

Sih Hasin Street Medicine

Asha Atwell, DO, Emergency Physician,
Department of Health Promotion and
Disease Prevention

Northern Navajo Medical Center, Indian
Health Service



Disclosures

I have none.

Overview

Street Medicine

- Background

Sih Hasin-Rez Street Medicine

- Program development
- Serve patients experiencing homelessness who have significant barriers to accessing health care within the Indian Health Service (IHS) system
- Homelessness
 - Define the population
 - Housing and Urban Development (HUD) definition

Gain trust by *really* getting to know the relatives

- Historical trauma, intergenerational trauma, unresolved grief, lateral aggression, ongoing racism, poverty, social/political determinants of health
- Be Consistent

Next steps

- Sustainability, toolkit, growth, substance abuse-Medical assisted treatment (MAT)

Background: Street Medicine

The model of Street Medicine is attributed to Dr. Jim Withers.

- 1980s, started going out into the streets of Pittsburgh to care for rough sleepers and those experiencing homelessness.
- Reality based care
- Truly Patient-Centered

Built on trust and recognition of our patients as human beings with the same needs as all of us

- Love and connection in addition to food, shelter, safety.

Dr. Jim Withers, TEDxPittsburg



Sih Hasin Street Medicine: How it all began

As an Emergency physician, I have seen patients experiencing homelessness throughout my career.

The care we provide through the Emergency Department (ED) does not address the true needs of this patient population

- We “treat and street” and they often return to the ED, sometimes multiple times a day.

We are not made to deliver primary care

- 10-20% of the population of those experiencing homelessness use the ED as their only source of healthcare and in one study, 40% had used the ED in the past year, 3x higher than the average person. (*Morris, et al.*)

Early Pandemic

As the Emergency medicine director, I was concerned about this population being further marginalized by the pandemic.

People experiencing homelessness have an average mortality rate 30 years lower than housed counterparts. **Before** COVID-19. (*Barrow, et al.*)

Dr. Chris Percy (Community Health Director) and Aimee McGilbert (Public Health Nursing and former EMT) were interested in making sure our unsheltered population were being cared for.

- He started seeking out this population and testing them as soon as tests were available
 - Transporting to hotels for isolation, following up, etc.
- Vaccines as soon as those became available were given.
- They found a population who was welcoming and happy to see them.

How I became involved. . .

Dr. Percy invited me to design a program based on needs seen in the community.

Spent weeks meeting community partners to determine gaps in need, attitudes towards this type of program from community and patient perspectives.

Defined priority group

- “Homeless”
- Navajo words for “homelessness”

Adopted a model for healthcare delivery

- Paramedicine
 - Emergency Medical System (EMS) run by Navajo Tribe, not IHS.
- But in doing further research, the model that seemed to lend itself best is Street Medicine.

How is Homelessness Defined?

Category 1	<p>Literally homeless individuals/families</p> <p>Individuals and families who lack a fixed, regular, and adequate nighttime residence, which includes one of the following:</p> <ul style="list-style-type: none">• Place not meant for human habitation• Living in a shelter (Emergency shelter, hotel/motel paid by government or charitable organization)• Exiting an institution (where they resided for 90 days or less AND were residing in emergency shelter or place not meant for human habitation immediately before entering institution)
Category 2	<p>Individuals/families who will imminently (within 14 days) lose their primary nighttime residence, which includes ALL of the following:</p> <ul style="list-style-type: none">• Have no subsequent residence identified AND• Lack the resources or support networks needed to obtain other permanent housing
Category 3	<p>Unaccompanied youth (under 25 years of age) or families with children/youth who meet the homeless definition under another federal statute and includes ALL of the following:</p> <ul style="list-style-type: none">• Have not had lease, ownership interest, or occupancy agreement in permanent housing at any time during last 60 days• Have experienced two or more moves during last 60 days• Can be expected to continue in such status for an extended period of time because of: chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect) OR presence of a child or youth with a disability, OR two or more barriers to employment
Category 4	<p>Individuals/families fleeing or attempting to flee domestic violence, dating violence, violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member and includes ALL of the following:</p> <ul style="list-style-type: none">• have no identified residence, resources or support networks• Lack the resources and support networks needed to obtain other permanent housing

Homelessness on the Reservation?

As an outsider, I needed to get input on this term to better define the program.

Some words associated with homelessness in Navajo:

- Agloni
 - People who drink alcohol
- Ní daa Jeeh eegíí
 - People who walk around
- Na al jeedé
 - People with backpacks

People told us, “Everyone has relatives, a family. . .”

