University of South Carolina
Scholar Commons

Senior Theses | Honors College

Fall 12-5-2017

Primary Care of Latino Patients in the United States: A Comparative Analysis of Personal Experiences in Safety-Net Healthcare Organizations

Grant Douglas Tore

Follow this and additional works at: https://scholarcommons.sc.edu/senior_theses

Part of the Medicine and Health Sciences Commons

Recommended Citation
Tore, Grant Douglas, "Primary Care of Latino Patients in the United States: A Comparative Analysis of Personal Experiences in Safety-Net Healthcare Organizations" (2017). *Senior Theses*. 121.
https://scholarcommons.sc.edu/senior_theses/121

This Thesis is brought to you by the Honors College at Scholar Commons. It has been accepted for inclusion in Senior Theses by an authorized administrator of Scholar Commons. For more information, please contact dillarda@mailbox.sc.edu.

المنارة للاستشارات

www.manaraa.com

PRIMARY CARE OF LATINO PATIENTS IN THE UNITED STATES: A COMPARATIVE ANALYSIS OF PERSONAL EXPERIENCES IN SAFETY-NET HEALTHCARE ORGANIZATIONS

By

Grant Tore

Submitted in Partial Fulfillment
of the Requirements for
Graduation with Honors from the
South Carolina Honors College

December 2017

Approved:

Carla Aguado Swygert
Director of Thesis

Myriam Torres
Second Reader

Steve Lynn, Dean
For South Carolina Honors College

المنارة للاستشارات

www.manaraa.com

Table of Contents

Thesis Summary 1

Acknowledgements 2

Introduction 3

Prospect Hill Community Health Center: A National Community Health Center 5

The Good Samaritan Clinic: A Free Medical Clinic 20

Conclusion 30

References 31

Appendices 32

Appendix A 33

Appendix B 34

Appendix C 35

Appendix D 37

Appendix E 39

المنارة للاستشارات

www.manaraa.com

Thesis Summary

This thesis aims to compare two types of healthcare organizations that compose the safety-net healthcare system in the United States with the utilization of both personal experiences and extensive research. The first are community health centers, which receive federal funding in order to serve specific populations with in their communities. In my experience, this population was migrant farmworkers, all who came to the United States legally with H2A visas. The second model is that of the free medical clinic, which operates on a volunteer/staff model, but receives no government funding. Serving primarily uninsured patients, free clinics such as the Good Samaritan Clinic, may often work to provide healthcare services to America's undocumented immigrant population. My personal experiences heightened my understanding of safety-net healthcare facilities in the US and the significant role they play in the lives of many underserved populations. Despite my experiences both being with widely Spanish-speaking populations, the ways in which they operate are unique. Thus, this creates new opportunities and further challenges in their work to address their respective populations' healthcare needs.

Acknowledgements

I am unable to articulate the amount of gratitude and humility I feel having experiences the American healthcare system through both the Prospect Hill Community Health Center and the Good Samaritan Clinic. I am beyond fortunate to graduate from the University of South Carolina, an institution that has given me the space to explore my passions both within and beyond the classroom. I would like to thank Dr. Isis Sadek and Professor Teal Evans who supported my interest in Student Action with Farmworkers. As an Into the Fields intern, I owe Ramon Zepeda, Jazmin Posas, Patricia Morales, and Bryan Parrish for teaching me more than I ever imagined I would know about migrant farmworkers. A special thank goes to the

www.manaraa.com

farmworkers themselves, who constantly labor so that we may eat and who trusted me with their health education.

I would also like to acknowledge Gina Gresham, Dr. Navarrete, Dr. Goodman, and Dr. Frye for the opportunities they gave me to volunteer with the Good Samaritan Clinic. Thank you to all the Good Samaritan patients who allowed me to be their interpreter and that I learn from their healthcare experience. For my thesis project, special appreciation goes to Dr. Myriam Torres, who has served as my Second Reader. Last but not least, I cannot express enough appreciation to Professor Carla Aguado Swygert, my Thesis Director. Originally my professor for Spanish for Healthcare Professionals, she has provided unmatched support to explore my interests in an academic environment and motivated my dedication to this thesis.

المنارة للاستشارات
www.manaraa.com

Introduction

During my undergraduate career at the University of South Carolina, my academic studies focused on Biological Sciences and Spanish. As an out-of-state resident, the South Carolina Honors College afforded me the opportunity to pursue my interests in both the natural sciences and humanities. My course of studies required that I complete the Carolina Core, the curriculum for two majors within the College of Arts and Sciences and the requisites to graduate from the Honors College. Despite the intensity of this process at times, I reached new levels of self-awareness and development as my studies pushed me intellectually both within and beyond the classroom.

In addition to the requirements described above, I worked to fulfill the Pre-Medical track at USC. Eventually, I aspire to become a physician, and I have a strong interest in taking the approach of preventive and primary care to promote overall health and wellbeing in the communities I will serve. My most meaningful undergraduate experiences have been those in which I was able to apply my curricular material to practical, beyond the classroom settings. In my efforts to exercise and improve my Spanish communication skills, I found various opportunities in health care settings with primarily Hispanic patient populations. First, I interned with the Prospect Hill Community Health Center in central North Carolina, working as an outreach worker to migrant farmworkers. Second, I have volunteered as a Spanish interpreter with the Good Samaritan Clinic in Columbia, South Carolina since the spring of 2017. Overall, these experiences allowed me to explore my interest to work with a Spanish-speaking population in the health care field; however, they were not the same.

In this thesis, I will explore the two experiences described above comparing and contrasting a national community health center with a free medical clinic. Although there are

المنارة للاستشارات
www.manaraa.com

shared aspects, these two types of clinics are distinct in their patient populations, how they receive funding and resources, the ways in which they provide their services, and the biggest challenges that prevent further development. Together, community health centers and free medical clinics make up a large part of the healthcare safety net in the United States, providing access to medical services for populations who are largely underserved in both urban and rural settings. According to the Institute of Medicine, “The concept of a health care safety net conjures up the image of a tightly woven fabric of federal, state, and local programs stretched across the nation ready to catch those who slip through the health insurance system…America’s safety net is neither secure or uniform,” (1). This thesis seeks to analyze these aspects of the US health care system.

المنارة للاستشارات
www.manaraa.com

Prospect Hill Community Health Center:

A National Community Health Center,

Prospect Hill, North Carolina

المنارة للاستشارات
www.manaraa.com

During the summer after my sophomore year, I interned with Student Action with Farmworkers (SAF) in central North Carolina. As a non-profit organization, SAF's mission is, "to bring students and farmworkers together to learn about each other's lives, share resources and skills, improve conditions for farmworkers, and build diverse coalitions working for social change," (2). To bring students and farmworkers together, SAF created the Into the Fields Internship and Fellowship, a summer program that hosts about 25 students annually. Interns work in both North and South Carolina in a variety of placements including legal assistance, health agencies, migrant education, community organization and lobbying. As an Into the Fields intern, I was placed with the Prospect Hill Community Health Center (PHCHC) in Prospect Hill, North Carolina.

The Prospect Hill Community Health Center is part of Piedmont Health Services (PHS), a larger organization of clinics in the center corridor of North Carolina, who serve 43,000 patients annually with medical, dental, and pharmacy services (3). The Piedmont clinics are members of the National Associate of Community Health Centers (NACHC) whose mission is to "promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations," (4). In North Carolina, PHS operates 12 different health centers located in both suburban and rural settings. In order to best understand the needs of their patients, Piedmont Health incorporates a community board model, gaining insight from not only healthcare professionals but representatives of their patient populations as well.

At two of the PHS locations, Prospect Hill and Moncure, the health centers cater a portion of their services to the prominent population of migrant farmworkers in their respective areas. Both clinics have a Migrant Health Program to address the needs of their migrant patients

المنارة للاستشارات
www.manaraa.com

in a comprehensive manner. The Prospect Hill Community Health Center, where I interned opened in 1970 as the first community health center in the state of North Carolina. Since then, PHCHC has grown and currently provides medical services to about 100 patients daily (5). Among these patients are migrant farmworkers, especially during the peak agricultural seasons.

In particular, the Migrant Health Program addresses farmworkers in Caswell, Person, Alamance, Rockingham and Guilford counties. As defined by federal standards, "a migrant farmworker is an individual whose principal employment is in agriculture on a seasonal basis, and who, for purposes of employment, establishes a temporary home…A seasonal farmworker is an individual whose principal employment is in agriculture on a seasonal basis but who does not migrate," (6). Of the population of farmworkers in the United States, approximately 95% of them were born in Mexico (7). It is difficult to determine an accurate count of migrant workers living in each state. Most estimates of the national population are close to 10 million (8). A 2004 study estimated 42,095 migrant farmworkers to be living in North Carolina with 8.903 of them having H2A visas (6). In general, H2A workers make up a small portion of the complete migrant population. The H2A visas "authorize nonimmigrant aliens to work in agricultural employment in the United States for a specified time period, normally less than one year," (6). During my summer interning, my encounters were solely with H2A workers, all documented to be in the United States.

Because the Migrant Health Program serves primarily H2A workers, the peak season for health service needs typically aligns with the peak agricultural (tobacco in the case of central North Carolina) season. Although H2A visas are available throughout the year, the greatest number of migrant workers are in the United States during the summer months. A few workers come as early as January, with an increase of arrivals in the late spring; at the end of the season,

المنارة للاستشارات
www.manaraa.com

most workers leave in October, with a few staying until November, especially those in western North Carolina where pine tree farms are more common.

