

Barriers Encountered by Agricultural Workers Seeking Specialty Care and Potential Solutions

Issue brief

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FARMWORKER JUSTICE

Photo credit: Campesinos Sin Fronteras



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Rural communities face a number of challenges when it comes to accessing specialty care; these challenges are multiplied when it comes to agricultural workers. Based on Farmworker Justice's (FJ) experiences, this issue brief will discuss challenges providing specialty care to agricultural workers and their families and recommendations for health centers.

This brief will first outline the continuing challenges providing specialty care to agricultural workers and their families. It will discuss lessons learned from FJ's Unidos project, a collaborative effort between FJ and two community partners, Campesinos Sin Fronteras and Vista Community Clinic, to deliver dermatological care to agricultural workers in Somerton, Arizona and Vista, California. The brief will then explore opportunities for telehealth, based on a related effort with Harvard's Center for Health Law and Policy Innovation (CHLPI) and direct discussions with workers about telehealth interventions. Finally, based on lessons learned, we will share recommendations for health centers to promote access to specialty care among agricultural workers and their families.

Continuing Challenges in Specialty Care

Agricultural workers face numerous barriers to accessing specialty care. One central challenge is that they lack access to primary care, generally the first point of service for patients who may need specialty care. There are only 62 primary care physicians for every 100,000 rural residents of the United States.¹ Further complicating access is the shortage of specialty care providers; there are an estimated 30 specialists for every 100,000 rural residents, versus 263 specialists for every 100,000 residents in urban areas.²



Photo credit: Farmworker Justice

The lack of specialists is partially due to rural hospital closures. Eighty-eight rural hospitals have closed since 2010³ with little chance of replacement; the costs associated with opening new hospitals, including construction, equipment, and competitive salaries for medical professionals, are so burdensome as to be prohibitive. Remaining hospitals struggle to retain specialists who may seek the job stability and financial incentives that non-rural areas offer.

Financial challenges also impact agricultural workers' decision-making around specialty care. According to the National Agricultural Workers Survey (NAWS), a comprehensive demographic survey of agricultural workers conducted by the U.S. Department of Labor,⁴ the agricultural worker population is disproportionately poor, with 30% of the population living below the poverty line.⁵ Living at the economic margins and working in a profession where tasks are time sensitive and there are no sick days, agricultural workers may be reluctant to seek care. They may lack access to transportation and may have to travel longer distances to reach specialists.

When they reach a specialist's office, the challenges continue. The vast majority of agricultural workers lack health insurance coverage, making specialty care an unaffordable luxury. According to NAWS, only 35% of agricultural workers had health insurance in 2014.⁶ Those with insurance may find themselves unable to afford specialty care due to high deductibles, limited provider networks, and out-of-pocket costs (such as co-pays)⁷ that further limit agricultural workers' access to specialty care. The expansion of short-term health plans⁷ may present additional challenges. These plans usually cost little upfront, making them an attractive option for agricultural workers, but offer limited coverage (especially for specialty care) with high deductibles.

Once in the examination room, agricultural workers may face a final hurdle: communicating with their specialty care provider. According to NAWS data, 66% of agricultural workers report that they speak little or no English.⁸ Rural communities are changing rapidly, with the rural minority population growing by 21.3% between 2004 and 2014;⁹ specialists may find themselves unprepared to provide care in a culturally and linguistically appropriate way for agricultural workers.

1. Texas A&M Health Science Center, *Rural Healthy People 2020*, available at <https://srhrc.tamhsc.edu/docs/rhp2020-volume-1.pdf>

2. National Rural Health Association, *About Rural Healthcare*, available at <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>

3. NC Rural Health Research Program, *90 Rural Hospital Closures: January 2010-Present*, available at <http://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

4. JBS International, *About the National Agricultural Workers Survey*, available at <https://naws.jbsinternational.com/>

5. U.S. Department of Labor, *Findings from the National Agricultural Workers Survey 2013-2014 (NAWS)*, published Dec. 2016, available at https://www.doleta.gov/agworker/pdf/NAWS_Research_Report_12_Final_508_Compliant.pdf

6. IBID

7. Short-term health insurance provides limited, relatively cheap plans initially intended to provide the most basic coverage for individuals during times of unexpected employment. These plans are now available in most states for coverage periods up to 364 days that can be renewed for up to 36 months.

