UC Davis
Family and Community Medicine

**Title**
When Care is Uncaring: Homelessness Stigma in Health Care and Mobile Medicine as a Model for Healing

**Permalink**
https://escholarship.org/uc/item/2km3v1w5

**Authors**
Bruguera, Ren
Agnoli, Alicia
Razon, Na'amah

**Publication Date**
2024-04-01

**Data Availability**
The data associated with this publication are not available for this reason: NA

eScholarship.org Powered by the California Digital Library
University of California

# When Care is Uncaring: Homelessness Stigma in Health Care and Mobile Medicine as a Model for Healing

Ren Bruguera,[1] Alicia Agnoli MD, MPH, MHS, [2] Na'amah Razon, MD, PhD [2]
[1]University of California, Davis, School of Medicine [2] University of California, Davis, Department of Family and Community Medicine

UCDAVIS

## CONTEXT

- Since 2020, the number of people experiencing homelessness (PEH) in California has risen 6% compared with 0.4% in the rest of the country.
- PEH face myriad barriers to health care services, including preventative sexual health services.
- The CommuniCare Mobile Medicine (CCMM) team in Yolo County, CA, which provides primary care services exclusively to PEH, observed low uptake of sexually-transmitted infection (STI) testing among their patients.

## OBJECTIVE

- Qualitatively understand the factors contributing to the decision of PEH to seek or accept STI testing.

## RESEARCH QUESTION

**What factors contribute to the decision of PEH to seek and/or accept STI testing?**

## METHODS

***Participants:*** 50 English-speaking PEH (age 18+) in Yolo County, recruited from CCMM sites or Empower Yolo domestic violence and social services center.

***Data collection***: Primary researcher obtained informed consent, then verbally administered demographics survey and conducted 30-60 minute semi-structured interview with each participant. Water or Gatorade and light snacks offered.

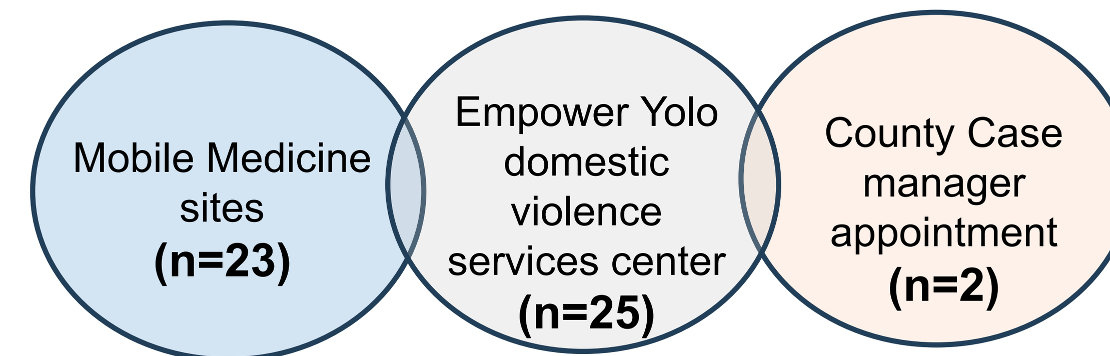
***Compensation:*** Researcher provided participants a $50 prepaid Visa gift card and materials containing information regarding sexual health screening services and other health, social, and legal services in Yolo County.

***Data analysis:*** Following each interview, researcher recorded notes and uploaded audio file to Rev transcription service. Researcher then read each transcript twice, the second time writing a thorough memo including findings sorted into domains based on research questions, then created master matrix to organize thematic findings.

