Improving Health Literacy Among Latino Migrant Dairy Farmworkers

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IMPROVING HEALTH LITERACY AMONG LATINO MIGRANT DAIRY FARMWORKERS

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Site Mentor: Naomi Wolcott-MacCausland
CONFLICT OF INTEREST

I declare no relationships, funding, or circumstances that present a conflict of interest relevant to the content of this presentation.
INTRODUCTION

PROBLEM

Migrant farmworkers: marginalized & medically underserved population in U.S.

- Significant health disparities & barriers to healthcare access compared to others living in rural areas (Luque et al., 2012)

Barriers to healthcare access (Baker & Chapelle, 2012):

- Linguistic, geographic, and cultural isolation
- Lack of transportation
- Cost of care
- Fear of ICE due to immigration status
- Low knowledge regarding community and health-related services
- Low general literacy and health literacy
Health literacy:

“the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions”

(U.S. Department of Health and Human Services, 2000; (Prevention, 2016b).
HOW CAN WE ENHANCE HEALTH LITERACY?

Health Literacy Universal Precautions Toolkit (HLUPT) improves:

- Spoken communication
- Written communication
- Self management and empowerment
- Supportive systems

(AHRQ, 2017)
• Assess baseline health literacy and implement strategies to enhance health literacy using select tools from the HLUPT
• Enhance follow-up care provided to migrant workers through health outreach visits
ETHICAL CONSIDERATIONS

- Deemed “not research” by UVM IRB
- Possible participants advised that inclusion in intervention was voluntary and would not compromise or affect their care in any way
- Farmworkers treated with dignity and respect related to partnership with the project and any feedback provided
- Confidentiality maintained consistent with HIPAA standards
Health screening visit by MD and CHW → Referred to NP student for follow-up within two weeks → Contact workers via WhatsApp / phone → Referral back to CHW PRN → In-person or over-the-phone assessment and education → Semi-structured interview within one month

COMMUNITY HEALTH OUTREACH WORKFLOW
“Quiero estar segura de haber explicado todo claramente. ¿Me lo puede explicar así puedo estar segura de haberlo hecho?”

“We have gone over a lot of information. In your own words, can you please tell me what we have talked about?”

“Hemos repasado mucha información. En sus propias palabras, por favor revisa conmigo de lo que hablamos?”
TOOL 11: ASSESS, SELECT, AND CREATE EASY-TO-UNDERSTAND MATERIALS

APRENDER A DORMIR
Normas básicas de higiene del sueño

1. El consumo excesivo de nicotina y alcohol perjudica la calidad del sueño. Evita bebidas energéticas y cafeína, especialmente después de las 6:00 PM.

2. El ejercicio físico es muy recomendable, pero intenta no realizarlo las 3-4 horas previas a acostarse.

3. La cama es sólo para dormir. Si realizas otras actividades en ella (escuchar música, estar con el móvil) tu cerebro asociará la cama a actividad, lo que dificultará el sueño. Ve a la cama sólo cuando tengas sueño, y en ella haz sólo una cosa: DORMIR!

4. Terminar de cenar 2-3 horas antes de acostarse.

5. Horario regular de vigilia sueño.
Short Assessment of Health Literacy – Spanish and English (SAHL-S&E)

Descriptive statistics of assessment measures

Content analysis of semi-structured interviews with Bridges to Health staff and farmworkers
DEMOGRAPHICS

- **16** men, **1** woman
- 100% Mexican
- Median age: **33**
- Median income: **$31,850** for household of 5

Most common complaints:
- Derm
- GI
- Sleep
- Dental*
**KEY FINDINGS**

- **40%** of farmworkers tested demonstrated inadequate levels of health literacy.
- Most farmworkers reported barriers to adequate health care.
- Health literacy tools were well-received among this small pool of migrant farmworkers.
- Administrators found visits to be value-added to the farm health outreach program.
- HLUPT enhanced the ability to provide evidence-based patient education.
BARRIERS & LIMITATIONS

- Coordinating farm visits
- Developing chain of communication for further follow-up
- Cultural differences between farmworkers and researcher
- Comparing pre- and post-intervention data
- Social desirability response bias
## CONCLUSIONS

<table>
<thead>
<tr>
<th>Usefulness of work</th>
<th>Visits deemed valuable by workers and Bridges to Health administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainability</td>
<td>Unfunded position: contingent on highly motivated volunteer</td>
</tr>
<tr>
<td></td>
<td>Bridges to Health committed to sustain partnership</td>
</tr>
<tr>
<td>Potential for spread to other contexts limited</td>
<td>Context very specific to farmworker population and its relationship to Bridges to Health</td>
</tr>
</tbody>
</table>
Implementation of HLUPT to guide follow-up care was an effective means of conducting visits with migrant farmworkers.

Community outreach to migrant communities using the framework of health literacy helps strengthen ties to farmworker community and closes loop between health outreach visits and need for further follow-up.
NEXT STEPS

Creation of formalized internship position at Bridges to Health for nurse or nurse practitioner student to allow for continuation of services

Explore grant funding options to support position
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Further references available upon request