

# streamline



## New Spanish-Language Comic Book on Living with Diabetes

By Claire Hutkins Seda, Writer, Migrant Clinicians Network and Managing Editor, *Streamline*

**M**igrant Clinicians Network’s groundbreaking new Spanish-language comic book, “Mi salud es mi tesoro: Un guía para vivir bien con diabetes,” or “My Health Is My Treasure: A Guide to Living Well With Diabetes,” tells the relatable story of Goyo, an agricultural worker with a new diabetes diagnosis. Illustrated by artist and frequent MCN collaborator Salvador Saenz, the colorful, low-literacy comic book allows clinicians to share how to live with diabetes, with content tailored specifically for agricultural workers. Goyo’s conversations with a coworker friend help him navi-

gate the potential pitfalls of living with diabetes, and lead the comic book reader through several stand-alone pages on diet, exercise, foot care, and illness prevention. The comic book is particularly notable for its recognition of mental health.

A new diabetes diagnosis can produce emotional strain, like confusion over what to eat, frustration or disappointment over food choices at community and family gatherings, fear of complications, and anxiety over maintaining health while migrating. These new stressors may add to a mobile agricultural worker’s existing mental anguish due to

the nature of farmwork employment — temporary, physically demanding, sometimes exploitative — and the stress of migration, with the dozens of barriers to health and well-being that it erects.

On caring for emotions, the comic illustrates being away from family, not being able to communicate with ease, and missing the comforts of home. “But there are things we can do to feel better,” the comic continues, with concrete recommendations to build community, maintain communication

continued on page 2

**The foods recommended are familiar to readers from Mexico, Central America, and the Caribbean, like a salad of jicama, carrots, and celery with chile and lime, or black beans with cumin.**

with family, and seek health services. This direct recognition of the emotional toll of living with diabetes as an agricultural worker is largely absent in most patient-facing diabetes materials.

The comic's recommended diets include an example menu that follows the American Diabetes Association's low-carb, low-fat diet, and a second example menu of a strict whole-foods, plant-based diet, both of which have been well documented to lower hemoglobin A1c. The foods recommended are familiar to readers from Mexico, Central America, and the Caribbean, like a salad of jicama, carrots, and celery with chile and lime, or black beans with cumin. A fill-your-plate page emphasizes the inclusion of a wide range of vegetables. The exercise recommendations keep in mind an agricultural worker's low income and limited time outside of work, recommending lifting sand- or water-filled water jugs, gardening, and walking as low-cost exercises that are widely accessible. The final page of the comic allows the reader to fill in recorded A1c levels at appointments and to track goals relating to medicine, exercise, food, and weight control.

*The following two pages are excerpts from the new comic book. The entire comic book will be available for download and printing on MCN's website at:*

**[www.migrantclinician.org](http://www.migrantclinician.org)**  
 Subscribe to MCN's blog to be notified of the release of new MCN materials, including the diabetes comic book:  
**[www.migrantclinician.org/blog](http://www.migrantclinician.org/blog)**

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## Health Network and Diabetes: A Case Study

By Claire Hutkins Seda, Writer, Migrant Clinicians Network and Managing Editor, *Streamline*

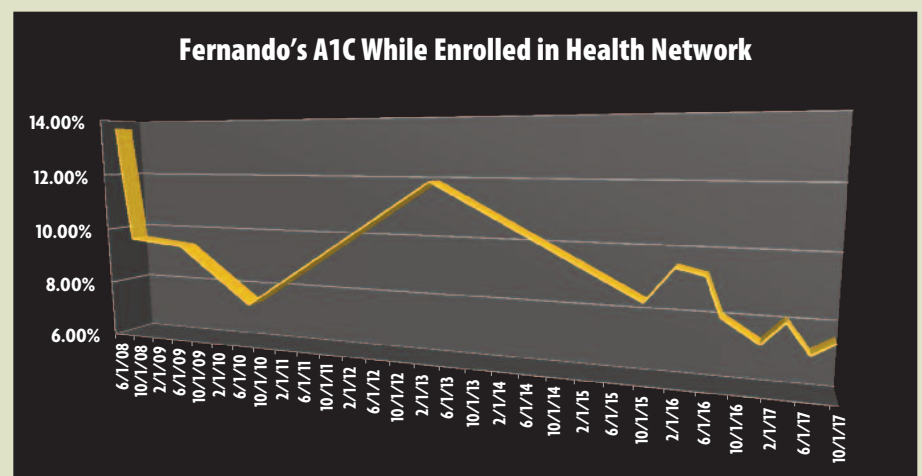
Several years ago, Fernando\*, a 55-year-old migratory agricultural worker, was diagnosed with diabetes at a community health center in Wisconsin. Fernando planned to head south in the coming weeks for better work opportunities. His primary care provider was very concerned that Fernando, whose hemoglobin A1c was 14, would not be able to access his needed medication nor get the support he needed for lifestyle changes to bring his diabetes under control, as he repeatedly moved for work, so she signed him up with Health Network.

