https://www.streetmedicine.org/

MEMORIAL HOSPITAL
FAMILY MEDICINE RESIDENCY

Street Medicine: Go to the People

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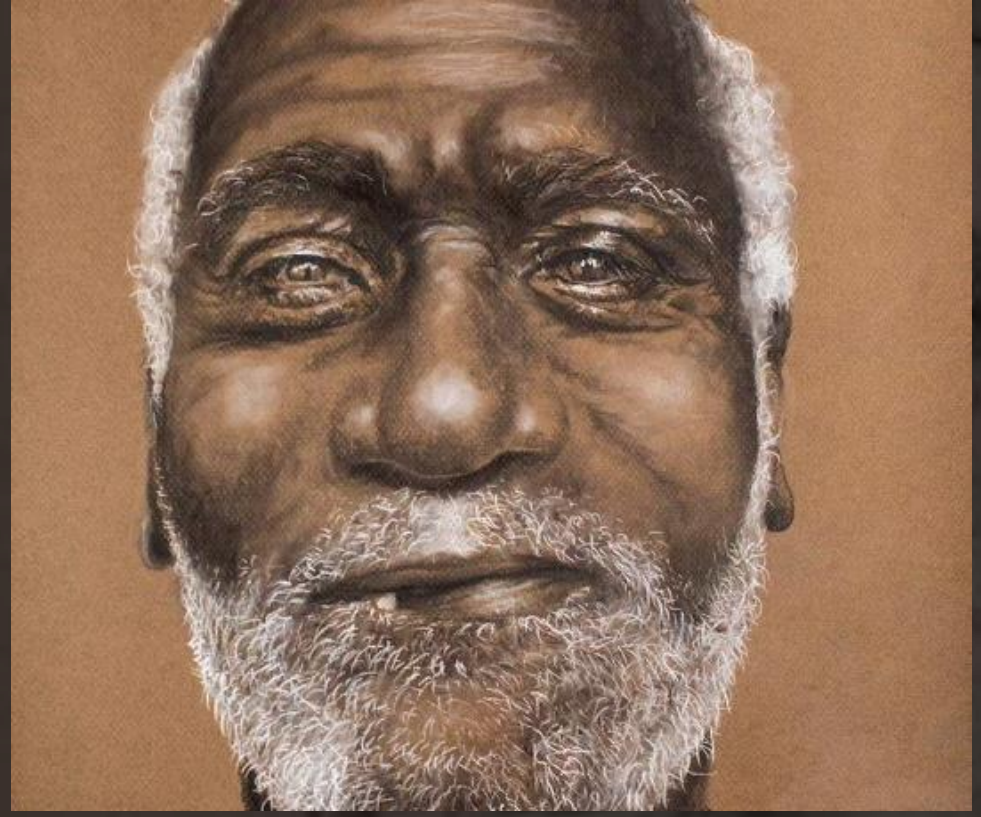
2026 IFMRLN FACULTY DEVELOPMENT SUMMIT

Disclosures

- I have no relevant financial disclosures

Objectives

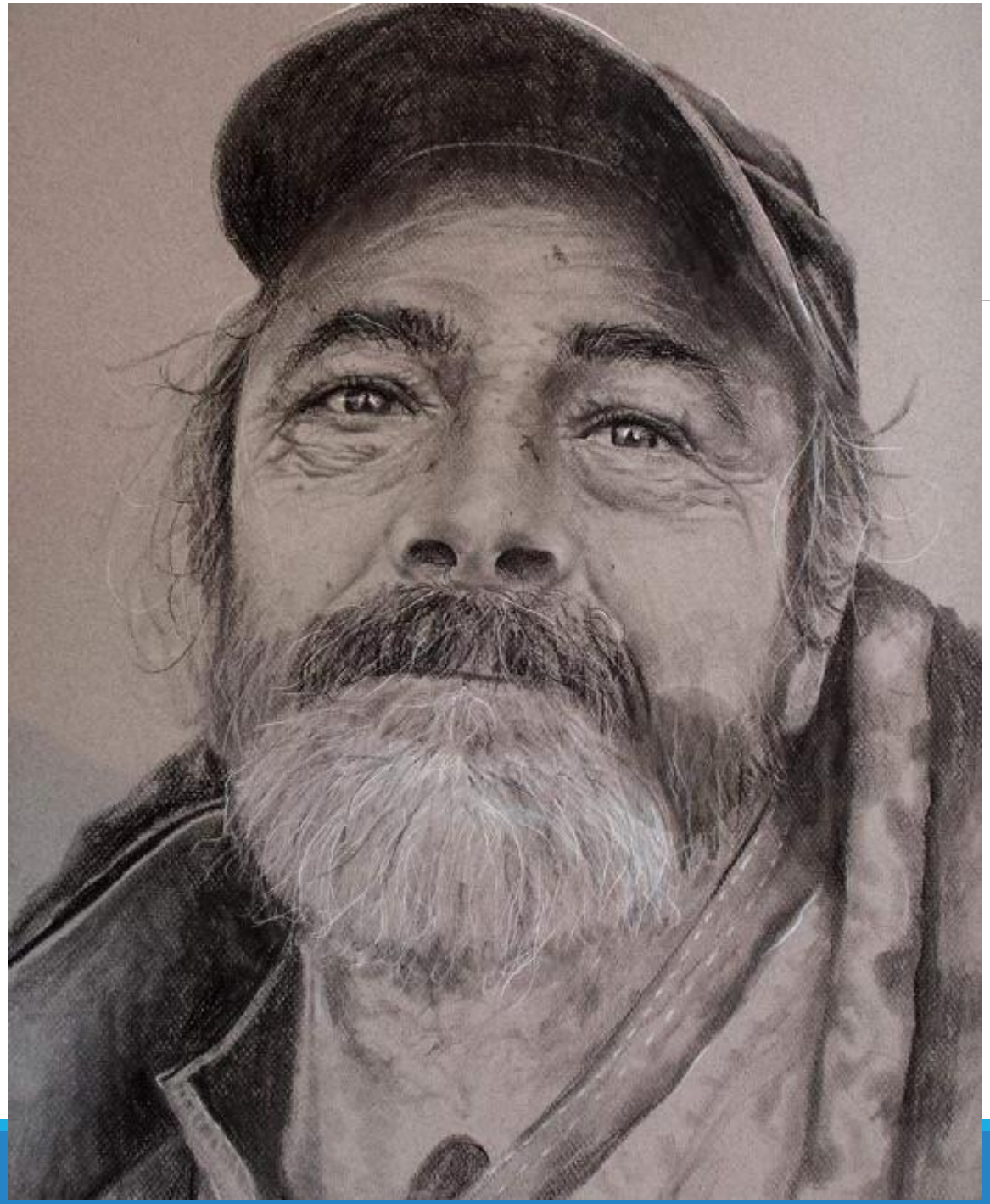
- Provide an **overview** of the **impact of experiencing homelessness on health**
- Describe the **origins and scope of practice** of street medicine
- Explore the implementation **of Street Medicine South Bend**, an outreach of Memorial's Family Medicine Residency Program and its impact on resident education



Homelessness

DEFINITIONS, STATISTICS, EFFECTS ON HEALTH STATUS, BARRIERS TO HEALTHCARE

**Charcoal Drawings from Anastassia Cassady's "Homelessness in South Bend" Collection, 2018*



A digression on terminology

Homeless vs unhoused vs person/people experiencing homelessness vs other terminology?

- Avoid collective terminology (i.e. the homeless)
- Use person-first or person centered language
- Follow the lead of the individual

Sheltered homeless vs. Unsheltered/rough sleeping

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Homelessness in the United States

PIT (point-in-time) count: nationwide attempt to capture homeless population in US

- Conducted by continuums of care (CoCs)
- Typically last week of January

2025 Annual Homelessness Assessment Report to Congress

- 745,652 people experiencing homelessness in the United States (65% sheltered and 35% unsheltered)

