> PROVIDING Health *to Migrant Farmworkers* IN NURSE-MANAGED CENTERS

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Hispanic migrant and seasonal farmworkers with health problems pose special challenges to the practice of nursing because of their transient lifestyles, poverty, lack of resources, and occupational risks in fields and factories. Chronic conditions such as diabetes, hypertension, and arthritis are prevalent while quality health care is often limited. Migrant Health Service, Inc. was established to address health needs of migrant farmworkers and their families when they travel to Minnesota and North Dakota during the summer months. Currently, 10 seasonal satellite nurse-managed centers and two mobile units operate two to five months each year using a voucher system that provides financial support for clients when they are referred to health care providers in the community. A priority for seasonal nurses is to provide health care and education in a culturally sensitive manner to promote self-care and empowerment of migrant farmworkers. Nurses are assisted by bilingual health outreach workers who help interpret the cultural values of clients. The program provides rich opportunities for interdisciplinary clinical experiences for nursing students.

ESTIMATES OF THE MIGRANT FARMWORKER POPULATION VARY, but each year, 3 to 5 million migrant farmworkers and their families travel through the United States to provide labor in the agricultural industry. Approximately 85 percent of all migrant farmworkers are minorities, and most are of Hispanic descent. They include Mexicans, Mexican Americans, Puerto Ricans, Cubans, and workers from Central and South America (1).

As a group, migrant farmworkers are disproportionately young and poor (2). The majority earn annual wages of less than $7,500. In 1986, the median education level for the head of a migrant household was six years (1), and fewer than half spoke English (3). The demographics of this population are consistent with those of third-world nations (2).

The U. S. Public Health Service defined migrant and seasonal farmworkers as "individuals whose principal employment is agriculture on a seasonal basis, who have been so employed within the past 24 months and who have established for the purpose of such employment a temporary abode" (4, p. 238). For clarity in this article, the term *migrant farmworkers* will be used to encompass both migrant and seasonal farmworkers.

Hispanic Cultural Values The Hispanic culture is distinguished by historical and geographic perspectives, language, shared food, music, religion, strong personal values, social interactions, and folk health practices (5,6). It is a patriarchal culture with men playing the dominant role in decision-making and income disbursal (7). The term *machismo*, which is often used to characterize this group, encompasses qualities such as strength, valor, and self-confidence (8,9). The female role typically includes early marriage and childbearing (7). Children are highly valued, and large families predominate (5).

Both work and lifestyle center around *la familia* (strong family interactions), where the collective needs of the family may supersede those of the individuals. Strong bonds exist between *compadres* (friends and extended family members) who provide assistance and support to one another. Interactions that demonstrate *simpatía* (positive, up-beat relationships) and *personalismo* (friendliness, trustworthiness, and caring attitudes) enhance trust and build rapport (10).

General health and illness issues are handled by women who commonly employ folk remedies that are passed down from older relatives or *curanderos* (folk healers). The women must decide when the illness is beyond their ability to treat and requires outside help from folk healers or medical providers (11). Many farmworkers are reluctant to seek medical care unless their health is seriously compromised because they are unfamiliar with the medical system, unavailable for day appointments, or lack transportation, funds, or supervised child care (6). Economic pressures make them reluctant to miss work for health care services because they are not protected by sick leave and risk losing their jobs (1).

Housing and Other Resources Migrant farmworkers typically spend six months per year performing agricultural work, eight weeks doing nonagricultural work, eight weeks traveling, and 10 weeks unemployed. Due to their transient lifestyle, migrant farmworkers live apart from established local neighborhoods, which makes them vulnerable to isolation and neglect (6). In addition, the negative stereotyping of Hispanics by other Americans adds to their isolation (3). As a group, migrant farmworkers are apolitical and usually do not advocate for social justice, despite the many disparities that exist (2).

Because migrant farmworkers move frequently to obtain employment during the growing season, families may sleep in their cars or camp out until housing becomes available. When housing is not available in labor camps, families may be unable to find affordable housing. Substandard living conditions prevail, with overcrowded conditions and lack of access to running or potable water (1).

The Health Needs of Migrant Farmworkers Compounded by poor living standards, risk of occupational injuries, decreased access to health care, limited resources, and cultural barriers, the health needs of migrant farmworkers are complex. Skin rashes, upper respiratory infections, dental pain, urinary infections, and musculoskeletal injury are common ailments. In addition, migrant farmworkers have higher incidences of depression, type 2 diabetes, heart disease, hypertension, obesity, lead poisoning, injuries, violent deaths, cervical cancer, stomach and pancreatic cancer, tuberculosis, substance abuse, and HIV/AIDS than the majority Caucasian population (1,2,12). Many migrant farmworkers would be eligible financially for assistance programs such as Medicaid, Aid to Families with Dependent Children, and Social Security, but few obtain these benefits because their mobile lifestyle makes it difficult for them to meet residency requirements.

