

# Reaching the Underserved

CONNECTING MOBILE & HOMELESS PEOPLE TO THE HEALTH DISPARITIES COLLABORATIVES

December 2006

## TABLE OF CONTENTS:

### [Welcome](#)

### [Tools and Resources](#)

- :: How to Identify homeless or migrant patients
- :: How migrant patients identify themselves
- :: How to document homeless or migrant patients

### [Simple Solutions](#) (Highlighting PDSA cycles or creative approaches to problems)

- :: PDSA ideas to help you identify and track mobile patients in your practice.

### [Success Stories](#)

- :: Here is a story to warm your holiday season

## WELCOME

**Health Care for the Homeless (HCH) Clinicians' Network** and **Migrant Clinicians Network (MCN)** are pleased to welcome you to the December 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 two of a two part series in which we are covering an array of topics to assist you to include mobile patients into your registries. In this newsletter, we want to share with you ways to identify homeless and migrant persons in your patient population. We will show you 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. Finally, we will conclude with a story to lift your spirits during this season on light.

:: :: :: :: :: :: :: :: :: :: :: ::

## :: TOOLS AND RESOURCES

### **Mobility should not be a barrier for health care access or continuity of care.**

Health Centers face many challenges when caring for mobile patients in their practice. Here are a few to think about.

- Follow-up (especially for chronic conditions)
- Screenings (i.e. PPD, Pap, Mammograms)
- High rates of no-shows
- Medications
- Reimbursement for services
- Language and cultural differences

Here are some tools to help you identify homeless and migrant patients in your practice.

#### **Identifying Homelessness:<sup>1</sup>**

- Patient self-defines
- Patient lives place-to-place
- Patient lives with family or friends because there is no other option
- Patient staying in a place that restricts number of nights they can stay (including pays rent by day or week)
- Patient in housing that is based on illegal/unwanted acts (eg., prostitution)
- Patient separated from family members because of limited housing choice

#### **Signs of Instability:**

- Does the person know where she will stay in the foreseeable future? Is it stable?
- Is there a place the person inhabits legally (leases or owns)?
- Is there a safe place for the person's belongings?
- Is there a history of frequent moves?
- Does the person desire to escape danger in current housing?

We know that homelessness includes recognition of **instability**. Persons experiencing homelessness can move through a variety of housing environments. Here are a few:

**Unsheltered:** streets, bridges, cars, abandoned buildings, tents, woods or racetracks.

**Emergency Sheltered:** homeless shelters, domestic violence shelters.

**Doubled Up:** family, friends, and acquaintances.

**Transiently Housed:** hospitals, jails, motels, respite care and treatment programs.  
**Housed:** house or apartment (own or lease)

Use this listing to have patients self select their current housing, anticipated housing and past housing.

### **Identifying Migrant Patients:<sup>2</sup>**

- Has the patient worked on a farm in the past 2 years? Or is the patient a dependant of a person who has worked on a farm in the past 2 years?
- Has the farmwork required a move? Describe the move.
- Is the work with a crop? Describe the crop.
- When does the person plan to move again because of the farmwork?

### **Key questions for verifying migrant or seasonal farmworker status<sup>3</sup>**

**Have you or a member of your family, as a primary source of income,**

#### Question # 1

Ever worked as an agricultural laborer, planting, tilling or harvesting crops grown on the land such as fruits and vegetables?

A **"Yes"** to this question **establishes them as an agricultural worker.**

If the answer is **"No"**, there is **no need to complete questions 2 and 3**

#### Question # 2

Moved in the past two years to another area (established a temporary home) in order to perform agricultural labor?

A **"Yes"** to this question **qualifies them as migrant farmworkers**

#### Question # 3

Worked in the past two years in agriculture, without the need to move away from your home?

**"Yes"** to this question **qualifies them as seasonal farmworkers**

#### Question # 4

Have you or a member of your family stopped traveling to work in agriculture because of disability or old age?

