



# 2019 EAST COAST MIGRANT STREAM FORUM

Access to Specialty Care for  
Agricultural Workers Through  
Innovative Partnerships

A stylized, light-colored illustration of a plant with several leaves and a cluster of small, round buds or flowers, positioned on the left side of the page against a dark brown background.

BAYSTATE BRIGHTWOOD  
HEALTH CENTER,  
SPRINGFIELD  
MASSACHUSETTS

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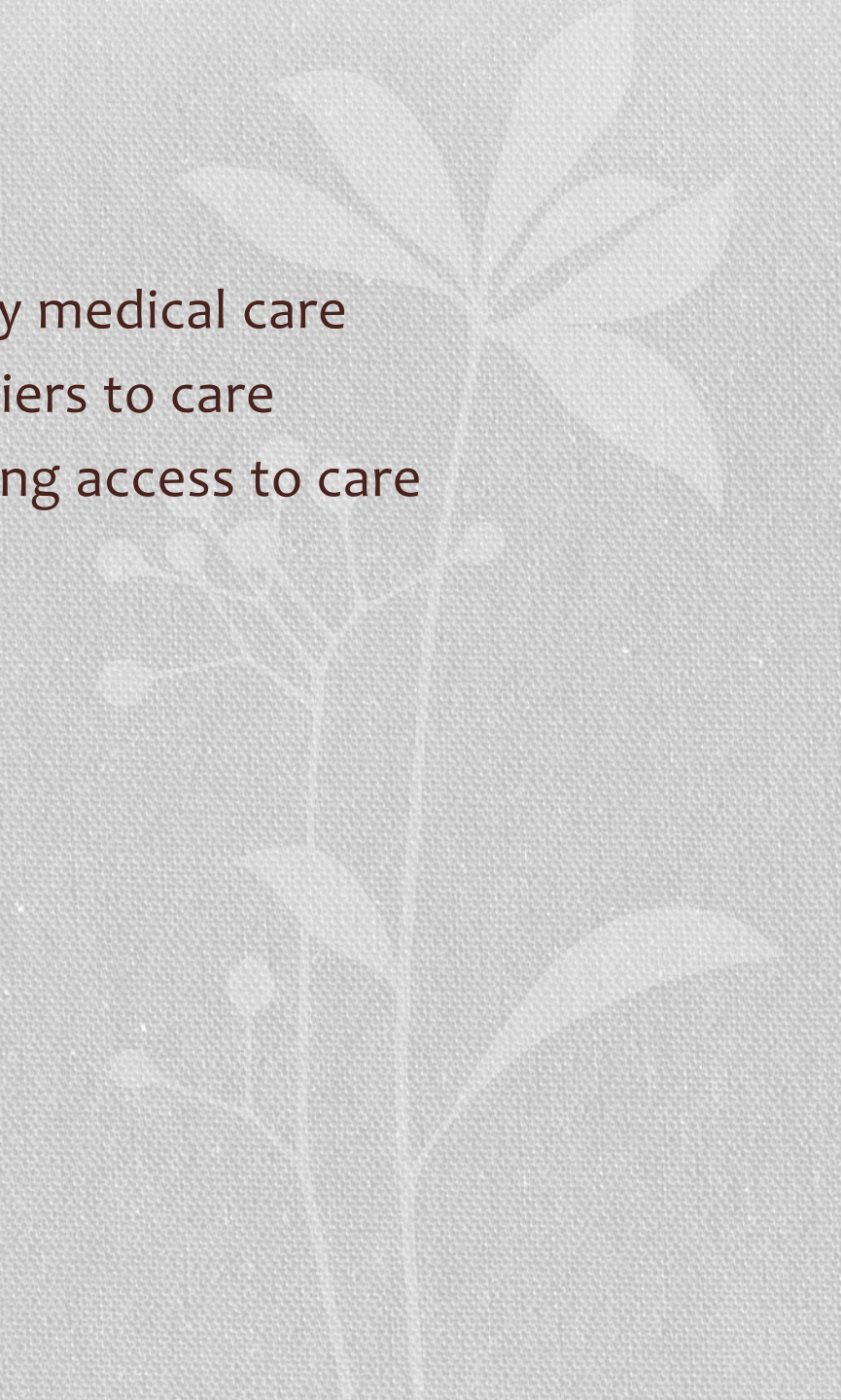
Luis Santiago, Outreach CHW

