

2019

Improving Health Literacy Among Latino Migrant Dairy Farmworkers

Dayna A. Stimson
University of Vermont

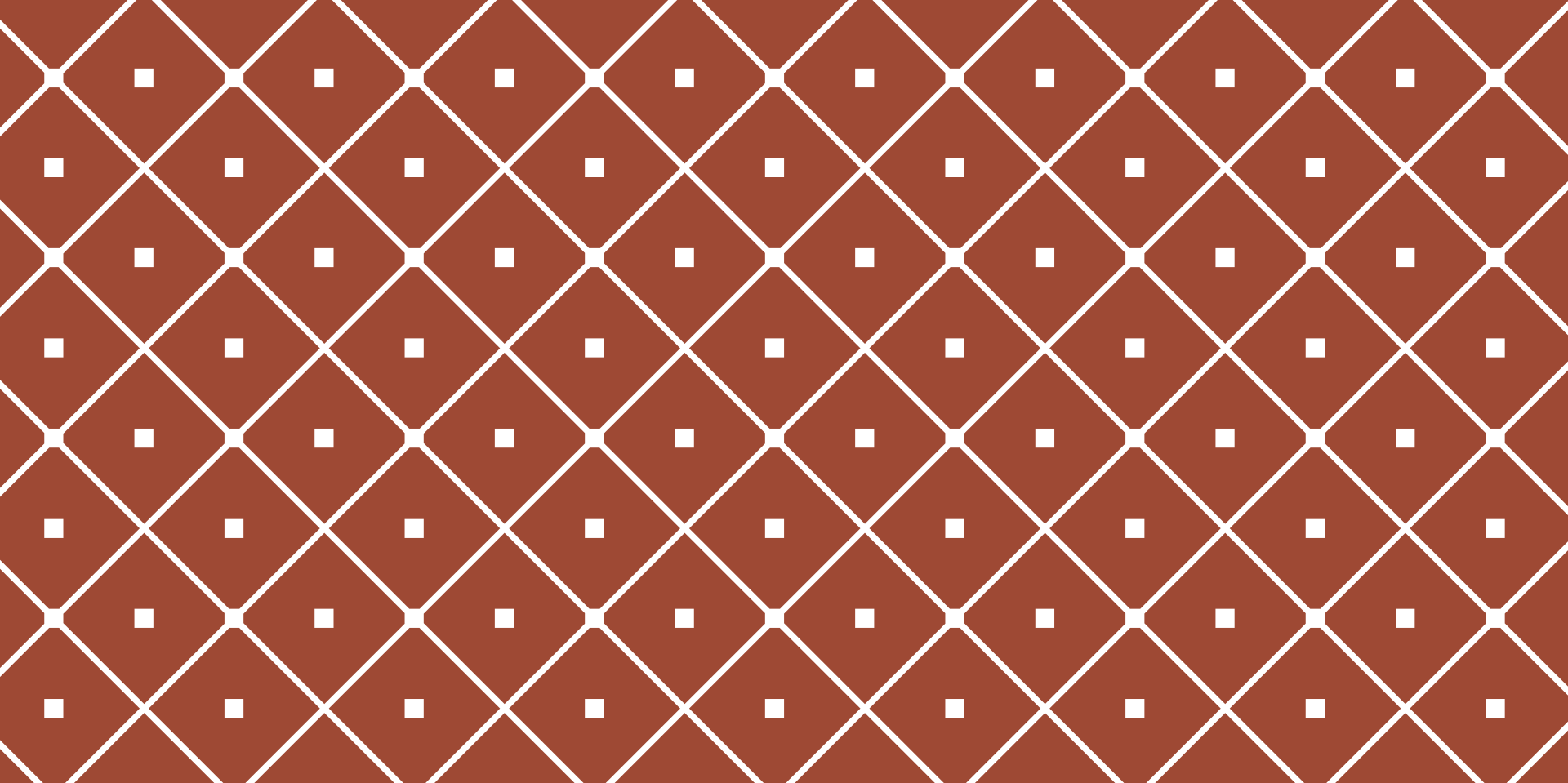
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Recommended Citation

Stimson, Dayna A., "Improving Health Literacy Among Latino Migrant Dairy Farmworkers" (2019). *College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications*. 22.
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IMPROVING HEALTH LITERACY AMONG LATINO MIGRANT DAIRY FARMWORKERS

Dayna Stimson, RN
Faculty Advisor:
Dr. Ellen Long-Middleton
Site Mentor: Naomi
Wolcott-MacCausland

CONFLICT OF INTEREST

I declare no relationships, funding, or circumstances that present a conflict of interest relevant to the content of this presentation.

