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Chronic Illness and Rehospitalization: A Study of Patients Experiencing Homelessness in Stockton

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Chronic Illness and Rehospitalization: A Study of Patients Experiencing Homelessness in Stockton
By: Princess Nguyen, Marisela Castro, and Sandra Leon

Introduction

The purpose of our study was to gain a deeper understanding of individuals experiencing homelessness who were diagnosed with at least one chronic condition like type 2 diabetes, heart disease, and/or chronic obstructive pulmonary disease. We wanted to gain insight as to how these challenges impacted the likelihood that individuals would be rehospitalized.

Our goal was to:

❖ Shed light on a larger epidemic of homelessness and how structural inequities can make it difficult to manage chronic conditions (Coady & Lehmann, 2016).
❖ Adequately show themes and patterns of these vulnerable populations to provide a basis where community members, leaders, and stakeholders can approach the findings (Glens et al., 2020).
❖ Inquire about utilizing alternative ways to advocate for them and inquire about additional social services that are culturally sensitive and adaptive to their needs (Yousey & Samudra, 2018).

Data Collection & Research Methods

An interview study guide was utilized to conduct conversations with individuals experiencing homelessness, who are diagnosed with at least one chronic condition and have been rehospitalized at least once in the previous year. A total of eight adult male individuals were interviewed at a facility that primarily services individuals experiencing homelessness in Stockton, California.

❖ All participants were either approached by the study investigators in specific areas within the City of Stockton lines or given a flyer with information to contact the Lead Investigator if interested in participating in this study.
❖ The in-depth semi-structured interview guide was designed to hear the perspective of the participants’ experience in navigating systems while managing their chronic conditions.
❖ Participants were provided a copy of the oral consent form in their respective language of English or Spanish.
❖ Eight participants were interviewed in October 2021. One interview process was completed and took on average between 20-40 minutes.

Findings / Results

Number of Rehospitalizations in Past Year

The following chart displays the number of rehospitalizations in the past year.

<table>
<thead>
<tr>
<th>Number of Occurrences</th>
<th>4+ Occurrences (3)</th>
<th>1 Occurrence (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>37.5%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Number of Chronic Conditions

The following chart displays the number of chronic conditions individuals had during their last hospitalization. Findings show that there were five participants who had at least three or more chronic condition accounting for 62.5%.

<table>
<thead>
<tr>
<th>Number of Chronic Conditions</th>
<th>1 Chronic Condition (2)</th>
<th>2 Chronic Conditions (1)</th>
<th>3+ Chronic Condition (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>25.0%</td>
<td>12.5%</td>
<td>62.5%</td>
</tr>
</tbody>
</table>

Four key themes emerged from the findings:

1) Housing instability
2) Social support and access to healthcare
3) History of substance use
4) Financial stress

Housing Instability

“No puedes guardar nada, todo se te quita. Cuando eres homeless, todo te quitan. Es la única mala experiencia que he tenido. Tienes que guardar joyas, papeles y documentos en tu persona” which translates to “you can’t store anything, you lose all your things. When you’re homeless, they take everything. It’s the only bad experience I’ve had. You have to store jewelry, papers and documents on your person.”

Discussion

Based on our findings, we found that individuals identified other factors besides lack of stable housing as reasons for not being able to manage their health condition. This included financial stress, unemployment, and lack of social and/ or family support. The findings can be utilized by community members and organization to better understand the reasons behind rehospitalization and start a discussion with healthcare providers to help the population get the support they may need as the number of participants shared with one another. Financial stress, housing, and legal status that limits financial assistance and healthcare access were among the most common problems that affects how individuals manage their chronic health condition.

Recommendations based on our findings include:

❖ Providing a bridge program that will connect individuals experiencing homelessness who are being released from the hospital to housing services.
❖ Community-based programs that would provide a connection with a mentor who has experienced homelessness for the purpose of providing social support.
❖ Universal-based income program that would provide a guaranteed income to individuals who are experiencing homelessness to meet their basic needs, such as being able to afford housing and healthy foods.

Conclusion

Based on our findings, the homeless population in our study experienced multiple social determinants of health that affected their health and well-being that eventually led to them experiencing barriers in managing their chronic health conditions.

As previously stated, there were four key themes that emerged in our findings including 1) housing instability; 2) social support and access to healthcare; 3) history of substance use and 4) financial stress.

References