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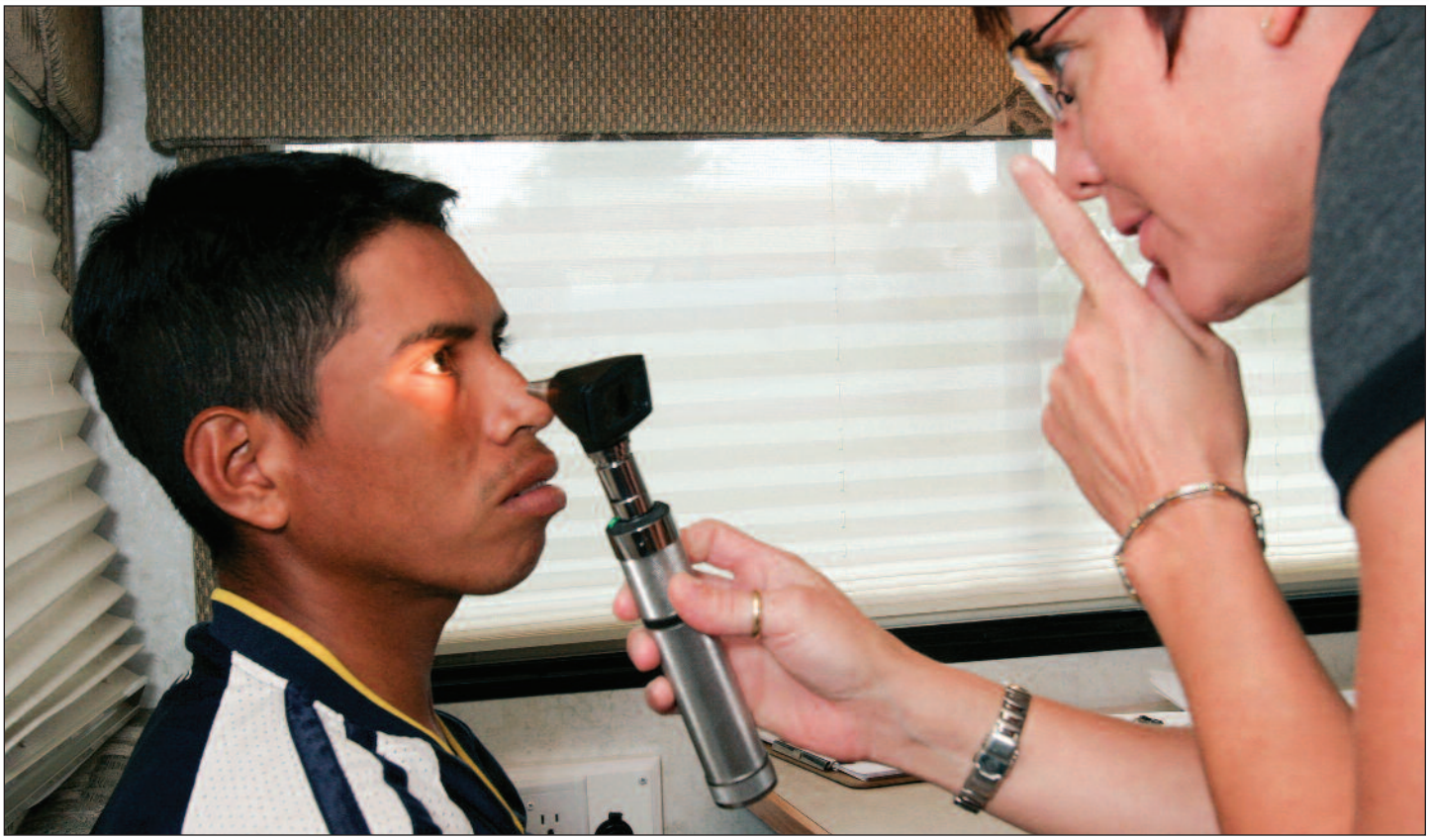

Environmental and Occupational Health in the Primary Care Setting:

Three Key Work-Related Questions to Get the History Right

By Claire Hutkins Seda, Writer, Migrant Clinicians Network, and Managing Editor, *Streamline*

A hand stuck in the machinery, a fall from a ladder, pesticide drift from a neighboring field. A neurological disorder, black lung, silicosis, chronic kidney disease. Many patients are at high risk for environmental and occupational injury or illness, both acute and chronic. Construction, agriculture, forestry, and fishing lead the industries with the highest fatality rates, and many of our patients like agricultural workers toil in these industries for at least part of the year. Yet, none of these deaths are truly "accidents": many deaths even in these high-risk occupations can be prevented with regulations, enforcement, proper training, and safety precautions.