8. U.S. Department of Labor, *Findings from the National Agricultural Workers Survey 2013-2014 (NAWS)*, published Dec. 2016, available at https://www.doleta.gov/agworker/pdf/NAWS_Research_Report_12_Final_508_Compliant.pdf

9. Mackinney, A., Coburn, A., Lundblad, J., McBride, T., Mueller, K., Watson, S. (2014), *Access to Rural Health Care - A Literature Review and New Synthesis*, available at http://www.rupri.org/Forms/HealthPanel_Access_August2014.pdf

FJ's Unidos Project: Promoting Skin Cancer Prevention, Testing, and Treatment

Over the past three years, FJ's Unidos project¹⁰ created and adapted new models of community mobilization to bring specialty care to agricultural worker populations, specifically facilitating the delivery of dermatological services, screenings, and care to workers. It also educated workers about skin cancer prevention. Community partners Campesinos Sin Fronteras (CSF) in Somerton, AZ, and Vista Community Clinic (VCC) in Vista, CA adapted and implemented these mobilization models in their communities.

Promotores de salud (*promotores*), culturally and linguistically competent community health workers and leaders, were the backbone of the project, establishing a direct and crucial link between agricultural workers and the dermatological services offered through this project. VCC, with help from the American Academy of Dermatology, connected with a local dermatologist who assisted VCC for the duration of the project. CSF leveraged existing community connections and the connections of former CSF *promotores* and employees in order to establish relationships with three separate dermatologists. Screening events were held in a variety of spaces such as ranches, homeless shelters, and Goodwill stores.



An educational presentation on skin cancer prevention at a screening event. Photo credit: Vista Community Clinic

Additionally, Unidos facilitated the creation of local steering committees with representation from agricultural workers and community organizations in North San Diego County, CA and San Luis, AZ (a community near Somerton, AZ). Examples of organizations on these committees included local cancer centers, representatives from the Mexican Consulate, local libraries, American Academy of Dermatology members, the Office of Binational Border Health, and more. These steering committees were actively involved in every step of the project, from developing the outreach and training to setting up screening events.

The project highlighted some of the challenges in providing specialty care and follow-up to agricultural worker patients.

- **Difficulties in securing treatment for uninsured patients:** While community partners were able to provide skin cancer education and screenings, securing affordable follow-up care for uninsured patients proved the most challenging part of the Unidos project. Conversations with area cancer centers and charity care organizations were ongoing over the course of the project.
- **Preference to seek health care in Mexico:** For many workers with the ability to easily cross the border, the healthcare system in Mexico is more affordable, easier to navigate, and more approachable than the healthcare system in the U.S. After receiving skin cancer education from *promotores* and participating in a screening event, some workers chose to pursue follow-up care in Mexico.
- **Continuity of care:** When agricultural work is scarce, particularly during the off season, many workers return to Mexico or move on to other work. Other workers may not reside at the same physical address or may change phone numbers, affecting follow-up treatment.

10. Unidos was funded by the Bristol Meyers Squibb Foundation.

To address these challenges, FJ and its community partners implemented a variety of solutions:

- ***Promotores de salud.*** *Promotores* acted as educators, facilitators, outreach workers, and cultural ambassadors over the course of the project. They also assisted in the development of educational materials. *Promotores* checked in continually with patients throughout the follow-up process. They communicated with patients who needed referrals from screening events to ensure that they scheduled follow-up appointments. They also helped patients find affordable care if they did not have insurance.
- **Local steering committees (LSCs):** Bringing specialty care to agricultural worker patients requires community stakeholders to come together, collectively invest in the health of workers, and participate in finding solutions to ensure access and facilitate culturally competent care. In VCC's case, the LSC helped facilitate screenings with the Mexican Consulate and initiated talks with a local charity care organization called Champions for Health.
- **Targeted “mini-health fair” model:** Community partners organized mini-health fairs where they could provide not only skin cancer screenings but other healthcare services as well. These events tend to differ from traditional health fairs in that they offer a few services to a targeted group - for example, offering blood pressure and blood sugar screenings along with skin cancer screenings to a group of workers at a local ranch. Combining specialty care with basic healthcare screenings allows for integrated delivery of healthcare services.
- **Partnerships with growers:** Relationships with growers allowed community partners greater and more consistent access to workers. In CSF's case, conversations with local grower JV Farms led to an educational session with over 80 workers.
- **Community partnerships with clinics and/or individual providers to secure free or reduced care:** Community partners built solid relationships with area dermatologists, resulting in the free participation of these doctors at screening events. In the case of VCC, the local dermatologist became so involved in the project's mission that she decided to become a certified volunteer at the clinic in order to more fully dedicate her time to the project. For CSF, their relationships with three different dermatologists' offices resulted in 88 free screenings for patients, and commitments from each of these offices to remain involved with CSF in the near future.



