

Listening to Migrant Voices: Focus Groups on Health Issues in South Georgia

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This qualitative study utilized focus groups to invite Latino migrant farm workers to express ideas about their health and service needs. Four focus groups composed of Latino men and women were conducted on four different evenings in the same county. Three themes emerged: health care issues, living and working conditions, and social and community issues. Specific needs of the community were also identified by the participants. For the first time, migrant farm workers in Georgia had the opportunity to lend their own voice regarding their concerns and ideas about health and social conditions. The findings from this study are congruent with other studies and provide the basis for developing interventions to enhance the health of migrant farm workers. In addition, the findings have implications for community health nursing and the proposed Vision of 2010: Healthy People in Healthy Communities, whose goals include increased years of healthy life and the elimination of health disparities.

Community health nurses are concerned with the health care needs of underserved populations and know that the voices of ethnic minority individuals often go unheard. This is even more true of migrant farm workers, who, despite their importance to the everyday lives of the American people, are usually invisible outside the farms and camps they frequent in their annual trek in the migrant labor streams. Their stories have been told, usually by outsiders, in literary pieces and films. Researchers from nursing, medicine, and the social sciences have conducted a number of studies with migrant workers in an attempt to ascertain their health status, social conditions, and level of functioning. Most studies of farm workers are quantitative and conducted using methods that provide hard data. However, these studies do not mirror the words, inflection, or tone of the voices of these pre-

dominately Latino migrants. The few studies that do provide a clearer reflection of the migrant voices are those using an ethnographic or focus group approach (or both) to data collection, in which migrants themselves have been invited to be active participants.

There are an estimated four million migrant farm workers throughout the United States (Centers for Disease Control, 1992; Ciesielski, Seed, Estrada, & Wrenn, 1993). Because of their obscure status in our society, it is easily understood that their voices are not heard. Many times, due to undocumented status, they are invisible. However, this does not diminish their need for health care or our need to understand their culture. Leininger (1991), a nurse anthropologist, suggested that health care providers must first understand a local culture's perspectives and beliefs on health and illness in order to best provide care that is appropriate to members of that culture. Nurses, community psychologists, and other social scientists have used focus groups as a means to collect data relative to a specific group. Using Leininger's cultural care theory as a framework and focus groups as the vehicle for data collection, this qualitative study illuminates health and service needs of Latino migrant farm workers in south Georgia (Krueger, 1994; Leininger, 1996).

BACKGROUND

According to the 1992 Census of Agriculture, migrant farm worker families harvested approximately 90% of the crops in the state of Georgia and generated more than \$300 million in sales for Georgia farmers. A recent study estimates that there are more than 100,000 migrant farm workers and their families in Georgia during peak season (Institute of Community and Area Development, 1992). About 70% of them are foreign-born and have limited English fluency. Many of these workers have come from impoverished areas, with little or no exposure to the concepts of health promotion and disease prevention, and they use health services only in extreme cases. On average, migrant farm workers in Georgia have a sixth-grade education and an annual income of \$6,000. Most migrant workers are not eligible for Medicaid or any other health insurance.

In addition, it has been found that the infant mortality rate among migrants is 25% greater than the national average, their life expectancy is 49 years rather than 75 years, and the rate of parasitic infection among some subgroups of migrants is almost 50 times that of the total population in the United States (National Family Resource Program, Inc., 1990). Children in migrant families are at high risk for many of these same health problems. Their level of adjustment and seeming happiness and outgoing nature is perhaps more indicative of their resilience than of their health condition. Migrant children are often exposed to infectious diseases like TB, parasites, and pesticide poisoning; they also present with malnutrition, upper respiratory infections, gastroenteritis, dental cares, inadequate immunizations, accidents, and limited access to education and rehabilitation programs (National Family Resource Program, Inc., 1990). Furthermore, due to the high occurrence of domestic violence among migrant farm workers, migrant children are of-

ten the victims of abuse, either directly or as witnesses (Migrant Clinicians Network, 1996).

Unlike other states such as California, Colorado, Texas, Florida, and North Carolina, Georgia has very limited services for its migrant workers. Despite the dependency of the state on its farm products and, hence, on the migrants who work the land, migrant farm workers are an invisible population. Migrants perform their work and live their lives in places and ways apart from the mainstream population. It is not rare to encounter native Georgians who have never met a migrant farm worker or even known of their existence. This general invisibility is reflected by the paucity of services available to migrants. Migrant health programs are not available in all counties with significant farm worker populations, and existing programs are often called on to provide services that tax their staff and resources.

