A LIVING AGENDA

Shaping the National Research & Policy Future of Street Medicine

July 2025

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We owe a profound debt to the unhoused individuals who sat with us and shared their stories and hard-won insights—those conversations didn't just inform the research, they grounded and guided the 2025 United States Street Medicine Agenda. Thank you as well to all who joined us at the Summit; your engaged presence and thoughtful contributions shaped the discussions, priorities, and outcomes.

Deep gratitude to the street medicine teams who hosted us and connected us with people living on the streets in their communities. Your hospitality, trust, and commitment to making space for local voices were instrumental to the success of the Listening Sessions. Thank you to Sih Hasin Street Medicine (Farmington, NM), Care Beyond the Boulevard (Kansas City, MO), USC Street Medicine (Los Angeles, CA), Valley Health Partners (Allentown, PA), Central City Concern (Portland, OR), and Acclaim Health Street Medicine (Fort Worth, TX) for your partnership and the vital work you do every day.

Enormous thanks to Enya Lowe (USC Street Medicine) and Jonathan Elliot Cohen for leading interviews and focus groups across the country. Their care, skill, and dedication ensured the voices of street medicine practitioners were reflected at every stage.

To the delegates who traveled from across the country—thank you for bringing your deep expertise, on-the-ground knowledge, and commitment to advancing street medicine. Your contributions enriched every conversation and helped shape an Agenda that is both grounded and bold.

Finally, we thank the USC Capital Campus for hosting the event and the staff who made it possible—especially Sydney Walley.

STRENGTHENING PATHWAYS
a national conversation about health research from THE COLLECTIVE

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Background

Homelessness in the United States represents one of the most urgent public health and human rights crises of our time. With over 750,000 people experiencing homelessness in the United States—many of whom remain unsheltered—the healthcare system is fundamentally ill-designed and ill-equipped to meet the needs of this population. For people without stable housing, conventional healthcare pathways are not only inaccessible but often biased against them. These systems are built on assumptions of housing stability, personal safety, and reliable access to communication, transportation, and identification—assumptions that exclude and alienate those living unsheltered. Realities such as the criminalization of homelessness, the inability to safely store belongings, and systemic discrimination compound this exclusion. As a result, morbidity and mortality rates among this population remain alarmingly high, with unsheltered individuals experiencing death rates more than thirty times higher than the general population in some urban areas.

Street medicine was born out of necessity to close this critical gap in care. Street medicine teams work in encampments, alleyways, riverbanks, and sidewalks, providing medical, behavioral health, harm reduction, and social services directly where people live. It is a model built on trust, presence, and continuity—offering care that is trauma-informed, adaptable, and centered on human dignity and human rights.

Although the field has expanded—especially since CMS introduced a Place of Service (POS) code in 2023, enabling reimbursement for the first time—street medicine programs still operate without defined standards, stable funding, a shared evidence base, or a supportive legal and policy framework. As a result, the field lacks the policy and research infrastructure needed to support its continued growth, effectiveness, and integration.

To address these critical gaps in the field, *The United States Street Medicine Summit* brought together leaders from across the country to co-create a national research and policy agenda. The event was organized by USC Street Medicine and the California Street Medicine Collaborative, in partnership with the USC Homelessness Policy and Research Institute (HPRI) and the USC Institute on Inequalities in Global Health (IIGH). Funded by the Doris Duke Foundation and The Collective for Strengthening Pathways for Health Research, this Summit was a landmark moment for street medicine—underscoring the urgency, potential, and growing recognition of this vital work. It marks a decisive step toward improving health care for people who are unsheltered across the United States, while charting a more person-centered health system for all.

This report offers a comprehensive overview of the Summit's discussions and key findings, culminating in the *2025 Street Medicine Agenda*—a strategic roadmap for advancing street medicine research and policy across the country.

SUMMIT OVERVIEW

The United States Street Medicine Summit was held on May 15, 2025, at USC Capital Campus in Washington, DC. It was a strategic national convening designed to define the critical research and policy priorities for the street medicine field in the United States. Prior to the conference, researchers conducted listening sessions with people living unsheltered throughout the country to identify priorities for the Summit agenda and approach. Using evidence-based, consensus-building strategies (e.g., World Cafe, Delphi Model), facilitators guided symposium delegates through a series of interactive activities to outline the future of street medicine research and supporting policy.