The Migrant Health Program is staffed by a team of individuals who focus solely on the health care needs of this population. The Migrant Health team includes a Program Coordinator, full-time outreach workers, part-time outreach workers during the summer, and student interns. Beyond Migrant Health, many of the other staff at Prospect Hill, both medical and administrative, are bilingual in English and Spanish. In the case that a medical provider is not fluent in Spanish, there are no formal interpreters, but other staff, often those from Migrant Health directly, step into the role to facilitate effective communication. As a student intern, I accompanied farmworker patients during their visits a few times, helping them to communicate with the doctor and to have a familiar face in the room.

As stated before, the vast majority of the farmworker population seen at Prospect Hill Community Health Center are H2A workers. Most of the time, this is advantageous, as workers who are documented to be in the United States have less fear to access medical care when necessary. Under the H2A contract, workers are guaranteed certain protections that undocumented immigrants are not. For example, H2A workers are required to receive state workers' compensation insurance or its equivalent (9).

Despite the protections for H2A workers, there are still many obstacles to accessing quality healthcare when needed in the United States. These barriers include "linguistic and cultural differences from the majority population, low educational attainment, frequent moving, inadequate transportation, financial strains, lack of health insurance, lack of documentation, and a limited number of healthcare facilities," (10). Having an H2A visa only alleviates the concerns related to legal employment in the United States. For example, despite 95% of the U.S.

للاستشارات المنارة
www.manaraa.com

farmworker population being born in Mexico (7), surveys in North Carolina have concluded that 10-15% of the population's first language is not Spanish, but an indigenous language (11). The most common indigenous language I encountered as an outreach work was *Otomí*, originating from the central region of Mexico. Fortunately, one of my coworkers spoke *Otomí* as well, but this is certainly not a skill that many health outreach programs are able to offer.

Other challenges for farmworkers often come with scheduling and making it to an appointment. It was not uncommon for workers to express interest in a service from the clinic, but not want to take off any time from work to make an appointment. Typically, migrant farmworkers are in the fields from early in the morning around 6 or 7 AM until it gets dark at night. During the summer, this schedule can mean working until 8 or 9 PM some nights. Many clinics have worked to make adjustments in their schedule to better accommodate this. For example, Prospect Hill is open Monday-Friday from 8 AM- 5 PM, with the exception of Thursday when the clinic remains open until 8 PM. This allows many workers to come to the clinic without missing more work than they would like.

Sometimes, even when a worker is willing to lose time in the fields, transportation becomes the issue. H2A workers usually come to the United States from Mexico in large groups on buses, and thus have no means of personal transportation. Although many of them have a driver's license from Mexico, they do not go through the process to be able to use it in the United States. In order to arrive at the clinic, they must secure transportation from their employer, who may or may not be accommodating. From my experience, the employer's wife or another family member would often step into the role of driving a worker to an appointment. Unfortunately, the H2A contract only guarantees that workers are provided transportation between their working

المنارة للاستشارات
www.manaraa.com

and housing locations. With such barriers to accessing health care, community health centers have played an important role in increasing this access.

In general, community health centers and migrant health programs receive federal funding from the Bureau of Primary Health Care in the Health Resources and Services Administration. Annually, the funds provided by the Migrant Health Program allows clinics to serve nearly 800,000 farmworkers and their families throughout the United States (12). For the Prospect Hill and Moncure Community Health Centers, this funding comes through the North Carolina Farmworkers Health Program (NCFHP) to comply with their mission, “to provide quality outreach, health management, and health education to agricultural workers within 13 counties in the center corridor of North Carolina,” (13). Including the two Piedmont Health centers, there are about 20 clinics or health centers in the state of North Carolina, 12 of which receive funding from NCFHP (14). Although growing, these 20 locations are still not enough to serve the entirety of the migrant population, spread across the 100 counties in North Carolina. On a national scale, the Bureau of Primary Care funds a total of 137 migrant health centers and 955 community health centers through the United States that deliver medical services to migrant farmworkers (6).

One of the most effective strategies to ensure the migrant population stays connected to healthcare services is collaboration between community health centers. When H2A workers arrive in North Carolina, they all first pass through the North Carolina Grower’s Association in Vass, NC. The Grower’s Association is the group through which growers throughout the state apply each year to have H2A workers come to their farms. During this first stop in Vass, migrant farmworkers spend the day finalizing their contracts, being informed verbally of their rights, and getting connected to resources such as the Mexican consulate and migrant health programs.

المنارة للاستشارات
www.manaraa.com

As an intern, I went to the NC Grower's Association to make the incoming H2A workers aware of the migrant health program closest to them, based on their place of employment in the state. Each farmworker showed us their placement according to county, and we gave them a map that highlighted the closest migrant health provider to where they would live, which has been included as Appendix A (15). During this interaction, we monitored for farmworkers going to work in counties that remain without access to migrant health programs. If a farmworker was identified as such, we completed their initial health evaluation, measured their blood pressure, and gave them health education materials and hygiene kits on site.

In addition to partnering with other migrant health programs throughout North Carolina, the Prospect Hill Community Health Center has also worked with the UNC School of Medicine to create a two-year residency track in family medicine. Since the partnership began, Prospect Hill typically has 4-6 resident physicians at a time and has staffed 3 UNC faculty physicians (5). Through this partnership, Prospect Hill has been able to expand their primary care offerings to the counties they serve.

The services provided by the Prospect Hill Community Health Center to the migrant farmworker population include health outreach and education, case management, referrals to specialists, resource allocation, healthcare insurance enrollment and more (13). The first connection between H2A workers and the clinic is often the outreach process completed by the migrant health team. As an intern, I completed health outreach every Monday through Thursday each week throughout the summer. A typical day involved coming to the clinic at 12 PM to complete any paperwork from the night before, follow up with any needs farmworkers expressed during outreach to access the clinic's services, and prepare materials for that night's outreach. After lunch around 4:30 PM, my coworkers and I would head out to the farmworker camps and

المنارة للاستشارات
www.manaraa.com

do outreach until about 10 PM. Depending on the size of the camp, we usually visited 2-3 camps per night, seeing around 15-20 workers.

Planning outreach each night involved identifying camps located within a certain vicinity. Fortunately, the Migrant Health Program at Prospect Hill has developed strongly, with a well-organized file system of each known farmworker camp. However, even with information obtained from the U.S. Department of Labor regarding the location of H2A camps, it could still be difficult to locate them. For example, the address provided was often the home of the grower, a mile away from where the worker camp is actually located. In each camp file, my supervisor collected and kept the most accurate Google Maps directions to each camp over the years, along with a hand-drawn diagram of where each camp is located off the road. The Site Registration form is included as Appendix B (16). This system proved itself to be effective, but it has taken many years to create.

Once a camp was located, the standard outreach interaction began with a presentation on the health education booklet, prepared specially by Piedmont Health services for the H2A workers in North Carolina. The health education discussion covered a variety of topics including contact information for the clinics and an overview of the medical, dental and pharmaceutical services offered, information about the Affordable Care Act and health insurance for H2A workers, oral health, nutrition, Green Tobacco sickness, heat stress, diabetes and hypertension, sexual health and mental health, ticks, and pesticide exposure. The health topics included in the discussion were intentional because of the high risk of agricultural work. Farm labor is consistently ranked as one of the top three most dangerous occupations in the United States due to the rates of injury on the job, chemical and nicotine exposure, poor field sanitation, extreme weather conditions, and substandard housing (17). Because of this, "Migrant and seasonal

المنارة للاستشارات
www.manaraa.com

workers have increased rates of many chronic conditions, such as HIV infection, malnutrition, anemia, hypertension, diabetes, chronic dermatitis, fatigue, headaches, sleep disturbances, anxiety, memory problems, sterility, blood disorders, dental problems, and abnormalities in liver and kidney function," (8). The health education discussion attempted to provide farmworkers with preventative methods to address health concerns before they became serious.

Across the United States, one of the greatest risks associated with working in agriculture is exposure to pesticides, which can cause both acute and long-term symptoms. The short-term effects of poisoning from pesticides can include nausea, issues with the skin, and eye pain (16). One study found that of North Carolina farmworkers, 41% reported eye pain; 43%, redness; 25% itching; and 13%, blurred vision (18). More serious effects of pesticide exposure are cancer, neurological disorders, miscarriage, memory loss, and depression (16). One of the largest contributing factors to pesticide exposure is the lack of education for farmworkers in this area. One study from Washington State found that the only pesticide education for workers was "a short warning cassette tape in monotone Spanish played inaudibly in one corner of a huge warehouse full of 100 or more workers," (19). Although not exactly the same, this appears to be very similar to what I witnessed at the North Carolina Growers Association during my visit. By bringing the discussion about the dangers of pesticides to a more intimate space, farmworkers can better understand the importance of hygiene. Even so, some farms allow for conditions that put farmworkers unnecessarily at risk. For example, "one of the primary hand-washing and outhouse stations on the edge of the field […] located within an area of several large canisters marked with pesticide danger signs," describes a very clear barrier to proper sanitation conditions (19).

