



Perceptions of Diabetes in Agricultural Worker Communities

Issue brief
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FARMWORKER JUSTICE



Introduction

Photo credit: Farmworker Justice

Given the magnitude of diabetes' impact on agricultural worker communities, Farmworker Justice (FJ) seeks to understand and share agricultural worker patient experiences with diabetes screening and treatment. This issue brief examines several widely acknowledged and statistically supported barriers to diabetes care in agricultural worker communities. Following this more general discussion, we will share personal stories and themes from discussions with agricultural workers. We will then share successful strategies for diabetes screening by highlighting a health center's diabetes screening, management, and general nutrition program. To conclude, we will provide recommendations for health centers to improve agricultural worker access to diabetes screening and management.

National data and socially determined barriers to care

There are an estimated 2.4 million agricultural workers in the United States;¹ according to data from the National Agricultural Workers Survey (NAWS), 80% of U.S. agricultural workers are Latino.² In its 2014 “Diabetes Report Card,” the Centers for Disease Control and Prevention (CDC) estimated that “[d]uring their lifetime, half of all Hispanic men and women...are predicted to develop [diabetes].”³ In what CDC already



Photo credit: Farmworker Justice

describes as an issue of “epidemic” proportions with over 29 million Americans (9.3% of the general population) affected,⁴ the U.S. Latino population is acutely at risk.⁵ According to the CDC, the rate of diabetes among Latinos in the U.S. is 3.5% higher than the national average, with 12.8% of Latinos living with the disease.⁶

The living and working conditions of agricultural workers exacerbate the troubling effects of these trends within agricultural worker communities. For example, workers may not be able to take medication at work, store their medication at home and/or at work, or prepare adequate meals. The inherently mobile nature of a migratory agricultural worker makes it difficult for a clinician to provide continuity of care, an important factor in the effective short- and long-term management of a chronic disease like diabetes.⁷ Further, agricultural workers do not have sick leave and therefore have to forego wages to seek medical care; some workers may fear reprisal from their employer, deterring them from seeking the preventative care (if pre-diabetic) or disease management (if diabetic) they need. Also, an estimated 30% of agricultural workers have family incomes that fall below 100% of the federal poverty level.⁸ Lower incomes restrict an individual or family’s access to healthy food (poor diet being a major factor in the development of type II diabetes and pre-diabetes) and transportation.⁹

Agricultural workers also experience numerous barriers to health care, impacting their access to diabetes treatment. Only 35% of agricultural workers have health insurance.¹⁰ Therefore, diabetes medications may be too expensive. Even for those with health insurance, high co-pays and deductibles make diabetes management unaffordable. In addition, only 31% of workers reported speaking English well while 27% of workers reported not speaking English at all.¹¹ Agricultural workers may be unable to communicate with health care providers or receive necessary information about diabetes in a way that can easily be understood by limited English proficient patients.

¹ Philip Martin, *Immigration and Farm Labor: Policy Options and Consequences*, 95 AM. J. AGRIC. ECON. 470, 470 (2013).

² Department of Labor, Employment and Training Administration. Findings from the National Agricultural Workers Survey (NAWS) 2013-2014. Retrieved March 6, 2017, from https://www.doleta.gov/agworker/report9/chapter1.cfm/fs-facts_about_farmworkers.pdf

³ Centers for Disease Control and Prevention, Center for Chronic Disease Prevention and Health Promotion. (2015). *Diabetes Report Card 2014*. Retrieved March 3, 2017, from <https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf>

⁴ Centers for Disease Control and Prevention, Center for Chronic Disease Prevention and Health Promotion. (2016, July 25). *At A Glance 2016: Diabetes*. Retrieved February 24, 2017, from <https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/diabetes-aag.pdf>

⁵ Centers for Disease Control and Prevention, Center for Chronic Disease Prevention and Health Promotion. (2014). *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014*. Retrieved March 1, 2017, from <https://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>