Health Network is Migrant Clinicians Network's bridge case management system. Any patient with an ongoing health concern moving to any location can be enrolled -- the only system of its kind in the world. After enrollment, a Health Network Associate follows up directly with the patient, helps the patient get into care at the next stop, transfers medical records, and more. For mobile patients, who have to navigate complex health systems in a new community after each move, Health Network can be lifesaving. It's free of charge for the patient and for the clinics, and helps clinics reduce the number of patients who become lost to follow-up.

After he was enrolled in Health Network, Fernando moved to Texas. A Health Network Associate talked with him directly to hear where he was going, found him a health center, and transferred his medical records. When it was time to move again for work, a Health Network Associate once more made sure he was linked up with a new clinic. Fernando was highly mobile, and moved several times a year for work for the next decade -- and Health Network stayed with him during every move.

After about five years, Fernando lost his health insurance. After years of declines, his A1c climbed back up. Health Network continued to work with him to try to find him regular care, despite his insurance situation. After about two years, he once again received health insurance. Over time, with his continued clinic visits, Fernando's A1c again came down to the controlled range.

Finally, Fernando settled in Texas. A Health Network Associate closed his case, as he was no longer mobile. Over the course of 10 years, Health Network Associates made 46 clinic contacts and 124 patient contacts, and transferred medical records nine times to six different clinics. At the time of case closure, Fernando had maintained an A1c of around seven to eight percent for over a year.



### Resources:

Watch one of our archived webinars on Health Network to learn more about how it works. Visit our archived webinar page: <https://www.migrantclinician.org/archived-webinars.html>

Learn more about enrollment and access enrollment paperwork in three languages: <https://www.migrantclinician.org/services/network.html>

Contact Theresa Lyons-Clampitt to schedule a training for your community health center: [tlyons@migrantclinician.org](mailto:tlyons@migrantclinician.org) or 512-579-4511.

\*Name and details have been altered to protect the patient's identity.



Ya sé que comer y que evitar, esa comida se encuentra en todas partes!

Sí Goyo, por eso hay que saber elegir lo que nos hace bien y evitar lo que nos daña.



Hay cosas, como **el ejercicio** que nos ayudan tanto como comer bien.

**¡EJERCICIO!**  
El parque me queda muy lejos.



Aquí lo importante es querer, aunque no puedas ir al parque o al gimnasio.



Hay ejercicios que no necesitan aparatos especiales...

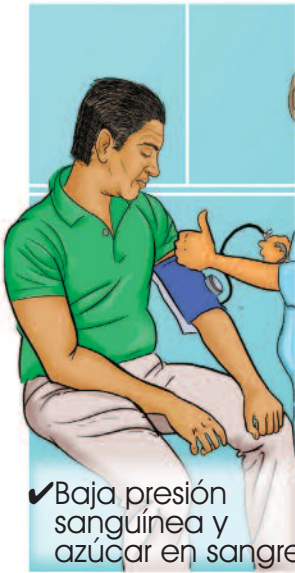
Puedes hacer unas pesas con botellas, agua o arena, usar un lazo...

hasta una silla puedes usar para hacer ejercicios.

## ACTIVIDAD FÍSICA DIARIA

Consulte siempre a su médico antes de empezar su plan de ejercicio.

