

2024 Forum on Rural Population Health & Health Equity



Street Nursing: An Emerging Best-Practice Model for Care of People Experiencing Homelessness

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2024 Forum on Rural Population Health & Health Equity

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OHSU Street Nursing Team

An Emerging Best-Practice Model for Care of People Experiencing Homelessness

Learning Objectives

- 1. Describe an emerging, innovative clinical model for academic and clinical partners to address care of people experiencing homelessness (PEH) through a trauma-informed, culturally appropriate lens to advance population health and health equity.
- 2. Describe a developing curriculum framework of expected key competencies and associated knowledge, skills, and attitudes expected of graduate registered nurses regarding care of PEH so that all nurses are prepared to care for people experiencing homelessness
- 3. Examine trends in the age and social determinants of health for PEH in southern Oregon.



OHSU STREET NURSING TEAM

WHO ARE WE ?



A collective of nurse educators, nurse practitioners, and students. Our approach centers around reality-based, holistic nursing care. we serve as a trusted presence within the community. Embracing Radical Humility, we take our classroom to the streets.

Our Goals:

To prepare a compassionate nursing workforce that understands the complexities of the housing crisis and life on the street



To avoid the overuse of emergency services through the provision of preventative care.

To reduce harm and prevent unnecessary deaths from opioid overdose.



To bridge gaps in healthcare access.

What does the OHSU Street Nursing Team Do?

Core Services



Foot clinics



Wound care



Harm reduction



Psychiatric Care
Services
including
medication
management



Advocacy in the
hospitals and
clinics



Referrals to services



Telehealth appointments
initiated from the street



Best practice
trainings for the
community on health
issues related to
homelessness



Tri-morbidity in PEH

Tri-Morbidity is a co-occurring disorder (psychiatric plus substance use disorder) with a chronic medical condition. Disorders of physical health, mental health and substance use disorders are common in the unsheltered population (Stringfellow et al, 2015)

