

Challenges of Getting the Medical Community to think about workers: Engaging Community Health Workers on Occupational Stress

Amy K. Liebman, MPA, MA
May 15, 2019

MIGRANT CLINICIANS NETWORK



**A force for health justice:
Creating practical solutions at the intersection of
migration, health and vulnerability**



**Cutting Edge
Programming**



**Resources and
Dissemination**



**Advocacy
and Policy**



**Research and
Knowledge
Mobilization**



**Clinical Support
and Capacity
Building**

- **1,400 Community Health Centers**
- **12,000 Delivery Sites**



0 150 300 Miles

Scale bar only applies to contiguous U.S.

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration

Data Source:
Please refer to data source page on Map Gallery
<https://data.hrsa.gov/map/gallery>

Community Health Centers

More than 27 million people – 1 in 12 people across the United States – rely on a HRSA-funded health center for care, including:

1 IN 9
CHILDREN



1 IN 5
RURAL
RESIDENTS



1 IN 3
LIVING IN
POVERTY



Primary Care can be a Gateway





Photo @ Robyn Garibaldi

Integrating Occupational Medicine into Primary Care

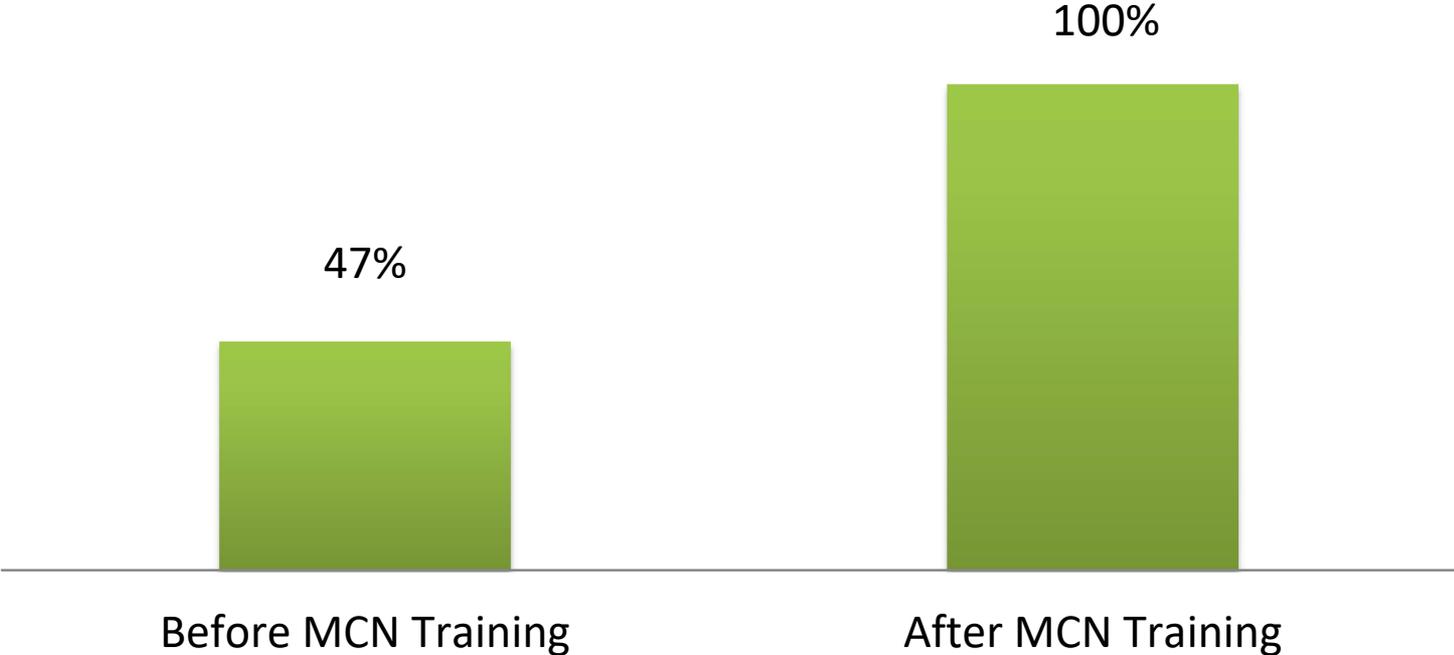
Hours of Occupational and Environmental Medicine Training, N =72