### ALGUNOS BENEFICIOS DEL EJERCICIO



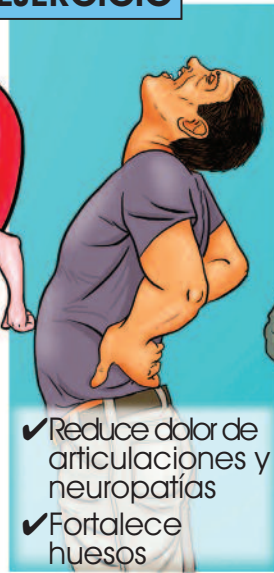
✓Baja presión sanguínea y azúcar en sangre



✓Reduce grasa corporal y aumenta masa muscular



✓Baja colesterol y triglicéridos



✓Reduce dolor de articulaciones y neuropatías  
✓Fortalece huesos



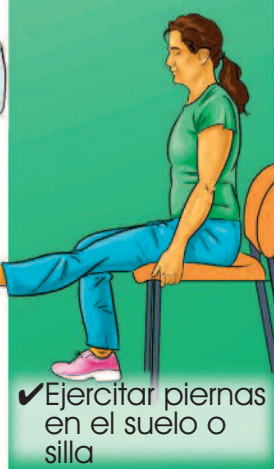
✓Aumenta la energía y disminuye la depresión

### DENTRO DE CASA

Uno puede...



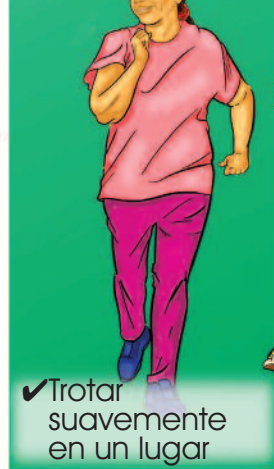
✓Levantar peso con botellas con agua o arena



✓Ejercitar piernas en el suelo o silla



✓Poner música y bailar

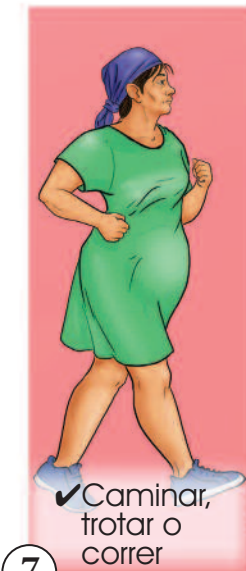


✓Trotar suavemente en un lugar



✓Estirarse con Yoga, Tai Chi

### FUERA DE CASA



✓Caminar, trotar o correr



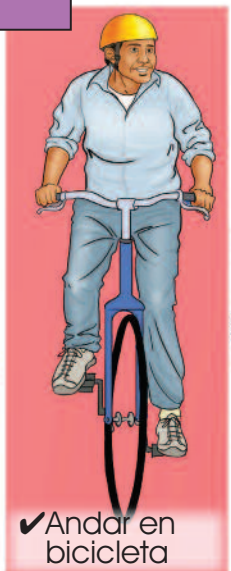
✓Ir de caminata o excursión



✓Nadar



✓Jardinería



✓Andar en bicicleta



✓Hacer deporte de equipo, como fútbol.



## Hypertension and Diabetes:

# Connect with the Patient through Comic Books

Salvador Saenz, the well-known illustrator and public health educator behind many of MCN's popular comic books including our new diabetes comic book, recently completed yet another colorful resource on diabetes, this time with Farmworker Justice. In the four-page, full-color "Life of the Party: Making Healthy Choices with Diabetes," the characters learn to read nutrition labels and what foods to eat freely before heading to a party. The resource is available in Spanish, English, and Haitian Creole: <https://www.farmworkerjustice.org/resources/health/health-awareness-prevention/diabetes/life-party-making-healthy-choices-diabetes>

Several years ago, Saenz partnered with the University of Texas, Health Science Center in Houston and the School of Public Health, El Paso Regional Campus, to develop a series of comic books on cholesterol and hypertension in English and Spanish. Access all of the resources at: <https://www.migrantclinician.org/tool->

[source/746/hypertension/index.html](https://www.migrantclinician.org/tool-source/746/hypertension/index.html).

In "How to Control Your Hypertension," the reader meets Raymundo and his family, as they navigate Raymundo's new hypertension diagnosis. The comic book covers medication adherence, side effects, the clinician-patient relationship, and methods of controlling stress, through the low-literacy format. An activity on the "garden of virtues" encourages the reader to seek out virtues like hope, perseverance, gratitude, and self-control to maintain a healthy lifestyle. The piece, available in English and Spanish, ends with a page to track blood pressure levels and to write out health goals.

