MCN
streamline
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The Migrant Health News Source

Partnering for Public Health Practice and Environmental Health Resources

The GIS-based HEART will enable health care providers to quickly and easily locate environmental health services for their clients and to help those clients when they relocate.

The Migrant Clinicians Network (MCN) has partnered with the Agency for Toxic Substances and Disease Registry (ATSDR) on a project to help health care providers locate environmental and primary care resources for migrant health care interventions, prevention, and education.

The primary goal of the project is to provide an integrated spatial display of health care services, information, and reporting mechanisms that is easily retrievable by MCN health care providers. Through the use of Geographic Information Systems (GIS), we hope to improve communication among health care providers and state and local health authorities about environmental exposures and primary care needs.

With 'HEART,' MCN is providing busy providers in Community and Migrant Health Centers with necessary tools and resources to better address the occupational and environmental needs of our migrant patients. This is yet another example of MCN's collaboration with national players to make life easier for our providers and less dangerous for our patients.

—Wilton Kennedy, PA, MCN Board Chairman

The MCN GIS application is called the Health and Environmental *Analysis and Resource Tool* (HEART). Through this application, providers can access resources, referrals, and tools for identifying, reporting, and educating their clients on environmental health. Clinicians can use the system to view the location of resources on a map, see more detailed tabular information about those resources, and print a report that includes contact information for each resource. This GIS-based tool is important because it will enable health care providers to quickly and easily locate environmental health services for their clients as well as assist them if they move to another location. As a result of HEART, clinicians will be better able to facilitate uninterrupted health care services for their clients.

Examples of How the MCN HEART System Can Be Used

Exercise 1: Using HEART, find the Migrant/Community Health Center closest to your current location.

Exercise 2: Use HEART to generate a report on the services available for your county.

Exercise 3: You are a primary care provider in Imperial County, California and you have a pediatric patient who has been exposed to pesticides. What referral or consultative resources do you have in your area? (Hint: look at a state level map because you may have resources available in neighboring counties that wouldn't appear on a county level map)

Exercise 4: You are a primary care provider and you have a patient with diabetes who you know is traveling to work in Northern Missouri. Find a community health center referral site (Health Services and Administration Clinic) for that person in Northern Missouri.

a. What counties have clinics in Northern Missouri?

b. Find the phone number for the clinic in Scotland County.

As with all GIS applications, determining what data to use and ensuring its quality, integrity, and timeliness are important parts of the process. Many MCN and ATSDR partners collaborated on this project by sharing data and information, including:

- The National Association of County and City Health Officials (NACCHO)
- The National Institute for Occupational Safety and Health (NIOSH)
- The Health Resources and Services Administration (HRSA)
- The Association of Occupational and Environmental Clinics (AOEC)
- The Association of State and Territorial Health Officials (ASTHO)

We are now in the pre-testing and marketing phase of the project. Formative evaluation of the project to date shows that the GIS application is a useful tool for the health care providers of migrant farm workers to use to assess, plan, and intervene in environmental exposures for their clients.

To see the GIS application and get information about MCN, go to *http://gis.cdc.gov/mcnheart*. Send your comments and suggestions to *atsdr-gismcn@cdc.gov.*

For more information about:

- MCN's work with ATSDR, contact Amy Liebman at MCN (e-mail: *aliebman@migrantclinician.org*; Web site: www.migrantclinician.org/) or Wilma López, technical project officer at ATSDR (phone: 404-498-0319; e-mail: wbl8@cdc.gov.
- ATSDR's GIS group, contact Janet Heitgerd at ATSDR (phone: 404-498-0406; e-mail: *jbh0@cdc.gov*).

Developing Resources for Migrant Clinics:

A Migrant Clinicians Occupational Health Reference Manual

Julie Sorenson, MA

Occupational injuries and illnesses are medical conditions commonly seen at migrant health centers. The New York Center for Agricultural Medicine and Health (NYCAMH-NEC) research reveals that, on average, 15% of migrant visits to health centers involve a work-related injury or illness. At one health center participating in a NYCAMH-NEC surveillance study, as much as 50% of all migrant visits were for work-related injuries.

