The territorial dimensions of health care system for homeless people in Hungary

Noémi Annamária Vajdovich
PhD Student – Eötvös Loránd University

E-mail: vajdovich@mri.hu
Tel.: +36-30-863-0072

Introduction

Homelessness is closely linked to various health factors. Although these two factors have a strong impact on each other, they can be treated as two separate issues. If we break these issues down into groups, we can separate the health status of homeless people and the level of organisation of health care for homeless people as general societal issues to be addressed.

The sample area of the research covers the territory of Hungary, where homelessness became evident and widespread after the regime change in 1990, as in other post-socialist countries.

Objectives of the research

The main objectives of the research are:

• to analyse the structural problems of homeless health care in Hungary,

• to assess the health status of homeless people in Hungary, their main diseases and to evaluate their spatial differences

• to identify the spatial characteristics of health care institutions serving homeless people in Hungary.
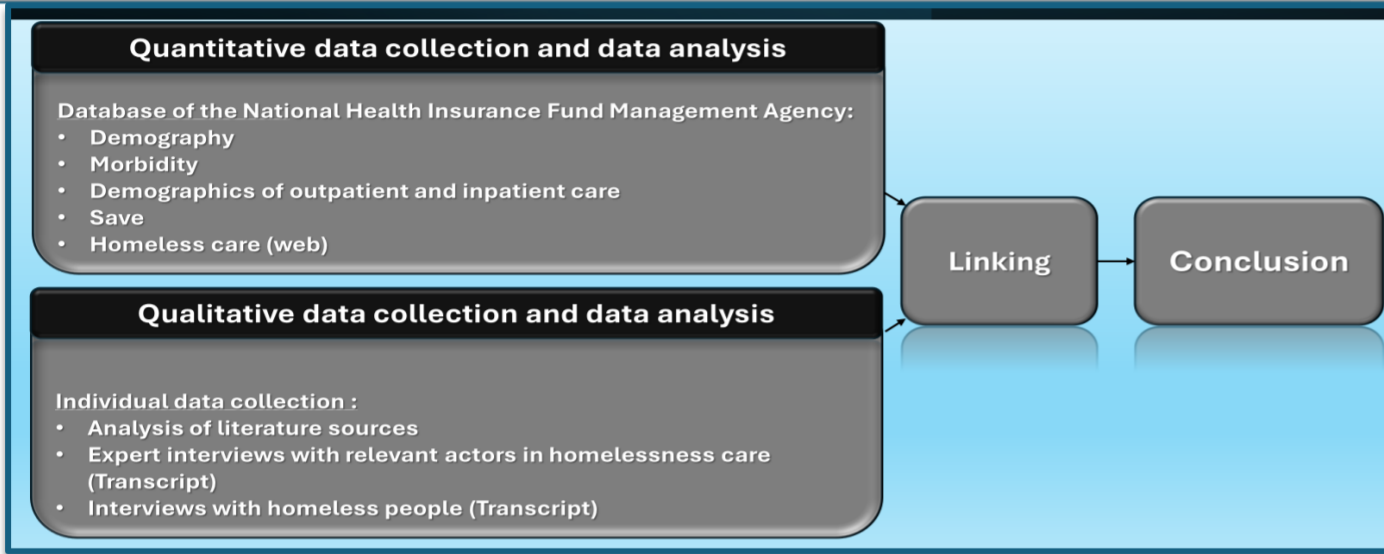
Methodology: mixed.

