

”The lay of the land”

Respite care, problem solving capabilities and involving policy makers
Bonus; cervix screening

Andrea van der Gevel, nurse
Marlieke Ridder, GP
Marcel Slockers, GP
Michiel Vermaak, ID-physician

The lay of the land



	UK	NL
Inhabitans	54.000.000	17.000.000
Homeless	170.000	30.000
%	0,3%	0,17%
Life expectancy Homeless	52	62

<https://vimeo.com/291923657>

Take-home message

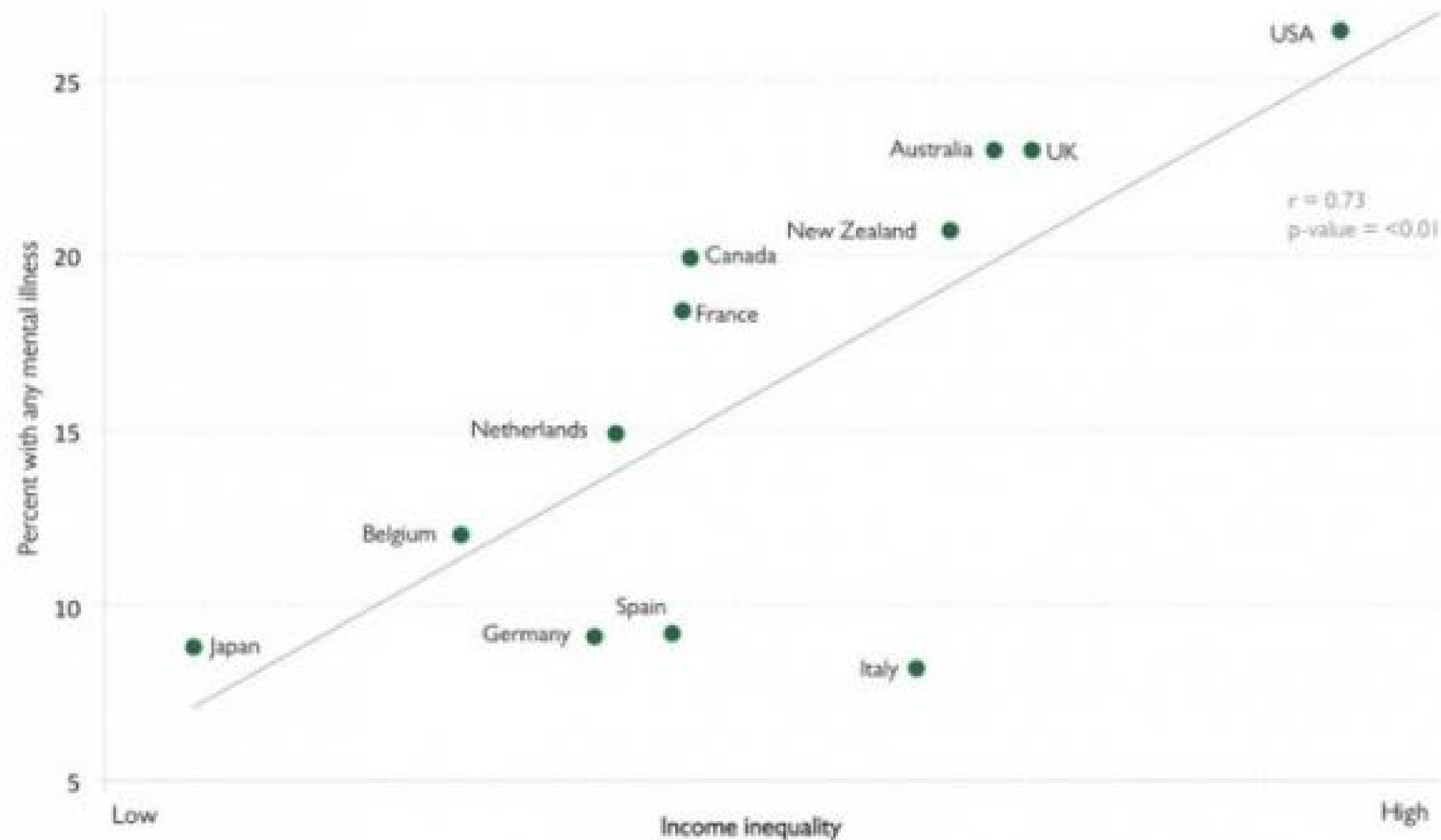
Marcel; “Make friends with policymakers”

Andrea; “Respite care means 1/3 is guided to appropriate housing”

Michiel: “We are living in a different time-space continuum”

Marlieke; “Homeless woman are the most vulnerable”

The prevalence of mental illness is higher in more unequal rich countries





NIEUWS DAKLOZENZORG

Kabinet trekt miljoenen uit voor medische zorg onverzekerde daklozen

Daklozen zonder verzekering hebben met ingang van deze maand recht op alle vormen van medische zorg. Staatssecretaris Blokhuis van Volksgezondheid maakt 4,8 miljoen euro subsidie vrij om de naar schatting 6.250 onverzekerden – vaak dak- en thuislozen of verwarde personen – de benodigde zorg te bieden. Dokters en artsen kunnen voortaan ook niet-spoedeisende hulp aan onverzekerden declareren.

Thomas Borst 13 maart 2019, 18:04

Schermafbeelding

momenten. Ik ben heel blij dat ik deze groep nu meer zekerheid kan bieden', zegt Blokhuis. De staatssecretaris prijst ook de vasthoudendheid van de Straatdokters, die het probleem bleven aankaarten.

Huisarts en straatdokter Marcel Slockers van de NSG reageert opgetogen: 'We hebben hier jaren voor gevochten.' In 2014 publiceerde hij samen met GGD Rotterdam en wetenschappers van de Erasmus Universiteit Rotterdam een studie waaruit bleek dat Rotterdamse daklozen 11 tot 16 jaar korter leven dan de gemiddelde Nederlander. Vervolgonderzoek wees uit dat moord, zelfdoding, infectieziekten en psychiatrische aandoeningen [de belangrijkste](#) oorzaken waren bij veel sterfgevallen.

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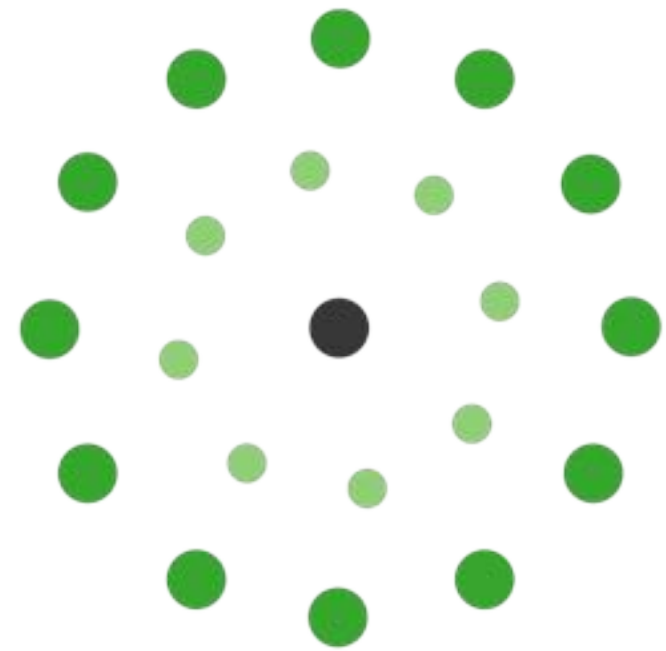
“Make friends with
policymakers”

Marcel Slockers
General Practitioner



Make friends with policymakers

Marcel Slockers , General practitioner and street doctor



Straatdokters



How to use our professional knowledge to influence policymakers

- 1983 Nurses in the day and night shelters
- 1984 Free needle exchange
- 2003 Free meals for homeless people
- 2014 Help for uninsured people



1983 Nurses in the day and night shelters

PROBLEM

- I was one of the first streetdoctors in Rotterdam
- Heroin epidemic, alcohol misuse and psychiatric problems
- Violence in streetdoctor's office and I was robbed

ANALYSIS

- Local health authorities wanted a report about the medical condition of homeless people. Nurses did an observational study
- During the study the nurse worked together to improve the quality of care

