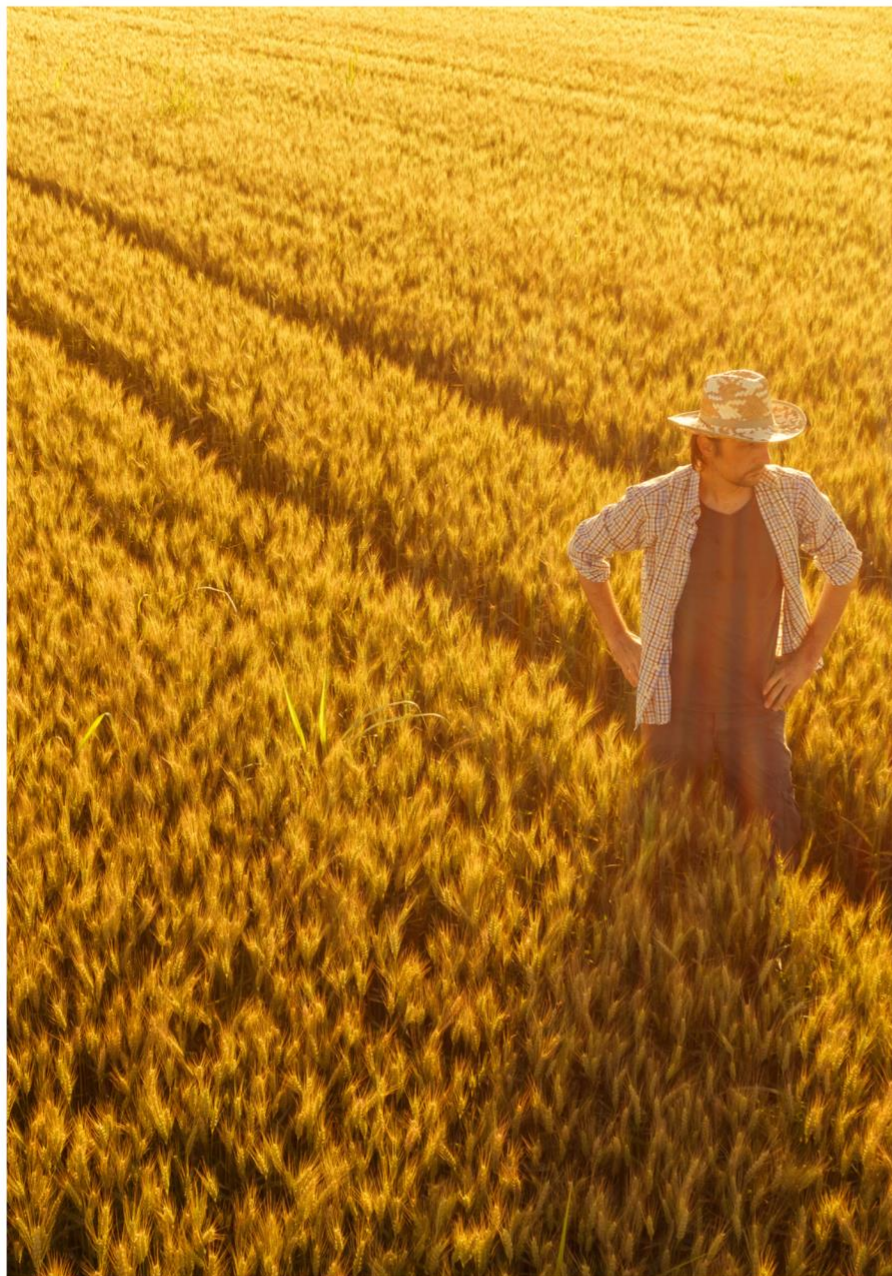


Georgia Farmworker Health Program

Health Services Needs Assessment



2022

Left Intentionally Blank

Assessment of the Need for Health Services among Farmworkers in Georgia

Georgia Farmworker Health Program
State Office of Rural Health
Georgia Department of Community Health

Prepared by
Ashley Walker, PhD, CHES
Bettye A. Apenteng, PhD
Charles Owens, MSc
Angela Peden, MPH

Jiann-Ping Hsu College of Public Health
Georgia Southern University



Jiann-Ping Hsu College of Public Health

Left Intentionally Blank

Contents

TABLE OF FIGURES	7
TABLES.....	8
Executive Summary	9
Approach	10
PURPOSE	10
METHODOLOGY	10
Findings	12
CHARACTERISTICS OF THE GEORGIA FARMWORKER POPULATION	12
Demographic Characteristics of Farmworkers	13
Socioeconomic and Cultural Characteristics.....	13
Employment Characteristics.....	13
Health Status and Access.....	14
Migrant Clinics in Georgia.....	15
<i>Map 3. Clinic Sites</i>	15
CHARACTERISTICS OF PATIENTS SERVED IN MIGRANT HEALTH CLINICS IN GEORGIA ..	16
Clinic Census	16
Sex	16
Age	17
Race.....	19
Income.....	20
Worker Classification.....	21
Health Insurance.....	22
Language.....	22
HEALTH SERVICES UTILIZATION IN MIGRANT HEALTH CLINICS IN GEORGIA.....	23
Services.....	23
Staffing.....	26
DIAGNOSES AND CLINICAL OUTCOMES OF FARMWORKERS SEEN AT CLINIC SITES.....	29
Common Diagnoses	29
Clinical Outcomes.....	31
Clinical Measures	31

FARMWORKER ACCESS TO HEALTH SERVICES.....33
 Input From Clinics33
Recommendations.....36

TABLE OF FIGURES

Figure 1. Sex Distribution of Patients, 2018-2021	16
Figure 2. Sex Distribution of Patients: Georgia and National Comparison, 2018-2020.....	16
Figure 3. Age Distribution of Patients, 2018-2021	17
Figure 4. Age Distribution of Patients, 2018-2021: Females.....	17
Figure 5. Age Distribution of Patients, 2018-2021: Males.....	18
Figure 6. Age Distribution of Patients: Georgia and National Comparison, 2018-2020.....	18
Figure 7. Race/Ethnicity Distribution of Patients with Known Race/Ethnicity, 2018-2021	19
Figure 8. Race/Ethnicity Distribution of Patients: Georgia and National Comparison, 2018-2020	19
Figure 9. Income Distribution of Patients with Known Income, 2018-2021	20
Figure 10. Income Distribution of Patients with Known Income: Georgia and National Comparison, 2018-2020	20
Figure 11. Worker Classification, 2018-2021	21
Figure 12. Worker Classification: Georgia and National Comparison, 2018-2020.....	21
Figure 13. Best Served in a Language Other than English, 2018-2021	22
Figure 14. Best Served in a Language Other than English: Georgia and National Comparison, 2018-2020	22
Figure 15. Types of Service Provided, 2018-2021	25
Figure 16. Types of Services Provided: Georgia and National Comparison, 2018-2020	25
Figure 17. Staffing Trends, 2018-2021	28
Figure 18. Medical Visits by Provider: Georgia and National Comparison: 2018-2020.....	28

TABLES

<i>Table 1. Types of Services Provided</i>	<i>23</i>
<i>Table 2. Number of Visits by Service</i>	<i>24</i>
<i>Table 3. Staffing.....</i>	<i>27</i>
<i>Table 4. Selected Diagnoses</i>	<i>30</i>
<i>Table 5. Selected Clinical Outcomes.....</i>	<i>31</i>
<i>Table 6. Selected Clinical Measures.....</i>	<i>32</i>

Executive Summary

Background and Approach

The Center for Public Health Practice and Research (CPHPR) with the Jiann-Ping Hsu College of Public Health at Georgia Southern University, in conjunction with the State Office of Rural Health (SORH) and the six Georgia Farmworker Health Program (GHFP) sites completed the 2022 assessment of needs of the Georgia farmworker population.

The assessment includes an enumeration of farmworkers in the state, a demographic description of those served by the six GHFP sites, a description of most frequent diagnosis for the farmworkers and their dependents, an assessment of the health services provided to farmworker population, and recommendations to improving access to care and services provided.

Key Findings

- Patients seen at the migrant health clinics in Georgia are predominantly low-income, non-English speaking and uninsured Hispanic male migrant farmworkers.
- Clinic visits declined significantly in 2020 and 2021 following the onset of the COVID-19 pandemic.
- The pandemic resulted in a decline in clinic utilization, productivity, and performance in quality measures.
- Despite an overall decline in the number of visits for medical services, patients with chronic conditions who utilized services during this period recorded more medical visits on average.

Recommendations

It is recommended that the GFHP and service sites pursue the following strategies to improve delivery of needed health services within the service area:

- Increase number of trained, bilingual staff at each of the clinics.
- Create public relation opportunities to highlight the importance of migrant farmworker care.
- Expand professional development and incentive opportunities for all clinic staff.
- Review voucher services criteria and eligibility to ensure more services are covered.

