Closing the Gap: Serving Those Who Allow Us to “Serve”

Nancy Muller, PhD, MBA

Many Americans take access to healthcare for granted. Despite the mistakes, the high costs, and the waste, America’s healthcare delivery system stands ready and responds with outstanding outcomes for millions of people every single day. Although an estimated 50 million persons in the US lack health insurance, more than 250 million lives are covered and many of those who lack insurance have the means to pay and understand how to access healthcare providers.

Not counted among the 50 million uninsured lives in our country are three million migrant and seasonal farm workers on valid, temporary work visas. They are doing backbreaking jobs in sweltering weather, often living in crowded, multi-family, substandard housing. The overwhelming majority is non-English-speaking Hispanics; 75% were born in Mexico. Despite the fact their employers pay taxes on profits from their labors, these individuals do not have access to Medicaid because they are not citizens. They do not have access to medications for the indigent sponsored by pharmaceutical companies because they do not have year-round residency. Even in states where they have access to “safety net” clinics, they are constantly moving with the seasons to harvest crops, wreaking havoc with scheduling appointments, much less accessing care. This is the plight of migrant and seasonal farm workers in this country — the people on whom we rely to bring fresh produce to our tables at minimal cost.

In October, our country took a stab at changing this picture, targeting underserved Latinas in the farming community of Salinas, CA. The NAFC teamed up with the Natividad Medical Foundation and Clinica de Salud del Valle de Salinas (CSVS) to offer a public educational forum. With funding from the Medtronic Foundation and Ethicon Women’s Health & Urology, an evening program with local physicians serving as speakers was provided. Additionally, CooperSurgical (Trumbull, CT) and SRS Medical Systems, Inc. (Redmond, WA) donated pessaries for use by women with pelvic organ prolapse.

The event, presented entirely in Spanish, was held in the cafeteria of a cherished elementary school, Cesar Chavez, rather than a luxury hotel ballroom. Free, onsite childcare was provided. Attendees were served meals that emphasized fresh vegetables and fruits, whole grains and fibers, and low-fat proteins. The program was widely promoted by the growers to their employees and via flyers to parents through local schools. Posters and flyers were distributed at popular shopping locations and churches. News about the event was broadcast on Univision radio and TV. For additional promotional exposure, the event was purposely scheduled in the midst of Binational Health Week, celebrated across California and in Hispanic communities elsewhere in the US.

Perhaps most importantly, the program content centered on health and wellness, with advice on smart food choices, balanced nutrition, and weight management; the importance of regular exercise for diabetes prevention, a healthy heart, and a good start for the baby; and a detailed description of how a woman’s body is impacted by pregnancy and childbirth, followed by an explanation of bladder and bowel control problems that may accompany childbirth or ensue years later in cases of diabetes or stroke. Treatment options were discussed.

This agenda is intended to change the mindset of Latinas to put themselves first instead of last among their family’s needs regarding their own weight management, diabetes and heart disease prevention, and of course, pelvic health.

Nancy Brinker, founder and CEO of the Susan G. Komen Foundation, the world’s largest breast cancer charity, recently said, “Women have a right to know what is going on with their bodies and make decisions about what to do about them….” Not just some women, I would add, but every woman around the globe, regardless of her means or her circumstances. All human beings deserve access to quality care. They deserve to understand their bodies and in what circumstances symptoms of problems represent a situation that is not normal. They deserve professional attention from trained healthcare providers. We must do whatever necessary in this country — and beyond our borders — to bring standards of care and dignity to the human condition. Without bladder and bowel control and sound pelvic health, the quality of any woman’s life will be seriously compromised. The cumulative stresses of pregnancy and childbirth, including obstetrical trauma, are looming risk factors for the development of pelvic floor dysfunction (ie, incontinence and pelvic organ prolapse) in later years. Many pregnant women are not oriented to strengthening...
their pelvic musculature; they often disregard weight gain and think pregnancy is a time to eat plentifully and opt out of routine exercise if they feel tired. Occasional bladder leakage is offhandedly dismissed, even by some doctors and nurses, as “normal” and all-too-often not considered a warning sign of possible future stress urinary incontinence. Closing the gap in health disparities is all about reaching across the gulf between the familiar and the unfamiliar, between answers and questions, and between understanding and ignorance. The program in Salinas narrowed these gaps through the contributions of many voices offering hope, guidance, and choices. I am proud of this small but important milestone in the NAFC’s mission and work.

Berry company helps enhance migrant farm workers’ health awareness

Chimere G. Holmes

The National Association For Continence ([NAFC] Charleston, SC) and Natividad Medical Foundation and Clinica de Salud del Valle de Salinas (CSVs) are seeking to increase public health education and awareness in Hispanic communities (including migrant farm workers) in Monterey County, CA. An educational health forum conducted solely in Spanish was held on October 11, 2010 in Salinas, CA in concurrence with Binational Health Week (BHW).

Kelley Bell, Director of Community and Environmental Initiatives at Driscoll’s, a berry company with operations in California, oversees and directs the company’s sustainability initiatives and planning in addition to all philanthropic and community engagement efforts. She had a crucial role in recruiting participants — many of them Driscoll’s migrant berry growers — to attend the health education event. According to Kelley, the event was “a comprehensive approach with the opportunity to learn the subject matter then have an immediate Q&A with a healthcare professional about what they had just learned. The workers also received contact information and were exposed to other resources because so many entities collaborated on the event through Binational Health Week. Having the event in the evening at a familiar community location and providing onsite childcare contributed to the high attendance.”

Driscoll’s multifaceted philanthropic program consists of matching, volunteerism, funding, and in-kind donations, all with the goal of inspiring and supporting employees and growers in their efforts to effect change in the local communities. Providing direct services regarding health and education for farm workers and their families in the areas with standing operations is a priority. Kelley feels that exposure to the NAFC’s quality content will yield exceptional results. “I think the attendees will be much more aware of and open to preventive healthcare and they will be more likely to attend other health-related outreach events in the future because it was a good experience,” she says. “The audience was very engaged, asking quite a lot of questions.”

Some of the obstacles migrant farm workers face that prevent access to healthcare are lack of culturally appropriate services in their native language, lack of trust in western medicine, illiteracy and low education level (primarily 2nd grade level), lack of understanding or habits involving preventive care, problems maintaining health records and consistent care over time due to migration, affordability, and cultural stigmas associated with certain illnesses. In addition to these difficulties, long hours and full work weeks during harvest typically limit free time to receive services. For the growing number of indigenous farm workers, less education, less literacy, few persons who speak the language let alone provide services in their native tongue, racism from other Hispanics that leads to isolation and fear, a culture of young brides and mothers, and a preference for religious-based healing beliefs are further obstacles to regular medical care.

Looking ahead, Kelley is eager to oversee similar efforts with the NAFC. “The success of these types of ventures depends on the commitment level and cultural competency of the groups involved,” she explains. “We see a lot of potential for more of the same type outreach programs in our other regions of operation.”

For more information on this event and the NAFC, please visit www.nafc.org.