

Analysis of the Perceived Access to Health Care by Migrant and Seasonal Farm Workers in Southern NJ

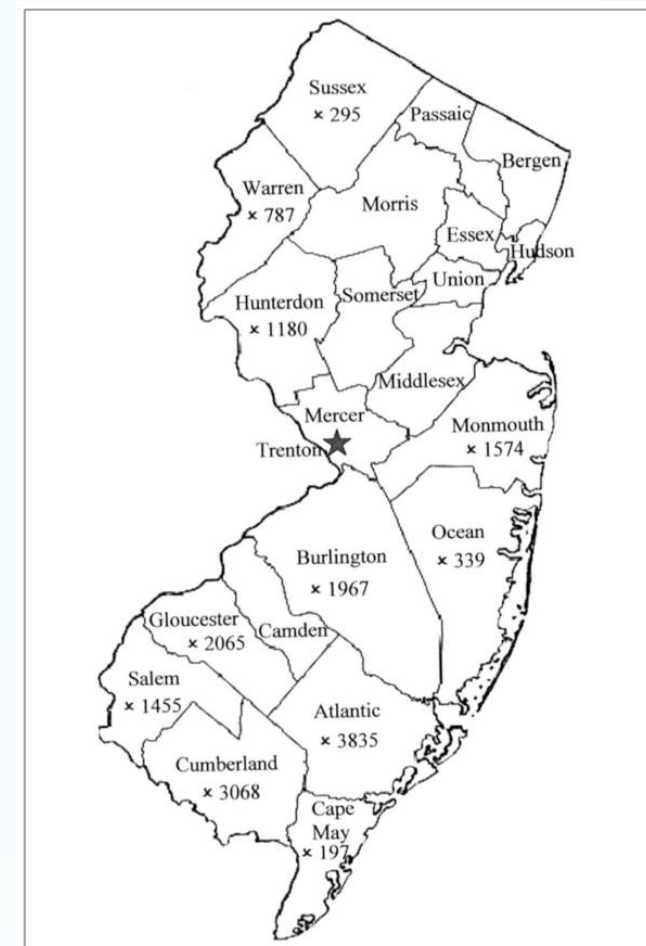
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Abstract

- **Migrant and seasonal farm workers (MSFW)** are one of the most economically disadvantaged populations in the US.
- MSFW have numerous health challenges as a result of **occupational hazards, poor living conditions, and limited access to care.**
- The goal of this study was to **collect demographic data** on the MSFW population in southern New Jersey and to **evaluate the perceived access to health.**
- Research was conducted using a survey distributed at a free clinic for MSFW **during the 2018 agricultural season.**
- To our knowledge, this is the first study to consider **the MSFW population in southern New Jersey** and attempt to understand the **specific health care needs of this vulnerable population.**

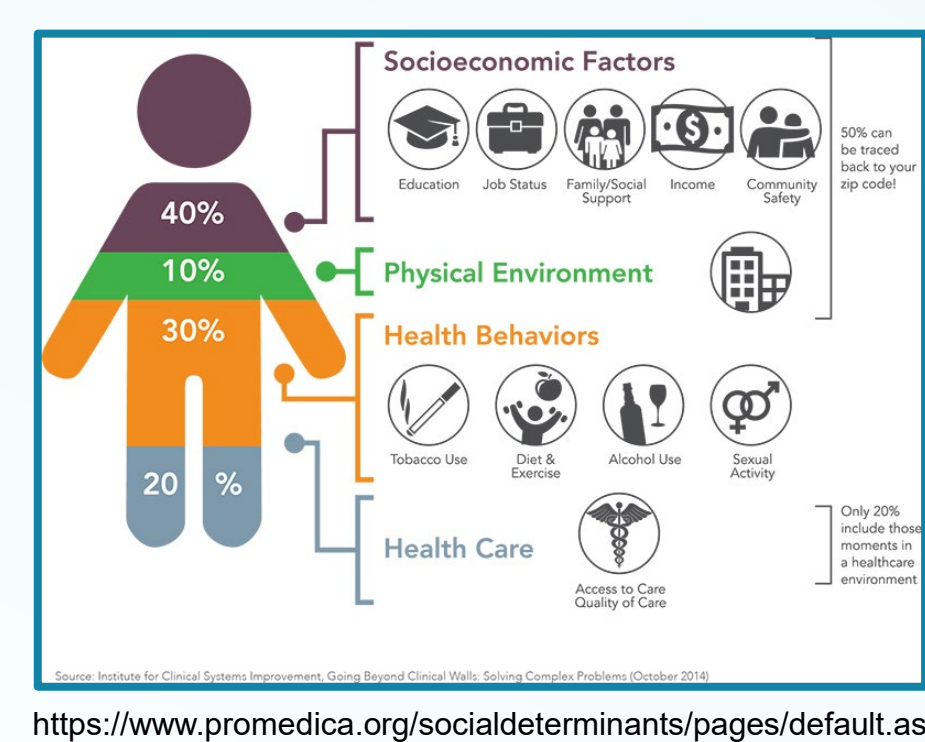
Background

Migrant Farmers Population Southern NJ (2004)



