

Outside In Mobile Medical Team

WHY DON'T YOU JUST SEE YOUR DOCTOR?

**Barriers to accessing healthcare
among Portland's houseless
communities**

**National Healthcare for the
Homeless Conference 2023**

Marcia Brown, CMA
(certified medical assistant)

**Seanie Chien, Mobile Clinic
Manager**

**Sara Fujii, Mobile Clinic
Coordinator**

Niyyah Ruscher-Haqq, FNP
(family nurse practitioner)

SENSITIVE CONTENT DISCLOSURE



**I wish I could show you...the
astonishing light of your
own being.**

-Hafez

Financial Disclosures

How I justify being broke all the time



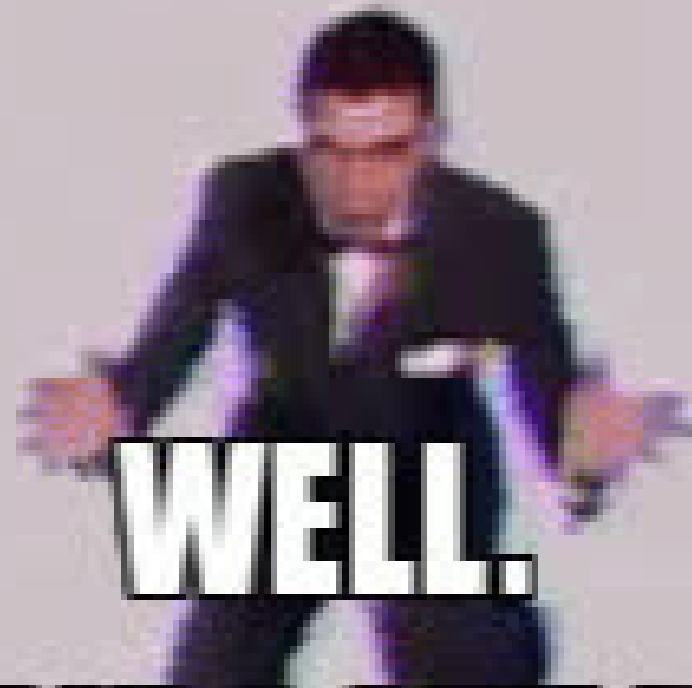
WORKSHOP STRUCTURE

- Story time - History of Mobile Medical with Seanie
- COVID's impact on Mobile Medical and Transition to a full time team with Sara
- Design of the qualitative study in collaboration with OHSU student with Niyyah
- Breakout session with all
- Closing points





