



Serving Migrant and Seasonal Farmworkers: Exploring Needed Healthcare Research and Information

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Executive Summary

Staff at the University of Kansas School of Social Welfare is working with community co-lead Migrant Farmworkers Assistance Fund in engaging various regional and national partners, providers, and agricultural farmworkers to increase our understanding of the barriers, facilitators, and motivators to health and healthcare for migrant and seasonal farmworkers (MSFWs). Results will inform a research agenda to help guide practice and research.

The following summary provides highlights from two parallel surveys administered between June and October 2017 by researchers at the University of Kansas. The first survey was designed for direct service providers and the second one was for other key stakeholders, such as administrators, researchers, policy makers, and so forth. Snowball sampling was used, beginning with distribution to project partners and extending to their networks and others. Results from the perspective of providers of direct services/supports to MSFWs are based on 36 surveys. Results from the perspective of other key stakeholders are based on 30 completed surveys.

After capturing demographic information, respondents were asked four open-ended comments. The first three were designed to capture information on facilitators, barriers and motivators of MSFWs' health seeking behaviors. The fourth question involved engagement of MSFWs in health care research.

- Facilitators: What makes it easier for MSFWs to get the healthcare they need?
- Barriers: What makes it harder?
- Motivators: What encourages them to seek care?
- Engagement: How can their voices be included in health care studies?

As shown in the following table, access issues was the most commonly identified theme for facilitators and barriers by direct service providers and other key stakeholders alike. These issues involved the hours and location of services offered and transportation, among others. Access issues were also most commonly identified theme involving motivators for direct service providers. However, other key stakeholders identified patient-centered care as the top identified motivator, followed by access issues.

There was more variation for the second most common theme among the four open ended question and by respondent group.

Top Themes for the Four Open Ended Questions By Respondent Group

	Direct Service Providers	Other Key Stakeholders
Facilitators: What makes it easier for MSFWs to get the healthcare they need?		
Most common theme	ACCESS ISSUES For example: convenient hours (e.g., evenings, weekends), addressing transportation challenges, using mobile clinics, doing outreach/screens, and having locations close by where MSFWs are	ACCESS ISSUES Including convenient hours (evenings, weekends), using mobile clinics, addressing transportation challenges, and having locations close by where MSFWs are
Second most common theme	PATIENT-CENTERED CARE Namely, having bilingual staff or interpreters available, not only for service provision, but to help make appointments and having bilingual receptionists.	PATIENT-CENTERED CARE For example, having bilingual staff or interpreters available
Barriers: What makes it harder for MSFWs to get the healthcare they need?		
Most common theme	ACCESS ISSUES Topics included transportation barriers (e.g., to appointments), lack of convenient hours, and lack of locations close by	ACCESS ISSUES Topics included transportation, lack of convenient hours, and lack of locations close by
Second most common theme	EMPLOYERS For example, time off for care	FINANCIAL This theme included cost of services and lack of health insurance
Motivators: What encourages them to seek care?		
Most common theme	ACCESS ISSUES Transportation and addressing costs	PATIENT-CENTERED CARE Services in the worker's language and focusing on respect, friendliness and compassion
Second most common theme	3 were dominant: <ul style="list-style-type: none"> • SPECIFIC ILLNESS or TIME SPECIFIC CARE (such as pregnancy) • PATIENT-CENTERED CARE • SUPPORT/INFLUENCE FROM OTHERS 	ACCESS ISSUES Such as addressing cost and having convenient locations
Engagement: How can their voices be included in health care studies?		
Most common theme	APPROACHES Examples were coming to where workers are and encouraging others to be involved (providers, family, etc.)	APPROACHES For example, working with organizations that serve migrant workers, involving people within the population as researchers, and use outreach
Second most common theme	ENGAGING FARMWORKERS Directly involve the workers in a meaningful way	DATA COLLECTION METHODS Examples included focus groups, surveys, participant observation, etc.

Respondents were then asked a series of close-ended questions grouped in four tables. The top two items identified as most critical for each of the four tables are shown below, beginning with results from direct service providers.

Direct Service Providers: Characteristics of MSFWs and the health care issues they face. To do your work, how important is it to have more information on these topics?

	# (%)					
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	Missing
How widespread mental health and substance use issues are	0 (0)	1 (2.8)	1 (2.8)	21 (65.6)	9 (28.1)	4
Other supports available: education, housing, food etc.	0 (0)	1 (3.0)	5 (15.2)	18 (54.5)	9 (27.3)	3

Direct Service Providers: Health seeking preferences and behaviors of MSFWs. To do your work, how important is it to have more information on these topics?

	# (%)					
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	Missing
Understanding what encourages MSFWs to seek health care	0 (0)	0 (0)	1 (3.1)	15 (46.9)	16 (50.0)	4
Health services that MSFWs say they need	0 (0)	0 (0)	2 (6.1)	18 (54.5)	13 (39.4)	3

Direct Service Providers: Context or environment related to health and health care for MSFWs. To do your work, how important is it to have more information on these topics?

	# (%)					
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	Missing
Transportation	0 (0)	0 (0)	4 (12.1)	8 (24.2)	21 (63.6)	3
Availability of providers (primary care, oral, mental health, substance use) in areas where MSFWs live	0 (0)	1 (3.0)	7 (21.2)	8 (24.2)	17 (51.5)	3

Direct Service Providers: Delivery of healthcare services to Migrant and Seasonal Crop/Orchard Farmworkers. To do your work, how important to have more information on these topics?

	# (%)					
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	Missing
Language issues (effective use of interpreters/translation tools)	0 (0)	0 (0)	4 (13.3)	7 (23.3)	19 (63.3)	6
What practices and treatments work for MSFWs	0 (0)	0 (0)	2 (6.7)	11 (36.7)	17 (56.7)	6

The following tables show the top two items identified as most critical for each of the four tables by the other key stakeholders group.

