

## Background and Introduction

- An estimated 5,800-46,500 lives are lost due to the condition of homelessness each year.
- Experiencing homelessness and poor health are cyclically related, with one reinforcing the other.
- Data in the United States suggests that the number of persons experiencing homelessness (PEH) is rising as the cost of living grows.
- The current healthcare delivery system is not capable of addressing structural barriers that prevent PEH from receiving healthcare.
- Mobile programs, including mobile clinics, vehicles that travel to deliver care, and street medicine, the act of bringing care to spaces where PEH live, may play a role in alleviating this burden by providing free and accessible care to this community.
- We aim to review current literature on the role and impact of mobile programs for PEH. Limited research exists on street medicine, mobile clinics, and PEH. We hope to close this knowledge gap by summarizing current literature. No other formalized review we are aware of exists on this topic.

## Methods

- We conducted a literature review of peer-reviewed literature by searching PubMed, Embase, and Web of Science on August 10, 2023.
- Only articles from 2013-2023 focused on the United States were included. The primary outcome was the role and impact of these programs in the provision of care for persons experiencing homelessness.
- The screening was done in a stepwise process using Covidence. First, articles were imported into Covidence (August 10th, 2023), then titles and abstracts were screened, and lastly, full texts were reviewed.
- Data was extracted to Excel and Endnote was used for citation management.

