



# Annual Report

# 2017

## The Founder's Address



Our organization was a dream that nearly evaded fruition. Six years ago, prior to having set foot on a street run, our proposal to form a student organization was initially rejected. This had implications on funding and therefore financial viability, as well as the status that accompanies being a legitimate and recognized organization. In addition, a key partnership that was expected to kick-start our operations fell through. Needless to say, I felt like a failure. Despite initial setbacks, our gracious and dedicated team rallied, and we kept moving forward. How could we not? At that time, there were approximately 20,000 individuals experiencing homelessness in the city of Detroit, many of whom suffered from chronic disease, psychiatric conditions, and addictions, complicated further by multiple layers of complex social issues. With poverty and homelessness so visible and palpable around us, our drive to help remained strong. Fortunately, the pieces began to fall into place for our organization. Open dialogue was occurring, community needs were being assessed, relationships were forming, and key stakeholders were stepping up. Before we knew it, our pavement practice began and quickly gained traction. Since our rocky beginning, we have been privileged to participate in home visits for many of our friends living on the street. Behind the rough and gritty veil, there is such raw beauty, true emotion, and tender honesty. Many of these folks have taught

### **“BEFORE WE KNEW IT, OUR PAVEMENT PRACTICE BEGAN...”**

me how to be a good human being. I remember Charles, who donated the only set of spare clothes he had to another man who had soiled his own. I remember James, who told me to use better language after I chastised a woman for calling James worthless. And yet, many of these folks feel worthless as a result of trauma, abuse, and abandonment. I remember Mason, who said he felt that people look right through him. I remember Vanessa, who suddenly walked out of our visit when her pimp entered

in the middle of our medical encounter. The stories we hear are more than simply stories; for our patients, they are reality. In response to these horrific realities, Street Medicine Detroit was founded on core values of love, compassion, and humanism.

Since its founding, our organization has developed many different programs, and I could not be prouder of our team and our partners whose efforts are astounding and directly benefit a population who truly needs it. To all of you – thank you. We invite you to read the following pages. We challenge you to reflect on their contents. And we greatly appreciate your support as we aim to expand our reach to continue our efforts to care for those who may otherwise be unheard. Thank you sincerely.

**Jonathan Wong, MD, CCFP**  
Founder, Former President, and Current Chair of the Board  
for Street Medicine Detroit

# The President's Letter



Since its inception in 2012, it has been Street Medicine Detroit's mission to ensure access to quality care for individuals experiencing homelessness in the city. With a "go to the people" philosophy and a multi-disciplinary approach, we aim to address the unique medical and psychosocial needs of those who are most vulnerable by bringing our services directly to them. Our dedicated team of peer support specialists, medical students and providers is driven by a passion to serve the underserved, and united by a goal to bridge the gap between the homeless and the medical community. I have had the honor of serving as a leader of Street Medicine Detroit throughout my medical school career and continue to be amazed by its growth, in both size and reach. Through a street- and shelter-based model of healthcare delivery, I have seen our team reach the unreached and serve the most service-resistant. Yet, what stands out beyond the medications prescribed and the diagnoses given are the relationships that have been forged and the stories shared. Such engagement with the homeless population of Detroit has proven to be an invaluable service learning opportunity for medical students at Wayne State University School of Medicine, allowing them to confront stereotypes and break down stigmas at an early stage in their professional career. Street Medicine Detroit's determination to bring quality primary and preventative care to the streets continues to inspire

**"WE AIM TO ADDRESS THE  
UNIQUE MEDICAL AND  
PSYCHOSOCIAL NEEDS OF  
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VULNERABLE..."**

new initiatives and improvements in our practices. As an example, adoption of our electronic medical record system has streamlined our documentation processes and enabled more comprehensive care during each patient visit. It has facilitated research endeavors focused on better understanding our patient population's needs and evaluating our own impact. Through such efforts, it is our hope that the unique challenges our patients face in accessing medical care are not only brought to light, but also acted upon to institute system-wide policy change and enact legislation that seeks to include individuals experiencing homelessness. I could not be prouder of all that Street Medicine Detroit has accomplished over the years. The generosity of volunteers, donors and community partners like The Neighborhood Service Organization has allowed us to bring medical attention where there was none, and link patients with resources such as ID restoration and housing services. With nearly 16,000 unsheltered individuals living in Detroit, we still have a long way to go. I am confident that the heart, passion and spirit of our Street Medicine community will continue furthering our mission of bringing quality care and compassion directly to Detroit's roughest sleepers. Sincerely,

**Alexa Thibodeau, MS4**  
President, Street Medicine Detroit





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 Street Medicine Detroit  @streetmeddetroit  @StreetMedDet

For more info, visit [streetmedicinedetroit.org](http://streetmedicinedetroit.org)