Clinicians may not be on the job site to provide instruction on appropriate safety measures and workers' rights, but their interactions with workers in the exam room can save lives. Bringing occupational and environmental medicine into primary care requires diligence on the part of the clinician to build a thorough patient history – one that may go beyond the electronic health record prompts. Additionally, unlike many illnesses and injuries, the treatment for a work illness such as repeated pesticide exposure and the prevention of occupational injuries may not be as straightforward as writing a prescription. Furthermore, with limited time during the patient encounter, clinicians need to assure value in the questions asked. Here are three key areas through which clinicians can uncover occupational risks and injuries, and how to address them during the limited patient encounter.

What others jobs might my patient have worked in the last few years?

Many clinicians encounter patients with complex work situations. Multiple jobs in various industries and seasonal, unofficial, or

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Motivational Interviewing: A Primer for Improved Outcomes for Patients with Diabetes

By Claire Hutkins Seda, Writer, Migrant Clinicians Network, and Managing Editor, *Streamline*

Rocio*, an agricultural worker, has just been diagnosed with diabetes. With an A1C of 12 and a plan to return to Florida in about three weeks, Rocio is at risk for her diabetes to continue out of control unless she invests time and effort to develop, and then stick to, a self-management plan. Her physician sits down with Rocio and gathers his thoughts: How can the provider impress upon Rocio the seriousness of her situation and the dangerous consequences of inaction, especially considering the health center is unlikely to see her for any follow-up?

In a recent Migrant Clinicians Network webinar, Sarah Solis, LCSW, put forth that a patient may have greater success in changing behavior if the clinician engages the patient through motivational interviewing. "The righting reflex is the attempt to verbally – or nonverbally – persuade an individual to stop a behavior that we've assessed as maladaptive," Solis noted, a common pitfall of patient-clinician interactions. Motivational interviewing, she says, seeks to do the oppo-

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* Patient's name and details have been altered.

O A R S

Motivational interview trainers favor several mnemonics, among them OARS, which stands for the key questions and statements that clinicians can use to move their conversation forward to create that partnership and begin to elicit "change talk."

Open-ended questions are those that can't be answered by yes or no, or a very limited piece of information. They require more thought on the part of the patient. Examples: "How do you hope your life might be improved, this time next year?" or, "You just said it was important – why do you think it's important?"

Affirmations are positive statements (that are genuine from the part of the clinician) that recognize and acknowledge the patient's efforts toward health. Examples: "You're taking walks several times a week! That is impressive! It's difficult to fit in – and it's an important step for your health." "Look at the weight you've lost – you've made a big effort!"

Reflective listening entails reflecting back what the patient is saying. It can be as simple as repeating the same phrasing back. Example: "So what I'm hearing is that you're feeling overwhelmed with all this information. It sounds like it's difficult to try to incorporate all the changes into your life at once."

Summaries are a deeper form of reflection, when a clinician can tie together different thoughts the patient has expressed, to help the patient see how thoughts or motivations are related. It's a good time to talk about both sides of ambivalence that the patient has expressed, or recap the "change talk" that the clinician has heard, to help frame the next step in the conversation: developing an action plan. "I hear you saying that you want to change quickly, and earlier you said you really wanted your energy back to play with your kids." "Here's what I've heard so far…"

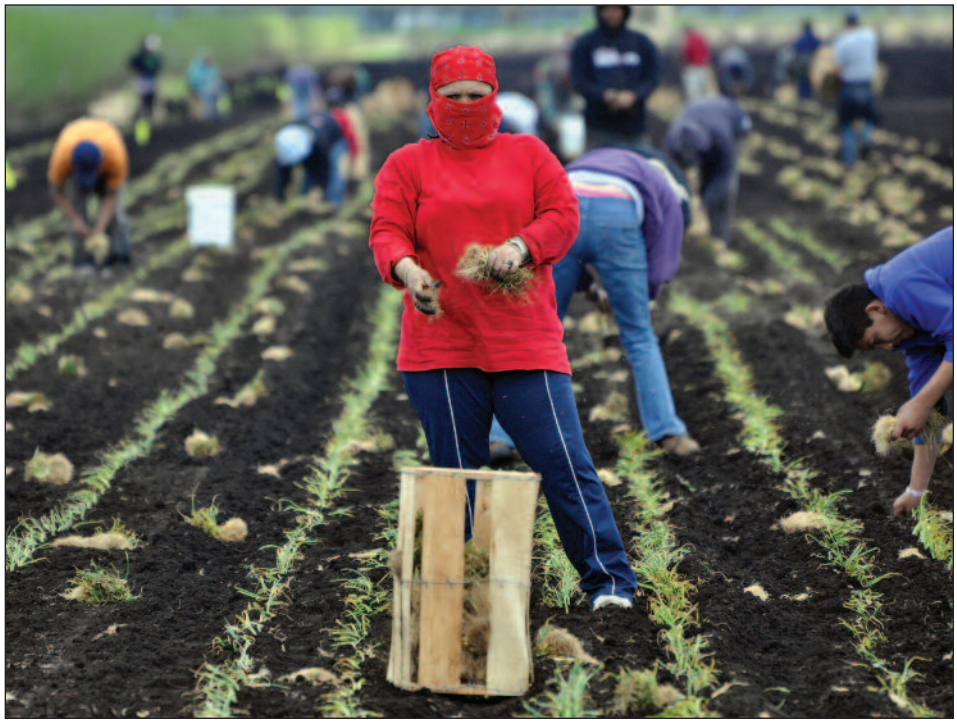
Clinician Resources to Help Mobile Agricultural Workers Exit a Trafficking Situation

