

17th annual International Street Medicine Symposium

PROGRAM SCHEDULE

Thursday, October 21, 2021

9:00 am EDT **Registration and Login to Whova**

10 am – 2 pm EDT **Street Medicine 101**

Friday, October 22, 2021

8:00 – 9:00 am EDT **Registration and Login to Whova**

9:00 – 9:15 am EDT **Introductory Remarks and Session Overview**

9:15 – 10:00 am EDT *Lecture*
The Global Reawakening

10:00 – 10:45 am EDT *Lecture*
COVID19 and Homelessness in the Netherlands

10:45 – 11:00 am EDT **BREAK**

11:00 – 11:45 am EDT *Lecture*
Incorporating trainees into medical care of unhoused individuals through the Refugee Health Alliance (RHA) in Tijuana

11:45 – 12:45 pm EDT *Keynote*
Roberto Tarazona, MD
Medical Director
Health Bridges International Peru

12:45 – 1:30 pm EDT **BREAK**

1:30 – 2:30 pm EDT **Interactive Presentations**

- A. *Small-group Oral Presentation*
Street Med Sonography: A How-to in Program Development
- B. *Small-group Problem-solving Session*
Trojan Trainers
- C. *Small-group Problem-solving Session*
Anti-Oppression in Street Medicine: Critical Assessment of Racial, Ethnic, Gender, and Age Equity in Service Delivery to People Experiencing Unsheltered Homelessness

- D. *Small-group Problem-solving Session*
Cleaning up “Service Dumps”: The Role of Street Medicine in Service Coordination

2:30 – 3:30 pm EDT **Poster Session**

- E. **Dynamics and Influences of Unsheltered Homeless Veterans**
- F. **Integrated Dental and Street Medicine Services: Implementation Successes and Challenges during COVID-19**
- G. **Savannah Street Medicine at Year Three - Collaborative Success**
- H. **Utilizing Street Medicine Phoenix as an avenue for Delivering the COVID-19 Vaccine**
- I. **Making Connections: Creation of a Centralized Street Outreach Dashboard Using Unique Identifiers to Better Analyze Homeless Care**
- J. **Caring for Unhoused Pregnant Individuals: A Review and Application of Literature to Student Run Free Clinics**
- K. **How Occupational Therapy Can Support Patient Engagement on Street Medicine Teams**
- L. **COVID-19, PPE Availability and Vaccine Hesitancy of the Rough Sleeping Community in Detroit, MI**
- M. **A Novel Approach to Addressing Water Insecurity for Rough Sleepers in an Urban Underserved Community**

Saturday, October 23, 2021

8:00 – 9:00 am EDT **Registration and Login to Whova**

9:00 – 9:10 am EDT **Announcements**

9:10 – 9:30 am EDT **ISMS 18 in Toronto, Canada**

9:30 – 10:30 am EDT **Interactive Presentations**

- A. *Workshop*
Lessons and Best Practices for Street-Based Buprenorphine Induction
- B. *Expert Panel*
Learn from the Experts: Street Health Across the Spectrum of Homelessness
- C. *Small-group Oral Presentation*
Adaptations to mental health care of homeless population in semi-rural Sierra Leone during the COVID pandemic

10:30 – 10:45 pm EDT **BREAK**

10:45 – 11:45 am EDT **Interactive Presentations**

- A. *Workshop*
Treating Borderline Personality Disorder as a Street Medicine Team: A Deeper Dive

- B. *Expert Panel*
COVID19 Vaccination Drive in Street Sleepers: Successes, Challenges, and Lessons Learned

- C. *Small-group Oral Presentation*
The experience of Street Medicine Development in Saint Petersburg over the Past 3 Years (2018-2021)

11:45 – 12:45 pm EDT **Interactive Presentations**

- A. *Small-group Problem-solving Session*
Cleaning up “Service Dumps”: The Role of Street Medicine in Service Coordination

- B. *Small-group Problem-solving Session*
Training the Next Generation: Defining A Framework for Teaching Street Medicine

- C. *Workshop*
‘Rabbits out of Rucksacks’: A Reflective Practice Performance

- D. *Workshop*
Alternative Medicine in Street Medicine: A Relationship-building Strategy for Street Sleeping Populations

12:45 – 1:30 pm EDT **BREAK**

1:30 – 2:30 pm EDT **Poster Session**

- A. **Use of the Plenoptika for Prescription Medications**

- B. **Self-Efficacy: A Study on the Effects of Mobile Showering Services on the Homeless**

- C. **Incorporating Nutrition into Street Medicine**

- D. **Impact of COVID-19 on Service Utilization by Those Experiencing Homelessness in Detroit**

- E. **Using a Participatory, Strengths-based Approach to Conduct a Needs Assessment with Street Medicine Providers**

- F. **History-Taking Workshop for Undergraduate Medical Students Using HOUSED BEDS**

G. Bridging Gaps in Undergraduate Medical Education on Houselessness

H. Vaccination of Unsheltered Homeless during the COVID-19 Pandemic: Progress and Strategies of Street Medicine Teams in Chicago, Illinois

I. Student Nurse Clinics for Unsheltered Populations: Effect on Student Attitudes

2:30 – 2:45 pm EDT **SMISC Presentation**

2:45 – 3:15 pm EDT **Street Medicine Institute Annual Update**

3:15 – 3:35 pm EDT **Closing Remarks**

Presentation Synopses

Friday 9:15 – 10:00 am

The Global Reawakening

Wayne Centrone

Through a multimedia style presentation, this talk will help street outreach practitioners understand the influence of trauma in the lives of people experiencing homelessness. The subject and focus of this proposed talk is squarely focused on melding trauma-informed knowledge with the extreme social, cultural, political, and economic challenges of the global pandemic. The talk will help shape a new approach to street outreach. The core concept of trauma and a new trauma-informed awareness is beneficial for all street outreach programs and activities. Using a trauma-informed worldview has the potential to dramatically impact street outreach services in the context of the global pandemic.

Learning Objective 1:

Describe how the COVID-19 pandemic has impacted people living in the experience of homelessness in the developing and middle income world.

Learning Objective 2:

List three ways adverse childhood experiences and trauma influence the lives of people living in the experience of homelessness.

Learning Objective 3:

Understand how the global pandemic has elevated the experience and impact of trauma in the lives of people experiencing homelessness.

Learning Objective 4:

Discuss three ways a trauma-informed approach to street outreach can help support holistic, integrated connection for people experiencing homelessness in the new normal of the global pandemic.

COVID19 and Homelessness in the Netherlands

Tessa Van Loenen & Liesbeth Hunik

Homeless people are likely to be a high-risk group for a Covid-19 infection because higher exposure and higher probability of complications. The preventive behavioral measures given by the government are difficult for them to follow and the consequences for their daily lives are major. In this presentation we present our findings of a large study focusing on the impact of COVID-19 on homeless people in the Netherlands during the first year of the pandemic. Method: This mixed-methods study consists several sub studies each with a different research aim. First, COVID-19 related illness and changes in street doctor care were monitored in street doctor practices and general practitioners in 9 cities in the Netherlands (work package 1). This gives an overview of the morbidity and mortality of COVID-19 among the homeless population in these cities. We also conducted semi-structured interviews with homeless people . Topics in these in-depth face-to-face interviews were; compliance with the COVID19 measures, the consequences of those measures, how homeless people experience physical and mental health during the pandemic and possible changes in care and shelter. We also conducted semi-structured interviews with caregivers, such as street doctors and social workers about the challenges they face in implementing the measures and what consequences of this pandemic are for the chain of care for homeless. Caregivers were also asked what is needed for optimal care for the homeless, even after this pandemic (work package 2). Part 3 investigated the changes and differences of the local homeless policies in municipalities for homeless people (work package 3) The presentation will cover results from all parts of this study and will give an overview of the current knowledge of the impact of the pandemic on homeless in the Netherlands and will share our lessons for the future of homeless care.

Learning Objective 1:

Getting insight in the Impact of COVID19 on mortality and morbidity

Learning Objective 2:

Getting more insight on impact of Covid19 and the government measures on the lives, care and shelter of homeless people

Learning Objective 3:

See how different municipalities react to COVID19 in terms of new local policies for homeless

Friday 10:45 – 11:00 am

Break

Friday 11:00 – 11:45 am

To Be Determined

Learning Objective 1:

Learning Objective 2:

Learning Objective 3:

Friday 11:45 – 12:45 pm

To Be Determined: Keynote

Learning Objective 1:

Learning Objective 2:

Learning Objective 3:

Friday 12:45 – 1:30 pm

Break

Street Med Sonography: A How-to in Program Development**Jason Reinking**

Point-of-care Ultrasound (POCUS) is a rapidly growing diagnostic application bringing medical imaging into the hands of the “bedside” provider (Providers and RNs) for assistance in real time assessments. As portable, trainable, and now economical, this technology is a critical diagnostic tool useful in marginalized populations with remarkable barriers to care such as street sleepers. Since 2015 POCUS has been in use in Oakland, CA Street Medicine programs assisting with rapid diagnosis of musculoskeletal, cardiac, renal, abdominal, lung, vascular, and soft tissue pathologies. While the benefits of this technology’s application is well demonstrated (improved diagnostic accuracy, patient satisfaction, and team-patient relationship strength), logistical rollout of its use within street medicine programs and their parent institutions remains murky and daunting for some. This presentation endeavors to provide information on the concrete steps necessary to deliver this service to our street sleeping patients. We will begin with a review of the literature around the benefits of POCUS as well as its ease of training and learning for both RNs and providers. Street medicine case examples of profound change in management will be shared from our experience. We will then move to procurement of this technology including cost information and specific types of ultrasounds well matched for street medicine as well information around billing. We then discuss the various discipline’s governing entity support for POCUS use by their practitioners as well as the importance of and a how-to for establishing institutional credentialing. We will then discuss the specifics of training for use of this technology, both through CME courses and continued longitudinal learning. Finally we will provide insight into how to achieve a quality assurance program for competency of this technologies use within your street medicine program. Following the presentation there will be an opportunity for participant hands-on live demonstration and scanning with sample ultrasounds.

