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The Impact of Changing Demographics

Culturally Contextual Care, Partnerships, and a Comprehensive Medical History

By Claire Hutkins Seda, Associate Director of Communications, Migrant Clinicians Network

Across the Americas, 2023 set numerous migration records. December 2023 had the highest number of migrant encounters at the United States-Mexico border in one month, at 249,735.[1] The fiscal year had the highest number of encounters at the US-Mexico border, at 2.5 million. (Both of these figures may be inflated as they include repeat encounters.) Last year also saw the highest number of migrants crossing the Darién Gap, at around 520,000 individuals.

The increased number of crossings in this dangerous strip of rainforest from the border of Colombia and into Panama signaled another noted shift in 2023, in addition to the greater numbers: the rapid change in demographics among those asking for asylum. In 2020, almost 90% of migrant encounters were with individuals from Mexico and the Northern Triangle of El Salvador, Guatemala, and Honduras. For the first time in recent history, in 2023, the percentage of encounters from those four countries together dropped below 50%.[2] Because the number of encounters has greatly increased, the percentage change does not indicate a drop in the number of people from each of these countries seeking asylum; in fact, the numbers are growing across the board. For example, the number of encounters with migrants from Mexico in 2020 was 297,711 – 74% of the total number of encounters.[3,4] In 2023, the number of

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encounters with migrants from Mexico leapt to 717,333, but was just 29% of the total.[5] The percentage change reflects a change in demographics among the asylum seekers released into the US after detention, who then may seek care across the nation's community health centers. Countries that have seen increased percentages of encounters are those experiencing instability, including Haiti, Cuba, Colombia, Peru, Ukraine, India, Ecuador, Brazil, Romania, and China. Encounters with migrants from Venezuela, for example, grew from 2,787 in 2020 to 334,914 in 2023.

How can health centers prepare for the shifting demographics among their patients?

Community Partnerships and Community Health Worker Programs. Once released from border detention, asylum seekers often travel to towns and cities where they have relatives, former neighbors, or friends from the same ethnicity or nationality. Clear and regular communication and partnership with community-based organizations that serve the diverse ethnicities in the health center's town can assist the health center in assessing and responding to the growth in those communities with services and outreach that are culturally contextual. Well-established community health worker/promotora (CHW/P) programs can equip a health center with the infrastructure needed to build trust and increase care access among new community members. For example, Venezuelans, as for many from across Latin America, find the CHW/P model to be a familiar and trusted avenue to access health education and connect with the community clinic. Their prenatal care is similar to that provided in the US. (See sidebar.)

Specific Health Needs. Understanding the specific health and social needs common among the incoming migrant population can fast-track a health center's ability to serve that community. For example, in decades past, with most migrants coming from Mexico and the Northern Triangle, many migrants experienced health risks while crossing the deserts of northern Mexico and the southwestern US. Clinicians serving patients who recently migrated through desert areas may consider issues like heat stress, malnutrition, and exposure to

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The Specifics of Venezuelan Prenatal and Delivery Care

By Claire Hutkins Seda and Mónica Fossi

Understanding what patients expect from the clinic is an important part of providing culturally aware care. In Venezuela, health care services experience frequent disruptions and shortages. Prior to the economic crisis, however, most women received basic prenatal care with physicians and then delivered in the hospital; midwifery and home-provided care are extremely rare. A very small number of people can afford private care, which may include more personalized care and access to more advanced diagnostics like genetic testing and 3D sonograms. After a hospital birth, the patient and newborn stayed in the hospital for between 24 and 72 hours, during which they were provided basic postpartum and newborn support and counseled for contraception.

For over a decade, infant and maternal mortality have been on the rise. Between 2012 and 2016, infant mortality rose by 63% and maternal mortality doubled.[8] More recent figures are unknown; the country's growing political instability and economic fallout caused the humanitarian crisis and collapse of the health system, and national health statistics have since become unavailable.[9] At least 7.72 million people have emigrated from Venezuela, with roughly 6.5 million settling across Latin America and the Caribbean.[10] Among these millions are tens of thousands of physicians and other clinicians, leading to personnel shortages in health care.[11] In addition to a lack of clinicians, Venezuela's hospitals face shortages of supplies and medications, lack of consistent clean water, inability to maintain hygiene, and frequent power outages, further interrupting and endangering care. Many pregnant women leave Venezuela for nearby countries including Brazil, Peru, and Colombia, where they can access prenatal care. Between 9 and 12% of newborns born at term in Colombia to Venezuelan mothers have low birth weight, indicating the impact of social and economic conditions, including maternal nutrition.[12]

Learn more about culturally contextual prenatal care by watching our recent webinar, Prenatal Care for Migrants: Services and Practices in Their Home Country and What Can Be Expected Throughout the Migrant's Route to the US, which focused on pregnant Venezuelan asylum seekers. It was presented primarily in Spanish with English interpretation.

