



Wall of Wonder

Exploring Access to Care for Agricultural Workers

2015 Western Forum for Migrant and Community Health

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under U30CS0 9737, Technical Assistance to Community and Migrant Health Centers and Homeless, (\$1,583,856). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Introduction

With the goal of increasing access to care for agricultural workers, the National Center for Farmworker Health, Inc. (NCFH), in collaboration with the Northwest Primary Care Association (NWRPCA), conducted an interactive round-table session with approximately 200 participants of the 2015 Western Forum for Migrant and Community Health. During the session, participants explored and provided answers to the following key questions. 1) “What changes have you seen in your local farmworker community?”; 2) “How have these changes impacted the utilization of services at your health center?”; and 3) “What ideas/suggestions do you have that could result in an increase in the number of farmworkers served at your health center?.” Participants’ answers are provided under each of those questions. 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 Demographic

- Increase of Latino contracted H2A workers (4) particularly in Washington State
- Increased ethnic/cultural diversity – language, religion, among farmworker communities (3)
- Increase in the migratory workforce from the Mexican states of Oaxaca and Yucatan (2)
- More agricultural workers from Guatemala (2)
- Increase of Mixtec and other indigenous groups (2)
- Less migratory workers and more settling out (2)
- Few farmworkers from other CA countries
- Decrease of H2A workers in the state of Oregon
- Increase of youth in rural areas
- In Oregon, increasing # of single men working in the fields, as opposed to families
- Increasing number of women working in the fields
- Farmworker workforce primarily of Mexican American descent

Changes in Agriculture

- Less work for migratory workers due to changes in the length of growing seasons, droughts, intense heat, lack of water, increased mechanization and increase in urbanization (9)
- Less farmworkers families migrating, increasing the number of settled down farmworker population (6)
- Changing industries in the area, such as transition from apples as major crop to wine grapes and from crops to harvesting of hops (3)
- People aren't taking jobs in agriculture and are moving into other industries (3)
- Increases in stable employment, perhaps due to an increase in nurseries and landscaping industries (3)
- Increased mechanization in border communities
- Less dairy farming
- Farmers contracting more H2A workers
- Ag land being pushed further from CHC/metro areas

Changes in Migration Patterns

- Farmworkers not migrating as much due to the increased cost of moving and to provide their children the opportunity for a more stable education (4)
- Migration paths shifted in border communities with Mexican workers authorized to work in the USA crossing every morning to work in agriculture (2)
- More farmworkers and their families are moving from WA to Oregon
- Increase in seasonal agricultural worker population in Oregon

Changes in the Political Climate

- Increasing presence of law enforcement in farmworker communities (5)
- Increased isolation, marginalization and fear among farmworker population as anti-immigrant issues escalate (4)
- Hostility towards migratory farmworker population in some communities (2)
- Increased fear of deportation, especially among families with mixed immigration status (2)
- Post SB-1070 has led to an increased fear and departure of workers (2)
- In the past 6-8 months, people seeking asylum (Michoacán Mexico)

Changes in Health Status/Services

- Increased obesity – perhaps due to decreased employment in picking/harvesting, changes in diet, and increased seasonal employment in other industries (2)
- Increased stress due to familial dynamics and traumatic experiences such as human trafficking
- Mechanization has changed the physical nature of farmworkers
- There is a perceived fear among farmworkers that exposure to pesticides is causing cancer
- Farmworkers unaware of what services are available at the health center
- Funds and programs have decreased, resulting in limited availability of services

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

Utilization of Services

- There is a decrease in utilization due to fear and lack of trust (6)
- Some farmworkers are not utilizing the clinics for several reasons including not knowing about the services, inconvenient clinic hours, not knowing English, clinics

are far away, lack of transportation, etc. When care is needed they are using emergency rooms (5)

