

# Homelessness and good care: a possible relation

Espacio Salud

## The programme

The **objective** is to cover the needs detected in relation to the difficulty of the homeless in accessing their health rights, the lack of accommodation to ensure a space of rest and medical recovery or access to palliative care.

It is a **service** after being discharged from the hospital and the inflexibility of care networks which usually make it difficult to look after combined profiles (e.g. convalescent homeless persons, homeless persons with addiction problems, etc.).

The **programme users** are persons suffering a convalescence, chronic illness or need for palliative care.

## The evaluation

The evaluation seeks to draw **solid conclusions** that would allow us to identify the changes in participants during their stay, as well as to know the usefulness of this type of programmes for the persons' recovery in terms of their health and other aspects related to their life

## Methodological design

✓ Longitudinal design

✓ Pre and post-tests measurements, follow-up 6 month after the incorporation, one upon exit as well as a follow-up 6 months afterwards



✓ Tools

- Interviews to users
- Blood tests, body mass index, Waist-To-Hip Ratio, blood pressure and blood sugar
- Professional questionnaires
- Cases files
- Users' satisfaction questionnaires

## Oncological diagnosis: specific evaluation

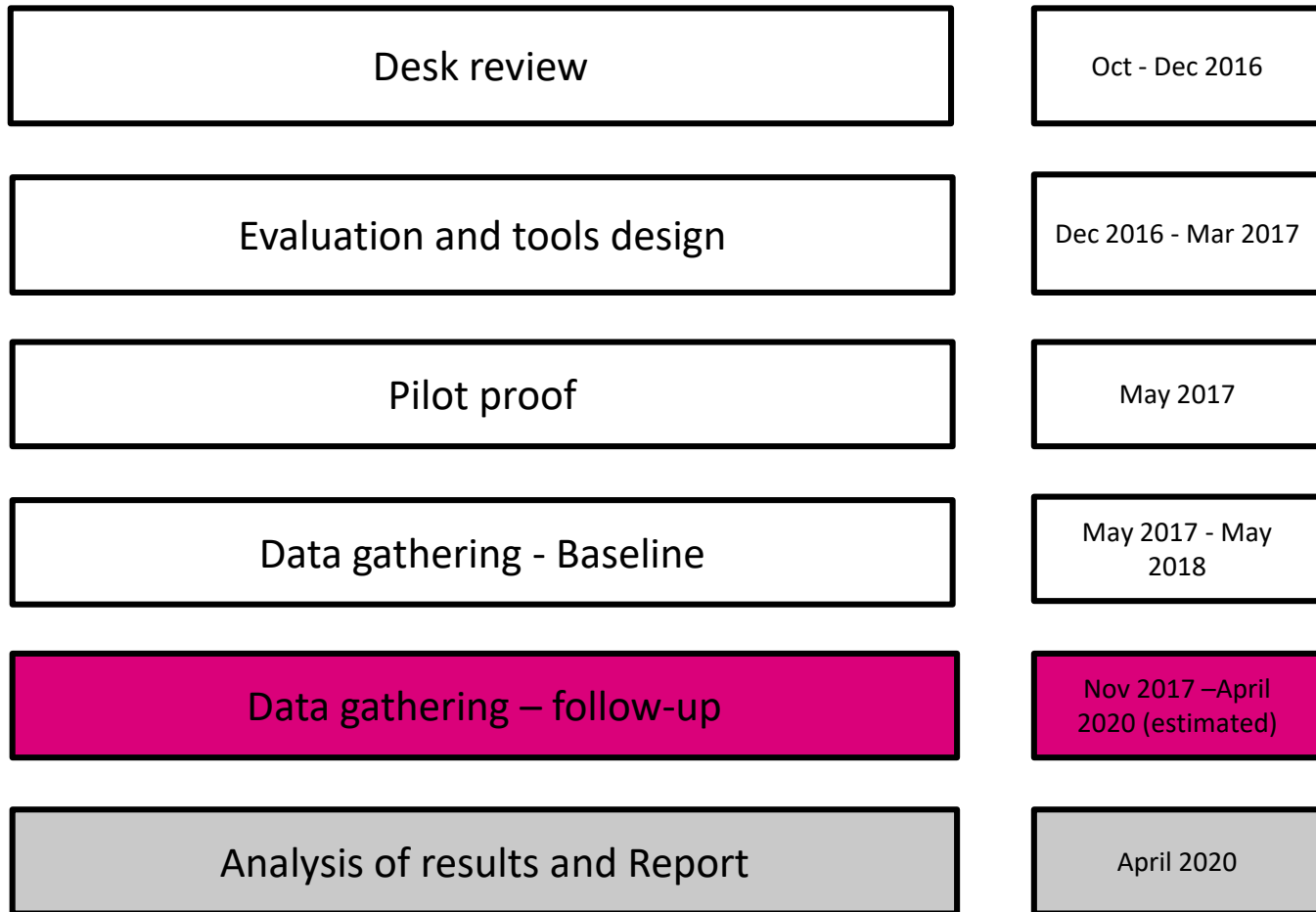
People with oncological diagnosis are evaluated on an ongoing basis

