



The inclusion health awareness month at University College Hospital Galway (UCHG)

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To the editor,

Inclusion health is a service, research, and policy agenda that aims to prevent and redress health inequities among the most vulnerable and excluded populations. In Ireland, this can refer to the homeless, ethnic minorities, addiction-dependent individuals and asylum seekers/refugees. Large cross-sectional studies of homeless individuals in Ireland have provided valuable insight into the complexity of providing care to this group [1, 2]. When compared to the housed population, homeless people presented to hospital more frequently with drug overdose, alcohol intoxication and mental health illness [2]. Understanding complexities such as these is important for healthcare providers to provide the best possible care to marginalised groups. The Inclusion Health Awareness Month at University College Hospital Galway (UCHG) was an educational initiative which ran over the month of March 2018. This was a Non-Consultant Hospital Doctor (NCHD)-led initiative. It was the first of its kind in the Saolta University Health Care Group. It involved both speakers from within and outside of the hospital. Attendees came from across the spectrum of employees in the health service. It consisted of weekly 1-h educational sessions which were chaired by the NCHD organiser. The objectives were to raise awareness of the healthcare needs of marginalised population groups and to educate healthcare professionals and students on how to address these needs. Guest speakers were invited from advocacy groups for different marginalised groups. The Galway Traveller Movement presented on healthcare for the travelling community. The Union for Improved Services, Communication and Education (MyUISCE) delivered an educational session about the healthcare challenges facing people who use drugs. A

representative from the Health Service Executive (HSE) Anti-human Trafficking Unit and Women's Health Unit delivered an educational session about sex workers. A consultant physician from the UCHG emergency department and a general practitioner delivered an educational session about the diversity of marginalised groups they meet in their work including the homeless, the vulnerable elderly and those with mental health illnesses. The target audience was all hospital staff and health sciences students. Attendees were invited via hospital email, social media, poster advertisement and word of mouth. Online surveys were distributed via hospital email 4 weeks after the last educational session for the attention of those who had attended any one or more of the educational sessions. The objective of surveying attendees was to elucidate the experiences of attendees as a means of evaluating the effectiveness of the initiative. Respondents were asked to provide feedback on a number of aspects. These included how they felt the learning outcomes aligned with their expectations, if they found the sessions informative, if they felt their awareness of the challenges faced by marginalised groups had improved and if they thought their work practices would change as a result of attending. An open invitation for any other feedback was available to respondents as part of the survey. Feedback regarding the organisation of the initiative was also sought. Individual educational attainments were not assessed at the end of each session. It was not recorded if individuals attended one or multiple sessions.

Results

The total attendance for all four educational sessions was 101 people comprising of 18 people who attended the Galway Traveller Movement-led session, 19 who attended the MyUISCE-led session, 42 who attended the Anti-Human Trafficking Unit-led session and 22 people who attended the emergency department/GP-led session. It is not known whether these were the same or different people attending each

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session from the data collected. There were 11 respondents to the survey. All 11 respondents found the educational sessions informative and well organised, and made them more aware of the challenges faced by marginal groups. Ten of the respondents said they would change their practice when dealing with marginalised group. One respondent said “A unique educational experience at UCHG, it changed my perspective for the better when treating marginalised patients in the hospital setting.”

Discussion

Inclusion health is an evolving specialty which recognises the complex medical and psychosocial needs and health inequalities experienced by the socially excluded. A recent systematic review and meta-analyses published in *The Lancet* found that homeless populations, individuals with substance use disorders, sex workers and imprisoned individuals experience extreme health inequities across a wide range of health conditions with higher prevalences of hepatitis B, cardiovascular disease and respiratory conditions compared to the general population [3]. As well as the social cost, there is the financial cost. Social inequality costs the NHS in England £4.8 billion during 2011–2012 because of excess hospital admissions [4].

In Ireland, the number of adults experiencing homelessness has been rising. There were 2477 in April 2014, 3930 in February 2016 and 5837 in January 2018 [5, 6]. The number of homeless requiring inpatient admission has risen substantially: there were 395 such admissions in 2014 compared to 78 in 2005 [1]. Ní Cheallaigh et al. performed a large cross-sectional study of homeless individuals attending St. James’s Hospital in Dublin [2]. Notably, they were younger than their housed counterparts (mean age 44.19 years vs. 61.68 years), occupied more inpatient bed days (4.4 vs. 0.3 bed days per annum) and were more likely to discharge themselves against medical advice (15% vs. 2%). Homeless individuals had higher rates of emergency department attendance (3 vs. 0.16 attendances per person per annum) and represented a disproportionately large proportion of frequent attenders. Presenting complaints to emergency departments were also different for homeless individuals with overdose and poisoning, apparent alcohol intoxication and mental illness representing 7.6%, 6.6% and 4.8% of presenting complaints, respectively, much higher than that of the housed population. Homeless individuals now represent a major vulnerable group in society in Ireland and their numbers continue to increase. Healthcare professionals and systems will have to adjust to account for their complex medical and psychosocial needs.

Conclusion

The Inclusion Health Awareness Month received positive feedback. All respondents felt they were more aware of the healthcare needs of excluded populations and felt their practice would change as a result.

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Compliance with ethical standards

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Conflict of interest The author declares that he has no conflict of interest.

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