https://www.huduser.gov/portal/sites/default/files/pdf/2025-AHAR-Part-1.pdf

Homelessness in Indiana

INDIANA – 2025

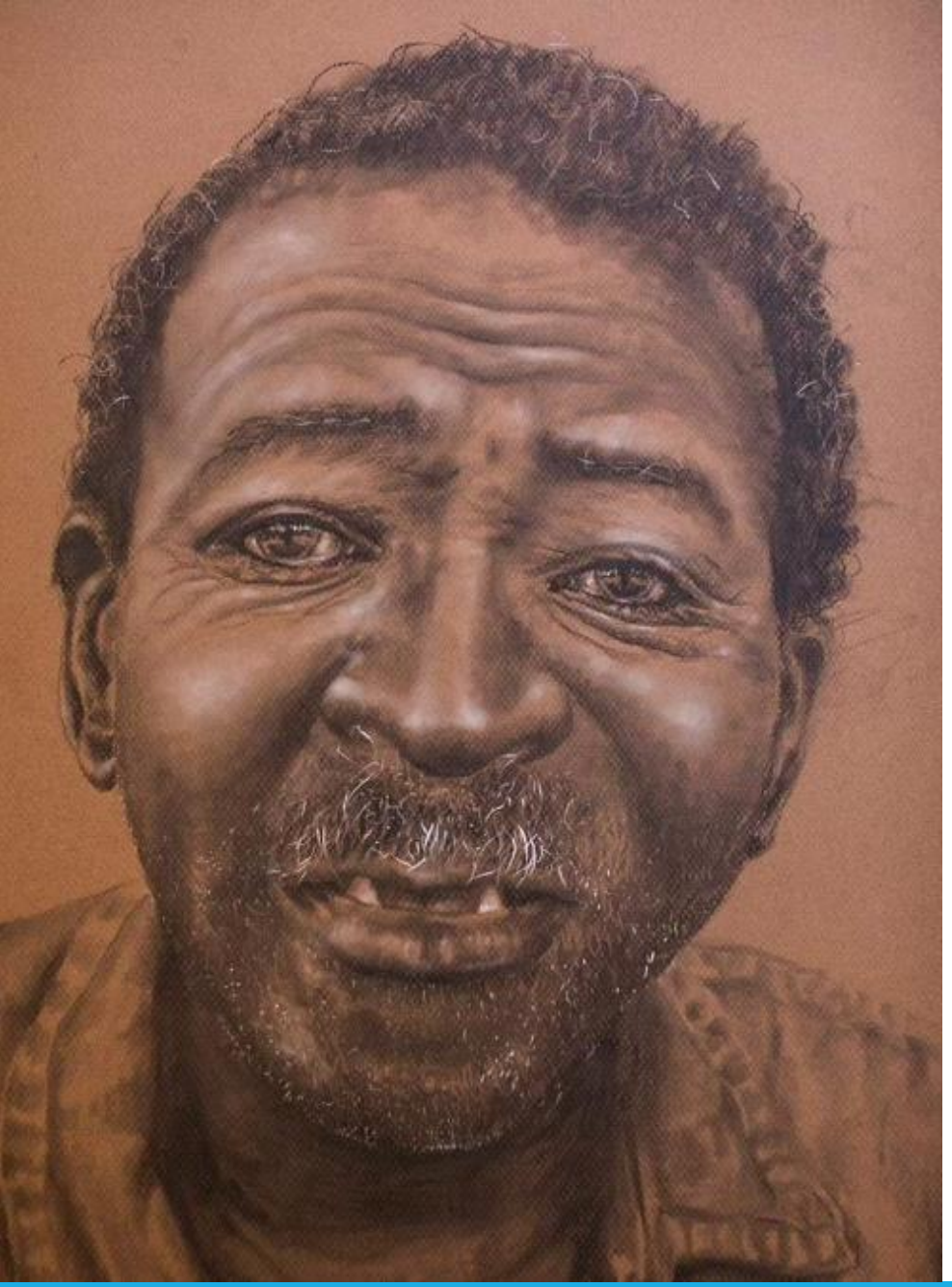
ST. JOSEPH COUNTY

Total homeless population

- 2020: 537
- 2021: 291 (unsheltered count didn't happen due to COVID)
- 2022: 362
- 2023: 551
- 2024: 556
- 2025: 611

2025 State of Homelessness in the Indiana Balance of State
https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/files/2025-IN-BoS-State-of-Homelessness-Slides.pdf
South Bend Center for the Homeless

Grant, L. (2022, April 14). *Homeless population dropped in 2021, but the data is wrong*. WSBT. https://wsbt.com/news/local/homeless-population-dropped-in-2021-but-the-data-is-wrong
Smith, J. (2022, April 14). *St. Joe County homelessness persists at 2020 highs despite "extremely flawed" 2021 data*. South Bend Tribune. https://www.southbendtribune.com/story/news/local/2022/04/14/homeless-data-st-joseph-county-housing-shelters-indiana-homelessness/7289086001



Effects of Homelessness on Health

Increased mortality

Increased prevalence of infectious diseases

Increased risk for age related illness/debility (falls, cognitive impairment)

High rates of cardiovascular morbidity/mortality

Increased prevalence of ALL psychiatric diagnoses

Increased rate of unintentional injuries

Increased prevalence of smoking → morbidity and mortality

Overall increased chronic disease burden

Increased ED utilization → fragmented/inadequate care

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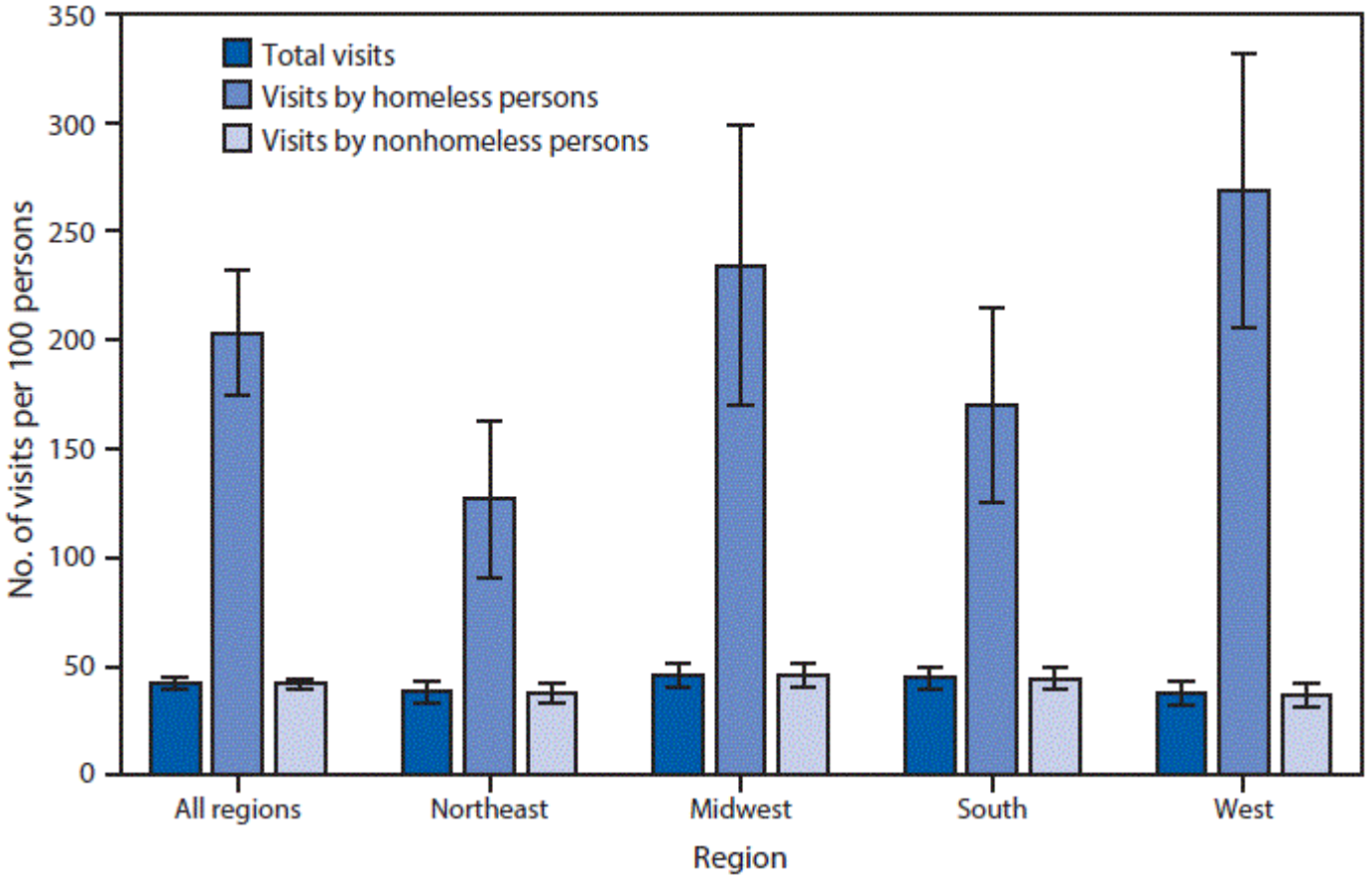
Effects of Homelessness on Health



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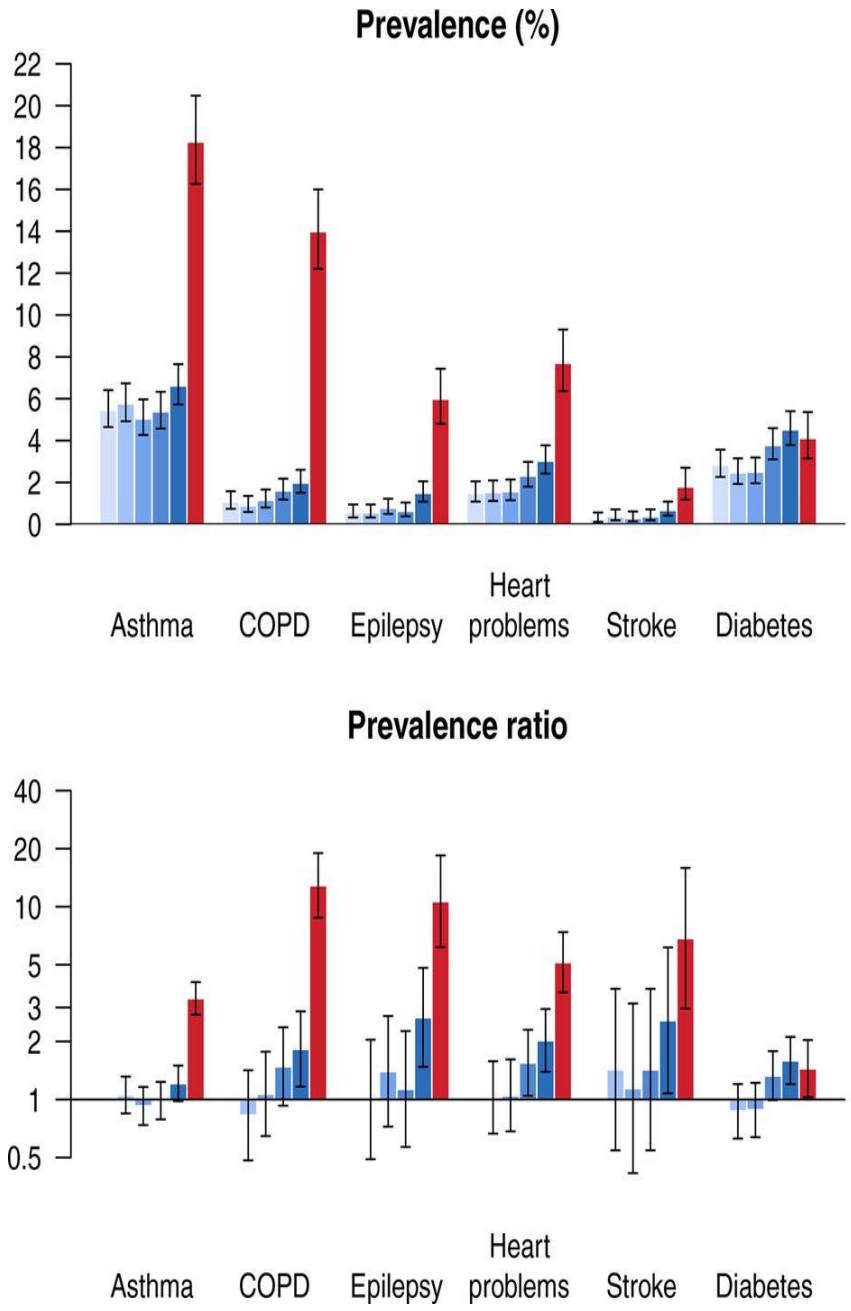
	Prevalence range in homeless people	General population prevalence
Tuberculosis[56]	0–8%	0·005–0·032%
Hepatitis C[56]	4–36%	0·5–2·0%
HIV[56]	0–21%	0·1–0·6%
Hepatitis B[68]	17–30%	<1%
Scabies[68]	4–56%	<1%
Body louse[68]	7–22%	<1%
Bartonella quintana[68]	2–30%	<1%

