AETC AIDS Education & Training Center Program
Southeast Regional Conference 2023

Mobile Outreach to Underserved Populations

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Learning Objectives

- Describe best practices for mobile outreach including street medicine
- Identify populations that are most appropriate for mobile outreach
- List strategies for developing continuity and delivering care to unsheltered people with HIV and people who inject drugs
- Recognized the importance of interagency partnership for addressing SDOH in healthcare settings.

Disclosures

- *I have no conflicts to disclose*

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Poll Instructions

Please enter the following URL:

https://pollev.com/grantharrell595

Leave this open in the background…we will return

Poll Question 1: What do you do?

https://PollEv.com/free_text_polls/cFCHRMAb4H0fMfyYITicG/respond

Poll Question 2: Where do you work?

Which of the following best describes your work setting?

A. Community based clinic (non-DOH)
B. Academic health center
C. Community based non-profit agency
D. City/County agency
E. Department of Health
F. Large, private health center (hospital or affiliated clinic)

https://PollEv.com/multiple_choice_polls/ZrTmAGxHtkXmuPjPGGxo2/respond

Poll Question 3: Experience with mobile outreach

Which of the following best describes your experience with providing care on mobile health units?

A. Never done it

B. Participated a few times during outreach events

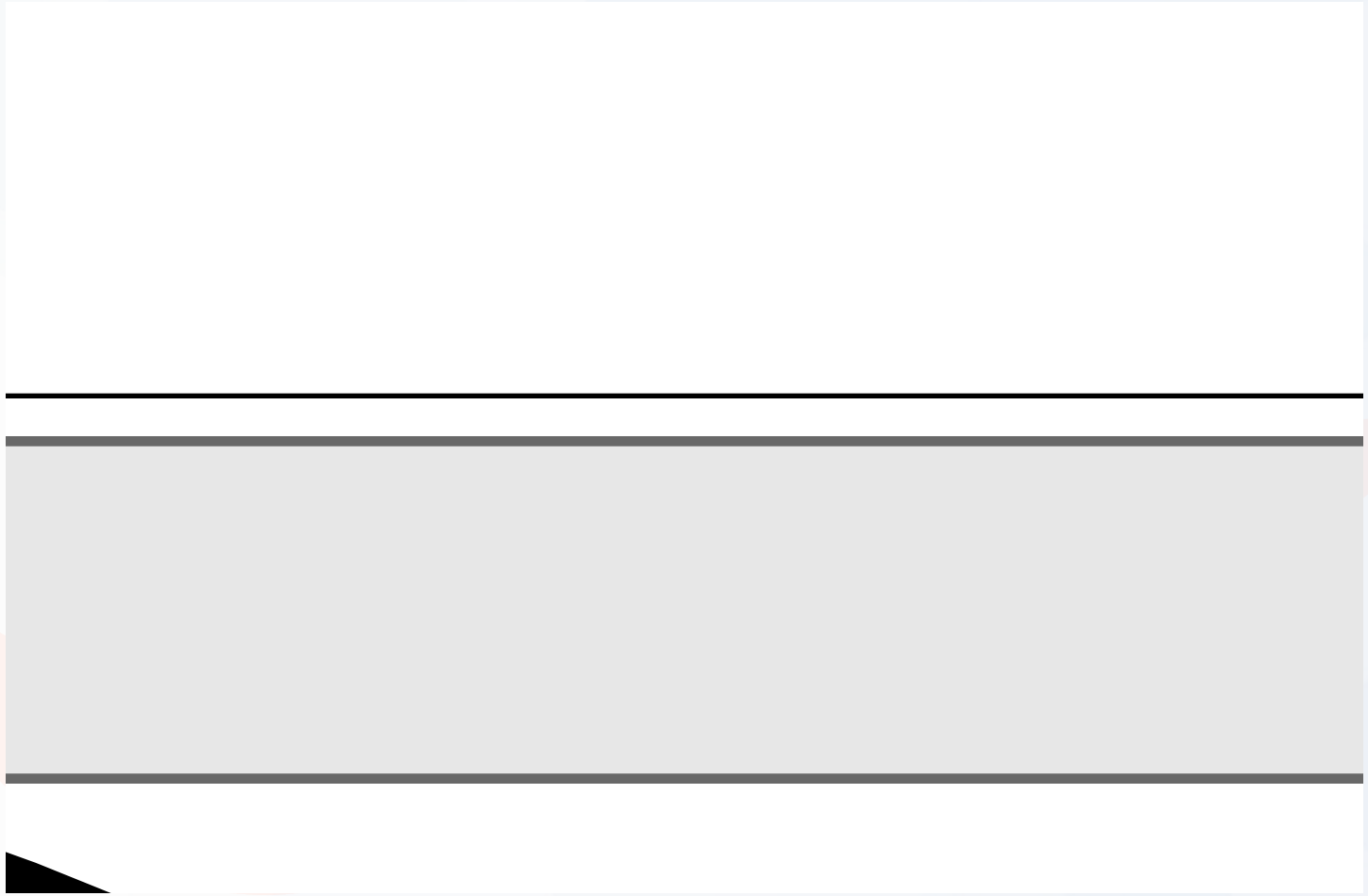
C. Regular participation with an established mobile health program

