

streamline

The Migrant Health News Source

Improving Prenatal Care for Hispanic Mothers

Health Professional Perspectives

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Quality prenatal care is designed to promote health and reduce risks for women, infants, and families before, during, and after pregnancy. Timely, comprehensive prenatal care with increased social support can improve patient satisfaction and attendance at prenatal appointments.^{10,14} Studies show that this type of care can also reduce the likelihood of pregnancy complications, postpartum depression, and adverse perinatal outcomes.^{2,6,10}

Prenatal care can be a unique window of opportunity for preventive care among Hispanic families offering education, support, advocacy, referral, and outreach. For example, pregnancy and childbirth, the most common reasons for hospital admissions, are often a Hispanic family's first contact with the US healthcare system.^{1, 11} The central role women have in Hispanic culture with respect to the health of their families makes reaching and engaging Hispanic women a critical strategy in efforts to reduce disparities and improve health outcomes for adults and children in these communities. Despite progress in recent years, however, Hispanic women continue to receive poorer quality of care for 75% of the Agency for Healthcare Research and Quality's measures for women's health services, including accessibility and availability of early, quality prenatal care.¹

Developing the healthcare system's capacity to provide quality, linguistically and culturally appropriate prenatal education and care for Hispanics is critical. Currently at 11 million, over the next several decades the proportion of Hispanic women in their child-bearing years is projected to increase 92%.¹² Innovative approaches will be required since our current clinic and care delivery structures are not able to meet existing needs. To heighten this urgency, the growing numbers of uninsured Hispanics are placing increasing demands on the healthcare safety net,



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already stressed by federal funding shortfalls.¹⁷ According to Candace Kugel, MCN's Director of Performance Improvement, the organization's Prenatal Health Network is having increasing difficulty locating and accessing prenatal services for migrant Hispanic women.

Studies focused on improving the accessibility and quality of prenatal care for at-risk women stress the need for system changes,

which include addressing cultural and language barriers and the growing number of uninsured.^{10,12,21} Studies also exist that examine the needs and perspectives of low-income and uninsured women related to prenatal care.^{5,15,18} Such studies may inform the direction and type of system changes needed. However, to understand how to

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Guest editor's note: The content of this issue of *Streamline* is dedicated entirely to healthcare issues of migrant women—a neglected group within a neglected population. The articles relate to the delivery of pregnancy care, the risks of doing agricultural work and moving during pregnancy, workplace and intimate partner violence, and cancer disparities—a scope of issues worthy of special consideration. In spite of the challenges of providing services to mobile patients, I am among those clinicians who find special rewards in working with migrant women. They approach pregnancy as an experience that is both normal and of utmost importance and respond to respectful healthcare services with involvement and grace. Candace Kugel, FNP, CNM.

implement system changes and foster the adoption of innovative practices, it is also essential to gain the input of prenatal care professionals who work on the frontlines in these systems of care. Little research has been published on system change in prenatal care from the provider's perspective.

In an innovative public-private partnership, key stakeholders at local, state, and national levels participated in a project to build capacity for accessible, quality prenatal

education and care in healthcare systems that serve low-income Hispanic women. Through a pilot survey of prenatal care professionals, including MCN providers, this study explored the feasibility of developing a lay health educator prenatal outreach program based on the Teach With Stories™ (TWS) Method and a series of bilingual prenatal care photonovels. Respondents from federal, state, and hospital-based systems of care as well as private practices provided

their perspectives on their prenatal education strategies, opinions about utilizing lay health educators, and their thoughts about capacity for incorporating new methods of providing prenatal education and support. The study goal was to identify factors that would facilitate or hinder the adoption of a participatory-based group prenatal education program using photonovels and lay health educators, or *promotoras*, as facilitators. Highlights of this research are included in this article.

Methods and Survey Respondents

To gain a greater understanding of the needs, concerns, and perceptions of prenatal care professionals who serve low-income and uninsured Hispanic women, Auger Communications, an educational services and consulting firm, in partnership with the University of North Carolina (UNC) Center of Maternal and Infant Health, conducted an electronic pilot survey in the fall of 2008. Community Advisory Board members assisted in all phases of the study process including instrument development and testing. The survey focused on the attitudes, beliefs and experiences of prenatal care providers who serve Hispanic women.

Since this was an exploratory study, a purposive sampling method was used. Participants (n=631) were recruited from members of the UNC Healthcare System, North Carolina Community Health Center Association, MCN, and the National Hispanic Medical Association. Association support, three reminder emails and a financial incentive generated a response rate of 16.5%. Although a higher response rate would have been ideal, respondents provided us with valuable preliminary data. Of the respondents (n=104), 30% were physicians, 25% were nurse practitioners/physician assistants, 24% were nurses, 15% were nurse midwives, and 7% represented other health professionals. Federally funded community health clinics made up 52% of the respondents, with state and locally funded clinics (largely health departments) making up 24%. The remainder of the healthcare settings included 17% hospital-based clinics, 4% private practices, and 3% other settings.