# THE BEGINNING

The street medicine movement began 25 years ago with one man's mission to change how medical providers interact with their communities. Dr. Jim Withers started with a simple idea: bring health care to those who need it, rather than having the patients come to the hospital to seek it out. From this idea came the beginning of the street medicine movement. Withers was working as an internist at Pittsburgh's Mercy Hospital when he began expanding his practice into the streets. Under the cover of darkness, Withers took to the streets of Pittsburgh to treat "the alienated and excluded poor of that city." He focused on the patient's needs—even those that were not medically focused—in order to foster relationships and help patients achieve their unique goals. Soon after, many began to join Withers to help him on his mission to bring care to this underserved population and to educate future practitioners on the importance of his mission. Partnerships were formed, public interest began to rise, and eventually Operation Safety Net was founded, officially launching the street medicine movement. Since the formation of Operation Safety Net, dozens of other organizations around the globe have been formed based on Dr. Withers' guiding principles. Finally, in 2008, Withers and other dedicated Street Medicine practitioners officially launched the

Street Medicine Institute in order to help foster the creation of street medicine programs in other cities and to define, improve, and teach the practice of street medicine. Today, the street medicine movement spans across the globe, with hundreds of unique programs tailored to meet the needs of the underserved in each individual city. Dr. Withers' efforts were recognized in 2015, when he was named one of CNN's Heroes.

Dr. Withers' national recognition led to a rise in interest in the street medicine movement. Notably, filmmaker Jeffrey Sewald began filming a documentary about the street medicine movement and its founder in early 2017. Additionally, Sewald's documentary will feature notable street medicine programs, among these will be Street Medicine Detroit.

SMD is unique among other programs in that we are a student run network of providers. Since 2011, we have been working to address the unique needs of Detroit's underserved and neglected homeless population. As a novel student run program Street Medicine Detroit can serve as a model for other medical schools interested in starting a street medicine organization.

**"IT STARTED WITH A SIMPLE IDEA:  
BRING HEALTH CARE TO THOSE WHO  
NEED IT."**





# THE MOVEMENT

Inspired by the Street Medicine movement pioneered by Dr. James Withers in Pittsburgh, Pennsylvania, Jonathan Wong--then a first year medical student--founded Street Medicine Detroit (SMD) in order to serve those experiencing homelessness in Detroit. Wong sought to create a street medicine model that could both address the basic medical needs of Detroit's homeless population while also training future healthcare professions in both clinical skills as well as empathy. Street medicine's model highlights the value of maintaining the dignity of all patients while acknowledging the constant alienation and struggle that our patients face. By bringing medical care into streets and shelters, SMD aims to maintain the health of individuals in the community who are unable to access or afford care otherwise. Since its establishment in 2012, SMD has reached out to thousands of individuals in various soup kitchens, shelters, and streets in Detroit providing basic medical care ranging from a flu shot to antibiotics prescribed by our on-site medical preceptor. Many individuals who previously utilized the emergency room as a source of primary care access are now treated regularly by SMD.

SMD has been an invaluable source of medical care to those experiencing homelessness in Detroit, but the organization's benefit to the community extends beyond just healthcare. By demonstrating respect for individuals who often feel they've

had their dignity stripped from them by society, we establish a sense of trust with members of the community who are largely neglected. This relationship allows our patients to feel listened to and helps break down the perceived disconnect between our patients and our volunteers. This not only benefits our patients, but it also provides for an incredible learning experience for our medical school volunteers.

Street Medicine Detroit is unique in that it is one of the few student-run organizations within the street medicine community. The board is made up entirely of medical students from Wayne State School of Medicine, and most SMD volunteers are medical students, nursing students, and nurse practitioner students who work directly with patients and present to a clinical preceptor. Street runs provide students of various healthcare professions the opportunity to engage in an interprofessional working environment. The greatest learning experiences for our students however, comes from interactions with our patient population in the community of Detroit. Developing a personal relationship with individuals from such a different walk of life is monumental in the education of Wayne State students. Serving members of the community by utilizing skills from the classroom is incredibly beneficial not only for medical knowledge, but for our students' understanding of Detroit as a community.

# STREET RUNS

The most unique aspect of Street Medicine's model is that instead of asking our patient population to come to our clinic, SMD brings the clinic to our patients. With medications, diagnostic tools, and SMD's electronic medical records in backpacks, our teams go into the streets of Detroit and seek patients that are unwilling or unable to receive care in a hospital setting. SMD is set up to operate anywhere in the community: whether that be in soup kitchens, shelters, or just a local street corner.

All runs are overseen by a clinical preceptor (such as a nurse practitioner or a physician) who is capable of dispensing medications and providing referrals. Street Medicine operates roughly 8 runs a month in various locations. SMD has many community partners that allow us to operate out of their facilities and many of whom often donate to our cause. SMD's main community partner is the Neighborhood Service Organization (NSO), which helps provide care to those experiencing homelessness that may not have a primary care provider or health insurance.