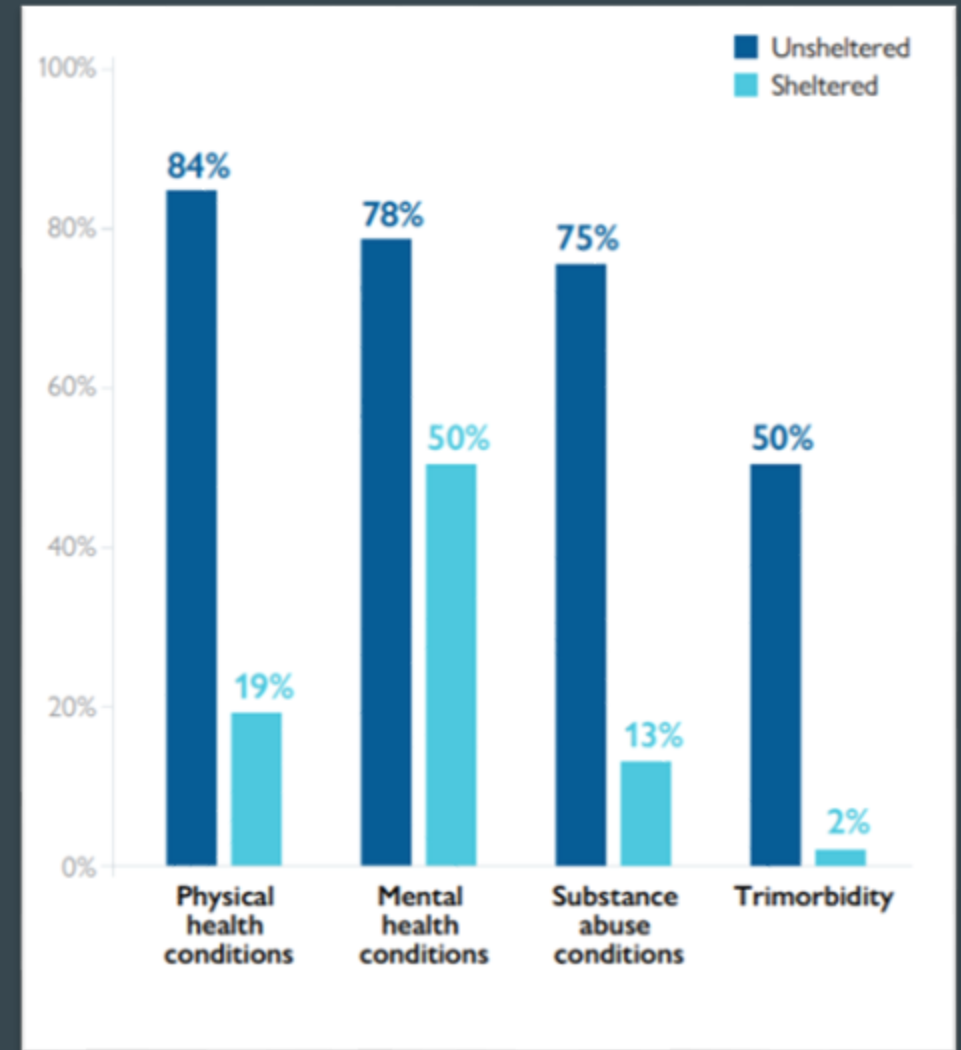
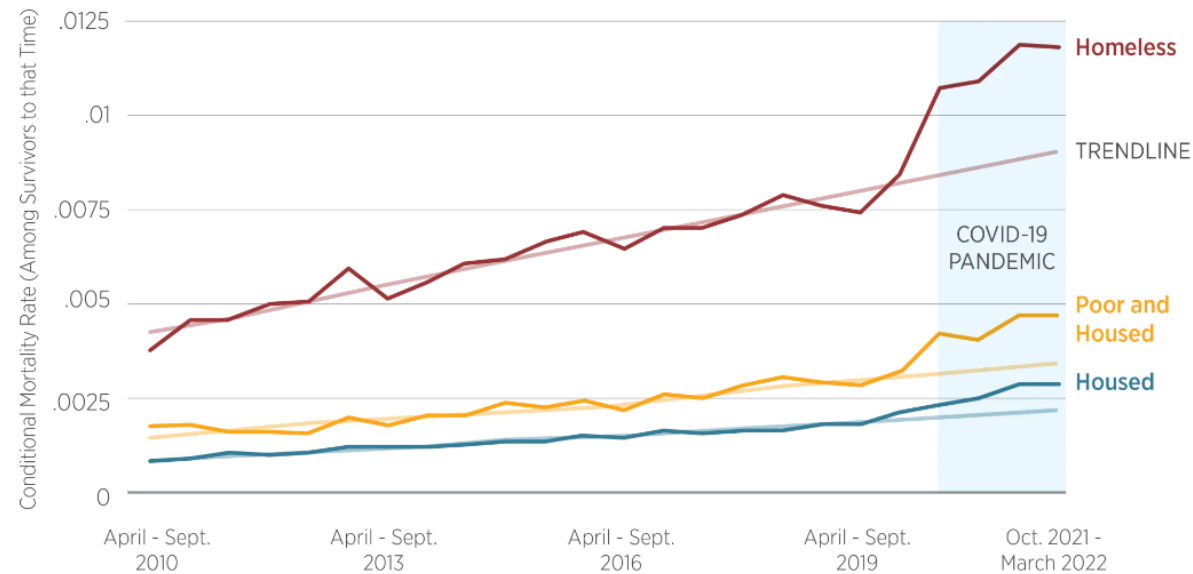


Image source: California Policy Lab. Sample of VI-SPDAT survey data from more than 64,000 unsheltered and sheltered individuals in 15 different states.

Life Expectancy

Probability of Death Among US Homeless, Housed, and Poor and Housed Population in a Six-Month Period

Individuals ages 18-54 in 2010



Sources: 2010 Decennial Census, 2022 SSA Numident, 2009-2010 American Community Survey.

- Homeless people are dying at 47 years old and women at 43 years old, in stark contrast to the average age of death for the general population which is 77 years. (*Homeless Hub, 2011*)
- People who lack housing are **nine times more likely to die from an overdose** than those who are housed (National Health Care for the Homeless Council, 2017).

Understanding the Complexity Improves Care and Outcomes

- **Practice Trauma and Violence Informed Care (TVIC)**
 - Recognize that many PEH are trauma survivors & currently experiencing trauma
- **Implement Harm Reduction**
 - Help reduce adverse health effects to individuals and the community
- **Fight Stigma & Use Person-First Language**
 - Improve outcomes through compassion



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Fighting Stigma with Education



A homeless man sits covered in snow as pedestrians pass by on March 25, 2013 in Washington, D.C.