Other Key Stakeholders: Characteristics of the MSFW population and the health care issues they face. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Prevalence of behavioral health issues (mental health and substance use)	0 (0)	0 (0)	2 (6.7)	10 (33.3)	18 (60.0)	0
Social determinants of health (e.g. – education, housing, food etc.)	0 (0)	2 (6.7)	1 (3.3)	9 (30.0)	18 (60.0)	0

Other Key Stakeholders: Health seeking preferences and behaviors of MSFWs. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Health services that MSFWs say they need	0 (0)	0 (0)	3 (10.0)	11 (36.7)	16 (53.3)	0
MSFWs' knowledge of available health services	0 (0)	1 (3.3)	2 (6.7)	14 (46.7)	13 (43.3)	0

Other Key Stakeholders: Context and environment related to health and health care for MSFWs. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Impact of labor and immigration policy on MSFWs' health care access	0 (0)	1 (3.3)	3 (10.0)	10 (33.3)	16 (53.3)	0
Transportation	0 (0)	1 (3.3)	3 (10.0)	11 (36.7)	15 (50.0)	0

Other Key Stakeholders: Delivery of healthcare services to the MSFWs. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
How to engage MSFWs in health care	0 (0)	1 (3.3)	7 (23.3)	8 (26.7)	14 (46.7)	0
Culturally competent models of care/practices (how to incorporate cultural understanding of services)	1 (3.3)	1 (3.3)	3 (10.0)	12 (40.0)	13 (43.3)	0

After each table throughout the survey, both respondent groups were asked in an open-ended format to identify gaps in information/research for that area. Responses involved topics related to individual knowledge and beliefs such as: indigenous MSFWs, migration patterns, language/language needs, values, gender issues, attitudes toward healthcare, healthcare experiences, self-care, and prioritization of work among others. Both groups also identified gaps related to access, health needs, basic needs, patient-centered services, health statistics/trends, cultural issues, health services, service delivery, overall system, MSFWs' education needs, provider specific issues, and communication issues.

Finally, at the close of the survey, respondents were asked in an open-ended format to provide information about what topics need to be prioritized in research. Both direct service providers and other key stakeholders identified service-related issues as the top priority for research including: access to mental health services in appropriate language and addressing stigma; care coordination/health navigation including education of health care providers; continuity of care; clinic hours of operation; service models effective for serving MSFWs; addressing access barriers; mobile clinics & outreach; use and integration of health promoters in community and integration in clinic teams; dental access without delays; outreach with promotoras; trauma-informed care; addressing MSFW-identified service gaps; MSFW engagement (welcoming BBQ, soccer tournament, etc.); and policy (e.g., immigration policy, formal/informal, including effect on healthcare access).

In addition to service-related issues, other priority themes identified by both groups included issues related to the population, diagnosis, and patient-centered services. Direct services providers identified additional priority themes related to communication and employers, whereas other key stakeholders identified additional priority themes related to personal/ cultural, data and research, and system issues such as overall cost of medical care and workplace safety.

Survey Results

Introduction

Staff at the University of Kansas School of Social Welfare is working with community co-lead Migrant Farmworkers Assistance Fund in engaging various regional and national partners, providers, and agricultural farmworkers to increase our understanding of the barriers, facilitators, and motivators to health and healthcare for migrant and seasonal farmworkers (MSFWs). Project activities include convening two local groups to help guide the work – one comprised of providers and another comprised of migrant and seasonal farmworkers, creating an advisory group with national and regional partners, completing a literature review to guide our work, creating a video to capture the perspectives of farmworkers and providers in their own voices, and survey results from farmworkers, providers, and other key stakeholders. Results from the various project activities will inform a research agenda to help guide practice and research.

This report is specific to survey results from providers and key stakeholders. Specifically, it shares the results from the administration of two parallel surveys conducted early in the project as a way to gather baseline information from providers and other key stakeholder. A separate process and tailored questions which will be developed with the guidance of our local farmworker group and administered to MSFWs later in the project period.

Methods

Two companion surveys were created by University of Kansas staff to collect information to support the development of a research agenda on areas in need of study about migrant and seasonal crop/orchard farmworkers' health, particularly those in the Midwest Stream. One survey was for individuals who provide direct services or supports to migrant and seasonal farmworkers (MSFWs). The second survey was for "other" key stakeholders involved with MSFWs, such as administrators, researchers, policy makers, and so forth. Both surveys were available in English and Spanish. Respondents self-selected which survey best fit their perspective.

The survey was included in the project application submitted to the University of Kansas Human Subjects Institution Review Board. The determination was made that IRB oversight was not required. The anonymous surveys were distributed using snowball methodology: links to the electronic surveys were initially sent to the project's advisory partners. They were encouraged to forward it through their networks. Paper surveys were also distributed at a farmworker health forum in the Midwest. Data collection occurred between late June, 2017 and mid-October, 2017. A total of 36 direct service surveys and 30 other key stakeholder surveys were used for the analysis. Results from each survey is provided below.

Results from Providers of Direct Services/Supports

Demographics

Respondents represented a variety of perspectives.

- Responses from 36 surveys were included in this analysis.
- They represent either a community or the entire state (one of the following nine states: Arizona, California, Illinois, Kansas, Maine, Michigan, Missouri, Oklahoma, New York); or represent a larger region; or had a national/international perspective.
- Time working with MSFWs varied: 3 years or less (39%), 4-10 years (25%), or 11+ years (36%).

- Close to three in five (58%) had not been a migrant or seasonal farmworker.
- The vast majority (91%) reported experience working with farmworkers in the Midwest Stream.

Participants were asked to respond to the following four open-ended questions. The answers were reviewed and grouped into major themes and sub-themes as presented below.

1. What makes it easier for migrant and seasonal crop/orchard farmworkers to get the health care they need?

Access (61 comments)

The most frequent theme for facilitators for MSFWs to access health care involved comments related to access issues. Within it, the top access issues were as follows:

- 14 people identified extended/convenient hours - evening, weekend hours
- 12 people identified transportation assistance
- 7 - Mobile units
- 7 - Outreach/Screens (after hours)
- 6 - Location close by (less time off work, transportation)

Less frequently identified answers included: overall attention to access, responsiveness via same day/walk-in appointments, health care structure/one-stop, connecting farmworkers to care, pharmacy access, limited intake requirements (e.g. proof of address), forms in different languages, and eligibility for services.

Patient-Centered (22 comments)

The second most common theme that emerged from the responses was patient-centered care. The top issue was interpreters/ bilingual staff (making appointment, reception, service providers) as selected by 13 respondents.

Five respondents identified issues related to cultural sensitivity. Other topics included trust, knowledge of migrant workers, and openness to this population (making them feel welcome).

Financial (12 comments)

Seven respondents listed answers involving cost (flexible and/or low-to-no cost).

Other responses included medication support, financial support for health clinics, workers being paid the correct wage, health insurance, and shopping money.

Services/Providers (6 comments)

Services/providers make it easy to access health care including: promotoras/community health workers; case management/follow-up such as continuity of services, help with referrals and assistance with medication; clear communication, and dental.

