

Housing in Healthcare; A Secondary Data Analysis of the ED-LINC Randomized Clinical Trial

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In 2023, people experiencing housing insecurity accounted for 47% of overdose deaths in King County. Medications for opioid use disorder (MOUD), such as buprenorphine and methadone, have demonstrated efficacy in reducing opioid-related mortality, illicit substance use, and Emergency Department (ED) utilization. EDs provide an opportune setting for initiating treatment and offer insight into the equity and accessibility of existing treatment. This analysis investigates the association between housing status and preexisting MOUD treatment among ED patients with moderate to severe opioid use disorder (OUD). We hypothesize that individuals experiencing homelessness are less likely to be on any MOUDs at the time of their ED visit.

Patients in the HMC ED were approached to participate in the ED-LINC trial from 4/2022 to 3/2024 trial by trained RAs. Eligible participants were currently using illicit opioids, had a contact method, and were able to provide informed consent. People were excluded if they did not speak English, were having a psychiatric emergency, or were in police custody. After providing informed consent, participants completed a baseline survey assessing demographics (e.g. housing status), substance use, health, mental health and other items. Housing insecurity was defined as homeless, living in a shelter, or some other temporary residence. A secondary analysis was performed on baseline data and an unadjusted logistic regression was performed to determine an odds ratio between housing status and MOUD status.

Among the 211 participants, 72.5% were male, 64.5% were white with an average age of 42.4 years. A total of 43% (n=91) were experiencing housing insecurity. Those who were experiencing housing insecurity had 69% lower odds of having an active MOUD prescription at the time of their ED visit than those who were housed, according to an unadjusted logistic regression (OR=0.31, 95% CI: 0.14, 0.70).

This analysis suggests that individuals with moderate or severe OUD who are also experiencing housing insecurity had significantly lower odds of being on MOUDs at the time of their ED visit compared to those who were securely housed. By exploring this association, we aim to illuminate the disparities in access to MOUD based on housing status and emphasize the need for targeted interventions to address these disparities and improve outcomes for individuals with OUD.