By Claire Hutkins Seda, Writer, Migrant Clinicians Network, and Managing Editor, *Streamline*

For decades, clinicians serving mobile agricultural workers across the country have reported being blocked from providing the care that workers need. Whether it be a mobile health clinic in Washington that is denied entrance to a labor camp, or an outreach worker in North Carolina who, in conversation with a worker at a gas station, is cut off by a crew leader, clinicians are frequently troubled by the limited strategies they can employ to serve agricultural workers' health needs. Yet, such situations as these raise possible red flags for which clinicians need to be vigilant: Could this be a sign of labor trafficking?

"In the past, the criminal justice framework has been the predominant way in which the field has examined and responded to human trafficking," noted Elizabeth Pfenning, Program Specialist for the Office on Trafficking in Persons, part of the US Department of Health and Human Services' Administration for Children and Families. "While this perspective is an important one, human trafficking is also a public health issue. We know there are socioeconomic factors, or root causes, that make individuals, families, and communities vulnerable to human trafficking – and the public health framework positions us to better develop and deliver effective interventions aimed at preventing and reducing the harmful impacts of human trafficking across the lifespan of our patients and clients."

Mobile and seasonal agricultural workers are at high risk for labor trafficking, as their mobility, tenuous and temporary employment status, and documentation status increase their vulnerability, while linguistic and cultural barriers, lack of access to health care or fragmentation of treatment plans, and economic pressures, among other barriers, reduce their ability to report trafficking and get out of a trafficking situation. Certain segments of agricultural workers appear to be at higher risk for labor trafficking. The National Human Trafficking Hotline and BeFree Textline has reviewed hundreds of cases they've received from the agriculture and animal husbandry industry. Their report found those trafficked as disproportionately Latino male migrant workers from Mexico and Central America on H-2A visas.



To assist clinicians in understanding, identifying, and responding to red flags of trafficking, the National Human Trafficking Training and Technical Assistance Center (NHTTAC) has developed numerous tools, trainings, and other technical assistance. Their online training for clinicians, SOAR to Health and Wellness Program, is designed specifically for clinicians and is available in English and Spanish. The free CE/CME training modules focus on: The SOAR Framework, Trauma-Informed Care, and Culturally and Linguistically Appropriate Services. Four additional modules, on specific considerations for professionals in Behavioral Health, Health Care, Public Health, and Social Services, are set to be launched this month.

Clinicians at community health centers are critical partners in the prevention and reduction of human trafficking, noted Pfenning, and the training modules build clinicians' ability to address red flags even within the constraints of the limited patient encounter. "The online trainings involve a grounding in what victim-centered service delivery entails for clinicians, and unpacks what culturally sensitive and linguistically appropriate services look like," Pfenning said. "If we're going to meet our patients where they're at, what are some of the cornerstones of my care or my service that allow me to do that, that will yield better health outcomes for the patient in the future?" The modules also investigate barriers to identification, both on the patient side and the provider side, including inherent and conscious biases and time constraints. "We try to give some specific suggestions, through case examples, on how to best handle certain interactions, how to build rapport, how to provide transparency around patient confidentiality, how to screen, and when and where it's appropriate to screen," she noted.

Clinicians' role in identifying and reporting trafficking situations is growing. Between 2007 and 2017, health care professionals were the seventh most frequent "signaler" type among the National Human Trafficking Hotline's 30 possible signaler types, or

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site of the righting reflex. But what exactly is the opposite?

Motivational interviewing emphasizes empathetic listening, reflecting, querying, and affirming in order to reveal the discrepancy between a patient's current behaviors that aggravate a health concern, and the patient's personal values and goals. Rocio's physician recognized that, for some patients, a run-down of diet and lifestyle changes, along with medication, may be enough to inspire change. As a mobile agricultural worker patient, however, Rocio may be unable to attend diabetes education classes or easily refill prescriptions as she moves; there may also be fewer food choices and food access; additionally, Rocio's mobile lifestyle, rural location, and occupation may inhibit the recommended physical activity.

