NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Promoting Safety in Street Outreach

January 20, 2022

Welcome!

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HRSA Disclaimer

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About the National Health Care for the Homeless Council

Grounded in human rights and social justice, the National Health Care for the Homeless Council mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

Request support at: www.nhchc.org/ta

Why this topic?

- Safety/security issues were a top concern prior to COVID
- Upcoming related projects include:
  - HCH Clinicians' Network Community Conversation on Psychological Safety: February 9 @ 1ET. REGISTER
  - Safety & Security Online Course
  - Collecting policy/procedures on responding to escalated incidents, etc.
- But how is safety in street outreach unique? That's what we'll discuss today.

Promoting Safety in Street Outreach

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Community Health Worker
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January 20, 2022 | NHCHC Webinar

Keck School of Medicine of USC
Street Medicine

street medicine institute

Defining Street Medicine

- Direct delivery of healthcare to the rough sleeping population (unsheltered homeless)

LAC + USC
Keck School of
Medicine of USC
Street Medicine

Defining Street Medicine

- Direct delivery of healthcare to the rough sleeping population (unsheltered homeless)
- Care performed on the street

drive
osprey

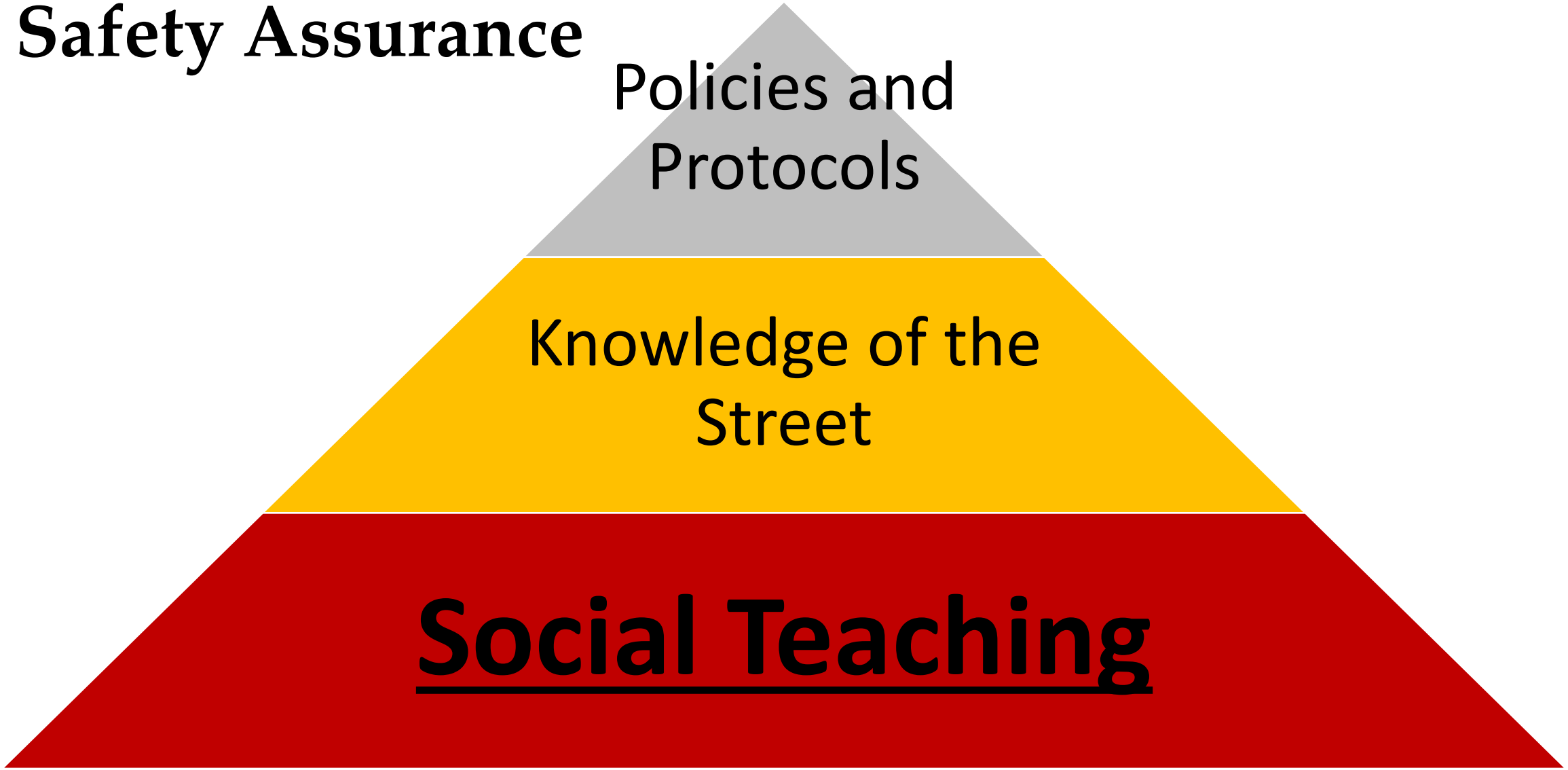
Defining Street Medicine

- Direct delivery of healthcare to the rough sleeping population (unsheltered homeless)
- Care performed on the street
- Done through walking rounds (motorcycles, horseback, kayak)

- “Go to the People”

Link Between Psychological and Physical Safety

Safety Assurance



Street Medicine Social Teaching

- Values manifest in action with practical application
- Foundational Values
  - Love with Grit
  - Authentic Solidarity
- Antidote to reducing medicine to a science
- Antidote to allowing our patients to be reduced to disease, a metric, or a possession