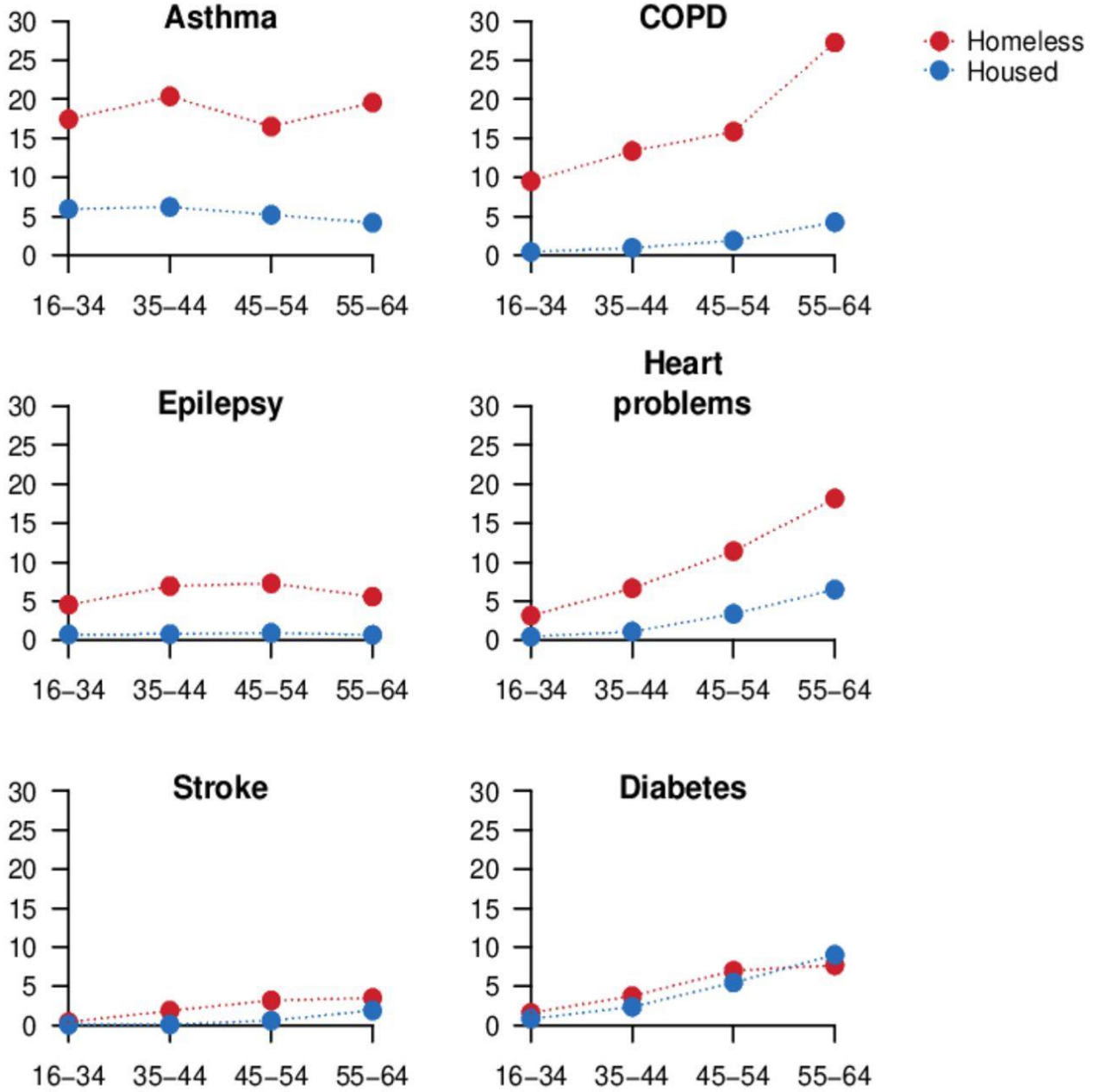
Table 2: **Prevalence of infectious diseases in homeless people**

	Prevalence range in the homeless	Prevalence in the general population
Traumatic brain injury[60]	8–53%	1%
Psychosis[89]	3–42%	1%
Depression[89]	0–49%	2–7%
Personality disorder[89]	2–71%	5–10%
Alcohol dependence[89]	8–58%	4–16%
Drug dependence[89]	5–54%	2–6%
Dual diagnosis[90]	58–65%	<1%
Post-traumatic stress disorder[90]	38–53%	2–3%

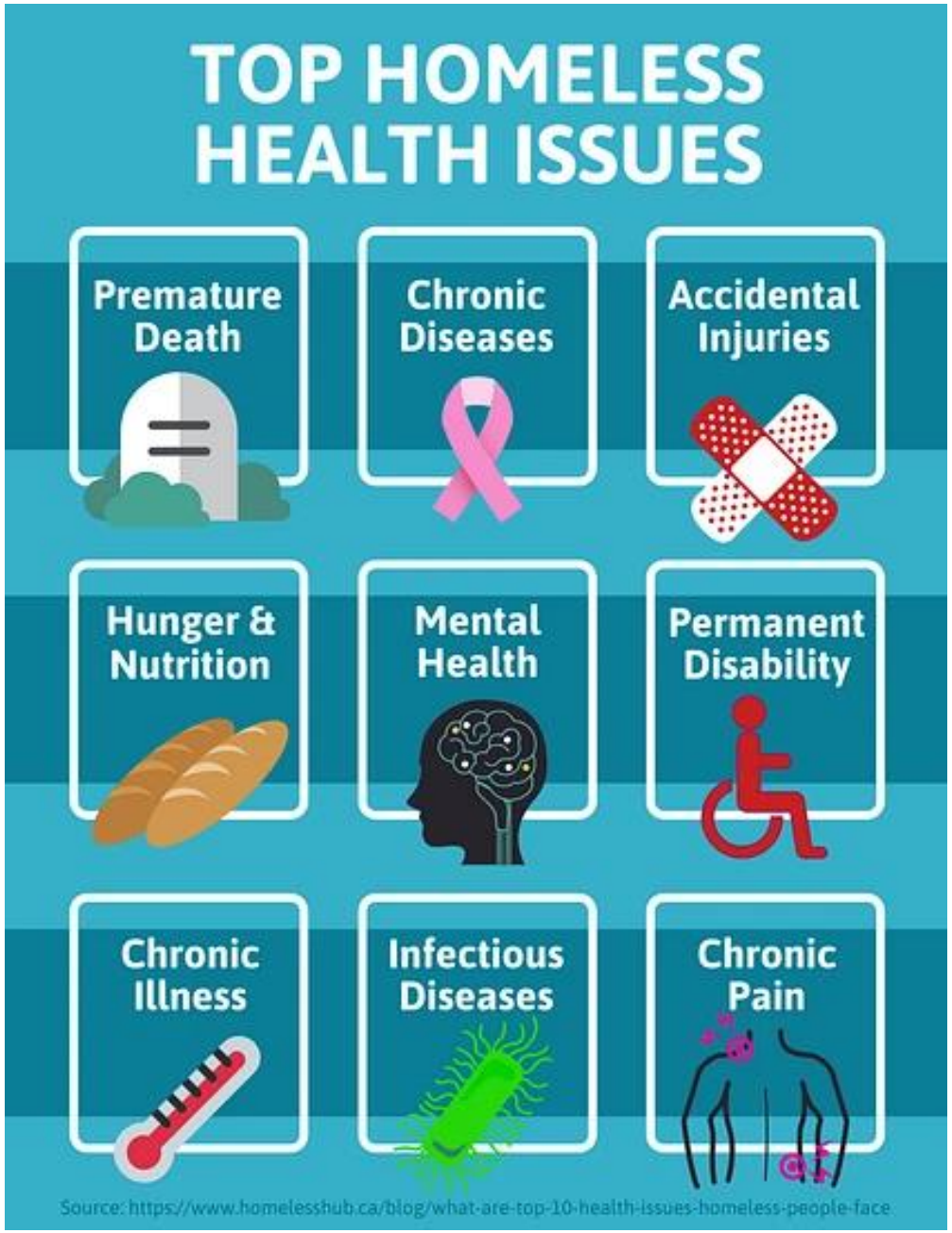
Table 4: **Prevalence of neuropsychiatric disorders in homeless people**

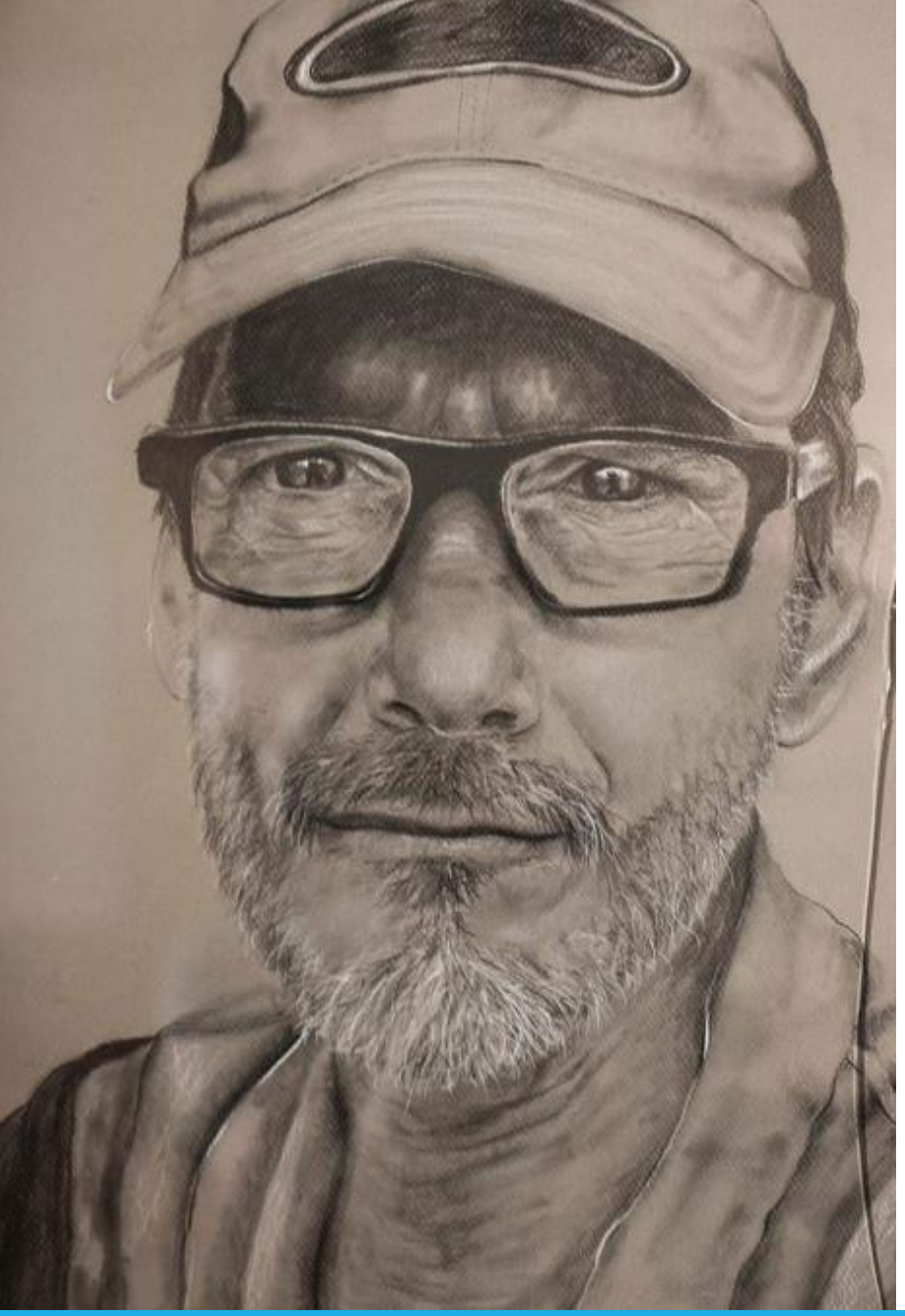
Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *The Lancet, 384*(9953), 1529–1540. https://doi.org/10.1016/s0140-6736(14)61132-6