These rates are not surprising when one considers the working conditions of our nation's crop harvesters. Workdays are often long and breaks are infrequent due to the pressures of gathering produce while it is still marketable. Weather conditions can range from extremely hot, putting workers at risk for dehydration, or very wet, increasing the potential for slips and falls from ladders or other equipment. Awkward postures and repetitive work can create musculoskeletal strain and sprain that can be chronic and debilitating.

Despite the fact that occupational health problems are common, migrant health care providers are often not provided with the training or resources to adequately meet this need. In a survey done by Migrant Clinicians Network (MCN), 48% of migrant clinicians said they had never taken an occupational health course or completed training, while 35% said they had completed only one course or training. Indeed, at many medical schools in the United States, occupational health is not even specifically offered or required in the curriculum.

The lack of training opportunities, coupled with few opportunities to visit work sites or talk with employers, can make diagnosing and treating farmworker occupational injuries a real challenge. In exploring ways to address farmworker occupational health issues, NYCAMH/NEC has been working with migrant clinicians in the Northeast to develop materials that will bridge this gap and offer clinicians resources tailored to their unique patient population.

Providing a format for occupational health training for migrant clinicians, however, has proven difficult. In the previously mentioned MCN survey, in-person workshops were rated as the most effective way to learn about occupational health issues. However, the biggest barriers to training indicated by the survey appeared to be lack of time and travel money. In personal interviews, clinicians also stated that it is sometimes difficult to remember all of the information given in a one or two day workshop, two or three months later. Taking these factors into account, clinicians seemed to agree that an ideal training format would be a reference manual that can be accessed when needed and where information provided is succinct, easy to find and easy to read. NYCAMH/NEC decided to adopt this format and provide information on those ethnicities, injuries/illnesses, and harvested commodities most likely to be found in the Northeast.

The NYCAMH/NEC manual will offer information on cultural competency issues related to farmworker patients, commodity profiles that feature information on working conditions specific to crops in the Northeast, diagnosis and treatment recommendations for occupational conditions most frequently brought to health centers, instructions on how to fill out workers compensation papers for each of the Northeastern states and a patient education section which contains visual props for discussing a patients condition, as well as treatment and prevention materials that can be copied and sent home with patients.

Perhaps the most unique component of the manual is the commodity profiles section, which works to give clinicians a virtual work tour of the harvesting site for each northeastern commodity, providing information on the most frequent injury events, hazardous exposures, general working conditions, and pesticides utilized.

The manual is still in the development stage, but NYCAMH/NEC researchers hope to have a prototype ready for presentation at the American Public Health Association Meetings in November and a finished product ready for the 2005 harvest season. Medical personnel who are interested in providing feedback on the manual should call NYCAMH/NEC at 1-800-343-7527, and ask for Julie Sorensen. ■

Immunization Resources

MCN's Migrant Immunization Initiative: Partners for a Life Cycle Approach is pleased to offer you at no cost the *Adventure of Pepin*. This series of vaccine related videos and comics developed by Texas Tech University Health Science Center at El Paso targets Spanish-speaking parents. The Pepin stories portray situations that occur in daily life such as a parent being tired or a baby crying. Woven into the storyline are educational elements about vaccines, and other complex health issues. The stories are carefully crafted to keep the interest of the adult viewer or reader. Each story introduces one concept at a time, allowing the viewer to assimilate the concept with enjoyment, interest, while gaining knowledge. A pleasant voice narrates the story. The storyline offers a simple explanation to complex health issues. The stories are in a cartoon format and contain verbal and non-verbal symbols, words, pictures, colors, sound effects and music.

The *Adventure of Pepin* has been successfully piloted along the border. We need your help in evaluating the series in other places. Please order any the resources below to use in your educational efforts with migrants. *All resources are free* with a nominal shipping and handling fee. *Recipients of the free resources are asked to complete a simple evaluation form about the resources.*

You may order 1 of each video or DVD and up to 100 of each comic book. Orders are due by February 4, 2005. Supplies are limited and resources will be distributed on a *first come first serve* basis by April 15, 2005.

