Who are the Agricultural Workers?
• When you think in a healthy agricultural worker what comes to your mind?
• What is your job about?

• What in your personal life motivated you to get involved in the health and well-being of agricultural workers?
• The personal and the professional
Principles of Practice

1. We work for health, not for the absence of disease

• LHA believes in the definition of health from the World Health Organization: "Health a state of physical, mental and social well-being and not the mere absence of disease."

A Profile Of Migrant Health: 2017

Data From 174 Community/Migrant Health Centers

- 32.6% Migratory Agricultural Workers
- 67.7% Seasonal Agricultural Workers

*875,142 Migrant/Seasonal Agricultural Worker Patients
- 60% Adults (18-64)
- 53% Female

*875,142 reflects patients seen in Migrant Health Centers. UDS reports a total of 972,251 Migrant and Seasonal Agricultural Workers by M/CHCs.

90.7% of Migrant and Seasonal Agricultural Worker patients identified as Hispanic/Latino

That's approximately 788,139 patients

37.6% of Agricultural Workers are Uninsured

71.6% of Agricultural Workers are below Poverty Level
- vs 80% in 2012
- 83% in 2010

Selected Reported Diagnoses for MSAW, 2017

Locations by Streams of C/MHCs by number of MSAW patients served
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VS
80% in 2012
83% in 2010

Selected Reported Diagnoses for MSAW, 2017

- Overweight & Obesity
- Hypertension
- Diabetes Mellitus
- Obesity Media
- Depression
- Asthma
- Anxiety Disorders
- Dermatitis
- Other Mental Disorders
- Delayed Physiological Development

Locations by Streams of C/MHCs by number of MSAW patients served

Blue - West Stream
Orange - Midwest Stream
Green - East Stream

National Center for Farmworker Health
1770 FM 867
Buda, TX 78610
512.312.2700 www.ncfh.org
2 – 3 million agricultural workers in the USA

- Life Expectancy
- Income: 30% under poverty level
- Quality of housing
- Education for them and their kids: 45%-60% graduate from HS
- Rights: Labor, gender protection, health protection etc

http://www.farmworkerfamily.org/information
Mental Health

• Depression
• Anxiety
• Nervios
• Alcohol misuse

Mental Health Risk Factors

- Economic hardship/ Poverty
- Frequent mobility
- Long work hours
- Limited or nonexistent benefits
- Food insecurity
- Low control
- Poor housing

Mental Health Risk Factors

• Social Isolation was the strongest contributor to anxiety

• Stressful working conditions had the strongest effect on depression
Causes of Depression related to the immigrant experience

• Separation from loved ones and or family
• Discrimination and harassment in the community
• Long hours and multiple jobs
• Not having a job or receiving bad pay
• Social Isolation
• Drug alcohol abuse
Determinants of Health

• Biological Factors
• Health Care Access and Quality
• Physical Environment
• Social Environment
• Behavioral Factors
• Stress
• Discrimination
We, the Member States of the World Health Organization (WHO), reaffirm our commitment to the principle enunciated in its Constitution that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being; in doing so, we affirm the dignity and worth of every person, and the equal rights, equal duties and shared responsibilities of all for health.
We emphasize the importance of reducing social and economic inequities in improving the health of the whole population. Therefore it is imperative to pay the greatest attention to those most in need, burdened by ill-health, receiving inadequate services for health or affected by poverty.
We reaffirm our will to promote health by addressing the basic determinants and prerequisites for health.
World Health Organization’s definition of “Setting”

- The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well being. A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. Examples of settings include schools, work sites, hospitals, villages and cities.
Born in West Oakland, an African American person can expect to die almost 15 years earlier than a White person born in the Oakland Hills.