Since 1993, teams of faculty and students from the School of Nursing and the Department of Psychology of Georgia State University have conducted a 1- to 2-week summer immersion learning experience in south Georgia. The first experience is described elsewhere in the literature (Bechtel, 1995). During the summer sessions, the teams have provided well-child screenings and physical exams to children of migrant farm workers participating in a summer education program; they have also provided primary care in the camps to migrant workers and their families. Working with the migrant education programs and local health clinics, the teams provided more than 1,600 episodes of care during the four summer experiences.

Despite the impressive numbers, team members were well aware that, to make a more lasting impact on the migrant community, a more emic approach to services needed to be established. Therefore, using cultural care theory as a framework and in collaboration with Latino community leaders, focus groups were conducted with migrant farm workers and their families in the summer of 1996. The purpose of these groups was to obtain a more comprehensive picture of the needs of the community by listening to the voices of the migrants themselves.

CULTURAL CARE THEORY

Leininger's (1996) cultural care theory of nursing is derived from anthropology and tailored to the specific concerns of nursing care. For four decades, Leininger has been developing theoretical underpinnings in nursing to provide culturally congruent nursing care to diverse populations. Some of the underlying assumptions of her theory that are relevant to this study include (a) every human culture has generic (lay, folk, or indigenous) care, knowledge, and practices that vary transculturally; (b) beneficial, healthy, and satisfying culturally based nursing care contributes to the well-being of individuals, families, groups, and communities within their environmental context; and (c) culturally congruent or beneficial nursing care can only occur when the individual, group, family, or commu-

nity's culture care values, expressions, or patterns are known and used appropriately and in meaningful ways by the nurse with the people (p. 74).

The Sunrise Model: A Conceptual Discovery Guide was developed within the cultural care theory to provide a holistic view of interrelated aspects of culture care. Leininger (1996) identified different factors that need to be considered when working with diverse populations. These factors are important when identifying cultural care patterns and needs in order to develop a holistic view of individuals, groups, cultures, communities, or institutions. Much of what is accomplished is a discovery of unique aspects of the selected population. Relevant concepts from the Sunrise Model related to this study are factors such as education, economics, political and legal issues, cultural values and lifeways, kinship and social systems, and religious and philosophical beliefs. The goals of this study are congruent with those of the culture care theory, in that it explored the needs of Latino migrant farm workers in south Georgia from within their own cultural context. A more thorough knowledge of Latinos' perceived meaning of illness, care expressions, and use of the health care system could, therefore, be used for interventions that could lead to overall improvement in health and quality of life.

FOCUS GROUPS

The focus group methodology was chosen for this study because the method is congruent with both the study's purpose and theoretical framework. Focus groups evolved from a questioning of traditional data collecting methods such as surveys, one-on-one interviews, and the use of close-ended questions. Social scientists desired the information that could be obtained from an open-ended approach, which allows participants the opportunity to comment, explain, and share information, rather than a structured and directive interview led by the researcher. Focus groups can be used for a variety of reasons, one of which is a needs assessment for a selected population (Krueger, 1994).

Focus groups tend to increase the sample size in qualitative studies and provide more information because the focus group interview is more effective in drawing out human attitudes and perceptions about a topic. An ideal focus group would be composed of 6 to 10 people, would be conducted in a series of multiple groups with similar participants, and would have a skilled researcher as the leader. The researcher must be able to moderate, listen, observe, and then analyze the participants' discussions (Krueger, 1994). Such group facilitation skills are often part of advanced training curricula of both psychologists and advanced practice nurses.

METHOD

Data gathering was conducted in south Georgia among Latino migrant farm workers. During the previous two summers, team members had established ties with a Mexican outreach worker regarded as a leader in her community. This individual had been living in

the area for several years, and although she held a job in the migrant health program at the time of the study, she had previously worked in the fields. This added to her credibility and standing in the community and provided the essential entry into the migrant community. Julia Perilla, the only Latina member of the team, cofacilitated the focus groups with the Mexican outreach worker to maximize the groups' cohesiveness and openness by maintaining cultural homogeneity and language use. To guide the process, a set of open-ended questions was used regarding perceived health needs, available resources, barriers to access of resources, community problems, parenting, education, and suggestions for future programs to the community. As suggested by Marín and Marín (1991), small gifts (e.g., hats, bags, and toys) were given to the participants and their children at the end of the sessions. As these researchers indicate, the incentives are a tangible recognition of the importance of the participants in the project, and they recognize the special role of children in Latino communities. Consent forms were read aloud in Spanish (literacy could not be assumed) at the beginning of each session, emphasizing the voluntary nature of their participation, and any questions were answered before obtaining the signatures of the participants. Audiotapes and notes of each session were made by the coleaders. English summaries of the session were later prepared.