Employers (5 comments)

These five comments involved cooperation/support of employers and time off from work for healthcare.

Information (5 comments)

Five comments involved MSFWs' knowledge of services (availability, location, hours, etc.) and ensuring available information is accurate.

Support (4 comments)

Two comments dealt with support of family or community, and another two comments involved farmworker attitudes and feelings (personal investment in healthcare-related goals and feeling secure).

2. What makes it harder for migrant and seasonal crop/orchard farmworkers to get the health care they need?

Access (40 comments)

The most frequent theme for making it harder for MSFWs to access health care was once again, access. Within access, the top barriers were as follows:

- 17 people identified transportation issues (to appointments, referral places, labs, imaging, pharmacy); also the lack of driver's licenses
- 10 people identified the lack of flexibility/extended /responsiveness hours
- 7 people identified services that were not close by

Less frequently identified answers were isolation, not eligible for services/waiting for eligibility, migration (short periods of harvest season), and lack of outreach.

Employer (20 comments)

The second theme related to issues that make it hard for MSFWs to access health care were related to employers.

- Nine people identified the lack of sick leave or not being given time off to receive healthcare services.

Other less frequent comments in this theme involved job demands overall or related to working with a perishable crops/lack of flexibility; the work schedule/having it change or working long hours; employers not valuing health care for the workers; dependence on crew leader; and abuse.

Services/Providers (17 comments)

This theme had a variety of comments that were identified by smaller numbers of respondents. They included the impact of living in a rural area, limited workforce generally, lack of services in MSFWs' language(s), lack of interpreters/ bilingual staff, lack of providers serving MSFWs, lack of provider knowledge about MSFWs, lack of coordination among health care providers, lack of mental health services, lack of culturally sensitive services, and need for advocates (to ask questions and explain well)

Financial (15 comments)

Next came a theme involving financial aspects.

- The top financial issue, selected by six people, involved lack of health insurance/ health information, and documentation

Other answers included the cost of services (physical, dental, and medication), lack of money, lack of proper pay, difference in Medicaid/Medicare applications by state, and lack of child care.

Language Barrier (12 comments)

The most frequent answer in this theme, as identified by ten people, was simply overall language barriers. Other answers including language limiting MSFWs' ability to find resources and making it hard to ask for time off.

Information (9 comments)

Comments in this theme involved lack of information about program/service, general information as workers arrive in new areas, lack of education/prevention information, and misinformation.

Individual Knowledge, Beliefs or Situations (7 comments)

Topics related to farmworkers' knowledge, beliefs or individual situations were identified seven times and included MSFWs desire to work/health care as lower priority, low levels of education/literacy, stress, and culture.

Fear (6 comments)

Five respondents identified fear due to the current political climate (i.e., fear of deportation, info will reach government) as a theme that made it hard for MSFWs to access health care. Additionally, fear of personal actions (substance use, STD's) was shared.

Laws (2 comments)

Finally, comments were shared regarding variation in rules/laws (particularly problematic with Medicaid when moving among states); and lack of worker protection

3. What encourages migrant and seasonal crop/orchard farmworkers to seek health care?

Access (18 comments)

Once again, a theme related to access issues was the top theme.

- 6 people commented that addressing cost would encourage MSFWs to seek care.
- 4 people identified transportation

Other responses included addressing service hours, addressing insurance, providing a convenient location, providing general support to address barriers, service availability, and knowing that there would be a lack of access when the season ended.

Illness/immediacy/immediate needs (14 comments)

The second most common item within this theme, as identified by 10 respondents, was the need to address an illness/pain and keeping it from getting worse. Other areas less frequently selected were seeing the impact of health issues on others, the need to access medication, the seriousness of the issue with younger people more likely to address it, and fear of not being able to work due to illness.

Patient-Centered (14 comments)

Comments in the patient-centered theme included trust in the provider, services in the individual's language (including providers who speak their language, materials), respect and friendliness at all levels/dignity, building of relationships, addressing the newness to healthcare/staff who understand this may be the first time a MSFW has sought care and may be fearful/worried, and culturally competent care.

Support and Influence from Others - Non-outreach workers (14 comments)

A group of comments fell into this theme such as word of mouth, friends/family/others encouraging the seeking of care, employers and crew leaders' support, required screenings (e.g., for child entering head start programs), Camp Health Aide programs, seeing others access health care, and incentives (gas/food cards).

Outreach (12 comments)

Twelve comments fell into a theme of outreach. They included sharing info about service availability (including onsite visits), general outreach, advertising in first language, onsite screens/results, regular contact with workers, and community health worker/promotora support (including community navigators).

Information/Experience (10 comments)

Four individuals noted that healthcare knowledge (e.g., education, sickness, understanding the importance of chronic disease management) would encourage health seeking. Other comments were knowledge about the providers, understanding healthcare/system, knowing what to expect when going to a healthcare provider, and past positive experience.

Other Incentives (2 comments)

Finally, incentives such as gas card/ food card or doing it for their children were mentioned by two people.

4. How can the voices of migrant and seasonal crop/orchard farmworkers be included in health care studies?

Approaches (31 comments)

Answers related to specific approaches made up the top theme for including MSFW voice in health care studies. Within it,

- 9 people said to come to where the workers are
- 7 people encouraged the involvement of other stakeholders (farmers, insurance companies, family members, service providers, FQHCs, migrant health centers, programs that serve the farmworkers, community groups)

Other approaches were the careful listening and understanding to truly hear their wants/needs; timing and access issues (administer in evenings; website access for those with internet, collect onsite; use outreach to spread the word; provide support; explain how the information will be used; ask more questions; and have in different languages.

Engaging Farmworkers (17 comments)

The second theme included comments about engaging farmworkers. Although this theme may seem to be a sub-element of the Data Collection Methods theme below, it is more about the interactions than the structure of doing research.

- The most common answer in this theme, with 12 people, was to directly involve the workers.

Other responses were to tailor the process and content to MSFWs, include seasonal workers, and let MSFWs know they matter.

Data Collection Methods (12 comments)

A group of comments fell into a data collection methods theme. Seven people identified the use of surveys as a way to include MSFW voices in healthcare studies (including oral; written surveys not always accurate; include in clinic surveys)

Other data collection methods were to use an individual approach (e.g., one on one, video tape and share recordings), and using Participatory Action Research.

Create a safe environment (5 comments)

Five comments involved the need to create a safe environment. Specifically, remove fear of retaliation, use a sensitive process, note “no wrong answers”, and use a culturally educated facilitator.

