Community Partner Perspectives on a Medical-Student- Led Patient Navigator Program for Persons Experiencing Homelessness

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Abstract:

As the number of Persons Experiencing Homelessness (PEH) rises, their unique needs remain unmet. Patient Navigator Programs (PNPs) aim to fulfill these needs by partnering PEH with well-resourced navigators. A medical-student-run PNP has been founded in partnership with Union Gospel Mission (UGM) Dallas to address these needs while better preparing future physicians. Six semi-structured interviews of UGM staff were conducted and analyzed to assess community partner perspectives of this program. Most interviewees reported that their and clients' experiences have been largely positive, citing success reaching goals and finding resources. Although obstacles were identified, most respondents observed growth in program scope and considered medical students to be beneficial. Being aware of PEH's unique needs and remaining flexible were noted as advice for future programs. Despite minor challenges and points for growth, positive perceptions of this medical-student-run PNP provide a better understanding of the partnership between this program and its community partner.

Background:

Persons Experiencing Homelessness (PEH) face unique challenges in accessing timely, comprehensive medical care.[1] These challenges include but are not exclusive to limited transportation to appointments, poor insurance coverage, high cost of care, and insufficient

access to primary and specialty care. As a result, PEH experience higher levels of acute and chronic health problems, including infectious diseases, heart disease, and mental illness.[2]

According to the 2022 Point in Time (PIT) count, 4,410 people experienced homelessness in a combined count of unhoused individuals in Dallas and Collin County, the largest count in Texas and the 16th highest of major United States cities.[3] The county community health needs assessment deemed areas with low economic investment (including those with higher rates of homelessness) to have worse health outcomes, and county regulators have thus recently included reducing homelessness as a strategy to improve health equity.[4]

Patient Navigator Programs (PNP) aim to address these widening gaps in healthcare access by partnering PEH with patient advocates who are knowledgeable about the healthcare resources available in a community.[5,6] Traditional PNPs run by paid employees have demonstrated their ability to improve physician relations, attendance at medical appointments, and hospital utilization.[7] However, over the past few years, a novel concept of medical-student-run PNPs has arisen. Such medical-student-run PNPs connect medical students with local organizations serving PEH. This framework not only strengthens ties between PEH and local community organizations but also offers medical students the unique opportunity to learn how social determinants of health directly shape patient outcomes.[8,9] Based on preliminary data from our program, participating in such an initiative resulted in higher scores for student knowledge, skills, and confidence in caring for PEH and elicited an increase in student knowledge about the complexities of caring for this population.[8,10]

At the University of Texas Southwestern (UTSW) Medical Center, a medical-student-run PNP was established in 2018 in response to the expressed needs of the women at a Union Gospel Mission Dallas (UGM) homeless shelter (Center of Hope). In this program, student volunteers, or fellows, are trained in a semester-long pre-requisite elective featuring sessions with community partners, social workers, and current fellows to learn how to leverage local resources and social programs to support PEH. Once trained, these fellows work in teams of two to four to assist a client experiencing homelessness with a wide range of self-defined goals, such as obtaining legal documentation for employment or finding and preparing for local job openings. The PNP's initial partnership originated through UGM's Center of Hope, a homeless shelter for women and children, but in 2022 was expanded to a UGM men's homeless shelter (Calvert Place). At Calvert Place, our program provides similar services to those at Center of Hope but with a shorter timeframe accommodating to the faster client turnover. Additionally, this program has garnered further support from the Albert Schweitzer Fellowship.

The effects of UTSW's Student-Run PNP with the local PEH community and student attitudes have been investigated.[8] However, the impact of this program on its community partners remains understudied. In this qualitative study, we evaluated how UTSW's medical-student-run PNP has impacted its affiliated UGM shelters as perceived by the UGM staff. This work

provides greater insight into how medical-student-run PNPs can most effectively leverage their community relationships to better care for PEH.

Methods:

Data collection consisted of 30-minute, semi-structured interviews with staff members at the Calvert Place and Center of Hope shelters in the month of April 2023, either in-person or virtually. Those interviewed included the upper management team and the chaplains at the shelter. The interview consisted of 8 open-ended questions about the community partner's perspectives on the UTSW medical-student-led PNP. Specific topics included the interviewee's experiences working at the shelter and with PNP, obstacles they noticed PNP faced in establishing the program, and advice they would give to other programs after facilitating this program with UTSW students. All interviews were recorded with the consent of the interviewee and subsequently transcribed into text. All responses were anonymized. This study was reviewed and approved by the University of Texas Southwestern Medical Center Institutional Review Board.

For each question, a list of expected response "themes" and their respective "codes" were assembled in a codebook. Each interview transcript was independently reviewed for codes by two research team members. Any additional or unique responses in the form of quotations were also noted. After both the thematic analyses were conducted, a third individual reconciled the differences between the two analyses to determine the proportion of each theme.