INTRODUCTION — PROBLEM

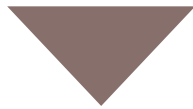
Migrant farmworkers: marginalized & medically underserved population in U.S.

- Significant health disparities & barriers to healthcare access compared to others living in rural areas (Luque et al., 2012)

Barriers to healthcare access (Baker & Chapelle, 2012):

- Linguistic, geographic, and cultural isolation
- Lack of transportation
- Cost of care
- Fear of ICE due to immigration status
- Low knowledge regarding community and health-related services
- **Low general literacy and health literacy**

Certain
populations
more likely to
experience
lower levels
of health
literacy



Patients with
low health
literacy have
worse health
outcomes

(CDC, 2016b)

Health literacy:

“the degree to which
individuals can obtain,
process, and
understand the basic
health information and
services they need to
make appropriate
health decisions”

(U.S. Department of Health and Human
Services, 2000; (Prevention, 2016b).

HOW CAN WE ENHANCE HEALTH LITERACY?

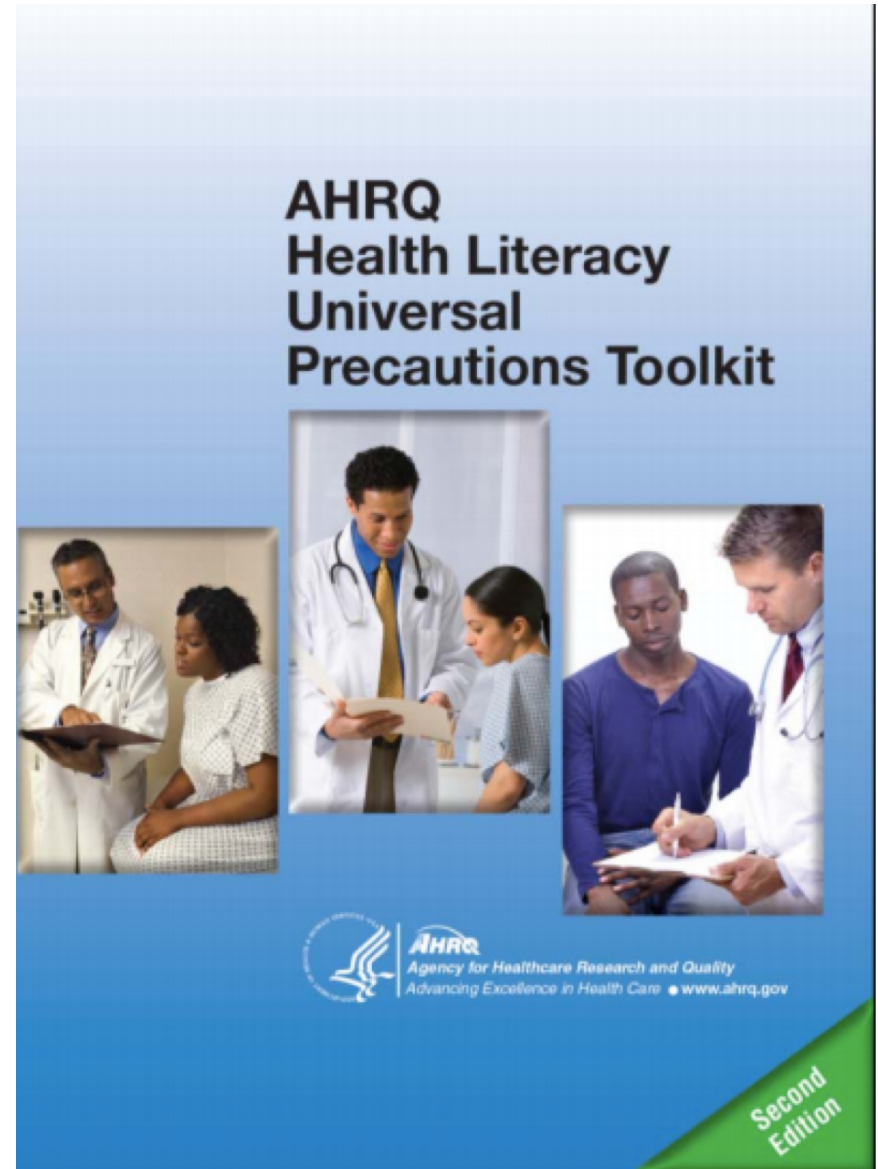
Health Literacy
Universal
Precautions
Toolkit (HLUPT)
improves:

