HOMEWARD

HEALTH CARE for the HOMELESS

Day in the life: Mobile Clinic

"Day in the life" features a closer look into staff members' perspectives and work on-the-ground.

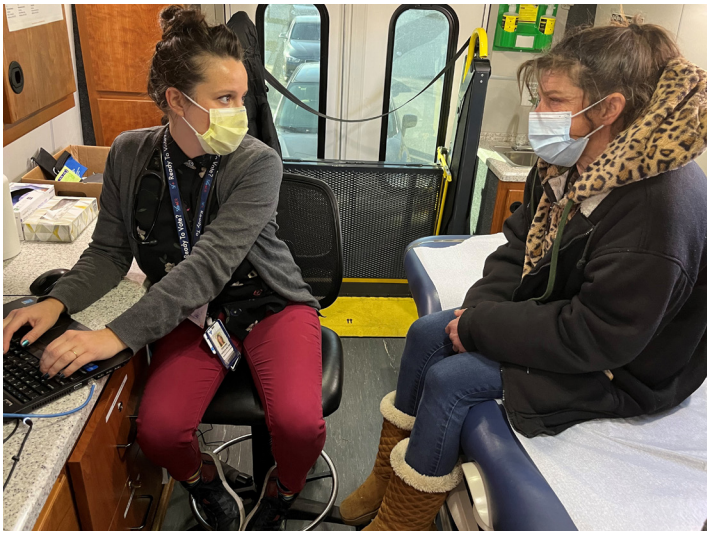
1:00 PM Outreach Services Manager John Lane easily navigates the bumpy roads of West Baltimore and pulls the Mobile Clinic up to The Food Project, one of our regular community sites. It's a clear and sunny day, and a small crowd is already waiting.

1:10 PM John steps out of the van and greets the regulars he recognizes. Also on board are Sarah Barry, Medication Assisted Treatment (MAT) Nurse and Katharine Billipp, CRNP.

1:21 PM The first client, Anne, steps on. After checking in with John and getting her vitals assessed by Sarah, she shouts, "You're next!" to a friend outside and heads to see Katharine in the back.

Katharine checks Anne's lungs, remarking how much better they sound. She asks how Anne's addiction treatment is going. "Good," she says. In her temporary housing, she is hiding her suboxone between the pages of a dictionary to keep it safe.

Outreach Services Manager John Lane in the driver's seat. The Mobile Clinic provides full-service medical care.



Katharine Billipp, CRNP and Anne during an exam. Anne is a regular on the Mobile Clinic. Here, she's seen for vaccinations, MAT, and several chronic conditions.

Anne's chronic back pain is flaring up. After six knee surgeries and a broken leg in her youth, one of her legs is shorter than the other. Katharine talks to her about how to make a DIY heating pad with an athletic sock filled with rice. It can be heated up in the microwave. Anne doesn't live anywhere with electricity, but Paul's Place, where Anne often gets her meals, might let her use theirs.

"Could we get you a lift in one shoe?" asks Katharine. Anne's never tried it; she and Katharine decide she should be referred to a podiatrist.

2:15 PM John takes a call from the staff inside The Food Project. A family, recently arrived from Peru, all need to be seen. Can John fit them in? He clucks his tongue, eyeing the line outside, and helps them set up appointments later in the week.

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2:34 PM A couple comes in for a medical check-up. Each gets a general exam and talks to John about housing. Neither has been to our downtown location—they'd need bus tokens or help with transportation. John suggests a virtual appointment with a case manager. "That's what's up," the woman says. "Come back and tell me how it goes!" replies John.

2:50 PM There's a knock at the door. A woman says, "I'm not trying to get seen or anything, but I was hoping I could just get wound care?"

Generally, she takes care of her own wounds—it's either that or the E.R. She just wants supplies; she also has a friend with a bad infection, but he won't come to the van. John does a quick assessment and asks her to wait so they can fit her in.

3:00 PM John gets a new client named Tom set up in the system. Sarah gets his vitals and discovers a bad infection, and Katharine walks him through basic wound care. Tom asks about our MAT program and how he and his girlfriend might get treatment. Once he learns about another mobile clinic site, closer to where they're staying in Dundalk, he thanks the team and says they'll both be back Friday morning.

3:30 PM The team is supposed to stop seeing clients now to leave by 4 pm, but there's a knock at the door. "I got something on my face," a man explains. "Is it ringworm or something?" Sarah does a quick assessment, advising him to keep using over-the-counter fungal cream and to come back tomorrow.

John shows the contents of a safe use kit: clean syringes, gauze, antiseptic, Narcan, and other supplies for safe injecting. Wound care is a common problem for people who use substances, and some treatment programs and service providers won't see anyone with open wounds.

There's another knock at the door. An older woman, looking a little dazed, asks for a syringe kit. Sarah gives her a mask, sits her down on the couch, and talks through the kit. She asks where and when she is injecting. "Just be careful, okay?" Sarah says gently. John sets her up with a street hygiene kit—a drawstring backpack with toiletries, some food, a bottle of water, a clinic brochure. She thanks them and leaves.

