

A Closer Look at Mobile Populations-- The 21st Century

Resource ID # 5973

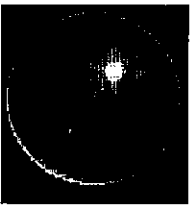
A Closer Look At Mobile Populations - The
21st Century

2005 HRSA Primary Health
Care All—Grantee Meeting

June 24, 2005 Washington,
DC

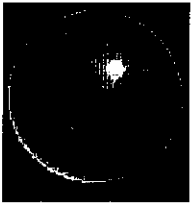
Ed Zuroweste MD
Medical Director
Migrant Clinicians
Network





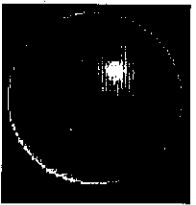
Outline

- **Overview**
- **Changing patterns of migration and employment**
- **Implications for migrants and the health care system**
- **Implications for health care providers**
- **Solutions for health care providers**



Prevailing definitions in population movement

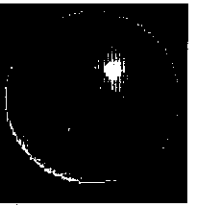
- **Migration:** commonly defined as moves that cross jurisdictional boundaries
- **Domestic or internal migration:** movement within the U.S.
- **International migration:** movement into and out of the U.S.



Population movement in the U.S.

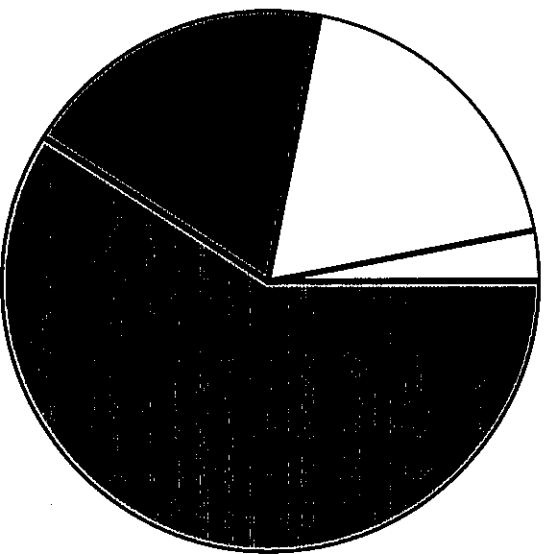
ffFederal, state, and local
government, as well as private
industry, need to understand who
moves and why, when planning for
needed services, facilities, and
businesses.

*Geographical Mobility 2002-2003, Population Characteristics, Current Population
Reports, March, 2004*

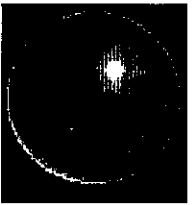


Population movement in the U.S.

Geographic mobility has long been an important aspect of American life



- Same County
- Different County same state
- Different state
- Moved from abroad



Population movement in the U.S.

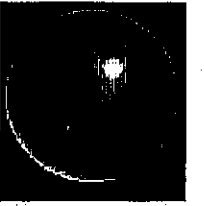
Between 2002 and 2003, 40.1 million

United States residents moved

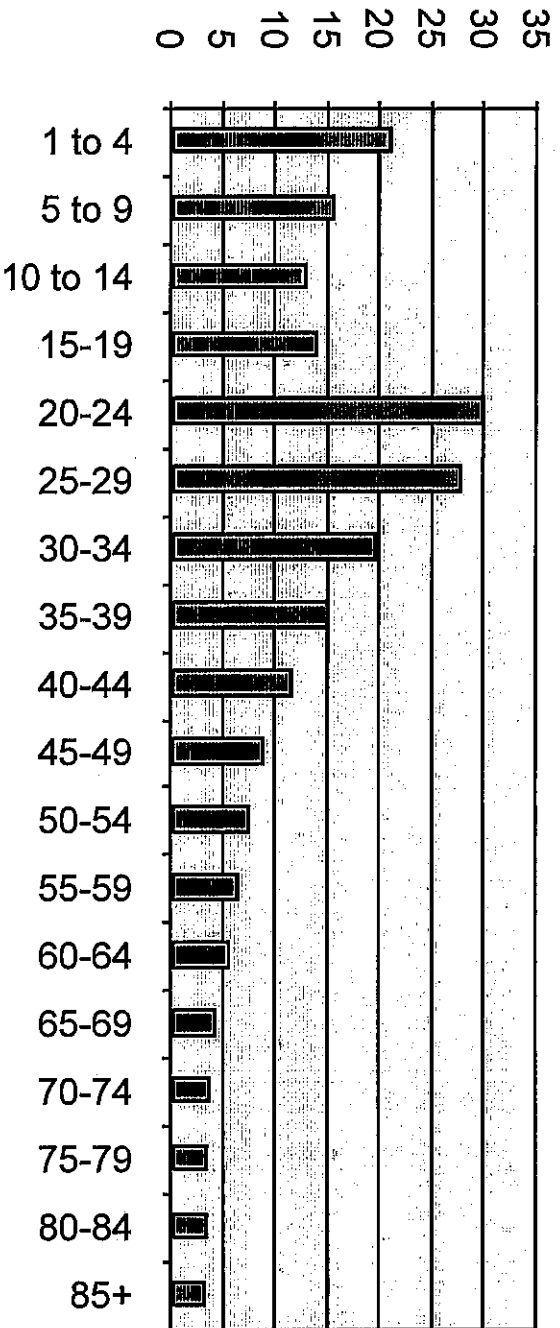
Moving rates have declined slightly over the past decade, from 17 percent in 1994 to 14 percent in 2003

Longer distance moves have become

Increasingly more likely over the past 10



Who is moving?

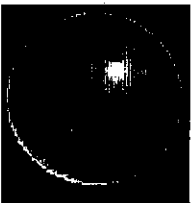


Young

Working age

Children

Source: U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement.

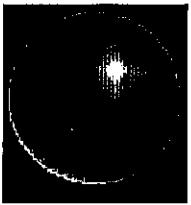


Issues to consider?

☒ To whom are we supposed to provide care?

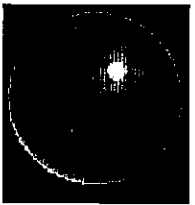
☒ For whom are we providing care?

☒ Can we accurately describe the population we are serving?



Issues to consider

- We have long limited “Migrant” to meaning farmworker or agricultural worker
- Migrant and immigrant are often treated as synonymous
- While a significant percentage, Migrants are not all from Mexico and Central America.



Issues to consider

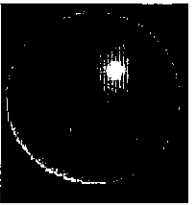
➤ A significant proportion of the U.S. population moves