The goals of the Summit were to:

a) Develop a National Research and Policy Agenda for Street Medicine

Produce a unified national agenda focused on improving health outcomes from street-based care and preventing leading causes of mortality among unsheltered individuals. This agenda serves as a strategic framework to guide future research, policy development, and resource allocation for the field.

Dr. Kevin Sia presenting at the US Street Medicine Summit

b) Center Lived Experience in Research and Policy Development

Through listening sessions held in cities across the country, and direct participation in the Summit itself, individuals with lived experience shaped the research and policy priorities. This approach ensures that the agenda reflects the self-identified needs and realities of people living outdoors.

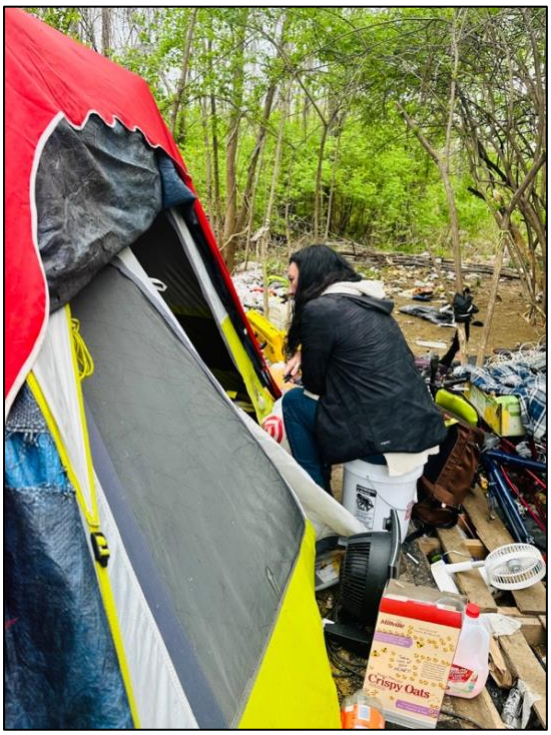
c) Build a National Leadership Infrastructure

The Summit sought to identify and connect cross-sector champions who can operationalize the agenda post-event—leaders in medicine, policy, advocacy, research, and lived experience who can coordinate sustained action. It emphasized the development of actionable next steps to move the field forward.

Pre-Summit National Listening Sessions

Actionable ideas must be grounded in the lived realities of those most impacted. That principle shaped the Summit's design and raised a key question: *Whose expertise are we centering?* Individuals experiencing unsheltered homelessness are routinely excluded from decision-making processes that affect their lives. To challenge this, the Summit began by listening to those living on the streets.

Between February and April 2025, researchers from USC Street Medicine and the USC Institute on Inequalities in Global Health—Kaitlin Schwan (PhD), Enya Lowe (MSc), and Jonathan Elliott Cohen (JD MPhil)—led Pre-Summit Listening Sessions in six cities across the United States. Partnering with local street medicine teams, they spoke directly with people living in encampments, under bridges, and on sidewalks to understand how the healthcare system has failed them—and how they would build a system that works for people living outdoors. **This became, to our knowledge, the first national qualitative study exploring how people experiencing unsheltered homelessness envision health system change.**



Kaitlin Schwan, PhD, conducting an interview in Kansas City, MO.

A total of 87 in-depth interviews and eight focus groups with over 150 individuals were conducted across urban, rural, and suburban communities—north, south, east, and west. Participants were recruited during street rounds and included individuals both known and unknown to local street medicine teams. Interviews were recorded, transcribed, and paired with a brief demographic survey.

These sessions shaped the Summit's agenda, content, and priorities, grounding the Learning Stations, facilitated dialogues, and Research and Policy Design Lab. Analysis of the data is ongoing, with multiple publications and knowledge-sharing outputs—both public-facing and peer-reviewed—in development.