With a litany of barriers to successfully implementing a self-management plan, motivational interviewing may bring forward patient-identified values, obstacles, and solutions, and give the clinician a chance to reflect back those values, and develop a collaborative plan that brings the patient in.

"Our patients have 98 percent of the wisdom and motivation to complete their goals, and we're about 2 percent in facilitation," said Solis, a social worker, the Director of Seeds of Change Consulting, and a member of the Motivational Interviewing Network of Trainers. Solis outlined the main challenges we face when we bring motivational interviewing into the exam room, and tips for addressing the challenges through a Motivational Interviewing lens:

Develop a Collaboration with the Patient

Solis notes that, at the onset, the conversation is not level: a patient is vulnerable when entering the exam room, but it is up to the clinician to develop a partnership despite the hierarchical relationship. Some steps include: asking for permission when approaching a sensitive topic, using open-ended questions, and using reflective listening.

Rocio's clinician starts by asking if they can talk about her diabetes diagnosis, and, after permission is granted, to ask her what her perspective is on the diagnosis, and how she is feeling about it. The clinician then begins using open-ended questions, affirmations, reflections, and summaries (OARS) questions, the foundation of motivational interviewing. (See sidebar on page two for more on OARS.) The clinician reflects back the patient's answers, restating what Rocio had said to make sure he properly understood, and giving Rocio confirmation that he is listening. Solis notes that, during this stage, a wide net is cast, likely soliciting lots of information that the clinician may not utilize. But often, patients offer up fears, concerns, or desires around their health that they might not have expressed under more narrowly presented questions.

Evoke A Commitment to Change

After establishing this base of the conversation, the clinician can move to evoke what may truly motivate a patient to change. The clinician continues with OARS questions, guiding Rocio to explore why change is important to her, to identify the values the patient has, and the connection those values have to the health scare that she is facing. Solis also recommends exploring the patient's ambivalence, using, for example, a Decisional Balance worksheet, on which a patient can think through the pros and cons of both action and inaction. "A lot of the times when I use the Decisional Balance worksheet with folks, I'm astounded by what I didn't know," she admitted.

Rocio's clinician discovers something important when he asked more questions and filled in the worksheet with her: Rocio is scared that she'll be too sick to take care of her children. She values her time with her family, and already sees how diabetes has disrupted her family time. Rocio's clinician asks more about this value and reflects back what he heard. Rocio is now thinking about how she might implement change.

They speak for a few minutes longer, the clinician asking Rocio whether she wants to take any action, and hearing what she's already done to start taking steps to reduce her A1C. Rocio says she's trying to eat more vegetables, and taking walks before work, a few times a week. Her clinician is noting that Rocio is using "change talk," language that exposes a consideration of or commitment to change. Many of the clinician's questions allow the patient space to elaborate on her commitment, thinking through it more.

From here, with Rocio feeling committed, connected to the values that spur her on to address her diabetes, and confident that she's on the right path already, the clinician and Rocio begin to build out a specific plan for her for the weeks ahead, including after she moves. Rocio is engaged in the conversation, and driving it forward. The hierarchical relationship of a clinician telling his patient what to do is nowhere in sight.

Barriers and Time Crunches

Solis recognizes that such scenarios sound a little too perfect: "How do we balance the work-related expectations and stressors with the need to have meaningful, and sometimes time-intensive, conversation with clients?" she questioned. But she also knows that motivational interviewing is an investment in the patient that pays out over the course of their treatment. "It's front-end time that pretty drastically decreases the steps that you need to take with the patients

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Diabetes Risk Factors for Mobile Agricultural Workers

Although accurate current data on diabetes among mobile agricultural workers are lacking, many factors point to a higher diabetes rate for mobile agricultural workers than the overall population. Diabetes prevalence is 15 to 17 percent higher in America's rural areas than its urban areas.[2] In a 2018 study by the Southwest Rural Health Research Center, the likelihood of dying due to diabetes-related hospitalizations was 3.4 percent higher in rural areas than in urban areas.[3] With most mobile agricultural workers identifying as Hispanic, it is worth noting that Hispanics continue to have a higher risk than whites or Asian Americans, and that Mexicans and Puerto Ricans are about twice as likely to die from diabetes as whites.[4] A recent meta-study found an association between exposure to pesticides like organochlorines and Type 2 diabetes.[5] In a study of 2012 data pulled from the Uniform Data System, 71 percent of adult mobile agricultural workers lacked health insurance.[6] The stress of farm work and of living in poverty is yet another diabetes risk factor.

