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Executive Summary Urban Health Initiative/ Homeless Shelter **Project**

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Executive Summary Urban Health Initiative / Homeless Shelter Project

Purpose

The purpose of the Urban Health Initiative/ Homeless Shelter Project is both to increase the health education and health status of homeless shelter residents and to offer medical students the opportunity to perform community service through acting as health educators and advocates for this underserved population, thus increasing medical student knowledge of homeless health issues

History

Approximately 6,700 men and women live in single sex homeless residences with another 18,000 persons living in 79 family shelters in New York City at any given time. It is further estimated that between 25,000-30,000 homeless persons in New York City are HIV positive and that 15-25% of all persons with active tuberculosis are homeless. Recognizing the need for increased health services to this population and the natural altruism of medical students, the Urban Health Initiative began an outreach effort to the shelters in Spring 1996 in conjunction with the City Department of Homeless Services. Students from five of the UHI participating schools visited three shelters on a weekly basis in Spring 1996, conducting health education seminars and discussing individual health concerns with shelter residents. Students witnessed health issues specific to the homeless and the lack of primary care service available to them. The UHI Advisory Group, comprised of medical students, medical school administrators, and Academy staff determined through careful thought and evaluation of the efforts and accomplishments of the UHI that maintenance and expansion of the Homeless Shelter Project should occur.

The Urban Health Initiative/ Homeless Shelter Project

Based at the New York Academy of Medicine, The UHI/Homeless Shelter project is a direct outgrowth of the initial three years of the UHI and will draw upon contacts made and mechanisms developed during those three years. The Urban Health Initiative/ Homeless Shelter Project will provide resources, programmatic and administrative support, and coordination of UHI programs within shelters and between schools in an effort to enhance current medical student community service activities at homeless shelters and to develop more opportunities for schools lacking such programs. The UHI/ Homeless Shelter Project will provide activities such as developing health education curricula and teaching techniques specific to the homeless, providing educational programs on homeless health needs to students, assisting students and shelter administrators in developing and implementing health education programs, providing a forum for the exchange of ideas and collaboration of health programs between schools, and the provision of administrative and secretarial support for students in their community service efforts.

The following sites will participate in the UHI/Homeless Shelter Project:

30th Street Men's Shelter Lexington Avenue Women's Shelter Jackson Family Shelter Brooklyn Women's Shelter St. Agnes Shelter Neighborhood Coalition for Homeless People Bond Street Drop In Shelter

Student Coordinators and faculty from participating schools, Academy UHI/ Homeless Shelter Project staff, and a representative from the City Department of Homeless Services will staff an Advisory Group

and will meet periodically to discuss future programming and common problems.

Program Content

The pool of volunteers for the program is expected to consist mainly of first and second year medical students. Participating students will attend a training session conducted by the Academy's Office for School Health Programs. Students will conduct educational group sessions dependent upon the need of the shelter residents and will meet individually with shelter residents, addressing their personal health concerns and referring them when appropriate, to primary care sites contracted with the Department of Homeless Services. It is expected that over 100 medical students will commit to being present at one of the sites for a minimum of two hours biweekly. It is further expected that approximately 120 residents per week from participating shelters will receive service from the students.

Program Continuity

Student Coordinators from each school will be instrumental in maintaining student participation in the program each year. Student Coordinators will be responsible for publicizing UHI/Homeless Shelter Project activities on campus, identifying those students interested in community service, and making those students known to the UHI Academy staff. Student Coordinators unable to continue an active role will identify a successor to represent the students of their school at Advisory Group meetings and to develop UHI/Homeless Shelter Project programs for their school.

A summer stipend will be offered to three Student Coordinators who will be responsible for maintaining the schedule of student visitation at sites during the summer recess. These students will coordinate the activities of the students available to participate in the summer and will themselves backfill any vacant time slots during those months.

Project Evaluation

Medical student participants will be asked to complete pre tests before visiting shelters and post tests at the end of the academic year. These tools will be used to assess the level of change in the students' attitudes toward community service and knowledge concerning the homeless.

Students will record the number and types of referrals made to primary care sites and sites will be queried to determine the number of persons acting upon the student referrals. Headcount summaries of persons attending UHI/Homeless Shelter Project programs at the site will be tallied on a weekly and half year basis.

Shelter residents will be queried weekly on their attitudes concerning the effectiveness of the UHI/Homeless Shelter Project programs and residents also will be asked to participate in a focus group every six months to assess completed programs and to give ideas for future programs.

Shelter administrators will be asked to evaluate program effectiveness every six months through participation in a focus group.

A professional program evaluator will be utilized to develop and coordinate evaluation methods and will provide reports on a monthly, six month, and annual basis.