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Increasing Influenza Vaccination Access among Migrant Farmworkers on Dairy Farms in Northern Vermont

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Colchester Family Practice

October 2020

Mentor: Benjamin Clements, MD



The University of Vermont
LARNER COLLEGE OF MEDICINE

Problem Identification

- An immediate need exists to provide influenza vaccination to migrant workers on dairy farms in Northern Vermont as vaccination is not accessible to the farmworker population within the current framework that exists
- The importance of widespread distribution of the influenza vaccine, especially during the COVID-19 pandemic, has been established but significant barriers to access prevent the migrant farmworker population from receiving the vaccine
- Factors affecting access to the influenza vaccine:
 - Language barriers
 - Limited financial resources
 - Cultural barriers
 - Immigration status & fear of leaving the farm
 - Lack of transportation
 - Temporary employment and unfamiliarity with surroundings
 - Inadequate access to health services: lack of access to primary care & preventative health resources



Public Health Cost

- The confluence of SARS-CoV-2 and seasonal influenza this year could result in considerable morbidity and mortality, and has the potential to maximally stress our health system's capacity
- High vaccination coverage would reduce influenza-related mortality while preserving the health system's resources during circulation of the influenza virus and SARS-CoV-2
- Mitigation strategies to relieve stress on the hospital system are essential: widespread influenza vaccination can help relieve the burden on health care systems due to the expected patient inundation from influenza and COVID-19 this winter



Community Perspectives

Historically through Bridges to Health we have not been able to offer flu shots on the farms. This has generally been connected to restrictions around vaccine transportation and temperature tracking of vaccines. Clinicians have been hesitant to even consider on-farm clinics because of concern for vaccine monitoring as well as administration fees for application of the vaccines. Even this year where the general message is that everyone in Vermont has easy access to vaccines, we reached out to many clinics to explore on a county-wide level to have them collaborate with us to go onto farms and didn't get very far. Some of that was about clinic capacity to go onto the farm and some was about administration fees and clinics saying that they could do it but that they would charge a fee.

Prevention is not always a priority for the migrant farmworker population, and many have no access to bank accounts or credit cards so payment would have dissuaded the workers from getting a flu shot. The ability to collaborate with you was the only way that we were going to be able to offer flu shots on the farms. The understanding of the farmworker context from your team allowed this to happen.

Naomi Wolcott-MacCausland
Migrant Health Coordinator, Bridges to Health



As a community nurse, I care for all the people in the community regardless of their socioeconomic status, however, I worry about the most vulnerable members of the community not being able to access health services, either because of poverty, lack of access to health insurance, mobility issues, distrust due to misleading information or any other factor.

The immigrant dairy workers in Northern Vermont, in particular, are terrified of leaving the farms because of immigration patrols waiting for them at every turn, even in the parking lot of the Community Clinic, which in my view as a health care provider who believes in the universality of health care as a human right, is unconscionable.

During the pandemic, the CDC recommends the flu shots, especially to essential workers, and dairy farmworkers are deemed essential, to diminish the burden of respiratory infections which could worsen the outcome of a COVID infection. So, the on-farm flu clinics allow the workers access to protection against the flu, which otherwise they would not try to obtain, and diminishes the flu risk for the community at large.

The clinics also allow the health care providers to educate the population on how to minimize the risks of contagion of both influenza and COVID, and at the same time address concerns, built trust, answer questions, and even do some unrelated triage.

Nelly Aranibar-Salomon
UVMMC & UVM Extension

Intervention

- Partnership with the Vermont Vaccine Program and Bridges to Health allowed us to provide on-farm influenza vaccine clinics for migrant workers on dairy farms in Northern Vermont
- Designed and implemented on-farm clinics that followed Vermont Department of Health & CDC guidelines for off-site mobile vaccination clinics:
 - Provided patient education regarding the influenza virus and vaccine
 - Screened for contraindications and precautions
 - Prepared & administered vaccines
 - Distributed CDC Vaccine Information Sheets
 - Stored & transported vaccines between 2-8°C
 - Monitored & entered temperature data into hourly temperature log
 - Discussed COVID-19 prevention and symptoms with farmworkers
 - Recorded vaccination information in the Vermont Immunization Registry

LA VACUNA CONTRA: 2020 LA INFLUENZA
 VACCINE ADMINISTRATION RECORD: 2020 INFLUENZA

Nombre _____ Fecha de nacimiento _____ Edad _____
 (Name) (Date of birth) (Age)
 Dirección _____
 (Address)
 Numero de teléfono _____ Su médico de atención primaria _____
 (Phone number) (Name of primary care doctor)
 Temperatura: _____ Seguro medico? Si/No _____
 (Temperature) Health Insurance? Yes/No

