

Exploring rates of secondary care use among adults experiencing homelessness in England

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INTRODUCTION

People experiencing homelessness face a **cliff-edge in health inequality** (1). This is a ‘health catastrophe’ (2): people **live shorter lives, in worse health than the general population, and rely disproportionately on secondary care** (3). Detailed data on healthcare interactions for this population are relatively limited. This study explores factors associated with higher secondary care use among 2,792 adults experiencing homelessness in England.

OBJECTIVE

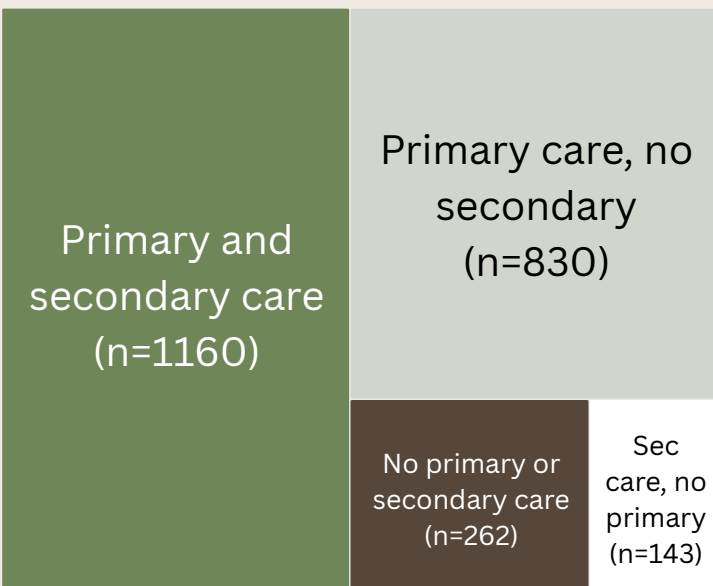
To identify **factors influencing secondary care use among people experiencing homelessness in England** through secondary analysis of Homeless Health Needs Audit (HHNA) data, aiming to inform targeted interventions and reduce avoidable emergency care demand.

“**Secondary care**” is defined as any ambulance callout, accident and emergency department presentation or inpatient admission in the previous 12 months.

ANALYSIS

High health engagement: the vast majority (n=2133) had **at least one contact with the healthcare system** (primary or secondary) in the previous 12 months.

Healthcare contact (12m)



Most participants had accessed **both primary and secondary care** (n=1160); only a small minority (n=143) had accessed secondary care without primary.

