

## 1. Health profiles of homeless people

1.1. On a base of questionnaire research (project Strategy of a social inclusion of homeless people in the Czech Republic and from database of GP for homeless people was recognised, that this people mainly suffer from medical diseases like this:

cold, lung diseases, skin disorders, addictions, infection diseases (hepatiti), epilepsy, psychical problems, schizophrenia.

This difficulty aren't occurred isolately. Comorbidity or polymorbidity are typical for homeless people.

1.2. In a join with issues of homeless people is really important social program Application of recommendations of WHO in a prevention of the medical establishment. Bulovka in Prague provides to homeless people within a frame of its medical check on the and breathing difficulty on chosen departments.

Maybe programs in the Czech Republic are intended to specific medical risks which mainly pay attention to infectious diseases because central register of programs like this doesn't exist we haven't known about them so far.

1.3. Questionnaire research (Strategy of social inclusion of homeless people) shows us two main views on an issue in taking care of homeless people in the Czech Republic.

a) view of a medical staff

The most disturbing items during treating of homeless people are:

- Difficulty in administrative (non payed insurance, not having papers)
- Difficulty in admission in a medical establishment (comorbidity, polymorbidity includes alcoholic intoxication)
- Feeling of a vain work (experience, that the person will get homeless again)
- Difficulty in communication with homeless (join with alcohol, aggressivity, indifference)

b) View of employees of hostels for homeless people

Social worker founded that:

Main problems in asking of treating clients are:

- Rejective or unpleasant attitude of doctors
- Irresponsible attitude of clients to their own health
- Limited possibilities of realization medical measure in hostel for homeless people
- Difficulty in a health politic and economy as well in the Czech Republic
- Limited services in region

## 2. Social Protection: Health care entitlements of Homeless People

Law of health protection is guaranteed by Declaration of Basic Rights and Freedoms and was indicated to Czech system of a law 23/1991 digest in an article 31 is shown: everybody has right for protection of health. On a base of public insurance citizens have right for free medical care and for medical utilities under the conditions, which are determined by the law. It doesn't mean that medical care is free: Law 40/1997 digest public insurance is valid in a present. According to this law patient has a right to choose a doctor or other professional worker in a medical department who has contractual relation to appropriate health insurance company. Patient in case like this has a right for a medical care without direct payment. If the patient will choose establishment without contract or he/she is not payer of health insurance, it signs that he resign the right of covering of medical costs. Patient can not be rejected by medical establishment and non contracting establishment in case of necessary need too. He has to be treated for free the law names us cases in which are paid costs of treating uninsured person:

- Injury
- Rise of an acute illnesses
- Acute getting worse of health conditions
- Urgent childbirth, where is risk of threaten life or getting worse health conditions

Hosteled foreigners have their own medical establishment which are determined on a base of contract. There is a health care provided them after that the costs are paid by Department of home affairs it is necessary that the unhosteled foreigners pay all medical services on their own (including actual), the best way is immediately (acute care can not be rejected, but will be requested to pay it).

2.2: The Czech Republic is a member of program WHO – Health for everybody in the 21<sup>st</sup> century. It was made like a national document – longlasting program of getting better health conditions of Czech citizens – Health in a 21<sup>st</sup> century for everybody which was accredited by government decree no. 1046 day 30.10.2002. The 3 main values of ethic base – health 21 are:

- health is a human right
- justice in health means having solidarity in activities between states and inside country and also their citizens
- participation and responsibility of an individuals, groups, institutions and communities on a continuing of health development.

Fullfilling of law determined guarancy of availability of health care for all citizens is mostly disput in a use. Situation of organisations which takes care of people who are homeless is different according to having a doctor or not. The only surgery in the Czech Republic is run by Naděje in Prague. When the surgery is part of an establishment, usually problem don't come up. This problems usually rise when the establishment hasn't a surgery (and there is a majority without surgery) or in case it is necessary to have patient who is homeless specifically examined.

2.3.: Homeless people often run into communication helpless when they are asking to be treated on a not acute health difficulty, administrative barrier and financial problems (difficulty in insurance and documents).

### 3. Ensuring Access to quality healthcare

3.1.: We have noticed existention of this specialized medical establismment for homeless people so far.

- **GP for homeless people** placed in a dayly centre for homeless people in Naděje, Prague it is citizen's association.
- **Dental establismment for homeless people** - this establismment could be seeing also by patiets with activ tbc, positive HIV and AIDS disorder, with active hepatitis A,B,C and other ifectious disorders. This type of medical attendence is the only in the Czech Republic and **in Prague**.

Posibilities of using an extern cooperated doctor of course exist in a particular regions but not each doctor is agreeable. Conracts with the revolving doctors (gynecology, GP..) exist in some specialized centres for taking care of e. g. drug addicted, prostitutes..., this doctors usually go into centre once a week.

There aren't many solitary specialized establismments, but they have been proveing good so far. Personnel is experienced in working with this type of people in this surgeries. That's why they aren't shocked not even disgusted.

