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European Observatory on Homelessness - 19th European Research Conference,
18th and 19th September, 2025, Utrecht, Netherlands

Health Equity Failure We Allow:

Evaluation Study of Joint Social Work and Healthcare Provision

+ Post Evaluation Reflections and Ideas

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19.9.2025

Health equity failure we allow

What it is about?

- Health and Healthcare Use of Homeless Population: **Evaluation Study of Joint Social Work and Healthcare Provision**

Who did that?

- Martin Šimon, (Institute of Sociology of the Czech Academy of Sciences, Prague)
- Barbora Latečková, (Faculty of Science, Charles University, Prague)
- Oto Potluka (Prague University of Economics and Business, Prague)

Why are we here?

- A feedback will be sought from all experts here towards an evaluation study on joint social work and healthcare provision. Key outcomes from the study will be presented to initiate a discussion how these insights could be utilized in healthcare systems.

Background / Literature review

- Homelessness as an extreme form of poverty
- Mainstream healthcare system =/= specific health needs of people experiencing homelessness, leading to human and economic costs
- Prioritizing basic needs such as food and shelter, homeless people frequently avoid and delay seeking medical help
- Many obstacles when using public healthcare (accessibility, availability, affordability, and acceptability) resulting in a mismatch between demand and supply, leading to repeated emergency care (expensive!) and high mortality among people experiencing homelessness (10 times higher than that of the general population, with an average age of death at 45)
- "Housing is healthcare." - The absence of stable housing impedes basic self-care practices, adherence to medication regimens, and maintenance of other life routines, potentially escalating minor illnesses into severe health issues

What is already known

- Homelessness is a major yet unresolved healthcare issue across the world.
- Conventional healthcare systems fall short in addressing needs of homeless people, notwithstanding the existence of universal health insurance.
- Emergency treatment and hospitalization of homeless leads to high healthcare and societal costs, despite stemming from largely preventable diseases.

Objective

The Ministry of Healthcare:

- Initiated a pilot project to improve healthcare accessibility for people experiencing homelessness
- The intervention enhanced the capacity and practical knowledge of general practices and paired them with NGOs familiar with the target group

The **evaluation study**:

- The objective is to assess the impact of an intervention in nurse-led healthcare outreach services to people experiencing homelessness on their utilization of healthcare services

Our study:

- Aims to determine whether an intervention could reduce hospitalizations and emergency visits of people experiencing homelessness, potentially increasing healthcare capacity and reducing taxpayer costs

Design

The intervention focused on:

- (1) normalizing healthcare interactions to mitigate stigma and logistical challenges, with doctors collaborating closely with social workers
- (2) equipping healthcare professionals with the skills to serve this specific target group through psychological training and education;
- (3) augmenting the mobile outreach of social services with additional funding, including the novel provision of nursing staff.
- The introduction of mixed mobile social outreach teams, comprising both a social worker and a nurse, represented a significant innovation. The implemented model of homeless outreach attempted to fix “the structural compensation problem” by integrating health and social services.
- The GP practices involved were pre-established and exclusively served the homeless population.

Data

The evaluation study:

- Both quantitative and qualitative methods to assess the pilot operations of general practitioners (GP) practices over 18-24 months in three Czech cities

Our study:

- Evaluation of intervention's impact using longitudinal data from the National Health Register (IHIS)
- Data on hospitalization and emergency department visits by people experiencing homelessness from 2014-2021 in Olomouc, Ostrava, and Pardubice
- Comparison of people experiencing homelessness and general population, thus capturing the effects of the health intervention over time

