

Partnership Opportunities at the Intersection of Healthcare and Homelessness

Street Medicine: Cross-Sector Partnerships that Center Equity and Peer Models

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Homebase / The Center for Common Concerns

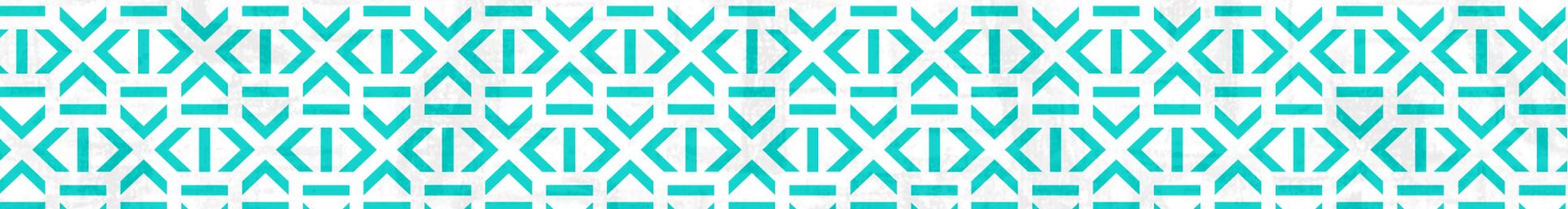
Introductions

- Who's in the room?
 - Drop your name, organization, and something you're grateful for in the chat.
- Jamboard activity:
 - What existing practices do you implement for street medicine?
 - What are you hoping to learn from this webinar?

Today's Agenda

- Introduction to Street Medicine
 - How street medicine can help strengthen CoC-health system partnerships
 - Intentional incorporation of people with lived experience to ensure equity
- Equity and Peer Models in Street Medicine
- Vaccine Distribution and Vaccine Ambassadors
- Community Highlight: Rosy Vasquez, Community Through Hope

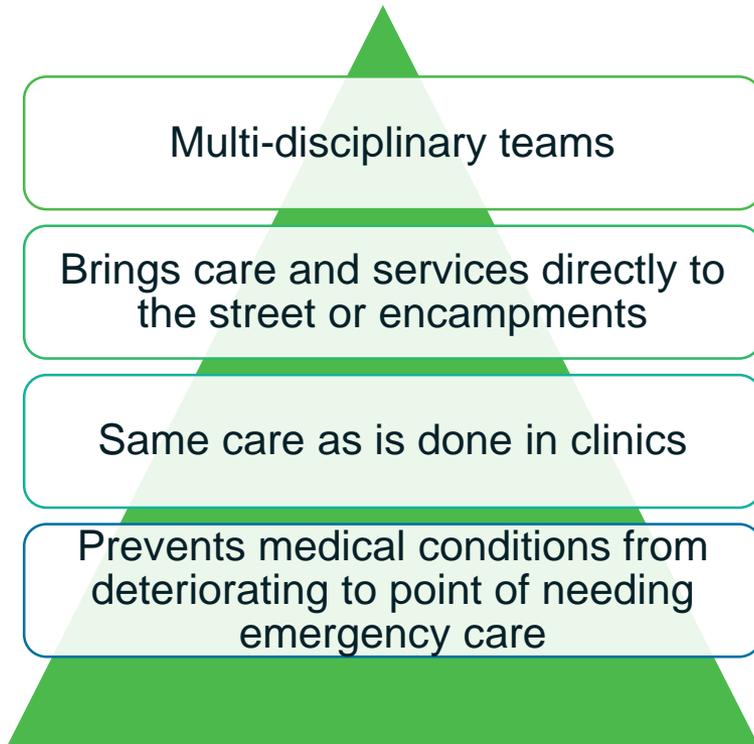
What is Street Medicine?



“The fundamental approach of Street Medicine is to engage people experiencing homelessness exactly where they are and on their own terms to maximally reduce or eliminate barriers to care access and follow-through.” – National Health Care for the Homeless Council (NHCHC)

Street Medicine

(“medical outreach”, “mobile or portable clinical care”)



Reasons for not accessing traditional medical settings:

- Challenges accessing / navigating health systems
- Risk of theft / destruction of property
- Effects of trauma, negative treatment from mainstream health providers, especially for BIPOC individuals and communities
- Prioritize basic human needs

Why do we need street medicine?

Disproportionate rates of illness, suffering, disability, and premature death

- Due to poverty, poor access to healthcare, and social disenfranchisement

Healthcare utilization costs of PEH are five times the national average

- Reliance on ER for routine medical care; increased hospitalization rates for illnesses presenting at advanced stages

Lower healthcare costs and unnecessary utilization patterns

- Reductions in emergency room visits, hospital admissions, and hospital lengths of stay

Improve access and efficiency

- For the general public and for other socially excluded and medically complex populations

Access and Continuity

Two **proven strategies** that can quickly improve the health of people experiencing homelessness:

Access

Those without **access** to health care are at increased risk for later-stage diagnosis of disease, poor control of manageable conditions, and hospitalization for preventable conditions.