Spoken communication

Written communication

Self management and
empowerment

Supportive systems
(AHRQ, 2017)

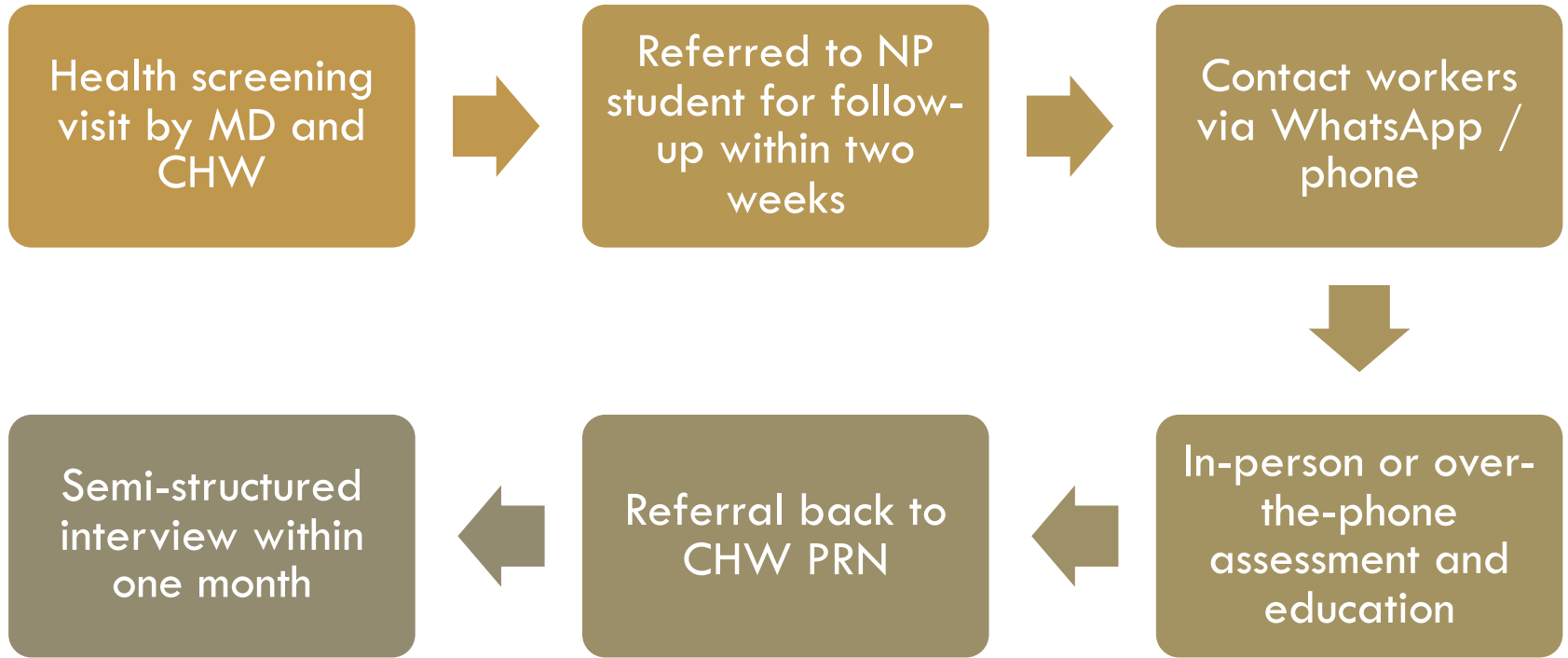


- Assess baseline health literacy and implement strategies to enhance health literacy using select tools from the HLUPT
- Enhance follow-up care provided to migrant workers through health outreach visits

