HISPANIC MIGRANT WORKERS PERCEPTION OF HEALTH CARE

Dr. Vickie Hughes, DSN
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**QUALITATIVE STUDY**

- **Purpose:** To increase understanding of the perceptions of Hispanic Migrant workers on health and the American healthcare system in Rural Appalachia.

- **Design/Method:** Approved by the institutional IRB.
- Translators were used to obtain informed consent and interpreted during each of the interviews.
- Interviews were audio recorded and transcribed verbatim.
- Data was analyzed by three faculty members using DiCicco-Bloom and Crabtree’s technique as described in “Making sense of qualitative research” (2006).
Migrant farm workers are essential to our economic infrastructure in the southeastern United States.

It is migrant farm workers who are depended upon to assist in the growing, planting, and harvesting of fruits and vegetables, as well as the tending and preparing of Christmas trees we enjoy every Christmas.

In North Carolina alone, there is an estimated 150,000 migrant farm workers every growing and harvesting season.

This is considered a significantly low estimate in light of the United States Department of Labor’s estimate that over 53% of current migrant workers are undocumented.
With the influx of these migrant workers, comes a unique set of factors in providing successful healthcare for these individuals.

This population, in particular, is an unseen and underserved population, often forgotten by mainstream health initiatives.

They frequently have unique health issues, factors, and needs that set them apart from the native population of a community.
RESEARCH METHODS

- BSN students conducted the interviews as part of a research class.
  - Students educated on interviewing & supervised by faculty member.

- Student interviewers read the questions from the interview guide in English while the interpreter then repeated the question in Spanish.
  - Each student interviewer focused only on the prepared question.
  - Audio recordings of interviews allowed for accurate transcription.

- After typed transcripts of the interviews were finalized, each researcher was given a hard copy of the document.
  - The three researchers then met together and were able to identify and propose concepts lifted from the transcription, both as individuals and as a group.
FINDINGS

- Themes related to barriers to the American healthcare system, differences between Mexican and American healthcare practices, and views of health were identified.

- Barriers identified during the interviews included: transportation, language, money, eligibility for programs and resources based on paperwork process, clinic hours of operation, and access to medications without prescription.

- One migrant worker responded regarding transportation: “... if you don’t have a car, getting to the doctor would be difficult, or if you have to work. That could be a barrier. Sometimes, we just have to work.”
Another Hispanic worker responded: “…transportation is a barrier for him because, like today, he was able to get someone to ask his boss to borrow the van to get here, but usually, like, he has problems or trouble finding transportation and he was talking about when he had his surgery, the ear surgery, he, um, that’s something that he struggled with, but, uh, he was finally able to get it done…”

About one third of the Hispanic migrant workers commented on the difficulty in obtaining transportation to be seen at a clinic.
Money was another barrier identified to health care by the migrant workers, but most of them seemed appreciative of the clinic’s willingness to establish payment plans.

One worker commented, “I like it because certain hospitals and certain clinics do the sliding scale so I can pay little by little. I can make weekly or monthly payments.”

Even with the payment plans however, the cost of healthcare can still produce a great stress for these workers. “I have gotten a lot of medical treatment and now I’m getting all of the bills that are piling up.”

Tied to the money barrier, the participants identified not being eligible for government services to help pay healthcare costs.
FINDINGS

The payment method for services was also one of the major differences identified between the American and Mexican health care systems.

A worker responded, “One big difference that I noticed is that in my country of origin if you don’t have money, you don’t get medical attention.”

Another Hispanic worker commented, “It’s very different, I feel like it is better here. In Mexico, if you don’t have money it doesn’t matter if you are dying they will not tend to you, they will not take care of you. They won’t even see you if you do not have money and that’s a difference between the healthcare system here than in Mexico. In Mexico, if you do not have any money you do not get any medical attention and here they are willing to work with you and if you have to do payments they will still take care of you.”


**FINDINGS**

- But the cost can be a burdensome as one participant explains, “My mom broke a finger and it cost my parents 10 times more than what my brothers broken foot cost in Mexico…so something’s not right there. It’s too expensive!”

- Another difference identified during the interviews was an increase access to health care in the United States. “He feels like it is better here, because there’s more possibilities here, there’s more opportunities to take care of your health and to get seen by doctors than in his country of origin.”
Several of the Hispanic migrant workers described their perception of health. Examples include: “...to have good health means not drinking, not smoking, no drugs...”, “...to watch what you eat, and also to do some exercising...”, “it’s about hygiene and it’s about total well-being of the body”, “energy to do what he needs to do”, and “it means to be well”.

One participate stated, “I feel like here you can get your health care needs met. For example, in Mexico people get sick a lot because they cannot afford going to the doctor. There is a lot more sickness. Here there is more medical care and prevention, so a lot of people do not even get sick.”
**FINDINGS**

- The workers identified barriers to obtaining care as language, lack of transportation, lack of money or insurance, and not having papers.

- But overwhelmingly, the faith expressed in the American healthcare system compared to the Mexico healthcare system was consistently higher.

- The quality of the interpersonal relationship with staff members was extremely high and appeared to be the factor that most influenced the Hispanic trust in medical care.

- One worker commented: “He likes how a lot of the nurses and doctors and clinic workers like their job and they, they take pride in helping the greater good, and it doesn’t’ matter like what race or what culture you’re from, that people are always willing to help.”
A surprising finding was the confidence that the Migrant workers placed in the rural clinic personnel. The quality of the interpersonal relationship was extremely high and appeared to be the factor that most influenced the trust in medical care.

Other studies have identified similar barriers for Hispanic patients to care such as transportation (Adorador et al., 2011), financial barriers (Jerome-D’Emilia, 2014), language (Avila & Bramlett, 2013; Tate, 2003; Duran, 2012), and eligibility for health insurance or Medicare (Duran, 2012; McGarry et. al., 2014).

This study validated previous discussions of barriers to health care within the United States for Hispanics to include barriers to obtain government assisted insurance.

McGarry and others (2014) found that Hispanics were 35% less likely than non-Hispanic whites to have Medicare Part D coverage. The researchers conclude that the lower percentage of Hispanic participants in Medicare part D may indicate a program barrier.
The theme of healthy behaviors was also discovered in a qualitative study of Hispanic migrant children (Wilson et al., 2000).

“Healthy behaviors were identified by the children as selecting healthy foods, exercise, sleep/rest, dental care, cleanliness, avoiding alcohol/cigarettes, and getting along with people” (Wilson et al., 2000, pg. 141).

Zarate-Abbot and others (2008) described a successful health promotion outreach program to Hispanic immigrant women resulting in reduced systolic and diastolic blood pressures at 17 months after the intervention.
Developing cultural competence is vital to providing holistic nursing care.

This research study validated the findings of earlier studies on barriers to health care experienced by Hispanic workers.

This research identified a focus on health behaviors by Hispanic migrant workers when discussing the concept of health.

Many of the participants reported that health promotion and prevention was not a part of their health care experiences while living in Mexico.

This discussion of healthy behaviors may be a result of the health education provided from the clinics where the migrant workers received their care. These findings indicate that the workers are incorporating the ideas of health promotion and prevention into their concept of health.

This study demonstrated the importance of the therapeutic relationship in dealing with people of different cultures.