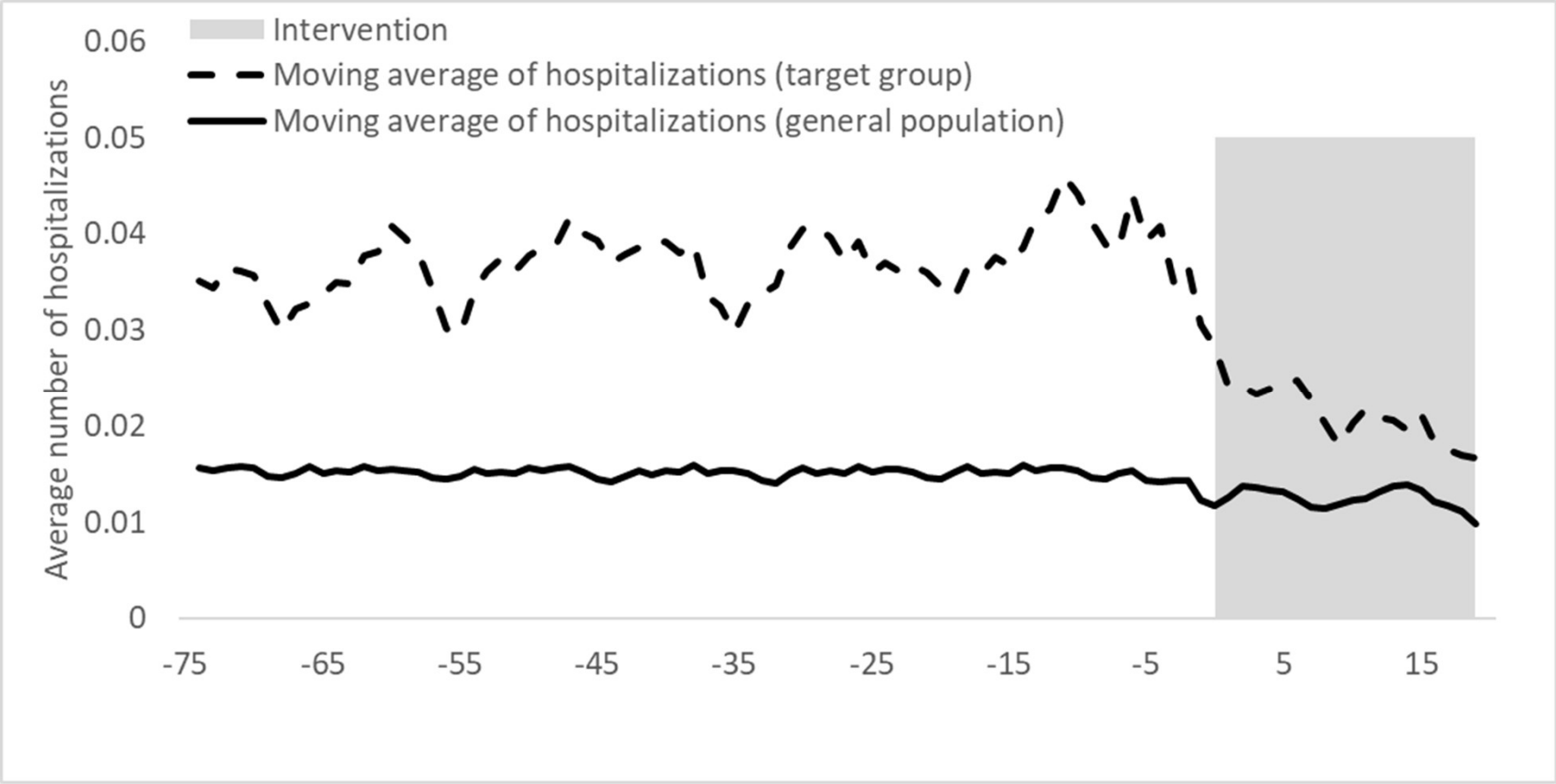
Methods

- A quantitative difference-in-differences approach (counterfactual impact evaluation method) + insights from field studies in these three cities
- Variations in hospitalizations and health emergency visits before and during the intervention period for both the target group and the general population
- Data from GP practices and the National Health Registry
- Two times frames: 75 months pre-intervention and 21 months during the intervention,
- Two outcomes: emergency visits and hospitalizations

- + Not reported in detail here: mixed-methods research design including qualitative methods for data validation and triangulation

Results I.

