



# **Best Foot Forward: Engaging Reticent Consumers with Holistic Podiatric Care**

# Our Objectives

Participants will understand how holistic services can be used to engage reticent populations

01



02

Participants will learn how to develop partnerships with community resources to deliver holistic services

Participants will learn how to support students and early-career clinicians in their programming

03





## Meet our presenters

- » Lydia Williams, FNP-BC, CWOCN
- » Kara Cohen, BSN, MSN, CRNP
- » Casey Alrich, MPH, CPHIMS

Best Foot Forward Philly

- » [www.bestfootforwardphilly.org](http://www.bestfootforwardphilly.org)

We want to know a little about you...



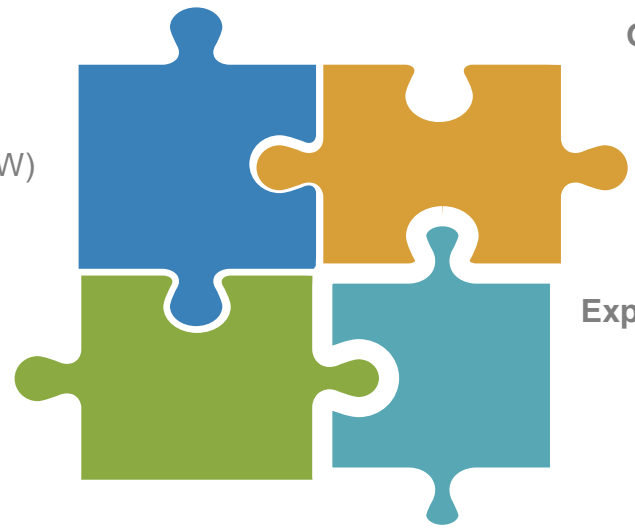
# Building the Perfect Audience

## Your Role

- Clinician
- Clinical staff (SW, CHW)
- Consumer
- Other

## Your Organization

- Clinical practice/hospital
- Housing/shelter
- Social services/outreach
- Other



## Geographic Region

- Rural
- Urban

## Experience

- Student
- 0-2 years
- 2-7 years
- 7 years +



Video of Best Foot Forward  
Philly

[https://youtu.be/djB0b\\_D7  
aBl](https://youtu.be/djB0b_D7aBl)





# Best Foot Forward Philly

## Mission

Best Foot Forward Philly is a free, all-volunteer clinic addressing the podiatric (foot health) needs of Philadelphia's homeless population


## History

Need for outreach clinic to serve concentrated street population of Center City, Philadelphia  
Funded with grant from Albert Schweitzer Fellowship in 2012

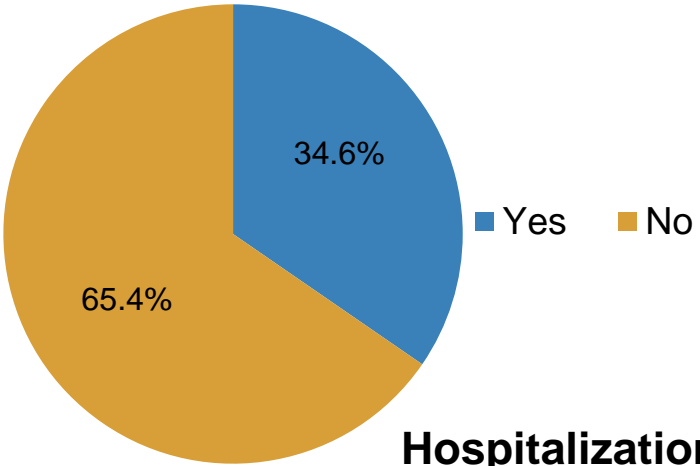
## Stats

3,200+ sessions provided to 1,700+ individuals over 6 years

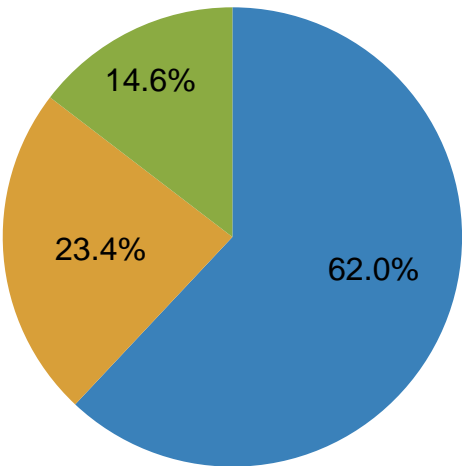
Participants are (mostly) men seeking services at the shelter



# Connecting to Care



**Hospitalization in Last 6 Months**



**Source of Care**

- Clinic/PCP
- Emergency Room
- Do Not Seek Care



1.