Other (2 comments)

There were also comments related to increasing funding and raising awareness.

In addition to the broad open-ended questions, respondents rated the importance of several areas related to MSFWs health and health care. Below are the frequencies of their responses in each of five areas. Each specific area also includes two open-ended questions to capture additional details.

5. The items below are about the characteristics of the Migrant and Seasonal Crop/Orchard Farmworker (MSFW) population and the health care issues they face. To do your work, is it important to have more information on these topics? Please tell us how important.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
How widespread mental health and substance use issues are	0 (0)	1 (2.8)	1 (2.8)	21 (65.6)	9 (28.1)	4
Other supports available: education, housing, food etc.	0 (0)	1 (3.0)	5 (15.2)	18 (54.5)	9 (27.3)	3
Health care issues of MSFWs' accompanying family members (spouse/partner, and/or children)	0 (0)	2 (6.1)	2 (6.1)	21 (63.6)	8 (24.2)	3
Demographics of MSFW	1 (3.2)	1 (3.2)	5 (16.1)	17 (54.8)	7 (22.6)	5
The type of physical health issues most commonly experienced	0 (0)	1 (3.0)	4 (12.1)	21 (21.2)	7 (21.2)	3
Possible differences among types of MSFWs (such as differences between seasonal and migrant workers' health care issues)	2 (6.1)	4 (12.1)	10 (30.3)	14 (42.4)	3 (9.1)	3

5a. What other information is important about the characteristics of the migrant and seasonal crop/orchard farmworker population and their health care issues?

Individual Knowledge, Beliefs or Situations (12 comments)

Need to work/income; education; lack of healthcare exposure; language; personal actions; physical activity; stress level; and religious beliefs

Access Issues (8 comments)

Insurance status; services (how to offer); financial resources; reluctant to access/share info; services (availability); transportation

Health Needs (6 comments)

Substance abuse needs; mental health needs; joint/knee issues; HIV/STD testing

Basic Needs (4 comments)

Impact of housing; food/nutrition info; basic needs outside health

Worker Type (4 comments)

Documentation status; impact on work; individual circuit

Patient-Centered (2 comments)

Treating whole person; address needs with dignity

5b. What information about MSFWs and their health care issues is needed but not available?

Topics of Study (8 comments)

Understanding of system; social determinants of health; how substance abuse affects activity; information on substance abuse, mental health, sexual practices, LGBT, suicide; healthcare beliefs, preferences and understanding; sexual assault and domestic violence; actions when injured; and single men (away from wives, girlfriends)

Individual Knowledge, Beliefs or Situations (7 comments)

Nationality; migration patterns; knowledge of medication, healthcare; experience with healthcare; financial resources for health care; attitudes towards healthcare

Health Stats/Trends (6 comments)

Use of care; diagnosis stats (including injuries); current info to show shift in needs; trends of homeland; number of workers present; provider information

Funding (2 comments)

Train promotoras; advocate

6. These items are about the health seeking preferences and behaviors of Migrant and Seasonal Crop/Orchard Farmworkers. To do your work, is it important to have more information on these topics? Please tell us how important.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Understanding what encourages MSFWs to seek health care	0 (0)	0 (0)	1 (3.1)	15 (46.9)	16 (50.0)	4
Health services that MSFWs say they need	0 (0)	0 (0)	2 (6.1)	18 (54.5)	13 (39.4)	3
Impact of cultural values on health care decision making and follow through	0 (0)	1 (3.0)	6 (18.2)	14 (42.4)	12 (36.4)	3
MSFW knowledge of available health services	0 (0)	1 (3.0)	8 (24.2)	12 (36.4)	12 (36.4)	3
Self-management of health needs	0 (0)	1 (3.1)	5 (15.6)	15 (46.9)	11 (34.4)	4
Health services used by MSFWs	0 (0)	0 (0)	5 (15.2)	19 (57.6)	9 (27.3)	3
Use of formal supports (case management, community health workers/promotoras)	0 (0)	1 (3.0)	10 (30.3)	13 (39.4)	9 (27.3)	3
Use of informal support (family, social, religious/spiritual leaders, and community)	0 (0)	1 (3.0)	11 (33.3)	13 (39.4)	8 (24.2)	3
Impact of cultural values on health care seeking	0 (0)	1 (3.1)	5 (15.6)	19 (59.4)	7 (21.9)	4
How health is defined by MSFWs	0 (0)	2 (6.3)	9 (28.1)	16 (50.0)	5 (15.6)	4
Impact of cultural values on health hopes and aspirations	0 (0)	1 (3.0)	9 (27.3)	18 (54.5)	5 (15.2)	3
Use of culturally-based providers (such as curanderos and shamans)	0 (0)	4 (12.1)	14 (42.4)	10 (30.3)	5 (15.2)	3

6a. What other information is important about the health seeking preferences and behaviors of migrant and seasonal crop/orchard farmworkers?

Cultural (6 comments)

Perspectives/preferences; culturally sensitive care; home remedies

Health Services (5 comments)

Importance of outreach; outcomes; info about services; timing of service information

Engagement (4 comments)

Power imbalance for honest opinion; acknowledge trauma experience; welcoming feel; building trust

6b. What information about MSFW health seeking preferences and behaviors is needed but not available?

Perspectives about health (6 comments)

Prioritization of work, play and health; farmworker perspectives about health services/definitions across generations; self-care; motivation; what services are valued

Access (5 comments)

Availability of bilingual providers; how FW get to clinic; how to increase timeliness; service details; outreach

Patient-Centered (3 comments)

Compassionate care; engagement

7. The items below are about the context or environment related to health and health care for Migrant and Seasonal Crop/Orchard Farmworkers. To do your work, is it important to have more information on these topics? Please tell us how important.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Transportation	0 (0)	0 (0)	4 (12.1)	8 (24.2)	21 (63.6)	3
Availability of providers (primary care, oral, mental health, substance use) in areas where MSFWs live	0 (0)	1 (3.0)	7 (21.2)	8 (24.2)	17 (51.5)	3
Safety issues and working conditions	0 (0)	0 (0)	8 (24.2)	10 (30.3)	15 (45.5)	3
Impact of labor and immigration policy on MSFW health care access	0 (0)	0 (0)	6 (18.8)	12 (37.5)	14 (43.8)	4
Role of farm owners in MSFW health care access	0 (0)	2 (6.1)	4 (12.1)	13 (39.4)	14 (42.4)	3
Availability of interpreters or interpretation systems	1 (3.3)	1 (3.3)	2 (6.7)	15 (50.0)	11 (36.7)	6
Crew leader or supervisor rules and expectations	0 (0)	2 (6.1)	5 (15.2)	14 (42.4)	12 (36.4)	3
Impact of insurance access and/or cost of care	0 (0)	0 (0)	5 (15.2)	17 (51.5)	11 (33.3)	3

7a. What other information is important about the context or environment related to health and health care for migrant and seasonal crop/orchard farmworkers?

