Engaging Community Stakeholders to Develop a Peer-Led Care Transitions Intervention for Homeless Patients Experiencing Homelessness

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Objectives

Utilize a community-based participatory approach and collaborative intervention planning framework (Figure 1) to develop conceptual model for a peer-led care transitions intervention to provide tailored support for at-risk hospitalized patients experiencing homelessness.

Preliminary Findings

Number of Meetings
9 of 15 planned

Meeting Length
60-90 min

Stakeholder Interviews
9 of 25 completed.

Table 1: Emerging Themes and Illustrative Quotes from Stakeholder Interviews

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<td>“I’ve had that happen so many times where patients have come into my office for whatever reason and they’ll say something to me and I ask them, &quot;Have you told your doctor about this?&quot; No. Just didn’t know if they could help or it’s embarrassing.” Or whatever it happens to be, um and just being there to say, “You know, I’ve used food stamps. I understand.” Um, it’s important for your doctor to know that you’re struggling with food. So, just encouraging them to speak up and be honest and you know, figure out the services that are available to them.”</td>
<td>“I was like, “let’s go have a cigarette.” Because for us, it’s harm reduction, so to get him to calm down by smoking a cigarette, that actually, we do that a lot… And I know it’s not good for him, but it’s a tool that we actually use here, and it actually works quite well because it gets them outside. So, they’re not disturbing other people, it gives them away from important for whatever they need to do, but just have something in their mouth and... And putting something in their mouth, they’re kind of taking slower breaths and are not able to continue escalating while they’re smoking.”</td>
<td>“One of my favorite examples was in a team meeting. And then, of course, you know, borderline personality disorder comes up and the amount of negative hostile energy clinical teams tend to have around that particular diagnosis is just overwhelming. And this was a star peer provider and she just said, “Can I just say something?” She says, “I live with borderline personality disorder and I find the way that we talk about these people extremely offensive and I’m feeling taking it personally.” And she said, “People with borderline personality disorder are human beings and they can recover.”</td>
<td>“I like to talk about the dignity of risk… You have to let people make their own decisions.”</td>
<td>“I would look at empowerment skills, I would look at self-esteem, self-worth, self-value skills. When people feel supported and they see that people believe in their well-being and care about their well-being, they start applying that to themselves.”</td>
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Methods

Setting: Denver Health, a safety-net hospital, and the Colorado Coalition for the Homeless

Participants: interdisciplinary stakeholders in the local, regional and national community with experience and expertise related to peer support, and those with lived experience of homelessness.

Structure: Virtual project team meetings, semi-structured stakeholder interviews

Data Analysis: Interviews audio-recorded, transcribed and coded and analyzed utilizing codes derived a priori from theory and inductively through emerging themes to enhance intervention development.

Background

- Hospitalized patients experiencing homelessness often have limited social support and face substantial barriers to care
- Peer support is a promising intervention to improve hospital care and care transitions for unhoused patients

Objectives

- Utilize a community-based participatory approach and collaborative intervention planning framework (Figure 1) to develop conceptual model for a peer-led care transitions intervention to provide tailored support for at-risk hospitalized patients experiencing homelessness.

Preliminary Findings

- Setting: Denver Health, a safety-net hospital, and the Colorado Coalition for the Homeless
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