

HEALTH ISSUES AMONG MIGRANT/SEASONAL FARM WORKERS

SPRING IS HERE, migratory birds are returning to their spring and summer habitats and migrant and seasonal farm workers are back in Oregon fields, orchards and ranches to assist in planting, tending and harvesting our crops and caring for our livestock. An estimated 128,000 (DHHS, 1990) migrant and seasonal farm workers and family members join our 37,000 self employed farmers and ranchers to create over \$3 billion of annual economic activity in the state.

Where will this many people seek their health care? Where will the women go for prenatal care? Where will the children go for immunizations and childhood illness care? Where will the farm worker seek expert medical assessment and treatment when he or she is injured on the job?

If you work in a rural community, the chances are great that some of these workers and their families will seek care at your practice or clinic. However, even urban practitioners will have opportunities to serve this population. Lately, migrant and seasonal farm workers are increasingly employed by labor contractors who transport them to and from the work place. This has resulted in an increase of farm worker families living in urban areas. Will you be prepared to serve the diverse and unique needs of this population when they arrive at your office seeking your expert medical attention? This article reviews some of the major issues related to the health of and health care delivery for migrant/seasonal farm workers and their families. It will also provide you with some resource phone numbers.

CULTURAL COMPETENCY: IS THE MESSAGE GETTING THROUGH?

If our patient population were culturally homogeneous and we were of that culture, this would probably be termed "bedside manner." However, as society

has become culturally diverse, knowing how to expand the definition of "bedside manner," can mean the difference between the patient's compliance and non-compliance; sickness and health. The following are some suggestions, adapted from the *Migrant Health Newslines*, for practitioners who may be caring for migrant and seasonal farm worker families:

1. Consider attending a workshop on cultural competency to better understand the issues.
2. Learn as much as you can about the culture of your patients, and how to work with them.
3. Ask about their living and work situations and give guidance that is within the realm of possibility for them. Ex. Be sure a patient has a refrigerator before prescribing medication that needs refrigeration, or asking them to apply ice to an injury.
4. Consider booking 2 time slots for the first visit of a migrant/seasonal farm worker and family members. They often have transportation problems and the office visit could take longer if there is a language barrier.
5. Whether talking to an interpreter or to the patient, look directly at the patient and speak slowly but not loudly. Communicate in simple but organized sentences. (Ex. You have _____ because of _____. You must do 3 things to get better: 1. _____, 2. _____ and 3. _____.)

Resource: If you would like more information on serving migrant and seasonal farm workers and their families, contact: Migrant Clinicians Network, Austin, Texas: at 512/ 327-2017 or www.migrantclinician.org.

MAJOR HEALTH PROBLEMS

Health care problems found in the general population are also found in migrant groups, but, some occur more frequently. These include diabetes, car-

diovascular disease and asthma. Dental caries and gingivitis abound. Obtaining regular prenatal care for migrant mothers is difficult and many of the pregnancies are high risk.

Tuberculosis

The CDC compiled TB related statistics in 1992 which illustrated that farmworkers are six times more likely to develop TB than the general population of employed adults. In 1996, data published in the MMWR for the years 1986 to 1995, showed that the number of cases of TB among foreign born persons in the United States increased by 61%. To compound this increased incidence, there is a concomitant rise of drug-resistance along the U.S.-Mexico border. This may be as much a result of failed continuity of care, as it is due to transmission of drug-resistant strains. Many migrant farm workers have positive tuberculosis skin tests and would benefit from preventive therapy. But, how can a provider ensure adequate follow-up care to a TB patient who is always on the move? Resources: Bilingual bicultural staff are available at LHD's. Reporting the case to your county health department and the Oregon Health Division, to ensure follow-up treatment while they are in Oregon, you can call the Migrant Clinicians Network TB NET at 800/825-8205. TB NET is a nationwide service which provides referrals at a patients next destination and ensures transfer of patient's test results.

Marion County Health Department has been successful in referring at least one patient through TB NET.