- **Migrant labor supports the U.S. agricultural industry** with estimates of the workforce standing at one to three million and 72% being foreign-born (68% with nativity in Mexico) which includes both migrant and seasonal farm workers (Hoerster et al, 2011).
- During the agricultural season, the population in southern NJ can increase up to **12,000 MSFW.**
- Cumberland and Atlantic counties were the most populous at 3068 and 3835 MSFW respectively. (Borjan et al, 2008)

Social Determinants of Health



<https://www.promedica.org/socialdeterminants/pages/default.aspx>

- **Healthy People 2020** organizes the social determinants of health around five key domains: economic stability, education, health care, environment, and social context.
- **MSFW face significant barriers to care** including language, being uninsured, immigration status and fear of deportation, and discrimination.
- Our research focuses on **health access** as it pertains to this population during the agricultural season.

Methods

Participants : 33 patients (14 male, 19 female) who visited a free clinic for MSFWs in southern New Jersey (n=33).

- All of these individuals identified as Non-White/Hispanics
- (94%) listed Mexico as their country of origin, while 6% listed United States as their country of origin.

How: Survey based; utilizing a bipolar Likert Scale. Offered in either Spanish or English. Distributed at South Cumberland Medical Associates in Bridgeton, NJ.

Time Frame: Agricultural Season June 2018 – October 2018.

What: Data points examined are as follows:

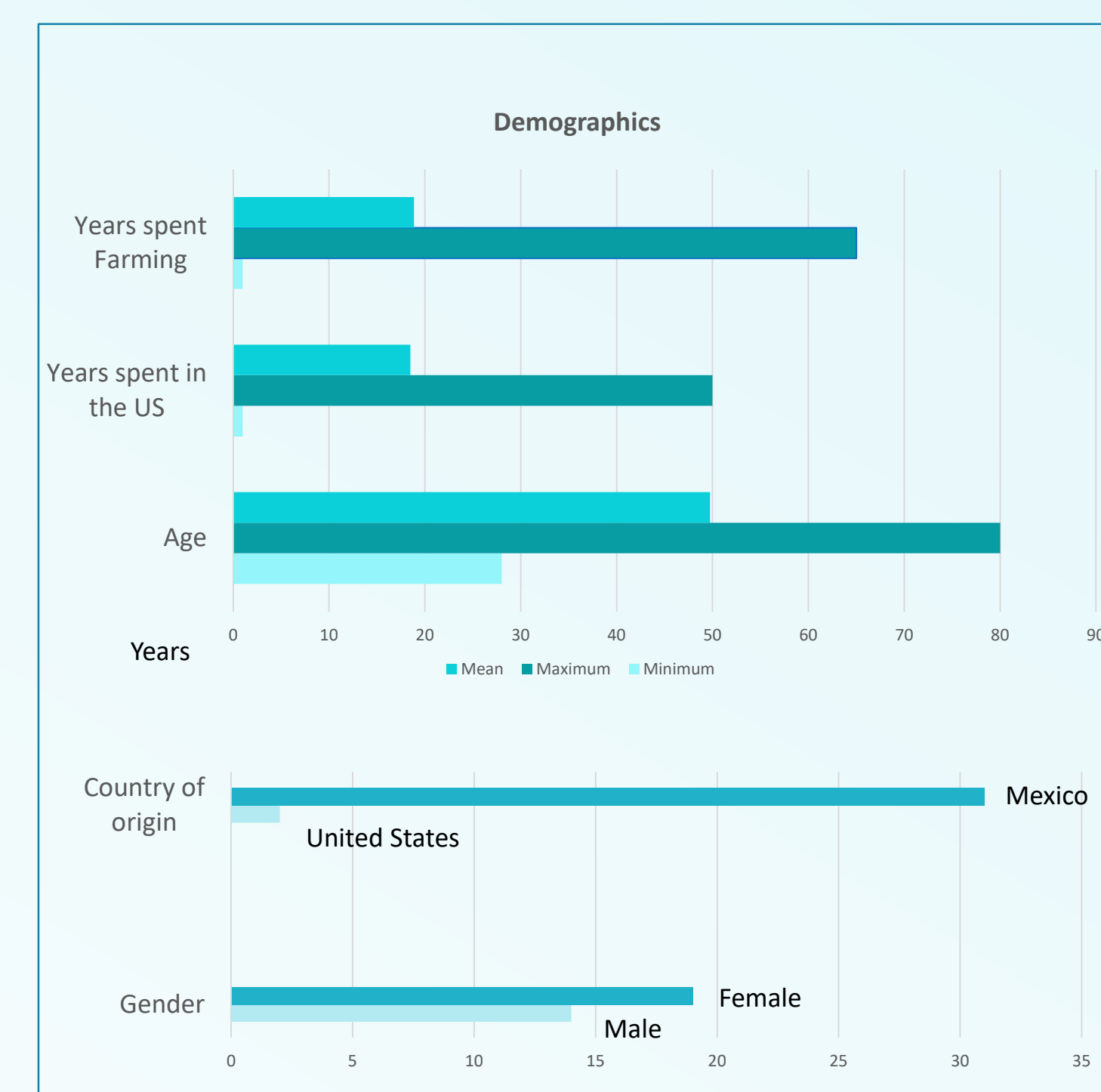
1. **Demographics:** age, country of origin, immigrant status, health insurance status, years working as a migrant farmer.
2. **Perceived health:** what is the health status compared with presence of disease.
3. **Barriers:** immigrant status, cost of care and cost of prescriptions, transportation, being uninsured, and language.