Access (4 comments)

Hours services are available; support of farm owners; role of peer pressure

Overall System (4 comments)

Acknowledging that these aspects are critical; where they feel comfortable getting care; know what is in the community; impact of rural (unreliable cell /unavailable /Internet)

Education (3 comments)

Literacy; pesticide training; about healthcare (prevention and dental care)

Communication (2 comments)

Family as interpreters (including children); translation

7b. What information about the context or environment related to MSFWs health and health care is needed but not available?

System (2 comments)

Access to financial information/health navigators; inclusion of hospitals and clinics to help MSFWs

Education (2 comments)

Pesticide training (available/mandated); information for farmers [owners]

Access (2 comments)

Role of peer pressure; what makes them uncomfortable

Working Conditions (1 comment)

Bathrooms in fields

8. The items below are about the delivery of healthcare services to Migrant and Seasonal Crop/Orchard Farmworkers. To do your work, is it important to have more information on these topics? Please tell us how important.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Language issues (effective <u>use of</u> interpreters/translation tools)	0 (0)	0 (0)	4 (13.3)	7 (23.3)	19 (63.3)	6
What practices and treatments work for MSFWs	0 (0)	0 (0)	2 (6.7)	11 (36.7)	17 (56.7)	6
How to adapt evidence-based or evidence-informed practices for use with specific client populations	0 (0)	1 (3.2)	4 (12.9)	11 (35.5)	15 (48.4)	5
MSFW satisfaction with health services	0 (0)	0 (0)	3 (10.0)	13 (43.3)	14 (46.7)	6
Culturally competent models of care/practices (how to incorporate cultural understanding of services)	0 (0)	0 (0)	4 (13.3)	12 (40.0)	14 (46.7)	6
How to engage MSFWs in health care	0 (0)	0 (0)	5 (16.7)	11 (36.7)	14 (46.7)	6
Use of technology with MSFWs (such as telemedicine)	0 (0)	2 (6.5)	7 (22.6)	13 (41.9)	9 (29.0)	5
Formal evaluation of programs for MSFWs	0 (0)	1 (3.3)	7 (23.3)	14 (46.7)	8 (26.7)	6
Workforce development training or education	0 (0)	2 (6.7)	8 (26.7)	12 (40.0)	8 (26.7)	6

8a. What other information is important about the delivery of health care services to migrant and seasonal crop/orchard farmworkers?

Provider Specific (3 comments)

Sharing study results; legal obligations; informed providers

Patient-Centered (3 comments)

Welcoming environment; health literacy; cultural competent models of care

Service delivery (3 comments)

Provide tooth brushes/floss; telemed; acceptable service delivery

Overall Importance (2 comments)

These areas [in table above] are ones of overall importance

Communication (2 comments)

Ensure health info is understood; have booklets in Spanish with pictures

Other (2 comments)

Mobile units or transportation; comprehensive health services

8b. What information about the delivery of health care services to MSFWs is needed but not available?

Workforce (3 comments)

What works with MSFWs; ways to better serve this population; focus of survey question not clear: referring to farm labor/employment outside agriculture or within agriculture but more responsibility?

Access (4 comments)

Flexible/extended/responsive hours; have adequate non-week-day day-time hours (e.g., Saturdays); mobile

Other (2 comments)

MSFWs lose out to other community patients due to limited services; use PCMH or other models

9. Where do you currently get information to inform or support your work with MSFWs? (check all that apply)

The top choices were as follows:

25 (69.4)	Organizational/agency reports
22 (61.1)	Personal contacts
16 (44.4)	Websites
15 (41.7)	Webinars
14 (38.9)	Conferences/trainings
13 (36.1)	Governmental reports
9 (25.0)	Policy briefs

Less than 25% selected the following choices: Research briefs; Journalistic reporting (newspapers, radio, TV); Listservs; Legal briefs, Blogs; and Journal/Scholarly articles

10. In your opinion, what are the three most important topics that need to be studied to improve the health and health care of migrant and seasonal crop/orchard farmworkers?

The following themes and categories show information identified by respondents as one of their three most important topics to be studied.

Services (17 comments)

Mobile Clinic; Use and integration of health promoters in community and integration in clinic teams; What differentiates clinics that successfully serve MSFWs; How changes over time affect HC service provision; Access to MH services in appropriate language and addressing stigma; Service models effective for serving MSFWs; Outreach via mobile units; Dental access without delays; Outreach with promotoras; Services available at hours needed; Reach out to other populations in need; Provider clinic hours/days; Mental health; Logistical barriers to accessing care; Trauma informed care; What treatment can be maintained traveling to/from Mexico; Healthcare database to increase provider communication

Population Specific (7 comments)

Refugees from Central America; Changes in MSFWs over time; What health care services do farmworkers feel they want; Why is citizenship path not pursued; Do they want the healthcare that we consider standard; Where MSFWs live/migrate; Reasons why MSFWs do not look for healthcare

Communication (4 comments)

Interpretation and translation available; work with interpreters; What are best ways to relay info to large numbers of MSFWs; How to effectively share info on health with migrants

Diagnosis Specific (3 comments)

Prevalent illnesses among MSFWs and how that info can be used to improve system; diagnosis of high blood pressure, diabetes, and depression and need for follow up care; specific focus on MH, dental high blood pressure, heart, and sugar

Employers (3 comments)

Help employers see value of HC for workers; What farm owners provide; Farm owner opinion in supporting HC access

Patient-Centered (3 comments)

Cultural competency; cultural beliefs in seeking healthcare; culturally acceptable treatment

Other (3 comments)

Effects of migration policy; how to achieve greater medication and dietary compliance for patients with high blood pressure and diabetes; effective staff/provider training that doesn't require them to leave (e.g., conference)

Detailed Highlights from the Other Key Stakeholders Survey

Demographics

Respondents represented a variety of perspectives.