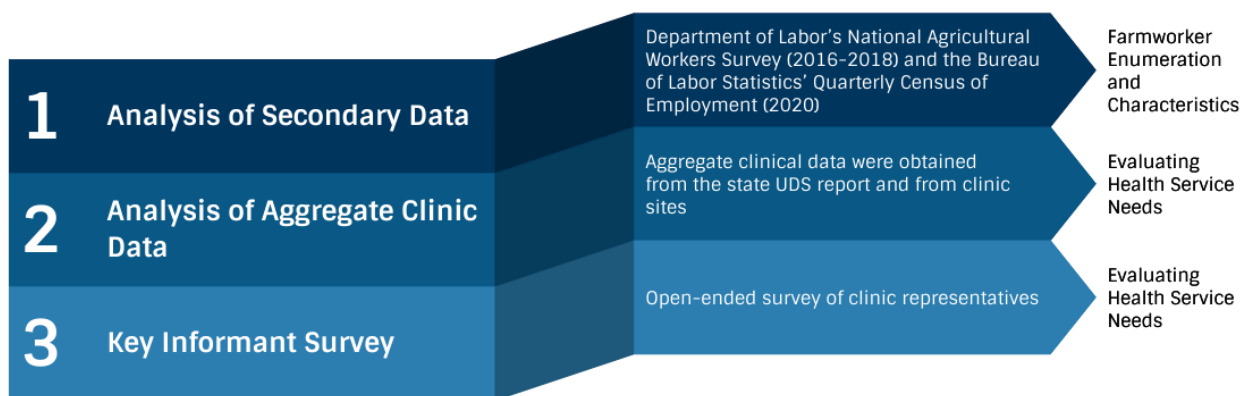
Approach

PURPOSE

The purpose of this study was to assess the need for health services among farmworkers in Georgia. The findings would assist the Georgia Farmworker program in health services planning and improvement efforts.

METHODOLOGY

A mixed methods approach was used for the study, which included the analysis of qualitative secondary data and qualitative data from an open-ended survey of GFHP clinic sites.



Secondary Data Analysis. Data were obtained from the 2016-2018 Department of Labor's National Agricultural Workers Survey and 2020 data from the Bureau of Labor Statistics' Quarterly Census of Employment and Wages. Together, these data were used to estimate the number of farmworkers and dependents in Georgia (following a methodology previously described).^{1 2} The National Agricultural Workers Survey was also used to describe characteristics of farmworker populations in the region.

¹ Abernathy, L (2010). The Need for Farmworker Housing in Florida. Retrieved on July 11, 2017, from http://www.shimberg.ufl.edu/publications/RMS_FW_w_cover.pdf

² Georgia State Office of Rural Health (2017). Assessment of the Need for Health Services among Farmworkers in Georgia.

Analysis of Aggregate Clinic Data. Aggregate clinical data were obtained from the state Uniform Data System (UDS) report for 2016-2018. Each farmworker clinic also provided aggregate clinical information to help the researchers complete any gaps.

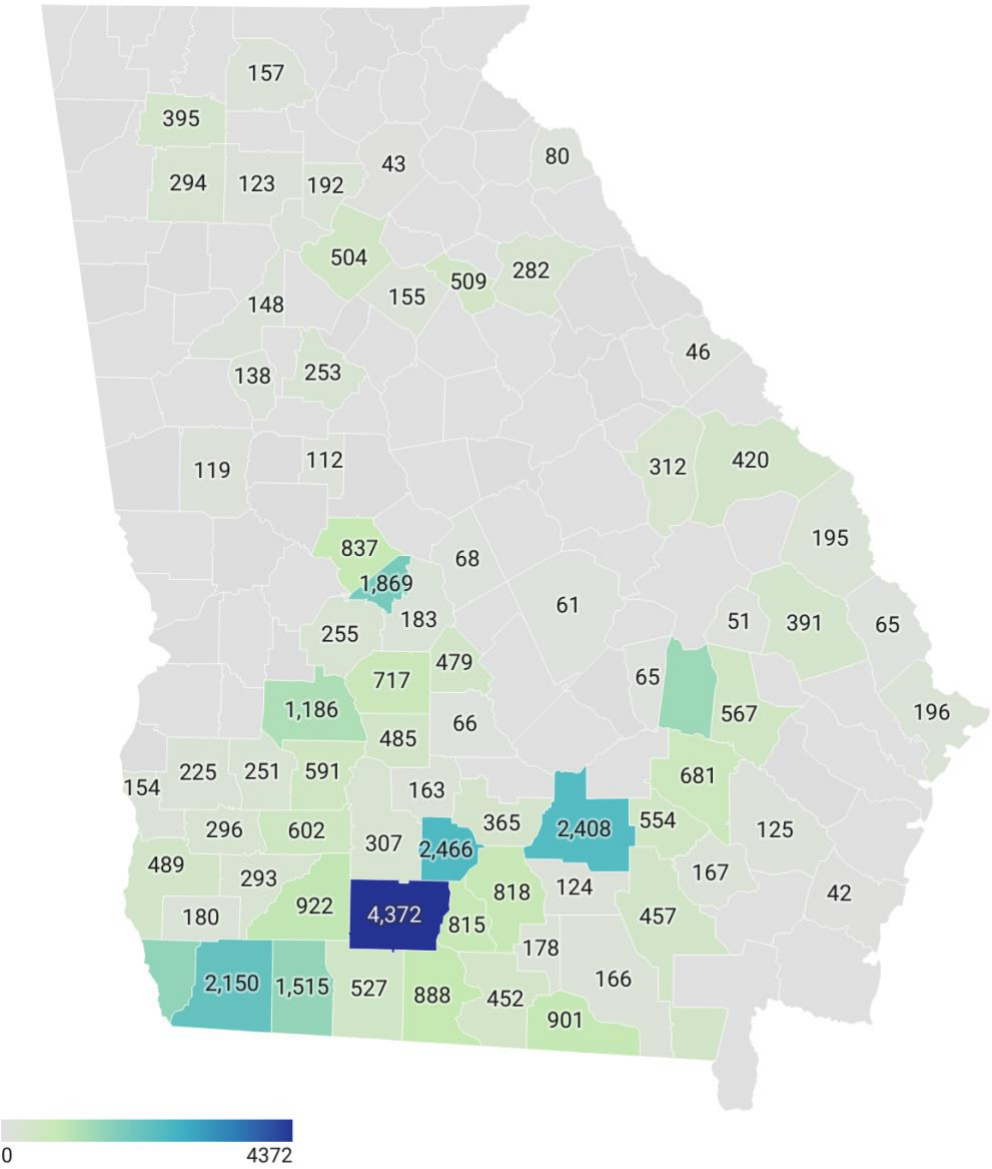
Survey of GFHP Clinic Sites. Qualitative data were obtained through an open-ended survey of clinic sites. Each site identified at least one representative to participate in the survey. A total of 6 clinic staff, representing each of the clinics, participated in the survey. A review of the open-ended responses was conducted to identify common themes. All findings from this assessment are reported by state level and not by site to protect the confidentiality of the site representatives.

Findings

CHARACTERISTICS OF THE GEORGIA FARMWORKER POPULATION

In 2020, there were an estimated 39,610 seasonal and migrant farmworkers in Georgia. This represented a 5% decline from reported 2018 estimates. There were an estimated 48,973 dependents in 2020.

Map 1. Farmworker Estimates by County: 2020



Created with Datawrapper

Demographic Characteristics of Farmworkers

State-specific demographic and socioeconomic data on the farmworker population is sparse. However, data from the 2016-2018 National Agricultural Workers Survey indicates that the 66% of farmworkers in the Southeast Region of the country (which includes Georgia), are male with an average age of 39 years. Most are married (55%) and are parents (55%). Two out of three farmworkers in the region are Hispanic. In terms of race, the breakdown is as follows: 29% White, 14% Black/African American and 57% other race. Foreign-born individuals make up the majority of farmworkers in the Southeast region (61%). One out of two farmworkers (50%) in the Southeast were born in Mexico.

Socioeconomic and Cultural Characteristics

According to the 2016-2018 NAWS, two out of three farmworkers in the Southeast region (64%) have less than a 12th-grade education, and a third (30%) have family incomes below the poverty level. Approximately a quarter (22%) do not speak English at all; only 45% speak English well.

Employment Characteristics

According to the 2016-2018 NAWS, farmworkers in the Southeast Region have been employed in the US agricultural industry for an average of 15 years and have worked with their current employer for an average of 6 years. Most (98%) are employed by growers, and the rest (2%) are employed by contractors. On average, they work 45 hours a week and 37 weeks in a year. A little over half (53%) engage in field work; 40% work in nurseries; 5% in packing houses and 2% engage in other farm-related activities.

Migrant workers made up 12% of the farmworker population in the Southeast Region; 88% of workers were seasonal workers. Accompanied farmworkers (i.e., farmworkers living with a spouse, children, or parents, or minor farmworkers living with their siblings) made up 42% and 67% of the migrant and seasonal farmworker populations, respectively.

