



# Wall of Wonder

## Exploring Access to Care for Agricultural Workers

### 2014 Midwest Stream Farmworker Health Forum

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## Introduction

With the goal of increasing access to care for agricultural workers, the National Center for Farmworker Health conducted an interactive round-table session with approximately 90 participants of the Midwest Stream Farmworker Health Forum to share, a) changes they have seen in their agricultural communities, b) how these changes have impacted utilization of services at their health centers, and c) strategies for increasing access to care for Migratory and Seasonal Agricultural Workers in the U.S. Participants provided answers to the following key questions and their responses are provided under each of those questions.

Note: Number in ( ) indicates the number of times the issues were identified by participants.

## Question #1: What changes have you seen in your local farmworker community?

### Changes in the Agricultural Industry

- Less labor intensive crops (4)
- Increase mechanization (2)
- Droughts and other climate change (2)
- Industries changing
- Farms closing down
- Farmers producing less
- Farm labor stationary
- Decrease agricultural activity due to oil/gas extraction
- Growing season changing – starting earlier
- Fluctuation of crops due to weather affects migration in subsequent years
- New mushroom farm
- Organic farms
- Changing from large area farming to transplant nursery.

### Changes in Demand for Agricultural Labor

- Decrease demand for workers due to less land in production (2)
- Fewer workers working long hours
- *Menos trabajo en el campo (Translation – Less work in the fields)*
- Increase in incarcerated persons in field
- Workers working longer hours because there are not enough farmworkers

### Changes in Migration Patterns

- Not migrating as much (3)
- Less migrant families (2)
- Increase Seasonal vs. Migratory “settled out” (2)
- No H2A workers

- Migrant works replaced – Shift in Hispanic workforce
- Parents moving to U.S. (mainland) for work – Families in PR are being affected due to lack of economic opportunity

### Changes in Population Demographics

- Increase in families (3)
- Increase in women workers (2)
- Family structure (more U.S. born children)
- Increase in infants and toddlers
- Children along with no parents
- More indigenous
- More single men
- Farmworkers moving/leaving
- Bringing farmworkers from Mexico
- Socio-Environmental Changes
- Midwest: 30% (2003) to 50% (2012) more farm workers are U.S. citizens. in the U.S. – variations among states
- Less farmworkers (being educated/going up the ladder)
- Increase of education among workers
- *Incremento en el número de deportaciones (Translation – Increase in the number of deportations)*
- Increase of Immigration laws enforcement
- State laws are becoming strict (State of CA)

**Question #2: How have these changes impacted the utilization of your health center services?**

### Impact in the Number of Farmworkers Served

- Decrease in numbers (4)
- Less participation of farmworkers due to socio-environmental conditions (3)
- Significant drop in farm workers due to deportation (2)

- Less patients seen
- Males are not seeking care
- Increase in farmworkers
- *Miedo venir a centros de salud (Translation – Fear of going to the health center)*
- Indigenous farm workers are increasing overall but the language barrier is a barrier to health access and speaking with providers
- More patients at health centers and less room for MSAW
- Decrease utilization due to fear of those left
- More services available to FW because of increased # of U.S. citizen FW
- Difficulty accessing translators for indigenous languages
- Private Insurance/Private doctors
- MFW families are not reaching out to all resources
- Using less of our services available in the community health centers

### Impact in Population Reach

- Restrictions to provide services at farms by growers
- Identification of migrant children (urban)
- Harder to reach
- Farmers less likely to give access to health outreach workers
- Health center has hard time identifying families of workers who immigrated to U.S.
- Impact in Identification of Agricultural Workers
- Health centers not asking to identify as MFW
- Confusion of the term
- Less are identifying as MFW
- No recognition of MSFW by staff (training issue)

### Impact in Work-force Issues

- Lack of staff

- Turnover in staff
- Lack of pediatric medical & dental providers

### Impact in Service Delivery

- Health centers have become bureaucratic – fear of another system
- Expansion of hours, evening shifts
- Provide other services (mobile clinics)
- Problems in provider reimbursement
- Less immunization for children
- Workers cannot get to health center due to long work hours
- Increased need for women’s services
- Kidney disease on the rise among male farmworker
- Changes in male- female worker ratio
- Serving less members of a family
- Need to change marketing strategy

### Impact in Funding

- Fear of no access due to unfunded
- Funding allocations, who is responsible

**Question #3: What ideas/suggestions do you have that could result in an increase in the number of farmworkers served at your health center?**

