Summary of 2014 & 2015
Health Center Access Focus Groups
(Wall of Wonder)

Released 2017
Multi-disciplinary Perceptions of Challenges and Barriers faced by Ag Workers and Community Health Centers; and Strategies for Increasing Access To Care for the Ag Worker Population.

In 2014 and 2015, the National Center for Farmworker Health, Inc. (NCFH) conducted interactive, multi-disciplinary round-table sessions at the Midwest Stream Forum for Agricultural Worker Health in San Antonio, TX; the Western Forum for Migrant and Community Health in San Diego, CA; and the East Coast Migrant Stream Forum in Nashville, TN (Figure 1) to obtain perceptions regarding barriers faced by the Ag Worker population, to identify challenges faced by Health Centers (CHCs) serving them, and to obtain strategies that could be implemented to increase access to care for the targeted population. Individual reports for each of those Forums were prepared and may be accessed through links provided below. Four hundred forty (440) people—mostly health center employees from around the country—participated in the round-tables and provided answers to the following questions:

1. What changes have you seen in your local Ag Worker community?
2. How have these changes impacted the utilization of health services? and
3. What ideas/suggestions do you have that could result in an increase in the number of Ag Workers served at your health center?

Information obtained at the three Forums was used to prepare this summary. For the Challenges and Barriers categories, topics identified are discussed based on similarities and differences identified amongst the three Forums or “Streams”. On the other hand, Strategies have been consolidated from responses from all three sessions and are listed by identified topic.

Figure 1: Stream Forums

*Stream Forums: Three regional conferences providing education and networking opportunities for health center staff located along the East Coast, Midwest, and West Coast (traditional geographical streams followed by Ag Workers as they follow the agricultural work)

I. Local Changes in the Agricultural Industry and its Demand for Labor

a) Agriculture Industry. Several changes in the Agricultural industry were identified, including a decrease in labor-intensive crops, especially in the West Coast. According to respondents, highly mechanized crops, such as corn and beans in the Midwest, and tobacco and sweet potatoes in the East Coast were replacing other labor-intensive crops. Oil/gas extraction, mainly in the Midwest, has contributed to the decrease of agriculture in that region. Urbanization has replaced agriculture in several parts of the country, e.g. South Florida. Climatological changes, including severe droughts in the Midwest and West Coast, have been detrimental to the agricultural industry. Intense heat and severe lack of water for irrigation has impacted several regions in the West, especially California. Better incentives from other states have motivated some East Coast farmers to close their farms and move to other states. Finally, global warming is shortening the agricultural season in some regions, requiring more intense effort but for a shorter period of time.

b) Demand for Agricultural Labor. Participants identified several regional trends in the demand for labor; for example, participants from the Southwest reported a decrease in the demand for agricultural labor due to the increasing use of mechanizations and a decrease in dairy farming. It was the general agreement that those changes, in addition to droughts and intense heat, loss of farming land to urbanization, as well as the use of H-2A contracted workers, contributed to the decreasing demand for local self-employed migratory Ag Workers in Western states. On the other hand, participants from Northwest states perceived an increase in stable employment for local Ag Workers due to the proliferation of nurseries, as well as the transition of some apple farms to the production of wine grapes; and others transitioning from farming winter crops to producing hops. Midwest participants also perceived a decrease in the demand for agricultural labor, although due to different causes, such as farms going out of business, and farms moving away from farming labor intensive crops in favor of more mechanized ones, such as corn and soy beans. In other areas, the demand had not necessarily decreased, but Ag Workers were being replaced with incarcerated persons working in the fields. East Coast participants identified rapid urbanization, changing farming practices, and farmers switching to less risky crops and less labor intensive crops as reasons for the decrease and shortened demand for Ag Workers. However, there were some exceptions to this trend; in Georgia, for example, the demand for labor was greater than the supply of workers and, therefore, Ag Workers and H-2A workers in those areas were working longer hours.

