Creating Access to Care for Migrant Farm Worker Populations: The University of Connecticut Migrant Farm Worker Clinic Experience

Created by the Connecticut Area Health Education Center (AHEC)
Who Are Migrant Farm Workers?

Connecticut hosts between 7,000 and 20,000 migrant farm workers each growing season to work at orchards and nurseries, as well as tobacco, mushroom, dairy and vegetable farms.
Several different populations of migrant farm workers pass through the state each summer, including Jamaicans, Mexicans, South and Central Americans.
Some live in camps and barracks provided by the growers at the farms. Others live in crowded apartments shared with co-workers and are bussed or carpool out to the farms each day.
These migrant farm workers may be documented or undocumented. Many laborers from the West Indies are brought to Connecticut on special visas (H2A) supplied through the Department of Labor.
All these populations hold in common their lack of access to health care...
What We Do…

The mobile clinic visits farms 3 evenings per week (Tues, Wed, Thurs) in the summer, arriving as the workers are returning from the fields.
The clinic is staffed by licensed physicians, medical and dental students as well as an array of high school, undergraduate, and health professions students.
The scope of service provided by this mobile clinic includes blood pressure and diabetes screenings, as well as primary care screenings for mild and/or self-limiting conditions.
Patients in need of laboratory services or who need more intense treatment or follow up are referred to one of the partnering Community Health Centers.
A limited formulary of medications are provided to patients at the clinic. These medications are donated from local pharmacies or are purchased wholesale using grant funds.

All non-formulary medications are dispensed by prescription or by referral to partnering Community Health Centers where medications may be covered by a federal voucher program.
A Glimpse of the Migrant Farm Worker Clinic:

A Multi-Media VideoCourtesy of Colleen Fitzpatrick

Copy and paste URL from below:
http://publichealth.uconn.edu/images/MFWC_video/index.html
What You Need to Know About Population Health & Patient Privacy

1. Cultural Competency
2. Health Literacy
3. HIPAA – Patient Privacy
What is Cultural Competency...
The knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own.

It involves an awareness and acceptance of cultural differences; self awareness; knowledge of the patient’s culture and health beliefs; and adaptation of skills.

-Culturally Competent Health Care for Adolescents, AMA 1994
Samples of Culturally Competent Behaviors for Health Care Providers

- It is best to use the patient’s last name and formal pronouns when addressing the patient.

- Gestures can mean very different things in different cultures. For example, in Latin America, a shrug with palms upwards may be interpreted as a vulgar gesture. Use hand and arm gestures with great caution.

- Don’t force a patient to make eye contact with you. The patient may be treating you with greater respect by not making eye contact. Sustained eye contact may be considered rude in some cultures.
Noteworthy Considerations for Interpersonal Communication with Hispanic and Latino/a Farm Workers

- “Evil Eye” is believed to be a cause of illness in children stemming from looking at or admiring a child, but not touching them.

- Often times migrant farm workers will not accept condoms as birth control (any contraceptives) conflicts with their religion (even though sex workers frequent the farms). Male farm workers will not accept condoms from females as it is perceived as an insult to their “machismo.”
What is Health Literacy?

Health Literacy is the degree to which individual have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. ~Healthy People 2010

Anyone including the very educated & literate can still have a low health literacy level
The Health Consequences of Low Health Literacy and/or Illiteracy

**Direct**
- Incorrect use of medications
- Failure to comply with medical directions
- Safety risks in the community, workplace and home

**Indirect**
- Higher rates of poverty due to poorer health such as sick days
- Higher than average rates of work injuries
- Higher degrees of stress
- Unhealthy lifestyles practices (e.g. smoking, poor nutrition)
Health Literacy Considerations with Migrant Farm Workers

The average migrant farm worker in Connecticut has a 6th grade reading level; many are also illiterate or literate in a language other than English. Therefore, communications in the appropriate language (both written and oral) should be in simple language.