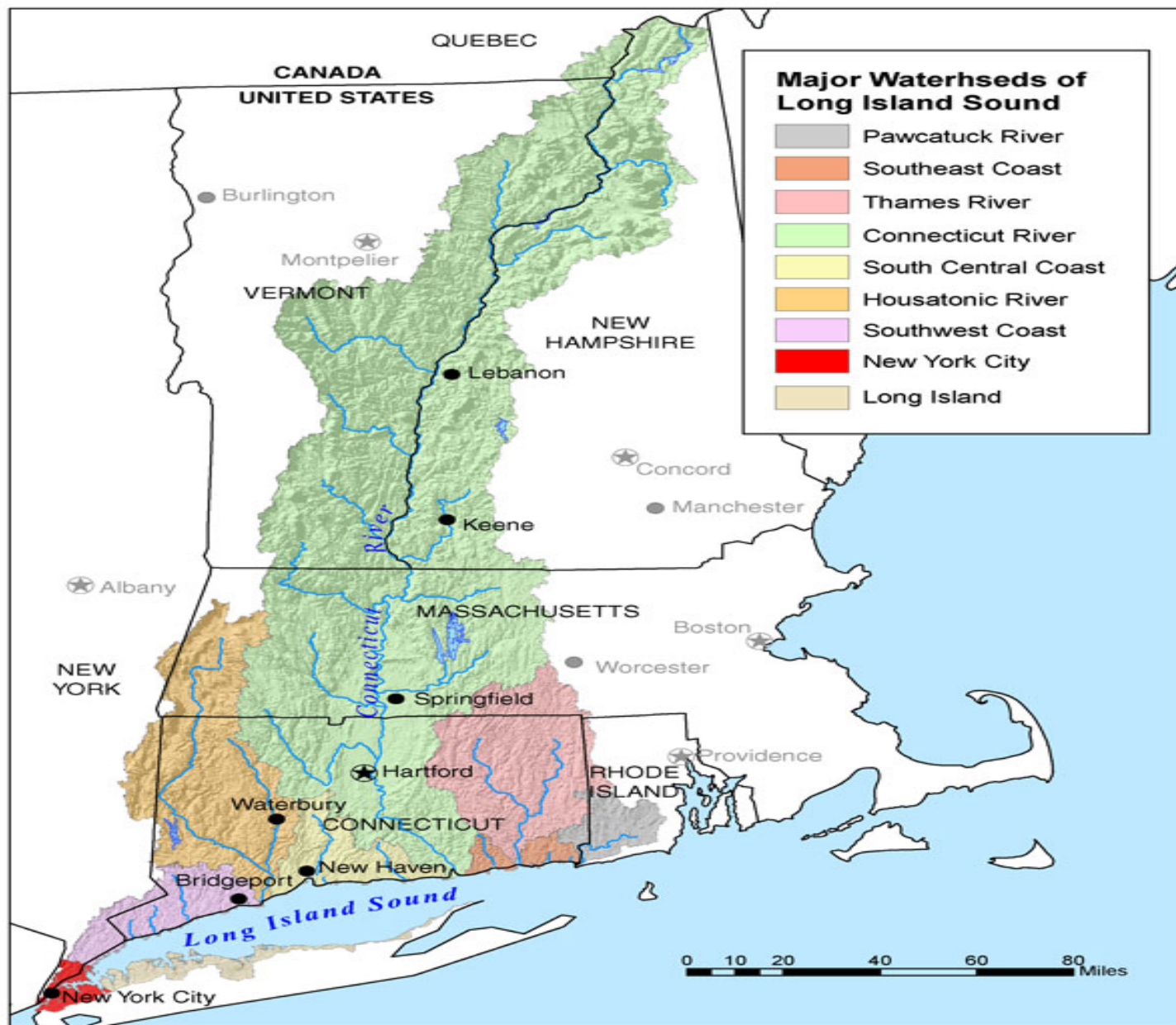
# Disclosure: Downstream intervention

- “Simply accommodating people in systems that were never designed for their survival is inherently inequitable. We must understand how things got this way and explicitly address the systemic imbalance of power and advantage in our approaches to health equity.”
- Baril N. When “upstream public health efforts fall short. Human impact Partners. February 15, 2019 ([https://medium.com/@HumanImpact\\_HIP/when-upstreampublic-health-efforts-fall-short-3297dca3c47](https://medium.com/@HumanImpact_HIP/when-upstreampublic-health-efforts-fall-short-3297dca3c47))

# Session Objectives

- Name 3 barriers to accessing specialty medical care
- Identify 3 solutions to overcome barriers to care
- Develop 3 strategies to sustain ongoing access to care
  
- But first a little history!