Photo by Karen Bleier/AFP/Getty Images

It is imperative to **train future healthcare providers to deliver ethical, compassionate care without prejudice and stigma to PEH.** These interventions can **increase compassionate care and improve health outcomes overall** (Ohara, 2019).



Implementing Harm Reduction

As we know, not all people experiencing homelessness have a substance use disorder. But for those who do, **implementing harm-reduction strategies can help reduce adverse health effects.**

Harm reduction is defined as an **evidence-based healthcare model that is responsible for decreased rates of infection, overdose, chronic disease, and death in this population.**

It challenges the stigma that drug use is a moral failing and **understands that substance use disorders are chronic illnesses** that can affect anyone.

Background for Nursing Curriculum Development

- Bias and stigma are predictive factors for avoidance of services, and poorer mental and physical health (Weisz & Quinn, 2018).
- Health care providers' bias has been linked to poorer quality of and denial of care (Gilmer & Buccieri, 2020).
- Compassionate, nonjudgmental nursing care has been reported by PEH to facilitate access to care (Rae et al., 2015; Woith et al., 2016).
- Opportunities for nursing students to interact with PEH in humanistic encounters can help to counteract stigma as they may hold implicit biases that may be a barrier to care (Astroth et al., 2018)

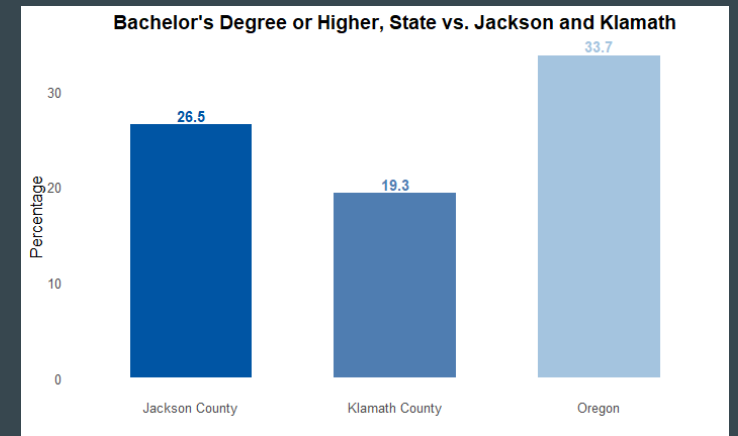
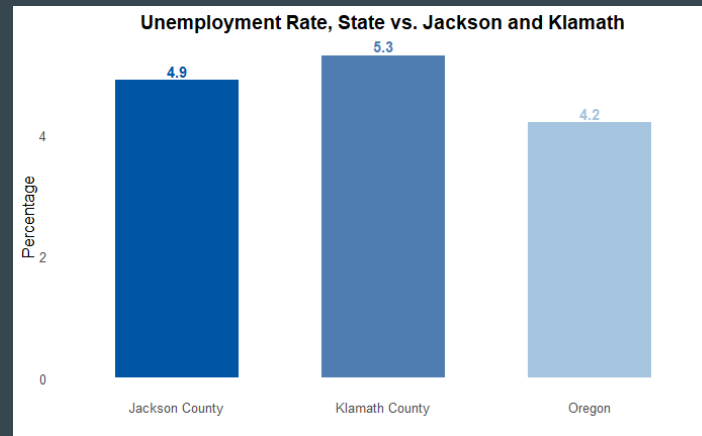
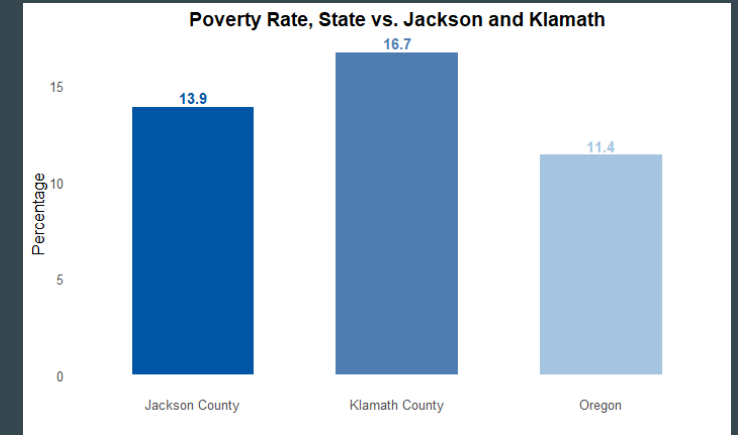
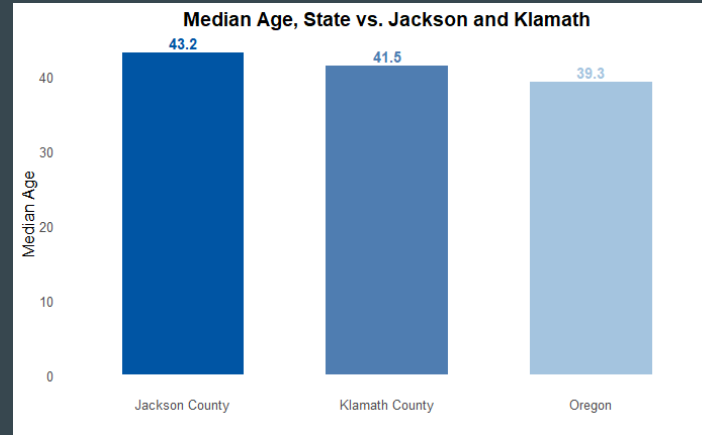
Key Competencies