المنارة للاستشارات
www.manaraa.com

Specifically, for farmworkers in central North Carolina, another one of the most prominent health concerns is associated with the fact that the main crop with which they work is tobacco. Because of this, there is great risk for overexposure to nicotine. Before doing health outreach, I was completely unaware of a condition commonly called Green Tobacco sickness. Occurring mainly during the cutting process, migrant farmworkers whose skin is exposed to the tobacco leaves can experience nicotine poisoning. In an average growing season, approximately 24% of tobacco workers experience Green Tobacco sickness (14). Symptoms include vomiting, dizziness headaches, and difficulty to eat or sleep. Studies have shown that absorbance of nicotine through the skin is at higher risk when the workers clothing becomes wet from rain or sweat (20). "In just one day, workers can absorb the amount of nicotine found in 36 cigarettes," (14). A common myth among migrant farmworkers is that smoking cigarettes actually helps this condition. However, in the health discussion, we explained to the workers that smoking cigarettes instead only added more nicotine to their system, and really only helped the feelings of withdrawal. Still, from my experience, it is not uncommon for some workers to smoke.

In order to prevent Green Tobacco sickness, workers are highly recommended to wear long sleeves and use any protective equipment available. In states like North Carolina, this poses another issue. Due to the extreme conditions in which farmworkers labor, heat exhaustion and stroke are yet another concern. Harsh weather conditions including extreme temperatures, rain and hot sun contribute to this risk. During outreach, my team taught the farmworkers about the differences between heat exhaustion and stroke. Whereas heat exhaustion involves a great amount of sweating, heat stroke is more serious as the body reaches temperatures at which it stops sweating. Heat stroke can also be associated with more severe consequences including vomiting, flushed skin, altered mental behavior, and even death. In a five-year period, North

المنارة للاستشارات
www.manaraa.com

Carolina alone lost seven farmworker lives due to heat stroke (14). For this reason, especially during the months of July and August, we encouraged the farmworkers to be consistent about taking breaks from the sun when possible and to be conscious about staying hydrated.

In addition to the risks associated with agricultural work, the lifestyle of migrant farmworkers in the United States can create additional health concerns. Typically, because H2A workers receive housing from their employer, many farmworker camps are set up as barrack style arrangements. Although not required, many growers organize a way for their workers to receive their meals, which often include many greasy, fried, and sugary food. “The nutritional value of immigrant’s diets also decreases significantly during the first year in the US,” (21). Even if migrant farmworkers were given more choice of what they eat, their choices are influenced by their limited income as well (22). Diets high in salt and sugar further contribute to chronic conditions experienced by many workers. Findings show that farmworkers are at elevated risk for diabetes and heart disease (22). To combat this, the health discussion included a part about nutrition where we showed the workers healthier alternatives in their diet, such as corn tortillas, low-fat milk, nuts, avocado, and fish, when possible for them.

In order to improve care for chronic conditions, such as high blood pressure, diabetes, and HIV, the Health Resources and Services Administration funds the Migrant Clinician’s Network (MCN). This program helps specially to address the mobility of the farmworker population. MCN uses newsletters, workshops, conferences and more to share current information among healthcare professionals related to migrant health. Furthermore, MCN’s Health Network Program “addresses the need for continuity of care by allowing for the transfer of medical records between clinics (6). Whenever we encountered a farmworker with a chronic health condition, we attempted to enroll them in the Migrant Clinician’s Network so that they

للاستشارات المنارة
www.manaraa.com

would be able to continue their care more easily in the future if they moved. The MCN Enrollment form is included as Appendix C (23).

Finally, the health discussion included the topic of mental health. Many factors may contribute to mental health concerns for migrant farmworkers, including, "disrespect from supervisors and area residents, lack of choices for work, lack of opportunities for social advancement, fear of being deported, and grieving the distance from family members and home," (19). A recent study found that 40% of migrant farmworkers experience depression and 30% experience anxiety (24). These mental health conditions can be compounded by binge drinking. One worker reported that, "the only remedy he found to make the headache go away was drinking 24 beers. He resorted to this form of self-medication a few times in an average week," (19). As an intern, I taught the workers about simple acts of self-care to maintain mental wellbeing such as listening to music, stretching and keeping a small journal.

Following the health discussion, which normally lasted 30 minutes, my coworkers and I completed the Farmworker Health Outreach Assessment, an individual evaluation with each worker. The evaluation, included as Appendix D (25), was not mandatory, but recommended to review the health discussion on a more individual basis. In the evaluation, workers provide their personal information and answer questions regarding the health topics just discussed. During this interaction, we also checked their blood pressure, height and weight. When possible, we also gave each worker personal hygiene supplies donated by local churches, condoms, a package of daily vitamins, and *sueros*, or rehydration packets.

Another topic that arises during the conversation is whether or not the worker has health insurance. Aside from the normal migrant health team, Prospect Hill employs a few staff who focus on enrollment in health insurance plans to comply with the Affordable Care Act (ACA).

المنارة للاستشارات
www.manaraa.com

During some visits, especially to larger camps, the ACA Enrollment team accompanied us, assisting farmworkers in applying for health insurance. This area is one of the biggest deficits in the migrant population with only 5% of farmworkers having health insurance compared to 84% of all United States residents (8). With the work of the ACA Enrollment team, 400 migrant farmworkers obtained health insurance in 2016 (13). In order to make use of the services at Prospect Hill though, it is not required that a patient have insurance. Instead, as a community health center, the clinic is able to offer services on a sliding scale, factoring in the patient's annual income and number of dependents. Even so, some migrant farmworkers are unlikely to access medical services, with 27% never receiving a routine physical exam (8).

Once an outreach visit is completed, an encounter form is completed for each worker as well. This form, included as Appendix E, describes the nature of the interaction and identifies the health education topics covered. During the 2016 season, the Prospect Hill Migrant Health Program logged a total of 2097 unique encounters that included the initial health assessments, any follow up appointments, interpretation, or transportation (13). Aside from primary medical care services, Prospect Hill also connects its patients to specialists and has its own on-site dental clinic and pharmacy. For migrant farmworkers in particular, the dental clinic receives grant funding that allows patients to have their annual cleaning for only $25. This funding is intended to increase access to dental services as well, as 25% of migrant workers never have a dental check-up (8). When a medical specialty is not available at the clinic, the Migrant Health team coordinates with the farmworker and another healthcare provider to set up an appointment. As an intern, I often played this role, hearing the need from the worker, finding the specialists for them, and communicating with their employer to ensure the worker would make it to his appointment. In certain cases, farmworkers could also make use of a voucher program that allowed them to

المنارة للاستشارات
www.manaraa.com

obtain care from other community providers when Prospect Hill was not accessible (27). Although there is room for growth, opportunities such as these have truly improved migrant farmworkers' access to healthcare services.

Despite the success the Prospect Hill Community Health Center has found in serving the migrant farmworker population, there are still challenges to overcome. Nationally, is estimated that the Migrant Health Program still only reaches about 13% of the intended farmworker population (8). As outreach programs work to expand their reach, some barriers are still beyond their scope. Holmes notes, "Physicians and nurses in migrant clinics work hard under relatively poor conditions without access to state-of-the-art medicines and instruments and are often frustrated by the obstacles in a system with irregular funding and virtually no insurance coverage," (19). Until funding increases, change in community health centers can only advance at a certain rate. Daniel Hawkins, Senior Vice President for Policy and Programs of the National Association of Community Health Centers noted that programs like the National Health Service Corps (NHSC) are in need of substantial funding. In 2008, he estimated the budget for the NHSC would need to increase from $125 million to $770 million by 2015, a very lofty goal (28). Part of Hawkins' solution involves shifting the emphasis of the US healthcare system from illness care to prevention and primary care. If community health centers could expand their current capacities, nearly $18 million could be saved annually by reducing unnecessary emergency department visits (28). The true potential of community health centers remains unknown, but should continue to be explored.

Overall, the Prospect Hill Community Health Center is an exemplary manifestation of community health centers and the services they provide to underserved populations throughout the United States. The Migrant Health Program is an essential component to the experience of

www.manaraa.com

many H2A workers and opens access to healthcare they would not receive otherwise. Thanks to the dedication and hard work of the Migrant Health team, the program is extremely well established in the counties it serves. In 2014, the Piedmont Migrant Health Outreach Program received the Sister Cecilia B. Abhold Award by Health Outreach Partners for demonstrating "excellence in health outreach service to migrant and seasonal farmworkers," (29). This award is an accurate depiction of the strong connection the Migrant Health team has built and maintained with the migrant farmworkers of Prospect Hill and the surrounding communities.

المنارة للاستشارات
www.manaraa.com

The Good Samaritan Clinic:

A Free Medical Clinic,

Columbia, South Carolina

المنارة للاستشارات
www.manaraa.com

My second exposure to working with Hispanic patients in the United States is my volunteer service with *la Clínica Buen Samaritano*, or the Good Samaritan Clinic (GSC), located primarily in Columbia, South Carolina. The Good Samaritan Clinic operates as a free health clinic accepting all uninsured patients regardless of race, ethnicity or background. Because of this status, the GSC is part of The National Association of Free & Charitable Clinics (NAFCC), which make up a portion of safety-net healthcare organizations in the United States, providing care primarily to economically disadvantaged individuals. In 2016, the NAFCC reported that free and charitable clinics served 1.8 unduplicated patients with a total of 6 million patient encounters (30). Unlike community health centers though, free clinics are not Federally Qualified Health Centers or Rural Health Centers, but 501(c)(3) tax-exempt organizations (30).

