

Working to heal homelessness, fix broken aid industry

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While volunteering at an Indian orphanage in 1984, Dr. David Buck found his passion for helping those most in need during an encounter with the greatest humanitarian in human history—Mother Teresa. That



unforgettable experience put him on a decades-long path to reshaping how communities care for the underserved.

"Mother Teresa asked us 'Who among you wants to change the world?"" recalled Buck. "Internally I was screaming 'Me, I do!'"

But Buck, now a professor and associate dean for <u>community health</u> at the University of Houston Tilman J. Fertitta Family College of Medicine, didn't raise his hand.

"She said 'For all of you who want to do that, there's the door. Our task is much greater. Our task is to love one person at a time," he said. "So, I came back to the U.S. and knew I wanted to make a difference here at home."

Buck recently reflected on his nearly 40 years of tackling the homelessness epidemic, repairing a fragmented aid industry, and challenging the status quo in medicine in a first-person account published in the *Journal of Social Distress and Homelessness*.

Early in his career, just after returning from that life-changing experience with Mother Teresa, Buck volunteered with Houston Catholic Worker House where he learned the biggest problem facing the homeless was access to <u>health care</u>. Not long after, he established two free <u>health</u> clinics and a dental clinic, but soon realized the root problem wasn't just access. Instead, it was a lack of integration of all the services they needed.

"There was no system of care, from <u>primary care</u> to subspecialty care, health care to housing, food, even identification cards to transportation. Homelessness is like a prison of these catastrophic failures at every level. Education, employment, the judicial system. It goes on and on," said Buck, noting that there are hundreds of non-profits but no financial



incentives for one service industry to work with others like housing, transportation or employment.

Recognizing what he calls a "profound lack of leadership," Buck founded Healthcare for the Homeless Houston in 1999 to promote health, hope and dignity for those affected by homelessness through accessible and comprehensive quality care. His vision was to provide pathways for moving beyond the cycle of homelessness through integrated care and collaborative partnerships and eliminate those obstructive service silos.

"You have to go to the place that does housing, but you don't have transportation," he said. "You have to get I.D., but that's a different Texas agency. You have psychiatry here, but not at your primary care doctor, and then you have to go somewhere else for your meds. It's this endless cycle."

To further the mission, Buck founded another non-profit, the Patient Care Intervention Center (PCIC), and partnered with United Way, among others, to build a coordinated health safety-net where stakeholders share and integrate social and <u>medical data</u> to help make better decisions.

In the journal article, Buck suggests three strategies that need to be adopted across the health care system to more effectively treat <u>homeless</u> <u>individuals</u> and improve health outcomes:

- Challenge funders at all levels: Philanthropic institutions, the <u>private sector</u>, local, national, and international public grant agencies must implement financing strategies that incentivize and reward collaboration among service organizations.
- Resist the temptation to add new non-profits: Further proliferation of non-profit organizations will only serve to further



fragment care. Instead, regardless of whether the <u>financial</u> <u>incentives</u> are there or not, reach across the aisle and build meaningful coalitions with existing players.

• Change starts from within: Reform professional culture to reward practices that are proven to improve key outcomes.

When asked how it's possible to build a primary care system that is responsive to the needs of the homeless, Buck suggested providing care based on values rather than problems. It's a strategy based on cognitive behavioral therapy that can lead to health behavior changes.

"Imagine your typical doctor's appointment: 'Hi Mr. Patient, nice to see you today for your hypertension, obesity, substance use, your mental illness, oh and did I mention your obesity?' As I go on with that statement, you become less and less motivated for the behavior change that could improve your health. Now compare that to a values-based approach. Who and what is most important to you? And then you derive goals from that," he said in the journal interview with article authors Nicholas Peoples and Mary Fang, both <u>medical students</u> at Baylor College of Medicine.

Buck said challenging the status quo is what brought him into academic administration. The Fertitta Family College of Medicine was founded in 2019 on a distinct social mission to improve health and health care in underserved urban and rural communities where poor health outcomes are often more prevalent. Buck is part of the team educating medical students on how to provide compassionate, high-value care (high quality at reasonable cost), with a focus on primary care and other needed physician specialties.

In September, Fertitta Family College of Medicine students for the first time will join students from Baylor and UT medical schools in working at the HOMES (Houston Outreach Medicine, Education and Social



Services) Clinic at Healthcare for the Homeless, one of the first studentrun medical clinics in the country and the only one in Houston, and the first one at a Federally Qualified Health Center (FQHC).

"We know what's wrong, and now we have the tools to fix it," he said.

His vision goes back to that day nearly 40 years ago when Mother Teresa gave him the inspiration for what has become his life's work. But that work is far from finished, and now he's hoping that inspiration is passed along to his students.

"We need the next generation of doctors to implement new approaches to improve the quality of care, and that's part of our focus at UH."

More information: Nicholas Peoples et al, Healing the homelessness, fixing a broken aid industry, and challenging the status quo: perspectives of a physician-activist, *Journal of Social Distress and Homelessness* (2022). DOI: 10.1080/10530789.2022.2080794

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