

Is Street Medicine Effective in Improving Access to Healthcare?

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INTRODUCTION

Street Medicine is part of a movement in which outreach specialists, students, and physicians go out into the community and provide direct patient care in set ups under bridges and at campsites (Frost, 2019, para. 2).

Street Medicine offers services in which are designed to address the “unique needs and circumstances of the unsheltered homeless” right in their own environment (McFadden, 2020, para. 2).

SIGNIFICANCE

- On an average night in 2018, approximately 553,000 people in the U.S. experienced homelessness. Roughly 35% of this population were living in unsheltered locations (Frost, 2019, para. 6).
- The homeless population faces extreme poverty, poor access to healthcare, and social isolation (McFadden, 2020).
- The homeless population is at an increased risk for infectious diseases, traumas, psychiatric conditions, malnutrition, chronic diseases, and substance abuse (Pribish, et al, 2018).
- The measure of a society is reflected in how it treats its most vulnerable populations (McFadden, 2020, para. 6).
- Every 30 minutes, three people die from lack of health care. In a country with such advanced technology, medical research, and practitioners, no one should have to die due to lack of health care (Gerisch, 2020).
- Housing is a determinant of overall health and having adequate housing leads to individuals having better healthcare outcomes (Wilkins, 2016).

POSITION STATEMENT

Street Medicine is effective in improving access to healthcare.

SUPPORT FOR POSITION

- Healthcare students receive training outside of the “traditional four walls of clinics and hospitals” (Frost, 2019, para. 2).
- Visiting individuals in their own environment builds trust with this extremely vulnerable population (McFadden, 2020).
- Homeless individuals face barriers including geographical isolation, financial instability, lack of insurance, lack of transportation, and limited health literacy (Pribish, et al, 2018).
- Health care fees also pose a barrier to receiving access (Gerisch, 2020). Street Medicine provides high quality and low-cost care (McFadden, 2020).
- Living on the street is by no means an acceptable reason to exclude individuals from healthcare (McFadden, 2020).
- Access to healthcare is a basic human right. Article 12 in the Bill of Rights declares, “states must protect this right by ensuring that everyone within their jurisdiction has access to the underlying determinants of health, such as clean water, sanitation, food, nutrition, and housing, and through a comprehensive system of health care” (Gerisch, 2020, para. 5).



(McFadden, 2020)

IMPLICATIONS FOR PRACTICE

- Hospitals that implement presumptive eligibility programs can immediately enroll patients in Medicaid. The SAMHSA’s SSI/SSDI Outreach, Access, and Recovery program can help assist patient with establishing eligibility for Medicaid (Wilkins, 2016, para. 4).
- Hospitals should recognize homelessness as a “vital sign” and vulnerable patients should be screened routinely. The consistent use of ICD-10 (International Classification of Diseases, Tenth Revision) diagnosis code for homelessness (Z59.0) in medical records should be encouraged to promote more individualized care (Wilkins, 2016, para. 5).
- Frequent flyers in emergency and/or inpatient care settings should be assessed and set up to collaborate with community partners to get engaged with management services linked to housing. Homelessness assistance systems can offer housing to engage people in more appropriate care for their health needs (Wilkins, 2016, para. 6).
- Medical respite care is acute care and supportive services offered to individuals experiencing homelessness. These are short-term residual settings for the homeless population who is too sick to recover (Wilkins, 2016, para. 7).
- Hospitals can be converted to supportive housing, medical respite, or other housing options (Wilkins, 2016).
- Homelessness increases an individual's risk for developing severe health complications as opposed to housed individuals. Thus, providing additional housing services can greatly decrease the risk of contracting these health complications. (Pribish, et al, 2018).

CONCLUSION

Essentially, the homeless population is at an increased risk for developing multiple serious health conditions and having limited access to healthcare. Street Medicine enables healthcare workers to provide direct patient care, which in turn improves access to healthcare in vulnerable populations.



(McFadden, 2020)

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