Supplementary Table 1. PICAR Statement of Study Eligibility Criteria

	Clinical Practice Guidelines for Traumatic Brain Injury	Clinical Practice Guidelines for Homelessness			
INCLUSION CRITERIA					
P: Population, clinical indicator(s), and conditions(s)	- TBI of any cause and injury severity	 Individuals experiencing homelessness Individuals with lived experience of homelessness Individuals at risk of homelessness 			
I: Intervention(s)	Any intervention				
C: Comparator(s), Comparison(s), and (Key) Content		y comparator or comparison, no 'key' CPG content is of interest (i.e., all content will be considered)			
A: Attributes of CPG	 CPGs are explicitly evidence-based (i.e., CPG must show evidence a literature search was performed) Only the latest version of the CPG will be considered The complete CPG must be available No restrictions based on other attributes such as language, year of publication, country of publication, age (e.g., paediatrics, adults), population (e.g., veterans, athletes), setting (e.g., rehabilitation, acute care, shelters), intended end-user 				
R: Recommendation Characteristics and "Other" Considerations	 At least one evidence-based recommendation must be included CPG must use a system to rate the level of evidence behind the recommendation and the appraisal tool must be specified 				
	EXCLUSION CRITERIA				
P: Population, clinical indicator(s), and conditions(s)	- CPGs focused on the broader brain-injured population (e.g., acquired brain injury) or individuals with cognitive impairment without specific recommendation(s) for TBI	- CPGs not explicitly stated as being for homelessness, individuals experiencing homelessness, individuals with lived experience of homelessness, or individuals at risk of homelessness			
I: Intervention(s)	N/A	1			
C: Comparator(s), Comparison(s), and (Key) Content	N/A				
A: Attributes of CPG	Summaries of guidelines, editorials Adaptations of existing guidelines for audiences other than intended end-user (e.g., guidelines for practitioners adapted for patients), translation of guideline				
R: Recommendation Characteristics and "Other" Considerations	- Recommendations are not rated and are not based				

CPG: Clinical practice guideline; N/A: Not applicable; TBI: Traumatic brain injury

Supplementary Table 2. Keywords and definitions for traumatic brain injury and homelessness.

Traumatic Brain Injury

Keywords:

brain injury or concussion or brain trauma or head injury or head trauma

Definition1:

An alteration in brain function, or other evidence of brain pathology, caused by an external force

Homelessness

Keywords:

homelessness or roofless or marginally housed or precariously housed or unstably housed or provisionally accommodated or houseless or shelters

Definitions of typology of homelessness that encompasses the following physical living situations²:

- a) Unsheltered: Individuals who lack housing and are not accessing shelters
 - Public or private spaces without consent or contract
 - Places not intended for permanent human habitation
- b) Emergency sheltered: Individuals who cannot secure permanent housing and are accessing shelters or other system supports
 - Emergency overnight shelters for people who are homeless
 - Shelters for individuals/families impacted by family violence
 - Emergency shelter for people fleeing a natural disaster or destruction of accommodations due to fires, floods, etc.
- Provisionally accommodated: Individuals without permanent shelter and are accessing accommodations that offer no prospect of permanence
 - Interim housing
 - Living temporarily with others
 - Accessing short-term, temporary rental without security of tenure
 - Living in institutional care and lack housing arrangements
 - Accommodation/reception centres for recently arrived immigrants and refugees
- d) At risk of homelessness: Individuals or families whose current housing situations are dangerously lacking security or stability
 - People at imminent risk of homelessness
 - Individuals and families who are precariously housed

Supplementary Table 3. Synthesis of text-positive and text-negative CPGs.