Summit Hosts

The Summit was made possible through collaboration among leading organizations committed to advancing street medicine, each bringing unique expertise and perspectives:

- **USC Street Medicine** is a national leader in the provision of street-based care, based in Los Angeles County, CA. Founded in 2018, it provides over 12,000 annual patient visits on the street and operates 4 robust branches: clinical care, research, workforce development and education, and policy and advocacy. These 4 arms create a virtuous cycle, creating a continuous positive feedback loop for ideas to be created, implemented, and evaluated, blending patient and policy work.

- **The California Street Medicine Collaborative** is the statewide voice for street medicine in California. Hosted by USC Street Medicine, the Collaborative is a policy and practice collective that has 800+ members and convenes over 275

organizations, 21 health plans, and more than 70 street medicine programs across 35 counties. The Collaborative serves as a statewide community of practice for the field, advancing health equity and justice through policy work, advocacy, and the identification and promotion of promising practices and policies.

- **Institute on Inequalities in Global Health (IIGH)** brings together global scholars, practitioners, and students to address inequalities that shape health outcomes through research, education, and policy engagement.

- **Homelessness Policy Research Institute (HPRI)** is a cross-sector research institute based at USC focused on accelerating equitable and data-driven solutions to homelessness through actionable research and policy partnerships.

Delegates at The United States Street Medicine Summit in Washington, DC (15 May 2025)

Summit Delegates

The Summit brought together over 75 delegates from across the country, intentionally representing the North, South, East, and West—as well as rural, urban, and suburban communities. Participants came from diverse policy environments and political contexts, bringing a range of experiences from conservative to progressive regions. Delegates included leaders in clinical street medicine, public health, managed care, legal advocacy, philanthropy, research, and those with lived experience of homelessness. A variety of street medicine models were represented, offering a wide lens on opportunities and challenges in the field.

Summit Activities

The U.S. Street Medicine Summit gathered delegates for a day of immersive learning, cross-disciplinary dialogue, and collaborative solution-building. We began with opening remarks and an overview of the street medicine landscape (Brett Feldman, MSPAS, PA-C), followed by findings from national listening sessions with people living unsheltered (Kaitlin Schwan, PhD). These early sessions grounded participants in the lived realities shaping the field and set the stage for the day's collaborative work.

Participants then rotated through immersive Learning Stations focused on key challenges in street medicine—from financing and behavioral health integration to access to basic needs and public health intersections. A facilitated cross-sector dialogue encouraged participants to synthesize what they had learned and identify tensions, shared challenges, and opportunities for further exploration. In the afternoon, we moved into a hands-on Research and Policy Design Lab. Participants self-selected into topic areas and, through guided discussion, co-developed research questions and policy proposals. The day concluded with a powerful panel of individuals with lived experience, a gallery walk of proposed solutions, and a prioritization process that helped surface top ideas for future action. A closing circle invited commitments and next steps toward sustained impact.

Key Sectors who Attended the Summit

Sector	Attended Summit
Street medicine teams	✓
CMS and Medicaid agencies	✓
Legal aid organizations	✓
Researchers & policy experts	✓
Community-Based Organizations	✓
Public Health departments	✓
Hospitals & Hospital Associations	✓
Advocacy Groups	✓
Managed care organizations	✓
Policymakers	✓
People with lived experience	✓

Key Summit Activities

- **Immersive Learning Stations** on critical street medicine topics
- **Cross-sector facilitated dialogues** to identify shared challenges
- **Research and Policy Design Lab** to co-create actionable proposals
- **Lived Experience Panel** centered on those directly impacted
    - **Facilitator: Jonathan Elliot Cohen (IIGH)**
    - **Panelists:** Mike Jellison (BHCHC, Boston, MA), John Culich (The Village Initiative, Kansas City, KS), Melissa Moore (RISE, Hayward, California), and Barbra Weber (Ground Score, Portland, OR)
- **Solution Gallery Walk and Priority Harvest** for collective refinement and prioritization
- **Closing Circle** for reflection, commitments, and outlining next steps

Dr. Alexis Coulourides Kogan leads the Research Reveal Learning Station

Cross-Sector Dialogue

Kate Pocock & Jonathan Elliot Cohen facilitate a Design Lab on the Right to Hygiene

Barbra Weber speaks on the *Nothing About Us, Without Us Panel*, alongside John Culich, Mike Jellison, & Melissa Moore

SUMMIT OUTCOMES

At the Summit, delegates came together to name key systemic barriers and co-create national priorities for advancing street medicine. The outcomes below reflect both a clear-eyed view of current challenges and a bold agenda for collective action.