68% - 2 hours or less

76% - 5 hours or less

Percent of Clinicians in FL Health Center Unaware of Reporting Requirements, N= 45



Community Health Centers as a primary care safety net for Occupational Health and Safety

Key Informant interviews and focus group discussions

Clinicians,
Administrators,
Community Outreach Workers

Two Health Centers:

- One rural and agricultural
- One urban with meat packing, manufacturing, hospitality



- OM=WC
- Adversarial system for both clinicians and patients
- Patients fear job loss or worse
- Clinicians wary of legal system, forms, delays
- Chronic pain and depression among those who file

Fear of job loss or deportation

“I was working [with a patient] and she wanted to report an injury at work. I was helping her navigate the system and we called the federal number. One of the very first things they told us in Spanish. . .was, ‘how important is your job to you?’
.. This is not good.”

Clinicians are uncomfortable with what they don't know

“I can handle someone who is septic way easier than [I can handle] a work form. I just don't know what to do.”

“I think that there is a lot of hesitancy about how [to] make a change in work environment... it takes a lot of explaining [for me to understand] what it is that they're doing in this meatpacking plant...It's a long conversation to talk about [possible accommodations]...”



How do you think
clinicians feel
about pain
management and
opioids?

Obstacles for Primary Care

- BUSY
- Unfamiliar terminology/
practice
- Public Health Paradigm
- Workers' Compensation/
Legal system/ Reporting
- Office Based



MCN's EOH Program

SIMPLE, Flexible, Effective

- EOH Centers of Excellence
- Practical training
- Reporting
- Connecting primary care to occupational and environmental medicine
- Resources and technical assistance



EOH Screening Questions for the Primary Care Setting

Preguntas para sondear en los lugares de atención a la salud

1 OCCUPATION OCUPACIÓN

Describe what you do for work.
Describa lo que hace en su trabajo.



2 ACTIVITIES AND CAUSES ACTIVIDADES Y CAUSA

Are there any physical activities that you do – at work or away from work – that you feel are harmful to you?
¿Hay alguna actividad física-en el trabajo o en otro lugar-que crea usted es dañina para usted?

3 SUBSTANCES/PHYSICAL HAZARDS AND CAUSES SUBSTANCIAS/PELIGROS FÍSICOS Y CAUSA

Are you exposed to chemicals, fumes, dusts, noise, and/or high heat at your work or away from work? Do you think these are harming you?

¿Está usted expuesto a químicos, gases, polvo, ruido y/o altas temperaturas en su trabajo o en otro lugar? ¿Piensa usted que estas cosas lo pueden dañar?



When is illness or injury work related?

Any injury or illness resulting from or sustained in the course of any occupation or employment.

More than 50% likely due to work

USE THESE WORDS TO DOCUMENT CHART:

- “More likely than not” due to work
- Work “most likely” cause of the condition
- “But for the work” the condition would not exist

Community Health Workers

- Lay Health Advisors
- Promotores de Salud
- Promotoras
- Camp Health Aides





Photo © earldotter.com

- Mexico and other developing countries in 1960's & 1970's
- Experiential learning
- Peer education



Educación Popular or
Non-formal, Participatory
Adult Education



Susan Harwood Training Grants

Through OSHA's Susan Harwood Worker Safety and Health Training Program, Partnered with Community Health Centers to train CHWs – Trained over 1,000 workers.