D. Manage or direct a mobile health program

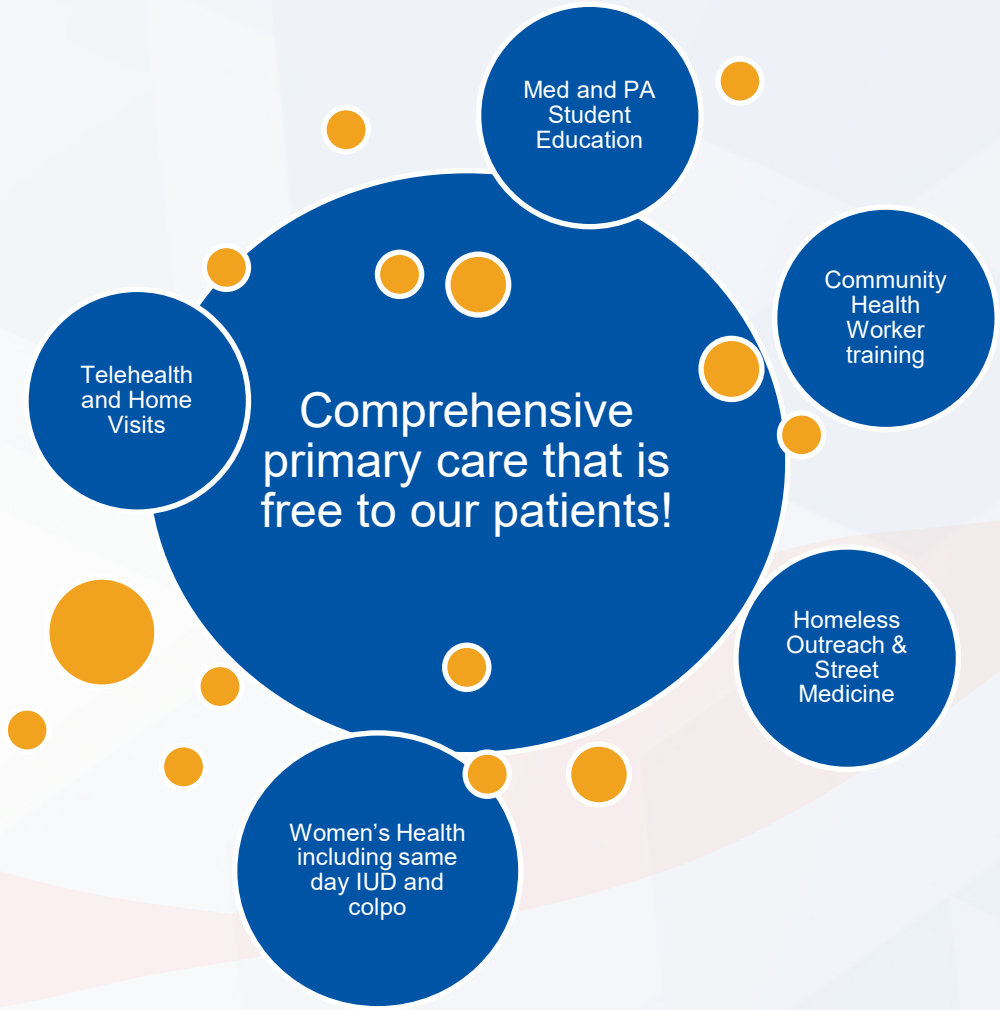
https://PollEv.com/multiple_choice_polls/b84GJuzI0YOStt6NDt92J/respond

Our Mobile Health Program: UF Mobile Outreach Clinic

How do We Decide Where to Go?