PURPOSE & AIMS

ETHICAL CONSIDERATIONS

- Deemed “not research” by UVM IRB
- Possible participants advised that inclusion in intervention was voluntary and would not compromise or affect their care in any way
- Farmworkers treated with dignity and respect related to partnership with the project and any feedback provided
- Confidentiality maintained consistent with HIPAA standards



COMMUNITY HEALTH OUTREACH WORKFLOW

TOOL 5: TEACH-BACK METHOD

“Quiero estar segura de haber explicado todo claramente. ¿Me lo puede explicar así puedo estar segura de haberlo hecho?”

“We have gone over a lot of information. In your own words, can you please tell me what we have talked about?”

“Hemos repasado mucha información. En sus propias palabras, por favor revisa conmigo de lo que hablamos?”

TOOL 11: ASSESS, SELECT, AND CREATE EASY-TO- UNDERSTAND MATERIALS

APRENDER A DORMIR

Normas básicas de higiene del sueño

1



El consumo excesivo de nicotina y alcohol perjudica la calidad del sueño. Evita bebidas energéticas y cafeína, especialmente después de las 6:00 PM.

2



El ejercicio físico es muy recomendable, pero intenta no realizarlo las 3-4 horas previas a acostarse

3



La cama es sólo para dormir: Si realizas otras actividades en ella (escuchar música, estar con el móvil) tu cerebro asociará la cama a actividad, lo que dificultará el sueño. Ve a la cama sólo cuando tengas sueño, y en ella haz sólo una cosa: **DORMIR.**

4



Terminar de cenar 2-3 horas antes de acostarse.



Horario regular de vigilia sueño.

Short Assessment of Health
Literacy – Spanish and English
(SAHL-S&E)

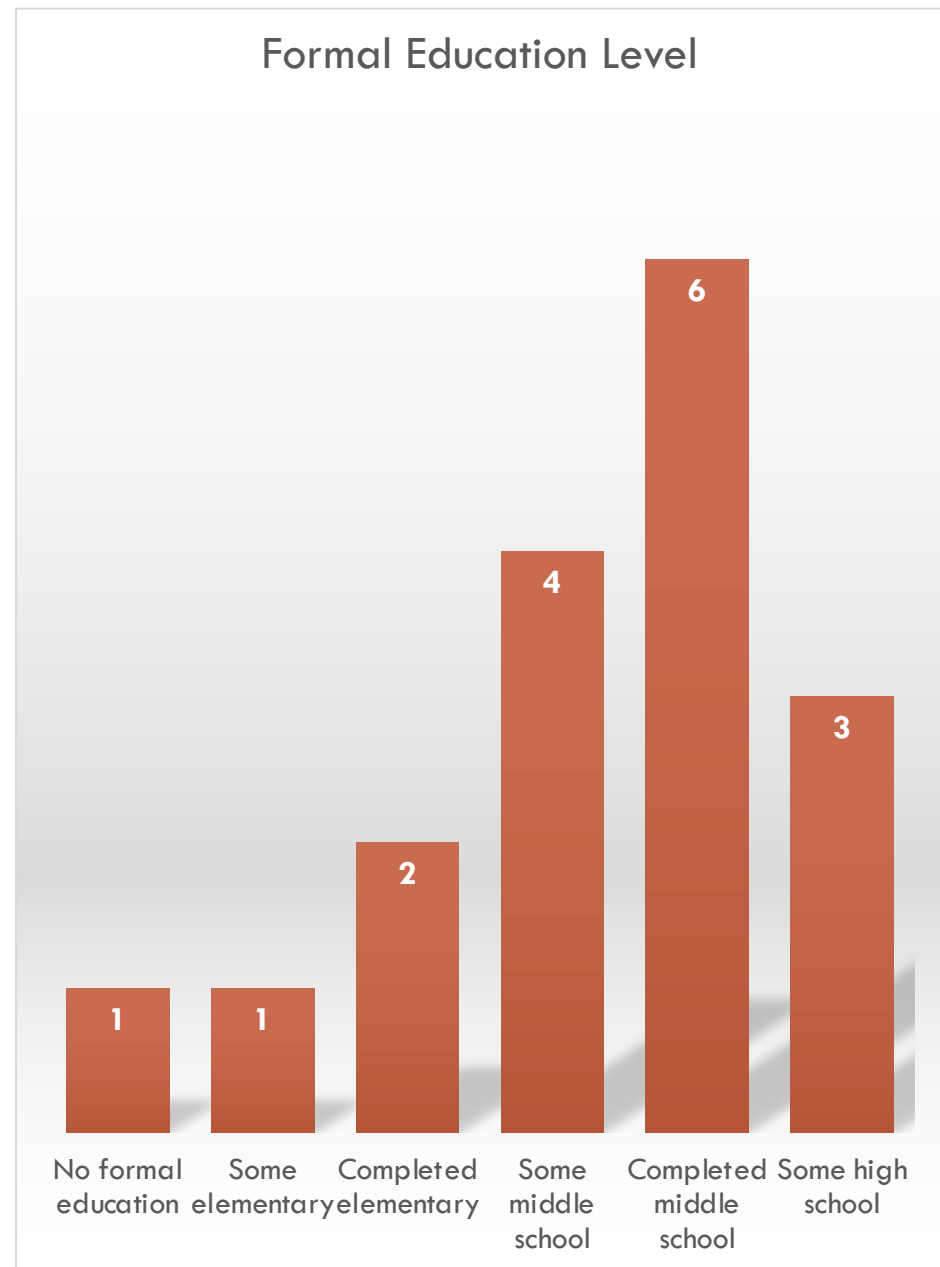
Descriptive statistics of
assessment measures