Note: Treatment instructions must be given using the “teach-back” method.
HIPAA - Patient Confidentiality: Why is it important? It’s the law.
Health Insurance Portability and Accountability Act (HIPAA): was developed by the federal government to safeguard Protected Health Information

Please note, if you have not submitted a HIPAA signed contract in 2012, please do so before leaving today.
How HIPAA applies to this clinic

1. Introduce yourself and your roles to the patient
2. Ask the patient if it would be ok to bring in the physician, physical therapist, pharmacist, etc.
3. Keep distance from other medical teams and farm workers while interviewing patients
4. When using the exam rooms (pop up tent) only student leading the encounter and the physician are allowed in. Otherwise, you must receive verbal confirmation that the entire team can enter the exam room.
5. Speak quietly while discussing a patient’s condition with the physician in public areas (farm)
6. Do not use identifying information when discussing a case in public areas
7. Never discuss protected patient information with anyone not involved in their care unless the patient has given specific and documented permission
About Volunteering at the Clinic...
How to Prepare for the Clinic....

When dressing for the clinic, consider the following
- Inclement weather (rain gear, layers)
- Insects at dusk (bug spray)
- Non revealing clothing (absolutely NO low-cut shirts or high-cut shorts - you will be sent home from clinic if you arrive in non-appropriate attire)
- T-shirts and scrubs are ok
- If later in the season, bring headlamp and flashlight (if available)

Prior to the clinic be sure to
- Use the restroom (there are no public restrooms at farm)
- Eat dinner & drink water (can bring bottled water)
- Fill up your gas tank in case you are elected to drive
- Review the Spanish medical dictionary and other Spanish resources
What to Expect as a Volunteer...

- Meet at the UConn Health Center Hospital Entrance at 4:45 sharp (or carpool from Storrs campus with your fellow classmates)
- Student coordinators will need your help loading supplies into vehicles
- Caravan will be organized (you may be asked to drive other volunteers)
- Caravan departs by 5:00 p.m. SHARP
- Most of the farms are north of Hartford, so plan to drive through rush hour traffic
- Estimated arrival at the farm location is 6:00 p.m.
After Arriving at the Farm....

Help unload supplies from vehicles

Help set up registration, vitals, and pharmacy station as well as pop-up exam tents

Then, medical student coordinators will organize volunteers into teams
During the Clinic
Undergraduate & High School Students...

1. Register patients and direct them to the medical or dental clinic based on their chief complaint

2. Take patients’ blood pressure & blood glucose readings at “Vitals Station”

3. Provide health education to farm workers using the Occupational Safety Flipchart if there is a lull in the clinic

4. Occasionally, you might be asked to “shadow” the medical teams
During the Clinic
Pharmacy Students

Pharmacy students and Pharmacists will distribute available medications to patients if part of the treatment plan.

Pharmacy students will also rotate into a medical team once per night to satisfy their experiential learning requirement.
During the Clinic
Dental Students and Faculty

- Log patient in (after the patient has been seen at the registration table)

- Assist preceptor with oral health screening

- Hygiene education before or after screening
Information for Medical Interpreters

- Introduce yourself to the patient (your name and why you are there)
- Tell them everything you interpret to the will be held in confidentiality outside of the clinic
- Tell the patient that everything they say will be interpreted
- Tell the patient to speak directly to the doctor or student in charge of the team
Common Interpretation Problems

- Linguistic equivalency
- Poor paraphrasing
- Substitution or addition of terms
- Incorrect names
- Garbling the message
Working with Medical Interpreters

- Speak directly to and face the patient not the interpreter
- Use short sentences, with appropriate pauses to allow for interpretation. Speak slowly and clearly
  - Please tell me the reason for your visit
  - Please describe the nature of your concern
  - What treatments have you tried?
  - What treatments have been helpful?
- Avoid jargon and technical terms (ex. Instead of telling a patient you will order an fMRI to identify probable causes of TBI, tell the patient you will order a special imaging test that will help you identify the possible causes of his or her brain problem)
- Expect the interpreter to interpret everything said
- Confirm understanding by asking the patient to repeat key information back to you
During the Clinic
Members of the Medical Teams...

After patients have been registered and visited the “Vitals Station”, the patient will be assigned to a medical team that will conduct the History and Physical (H&P).

The medical team is comprised of:
- physician assistant student or medical resident
- medical student
- pharmacy student
- medical interpreter
- Physician (if enough are available for each team)
The teams will present the H&P to the physician who will determine the treatment plan for the patient.
What Are the Common Health Issues for Farm Workers?