Key Results

Respondents felt their organizations placed a high level of importance on meeting widely accepted prenatal objectives.* However, many did not perceive their organizations were meeting those objectives

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* adapted US Public Health Service Expert Panel, DHHS, 1989

effectively. For example, the objectives related to **knowledge of pregnancy and parenting** (97% important, 30% effective), **social support** (80% important, 30% effective), **promoting healthy behaviors** (96% important, 58% effective), and **health literacy** (91% important, 57% effective) all demonstrate a marked discrepancy between their perceived importance in prenatal care and the clinic's ability to deliver these services. In terms of current practices in providing prenatal information and education to Hispanic patients, the top four strategies used were pamphlets/brochures (85%), verbal instruction (80%), handouts (70%), and individual counseling (65%). The majority of respondents felt that one-on-one counseling and instruction were more effective than participatory groups for educating Hispanic women (85% vs. 47%). Only about 20% indicated using participatory groups. Overall, many respondents just 'didn't know' about the effectiveness of groups for educating and supporting Hispanics.

Most respondents (85%) strongly agreed that Lay Health Educators (LHEs), with training and support, would be a valuable resource for the prenatal care team. This response was interesting in light of the fact that only 9% of respondents used LHEs to lead prenatal education groups. Further, 40% of respondents did not use LHEs in any capacity and 45% were not sure if they could start and maintain a LHE prenatal education group. The majority of factors identified by respondents that would enhance the adoption and sustainability of participatory prenatal education groups facilitated by lay educators related to **implementation**. This included factors such as

the availability of Spanish-speaking facilitators, lay health educator training and supervision, logistical and coordination support, program evaluation tools, and stronger community networks.

Discussion

The gap in the respondents' assessment of the importance of prenatal care objectives and their organization's ability to effectively achieve these outcomes suggests inherent structural challenges in our system of care. Traditional prenatal care is a clinician-centered, medical model that is typically provided in short, one-on-one visits in an examination room. While a 15-minute prenatal visit may be sufficient to screen for potential medical problems, answer basic questions, and monitor fetal growth, it is not conducive to in-depth education and counseling, helping women identify and adopt healthier lifestyle changes, or more appropriately manage stress.¹⁴ In addition, the design does not provide an opportunity to give and receive social support or strengthen a woman's social network.^{2,14} According to the Institute of Medicine, clinician-centered models of care can be ineffective, or worse, can disempower and further marginalize women and ethnic minority groups, especially those who are poor and have low literacy skills.^{7,8}

Given the shortage of bilingual, bicultural health professionals and interpreters, the reliance on one-on-one instruction and counseling also suggests an underlying capacity issue that the increasing Hispanic population will only exacerbate. Prenatal care professionals may be highly skilled and provide quality care on an individual

basis. However, if systems by design do not allow professionals sufficient time to interact with patients or if language and cultural barriers and staff shortages prevent access to health professionals, then using a one-on-one approach as the dominant model of education for Hispanics is problematic, especially for those with low educational levels.

The TWS Method™ uses photonovels to teach prenatal education in a participatory group format. Preliminary research suggests that this approach to prenatal care offers another viable option to providers. TWS groups facilitated by lay educators could complement one-on-one prenatal care. It could also augment the cultural and linguistic capacity of prenatal care teams allowing them to serve Hispanic families more effectively. In a national demonstration project for the Center for Healthcare Strategies, women in the TWS groups at the Neighborhood Health Plan of Rhode Island (NHPRI) were shown to have higher rates of optimal quality prenatal care compared to the overall NHPRI population (90.5% vs. 65%).³ When compared to a matched control group, the TWS participants showed decreased inpatient hospital utilization and a statistically significant improvement in the number of prenatal visits.¹³

Implications

The pilot study was designed to provide directional data for a Phase II Small Business Innovations Research (SBIR) project. The aim was to gain greater insight into the factors

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The Teach With Stories Method

The Teach With Stories (TWS) Method™ combines the oral tradition of storytelling with an empowerment-based facilitation process. The *De Madre A Madre Prenatal Care Photonovel Series*™ contains seven, easy to read *novelas*, or stories, each with a unique focus related to prenatal care. The key topics include: conception, visit to clinic, nutrition/WIC, risks during pregnancy, labor, immediate postpartum care, and breastfeeding. The TWS Method™, used in conjunction with the photonovels, results in a simple, flexible, participatory educational process that can be used effectively in clinics with Latinas with diverse backgrounds and educational levels.

In a typical TWS session, women volunteer to be the characters in the photonovel, or 'photo-story,' and together, read their parts like in a play. Teaching points and health issues are embedded in the stories. These give the facilitator natural openings and 'chispas,' or sparks, to stop and discuss. Everyone is a teacher and a learner. The characters' and the participants' life experiences, feelings and beliefs are a vital part of the group dialog. Those who cannot read can listen and participate in the discussion. Group members share and support each other, while they learn about information and resources relevant to their needs and real-life problems.

