"This place can beat you up"

Aging, Illness, and Victimization of Persons Experiencing Unsheltered Homelessness

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What is Street Medicine?

- **Health** and **social services** developed specifically to address the unique needs and circumstances of the **unsheltered homeless delivered directly** to them in their own environment.

USC Street Medicine

*Photo credit: keck.usc.edu

Background

- 151, 278 people in CA experience homelessness on any given night
  - 42% in Los Angeles County
- Older adults account for 30% (or 14,896) of people experiencing homelessness
  - Accelerated aging
  - Disproportionately higher odds of disability, chronic conditions, emergency dept. use
  - Significant threats to wellness, safety, and dignity

*2020 HUD Point in Time Count

Purpose

To elicit the lived-experience and perspective of patients experiencing unsheltered homelessness on aging and managing illness.

+ Perspective of clinicians that provide care for older adults experiencing unsheltered homelessness.

Methods

- Qualitative interviews:
  - Field notes and audio recordings/transcription
  - March 2021-December 2021
- USC Street Medicine:
  - Patients (in-person)
  - Clinicians (via Zoom)
- Grounded theory approach with constant comparison

Results: Participant Characteristics (n=13)

- Patients (n=11):
  - Field notes: 8
  - Audio recordings: 3
- Clinicians (n=2):
  - Zoom: 2
  - Female (100%), MD and PA, age 35-45 years

	Frequency	*Percent*
Patients		
Male	7	64%
Female	4	36%
Wound care*	6	86%
3+ conditions*	7	100%

*Missing data =5

Emerging Qualitative Themes

1. Aging

   Need for constant movement; Assistive devices; Vulnerability; Environment

2. Illness

   Environment; Priorities; Community/social connections

3. Victimization

   Vulnerability; Environment; APS

4. Street Medicine Model of Care

   Person-centered care; Judgement-free

1. Aging

- Need for constant movement:
  - "Well, I realized that being immobile out here is just not an option." *–Patient*
  - "Sometimes I'm supposed to [take medication] but they make you tired and then what do you do? Or sometimes you can't be in the sun…'Oh, go hang out in the mall for a quick [air conditioning] fix.' Like that's so easy to do; You're chased constantly. 'You got to go. You can't be here.'" *-Patient*

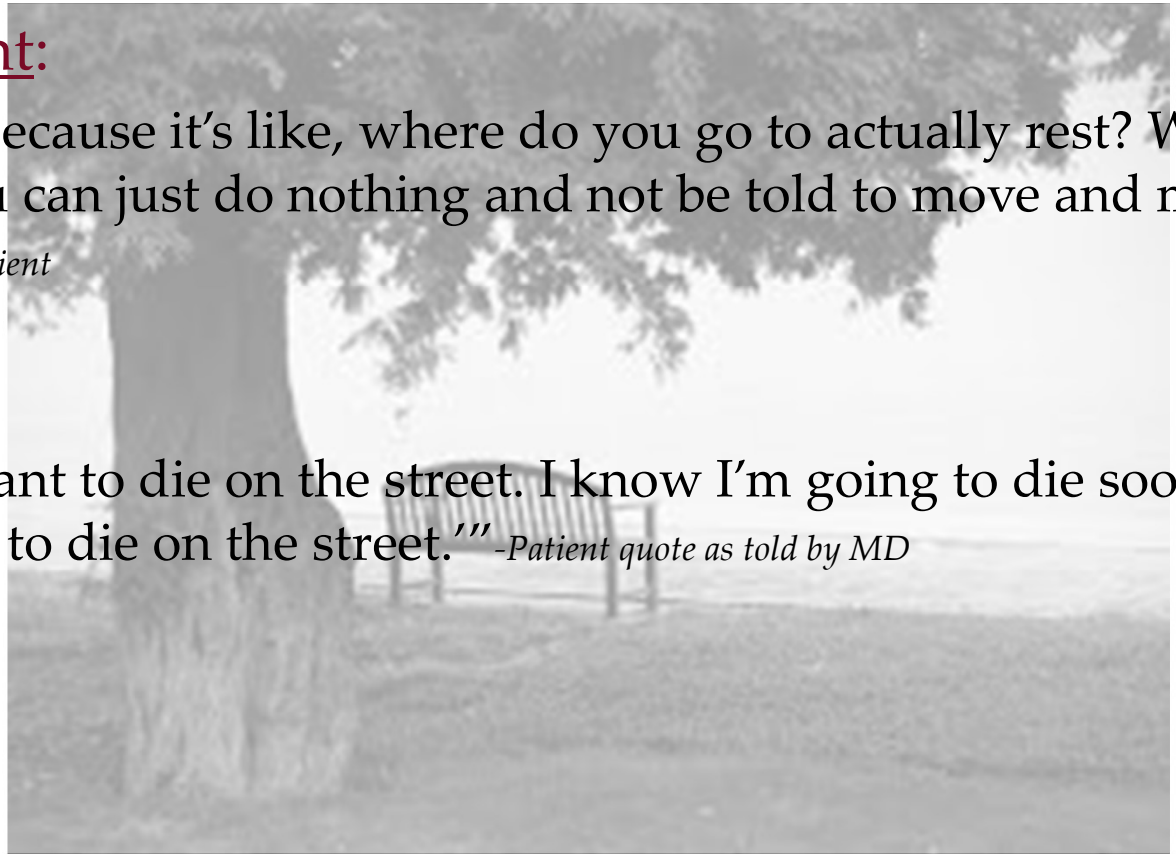
- Assistive devices:
  - "You also have patients who don't really need a wheelchair for mobility but it's a place they can always sit…and they often choose to sleep (when they *do* sleep) sitting up so that they can be more on guard if you get attacked." *-MD*

