## Background

### Health and Homelessness
- Individuals experiencing homelessness have **mortality rates up to 10 times** that of the general population, and are disproportionately affected by many common chronic diseases.
- People experiencing homelessness are less likely to have consistent access to primary care.
- Street Medicine Programs address the unique social and medical needs of people experiencing homelessness by providing care where patients live and gather.

### COVID-19
- COVID-19 exposed and exacerbated the inequities faced by homeless populations, with people experiencing homelessness testing positive for COVID-19 at higher rates than the general population.
- One study estimated that homeless individuals with COVID-19 will be 2x as likely to be hospitalized, 2-4x as likely to require critical care, and 2-3x more likely to die than the general population.
- Shelters were operating with reduced capacity and many of the community programs in the areas that WSM served were restricted.

## Challenges 2020-2021

### COVID-19 Pandemic
- Student involvement in street runs temporarily paused in spring 2020 and winter.
- Leadership transition occurred in March 2020.
- Homeless populations at disproportionate risk required finding new avenues to support our patients and community partners.

### M1/M4 Leadership Structure
- Exit interview reveals challenges of prior M1 hierarchical structure.
- Balancing workload and responsibilities between M1s/M4s.
- M1 recruitment and training to new organization and new roles.

### Documentation and Continuity
- No clinic site during COVID created less reliable documentation methods.
- Important for continuity, but also necessary for BCBS Grant.
- Balance between new student interest and student experience.

### Enduring Intersectional Inequities among Homeless Populations
- BIPOC peoples experience homelessness at higher rates largely due to long-standing historical and structural racism.
- Organizations engaging with this population must understand this and commit to not acting in ways that perpetuate inequities.

### Funding & challenges of financial sustainability
- Management of $10,000 BCBS grant.
- No pre-existing budget due to being a new organization.

## Actions 2020-2021

### WSM COVID-19 Initiatives
- Hand sanitizer, PPE and sandwich distribution to community partners.
- Collaboration with M-Response Corp.
- In-person non-clinical volunteering at shelters.
- Regular check ins with Medical School leadership to ensure safety.

### New and Improved Leadership Structure
- Utilized feedback from M1 exit interviews to revamp leadership team with newly defined roles.
- Mid-year feedback/check-in with M1s.
- Weekly coffee chats.

### Documentation and Continuity Improvements
- Created new street-run workflow sheet sent out prior to each run.
- Post-run google form with run narrative and BP data section.
- Monthly Newsletter with run narrative, new initiative to keep all members informed and up to date.

### Engagement with and awareness of this issue
- Partnered with OHEI as a SSO to increase collaboration with other student organizations.
- Journal Club to discuss discrimination in housing.
- Developed new Advocacy leadership role: upcoming series on incarceration and LGBTQIA youth.

## Future Directions

- Recruitment and training of new M3 Directors is underway.
- Continue to improve upon documentation and providing best standard of care.
- Focus on continuity of care with designated leadership spot on each run.
- Ensuring sustainability with a focus on faculty recruitment and potential resident involvement.
- Continuing Delonis volunteering with the addition of phone calls to COVID positive individuals in quarantine.
- Bolster our budgeting, inventory, and overall financial structure.
- Grow interprofessional relationships and collaboration.

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