Homeless Guidelines News

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Inside this Issue

What is a Homeless Health Summit?	1
Guideline Methods	1
Overview of Our Project	2
Esteemed Guests	3
Dialogue: Permanent Supportive Housing	3
Panel: Lived Experience exploration of evidence and narratives	4
Dialogue: Mental Health Interventions	4
Dialogue: Substance use interventions	5
Panel: Roles of Public Health in guideline implementation	5
Panel: Student Leaders' perspectives on Curriculum and Youth Interventions	6
Dialogue: Income inteventions	6
Dialogue: Care Coordination interventions	7
Acknowledgements	7

The 2018 Homeless Health Summit

What: The November 26/27th Homeless Health Summit took place at the Centre for Addiction and Mental Health (CAMH) in Toronto.

Who: Researchers, public health experts, primary care practitioners, medical students, residents, and people with lived experience of homelessness gathered for a national conversation.

Why: To discuss how evidence based systematic review findings could inform guideline recommendations to improve the lives of those experiencing homelessness.

Guideline Methods

01	Delphi process	• Nationwide consensus process • Identified priority topics
02	Meeting	• Montreal 2017 • Consensus on research process
03	Input	• Stakeholder and expert input
04	Evidence	• Review of published literature • Qualitative and quantitative systematic reviews
05	Meeting	• Toronto 2018 • Consensus on draft recommendations
06	Guideline	• Evidence based clinical recommendations
07	Engagement	• Multistakeholder GRADE FACE Survey

Our Partners:

ICHA Inner City Health Associates

Cochrane Methods Equity

Campbell Collaboration — Better evidence for a better world

Employment and Social Development Canada

Public Health Agency of Canada

WORKING FOR CHANGE — A HOME. A JOB. A FRIEND AND SOCIAL CHANGE

Association Médicale Canadienne

Canadian Medical Association

Institut de recherche Bruyère — Research Institute

Road Map to Our Guideline Project

P= People with lived experience provided feedback at this time point

Esteemed Guests

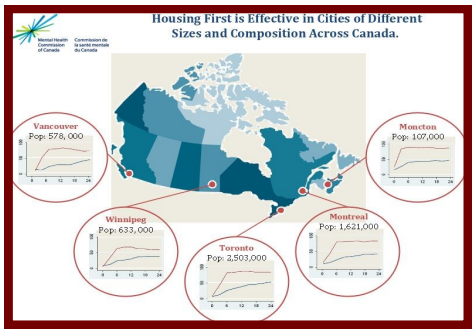
We were honoured to have Dr. **Sandy Buchman**, president-elect of the Canadian Medical Association (CMA), kick-off the summit with some inspiring words. He emphasized the importance of approaching the issue of homelessness as a matter of social injustice and reiterated the commitment that the CMA has in advocating for health equity.

The mayor-elect of Oshawa, **Dan Carter**, inspired us with a compelling and deeply personal talk. Mayor Carter, who struggled with homelessness himself, stressed how the kindness and generosity of others changed his life. He ended his talk by challenging us to the following: "*provoke your communities to help others, invest in individual lives, and work together to find solutions*" which set a great tone for the duration of the summit.

Dialogue: Permanent Supportive Housing

Dr. Tim Aubry, expert lead on the housing section of the quantitative systematic review of interventions for homeless and vulnerably housed populations, shared our research findings on the effectiveness of permanent supportive housing which consists of housing provision in addition to support addressing mental health and/or substance use, such as Assertive Community Treatment (ACT) or Intensive Case Management (ICM). The findings of 38 quantitative studies were reviewed and it was concluded that based on the evidence, this intervention was feasible to implement and resulted in helping a majority of individuals to end their homelessness and become stably housed. Dr. Aubry weighed out the benefits and harms while also discussing the feasibility and acceptability of housing plus ACT or ICM.