Learning Objective 1:

Understand the benefits of point of care ultrasound in Street Medicine

Learning Objective 2:

Understand logistical framework around provision of ultrasound in street medicine

Learning Objective 3:

Develop a quality assurance program for POCUS instreet medicine

Training the Next Generation: Defining A Framework for Teaching Street Medicine

Corinne Feldman, Brett Feldman, Joel Hunt, Denise Kohl, Jim Withers

Training the next generation of street medicine providers is a challenge that most street medicine teams encounter as they field requests from various types of learners. While education has been a key component of the street medicine philosophy, a framework for how to train students in the art, philosophy and skill of the street has never been formally explored. This workshop, presented by a team of experienced street medicine providers and educators, invites participants to share their opinions of what new learners should be taught while exploring the classroom of the streets. The presenters envision using the information gathered during this problem-solving workshop to create an educational framework that can be shared with the larger Street Medicine community. Participants are envisioned to be a mix of novice to expert non-educators and educators who represent a cross section of roles typically found on street medicine teams. Following introductions, the presenters will provide a brief (10 min) overview of the current state of formalized street medicine education and training. The audience will also be polled, using an audience response system, to explore other formalized education programs that may exist beyond those the presenters are aware of and perceived advantages and barriers to developing a framework around the classroom of the streets. We anticipate polling will take less than 5 minutes to complete. Participants will then be moved to breakout rooms with one presenter to discuss 2-3 prompts centered about defining what practicing street medicine team members think is of critical importance to teach new learners. Each breakout room facilitator will have a google link that will take them to an editable Google Slide set which contains each prompt. Groups will work to discuss and capture key points in their slides. This will allow for the creation of a real-time capture of ideas and vision, representative of the larger group. After 20 minutes, small groups will rejoin the virtual “main room” and engage in a facilitated conversation about key findings and common denominators.

Learning Objective 1:

Define the current environment of formalized street medicine education.

Learning Objective 2:

Recall the key role street medicine teams play in the future street medicine workforce.

Learning Objective 3:

Identify critical areas of importance to teach new street medicine learners.

Anti-Oppression in Street Medicine: Critical Assessment of Racial, Ethnic, Gender, and Age Equity in Service Delivery to People Experiencing Unsheltered Homelessness

Brooke Lifland, Emma Lo, MD, Caroline Yi, Dan Shetler

People experiencing homelessness are vulnerable to numerous health inequities, including shorter lifespan, increased morbidity, and increased hospital utilization. There are other lived identities such as age, gender, race, and ethnicity that can interact to create additional disparities in health care access and outcomes, both potentiating vulnerabilities to becoming homeless and impairing one's ability to exit homelessness. Street medicine teams serve a unique role in improving access to care for some of society's most vulnerable citizens. They also have a duty to provide equitable care to vulnerable groups within the population of people experiencing homelessness; for example, elderly and young people, women and transgender individuals, and BIPOC (Black, Indigenous, and other people of color) individuals who are already overrepresented among people experiencing homelessness. We seek to define philosophically what represents "equitable care," how one might quantify this, and how might other street medicine teams evaluate and strive toward the equitable provision of services to people of all ages, races, genders, and ethnicities. During this presentation, we will start by giving a brief overview of the anti-oppression quality improvement research that we have conducted on our street psychiatry team. We aimed to determine whether there were statistically significant differences between age, gender, race, and ethnicity between a population served by a street psychiatry team and the local community of people experiencing homelessness. We tested for bivariate associations between data sources (street psychiatry team vs. the local population experiencing homelessness) and age, gender, race, and ethnicity. Our team served a population that was statistically older than the local population experiencing homelessness. The street psychiatry team also served statistically fewer women and people identifying as BIPOC. We will then engage with the audience to discuss the potential person- and system-level variables in street medicine that lead to inequities in provision of care e.g. structural factors such as availability of local shelters and drop-in centers as well as the geographical locations of outreach and limitations in providers' spoken languages. Implicit bias in providing care also play a role, because team members will inevitably make choices on who to approach based on a variety of personal and structural factors. We will then expand our discussion to entertain broader questions about anti-oppression data science and quality improvement, especially in the street psychiatry setting. This will include collaborative definition of what anti-oppression quality improvement means and how to define "equitable care" in an already-marginalized population. We will then brainstorm with other street psychiatry and street medicine workers how to best incorporate these anti-oppression practices into their own programs.

Learning Objective 1:

Highlight demographic factors compounding health care inequity among people experiencing unsheltered homelessness, such as race, ethnicity, gender, and age.

Learning Objective 2:

Describe steps one might take to quantify health inequities on one's own street medicine/street psychiatry team.

Learning Objective 3:

Define what constitutes “equitable care” and collaboratively discuss how to achieve equitable care in street medicine.

Learning Objective 4:

Describe steps a street medicine team should make to serve its population more equitably; i.e. ensuring equal access to services for persons of all ages, genders, races, and ethnicities.

Cleaning up “Service Dumps”: The Role of Street Medicine in Service Coordination

Rachel McFadden, Elby Katumkeeryil, Sara Wallace, Kelsey Nawalinski, Kristi Petrillo, Cesar Centeno

Fragmentation and overlap is common in the landscape of services for people experiencing homelessness. At best, this yields confusion, service gaps, and the misuse of resources; at worst, it reveals a negligence towards service recipients and jeopardizes their health and well-being. Fragmentation and overlap often occur when critical services are delivered by a combination of governmental departments, non-profit organizations, academic and health institutions, and volunteer/charity groups. Preventing fragmentation and its negative consequences is an intentional undertaking that requires the orchestration of various resources, skill-sets and logistical needs while negotiating the distinct objectives and values of service providers. Further, the entity(ies) best equipped to initiate and lead this effort are not often clear, and coalition building between large, resource-laden institutions, transient academic and volunteer groups, and experienced street-based organizations is a significant challenge. Given the wide applicability and relevance of this topic, we propose a small group problem-solving session to discuss how street-based medicine groups may become involved with and/or navigate overlapping services landscapes. Areas for discussion focus will include how street-medicine groups can (1) identify and respond to service fragmentation and overlap; (2) be thoughtful leaders in service alignment and integration in a way that centers the people served; and (3) establish boundaries when appropriate. As a case study, we will briefly present the recent growth in wound care for people who use drugs and are unsheltered in Philadelphia. Prevention Point Philadelphia is a harm reduction organization that offers an array of services to participants affected by drug use and poverty. In 2015, a nurse-led clinic was established to provide wound care and harm reduction supplies to local encampments, as well as housed and sheltered homeless participants. The quality and quantity of wound care needs has markedly evolved since the clinic’s inception – including more challenging wound types caused by changes in local drug supply, and increased dispersion of unsheltered individuals following the forcible displacement of encampments. Recently, a number of additional entities (e.g. city public health, academic institutions, volunteer organizations) have identified wound care as a priority and taken steps to establish new or modified programs to provide this services. Recognizing the growing need in our participants and the resources offered by these entities, the Wound Care Clinic is attempting to organize this effort through training support, schedule and location coordination, and shared communication channels. While our participants stand to gain from increased service coverage, challenges include varying degrees of investment, skill and harm reduction practice.

Learning Objective 1:

We will emphasize that fragmented and overlapping services is an injustice to rough-sleeping populations, undermining the direct service work of street medicine providers.

Learning Objective 2:

We will present a case of potential service fragmentation/opportunity for coordination involving wound care for a largely unsheltered population of people who use drugs in an urban area.

Learning Objective 3:

Through audience engagement, we will facilitate dialogue around a real-world challenge in street medicine, and empower the audience to think critically about their role in preventing and reversing it.

Dynamics and Influences of Unsheltered Homeless Veterans

Jill Roncarati, Tom Byrne, Ann Elizabeth Montgomery

In 2009, President Obama pledged to end Veteran homelessness. Billions of dollars were committed and several new initiatives were created. Despite large decreases in estimates of Veterans experiencing homelessness, 2 out of 5 Veterans are living unsheltered. To understand how to end unsheltered homelessness among Veterans, we need to understand their housing and health needs. We aim to present characteristics of Veterans experiencing unsheltered homelessness, describe housing services, options, and trajectories for Veterans experiencing unsheltered homelessness, and identify health and social services utilized by unsheltered Veterans that have been shown to mitigate housing instability.