- Musculoskeletal disorders
- Pesticide-related conditions
- Traumatic injuries
- Respiratory conditions
- Infectious diseases
- Eye conditions
- Mental health disorders
- Dermatitis
Why so much paperwork?

Connecticut River Valley Farm Worker Health Program (CRVFHP) is our “mother agency” that distributes federal funding to contracted Community Health Centers who provide care to migrant farm workers.

The UConn Migrant Farm Worker Clinic receives limited funding for medications from CRVFHP. We must complete the CRVFHP forms in order to be eligible for and receive this funding.

Please review the paperwork prior to volunteering at the clinic.
CONNECTICUT RIVER VALLEY FARMWORKER HEALTH PROGRAM
2012 ELIGIBILITY / REGISTRATION FORM

[ ] HOH / MSFW [ ] Dependent / Spouse [ ] Dependent / Child [ ] Dependent / Other, specify:

Patient Name - Last [ ] First [ ] Middle [ ] Date of birth (month / day / year)
Address ____________________________________________________________ Town ______ State ______ Zip ______ Phone ______

If the patient is a dependent, give the name of the migrant / seasonal agricultural worker head of household (HOH). An Eligibility Application must already be completed for the HOH.

HOH name __________________________ Date of birth ______/______/_____

Have you registered in the CRVFHP in the past? [ ] Yes [ ] No

SECTION I: TO BE COMPLETED ON HEAD OF HOUSEHOLD (HOH) FORM ONLY

1A. Within the last 24 months, has your main employment been agriculture? [ ] Yes [ ] No
1B. Have you stopped traveling for work in agriculture due to disability or old age more than 24 months ago? [ ] Yes [ ] No
2. Within the last 24 months, have you moved here from outside the Valley to seek employment in agriculture? [ ] Yes [ ] No

If you, where did you move from? State or Village/Country __________________________

3. Expected Farm Income: X [ ] Yes [ ] No

3a. Expected Other Income: __________________________ Type of other employment: __________________________

Source of income(s): list source of income verification

3b. Co-payment? [ ] Yes [ ] No If yes, co-payment amount: ____________

4. # of Dependents: in the Valley: + outside the Valley: = Total: ______

5. Employer: What is the name of the farm where you now work or where you last worked? __________________________

Where is that farm located? Town __________________________ State _______

Are you working on that farm now? [ ] Yes [ ] No, when did you last work on a farm? month / year ______

All farmworker dependents are eligible for medical care through the CRVFHP. Please complete a separate Eligibility / Registration Form for each and check the appropriate box at the top of the form.

SECTION II: TO BE COMPLETED FOR ALL PATIENTS [Separate Eligibility / Registration Form must be completed for HOH.]

6. Veteran: [ ] Yes [ ] No

7. Health Insurance: [ ] None [ ] Other, specify: __________________________

8. Race: [ ] Black/African American [ ] White [ ] American Indian/Alaska Native
   Including Hispanic/Latino Descent [ ] Native Hawaiian [ ] Other Pacific Islander
   [ ] Asian __________________________ [ ] More than one race __________________________
   [ ] Jamaican __________________________ [ ] Unreported / Refused to report
   [ ] Hispanic/Latino: [ ] Yes, check below [ ] No
   [ ] Mexican __________________________ [ ] Guatemalan __________________________
   [ ] Ecuadorian __________________________ [ ] Puerto Rican

9. Hispanic/Latino: [ ] Yes, check below [ ] No

10. Gender: [ ] Male [ ] Female

11. Translation: Best served in a language other than English? [ ] Yes, specify: __________________________ [ ] No

12. When was the last time you were seen by a medical provider besides an H2A provider (employment screening)? __________________________

13. Housing: [ ] Own [ ] Rent [ ] Homeless shelter [ ] Transitional [ ] Doubling Up [ ] Street [ ] Other [ ] Unknown

ACKNOWLEDGEMENT: I understand that I may be asked to pay a co-payment for each encounter. However, I have been informed that services will not be denied because of inability to pay.

AUTHORIZATION: I hereby authorize disclosure of Protected Health Information (PHI) and the subsequent release of records to the Massachusetts League of Community Health Centers, CRVFHP, its funding source, and to the referred / referring Health Provider; the purpose of this authorization is to support and document medical care and / or process payments to migrant and seasonal farmworkers and their dependents which are supported directly and indirectly through CRVFHP Voucher and / or Outreach funds in 2012.