Health Status and Access

Health Care Needs. Approximately three out of ten farmworkers (28%) from the Southeast region who completed the NAWS reported having at least one chronic condition. Compared to migrant farmworkers, seasonal farmworkers were more likely to report unfavorable health outcomes. Migrant farmworkers were less likely to report a chronic condition compared to seasonal farmworkers (17% vs. 30%). The most common chronic condition reported was high blood pressure (9% overall; 9% among seasonal vs. 6% among migrant farmworkers), followed by diabetes. Eight percent reported having diabetes (8% among seasonal vs. 7% among migrant farmworkers).

Health Care Utilization. Over half (61%) of farmworkers in the Southeast region reported that they had used healthcare in the US within the last two years. Among those using healthcare services in the US, most had sought care at private physician offices (46%), community health centers or migrant clinics (33%), dental clinics (9%), hospitals (9%), emergency rooms (2%) or other health care services (1%). Compared to seasonal farmworkers, migrant farmworkers were more likely to seek care at community health centers/migrant health clinics (32% (seasonal) versus 37% (migrant)) and less likely to seek care at private medical doctor's offices (48% (seasonal) versus 36% (migrant)).

Health Insurance Coverage. About a third of farmworkers in the Southeast surveyed in the 2016-2018 NAWS (32%) reported that they had health insurance for themselves. Seasonal farmworkers were more likely to report having health insurance for themselves, compared to migrant workers (35% (seasonal) versus 12% (migrant)). More than a third of all surveyed Southeast farmworkers (40%) reported that they paid out of pocket for their most recent health services visit. A higher proportion of migrant farmworkers (70%) reported paying out of pocket for care, compared to seasonal workers (35%).

Barriers to Health Care Access. Among those needing healthcare services, the most cited barriers to healthcare access included cost (28% of farmworkers in Southeast region identified it as a barrier to healthcare access; 26% seasonal vs.

Notably, barriers to healthcare access tend to be more pronounced for migrant farmworkers than for seasonal farmworkers.

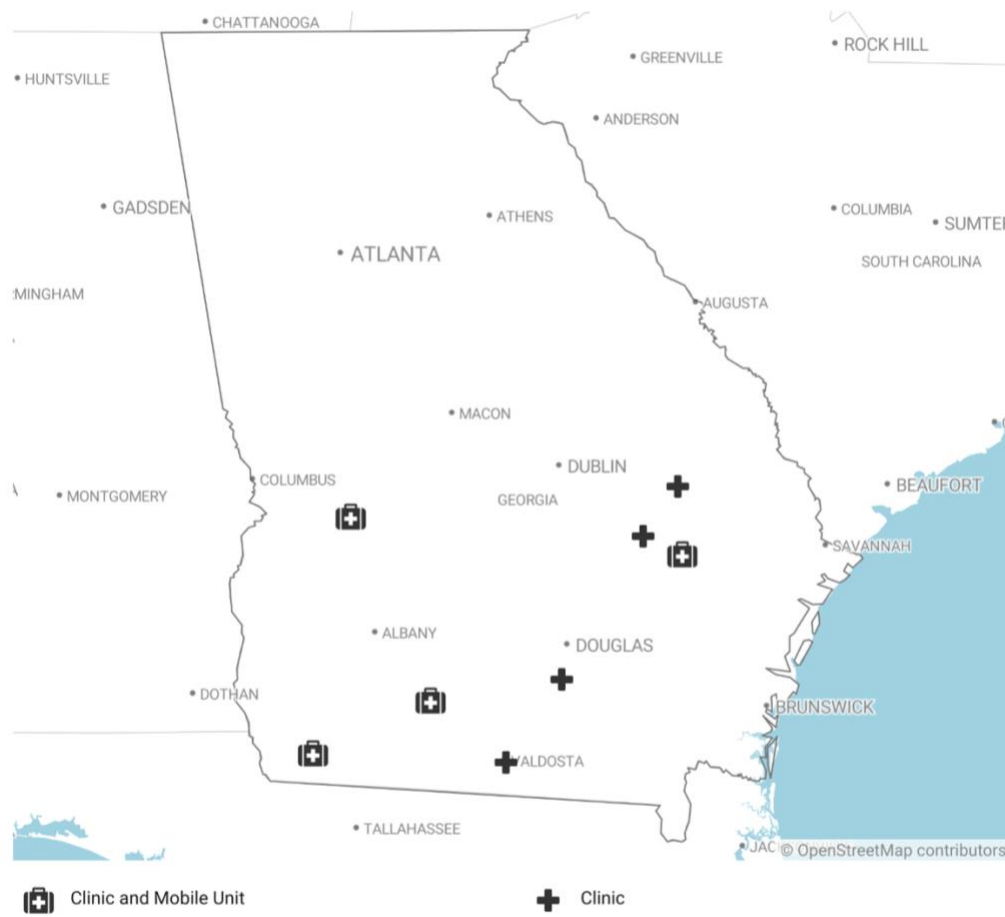
41% migrant); language (3% overall; 1% seasonal vs. 14% migrant) and transportation (1% overall; 1% seasonal vs. 3% migrant).

Collectively these findings are similar to those previously reported from the 2013-2016 NAWS and also corroborate findings from previous studies on the migrant farm worker population.

Migrant Clinics in Georgia

There are six federally funded migrant clinics under the Georgia Farmworker Health Program serving farmworkers in Georgia. They are in Atkinson, Colquitt, Decatur, Lowndes, Schley, and Tattnall Counties and serve a combined 21 counties. Maps 1 shows estimates of farmworkers by county served by the clinics, while estimates of farmworkers and dependents are provided in Map 2.

Map 3. Clinic Sites



CHARACTERISTICS OF PATIENTS SERVED IN MIGRANT HEALTH CLINICS IN GEORGIA

Clinic Census

There were 14,334, 9,057 and 11,017 patients seen across the six migrant clinics in Georgia in 2019, 2020 and 2021, respectively. Following the onset of the COVID-19 pandemic in 2020, the number of clients served declined by 37% in 2020, and 23% in 2021, relative to 2019 levels.

Patients seen at the migrant health clinics in Georgia are predominantly low-income, non-English speaking and uninsured Hispanic male migrant farmworkers.

Sex

Consistent with past trends, most clients were male (Figure 1). In comparison with the nation, migrant clinics in Georgia see relatively fewer female patients (Figure 2).

Figure 1. Sex Distribution of Patients, 2018-2021

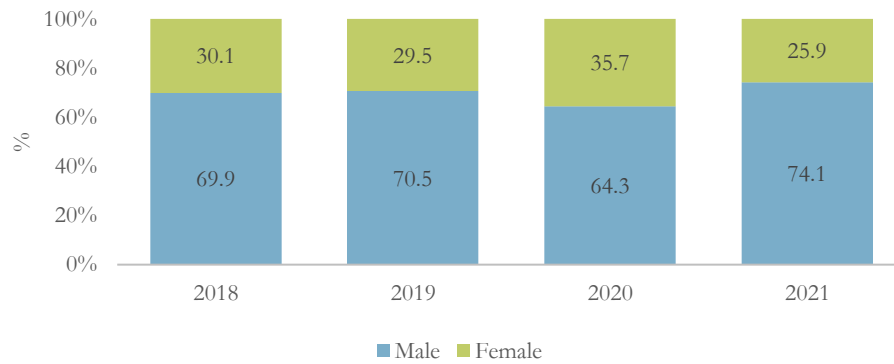
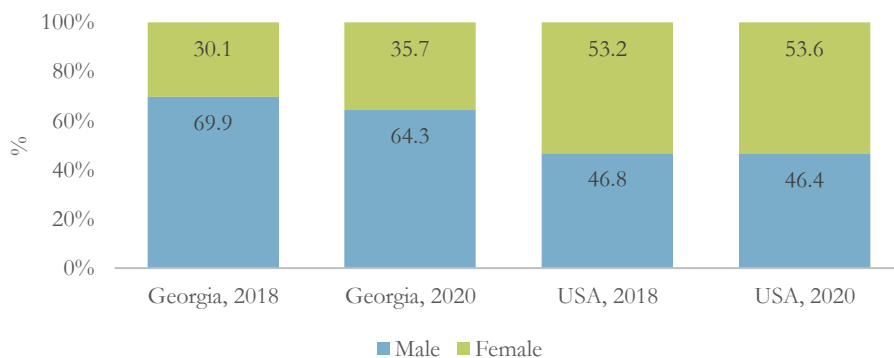


Figure 2. Sex Distribution of Patients: Georgia and National Comparison, 2018-2020



Age

Between 2018 and 2021, and consistent with past trends, most patients seen at the clinics were between the ages of 18 and 64 years (Figure 3). Children and elderly made up less than 10% and 5% of the patient population, respectively (Figure 3). Declines in client visits were more pronounced for children following the pandemic; in 2019, children made up approximately 8% of all migrant clinic patients in Georgia, this dropped to about 5% in 2020 and 3% in 2021 (Figure 3). On the other hand, the proportion of elderly seen at the migrant clinics increased in 2020 and 2021, compared to the pre-pandemic period (Figure 3). Compared to males, a higher proportion of females seen at Georgia's migrant clinics are children and elderly (Figures 4 & 5). In comparison with the nation, migrant clinics in Georgia see relatively fewer children (Figure 6).