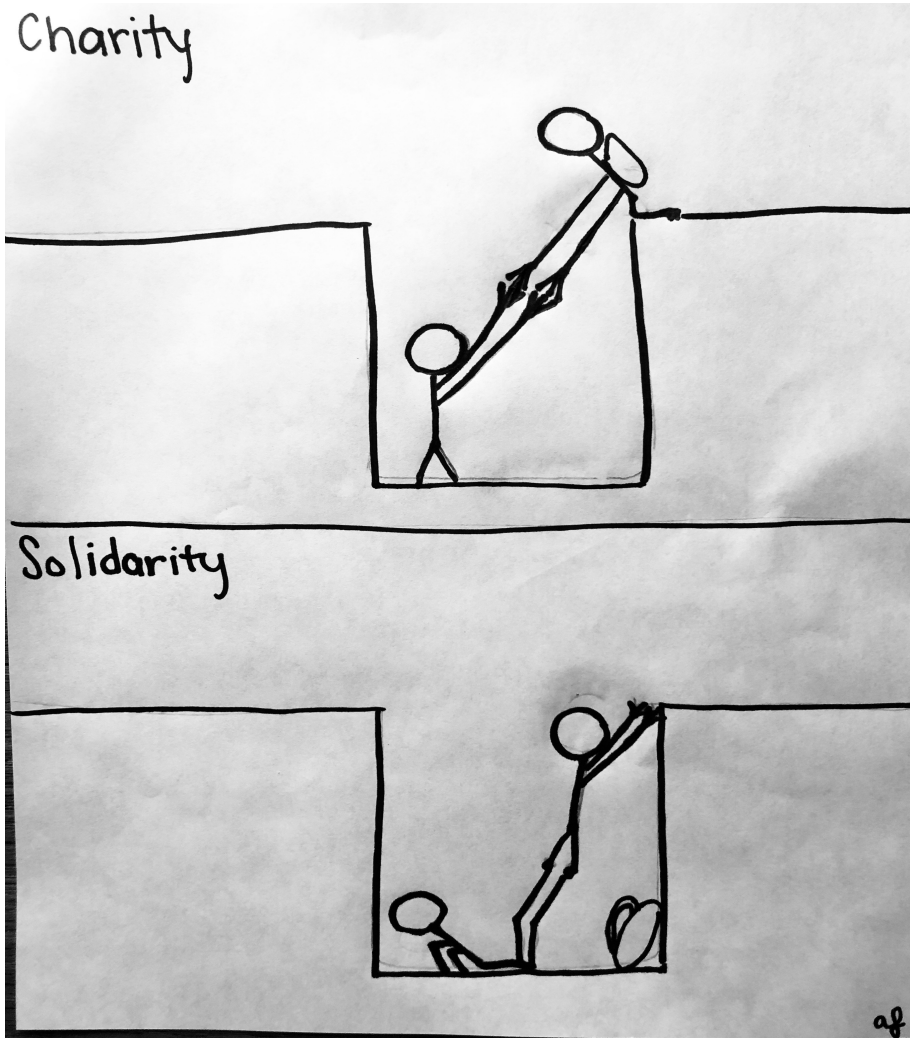
Love with Grit

- Not emotion but act of the will
- Small daily acts of sacrifice and suffering
- Freedom to serve
- Temptation to flee

Authentic Solidarity

- Sharing in suffering with love with grit

- Liberation not opposition



Solidarity Dissolvers- Threats to Safety

- Self-love/ self righteousness (includes institutional)
  - Expertise... “Listen to me, I’m the doctor.”
  - Moral Licensing… “I’ve cared for homeless people every day for 20 years.”
  - Conscious Calmer… “I’ve offered help many times. They’re obviously not ready.”

The Culture of Possession

- Degradation of moral medicine: dehumanizing people as a commodity
  - Impact on our lives or organization
    - Metrics
    - Compassion fatigue/ frustration
  - Managed care lives
  - People as cases to be managed
