Overview

Migrant workers are employed in some of the most dangerous jobs in the United States including agriculture, fishing, forestry and other low wage jobs. There are numerous barriers to recognizing and treating work-related health issues in the primary care setting. Some of the underlying barriers are the limited training frontline providers receive in environmental and occupational health (EOH), and structural challenges that prevent clinicians from adequately addressing EOH problems. For migrant farmworkers and other vulnerable populations working in hazardous industries, an occupational injury or exposure is often the reason for the initial contact with the health care system, underscoring the need to begin addressing such concerns at the primary care level.

Migrant Clinicians Network (MCN) has developed a program to improve care in the primary care setting, supported through a cooperative agreement with the US Environmental Protection Agency (EPA), Office of Pesticide Programs as part of the National Strategies for Healthcare Providers: Pesticide Initiative.

MCN partners with interested federally-funded Community and Migrant Health Centers (C/MHC) in a year-long collaboration to develop simple, practical and flexible adaptations to integrate EOH into the primary care setting. These system changes are designed to assist the C/MHC and its clinicians to reach the following goals:

- to improve clinicians’ skills in the recognition and treatment of environmental and occupational health problems;
- to develop clinical systems that will support risk assessment, management and documentation of EOH issues;
- to support the C/MHC in attaining or maintaining Patient-Centered Medical Home (PCMH) and Meaningful Use recognition by integrating improvements into the organization’s Electronic Health Records (EHR) and Quality Improvement programs;
- to assist Migrant Health Centers to fulfill the Health Resources Services Administration (HRSA) expectation that they “deliver comprehensive, high quality, culturally-competent preventive and primary health services to migrant and seasonal farmworkers and their families with a particular focus on the occupational health and safety needs of this population.”
  [http://bphc.hrsa.gov/about/specialpopulation/](http://bphc.hrsa.gov/about/specialpopulation/index.html); and
- ultimately, to improve the health status of the health center’s migrant population through quality healthcare services that respond to their unique needs.

Utilizing a performance improvement model, both administrative and clinical staff participates in order to ensure success. MCN works directly with a “clinician champion,” typically the medical director, who is willing to spearhead the clinic-based program, along with a team of key staff members.

MCN designates a C/MHC partner as an MCN Environmental and Occupational Health Center of Excellence. This project is overseen by a national advisory committee with expertise in migrant health, primary care and occupational and environmental medicine.
Steps to Integrate Worker Health into Primary Care

MCN’s partnerships with C/MHCs involve the following six activities to ensure successful integration of worker health into the primary care setting:

- Establishing a Health Center Team and Commitment
- Designing a Work Plan and Setting Goals
- Conducting a Needs Assessment
- Facilitating Trainings
- Piloting Clinical Systems Changes
- Evaluating Program Outcomes

Establishing a Health Center Team and Commitment

It is critical to the success of the program for the administrative team to support the project. In establishing a partnership, MCN obtains “buy-in” from the Chief Executive Officer, the Chief Financial Officer and the Chief Medical Officer. MCN executes a contract or establishes a Memorandum of Agreement that outlines the responsibilities and terms of the collaboration. The CMO or other clinical leader serves as the clinical champion for the project and works closely with his or her designee and a team of health center staff that is generally made up of the Clinical Services Director, Director of Performance Improvement, Director of Quality Assurance or Director of Quality improvement, Migrant Health Coordinator, and Outreach Coordinator. Because many of the adaptations involve changes in the Electronic Health Record, such as routine screening questions, often the Information Technology point person is a part of the team.

Designing a Work Plan

The partner health center and MCN develop a jointly agreed upon EOH work plan to integrate environmental and occupational health services into the health center’s day-to-day activities. The EOH work plan outlines clear action steps, a timeline, measurable goals and evaluation methodology and the person(s) responsible. It is usually finalized after the initial trainings when the center’s EOH team has a better understanding of the resources available to them and the steps involved with the program.

Conducting a Needs Assessment

MCN obtains information from the partner health center as well as other entities to help structure the program and tailor it to each health center. MCN inquires about the administrative and clinical components of the health center, the patient population, and regional agricultural and state regulations regarding pesticides. Information that MCN gathers in order to best design the program includes:

- Health center interest in environmental and occupational health — Does the health center express interest in and commitment to implement a model to improve patient care regarding environmental and occupational health?
- Patient population and service area — a demographic description of the patients served
- Provider panel
- Clinical systems — What services are provided now? What can be done? What are the current screening and intake procedures? What type of education/outreach processes are in place? What is the current level of knowledge/perception of environmental and occupational medicine among providers?
- Organizational infrastructure — Has the health center implemented EHR? How is the organization performing on HRSA’s performance measures? How well is the organization able to monitor the health status of its migrant population? Has the organization achieved PCMH recognition?
- Resources and community partners
- Regional environmental and occupational medicine specialists and clinics
- Regional agricultural products and pesticides used
- State requirements and regulations regarding reporting pesticide exposures and workers compensation
Facilitating Clinical Training

MCN facilitates up to two continuing education workshops onsite at the health center. MCN provides medical, nursing and health educator continuing education credits to the training participants. Clinical faculty with expertise in migrant health and environmental and occupational medicine conduct the trainings. Trainings typically include:

- **Environmental and Occupational Health for the Primary Care Provider.** This training emphasizes the importance of and ways to integrate EOH into primary care in order to improve health care for migrant patients. It offers participants an overview of 1) recent research and surveillance efforts examining the extent and nature of occupational injuries; 2) core environmental and occupational medicine concepts for the primary care provider; 3) best practices, successful strategies and resources for integrating environmental and occupational medicine into primary care settings; and 4) health challenges facing the migrant population. The training highlights partnerships between primary care clinicians and occupational medicine specialists, and flexible clinic-based approaches.