Lewer, D., Aldridge, R. W., Menezes, D., Sawyer, C., Zaninotto, P., Dedicoat, M., Ahmed, I., Luchenski, S., Hayward, A., & Story, A. (2019). Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England. *BMJ Open*, *9*(4), e025192. https://doi.org/10.1136/bmjopen-2018-025192


TOP HOMELESS HEALTH ISSUES
Premature Death
Chronic Diseases
Accidental Injuries
Hunger & Nutrition
Mental Health
Permanent Disability
Chronic Illness
Infectious Diseases
Chronic Pain
Source: https://www.homelesshub.ca/blog/what-are-top-10-health-issues-homeless-people-face



Barriers to Healthcare

- Cost
- Accessibility
- Transportation
- Stigma
- Previous poor experiences with healthcare/mistrust of healthcare clinicians
- Increased prevalence of medical conditions that create barriers to care (mental health conditions, substance use disorders)
- Weaker/lack of social support networks
- Lack of appropriate documentation required to access healthcare services
- Lack of sensitivity of healthcare providers
- Interactions with law enforcement
- Perception of health status
- Lack of integrated care

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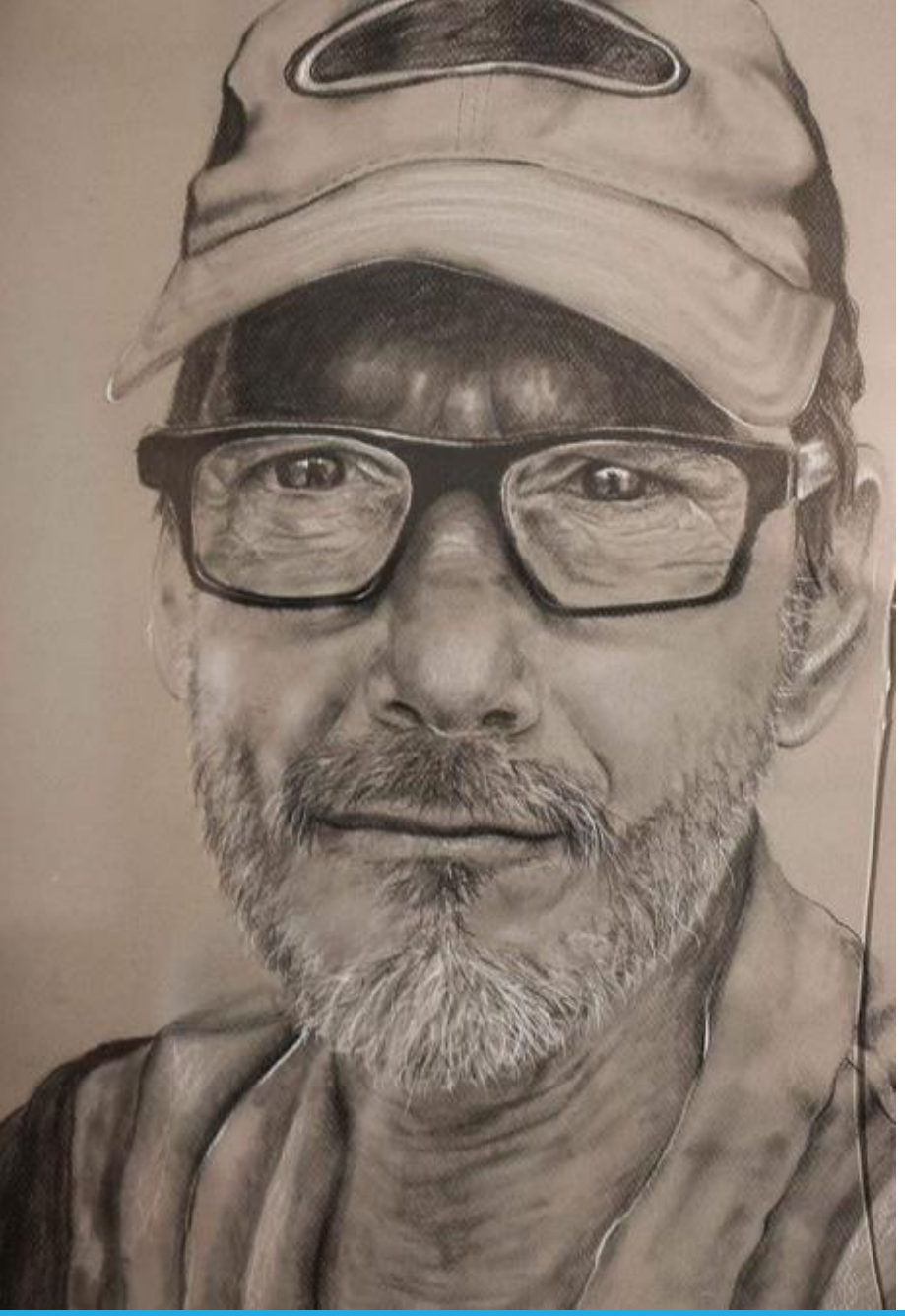

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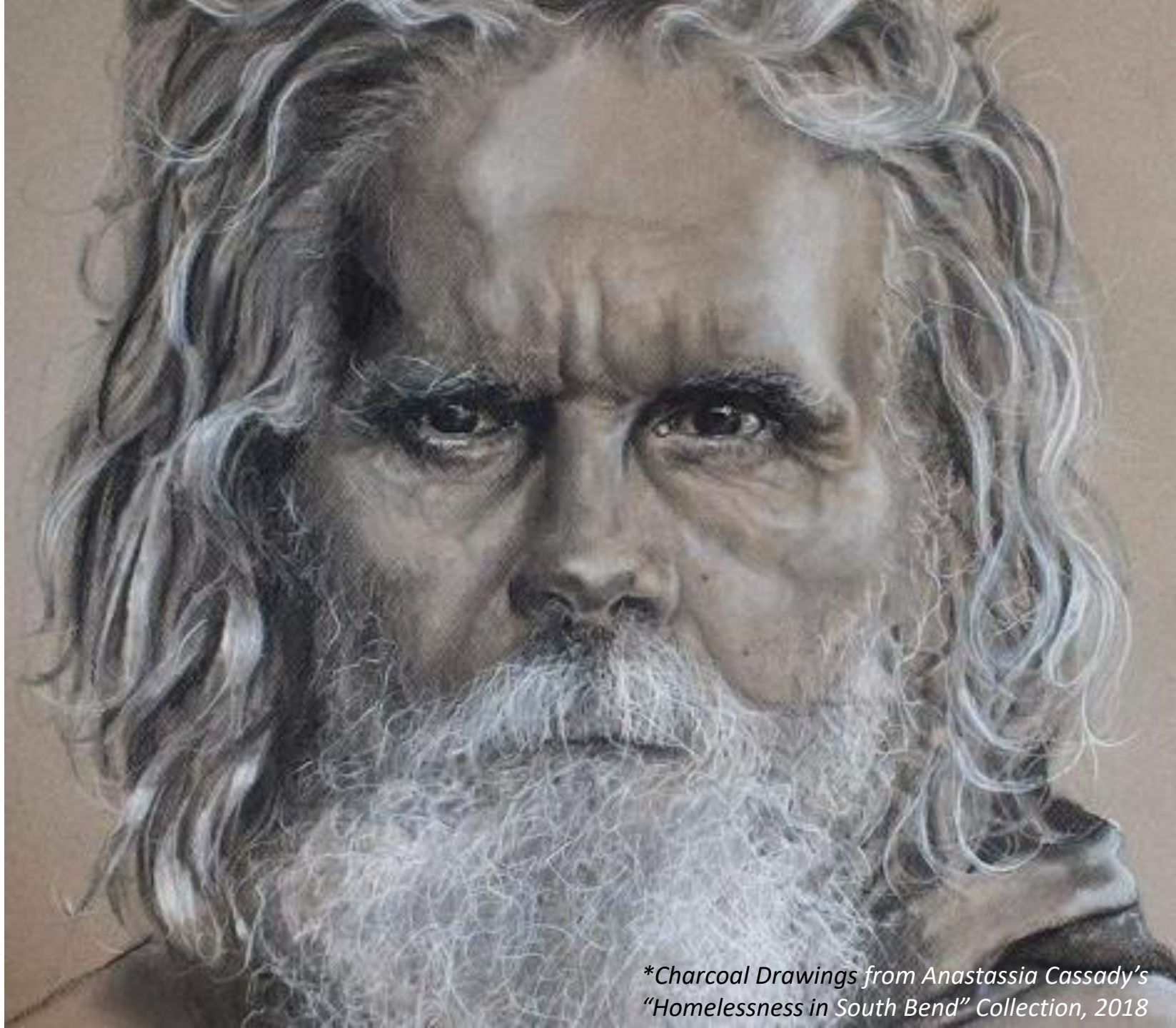
Barriers to Healthcare

