

## **Using Street Outreach to Engage Southwest Baltimore Neighbors in Health Care and Social Services**

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### **Abstract**

#### **Background**

People experiencing substance-use disorders, homelessness, mental health conditions, or poverty often have difficulty engaging in health care services, particularly prevention services. Reported barriers include: limited appointment slots, challenging intake procedures (e.g., complex questions, identification requirements), lack of transportation, discrimination and uncivil behavior by health care staff, fear of how they will be treated, and fear that providers will not understand their needs. Prior work suggests health care providers showing empathy and using patient-centered approaches are the biggest facilitators to helping patients engage in services.

#### **Methods**

Through a partnership with a community outreach center (Paul's Place, Inc.) and the University of Maryland School of Nursing (UMSON), we implemented a street outreach program in an area with high avertable deaths. During the fall 2019 and spring 2020 semesters, a group of nursing, social work, and medicine students conducted street outreach in a Southwest Baltimore neighborhood to engage high-risk individuals into health care and social services. We grew the program to include community partnerships. An example of such partnerships includes the University of Maryland Baltimore Police Department, where students accompanied a sworn police officer on select calls for service involving panhandling and welfare checks and visited local homeless encampments to help connect neighbors to health care or social services.

#### **Results**

Students interacted with 108 neighbors. During 85% of encounters, neighbors were able to identify a goal for the encounter, and students were able to meet that goal. Students provided support and encouragement during 71% of visits. Further, 59% of encounters resulted in students making a referral for care. After 52% of the encounters, neighbors left with a plan to manage their health. Other common interventions during encounters included: health education (49%), naran training and providing naran kits (34%), and first aid treatment (24%). Less common interventions included: taking vital signs (9%), medication counseling (5%), and wound care (4%). We had difficulty capturing the number of street encounters that resulted in a visit to the community center but estimate this number to be about 30%. We will discuss challenges such as:

creating formal documentation for street encounters, training students to prepare for this novel intervention, and weather and safety concerns.

### **Conclusion**

Given the amount of people experiencing substance-use disorders, homelessness, and/or mental health exacerbations, innovative ways to engage and build relationships with this population are needed. The presenters will include the director of health and wellness from the community outreach center who developed the program (Kelly Doran), the UMSON faculty member who led the clinical experience (Megan Doede), and one of our community partners (Officer Yale Partlow).