Students are taught to take a thorough medical and social background as well as a history of present illness. Unlike a standard hospital visit, students are encouraged to spend as much time with the patients as necessary to understand both their medical concerns, as well as understand their perspective. While practicing valuable clinical skills, students have a chance to interact with individuals in their own community who have difficulty gaining access to healthcare. Understanding the practice of medi-

cine from this unique perspective informs the way SMD board members and volunteers understand the healthcare system. Although SMD's primary function is to operation street clinics for the community of Detroit, the organization is involved in many different projects to promote the street medicine movement. SMD conducts various research projects using patient data to track overall health of regular patients as well as emergency department admissions in the city of Detroit. SMD's research has been presented at various conferences globally, including the International Street Medicine Symposium.

## **"STREET MEDICINE DETROIT IS SET UP TO OPERATE ANYWHERE IN THE COMMUNITY"**

Street Medicine conducts monthly wellness seminars for our patient population to educate individuals about managing their health as well as improving their health literacy. For our volunteers and medical students, SMD also puts on educational seminars to better educate health professionals on how to better connect and empathize with our unique patient population. Street Med also conducts monthly street cleanups and a yearly Street Medicine Detroit 5K on the Detroit Riverwalk.

In 2017 Street Medicine Detroit was honored as the recipient of the Spirit of the Community Award for our work in Detroit. In 2016 SMD was the recipient of the Detroit SOUP Grant as well as the Detroit Piston's Belle Tire Game Changer Honoree.



# RESEARCH

## Street Medicine Detroit: A Current State Analysis

While SMD is growing, it is important to evaluate whether our mission and goals are continuing to be met and to identify ways in which we can improve health care delivery for our patients as well as the learning experiences of medical and nursing students. Quality improvement is an essential aspect of healthcare and it is a growing field of health research. We set out to achieve this by collecting retrospective data on the patients seen by SMD since the organization's launch and analyzing patient characteristics over the past four years. Our goal was to use this information for self evaluation and to inspire other existing programs to develop systematic approaches to studying their progress. With the information we gathered on common diagnoses we were able to provide additional training references on these topics to our volunteers, as well as adapt our patient care seminars to provide useful information tailored to our patients' needs. Better understanding of the medications we disperse most frequently will hopefully allow us to keep our mobile pharmacy better equipped, and identifying common trends in our population can allow us to be proactive rather than reactive. We hope to use this project as a template for continual data monitoring to ensure we remain synchronous with the dynamic population we serve. Our goal is that through a better understanding of the population we serve, existing and future street medicine volunteers can be better equipped and prepared to care for our patients.

## Emergency Department Use by SMD Patients

As of 2015, the homeless population in Detroit was identified as 16,040 people. This population is often associated with the negative stigma of being one that over-utilizes the emergency department (ED), and many attribute this to their challenge in accessing primary care services. Our goal was to see if the services offered by Street Medicine Detroit had an effect on how often our patients access the ED. One of the things we looked at was the total number of ED visits before a patient's first encounter with SMD and their number of visits after—a number of other interesting findings emerged. First, when we clustered our patients into groups based on whether accessed the ED at low, intermediate, or high rates we found that a very small portion of the patient population accounted for the majority of total ED visits (16.8% of the users accounted for 56.6% of visits). Additionally, there were only 4 out of 179 patients that were clustered into the "high rate" user group and these individuals displayed a much higher percentage of mental disorder diagnoses than the other two groups. We hope to use these data to drive the direction of our practices so that we can ensure we are doing our best to provide the most effective care for our patients.



## Challenges with IDs for the Homeless Population

During a street run we interacted with a homeless individual whose hypertension was drastically uncontrolled. While discussing this further we learned that the individual could not fill his prescription due to a lack of state ID card. This unfortunate circumstance inspired us to look closer at the underlying issue and we discovered a more significant and widespread problem than we had anticipated. Many situations commonly require state-issued identification, including employment, collecting government benefits, obtaining shelter or housing, entering rehab programs, and filling prescriptions. This can be a significant challenge for the homeless population due to the many obstacles in obtaining an ID card. The current challenges in obtaining an ID not only make specific tasks more difficult for individuals experiencing homelessness, but are also making it more difficult to overcome homelessness itself. With this project, we hope to better understand the prevalence of this issue in the population we serve, what challenges are most restrictive, which services are commonly denied, and how we can provide better assistance to overcome these barriers. We are also exploring avenues to propose legislature changes that advocate improved accessibility of ID cards to the homeless population.



# Lessons from the International Street Medicine Symposium

It was a great privilege to attend the International Street Medicine Symposium amongst such incredible people that share the same passion for providing care to the homeless. The opportunity to present at a conference is always enjoyable, but this was particularly special for me because all of the attendees had a passion for this patient population, and this was sewn into every aspect of the symposium. I didn't know quite what to expect before going, but I came out of the weekend feeling enriched with information for best practices, revitalized in our mission, and inspired to pursue some of the ideas that I previously thought were unrealistic for Detroit.

