On-the-Farm Screening for Cardiovascular Risk Factors among Migrant Agricultural Workers in Southeast Minnesota

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Introduction

• Provision of healthcare, especially accessibility, to agricultural migrant workers (AMWs) in the US has been a challenge for decades.
• Additionally, AMWs are at higher risk for certain chronic illnesses that must be monitored frequently.
• In the United States, clinics devoted to providing medical care to this population have been one solution. Several factors, such as lack of reliable transportation or inability of workers to leave job duties for appointments, remain barriers to the success of this model of healthcare delivery.
• Mobile clinics have been one solution to improve accessibility to healthcare amongst AMWs. A review article noted that mobile clinics still face many challenges, including but not limited to: hours of operation, lack of bilingual staff, and transportation barriers.

Study Design:
Prospective cohort study with six months follow up. Pilot study.

Inclusion and Exclusion Criteria:
Adult (male and female) migrant workers. Workers younger than 18 years old, non-migrant and workers who were not directly involved in agricultural work (e.g. administrative work) were excluded.

Monthly Screening Visits:
Over 6 months period, using (CLIA)-waived testing, we visited with the farms monthly to screen and monitor weight, blood pressure, glucose and cholesterol regularly. Testing took place at a space designated by owner meeting room) to insure privacy and access to all participants. Screening station is pictured here.

Surveys:
At the end of the study, participants filled two surveys:
1- Validated patient satisfaction questionnaire (PSQ-18) that taps on the seven different dimensions of satisfaction with medical care.
2- Seven questions short survey we developed regarding testing site and schedule convenience, health awareness likelihood of future use.

Table 1 exhibits scores on different areas of satisfaction. High (5-4) Moderate (3) and Low (2-1).

Fig.2 Percentage of different areas of agreement among AMWs

Fig.3 Likelihood of use or recommend

Results

• Three farms participated. Thirty-eight workers provided consent, 30 (79%) completed the study. Median age 30 (18-59). Males (32) and females (6).
• Table 1 exhibits scores on different areas of satisfaction. High (5-4) Moderate (3) and Low (2-1).
• Prevalence of detected risk factors: Pre-diabetes (37%), DM (5.3%), HTN (2.6%), HLD (16%), Overweight/Obese (71%), Smokers (45%).

Conclusions

• Worksite cardiovascular risk factors screening for agricultural migrant workers is a novel approach to fill in gaps of health care delivery to AMWs population. It is quite feasible to further implement it at the farms to screen for HTN, HLD, DM, cigarette smoking and excess body weight.
• Further research is needed with a larger sample of farms with integrating a model of on-site treatment for prevalent and newly diagnosed conditions.