

Looking for an Opportunity to Serve Your Community? *Suggestions on Volunteering at a Homeless Medical Clinic*

By Lee Jacobs, MD

Introduction

Would you like to serve your community but just don't know how to take the first step? One option available to most practitioners is to volunteer at a local homeless shelter medical clinic. Most communities have shelters and, almost without exception, the homeless are in need of ambulatory medical care.

What if you want to volunteer your services but the local shelter does not have a medical clinic? What a great opportunity for you—physician, nurse, or associate provider—to champion the formation of a homeless clinic! Imagine what a wonderful experience that would be for you, for your family, for your community, and most certainly for the homeless person.

The following are suggestions for health care volunteers who want to participate in a clinic or for those who would like to champion the formation of a health care clinic for the homeless.

Preliminary Considerations Is this for Me?

Time commitment—If you are volunteering at an established clinic, a monthly commitment is appropriate realizing that scheduling conflicts might prevent participation every month. If you are considering starting a homeless clinic, the first question is: can you commit to monthly involvement for two-to-four hours? This will be important initially because, as the champion and mobilizer, your presence in the new clinic will be important.

Your skills—Don't be concerned about your specialty or your discipline. Physicians of all specialties can provide homeless care. Physician assistants and nurse

practitioners are invaluable, and nurses are commonly the backbone of homeless clinics.

Clinic Logistics Starting a New Clinic

Try the experience—If you have not volunteered at a homeless medical clinic and would like to start a new clinic, it will be important to spend some time participating in an established clinic just to get a feel of the type of care and the overall cultural environment.

Facility—Establishing a clinic onsite at a homeless shelter would be ideal. However, not infrequently, such facilities are not readily available. Churches, health department facilities, and community centers provide good alternatives.

Frequency—Start with monthly clinics and brief hours. Don't be surprised if it takes a while to build up the patient volume; it takes time to develop trust among homeless men, women, and children.

Partnering—It is always helpful to identify your supporting partnering health care facilities. This includes local hospitals that provide charity care and dental clinics that might accept your patients.

Finances—Money really should not be a barrier. In my experience, an established clinic (50 patients per session per month) can provide sound basic care with a medicine-and-supply budget of about \$3000 per year. Even clinics that offer optical and diabetic care do not have annual costs greater than \$5000. Our homeless medicine formulary is available on request.

Encouraging other volunteers—There are generally roles for anyone—medical or nonmedical. This might include

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patient flow, checking blood pressures on patients waiting (using an automated cuff in the noisy environment), or assisting in the pharmacy. I can't stress enough how important it is that first time volunteers have good experiences so they will return. My suggestion: make this a family affair by involving your spouse and children.

Caring for the Homeless The Science and the Art

Types of illness—Hypertension, dental problems, upper respiratory complaints, rashes and foot ailments are the most common complaints in a typical homeless clinic. In our clinics, the only records kept list patients with hypertension and diabetes on a PDA.

... *and more on dental*—Broken teeth, dental abscesses and severe gingivitis are some of the most common complaints among the homeless. Unfortunately, all too frequently there is little we can do. Although it might be helpful to offer antibiotic coverage and a mild analgesic, definitive care usually can only be provided by a dentist. I have found that partnering with community dental clinics can be very helpful. (One note of caution: A common myth on the street is that penicillin cleanses the body of toxins, and so it is common for the homeless patient to complain of dental problems as they seek penicillin.)

Feet—Other common problems homeless patients experience are foot problems primarily *tinea pedis*. Medi-

cated foot powder is a good substitute for the more expensive antifungal creams. At our clinic, we also keep a limited supply of new socks and tennis shoes for those in need, but we provide them "under the table" to prevent a rush on our shoe bank!

Other services—Depending on resources and the number of volunteers, we have found that homeless patients need and really appreciate other services. For example, we offer reading glasses as well as fitting regular eyeglasses onsite using portable focimeters. Additionally, in many populations diabetic screens and initiating oral hypoglycemics can be a valuable service. More information on these services are available upon request.

... *and most important*—Don't be in a hurry; take the time to smile and listen! With limited care resources available, your encouragement and kind touch may be the most important thing you can do for the homeless patient. Although you might encounter exceptions, most patients are tremendously grateful for your assistance—even if all you can do is listen!

Closing

I hope you find these suggestions helpful and encouraging if you are looking for a place to serve as a medical volunteer. Many of our readers have had similar experiences volunteering in homeless medical clinics. Please write the Journal if you have other ideas that might encourage your peers to step forward and serve. ❖

A Physician Volunteer's Experience Peachtree and Pine Shelter

Five years ago, I started the Peachtree and Pine Homeless Shelter Medical Clinic in Atlanta, Georgia. The clinic, under the auspices of the Cascade United Methodist Church, provides basic care to 10 to 30 patients on the first Thursday of each month.

Health care professionals from diverse backgrounds give two-to-three hours each month to treat everything from bronchitis to hypertension. Although complicated conditions are referred to Grady Hospital, the Clinic has been able to provide care to many who might otherwise not ever receive care. The formulary is very limited and the diagnostic testing is only a capillary check for blood sugar. Often, the best medicine provided is an empathetic ear or a few words of encouragement.

In many ways, the work done at the shelter clinic is an extension of what we do every day in our regular jobs. The clinical component is very routine and straightforward. The fulfillment, however, comes from the personal interaction and from knowing that your service does truly make a difference.

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