1. **Provide respectful, compassionate, person-centered care for people experiencing homelessness (PEH)**
2. **Evaluate clients for social determinants of health needs, including housing status and related aspects of safety, access to food, social support and other relevant domains**
3. **Collaborate with client and appropriate Interprofessional community members to optimize health in PEH**
4. **Advocate for improved health for PEH**

**So what are our Region's Rural Health Disparities in
the PEH Population?**

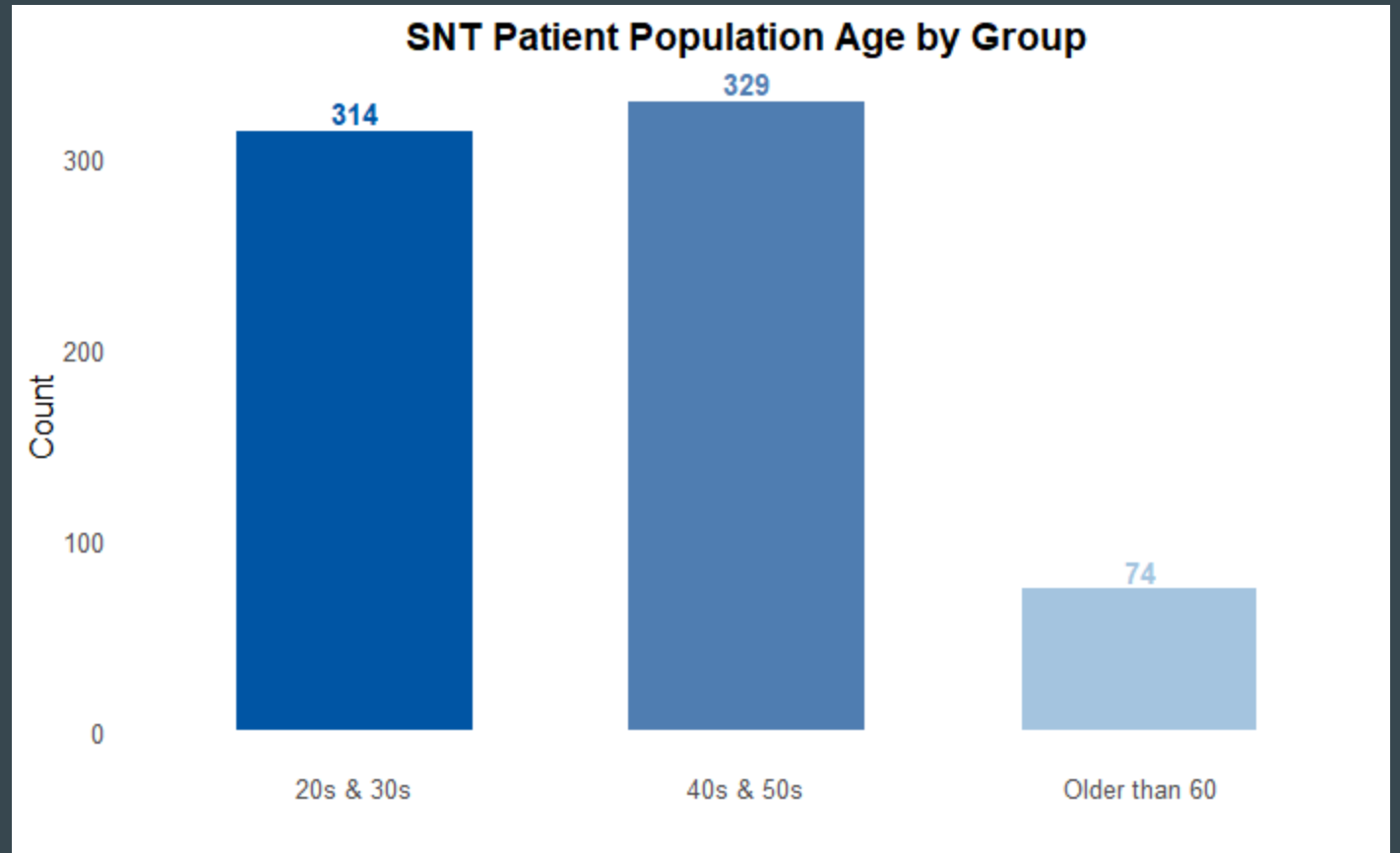
Negative Social Determinants of Health in our Rural Counties