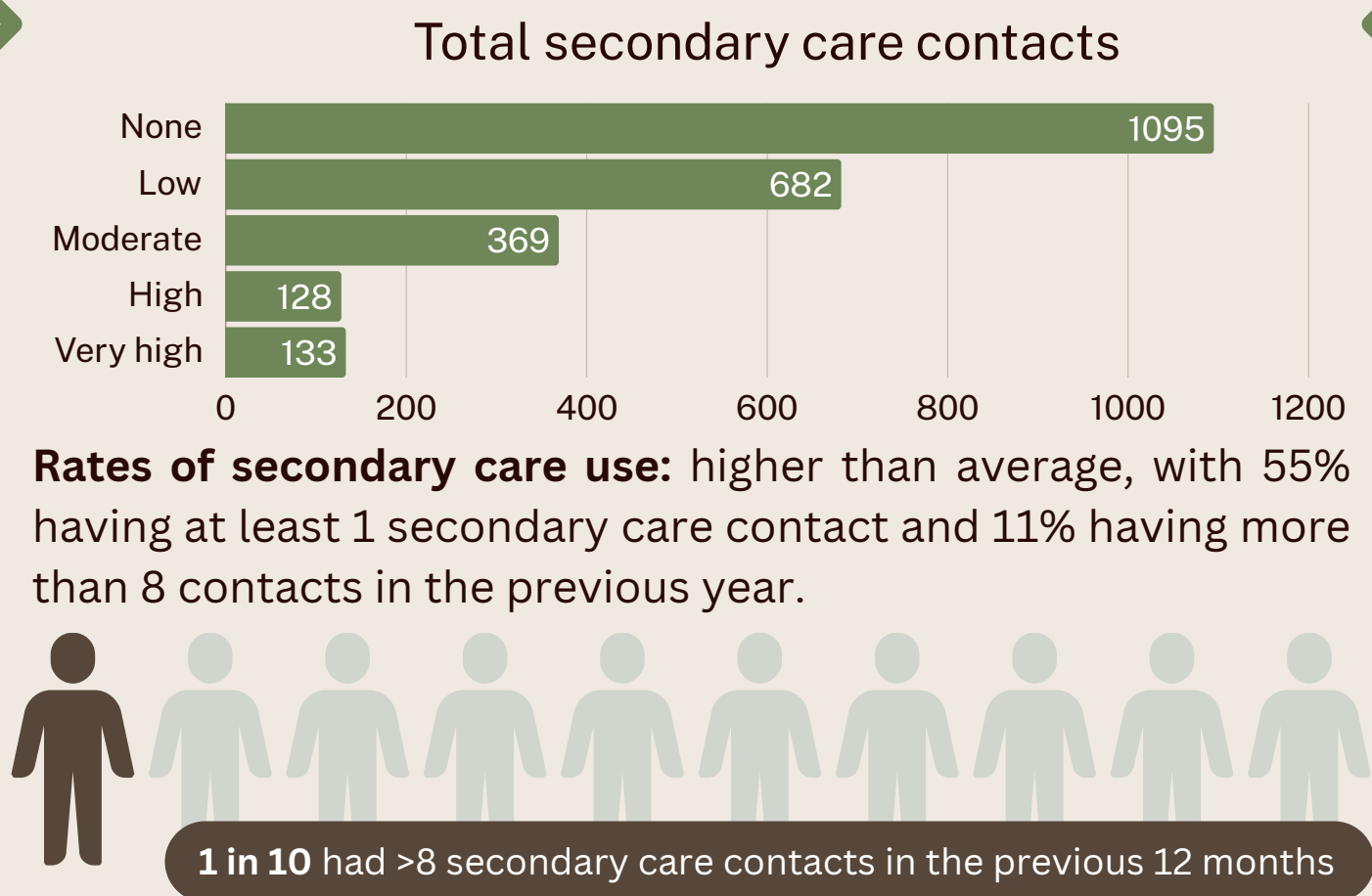
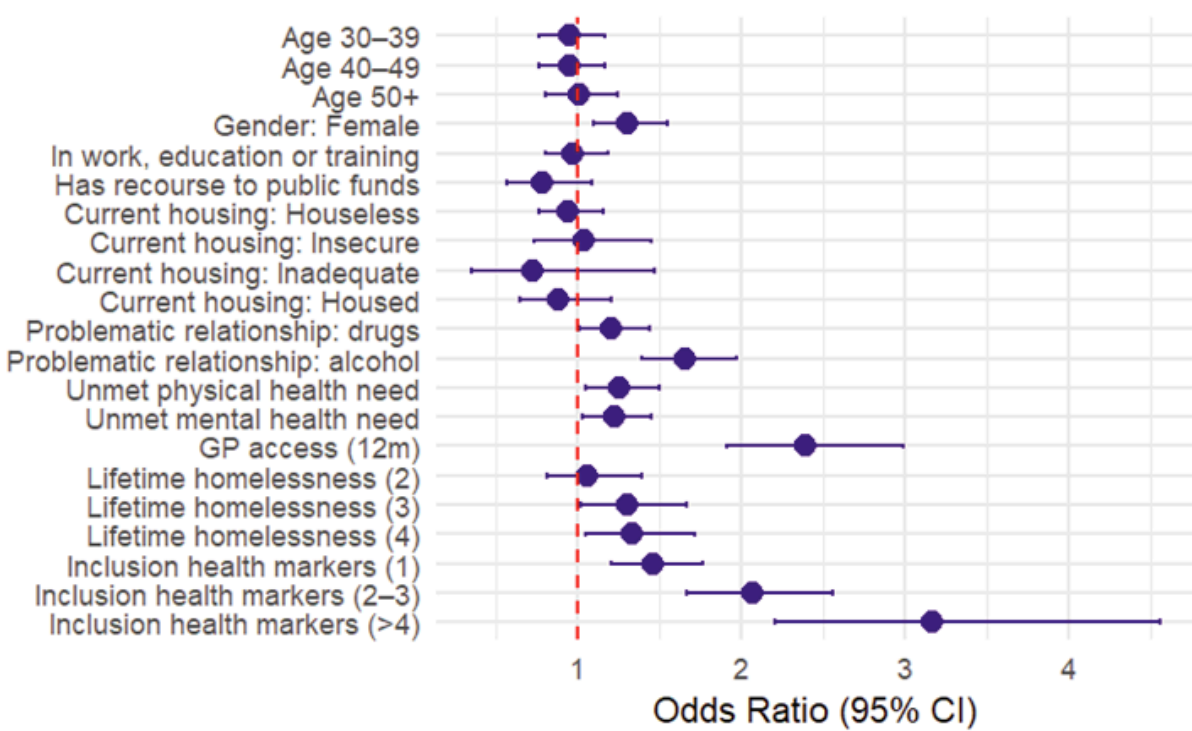
Significant proportions described **untreated health needs across physical (27%) and mental (32%) health**.