II. Changes in the Agricultural Worker Population

a) Demographic Characteristics. Participants from the three regions identified several changes in the demographic characteristics of the population. West Coast participants noted that although the majority of the Ag Worker workforce identified as Latino, there had been an increase in the number of workers from ethnically/culturally diverse groups from Mayan and Mixtec-speaking monolingual communities from Southern Mexico and Guatemala. Participants from the northwest noted a surge in both male and female “solo” Ag Workers, but a decrease in families following the crops. In contrast, participants from the Midwest noted an increase in females and families working in the fields. Similarly, an increase in formal education among the Ag Workforce, as well as an increase in the number of workers moving up the ladder and employed in more stable or better paying jobs, such as construction and landscaping, was noted. In the East Coast, participants noted an increase in young and healthy H-2A workers, especially from Haiti, Guatemala, Jamaica, Mexico and Puerto Rico and, consequently, an increase in the
non-English speaking workforce. Participants from the three regions agreed that more families were settling down due to the high cost of transportation and the uncertainty of employment within the migratory routes. They also agreed that Ag Workers with a more formal education were seeking employment opportunities in more stable and better paying industries such as landscaping, construction, and hospitality, and that across the three regions, there had been an increase in younger male workers, some of them being unaccompanied minors.

### III. Impact of Changes in Service Utilization and Staffing.

#### a) Impact on Service Utilization.

The discussed changes in agriculture, its demand for labor, and the demographic characteristics of the Ag Worker population, have impacted the utilization of services offered by CHCs. The reported impact varied by region; for example, participants from the West Coast reported experiencing a bigger demand for services reflected in the increasing number of users and medical encounters. In some parts of the region, there was an increase in one-time visits due to the difficulty Ag Workers encounter with taking time off from work for a follow-up visit. Yet participants from other areas in the West Coast identified a decrease in service utilization due to cultural beliefs and health seeking behaviors, such as stoicism among the population, as well as socio-environmental factors, including lack of financial resources, not knowing where to go, lack of transportation and work schedule. In contrast, Midwest participants reported seeing fewer Ag Workers, especially those following the crops, due to an increased demand for services from the established communities, exceeding the capacity of those CHCs. In some areas of the Midwest, Ag Workers—especially males—were not seeking care. In the upper Midwest, CHCs reported fewer Ag Worker families arriving to their areas and therefore having less demand for family health services. On the other hand, participants from the East Coast shared that some CHCs experienced an increase in the number of Ag Workers seeking care at their facilities. Participants from the three regions agreed that the time when Ag Workers could access health services was heavily influenced by the availability of work. They also agreed that Indigenous Ag Workers relied on traditional medicine and cultural healers, with clinics and hospitals being the last resort for health care. There was consensus among the groups that CHCs located in areas with hostile political environments also reported a decrease in the demand for services by Ag Workers.

#### b) Impact on Staffing.

Demographic changes in the population and service utilization impacted health center staff and staffing needs. Participants from the West Coast reported that young male workers do not seek preventive care, waiting until a visit to the health center is more critical. The increase in Indigenous and monolingual Ag Workers necessitated CHCs establishing or expanding language assistance programs to facilitate effective provider-patient communication. Hostile political environments in some Midwest communities have obligated CHCs to ramp up their outreach services and to establish a trusted referral network for this hard-to-reach population. On the other hand, the increased number of women and children seeking care at some East Coast CHCs required those CHCs to hire women’s health and pediatric care providers to meet the demand for services. Participants from the three forums agreed that CHCs need to invest in cultural competency training and establish language assistance programs to increase staff ability to identify communicate and treat new groups of Ag Workers.
IV. Challenges for Increasing Access.

