

CMU Street Medicine: Serving Mid-Michigan's Homeless Population by Bringing Primary Care to Streets and Shelters

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What is Street Medicine?

Mission: CMU Street Medicine's mission is to improve health outcomes and ensure access to quality health services for the homeless, rough-sleeping, and low-income populations in Mid-Michigan. We aim to reduce barriers to healthcare for these specific populations by hosting free monthly clinics in accessible and convenient locations, building relationships and trust, providing patient health education, and offering primary care, preventative care, referrals, and social resources that meet the unique needs of these populations.

Key Goals:

- Engaging people experiencing homelessness exactly where they are to maximally reduce or eliminate healthcare barriers
- Visiting people where they live, whether under bridges, in cars, or in urban camps, to develop relationships and facilitate trust
- Emphasis placed on referrals, establishing long term care, and follow up care
- Providing patient education regarding insurance, chronic health, mental health, housing assistance, career assistance, etc to treat each person holistically and facilitate independence

Homelessness + Health

- Poor health can lead to unemployment, poverty, and homelessness
- Homelessness is associated with worsening chronic disease, increased stress, depression, anxiety, decreased access to healthy food, exposure to communicable disease, medication nonadherence, substance use disorders, and exposure to unsafe living environments

Estimated # of Homeless Persons, 2018



Why is Healthcare so Important for this Population?

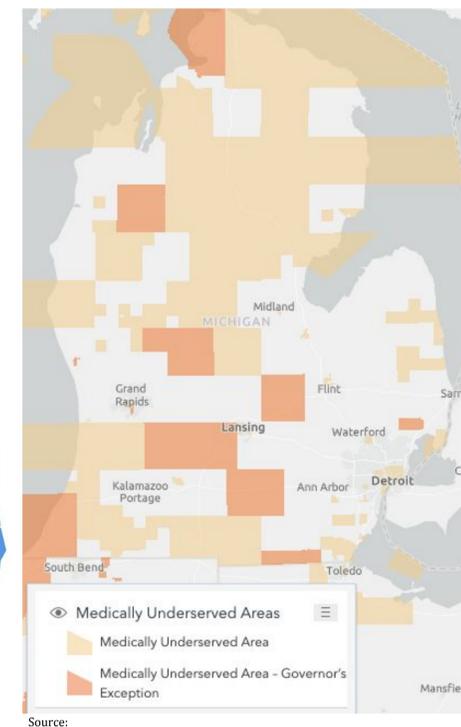
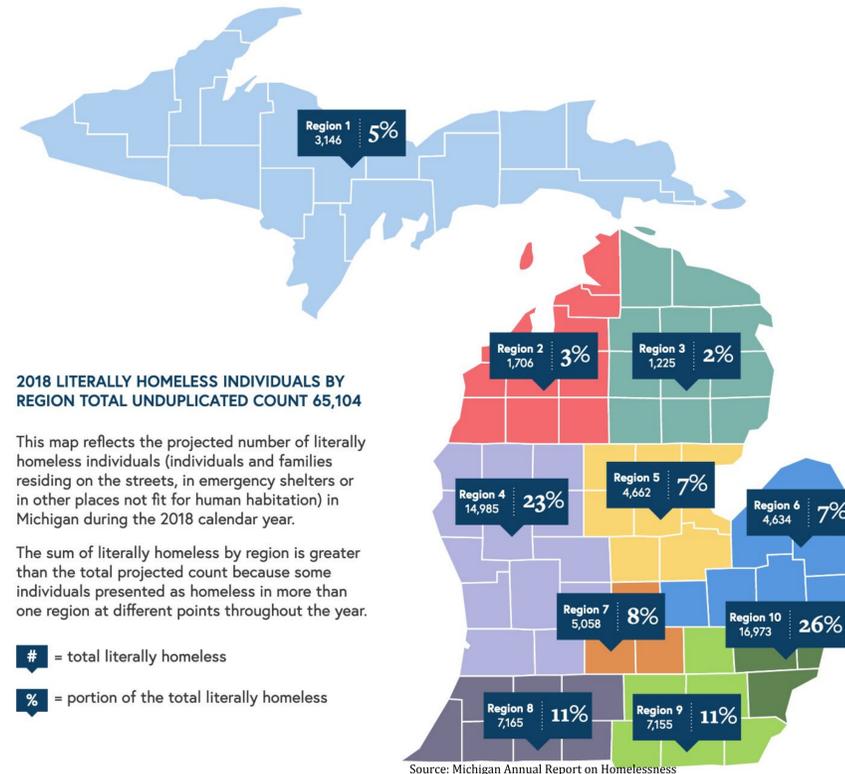
- Homeless persons die on average 12 years sooner than the US non-homeless population³
- Almost 33% of all visits to the emergency department are made by chronically homeless people; each person averages 5x annually⁴
- Each visit costs \$3700, amounting to \$18,500 spent annually for the average user and up to \$44,400 for the most frequent users
- In Michigan, 44% of homeless are disabled, vs 14% of the US general population²
 - Of the 44%, 67% have a mental disability, 43% have a physical disability and 28% have a substance use disorder²

