

# Breaking Down the Barriers:

## A NATIONAL NEEDS ASSESSMENT ON FARMWORKER HEALTH OUTREACH EXECUTIVE SUMMARY



Health Outreach Partners (HOP) is proud to present its fourth national needs assessment on farmworker health outreach! HOP embarked on this in-depth project in order to fulfill the need in the migrant health community for high-quality, national data focused on farmworker outreach programs and the farmworker communities they serve.

Through this project, HOP intends to increase the understanding on how farmworkers are currently being reached, as well as what more can be accomplished to improve health access and decrease health disparities among the nearly three million migrant and seasonal farmworkers in the U.S. agricultural industry.

The data can be used as a benchmark for comparing individual outreach programs with a nationwide average. In addition, the findings provide a practical resource for reports, funding proposals, and planning documents.

The following is a brief synopsis of the project, including a description of the research methodologies, key findings, and recommendations for responding to specific needs outlined.

This Executive Summary is a component of HOP's *Breaking Down the Barriers: A National Needs Assessment on Farmworker Health Outreach*, a more comprehensive and in-depth analysis on the needs of farmworkers and farmworker outreach programs in the U.S. Please visit [www.outreach-partners.org](http://www.outreach-partners.org) to obtain a PDF copy of the report.

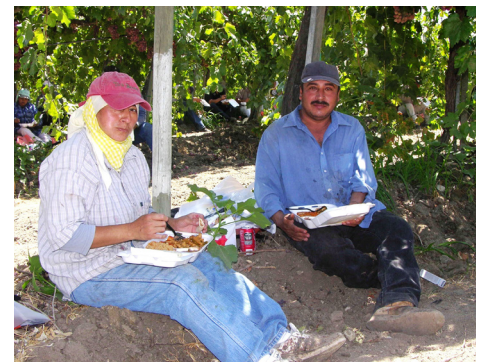


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## Key Findings

Data culled from HOP's research revealed numerous compelling and important key findings. These findings are organized by major topics. The topics chosen emerged from the qualitative and quantitative data. The topics include Farmworker Information, Barriers to Accessing Health Care, Fear and Discrimination, Outreach and Enabling Services Delivery, Outreach and Enabling Services Funding, Outreach and Enabling Services Staff, Data Collection and Evaluation, Cultural Competency, and Social Service Needs and Community Collaboration.

### FARMWORKER INFORMATION

- Based on data from the National Agricultural Worker Survey (NAWS), over three-quarters (78%) of the U.S. farmworker population is male. Most farmworkers are relatively young (average age is 34) and have a seventh-grade education.
- One-third (33%) of migrant health professionals indicated the presence of emerging farmworker populations within their service area (n=100), including indigenous Mexicans from the state of Oaxaca like the Triqui, Zapotec, and Mixtec.
- Most migrant health professionals (84%) confirmed that farmworkers or their family members work in labor sectors other than agriculture (n=101). The five most common labor sectors include landscaping (71%), construction (64%), restaurant work (57%), dairy farming (48%), and greenhouses (43%) (n=84).
- The health issues of greatest concern among farmworkers and their families include diabetes (79%), followed by dental health (50%), and hypertension (42%) (n=101). These findings are consistent with previous HOP national needs assessments.

### BARRIERS TO ACCESSING HEALTH CARE

- Migrant health professionals identified the top farmworker barriers to health care to be lack of transportation (67%), lack of knowledge of available services (58%), cost of health care services (48%), lack of insurance (35%), and lack of comfort with health care services/facilities (22%) (n=100).

## Breaking Down the Barriers:

- Migrant health professionals and farmworker parents reported that farmworkers experience confusion when trying to navigate health delivery systems and public insurance programs. Overall, there is a lack of information among the farmworker population about insurance eligibility requirements as well as how and where to access health services.
- Lack of reliable transportation resounded as a top barrier to care throughout the quantitative and qualitative data generated. Many farmworkers live and work in rural communities with little to no public transportation.
- Insurance eligibility is one of the biggest barriers to health care faced by farmworkers. Most farmworkers are not eligible for insurance programs due to documentation status.