In addition to changes described above, participants identified other factors interfering with increasing access to health services for the Ag Worker population such as: decreased outreach services, communication challenges, data capturing difficulties, navigating the health insurance system and workforce issues.

a) Decreased Outreach Services. Participants from the West Coast reported a decrease in population-specific outreach services in favor of increasing insurance enrollment efforts. Participants, mostly from the Midwest region, reported a decrease in population-specific targeted outreach services, along with urbanization, was making it more difficult and expensive to reach Ag Workers. Similarly, a decrease in the number of farmers willing to give outreach and mobile medical services access to their farms limited the number of Ag Workers that had access to care. The East Coast group identified the dispersion of the population [due to a decrease in “labor camps”] as making it more difficult and expensive to provide outreach services and therefore less Ag Workers knew about the available health services.

b) Communication Challenges. Participants from the three regions agreed that the insufficient availability of interpretation services, especially for Indigenous languages and Creole, negatively impacted access to care for monolingual Ag Workers from those groups.

c) Data Capturing. Participants from the three regions identified challenges in identifying who, among new health center patients, could be classified as members of the Ag worker population. Some of the identification challenges mentioned by participants from the West Coast included confusion about the definitions of agriculture and Ag Workers and lack of training among clinic staff on what data needs to be collected and how such information needs to be solicited from patients. They also agreed that asking needed information is a time consuming task and when staff are busy, that information is not solicited. Participants from the Midwest region identified staff confusion with terms for classifying Ag Workers; they also noted that there was insufficient staff training on how to classify those workers and their family members (e.g. children, spouses, etc.) seeking care, especially at urban CHCs. East Coast participants mentioned the difficulty of the verification process and staff turnover as some of the causes that were negatively impacting access to care for the targeted population.

d) Navigating the Health Insurance System. West Coast participants perceived that the majority of Ag Workers were uninsurable. The group also reported that eligible workers had difficulty navigating the system. Ag Workers residing in border communities were seeking care across the international border. Midwest participants identified lack of health insurance portability as one of the issues preventing Ag Workers from pursuing insurance. Participants from the East Coast also shared that the majority of their Ag worker population was still confused about the health insurance process and its penalties.

e) Workforce Issues. No workforce issues were mentioned by participants from the West Coast but those from the Midwest identified lack of staff and high turnover rates as some of the challenges for increasing access. Meanwhile, East Coast participants reported that difficulty recruiting staff, especially bilingual staff, prevented them from offering extended hours and weekend services to facilitate access to care for additional Ag Workers. They also mentioned needing additional staff to increase health education leading to the use of preventive care and self-sufficiency among the population.
V. Strategies for Increasing Access

Participants identified a significant number of strategies for increasing access to care for Ag Workers. Strategies were grouped by the elements of service delivery, including: outreach/marketing, health promotion, data collection, services adaptation, workforce, collaboration, governance and funding. Strategies elicited through this process are listed below under the above-mentioned categories. These strategies may work for any health center and the implementation is not restricted by region, but rather by other factors such as staff, budgets, length of the local agricultural season, and population dispersion, among others. For this reason, strategies are not categorized by region as in other sections of this document.

a) Outreach and Marketing Strategies.

• Implement marketing campaigns using local mass media outlets such as TV, radio, etc. that are already serving the targeted population (e.g. Radio Bilingüe, Univision, Piolín Radio Show, etc.)
• Market health center services through targeted outreach at packing houses, Ag Worker housing facilities (formerly known as “migrant camps”), fields, door-to-door, phone, etc., to reach Ag Workers not currently seeking care at health centers
• Visit rural communities to inform residents about health center services
• Ask growers for permission to reach workers at the farm, but during non-working hours so productivity will not be affected
• Establish outreach programs specifically for H-2A Ag Workers
• Conduct outreach and education programs in border communities early in the morning (e.g. 4-6 am) to reach cross-border Ag Workers
• Take resources to Ag Worker communities by organizing food drives, health fairs, nutrition classes, etc. during the peak season and in areas frequented by the target population such as markets, laundromats, churches, and soccer fields, among others
• Use health promoters (Promotores de Salud) to expand or enhance outreach activities at grocery stores and other community forums
• Hold family nights in the fields or orchards (with farmers’ permission)
• Participate in Migrant Education and Migrant Head Start parents nights to let parents know about clinical services and how to access them
• Involve Ag Worker patients in promoting health center services
• Gather input from health promoters, outreach and other community workers when planning health center outreach strategies
• Build enough trust with Ag Workers for them to understand that they can seek care at health centers rather than at emergency rooms
• Identify barriers that exist for the population to access health care by conducting focus groups to ask Ag Workers not receiving care what prevents them from seeking services at the health center
• Become familiar with local crops and the time when Ag Workers may arrive to the area, and use that information to adjust outreach plans and service delivery strategies
• Hold public workshops to educate the community about Ag Workers and health centers
• Increase awareness of all staff about outreach programs and provide the opportunity for clinical staff to participate in outreach
• Educate Board members and the Executive Director on what outreach is and how outreach activities can help the health center achieve its mission and goals
• Educate staff, providers, and board members on barriers to care faced by Ag Workers. Engage those stakeholders in identifying pockets of Ag Workers, within their communities, with no access to care, and referring them to outreach teams
• Encourage staff to promote the health center to their own family members that are current or former Ag Workers

