Migrant and Seasonal Farmworkers
How to meet the needs of this growing community
30th Annual Oregon Rural Health Conference
Presenters

- Claire Tranchese, Oregon Primary Care Association.
- Hillary Gossler, Oregon Office of Rural Health.
- Maria Elena Castro, Oregon Health Authority.
- Kate Stoyisch, ONE Community Health.
Presentation Objectives

- In this presentation we will weave together three themes in migrant and seasonal farm worker health in the State of Oregon:
  - Population identification
  - Recruitment of staff to serve particular populations.
  - Best practices in farm worker health.
MIGRANT AND SEASONAL FARMWORKERS IN OREGON

Maria Elena Castro – Oregon Health Authority
The challenge of caring for hard to reach vulnerable populations like MSFW

- Definition of MSFW
- New definition
- Challenges
- MSFW by the numbers in Oregon – 2012 Enumeration Study.
2013 Enumeration Study

- Where to find it?
2013 Enumeration Study Findings

- 90,289 MSFWs (slightly less than 2002)
- 160,429 MSFW workers and non-farm working household members
- 66.5% migrant; 33.5% seasonal

**Where are they?**
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<th>County</th>
<th>MSFW Worker Estimates</th>
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**Forest Gatherers**

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**Grand State Total**

| Grand State Total | 90,289 | 28,340 | 61,949 | 21,804 | 48,337 | 160,429 |
Demographics

Accurately assessing the demographic information of this population is difficult due to many factors:

- a highly mobile lifestyle,
- limited English proficiency,
- varying levels of citizenship status,
- cultural barriers,
- and difficulties in classifying agricultural workers posed by the peak time and seasonality of the crop production process.
National Agricultural Workers Survey (NAWS)

- For twenty-three years, the Department of Labor has conducted the National Agricultural Workers Survey to collect information from migrant and seasonal farmworkers in the United States and has been one of the most accurate sources for obtaining demographic information on this group.
The basics

- The majority (72%) of all farmworkers were foreign born.
- Farmworkers in the United States have an average age of 36.
- Seventy-eight percent (78%) of crop workers were male and 22% were female.
- Fifty-two percent (52%) of all agricultural workers were parents.
- The average level of completed education was 8th grade.
- 35% said they could not speak English “at all. 27 percent said they could speak English “a little”.

New definition
In December 2012, the Migrant Health Program changed the agricultural industries included in the definition (U.S. Department of Health and Human Services, 2012).

Migrant Health added the category of animal agriculture while excluding reforestation and forest products gathering.

The migrant health program is not designed to cover everyone who works in agriculture.
AGRICULTURAL WORKER

- Preparing, irrigating or spraying the fields, nurseries, orchards;
- Planting, picking, sorting, packing (within a farm), or
- Transporting fruits, vegetables, grains, nuts, plants, tobacco, hops, flowers, grass, alfalfa, hay, or other agricultural products;
- Planting trees (Nursery);
- Working with Christmas trees;
- Picking pine needles or Spanish moss;
- Taking care of chickens, ducks, turkeys, cows, goats, sheep, fish, clams.
Migrant Worker: Definition

- Migratory Agricultural Worker: The term “migratory agricultural worker" means an individual whose principal employment is in agriculture, who has been so employed within the last twenty-four months, and who establishes for the purposes of such employment a temporary abode.
Seasonal Worker: Definition

- Seasonal agricultural workers are individuals whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who do not establish a temporary home for purposes of employment.

- Seasonal agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages.
Both definitions include …

- The definition includes those individuals who have been so employed \textit{within 24 months} of their last visit and \textit{their dependent family members} who have also used the health center.

- Also \textit{aged} and \textit{disabled} migrant and seasonal farmworkers.
A Tool for Identifying Migrant and Seasonal Farmworkers in Your Clinic

MCN recommends screening for migrant status at every clinic visit. This bilingual tool is designed to help clinic staff identify migrant and seasonal farmworkers.

Clinic staff should verbally question client at every visit and determine status (migrant farmworker, seasonal farmworker, aged/disabled farmworker, not a farmworker) based on client's responses.
MSFW: Challenges

- Migratory lifestyle
- Cultural and language barriers
- Immigration status
- Inherent dangers and health risks of occupation
- Lack of access to insurance or financial resources
- Lack of regulatory protection
Unmet Needs

- Adequate health care, housing and transportation.
- Access to specialty care and dental care.
- Interpreters, NTHW dedicated to farmworker health, prescriptions and health education information primarily for Spanish-speaking and for those who speak indigenous languages.
Community Health Centers, CHCs

- CHCs are also known as Federally Qualified Health Centers.
- CHCs operate under the 19 program requirements which include having a board of directors composed of at least 51% users of the clinic.
- Serve all people regardless of ability to pay.
Migrant Health Centers