- Responses from 30 surveys were included in this analysis.
- Represent either a community or the entire state (one of the following eight states: California, Colorado, Illinois, Kansas, Michigan, Missouri, Oklahoma, Texas); or represent a larger region; or had a national perspective.
- Time working with MSFWs varied: 3 years or less (24%), 4-10 years (28%), or 11+ years (48%).
- Two out of three (67%) had not been a migrant or seasonal farmworker.
- Approximately three-fourths (73%) reported experience working with farmworkers in the Midwest Stream.

Participants were asked to respond to the following four open-ended questions. The answers were reviewed and grouped into major themes and sub-themes as presented below.

11. What makes it easier for migrant and seasonal crop/orchard farmworkers (MSFWs) to get the health care they need?

Access (42 comments)

The most frequent theme for making it easier for MSFWs to get the healthcare they needs were access-type issues. The mostly frequently listed responses were:

- 9 people identifying extended hours
- 9 people identifying mobile units
- 7 - Transportation (including free)
- 6 - Services close by

Additional answers included outreach/screens, same day appt/walk in (flex), general access ability, attention to access, pharmacy access, addressing barriers

Patient-Centered (19 comments)

The most common answers, with 10 people commenting, involved interpreters/bilingual staff.

Additional responses in this theme varied and included trust, cultural sensitivity, knowledge of migrant workers (including indigenous workers), respectful staff, empowerment, clear communication, and trusted advocate available.

Services/Providers (11 comments)

Comments for the theme of services/providers involved promotora/community health worker/health navigator; organizations that provide support, case management/follow through, ensuring safety from ICE/authorities when accessing services, training and technical assistance to community and migrant health centers, FQHCs, and having migrant health clinics available.

Financial (11 comments)

The most common answer in the financial theme involved six people identifying cost flexibility/support (low to no cost). Additional comments were about health insurance and having information on anticipated costs.

Employers (5 comments)

Cooperation/support of employers (including no retaliation and allowing health providers access to camps) were identified in this theme as was having time off (including paid leave) for health care.

Information (4 comments)

Three comments involved knowledge of services/be informed with another about health education.

System (3 comments)

This theme's comments covered system and policy changes, reduction in provider demands, and rapid medical file transfer

Language (3 comments)

The language theme included speaking English, language assistance programs, and generally "language."

Other (3 comments)

Two comments identified issues related to legal status/documentation and one comment about having support from family/community.

12. What makes it harder for migrant and seasonal crop/orchard farmworkers to get the health care they need?

Access (36 comments)

Once again, access issues were a dominant theme. Specifically,

- 15 people identified transportation
- 8 noted lack of flexibility/extended /responsiveness hours
- 6 raised the issue of services not close by

The remaining comments in this theme were overall lack of access, migration related (short periods of harvest season), lack of outreach, lack of mobile units, and paperwork (amount and educational level).

Financial (24 comments)

- 8 people commented on cost of services/health care
- 7 people noted lack of health insurance as an issue that made it harder for MSFWs to get care.

Additional comments were about the lack of money, not knowing service costs, migration effect on insurance, delayed processing of Medicaid applications, lack of basic needs (housing and food), and child care.

Individual Knowledge, Beliefs and Situations (12 comments)

Various topics were raised within this theme including lack of support / social isolation, legal status, culture, healthcare as a lower priority (e.g., young men feel invincible, reluctant to get care), stoicism, health care beliefs, and lack of belief in US health system.

Employer (11 comments)

Five respondents identified lack sick leave/wage loss as an issue making it harder for MSFWs to get care. Other issues were work schedule, abuse/retaliation, employers not valuing health care for workers, and job demands.

Services/Providers (9 comments)

Identified within this theme were the lack of interpreters/bilingual staff, providers needing knowledge about workers, the lack of coordination among health care providers including electronic medical records, and the lack of culturally sensitive services, impact of rural area, staff not respectful, and lack of providers serving the MSFW population

Fear (8 comments)

The most frequently listed comments in this theme, with six, were current political climate (e.g., fear of revealing immigration status.) Additionally, overall fear and fear of leaving the camps were shared.

Information (7 comments)

Four people identified the lack of program/service information. Three listed lack of information overall/about the health system.

Language Barrier (5 comments)

Comments in this theme generally listed overall language barriers.

System (2 comments)

The final theme about issues that make it hard for MSFWs were system related and included stigma and lack of migrant health clinics

13. What encourages migrant and seasonal crop/orchard farmworkers to seek health care?

Patient-Centered (23 comments)

Many respondents listed factors that come under a theme of patient-centered. Specifically,

- 7 people identified having services in the worker's language
- 5 noted respect, friendliness and compassion

Other patient-centered comments included culturally competent care, holistic approach, trust in provider, engaging where comfortable, empowerment, offering child care, clear communication, and provider knowledge of population (including common ailments).

Access (21 comments)

Just behind patient-centered was an access theme as a way to encourage workers to seek care. Namely,

- 5 people identified addressing cost (including tell cost upfront) as a way to encourage workers to seek care
- 5 people also noted that having a convenient location including onsite access could encourage the seeking of care

The remaining access issues were transportation, organizations to support MSFWs, addressing service hours, addressing insurance, service availability/knowledge of service availability

Support and Influences from Others - Non-outreach workers (11 comments)

- 5 - Friend/family/other's encouragement
- 4 - Get employers and crew leader support (including employer pay for time with provider)

Additionally, family need or for children, required screenings, seeing others access healthcare, and incentives were mentioned.

Info/Experience (9 comments)

Various comments made up this theme including health education (peer based), general healthcare knowledge/education in culturally and linguistically appropriate manner, understanding health care system/services/payment options, creative information sharing about prevention, user-friendly information on healthcare options and information on worker's comp (retaliation free).

Outreach (9 comments)

Five noted community health workers/promotora (for outreach and support) and four people identified outreach generally.

Illness/immediacy - immediate needs (8 comments)

The most common answer in this theme reflected wanting to address an illness/keep it from getting worse. Other comments included pregnancy, overall need, and needing medication (including birth control).

14. How can the voices of migrant and seasonal crop/orchard farmworkers be included in health care studies?

Approaches (30 comments)

Respondents identified a variety of approaches that could help MSFWs be involved in health care studies. The most common answers with four people identifying each were intentionally working with organizations serving the population, involving people within the MSFW group as part of researchers (e.g, present by people they identify with; train high school aged children of farmworkers to conduct research in their communities), and using outreach.

Other comments included involving other stakeholders (promotoras, outreach workers, community health workers; farmers & providers), timing, sharing results/follow up, careful listening and understanding (truly their wants/needs), use of information (explain how it will benefit them, convenient places, having in different languages (orally too), using incentives / providing compensation for participation (since they lose money when not working), and helping find solutions to barriers identified.

