

## Introduction

The prevalence of physical and mental health illness is higher in homeless populations than in the general population. However, research indicates that the use of primary care services tends to be lower in homeless groups.

Safetynet is a Health Service Executive (HSE) supported network that provides homeless people with free access to primary care services. This includes GPs, nurses and drug workers. Safetynet uses a web-based computer system to record patient data to a central database. This information can then be electronically shared and accessed across the 14 different clinics in the network. This allows patients to be treated in any Safetynet clinic without the need for repeating medical histories and ultimately increases access to primary care services for this population.

Safetynet, in collaboration with the Health Research Board (HRB) Centre for Primary Care Research, is currently conducting a cohort study investigating health, healthcare needs and use of health services in Safetynet patients.

## Methods

This research forms part of a cohort study. The STROBE guidelines are used to standardise the conduct and reporting of the study. Baseline recruitment took place in Summer 2011. All patients will be followed-up at 12 months, in the Summer of 2012.

### Questionnaire:

The questionnaire used in the current study modified and extended that used in two previous studies that investigated the health of the homeless in Dublin in 1997 and 2005. The questionnaire assessed patient's reasons for homelessness, medical history, mental health and quality of life, drug and alcohol use, medication use, health behaviours and use and opinion of health services available to homeless people.

### Baseline data collection:

Two student researchers (AH and MC) recruited participants from four of the Safetynet health clinics across Dublin city centre. All participants had to be registered with the Safetynet service to be eligible to participate. As such, participants were classified either as being currently homeless or at risk of being homeless.

Patients were initially approached and asked to participate by a gatekeeper, who was a member of Safetynet staff. The researchers then proceeded to obtain written informed consent from the participants before starting the questionnaire. It took approximately 45 minutes to complete the questionnaire, with a researcher asking the patients the questions and writing down their verbal responses.

### Ethical approval:

Ethical approval was granted by the RCSI Research Ethics Committee.

## Preliminary results

A total of 106 participants were recruited for this study. Baseline data from all participants is currently being entered onto a database. The preliminary results presented here are for the first 50 participants.

Table 1 presents the background demographics of participants included in the current analysis. This data indicates that:

- The population is predominantly less than 45 years of age, male, single and Irish. This population is similar to previous studies in terms of age, gender, marital status and nationality.
- The most common type of accommodation was hostels, with few participants being rough sleepers.
- The most common reason for homelessness is attributed to drug use.

Table 2 presents a comparison between the participants in the current study and those that took part in two previous Irish studies investigating the health of the homeless. Relative to previous studies, the current data indicates that:

- More patients in the current study rate their health as good to excellent relative to previous Irish studies
- More participants report having a current medical card
- More participants report attending their GP
- Fewer participants report attending OPD

**Table 1: Preliminary demographics and characteristics of the population**

2011 baseline (preliminary)	
<b>Age</b>	% (n)
24-44	78% (39)
45-64	22% (11)
<b>Gender</b>	
Male	80% (40)
Female	20% (10)
<b>Marital status</b>	
Single	56% (28)
Long-term partner	18% (9)
Married	6% (3)
Separated/Divorced	14% (7)
Widowed	4% (2)
Co-habiting	2% (1)
<b>Nationality</b>	
Irish	72% (36)
British	6% (3)
EU other	14% (7)
African	6% (3)
South American	2% (1)
<b>Accommodation</b>	
Hostel	44% (22)
B&B	4% (2)
Sleeping rough	6% (3)
With friends/relatives	20% (10)
Rented accommodation	26% (13)
<b>Reasons for homelessness</b>	
Attributed to alcohol use	14% (7)
Attributed to drug use	34% (17)
Attributed to financial reasons	22% (11)
Other reasons	30% (15)

**Table 2: Self-rated health and service usage compared with two previous Irish studies**

	2011 baseline (preliminary)	2005	1997
	% (n)	% (n)	% (n)
<b>Self-rated health</b>			
Good to excellent	70% (35)	46% (165)	57% (286)
Fair to poor	30% (15)	54% (190)	43% (215)
<b>Service usage</b>			
Have a current medical card	64% (32)	55% (196)	55% (276)
Visiting GP in previous 6 months	94% (47)	62% (221)	-
Attended A/E in past 6 months	42% (21)	37% (128)	-
Attended OPD in last 6 months	12% (6)	27% (93)	-
Hospital Inpatient in last 6 months	20% (10)	19% (68)	-

## Discussion and future work

These preliminary data suggest that more Safetynet patients rate their own health as good to excellent, have a medical card and have accessed GPs relative to previous studies of homeless populations in Dublin that occurred before Safetynet was established.

The results presented here are preliminary (n=50). The baseline data for the remaining participants is currently being entered. All participants will be followed-up at 12 months (Summer 2012). The final data set will allow us to determine the prevalence of health issues, identify the healthcare needs of this population and identify risk factors leading to poor health outcomes in this vulnerable patient population. This will aid clinician decision-making and facilitate Safetynet workers in improving the quality of care provided to patients.

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