- Migrant health centers deliver comprehensive, high quality, preventive and primary care services to all people regardless of financial or insurance status.
- MHCs employ enabling services in order to reduce barriers that farmworkers face in accessing health care. These services include outreach, transportation, interpretation, case management, patient navigation, and the use of community health workers or promotoras.
Migrant Health Centers in Oregon

- Benton County
- Clackamas County
- Columbia River Community Health Services (Boardman)
- One Community Health (Hood River & The Dalles)
- La Clinica Del Valle (Central Point, Medford & Phoenix)
- Lane County
- Mosaic Medical (Bend, Madras, Prineville & Redmond)
- Valley Family Health Care (Nyssa, Ontario & Vale)
- Virginia Garcia Memorial Health Center (Beaverton, Cornelius, Forest Grove, Hillsboro, McMinnville, & Tigard)
- Yakima Valley Farm Workers Clinic (Hermiston, Portland, Salem, Silverton and Woodburn)
2014 Western Forum for Migrant and Community Health

- February 26-28, 2014
- Seattle Marriott Waterfront, Seattle, WA
- www.nwrpca.org
Definition of Homelessness:

- A homeless individual is defined in section 330(h)(4)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]
Homeless Community Health Centers

- Central City Concern (Portland)
- Community Health Center (Ashland, Medford, White City, Butte Falls)
- La Clinic Del Valle (Phoenix, Medford & Central Point)
- Lane County (Eugene)
- Multnomah County (Portland Area)
- Native American Rehabilitation Association (Portland)
- Northwest Human Services (Salem)
- Outside In (Milwaukie & Portland)
- White Bird (Eugene)
You must target disparities in order to change them. Changing disparities is not a passive process.

Major health disparities of the MSFW population:
- Blood pressure/Hypertension
- Pesticide exposure
- Sexual violence
Caring for Vulnerable Mobile Populations

- **Open Access**
  - Access when it is needed

- **Mobile Access**
  - Access where it is needed
    - Mobile Vans, Community Health Workers

- **Language Access**
  - Development of Language access policies.
  - Qualified and Certified Healthcare Interpreters.
  - Training of staff on how to use interpreters

- **Culturally Appropriate Access**
Impacts of Health Reform

- More insurance coverage options are now available for these vulnerable populations
  - Medicaid Expansion – SNAP Fast Track Enrollment & Cover Oregon
  - Health Insurance Exchange – Cover Oregon
  - CAWEM Plus Expansion to all Counties in Oregon

- Increased outreach efforts
- Some individuals will still not be eligible
- There will still be fear and lack of understanding
Impacts of Health Reform, Coordinated Care Organizations

- Incentive & Performance Measure
  - Controlling Hypertension
    - The CCO must demonstrate to OHA that organizationally it can count the number of patients 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement period, calendar year 2013.

- Emergency Room Use
- Medical Homes
RECRUITMENT AND RETENTION BEST PRACTICES

Hilary Gossler – Office of Rural Health
Understand the Things that Affect Retention.

- Know the common reasons that providers consistently list as the reason they left a clinic:
  - Dissatisfaction with the clinical practice environment
  - Spouse/partner dissatisfaction with the community, including lack of employment opportunities or inadequate social network
  - Dissatisfaction with community factors such as the quality of public schools, availability of housing, access to shopping and other services, etc.
  - Insufficient income potential
  - Dissatisfaction with patient mix
Promote Retention Through Good Recruitment.

- **Actively promote your site on a consistent, ongoing basis.**
- Focus on effectively advertising your clinic; utilize available resources - National Health Service Corps Job Center, your clinic website, 3RNet and community resources (Chamber of Commerce, newspapers, conducting health fairs at local schools, partnering with other organizations in your community).
- Highlight positive factors about your clinic and community, especially if you’re located in a rural area. These factors may include:
  - Broad scope of practice
  - Financial incentives (rural provider tax credit, NHSC loan repayment program)
  - Increased autonomy
  - A small close knit community
Promote Retention Through Good Recruitment.

- Ensure the provider is the right fit for your clinic and community.
- If long-term retention (5 or more years) is your goal, take the time to thoroughly screen each candidate and make sure they’re the right fit. Ask questions and cover topics such as:
  - Have they lived or worked in a community similar to yours?
  - If they’re currently working, are they dissatisfied with factors associated with their current clinic or community? What are those factors?
  - What do they value? A small community, excellent schools, outdoor recreation, etc.
  - Accurately describe your patient population and any difficulties associated with serving this population.
  - Communicate the clinic’s expectations; working weekends, taking call, using EHR, etc.
Promote Retention Through Good Recruitment.

