presented our findings at different conferences such as the Canadian Public Health Association 2019, and will continue to do so in upcoming events. Our Homeless Guidelines Newsletters are published on our website and continue to serve as knowledge mobilization tool that describes the process of developing these guidelines and shed the light on the engagement we have received from the community and persons with lived experience of homelessness. We have collaborated with the Canadian Federation of Medical Students CFMS Task Force on Homelessness to create a curriculum framework for undergraduate medical students. We are also working to link our guidelines to humanizing narratives which would improve implementation, enhance patient impact and practitioner support.



# Peer support: An intervention under the scope



Peer support programs emerged as a strategy that is often used with vulnerable populations. Peers engage people with a shared lived experience such as mental illness, substance use, or homelessness in a mutually beneficial manner that aids with personal and social recovery. They have the potential to assist individuals with lived experience of homelessness by establishing a relationship built on trust. Peers play a fundamental role in the continuum of care for persons with lived experience of homelessness through the provision of navigation, education, advocacy, and support.

There is extensive peer-reviewed and anecdotal evidence emphasizing that peer support models are acceptable, and often preferable from the perspectives of individuals with lived experience of homelessness. Yet there is only limited evidence on the effectiveness and cost-effectiveness of these models of support among homeless populations. More controlled trials that address the key factors contributing to the success of such models are needed. Future funding is also needed at the local, regional and federal levels to incorporate peer support models into primary healthcare practices.

# **Our Core Team**

A vibrant core team operated behind the scenes and coordinated every step of the homeless health guideline development project. Team members came from different disciplines such as public health, medicine, epidemiology, and health sciences but shared the same values and commitment to end homelessness. They were mainly located in Ottawa and worked under the direct supervision of Dr. Kevin Pottie. Despite the fact that their time was occupied with managing working groups and leading the evidence synthesis process, they were able to find some time to enjoy themselves and be who they are. It is not common to find a team that has a professional ballerina, a chef, a mountain biking enthusiast, a creative writer, and a baker. Some of the adventures that our team has taken included hiking, rock climbing, snowshoeing, bowling, dancing and skating.





## **Upcoming Research in Homeless Health**

Our systematic reviews and guidelines are almost all submitted, keep an eye for when they are published:

The Lancet PH (Submitted): A Modified Delphi consensus

The Lancet PH (Submitted): A systeamtic review on housing and income interventions

The Lancet PH (Submitted): A systematic review on case management interventions

The Lancet PH (Submitted): A systematic review on participants' experiences

The Lancet PH (Submitted): An overview of reviews on substance use interventions

CJPH (Submitted): A systematic review of qualitative studies on homeless migrants

BMC PH (Submitted): A systematic review on youth-specific interventions

BMC Womens Health (In process): A systematic review on women-specific interventions

CMAJ (In process): Clinical guidelines for homeless, vulnerbaly housed, and people with lived

experience of homelessness

#### **Collaborating Partners**

Public Health Agency of Canada The Canadian Task Force Inner City Health Associates Canadian Federation of **Medical Students** The College of Family Physicians Canada **Registered Nurses** Association of Ontario Public Health Ontario **Health Quality Ontario Employment and Social** Development Canada Calgary Urban Project Society Centre for Addiction and Mental Health (ON) Klinic Community Health (MB) Vancouver Native Health **Society Clinic** The Working Center (ON)

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