The **quality of life perceived** by people with oncological diagnosis is measured by the specific tool: EORTC QLQ-C30

The application is carried out according to the procedure of the tool itself, with **3 measurements**:

- the first when the person was in the hospital,
- the second during the first week of joining the programme,
- and the third three weeks after joining

## Evaluation stages



University Complutense of Madrid



Health Institute Carlos III



Jiménez Díaz Foundation  
OncoHealth Institute



# Baseline



## Sample Size

Users of the RAIS Espacio Salud programme in Madrid and Murcia who consented to participate. Palliatives were excluded

May  
2017

**50 persons**

### Exits of evaluation

- 3 voluntary leavings
- 1 language barrier
- 1 invalid interview

May  
2018

**Baseline**

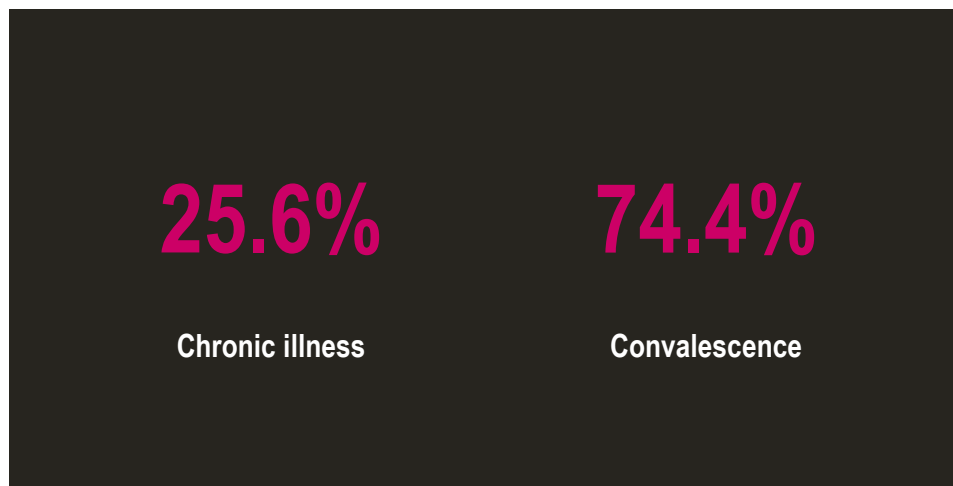
**45 persons**

## Sociodemographic profile



## Age average

**52** years old



## Administrative Situation

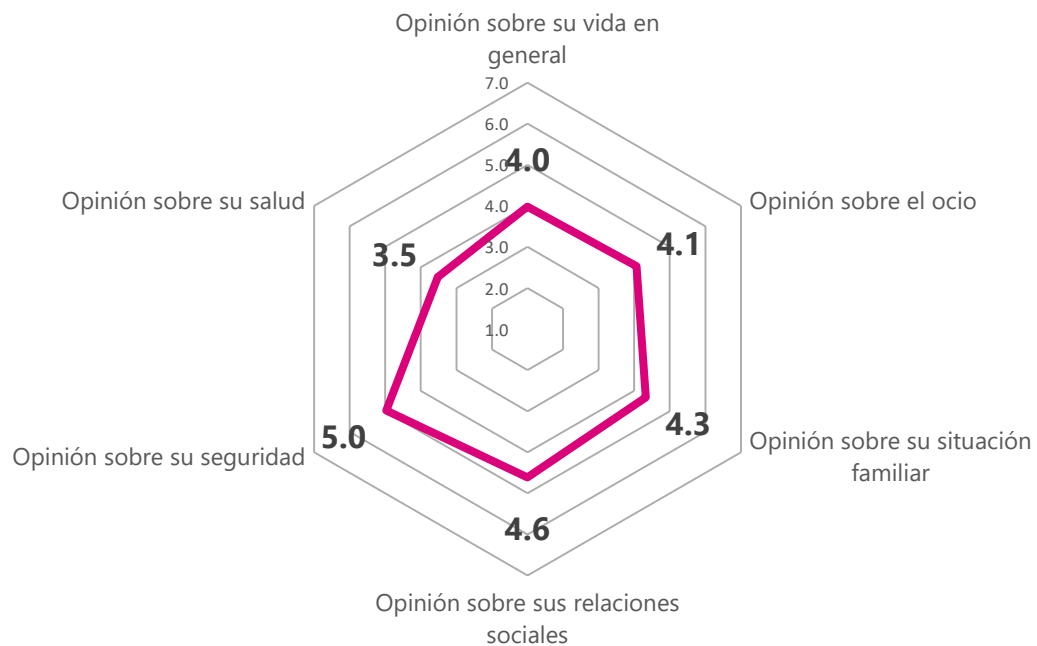
**82.2%** registered

**72.7%** valid documentation

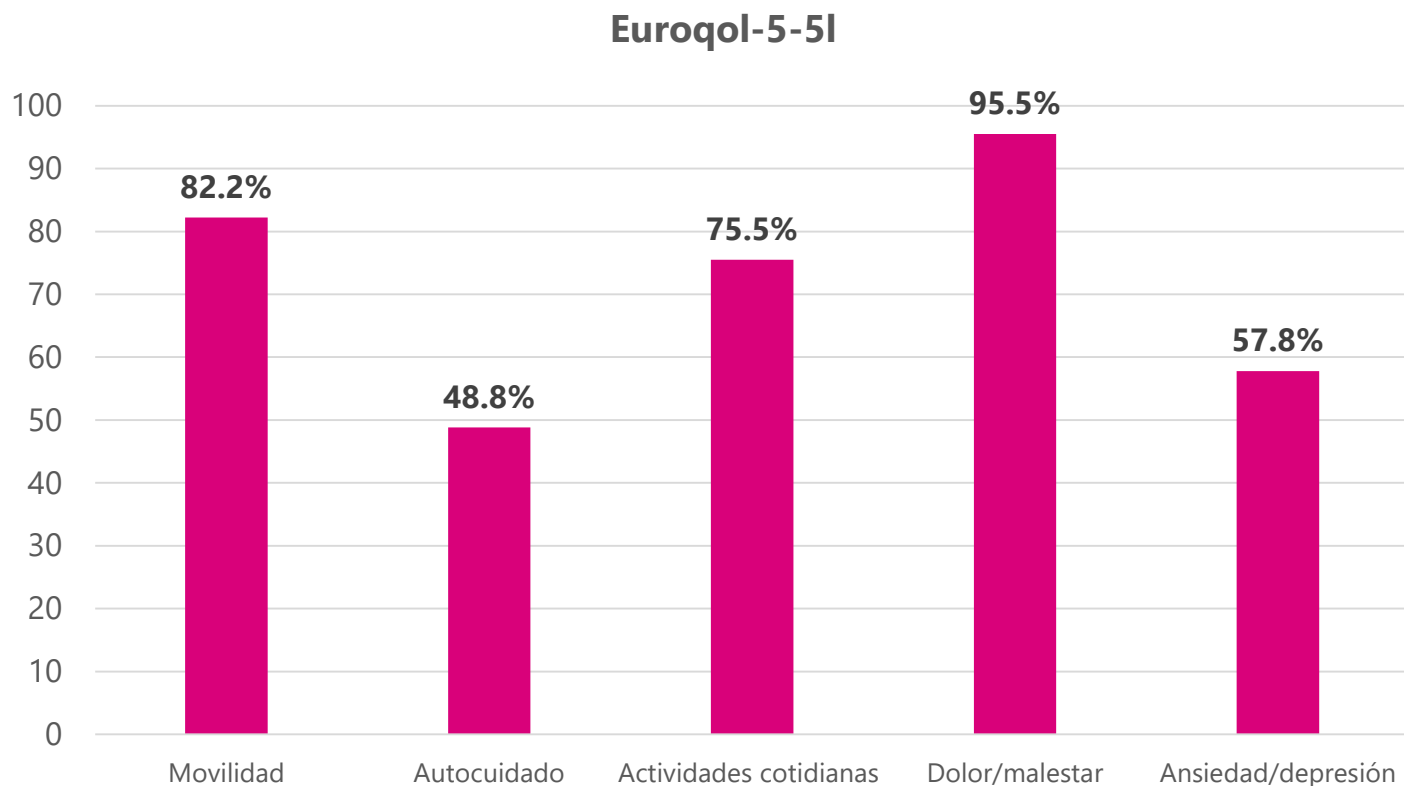
**68.2%** healthcare card

# Quality of life. Perception

## Perception of quality of life (Qoli)



## Quality of life linked with health



Almost all of them have pain (95.5%)

More than 80% of the participants have some form of mobility problem while a similar percentage has problems carrying out their daily activities

*\*aggregated data*

**One in four people have attempted suicide in their lifetime.  
4.7% have attempted it during the last month (before accessing to the programme)**