In 2001, the Good Samaritan Clinic opened its first location on Old Percival Road with the support of the First Hispanic Baptist Church of Columbia. Since then, the GSC has expanded to a total of four locations, anchored in the Midlands with the Columbia, West Columbia and Chapin clinics and an additional clinic on Edisto Island. In the Midlands, where I have volunteered, the Good Samaritan Clinic emphasizes the importance of providing culturally competent healthcare (31). Presently, more than 93% of the GSC patient population in the Midlands is Hispanic, many of whom speak Spanish as their first and only language (31). Aware of this attribute, the GSC strives to increase the opportunities for their patients to receive care in Spanish. While there are other free clinics in the Columbia area, such as the Free Medical Clinic on Harden Street, there is often a lack of health care providers who are capable of effectively communicating with Hispanic patients in their native language.

To address this issue, the GSC has worked since its beginning to create and maintain strong connections with its medical providers. Many of them, whether physicians, nurses,

المنارة للاستشارات
www.manaraa.com

medical assistants or other volunteers are bilingual in English and Spanish, like Dr. Lidia Navarrete, Columbia and West Columbia Clinic Director. Others, like Board Member, Dr. Chris Goodman, although not fluent, have some background with Spanish and work closely with interpreters to ensure that communication, especially anything regarding medical information, is clear and accurate.

As a student volunteer, I have spent time at both the Columbia and West Columbia clinics. I first connected with the Good Samaritan Clinic through Spanish 360: Spanish for Healthcare Professionals, a service-learning course offered at the University of South Carolina. Service-learning courses require students to develop their understanding of in-class material through practical experience in the surrounding community; with this requisite, I became very familiar with the Hispanic patient population served at the clinics through my first-hand experience with them.

The Columbia and West Columbia clinics serve the area's undocumented immigrant population, who are, "particularly more vulnerable to unequal access to healthcare resulting in embodied inequalities, expressed as illness, injury or abandonment," (32). In this way, the GSC provides health resources that many undocumented immigrants do not have available on a national scale. Due to the insufficiency of non-emergency medical care providers, undocumented immigrants "often seek healthcare in the emergency room, which is not cost effective," (33). Not only does this highlight the economic burden this creates for patients who have no option except to seek care in an emergency room, but also it emphasizes the role into which free clinics have stepped.

The Good Samaritan Clinic among other similar non-profit organizations have developed greatly in recent years. "Historically, healthcare options for undocumented immigrant have been

المنارة للاستشارات
www.manaraa.com

safety-net care providers, such as community and faith-based clinics," (32). Based on recent data from the GSC, healthcare for the uninsured Hispanic population is still in high demand. Since January 2017, the Good Samaritan Clinic has seen 1982 individual patients, not including those who have been seen in the past month (31). On a monthly basis, this equates to 198 patients receiving medical or dental services from the four clinic locations. Within the 1982 total patients at the GSC, 597 of them, or approximately 31.6%, were also new or first-time patients (31). Where I have personally volunteered, the Columbia and West Columbia clinics have seen 698 and 718 patients this year, respectively (31). These locations also offer specialty clinics each month with the dental clinic having 123 patients, the gynecology clinic having 51 patients, and the obstetrics clinic having 103 patients (31). Even at its current state, the GSC clinic is only able to serve a limited number of patients each month.

In order to guarantee that each patient has an equal chance of being seen by a medical provider, the Good Samaritan Clinic utilizes a number system. If a patient wishes to be seen by the clinic, he or she is asked to arrive promptly at 2:00 PM when the clinic opens to draw a number that correlates with their place in line. For patients who are unable to be present at 2:00 PM, they are able to have someone else, a family member or friend, go in their place and draw a number. At maximum capacity, each clinic location serves about 20 patients per day they are open. The strongest limiting factor that impacts the number of patients able to be seen each day is the availability of the volunteers, who willingly sacrifice their time in service of the GSC.

As a non-profit organization, the Good Samaritan Clinic works to find funding and resources through a variety of outlets. Receiving little to no funding from the state or federal government, nor from the Health Resources and Services Administration can be a sizeable challenge for many free clinics (30). Presently, in order to maintain the four locations, the Clinic

المنارة للاستشارات
www.manaraa.com

is supported by over 10 different grants. The funding from these grants ranges from $750 from the Chapin Community Endowment to over $66,000 from the South Carolina Department of Health and Human Services and is utilized to cover the various expenses incurred throughout the year (31). The grants support normal operating costs, dental clinic operations and equipment, diabetes and hypertension education, computer for electronic health records and network support, laboratory tests and x-rays, renovations and more. Most of the grants are allocated to one of these expense areas in particular. For example, the funding received from Aflac is utilized to cover the laboratory procedures and x-rays for the Columbia location (31).

In addition to the funding from grants, the Good Samaritan Clinic receives many private donations from both churches and individual donors to further its mission. One of the most advantageous aspects of the GSC's connection to local churches is that their physical facilities are owned by the churches with whom they partner. The Columbia clinic shares a parking lot with the First Hispanic Baptist Church of Columbia, while the West Columbia location is supported by the Northside Baptist Church. Because of these relationships, the GSC does not have to pay rent for their uses of the buildings. These two locations have been converted from old houses into the clinics they are today. The basic facilities of each clinic are sufficient, equipped with the basic materials and equipment of a regular medical office, but future renovations of their spaces could aid the improvement and expanse of the clinics' capacities (31).

In order to operate successfully, the Good Samaritan Clinic employs six staff members to direct the operations of the clinics, coordinate volunteers and organize communication and community outreach. Beyond these six positions, the clinic relies solely on the contributions of volunteer physicians, nurses, administrative assistants, health educators, and interpreters.

المنارة للاستشارات
www.manaraa.com

Over the past year, the dedication of volunteer physicians has totaled 987 provider hours alone among the four clinic locations. Excluding the specialty clinics, the Columbia clinic has logged 268 provider hours while the West Columbia clinic logged 218 (31). During a typical week, the GSC opens at 2:00 PM and closes around 6:30-7:00 PM. The Columbia location is only open on Tuesday afternoons, while the West Columbia operates on Thursdays. As each location is only open for the general clinic once a week, each clinic experiences approximately 6 provider hours per day the clinic is open. These hours are normally divided between two providers, who each see about half of the patients present that day. In this area, the GSC is doing very well because of its consistency in connecting local health care providers to patients in a timely manner.

On the contrary, not all free health clinics have this ability. A recent case study explores the complications faced by free clinics like the Our Lady of Guadalupe Free Clinic (OLGFC) in Minnesota that have struggled to find health care providers willing to volunteer their time and services in their proximity. Although I have no personal experience with OLGFC, this study serves as an effective example of free clinics throughout the US. OLGFC reported that, "Due to the distance between patients and the majority of practitioners, the clinics have occurred at six-week intervals over the past two years," (32). In this sense, the Good Samaritan Clinic's urban location is definitely an advantage as more healthcare providers are simply in the proximity. Any access to medical care is better than none, but the long intervals between each OLGFC date may still be forcing patients to seek care in emergency rooms in the meantime.

Aside from physicians, the Good Samaritan Clinic has a strong foundation of volunteers. Since the start of this year, volunteers have served 4737 hours, excluding the hours listed above logged by medical providers (31). Once again, these hours are most heavily distributed between

المنارة للاستشارات
www.manaraa.com

the Columbia and West Columbia locations, respectively having 1199 and 1532 recorded volunteer hours since January (31). For these locations, the volunteer efforts are effectively organized by the GSC's Volunteer Coordinator and Grant Writer, Gina Gresham. In her position, Gresham works closely with many community partners to maintain a steady volunteer base.

Due to the proximity of the GSC to the University of South Carolina in Columbia, undergraduate students are one of the largest sources of volunteers. Since 2008, the GSC has partnered with *Amigos del Buen Samaritano*, or Friends of the Good Samaritan, a student organization at the University. Although volunteers are always needed, Gresham seeks individuals who speak at least a conversational level of Spanish, take initiative and bring new ideas to the clinic. For example, one student volunteer in the past took it upon herself to create conversation with patients in the waiting room and use the opportunity to discuss basic health education topics. Others have served as community service ambassadors for the GSC, helping to maintain the connection between the clinic and the university community. Typically, student volunteers donate about 30-40 hours of their time to the clinic each semester, contributing in a variety of ways (31).

As a volunteer, I began by learning how to triage patients before their appointments. At the Good Samaritan Clinic, the triage process is the first step in making sure that each patient receives high quality of care during their visit. At the GSC, triaging involves verification of personal identifying information, measurements of basic health indicators such as height, weight (BMI), temperature, blood pressure, pulse, and percent oxygen. Depending on the patient, some triage encounters also include an analysis of blood glucose, hemoglobin or urine. To conclude the triage, the reason for the patient's visit must be determined in order to prepare the doctor when he or she receives the patient's file.

المنارة للاستشارات
www.manaraa.com

Although still part of the triage process, there is a distinct procedure taken for patients who are visiting the clinic for the first time. As a volunteer, I helped new patients to enroll in the clinic by sitting down with them on an individual basis to complete the forms necessary to receive medical attention at the clinic. By using this initial encounter as an educational experience, the GSC works to help their patients to feel competent to fill out their own medical forms in other settings in the future. Studies have shown that a patient's confidence filling out medical forms alone is a strong predictor of health literacy, which is then significantly and consistently associated with quality of care (34). However, "Latino immigrants have lower levels of health literacy than other racial and ethnic groups in the United States," (34). This small experience of health education can transform into much larger results, highlighting the Good Samaritan Clinic's dedication to health literacy and investment in the lives of their patients.