3.2.: It is possible to assume, that specific iniciatives are continuing in a particular establismment in a regions, which mainly target the needs in a region. Of course they operate on a base of a personal posibilities. It means that some of an activities doesn't work.

Just continuing project *Strategy of social inclusing of homeless people in the Czech Republic* is one of the tries to chart situation in the whole Czech Republic and suggested steps .

Relevant data on whose base we could responsibly compare attitude of homeless people to health in the capital and in regions haven't been known us so far.

3.3.: Offer of a medical care for homeless people is incomparable with posible acces of majority population to health care. Increasing problem is non existing medical establismment for senescent chronical alcoholics – homeless people.

3.4.: Institutional interest in issues of people who are homeless in the Czech Republic is join with the preparing and participating of country to the fullfilling of the aims so called „Lisbon's strategy of EU“. The first official document, which is interested in issues of homeless people is *Common memorandum about social integration of the Czech Republic*. Folving *Action plan of social integration of the Czech Republic for the years 2004-2006*, chapters 1.8.5, 2.5.5 and 3.5.5 are dedicated to issue of homeless people. Several important aims were set by action plan it has to help solve situation of homeless people in the Czech Republic. This plan also pays attention to **issues of even access to providing medical care (chapter 3.3.4)**

We are in a half of a year 2006 and it is evident that some of aims will not come true, so main part of solutio is up to nonprofiting organisations again, like in years before.

#### **4. Training of health professionals**

4.1.: Function net among a staff of ordinary medical establishment and a staff of nonprofiting organisations working with homeless people has not been worked up in the Czech republic so far. We know nothing about existation of courses for health workers which are intended to a communication with homeless people.

4.2.: Nowadays 3 months lasting trial cooperation has been continuing within a frame of a civil association Naděje in Prague and the Local Association of the Czech Red Cross. This cooperation is mainly intended to the treating of people who are homeless straightly on a place. Health personal of the Czech Red Cross was educated by the staff of Naděje in a communication and attitude to clients also in a security of working in a terrain.

Offer from medical establishment was sended within frame of project *Application of recomandation WHO to prevention of tbc in a choosen medical establishments*. (article 1.2.)

#### **5. Interagency working**

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5.1: This type of a cooperation is always continuing on a base of factual needs and quantity in a particular regions ( means if there is a will of an individual to cooperate). We haven't learnt about systemic cooperation so far.

5.2: Our social and health system doesn't support this cooperation. Social workers, who find out social background of clients are employed in a hospitals. We haven't got prove by evidence of considering the fact that the patient is returning straightly on the street after release from the hospital. This strategy is function in case of factus who are protected by the law – it means children. We assume that this problem in a join with adults isn't mostly solved.

5.3: Hostel in Prague has an experience that hospitals try to push patients who aren't exactly cured and normally should stay at home to get complet recover in case of homeless people the problems raise, because they have nothing to stay. Here in the Czech Republic there is no establishment for this kind of people in recovering proces, because homeless people live mostly on a social benefits and few establishments dedicated to taking care of people who are recovering is too expensive even for Czech people with ordinary salary. Generaly this situation is solved by relatives who look after this person, but homeless people mostly don't have family so they actually have nothing to go and NGOs solve their situation with difficulty because hostels aren't appropriately equiped for these cases (staff, facility).

#### **6. Health indicators, data collection and research**

6.1.: Official collecting of health's data of people who are homeless is not carry out in medical establishments not even during ambulance transportation. This establishments are not competent on a base of law to carry out evidence and statistics survey of a specific minority. In a comperison with national minority it is realy hard to point out whom count like homeless people. Medical evidention from the only surgery of GP for homelless peoplere is regarded like a statistic of treated people who are homeless generaly this data are not valuable sample for the whole Czech Republic.

6.2.: Actual exploring / researching projects are:

*Health conditions of people who are homeless in the Czech Republic* – research of an Institute of

health politics and economy

*Application of a recommendation WHO to prevention of tbc in a chosen medical establishments – Clinical research and application of preventive measure,*

*Strategy of a social inclusion of homeless people in the Czech Republic – exploring project whose main aim is charting of a present develop of homelessness situation, provided services in this branch and checking some project's activities. **Submitter in the Czech Republic is S.A.D.** More than 100 hostels of different types (state, private, municipal, churchal) are members of S.A.D. NGO is membr of S.A.D. too, but also benefit organisations established by cities. Aim of project is exploration of a medical care for people who are homeless.*

## **7. The right to health**

7.1: Many hostel for homeless people and similar establishments exist in the Czech Republic and there are also good working systems, good cooperation among clients and employees of an establishment in a concrete medical organisations. his cooperation is mainly lead by good will of singles not by targeting policy. There is no well prepared system within the frame of health policy and economy.

7.2: This topic time to time appears on the political scene due to social request in the Czech Republic. However concret proceeding to solution of the situation belongs to the very end place of focus (see part 3.4).

Fall of higher publicity hasn't been vouched so far. Nowadays it is working on a topic of publicity which is higher within the frame of a actualy continuing activities, Project: Strategy of social including homeless people in the Czech Republic.

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