

Medical Support Project for Homeless People in Reisen Park in Fukuoka City, Japan



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Introduction

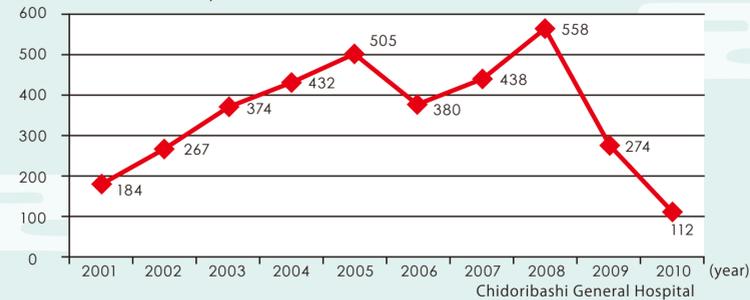


- Inequality in the economy has worsened since the late 1990s in Japan. Many laborers lost their jobs, and the number of homeless people increased.
- There were 16,018 homeless people in 2008 (921 in Fukuoka city) reported by the Ministry of Health, Labor and Welfare in Japan.
- Chidoribashi General Hospital, located in Fukuoka city, has 336 beds and accepts 3500 ambulances per year. About one and half million people live in Fukuoka city. About 400 homeless people came to our hospital in 2006, 200 of them were admitted. Many of them had severe diseases. If they had been treated earlier, they could have lived longer. We realized the necessity to go out to treat ill homeless people before they become severe patients.

Number of Homeless People (Outpatients)

Table 1

(Number of Homeless People)



Method



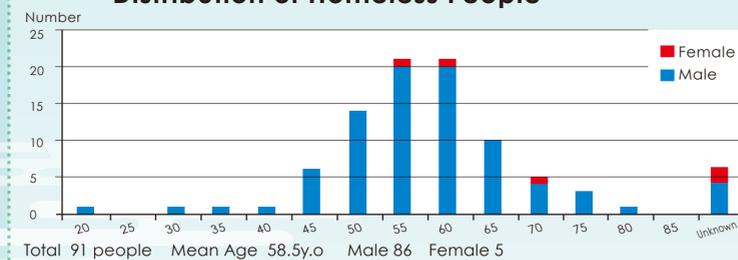
- We started providing medical support in Reisen Park from February 2007, every 1st Friday night of the month. We work alongside the Christian volunteer group "Onigiri-no-kai" ("onigiri" means a rice ball, "kai" is a group of people.) who give rice-balls and miso soup to homeless people.
- There are 10-15 people in our group, consisting of a medical doctor, a dentist, nurses, a medical social worker, and clerks. We pitch a tent and set up some booths.
- Usually 30-40 homeless people line up to receive food and 3-8 of them come to our booths.
- At first, nurses interview homeless people and take vital signs. Following this, a doctor sees them. We prescribe drugs for common colds, enteritis or pain. (We have no drugs for chronic diseases, such as hypertension or diabetes mellitus.) We make individual charts to monitor each homeless person.



Outcome

- During two years (22 medical support sessions), we checked 91 people.
- The mean age was 58.5, 94% were male.

Table 2 Distribution of Homeless People



- Most medical problems were common colds(18%). Others were muscle-skeletal problems(17%) and skin troubles(8%). 71% of people had hypertension. Some people seemed to be alcoholics.

Table 3 Blood Pressure

Blood pressure	number	%
Normal SBP 140< and DBP 90<	24	29
Mild Hypertension SBP 140-160/ DBP 90-100	22	27
Moderate Hypertension SBP 160-180/ DBP 100-110	14	17
Severe Hypertension SBP 180> or DBP 110>	22	27

- Some people had communication problems and were of low intelligence. No homeless people had emergency diseases. Some patients had obvious malignant diseases such as breast cancer and tongue cancer.

Table 4 Classification of Diseases

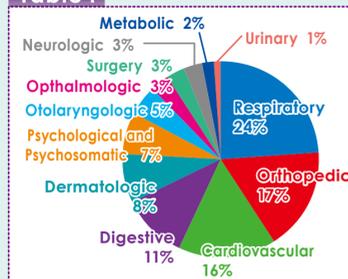


Table 5

Disease	number
Upper Respiratory Infection	16
Arthralgia	9
Hypertension	9
Skin Disease	7
Upper Gastrointestinal Disease	7
COPD	3
Mental Disease	3
Alcoholism	2
Neuralgia due to Diabetes Mellitus	2

- Most homeless people need healthy food and safe housing rather than medical treatment.
- Therefore we often advise homeless people to go to a welfare office and get public assistance.

In Japan, there are four types of medical insurance, these are Employees' Health Insurance, National Health Insurance, Medical Insurance for the Latter-Stage Elderly and public assistance. People who don't have enough money to pay insurance can receive public assistance. Public assistance provides enough money to rent accommodation, buy food and receive limited medical treatment with no fee. These rights are supported by article 25 of the Japanese constitution.

Discussion

- 12 homeless people received Public assistance following our advice, 11 of them were given accommodation. However, after settling down, they felt loneliness because they had no social network. Some of them returned to homeless life. This is our next problem to resolve.
- In the park, we talked with homeless people about how they got food and money and why they became homeless. We learned a lot about homeless people and came face-to-face with poverty and it's causes. Therefore our staff became more active in health promotion in the local area.
- A total of 60 medical students joined our project and had valuable experiences they couldn't learn about at the university. Most of them talked with homeless people for the first time and learned the importance of knowing about the background of homeless people.
- We could also develop a relationship with the local Christian volunteer group.

Conclusion

- During two years of medical support, we met 91 homeless people. Many of them had chronic diseases and needed regular treatment, but most of them needed help with food and accommodation rather than medical services.
- As medical staff, we always have to think, not only about treating diseases, but also about promoting healthy lifestyles. It is important to know about how to use public insurance and other social services.
- Further effort is needed to make a social network for newly settled people.