	Please check DVD/Video Content	Please Check Preference: DVD or Video	
☐	Diphtheria/Tetanus/Pertussis (DTaP)	☐ DVD	☐ Video
☐	Measles/Mumps/Rubella (MMR)	☐ DVD	☐ Video
☐	Polio	☐ DVD	☐ Video
☐	Hepatitis A	☐ DVD	☐ Video
☐	Hepatitis B	☐ DVD	☐ Video
☐	Varicella (Chickenpox)	☐ DVD	☐ Video
☐	Pneumococcal Conjugate	☐ DVD	☐ Video
☐	Hemophilus Influenza	☐ DVD	☐ Video

No. of Comic Books	Comic Book Content
________	Diphtheria/Tetanus/Pertussis (DTaP)
________	Measles/Mumps/Rubella (MMR)
________	Hepatitis B
________	Varicella (Chickenpox)

NAME

ORGANIZATION

ADDRESS

CITY STATE ZIP CODE

PHONE E-MAIL

Mail or fax your order form by February 4, 2005 to:

Attn: Immunization Project
Migrant Clinicians Network
P.O. Box 164285
Austin, TX 78716
Fax: 512.327.0719

If you have any questions or need additional information please call MCN at 512.327.2017.

HepQuick: A New Resource for Clinicians

HepQuick, a tri-fold brochure or a laminated poster, was developed in response to observations on initial HepTalk site visits to migrant clinics. The goal of HepTalk, a research project funded by the Centers for Disease Control and Prevention, is productive communication between primary care providers and adult migrant patients about risks and prevention of Hepatitis A, B, and C. The HepTalk team is now visiting thirty migrant and local health department clinics across the United States to assess the clinic environment for availability of information about hepatitis and opportunities to offer it. After the baseline visit, each clinic will receive resources and training on hepatitis and patient communication, and a follow-up visit.

HepTalk team members perceived an immediate need for a brief, handy reference about basic hepatitis facts. Opportunities for client education often occur with staff members as well as with clinicians. A good tool with concise information increases the chance that those opportunities will not be lost. As the project unfolds, the team will continue to adapt the HepQuick brochure towards information especially important to migrant clinics, such as specificity about countries with high disease burdens and immunization recommendations for migrants traveling to and from these countries. ■

HepQuick: Transmission, Risk, Prevention and Vaccination Information from the CDC

Hepatitis A	
Transmission	• HAV is found in the stool (feces) of persons with Hepatitis A. • HAV is usually spread from person to person by putting something in the mouth (even though it may look clean) that has been contaminated with the stool of a person with Hepatitis A.
Persons at Risk of Infection	• Household contacts of infected persons. • Sex contacts of infected persons. • Persons, especially children, living in areas with increased rates of Hepatitis A during the baseline period from 1987-1997. • Persons traveling to countries where hepatitis A is common. • Men who have sex with men. • Injecting and non-injecting drug users.
Prevention	• Hepatitis A vaccine is the best protection. • Short-term protection against hepatitis A is available from immune globulin. It can be given before and within 2 weeks after coming in contact with HAV. • Always wash your hands with soap and water after using the bathroom, changing a diaper, and before preparing and eating food.
Vaccine Recommendations	Vaccine is recommended for the following persons 2 years of age and older: • Travelers to areas with increased rates of Hepatitis A. • Men who have sex with men. • Injecting and non-injecting drug users. • Persons with clotting-factor disorders (e.g. hemophilia). • Persons with chronic liver disease. • Children living in areas with increased rates of hepatitis A during the baseline period from 1987-1997.
Hepatitis B	
Transmission	Occurs when blood or body fluids from an infected person enters the body of a person who is not immune. • HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission), by sharing drugs, needles, or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth. Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV.
Persons at Risk of Infection	Persons with multiple sex partners or diagnosis of a sexually transmitted disease • Men who have sex with men. • Sex contacts of infected persons. • Injection drug users. • Household contacts of chronically infected persons.