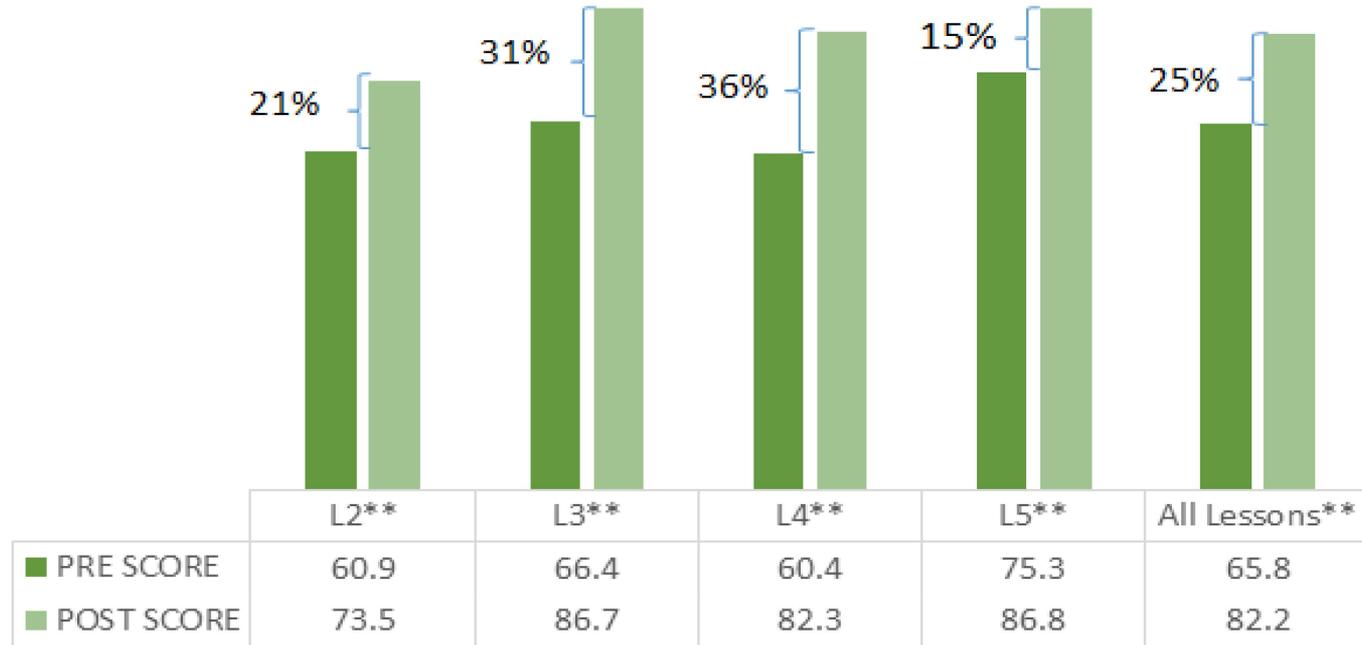


**Community Health Workers
and Immigrant Dairy Workers**

- Conduct monthly observations
- Reinforce safety practices
- Serve as liaison between workers and management
- Train new workers
- Participate in monitoring calls and visits



Training: Worker Knowledge



** p<.001

Paired Pre/Post N=339 workers, 39 farms
Significant knowledge gain for both groups

Applying Learning Theory to Safety and Health Training for Hispanic Immigrant Dairy Workers

Patricia M. Juárez-Carrillo, PhD, MPH

Amy K. Liebman, MPA, MA

Iris Anne C. Reyes, MPH

Yurany V. Ninco Sánchez, RN

Matthew C. Keifer, MD, MPH

Featuring results from the “Seguridad en las Lecherías: Immigrant Dairy Worker Health and Safety” project