A **"Yes"** to question **qualifies them as aged/disabled farmworkers**

## How Farmworkers Identify Themselves:<sup>4</sup>

### By the name of the crop

En el frijol    **In the beans**  
En la cebolla    **In the onions**  
En el empaque de    **In packing**  
En el algodón    **In the cotton**

### By the pace of agriculture

En la labor    **In the field**  
En una nursería    **In the nursery**  
Con un contratista    **With the contractor**  
Con un ranchero    **With the farmer**

### By the name of the agricultural Activity

Soy amarrador    **I fasten the plants**  
Soy Pizcandor    **I am a picker**  
Trabajo en el plástico    **I work laying plastic**  
En maquina pizcadora    **In harvesting machine**  
En el azadón    **I work with a hoe**  
En el desahije de    **I work thinning the... or Thinning the...**

### By the geographic location

Me voy pa Michigan    **I go to Michigan**  
Voy a los trabajos    **I follow the work**  
Me voy pa los trabajos    **I follow the crops**  
Me voy con el troquero    **I go with the contractor**  
Sigo las corridas de    **I follow the crops**  
Me voy pal norte    **I go to the north**

**Remember!**

**Dependents** are classified according to their head of household for both Migrant and Homeless Patients

### Recording Housing Status

Check **ONE** for **EACH ENCOUNTER** with patient  
Please describe your **CURRENT** housing status:

- A. **Housed** (secure, permanent, legally-occupied)
- B. **Emergency shelter** (homeless or domestic violence shelters)
- C. **Transiently housed** (treatment program, hospital, jail, respite care; motel paid by day or week or by vouchers)
- D. **Doubled up** (family, friends, acquaintances)
- E. **Unsheltered** (places not designed for human habitation - streets, bridges, cars, woods, tent, abandoned buildings)

**How long is someone Homeless or Migrant?**

- Designation often changes
- Designation identifies that person as at risk for adverse health
- For purposes of registry and reporting:
  - If person has been “**migrant**” at any time in **previous 24 months**, he/she is **STILL designated as migrant**
  - If person has been “**non-housed**” in any of the homeless designations in **past 12 months**, he/she is **STILL designated as homeless**

**Registry Entry Fields Examples**

**Migrant drop down menu**

- Migrant
- Seasonal
- Mobile
- None of above

**Homeless drop down menu**

- Unsheltered (street in PECS)
- Doubled up
- Transiently housed
- Emergency sheltered (shelter or transitional in PECS)
- Housed (not homeless in PECS)

**Registry Recording**

- Should be done for **EVERY patient** using the drop down design
- Should be done at **EVERY visit** as status frequently changes

:: :: :: :: :: :: :: :: :: :: ::

## **SIMPLE SOLUTIONS**

### **Possible PDSAs**

- How are patients presently defined as migrant or homeless?
- How often is this classification updated?
- Are providers aware of homeless/migrant status?
- Are patients aware of homeless/migrant status?
- What is the breakdown by ethnicity/race, gender, and age in your registry population? Does it reflect your center population?
- How are the outcomes for special pops in your registries as compared to “non-special”?
- What is the % inactive status of your special pop patients?
- What are barriers to care for patients who miss appointments?
- What is the average amount of money your patients spend on meds/month? How does this break down by special pop?
- Is there an equitable distribution of providers and patients participating in spread as it promotes inclusion of special pops?

### **Some points to remember:**

- This is just a start: The HRSA definitions of migrant and homeless identify a portion of our vulnerable population, but they are not exhaustive.
- Mobile patients, whether or not they meet these definitions, are also at risk.
- These special pops measures can be a springboard to identifying other “at risk” patients via your registries.

:: :: :: :: :: :: :: :: :: :: :: ::

## **SUCCESS STORIES**

During this season of holiday celebration, we know that in keeping pace with our busy schedules; it is easy to feel out of synch with all of the glitter. The days grow shorter and darker and we yearn to find meaning, renewal, hope. Jennie and I offer you this story as our gift. It is a story of the power of possibility and perseverance. Let us come together then and celebrate the return of the light – the promise of the solstice – a light to dispel the darkness.

