



Serving the impoverished and homeless since 1981 www.hotelincbg.com

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Presentation information in collaboration with the Street Medicine Institute, Operation Safety Net. Slides used with permission from Dr. Jim Withers, founder of OSN and co-founder of ISMI. Dr. Pat Perri, Co-Founder of Street Medicine Institute



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Who is homeless in Warren County/Bowling Green?  
 Why are they homeless?  
 How old are they?  
 What is the current economy like for majority of citizens in Bowling Green?  
 How do you navigate community resources?  
 What if I have a felony or am a sex offender?  
 Are there special circumstances for housing for elderly, disabled or people who are sick with cancer? If so what are they?  
 What is the average age of death on the streets?  
 What happens to people who are mentally ill and live outside?  
 What role does the police department play with people who are experiencing homelessness or hunger?  
 What is affordable housing?  
 If I become homeless today how long might it take for me to have my own place again?  
 What do I not know about homelessness that I need to?

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Who are the homeless?

- McKinney-Vento Homeless Assistance Act of 1987 defined homelessness as:
  - Any individual who "lacks a fixed, regular, and adequate nighttime residence"
    - Living in emergency shelters
    - Sleeping on the streets, under bridges, abandoned buildings, in tents, etc.
    - Transitionally housed: drug/alcohol treatment programs, respite, motels, jails, or hospitals

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### Who are the homeless?

- In 2009, HUD expanded this definition to include individuals and families at imminent risk of homelessness or unstably housed
  - Families with children at risk of losing primary residence in next 14 days
  - Individuals “doubling-up” with friends/relatives
  - Individuals/families fleeing domestic violence

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### Causes of Homelessness

- Lack of affordable housing
  - In 2018, there is no where in the U.S. where a full-time worker earning minimum wage could afford a 1BR apartment at federal Fair Market Rent standard
  - A Full time employee would have to earn \$14.94 an hour to afford a 2 bd rental in Bowling Green KY and all basic needs.
  - To find out specifics for your community visit the HUD Out of Reach Report.

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### Causes of Homelessness (cont.)

- |   |                              |
|---|------------------------------|
| • Mental illness                        | • Underemployed/Unemployment |
| • Substance use/addiction               | • Foreclosure/eviction       |
| • Physical disability/chronic illness   | • Fire/disaster              |
| • Domestic violence/Relationship change | • Prison re-entry            |
|   | • Rent Burdened              |

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Transient vs. Chronic Homelessness

- 80% have duration of homelessness of one month or less
  - Utilizing one third of the system's resources
- 10% remain homeless for more than six months
  - Utilizing over half of the system's resources

National Alliance to End Homelessness, 2010

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The Reality of Homelessness

- Lack of consistent bed
- Lack of daytime dwelling/shelter
- Exposure to elements
- Lack of food choices
- Limited monetary resources
- Limited access to public BR
- Limited access to telephone, mail
- Lack of storage (e.g. locker, refrigerator)
- Safety concerns
- Social isolation

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Why a Street Medicine program?

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Assessing your community:

Who is doing what? Where are the gaps? Who can you collaborate with? What is the level of commitment? What is the level of training? Are outreach workers/groups working to end homelessness or provide basic needs? Or both?