- Some farmworkers do not seek preventive care, rather they wait until healthcare visits are more critical (3)
- The decrease in number of farmworkers due to changes in migration patterns and in agriculture has negatively affected utilization of services in some community health centers (3) while other were not affected
- Increased demand and utilization of health center services (3)
- Less adult farmworkers are utilizing health centers due to uncertain reasons (2)
- Patients don't seek care unless they are very sick (2)
- Increase in one-time visits due to difficulty taking time off from work
- Decreased utilization because farmworkers do not have money to pay for health services
- Decreased utilization because farmworkers are leaving and traveling
- Some health centers in border areas experienced decreased farmworker users because some farmworkers are getting care or prefer to seek care in Mexico
- Patients using cultural healers, home remedies and other traditional treatments first
- Indigenous workers rely on traditional medicine and healers – clinic and hospitals are last resort
- Farmworkers are getting basic care (blood pressure, etc.) at Walmart and are using the clinic less frequently
- Private area MDs resent the presence of farmworkers in hospitals and emergency rooms, resulting in an increase in health center utilization
- Farmworkers don't have time to see doctor or go to health centers because they have to rush to next crop, resulting in less visits to health centers
- There is a lack of knowledge among farmworkers of where to go for health care services, and employers are not sharing that information
- Fewer farmworkers visit community health centers (Idaho)
- It is harder to find farmworkers
- Lack of farmworker presence in CHCs has decreased the ability of staff to identify/treat them
- Increased need to hire more providers and staff that speak indigenous languages
- Increased need to assisting those clients who don't leave when the season ends – unemployment and other...
- A decrease in service utilization decreases cost of services
- It is challenging tracking [paper] health records, especially with the use of electronic health records (EHR)

- There is limited access to after-hours care due to limited number of available providers
- Some centers experience an increase in users and health care visits

Communication

- Language and culture differences among farmworkers are requiring health centers to implement strategies to overcome some of those barriers to care (3)
- Increased interpretation services and use of language line since 60% of the health center population are monolingual agricultural workers (2)

Insurance

- Some farmworkers were unable to access care because they are uninsured and not eligible to purchase insurance though ACA (3)
- Generally, farmworkers are uninsured, except children and some pregnant women (2)
- US born farmworker children with health insurance are seen by non-FQHC providers
- Children are receiving care at school-based health centers
- Mixed status families are not seeking health insurance and don't know applications are available in Spanish
- Most farmworkers are uninsured specially in border city, some are not conscious of need for health insurance, and others are traveling to Mexico for care
- Some farmworkers don't know how to navigate health systems
- Adults have limited income to pay sliding fee amount
- Lack of financial resources and cost of care is preventing target population from accessing care

Environmental factors

- Ratcheting up of ICE seizures and deportations and round-ups at clinic
- ICE presence at front and back of health center discourages people from accessing care at health centers

Data capturing

- Difficulty accurately documenting farmworker status since patients are not self-identifying as farmworkers (3)
- Fear, mistrust of systems, and stigma discourages farmworkers from self-identifying as members of that group, increasing health centers' difficulty to capture necessary data for UDS (3)
- Data collection is extremely difficult when clinic staff are not well-informed regarding

what data needs to be collected or are not trained on how to solicit such information (3)

- Some health centers have been focused on getting people covered (ACA), and decreased focus on reaching and identifying migratory and seasonal agricultural workers
- Clinics are full but staff are not taking the time to screen new patients for agricultural workers status.
- Lack of knowledge and trust among newly arrived indigenous farmworkers results in difficult data gathering

Health Status

- Higher level of care needed for those farmworkers seen at health centers (2)
- Increase in accidents among farmworkers due to improper or no training
- Declining health due to stress and lack of access to nutritious food

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

Marketing

- Bilingual marketing & outreach messages on radio (3)
- Hire a promotor on Univision or to be on Piolin's radio show
- Increase marketing – Advertise services, hours to population
- Educate employer of benefits available
- Reaching to farm labor contractors
- Health center re-branding

Outreach

- Increase outreach to the fields – after work hours; evening/weekends (5)
- Provide outreach/education services at early morning for cross-border workers
- Increase awareness to all staff on outreach programs and form outreach teams of health care providers and promotores/as (3)
- Use mass media to deliver information to more farmworkers and establish outreach programs for to H2A workers (2)
- Use health promoters to expand/enhance outreach activities at grocery stores and other community forums.
- Gather input from CHWs or outreach workers when planning health center outreach

strategies

- Bring other resources to migrant families, for example preventative care books in Spanish
- Increase Community outreach: churches, markets, etc.
- Organize migrant food drive specially during cherry season
- Offer health fairs and nutrition classes at the fields
- Establish Community garden at FQHC
- Go to the fields at 1-2am and distribute flyers--ask majordomo for permission
- Hire more community health workers since our farmworker community is 80% migratory
- Have a CHW/health navigator work out in the field. Directly with the MSF community.
- Offer “Family nights” at orchards or fields

Community Education

- Educate patients on farmworker definition, seeking health information from correct sources; what health services are available and how to use them (4)
- Offer information sessions at times and places that work for farmworkers, for example: at food distribution centers, county fairs, or while they are waiting for the bus to take them to work or home (3)
- Train workers in issues affecting them such as self-advocacy/immigration/civil rights/sexual harassment, etc. (3)
- When educating/serving farmworkers check for understanding
- Remind farmworkers that ACA may not apply to them but health centers are still available
- Build trust with indigenous communities and develop indigenous CHWs and other staff
- Promote among CHC staff and leaders return of investment on promotora programs
- Build incentives for farmworker to visit clinics