⁶ IBID

⁷ Migrant Clinician’s Network: Diabetes. (2014, October 06). Retrieved March 7, 2017, from <http://www.migrantclinician.org/issues/diabetes>

⁸ Department of Labor, Employment and Training Administration. Findings from the National Agricultural Workers Survey (NAWS) 2013-2014. Retrieved March 6, 2017, from https://www.doleta.gov/agworker/report9/chapter1.cfm/fs-facts_about_farmworkers.pdf

⁹ Migrant Clinician’s Network: Diabetes. (2014, October 06). Retrieved March 7, 2017, from <http://www.migrantclinician.org/issues/diabetes>

¹⁰ Department of Labor, Employment and Training Administration. Findings from the National Agricultural Workers Survey (NAWS) 2013-2014. Retrieved March 6, 2017, from https://www.doleta.gov/agworker/report9/chapter1.cfm/fs-facts_about_farmworkers.pdf

¹¹ IBID

Agricultural worker perspectives ¹²

Conversations with workers revealed mixed opinions about a diabetes diagnosis. While they were receptive to receiving advice from medical providers, they were more hesitant when receiving medications or diabetes-related treatment. For some workers, a diabetes diagnosis was seen as a death sentence. Several workers stated that receiving a prescribed medication (such as insulin) for diabetes management was a sign that their illness was advanced beyond control and therefore undesirable.

Barriers to diabetes screenings and follow-up treatments can generally be sorted into two categories: tangible barriers to receiving care and experiential barriers to care. Workers often find it difficult to physically access clinics and pay for treatment. Workers discussed the lack of health care access as the primary barrier to care: it was difficult to get an appointment because employers were reluctant to give workers time off to see a doctor; the clinic was too far away or workers were unaware there was a clinic in the area; and mobile clinic services were not available. In regard to health fairs or mobile clinics, workers may find it difficult to know what services are offered, or when health fairs or mobile clinics will be in their place of work or residence. Although a health fair had recently been held in one of the areas where we spoke with workers, the workers were unaware if diabetes screenings had been offered.

Further, workers may carry unfavorable memories of past diabetes diagnostic experiences that make them wary of pursuing further care. Workers who had been diagnosed as diabetic or pre-diabetic described a wide variety of diagnostic experiences. These experiences were often confusing because clinicians explained their diabetes diagnoses with language that was too technical to understand. Many workers expressed that doctors did not fully explain the diagnosis or what diabetes meant for their health and well-being (including blood sugar percentages). Workers shared that while they were prescribed medications and told to change their diet and exercise patterns, they were not told the reasons behind these changes or how it would help them control their diabetes. One worker described her experience with two different providers: one told her she was diabetic and needed to make dietary changes (without specifying what those changes should be) while another informed her that she had high blood sugar without explaining what that diagnosis meant.

Workers may have an aversion to medications or treatments prescribed, instead preferring a preventative and nutrition-based approach to understanding diabetes and diabetes management. In general, workers expressed an interest in diabetes education rather than diabetes screenings. Workers are most interested in preventative and disease management information as well as nutrition and dietary information. One worker we spoke with shared that the most effective “prescription” was a nutrition and cooking class her doctor told her to attend.

Workers want this information from “experts” (though they did not specify exactly who are those experts) and doctors. A tension existed between the workers’ desire to know more about diabetes, especially related to diet, and their frustration at being unable to access diabetes services (if there were services) at the clinic in their area or at health fairs.

FJ conducted two different focus groups with agricultural workers to discuss diabetes. The first focus group was held in late July of 2017 at an agricultural worker housing unit on Virginia’s Eastern Shore. Workers were contacted and organized the same day of the focus group. There were five participants - 3 men and 2 women. All participants were Latino. The focus group was conducted in Spanish. Additionally, FJ participated in a focus group organized by the National Migrant and Seasonal Head Start Collaboration Office during the National Migrant and Seasonal Head Start Association Conference in early March 2018 in Costa Mesa, CA. There were 20 participants - all parents of Migrant and Seasonal Head Start children. All participants were Latino. The focus group was conducted in Spanish.