One presentation focused on how to improve the health of the multiply excluded. The presenters defined the concept of "inclusion health" as a service, research, and policy agenda that aims to prevent and redress health and social inequalities among the most vulnerable and excluded populations. This had always been our agenda, but visualizing the hard data regarding what has been found to be effective in their community was incredibly impactful.

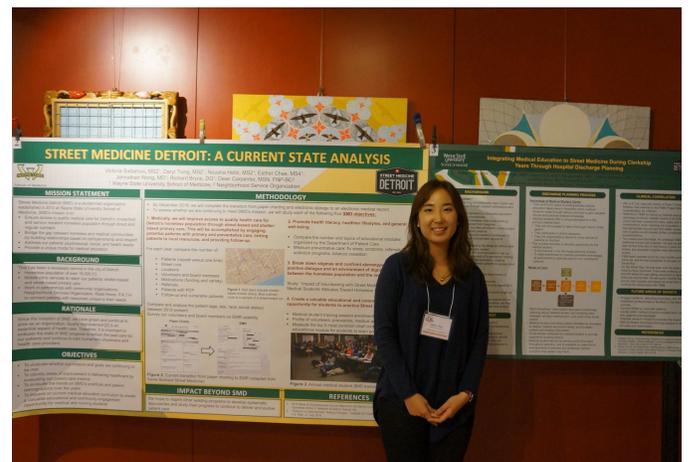
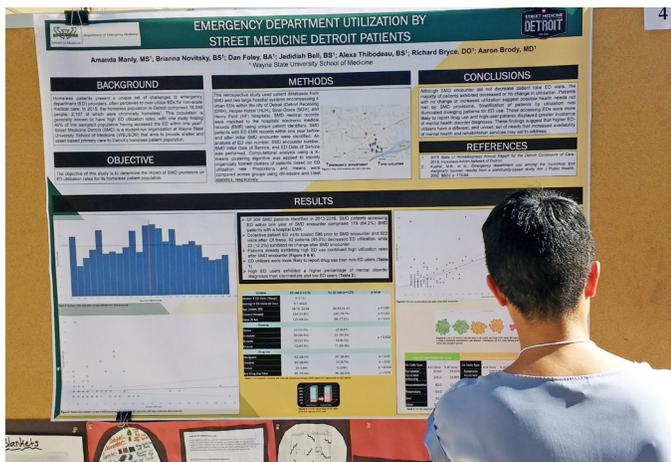
The symposium also reenergized us with talks about barriers to empathy. We would all like to think that we are fairly empathetic people, but the talk challenged us to go one step further: posing that lack of imagination presents a barrier to empathy. The speaker used an example of how it might be difficult to be sympathetic towards a homeless man who was run over for sleeping next to a freeway, a dangerous area. It is hard for many of us to comprehend this man's reality. After doing some research, it was discovered that this devastating outcome is common for homeless people in that area of India because it is the only place they can find relief from mosquitos and get a solid night's rest. In this way, the symposium not only expanded

my knowledge base, but provoked personal growth as well.

The conference also showcased how other programs are successfully running Street Medicine programs. One talk I attended was given by the police department in Salt Lake City. They shared how they've developed a Community Connections Center in which they staff a social worker and case workers to serve as a triage unit. Rather than arresting people, officers have the option of instantly connecting individuals they encounter on the streets with resources that might be more appropriate to their needs.

Lastly, a presentation on the final day made one of the strongest impacts on me because it gave me hope that some of the wild ideas I occasionally have for Street Medicine Detroit may not be so unrealistic after all. It was given by Dr. Fleisch, a practicing psychiatrist at Vanderbilt University Medical Center where she started a Street Psychiatry program. When homeless patients are identified in the ER, the Street Psychiatry program sees them and later does follow-up appointments on the streets. They have a disability and housing coordinator, and this program has already decreased ER visits, readmissions, and hospital costs. There was so much value in this talk because she demonstrated that not only can such programs become successfully incorporated into a hospital system, but they can also make financial sense for the institution. I'd love to see the practice of Street Medicine Detroit one day grow from a student-based organization to something that hospitals in Detroit find value in and want to invest in. It's exciting to think that perhaps one day some of us currently in Street Medicine Detroit could be a version of Dr. Fleisch for the city of Detroit in the future.

**Amanda Manly, MS1 and Research Co-Director**



# THE STUDENTS

## Education and Training Seminars

Every August, Street Medicine Detroit holds a Fall training/orientation for students interested in serving the indigent population of Detroit. This orientation serves as an opportunity for our organization to share our mission and to give volunteers insight into the history of SMD. During this orientation, our preceptors Dr. Bryce and Nurse Dean give their stories and provide patient care tips. The training portion of this session helps orient the new volunteers, primarily first year students. Students are given a chance to learn how to obtain a patient's history and to hone their patient interview skills. At the end of the training session students have been exposed to our unique patient population and learned skills that empower them to make a difference in the city of Detroit. Students are reminded about why they came to medical school and are excited to volunteer on our street runs. The passion students expressed for serving the homeless community after this training session was overwhelming, and our patients are seeing the benefit.