Collaborations

- Collaborate with community partners, such as community health workers, legal services, Migrant Head Start, and other community organizations to maximize resources (6)
- Establish collaboration between clinic leaders and employers/contractors to increase opportunities for outreach and health education (3)
- Create incentives for employers of farmworkers and build a trust relationship with farmworkers (2)
- Develop relationships within agricultural industry to increase opportunities for outreach and referrals to clinics (2)
- Develop partnership with cultural healers in farmworker communities (2)
- Work closely with other Federally Qualified Community Health Centers, local law

enforcement & other community resources

Data

- Conducting comprehensive needs assessments of farmworkers to assess their needs, demographic characteristics, etc. (4)
- Accurately track farmworkers at clinic sites (establish base-line, set goals and monitor progress) (3)
- Review electronic health records to make sure staff are asking the right questions (2)
- Assure that electronic health records and practice management systems have a place to document patient status (2)
- Identify where farmworkers work in Nevada
- Implement a process to assess language preference

I.D. Farmworkers at CHCs

- Train front office staff to improve their understanding of the definition of farmworker, to properly ask the questions to classify them, and to better capture needed data (12)
- Revise intake forms; if need add screening questions, for example, “Are you a farmworker? - Do you have medical insurance?” (6)
- Simplify screening questionnaire during intake and orient staff in its use (6)
- Train or retrain for front desk staff on how to identify farmworkers and the questions to ask to determine agricultural status of health center users (4)
- Educate staff on farmworker definition and properly identify farmworkers and family (2)
- Educate medical staff to define farmworker status – reception, nurses & providers
- Redefine what a farmworker really does in order to better define farmworkers
- Properly have all clinics and health centers identify farmworkers

Service Delivery

- Offer services when farmworkers are available, for example –during the weekdays from 5-10 pm and some hours during the weekend (6)
- Increase access interpretation services by hiring more bilingual staff, using interpreters, tele health or language lines (5)
- Offer communication, cultural awareness and linguistic competency training for providers and staff (5)
- Establish or expand medical services using mobile units and create awareness of those services among community partners (4)
- Establish open access or just-in-time services to reduce long waits to schedule an appointment (2)
- Provide transportation services – vans, buses passes or taxi coupons. (2)

- Including mobile medical services (2)
- Get to know your community and share farmworker-specific data with health care teams (2)
- Identify what indigenous groups are in the community and the languages they speak and hire bilingual/bi-cultural staff to meet their needs (2)
- Change staffing to meet new farmworker demographics (e.g. Creole speaking) (2)
- Create culturally appropriate health promotional messages (2)
- Attract more providers to serve at CHCs, especially pediatricians, gynecologists and obstetricians
- Incorporate culturally/linguistically appropriate care such as acupuncture
- Connect with local curandero to refer to clinic and vice-versa
- Create friendly environment at the health centers, for example, offer--music, iPad w/recipes, community garden, natural lighting, and education classes.
- Improve follow up appointments by letting farmworkers know how important a follow up visit is
- For the purpose of virtual Patient Centered Medical Home, ask data about home base address and family size
- Establish alternative payment program for uninsured farmworkers that are ineligible for ACA for example cash payment or payment plans
- Review fee structure and explore flat fee
- Develop a promotor program in all health centers

Workforce

- Train front desk and intake staff in cultural competency, excellency in customer service, and interviewing skills (4)
- Increase staff knowledge and competency by periodically assessing their training needs and providing training (3)
- Offer train-the trainer program--Identify staff who will attend training and train the rest of the staff
- Increase culturally competent staff and providers, especially around indigenous farmworkers
- Hire health promotores and pay livable wages – Other countries pay their CHW!
- Document effectiveness of promotora programs
- Train health professions on how to work with promotoras and incorporate CHWs in the care team at the clinics

Governance and Mission

- Having promotores de salud and/or farmworkers represented on health center boards
- Remember safety-net clinic mission

Policy

- Identify Clinics as safe havens
- Support bill on health care for all children 18 and older in Oregon

Funding

- Increase funding for expanding FQHCs and establish new access points (3)
- Recognize that the work health promoters do should be a reimbursable service
- Increase funding for community health education, health promotion and disease prevention programs
- Advocate for evidence-based tele-mental health services