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Migrant Farm Workers Flu Clinic

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MIGRANT FARM WORKERS FLU CLINIC

Alice Peng, MS3 University of Vermont Larner COM

Family Medicine 2020

Benjamin Clements M.D. and Naomi Wolcott-MacCausland

PROBLEM IDENTIFICATION AND NEED

- ~1,000 2,000 migrants employed by dairy farms in Vermont are undocumented
 - Ineligible for healthcare insurance
- Minority of migrants are on H2A Visas
- · Migrant farm worker population: Jamaican and Latino
- Latino migrants on dairy farms in Northern Vermont near Canadian border identified by Bridges to Health with most significant healthcare accessibility barriers
 - All earnings sent home to support family in home countries
 - Seek healthcare only when necessary little preventative care
- Greatest barriers to care (Baker et al.):
 - · Fear of immigration law enforcement
 - Language barrier
 - Lack of transportation
 - Cost of care
- Large need for preventative care



COST CONSIDERATIONS



- The Open-Door Clinic free clinic serving migrant Latino farm workers without health insurance reported a total budget of \$390,062 in 2019
- Vermont's migrant farm workers support a \$2.2 billion per year dairy economy
- Majority are Latino workers who if deported would cause significant loss to Vermont's economy

COMMUNITY PERSPECTIVE AND SUPPORT

- Naomi Wolcott-MacCausland, M.S.
 - Migrant Health Coordinator for UVM Extensions Bridges to Health
 - Development for Open Door Clinic stemmed from high volume of Spanish-speaking migrants in Addison County
 - · These farmworkers are geographically scattered in all other areas of Vermont
 - Latino migrant farm workers mostly undocumented -> ineligible for health insurance in US -> reliance on Open Health Clinic's services
 - Do not use preventative services and mostly seek healthcare only for major medical issues
 - Naomi developed a model for migrant medical care access in the past decade through Bridges to Health's collaboration with the Open-Door Clinic
 - Clinic has served an increasing number of workers >300 in 2019
 - Aiming to prioritize 100 dairy farms in Northern Vermont with 300-350 total workers currently
 - Naomi's role is to collaborate with Outreach RN who is a native Spanish speaker and communicate with farm owners to coordinate flu clinics



COMMUNITY PERSPECTIVE AND SUPPORT CONT.

- Benjamin Clements, M.D.
 - Family Medicine Physician at UVMMC Colchester Family Practice
 - Goal: sustainable flu clinic for Latino migrant farm workers in Northern Vermont
 - Issue: no consistent faculty member to lead
 - Secured Vermont Medical Society grant
 - Served as medical coordinator for Latino migrant farm workers flu clinic this season
 - Logistics of satellite flu clinic initial roadblock Vermont State Registry, informational sheets for flu vaccine in Spanish and English, navigate COVID precautions, supplies needed, emergency plan, protocol to transport vaccines





INTERVENTION AND METHODOLOGY

- Latino Migrant Farmers Flu Clinic team: Dr. Clements, Naomi Wolcott-MacCausland, 2 medical students, and Nelly (a native Spanish-speaking RN serving as Outreach Coordinator for Open Door Clinic)
- Naomi served to coordinate visits
- Medical students served to ensure proper forms printed, filled, and given to farm workers
- Medical students and Nelly vaccinated supervised by Dr. Clements
- All clinic supplies provided for and transported by the Colchester Family Medicine team and Open Door Clinic using protocol provided by Vermont Department of Health
- Team traveled farm and farm (4 farms per clinic day)
- Set-up flu clinic just outside farms and inside homes of workers

RESULTS

1

Number of farms in Northern Vermont visited: 12 2

Number of Latino Migrant Dairy Farmers vaccinated: 48 3

Number of flu vaccines initially: 60

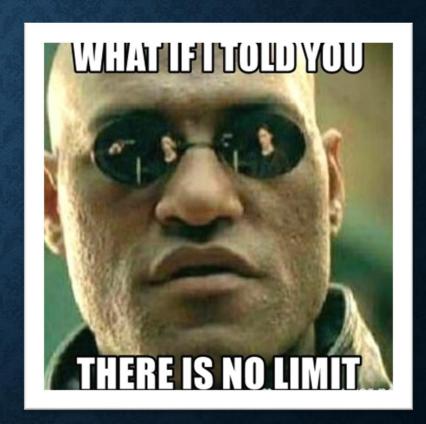
4

Number of flu vaccines left: 112 (12 left from initial with 100 more ordered later) 5

Number of days of satellite flu clinic: 4

EFFECTIVENESS AND LIMITATIONS

- Access effectiveness by comparison of number of flu vaccines provided overall in 2020-2021 flu season to 5-year average flu vaccinations prior to establishment of flu clinic
 - How many more vaccinations with flu clinic?
 - Is the difference clinically significant?
- Limitations
 - Resources (personnel and supplies) to provide other preventative services such as diabetes and hypertension screenings
 - Unable to provide follow-up care
 - Severe weather limited ability to set up satellite clinic outside
 - Difficult as weather becomes colder with COVID restrictions
 - 100% reliance on grant funding and volunteers potentially variability year-to-year



RECOMMENDATIONS FOR FUTURE



- Recruit medical students rotating in Family Medicine clerkship through Colchester Family Practice for flu clinic as part of public health project requirement for sustainable personnel/volunteers
- Aim to assemble a team with all members proficient in Spanish
- Secure vehicle dedicated to migrant farm workers flu clinic to store supplies and transport personnel
- Recruit more RNs, LPNs, MAs, other medical personnel to expand primary care services of satellite clinics
- Partner with UVMMC for resources and supplies, UVM Nursing Department for volunteers, and Schweitzer Fellowship for volunteers

RESOURCES

- Baker, Daniel, and David Chappelle. "Health Status and Needs of Latino Dairy Farmworkers in Vermont." Journal of Agromedicine, vol. 17, no. 3, 2012, pp. 277–287., doi:10.1080/1059924x.2012.686384.
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