Stigma, previous poor experiences with healthcare system, mistrust of clinicians

- Concerns about what others might think
- Concerns about others finding out about their physical/mental health problems
- Healthcare system at times without compassion
- Healthcare system as a business, not a place of help
- Lack of clinician empathy
- Concern for treatment equality
- Concern for legal involvement



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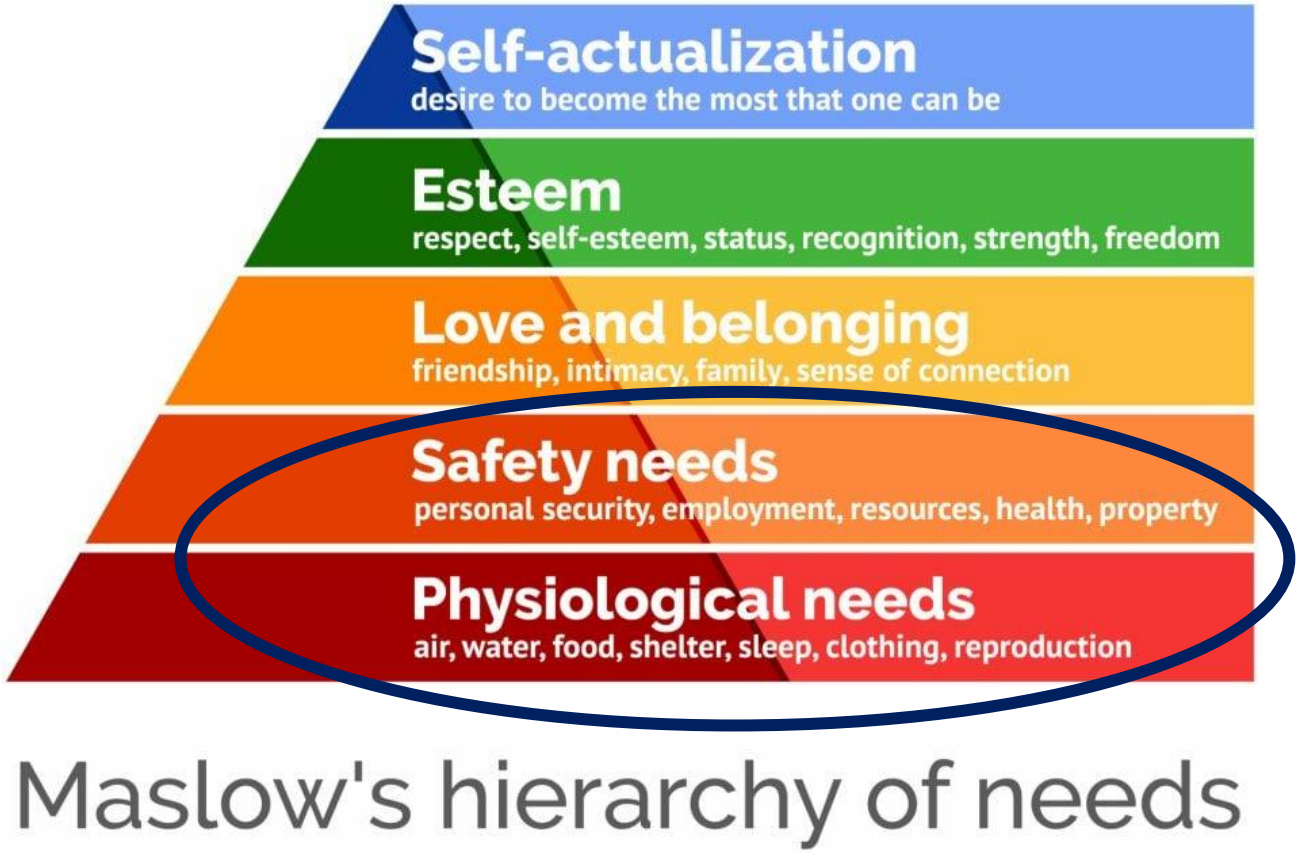
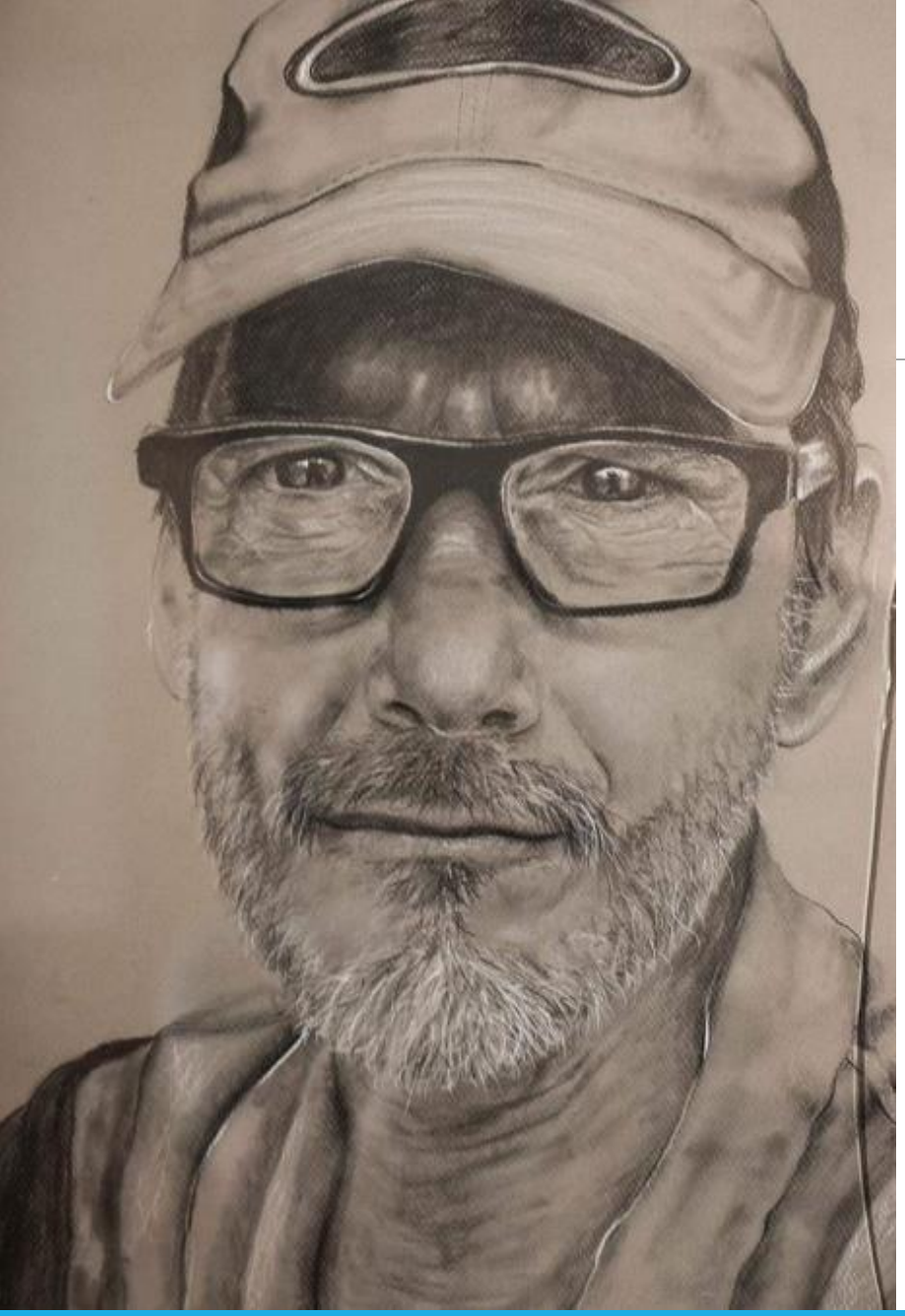
Barriers to Healthcare



Maslow's hierarchy of needs

Heavily inspired by his 1938 visit to the Blackfoot (Siksika) Nation



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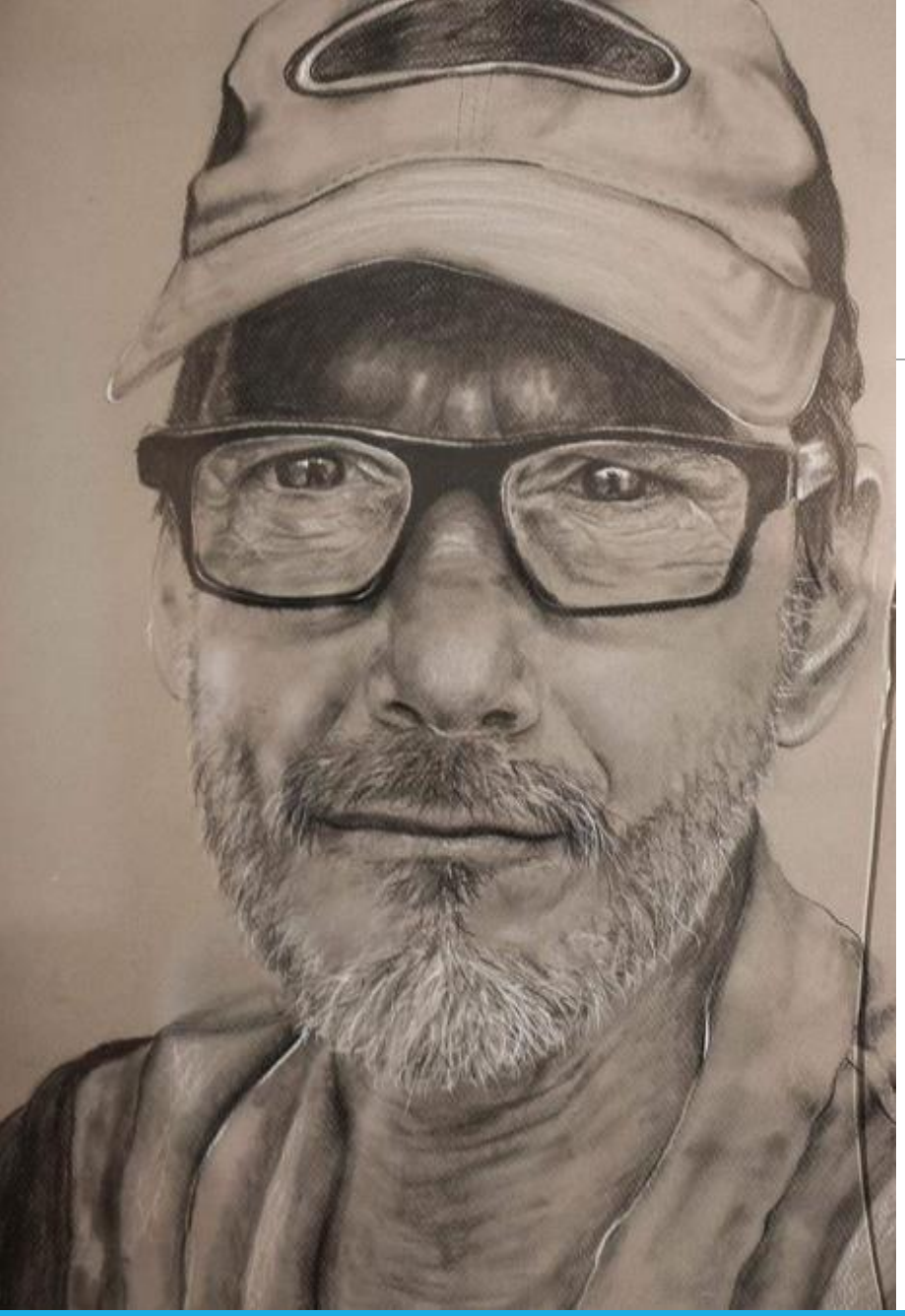