Health Conditions Among the Homeless Population in Comparison to the General US Population

HOMELESS	US	HOUSED
18%	Diabetes	9%
50%	Hypertension	29%
35%	Heart Attack	17%
20%	HIV	1%
36%	Hepatitis C	1%
49%	Depression	8%
58%	Substance Use Disorders	16%

Source: Health Center Patient Survey (HCPS) 2009

The Need



Project Overview

Founded 2018



Hours of Operation:

- ❖ Saginaw: every second Thursday of the month from 4:00-6:00 PM at City Rescue Mission shelter
- ❖ Mount Pleasant: every last Wednesday of the month from 4:00-6:00 PM at Isabella County Restoration Center

Services Provided:

- ❖ Acute Care + Basic Check-Ups
 - Treating acute conditions such as abrasions, cuts/lesions, headaches, allergic reactions, common cold-like illnesses, fungal/skin infections, acute pain/injury, etc.
 - Providers and students perform a history, physical, and vitals check if requested, to give the patient a view on their health status. This information will help staff determine what referrals and follow-ups will need to be scheduled.
- ❖ Referrals
 - Since our scope of practice is limited, referrals are the main avenue for getting the patients established within the healthcare system. Our on-site social worker serves patients by helping check insurance status/applying for insurance, making appointments, ensuring reliable transportation to and from appointments, and following up with patients as needed.
- ❖ Resource Information
 - Local resource brochures are available for each patient including, but not limited to, information regarding local food banks, shelters (man/woman/child specific), career programs, alcohol/drug recovery programs, mental health (psychiatry/therapy), clothing, etc.
 - On-site social workers communicate with patients during their visit in order to connect them to these resources effectively.
- ❖ Preventative Care
 - In addition to referring patients to follow-up appointments, our preventative care includes providing health education, immunizations, smoking cessation resources, sunscreen, basic toiletries (soap, shampoo, conditioner, tissue, deodorant, etc), clothing (socks, hats, gloves), and contraceptives/condoms as needed.
- ❖ Health Education
 - Providers and students distribute educational brochures on common illnesses as well as verbally educate patients on basic disease processes, treatment options, preventative care, and the importance of following-up with a physician, especially if they have chronic disease.
- ❖ Patient Support
 - Providers, students, and social workers work diligently to answer any questions patients might have, help patients with future appointments, explain insurance, set up transportation, explain any healthcare system processes that may be confusing or difficult, etc. This is done so that the patient can take responsibility for their own health and take steps toward becoming more independent.

Impact + Future Directions



Statistics:

Total # of Patients Seen → 300+
Average # of Patients Per Event → 10-30
Total # Referrals Made → 120+

Future Directions:

- Street Outreach
- Expanding to More Underserved Areas in Mid-Michigan, possibly using a Mobile Health bus
- Improving Health Literacy for the Homeless population
- Providing More Health Resources
- Establishing More Partnerships with Other Local Organizations with Similar Goals

References

1. US Department of Housing and Urban Development <https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>
2. Michigan Annual Report on Homelessness https://www.michigan.gov/documents/mcteh/2018-CTEH_AR_WEB_667374_7.pdf
3. National Health Care for the Homeless Council <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>
4. The Business Case for Ending Homelessness: Having a Home Improves Health, Reduces Healthcare Utilization and Costs <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046466/>