

5 Evaluating Health Care Access for Unhoused Patients at the Emergency Department

Annie Zhang, Hannia Grados, Kavin Krishnam, Akhil Chandekar, Soheil Saadat, MD, MPH, PhD, Bharath Chakravarthy, MD, MPH

Background: In recent years, the unhoused population of Orange County, California has continuously increased. Existing data gaps on the unique medical needs and barriers for this population inhibit the development of sustainable, long-term health care solutions. This study aims to identify the housing obstacles, medical needs, and community stigmas faced by unhoused individuals to support a street medicine initiative and improved health care practices catered to their needs.

Methods: This cross-sectional survey study was conducted at the University of California, Irvine Emergency Department. A 34-question survey was administered by research associates to 105 consented participants. Survey questions addressed demographics, health care utilization, and social determinants of health. Primary outcome variables assessed the housing situations, health circumstances, medical needs, and community stigmas faced by unhoused individuals.

Results: Inclusion criteria included unhoused individuals at least 18 years of age with English proficiency; exclusion criteria included pregnancy, incarceration, or 51/50 holds. Based on survey responses, insufficient income (60.9%, 64/105) and lack of affordable housing (52.4%, 55/105) were the main barriers participants faced in obtaining stable housing. Sixty-nine participants (65.7%) identified the emergency department as their preferred source of health care. Forty-three participants (41.0%) reported experiencing barriers when attempting to access health care services, citing financial constraints (53.5%, 23/43) and transportation issues (48.8%, 21/43) as the most common obstacles. Participants indicated that the primary ways to improve access to health care services are transportation assistance (52.4%, 55/105), more affordable services (35.2%, 37/105), and more locations (35.2%, 37/105). Sixty-five participants (61.9%) reported experiencing discrimination or stigma related to their housing status.

Conclusion: These findings highlight the role of physical barriers in limiting health care access for the unhoused population. Street medicine initiatives may help address these barriers and potentially mitigate affordability challenges, which were also reported by respondents, thereby reducing emergency department overutilization. Implications are limited to Orange County and rely on self-reported participant data.

6 Health-related Social Needs Among Patients with Chronic Pain Who Visited the Emergency Department

Chun Nok Lam, PhD, MPH, Yahan Lin, Lila Rabinovich, MPhil, BSc, Vanessa Rosas, MSW, Ayati Mishra, BS, Tiffany Abramson, MD, Elizabeth Burner, MD, PMH, PhD, Andrew Oh, MD, MBA, Doerte U. Junghaenel, PhD

Background: Chronic pain is prevalent among emergency department (ED) patients and is often intertwined with unmet health-related social needs (HRSNs), including structural barriers such as unstable housing and food insecurity. These unmet needs may both exacerbate pain and impede engagement with longitudinal care. Primary care providers (PCPs) may play a key role in mitigating HRSNs through continuity of care and service coordination; however, the extent to which PCP access buffers the association between chronic pain and HRSNs in ED populations remains unclear.

Methods: A cross-sectional survey was conducted at the Los Angeles General Medical Center ED between September and December 2025. Adults patients were systematically recruited by research assistants 10am-1am, 7 days a week. Patients who were critically ill and mentally altered were excluded. Participants reported ever-experiencing HRSNs (yes/no) using Accountable Health Communities HRSN Screening Tool out of 5 domains: living situation, food, transportation, utilities and safety. The presence of chronic pain (yes/no) was based self-reported pain symptoms that persisted or recurred for more than three months. We used logistic regression models to test the association between HRSNs and chronic pain, with access to PCP as a moderator, while controlling for age, gender, education, and Hispanic ethnicity.

Results: Of the 1,380 ED patients (48% female, mean age: 47 years) who completed the chronic pain screener, 35% had chronic pain. Patients with chronic pain were more likely to report having HRSNs compared to patients without chronic pain (75% vs 56%, aOR: 2.2, 95% CI: 1.7, 2.9, $p < 0.001$). Moderation analysis showed that patients with chronic pain who visited a PCP in the last 12 months had a lower odds of HRSNs compared to those without PCP access or had a PCP visit beyond the 12-month (67% vs 84%, interaction aOR: 0.6, 95% CI: 0.3, 0.9, $p = 0.04$).

Conclusion: At an urban, safety-net hospital, adult ED patients with chronic pain reported more social needs than non-chronic pain patients. These needs can limit patients' ability to properly manage their pain symptoms; as a result they may continue to return to the ED for rescue treatments. However, access to PCP buffered this association. Providing