Learning Objective 1:

Examine characteristics of Veterans experiencing unsheltered homelessness

Learning Objective 2:

Examine housing trajectories for Veterans experiencing unsheltered homelessness

Learning Objective 3:

Identify health and social service use to mitigate housing instability for Veterans experiencing unsheltered homelessness

Integrated Dental and Street Medicine Services: Implementation Successes and Challenges during COVID-19

Ryan Wythe, Miriam Parker, DDS, Samantha Busener, RN, Gina Sakoda, Lauren Marriott

Street sleepers experience high rates of dental discomfort and periodontal disease due to a variety of barriers to dental care and recovery that are exacerbated by the COVID-19 pandemic. Beginning in March 2021, LifeLong Medical Care formed a partnership between the Street Medicine and Dental Care programs to offer Street Sleepers integrated dental treatment in Oakland, California. This presentation brings together a panel of LifeLong staff integral to the planning and roll-out of this integrated service model that has potential to be replicated by other providers of Street Medicine and Dental services. During this presentation, we will discuss the overall program design, including the outfitting of a mobile dental van, the types of dental services offered, our experiences outreaching and engaging patients, and the success and challenges of supporting patients recovering from palliative dental procedures during COVID-19. The environmental and resource constraints of Street Sleepers who undergo palliative dental procedures pose unique challenges to successful recovery. We will discuss how Street Medicine and Dental teams coordinate aftercare for Street Sleepers to maximize proper healing, including the logistics of food and water, oral hygiene and supplies, and smoking cessation strategies.

Learning Objective 1:

Explore general program design concepts around integrated street medicine and street dental services

Learning Objective 2:

Understand the types of dental services offered within street dental and street medicine collaborations

Learning Objective 3:

Ascertain the role of street medicine in outreach and engagement for patient selection in street dental services

Savannah Street Medicine at Year Three - Collaborative Success

Robert Pallay, MD, Candace Murbach, DO, Krystle Graham, DO, FAPA, Maureen McFadden, Mercer medical student

In our community we have developed a collaborative partnership between a Federal Qualified Health Clinic, a Family Medicine Residency Program, the Homeless Authority, the Medical School students, and a Community Service Board. Our presentation will focus on how this partnership was created, how roles were developed and how it has sustained and improved over its 3 year history. The individuals we serve live in homeless camps located throughout Chatham County. These individuals have multiple medical and mental health needs. A key to our program is consistency, frequency and rotation. The unsheltered population is aware of when and where we will be offering services and doing it weekly helps to build trust within this community. Since the camps are scattered around the county consistently rotating our location casts a wider net for us to provide services. Our partnership with the Homeless Authority has proved invaluable in this area as they have already established effective relationships with our unsheltered community members. We have utilized that relationship to communicate when, where and how we are providing services. Our Family Medicine and Psychiatry residents and medical students provide these services with benefits on several levels. It provides a much needed service to our unsheltered population. The residents and students have the opportunity to utilize their medical knowledge to help this community. More importantly, all the students learn from our unsheltered population. The students become educated on the struggles and challenges these members of our community face. Having medical doctors who are able to empathize, and see the barriers for themselves is invaluable training and experience. Finally, it sends a message to our unsheltered community that they are not forgotten and provides the unsheltered population with services that help them improve their physical and mental well-being. Utilizing an expert panel we will provide insight in how we navigated through possible problems when getting started, how we problem solved together, and many of our lessons learned. Included in the presentation will be the benefits to the participant organizations, residents, medical students, and the positive impact to the rough sleepers in our community. Our panel of experts will led by Robert Pallay, M.D., Program Director of Savannah Family Medicine Residency and Chairman and Professor of the Department of Family Medicine for Mercer University School of Medicine, and will include other physicians, residents, and students as well as members of our behavioral health groups and the FQHC. What has been a huge part of why we have had success has been the involvement of so many disciplines in developing our Savannah Street Medicine program from the start. In addition, our ability to keep turf battles from even starting has allowed this program to grow and plan to continue to expand its outreach to the entire homeless community in Savannah.

Learning Objective 1:

The people who attend this presentation will learn how to develop a viable Street Medicine program without the need for significant funding.

Learning Objective 2:

After attending this program the attendees will be able to understand how to find a way for involvement of multiple organizations with the common goal of improved healthcare for the homeless population

Learning Objective 3:

Attendees of this presentation will understand the process of slow and steady changes as a result of

excellent communication among the partners can lead to continuous improvement in a Healthcare for the Homeless program

Learning Objective 4:

Participants in this presentation will understand that transparent communication and decisions among many organizations is possible if the goals are shared at the beginning of the project and through its early development

Utilizing Street Medicine Phoenix as an avenue for Delivering the COVID-19 J&J Vaccine

Abel De Castro, Sara Yee, Eashan Das, Justin Zeien, Jeffery Hanna, Jasper Puracan

Discuss the history of SMP and how a needs assessment was conducted back in 2018 addressing the needs of this population. Discuss the original work flow of SMP street runs and how they were modified for COVID phasing in. Discuss the impact that COVID had on this population (statistics of cases, hospitalizations, etc.) Discuss how the Maricopa County health department provided COVID-19 J&J Vaccines for distribution among the unsheltered homeless population. Discuss the typical work flow of street runs for administration. Discuss the obstacles and solutions that were faced during the first couple of runs.

Learning Objective 1:

Explore Illustrate how Street Medicine Phoenix can be used as an avenue to deliver the COVID-19 vaccine to the unsheltered homeless population in metro Phoenix

Learning Objective 2:

Demonstrate a sustainable work flow of travel clinics for administering the COVID-19 vaccine to this population

Learning Objective 3:

Appreciate the pros and cons of having a travel clinic for administering vaccines, as opposed to a permanent clinic

Making Connections: Creation of a Centralized Street Outreach Dashboard Using Unique Identifiers to Better Analyze Homeless Care

Cara Zimmerman, MD MBA & AnnaJane Yolken

A prominent Rhode Island harm reduction organization, Project Weber Renew (PWR) often saw people both through street outreach and through their brick-and-mortar organization and formed intense bonds with their clients. Before our intervention of a centralized data collection process, there was no way to link these encounters or track this success. As of February 2020, we have created a new intake form with an emphasis on consistently using a client's Unique ID. This has revolutionized our data collection. The goal was to have a "master file" on a client, whether they were seen in street outreach or Project Weber Renew's (PWR) brick-and-mortar location on Broad Street in Providence. We were able to complete this using the Google Dashboard to create a sleek, integrative, free platform for easy use. This client-centered approach will ideally help sustain grant funding with consistent data. This is a marked shift from the grant-centered approach where lots of overlapping grants were dictating what data was collected at any given time, usually focusing on quantitative data that was easily available such as "How many HIV tests have you given out?" These simplified measures risked leaving some data out on the table on the often intangible ways that PWR helps its client get into treatment, decrease substance use, and overall function in society. For example, where is the data saying that because of all of our street outreach efforts, this client is not using the high-cost ER services but is coming to a safe space at PWR to get the help, support, and social services they need? The goal, for example, would be able to put together something universal for all grant applications that said, "Because of this intervention, Client A in 2010 was using drugs every day and had overdosed twice but came to our Narcan teaching group and got a house and now uses drugs only once a month." Because of the economy of scale and the amount of information gathered on each intake, these patterns have the potential to be striking and help secure future grants.

Learning Objective 1:

Share how to create a sustainable, client centered data collection portal primarily for street outreach

Learning Objective 2:

Emphasize the importance of documenting relationships formed on the street

Learning Objective 3:

Analyze the trends that a street outreach organization can sustain to decrease high-cost healthcare and engage the community in primary care efforts (testing, harm reduction, education)

Learning Objective 4:

Stress the "come as you are" and "meet people where they're at" approaches central to harm reduction

Caring for Unhoused Pregnant Individuals: A Review and Application of Literature to Student Run Free Clinics

Neha Godbole & Sanjana Satish

Lack of access to healthcare has profound consequences for unhoused individuals. In one 2019 study, The Homeless Trust Census of Miami-Dade County recorded an average of 3,628 homeless individuals¹. Approximately one-third of those individuals are women², with 73-94% having unmet health needs, such as preventative and prenatal care^{8,9}. In a study conducted in Philadelphia, 11.4% of individuals in a cohort of 44,430 women reported a homeless episode in the three years before or four years after giving birth³. Individuals who are unhoused during pregnancy, before pregnancy, or after pregnancy experience worse birth and maternal health outcomes⁴. Objective: There remains a gap in the literature for how to aptly provide care for unhoused pregnant individuals, representing a challenge for Student Run Free Clinics (SRFCs). This paper aims to consolidate existing information about barriers to care faced by unhoused pregnant women, identify gaps in the literature, and use existing research to offer basic guidelines for a SRFC to address this challenge. Methods: A comprehensive literature review was completed using PubMed. The search terms “((pregnant) AND (homeless)) or ((pregnant) AND (unhoused)) or ((pregnant) AND (houseless)) AND ((United States) or (US) or (U.S) or (America) or (United States of America))” were used with publication range from 2000-December 2020. This search yielded 60 results and 27 papers were ultimately included in this review. Papers were included if they provided information about the characterization of or care of unhoused individuals and took place in the United States. Results: From the 27 papers included in the reviews, we categorized major themes pertaining to the care of unhoused pregnant women. Major themes were those which arose in at least three reviewed papers. The major themes identified were: access to health care (3 papers), mental health (3), pregnancy/birth outcomes (4), and substance abuse disorder (5). A variety of minor themes, which were addressed in 1-2 papers, were also discussed, including maternal well-being, sex trade, and shelter utilization. Additionally, several barriers to care were identified including interpersonal violence, lack of transportation, and fear of stigma from healthcare workers. Conclusions: Understanding the medical and social needs of unhoused pregnant women and the barriers they face in attempting to fulfill these needs is a crucial step in creating an appropriate SRFC protocol for working with these patients. The findings of our review increase our understanding of these needs and how to better address them. Two interventions were shown to be effective in improving birth outcomes by providing social needs such as housing and food^{5,6}. Another intervention emphasized the importance of patient-centered care and harm reduction⁷. These preliminary findings indicate that an effective strategy for SRFCs may be via the integration of social need resources with medical care.