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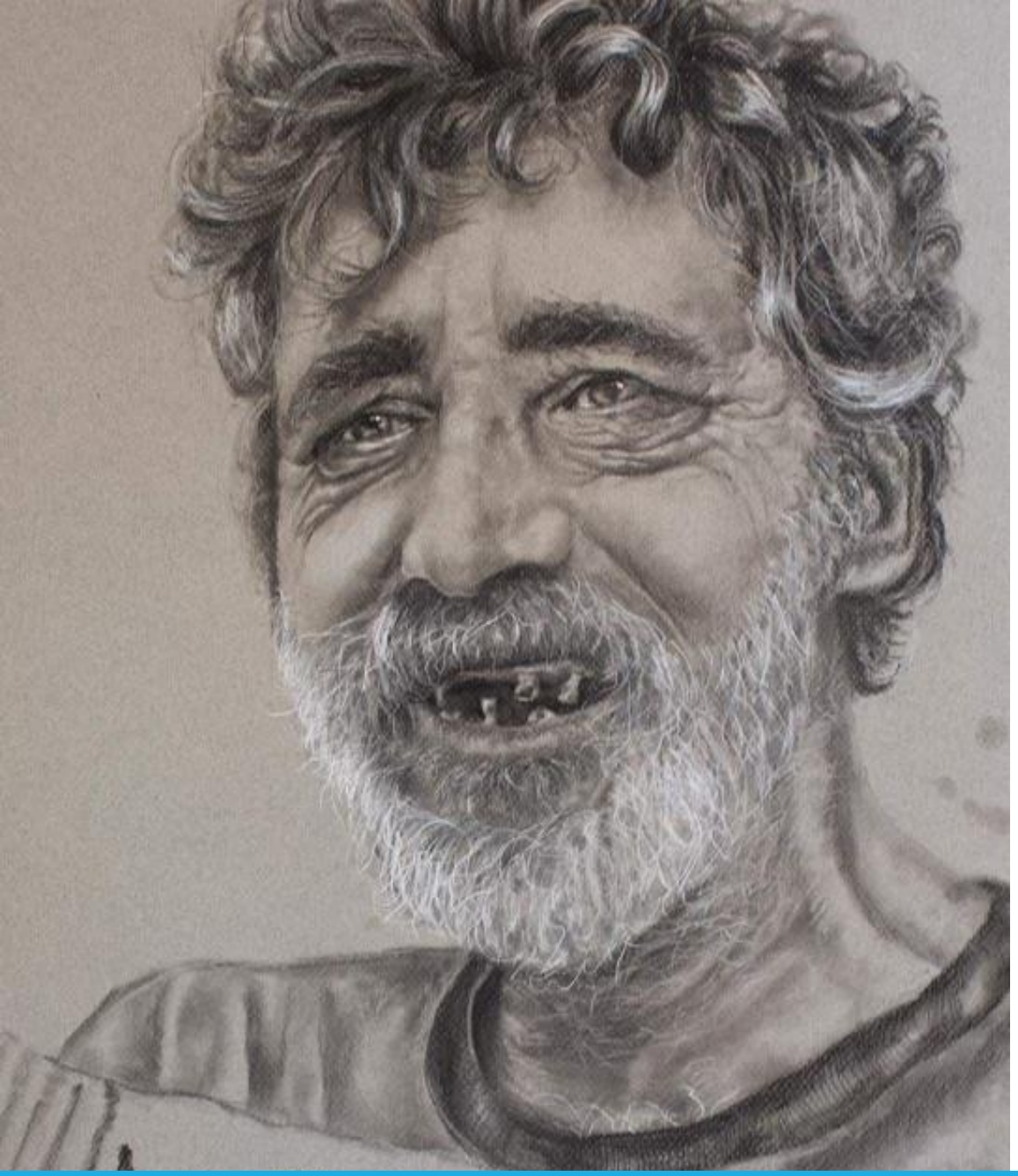

Barriers to Healthcare

Lack of documentation

- Birth certificate
- Social Security Number/card
- Citizenship documentations

Weaker/lack of social support networks

- Isolation from social supports → decreased willingness to seek care

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Street Medicine

ORIGINS, CARE PROVIDED, SUCCESSES

What is Street Medicine?

A **collaboration of health and social services** that aims to **address the unique needs and circumstances** of **individuals experiencing homelessness**, with specific focus on unsheltered homeless individuals

Care delivered directly to individuals in their own environment

Fundamental approach: engage people experiencing homelessness **exactly where they are** and **on their own terms** to maximally reduce or eliminate barriers to care, access, and follow-through

Origins of Street Medicine

Jim Withers – Pittsburgh, PA

- Barriers to care made accessing healthcare system difficult
- Need for **more patient-centered, relationship-focused, and culturally-sensitive** care model
- Founding of Operation Safety Net

International street medicine providers → International Street Medicine Symposium (2005)

Street Medicine Institute (2009)


Arctic Ocean
Arctic Ocean
Greenland
Finland
Russia
Canada
Germany
Kazakhstan
Mongolia
China
South Korea
Japan
Spain
Italy
North Pacific Ocean
North Atlantic Ocean
Iraq
Iran
Afghanistan
Pakistan
Algeria
Libya
Egypt
Saudi Arabia
Mali
Chad
Sudan
Ethiopia
DRC
Tanzania
Angola
Namibia
Botswana
South Africa
Madagascar
Indonesia
Papua New Guinea
Australia
New Zealand
Indian Ocean
South Pacific Ocean
South Atlantic Ocean
Venezuela
Colombia
Brazil
Bolivia
Argentina
Mexico

Care Provided

Direct care on the street or in drop-in clinics including:

- Prescription medication management
- POCUS
- Lab draws
- Wound care
- EKGs
- Vaccinations
- POC Hepatitis C testing and treatment
- HIV testing/treatment
- Substance use treatment
- COVID 19 testing

Wrap around services

- Social service agencies (housing, PCP referral, etc.)
- Legal services
- Food, water, clothing
- Case management
- Substance use counseling/peer recovery coaches
- Emergency room/inpatient consultation services
- Community outreach/clean ups

Succe

Operation S ablish other
programs a '5)

Lehigh Valle
- Treats nea
- Reduced
- Reduced
- **Result? A**

Tuesday, Sep 01, 2020

OUWB Street Medicine program looks ahead after netting $57K grant

Oakland University William Beaumont School of Medicine's student-led Street Medicine program has been awarded a $57,000 grant — money that will go a long way in helping the community, say those involved.

The grant was awarded to the OUWB Street Medicine program from the DMC Foundation, which is affiliated with the Community Foundation of Southeast Michigan.

OUWB fourth-year medical students Maria Munoz and Heba Elassar during a pre-COVID-19 street run organized through the OUWB Street Medicine program. (Note: All photos taken prior to COVID-19.)

OUWB's Street Medicine program launched less than a year ago, and is a first-of-its-kind program in Oakland County.

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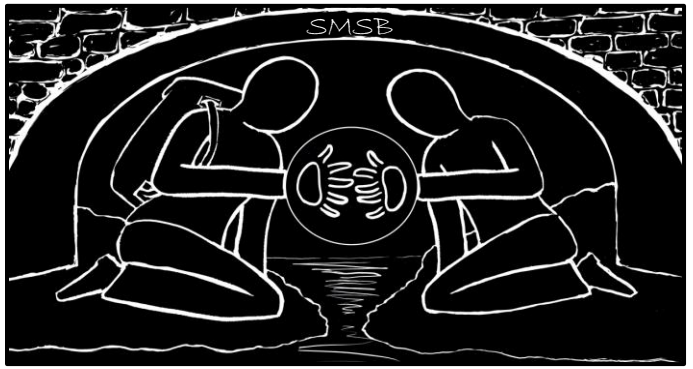


Street Medicine South Bend (SMSB)

ORIGINS, LOGISTICS, STATISTICS, FUTURE DIRECTIONS

Origins

Matching a remarkable resident in Spring 2021 – Dr. Victoria Drzyzga

Meeting with organizations caring for people experiencing homelessness in South Bend
- Shelia McCarthy and Motels4Now (M4N) staff

Initial street medicine proposal drafted June 2022

Meetings with
- Program Leadership
- Risk Management
- Electronic Medical Records Personnel
- Local Pharmacy Partner
- Local FQHC Partner

Approval for program!
- First outreach on 12/8/2022


SING

Mission Statement

Street Medicine South Bend aims to ***bridge the gap*** between the members of our community experiencing homelessness and healthcare clinicians. We work to better understand our patients' realities, so that we may ***provide quality medical care and resources,*** while equipping medical trainees and future leaders in healthcare with ***perspective and experience*** caring for this unique underserved population.

