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Project description

After volunteering with a street medicine team in Pittsburgh, PA during my gap-year before medical school, I felt inspired to bring my experiences to the streets of Lansing, MI. In June of 2017, after nine months of networking with seventeen local service organizations, discussing logistics and funding with faculty, and developing a mobile medical clinic, Spartan Street Medicine (SSM) was born. I founded this program with a commitment to the ideals of social justice and the right to healthcare. With these ideals at the core of SSM, we aim to holistically serve people experiencing homelessness by treating medical issues with follow up, integrating health literacy and social services, and most importantly, providing the empathy that so many of our homeless community members have been denied. Our program operates with community partners both on the streets of Lansing with the Projects for Assistance in Transition from Homelessness (PATH) outreach team, and also through the Lansing Justice in Mental Health Organization's (JIMHO) drop-in center.

Our weekly SSM clinics at JIMHO bring together ten osteopathic medical students (from a rotating pool of 188 trained volunteers), and two volunteer licensed physicians, to regularly provide health services directly to our homeless community members. In keeping with our osteopathic philosophy of caring for the whole person, each patient is offered hygiene items and socks, in addition to comprehensive medical exams. We also connect patients to health insurance, follow-up medical care, and health prevention services, while targeting emergent needs as they arise. This included partnering with the county health department to offer Hepatitis A vaccines during the recent outbreak among the Michigan homeless population.

With the guidance of the PATH social services professionals, the SSM outreach team ventures biweekly into homeless encampments in urban forests, along riverbanks, and under bridges of Lansing, to provide medical care and comprehensive services to people struggling with homelessness. These teams are smaller with three PATH outreach professionals, three osteopathic medical students, an attending physician, and an occasional police officer and/or addiction-support specialist. With flashlights in hand, our teams walk camp-to-camp carrying backpacks filled with diagnostic equipment, individually packaged medications, and durable medical supplies, along with food, water, socks, blankets, and ponchos, so we may holistically serve our homeless community members.

Impact Statement

As an Albert Schweitzer Fellow and founder of Spartan Street Medicine, I, along with my phenomenal team and the support of our school, strive to adapt our patient-centered model to meet the unique needs of each patient. When seeking care, people struggling with homelessness are often accused of non-compliance when unable to achieve the unrealistic goals of their care plans due to psychosocial circumstances. By respectfully attempting to understand the barriers

they face, we can meet people on their terms with practical changes for improved well-being. Though many of our current patients were initially hesitant to trust our team, we have since built relationships with many of them, which allowed us to partner with them in their journey toward health. Our holistic, multidisciplinary teams seek to not only bridge this gap in healthcare, but we also strive to instill empathy and humility in osteopathic medical students through a full-sensory, service experience in the field. By doing so, I hope to create a ripple effect of a pursuit towards social justice through medical care.

From June of 2017 through February 2018, I directed SSM through nineteen drop-in clinics at the JIMHO and fifteen street outreach events with the PATH outreach team. With 188 student volunteers from the Michigan State University College of Osteopathic Medicine (MSUCOM), of which 90 have volunteered at least once, alongside nine volunteer attending physicians, we had 111 new patient encounters at JIMHO. This number does not include the many patients who returned for more medical visits or the number of people we encountered on street outreach. With the Hepatitis A outbreak among the homeless population in Michigan this past winter, we also administered 42 Hepatitis A vaccines and 12 flu shots via our partnership with the Ingham County Health Department.

Evaluation Methodology and Results

Due to HIPPA restrictions, my originally planned evaluation methods were not possible during my time as a Schweitzer Fellow. Instead, we tracked results based on number of people struggling with homelessness we reached, thereby increasing community healthcare access, along with tracking number of volunteers involved. We hope evaluation methods for program outcomes will grow and improve into the future.