Figure 3. Age Distribution of Patients, 2018-2021

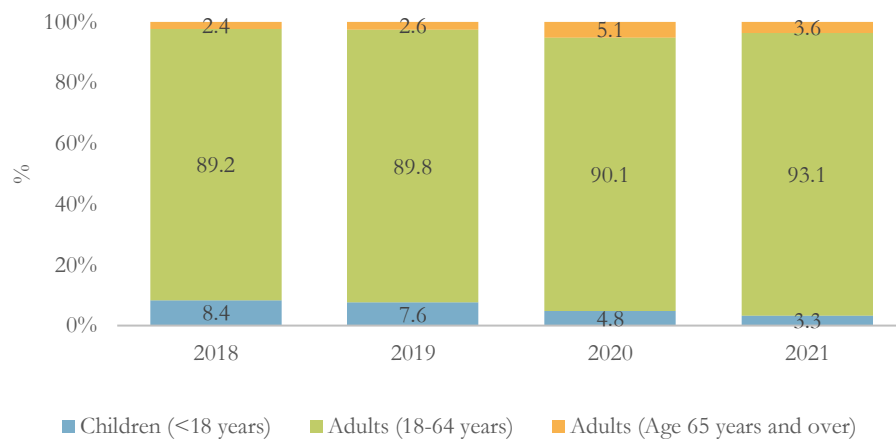


Figure 4. Age Distribution of Patients, 2018-2021: Females

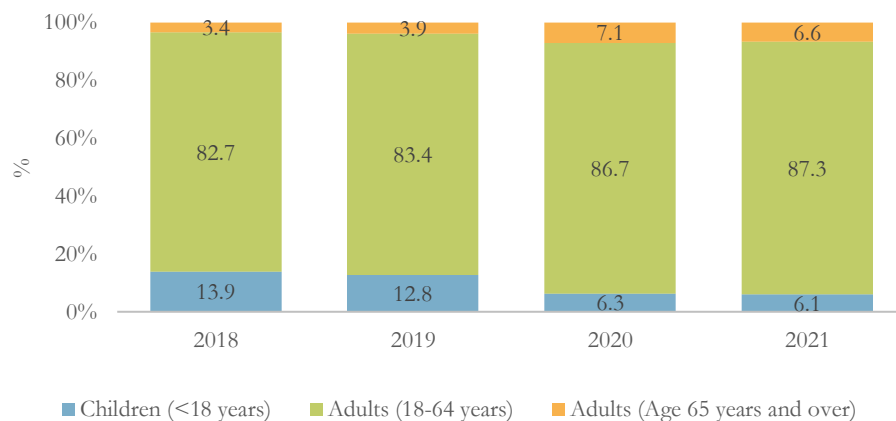


Figure 5. Age Distribution of Patients, 2018-2021: Males

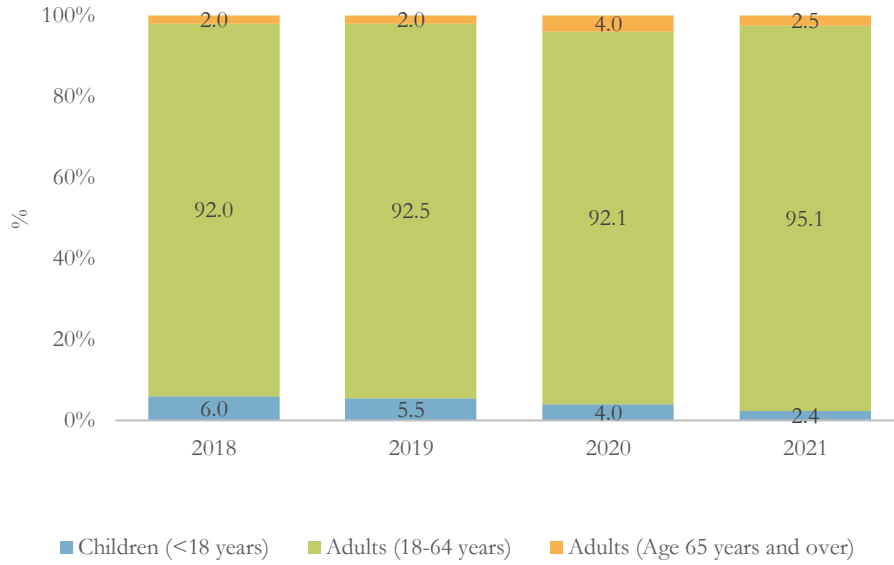
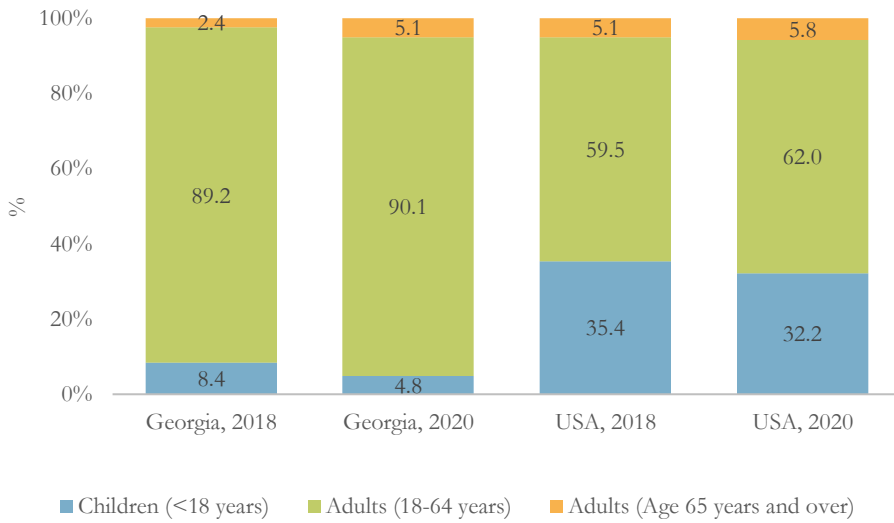


Figure 6. Age Distribution of Patients: Georgia and National Comparison, 2018-2020



Race

Hispanics/Latinos made up almost nine out of every ten farmworkers in Georgia from 2018-2021 (Figure 7). The race/ethnic distribution has consistent across years, except for 2020 and 2021, when the proportion of “Non-Hispanic White/Caucasian” and “Non-Hispanic Blacks/African-Americans” decreased, respectively. In comparison with the nation, migrant clinics in Georgia see a higher proportion of Blacks/African Americans (Figure 8).

Figure 7. Race/Ethnicity Distribution of Patients with Known Race/Ethnicity, 2018-2021

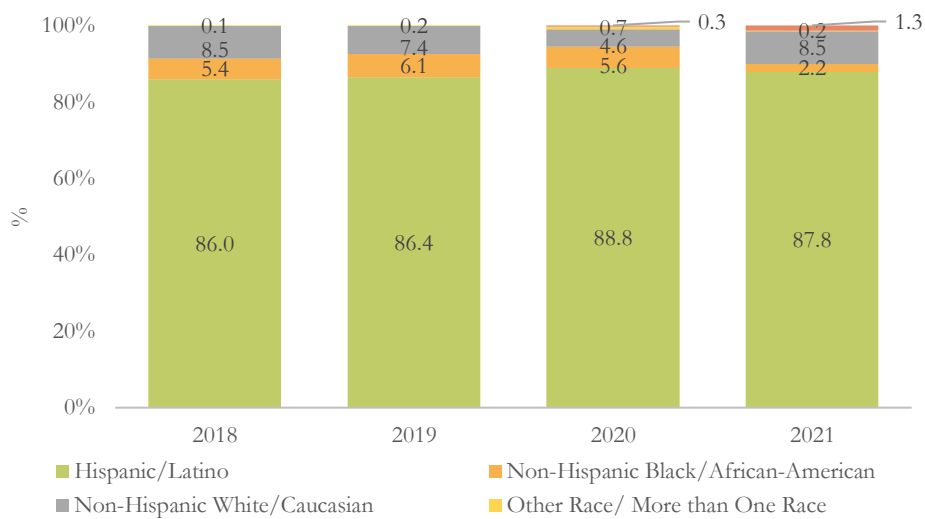
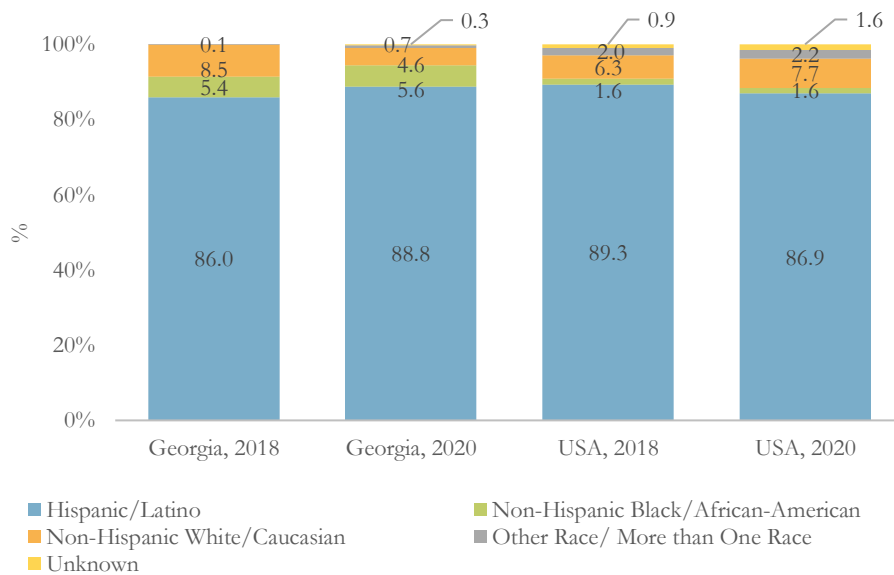