Continuity

And without **continuity**, the trust that is necessary to make change over time is impossible to gain.

Addressing the health care needs of unsheltered people is absolutely critical to health equity.

Key Benefits of Partnering with Homeless Response System on Street Medicine

Existing relationships and connections with unsheltered individuals and communities

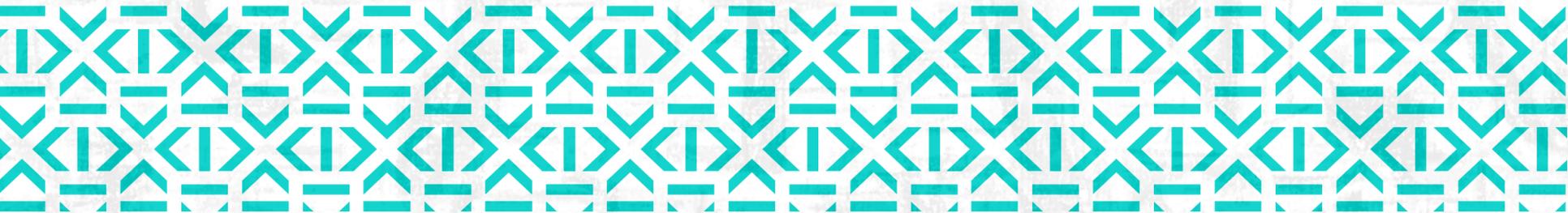
Connections to housing and other resources critical to maintaining health

Low-barrier foundation for additional, longer-term collaboration and coordination