# The doctor is in, after a long and arduous journey

*Alfredo Quiñones-Hinojosa began his race to success by hurdling a border fence*

**By Dennis O'Brien**

Sun reporter

October 29, 2006

As he lathers up before surgery at Johns Hopkins Bayview Medical Center, Dr. Alfredo Quiñones-Hinojosa mentally prepares himself to repair a living human brain.

This one belongs to Robert Hawkins, a 28-year-old surfer from Vero Beach, Fla., who lies on an operating table with a tumor the size of an orange inside his head.

The growth makes it difficult for Hawkins to control his left arm and left leg. But removing it takes hours and carries its own risks - a wrong move by the surgeon can ruin the cranial nerves that control Hawkins' movements, memory and ability to speak.

"It is stressful - I'm not going to lie to you. My heart is pounding right now," Quiñones says.

It's a challenge the 38-year-old neurosurgeon has spent half his life preparing for. But brain surgery was the furthest thing from Quiñones' mind in 1987; when he hopped a fence on the border between Mexico and California, joining an endless stream of impoverished illegal immigrants to the United States.

In a country where rags-to-riches stories are commonplace, Quiñones' rise from the fields to the operating room, from illegal immigrant to citizen, is an unusually compelling tale of perseverance and talent.

Living in a run-down trailer in those early days, toiling in the fields as a migrant worker, a stranger in a land whose language he couldn't speak, Quiñones said he often wondered why he had left "family, friends and a job in Mexico".

"There were times I would sit in that trailer and say to myself, 'What am I doing here?'" he recalled.

"There are a lot of Mexicans who come in illegally and end up succeeding, owning their own businesses or something along those lines," said Ben Johnson, director of the Immigration Center, a research and education organization in Washington. "But I have to say, this is the first I've ever heard of anyone becoming a brain surgeon."

Quiñones does not see his experience as an example for either side in the contentious battle between those who want to tighten U.S. borders and those who want to give illegal immigrants a path to legal residency. He has no pat solution, he says, for the nation's immigration problems.

Born and raised outside Mexicali in the Mexican state of Baja California, Alfredo Quiñones-Hinojosa was the eldest of five children, and he started working as a boy at his father's dusty, one-pump gas station.

One of his clearest recollections comes from his 11th year, when his father -beset by financial problems - lost his gas station and cried in front of his son. "I remember what it was like to live through that, and I was never going to go back to that again," Quiñones said.

He also recalls, more vaguely, the funeral of a baby sister who died from persistent diarrhea when Quiñones was 3 - a period when the whole family was living in a couple of rooms behind the station. "I remember all my relatives were crowded into this one room, and there was a tremendous sadness," he said.

For the most part, though, friends and relatives remember Quiñones as an optimistic young man who radiated confidence and warmth. "Ever since we were in elementary school, he was always one of the most popular kids around. It's the way he carries himself with other people," says his brother, Gabriel Quiñones-Hinojosa, 37, who sells and repairs cell phones in San Diego.

Alfredo attended local schools and earned a certificate in 1986 from the Escuela Normal Urbana Federal Fronteriza in Mexicali, a four-year school for prospective teachers where he enrolled at age 14. He taught for a year, but the genteel poverty of a teaching career didn't appeal to him.

"If you become a teacher in Mexico and you don't have any political connections, they'll put you in a school out in the country somewhere that's nowhere near your home, and you'll stay there. That's what Alfredo faced," his brother said.

Said Alfredo: "In countries like Mexico, there's still such a bifurcation of classes, you have to be wealthy to begin with to move up at all."

So one day he hopped a chain-link fence not far from his home, made his way to Fresno and started picking fruit and vegetables in California's hot, fertile Central Valley.

"I came with the idea of making a lot of money and going back, but I abandoned that idea after I saw the opportunities here for being able to achieve what you set out to achieve - and helping people at the same time," he said.

