

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **TAKING HEALTH CARE TO THE HOMELESS**

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TAKING health care to homeless patients rather than expecting them to access existing services may be the way improve outcomes for Australian society's most vulnerable, according to the authors of a narrative review published by the *Medical Journal of Australia*.

Dr Andrew Davies, founder and medical director of Homeless Healthcare, and Associate Professor Lisa Wood, from the University of Western Australia, wrote that key solutions to the homeless health crisis included "prioritising access to stable housing, continuity of health care, specialised homeless general practice, hospital inreach, discharge planning and coordinated care, general practice outreach, and medical recovery centres".

"Although health issues can contribute to homelessness, the effect that homelessness has on health is profound and compounding," wrote Davies and Wood.

"Being homeless puts an individual at increased risk of many health problems including psychiatric illness, substance use, chronic disease, musculoskeletal disorders, skin and foot problems, poor oral health, and infectious diseases such as tuberculosis, hepatitis C and HIV infection.

"Life expectancy gaps of more than 30 years among people who are homeless have been reported in the United Kingdom and in the United States, and Australia is regrettably no different ... homeless people and other socially excluded population groups living in high income countries had mortality rates around ten times that of the general population."

The authors identified six core components of a best practice model to improve health outcomes for people experiencing homelessness:

- stable housing – there are "significant reductions in emergency department presentations and inpatient length of stay when housing is coupled with wrap-around support for homeless individuals";
- continuity of health care – "specialist homeless service with trained staff working across as much of the system as possible";
- hospital inreach to improve access to primary care – "bring specialised GP care into the hospital setting ... to devise care plans that go beyond the immediate reason for hospital presentation";
- specialised homeless general practice – such practitioners "need to be experienced in managing complex multimorbidities and need to understand the interactions between physical illness, mental illness and drug dependency issues";
- medical respite or recovery centres – for those who "too sick for the streets but not sick enough for hospital";
- outreach services – "flexible service delivery and street outreach allows primary health care services to be delivered in spaces where homeless people feel welcome, resulting in increased engagement and improved outcomes".

"We need to pay greater attention to prevention, earlier intervention, continuity of care and the social determinants of health," Davies and Wood concluded.

"How we address the needs of our most marginalised populations is not only part of our duty of care as health professionals, but a fundamental marker of our humanity."

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