b) Health Education and Disease Promotion Strategies
• Implement health promoters (Promotores de Salud) programs by hiring and training Ag Workers to deliver health promotion and disease prevention messages to their peers
• Teach Ag Workers to use technology (portals, smart phones) for patient appointments & patient education
• Create opportunities for community involvement facilitated by health promoters, and promote education activities where children of Ag Workers can participate
• Create low literacy, culture and language-appropriate health education materials, such as pictograms, to facilitate Ag Workers’ understanding of intended messages
• Educate employers on the benefits of a healthy workforce

c) Data Collection and Utilization
• Establish a verification process and reconcile policies, procedures and forms
• Revise intake forms and systems to include the proper screening questions
• Train front desk personnel to improve their understanding of the operational definition of Agriculture and Ag Workers
• Educate members on the clinical team to properly identify and classify Ag Workers
• Train staff on the data collection process and the questions to ask patients in order to determine if they are members of the Ag Worker population
• Teach staff how to properly identify Non-Hispanic Ag Workers, such as Hmong, Creole, etc.
• Establish a monitoring process to assess progress in the classification and documentation of Ag Worker patients
• Inform staff about how many Ag Workers the health center is serving and work with staff to set a goal for increasing those numbers
• Collect and analyze data and use results to improve service delivery
• Learn about Ag Workers and share data with health center teams and community partners

d) Establish and/or Enhance Collaborations
• Build relationships and partnerships with farmers and labor contractors, including those employing H2-A workers. Explain how the health center can help in maintaining a healthy workforce, what services are available and how those services can be accessed
• Use collaboration with farmers and labor contractors to identify Ag Workers arrival dates so the health center may be prepared to mobilize outreach efforts and schedule clinical teams
• Establish or increase collaboration with other agencies and programs serving the Ag Worker population such as: Head Start, Migrant Education, Legal Services, Medical-Legal Initiatives, as well as local agriculture departments, faith-based and social service organizations and explore the benefits of working together to serve the Ag Worker population
• Ask community partners to help identify Ag Workers families, i.e. where do they live, work and play
• Seek collaborations to leverage community resources with volunteer organizations, colleges and universities (e.g. studying needs of community in partnership with university funding)
• Partner with local libraries and public schools to increase access to technology and the internet for Ag Workers

e) Workforce
• Hire people who understand and believe in the mission of health centers and health programs for Ag Workers
• Recruit new and energetic staff to help reach more Ag Workers
• Recruit and hire more bilingual staff and providers and provide a payment incentive for bilingual staff
• Have enough health care providers familiar with the Ag Worker population and that have a good understanding of their needs
• Re-educate current employees on the health center mission
• Educate senior management to become champions for increasing access to care for Ag Workers and create opportunities for passionate people to do the work
• Change staff mindset toward Ag Worker patients and improve training for bilingual patient service representatives
• Provide cultural competence training for all staff to create a better sense of a welcoming health center
• Educate staff in cultural competency, especially related to health beliefs and health care seeking behaviors among Ag Workers
• Teach staff how to build trust with the Ag Worker community
• Educate health center staff on the importance of Ag Workers and the funding received to serve them
• Train front desk staff on the new operational definition of Agriculture and Ag Workers
• Provide incentives, including economic ones (e.g. pay 3% for every year staff stay after first year), to improve recruitment and retention