Results:

Of the twelve UGM staff members involved with PNP operations contacted, six agreed to participate in the interviews. Of these, two (one from each shelter) were involved in leadership at the shelters and establishment of the program. The other four (three from women's shelter, one from men's shelter) were chaplains involved in the facilitation of program implementation. All except one have been involved with the program for at least one year.

The following sections describe the major themes described by each of the respondents.

Successes and Challenges in Operations

When discussing the logistical process of PNP operations, most staff had positive views on the implementation of the program as shown by expressed themes (Table 1). When inquired specifically about the negative operational processes, half the staff responded that there were more positive than negative experiences. While there were no significant shared negative experiences, two staff members mentioned how the yearly transition between PNP leadership teams temporarily halted operations in the past.

Table 1: **Successes and Challenges in Operations – Themes and Supporting Quotations**

Theme 1: Success in reaching client goals (4/6 respondents)
"... quite a number of our [clients] do testify that PNP program is a good one because it's meeting their needs"
Theme 2: Ability to connect with resources (3/6 respondents)
"Specifically, some of them are just really, really awed about how quickly you guys were able to help them find affordable housing."
Theme 3: More positives than negatives (3/6 respondents) *(when inquired specifically about negatives)*
"From my position, [...] all of my experiences were positive."
Theme 4: Leadership transition as an obstacle (2/6 respondents)
"[…] since I've been here [we have] gone through one transition from one of the leaders to another leader. So maybe that was kind of clunky or not [a] smooth transition."
Other meaningful comments
"Some of our ladies, their schedule sometimes does not really work well with PNP's timing and schedule. […] if there could be a better way of reaching out to the ladies."
"...you all even go the extra mile and help them after [they] have left the campus. So, I really like that aftercare portion of it."
"I guess I just like how willing you are to jump in and help, because we don't have the staff all the time. [The clients] need the individual attention."

The Client Perspective and Growth

When asked about the staff's interpretation of client experiences, all reported that the clients either had mainly positive views of the program or had no negatives views of which they were aware. Like their own comments on the logistics of the program, four of the staff's responses specifically mentioned positive client experiences following success with reaching goals, receiving help to find specific resources (e.g., medical insurance registration, bus passes, housing, etc.), and obtaining legal documents (e.g., state IDs, social security cards, birth

certificates, etc.). When asked about the program's growth since its inception, five respondents mentioned at least one positive change over the years, while one individual offered an area of improvement that likely surfaced due to the student navigators' involvement in a busy medical school curriculum (Table 2).

Table 2: **The Client Perspective and Growth – Themes and Supporting Quotations**

Theme 1: Only positive experiences OR no negative experiences (6/6 respondents)
"So just added eyes and support. […] just having someone there I think makes such a big difference even if they're not there to like make a decision. Just having that extra body there."
"[The clients have] really bragged about the program, [...] they feel sad when the program is over"
"A lot of them come into shelter without any hope, but when they come here, we walk with them to let them know that there is still hope. And PNP has been a great help because many of the things that you guys do, you know, are things that [these] ladies really need most."
Theme 2: Reach goals and access resources (4/6 respondents)
"We love your impact with our ladies here. They are appreciative of what you guys do, and it has really helped a lot of our ladies to get back on their feet."
Theme 3: Positive growth since inception (5/6 respondents)
"The main thing I saw is it started off as we are going to straight deal with medical issues, and then it really turned into whatever problem they were having that was loosely tied to basic welfare and wellbeing, the student[s] made an earnest effort to help. The students tried to find resources to help whatever needs they may have, [whether] it was medical, dental, housing, etc. It turned into a more holistic program realizing that your health is affected by all of those things"
Other meaningful comments
"One thing that [...] was kind of negative, but not really, is we talked about starting job readiness classes, and that took a while to come together."

Medical Students as Patient Navigators

When specifically questioned about having medical students serve as patient navigators, five out of six of the participants indicated that it was an advantage, with specific subthemes expressed in Table 3. The last participant held a neutral opinion on the participation of medical students as patient navigators but did not specify any positive or negative sentiments. One respondent also commented that the trust ingrained into the medical profession put more of the staff and clients at ease when working with our PNP.

Table 3: **Medical Students as Navigators – Themes and Supporting Quotations**

Theme 1: Medical students as navigators have added benefits (5/6 respondents)
"I think you [add] unique value because you have a special expertise that other professions that are touching the same people don't have."
Theme 1a: Medical students are well-informed (2/6 respondents)
"We have had great guys, great medical students that have been helping out with the PNP because they are well-read [...], they have a lot of information and a lot of resources at their disposal."
Theme 2: Still helpful in other facets outside of medicine (2/6 respondents)
"But I think even though they're medical students, they've been really helpful in other resources [like] job searching."
Theme 3: Medical students provide a more holistic view (2/6 respondents)
"I really like that you are medical students mainly because you really get to see that whole person. […] Which will be your patients that you end up taking care of."
Other meaningful comments
"Because you've chosen a profession that says you care about people, and you want to help if you're in the medical profession. So, I think you come in already with a heartfelt need to help and to actually make a difference, and it's not something you're just doing."
"You guys have a high level of integrity and character. I am usually pretty guarded about who comes in with the women and children. But when they say UTSW, I can just kind of sit back in my chair, breathe lightly because of your credibility."

