

Foot Care as a Model for Community Engagement with the Houseless Population in Gresham, OR.

By: Willis Dufala SN, Maxwell Goldsmith SN, Allison Maki SN, Madeline Reed SN.



Background:

- **Population of focus:** Houseless individuals and families in the Gresham area—specifically, people living outside near the Springwater Trail Corridor and receiving services from local social service groups.
 - Currently, precise numbers of houseless individuals in Gresham are not available. Estimates include data from a point-in-time count in 2019 which estimated 180 houseless individuals in the Gresham/East County area. Data shows that **point-in-time counts are highly underestimated** (Stanley, 2017; Metraux et al., 2001).
- **Impetus:** Community Health Workers (CHW) at The Wallace Medical Concern (WMC) identified a need to:
 - Connect WMC with local houseless population.
 - Create a channel of referral while building relationships and rapport.
 - Secondary--create for I-CAN students a practical, tangible service and opportunity to practice nursing skills within a more consistent model.

Goals:

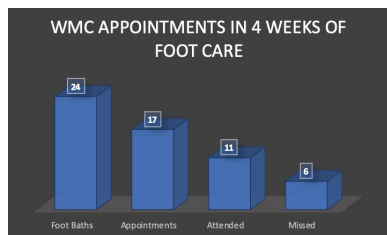
- Establish a sustainable model of community engagement with the houseless community of Gresham.
- Assist WMC with their goal of enhancing outreach to the houseless population of Gresham.
- Partner with the houseless population to determine their current health needs.
- Partner with active service groups--in this situation, faith groups--to better integrate pre-existing services.

Outreach and Secondary Data:

Data consistently reports **underutilization of healthcare services by houseless populations**. The reasons for this are myriad. Some researchers suggest that houseless populations tend to actively avoid healthcare, while others point out decreased access to services and decreased access to insurance. Others focus on the population's unique needs and lack of services suited to address them (Klop et al., 2018; Fryling, Mazanec, & Rodriguez, 2015; Institute of Medicine, 1988).

Regardless of the source, researchers agree that improved access to services cannot rely on houseless individuals seeking healthcare, but rather healthcare seeking connection with houseless folks (Koh & O'Connell, 2016). Mention is made in several sources for the **need for healthcare services to engage the population where it exists and the need to be present on a regular basis so as to aid in building trust and rapport** (Koh & O'Connell, 2016; Institute of Medicine, 1988).

This same sentiment was echoed in several key informant interviews our team conducted with individuals already working with the houseless population in Gresham. The overwhelming consensus was a deep need to **relationally engage** the houseless population in order to **establish trust**, and from there determine on an **individual basis** how to best assist each client.



Intervention:

Partnering with existing local organizations to enhance service access for and build relationships with houseless population.

Pre-existing services:

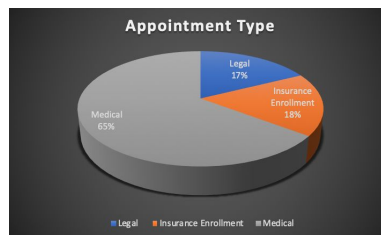
- Saint Henry's Catholic Church hosting the Frontline Ministries' mobile shower unit and WMC outreach team stationed at the church.

Our addition:

- Foot care and foot assessment station.
- Health education and referral to WMC if need was identified.
- Survey to gather data for knowledge base about the houseless population in Gresham's health-related needs.



This project has provided a tangible service that allowed us to build real relationships. When [the bathers] see you taking care of them, they have an opportunity to think about their own health, how to manage it, and how to connect to a provider. - WMC Staff



Recommendation:

- Further develop the partnership with WMC, OHSU SoN, and Frontline Ministries.
- Engage OHSU nursing students with foot care clinic as outreach in Gresham, OR for population health clinical rotation.
- Expand I-CAN funding to include foot care items to support this work.



I wouldn't have gone to see a doctor without you. - A patron of the mobile showers

Acknowledgements:

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