Figure 1 . Methods used: mixed methodology. Source of data: Király et al. (2014)
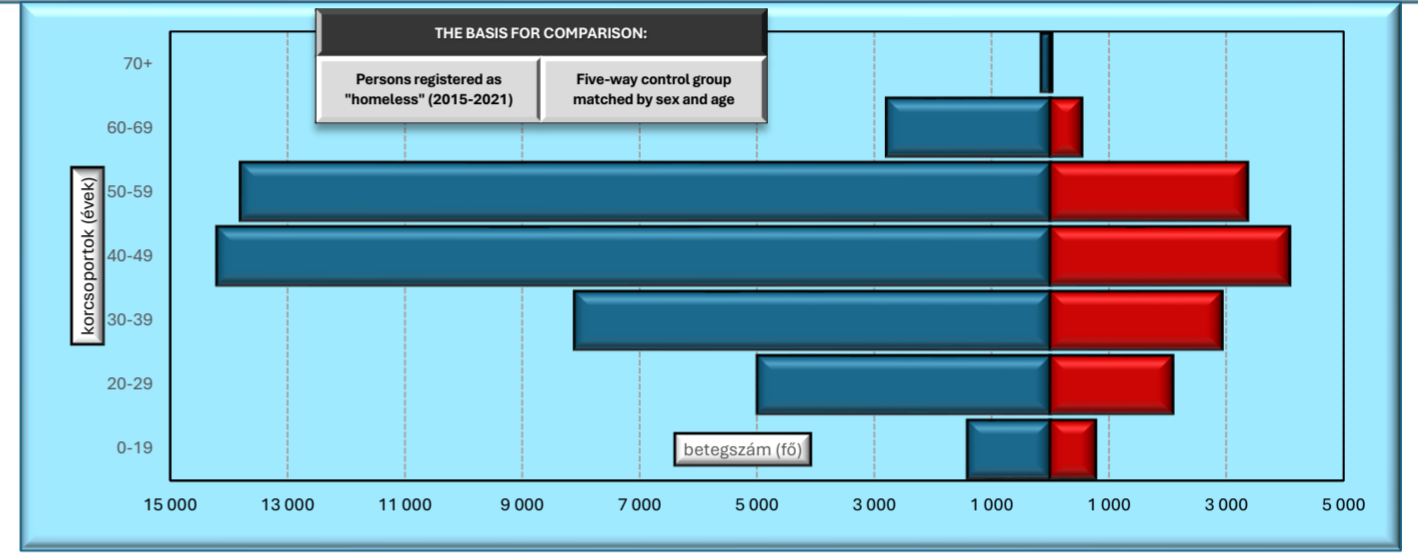

Figure 2. Age distribution of the homeless (h) and control (k) population in health care by sex and age groups (2015-2021). Own ed. Source of data: National Health Insurance Fund of Hungary (NEAK). Nh = 11 857 (persons) Nk = 59 285 (persons)

Results (1):
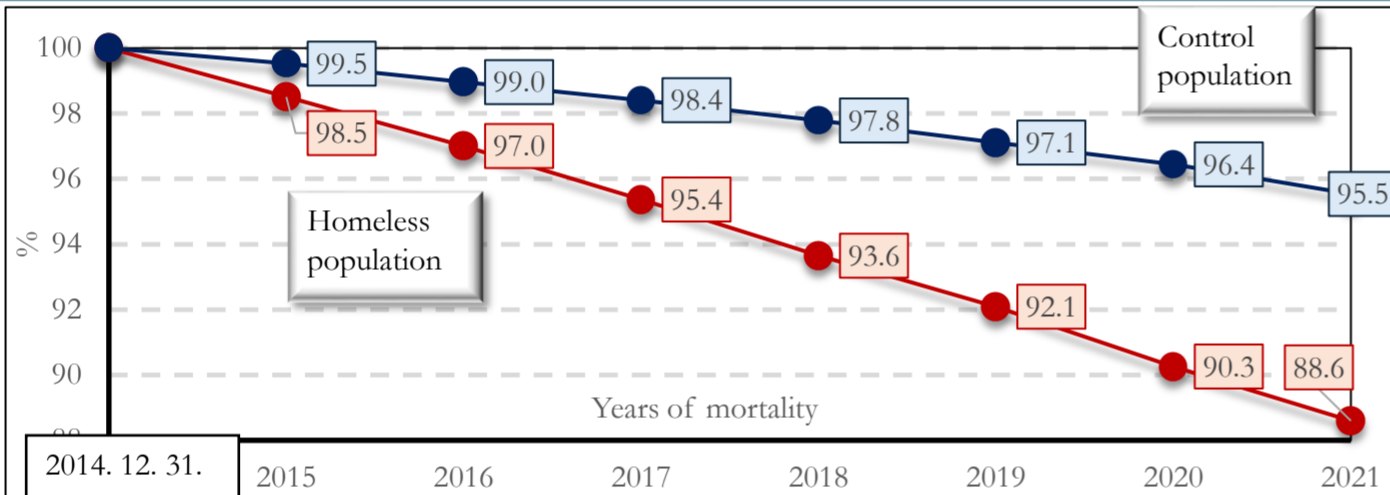### The health status of homeless people

Figure 3. Order of morbidity groups in the study populations based on the expenditure totals of the homeless and control populations (2015-2021). Own ed. Source of data: National Health Insurance Fund of Hungary (NEAK).

Morbidity groups	Number of patients in the homeless population N= 11 857 (persons)	Homeless population group in order of number of patients	Number of patients in the control population N= 59 285 (persons)	Control group in order of number of patients
Special codes	34696	1.	95017	3.
Not classifiable	21729	2.	120966	1.
High blood pressure diseases	13709	3.	110132	2.
Mental and behavioural disorders caused by psychoactive substance use	12494	4.	3799	72.
Diseases of the oesophagus, stomach and duodenum	11439	5.	49921	6.
Neurotic, stress-related and somatoform disorders	11269	6.	17333	23.
Common symptoms and signs	11171	7.	24901	11.
Head injuries	9628	8.	6609	53.
Diseases of the oral cavity, salivary glands and jaw bones	7944	9.	55811	4.
Toxic effects of substances used primarily as non-pharmaceuticals	6843	10.	1468	108.