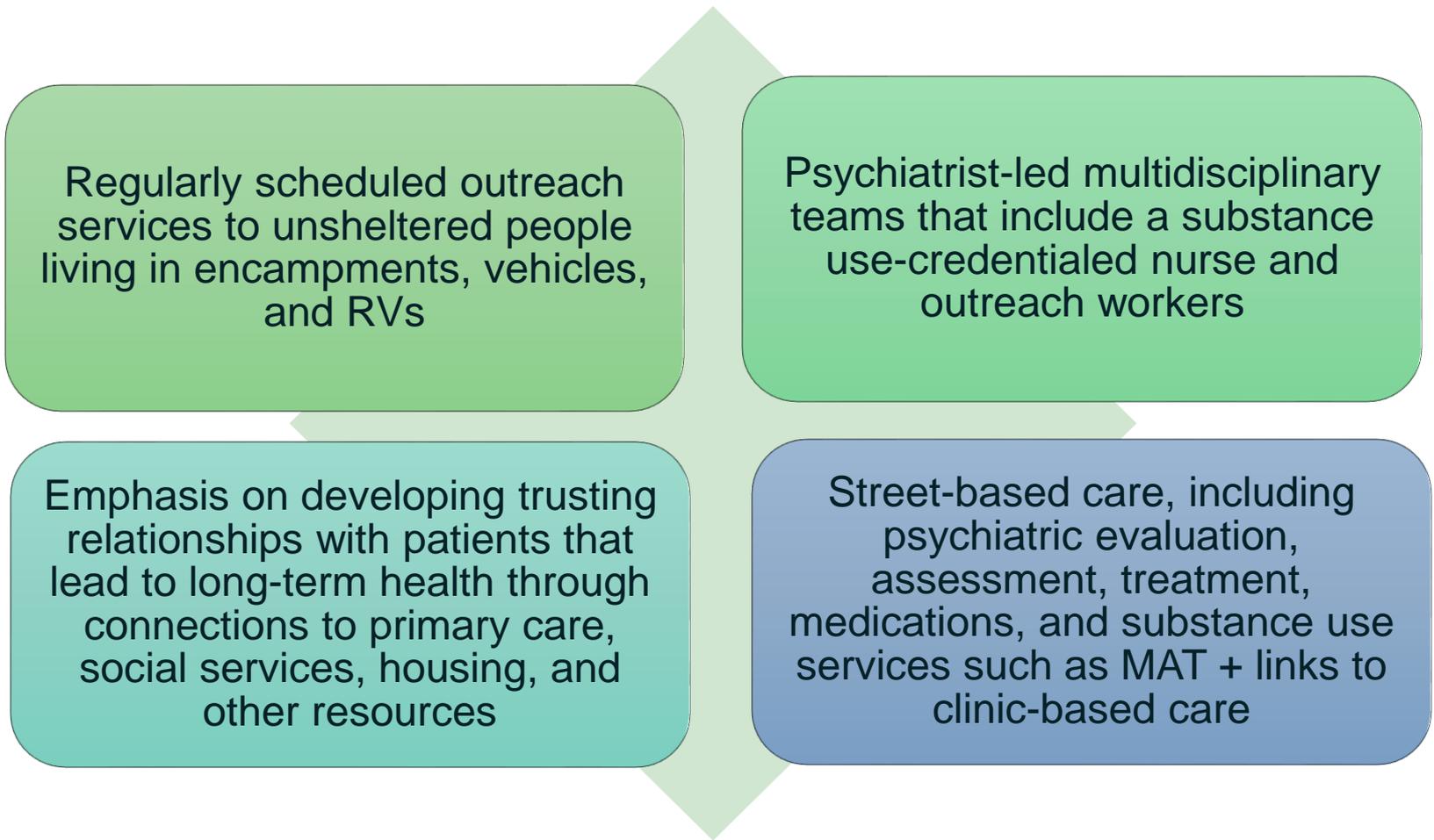


Street Medicine in Action

Program Examples



Alameda County Health Care for the Homeless Street Health Teams



Doctors Without Walls – Santa Barbara Street Medicine

- Volunteer-run nonprofit that provides free medical care to many of Santa Barbara's unsheltered residents
- “Backpack-based” medical organization
 - clinician-led teams that include a doctor, two pre-med students (one who is a scribe and another who shoulders the packs and helps distribute medical equipment), and a peacekeeper
 - On-foot and medical van outreach services
- Companion Care program: matches trained student volunteers with unsheltered individuals to work together to streamline the process of making and attending medical appointments

Beyond providing immediate medical attention, goal is to guide clients into permanent medical homes that are comprehensive, accessible and focused on quality of care

Portland Street Medicine (Oregon)

“Portland Street Medicine is a coalition of volunteer medical providers, social workers, care managers, and lay people dedicated to reaching our most forgotten citizens.”

Model

- **Announce and be identifiable**
- Carry **backpacks with supplies**

Medical needs addressed

- Basic acute care (cuts, sprains, wounds, minor conditions)
- Support managing chronic conditions (high blood pressure, diabetes)
- Triage
 - Conditions requiring immediate treatment > emergency / urgent care
 - Complex conditions > specialty care

Pittsburgh Mercy's Operation Safety Net

Foundational Street Medicine program: In 1992, Dr. Jim Withers, an internal medicine physician at Pittsburgh Mercy, partnered with formerly-homeless individuals to make nightly "house calls" to people living outside

Team Members

- Outreach specialist + Clinical volunteer + Medical student + Non-clinical support person to assist with social services

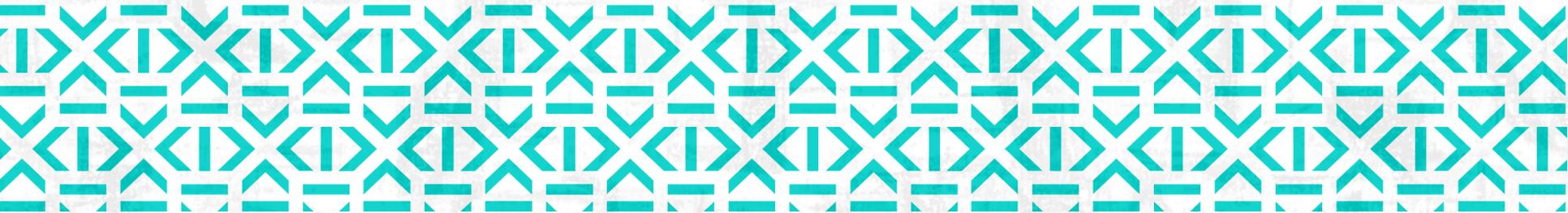
Services Offered

- Basic medical care
- Food, water + boots and sleeping bags (in winter), socks
- OTC medicine, antibiotics, and medicine to help manage chronic conditions
- Referrals to health care and other human services
- Referrals to housing through the CoC's Coordinated Entry System