Learning Objective 1:

Understand the themes in the existing literature regarding the care of unhoused pregnant individuals

Learning Objective 2:

Identify gaps in the existing literature for providing care to unhoused pregnant individuals

Learning Objective 3:

Describe the potential role of SRFCs in providing adequate care for unhoused pregnant individuals

How Occupational Therapy Can Support Patient Engagement on Street Medicine Teams

Rachel Kent

Occupational therapy is a rehabilitation profession that helps people across the lifespan do the things they want to do, need to do, and are expected to do through the use of therapeutic activities, or occupations (AOTA, n.d). Occupational therapists work in all types of settings, from pediatrics to home health, but many are not aware that OTs work in homeless healthcare services as well. The goal of this presentation is to share with the ISMI community the ways in which OT services can contribute to interdisciplinary street medicine teams. This presentation will include a review of the unique needs of people experiencing homelessness through an OT perspective. Beyond the need for safe, stable housing, research on the lived experience of rough sleepers shows that competing needs for food, shelter, and other survival demands often supersede healthcare needs or other activities that may be considered essential (Davies & Wood, 2018; Backer & Howard, 2007). Rough sleepers are at a higher risk of having cognitive impairments, due to increased rates of mental illness, substance use, chronic health conditions, head trauma, which creates the need for cognitive supports (Andersen, 2014). Research shows that rough sleepers have higher rates of unmanaged chronic medical conditions and have higher rates of comorbidities (Llerena et al., 2018; Synovec, 2020; Durbin et al., 2018). From an occupational perspective, rough sleepers experience occupational injustice because they are often limited in their choice, engagement, and participation in everyday activities due to a need to meet their basic survival demands, overcome the stigma tagged to homelessness, and make up for a lack of available resources (Marshall, Gewurtz, Barbic, Roy, Lysaght, Ross, Becker, Cooke, & Kirsh, 2020). OTs have a deep understanding of how a person's habits and routines influence health, wellness, and participation, making OT presence a valuable addition to street medicine teams. This poster will include some of the interventions and approaches taken to establish occupational therapy as a contributing role in street medicine-based primary care services in Los Angeles. Some of those themes include: healthcare engagement, environmental modifications and adaptations, physical rehabilitation, activity and leisure exploration, promoting volition in patients, and implementing cognitive supports. Functional cognition is of particular interest, as OTs have a unique understanding of cognition and the intersection of a patient's environment, roles and routines, and activity demand. Occupational therapists working in this context provide the opportunity to support individual's well-being by increasing ability to access not only survival necessities, but increased community and social engagement that positively correlates to improved health and wellness (Thomas et al., 2017; Marshall et al., 2017).

Learning Objective 1:

Increase understanding of the role of occupational therapy on a street-based primary care team.

Learning Objective 2:

Explore the impact of the unique needs on daily activity participation, occupational engagement, and health.

Learning Objective 3:

Discuss how occupational therapists can positively contribute to missions and goals of street medicine teams.

COVID-19, PPE Availability and Vaccine Hesitancy of the Rough Sleeping Community in Detroit, MI

Sophie Wittenberg,

COVID-19 has had a catastrophic impact on communities around the world. Particularly devastating has been the effects on people experiencing homelessness (PEH). Most COVID-19 research concerning PEH has been contingent on shelter based care, but fear surrounding COVID-19 infections has decreased the usage of shelters and shelter based resources, making accessibility of care for rough sleepers particularly important. Now that there is access to COVID-19 vaccines in the United States for everyone over sixteen, this study will assess rough sleeper's willingness to receive the vaccine as well as their hand washing and mask wearing practices and accessibility to such supplies. It has been extensively documented that the use of masks and hand sanitation are critical to prevention of COVID-19 and research shows that hand washing can prevent up to 55% of respiratory infections, including COVID-19. This study will allow us to more efficiently deliver COVID-19 related care to rough sleepers who are already at a higher risk for poor health outcomes and comorbidities, making them especially vulnerable to severe COVID-19 infections and other communicable diseases. There are barriers present to vaccination, one of which being lack of trust among many PEH towards healthcare providers. A significant amount of PEH in Detroit are part of the African American population. Historically, this cohort has been wary of scientific and medical interventions in part due to the infamous Tuskegee study, forced sterilization of black women, and medical experiments on enslaved people. Additionally, much of the hesitancy surrounding COVID-19 vaccination is related to the rapid roll out of vaccines as well as exaggerated and negative portrayal of vaccines in the media. Moreover, many who work with PEH know that there is trouble accessing PPE for this community, especially when they aren't utilizing shelter resources due to fear of infection. Data collected in this study will provide valuable information to create a systematic and concrete approach for distributing supplies to rough sleepers. A similar study by Street Med Detroit investigated practices and beliefs of PEH surrounding the Hepatitis A outbreak. Buechler et al. demonstrated appropriate hygiene and vaccination were critical in mitigating the spread of Hep A, but significant barriers remain for both. Given the radically different emotional environment surrounding COVID-19 as compared to prior isolated and often ill-advertised outbreaks of Hep A, we are particularly interested in determining if attitudes toward the COVID-19 vaccines differ substantially from those with regards to Hep A. We plan to quantitatively and qualitatively assess barriers to hand washing and mask wearing including the availability of sanitation supplies and masks as well as the attitudes and willingness of these people to receive vaccines. These data will be collected using a questionnaire modeled after the techniques created by Buechler et al.

Learning Objective 1:

To understand the common hand washing and mask wearing practices of the unsheltered homeless population.

Learning Objective 2:

To qualitatively investigate any hesitancy the homeless population have towards receiving COVID-19 vaccinations.

Learning Objective 3:

To quantify the hygiene needs of rough sleepers before and during the COVID-19 pandemic.

Learning Objective 4:

To identify how outreach workers and healthcare providers can better understand the perspectives of the unsheltered homeless population and better serve them in the present and future.

A Novel Approach to Addressing Water Insecurity for Rough Sleepers in an Urban Underserved Community

Paramveer Birring & Ronica Mukerjee

The unhoused Tijuana population, including a large number of migrants, refugees and deportees, faces a multitude of challenges to meet their daily needs. Poor infrastructure, lack of social services, and deficient resources for this population limit sustainable solutions to housing insecurity and health sequelae. These circumstances are further exacerbated by the economic insecurity and violence that has recently plagued Tijuana, the influx of thousands of refugees and asylum seekers, and the viral spread of COVID-19. These changes in population dynamics call for more direct and efficient approaches to ensure the adequate delivery of resources and care. Brief RHA background: Since its founding in November 2018, the Refugee Health Alliance (RHA) has been working closely with underserved communities in Tijuana. Though our early work was strictly centered around direct clinical care, research shows that the practice of medicine alone is not sufficient to improve health. RHA has long recognized the powerful influence of the social determinants of health and works to actively address issues such as food and housing insecurity. Hygiene is a crucial determinant of mental and physical health that has demanded heightened attention since the onset of the COVID-19 pandemic. The communities served by RHA lack adequate access to clean drinking water, personal showers, and laundry machines. We propose the construction of a hygiene plaza to improve overall sanitation. This project would benefit populations living in close proximity to the border, particularly the expanding migrant encampments, numerous shelters, and rough sleepers recently displaced from the Canals, who are all in desperate need of hygienic services. Plan for waterworks plaza: This community hygiene space is expected to be upwards of 1800 sq. ft and will contain a drinking water station, 5 personal shower spaces, 2 half baths, a shared sink area, and 6 sets of washers and dryers. This center will also serve as a clothing distribution center. Specific considerations for our population: Trans-friendly space allowing for sufficient privacy and safety. Security mechanisms in the case of accidental overdose given the high volume of IVDU persons in this area, and the understanding that bathrooms are often sought out as a site for injection. Will need to ensure all staff are trained in the use of Narcan, all locks can be overridden in the case of an occupant being unresponsive, and safe sharps disposal areas available. Working with the local community (contractors, landlords, plumbers) to build then then staff the site in hopes of additionally stimulating the local economy. After initial construction, The management of this facility will fall under the Refugee Health Alliance umbrella; however, we plan to employ members from the community to run day-to-day operations such as maintenance, cleaning, site-specific administrative duties, and potentially even community resource navigators.

Learning Objective 1:

Describe the unique homeless population in Tijuana

Learning Objective 2:

Present an innovative and sustainable approach to addressing water insecurity in an urban but under-resourced area.

Learning Objective 3:

Explore how this type of project can involve learners and local community members longterm.

