



Vascular Surgical Care Of Patients With Housing Insecurity: Demographics And Disparities

Mikayla Kricfalusi, BA^{1,2}; Sai Divya Yadavalli, MD¹; Elisa Caron, MD¹; Daniel Colome, BS ^{1,3}; Jeremy D. Darling, MD¹; Christina L. Marcaccio, MD¹; Jeffrey J. Siracuse, MD⁴; Carla C. Moreira, MD⁵; Marc L. Schermerhorn, MD¹

1. Divisions of Vascular and Endovascular Surgery, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston MA 2. School of Medicine, California University of Science and Medicine, Colton CA 3. Charles E. Schmidt College of Medicine, Florida Atlantic University, Boca Raton FL 4. Division of Vascular and Endovascular Surgery, Boston Medical Center, Boston University School of Medicine, Boston, Mass. 5. Division of Vascular Surgery, Brown University, Providence, RI



Introduction

- Housing insecurity is rising in the United States
- Unhoused patients have limited access to preventive care and higher exposure to acute and chronic diseases.
- They have more emergent procedures, longer hospital stays, and higher readmission rates.
- Housing insecurity confers reduced access to follow-up and wound care, increasing complication risks.

Objective

- Compare demographics, operative management, and outcomes of unhoused vs. housed patients undergoing vascular surgical procedures in a large national database

Methods

- Data: Vascular Quality Initiative (2003–2024): EVAR, TEVAR, OAR, CEA, CAS, PVI, LEB, SIB, and amputation databases
- Patient Cohort: 1,037,094 total, compared by housed or unhoused status at time of admission
- Outcomes: Perioperative mortality, complications, reintervention, extended length of stay (>75th percentile), and 5-year mortality.
- Outcomes analyzed for all procedures in aggregate and each individually
- Multivariable logistic regression models adjusted for known risk factors (age, gender, race, BMI, procedure urgency, CKD, CHF, etc.).
- Cox proportional hazard model for 5-year mortality

Results

Table I. Postoperative outcomes for housed compared to unhoused patients

	Univariate			Multivariable		
	Housed (N,%)	Housing Insecure (N,%)	P-value	Housed (reference) vs Housing Insecure		
	N=1034734 (99.8%)	N=2360 (0.2%)		OR	95% CI	P-value
Perioperative Death						
All Procedures	22973 (2%)	69 (3%)	0.03	0.98	0.75, 1.25	0.90
LE Bypass	1897 (2%)	3 (1%)	0.18	0.61	0.15, 1.60	0.40
PVI	8331 (2%)	19 (2%)	0.61	0.81	0.50, 1.25	0.40
Amputation	2265 (7%)	11 (4%)	0.03	0.67	0.32, 1.24	0.20
SIB	1124 (4%)	2 (2%)	0.22	1.63	0.21, 12.7	0.60
TEVAR	2157 (7%)	12 (10%)	0.18	1.71	0.87, 3.06	0.09
EVAR	2235 (3%)	7 (6%)	0.02	1.57	0.58, 3.60	0.30
OAR	1838 (10%)	5 (14%)	0.38	0.96	0.21, 3.06	>0.9
CAS	2238 (2%)	9 (7%)	<0.001	2.13	0.97, 4.14	0.04
CEA	1736 (1%)	2 (1%)	1.00	0.95	0.16, 3.00	>0.9
Any Complication						
All Procedures	61444 (6%)	281 (12%)	<0.001	1.42	1.23, 1.64	<0.001
LE Bypass	15277 (17%)	92 (29%)	<0.001	1.79	1.39, 2.28	<0.001
PVI	13458 (3%)	58 (5%)	0.001	1.49	1.06, 2.09	0.02
Amputation	5113 (16%)	40 (14%)	0.41	0.86	0.59, 1.23	0.40
SIB	4213 (15%)	24 (19%)	0.35	0.69	0.16, 2.01	0.50
TEVAR	4844 (15%)	36 (31%)	<0.001	1.76	1.15, 2.66	0.008
EVAR	4798 (5%)	14 (13%)	0.003	1.52	0.76, 2.83	0.20
OAR	4347 (23%)	14 (40%)	0.02	1.84	0.80, 4.06	0.14
CAS	5518 (4%)	13 (10%)	0.01	1.51	0.79, 2.64	0.20
CEA	6896 (3%)	11 (5%)	0.18	1.17	0.58, 2.10	0.60
Reintervention						
All Procedures	33845 (3%)	194 (8%)	<0.001	1.60	1.36, 1.86	<0.001
LE Bypass	11049 (13%)	76 (24%)	<0.001	1.78	1.36, 2.30	<0.001
PVI	4116 (1%)	33 (3%)	<0.001	2.15	1.49, 3.01	<0.001
Amputation	2504 (8%)	27 (9%)	0.31	0.99	0.63, 1.50	>0.9
SIB	2881 (10%)	20 (16%)	0.08	0.54	0.09, 1.84	0.40
TEVAR	3179 (10%)	29 (25%)	<0.001	1.85	1.17, 2.86	0.006
EVAR	2513 (3%)	6 (5%)	0.14	1.14	0.43, 2.48	0.80
OAR	2342 (12%)	9 (26%)	0.02	2.17	0.91, 4.78	0.07
CAS	2910 (2%)	4 (3%)	0.77	1.11	0.34, 2.64	0.80
CEA	4346 (2%)	8 (4%)	0.09	1.62	0.73, 3.07	0.20
Length of Stay (days) (Mean, SD)				Extended LOS (N,%)		
All Procedures	3.74 (16.8)	11.0 (19.4)	<0.001	3.5	3.20, 3.83	<0.001

