A Community-Based Evaluation of an Educational Wound Care Program

for People Experiencing Homelessness

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Abstract

People experiencing homelessness are disproportionately impacted by complications of skin and soft tissue conditions. A nonprofit street medicine organization developed a program of educational workshops seeking to enhance the informal care of skin and soft tissue conditions employed by people experiencing homelessness. This paper describes an evaluation of this program through written surveys and feedback sessions with people experiencing homelessness who attended these workshops. This evaluation aims to identify recommendations for program improvements and understand the experience and impacts of workshops. Additionally, this project included an assessment of the effectiveness of these and other methods for engagement among people experiencing homelessness to inform future work. Findings suggest that brief, interactive workshops occurring regularly at locations where people experiencing homelessness spend time can aid in the exchange of clinical and community knowledge and promote health across dermatological and other issues. Participants endorsed the effectiveness and feasibility of engagement in program design and service improvements through in-person, written, and phone consultations. Further evaluation of engagement strategies among unsheltered people experiencing homelessness is needed.

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As of January 2020, an estimated 14,655 people were experiencing homelessness in Oregon (Henry et al., 2021). Among the conditions exacerbated by inadequate access to resources and the multiple marginalizations common to this population, skin and soft tissue conditions (SSTCs) are especially prevalent (Adly et al., 2021; Coates et al., 2020; Zakaria et al., 2022). Preventable complications of SSTCs contribute to significant rates of morbidity and mortality among people experiencing homelessness (PEH) (Adly et al., 2021; Miler et al., 2021).

According to the Oregon Health Authority Public Health Division (2019), rates of skin and soft tissue infection are on the rise in parallel with the syndemic of homelessness and injection drug use. Hospitalizations for injection-related bacterial infections, commonly of the skin and soft tissues, showed a five-fold increase in admissions from 2008 to 2015. Associated costs rose from nearly $70 million in 2008 to over $215 million in 2015 (Capizzi et al., 2018; Oregon Health Authority [OHA] Public Health Division, 2019).

A street medicine organization working with PEH in an urban center of Oregon found that SSTCs were involved in approximately 60% of all visits. However, the profound impacts of social exclusion and the experience of stigma lead many PEH to utilize formal healthcare services as a last resort (Adly et al., 2021; Miler et al., 2021; Parsell et al., 2018). As a result, PEH care for themselves and each other within informal care networks.

This street medicine organization piloted an educational program to share information, resources, and supplies in workshops with individuals living in shelters and encampments to enhance existing practices of informal community care. This paper describes the evaluation of this educational program through stakeholder feedback and their recommendations for improvement.

Available Knowledge

Overcrowded living conditions; lack of access to adequate nutrition, running water, safe places to sleep, laundry facilities, and privacy; and exposure to environmental elements, interpersonal and structural violence contribute to adverse health outcomes among PEH (Adly et al., 2021; Coates et al., 2020; Magwood et al., 2019; Miler et al., 2021; Mullins et al., 2022; Zakaria et al., 2022).

Given the unique features of living without housing and the magnitude of morbidity and mortality disproportionately impacting this population, their guidance and leadership are vital to improving health services (Adly et al., 2021; Goedhart et al., 2021; Miler et al., 2021; Shoemaker et al., 2020). While patient-centered care requires input from program participants (Agency for Healthcare Research and Quality, 2020; Baines & de Bere, 2018), few methods for engagement are tailored to stakeholders experiencing homelessness (Goedhart et al., 2021).

Findings suggest that barriers to engagement among PEH can include competing priorities when time is needed to address activities fundamental to survival, such as accessing food, water, or shelter (Adly et al., 2021). Barriers to engagement are further exacerbated by stigma and intersectional exclusion from society (Aldridge et al., 2018; Luchenski et al., 2018; Magwood et al., 2020; Maness & Khan, 2014; Tweed et al., 2021).

 Successful models of engagement seek to address structural inequities through collaboration with marginalized communities (Dickson et al., 2020; Drahota et al., 2016; Franco et al., 2021; Kwon et al., 2018; Oetzel et al., 2018). The outcomes of studies engaging marginalized populations have been enhanced by trust, mutuality, non-hierarchy, and a shared vision for growth in the community among research collaborators (Belone et al., 2016; Drahota et al. 2016; Dickson et al., 2020; Gilfoyle et al., 2020; Oetzel et al., 2018).

Rationale

This project was guided by Community Based Participatory Research (CBPR), a theoretical framework that integrates these principles and aims to address many of these barriers to engagement. It is particularly suitable for engaging underserved populations as it can

mitigate the risk of further marginalization by integrating perspectives from those who have experienced trauma and challenge the stigma often reproduced by research (Afifi et al., 2020; Ashford et al., 2020; Belone et al., 2016; Damon et al., 2017; Dickson et al., 2020; Drahota et al., 2016; Kwon et al., 2018; Oetzel et al., 2018).

Using a collaborative approach, CBPR elevates stakeholder strengths, skills, and lived experience (Dickson et al., 2020; Drahota et al., 2016; Kwon et al., 2018; Oetzel et al., 2018). Key features to promote inclusivity include the use of accessible language, research settings that are convenient for participants, and investment in respectful relationship building (McElfish et al., 2020, Selseng et al., 2021).

These elements informed the development of evaluation materials and provided the foundation for a relational approach to the implementation of written surveys and feedback sessions, which were conducted by invitation at locations where participants lived and gathered.

Specific Aims

The primary aim of this project was to elicit recommendations for program improvements from workshop participants experiencing homelessness by inviting each participant of workshops held between November 2022 and January 2023 to complete a written survey and holding feedback sessions with participants at each of the six sites where workshops had occurred facilitated by this author before February 2023. The secondary aim was to evaluate participants' experience of the workshops and their impact on health behaviors. The project included a meta-evaluation to assess the effectiveness of these methods for participant engagement in program design and improvement.

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Methods

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Context

This paper describes the evaluation of an existing pilot program that was reviewed by the Kaiser Permanente Institutional Review Board and initially funded by NW Global Permanente. The pilot emerged in response to an urgent state of SSTCs seen at the street level

to address common dermatological concerns, enhance the care employed by PEH, prevent SSTC complications, and ultimately improve outcomes.

A nurse and illustrator led the development of image-centered, evidence-based materials to support workshop delivery where information and wound care supplies were provided at sites across the urban center (Bamford et al., 2019; Godfrey et al., 2010; McCarthy et al., 2012; Paudyal et al., 2020; Robinowitz et al., 2014; Smith et al., 2015).

Small SSTC teams held workshops and maintained the stock of skin care and dressing supplies at workshop sites, which provided opportunities to sustain relationships and follow up on concerns. Preliminary evaluations of the pilot program included an assessment of confidence in wound care before and after workshops, which was recorded by a scribe whenever possible.

Community partnerships with local service providers included city and county-sanctioned encampments, local overnight shelters, a harm reduction organization conducting a syringe exchange, churches offering services to PEH, and a nonprofit café and newspaper, each operated in part by people with lived experience of homelessness. A data team was formed by this author, a doctoral nursing student, and the program director of the organization.

Interventions

Interventions for this project included the design, implementation, and analysis of written surveys and feedback sessions among SSTC workshop participants experiencing homelessness. Recruitment criteria for participation in these interventions were defined as adults over 18 years who spoke English, experienced homelessness, and attended at least one SSTC workshop. Analysis also included preliminary data assessing confidence in wound care.

Written surveys were developed in collaboration with the SSTC program management team with input from people with lived experience of homelessness and workshop facilitators. Surveys included evaluation of the experience of workshops, the impact of workshops on health behaviors, recommendations for program improvement, and preferred methods for involvement in service improvement and design (See Appendix A). The REAL-D form was utilized to collect

demographic information, which was then de-identified with data entry. All entries were optional and questions included yes/no, Likert scale, and open-ended responses.

Feedback sessions included focus groups and semi-structured interviews. Sessions were similarly framed around the experiences and perceived effects of workshops, recommendations for program design, and identification of accessible methods for engagement in service improvement. This author coordinated scheduling, posted printed fliers at partner sites, and facilitated recorded discussions at predetermined times with food and compensation. Participants were offered $40/hour in cash for their time consulting, which was made possible by an equity and inclusion grant through a state coordinated care organization (CCO).

Interventions were implemented from December 2022 to January 2023 at sites where workshops were held including an overnight shelter, sanctioned encampments, and partner organizations where predominantly unsheltered persons were accessing services. Workshop attendees were offered the option to fill out a written survey or participate in a paid feedback session. Support was provided for reading, writing, and comprehension of printed materials and written surveys as requested.

Study of the Interventions

De-identified data from pre- and post-workshop assessments, written surveys, and feedback sessions were collated in Microsoft Office. Findings from surveys and discussions were subjected to thematic analysis.

Measures

The primary aim of this project was measured through the analysis of participant feedback related to the structure of the workshops and recommendations for program improvement. Written survey questions related to workshop structure included Likert scales evaluating the time, location, materials, facilitators, and accompanying supplies. Both written surveys and feedback sessions included open-ended inquiries into what participants liked most and least about the workshops and how the program could be improved (see Appendix A).