# Utilizing Holistic Outreach Services


Understanding needs of the whole person








# Utilizing Holistic Services

- » Holistic services lead to “whole-person care”
    - ◇ Behavioral health integration
    - ◇ Screening for needs and services beyond clinical care
    - ◇ Address patient and family priorities (*not yours*)
  - » How to utilize a holistic approach to reach reticent populations
    - ◇ Consider the whole person
    - ◇ Not necessarily being “all things to all people”
  - » Holistic services can create pathways to care:
    - ◇ Primary: holistic outreach service addressing client need
    - ◇ Secondary: connection to medical/social service community
    - ◇ Tertiary: achieve health and/or wellness goal
- 



# Creating Pathways to Care

- » Create pathway to care for your organization, population, community
  - » Primary goals:
    - ◇ Socks and shower shoes, laundry services, food, communal interaction
  - » Potential secondary goals:
    - ◇ Referrals to healthcare, temporary housing, detox
  - » Potential tertiary goals:
    - ◇ Medical care, housing, behavioral health, substance use services
- 

# Pathways to Care Activity

Goal:	Description	Need	Availability	Feasibility
Primary	<i>[Brief description of the overall goal]</i>	<i>[Low, Med or High]</i>	<i>[Low, Med or High]</i>	<i>[Low, Med or High]</i>
Secondary				
Tertiary				

- » Need: To what degree is this service needed by community
  - ◇ Severity, prevalence, economic/social impact
- » Availability: To what degree is this service or goal already addressed by other organizations
  - ◇ Other providers, accessibility, cost of care
- » Feasibility: How realistic is it that you'd be able to address this goal, need or service
  - ◇ Cost, specialized training, facilities, access to population

# BFFP's Pathways to Care

Goal:	Description	Need	Availability	Feasibility
Primary	Address foot health needs, provide clean socks, restorative service	Med	Low	High
Secondary	Referral to medical care through trusting relationships	Low	High	High
Tertiary	Increase health service seeking behavior, reduce ED usage	High	Med	Med

- » Primary: Many individuals in need of foot care and restorative services (need), no clinic like this Center City (availability), and easy, low-cost to provide (feasibility)
- » Secondary: Participants inundated with referrals to services (need), many HCH providers within area (availability), have knowledge/connections to be able to refer people (feasibility)
- » Tertiary: Poor health outcomes and high ED usage common (need), services exist with walk-in hours and open slots (availability and feasibility)