In 1962, the Migrant Health Act was established by Public Law 87-692, which added section 310 to the Public Health Service Act. Under this act, grants are provided to community nonprofit organizations for a variety of health and support services to migrant farmworkers and their families (13). In Minnesota and North Dakota, Migrant Health Service, Inc. (MHSI) has established 10 seasonal satellite nurse-managed centers as well as two

mobile units to serve the health and educational needs of migrant farmworkers.

Community-based nurse-managed centers provide services in areas such as primary care, disease prevention, education, safety, and advocacy (14), usually to underserved populations (15). Serving an area that spans 447 miles, the MHSI centers are staffed by one or more seasonal nurses, one or more bilingual outreach workers (BHO), and an office manager. The nurses' educational levels range from licensed practical nurses to registered nurses with doctoral degrees. RNs are required for supervision of MHSI nurse-managed centers (C. Keney, personal communication, November 8, 2000).

By working together in these centers, MHSI staff and clients strive for health care and education appropriate for the migratory lifestyle. During the 1998 summer season, MHSI nurses provided health and educational services to 6,134 migrant farmworkers and their family members: 1,225 men, 1,729 women, and 3,180 children, ages 0-17, in affiliation with migrant schools. Ninety-seven percent of the population served was of Hispanic descent (A. Gunvalson, personal communication, November 8, 2000).

Nurse-Managed Clinics Services offered by nursing centers typically include assessment, health promotion and disease prevention, health risk assessment, counseling, and health education (16). The MHSI seasonal satellite nurse-managed centers also emphasize outreach services. Migrant farmworkers visit these centers for acute, chronic, and wellness care. The five most frequent medical reasons for clinic visits in 1998 were diabetes, 1,842 visits; hypertension, 1,055 visits; prenatal care, 458 visits; cough, 402 visits; and toothache, 379 visits. Health promotion was encouraged through 1,090 well-adult exams, and, in conjunction with migrant schools, 1,981 well-baby/child exams (A. Gunvalson, personal communication, November 8, 2000).

It is also an expectation that nurses make home visits to the migrant farmworkers in their temporary homes. These visits enable the nurse to view the client and family in their residence, which provides valuable insight when planning interventions or advocating for health issues.

A voucher system is used when clients are referred to health care providers in the community. Vouchers pay for medical care such as visits to physicians and dentists, laboratory tests, x-ray studies, and medications. Nurses make the initial medical appointments and provide follow-up care to ensure that clients understand the diagnosis and treatment plan.

To provide cost-effective health care, nurse practitioners or physician assistants have been employed at two of the MHSI seasonal satellite nurse-managed centers. In their expanded roles as primary care providers, they have been able to diagnose and treat a number of conditions as well as manage chronic disease. This helps to enhance the continuity of care in the migrant community.

Community Outreach Another way the staff has bridged the health care needs and educational gaps in the migrant population has been through the development of specific outreach programs. These programs include the Diabetes Program, the Women Infants and Children Program (WIC), the Prenatal Program, the Battered Women's Program, and the Chemical Dependency Program. Individual MHSI staff who coordinate these programs procure funding from a variety of sources, including federal, state, or foundation grants.

The Diabetes Program, designed to provide health services and education to the migrant population, includes a diabetes registry for providing follow-up care and conducting effective long-range health care planning. In collaboration with the MHSI seasonal staff and community providers, the diabetes staff provides prevention screenings, evening clinics, individual and group educational sessions, and referrals to community providers. The MHSI staff collaborates with Migrant Clinicians' Network of Austin, Texas, by enrolling diabetic migrants in the Diabetes Track II Program. The goal is to improve outcomes by providing a system for tracking, transferring health data, and ensuring access to referrals for the migrant population (17).

The WIC Program, which provides supplemental nutrition for women, infants, and children, is available to the migrant population. The BHOs distribute WIC forms to all prospective clients and assist in making appointments. At two MHSI clinics, a WIC coordinator provides services to migrant families. At the other sites, families are referred to community WIC programs (18).

