

MEDLEGACY

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WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

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PAVEMENT PRACTICE

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Street Medicine
Detroit is a Wayne
State University School
of Medicine student
organization providing
primary care to
Detroit's homeless and
underserved.





MEDICINE

ROIT

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WAYNE STATE



ENGINE

Second-year medical student Young Wu Kim checks the blood glucose level of a homeless man at a winter clinic visit to a local shelter.



Street Medicine Detroit brings primary care directly to the city's underserved population

Ronnie Bennifield knew better than to spend two consecutive days outside. But for 48 hours in mid-January, when temperatures in Detroit dipped into the single digits, the 59-year-old with the gray beard, pronounced smile lines and a penchant for rhetoric and poetry didn't seek shelter.

Bennifield is one of 19,000 people who are homeless in Detroit. For most of them, health care is almost non-existent.

"I was out there both of those days and it got me. I was being a knucklehead," Bennifield said. He knew two of his toes were frostbitten, but seeing a doctor wasn't really an option.

Enter Street Medicine Detroit, an organization created and run by medical students at the Wayne State University School of Medicine.

Street Medicine, as a practice, delivers health care and related services directly to the homeless in abandoned buildings, under bridges and wherever the people stay. Members treated Bennifield at a church set up as a temporary shelter.

"I think it's a wonderful thing. Once I saw them, it took some of the pressure off me,"

he said. "I really didn't know what my stages (of frostbite) were."

Of the 19,000 homeless people in Detroit – roughly equal to the 2010 population of Ferndale, Mich., – 37 percent are adults and children in families. The rest, more than 12,300 men and women, including Bennifield, are individuals navigating the streets on their own, according to the 2011 "State of Homelessness Annual Report for the Detroit Continuum of Care." The report was distributed in May 2012 by the Homeless Action Network of Detroit.

Sixty-five percent of those individuals reported a disabling condition, and 20 percent listed that disability as physical or medical. According to the National Institutes of Health's Medline Plus, a service of the United States National Library of Medicine, common physical health problems for the homeless include bronchitis, pneumonia, wounds, skin infections and problems related to prolonged exposure to the outdoors. The mortality rate for those experiencing chronic homelessness is four to nine times higher than the general population, according to the U.S. Interagency Council on Homelessness. The council lists health care as the major

expense associated with public services used by the chronically homelessness. This is due to frequent and avoidable emergency room visits, inpatient hospitalizations, sobering centers and nursing homes.

On Jan. 29, 2013, Bennifield met the students at Saints Peter and Paul Jesuit Church on St. Antoine Street in Detroit. The students are supervised by certified nurse practitioner Dean Carpenter, and perform basic health procedures, such as checking vitals, testing blood glucose levels, answering medical questions and distributing medications as needed.

"It fills a need, that's for sure," Carpenter said. "I've had the clinic at the (Neighborhood Service Organization's Tumaini Center in Detroit) for seven years. I often wondered what pathology is lingering out there we don't see. Street Medicine addresses that directly."

Risarg "Reggie" Huff is the director of Homeless Services at the Tumaini Center, and a graduate of the WSU School of Social Work. He oversees The Road Home, the NSO's homeless outreach program, which directly engages homeless men and women on the street who are resistant to social services.

"They are the forgotten. They are the neglected. They're just out there," he said. "It's really helping those who are most vulnerable in our community to survive. What we're doing is putting a face to them and giving them character so they come alive."

Like Street Medicine Detroit, Huff's team goes to the people, offering everything from laundry and shower services to permanent housing. Yet the health care component, at least on the streets, was missing.

"Prior to (Street Medicine Detroit), I had not been aware there was a program on the street that provided care to homeless people. I thought that was quite innovative.

We're always looking for innovative ways to service our consumers," Huff said.

A homeless couple who Huff helped find housing were among the NSO's consumers. One was HIV positive. The other was an alcoholic with liver disease. They died within six months of each other. "Had we had some preventive health care, they probably would have lived a lot longer," he said.

Fast forward a few months. At the church, members of the homeless community sit in folding chairs lining a hall no wider than an airplane cabin. The temperature inside is comfortable. About 100 men and women still dressed for frigid temperatures line the hallway leading from the main entrance to the make-shift clinic in the fellowship hall. Three large round banquet tables and about a dozen chairs serve as casual exam rooms. The students and patients sit eye to eye. The students dress in jeans and gym shoes. They leave the white coat at home.

The Street Medicine movement began in the early 1990s and brings together health care professionals, outreach workers who often were formerly homeless, social workers and sometimes others. Jim Withers, M.D., founder and leader of Operation Safety Net, an outreach program in Pittsburgh, is one of the movement's most recognized leaders. His Street Medicine Institute, a nonprofit created to support and guide local Street Medicine groups, has hosted an annual International Street Medicine Symposium since 2005.

Dr. Withers visited Detroit for the first time in January 2013, invited to speak by Street Medicine Detroit founder and President Jonathan Wong, a 29-year-old second-year School of Medicine student living in the city. Wong read about the Street Medicine movement as an undergraduate at Queen's University in Kingston, Ontario, Canada, his home country. He followed the work of

Dr. Withers closely, and dreamed of starting a Street Medicine organization at a medical school. He got to work after starting at Wayne State in August 2011.

