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Academic Nursing: Time to Join the Street Medicine Movement

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Abstract

Academic based street medicine programs are springing up across the United States to provide critical points of access to persons experiencing homelessness. This innovative specialty care practice was developed by Dr. Jim Withers in 1992. His vision of increasing access to care by bringing healthcare to the streets is a proven solution to improve outcomes while building trust with the larger mainstream healthcare system. Street medicine programs provide teaching learning opportunities for medical professionals. The majority of street programs internationally are founded by medical schools. Nursing schools are well suited to begin street medicine programs and provide immersive experiences for students while improving access and care for the growing homeless populations across the country. New nurse-led programs have been developed in San Diego to address the growing homeless crisis while developing nursing graduates prepared to understand how to improve quality of care for patients with challenging social determinants of health.

Keywords: homeless, nursing, street medicine

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The United States (U.S.) is experiencing an affordable housing crisis that has resulted in epidemic proportions of individuals experiencing homelessness (Maness & Kahn, 2014). In 2018 it was estimated that nearly 600,000 individuals experience homelessness. California possesses nearly 20% of the total homeless population (U.S. Department of Housing and Urban Development, 2018). The County of San Diego is the fifth largest geographic county and second most populous county in California (County of San Diego, 2018). The county of nearly 3.3 million residents also has a steadily increasing affordable housing crisis that has elevated the region as the fourth largest homeless population in the U.S. Since 2011, the homeless population has increased nearly 10% (County of San Diego, 2018; Regional Task Force on Homelessness, 2018). The most recent point in time count conducted in January 2018 totaled 8,576 individuals experiencing homelessness. These numbers only represent those individuals who could be counted. It is widely understood in the homeless services community that this count only represents about 60% of the actual number of individuals experiencing inadequate shelter (Regional Task Force on Homelessness, 2018).

The count also revealed that 43% of these individuals suffer from at least one chronic medical condition, mental illness or physical disability. The mortality rate among individuals experiencing homelessness is nearly four times that of the average American (Regional Task Force on Homelessness, 2018). Health outcomes among the homeless in San Diego are representative of national data, and demonstrate the problems related to poor access, with only a 30% uptake of primary care services in 2017. Disparate options for quality primary and mental healthcare, combined with unstable supportive housing systems are contributing factors that need to be addressed (Regional Task Force on Homelessness, 2018). Distrust of the healthcare system

or a history of being disrespected, shamed or receiving inadequate care has also led to poor engagement with medical services (Wilde, Albanese, Rennells & Bullock, 2004).

There is an ongoing effort among the community stakeholders and government agencies to improve access to care, and develop more wrap-around supportive services infrastructure (Gerber, 2013). One of the leading health indicators of Healthy People 2020 is to increase access to care. A wide body of evidence acknowledges the significant improvements in wellness across the continuum that are possible when people have access to healthcare (Weber, 2019).

Addressing the underlying social and physical determinants of health can also significantly impact health and quality of life. Educating healthcare providers and consumers about these contributing factors is another important objective for Healthy People 2020 (U.S. Department of Health and Human Services, 2014; Weber, 2019).

Many nurses who encounter patients experiencing homelessness report feeling frustrated and incapable of helping them (Gerber, 2013;Whiting, 2007). Contributing factors to poorer health in the homeless population including inadequate shelter, lack of nutrition, substance abuse, untreated mental health and lack of economic stability are often implied to be lifestyle choices. This perception can cloud even the most compassionate nurses' vision of the human being before them. These nurses who may be otherwise proficient at caring for their medical needs, lack understanding of how to address the upstream causes of their acute and chronic problems (Carmichael& Hardin, 2017).This lack of knowledge increases barriers to forming therapeutic relationships with these individuals. Ultimately, both parties lose. The nurse feels defeated and the patient feels misunderstood. Often the real healthcare needs of the patient are not met, and this vulnerable patient population continues to lose faith in the medical system (Gerber, 2013;Whiting, 2007).

Street Medicine

Many organizations across the country have started street medicine programs to address the gap in access to care in unsheltered populations and improve the relationship with these patients and mainstream healthcare. Street medicine provides an opportunity to change the narrative of how the medical system sees individuals experiencing homelessness. This emerging medical specialty was founded by Dr. Jim Withers in 1992 when he saw how the structure and delivery of U.S. healthcare was excluding some of the sickest patients in the country (Withers, 2011). Dr. Withers began by going out onto the streets of Pittsburg, Pennsylvania and making “house calls” to patients living under bridges, on doorsteps, in public transit depots and along riverbanks. He quickly recognized the change in his own traditional medical practice, and how he began to see his patients as parts of a larger story. This evolved into a greater vision of creating service learning opportunities for medical students to see patients on the streets and learn to understand the value of patient centered care. This idea of forming “classrooms on the streets” has become an international organization with over 100 programs serving as part of *The Street Medicine Institute* (The Street Medicine Institute, 2019).