Gastrointestinal disease

Shigellosis and other diarrheal diseases are common wherever field and living quarter sanitation are inadequate. In Oregon, during a recent 5-year period (July 1993 through June 1998), the incidence of reported shigellosis among Hispanics was 28.6/100,000 /year. This is 14 times the risk among non-Hispanics

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(2.1/100,000/year). Since shigellae are passed from person to person on hands and fomites, adequate toilet and hand-washing facilities are critical to interrupting transmission. Providers could work with their local health departments to help the farm owner develop an intervention plan. Sick workers are less productive and in the long run, prevention of illness may be good business.

Work-Related Conditions

Pesticide exposure is a significant hazard for migrant and seasonal farm workers. Given the general nature of symptoms of pesticide exposure, many cases are either incorrectly diagnosed or not identified. Because of this, two levels of action are needed: 1) When considering diagnosis and treatment, increase your level of suspicion when confronted with classic symptoms, even in subacute cases and 2) institute preventive measures and pesticide education for farm workers. For medical emergencies and treatment information, contact the Oregon Poison Center, 24 hrs.: 800/452-7165 (outside Portland) or 494-8968 (Portland-area). For pesticide toxicology information: call National Pesticide Information, Daily 6:30 AM - 4:30 PM: 800/858-7378 or at the website: <http://ace.orst.edu/info/nptn>. Report pesticide exposures to the Oregon Health Division (503/ 731-4025) to ensure follow-up.

Heat Stress is preventable. Key elements are: adequate drinking water, gradual adjustment to working in the heat, periodic rest breaks in shaded areas and monitoring the temperature and the state of the workers frequently. Many

workers don't drink enough water in the fields for fear of losing work time by having to urinate frequently. Not only does this predispose them to heat stress, but also to urinary tract infections. Providers can help workers avoid heat stress by explaining the consequences of not following the key points of prevention. Resource: a *Guide to Heat Stress in Agriculture* is available through the U.S. Govt. Printing Office: 202/512-1800 and refer to document # 055-000-00474-9.

Dermatitis is common among farm workers. Common causative agents are plants such as poison oak, dog fennel, hops, celery and latex gloves. However, pesticides can also result in dermatitis. This should alert the clinician to look for other possible symptoms related to pesticide exposure.

The need for primary eye care for migrant farm workers was demonstrated in a project conducted by the Association of Schools and Colleges of Optometry from 1974 to 1988. Eye pathologies and systemic diseases were found in 15% of the patients seen, a rate higher than expected in the general population. The most common pathologies were refractive errors followed by eye infections (primarily conjunctivitis). Early treatment and appropriate referral in the early stages of infection or injury will decrease avoidable blindness. Resource: For the manual, *Primary Eye Care for Migrant Farmworkers and Their Families*, contact the Migrant Clinicians Network at 800/825-8205.

In the NIOSH Surveillance Report of Work-Related Lung Diseases, 1994, the following have been identified as also

occurring among farm workers: hypersensitivity pneumonitis, occupational dust diseases of the lung, occupational asthma, occupational respiratory conditions due to toxic agents, bronchitis, emphysema, and unspecified pneumoconiosis. Keep these in mind when considering a possible workers compensation claim.

Finally, for a list of Migrant Health Clinics in Oregon as well as other community health clinics serving the migrant community, call OHD's Multicultural Health Program (503/731-4582).

For a Resource Guide to dental clinics and practices that might serve migrant workers call Georgia at the Oregon Dental Association (800/452-5628).

Docs Pass Reading Test with Flying Colors

OREGON PHYSICIANS recently competed in a state-wide proof reading and reading comprehension contest. Several obviously absurd statements were placed in a recent *CD Summary* (Vol 48, No. 8; April 13), and editors sat back to see how many readers would notice and how long it would take them to respond. The answer is: quite a few, and not long.

For example, we wrote that "over 87% of Oregonians reported they had no health insurance" [emphasis added] instead of "... 87%...reported that they had insurance." Later, we described how many "rapid" (cf. "rabid") animals we had detected in Oregon. Congratulations to all our winners. We will definitely run more surprise tests in the future; watch this space.