



Street Medicine: Medical Outreach for Unsheltered People

“*Street medicine*” is the practice of providing medical care to unsheltered people experiencing homelessness in locations like encampments, parks, and under bridges.

Many reasons prevent people experiencing homelessness from accessing medical treatment in traditional settings. These include the theft or destruction of unattended personal property, the effects of trauma and prior negative treatment from mainstream health providers, and the need to prioritize basic human needs (finding food, shelter, restrooms, etc.). Even dedicated health programs that care for underserved populations may overlook unsheltered clients if they much access those services in traditional clinic settings. Street medicine brings services out of the clinic and provides care directly on the street or encampments, preventing medical conditions from deteriorating to the point of needing emergency care.

Street medicine providers can usually provide the same primary care services on the street as they can in physical clinics. Programs with street medicine programs usually operate multi-disciplinary teams with primary care providers (physicians, nurse practitioners, etc.), behavioral health staff (social workers, counselors, etc.), case managers, and peer specialists (people with lived experience of homelessness who can sympathize with clients' needs).

[Dr. Jim Withers](#) first coined the concept of “street medicine” in the 1980s and founded the [Street Medicine Institute](#), an international organization that aims to advance street medicine as a distinct health care discipline. Soon after, [Dr. Philip Brickner](#) in New York City used the street medicine approach to create the [Health Care for the Homeless](#) (HCH) model of care in the mid-1980s.

Today, the Street Medicine Institute estimates 50 independent street medicine programs operate across the country, funded in a variety of ways. Many are run by volunteers or students, some are independent nonprofits, while others are operated by hospitals. Many of the 300 [HCH programs](#) provide street medicine, which is sometimes also known as “medical outreach” or “portable clinical care.”

Street medicine providers commonly find sustainability a challenge due to widely varying state Medicaid policies and other administrative barriers; however, this approach to delivering care to the most vulnerable, unsheltered people fills an important gap in the safety net and is often the only care this population is able to access.