MCN Streamline
the migrant health news source

Volume 9, Issue 1 January/February 2003

Food for Thought....

- *What are the best anti-inflammatory agents to use for people with asthma, and what are the most reliable ways to test pulmonary function in a clinic setting?*
- *What resources are available for you to find the clinical tools you need to treat chronic diseases in farmworkers?*
- *What is the impact of lowering a patients A1C level by 1 point?*
- *What is the average A1C of your centers diabetic patients?*
- *What is your center doing to screen for Colon Cancer and what are the local resources for follow-up of positive tests i.e. colonoscopy and/or surgery what are the barriers to these services?*
- *What clinical protocols are your clinicians using for hypertensive and hyperlipidemia control and how is access to appropriate pharmaceuticals achieved?*
- *Who should screen center patients for depression and what tools are the most reliable?*
- *What is the single most effective way to get a patient to quit smoking?*
- *What are three ways to promote healthy weight--and what is healthy weight?*
- *Who should be screened for prediabetes and how should they be screened?*

Would you like the answers to these questions?

Join us at the 2003 National Farmworker Health Conference for the MCN clinical intensive on Thursday, May 1st in Phoenix, Arizona. **This clinical intensive will feature experts from across the country who will bring you the best of the best in clinical lessons learned from the Health Disparities Collaboratives.** Emphasizing decision support, clinicians will learn of the most up to date guidelines for treatment of diabetes, asthma, depression, cardiovascular disease, obesity, tobacco use, and cancer prevention. They will learn of the impact these diseases have on the health of the nation as well as innovative ways that care can be addressed in the context of the farmworker lifestyle. This intensive is appropriate for any clinician new to the Collaboratives or who has not spread beyond one chronic condition.

Speakers at the intensive will include:

Stephen Taplin, MD — Chairperson of the Cancer Collaborative, Associate Director of Preventive Care Research for Group Health Permanentes Department of Preventive Care and Professor of Family Medicine at the University of Washington;

Jane Kelly, MD — Director of the National Diabetes Education Program at Centers for Disease Control and Prevention;

Jennie McLaurin, MD — Clinical Collaboraitve Coordinator for the Migrant Clinicians Network and nationally recognized pediatric expert,

Edward Zuroweste, MD — MCN Medical Director and national faculty for the collaboratives.

Other Highlights of the 2003 National Farmworker Health Conference include workshops on:

- Grand Rounds
- Diabetes, Depression, and Diet Issues in Rural Community Health Centers
- Linking Primary and Ophthalmic Care for Farmworkers
- Occupational and Environmental Dermatology
- Hands-On Dermatology Intensive
- The Future of Latino Children in the U.S.
- Ethical Issues in Research: Special Focus on Farmworkers
- Cultural Issues in Menopause
- How to Submit a Successful Research Proposal
- Lessons from the Chronic Care Model and the Health Disparities Collaboratives
- Board Planning, Financial, Legal, and Administrative Issues
- Changing Nature of Farm and Farm Labor in the United States
- Orientation to Migrant Health
- School-Based Program
- Voucher Programs
- Innovative Program Models
- Hot Topics in Migrant Health Policy
- AND MORE!

For Dentists we are working with the University of Arizona at Phoenix Dental School to bring a host of exciting dental public health offerings. Look for more information in the mail shortly.

MCN also provides scholarships to clinicians working in federally funded clinics to attend this exciting conference. Fill out the enclosed scholarship application and submit it ASAP to reserve your scholarship. We award scholarships on a first-come first-serve basis.

For registration information, please contact the National Association of Community Health Centers, 301-347-0400 or visit *www.nachc.com*

Clinical Profile in Excellence

Candace Kugel, CNM, FNP, RN

All of us working in the field of migrant health are accustomed to a high level of dedication and selflessness among our co-workers, but Teresa Ison is a particularly glowing example. Teresa is a pioneer in a number of ways, including being the first Dental Hygienist to be selected for the Migrant Health Care Fellowship. The Fellowship is a program that has been in existence since 1991 that provides for a four-month experience in migrant health for new clinicians. Recipients are Physician Assistants, Nurse Practitioners, Nurse-Midwives, and, as of 2002, Dental Hygienists. The program began under the direction of the National Rural Health Association, and as of July 2002, is run by the Migrant Clinicians Network.