Figure 4. Order of morbidity groups in the study populations based on the expenditure totals of the homeless and control populations (2015-2021). Own ed. Source of data: National Health Insurance Fund of Hungary (NEAK).

Results (2):
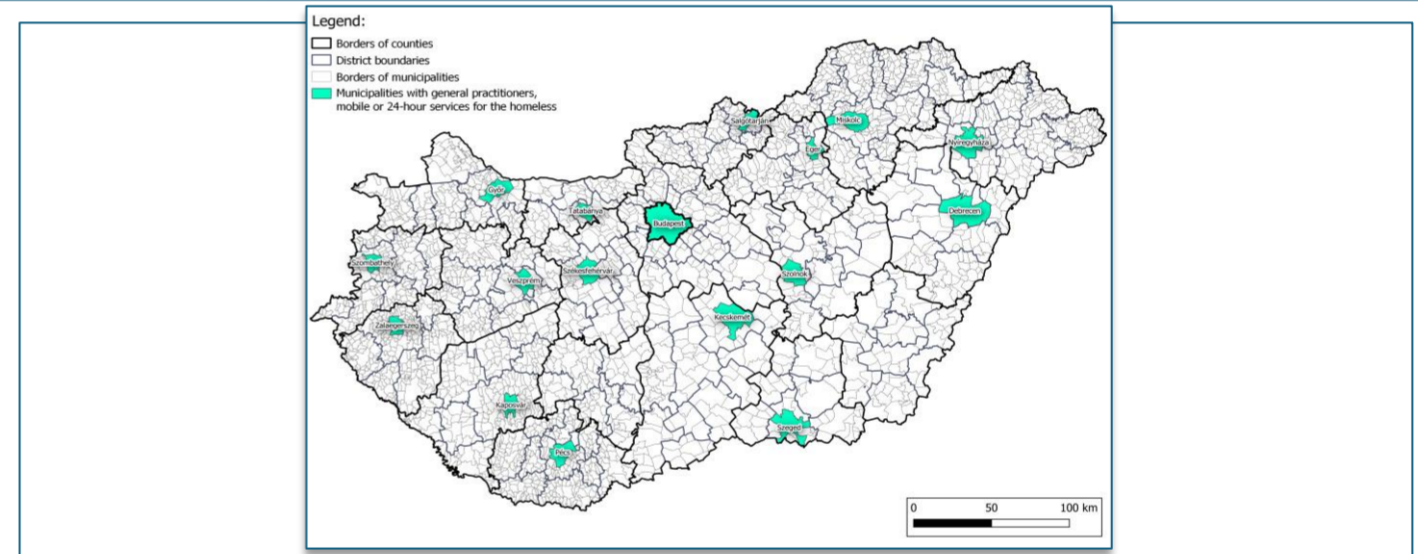### Spatial characteristics of health care for homeless people

Figure 5. Health care services for the homeless by municipality (2022) N= 34. Own ed. Data source: National Health Insurance Fund of Hungary (NEAK), General Practitioner services for the homeless, 2022.
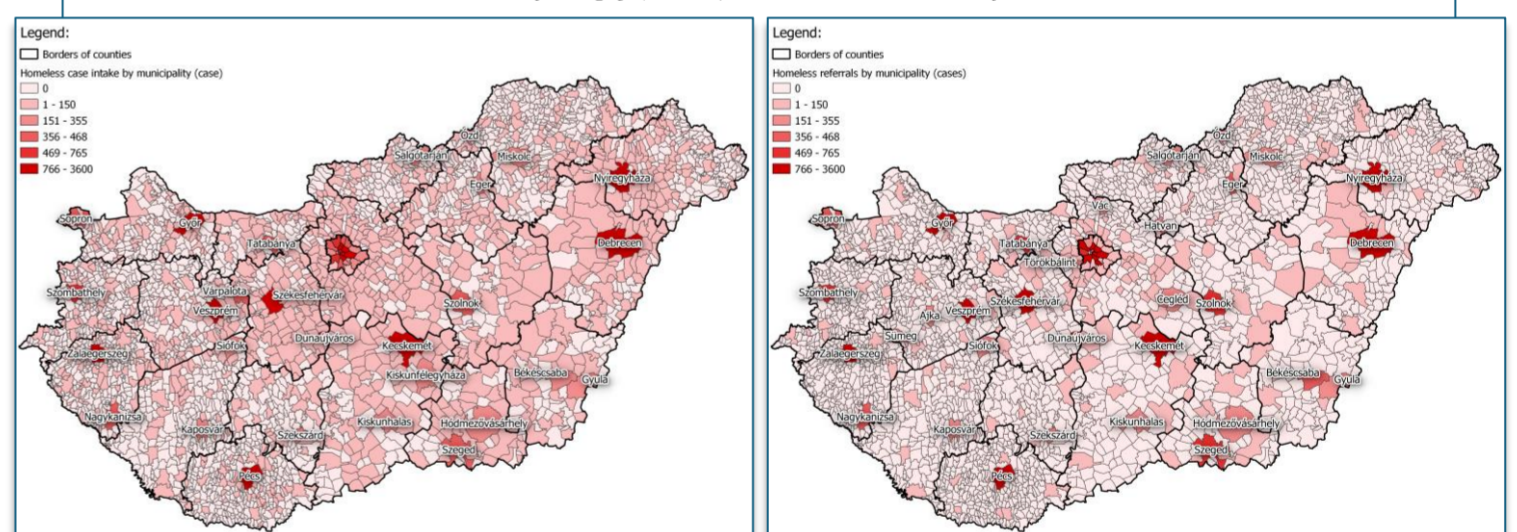