- Compared to the State average, Jackson and Klamath residents are more likely to be **older, more impoverished, unemployed, and without a Bachelor's Degree.**
- These negative Social Determinants of Health (SDOH) **exacerbate health inequities** and further drive poorer health outcomes for PEH.



Our SNT Patient Population is Older

- The majority of our patient population is **over the age of 40**, with **10%** of our patients being **over the age of 60**.
- This creates challenges with existing negative SDOH, such as reduced physical health, poorer mental cognition, and reduced financial stability.



Data Source: OHSU SNT Charting Form, 2023.

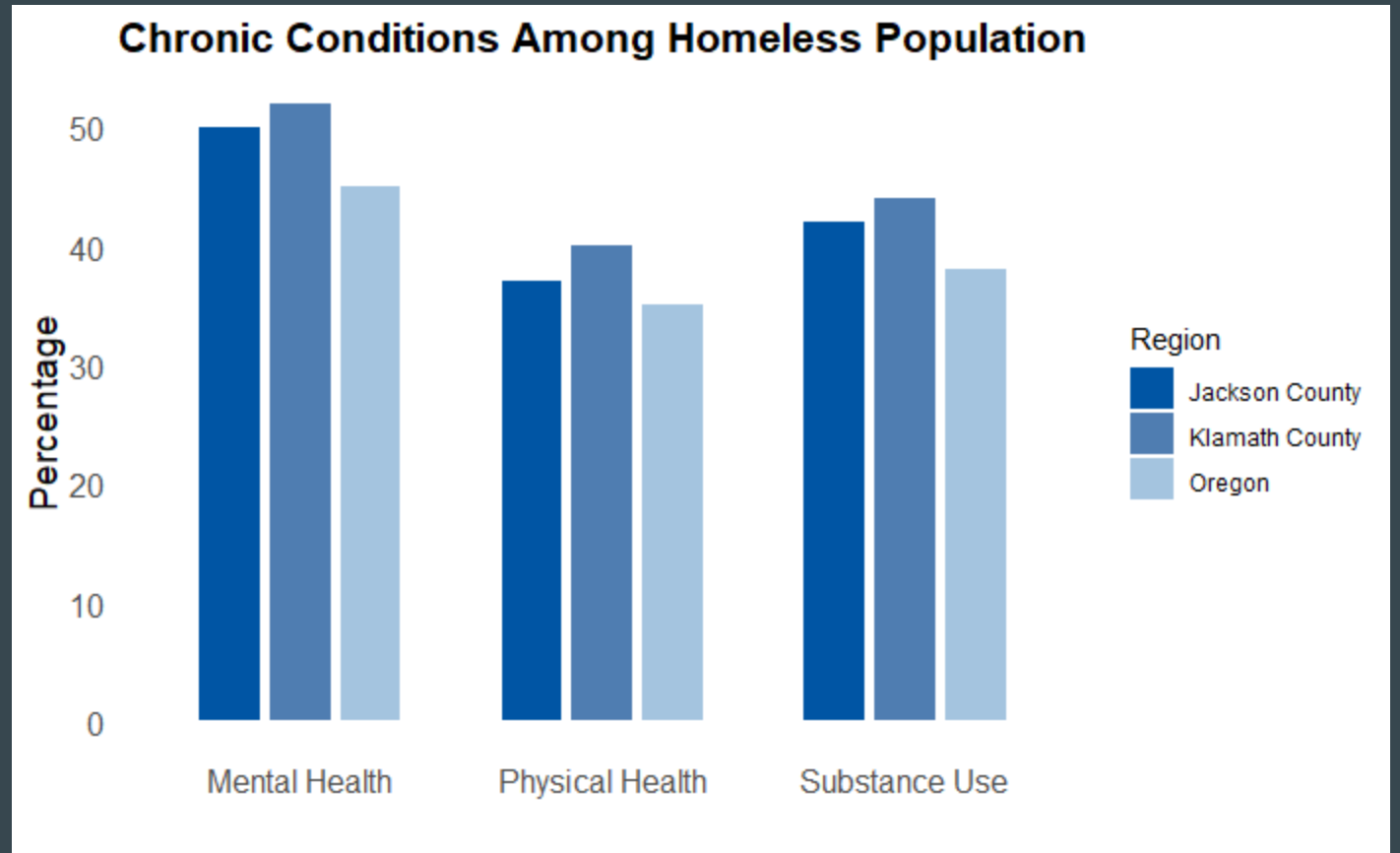
Older Adults Experiencing Homelessness in Rural Areas

