Farm to Exam
Table:
Promoting
Migrant and
Seasonal
Farmworker
Access to Quality
Healthcare

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### DEFINING THE POPULATION



### What is a migrant?

A person who moves or travels from one State or Country to another.

#### What is an immigrant?

A foreigner who entered a Country with the intention of staying long term.

### GREAT LAKES BAY HEALTH CENTERS

Health Centers began as a MIGRANT health clinic in 1968 with a Saginaw County Health
Department grant to provide health care to migrant farm workers in the Tri-city area.



## Great Lakes Bay Health Centers

NOW: We are the largest of 42 FQHC's in Michigan. We provide a wide array of services including primary care, dental, behavioral health, optical, radiology, women's care, pharmacy, and physical therapy.





## DEFINING OF TERM AGRICULTURE

NCFH Agricultural worker identification: Farming in all its branches, including

- ■Cultivation and tillage of soil.
- Production, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land.
- Any practice performed by a farmer or on a farm incident to or in conjunction with an activity described in clause.
- Dairy, poultry, livestock, and aquaculture.

[Heath Center Tool Box - NATIONAL CENTER FOR FARMWORKER HEALTH (ncfh.org)]

## Classification of Agricultural

### Difference between migrant & seasonal farmworker?

#### Migratory farmworker –

Principal employment is agriculture.

Employed within the last twenty-four months.

Establish a temporary home for the purposes of working in agriculture.

#### Seasonal farmworker -

Principal employment is agriculture on a seasonal basis.

Employed within the last twenty-four months.

Has <u>NOT</u> established a temporary home to work in agriculture.

#### Aged/Disabled -

Former migratory agricultural workers unable to work in agriculture due to age or disability.



### DEFINING THE POPULATION

**■** The most recent National Agricultural Workers Survey (2019-2020) report:

(https://www.ruralhealthinfo.org/topics/migrant-health)

- 66% of agricultural farmworkers are male.
- The average age of a farmworker is 41 years old.
- 36% of farmworkers are U.S. citizens.
- ► 44% of all farmworkers in the U.S. are unauthorized workers.
- Limited education and literacy
  - Average 8th grade (https://nfwm.org/farm-workers/farm-worker-issues/education/)
  - 10% finish high school
- A growing minority do not speak Spanish or English (https://www.farmworkerjustice.org/blog-post/indigenous-farmworkers-face-unique-barriers-to-healthcare/)

Presentation title

## **GLBHC Migrant Program**

- Mobile migrant program/team
  - May through October (Michigan agricultural season) and adjusting to mother nature
  - Service 20 counties
  - Travel over 20,000 miles serving ag-workers
- Staff is primarily bilingual and seasonal
- Program Home base office and storage facility is in Bay City, MI.
- GLBHC corporate is Saginaw, MI.

Registration Intake



## Mobile Unit (Intake Area and Bathroom)





## Mobile Unit (Provider Office)









## Day of Service

- Arrive 4:30pm (unless weather or schedule permits earlier)
- Patient registration for desired services
- Incentives for registering
- Services
  - Medical screenings
    - Vital signs, weight
    - Select point of care tests such as glucose and total cholesterol checks.
  - Doctor visit
    - **■** Cost \$10
    - Include acute and chronic care concerns and are required for any prescriptions
    - Commonly prescribed medications are available for \$4 per script or ordered through desired pharmacy
  - Dental services cost \$40 and include cleanings (referral to dentist if needed)
- Service operations continue until the last patient is seen which is often 11pmmidnight

### Migrant Outreach Best Practice to a Successful Program

#### Building Relationships

- Crew leaders, farmers, growers
- Informing them of services and program operation
- Staying informed of workers arrival in service area
- Post anticipated service dates on social media



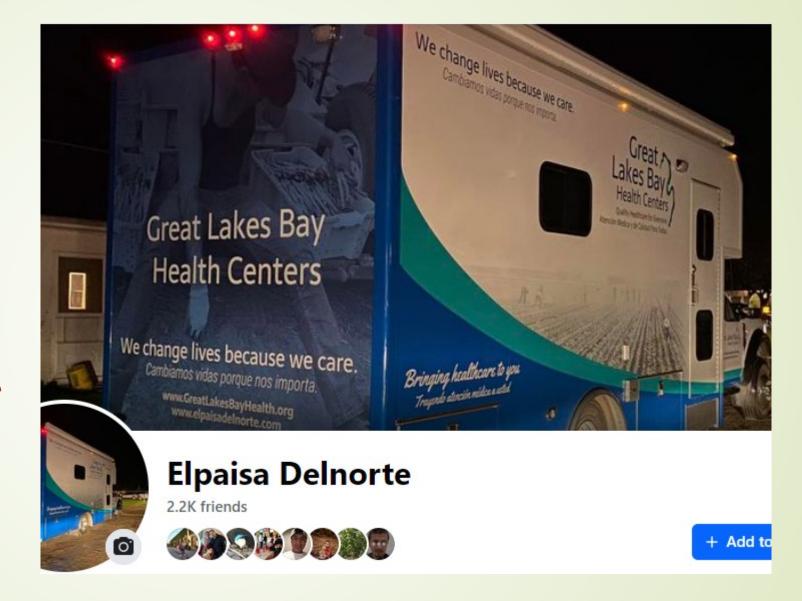
# Create a Communication Structure

#### **Communication is key**

 Communicating with workers via Social media (Messenger, WhatsApp), patient assistance line or texting