➤ Those moving are

ffiffi ffi Young

ffiffi ffi Working age

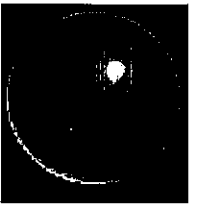
ffiffi ffi Child-bearing age



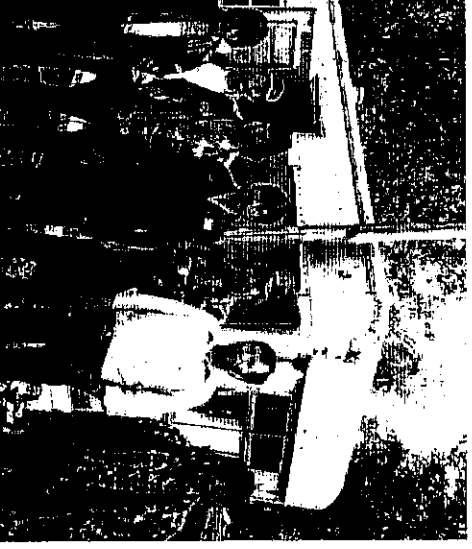
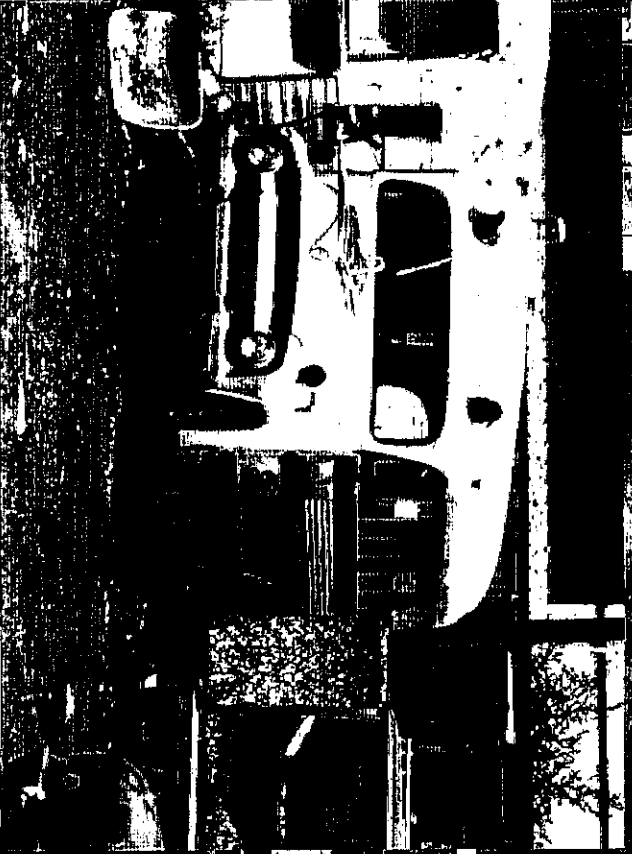
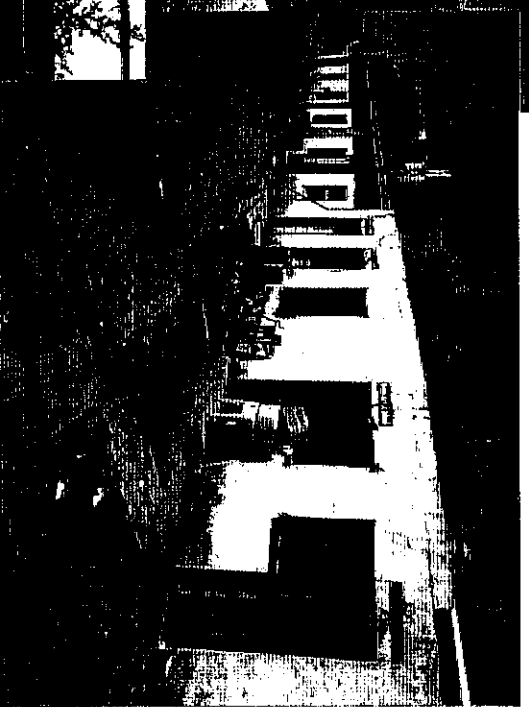
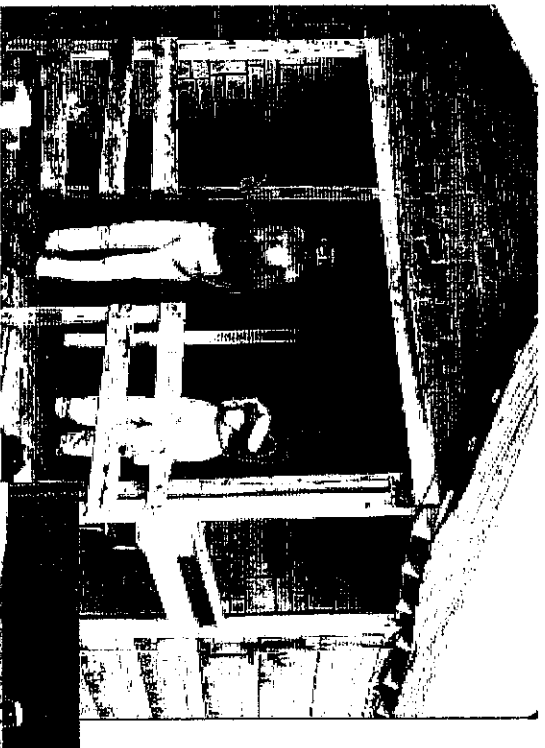
Are Migrants Homeless?

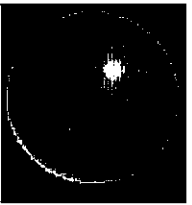
They are home “Mas o
Menos”
“More or Less”

fffff



Are Migrants Homeless?

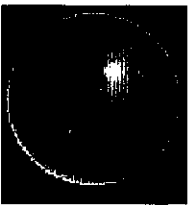




Labor Demands

We depend on
misfortune to build
up our force of
migratory workers,
and when the supply
is low because there
is not enough
misfortune at home,
we rely on misfortune
abroad to replenish
the supply.





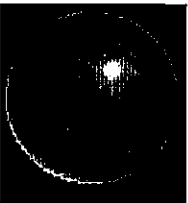
Changing Labor Demands

Shift in major industries

Intel vs. manufacturing

**Shift in hubs of population
concentration**

ffirst belt to sun belt



In addition to agriculture:

Janitoria

1



Firefighting



Forestry



Fisheries



**Hotel
Work**

**Meat /
Poultry
Industries**

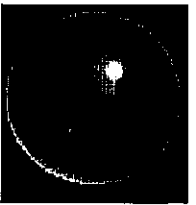
**Factory/
Warehouse**



Work

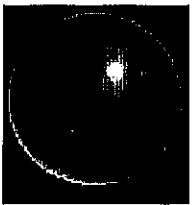


**Restaurant
Work**

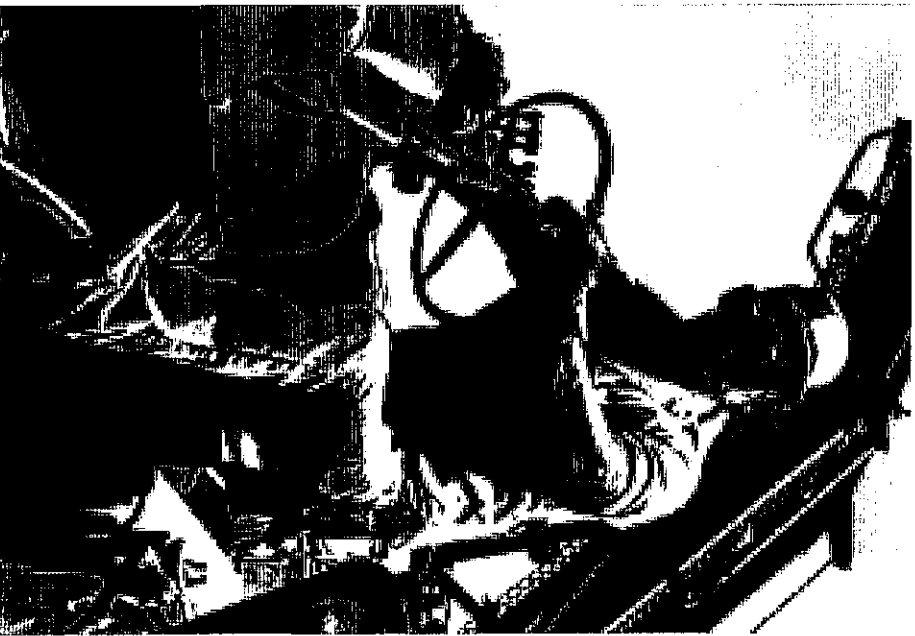


Changes in migration to work

- ▣ Diversification of work in the U.S.
- ▣ New populations migrating to new places
- ▣ New migration patterns

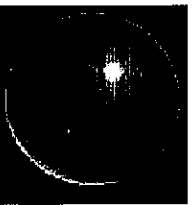


Diversification of work



▣ Why?

- ▣ Falling wages for labor-intensive jobs
- ▣ Agriculture increasingly mechanized
- ▣ Migrants and/or labor contractors gaining experience
- ▣ Unions weakening

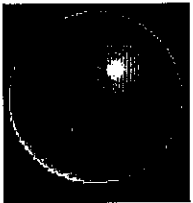


Diversification of work

Case Study

- ▣ Contractors of fire fighting crews in the Northwest estimate that Hispanics make up more than 60% of their crews.
- ▣ Moved from ag jobs in the Willamette Valley
- ▣ Began when pay for firefighters reduced.
- ▣ Language a safety issue



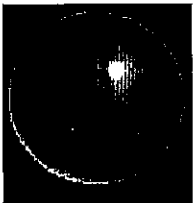


Diversification of Work

Case Study

“...with raging wildfires, lacking state funding and a steady stream of migrant workers, the trend toward hiring Hispanic crews isn't likely to reverse.”





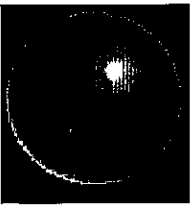
Diversification of work

■ Latino population in Midwest almost doubled in the 1990s due largely to meat packing industry.

Meat packing / Poultry processing

■ “older residents in Denison say the Latino influx began in 1981, when the biggest packinghouse cut wages for meatpacking...”

