



Street Medicine: A Clinic and Classroom Without Walls

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Objectives:

1. What is street medicine
2. Why street medicine
3. What can we do street side (capabilities)
4. Safety concerns on the streets
5. Create an environment that promotes experiential learning in a classroom without walls for healthcare and related providers and students.

WARNING: Will discuss hard topics using descriptive language and will show images that may be gross or offensive

What Is Street Medicine?

Street medicine is the act of providing medical care and social services to the unsheltered homeless. Street medicine workers, "engage people experiencing homelessness exactly where they are and on their own terms," (Street Medicine Institute).

"The delivery of health care directly to those sleeping outside" (Street Medicine Institute).

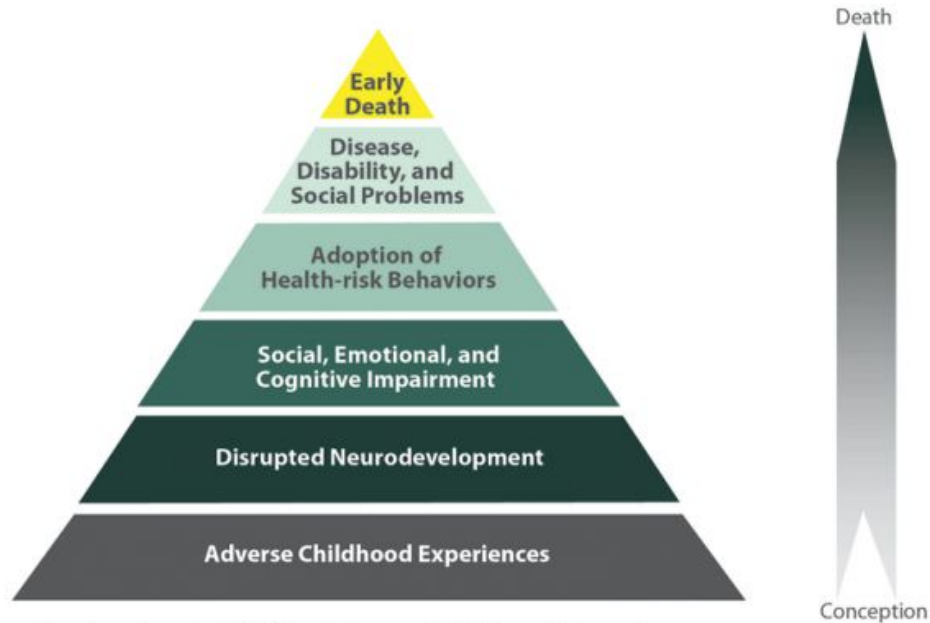
.....Go to the people (Dr. Withers and Street Medicine Institute).

Why Is It Important?

- Huge Crisis
- Average life expectancy is extremely low
- Street Medicine Teams save the hospital systems millions of dollars a year
- Street Medicine offers a “safety net”
 - “Safety net primary care”
 - Linkage to pcp and resources

Our people don't access pcp nor clinics

Health and Socioeconomic Impacts



Mechanism by Which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan

<https://www.ncfr.org/cfle-network/summer-2017-ACEs/research-update-practitioners-ace-study>

Health and Socioeconomic Impacts

- Many health issues: substance use, STI, HIV, Syphilis, untreated HTN, DM, mental health, and pregnancy
- *"Preventive health care is virtually non-existent for these individuals"*⁴
- SOT survey >73% consider the ER as primary health care
- SOT initial survey 88.1% respondents cite their primary source of health care is the ER
- This is why we go to
The people !

Health and Socioeconomic Impacts

2020 Survey on street, n87, with clients encountered on streets in Detroit.

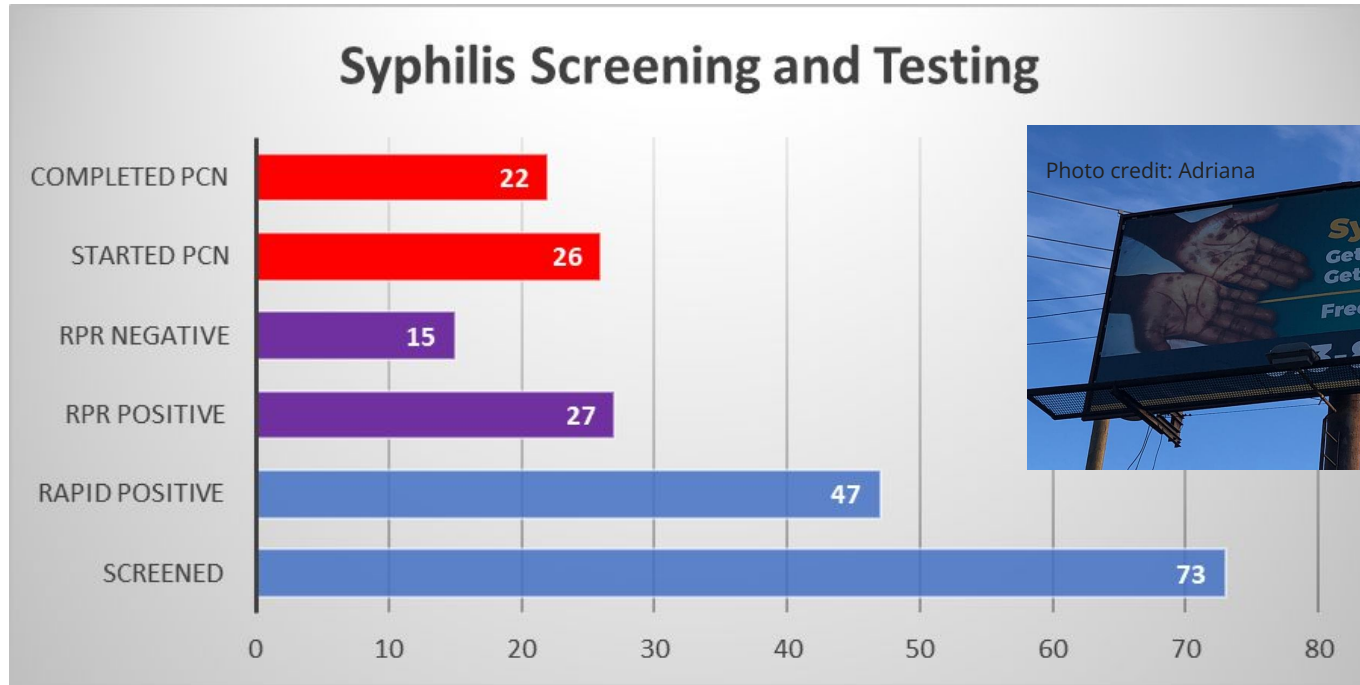
- 100% encountered on street during outreach
- 86.2% self-identified as homeless (>1 year)
- 100% self-identified as drug user (heroin/crack)
- 83% screened positive for human trafficking
- 14.9% started sex work <18 y/o
- 40.2% started sex work between 18-25 y/o
- 42.5% stated they have met <18 y/o sex workers
- 96.6% stated they wanted a different path from sex work/drug use