Indiana Senate Bill 285 – In effect since 7/1/2026

Prohibits “a person [from] unlawfully using land owned by the state or a political subdivision for unlawful camping, sleeping, or long-term shelter”, with a warn-then-charge process that can escalate to a Class C misdemeanor

- Can be charged if 48 hours have passed since the issued warning and the person remains within 300 ft of that location

Logistics and Scope of Care

Drop in clinics at Motels4Now (since 2022) and Our Lady of the Road (as of 2026) providing acute care services, wound care, POCUS, etc. – now weekly across the two locations

See patients in teams (if multiple residents present), staff with attending physician

Prescribe/give treatments on site for free through support of Beacon Foundation

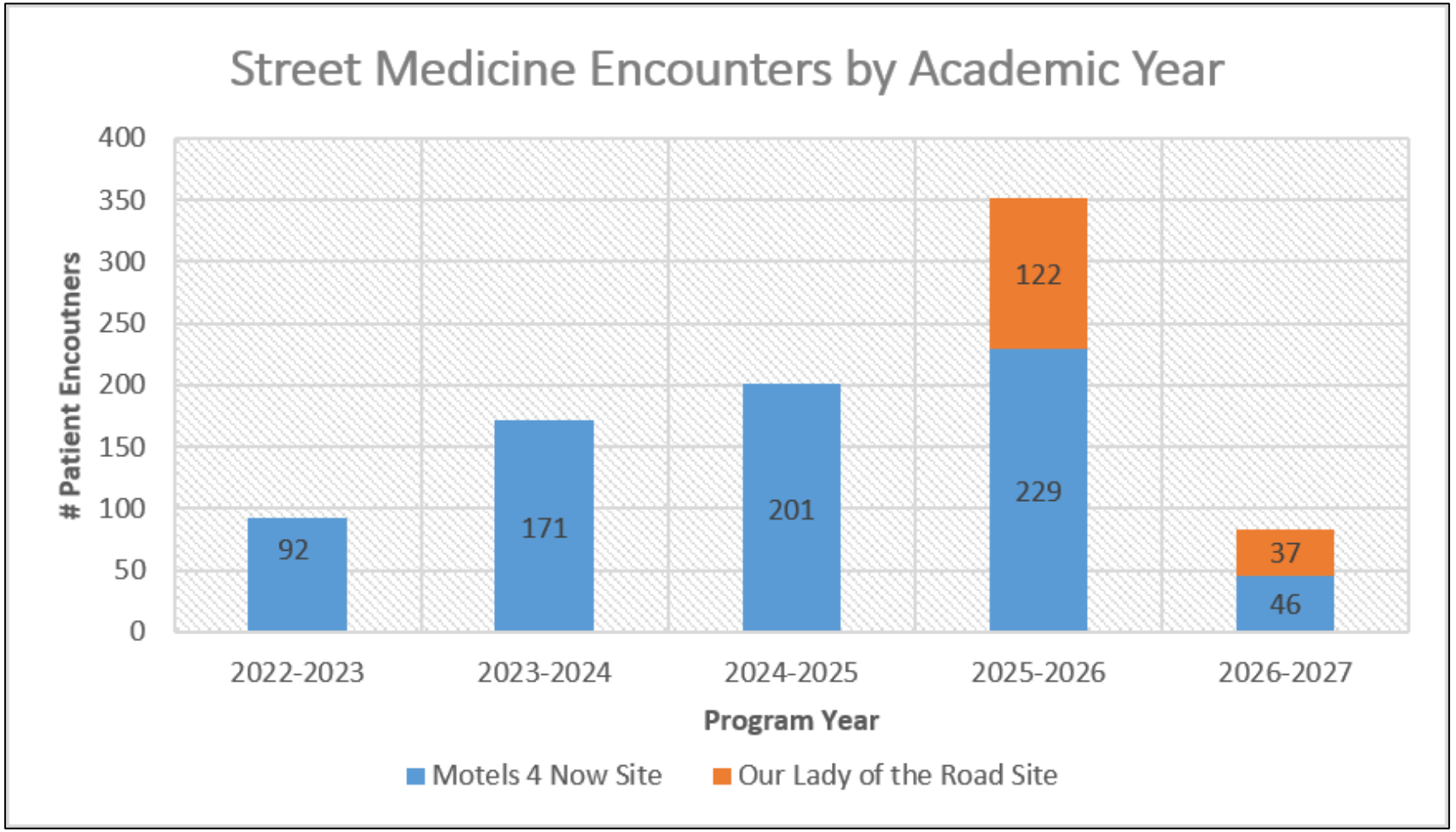
Connect patients to primary care providers at HealthLinc if desired

- Assist with registration paperwork to decrease patient burden
- Give patient an appointment on site with reminder card

Other services available via collaboration

- HealthLinc Pharmacy – delivers stock prescriptions to us within a few days of request and has medications prepared for pick up for M4N staff to pick up next day for guests there

Now Partnered with Indiana University School of Medicine in South Bend to have two students with us each outreach



Street Medicine Volunteers Tracking	
Faculty	8
Resident	44

Patients served, conditions treated

Since Inception

- 403 unique patients seen
- 922 encounters

Conditions/chief concerns

- COPD/asthma exacerbation
- “BP check”
- MSK concerns
- Chronic pain
- Substance use disorders
- Vaginal concerns
- Skin rashes/lesions
- Wound care
- Psychiatric diagnoses
- Emotional support animal documentation

Funding

- Indiana Medical Education Board Grant Funding: $6,849
- Beacon Health System Foundation Funding: $5,380

An average of $13.02 per encounter

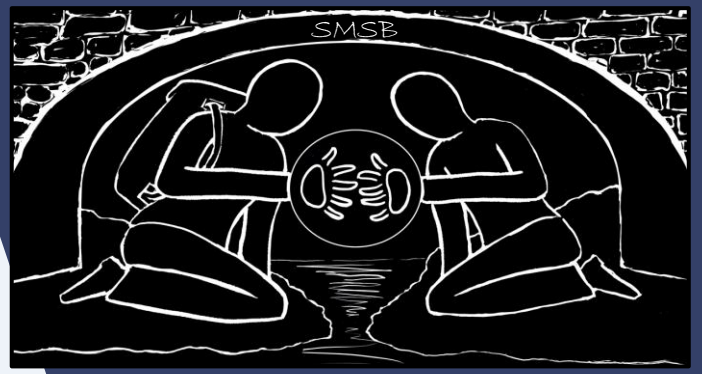
Methods

Retrospective chart review assessing impact of street medicine on patients':

- Frequency of Emergency Department Visits
- Days of Hospitalization

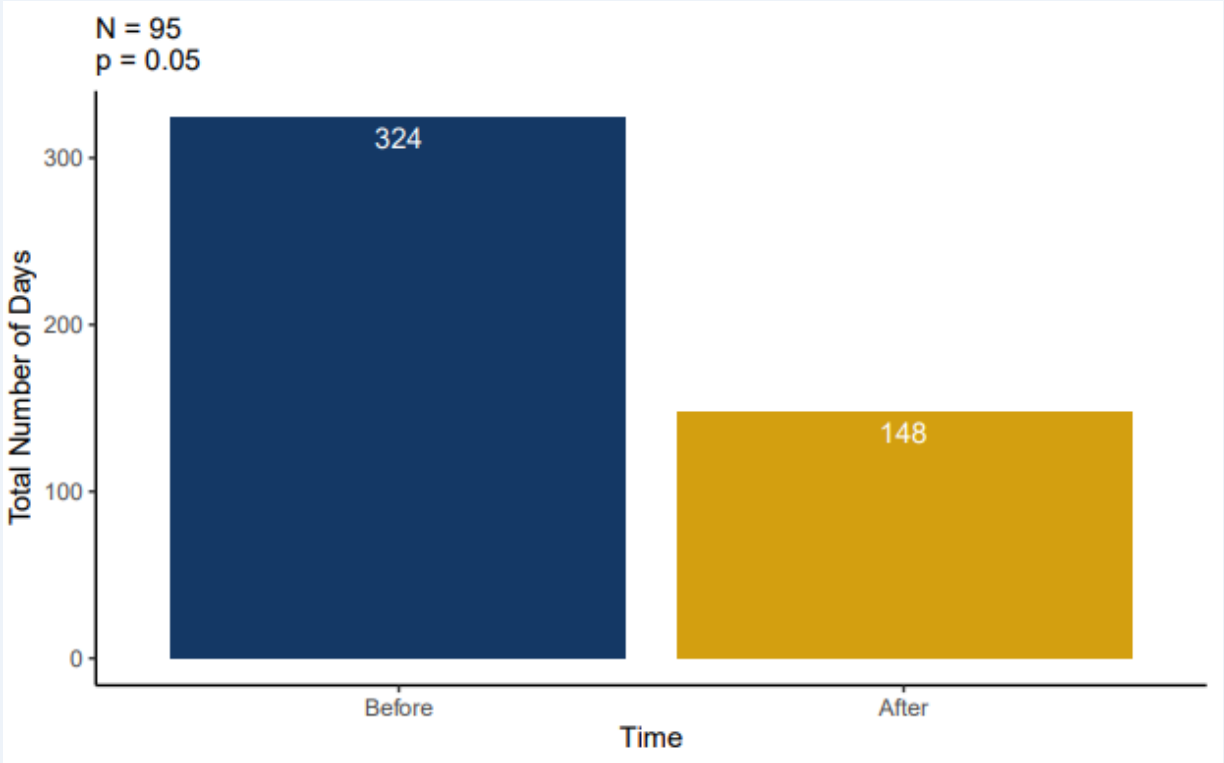
95 charts reviewed, all patients seen in first year of SMSB operations