Figure 8. Race/Ethnicity Distribution of Patients: Georgia and National Comparison, 2018-2020



Income

At least eight out of every ten farmworkers seen at the state's migrant clinics lived at or below the federal poverty limit in 2018-2021 (Figure 9). Notably, the proportion of Georgia migrant clinic patients who lived at or below the federal poverty limit declined in 2020, but increased in 2021, compared to 2019 (Figure 9). In comparison with the nation, a higher proportion of patients seen in migrant clinics in Georgia live in poverty (Figure 10).

Figure 9. Income Distribution of Patients with Known Income, 2018-2021

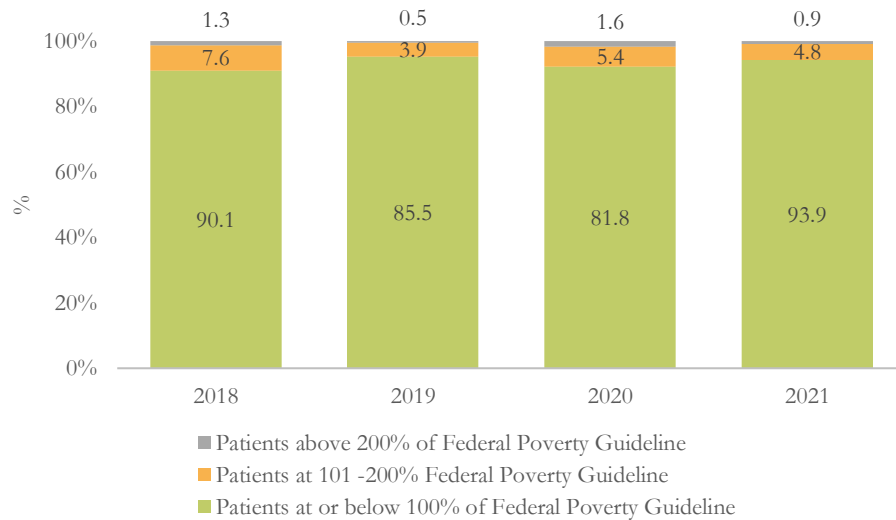
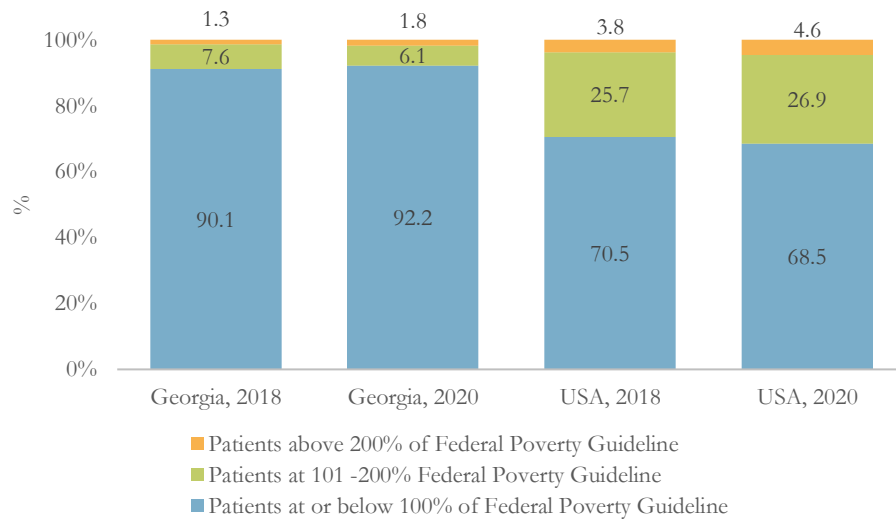


Figure 10. Income Distribution of Patients with Known Income: Georgia and National Comparison, 2018-2020



Worker Classification

Approximately two-thirds of patients seen at migrant clinics in Georgia between 2018 and 2019 were classified as migrant workers. This declined to a little over half between 2020 and 2021 (Table 5), indicating a steeper decline in clinic utilization among migrant farmworkers during the pandemic period (Figure 11). In comparison with the nation, Georgia generally sees a higher proportion of migrant farmworkers in its clinics (Figure 12).

Figure 11. Worker Classification, 2018-2021

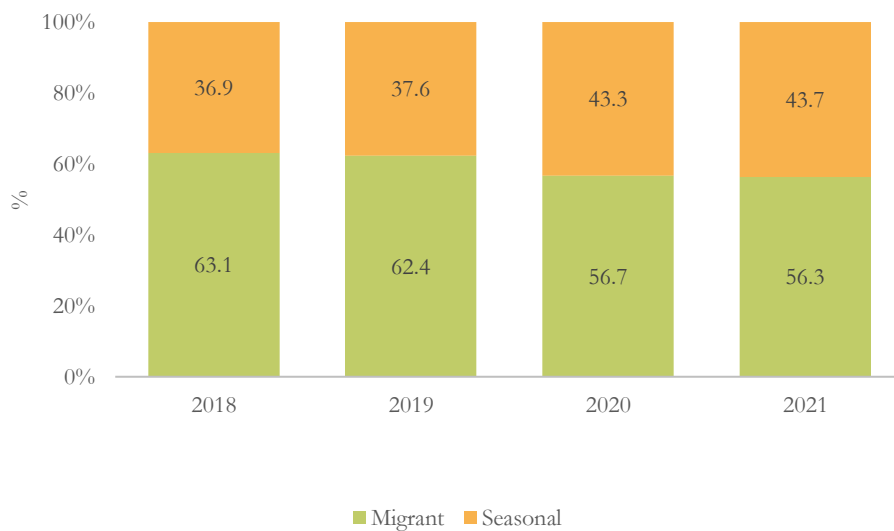
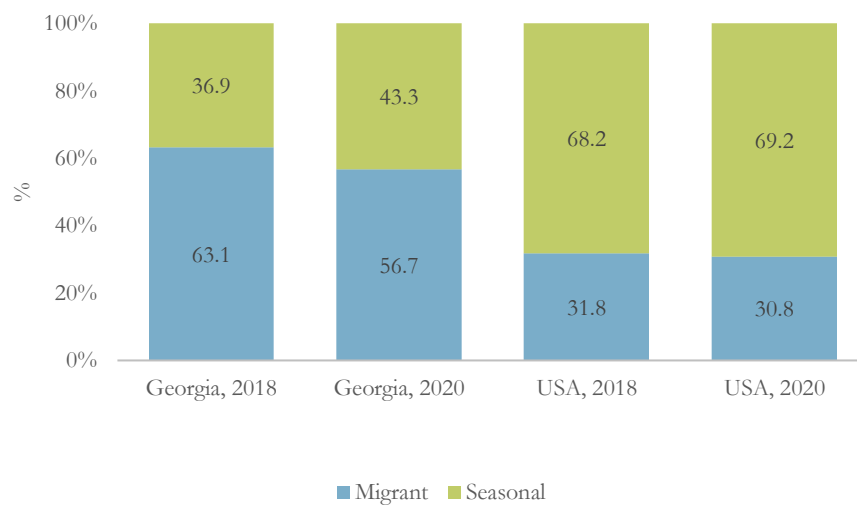


Figure 12. Worker Classification: Georgia and National Comparison, 2018-2020



Health Insurance

All patients seen at migrant clinics in Georgia in 2018-2021 were uninsured. Comparatively, in 2020, only about a third of patients (33%), with known insurance information, seen in migrant clinics nationally were uninsured.