#### Meeting workers work schedule

- Wednesdays/Thursdays
- Evening hours
- Occasional weekends (events)



# Why our care is unique?

- **Conexión** (Connection)
- Comunicación (communication)
- Confianza (Trust)
- Colaboración (Collaboration)



Understanding Barriers to Healthcare Unique to Migrant and Seasonal Farmworkers

## Understanding Unique Healthcare Barriers

- Owning OUR barriers to providing quality care
  - Language
  - Hours of operation
  - Affordability
  - Overemphasis on Quantity and Efficiency
  - ☐ Requiring extensive intake information
    - Quantity of questions
    - Quality of questions (complicated and personal even asking home address can be complicated)

## Understanding Unique Healthcare Barriers

- Owning OUR barriers to providing quality care
  - o Biases, Beliefs, and Attitudes
  - Lack of Knowledge/Unawareness
    - o Types of care needed
    - Alternative health practices (sobador, use of topical alcohol)
    - Cultural medical problems (e.g., se entra aire, empacho, diabetes de susto, corage)
  - Assumptions
    - Uneducated and unintelligent
    - No access to resources or quality medical care in country of origin

# Understanding Healthcare Barriers Unique to MSFW Population

- Barriers related to culture/national differences
  - Language
  - Feeling unwelcome
  - Not wanting to be a nuisance
  - Fear of hostility
    - Physical or psychological aggression
    - Cultural avoidance of hostility or conflict

# Understanding Healthcare Barriers Unique to MSFW Population

- Barriers related to culture/national differences
- Completely different healthcare system
  - Insurance
  - What different kinds of care are available/appropriate?
    - Urgent care vs Emergent care
    - Primary care vs Specialist care
  - Where to find services
  - How to access services (walk-in vs scheduling appts)
  - How to get medications (OTC vs Rx)

## Understanding Healthcare Barriers Unique to MSFW Population

- Barriers related to rural and farming communities
  - Extended work hours (limited time to cook/exercise/relax)
  - Transportation
  - Cell phone/internet service (isolation, poor access to information)
  - Inability to take time off (for appointment or recovery)
    - Related to nature of farm work
    - Related to visa status
  - Access to food (diet related), OTC medications, OTC braces/splints at pharmacies or stores

Providing Healthcare to MSFW in a Traditional Primary Care Office

## Front Desk & Call Centers

- Initial encounter
- **■** Barriers
  - Language
  - Attitude
  - Helpfulness

"You never get a second chance to make a first impression"

## Office Culture

- ■Schedule flexibility
- Walk ins
- ► Facilitate care for benefit of patient
- Filling out registration and financial paperwork
- Attitude

### Clinical Staff

- Explaining measurements
  - Lbs vs kg
  - Celsius vs Fahrenheit
- Explain workflow
  - Ex. Step on scale and face wall
- Wording medical history
  - May come out as a story and not a list
- Chronic diagnosis are sometimes considered acute (ex. HTN, DM)
- Medication list is current, not what they are supposed to be taking

### Providers

- HPI as a story with irrelevant details
- Respect what patient thinks is wrong even if you think it is unusual
- Sensitivity to wording
  - May react to being labeled "depressed" use anxious, tired
- Recognize differences in measurement parameters
  - PHQ9 may not work as well rephrase questions and ask about sleep
- Give the patient something to take home
  - Ex. Vitamins, Tylenol, ibuprofen, omeprazole
- Take complaints seriously
- Get familiar with agriculture/farming diagnosis
  - Ex. Parsley rash, lettuce rash, chemical rash
- Be aware of health beliefs/practices from other countries
  - Parasite cleanse

## GLBHC

- Transportation
- Extended clinic hours
- Having resources for uninsured
  - Lab
  - Vision
  - Dental
  - X-rays
  - Slide Fee Scale
  - Medications

# How to take the first steps

- Address bias and attitudes
  - Systemically (? Staff meetings, company meetings, board meetings)
  - Individually (Confront concerns for prejudice)
- Have a policy in place for MSFW
  - Interpretation
  - Sliding fee scale
  - Consider walk in appointments
  - Transportation
- Consider hours of operation (? Seasonal changes)
- Find a couple of champions including in admin

# How to take the first steps

- Find the farms and connect with the farmers
- Visit the workers (leave contact information)
- Consider grant funding



Questions?