In English: https://www.migrantclinician.org/webinar/prenatal-care-migrants-services-and-practices-their-home-country-and-what-can-be-expected

In Spanish: https://www.migrantclinician.org/es/webinar/atencion-prenatal-para-migrantes-servicios-y-practicas-en-su-pais-de-origen-y-que-se-puede

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environment-specific risks and exposures endemic to that area of the world, like Valley Fever and chikungunya, in addition to social risks like exploitation, sexual violence and harassment, and trauma. In contrast, Venezuelans start their journeys thousands of miles further south, crossing tracts of rainforest and encountering numerous ecosystems with unique health risks. Those crossing the Darién Gap, for example, have reported parasites and gastrointestinal issues, foot funguses, and respiratory infections.[6] While post-traumatic stress disorder, depression, and anxiety are prevalent among asylum seekers, those with longer-duration journeys endure the stress of migration for longer, and have more susceptibility to exploitative situations, which may increase the risk of trauma.

Uncovering The Bigger Picture through a Comprehensive Medical History

Once settled in their new location and after receiving work authorization, asylum seekers often find jobs among the nation's most dangerous, since there are few opportunities available to them. Farmwork and associated food work like packing, dairy, and seafood; day labor and construction; house cleaning and janitorial work; and food service are some of the industries in which they work. With significant work exposures, clinicians may focus on recent hazards in diagnosing an asylum seeker's health concern. However, a comprehensive clinical history remains the most valuable and powerful diagnostic tool in the medical toolbox, which would uncover the migration experience and any medical history prior to migration that may provide a more complete picture. When taking a clinical history:[7]

- **Take into account the cultural aspects of the history.** Could the patient be feeling fear or stigma around the health issue she is presenting? Are there local superstitions or misunderstandings about the disease or disease process? Patients may consequently hide or be less forthcoming around certain symptoms.
- **Evaluate the timing.** If a patient has decided to come in with an issue that has been persistent, what finally brought her to be evaluated now? Did a family member insist on her coming in – and if so, why? Patients may give clues to other issues or symptoms that they didn't yet disclose when asked about the timing.
- **Read body language.** What can you assess from the body language of the patient and family members? Even if a clinician is utilizing an interpreter, pay

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KFF Report: Immigrant Patients Report Unfair Treatment

A 2023 joint survey by KFF and the Los Angeles Times found that 25% of immigrant adults who have received care in the US reported being treated unfairly by a health care provider. Almost three in ten immigrant adults in the survey reported difficulties accessing culturally attuned care, including:

- 17% said a provider didn't take the time to listen or ignored their concerns;
- 15% said a provider didn't explain things in a way they could understand;
- 12% said front office staff were disrespectful toward them;
- 17% of those with limited English proficiency said interpretation services were either unavailable or hard to secure.

The report on the survey results is extensive, with data on health insurance accessibility, health conditions, health care access, and access to social services like food and housing, particularly as it relates to immigration status.

A companion report found that "although most immigrants are healthy and employed, many face challenges to accessing and using health care in the US due to higher uninsured rates, affordability challenges, linguistic and cultural barriers, and immigration-related fears, which [have] negative implications for their health and financial security." These issues were higher among certain subgroups of immigrants like those without authorization to work in the US, low-income workers, and those with limited English proficiency.

Read the initial survey findings: https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/

Read the companion report: https://www.kff.org/racial-equity-and-health-policy/poll-finding/kff-la-times-survey-of-immigrants

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How Health Centers Can Work with Their Communities Before, During, and After a Disaster

By Claire Hutkins Seda, Associate Director of Communications, Migrant Clinicians Network

Community health centers across the United States and US territories are facing new, unprecedented climate emergencies that are greatly impacting their marginalized communities and their ability to serve those communities – even when those climate disasters may be happening hundreds or thousands of miles away. "The climate crisis is presenting emergencies that aren't just new – they are harder to prepare for," explained Marysel Pagán Santana, DrPH, MS, Director of Environmental and Occupational Health and Senior Program Manager for Puerto Rico at Migrant Clinicians Network. "And it isn't just that communities haven't had such a variation before. It's also that emergencies are happening in communities where they never happened before," and far-off emergencies can impact local communities, Dr. Pagán Santana added.

The fires across Canada in the summer and fall of 2023 provide an example. On June 1, a lightning event ignited over 120 fires in southern Quebec alone. The start of the fires coincided with the warmest May-June period in over 80 years, and an unusually dry season in the province, both of which dried out vegetation, allowing the fires to spread quickly.[1] An analysis by research scientists with Natural Resources Canada, the department of the Canadian government responsible for natural resources like forests, found that "climate change more than doubled the likelihood of extreme fire weather conditions in Quebec" last year.[2] Throughout the summer and into the fall, as the fires continued, winds carried heavy smoke across international borders, leading to consecutive poor-air-quality days, thousands of miles away from the fires. In early October, for example, air quality dipped into "unhealthy" air quality levels across Florida.[3] By the end of the year, fires had covered about 18.5 million hectares – roughly the same as the entire land area of North Dakota.

Across 6000 emergency departments in the US, visits for asthma were 17% higher than expected during days of unhealthy air from the Canadian fires, according to studies by the Centers for Disease Control and Prevention.[4] Emergency departments in areas that have never experienced a wildfire – agricultural and urban areas without forests to burn, for example – experienced the health consequences of the fire. The CDC study concluded, "The risk of wildfire smoke exposure is increasing because of climate change, land management practice, and growth of wildland-urban interface areas, particularly in locations that have not historically experienced wildfire smoke," and recommended that clinicians counsel

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patients on protective measures like staying indoors and using air filtration.

Yet, many marginalized patients, like migrant agricultural workers who worked through the smoke that blanketed large swaths of the US, are at high risk and are unable to take such precautions. (See text box.)