MOC Sphere of Outreach



What Services Can you Provide on Mobile Units?

- Complete Physical Exams
- labs, including path specimen collection, vaccination
- ECGs
- Common outpatient procedures (biopsy, arthrocentesis, I+D, colposcopy, IUD, laceration repair)
- Pharmaceutical storage and dispensing
- Harm reduction activities (SEPs)
- IV fluids
- Ultrasounds (on non-specialty units)
- XR/CT/MRI/ (on specialty units)

Could you run a full service HIV program on a mobile unit….Absolutely!

What Populations are Ideal for Mobile Units?

- Rural communities with limited access
- Any populations with disparities in transportation access
- Unhoused
- Migrant workers (frequently changing location)
- Any population that struggles with traditional brick and mortar settings

Tips for Establishing Effective Mobile Outreach

- Partner with programs or community members that have an **established relationship with population** you are targeting and that are **good at community engagement**
- Locate in areas of HIGH VISIBILITY and in locations convenient to your target population
- Use multiple locations but in a repeating and predictable pattern (always show up)
- Make a goal of providing every service you need for standard of care at the point of service
- Employ people who are capable and eager to perform multiple tasks (drivers need to be check-in staff, Providers may need to be able to draw labs or give shots)
- Make SDOH screening and management no different than any other health problem you screen for and manage (ie treat with the same priority)
- BE FLEXIBLE!!!

- Any questions on mobile units or mobile clinics thus far?

Street Outreach

Poll Question 4: Experience with Street Medicine

Which of the following best describes your experience with street medicine?

A. Never heard of it
B. Never done it
C. Participated a few times during outreach events
D. Regular participation with an established street medicine program

https://PollEv.com/multiple_choice_polls/cdnXcaQi9u5CFMaZUA4C8/respond

When Taking it to the Street Makes Sense

- Unhoused populations
- Space for a mobile unit is logistically challenging
- Populations that tend to stay tucked away (e.g. people who inject drugs)

Our Model for Street Medicine

Delivering medical care at the sites where unsheltered homeless live or spend time

- Encampments in the woods
- Sidewalks
- Parking lots
- Underpasses

Emphasizing point-of-care testing and treatment

- Draw labs on site
- Give Rx medications on site
- Treat wounds/perform procedures on site

Street Med Outreach Team at UF

1 supervising medical provider (APP or MD with primary care experience)

1-2 MS3s on their FM clerkship

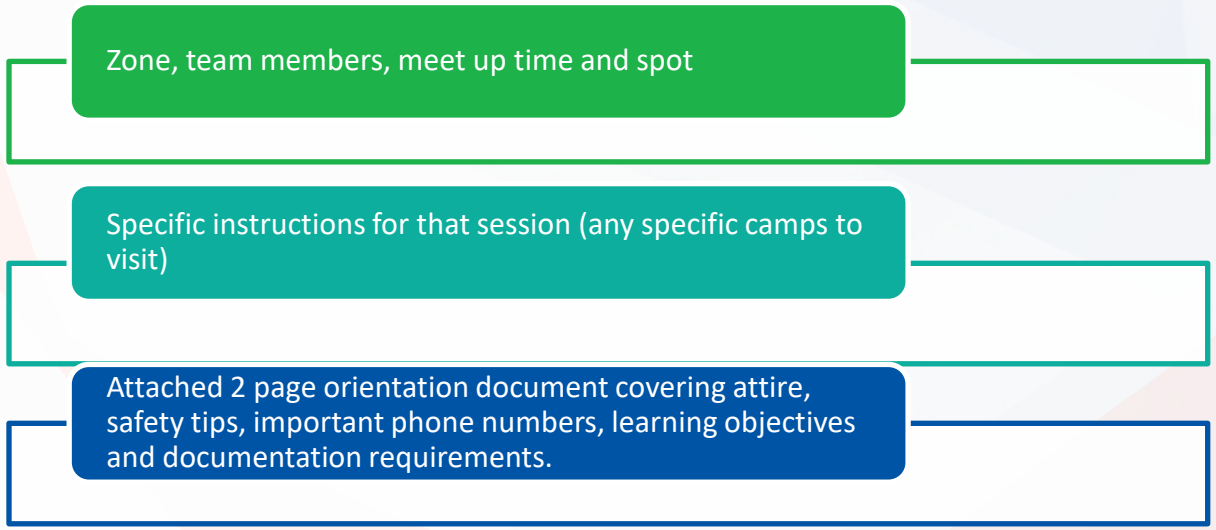
1 street medicine student leader (MS1 or MS2)