## Street Clean-Ups

Once a month, SMD leads a group of 10 volunteers to clean the streets around the NSO Tumaini center. Students don gloves and pick up trash from the surrounding sidewalks, streets, and open lots. As many homeless routinely congregate and frequently live around the center, there is always a lot of work to do. This activity has multiple goals: firstly, it allows students to see the environment in which many homeless live; even the trash we pick up (such as liquor bottles or needles) gives a clue as to the challenges our patients may be facing. In addition, picking up trash is a visible way for us to show the community that we care, and people walking past are frequently surprised to find out that we do this out of our own free will. Lastly, cleaning up streets helps the NSO Tumaini center abide by local ordinances regarding removal of garbage.



## THE PRECEPTOR'S PERSPECTIVE

When Street Medicine Detroit started back in 2012, one of our first 'street runs' was at a soup kitchen in the basement of a church in Corktown. After we had set up in a back room and started seeing patients, the manager of the soup kitchen came to me and said that one of the kitchen volunteers had just passed out. I hurried to the kitchen just as the other volunteers were lifting a rather pale and sweaty elderly woman into a chair. Soon, she lost consciousness again. I tilted the chair back in order to get more blood to her head, and I was resting it on my knee. I called EMS. I was able to check her blood pressure and her glucose while we were waiting for the ambulance to arrive. Soon the medical students finished their interviews and exams and were presenting cases to me through the little kitchen-pass-thru window. Just then I thought to myself, "Damn! I LOVE my job".

**Dean Carpenter, RN, FNP-BC and  
SMD Lead Clinical Preceptor**



# PATIENT OUTREACH

As patient educators our primary goal is to inform our patients on ways in which they can improve their health. Following this goal it is our hope that patients we educate will share their education with others, thus stimulating community wellness. Our central means of sharing information is through monthly wellness seminars which not only focus on providing patients with topics focused on preventative care and ways in which to manage their health, but also focuses on community engagement and interaction. Each seminar focuses on ways in which we can help our patients improve their health literacy ensuring that topics are directly related to their unique lifestyle. Lastly, we work to gain information from each seminar on how to better interact with our patients and provide them with specific need-based care. By listening to their feedback we continuously work to improve our seminars.