SOLUTION

We need nurses in the street doctor's office



1984 Free needle exchange

PROBLEM

Start Aids epidemic => needles recognised as vector

SOLUTION

Free needle exchange

RESULTS

HIV+ 13% in Rotterdam, 65% in Paris



2003 Free meals for homeless people

PROBLEM

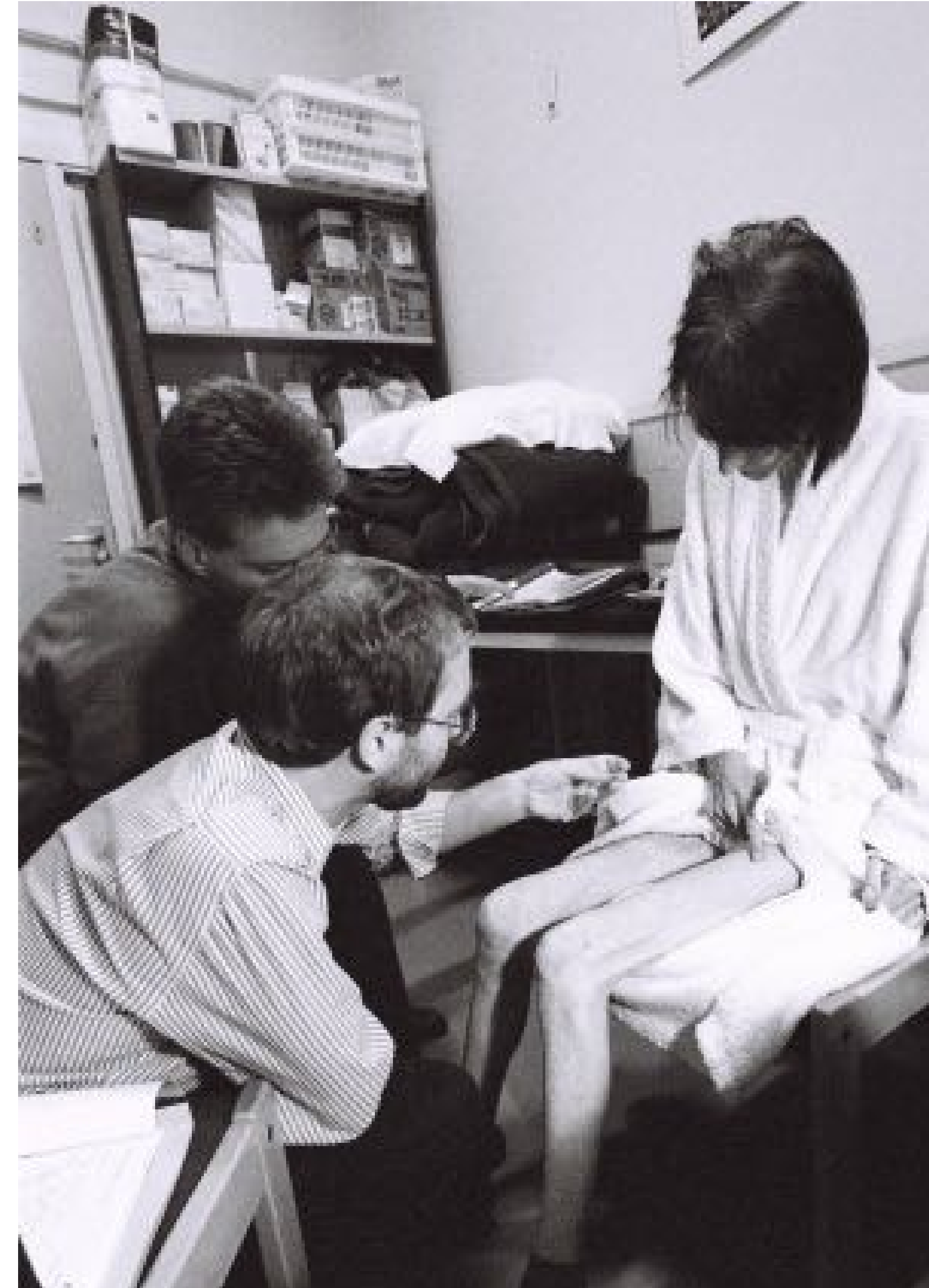
- Cocaine epidemic spread
- More violence, infections, tuberculosis and more crack users
- Cachexia/lower body mass index associated with higher infection rates

SOLUTION

Local authorities helped with free meals for drug users with BMI <21

RESULTS

Lower infection rates



2014 Help for uninsured people

PROBLEM

2014 and 2015 homeless people without an address lost their health insurance

Even though in 2001-2010 a follow-up study of 2300 homeless in Rotterdam showed a **life expectancy reduction of 14-16 years**

SOLUTION

The Dutch street doctor group lobbied

RESULT

Special arrangement for Dutch homeless uninsured people in 2017



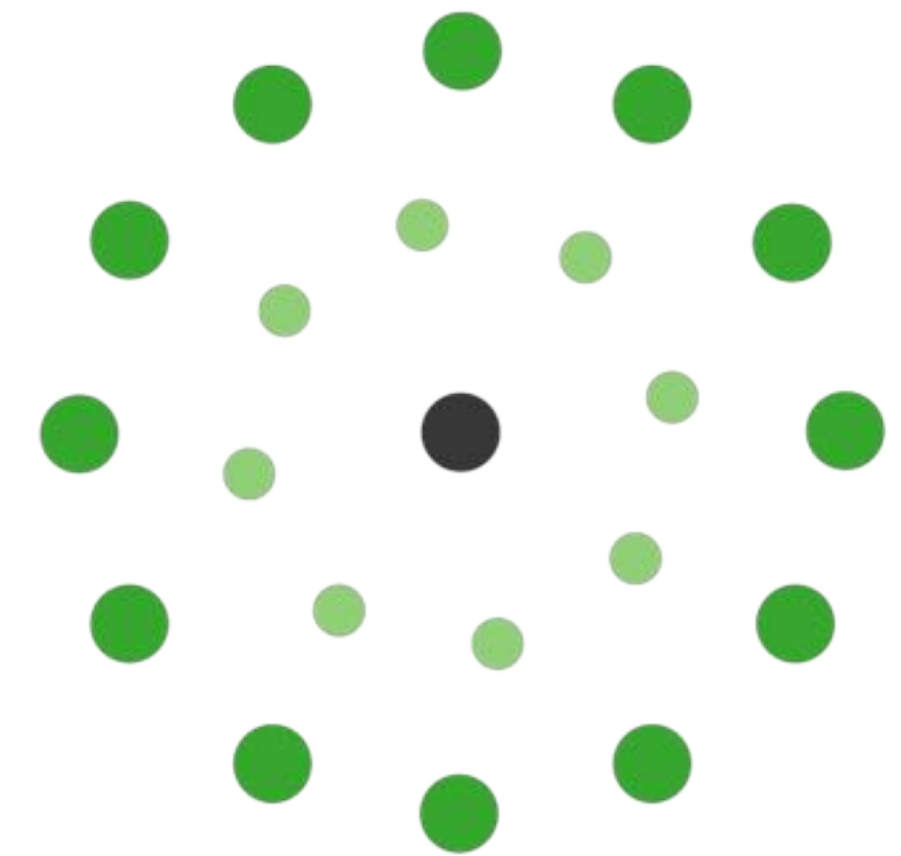
Make friends and ask homeless people to explain the problems to authorities

- Students can help
- Don't be shy and don't ask polite,
- Stand up and show what the problems are in real life
- Invite policy makers to the shelters so they can see
- Write blogs and articles
- Use the press



Remember

If you feel alone, do not feel insecure,
I almost quit, but learnt to never give up!



Straatdokters

“Respite care means
 $\frac{1}{3}$ is guided to new
housing”

Andrea van der Gevel
Nurse



Centrum voor dienstverlening

Havenzicht

3 teams – 3 Disciplines

Shelterd living – 17 residents

Night shelter – 42 clients

Medical respite unit – 20 patients



Centrum Voor Dienstverlening / www.cvd.nl

Medical respite unit

- 24/7 medical care
- 20 beds
- Multiple co-morbidities
- Medical respite unit/night shelter
- More than just medical care