Teresa was placed at the Salud Family Health Center in Fort Lupton, Colorado, for her Fellowship experience. Salud had been attempting to hire a dental hygienist for over a year and were happy to have the help for the peak agricultural months of June to September. Relocating was not a simple prospect for Teresa, a single mother living in Alaska, but she approached the move with an appropriate sense of adventure. A week before her fellowship was scheduled to start, she flew to Salt Lake City, and that same day bought a trailer that would be her home in Fort Lupton. The next day she bought a truck to haul it, and then drove 550 miles to Colorado to begin work. Her 12-year-old son stayed behind in Alaska with family and her teenaged daughter joined her for part of the summer, and was even hired by the clinic.

Teresa entered the field of dental hygiene with little knowledge of migrant health, but wanting to pursue her interest in public health. She is from Palmer, an agricultural community in southern Alaska, and as a teenager worked in the potato fields there. Prior to going to dental hygiene school at the University of Alaska in Anchorage, she worked for 12 years as a dental assistant. She was inspired during that time by work she did in rural Alaska, rotating from Palmer to various isolated communities, including the Aleutian Chain and the North Slope, above the Arctic Circle.

During her time at Salud Family Health Center, Teresa took care of almost 200 people in the dental clinic and had 150 outreach encounters with children, most of whom had never had dental cleanings before. She loved the work, the farmworkers, and had high praise for Saluds dental director, John McFarland, DDS. She worked hard to improve her Spanish in order to be able to communicate better. Her co-workers called her the humanitarian because of her generous nature: taking food to an elderly man in her trailer park, taking a migrant family to get pictures taken of their baby, feeding rabbits in her yard. She says her philosophy is, when you do good things for people, good things happen to you.

All recipients of the Migrant Health Care Fellowship are required to complete a project during their placement that will somehow benefit the health center or its patients. Teresa toured some of the areas migrant camps with Ed Hendrickson, PhD, PA-C, and learned about a large migrant housing complex that had a water supply contaminated by pesticides and bacteria. This pointed her in the direction of her project: 4 months of learning about water supplies, water regulations, water contamination, the health effects of unclean water, and grant writing! She ended up writing a proposal for $36,000 to provide a safe water supply for the camp she had visited and is optimistic that it will be funded.

One of the measures of success for the Migrant Health Care Fellowship is whether the Fellow continues to work in migrant health after the Fellowship experience. Teresa reported during her stay in Fort Lupton that they keep asking me every day to stay here with them, but I really have to go back to Alaska when I am done. She interviewed by telephone and was hired for a dental hygiene position in Alaska at a handsome salary. As the time to leave approached, however, it appears that her resistance crumbled, and she decided to stay on in Colorado. Her children have joined her and are doing well, she has moved out of the trailer and is a full-fledged employee of Salud Family Health Center—a success story!

Asked how she would evaluate her Fellowship experience, Teresa says, I made no money, but the experience was well worth it. Some people may not have felt that way, but I did.

The Migrant Clinicians Network is currently reviewing applications for the 2003 Fellowship season. For additional information see *www.migrantclinician.org/programs* or contact *kugelzur@migrantclinician.org*.

Pilot Pre-Natal Tracking Program Results

Lindsey Stuart

In the summer of 2002 MCN began a pilot pre-natal tracking program. The Prenatal Care Pilot Program was designed to maintain continuity of care for expecting mothers who begin prenatal care in DeSoto County, Florida and move during their pregnancy. Expectant farmworker women often face barriers to receiving continuous prenatal care due to frequent relocation for work purposes, language barriers, and transportation issues. The Prenatal Care Pilot Program is a partnership between the Migrant Clinicians Network and the DeSoto Florida County Health Department and is based on MCNs other medical records assistance programs, TBNet and Track II.

