

streamline

The Migrant Health News Source

Hep Talk:

Patients as Co-Authors of Their Hepatitis Prevention Plan

MCN, in partnership with CHEC (Community Health Education Concepts), has been awarded a five year grant from the Centers for Disease Control and Prevention. The goal of the program, called Hep Talk, is productive communication between primary care providers and patients who migrate for purposes of work, or family unification, about risk and prevention of Hepatitis A, B, and C.

Prevention of hepatitis is a complex task. Risk portraits for each person are unique, and include specific factors such as inadequate housing and sanitation, which are often encountered by mobile populations. To elicit these portraits requires adept interviewing skills on the part of the clinician. Prevention strategies can include relatively straightforward approaches such as immunization of a child, but will also most likely include more emotionally charged and complex behavior change considerations around personal and family hygiene, sex, and illegal drug use.

Hep Talk posits that patients will engage in discussions of emotionally charged issues surrounding Hepatitis A, B, or C risk and prevention if the clinic environment includes the following: access to language-appropriate information on hepatitis consistent with the CDC Guidelines; the occasion to discuss emotionally-charged personal health topics; and clinicians able to anticipate, recognize, encourage, and participate in these discussions.

Protective behavior change in regards to hepatitis infection will result from a productive discussion of hepatitis risk factors, including those with high emotional valences, and prevention mechanisms that are culturally and practically feasible for the patient. Patients will sustain these discussions of emotionally charged risk and prevention issues if the clinic environment includes clinicians who have the skills to be receptive to the patient cues and conversation AND to

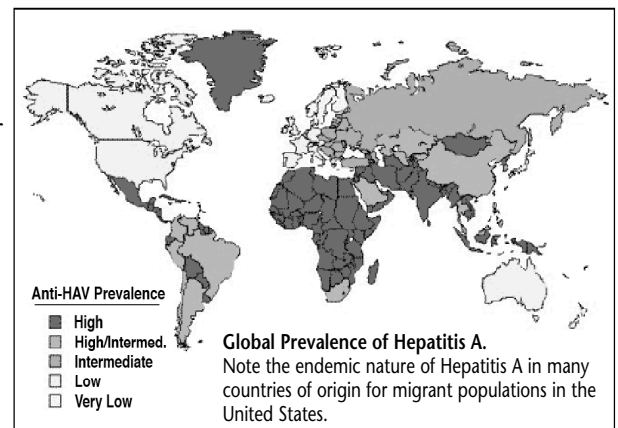
follow up appropriately. The clinician must engage the patient in determining what strategies are most important and most possible in that person's life. The prevention plan that is "co-authored" by the patient will be most likely to be adopted.

To increase the potential for this kind of clinic environment, Hep Talk will develop a clinic site assessment for federally-funded Migrant and Community Health Centers and local health departments in order to provide appropriate information and multiple opportunities for hepatitis risk and prevention discussion. It will develop a Standardized Patient Training (SPT) and self-training materials for MHC clinicians.

Hep Talk will evaluate the use of site assessment + standardized patient training, and the use of

site self-assessment + self-training. At the end of the project, Hep Talk will disseminate the results of the project and the training tools developed.

For more information about this project contact Carmen Retzlaff, MPH at 512-473-8488 or crchec@flash.net.



Introducing CAN-TRACK

Clinicians working with mobile populations have long struggled to provide quality follow-up care to patients. Many clinicians feel particular urgency when a patient has an abnormal screening result for cancer. Migrant Clinicians Network is pleased to announce the creation of a new Tracking program called CAN-TRACK. The overall goal of this program is to increase screening and reduce mortality from breast, cervical and colon cancers among migrant workers by implementing an integrated cancer care-coordination and medical records transfer system.

This program was created in response to the challenges clinicians face when trying to report screening results to patients that have moved to another town in search of work. CAN-TRACK staff will help transfer medical records between clinics when enrolled participants move.

CAN-TRACK will also provide care-coordination services to the enrolled patients via a toll free phone number and will help them find health care resources in their area. This will be accomplished by creating a comprehensive data base with health care resources that can be accessed by clinicians and patients by a simple toll free phone call.

CAN-TRACK hopes to reduce duplication of services and improve the reporting of breast, cervical and colon cancer screening results. The care-coordination provided by CAN-TRACK, will help improve early access and continuity of care to those patients enrolled in this program.