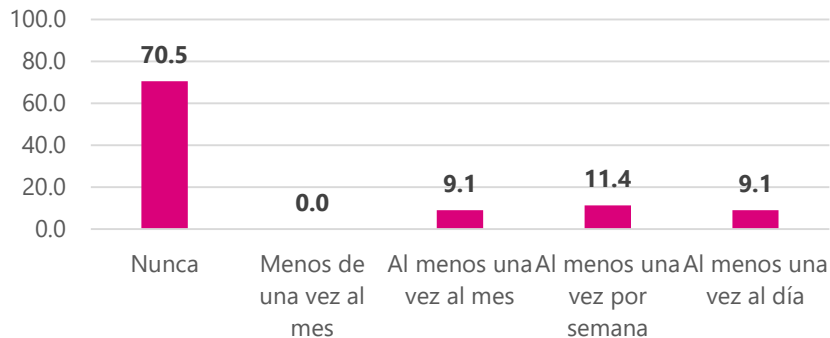
Almost 80% of the users, according GHQ-28, may have mental health difficulties at the time of joining the programme

### Total score and per GHQ ítem

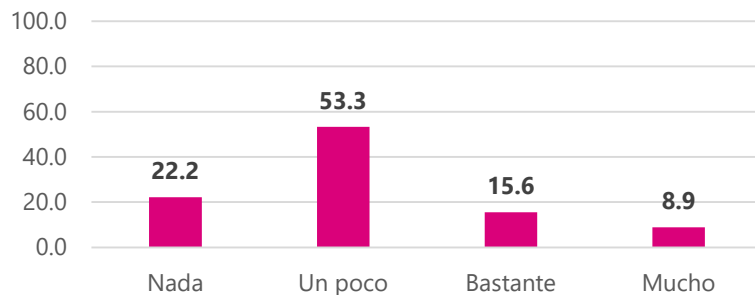
	n	
<b>Total score GHQ (sum of dichotomized scores) Media (DT)</b>	33	11,00 (6,38)
Positives cases GHQ (cut-off point= 5)	26	78,8%
<b>Score by scales GHQ (continuous)</b>		
Somatic Symptoms Scale Media (DT)	39	10,23 (4,29)
Anxiety and insomnia Scale Media (DT)	40	8,55 (5,79)
Social dysfunction Scale Media (DT)	35	9,94 (3,47)
Sever depression Scale Media (DT)	39	5,28 (5,08)

## Social support – Family and social situation

How often were you with a member of your family in the past month? (%)