Eleven women were enrolled in the pilot project. Nine of the original eleven women moved during their pregnancy. Although the Prenatal Care Pilot Program worked with only nine women who moved from DeSoto County during their pregnancy, certain trends can be noticed. First, contact phone numbers and addresses for participants are integral to maintaining contact with participants. In addition, MCN staff was better able to maintain contact with participants who made an initial call to MCN using the 1-800 number from one of their clinic visits in DeSoto County. Outcomes of the program indicate that MCN was able to transfer medical records for 5 of the 9 participants who moved during the year, or 56% of participants. The lost-to-follow up rate for the program was 4 participants out of 9, or 44%. Thus, the program was partially successful in maintaining continuity of care for mobile expectant mothers. MCN hopes to continue this program and to learn from this past years experience to further improve the project.

Clinical Pearls

Perinatal HIV

The CDC reports an 80% decrease in the number of HIV-infected infants born in the U.S. from 1991 to 2000. This dramatic drop is attributed to increased HIV testing and increased perinatal treatment of infected women. This information was presented by Dr. Robert Janssen, director of the CDCs division of HIV/AIDS prevention, surveillance, and epidemiology, at the 14th International AIDS Conference. He described this progress as a tremendous success, undoubtedly one of the great success stories in the HIV epidemic.

PAs less interested in working with underserved

A survey released by the American Academy of Physician Assistants (AAPA) reported that interest among PA students in working with the underserved is declining. In the annual Census Survey of New Physician Assistant Students, 95% of PA students in 1996, compared with 80% in 2001, stated that they would be willing to work in medically underserved areas. See www.ama-assn.org/ama/pub/category/8597.html.

Uninsured women of reproductive age

The March of Dimes released 2000 census data that revealed that one in six U.S. women of reproductive age (ages 15-44) are without health insurance, representing 38% of the total number of uninsured Americans. Furthermore, Hispanic women in this age group are more than twice as likely to be uninsured, representing a significant barrier to prenatal care for this population. See www.modimes.org.

Health risks to pregnant women from tap water

The Environmental Working Group and the U.S. Public Interest Research Group reported in January 2002 that many pregnant American women may be at increased risk of suffering miscarriage or birth defects due to the presence of chlorination byproducts (CBPs) in municipal tap water. CBPs result from the interaction of chlorine with organic material in water, and amounts vary across the nation. For more information on this report see *www.ewg.org/reports/ConsiderTheSource/ index.html* and for information about your water supply see *www.epa.gov/safewater/dwinfo.htm*.

Infant mortality rates, 2000

According to the CDC, the U.S. infant mortality rate decreased by 21% during the 1990s, to a rate of 7.0 deaths of infants younger than 1 year for every 1,000 live births. When analyzed by mothers ethnicity and other factors, significant variations continue to be noted. Mexican and Cuban women continue to enjoy a lower than average infant mortality rate, while Puerto Rican women have a higher than average rate. Maternal risk factors include: late or no prenatal care, less than 12 years of education, smoking, and being unmarried or a teenager.

Reference: Mathews TJ, MacDorman MF, Menacker F. *Infant Mortality Statistics From the 1999 Period Linked Birth/Infant Death Data Set.* Hyattsville, MD: National Center for Health Statistics; 2002. National Vital Statistics Reports, Vol 50, No 4.

Episiotomy rates declining

A study published in September 2001 reported that fewer women are receiving episiotomies, dropping from 64% of vaginal deliveries in 1980, to 39% in 1998.

Reference: Trends in the use of episiotomy in the United States: 1980-1998. Birth, September 2001.

Neural tube defects decreasing

The past decade has also seen a decrease in the incidence of two neural tube defects — spina bifida and anencephalus, according to the National Center for Health Statistics. The spina bifida rate in 1991 was 24.88 per 100,000 live births and 21.03 in 2000. The incidence of anancephalus dropped from 18.38 in 1991 to 10.12 in 2000. This improvement is attributed to the increase in folic acid supplementation. See *www.cdc.gov/nchs*.