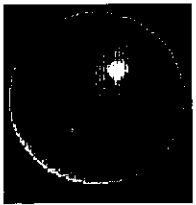




New populations moving to new places

▣ Indigenous Mexican migration to California agricultural jobs increased from 6.1% (1993-1996) to 10.9% (1997-2000)

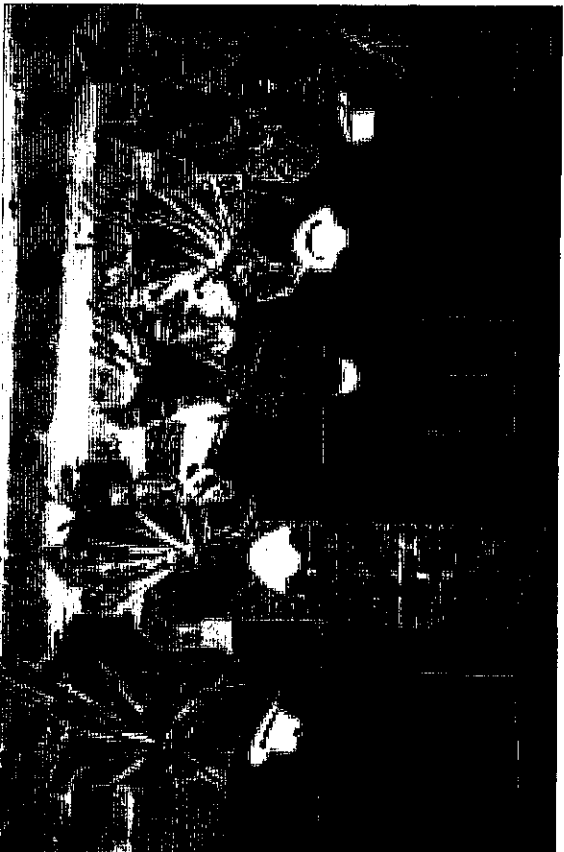
▣ Researchers recently found license plates from 37 U.S. states along the main road of San Juan Mixtepec, Oaxaca.

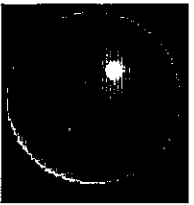


New populations moving to new places

Reasons

- Changes in Sending countries
 - Rural versus urban migration
 - Political instability
 - Economics
- Development of social networks





New populations moving to new places

Historical perception of movement

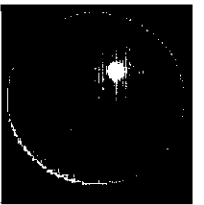
Domestic movement

- East Coast
- Midwest
- West Coast

International movement

- Limited
- Known sources

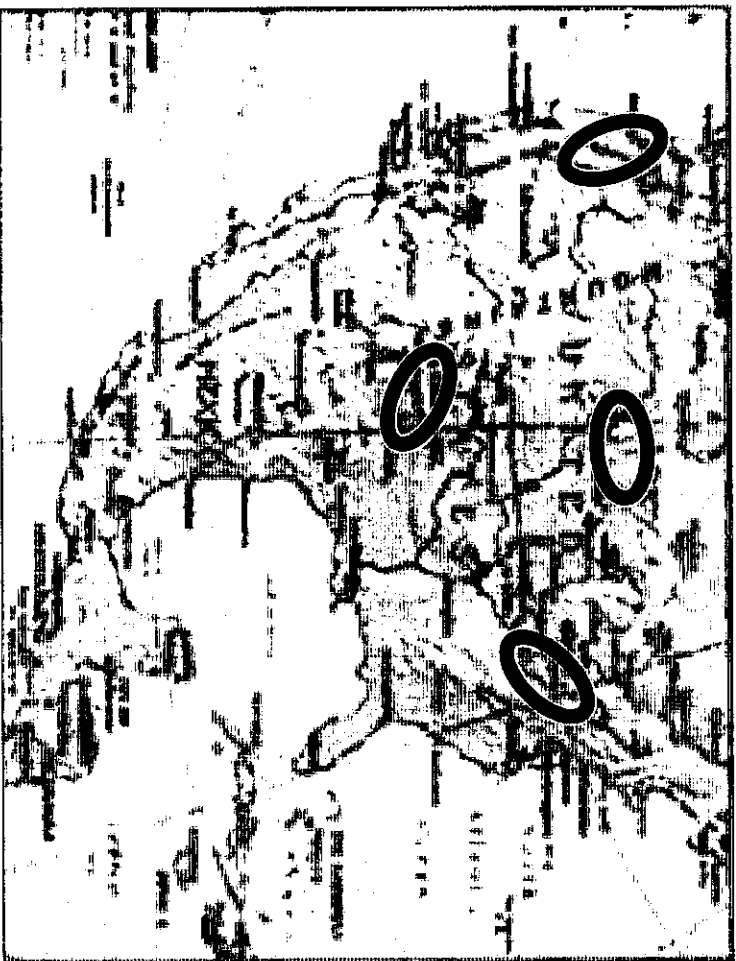


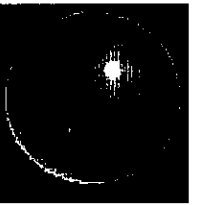


Ways populations move . . .

Restricted Circuit

- Following seasonal work from one area to another.
- Often centered around a consistent starting place.
- Usually adults from the household move to work but they come home frequently.



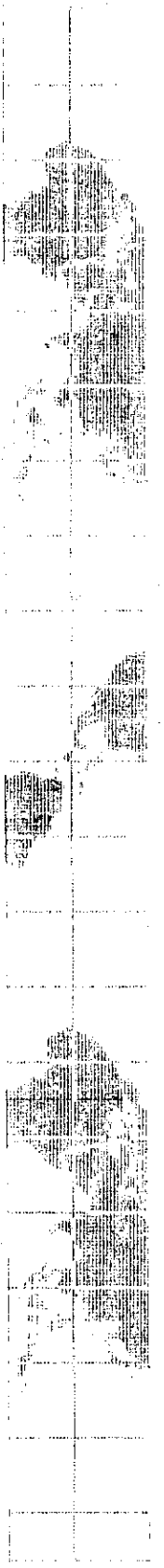
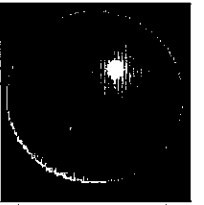


Ways populations move . . .

Point-to-Point

- Move from a “home base” to predetermined work location far away.
- Often go back to the same work location year after year.
- Often single men traveling in a loosely organized group.



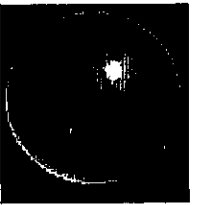


Ways populations move . . .

Nomadic

- Travel to wherever there is work.
- Usually do not know when or to where they will next move.
- Generally foreign born, young, single men working in the United States and sending money home.





Ways populations move . . .

Settling Out

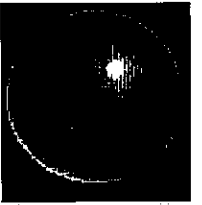
- Becoming more common with changes in immigration enforcement.
- May not be the initial intention.