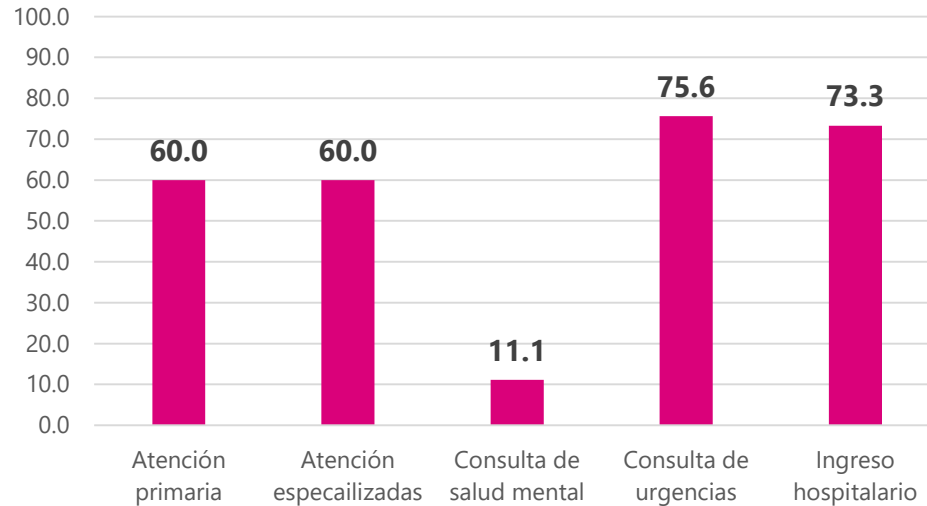
How lonely or abandoned do you feel? (%)



Most of the participants have a family, although in most cases their **contact is infrequent or entirely non-existent.**

Concerning their subjective perception of actual support available to them, one in four persons indicated to feel very **lonely or abandoned.**

Have you been attended by a doctor for health problems in the past 6 months? (% Yes)



Regarding the use of the health system, the highest frequency of visits occurred for **hospital emergencies and hospital admissions** six months prior to joining the programme.

Moreover, the average period of a person's last hospitalisation was 38 days.

## Satisfaction



**General satisfaction with the service: 5.51\***

\*scale 1 to 6



- **Areas of evaluation:**
  - ✓ Risk behaviours (Alcohol)
  - ✓ Nutritional status
  - ✓ Cardiovascular risk
  - ✓ Women's health