Language

Most patients seen at migrant clinics in Georgia are best served in a language other than English (Figure 13). In comparison with the nation, Georgia generally sees a higher proportion of non-English speaking patients in its clinics (Figure 14).

Figure 13. Best Served in a Language Other than English, 2018-2021

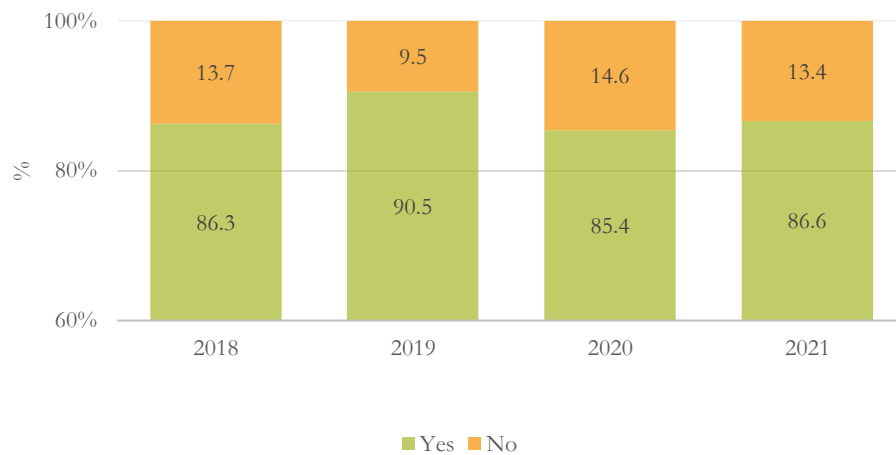
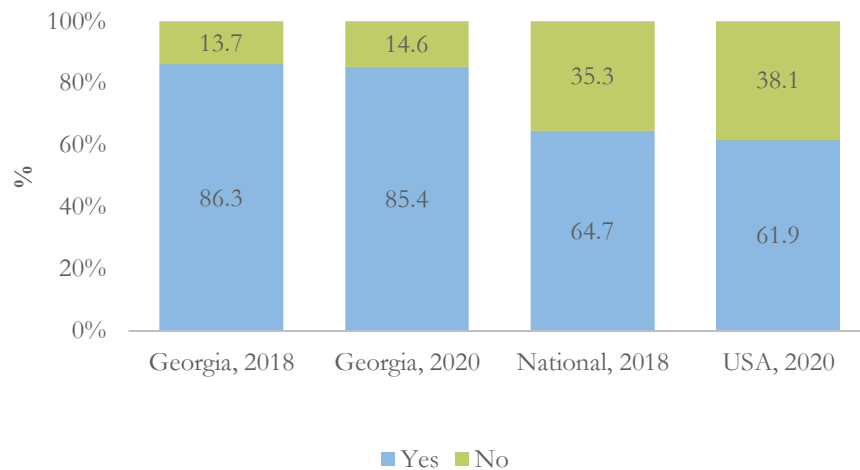


Figure 14. Best Served in a Language Other than English: Georgia and National Comparison, 2018-2020



HEALTH SERVICES UTILIZATION IN MIGRANT HEALTH CLINICS IN GEORGIA

Services

Clinic visits declined significantly during the pandemic.

The total number of visits made in 2019, 2020 and 2021 were 45,609, 20,976 and 21,830 respectively. Clinic visits declined significantly during the pandemic. Visits declined by 54% and 52% in 2020 and 2021, compared to 2019. Most visits were made for medical (67% in 2018; 73% in 2020 & 79% in 2021) and enabling services (27% in 2018; 24% in 2020 & 19% in 2021). The proportion of visits for mental health increased in 2020 and returned to pre-pandemic levels in 2021. There were no substance abuse services recorded (Table 1).

On average each patient made 3.2 visits in 2019. This decreased to 2.3 visits per patient in 2020 and 2.0 visits per patients in 2021 (Table 2). The proportion of medical services provided at migrant clinics in the state increased in 2020-2021, compared to the pre-pandemic period (i.e., 2018-2019) (Figure 15). Compared to the nation, migrant clinics in Georgia provide fewer dental and other services (including vision and mental health/substance abuse services) and more enabling services (Figure 16).

Table 1. Types of Services Provided

	2019		2020		2021	
	# VISITS	%	# VISITS	%	# VISITS	%
Medical Services	30,582	67.1	15,327	73.1	17,321	79.3
Dental Services	1337	2.9	458	2.2	264	1.2
Mental Health Services	140	0.3	149	0.7	76	0.3
Substance Abuse Services	1022	2.2	73	0.3	10	0.0
Vision Services	28	0.1	0	0.0	4	0.0
Enabling Services	12,301	27.0	4,969	23.7	4,155	19.0
Other Professional Services	199	0.4	0	0.0	0	0.0
TOTAL VISITS	45,609	100.0	20,976	100.0	21,830	100.0

Table 2. Number of Visits by Service

	2019			2020			2021		
	# Visits	# Patients	Visits per Patient	# Visits	# Patients	Visits per Patient	# Visits	# Patients	Visits per Patient
Medical Services	30,582	13,832	2.2	15,327	8,709	1.8	17,321	7,727	2.2
Dental Services	1337	602	2.2	458	249	1.8	264	144	1.8
Mental Health Services	140	84	1.7	149	93	1.6	76	31	2.5
Vision Services	28	28	1.0	0	0	N/A	4	4	1.0
Enabling Services	12,301	12,301	1.0	4,969	4,969	1.0	4,155	4,155	1.0
Substance Abuse Services	1,022	832	1.2	73	39	1.9	10	4	2.5
Other Professional Services	199	199	1.0	0	0	N/A	0	0	N/A
TOTAL VISITS	45,609	14334	3.2	20,976	9057	2.3	21,830	11017	2.0

Figure 15. Types of Service Provided, 2018-2021

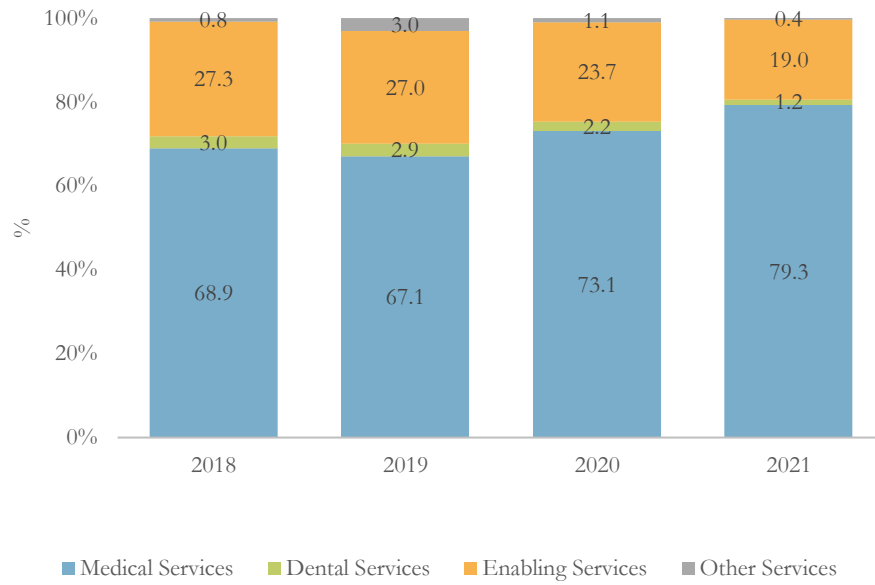
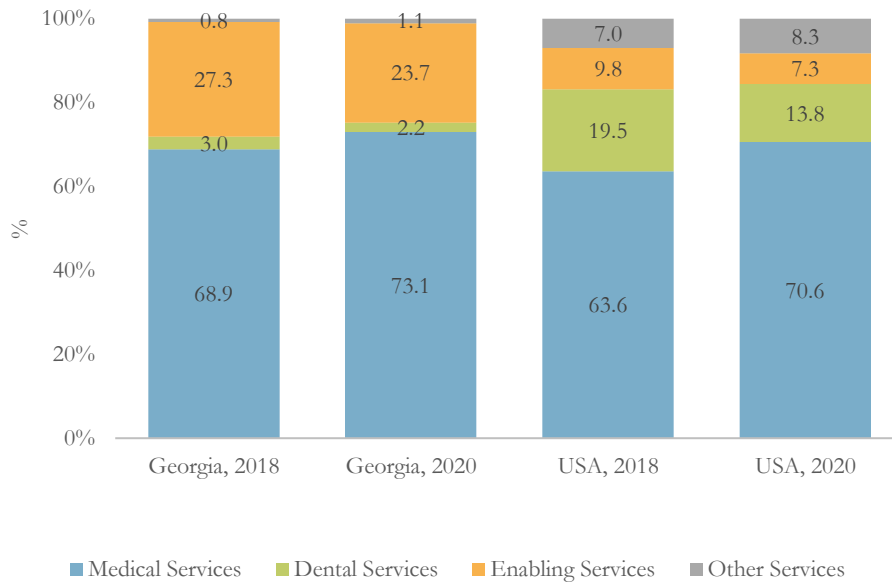


Figure 16. Types of Services Provided: Georgia and National Comparison, 2018-2020



Staffing

The pandemic resulted in a general decline in clinic productivity. However, physician productivity increased significantly at the onset of the pandemic in 2020.