Abbreviations: IQR: Interquartile range; EVAR: endovascular aortic repair; TEVAR: thoracic endovascular aortic repair; OAR: open aortic repair; CEA: carotid endarterectomy; CAS: carotid artery stenting; PVI: peripheral vascular intervention; AAA: Abdominal Aortic Aneurysm; MI: Myocardial infarction; CABG: Coronary artery bypass graft; COPD: Chronic obstructive pulmonary disease; CHF: Congestive heart failure; CKD: Chronic kidney disease; GFR: Glomerular filtration rate; ACE: Angiotensin converting enzyme inhibitor; ARB: Angiotensin II receptor blocker; ADI: Area Deprivation Index, divided by quintiles.

Results

Table II. Baseline characteristics

	Housed N=1034734 (99.8%)	Housing Insecure N=2360 (0.2%)	P-value
Procedure			
Supra-inguinal Bypass	7949 (0.8%)	30 (1.3%)	0.01
Lowe Extremity Bypass	88008 (8.5%)	323 (13.7%)	<0.001
PVI	415905 (40.2%)	1094 (46.4%)	<0.001
TEVAR	32291 (3.1%)	118 (5.0%)	<0.001
EVAR	89332 (8.6%)	111 (4.7%)	<0.001
Carotid Endarterectomy	216259 (20.9%)	222 (9.4%)	<0.001
Carotid Artery Stent	133268 (12.9%)	137 (5.8%)	<0.001
TFCAS	56576 (42.5%)	81 (59.1%)	<0.001
TCAR	72117 (54.1%)	50 (36.5%)	<0.001
Open AAA Repair	19092 (1.8%)	35 (1.5%)	0.22
LEA	32630 (3.2%)	290 (12.3%)	<0.001

- Unhoused patients are younger, more often male, and non-white, undergoing more urgent and emergent procedures.
- 23% of unhoused discharged to housing insecurity.
- Perioperative and 5-year mortality did not differ between groups.
- Housing insecurity associated with higher odds of extended length of stay, reintervention, and complications.

Conclusions

- Unhoused patients undergo more emergent procedures, higher reintervention rates, and experience more complications than housed patients.
- Results suggest earlier screening for vascular disease in the unhoused population.
- Emphasize equitable discharge practices to ensure continuity of care and prevent readmissions.