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Is Street Medicine Effective in Improving Access to Healthcare?

Bailey Rapach

INTRODUCTION

Street Medicine includes health and social services developed specifically to address the unique needs and circumstances of the unsheltered homeless delivered directly to them in their own environment. The fundamental approach of Street Medicine is to 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 (Street, 2021).

The Street Medicine Institute (SMI) facilitates and enhances the direct provision of health care to the unsheltered homeless where they live (Street, 2021).

People experiencing homelessness are particularly vulnerable in the COVID-19 pandemic, and the NHCHC is creating resources and collecting guidance to help meet their needs during this evolving crisis (National, 2021).

An acute physical or behavioral health crisis or any long-term disabling condition may lead to homelessness; homelessness itself can exacerbate chronic medical conditions. A person can become chronically homeless when his or her health condition becomes disabling and stable housing is too difficult to maintain without help (Health, 2021)

SIGNIFICANCE

The federal government reports 1.5 million people a year experience homelessness, other estimates find up to twice this number of people are without housing in any given year (National, 2021).

On a given night in 2017, 20 percent of the homeless population reported having a serious mental illness, 16 percent conditions related to chronic substance abuse, and more than 10,000 people had HIV/AIDS (Health, 2021).

Conditions such as diabetes, heart disease, and HIV/AIDS are found at high rates among the homeless population, sometimes 3 to 6 times higher than that of the general population (Health, 2021).

10% of people who seek substance abuse or mental health treatment in our public health system are homeless (Health, 2021).

Street people in the United States die on average nearly three decades earlier than their housed peers, most commonly due to preventable and treatable chronic medical conditions (Street, 2021).

POSITION STATEMENT

We are taught to provide equal healthcare to all patients regardless of their background. Healthcare should be available for all patient regardless of housing status. Bringing healthcare to the streets has helped improve healthcare availability to those who otherwise suffer without. Street medicine saves lives and improves quality of life of homeless.

SUPPORT FOR POSITION

By bringing primary and preventive care to homeless patients, street medicine removes barriers to care such as lack of money, transportation or even fear of stigmatization (Gilfillan, 2019).

Visiting people where they live – in alleyways, under bridges, or within urban encampments – is a necessary strategy to facilitate trust-building with this socially marginalized and highly vulnerable population. In this way, Street Medicine is the first essential step in achieving higher levels of medical, mental health, and social care through assertive, coordinated, and collaborative care management (Street, 2021).

The emphasis on unsheltered or “rough sleeper” homeless populations is noteworthy, since most other organized homeless healthcare efforts are primarily designed to serve homeless individuals who live in sheltered settings. Street Medicine Institute’s stance related to taking care directly to the unsheltered individual reflects SMI’s fundamental belief that living on the street is not an acceptable reason to be excluded from health care (Street, 2021).

Treatment and preventive care can be difficult to access for people who are experiencing homelessness. This is often because they lack insurance or have difficulty engaging health care providers in the community (Health, 2021).

Street medicine involves sending teams of physicians, nurses and other healthcare providers to where the homeless are living, according to an NPR report (Gilfillan, 2019).

The Street Medicine Institute describes street medicine as representing “the intersection where evidence-based medicine and reality-based medicine meet.” (Gilfillan, 2019).

IMPLICATIONS FOR PRACTICE

The hope is to address medical issues before they develop into an emergency and the patient is seen in the emergency department, thereby lowering the cost of care for these patients (Gilfillan, 2019).

People experiencing homelessness are five times more likely to be admitted as inpatients and usually stay longer in the hospital. Investing \$3,000 per patient, per year, and avoiding lengthy and costly in-patient stays at \$2,000-\$4,000 per day likely saves money on total cost of care for this population (Gilfillan, 2019).

Local studies of existing Street Medicine programs have revealed substantial impact on health care costs and mis-utilization patterns for the street homeless populations they serve, including reductions in emergency room visits, hospital admissions, and hospital lengths of stay (Street, 2021).

Many street medicine groups like Mental Health America of Los Angeles offer:

- Risk assessment
- Clinical health assessments
- Wellness checks
- Screening, triaging, and testing for COVID-19 and other health conditions
- Complex wound care
- Medication support
- Health navigation-linkages to health insurance, health homes, treatment options, and other health resources (Mental, 2021).



(Street, 2021)

CONCLUSION

Having these resources in place help provide a healthier and safer environment for homeless people. As stated previously, healthcare workers are taught to provide every patient with respect and the best care. We are taught to advocate for our patients and the status of their living situation should not impede on their right to healthcare. Street medicine is a life saving tool that should be available throughout the United States.

Having street medicine available not only significantly helps homelessness' healthcare status but also saves them money. Not having this resource often meant they have emergent healthcare needs in the future causing emergency and hospital bills. Preventing these bills can significantly help some who is homeless to more financially positive opportunities in the future.

Preventing homeless from subsequent hospital admissions not only improves their outcomes it also keeps resources available for other nonpreventable healthcare needs.

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