- **Implement a Thorough Orientation Process.**
- A thorough orientation and on-boarding process is essential. A formal orientation and on-boarding plan focuses on activities such as:
  - Welcome and orient the new provider to the clinic and community
  - Partner the new provider with a mentor
  - Address any concerns the provider or spouse has as soon as possible
  - Recognize the provider’s accomplishments
  - As much as possible, support them through compensation, education and/or benefit incentives
  - Once a formal plan is created, it is necessary to assign each task or responsibility to a specific employee, to reduce the chance for something to be forgotten or overlooked.
In Summary

- In order to retain clinicians, you must be prepared and willing to invest both time and resources into identifying and implementing a plan that works best for your clinic.

- Long term retention is a realistic goal. Retention most likely depends on finding the right provider for your community. If you start with a good fit, retention will follow.

- Ensure that your clinicians are valued and feel satisfied with their practice environment and community.
CARING FOR WOMEN
EXAMPLES FROM COMMUNITY HEALTH WORKERS IN RURAL OREGON AND WASHINGTON
What are Community Health Workers?

Community Health Workers (CHWs) (AKA – non traditional health workers, health promoters, lay health advisors, peer educators, patient navigators) are:

- Lay people recruited from the “target” population
- Selected for inherent leadership & communication skills
- Use in outreach, education, case management, advocacy and cultural bridging
CHWs at One Community Health

- Serve both English and Spanish speakers
- Exhibit cultural proficiencies for Latino and farm worker populations, as well as low-income people overall
- Are carefully selected and trained for their desire to serve individuals, families and their communities
- Utilize the teaching model of Popular Education to bridge barriers to health e.g., literacy, language, culture and economic status to improve health outcomes

More information on Popular Education can be found here:
- Local Resource for Popular Education – Community Capacitation Center at Multnomah County Health Department
- An Introduction to Popular Education and Book Resources
Why CHWs and Case Management?

- Help prevent diseases and associated complications.
- Reduce unnecessary hospitalizations, human suffering and high health care spending.
- Have demonstrated efficacy.
- Build community and bridge the disconnects between professionals, patients and the public.
- Important players in primary care teams.
CHW Programs at One Community Health

- Perinatal
- Women’s Health
- Chronic Disease case management and Healthy Weight Management classes
Perinatal Program

- Program has been in existence since 1988
- Currently 2 CHWs who are supervised MD, average of 15–20 cases per month
- Provide prenatal and postpartum care, support and education.
- Develop a close relationship with an expectant mother.
- Educate the mother on the importance of regular prenatal checkups, arrange for lab work and assist the doctor with routine OB visits
- Visit the new mother in the hospital or at her home after she has had the baby, to make sure she is recovering from childbirth, and to offer infant care and breastfeeding support.
Outcomes from the Perinatal Program

- Before One Community Health (started in 1986), many underinsured women each year presented to Providence Hood River Memorial hospital in labor, with no prenatal care.

- Entry into prenatal care in the first trimester:
  - 1994: 64%
  - 2001: 78%
  - 2007: 89% (vs. 63% for other Oregon FQHCs)
  - 2010: 89%

- Low birth-weight: 3.97% of One Community Health babies (2007) vs. 6.28% average Oregon FQHCs

- Supports State Performance Measure NQR 1517 - Prenatal and Postpartum care: Timeliness of Prenatal Care
Women’s Health Program

- Focuses on providing women access to breast and cervical cancer screenings via Breast and Cervical Cancer Program (BCCP) and private programs
- Supports State Performance Measure NQF 0032 – Cervical cancer screening
- CHW is project manager for partnership program between the Mid-Columbia Health Foundation and One Community Health
Breast Health for Strong Families

- Program started in 2011
- Targeted populations: uninsured, underinsured, Latinas, and geographically isolated women
- Covers a six county service area: Hood River, Wasco, Sherman, and Gilliam Counties in Oregon and Skamania and Klickitat in Washington. Offers free mammograms to women who qualify, case management and breast health education and outreach
- Bilingual services in English and Spanish
Case Management

- Program partners and receives referrals from physicians offices all across the Columbia River Gorge
- One-on-one education
- Follow up as needed for additional exams and treatment
- Transportation assistance and emotional support as needed
- Interpretation and culturally competent support
Outreach

Attends community events in the service area to provide breast health and preventive health education and outreach to the larger community.
Education

Partnering with Providence Hood River Memorial Hospital Foundation to provide educational classes with women in their homes about breast health and healthy living.
Outcomes of Women’s Health Program

Demographics

- **Race and Ethnicity**
  - 41% Latina
  - 57% Anglo women
  - 2% other (African American, Asian)

- **Age**
  - 2% under 40 years old
  - 40% between 40 and 49 years old
  - 53% between 50 and 64 years old
  - 5% 65 years and older
Outcomes

Services provided

- 239 women have received mammograms and diagnostic exams
- 38% referral rate from other clinics
- 5 women have been diagnosed with breast cancer
Challenges and Successes

○ Challenges
  • High demand for services, not enough time/energy
  • Low levels of funding from state/federal sources for the region

○ Successes
  • Increased collaboration in the region
  • Robust program offering breast health education and support in the region
Final Comments or Questions?
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