From June 2017 through February 2018, SSM had a total of:

- 9 volunteer physicians
- 188 trained OMS-I and OMS-II students, of which 90 students have volunteered at a clinic and/or outreach at least once
- 19 clinics at the JIMHO Drop-In Center
- 15 outreach trips to homeless encampments with Advent House Ministries
- 111 new patient encounters (with many of them as repeat patients – this number does not include the number of people we encountered on outreach)

Currently, SSM is conducting an IRB-approved, longitudinal, mirrored study with three primary objectives: 1) analyze barriers to health and effectiveness of care provided by SSM through the perspectives of the patients, 2) assess the perspectives of medical student volunteers before and after providing care at an SSM clinic, and 3) demonstrate the success of our model in a way that will be useful for other entities developing street medicine programs. Data collected via audio-recording and notating of student-facilitated, semi-structured patient interviews during a history-taking and physical exam will be analyzed for themes and concurrence between students and patients. Responses to Likert-scale surveys given before and after the interview will be organized with Qualtrics and analyzed with Nvivo. All data will be de-identified to protect participants' privacy.

Recommendations for Program Growth

Due to the importance of regular street outreach with continuity and consistency in building the essential trust with our homeless community members, I encouraged the new SSM leadership team to consider beginning a minimum of weekly street outreach before adding another drop-in clinic location since both possibilities are currently being discussed. The idea of street medicine focuses on reaching people who may not be willing or able to come inside. This aspect makes street medicine unique.

As SSM continues growing, we hope to bring together the vast resources of Michigan State University and the greater Lansing area to further develop a network of community partners. By partnering with more academic programs at MSU, such as social work, public health, and law, we will build an interprofessional team that recognizes health is impacted by more than medical care. We will seek to fill more gaps in our system through research identifying barriers to health and developing best practices to overcome them, while keeping our patients empowered at the center of all we do. Prioritizing empathy, students will learn from both our patients and each other, as we strive to continually increase access to health for more people struggling with homelessness. We hope to improve future physicians' awareness of socioeconomic barriers to health so that they might better partner with patients and community partners to overcome them in their future practices, which will expand the impact of SSM beyond the borders of Lansing.

As a multi-branch, grassroots-organization, SSM will continue seeking to learn from our patients and empowering them in their care. We plan to develop an integral Consumer Advisory Committee during this process, and eventually, training our patients to become community health workers themselves.

Sustainability

SSM will continue as a student-led program through MSUCOM. With the leadership team transition this past February, SSM expanded from a six-person leadership team to eight people, and the new team is already doing phenomenal work. We recently met with the dean of our College regarding funding, dedicated time for faculty to serve as attending physicians for the program, and hiring a full-time staff member for scheduling, grant-writing, and implementing quality improvement measures. He seemed very open to our proposal, and we are hopeful of these measures being approved. Additionally, we hope to partner with Lansing hospitals to widen our services for this vulnerable population, along with providing in-hospital consults and advocacy for our SSM patients.

Reflection

My year as a Schweitzer Fellow was incredible. I do not know if I would still be in medical school without SSM. When my light and energy were fading, my team was there to rekindle my flame and give me hope for the future. Our community partners and patients kept me grounded throughout my studies and gave me fresh perspectives and insights. Throughout this program, I learned so much about leadership, partnership, and my community. I am also

grateful for my relationships with the other Fellows and the wonderful Schweitzer curriculum from which I learned so much. I hope SSM will continue widening healthcare access for, and building meaningful relationships with, our community members who are struggling with homelessness in Lansing.

Looking toward the future with my experiences as a Schweitzer Fellow, my dedication to preventive medicine, and my love of community engagement, I aspire to pave a career working alongside a multidisciplinary team that extends beyond the walls of a structured health clinic. Despite our nation's socioeconomic and healthcare challenges, I am motivated to practice street medicine and encouraged by the resilience of those we serve. Street medicine truly embodies the principles of osteopathic medicine in caring for the whole person, as we provide each person experiencing homelessness with holistic care, promoting not only their physical health as a patient, but also their emotional and spiritual well-being as a person.