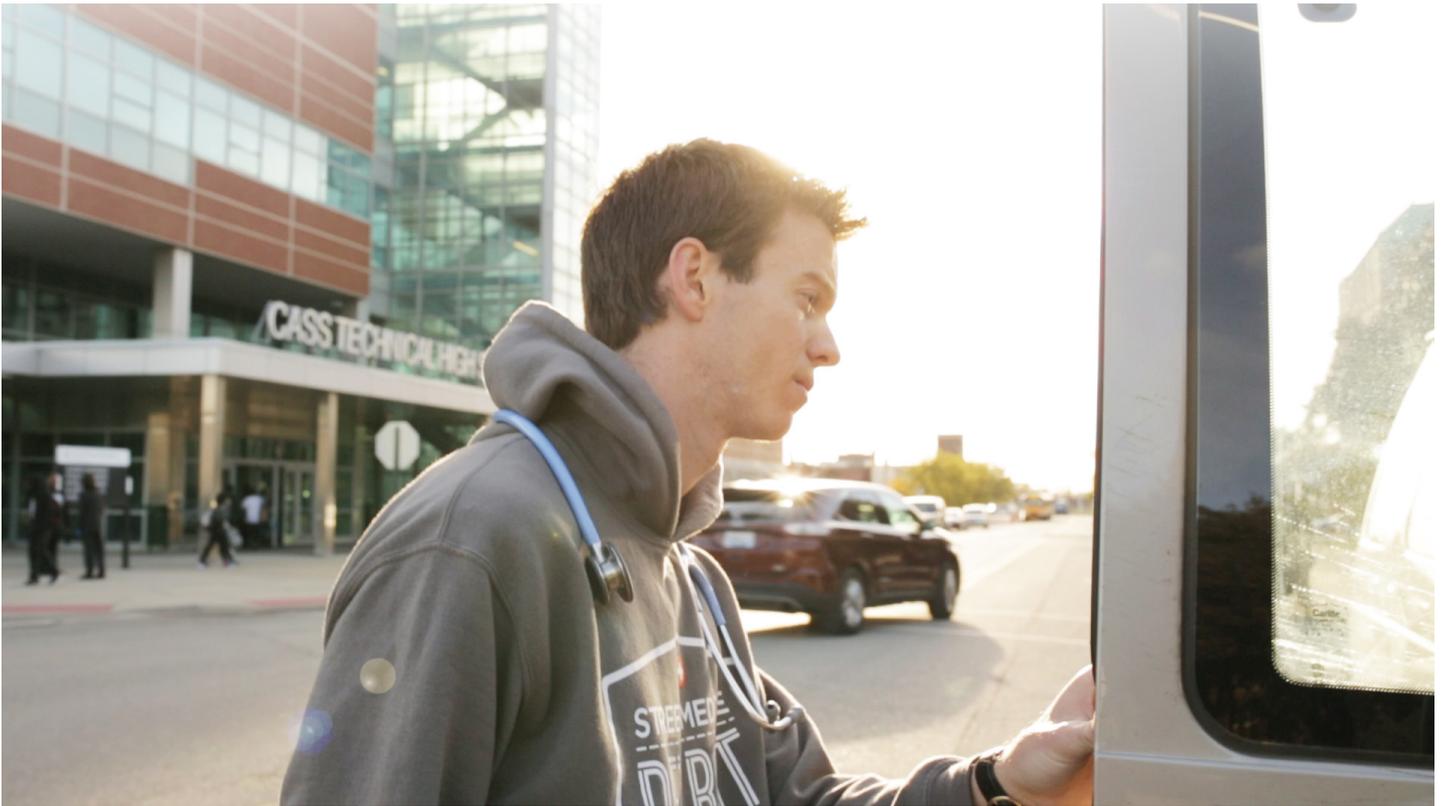
## PATIENT CONNECTIONS

Through my experience hosting wellness seminars, I really believe that the biggest component to the success of our wellness seminars are our patients. Through sharing their own personal experiences, the patients provide the bulk of the teaching component during each seminar. The discussion becomes almost a cathartic release for our patients-- a chance for them to share their own personal challenges, to listen and learn from others, and to de-stress.

Creating a wide reach within any patient population can be difficult, especially so for a community that not many people have experience with. I once spoke with Roy (fake name, real person), a resident at the Bell Building, who was suspicious of why we were there trying to “teach people things (referring to homelessness) we (the students) don’t know about”. I agreed with him, none of us have had to experience homelessness, and the unique hardships that come with it. But it is for this exact reason why wellness seminars exist-- to raise awareness about certain health issues so that those who have experienced homelessness or are currently experiencing homelessness can further communicate this information to the rest of their community in our stead. Roy, who felt wary of our reasons for being there, felt like he could fully stand behind that notion, and gladly brought a few of his other friends that day to join us during the seminar. It felt great to know that we could at least provide some tools that people could use to advocate for their own health.

**Lydia Su, MS2 and Patient Care Director**





# LOOKING FORWARD

At SMD, we organize our vision into three main components and this guides both our current work and future plans:

1. Ensuring access to quality medical care for Detroit's unreached and service resistant homeless population
2. Linking patients to local resources and providing follow-up care
3. Bridging gaps between the homeless and medical community by building relationships and offering companionship and respect



## IN THE COMMUNITY

I feel honored to be a part of such a life changing mission that is touching so many lives. The work we do is so valuable and makes a real difference to the people we serve. I have experienced both sides of the spectrum, as a client and also as a team member. It means so much to me to be able to give back to the community that has helped me. I am proud to be a part of Street Medicine Detroit.

**Lydia Adkins, CPSS & Road Home Outreach**

## Ensuring access to quality medical care for Detroit's homeless

High on our list of immediate priorities in 2018 is expanding our Hepatitis A Vaccination campaign. Homeless patients are at high risk of contracting the disease making it essential that they are protected during this current outbreak which has infected more than 550 individuals and claimed 20 lives in SE Michigan. In this campaign, as in all our medical outreach, our efforts are often hampered by a lack of medical preceptors which prevent us from providing quality services throughout the city and doing so on a more consistent schedule. Our aim is to recruit compassionate Nurse Practitioners, Physician Assistants, Residents and Attending Physicians to volunteer a few hours of their time throughout the year to treat homeless patients, and to do so with dignity and respect.

## Linking patients to local resources

Addressing the medical concerns of homeless patients without assisting them in finding housing is like treating the symptoms of a disease without targeting the root cause. Our partnership with the Road Home, which assists patients in finding housing, has been a pivotal component of our outreach and we are immensely grateful for the presence of their



dedicated workers, such as Lydia Atkins, on our Street Runs. As we seek to more comprehensively assist our patients, we aim to increase our connections with local medical, housing, rehabilitation and psychiatric services to better provide holistic care to our patients. We currently run a homeless consult service at Henry Ford Hospital linking patients to housing and social services post-discharge and this upcoming year will see us improving this service and attempting to expand it to other hospitals in the area.

