

# HOMeward



*Adrienne is ready to be a full-time doctor again--and get more time with clients like Dennis Preston.*

## Just what the doctor ordered

*At the start of this year, Chief Medical Officer Dr. Adrienne Trustman let staff know that she would be stepping down from her position, but not leaving Health Care for the Homeless. Below, Adrienne reflects on her upcoming transition back to being a full-time doctor.*

### **What has your time at Health Care for the Homeless looked like to date?**

I started at the agency in June 2015 as a medical provider, then I moved into the Vice President of Medicine role for three years. I was promoted to the Chief Medical Officer in February 2020. That makes me the “COVID CMO!” And we’ve done a lot together since then:

- We were the first in Baltimore to test an entire shelter for COVID and proved to the City that it's vital to support shelters during a pandemic.
- We are the first and only Federally Qualified Health Center in Maryland to provide syringe services.
- We've vaccinated clients (and staff) every day for the past year.

- We've stayed present and cared for clients, and each other, through one of the most challenging times in our lives.

### **What draws you so strongly back to the clinic?**

I really miss being a full-time doctor. It's something I've always wanted to be since I was really little. As CMO, I spend two half-days a week with clients. I love the relationships I have and want to expand on that. I love seeing people get better when they take steps toward recovery. My new role as Lead MAT provider will involve a lot more work with the Medication-Assisted Treatment (MAT) team and Syringe Service Program (SSP). When I did MAT group during my first three years here, we didn't offer flu shots, colon cancer screenings and other basic primary care in conjunction with opioid use disorder medication like Suboxone. I would love to figure out how to integrate more of those services. And I'm ready to give my first syringe kit out!

*Continued on page 2...*

### Why are harm reduction services important?

Harm reduction is a huge part of chronic disease management and preventive health care. People have busy lives and competing priorities, and it's our job as health care providers to help them figure out how to prioritize their health care in the greater context of their lives. That may be taking one blood pressure medication instead of the recommended three— because that's better than no blood pressure medications. Or it may be taking oral diabetic treatments because of concerns about insulin. To me, syringe services fits this model nicely. A person who is not ready to stop using drugs but is well aware of the risks of HIV/HCV may be very motivated to use clean needles.

Then it's up to us as health care providers to work toward being a trusted source of health information so that we can discuss the risk/benefits of treatment with a medicine like Suboxone. We're seeing that play out already in the MAT program. Folks come for syringes then open up to engaging in further treatment.

### You and the other members of our leadership team have had ongoing trainings on racial equity and inclusion over the last year. How does an REI lens inform your work as a doctor?

In primary care, racial equity comes up all day, every day. I'm working with people who have been harmed and unfairly judged by the health care system in the past but also on an ongoing basis. If we look at the Big Picture, we need to examine the fact that people across different identities aren't getting the care they need and deserve. There is a lot of trust to build or rebuild.

It's common for clients to tell me that they've never had a medical provider believe that the symptoms they describe are real and valid. With that in mind, I try to bring a bit of skepticism to care that clients might have received already. That often means offering a treatment or test that wasn't offered in the past based on race or income or housing status. I tend to dig into my empathy by thinking about what I would do if this was being experienced by my family member or myself—might I behave in a similar way? Often the answer is yes.

***“If we look at the Big Picture, we need to examine the fact that people across different identities aren't getting the care they need and deserve.”***

### Why stay at Health Care for the Homeless in particular?

Our mission and the way we live it out is unique in Baltimore. I like that we see people and don't charge. I like that we provide medications for people when they can't afford them. I would be frustrated going to a place that excluded people based on ability to pay.

We see people who haven't had the opportunity to have stability in their lives. I like being a stable part of people's lives—and I've gotten attached to a couple hundred people! I wouldn't want to start that over in another place. Plus, I think our medical leadership team is excellent. Sr. Medical Director Laura Garcia is a great boss!

### When do you transition to your new position?

While I'm eager to get back to seeing clients more often, I am committed to supporting the agency as we look for our next CMO, and I plan to continue as CMO until that time. If you know someone who would be great for the job— encourage them to apply!



*See (and share!) the job listing for our Chief Medical Officer at [www.hchmd.org/workhere](http://www.hchmd.org/workhere)*

# Take good care of yourself

**S**tress. Fatigue. Depression. Burnout. You've likely been there. But we can each find moments of grace.

That means making time to heal, reflect and reset so we're better equipped to give care, provide support, and advocate for lasting change in our community. Self care readies the body and mind for this essential work, building the strength and resilience we all need to advance justice and equity in Baltimore.

The following tips were inspired by Behavioral Health Therapist Deirdre Hoey's recent interview with The Association for Clinicians of the Underserved. They have been a guide for clients and staff, and might be helpful for you, too:



## Grieve your losses

We are still living in the pandemic and many of us have lost loved ones, particularly in marginalized communities. If we fail to grieve a loss, the pain can grow and snowball inside us. If a deceased friend was loved for her humor, look for opportunities to share a laugh. If a deceased client was known for their advocacy, seek out ways to support their mission in your day. Choose a way to honor that loss – to lift up their legacy.