Nor was the United States entirely foreign. The Quiñones children had visited the "U.S. with their parents on trips to buy supplies for a small store they operated. They also visited relatives who had settled in California during the 1960s and 1970s.

Still, for a 19-year-old illegal immigrant, that first full year in the U.S was a lonely one. At one point, a friend from Mexico told Quiñones he'd never be anything but a fruit-picker.

"I refused to believe that was going to be my future," he said, "but it made me realize how powerful a self-fulfilling prophecy can be."

Quiñones moved on to Stockton, California, and enrolled at San Joaquin Delta College, a community college where he took English classes along with a regular course load. This time, he supported himself working as a welder and eventually as a crew leader for California Railcar Repair.

One day, as he exercised an injured knee in the college swimming pool, he spotted Anna Peterson, an education major from Minnesota who was a member of the school swim team. They became friends, and then started dating a few years later.

"I knew right away she was the one," he recalled. "But at the time I was working at the railroad company and going to school, and she seemed so beyond everything I had."

Meanwhile, Quiñones' was turning into a top student - with grades high enough to win a scholarship to the University of California, Berkeley. Instead of picking produce or welding, he could now support himself by tutoring students in physics and chemistry.

In his senior year, Quiñones thought about law school but instead decided to follow the footsteps of his grandmother - a curandera, or healer, in Mexico-because of the effect she and her husband had on people's lives.

"She and my grandfather were greatly respected in their community. Everyone looked up to them because of the way they conducted themselves," he said. "I wanted to be like that - to have that personal touch with people."

Initially, he looked no further than California medical schools. Then a faculty adviser noticed his near-perfect grade point average, his work as a tutor and his volunteer efforts with Latino students. "He said, 'With this you could get into Harvard.' It was the first time it occurred to me," Quiñones recalled.

Indeed, he was admitted to Harvard Medical School in 1994 and spent five years in Boston, where he not only studied medicine, but married also Anna and became a U.S. citizen.

In particular, Quiñones benefited from the Immigration Reform and Control Act of 1986. It granted temporary and permanent residency status - or green cards -to roughly 2.7 million illegal immigrants, many of them farmworkers in California.

Quiñones at first received temporary residency status, allowing him to work legally in the U.S.A few years later - while he was at Berkeley - he got his green card. By the time he applied for citizenship in 1997, he was in his second year at Harvard Medical School, spoke fluent English and had letters of recommendation from two members of the Harvard faculty.

As a result, the immigration agents who handled his case did not require him to take the written U.S. civics and history test required of most applicants - a test many immigrants fail.

He said he still feels a bit guilty about the preference he so obviously received because he was in medical school at Harvard. But he's proud of being a citizen.

"I feel so lucky to be where I am today. This country thrives on people who work hard. It'll give back what you give upfront," he said.

He does not propose a wholesale opening of U.S. borders, but he said he wants to see economic reform in "Mexico and Latin America that would reduce the pressure to emigrate.

"We need to make sure conditions improve for the countries that are our neighbors, which is the root of these immigration issues," he said. "You cannot blame Mexico or the United States - it goes both ways."

As a physician, Quiñones completed his neurosurgical residency at the "University of California, San Francisco, and arrived at Hopkins 15 months ago. He has settled in BelAir with his wife and three children, ages 7, 5, and 1.

Quiñones operates three to five times a week - a typical workload for a Hopkins “neurosurgical faculty member”. He spends much of the rest of his time consulting on other cases, seeing surgical patients and supervising seven graduate research assistants during days that typically stretch to 14 hours.

"He has got a work ethic unlike anything I've ever seen, in all my years as a neurosurgeon," said Dr. Mitchel S. Berger, a 21-year veteran of the specialty and chief of neurosurgery at UCSF.

Says Quiñones: "I think if I told a psychiatrist about myself, he'd probably say I was hyperactive. But I can't help it. I want to get things done, and I always feel like there's something more I want to do."