Key Challenges Facing Street Medicine

Summit delegates identified five persistent and interlocking challenges that limit the scale, effectiveness, and long-term sustainability of street medicine programs nationwide. These barriers reflect both structural inequities and broader system design limitations that often overlook or exclude the needs of people living outdoors.

- **Inadequate and Misaligned Payment Models**: Street medicine operates under the same financing models as traditional outpatient clinics, despite fundamental differences in care delivery. Most reimbursement relies on shared risk models designed for patients with varying levels of engagement and risk. In contrast, street medicine engages nearly all patients—many of whom are at consistently high risk—through an assertive and outreach-based approach. Current financing mechanisms fail to reflect this intensity. Additionally, essential roles such as peer navigators, outreach workers, and community health workers are either non-billable or reimbursed at levels too low to sustain them under current Medicaid and CMS rules. Fragmented payment systems further disincentivize care delivered in the field, making long-term program sustainability difficult. As a result, many street medicine programs operate on a patchwork of short-term grants, philanthropic funding, and local stopgap measures, leaving them in a state of chronic precarity and limiting their ability to scale or plan for the long term.

- **Lack of Standardized Program Models:** Street medicine programs have expanded rapidly across the country, yet there remains no established standard for program design. Teams operate with varied approaches to service delivery, documentation, referral pathways, scope of practice, and integration with broader health systems. This lack of standardization can lead to fragmented care, difficulty evaluating outcomes across programs, and inefficiencies in scaling effective models. Without shared guidelines, it is also challenging to ensure fidelity to the core principles of street medicine while adapting to local contexts.

- **Workforce Development and Credentialing Gaps:**
  While clinicians and other professionals on street medicine teams hold existing credentials (e.g., physicians, nurses, social workers), there are no nationally recognized competencies or credentialing standards specific to the practice of street medicine. This creates a gap in preparing teams to deliver care effectively in non-traditional, high-acuity, field-based settings. Without a defined training

pathway tailored to the unique ethical, clinical, and logistical demands of street medicine, onboarding is often ad hoc and knowledge transfer is inconsistent. The lack of role-specific professional development opportunities—particularly for outreach workers, peer specialists, CHWs, and others without formal clinical licenses—limits advancement and may contribute to workforce instability.

- **Fragmented Data Infrastructure**: Teams lack interoperable systems to share, access, and aggregate data across healthcare, behavioral health, housing, and legal systems. This impedes care coordination, program evaluation, and can contribute to gaps in service delivery. Furthermore, the inability to aggregate data across programs limits opportunities to evaluate effectiveness at the population level, constraining quality improvement efforts and evidence-based policy development.

- **Lack of Research Infrastructure**: Despite rapid growth in street medicine programs, there is no unified national research framework guiding how these interventions should be studied or evaluated. The field lacks a common taxonomy to categorize program types, standardized quality metrics to assess effectiveness, and agreed-upon data collection methods. This absence results in inconsistent reporting, making it difficult to compare results across programs or synthesize findings into generalizable knowledge. Moreover, without rigorous, comparable research data, street medicine struggles to build the evidence base needed for sustained funding, policy support, and integration into mainstream healthcare. The lack of a research infrastructure also limits the ability to identify best practices, innovate program design, and advocate effectively for systemic change.

Key Challenges Facing People who are Unsheltered

During the Pre-Summit National Listening Sessions, 87 in-depth interviews and 8 focus groups were conducted with over 150 individuals in six cities across the United States. These sessions not only informed the Summit agenda and content but also highlighted three key challenges faced by people living unsheltered nationwide. While these represent just a few of many interconnected and compounding challenges, they have direct implications for street medicine practice, as well as the policy and research priorities needed to improve the lives of those we serve.

