Delivering Healthcare to Homeless People: Lessons From Scandinavia and the USA

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UVMP Homeless Healthcare Service

- **Established in 1992**
- **Aim of the service**: To reduce health inequalities for homeless people
- **What we offer**: Full GP registration, flexible and accessible registration and appointments, proactive engagement, an MDT approach with a range of services and providers and a hospital in-reach and discharge service at MRI
Physical Health

83% of the population reported having at least one physical health condition, 10% higher than the national homeless population.

36% of these reported having more than one physical health condition, 70% considered themselves to have a longstanding health condition that significantly affected their lives compared to 41% of the national homeless population.

37% of respondents reported that in the previous twelve months there had been at least on occasion where they needed examination or treatment for a medical condition but they had not received it.

The top 3 reasons cited for not receiving treatment were:

- waiting list being too long
- couldn’t get an appointment
- it was too far to travel.

Mental Health

64% report being diagnosed with anxiety.

73% reported a mental health problem.

51% report being diagnosed with anxiety.

28% had been admitted to hospital due to a mental health problem.

62% reported needing more help with their mental health.

57% reporting mental health issues said they used drugs or alcohol as a way of coping with their mental health issues.

Drug & Alcohol use

71% of respondents reported using illicit substances in the previous twelve months.

87% of respondents reported regularly smoking.

33% had used crack.

47% reported smoking cannabis.

26% had used new psychoactive substances (previously known as legal highs).

30% had used heroin.

23% reported drinking almost daily compared to the national homeless average of 16%.

Access to services

42% had used the ambulance service in the last 12 months.

£216 average cost per ambulance call out.

£132 A&E attendance.

61% admitted to hospital at least once.

£1565 average cost of a non-elective admission to hospital.

63% of people admitted to hospital were discharged either to the streets or to unsuitable accommodation for their needs.
“Travel to learn... return to inspire”
Identify methods of providing healthcare to homeless people that:

• Engage homeless people with healthcare at the community level
• Reduce the pressure on acute and secondary services
• Promote partnership working between multi-disciplinary services to meet health and social care needs
Models of healthcare delivery

- **Street Medicine**: Provision of healthcare directly to those living on the street
- **Low-threshold Clinics**: flexible and accessible appointments that make few demands on patient
- **Medical Respite**: Clinically supported intermediate care for homeless people in the community
- **Mobile Health Clinics**: Use of vehicles to extend care to homeless people
Homeless health in Scandinavia

Oslo

- Street hospital
- Field Clinics
- Nurse led mobile clinic
Copenhagen

• SundhedsTeam
• Low-threshold clinics
• Supervised consumption room
• Medical respite
• Sociolancen
Homeless Health in USA

**Pittsburgh**
- Street Medicine Team
- H2O Service
- Mobile clinic

*Image courtesy of Rebecca Mackenzie ©*
Lehigh Valley

- Street Medicine Team
- Shelter clinics
- Hospital consult service
**Hospital-based Clinics**

BHCHP maintains strong ties to our local hospitals, including Mass General Hospital and Boston Medical Center, in the care of our patients. With onsite clinical space, our staff provides primary care, monitors our homeless patients who are hospitalized, and supports the follow up and discharge planning after a hospital stay.

**Family Team Sites**

As the number of homeless families in and around Boston continues to grow, BHCHP works hard to meet the demand for quality health care in family shelters, such as Crittenton Women’s Union, and motels across the region.

**Shelter-based Clinics**

In order to be easily accessible to homeless people, BHCHP provides care in shelters, day programs and other unique locations throughout greater Boston, including Pine Street Inn & St. Francis House.

**Jean Yawkey Place**

As BHCHP’s integrated medical facility in the South End, Jean Yawkey Place unites medical care, behavioral health, and oral health services under one roof through our outpatient and dental clinics, pharmacy, and respite program known as the Barbara McInnis House.

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*KEY*

- **Red**: Adult Shelter-Based
- **Orange**: Hospital-Based
- **Blue**: Family Team – Shelter
- **Green**: Family Team – Motel
- **Pink**: Multidisciplinary Center

*Not shown:*
- Alleyways, park benches, under bridges
- Asian Task Force Against Domestic Violence (Boston)
- Colonial Traveler (Saugus)
- Fenix House (undisclosed location)
- Holiday Inn (Brockton)
- Home Suites Inn (Waltham)
- New England Motor Court (Malden)
- Paul Sullivan Housing (varied)
- Super 8 Hotel (Brockton)
- Towne Inn (Malden)

*as of June 2015*
Boston

- Over 50 shelter based clinics
- Multi-disciplinary Street Team
- 104 bed respite facility
- Day and night centre clinics
- Regular hospital based homeless clinics
CARE FOR THE HOMELESS IS NOW IN 25 LOCATIONS IN BROOKLYN, THE BRONX, MANHATTAN AND QUEENS.

OUR MISSION
Care for the Homeless fights homelessness by delivering high-quality and client-centered healthcare, human services and shelter to homeless individuals and families, and by advocating for policies to ameliorate, prevent and end homelessness.

OUR PARTNERS
We meet homeless people where they are. Health Centers are co-located in homeless shelters, soup kitchens, SROs and drop-in centers, collaborating with nonprofit partners city-wide.

CORE SERVICES

WOMEN'S SHELTER
SUSAN'S PLACE
Our 200-bed shelter for homeless women. Susan's Place, is a one-stop shop for clients to get all of the help they need for a stable future.

PRIMARY CARE
All health centers offer primary care and case management by a medical team, including physicians, registered nurses, health educators, management of chronic diseases, referrals to specialty care such as podiatry and dental, counseling and non-emergency teams.

DENTAL CARE
Dental care is one of the biggest unmet needs for homeless New Yorkers. Our Dental Program treats the serious impact of poor oral health and trauma.

PEDIATRICS
Homeless children are sick four times more often than those who are housed. We help keep kids healthy and in school.

HEALTH EDUCATION
Thousands of patients receive support through education and counseling on health, cancer screening, diabetes, HIV awareness, smoking cessation, health insurance enrollment, and more.

MENTAL HEALTH & SUBSTANCE ABUSE
CFH’s team of mental health professionals and substance abuse counselors provide holistic care and wellness programming with the goal of empowering the client through education, therapy, treatment and group sessions.

MOBILE
The Mobile Health Center provides primary care and other health services to street homeless persons and to facilities where an on-site clinic is not available.

PARTNER LOCATIONS
- DROP-IN CENTER
- FAMILY SHELTER
- SINGLE ADULT SHELTER
- SAFE HAVEN
- SOUP KITCHEN
- STREET MEDICINE
- OTHER
- MOBILE

CFH CO-LOCATION SERVICE MODEL
CFH PARTNER CO-LOCATION
CFH does not manage each site, but operates a licensed health center within each location.
New York

- Multiple shelter and drop in centre clinics
- Health promotion team
- Peer-to-Peer Outreach Program
- Nurse led health service for complex rough sleepers
Recommendations

- Bring healthcare to the people
- Transition to mainstream services
- Increase involvement of medical students in healthcare delivery
- Provide medical respite services to improve health and social outcomes
- Use peers to engage with healthcare services
- Utilise the potential of electronic medical records
Thank you, any questions?

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