The TWS Method™ and *De Madre A Madre Prenatal Care Photonovels* were developed using community-based research, which looked at the social, cultural, and practical needs of Hispanic pregnant women and those who serve them. Photonovels, a popular, culturally familiar media format in Latin America, are a recommended communication strategy for people with low literacy skills.¹ These bilingual photonovels have a versatile, multifunctional design. They can be used individually or in a series, in TWS groups or as stand-alone educational materials to disseminate and reinforce critical prenatal education at health fairs, clinics, home visits, and hospitals. They can also be used in literacy instruction.

that would facilitate or hinder the adoption and sustainability of prenatal education groups led by LHEs in systems of care that serve low-income Hispanic women. The use of lay health educators as an extension of the healthcare team is an accepted and cost effective service delivery strategy for reaching underserved populations.^{10, 19, 21, 22} It is also culturally appropriate for Hispanics.^{4, 17} However, respondents indicated that lay educators were an untapped resource for prenatal education in their organizations. Participatory prenatal education groups also appear to be an under-utilized strategy. Although the voluntary participation of respondents may have created a self-selection bias in the sample, their responses suggest that the Teach With Stories prenatal outreach program for Hispanic women would be a relatively new and innovative use of LHEs. This would require additional education and training of health professionals about LHEs and group education in prenatal care. The findings also support the need for additional program research and development to address implementation barriers.

The high percentage of respondents who indicated that they didn't know about the effectiveness of many of the educational strategies points to a strong need for program evaluation, in this case, to demonstrate, track and communicate the effectiveness of group education and LHEs. According to many of the respondents who currently work with LHEs, funding to start up and sustain a LHE program is a challenge. Education of policy makers and advocacy for changes in reimbursement and other policies to promote and support the innovative use of LHEs and group models also appears critical.

The study design and small sample size do not allow for generalization. However, the preliminary results indicate potentially significant differences among certain practices and implementation drivers in the different systems of care. Significant differences in perspectives may also exist based on occupation. More research is needed. A greater understanding of system change factors from an insider's view can be instrumental in effectively translating research to practice. Learning more about how to implement patient or culture-centered approaches in prenatal care can also make a positive contribution to the overall on-going healthcare system transformation process. The effort required to address these findings is great, but the potential reward in improved services to this critical population of mothers and babies is likely to pay dividends for decades to come.

For more details about Teach With Stories and Auger Communications, visit www.augercommunications.com.

Acknowledgements

The TWS research team would like to extend a special thanks to Candace Kugel, who served on our Community Advisory Board, the Migrant Clinicians Network and its members who supported and participated in this study.

Funding provided by the National Center for Minority Health and Health Disparities (Small Business Innovation Research Grant #: 1R43MD002713-01). Funding support also through an Institute for Social Innovation Scholarship, Fielding Graduate University.

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Where Clinical Care and Community Health Intersect for the Benefit of Pregnant Farmworker Women

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In the interest of providing quality care to a hard-to-reach population, migrant health has always been willing to embrace clinical innovation. For many healthcare providers, migrant health offers an opportunity to be at the cutting edge of the intersection between clinical practice and community oriented care. An example of this is the current collaboration between MCN and CommuniCare Health Centers, a Migrant and Community Health Center in Davis, California, to provide environmental health services to pregnant farmworker women.

This project has been successful, in large part, because CommuniCare has embraced it at all levels. The executive director, Robin Affrime, has been supportive from the beginning of the project. The organization's primary champion for the project has been Barbara Boehler, CNM, Perinatal Services Director. The project works closely with the entire perinatal department including clinicians, health educators and support staff, to better integrate environmental/occupational health clinical services with the center's health education efforts.

CommuniCare has a well respected peri-

natal program already in place for farmworker women, with certified nurse-midwives (CNMs) providing the majority of the clinical services. "It is a joy to work with a midwife-run perinatal program, with people who understand and appreciate the culture, the struggles and the beauty of their patients and who are willing to go the extra mile for them," says Candace Kugel, CRNP, CNM, MCN's Director of Performance Improvement.

Environmental and occupational health risks for migrant women are a priority for both MCN and CommuniCare because pregnant migrant women work and live in areas where pesticides are used, and therefore they have unique risks during pregnancy. It is critical that health centers incorporate the risk of pesticide exposure into their practices from prevention to recognition to treatment.

MCN's work with pregnant women has been motivated by stories from the field. In 2004 and 2005, three farmworker women, working for the same company in North Carolina and Florida, gave birth to infants with birth defects. One baby, named Carlitos, was born with neither arms nor legs. Another baby had no visible sex organs

and died shortly after birth. The North Carolina Department of Health and Human Services investigated possible causes of birth defects in these two babies. While the agency could not prove birth outcomes were directly related to occupational exposures, officials did feel that "there was evidence ... the women's work environment likely put them at an increased risk of over exposure to pesticides."¹

Following these birth defects, MCN received numerous requests from clinicians asking for help in addressing pesticide exposures during pregnancy. MCN responded by developing patient education materials such as the Spanish language comic book *Lo Que Bien Empieza...Bien Acaba* (All that Begins Well, Ends Well).

