Understanding Engagement With an Emergency Department-Based Peer Navigator Intervention for Opioid Overdose Prevention for a Subset of Patients Experiencing Homelessness

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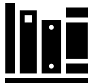
Background

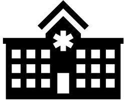
Overdose is the leading cause of death among people experiencing homelessness

Peer-delivered interventions have shown some promise, both in emergency department (ED) settings and in community-based settings



No research has yet examined the role of ED-based peer navigator interventions related to substance use ***for patients experiencing homelessness***

Background

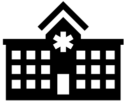


NYC Department of Health and Mental Hygiene operates the Relay Initiative

- Peer “Wellness Advocates” (WAs) meet patients in the ED after a suspected opioid-involved overdose
- Relay is not only for patients who are homeless, but a large number of the individuals served are homeless (30%)
- WAs offer overdose education, naloxone distribution, personalized harm reduction education, resource referrals
- WAs follow up with patients for up to 90 days to provide ongoing resources and connections to services

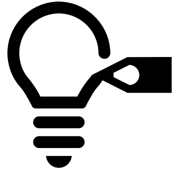
Background

NYC Department of Health and Mental Hygiene operates the Relay Initiative



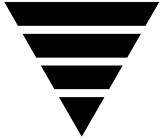
- Began in 2017
- Operates in 15 EDs across NYC (13 at time of study)
- How it works:
  - Patient presents to the ED
  - ED staff call Relay hotline for suspected opioid overdose
  - WAs are dispatched and arrive to the ED within one hour to connect with the patient in person
- Long-term goal of Relay: reduce overdose deaths

Study Aim



Identify themes related to experiences of homelessness among Relay participants, including barriers and facilitators to engagement with Relay

Methods: Study Design



Multisite RCT of Relay initiative

Included in-depth, one-on-one qualitative interviews with Relay patients (enrolled in Relay arm), Wellness Advocates (WAs), and ED providers

Sub-analysis of interviews to examine themes related to homelessness

Methods: Sampling and Measurements

Sampling

- Lists of patients, WAs & ED providers maintained by study team, initial **random sampling**
- Supplemented with **purposeful sampling** through assessment of gaps related to demographic diversity, engagement with Relay, substance use characteristics

Measurements

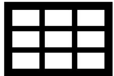
- Semi-structured interview guides for each participant type
- Questions developed, edited, and refined through stakeholder engagement process
- Included questions and probes related to homelessness

Methods: Analysis

Line-by-line coding

3 team members coded independently using deductive and inductive coding

Group coding followed an iterative process to harmonize codes and refine code list



4th team member analyzed coded transcripts to examine themes related to homelessness, then discussed and finalized with team

Results

Final Sample: 7 ED providers | 7 patients | 9 WAs

Demographics

Men: 13 | **Women**: 10

Hispanic or Latino: 6 | **Not Hispanic or Latino**: 17

Black: 7 | **White**: 10 | **Asian**: 2 | **Multiracial or another race**: 4

Results

3 Overarching Themes

1) Homeless patients faced multi-level barriers to engagement in Relay and other substance use related services

2) WAs employed a range of techniques to facilitate engagement and provide follow-up services to homeless patients

3) Some ED providers expressed frustrations and assumptions rooted in stigma about homeless patients who use drugs

Barriers to engagement among patients who are homeless

Sub-themes

- Challenges to engagement in Relay
- Challenges to engagement in substance use-related services more broadly
- Competing priorities and structural barriers

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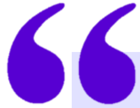
Barriers to engagement among patients who are homeless



I think the undomiciled or being in a shelter is really—becomes difficult. I mean, I've had [patients] who—that was just out of incarceration and was in a shelter that couldn't tell me the address or the name of the shelter and said, "Well, I take a bus to this location." There was no phone number. It was very difficult. – *WA*

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Barriers to engagement among patients who are homeless

I was at the homeless shelter 'cause I ran out of money. They stole my wallet, and they took my Suboxone…. I'd been up for three days, man, just walking the streets, trying to figure out, where am I gonna eat? Where am I gonna lay my head? How am I gonna get back into treatment? – *Patient*

There should be a way maybe we could connect with other agencies and have a leeway where we could get some information… 'cause that's a barrier there. Sometimes people want help, but you lose track of them. – *WA*

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Barriers to engagement among patients who are homeless

It's just that with a lot of these patients, they're uninsured, they're homeless…. Maybe their mind is only on their next meal. – *ED Provider*