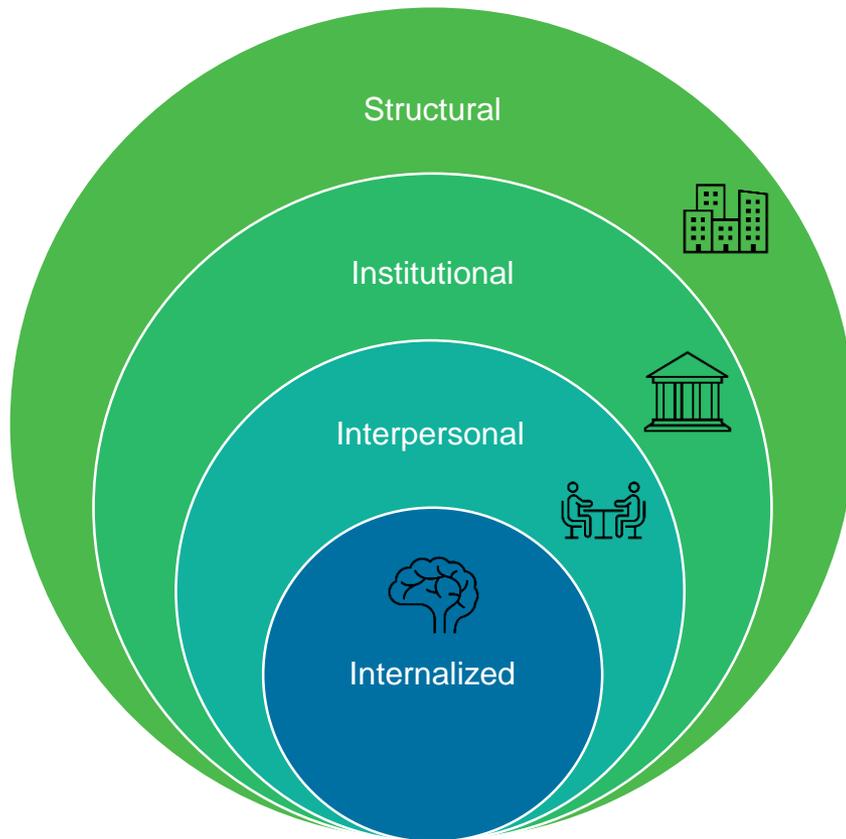
People Served

- 2020: provided services to 3,680 individuals experiencing homelessness + transitioned 629 into housing
- In the past 9 years, placed more than 1,900 individuals in permanent and transitional housing programs

Equity in Street Medicine



The Layers of Racism

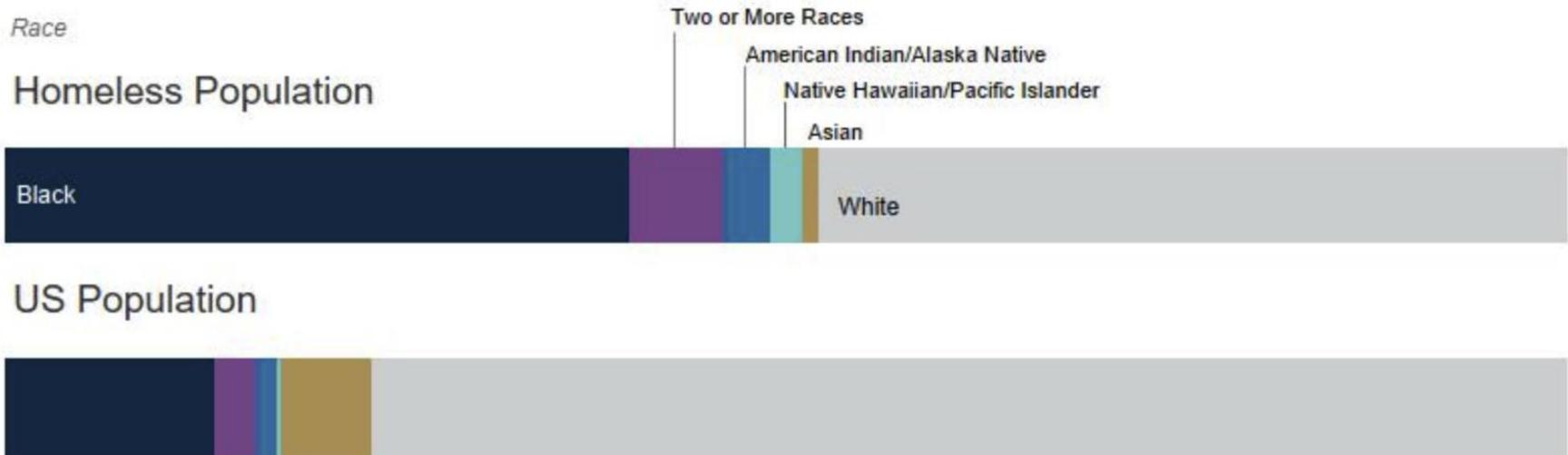


- Structural: The history and current compounded reality of racial bias *across institutions and society*
- Institutional: Policies, practices, and procedures that produce inequitable outcomes, based on race, *within institutions*
- Interpersonal: Public expressions about race that occurs *between individuals*
- Internalized: Private beliefs about race that reside *within individuals*

Racial Inequalities in Homelessness

Most Minority Groups Make up a Larger Share of the Homeless Population than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population