Community health centers must prepare for a range of climate disasters that may impact their communities, even disasters/events that are thousands of miles away. Smoke isn't the only traveler during a disaster; in some cases, community health centers must prepare for an influx of new patients escaping a climate disaster, like floods, hurricanes, droughts, and extreme heat. Given the wide range of scenarios, how can a community health center prepare?

In a recent Migrant Clinicians Network webinar, Dr. Pagán Santana and Alma Galván, MHC, Director of Community Engagement and Worker Training for MCN, provided practical approaches for preparation centered on the importance of understanding and engaging with the community. The webinar, presented in Spanish with simultaneous translation into English, focused heavily on community mobilization.

"The fundamental principle of community mobilization is to ensure positive and sustainable behaviors among members of a community, where people are the ones who make the decisions and can take actions that benefit them," Galván noted. Instead of instructing people on what they need or what they should do, community mobilization approach is participatory at its heart, Galván added, centering itself on inviting community partners and community members to share what they need and supports the community to organize itself and develop plans.

And it's effective, Galván says. "It's a proven strategy, used across Latin America," she emphasized. Community health centers are already mandated to maintain an emergency plan; to make the emergency plan more effective, particularly for populations like agricultural workers who are frequently marginalized and underserved, health centers can employ community mobilization.

Galván delineated seven key elements of effective community mobilization, which can prepare a community and its health center for a climate disaster. "These are the pieces to glue the community aspect in with the health care aspect," she said. "You can take this approach as one effective tool to tackle

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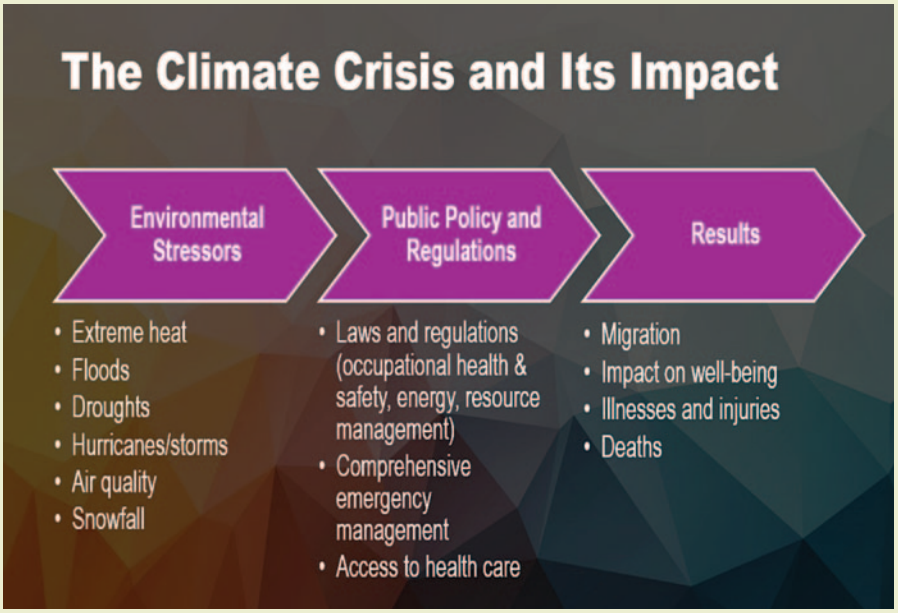
Why Are Agricultural Workers at High Risk of Wildfire Smoke?

In this article, the 2023 Canadian wildfires are given as an example of an unexpected climate-fueled disaster that influences the health of people hundreds and thousands of miles away. The health effects of the disaster are not evenly distributed. Agricultural workers are at a greater risk of negative health consequences from wildfire smoke. Of course, their strenuous work outdoors results in greater exposure to the smoke. However, several overlapping factors further jeopardize their health during a smoke event:

With few statewide regulations and no federal smoke standards, employers in most states are not required to make accommodations even when particulate matter rises to the hazardous level with an Air Quality Index level of above 301.[5]

They may also be at higher risk of preexisting respiratory diseases, which increases the danger of unhealthy air days. Studies are mixed,[6] but the regular exposures that agricultural workers experience in the workplace, including high heat, pesticides, and poor air quality from dust, place them at risk for respiratory conditions.[7,8] Poor quality worker housing, another risk factor, continually exposes agricultural workers to high heat and high smoke conditions over night, leaving workers' bodies with no time to recover before returning to work.

Should agricultural workers experience respiratory distress, they may encounter barriers that reduce the likelihood of accessing health care. Fear of exposure of immigration status, unfamiliarity with the health system, lack of access to care in their language, lack of health insurance, inability to get time off of work, and lack of transportation are just a few of the barriers to overcome before reaching a trusted source of high-quality health care. ■



Edited graph from "Deepening the Divide: Health Inequities and Climate Change among Farmworkers"[9]

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any public health problem," including challenges beyond climate, in situations where health inequity needs to be addressed – from educational efforts on infectious diseases like COVID-19, to addressing food insecurity. Here, we outline these steps with climate in mind.