CPGs for TBI		
Text-Positive CPGs	Category 1: Guideline specifically recommends evidence-based diagnostic, management, or treatment approaches for individuals experiencing homelessness or with lived experience of homelessness	
	Category 2: Guideline acknowledges or makes reference to data (e.g., epidemiologic, risk factors, outcome) regarding individuals experiencing homelessness or with lived experience of homelessness only, without recommendation	
	Category 3: Guideline mentions individuals experiencing homelessness or with lived experience of homelessness without context related to the literature or recommendation	
Text-Negative CPGs	Category 1: Reference lists contain articles that include keywords for homelessness but the text of the guideline does not contain any keywords for or content consistent with the definition of homelessness	
	Category 2: No article in the reference list includes keywords for homelessness	
CPGs for Homelessness		
Text-Positive CPGs	Category 1: Guideline specifically recommends evidence-based diagnostic, management, or treatment approaches for individuals with TBI	
	Category 2: Guideline acknowledges or makes reference to data (e.g., epidemiologic, risk factors, outcome) regarding individuals with TBI only, without recommendation	
	Category 3: Guideline mentions individuals with TBI without context related to the literature or recommendation	
Text-Negative CPGs	Category 1: Reference lists contain articles that include keywords for TBI but the text of the guideline does not contain any keywords for or content consistent with the definition of TBI	
	Category 2: No article in the reference list includes keywords for TBI	

CPGs: Clinical practice guidelines; TBI: Traumatic brain injury

Supplementary Table 4. Tabulation addressing the three research objectives.

Objective	Definition and Tabulation Formula
Extent to which evidence about homelessness is integrated in CPGs for TBI	Proportion of text-positive guidelines for TBI = Number of guidelines for TBI that was text-positive divided by the total number of guidelines for TBI included in the review
2. Extent to which evidence about TBI is integrated in CPGs for homelessness	Proportion of text-positive guidelines for homelessness = Number of guidelines for homelessness that was text-positive divided by the total number of guidelines for homelessness included in the review
3. Equity considerations in CPGs for TBI and homelessness	Proportion of CPGs that considered equity = Number of guidelines that considered equity divided by the total number of guidelines included in the review

