Migrant Farmworkers

An isolated, medically underserved population that needs YOUR help
What Realities Do Migrant Farmworkers Face Every Day?

- 1.5-3 million farm laborers in the US
- 65,000 in Illinois

Dept. of Agriculture estimates 50% of our agricultural workforce is undocumented labor

Agriculture consistently rates in top 3 most hazardous occupations in the US

Migrant farm worker rated as “worst job in America”

Workers, families vulnerable due to lack of legal, regulatory protections, immigration status, low income, uninsured, uninsurable
Who are they?

- Young (50% <31)
- Male (75%)
- Immigrants from Mexico (71%)
- Uninsured, Uninsurable (90%)
- Sub-poverty wages (91%)
- Increasing trend towards “seasonal” farm workers
  - Families living in community
Realities of Migrant Farmworkers that Impact Health Status

When workers and families often live where they work
- Isolated communities
- Exposure to toxins
- Lack of opportunity

Access to health care limited
- Unpredictable work hours
- Lack of transportation,
- Language
- Culture differences
- $$$
- Racism
Systemic Barriers to Agricultural Workplace Health and Safety

- **OSHA**
  - Mandates Field Sanitation and water only for farms with 11+ workers

- **Worker Compensation**
  - Only comparable to coverage for other workers in 12 states, not in Illinois
Take our jobs...Please!

http://www.takeourjobs.org/
Community Health Partnership of Illinois: Four Decades of Service to Farmworkers

- **Primary Health Care Clinics**
  - Aurora, Woodstock, Mendota, Kankakee, Hoopeston, Rantoul

- **Dental Clinics**
  - (Aurora, Kankakee, Mendota)
Effective education is situated in the lived experience of the participants.

Dialogue, role modeling rather than a didactic approach deepens understanding, likelihood of change.

Popular Education has the power to raise consciousness (ex: understanding, solving field sanitation problem > community empowerment in other areas).
John Hayes
CHP Schweitzer Fellowship project

- Health Screening events
- One on one medication compliance counseling
- Developed simple written medication instructions
- Developed “mobile chart” for chronic conditions
- Working on improving pt. referral network + process
- See patients, present to “mentor” doctor, develop plan
- Interpreted in the clinic, helping pts. communicate
- Helped clinic develop Pharmacy Assistance Program
- Helped clinic choose and implement sample medicine program
What I’ve learned....

- Treating a low income, immigrant, Hispanic patient population

  - You have to earn your patient’s trust
  - Herbal remedies are often first step for patients
    - Hierba Buena, Rompe Pecho, Aloe, Te de Manzanilla
  - If you don’t explain need for meds, patients don’t take them
  - Use simple language and pictures whenever possible
  - Mexican Patients are used to Authoritarian Medicine
  - Give culturally specific nutrition information
  - Do as much as you can, whenever you can
    - Compliance can be poor, Specialist referrals are almost never attended
Migrant Hispanic Men

- Machismo – communicate with his family
- Explain meds – “mas fuerza y energía en su trabajo”
- Explain disease – “menos energía, roba su fuerza”
- Ask about pesticide exposure
- Educate on proper lifting
- Screen for substance abuse
- When in doubt, use potency…
Migrant Hispanic women

- Fat babies – sometimes “culturally” not seen as bad
- Ask about safety at home
- They do the cooking – give culturally specific advice
  - Number of tortillas a day, cooking oils, clay pots
- High incidence of anxiety and depression – hard lives
- Screen Children for lead poisoning
- Often defers to husband for treatment plan
- Diabetes, Hypertension, Women’s Health
What's in it for you?

- Basic clinical skills
  - Physical exam
  - Clinical Spanish
  - Empowering patients to comply with treatment
  - Communicating effectively across cultural barrier
  - Practical medical knowledge
  - Understanding which medications to use for uninsured patients
  - Understanding how to reduce cost and deliver better care
  - How to work as a part of “medical team” to improve care
How can you help?

Lots of work to be done at CHP and many other underserved clinics in Chicago…

• Diabetes education classes
• Nutrition education classes
• Improve promotor education
• Improve case management
• Health screening events
  • Practice Spanish + vitals!
• Help develop on-site pharmacy
• Help administer PAP program
• Medication education & compliance
Opportunities to serve... and practice your Spanish!

- Illinois SEARCH program
  - Rotate at Underserved Clinics
    - Complete Community and Cultural Assessments
    - Erie Family Health Clinic, PCC Salud, CHP of IL, Heartland Alliance

- Community Health Clinic - Thursday nights 5pm to 9pm

- John Stroger Hospital
  Massive patient load, burdened with diseases of poverty
  - Strong percentage monolingual Spanish speakers
  - Relatively few interpreters and or providers that speak Spanish