  - Ultimately leads to idea some lives are worth more than others

Solidarity Dissolvers- Burnout

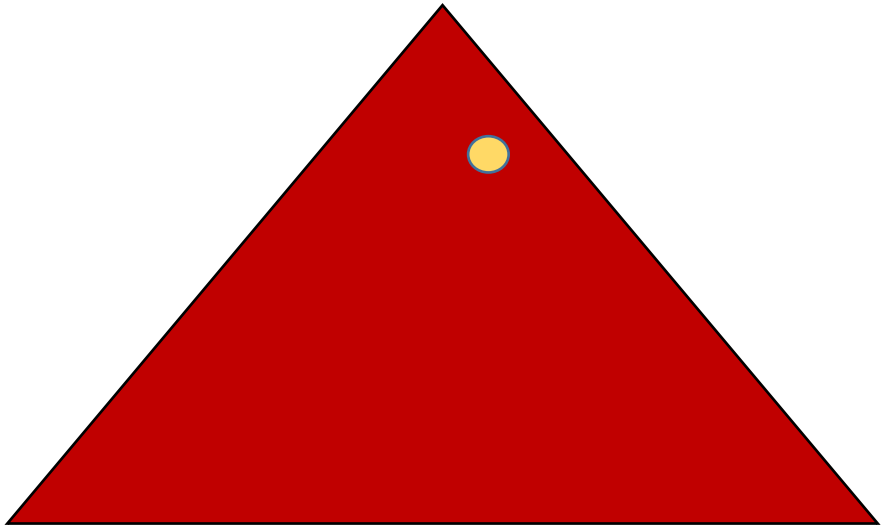
- Burnout (safety?)
  - Malaise, frustration, cynicism
  - Results from excessive demands on energy or resources
- Places burden on person affected
  - Recommends “self-care”
  - Leaves system untouched

Solidarity Dissolvers- PTSD vs Moral Injury

- PTSD
  - Experiencing or witnessing a terrifying event
  - Real or perceived threat of *physical* injury
  - Witnessed physical violence

- Moral Injury
  - Perpetuate, witness or fail to prevent threat to *morality*
  - Knowing what the patient needs but being unable to provide
    - Competing interests of payors and providers vs “the system”
    - Camp closures
  - Places burden on inadequate or oppressive systems
  - Managed by humility

