

Prehospital Chest Pain Management: Disparity Based on Homeless Status

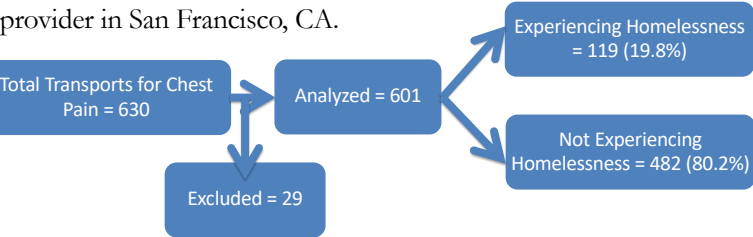
• **Omid Boozarpour²**, Travis Curtis¹, Daniel Rebagliati², Christopher Colwell², Michael Dailey¹
¹Albany Medical College,
²UCSF School of Medicine

BACKGROUND

People experiencing homelessness have high burdens of chronic illness and are at higher risk for early death and disability. They are also often more likely to utilize Emergency Medical Services.

METHODS

Retrospectively analysis of all 2019 data from a single 9-1-1 provider in San Francisco, CA.



RESULTS

Treatment	N	Subgroup	Homeless Rate	Not-Homeless Rate	Δ Rate	(95% CI High)	(95% CI Low)	(p)
IV attempt	601	Chest Pain (All)	58%	77%	-19%	-28%	-9%	<0.0001
IV Established	601	Chest Pain (All)	37%	62%	-25%	-34%	-15%	<0.0001
12-Lead ECG	601	Chest Pain (All)	97%	98%	-1%	-6%	2%	0.499
Aspirin	601	Chest Pain (All)	34%	53%	-19%	-28%	-9%	0.0003
Aspirin PTA	601	Chest Pain (All)	4%	13%	-9%	-16%	-2%	0.0063
Nitroglycerin	601	Chest Pain (All)	19%	39%	-19%	-27%	-10%	0.0001
Analgesic	601	Chest Pain (All)	0%	4%	-4%	-7%	-1%	0.0205
Lights and Sirens	601	Chest Pain (All)	8%	13%	-5%	-10%	1%	0.1089

DISCUSSION

People experiencing homelessness presenting with lower acuity illness, diagnostic bias, or other confounding variables may account for these differences in care. Larger studies are needed to better assess potential differences in care between these groups.

People experiencing homelessness were less likely to receive interventions including aspirin, nitroglycerin, and IV access, when presenting with a chief complaint of chest pain in the prehospital setting.

Rates of Interventions for Chest Pain Across Housing Status