One-sided paired t-test to determine statistical significance

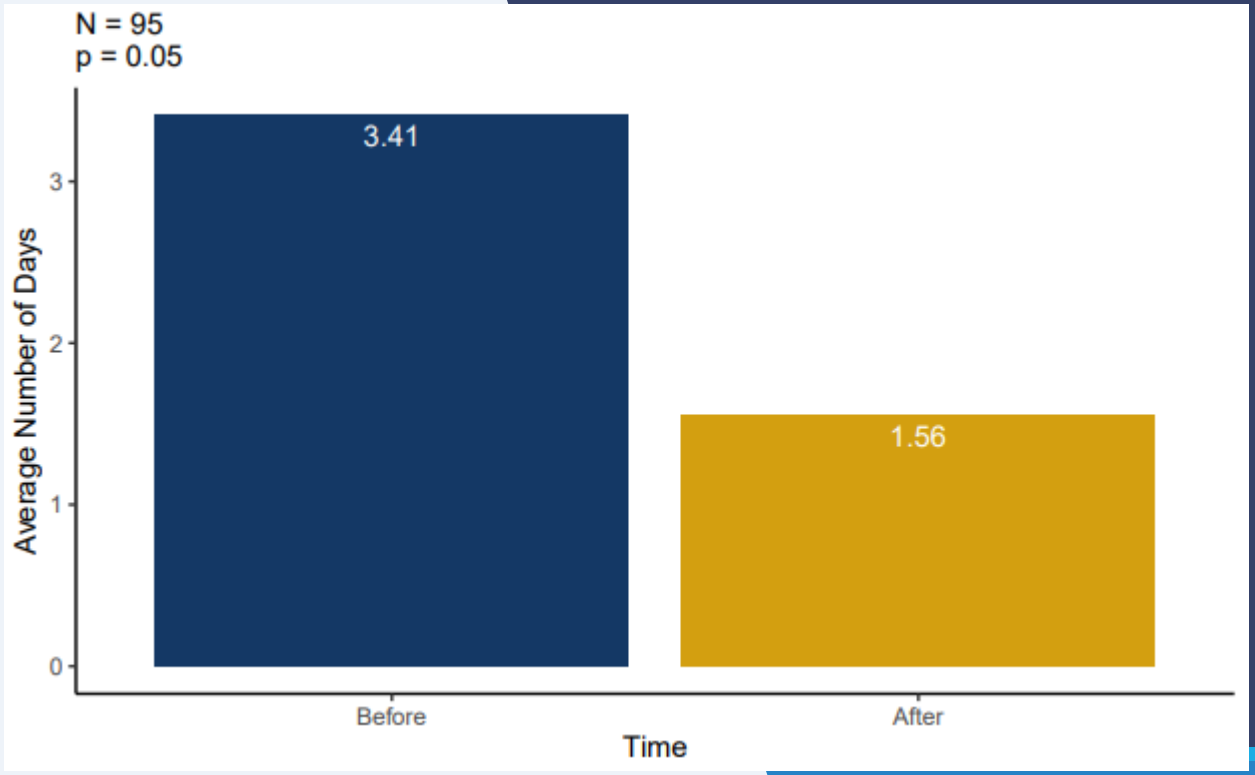


Results: Days of Hospitalization Pre- & Post 1st SM Encounter

Total Days of Hospitalization

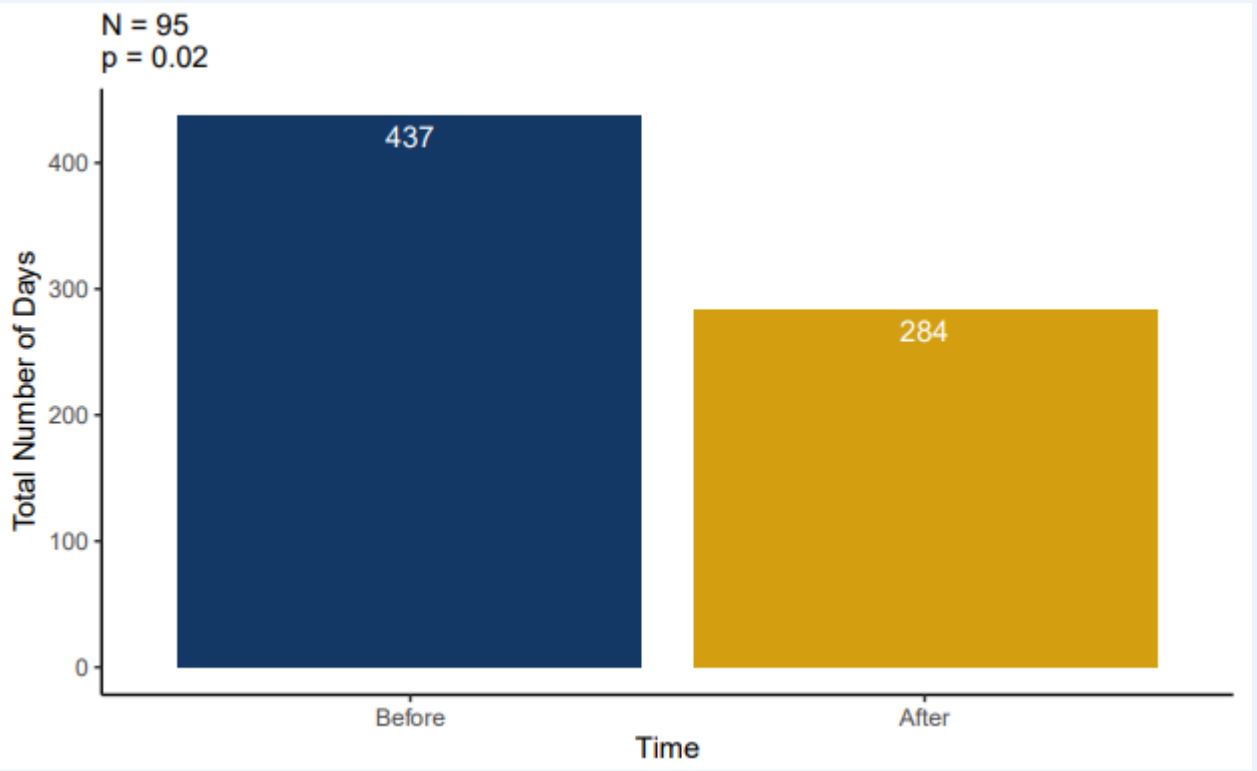


Average Days of Hospitalization per Patient



Results: Emergency Department Visits Pre- & Post- 1st SM Encounter

Total Emergency Department Visits



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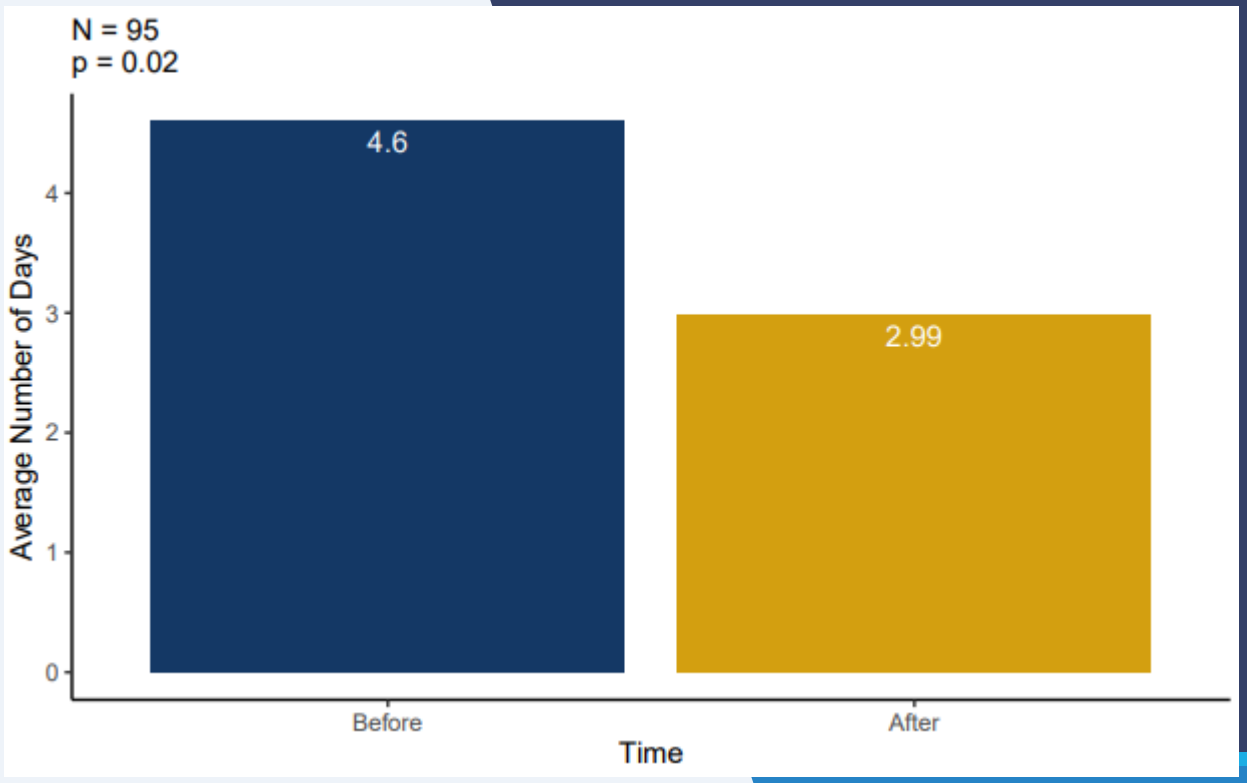

Study Conclusions

Impact in First Year After Street Medicine Encounter

Days of Hospitalization Reduction:

- Reduction of 54% ($p = 0.05$)
- From 324 to 148 days

Emergency Department Visit Reduction:

- Reduction of 40% ($p = 0.02$)
- From 437 to 284 visits
- Nearly two fewer ED visits per individual

Rich Educational Opportunity

- Allows residents to participate in trauma-informed, relationship-centered, resource-conscious, interdisciplinary care
- Grows creative-problem solving abilities and both harnesses and fuels compassion.

Definitions:

Compassion:

1. Noticing another's suffering
2. Empathically feeling the other person's pain in a state of emotional regulation
3. Wishing or desiring to see relief of that suffering
4. Responding or acting to help ease or alleviate that suffering

(Jinpa, 2012; Jazaieri et al., 2016; Vachon, 2020)

Intrinsic Motivation

Novelty-seeking: energizes behavior via curiosity/ exploration. Cultivates skill mastery, information attainment, learning (Kaplan & Oudeyer, 2007)

Interest: enjoyment & sense of purpose energize behavior via experience, process, action itself being rewarding/enjoyable (Nakamura & Csikszentmihalyi 2012)

Autonomy: sense of ownership that cultivates a sense of achievement

(Moris et al. 2022)

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- Helps learners recognize barriers to traditional care and apply these insights to their clinic and hospital encounters

“I can’t have a c-section”

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- Grows creative-problem solving abilities and both harnesses and fuels compassion.
- Helps learners recognize barriers to traditional care and apply these insights to their clinic and hospital encounters
- Gives residents an opportunity to learn administrative/leadership skills needed to ensure project sustainability
- Offers research and recruitment opportunities
- Helps cultivate future health care/community leaders

Questions

Take Aways

- The experience of homelessness is a disproportionately powerful social driver of health
- Street medicine prioritizes meeting individuals with a lived experience of homelessness where they are and on their own terms
- Strong collaboration with multidisciplinary resources is invaluable in doing street medicine work well
  - Start small and pursue growth with intentionality
- Embedding street medicine work within graduate medical education offers powerful experiential learning to residents

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Questions?

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