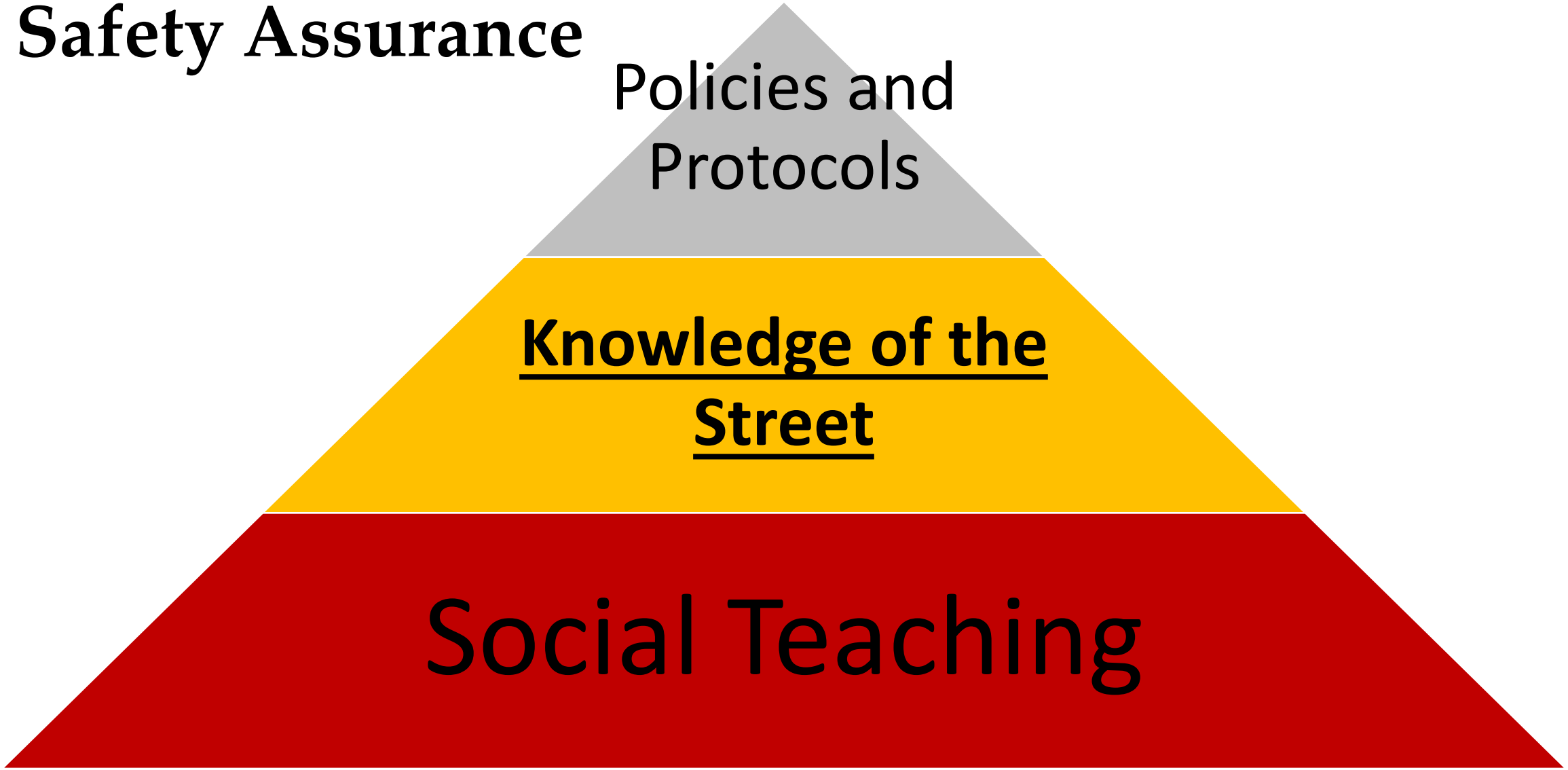
Love: profoundly tender, passionate affection for another person