It's multifactorial. You would have to address poverty. You have to address education, trauma, mental illness.... My role is very limited because we're seeing them for very, very short periods of time. – *ED Provider*

I was goin' there [to a housing and social services agency] for my housing, and it didn't work out. I got nervous and upset and impatient. I got impatient, and I wound up usin' some methadone and some heroin the same day. Then I sniffed coke the same day. – *Patient*

Techniques to facilitate engagement and provide follow-up services to patients who are homeless

If you tell me to hang out at a certain spot, that's where I'll go and look around and see if I see you. I've found people like that, too… Sometimes I've been out there in the morning. I'll go take a walk before the end of my shift and I'll look around" – *WA*

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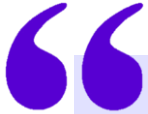
Techniques to facilitate engagement and provide follow-up services to patients who are homeless



I have been subject to mental health experience, homelessness experience, so I’ve had a wide range of those experiences. It’s important to let them know when talking with a person in this situation that you have a multilevel of experience to be able to empathize and sympathize with them. – *WA*

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Assumptions and stigma about homeless patients who use drugs

The people who come back all the time, they do start to wear on you – *ED Provider*

We see pretty frequently where there's more so them just accessing it [detox] because they know they can get a bed, especially for patients who have other challenges like homelessness and food insecurity. They know that they can get a bed and stay somewhere for a little while and things like that 'cause we have a lot of the same detoxers that come in. – *ED Provider*

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Discussion

Broader structural challenges underlie many barriers

WAs emerged as a critical resource for engaging patients experiencing homelessness

Negative assumptions and stigma about patients experiencing homelessness may be combatted with more ED-based resources

The condition of homelessness itself must be addressed to reduce opioid overdose among people experiencing homelessness

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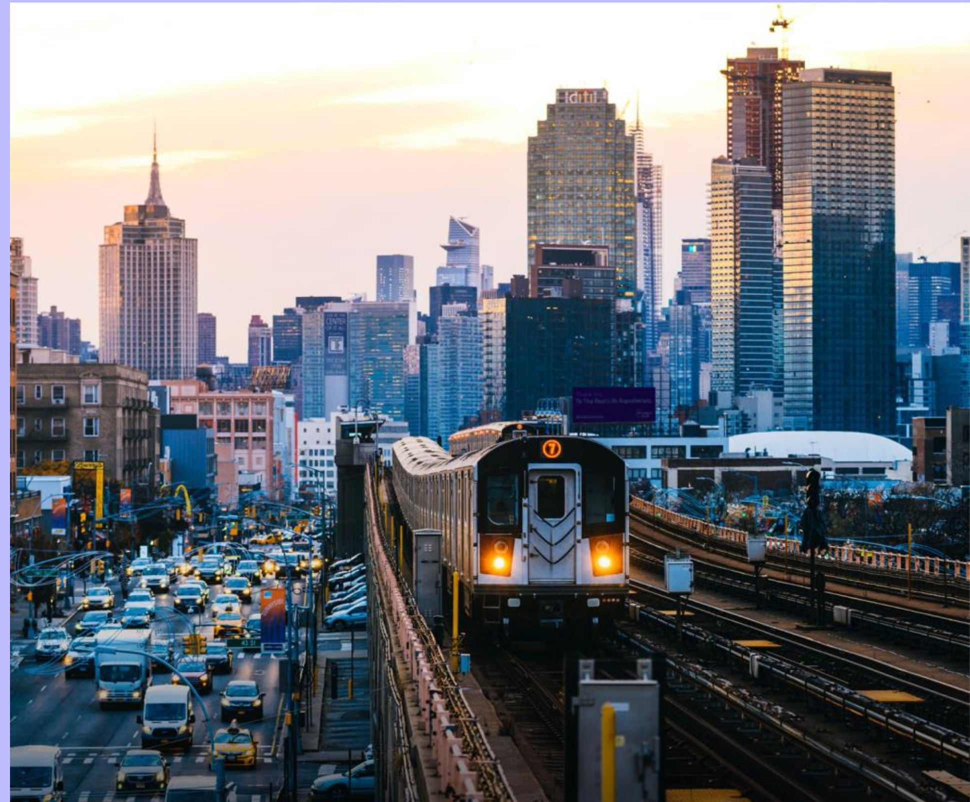
NYC Department of Health and Mental Hygiene (DOHMH)

Centers for Disease Control and Prevention (CDC)

Relay Study team

Study participants

Q&A



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