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Medical care for homeless families and migrants: Scandinavian and American approaches

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Background and Aim: During 2014, the US homeless rate again decreased for both families and individuals (State of Homelessness, 2015). Our state, Massachusetts, however, witnessed a rise in the number of homeless families in shelter or supported housing, as did three Scandinavian countries (Finland, Sweden, and Denmark). Norway, however, saw a leveling rate of homelessness. Our Center's Homeless Medical Team aims to provide easy-to-reach-and-start care to homeless patients throughout their housing transitions.

Method: Our program strives to provide urgent medical and preventative care to the homeless in the field and at our conventional center. We will measure our success in meeting these needs by monthly counts of non -critical emergency room visits and by looking at monthly occurrences of preventative interventions like vaccinations or screening mammograms among our homeless patients during the first half of 2016. Our coldest months might decrease the effectiveness of outreach efforts. We will compare how our Nordic family-medicine colleagues reach their homeless patients and meet their pressing needs.

Results: We expect our qualitative review of these programs for health care for the homeless to reveal differences between special population programming and funding (as in the US) versus integration into a universal health care system. Although our state, with over 97% of its population insured, is a mixture of these health delivery systems, medical providers to the homeless here still struggle to meet the transportation, prescription, and specialist requirements of one of our sickest, most marginalized populations. We hope to examine and then adopt how Scandinavian doctors manage full medical care and a care safety net.

Conclusions: What might family doctors from these five different countries learn from each other about day-to-day medical care of homeless people and families? Perhaps, pooling solutions from medical practitioners across national borders will enhance "under-housed" medicine around the globe.