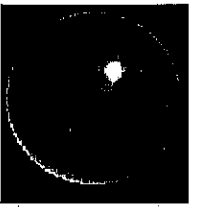
Case Study

The Delmarva Peninsula

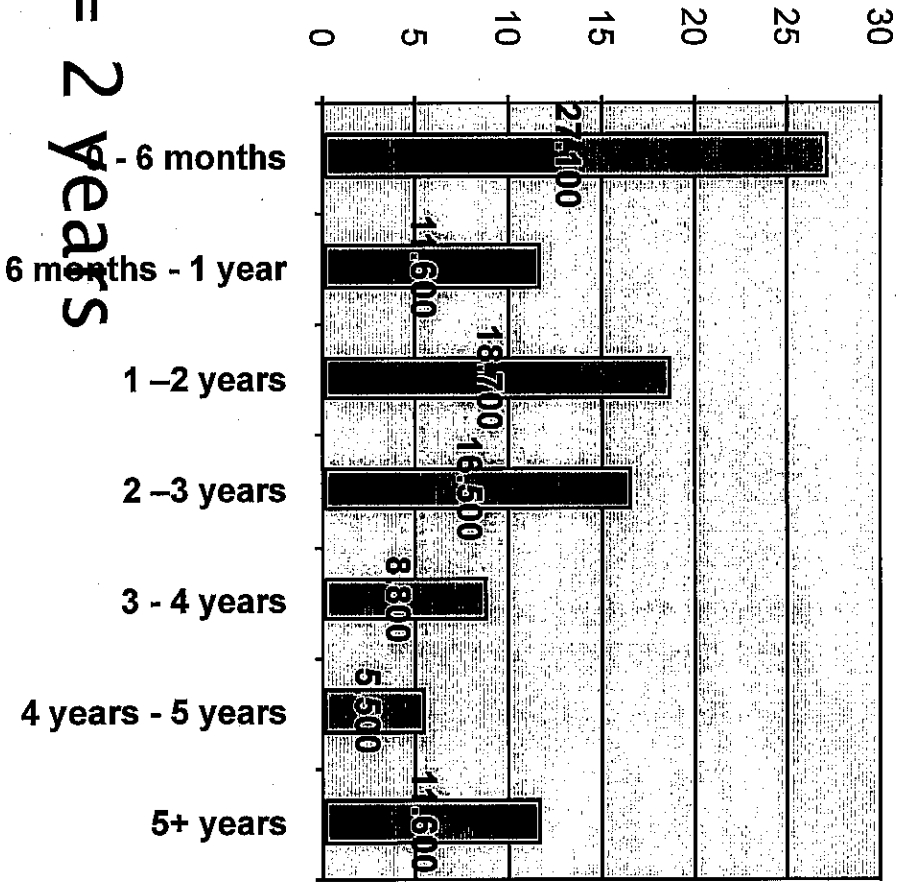


Delmarva Peninsula

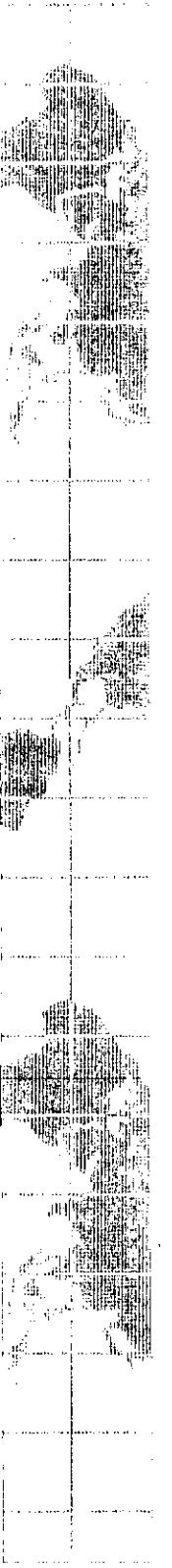
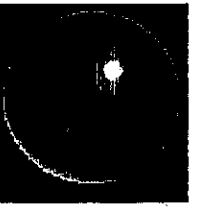
- 185 ethnoscience surveys—combines ethnographic (qualitative) and survey (quantitative) methods
- 11 focus groups



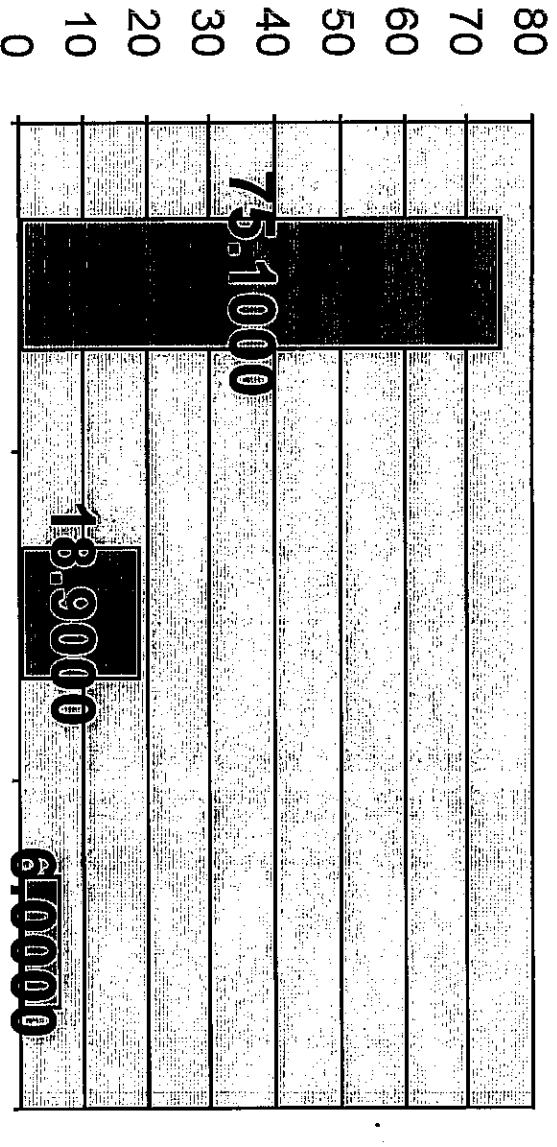
Time on Delmarva



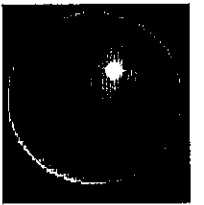
Median = 2 years



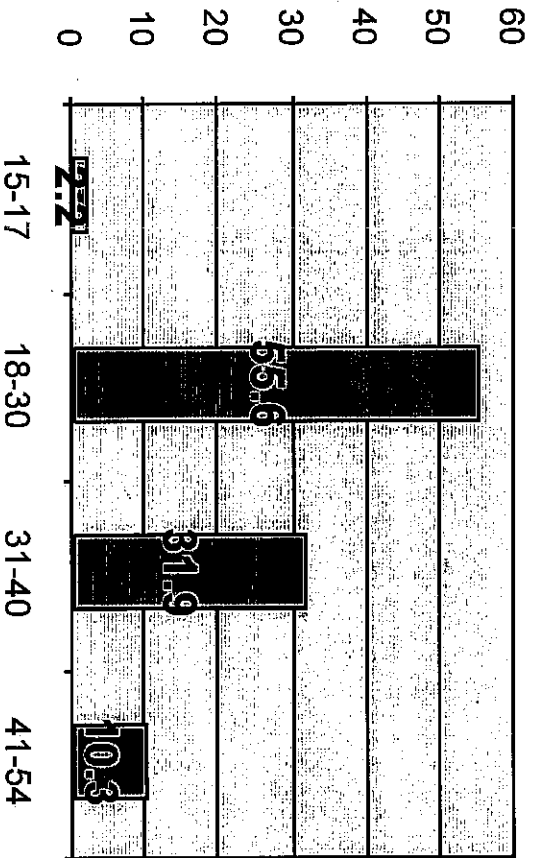
Country of origin



84% unauthorized immigrants



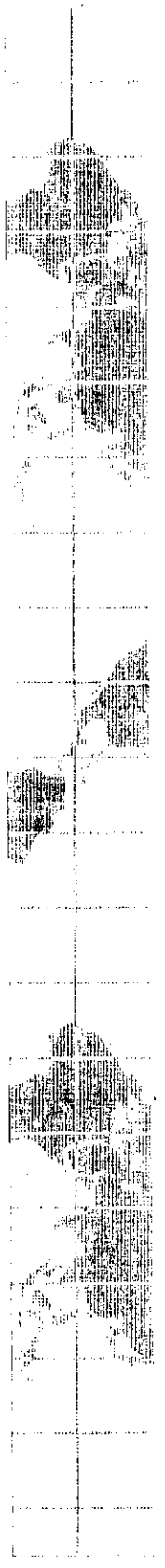
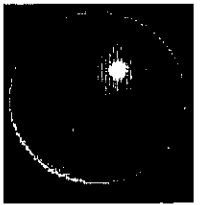
Age



Very young median age = 29 Year Old

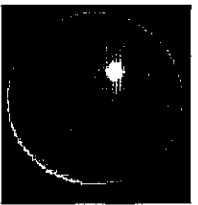
Gender

33.5% Female
66.5% Male



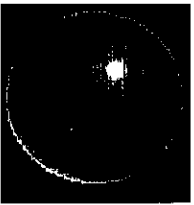
Why they come to the U.S.

- For a better life—34%
- To save money—17%
- To have work—38%
- Other—1%



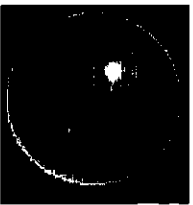
Migration experience

- 77%--First trip taken to the U.S.
- 57%--Plan to be in same town/city in 3 years
- 42%-- Return to country of origin in 3 years



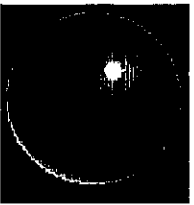
Work history in the U.S.

- Asked about current job, more recent job second most recent job, and third most recent job.
- Construction and landscaping highest current and most recent occupation.
- Agriculture accounts for 43.2% of the respondents' third most recent job while only 18% of the respondents' current jobs.