- **Exclusion from the Health System by Design:** Participants consistently described existing on the "excluded edge" of the healthcare system—a system that neither saw them nor was built to serve them. Structural barriers like lack of phones, transportation, ID, and secure places to store belongings made access nearly impossible. Even when participants reached care, they often reported facing discrimination, mistreatment, and dehumanization—including misdiagnosis, being rushed out of facilities, or receiving treatment without consent. The pervasive distrust of the system led many to avoid care altogether, even in life-threatening

situations. Some participants explained that these challenges were compounded by experiences of racism, homophobia, ableism, and other forms of discrimination.

> *"I don't trust them. I don't trust that they'll help me. I don't trust that my life will be saved. I don't trust anything that you're putting into my body." (Kansas City, MO)*

- **Unmet Basic Survival Needs:** Daily survival without stable housing meant chronic scarcity of fundamental resources—safe shelter, clean water, nutritious food, sanitation facilities, and hygiene supplies. The absence of these essentials intensified health risks, worsened chronic conditions, and compromised personal safety. Without reliable access to restrooms, showers, or places to store belongings, individuals faced constant physical and psychological stress, undermining their ability to maintain well-being and dignity. This scarcity also increased vulnerability to environmental hazards and violence, especially for women and gender-diverse individuals. Compounding these hardships is the criminalization of survival behaviors—people are cited or arrested for actions that are unavoidable without housing, like sleeping in public spaces, bathing outdoors, or storing belongings in encampments. This punitive environment disrupts attempts to maintain hygiene, rest, and personal safety, creating cycles of displacement, trauma, and deteriorating health.

- **Encampment Sweeps and Constant Displacement:** Encampment sweeps were among the most frequently cited sources of harm by participants—described as traumatic, violent, and deeply destabilizing. These forced clearings dismantle the fragile safety nets people build for themselves, often with no warning and few alternatives. People lose medications, tents, ID, and critical belongings in minutes—items that take months or years to reassemble. Just as importantly, they lose trusted neighbors, routines, and the physical spaces that offer a sense of control and dignity. While sweeps are the most visible form of displacement, participants also described the daily instability caused by being pushed from public spaces, fleeing threats of violence, or simply needing to stay mobile to avoid attention. Whether alone or in community, repeated dislocation undermines the limited structures of safety, rest, and care that people rely on to survive. Over time, this relentless instability compounds trauma, severs ties to care, and leaves people feeling hunted and hopeless—cut off from any foundation on which to rebuild.

> *"Identical injuries should get identical treatment. So if a guy named Bill breaks his arm, and if a different guy named Bill breaks his arm, and if the two x-rays look identical, identical injuries get identical treatment. Even if one guy is named Bill Gates and the other Bill is broke. And then you worry about how its paid for on the back end."* (Fort Worth, TX)

2025 Street Medicine Agenda

A Framework for Research & Policy Change Priorities

This Agenda offers a strategic roadmap to guide national coordination, policy reform, and field-building efforts in street medicine in the United States. Grounded in the collective thinking, experience, and vision of more than 75 national leaders who gathered in Washington in May 2025 at the *U.S. Street Medicine Summit*, it marks the beginning of a shared national effort. The document offers a snapshot of where the field stands today and where it aims to go, recognizing that the landscape continues to evolve.

Through a process of collaborative brainstorming, thematic synthesis, and structured voting, participants identified shared priorities that span regions, practice models, and policy contexts. The Agenda brings together a mix of research questions, policy proposals, and practical interventions—many of which are deeply interconnected—and further work will be required to refine, implement, and assess them. To support prioritization and sequencing, Summit participants voted on the proposed agenda items based on perceived impact, feasibility, and urgency. Items that received the strongest consensus were designated as Tier 1 priorities, while those identified as critical but requiring further development or longer timelines were placed in Tier 2.

While this is a living document that will continue to evolve, it offers a clear north star—charting a path for national coordination, policy change, and field-building efforts in street medicine.

