

# Street-Based Wound Care in Kensington, Philadelphia: A Black, Indigenous, and People of Color Clinical Health Equity Initiative

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## INTRODUCTION

Kensington, Philadelphia, is home to communities struggling with the epidemics of substance abuse, housing instability, and chronic infected wounds. Saint Joseph's University's Institute of Clinical Bioethics (ICB) Health Promoter Program provides free, culturally competent, ground-level wound care in Kensington both indoors at Mother of Mercy House and outdoors on surrounding streets. By collecting data to outline the populations served and care provided, this project's goal is to explore the healthcare implications relevant to this predominantly black, indigenous, and people of color (BIPOC) population. Additionally, data will be used to advance BIPOC health equity and address underlying limitations in access to care among marginalized groups in our local communities.

## METHODS

Our study includes a retrospective analysis of the de-identified wound care log from the ICB program from June 8, 2024 to August 9, 2025. Variables examined include demographics, housing status, interest in housing assistance programs, substances used, and wound data encompassing wound type and characteristics, location, duration, and treatments provided. This study reports on the descriptive statistics of the variables for the community members the researchers have seen and cared for.



Figure 2. Photograph of a patient being cared for in the wound care room within the Mother of Mercy House Church. One student completes the wound care form with the patient, while others assess and treat the patient's wounds.

Figure 1. Form used to collect patient demographics, medical history, wound information, and treatments provided.

## RESULTS & DISCUSSION

Across 231 street-based encounters, the mean age of patients seen was 41.2 years. Of 125 encounters for which race and ethnicity was documented, BIPOC comprised 32.0%. Housing status was recorded for 119, of whom 66.4% were homeless or unsheltered. Among 87 with social needs screening, 48.3% requested housing assistance. Among 176 with data for substance use, the percentages of reported substance use included: tobacco (89.8%), fentanyl (40.3%), heroin (37.8%), cocaine (22.7%), xylazine/"tranq" (11.8%), methamphetamine (7.6%), and marijuana (5.0%). Wound-type data were available for 205 individuals, with 39.0% being xylazine-associated. Other wound types included lacerations (11.2%), abrasions (8.3%), ulcers/chronic injuries (4.9%), injection-site wounds (3.9%), burns (3.9%), abscesses (3.4%), blunt trauma (2.0%), and other unspecified wounds. Wound locations primarily included the upper extremity (42.2%), lower extremity (33.0%), head/neck (4.1%), and torso (1.4%), with purulence present in 40.3%.