HISTORY



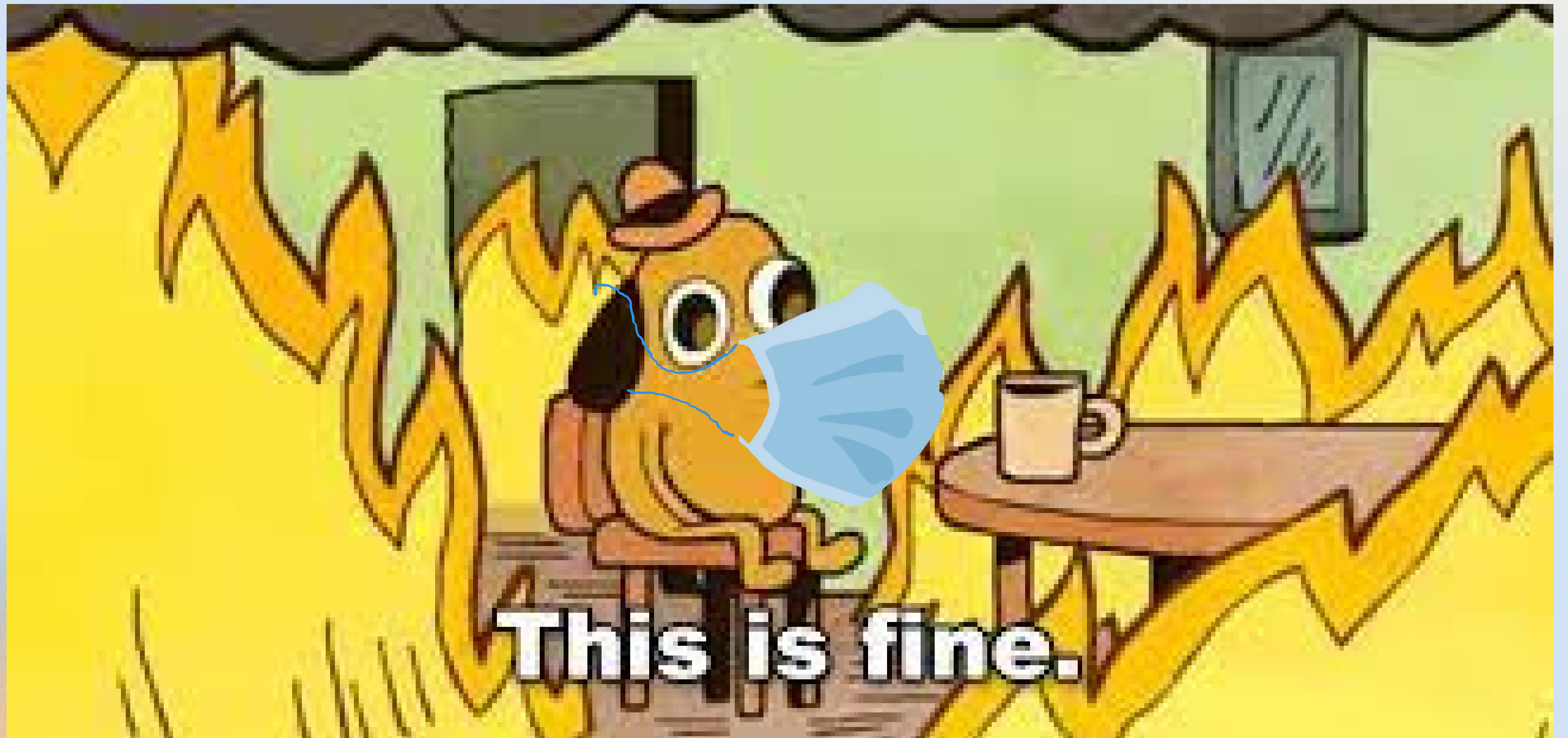
WELL.

HOW DID I GET HERE?

OUTSIDE IN MOBILE CLINIC

- **How it all started**
- **Successes and Limitations at the
Clackamas Service Center**
- **Successes and Limitations of
operating out of an RV**

And then COVID.

