Street Outreach: Bringing Street Medicine to Rochester, NY

Emma Lo, MS2

**WHAT IS STREET MEDICINE?**

- Street Medicine consists of providing health care to unsheltered individuals where they reside in order to cater to their specific needs.
- Street Medicine acknowledges that health care for homeless individuals is not complete without a holistic care model that includes health education, housing assistance, substance abuse rehabilitation, mental health services, and case management.
- Guiding principles: respect for individual, patient-centered care, engagement and companionship through relationship-building and trust, patient advocacy, and the humanization and integration of the individual into the greater community. (1)

**INTERNATIONAL STREET MEDICINE**

**MODEL PROGRAMS**

**BARRIERS TO CARE**

1. Lack of transportation, phone
2. Prioritizing basic daily survival over health care
3. Feeling stigmatized, ostracized, and invisible
4. Hopelessness, the doctor won’t do anything
5. Fear, shame, and lack of trust
6. Lack of knowledge about how to obtain insurance and contact a physician
7. Inability to keep an appointment
8. Substance abuse
9. Mental health issues
10. Financial barriers (6, 7)

**HEALTH CARE FOR HOMELESS PEOPLE**

- Homeless people are 5-4 times more likely to die than the general population
- Average lifespan of 45 years
- Most common cause of death is chronic medical illnesses (2)
- Nearly 4% of homeless in U.S. unable to access health care
- Nearly 1/3 of homeless in U.S. utilize ER (3)
- Homeless people often lack the necessary resources to meet their basic needs such as shelter, air, water, and food
- Thus, many prioritize basic daily survival over health care such that care is significantly delayed until a crisis arises
- Vulnerability based on exposure to elements, malnutrition, lack of hygiene
- Most homeless people lack the financial resources to seek adequate health care
- Access to resources is limited because of poor transportation, telephones, and mail (4)

- 9,000 homeless people (5)
- Gap in care for street homeless population based on interviews of homeless, formerly homeless, and service providers Many homeless do not remember the last time they saw a doctor, while clashing no medical problems
- Specific needs: general physical, mental health, alcohol/smoking cessation counseling, health education for chronic conditions, follow-up after hospital discharge (6)
- Current health care for the underserved: Unity HealthReach for the Homeless, UR Well, St. Joseph’s neighborhood Center. However, none serve the street homeless population.

**MAKING IT HAPPEN**

- Relationship-building
- Listening, empathy, and advocacy
- Homelessness awareness
- Compiling local resources
- Physician recruitment
- Collaborative community partnerships:
  - UB Well student-run free clinic
  - Unity HealthReach for the Homeless
  - St. Mary’s Church
  - House of Mercy
  - Center for Youth
  - Social Wellness Action Alliance
  - Rochester Police Department

**REFERENCES**

(1) Dr. James Wilmot, “Street Medicine Operations Manual.”
(4) C. Michael, A. Maricke, M. K. "Healthcare access and experiences of the homeless." J Am Acad Nurse Pract
(6) Investigators of homeless people studied homeless, and service providers conducted 751
(8) Evan Hove, David Bock, Jan Wilmot. “Delivering Health Care to the Street’s Challenges and Opportunities for Quality Management.” QJM Manage Health Care 20, Vol. 18, No. 6, pp. 239-246

Special thanks to Dr. James Wilmot, Operation Safety Net, Dr. Liu Van Tol, Adrienne Morgan, Dr. David Deti, University of Wisconsin, Dr. Michael McCawley, MUSHROOM, and Dr. Care Humbert, HEAL!