	• Infants born to infected mothers. • Infants/children of immigrants from areas with high rates of HBV infection. • Health care and public safety workers. • Hemodialysis patients.
Prevention	Hepatitis B vaccine is the best protection. • If you are having sex, but not with one steady partner, use latex condoms correctly and every time you have sex. The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission. • If you are pregnant, you should get a blood test for hepatitis B; Infants born to HBV-infected mothers should be given HBIG (hepatitis B immune globulin) and vaccine within 12 hours after birth. • Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share drugs, needles, syringes, water, or "works", and get vaccinated against hep. A and B. • Do not share personal care items that might have blood on them (razors, toothbrushes). • Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices. • If you have or had hepatitis B, do not donate blood, organs, or tissue. • If you are a health care or public safety worker, get vaccinated against hepatitis B, and always follow routine barrier precautions and safely handle needles and other sharps.
Vaccine Recommendations	Hepatitis B vaccine available since 1982. • Routine vaccination of 0-18 year olds. • Vaccination of risk groups of all ages (see section on risk groups).

Hepatitis C

Transmission	Occurs when blood or body fluids from an infected person enters the body of a person who is not infected. • HCV is spread through sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth. • Persons at risk for HCV infection might also be at risk for infection with hepatitis B virus (HBV) or HIV.

Persons at Risk of Infection

H = High
L = Low
I = Intermed.
* After 18-12 months
** Only after known exposure
*** Anyone who wants testing should ask their doctor

	Risk	Testing
Injecting drug users	H	Y
Recipients of clotting factors made before 1987	H	Y
Hemodialysis patients	I	Y
Recipients of blood and/or solid organs before 1992	I	Y
People with undiagnosed liver problems	I	Y
Infants born to infected mothers	I	*
Healthcare/public safety workers	L	**
People having sex with multiple partners	L	No***
People having sex with an infected steady partner	L	No***

Prevention	There is no vaccine to prevent hepatitis C. • Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share needles, syringes, water, or "works", and get vaccinated against hep A & B. • Do not share personal care items that might have blood on them (razors, toothbrushes). • If you are a health care or public safety worker, always follow routine barrier precautions and safely handle needles and other sharps; get vaccinated against Hepatitis B. • Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices. • HCV can be spread by sex, but this is rare. If you are having sex with more than one steady sex partner, use latex condoms correctly and every time to prevent the spread of sexually transmitted diseases. You should also get vaccinated against Hepatitis B. • If you are HCV positive, do not donate blood, organs, or tissue.
NO Vaccine	There is no vaccine to prevent hepatitis C.

Cartoons are a Powerful Tool for Communication

Marie Leiner, Ph.D. & Gilbert Handal M.D., Department of Pediatrics, Texas Tech University Health Sciences Center

Family centered health care requires the patient to be a partner in the decisions made for preventative and curative health care [1]. Under this schema, a patient needs to understand a considerable amount of verbal and written information throughout all medical visits. Patient-education materials, consent forms, immunization information, treatment instructions, and prescription labels are handed over to patients assuming that the material suits their comprehension levels. Unfortunately, the written material given to patients often does not effectively communicate the intended message.

Research and experience have shown that many conventional market techniques can be applied successfully to craft effective health messages. This approach, or "social marketing," can be defined as "the application of commercial marketing technology to the analysis, planning, execution, and evaluation of program designed to influence the voluntary behavior or target audiences in order to improve their welfare and that of society" [6].

In keeping with this approach, the Department of Pediatrics at Texas Tech University Health Science Center has focused for the past ten years on developing patient education material using elements from the marketing industry that have proven to be viewer friendly. Research studies have shown that differences in learning due to culture, age, educational levels and literacy are minimized when the information is presented in this "viewer friendly format"[4]. This has been accomplished through the development of health education materials (pamphlets and booklets), videos, computer design programs, graphic symbols and easy-to-read written materials.

Texas Tech's goal has been to produce material that is "viewer friendly" and reduces or minimizes learning differences. The patients must not only understand the material provided but they must also LEARN from it. The material needs to provoke patients' INTERESTS and needs to motivate them to TAKE ACTION. These aspects of communication with patients are very similar to a marketer's communication with customers. Marketers are the excellent communicators with a deep knowledge of customer attitudes and behaviors. In thirty seconds, the usual length of time of a promotional advertisement, a marketer has to capture the attention of viewers, keep them interested, create a desire for the product or service, and provoke an action in the viewer to acquire the product or service.