If you would like to learn more about CAN-TRACK, or have any questions about the program, please contact Andrea Kauffold at 713-621-0322 or via email at AKauffold@migrantclinician.org

News from the Collaboratives

Angelica Given, MPH

Collaborative Conference Brief

The Health Disparities Learning Session 2 was held in Nashville, TN-October 23-25th 2003. In addition to teams learning and sharing from each other and staff, MCN provided tools to those clinics seeking resources for their migrant populations. This session included interactive stations with experienced partners who brought expertise and tools to the table. A Needs Assessment was also conducted with the cancer teams for the CANTRACK program in which enrolled migrant workers will have medical records transferred and provided with phone based care coordination in an effort to increase screening and reduce mortality from breast, cervical and colon cancers.

Upcoming Events

Pacific West Phase 2 Reunion January 22-25, 2004 in Los Angeles, CA

Central Cluster Phase 2 Summit, February 17th-20th in Denver, CO

Northeast Phase 2 Summit Reunion February 26-29, 2004 in Nashville, TN

Health Disparities Learning Session 3 April 29-May 1, 2004 in Nashville, TNWest

Announcements

- The next new Health Disparities Collaboratives are slated to begin in 2005. Contact your state PCA representative or log on to <http://www.healthdisparities.net> for more information on how to apply.
- Please visit our MCN website to learn more about the collaboratives at www.migrantclinician.org. Click "programs" at the top of the page, and then click "collaboratives". This first page describes the health disparities collaborative and will give you two additional options to the right side of the page that include; Chronic Care and Cultural Context links. Please feel free to explore. The website is periodically updated and all suggestions for improvement are welcome. For additional information email Angelica Given, MCN coordinator of Health Disparities Collaboratives at agiven@migrantclinician.org or call (925) 689-2108.

Editor's Note: MCN is a National Partner in the Health Disparities Collaboratives. In this position we are fortunate to see the innovative and exciting work done throughout the country. As a regular feature in Streamline, Angelica Given, MCN's Health Disparities Collaborative Coordinator will be distilling some of the most useful news and resources from the collaboratives nationwide. In particular she will be focusing on tools, models, and resources that can be used with a mobile population.

Let's Hear From You

- If there are any clinics that have a great case study or PDSA to share that involves migrants, please submit to agiven@migrantclinician.org.
- There are many voucher programs out there as well, many of which are less well known to the general community of clinics. If you have a voucher system that works with the collaboratives, and in particular any which have helped migrant workers get the care they need, please submit your descriptions and successes to us at agiven@migrantclinician.org or kugelzur@migrantclinician.org. ■

The American College of Occupational and Environmental Medicine Adds New Section to Address the Underserved

The American College of Occupational and Environmental Medicine (ACOEM) is taking an important step in recognizing the needs of underserved occupational populations. By a unanimous vote ACOEM's Board of Directors approved the creation of a new Section on Underserved Populations. This Section will provide a forum for ACOEM members who are interested in the health and environmental issues surrounding those occupational populations with limited access to the services and programs most working Americans take for granted. These populations include but are not limited to migrant and seasonal agricultural workers; migrant construction workers, off-shore commercial fisherman, meat-processing workers, loggers, and hospitality workers.

ACOEM recognizes that the issues for these populations range from inadequate occupational health services to a lack of access to worker protection, inadequate safety training, and language barriers. ACOEM spokesperson Joe Fortuna, MD stated that "one issue common to all is the value, or lack thereof, that our society places on these populations and their work. Coupled with this is our almost universal lack

of awareness of these populations and their needs. For the most part, they are the invisible people among us". This new section will focus on educating health professionals and the public about the value and needs of

these populations; stimulating research on how to improve their working environments; and guiding public policy. For additional information about this section, contact Dr. Fortuna at Joe.Fortuna@delphi.com. ■

NRHA Selects the Diabetes Lay Health Educator Program as an Outstanding Rural Health Program

The Diabetes Lay Educator Program (DLEP), led by Dr. Loretta Jean Heuer, PhD has just been recognized by the National Rural Health Association (NRHA) as the Outstanding Rural Health Program of 2003.

