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What is the Homeless Health Network?

The Homeless Health Network is a group of researchers and healthcare providers who are developing homeless health guidelines for Canada. Homeless health guidelines are a set of evidence-based recommendations on how to best address the needs of homeless and vulnerably housed populations in Canada.



Source: ICHA (http://www.icha-toronto.ca/ content/who-we-serve)

Building Innovative Pathways to Community Care

The ICHA Canadian Evidence Based Guidelines for Homeless and Vulnerably Housed Persons is working to improve their health and social outcomes. The guidelines will build a pathway from emergency room and shelters toward stable housing and community primary care. Our systematic reviews are complete and we are now beginning to develop the clinical recommendations for the Toronto November team meeting.

Many media are interested in our work, there is no dispute that housing is critical for health. People want to know how doctors will find homes for the homeless.

A few decades ago we recognized the lifesaving importance of early intervention for heart attacks; we now need the same focused attention, maybe even the same sort of Health Atlas, to act for people developing homelessness. After housing, we will include recommendations for mental health and addiction, two key areas that must be addressed to improve links to primary care. We will need collaboration with people with lived experience and partnership with community groups.

Kevin Pottie MD, Canadian Medical Association Health Summit, Winnipeg 20 August, 2018



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Homeless Health News

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Image source: http://www.icha-toronto.ca/who-we-are/mission-and-leadership

The Guideline Development Process

The Homeless Health Network is using a six-step process to create the Homeless Health Guidelines. They began by asking healthcare practitioners and people with lived homeless experience to give their input on the development process. This information will help to determine what issues and populations need to be studied before making suggestions on how to address them. The Network then hosted a working group meeting in Montreal with individuals with lived homeless experience and health professionals to learn more about health-related issues affecting homeless individuals in Canada. This meeting allowed participants to give their input on the topics most important to them. Next, the Network will review existing research to find out what information already exists about these topics. They will also look at the values, attitudes and preferences of prioritized homeless populations. The final step will be to use this information to create guidelines in Canada.

Engaging With The Community

"Over 10 years, through Working for Change, I have been able to speak publicly and sit at many tables trying to tackle the issue of poverty and homelessness. While I have seen much progress, having the opportunity to be a part of the Homeless Health Network, in particular the women and youth group, has given me the opportunity to voice my personal experience with these issues and to share the knowledge I have gained from supporting others in the community. I have been a part of this initiative since the beginning, and I am looking forward to the completed guidelines for physicians in the community to tackle the issues of poverty and homelessness with interventions that can make a difference."

Dawnmarie Harriott is a coordinator at Working for Change, a non-profit organization with a mission to provide training and employment opportunities to marginalized populations.



Guidelines in Development: What is a Guideline Development Panel?

The guideline development process includes many steps, such as asking meaningful questions, identifying outcomes which are most important to patients, and collecting and synthesizing data. At the end of this process, we have a large body of evidence that must then be used to create recommendations. This evidence is presented to a group called the Guideline Development Panel. The panel is made up of content experts, such as researchers and practitioners, and individuals with lived homeless experience. The panel members are invited from across Canada and have remained independent from the Homeless Health Guideline Project until this point. This ensures that panel members do not arrive with pre-established ideas of what the recommendations should be. The panel is responsible for discussing the benefits and harms of interventions, their cost-effectiveness, and their feasibility and acceptability to stakeholders. Panel members will also identify gaps in the research. Based on this evidence, the panel members will be responsible for drafting the guideline recommendations.



Income support: An intervention under review

An individual's income has a strong correlation with the prevalence of diseases and other indicators of health. In examining the existing literature, a powerful body of evidence demonstrates that higher income and social status leads to better health. The lower the socioeconomic status of an individual, the lower the health status.

The homeless and vulnerably housed are particularly affected by adverse physical and mental health outcomes. We recognize that homelessness and poverty are rarely experienced separately. Almost all people who are homeless or vulnerably housed have a low socioeconomic status, making them an important group for effective healthcare interventions. By improving socioeconomic status, interventions for income security may lead to improved health impacts. Furthermore, financial hardship perpetuates the cycle of homelessness as it makes it difficult to secure housing. In order to meet basic requirements such as paying for housing, food, clothing and medication, income support is a priority need for the homeless and vulnerably housed.

Housing First: A prioritized intervention to combat homelessness



A range of factors contribute to homelessness, and so when considering solutions to end homelessness, it is very important to try to address these contributing factors. A common contributing factor across individuals involves living in poverty and not having the means to afford housing of an adequate quality.

Traditionally, many programs for people who were homeless were set around the logic of "treatment first and housing second". In these programs, individuals become eligible for housing only once they are abstinent from drug and alcohol consumption and their mental health functioning has stabilized.

Because of the lack of success of this treatment first approach with a majority of individuals, a new model emerged called "Housing First". In contrast to treatment first, the Housing First model provides housing immediately to individuals without any pre-conditions in terms of functioning or health status.

The model includes the provision of a rent supplement that allows individuals to choose their housing combined with portable support (home care) delivered in the community, through assertive community treatment or intensive case management. Access and the provision to housing is based on consumer choice (i.e. access to permanent housing from the private sector or in social housing in a preferred neighbourhood).

Source: *Logement Bourgogne* (http://www.logement-bourgogne.com/logement-dabord-habitat-autonome)

Recent Research in Homeless Health

Munthe-Kaas HM, Berg RC, Blaasvær N. Effectiveness of interventions to reduce homelessness. Campbell Systematic Reviews. Feb 2018 28;14.

Government of Canada. (2018). Canada's National Housing Strategy. National Housing Strategy, 1-41. Retrieved from www.placetocallhome.ca.

WEBSITE: http://methods.cochrane.org/equity/about-us/homeless-health-guidelines

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 Centre (ON) MultiCaf (QC)

> **Inquiries** Belinda Smith: bsmith@uottawa.ca

Editors Ammar Saad Christine Mathew Oreen Mendonca Olivia Magwood

Design Oreen Mendonca Eric Dicaire