Overall staffing level was stable between 2019 and 2020 (68 FTE) but decreased by 11.2 full-time equivalent in 2021 (56.8 FTE). The significant decline in visits following the pandemic (i.e., in 2020 and 2021) (Figure 17) resulted in a decrease in the number of visits per FTE in both years (54% decline in 2020 relative to 2019, and 43% decline in 2021 relative to 2019) (Table 3).

At the provider level, the total number of visits per FTE decreased at the onset of the pandemic in 2020 for NPs/PAs, nurses, and patient/community education specialists, but not for other health professionals (Table 8). The number of visits seen per physician FTE increased significantly from 2145 in 2019 to 3153 in 2020 – a 47% increase. By 2021, the number of physician visits per FTE had decreased to 1404 (Table 8). The number of visits provided per mental health provider FTE increased by 6% between 2019 and 2020, but declined by 57% between 2020 and 2021.

Compared to the nation, Georgia's migrant clinics generally utilize NPs/PAs more for the delivery of medical care. However, notably in 2020 Georgia relied more on physicians for the delivery of medical care compared to 2018 (Figure 18).

Table 3. Staffing

	2019			2020			2021		
	# Visits	FTE	Visit per FTE	# Visits	FTE	Visit per FTE	# Visits	FTE	Visit per FTE
Physicians	3540	1.65	2145	3153	1	3153	1067	0.76	1404
NP/PA	23456	10.84	2164	11001	10	1100	12487	9.39	1330
Nurses	3586	9.04	397	1173	13	90	3767	6.34	594
Dentists	651	0.5	1302	381	0	N/A	155	0.1	1550
Dental Hygienists	686	0.95	722	77	1	77	109	0.02	5450
Case Workers	3532	2.5	1413	1722	1	1722	1574	1.5	1049
P/CE Specialists	8769	1.87	4689	3247	2	1624	2581	1.5	1721
LMHP and Staff	140	2.75	51	149	2.75	54	76	3.25	23
Other Personnel	1249	37.87	33	73	0	162	14	33.95	0.4
TOTAL STAFF	45609	67.97	671	20976	68.00	308	21830	56.81	384

NP/PA - Nurse Practitioners/Physician Assistants; LMHP - Licensed Mental Health Providers; P/CE Specialists - Patient/Community Education Specialists

Figure 17. Staffing Trends, 2018-2021

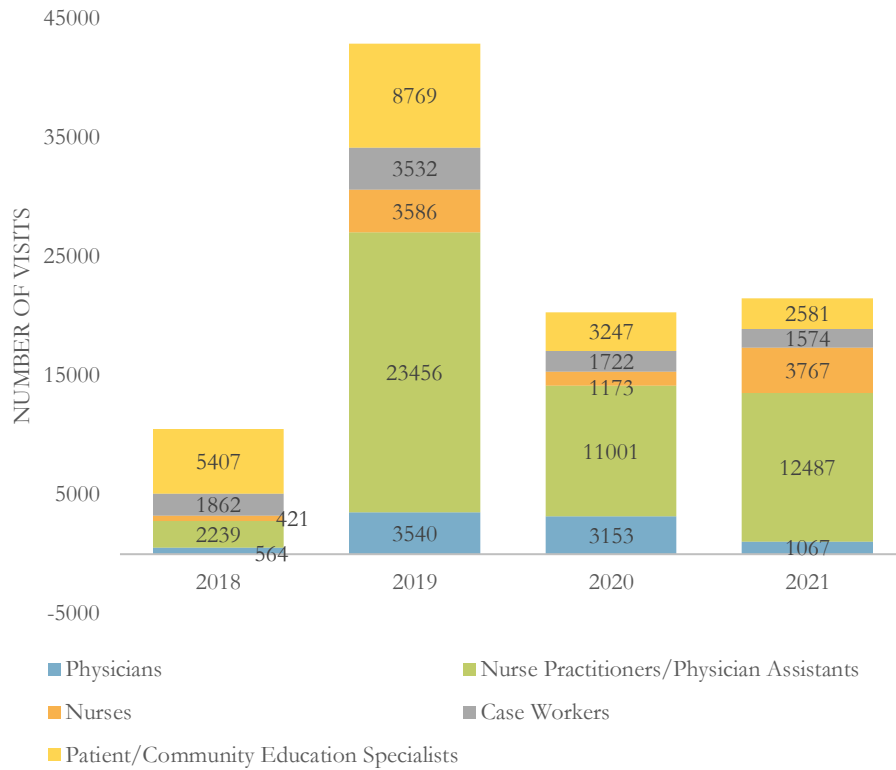
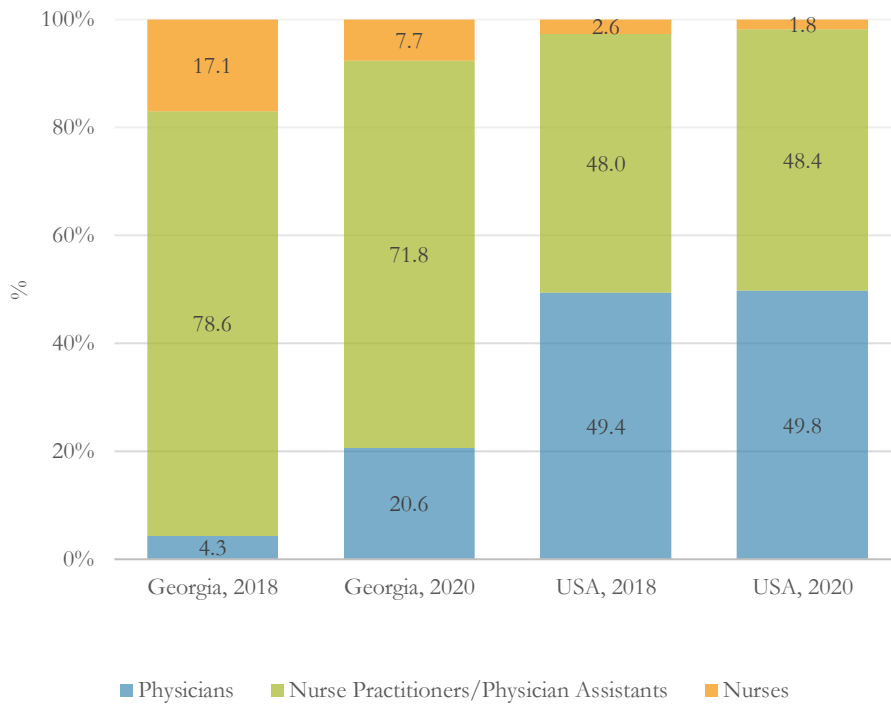


Figure 18. Medical Visits by Provider: Georgia and National Comparison: 2018-2020



DIAGNOSES AND CLINICAL OUTCOMES OF FARMWORKERS SEEN AT CLINIC SITES

Common Diagnoses

The pandemic resulted in an overall decline in the number of visits for medical services. However, patients with chronic conditions who utilized services during the pandemic recorded more visits on average.

Table 9 presents information on selected diagnoses across all clinic sites. The most common conditions experienced by farmworkers seeking healthcare at the states' six migrant clinics between 2019 and 2021 were overweight and obesity, hypertension, and diabetes. This finding corroborates the findings from the NAWS as well as other literature that show a disproportionate burden of these conditions among the Hispanic population, compared to the general population.

Between 2019 and 2021, the total number of visits declined for all common conditions, except for anxiety, which increased by 8%. Despite the general decline in visits, however, the average number of visits made per patient increased over the same period for several medical conditions, including overweight/obesity, hypertension, diabetes, heart disease, anxiety and depression, and asthma. The average visit per patient increased notably by 12% and 30% respectively for heart disease and asthma (Table 4).