Beyond the triage process, I have also served as a Spanish interpreter during any other encounters with health care professionals at the Good Samaritan Clinic. Most typically, this happens during the direct interaction between the physician and the patients. In my role as an interpreter, I facilitate their communication, acting as an aid to both parties. As I have developed my Spanish listening and speaking skills in the process, I always work to interpret what the patient or physician says as accurately as I am able to. Fortunately, as a Spanish major, I was able to incorporate Spanish needed to work in a healthcare setting into my coursework. This gave me a strong foundation to understand medical terminology in Spanish and some common characteristics of Hispanic patients. This is not to say that I understood everything said by the doctor or patients with perfect clarity the first time. In these instances, I would start by asking for clarification myself, and for further assistance if I really could not understand. In this role, I

المنارة للاستشارات
www.manaraa.com

quickly realized that an interpreter's pride must not come before the integrity of clear communication between the patient and healthcare provider.

Besides typical visits with a physician, I often worked with the Good Samaritan Clinic's health education encounters. At the Columbia clinic, I interpreted for Dave Brangan, a health educator from Health Education Consults, Inc. During our interactions with patients, the most common topics covered were diabetes, nutrition, hypertension, and heart disease. In this interaction, we often provided patients a table of many everyday foods with their suggested portions and how each food contributed to one's daily nutritional intake. Many times, patients would bring their elderly parents who had diabetes or high blood pressure out of concern. On a larger scale, the GSC has also been able to host health education workshops with the support of the Palmetto Foundation (35). These initiatives once again highlight GSC's emphasis on preventative measures to improve their patients' and community's overall wellbeing.

The Good Samaritan Clinic also participates in community health fairs organized by PASOs, an organization focused on "healthy Latino communities contributing to a stronger South Carolina," (36). Community health fairs bring the GSC together with other healthcare organizations in the Midlands to provide comprehensive opportunities for Hispanic patients to receive a variety of services all at the same location. For example, as a volunteer with the GSC, I was responsible for taking patients' blood glucose and hemoglobin measurements. Other services available were flu shots, basic English lessons, and more. Because of the collaboration required between so many organizations, this sort of health fair occurs about once a month. Still, this is another way the GSC and other organizations increase access to healthcare for marginalized Hispanic patients in South Carolina.

المنارة للاستشارات
www.manaraa.com

Part of the issue is that in the United States, there is still strong controversy on whether healthcare should be defined as a commodity or a human right. Despite not being explicitly stated, the GSC approaches healthcare from a humanitarian perspective, acknowledging the right of each patient to have access to quality healthcare. This approach, although not unanimously accepted in American culture, aligns with international discourse surrounding medical access: "The 'right to health' for all persons regardless of gender, creed, or documentation status, was first articulated in the 1946 World Health Organization Constitution and recognized as a human right in the 1966 International Covenant on Economic, Social and Cultural Rights," (32). Institutionally, there continue to be barriers to a reality in which healthcare is treated as a universal right. For example, various US states have even passed bills, such as the California "Save Our State" initiative, "that bar undocumented immigrants from public services, including health care," (19). By addressing the medical needs of their patients, whether documented or undocumented, the Good Samaritan Clinic helps to ensure that the Hispanic population of Columbia is able to exercise its human right to quality health care.

المنارة للاستشارات
www.manaraa.com

Conclusion

In exploring the relationship between the two core types of organizations that compose the healthcare safety net in the United States, this analysis exposes the similarities and differences between national community health centers and free or charitable clinics. The biggest similarity observed between the two is that both seek to address patient populations in the United States who are largely undeserved, uninsured, or disadvantaged in their access to health care. Even this can be a generalization though, as these disadvantaged populations face a variety of challenges with respect to receiving quality health care. The biggest problems for the migrant farmworkers in North Carolina are often related to their occupation; on the contrary, the Hispanic population in Columbia has a greater fear of accessing care because of stereotypes surrounding their legal status, whether accurate or not.

In order to address the needs of their patients, national community health centers have the advantage of receiving federal funding to cover many of their expenses, while free medical clinics rely heavily on smaller annual grants and donations. Even in the case of community health centers though, there is always the need for more funding and a greater sense of consistency. Because funding for both typically correlates to the volume of patients served each year, there continues to be the difficulty of attempting to see more patients while avoiding the compromise of quality over quantity.

Overall, both community health centers and free medical clinics play a vital role in providing health care to the communities they serve. Although the US healthcare safety net is far from perfect, many individuals would be completely without care if these organizations did not exist. As a student, I am fortunate to have experienced both of these healthcare settings and feel more prepared to seek opportunities as a future professional in the field.

المنارة للاستشارات
www.manaraa.com

References

1. Institute of Medicine (US) Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers; Ein Lewin M, Altman S, editors. Americas's Health Care Safety Net: Intact but Endangered. Washington (DC): National Academies Press (US); 2000. 2, The Core Safety Net and the Safety Net System. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK224521/
2. Vision, Mission & Goals. (2011). Retrieved November 18, 2017, from https://www.saf-unite.org/content/vision-mission-goals
3. Supporting Our Mission. (2017). Retrieved November 18, 2017, from https://www.piedmonthealth.org/supporting-our-mission/
4. Mission. (2017). Retrieved November 17, 2017, from http://www.nachc.org/about-nachc/mission/
5. Prospect Hill Community Health Center. (2017). Retrieved November 14, 2017, from https://www.piedmonthealth.org/locations/prospect-hill-community-health-center/
6. Arcury, T. A., & Quandt, S. A. (2007). Delivery of Health Services to Migrant and Seasonal Farmworkers. *Annual Review of Public Health, 28*(1), 345-363.
7. Kandula N, Kersey M, Lurie N (2004) Assuring the health of immigrants: What the leading health indicators tell us. Annu Rev Public Health 25: 357– 376.
8. Rust G (1990) Health status of migrant farmworkers: A literature review and commentary. Am J Public Health 80: 1213–1217.
9. *Employee Rights Under the H-2A Program* [PDF]. (2012, April). The United States Department of Labor Wage and Hour Division.
10. Goldsmith DF, Sisneros GC. 1996. Cancer prevention strategies among California farmworkers: preliminary findings. J. Rural Health 12(Suppl. 4):343–48.
11. Arcury TA, Quandt SA, Preisser JS, Norton D. 2001. The incidence of green tobacco sickness among Latino farmworkers. J. Occup. Environ. Med. 43:601–9.
12. Migrant Health Centers. (n.d.). Retrieved November 02, 2017, from http://www.ncfh.org/health-centers.html.
13. Parrish, B. (2017, November 27). Re: Senior Thesis [E-mail to the author].
14. Our Farmworker Health Service Delivery Sites – NC Farmworker Health Program. (2017). Retrieved November 05, 2017, from https://www.ncfhp.org/sites-we-fund/.
15. *Clínicas de Salud para Trabajadores Agrícolas en Carolina del Norte ~ NC Farmworker Health Clinics*[PDF]. (2017, February). NC Farmworker Health Program.
16. *Farmworker Site Register* [PDF]. (2017). NC Farmworker Health Program.
17. *North Carolina Farmworker Health Facts* [PDF]. (2008). NC Farmworker Health Institute.
18. Quandt, S. A., Elmore, R. C., Arcury, T. A., & Norton, D. (2001). Eye Symptoms and Use of Eye Protection Among Seasonal and Migrant Farmworkers. *Southern Medical Journal, 94*(6), 603-607. Retrieved November 12, 2017.
19. Holmes, S. M. (2006). An ethnographic study of the social context of migrant health in the united states. *PLoS Medicine, 3*(10), e448.
20. Green Tobacco Sickness. (2015, March 30). Retrieved December 18, 2017, from https://www.cdc.gov/niosh/topics/greentobaccosickness/default.html
21. Villarejo D (2003) The health of U.S. hired farm workers. Annu Rev Public Health 24: 175–193.

المنارة للاستشارات
www.manaraa.com

22. Quandt, S. A., Arcury, T. A., Early, J., Tapia, J., & Davis, J. D. (2004). Household Food Security among Migrant and Seasonal Latino Farmworkers in North Carolina. *Public Health Reports, 119*(6), 568-576. Retrieved November 17, 2017.
23. *Migrant Clinicians Network (MCN) Enrollment Form* [PDF]. (n.d.). Migrant Clinicians Network.
24. Hovey JD, Magana CG. 2000. Acculturative stress, anxiety, and depression among Mexican immigrant farmworkers in the Midwest United States. J. Immigr. Health 2:119–31.
25. *2017 Farmworker Outreach Health Assessment - Adult (18 and up)* [PDF]. (2017). NC Farmworker Health Program.
26. *2017 NC Farmworker Health Program Enabling Services Encounter Form* [PDF]. (2017). NC Farmworker Health Program.
27. Miles M, Freeman Lambar E. 2004. A brief history of migrant health voucher programs and their approach to increase access to health care for migrant and seasonal farmworkers. Migrant. Health Newsline 21(6):1–2.
28. Hoppel, A. M. (2008). Meeting the Needs of the Underserved. (Cover story). *Clinician Reviews*, 18(9), 1-15.
29. Reaching out to a population with few resources. (2016, July 28). Retrieved November 12, 2017, from https://www.piedmonthealth.org/reaching-out-to-a-population-with-few-resources/.
30. Welcome to National Association of Free and Charitable Clinics | National Association of Free and Charitable Clinics. (2016). Retrieved November 01, 2017, from http://www.nafcclinics.org/
31. Gresham, G. (2017, October 13). Interview of Gina Gresham, Volunteer Coordinator of the Good Samaritan Clinic [Personal interview].
32. Tiedje, K., & Plevak, D. J. (2014). Medical humanitarianism in the United States: Alternative healthcare, spirituality and political advocacy in the case of Our Lady Guadalupe Free Clinic. *Social Science & Medicine*, *120*360-367.
33. Chavez, L.R., 2012. Undocumented immigrant and their use of medical services in Orange County, California. Soc. Sci. Med. 74, 887-893.
34. Calvo, R. (2015). Health Literacy and Quality of Care among Latino Immigrants in the United States. *Health & Social Work, 41*(1), E44-E51. Retrieved November 12, 2017.
35. Our Services. (n.d.). Retrieved November 03, 2017, from https://goodsamaritansc.org/our-services/
36. PASOs. (n.d.). Retrieved November 15, 2017, from http://www.scpasos.org/what-is-pasos/.

