

Helping to Improve Health Equity for the Seasonal Agricultural Workers of Norfolk



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Tricia Gutierrez and Stefanie Ralph

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Learning Objectives

- Provide background on seasonal agricultural worker population
- Recognize barriers to health care facing seasonal agricultural workers
- Summarize solutions for addressing barriers to access
- Reflect on learning from this project

Why do this Work?

- Norfolk Health Care Accessibility Committee Report
- Association of Ontario Health Centres Report
- Occupational Health Clinics for Ontario Workers (OHCOW), Laurier and other advocates
- 4000 workers in Brant/Haldimand/Norfolk on government sanctioned work programs
 - Entitled to health care
- Limited options for health care
- Support from HNHB LHIN for pilot
- **Need for barrier busting: Great fit with CHCs**



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SAW Clinic Models

- Simcoe
 - Weekly evening walk-in clinic 5-9pm
 - Alternating Thursdays and Fridays
 - Staffed by MD, translators, and support staff
 - Health promotion initiatives
- Delhi
 - Add-on to Delhi primary care model
 - Tuesday evening walk-in 5-9 pm
- OHCOW
 - Occupational Health practitioners staffing Simcoe clinic once per month

Choose a Barrier to Access

Language

Transportation

Education

**Saw Work
Week**

Follow-up

**Clinic
Awareness**

Location

**SAW
Culture**

**Farm
Culture**

Summary

Barrier: Language

Background:

- 50% of workers are Spanish speaking

Solutions:

- 3 translators required for each clinic
- Spanish speaking MD worked 70% of clinics
- Intake, Doctor translation, pharmacy assistance
- All printed materials available English and Spanish

Next Year:

- Medication labels and fact sheets printed in Spanish

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Barrier: Transportation

Background:

- Norfolk and Haldimand counties geographically spread out with no public transportation system
- Farm bus to Simcoe downtown once a week

Solutions:

- Shuttle bus from downtown to clinic site
- Shuttle bus supplied by Real Canadian Superstore
- After clinic hours, ad hoc solutions

Next Year:

- Modify clinic hours

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Barrier: Education

Background:

- Limited health literacy

Solutions:

- Health promotion material provided in English/Spanish at the clinic
- Partnered with Frontier College on health literacy curriculum
- Dietitian demonstration
- Participation in health fair (over 300 attended)

Next Year:

- Review materials provided at the health fair

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Barrier: Availability

Background:

- Workers have limited down time – 4 hours/week
- One assigned evening a week in town to do shopping, banking, Western Union transfer, health care

Solutions:

- Offer evening clinic Tues/Thurs/Fri options
- Clinic location important

Next Year:

- Look at option for optometrist

Barrier: Follow-Up

Background:

- Workers are challenging to reach/Availability
- OHIP access
- Relationship with farm owner

Solutions:

- No ideal solutions to this
- Ability to work case by case

Next Year:

- Continue to be intentional in hiring staff who can work outside clinic hours

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Barrier: Clinic Awareness

Background:

- Clinics were new and unknown in 2014
- Need to build worker trust

Solutions:

- Worked with Health Unit on advertising clinics through mailing list and bunk house inspections
- Liaised with AWA, Health Equity Committee, hospital
- “Doctor bus” sign

Next Year:

- Mailers, word of mouth

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Barrier: Location

Background:

- Workers have limited down time – 4 hours/week
- One assigned evening a week in town to do shopping, banking, Western Union transfer, health care

Solutions:

- Needed a one-stop shop
- Real Canadian Superstore chosen – primary care clinic, pharmacy, shopping, groceries, banking all on-site
- Needed clinic accessible to West Norfolk

Next Year:

- Location remains the same

Barrier: SAW Culture

Background:

- Workers come to Canada healthy
- Season of work provides for entire families
- Chronic disease issues
- Relationship with farm owner key to health

Solutions:

- CHC approach - needs assessment completed to understand culture and barriers before building clinic structure

Next Year:

- Build on experiences, knowledge, and trust

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Barrier: Farm Culture

Background:

- Aware of challenging relationships (fear of repatriation)
- OHIP card access

Findings:

- Continuum of farm owner involvement in health of workers
- Many good experiences with farm owners
- OHIP card access is an issue and a challenge

Next Year:

- Challenging to change.
- Continue building trust with farm owners

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Clinic Stats

- Clinics twice a week from May-October
- 349 individuals seen over 493 visits
- 100% of workers were male (21-60)
- Top 5 reasons for visit:
 1. Musculoskeletal concerns (23%)
 2. Gastrointestinal issues (11%)
 3. Skin rashes (10%)
 4. Blood pressure check/medication refill (8%)
 5. STI inquiries (6%)
- Impact on ED still unknown

Transferrable Learning

- Needs assessment is important, even with limited time
- Partnerships and collaborations are key (12 collaborations on this project)
- Look to limit redundancy
- Flexibility
- Common sense approach
- Quick roll out can be a good thing – don't over think it

Thank you Questions?



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