AT A GLANCE
Core priorities of the *2025 Street Medicine Agenda*

TIER 1 PRIORITIES

- Establish National Standards, Models, and Outcome Measures for Street Medicine
- Advance Access to Food, Water, and Hygiene for People Living Outdoors
- Develop Sustainable and Inclusive Payment Mechanisms
- Build the Evidence Base for Street Medicine's Impact on Systems and Health Outcomes
- Strengthen National and State Infrastructure for Leadership in the Field of Street Medicine

TIER 2 PRIORITIES

- Develop and Support a Specialized Street Medicine Workforce
- Define and Strengthen Street Medicine's Role in the Housing Continuum
- Advance Data Integration Across Health and Housing Systems for Unhoused Patients
- Expand Legal Support, Access to Justice, and Rights Protections for Patients and the Field

TIER 1 PRIORITIES

1. Establish National Standards, Models, and Outcome Measures for Street Medicine

- Develop a national taxonomy of street medicine that defines distinct program types, scopes of service, care workflows, staffing models, and sustainable financial approaches.
    - Establish a tiered framework that allows programs to align with minimum standards while retaining flexibility.
- Establish a core set of outcome and quality metrics across clinical, behavioral health, housing, and justice-related domains, enabling consistent evaluation of impact across programs.
    - Where it serves patients well, seek to align these metrics with state and federal quality improvement efforts to support integration into broader systems of care.

2. Advance Access to Food, Water, and Hygiene for People Living Outdoors

- Advocate for state and federal funding dedicated to ensuring access to food, water, and hygiene as part of public health infrastructure for people experiencing homelessness.
    - Advocate for the recognition of water, hygiene, and food access as fundamental health rights for people living without shelter.
- Partner with local governments and agencies to expand on-site access to toilets, showers, handwashing, and meals for people who are unsheltered—particularly in encampments and high-need outdoor settings.
    - Evaluate the impacts of interventions and policies—such as “right to hygiene” initiatives—that aim to increase access to these essential services.
- Support peer- and community-led efforts to provide food, water, and hygiene services, including resourcing unhoused individuals and grassroots organizations to lead or co-design service delivery.

3. Develop Sustainable and Inclusive Payment Mechanisms for Street Medicine

A. Build Tailored and Equitable Financing Models

- Create and advocate for bundled payment models specific to street medicine and collaborate with policymakers to determine appropriate payers.
- Advocate for alternative eligibility and reimbursement pathways for care provided to uninsured and undocumented individuals, including those excluded from traditional safety net systems.

- Revise eligibility mechanisms and reduce burdensome assessments to improve patient enrollment and retention in Medicaid and related services, with special attention to populations vulnerable to disenrollment or who face administrative or legal barriers to access.

B. Expand Coverage for Holistic and Behavioral Health Services

- Improve reimbursement for street psychiatry and other behavioral health interventions by ensuring automatic eligibility on the basis of experiencing unsheltered homelessness.
- Research and adopt state-level policy changes to integrate street psychiatry and behavioral health into managed care systems.
- Support funding partnerships for wraparound services—such as housing support, behavioral health care, and legal aid—delivered by street medicine teams.

C. Strengthen Billing and Reimbursement Infrastructure

- Expand and strategically apply Z-codes across the patient journey to capture and support social needs.
- Conduct research on how street medicine can optimize billing to increase reimbursement.
- Identify payment pathways for non-licensed providers and outreach roles.

4. Build the Evidence Base for Street Medicine's Impact on Systems and Health Outcomes

- Launch a national research collaborative on street medicine to strategically guide research efforts.
- Identify funding and implement research to demonstrate the impact of different types of street medicine programs on patient outcomes and health care costs.
    - Prioritize studies on cost savings, quality outcomes, and system utilization.
    - Ensure funding mechanisms are available for community-based teams to participate in research.

5. Strengthen National and State Infrastructure for Leadership in the Field of Street Medicine

- Establish or designate a national coordinating entity to guide implementation of the *2025 Street Medicine Agenda*, foster alignment across regions, and serve as a hub for collaboration, policy advocacy, and resource-sharing.
- Support the development of state-level street medicine collaboratives to advance region-specific strategies, share best practices, and engage local policymakers.
- Ensure meaningful leadership from people with lived experience of unsheltered homelessness by embedding them within governance, advisory, and decision-making bodies.

- Create infrastructure to monitor and respond to emerging threats to patient safety, service delivery, and team operations—including criminalization and deportation risks.

