

Helping Health Centers Identify Migrant and Homeless Patients

The Health Care for the Homeless (HCH) Clinicians' Network and Migrant Clinicians Network (MCN) serve as National Partners to the HRSA Health Disparities Collaboratives. One of the critical roles for both organizations is helping health centers identify their migrant and homeless patients. Both organizations share a commitment to the principal that mobility should not be a barrier for health care access or continuity of care. What follows is a set of succinct and helpful suggestions for how to better identify homeless and migrant patients in your practice.

Identifying Homelessness:¹

There are a number of ways to identify someone as homeless. Some of these are more obvious than others. The following list provides a good overview of the different ways in which a person and his or her dependents can be classified as homeless.

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

Signs of Instability:

We know that a key to identifying homelessness includes recognition of **instability**. Persons experiencing homelessness can move through a variety of housing environments.

- 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?

Use the following list to have patients self select their current housing, anticipated housing and past housing.

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)

Identifying Migrant Patients:²

The following are the key questions for verifying migrant or seasonal farmworker status³

1. Have you or a member of your family, as a primary source of income, 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 and you should ask questions 2-4.**

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

2. Have you or a member of your family, 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**

3. Have you or a member of your family, 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**

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:⁴

Sometimes the words that providers may use to ask about farmwork are not the ones that farmworkers use to describe themselves. It is important to be aware of the following list of terms that can serve as clues to identify someone as a farmworker.

Terms Used to Describe Farmwork

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 nurseria *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 Pizcador *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

How long is someone Homeless or Migrant?

- The official designation for migrant and homeless often changes
- It is important to remember that the designation identifies that person as at risk for adverse health access and outcomes.
- For purposes of medical records and reporting:
 - If person has been “migrant” at anytime 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

Questions that Lead to Solutions

The following questions allow you to think about your current system for identifying migrant and homeless patients. You can use these questions to guide changes in your health center policies. For those of you in the health disparities collaboratives, these are good examples of PDSAs you can explore.

- How are patients presently defined as migrant or homeless in your medical records and/or intake forms?

- How often is this classification updated?
- Are providers aware of homeless/migrant status of patients?
- Are patients aware of homeless/migrant status in the records?
- What is the breakdown by ethnicity/race, gender, and age in your patient population?
- What are the outcomes for special populations in your registries (or medical records) as compared to “non-special” patient populations?
- What is the percent inactive status of your special population patients?
- What are barriers to care for patients who miss appointments?
- What is the average amount of money your patients spend on medications per month? How does this break down by special population?
- For those of you in the health disparities collaboratives, is there an equitable distribution of providers and patients participating in spread as it promotes inclusion of special populations?

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 population measures can be a springboard to identify other “at risk” patients.

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.

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