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

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Background: Dn 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

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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

a pathway for continuity of care through the ED may mitigate patients' unmet HRSNs and potentially affect their overall health services use.

7 Impact Analysis of a Potential ECPR Program in a Medically Underserved Urban Community

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Background: EOut-of-hospital cardiac arrest (OHCA) from ventricular arrhythmia is a significant public health challenge. Survival rates are poor if refractory to standard Advanced Cardiac Life Support (ACLS). Extracorporeal cardiopulmonary resuscitation (ECPR) utilizes extracorporeal membrane oxygenation (ECMO) to perfuse vital organs intra-arrest and prevent anoxic brain injury while reversible causes are addressed. When initiated within 60 minutes in select populations, ECPR has shown significant improvement in outcomes compared to standard ACLS, a grade 2a recommendation in 2025 American Heart Association (AHA) guidelines. Implementation has been limited to large tertiary care centers, which may exacerbate existing racial, gender, and insurance status disparities in OHCA care and outcomes. The objective of this study is to perform an impact analysis of a hypothetical single-center ECPR program in a medically underserved area.

Methods: Non-traumatic cardiac arrests with an initial rhythm of ventricular tachycardia (VT) or fibrillation (VF) occurring in Oakland, California and the surrounding cities in Northern Alameda County were retrospectively analyzed. Arrests between January 1, 2020 and December 31, 2024 were identified from the Alameda County Emergency Medical System's electronic medical record. ECPR inclusion criteria for impact analysis were: (1) Initial Rhythm VF/VT, (2) Age 18-75, (3) Witnessed arrest, (4) >2 shocks without ROSC.

Results: A total of 1217 OHCAs with an initial rhythm of VT or VF were identified. Of these, 141 patients met defined ECPR criteria, with a mean (SD) of 28 (8) patients per year. Mean (SD) time from 9-1-1 call to destination arrival was 38 (10) minutes, and EMS on-scene time for ECPR candidates was 19 (9) minutes. Nine (6.4%) patients survived neurologically intact with a cerebral performance category (CPC) of 1 or 2. Applying the current ECPR registry survival rate of 31%, an additional 34 patients may have survived with access to ECPR, a projected number needed to treat of 4.

Conclusion: In a medically underserved urban area, a significant number of patients meet ECPR criteria, and their current outcomes are poor. Current EMS transport times allow adequate time for ECPR cannulation within 60 minutes, demonstrating that implementation of an ECPR program is potentially feasible and beneficial in this population.

8 Persons Experiencing Homelessness Perceptions and Utilization of Emergency Medical Services in Los Angeles County

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Background: Persons experiencing homelessness (PEH) face high rates of chronic diseases and poor health outcomes. Los Angeles County has one of the largest PEH populations in the United States, with Emergency Medical Service (EMS) clinicians serving as frontline healthcare. This study examines PEH perceptions of EMS care and utilization to identify barriers to healthcare delivery.

Methods: Semi-structured, in-person interviews were conducted with a convenience sample of 30 adults experiencing homelessness in Los Angeles County. The interview guide explored attitudes and perceptions toward EMS, healthcare utilization, challenges to care delivery, and self- perceptions. Subjects were included if age ≥18 years, currently experiencing homelessness in Los Angeles County, English or Spanish speaking, and with at least one EMS interaction within the past 18 months. Interviews were audio-recorded, professionally transcribed and translated, and coded using an inductive, iterative approach. Thematic analysis was performed.

Results: Participants were predominantly male (90%), with a mean age of 52.7 years and an average of 7.2 years of homelessness. 57% reported a history of substance use, 63% frequent alcohol use, and 54% had a history of psychiatric diagnoses. Self-rated health was poor or fair in 63% of participants, good or very good in 37%, and none reported excellent health. PEH reported EMS interactions for conditions related to medical complaints (58%), followed by trauma (17%), mental health (15%), and substance use or alcohol related calls (10%). Reported barriers to EMS care included the need for self-advocacy due to perceived EMS dissuasion of transport (35%); interpersonal conflict related to distrust, intoxication, or mental health crises (35%); and perceptions of differential treatment compared to housed individuals due to unhoused status (36%). Overall, 73% reported positive perceptions of EMS, citing professionalism and caring behavior.

Conclusion: PEH primarily use EMS for acute medical or trauma-related needs and generally report positive experiences. Barriers such as EMS dissuasion of care, interpersonal conflict, and perceived differential treatment limit optimal care. Further research is needed to characterize these barriers and develop