"Notice of Privacy Practices" received? [ ] Yes [ ] No

Patient Signature ____________________________ Parent / Guardian (if patient is less than 18 years old)

The CRVFHP reserves the right to verify the information provided above.

Interviewer Signature: ____________________________ Telephone: (_______) _______ Date of Application: ______/______/_____
Agency / Provider: ____________________________ ____________________________

White Copy – CRVFHP (mail) Yellow Copy – Agency / Provider Pink Copy – Outreach
### Patient Encounter Form

**UConn Migrant Farm Worker Clinic**  
**Encounter Form**

<table>
<thead>
<tr>
<th>Date</th>
<th>Place of Permanent Residence</th>
<th>Patient Name (Last, First)</th>
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<tr>
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<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Type of Visit</th>
<th>Medical History</th>
<th>Social History</th>
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<tbody>
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<thead>
<tr>
<th>Mailing Address &amp; Res Location</th>
<th>Barrack #</th>
<th>Other Complaint Today</th>
<th>Dental</th>
<th>Follow up</th>
<th>Has seen the dentist today</th>
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<table>
<thead>
<tr>
<th>Cell Phone Number (not barrack phone #)</th>
<th>Recent Environmental/Pesticide Exposures</th>
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<tbody>
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<thead>
<tr>
<th>History of Present Illness</th>
<th>Recent Environmental/Pesticide Exposures</th>
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<table>
<thead>
<tr>
<th>Past Medical History:</th>
<th>Family History:</th>
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<tbody>
<tr>
<td>Diabetes:</td>
<td>Diabetes:</td>
</tr>
<tr>
<td>STDs:</td>
<td>BP:</td>
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<tr>
<td>Asthma:</td>
<td>HIV:</td>
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<td>Other:</td>
<td>Other:</td>
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<tr>
<th>Physical Exam:</th>
<th>Vitals:</th>
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<td>BP:</td>
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<td>BG:</td>
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<td>RR: T:</td>
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<tr>
<th>Diagnosis(es):</th>
<th>ICD-9 code(s) below</th>
<th>Work-related?</th>
<th>If yes, likelihood of being work related?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>yes / no</td>
<td>Low / Moderate / High</td>
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<tr>
<td>2</td>
<td></td>
<td>yes / no</td>
<td>Low / Moderate / High</td>
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<tr>
<td>3</td>
<td></td>
<td>yes / no</td>
<td>Low / Moderate / High</td>
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<tr>
<td>4</td>
<td></td>
<td>yes / no</td>
<td>Low / Moderate / High</td>
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<tr>
<th>Treatment/Plan</th>
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<thead>
<tr>
<th>Follow Up/Referrals: [use CRVFHP Referral Vouchers]</th>
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</table>

<table>
<thead>
<tr>
<th>Attending Signature</th>
<th>Student Signature</th>
<th>Date</th>
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<tbody>
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<tr>
<th>CPT Code: [circle one]</th>
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<tbody>
<tr>
<td>Straightforward (10 min)</td>
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<tr>
<td>Straightforward (10 min)</td>
</tr>
</tbody>
</table>

Last Revised: 1/26/2012
CONNECTICUT RIVER VALLEY FARMWORKER HEALTH PROGRAM
2012 REFERRAL VOUCHER

Is this referral urgent?
☐ Yes ☐ No

NUMBER: 12-0388

SECTION I: Patient Information

Cell phone number (mandatory): (____)______ - ______

Patient Name - Last ___________ First ___________ Middle ___________ DOB (month/day/year) ___________

Address ________________________________________________

Town State Zip Code

SECTION II: Referred TO Information

Health Center/Health Care Facility patient is being referred to: __________________________________________________

Reason(s) for appointment/referral: __________________________________________________

Type of care needed: ☐ Medical ☐ Dental ☐ Optometry, CPT:_________ ICD-9:_________
☐ Lab ☐ X-ray ☐ Ophthalmology, CPT:_________ ICD-9:_________
☐ Mental health/Substance abuse ☐ Specialty care, specify: __________________________

Date referral appointment is made for: __________________________

SECTION III: Referred BY information

AUTHORIZATION: I hereby authorize disclosure of Protected Health Information (PHI) and the subsequent release of records to the Massachusetts League of Community Health Centers, CRVFHP, its funding source, and to the referred / referring Health Provider; the purpose of this authorization is to support and document medical care and / or process payments to migrant and seasonal farmworkers and their dependents which are supported directly and indirectly through CRVFHP Medical Care and / or Enabling/Outreach funds in 2012.