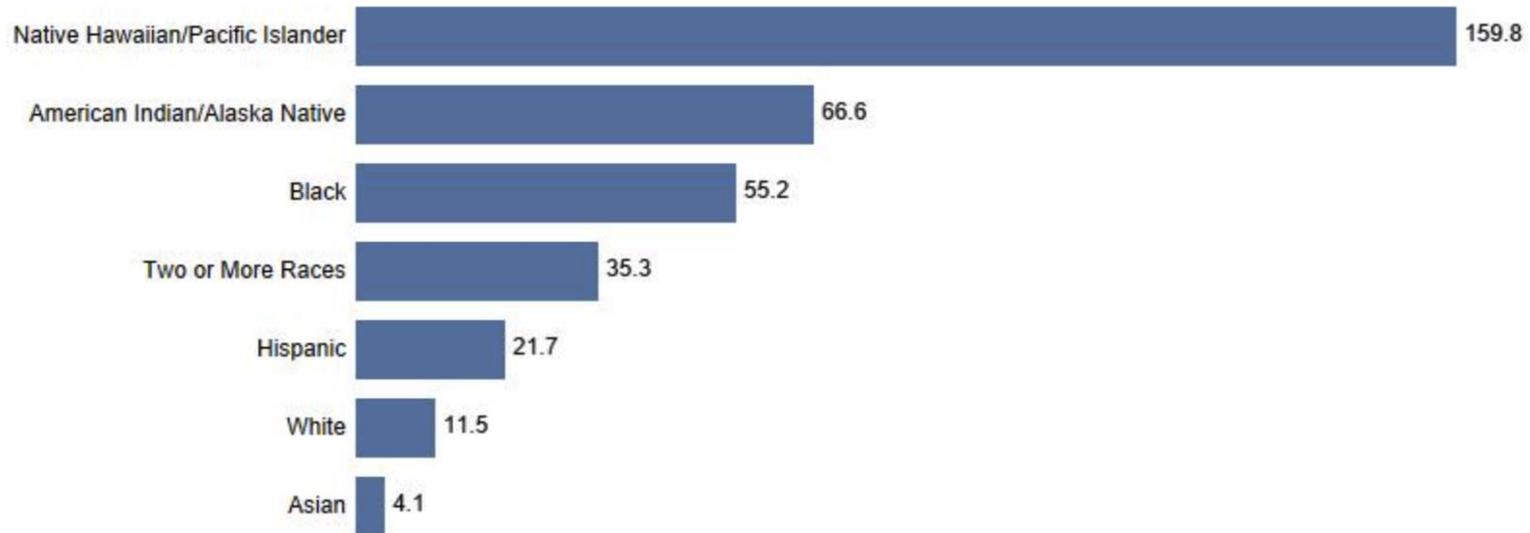


(National Alliance to End Homelessness, 2020)

Racial Inequalities in Homelessness

Most Minority Groups Experience Homelessness at Much Higher Rates than Whites

Number of people experiencing homelessness per 10,000 in population by race and ethnicity



Homeless population data are for a given night in 2019.

Source: *Annual Homeless Assessment Report Report to Congress, Part 1, 2020*

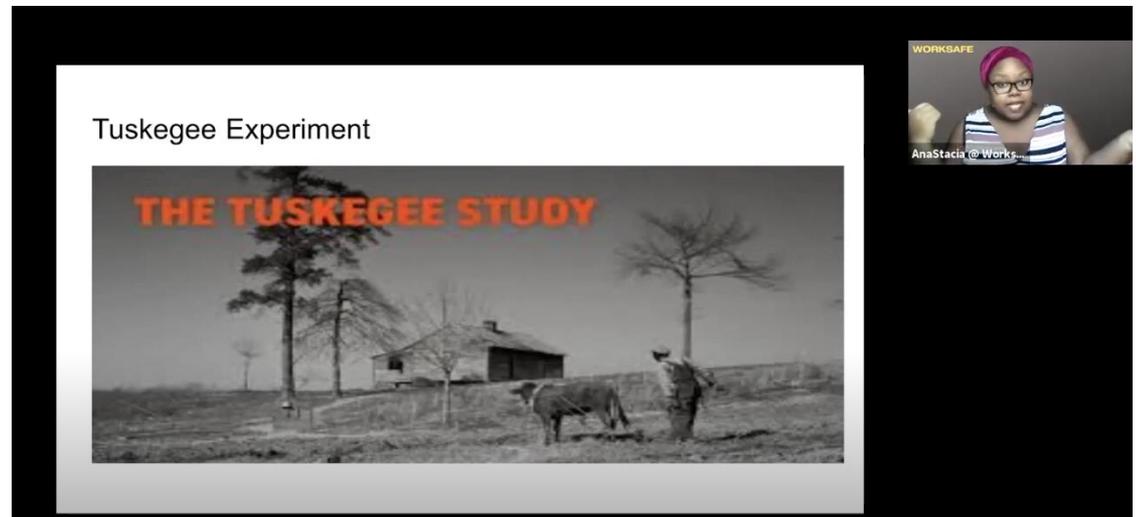


(National Alliance to End Homelessness, 2020)

