

Evidence-Based Business Plan For Expansion of the CU Street Medicine Team

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Background

- There are approximately 550,000 persons experiencing homelessness (PEH) daily in the United States, 6,900 in the Denver Metro area.⁵
- PEH face a tremendous burden of disease with high rates of chronic and communicable disease, substance use disorders, and mental health conditions combining to contribute to a 20-30 year reduction in life expectancy.^{1,3}
- Simultaneously, this population struggles to access necessary preventative and acute care in the setting of a multitude of barriers ranging from transportation issues to communication challenges to significant provider bias.^{2,6}
- Street Medicine has emerged as a targeted solution to improve access to and quality of care for this population by meeting patients in their own space, on their own terms.⁷
- Today over 30 student-run Street Medicine teams operate across the United States, including CU Street Medicine since 2021.⁴

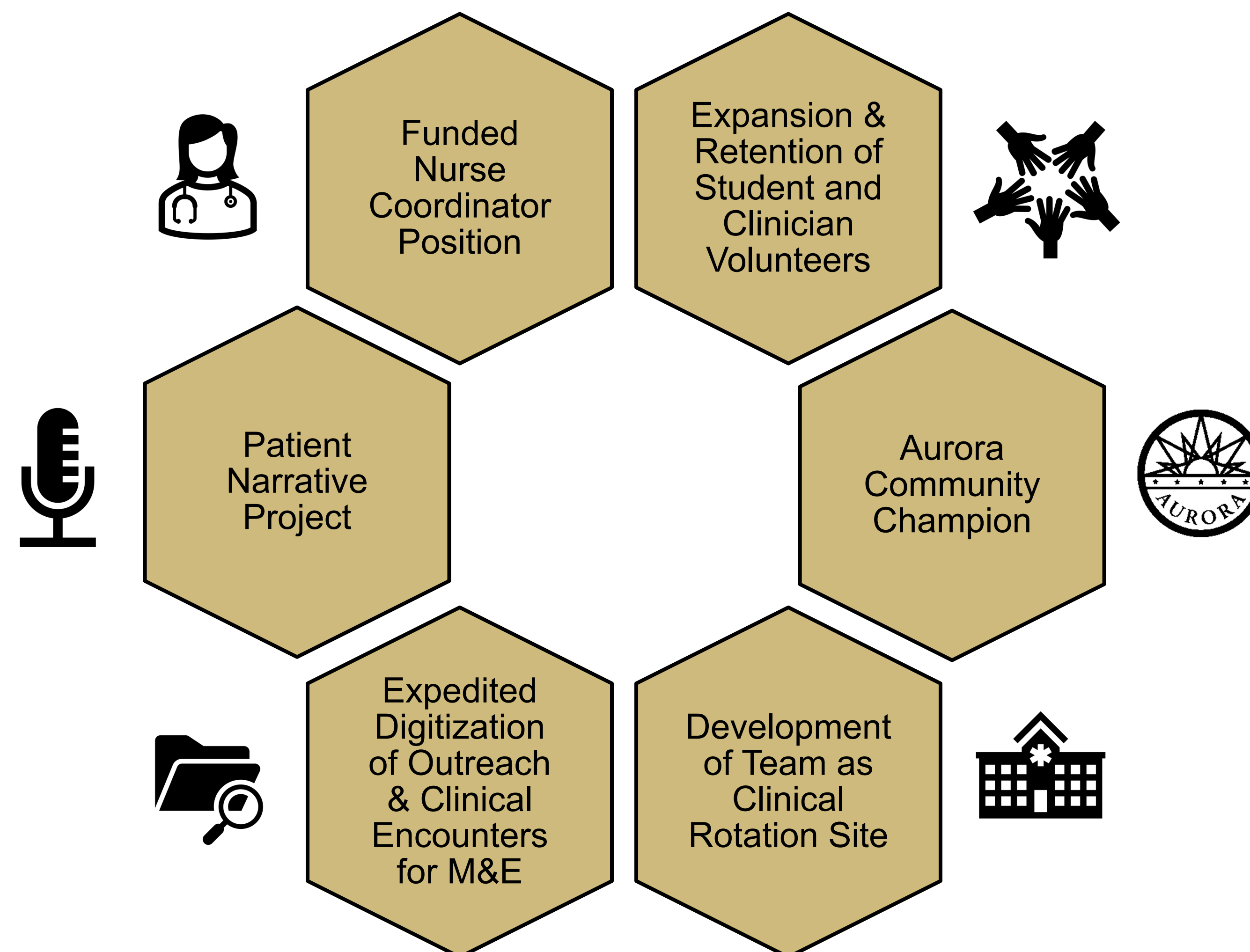
Current Operations

- Triweekly non-medical outreach with Commerce City and City of Thornton outreach staff.
- Biweekly medical outreach events and all clinical care in partnership with YHC Free Clinic.
- 2022 Statistics: 38 clinicians and health professional students volunteered 611 hours across 85 medical and non-medical outreaches.
- Challenges: volunteer recruitment and retention with operational hours, independent 501(c)(3) required for clinical operations given malpractice insurance concerns, no primary partner in Aurora, lack of easily available clinical and non-clinical data for potential funders.

Methods

- Available literature on Street Medicine, disease burden/health care access/costs for PEH, and PEH-centered health professional student education curricula was queried via PubMed.
- Street Medicine Institute best practices guidelines and Denver Point in Time Survey data were reviewed.
- Structured interviews with leaders from the University of Southern California Street Medicine and University of Pittsburgh Medical Center Street Medicine Teams were conducted.
- Expert opinion for business plan structure was provided by faculty mentor Scott Harpin, PhD, MPH, RN.

Recommendations



Conclusions

- A significant need for innovative approaches to health care for PEH exists in the Denver Metro community, particularly in the communities surrounding the CU Anschutz Medical Campus.
- CU Street Medicine has established the programmatic structure, community partnerships, and framework for expansion necessary to become a sustainable source of care for PEH in this community.
- Next Steps: this business plan will form the framework of future grant applications and institutional funding requests.

References

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Contributions

- This project builds on the work of Rebecca Henkind (CUSOM 2024) and Kiera Connelly (CUCON 2022). Their contributions are essential to the organization; the narrative, sources, and data discussed here are unique to this author.