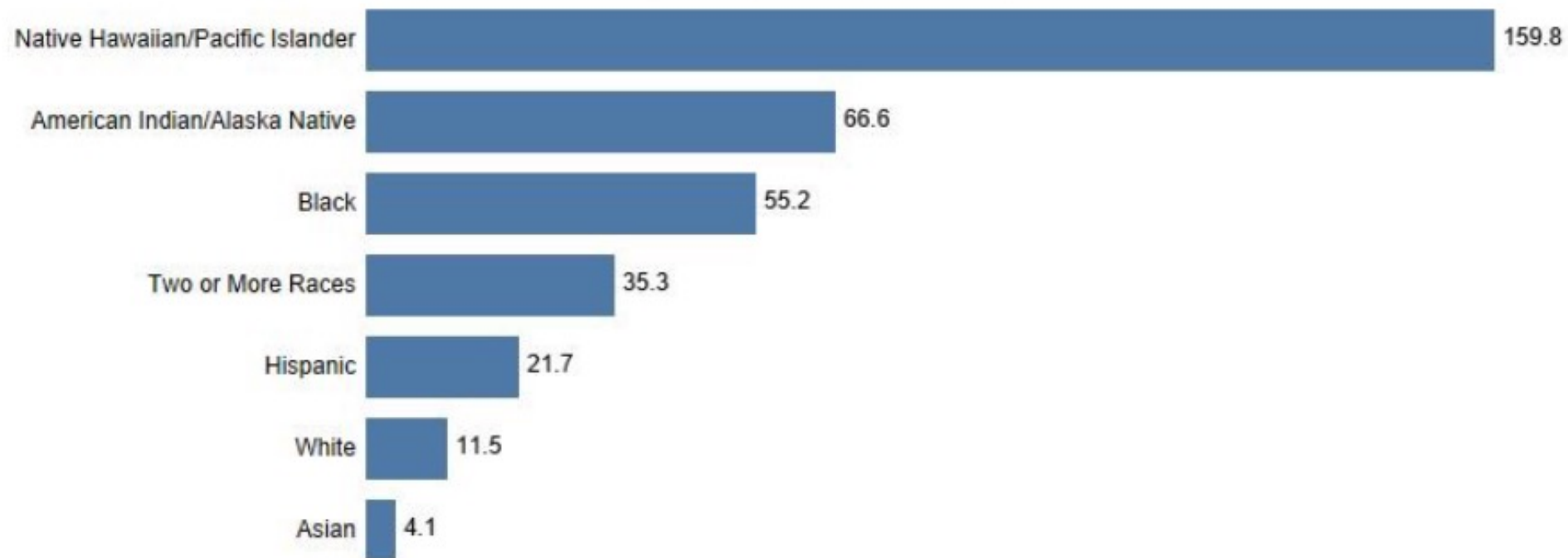
- But many are not allowed back home because of substance use

We settled on “our relatives” or “our relatives that don’t have stable housing right now.”

Though only 1.2 percent of the national population self-identifies as AI/AN (Census Bureau, 2013), 4% of all sheltered homeless persons, 4% of all sheltered homeless individuals, and 4.8% of all sheltered homeless families self-identify as Native American or Alaska Native (HUD, 2012).

Most Minority Groups Experience Homelessness at Much Higher Rates than Whites

Number of people experiencing homelessness per 10,000 in population by race and ethnicity



Homeless population data are for a given night in 2019.
Source: *Annual Homeless Assessment Report Report to Congress, Part 1, 2020*



Native Americans are 4 times more likely to experience homelessness compared to whites.

Data for homelessness grossly underestimates real life

Point in Time (PIT) Count

- Coldest night of the year is the only day counted to ascertain data

Poor or no statistics on homelessness in Shiprock area.

- PIT count rarely happens
- More complex than the HUD definition
 - Many live in multi-family homes and float between homes.
 - Some come to border towns or big towns to drink with other friends on the street
- Are we imposing a definition that doesn't belong?
 - Conclusion: we serve any person who feels their healthcare needs are not being met and seek care from us on Street Medicine.

Street Medicine-Rez Style

Now that we have our priority group defined. . .

And after researching many different urban programs and speaking to the folks who run them:

- Sih Hasin was born from pieces of these programs, with a distinct reservation style
- Sih Hasin is multidisciplinary
 - Each member is valued for their skills-community liaison, physician, nurse, social work, mental health and traditional healer
 - Important to have Diné Speakers
 - Resist the urge to make it perfect-just get out there!

First clinic: Lessons Learned

- Basha's parking lot in Shiprock, NM
- Set up tent, tables, chairs, food-Posole and rolls
- Made questionnaires



General clinic flow

Load GSA vehicle-currently using Ford Expedition

- Medical supplies, donations, vaccines, etc.

Pick up Burritos/pickles/water/electrolyte solution

Go to Basha's parking lot (or wherever most relatives are seen regularly)

Make the rounds

- This includes broken down cars, abandoned trailers, families referred from the HOPE program
- Meet expressed need as much as possible at every encounter

Return to the hospital for documentation

- Green book, consent forms, etc.