+ HPP Paper of the Year in 2018

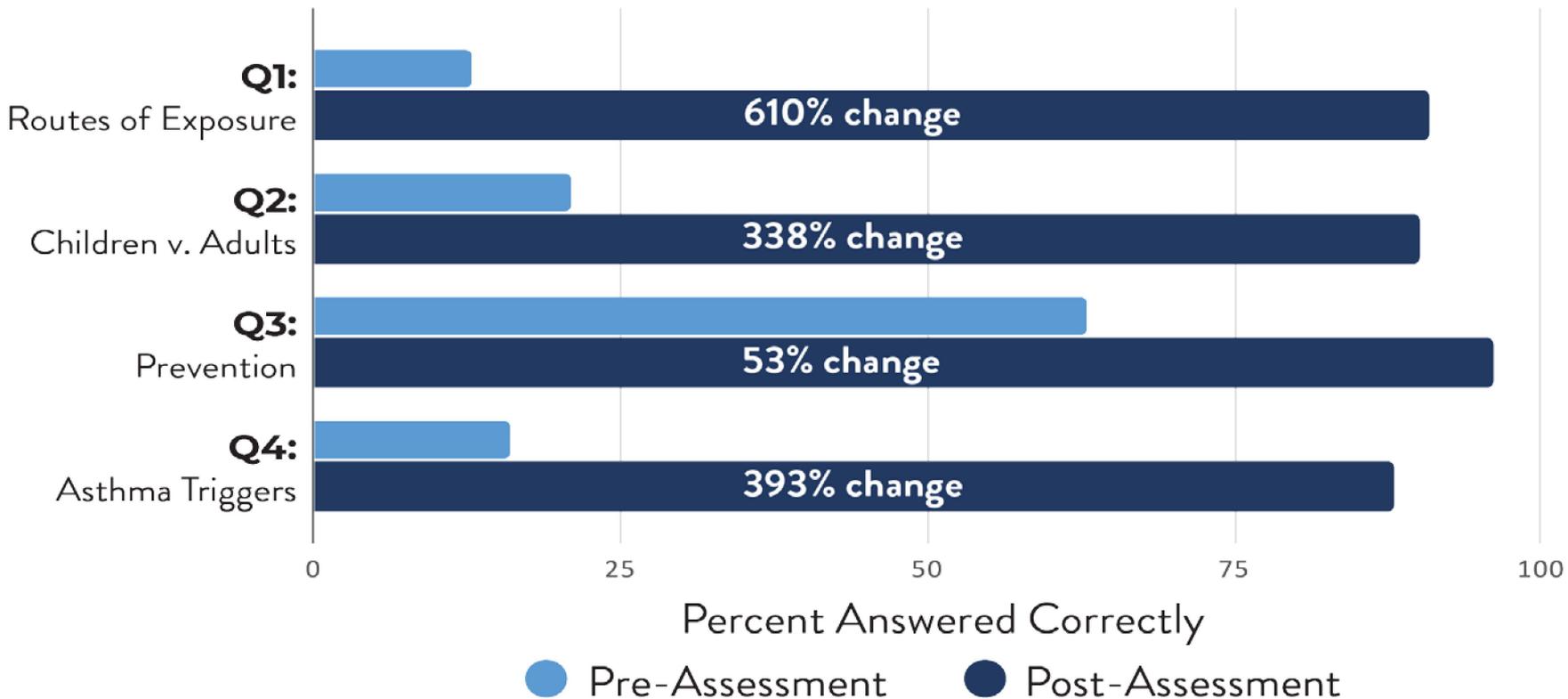
+ On the HPP Top 10 Papers list



Community Health Workers and Parents



Percent Change in Knowledge of 78 Parents



Virtual communities of learning for CHWs - Project ECHO



A man in a white t-shirt with a logo and a cap is walking on a damaged road, carrying a large white plastic bag filled with supplies. In the background, a white SUV with 'OCN' and 'TOURISM' branding is parked on the road. Other people are visible further down the road, some carrying supplies. The road is partially collapsed, and there is a large pile of debris and branches on the right side. The text 'Mobilizing Communities in Puerto Rico to Meet the Needs of Vulnerable Populations' is overlaid in large white font.