- **Recognition and Management of Pesticide Exposures for the Primary Care Provider.** This training helps primary care clinicians to integrate the six competencies outlined in National Pesticide Practice Skills Guidelines for Medical and Nursing Practice (NEETF and EPA, 2003). This training provides participants an overview of 1) pesticides and how these affect patient health; 2) mechanisms of toxicity, indicators of pesticide poisoning, and historical implications of pesticides; 3) the clinical management of pesticide exposures from treatment to reporting; 4) core skills such as environmental and occupational history taking; 5) information regarding regulations and clinical reporting requirements; 6) pesticide clinical resources and patient education materials.

MCN also has developed more specialized trainings that are tailored to the unique needs of the health center and its migrant populations, such as resources and partnerships that focus on pesticides, women’s health and perinatal care.

In addition to clinical trainings, MCN works with outreach staff, health educators and promotores de salud (health promoters) to assist them in facilitating patient and community education. MCN has developed targeted training curricula and has numerous resources to assist clinics in improving patient education about the risks associated with pesticide exposure and ways to minimize those risks. MCN facilitates linkages between the health center and community partners to assist with patient education.

Piloting Clinical System Changes

MCN collaborates with the health center team to identify the clinical system changes the health center will focus on for the year. This generally involves the incorporation of screening questions to improve the recognition of environmental and occupational injuries and exposures, integration of clinical guidelines and appropriate policies and procedures, development of systems to facilitate referrals and reporting, and changes in documentation, patient education and outreach. After the trainings, the health center begins the process of integrating changes and monitoring these efforts. As centers pilot these changes, adjustments are made to improve the process. For example, once integrated into practice, the screening questions or the process of how the questions are asked is often altered as the health center staff observes ways to ask the questions or document the answers more effectively.

MCN recognizes the importance of C/MHCs attaining Patient-Centered Medical Home recognition and will assist partner health centers to demonstrate how incorporating EOH into primary care services satisfies specific PCMH requirements.

Evaluating Program Evaluation

MCN and the health center team jointly develop an evaluation plan and determine clinical measures to assist in assessing program outcomes. These have included evaluation methods such as a selected chart review, documentation of the materials distributed, changes incorporated and referrals and reports made. The health center team is responsible for carrying out appropriate evaluation activities and discussing progress and outcomes with MCN.

www.migrantclinician.org
Resources

MCN offers health centers a number of resources to accompany this program. All of the resources listed below are also available at www.migrantclinician.org.

Partners: One of the key components of this program is linking health centers with Occupational and Environmental Medicine specialists and regional clinics. MCN works closely with an expert advisory committee and the Association of Occupational and Environmental Clinics to facilitate a “peer-to-peer” partnership. Many of our advisors serve as faculty for the trainings. These linkages often facilitate consultations or referrals.

Selected Clinical Resources:

- **National Pesticide Practice Skills Guidelines for Medical and Nursing Practice** (NEETF and EPA, 2003). English and Spanish.


- **EOH Screening Questions for Primary Care** — MCN together with experts in occupational and environmental medicine developed a bilingual, three-question screening tool to assist health centers in designing appropriate questions:
  - (Occupation) Describe what you do for work.
  - (Activities and Cause) Are there any physical activities that you do – at work or away from work – that you feel are harmful to you?
  - (Substances/Physical Hazards and Cause) Are you exposed to chemicals, fumes, dusts, noise, and/or high heat at your work or away from work? Do you think these are harming you?


- **MCN’s Pesticide Webpage** offers numerous clinical tools, resources, and selected links at http://www.migrantclinician.org/clinical_topics/pesticides.html

- **Streamline** is MCN’s quarterly peer-reviewed clinical publication. Each Streamline contains an environmental and occupational health section with clinical updates regarding pesticides and other relevant environmental and occupational information.

Patient Education Resources in English and Spanish:

- **Available on the web:** http://www.migrantclinician.org/ecn/patient-education/pesticides/index.html

- **MCN’s Pesticide Comic Books:**
  - Aunque Cerca...Sano – This comic book targets migrant and seasonal farmworker families to educate parents about children's risks to pesticide exposure and ways to minimize these risks.
  - Lo Que Bien Empieza... Bien Acaba: Consejos para las mujeres para prevenir daños a la salud y a sus bebés causados por pesticidas – This comic book addresses pesticide prevention during pregnancy and pesticide exposure in women of reproductive age.
  - Poco Veneno...¿No Mata? – This comic book offers an educational story and messages about risks from pesticide exposure in the home and ways to minimize these risks.

For more information about a partnership with your health center, please contact Amy K. Liebman, MCN’s Director of Environmental and Occupational Health: a.liebman@migrantclinician.org