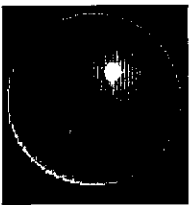
Summary

- **New, inexperienced immigrants**
- **Isolated from receiving community**
- **Weak/new migrant social network**
- **Here to stay in this region**
- **Growing, growing, growing population**
- **Hardworking, industrious**



Implications for Health Care Providers

**First you must know if the
Patient you are seeing today is a
Mobile or Potentially Mobile
Patient**

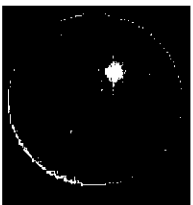


Implications for Health Care Providers

Critical Information

- Where are you from?
- How long have you been in this area?
- What are your plans?
- How often do you move?
- What type(s) of work do you do?
- How can I contact you?
- What type of family or social support do you have here?



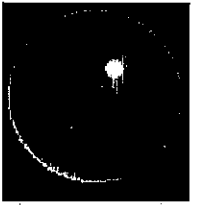


Barriers to Health Care Access

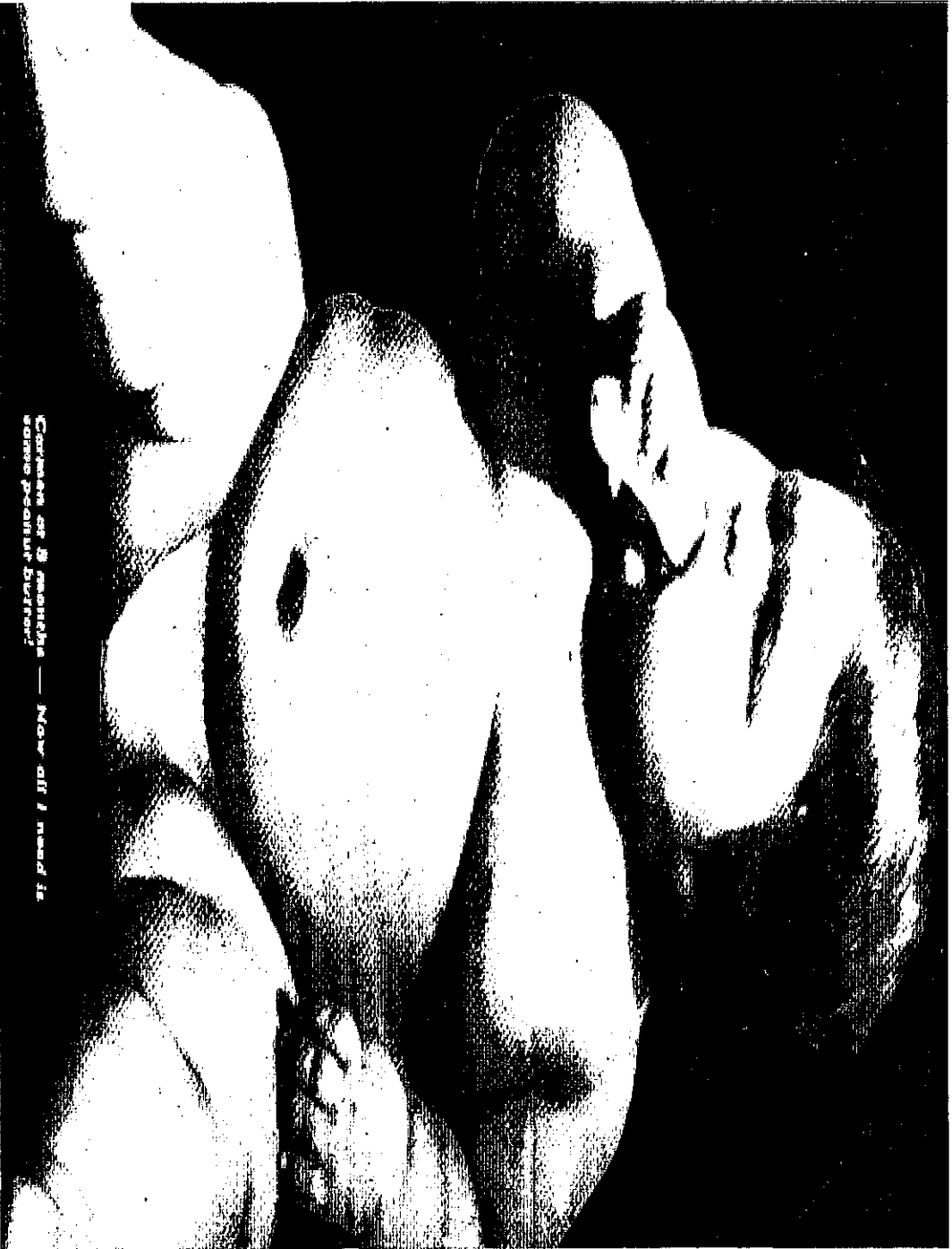
- Language differences
- Unreliable transportation
- Unfamiliarity with local resources
- Poor housing
- Legal status / fear
- Limited formal health insurance
- No disability / worker's comp
- Limited access to Medicaid



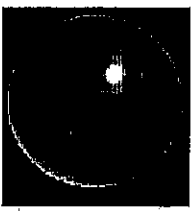
Photo © Alan Pogue



What we have is a BIG problem!



Carman of B. Monteban — Now all I need is
some peonut butter!



And if nothing is done?

3-YEAR-OLD

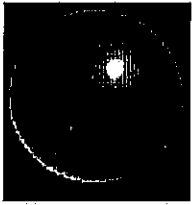
WEIGHS 233

POUNDS!

**SUPERBABY DWARFS
HIS 4 1/2-FOOT-TALL
MOM BY 12 INCHES!**

**NEW WORLD
RECORD!**



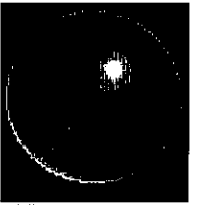


*We could just wait for this little guy-----
OR...*

**BABY
BORN
WITH
ANGEL
WINGES!**

LITTLE Marlon is a happy, healthy baby — with a perfectly formed pair of wingel's wings.

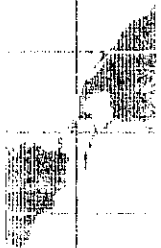
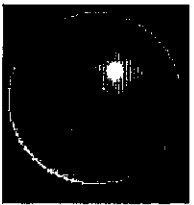




Solutions

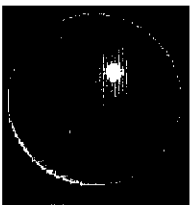
Migrant Clinicians Network HEALTH NETWORK

MCM



MCN Health Network

- ✚ TBNet for individuals with TB disease, LTBI or suspected disease / infection
- ✚ Diabetes Track II for individuals with, or at high risk for, diabetes
- ✚ CAN-track for individuals undergoing screening, diagnosis or treatment for breast, cervical or colon cancers
- ✚ Prenatal Pilot (past project) for pregnant migrant women



MCN Health Network Goals

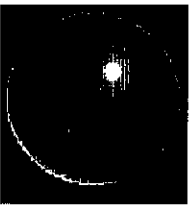
- Reduce duplication of services
- Increase health care access
- Improve continuity of care
- Improve health outcomes
- Increase reporting of screening results
- Increase number of patients

Educate participants

Help participants with self management

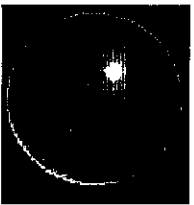


Photo © Alan Pogue



Clinician benefits

- **Know your migrant patient's health history:**
 - Screening results and / or treatment plans from multiple sites available with one call
 - **Reduce your lost to follow-up numbers:**
 - Patients that you screen or start on treatment will be more likely to receive results / continue treatment after they leave your care
- MCN Health Network reports back to enrolling clinics re: completion of TB treatment, diabetes minimum standards of care, cancer screening outcomes



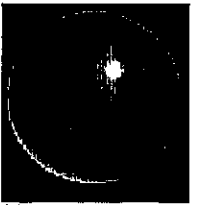
How? Bridge Case Management

- Transferring medical records between clinics when MCN Health Network participants move
- Providing phone based care—coordination services:
 - Help finding a local clinic
 - Help finding a way to pay for services




Photo: Eduardo Moreno

Educating patients about screening, care and prevention for diabetes, tuberculosis and cancer



How does Health Network work?

Any clinic, health department, social service organization or private medical office can enroll participants.

 **Step 1: a mobile patient fills out two forms: Consent Form**

And . . .