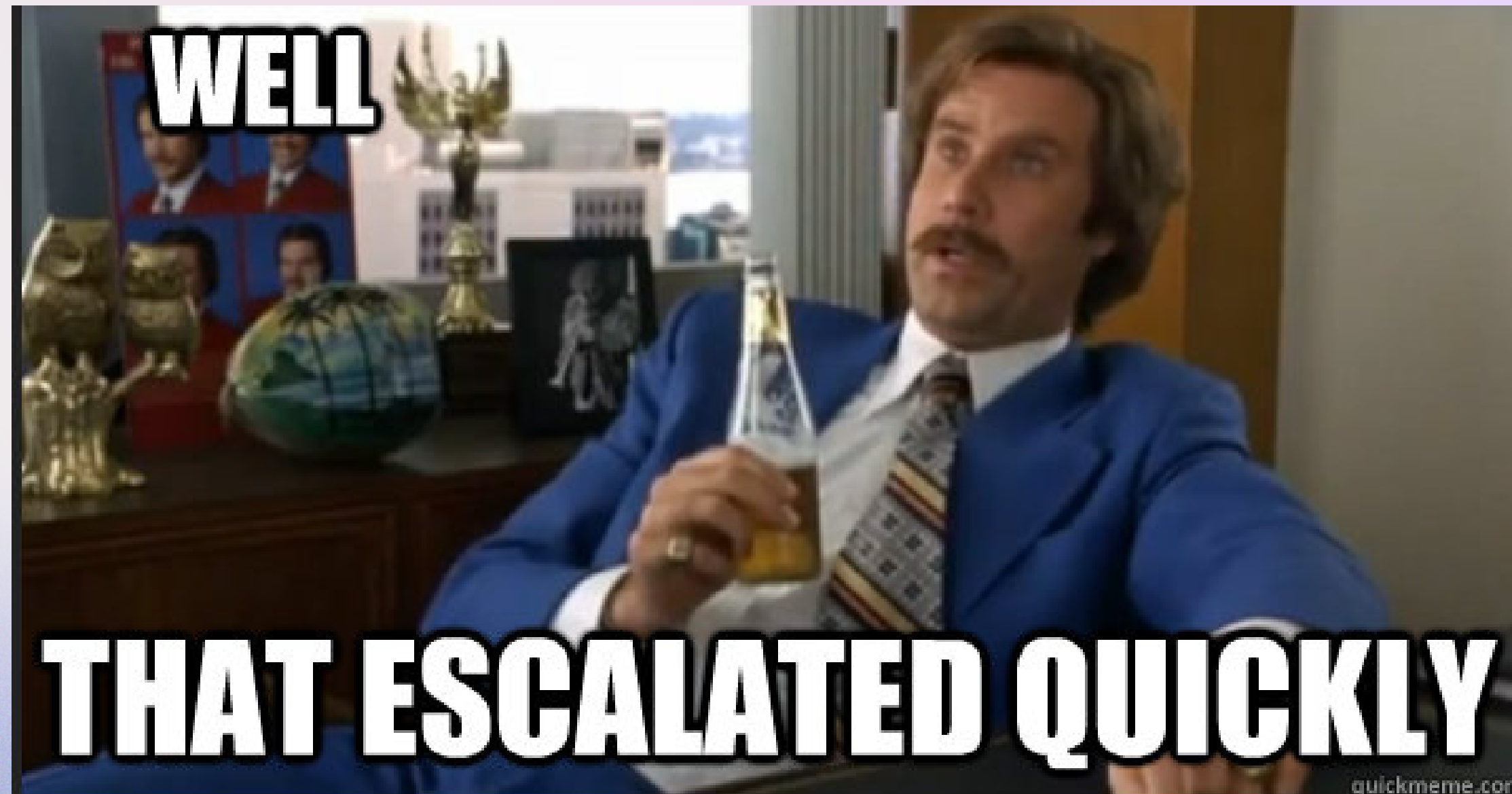


This is fine.

OUTSIDE IN MOBILE CLINIC

- *A necessary change*
- *Vaccination clinics*
- *A full time team*
- *Increase in service locations*

From 2 to 5 sites in 30 days ...



Enter the student...



Carolyn Hall, DNP Candidate
Oregon Health and Sciences University

Problem Description

Oregon features among the highest rates of people experiencing homelessness (PEH)

23% increase from 2020-2022, 3rd largest increase in the U.S.

Highest rate in the nation of chronic homelessness

-PEH collectively experience poorer health outcomes, premature mortality

life expectancy: 52 years

-15% of PEH report tri-morbid chronic disease + SUD + psychiatric diagnosis, complicating healthcare service design & delivery

-Unresolved health issues impede the transition to permanent housing

-Few models for shelter-based care exist, and evidence supports highly individualized care design based on resident needs

Carolyn's Notes

Current literature does not aptly capture health needs & services sought
by PEH

Systematic Review of Health Assessments of PEH found higher levels of:
mental health disorders, substance use, infectious diseases (i.e.,
influenza, tuberculosis, HIV, hepatitis, and sexually transmitted
infections), oral health problems, injuries, assaults, and skin
conditions than the general population

Other commonly identified medical needs:

pre- and post-natal care, gynecological care, dermatological care, SUD
treatment and access to harm reduction models, transitional care
after hospitalization, oral health care, and the desire for more
flexible services

All of these can be offered in a shelter-based clinic

However, these may not accurately reflect needs of people now living
inside more appropriate to do a needs assessment

What do I do now?