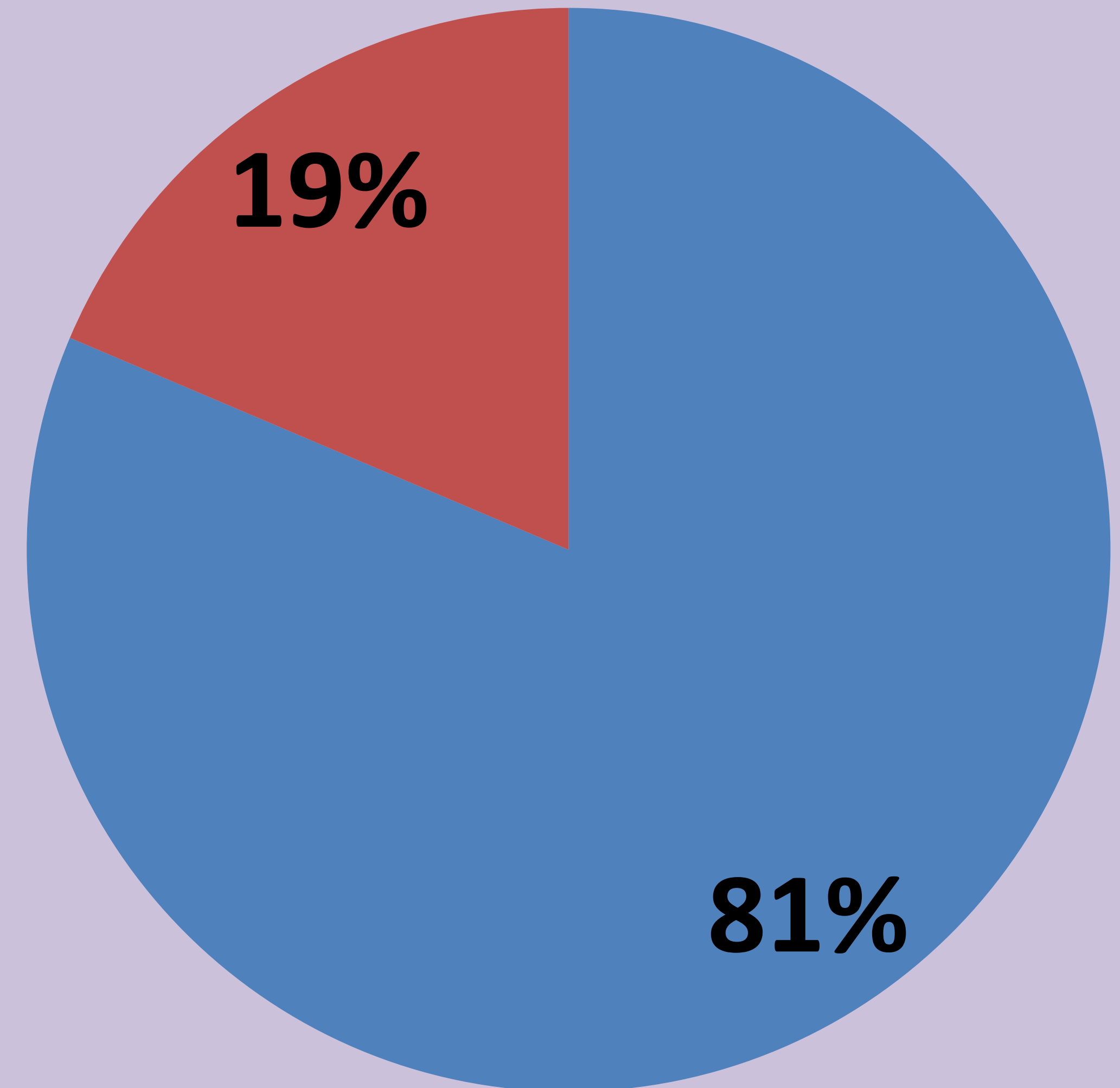
Financial Funds

- Main sources:
 - government
 - municipality
 - health Insurance companies
- Multiple financing flows

Its complicated but manageable

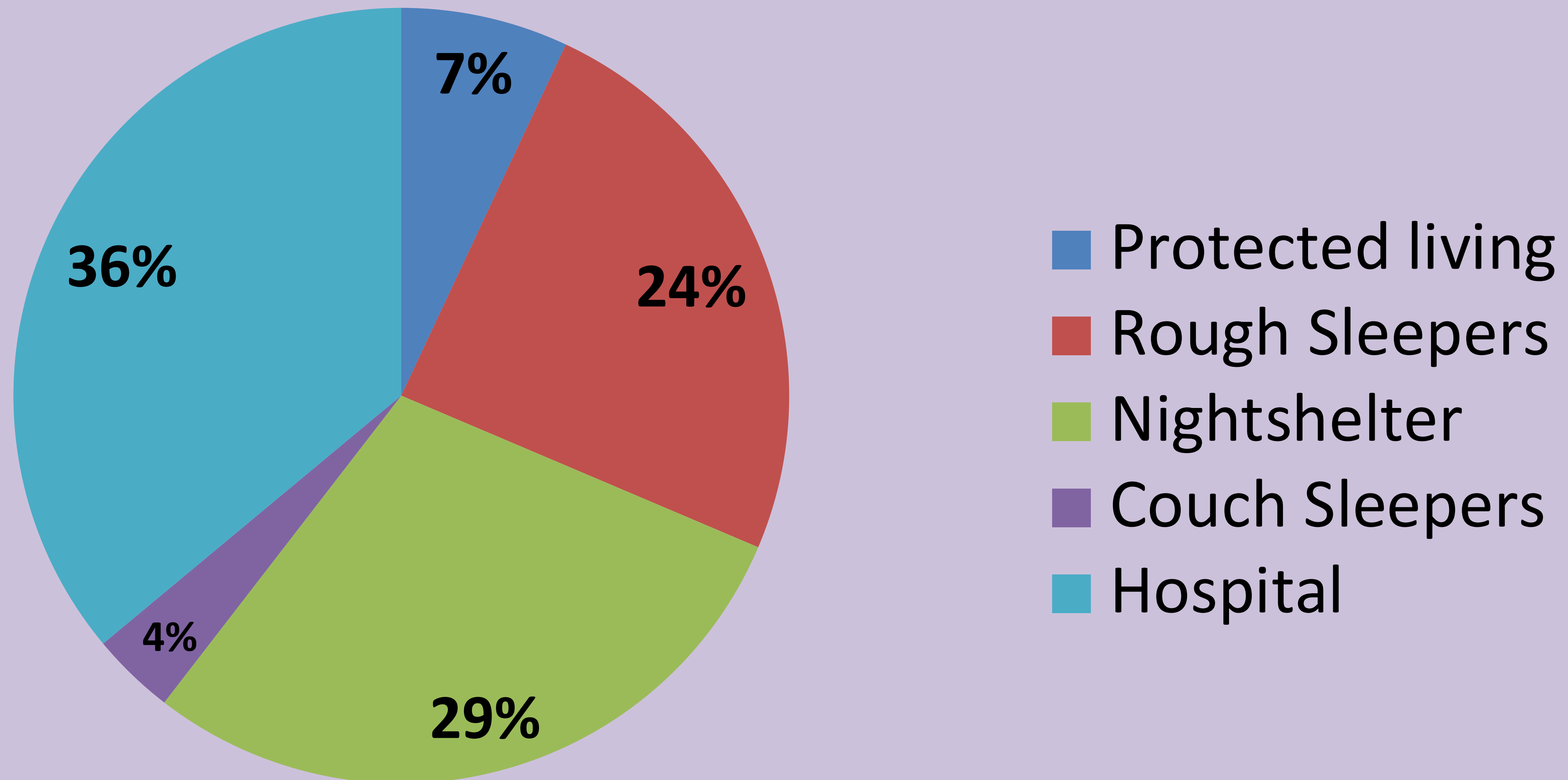
Patient numbers 2018

Admissions	86
Unique persons	81
Average age	54 years
Eldest	82 years
Youngest	23 years
Average stay	82 days
Longest admitted	398 days
Shortest admitted	1 day



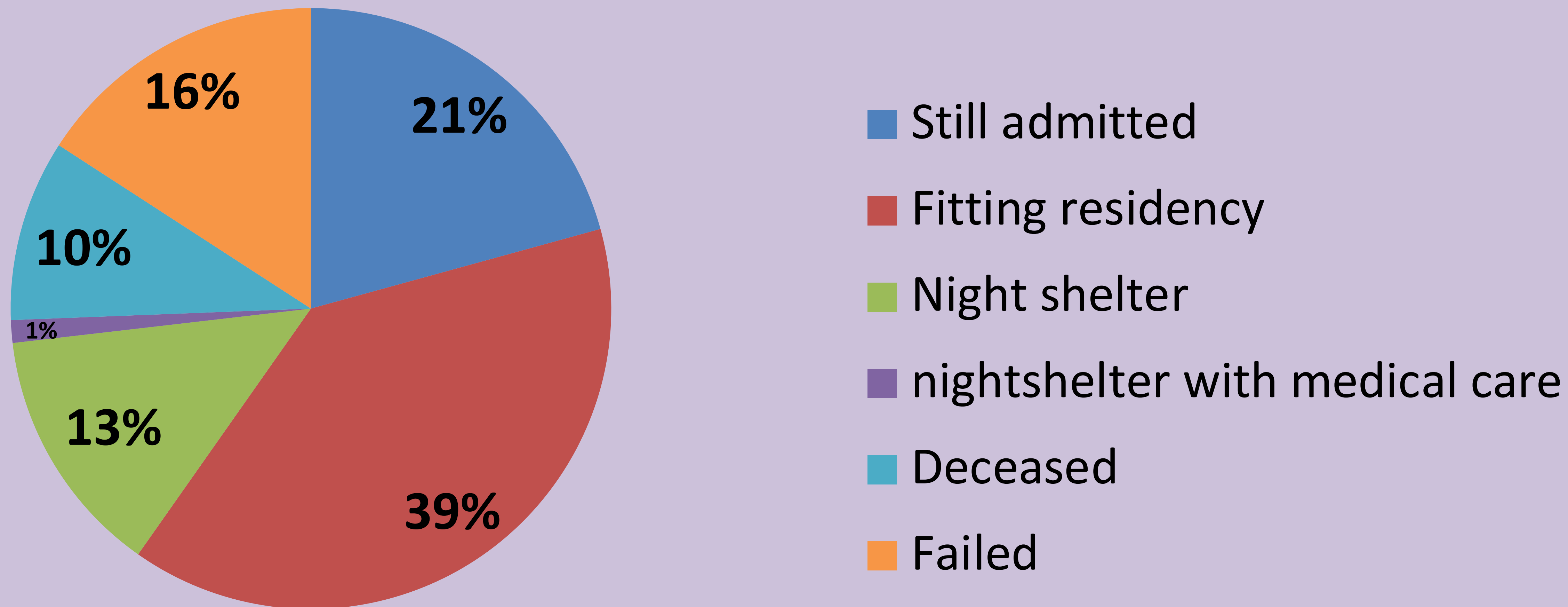
Patients

Where did they come from? 2018



Patients

What happend to those patients?



