

# Using Street Outreach to Engage Southwest Baltimore Neighbors in Healthcare and Social Services Kelly Doran, PhD, RN; Megan Doede, PhD, RN; Officer Yale Partlow

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### Background

 Vulnerable populations experience health disparities and barriers to engaging in healthcare and social services but there are evidence based practices (EBP) to reduce these barriers.

### Barriers

- Rigid scheduling
- Demanding intake process
- Transportation
- Discrimination
- Fear that providers will not understand their needs

### Solutions

- Empathy
- Build a trusting and therapeutic relationship
- Assess and address social determinants of health
- Ensure care coordination
- **Street outreach** is a novel intervention that uses EBP to help vulnerable populations engage in care.

### **Rationale and Setting**

- The intervention was designed to connect neighbors to the full range of services offered at the COC and to build trust and rapport with the community.
- The COC is located in West Baltimore and serves a vulnerable population- people experiencing homelessness and/or low income individuals.
- The COC offers crisis (food, showers, mail, laundry) services and preventive services (case management and nurse's clinic).
- Less than 20% of individuals who use the COC utilize preventive services—the director of health and wellness created a street outreach program to address this.
- Lead by a clinical instructor, a group of interprofessional students (nursing, medicine, social work) delivered the program as part of their required clinical hours.



## **Preparing Students for** Implementation

- Prior to beginning street outreach activities, student orientation included:
  - -overview of COC (services and clientele);
  - -motivational interviewing training;
  - -recognizing implicit biases training;
- -street safety training;
- –naloxone training;
- basic triage skills training;
- -case studies and role play activities;
- -a walking tour of the neighborhood.



## Intervention

- •Groups of at least 2 students approached neighbors in public spaces.
- •Students typically stayed within 2 miles of the COC.
- Students made a point of following up with people whom they encountered once by seeking them out again.
- •The students carried a street outreach bag, which included naloxone, supplies for basic nursing assessment and intervention, and information for referrals.
- •The COC partnered with campus police:
- -students accompanied an officer during calls (e.g., panhandling) and visited local homeless encampments to help connect neighbors to healthcare or social services in an attempt to address social determinants of health (often a contributing factor why the police were called).

## Interventions, Referrals, and Outcomes

 Over 12 weeks (Fall 2019 and Spring 2020), students interacted with 127 neighbors.

Actions during street outreach	% Received
Support and Encouragement	65
Health Teaching	55
Supplies (for wound care)	32
Naloxone Training	28
First aid	11
Referrals	
COC case management	77
COC nurse-run clinic	39
Primary care provider	6
Mental health provider	4
Substance use treatment	3
Urgent or emergent care	2
Outcomes	
Neighbor's goal for the encounter	73
Was met	<b>F</b> O
Neighbor planed to use COC in	58
the near future	F.G.
After the encounter the neighbor	56
left with a plan to manage their	
health	

### **Reciprocal Partnerships**

# COC

Offers:

Crisis and

preventative

programs

and insight to

community

needs

# Of

# Offers:

clinical hours

Needs: Workforce to implement programs

# School Nursing

### Expertise and student "workforce" that need to complete

Needs: Quality student clinical placements

# Campus police

Offers: Safety, outreach expertise, additional access to vulnerable individuals

#### Needs: Health and social service expertise and a referral location for clients

## **Challenges and Solutions**

# Challenges

 Safety Steep learning curve

for students

- Informal interaction and lack of "hard" outcomes
- Utilizing all disciplines during the encounter

### Solutions

- Enhance training
- Create sample scripts and interventions
- Adapt outcomes
- Create tailored debrief and training that includes specific case studies and role-playing situations

#### Conclusions

 The students performed a variety of different interventions and were able to meet neighbors' goals for the encounter, motivate them to use the community outreach center, and help them develop a plan to manage their health during a brief encounter.

# **Next Steps**

Track COC use that resulted from street encounter

Expand number partners

Expand services offered (e.g., help with IDs)

Continue to modify student training

## **Contact Information**

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