- Barriers:
 - Lack of resources (shelters, housing, and other resources available to PEH in urban areas)
 - Transportation due to distance to travel to access health care (including ED)
 - Limited health care facilities (esp. specialty health care)
 - Lack of outreach
 - Culture: “taking care of one’s own”
 - Lack of culturally competent health providers (i.e., lack of rural health knowledge)

(Rural Health Information Hub, 2014)

Rural Chronic Health Disparities in PEH

- Compared to the state average, Jackson and Klamath counties' unhoused populations have **more severe chronic conditions**.
- **50%** of all unhoused individuals in Jackson and Klamath counties have a behavioral health condition.



Data Source: Oregon Statewide Homelessness Estimates, 2023.

Chronic Health Conditions in Older Adults

- **COPD**
- **Hypertension**
- **Diabetes**
- **Substance Abuse**
- **Mental Illness**
- **Dental Disease**
- **Infections (including HIV)**
- **Skin conditions (leg ulcers, pressure sores)**
- **Joint or back pain**
- **Geriatric conditions:**
 - **Arthritis**
 - **Urinary incontinence**
 - **Cognitive impairment (memory loss, Alzheimer's)**

(Souza et al., 2020; Ye et al., 2019)

Our Goals for the Street Nursing Team:



**Improve Access to
Care**



**Reduce
Hospitalizations**



**Increased Social
Connectedness**

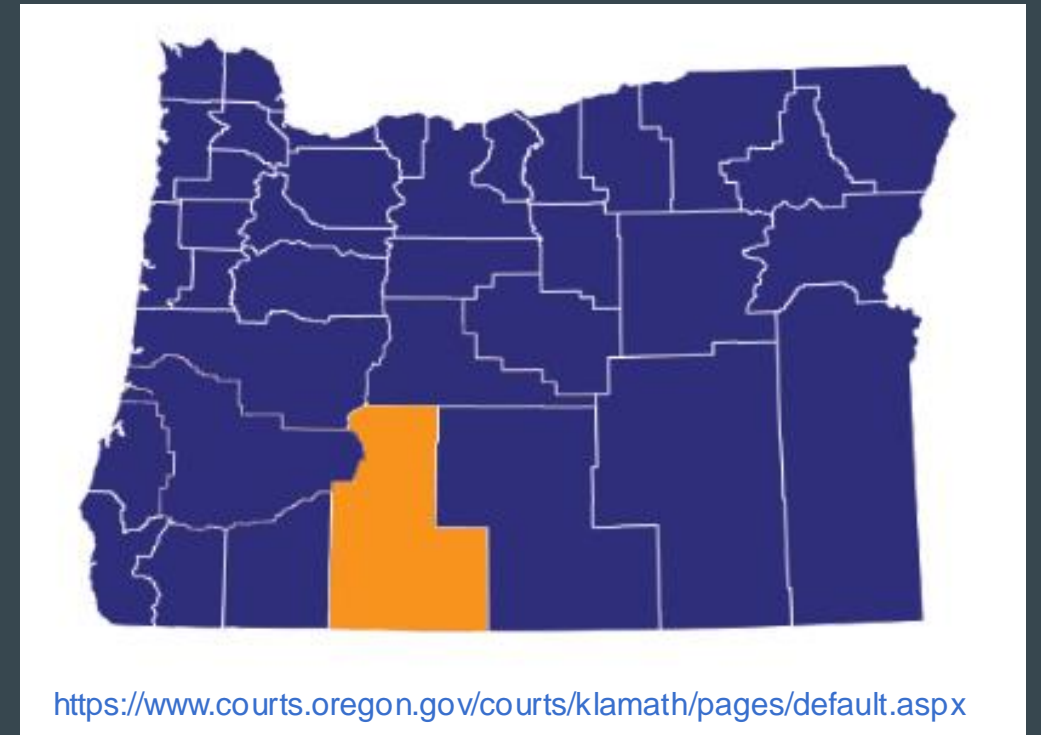


Klamath Falls Vignette



Klamath County

- The population in Klamath County is on average 4 years older than the national average. *(2022 Census)*
- Klamath County has higher rates of poverty than the rest of Oregon *(Portland State University, 2022)*
- Climate: freezing temperatures September through May; hot and dry summers.
 - Frostbite and extreme dehydration *(Portland State University, 2022)*



“There is Klamath Falls, and then there is everything else”

(Key informant, Portland State University, 2022)

The Unspoken Issue: Older Adults Experiencing Homelessness



Microsoft stock photo

Definition: persons aged 50+ due to accelerated aging

National Point-In-Time Count: (January 2023)

- 138,098 adults **over the age of 55** were homeless.
- Nearly 1 in 4 people experiencing unsheltered homelessness (living in places not meant for human habitation) were over the age of 55.
- Expected to triple by 2030 (*National Alliance to End Homelessness, 2023*)

Pathways to homelessness: (*Burns & Sussman, 2019*)

- **Early in life**
- **After the age of 50**

Older Adults Experiencing Homelessness in Rural Areas



M. Gran-Moravec, 2023)

More older adults as percent of population in rural areas
(Smith, A.S. & Trevelyan, ACS, 2019)