How old are you
87 responses



Health and Socioeconomic Impacts

Seeing lots of syphilis PSA (symptomatic and asymptomatic)



Street Outreach Role

- Provide outreach on a weekly basis (minimum)
- Search for rough-sleeping homeless
 - Rather than expecting those in need to come to us
- Make connections through meals, hot chocolate, medical care, and resources
- Make FRIENDS and be ready to respond to any need we can directly meet or facilitate

Street Outreach Role

Safety

- Mitigated by consistency, training, rigid orientation process, policy and procedures. We are picky about who we allow out with us.
 - Leaders have more training/experience
 - De-escalation experience and training are a must
- Commitment: 2 shifts/month for 2 years minimum
 - This supports our pts desires
 - This supports TIC, and helps volunteer know do's and don'ts with each area esp gang stuff etc, including familiarity

Street Outreach Abilities

Labs: POC BGL, UA, HCG, Rapid HIV AbAg, Rapid Syphilis, Rapid C19, Rapid Strep A, Rapid Hgb, During day (0800-1500) can draw labs for HIV, Syphilis, and Hep C, ISTAT no longer clia waived

Monitoring: POCUS, Doppler, 12 lead EKG, Zoll cardiac monitor, complete v/s, bladder scanner,

Supplies: Eye exam, woods lamp, fluoride varnish, temporary filling, I&D kit, Instruments, electric cautery/AgNO3 sticks, OB kit, Foot Care-Dremel, nippers/clippers, black file, Chronic wound bag, Oto/ophthalmoscope, ear lavage, lighted ear cures, laptop for emr, Nebulizer and Oxygen,

Emergency bag: BVM, O2, neb, nrb, nc, tq, chest seals, needle d, suture/stapler, IV start w/ NS & LR, Meds: narcan, Zofran, Toradol, solumedrol, glucagon, asa, nitro, epi 1:1000, diphen, dexamethasone, lido, AED and a Zoll

Conditions we commonly treat:

- Abscess, cellulitis, chronic wound care, scabies,
- STI's, UTI's
- Respiratory illnesses, URI, COPD,
- Dental complaints
- Foot problems (routine foot care included)
- Chronic conditions e.g. hypertension (think safety net primary care)
- Non-"medical": safety, exit, rehab, counseling, specialty, housing, harm reduction, hair cut, showers, rides

Working On:

- Prep for all sex workers and pwud
- Need HQ and Vehicle

Q&A



In Memory Of

Penny (bludgeoned), Deborah, Big Monica (shot in head after witnessing murder), MJ(run over), Samantha (OD), Shelby, Showtime, Gloria, Rachelle (run over repeatedly to render her face unrecognizable), Samantha ("country" neglect in jail/heart), Angel (ODnjc), Hope (AIDS), Keri (AIDS), Rachelle (btd), Carol (btd), JR (2016), Caveman, Caryl, TiTi, Keli (stroke), Sarah wound, Joe, Kevin, Bobby, Compau, D, Denisha, Mike (od), Kellie (od-2018), Angel (od-2018), Jarryl (od-2018), Patrick (2-2019), Crystal 2019, Chase 2019, Ron 2019, Stanley J (od-2018), Lillia (OD) 2018, Hortensia (OD) 2019, Jennifer (OD) 2018, Aiya (OD) 2019, Brooke (OD) 2019, Lena 2019, Tiffany (Parttime) 2019, Smiley 3/2020, Virginia 2020, Jason 2021, Courtney 2021, Tiffany east 2021, Keli (stroke), Raven 5.2020, Stephanie 5.2020, Jay 5.2020, Shaey 5.20.20 (BTD), Romeo, James Franklin 2020, Jennifer N (OD) 2018, Poopsey 2019, Donald Martin 11/2020, Loloe 12/2020, Katie 2021, Mariah 2021, Mike 2021, Ali 2021, Nadia 2021, Ed 2021, Kiki 2021, Cheryl 2021, Virginia aka Annie 2021 (negligence by doctor/wound), Kenny 2022, Dana 2022, Cheryl, Stephanie 2022, Liz Paye 2022, Shawn Pautula 2022, Katrina beard, 10/22, shanna geib 8/22, Ace 12/22, Daniel Hylton 12/22, Donald Watson 3/23, Angelina 4/26/23
Dean Carpenter("Doc") NP August 17, 2019
And the many more...

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