An educational presentation by a *promotora* on skin cancer prevention at a screening event. Photo credit: Campesinos Sin Fronteras.

The Potential of Telehealth Interventions

Telehealth interventions can potentially improve access to specialty care to agricultural worker populations. However, a number of challenges in the application of telehealth remain including affordability, reimbursement, and reliable access to broadband or cellular networks.

Through a collaboration with Harvard's Center for Health Law and Policy Innovation (CHLPI), FJ began to explore the political and regulatory landscape of telehealth as a possible solution to overcome barriers to specialty care, including transportation and linguistic barriers. FJ and CHLPI also explored how *promotores* could play a key role in bringing and adapting telehealth strategies to better fit the needs of the agricultural worker community.¹¹ These initial explorations led to a situational analysis and needs assessment on telehealth with our community partners in the third year of the Unidos project.

Generally, workers who participated in the situational analysis and needs assessment expressed their belief that telehealth could potentially better accommodate their schedules and ease problems associated with transportation to appointments. However, workers stated their concern about the availability of language assistance as well as costs associated with use of telehealth services, echoing some of the same concerns workers have in relation to basic healthcare access. Workers also affirmed their desire that telehealth be provided in conjunction with face-to-face visits from doctors. This desire came from both a place of concern that telehealth without face-to-face contact would result in poorer quality service (for example, poor cellphone image quality negatively impacting the quality of the appointment), as well as a stated cultural preference to have an in-person relationship with providers. *Promotores* were identified time and time again as trusted "assisters" who could help agricultural workers use telehealth technology. Finally, workers identified a lack of familiarity with telehealth and apprehension about operating mobile devices to use telehealth services as potential complications to their receipt of care. Despite this, workers generally expressed comfort using mobile devices to communicate. Workers' expressed comfort level was consistent with other studies of agricultural worker access to and use of mobile technology.^{12,13}



An educational presentation on telehealth by Vista Community Clinic staff and volunteers. Photo credit: Vista Community Clinic.

11. The report focuses on the union of telehealth and *promotores* from a primarily theoretical and policy angle; it contains a number of recommendations not specifically aimed at clinicians. The report in its entirety can be read at https://www.farmworkerjustice.org/sites/default/files/resources/Telehealth%20and%20CHWs_March%202018_updated_no%20bleeds.pdf.

12. Sandberg, J. C., Johnson, C. R., Nguyen, H. T., Talton, J. W., Quandt, S. A., Chen, H.,...Arcury, T. A. (2015). Mobile and Traditional Modes of Communication Among Male Latino agricultural workers: Implications for Health Communication and Dissemination. *Journal of Immigrant and Minority Health*, 18(3), 522-531. doi:10.1007/s10903-015-0299-5

13. Price, M., Williamson, D., Mccandless, R., Mueller, M., Gregoski, M., Brunner-Jackson, B. ...Treiber, F. (2013). Hispanic Migrant Farm Workers Attitudes Toward Mobile Phone-Based Telehealth for Management of Chronic Health Conditions. *Journal of Medical Internet Research*, 15(4). doi:10.2196/jmir.2500

Recommendations for Health Centers

Based on discussions with workers and community partners, we developed the following recommendations to support access to specialty among agricultural workers.

- **Implement mini health fairs.** They are a cost- and time-effective way to deliver targeted care, including specialty care, to targeted groups of workers.
- **Conduct a needs assessment** to understand perceptions of telehealth among your community members.
- **Consider seasonality and migratory/work patterns of agricultural workers when developing patient plans for specialty care services.** [MCN's Health Network](#) provides case management for migratory workers that can help them maintain their care plan as they move throughout the year.
- **Engage *promotores de salud* to educate and connect workers to specialty care.** Health centers can establish a protocol or referral guide with *promotores*, though it may not resemble traditional referral or follow-up processes.
- **Cultivate relationships with private providers and other community stakeholders to provide charity or donated care.** If possible, engage these providers as a dedicated volunteers for your clinic. Local steering committees can assist in the cultivation of these relationships.



An educational presentation by a *promotora* on telehealth at a community event. Photo credit: Campesinos Sin Fronteras.

For more information about FJ's efforts on telehealth or to learn more about the Unidos project, please contact Madeline Ramey at mramey@farmworkerjustice.org.

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