Data analysis completed with IBM-SPSS 25 statistical analysis program software. A Pearson product-moment correlation and a two-tailed t-test were completed for all data points. Descriptive frequencies, means and medians, for demographic information were also computed using SPSS software.

This study received IRB approval in 2018.

Results

MSFW Demographics



- Demographically, this study was representative of the larger US population of MSFW.
- The majority were Mexican American, 50 years of age with an average of 19 years of experience in the agriculture industry.

Survey Distribution Area



Research was conducted in Cumberland County (pictured above right), at South Cumberland Medical Associates in Bridgeton, NJ (pictured above center).

Perceived Health Status

		Frequency	Percent
Chronic disease	No disease	19	58%
	Disease	14	42%
Hospitalizations	None	24	73%
	Hospitalized	9	27%
Migration	Resident	23	70%
	Migrates	10	30%

- Though two thirds consider themselves "healthy," nearly half (42%) of the individuals surveyed identified as having one or more chronic disease.
- Only 9% admitted to being hospitalized during the agricultural season.
- Of those surveyed, only 30% consider themselves to be migrant. 70% are seasonal farm workers who reside in NJ year round.

Perceived Barriers to Care

Perceived Barriers to Care: The barriers to care assessed were transportation, cost of care, cost of prescription medication, immigration status, lack of insurance, and language.

Transportation. Transportation was viewed as a barrier for those with chronic disease ($p < 0.03$), and those who migrate after the farm season is completed ($p < 0.05$).

Immigration status. Immigration status was not a significant barrier overall. Those with chronic disease viewed immigrant status as a barrier more than healthy individuals ($p < 0.05$). Uninsured individuals also saw this as a barrier ($p < 0.05$).

Cost of Care. Cost of care was the only barrier associated with country of origin ($p < 0.05$). Those who named USA as their country of origin did not perceive cost to be a significant issue. Concern over care cost was also associated with Rx cost ($p < 0.01$).

Insurance. Not having insurance was seen as a barrier by those who viewed Rx cost as an issue ($p < 0.01$), and by those who viewed immigrant status as an issue ($p < 0.03$).

Cost of Prescription Medication. Cost of medication was significantly correlated with cost of care ($p < 0.01$), and time spent in the US ($p < 0.03$). Those who viewed Rx cost as a barrier also viewed language as a barrier ($p < 0.05$).

Limited Language Proficiency. Language was by far the most significant barrier cited in this study. Those who viewed language as a barrier had spent less time in the US ($p < 0.01$), more time working an MSFW, and were also impacted by cost of care ($p < 0.03$), cost of medication ($p < 0.05$) and lack of insurance ($p < 0.01$).

Discussion

- Because disparities in health outcomes for MSFW likely stem from a variety of factors, the aim of this study was to conduct a needs assessment and determine the barriers to care from the perspective of the patient.
- Disconnect between perceived and actual health may be a result of how MSFW define "good health." One study indicated that migrant farmers consider health in categorical terms as the ability to work versus not work (Levy et al, 2018).
- Individuals surveyed in this study asserted that it was easy for them to see a doctor when sick. The outcome in this study may reflect the presence of the clinic for MSFW and long standing presence of Dr. Talbot in the area.
- We found the most significant barrier to care was limited English proficiency, followed by a lack of insurance, and the high cost of care.



Conclusions

- Although the migratory nature makes long term studies difficult, it is important to understand the specific health care needs of this vulnerable population.
- Without understanding the specific barriers to care for these individuals, it will be impossible to improve health access.
- Future research should not be limited to barriers, but also include facilitators to care such as community services and organizations that make health care access more feasible.

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