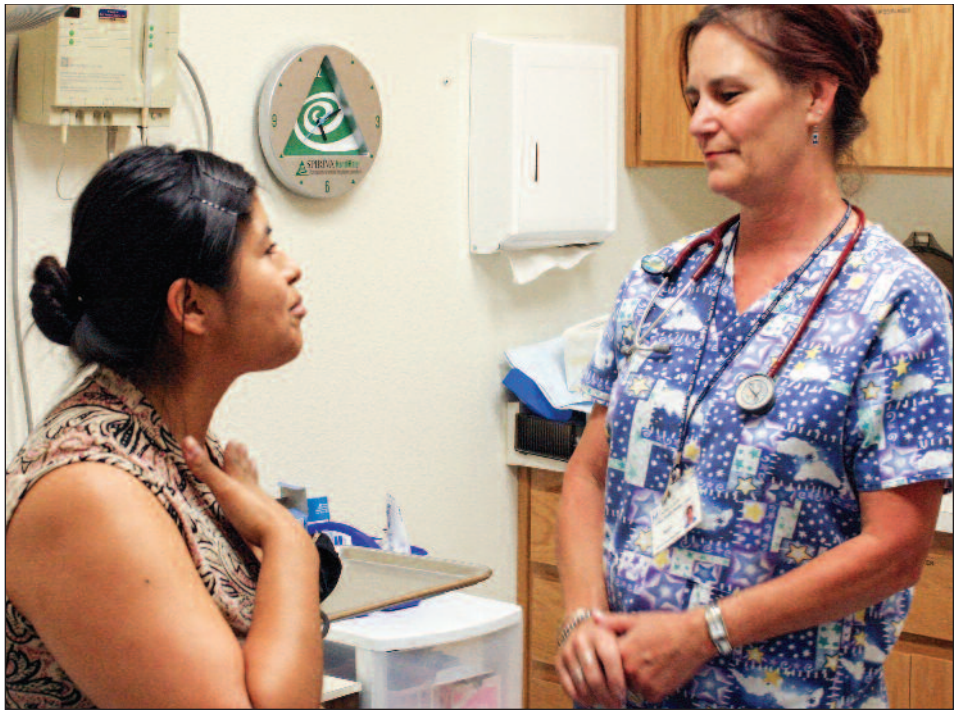
Diabetes and Health Network

When faced with the task to renew a prescription in a new community, some patients with diabetes have rationed their insulin. Such a move highlights the struggles that patients face in connecting to services at their next location. Health Network, Migrant Clinicians Network's virtual case management system, connects patients with diabetes to care at their next destination, to assure they can refill their prescriptions before their insulin runs out. Health Network Associates can link a patient with health services and even track a patient's progress after he or she moves. Enrollment is free and must be initiated by a clinic. Learn more and download enrollment forms in four languages: https://www.migrantclinician.org/services/network/enrollment-in-health-network.html.

Intimate Partner Violence:
Resources for Clinicians to Better Serve Patients

By Claire Hutkins Seda, Writer, Migrant Clinicians Network, and Managing Editor, *Streamline*

Intimate partner violence (IPV) occurs in all segments of our society, but vulnerable populations like mobile agricultural workers may encounter additional disparities and barriers to care that make intervention and treatment of IPV more complex. Language barriers, economic hardship, and isolation from their communities, support networks, and cultures of origin make it increasingly difficult to come forward and report IPV. Victims of IPV often suffer in silence for fear of losing their jobs or enduring legal ramifications like being reported to immigration. In addition, they may have less access to social and medical services, increasing their negative health outcomes. It's important to note that victims of IPV are not necessarily women; men and transgender individuals also experience IPV. Health centers can make significant strides in reducing IPV in their communities through culturally sensitive tactics both in the exam room and in the community. Here are some resources to better serve patients experiencing IPV:



Migrant Clinicians Network's upcoming two-session webinar provides specific and effective action items to better serve women who have experienced IPV in the exam room, and to make our communities safer by engaging men in the community. On April 17, Deliana Garcia, MCN's Director of International Projects and Emerging Issues, presents "Creating a supportive clinical environment to address intimate partner violence." The second session, on May 1, is entitled, "Providing essential tools for men to act on preventing intimate partner violence." Learn more and sign up at https://www.migrantclinician.org/webinars.html.

MCN's Engaging Migrant Men webpage features a series of fotonovelas (in Spanish) for health centers to use. To guide the conversation, use MCN's Engaging Migrant Men Discussion Guide Informational Packet: https:// www.migrantclinician.org/services/initiatives/family-violence-prevention/engagingmen.

The IPV Health Partners Toolkit is a comprehensive toolkit to support health centers to train staff and operationalize evidence-based approaches to respond to domestic violence. It was developed by Futures Without Violence, with support from the Family & Youth Services Bureau's Family Violence Prevention and Services Program and Health Resources & Services Administration. Available at: https://ipvhealthpartners.org.

Motivational Interviewing continued from page 4

later," Solis said. For mobile patients with diabetes like Rocio, where clinicians may never see them again after diagnosis, it may be the best chance the clinician has at eliciting meaningful and lasting change.