### Wound Etiology in Study Population

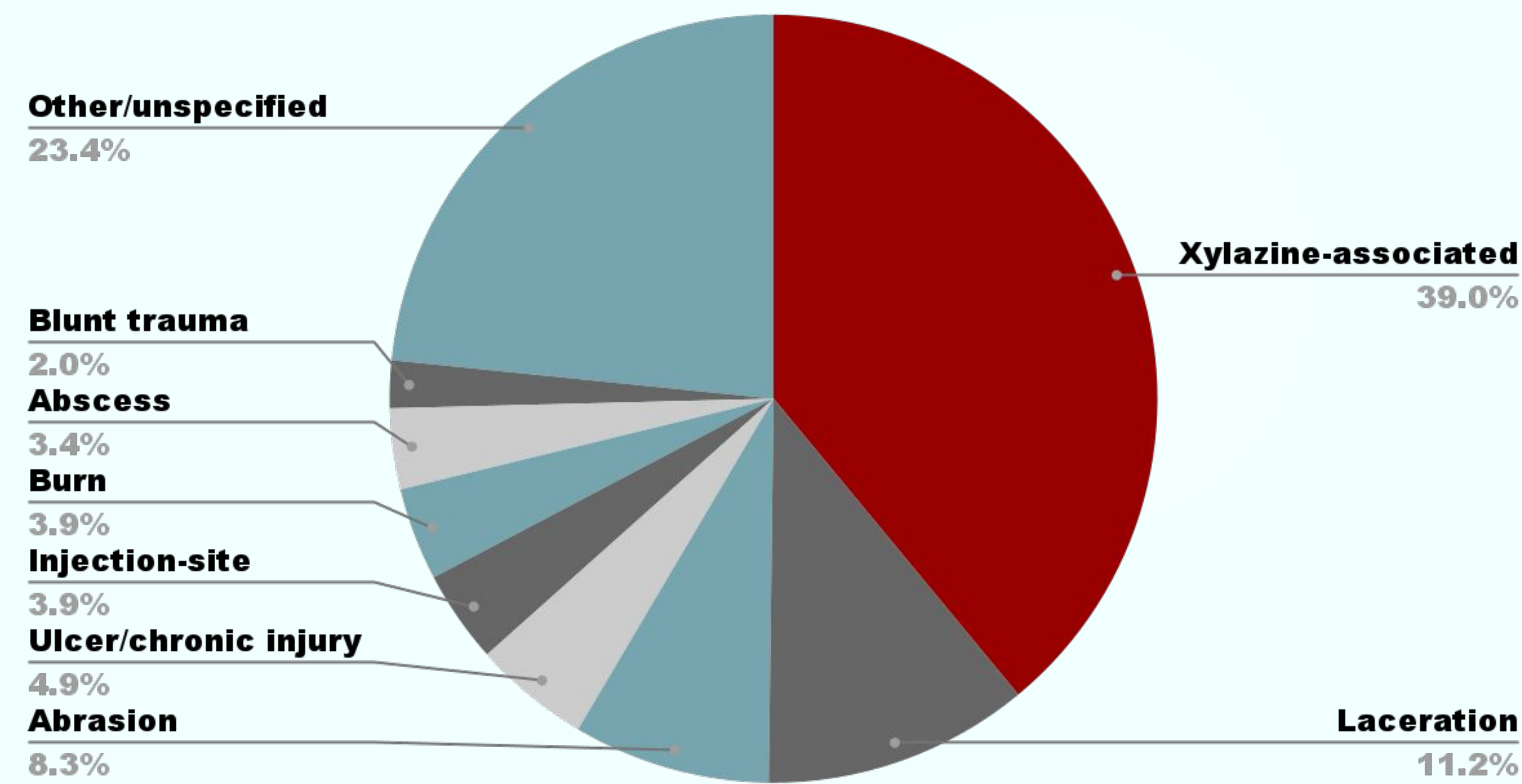


Figure 3. Pie chart of the percent distribution of wound etiologies in the study population.