Quiñones' research focuses on cancer stem cells, a specialty he's been studying since early in his residency at UCSF. His goal is practical, he says - to make brain cancer a chronic disease like HIV infection, a condition that people can live with for decades instead of a remorseless killer.

"I tell people I'm not here to find cures for brain cancer. I'm here to make lives better," he said.

He has trouble quantifying how his approach to medicine might differ from doctors with more traditional, middle-class backgrounds. "When I see a patient," he said, "I remember what it was like to be on that side of the picture, to not have money, to be ostracized, to not speak the language. That's all apart of me."

Along with photos of his family, two Aztec calendars and a set of clay water jugs, he keeps reminders of his past in his office - including digital photographs of the fence that he jumped to enter the U.S., the trailer where he first lived and his father's gas station.

"I'm basically the same person I was back then," he said. "I'm older, and I look older, but I really haven't changed."

In June, Quiñones won a \$150,000 grant from the Howard Hughes Medical Institute, most of which he plans spend on an optical microscope capable of time-lapse images that can track the migration patterns of neural and brain cancer stem cells.

Last month, he was inducted into an alumni hall of fame organized by the Hispanic Scholarship Fund, a group that gathers private donations to provide financial aid to college-bound Latinos.

Twenty Latinos in the U.S. have been so honored. They include U.S. Surgeon General Richard H. Carmona, Attorney General Alberto R. Gonzalez and Antonio Oscar Garza Jr. the U.S ambassador to Mexico.

Quiñones has returned to Mexico only a few times since he arrived - and the only extensive trip was to a medical conference in July. But he wants to go back with his family soon. "I want to show them where I grew up, where I first lived when I came to this country and the fence I came over to get here. I think it's important that they see that," he said.

Meanwhile, back in the operating room at Bayview, Quiñones and Dr. James Frazier, a Hopkins neurosurgical resident, open a circular portion of Robert Hawkins' skull. This is the moment Quiñones lives for - the privilege of entering what he calls the sanctuary of the brain.

"Can you conceive of a more intimate moment than putting your hands in someone's brain? You have the ability to change their future, the ability to change their memories or their ability to speak or to move," he said. "I always think about the patient and ask myself, 'What if it was my son? Or what if it was me?'"

Good news: The tumor is benign and reachable. Slowly, painstakingly, over four hours, Quiñones and Frazier remove the mass, one tiny portion at a time. A few days later, a grateful Hawkins is at home - with control over the left side of his body restored and orders from the doctor to restrict his exercise to the Stairmaster for a couple of weeks.

Outcomes like these, Quiñones says, make his long journey worth the effort "I get a great deal of satisfaction from what I do," he said. "I get to see my patients getting better and they even thank me for it."

:: :: :: :: :: :: :: :: :: :: :: ::

**And in closing...**

If you are searching for a perfect gift for yourself or someone special this holiday season, we invite you click on the links below and take a glimpse at some of the programs that our organizations are doing. From advocacy and support to feeding and comfort...join us as we work together to bring peace to the hearts of those for whom we care.

<http://www.nhchc.org/donate.html>

[http://migrantclinician.org/join/share\\_table.php](http://migrantclinician.org/join/share_table.php)

:: :: :: :: :: :: :: :: :: :: :: ::

**Editors:**

**Jennie A McLaurin, MD, MPH**  
Health Disparities Collaboratives Coordinator  
Migrant Clinicians Network  
[jmclaurin@migrantclinician.org](mailto:jmclaurin@migrantclinician.org)

**Sharon Morrison, RN, MAT**  
Health Disparities Collaboratives Coordinator  
HCH Clinicians\_ Network  
National Health Care for the Homeless Council  
[smorrison@nhchc.org](mailto:smorrison@nhchc.org)

**References:**

1. National Health Care for the Homeless Council
2. Migrant Clinician's Network
3. National Center for Farmworker Health, Inc.
4. Hilda Ochoa Bogue, RN, MS, CHES

National Center for Farmworker Health, Inc.