"Rolling with discord" is another aspect of motivational interviewing for which Solis has some ideas. "Externalize the fear of creating a plan," she says, and recommends asking patients, "Have you ever had a family member or friend with a similar issue, and what was the solution and outcome?" She also says that a quick and easy "slippery yes" may mean a lot of head nods and not a lot of action. "If I hear a slippery yes, I go silent. I get quiet and we'll sit there. Instead of pinning them down with logistics – 'how are you going to get there' – I get quiet because then they will tell me why it doesn't work." The process doesn't always work, but giving space allows clients to sustain their own narrative, she says.

Motivational interviewing isn't simple, and isn't easy at times. But research shows its worth. A meta-analysis in 2005 showed significant improvements for both physiological and psychological concerns. And, critical for patients like Rocio, 64 percent of the research studied in the analysis showed an effect of motivational interviewing in encounters of just 15 minutes.[1]

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3 Ferdinand AO, Akinlotan MA, Callaghan TH, Towne SD Jr, Bolin JN. (2017). Diabetes-Related Hospital Mortality in Rural America: A Significant Cause for Concern. Policy Brief #3. Southwest Rural Health Research Center. Available at: https://www.ruralhealthresearch.org/centers/southwest

4 Hispanic Health. Centers for Disease Control and Prevention. Accessed 2/25/19. Available at: https://www.cdc.gov/vitalsigns/hispanic-health/index.html.

5 Evangelou E, Ntritsos G, Chondrogiorgi M, et al. Exposure to pesticides and diabetes: A systematic review and meta-analysis. Environ Int. 2016;91:60-8.

6 Boggess B, Bogue HO. The health of U.S. agricultural worker families: A descriptive study of over 790,000 migratory and seasonal agricultural workers and dependents. J Health Care Poor Underserved. 2016;27(2):778-92.

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unstable work may be difficult to uncover in a short patient encounter. Maria, who wrote on her intake form that she is a housecleaner, is a typical example. Her asthma had been getting worse, so she went to the doctor at a community health clinic. Her clinician asked, "How long have you been a housecleaner?" Maria said about three months. The clinician reached further back in time: "What was your previous work?" Maria said she was a caretaker for two young children. The clinician moved on and focused on occupational exposures to chemical cleaners. Previously, Maria had worked for six years in agriculture, where she experienced pesticide drift and inhaled dust every summer as tractors and other machinery rolled past the orchards. Maria developed asthma in the orchards as a result of these work exposures. She planned to return to the orchards the following summer, since her caretaking and house cleaning work had slowed. None of this was uncovered during the exam.

Maria's situation is not uncommon. Most agricultural workers have jobs in other industries when farmwork is unavailable. And, amid the rise of the "gig economy", work in multiple industries simultaneously or within the last few years has become the norm outside of agriculture as well.

"Work is an important social determinant of health," emphasized Amy Liebman, MA, Migrant Clinicians Network's Director of Environmental and Occupational Health. "Understanding what patients do for the overwhelming majority of their waking hours is critical to providing quality care."

How has the industry changed, and how might that affect my patient?

James, a 36-year-old man, arrives at a clinic with a persistent cough, shortness of breath, and chest pain. His intake form shows he is unemployed. His previous work, however, is the key to the diagnosis. He worked for eight years in the coal mines.

In January, PBS's *Frontline* ran a half-hour investigative piece on Progressive Massive Fibrosis (PMF), or advanced black lung disease, in the Appalachians, entitled, "Coal's Deadly Dust." While the National Institute for Occupational Safety and Health (NIOSH) had officially tallied around 100 cases of PMF over five years, clinicians had been diagnosing significantly higher numbers, with a total of more than 2,000 cases in five states over the same period, many among workers in their 30s and 40s. NIOSH "had been tracking black lung disease for decades, but they only tested working miners, not those out of work, and hadn't detected the sharp rise in deadly PMF," the reporters concluded.

PMF had been falling for decades with the rise of regulation around coal dust, but mining methods had shifted, and the regulations hadn't kept up, according to *Frontline.* As areas with deep coal pockets had already been extracted, newer mining operations focused on rock with ribbons of coal, resulting in greater exposure to rock dust – particularly silica – than previous generation of miners had experienced. (See sidebar for more on silica regulations.)

The continuously evolving landscape of industries may result in changes in the occupational hazards that a worker faces. Other examples include increases in the speed of the conveyor belt at poultry processing facilities, new farm equipment that may increase efficiency but requires new training, and a shift in pesticide application techniques that may increase exposures.

Is my patient mobile, and what does that mean for his or her care plan?