Lessons and Best Practices for Street-Based Buprenorphine Induction

Claire Gibson & Emma Lo

We are proposing a workshop on buprenorphine induction for people who are unsheltered/rough-sleeping. Rough sleepers who have opioid use disorders (OUD) may prefer treatment with buprenorphine over other OUD treatment strategies. This workshop will address concerns about safety, follow-up, and the regulatory environment to empower street practitioners to incorporate buprenorphine induction at their own clinical sites. The workshop will begin with a brief discussion of buprenorphine, its formulations, and a review of safety and regulatory concerns. We will guide providers in identifying patients and obtaining an appropriate history. Many street-based providers are familiar with limitations in their ability to draw labs, take vital signs, and perform urinary toxicology in the field. Other challenges include how uninsured patients obtain buprenorphine, pharmacy ID requirements, and the question of prescribing vs. directly dispensing. We will discuss our experiences navigating these challenges while prioritizing patient well-being and working under a harm reduction framework. Finally, we will discuss our buprenorphine prescribing protocol, patient instructions (including precipitated withdrawal guidance), and follow-up planning. Knowing this workshop will happen virtually, adult learning strategies will be used to increase participant engagement. Our initial focused presentation (10 min) will use visual aids to support our discussion, such as a Venn diagram to show the differences between our protocol and home or clinic-based inductions. Next, we will use clinical vignettes to teach key points, introduce challenges providers may face, and review our team's problem-solving strategies (15 min). If the virtual software allows, we will divide individuals into "break-out groups," and provide each group with a brief clinical scenario. We will ask groups to engage with the vignette (10 min) and then share with the whole group (5 min). We anticipate that participants will also want to discuss their own experiences working with patients who have OUD and prescribing buprenorphine. The remainder of the session (15 min) will allow for open dialogue and Q&A. Total time = 55 min. This workshop will be informed by evidence-based approaches for treating patients with OUD. Additionally, we are conducting a medical record review of patients who have been prescribed buprenorphine by our team, which has been approved by our IRB. Results from this review will be incorporated into the overview and discussion. We hope that our format will stimulate discussion of Best Practices as we navigate the space between "gold standard" care and the practicalities of street-based care. Presenter descriptions: Emma Lo, MD is the founder and attending psychiatrist for Connecticut Mental Health Center's Street Psychiatry program based in New Haven, Connecticut. Claire Gibson, MD is a Yale psychiatry resident.

Learning Objective 1:

Participants will be able to: Discuss a protocol with their street medicine team for conducting buprenorphine inductions for rough sleepers with opioid use disorder

Learning Objective 2:

Strategize follow-up visits and patient retention for individuals induced on buprenorphine

Learning Objective 3:

Address concerns about urinary toxicology, diversion, medication effects (including precipitated withdrawal), regulatory requirements, and aligning with harm reduction principles

Learning Objective 4:

Develop best practices guidelines through participant/presenter discussion

Learn from the Experts: Street Health Across the Spectrum of Homelessness

Elizabeth Torkington, Melissa Moore, Jared Bunde

We will have a panel of 3-5 people with lived experience of rough sleeping as well as other experiences of homelessness. Our 3 co-presenters also include one person with lived experience across the spectrum of homelessness. Co-presenters will ask questions of the panel, and questions will also be opened up to the attendees as well.

Learning Objective 1:

At the end of this presentation, attendees will be able to identify three ways street teams can best facilitate continuity and coordination of care of their patients across the spectrum of homelessness.

Learning Objective 2:

At the end of this presentation, attendees will be able to identify three barriers to receiving care people experiencing homelessness may face as they move across the spectrum of homelessness.

Learning Objective 3:

At the end of this presentation, attendees will gain a deeper understanding of the stories of people experiencing homelessness as they move across the spectrum of homelessness.

Adaptations to mental health care of homeless population in semi-rural Sierra Leone during the COVID pandemic

Cathy Conteh, **Chenjezo Grant Gonani**, Lansana Kamara, Finda Konomanyi

In April 2019, Partners in Health mental health team started a street psychiatry program engaging homeless individuals in Koidu City, Sierra Leone. Most individuals experiencing homelessness in Koidu City are experiencing a mental health condition, and for the majority, this led to their loss of shelter. Program services include food assistance, medication management, monitoring by community health workers (CHWs), counseling, and community education. Since its inception as a pilot program engaging 3 homeless individuals, it has grown to engage 50 individuals experiencing homelessness. The bulk of the presentation will discuss the design and implementation of the street psychiatry program before the impact of the COVID pandemic, and the adaptations instituted to continue provision of care during the pandemic. The COVID pandemic threatened social fabric and health care of many individuals across the world. However, individuals experiencing homelessness were particularly vulnerable to the pandemic's impact. The street psychiatry program in Koidu continued to provide care to homeless individuals engaged in the program. Care adaptations were done to the methods of engagement of new patients, linkage to care of new and established patients, integration of patients within the community and provision of medical treatment and supportive care. Provision of shelter was done when possible, as well as education regarding COVID to patients and the community. Personal protective equipment (PPE) was given to staff, patients and their community caregivers. Through these adaptations, the safety of patients, staff, caregivers and the community was protected. The presentation will describe in depth the innovative approaches instituted by the street psychiatry team in Koidu City. Data will be presented regarding engagement and improvement in mental health symptoms for homeless individuals cared for by street psychiatry program.

Learning Objective 1:

To learn about factors leading to homelessness in Kono District, Sierra Leone

Learning Objective 2:

To learn about treatment and care given by street psychiatry program implemented in Kono District

Learning Objective 3:

To hear about adaptations to mental health treatment and care of individuals experiencing homelessness during the COVID pandemic in Kono District

Community Partnership and Expanded Outreach During the COVID-19 Pandemic in Miami - How Organizations Banded Together to Protect Patients Experiencing Homelessness and the Lessons that Go Beyond the Pandemic

Saraswati Iobst, Ana Dirube, Rose Anderson, Alina Wetzstein, Ivo Garcia, Asim Nisar

Camillus Health Concern (CHC), a Miami-based Federally Qualified Health Center (FQHC), has played a key role in protecting and caring for our patients experiencing homelessness during the COVID-19 pandemic. Early in the course of the pandemic, CHC met with key stakeholders to plan a collaborative testing and outreach effort in order to mitigate the impact of COVID-19 and to ensure ongoing access to critical comprehensive health services for our patient population. CHC obtained funding to expand our multidisciplinary outreach team in order to meet the following objectives: protect people experiencing homelessness from COVID-19 through education, infection control, early diagnosis, and access to medical care; provide enhanced access to comprehensive healthcare services during the COVID-19 pandemic; work with our housing partners to directly link patients to shelter opportunities in real-time. Over the past year, through our expanded outreach program and key organizational partnerships, CHC has provided care to an increasing number of patients experiencing homelessness and has assisted many patients obtain long-term shelter and/or permanent housing. CHC has conducted over 4000 COVID-19 PCR tests and has tested 2,792 unique patients for COVID-19. Fortunately, our patient population has experienced a very low positivity rate throughout the COVID-19 pandemic, possibly in part because of aggressive broad-based testing and rapid isolation of suspected cases. In addition, CHC has been able to help many of our previously unsheltered patients obtain long-term shelter and/or housing, particularly our elderly and high-risk patients. For many of these patients, overall health outcomes and hospital utilization has improved significantly. CHC's COVID-19 outreach and community collaboration program offers a comprehensive care model that has helped our patient population during an unprecedented public health crisis. However, the lessons learned and the positive outcomes go beyond COVID-19 – they highlight the importance of providing shelter and multidisciplinary outreach services in order to improve overall health outcomes in patients experiencing homelessness. Our presentation will include an overview of our expanded comprehensive outreach program and collaborative partnerships, our COVID-specific response and outcomes, and a discussion of health and housing outcomes. We will be analyzing and providing the following outcomes for the final presentation: unique patients seen through our outreach team in 2020, Covid-19 numbers (i.e. tests done, number of positive cases, hospitalizations, vaccinations), and housing outcomes. We will also provide clinical vignettes that show improvement in health outcomes. We will also discuss ongoing challenges and barriers, particularly in improving outcomes in patients with substance abuse disorders.

Learning Objective 1:

Review Background of Camillus Health Concerns Expanded Street Medicine Program and Community Collaboration During the COVID-19 Pandemic - How and Why we Created our Program

Learning Objective 2:

Discuss the team's COVID-19-specific work and outcomes, including broad-based testing and work in quarantine/isolation hotels

Learning Objective 3:

Discuss positive health and housing outcomes because of expanded comprehensive services through street medicine and increased access to shelter and/or permanent housing

Learning Objective 4:

Review lessons learned, ongoing challenges, and ideas for next steps and sustainability

Saturday 10:30 – 10:45 am

Break

Interactive Presentations

Saturday 10:45 – 11:45 am

Treating Borderline Personality Disorder as a Street Medicine Team: A Deeper Dive

Katherine Koh, MD MSc, Kevin Sullivan, MD, Nick Maguire, DClín Psychol

At last year's ISMS conference, we were fortunate to be able to present a workshop entitled "Personality Disorders in the Street Homeless Population: A Framework for Diagnosis and Treatment." We were grateful to have the opportunity to provide an introduction to personality disorders, how to recognize them in our patients, and approaches to treatment. We emphasized how the lack of awareness around these diagnosis is a disservice to our patients, as they are often misdiagnosed and more importantly, mistreated. We felt that the last part of our workshop in which we discussed approaches to treatment was the most engaging and useful part for our audience, yet time was short and we found we did not have time to explore or discuss as much as would have been optimal. We had heard from attendees and felt that it would help to have a more in depth discussion about treatment approaches at this year's workshop, and thus we are envisioning this presentation as a follow-up to last year's presentation, yet with more of a focus on not only how to approach treatment for rough sleepers with personality disorders, but particularly how to do so as a team. Although linked to last year's discussion, this talk will be accessible to those who did not attend last year. We will focus on borderline personality disorder specifically for this presentation, rather than covering personality disorders in general as we sought to last time. We plan to review the diagnosis of borderline personality disorder, acknowledge that treatment works but that our patients significantly lack access to DBT, and therefore emphasize the importance of street medicine teams equipping themselves with DBT ideas and skills to help their patients. We will then proceed with a structured case discussion including role playing. We may also explore concepts such as how to approach self-care and support one another while caring for these patients. In summary, the aim of this workshop will be to empower attendees with approaches to effectively and compassionately treat patients with borderline personality disorder as a street medicine team.