The Prenatal Program's purpose is to assess migrant women for high-risk pregnancies and provide comprehensive prenatal, postpartum, and newborn education to parents. Services provided by the Prenatal Coordinator include supporting the prenatal nurse at each MHSI seasonal satellite nurse-managed center and making referrals to community agencies and federal programs (C. Keney, personal communication, November 15, 2000).

The Hispanic Battered Women's Program and Sexual Assault Intervention Project are designed to aid victims of abuse in the migrant farmworker communities. Trained advocates offer a wide range of services such as supportive counseling and advocacy, translation, a 24-hour crisis line, shelter in a safe home, and referrals to community agencies. Volunteers provide transporta-

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tion to counseling, doctor visits, and court appointments for clients in need (18).

The purpose of the Chemical Dependency/Case Management Program is to provide migrant farmworkers and their family members with prevention education on the dangers of alcohol and other drugs. A Chemical Dependency Coordinator provides services such as support groups for teens and adults, case management, chemical dependency assessments, community referrals, referrals for inpatient and outpatient treatment and follow-up, and continuing education for MHSI staff (18).

Cultural Mentors Most health care providers do not speak Spanish, and many migrant farmworkers do not speak or read English. The language barrier makes it difficult for them to make appointments, apply for federal programs, receive medical care, and adhere to treatment plans (7). In 1998, 38 percent of the migrant population who traveled to Minnesota and North Dakota indicated a need for interpreter services (J. Altenbernd, personal communication, November 20, 2000).

BHOs serve as a bridge between the migrant farmworkers and health care providers. Many of these bilingual health outreach workers are current migrants, former migrants who live year-round in the North, or college students. Besides providing interpretive services, many are well aware of the lifestyle of migrant farmworkers and serve as mentors to MHSI staff who may be unfamiliar with the Hispanic culture. In that role, they teach nurses about family dynamics, lifestyles in other communities to which the families travel, and accessibility of resources. In addition, they help determine a client's readiness for learning about health promotion, disease, and risk prevention.

Although no formal programs are in place, informal mentoring takes place between nurses and BHOs. When an interest is indicated, BHOs are taught how to perform such basic skills as taking weight, height, blood pressure, and temperature. Through the years, many MHSI nurses have encouraged BHOs to consider furthering their education in a health care field.

When clients express an interest in furthering their education in health care, nurses provide guidance regarding the appropriate steps to take. By encouraging migrant farmworkers to enter into nursing or a related health care field, there is increased likelihood of culturally appropriate care to this population. In addition, these health care professionals can serve as role models for future generations.

Professional Education and Opportunities for Students Opportunities for interdisciplinary education and collaborative practice are essential when preparing health care professionals for roles in the community (19). In keeping with this philosophy of community education, MHSI staff members provide learning experiences for graduate and undergraduate students from area colleges and universities that represent nursing, medicine, and nutrition. In a more limited capacity, students majoring in Spanish, social work, business, pharmacy, law, and dentistry have worked in ancillary roles. The interdisciplinary environment provides opportunities for MHSI staff to collaborate with the faculty from local universities and plan student experiences.

Through clinic experiences, nursing students gain insight into the advantages of providing community-based care in nurse-managed centers. In addition, they learn about the variety of roles that community health nurses must perform on a daily basis. A partial listing of these roles includes provider of care, referral resource, coordinator, educator, case manager, investigator, manager, collaborator, advocate, and researcher (20,21).

Nursing students participate on a variety of levels in MHSI centers, from observation to active participation. As providers of care, they assist in health assessment of clients in clinic sites, community prevention screenings, and family homes. They observe nurses in the referral resource role as they determine the need for and appropriateness of a referral, make the referral, and provide follow-up care. As case managers, nurses and students make home visits to provide follow-up for clients under medical care and those unable to travel to clinics. In the inves-

tigator's role, they perform environmental assessments of the home and workplace that provide additional opportunities for health education.

Students are also offered the unique experience of working within the MHSI voucher system, one of the very few such programs in the United States. They learn to take into consideration the financial constraints of the migrant population and how individuals may be able to afford medical care. In the role of educator, students provide individuals and groups with information and insight that foster informed decisions on health care issues. Further, they coordinate care for migrant farmworkers who are receiving services and supplementary funding from a variety of agencies.

This type of participation helps students develop leadership and managerial skills. For example, students who plan and organize primary and secondary diabetes screening clinics must bring everything, from Band-Aids to glucometers, to large boxes of health assessment forms and educational materials. If items are forgotten or there is nonfunctioning equipment, they quickly learn what it is like to solve problems in the community setting. On a more advanced level, students expand their managerial skills through participation in retrospective chart audits and data analysis as part of the MHSI Continuous Quality Improvement Program.