Morning shift and afternoon shift every Thursday, with a targeted recheck days every Tues/Wed (recheck wounds, infections etc..)

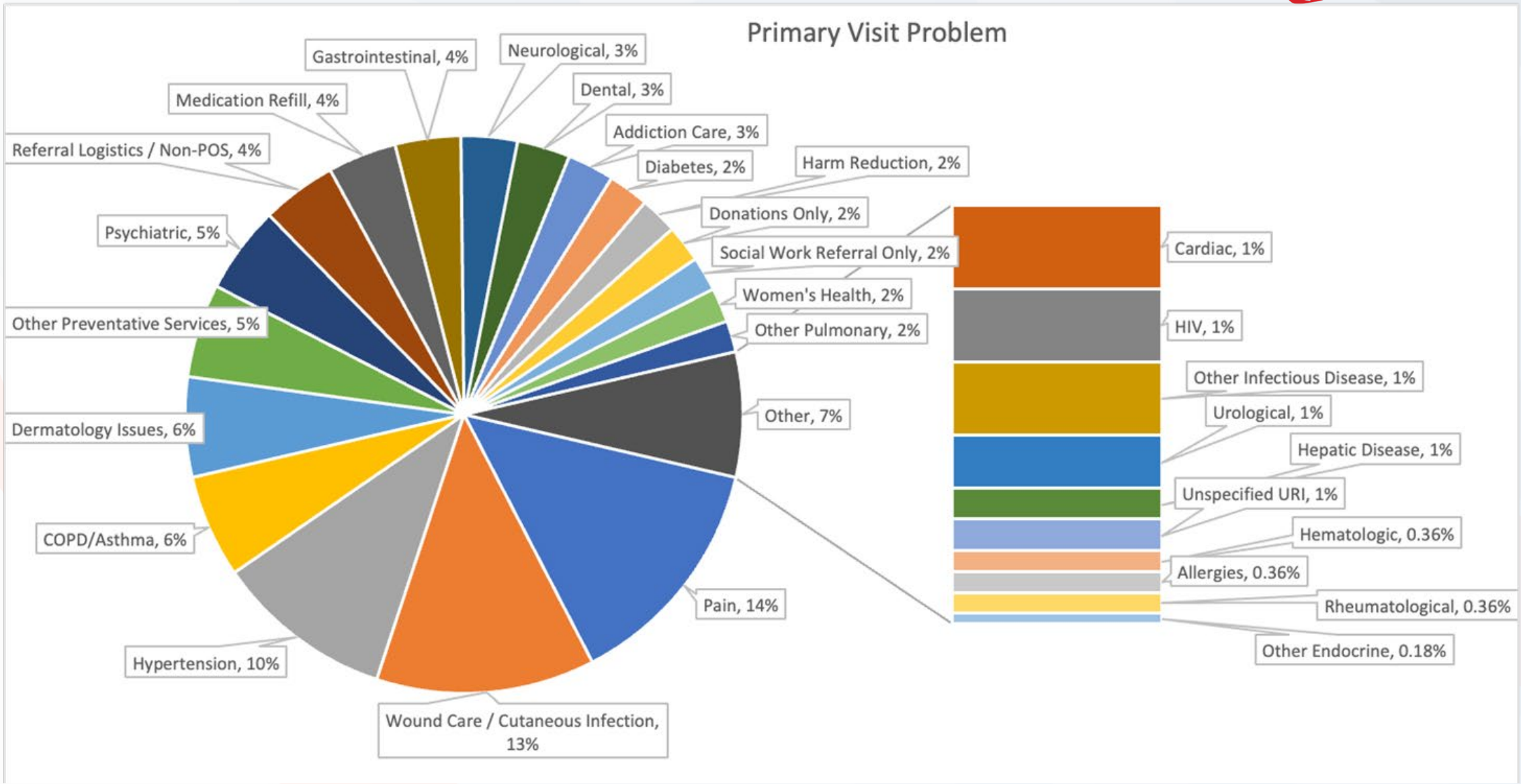
* We try to limit team sizes to 5 or less, but there is high demand from students so sometimes we exceed this on Thursdays.