Learning Objective 1:

Provide an overview/review of how borderline personality disorder may present in rough sleepers.

Learning Objective 2:

Empower attendees with a team-based approach for treating borderline personality disorder focusing on DBT skills.

Learning Objective 3:

Create an opportunity for attendees to practice these skills using small group discussions and role playing.

COVID19 Vaccination Drive in Street Sleepers: Successes, Challenges, and Lessons Learned

Jason Reinking, Audrey Fisher, RN, Emily Law, RN, Samantha Busener, RN, Emmanuel Mejia, RN, Maria Zimmerman, RN

With the advent of the COVID-19 vaccinations and the demonstration of their efficacy, at risk populations across the country have been prioritized for the limited supplies. Street sleepers, a California demographic increasing in age and associated with multiple comorbidities increasing the risk of COVID-19 complications, are a historically hard to reach population necessitating prioritization in the fight for vaccine equity. Since late February 2021, Lifelong Street Medicine and its teams have vaccinated over 250 patients who are street sleeping with use of a combination of COVID vaccines, primarily Johnson and Johnson. This presentation endeavors to create an expert panel of 5 RNs and the street medicine medical director to share in their collective experience around creating a successful COVID vaccination drive, especially important as we look towards the high likelihood of COVID-19 booster vaccinations this upcoming winter. We will explore the logistical operations of a vaccine effort including vaccine supply (state and federal), storage (freezer or fridge), transportation (mobile medical van or hand held coolers), logging, administration, safety, and charting. But more importantly we will discuss the impact of a longitudinal street medicine program on the patient receptiveness to vaccine. Nearly 75% of patients vaccinated were previously known to street medicine with multiple encounters demonstrating a richness of relationship informing trust to battle justified vaccine hesitancy in marginalized communities. Our expert panel will discuss their communal strategies for overcoming vaccine hesitancy including motivational techniques, sharing of personal experience of receiving COVID vaccine, demystifying “experimental” mRNA vaccines versus “standard” viral vector vaccines, setting realistic expectations for side effects, painting side effects in a positive light of immunity generation, and single vs double dose vaccine options. Finally, they will discuss navigating the Johnson and Johnson pause and subsequent effect on patient readiness for vaccine and longitudinal relationship with street medicine.

Learning Objective 1:

Understand the importance of COVID vaccination in street sleepers.

Learning Objective 2:

Discuss the logistics behind a COVID vaccination street medicine drive

Learning Objective 3:

Share in strategies for overcoming vaccine hesitancy in street sleepers

The experience of street medicine development in Saint Petersburg over the past 3 years (2018-2021)

Daria Reut, Ievkov Sergey, Yukhneva Elizaveta, Matveeva Anna, Chekrygin Andrey, Suminova Elena

In our presentation we are going to tell about the experience of street medicine development in Saint Petersburg over the past 3 years (2018-2021) - from the inception of the idea, and creation of a community of medical volunteers to registration of non-profit organization, and implementation of wide medical programs for the prevention of homeless people and interaction with the state. We will touch upon mistakes and progress, difficulties and their overcoming. We'll give analysis of the problem of access to medical care in Russia considering local characteristics (weather conditions, a small number of services, a large demand, etc.). Presentation will include statistics on the disease incidence among homeless people in Russia and its evaluation based on our own data from the project in 2021. Considering the project on street medicine as a “study room”, we will talk about training volunteers and employees, as well as the experience of creating our own educational platform (conducting webinars, master classes, mentoring among specialist doctors). Street medicine has become a main platform for students in learning medicine, taking into account anti-epidemiological measures in Russia in the period 2020-2021 (remote education of medical students, absence of patients and practice.) We will point out the problem of legalization of street medicine in Russia (currently, medical care to homeless in Russia is illegal) Further plans of street medicine development in St. Petersburg will be covered, possible ways to solve local problems and adaptation of street medicine world experience in Russia.

Learning Objective 1:

analysis of the problem of the availability of medical care for homeless in Saint Petersburg

Learning Objective 2:

ways to solve problems with access to healthcare for unsheltered homeless

Learning Objective 3:

ways to solve problems with access to healthcare for people living in temporary shelters

Learning Objective 4:

planned solutions of the problem by expanding services in Charity hospital (a hospital for homeless, preventive vaccination, registration of disability)

Interactive Presentations

Saturday 11:45 – 12:45 pm

Wound Care for People Who Inject Drugs: An Interdisciplinary Panel

Sara Wallace-Keeshen, BSN, RN, CEN, Elby Katumkeeryil, MSW, Brian Work, MD, Cesar Centro, Bruce Bell, Rachel McFadden, BSN, RN, CEN

In 2015 Prevention Point's Mobile Wound Care Program formed to provide wound care to people who inject drugs (PWID), including people who are unsheltered and non-permanently housed in Philadelphia. As the opioid crisis has continued to grow in Philadelphia, the prevalence of skin and soft tissue infections amongst people who inject drugs has increased astronomically, for example, hospitalizations for injection drug use-related infections have increased 263% since 2010 in Philadelphia. In response to this growing problem, the wound care clinic expanded to include an interdisciplinary team of nurses, social workers, outreach workers, and physician and advanced practice providers as well as developed collaborations with local emergency room physicians. The Wound Care Clinic presents an interdisciplinary panel consisting of a wound care nurse, a social worker, a collaborating hospital physician, and a wound care patient to highlight the ways in which the Wound Care Program's mission adapted to the changing needs of the community of unsheltered and non-permanently housed PWID by 1) highlighting experiences of PWID in accessing wound care services and caring for wounds 2) Identifying interdisciplinary strategies for adapting services in the presence of a pandemic to meet the increased wound care needs of the community of PWID 3) Identifying collaboration strategies between Emergency Department and Inpatient teams to support patients seeking advanced medical care

Learning Objective 1:

Highlight experiences of PWID in accessing wound care services and caring for wounds

Learning Objective 2:

Identify interdisciplinary strategies for adapting services in the presence of a pandemic to meet the increased wound care needs of the community of PWID

Learning Objective 3:

Identify collaboration strategies between Emergency Department and Inpatient teams to support un-housed patients seeking advanced medical care

Training the Next Generation: Defining A Framework for Teaching Street Medicine

Corinne Feldman, Brett Feldman, Joel Hunt, Denise Kohl, Jim Withers

Training the next generation of street medicine providers is a challenge that most street medicine teams encounter as they field requests from various types of learners. While education has been a key component of the street medicine philosophy, a framework for how to train students in the art, philosophy and skill of the street has never been formally explored. This workshop, presented by a team of experienced street medicine providers and educators, invites participants to share their opinions of what new learners should be taught while exploring the classroom of the streets. The presenters envision using the information gathered during this problem-solving workshop to create an educational framework that can be shared with the larger Street Medicine community. Participants are envisioned to be a mix of novice to expert non-educators and educators who represent a cross section of roles typically found on street medicine teams. Following introductions, the presenters will provide a brief (10 min) overview of the current state of formalized street medicine education and training. The audience will also be polled, using an audience response system, to explore other formalized education programs that may exist beyond those the presenters are aware of and perceived advantages and barriers to developing a framework around the classroom of the streets. We anticipate polling will take less than 5 minutes to complete. Participants will then be moved to breakout rooms with one presenter to discuss 2-3 prompts centered about defining what practicing street medicine team members think is of critical importance to teach new learners. Each breakout room facilitator will have a google link that will take them to an editable Google Slide set which contains each prompt. Groups will work to discuss and capture key points in their slides. This will allow for the creation of a real-time capture of ideas and vision, representative of the larger group. After 20 minutes, small groups will rejoin the virtual “main room” and engage in a facilitated conversation about key findings and common denominators.

Learning Objective 1:

Define the current environment of formalized street medicine education.

Learning Objective 2:

Recall the key role street medicine teams play in the future street medicine workforce.

Learning Objective 3:

Identify critical areas of importance to teach new street medicine learners.

‘Rabbits out of Rucksacks’: A Reflective Practice Performance

Dr Maria Fordham, Caitlin Mary May APRN FNP, Janet Keauffling, DD Travers,

‘Rabbits out of Rucksacks’: A Reflective Practice Performance. Performance is the sixth movement in reflecting on practice through dialogue where one tells their story as an act of social justice to an audience. During the pandemic year, nurses from UK, US and Chile came together each Monday, courtesy of Zoom, into a creative reflective space that became all the more dynamic because of its international presence. The reflective space is somewhere to reflect on what being human means, harnessing suffering and promoting resilience through simple ‘talking together’ that encourages creativity alongside academic discourse. The art of reflection begins with watching oneself in practice like a mirror in order to gain deeper insights about self and be transformed into the practitioner one hopes to be in the diverse physical and psychological places of our practice. In the complexity of homelessness there is so much to dwell on, to think around, to write about and to discover in dialogue with self (through a journal)

Learning Objective 1:

To become part of an audience (‘audienciing’) where the stories resonate with your practice in order for you to develop insights about homelessness and ways to be effective in your role. This will include the art of critical presence which embraces chaos, key to this special population

Learning Objective 2:

To hear, through story, the voice of rough sleepers so that your practice ‘horizon of understanding’ from their perspective is widened.

Learning Objective 3:

To inspire you to become reflective practice so that you can deepen practice insights which will transform you into the practitioner you desire to be.