Duty: an action or task required by a person's position or occupation

Justice: equitableness; administering of deserved punishment or reward

Safety Assurance

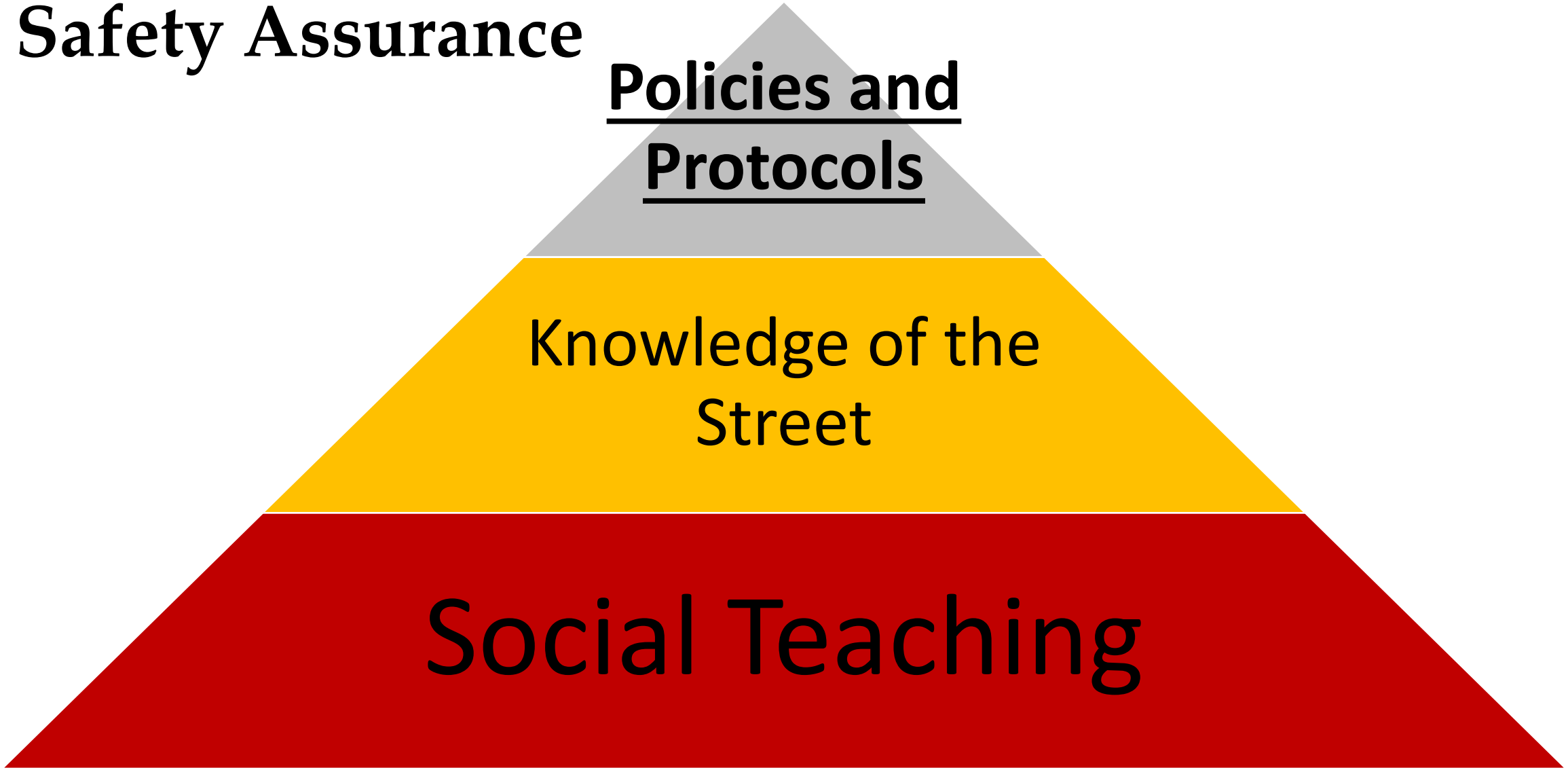


Lived Expertise

- Lived expertise vs. formal education/ certificate vs. “look-out” model
- Real vs perceived threats
- Right reaction vs over-reaction
  - Presence of drugs, guns or other activity
  - Role of law enforcement

1500
MARKET

Safety Assurance



Sample Safety Policy

- General safety education and training are provided to all licensed independent providers, clinical and support staff, learners, visitors, volunteers, contract workers, and temporary workers
- All teams consist of at least two team members except for CHWs who perform outreach duties independently.
- Do not separate from your team
- Learn as much about the situation before going into the field.
- Introduce yourself
- Display “Street Medicine” badges/IDs or easily identifiable organizational clothing
- Ask permission before entering an encampment.
- Be trustworthy. Never make promises you are unable to keep.
- If a team member is engaging, the other team member(s) should be alert and watching the area
- All must have an active and working phone with them