Figure 6. Amounts (2015-2021) of case admissions (left) and case discharges (right) of people reported as 'homeless' (cases) by municipality. Source of data: National Health Insurance Fund of Hungary (NEAK).
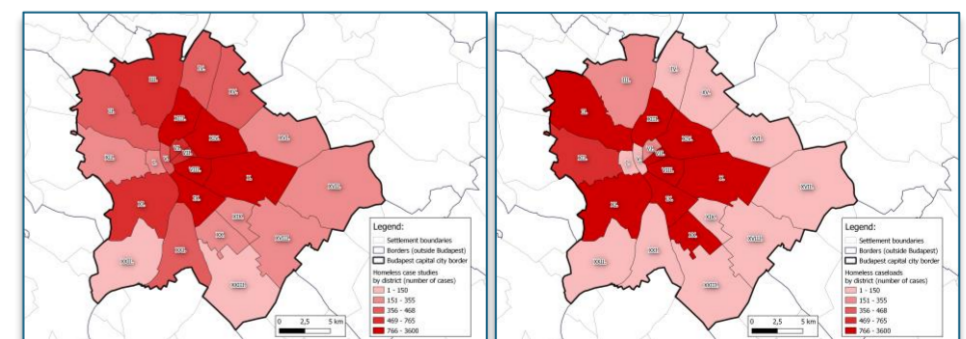

Figure 7. Amounts of homeless and control caseloads and discharges (2015-2021) (cases) by municipality, with Budapest districts. Source of data: National Health Insurance Fund of Hungary (NEAK).

Conclusions

• There is no single definition of homelessness.
• Even if the cards are invalid, the client can still claim health benefits.
• Homeless people have a serious general health condition, characterised by multimorbidity.
• Specialised health care is scarce, mostly available in central cities.
• Homeless people often avoid the care system, sometimes entering care as a last resort, as an emergency. The organisation of care is expensive and therefore places a heavy financial burden on the health care system.
• Prevention and integration could improve the overall health status of homeless people and reduce expenditure on health services.

Experts' opinions:

Few people fit for work
Irregular diet
More regular medication in old age
Multimorbidity
Psychiatric, psychological problems & addictionsLifestyle diseases (e.g. leg ulcers)

Reports from homeless people:

Most are of pension age
Drug and alcohol addiction appears but is not prevalent
Poor network of relationships
Low educational attainment
Regular use of medication
Multiple, serious illnesses at the same time

Fadgyas-Freyler P. (2017): A hajléktalan emberek általános jellemzői és egészségi állapotuk egy adminisztratív adatbázis alapján. (General characteristics and health status of homeless people based on an administrative database). Esély Társadalom- és szociálpolitikai folyóirat, 28. évf. 108 2017/3, 102–122. https://www.esely.org/kiadvanyok/2017_3/tartalom.pdf. Downloaded: 2024. 03. 04.

Kaplan E. L., Paul M. (1958): Nonparametric Estimation from Incomplete Observations. Journal of the American Statistical Association, 53. évf. 1958/282, 457-481. https://web.stanford.edu/~lutian/coursepdf/KMpaper.pdf. Downloaded: 2024. 05. 01.

Király G., Dén-Nagy I., Géring Zs., Nagy B. (2014): Kevert módszertani megközelítések. Elméletek és módszertani alapok. (Mixed methodological approaches. Theories and methodological foundations) Kultúra és Közösség, 5. évf. 2014/2, 95–104. https://unipub.lib.uni-corvinus.hu/1895. Downloaded: 2024. 03. 07.