

# **The Dutch experience of providing homeless healthcare**

Igor van Laere

Netherlands Street Doctors

# The Dutch experience of providing homeless healthcare



## Scottish Inclusion Health and Homelessness Conference

Edinburgh, Central Hall  
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[www.straatdokter.nl](http://www.straatdokter.nl)

# Nobody sleeps outside

## The Rotterdam approach to Street Medicine

- <https://vimeo.com/291923657>
- Film commissioned by the Netherlands Streetdoctors Group
- Presented at the 14e International Street Medicine Symposium Rotterdam 3-6 October 2018



# Why should we care for the homeless?

- **Moral** responsibility
  - The right thing to do
  - Charity versus Justice
- **Professional** responsibility
  - High morbidity, mortality and healthcare utilization
  - Relief of suffering
- **Social** responsibility
  - Increased and misdirected costs
  - Community building



## George 42 years

- Lives with his mother

## **George 42 years**

- **Attends social work place**
- **Collects stamps**
- **Plays computer games**
- **Sister visits regularly**

## George 42 years

- Mother dies
- Buys new computer
- Buys stamps via internet
- Buys alcohol
- Sister visits biweekly

# Signals of vulnerability

- **What can happen?**



# George 42 years

- Poor diet, alcohol
- Nightly yelling, loud music
- Door only open for sister
- Neighbors complain at the police
- City: letter about benefits
- Housing: letter about rent
- Sister worried, calls General Practitioner

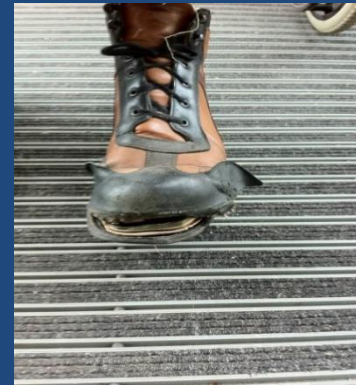


# Signals of vulnerability?

- What should GP do?
- What can happen?

## A while later

- George is homeless after eviction
- Can not find his way
- Sleeps rough, alcohol, cold, afraid
- Stumbles into a day center



# At the day center

- Neglected and exhausted
- What should social worker do?



Only 4 questions matter in terms of care

1. Do you have a **place to sleep**?
2. Do you have an **ID**?
3. Do you have **health insurance**?
4. Do you have **health problems**?

# Day center

What  
should  
happen?



# Streetdoctor

## Medical assessment

- Confused, emotional, 2 liters beer
- Bad food, cough, diarrhea, feet hurt
- Never visits GP
- No medication

# Physical examination

- Neglected, stinks
- Temp 38.6C
- Dehydration
- Blood pressure and pulse elevated
- Lung sounds
- Pain upper right abdomen
- Tramps' feet, ulcerations



## **Conclusion: George 42 years**

- Intellectual disability
- Mom died, sister involved
  - lonely, fear, beer, yelling, neglect
- Homeless after eviction due to rent arrears
- Stumbling and piling beer cans and diseases
- Arrival day center in social medical crisis
- Community and system failure



# Street doctor

- Health risks?
- What should happen?



# Health risks

- **Confusion** (diarrhea, dehydration, glucose, salts)
- **Heart rhythm** (diarrhea, potassium, anemia)
- **Lung decompensation, pneumonie**
- **Insult** (alcohol withdrawal)
- **Skin infections, sepsis, deep vein thrombosis**
- **Liver damage, pancreatitis** (alcohol)
- **Ocular paresis, wide-legged, delirium, coma, death**  
(vitamin deficiency, alcohol)
- **→ Shelter-based Respite Care facility / General Hospital?**

# George and other vulnerable people in the Netherlands

- **2.500.000** Living in poverty
- **2.200.000** Intellectual Disability (ID) IQ 70-85
- **480.000** Alcohol problematic (30,000 care)
- **230.000** Domestic violence (95.000 reported)
- **210.000** Psychiatric disorder severe
- **127.000** Child abuse reported
- **114.000** Drugs problematic
- **83.000** Confused behavior police reported
- **70.000** Shelter users
- **30.000** Homeless people (30% ID)
- **26.000** Mental health coercive treatment
- **17.000** Sex workers
- **14.000** Protected living places
- **9.000** Prisoners (25% ID)
- **5.000** Housing evictions social rent



# Inclusion health groups and mortality

## High risk groups

- Homeless
- Sex workers
- Drug users
- Prisoners

## Mortality Risk

- All causes
  - Women 12x
  - Men 8x
- External causes, injury, poisoning
  - Women 18x
  - Men 8x
- Natural causes
  - Infections (Hepatitis B and C, latent TB)
  - Mental health (Schizophrenia)
  - Heart disease (coronary)
  - Pulmonary disease (asthma)