In keeping with cultural values, the first group was held after the Sunday night service in the Catholic church parish hall. After the Spanish language service, Dr. Perilla was asked to speak to the congregation to explain the project and request the participation of the community. The seminarian leading the service, another community leader, quickly endorsed the study, emphasizing the value to the entire community of this opportunity to make their voices heard. Many people responded, and several individuals who could not stay informally gave their ideas regarding community needs. Nineteen adults (11 women and 8 men), whose ages ranged from 16 to 63 years, stayed for the focus group that night. Although the size of the group was larger than desired, we decided to conduct the focus group rather than turn away the people who wanted to participate. All the participants were Mexican. Although, at first, people appeared somewhat reserved, they quickly began to speak, and the cofacilitators' main job became making sure everyone had a chance to speak. As is often true in Latino groups, the session lasted longer than anticipated. The coleaders would have been perceived as rude if they had terminated the group without hearing each person's point of view. At the end of the session, 2 women volunteered to hold focus groups in their homes the next night. The facilitators quickly accepted one of the offers.

On Monday night, the second focus group was held in a trailer, the home of a middle-aged woman who had previously worked in the fields and currently worked in a packing plant. Her husband and children were all farm workers, and she was identified as another community leader. For the second group, the hostess had invited only women to gather at her house, and the atmosphere and feeling of the session was quite different from the night before. Eight Latina women, who ranged in age from 19 to 62 years old, as well as the two facilitators were present that night. Several children played in the yard

while the women met. The hostess had refreshments for the participants, and it took very little time for the women to start talking about issues that had not come up the previous night, such as drugs, alcohol, prostitution, family values, "serious family problems," and the roles of women. Both the content and the dynamics of the group were different: The participants delved deeper into the issues and were very open about their own experiences and problems. Once again, the group lasted much longer than anticipated. A woman offered to take the coleaders to a migrant camp by the fields the next evening.

The third focus group was, thus, held on Tuesday night in a clearing across the road from a group of dilapidated trailer homes. The volunteer guide had brought along her teenage son to drive the truck and spread the word about the meeting to farm workers in other trailer clusters down the road. Pretty soon, the men began arriving by truck and foot, until 32 men were present. Again, even though the group was larger than the desired number for a focus group, we decided to conduct the group. The oldest man indicated that he was 47, and the youngest admitted to being 16, even though his appearance suggested a couple of years less. Although most of the men knew the guide and the outreach worker, several were clearly puzzled by the presence of a stranger (Dr. Perilla). The two women from the community assured the participants that their confidentiality and anonymity would be safeguarded (something quite important among many migrants), and the cofacilitators explained the project. Due to the size of the group, it became apparent that the coleaders would need to keep the discussion on track and make sure that everyone had a chance to speak. Leaders emerged among the participants, and other men quickly deferred to them. The dynamic was more unidirectional, a man speaking out and others agreeing or adding comments, rather than the more bidirectional interchange of the two previous groups. There were no women in these camps, and very little transportation was available. The content of the session was often brought back to the sense of isolation and disconnection from both their families and the larger migrant community.

The same guide took the cofacilitators to a small camp for the fourth session the following night. All 9 men at this camp were in their late teens and early twenties, and all were working in the tobacco fields. Several were ill, one quite severely affected by the "tobacco sickness." These men needed no reassurance about the stranger's presence in their camp. They were very happy to have someone listen to their needs and suggestions about their health, living conditions, legal concerns, and ideas. The men emphasized what other participants had alluded to before: their use of traditional remedies (i.e., herb teas, massage, and medicinal plants) to attempt to balance the lack of access to mainstream medical services. In this camp, it was also clear that many of their ailments could have been avoided with simple precautions and a better understanding of hygiene and first aid.

SAMPLE

Sixty-eight migrant farm workers (19 women and 49 men) participated in four focus groups over a period of four evenings. All of them were Mexican and lived in the same

county in south Georgia. The participants ranged in age from 16 to 62 years old. The gender makeup of the groups (either all women, all men, or mixed) created a somewhat different dynamic in each type of group, with varying emphases on the issues discussed.