# Farm work in the lower Connecticut River Valley



Shade tobacco, fruits and vegetables.

Early years:

1970s: local community workers (Puerto Rico)

1980s: Workers with H2A visas, Jamaicans

1990s: NAFTA: Mexicans and Guatemalans with H2A visas

# Raising awareness and support: mid 1990s

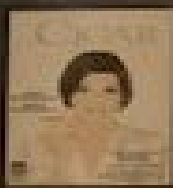
- Legal aid made aware of plight of workers (wage theft/farm owner sponsored medical care)
- Farmworkers beginning to present at the health center for care
- Community medicine track resident identified farmworker health issues as his official project 1994

**Target Area**



Target Area in Western Massachusetts, including Franklin County, Hampden County, and Hampshire County. The area is a total of 1,100 square miles.

The Western Campus of Tufts University School of Public Health

**Industry**

The industry is the health care industry, which is the largest industry in the state. It is a highly competitive industry with a high level of technological advancement. The industry is also a highly regulated industry, with a high level of oversight by the state and federal governments.

**New York Times**

In the article, the author discusses the challenges of providing health care to a diverse population. The author also discusses the importance of community health and the role of the health care industry in addressing these challenges.

While the industry of a government is important, it is not the only industry that is important. The industry of a government is important because it is the industry that provides the services that are necessary for the functioning of a society. The industry of a government is also important because it is the industry that is responsible for the well-being of the citizens of a country.

# Model for Outreach Based Migrant Health Services in Western Massachusetts

**Background**

Western Massachusetts is a region of high poverty and high unemployment. The region is also home to a large population of migrant workers. The region is also home to a large population of people who are at risk of becoming migrant workers. The region is also home to a large population of people who are at risk of becoming migrant workers.

**and Methods**

The study was conducted in Western Massachusetts. The study was conducted in Western Massachusetts. The study was conducted in Western Massachusetts. The study was conducted in Western Massachusetts.

**Results of Needs Assessment**

The results of the needs assessment are as follows: 1. There is a high level of poverty and unemployment in the region. 2. There is a large population of migrant workers in the region. 3. There is a large population of people who are at risk of becoming migrant workers in the region. 4. There is a large population of people who are at risk of becoming migrant workers in the region.

**Outreach Model**

The outreach model is a model that provides health care to migrant workers in their homes. The outreach model is a model that provides health care to migrant workers in their homes. The outreach model is a model that provides health care to migrant workers in their homes.

**Problems**

The problems that are associated with the outreach model are as follows: 1. There is a high level of poverty and unemployment in the region. 2. There is a large population of migrant workers in the region. 3. There is a large population of people who are at risk of becoming migrant workers in the region. 4. There is a large population of people who are at risk of becoming migrant workers in the region.

**Conclusions**

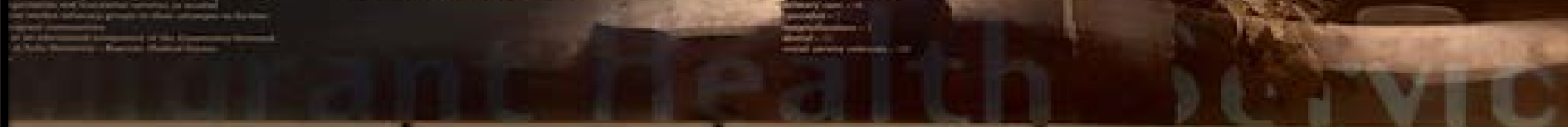
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# Activism yields results

- Doctoral student wrote thesis on the working conditions and health issues being faced by the agricultural workers in the Connecticut River Valley
- Mass League became aware through this work and responded by identifying project funding through Health Resources and Services Administration (HRSA) to support migrant and seasonal worker care through a network of health centers (coalition of western Ma and northern CT sites)
- Official Farmworker grant began 1997

# Connecticut River Valley Farmworker's Health Program

- Program of Mass League of Community Health Centers:  
Serves seasonal and migrant agricultural workers and their dependents who do not otherwise have health coverage
- Since **1997** Brightwood has contracted with the program, sending a clinical team including physicians, Nurses, Medical Assistants and Outreach Workers to area farms as well as seeing patients in the clinic.

