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 2014 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.

Methods

Participants: 33 patients (14 male, 19 female) who visited a free clinic for MSFW in southern New Jersey (n=33).
• All of these individuals identified as Non-White/Hispanics.
• All listed Mexico as their country of origin, while 6% listed United States as their country of origin.

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

Perceived Barriers to Care

Transportation: Transportation was viewed as a barrier for those with chronic disease (p < 0.01), 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 more than healthier 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 barrier. Concern over care cost was also associated with risk cost (p < 0.01).

Insurance: Not having insurance was seen as a barrier by those who viewed risk cost as an issue (p < 0.01), and by those who viewed immigrant status as an issue (p < 0.05).

Cost of Prescriptions: 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 risk 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 working (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.

Conclusion

• 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.

References


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