Patiënten

What do we have to offer?

- Physical care
- Treat the patients in all life aspects
- It takes a village



Work methode

Medical respit unit



- Offer customization to the patient
- Connect to the patient
- Connect to the possibilities
 - Understand their limits/abilities, behavior and wishes
- Out of the box thinking
- Start over everyday
- Sanction misbehavior without excluding
- Positive reinforcements



Mission

- Not just the medical
- Get the patient back to society as well as possible
- Being the connecting factor
- Success = a patient being as independent as possible



“We are living in a
different time-space
continuum”

Michiel Vermaak
ID-physician



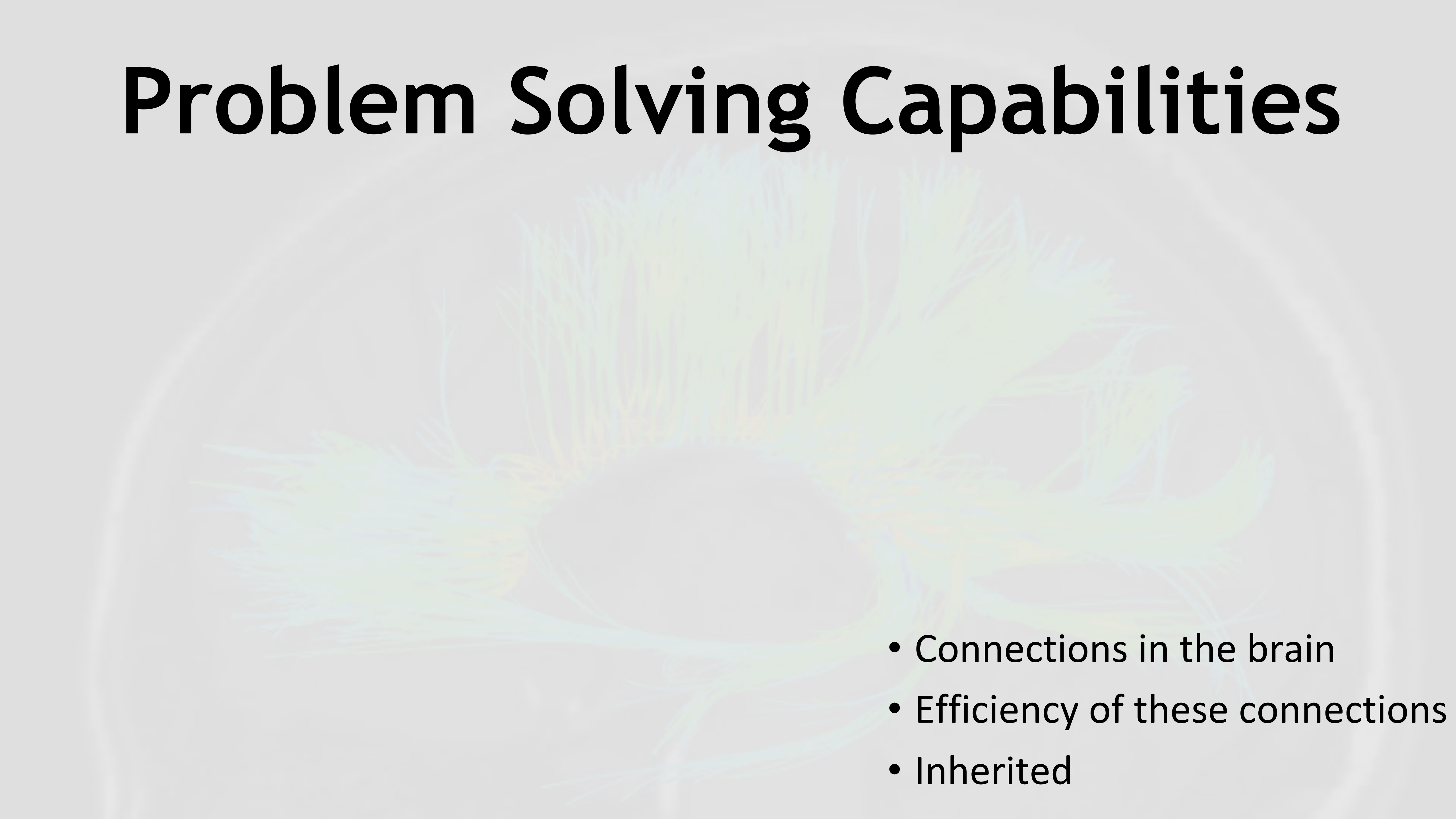
GGD

Rotterdam-Rijnmond





Problem Solving Capabilities

- 
- Connections in the brain
 - Efficiency of these connections
 - Inherited

Scarcity

**Why Having
Too Little
Means So Much**

**Sendhil Mullainathan
Eldar Shafir**

DSM-I

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

DSM-II

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

DSM-III

DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

DSM-IV

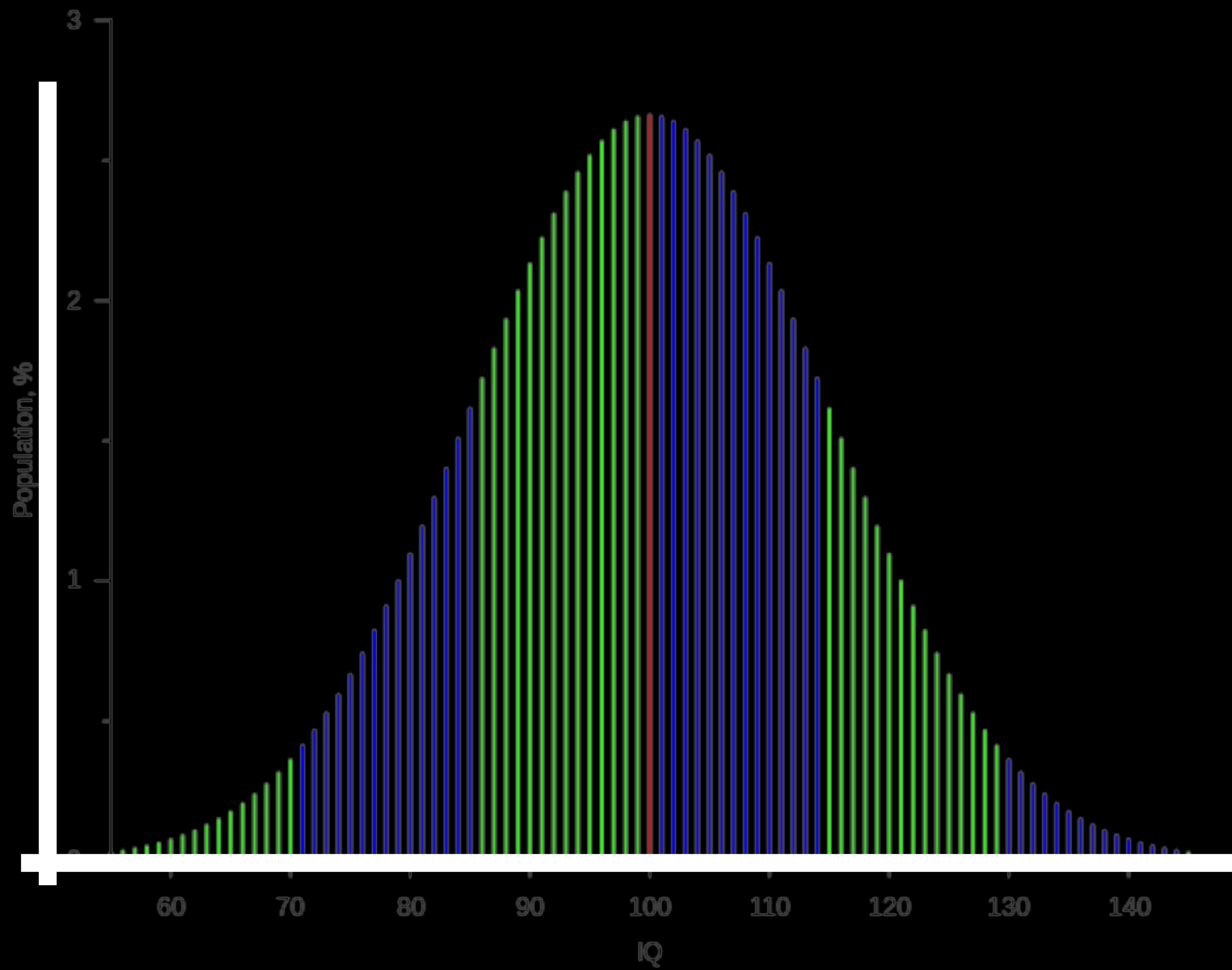
DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS

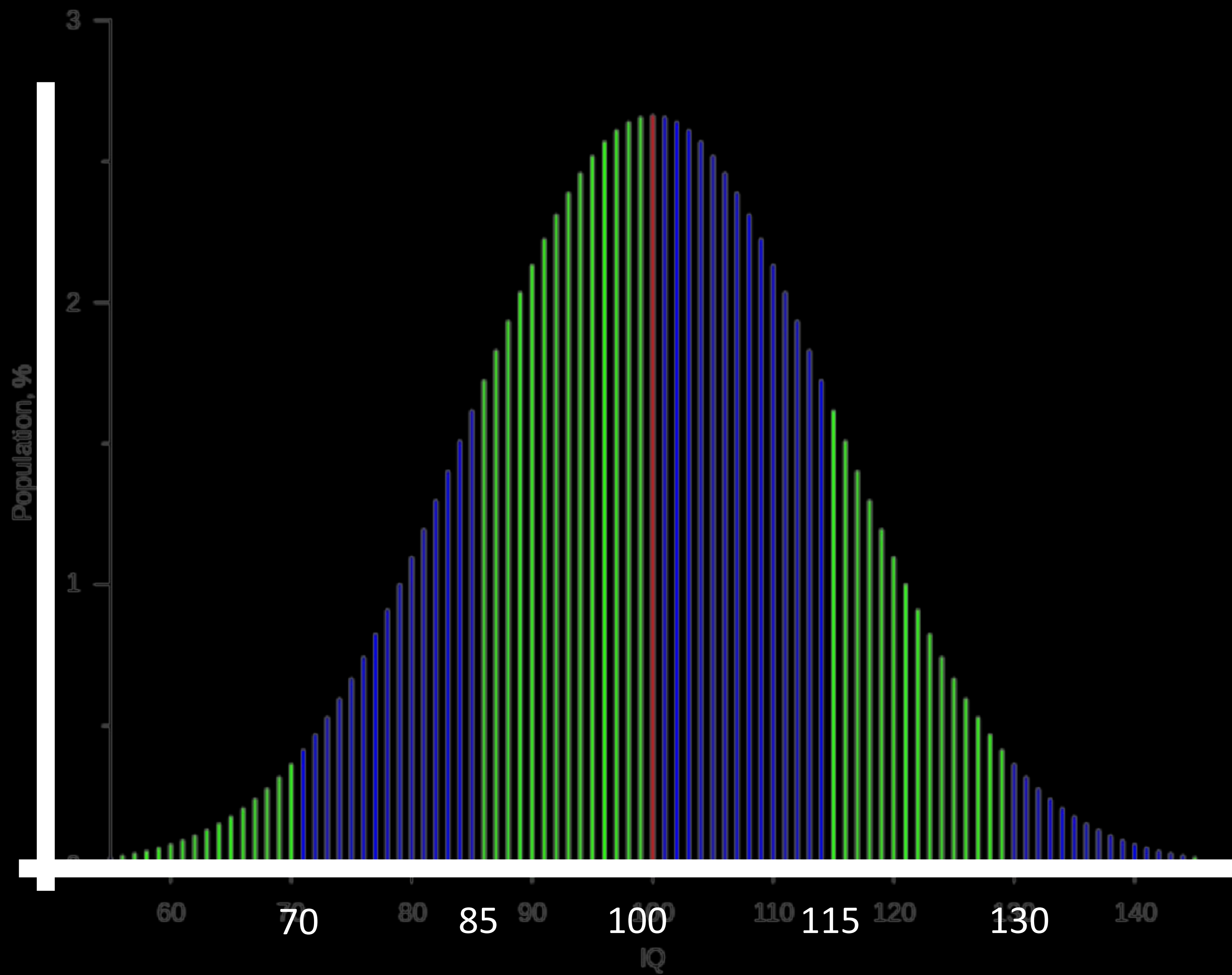
DSM-5

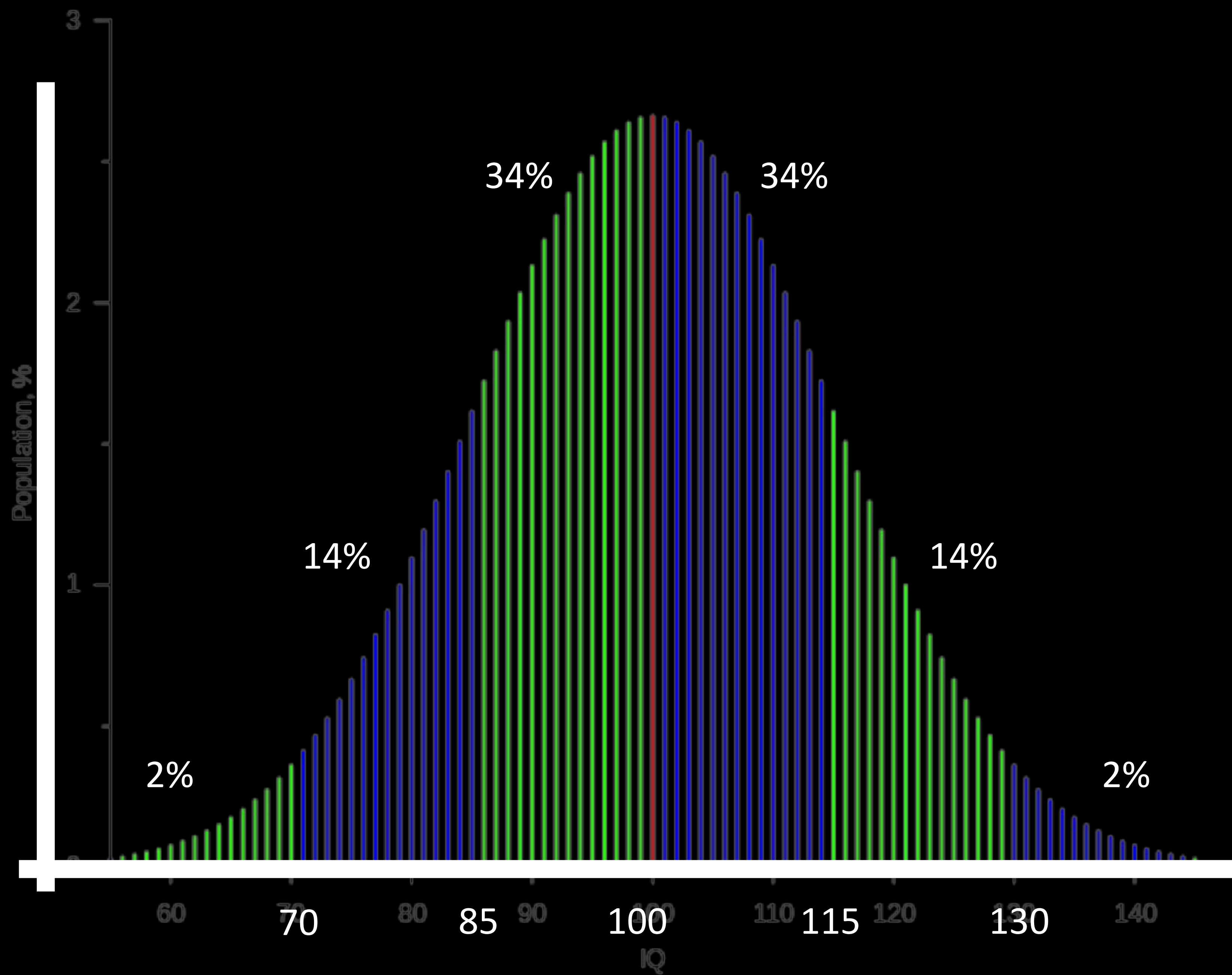
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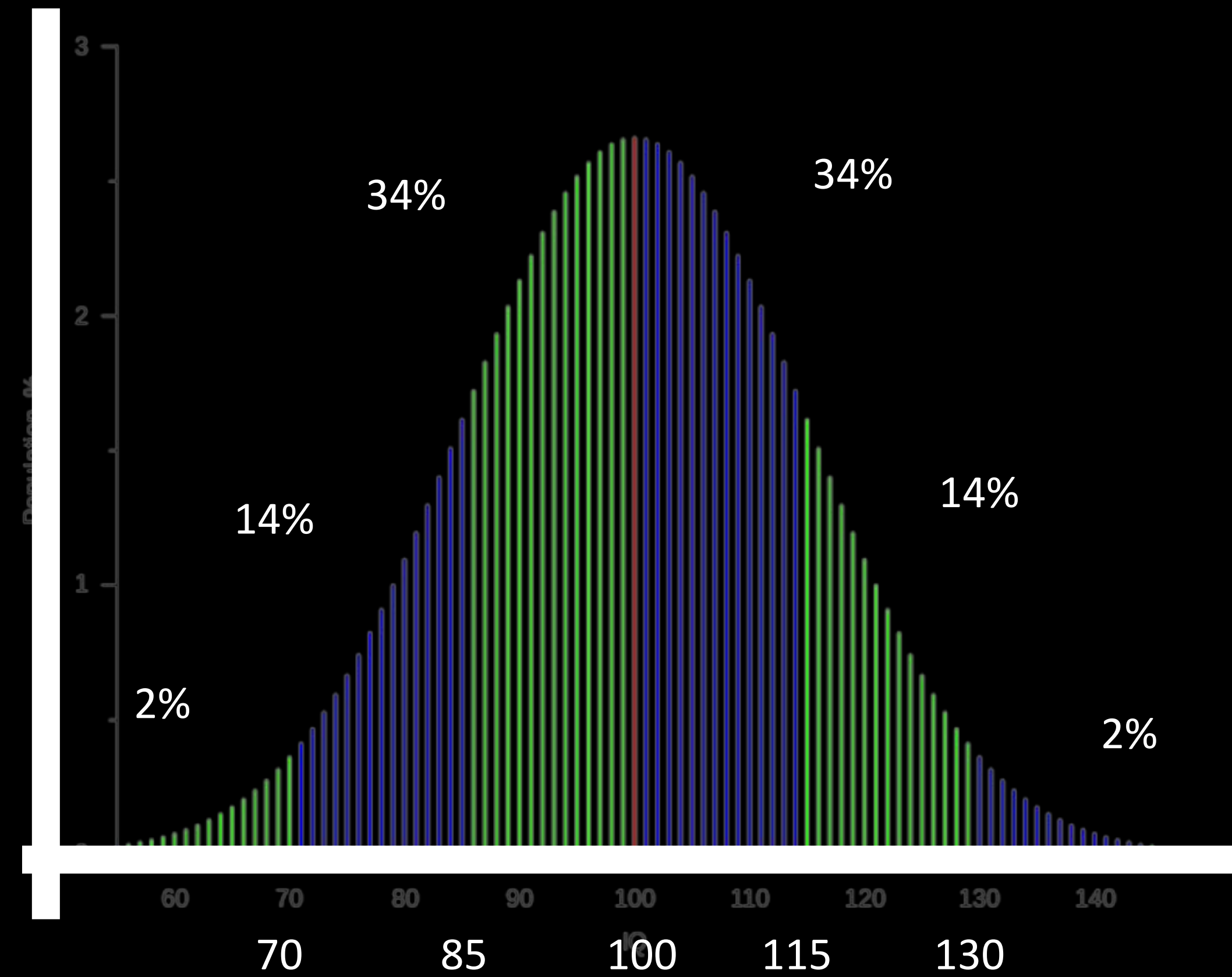


1. Deficits in intellectual functioning
2. Deficits or impairments in adaptive functioning
3. These limitations occur during the developmental period