Nuts and Bolts

- Bring minimum to make the biggest impact-Be nimble
- Backpacks
- Pharmacy
- COVID testing/vaccinations
- HIV/Syphilis testing
- Lab draws
- HCG
- Grow organically, based on expressed needs
 - Canes, wheelchairs, bring meds to patients at their request

Shiprock Rounds

Started October 5, 2021.

Every Tuesday from 10-2.

Seeing close to 200 relatives in Shiprock.

Students and Residents have been included since the beginning

- Access is limited to decrease possibility of medical tourism.

In Winter months, also worked with The Four Corners Native American Ministry to open a seasonal shelter- HOGHAN

- Home of Gratitude, Healing and Nuture
- Plan to open for winter months- Oct 15-April 15 every year

Farmington Rounds

Started January 20, 2022.

Starts at 10am in Harvest of Hope. A community partner who provides Mental health counselors, Social workers, adult and parenting classes, literacy classes, meals, clothing, etc.

From there we travel all over the city of Farmington until 2 or 3pm

380 relatives seen so far. . . Sometimes starting as early as 6 am

Have worked to partner with San Juan Regional Medical Center

- Provide seamless care for IHS beneficiaries and everyone else too
- Improve follow up and communication with the SJRMC system



Backpacks and Duffels

Pharmacy bag

Most common complaints from the ER in people experiencing homelessness

- Cellulitis/Abscess
- Dog bites
- Fight bites
- STIs, syphilis
- Aches and pains
- Withdrawals
- MAT and harm reduction

Based on these cc:

- Cefadroxil/doxycycline
- Augmentin
- Ceftriaxone-500mg and 1g versions
- Bicillin 2.4 million units
- Tylenol/Ibuprofen
- Naltrexone
- Naloxone
- Note: dosing regimens-least per day

Gaining trust

Most people in the community of people experiencing homelessness

- Feel marginalized. Reasons are many and complex.
 - LGBTQAi +
 - Mental Health
 - Substance use

This venue has greater potential to address issues of health Equity

- Overcoming barriers to care
- Showing our Love and Care for each individual
 - Using everyone's first name, "Servants posture," offering food, water, comfort

Maslow's Hierarchy of Needs



verywell
Abraham Maslow first introduced the concept of a hierarchy of needs in his 1943 paper, titled "A Theory of Human Motivation"

More than meeting needs

Gaining trust

- Showing up every week at the same time and same places
- Remembering stories shared with the team
- Remember names, faces, details
 - Goes a long long way
- May take years- Be Patient

Be aware of context

- Historical trauma
- Intergenerational trauma
- Social and Political determinants of health

Let the patient direct their care and tell you what they need.



Servants Posture

Sih Hasin Street Medicine





Next steps

Plan to expand into Cortez, CO

- Homeless population is largely Native American
 - ½ Ute and ½ Navajo
- Plan to meet with community partners to engage the non-IHS hospital in the area: Southwest Memorial Hospital and Towaoc IHS

Substance abuse assistance is difficult to access, planning to find ways to bring this out to the relatives

- Grief sharing circle
- Substance counselors and Traditional healer have come out with us
- MAT-as requested by patients

Toolkit- hope to spread Street Medicine all over Navajo Nation, other reservations and other rural locations-It's not just for city folk

References

1. US Department of Housing and Urban Development. "Definition of Homelessness." <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule>. HUD Exchange Nov 2011. Accessed July 7, 2022.
2. Linn A. "A forgotten health crisis on Navajo Lands." <https://centerforhealthjournalism.org/2018/07/08/forgotten-health-crisis-navajo-lands>. Center for health Journalism, USC. July 24, 2018.
3. Barrow SM, Herman DB, Cordova P. Mortality among homeless shelter residents in New York City. *Am J Public Health* 1999;529-34.
4. Feldman B, Calogero C, Elsayed K. Prevalence of Homelessness in the Emergency Department Setting. *West J Emerg Med*. 2017 April; 18(3) 366-72.
5. Withers J. "The Street Medicine Movement." <https://youtu.be/0yZ-IHWLm20> TEDxPittsburgh. July 20, 2015.
6. Morris D, Gordon J. The Role of the Emergency Department in the Care of Homeless and Disadvantaged Populations. *Emerg Med Clin N Am*. 24(2006) 839-48.
7. HUD defines "sheltered homeless persons" as all persons residing in emergency shelter or transitional housing. HUD defines "sheltered homeless individuals" as a subset of "sheltered homeless persons," which includes homeless persons who are homeless as individuals rather than members of a family household. Disaggregated data for unsheltered homeless American Indians and Alaska Natives (AI/AN) are not available from the HUD Point-in-Time count (HUD, 2010).