STUDY DESCRIPTION

Project Aims

- **Aim 1: Identify primary health needs, facilitators, and challenges to healthcare engagement among shelter residents.**
- **Aim 2: Elicit shelter residents' ideas and solutions for improving shelter-based clinic offerings.**
- **Aim 3: Host listening sessions to facilitate trust between clinic staff and shelter residents and translate resident input into recommendations for tailored service design.**
- **Aim 4: Provide recommendations to OI Mobile regarding service design and delivery based on aims 1, 2 and 3**

STUDY DESCRIPTION

Set up - Interview style
Participants



PARTICIPANT EXPERTISE

- Type of care is not as important as being believed
- Desire to build a relationship with primary care provider (PCP)
- Most requested chronic care services
- Need for liason between them and their specialist
- Most participants not established with a PCP
-

STUDY FINDINGS/BREAK OUT SESSIONS

- Long waits to see PCP
- Negative history interacting with PCP
- Lack of access to PCP
- Being unaware of services
- How to find a PCP
- Transportation

PARTICIPANT REQUESTS

- Reproductive Health Education-
multiple patients reporting
misinformation
- CPR Class - discomfort with shelter
staff in emergency situations
- Medication Assisted Treatment
- Mental Health Support
- Support in Managing Chronic Disease

Break out time!



Actions



Actions

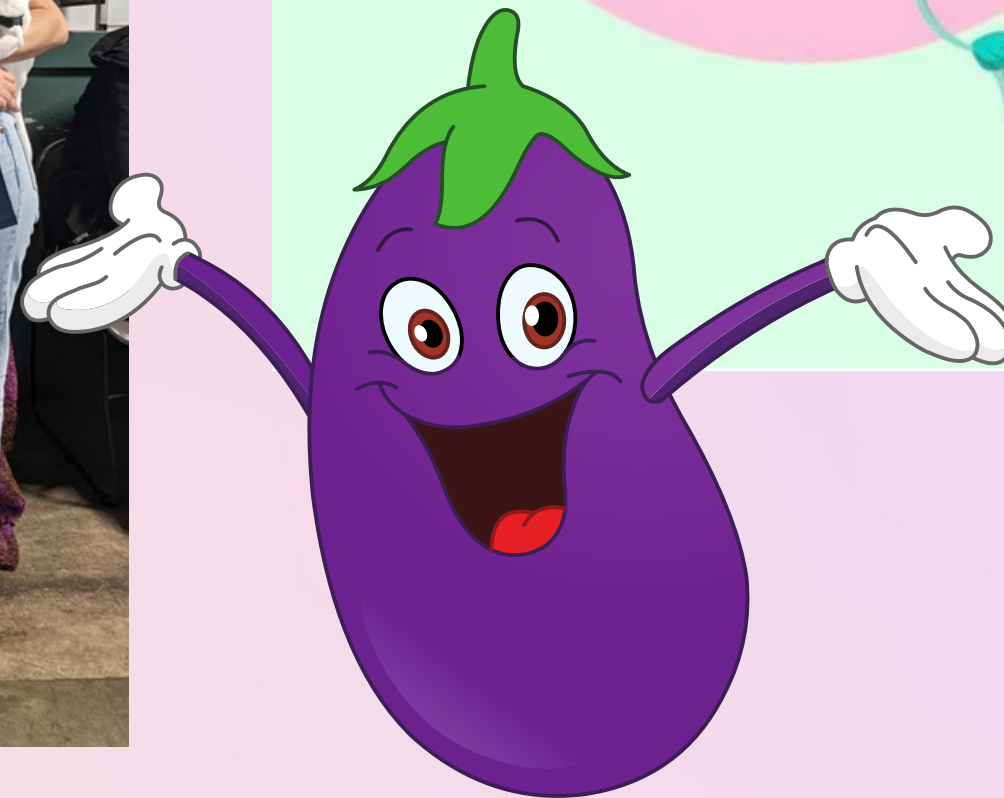
- **Reproductive Health Class**
- **Fentanyl in our community
& Rescue breathing**

Breakout Group

Recommendations:

- **Reproductive Health Class**
- **\$500 budget**

Reproductive Health Class

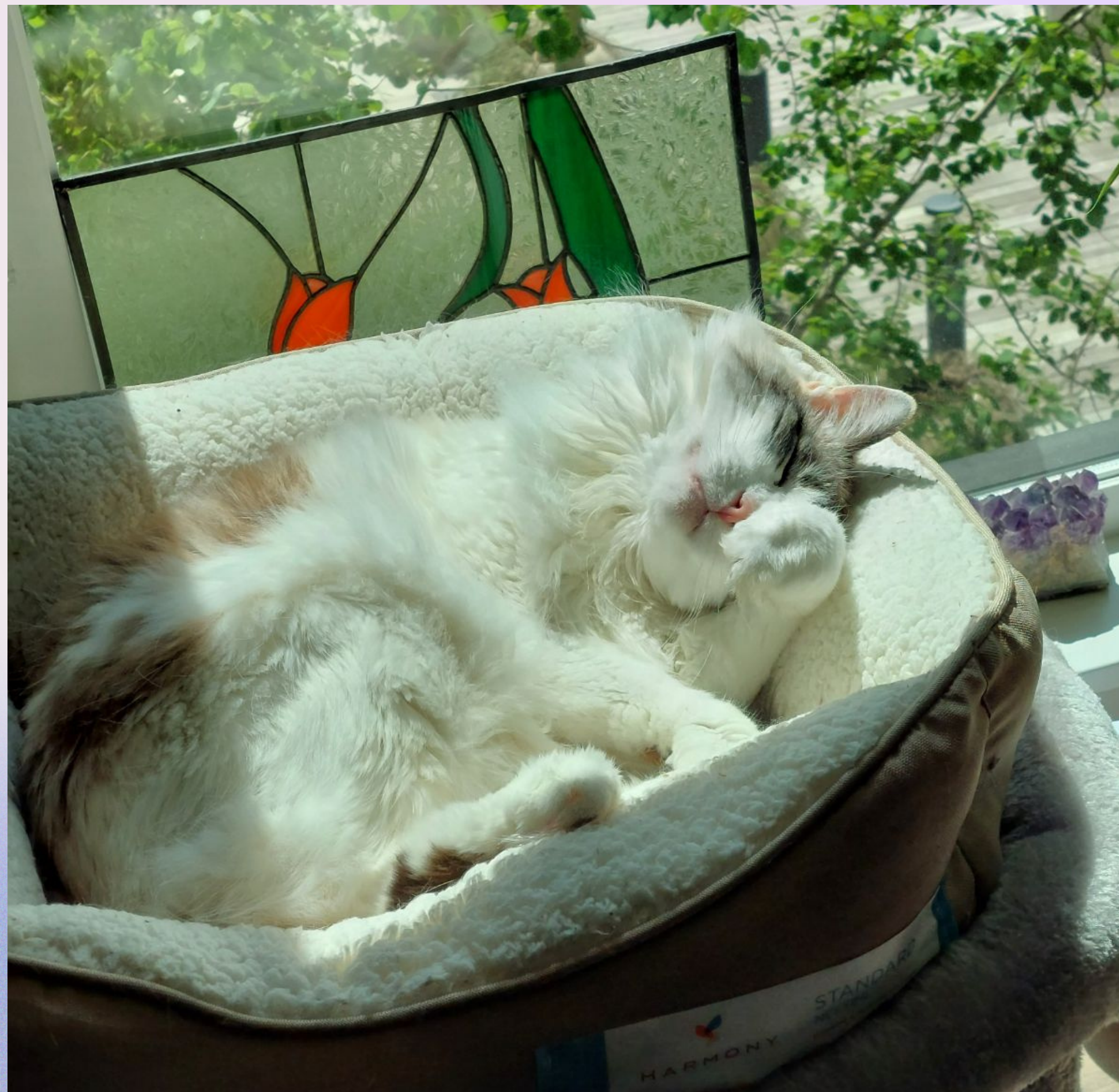


Breakout Group

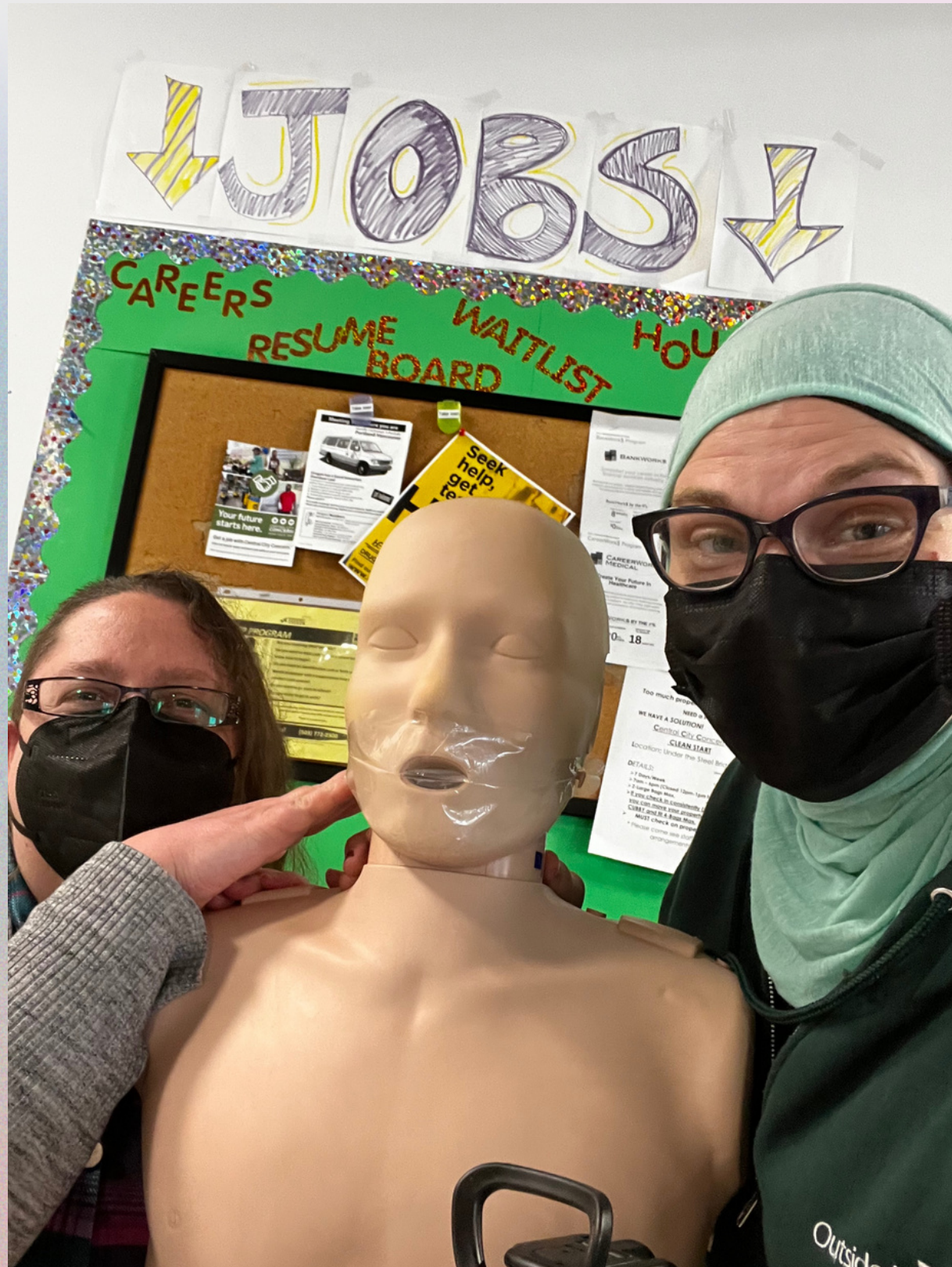
Recommendations:

- **Fentanyl/OD Response**
- **\$500 budget**





Fentanyl & MAT Class



Breakout Group Recommendations:

- **Chronic Disease
Management**
- **\$500 budget**

Breakout Group Recommendations:

- **Mental Health Support**
- **\$500 budget**

For Peter and Gerald, and our
friends we've lost since
having the privilege of caring
for you.

We honor you.



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