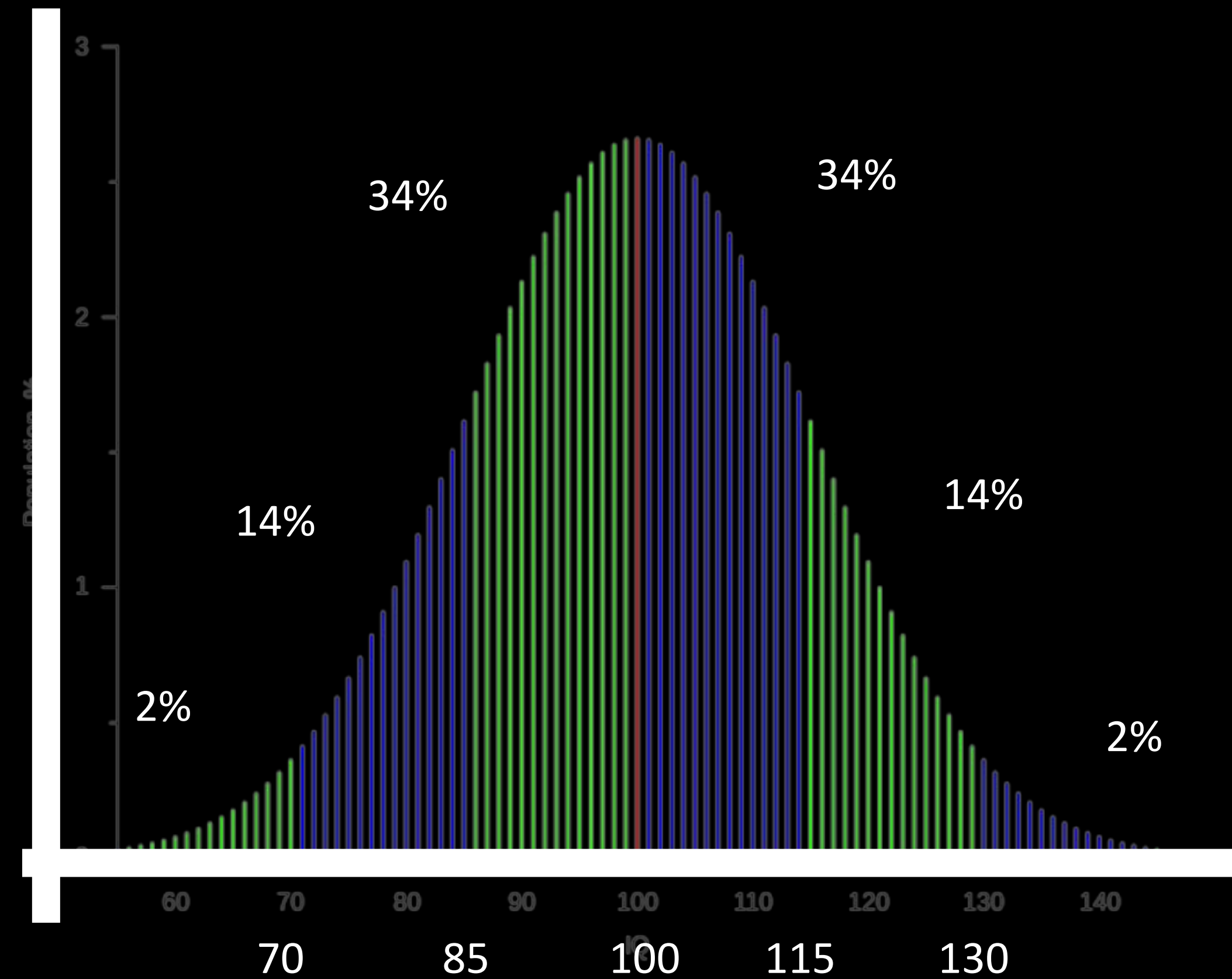








UK 54 Million people



**14% x 54 million =
7,5 million**



Care

Problems

No problems

SCIL

Screeners voor
intelligentie en
licht verstandelijke
beperking

Hendrien Kaal
Henk Nijman