## Results

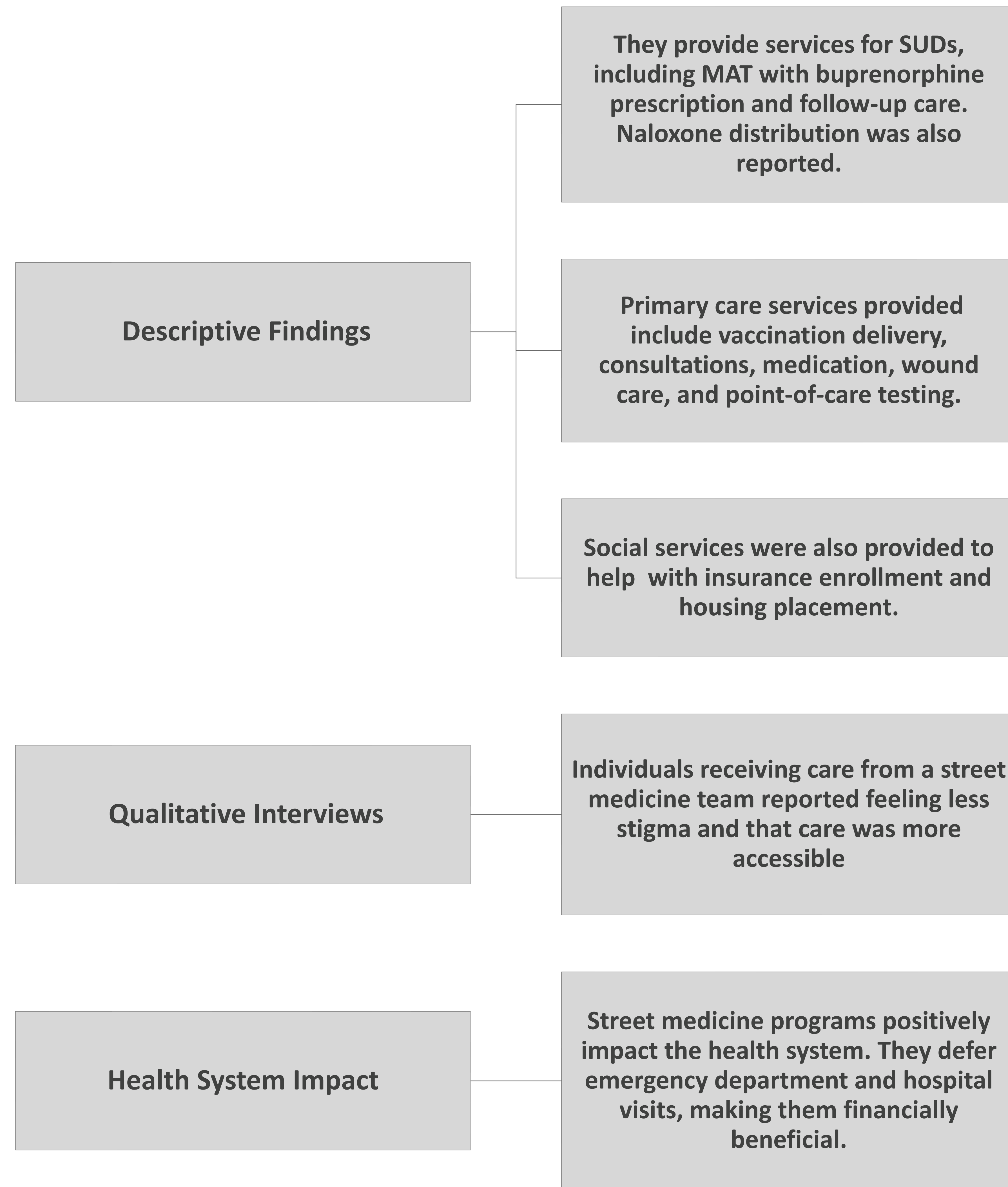


Figure 1. Included Articles and Grouped Findings

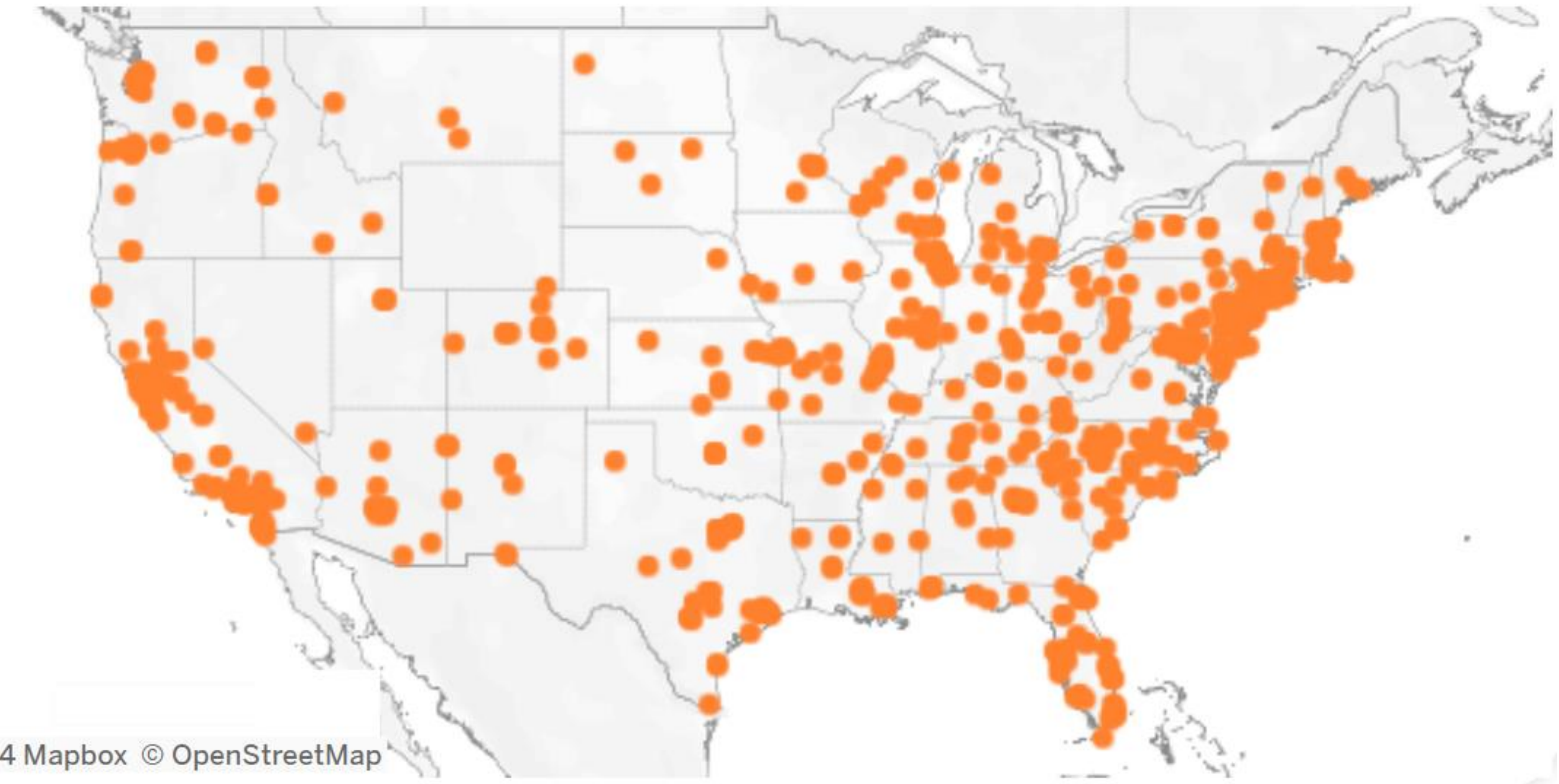


Figure 2. Locations and Impact of Mobile Programs Who Serve PEH from Mobile Health Map

## Conclusion and Discussion

- Mobile clinics and street medicine programs that serve PEH provide a wide range of services and have a positive impact.
- These findings implicate the importance of mobile programs that prioritize persons experiencing homelessness.
- One limitation was the lack of quantitative data comparing mobile programs with traditional clinical settings. Additionally, the exclusion of gray literature is a limitation as more information may be found in these sources.
- While more significant structural change is needed to address healthcare costs and housing policies in the United States, mobile clinics and street medicine teams' harm reduction services improve healthcare access and the healthcare system.

## References

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