If a marketer can influence a viewer with a thirty second message, a health educator can use the same techniques to produce similar results with patient educational materials [4]. The objective is to capture the attention, interest, and desire of the patient by creating a communication link between the instructional message and the patient using the most "viewer friendly format."

In our experience, education can be made viewer friendly using short, narrative, animated cartoons. In telling a story, narrative forms can also include an imbedded educational component. Additionally, a narrative allows the educator to present the viewer with one concept at a time so they learn in a sequential manner.

Animated cartoons contribute to the learning process by providing the viewer with a situation that is easy to understand and emulate. The subject in the story should possess characteristics that people can relate to. By presenting the information with animated cartoons, it is possible to provide adaptable characters and situations. A character can be created so that it appears the same all the time and does not look like a specific ethnic group or possess a specific gender. This way, the character does not distract the viewer. This advantage offers viewers a friendly, consistent character and context throughout the presentation and creates an atmosphere of simplicity for all viewers.

The length of the presentation is an important factor in the learning process.

Viewers, by nature, will not be attentive for long periods of time and are more predisposed to watch educational material if the presentation is short.

The focus of any communication undoubtedly should be in the message more than in the design, but the design promotes the message. Therefore, both message and design are interlinked and neither should be undervalued because both play an important role in communicating with patients. The educational materials need to keep the attention of the viewer. If attention is not maintained, the message is not transmitted. If the use of the medium does not attract the viewer, the problem is the medium not the message.

With funding from the Centers for Disease Control and Prevention and in partnership with MCN, information about MMR, DTaP, Hepatitis A, Hepatitis B, Chickenpox, Pneumococcal conjugate, Polio, and Hemophilus Influenzae vaccines will be available in "viewer friendly," culturally appropriate videos and DVD. Additionally, comic books produced using similar social marketing techniques will be available regarding the MMR, DtaP, Chickenpox and Hepatitis B vaccines. Materials will be released early in 2005. See the enclosed form to place your order for these free materials. ■

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Clinical Alert: "Depo Parties"

Edward Zuroweste, MD

It has been known for many years that migrant farmworkers rely on each other for treatment of common illnesses and have access in their home countries to medications that are only available by prescription in the US. Injections of various types have been a mainstay of this "self-treatment." The most common types of medications injected have been antibiotics and vitamins. There has always been a concern among migrant health providers that this practice poses risks of injection site infections, Hepatitis, and HIV.

This past year, I learned from a migrant health provider in Oklahoma of the recent practice of Mexican migrant women attending "Depo parties," not unlike "Tupperware parties." At these gatherings, a group of women come together socially, and during the evening someone (often the recognized health expert in the group) offers Depo-Provera injections for women who want or need contraceptive services. According to this source, these parties were occurring about once a month and this health care provider was quite concerned that these women were getting their injections more frequently than the indicated every three-month cycle. There was also concern about dosage, discussion of side effects, identification of contraindications, etc.

I have recently heard the same story in Pennsylvania from two individuals who are immigrants from Mexico. They both told me that they are receiving the Depo-Provera injections every three months. Their overall understanding of the effects, side effects, and contraindications to the medication was minimal.

Migrant clinicians need to be aware of this practice and specifically ask their female migrant patients if they are or anyone they know is participating in "Depo parties." The obvious clinical concerns related to this practice include but are not limited to: injection site infections, exposure to Hepatitis B, C and HIV, inappropriate dosage or frequency of injection, inadequate education of effects and side effects, and inappropriate selection of individuals to receive the medication. MCN would be very interested in hearing from front line providers regarding the current self-administration of Depo-Provera and other injectables in the migrant farmworker population. Please contact Ed Zuroweste MD, Medical Director, MCN at *kugelzur@migrantclinician.org*. ■

Newsflashes...