Contact with primary care **increased the odds of secondary care contact significantly (OR: 2.4)**, indicating that access alone **does not appear to hold a protective effect**.

METHODOLOGY

- Secondary analysis of anonymised HHNA data (2015–2022), provided by Homeless Link. Imputed sample n=2407.
- Ordinal logistic regression was conducted in RStudio to examine factors influencing higher secondary care use.
- The dependent variable (DV) was a composite measure of secondary care contacts in the previous 12 months on a scale of 1 (no contact) to 5 (over 12 contacts).
- Covariates included: demographic data, current housing status, drug and alcohol use, untreated physical/mental health conditions, GP use, multiple experiences of homelessness and further inclusion health markers (IHMs) including incarceration, experience of care, domestic abuse and mental health hospitalisation.

RESULTS



Rates of secondary care use: higher than average, with 55% having at least 1 secondary care contact and 11% having more than 8 contacts in the previous year.



Participants were **2.5 times more likely** to have had contact with secondary care in the previous 12 months as compared to the general population. (4)



Higher likelihood of frequent use:

- Multiple homelessness experiences:** people with **3+ types of historic homelessness** had 30% higher odds of frequent use.
- Inclusion health markers:** just one IHM increased odds of high frequency use by 46%; those with **4+ IHMs were 317% more likely** to be in the high-frequency group.
- Gender:** women were 30% more likely to use secondary care frequently.
- Substance use:** A self-reported **drug problem** → 20% higher odds, while a self-reported **alcohol problem** → 66% higher odds.
- Unmet health needs:** untreated health conditions increased odds by 25% → **physical health** and 22% → **mental health**.

No significant association with:

- Age:** unlike the general population, **age was not linked** to more frequent use, possibly reflecting the depth of health inequalities regardless of age.
- Socioeconomic factors:** neither employment nor recourse to public funds had a significant effect.

CONCLUSION

- People experiencing homelessness **use secondary care at much higher rates**, driven by the cumulative impact of homelessness, health inequality, and trauma.
- Key predictors of higher frequency use include **multiple experiences of homelessness, inclusion health markers, and unmet physical, mental, and substance use needs**.
- Women experience intersecting inequalities, contributing to **even higher healthcare use**.
- These findings highlight the **urgent need for upstream prevention and support** to address homelessness as a root cause of poor health and reduce avoidable emergency care.

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