

### Seminar 19: Health and Morbidity (Floor -1, Room 10)

Chair: Mike Allen, IE

**Navina Sarma, DE:** Planning and Implementation of a Study on Infectious Diseases among People Experiencing Homelessness in Berlin, Germany: How to Deal with Ethical Issues and Responsibilities?



*Navina Sarma (MPH) is a researcher at the infectious disease department at Robert Koch Institute in Berlin/Germany. She is working on structural marginalisation and migration and has been voluntarily working with homeless people since the last 10 years, where she started an outreach clinic for rough sleepers in 2013.*

People experiencing homelessness (PEH) bear a high burden of disease but their access to care is often limited. Poor access to measures of harm reduction and safer sex, imprisonment and origin from high prevalence countries can increase the risk for HIV, viral Hepatitis, Syphilis and Tuberculosis. Many of these infections are likely to remain undiagnosed and untreated. However, valid data as basis for targeted prevention and care in Germany is missing. In order to address this data gap, a multicentre cross-sectional sero-behavioural study (POINT-study) among PEH was piloted in Berlin in 2021. Considering that research can create additional harm for the already stigmatised and marginalised PEH population, we present the approach, methodology and lessons learned from our pilot study. The study was planned and implemented by an interdisciplinary study team including actors from harm reduction and homeless services, epidemiological research and infectiology. 216 participated in the study. Central components of the study were point-of-care-screening, linkage-to-care, language mediation, incentives for respondents and a questionnaire that included questions on the living and working situation of respondents. Study participants also participated in the evaluation. Research results were discussed with low threshold health-care service providers to discuss practical implications. The need for improvement of awareness about bloodborne- and sexually transmitted infections within homeless services, as well as a closer cooperation between homeless services, harm reduction services and infectiology was identified. The study is a step towards better data and direct transfer of research results into practise which enables targeted prevention, access to diagnostic, treatment and care for homeless people without reproducing stigma and social exclusion. This presentation will discuss how ethical pitfalls were dealt with in the POINT-pilot study in order to learn from experts and implement learnings in an adapted study design as part of a national rollout.

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**Sándor Békási, HU:** Synergistic Health Services: The Malteser Model in Budapest



*Sándor Békási graduated from Semmelweis University (Budapest, Hungary) as a primary care physician and health manager. After molecular biology research activities, his attention turned to client-centric digital health care solutions. He is the chief physician and director at the Health Center of the Hungarian Charity Service of the Order of Malta providing primary care services 24/7 to people experiencing homelessness. He is also the co-founder of Fitpuli, a Hungarian digital health startup. His main interest is the integration of mobile applications, telemedicine, and remote patient monitoring into traditional medical care pathways.*

The COVID-19 pandemic drew vast attention to the ineffectiveness of fragmented health services and the lack of digital health solutions in the care of people experiencing homelessness. In our presentation, we discuss a health care model built around traditional primary care services and extended with telemedicine, mobile outreach teams, preventative screening activities, cross-sectional studies, and personalized case management. These form a solid evidence base for the evaluation of future development

goals. We also provide details about our previous and ongoing research projects as these results are much needed to reflect on the current health status of our clients in Hungary. Our experiences suggest that a holistic service portfolio including digital and personalized options might have a strong beneficial effect on care continuity and care pathways.

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#### **Magdalena Mostowska, PL: Deaths of People Experiencing Homelessness in Poland**



*Magdalena Mostowska is a sociologist, lecturer and researcher at the Faculty of Geography and Regional Studies at the University of Warsaw. She has completed several research projects on migrant, as well as women homelessness in Poland, the EU and the US.*

It is well established that people experiencing homelessness have very high mortality rates and low life expectancy compared to the general population. Causes of homeless deaths provide an insight into the severity of health and social problems: drug poisoning, suicide, traffic accidents, violent assaults as well as diseases rare in the general population: diseases of liver, TBC, along with a high prevalence of behavioural health problems. These figures provide arguments for housing-based approaches. Precise data, however, is not collected and there's a general paucity of research concerning the impact of homelessness on health in Poland. This paper presents preliminary findings from a project on homeless deaths in Warsaw.

The project consists of three parts. Firstly, it reviews the sources and methods of data collection in other countries. Secondly, it identifies the Polish sources and institutions that register some of the data, and the ways they could be used in analysis. Thirdly, it looks at homeless deaths from a sociological perspective: at the ways homeless deaths are framed in the media; the way public institutions handle such cases; and the way voluntary support organizations deal with them.

The media image is especially sensationalized focused on the acts of violence and "freezing to death" on the streets. The construction of homeless deaths by public institutions seems to be invisibilising them, minimizing the impact of living situation and focussing on addictions. Service providers point to the systemic failures: denying shelter for active substance users, or people registered at another municipality; lack of support for individuals released from hospitals. Sporadically, individual stories are posted on social media and tend to illustrate the deficiencies of the support system. However, there are no organizations in Poland, that specifically work around the problem of death, both in terms of advocacy as well as remembrance, organization of wakes, funerals, contacting families.