Future Programs and Moving Forward

When directly asked what advice the shelter staff would give to another institution interested in starting a similar program, half mentioned the importance of being aware of the unique challenges of working with PEH (Table 4). Staff were also asked about future directions of the program, with the themes summarized in the table.

Table 4: **Future Programs and Moving Forward – Themes and Supporting Quotations**

Theme 1: Being aware of the unique needs of the population (3/6 respondents)
"The problems that [this population] has [are] just like broad, and they get every aspect of the spectrum. […] So, I would just let any organization coming in […] know that, you know, [you] got your hands cut out for you. Like there's a lot that these guys need. […] I guess the main thing would be that they have the resources so that if they can't help, they can connect us to someone or somewhere where they can get the help."
"I would say that they should be open to realizing that overall health is more than making sure they know how to navigate to a medical doctor. It can be navigating benefits, dental, mental, anything that helps them feel more comfortable, so that they can take better control of their lives. And realizing that especially in this population, a lot of people in this situation are just trying to do the best they can and that a lot of the knowledge bases that we received they just missed, and it requires some remedial work... They need someone to talk to and it's going to be a referral to a lot of different people"
Theme 2: Being flexible (2/6 respondents)
"To be flexible and understanding with your clientele. A lot of them are comfortable with the situation they are in. They go from shelter to shelter. They don't like rules. It's hard for them to see a better future."
Theme 3: Expansion of client base (2/6 respondents)
"There is always a need to do whatever we are doing with the women with the children... many of them, especially boys, are dying to have a ball thrown at them... if you could have a family navigator program that includes the children as well as a family unit"
Other Meaningful Comments
"I would encourage them to clearly state their objectives upfront [and] have a strategic [...] action plan"

Discussion:

Patient navigation has been shown to help alleviate the multi-faceted challenges faced by PEH.[7] Although current literature shows the benefits of medical-student-run PNPs for the student navigators, no studies have examined the community partner perspective of such an initiative.[8,9] Thus, this study was created to evaluate the perceived efficacy of UTSW's medical-student-run PNP through the lens of its community partners.

Thematic analysis revealed important information about the operation of this PNP. Overall, the highly positive views of this program made it clear that the medical student navigators' dedication to helping clients was greatly appreciated, highlighting a major success for the program. On the other hand, the areas of improvement mentioned by staff such as difficult leadership transitions serve as learning opportunities for our program and future programs on best operation practices going forward.

As a program with a client-centered mission, it was reassuring to hear the unanimous staff opinion that clients had positive experiences working with student navigators. Staff responses mentioning that the program has grown to become more holistic demonstrate the advantage of a student-run initiative that is adaptive to the needs of the community. Whether it be student-run clinics[11,12] or patient navigator programs used for helping patients navigate the healthcare system,[13,14] previous literature has established that medical students can play an important role in community initiatives. The staff responses from this report about the knowledge and trust of medical students support these findings and present PNPs for PEH as another avenue for growing medical professionals to contribute to community health. However, it is important to note that the busy schedule of medical students also may lead to issues like the slow implementation of new initiatives.

The UGM staff's comments about being aware of the population's needs and being flexible serve as good reminders to constantly think about the population this program serves and are helpful guidance for other institutions wanting to implement similar programs, especially given that there are very few, if any, similar programs that exist at this time. Moreover, UGM staff's comments about expansion of the population we serve emphasize the need to always take a step back to look at the bigger picture of our potential impact.

One of the limitations of this study was the low response rate from the community partner. Although we reached out to 12 staff members a total of 3 times via email, only 6 interviews (50% response rate) were conducted. Additionally, higher staff turnover at the shelters resulted in a slight lack of familiarity/knowledge about the program. Furthermore, although similar themes were expressed by both shelters, the study's conclusions might slightly favor opinions of the staff

of the women's shelter (Center of Hope) as compared to the opinions of the men's shelter due to higher representation of Center of Hope staff (four versus two). While the client perspective was gathered through the lens of UGM staff members, this study did not directly gather the views of the clients involved in the program. A future client-facing study might provide a different perspective on the outcomes and perceptions of a medical-student-run PNP. Lastly, all opinions expressed by interviewees are only pertinent to the PNP implemented at UGM shelters, but general themes can be extrapolated to apply to current or aspiring medical-student-led PNPs in different geographic areas and/or shelters.

Conclusions:

Overall, the results of these interviews provide a clearer understanding of a community partner's perspective on the role of a medical-student-run PNP in helping to mitigate the rising socioeconomic and healthcare gaps that exist for PEH. Although minor challenges and future directions were highlighted, most interviewees portrayed this PNP in a positive light, showing the potential of such programs in improving community health. The results of our study will help internally improve this program and may help institutions elsewhere wishing to implement similar medical-student-run PNPs.

Acknowledgements:

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