MADE IN CHINA

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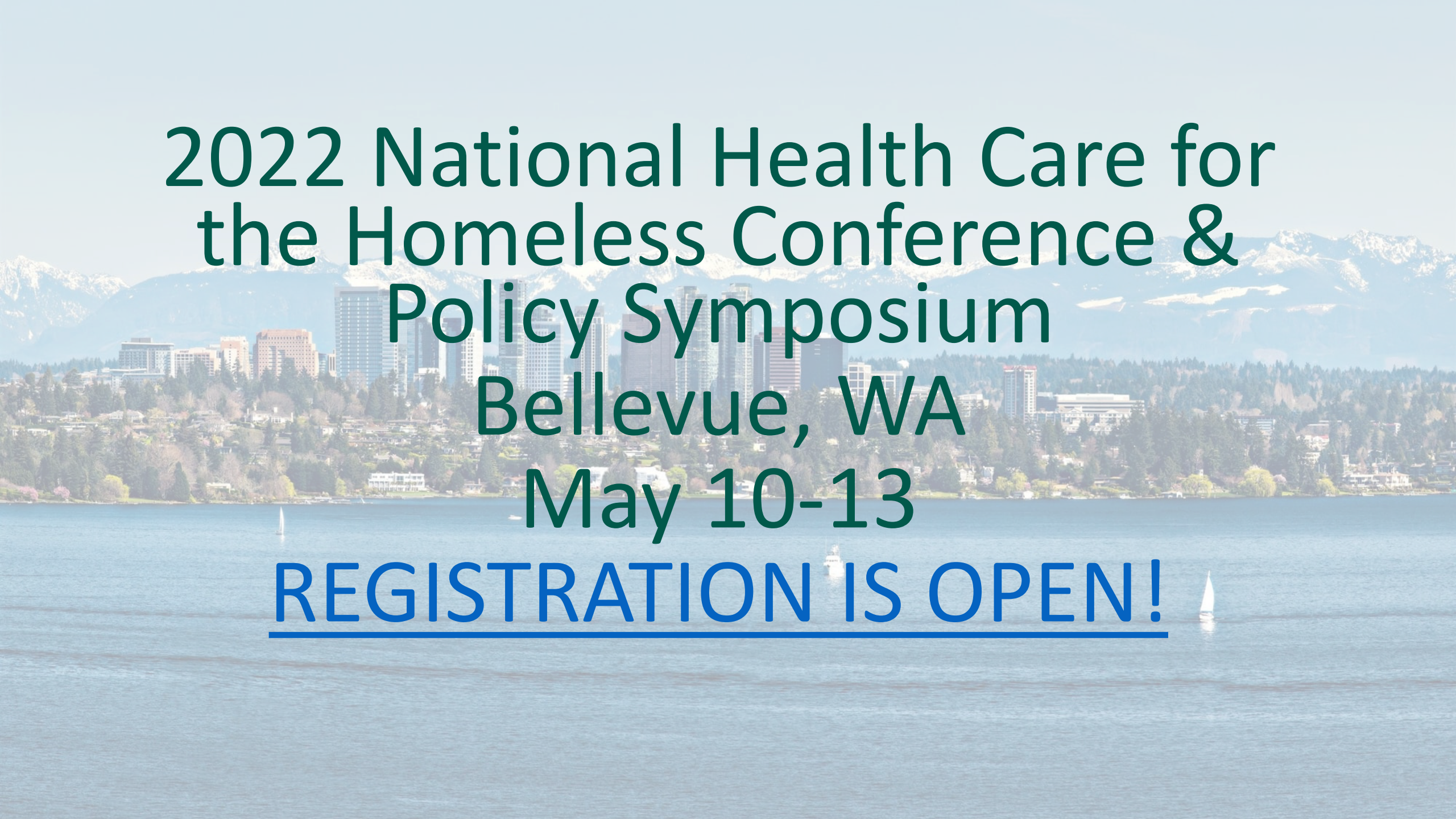

2022 National Health Care for the Homeless Conference & Policy Symposium

Bellevue, WA

May 10-13

REGISTRATION IS OPEN!

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