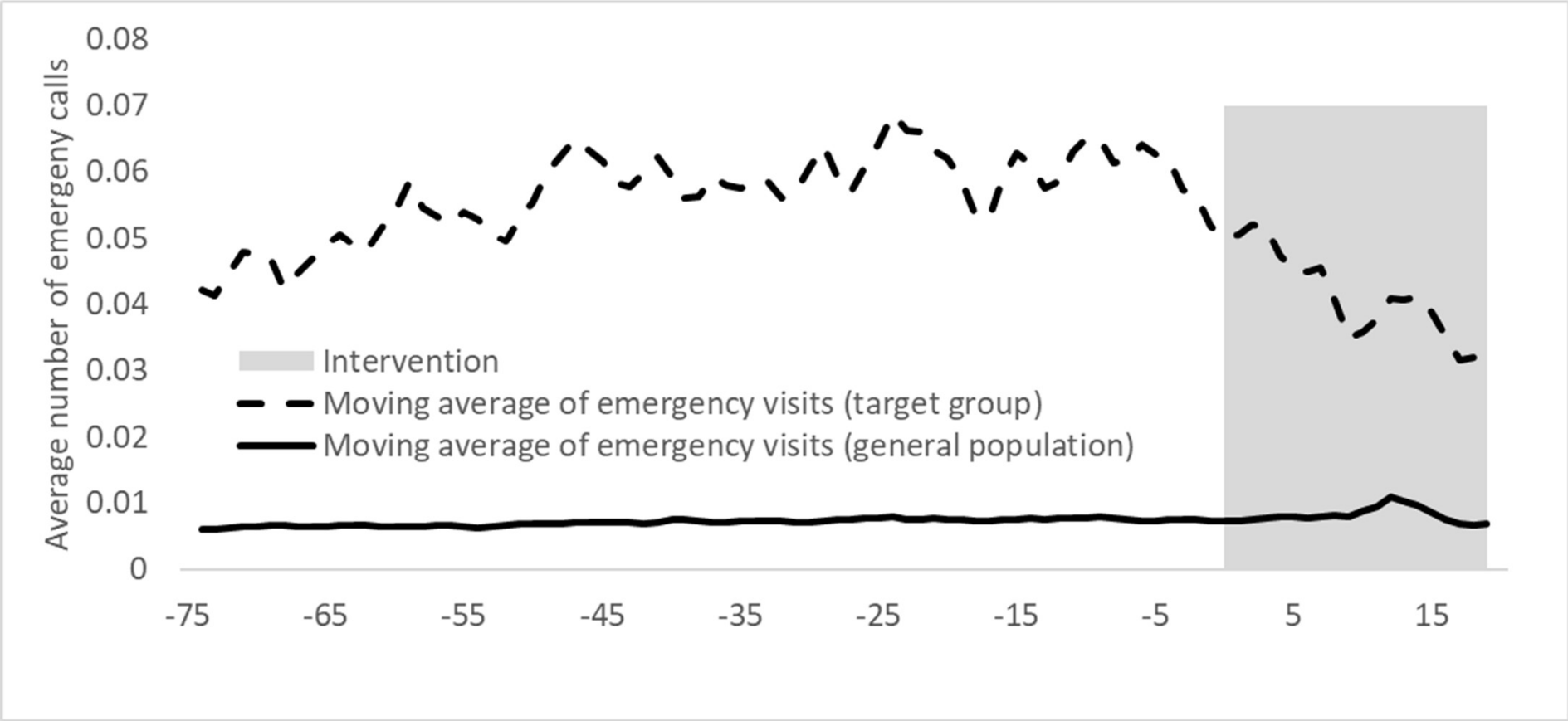
Figure 1: Average number of hospitalizations



Source: Own elaboration based on National Healthcare Registry - IHIS (2022), On the horizontal axis, the months before (during) participation in the intervention are marked as negative (positive).

Results II.

Figure 2: Average number of emergency visits provided



Source: Own elaboration based on National Healthcare Registry - IHIS (2022). On the horizontal axis, the months before (during) participation in the intervention are marked as negative (positive).

