Table 1. Intended learning outcomes for the HCH elective.

- 1. Identify the role of social determinants of health in the presentation of medical needs specific to underserved populations and apply this knowledge in the provision of healthcare to homeless persons
- 2. Develop greater empathy in patient interactions and practice the delivery of care in home and community settings that meet the patients where they are
- 3. Design a project with the goal of making a long-term and sustainable contribution to the Wolverine Street Medicine student organization and their efforts in addressing health disparities induced by homelessness
- 4. Recognize the interdependence between clinical and non-clinical care providers in addressing health care for homeless persons
- 5. Independently assess patients about whom case workers place medically-related consults, and practice generating a plan of care before staffing with the patient's primary care provider
- 6. Prepare and lead a scholarly discussion on a topic related to healthcare for homeless persons for an audience of interested clinical and pre-clinical medical students

Table 2. HCH elective didactic content and descriptions.

| Module | Component Parts | Notes |
|---|---|---|
| Course Orientation | [Deidentified student organization] Street Medicine Training Description of Clinical Experiences Documentation Overview Review of Diagnostic tools Project Expectations Goal Setting | Project Expectations included creation of a short talk on a preventative health care issue, creation of "car talks," (short, near-peer chalk talk style presentations to be delivered to preclinical students during street runs), and preparation of a final presentation on a scholarly topic related to healthcare for unhoused individuals or a journal club. |
| Healthcare for the Homeless 101 | Introductory training from the National Healthcare for the Homeless Council | The National Healthcare for the Homeless Council provides free trainings and resources for individuals and community organizations. |
| Communication | "David's Story" Background articles Harm Reduction & Motivational Interviewing Trauma Informed Care Communication Case Studies (2) Student Reflection | The "stories," referenced are narratives shared by members of the community experiencing homelessness to help educate medical students and healthcare workers and which serve to anchor the theme of each module. |
| Medical Management on Street Runs | "Daniel's Story," History taking Foot & Wound Care Infection & Antibiotic Review Weather Related Conditions Addiction Treatment Communicable Diseases Hypertension & Cardiovascular Diseases | Topics were chosen in collaboration with street medicine preceptors and based on student experience of most commonly seen medical conditions. |
| Mental Healthcare on the Street | "Gracie's Story" Mental Healthcare on the Streets Webinar Data Trends in Suicide & Mental Health Pathways to Homelessness Reading: Million Dollar Murray by Malcolm Gladwell Reading: What Trainees Gain from Community Psychiatric Outreach Mental Health Case Study | |

| Policy & Systems Based Care | "Gary's Story" Why Understand Policy? Defining Homelessness History of Homeless Policy Types of Homeless Policy Local/State/Federal/Around the Country/Global Policies Special Populations Solutions? |
|--------------------------------|---|
| Final Reflections | Will's Story Language & Stigma Talk Language Reflection Goal Reflection Feedback & Evaluation |

Table 3. The HPATHI survey questions, with the domains denoted (SA = Social Advocacy, C = Cynicism, PA = Personal Advocacy).

| | Question | Domain | Reverse Coded toward total HPATHI score? | Reverse Coded toward domain score? |
|----|--|--------|---|--|
| 1 | Homeless people are victims of circumstance. | SA | No | No |
| 2 | Homeless people have the right to basic healthcare. | SA | No | No |
| 3 | Homelessness is a major problem in our society. | SA | No | No |
| 4 | Homeless people choose to be homeless. | С | Yes | No |
| 5 | Homeless people are lazy. | С | Yes | No |
| 6 | Healthcare dollars should be directed towards the poor and homeless. | SA | No | No |
| 7 | I am comfortable being the primary care provider for a homeless person with a major mental illness. | SA | No | No |
| 8 | I feel comfortable being part of a team when providing care to the homeless. | SA | No | No |
| 9 | I feel comfortable providing care to different minority and cultural groups. | С | No | Yes |
| 10 | I feel overwhelmed by the complexity of the problems that homeless people have. | С | Yes | No |
| 11 | I understand that my patients' priorities may be more important than following my medical recommendations. | PA | No | No |
| 12 | Doctors should address the physical and social problems of the homeless. | PA | No | No |
| 13 | I entered medicine because I want to help those in need. | PA | No | No |
| 14 | I am interested in working with the underserved. | PA | No | No |
| 15 | I enjoy addressing psychosocial issues with patients. | PA | No | No |
| 16 | I resent the amount of time it takes to see homeless patients. | PA | No | No |
| 17 | I enjoy learning about the lives of my homeless patients. | PA | Yes | Yes |
| 18 | I believe that social justice is an important part of healthcare. | PA | No | No |
| 19 | I believe caring for the homeless is not financially viable for my career. | PA | Yes | Yes |

Table 4. HPATHI scores broken down by section for the 10 individuals who filled out surveys.

| Age | Gender | Class | Pre- or Post- | Personal | Social | Cynicism | HPATHI |
|-----|--------|-------|---------------|---------------------------|-----------------------|-----------|--------|
| | | | Elective | Advocac y (Average) | Advocacy (Average) | (Average) | |
| 25 | M | MS4 | Pre-Elective | 4.33 | 4.17 | 2.25 | 4.16 |
| 25 | | MS4 | Post-Elective | 4.78 | 4.67 | 1.25 | 4.74 |
| 25 | F | MS3 | Pre-Elective | 4.56 | 4.33 | 2.00 | 4.37 |
| 25 | | MS4 | Post-Elective | 5.00 | 4.67 | 1.75 | 4.74 |
| 27 | M | MS3 | Pre-Elective | 4.44 | 4.00 | 2.50 | 4.11 |
| 27 | | MS3 | Post-Elective | 4.44 | 4.67 | 2.25 | 4.37 |
| 26 | F | MS4 | Pre-Elective | 4.67 | 4.67 | 2.25 | 4.47 |
| 26 | | MS4 | Post-Elective | 4.78 | 4.83 | 2.25 | 4.58 |
| 25 | F | MS4 | Pre-Elective | 4.44 | 4.00 | 2.00 | 4.21 |
| 25 | | MS4 | Post-Elective | 4.67 | 4.33 | 1.50 | 4.53 |
| 25 | F | MS3 | Pre-Elective | 4.33 | 4.67 | 2.25 | 4.32 |
| 25 | | MS3 | Post-Elective | 4.56 | 4.50 | 2.50 | 4.32 |
| 26 | M | MS4 | Pre-Elective | 4.33 | 4.00 | 2.50 | 4.05 |
| 26 | | MS4 | Post-Elective | 4.78 | 4.67 | 1.75 | 4.63 |
| 27 | F | MS4 | Pre-Elective | 4.78 | 4.67 | 2.50 | 4.47 |
| 27 | | MS4 | Post-Elective | 4.89 | 5.00 | 1.50 | 4.84 |
| 27 | F | MS4 | Pre-Elective | 4.78 | 4.50 | 1.75 | 4.58 |
| 27 | | MS4 | Post-Elective | 4.78 | 4.33 | 2.00 | 4.47 |
| 28 | F | MS3 | Pre-Elective | 4.44 | 4.33 | 2.50 | 4.21 |
| 28 | | MS3 | Post-Elective | 4.56 | 4.50 | 2.00 | 4.42 |

Total HPATHI 4.56 4.3 Figure 1. Pre- and Post- Elective HPATHI Average Scores 1.88 Cynicism 2.25 □ Pre-Elective □ Post-Elective Social Advocacy 4.62 4.33 Personal Advocacy 4.72 4.51 4.5 3.5 2.5 1.5 0.5 0 7