A discussion with summit delegates followed the presentation wherein Dr. Aubry stressed the relevance of combining supports with the provision of housing and not simply putting persons who are homeless or vulnerably housed into housing units without any additional assistance. The quantitative outcomes presented were also reviewed as a group. It was found that although permanent supportive housing achieved much better housing stability than standard care, it did not appear to produce greater improvements in health and social outcomes. It was noted that the length of time for assessing these outcomes and the reliance on self-reported quantitative data may contribute to these findings. Additionally, Dr. Aubry pointed out that individuals enrolled in the Housing First programs have chronic mental health conditions wherein mental health and difficulties in functioning persist even in the context of stable housing.



Panel: Lived Experience Exploration of Evidence and Narratives

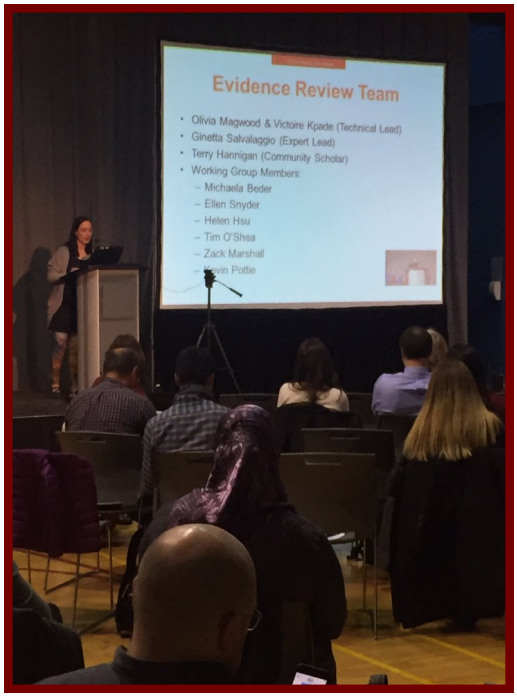
We were extremely grateful to have two of our community scholars share their very personal stories and experiences of homelessness and shed light on various challenges they faced in navigating the healthcare system. Both community scholars, **Terry Hannigan** (left) and **Dawnmarie Harriott** (right), shared their insight on how healthcare practitioners could better nurture the relationships with their homeless patients by establishing trustworthy relationships, making direct eye contact and simply taking the time to listen without holding preconceived notions. It was also importantly suggested that it would be helpful to stop labeling people as 'high functioning' and 'low functioning' as everyday and every experience is different and the same person who might be able to excel at something today may have a difficult time with the same task next year, for example. Lastly the importance of having those with lived homeless experience as peer support workers was stressed.

Dialogue: Mental Health Interventions

Dr. Vicky Stergiopoulos; expert lead on the mental health interventions topic, and Eric Agbata PhD(c), led a dialoging session to highlight the systematic review findings from our research project and to introduce their judgement on the benefits and harms of three mental health interventions that had been prioritized in the Delphi process; CTI [Critical Time Intervention]: A time-limited intervention designed to support vulnerably housed persons during periods of transition (ie. hospital discharge into a shelter). ACT [Assertive Community Treatment]: A community-based team treatment approach which provides intensive treatment, rehabilitation and support services for underserved people with complex needs. ICM [Intensive Case Management]: An intensive, dynamic, case management approach that supports individuals with complex needs to improve their housing, health, and social outcomes.

Delegates involved themselves in a discussion on the intervention's impact on health equity, its acceptability to key stakeholders, and they reviewed the feasibility of implementing the interventions presented. Dr. Stergiopoulos confirmed that some ACT teams are adapted to suit specific populations such as women and youth. She also pointed out that ACT teams are not always available, and it may take up to six months to get linkage to a team, whereas CTI teams are available immediately. When asked about how a decision is made to link a homeless individual to one intervention versus another, she indicated that the decision depends on a combination of the individual's level of needs and the availability of services at a particular location.