The project with CommuniCare is part of a 5-year program called *Saving Lives by Changing Practice* which is supported with funding from the US Environmental Protection Agency to focus on environmental and occupational medicine in the primary care setting. A key component of this effort

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Environmental Occupational Health Resources for women and children available from MCN on our website www.migrantclinician.org:



- *Aunque Cerca...Sano*, an educational comic book in Spanish to help farmworker parents protect their children from pesticide exposure.
- *Aunque Cerca...Sano Pesticide Training Manual*, a step-by-step educational manual to train outreach workers and *promotores de salud* about pesticide safety.
- *LO QUE BIEN EMPIEZA...BIEN ACABA: Consejos para las mujeres para prevenir daños a la salud y a sus bebés causados por pesticidas*, a Spanish educational comic book that focuses on risks during pregnancy of pesticide exposure
- *Poco Veneno...¿No Mata?* - Pesticide Comic Book, an educational comic book in Spanish to help parents protect their children from pesticide exposure.
- *A Little Bit of Poison...Will It Kill You?/Poco Veneno...¿No Mata? A Pesticide Education Manual for Community Health Workers*, a bilingual manual for lay health educators or *promotores de salud* to assist them with community-based pesticide education activities. The manual offers information about health risks from pesticide exposure, ways to minimize exposure and methods to promote educational messages in the community.
- *Pregnancy, Reproductive Health and Pesticides Monograph*. This 2008 MCN/FJ Monograph compiles research on pesticides, pregnancy and reproductive health. English and Spanish.
- Occupational Exposure Screening Tools

Cancer and Latina Women

Theresa Lyons, Specialist, HRSA and LAF Grants

It has been estimated by the American Cancer Society (ACS) that, as of 2007, there were approximately 12 million persons living with a cancer diagnosis in the United States.¹ With better screening and diagnostic tests for certain cancers, the survival rate is increasing overall. Disparities for Hispanic/Latina women diagnosed with cancer, however, are significant. The differences in how breast, cervical and colorectal cancer behave in Latina women point to problems in accessing timely and quality screening and treatment.

Breast Cancer

Breast cancer is the leading cause of death among Latina women even though the incidence rate of breast cancer is about 40% lower in Hispanic women than that of non-Hispanic white women. In 2006, the ACS projected 14,300 new breast cancer cases and estimated 1,740 deaths for Hispanics in the United States.²

Although breast, cervical and colon cancers each have screening and diagnostic testing to help detect cancers at earlier stages, Hispanics are less likely to have the recommended screening and diagnostic testing. Among Hispanic women, 17.3% report they have no usual source of medical care, compared to 7.9% of non-Hispanic white women and 9.1% of non-Hispanic African American women. Among all Hispanics under the age of 65, 35.1% report no healthcare coverage compared to 12% of non-Hispanic whites. The time intervals between obtaining an abnormal screening test and diagnosis, between diagnosis and start of treatment, and from treatment to resolution are longer. As a result, cancers in Hispanics are diagnosed and treated at more advanced stages with reduced survivorship. Hispanic women are about 20% more likely to die from breast cancer than non-Hispanic white women diagnosed at similar age and stage.³

Factors contributing to these disparities include lack of knowledge, myths, fear, or delayed follow up on abnormal screenings, possibly because the person has moved or doesn't understand the significance of the results. It has been reported that Latina women are slightly less optimistic than Anglo women in believing breast cancer could be cured if detected at an early stage. Similar to Asian American women, Latina populations associate breast cancer with a significant degree of stigma and fear. In the Latino culture, as in many others, breasts are symbolic of femininity and womanhood. Such associations lead to cultural and reli-



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gious beliefs related to breast cancer, such as:

- Breast cancer develops from a bruise or hard blow to the breast.
- Many Latina women are hesitant about undergoing surgery because of their belief that the cancer would then spread throughout their bodies, and they would be worse off.
- Getting too many mammograms leads to breast cancer due to the radiation exposure.
- A mammogram is only used after a breast lump has developed.
- Touching the breasts too often will lead to cancer.
- Talking about cancer causes cancer.
- Using illegal drugs causes cancer.
- Herbs can cure cancer. For example, *uña*

de gato/cat's claw is an herb that is believed to cure cancer.

- Denial: "I won't get breast cancer because no one in my family has ever had this disease."