Mobile workers, those who are required to be absent from a permanent place of residence for the purpose of seeking remunerated employment, are at risk for environmental health concerns – and encounter numerous and overlapping barriers to find and maintain care while on the move. For clinicians, a mobile designation is critical for

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Tools and Resources for Clinicians on Environmental and Occupational Health

Silica Standard: In 2017, the Occupational Health and Safety Administration (OSHA) released new safety standards for industries that may come in contact with silica. Silica exposure isn't limited to coal miners and quarry workers. Construction, demolition, and renovation workers are regularly exposed to silica as well. In January 2019, OSHA released an FAQ on the silica standard for general industry, which specifies how medical surveillance should occur for an employee exposed to silica, and which complements the FAQ released last year for the construction industry. Access the FAQs to read about silica exposure rules and medical surveillance requirements:

FAQ for general industry: https://bit.ly/2X14IQL

FAQ for the construction industry: https://bit.ly/2PiQMOn

New Blood Testing for Pesticide Exposure: Clinical diagnosis and reporting of pesticide exposure is critical for a number of reasons, including to establish trends in exposure, which in turn may have wide influence, from workers' compensation claims to the federal regulation of a pesticide. However, simple and accessible tools to test and monitor for pesticide exposure may not exist, may not be readily available, or may be too expensive. The May 2018 issue of Biosensors and Bioelectronics detailed a new portable, rapid, and inexpensive blood test that appears to accurately detect biomarkers of organophosphorus pesticide exposure in agricultural workers.[1] The test strips were trialed on 124 orchard workers and cotton farmers with long-term exposure to organophosphorus pesticides, and the results were highly accurate.

MCN has long rallied for the Environmental Protection Agency to require that a pesticide manufacturer provide an effective biomarker of exposure to a pesticide in order to register the product. This would aid clinicians in identifying and treating pesticide exposure. This new leap in rapid detection may aid our work as clinicians treating pesticide exposure in the near future.

Workers' Compensation and Pesticide Tools: In the majority of states, clinicians are required to report when a worker has been exposed to a pesticide, but reporting requirements vary from state to state. MCN's Workers' Compensation and Pesticide Reporting Map, developed jointly with Farmworker Justice, details state-by-state pesticide reporting regulations, workers' compensation requirements and restrictions in agriculture, and more. Access the map at: https://bit.ly/2GbhvLc.

Screening Questions for Primary Care: Use MCN's EHR-friendly concise and effective environmental/occupational health screening questions for the primary care provider. Access the resource, in English and Spanish, at https://bit.ly/2N2h9Hm.

1 Yang M, Zhao Y, Wang L, et al. Simultaneous detection of dual biomarkers from humans exposed to organophosphorus pesticides by combination of immunochromatographic test strip and ellman assay. Biosensors and Bioelectronics. 2018;104:39-44. doi:10.1016/j.bios.2017.12.029.

Clinician Resources to Help Mobile Agricultural Workers Exit a Trafficking Situation continued from page 3

reporting roles. During that decade, reports from health care professionals to the hotline increased 171 percent.

Yet, a clinician's role is not to push for disclosure. "Trauma-informed care recognizes that trauma is ubiquitous and has widespread impact for patients, which is something clinicians should recognize and have reflected in their policies and interactions. You're not there to definitively determine 'yes' or 'no' as to whether the individual is a victim of trafficking," Pfenning emphasized. "You're there to identify red flags and meet the immediate, short-, and long-term health needs of the client," including through making referrals and helping a patient access the care and stabilizing services that will help him or her exit a trafficking situation.

"I think we have a lot of clinicians who are terrified – there's a fear of the 'yes,'" Pfenning admitted. "They don't know what to do if there is a positive screening... We want clinicians to feel empowered and equipped in their very unique role in interacting with this population, and provide them with models for building community partnerships and referrals that can provide those services in a victim-centered, trauma-informed way."

RESOURCES:

The National Human Trafficking Training and Technical Assistance Center (https://www.acf.hhs.gov/otip/training/nhttac) is equipped to deliver specialized training and technical assistance that informs and enhances the public health response to human trafficking. To request TA, email NHTTAC (info@nhttac.org) or call 844-648-8822 to speak with a NHTTAC Specialist.

SOAR Online includes a series of accredited training modules in English and Spanish, at https://bit.ly/2IGc8Rs.

The National Human Trafficking Hotline a 24/7, confidential, multilingual hotline serving victims and survivors of human trafficking and the anti-trafficking community in the United States. To report trafficking or request assistance, call 1-888-373-7888, text HELP to BEFREE (233733), email help@humantraffickinghotline.org, or chat online at www.humantraffickinghotline.org/chat. Access more resources and statistics at the Hotline's main page, www.humantraffickinghotline.org.

Through the Look Beneath the Surface campaign, HHS developed a pocket card, brochure, and poster for health care providers who may encounter patients who are experience human trafficking. These materials are available for download in both English and Spanish at https://bit.ly/2Bym5PU.