# Poverty and ill health

## Social Care

- **Housing**
- **Literacy, language**
- **Income, debts**
- **Work, activities**
- **Meaning, religion**

## Medical Care

- **Addiction** (tobacco, alcohol, drugs, gaming, gambling)
- **Cognitive limitations**
- **Mental health issues**
- **Physical disorders**



**Ministry of Social Medical Affairs**

# Healthcare in the Netherlands

- **Mandatory health insurance – expensive**
- **Out-of-pocket money**
- **Illegal migration -> no insurance possible**
- **All people registered at GP**
- **GP gatekeeper to healthcare system**
- **43 municipalities responsible for shelter and care for homeless populations**
- **Social welfare possible if you have an address**

# Netherlands Streetdoctors Group

23 June 2014

## Accessible and quality social medical care for all homeless people in the Netherlands and beyond

- Network professionals
- Knowledge and experience
- Workshops and symposia
- Research and publications
- Media attention
- Public and Political awareness

[www.straatsdokter.nl](http://www.straatsdokter.nl)

[www.streetmedicine.org](http://www.streetmedicine.org)

[www.doctorsforhomeless.org](http://www.doctorsforhomeless.org)



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# Unfulfilled care needs in 57% of homeless

- Dental care
  - Mental healthcare
  - Care for loneliness
- 
- 30% no access to family doctor despite need
  - 26% uninsured – no money for care
  - Shame / feeling of being rejected
  - Access and procedures to care too complicated



*Verheul M 2017 self-perceived health and social problems and care needs. Interview 156 homeless persons in 12 cities; Rabelink S. 2017 Registration streetdoctors 840 patients*



# Homeless Healthcare

## Barriers at organisational level

- No national policy
- Municipalities < 150,000 citizens no finances
  - 33% of municipalities no specific medical services
- Lack of collaboration between different services



*van Daalen et al 2017 interviews representatives of all 43 municipalities responsible for homeless care. Van Laere I / Smit R 2017 survey 26 municipalities (60% response rate)*

# Barriers professional level

## Experiences of street doctors and nurses

- Poor access and quality of care
- Problems to refer to dentist, mental healthcare
- Lack of skills and knowledge
  - communication with low literate patients
  - confused patients
  - pain management
  - addiction
  - palliative care
  - organisation and finance social medical care



*Myrthe Kuijpers 2017 Experiences of 53 streetdoctors and nurses, survey*

# Streetdoctors integrated approach

- Focus on all diseases and problems and their mutual cohesion
- Embedded in good, accessible, affordable and understandable healthcare and social services
- Work on a toolkit for assessment, diagnostics, guidance plan, case management, peer support, monitor and evaluation; results





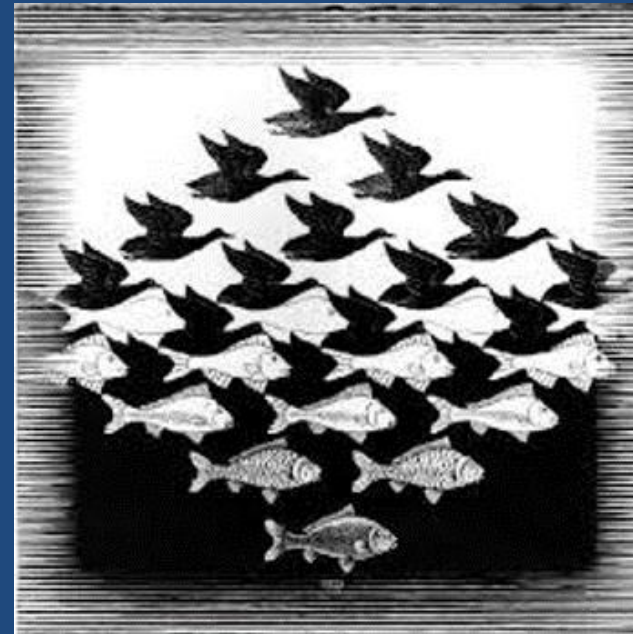
# Netherlands Streetdoctors Group

## *Output June 2014 – March 2019*



Activity	N
Lectures and workshops	72
Media magazine, Radio and TV	72
Papers and reports published	24
Blog columns published	22
Research and studies conducted	14
Political contacts and responses	13
Symposium organized	5

- Social – Medical Streetmedicine Care in each city
  - Outreaching
  - Pro-active
  - Multidisciplinary
- National policy
- National funding
- Guidelines and training
- Peer support



# Thank you



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