Seafood and preterm delivery

A study published in the British Medical Journal this year reported that low consumption of fish during pregnancy was associated with an increased risk of preterm delivery and low birth weight. The conclusion is that n-3 fatty acids may provide protection against these birth complications.

Reference: Olsen SF, Secher NJ. Low consumption of seafood in early pregnancy as a risk factor for preterm delivery: prospective cohort study. BMJ, 2002 Feb 23: 324 (7335):447.

TBNet: Ensuring Continuity of Care for Mobile Populations

TB*Net* is a comprehensive tracking and referral network that helps provide continuity of care for mobile populations with active tuberculosis or latent TB infection. We specialize in assisting patients who, during the course of their treatment, move within and outside Texas. Although designed with migrant farmworkers in mind, TB*Net* can be a useful tool in the treatment of other migrant populations such as prison parolees, homeless persons, and recent immigrants. And the service is provided at no cost to clinicians or patients.

So, how does TB*Net* work? We provide a central storehouse of patient medical information that is kept confidential. Our toll-free phone number is operated by expert, bilingual, culturally-competent staff who offer resource and referral information for patients and clinicians. An innovative component of the TB*Net* system is the portable record that is supplied to patients. About the size of a credit card, this bilingual record contains tuberculosis treatment information including clinics and caregivers patients have seen, smear and culture results, and a weekly drug-o-gram.

Who does TBNet benefit?

TB*Net* helps clinicians by letting them know the treatment outcomes of mobile patients after they have left their care, and helping to ensure that patients continue/complete care. TB*Net* helps patients by empowering them to take an active role in treatment and providing information and referrals to patients who do not know of resources in a new area.

If you work with a mobile population and think TB*Net* could be useful to you or your clinic, contact Jeanne Laswell or Lindsey Stuart. We provide many resources and technical assistance as well as a free systems manual detailing how to implement TB*Net*.

Migrant Clinicians Network-TBNet Staff

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Research Participants Needed:

Get Connected to Research and Real Life for Rural Families!

One to two hours of your time is needed to help us evaluate a WebCT based course for nurses. In return, you will receive 2.5 nursing CEUs for completing the course, the quiz, and the evaluation survey.

This course is designed to help the nursing professional working with rural families relay to clients the importance of adult responsibilities in assigning agricultural tasks to children.

The purpose of this research study is to determine if on-line courses like this are an effective way for nurses to get continuing education credits. We are looking for participants to take the course, take the quiz, and do the evaluation. For more information, go to *http://safety.coafes.umn.edu/nagcatcourse.html*.

To enroll in the research project, send an email to *safety@umn.edu*.

This project has been approved by the University of Minnesota Human Subjects Committee and is funded in part by the National Farm Medicine Center in Marshfield, WI. Project investigators are Michele Schermann, RN, MS and Ruth Rasmussen, RN, MS, MPH.

Acknowledgment: *Streamline* is funded by the Health Resources and Services Administration, Bureau of Primary Health Care, Migrant Health Program. The views and opinions expressed do not necessarily represent the official position or policy of the U.S. Department of Health and Human Services. Subscription Information and submission of articles should be directed to the Migrant Clinicians Network, P.O. Box 164285, Austin, Texas, 78716. Phone: (512) 327-2017, FAX (512) 327-0719. E-mail: mcn@migrantclinician.org

MCN Member Survey, 2003

Dear MCN Members,

MCN is always working to further improve our services to the migrant health community. Your input as an MCN member is critical to this process. Please take a moment to fill out this short survey to let us know what we are doing well, where we can improve, and what new services you would like to see from MCN in the future. As an added incentive, we will enter everyone who fills out a survey in a drawing for a $200 cash prize. We will also be randomly selecting a few MCN members for a phone survey. If you do not wish to give us your name to enter in the drawing, you can indicate a charity of your choice to receive the prize money.

Please return this survey by fax (512-327-0719) or mail (PO Box 164285, Austin TX 78716) by February 21st, 2003.

Thank you very much for your time and input!