3:50 PM Katharine, John, and Sarah begin breaking down the clinic. They turn chairs on their sides, unplug electronics and wipe down all surfaces.

In a three-hour window, the team cared for nine people. They assessed a hernia and an abdominal mass; treated cellulitis, asthma; gave vaccines; ordered an ultrasound. They wrote prescriptions for Mucinex and Nicoderm, let people charge their phones. They prescribed and refilled suboxone, distributed condoms, bottled water, and crackers. "Most of the week I work at our West Baltimore clinic," says Katharine. "But if I could, I'd be on the mobile clinic every day."

To learn more about our Outreach Services, read the Q&A with John Lane online: ***www.hchmd.org***

One size doesn't fit all

In the United States, we've been taught that our weight corresponds with our health. And by that formula, if you are large, you are unhealthy.

Not true.

You might be surprised to learn that Body Mass Index (BMI)—the tool many of us encounter at doctor's visits to classify our bodies as underweight, healthy, overweight or obese—is actually a *poor* indicator of health.

BMI is the ratio of your body weight relative to your height squared. What it doesn't tell you is body composition, including muscle mass, fat mass and bone density. And when you dig into the history of BMI, it's highly problematic and not useful for individual care. Classifications were created by a 17th century mathematician based solely on White, European men in the 1800s.

According to this index, a BMI between 25 and 30 is overweight, and a BMI >30 is obese. But to be overweight or obese by these standards does not automatically mean that you are unhealthy.

Research shows that there are more reliable measures of health than BMI, including fasting blood glucose, blood pressure, cholesterol, triglycerides, and cardiorespiratory fitness tests. Yet BMI is still the default in most health care settings.

Widespread assumptions about obesity and health have contributed to anti-fatness, or weight stigma, which have real world consequences for fat individuals and their health care experiences.

Anti-fatness shows up everywhere in our society, including clinics and exam rooms. If you are heavier, you've likely wrestled with ill-fitting exam gowns and too-tight blood pressure cuffs or encountered scales that cannot accurately measure your weight. Anti-fatness can also result in providers misdiagnosing clients and missing serious health conditions based on preconceived notions about health relating to body size.

At Health Care for the Homeless, our providers are working to adopt a health-centered framework to assess and promote wellbeing called Health at Every Size (HAES). Developed by fat activists in the 1960s, and trademarked by the Association on Size Diversity and Health in 2010, the HAES framework asserts, as its name suggests, that health is achievable at every size and that deviating from "normal" weight is not inherently bad.

This year, we're taking steps to:

- Train all clinical providers on the limits of BMI and the principles of HAES. REI Health Specialist Arie Hayre-Somuah is encouraging clinicians to use an acronym she created called **WAIT** after they weigh clients and assess BMI:
  - **W**hat else is there to consider?
  - **A**cknowledge your (anti-fat) biases.
  - **I**nquire about clients' health habits, lifestyle, barriers and facilitators to health.
  - **T**ailor your follow up plan to clients' individual needs and circumstances.
- Audit our clinical spaces to assess whether medical equipment and supplies (scales, blood pressure cuffs, gowns) are size inclusive and protect the dignity of heavier clients.
- Tailor BMI screening follow-up to the clients' needs. For example, if a person has a BMI of 40 but is otherwise healthy, we won't automatically prescribe diet and weight loss. Instead, we'll coach on continuing behaviors that sustain health, like exercise or drinking water.

As we address our biases, we believe we will build more trusting and open relationships with clients. And evidence tells us that this will mean better health outcomes, reduced weight stigma and less weight cycling and disordered eating.

Consider some common ways anti-fatness shows up in your life. Do you:

- diet before a big event?
- punish yourself for eating a sweet treat or "make up for it" with a visit to the gym?
- judge people based on their size?
- equate thinness with healthiness?

Continue debunking and unlearning anti-fat stigma by listening to the Maintenance Phase podcast or reading the work of activist and poet Sonya Renee Taylor.

Real talk about our weight

If I am the target of anti-fat bias, I am likely to *gain* weight.

Those of us with a BMI of 30-34 ("obese") have a similar risk of dying as those with a BMI below 25

At 6'9 and 250 lbs, professional basketball player LeBron James is considered overweight.

In a 2016 study of 40,000+ people:

nearly **50%** of "overweight" individuals were cardiometabolically healthy

30% of "normal" weight individuals were cardiometabolically unhealthy

Sources: National Library of Medicine, International Journal of Obesity

PASS the MIC with OSCAR RIAZ

Oscar is a barber and family man, seen here in a jersey for the Honduras national football team. This story was translated from the original Spanish.

I came to this country, this city, five years ago. It hasn't been easy. I work some days in a barber shop, and other days I do what I can.

This city has been a sanctuary for us in a lot of ways. You can come to Baltimore and get support that you can't get in other places. Most people won't bother you. You can get your driver's license, earn a living and take care of your family. In Honduras, if you don't have money, you can't live. But here, even if you have nothing, if you are down in the street—if you call, an ambulance will come.