# What is covered/what is not?

Covered Services	Non-Covered Services
General primary medical care including, immunizations, well child services, vision, screenings, voluntary family planning	Hospitalization or other inpatient services, eye glasses, contact lenses
Diagnostic Laboratory, diagnostic X-ray	
Gynecological care including, Obstetrical Care (Prenatal Care), Intrapartum Care (Labor & Delivery), Postpartum Care	Deliveries (births), [U] abortion [J]
Eligibility Assistance, Health Education, Outreach, Transportation, Translation	
Case Management	
Pharmaceutical services ≤ \$200	Pharmaceutical Services <sup>3</sup> \$200 without prior approval
Specialty Care ≤ \$500, including Optometry, Nutrition, etc. as specified in the RFP	Specialty Care <sup>3</sup> \$500 without prior approval
Preventive dental care including, restorative, emergency, diagnostic, endodontic, periodontic, exodontic	Prosthodontic, implant or orthodontic dental services
Behavioral Health, Substance Use Disorder services	In-patient treatment / hospitalization
Coverage for Medical Emergencies During and After Hours	Ambulance services, emergency room services

# Expansion of care: Farm based care to community based health care

- In 2007 The Pioneer Valley Project\*\* was providing food during the winter time and identified that many of their families had not seen a doctor in years.
- The Cliniquita Program was born in the basement of a Spanish Catholic Church in the North End in December, 2007.
- From Church moved to Brightwood to serve immigrants and farmworkers on Tuesday Evenings to meet the needs of Farmworker hours.
- Cliniquita consolidated medical, legal and social work services to be available this evening

\*\* Pioneer Valley Project (Grassroots organization of “people, congregations, unions and others in Springfield building community and power for justice and the common good”)

# Brightwood Health Center's Cliniquita: reaching out to expand access

- Pioneer Valley Project began passing out flyers at tiendas (stores) and soccer games announcing the availability of free medical care
- Began seeing 75-100 patients per month at the clinic, with 25 new patients/month.
- Majority men, but many women as well. Increasingly families with citizen children.

# Cliniquita: Major Health Issues

- Lack of primary health care: immunizations, Pap smears, Tuberculosis screening and treatment.
- Musculoskeletal problems from strain of work or industrial accidents.
- Chronic disease: diabetes, hypertension, asthma
- Mental health: Anxiety, depression and post traumatic stress disorder
- Eye disease from sun and dust exposure.
- Many of these conditions require specialty care

## Pterygium

Vessels and tissue have grown from the conjunctiva over the edge of the cornea



## 2007-2015: Population needing care expands

- Workers settle and obtain employment in other low wage, “secondary” sector labor market, no longer working under H2A visa or covered by grant.
- Only coverage is Mass Health Limited: Available to those who meet the income rules for Mass Health Standard but have an immigration status that keeps them from getting MH Standard. MH limited covers emergency care only
- Non-FQHC health center: 1000 out of 8400 patients at Brightwood have MH limited only



# Barriers and Solutions to Gaps in Specialty Care

Barrier

Solution

Cost

Creative fundraising/partnerships

Operational Challenges

Never take “no” for an answer

Misaligned model

Trust/Consistency

# #1 Barrier to Care: Cost

- MH Limited: Brightwood Health center has 8400 patients, around 1000 with MH limited only (mostly from Mexico and Guatemala). Covered for emergency care only
- Farmworker: Not all specialties available within hospital system (notably Renal and Dermatology). Community specialists want payment upfront