# 2.


## Partnerships for Engaging Consumers

Creative connections to serve reticent participants






# Partnerships for Engaging Reticent Consumers

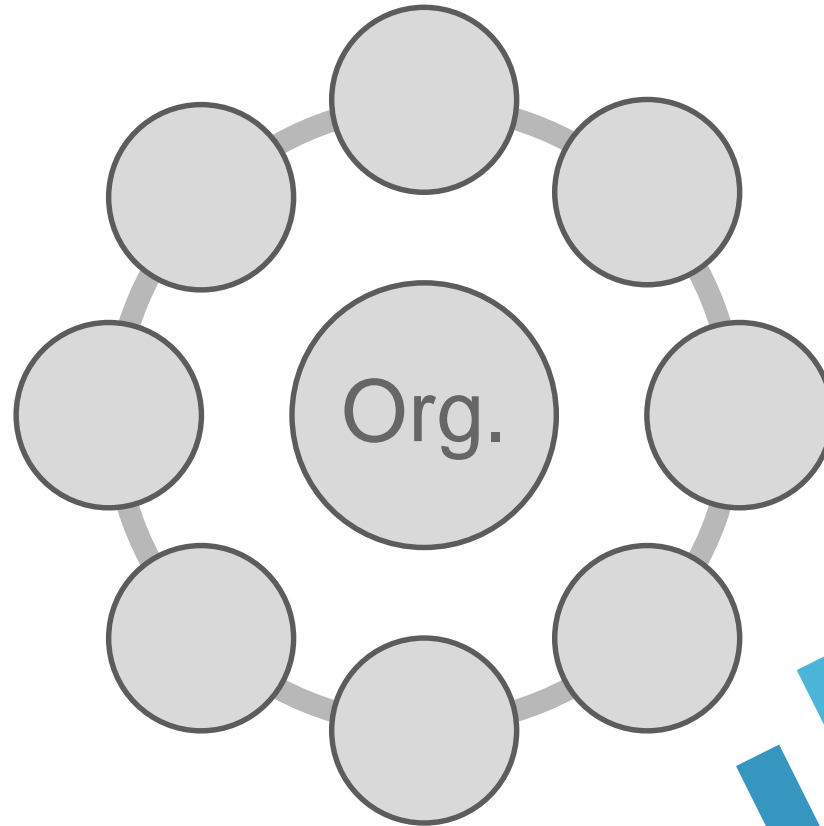
- » Develop partnerships across the medical/social neighborhood
    - ◇ Patient Centered Primary Care Collaborative:
      - ◇ Medical Neighborhood is “clinical-community partnership that includes the medical and social supports necessary to enhance health”
      - ◇ Add the “social” component
  - » Critical to identify members of the medical/social neighborhood to serve as:
    - ◇ Delivery sites for holistic outreach services
    - ◇ Ability to tap into partnerships for referrals
      - ◇ Many experiencing homelessness wary of referrals
      - ◇ Difficulty navigating systems
      - ◇ Build trusted, known relationship
    - ◇ Ability to tap into partnerships for volunteers
      - ◇ Building relationships between providers and clients
- 



# Medical/Social Neighborhood Activity

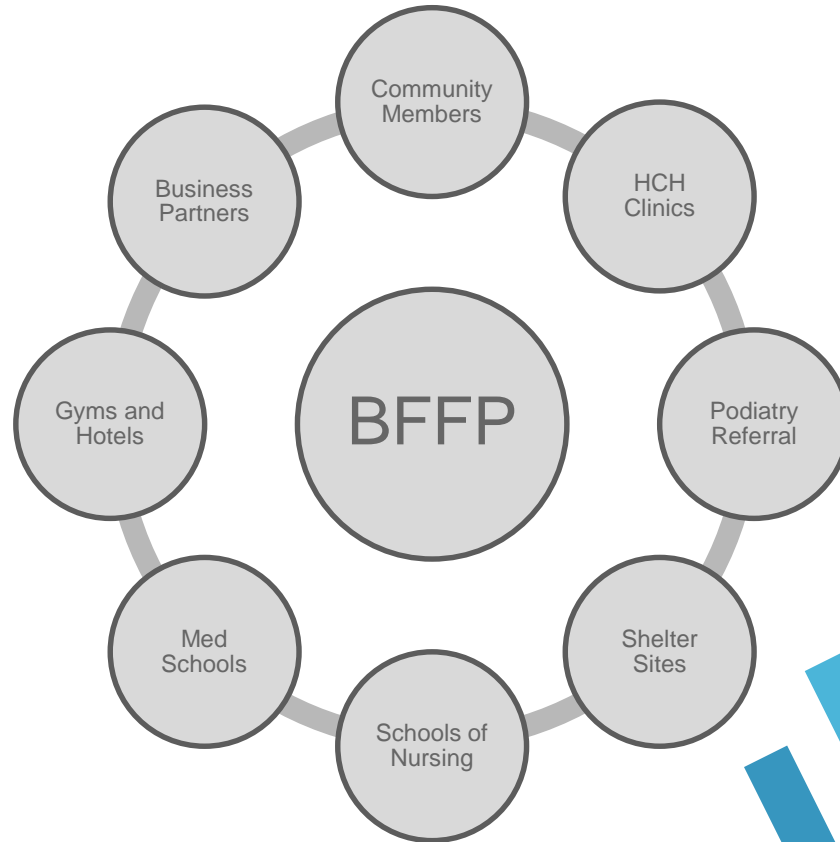
- » Thinking through your organization's medical/social neighborhood
  - » Ask yourself:
    - ◇ Who are potential resources for funding?
    - ◇ What are potential locations for services?
    - ◇ Who can provide your holistic outreach service?
    - ◇ Who can connect you to your potential participants?
    - ◇ Where can you find volunteers?
- 

