

University of Washington School of Social Work

An important quality marker for end-of-life healthcare services is congruence with patient's preferred place of care (Teno et al., 2004), most often indicated as a patient's home environment (Bell et al., 2010). Unhoused older adults face structural barriers during illness trajectory that likely influence both where care takes place and processes around attaining psychosocial later-life goals (Davis-Berman, 2016). Conceptualizing preferred places of care in the context of palliative care with unhoused adults might require an expanded notion of "home" as a place where one has deep emotional connections, experiences safety and autonomy, and is engaged in an ongoing negotiation with their environment across spectrums of conventionality and desirability (Grenier et al., 2016; Grenier et al., 2019; Wiles et al., 2012). To successfully develop hospice and palliative care models for patients experiencing houselessness or for those living within the housing care continuum, it is essential to expand existing understandings of preferred places of care, understand the environmental facilitators and barriers providers face in addressing patient care goals, and determine patient trajectory through places of care. This dissertation is an organizational case study of the novel mobile homeless palliative care program (MHPC) at Harborview Medical Center. First, I conduct a conceptual review of existing literature to theorize facilitators and barriers to healing within the relationship between place and those unhoused at end-of-life. Second, I examine the experience of place, space and end-of-life care as understood by staff of the MHPC and other institutional representatives. Lastly, I analyze the charts of patients receiving MHPC services prior to and during the COVID-19 pandemic to explore the influence of the pandemic on patient care trajectories. This project considers how patient-centered care for unhoused people at end-of-life may require significant changes to

provider behavior, programming and interventions, and medical and housing systems. This project has the potential both to enhance municipal interventions for responding to homelessness and age- and disability-friendly initiatives, as well as to inform translational work in healthcare and housing systems that increase opportunities for choice and belonging in later life for those living with chronic illnesses.