Distrust in the Medical System

- Systemic medical violence against Black, Indigenous, and People of Color (BIPOC)
- Histories of unnecessary, unsafe and non-consensual medical experimentation
- Health and homeless providers need empathy and tools to understand distrust in the medical system among BIPOC clients and patients

For more information, please see [this Worksafe webinar](#) on Black Centered Equity in Community Engagement (36:48 - 52:22)

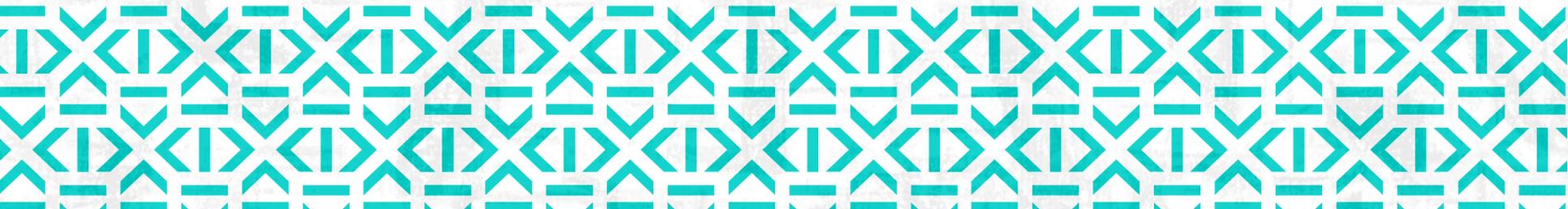


Considerations for Instilling Equity in Street Medicine

- Take specific health needs into consideration with street medicine
- Acknowledge racialized trauma in comprehensive care plans
- Implement peer specialist program to ensure trust (details to come)
- Implement diversity, equity, inclusion and belonging (DEIB) practices in hospital staffing – hire staff representative of patients' backgrounds
- Train staff in cultural competency



Peer Models for Street Medicine



Lived experience of homelessness is essential to engaging people experiencing homelessness in healthcare (and other homelessness services) and building trust quickly: *“As mentors and role models, peer specialists can provide familiarity and support.”* - NHCHC

Peer Models



What are peer models?

- Peer models are frameworks for providing services and support that center around peer support.

Peers are those who share similar experiences or backgrounds.

- A **peer supporter** is a person who has knowledge from their own experiences with a condition, or of the circumstances of those they help, or has received training to be empathic and understanding in helping
- A **peer specialist** is a person with lived experience of a specific healthcare need (e.g., homelessness and recovery from substance use) who has been trained and certified to help his or her peers gain hope and achieve specific life and recovery goals.

Why peer models?

Challenges engaging homeless in healthcare:

- Finding, engaging individuals in a way that builds trust, respect, mutual understanding
- Keeping those experiencing homelessness or formerly homeless engaged in healthcare

Peer support:

- Non-hierarchical, reciprocal, flexible
- Complements, enhances other health care services
- Supports trust-building and engagement

Peer support in street medicine:

- Outreach
- Trust building
- Familiarity and support

Contributions and benefits of peer support:

Link **people** to share knowledge and experience

Provide **health education** to individuals and communities

Give **practical assistance** to achieve and sustain complex health behaviors

Offer **emotional and social support**

Help people **cope with the stressors** that accompany health problems

Help people **access and navigate clinical care** and **community resources**

Increase **individual and community capacity** for understanding health problems and promoting ways to address them

Advocate for patients and their communities

Build **relationships based on trust** rather than expertise

Build **cultural competence** of health care providers

Improve **two-way communication** between patients and healthcare teams

Help **address complex multi-morbidities**, serving as a bridge between primary care and behavioral health