Research is an integral part of the MHSI Diabetes Program, which allows students to learn about the researcher role in community health nursing. They are able to take part in various stages of the research process, such as grant writing, collecting quantitative data, performing data entry, transcribing qualitative interviews in English or Spanish, and analyzing and disseminating results at local, regional, and national conferences.

MHSI also plays a key role in providing continuing education to the seasonal nursing staff, community health providers, and students in health care disciplines. By collaborating with the Division of Continuing Studies at Minnesota State University-Moorhead, MHSI conducts conferences about health care issues in the Hispanic population. Faculty, students, and project managers who work with ethnically diverse populations are encouraged to present their research or program outcomes in poster displays.

The Nurse as Advocate Culturally sensitive, cost-effective, quality preventive health care and education are needed by the Hispanic farmworker population. Health care providers who are knowledgeable about the culture, customs, mores, beliefs, and language of Hispanics will be able to provide quality health care and education to this population (10), while promoting an environment that is conducive to their values. Future nursing practice must expand collaboration among agencies providing services to migrant farmworkers, whether they are located in Minnesota, North Dakota,

In an interview edited by Victoria Houston and published in *50 Years of the National Student Nurses' Association*, NSNA's first Latina president, Aurora Hernandez, tells how she decided to become a nurse.

I remember the exact moment that I decided to become a nurse. It was the summer of my 12th year and my mother had taken me to a clinic for migrant workers in Minnesota.

At the time, I was experiencing a very difficult life. I was 12 years old and a full-time migrant worker, and there were difficult times in our family.

The lady at the clinic that day was really nice to me. She just kept talking to me even though I had my head down the whole time. She weighed me – this was just a basic, general information check – and I kept thinking, "Why is she being so nice to me?"

Finally I lifted my head. I thought if she really knew who I was, she wouldn't speak to me. She wouldn't be nice to me. She wouldn't talk to me. So I looked up at her and said, "What do you do?"

"I'm a nurse," she said.

I looked around and saw what her job was like. During my next 10 to 11 hours working in the field, all I could think about was: "You get to be in that nice building and interact with families and encourage education, work 9 to 5." That was the day my little dream of becoming a nurse began.

I was second to the youngest in the family and I was always the interpreter when my parents went to the clinic or to see doctors or nurses. I got to know more about nurses and medicine and all that, which was very interesting. But translating put a lot of pressure on me as a child.

I understand that better today and that's why I want to go back and work with the migrant community. My dream of nursing is to have an effect on migrant care, whether that is one-on-one in a clinic or at a federal level in helping policymakers make decisions....

Aurora goes on to recount how she graduated from high school and applied to the Minneapolis Community Technical College Nursing School. There, as a freshman, she volunteered to represent her class at faculty meetings. A faculty member asked her to represent the school at the Minnesota Student Nurses' Association convention where she ran for an officer position. She later founded a chapter of the NSNA on her campus, represented Minnesota at the national midyear conference, and became president of the organization in 2000-2001. Now she is working toward her BSN degree at Georgetown University in Washington, DC.

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Texas, or anywhere else, to allow for better tracking of the migrant population and increased continuity of care.

Since migrant farmworkers have little economic or political power, they have a crucial need for advocacy with regard to health care issues. Nurses who work with migrant farmworkers must educate the public and political leaders about the significant contributions these workers make to our economy and their unique lifestyle needs. Nurses must also be aware of changing health care policies and the tremendous impact they can have on the well-being of this population (2). Nurses can be catalysts for change and should be alert to and active in all community, county, state, and federal discussions concerning access to health care (22).

Through collaborative efforts with area faculty, MHSI nurses will continue to expand student learning opportunities through involvement in practice and research. In their clinical experiences at MHSI centers, students have the opportunity to develop and expand nursing roles and learn about the Hispanic migrant farmworker population as a paradigm for health care delivery for minority and underserved populations. In essence, nursing students are exposed to the unique lifestyle of the migrant farmworkers, as well as the richness of the Hispanic culture.

Despite many gaps in the literature related to health care issues and migrant farmworkers, there is an increasing awareness of the need to address health care discrepancies in the United States. Nurses and other health providers working with the Hispanic migrant population are in key positions to conduct research, thus expanding the knowledge base from which further targeted interventions may be developed.

Key Words Community Health Nursing Education – Cultural Competence – Hispanics – Migrant Farmworkers – Seasonal Farmworkers – Nurse-Managed Centers

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