Additional aims were measured by collating the perceived impacts of SSTC education workshops on health behaviors, including confidence in identifying and addressing various stages of care for skin and soft tissue infections, foot conditions, skin injuries, and infestations. Further measures included the likelihood that participants would change their behaviors around self-care and engagement in formal health systems. Accuracy was enhanced by methodological consistency and data cross-checking among the data team members.

Analysis

Quantitative data from pre- and post-workshop assessments were graphed to visualize the potential relationship between workshop attendance and participant confidence in wound care. Survey findings were collated and graphed to visualize and identify patterns using Microsoft Forms and Excel. Audio recordings of feedback sessions were summarized in tables using Microsoft Word. Qualitative data from session summaries and open-ended survey responses were reviewed for thematic analysis.

Ethical Considerations

Ethical considerations vital to this project included confidentiality, equity, and just compensation. All participants were informed and verbally consented to engagement. Data was transported securely and de-identified with entry into a password-protected database. Efforts to address barriers to engagement and enhance accessibility included but were not limited to seeking feedback at locations where participants lived or obtained services and providing cash compensation as a reflection of value for time and expertise (Souleymanov et al., 2016).

A formal review of the SSTC workshop program was completed by the Institutional Review Board at Kaiser NW. An additional review of this quality improvement project was conducted by the Institutional Review Board at Oregon Health and Science University. This project was determined not to be research.

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Results

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Results

From June 2021 to February 2023, 64 workshops had been completed. Of those, 18 had collected usable data, including the average number of attendees. Confidence in wound care was assessed from 95 respondents. Written surveys were collected from 11 participants. All survey participants spoke English only, 70% described their ethnicity as European American or "Other White," 40% identified themselves as American Indian or Alaska Native, and 10% identified as Central American, African American, or Middle Eastern, respectively (see Appendix B). Feedback sessions included 22 participants at four of the six intended sites.

Recommendations for program improvement highlighted the importance of consistent facilitators who are relatable and nonjudgmental. Participants advised that workshops should be brief at regular times and locations; rotate with additional topics but remain responsive; include more hands-on practice; and pair with medical care (see Table 1; Appendix C-E). Additionally, outreach and distribution of materials should expand to more unsheltered PEH.

Experiential themes included appreciation for the sense of safety engaging, the relational interaction, the utility of information and supplies, and the accessibility of the format (See Appendix E-F). Participants liked that workshops meet people where they are geographically and through the use of simple language and images. In contrast, some noted that the amount of information was overwhelming. While many appreciated that workshops were held where people stay, some expressed that being outside made it harder to pay attention.

Analysis of the preliminary evaluations assessing participant confidence in wound care before and after workshops suggest a positive association between workshop attendance and increased confidence in performing wound care (see Figure 1, Appendix G). Between 45.5% and 63.6% of participants were likely to change their use of wound care supplies and engagement with formal healthcare following workshops (see Appendix B).

Meta-analysis of these interventions and investigation into other strategies for engagement in program design and improvement suggested that the best ways to engage were one-on-one, in-person conversations or written surveys (see Appendix H). Multiple people noted

the utility of coming to locations where people spend time and the benefits of a nonhierarchical approach to facilitate engagement.

Participation in confidence assessments before and after workshops involved approximately 66% of the total workshop attendees. The 33 participants in written surveys and feedback sessions cannot be compared as a ratio of the number of attendees per workshop due to gaps in data from the initial phases of the pilot program. Unanticipated findings included attitudes toward the healthcare system, whereby participants expressed avoidance of engaging in healthcare because of past and feared experiences of mistreatment (See Appendix I).

Discussion

Summary

The findings of this evaluation suggest that program refinements can focus on consistency and responsiveness. Recommendations pointed to covering more topics at additional locations. Overall, workshop attendees reported a positive experience in their relationship with street medicine team members. Responses indicated that the information included in workshops is impactful and affirmed the outreach format where events are held at sites where PEH spend time. While potentially challenging in highly dynamic contexts, the results of this project illustrate that it is possible and deeply worthwhile to provide meaningful opportunities for PEH to become involved in program evaluation and improvement.

Interpretation

Implementation of written surveys and feedback sessions resulted in valuable engagement in program evaluation among stakeholders experiencing homelessness. Participants provided recommendations for improving educational workshops and affirmed in person and written methods for providing input. Findings will be reported to participants and organizers in March 2023. As a result, programmatic changes will be informed by lived experience and guided by those with insights into what more effective support can look like.

A brief review of the literature suggests that no projects have published results specific to engaging PEH in educational program improvements aimed at enhancing existing practices of informal community health care (Figgatt et al., 2021; Goedhart et al., 2021; Huyck et al., 2020; Jacques-Aviñó et al., 2022; Ozga et al., 2022; Robinowitz et al., 2014). However, multiple studies among marginalized populations have demonstrated the benefit of collaborative engagement (Afifi et al., 2020; Ashford et al., 2020; Belone et al., 2016; Damon et al., 2017; Dickson et al., 2020; Drahota et al., 2016; Kwon et al., 2018; Oetzel et al., 2018).

In addition to systems transformation addressing root causes of poverty and homelessness, it is vital to identify pathways to leadership in service design among people most affected by inequity (Marmot, 2017; Zlotnick et al., 2013). The findings of this project point to what support will lift up the networks of care marginalized populations create where systems fail. Building mechanisms of engagement for people with lived experience into the programs they're intended to serve enriches their approach and increases the likelihood that they will result in benefits (Baines & de Bere, 2018).

Limitations

This project was impacted by staffing changes, grant processing, camp displacement, coordination across sites, and the SARS-CoV-2 pandemic. Variations in workshop delivery, location, and timing; attendance and interest of participants; and exposure to the elements affected whether feedback was obtained. The organic nature of outdoor workshops where participants come and go was not consistently conducive to precise counts or assessments.

Design considerations included the prevalence of psychiatric co-morbidities and the nearly ubiquitous experience of trauma among PEH (Koh & Montgomery, 2021). Correspondingly, 45.5% to 54.5% of respondents reported serious difficulty with concentrating, remembering, or making decisions and having serious difficulty with mood, intense feelings, controlling behavior, or experiencing delusions or hallucinations.

Furthermore, the broader sociopolitical context framing this project privileges the clinician team and depreciates PEH, who regularly face stigma, discrimination, and societal exclusion (Aldridge et al., 2018). This differential in power is compounded by organizational control of the distribution of resources. The dynamic characterized by disparities in access likely impacted the feedback participants shared.

A nonhierarchical, trauma-informed, collaborative approach, centering accessibility and lifting up the expertise of lived experience was utilized to counter some of these limitations (Dickson et al., 2020; Drahota et al., 2016; Kwon et al., 2018; Oetzel et al., 2018; McElfish et al., 2020, Selseng et al., 2021).

Conclusions

This work serves to identify recommendations for an educational program seeking to improve the outcomes of SSTCs among PEH. As a result of this project and aligned with organizational goals, a predominantly volunteer-run street medicine organization has a preliminary framework for consulting PEH who endorse feasible engagement in-person, by written survey, and by phone. Participant input highlights the importance of accessibility and relationship for bridging the exchange of clinical and community knowledge. Findings suggest that a model of brief, interactive workshops at regular intervals where PEH spend time can enhance informal care across multiple health issues. Further evaluation of methods effective for engagement specific to unsheltered PEH is needed.

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Other Information

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Table 1

Key Recommendations for Program Improvements

Planning	Workshops	Team	Setting	Materials	Outreach
Recurring times Public and private places - Library - Saturday market - Parks - Under bridges - Camps - Villages People, team continuity	Rotate content Hands on practice Scenarios Responsive and flexible Time for questions Afternoons 60-90 minutes Small ratios Incentivize participation Pair with care Follow up on concerns	Mixed experience – peer, professional Don't center professional No more than one new person at a time Be selective about who is on team Include people who are genuine, nonjudgmental	Comfort supports learning Warm, dry, protected from elements Light	More booklets Info sheets Contact info Distribute and post up	Word of mouth Fliers Business cards Quarter sheets Social media