المنارة للاستشارات
www.manaraa.com

Appendices

المنارة للاستشارات
www.manaraa.com

Clínicas de Salud para Trabajadores Agrícolas en Carolina del Norte ~ *NC Farmworker Health Clinics*

updated febrero/Feb 2017

NOTA: Si el número marcado no sirve, llame al (919) 527-6466 o (919) 527-6470 o *Una Voz para la Salud:* (800) 377-9968. En caso de emergencia, llame al 9-1-1.

1 Vecinos Inc.
Ciudad/Town: Sylva
Condado/County: Jackson, Swain, Macon, Transylvania, Haywood, Clay
Amy Schmidt (828) 399-0898

2 Blue Ridge Health Services
Ciudad/Town: Hendersonville
Condado/County: Henderson, Transylvania, Buncombe, Polk, Rutherford
Daniel Benavides (828) 691-1747

3 Toe River Health District
Ciudad/Town: Spruce Pine
Condado/County: Yancey, Madison, Mitchell, McDowell
Silvia Peterson (828) 208-0215

4 Good Samaritan Clinic
Ciudad/Town: Morganton
Condado/County: Burke, Cleveland, Lincoln, Catawba
Christian Ramazzini (828) 448-9057

5 High Country Community Health
Ciudad/Town: Boone
Condado/County: Watauga, Avery, Caldwell
Lillian Jacobs (828) 406-1856

6 Farmworker Health Program of Ashe & Alleghany Counties
Ciudad/Town: Sparta
Condado/County: Ashe, Alleghany
Jesus Padilla (336) 372-1704

7 Surry County Health & Nutrition Center
Ciudad/Town: Dobson
Condado/County: Surry, Stokes, Yadkin, Wilkes
Emily Sheets (336) 401-0399

8 Piedmont Health Services
Ciudad/Town: Prospect Hill.
Condado/County: Alamance, Caswell, Person, Orange, Rockingham, Guilford
(336) 583-1004 or **Bryan Parrish (336) 944-7776**
8(a) Cuidad/Town**:** Moncure
Condado/County: Chatham, Harnett, Lee, Moore, Randolph
Xavier Joyner (919) 428-4859

9 Rural Health Group
Ciudad/Town: Henderson, NC
Condado/County: Vance, Granville, Warren, Franklin, Halifax, Northampton
Ricardo Garcia (919) 339-2019
Nahu Palacios (919) 339-2608

10 Commwell Health Center Inc.
Ciudad/Town: Newton Grove
Condado/County: Sampson, Brunswick Harnett, Johnston, Bladen, Pender
Sólo para citas: (910) 567-7009

11 NC Farmworkers Project
Ciudad/Town: Benson
Condado/County: Johnston, Wake. Harnett, Sampson, Duplin
Janeth Tapia (919) 915-2220
Maria Mejia (919) 915-9991

12 Goshen Medical Center
Ciudad/Town: Faison
Condado/County: Duplin, Jones, Craven, Onslow, Sampson, Columbus, Cumberland, Wayne
Sólo para citas: (844) 467-4361

13 Robeson Health Care Corp.
Ciudad/Town: Pembroke & **13(a)** Whiteville
Condado/County: Robeson, Hoke, Scotland, Bladen, Richmond, Columbus, Brunswick
Jose Miranda (910) 521-2816 (Pembroke)
Karina Ortega (910) 770-1868 (Whiteville)

14 Pender County Health Dept.
Ciudad/Town: Burgaw
Condado/County: Pender, Sampson, Bladen, Duplin
Natalie Hyatt (336) 257-6337

15 Greene County Health Care
Ciudad/Town: Snow Hill, **15(a)** Greenville
15(b) Alliance
Condado/County: Greene, Pitt, Wayne, Lenoir, Edgecombe, Pamlico, Martin, Craven, Beaufort, Carteret, Duplin, Wilson Nash
Steve Davis (252) 747-4078

16 Kinston Community Health Center
Ciudad/Town: Kinston
Condado/County: Lenoir, Jones, Duplin, Wayne, Greene, Pitt, Craven
Melissa Bailey (252) 624-7053

17 Carolina Family Health Centers, Inc.
Ciudad/Town: Wilson **17(a)** Elm City
17 (b) Princeville
Condado/County: Nash, Wilson Edgecombe
Marty Johnson (252) 243-9800 x312

18 Roanoke Chowan Community Health Center
Ciudad/Town: Ahoskie
Condado/County: Hertford, Gates, Northampton, Bertie
Hector Justiniani (252) 287-8781

19 Gateway Community Health Centers, Inc.
Ciudad/Town: Elizabeth City
Condado/County: Pasquotank, Camden, Perquimans, Chowan, Currituck, Gates, Hertford
Marisela Antonacci (252) 333-1047

20 Engelhard Medical Center
Ciudad/ Town: Engelhard
Condado/ County: Hyde, Tyrell, Washington, Dare
Alfredo Contreras (252) 921-0324

NC Farmworker Health Program (919) 527-6446 & NC Community Health Center Association (919)297-0066

www.manaraa.com

Appendix B

Farmworker Site Register

Site Address ____________________ ____________________	**Date** ________ **OR Worker** ________ **Site No.** ________ **Tel No.** ________
Grower's Address ____________________ ____________________	**Grower's Name** ____________________ **Grower Telephone** ____________________
Type of Housing ☐ House ☐ Trailer ☐ Barracks ☐ Other ______	**Crew Leader** ____________________
Status ☐ Migrant ☐ H2A ☐ Seasonal ☐ Other ______	**Are more workers expected this season at this location?** ☐ Yes ☐ No
Is this housing provided by the employer? ☐ Yes ☐ No If yes, is the housing registered w/ NC DOL? ☐ Yes ☐ No	**If yes, how many** ____________________ **and when** ____________________

ENVIRONMENTAL SCAN of RESIDENCE: Check if any of these health risks apply: ☐ no drinking water ☐ fire hazard ☐ raw sewage ☐ no working shower ☐ overflowing garbage ☐ signs of rodents ☐ no heat in winter
If any boxes checked, and housing is provided by the employer, was report sent to DOL? ☐ Yes ☐ No • If no report was sent, please document response taken in notes section. If boxes are checked, but housing is not provided by employer, provide health ed.

GPS Coordinates:

Location:

Head of Household:
Residents:

Date	Notes/Follow-up

2/6/14

المنارة للاستشارات
www.manaraa.com

Appendix C

Migrant Clinicians Network
PO Box 164285
Austin, Texas 78716

Business Phone: (512) 327-2017
Confidential Fax: (512) 327-6140
Confidential Phone: (800) 825-8205

ENROLLMENT IN THE MCN HEALTH NETWORK

Enrolling Clinic		Clinic phone number(s)	
E-mail address		Clinic fax number(s)	
Contact person at Clinic			
Security Question #1:	Patient's city of birth?		
Security Question #2:	Patient's father's first name?		
Please indicate the health area(s) for which the participant is being enrolled. If the participant's health status changes during enrollment in the Health Network, additional areas may be added with the participant's verbal consent.		❑ Tuberculosis ❑ Prenatal Care ❑ Cancer ❑ Diabetes	❑ HIV ❑ General Health ____________________

CONSENT FOR RELEASE OF MEDICAL INFORMATION

First Name		Last Name(s)	
Alias, Nicknames, Etc		Birth Date (Month / Day / Year)	

The Health Network currently helps with continuity of care for people with infectious chronic illnesses or other healthcare concerns. (i) MCN is a non-profit company coordinating my enrollment in the Health Network at no cost to me; (ii) MCN may not be able to obtain health care providers that are available to care for my condition at no cost to me; (iii) the health care providers who will be providing my treatment are independent and not employees of MCN; and (iv) MCN does not provide, and is not responsible for, any health care treatment, or the outcomes of such treatment, in connection with any or all of the Health Network projects.

I agree to participate in the Health Network, and I understand that my protected health information and personal information will only be released for the purposes of my medical treatment, healthcare operations, payment, or pursuant to my authorization.

I do NOT authorize MCN or future health care providers to have access to my medical records around issue(s) listed here:

(attach additional page if needed)

I agree to notify my future health care providers of my enrollment in the MCN Health Network to help facilitate the transfer of my medical records. I understand and consent to MCN maintaining records for me containing sensitive health information (examples: HIV status and/or information about mental health issues) if my health care provider believes this information is needed for my treatment. I authorize MCN and future health care providers to have access to those medical records that my health care providers feel are necessary for my medical treatment and/or continued screening.