In fact, only 5-10% of breast cancer cases are due to heredity, leaving 90-95% being caused by other factors. Anyone can get breast cancer; it has no age, race, gender or socioeconomic barriers. At this time, researchers agree on more than 20 factors that increase breast cancer risk and several factors that lower risk.⁴ Some breast cancer risk factors to consider include: breast cancer among one or more close relatives, such as a sister, mother, or daughter; having no children or having children in the mid to late thirties; having the first menstrual period before age 12; gaining weight after

menopause, especially after natural menopause and/or after age 60;⁴ post-menopausal use of hormones, estrogen plus progestin current or recent use for five or more years.⁵

The use of a three-pronged early detection process (breast self examination, clinical exam and mammography) decreases death rates from breast cancer by 90%. Because mammograms can detect 80-90% of tumors up to two years before they can be felt, it is important to ensure access to mammography for women in need of screening. Low-cost or no-cost cancer screening services are available for women who qualify through the National Breast and Cervical Cancer Early Detection Program (www.cdc.gov/cancer/nbccedp).

Cervical Cancer

The death rate from cervical cancer is 50% higher among Latina women than among non-Hispanic white women.² Again, low rates of screening and lack of follow up after an abnormal Pap test are thought to contribute to this increased mortality rate.

The main cause of cervical cancer is a virus called HPV (human papillomavirus). HPV is spread through sexual contact and can be spread from one person to another even when a condom is used. HPV usually has no symptoms, but certain HPV types can cause a person to develop genital warts. In 90% of cases the body's immune system clears up the HPV infection spontaneously in a two-year period. But when HPV stays in the body, it can develop changes in the cells of the cervix that, over many years, could turn into cancer. Because the high-risk cancer-causing HPV types do not show signs or symptoms until they are quite advanced it is important to have screenings (Pap tests) for cervical cancer regularly. A Pap test can detect cervical cancer early, increasing the chance for survival. Most cases of cervical cancer occur in patients who have never had a Pap test or wait five years or longer between Pap tests.⁷

A vaccine can now protect females from the four types of HPV that cause most cervical cancers and genital warts. The vaccine is approved for girls and women age nine through 26 who have not yet been vaccinated or completed the vaccine series.⁸

Colorectal Cancer

Latinos are more likely to be diagnosed with advanced stages of colorectal cancer than non-Hispanic whites. Lower use of colon cancer screening tests and less access to timely, high-quality treatments most likely contribute to this disparity. Colorectal cancer is the third leading cause of cancer death among Hispanic women. There are several different screening tests that can be used to find polyps or colorectal cancer. The US

Preventive Services Task Force recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Each test can be used alone or in combination. Early detection is crucial because the five-year relative survival rate for colorectal cancer found early and treated is 90%.⁶

Cancer Screening and Treatment for Mobile Women

Every year millions of people leave their homes for work in industries such as agriculture, factories, construction, fisheries, hotels and other transient occupations. Their problems of healthcare access are similar to those of many other underserved populations, with the additional burden of having to search for new care options as they move. The demands of their work result in poor continuity of care, as they are often unable to obtain early detection screening, complete medical treatments and keep track of their medical records. Clinicians serving Hispanic populations find that patients may be lost to follow up during treatment because of a move while others may lack information about past medical history or treatment. MCN's Health Network is designed to address these challenges and can assist with continuity of care for the cancer issues discussed in this article.

The Health Network CAN-track program monitors the care of mobile patients enrolled by health centers, making sure they receive cancer screenings, follow up care and treatments on time and understand the significance and outcomes of their care. Expert, bilingual and culturally competent staff members assist patients with cancer education, translation, locating low-cost or no-cost cancer screenings, navigating the steps necessary to make an appointment and locating appropriate clinics and specialty care, if necessary. Patient medical records are kept in a central location and forwarded to clinics as patients move within the United States and abroad – from the Texas/Mexico border to China. Treatment outcomes and follow-up test results are reported back to the enrolling clinic for completion of medical records. To enroll a patient in the CAN-track program contact a Health Network staff member, toll free at (800) 825-8205. Together we can increase cancer screenings and reduce morbidity and mortality for our mobile patients.

Patient Education Resources for Migrant Women Related to Cancer

- Rural Women's Health Project (www.rwhp.org) fotonovela-style pamphlets:
 - El Susto de Marta (Marta's Scare) Creando Nuestra Salud
 - Lo que Dicen Mis Amigas sobre el Cancer del Seno

- National Center for Farmworker Health (www.ncfh.org) teaching and education materials:
 - Cultivando la Salud/Cultivating Health—Breast and Cervical Cancer Education Program
- Channing Bete Company (www.channing-bete.com): fotonovela-style pamphlet "Papanicolau para la salud del cuello de la matriz—La historia de Magda".
- www.livestrong.org/espanol: **The Lance Armstrong Foundation** recently launched this Spanish-language website which provides information on the common physical, emotional and day-to-day concerns of Hispanic/Latino cancer survivors. In addition to cancer information, the website includes sixteen videos of Hispanic/Latino cancer survivors sharing their experiences with cancer.
- <http://www.cancer.gov/espanol>: **National Cancer Institute's (NCI) New Spanish Web Site**. The NCI is committed to reducing cancer health disparities by making cancer information readily available to underserved populations. The web site features themes of prevention, detection, treatment, and survivorship. Highlights of the web site include 1) information organized by types of cancer, 2) myths and beliefs, 3) support and resources in your community, and 4) dictionary of cancer terms.
- www.migrantclinician.org/clinical_topics/cancer.html The Migrant Clinicians Network website contains numerous cancer resources.