# Strategy #1: Partners in Care

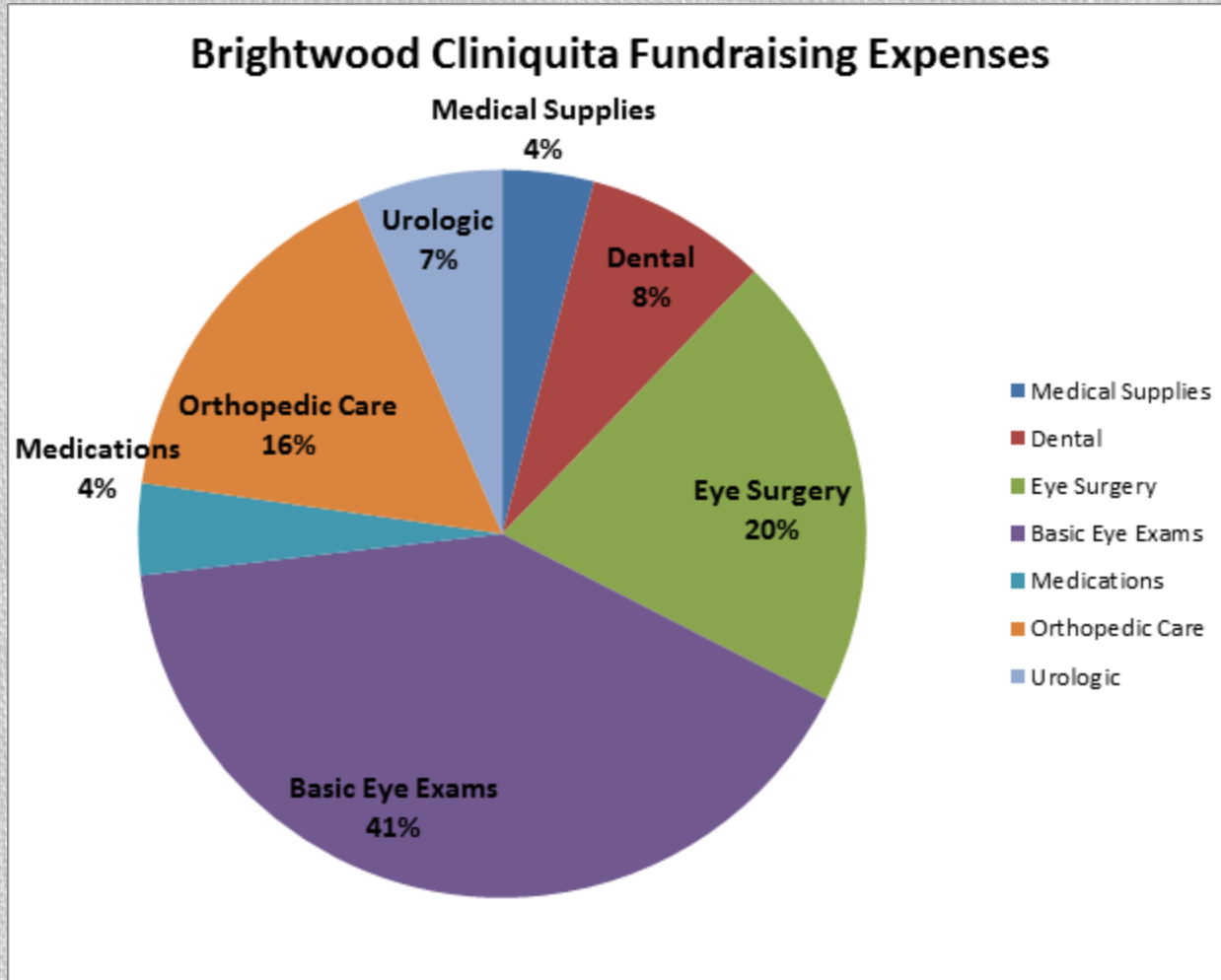
- Direct appeal (door to door) to specialists in the community who reduced their rates remarkably
- No change in rates since negotiated back in 2007

# Solution #1: Finding funds

- **Fundraising!** : Typically \$25,000/year



# Summary of funding utilization



## #2 Barrier to Care: Operational challenges

- Intra-organizational Processes
- Within organization, centralization of scheduling (2016) and lack of understanding of Farmworker's coverage created a barrier in obtaining appointments within the specialties

## Solution #2:

### Upper leadership/Administrative Buy In

- From 1997 through 2015 no significant issue with securing appointments with specialty practices within the organization (both for those covered by “farmworker” funds and MH limited)
- Beginning in 2015, random who would be denied specialty appointment and who would not within Baystate
- Persistence in finding the “no”
- Caseworker follows and tracks referrals

### #3 Barrier to care: Mismatch between current medical system and one designed to resolve disparities

- Appointment secured but trust and logistics often result in individual missing appointment
- Patient leaves specialist appointment without having concerns or questions adequately addressed.