Results III.

Table 1: Comparison of hospitalizations before and during the intervention
Note: per capita and month, t-test p-value=0.000

	before	during	difference
General population	0.0151	0.0122	-0.0029
Homeless patients	0.0369	0.0209	-0.0160

Table 2: Comparison of emergency visits before and during the intervention
Note: per capita and month, t-test p-value=0.000

	before	during	difference
General population	0.0071	0.0081	0.0010
Homeless patients	0.0565	0.0414	-0.0151

Additional results

Keys to the intervention's success according to GPs:

- (1) Enhanced collaboration = deeper understanding of the target group
- (2) Fostering trust (nurses) = establishing meaningful connections
- (3) Pre-treatment care = lowering barriers to entry

Primary barriers to healthcare access (according to social workers).

- (1) the co-location of health services with social services = convenient 'one-stop-shop' solution that reduced entry barriers to the social care system.
- (2) Nursing outreach = building rapport with patients and enhancing their participation in healthcare = significant improvement
- (3) Indirect financial incentive = Free certification of infection-free status, a requirement for admission to social residential services (20 EUR)

Something is always better than nothing at all

Limitations of the intervention + and the inherent challenges of effecting change from within the healthcare system.

- Primary unresolved issue = a lack of options for long-term treatment, highlighting the absence of a 'home' for recovery after illness
- Scarcity of respite care and limited availability of asylum houses = cycle of recurrent healthcare use and chronic homelessness.
- The lack of treatment for acute or septic conditions can result in permanent physical disabilities, further hindering societal integration

A change is hampered by a lack of coordination and resources between healthcare and social care services (chronic underfunding)

- People experiencing homelessness seldom utilize standard outpatient services = an active approach + tailored measures are essential to lower the barriers preventing people from seeking primary care.

Conclusion I.

- Outreach services for people experience homelessness matter

A pivotal policy outcome:

- establishment of an insurance provision that allows medical doctors to claim additional costs incurred in treating people experiencing homelessness from a public insurance system

These codes are designed to compensate for the additional time required to treat homeless patients, covering:

- (1) medical treatment provided by a doctor to a homeless person, and
- (2) nursing care provided to a homeless person
- Organization and management of care for the people experiencing homelessness are predominantly orchestrated by social NGOs within an integrated social-health framework, often directly employing the GPs

Conclusion II.

- Outreach services for people experience homelessness matter

Necessity for :

- 'within-system changes' (medical care, outreach activities, social work)
- 'out-of-system changes' (housing, social protection, poverty alleviation)

to enhance the health of people experiencing homelessness

- Yet, despite a reduction in hospital admissions and emergency visits, these rates remain higher than those of the general population
- The intervention has not fully addressed all the challenges related to medical care access for people experiencing homelessness