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Photo – C.Kugel

MCN's Mother's Day Campaign

MCN would like to thank the supporters of our 4th annual Mother's Day card campaign. The 2009 campaign raised \$3,000 to help support case management services for pregnant migrant women through our Health Network program.

Pregnancy is a time when most women tend to feel vulnerable, both emotionally and physically; a time for indulging in some self-nurturing and careful preparations for the changes a new baby will bring. Imagine moving multiple times during a pregnancy in order to continue working, doing physical labor, not having a friend to talk to, and not knowing how long it would be until the next move. Health Network and its case managers are one source of continuity and support for these women.

When a pregnant woman is enrolled in Health Network by her provider, one of our case managers—Suri, Jose, Carmen or Ricardo—makes contact with her to explain the program and to establish a relationship. We continue to call her throughout the pregnancy to ensure that she is getting care, feeling well and to answer questions. If she moves we help set up a prenatal appointment and transfer her previous records to the new location. We review her records to make sure that she has received appropriate screening and education and to assess her risk factors. We celebrate with her when she has a healthy baby.

The story of Eva* will help to illustrate how Health Network helps. About a month ago, a migrant health center in Califor-

nia enrolled Eva in Health Network. They had just done a pregnancy test for this 20-year-old from El Salvador. She was pregnant for the first time and reported that she would be moving with her husband to Washington State for work in the coming month. A Health Network case manager made contact with her and noted when and where Eva planned to move. After three calls, a health center in the new location was found, an appointment was made, and the records from California were sent. Eva called two weeks later to say that she had moved and that she was available on the date of the appointment but would need transportation. The Health Network case manager again made several phone calls and found a church-based volunteer program that would help with transportation. A call to the clinic the day after the scheduled appointment confirmed that the transportation service was provided and Eva was seen. The health center was reminded to fax records periodically to Health Network for care provided by them for Eva. Calls will be made monthly to Eva to ensure that she is doing well and continuing to attend appointments.

Thanks again for loving the mothers in your life and helping us to make a difference for migrant women. For more information about our pregnancy initiatives see www.migrantclinician.org and click on "Women's Health" under Clinical Topics or contact Candace Kugel at ckugel@migrantclinician.org. ■

* Identifying information has been changed.

Himno de la Paz

Maricela Aza

*Las familias queremos que la paz
Predomine en nuestros hogares
No más gritos, insultos y violencia
Pues lastiman a nuestros corazones
Somos gentes con grandes ideales
Que juntos luchamos hasta el fin
Ayudando a mujeres maltratadas
Que no saben a donde ir
Nuestra meta es que un día en este mundo
De la mano podamos ir
No importa la raza ni el dinero
Muchos menos el color de la piel
Dame tu mano y ven aquí conmigo
Que tú mucho nos puedes ayudar
Y pensando en mis hijos y los tuyos
Juntos lo vamos a lograr*

Hymn for Peace

Maricela Aza

*Our families want for peace
To prevail in our homes
No more shouts, insults and violence
As they hurt our hearts
We are people of great ideals
That together fight until the end
Helping battered women
That do not know where to go
Our goal is that a day in this world
We can all hold hands
Race and money do not matter
Much less the color of the skin
Give me your hand and come with me
Because you can help us a lot
And thinking of my children and yours
Together we will make it through*



Photo - C.Kugel

Maricela Aza began work with MCN in 1998 after attending a training for parents at the Texas Migrant Council. Since then she has worked as a Domestic Violence Advocate in many capacities. Some of her achievements include conducting approximately 40 individual interviews with women in her community, facilitating over 60 group presentations on family violence, creating the family violence brochure "Arriba Corazones", and participating in the video "Voces de Fuerza y Corazon" (a documentary). In addition, Maricela formed a group for 14 teenagers in the camp where she lives during the summer and fall in Clyman, Wisconsin. The group is called "Jovenes Migrantes Buscando Paz". For her work with youth, Maricela was awarded the 2001 Prize for Significant Achievements in the Area of Domestic Violence. This prize was granted by the Governor's Council on Domestic Violence for the state of Wisconsin. Currently Maricela works with MCN as a Site Leader in the city of Eagle Pass, Texas, helping to train and provide support for advocates.

Special Project Focuses on Protecting Immigrant Women

The factory worker thought she was going to die.