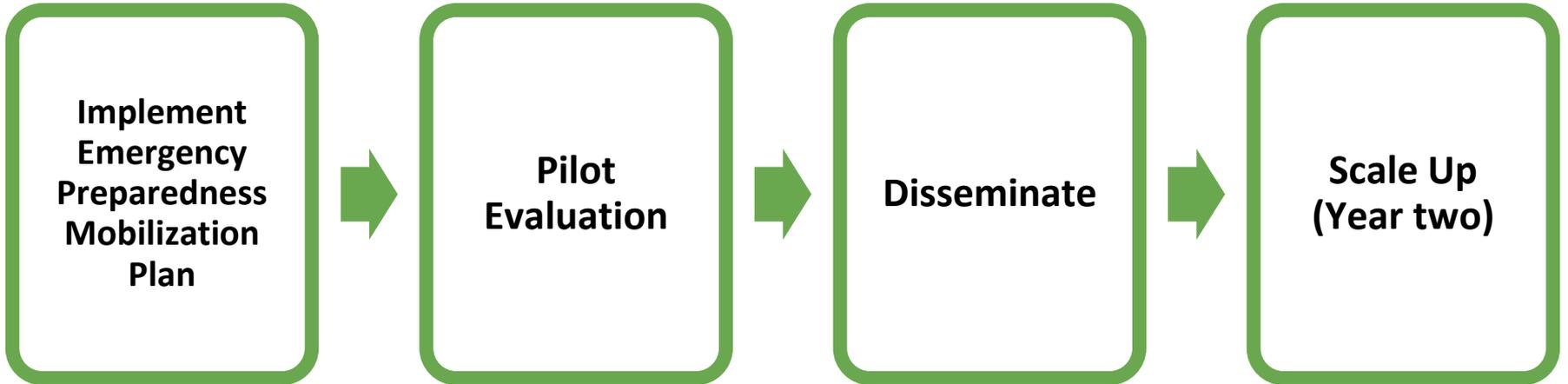
Mobilizing Communities in Puerto Rico to Meet the Needs of Vulnerable Populations

Before, During and After a Natural Disaster



After Hurricane
Maria, Community
Health Centers
were the 1st
Responders in
many communities





RISK ASSESSMENTS

Evaluate the risk of a natural disaster affecting the CHC.

Evaluate the risk of a natural disaster affecting the community.

STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS (SWOT)

Analyze current emergency management and preparedness strategies in the CHCs Emergency Management Plan

Analyze how target communities fit within the CHC's Emergency Management Plan

RESOURCES AND SYSTEM MAPPING

Identify resources available to the community and the CHC to address and sustain emergency management activities

EMERGENCY PLANS

Draft Community Emergency Management Plan

Integrate the Community Emergency Management Plan with the CHC Emergency Management Plan

After Maria...

- Suicide rate increased
 - 2016 - 6.1 /100,000
 - 2017 - increased to 7.8/100,000
 - 2018 - 7.6/100,1000
 - Age group with highest suicide rates younger



PTSD in Children

- 1/3 of the children surveyed reported strong predictors of PTSD following the storm.
- ~ 46% said their home was damaged
- ~32 % experienced shortages of food and water.
- ~ 58 % reported they had a friend or family member leave the island.

Opioids Overdoses in PR Increasing

- 600 overdoses
- 60 deaths
- Undercounting – budget cuts





© earldotter.com



MIGRANTCLINICIAN.ORG/BLOG

LATEST NEWS IN HEALTHCARE FOR THE UNDERSERVED

We'd love to partner!



Contact



Amy K. Liebman, MPA, MA

Director of Environmental and Occupational Health

(512) 579-4535

aliebman@migrantclinician.org

www.migrantclinician.org