The accompanying guide for community health workers and promotores includes activities around hypertension and brochures to help patients with hypertension to think through questions to ask the doctor.

A second comic book, "How to Control Your Fat and Cholesterol," continues to follow Raymundo's family, this time focus-

ing on his wife and son, who discover that they have high cholesterol. The comic book details in pictures what high cholesterol does to the body and provides practical advice on how to reduce cholesterol numbers.

Many other groups have created comic books for outreach with their own approaches and illustrators. The School of Pharmacy at the University of Southern California focuses on an entertaining approach to hypertension in its comic, "Lucia's Llama Drama," in addition to other comic books addressing diabetes, childhood obesity, breast cancer, immunizations, and more, available in English and Spanish: <https://pharmacyschool.usc.edu/fotonovelas/>

The Western Center for Agricultural Health and Safety at the University of California, Davis, has a prediabetes comic book in English and Spanish called, "The Five Healthy Steps for the Prevention of Diabetes": <https://aghealth.ucdavis.edu/educational-materials>

## Diabetes CQI:

# Tips to Improve Performance Measures

By Claire Hutkins Seda, Writer, Migrant Clinicians Network and Managing Editor, *Streamline*

Every three years, a health center completes an operational site visit (OSV) during which numerous program requirements are reviewed, including quality management. The Uniform Data System (UDS) quality measures, defined by the Health Resources and Services Administration (HRSA), paint a picture of how the health center is progressing to improve the health of its patients. The diabetes measure asks health centers to determine how many patients between the ages of 18 and 75 with diabetes had a hemoglobin A1c of greater than nine. Nationwide, the number of patients with diabetes with an A1c greater than nine — a level indicating their diabetes is not in control — has been slowly increasing.

"We're working with a population that has a gradually higher percentage of uncontrolled diabetes," said Candace Kugel, FNP, CNM, MS, Migrant Clinicians Network's Specialist in Clinical Systems and Women's Health, during MCN's recent webinar on the HRSA Diabetes Quality



Improvement Initiative. The nationwide landscape requires health centers to increase their attention on diabetes and build strategies to address the epidemic of out-of-control diabetes in the US.

During the OSV, health centers are

presented with a unique technical assistance opportunity to support their diabetes improvement efforts through the Diabetes Performance Analysis session. In addition to reviewing the UDS diabetes measure and the health center's current figures and trends over time, the health center and the HRSA review team perform a root cause analysis and then build together a list of three action steps that the health center can take to make a bigger impact. Learn more about the Diabetes Quality Improvement Initiative and prepare for an operational site visit by watching MCN's webinar, now archived on MCN's Archived Webinar page: <https://www.migrantclinician.org/archived-webinars.html>.

### Additional Resources:

HRSA Diabetes Quality Improvement Initiative webpage: <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html>

Diabetes self-management tools: <https://www.cdc.gov/diabetes/dsmes-toolkit/>



## Engineered Stone and Silicosis: How Materials in Countertops are Making Workers Sick

By Claire Hutkins Seda, Writer, Migrant Clinicians Network and Managing Editor, *Streamline*

**“If you go to the bathroom, it's dust. When we go to take lunch, on the tables, it's dust... Your nose, your ears, your hair, all your body, your clothes – everything. When you walk out of the shop, you can see your steps on the floor, because of the dust.” - Jose Martinez, 37, former polisher and cutter for a countertop company that sold engineered stone, who was diagnosed with silicosis. Two of his coworkers, also in their thirties, died of silicosis the year before.<sup>1</sup>**

In kitchens across America, engineered stone countertops are being installed. With a look like granite but a wider variety of available colors and a less porous surface, the manufactured material has taken off in popularity – and, despite its use in the stone fabrication industry for almost two decades, the occupational health hazards of engineered stone have only recently gained attention in the United States.