RESULTS

Three themes emerged from the content analysis from all four groups: (a) health care issues, (b) living and working conditions, and (c) social and community issues. In addition, participants identified specific needs. Each theme will be presented in detail. Table 1 summarizes the themes identified by the participants.

Health care issues was the most frequently identified theme. The main concern expressed by the participants in terms of health care was the inadequacy of services available to migrant farm workers. Although many of them knew about the migrant health program and some of the services offered, there was a general lack of information about the availability of services, the hours of operation, and the eligibility of the workers for those services. Even those who were using health services on a regular basis emphasized the lack of specialized services available for referrals after the initial screening by the migrant health program clinic. In addition, transportation problems, limited range of services, and fear of immigration officers were reported as serious obstacles in accessing existing services. One of the most commonly cited concerns was the total lack of dental

TABLE 1
Summary of Themes Identified by the Participants

Health care issues
Inadequate services
Lack of specialized services
Lack of dental and eye care services
Transportation problems
Fear of immigration officers
Prohibitive cost of medicines
Severity and frequency of intoxication
Severity and frequency of skin conditions
<i>Enfermedad del tabaco</i> (tobacco illness)
Lack of information about sexually transmitted diseases
Lack of information about AIDS
Living and working conditions
Trailers used as living quarters were in poor condition
Dilapidated condition of the trailer parks
Inadequate working conditions
No employee sick time benefits
Social and community issues
Drug and alcohol use
High incidence of prostitution
Lack of sexual education among migrant youths
Deterioration of family values
Racism and prejudice

and eye care services, despite the direct impact of working conditions on the eyes of farm workers. The prohibitive cost of medicines was identified as another serious concern, which is not surprising considering that the participants were people who earned one of the lowest levels of income in the country.

Although only one of the focus groups contained participants harvesting tobacco at the time of the study, all groups made reference to what they termed *la enfermedad del tabaco* or “tobacco illness”. There was a general consensus about the inevitable severity and frequency of intoxication and skin conditions connected with working in the tobacco fields. Inadequate working conditions and a general lack of knowledge regarding preventive practices relative to specific crops, pesticides, and first aid exacerbated the health hazards. Pesticide burns and rashes, for example, were reported as going untreated due to lack of education and available services.

All four groups reported using herbs, massages, and consulting with community people who were believed to have knowledge about healing practices and home remedies. There appeared to be a wide range of awareness about the property of certain herbs and knowledge of the local stores in which they were available. The participants did not consider this issue as a problem but rather as a valid resource used by the migrant community in accordance with traditional practices and values.

The group participants also were aware of the community’s lack of education regarding STDs, HIV, and AIDS. Although the all-woman group was far more outspoken about the fear of these diseases in their community, all groups expressed their concern. Several participants knew people who were HIV positive, and some personally knew a community member who was dying with AIDS. The women were especially interested in obtaining information about STDs, including HIV, and several indicated the need for the men and the young people to be educated in this area.

Finally, many participants reported a great number of farm workers “having cough, getting weak, and having trouble breathing,” but refusing to go to the clinic so as not to lose work hours and, therefore, decrease their income. Sadly, these TB-like symptoms were usually left untreated until people could no longer go to work and, thus, lost their jobs.

Living and working conditions, the second theme, was a major concern to the members of the focus groups. Trailers used as living quarters were in extreme disrepair, lacking doors, screens, and windowpanes, and many also had holes in the floor through which the ground could be seen. As a result of these conditions, all sorts of pests (i.e., roaches, insects, snakes, rats, and scorpions) are commonly found inside the trailers, posing a health threat to migrant farm workers and their families.

The conditions in migrant camps were perceived by participants as causing serious problems for children of all ages. The dilapidated condition of the trailers and the general lack of hygienic conditions in the camps (e.g., broken beer bottles, beer cans, trash, and drug paraphernalia) were of great concern to participants in the first two groups (which included many parents). Many reported that babies could not be put down inside trailers

for fear of pests, toddlers were at risk when trying to explore their surroundings, and children were unable to play outside the trailers due to hazards present in their front yards.

Social and community issues, the third theme, was an area of concern that seemed to differ across gender lines. The women (both in the mixed and in the women's only group) were very outspoken about the social issues affecting the entire community. Men did not mention many of the issues raised by the women, perhaps because they did not perceive them as serious problems. Almost unanimously, the women cited drugs and alcohol as the most serious social problems threatening their community. Many of them reported that the drug and alcohol problem brought by the men from their country of origin had been exacerbated by the stressors and living conditions of the migrant life. In addition, drinking and drug problems were increasingly more prevalent in the younger generations of migrant farm workers. The women saw this problem as a threat to their families and their communities, and many reported feeling at a loss due to a complete lack of services available to migrants to address this issue.