Equity in peer models

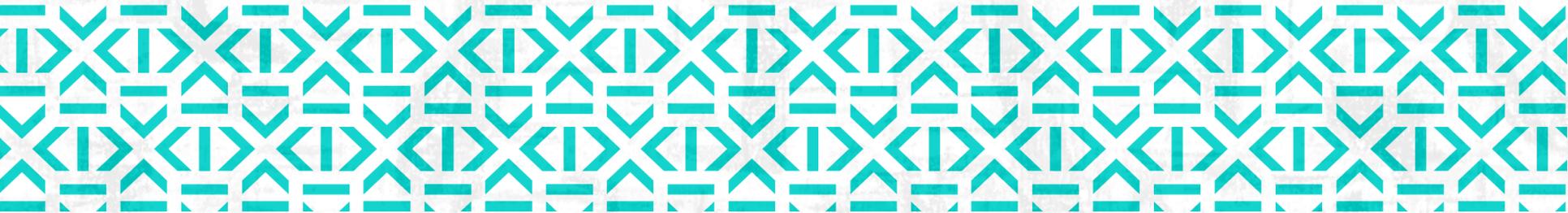
Training	Trainings for peer workers on equity.
Representation	Ensure that peer workers are representative of the populations they are supporting.
Compensation	Ensure peer workers are fairly compensated for their expertise, time, and labor.
Opportunities	Ensure that folx who would like to be peer specialists and do not have potentially required training have opportunities to acquire that training so that they are eligible.

Brainstorm on Peer Models

- Jamboard activity: How can peer models be applied to street medicine?

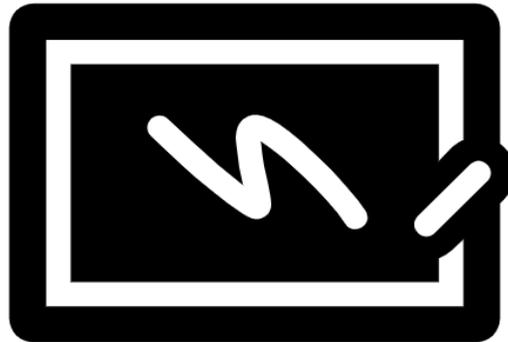


Vaccine Distribution through Street Medicine



Community Vaccine Efforts

- Jamboard activity:
 - What vaccination efforts is your community undertaking?
 - What would you like to be doing?



Vaccine Education & Dissemination through Street Medicine

Street medicine models are needed

- To fully reach individuals experiencing homelessness with COVID-19 vaccines
- Models that include peer specialists / peer support workers can help establish trust, rapport, and communication

CDC: Strategies for vax program implementation

- Offer vaccinations in areas frequented by people experiencing homelessness
- = Street Medicine for vaccines

CDC: Communication plan

- **Flyers** at encampments, in shelters, on public transportation
- **Announcements** at health care and other service programs
- **Messages** via email, text, social media, TV, radio
- **Advertise in advance** of vaccination events

CDC: Strengthen partnerships

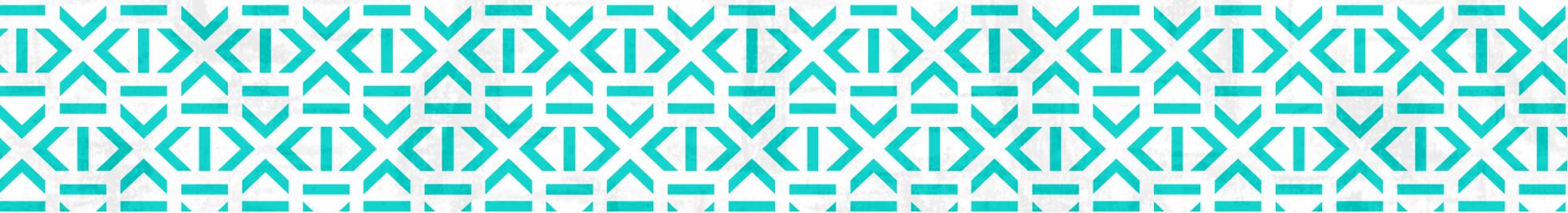
- Across health departments, health care for the homeless clinics, and homeless service providers
- > Improve vaccine access, acceptance delivery

Vaccine Ambassadors

- Application of peer models to vaccine distribution
- Vaccine Ambassadors are:
 - Trusted and trained community members
 - Well respected program staff
 - People with lived experiences of homelessness
 - Members of racial groups most impacted by homelessness and COVID-19
- Funding options and job description
 - [Additional information and resources relating to Homeless System Response: Vaccine Planning and Distribution](#)



Community Presenter:
Rosy Vasquez, Community
Through Hope in Chula Vista, CA





COMMUNITY THROUGH HOPE
COMMUNITYTHROUGHHOPE.ORG
A CHARITABLE WAY TO SERVE

Presented by Rosy Vasquez, CEO and
Founder, Community Through Hope



CTH'S MISSIONS: Mission Nutrition & Mission H.O.P.E

Mission Nutrition:

COVID 19:

350,000 served by distributing 5.5 Million pounds of Nutrition

Addressing food insecurity through nutrition: Our priorities are to provide fruits, vegetables, proteins and grains through adopted nutrition policies to our clients. We also service other local food pantries. Our clients consist mainly of the unsheltered and families, and an ever increasing number of seniors.