“This material contains a very high amount of silica,” explained Robert Harrison, MD, MPH, Clinical Professor of Medicine at the University of California, San Francisco. Most engineered stone has around 93 percent silica, mixed with a polyester resin. Silica is naturally occurring in stone, but natural countertop materials typically have less silica content; natural granite has a range of 10 to 45 percent silica.<sup>1</sup> The high silica content in engineered stone – called cultured or manufactured stone, and also called quartz – results in hazardous levels of silica in dust when the engineered stone is cut, grinded,

or polished. Workers who operate powered hand tools like saws, grinders, and high-speed polishers likely experience the highest levels of dust exposure in the stone fabrication industry.<sup>3</sup>

Inhalation of the dust can cause silicosis, a progressive, debilitating, and incurable disease that causes permanent lung damage and can cause death. Last year, Dr. Harrison and his colleagues in four states discovered 18 workers – largely immigrant workers – with silicosis. Most of the diagnosed workers had worked with engineered stone. Of those cases, two have died. Dr. Harrison and colleagues, in a National Institute for Occupational Safety and Health article, called the cases an “outbreak”, emphasizing the sudden and concerning increase of cases.<sup>2</sup>

Exposure to silica dust is dangerous when fabrication shops do not take the required measures to reduce dust exposure, Dr. Harrison said. About 90,000 stone workers are employed at thousands of shops across the country, some as small as just three

workers, others in much larger facilities. Many of these facilities, however, don't take precautions to reduce dust exposure.

"If companies were to adhere to the OSHA standards for silica, there would not be cases of silicosis," Dr. Harrison said, referring to the Occupational Safety and Health Administration's regulations on silica exposure, which were strengthened in 2017. He points to the ratio of OSHA inspectors to the number of shops. With the current number of inspectors, "the average company, big or small, would expect an OSHA inspection once every 140 years," he said. In California, he noted, CalOSHA has significantly stepped up enforcement efforts but in many parts of the country, enforcement remains too low and shops are not sufficiently protecting their workers from dust.

In addition, health care providers are not recognizing silica dust exposure in their patients, Dr. Harrison said. "A lot of the cases that I investigated had been seen by their primary care doctors and specialists who had not taken a good occupational history at the outset," he noted. He worries that there are many more cases of silicosis that are going undiagnosed. Medical testing for silicosis includes chest x-ray and breathing tests, but it starts with a detailed occupational history. "If a health care provider has a patient with respiratory symptoms or a history of working with stone, a red flag needs to go up, because the conditions in these shops can be very dusty," he said. "Once you have scarring in your lungs, there's no treatment. The data is really clear that if the disease is diagnosed at a more advanced stage, the disease can worsen even after exposure to silica dust stops. Early diagnosis can make a difference."

Immigrants made up a majority of stone workers in the cases that Dr. Harrison and colleagues have reported. Many immigrant workers, particularly migratory or seasonal agricultural workers, may have multiple jobs simultaneously or over the course of the year. A thorough occupational history – capturing not just the present primary occupation, but also additional part-time work, temporary work, and previous work – is critical to assess possible exposure to silica dust.

Dr. Harrison continues to investigate silicosis cases among stone workers. "I want to know about every case," he urged. He's currently working on medical guidelines for health care providers as well as materials for employers including guidelines and fact sheets. In the meantime, he strongly encourages clinicians to stay alert to the occupation of their patients and notify OSHA or the state public health department if the worker has worked with stone. And, he wants to hear from you. "Just call me if you have any questions or see a case," Dr. Harrison said.

#### **Additional Information:**

Dr. Harrison encourages health providers who have seen a case of silicosis among stone workers to contact him directly:

Dr. Robert Harrison  
Telephone 415 717 1601  
Email: robert.harrison@ucsf.edu

Read the CDC's recent Morbidity and Mortality Weekly Report (MMWR) on silicosis, entitled, "Severe Silicosis in Engineered Stone Fabrication Workers – California, Colorado, Texas, and Washington, 2017 - 2019," at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6838a1.htm>.

Read more about Dr. Harrison's work in

this NIOSH blog post, "Outbreak of Silicosis among Engineered Stone Countertop Workers in Four States" at <https://blogs.cdc.gov/niosh-science-blog/2019/10/29/silicosis-countertop/>.

#### **Screening Questions for Primary Care:**

Use MCN's EHR-friendly concise and effective environmental/occupational health screening questions for the primary care provider. Access the resource, in English and Spanish, at <https://bit.ly/2N2h9Hm>.

#### **Medical Surveillance on OSHA Silica Standard**

In 2017, OSHA strengthened its silica standard, and released an FAQ list that includes information on medical surveillance, at <https://bit.ly/2X14IQL>.