MCN Health Network

Consent for Enrollment and Release of Medical Information

I, _____
(Please print participant's name)

have been informed about MCN's Health Network. The Health Network is made up of three projects called Track II, TBM4, and CAN-track. I understand that MCN does not provide any health care treatment in connection with these projects. I agree to participate in the Health Network, and I understand that my protected health information and personal information will be released for the purposes of my medical treatment, healthcare operations payment, or pursuant to my authorization. I agree to carry any enrollment card and/or portable record and to present it at future sites where I seek health care. I understand that the records MCN holds for me may contain sensitive health information (examples: HIV status and/or information about mental health issues) if my health care provider believes this information is needed for my continued treatment. I therefore consent to enroll in the following MCN Health Network project(s):

Please only select projects for health conditions, for which you are receiving care and would like additional help. By checking these boxes you are authorizing MCN to have access to your medical records in connection with these projects.

- Tuberculosis (TBM4) Diabetes (Track II) Breast, Cervical or Colon Cancer (CAN-track)
- I authorize MCN and future health care providers to have access to those medical records that my health care providers feel are necessary for my continued screening and/or medical treatment.

Authorized individuals from MCN may contact me by phone, mail or in person regarding follow up and referral for my treatment for these conditions. These individuals will adhere to federally mandated confidentiality procedures. This consent form will remain in effect for two years from the date that I sign this form. I can also submit a written request to leave the projects I am enrolled in at any time. I also understand that I have a right to receive a copy of my medical records on file with MCN upon written request.

I hereby release MCN, its employees, officers, directors, successors and assigns in so much as following this Authorization and to the extent they make a good faith effort in complying with the federal privacy regulations.

First Name _____ Last Name _____

Mother's Maiden Name _____ Birth Date (Month, Day, Year) _____ / _____ / _____

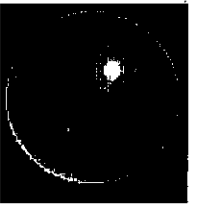
Participant Signature (or Legal Representative) _____ Date _____ Clinic Name & Phone Number _____

Relationship of Legal Representative to patient _____ Date _____

Witness Signature _____ Date _____

ID Number _____ Password _____
(from front of enrollment card) (chosen by participant, must be 4 numbers long)

Security Question #1: What is your City of Birth? _____ Security Question #2: What is your Father's First Name? _____



How does it work?

New Participant Information Sheet

Both forms are available in English and Spanish.

They are reviewed annually and meet HIPAA privacy standards.

standards.

New Participant Information Sheet
MCN Medical Records Assistance Program

This information is used for our reports and statistics. Under no circumstances will this information be revealed to anyone (Other than by your express written instructions) in a way that identifies you by name.

First Name _____

Last Name _____

Birth Date (Month, Day, Year) _____ **Mother's Maiden Name** _____

Place of Birth - City _____ **Place of Birth - State** _____ **Place of Birth - Country** _____

Gender: Female Male

Race/Ethnicity: White - Non-Hispanic/Latino Black - Non-Hispanic/Latino Asian - Non-Hispanic/Latino
 American Indian Hispanic/Latino Other:

Marital Status: Married Single Other:
 Widowed Divorced

Languages Spoken: English Spanish Other: _____ **Language you prefer to be contacted in:** English Spanish Other: _____

Occupations: Farmworker Homeemaker Retailer Other:
 Construction Factory Other:
 Student Unemployed

Current: Home Jail Other:
 Farmworker Housing Homeless Other:

Residence: INS Detention Homeless Other:

Current Contact Information for Participant:
Physical Address _____
Mailing Address _____
City _____ **State** _____ **Zip** _____

Phone Number (with Area Code) _____ **Best times to call** _____
Is it ok if we talk to people that answer this phone about your personal health information?
(If you do not check off either box, or you do not initial, your answer will be "no") Yes No **Inadvisable:**
Other Contact Information for Participant (place you normally move to): _____

Physical Address _____
Mailing Address _____
City _____ **State** _____ **Zip** _____

Phone Number (with Area Code) _____ **MCN: that I will move to this location** _____
Is it ok if we talk to people that answer this phone about your personal health information?
(If you do not check off either box, or you do not initial, your answer will be "no") Yes No **Inadvisable:**

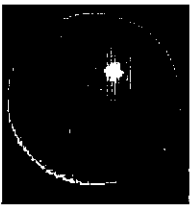
Additional Contact: Please list someone we can contact if we cannot reach you at either of the locations you provide. This person should be a friend or family member who does not change their phone number and could tell us where you are. By listing an additional contact person you give MCN permission to contact that family member or friend to assist you in receiving continued health care. MCN may tell this individual the health condition that you need to receive continued health care for (sex, diabetes or tuberculosis) in order to help you get the care you need. You have the right to object by not providing this additional contact information.

First Name _____ **Last Name** _____
Physical Address _____
City _____ **State** _____ **Zip** _____

Phone Number (with Area Code): _____ **Relationship to Participant:** _____

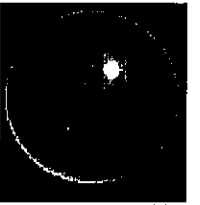
Participant Signature: _____ **Date:** _____

Our forms are reviewed and revised yearly. Please use this form in 2004. Please contact us at 512-237-2017 for updated forms for 2005.



How does it work?

- Step 2: new participant is given enrollment card and tri-fold explanation sheet
- These materials have gone through focus groups and been pilot-tested with migrant patients.



Enrollment Card

MCN Health Network

Medical Records and Care Coordination Card
Tarjeta de Expedientes Médicos y Coordinación de Salud

ID Number/*Número ID*: 220 100 001

Name/*Nombre*:

Migrant Clinicians Network, Inc.

PO Box 164285 • Austin TX 78716 • 1-800-825-8205

www.migrantclinician.org

This is not an insurance card. Esta no es una tarjeta de seguro médico.

ATTENTION PROVIDERS: This client is a member of the MCN Health Network. MCN can help you access:

ATENCIÓN PROVEEDORES: Este paciente es miembro de la Red de Salud MCN. MCN les puede ayudar a encontrar:

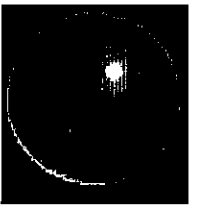
This patient's medical record • *El expediente médico de este paciente*

This patient's lab results • *Los resultados de laboratorio de este paciente*
Financial assistance for his/her health care • *Ayuda económica para el cuidado de su salud*

This is a free service • *El servicio es gratis.*

Call 1-800-825-8205

De México 001-800-825-8205



Tri-Fold Explanation Sheet

The Health Network helped me to get the medical services that I need and that I can afford.



I never thought that calling an 800 phone number could help me.

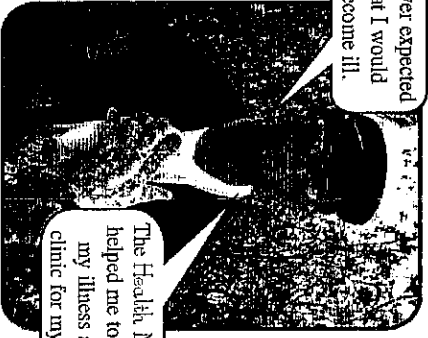
Health Network
A support project of the
Migrant Christians Network
MCN

For more information
call weekdays
1-800-825-8205
This free service is in
Spanish and English.

We never had a card like this before. This is not an insurance card, but it gives us comfort knowing that someone will help us to get the care we need.



I never expected that I would become ill.



The Health Network has helped me to understand my illness and find a clinic for my treatment.

By presenting my Health Network card, my new doctor quickly got information...



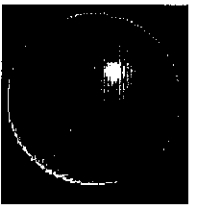
about my illness, treatment plan, prescriptions and the date for my next follow-up test.

I always present my Health Network card at every clinic I visit...




I get faster and better medical attention and I don't waste my time or money.

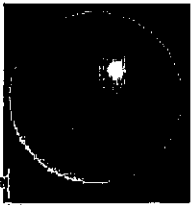
Your Membership Card



How are clinics trained?

 **MCN** staff can train clinics over the phone using the **MCN Health Network training CD**.

<p>Health Network Orientation CD <i>Providing continuity of care through care coordination and medical records transfers</i></p> <p>MCN <small>TBNet</small> Diabetes Track II CAN-track</p>	<p>TBNet, Diabetes Track II and CAN-track are valuable resources that help clinicians provide continuous care for mobile patients. This orientation will prepare you to enroll patients who need extra assistance with care coordination and transfer of medical records. TBNet, Track II and CAN-track services are provided at no cost to clinicians or patients.</p> <p>MCN MIGRANT CLINICIANS NETWORK, INC. P.O. Box 164285 Austin, TX 78716 (512) 327-2017 phone (512) 327-0719 fax www.migrantclinician.org</p> <p>For confidential communication: 1-800-825-8205 (phone) (512) 327-6140 (fax)</p> <p> Funding for these projects is provided by: Texas Department of Health, Tuberculosis Elimination Division Texas Department of Health, Texas Diabetes Program Centers for Disease Control and Prevention, Division of Cancer Prevention and Control</p>
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What do clinics need to participate?