Outreach Structure

- **8 outreach zones** based on point-in-time survey data and collaboration with local homeless shelter outreach teams
- **Weekly logistics email** to the outreach team identifies:



Faculty supervisor and student leader decide order of priority for locations within the zone at beginning of shift based on needs identified during the weekly leadership meeting


Primary Visit Problem
Gastrointestinal, 4%
Neurological, 3%
Medication Refill, 4%
Dental, 3%
Addiction Care, 3%
Referral Logistics / Non-POS, 4%
Diabetes, 2%
Harm Reduction, 2%
Donations Only, 2%
Psychiatric, 5%
Social Work Referral Only, 2%
Women's Health, 2%
Other Preventative Services, 5%
Other Pulmonary, 2%
Other, 7%
Dermatology Issues, 6%
COPD/Asthma, 6%
Pain, 14%
Hypertension, 10%
Wound Care / Cutaneous Infection, 13%
Cardiac, 1%
HIV, 1%
Other Infectious Disease, 1%
Urological, 1%
Hepatic Disease, 1%
Unspecified URI, 1%
Hematologic, 0.36%
Allergies, 0.36%
Rheumatological, 0.36%
Other Endocrine, 0.18%

Limitations of Street Outreach

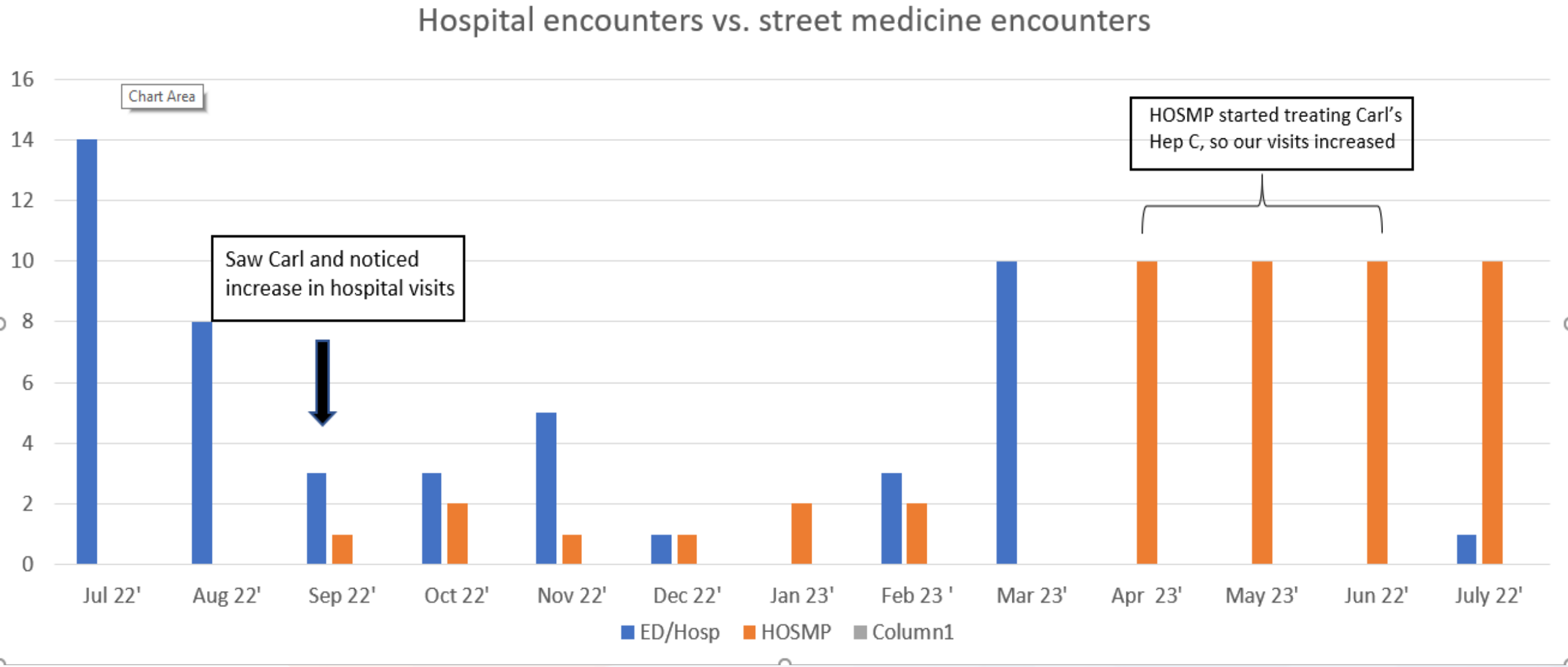
- Sensitive physical exams are difficult
- Labs services are difficult (though not impossible)
- Temp controlled supplies are difficult (though not impossible)
- Procedures are more challenging (again not impossible)
- Diagnostics are very difficult (ECG, ultrasound etc..)
- Med security for patients is hard (ie managing 30 or 90 day supplies is tricky)