Table 4. Selected Diagnoses

Selected Diagnoses (all sites)	2019			2020			2021			% Change (2019-2021)	
	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	Visits	Visit per Patient
Overweight and Obesity	11,848	7,527	1.6	9,969	5,730	1.7	7,945	4,721	1.7	-32.9	6.9
Hypertension	2,893	1,392	2.1	2,373	1,032	2.3	2,438	1,062	2.3	-15.7	10.5
Diabetes Mellitus	2,589	1,036	2.5	2,359	878	2.7	2,401	887	2.7	-7.3	8.3
Tobacco Use Disorder	1022	832	1.2	477	470	1.0	915	732	1.3	-10.5	1.8
Heart Disease (selected)	264	153	1.7	268	131	2.0	242	125	1.9	-8.3	12.2
Anxiety disorders including PTSD	280	150	1.9	281	140	2.0	303	160	1.9	8.2	1.5
Depression and other mood disorders	307	200	1.5	157	95	1.7	181	113	1.6	-41.0	4.3
Contact dermatitis and other eczema	177	155	1.1	87	77	1.1	107	94	1.1	-39.5	-0.3
Asthma	222	128	1.7	169	85	2.0	156	69	2.3	-29.7	30.4
Sexually transmitted infections	106	66	1.6	89	78	1.1	28	18	1.6	-73.6	-3.1
Dehydration	67	61	1.1	21	20	1.1	18	17	1.1	-73.1	-3.6
Chronic lower respiratory diseases	130	80	1.6	35	24	1.5	41	31	1.3	-68.5	-18.6
Abnormal cervical findings	55	36	1.5	26	26	1.0	6	6	1.0	-89.1	-34.5
Abnormal breast findings, female	52	39	1.3	21	19	1.1	15	14	1.1	-71.2	-19.6
Exposure to heat or cold	18	18	1.0	8	7	1.1	9	9	1.0	-50.0	0.0
COVID-19	0	0	0.0	331	325	1.0	118	N/A	N/A	N/A	N/A
Childhood Conditions											
Otitis Media and Eustachian Tube Disorders	72	59	1.2	26	22	1.2	11	9	1.2	-84.7	0.15

*# visits regardless of primacy

Clinical Outcomes

There were mixed results in terms of clinical outcomes between 2019 and 2021. Diabetes control and the proportion of low birthweight births worsened in 2021, compared to 2019 and 2020, whereas hypertension control improved during the same period. The proportion of low birthweight births increased dramatically to 66% in 2021 (Table 5).

Table 5. Selected Clinical Outcomes

	2019	2020	2021
Select Clinical Outcomes	Percent	Percent	Percent
Diabetes	N=968	N=822	N=826
<u>Poor control</u> : Diabetes patients with Hba1c greater than 9% or with no tests performed during the year	41.6	40.3	44.8
Hypertension	N=705	N=1,030	N=1,055
Proportion of patients with <u>controlled</u> hypertension	55.5	51.9	61.0
Births	N=112	N=94	N=50
<u>Very low birthweight</u> : Proportion of live births less 1500 grams	0	0	8.0
<u>Low birthweight</u> : Proportion of live births 1500 grams – 2499 grams	8.9	7.4	66.0

Clinical Measures

Performance on quality clinical measures declined in the wake of the pandemic. On all quality measures, except for statin therapy, performance declined in 2021 compared to 2019 (Table 6). Colorectal and cervical cancer screening rate are notably low at approximately 15% and 28%, respectively in 2021 (Table 6).

Table 6. Selected Clinical Measures

	2019	2020	2021	Improvement/Decline
Selected Clinical Measures	%	%	%	2019 vs. 2021
Children 2 years of age who received age-appropriate vaccines by their 2nd birthday	42.3	0.0	N/A	N/A
Female patients aged 23-64 years who were screened for cervical cancer	29.5	24.1	28.0	Declined
Patients aged 50-75 years with appropriate colorectal screening	16.7	11.6	14.5	Declined
Children and adolescents 3-17 years with documented BMI, nutrition, and physical activity counseling	86.2	76.3	67.1	Declined
Adult patients with documented BMI and appropriate follow-up plan documented if BMI is outside of normal parameters	84.4	94.6	50.0	Declined
Patients aged 18 years or older who were screened for tobacco use one or more times in the measurement year or prior year and (2) those found to be a tobacco user received cessation counseling intervention or medication	92.7	54.2	92.3	Stable
Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	53.1	67.1	62.4	Improved
Patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	48.1	43.2	45.5	Declined
Patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	78.2	69.2	68.9	Declined

FARMWORKER ACCESS TO HEALTH SERVICES

Input From Clinics

Representatives (N=6) from the six clinics participated in open-ended survey during the month of May 2022. Each clinic returned a completed survey. Representatives from each clinic responded to the survey. Survey respondents included clinic managers, program directors, and a chief executive officer. Clinic contacts were shared by the Georgia Migrant and Seasonal Farmworker Program and an email was sent to each clinic contact provided. The clinics were given one week to complete the survey. Data from the Qualtrics online survey tool was exported and reviewed for recurring themes concerning Georgia's migrant farmworkers' top health issues and the assessment of health services they received.

Top Health Needs. Based on the analysis of the survey data, the top three health issues reported by the respondents are **cardiovascular disease (high blood pressure), diabetes and obesity**. Other identified health issues included mental health, specifically depression, backaches, and dermatology issues. Adequate mental health services are still noted as a service that is needed but lacking in availability and accessibility. The clinics that noted some in-house counseling still indicated the service could be improved with bilingual services and additional health education services.

Barriers to Care. Clinics identified language barriers and access to adequate resources as obstacles to care among this population. Language barriers can increase medical non-compliance in addition to decreasing access to healthy lifestyle options. Compliance with proper diet and provider follow-up appointments is difficult for the farmworkers.

“ Just like the general population, obesity, hypertension, and diabetes seem to be the most diagnosed health problem. Education along with behavioral health modification and medicine could lead to positive changes. Transportation is [also] a need that this population has. Traveling in groups in a foreign county can create a barrier to care and medicine.” - Clinic Representative

Additional barriers for clinics when serving this population include access to transportation, clinic hours and work schedule commitments. Transportation was mentioned by most participants as a top barrier for this population.

Transportation and Compliance

Access to transportation and client compliance remain as some of the top barriers to providing adequate services to migrant farmworkers. Health conditions that rely heavily on behavior modification continue to impact this population and therefore proper treatment and maintenance are impeded by the client's ability to keep appointments and remain compliant with care. As noted in previous assessment reports, non-compliance is not directly linked to farmworker motivation, but more likely related to other issues such as lack of transportation and reduced access to care based on the clinic hours and the worker's schedule. Previous assessments identified transportation as the top barrier to service. It impacts the ability for farmworkers to seek follow-up care that is often vital in maintaining long-term wellness. In addition, farmworkers are unlikely to miss time from work to attend appointments.

Another noted barrier impacting compliance to care is the lack of trained staff and interpretative services available to assist with communication. Clinics might have access to interpretive services and staff, but access is limited. In some clinics, only 1 staff member is bilingual.

Primary Care

Majority of clinics offer primary and secondary prevention care to the farmworkers. Services such as health education, access to medications, and lab diagnostics were all identified as common services offered across all clinics. Two clinics noted the ability to offer mental health counseling in addition to the health education and laboratory services. This is notable because previous assessments indicated this was a critical service that was lacking. Mental health services were hard to provide because clinics were reliant on outside partners. These partnerships were hard to develop, and transportation made it difficult for clients to keep appointments. With only two clinics identifying counseling services that

are provided in-house, this demonstrates slow progress to address an identified need. The lack of mental health providers is a local, state, and national challenge exacerbating the challenge for underserved populations such as Georgia's farmworkers.

Additional Challenges

Even though progress is being made to address mental health, access to mental health care remains an issue for the farmworkers. Other services clinics identified as services of need include expanded pharmaceutical access, women's health, prenatal care, and dental. Some of these services are available but require outside agreements with specialized health care providers. There are limited providers that are willing to participate in farmworker health and the cost is often unaffordable for the population.

COVID-19

Clinics were asked about the impact of COVID-19 on their services. Most responses indicated that care and outreach were negatively impacted. Some clinics experienced limited outreach because farms would not allow clinic staff onsite. In addition, clinics began losing staff to new job opportunities and staff burnout issues.

Recommendations

The following are the recommendations which emerged from the needs assessment.

- **Increase number of trained, bilingual staff at each of the clinics. This continues to be one of the top requests from the six grantees.**

Clinics could increase access to services by extending clinic hours if more staffing was available. Ideally, trained, bilingual staff is needed to best address the needs of the farmworkers.

- **Create public relation opportunities to highlight the importance of migrant farmworker care.**

Community outreach to improve or change perceptions of the need for good migrant farmworker care is needed. Perhaps this is linked to the amount of funding available for clinics offering care. Sharing the importance of these services may assist with increasing funding to improve services.

- **Expand professional development and incentive opportunities for all clinic staff.**

Continuing education would greatly benefit the clinic staff. Lack of trained staff is identified as a barrier to service provision. If clinics offered opportunities for professional development, it could assist new and veteran staff in learning more about the population and effective ways to improve patient compliance. Suggestions included:

⇒ *Recorded trainings for new and existing staff to maintain skills.*

⇒ *Trainings for customer service, s phone etiquette and the role of translator training and materials for community health workers*

- **Review voucher services criteria and eligibility to ensure more services are covered.**

Cost of specialized care is a barrier for farmworkers and for providers that serve as partners. If voucher services were increased this could assist with affordability of services and medications.

Left Intentionally Blank