The Commonwealth Fund Harvard University Fellowship in Minority Health Policy

This program offers a one-year degree-granting, full-time fellowship from July 2005 to June 2006 to prepare physicians for leadership roles in minority health/public health policy. The full graduate program incorporates intensive training in health policy, public health, and administration courses, seminars, practicum, forums, conferences, site visits, faculty mentoring, and leadership shadowing.

QUALIFICATIONS: U.S. citizenship; board eligible or certified physicians; experience in minority health issues; interest in health policy and public health; strong academic and leadership skills; intention to pursue career in public health, health policy, or academia.

FUNDING: $50,000 stipend; tuition and fees; health insurance; other program expenses.

Find out more or apply online at the Commonwealth Fund Harvard University Fellowship in Minority Health Policy website: *http://www.hms.harvard.edu/dcp/leadership/index.htm*

Updated TB Course

The Francis J. Curry National TB Center has updated its self-study online course on TB and HIV. *TB and HIV: An Online Course for Clinicians* describes the transmission, pathogenesis, epidemiology, screening, diagnosis, and treatment of TB and HIV-1 coinfection, including information on treatment of latent tuberculosis infection and treatment of active tuberculosis disease in the presence of protease inhibitors. A set of brief "review cases" and a full-length interactive "case study" challenge the user to apply the content they have learned in the text. To take the course, go to *http://www.nationaltbcenter.edu/tbhiv_course*. The course is approved for 1.0 continuing medical education hours and 2.4 continuing education credits for nurses. ■

New Resource in Child Development

Despite increased attention to children's development, many young children fail to receive the social, developmental, and health care support they need to be ready for school, according to a new chartbook released today by The Commonwealth Fund and Child Trends, a nonpartisan research organization.

Early Child Development in Social Context: A Chartbook, *(http://www.cmwf.org/publications/publications_show.htm?doc_id=237483)* created by Child Trends in partnership with the American Academy of Pediatrics Center for Child Health Research, examines how young children in the U.S. fare on more than 30 key developmental indicators, including:

- Socioemotional and intellectual development—such as behavioral self-control, reading proficiency, and use of expressive language.
- Overall health.
- Family functioning.
- Parental health.
- Receipt of care.
- Child care.
- Demographic, community, and neighborhood factors.

The researchers find many American children, especially those from low-income or minority families, are not achieving their full potential because of problems that go unrecognized or untreated.

The chartbook's release is accompanied by a teleconference in which an expert panel discusses the issues raised by the new report and the best ways to address them. A recording of the teleconference will be available on the Fund Web site later today; click here to find out more.

Other Commonwealth Fund publications on child health and development include:

Quality of Care for Children and Adolescents: A Chartbook. Sheila Leatherman and Douglas McCarthy. May 2004.

Rethinking Well-Child Care. Edward L. Schor. Pediatrics, July 2004.

Building a Bridge from Birth to School: Improving Developmental and Behavioral Health Services for Young Children. Neal Halfon, Michael Regalado, Kathryn Taaffe McLearn. May 2003. ■

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The following dates may be useful as you plan Health Education events:

November
Child Safety & Protection Month
Diabetic Eye Disease Awareness Month
Flu & Pneumonia Campaign
Great American Smokeout (20)
National Alzheimer's Awareness Month
National Brain Aneurysm Awareness Week (3-7)
National Diabetes Month
National Epilepsy Month
National Osteopathic Medicine Week (5-11)

December
National Drunk & Drugged Driving Prevention Month
Safe Toys & Gift Month
World AIDS Day (1)

January
National Autism Awareness Month
National Birth Defects Prevention Month
National Eye Care Month
National Glaucoma Awareness Week (19-25)

February
American Heart Month
National Burn Awareness Week (4-10)
National Child Passenger Safety Awareness Week (9-15)
National Children's Dental Health Month
National Condom Day (14)

calendar

The 14th Annual Midwest Farmworker Stream Forum
November 18-20, 2004
Adam's Mark,
Denver, CO
National Center for
Farmworker Health, Inc.
(512)312-2700
(800) 531-5120
Lisa E. Hughes, Hughes@ncfh.org
www.ncfh.org

Western Migrant Stream Forum
January 28-30, 2005
San Diego, CA
Northwest Regional Primary Care
Association
206-783-3004