



INTRODUCTION

Growing Presence of Street Medicine Programs (SMPs): Despite the increasing number of SMPs, few studies have described their operations, including clinical services, curricula, and funding models.¹

Study Objective: Conduct a mixed-methods survey to identify and assess SMP operations across the eight states bordering the Great Lakes.

Rationale for Region Selection:

- Encompasses diverse urban, suburban, and rural communities.
- Anecdotal evidence suggests the presence of multiple SMPs in this area.
- Includes authors' home state (MI) and the 1992 birthplace of Street Medicine (PA).²⁻³

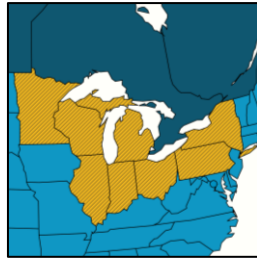


Figure 1. Survey area. ■

METHODS

Program Identification

- SMPs identified via Street Medicine Institute (SMI) program directory, Google search, author contacts, and snowball sampling.
- Inclusion criteria: Programs must practice Street Medicine for rough-sleeping patients, per SMI definition.

Survey Design & Administration

- IRB-exempt mixed-methods REDCap survey developed with biostatistical support and pretested via cognitive interviews with SMP medical directors outside of the study region.
- Distributed to SMP medical directors in eight Great Lakes states (IL, IN, OH, MI, MN, PA, NY, WI) with \$35 Amazon gift card for survey completion.
- Data collection period: February 2023 – February 2024

Data Analysis

- Quantitative data were analyzed using Microsoft Excel, whereas qualitative responses underwent thematic analysis.
- Researchers were blinded to program identities during analysis.

RESULTS

Respondents (21/30 SMPs) were analyzed across 6 broad domains: academic affiliations, services, demographics, settings, personnel & funding.

Figure 2. Key operational characteristics.

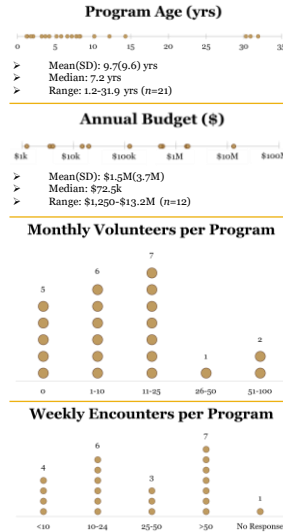


Table 1. Availability (%) of patient service offerings.

Prescription Medication Services	
COPD / Asthma Medication	81%
Medication for Opioid Use Disorder	43%
Insulin	38%
Medication for Alcohol Use Disorder	33%
Medication for Methamphetamine Use Disorder / Long-Acting Injectable Antipsychotics /ART	19%
Pre-Exposure Prophylaxis	10%
Injectable Contraceptives / TB Treatment (active or latent)	0%
Outpatient Services	
Wound Care	100%
Acute Conditions	100%
Chronic Conditions	86-90%
Point-of-Care Testing	71%
Preventative Care	67%
Harm Reduction	48%
Prenatal Care	43%
Telephone Triage	33%
Point-of-Care Ultrasound	33%
Phlebotomy	29%
Hospital Services	
Perform post-discharge follow-up	67%
Consult own patients in hospital	52%
Follow own patients in hospital	38%
Admit own patients to hospital	14%
Care Partner Services	
Housing	100%
Harm Reduction	95%
Mental Health	76%
Food / Transportation	62%
Legal Aid / Mail Services	29%
Laundry Services	24%

REFERENCES

- Feldman BJ, Feldman CT, Coulourides Kogan A, Saluja S, Cousineau M. The California Street Medicine Landscape Survey and Report. California Health Care Foundation. 2023:1-59.
- Street Medicine Institute Member Directory. Accessed March 1, 2022.
- Withers J. Street Medicine: An Example of Reality-Based Health Care. J Health Care Poor Underserved. 2011;22(1):1-4. PMID: 21317502.
- Wedel M. (2022, November 3). Kalamazoo's unsheltered say Street Medicine Kalamazoo is an organization that works for them. Southwest Michigan's Second Wave.

Trainees & Curriculum

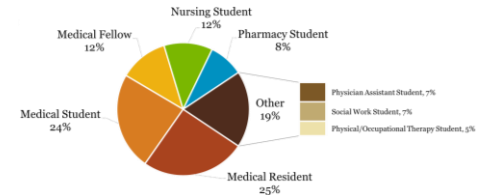


Figure 3. Relative trainee representation among SMPs with trainees (n=19).

CONCLUSION

30+ Years of Progress:

- Since its establishment in 1992, Street Medicine now commands a global presence with programs in over 122 cities in 29 countries on 6 continents.⁴

Applications in Medical Training:

- SMPs provide a uniquely interprofessional learning environment. With growing focus on health equity in medical education, SMPs are emerging as a valuable learning tool.

The Future of Funding?

- Private donations and grants remain the dominant funding source. To advance public health and expand medical access to underserved communities, there is a critical need to explore sustainable funding solutions.

Targeted Care:

- SMPs provide a diverse range of services alongside community care partners to tailor to unique patient population.

Future Directions:

- Structured interviews to further explore SMI educational and service missions.
- Expand to larger geographical region for broader data collection.

- Strengths:** 70% response rate; all SMPs practice via SMI definition; diverse program representation; easily replicated; opportunities for longitudinal follow-up.

- Limitations:** Selection bias; self-reported data; unmeasured external factors; lack of outcomes data; limited generalizability beyond survey area.

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