Learning Objective 4:

To encourage you to become storytellers of homelessness practice as an act of social justice

Alternative medicine in street medicine: a relationship-building strategy for street sleeping populations

Emily Law, RN, Emmanuel Meijia, RN, Mukund Raguram, Olivia deBree, NP,

As a population that is frequently marginalized, stigmatized and/or experiences trauma vis-a-vis traditional systems of care, street sleepers may present with skepticism of allopathic medical outreach services. LifeLong Medical Care Street Medicine outreach teams have successfully connected with and engaged service-skeptic patients by embracing conversations around alternative medicine, most notably herbal medicine and food-as-medicine. Outreach teams have found that conversations around alternative medicine provide an avenue for exploration of patient choice and patient-driven care, which in turn may rebuild trust in traditional systems of care. Many alternative medicine modalities are more readily available to patients through local stores or free community service, further providing patients with a means to assert autonomy, engage in self-care and, sometimes, provide a tangible method for patients to care for other street sleepers in their community. Medical street teams should always endeavor to offer the standard of care to their patients. We will discuss how, alongside the standard of care, incorporation of alternative medicine into outreach practice – whether through discussion, education or direct access to service – provides a robust and useful tool for engaging service-averse street sleepers.

Learning Objective 1:

Participants can articulate at least three benefits of engaging with patients in conversations about alternative medical modalities.

Learning Objective 2:

Participants understand the spectrum of alternative modalities that a patient may be interested in.

Learning Objective 3:

Participants identify at least one scenario in which a conversation about alternative medicine options would enhance patient trust, self-efficacy and/or autonomy.

Learning Objective 4:

Participants identify resources for both patients and practitioners to learn more about safe and empowering alternative medicine modalities.

Saturday

12:45 – 1:30 pm

Break

Poster Session

Saturday 1:30 – 2:30 pm

Use of the Plenoptika for Prescription Medications

Abel De Castro, Sara Yee, Eashan Das, Justin Zeien, Jeffery Hanna, Jasper Puracan

History for SMP and its optometry services. A needs assessment was conducted in 2018 that ID'd that visual health is an important need in the community. Early on, volunteers provided optometric care by using only visual acuity cards. Volunteers used J scores to determine whether or not patients needed glasses, then referred to community organizations that can provide vision screenings and glasses if necessary Partnered with local optometry college and our program to enhance the breadth of vision services to provide to our patients. General format - students and faculty preceptors from local optometry college joined volunteers from our SMP program. Join us on outreach events across Phoenix. Brought portable auto refractory equipment and other relevant devices to conduct eye screenings and determine prescriptions for patients who had a visual complaint. Using this prescription, we would input this information into the "New Eyes for the Needy" website to get glasses. Took roughly 8 weeks to deliver. Due to the long delay, lots of loss to follow up. Lots of glasses unclaimed Transition to Quick See. Now we have our own auto refractor. Brief description of Quick See. 10-15 min/patient. A patient and the trained volunteer would utilize the quick see to determine each patient's prescription. We have a triage process to determine where we get the glasses. If not urgently needed: New Eyes for the Needy, write down the patient's information. If urgent, like for work: Ordered from Zenni optical. Funds from generous donation through partnership with UoA ophthalmologist, Red Rover ventures (Dr. Ross) and Pay Pal. Glasses arrive in 2-3 weeks. Depending on strength of prescription, may cost between \$15-\$60. Several anecdotes from patients to illustrate the impact of these glasses on quality of life. Currently delivered 50 pairs of prescription glasses. For those who need only reading glasses, we have also been given a donation of reading glasses for distribution. 15 undelivered pairs of glasses. Reading glasses given = 150.

Learning Objective 1:

Describe how to provide optometry services in the Street Medicine program

Learning Objective 2:

Explain the utility of the Plenoptika Quick See device to acquire patient eyeglass prescription

Learning Objective 3:

Identify national organizations and vendors for distributing eyeglass prescriptions

Self-Efficacy: A Study on the Effects of Mobile Showering Services on the Homeless

Hasibah Ahmed

Homeless individuals face many challenges, including societal rejection, extreme negative perception, and vulnerability to common infectious diseases. Simple interventions associated with grooming can potentiate homeless individuals' self-confidence and self-efficacy. Currently, there is a paucity of data on the association between a simple shower and improved personal hygiene on the self-efficacy of homeless people to seek employment, housing, and pursue a better life. We seek to measure the influence of access to shower and grooming on improving the self-efficacy of a homeless person in seeking employment and housing. Methods: This is an ongoing collaborative cross-sectional epidemiologic study, which examines the effect of shower offered by the Showering Love, a Non-governmental Organization that provides services to homeless individuals in Palm Beach, Fort Lauderdale, Miami, and Broward. We utilized a validated questionnaire to measure the constructs of the Health Belief Model (HBM) to understand the homeless individual's self-efficacy to pursue normal daily living after utilizing the personal hygiene services offered by Showering Love. Emphasis is placed on emotional well-being and the likelihood of individuals taking active steps to obtain stable housing and/or stable employment. We used the Redcap®, a secure web application for building and managing online surveys and databases to collect our data. Results: Data collection started in February 2021 and will continue until July 2021. As of March, 205 homeless individuals participated in our study. Eighty-two percent of these have taken showers provided by the Showering Love in the past 30 days. Approximately 61% of participants became homeless because of loss of job (60.8%), family tragedy (24.3%), and drug/alcohol addiction (21.5%). After taking the shower, 72% feel positively hopeful and encouraged to seek employment and housing. From the self-report, homeless male is more likely to pursue opportunities for housing and employment after grooming compared with females (140/149 vs. 20/41, $p=0.001$). We plan to follow the participants to record the proportion who truly seek employments and housing after attending the Showering Love intervention. This will help identify factors that increase self-efficacy among homeless people and their willingness to take action to improve their living conditions. Conclusion: Understanding the effect of a shower on the self-efficacy of a homeless individual is important for public health policy and planning and the development of appropriate clinical services for homeless people.

Learning Objective 1:

Discuss self-efficacy as a driving force for displaced individuals to move out of homelessness

Learning Objective 2:

Identify and explain the impact of showering in a mobile showering facility on self-efficacy in displaced individuals

Learning Objective 3:

List strategies designed to engage and empower individuals who are homeless in taking action by increasing self-efficacy

Learning Objective 4:

Emphasize the importance of mundane practice such as showering on self-efficacy and positive self-perception in individuals suffering from homelessness

Incorporating Nutrition into Street Medicine

Elizabeth Adams & Rolando Jara

This presentation will discuss the unique needs of those experiencing rough sleeping and all other forms of homelessness in terms of how this interfaces with the food street medicine programs frequently offer. The homeless community has unique health needs that warrant increased focus on nutrition to promote wellness, however, this has historically not been explored due to financial and structural constraints imparted upon street medicine programs. In this presentation, we will provide insights and suggestions on how to overcome these barriers to use food as a vehicle for health and wellness, rather than a need to simply satiate in a way that may do more harm than good for the client.

Learning Objective 1:

Reflect on the nutritional quality of the food and drinks that street medicine programs frequently provide to those they serve.

Learning Objective 2:

Explore the unique needs of our neighbors we engage with through street medicine and how these affect the food that is offered by programs during street runs.

Learning Objective 3:

Consider ways in terms of maximizing quality and minimizing cost to be able to enhance the nutrition of the food offered.

Impact of COVID-19 on Service Utilization by Those Experiencing Homelessness in Detroit

Anneliese Petersen

Current research has demonstrated increased levels of fear and anxiety due to the Coronavirus pandemic. While fear can have a significant impact on any individual, fear among individuals experiencing homelessness is particularly impactful as this may affect service utilization and thus the ability of to access basic necessities such as food, shelter and water. This study seeks to understand the impact of fear of contracting COVID on service utilization among those experiencing homelessness in Detroit, MI. Methods and Results: From July-August 2020, 35 individuals who self-identified as homeless participated in a multiple-choice survey. 40% of surveyed individuals stated that they experienced fear of contracting COVID-19. None of the individuals who primarily stayed in shelters over the last six months reported such fear, whereas 48% of rough sleepers reported experiencing fear. 83% of those who did not stay in a shelter stated that they chose not to stay in a shelter that they otherwise would have due to fear of COVID-19. Of those who primarily relied on community resources for food, 23% stated that they did not use these resources during March, April or May of 2020, and 60% of these individuals said that this decision was due to fear of contracting COVID. Conclusions: Fear of contracting COVID-19 is present among the homeless population and impacted the use of community resources in Detroit. Specifically, individuals who normally rely on community shelters and food distributions chose not to frequent these services out of fear of contracting the coronavirus.

Learning Objective 1:

Understand the impact of the pandemic on individual choices of those experiencing homelessness

Learning Objective 2:

Understand the role that fear plays in the choice of service utilization among those experiencing homelessness.

Learning Objective 3:

Allow this knowledge to impact future decisions that cities/organizations may make when allocated funds for community services in light of the pandemic

Learning Objective 4:

Better our understanding of our patients experiencing homelessness!