### Health Promoters - Program Infrastructure

- Implement Promotores Program
- Focus on the Promotora Model Outreach Workers
- Train farmworkers on their off season to be Promotores/as and pay them
- Get CHWs out from behind desks
- Train Promotora/es (ex. Cholesterol, glucose screening)

- Longer season for Promotor/a service
- Pay promotores/as

### Establish and/or Enhance Collaborations

- Building relationships & partnership with the growers (3)
- Better relationship with farmers
- Collaboration! Collaboration! Collaboration! w/other migrant entities
- Encourage community collaborations/partnerships to assist with services
- Incorporate a medical-legal partnership in health center for all patients
- *Trabajar en conjunto con otras agencias para saber cuando los migrantes llegan o se van (Translation – Work in partnership with other agencies to know when migrants arrive and leave the area)*
- Connect with Department of Agriculture to identify MFW.
- Partnerships with other agencies
- Really look at building relationships with the growers to reach & educate workers on health
- Better alignment with farmers using H2A workers to know arrival dates so mobile units know when to begin visits for routine medical care
- Collaborations with government agencies (ex: Dept. of Agriculture)

### Strategies to Enhance Farmworkers' Health Education

- Teach farmworkers on use of technology (portals, smart phones) for patient appointments & patient education
- Promote education activities where MSFW children attend to promote health services
- Community involvement facilitated by health educators (Promotores)
- Promote health services
- Focus on patient health education for farmworkers
- Materials need to be more [at their] educational level for them to understand (pictograms).

## Strategies for Community Education & Staff Recruitment

- Public workshops
- Educate on why MHC exist
- Create opportunities for passionate people to do the work
- Educating policy makers (Who are farm workers? What do they do?)

## Marketing Strategies

- Promote health center services through mass media (TV, radio)
- Start campaigns
- Promote services on a local Spanish-language radio show
- Marketing through outreach
- Increase advertising of resources

## Strategies for Reaching Population

- Increase targeted outreach: packing house, migrant camps, fields, door-to-door, phone, etc. (5)
- Focus groups to reach people (who do not go for care or to clinics)

## Strategies for Identifying Special Population

- Educate staff @ clinic to identify as MFW, & school staff
- Identify non-Hispanic farmworkers (such as Hmong)
- Educate staff on how to identify farmworkers, aged & disabled
- Train staff (clinics) to ID MSFW
- Know how many MSFW served and set goals to increase
- More training for intake staff on identifying MSAWs
- Educate staff, providers, board and community (on migrant farmworkers)
- Better training of medical center staff to identify farmworkers and be culturally competent
- Teach outreach workers to administer basic behavioral health screen &



make referrals to behavioral health at clinic

- More communication with our own family [to identify farmworkers among our own family]

### Workforce

- Dedicated teams/staff to provide community services
- *Tener más doctores que nada más atiendan los migrantes (Translation – Have more doctors that only attend to migrants)*
- Continuity of care/outreach workers & good documentation
- Incentivize: pay 3% for every year they stay after first year
- More bilingual staff & providers

### Strategies for Service Delivery

- Increase mobile service participation & locations (2)
- Provide transportation (2)
- Staff availability to train patients on use of technology
- Utilize Mobile Immunization [clinics]
- Continue to emphasize importance of primary care medical home during BH screens.
- More follow up by phone to see if they have connected with clinic
- Use health promoters and the board to help us
- Restructure or teams to assign liaison at the clinic to facilitate appointments
- Make mobile healthcare available onsite at farms
- *Involucrar a los mismos trabajadores ser voceros de los servicios de nuestro centro de salud (Translation – Involve the same farmworkers as spokespeople on the services of the health center)*
- *Visitar las comunidades rurales para informar sobre servicios (Translation – Visit the rural communities to inform about our services)*
- Offer extended hours
- Outreach thru marketing/marketing thru outreach
- Expand access to care (Think of community needs!)

- Improve on minimizing language barriers for our patients
- Translators (phone possible)
- Provide a more welcome environment
- Look at your data
- Reduce copays
- Study needs of community in partnership with a university (Know what to help with!)

### **Funding**

- If MFW has Medicaid or CHIP, find out where, who handles the Medicaid for the state to get the health center reimbursed by Medicaid
- Reach out to Education (Regional) Service Centers to help you find them
- Dedicate budget for outreach