1. **Situation analysis:** This is particularly -critical when assessing climate impacts because the community may face climate impacts they have never experienced. Here, the health center identifies the potential risk the community may face as well as the possible impacts of emergency situations. Three types of impacts should be analyzed:
   a. *Direct weather impacts:* Is the community at an increased risk of a heat event, flooding event, storm event? Consult climate scientists to determine what weather changes the community may experience. Online toolkits and databanks like climatecheck.com and riskfactor.com provide ratings for individual properties. Climate Mapping for Resilience and Adaptation, a part of the US Global Change Research Program, is a powerful tool that allows users to choose current or future community threats, at https://resilience.climate.gov/. Climate risks by county are also outlined at https://www.americancommunities.org/mapping-climate-risks-by-county-and-community/.
   b. *Indirect weather impacts:* As in the case of the Canadian wildfires, what are the health effects on the community if another community experiences a disaster? In the case of a significant snowstorm or wildfire in nearby mountains, for example, what will happen to the community if mountain roads are blocked for months at a time?
   c. *Migration impacts:* Health centers should consider their immigrant patient populations and the possibility of climate impacts in those origin countries. After Hurricane Maria, for example, a community health center in Massachusetts with a large Puerto Rican population experienced an unprecedented influx of migrants from the island, who arrived without medication and whose health records were inaccessible due to large-scale and long-lasting blackouts on the island.10

Galván recommends several strategies to better understand the community and the risks that they face. A SWOT analysis – in which "Strengths, Weaknesses, Opportunities, and Threats" are outlined – can be completed to assess how the health is prepared or unprepared to advance the goals of the project. With the community, the health center can complete a KAP survey to determine the "Knowledge, Attitudes, and Practices" prevalent in the communities served. Also with the community, the health center can complete a rapid needs assessment. Both the SWOT analysis and the needs assessment are outlined in MCN's Communications Manual, which offers explanations and templates of these activities.

2. **Community resource mapping:** To map resources, the community and health center partner to identify all the resources, overt or not. A community forum can be a good starting point for mapping the community, which in turn will inform the strategy in the case of an emergency. Resource mapping is also outlined extensively in the Communications Manual.
3. **Strategic planning:** Together, the emergency plan can be built of shared decisions based on the data gathered in situation analysis and resources available. Participatory planning means that the health center is not building the plan; rather, many members of the community including the health center have come together, laid out what is possible, and made a plan jointly.
4. **Communication:** Once the plan has been made, it needs to be well communicated so that, when activation needs to occur, everyone in the community knows what to do. What are the key messages for the community with which the health center wishes to communicate? Building a com-

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MIGRANT CLINICIANS NETWORK

Plan de Emergencias

Movilización comunitaria en la preparación para emergencias
Taller de entrenamiento – Hoja de trabajo del plan de emergencias

INSTRUCCIONES PARTE 1: (1) Escriba en la lista retos, preocupaciones o situaciones que pudieran surgir durante la emergencia seleccionada. (2) Utilizando su análisis FODA y mapeo de recursos, identifique las acciones, pasos a seguir o actividades que se establecerán para atender el reto. (3) Indique en qué fase del manejo de emergencia (antes, durante, después) ocurrirá esta actividad o acción. (4) Señale las personas u organizaciones responsables por velar que esta actividad o paso ocurra. (5) Coloque una fecha o periodo en el que esta actividad debe ocurrir.

PROBLEMA QUE SURGE A CAUSA DE LA EMERGENCIA	ACCIÓN, PASOS O ACTIVIDAD PARA ATENDERLO	FASE	PERIODO EN QUE OCURRIRÁ	PERSONA/ RECURSOS RESPONSABLES
1. Alimentos para pacientes con condiciones renales	Orientación de cómo y qué debo adquirir	Preparación	Mes de Mayo	Líder comunitario X, Centro de salud
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Using this sample worksheet, a community in Puerto Rico partnered with their local community health center to build a hyperlocal emergency plan with community buy-in. The instructions in Spanish: ask the participants to write challenges, concerns, or situations that may arise during the emergency; use their SWOT analysis and resource mapping to identify actions, next steps, or activities to address the challenges; indicate when the activity will occur (before, during, or after the emergency); determine which people or organizations are responsible; and select a specific date or date range during which the activity will occur.

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munication plan is not just what you will inform about, but how – where should people go in an emergency, what if they need help? "Have a clear plan of what to do, who is doing it, and how to effectively communicate, as well as having a spokesperson," Galván added.

5. **Process of Health Communication:** In addition to communicating the plan itself, the health center needs to communicate the steps the community might need to take in the case of specific health threats related to a climate emergency.
6. **Community Implementation:** Partners in the process along with the community activate the plan when an emergency occurs. It may be easy for a community member to get far along in the planning process, but not know where to start once a flood or a wildfire hits. This step is a reminder to complete the process and make sure that every step is actionable, so that when an emergency takes place, the next steps are ready to go.
7. **Documentation, Monitoring and Evaluation:** "This is often misunderstood. It isn't something to be done after the fact – it should be there throughout the entire process," of building a climate emergency plan, Galván noted. "Community forums, for example, are a participatory way to get a sense of what is functioning and what is not," a way for the organizers from the health center and community to gather opinions and assess their work while they are building the plan. Of course, after a climate emergency, and some time has passed from when a plan is initiated, organizers should once again come together, with strategies like the community forum, to evaluate the plan's effectiveness and where it can be improved.

"It's a beautiful process," Galván concluded. "You will see it working – and it's amazing. The community can do whatever they need to do to stay safe in a climate emergency. They just need the means and empowerment to do it."