### FEAR AND DISCRIMINATION

- Fear due to immigration and discrimination plays a pivotal role in preventing farmworkers from accessing health care services. An overwhelming majority of migrant health professionals, farmworker parents, and health center administrators indicated that farmworkers and their families live in fear due to lack of legal documentation.
- Migrant health professionals and farmworker parents discussed the inequitable treatment suffered by farmworkers in the workplace. Farmworkers are frequently threatened by their employers with lost wages, loss of work, or deportation if they miss work or object to unhealthful working conditions.

### OUTREACH AND ENABLING SERVICES DELIVERY

- The most frequently performed outreach and enabling services include health education (50%), basic health screenings (38%), health fairs and community events (37%), and interpretation (33%) (n=100).
- Farmworker parents voiced a need for more information and education among the farmworker communities, especially on pesticide exposure, legal services, health system navigation, and managing chronic diseases.
- Migrant health professionals ranked transportation issues (39%) and lack of staff (31%) as the two most common outreach challenges faced by farmworker health outreach services (n=99).
- Migrant health professionals reported that the most common outreach locations include community events and celebrations (85%), inside the clinic (85%), and community agencies (75%) (n=100).

### OUTREACH AND ENABLING SERVICES FUNDING

- In 2007, each health center spent an average of \$1.3 million on enabling services. Health centers spent about \$55 per user for enabling services.
- While some health center administrators rely solely on federal funding, most accessed some combination of other funding sources, including state funding, private foundations, program income, and donations.
- Health center administrators indicated that grant opportunities for outreach programs are sporadic and have short funding periods, forcing health centers to continuously seek new funding sources.

### OUTREACH AND ENABLING SERVICES STAFF

- On average, health centers employ approximately 15 enabling service staff, of which three are considered outreach staff.
- The top three characteristics contributing to the success of outreach services include relationships with the farmworker community (60%), staff dedication (47%), and administrative support (34%) (n=99).
- Staffing shortages emerged as a significant challenge for outreach and enabling services programs. Thirty-one percent of online survey respondents identified lack of staff as a key challenge that organizations face when providing outreach and enabling services.
- Migrant health professionals reported balancing competing responsibilities inside and outside the clinic setting. Although interpretation is an invaluable service, it was noted by migrant health professionals that this demand can interfere with outreach staff's ability to fulfill other essential community-based activities with the farmworker community.

### DATA COLLECTION AND EVALUATION

- Nearly half (45%) of migrant health professionals reported that their programs had conducted a farmworker needs assessment (n=98).
- Sixty-nine percent of migrant health professionals revealed that their organization evaluates the effectiveness of their outreach and enabling services (n=97).

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- When gathering data for outreach programs, the most frequent challenges experienced are lack of internal resources such as time (55%), funding (44%), and staff (42%) (n=95).
- Health centers report that an evidence base is exceedingly useful in writing quality grant applications, determining programmatic needs, and justifying continued support for outreach and enabling services.

## CULTURAL COMPETENCY

- Health centers reported that having bilingual staff (93%), bicultural staff (75%), and extended hours (68%) are the most common techniques for providing culturally-responsive services (n=95).
- There was overwhelming desire among migrant health professionals and farmworker parents to strengthen clinic staff understanding about farmworker cultures.
- Many farmworker parents spoke about obtaining less expensive medicines from Mexico and relying on home remedies when they or their family members become ill.
- Migrant health professionals reported that there is a lack of health clinic staff that can respond to the language needs of indigenous farmworker populations who speak neither English nor Spanish. Mixtec is the third-most reported language among farmworker patients and their families (n=101).

## SOCIAL SERVICE NEEDS AND COMMUNITY COLLABORATION

- Four of five (81%) migrant health professionals reported that their health centers collaborate with Migrant and Seasonal Head Start agencies, whereas three of four (76%) reported coordinating with health departments. Other frequently-cited organizations include migrant and/or bilingual education programs (69%), Women, Infant, and Children (WIC) programs (68%), coalitions and collaboratives (63%), and other community organizations (63%) (n=95).
- Migrant health professionals ranked assistance with Medicaid or other social service applications as the social service of greatest concern for farmworkers (60%) (n=101).
- According to farmworker parents, there is a critical need for educating farmworkers on how to access services.
- 62% of health centers are involved in a community coalition that addresses farmworker needs (n=95).
- According to health center administrators and migrant health professionals, challenges in working with community partners include difficulties in defining distinct scopes of work, lack of language capacity, and improper or inadequate response to referrals.