f) Strategies for Service Delivery and Service Adaptation
• Establish or expand medical services using mobile units - make them available at new times and locations (e.g. onsite at farms)
• Establish open access or just-in-time services to reduce long waits for appointments
• Implement a referral case management plan to assure Ag Workers have access to needed services
• Assign a staff member to be a liaison between Ag workers and the clinic to facilitate access
• Incorporate cultural and/or alternative care such as acupuncturists, cultural healers, etc.
• Minimize language barriers for health center patients by offering access to interpretation services, via either face-to-face, telehealth or language line
• Provide transportation services-using vans, bus passes or taxi coupons
• Emphasize the importance of primary care medical home during behavioral health screenings
• Collect home-based addresses from Ag Workers in order to facilitate continuity of care and a virtual medical home
• Make staff available to train patients on the use of technology to enhance clinical services
• Provide a more welcoming and friendly environment at health centers by offering, for example,
• Soft music, IPad with recipes, community gardens, education classes, etc.
• Increase community partners’ awareness of the availability of additional services

g) Mission, Policy, and Funding
• Require all health centers to ask questions to determine Ag Workers status
• Change or revise health center policy to address economic barriers (i.e. the use of self-attestation as an acceptable alternate documentation of income and family size; or establishing a fixed co-pay to facilitate Ag Workers’ understanding of out of pocket expenses when seeking health care at health centers)
• Evaluate nominal fee, review and modify the structure of the fee scale discounts, and explore possibility of adapting a flat-fee structure, etc., to assure lack of money is not a deterrent for the health center to fulfill its Mission
• Establish alternative payment programs for uninsurable populations (e.g. cash payment, discounts for same day payment, etc.)
• Reduce copays to reduce Ag Workers’ economic barriers to care
• Increase efforts to have adequate Ag worker representation on governing boards
• Increase federal allocation for the Ag worker health program so health centers can provide needed enabling services i.e. interpretation, transportation, outreach, and health promotion
• Provide funding for technical assistance to assist health centers to adjust service delivery models, staffing ratio, productivity, and health care outcomes
• Continue the work to achieve health insurance portability for Ag Workers
• Educate policy makers about agriculture and agricultural workers; for example, work with local farmers to establish “you-pick” tours for lawmakers

VI. Conclusion and Recommendations.
This summary: 1) addresses changes in the agricultural industry and its demand for labor; 2) illustrates the effect of these changes on the Ag Worker population across the three streams; 3) addresses barriers and challenges faced by Ag Workers when seeking health care, and the effects on health centers’ service utilization; and 4) offers a set of strategies for increasing access to care for Ag Workers. NCFH encourages health center staff, management teams and governing boards to adopt some of the strategies provided here in order to increase success in reaching, and improving access to care for, the Ag Worker population. NCFH also recommends health centers modify or adjust their outreach workers’ and health promoters’ activities to educate Ag Workers on the importance of preventive care. Similarly, NCFH also suggests health centers serve areas where more Ag Workers are staying longer or have decided to settle down, in order to plan strategies for meeting the health care needs of these groups year round. Finally, NCFH encourages funding sources to increase funding and programmatic support for health centers interested in expanding their services to serve additional numbers of Ag Workers, and positively impacting the health status of the target population.
Individual Reports for each Forum may be accessed using the links provided below:

- 2014 Midwest Farmworker Health Stream Forum at San Antonio TX
- 2015 Western Forum for Migrant and Community Health (San Diego, CA)
- 2015 East Coast Migrant Stream Forum (Nashville, TN)

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