Despite reporting a manager's repeated sexual harassment, on Dec. 29, 2007, she found herself trapped in an office, fending off an attack by him. He pulled her across the floor by her hair. When she tried to squeeze through a cracked door to escape, he pressed the door against her body, crushing her. Battered and bruised, she escaped the office into the yarn factory and collapsed. She left work in an ambulance.

This brutal attack on a Mexican woman who spoke little English demonstrates the dangers that many immigrant women, especially farmworkers, face in the workplace. Like this woman, many speak limited English and know little or nothing about their rights. If they are undocumented workers, they are particularly vulnerable to attacks.

The Southern Poverty Law Center's Immigrant Justice Project has focused on combating sexual harassment through its program, Esperanza: The Immigrant Women's Legal Initiative. The program, whose name is the Spanish word for "hope," seeks to give these women a voice and raise awareness. "For a long time, women were afraid to come forward," said Mónica Ramírez, director of Esperanza. "No legal services program was focusing on this issue, and few organizations had expertise or resources to dedicate to it."

In the case of the factory worker who was attacked, the SPLC in March filed a federal lawsuit against her employer, Tuscarora Yarns Inc. of Oakboro, N.C. The complaint alleges that the company failed to protect the woman after she told superiors about unwelcome sexual advances, comments and physical contact by the plant manager.

Lawsuit Brings Justice

An earlier lawsuit filed by Ramírez has already brought change to one of Florida's largest fruit and vegetable wholesalers. Gargiulo Inc. agreed in 2007 to pay \$215,000 to settle allegations of sexual harassment.

The lawsuit alleged that in 2003 and 2004, five Haitian women endured repeated requests for sex, offensive remarks and physical contact. The women said they rejected the advances and suffered retaliation, including suspension without pay and firing. Despite their complaints, the company took no action.

Although the company denied responsibility for any wrongdoing, Naples-based Gargiulo agreed to adopt a written policy against sexual harassment and

retaliation. Gargiulo also agreed to train employees about the policy.

"While they were being harassed these women did not know that laws existed to protect them," Ramírez said. "This settlement sends a message to other women in their situation that they can speak up and find justice."

Raising Awareness

The SPLC also has launched a public education campaign to raise awareness about the widespread exploitation of these vulnerable women on the job. It published *Voices for Justice*, a handbook to educate immigrant women about their rights. It includes the stories of farmworker women who stood up for their rights. This spring, the SPLC is distributing a short video to further educate women about how to combat harassment. The SPLC also brought the issue to the attention of Congress during an April 2008 hearing.

"The problem has received little public attention but is well-known to farmworker

women, many of whom remain silent about sexual exploitation on the job," Mary Bauer, director of the SPLC's Immigrant Justice Project, told the Senate Committee on Health, Education, Labor and Pensions.

In April 2008, the SPLC kicked off the "Bandana Project," an awareness campaign coordinated with community groups, universities and other organizations across the country. Last year, the SPLC and partners in more than 50 cities invited members of farmworker communities and others to decorate bandanas as a gesture to raise awareness of the problem. More than 1,000 bandanas were decorated and displayed across the country and Mexico. This year more than 150 groups, schools, and other organizations participated in the project in the United States, Canada, Panama and Mexico. More than 3,000 bandanas have been decorated and displayed to date. The bandana was adopted as a symbol of solidarity because many farmworker women use bandanas to cover themselves in an attempt to ward off unwanted sexual attention.



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Good Oral Health = A Good Start for a Healthy Family

Colleen Lampron, MPH, National Network for Oral Health Access

There was a time when both primary care clinicians and dentists were fearful to recommend dental treatment for pregnant women. We've learned so much in recent years: now we know that it is not only safe to treat a pregnant woman's oral health issues, but also necessary for her health and the health of her unborn child. Treatment during pregnancy can improve the oral health of the mother, and may also reduce the transmission of caries-causing bacteria from mother to child. Additionally, some studies have shown that interventions to treat periodontal disease will improve pregnancy outcomes related to premature delivery and low birth weight. Conclusive clinical interventional trials are not yet available; regardless, we still know that improving the mother's oral health will positively affect her health and the health of her family.

In 2005, the Institute for Healthcare Improvement (IHI) in collaboration with the Health Resources and Services Administration (HRSA) launched the *Oral Health Disparities Collaborative Pilot Project*. The pilot program sought to improve access to oral health services for low-income individuals in two target populations, children ages 0 to five and pregnant women. Lessons learned from focusing on the pregnant population included:

- It is important to **bridge the gap between medical and dental** care by

ensuring that clinicians understand the role of oral health in good primary care, and are actively engaged in referring all their pregnant patients to the dental clinic.

- We need to **break the cycle of disease transmission** from mother to child. Evidence suggests that most young children acquire caries-causing bacteria from their mothers.
- Pregnancy is an opportune time to **educate** women about the importance of their oral health and preventing dental caries in young children. Dental caries is one of the most common childhood problems.
- Because of the availability of **Medicaid support** for pregnant women, focusing on this population is not detrimental, and may even be beneficial, to a health center's budget.
- **System redesign** in office efficiencies and delivery of care may be necessary to stretch resources and staff.