"Vamos a luchar. I'm here with my family, giving them that opportunity."

Other times, though, it's hard. We came legally but it's hard here for undocumented people. If you don't have a Green Card or if you don't speak English, there are a lot of jobs you don't even qualify for. My two sons are in school here in the city; there's some good, and some bad. Most of his teachers are bilingual, but others aren't, and then what can you do?

I went to the bank the other day and a woman treated me like I had no right to be there. "Why don't you speak English?" she said. "Why don't you speak Spanish?" I wanted to ask her. We're all people. We're all equal. But for some people, they act like we are animals.

Pero vamos a luchar. I'm here with my family, giving them that opportunity, and one day we'll be able to return and make a good life back home.

Yo soy de mi país. If you ask me what I miss about Honduras, I miss everything. I miss my family, I miss the weather. In Honduras, $10 will feed a family for a week. Here, I walk outside and find a ticket on my car for ten times that. It's a different way of living. And it's not easy.

But there are opportunities here. Gracias a díos, I am where I am, and there are people who want to support us.

"Pass the Mic" is a storytelling space featuring the voices and stories of people with a lived experience of homelessness.

Meet our 2022 Core Value Awardees

Every year, Health Care for the Homeless staff come together to nominate – and celebrate – colleagues who embody our core values. Meet this year's awardees below and read more at **www.hchmd.org**

DIGNITY / Gabby Berre
Client Service Representative

It's such an honor to be recognized when you sometimes feel invisible. It just goes to show that nothing we do goes unnoticed. Every life should be treated with a level of dignity, whether it be the janitor or the president.

PASSION / Erick Torres, RN
Pediatric & Family Nurse Coordinator

Passion is what happens when you love what you do, and I love spending most of my day helping our population with a team that also loves what they do. It's pretty contagious.

AUTHENTICITY / Ebony Hicks, LCPC
Behavioral Health Specialist

Being true to my personality, values and spirit is very important to me and working at a place that not only allows such but welcomes it makes me feel very fortunate.

BALANCE / Kenney Lightner, Jr.
Security Guard

Balance is helping others when they're in a time of need. In security, you deal with a lot of situations. It's knowing how to work with and keep everyone calm, to deescalate and solve the problem.

HOPE / Sharon Hooper
Clinical Billing & Coding Specialist

Hope is the belief that our future can be better than our past and that we have a role to play in making that a future reality.

HCH-er at Heart / Lakeesha Griffin, LCSW-C
Lead Therapist Case Manager II

I love being a part of the HCH family and being able to participate in the great work that we do to support our clients and each other as a team.

JUSTICE / Marc Bowman
Volunteer Manager

"Justice" to me is doing all that I can with compassion, support, expertise and help of others to assure that everyone in our community not only survives but thrives.

We're hiring!

Join these core value awardees by applying for one of our open positions.
www.hchmd.org/work-here

MARK YOUR CALENDAR

THE CHOCOLATE AFFAIR

Saturday, February 4

Let's go to the movies! Bring your friends and family to The Lyric to walk the red carpet, indulge in chocolaty treats and enjoy a series of short films that connect us to our humanity– including the annual premiere of our own documentary. Tickets priced as "pay-what-you-can" and available at **chocolateaffair.org**

Introducing... 70 new homes!

Spenser Kirkpatrick moves into one of 70 apartments at Sojourner Place at Oliver.

"Today we take an important step," said Mayor Brandon Scott at the Grand Opening of Sojourner Place at Oliver this past November. "Sojourner Place is about reversing inequity and the purposeful disinvestment in Black communities. Affordable housing is one of the most powerful tools we have. It improves quality of life across the board. *This is just the beginning!*"

After 14 months of construction, Health Care for the Homeless joined co-developers Episcopal Housing Corporation in opening the doors to 70 new affordable apartments, with half for individuals and families exiting homelessness. Future tenants, our Board of Directors, staff and members from The People's Association of Oliver Community, Baltimore Oliver Community Association, 6th Branch and Dr. Bernard Harris Elementary School all joined in the festivities. Activities included food, music and tours of the four-story building and its library, gym, game room and computer lab.

Every partner who stepped to the podium echoed the importance of housing for the entire community.

"We should ensure housing is affordable and stays that way," said Councilman Robert Stokes, Sr. "Community is connected to housing. Workforce is connected to housing. Education is connected to housing," furthered Senator Cory McCray. Brien O'Toole, Chief of Housing Production at the Maryland Department of Housing and Community Development added, "It's a struggle to live with low income. It's catastrophic to live without a home. This building will be the foundation for new lives."

The outpouring of support—the speakers and institutions they represent, and the array of community partners and funders in attendance—is indicative of the cross-sectional work that it takes to build and open even one new affordable apartment building.

We all agree that housing matters and is worth the work. And we'll be strongly advocating for more affordable housing and tenant protection during the 2023 Maryland General Assembly Session. Follow updates at **www.hchmd.org/2023-legislative-session**

You can hear directly from two of the new tenants, Kiona and Spencer, who are featured in our upcoming documentary—to premiere at The Chocolate Affair on February 4.