Reviewer's report

Title: A cross-sectional observational study of unmet health needs among homeless and vulnerably housed adults in three Canadian cities

Version: 1 Date: 25 February 2013

Reviewer: Bernadette Pauly

Reviewer's report:

Thank-you for the opportunity to review this important and interesting study.

Major Compulsory revisions:

1. The authors mention in the beginning their interest in finding out if there are barriers to care in a universal health care system. However this is not reflected in the research question and I think this could be drawn out more explicitly in the discussion/conclusions that barrier to care still exist. There is a body of literature on barriers other than having a source of care and universal access that should at least be referenced in the discussion. For example, in one of the authors own work, they highlight the role of stigma and discrimination (e.g. Wen, C. K., Hudak, P. L., & Hwang, S. W. (2007). Homeless peoples perceptions of welcomeness and unwelcomeness in healthcare encounters. Journal of General Internal Medicine(22), 1011-1017. doi: 10.1007/s11606-007-0183-7). This is further complicated by various forms of stigma such as drug use. Also, there is several articles which refer to the problem of competing interests in accessing health care. For example, Gelberg, L., Gallagher, T., Andersen, R., & Koegel, P. (1997). Competing priorities as a barrier to medical care among homeless adults in Los Angeles. American Journal of Public Health, 87(2), 217.

2. Clearly, data was collected in Canada and there is a brief description of the universal health care system. Important to acknowledge that Canada has been routinely criticized for not integrating more fully the SDOH. See articles by Dennis Raphael and others. For example, Bryant, T., Raphael, D., Schrecker, T., & Labonte, R. (2011). Canada: A land of missed opportunity for addressing the social determinants of health. Health Policy, 101(1), 44-58. doi: 10.1016/j.healthpol.2010.08.022

3. Bottom of page 6 where it says that homeless individuals were recruited from shelters and meal programs. I presume this means homeless and at risk individuals? The Canadian definition of homelessness clearly lays this out and I think it is germane to your discussion/conclusions as to whether or not you are talking about two different groups (homeless and vulnerably housed). The way that these are defined is key to this. Given the definitions, were there really two groups: those who are currently and predominantly homeless and those who are vulnerably housed or at risk of homelessness? This is critical to establish first in order to support the conclusions f that people transition in and out of housing as
well as the fact that people who are homeless and those who are vulnerably housed experience some of the same challenges in relation to health and access to health care.

4. The next sentence on the bottom of page six, says that individuals who did not use shelter were recruited at meal programs. I think I know why but this needs to be explained a bit. Was it to find people that were currently homeless or people who were chronically homeless? The initial part of the paper sets up the reader to believe that homeless and vulnerably housed are two groups that are going to be compared. This is confusing as in the end everyone is put into one group. It needs to be made clear from the beginning based on the definitions of homeless or vulnerably housed participants whether there are one group or two. For example, the definition of homelessness is that someone was homeless for the last seven days. In this study it would be hard to establish that the homeless group and the vulnerably housed group are not one and the same as someone may be homeless for the first time if it is homeless for seven days. I think that work on trajectories and typologies of homelessness would really help here and the importance of determining whether there is really one group or two. See for example, McAllister, W., Kuang, L., & Lennon, M. C. (2010). Typologizing temporality: Time-aggregated and time-patterned approaches to conceptualizing homelessness. Social Service Review, 84(2), 225-255 and Nooe and Patterson (2010) article on Ecology of Homelessness.

5. The definition of the vulnerably housed group is much better because it highlights that someone needed to be housed with 2 or more moves in the past year. Clearly, this is a more predominantly housed group. So, if the homeless group was assessed as being predominantly homeless such as four or more episodes of homeless in the past year that would make it much clearer that these are two different groups being compared. However, in the definition of vulnerably housed there is a need to incorporate the type of housing that is of focus here. It seems from the description of the low quality housing given by the authors on top of page 6 under setting that the definition should include hostels, rooming houses and SRO’s to be specific that vulnerably housed in this context is referring to a specific type of housing that is often deficient on one or more dimensions of core housing need (as defined by CMHC). While this type of housing is often affordable, it may not meet public health and safety standards and may be overcrowded or unsuitable in other ways. This needs to be clarified. Many people (e.g. students, single young professionals) live in a room in someone’s house but I don’t think this is the group you are referring to.

6. On page 10 the homeless group is referred to as the reference group. This is problematic in that based on the definitions used it is not clear that the homeless group is a reference group. In order to support conclusions that they are the same in terms of unmet health care needs it is critical to clarify the definition of homelessness being used to establish if there are differences on their housing trajectories and unmet health care needs. On page 9 they are treated as one group when the authors report that the average lifetime duration of homelessness was 5.1 years. So, how was the homeless group established as a
reference group? As outlined above, did they have a different trajectory/history of homelessness?

7. On page 11, it is stated that vulnerably housed was not associated with lower likelihood of unmet needs. Since it is not clear that there are two distinct groups (homeless and vulnerably housed) this conclusion is not supported by the analysis. I think the authors are quite right when they say that homeless and vulnerably housed populations are intersecting and dynamic populations. However, more attention is needed to establishing similarities or differences of the two groups in the way that they were defined in the sample to support this conclusion. My concern is that the homeless group could include those with a first episode of homelessness that are in fact no different than a vulnerably housed population. Thus, this conclusion arises from the way the sample was defined. It is really important, I think, to establish whether or not there really are two different groups based on housing history in the data to determine that there are no differences in unmet needs for health and then determine if this kind of statement can be supported. Again the statements on the bottom of page 13 suggest that the two groups were different on their housing/homelessness histories but this has not been established.

Minor Essential Revisions:

1. In the literature review/background, has there been any studies of barriers to accessing health care among vulnerably housed persons previously? This study contributes significantly to that knowledge base but would be good to know if there had been any previous investigation. Adding a statement to this effect would be helpful.

2. A sentence or two explaining the two stage method of recruitment would be very helpful.

Other comments:

It was good to see that attention was given to the potential for gender specific differences even though none were found or analysis were not conducted.

There are clear descriptions of the statistical techniques used.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

No competing interests