TIER 2 PRIORITIES

1. Develop and Support a Specialized Street Medicine Workforce

- Build a robust street medicine workforce pipeline by developing a certification process and integrating street medicine electives and practicums into medical, psychiatry, and social work training programs.
- Establish street medicine curricula in medical schools, residency programs, and allied health training.
- Provide Continuing Education-accredited training in trauma-informed care, structural competency, and social medicine.
- Advocate for sustainable funding to grow and sustain this specialized workforce.

2. Define and Strengthen Street Medicine's Role in the Housing Continuum

- Create detailed, consistent measures regarding housing status and health that can be tracked across the spectrum of homelessness (e.g., emergency shelters, supportive housing) and service settings.
    - Leverage this data to support housing prioritization for patients with complex or advanced health conditions.
- Study health trajectories before and after housing placement among street medicine patients.
- Create standards for care continuity during housing transitions.
- Explore and expand pathways for street medicine teams to participate in medical respite, housing navigation, and post-housing follow-up.

3. Advance Data Integration Across Health and Housing Systems for Unhoused Patients

- Support the development of integrated data platforms and health information exchanges to enable real-time coordination across healthcare, housing, public health, and homelessness services.
- Clarify HIPAA regulations and promote the use of opt-out universal ROI forms to facilitate ethical and legal data-sharing.
- Launch pilot projects using standardized MOUs and ROI templates to improve data-sharing workflows across sectors.
- Conduct research on current data collection barriers, including qualitative interviews with stakeholders in states with successful integration models, and document strategies for replication.

- Promote and incentivize the collection and standardization of social determinants of health (SDOH)—especially housing status—across healthcare and community-based settings, including non-traditional points of care such as college campuses.
- Document and disseminate best practices from states that have achieved integrated care data systems to inform national strategies.

4. Expand Legal Support, Access to Justice, and Rights Protections for Patients and the Field

- Provide real-time legal support to patients experiencing unsheltered homelessness—focused on housing, benefits, immigration relief, citations, and criminalization.
- Advance legal and human rights strategies to protect patient care during encampment actions, involuntary removals, or enforcement policies that threaten continuity of care, autonomy, or the wellbeing of patients.
- Develop legal infrastructure to support street medicine teams facing institutional or legal threats.
- Explore medical-legal partnerships in street medicine to address barriers and study their role in protecting health access, including amid rising criminalization.

Additional Themes

- Develop a research and policy framework that affirms the rights to housing, health, and dignity for people who are unhoused. This framework should be responsive to the current federal climate and legal landscape that increasingly threatens those rights.
- Launch storytelling campaigns and public education initiatives to counter stigma and highlight the impact of street medicine.

Next Steps

The development of a National Street Medicine Agenda marks a significant milestone for the movement. This Agenda is a shared resource—created through collective insight and intended for collective use. It belongs to all of us: practitioners, scholars, policymakers, advocates, and community members. We encourage you to draw from it, share it with colleagues, students, and partners, and integrate it into your efforts to advance street medicine. Leadership in pursuing the Agenda's priority areas is open to all, including those new to the field. We hope this Agenda supports your work and strengthens the broader movement.

To continue building on this momentum, we are pursuing several next steps:

1. **Publishing Findings from the Pre-Summit Listening Sessions**
   In the lead-up to the Summit, we conducted interviews and focus groups with people experiencing homelessness across the country. These conversations were instrumental in shaping the Agenda. In the months ahead, we will publish key findings from this listening process to inform practice, policy, and advocacy. We are also developing materials specifically for people who are unhoused, so they can see how their perspectives shaped this work and know that their voices were heard and valued.

2. **Securing Resources and Building Infrastructure**
   To support the advancement of this Agenda, we are actively seeking funding and partnerships. This includes plans to reconvene the group—something many participants expressed strong interest in. If you have suggestions for funding sources, collaborations, or other forms of support, we welcome them. Sustaining this momentum will require shared investment and coordination across the movement.

This Agenda is not static. It is a living framework that will continue to evolve through shared leadership, collaboration, and action. We invite you to help shape what comes next.

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