Investigating the Impact of Stigma and Dehumanization on the Healthcare Engagement and Access of Unhoused Individuals: A Photo-elicitation Study

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Background & Significance

People experiencing homelessness (PEH) face difficult challenges when advocating for their health needs. These challenges can range from structural to interpersonal, impacting the quality of care these communities are able to receive as well as their future willingness to engage with medical spaces.

Furthermore, patient-provider relationships that are impacted by the discrimination, stigma and alienation that unhoused communities face on a daily basis have a negative causative effect on self-reported desire to seek care.

A critical gap that exists within this field of research are qualitative studies on the perception of PEH regarding their own unmet medical needs and the barriers they face. While photography has been used to document the experiences of unhoused communities, few methods have allowed unhoused individuals to be behind the camera, choosing what images should be used to drive the discussion around their experiences.



Objectives

Explore the positive and negative experiences of unhoused patients as they navigate healthcare settings.

Source recommendations from PEH to on how to facilitate successful physical and mental health outcomes for PEH

Identify opportunities and frameworks to positively engage unhoused individuals in healthcare spaces.



Study Design

PRELIMINARY PLAN

To ensure the traumainformed nature of this study, we sourced input from academics, community workers, and unhoused folks themselves in the development of this project.

Participants (N=17) consisted of (1) roughsleeping individuals in

RECRUITMENT

Kensington, PA, and (2) formerly unsheltered individuals in recovery. All participants had experienced unsheltered homelessness, SUD & SMI.

PHOTO-ELICITATION

Participants were then asked to document their positive and negative experiences in healthcare spaces through photography via a photo elicitation prompt

QUALITATIVE INTERVIEW

A 1.5 hour qualitative interview followed, where participants reflected on their photographs and discussed their experiences, obstacles, and facilitators in seeking and receiving medical care, as well as recommendations for improved care.

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patients

seriously

stability

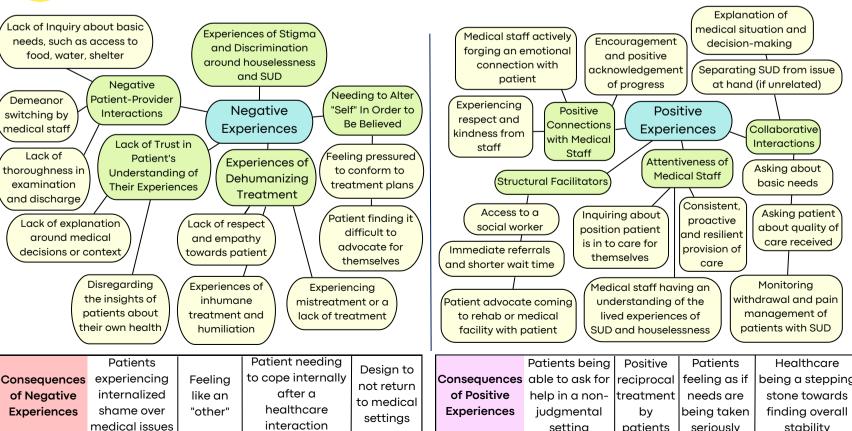
A rigorous thematic analysis was used to extract common themes from experiences shared.

ANALYSIS



Principal Findings

medical issues





Conclusions

Two conclusions were sourced: (1) PEH experienced a variety of dehumanizing experiences within healthcare settings, which were exacerbated by their own experiences with homelessness, addiction, and societal barriers that prevented them from accessing healthcare. (2) Participants appreciated the trauma-informed nature of this novel research approach, emphasizing that it allowed them to regain their autonomy in representing their experiences through research.



Implications for Practice

Due to high utilization of healthcare services by PEH, ensuring that the services provided are high quality and trauma-informed is incredibly important in promoting health-seeking behavior.

There is a critical need for (1) anti-bias and compassion training in spaces that PEH inhabit and (2) improved discharge processes, including connecting PEH to social and medical services.

Future research should continue to engage PEH by integrating aspects of this novel, community-engaged approach to ensure trauma-informed data gathering.



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