National Advisory Council on Migrant Health Recommends Greater Attention to Labor Trafficking

In November 2018, the National Advisory Council on Migrant Health (NACMH) held its third and final meeting of the year to discuss the numerous health care concerns that mobile agricultural workers face, and the ways in which community health centers are and could be responding to those concerns. Following the meeting, the Council posts official recommendations to the Secretary of the US Department of Health and Human Services and the Administrator of the Health Resources and Services Administration (HRSA). To elevate the concern and to empower clinicians to better identify and respond to trafficking, NACMH recommended that HRSA support health centers in:

1. Raising awareness of labor trafficking by increasing health center capacity to identify victims of labor trafficking, including by training staff on screening;
2. Linking mobile and seasonal agricultural workers who have been trafficked or exploited to restorative services and expanding medical-legal partnerships; and,
3. Establishing partnerships with other federal and community groups like Migrant Head Start to increase capacity.

The inclusion of trafficking in the recommendations "is a reflection of the critical role that HRSA plays to the public as a whole, in terms of health provision in this country, and the fact that they are providing the lion's share of health services to some of our most vulnerable, including foreign nationals," Pfenning said.

Read the NACMH recommendations in full at https://bit.ly/2FPviVr.

Sex Trafficking and Labor Trafficking

Human trafficking resources and attention have often focused on the female profile, leaving male and transgender victims of trafficking with fewer options of recourse. "Overwhelmingly, there are specialized services that are tailored to women and girls," who are the majority of the victims of sex trafficking, Pfenning said. "When it comes to housing, for example, there aren't as many specialized services or shelters designed to meet men, boys, and transgender persons where they're at, who are also potential victims of trafficking, the way there are resources for women and girls." Health centers are encouraged to leverage community collaborations to open up resources for male and transgender victims of trafficking. Clinicians are also encouraged to keep the two types of human trafficking – sex and labor – in mind when dealing with one or the other. Clinicians are "likely to encounter both sex and labor trafficking in these settings, as individuals who have experienced both forms of trafficking have emerged from agricultural settings and [have been] reported to the National Hotline and served by our various grantees," Pfenning clarified. Mobile and seasonal agricultural workers are also at risk for sex trafficking, again, because of their precarious labor and economic situations, coupled with their mobility, isolation, and lack of access to care.

Three Key Work-Related Questions to Get the History Right continued from page 6

proper treatment. Thoroughly understanding a patient's work may reveal the patient's level of mobility. Additionally, clinical staff should verbally question patients at every visit to determine mobile status. (See resources on page six for MCN's screening form.)

Mobile workers, including agricultural workers who move with the season and truck drivers who cross state lines daily, struggle to interact with health systems that were designed for geographically stable patients, and clinicians need to develop a treatment plan that takes the mobile lifestyle into account. A patient with chronic pain may struggle to get a prescription refilled across state lines at an "out-of-network" location. A prenatal patient needs regular care even if she is moving every three weeks, requiring a new clinician after every move. A patient newly diagnosed with diabetes may have to move before completing a nutrition class. For these concerns, clinicians can turn to Health Network, the geographically unbound case management system for mobile patients operated by Migrant Clinicians Network. When a clinician enrolls a patient, a Health Network Associate: contacts the patient directly to establish a relationship, outline health goals, and build rapport; forwards medical records, arranges care, and secures any needed auxiliary services at the next location; and assures that the enrolling clinician receives updates on the progress of the mobile patient. Health Network serves as a critical bridge in the gap that mobile workers face and an important one in treating environmental and occupational health conditions.

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calendar

May 15, 2019
MCN Webinar: "Stepping into the Cost of Care Conversation"
https://www.migrantclinician.org/webinars.html

May 17 - 19
National Latino HIV and Hepatitis C Conference
San Antonio, TX
https://www.latinosandhiv.org/

May 22
MCN Webinar: "Working with the HRSA Diabetes Quality Improvement Initiative making it work for your mobile and agricultural worker populations."
https://www.migrantclinician.org/webinars.html

June 14 - 16
North American Refugee Health Conference
Toronto, Canada
https://www.northamericanrefugeehealth.com/

June 23 - 26
School-Based Health Care Convention
Washington, DC
http://www.sbh4all.org/

June 24 - 27
International Society for Agricultural Safety and Health (ISASH) 2019 Annual Conference
Des Moines, Iowa
https://isash.org/

July 10 - 13
Summer Institute on Migration and Global Health
Oakland and Berkeley, CA
http://www.migrationandglobalhealth.org

August 7 - 9
Western Agriculture Safety and Health Conference – Cultivating Collaborations
Seattle, WA
https://deohs.washington.edu/pnash/west-ag-safety-conf

August 18 - 20
NACHC Community Health Institute & Expo
Chicago, IL
http://www.nachc.org/conferences/chi/