Dialogue: Substance use Interventions



Picture 2: Downward Dog position

Our expert lead on interventions targeting problematic substance use; Dr.Ginetta Salvalaggio began the dialogue by recognizing the opioid overdose crisis that Canada is experiencing, and by highlighting some of the benefits of the first intervention; supervised consumption facilities (SCF) and its ability to mitigate overdose risk, reduce blood-borne infection transmission, and provide a low threshold pathway to further support. She also pointed out that the second intervention at hand; pharmacologic treatments (e.g. Methadone, Buprenorphine), haves become the first-line treatment for opioid use disorder. A homeless specific search of the literature for these interventions came back empty, as such we broadened our search to a review of reviews which did not exclude studies based on population. Dr. Salvalaggio highlighted the findings of this adapted review, and introduced her judgement on the benefits, harms, impact on health equity, acceptability to key stakeholders, and feasibility of such interventions. She then presented the draft recommendations and clinical considerations for debate.

During the discussion with delegates, a question was raised about the collaboration between SCF and different settings such as hospitals and shelters. Dr.Salvalaggio mentioned that they have had a facility in the hospital, and that collaboration with other stakeholders is possible with multiple sites.

In order to stay alert and ready for more discussion, Dr. Salvalaggio led our delegates into a 10-minute Yoga stretching session!

Panel: Roles for public health in guideline implementation

Dr. Eileen de Villa; Medical Officer of Health for the city of Toronto, and Dr. Heather Manson; Chief of Health Promotions at Public Health Ontario, followed Dr. Smylie by weighing in on the role that public health holds in guideline implementation.

Dr. Janet Smylie, family physician and associate professor at the University of Toronto, commenced the panel discussion by acknowledging the Indigenous People. She highlighted the fact that 25% of individuals who are homeless may be indigenous but that these individuals may not self-identify as such in a clinical setting, due to potential stigma. Dr. Smylie acknowledged the importance of traditional epidemiological study methods while duly noting ,however, that traditional quantitative research tools have difficulty capturing certain themes such as the quality of relationships and trust. She also mentioned that the Indigenous research project on homelessness will model a ceremonial research methods approach as Indigenous knowledge is developed in eco-contexts due to the heterogeneity of population.

Panel: Student Leaders' Perspectives on Curriculum and Youth Interventions

Perspective on Medical Curriculum

Victoire Kpadé ; a 1st year medical student at McGill University, appreciates the early public health exposure integrated into the McGill curriculum but noted that often exposure to specific population health topics such as homeless health, only lasts a short period. She advocated that medical school curriculum should increase longitudinal opportunities for students to get involved in activities with disadvantaged populations and for individuals with lived experience to speak to medical students.

Interventions for homeless and vulnerably housed youth

Jean Wang; a 2nd year medical student at the University of Ottawa, was a technical lead on the quantitative study reviewing the interventions for the homeless and vulnerably housed youth.

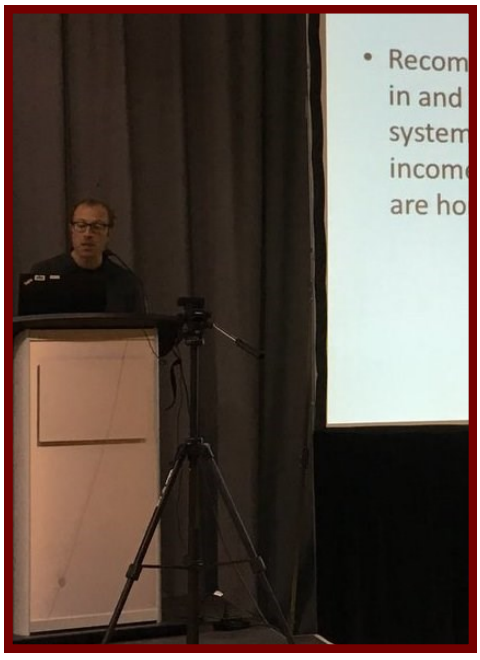
She shared that there is a common perception that youth are misbehaved, but evidence shows that majority of youth in homelessness have experienced abuse. Youth are resilient and show adaptive ways to manage and deal with challenges in their life; this group should be considered separately as they have their own unique paths and challenges.