1. **Name (optional-but required if you want to enter the incentive drawing)** _____

2. **Demographics:** Please list the state in which you work: _____

3. **What is your profession:** (i.e., health educator, physician, nurse-LVN) _____

4. **Do you work in a Migrant/Community Health Center?** ☐ Yes ☐ No

5. **The current mission of the Migrant Clinicians Network (MCN) is to promote the health of farm workers. Does this mission reflect the core values of MCN, as you know it?** ☐ Yes ☐ No ☐ Unsure

6. **We accomplish this mission by:**

a. Creating a professional home for clinicians that serve migrant farmworkers, which provides opportunities for networking and professional development.

b. Fostering increased clinical effectiveness by conducting research and developing clinical tools.

c. Serving as a national clinical voice on migrant health issues through leadership, advocacy and partnerships with collaborating organizations and agencies.

How effective has MCN been in meeting these objectives?

☐ Very Effective ☐ Effective ☐ Moderately Effective ☐ Not Very Effective ☐ Ineffective

7. **MCN Member Services:** Please indicate the usefulness of the following MCN services on a scale from 4 to 1 with 4 being "very useful" and 1 being "not useful"

	very useful			not useful
Streamline	4	3	2	1
Topic specific monographs (i.e. family violence, diabetes, TB)	4	3	2	1
Topic specific manuals (i.e. family violence, diabetes, TB)	4	3	2	1
Patient education materials	4	3	2	1
Networking with peers	4	3	2	1
Farmworker specific research efforts	4	3	2	1
Clinical guidelines	4	3	2	1
Patient tracking	4	3	2	1
Clinical alerts	4	3	2	1
Technical assistance	4	3	2	1
Accredited continuing education	4	3	2	1

8. **Educational Offerings:** Please check all those you would be likely to use:

☐ Annual Conference
☐ Stream Forum
☐ Interactive offerings via the Internet on the World Wide Web
☐ Distance learning available online or by mail
☐ One-day intensive workshops (Migrant/Topic-specific) on-site or region specific
☐ Medical Spanish two week-long intensive in Mazatlan, Mexico.
☐ Month-long Spanish intensive and professional sabbatical in Honduras.

9. **MCN Website:** Please check all features you would be likely to use:

☐ Scholarship applications
☐ Downloading materials
☐ MCN Program overviews
☐ Dates for conferences
☐ Contact information for MHC's and resources
☐ Distance learning (CEU credits)
☐ Job bank information
☐ Technical assistance

10. **Please check the top two ways to communicate information with you.**

☐ E-mail ☐ Listserve ☐ Mailings ☐ Conferences
☐ Individual phone calls ☐ Website annoucements ☐ Streamline ☐ Other _____

11. **What is the most important thing we can do for you in the next five years?** _____

_____

_____

Please return this survey by fax – 512-327-0719 or mail: MCN, PO Box 164285, Austin TX 78716 by February 21st, 2003.

Professional Clinical Scholarship Application - 2003

Please provide the following information and fax it to MCN at 512/327-0719
or mail it to MCN at P.O. Box 164285, Austin, Texas 78716.

Please note that the MCN scholarship confirmation is separate from the conference registration.
For registration information, please contact the National Association of Community Health Centers, 301-347-0400.

Migrant Clinicians Network
Professional Clinical Scholarship Application

Please print!

Annual Farmworker Health Conference

May 1-3, 2003 • Phoenix, Arizona

Please indicate your title/position:

- ☐ Physician
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Physician's Assistant
- ☐ Dentist
- ☐ Student/NRHA Fellow
- ☐ Social Worker/Case Manger
- ☐ Outreach/Health Educator

MCN Member? ☐ Yes ☐ No

May we send you membership information? ☐ Yes ☐ No

Name:	**Title/Position & Credentials:**
Health Center:	
Address:	
Suite/Apt. #:	

City:	**State:**	**Zip:**
Phone:	**Fax:**	**Email:**
Contact Person:		
Contact Phone:	**Contact Fax:**	**Contact Email:**

Remember:
You may also apply for a scholarship via the MCN website at *www.migrantclinician.org*.