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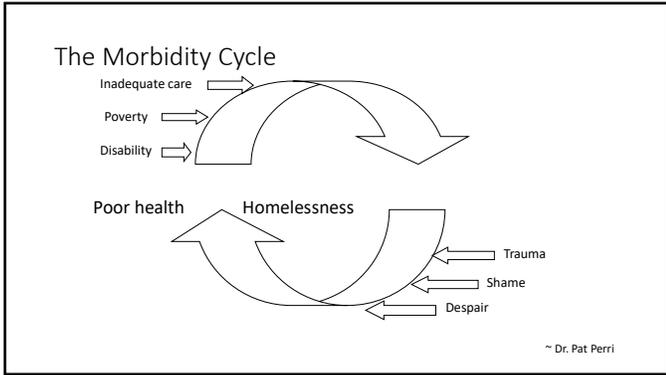
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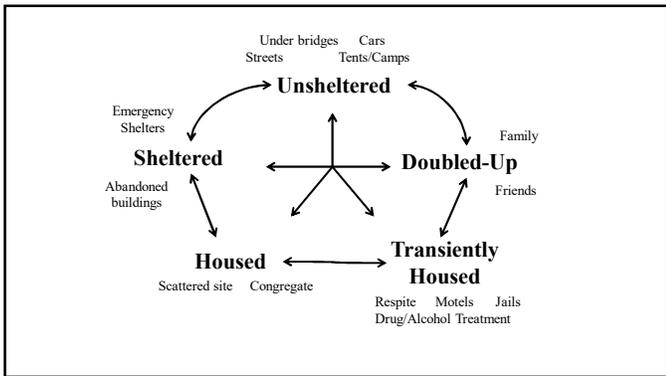
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### Thought Experiment

What happens when **you** get sick?

- Where do you go?
- Who helps you?
- How do you find comfort?
- What will you do if you get sicker?
- What about school/work?

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### Challenges

- Chronic conditions difficult to treat without adequate housing
- Problems present in advanced stages
- Minimal preventive care
  - Patient priorities are on food, shelter, clothing, safety (i.e. survival) more so than health status, except when the latter acutely prevents obtaining the former
- Daily challenges to maintain good nutrition, personal hygiene, basic first aid
- Fragmented and ineffective health care

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### Homeless Health and Nutrition

The National Health Care for the Homeless Council (NHCHC) in Nashville, Tennessee, found that on an average day 32 percent of homeless people surveyed did not eat any dairy products, 36 percent did not have any vegetables and 77 percent did not consume fruit.

"Malnutrition can lead to a variety of health problems," said Caroline Grumpenberger, NHCHC Director of Education. "Homeless populations tend to see especially high prevalence of anemia due to iron deficiency, hypertension or cardiovascular disease due to high fat and high salt or low nutrient diets and particularly high vulnerability to infection and injury due to weakened immune systems."

Grumpenberger added that malnourished children are also at risk for stunted physical and cognitive development.

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Paul Leon, CEO and President of the Illumination Foundation – an Irvine-based nonprofit that since 2007 has provided a range of homeless services in Orange County, LA and Riverside – said that nutritional deficiencies are not only extremely common, but they also play a major role in reducing life expectancy. “The lifespan of our homeless clients is 50 years of age, 33 years younger than that of the general population,” Leon said “Our clients suffer from chronic medical illness that leads to premature death. Congestive heart failure, diabetes and trauma are our clients’ major diagnoses.”  
 Malnutrition and obesity are common among homeless clients due to diet, he said. “They do have food. But the availability of food most of the time is high in carbohydrates, high in fat, low in protein. It’s cheap, easy food that they can get a hold of.”

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HOTEL INC Street Medicine Mission

*As long as there are people sleeping on our streets, in cars, under our bridges and along our river, HOTEL INC’s Street Medicine teams will provide health care and services that are tailored to meet their reality.*

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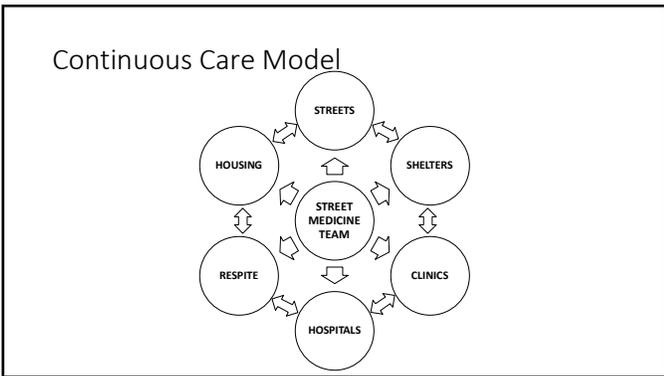
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Housing



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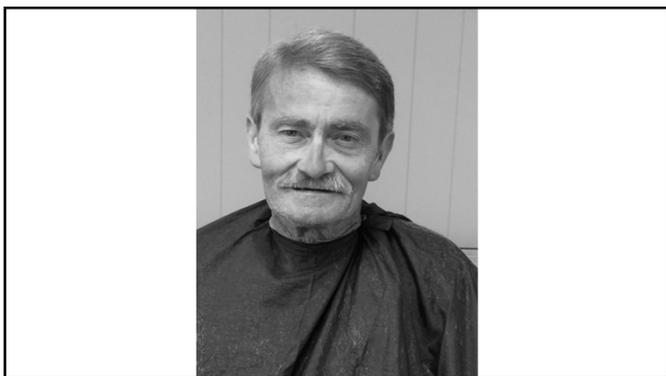
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Elvis, age 55  
 Lived in his car for 4 years  
 Had not seen a doctor since he was 7, Dentist since he was a teenager and had not had an eye exam in over 20 years.  
 He obtained health insurance, a primary care physician, received treatment for hypertension, work with case management on social skills and applied for SSI.  
 Most importantly he moved into his home! Elvis' journey with us didn't end when he moved into his home.

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Street Medicine Programs  
 Stages of Development

~ Street Medicine Institute

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Stage I Program

- Grassroots
- Ongoing street outreach
- Intense learning phase/Needs assessments
- Establish identity/build trust
- Basic records and follow-up plans
- "Robin Hood"

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Stage II

- Centralized organization – regular staff
- Social Workers
- Improved records system
- Higher community profile
- Funding/ Grant writing
- Collaborative specialist services
- Follow-up systems
- "Transitional Primary Care" – critical strength to be dependable

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Stage III

- Multidisciplinary care
- 24/7 coverage/continuity of care
- Consult services etc.
- Regional/national service learning
- Housing/legal/higher levels of service
- Advocacy/research
- Integrated "Medical Home"

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**Vision**

*Every rough sleeping person possible will have direct access to reality-based health care (street medicine)*

*Every health science school will have a "classroom of the streets"*

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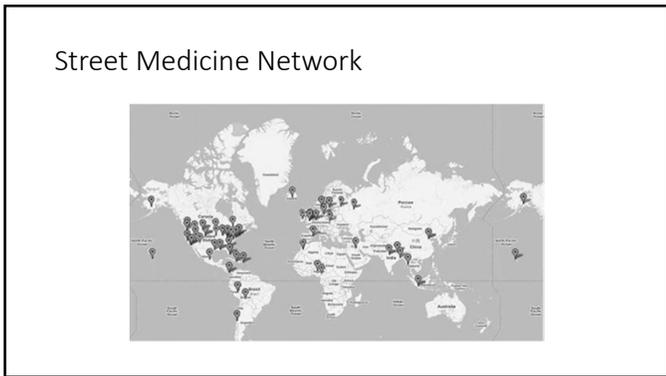
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[www.streetmedicine.org](http://www.streetmedicine.org)



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HOTEL INC's Homeless Outreach and  
Street Medicine programs are  
funded in part by a grant  
from



Good Samaritan Foundation of Kentucky

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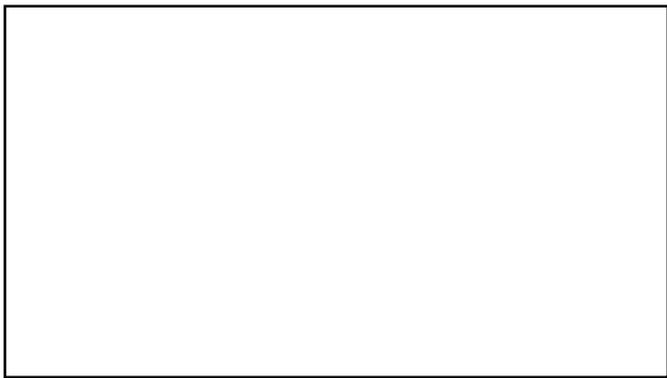
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