Starting a Nurse-led Clinic for the Unhoused

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Unhoused people are sheltered or unsheltered homeless individuals. You see them on the street as they carry everything in a backpack or store possessions in a car. Sheltered homeless are those sleeping in emergency shelters, hotel rooms paid for by the state or charity, or transitional housing. Unsheltered individuals are those sleeping in their cars, parks, tents, or in places not intended for people to sleep (McWilliams et al., 2022).

Housing Alliance of Delaware conducts a one night "Point In Time" Count every February to provide a snapshot of this situation (www.housingalliance.org). In 2025 (the latest data available) there were 1585 homeless individuals and 80% were adults in Delaware. This was a 16% increase from 2024. It is expected that 2026 data will be higher. New Castle County had the highest total number of unhoused, but Sussex County had the highest rates of unsheltered. Throughout Delaware 99% of those who experienced unsheltered homelessness were adults. Of all homeless, 56% are men, 43% are women and 1% identify as transgender or nonbinary. Ages range from under 18 (27%) to over 65 years (7%) with the majority between 25 to 54 years (45%).

Several Delaware non-profit groups work to meet the needs of the unhoused. They typically focus on housing, clothing, food insecurity, or referrals to state agencies. Health care needs are usually unaddressed. Homelessness is correlated with poor health outcomes, increased mortality and morbidity for chronic illnesses and mental illnesses. Unhoused adults tend to die earlier than housed individuals with the average age of death for men at 45 and for women 43 years (Ungpakorn et al., 2021). The Community Resource Center (CRC) in Rehoboth Beach operates their day shelter during the winter months in addition to other services for the housed poor. I wanted to establish a nurse-led clinic that addressed those health deficits.

Thus, in Fall 2022, myself, nurse colleague Bet Wong, and licensed psychologist Dr. Frederick Kurz, met with the two CRC administrators to present the idea. CRC agreed to accept having a weekly nurses' clinic where the focus was health promotion and disease prevention. We started on December 1st and ended March 30th to coincide with Code Purple. We arranged to use a small office with desk, 2 chairs, and a closable door to ensure privacy. We carried in our own equipment and removed it each day. In subsequent years more registered nurses volunteered so the clinic was available 2-3 days each week. In 2025 and 2026 the weekly nurses' clinic continued in the summer. Nurse-led services, all within scope of practice, covered assessment, client support, and education.

Normally there are 15 clients in the day shelter and nurses would provide services to six people, averaging 35 minutes each. Most clients are covered by Medicaid and a few had insurance from a previous employer. Many worked part-time, low-paying jobs. Clients were receptive to blood pressure checks, blood sugar checks, and therapeutic exchanges about their specific health concerns (constipation, sore throat, injured joints, back pain, seizures, pregnancy, etc.). Often, a medication review with associated teaching was required. Their illnesses matched what other researchers reported (Elhaija et al, 2024; Kelly et al. 2025). The leading ones were hypertension, diabetes, orthopedic injuries, respiratory and skin infections, depression, anxiety, and substance abuse. Financial donations allowed the nurses to pay for some prescriptions, dressings, salt and sugar substitutes or replace compression stockings or ace bandages. Clients often talked about stressors. Several demonstrated disordered thought processes.

In addition to individual sessions, there were weekly formal 10-minute group presentations reflecting observed problems. These included handwashing and diarrhea, vaccinations, signs and symptoms of stroke (FAST), basics of hypertension, diabetes, hypothermia, drug abuse, dental health, and depression. After each session, everyone received informational handouts for future reference. Information sheets were also left on bulletin boards for others who were not in attendance.

Collaboration was an essential part of the nurses' clinic. The Beebe Healthcare mobile health van with healthcare providers came monthly in that first year for walk-in visits. In subsequent years they came every two weeks. In one scoping review Mobile Medical Units were found to be effective in providing community-based primary health care to unhoused populations (Christine et al., 2024). The La Red dental clinic arranged dental care for those who requested it. A community group provided HIV testing monthly and left informational brochures about STDs and testing. Nurses reviewed this content with specific clients. We created lists of healthcare providers or groups who accepted Medicaid for urgent care, primary care, optometry, and podiatry. Other resource lists focused on general services for pregnant women, older women, addiction and mental health, and available vaccinations. Nurses shared these lists with clients as needed.

Yearly client exit surveys reflected satisfaction with the nursing care services. Support from CRC was essential for success. In conclusion, this nurse-led clinic increased access to healthcare for unhoused adults, prevented chronic illnesses progressing to acute situations, and provided clients knowledge about specific health promoting behaviors. ■

References

Christian, N., Havik, J., & Tsai, J. (2024). The use of mobile medical units for populations experiencing homelessness in the United States: A scoping review. *Journal of General Internal Medicine, 39*(8), 1474–1487. https://doi.org/10.1007/s11606-024-08731-9

Elhaija, A., Chu, N., and Siddiq, H. (2024). Identifying the service needs of homeless individuals in the skid-row community. *Journal of Social Distress and Homelessness, 33* (1), 258-262. https://doi.org/10.1080/10530789.2023.2187273

Kelly, D., Khan, U., Bixler, E., Becerra, G., Carmack, C. (2025) Addressing healthcare disparities among homeless: Insights from a student-run clinic in Houston, TX. *Clinics & Practice, 15*(9), 161. https://doi.org/10.3390/clinpract15090161.

McWilliams, L., Paisi, M., Middleton, S., Shawe, J., Thorton, A., Larkin, M/. Taylor, J., & Currie, J. (2022). Scoping review: Scope of practice of nurse-led services and access to care for people experiencing homelessness. *Journal of Advanced Nursing, 78*, 3587-3606. https://doi.org/10.1111/jan.15387

Ungpakorn, R., Sehmbi, K., & MacLaine, K. (2021). Taking advanced clinical practice to the streets: An evaluation of the benefits and challenges in homeless healthcare. *British Journal of Nursing, 30* (20), 1184-1187. https://doi.org/10.12968/bjon.2021.30.20.1184