### **Bridging gaps between the medical and homeless communities**

From a young age, society teaches us to overlook signs of homelessness around us – the panhandler at the street corner, the pile of rags on the church steps, the stained mattress and frozen sleeper under a bridge. Central to our mission at SMD is helping medical students and practitioners overcome that habit. We aim to include other medical workers in developing this culture of awareness by creating a more interdisciplinary approach to our care and incorporating nurse practitioner and nursing students from WSU and other universities on our Street Runs. In the upcoming years we will be advocating for the incorporation of a homeless curriculum into medical education in Detroit through both specific courses at the Medical School and through Street Medicine Residency Tracks. By exposing practitioners to the harsh reality of life on the streets, allowing them to engage with those experiencing homelessness and modeling compassionate care, we aim to create a generation of medical workers who refuse to ignore those that society has forgotten and seek to provide them with the quality care they deserve.

**“WE AIM TO CREATE A GENERATION OF MEDICAL WORKERS WHO REFUSE TO IGNORE THOSE THAT SOCIETY HAS FORGOTTEN...”**



# TECHNOLOGY

This is the second full year that SMD has had a technology department. In that time, we have sought to improve the quality of care and the efficiency of our organization through technological innovations. The most significant of these changes is the implementation of a new electronic medical records system (EMR). Our EMR is based off of software donated by the Santa Barbara Street Medicine group. We have modified virtually every aspect of that EMR to fit the needs of Detroit’s unique homeless population. Our official launch of the system took place in September 2016, when we started using it on street runs. Since then, our system has accumulated more than 1,200 patient encounters, with 107 data points per patient. Having all of this information at the fingertips of our volunteers allows for the best possible care and outcomes. SMD constantly improves our EMR system to provide consistent and engaged care for our patients. One of the most exciting of these improvements is a flagging system within the EMR, which we developed in collaboration with our patient care team. This feature allows the patient care team to highlight high-risk individuals that require unique attention from our volunteers. We are excited to see the impact of this feature on our most vulnerable patients in the coming year. In 2018, the technology department plans to continue improving the existing technologies used by SMD. We also hope to infuse new software into our organization. It is our vision that this work will help bring our organization forward.



### THE PRECEPTOR’S PERSPECTIVE

I believe 2017 was an awesome year for Street Medicine Detroit. The students’ enthusiasm and passion to help is inspirational. SMD continues to find ways to provide excellent care to those most vulnerable in Detroit. Our amazing patients have allowed us into their lives to learn and to provide them care. Over the past year, SMD continued its multiple, weekly street runs, improved its fundraising, finalized some amazing research and continued to connect and serve the community.

I am very excited for the future of Street Medicine Detroit. The participants and executive board are of the highest quality with a true caring spirit. I look forward to seeing us expand to find more ways to partner with others within the community to give excellent medical care to those without a home.

**Dr. Richard Bryce, DO and Faculty Advisor**





# PERSPECTIVE FROM ROTATIONAL YEARS

Eric Walton, MS3 and former SMD Communications Director

Study. Board exam. Hospital orientation. Go! The whirlwind transition from second to third year of medical school drops students in the foreign environment of clinical medicine. After two years of self-regulated book learning, we clumsily adjust to a new reality of scheduled hours and ill-defined expectations. In this haze, students commonly forget why they dreamed of adding M.D. after their name: to help people lead healthier lives. Working with SMD early in medical school buffered my mind from losing sight of the bigger picture.

Within months of starting clinical rotations, I noticed my peers spent little time considering social determinants of health. It's not that we don't learn about this concept early in medical school or that these students don't have the capacity to think beyond biomedical science. In fact, many of these students are the most considerate and caring people I know. After all, medicine is a field that attracts individuals with a habit of caring too much. Rather, I've watched the abrupt transition into clinical medicine overwhelm students. Concern over presenting to senior doctors and answering clinical questions squashes thoughts of social factors. Students are too busy trying to impress evaluators and push non-medical thoughts aside. One example that comes to mind concerns substance use

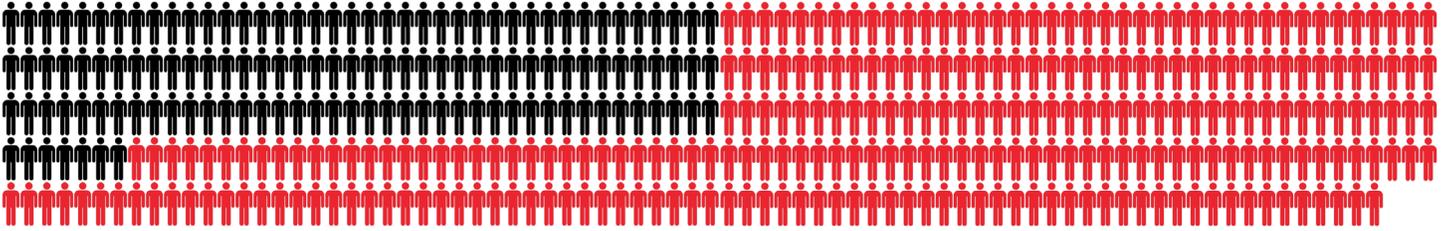
disorder among hospitalized patients. During conversation, one of my peers described regularly caring for patients with a known history of substance use. When asked how often these patients also experience homelessness, he couldn't give a definite answer. It simply hadn't occurred to him that homelessness might play an important role in care management. Do these patients have transportation to follow-up appointments? Will they have shelter from insults that delay recovery? Are they at risk for conditions beyond those of the general population?