¹² The agricultural worker perspectives in this section come from focus groups conducted by FJ staff. FJ staff conducted two focus groups - Virginia’s Eastern Shore in July 2017 and Costa Mesa, CA in March 2018.

Clinical spotlight

Farm Worker Health Program, Leroy E. Browne Medical Center, Beaufort Jasper Hampton Comprehensive Health Services, Inc., South Carolina

The Farm Worker Health Program at Leroy E. Browne Medical Center on St. Helena Island is one example of a health center making significant operational and programmatic changes to increase agricultural workers' access to diabetes screenings and care. On the operational side, the Farm Worker Health Program extends its clinical hours into the evening during the times of the year when there are large numbers of agricultural workers. The program also assists with prescription pick up and drop off, provides interpretation (either in-person or via a digital service similar to Skype or FaceTime), and offers transportation assistance for patients who may not be able to access the clinic on their own.

The program also reframes clinical diabetes treatment by placing it within a larger context of nutrition, dental, and general wellness classes. The diabetes program meets weekly to discuss prevention and disease management strategies through changes in diet and physical activity. Program staff also regularly tests participants' blood sugar and A1c levels. The clinic increases patient access to these programs by leveraging strong connections with the local school system and holding the programs in schools. In addition, the clinic uses the Migrant Clinicians Network's Health Network referral process to ensure that migratory workers identified as diabetic or pre-diabetic receive the necessary care after they leave the area.

The Farm Worker Health Program incorporates the operational changes, programmatic context shifts, strong local collaborations, and follow-through necessary to ensure that migratory agricultural workers are not only screened for diabetes but receive the tools necessary to cope with the results of those screenings in their daily lives.



Leroy E. Browne Medical Center. Photo courtesy of Beaufort Jasper Hampton Comprehensive Health Services, Inc.

Recommendations for health centers

Based on discussions with workers and health centers, we developed the following recommendations to support diabetes education and management among agricultural workers.

- **Develop plain-language explanations of diabetes that can be easily understood by agricultural workers and their families.** These explanations should be clear and simple, describing diabetes screening processes, diagnosis, and treatment/management plans in a way that workers understand, can trust, and is applicable to their lives.
- **Develop management plans that take into account the realities of agricultural work.** Reluctance to be screened may come from bad past experiences, including unclear diagnoses and difficulties in establishing follow-up care.
- **Improve patient access to clinical services by bringing the services to them.** Consider, when feasible, offering special clinic hours at brick and mortar facilities or arranging mobile clinics at their place of residence or work to increase agricultural worker access to diabetes education and screenings. Improve patient access to medications in a similar manner by considering, when feasible, delivering medications or bringing medications to a more easily accessible pick-up point for workers.
- **Partner with local organizations to hold diabetes screenings or educational programs (for example, cooking classes or nutrition education programs), or to assist with the development of educational materials.** Local organizations may be able to assist you in offering some of these services to agricultural workers (transportation, interpretation, outreach), reducing the financial and administrative burden on your clinic.
- **Integrate diabetes screenings and periodic A1c exams into a larger prevention education context, incorporating other information workers may find valuable and potentially less intimidating than diabetes management.** Nutrition classes are an example of an effective education tool because of the practicality of the information offered as well as its applicability as a diabetes prevention strategy. We encourage health centers to partner with community organizations to develop nutrition classes that are culturally appropriate.
- **Integrate screening for co-morbidities, such as hypertension or behavioral health issues, when screening for diabetes.**
- **Incorporate discussions about diabetes education and screening into other clinical situations such as annual wellness exams.**
- **Enroll migrant patients in the Migrant Clinicians Network's Health Network to ensure continuity of care and diabetes case management when the patient moves to another county or state.** More information about the Health Network can be found [on their website](#).

A photograph of a large strawberry field with rows of plants. Several farmworkers are visible, bent over and picking strawberries. The workers are wearing various clothing, including hats and long sleeves. The field is covered with black plastic mulch. In the background, there is a line of trees under an overcast sky.

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