1. Aging

- Vulnerability:
  - "When you're unhoused you're just incredibly more vulnerable and have way less control over your environment, right? We think about falls and home-safety evaluations…but on the street, there are some things that we can do but sometimes it's about the environment. We can't control the environment of the streets in the same way." -*MD*

- Environment:
  - "…Tent located under an overpass"; "…Situated behind a gas station near an off-ramp, located in open air with few trees"; "…The tent was on the sidewalk and…located between two driveways"; "The area is very quiet between two mountains with few passing cars." -*Field Notes*

2. Illness



- Environment:
  - "It's hard because it's like, where do you go to actually rest? Where do you go that you can just do nothing and not be told to move and move and move?" *-Patient*
- Priorities:
  - "'I don't want to die on the street. I know I'm going to die soon, and I just don't want to die on the street.'" *-Patient quote as told by MD*

2. Illness

- Priorities:
  - "I worry that things that are easily preventable or treatable in a different setting will end them up in the hospital…That [it] either gets ignored intentionally because, 'My priority today is making sure my stuff is still here when I get back from panhandling,' or, 'That person attacked me last week so I gotta move my stuff.' That's going to take priority over, 'Oh, it kind of burns when I pee.' But that can become a full blow septic picture easily, especially when their kind of baseline health is already lower." *-MD*

2. Illness

- Community/social connections:
  - "…I have really questioned my own biases since I started…thinking that they're [unsheltered homeless patients] incredibly isolated. And I think in many ways, certainly; from larger society they're very isolated. But I've met folks who are part of these really vibrant communities on the street. And its often complex, like most communities are. It's not 100-percent positive where everyone and everything is in support of your physical and emotional wellness but it's still community and it's still support…" -*MD*

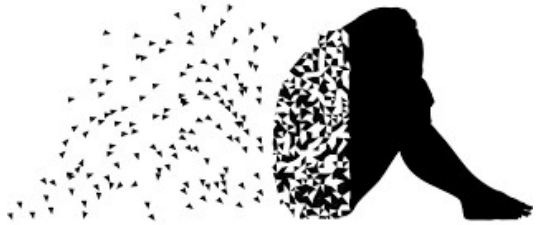
3. Victimization

- "…This place can beat you up." *–Patient*

- "I don't think I've met a single patient on street rounds who hasn't been a victim of physical violence at some point on the street. Every single woman—*every single woman*—has been a victim of assault, either on the street and/or before, as well."

"But I think if you're older and more frail, you're an easier target."*-MD*

3. Victimization



- "He told DB [nurse] about getting attacked and having all of his items stolen in his wallet along with his phone so he lost all of his family's contact information. He hasn't been able to contact anyone." *–Field notes*

- "…It gets me more mad at myself because then it's like there was more I could have done to prevent…There was certain ways I could have prevented it." *-Patient*

3. Victimization

- Vulnerability:
  - "I think [female] gender, for sure [makes you more vulnerable] and like being in a wheelchair, some signal of frailty: in a wheelchair, you cannot run away. *–MD*
- APS:
  - Trust

4. Street Medicine Model of Care

- Judgement-free:
  - "They're so not judgmental and I mean, I have a past that is sometimes frowned upon. That doesn't matter [to them]. That's why I think they provide really awesome care because I don't feel comfortable with my own primary personal doctors or any of them [other clinicians] the way I have with the team." *–Patient*

  - "He stated the visits he gets from SM are different from being in the hospital because they are friendlier. He said the benefits of the hospital were having a shower, a bed, and food but the doctors and nurses are rude, judgmental, and 'always assuming.' He tries to ignore when he gets sick because he doesn't want to go to the hospital." *–Field notes*

4. Street Medicine Model of Care

- "She noted the loving support she gets from the street team because she has the support she wasn't getting from her PCP."*–Field notes*
- "They've [SM team] been a blessing. Totally. I look forward to them." *–Patient*
- "The Keck School of Medicine is fantastic. I don't know what I'd be doing if I didn't have that resource…I was in tears, just thinking I was going to die. I was really starting to become depressed, it was beating me because I had been trying and trying and trying and just being defeated. I was on my knees and [nurse] immediately started turning me around so I was very encouraged. That's probably half [of] the healing process: just being positive." *-Patient*

Summary

- Lessons learned conducting field-based research:
  - Engaging persons experiencing unsheltered homelessness
  - Procedures

- Victimization is "universal" but older adults are "easy targets"

- Aging and managing illness when living outside is challenging:
  - Person-centered supports that consider whole person are imperative
  - Not a one-size-fits-all solution
  - Implications for "housing first" model

Implications & Future Directions

- Opportunity for robust research:
  - Elder abuse
  - Aging
  - +

- Opportunity for palliative care integrated in street-based and shelter-based care for older adults:
  - Palliative Care Research Cooperative (PCRC) pilot grant

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