Figure 1

Confidence In Wound Care Before and After Workshops
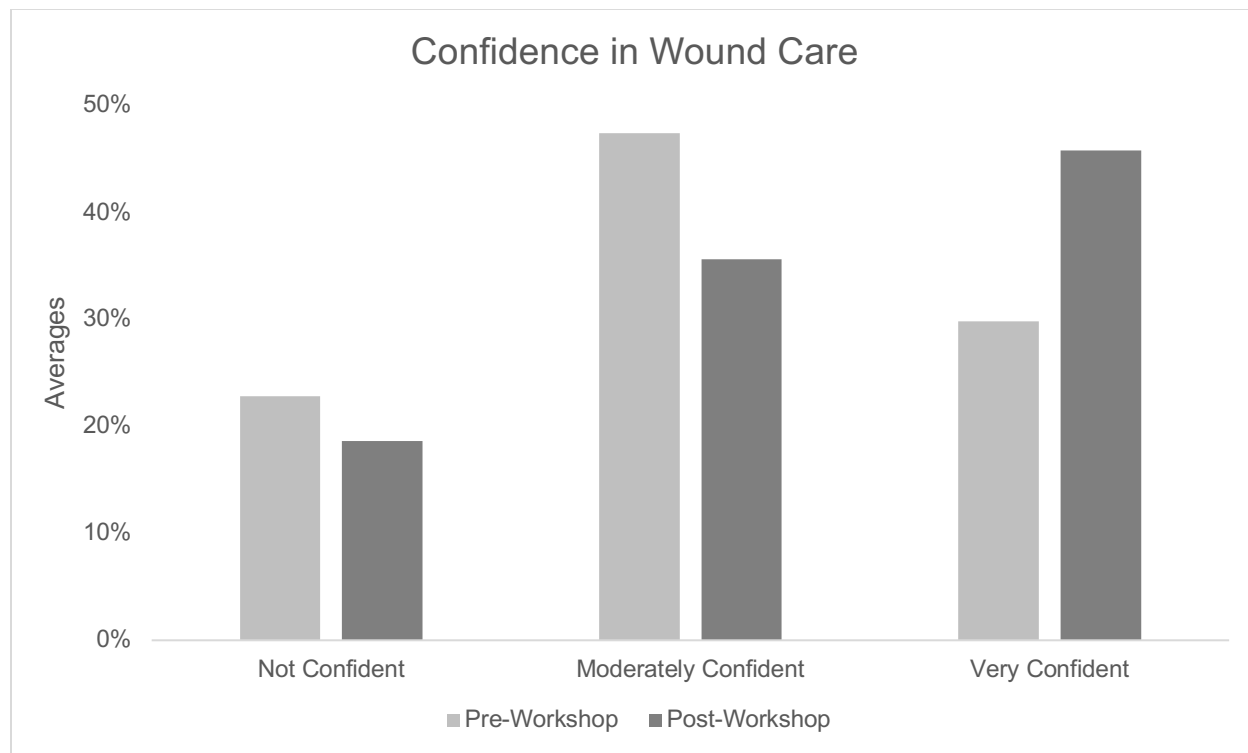
Appendix A

Written Survey

First Aid For Wounds: Workshop Feedback

The survey will take approximately 4 minutes to complete.

* Required

Experience

What it was like to go to this workshop

1. Overall, was this workshop helpful?

　○　Yes

　○　No

2. Overall, how likely are you to use information from the workshop?

Not at all likely　☆　☆　☆　☆　☆　Extremely likely

3. Overall, how likely are you to use the wound care supplies dropped from the workshop?

Not at all likely ☆ ☆ ☆ ☆ ☆ Extremely likely

Impact

How this workshop might have changed things

4. How confident do you feel identifying and dealing with skin issues like...

	Very confident	Confident	Not so confident	Uneasy
Inflammation	◯	◯	◯	◯
Abscesses	◯	◯	◯	◯
Cellulitis	◯	◯	◯	◯
Ulcers	◯	◯	◯	◯
Dangerous deeper infections	◯	◯	◯	◯
Sepsis	◯	◯	◯	◯
Foot fungus	◯	◯	◯	◯
Trench foot	◯	◯	◯	◯
Burns	◯	◯	◯	◯
Frostbite	◯	◯	◯	◯
Bed bugs	◯	◯	◯	◯
Lice	◯	◯	◯	◯
Scabies	◯	◯	◯	◯

5. How confident do you feel with...

	Very confident	Confident	Not so confident	Uneasy
Being able to tell that a skin infection is getting worse	○	○	○	○
Being able to tell when someone might have sepsis	○	○	○	○
Explaining what helps skin wounds heal	○	○	○	○
Explaining ways to inject more safely	○	○	○	○
Helping someone else take care of a skin problem	○	○	○	○
Taking care of your own skin problem	○	○	○	○
Using supplies like bandages and ointment for taking care of skin problems	○	○	○	○

6. After going to this workshop how likely are you to change...

	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
How you use supplies like bandages and ointment for taking care of skin problems	◯	◯	◯	◯	◯
When you might think about calling street medicine for help	◯	◯	◯	◯	◯
When you might think about making an appointment to be seen at a clinic	◯	◯	◯	◯	◯
When you might go to an urgent care	◯	◯	◯	◯	◯
When you might go to a hospital	◯	◯	◯	◯	◯

Set Up

How the workshop was planned

7. How much did you like the following parts of the workshop?

	Liked a lot	Liked a little	Niether liked or disliked	Disliked a little	Disliked a lot	Not applicable
The time of day	○	○	○	○	○	○
The location	○	○	○	○	○	○
How the workshop was led by people from PSM	○	○	○	○	○	○
The posters	○	○	○	○	○	○
Hearing from other people who came to the workshop	○	○	○	○	○	○
The length of time it took	○	○	○	○	○	○
The zines / small books	○	○	○	○	○	○
The wound care supply box	○	○	○	○	○	○

8. The people who came to present...

	Never	Rarely	Sometimes	Often	Always
Were respectful	○	○	○	○	○
Presented information in a way that was clear and easy-to-understand	○	○	○	○	○
Kept me interested	○	○	○	○	○
Invited people to share their ideas	○	○	○	○	○
Answered questions	○	○	○	○	○
Made me feel welcome	○	○	○	○	○

Feedback

What you would recommend for workshops like this

9. What did you like most about the workshop? *

10. What did you like least about the workshop? *

11. How could workshops like this be improved? *

Getting Involved

The best ways for giving recommendations

12. What are the best ways for you to get involved in making programs better or sharing ideas about how programs should be run? (Select all that apply) *

☐ Phone surveys

☐ Email surveys

☐ Mail in surveys

☐ Online surveys

☐ One on one conversations where you are

☐ Small group discussions where you are

☐ In person surveys (like this one)

☐ One on one conversations somewhere else

☐ Small group discussions somewhere else

☐ Other

13. Please provide your contact information if you would like us to contact you about your feedback

┌──┐
│   │
└──┘

Thank you!

Your feedback is so important and we appreciate it!

First Aid For Wounds: Demographics & Workshop Feedback

The survey will take approximately 10 minutes to complete.

Demographics

Who is going to workshops and offering feedback

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

10
Responses

Latest Responses
"White"
"Non-hispanic"

↻ Update

4 respondents (**40%**) answered **Native** for this question.

mut   Welsh   White
Irish
Dutch   Native
French
Non-hispanic   Half Iraqii   American
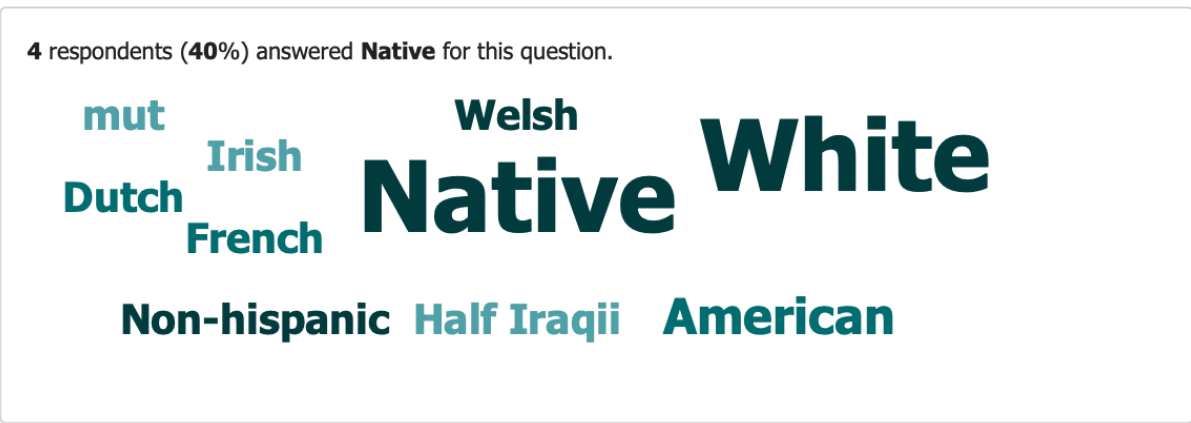
2. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

0
Responses

Latest Responses

3. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

Central American	1						
Mexican	0	American Indian	3		Cambodian	0	
South American	0	Alaska Native	1		Chinese	0	
Other Hispanic or Latino/a/x	0	Canadian Inuit, Metis, or First N...	0		Communities of Myanmar	0	
CHamoru (Chamorro)	0	Indigenous Mexican, Central Am...	0		Filipino/a	0	
Marshallese	0	African American	1		Hmong	0	
Communities of the Micronesia...	0	Afro-Caribbean	0		Japanese	0	
Native Hawaiian	0	Ethiopian	0		Korean	0	
Samoan	0	Somali	0		Laotian	0	
Other Pacific Islander	0	Other African (Black)	0		South Asian	0	
Eastern European	2	Other Black	0		Vietnamese	0	
Slavic	0	Middle Eastern	1		Other Asian	0	
Western European	1	North African	0		Don't know	1	
Other White	4	Asian Indian	0		Don't want to answer	0	
					Other	0	

4. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

- ● Yes. Please circle your primary r...   1
- ● I do not have just one primary r...   1
- ● No. I identify as Biracial or Multi...   2
- ● N/A. I only checked one categor...   6
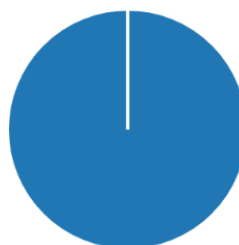- ● Don't know   1
- ● Don't want to answer   0
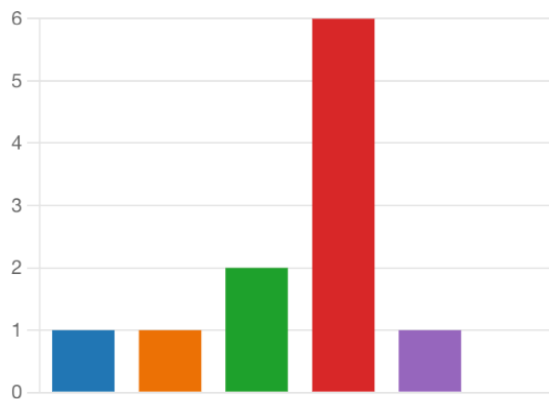
5. [Primary identity, if circled]

1
Responses

Latest Responses

6. What language or languages do you use at home?

- ● English only   11
- ● Other   0

7. In what language do you want us to communicate in person, on the phone, or virtually with you?

0
Responses

Latest Responses

8. In what language do you want us to write to you?

<div style="text-align:center">

0
Responses

</div>

Latest Responses

---

9. Do you need or want an interpreter for us to communicate with you?

Yes	0
No	0
Don't know	0
Don't want to answer	0

---

10. If you need or want an interpreter, what type of interpreter is preferred?

Spoken language interpreter	0
American Sign Language interpr...	0
Deaf Interpreter for DeafBlind, a...	0
Contact sign language (PSE) int...	0
Other	0

---

11. How well do you speak English?

● Very well	0
● Well	0
● Not well	0
● Not at all	0
● Don't know	0
● Don't want to answer	0
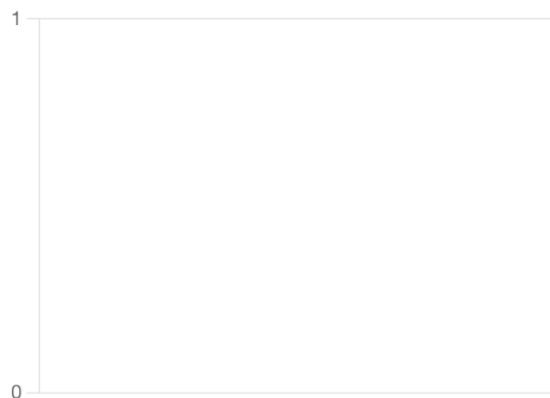
12. Question

Yes ■ No ■ Don't know ■ Don't want to answer ■ Don't know what this question is asking ■


Are you deaf or do you have serious difficulty hearing?

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Do you have serious difficulty walking or climbing stairs?

Because of a physical, mental or emotional condition, do you have serious difficulty concentrating,...

Do you have difficulty dressing or bathing?

Do you have serious difficulty learning how to do things most people your age can learn?

Using your usual (customary) language, do you have serious difficulty communicating (for example...

Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as...

Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or...

100%   0%   100%

Experience

What it was like to go to this workshop

13. Overall, was this workshop helpful?

● Yes	11
● No	0
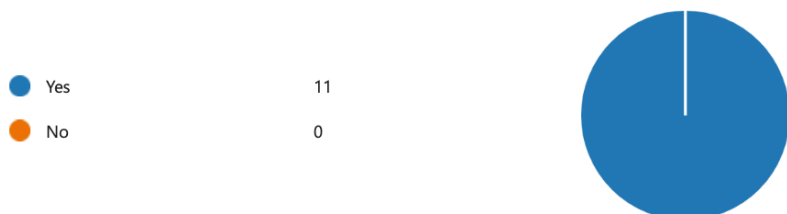
14. Overall, how likely are you to use information from the workshop?

4.55
Average Rating
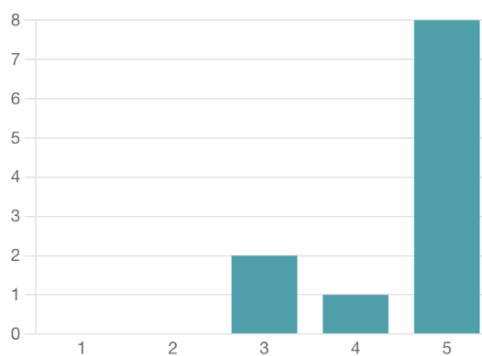
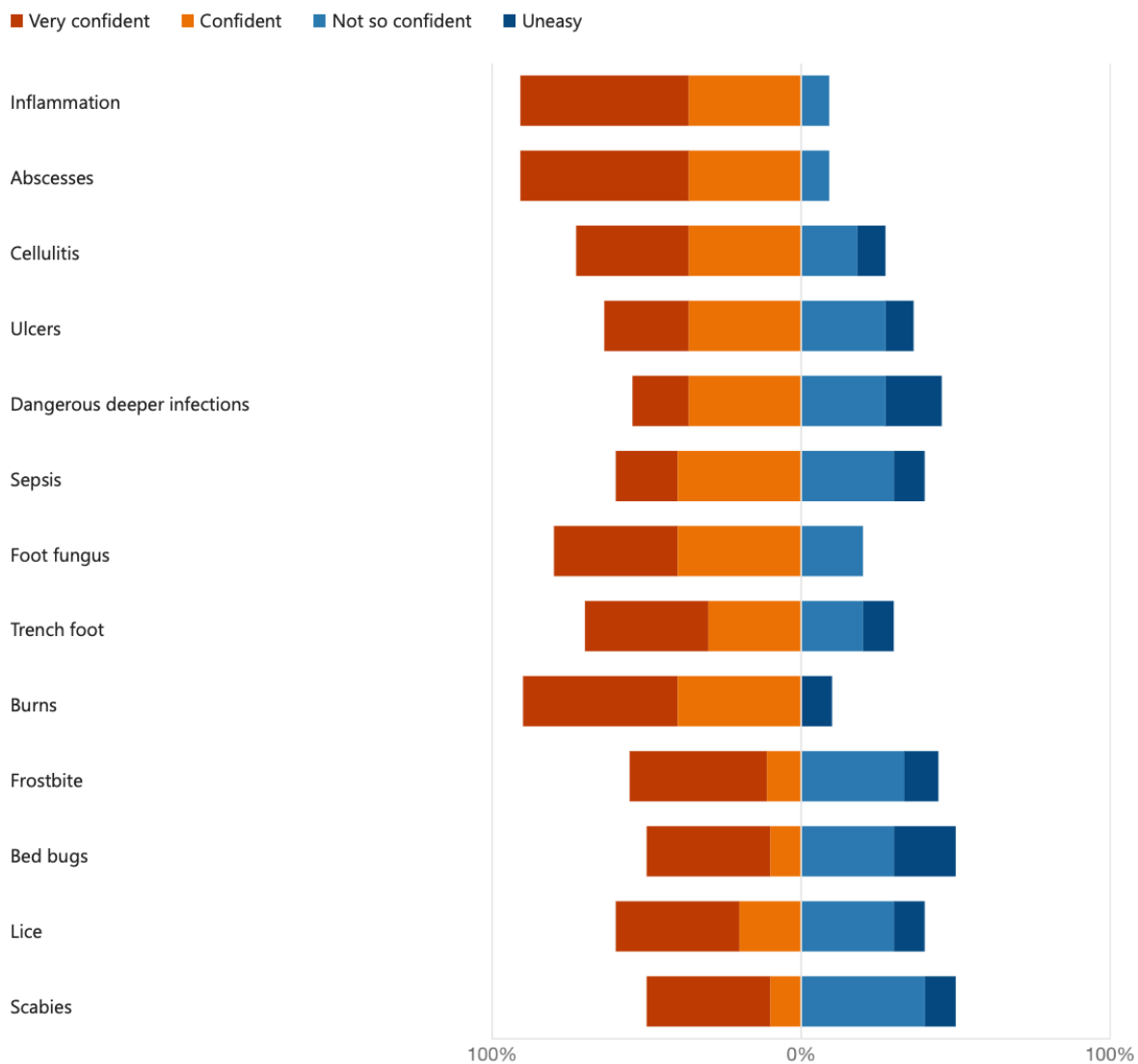15. Overall, how likely are you to use the wound care supplies dropped from the workshop?
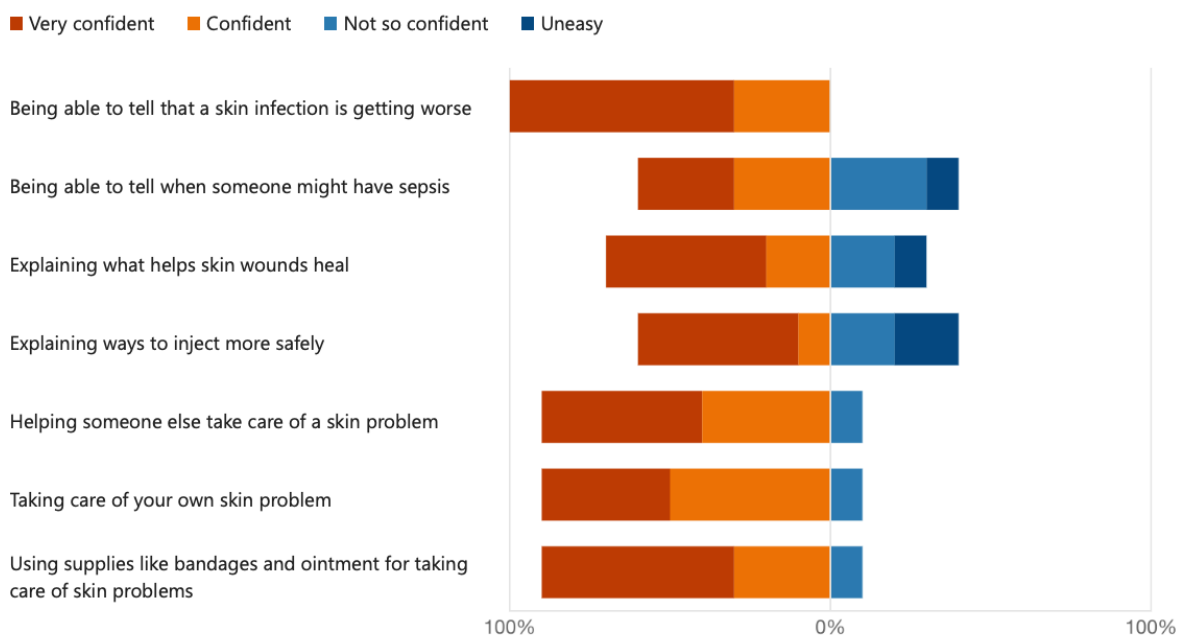
4.55
Average Rating
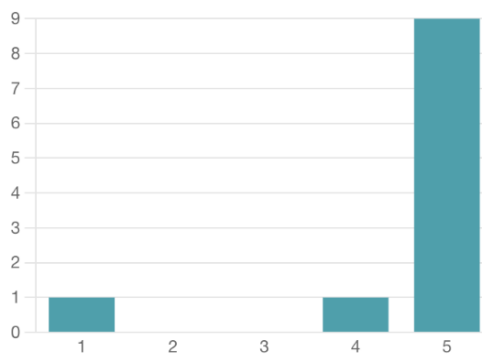
Impact
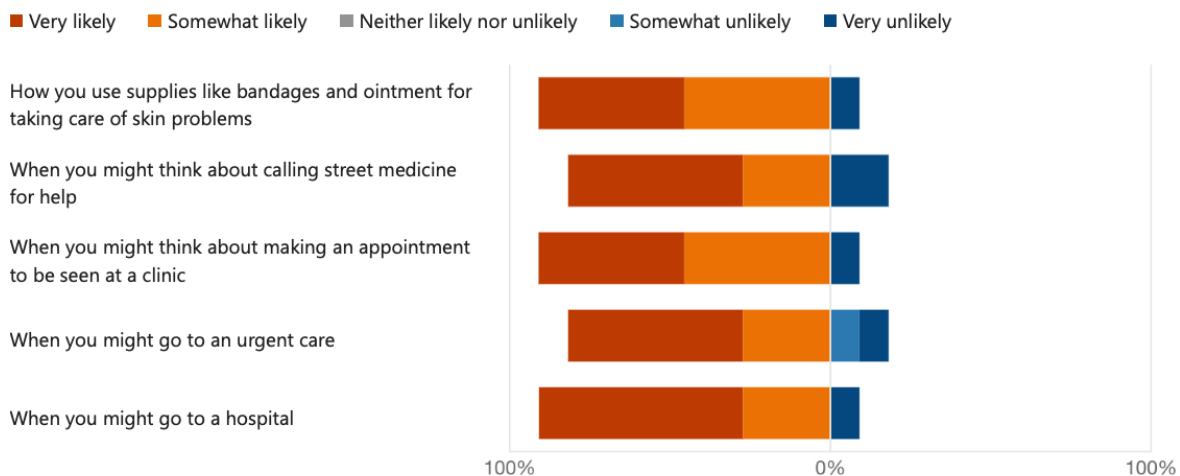
How this workshop might have changed things

16. How confident do you feel identifying and dealing with skin issues like…

17. How confident do you feel with…

Legend: ■ Very confident ■ Confident ■ Not so confident ■ Uneasy

- Being able to tell that a skin infection is getting worse
- Being able to tell when someone might have sepsis
- Explaining what helps skin wounds heal
- Explaining ways to inject more safely
- Helping someone else take care of a skin problem
- Taking care of your own skin problem
- Using supplies like bandages and ointment for taking care of skin problems

X-axis: 100% — 0% — 100%

18. After going to this workshop how likely are you to change…

Legend: ■ Very likely ■ Somewhat likely ■ Neither likely nor unlikely ■ Somewhat unlikely ■ Very unlikely

- How you use supplies like bandages and ointment for taking care of skin problems
- When you might think about calling street medicine for help
- When you might think about making an appointment to be seen at a clinic
- When you might go to an urgent care
- When you might go to a hospital

X-axis: 100% — 0% — 100%

Set Up

How the workshop was planned

19. How much did you like the following parts of the workshop?
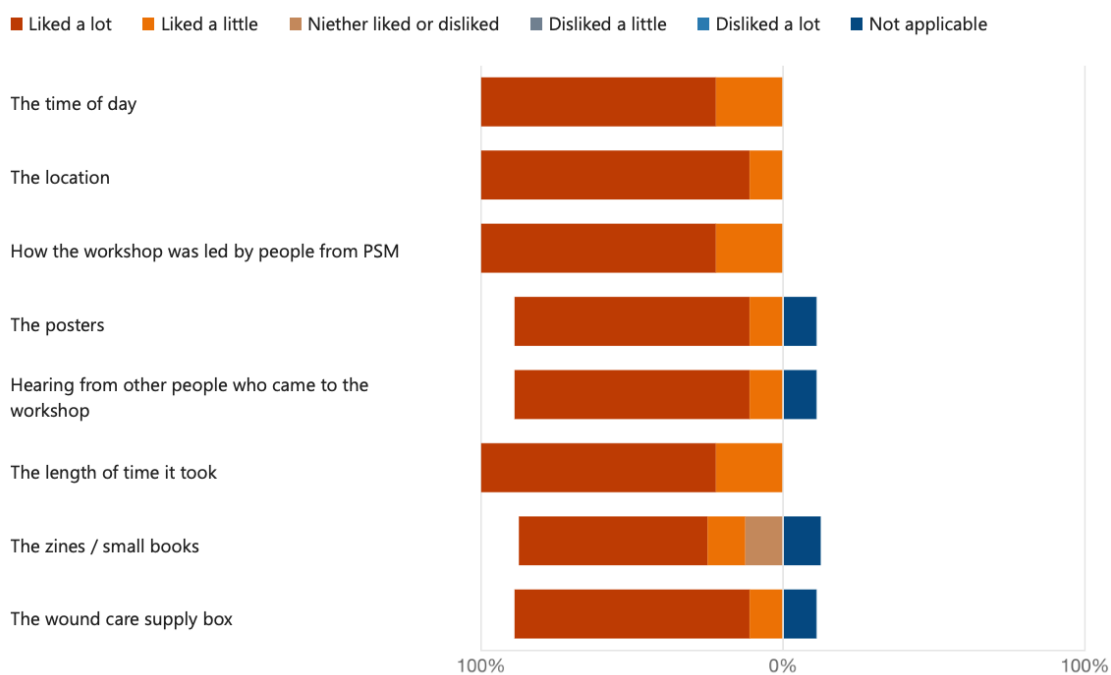
Liked a lot ■ Liked a little ■ Niether liked or disliked ■ Disliked a little ■ Disliked a lot ■ Not applicable

The time of day

The location

How the workshop was led by people from PSM

The posters

Hearing from other people who came to the workshop

The length of time it took

The zines / small books

The wound care supply box

100%   0%   100%

20. The people who came to present...

Never ■ Rarely ■ Sometimes ■ Often ■ Always

Were respectful

Presented information in a way that was clear and easy-to-understand

Kept me interested

Invited people to share their ideas

Answered questions

Made me feel welcome

100%   0%   100%
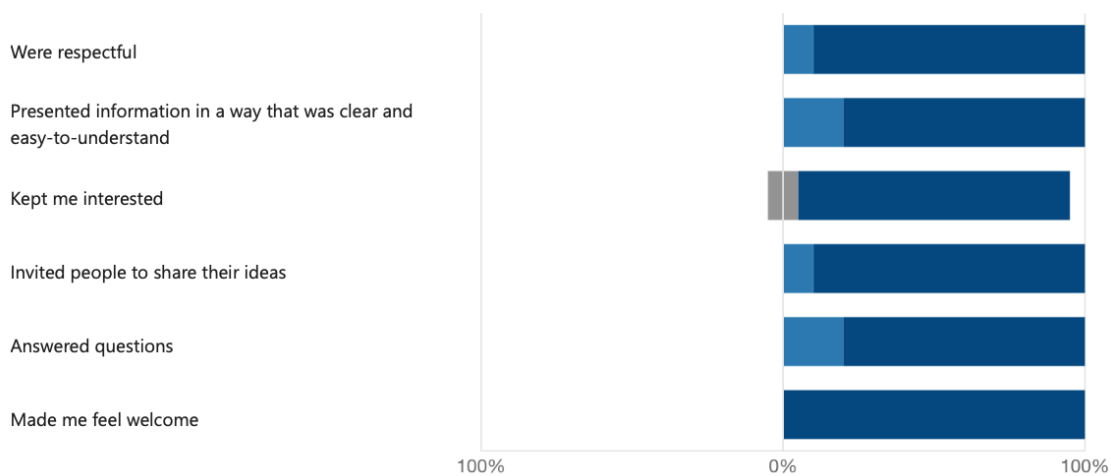
Feedback

What you would recommend for workshops like this

21. What did you like most about the workshop?

11

Responses

Latest Responses

"n/a"

"Covered the conditions most likely to occur at this site. (infections a...

"Interaction. Feeling safe to share, feeling respected and humane."

2 respondents (**18**%) answered **interaction** for this question.

people   interactives   infections

lie a conversation   student becomes the teacher

insight   site   respected

consistency   **interaction**   small wounds

lax   humane

rapport Building trust   safe   learn better

helpful   * The willingness   conditions most likely

22. What did you like least about the workshop?

11

Responses

Latest Responses

"n/a"

"Nothing."

"It ended"

1 respondents (**9**%) answered **hard** for this question.

paperwork   informative

people   hard   faces

information

23. How could workshops like this be improved?

11
Responses

2 respondents (18%) answered **time** for this question.

advertising box no idea Repetition
workshops later date fun people
body Band-Aids time
waterproof trust through consistency
participation meditation drawings information
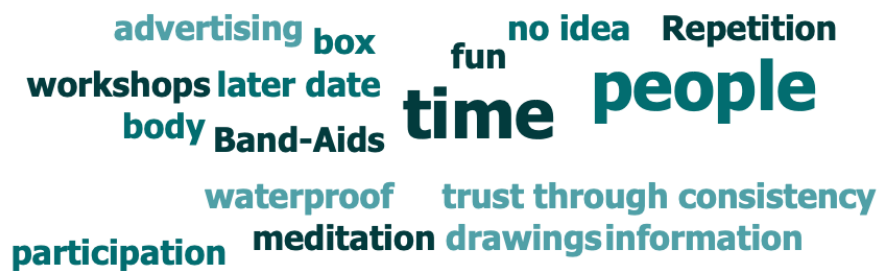
Getting Involved

The best ways for giving recommendations

24. What are the best ways for you to get involved in making programs better or sharing ideas about how programs should be run? (Select all that apply)

🔵	Phone surveys	6
🟠	Email surveys	5
🟢	Mail in surveys	2
🔴	Online surveys	5
🟣	One on one conversations wher...	8
🟤	Small group discussions where y...	5
🩷	In person surveys (like this one)	8
⚪	One on one conversations some...	4
🟡	Small group discussions somew...	4
🔵	Other	2
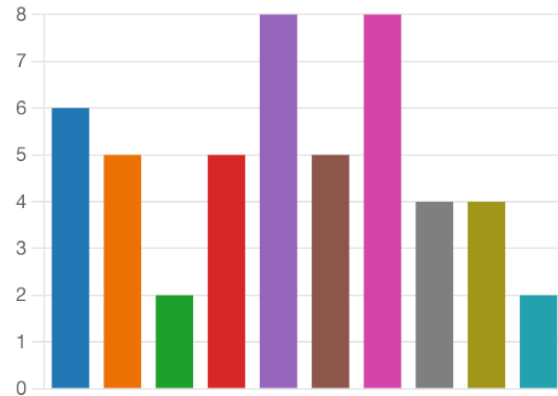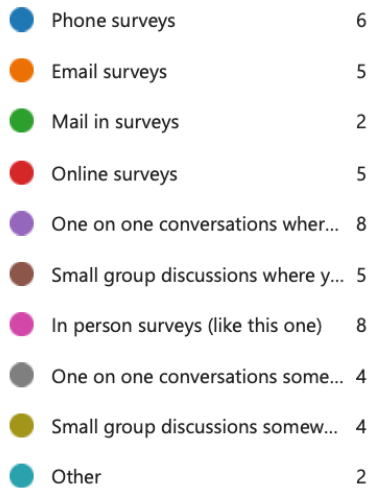
Appendix C

Feedback Sessions Recommendations

Site	Recommendations
I	♦ Expand workshop topics o Sutures/glue/lacerations/bleeding o Narcan o CPR o Prevention o Jungle rot o Frostbite o Gangrene o Dental care/abscesses o Mental health o Nutrition o Seizures o Common conditions – DM o Technical skills o Triage/assessment/first response/stabilization/recognizing emergencies ▪ Lead with red flags at the beginning ▪ Where things can be treated ♦ Reference materials o Booklet – some got some didn't o Info sheets, handouts o Bring more things to leave o Distribute more broadly o Post some up o Photos ♦ Hands on o Practice with each other o Apply what is discussed ♦ Rotate o Topics o Small groups at multiple tables that switch o Series on same topic o Start again for those who want repetition ♦ PSM bring the standard of care + alternatives ♦ Continuity of at least part of team o To build trust o To support o Consider one new person at a time ♦ Concise o To-the-point o Laymen's terms o No more than 60-90 minutes long o "most villagers are not going to last more than an hour" ♦ Protection from the elements o Well lit o Warm ♦ Support o Provide equipment and checklists for procedures o Make contact info for PSM team to be available
II	♦ Want to see you out there more ♦ Consistency o People o Place o Time ♦ Follow up ♦ Predictability ♦ More topics o Other health conditions o Mental health o Drugs ♦ Make time for question and answer sessions ♦ Notification o Word of mouth o Fliers o Business cards or quarter sheets o Knock on doors before workshop starts ♦ Make info sheets that can be handed out

	♦ Don't bring more than three people from street medicine team
	♦ Offer medical care with workshops
	♦ Offer incentives for participation
	♦ Offer care packages
	♦ Don't limit it to one topic, let conversation unfold and respond to personal experiences
	♦ Expand locations
	  o Saturday market
	  o Under bridges, "that's where it needs to happen"
	  o Go out to the camps
	  o Meet in the middle, close to where people camp
	  o Public parks
	  o Social media

III	♦ Structure it very similarly
	♦ Schedule for longer sessions
	  o Better to finish early than run late
	♦ Time to look through supplies
	♦ More depth into topics would be helpful
	♦ "If an indoor space was available, I would use that"
	♦ Come to us
	♦ Hands on practice, especially for different kinds of learning
	  o "You've heard it, you've seen it, now do it"
	  o Safe environment for practice
	  o Help to correct approach
	♦ Professional role acknowledged but not necessarily the forefront
	  o "Just have someone there who is a professional and can give advice but is also listening and hearing what people are
	    saying and just correcting where it's needed not where it's like 'here's why you're wrong'"
	  o Be selective in what professionals can get involved
	  o People skills are necessary for educators
	♦ Team should have medical professional, a volunteer, and someone in between
	  o Team with mixed experience from beginner to expert is relatable
	  o Include someone with experience "in the field"
	♦ Invite anyone who is interested
	♦ A "Bill Nigh" approach that's fun
	♦ Make it fun
	  o Make a coloring book
	  o Try skits
	♦ Make contact information readily available
	♦ Private classes "like this"
	♦ "Public classes" in a library or park, inclusive where anyone can learn but consider minimum age
	♦ Locate somewhere where people can step away for a little bit or leave, easy exit "should always be available… you never
	know what's going to set off someone"
	♦ Communicate through fliers, social media
	♦ Set a recurring time
	♦ Content
	  o Infections of all kinds
	  o Respiratory issues
	  o Foot specific issues
	  o Other injuries and tissue damage, sprains, strains, etc.
	  o Types of wounds
	  o When to get stitches
	  o When to go to the emergency room vs urgent care

IV	♦ Respond to snow storms with material supplies like tents and sleeping bags when warming shelters don't work for people
	♦ Write for grant assistance so you can do more to help
	♦ People should know that they could die of an abscess if it gets out of hand
	♦ Could talk about parasites, it is something that comes up a lot with friends
	♦ People should be able to get a shower and wash, do laundry
	♦ Additional topics:
	  o CPR
	  o Wound healing and supports
	  o "Teaching people to do basic medical procedures" like lancing an abscess
	  o Nutrition and dietary changes that can help wounds heal
	  o Triage – "when it's gone too far" and needs more help
	  o Additional types of infections, bacteria
	♦ Talk about safer injection practices from start to finish, more parts of the process not just prepping a site
	  o Know what you're putting in your body
	  o Teaching people how to use fentanyl test strips
	  o Not using something someone else mixed up for you
	  o Not using spit to cook with and not licking needles

Appendix D

Recommended Workshop Topics

Additional topics				
First response CPR Narcan Triage Musculoskeletal injury Disease prevention Mental health Nutrition	Harm reduction - Supply - Testing - Cooking - Shooting	Procedures - Sutures - Lancing	Common conditions - DM - CKD - COPD - Asthma	Foot conditions - "Jungle rot" Frostbite Gangrene Dental care Seizures Parasites Infections - URI's - MRSA v. staph v. strep

Appendix E

Feedback Sessions Themes

	Connection	Access	Understanding	Recommendations	Involvement	Attitudes
Themes	Open Trustworthy Safe Reliable Comfortable Nonjudgement Accepting Approachable Not intimidating Inclusive Supportive Knowledgeable Relatable Street medicine team members can identify as peers, have lived experience Individualized content Follow up afterward Fun Smiling Kind Courteous Team would engage about lives, not just wounds Building relationships Familiar faces Recognizing people from outreach to camps Willing to show up Not afraid Being seen as a person, not just a number Team invited participant knowledge	Came to us Easy to understand Simple language Imagery supported different learning styles Images make it easier to follow along Images highlight what's important Booklets are very detailed Questions were invited Learned from other people's questions Smooth Team made sure everyone understood and was on the same page Team ensured lots of questions were answered Levels of concern were made clear Supplies are useful, help people stay out of the hospital Repetition (+/-) *Boring (-)* *Hard to recall everything (-)* *Uncomfortable outside (-)*	Basics Skin anatomy Infections and sepsis Abscess treatment Wound healing Wound care Dressings What to look out for Recognizing concerns What to expect Likely to use/have already used information, supplies Gateway to big picture and options Take better care of self Help each other Seek additional help when needed More likely to get check out sooner Appreciate the option of calling street medicine More open to urgent care Know more about when to go to the hospital More likely to go to the hospital with a sick friend to make sure they get care More confident in evaluation Differentiating between the things that could be going on *Still unsure of ability to identify abscess (-)*	**Consistency** Recurring times Public and private places - Library - Saturday market - Parks - Under bridges - Camps - Villages People, team continuity **Workshops** Rotate content Hands on practice Scenarios Be flexible and responsive to what comes up Time for questions Afternoons 60-90 minutes Small ratios Incentivize participation Pair with care Follow up on concerns **Team** Mixed experience, peer, professional, and no more than one new person at a time Don't center professional Be selective Expand team with people who are genuine, nonjudgmental **Comfort supports learning** Warm, dry, protected from elements Light to see by Make it fun **Materials** More booklets Info sheets Include street medicine contact info Distribute and post up **Outreach** Word of mouth Fliers Business cards Quarter sheets Social media	Make space to hear people and listen In-person discussions close to where people live Coming to people makes involvement more convenient Presence is helpful Set a schedule when and where participation can happen Consistent time, day, location **Approach** Nonhierarchical Curious Ask questions Welcoming **Alternatives** Written surveys Phone call allows timing and location to be flexible Option to leave a voicemail with input Small groups after workshops Off-site meetings Virtual meetings **Supports** Incentives, payment Food Fidget toys Bus tickets or transportation to help get somewhere else	**Experiences of formal healthcare** Neglect Disrespect Don't care Poorly treated Judged Stigma Assumptions **Experiences around formal healthcare** Paranoid Afraid Don't trust Hard to interact with professionals Trust issues Scheduling as major barrier **Options** Prefer to handle ourselves Street medicine as the last stop **Positives** A clinic went out of their way to help by hosting a sock drive Helpful to have a provider who listened Drop in access made all the difference **Health information** Internet - Worry about misinformation - Last resort - Always changing - Lots of sources Family & Friends - "Most of the time they're wrong" Clinicians - "I know what's best" attitude - Lecture at us - Listening is helpful - Better to only offer advice to correct where needed **Context** People are desperate There's nowhere to shower or do laundry Sometimes it's hard to find drinking water
Narrative	"A safe place for people to open up" "It's good to have people understand the things that you're going through" "You speak our language" "It was such a welcoming space" "Seeing us"	"You meet us where we're at, you come to us" "I like that it happens here" "I think it's a lot more accessible being here and outside versus being inside and somewhere else"	"Infections and sepsis stood out" "We got more educated to help each other too" "I need to go to a primary care doctor a lot more"	"[Under bridges], that's where it needs to happen"	"Go sit around a campfire, put a tarp up and sit underneath that" "You've got to get at how we live. This is how we live." "Not above me or below me"	"I don't go to the doctor unless I'm about to die" "We figure out how to do things without running water and all that" "There was nowhere for me to go… I was turned away" "Urgent care doesn't give a shit"

	"Y'all ain't pussies" "Recognizing that we're not invisible" "It was nice to have a place to talk about my experiences… to talk about stuff that you can't talk about anywhere else. That feels important." "Giving a fuck about how y'all do your job is awesome"	"It felt like a very approachable attempt at learning" "Real people language"			"You get used to this shit" "The ER is all we got sometimes" "The emergency department is not the place to be" "Almost everyone I know has an abscess" "A lot of people have come really close to freezing to death"

Appendix F

Feedback Sessions Experiences & Impacts

Site	Overall	Impact	Set up

I	♦ Positive
	  o Informative content
	    ▪ Wound care basics
	    ▪ Wound healing
	    ▪ Indications for dressing changes
	  o Personal, individualized, responsive
	  o Follow up after workshops about concerns that came up
	  o "A safe place for people to open up about their wounds"
	  o Info supported paid work
	  o Can identify with you as peers – can open up
	  o Came to us
	  o "You speak our language"
	  o "We could open up and talk at any time"
	  o Making a comfortable space helped people feel included
	  o Repetition helpful
	  o Info is presented in a way that is easy to understand
	  o Place to ask questions, even if they are simple
	♦ Negative
	  o Repetitive, boring at subsequent workshops
	  o Hard to remember all of the things
	  o Cold, dark, uncomfortable outside
		♦ "After that you can not only take care of your wounds, but you can help other people take care of theirs and share the knowledge"
		♦ "It will leak out to other people"
		♦ Helped to know more about what we could do ourselves
		♦ More information is helpful for taking care of each other
		♦ Helps to have more information when taking care of each other
		♦ Less likely to look to "google," can ask team questions
		♦ Know what to look for
		♦ Dressing changes
		  o Better understanding of indications
		  o More confident in frequency
		  o Help others with changes
			♦ Timing
			  o Helpful when its light out
			♦ Location
			  o More comfortable is better for learning
			  o Harder to learn when it's cold
			  o Protection from the elements
			♦ People
			  o PSM people are relatable
			  o Can identify as peers
			  o Familiar faces, more open and comfortable every time
			  o Nonjudgmental, understanding
			  o Broke the ice
			  o Accepting
			    ▪ PSM person said "I'm so glad you asked…"
			  o Openness
			  o Understanding
			  o Used simple, "real people" language
			  o Can ask questions
			  o Acknowledged knowledge
			♦ Posters
			  o Images are helpful

II	♦ Positive
	  o Insightful
	  o Fun
	  o More open, less intimidating to be able to ask questions
	  o Show up and build trust
	  o Want to engage with us about wound care and about our lives
	  o Workshops are a gateway to a bigger picture of help and willingness to seek out help when they need it
	  o All of the conversations we have are key to building relationships
	  o Workshops help to encourage us that there is help out there, that there are other options, and "we got more educated to help each other too"
	  o Not just a number
		♦ Abscesses
		  o Learned about different kinds of abscesses
		  o Better understanding of indications for antibiotics and what to expect of medical care
		  o No longer squeeze closed abscesses
		♦ Know when to get help, when to go to the hospital
		♦ Recognizing signs of sepsis
		♦ More confident in evaluation and care of wounds, "how serious it is"
		♦ "Not freaking out as much" and knowing how to keep a wound clean and dressed if it isn't too bad
		♦ "I know deep down that I need to go to a primary care doctor a lot more"
		♦ Appreciate having the option to reach out to street medicine
		♦ More likely to go with a friend who is really sick to make sure they get the care they need
			♦ Heard by word of mouth
			♦ Timing
			  o Some people wake up earlier and some wake up later, afternoons are most likely to get the most people
			  o Not rushed
			  o Around an hour of information
			  o Flexibility to continue conversation
			♦ Location
			  o You meet us where we're at, you come to us
			  o Protection from the elements
			♦ People
			  o Staff had some "real life experience"
			  o Knowledgeable
			  o Willingness
			  o "Seeing us"
			  o "Recognizing that we're not invisible"
			  o "Giving a fuck about how y'all do your job is awesome. Like it really, really helps."
			  o Not scared or afraid to get hands dirty
			    ▪ Go to the tents too
			    ▪ "Y'all ain't pussies"
			  o Nonjudgmental
			    ▪ Manner of interaction
			    ▪ The way you presented yourselves
			    ▪ Willing to dive in
			    ▪ Always smiling
			    ▪ Not just a front
			♦ Posters

		○ Artwork is fabulous
		○ Convey what is important
		♦ Booklets
		  ○ Helpful
		  ○ Pretty detailed
		  ○ Nice
		♦ Supply box
		  ○ Really like the supply box
		  ○ Have used
		♦

III	♦ Positive ○ Very educational ○ Great for basics or as a refresher ○ "It was such a welcoming space" ○ Nice illustrations, visuals ○ Very supportive ○ Liked that there were "no wrong questions" ○ "It felt like a very approachable attempt at learning, and I feel like education isn't always something I click with and sometimes it's really hard and unapproachable for me and I didn't have that with this class." ○ Likely to use the information ○ "I felt like I was learning from their questions too" ○ The levels of concern were clear from "you can treat this yourself; you can go to an urgent care or your doctor, and it's time to go to the emergency room," and how to recognize sepsis – things that are always worth refreshing even if it's not new information ○ "I really liked how supportive they were" ♦ Negative ○ No heads up before talking about overdose, a topic that is commonly triggering for people and transparency is needed	♦ More aware of body and wounds, "what I'm doing and why" ♦ More confident in caring for wounds ♦ Some help differentiating between things ♦ Supplies and information have been useful and relevant ♦ Might be more open to being seen at an urgent care or making an appointment with primary care ♦ Still struggle with identifying an abscess ♦ More confident in telling the difference between inflammation and infection ♦ Likely to use knowledge, relevant in day to day ♦ I think in general I would be more likely to get something checked out, cause I'm a little bit used to, like 'it's fine, I can handle it myself'" ♦ Want to avoid things getting to the emergency room level	♦ Timing ○ Afternoons can be hard for people who work, morning or evening might be better ○ Spending time on questions cut time short for other things ○ More time would have been helpful ♦ Location ○ "I like that it happens here. I think it's a lot more accessible being here and outside versus being inside and somewhere else." ♦ Content ○ Infections seemed to stand out ♦ People ○ Ratios felt good, there was a small group ○ Made sure that lots of questions were answered ○ Kind, supportive ○ Engaged ○ Everyone was great ○ Made sure everyone understood and was on the same page ○ Facilitation went smoothly ○ Welcoming ○ Courteous ○ Knowledgeable ♦ Posters ○ Illustrations were nice ○ "I like having a visual thing to follow along with, because I start to space out when it's just someone's words for an hour." ○ "Having something to look at and put the pieces together like the different layers of the skin, how concerned you need to be." ♦ Supply box ○ Content has been "very helpful" ○ Have used since workshops
IV	♦ Positive ○ Really nice to have the space to talk about things ○ I think it's helpful ○ Some folks are just getting into this world ○ "It was nice to have a place to talk about my experiences" ○ Nice to not be judged ○ All in all, pretty good ○ "Felt like a place where people can talk about what they do, who they are." ○ "It's good to have people understand the thing that you're going through" ○ "It's nice to have a safe environment to talk about stuff that you can't talk about anywhere else. That feels important."	♦ Realizing that rotating injection sites would probably be helpful ♦ It helped me feel more confident ♦ Nice to have a place where we can go to talk ♦ "I also think it helps as a step toward building community."	♦ Supply box ○ It awesome ○ "I use whatever I take" ○ Helps me stay out of the hospital

Appendix G

Pre- and Post-Workshop Assessment Results

Number of attendees	Average attendees	Survey participants	Confidence in wound care among proportions of participants (out of 3)					
			Before workshop			After workshop		
			Not confident	Moderately confident	Very confident	Not confident	Moderately confident	Very confident
6-10	8	6	2	1	1	1	2	2
11-15	13	13	1	1	1	1	1	2
6-10	0	0	0	0	0	0	0	0
6-10	8	8	0	0	0	0	0	0
1-5	5	0	0	0	0	0	0	0
6-10	8	5	1	3	1	1	1	2
16 and over	18	12	1	2	2	1	1	2
1-5	3	1	0	3	0	0	0	3
11-15	13	10	1	3	1	1	2	2
11-15	13	5	0	2	2	0	2	2
11-15	13	10	1	2	2	1	2	2
11-15	13	12	1	1	3	1	1	3
1-5	3	3	1	3	1	1	1	3
6-10	8	0	0	0	0	0	0	0
1-5	3	0	0	0	0	0	0	0
1-5	3	4	1	2	1	1	3	1
6-10	8	4	2	2	1	1	3	1
1-5	3	2	1	2	1	1	2	2
	143	95	13	27	17	11	21	27

Appendix H

Feedback Sessions Involvement

Site	Involvement

I	♦ STOP TALK LISTEN
	  o Go to the places where people are
	  o Listening is *really* important
	♦ Visit places where people are camped
	  o "Go sit around a campfire, put a tarp up and sit underneath that"
	  o Information is " really necessary to my life… the person that's outside and doesn't have a shelter, they need it even more"
	  o "You've got to get at how we live. This is how we live"
	♦ Be consistent
	  o Time
	  o Day
	  o Location
	♦ Attitude/approach
	  o Nonhierarchical – "not above me or below me"

II	♦ Set schedule for when and where participation can happen
	♦ Discussions where we live
	♦ Phone call
	  o Some flexibility in timing
	  o No requirement to get to a place
	♦ Small groups at the end of workshops
	♦ Written surveys

III	♦ In person
	  o Presence is helpful
	♦ On location is convenient
	♦ Having options would be nice
	  o Meeting at another location
	  o Virtual meetings or ways to connect
	♦ Being asked questions is really thought provoking
	♦ Helps to have a welcoming environment
	♦ Things that would support engagement
	  o Bus tickets for transportation
	  o Food
	  o Fidget toys
	  o Incentives

IV	♦ *No specific input*

Appendix I

Feedback Sessions Attitudes

Site	Health Attitudes
I	♦ "I don't go to the doctor unless I'm about to die" ♦ Can see many ways the hospital systems neglect the homeless ♦ I'm not trying to get disrespected ♦ "They don't care about our health" at the emergency department ♦ "I hate the doctors" ♦ Street medicine is the last stop ♦ The doctors I see for my feet are going out of their way for the homeless, putting on a sock drive ♦ "Compare [the workshops] to going into the emergency room and as soon as they find out that you're homeless or that you use dope… being accepted for who you are and how you are" ♦ "Our illnesses are no different than anyone else's, you know? Just a lot more poorly treated because of the situation." ♦ "The ER is all we got sometimes" ♦ Prefer to handle things ourselves ♦ Lots of us are paranoid about things and it's hard to interact with professionals ♦ Concerned about misinformation from the internet, prefer asking the people in healthcare who have taken time to build trust ♦ Had one provider who actually listened, which helped me to deal with my problems

II	♦ "Trust, that's the biggest thing"
	   ○ Trust is key
	♦ "Building that trust, I think that's what is key to a lot of it. You know people are dying because they're afraid and they just won't go and get help or educated because of the judgement, which should never be fucking happening in our medical care"
	♦ Street medicine has had to work hard to be at certain places consistently and make sure people have what they need
	♦ Patients are providers' best diagnostic tool
	♦ Don't trust healthcare
	   ○ So much stigma seeking medical care
	♦ "You get used to this shit"
	♦ "We figure out how to do things without running water and all that"
	♦ All of us have trust issues, hard to approach or talk to people
	♦ "The emergency department is not the place to be"
	♦ Hospital staff need to take classes on how to deal with people
	♦ "There's a difference between living and surviving. And we become complacent and sometimes we're angry… one way or another we're hiding or we're fucking pissed and we don't want nothing to do with it, you know?... and it doesn't help when you pour your heart out to a medical professional and …there's just automatic assumptions you know? A lot of us have our own shame, you know?"
	♦ Scheduling is a major barrier to accessing care, drop in enables connection
	♦ "I've had bad experiences with healthcare workers. I had to go through four different doctors to get properly diagnosed to get my heart surgery."
	♦ People get their information from all over and things on the internet are always changing

III	♦ "I've met people who are very in-your-face about 'I'm a doctor, I know what's best' and I don't want to feel lectured at. I don't want to make people feel like they're being lectured at. Just have someone there who is a professional and can give advice but is also listening and hearing what people are saying and just correcting where it's needed not where it's like 'here's why you're wrong'" ♦ "I've met a couple of very rude doctors… it's definitely left a taste in my mouth" ♦ Health care professionals need people skills and medicine skills ♦ Connected to primary care, "very lucky to have a very good doctor"
IV	♦ Had an infection come on quick and "there was nowhere for me to go, you know? I was turned away from the urgent care places." ♦ "Almost everyone I know has an abscess" ♦ "A lot of people have come really close to freezing to death" ♦ Things can change overnight ♦ "Urgent care doesn't give a shit" ♦ "The hospital wouldn't even see me" ♦ "There's a lot of desperation out here… people will do whatever it takes." ♦ Only address wounds or other concerns for people when they are really close and won't sue ♦ "Most of the people I know who have abscesses and shit there's just no where for them to go to clean themselves. Or find drinking water even, you know what I mean?" ♦ Learned from family and friends, most of the time they're wrong ♦ "The first time I got an abscess I didn't know what the fuck was going on. It would have been helpful to know more information, better practices." ♦ "There's people who need help." ♦ "[Drugs are] not like a medicine for me but for some people it is" ♦ Open, dry space should be available