Patient (or Parent / Guardian) Signature: ____________________________ Date of Referral: __________/________/________

Health Care Provider (sign): ____________________________ (print): ____________________________

Agency / Provider: ____________________________ Date of Referral: __________/________/________

White Copy – CRVFHP (mail) Yellow Copy – Agency / Provider Pink Copy – UConn / Outreach
At the dental clinic

- Patients are registered at the medical clinic, then escorted to the dental clinic.
- Using oral screening form, students complete top section of form with patient’s name, age, chief complaint, and escort patient to exam chair.
- Dental preceptor will conduct an oral health exam and recommend treatment.
- If referral services are needed, students will complete referral form (if needed) and have patient and dentists sign.
- After oral exam (or before if there is a long wait), students will counsel patient on oral health practices using typodont and distribute toothbrushes, toothpaste, and floss.
- Dental students must wait until the medical clinic has ended to pack up and head back to the Health Center.
UConn Migrant Farm Worker Dental Clinic Oral Screening Form

Patient Name: ___________________________ Date of Birth: ___________________________
(Nombre) (Fecha de nacimiento)
Farm: ___________________________ Date of Clinic: ___________________________
(Finca)

Please check off services provided
☐ Oral screening ☐ Oral hygiene instruction
☐ Smoking Cessation ☐ Oral Cancer Screening
☐ Toothbrush, Toothpaste, Floss, Mouthwash ☐ Fluoride Varnish (pediatric)

Please list area (max, mand, ant, post, buccal, lingual, etc) or tooth numbers when possible.

1. Pain (Dolor)

2. Caries (Caries)  
   Primary (Primaria)  Secondary (Segundaria)

3. Calculus (Calcios)  
   None (Ninguno)  Moderate (Moderado)  Severe (Severo)

4. Gingivitis (Gingivitis)

5. Periodontitis (Periodontitis)

6. Abscess/Infection (Afectaciones)

7. Missing Teeth (Dientes ausentes)

8. Dentures (Dentadura Postiza)  
   Partial (Parcial)  Full (Total)

9. Restorations (Restauraciones)

10. Other: (Otra)

   Recommended Treatment (Tratamiento Recomendado)

   Note: CRVFHP does not cover implants, dentures or surgeries (except extraction)

Attending Printed Name: ___________________________ Attending Signature: ___________________________

Date: ___________________________ Diagnosis (ICD-9) Code (see reverse side of clipboard): ___________________________

RETURN THIS FORM & ANY CORRESPONDING REFERRAL FORMS TO MEDICAL STUDENT COORDINATORS at the end of each clinic
CONNETICUT RIVER VALLEY FARMWORKER HEALTH PROGRAM
2012 REFERRAL VOUCHER

Is this referral urgent?  
☐ Yes  ☐ No

SECTION I: Patient Information

<table>
<thead>
<tr>
<th>Cell phone number (mandatory): (<em><strong>)</strong></em>-______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Name - Last</th>
<th>First</th>
<th>Middle</th>
<th>DOB (month/day/year)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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Patient (or Parent / Guardian) Signature: ____________________________ Date of Referral: _____/_____/_____

Health Care Provider (sign): __________________________ (print):________________________

Agency / Provider: __________________________ Date of Referral: _____/_____/_____

White Copy – CRVFHP (mail)  Yellow Copy – Agency / Provider  Pink Copy – UConn / Outreach
After the Clinic....

- After the last patient has been seen, neatly put supplies back in their storage units
- Carpool/caravan to respective campus
- Return supplies to CT AHEC office
  - IMPORTANT: Put items back in labeled area. If muddy, please brush off before returning supplies to office. CT AHEC is a working office, not just a storage area...
CT AHEC thanks you for volunteering with the UConn Migrant Farm Worker Clinic and we hope you will continue service learning projects with medically underserved populations as a future health care professional!