In the women-only focus group, participants reported an issue not brought up in the other three groups: prostitution. Latino culture has traditionally held strong beliefs against talking about sexual matters, especially in mixed company, so it was not surprising that this issue was spoken about when only women were present. Participants in this group reported that the high incidence of prostitution (mostly White women, although some Latinas were beginning to appear in the camps) was a severe threat to their families and their community. Many worried about the very young male teenagers who come by themselves to work in the fields because often crew bosses used prostitutes as a way of keeping the men occupied during weekends and evenings. The women were concerned about the complete lack of sexual education and the health threat to the entire community that this issue posed.

Along similar lines, women described a deterioration of family values as of extreme concern to them. They talked about sons and daughters who had been brought to the United States as children, and as they became acculturated into mainstream White values and customs, they became less family oriented. As examples, they cited several cases in which young migrant men had left their Mexican wives for White mistresses, and they described the impact that these arrangements had on their extended families and the community in general.

Although these social and community issues were brought up almost exclusively by the women, one last issue was addressed in all four groups: racism and prejudice. Participants in all groups talked about the stressors in all areas of their lives brought about by their perception of prejudice and racism by the mainstream community. Men and women recounted instances of discriminatory practices encountered in medical facilities, grocery stores, shopping centers, restaurants, schools, and even in churches. Although there was a certain sense of inevitability among participants when discussing this issue, several people pointed out that this stressor could affect one's life in serious ways, both physically and emotionally.

Because of the exploratory nature of the focus groups and the intent to use the information gathered to plan and obtain funding for future interventions with migrant farm workers in south Georgia, specific needs were identified by the participants. The following information is presented in the order of priority stated by the participants. Table 2 summarizes the priority issues identified by the participants.

Somewhat surprisingly, English classes were considered by all four groups as their top priority. It appears that there is a general awareness of the power of being able to communicate in English and the inherent advantages of being bilingual. Participants pointed out the need for classes to be conducted in accessible places and appropriate times (i.e., lessons given at the camps in the evening or on weekends vs. in a church in town during weekday mornings).

In support of some of the perceived problems faced by the community, many participants suggested the need for education about basic hygiene, prevention of infections, and first aid. In addition, information about legal issues and education about pesticides, safety and preventive measures, and available community resources were also among their priorities.

Parenting classes that address basic child development and discipline issues were identified as important needs for the migrant communities. Separated from extended family, participants indicated that the lack of ongoing contact with family advisors in their country of origin, coupled with the stressors associated with their migrant lifestyle, made this another priority.

In addition, the problems affecting families and children in this community were seen as requiring special attention. Participants suggested the need for groups that would address marriage problems (i.e., domestic violence) as well as groups for adolescents who were struggling with many of the issues common to teenagers everywhere, in addition to those issues inherently related to their status as migrants. Participants who were parents introduced the need for tutoring migrant children at the elementary and high school level

TABLE 2
Priority Issues Identified by the Participants

English classes
Education about basic hygiene
Education about prevention of infections
Education about first aid
Information about legal issues
Education about pesticides
Education about available community resources
Parenting classes about child development and discipline
Support groups for those having marital problems
Tutoring for migrant children
Information regarding educational opportunities
Consistent and ongoing collaborations for health care
Trained Hispanic lay advisors who could disseminate information and give instruction to members of the migrant community

because many of them were struggling academically. Several participants suggested that individuals and the community as a whole would benefit from information regarding educational opportunities at every level (i.e., courses, seminars, scholarships, and grants).

Finally, group participants named the idea that the team had been considering: the need for a more consistent and ongoing collaboration with the migrant farm workers, rather than just the 1- to 2-week involvement with the community every year. A few participants suggested the need for community leaders to be trained so that they could disseminate the knowledge and give training to the community on an ongoing basis.

DISCUSSION

The results of this study offer a glimpse of the conditions and needs of migrant farm workers in south Georgia. The data also support studies conducted with other migrant populations. For example, the participants in this study reported waiting until they were "really sick" before seeking medical services, at which time they went to the emergency room of the local hospital (Institute of Community and Area Development, 1992). Participants in all four focus groups reported discriminatory practices in the services provided by the hospital, further decreasing their willingness to access health services, except as a last resort. No prenatal program outside of Medicaid, and no coverage for babies after they are born, coupled with the frequent occurrence of migrant children being denied Medicaid (even those who are eligible), were seen by participants as direct causes of miscarriages and infant deaths in the community.

