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Wound Care for People Experiencing Homelessness: A Call for Accessible and Integrated Care

LETTER TO THE EDITOR

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DEAR EDITOR,

Homelessness is not merely the absence of housing; it is a multidimensional social determinant that directly affects access to healthcare, adherence to treatment, and continuity of care. People experiencing homelessness are at increased risk of foot and lower-extremity problems because of limited access to hygiene facilities, appropriate footwear, and dressing supplies, exposure to trauma, chronic disease, and structural barriers within healthcare systems. Ulcers, infections, and other foot problems are common in this population, while delayed presentation may lead to preventable complications and hospital admissions (1,2).

A major dimension of the problem is that healthcare systems are often designed around assumptions of a fixed address, scheduled appointments, referral pathways, and regular follow-up. People experiencing homelessness are underrepresented in primary care and may rely disproportionately on emergency departments for healthcare (3,4). Wound care therefore cannot be approached solely as a clinical intervention; comprehensive models are needed that address housing, transportation, communication, trust, health literacy, and continuity of care within the same framework. Recent evidence, particularly among people experiencing homelessness with diabetes, suggests that fragmented services create substantial gaps in care and supports the need for integrated models (5).
In light of these challenges, I propose the following measures to improve wound-care access and continuity for people experiencing homelessness:

Institutional Organization and Service Delivery Models

1. Dedicated Access and Wound Care Centers: Dedicated low-threshold centers should provide timely wound assessment and treatment and may reduce avoidable emergency-department use.

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2. Interinstitutional Communication Networks: Public and private health services and social-care providers should be linked through effective communication pathways to support coordinated care.
3. Walk-in and Mobile Health Services: Walk-in access and multidisciplinary mobile teams should deliver screening and early treatment where high-risk groups are concentrated, helping to prevent complications and prolonged admissions.

Healthcare Staff Training and Communication

1. Anti-Stigma and Trauma-Informed Care: Health professionals should receive training in trauma-informed, stigma-sensitive care, as discrimination and previous negative experiences may delay presentation.
2. Welcoming Physical Environments: Calm, safe, welcoming settings offering basic refreshments and practical support may encourage attendance and help rebuild trust.

Education and Health Literacy

Health literacy should be improved through targeted education so that people will be better at identifying early signs of wound problems, looking after themselves, and seeking help in a timely manner.

Transportation, Technology, and Stakeholder Collaboration

1. Transportation and Communication Support: Free or subsidized transportation and practical communication support should be considered; carefully designed mobile applications may help connect vulnerable individuals with services.
2. Third-Sector/Non-governmental Organization (NGO) Collaboration: Partnerships with trusted non-governmental and third-sector organizations can improve access, continuity, and trust.
3. Co-Production: People with lived experience of homelessness should participate in service design and research so that care pathways reflect real-world needs.

Clinical Processes, Follow-up, and Standardization

1. Integrated Follow-up Systems: Shared digital systems could coordinate care before admission, during hospitalization, and after discharge across health and social-care partners.
2. Evidence-Based Wound Care Programs and Guidelines: Evidence-based, patient-centered wound care programs should include education and be supported by national or local clinical guidance.
3. Integration of Safe Accommodation: Safe accommodation during and after treatment should be incorporated into care planning when needed to support healing.
4. Continuous Monitoring and Preventive Measures: Care pathways should include ongoing follow-up, preventive interventions, and timely referral to specialist services.

Successful wound care for people experiencing homelessness depends not only on selecting the appropriate dressing or surgical treatment, but also on whether patients can access care and remain engaged in care. Community-based wound care algorithms, early identification of at-risk individuals, preventive foot and wound care, and the integration of health and social services should therefore become explicit priorities. Wound care for people experiencing homelessness is an important test not only of a healthcare system's clinical capacity, but also of its commitment to accessibility and health equity.

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