Authorized individuals from MCN may contact me by phone, mail or in person regarding follow up and referral for my treatment for these conditions. These individuals will adhere to federally mandated confidentiality, privacy and security procedures. **This consent form will remain in effect for two years (24 months) from the date signed** or until my participation in the Health Network has ended for another reason. I can submit a written request any time to leave the Health Network or to limit the health issues that MCN is authorized to address. I also understand that I have a right to receive a copy of my medical records on file with MCN upon written request.

I HEREBY RELEASE MCN, ITS EMPLOYEES, OFFICERS, DIRECTORS, CONSULTANTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTIONS, DAMAGES, LOSSES, EXPENSES (INCLUDING ATTORNEYS' FEES), AND LIABILITIES OF ANY KIND WHATSOEVER ARISING OUT OF MY ENROLLMENT IN THE HEALTH NETWORK AND MY HEALTH CARE TREATMENT RESULTING FROM MY ENROLLMENT IN THE HEALTH NETWORK.

***REQUIRED**

***PARTICIPANT SIGNATURE** **(or Signature of Legal Representative)**		Date	
Relationship of Legal Representative to Patient		Witness Signature	

We recommend that, whenever possible, you provide the participant with a copy of this *__Consent for Release of Medical Records and MCN Health Network Enrollment__* *form when it is completed.*

ENGLISH –THIS CONSENT FORM IS VALID FOR 2 YEARS AFTER DATE OF SIGNATURE

Please contact us at 512-327-2017 or www.migrantclinician.org/network *for more information on the MCN Health Network.*

02-07

المنارة للاستشارات
www.manaraa.com

Migrant Clinicians Network
PO Box 164285
Austin, Texas 78716

Migrant Clinicians Network

Business Phone: (512) 327-2017
Confidential Fax: (512) 327-6140
Confidential Phone: (800) 825-8205

PARTICIPANT INFORMATION SHEET | MCN HEALTH NETWORK

***REQUIRED**

First Name		Last Name(s)	
Mother's Maiden Name		Birth Date (Month / Day / Year)	
Place of birth: City		Gender:	❑ Female ❑ Male
State		Marital Status:	❑ Single ❑ Divorced ❑ Other: ❑ Married ❑ Widowed
Country			
Race/Ethnicity:	❑ White – Non-Hispanic/Latino ❑ Black – Non-Hispanic/Latino ❑ Hispanic/Latino ❑ Asian – Non-Hispanic/Latino ❑ Indigenous ❑ Other:		
Language(s) Spoken:	❑ English ❑ Creole ❑ Spanish ❑ Other:	Language you prefer to be contacted in:	
Occupation(s) (from past two years):	❑ Farmworker ❑ Construction ❑ Retired ❑ Homemaker ❑ Factory ❑ Unemployed ❑ Student ❑ Child care ❑ Other:		
Current Residence:	❑ Farmworker Camp Housing ❑ Jail ❑ Homeless ❑ Home ❑ ICE Detention Center ❑ Other:		

CURRENT CONTACT INFORMATION FOR PARTICIPANT:

	Street / P.O Box	City	State	Zip/Country
***PHYSICAL ADDRESS:**				
***MAILING ADDRESS:**				

***PHONE NUMBER** (with Area Code) HOME / CELL / WORK:	Is it ok if we talk to people that answer this phone about your personal health information? *(if you do not check off either box, or you do not initial, your answer will be "No")*	❑ Yes ❑ No	***INITIALS:**

OTHER CONTACT INFORMATION FOR PARTICIPANT (Place you normally move to):

	Street / P.O Box	City	State	Zip/Country
Physical Address:				
Mailing Address:				

***PHONE NUMBER** (with Area Code) HOME / CELL / WORK:	Is it ok if we talk to people that answer this phone about your personal health information? *(if you do not check off either box, or you do not initial, your answer will be "No")*	❑ Yes ❑ No	***INITIALS:**

Additional Contact: Please list someone we can contact if we cannot reach you at either of the locations you provided. In doing this you give MCN permission to contact that family member or friend to assist you in receiving continued health care, which may require discussing your health condition(s) with this individual. You do not have to provide this additional contact information.

First Name		Last Name		Relationship to Participant			
Street / P.O Box		City		State		Zip/Country	

***PHONE NUMBER** (with Area Code) HOME / CELL / WORK:	Is it ok if we talk to people that answer this phone about your personal health information? *(if you do not check off either box, or you do not initial, your answer will be "No")*	❑ Yes ❑ No	***INITIALS:**

Please contact us at 512-327-2017 or www.migrantclinician.org/network *for more information on the MCN Health Network.*
02-07

المنارة للاستشارات
www.manaraa.com

Appendix D

2017 Farmworker Outreach Health Assessment - Adult (18 and up)

Demographic and Internal Use

First	____	Last	____
DOB	mm / dd / yyyy ☐ Estimate	Gender ID	M / F / TM / TF / O / U
Sex at Birth	M / F	Phone	____
OK to text appointment info?	Yes / No	*Se me han explicado las normas de privacidad.* ____ (Explain privacy policy and ask patient to initial).	
Housing type	Rent / Own / Work / Other (grower provided=rent)		
St. Address	____	City	____
State ____ Zip ____ County ____		Date moved to address	mm / dd / yyyy
Type	Migrant / Seasonal / Other	☐ For migrant: H2A?	
Race	White / Black / American Indian / Asian / Unknown / Other / Refuse	Hispanic	Yes / No
Preferred Language	Span / Eng / Other	If other, preferred lang	____
English interpreter needed?	Yes / No	US veteran?	Yes / No
HH Income			
Amount ($)	____	Frequency	week / biweek / bimo/ monthly / yr
# Months ____	Yrly Income ____	Family Size	____

Internal

Date	mm / dd / yyyy
ORW	____
FHASES ID #	____
Site	____
Cohort	____
Camp Phone	____
Service location	____
Employer	____
Employer phone	____
Emergency Contact #	
First name	____
Last name	____
Relationship	____
Phone	____

Section	ASSESSMENT			Provided	Follow Up	Declined
911	Explain 911		Health ed	☐	☐	
	Explain clinic services		Health ed	☐	☐	
Ins.	Insurance: None / Medicaid / Medicare / Health Choice / Private		Health ed	☐	☐	
			Referral	☐	☐	☐
Vitals	BP systolic ____ *(optional)* BP systolic ____		Health ed	☐	☐	
	BP diastolic ____ *(optional)* BP diastolic ____		Referral	☐	☐	☐
	Optional Weight ____ Height ____		Health ed	☐	☐	
	BMI ____		Referral	☐	☐	☐
	Optional Blood Glucose ____		Health Ed	☐	☐	
			Referral	☐	☐	☐
			If ≥200, offer referral			
General Health	¿Usted ha sido diagnosticado con alguna condición médica? *Have you been diagnosed with any medical conditions? If yes, list.*	Yes / No				
	¿Tiene algún problema o preocupación sobre su salud? *Do you have any health problems or concerns? If yes, list concerns.*	Yes / No				
	IF YES to either of the previous two questions, ¿Usted quiere ayuda o más información sobre este problema? *Do you want more assistance or information for this health problem?*	Yes	Health Ed	☐	☐	
			Referral	☐	☐	☐
		No	Diabetes, pregnancy, HTN, HIV, TB or abnormal cancer screen, consider MCN			
	¿Está tomando (o debería estar tomando) medicinas, vitaminas, hierbas, o tratamientos naturales? *Are you or should you be taking any medicines, vitamins, herbs, or natural treatments? If yes, list.*	Yes	Health Ed	☐	☐	
		No	Referral	☐	☐	
Dental	¿Usted usa un cepillo de dientes e hilo dental todos los días? *Do you brush and floss your teeth daily? (Does patient have good dental hygiene?)*	Yes	Health Ed	☐	☐	
			Referral	☐	☐	
		No	Dental Supplies	☐	☐	
			If no, provide health ed			
Occupational	¿Cómo se protege de pesticidas? *How do you protect yourself from pesticides? (Can patient name 2 methods of pesticide safety?)*	Yes	Health Ed	☐	☐	
		No	If no, provide health ed			
	¿Se ha enfermado por contacto con pesticidas en esta temporada? *Have you gotten sick because of contact with pesticides this season?*	Yes	Referral	☐	☐	☐
			AIR protocol	☐	☐	☐
		No	If yes, provide referral and complete Air Protocol			
	¿Cómo se protege del sol ó del calor? *How do you protect yourself from the heat? (Can patient name 2 ways to prevent heat illness?)*	Yes	Health Ed	☐	☐	
		No	If no, provide health ed			
	¿Se preocupa por condiciones en su trabajo? *Are you worried about conditions at your work place?*	Yes	Referral	☐	☐	☐
		No	If yes, refer to reporting options.			
Car Safety	¿Cúales son las consequencias de tomar alcohol y manejar? *What are the consequences of drinking and driving? (Is patient able to list at least 2 risks related to drinking & driving?)*	Yes	Health Ed	☐	☐	
		No	If no, provide health ed			
	¿Cuando va en un carro, usa usted el cinturon de seguridad si lo hay? *When riding in a car do you wear a seat belt, if available?*	Yes	Health Ed	☐	☐	
		No	If no, provide health ed			

