

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**.

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

Preliminary Findings

Number of Meetings	9 of 15 planned
Meeting Length	60-90 min
Stakeholder Interviews	9 of 25 completed. Emerging Themes in Table 1

Figure 1: Collaborative Intervention Planning Process



Table 1: Emerging Themes and Illustrative Quotes from Stakeholder Interviews

Authentic Relationships Through Shared Lived Experiences	Unique Peer Philosophy, Strategies and Tools (aka "The Smoke Break")	Integrating Peers into Healthcare Teams and Addressing Stigma	Peers Promote Patient Autonomy, Empowerment and Independence	Looking Beyond Traditional Health Outcomes to Measure Intervention Success
<ul style="list-style-type: none"> "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, "Have you told your doctor about this?" "No, I just didn't know 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, but it's important for your doctor to know that you're struggling with food. So, just encouraging them to open up and be honest and, you know, figure out the services that are available to them." 	<ul style="list-style-type: none"> "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 bad, 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 gets them away from what may be disturbing them in the moment. And putting something in their mouth, they're kind of taking slower breaths and are not able to continue escalating while they're smoking." "You may have dug yourself into a hole, but I brought two shovels, I'm here to help you. We can get through this." 	<ul style="list-style-type: none"> "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 bridger and she just said, "Can I just say something?" She says, "I live with borderline personality disorder and I find the way that you're talking about these people extremely offensive and I'm taking it personally." And she said, "People with borderline personality disorder are human beings and they can recover." 	<ul style="list-style-type: none"> "I like to talk about the dignity of risk... You have to let people make their own decisions." "I know they're not going to get 100% of everything they want... But even if its, you know, your simple choices, that they get to feel a little bit empowered in what's happening to them because they don't have choices." 	<ul style="list-style-type: none"> 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."

Implications for Program Design

BENEFITS: Peers can provide meaningful support for hospitalized patients experiencing homelessness by building authentic relationships through shared lived experience, addressing stigma, bringing hope and empowerment, bridging communication, de-escalating conflicts, and assisting in system navigation

- ✓ Early peer introductions are crucial to the success of the peer interventions.
- ✓ Peers should be introduced to patients early in hospitalization to cultivate relationships and capitalize on moments that can lead to change.

CHALLENGES: Challenges may arise related to peer background and stigmatization, when scope of peer role and goals are not clearly defined, when peers become re-traumatized or lack appropriate support or when peer philosophy is perceived to be add odds with traditional hierarchies or medical care.

- ✓ **Clearly defining the scope** of the peer role for both the peer and the clinical team is crucial to success of the peer and the program
- ✓ **Peer supervisors** should provide clear roles and expectations for peers and differentiate peer roles from case management and social work.
- ✓ **Health Care Teams** should be cognizant of challenges and risks and ensure adequate supervision and support for peers
- ✓ **Hospitals and Community Organizations** should foster inclusive hiring practices that will allow peers who have a history with the criminal justice system.

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