Using a participatory, strengths-based approach to conduct a needs assessment with Street Medicine providers

Lucy Tamberrino, Julie Suh, Kelly Giuliano, Randy Colon, Andrea LeFlore

Point-in-time data collected by The U.S. Department of Housing and Urban Development (HUD) estimates that approximately 39% of the 580,000 people experiencing homelessness on any given night in the United States is unsheltered [1]. Research suggests that people experiencing unsheltered homelessness (PEUH) are more likely to have limited health care access, poorer health, and increased risk of mortality when compared to those who are sheltered [2]. Between 2019 and 2020, there was a 21% increase in PEUH in Chicago [3]. With this substantial increase, there is now an even greater need for Street Medicine providers to collaborate to identify and address the current health care priorities of PEUH. This poster outlines the process by which a participatory, strengths-based needs assessment (NA) was conducted with Street Medicine providers (n=20) from four Street Medicine organizations in Chicago. The researchers used the World Café (WC) method to elicit information from providers. The WC is a process by which groups of people engage in informal conversations to answer important questions and exchange ideas, ultimately prompting change at the organization and community-level [4]. The WC is different from other NA data collection methods (i.e., surveys, interviews, and focus groups) in that it utilizes a participatory, strengths-based approach through the integration of the following principles: (1) set the context, (2) create hospitable space, (3) explore questions that matter, (4) encourage everyone's contribution, (5) connect diverse perspectives, (6) listen together for patterns & insights, and (7) share collective discoveries [4,p.3]. We propose that using this approach has the potential to help Street Medicine organizations (1) better understand the priorities of PEUH, (2) increase awareness of opportunities in the community to reach PEUH, (3) improve quality of care, and (4) better coordinate Street Medicine services with other organizations. We also propose that this approach can be used to include people with lived experiences of unsheltered homelessness to ensure that members of this population are involved in the decision-making processes of Street Medicine organizations.

Learning Objective 1:

Articulate the purpose of a Needs Assessment when working with people experiencing unsheltered homelessness.

Learning Objective 2:

Explain the concept of a World Café and how it applies to improving Street Medicine.

Learning Objective 3:

Describe how to develop a Logic Model to inform Street Medicine organizations.

History-Taking Workshop for Undergraduate Medical Students Using HOUSED BEDS

Jacqueline Carson

Lack of training in working with individuals experiencing homelessness contributes to persistent unmet health care needs of the population. The further medical trainees advance into their training, the less favorable their attitudes become towards homelessness; early intervention may mitigate this negative shift. Few medical schools have incorporated formalized teachings on the unique health needs and barriers faced by individuals experiencing homelessness (sheltered or unsheltered) into their curriculum. We sought to create a skills-based session for the pre-clerkship curriculum that focuses on taking a relevant but comprehensive history of a patient experiencing homelessness. Methods: A 15-minute clinical skills session was developed by 2 medical students and incorporated into the required pre-clerkship curriculum for first-year medical students. The session was split into a didactic portion and a hands-on portion. The didactic portion covered general information about the health disparities experienced by our unhoused neighbors, local statistics and resources, and the HOUSED BEDS tool. The HOUSED BEDS tool, created by faculty from Keck School of Medicine, provides a conversation guide to respectfully elicit the homelessness-related factors that may be impacting a patient's health and wellness. The practice scenarios required one student to role-play the patient and one to role-play the clinician, using the HOUSED BEDS tool to direct the history-taking. The clinical vignettes were a rough sleeping male with a history of alcoholism and depression, and a sheltered male with a history of drug use and schizophrenia. Participating students were asked to complete surveys before and after the session. To provide spaced repetition, a patient case for a clinical skills session several weeks later was adapted to include a patient experiencing homelessness, as well as several discussion questions to reiterate the points taught in the original session.

Learning Objective 1:

Understand the role that medical caregivers can play in reducing the stigmatization of homelessness and how we can better meet the needs of the unsheltered and sheltered homeless population

Learning Objective 2:

Appreciate the importance of instituting a structured, reality-based curriculum in mitigating negative opinions towards the homeless population and shifting levels of comfort caring for them

Learning Objective 3:

Apply the pre-made homelessness curriculum to your institution

Bridging Gaps in Undergraduate Medical Education on Houselessness

Mimi Le, Anya Solotskaya,

Houselessness is a significant social and public health issue in the United States affecting nearly 600,000 people annually. In Multnomah County, Oregon a 2019 point-in-time count revealed there were 4,015 unhoused individuals on a single night. One study published by Masson et al in 2003 revealed that student attitudes towards homeless people became more negative toward the end of their undergraduate medical curriculum. Student interviews highlighted the importance of professional socialization and clinical contact attitude development in preventing this trend. Individuals with more experience with the homeless also showed more positive attitudes and interest toward this population. Therefore, increasing the opportunities to provide direct patient care to the houseless, didactics on the epidemiology and pathophysiology of houselessness and practicing trauma informed care may improve the attitudes of future providers toward this group and other marginalized populations. We created a survey to assess medical student attitudes, awareness, and knowledge on houselessness and found that 78% of medical student felt overwhelmed by the complexity of problems houseless patients have and 35% felt uncomfortable with houseless individuals. 55% were unaware of local resources available and 90% were unaware of the magnitude of houselessness in Portland. Based on these findings, we designed the clinical elective “Introduction to Street Medicine” as well as a short lecture series “Healthcare for the Houseless Population” as interventions to bridge the gaps in awareness and knowledge, expose future clinicians to the interdisciplinary care providers such as social workers, addiction specialists and community partners with expertise in taking care of those living on the street with the goal of helping students generate a more positive attitude towards those who are houseless. Students were re-surveyed after the interventions and we found that while a significant portion remained overwhelmed by the challenging social factors of this group, fewer felt as uncomfortable with houseless patients, more were aware of local resources available, and many had a better understanding of the magnitude of the issue. These findings indicate that our interventions had the intended effect on students and that further attempts to incorporate such curriculum into undergraduate medical education can help shape the necessary skillsets and attitudes needed to provide the best care for houseless patients.

Learning Objective 1:

Identify gaps in undergraduate medical student knowledge as it relates to the clinical care of individuals who lack housing.

Learning Objective 2:

Outline ideas for a multidisciplinary approach to develop student’s skills in harm reduction strategies, trauma informed care, and mental resiliency when treating vulnerable populations.

Learning Objective 3:

Compare and contrast student’s knowledge after receiving an educational intervention focused on the epidemiology and pathophysiology of homelessness.

Vaccination of Unsheltered Homeless during the COVID-19 Pandemic: Progress and Strategies of Street Medicine Teams in Chicago, Illinois

Frances Rose Lendacki

As outlined by the Centers for Disease Control and Prevention (CDC), COVID-19 risk among persons experiencing homelessness (PEH) is largely attributable to risk in crowded congregate settings such as shelters. Risk among the unsheltered is lower, given time spent outdoors and ability to distance at encampments. However, access to hygiene and medical care are worse, and underlying conditions associated with COVID-19 severity remain prevalent. Acknowledging these risks, the CDC recommends that vaccination programs for PEH extend beyond shelters, to areas frequented by unsheltered PEH (1,2). In February 2021, as reported to the Chicago Department of Public Health, two leading community organizations began providing Moderna and Janssen COVID-19 vaccines to unsheltered PEH through street medicine and mobile outreach. Event-level data (event date, location, number and type of vaccines administered) and demographics of recipients (age, race and ethnicity) were reported. Preliminary data through April 9, 2021 indicate that mobile teams administered 432 doses of COVID-19 vaccine to attendees of events for the unsheltered homeless in Chicago. These included 243 first doses and 90 second doses of the two-dose Moderna vaccine and 99 of the one-dose Janssen vaccine. Event locations included public transit (train and bus) stops, shelters, churches, church-based mealtime gatherings, and city encampments. These progress reports confirm that through provider crosstalk and engagement of trusted community partners, barriers to vaccination of unsheltered homeless can be reduced and disease control can be improved. These findings are subject to limitations, including incomplete demographic data to describe vaccine recipients. Furthermore, as “other” attendees of vaccine events (such as staff, sheltered homeless and other community members) are excluded from this report, total number of vaccines administered is underestimated. Mobile vaccination, as accomplished through street medicine, is a critical public health strategy for unsheltered PEH and others with poor access to medical care. Such efforts supplement shelter-based initiatives, and enable PEH to seek assistance in congregate settings with a decreased risk of importing COVID-19. These approaches can be adapted by street medicine teams globally, and present promising pathways for reducing vaccine-preventable disease among both sheltered and unsheltered homeless. 1. CDC. Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials. Atlanta, GA: US Department of Health and Human Services, CDC. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html> 2. CDC. COVID-19 Vaccination for People Experiencing Homelessness: Frequently Asked Questions. Atlanta, GA: US Department of Health and Human Services, CDC. <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccine-faqs.html>

Learning Objective 1:

Compare barriers to COVID-19 control in unsheltered versus sheltered persons experiencing homelessness

Learning Objective 2:

Describe approaches utilized by mobile outreach teams vaccinating unsheltered homeless in Chicago since February of 2021

Learning Objective 3:

Understand challenges to describing and measuring vaccine uptake among unsheltered persons experiencing homelessness

Saturday 1:30 – 2:30 pm

Student Nurse Clinics for Unsheltered Populations: Effect on Student Attitudes

Diane Vines, Michelle Rodriguez, Genevieve Marruffo,

The California State University San Bernardino nursing department conducts street medicine nurse clinics serving the homeless in the Coachella Valley, California. This presentation will describe the program, describe the activities/skills the students perform, discuss the steps for starting a nursing student street medicine program, and discuss the results of a survey of attitudes toward the homeless and poverty administered to the students before and after serving in the program. The participants will be invited to make suggestions for improvement and replication of the program.

Learning Objective 1:

Describe the CSUSB Nursing Street Medicine Program

Learning Objective 2:

List activities/skills nursing students perform in the Street Medicine Program

Learning Objective 3:

Discuss the steps for starting a nursing student street medicine program

Learning Objective 4:

Discuss the results of the survey of nursing student attitudes toward the homeless and poverty