Supplementary Table 5. Characteristics of the CPGs

Characteristics of all CPGs (N=60)	N (%)
Year of Publication	
2000-2004 ³⁻⁵	3 (5.0)
2005-2009 ⁶⁻¹²	7 (11.7)
2010-2014 ¹³⁻²³	11 (18·3)
2015-2019 ²⁴⁻⁴⁴	21 (35.0)
2020-2023 ⁴⁵⁻⁶⁹	18 (30.0)
Country	
Australia ^{5, 9, 17, 36}	4 (6.7)
Canada ^{18, 19, 23, 35, 37, 38, 45, 49, 50, 60}	10 (16.7)
France ⁴ , 28, 32, 33	4 (6.7)
Italy ²⁷	1 (1.7)
New Zealand ¹⁰	1 (1.7)
Scotland ¹¹	1 (1.7)
Taiwan ⁸	1 (1.7)
United Kingdom ^{15, 16, 40, 59}	4 (6.7)
United States ^{3, 6, 7, 12-14, 22, 26, 29-31, 34, 39, 41-44, 46-48, 51-58, 61}	28 (46·7)
International partnerships	6 (10.0)
Canada and United States ²⁴	1 (1.7)
Canada, United States, and Australia ⁶³⁻⁶⁹	1 (1.7)
Scandinavian Countries ^{20, 25, 62}	3 (5.0)
Netherlands, Italy, Austria, Russia, Slovenia, Slovak Republic, Hungary, and Germany ²¹	1 (1.7)
TBI CPGs (N=58)	
Injury Severity Mild/concussion ^{9, 13, 14, 18, 21-23, 29, 34, 35, 38, 39, 41, 45, 46, 48-51, 53, 56, 57, 61, 62}	24 (41.4)
Severe ^{3, 4, 8, 24, 26, 28, 30, 31, 58}	8 (13.8)
Mild or moderate ^{20, 25}	2 (3.4)
Moderate or severe ^{36, 37, 63-69}	3 (5.2)
All severity ^{10, 15, 17, 19, 42, 52, 55}	7 (12·1)
Not specified ^{5-7, 11, 12, 16, 27, 32, 33, 40, 43, 44, 47, 54}	14 (24.1)
Focus of the Guidelines ^a	14 (24-1)
Assessment/evaluation ¹³⁻¹⁶ , 19, 26, 27, 30, 35-38, 46, 47, 49, 51, 58, 61	17 (29-3)
Management 3-17, 20-25, 27-29, 31, 33-37, 39-41, 44-46, 48-50, 52, 53, 55, 57, 58, 61, 62	45 (77.6)
Treatment 26, 30, 34, 38, 44, 47, 54	6 (10·3)
Diagnosis or screening ⁵ , 9, 10, 15, 29, 34, 39, 40, 42, 43, 50, 52, 55, 56	14 (24·1)
Rehabilitation 10, 36, 44, 51, 57, 63-69	6 (10.3)
Prevention ^{13, 32}	2 (3.4)
Return to activity ^{13, 18, 34, 45}	5 (8.6)
Return to school ^{34, 45}	2 (3.4)
Return to sport ¹³	1 (1.7)
General activity resumption ^{18, 45}	2 (3.4)
Age of Target population	
Infants, children, youth, adolescents	12 (20.7)
Age not specified ^{45, 48, 53, 58}	4 (6.9)
<16 years ^{27, 52}	2 (3.4)
<18 years ^{25, 31, 34, 36, 39}	5 (8.6)
5-18 years ⁵⁰	1 (1.7)
Adults	21 (36·2)
Age not specified ^{3, 5, 26, 30, 32, 33, 37, 40, 46, 57, 61}	10 (17·2)
>16 years ^{9, 17, 24, 55}	4 (6.9)
≥18 years ²⁰ , 35, 38, 41, 62-69	6 (10·3)
18-65 years ¹⁹	1 (1.7)
Children and adults	11 (19.0)
Age not specified ^{4, 6-8, 11, 13, 16, 21, 28, 49}	10 (17-2)
≥8 years of age ⁵¹	1 (1.7)
All ages 10, 15	2 (3.4)
Not specified ^{12, 14, 18, 22, 23, 29, 42-44, 47, 54, 56}	12 (20.7)
Target Population ^{a,b}	44 (75.0)
Not specified Sports/athletes ^{13, 14, 29}	44 (75.9)
Sports/athletes	3(5.2)
Injured workers ²³	2 (3.4)
3	1 (1.7)
At-risk for speech, language, and/or swallowing disorders ³⁶ TBI from road traffic accident ⁵	1 (1.7)
Other ⁹ , 17, 49, 51, 52, 55	1 (1·7) 6 (10·3)
Target Audience ^{a,c}	0 (10.3)
Healthcare professionals ^{3-8, 10-16, 18, 19, 21, 23, 24, 26, 28-50, 52-58, 62-69}	51 (87.9)
Temmente protessionais	31 (01))