Data Collection Methods (21 comments)

Use Participatory Action Research/CBPR (include farmworkers from beginning and throughout), focus groups, forums, surveys including farmworker-led (surveys alone are not enough), personal stories/ Photovoice, individual (interviews), live and work with farmworkers, collect audio and video, and participant observation.

Engaging Farmworkers (16 comments)

While this can be seen as a breakout of Data Collection Methods theme above, it is more about the interactions. The most common topic in this theme, as identified by 7 respondents was involving workers directly (including asking them this question; Identify community leaders/spokespersons.

Additional comments were to provide food, provide child care, make it easy for them to participate, include seasonal workers, and tailor process and content (e.g., short tools, essential questions only; address literacy)

Create a safe environment (2 comments)

Comments included do not collect identifying information, and safety beyond the study (as applies to seeking healthcare too).

Other (2 comments)

Sponsors/Funders of studies need to start carrying about this population, and academics need to increase those who represent farmworkers (students, faculty, researchers).

15. The items below are about the characteristics of the Migrant and Seasonal Crop/Orchard Farmworker (MSFW) population and the health care issues they face. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Prevalence of behavioral health issues (mental health and substance use)	0 (0)	0 (0)	2 (6.7)	10 (33.3)	18 (60.0)	0
Social determinants of health (e.g. – education, housing, food etc.)	0 (0)	2 (6.7)	1 (3.3)	9 (30.0)	18 (60.0)	0
Health care issues of MSFWs’ accompanying family members (spouse/partner, and/or children)	0 (0)	0 (0)	7 (23.3)	8 (26.7)	15 (50.0)	0
Prevalence and type of physical health issues	0 (0)	0 (0)	2 (6.9)	14 (48.3)	13 (44.8)	1
Demographics of MSFWs	2 (8.0)	1 (4.0)	7 (28.0)	7 (28.0)	8 (32.0)	5
Possible differences among types of MSFWs (such as differences between seasonal and migrant workers’ health care issues)	1 (3.3)	1 (3.3)	11 (36.7)	11 (36.7)	6 (20.0)	0

15a. What other information about the characteristics of the migrant and seasonal crop/orchard farmworker population and their health care issues is important to research?

Personal (11 comments)

Cultural (generally, indigenous, as assets, impact on health, impact on education); language/language needs; values, behaviors, opinions of workers; gender issues; single motherhood; domestic violence (alone/in combination with health needs & impact of legal status)

Access Issues (8 comments)

Barriers and strategies to accessing care; services (availability, including distance); transportation; impact of season length on accessing care

Service Usage (4 comments)

Use of and coordination with traditional healers; provider access in different regions on service usage (U.S. and beyond); impact of health care in home community on usage in stream communities

Health Needs (3 comments)

Population health metrics (hypertension, diabetes, BMI, etc.); common illnesses (e.g., asthma); cancer patients (same area/conditions)

Worker Type and Activity (2 comments)

How health centers can best reach undocumented MSFW/families; migration patterns

Basic Needs (1 comment)

Social determinants of health

16. The items below are about the health seeking preferences and behaviors of the Migrant and Seasonal Crop/Orchard Farmworker population. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Health services that MSFWs say they need	0 (0)	0 (0)	3 (10.0)	11 (36.7)	16 (53.3)	0
MSFWs' knowledge of available health services	0 (0)	1 (3.3)	2 (6.7)	14 (46.7)	13 (43.3)	0
Self-management of health needs	0 (0)	1 (3.3)	4 (13.3)	12 (40.0)	13 (43.3)	0
Understanding what encourages MSFWs to seek health care	0 (0)	1 (3.3)	4 (13.3)	12 (40.0)	13 (43.3)	0
Impact of cultural values on health care seeking	0 (0)	1 (3.3)	1 (3.3)	17 (56.7)	11 (36.7)	1
Impact of cultural values on health care decision making and follow through	0 (0)	1 (3.3)	0 (0)	17 (56.7)	11 (36.7)	0
Use of formal supports (case management, community health workers/promotoras)	1 (3.3)	2 (6.7)	5 (16.7)	12 (40.0)	10 (33.3)	0
Impact of cultural values on health hopes and aspirations	0 (0)	2 (6.7)	2 (6.7)	17 (56.7)	9 (30.0)	0
How health is defined by MSFWs	0 (0)	4 (13.3)	7 (23.3)	10 (33.3)	9 (30.0)	0
Use of informal support (family, social, religious/spiritual leaders, and community)	0 (0)	2 (6.7)	8 (26.7)	12 (40.0)	8 (26.7)	0
Use of culturally-based providers (such as curanderos and shamans)	0 (0)	6 (20)	3 (10)	14 (46.7)	7 (23.3)	0
Health services used by MSFWs	0 (0)	1 (3.3)	9 (30.0)	13 (43.3)	7 (23.3)	0

16a. What other information about the health seeking preferences and behaviors of migrant and seasonal crop/orchard farmworkers is important to research?

Cultural (3 comments)

Perspectives/preferences (including role of greater community); cultural impact on preferences including prevention; gender-based care (men reaching men; women → women)

Information (3 comments)

Already a lot of info here; past experience; assess farmworker knowledge of U.S. health care and how that relates to behaviors

Health Services (2 comments)

Alternative health methods; what discourages seeking health care

17. The items below are about the context and environment related to health and health care for the Migrant and Seasonal Crop/Orchard Farmworker population. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
Impact of labor and immigration policy on MSFWs' health care access	0 (0)	1 (3.3)	3 (10.0)	10 (33.3)	16 (53.3)	0
Transportation	0 (0)	1 (3.3)	3 (10.0)	11 (36.7)	15 (50.0)	0
Role of orchard/farm owners in MSFWs' health care access	0 (0)	0 (0)	3 (10.0)	13 (43.3)	14 (46.7)	0
Availability of providers (primary care, oral, mental health, substance use) in areas where MSFWs live	0 (0)	1 (3.3)	3 (10.0)	12 (40.0)	14 (46.7)	0
Availability of interpreters or interpretation systems	0 (0)	2 (6.7)	2 (6.7)	13 (43.3)	13 (43.3)	0
Impact of insurance access and/or cost of care	0 (0)	2 (6.7)	2 (6.7)	15 (50.0)	11 (36.7)	0
Safety issues and working conditions	0 (0)	1 (3.3)	5 (16.7)	13 (43.3)	11 (36.7)	0
Crew leader or supervisor rules and expectations	0 (0)	2 (6.7)	4 (13.3)	13 (43.3)	11 (36.7)	0

17a. What other information about the context and environment related to health and health care for migrant and seasonal crop/orchard farmworkers is important to research?

