

Considerations in the Management of Allergic Diseases in People Experiencing Homelessness

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People experiencing homelessness (PEH) are a high-risk patient demographic as they suffer from a disproportionate disease burden. High levels of acute and chronic disease are likely a function of factors such as hygiene limitations, malnutrition, and a lack of accessible care. Unsheltered PEH may also be exposed to environmental allergens and develop allergic diseases as a result. The multifactorial nature of such diseases presents a challenge in management, particularly in a street medicine setting. In conjunction with the Miami Street Medicine organization, this project investigated the prevalence of allergic diseases in unsheltered PEH and explored management strategies in a resource-limited setting. From January-July 2022, mobile clinics were conducted at encampments, overpasses, and sidewalks in the Miami Medical District. Among 125 patients seen with a mean age of 56.2 years (SD 10.5), and 79.8% of whom identified as male, 10.4% (n=13) had some form of allergic dermatitis. A further 5.6% (n=7) of patients had clinical history consistent with asthma, although no confirmatory testing such as spirometry was available. Topical corticosteroids and rescue inhalers were provided to patients with skin-predominant or respiratory-predominant allergic disease, respectively. Within two weeks, approximately half of patients with allergic dermatitis (n=7) noted symptomatic improvement. The main focus of the Street Medicine team was to arrange primary care appointments for a more thorough evaluation. However, most patients encountered were uninsured or underinsured (68.8%, n=86). Current efforts include a combination of specialists (allergists, pulmonologists) for street clinics as well as social workers to assist with insurance limitations. Allergic diseases have been found to be quite common in unsheltered PEH and represent a major quality of life disturbance. Unfortunately, many of these diseases are untreated due to a multitude of factors including a lack of insurance. Providers managing such diseases in resource-limited settings can provide conservative therapy for symptomatic treatment. It remains to be seen whether longitudinal, street-based outreach can provide definitive management for unsheltered PEH, but using such initiatives as a bridge from the street to the clinical setting may provide better outcomes for this truly vulnerable demographic.