ASSESSING THE NATURE AND MAGNITUDE OF HEALTH, ECONOMIC AND WELLBEING BENEFITS OF HOMELESS HEALTHCARE (HHC) SERVICES IN PERTH, WA

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BACKGROUND

People experiencing homelessness are less likely to access primary health care, and are far more likely to engage with the acute and more costly end of the health service spectrum. Whilst Improving access for homeless people to primary health services is one part of the solution, the strong relationship between homelessness and poor health is difficult to ameliorate unless wider social determinants of health (such as housing, addiction, social isolation) are also addressed.

STUDY OBJECTIVES

The objectives of this study are to:

- 1. Evaluate the changes in health service use (e.g. ED presentations, hospital admissions, length of stay), health outcomes (e.g. managed mental health conditions) and, housing and social support outcomes among HHC clients (including those seen by HHC as part of the new RPH in-reach program and via clinics based at homelessness services such as The Beacon);
- 2. Assess the cost effectiveness of the HHC service and its model of care, including modelling of future return on investment associated with continuation or expansion of HHC; and,
- 3. Map barriers and enablers to improving the health, social and housing circumstances of people who are homeless which are being addressed by HHC and its partnering organisations and settings.



HHC Mobile GP outreach



HHC GPs meeting with patient in RPH

"The health of people experiencing homelessness is characterised by complex chronic multi-morbidity that ideally would be managed by primary care, but [they] often avoid accessing healthcare until late in the course of their illness, and end up being seen in hospital rather than by a GP. We estimate that many ED and hospital admissions have been prevented among the people we see at our clinics, but we need to be able to quantify this impact, and demonstrate the economic and health benefits of the Homeless Healthcare model."

> - Dr Andrew Davies, Homeless Healthcare

METHODS AND SOURCES OF DATA

Health Data

Homeless Healthcare Data:

- Type of HHC contact
- No. of contacts
- Referrals to other services - Type of presentation

Royal Perth Hospital Data:

- Demographics

- Self-report homelessness status 1st contact point with RPH homeless team

- No. HHC contact (last 12mo)
 - ED presentations RPH Admissions
 - Pt. morbidity burden
- Discharge destination

De-identified data provided to **UWA** for analysis

Health

system cost

data

Perceived barriers to mainstream primary

Client Interviews:

Other Data

health services Aspects of HHC making it more accessible

Experience of HHC and health outcomes

Suggestions for improvements in services/integration of services

Other Service Data:

- Referrals to/from HHC

Service engagement Salvation Army: Ruah:

- VI-SPDAT data Psychological profile checks Housing and social - Housing and AoD outcomes



Dr Anna (HHC GP) with client at The Beacon



HHC Mobile GP clinic

REACHING HOMELESS PEOPLE IN DIFFERENT SETTINGS

outcomes

The work of HHC is underpinned by strong collaborations with Royal Perth Hospital and a number of community based services for people experiencing homelessness; such as The Salvation Army's residential accommodation, The Beacon in Northbridge. These collaborations serve both as:

- an important and trusted point of contact with people who are homeless, and
- avenues to connect clients to housing and other forms of support that can help to break the cycle of homelessness.



Dr Andrew Davies (HHC) with a client

"The homelessness sector is often dealing with the repercussions of health service inaccessibility for people who are homeless, and many of our clients have multiple health issues. Homeless Healthcare conducts clinics at The Beacon twice a week; this collaboration has not only provided our clients with much needed GP services, but also enables us to take a more a more intentional case management approach to identifying health issues contributing to the client's homelessness, which is critical if we are to stop the revolving door.

Once a person's health is stabilised, our case workers are more able to see transformation in other areas of their lives, and better outcomes in terms of transitions into independent living."

- Bev Wilson-Malcolm, The Salvation Army