#### **References**

- 1 Greenfieldboyce N. Workers are Falling Ill, Even Dying, After Making Kitchen Countertops. NPR. 2 October 2019. Available at: <https://www.npr.org/sections/health-shots/2019/10/02/766028237/workers-are-falling-ill-even-dying-after-making-kitchen-countertops>
- 2 Hazard Alert: Worker Exposure to Silica during Countertop Manufacturing, Finishing and Installation. Occupational Safety and Health Administration. February 2015. Available at: <https://www.osha.gov/Publications/OSHA3768.pdf>
- 3 Hazard Alert: Worker Exposure to Silica during Countertop Manufacturing, Finishing and Installation. Occupational Safety and Health Administration. February 2015. Available at: <https://www.osha.gov/Publications/OSHA3768.pdf>
- 4 Dodd K, Heinzerling A, Rose C, Reeb-Whitaker C, and R Harrison. Outbreak of Silicosis among Engineered Stone Countertop Workers in Four States. NIOSH Science Blog. Centers for Disease Control and Prevention. 29 October 2019. Available at: <https://blogs.cdc.gov/niosh-science-blog/2019/10/29/silicosis-countertop/>

## **COVID-19 Pandemic and Mobile Patients**

We at Migrant Clinicians Network have a dual priority to support clinicians and the vulnerable patients that they serve. MCN is presently developing strategies and resources to support clinicians as they reach out to communities that are often overlooked and give care to patients who might otherwise have nowhere to go. We remain highly concerned for the vulnerable populations that already encounter numerous barriers to health and to care.

Recommendations are changing every day. As new data are gathered and research is carried out, our understanding of COVID-19, how it works, and how it spreads is refined. Necessarily, our recommendations must adjust. Please continue to review recommendations from the CDC and adjust strategies accordingly.

Always presume that the virus is present. Our understanding of its spread remains limited. Asymptomatic individuals may be unwittingly spreading the virus. In the absence of extensive testing and given our early understanding of the disease, take full precautions as if COVID-19 is present.

MCN will continue to present updated information and resources to serve vulnerable populations like mobile agricultural workers. We have expanded our webinar offerings in English and Spanish, and using a variety of platforms for greater accessibility including Facebook Live. View previous webinars on our Archived Webinar page: <https://www.migrantclinician.org/archived-webinars.html>. We will also release resources specifically to support clinicians through the stress and overwhelm of the pandemic. To keep up to date, please subscribe to MCN's blog: <https://www.migrantclinician.org/community/blog.html>. You can also follow MCN on Facebook ([www.facebook.com/migrantclinician](http://www.facebook.com/migrantclinician)) or Twitter (<https://twitter.com/tweetmcn>).

Additional resources relevant to health centers in the fight against COVID-19 are available on HRSA's COVID-19 site, <https://www.hrsa.gov/coronavirus>. The Health Center Resource Clearing House has compiled resources as well, available at: <https://www.healthcenterinfo.org/priority-topics/covid-19/>.



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## calendar

*Due to the COVID-19 pandemic, in-person conferences and events have been cancelled or postponed. MCN is currently scheduling additional webinars – including on COVID-19 – for the spring and early summer.*

*Visit our webinars page to see the complete list:*

**<https://www.migrantclinician.org/webinars.html>**

**Tuesday, April 7, 2020, 2pm EST**  
**Diabetes Continuum of Care: Effective Service Delivery Approaches to Improve Health Literacy**

Hosted by 14 HRSA-funded NCAs, including MCN  
<http://bit.ly/3bqOJ5H>

**Thursday, April 9, 2020**  
**Learning Collaborative: The Road to Patient Activation, First of a Six-Part Series**

Hosted by MCN, Institute for Patient and Family Centered Care, and the National Nurse-Led Care Consortium  
Series open to 10 health centers. Apply at <https://bit.ly/3aozpFI>

**Tuesday, April 14, 2020, 2pm EST**  
**Diabetes Continuum of Care: Community Engagement**

Hosted by 14 HRSA-funded NCAs, including MCN  
<http://bit.ly/2SkkVjL>

**Tuesday, May 19, 2020**  
**Health Network: A Care Coordination Program for Mobile Patients Including Those with Hypertension**

Migrant Clinicians Network  
<https://www.migrantclinician.org/webinars.html>