Please answer the health questions below: Conteste las siguientes preguntas sobre la salud por favor:		Yes Si	No No	Don't know No se
1. Have you had any of the following symptoms in the last 14 days? 0 fever 0 cough 0 shortness of breath 0 fatigue 0 muscle pains 0 headache 0 new loss of taste or smell 0 sore throat 0 congestion or runny nose 0 nausea or vomiting 0 diarrhea ¿Ha tenido alguno de los siguientes síntomas en los últimos 14 días? o Fiebre o Tos o Falta de aire o dificultad para respirar o Fatiga o Dolor muscular o Dolor de cabeza o Pérdida reciente del gusto o el olfato o Garganta irritada o Congestión o moqueo o Náuseas o vómitos o Diarrea				
2. Have you had close contact with or cared for a person with confirmed or presumed COVID-19 in the last 14 days? ¿Ha tenido contacto cercano con casos COVID-19 confirmados o sospechosos en los últimos 14 días?				
3. Have you tested positive for COVID in the last 14 days? ¿Ha recibido un resultado positivo del COVID-19 en los últimos 14 días?				
4. Are you sick today? ¿Esta enferma hoy?				
5. Are you allergic to anything including any food, any vaccine, any vaccine component, eggs or latex? ¿Es alérgica a algún tipo de comida, vacuna, componente de una vacuna, huevos o productos hechos de huevos o látex?				
6. Have you ever had a serious reaction after receiving a vaccination? ¿Tuvo alguna vez una reacción seria después de recibir una vacuna?				
7. Do you have a history of Guillain-Barre Syndrome or a bone marrow transplant in the past 12 months? ¿Tuvo alguna vez el síndrome de Guillain-Barre o un trasplante de médula ósea en los últimos 12 meses?				

He leído o alguien me ha explicado la información en la hoja titulada **VACUNA DESACTIVADA CONTRA LA INFLUENZA: LO QUE USTED NECESITA SABER**. He tenido la oportunidad de hacer preguntas y he recibido respuestas satisfactorias. Entiendo los beneficios y los riesgos de la vacuna contra la influenza y pido que yo la reciba o que la persona nombrada más abajo, por la que estoy autorizado/a a solicitar esta vacuna la reciba.

I have read or have had explained to me the information on the **INFLUENZA VACCINE: WHAT YOU NEED TO KNOW SHEET**. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and ask that it be given to me or the person named below for whom I am authorized to make this request.

It is suggested that anyone getting a vaccine stay for 15 minutes after getting vaccinated before leaving. Se sugiere que cualquier persona que recibe una vacuna espere 15 minutos después de vacunarse antes de salir

Fecha _____ Nombre escrito _____
 (Date) (Print Name)
 Firma del paciente _____ Firma del tutor legal _____
 (Patient signature) (Guardian signature)

OFFICE USE ONLY Record of Immunization							
Clinic Location: _____							
Date influenza vaccine administered: _____ Nurse/Provider administering vaccine: _____							
Signature and Title of Vaccine Administrator: _____							
Vaccine	Manf	Lot#	Exp date	Dose	IM	Right deltoid Left deltoid	VIS Pub date
				0.5 ml		<input checked="" type="radio"/> <input type="radio"/>	8.15.19

Created by Naomi Wolcott-MacCausland

Results

- This project has expanded influenza vaccination coverage among Latin American migrant farmworkers in Franklin County:
 - 48 farmworkers on 12 dairy farms in Northern Vermont have received the influenza vaccine
 - On-farm influenza vaccination clinic sites: Swanton, Enosburg Falls, Highgate & Sheldon
 - Goal is to provide influenza vaccination for 300 migrant farmworkers this fall



Effectiveness

- On-farm influenza vaccination clinics have provided vaccines for migrant workers on dairy farms in Northern Vermont who face significant barriers to vaccination access within the current health system framework

Limitations

- Our team's capacity to reach larger numbers of farmworkers was limited by time constraints and availability of farmworkers and health providers



Future Intervention

- Continue to expand influenza vaccination coverage among migrant farmworkers with the help of a grant from the AHS-VDH Immunization Program to continue on-farm vaccination clinics
- Future outreach considerations to address health disparities among migrant farmworkers by providing comprehensive medical care for migrant farmworkers through mobile clinics:
 - Expand vaccination coverage to include Tdap
 - Offer medical and mental health screening for hypertension, diabetes, and depression
 - Provide preventative health education
 - Offer dental care through mobile clinics
 - Provide eye exams and vision screening



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Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented: yes

Name: Naomi Wolcott-MacCausland

Name: Nelly Aranibar-Salomon

Did NOT Consent _____

Name: _____

Name: _____