• Annually, hundreds of migrant farm workers and their families migrate to the United States to harvest crops on family-owned farms.

• Migrant farm workers face unique challenges to their physical and mental health and barriers to quality health care (Walsh & Schub, 2013; Nicholas, Stein, & Wold, 2014).

• This population is at risk for occupational injuries and illnesses due to:

  Lack of Fluency in English
  Lack of Routine Health
  Poor Living Conditions
  Poverty
A number of recurring health problems have been identified in this Hispanic population (Bauer & Kantayya, 2010):
Background

• Most do not earn enough to afford health care and are ineligible for existing community programs (Galameau, 2013).

• Treatable conditions can become acute; resulting in costly emergency room visits or hospital stays.

• Migrant farm workers are estimated to be the largest needy workforce in the United States today (Luque & Castañeda, 2013).
Purpose & Summary of Innovation

- The Migrant Farm Worker Project was developed by nurse practitioners at Samford University in the Southeastern United States. The project provided opportunities for faculty and students from nursing, communication sciences and disorders, and nutrition to provide medical screenings and education for Hispanic migrant farm workers over an intensive three day period.

Developed by nurse practitioners from the College of Health Sciences at Samford University

Faculty met with stakeholders to determine the needs of the community

Interprofessional environment for faculty and students to provide medical screenings and education

Students learn about the experience of immigration and the role of cultural traditions and how they impact healthcare
Mobile Clinics

- Medical care provided at convenient locations at end of workday
- Physical exams and health screenings (blood pressure, body mass index)
- Health promotion and education provided and printed material distributed
- Identification of acute and/or chronic illnesses, disabilities, and modifiable behaviors
- Women’s health services and HIV testing provided via mobile clinic van

Migrant School

K-8th grade

- Physical exams and health screenings (blood pressure, body mass index)
- Health promotion and education provided for students and parents in English and Spanish
- Identification of acute and/or chronic illnesses, disabilities, and modifiable behaviors
- Hearing screening
- PE findings reported to parents
- Nutrition education

Migrant Head Start Center

- Physical exams for children 6 weeks to 5 years
- Identification of acute and/or chronic illnesses, and disabilities
- Literacy education provided to teachers
- Literacy materials provided for parents
- Anticipatory guidance provided for parents
Results
<table>
<thead>
<tr>
<th></th>
<th>Physical Exam</th>
<th>Blood Pressure</th>
<th>Blood Glucose</th>
<th>Body Mass Index</th>
<th>Hearing</th>
<th>Visual/Dental Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head Start</strong></td>
<td>32</td>
<td>9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23 under age 3</td>
<td></td>
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<tr>
<td><strong>Migrant School</strong></td>
<td>88</td>
<td>25</td>
<td>-</td>
<td>83</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 elevated</td>
<td></td>
<td></td>
<td>3 failed</td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Clinics</strong></td>
<td>43</td>
<td>32</td>
<td>2</td>
<td>18 screened</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9 overweight or obese</td>
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</table>
## Identified Acute or Chronic Illnesses, Disabilities, and Modifiable Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Acute Illness</th>
<th>Chronic Illness</th>
<th>Disabilities</th>
<th>Modifiable Behaviors</th>
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</thead>
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<td><strong>Head Start</strong></td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Migrant School</strong></td>
<td>32 acute (i.e., dental caries, impacted cerumen, serous otitis media)</td>
<td>5 chronic (myopia) 41 (overweight/obese)</td>
<td>1 speech</td>
<td>41 nutrition &amp; activity 15 oral health</td>
</tr>
<tr>
<td><strong>Mobile Clinics</strong></td>
<td>30 acute diagnoses (HEENT, skin, MSK, women’s health, abdomen, neuro)</td>
<td>3 chronic diagnoses (obesity, GERD)</td>
<td>2 Vision/hearing loss</td>
<td>13 well exams 22 modifiable behaviors (10 nutrition/healthy eating/weight; 5 dehydration; 2 eye health; 2 back pain; 2 body mechanics; 1 HTN)</td>
</tr>
</tbody>
</table>
## Health Promotion and Education

<table>
<thead>
<tr>
<th></th>
<th>Anticipatory Guidance</th>
<th>Nutrition Specific</th>
<th>Disease Specific</th>
<th>Healthy Lifestyle</th>
<th>Literacy</th>
<th>Reproductive Health</th>
<th>Decisions, Choices, and Options</th>
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</thead>
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<td>32</td>
<td>0</td>
<td>32</td>
<td>80</td>
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<td>-</td>
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<tr>
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<td>88</td>
<td>10</td>
<td>88</td>
<td>17</td>
<td>-</td>
<td>27</td>
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<tr>
<td><strong>Mobile Clinics</strong></td>
<td>-</td>
<td>10</td>
<td>12</td>
<td>17</td>
<td>-</td>
<td>3</td>
<td>-</td>
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<tr>
<td></td>
<td>Dental</td>
<td>Medical</td>
<td>Vision</td>
<td>Hearing</td>
<td></td>
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</tr>
<tr>
<td><strong>Migrant School</strong></td>
<td>15 - dental caries</td>
<td>3 - ENT</td>
<td>3 failed screening; routine vision screen performed by community partner</td>
<td>2 - speech</td>
<td></td>
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</tr>
<tr>
<td><strong>Mobile Clinics</strong></td>
<td>3 – Quality of Life</td>
<td>2 - Women’s Health</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>5 - Quality of Life</td>
<td>1 - Pediatrician</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>2 - Primary care provider</td>
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</tbody>
</table>
Lessons Learned

- It takes time to build trust with the migrant population and with local farmers.
- Services need to be planned around the busiest time of growing season.
- Work constraints hinder efforts to engage migrant population in services.
- Immediate needs (clothing, food, household goods) need to be met before health promotion education and behavior change can be considered.
- Strong referral sources are needed.
- Interpreters are vital to assist with communication.
- No need to duplicate services provided by community partners.
- Addition of other disciplines is planned to provide a broader range of services.
Implications for Practice

• Interprofessional teams are qualified to provide healthcare services to underserved and vulnerable populations such as migrant farm workers.

• Nurse practitioners can be leaders in innovative methods of healthcare which can lead to greater access to care and healthier populations.

• Implementing interprofessional education activities allows students to learn to work together across disciplines, leading to improved patient outcomes in future clinical practice (Luque & Castañeda, 2013).
References