Oregon farm foreclosures in primarily agricultural communities

Wildfires and migration of people

Klamath County has higher rates of poverty than the rest of Oregon *(Portland State University, 2022)*

Mortality in PEH

Causes of death

- Heart disease (14.5%)
- Cancer (14.5%)
- Drug overdose (12.5%)
- Chronic respiratory disease (9.4%)

(Brown et al., 2022)

Contributing factors

- Cold stress
- Smoking
- Substance Abuse
- Untreated chronic conditions
- Late life homelessness
- Stress proliferation (McDermott, 2018)

- **CASE STUDY**

Ken is a 72 yr old man. He has been living in a small encampment with friends for about 20 years . They have to move every few nights. Recently, he was hospitalized for a heart attack and a severe wound infection in his left leg. It has been slowly healing but still needs to be wrapped. He needs to have his dressing every two days. He was taking some medications while in the hospital, but does not have any.They said that .He left the hospital AMA because he didn't think that the doctors didn't want him there and talked to him rudely.



Quote from a student on the Street Nursing Team

“Previously, I looked at PEH and thought of homelessness as a right here, right now problem. In reality, it is a lifetime of events that have culminated to precipitate this issue. I think healthcare professionals, myself included, have a tendency to think of homelessness as a singular problem rather than a multitude of precipitating factors. It's easier to think of homelessness as a singular problem; however, you must consider all of the associated factors and causes to provide truly holistic care.” (R.F., 2023)

“ My views were not always the most positive when it came to those who lived an unsheltered life. Since being on the SNT I have learned that there are many different reasons as to why someone may be unsheltered and it may not always be in their control. Many of them are taking the right steps but there may be things that restrict them.”



Thank You!

If you are interested in learning more:

- Workshops taught by OHSU Street Nursing Team
 - Harm Reduction
 - Trauma and Violence-Informed Care
 - Call us for a consultation on starting up a foot soak clinic
- Online Classes
 - *University of British Columbia* website offers Trauma & Violence Informed Care Trainings for free
 - *National Alliance to End Homelessness* has a "Center for Learning" on their website which also has many related classes and modules available
- Get involved in your local community

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Thank you to our partners!

