



For an Inclusive Healthcare System: the Neunerhaus Health Centre, Vienna

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Introduction

The Viennese social organisation *neunerhaus* has been offering medical services for homeless and uninsured people since 2006. The *neunerhaus* Health Centre opened in 2017 to offer low-threshold, interdisciplinary primary care. A medical clinic, a dental clinic and mobile doctors form the backbone of this centre.

The *neunerhaus* Health Centre is reliant upon close cooperation with social workers: cross-disciplinary discussions are held on a regular basis and these practitioners then develop perspectives based on patients' realities and needs. In addition, the outreach services provided by *neunerhaus'* mobile doctors are now available in 27 institutions managed by the Viennese Advisory Service for Homeless Assistance. Since many patients also suffer greatly with their mental health, *neunerhaus* is currently working on social innovations and low-threshold offers in the area of mental health, both by involving patients and incorporating their needs.

Social problems and exclusions are made visible at the *neunerhaus* Health Centre. The number of patients has tripled since 2010. The number of female patients is on the rise: in 2010, 26% of those treated were female while by 2018, the proportion had increased to 36%. In 2018, 4,892 people were seen by *neunerhaus* doctors and social workers, including 266 children and young people. Half of all patients are not covered by health insurance. Our patients come from a total of 69 countries. For the past four years, we have therefore been using a translation tool (online video interpreting in 45 languages) to support patients, doctors and social workers in building trust and establishing patients' medical history, as well as for clarification and diagnosis.

Fighting shame and humiliation – for an inclusive health system

The *neunerhaus* Health Centre provides barrier-free access to medical care for people affected by homelessness and those who are not entitled to insurance. It also shows what a healthcare system could look like when one of the main aims is inclusion.

Austria's current healthcare system confronts people in precarious situations with a number of formal and informal barriers. The lack of entitlement to health insurance is the greatest formal barrier and thus the most common reason for someone not being treated within the healthcare system.

There are many informal barriers preventing people from seeking medical help. According to our doctors and social workers, the most frequent barriers their patients experience are:

- Language barriers
- Shame and humiliation
- Mental and psychiatric disorders (e.g. anxiety disorders, schizophrenia)
- Precarious living conditions

Language barriers prevent effective communication and, by extension, good treatment. In contrast with language barriers, which are quickly recognised by all those involved, the barriers relating to shame and humiliation are more complex, and only become apparent through a trusting relationship and in discussions with patients. The fact that people have had bad experiences with the health system is often not because they have not received medical treatment but because they have not received good human treatment. Being humiliated leads to shame. Moreover, the feeling of being excluded and one's own shame in turn lead to people no longer taking advantage of medical help or only seeking it in an emergency. In addition to homelessness, many people also suffer from poor mental health and psychiatric disorders and are thus stigmatised twice.

Within the *neunerhaus* Health Centre, various occupational groups are working together to break down the barriers preventing access to medical care. Here, we can offer people low-threshold access to high-quality medical care in a variety of ways (e.g. video interpreting, low-threshold interactions without fear of being stigmatised in the adjoining *neunerhaus* café). Where complex health and social problems merge, prospects are discussed together with the patients in an interdisciplinary setting.

Although the healthcare system is not yet inclusive, we try to act as a bridge to that system. We can only achieve this by cooperating with various hospitals and specialists in private practice, who provide the required treatments beyond primary care, regardless of the current insurance status. Operations as well as long-term and costly treatments (oncology, neurology, orthopaedics) are only possible through this cooperation.

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Health problems faced by homeless people

The health problems faced by homeless people range from coughing, sniffing and hoarseness to advanced malignant diseases such as cancer. In that way, they do not usually differ from the health problems that doctors otherwise encounter in general medicine or in hospitals' acute outpatient departments.

However, our patients suffer more than average from:

- chronic wounds;
- dental problems (particularly the loss of teeth requiring prosthetic treatment);
- poor mental health and untreated psychiatric disorders;
- multimorbidity (several diseases concurrently).

Precarious living conditions cause stress, which can manifest itself psychologically or physically to different extents. For example, cardiovascular diseases, high blood pressure and metabolic diseases such as diabetes mellitus worsen under stress.

New challenges I: housing as a health intervention

At a FEANTSA conference in Lyon in 2018, a colleague described homelessness as a life-threatening disease as long as it is not treated with housing. This statement aims to understand residential care as a health intervention and thus goes far beyond previous approaches in which medical care is seen as supplementing residential care and in which reciprocal actions are ignored.

The respective housing situation has a direct influence on physical and psychological well-being. From a medical point of view, it makes little sense to offer people good treatment if they end up back on the streets. This reciprocal action is briefly described in the following case.

A young woman suffered from a rheumatic disease for years. As a result of many years without treatment, both of her hips were severely affected and movement caused her a great deal of pain. The woman slept on the streets of Vienna and initially denied any support because of several traumatic experiences in her home country. Thanks to work undertaken by social workers at the neunerhaus Health Centre, she was offered accommodation at an institution managed by the Viennese Advisory Service for Homeless Assistance. This institution is also open to those without further entitlements over and above the minimum benefits system or homelessness assistance. Only the residential care she received made it possible to offer preoperative clarification and subsequent physiotherapy treatment over the course of several weeks. She had an operation and now has the prospect of recovering and determining her own life for the first time.

Correctly storing and taking medication, attending doctor's appointments and incorporating recommendations on nutrition and physical activity into everyday life – all these aspects are necessary prerequisites to aid recovery. They also require stable living arrangements yet fulfilling these prerequisites ranges from difficult to utterly impossible if you do not know what you will eat or where you will sleep. Experts strongly advocate for housing in Vienna that would be suitable for the above-mentioned target groups. Only by combining medical services with an offer of housing can people have the opportunity to determine their own lives, with gainful employment where appropriate.

New challenges II: perspectives for new flexible offers with increasing deinstitutionalisation

Housing First and similarly designed mobile services are changing the homeless assistance services on offer. The City of Vienna built on the momentum and experience gained from pilot projects run by social organisations and has now set its sights on further deinstitutionalising its homeless assistance services. This objective gives us an opportunity to ask new questions:

What does the deinstitutionalisation of housing mean for medical care? What health strategies do we need in future?

More decentralised and mobile housing services require flexible medical services so that we can continue to reach the people who have been given housing and who need our health services.

A first step is to understand health interventions more broadly. We need more space where we can take a deep breath and where we can simply be, without time or consumer pressures. These could be, for example, "extended living rooms" in different locations across the city that encourage social participation and where a doctor is not far away. We have already gained initial experience here with our own café, which is adjacent to the neunerhaus Health Centre and where we can offer a first point of contact without fear of being stigmatised. This form of interaction is particularly important for people with untreated psychiatric disorders, but also for promoting the structuring of everyday life in a healthy way and encouraging social participation.

Our long-term aim is to work together with cooperation partners and decision makers in new ways to shape an inclusive healthcare system in which every person has access to high-quality medical care, regardless of the prescribed prerequisites. New ways require courage and flexibility. With its stable health and social system, Vienna offers the ideal foundation to make improvements in these areas.