☒ A phone training with MCN staff

☒ A designated contact person within the clinic

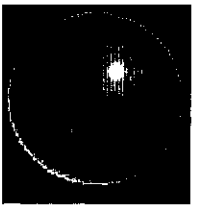
☒ A fax machine

☒ A telephone

Commitment to
migrant
patients



Photo: Eduardo Moreno



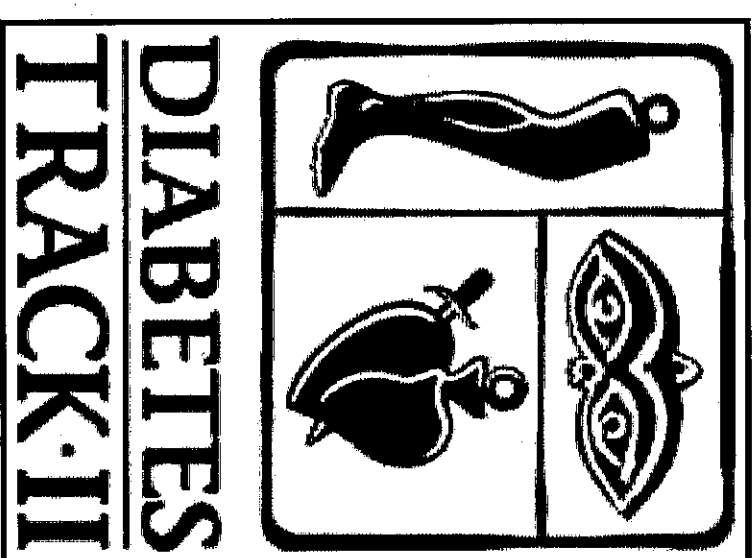
Diabetes Track II History

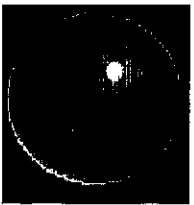
■ Collaboration between MCN and the Health Disparities Collaborative

■ Pilot tested in 1998 & 1999, started full scale enrollment in 2000

■ Over 400 participants enrolled 2000 - 2004

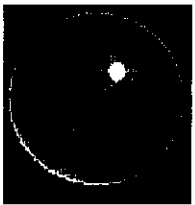
■ 276 participants currently active





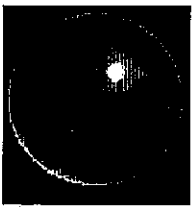
CAN-track Development

- Funded by a cooperative agreement between HRSA and CDC
- Started program development in October 2003
- Started enrolling participants in November 2004
- Developed a resource data base
- Published CAN-track Monograph
- Work in close partnership with the



The Health Network Provides Continuity of Care

- Convenient portable records.
- Centralized medical records accessible internationally.
- Toll-free number for providers or patients.
- Expert staff provide bridge case management for mobile patients.



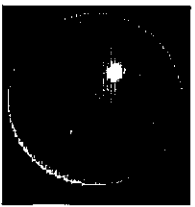
A Success Story

Maria is a 47 year-old migrant woman from Central America

Enrolled in CAN-track in December 2004 when she received a mammogram in Maryland

MCN attempts contact in January 2005 after moving to Florida because she needs follow-up screening

Maria's phone is disconnected



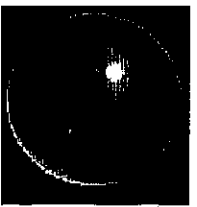
A Success Story

☒ Call her daughter (listed as contact person on consent form)

☒ Maria is visiting her daughter and is there when MCN calls

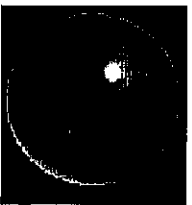
☒ Maria knows she needs another appointment, but doesn't fully understand why

☒ Maria doesn't know where to make another appointment in Florida



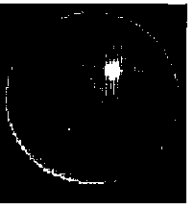
What happens next...MCN:

- ✚ Locates the nearest MCHC and sets up an appointment for Maria.
- ✚ Finds transportation services to help Maria to the health center.
- ✚ Requests a copy of Maria's records from the Maryland Hospital, where she had the mammogram, and sends it to the health center. The first attempt to obtain the records from the hospital fails because they had misspelled the Maria's last name.

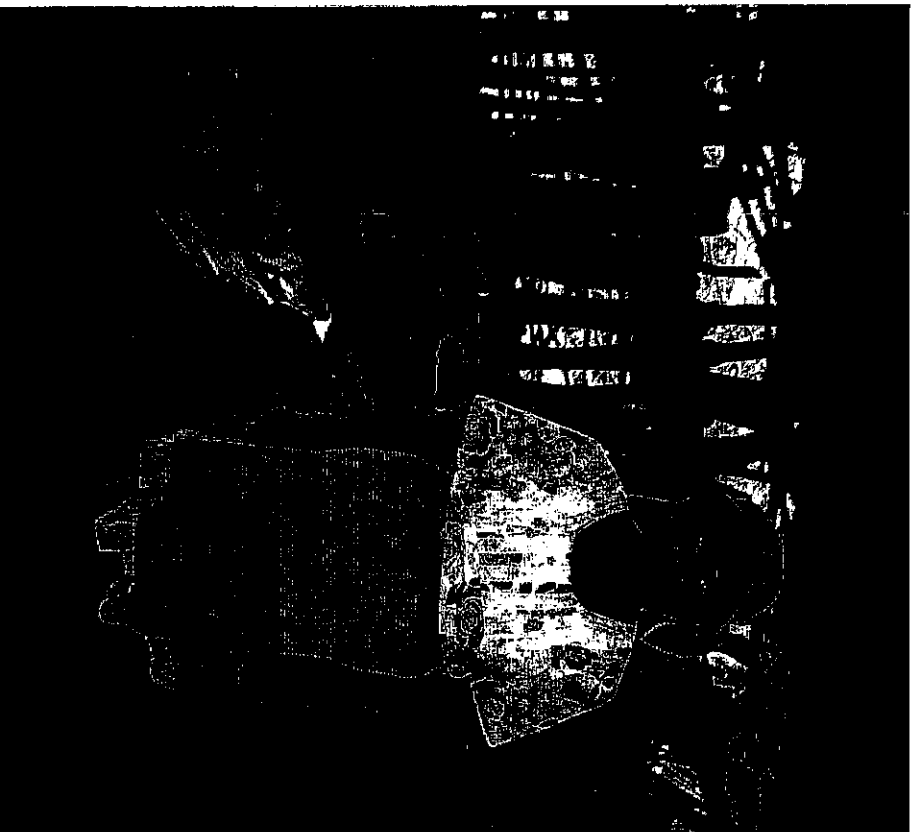


TBNet MCN's Tuberculosis Tracking System

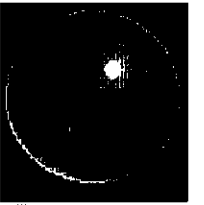
- MCN's oldest Health Network Program
- Established in 1996
- Enrollment of over 2,000 individuals with active or latent tuberculosis
- Funded through a CDC grant administered through the Texas Department of Health