Education was a crucial issue for the professionals involved in the Oral Health Disparities Collaborative as well, says Martin Lieberman, DDS, a member of the Collaborative's faculty who directs five dental clinics in Seattle's Puget Sound Neighborhood Health Center. He says at the pilot sites it wasn't easy to persuade busy

physicians to take on responsibility for dental referrals or even to convince the dentists that the program was necessary. "Dental training has come a long way, but a lot of us learned in school that... it was risky to treat pregnant women." Participating in the pilot has "forced a complete rethinking of how we do dentistry," says Patrick Harrison DDS, the project's team leader in Greeley, Colorado. "We definitely didn't make any connection between the mom's oral health and her child's well-being...that has changed now."

Data on results from the pilot are encouraging; project-wide, between December 2005 and June 2006, the percentage of pregnant women receiving dental care nearly tripled. The Oral Health Disparities Collaborative was a successful reminder for primary care providers and dentists alike that oral health is important for overall health. Pregnant women can and should receive treatment – for the sake of their own health and the health of their child. Primary care providers are encouraged to integrate oral health reviews into standard prenatal care and make dental referrals a vital piece of the process. For more information about the National Network for Oral Health Access (NNOHA) or to review the Oral Health Collaborative Library compiled during the pilot program, visit <http://www.nnoha.org/>, or contact info@nnoha.org. ■

■ Where Clinical Care and Community Health Intersect continued from page 5

is the development of partnerships with federally funded Migrant and Community Health Centers to develop simple, practical and flexible center-based models to integrate environmental and occupational health in the primary care setting.

The partnership with CommuniCare is unique in its focus on perinatal care services. It has provided an excellent opportunity for MCN to use the full complement of environmental and occupational health resources developed during the course of the past five years including patient education materials, clinician education related to pesticides, and ongoing technical assistance as the program progresses. Specific program developments have included:

- Training of perinatal clinicians in recognition and treatment of pesticide exposure
- Training of the perinatal health educators in the use of MCN's "Lo que Bien Empieza..." prenatal comic book as a

teaching tool for pregnant women

- Development of environmental/occupational health screening questions that are included in the prenatal intake history
- Development of referral resources for staff to consult in the case of a positive screening or suspicious symptoms
- Introduction of CommuniCare clinical leadership to an Occupational and Environmental Medicine Specialist at the University of California-Davis, who now serves as a resource for consultations as needed.

Barbara Boehler, CNM, MSN, the Perinatal Services Director at CommuniCare says about the project, "MCN has provided our Migrant Health Center with the training we need to screen our perinatal patients for pesticide exposure. Their knowledge and dedication show in their commitment to training clinicians and health workers appropriately in the identification of pesticide exposure and

even more importantly the prevention of pesticide exposure. MCN staff made the trainings fun and all of us will remember the simple jug of water with food coloring that shows how concentration really does matter. It has been inspiring to meet people who love their work and have devoted their careers to helping the folks whose work is too often invisible."

For more information about developing an Environmental and Occupational Health program at your health center contact Amy Liebman, MPA, MA, 410-860-9850, aliebman@migrantclinician.org.

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Migrant Clinicians Network

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calendar

2009 Convention & Community Health Institute

August 21-25, 2009
Washington, DC
National Association of Community Health Centers
<http://iweb.nachc.com/Events/>

2009 East Coast Migrant Stream Forum

October 22-24, 2009
Atlanta, GA
<http://www.ncchca.org/>

2009 National Environmental Public Health Conference - Healthy People in a Healthy Environment

October 26-28, 2009
Atlanta, GA
<https://www.teampsa.com/2009nephc/main.asp>

17th Annual HIV/AIDS Update Conference and Border Health Summit

October 27-30, 2009
South Padre Island, TX
<http://www.valleyaids.org>

NWRPCA Fall Primary Care Conference

October 24-28, 2009
Seattle, WA
<http://www.nwrpca.org/>

The 2009 National Primary Oral Health Conference

November 1-5, 2009
Nashville, TN
<http://www.nnoha.org/calendar.htm>

137th APHA Annual Meeting

November 7-11, 2009
Philadelphia, PA
<http://www.apha.org/meetings/>

The 19th Annual Midwest Stream Farmworker Health Forum

November 19-21, 2009
South Padre Island, TX
<http://www.ncfh.org>



Acknowledgment: *Streamline* is published by the MCN and is made possible in part through grant number U30CS09742-02-00 from HRSA/Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA / BPHC. This publication may be reproduced, with credit to MCN. Subscription information and submission of articles should be directed to the Migrant Clinicians Network, P.O. Box 164285, Austin, Texas, 78716. Phone: (512) 327-2017, Fax (512) 327-0719. E-mail: jhopewell@migrantclinician.org

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