What this paper adds

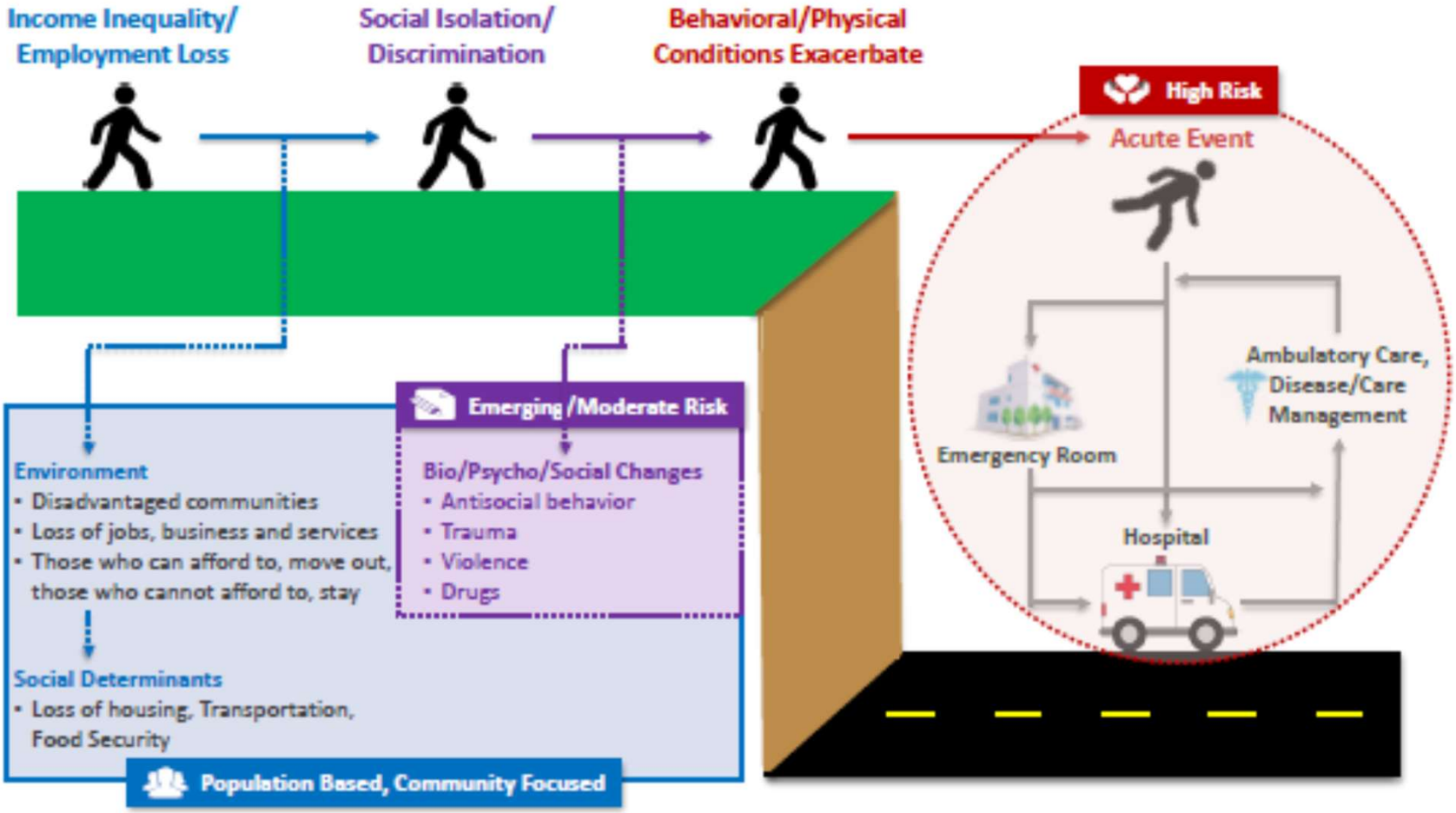
- Pre-post longitudinal design confirmed the efficiency of nurse-led outreach services to reduce hospitalizations of homeless people and lower the frequency of emergency visits by homeless people.
- New healthcare reimbursement codes for a treatment of homeless patients were introduced by an insurance provider as a tool to decrease barriers of care and increase health equity.
- Still, outreach services do not fully address all healthcare needs of homeless people and multiple barriers to care persists.

Cli

Aetna Better Health Community Care: The "Cliff Analogy"

Address "Cliff Analogy" by solving root cause issues upstream before member becomes acute

The "Cliff Analogy," developed by Dr. Camara Phyllis Jones at the CDC, aims to emphasize the fact that non-health interventions are needed to improve health outcomes and achieve Health Equity…



Post Evaluation Reflections and Ideas I.

- Evaluation was outsourced to an evaluation firm and funded by a project with a time constrain.
  - Expanding of pilot studies to other regional cities?
  - Recommended, but followed in praxis?
- How are the new insurance reimbursement codes used?
  - How is a medical definition of homelessness exercised? User perspective?
  - A part of insurance policy --- a subject of future changes?
- The use of insurance reimbursement codes leaves a data trace in public health database.
  - Retrospective study of medical treatment? Follow-up study?
  - Retrospective / prospective study of use of welfare system? Overlap with housing benefits, housing allowance, minimal living wage?