Limited access to and a tendency of Latino populations to distrust mainstream medical personnel has often resulted in Latinos using traditional medicinal practices and healers as first-line service providers. The participants in the focus groups were no exception.

Environmental conditions are known to affect the physical and mental health of people who live and work in such environments. Previous visits by team members to migrant camps had disclosed the extreme conditions of poverty and dilapidation of the living and working environment of farm workers in south Georgia. Running water and working toilets are available to farm workers only sporadically because services and facilities often break down, and it takes a long time to have them fixed. In most farms, there are no toilets near the fields. Because farm workers are usually paid by the amount of produce harvested, many migrants do not take the breaks required to walk long distances to the bathrooms, and thus, workers, especially the women, either reduce their water intake or wait for 12 to 14 hr before using the toilet. This often results in bladder and kidney problems, a common complaint of many participants.

In the women's group, participants alluded to what they called *problemas serios en el matrimonio* or "serious problems with the marriage," indicating that many farm worker women had problems with their husbands. Although no one specifically identified *el problema* as domestic violence, other researchers have found very high levels of physical

and psychological abuse among migrant women (Lopez-Trevino, Trevino-Sauceda, & Gallardo, 1995). We believe that the participants may have been referring to this issue when the women brought up marriage problems but that the time limitations of the group and the close relationships of the participants did not allow for this issue to be explored further. The experiences of Dr. Perilla with abused Latina support groups corroborates the dynamic whereby Latinas, not unlike abused women in many ethnic groups, are quite reluctant to disclose battering until they are assured of rapport and confidentiality.

SUMMARY AND CONCLUSIONS

The data collected in this qualitative study of the health and social needs of migrant farm workers in south Georgia provides important, useful information for community health nurses. For the first time, migrants in Georgia had been asked directly to give voice to their concerns and ideas regarding health and social conditions in their environment and to collaborate with service providers in determining the issues that should guide future interventions in that community.

The findings of these focus groups were similar to issues that have been found in other migrant communities throughout the United States. The inadequacy and inaccessibility to services, the high cost of medicine, the lack of knowledge of basic hygiene and first aid, and the lack of awareness of environmental hazards and their consequences have been found to be common denominators in the lives of migrant farm workers everywhere. Environmental conditions in camps and fields in south Georgia, although somewhat worse than in other more strictly regulated states, closely resemble the conditions found elsewhere according to the participants in this study. Racism and discrimination abuses as reported by our study participants are also pervasive among migrant populations everywhere. It was perhaps in the area of social and community concerns that this study may have provided a vehicle for farm worker women to raise concerns not previously cited in the literature. The problems with drugs and alcohol, prostitution, and the deterioration of family values and structures are issues not often addressed by researchers but are obviously deeply affecting the fabric of the migrant communities.

Most important, the findings from this study have implications for community health nurses who are positioned to influence and implement improved public health policy. Public health policy is needed to increase funding at the federal, state, and county levels to provide more comprehensive health care and greater access to migrant farm workers who provide a needed service in the United States. Increased funding would be an asset to community health nurses in reaching the proposed objectives for the nation for 2010 for increasing years of healthy life and eliminating health disparities (U.S. Department of Health and Human Services, 1997).

Because public policy for increased access to health services is limited at this time, other areas for more immediate action that can be taken by community health nurses to impact better health care for this population are the following:

1. Ensure that staff are trained to be culturally competent and, thereby, able to deliver more appropriate care.
2. Train community dwellers about self-advocacy. Advocate to fund training of lay health advisors and others who could assist migrant and seasonal farm workers to navigate the legal system.
3. Advocate for law enforcement to ensure a safe environment for workers, to decrease prostitution, and to curtail illegal drug usage.
4. Educate community leaders and community groups who traditionally assist at-risk groups about the special needs of the migrant and seasonal farmworker population.

Researchers and theorists have suggested that interventions targeting specific populations must be designed and implemented within the cultural context of the people involved (Leininger, 1991; Marín & Marín, 1991; Triandis & Marín, 1983). Using focus groups as a tool for inviting the migrant farm workers to be partners with health care providers in the community in ascertaining their needs and identifying possible concrete solutions for their community was an essential component of this exploratory study. What was learned from this study is serving as the basis for designing and implementing future collaborative efforts between Georgia State University and the community. Ultimately, it gives vital information to all health care workers who serve migrant populations.

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