**BACKGROUND**

Nicaragua is a country of just over 6,000,000 inhabitants and is considered the second poorest country in Latin America.
- 42.5% live below the poverty line & those living in poverty are disproportionately rural (World Bank, 2009)
- Poverty is a social determinant of health (Peroa, et al., 2012)
- Rural communities located in the coffee-dependent central region face multiple challenges including inhospitable physical terrain, limited employment opportunities & inadequate infrastructure for electricity, water, sanitation and transportation (IFAD, n.d.)
- Limited research is available on the health of coffee-farm workers

**OBJECTIVES**

The purpose of this research was:
- To describe the primary reasons that coffee farm workers and their families access care at an onsite clinic
- To identify potential areas for health promotion in rural coffee farm workers

**METHODS**

- Retrospective chart review of clinic visits which occurred between July 2014-Oct. 2014
- Systematic sampling was used
  - The visits reviewed occurred either on the week prior to being paid or the week after being paid.
  - An electronic standardized abstraction form was used and data were inputted by only one coder.
  - Exclusion criteria included any visit entry with a missing diagnosis
  - SPSS was used for data analysis

**RESULTS**

N = 334 visits reviewed
- 66.5% - Males
- 33.5% - Females
- Ages ranged from 9 months to 90 years old
- 52% of visits occurred after a pay week

More than half of the sample (58%) worked and/or lived on the Santa Maura farm; 11.4% worked and/or lived on surrounding coffee farms; 30.6% lived in surrounding towns

- 61% of visits were for acute reasons; 17% for chronic care and 22% were for dressing changes

- Excluding dressing changes, the most common reason for a visit were:
  - Common cold (8.7%)
  - Trauma (6%)
  - Family planning (6%)
  - Stress-related (5.4%)
  - Machete injuries (5.1%)
  - Pain-related (5.1%)
  - Intestinal parasites (4.8%)

- Only 1% of the visits reviewed were referred out for additional consultation (n = 3; surgical referral for hernia repair, hospital referral for snake bite and specialty referral for epilepsy study)

Access to healthcare was primarily for acute reasons:

- 17% diagnoses could be waterborne
- 54.5% could be classified as visits related to occupational hazards
- 80% could be considered preventable.

**CHALLENGES**

- Handwritten notes were extremely time consuming to read / No DOB used in records
- Logging of visits was organized in a way which was difficult to follow
- Separate logs used for referrals and medication
- Copies of scripts were available but ordered by payor and/or worker number (not patient name or date of visit)
- No clear organization of follow-up visits for the same patients (especially for dressing changes)

**REFERENCES**


**ACKNOWLEDGEMENTS**

Fairfield University would like to acknowledge the willingness of the Santa Maura coffee farm, the clinic nurse (David) and the Universidad de Centroamerica (UCA) for their support of this project.