

Year in Review 2013

Cancer Prevention & Survivorship

360 trained clinicians/promotores



42,609 community members reached with education

Worker and Environmental Health



distributed to

42,609 community members



97% of organizations distributing comic books said they are a **useful tool** to educate farmworkers and their families about pesticide exposure risk and prevention.





Clinician Education

1,516 clinicians trained



4 clinicians trained every day

Training Evaluations (average score out of a total of 10)

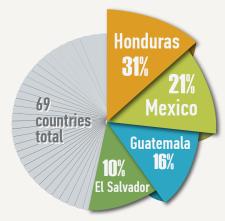


- **9.5** The scholarship and expertise of the presenter
- **9.2** Overall satisfaction
- **8.9** Presented new areas of knowledge or new ideas to implement

24,648 technical assistance encounters



Continuity of Care for Mobile Patients



Health Network Patients' Country of Origin



4,286
medical
records
transferred

100% of clinics that enrolled patients in *Health Network* received completion reports on the patients they enrolled.



83% of **1,347**Active TB patients (national and

transnational mobile cases)
completed treatment
(2005 – 2013)

MCN Makes a Difference in 2013

The following stories illustrate just some of the important services and engagement MCN provided during the year...



A Partnership to Engage Men in Ending Intimate Partner Violence

Enlace Comunitario is a social justice organization led by Latina immigrants in central New Mexico that provides direct services to Spanish-speaking female victims of domestic violence and advocates for the rights of Latino immigrants and their children. In 2013 Enlace Comunitario decided to initiate a new program to work specifically with men. Without prior experience designing and developing a male-specific curriculum, Enlace looked to MCN for help. "If it wasn't for your organization, we would be stuck trying to develop something; [Hombres Unidos] really helped us get the ball rolling in our community," said Virginia Perez-Ortega, Director of Prevention. To date Enlace Comunitario has trained 150 men in their community using MCN's Hombres Unidos curriculum. Ms. Perez-Ortega says,

"When I look at the work MCN has done, it feels that we are supported and that we are not alone. It is especially important knowing that this work has actual research tied to it with tools that help our communities. It feels really, really good to know that we have this support."

Working together, MCN and *Enlace Comunitario* will be using newly designed materials, resources, and strategies to expand this critical program in the years to come.



MCN Supports Clinicians in Training to Pursue Careers Serving the Underserved

Dayna Fondell shared her experience working with MCN during her graduate nursing program:

"I came to MCN in January 2014 for my final semester internship in my Master of Science in Public Health Nursing. Not only has the semester allowed me to work on specific projects within my interests, but it also provided me with the general opportunity to gain a deeper understanding of the clinical and public health needs of migrant populations. My work with MCN is already impacting my perspective as a nurse at an FQHC (federally qualified health center) in Austin, TX.

Now I am able to better identify mobile patients, and am currently advocating for more tailored services for these patients, such as **Health Network** and other programs I have learned about through MCN.

Throughout my Masters I have focused on studying interdisciplinary care in a range of settings.

This internship has convinced me that healthcare for migrants and the mobile poor is the setting with the most glaring need for interdisciplinary care. I feel so privileged to have gotten to learn about even a small fraction of all the different programs and professions that are advocating for these patients. Whether through paid or volunteer work I know I want to stay involved with migrant/mobile patients, as well as supporting the wide range of people that work to advocate for their health."



MCN Provides Global Care Coordination Services

MCN's **TBNet** (a component of *Health Network*) was contacted by the Centers for Disease Control and Prevention's Division of Global Migration and Quarantine to enroll a patient that had come to the United States as part of a performance group. The patient was diagnosed positive for TB, had initiated treatment and needed to find a clinic in Uganda to continue treatment.

After enrolling the patient, TBNet staff contacted the National Tuberculosis Program of Uganda to coordinate care. Staff sent a patient clinical summary and a copy of all medical records. The country coordinator referred TBNet to the International Hospital Kampala as a point of contact for the patient.

Once the patient arrived in Uganda, **TBNet** followed the case using a combination of e-mails and phone calls to both the patient and the physician to ensure proper continuity of care. The patient reported feeling progressively better and the physician was able to confirm that the patient finished treatment several months after arriving back in Uganda. Personnel at the hospital performed follow-up testing to confirm the closure of the case. The patient was clearly relieved to have been able to finish treatment in her own country. All of these outcomes were reported to the Division of Global Migration and Quarantine Office, and demonstrate **TBNet's** effective global patient navigation.

This publication was made possible by grant number U30CS909742 from the Health Resources and Services Administration, Bureau of Primary Health Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HRSA.