Recognizing the significant burden of illness that disproportionately effects the homeless, and the associated cost burden of caring for these complex patients has led to shifts in the way medical schools are educating providers. Major medical schools across the country have formed their own street medicine programs (The Street Medicine Institute, 2019). Collaborative, inter professional programs that go to the streets hosting clinics in parks, alleyways and on buses are just a few of the models in the street medicine movement. This type of medical care meets people where they are. It is relational care focused on building trust, rapport with individuals who have felt disenfranchised from the healthcare system (Withers, 2011). It also develops

providers who can begin to shift the lens of medicine to envision a broader system that embraces a holistic approach to care. Experiencing the complex care needs of the homeless on their own turf lends insight on how to provide high quality care with limited resources. Programs have demonstrated great progress in reducing emergency department visits, improving outcomes and producing medical providers with a higher calling for serving the most vulnerable members of our society (Weber, 2019; Withers, 2011). According to The National Street Medicine Student Coalition as of 2019, there are 32 medical schools, three Physician Assistant programs and three schools of nursing with officially registered street programs.

Implications for Nursing

Nursing is arguably rooted in street medicine. Considered the founder of public health nursing, Lillian Wald brought nursing care to the tenements of New York in the late 1890's. Wald recognized the importance of understanding how where someone lived impacted their health. She developed a psychosocial model of nursing to the poor and disenfranchised members of society. Wald advocated for the role of nursing as care coordinators who could assess a patient's unique needs and connect appropriate resources and medical services for the most vulnerable members of society. Wald immersed herself and her nursing and interdisciplinary peers to the people in the districts she served (Keeling, 2006).

There are nurse-led homeless healthcare programs across the country (Weber, 2019). Many different models exist to meet the varied and complex needs of the homeless population. The majority of these models are extensions of medical schools or schools of nursing (The Street Medicine Institute, 2019). Nurses are well positioned to meet the needs of the homeless living on the streets. Currently there are nurses and nurse practitioners serving as team members with several street medicine institute partners. Academic nursing has an opportunity to join this

movement and bring reality-based care to students that will help prepare them as holistic providers with a population health lens. We need this paradigm shift to start with nurses as the most trusted and numerous providers in healthcare. We can honor the roots of our vocation and lead with innovative interprofessional approaches to improve health outcomes in the homeless (Northrup-Snyder, Van Son, & McDaniel 2011).

At Point Loma Nazarene University (PLNU) in San Diego, nursing students in the Bachelor's of Science in Nursing program have founded a street medicine program in partnership with multiple local and governmental agencies. The *San Diego Street Medicine Alliance* was founded in 2018 by a Registered Nurse faculty member at PLNU and a shelter-based clinic outreach worker. The pair summoned resources of volunteer medical providers, nursing students, San Diego County nurses, pastors, social workers, food distribution agencies and San Diego housing providers. The alliance is intended to unify agencies who provide services and offer resources to support the full spectrum of social determinants of health for individuals experiencing homelessness. Over the course of six months, the alliance has grown to over 50 members, partnering with two other local schools of nursing. They host monthly meetings in preparation for their vision of bringing healthcare and upstream resources together delivered directly to the people, where they are. More than 100 students have already participated in the process and began offering street health clinics in the Summer of 2019. Nurse led street medicine providing health education, screening, immunizations and case management and referral services through the network of alliance partners is modeled after Wither's vision of creating safety net care directly to those who need it most (Withers, 2011)

Getting Involved

Schools of Nursing across the country can get involved. The role is simple and begins with relationships and understanding the culture of poverty. We need to educate students that the artificial construct of healthcare does not meet the needs of all members of our society. Students who experience this first hand begin to re-frame their view of how nursing can impact health outcomes in a population. Gaining trust with healthcare as a nurse begins with relating to individuals as fellow humans. Modeling this as nurse leaders is imperative to shift the narrative of how nursing can lead change in healthcare delivery.

The basic framework for developing a street medicine program is a low resource, high labor model. Start with champions who want to see a change in nursing graduates' mind-set. Then form teams with students from nursing and interprofessional roles if available. Develop partnerships with community agencies who are already working with the homeless community. Identify key partners in your area that could come alongside you to begin a street medicine coalition. Start by educating nurses about social determinants of health and why looking upstream in healthcare is imperative to shift care to the people. Identify a target population and begin use community assessment data to support your launch. Begin with a site introduction to your team. Pull together a set of resources to be used in medical outreach. Then plan a day to go to the people. Positive patient interactions is the goal. Every touchpoint in healthcare adds value and develops trust. Do not think you will solve your populations medical problems in a day, but do know that your presence is what matters.

Bringing care directly to people is how nursing began, and the time has come to bring it back full circle. We must engage people where they are with what we have. When we need the resource of the healthcare system, it will be there to support us. For now, just being there is our call to action as nurses.

Conclusion

The National Street Medicine Student Coalition provides guidance, resources and tools for academic centers to begin their own programs. They are seeking more schools of Nursing and Allied Health to develop programs. They hope to help shape the new generation of medical professionals who see beyond the walls of mainstream healthcare and understand the need for personal relationships to be effective providers (The Street Medicine Institute , 2019).The foundation of professional and academic nursing is in driving patient centered , evidence-based solutions to improve outcomes. Street medicine represents the origins of nursing practice as both an art, and a science. Preparing nurses through immersive experiences in street medicine will inspire new generations of nurse leaders who understand issues in social justice and are equipped to provide a psychosocial model of care to the most vulnerable populations in our country.

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