

Deaths of people experiencing homelessness in Poland

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Health inequalities

- Systematic differences in the health status of different population groups
- Significant social and economic costs both to individuals and societies

IN POLAND

- Steady decline of age-standardised mortality rates from avoidable causes (Wojtyniak & Stokwiszewski 2020)

BUT

- Halted increase in life-expectancy (Zatoński et al. 2022)
- Increase in SRM from alcohol-attributable causes (Zatoński et al. 2022)
- Widening gender and education-level differences in mortality (Pikala et al. 2016)

What is mortality rate?

- Number of people who have died per 100 000 population in a year
- SMR (standardized for gender, age, cause-of-death)
- Concise and one of the most reliable data on the health condition of the population
- Standardized WHO codes

What we know about “homeless mortality”?

- Causes of death:
 - drug poisoning and overdose
 - suicide and intentional self-harm
 - traffic accidents
 - violent assaults
 - diseases rare in the general population: diseases of liver, TBC
 - high prevalence of behavioural health problems
- Very low mean age at death 45-50 years
- Homelessness as an independent contributing factor to mortality, also after adjustment for morbidity requiring hospitalization (Morrison 2009)

Why we want to know more about “homeless mortality”?

- Invisibility (namelessness) of homeless people that extends also after their deaths
- Aging homeless populations (more than 3/4 of people counted experienced homelessness for more than 2 years) (MRPiPS 2019)
- Need for evidence-based policies – reveal critical policy gaps

Data sources on homeless mortality

1. Extract data on people experiencing homelessness from the general death register
2. Calculate mortality rate from data base on people experiencing homelessness
3. Premature deaths, violent deaths

Linking data bases

What we know about homeless deaths in Poland?

- Two-step coding procedure (death certificate and death register)
- Garbage codes
- Autopsy records
 - Forensic autopsy – alleged felony, suicide, establishing the identity of the deceased
 - Clinical autopsy – determine the cause of death in unclear cases (or when death occurred less than 12 hours from a hospital admission)
- Funeral allowance
 - Paid to the Social Welfare Office, because of unidentified death or funeral organized by the municipality

Homelessness and deaths in Poland

- Self-assessment of health impacts sense of agency etc. (Bodys Cupak et al. 2020)
- Reports on deaths from hypothermia
 - winter of 2020-2021 – 63 deaths (31 people who died were identified as homeless)
- Bydgoszcz homeless mortality data (Olech et al. 2021)
 - Deaths of clients or former clients of homeless services in the city
 - About 10% have died in the years 2017-2021
 - Median age at the time of death was 61 years

Cooperation of social and health sectors

- Critical post-hospitalization care
- Streamlining the process of referring and transferring people to and between medical, nursing and homeless facilities (Budzyńska-Gawron et al. 2021).
- Streetwork with professional medical staff is now offered in only three large Polish cities

Social class differences in death rituals and remembrance

- Catholic vs personalized/humanistic rituals
- Funeral is seen as an expression of social status and family standing (Kubiak 2016).
- Virtualization of death and bereavement (Kubiak 2014)
- Organizations such as Collectief Straadoden Brussel

Media

Bezdomny, z którego sztychli na Facebook wychłodzenia. Znieczulica?

red. 15 października 2016, 10:47



Pożar na Pradze. Policjanci uratowali troje ludzi z płonącego budynku. "Próbowali ogrzać się rozpalając ognisko"

Konrad Dąbrowski 10 listopada 2018, 9:30



Streetworkerzy MONARU na ulicach Śródmieścia

Redakcja 24 października 2011, 17:34



Media, social media, research

- Service providers' stories about people
- Powerful metaphors and images
 - Mean age at death
 - Causes of death

In lieu of conclusion

- Challenges of obtaining the data
- Linking different data sources
- Presenting the data in a non-sensationalizing/stigmatizing way

Thank you