## Disrupt with breath and movement

Tension can feel like a fact of life, and over time prolonged stress can have life-threatening consequences, increasing a person's risk of heart disease, heart attack, and stroke. To disrupt those moments of stress, try developing a practice of deep, intentional breath and movement. Deep breathing gives the body a moment to reset as more blood and oxygen flow to the brain. Focus your movement on a physical activity like running, stretching or whatever brings you joy. Practicing these activities during periods of calm will make their benefits more accessible in a moment of tension.



## Write down three good things

Setbacks, stressors, and societal barriers can cloud our ability to see the good around us. Take a few minutes each day to compile a list of three good things, assigning a positive emotion to each. Studies have shown that individuals who maintain this daily practice of appreciation experience far less burnout than those who don't. Try this gratitude practice for 30 days; see how far it takes you.



## Maintain positive connection

There's so much power in community, and we can draw from that strength by connecting and looking out for one another. Sing in a choir, serve meals, join a book club, attend gatherings, protests, or support groups...There are so many ways to unify and grow our shared community.



## Prioritize rest

We all need time to pause and reflect and bring peace back into our busy lives. Rest can bring us into the present. For Black communities in particular, rest can also be a form of civil disobedience. This country was built on stolen time and labor; resting is a way to take back and reclaim space. Tricia Hersey, founder of the Nap Ministry, has been examining the liberating power of rest as resistance and critical care for Black bodies since 2016. To learn more, visit: <https://thenapministry.wordpress.com>

Self-care works best as a daily practice. The five or ten minutes you make today could spark a new lifelong routine, leaving you better prepared to balance the unpredictable moving parts of life.



For more lessons on self-care, listen to Deirdre's full interview here: [tinyurl.com/deirdrehoey](https://tinyurl.com/deirdrehoey)



# 120,000

people die every year from work-related stress

Source: American Institute of Stress



Black people at all ages have higher chronic stress than their white counterparts. Studies point to pervasive experiences of racism for the disparity.

Source: American Journal of Public Health  
Journal of National Medical Association

# Something to smile about

Dental Director Parita Patel shares the journey to full adult dental Medicaid coverage in Maryland.

Throughout my career, I've seen how hard it is for people to get the dental care they need without insurance, and how low-income communities are disproportionately impacted by these holes in our health care system.

The tragedy of 12-year-old Deamonte Driver, who died from an untreated tooth infection in 2007, sparked outrage and renewed calls for expanded dental coverage under Medicaid. As a result, the state voted to expand Medicaid dental coverage for children, but stopped short of ensuring dental care for thousands of eligible adults—like Jordan.

Diagnosed with Stage 4 cancer, Jordan was scheduled to begin chemotherapy. He just needed a dental provider to clear any infections first. This pre-op screening, known as dental clearance, is a routine procedure, but no dentist would see Jordan because his Medicaid plan didn't cover dental. His cancer treatment ground to an abrupt halt. "It felt like a death sentence," he told me.

Those of us who live with untreated tooth decay and gum disease are at greater risk of heart disease, diabetes, dementia and preterm births. And excruciating mouth pain affects our ability to speak, eat, work and sleep.

Like Jordan, clients often come to see us with advanced gum disease, cavities and tooth loss, because they've been denied access to dental care for years if not decades. Many need five dental visits or more.

Since our first dental clinic opened over a decade ago, Medicaid has covered just 4% of the dental services we provide at Health Care for the Homeless. The team and I have relied on grants and donations to shoulder the rest—and that simply isn't a sustainable way to fund these most basic services.

After years of advocacy alongside clients and the Maryland Dental Action Coalition, the Maryland General Assembly passed a bill (SB150/HB6) extending adult dental coverage to thousands of Medicaid recipients. This means access to oral exams, fillings, extractions, root canals, cleanings and more when the expansion goes into effect on January 1, 2023!



Parita sees the tremendous need for dental care every day.

This is a monumental step, but there is still more work to do. My colleagues and I will continue to monitor the rollout of these new provisions to ensure that neighbors without homes get the same comprehensive dental coverage as you and me.

I saw Jordan as an emergency Saturday appointment. Years of chronic homelessness meant that he needed extensive care from an oral surgeon. But who was going to pay for it? Our funding at that time wouldn't cover the procedure, and together we spent the next several days calling Jordan's oncologist and the hospital as he urgently worked to get back into care.

Ultimately, we pooled enough funds to pay for the extraction and Jordan was finally able to put his cancer treatment back on track. Seeing a dentist shouldn't be this complicated for Jordan or any one of us.



Thank your legislator for voting YES to dental care:

Senate: [tinyurl.com/5bv84dbe](https://www.tinyurl.com/5bv84dbe)

House: [tinyurl.com/mvknfnrn](https://www.tinyurl.com/mvknfnrn)



Emergency dental department visits **decreased by**

**14.1%**

in states where dental coverage is offered under Medicaid.