Xavier Moonen

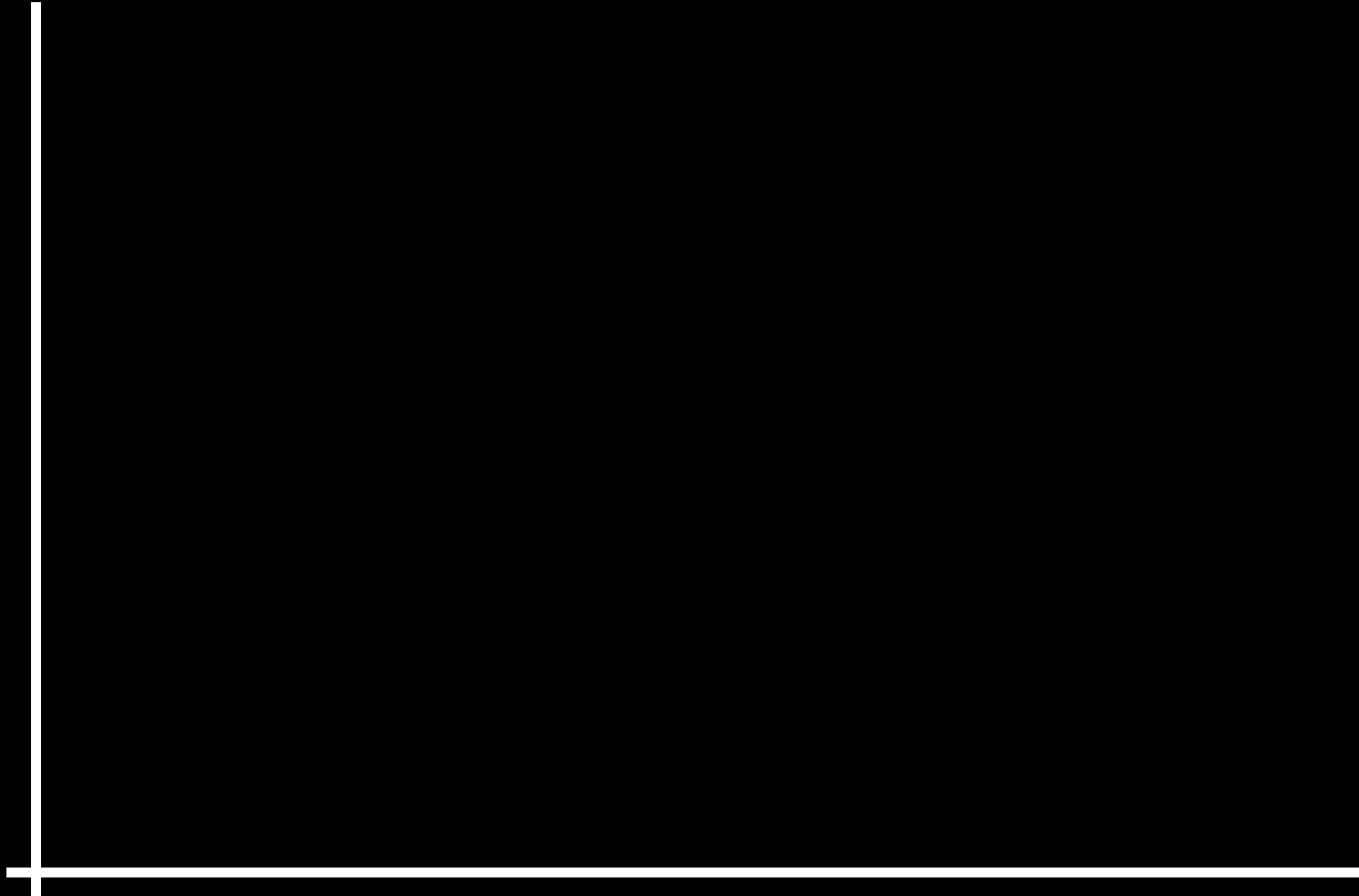


2016-2018

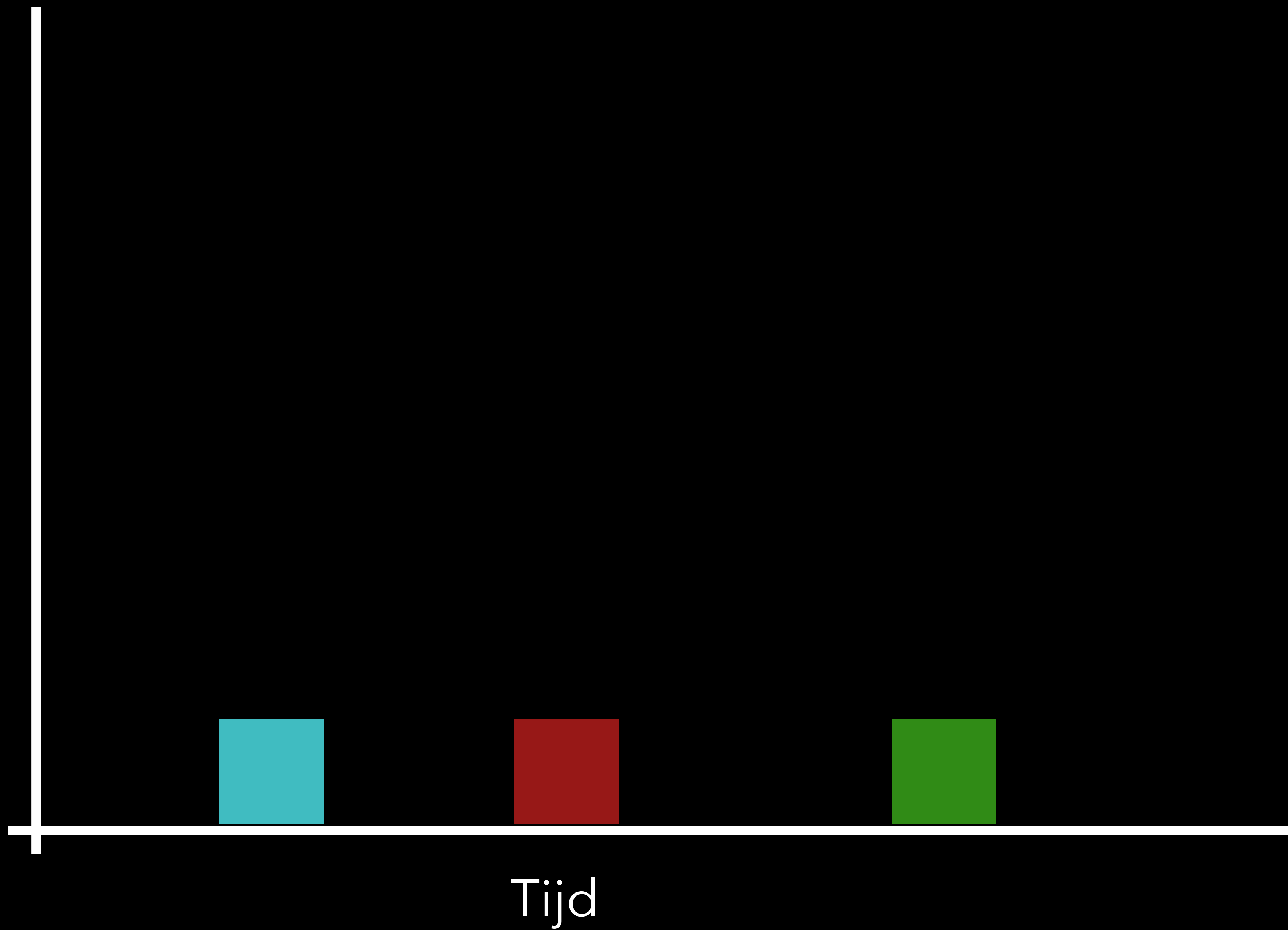
	Total	Screenener	Refusal	Suspected for low PSC	Known
2016	327	101	?	56%	7%
2017	377	100	5	49%	3%
2018	301	64	9	62%	3%