Watch the webinar, now archived on the Migrant Clinicians Network website, in English or Spanish: https://www.migrantclinician.org/webinars/archive. MCN's webinars are free, most are available in English or Spanish with simultaneous interpretation, and many offer continuing education credits for those who attend live. Visit our Upcoming Webinar page: https://www.migrantclinician.org/webinars/upcoming.

Access MCN's communications manual, called "Designing Community-Based Communications Campaigns." This 58-page manual, which is also available in Spanish, goes in depth into many parts of building a climate emergency plan and how to communicate the strategies. While the manual was initially built for a COVID campaign, the strategies and tactics are generalized for use in many campaigns, including for a climate emergency. https://www.migrantclinician.org/resource/designing-community-based-communication-campaigns-manual.html

Explore national community mobilization efforts in Latin America for other health risks. All of these resources are in Spanish.

Learn about El Salvador's strategic plan for TB: https://docs.bvsalud.org/biblioref/2023/10/1512604/plannacionaldeabogaciacomunicacionymovilizacionsocialparaelcon_6rDSlXr.pdf

See how Honduras uses community mobilization against COVID:

https://www.paho.org/es/noticias/2-3-2020-alianzas-movilizacion-comunitaria-para-enfrentar-covid-19

Access a step-by-step guide on risk communication and community engagement on the Zika virus. https://iris.paho.org/handle/10665.2/33671

Read about Dominican Republic's National Strategy. https://iris.paho.org/handle/10665.2/31104

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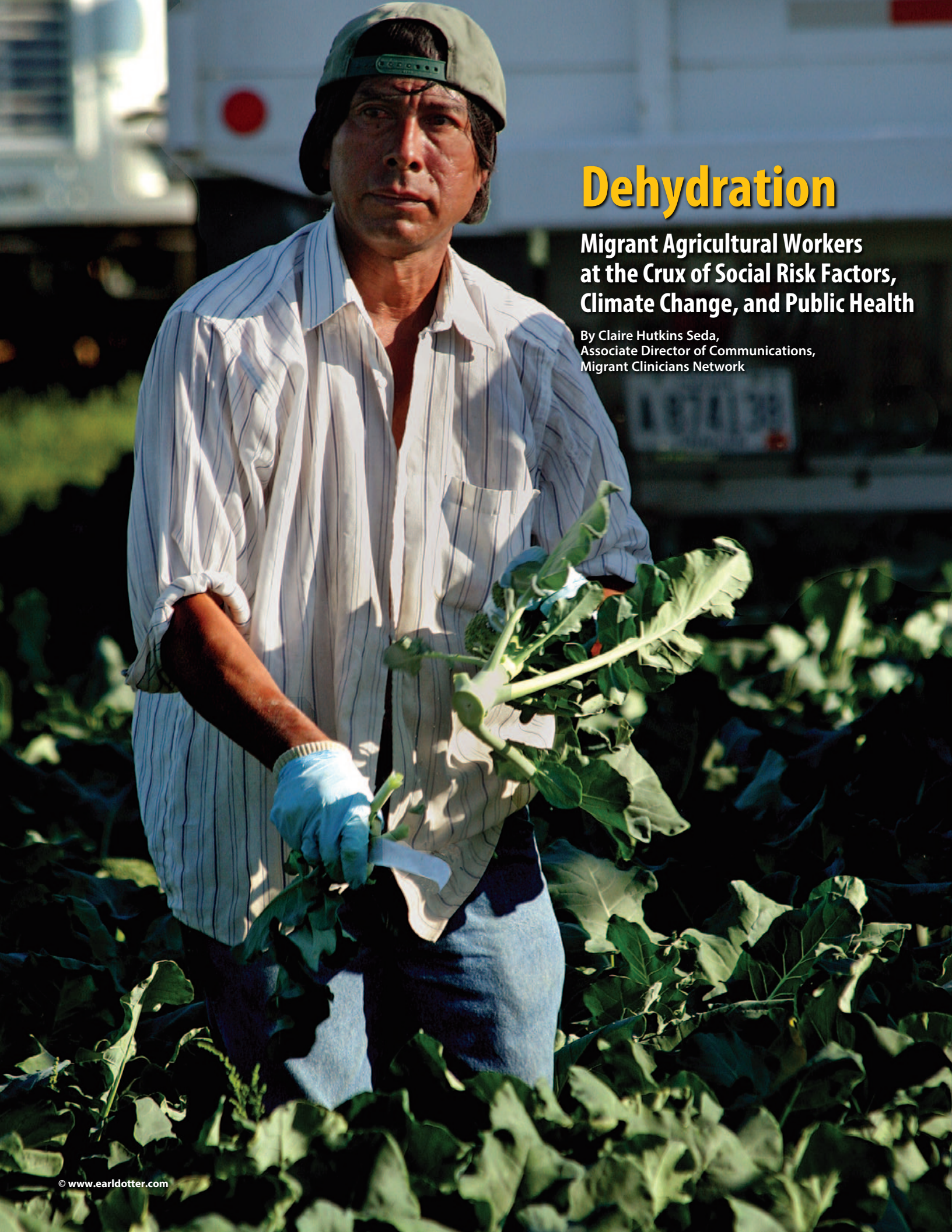
Access the Resources and Citations in this Issue

Please visit Migrant Clinicians Network's *Streamline* webpage where you can access all of the resources mentioned in this issue. You can find this page at

https://www.migrantclinician.org/streamline/resources-featured-streamline-spring-2024

or point your phone's camera at the QR code to the right for instant access.