### Solution #3

Luis Santiago,  
Outreach CHW  
with his  
wheels



# of unduplicated contacts enrolled in affordable insurance coverage: 21

**2018 MONTHLY OUTREACH CONTACT SHEET**

Agency: BHC

Report Dates of Service: Jan th

Completed By:

estimated # of unduplicated contacts seen for the 1st time ever: 255 **37%**  
 estimated # of unduplicated contacts seen for the 1st time in 2018: 687

# of primary care patients this month: 745  
 # of dental patients this month: 62

# of unduplicated contacts assisted with O/E: 157  
 # of unduplicated contacts assisted with insurance application submission: 0

# of primary care visits this month: 774  
 # of dental visits this month: 14

Enabling Service	Contact Type	Location Type	Patients						Total
			<1	1-12	13-17	18-44	45-64	65+	
Eligibility assistance	Registered MSFWs into CRVFHP ( <u>unduplicated Eligibility Apps</u> )		21	242	106	481	88	2	940
Eligibility assistance	Assistance in securing access to available health, social service, pharmacy and other assistance		18	33	56	152	52	0	311
Outreach	Case finding, education or other services to facilitate access / referral		7	30	24	64	5	0	130
Patient Health Education	Personal assistance provided to promote health and healthy behaviors (to be detailed on p2 of Contact Sheet)		0	0	0	98	0	0	98
translation/ Interpretation	Translation (number of times used as a translator)		49	263	203	845	154	3	1517
transportation	Transportation (each one way trip for each person)		1	22	1	53	36	0	113
Case Management	Health agency referral (health center, health dept, specialist, etc.)		1	10	2	107	12	0	132
Case Management	Pregnancy related referral (family planning, pregnancy test, prenatal, post natal)		0	0	0	89	0	0	89
Case Management	Referrals received from health / social service organizations		2	38	3	0	0	0	43
Case Management	Follow-up / case management		0	1	0	49	17	0	67
	Other (please specify):		0	0	0	0	0	0	0
<b>Total:</b>			99	639	395	1938	364	5	3440

Health Center/Organization	2017 Contacts	2018 Contacts	Difference
Baystate Brightwood HC	3,079	3,440	361

# Sustainability: whole stream efforts

- 1. Keeping open communication with partners/home organization:
  - Routine updates to leadership
  - Fundraising events (balance between raising awareness and unnecessary exposure)
  -
- 2. Networking and research:
  - ❑ Presence of pioneer valley worker organization on site
  - ❑ Saturday am PVW hosts a community forum for seeking input from individuals within the immigrant community
  - ❑ Doctoral dissertation underway exploring experiences of women who are recent immigrants from Mexico/Central America and intersection of family/work/socioeconomic forces
- 3. Advocacy:
  - Health center: Know your rights/ICE protocol/safe transportation
  - Local/State: advocating for access to driver's license
  - City: Victims of crime: Springfield Language ordinance: 5/20/2011:
    - "The Dispatch Director shall facilitate the development of protocol and procedures for language access to public safety services, including the Police Department, Fire Department, EMS provider, and Emergency Dispatch Center. Such protocol and procedures shall be included in a language access plan for the limited English proficient (LEP) public during 9-1-1 calls, emergency situations in the field, "walk-in" emergencies, and nonemergency situations while accessing public safety services in the City.



BRIGHTWOOD HEALTH CENTER / CENTRO DE SALUD  
**NATIONAL HEALTH CENTER WEEK**  
AUGUST 4-10, 2019  
AMERICA'S HEALTH CENTERS. ROOTED IN COMMUNITIES.  
Baystate Health  ADVANCING CARE. SUSTAINING LIVES.

**BENJAMIN RAMOS**  
BUILDING 1998

 Baystate Brightwood  
Health Center  
Centro de Salud

Questions?