The DLEP is a community-based partnership between Migrant Health Service Inc. in Moorhead, MN, Altru Diabetes Center in Grand Forks, ND, Minnesota State University in Moorhead, and the Migrant Clinicians Network. The program focuses on training lay health workers to work with diabetic farmworkers and their families.

For more information about this program contact Carmel Drewes, MCN's Diabetes Program Coordinator at 512-327-2017 or carmel@migrantclinician.org ■



Loretta Heuer and Janie Jimenez working with a patient

Syrup of Ipecac Falls Out of Favor with the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) issued guidelines at its annual meeting calling on its membership to urge parents to stop using syrup of ipecac for poison control. The guidelines were published in the November issue of Pediatrics, and they reverse a previous policy statement that had been in place since 1989.

With accumulating evidence that ipecac is not effective and can interfere with other poison control remedies, the AAP decided to issue the new policy, Milton Tenenbein, MD, FAAP, told Medscape in an interview. Dr. Tenenbein is the lead author of the guidelines and director of the Manitoba Poison Control Center in Winnipeg, Manitoba.

Ipecac had fallen out of favor in hospital emergency rooms after joint guidelines were issued by the American Academy of Clinical Toxicology and the European Association of Poisons Centers and Clinical Toxicologists in 1997.

"Ipecac is a very safe drug," said Dr. Tenenbein. But, he noted, the vomiting induced is very unpleasant, and there are worrisome adverse effects such as persistent vomiting, diarrhea, and lethargy. The AAP issued five key recommendations:

- Poison prevention should be an integral part of anticipatory guidance activities of infant and child health providers.
- Syrup of Ipecac Falls Out of Favor with the American Academy of Pediatrics
- Ipecac should no longer be used routinely for poison control in the home.
- Pediatricians and other healthcare professionals should advise parents to dispose of ipecac in their homes.
- Current research does not support the use of activated charcoal in the home.
- Parents or caregivers who suspect a child has ingested a toxic substance should first consult with a local poison center by calling (800) 222-1222.

In June, the U.S. Food and Drug Administration (FDA) Non-Prescription Drugs Advisory Committee met to discuss whether ipecac should be stripped of its over-the-counter status. A majority of panelists voted to remove ipecac from drugstore shelves, although some audience members said they were concerned that could endanger children in rural areas who might not be able to get to a health facility quickly.

But Dr. Tenenbein, who testified at that panel meeting in favor of stripping OTC status, told Medscape, "There's no demon-

stration for efficacy of this treatment, so it doesn't matter where you live, efficacy does not change with distance from care."

If the FDA follows its panel's advice and removes ipecac from drugstores, it will not likely reappear in prescription form, said Dr. Tenenbein. ■



CLINICAL PEARLS...

Women's Symptoms are New or Different Prior to Heart Attack

A recent study of women's symptoms prior to heart attack indicates that about 95% said they knew their symptoms were new or different a month or more before experiencing their Acute Myocardial Infarction (AMI). This was true even when the symptoms were common ones and varied in severity. The most frequently reported symptoms were unusual fatigue (70.7%), sleep disturbance (47.8%), and shortness of breath (42.1%). Notably, fewer than 30% of the women reported chest pain and discomfort prior to AMI, and 43% did not experience chest pain during AMI. Most clinicians continue to consider chest pain as the most important AMI symptom for both women and men.

The article describing the study, entitled "Women's Early Warning Symptoms of AMI," appears in "Circulation: Journal of the American Heart Association". (Circulation 2003, doi:10.1161/01.CIR.0000097116.29625.7C) The study was funded by the National Institute of Nursing Research (NINR), part of the National Institutes of Health, Department of Health and Human Services.

Recent Studies Validate NP, CNM and PA Care

Two recently published studies show the importance of physician assistants, nurse midwives and nurse practitioners in primary care.

The *American Journal of Public Health* article examines a collaborative relationship between certified nurse-midwives (CNMs) and obstetricians that provides care equal in quality to that provided by traditional physician-based models of care.

Grumbach and colleagues in the *Annals of Family Medicine* collected statistics on the proportions of physicians (ie, family physicians, pediatricians, internists, and obstetrician/gynecologists) and nonphysician clinicians practicing in underserved areas in California and Washington State. They found that nearly 22% of PAs in California served rural areas, as did 15.5% of certified nurse-midwives (CNMs), 15.0% of NPs and 13.2% of family physicians.