Dehydration

Migrant Agricultural Workers at the Crux of Social Risk Factors, Climate Change, and Public Health

By Claire Hutkins Seda,
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Migrant Clinicians Network

Among the estimated 2.4 million farmworkers in the United States, many work temporarily as migrants, seasonal workers, or guest program workers with an H2-A visa. Temporary agricultural workers experience greater mortality and morbidity rates than the general population due to a long list of social risk factors that jeopardize their health while also reducing their access to health care when ill, including but certainly not limited to: food insecurity, cultural and linguistic barriers, immigration status and precarious work authorization, social and geographic isolation, and low literacy and education levels.[1] To address these risk factors, community health centers conduct health interventions in their communities based on the research indicating agricultural workers' health needs. However, these health interventions often do not take into account the ongoing and intensifying effect of climate change on the risk factors that migrant agricultural workers face. In this article, we review recent research on agricultural worker dehydration and overlay this prevalent health concern with climate concerns, concluding with recommendations for community health centers' health interventions in the climate change era.

Most Farmworkers Come to Work Dehydrated, and Almost All Leave Work Dehydrated

A March 2024 study found that almost 97% of the 111 Florida farmworkers studied were dehydrated at the end of their work shift, with over 62% of farmworkers being dehydrated at the start of their shifts with higher dehydration as the week progressed, indicating possible chronic progressive dehydration. The research findings were in line with other studies of farmworker dehydration in Florida. Also reflective of other studies, dehydration was substantially higher among farmworkers than among other types of outdoor workers with heavy workloads. The researchers did not find the dehydration to be associated with the intake of water provided by the employer, farmworkers' clothing choices, or the amount of crop harvested.

Dehydration is associated with muscle cramps or weakness, headache, fatigue, dizziness, and reduced cardiac function. Impaired internal thermoregulation related to dehydration may increase the risk of heat-related illnesses, the authors added. Further, chronic dehydration is associated with chronic kidney disease of unknown etiology (CKDu), of which there is an epidemic across agricultural worker populations around the world.[2] Chronic dehydration is also linked with renal dysfunction, cardiovascular disease, rhabdomyolysis, stroke, and conditions related to oxidative stress. The authors also noted that dehydration "can amplify the negative effects of a heavy workload, making workers more susceptible to fatigue and heat-related illnesses."

Social factors of agricultural worker dehydration were clearly laid out. In their discussion, the researchers pointed to the working conditions of agricultural workers as not supportive of euhydration (the term for the absence of dehydration or hyperhydration), even when employers follow the field sanitation standard of the Occupational Safety and Health Administration. Long hours, without mandatory rest breaks, piece-rate compensation, fear of losing work in the short- and long-term, the time consumption of staying hydrated, and tenuous immigration status were each called out as elements of agricultural working conditions that disincentivized workers from staying hydrated. The authors stated, "To fully address the issue of acute and chronic health impacts of dehydration and [heat-related illness] among farmworkers, regulatory changes must address living wages and safe working conditions for hired farmworkers along with financial safeguards or cost offsets for owner-operators to sustainably provide them." The research paper then outlined easier-to-accomplish interventions in the absence of these needed regulatory changes, like proximal clean urination facilities and mobile fans, to mitigate the impact of dehydration.

Dehydration and Climate Change

The researchers concluded that "it is essential to investigate the interaction effects of extreme heat on dehydration in the context of heavy workload," but does not further delineate why extreme heat is highlighted, nor mention climate change. In reality, the agricultural workers in this study experiencing chronic dehydration are already contending simultaneously with extreme heat.

"In 2023, the world saw the hottest global temperatures in over 100,000 years, and heat records were broken in all continents through 2022," says The 2023 Report on The Lancet Countdown on Health and Climate Change.[3] The 158-page report outlines the extreme health costs of climate inaction to global health and well-being, "yet, adaptation efforts [have] been insufficient to protect people from the growing hazards, and global health inequities are growing," says the visual summary.[4]

Community Health Centers at the Forefront

"Health centers seeking to address the health impact of the increasing number of heat days and these dangerous trends in chronic dehydration among agricultural workers need to act fast," said Amy Liebman, MPA, MA, Chief Programs Officer of Workers, Environment, and Climate at Migrant Clinicians Network. "Climate change is not something that is off in the future. And interventions are needed now to help workers mitigate its impact."

For example, worker trainings can incorporate the effects of chronic dehydration during an extended extreme heat wave, rather than solely during average or historical summer heat. During heat and dehydration trainings, community health workers can engage agricultural workers on the changing climate and how these hotter, longer heat waves amplify the health risks already at play, so they are better prepared not just for the hot summers of the past, but for the hotter summers of the present and future.

While more research is needed to understand promising practices in communicating climate change impacts to this vulnerable population, some suggestions are:

- **Emphasize the urgency of change, at the personal level:** In addition to sharing life-saving trainings on how agricultural workers can reduce the risk of dehydration and heat-related illness, share some of the basic information about climate change and how it is impacting your community's weather already. Agricultural workers need to know that the risks are rapidly increasing, and they will face more extreme weather in the years to come.
- **Give pathways for bigger change:** When communicating about climate change, it is important to emphasize that climate change is not a zero-sum game. That is, it isn't "too late" to make changes in behaviors and policies at the family, community, state, and federal levels to reduce greenhouse gases, even though we are already experiencing significant impacts from climate change. The more action taken now, the less severe the impact of climate change will be in the long term.