Services/providers (3 comments)

Bilingual providers; culturally competent providers; clinics that are welcoming

Legal and Political Climate (3 comments)

Current political climate; human and workers' rights; Immigration Status

Overall System (2 comments)

Education on the environment; These aspects are critical!

Access (1 comment) - Support of farm owners

Overall Data (1 comment) - Data disaggregated by gender, age, ethnicity

Basic Needs (1 comment) - Housing

Employers (1 comment) - Owner motivation to support healthy workers/conditions & how health center can help

18. The items below are about the delivery of healthcare services to the Migrant and Seasonal Crop/Orchard Farmworker population. Please rate how important you think it is to have more research on each item.

	# (%)					Missing
	1 (not important)	2 (low importance)	3 (medium importance)	4 (high importance)	5 (critical importance)	
How to engage MSFWs in health care	0 (0)	1 (3.)	7 (23.3)	8 (26.7)	14 (46.7)	0
Culturally competent models of care/practices (how to incorporate cultural understanding of services)	1 (3.3)	1 (3.3)	3 (10.0)	12 (40.0)	13 (43.3)	0
What practices and treatments work for this population	0 (0)	1 (3.3)	5 (16.7)	11 (36.7)	13 (43.3)	0
Training, education, and workforce development of providers to work with MSFWs	0 (0)	1 (3.3)	4 (13.3)	13 (43.3)	12 (40.0)	0
MSFWs' satisfaction with health services	0 (0)	2 (6.9)	7 (24.1)	10 (34.5)	10 (34.5)	1
Language issues (effective <u>use of</u> interpreters/translation tools)	0 (0)	3 (10)	3 (10)	14 (46.7)	10 (33.3)	0
How to adapt evidence-based or evidence-informed practices for use with specific client populations	0 (0)	1 (3.3)	7 (23.3)	12 (40.0)	10 (33.3)	0
Use of technology with MSFWs (such as telemedicine)	0 (0)	0 (0)	7 (23.3)	14 (46.7)	9 (30.0)	0
Formal evaluation of programs for MSFWs	0 (0)	1 (3.3)	8 (26.7)	14 (46.7)	7 (23.3)	0

18a. What other information about the delivery of health care services to migrant and seasonal crop/orchard farmworkers is important to research?

Provider Specific (4 comments)

Bilingual; Informed providers/ Training for providers; Recruitment and retention of culturally competent providers; Growing health leaders from community health workers

Service delivery (2 comments)

Outreach; Telemed

Communication (1 comment) - Smartphones

Financial (1 comment) – Cost implications: Hospital and clinics are charging for facility usage, providers, and supplies

19. Where do you currently get information to inform or support your work with MSFWs? (check all that apply)

The top choices were as follows:

- 28 (93.3) Organizational/Agency reports
- 19 (63.3) Governmental reports
- 16 (53.3) Policy briefs
- 13 (43.3) Research briefs
- 11 (36.7) Journalistic reporting (newspapers, radio, TV)

Less than 25% selected the following choices: Legal briefs; Journal/Scholarly articles; Listservs; Webinars; Conferences/Trainings; Websites; Blogs; Personal contacts

20. In your opinion, what are the three most important topics that need to be studied to improve the health and health care of migrant and seasonal crop/orchard farmworkers?

Services (22 comments)

Access barriers; Care coordination/health navigation including education of health care providers; How to engage overall (welcoming BBQ, soccer tournament, etc.); Continuity of care; Previous care; MSFW-identified service gaps; How can we change services to meet MSFW need; Transportation/access; Clinic hours of operation; Cost; Access to MH services/accommodations; Research service models effective for serving MSFWs; Chronic disease screen and treatment/continuity of treatment; Appropriate healthcare; Outreach with promotoras; Services available; Policy; Immigration policy (formal/informal) including effect on healthcare access

Population Specific (12 comments)

Safety; Social determinants of farmworker health; Population health; Occupational and environmental aspects of healthcare for farmworkers; Effect of migration on healthcare access – when they do/do not access care; Education/illness understanding; Where MSFWs live/migrate (to know when to outreach)

Personal/cultural (10 comments)

Education to change cultural thinking/habits about HC; Legal status; What is MSFW perception on importance of healthcare; Beliefs about specific diseases (diabetes, cholesterol); Lack of beliefs in US health care; Influencers on health seeking behavior; Barriers to individual accountability (human nature); Cultural barriers; What are FW-identified strategies to create an environment where health/wellness are priority

Diagnosis Specific (8 comments)

Pesticide related issues; Prevalent illnesses among MSFWs; Mental health – including for children from living in camps; Health issues – old age; Issues that prevent from working

System (6 comments)

Coordination of resources to provide services (organization and medical); Cost/Lower cost of care/medication for all; Healthcare has become big business. Need to return to patient focus; Workplace safety; Effect of racism/discrimination and impact on health care

Patient-Centered (3 comments)

Cultural competency; Cultural beliefs in seeking health care/decision making

Data/Research (2 comments)

Research models that work; Translation of health findings to practice

21. What else would you like to tell us about information that needs to be researched in order to improve health and health care for migrant and seasonal crop/orchard farmworkers?

Data/Research (4 comments)

Haven't used research to date fully/effectively; Studies needed but connecting and improving lives is better; Need to include worker opinions and ideas; Why is it separate from other health care structures

System (3 comment) - Restricting needed to optimize services for population (not silo); Continued funding critical to provide services; Impact of lack of health coverage on motivation to seek health care

Services (2 comments)

Mental health; Access to health clinics very important

Population specific (2 comments)

Education for providers/staff on agriculture in state – working conditions, challenges, med needs; Social behavior

Providers (1 comment)

Provider fees/access – few are those focused on purpose/serving patients

Basic Needs (1 comment) - Social determinants of health

Conclusion

These two survey were developed and administered to capture baseline information from providers and other key stakeholders about the facilitators, barriers and motivators that migrant and seasonal farmworkers experience as they seek and obtain healthcare. As an exploratory step, the results offer areas for future examination and help inform the current project as it prepares to gather farmworker perspectives.

Next steps are to work directly with migrant and seasonal farmworkers to obtain their perspectives on what information they believe doctors need to better understand and serve them as a group. The overall goal is use the various results to develop a patient/person-centered research agenda specific to migrant and seasonal farmworkers' health.