# Mapping Medical/Social Neighborhood





# BFFP's Medical/Social Neighborhood





# 3.


## Workforce Development for Holistic Services

Identifying the volunteer and clinical staff  
you need





# Workforce Development: The Issue


- » Supply of RNs nationally expected to exceed demand
  - » Masks large disparities within and between states
  - » Challenges facing the homeless services workforce:
    - ◇ Special needs population
    - ◇ Difficulty engaging patients
    - ◇ Non-traditional work environments
    - ◇ Working across multiple service systems
    - ◇ Negative perceptions around people experiencing homelessness
    - ◇ Low-wage environment
    - ◇ Burnout and compassion fatigue
- 



# Strategies to Support HCH Staff


“HCH Staff Recruitment & Retention: Unique Problems, Innovative Solutions”, *Healing Hands*, June 2007.

## Investing in Staff

- » Recruit based on competency not experience
  - » Invest in the introduction
  - » Invest in training and development
  - » Clinical vs. managerial supervision
  - » Peer mentoring
  - » Training for managers
  - » Regular evaluations with benchmarks
  - » Review total staff compensation regularly
  - » Praise, recognize, and celebrate
  - » Career ladders...and off-ramps!
  - » Debrief after difficult days
- 




# Workforce Development Activity

- » What are attendees doing to develop the HCH workforce of the future?
  - » Take a look at the self-assessment tool
    - ◇ Rate how your organization is doing supporting new/early career clinicians
- 



# BFFP Workforce Development

- » 276 unique volunteers have signed up with BFFP since 2012
    - ◇ Definitely an undercount as doesn't include emails of all students from classes
    - ◇ Volunteered an average of 3.3 times
  - » BFFP provides:
    - ◇ Mentoring for students/early career RNs and NPs
    - ◇ Opportunity for skills-based learning
    - ◇ Face-to-face interaction with participants experiencing homelessness
    - ◇ Exposure to holistic services and non-traditional work environments
- 



4.


# Implementation

How to make your ideas a reality





# Measuring for Success

- » Track process and outcome measures across the effort:
    - ◇ Holistic outreach services
      - ◇ Process: services delivered, participants engaged
      - ◇ Outcome: Participants, new users
    - ◇ Medical neighborhood
      - ◇ Process: MOUs signed, service partners identified
      - ◇ Outcome: Referrals made and kept, joint services offered
    - ◇ Workforce development
      - ◇ Process: Supervision hours, volunteers oriented
      - ◇ Outcome: Staff retention rate, productivity
  - » Important to measure for funders, staff/volunteers and for your board of directors
- 



# Lessons Learned

## Serve

Serve the needs of your participants as well as your volunteers.

- » Holistic services for participants
- » Mentorship and skills-building for volunteers

## Continuous Improvement

Input from volunteers, board members, and participants have all improved services offered and delivery methods

## Mission Fidelity

- » Don't grow beyond your capacity
- » Don't change to meet other people's priorities
- » Stay flexible



5.

# Resources

Stuff to help






# Works Cited

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  - » Larkin, Henwood, Fogel, Aykanian, et al. 2016. “Responding to the Grand Challenge to End Homelessness: The National Homelessness Social Work Initiative.” *Families in Society*, Vol 97, No 3, 153-159.
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  - » Building the Capacity of the Homeless Service Workforce, *The Open Health Services and Policy Journal*, 2010, 3, 101-110
  - » “HCH Staff Recruitment & Retention: Unique Problems, Innovative Solutions”, *Healing Hands*, Vol. 11, No. 3, June 2007.
- 



# Resources

Email us for copies of:

- » Our BFFP referral forms
  - » Our BFFP client intake form
  - » Our BFFP volunteer packet ([linked](#))
  - » Activity sheets from this workshop
  - » National Outreach Guidelines for Underserved Populations (2012)
- 



# THANKS!

## Any questions?

You can find us at

- » Kara Cohen, [KaraCohen@projecthome.org](mailto:KaraCohen@projecthome.org)
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