“We’re going after the people who are not self-selecting, who are service resistant, who are in the far corners of the city, who are living a tough life,” Wong said. “If you just sit and listen to someone’s story for a little bit, you find out they were the victim of circumstances. Some people choose to be homeless, but some have that choice made for them.”

Wong, along with Street Medicine Detroit Vice President Sal Calo, 26, Class of 2015, and Financial Director Young Wu Kim, 29, also Class of 2015, tested the waters with a pilot program in July 2012, tagging along with workers from The Road Home. Then, they drove around for hours trying to find someone who wanted help. Now, a typical medical outreach run, whether at a shelter or on the street, lasts through the morning.

“We count ourselves very fortunate to be working with social workers and community outreach workers from NSO who help us get a more holistic picture of the people we see,” Calo said. “We are definitely keeping the importance of the interdisciplinary approach in mind. All in all, we hope that through Street Medicine Detroit, we are helping to train physicians who are sensitive and adaptive to the needs of our patients.”

When it warms up, the group will once again board a van and search the streets for people who need medical help. Philip Ramsey, a prevention specialist with The Road Home, is their street navigator. He approaches possible patients. Many accept the offer. Some turn it down.

“A lot of people we found, have medical issues, and are dying out here,” Ramsey said. “When it got to the extreme, they would go

to the hospital. I’ve found out doing this, they don’t have to. A lot of people are afraid. This is where you meet them on their turf.”

Ramsey knows. He used to be homeless.

“We get to know them, built a rapport with them. Respect them, and they’ll respect you. Deep down, they know we’re here to help them,” he said.

Social services providers like Ramsey and others at NSO know from experience that physical health is as important as mental health, substance abuse counseling and housing opportunities.

“I find that we’re better able to get at issues than when we didn’t have you around,” NSO social worker Lucas Brown told the medical students on the Jan. 29 ride back to the Tumin Center.

Brown connected with one homeless man at the church who refused to talk to him an hour earlier. “I can’t breathe right now,” the man insisted. He was among the six men to seek medical help from the students that morning, a typical number for an outing. Soon after, he made an appointment with Brown to discuss getting help for other problems.

“We’re just trying to show people that there’s someone there to help them,” said Detroit resident Kevin Chang, a first-year medical student originally from Chicago, and SMD’s operations director. “It’s nice to be able to remember why we came to medical school. We spend 90 percent of our time studying. It’s nice to get out and see people.”



That simple act – seeing people – is one of the group’s major goals, Calo explained.

“Along with medically engaging Detroit’s homeless population to improve health

to face head-on all the bio-psycho-social aspects surrounding our patients’ care.”

More than 100 WSU medical students have participated in the organization’s mandatory training for volunteers.

Since only five students are allowed on each run due to limited transportation space, they have more than enough volunteers to operate.

“Right now, our model of medical outreach consists of social workers, ‘street navigators,’ health professionals and medical students. We conduct street runs regularly, once per week. Perhaps in the future, we can replicate

this model and have more than one team conducting street runs, going in separate vehicles and visiting different sites on the same day,” Calo said.

While other medical schools could have an outreach program like Wayne State’s, Dr. Withers said it is rare. He knows only a few as active as WSU’s group.

“I think it happens to be that Wayne State has some very supportive folks who see the value in this, in addition to the student leaders who were willing to do the legwork,” he said.

Jennifer Mendez, Ph.D., assistant professor and director of Co-Curricular Programs at the School of Medicine, was one of the organization’s earliest supporters. She provided important contacts that would eventually make care delivery possible, helped students navigate the road to becoming an official WSU student organization and ensured current and future participating students receive up to 30 co-curricular credits for their work.



(Left) A Street Medicine Detroit volunteer checks a patient’s blood pressure at a recent pop-up clinic site in Detroit.

(Right) Street Medicine Detroit volunteers come to each clinic with basic supplies and information sheets to share with patients.

outcomes and reduce emergency department visits and costs, the other major goal we have is to provide and advocate for medical education opportunities that will help prepare my colleagues and me to be physicians who place the concerns of the patient at the top of our list,” he said.

Calo, like fellow founders Wong and Kim, is older than the typical medical student. The 26-year-old came with his family to southeast Michigan from the Philippines at age 7.

“We want medical students to get a chance to develop a cultural humility, compassion and humanity for those we’ll be serving,” Calo said. “When we’re seeing street folks in shelters and on the street, we consider this to be a unique extension of the medical school classroom, to borrow a metaphor from Dr. Jim Withers. It is a classroom that I believe has no substitute. When we encounter a homeless individual at the shelter where they stay, at the soup kitchen where they eat or the street where they spend the afternoon, we have a chance

"I thought it was a great idea because it's a city that's so needy in terms of health care for the non-insured, and the homeless are one of those groups," she said. "This program is teaching them diversity and the compassion for the underserved in the city of Detroit. They're experiencing it firsthand on the street rather than in the clinic where there's already a program, and, they're the first line of care actually."