Healthcare insurance codes in data

- Open data: summary statistics available only for year 2023 so far, 2024 later in Autumn
- Micro data not available so far. Possibility to see links between health-care treatment and social welfare benefits uptake
- Request is still pending as it requires multiple high-level approvals.

[ID] - ciselny identifikator zaznamu (unikatniho pacienta)
[pohlavi]
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[bezdomovectvi_2023] - binarka 0/1; vykazany vykon 99875/99876 v roce 2023
[bezdomovectvi_2024] - binarka 0/1; vykazany vykon 99875/99876 v roce 2024
[PnB_2020],[PnB_2021], [PnB_2022], [PnB_2023], [PnB_2024] - binarky 0/1, příspěvek na bydlení v daném roce
[PnZ_2020],[PnZ_2021], [PnZ_2022], [PnZ_2023], [PnZ_2024] - binarky 0/1, příspěvek na živobytí v daném roce
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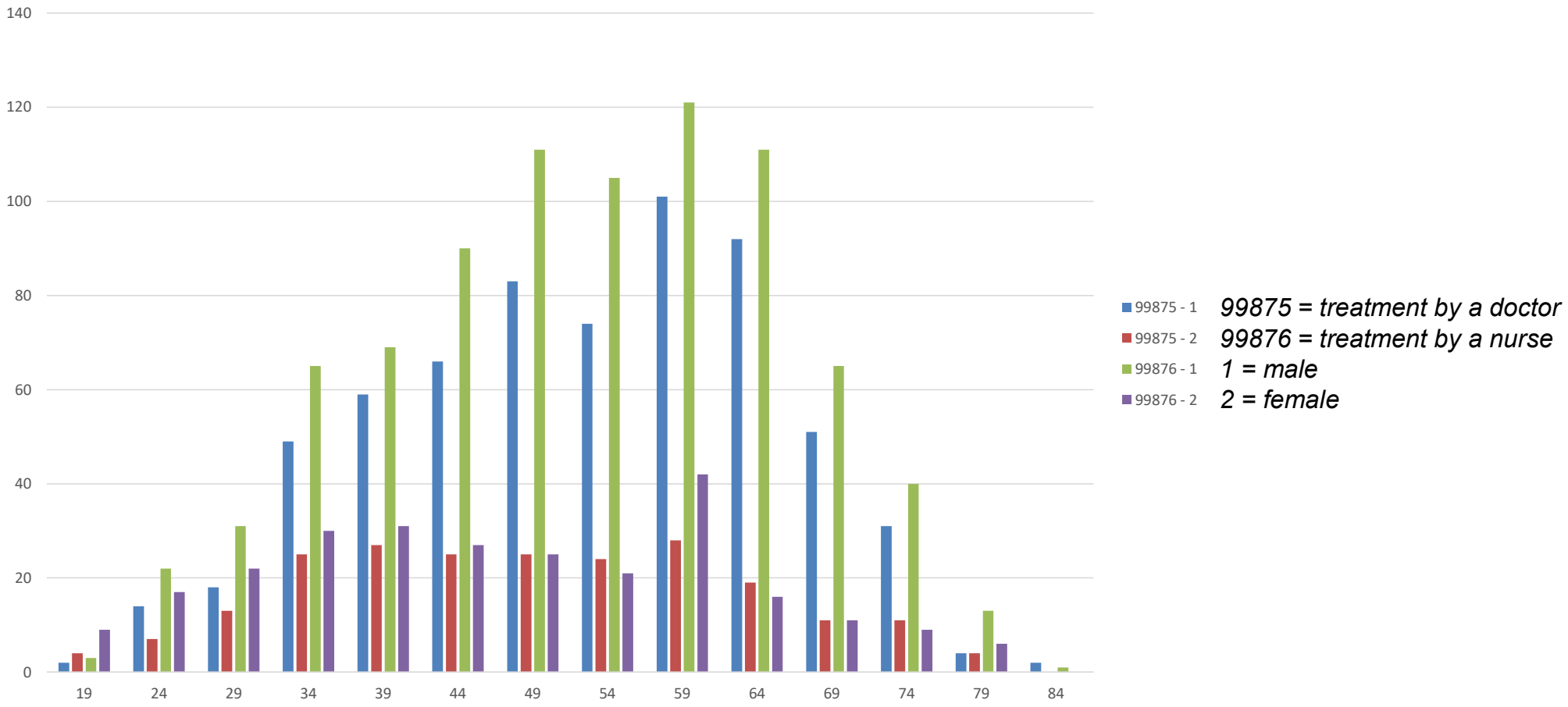
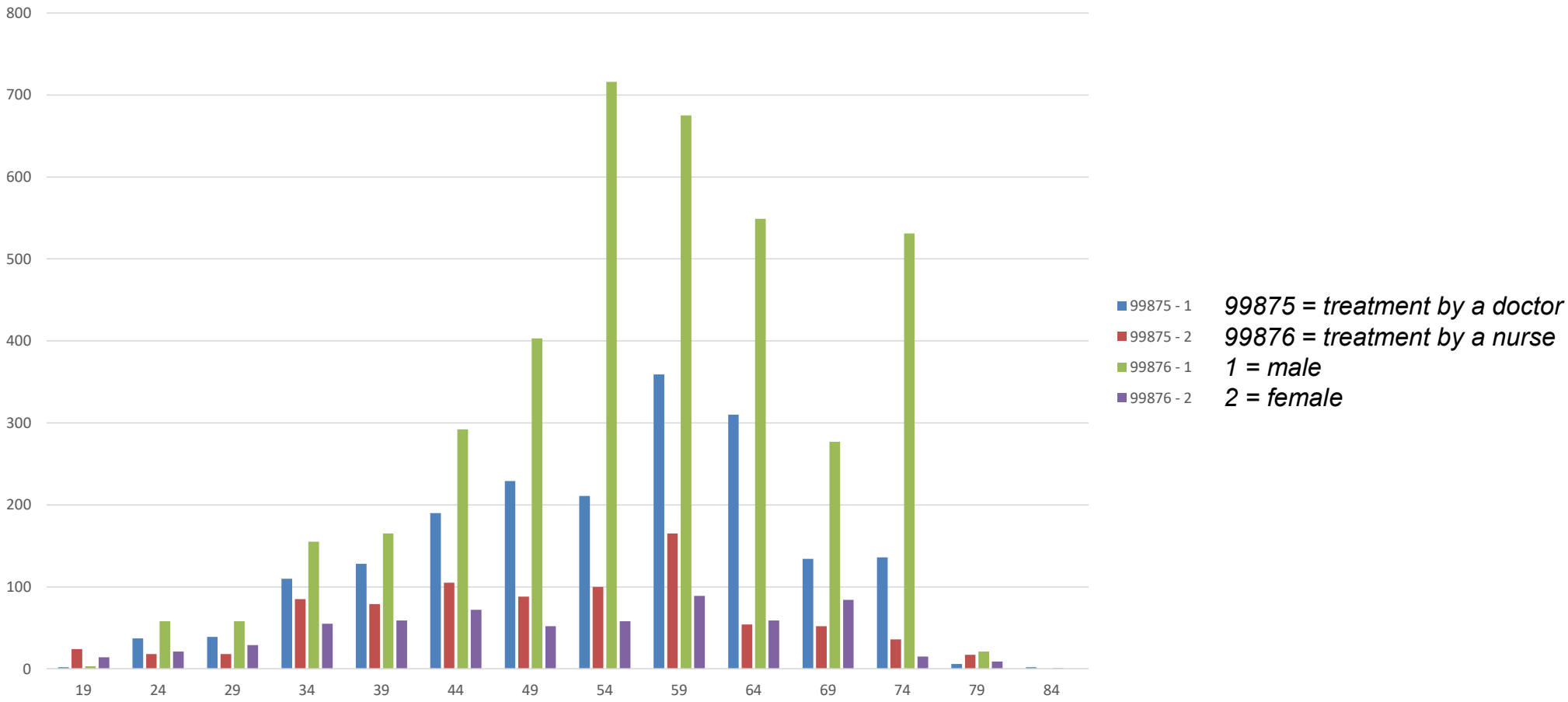
Number of patients in 2023



