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Improving Access and Use of Health Care Services Through ESL Classes

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Health care visits for prevention or early detection are not common among migrant farmworkers. Farmworkers generally live in an environment far below the national standards for education, working conditions, income, housing, and health status (Dever, 1992). Clinic visits for routine examinations for prevention and early detection account for only 1.4% of all visits to migrant health clinics, 39% below the U.S. average (Rust, 1990). Although most farmworkers are citizens or legal residents of the United States, many are foreign born, primarily from Mexico. The majority speak Spanish as their first language, with some monolingual Spanish, though this differs with age and number of years in farmwork (Griffith & Kissam, 1995). English proficiency impacts one's ability to use the U.S. health care system. For example, Suarez (1995) found that the frequency of routine cervical screening which is integral to early detection of cervical cancer increases with English proficiency and use.

Those who have provided English as Second Language classes to migrant farmworkers know of the challenges unique to the occupation of farmworker: frequent migration, lack of transportation, physically demanding labor, and up to 14 hour work days. Hardly the optimal conditions for learning a new language. It is much to the farmworkers' credit that in the face of these challenges, they are still anxious to learn English. So, while ESL classes are critical to improving long-term health care access and health status, what can be done in the meantime? And how can ESL classes contribute further?

Connecting with community resources is not an uncommon way for ESL instructors to maximize their efforts. Lay health advisors (LHAs) are one such resource. LHAs are effective bridges between the health care system and the migrant farmworker (Watkins et al, 1994). With funding from the Centers for Disease Control and Prevention (CDC), the National Center for Farmworker Health (NCFH) initiated the development of the Traveling Lay Health Advisor (TLHA) Program. The specific objective of this program is to increase breast and cervical cancer screening (i.e., early detection) in migrant and seasonal farmworking women. More generally, its purpose is to increase the access and use of health care services by farmworkers. The TLHAs migrate with groups of farmworkers, providing education and referral services to their fellow farmworkers throughout the year. These services include referrals to appropriate sources of care in the farmworker's vicinity, translation and outreach services, and individual or small group educational sessions on a variety of health topics. TLHAs establish relationships in states farther north with health care providers in migrant and community health centers, with state and local health departments, and with other social service agencies that might be interested in migrants. By such brokerage of services, they improve not only the farmworker's access to health care, but the continuity of health care delivered to the farmworker. They enable those less familiar with the U.S. health care system and with little or no English to obtain needed health care services.

The average TLHA is a female who is divorced or single, age 40, has a 10th grade education, was a farmworker for at least 5 years, and is a U.S. citizen but was born in Mexico. Each TLHA receives 170 hours of training on topics such as, farmworkers' health status, health promotion and disease prevention concepts, human anatomy, cancer in general, breast and cervical cancer detection and education in particular, community work and relationship development skills, leadership skills, and program quality management skills. Further, outreach activities are an expected part of the TLHA liaison role, including home visits, group presentations, telephone communications, transportation, environmental home assessments, information dissemination, cancer follow-up and referrals, and social and psychological support, including referrals to other community resources such as ESL classes.

Support for these TLHAs is provided by staff of the NCFH in Austin, Texas, whose mission is to improve the health status of the estimated five million migrant and seasonal farmworkers. The TLHAs own mobility and understanding of the language and the culture of farmworkers are key assets in the strategic use of text, photos, models, and other audio-visuals for educational purposes. So educational

materials for use by the TLHAs—though developed by the staff at NCFH—have extensive input on the content, format, and evaluation of each piece from the TLHAs. In three years in the Midwestern stream, the TLHAs have conducted 1,764 group presentations with 16,686 people in attendance and have referred 7,115 individual women for both breast and cervical screening services, another 2,935 for breast screening only, and 2,432 for cervical cancer screening only. The TLHAS have provided follow-up for 770 (19%) of the individual referrals.

Although the TLHA program has not yet have expanded to every state (non currently exists in Georgia), ESL teachers in every region still have opportunities to improve migrant health. First, numerous lay health programs exist around the country (CDC, 1994), focusing on topics broader than cancer. The LHAs in these programs may themselves be logical candidates to recruit for ESL classes, eventually becoming fully bilingual health paraprofessionals. They can directly impact the access and use of health care services by non-English speaking migrants, a significant advantage in areas that have limited bilingual health professionals. The NCFH can help ESL instructors connect with LHAs working through local migrant health centers.

Second, ESL instructors can make sure that each farmworker in class has the Call for Health number (1-800-377-9968). This toll-free line specifically for the farmworker is answered by bilingual staff (English/Spanish) and provides detailed information on nearby, available health services.

Last, Call for Health also publishes a bilingual health education newsletter for farmworkers called Farmworker News. ESL classes—your classes—can be a distribution point for this important health information addressed specifically for farmworkers. By using the newsletter in class, you can increase English proficiency while providing useful, hard-to-get information to farmworkers. Call NCFH today at 1-800-377-9968 to add resources to your classes and improve access to health care for migrant farmworkers.

References

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HEALTHY EATING IN A STRANGE LAND

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Any one of us who has visited a grocery store in another country knows the feelings of anxiety and confusion that can occur when attempting to satisfy that most basic of human needs: to nourish oneself and one's family. Foods are packaged (or not packaged) in different ways. The fruits and vegetables may be unfamiliar. The layout of the store (or market) may be different and feel strange. You may not know how to get certain items or where to pay or when to tip.

Imagine, then, the stress and frustration experienced by thousands of immigrants and refugees who move to Georgia every year—most often under economic hardship—who then face the daunting task of finding familiar foods and also learning about American foods and marketing. It is no wonder that the nutritional well-being of many of these non-native speakers of English is perennially at risk.

The Center for Applied Research in Anthropology (CARA) at Georgia State University estimates immigrant and refugee populations for the metro Atlanta area. As of September, 1997, CARA estimated that there were approximately 300,000 immigrants and refugees in the metro area; approximately one in ten residents of the ten-county Atlanta region are foreign born. More than eighty languages are now represented in the school districts within the ten-county region.

Refugee and immigrant populations tend to be poorer than the U.S. population at large, and it has been well documented that health related disparities exist between the general population and members of low socioeconomic and ethnic groups (Giachello, 1996). These disparities relate to overall health status, death, disability, and disease. For example, Asian and Pacific Islanders and Hispanics are at risk for certain preventable diseases but are less likely to use preventative health services than whites. Specifically, chronic disease, infectious disease, and infant mortality are high in these populations (Filozog, King, Woodson, Brownstein, Miner, & Schmid (in review).