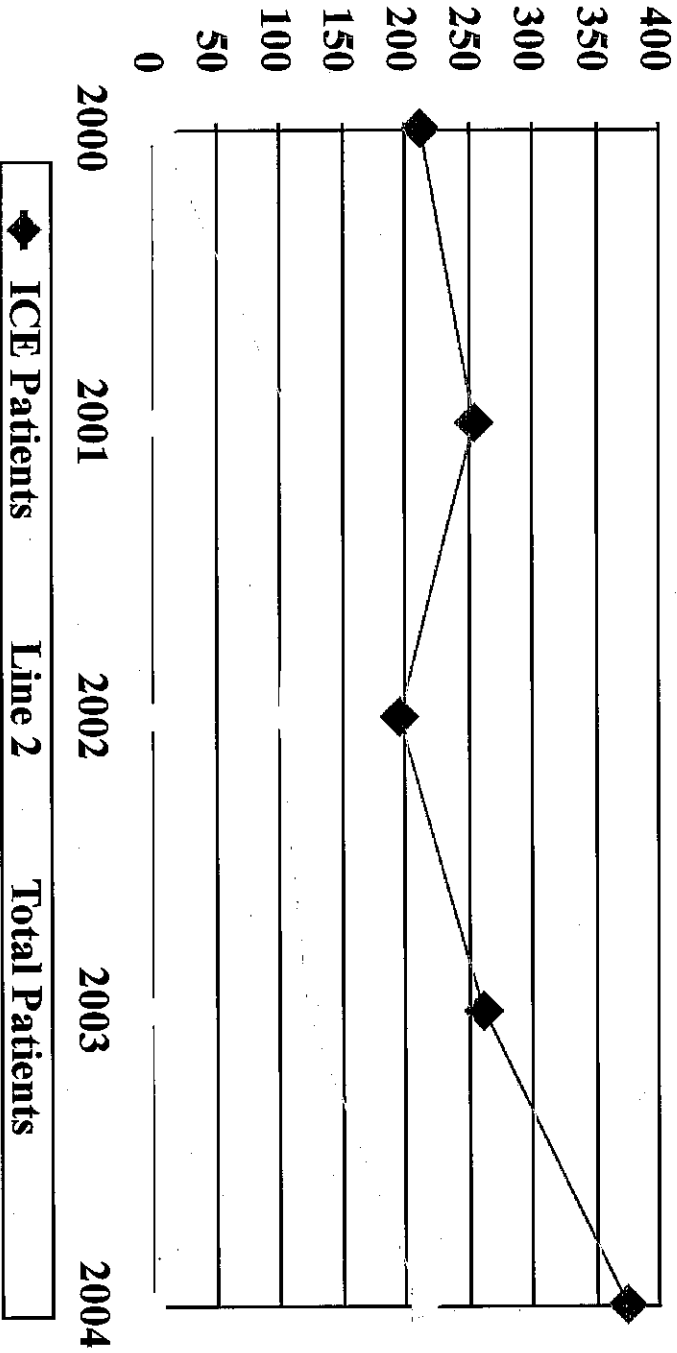
TBNet's Success

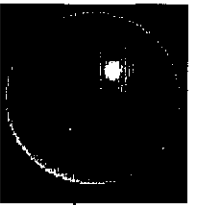


- TBNet's greatest success has been working with cases of active TB
- high completion rates
- Some patients have moved 4-5 times during treatment.
- At the conclusion of treatment, TBNet notifies the enrolling clinic that the patient has completed













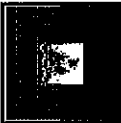









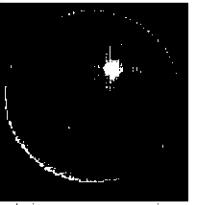
ICE Patients Enrolled in TB Net 2000-2004





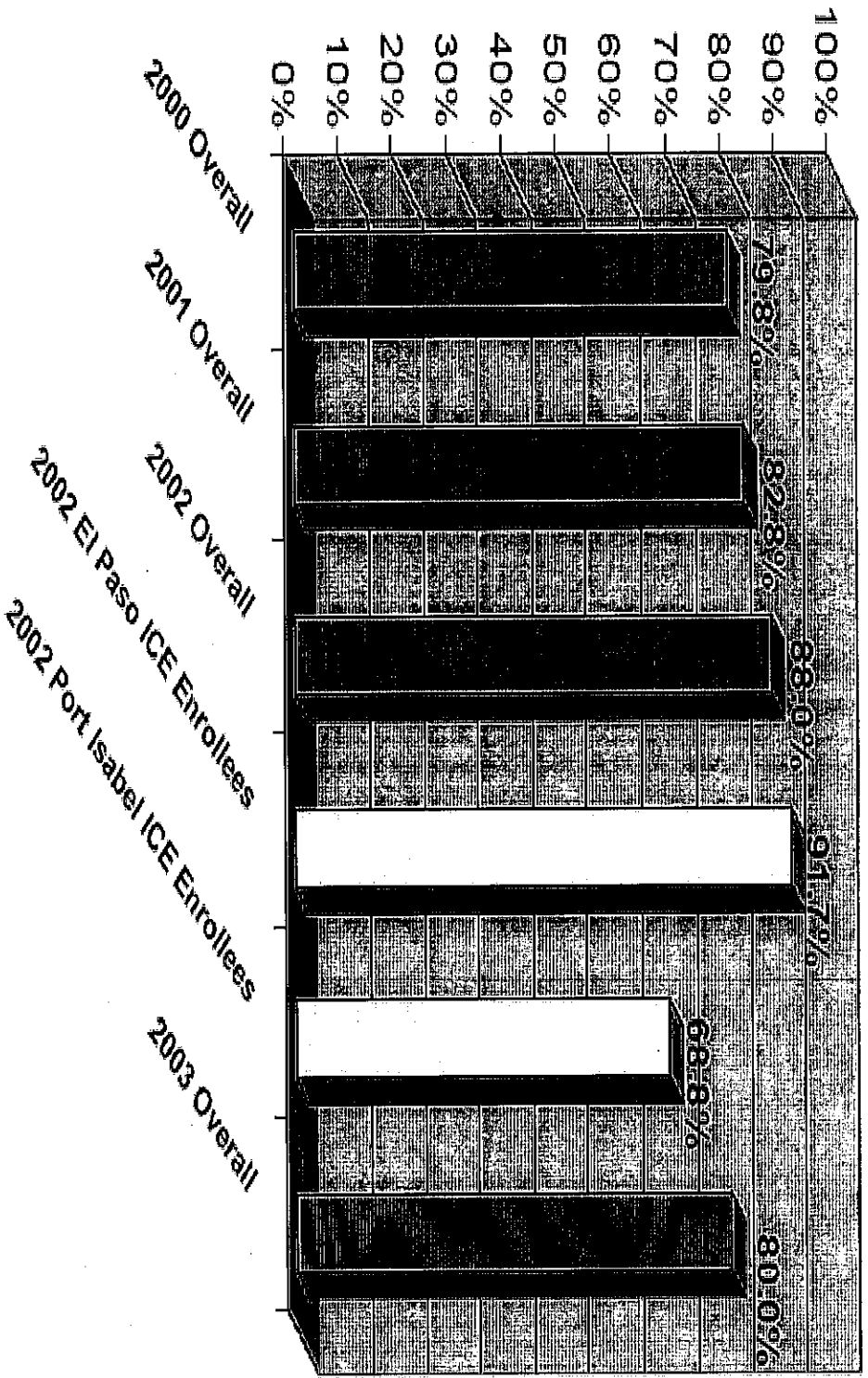
ICE Enrollees Deported by Country of Origin 1/1/2000-6/30/2004

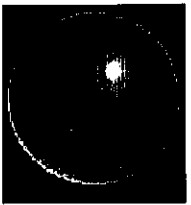
	Algeria - 1		Egypt - 1		Honduras - 37
	Brasil - 13		El Salvador - 13		India - 1
	China - 1		Indonesia- 1		Mexico - 147
	Colombia - 2		Guatemala - 21		Nicaragua - 1
	Costa Rica - 1		Haiti - 1		Peru - 1
	Cuba - 1				Philippines - 1
	Dominican Republic - 1				South Korea - 3
	Ecuador - 1				Spain - 1



Treatment for Active Disease

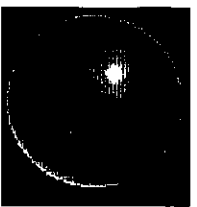
% TBNet Patients with Active TB Who Have Completed Treatment





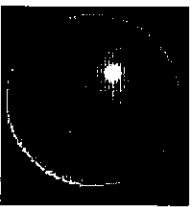
Case Study

- 23 yr old Mexican Migrant FW jailed in TX + PPD and started on Rx for LTBI and sputum cultures obtained
- Transferred to ICE facility where cultures were found to be positive for active TB/started on 4 drug regimen
- Was to be deported to Mexico but after deportation was never found in Mexico
- Resurfaced in Pulmonary clinic in Texas Rx restarted
- Left without notice and presented at MHC in Michigan
- Patient because of TB lost his housind and was



How Did Health Network Help?

- ☒ All of MCN efforts are free!
- ☒ How much time would your clinic have spent if they had to find Maria and find her records?
- ☒ How much money does CAN-track save the health center and the health department?
- ☒ Would Maria have received her second mammogram?
- ☒ Would Maria have been another patient lost to follow-up?



HOW Did Health Network Help?

- Without follow-up of active TB cases how many active TB cases would have gone untreated?
- Of the partially treated TB Cases how many could have converted to MDRTB
- Can Health Care Providers utilize the Health Network to help track their mobile patients with TB, Diabetes and Cancer screening?

SCRUMPTIOUS
STRAWBERRIES!
LOVELY LETTUCE!
FABULOUS FRUIT AND
VEGETABLES! AND
SO AFFORDABLE!



I TELL YA,
AMERICAN
AGRICULTURE
IS A MODEL
FOR THE
WORLD!