Source: Health Services Research



Nearly

**800,000**

people in Maryland are not covered by dental insurance.

Source: The Baltimore Sun

# It matters how you slice it

“Are we meeting clients with what they need, when, where and how they need it?” These are the central questions guiding Chief Quality Officer Tolu Thomas, MSN, RN.

“We know that the people we serve—52% Black and 34% Hispanic/Latinx—are less likely to seek care in the first place,” says Tolu. “They do not trust the health care system because, historically, they have been harmed by the system.”

Some clients have never had a primary care provider before. And many are looking for long-term care after being disconnected for a variety of reasons.

“Data is the first part of the puzzle,” says Tolu. “What we do with that data and how we target biased actions is what I am excited about.”

Examining our data by race, gender, sexual orientation, insurance and more is also helping us see trends that we might otherwise miss.

“Disaggregation of data allows us to determine whether disparities exist and to what extent,” says REI Health Equity Specialist Arie Hayre-Somuah, LMSW, MPH. “It helps us develop interventions to target the groups that are disproportionately affected and provides metrics that we can use to hold ourselves accountable in working to achieve racial and health equity.”

In the last year, we found that Black men reported higher rates of dissatisfaction across our services than any other group coming in for care. And Hispanic/Latinx clients have the highest rates of uncontrolled diabetes.



*One year in, Tolu is focused on improving clients' access to care.*

Practices across the agency need to change based on client data. For instance, we need to introduce all providers to clinical trainings focused on culturally appropriate care for Black and Hispanic/Latinx community members. And recruiting Black men across provider roles—as nurses, nurse practitioners, doctors and social workers—is critical.

Another example of changes to care: Arie and the Quality Assurance department are focused on naming and addressing bias and assumptions about obesity and helping providers shift to think of “health at every size.”

“Reacting to data can be slow,” says Tolu, “but when we do, the impact to staff and clients is so important.”

## Clients tell us to improve:



Access to care



Wait time

## Our Goals:



Create a Call Center



Hit 80% utilization rate across all departments



Explore the top 14 goals guiding our operations in 2022  
[www.hchmd.org](http://www.hchmd.org)

# MAKE TIME TO TUNE IN

## COMMUNITY OF PRACTICE | Thursday, May 5

Register for our virtual discussion on Addressing Environmental Injustice: Race and the Built Environment. [www.hchmd.org/community-practice-homelessness](http://www.hchmd.org/community-practice-homelessness)

## DOCUMENTARY "PAST DUE" NOW AVAILABLE

Premiered at the 2022 Chocolate Affair, Past Due shines a light on our collective housing crisis. Watch and share at: [www.hchmd.org/videos/past-due](http://www.hchmd.org/videos/past-due)

## Meet our 2022 Staff REI Committee

Introducing the eight staff members, including three returning members from 2021, who will advise the Executive Team on racial equity vision, strategy and transformation in the months to come.



**KAT ACOSTA**  
Major Gifts Officer

*"I find this work meaningful as Health Care for the Homeless takes steps forward, looks inward and examines*

*how it responds to racism and its impacts on staff and clients."*



**JILL STEELE-MCGHEE**  
Real Estate Developer

*"I believe racial equity is crucial to have a just society. As Martin Luther King Jr. stated, 'No one is free until we are all*

*free.' Providing affordable housing is my way of improving outcomes for everyone."*



**EVA HENDRIX-SHOVLIN**  
Case Manager (Returning Member)

*"The last year has been the most joyful, impactful and challenging experience of my time here. To be a small part*

*of supporting things like pay equity, new vendor partnerships, land acknowledgements and more has been inspiring."*



**JESUS TALAVERA**  
COVID Screener/Client Service Representative

*"Since I am the first person clients interact with, it has been a priority from day one*

*to provide the best customer service. Being on the REI committee is a great step to truly understanding equity and racial inclusion."*



**ARIANNE JENNINGS, LCPC**  
Behavioral Health Coordinator (Returning Member)

*"I am happy to use my platform and personal experiences to help tackle*

*the racial inequities within our society and push for equality and inclusion among us all at Health Care for the Homeless."*



**SYANDENE UNDERWOOD, BSW**  
Housing Services Case Manager

*"I want to expand my mind to the internal biases that I may need to work on and be part of the creation of change in my*

*agency. I think we are doing well as an agency, but there's no need to stop growing."*



**MAX ROMANO, MD**  
Medical Provider

*"Explicitly confronting racism is necessary for us to end homelessness. I think this requires internal work*

*supporting staff of color and external work supporting our clients in antiracist ways."*



**MALCOLM WILLIAMS, LCSW-C**  
Client Relations Coordinator (Returning Member)

*"As a conscious African American male who is a fifteen-year veteran of an*

*agency whose majority of clients are African Americans, I am excited to lend my voice to tackling racial inequities. Racial equity is an essential component in job satisfaction, performance and agency climate. I look forward to exploring how this will impact clients."*