As I said earlier, it isn't that my peers don't have the capacity to consider social determinants of health. We explore this concept early in medical school and at recurrent intervals. However, it is an acquired skill sparingly flexed during the lecture years of medical school. That is, of course, unless you work with a group like SMD. Meeting individuals experiencing homelessness on street runs, I spent more time addressing non-medical factors or listening to someone in need of an open ear. For me, advocating for transportation services and discussing barriers to care came naturally because it was a pre-formed habit. As a young medical student, I appreciated SMD as an opportunity to apply classroom concepts; as a third year medical student, I recognize that SMD prepped me to consider the whole patient, even when inundated by a wave of clinical information.

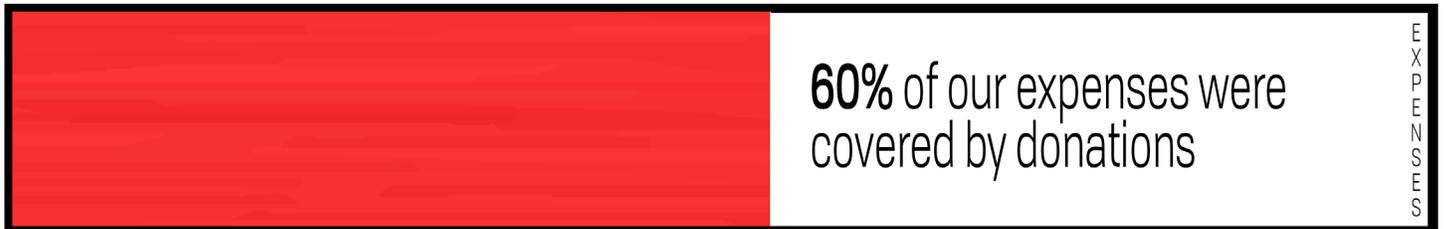


# 2017: BY THE NUMBERS

WE WENT ON **93** RUNS, SAW **397** TOTAL PATIENTS, **270** OF WHICH WERE NEW



WE UTILIZED **163** DIFFERENT STUDENT VOLUNTEERS TO ACHIEVE THIS



WE CONDUCTED **9** STREET CLEANUPS

## NUMBER OF SEMINARS

- 9 EDUCATION AND TRAINING
- 24 PATIENT CARE AND WELLNESS

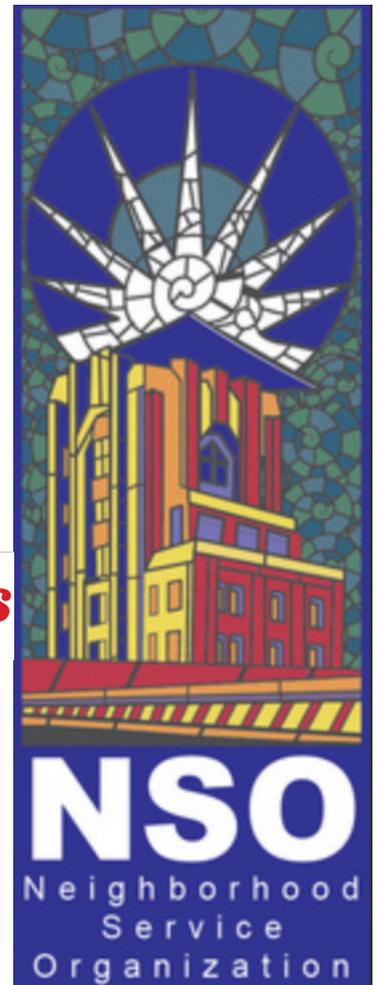
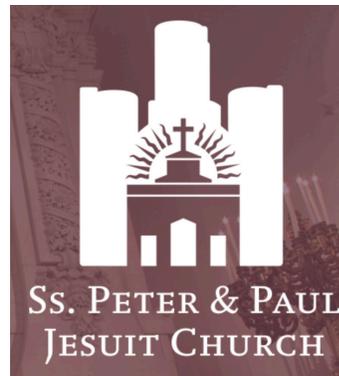
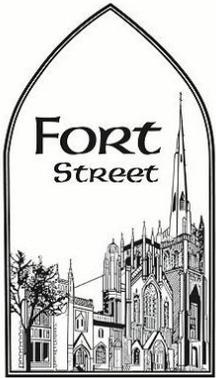


# THANK YOU TO OUR PARTNERS



# WAYNE STATE

## School of Medicine



Robert Frank Student Run Free Clinic  
Manna Community Meal - St. Peter's Episcopal Church  
The Road Home