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## The Extent of Medical Student Stigma in Healthcare Delivery to Populations Experiencing Homelessness or with Substance Use Disorders

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**Proposal:**

Evaluating the significance of medical student bias towards people experiencing homelessness (PEH) and people who use drugs (PWUD) in Detroit, Michigan.

Of the estimated 30,000 Michiganders experiencing homelessness, 5,000+ of PEH in Michigan reside in Detroit<sup>1,2</sup>. PEH suffered from a quadrupled rate of hospital readmission demonstrating the stark disparity in health outcomes among this population<sup>3</sup>. Additionally, 6% of the PEH in the state of Michigan engage in substance use<sup>1</sup>. PWUD have been historically stigmatized and subject to bias both within the healthcare system and otherwise, contributing to adverse health outcomes. Based on current literature, PWUD experiencing stigma and discrimination in healthcare settings have drastically negatively impacted recovery outcomes<sup>5</sup>. This “provider-based stigma” that PEH/PWUD experience is associated with internalization of biases leading to poorer health outcomes, increasing health comorbidities, reduction in treatment frequency, and lower quality of care<sup>4,5,6</sup>

This is an IRB-approved study (n=47) with medical student volunteers from a street medicine clinic in Detroit, Michigan. The survey recorded anonymized information about volunteers’ demographics, experiences, and attitudes toward providing care to PEH or PWUD on a 5-point and 7-point Likert scale.

Subjects were stratified into two groups, individuals who volunteered 1-3 times and more than 3 times. Students who volunteered more than 3 times were significantly more likely to agree with the statement “Individuals who are experiencing homelessness and/or housing instability retain autonomy in their decision-making that should be respected”.

This study was conducted at an urban medical campus where students are more likely to interact with PEH or PWUD compared to other medical schools.

Survey responses of students from both categories did not indicate significant evidence of stigma towards PEH and PWUD. However, respondents’ volunteer status may indicate increased exposure and thus increased empathy and support toward PEH and PWUD.

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