

# **Background and Introduction**

- An estimated 5,800-46,500 lives are lost due to the conditi homelessness each year.
- Experiencing homelessness and poor health are cyclically reinforcing the other.
- Data in the United States suggests that the number of pers homelessness (PEH) is rising as the cost of living grows.
- The current healthcare delivery system is not capable of ac structural barriers that prevent PEH from receiving healthc
- Mobile programs, including mobile clinics, vehicles that tra care, and street medicine, the act of bringing care to space may play a role in alleviating this burden by providing free care to this community.
- We aim to review current literature on the role and impact programs for PEH. Limited research exists on street medici and PEH. We hope to close this knowledge gap by summar literature. No other formalized review we are aware of exis

## Methods

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

# The impact of street medicine and mobile clinics for persons experiencing homelessness

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### sults

They provide services for SUDs, including MAT with buprenorphine prescription and follow-up care. Naloxone distribution was also reported.

**Primary care services provided** include vaccination delivery, consultations, medication, wound care, and point-of-care testing.

Social services were also provided to help with insurance enrollment and housing placement.

**Individuals receiving care from a street** medicine team reported feeling less stigma and that care was more accessible

**Street medicine programs positively** impact the health system. They defer emergency department and hospital visits, making them financially beneficial.

#### s and Grouped Findings



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

- sources.
- the healthcare system.

4001. https://doi.org/10.1007/s11606-022-07689-w

Rasul TF, Morgan O, Elkhadem A, Henderson A. Soft tissue infection and follow-up for an unsheltered patient: the role of Street Medicine providers in bridging gaps in care. BMJ Case Rep. 2023;16(2)doi:10.1136/bcr-2022-251082



#### 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

 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

#### References

- Feldman, B. J., Kim, J. S., Mosqueda, L., Vongsachang, H., Banerjee, J., Coffey, C. E., Jr., Spellberg, B., Hochman, M., & Robinson, J. (2021). From the hospital to the streets: Bringing care to the unsheltered homeless in Los Angeles. Healthc (Amst), 9(3), 100557. https://doi.org/10.1016/j.hjdsi.2021.100557 Lynch, K. A., Harris, T., Jain, S. H., & Hochman, M. (2022). The Case for Mobile "Street Medicine" for Patients Experiencing Homelessness. J Gen Intern Med, 37(15), 3999-
- Paradis-Gagné, E., Kaszap, M., Ben Ahmed, H. E., Pariseau-Legault, P., Jacques, M. C., & Potcoava, S. (2023). Perceptions of mobile and acute healthcare services among people experiencing homelessness. Public Health Nurs, 40(1), 36-43. https://doi.org/10.1111/phn.13150
- Pepin, M. D., Joseph, J. K., Chapman, B. P., McAuliffe, C., O'Donnell, L. K., Marano, R. L., Carreiro, S. P., Garcia, E. J., Silk, H., & Babu, K. M. (2023). A mobile addiction service for community-based overdose prevention. Front Public Health, 11, 1154813. https://doi.org/10.3389/fpubh.2023.115481 Rasul, T. F., Morgan, O., Elkhadem, A., & Henderson, A. (2023). Soft tissue infection and follow-up for an unsheltered patient: the role of Street Medicine providers in bridging gaps in care. BMJ Case Rep, 16(2). https://doi.org/10.1136/bcr-2022-251082