Dr. Mendez was especially impressed with Wong when he approached her only a month after starting medical school. "They're a very well-organized group. They've learned from emulating other successful student-run programs. Jonathan has the vision. He knows what he wants. The commitment and the drive are there from every student involved."

While SMD isn't an officially-sanctioned member of Dr. Withers' Street Medicine Institute yet, the group meets all the requirements, including working with a licensed clinician. That said, "They would be well-served if one of the physicians in the community would take on the medical supervision role," he said.

Street Medicine Detroit volunteer and first-year medical student Kevin Chang, right, interviews a patient during a care visit at a temporary shelter in Detroit.



Despite its national reputation of rampant decay and despair, "Detroit was one of those major areas that, for some reason, I had not gotten to know at all," Dr. Withers said. "You asked around and you didn't hear about anything going around. It did really seem like no medical outreach of this kind existed there."

At the church last January, a man named Hosea walked into the makeshift clinic. Second-year medical students Vince Gacad, 24, and Young Wu Kim, were waiting. Next to them was a miniature pharmacy that took up half the table, filled with over-the-counter and prescription medicines, antacids, inhalers, lice removal kits and throat lozenges.

After filling out a consent form, Hosea asked for a blood pressure reading. Kim cupped her hand around his arm. His shirt was too bulky to get a reading. He obliged, pulling two layers off, bringing his winter hat with it. It wasn't enough. Two more layers. And finally, one more. Two shirts remain, but it'll work, the students told him. She wrapped the cuff around his arm, adjusting the Velcro for a tight fit. She depressed the bulb and read the gauge. She has the confidence of a doctor, but the mindset of a student. Check it twice. She looked him in the eye, and smiled. "Looks good. One more time," Kim said.

Hosea, a diabetic, is a returning patient. When Street Medicine Detroit first saw him, his blood sugar and blood pressure were dangerously above average. He had been off insulin for a month. The group managed to get him back on his insulin, thanks to a prescription drug program the NSO utilizes for its in-house clinic. This most recent visit was his third, and each time, his blood pressure and blood sugar levels were lower. News like this, of a treatment plan working, spurs students on to the next run. "I feel like seeing them on a regular basis is helping us help them," Gacad said.

Before Hosea leaves, he is given a plastic bag filled with goods collected by School of Medicine faculty, staff and students as part of an annual “giving tree” drive. In the bag are clean socks, a winter hat, toothbrush, toothpaste, lip balm, hard candy and other items. Dr. Mendez started the drive more than three years ago to give staff an opportunity to help the student organizations’ initiatives directly.

“You wish you could do more. You run out of hygiene kits or people ask for blankets ... you wish you could help them,” said volunteer Mike Oom on the ride back to the NSO.

The first-year medical student from Grand Rapids now lives in Detroit, and was among the organization’s first volunteers to sign up after meeting Wong at orientation last fall. “I thought it was a very unique opportunity. It’s something you’re not going to get other places,” he said.

During Dr. Withers’ visit, he praised the students, but also cautioned them to expand at their own pace, as more care means more follow up, the need for more clinicians in the field, and eventually, a paid staff. His Street Medicine Institute is already considering hosting one of its annual symposiums in Detroit.

For now, there are plans to increase the number of street runs each week, and Calo and Wong agree that while the nurse practitioner’s supervision is invaluable, having doctors volunteer on these runs is crucial.

The students are applying for grants that would pay for wireless connectivity and computer tablets, giving them access to patient medical records and other meaningful information in the field. As of late January, patient surveys, care observations and treatment plans were recorded by hand, then charted into computers post-run.

The group recently received approval to get free medical devices and supplies from an organization that specializes in supporting medical outreach nonprofits, Calo said. Expanding imaging and lab referrals and obtaining more staff and vehicles also are on the wish list.

“Now, all of these things have the potential to really augment the work we do,” Calo said. “But regardless of how much we expand or increase our capabilities, we never want to forget what is at the core of our outreach: We engage with the goal of building or cultivating a relationship first. With the homeless community, the relationship is often the most important thing.”

Building from the ground up provides an opportunity to make real change in Detroit, and brings great responsibility, Dr. Withers said.

“Detroit is really interesting because you have some things there that will be very pioneering once you get engaged in the depth of the homeless and unsheltered world,” he said. “It’s better to start small and slow. Don’t promise too much. These kinds of programs have their own growth rate. Your experience grows as your capacity grows. When the time is right, it will be obvious.”

Wong also wants to partner with the city’s major hospitals, managing care outside of emergency departments to help save costs. “If we can show those numbers and show that impact, it will really put a stamp on the utility and value of what we do,” he said.

Whatever happens, what they’re doing has merit, said one of the NSO’s leaders.

“I think any intervention is a help, and so even in the short amount of time, hearing stories, they’re making some positive inroads with some of the folks they’re engaging in the community,” Reggie Huff said. “Even a little is better than none at all.”