Clinicians/physicians ^{9, 17, 20, 25, 27}	5 (8.6)
Allied health professionals ^{35, 36, 38, 44, 57, 62}	6 (10.3)
Nurses ^{22, 35, 38, 41, 44}	5 (8.6)
Physiotherapist ⁵¹	1 (1.7)
Emergency medical service provider ^{6, 61}	2 (3.4)
Athletic trainer/sports organizations ¹³	1 (1.7)
Families/caregivers/persons with TBI ^{5, 10, 11, 14-16, 19, 32, 45, 62-69}	10 (17·2)
Employers ¹⁹	1 (1.7)
Text-positive TBI CPGs ^{41, 57, 61} – Keywords and Quotes	3 (5.3)
Housing – "In assessment of patients with persistent symptoms, focus should be given to other	
factors including psychiatric, psychosocial support, and compensation/litigation issues and a	
comprehensive psychosocial evaluation should be obtained, to include: a. Support systems (e.g.,	
family, vocational) b. Mental health history for pre-morbid conditions which may impact current	
care c. Co-occurring conditions (e.g., chronic pain, mood disorders, stress disorder, personality	
disorder) d. Substance use disorder (e.g., alcohol, prescription misuse, illicit drugs, caffeine) e.	
Secondary gain issues (e.g., compensation, litigation) f. Unemployment or/change in job status g.	
Other issues (e.g., financial/housing/legal)" ⁴¹	
"Case managers may: [] Address psychosocial issues (financial, family, housing , or school/work)" ⁵⁷	
Homelessness – "Racial and ethnic minorities, people who experience homelessness , people who	
are in correctional and detention facilities, and survivors of intimate partner violence are groups	
disproportionately affected by TBI" ⁶¹	
CPGs for Homelessness (N=2)	
Focus of the Guidelines	
Social and health management ⁶⁰	1 (50.0)
Integrated health and social care services ⁵⁹	1 (50.0)
Age of Target Population	
≥16 years ⁵⁹	1 (50.0)
Not specified ⁶⁰	1 (50.0)
Target Population ^a	
Individuals experiencing homelessness ^{59, 60}	2 (100.0)
Vulnerably housed individuals ⁶⁰	1 (50.0)
Target Audience ^{a,c}	
Healthcare professionals ^{59, 60}	2 (100.0)
Policy-makers ⁶⁰	1 (50.0)
Researchers ⁶⁰	1 (50.0)
Local authorities ⁵⁹	1 (50.0)
Individuals experiencing homelessness/families ⁵⁹	1 (50.0)
Advocate ⁵⁹	1 (50.0)
Individuals providing services to those who experience homelessness ⁵⁹	1 (50.0)
Text-positive homelessness CPGs ^{59, 60} – Keywords and Quotes	2 (100.0)
Brain injury – "We specifically asked participants, while answering the Delphi survey, to keep in	
mind 3 priority-setting criteria when considering the unique challenges of implementing health	
care for homeless or vulnerably housed people: value added (i.e., the opportunity for a unique and	
relevant contribution), reduction of unfair and preventable health inequities, and decrease in burden	
of illness (i.e., the number of people who may have a disease or condition). [] The priority	
marginalised populations identified included Indigenous people; women and families; youth;	
people with acquired brain injury , or intellectual or physical disabilities; and refugees and other	
migrants."60	
"Experience of psychological trauma and adverse childhood events are common in people	
experiencing homelessness, and the prevalence of people who are neuroatypical or have a brain	
injury is higher than in the general population."59	
"Good qualitative evidence also suggested that low literacy levels among some people	
experiencing homelessness can add to difficulties in accessing care. The committee agreed that this	
could include some migrants and people with learning disabilities or acquired brain injury. They	
therefore emphasised the need to tailor communication and information provision to people's needs	
and preferences, taking into account a wide range of possible speech, language and communication	1
difficulties." ⁵⁹	
The committee's experience of health and social care services designed to support housing was	
The committee's experience of health and social care services designed to support housing was positive, and tenancy sustainment was commonly achieved through this wraparound approach. The	
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me because of premature aging, acquired brain injury of disability.	experienced domestic abuse, or people with particular care needs who need support in everyday life because of premature aging, acquired brain injury or disability. ⁵⁹	
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CPG: Clinical practice guideline; TBI: Traumatic brain injury

^a Each CPG may target more than one focus, population, or audience; thus, the total N and % will not equal to 100%.

^b Other includes: CPGs specifically for individuals who (a) sustained a closed head injury; (b) has or may have sustained a concussion in the previous month; (c) experience movement-related impairments from TBI; (d) presented to the emergency department; or (e) are in the sub-acute, acute, or chronic phase of TBI.

^c Where specified, healthcare professionals are further categorised in this table.

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