SOURCE: Life and Death from Unnatural Causes – Health and Social Inequity in Alameda County. Alameda County Public Health Department. August 2008
For every $12,500 in family income: One additional year life expectancy

SOURCE: Life and Death from Unnatural Causes – Health and Social Inequity in Alameda County. Alameda County Public Health Department. August 2008
The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. It is IHI’s belief that **new designs must be developed** to simultaneously pursue three dimensions, which we call the “Triple Aim”:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx
Patient Centered Medical Homes

(PCMHS)—practices delivering comprehensive care for most health problems; coordinating care among multiple clinicians; and achieving heightened standards for accessibility, quality, and safety.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394379/
Value-Based Payment

• Value-Based Payment “aimed to promote enhanced population health management that should result in the improvement of health and/or systemic cost containment or reduction.

• VBP tied to Performance Measures

https://www.aafp.org/about/policies/all/value-based-payment.html
Population Health in Medical Homes and Communities with Equity at the Center

• In the Patient Centered Medical Homes

And

• In Communities
• Can we improve Outcomes and Quality Measures without addressing SDOH in the community you serve?
Nothing About Us

Without Us
Communities are key in improving health and wellness

- They live the data
- They have the knowledge
- They are researchers
- They use knowledge produced by others
- They advocate for what works
- They are the most interested in improving their health and that of their communities
- Community advocacy and participation accelerates progress
Change happens when..

People have the opportunity to think and engage in action at all levels.

Are we helping with change?
The places where we live, work, play and learn, affect our health
Why is this different?
www.cfgnh.org/About/NewsEvents
/ViewArticle/tabid/96/ArticleId/328
/Health-Equity-Summit.aspx
Inclusion of Community Health Workers

• Care models that include CHW/Ps may improve outcomes, increase efficiency and lower health care costs.
• CHWs/Ps can help meet demand for clinical services while also serving as an important resource for population health improvement strategies
The work of Promotores (CHWs)

• Outreach

• Creation of spaces where we develop trust, cultivate the relationship and invite each other to improve and/or maintain individual, family and community health

• Services

• Mechanisms for participation or Hope-Energy-Action Projects
CHANGE IN SELF-MANAGEMENT BEHAVIORS

- Patients with personal health goals: Before 64%, After 100%
- Adhering to medication: Before 76%, After 93%
- Exercising at least 3x a week: Before 50.9%, After 77.3%
- Satisfaction with care team: Before 87%, After 100%
Objective: Finding the Main Idea

The Main Idea is the most important idea in the story or article. Ask yourself:
What is the story about?

Key Details are other information in the story that supports the Main Idea.

The main idea:

A key detail that supports the main idea is: 

1.

2.
Santa Ana is now a sanctuary city for undocumented residents

Dec. 6, 2016 | Updated Dec. 7, 2016 9:51 a.m.

View Photo Gallery

By JESSICA KWONG, STAFF WRITER

SANTA ANA – Santa Ana officials
# No Contaban
Con mi voto
Services and activities are needed. They are also doors for participation or missing opportunities.
Health Disparities

• The discussion about health disparities
• The root causes
• The pathway
Needs do not change communities or make people better

• **14. We create healthier communities with each other’s strengths**
• We believe that every person has knowledge, skills, strengths and talents that can be mobilized to build healthier communities.
• In general people don’t contribute skills unless they think it is worth it, their contributions are needed and are welcomed.
http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx
Childhood obesity. Don’t take it lightly.

Food Stamps can help. Call 1-888-328-3483 to see if you qualify.

my kinda shoppin’ spree
• When you think in a community where agricultural workers can thrive what comes to your mind
NO MAS MUERTES SIN RAZON!!!!!!
• What needs to happen to become healthier and to create healthier places
What would be your 6th Breakthrough Idea?

Respond at PollEv.com/ihievent

Text IHIEVENT to 22333 once to join, then text your message.

Keywords:
- unlearn
- authentic
- innovate
- lead
- reflect
- planning
- disrupt
- courage
- implementation
- self
- change
- community
- development
- sustain
- curious
- everyday
- recruiting
- middle
- equity
- leadership
- day
- reflection
- knowledge
- culture
- quality
- boundary
- awareness every