Honesty

Oppportunity

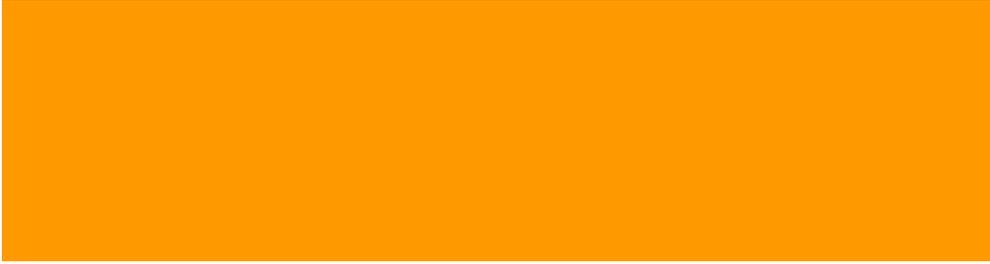
Perseverance

Everyday



**MISSION
HOPE**

CTH is currently
reimagining several
elements of **PROJECT
HOPE**



Why Street Medicine?



Service Desert:

Low Income = High Risk
Lack of a trauma
informed lens, Diversity
and poverty with equity
and justice cannot be
achieved if these issues
are also addressed



Design Thinking:
Research, expertise
and strategic
planning work.

PROJECT REFRESH

Client centered, action
oriented event:
Shower Services,
Vaccines, Trauma Informed
services, Emergency needs



**Project ReFresh: Laying down the Foundation of
Street Medicine**

**[Click to Watch Project ReFresh
Video on YouTube!](#)**

The Ideal Design of Chula Vista Street Medicine

A mobile, multidisciplinary team that provides medical and social care directly to unsheltered persons living in Chula Vista.

- ★ **8-member Team:** Health care provider, nurse, resident physician or medical student, scribe, social worker, peer support specialist, medical pack pharmacist + a care coordinator based at CTH
- ★ **Weekly Tuesday evening “street rounds”** to provide medical/social care for unsheltered people & target care for those identified as priorities by partner agencies
- ★ **“Backpack medicine”:** using an urgent care model, provide medical/social care on the streets. Dispense prescription medications and therapeutic supplies such as for wound care
- ★ **Daily hospital and ER homeless consult service** in coordination with hospital social workers/discharge planners
- ★ **Partner with health care providers and local agencies** to connect clients to community resources such as mental health services, substance use treatment, housing resources, transportation assistance, and other community services

Would be the first border street medicine program known to the International Street Medicine Institute!

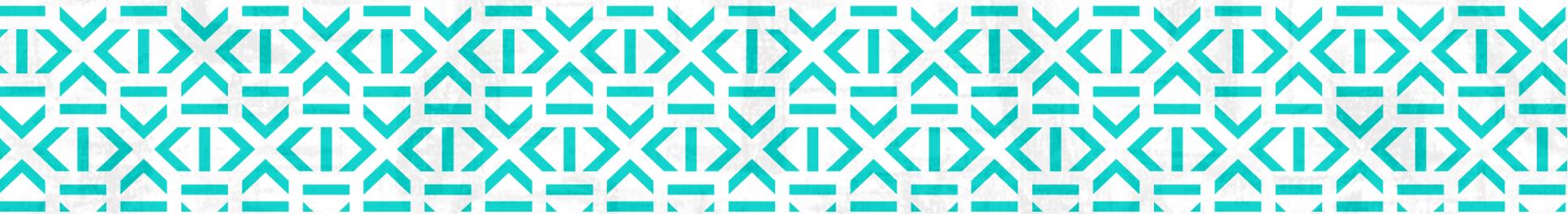
Action Through Partnership

CV FIRE	HHSA	FQHCs	DIRECT SERVICES	FUNDING / COMMUNITY
<p>Coordinating the Fire Departments unsheltered crisis and leveraging their emergency services and bridging the gap to work at the street level together through vertical change emergency medical record.</p>	<p>Provide Public health resources such as a Public Health Nurses: vaccinations and street triage and social worker resources for Medical, CalFresh</p>	<p>Support clients to transition to their long term healthcare and follow-up services for referrals, medications, etc</p>	<p>Mental Health Care, Substance Use Treatment, Social services, Housing, GAP services, Domestic Violence, LGBTQ+, Legal, Nutrition, and Family Reunification</p>	<p>Volunteerism and local community support Fundraising and grant writing to keep programs sustainable, Community Buy in KEY!</p> <p>PEER SUPPORT IS VITAL!</p>



rosy@communitythroughhope.org

Questions?



www.homebaseccc.org