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Diabetes Care, Complicated at the Border

By Robert Kinnaird, Communications Project Coordinator, Migrant Clinicians Network

When an asylum seeker with diabetes was unable to bring his glucose monitor across the border, his diabetes care was complicated. Diagnosed with Type I diabetes in his youth, Benjamín* had been carefully maintaining his glucose levels for years. Before his migration, he used his monitor consistently to determine his blood sugar, but during his migration, and after crossing into the United States, when he no longer had his monitor, he was placed into a state of uncertainty, needing to maintain proper levels through guesswork based on how he was feeling. After Benjamín crossed into the United States, he asked for asylum and was brought into detention. He was processed and released into the US to await his immigration hearing. At this point, he was triaged at a small medical station within an immigration shelter, where he told the clinician that he no longer had his monitor. It is unclear how or when he was separated from his monitor.

Without his glucose monitor, Benjamín "would be applying the insulin blindly, especially given that he would have no idea what his glucose levels are at mealtime," said Laszlo Madaras, MD, MPH, Chief Medical Officer for MCN. "It could be very dangerous if he has not yet adjusted to a daily routine. Using the wrong amount of insulin could lead to diabetic coma, or even death in extreme cases, due to dangerously low blood sugar." Patients with constantly elevated glucose levels, on the other hand, face complications such as heart disease, stroke, kidney damage, eye damage (retinopathy), and nerve damage.

The clinician at the immigration shelter registered Benjamín with Health Network, Migrant Clinicians Network's virtual case management system, in order to ensure that Benjamín could access care after he left the immigration shelter and migrated on to his receiving community in the US.

Health Network Associate Joshi Covarrubias was assigned to assist Benjamín. Covarrubias' goal was to find Benjamín a medical home at a community health center that, through medication and diabetes care support, would stabilize his condition for the long term. Covarrubias would also maintain contact with Benjamín during and after his migration to answer questions, ensure barriers to care are removed, and provide other culturally contextual support.

"I started calling different clinics like I normally do, but it was hard to get him into care. Every clinic that I called in his area was so backed up that they didn't have any availability. There was one clinic that told me that they couldn't get him into care until 2025," said Covarrubias. This was in October 2023, meaning that the patient would not see an affordable clinician for over a year. Meanwhile, Benjamín was close to running out of insulin.

Covarrubias continued to reach out to clinics. Eventually, he was able to find a clinic that would be able to take Benjamín as a patient, with the initial appointment scheduled for several months out. This community health center, however, was able to do more for Benjamín than to give him an appointment. Benjamín had been relying on a dwindling supply of his medications, a Humalog KwikPen and Lantus, both short and long duration forms of insulin. He was also directed to get a new glucose monitor. The community health center referred Covarrubias to a local urgent care center. With Covarrubias' assistance, Benjamín was able to secure a new low-cost prescription with the urgent care center, to avoid running out of insulin before his community health center appointment. Covarrubias will keep Benjamín's Health Network case active until he is integrated into care at his new location and stabilized his condition, after which he will close the case. ■

Learn more about Health Network: www.migrantclinician.org/healthnetwork

Donate to Health Network to support migrants in finding care at their next destination: www.migrantclinician.org/donate

* Name has been changed to protect the patient's identity.

Jillian Hopewell, Editor-In-Chief

By Claire Hutkins Seda, Associate Director of Communications, Migrant Clinicians Network

