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Characteristics and regional differences in healthcare utilisation for people experiencing homelessness in Hungary, 2015–2021

Following the political transition of 1989, homelessness emerged as a widespread social and public health challenge in Hungary. During more than three decades of operation of the Hungarian homeless care system, it became clear that not only the social care network but also the healthcare system plays a key role in the care of people experiencing homelessness. This can be explained by the fact that entering homelessness is often associated with serious health problems that already existed beforehand. These include psychiatric disorders, substance dependence, disabilities, and other chronic conditions. Poor health status further reduces the chances of securing employment, maintaining a livelihood, and achieving more stable living conditions. According to a nationwide survey conducted in 2023, 80% of people experiencing homelessness live in urban areas, and every second homeless person lives in the capital. As a result, the largest homeless care providers are located in these cities. Specialized healthcare services that operate independently from the state system are also more typical in urban areas in Hungary.

The treatment of people experiencing homelessness creates several challenges within the public healthcare system at both vertical and horizontal organizational levels. Their care requires specialized healthcare services. However, the professional background and territorial availability of these services are not uniform. Based on these considerations, the main objective of this study is to examine the healthcare service system available to people experiencing homelessness. The study also analyzes the territorial (horizontal) and hierarchical (vertical) differences in access to public healthcare services. In addition, the study explores and describes the health status of people experiencing homelessness . The analysis of healthcare provision includes an overview of healthcare services specialized for people experiencing homelessness and their territorial and hierarchical characteristics. This study does not primarily focus on the social care system or the broader social aspects of homelessness.

The main research questions are the following. First, what differences exist between the health status of homeless and non-homeless populations? Second, are there territorial differences in the healthcare services used by people experiencing homelessness ? Third, what is the territorial distribution of healthcare institutions specialized in serving homeless populations?

The research uses a mixed-methods approach. It combines quantitative and qualitative research techniques. These different types of data complement each other. The literature review evaluates relevant international and Hungarian research. The content analysis focuses on the legal aspects of homeless status and presents a Hungarian sociological perspective. The statistical analysis is based on morbidity and healthcare utilization data. This analysis is supplemented by institutional data from the National Health Insurance Fund Administration (NEAK) from the period between 2015 and 2021. The database includes individuals who had primary homeless status in the given year (N = 11,857) and a matched control group (N = 59,285). The control group was matched fivefold by gender and age group. The territorial analysis covers multiple levels, including national, county, and local settlement levels. The international literature review focuses mainly on East-Central Europe. The qualitative research

includes semi-structured interviews conducted in autumn 2023 and early 2024 with experts (N = 7) and people experiencing homelessness (N = 6).

The literature review shows that homelessness is often linked to serious health conditions. Mental and physical illnesses frequently occur together. Institutional factors also play an important role. These include situations such as hospital discharge without adequate social support. These factors are closely related to both the individual's health status and the structure of the healthcare system.

One of the most important findings is that difficulties in obtaining social insurance eligibility represent a major barrier to healthcare access. Stigma associated with homelessness is another key factor. The statistical and interview results are consistent with international trends, especially in East-Central Europe. The health status of people experiencing homelessness is worse than that of the general population. Multimorbidity is common among homeless people. Many people experiencing homelessness live with at least three or four serious chronic diseases. These include psychiatric disorders, substance use disorders, and infectious diseases. The risk of substance dependence and related health damage is higher among people experiencing homelessness . This includes mental health problems, injuries, and other complications. The ageing process also affects the homeless population in Hungary. The number of elderly people experiencing homelessness is increasing. This leads to a higher prevalence of age-related chronic diseases among this population.

The specific healthcare needs of people experiencing homelessness include trauma-informed care and access to specialists familiar with diseases common among homeless populations. However, healthcare services specialized for people experiencing homelessness cannot fully meet these needs. These services are unevenly distributed both professionally and geographically in Hungary. People experiencing homelessness face several barriers when accessing healthcare. Horizontal inequalities are significant. Advanced healthcare services are mainly available in larger cities. Smaller settlements have fewer specialized services. This reduces the chances of accessing appropriate care. Healthcare provision for people experiencing homelessness often involves both medical and social support.

The research also shows that people experiencing homelessness are more likely to use emergency healthcare services than non-people experiencing homelessness . They also use inpatient specialist care at higher rates. This pattern becomes more visible at higher levels of the healthcare system. As one moves upward from primary care to inpatient care, the proportion of people experiencing homelessness increases. At the same time, the system operates in a two-sided way. Some people experiencing homelessness bypass lower levels of care and enter the system directly through emergency departments and inpatient care. In other cases, access to outpatient specialist care is limited due to administrative and structural barriers. This also contributes to higher rates of hospital admission among people experiencing homelessness.

The territorial analysis also examined emergency healthcare use at the settlement level. The results show clear spatial patterns. Emergency cases involving people experiencing homelessness are more frequent in regional centers and nearby areas. Ambulances transporting people experiencing homelessness often originate from or arrive at central settlements. These central settlements function as hubs that receive and manage these cases. In contrast, ambulance departures involving non-people experiencing homelessness are more evenly distributed across settlements. However, their destinations are also typically located in central healthcare facilities.

In conclusion, healthcare provision for people experiencing homelessness in Hungary is centralized from a horizontal perspective. This applies both to specialized services and to general healthcare services. From a vertical perspective, however, gaps exist, especially in outpatient and specialist care. These two factors are closely related. People experiencing homelessness are more likely to receive healthcare in larger cities. At the same time, structural deficiencies are most visible at the levels of primary care and outpatient specialist care. This also creates a territorial pattern. Inpatient specialist services that are important for people experiencing homelessness are available only in the capital within specialized healthcare systems.

The Hungarian healthcare system is not fully prepared to address the complex and specific needs of people experiencing homelessness . At the same time, people experiencing homelessness face multiple barriers when accessing healthcare services.

The main strength of this research is that its findings can support the development of policy recommendations. These recommendations may help policymakers address homelessness in a m ore systematic way and improve access to healthcare services for people experiencing homelessness: On the one hand, they may highlight the need for integrated healthcare provision for people experiencing homelessness in Hungary; on the other hand, they emphasize the importance of trauma-informed services.