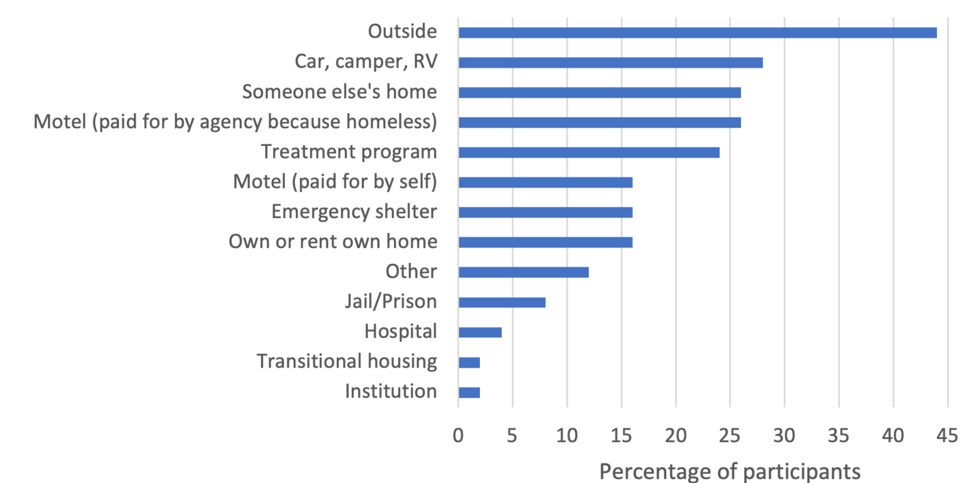
## RESULTS

### DEMOGRAPHICS

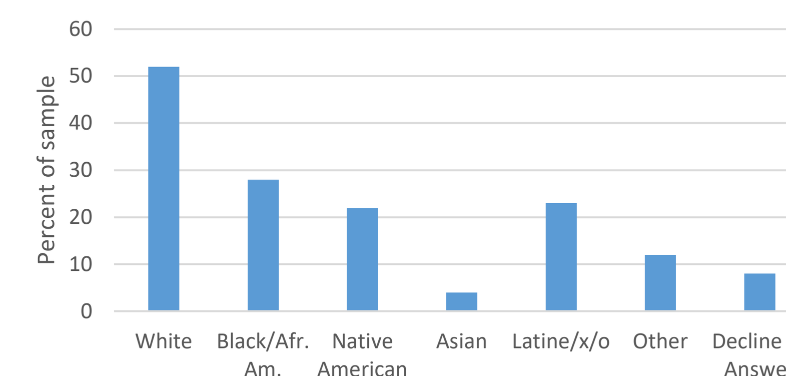
**By Recruitment Site (total n=50)**




"Where have you stayed in the last 6 months?"



Race/Ethnicity (Self-Reported)




### THEMES

**Homelessness stigma in health care settings as a source of psychological trauma.**
Most participants expressed discomfort in healthcare settings relating to prior treatment sometimes described as "dehumanizing." This not only deterred some from seeking future care, including STI testing, other routine health services, and even emergency care. It also negatively impacted self-worth and mental wellness.

***"When I went to the hospital, they said "Where'd you find this one? …that'll make somebody… commit suicide."* – 40 y.o. man**

***"It's not know, but get to know… Deep listening. It actually helps."* – 35 y.o. woman**

**Therapeutic provider relationship facilitates engagement with health care and personal healing.**
Features of a therapeutic relationship: nonjudgment, curiosity, humility, and trust toward the patient. These features improved self-worth and increased motivation to self-care even beyond MM.

***"[Mobile Medicine provider] gave me a sense…that I'm still good and deserve to be healthy like anyone else."* – 54 y.o. woman**

**Mobile Medicine as a facilitator to trust and engagement with care.**
Prior interactions with the CCMM team increased motivation to pursue health care services, not limited to MM. Features facilitating trust included reliability, safety (i.e. from law enforcement), increased access to other needed services, and recognition of complex barriers to care access elsewhere.

***"Somebody actually caring is new…Grow trust instead of deceit"* – 58 y.o. man**

## DISCUSSION

- Participants often avoid seeking health care until urgent and deprioritize preventive services such as STI screening.
- Many reported the experiences of dehumanization in medical environments. They noted this decreased engagement in care, self-worth and motivation to self-care, perpetuating a cycle of marginalization.
- CCMM literally and figuratively meets people where they are. Prioritization of relationships and acknowledging and addressing complex social factors exemplifies "structural competency," a model of health care aiming to bridge the gap between individual and institutional drivers of inequality.

### *Limitations*

- Primary researcher is a medical student with affiliation to CCMM, which may influence participant responses surrounding health care experiences
- Matrix-based analysis approach less granular than line-by-line coding
- Qualitative findings may not be generalizable to other groups of PEH

## CONCLUSIONS & IMPLICATIONS

- Negative biases towards PEH perpetuate avoidance of health care and social marginalization.
- Reflection on power dynamics between PEH and health care systems is critical to developing more equitable and inclusive care.
- These findings support the need for structural competency training throughout medical training. This will facilitate environments characterized by greater safety, nonjudgment, and recognition of complex social barriers faced by PEH allow inclusivity towards PEH, and facilitate healing relationships between PEH and health care systems.

## FUTURE

Training for medical professionals must include the complex contexts of homelessness and the role of medical systems. Acknowledgement of prior medical harms and maintaining humility are essential in moving towards healing in patient-provider relationships, and in developing more inclusive medical spaces.

RESEARCH POSTER PRESENTATION DESIGN © 2022
www.PosterPresentations.com