Reviewer’s report

Title: Health and use of health services of people who are homeless and at risk of homelessness who receive free primary health care in Dublin: A comparative study

Version: 3 Date: 8 September 2014

Reviewer: Stephen Hwang

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This is the first study to describe the health of individuals who are homeless in Dublin subsequent to the establishment of Safetynet free primary care services. The implementation of Safetynet services provides an opportunity to investigate changes in health outcomes and health care utilization following improved access to primary care for individuals who are homeless. It is an important research topic that warrants investigation.

Major Compulsory Revisions

1. The manuscript describes in good detail a sample of Safetynet clients. However, we are concerned that the data and analyses presented in this manuscript are insufficient to meet the stated aim of comparing current Safetynet clients to homeless populations from two previous studies (in 1997 and 2005) conducted prior to the establishment of Safetynet services. There is a strong likelihood for selection bias given that participants were recruited from Safetynet clinics (rather than from the general homeless population; e.g. from homeless shelters and meal programs), thus individuals with improved access to health care will be over-represented in the sample. It is tenuous to conclude that Safetynet services have improved access to primary care in a homeless population in Dublin given this recruitment strategy and the underrepresentation in the sample of individuals who do not access Safetynet services. Similarly, it would be valuable to describe the recruitment strategy of the two previous studies so that readers can better understand the differences between the study samples.

2. Of the study sample, 26% are owners/renters of accommodation (we suggest that this exact percentage be reported in the results section). In contrast, neither of the two previous studies included individuals who own/rent accommodation. The rationale for including owners/renters in the current sample is unclear (how were owners/renters deemed “at risk” of homelessness?). Given that a cross-study comparison was a principal aim of this study, it is important that the definition of ‘homelessness’ and the inclusion/exclusion criteria be maintained across the three studies. Might some of the observed improvements in outcomes and health care utilization be at least partially driven by the inclusion of individuals in this sample who are housed? The manuscript suggests that the “basic demographics were similar across all homeless studies, suggesting any
differences in recruitment practices had a limited impact” (lines 378-380). However, comparative statistics (eg. chi-square, t-tests) were not reported to support this assertion.

3. Similarly, comparative statistics were not reported for the differences in outcomes in 2005 compared to 2011 (lines 345-348).

4. The current study’s sample size is substantially smaller than that of the two previous studies (N= 105 versus N= 502 in 1997 and N=356 in 2005). The manuscript acknowledges this limitation and states that recruitment continued until saturation. It is unclear what “saturation” means in the context of a quantitative study. Some of the variation in the sample means and proportions observed (relative to the previous studies) may be at least partially a result of the smaller sample size

Minor Essential Revisions

5. Of the total number of Safetynet clients, what percentage participated in this study? What is the participation rate relative to the total number of eligible participants?

6. There is inconsistent reporting of standard deviations with means (e.g. line 194, line 230, lines 236)

7. Figure 2b seems to be missing

8. Grammatical error (e.g. "at risk of homeless", line 322)

Discretionary Revisions

9. The study timeline relative to the Safetynet implementation dates is unclear. It would be helpful to the reader if the Safetynet implementation dates were included in the Background section of the manuscript

10. Half of participants reported visiting a non-Safetynet GP. Some context on public health care coverage/insurance available to individuals who are homeless both prior to and after the establishment of Safetynet clinics would be helpful to include in the Background section. For example, what are the alternatives to Safetynet for individuals who are homeless seeking to access free primary care services?

11. Some of the outcomes examined in the study appeared to be improving prior to the establishment of Safetynet. For example, the proportion of individuals who had visited a GP in the previous 6 months increased from 52% in 1997 to 62% in 2005 (compared to 82% in the current study) before the implementation of Safetynet services. What other policies may have contributed to this rising trend?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests