An Interprofessional Approach to Community Health and Nutrition at an Emergency Shelter

Background

The unmet social, economic and healthcare needs of the homeless are of growing concern to both public and private sectors in our community as steep costs are incurred when severely debilitated homeless persons cycle repeatedly through hospitals, emergency rooms, treatment centers and jails.

Local problem

In recent years, the communities of Harrisonburg/Rockingham County have seen a growth in homelessness due to low wages, a lack of available affordable housing, and unemployment. The number of homeless adults and children in this community has increased 59% since 2008.

The Salvation Army in Harrisonburg has an emergency shelter for up to 40 individuals, including families, and has historically been served by the Healthcare for the Homeless Suitcase Clinic (SC), a unique healthcare delivery model that addresses the unconventional and complex health concerns of homeless adults. Shelter circumstances prevented the SC from offering services for a stint prior to September 2016. At that time, the opportunity to reconvene services was available, although a volunteer provider was still needed.

The purposes of this Interprofessional Student Engaged Community Clinic project were to: 1) provide medical care to homeless clients sheltered at the Salvation Army; 2) offer additional clinical training sites for nursing, physician assistant and dietetic students; 3) provide first-hand interprofessional practice experiences for clinical students; 4) model and encourage community engagement with the local community partners; and 5) evaluate the beliefs, behavioral and attitudes that underlie interprofessional socialization and collaborative practice.

Interventions

Nursing and physician assistant students worked in teams with clinical faculty members to conduct weekly clinics, which included making the initial contact with individuals at the Salvation Army shelter and completing a thorough background history. Concurrently, Dietetics students conducted a needs assessment of the emergency shelter residents that informed the development of group programming focused on mindful eating and eating enjoyment. Additionally, a student organization offered education on chronic disease-related dietary considerations by modifying a free meal each month. Acute and chronic medical needs, nutritional education needs and opportunities to support healthful initiatives within the shelter were identified and addressed by the Nursing, Dietetics, and Physical Assistant and students, in collaboration with on-site faculty.

Methods
Surveys administered pre- and post- to assess student learning included the Interprofessional Socialization and Valuing Scale (ISVS; n=24 items) and Attitudes Towards the Homeless Inventory (ATHI; n=11 items). Qualitative data were collected through open-ended survey items, course assessments, and student meetings.

Results

Based on completed surveys (n=20), ISVS scores improved pre- to post- from 5.9 to 6.3. Similarly, ATHI scores increased from 2.8 to 2.9. Themes for working in interprofessional teams included understanding roles of members, value for better patient care, and importance of communication. Themes related to working with the homeless were increased comfort with communication, providing care for the whole person, and inequity of health care. Students suggested formal orientation to peers and the setting in future courses.

Conclusions/Implications

Nursing, Dietetics and Graduate Physician Assistant students were able to apply their knowledge and skills to practice within an interprofessional healthcare workforce caring for homeless persons. Interprofessional community learning experiences with vulnerable populations can have a positive impact on student learning outcomes.