المنارة للاستشارات
www.manaraa.com

	ASSESSMENT			Provided	Follow Up	Declined
Alcohol/Tobacco/Drugs	¿Usted fuma o usa productos de tabaco? *Do you smoke or use tobacco products?*	Yes No	Health Ed Referral NC Quitline If yes, provide health ed	□ □ □	□ □ □	
	IF YES: □ every day □ sometimes □ smoker, current status unknown IF NO: □ former smoker □ never □ Unknown if ever smoked					
	¿Usted toma bebidas alcohólicas, incluyendo cervezas? *Do you drink alcoholic beverages, including beer?*	Yes No	Health Ed	□	□	
	¿Ha experimentado alguna vez con drogas? *Have you ever experimented with drugs?*	Yes No	Health Ed	□	□	
	If YES to either, ask the next 4 questions. (Include drugs only if patient reported experiment'g with drugs in the previous question). 1. ¿Ha sentido alguna vez que debería reducir su uso de alcohol y/o drogas? *Have you ever felt that you ought to cut down on your drinking or drug use?*	Yes No	Referral If yes to any of the 4 questions, provide referral.	□	□	□
	2. ¿Se ha sentido alguna vez molesto por las críticas de la gente acerca de su uso de alcohol y/o drogas? *Have people annoyed you by criticizing your drinking or drug*	Yes No				
	3. ¿Alguna vez se ha sentido culpable o mal debido a su uso de alcohol y/o drogas? *Have you ever felt bad or guilty about your drinking or drug use?*	Yes No				
	4. ¿Alguna vez ha necesitado alcohol y/o drogas temprano en la mañana para calmar sus nervios o ayudarlo con la resaca? *Have you ever had a drink or used drugs first thing in the morning to steady your*	Yes No				
Sexual/Repro Health	¿Quiere hacerse el exámen de VIH o de otras enfermedades transmitidas sexualmente? *Are you interested in being tested for HIV or other sexually transmitted diseases?*	Yes No	Health Ed Referral Oraquick Clear View	□ □ □ □	□ □ □ □	 □ □ □
	¿Quiere anticonceptivos/condones? *Would you like contraception/condoms?*	Yes No	Health Ed Referral Condoms If yes, provide condoms; Referral if applicable	□ □ □	□ □ □	
	¿Quiere más información sobre planificación familiar? *Would you like more information on family planning methods?*	Yes No	Health Ed Referral	□ □	□ □	
	¿Ud. se considera? (Marque uno). *Do you consider yourself?* □ Heterosexual (ni gay, ni lesbiana) □ Lesbiana, gay u homosexual □ Bisexual □ Algo distinto □ No sé □ Me niego a contestar					
Women	**FOR WOMEN ONLY** ¿Piensa que es posible que esté usted embarazada? *Do you think you may be pregnant?*	Yes No	Referral Pregnancy test If yes, offer referral and if migrant, consider MCN	□ □	□ □	□ □
	Ages 18-50 : ¿Toma ácido fólico? *Do you take folic acid?*	Yes No	Health Ed Folic Acid If no, provide folic acid and health ed	□ □	□ □	 □
	Ages 21-64 : ¿Cuándo y dónde fue su último exámen de papanicolau? *When and where was your last pap?* (*Was last pap within last three years AND does pt. know clinic location?)* LOCATION: DATE : mm / dd / yyyy	Yes No	Health Ed Referral for pap If yes, complete medical records release. If no, offer referral	□ □	□ □	 □
50 +	**FOR AGES >50 ONLY** ¿Le han hecho una prueba para cáncer del colon? *Have you had recent screening for colon cancer? (Either a colonoscopy in past 5 years or stool occult blood testing in the past year)*	Yes No	Health ed Referral Stool Card If no or unknown, provide stool guaiac or FIT test/referral	□ □ □	□ □ □	 □ □
BH	Durante las últimas 2 semanas, ¿se ha sentido varias veces con poco interés o deseo de hacer cosas? *During the last 2 weeks have you often had little interest or pleasure in doing things?*	Yes No	Health Ed Referral RHS-15	□ □ □	□ □ □	 □ □
	Durante las últimas 2 semanas, ¿se ha sentido desanimado, deprimido o sin esperanzas? *During the last 2 weeks have you been feeling down, depressed or hopeless?*	Yes No	If yes to either question, offer full depression screen (RHS-15) For positive RHS-15, offer referral			
CM	¿Alguien en donde trabaja o vive le hizo sentir amenazado(a) o en peligro, a usted o a otra persona? *Does anyone where you work or live ever make you or anyone you know feel scared or unsafe?*	Yes No	Referral If yes, provide referral.	□	□	□
	¿Tiene alguna otra inquietud o preocupación? *Do you have any other problems or needs? (como comida, ropa, vivienda)*	Yes No	Referral	□	□	□

Health Ed						
911	Colon Cancer screen	Family Planning	Immunizations	Pesticides	Sun Exposure	* Consider MCN
ACA/ insurance	Condom	First Aid	Insect/Snake bite	Poisonous Plants	Tuberculosis*	
Athletes foot	Dental	Folic Acid	Living Condition	Pre/Post HIV Counseling	Vision/Eye Care	
Back Pain	Diabetes*	General Health	Medication Use	Prenatal*	Vitamins	
Cancer*	Domestic Violence	GTS	Nutrition	Seatbelt	Water Safety	
Cholesterol	DWI	Heat Illness	Obesity Counseling	Skin/Wound Care	Other _________	
Clinic services	Emotional Health	HIV/AIDS/STIs*	Pap	Smoking		
Cold Stress	Exercise	Hypertension	Personal Hygiene	Substance Abuse		

المنارة للاستشارات
www.manaraa.com

Appendix E

2017 NC Farmworker Health Program Enabling Services Encounter Form

Patient Name: ______________________ Service Date: __________

Address: ______________________ Provider Name: __________

______________________ Time Spent w/ Patient: __________

Patient DOB: __________ Age: __________

CASE MANAGEMENT

Assessment *(circle one)*

100.01 Initial Health Assessment
100.02 Follow Up

Referrals

Referral Type (circle one)

200.01	Primary Care	200.02	Dentist
200.03	Mental Health	200.04	Specialist
200.05	Optometry	200.06	Non-Medical

Referred to: __________
Referred for: __________
Date of Appt if made: __________

Referral Type (circle one)

200.01	Primary Care	200.02	Dentist
200.03	Mental Health	200.04	Specialist
200.05	Optometry	200.06	Non-Medical

Referred to: __________
Referred for: __________
Date of Appt if made:

Health Care Plan Referrals
(Circle all that apply)

300.03	Immunization	300.02	Dental Varnish
300.04	HIV Test	300.06	Pap Test
300.07	Blood Pressure	300.08	BMI

Interpretation *(circle one)*

400.01 30 min 400.02 45 min 400.03 60+min

Transportation *(circle one)*

500.01	15 min	500.03	45 min	500.05	90 min
500.02	30 min	500.04	60 min	500.06	120+ min

Providing Resources
(circle all that apply)

600.13	Car Seat	600.10	Sunglasses
600.09	First Aid Kit	600.06	Toiletries
600.12	HIV/Oraquick Test		
600.14	Dental Supplies		
600.01	Clothing		(Qty.______)
600.03	Condoms		(Qty.______)
600.08	Folic Acid		(Qty.______)
600.02	Food		(Qty.______)
600.04	OTC meds		(Qty.______)
600.05	Prescriptions		(Qty.______)
600.07	Vitamins		(Qty.______)
600.11	Other: __________		(Qty.______)
600.11	Other: __________		(Qty.______)
600.11	Other: __________		(Qty.______)

Other Outreach Activities

700.01	BP # __________	700.03	Glucose # __________
700.02	BMI # __________	700.04	Other: __________
800.XX	Unmet Need: __________	700.05	Outreach/ Clinic Services Provided

FOLLOW-UP / NOTES

HEALTH EDUCATION

(Circle all that apply)

900.01	911
900.02	Anemia
900.03	Athlete's Foot
900.04	Back Pain
900.46	Cancer
900.05	Car Seat
900.06	Child Care/Parenting
900.07	Child Development
900.08	Cholesterol
900.48	Clinic Services
900.10	Dental
900.11	Diabetes
900.12	Disaster Preparedness
900.13	Domestic Violence
900.47	DWI
900.14	Emotional Health
900.61	Exercise
900.15	Family Planning
900.16	First Aid
900.17	Folic Acid
900.18	Green Tobacco Sickness
900.09	Heat Illness
900.19	HIV/AIDS/STIs
900.20	Hypertension
900.21	Immunizations
900.22	Insect/Snake Bite
900.23	Lead Exposure
900.24	Liv. Conditions/Sanitation
900.25	Medication Use
900.26	Nutrition
900.28	Personal Hygiene
900.29	Pesticides
900.30	Poisonous Plants
900.31	Pre /Post HIV Counseling
900.32	Prenatal
900.33	Respiratory/Asthma
900.34	Seat Belt
900.35	Skin/Wound Care
900.44	Smoking
900.37	Substance Abuse
900.38	Sun Exposure
900.39	Tuberculosis
900.40	Vision/Eye Care
900.41	Vitamins
900.45	Water Safety
900.42	Other: __________
900.42	Other: __________
900.42	Other: __________

Last updated 12/20/16

المنارة للاستشارات
www.manaraa.com