## Recommendations

This section focuses on four key themes supported by substantial needs assessment findings and well-suited for action by those involved in serving migrant and seasonal farmworkers. The recommendations are structured towards two overall audiences: Funders/Policy Makers and Farmworker Advocates. In addition, they include HOP's commitment to responding to the data outlined in this project.

**FEAR** – Fear among farmworkers emerged as a prominent theme throughout the research findings; it stems from the lack of legal documentation and the anti-immigrant climate in many communities. Recommendations include:

- Funders and policymakers ensure that funds accommodate immigrants living and working in the United States.
- Farmworker advocates engage farmworker community members in discussions to better understand their fear and its underlying causes.
- HOP disseminate its research on fear to advocacy organizations and develop resources to help understand how fear acts as a barrier to care.

**TRANSPORTATION** – Farmworkers ranked accessing transportation options as the number one barrier to care (67%) and the number two social service need (57%). Recommendations include:

- Funders and policymakers support a variety of transportation methods, including mobile health units, clinic vans, Telehealth, and community-wide collaborations.
- Advocates forge community-based solutions, where partner agencies can share existing transportation resources.
- HOP place special emphasis on collecting innovative practices about transportation, thereby converting local solutions to nationwide best practices.

**EDUCATION & INFORMATION SHARING** – Health education was identified as a top outreach priority and is the most frequently performed outreach and enabling service among health centers. Yet, farmworkers desire more education on system navigation, occupational health, and legal rights. Recommendations include:

- Funders and policymakers allocate funding to support group and collaborative health education initiatives.
- Farmworker advocates enhance their approaches to education by collaborating with other community agencies and using experiential learning or popular education methods.
- HOP develop training modules focused on effective collaboration models and partnerships.

**DATA** – Collecting strong and reliable data is essential in order to demonstrate the value of outreach and understand the health and social service requirements of farmworker populations. Recommendations include:

- Funders and policy makers institute data collection requirements that are flexible and consistent.
- Farmworker advocates collect data that proves the value of outreach. Consider collaborating with Head Start agencies in order to collect needs data.
- HOP develop resources that will formalize outreach data collection. Informal data coupled with formal data can make a strong case for the effectiveness of outreach.

## Methodology

### CORE THEMES

HOP designed a research framework based on core themes to obtain high-quality quantitative and qualitative data for its national farmworker health outreach needs assessment project.

- Background on Migrant/Community Health Centers
- Farmworker information
- Access to care
- Health outreach and enabling services
- Funding
- Needs assessment and evaluation data
- Cultural competency
- Community collaboration and coalition building

### DATA COLLECTION METHODS

HOP chose five methods to obtain information from unique audiences serving migrant and seasonal farmworkers. Health administrators, outreach managers, frontline outreach staff, as well as farmworkers themselves contributed their experiences and observations to this study.

- Three community forums, including a convenience sample of 82 outreach staff attending the migrant stream forums.
- Three focus group discussions, including a convenience sample of 34 farmworker parents participating in Migrant and Seasonal Head Start Parent Policy Councils.
- An online survey administered to migrant health grantees; 108 of 155 responded to the survey.
- Telephone survey administered to a random sample of 24 migrant health administrators.
- A review of existing data from other research studies, including the National Agricultural Workers Survey (NAWS), the 2008 Migrant and Seasonal Head Start Program Information Report (PIR), and the 2007 Community Health Center Uniform Data System (UDS).

Migrant Clinicians Network's Institutional Review Board (IRB) approved the study design, the instruments, and the corresponding informed consent documents used with each data collection method. Special considerations were used with confidentiality and protections procedures for the farmworker participants.

Of special note, the research team made a concerted effort to foster variability in respondents by geographic region as well as professional title. Steps were taken to ensure that outreach programs in the 10 Health Resources and Services Administration (HRSA) regions participated in the study.

Qualitative data from community forums, focus groups, and telephone surveys were entered and analyzed in ATLAS.ti version 5.5, a qualitative data analysis software package. Quantitative data from the online survey were analyzed in SurveyMonkey, MS Office Excel 2007, and SPSS 16.0.



*Photo courtesy of Community Health Centers of the Central Coast, Inc.*