### Prevalence of Substance Use in Study Population

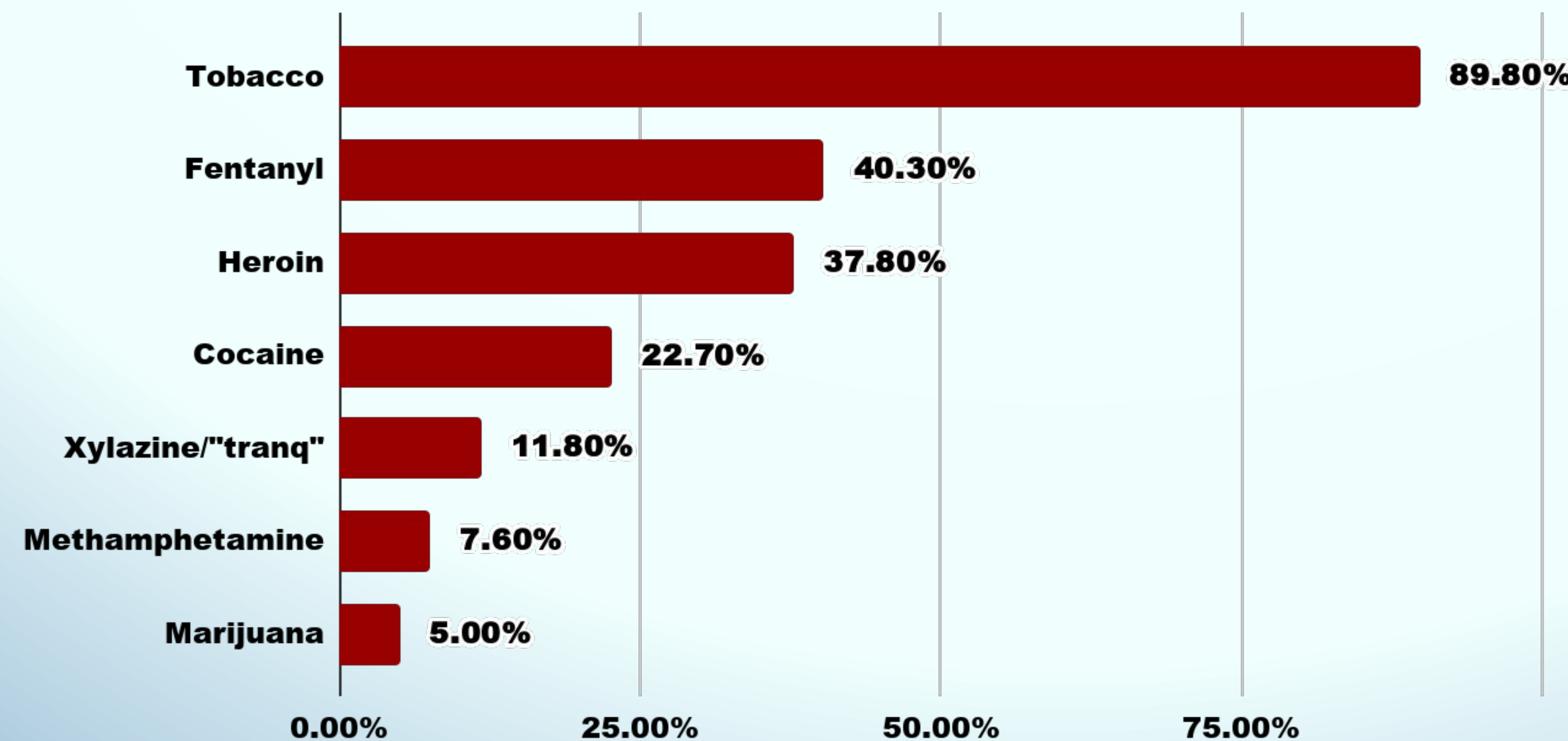


Figure 5. Bar graph of the percentage of patients reporting use of each substance in the study population.



Figure 4. Photograph of a xylazine-associated necrotic wound. The wound was irrigated with sterile saline wound wash, cleansed with povidone-iodine solution, and covered with Xeroform and non-adherent dressings before being wrapped with an elastic compression bandage.

## CONCLUSION

The ICB's Health Promoter Program in Kensington, Philadelphia is a low-barrier, culturally-sensitive free clinic model serving the largely unhoused, polysubstance-using local population. Community members present with wounds complicated by substance use, lack of housing, superimposed infection, and chronic diseases including Hepatitis C and HIV. Despite the challenges faced by these individuals, nearly half (48.3%) of the screened population indicated a desire for housing resources, clearly validating the notion of linking wound care efforts with social needs management. Our long term goals of developing wound care and social needs protocols, free and accessible medical care, and strategies to improve neighborhood data collection serve as a blueprint for community medicine and the long term impact on health policy for marginalized populations.



Figures 6 & 7. Photographs of volunteers performing wound care on E Allegheny Avenue in Kensington, Philadelphia.

## ACKNOWLEDGEMENTS

This project was made possible thanks to the help and support of Peter A. Clark, Ph.D., and all of those associated with the Institute of Clinical Bioethics at St. Joseph's University in Philadelphia, PA.