The authors suggest that NPs and PAs have a proportionally higher interest in serving vulnerable populations. This in combination with recruitment by community health centers and limited opportunities to practice in other settings are possible reasons for these high percentages. They conclude that ongoing changes in state regulations and Medicare reimbursement policies may lead to greater opportunities for these clinicians in settings other than underserved areas.

Jackson DL, Lang JM, Swartz WH, et al. Outcomes, safety, and resource utilization in a collaborative care birth center program compared with traditional physician-based perinatal care. *Am J Public Health*. 2003;93:999-1006

Grumbach K, Hart LG, Mertz E, et al. Who is caring for the underserved? A comparison of primary care physicians and nonphysician clinicians in California and Washington. *Ann Fam Med*. 2003;1:97-104.

New Study on Drug Efficacy for Traveler's Diarrhea

A new study published in the November 1st issue of *Clinical Infectious Disease* shows that single-dose azithromycin is as effective as single-dose levofloxacin for travelers' diarrhea.

"Increased drug resistance among enteropathogens is an emergent problem in travelers' diarrhea," write Javier A. Adachi, from the University of Texas-Houston School of Public Health and Medical School, and colleagues.

"Azithromycin was found to be a safe and effective alternative to levofloxacin for the treatment of acute travelers' diarrhea in US adult travelers to Mexico," the authors write. "Single-dose therapy offers three advantages to international travelers for self-treatment of diarrhea: ease of administration, improved compliance, and lower cost. Azithromycin has additional safety considerations. It is already approved for other uses in children, and it is a category B drug in pregnancy, both of which are contraindications for fluoroquinolones."



Migrant Clinicians Network

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Spanish Language Video Available on Home Pesticide Safety

Latino immigrant populations in the US, including farmworkers, often live in substandard housing prone to insect and rodent infestations as well as other environmental health hazards. They frequently use large amounts of chemical pesticides to deal with pests, thus adding to their environmental health risks. Few residential pesticide safety and integrated pest management (IPM) materials exist for non-English speakers, and most Spanish IPM materials are not culturally or educationally appropriate for these new immigrant populations as they are too technical and require advanced literacy skills.

The farmworker health research and education team at Wake Forest University School of Medicine have produced *Comó Controlar Plagas – How to Control Pests* to help address these issues. This 6.5 minute cartoon video was produced in Spanish with English subtitles. It addresses the basics of residential pesticide safety and residential integrated pest management.

This video is available for \$10.00 per copy. This price includes shipping and handling, and applicable sales tax. Make checks or purchase orders payable to "Department of Family and Community Medicine – WFUSM." Contact: **Thomas A. Arcury, Department of Family and Community Medicine, Wake Forest**

University School of Medicine, Winston-Salem, NC 27157-1084, e-mail: tarcury@wfubmc.edu

The Wake Forest team is also developing the content of this video into Spanish and

English language comic books. The comic books should be available before December 2003. Contact Thomas Arcury (address and e-mail above) about available and cost of these comic books. ■

■ Clinical Pearls continued from page 3

Clinical Alert

A powder sold to Dominicans for years as a remedy for everything from body odor to foot fungus is highly poisonous, health officials warned earlier this month. The substance, litargirio, contains high levels of lead, which can cause irreversible brain damage when it enters the bloodstream. Several companies in the Dominican Republic make it, distributing it as a yellow or orange powder in cellophane packets, and some have exported it to the United States for years. The powder is generally sprinkled on the skin, where it is not readily absorbed into the system, but once it is on the hands it can be ingested by accident. Litargirio is widely used by Dominicans as a burn remedy and as a tonic for sore feet, among other things. Litargirio first came to the attention of public health officials a few months ago in Rhode Island, when several people — including adolescents who used it as a deodorant — were found to have severe cases of lead poisoning. Some had lead levels in their blood above 40 micrograms per deciliter, four times the threshold for lead poisoning. ■

calendar

Western Migrant Stream Forum

January 30-February 1, 2004
Seattle, WA
Northwest Regional Primary Care Association
206-783-3004
www.nwrpca.org

2004 National Farmworker Health Conference

April 29-May 1, 2004
Miami, FL
National Association of Community Health Centers
301-347-0400
www.nachc.com