The Canadian Federation of Medical Students (CFMS) task force on homelessness

Syeda Shanza Hashmi; a 3rd year medical student at the University of Ottawa, highlighted to delegates that the task force is focused on two avenues; educational reform and advocacy. Based on a CFMS survey, there seems to be a divide about whether or not students are satisfied with their curriculum. Syeda advocates that we should improve opportunities for those students who are dissatisfied with their curriculum and she encourages students to voice their opinions and questions to encourage change.

Dialogue: Income Interventions

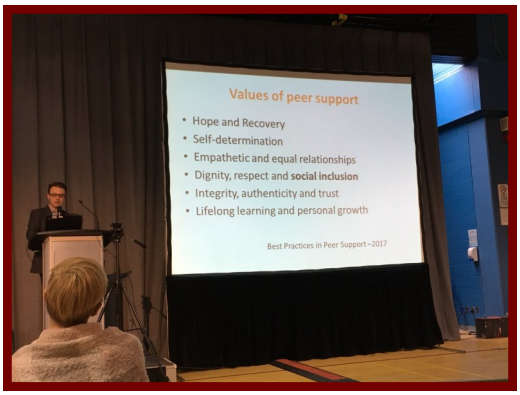
Dr. Gary Bloch; expert lead on the income assistance section of the quantitative systematic review of interventions for homeless and vulnerably housed populations, started the dialogue by recognizing the importance of income assistance in improving low-income individuals' financial strain. He defined the differences between direct income support (benefits and programs to increase income) and indirect income support (programs that help with cost reduction; i.e. access to basic life necessities) which were our interventions of interest. He went on to share the findings that our research on the effectiveness of these interventions has identified, and to introduce his judgement on the benefits and harms of these interventions. Dr. Bloch then presented the draft recommendations and clinical considerations for debate.



Delegates involved themselves in a discussion on the intervention's impact on health equity, its acceptability to key stakeholders, and reviewed the feasibility of implementing the interventions presented; When asked of the reason housing status outcomes were positive in the housing group but not in the income group, Dr. Bloch mentioned that he had the same inquiry, and that this may be due to the limitation of the search. Dr. Tim Aubry pointed out the presence of similarities between housing and income interventions, and that it is worthwhile to further investigate the findings at hand.

Dialogue: Case Management Interventions

Dr. David Ponka, expert lead for the case management interventions, began by introducing the first intervention of non-intensive case management (NCM) which consists of the provision of an array of social, healthcare, and other services with the goal of helping individuals maintain good health and strong social relationships. This differs from intensive case management (ICM) by case manager load as ICM has 10 clients for 1 case manager, whereas for NCM has >25-30 clients per manager.



He went on to highlight the findings that our search identified, and to introduce the benefits, harms, impact on health equity, acceptability to key stakeholders, and feasibility of this intervention. Substantial research demonstrates that people who are homeless benefit from receiving tailored, person-centred care within interprofessional teams with an integrated approach to community and social services but there is often the issue of access. Dr. Ponka then presented the draft recommendations and clinical considerations for debate.

The second intervention presented of case management was Peer Support. Dr. Ponka highlighted that our search strategy and review methodology led to the identification of 3 randomized control trials which were limited in evidence. One challenge is that both case management and peer support are heterogenous terms and as such it is difficult to identify relevant studies. It was noted that there exists a breadth of literature on peer support interventions but perhaps not specific to the homeless population or our study context. Peer support, as echoed by our community scholars, is a highly valuable resource, as peers and people with lived experience can share knowledge, experience, emotional, social or practical help by or with an individual who has experienced a similar background to the service user, and establish relationships of hope and trust. More research and advocacy for this intervention should be developed.

Collaborating Partners

Canadian Medical Association (CMA)
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)

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