Content analysis of semi-
structured interviews with
Bridges to Health staff and
farmworkers

MEASURES & ANALYSIS

DEMOGRAPHICS

- **16** men, **1** woman
- **100%** Mexican
- Median age: **33**
- Median income: **\$31,850** for household of **5**
- Most common complaints:
 - Derm
 - GI
 - Sleep
 - Dental*



40% of farmworkers tested demonstrated inadequate levels of health literacy

Most farmworkers reported barriers to adequate health care

Health literacy tools well-received among this small pool of migrant farmworkers

Administrators found visits to be value-added to farm health outreach program

HLUPT enhanced ability to provide evidence-based patient education

KEY FINDINGS

BARRIERS & LIMITATIONS



Coordinating farm visits



Developing chain of communication for further follow-up



Cultural differences between farmworkers and researcher



Comparing pre- and post-intervention data



Social desirability response bias

Usefulness of work

Visits deemed valuable by workers and Bridges to Health administrator

Sustainability

Unfunded position: contingent on highly motivated volunteer

Bridges to Health committed to sustain partnership

Potential for spread to other contexts limited

Context very specific to farmworker population and its relationship to Bridges to Health

CONCLUSIONS

IMPLICATIONS FOR PRACTICE

Implementation of HLUPT to guide follow-up care was an effective means of conducting visits with migrant farmworkers

Community outreach to migrant communities using the framework of health literacy **helps strengthen ties to farmworker community** and closes loop between health outreach visits and need for further follow-up

NEXT STEPS

Creation of formalized internship position at Bridges to Health for nurse or nurse practitioner student to allow for continuation of services

Explore grant funding options to support position

ACKNOWLEDGMENTS

Ellen Long-Middleton

Naomi Wolcott-MacCausland

Kalyn Rosenberg

Kristi Boucher

Isaac, Mom, Dad

SELECTED REFERENCES

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Luque, J. S., Reyes-Ortiz, C., Marella, P., Bowers, A., Panchal, V., Anderson, L., & Charles, S. (2012). Mobile farm clinic outreach to address health conditions among Latino migrant farmworkers in Georgia. *J Agromedicine, 17*(4), 386-397.
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Further references available upon request