

Study of newly homeless ED patients finds multiple contributors to homelessness

September 11 2019

Newly homeless patients in ED

Semistructured interviews, 31 English-speaking adult patients newly homeless (shelter or street living) in previous 6 months

Health and social contributors

- Job loss/lack of money
- Could not live with friends/family
- Moving from other city/state
- Substance use
- Health conditions

Limitations in help from family/friends

- Death of family/friend
- Family/friends with limited resources
- Family estrangement
- Desire for privacy


Personal agency vs structural forces

- Rent/housing market
- Job market
- Personal choice

Unexpectedness

- Speed of events
- "Never thought about it"
- Prior episodes of homelessness

Doran 2019 10.1111/acem.13677



Semistructured interviews, 31 English-speaking adult patients newly homeless (shelter or street living) in previous six months. Credit: Kirsty Challen, Lancashire Teaching Hospitals, United Kingdom.

A qualitative study of recently homeless emergency department (ED) patients found multiple contributors to homelessness that can inform future homelessness prevention interventions. The study findings are published in the September 2019 issue of *Academic Emergency Medicine (AEM)*, a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Kelly M. Doran, MD, MHS, assistant professor in the Departments of Emergency Medicine and Population Health at NYU School of Medicine and and Bellevue Hospital Center.

The study is the first to examine pathways to homelessness among ED patients. The findings of the study are discussed in a recent AEM podcast, "[It Wasn't Just One Thing": A Qualitative Study of Newly Homeless Emergency Department Patients.](#)"

Homelessness plays an oversized role in U.S. EDs, in part due to the ED's role as a medical and [social safety net](#) and in part due to the greater than average health needs of people who are homeless. The researchers found that among the contributors to homelessness are unexpectedness, health and social conditions, lack of support from family or friends, and structural issues such as the job market and affordable housing availability.

The findings demonstrate gaps in current homeless prevention services and can help inform future interventions for unstably housed and [homeless](#) ED patients. More broadly, the findings may help ED providers to better understand the life experiences of their patients that contribute to their health and ED use.

Commenting on the study is Lewis R. Goldfrank, MD, Herbert W. Adams Professor of Emergency Medicine at Bellevue Hospital Center and the Ronald O. Perelman Department of Emergency Medicine of the

New York University School of Medicine:

"This fascinating [qualitative study](#) demonstrates that listening carefully to our patient's needs will allow us to discern [social determinants](#) that left unattended may lead to homelessness. Our task in the emergency department is to presume that each patient who comes to our doors is there because of a critical lesion in the public health system. In addressing these lesions, we will begin to achieve our dreams of preventing homelessness."

More information: Kelly M. Doran et al, "It Wasn't Just One Thing": A Qualitative Study of Newly Homeless Emergency Department Patients, *Academic Emergency Medicine* (2019). [DOI: 10.1111/acem.13677](#)

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