Source: Own elaboration based on National Healthcare Registry - IHIS (2024)

Number of treatments in 2023



Source: Own elaboration based on National Healthcare Registry - IHIS (2024)

Thank you!

Suggestions? Questions?

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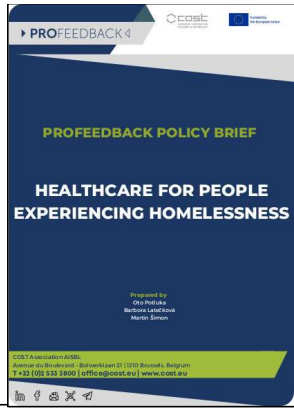
Links to papers ...

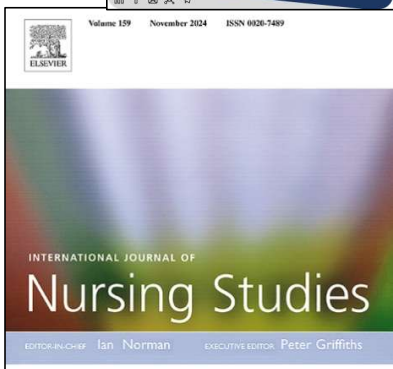
Current paper:

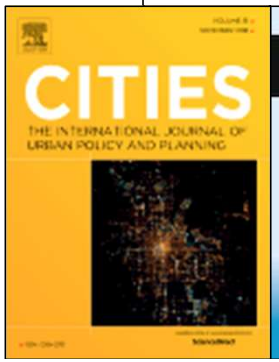
- Šimon, M., Latečková, B., Potluka, O. 2025. „Health and healthcare use of homeless population: Evaluation study of joint social work and healthcare provision“. International Journal of Nursing Studies. Volume 161, January 2025, 104929. Available from: https://doi.org/10.1016/j.ijnurstu.2024.104929
- Potluka, O., Latečková, B., Šimon, M. 2024. „Healthcare for People Experiencing Homelessness“. PROFEEDBACK POLICY BRIEF. (Policy Brief). Available from: https://profeedback.eu/wp-content/uploads/2024/12/Health-and-Social-Care-for-People-Threatened-by-Homelessness-1.pdf

Past papers:

- Šimon, M., Vašát, P., Daňková, H., Gibas, P., Poláková, M. 2020. „Mobilities and commons unseen: spatial mobility in homeless people explored through the analysis of GPS tracking data“. GeoJournal. 85 (5): 1411–1427. Available from: https://link.springer.com/article/10.1007/s10708-019-10030-4
- Šimon, M., Vašát, P., Poláková, M., Gibas, P., Daňková, H. 2019. „Activity spaces of homeless men and women measured by GPS tracking data: A comparative analysis of Prague and Pilsen“. Cities. 86 (3): 145 - 153. Available from: https://www.sciencedirect.com/science/article/pii/S0264275118305912







Acknowledgements

The contribution draws on our evaluation study of the project implemented by the Czech Ministry of Health focused on increasing accessibility and creating health care options for homeless people (2018-2022), registration number CZ.03.2.63/0.0/0.0/15_039/0009641, under the Operational Programme Employment, financed by the European Union from the European Social Fund.

Funding sources

This contribution was funded by project SYRI LX22NPO5101. National Institute for Research on Socioeconomic Impacts of Diseases and Systemic Risks, Registration number: LX22NPO5101.

S PODPOROU

MINISTERSTVO ŠKOLSTVÍ, MLÁDEŽE A TĚLOVÝCHOVY

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Financováno Evropskou unií

NextGenerationEU