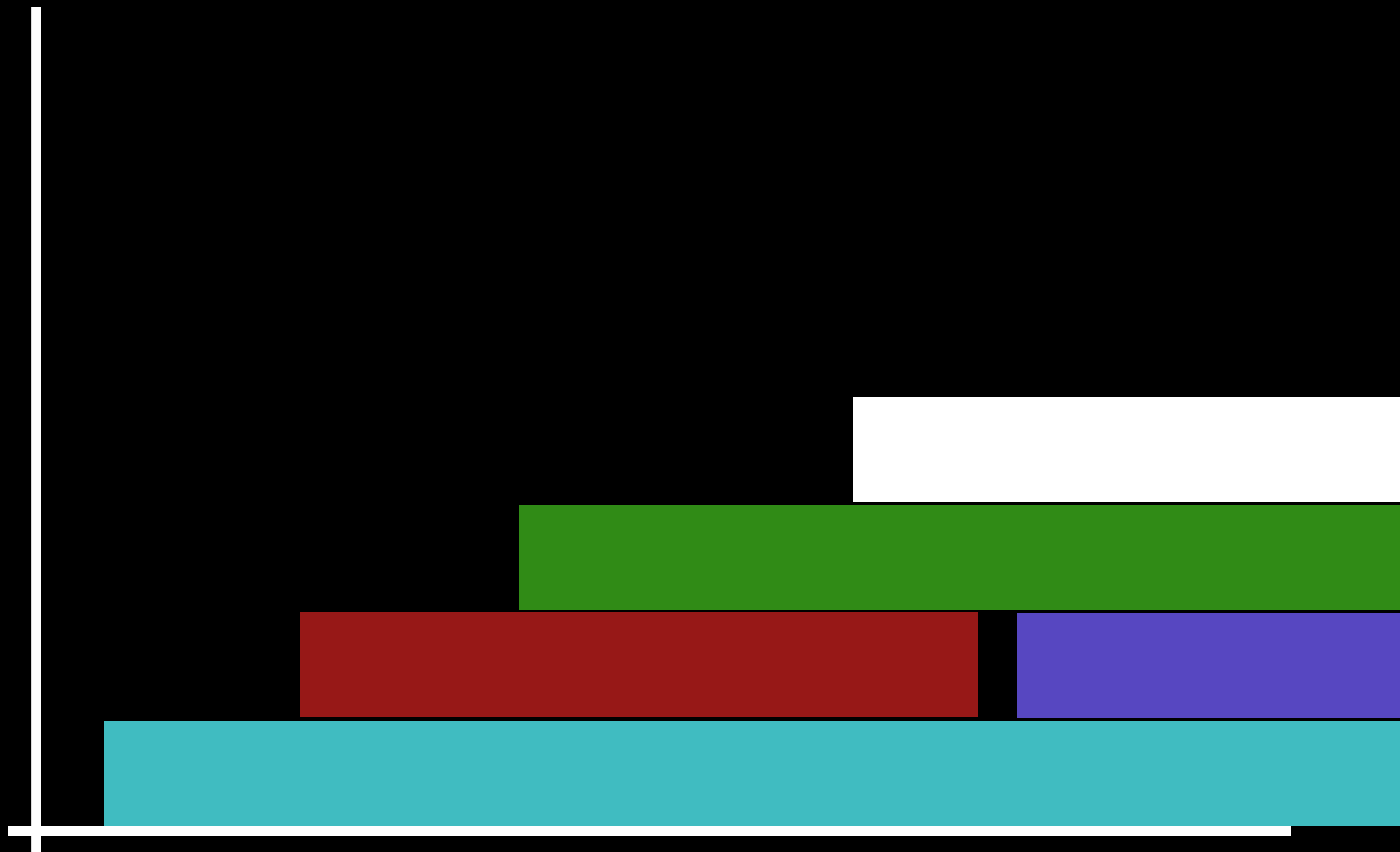
Data Scil 2016-2018

Out of detention	
2016	8%
2017	4%
2018	0,6%



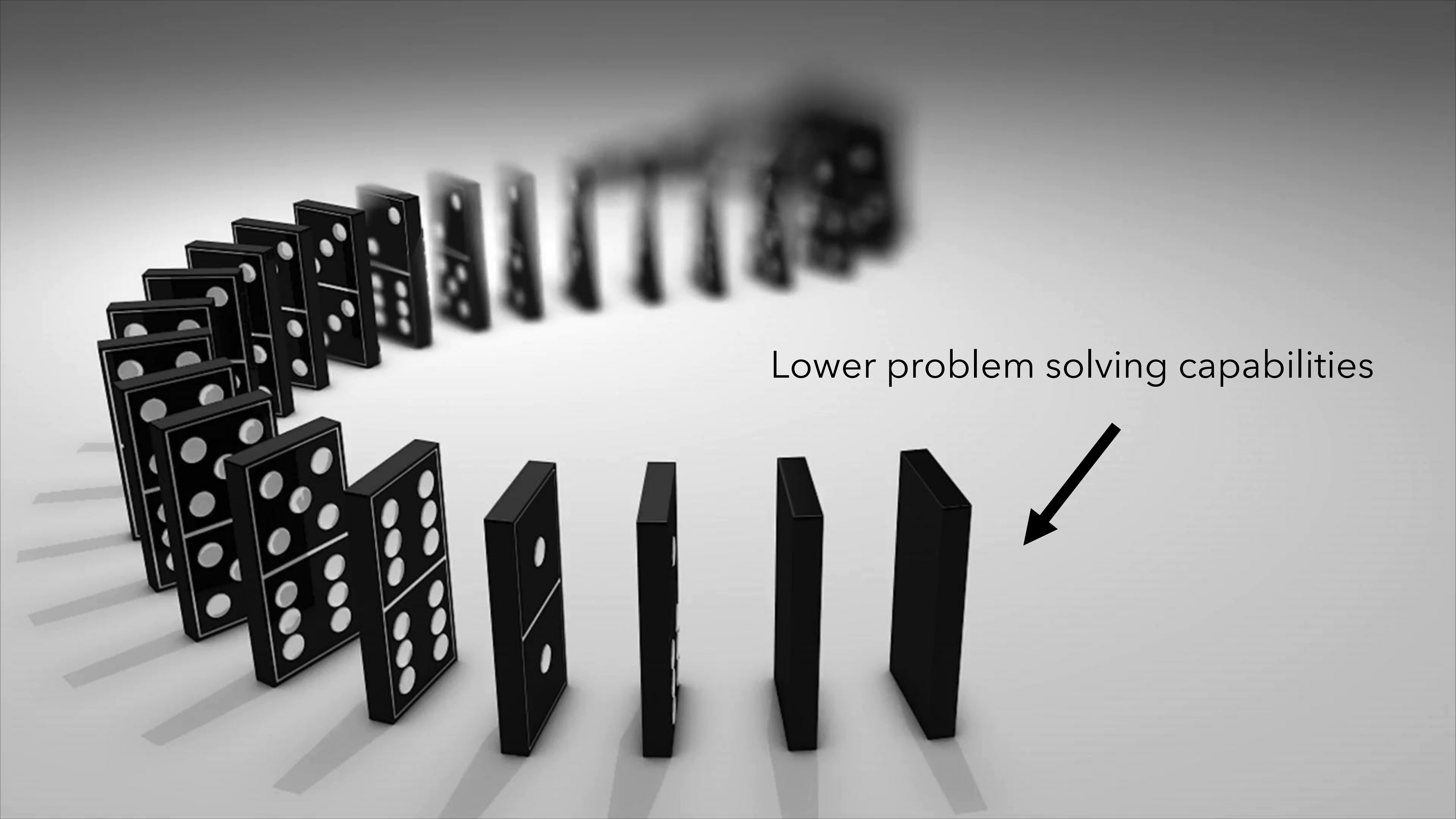
Tijd





Tijd

Lower problem solving capabilities



Personality Disorders

$< 70 \Rightarrow 53\%$

$>70 <85 \Rightarrow 34\%$

$>85 \Rightarrow 19\%$

Wieland et al 2016





“Homeless woman
are the most
vulnerable”

Marlieke Ridder
General Practitioner



Jade

Experience:

violence, sexual trauma,
traumatic removal of children
out of their custody, (forced)
prostitution, relations for
protection

Homeless women are the most
vulnerable.

**housing by
numbers**
Housing Network

Homeless women are even more vulnerable than homeless men

**Channel 4 programme shows more women are becoming
homeless and being treated far worse on the streets and by
councils**

Dawn Foster

🐦 @dawnhfoster

✉ Email

Tue 14 Feb 2017
16.25 GMT



🔗
633

💬
65

🕒 This article is over 2
years old



▲ Channel 4's Dispatches has revealed the impact of homelessness on women. Photograph: Pro Co/Channel 4 picture publicity

Cervixcarcinoma screening in homeless women

Research question:

1. incidence rate of HPV or \geq PAP2 in homeless women in the Netherlands
2. How to reach this difficult group and work together with stakeholders

Aim:

To implement a cervixcarcinoma national screening for vulnerable populations within the existing system. (future: all the existing screenings)

Cervixcarcinoma screening in homeless women

Background



NL: Women 30-60 years get a PAP smear/HPV test every 5 years. Incidence rate of abnormalities are 3,4%.



Homeless women are at high risk and have 4,4 more chance of having abnormalities and 6,6 more chance of dying of cervixcarcinoma.



Problem: No adress, no invitation. And no incentive for preventive care in lifestyle of homeless women.

Screening

- How: **pro-active approach** by a streetdoctor and nurse, combined with a local caregiver.
- What: PAP smear & results. When missing: local streetworkers go and find the woman.
- Where: in shelters, sex-clubs, STD-screenings, during consultation hours of the streetdoctor
- Who: 100 women, 20-60 yrs,
instable housing in last 5 yrs,
>1 yr no PAP smear, able to consent.



Screening



Cooperation stakeholders: streetdoctors and research LUMC, local public health departments, academic hospital for the PAPs. AND: existing screening national organisation.

(very)Preliminary results:

1. 18 women/month reached. Results PAP: 2/10 women have abnormalities.
2. **Conversation about contraception**, 2 women agreed to start that next day!
3. Statement that stakeholders want to implement this in the existing system in Rotterdam!

Homeless women

**housing by
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Housing Network

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Attend to their specific needs

Take-home messages

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