

Reaching the Underserved

CONNECTING MOBILE & HOMELESS PEOPLE TO THE HEALTH DISPARITIES COLLABORATIVES

September 2006

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WELCOME

Health Care for the Homeless (HCH) Clinicians' Network and Migrant Clinicians Network (MCN)

are pleased to welcome you to the September 2006 edition of our joint e-newsletter, *Reaching the Underserved: Connecting Mobile & Homeless People to the Health Disparities Collaboratives*. HCH Clinicians' Network and MCN serve as National Partners to the HRSA Health Disparities Collaboratives. This newsletter is part one of a two part series in which we will cover an array of topics to assist you to include mobile patients into your registries. In this newsletter, we want to begin with a review of HRSA's definitions of both homeless and migrant and share with you some of the challenges met by these mobile populations. We will introduce you to some of the barriers our patient's face in their ability to access health care and will show you some small adaptations that you can easily accomplish to adapt your practice to patients who may not have a permanent place they call home.

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TOOLS AND RESOURCES

:: HRSA DEFINITIONS

Definition of Homeless: An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing."¹ **In other words...**a homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. **And then there is this...**An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. **Most importantly...**recognition of the instability of an individual's living arrangements is critical to the definition of homelessness.

Definition of Migrant: A migratory agricultural worker is a person whose principal employment is in agriculture, who has been so employed in the past 24 months, and who establishes a temporary home for the purpose of this work.

Agriculture includes: cultivation and tilling of the soil; production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on the land; any practice by a farmer or on a farm related to aforementioned activity.

Migrant includes: Families/dependents of migrant farmworkers. Persons employed in non-migrant work who have been migrant farmworkers in the past 24 months. Persons who meet the definition regardless of visa status or immigration status and Persons who may not return to your center the next season but who meet the definition and would otherwise be in the Health Disparities Collaboratives.

Migrant is not: Necessarily an immigrant. Defined the same way by Migrant Education or other non-HRSA agencies. A non-agricultural worker. A worker with animal farms or production (eg. dairies, poultry, hogs, canneries, etc.) or a migratory worker associated with fisheries.

Definition of a seasonal worker: Seasonal workers include persons whose principal employment is in agriculture. They are not migratory. And they do not need to establish a temporary abode for purposes of such employment. These workers do not get reported on as "migrant" but may be an important occupational category at your center. ²

Did you know...?

- The average American spends 10% of their income on food
- The average unhoused person spends 50% of their income on food
- 16% of requests for emergency food assistance went unmet.
- 48% of people requesting emergency food assistance were members of families. ³
- The federal minimum wage has remained at **\$5.15** since 1997.
- There is no locale in the U.S. where housing is affordable at the minimum wage.⁴
- The average wait for assistance is :
 - 19 months for public housing
 - 21 months for Section 8 Certificates
 - 23 months for Section 8 Vouchers
- More than 760,000 persons sleep on the streets or in shelters every night. ⁵

Did you know...?

There are several migration patterns that workers follow and that each pattern carries with it a unique set of risks for health care.

Point-to-Point

- Moves from a "home base" to a work location far away.
- Often goes back to the same work location year after year.
- Often a whole family travels together.

Restricted Circuit

- Following crops in one area.
- Often centered on a home base.
- Often a couple adults from the household move to work but they come home frequently.

Nomadic

- Travels to wherever there is work.
- Usually does not know when or to where s/he will next move.
- Generally foreign born, young, single men working in the United States and sending money home.

There is a changing face to migration

Compared to 20 yrs ago, immigrants are:

- Less likely to go home - Average time since last visit home is 3 yrs
- Less likely to bring families
- Less likely to engage in farm work - 50% of immigrants start in farm work, but quickly change jobs
- Less likely to move with the crops ⁶

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BARRIERS TO HEALTH CARE

- **Lack of financial resources or health insurance**
- **Lack of awareness of services**
- **Fear or distrust of large institutions**
- **Finding shelter and food are higher priorities than health care**
- **Lack of transportation**
- **Language and cultural barriers**
- **Provider attitudes**
- **Scheduling difficulties**
- **Lack of documentation**
- **Unfamiliarity with local resources**
- **Legal status / fear**
- **Limited formal education**
- **No health insurance**
- **No disability / worker's comp**
- **Limited access to Medicaid**

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SIMPLE SOLUTIONS

Here are some adaptations that you can easily incorporate to help mobile patients get health care:

If your patient is diabetic:

- Discuss eating habits, food sources, access to food and water, snacks
- Consider use of basal insulin + short acting insulin to accommodate erratic eating patterns
- Teach patient to hold or decrease dose of oral meds if food is unavailable
- Consider issues with diuretics when patients have limited access to bathrooms
- Increased risk of dehydration, especially during warm months
- Lay health promoters (promotoras)
- Make family visits an option to address cultural health beliefs
- Coordination of care with schools and worksites
- Appropriate level of illiteracy among immigrants

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FEEDBACK FROM THE FIELD

A Migrant Health Update:

In partnership with the Environmental Protection Agency, MCN has developed an environmental and occupational health program entitled **Saving Lives by Changing Practice**. Part of this project involves the development of a clinic based effort to better recognize and manage environmental and occupation injury and illness. Through this project MCN partners with Migrant and Community Health Centers to develop clinic based models that address the needs of each participating center. Lessons learned from these in-depth collaborations will provide helpful insight about how to better incorporate environmental and occupational health into primary care in other sties. In addition, MCN has developed and catalogued numerous environmental and occupational resources for all Migrant and Community Health Centers. Please visit MCN's web page to access these resources
<http://www.migrantclinician.org/excellence/environmental>.

Contact Amy K. Liebman at aliebman@migrantclinician.org or 410.860.9850 for additional information.

If you have a story about how your clinic has served mobile populations, please email it to us at one of the links below. We would love to hear from you.

In next quarter's issue we will show you ways to identify homeless and migrant persons in you patient population. We will help you to learn how to document mobile patients into your registry and we will share with you some PDSA cycles that you can try to help bring awareness to your clinic staff about caring for homeless and migrant patients.

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