

## **Background**

People experiencing homelessness (PEH) are disproportionately burdened by chronic health conditions that require management with prescription medications. Given the perceived value of these prescriptions, PEH often face medication theft and must endure homelessness without critical therapies. These exposures exacerbate existing health conditions, the homelessness itself, and various related risk factors.

## **Objective**

To pilot a community-based intervention developing and administering discreet wearable pill pouches and flexible pill containers to PEH to reduce medication theft and improve medication adherence.

## **Methods**

Collaborating with a community partner, we enrolled 31 participants who were confirmed to be both unhoused and taking prescription medications for chronic health conditions. Pre/post data included measures of participant demographics, medical conditions, and prescription medications. Community partner staff recorded reports of medication theft and medication replacement over a two-month period from February to April of 2022. Staff then implemented the theft protection intervention in April and recorded the same measures over the two-month period from April to June of 2022.

## **Results**

Of the 31 participants enrolled at baseline, 8 (25.8%) were female and 15 (48.3%) identified as Black. Participants' mean age was 52.3 years, with the majority reporting at least 2 medical conditions and taking at least 3 medications. Prior to the intervention, the average number of reported medication theft exposures and medication replacements was 1.8 and 1.7 respectively. Among the 17 participants measured post-intervention, the average number of reported medication theft occurrences and medication replacements decreased by 1.2 and 0.9, respectively.

## **Conclusion**

The pilot intervention was feasible and well-received by participants, with descriptive statistics supporting the underlying theoretical framework. In addition to informing the forthcoming expansion of this intervention and future studies with larger sample sizes and longer-term follow-up periods, these preliminary results may be useful to practitioners seeking to develop similar community-based interventions for PEH.