

A Pilot Interprofessional Education Practice Project with Migrant Farm Workers

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Background

- 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

Background

- A number of recurring health problems have been identified in this Hispanic population (Bauer & Kantayya, 2010):

Diabetes

Eye and Vision Problems

Musculoskeletal

Respiratory

Skin

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 work day
- 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

Screening

	Physical Exam	Blood Pressure	Blood Glucose	Body Mass Index	Hearing	Visual/ Dental Screening
Head Start	32	9 23 under age 3	-	-	-	32
Migrant School	88	25 1 elevated	-	83	88 3 failed	88
Mobile Clinics	43	32	2	18 screened 9 overweight or obese	-	-

Identified Acute or Chronic Illnesses, Disabilities, and Modifiable Behaviors

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

Health Promotion and Education

	Anticipatory Guidance	Nutrition	Disease Specific	Healthy Lifestyle	Literacy	Reproductive Health	Decisions, Choices & Options
Head Start	32	32	0	32	80 students 20 teachers	-	-
Migrant School	88	88	10	88	17	-	27
Mobile Clinics	-	10	12	17	-	3	-

Referrals Provided

	Dental	Medical	Vision	Hearing
Migrant School	15 - dental caries	3 - ENT	3 failed screening; routine vision screen performed by community partner	2 - speech
Mobile Clinics	3 – Quality of Life	2 - Women's Health 5 - Quality of Life 1 - Pediatrician 2 - Primary care provider	-	-

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).



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