Benefits of Street Outreach

- ED diversion
- Patients are less guarded when your on their turf
- Simple interventions can have significant impact (eg dry socks, basic wound supplies, water, short course of antibiotics etc..)
- A population that often feels unseen, unheard and uncared for receives positive attention

Meet Carl

- 65 yo unhoused man
- Only seeks care on an emergency basis, because he will not go to outpatient facilities
- Only outpatient option is mobile care
- We started seeing Carl in late 2020 at which point he was managing reasonably well and was only accessing emergency services a couple times/year.
- We helped him get SSI (and Medicare along with it) for which he was extremely grateful and we visited him every few months until Summer 2022…


Hospital encounters vs. street medicine encounters
Chart Area
HOSMP started treating Carl's Hep C, so our visits increased
Saw Carl and noticed increase in hospital visits
16
14
12
10
8
6
4
2
0
Jul 22'
Aug 22'
Sep 22'
Oct 22'
Nov 22'
Dec 22'
Jan 23'
Feb 23 '
Mar 23'
Apr 23'
May 23'
Jun 22'
July 22'
ED/Hosp
HOSMP
Column1

Street Outreach Best Practices

- Groups of 3-5, carrying everything you might need with you
- Always bring when possible
  - hygiene supplies (soap, deodorant, oral care, razors, tampons, condoms)
  - bug spray, sunscreen (for you and patients)
  - nutrient dense food
  - hydration (especially in summer)
  - socks
- Offer harm reduction supplies
  - Syringes
  - Naloxone
  - Alcohol swabs, cotton balls, bandaids (there are official lists on reliable websites)

Best Practices Continued

- Build trust through providing the basics that everyone wants and then offer to provide medical care as the patient allows
- Know the community resources that work and are friendly to unhoused people
  - Meals, shelter, showers
  - Employment services
  - Medicaid enrollment, SSI applications
  - Securing IDs, bus passes, locating SS card/birth certificates
- Learn who the effective Oral health and Behavioral health partners are in the area for unhoused people (if you're lucky enough to have such providers)
- Don't waste people's time referring to services that are administratively insurmountable or unfriendly to low-income/no-income people
- If a service (medical or social) is likely to require multiple appointments at a fixed location it is UNLIKELY to succeed

- Any questions on Street Medicine?

Continuity of Care

- Can't treat chronic disease (especially HIV) without continuity
- Very difficult in unhoused patients and patients who inject drugs (are nomadic for a variety of reasons)
- Must have relationships with the entire social network to be able to consistently locate patients
- Peer-support workers or CHWs are ideal
- Co-locating services also ideal (SEP + HIV mgmt.)

Partnerships

- Addressing SDoH is mandatory for improving medical outcomes
- Medical programs can be ok at screening for SDoH but generally poor at addressing them
- Trying to manage both medical and social issues efficiently and effectively is HARD
- Non-medical social service programs can be extremely effective allies

The Best Partners (for community engagement and social service)

- Also have mobile aspects of their programs
- Don’t rely on rigid funding sources (large federal grants, large institutional appropriations…)
- Have a local mission
- Employ peers

Thank you for your Participation

- Final Questions or Comments?
- Email gharrell@ufl.edu