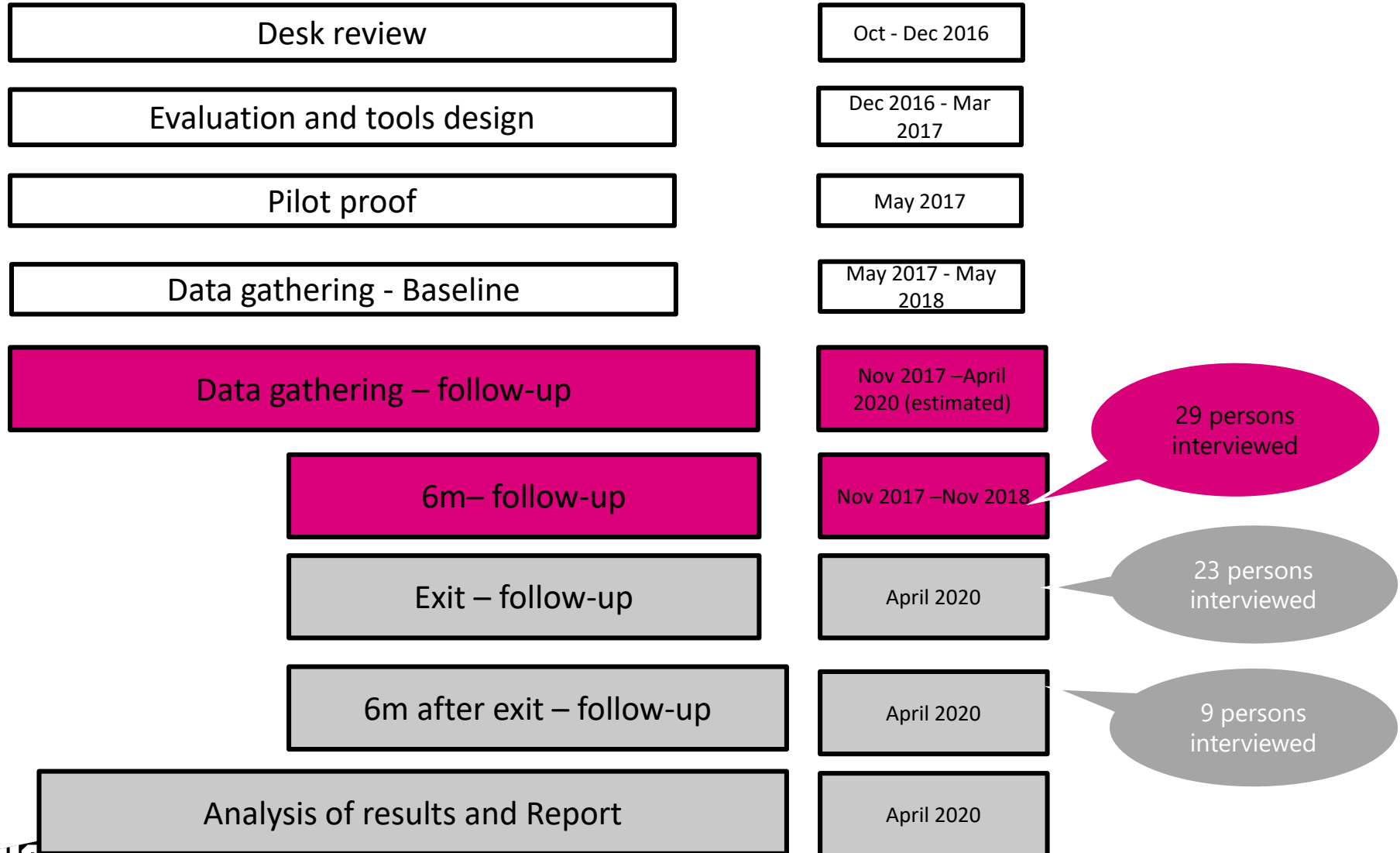
## Biomedical indicators

- **Nutritional indicators** represented normal values in most cases (86% for albumin and 76 for prealbumin). However, this was not the case for the lipid profile, with abnormal values in almost 30% of cases (43% of women).
- 38% of men and 12% of women had **blood sugar levels** above normal.
- The SCORE indicator for **cardiovascular risk** represented a moderate-high risk in 42% of cases, mainly due to the higher risk for men (49%, compared to 12% for women). The alcohol consumption disorders test (AUDIT) showed high values for 38% of men, while the values of women were within the normal range.
- The majority of **women** (71%) showed low values of calcidiol (vitamin D) and ferritin (43%).



*Where we are:  
Initial findings*

## Where we are



May  
2018

Nov  
2017

**Base Line**

**45 persons**

**Exits of evaluation**

- 6 Achievement of objectives before 6 months
- 5 Voluntary leavings
- 2 Deaths
- 2 Expulsions
- 1 Turn to palliative



Nov  
2018

**Follow-up 6m**

**29 persons**

## Initial findings: 6 months

- Positive trend in **administrative situation** (valid documentation and healthcare card)
- Changes in regular sources of income, growth of **formal incomes** (minimum guaranteed income and disability pension)
- Significant increase in the number of people who have not experienced **discrimination** in the last 6 months.
- The **quality of life perceived** by people improves significantly in aspects such as how relaxed their life is, how much fun they have, or in the state of general health, as well as physical condition and emotional well-being.
- There are also positive trends in terms of **healthy habits**: healthy eating habits, maintenance of good personal hygiene or monitoring the pattern of medication and attending medical check-ups.

## Initial findings: 6 months

- The number of people who have attended appointments in **Primary and Specialized Care** Medicine has increased significantly.
- There is a downward trend in the number of people who go to the emergency department and have been admitted to **hospital**. And the number of days that people have been admitted to hospital is halved.
- As for the **perception of change** in recent months: people generally perceive that their life in general has improved, their housing situation, and their health. They do not perceive changes in family or friendship relations or work situation.
- For the **physical change**, an analysis has been made comparing the information provided through the photographs, the person's self-assessment of their physical condition, and the assessment made by the professional team, as a result: 19 improve in their indicators and/or their appearance, 6 can not determine improvement or worsening, 2 do not experience changes, 1 worsens in their indicators and appearance.

## Oncological diagnosis: specific evaluation

The **quality of life perceived** by people with oncological diagnosis was applied to a total of 11 persons.

Between the first and the third measurement, **improvements** were identified for the following aspects:

- digestive symptoms such as constipation,
- symptoms of tension and anxiety, interference with their physical condition or their social activities and
- the overall assessment of quality of life during the last week.



# Thank you very much

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