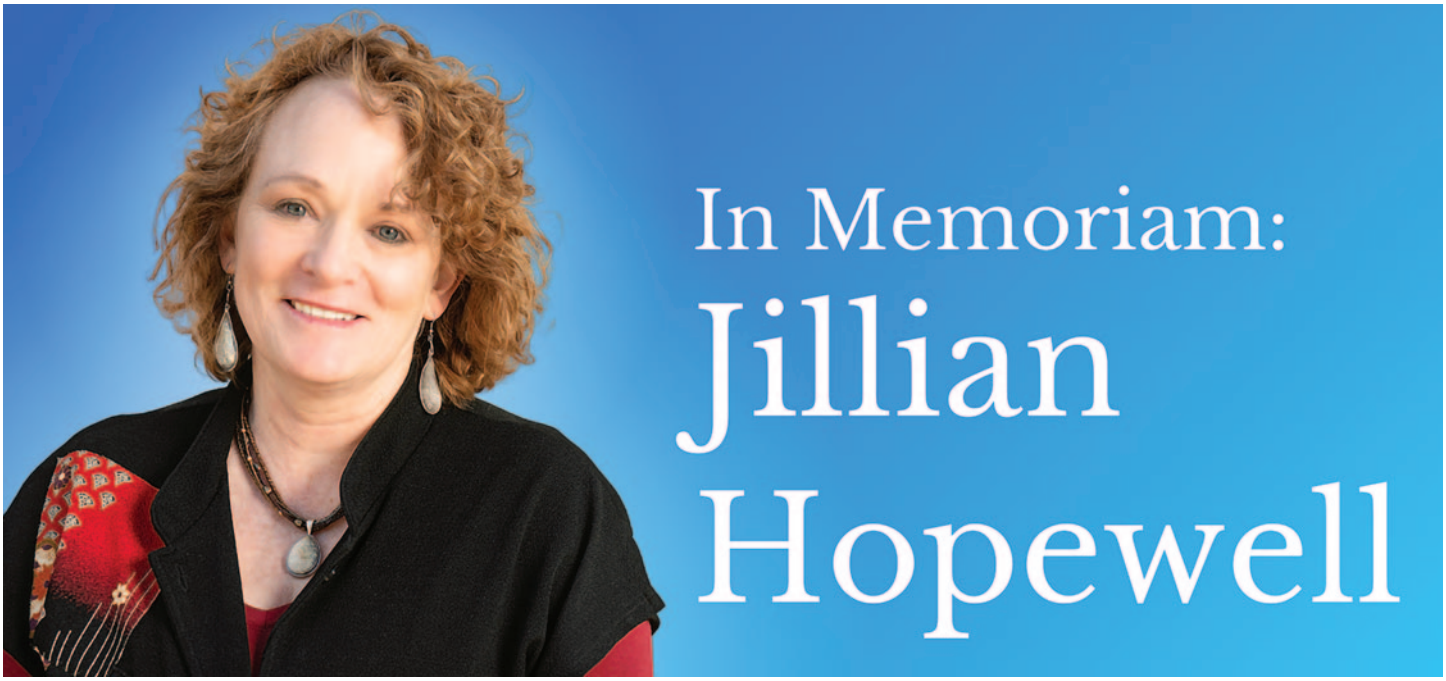
In December 2023, Migrant Clinicians Network announced the passing of Jillian Hopewell, MPA, Chief Program Officer of Education and Communication. Jillian spent her entire career pushing for the health needs of migrants and immigrants, and although her passing has been devastating, her efforts to build better lives for some of the most marginalized people will continue to serve as MCN's foundation as we move forward to build health justice for all.

Throughout her almost 30 years at MCN, Jillian supported the education of thousands of clinicians across the country, equipping them with the tools and knowledge to meet the health needs of their migrant and immigrant patients on a wide range of issues. Jillian presented at Stream Forums, conferences, and online in countless webinars for decades. Her expertise was regularly called upon for training and technical assistance on farmworker occupational health, migrant health disparities, infectious disease including tuberculosis, diabetes, intimate partner violence, and more. Her work behind the scenes within MCN's technical assistance programs has built MCN into a well-respected leader in migrant health. She also oversaw numerous communications efforts that have elevated MCN's presence nationwide, including as the Editor-In-Chief of *Streamline*.

Read about Jillian's full life and her impact on our team at MCN:

- Jillian Hopewell, MCN's Chief Program Officer of Education & Communications https://www.migrantclinician.org/blog/2023/dec/memoriam-jillian-hopewell-mcns-chief-program-officer-education-communications.html
- How to Practice Love to Create a More Just Social Order? Jillian Hopewell Showed the Way. https://www.migrantclinician.org/blog/2024/feb/how-practice-love-create-more-just-social-order-jillian-hopewell-showed-way.html
- Remembering Jillian Hopewell: Health Justice Warrior https://www.migrantclinician.org/blog/2024/feb/remembering-jillian-hopewell-health-justice-warrior.html

With the support of Jillian's family, Migrant Clinicians Network has created the Jillian Hopewell Fellowship to support Migrant Clinicians Network staff and applied interns in designated activities to strengthen their education and pursuit of careers in migrant health. Learn more and contribute to this new fellowship: https://www.migrantclinician.org/donate/jillian-hopewell-fellowship



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attention to the way the patient responds to questions.

- Does it all add up? If the patient didn't fit the criteria for the diagnosis, or the history and the symptoms don't line up the way a clinician thinks they should, the clinician should follow up with the patient soon after to check on progress and symptom status.
- Re-interview at a later time – patient history is not a one-time process. Ask the patient and the family members who attend with the patient about the medical history again, at a later appointment. As the patient gains familiarity and trust with the clinician, the patient may provide more detail or clarifications.

Despite familiarity with the culture of the patient or the patient themselves, clinicians are likely to still have gaps in understanding and knowledge, cautions Laszlo Madaras, MD, MPH, Chief Medical Officer for Migrant Clinicians Network, who keeps this in mind in his own work. "For myself, I like to remind myself that I may never be able to understand the whole picture, only the parts, but by active listening and, over time, building a trusting doctor-patient relationship, that should be enough to make a very positive impact of the health and welfare of the migrant patient."

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The Role of Climate Change and Migration in Social Risk Factors
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Migrant Clinicians Network
Virtual Webinar
https://www.migrantclinician.org/webinars/upcoming

National School-Based Health Care Conference
June 30-July 2, 2024
School-Based Health Alliance
Washington, DC
https://www.sbh4all.org/events/the-national-school-based-health-care-conference/

NACCHO360
July 23-26, 2024
Detroit, MI or virtual
National Association of County and City Health Officials
https://www.naccho360.org/home

North American Refugee Health Conference
August 5-7, 2024
Society of Refugee Healthcare providers
Minneapolis, MN
https://refugeesociety.org/narhc-conference/

Community Health Institute (CHI) & Expo Conference
August 24-26, 2024
National Association of Community Health Centers
https://www.nachc.org/conference-page/chi-expo-conference/