

Unidos Project: Telehealth Situational Analysis & Needs Assessment

Understanding Opportunities for Telehealth Services in Migrant and Seasonal Agricultural Worker Communities

November 2018



Organization Descriptions

Farmworker Justice is a nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice. We work with farmworkers and their organizations throughout the nation. Based in Washington, D.C, Farmworker Justice was founded in 1981. Farmworker Justice maintains an independent Board of Directors and 501(c)(3) status as a charitable corporation. Our vision is a nation where farmworkers are organized and their organizations are equipped with the tools to end discrimination against agricultural workers in labor laws and demand effective enforcement so that farmworkers enjoy the same workplace rights that protect employees in other occupations and exercise them without retaliation; promote higher wages, better working conditions, and comprehensive immigration reform that will improve farmworkers' lives and stabilize the agricultural labor force within farmworker communities, limit exposure to toxic pesticides, and reduce preventable workplace injuries.

Vista Community Clinic. Welcoming. Trustworthy. Innovative. Caring. These qualities have defined VCC since it first opened in the basement of a local animal shelter in 1972. VCC quickly became the health care safety net for the area's poor and uninsured by giving them access to the high-quality health services that they needed and deserved. Today VCC is recognized as a key regional health provider with seven state-of-the-art clinics treating more than 60,000 patients each year. Our innovative model of community health provides low cost, high quality health care to the residents of San Diego, Riverside and Orange county communities. Vision: A community where every person chooses health. Mission: To advance community health and hope by providing access to premier health services and education for those who need it most.

Campesinos Sin Fronteras is a not-for-profit 501(c)(3) organization founded in 1999 and is integrated into the Hispanic communities of South Yuma County. The heart of CSF is the direct involvement of the farm worker population through the use of the Promotora Model. CSF's Promotoras (Community Health Workers) are members of the community they serve; they are highly effective in identifying and addressing needs as well as involving community members in advocacy to influence policy. Campesinos Sin Fronteras' mission is to promote self-sustainability to farmworkers and low- to moderate-income individuals by providing and facilitating access to health, behavioral health and social services as well as housing rehabilitation, counseling, education and workforce development programs. Campesinos Sin Fronteras' vision and strength are in the advocacy process that fosters long- term strategies and solutions to address

Northern Arizona University, Center for Health Equity Research (NAU-CHER) is dedicated to finding solutions to end health disparities regionally, nationally, and globally. NAU-CHER will involve new ways of engaging researchers, healthcare providers, and communities in research which is culturally relevant and respectful, and which provides solid information on which to base action. NAU-CHER has as a mission to collaborate with communities to build foundations and environments that support health and wellbeing.

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EXECUTIVE SUMMARY

Farmworker Justice (FJ), Campesinos Sin Fronteras (CSF) and Vista Community Clinic (VCC) have implemented a three-year community mobilization demonstration project titled: “Unidos: Eliminating Barriers for the Prevention of Skin Cancer. The overall goal of the Unidos project is to promote community integration and reduce the impact of skin cancer among farmworkers and their families.

Residents in rural areas experience a shortage of specialty care providers. For this reason, telehealth can be a promising strategy to alleviate the deficit of specialty care services. Telehealth technology encompasses communication and information technologies to provide or support long distance clinical health care, patient and professional health-related education, public health, and health administration (1).

In year 3, the Unidos project integrated an additional task to conduct a situational analysis and needs assessment (SA/NA) on the feasibility, possibility and needed resources to develop and implement a tele-dermatology/telehealth initiative in North San Diego County, and Yuma/San Luis, AZ. There are several obstacles to achieving widespread adoption of telehealth: acceptance of this technology by patients and clinicians, economically sustainable reimbursement systems, interoperability between electronic patient record systems, and technological capacity to accommodate bandwidth-heavy telehealth programs in smaller hospitals, clinics, and in the home (2). The Center for Health Equity Research (NAU-CHER), FJ, VCC and CSF collaborated in the creation and implementation of stakeholder interviews to explore telehealth perceptions, acceptability, organizational readiness, and infrastructure in two different data collection sites.

Group discussions with agricultural workers concluded:

- Telehealth is a service that agricultural workers are interested in trying.
- Telehealth can provide flexible hours to communicate with providers, faster methods of care, and eliminate transportation limitations.
- Telehealth program must provide services in Spanish and include Community Health Workers to support use of services and continuation of care.
- Telehealth program must offer evening and weekend business hours, provide services in the fields, and be available through home visits or at local community centers and clinics.

Interviews with health care and public service stakeholders concluded:

- Telehealth services are greatly needed in both North San Diego County and Yuma/San Luis, AZ regions, but further education and promotional efforts need to be implemented to expand awareness of telehealth within the agricultural worker community and their families.
- Organizational readiness to implement a telehealth program varies between agencies and support is needed to develop telehealth infrastructure, training of personnel, building partnerships with specialty care providers, and community outreach.
- Telehealth services must be low to no cost and be covered by health insurance.
- Local referral and follow up processes must be strengthened to better connect agricultural workers with telehealth services and other public services in the community.

Through a previous collaboration with Harvard’s Center for Health Law and Policy Innovation (CHLPI), FJ began to explore the political and regulatory landscape surrounding the use of telehealth as a possible solution to overcome barriers to specialty care. FJ and CHLPI also explored how promotores could play a key role in bringing and adapting telehealth strategies to better fit the needs of the agricultural worker community. This report, “The Promise of Telehealth: Increasing Access to Quality Healthcare in Rural America,” acts as a companion piece to the information provided here. While “The Promise of Telehealth” examines readiness on a national policy level for promoting agricultural worker access to telehealth, this report focuses on opportunities and challenges identified at both the individual and local stakeholder level. FJ aims for these two reports, taken together, to provide a more complete picture of the telehealth landscape for agricultural workers at local and national levels.

PURPOSE OF THE PROJECT

Farmworker Justice (FJ) and two Local Implementing Organizations (LIO): Vista Community Clinic (VCC) and *Campesinos Sin Fronteras* (CSF) located in Vista, CA and Yuma, AZ respectively, collaborated with the Northern Arizona University, Center for Health Equity Research (NAU-CHER) to implement a Telehealth Situational Analysis and Needs Assessment (TSA/NA) to assess the potential delivery of primary and specialty care to migrant and seasonal agricultural workers, herein referred to as agricultural workers through telehealth technology.

To accomplish this goal, partners developed a Telehealth Environmental and Stakeholder Assessment Toolkit (TESAT) to facilitate the systematic engagement and of primary stakeholders including agricultural workers, primary care and specialty care service providers and leadership. Table 1. TESAT assessed acceptability, feasibility, organizational infrastructure and readiness to implement primary and specialty health care, specifically teledermatological services through telehealth modalities.

Through a collaborative effort, partners developed and implemented the TESAT which includes a series of tools, including individual and group interview guides, recruitment, interviewing and analysis resources to engage agricultural and health care stakeholders in conversations about telehealth.

The following table outlines the stakeholder groups engaged and the topics explored through the TESAT:

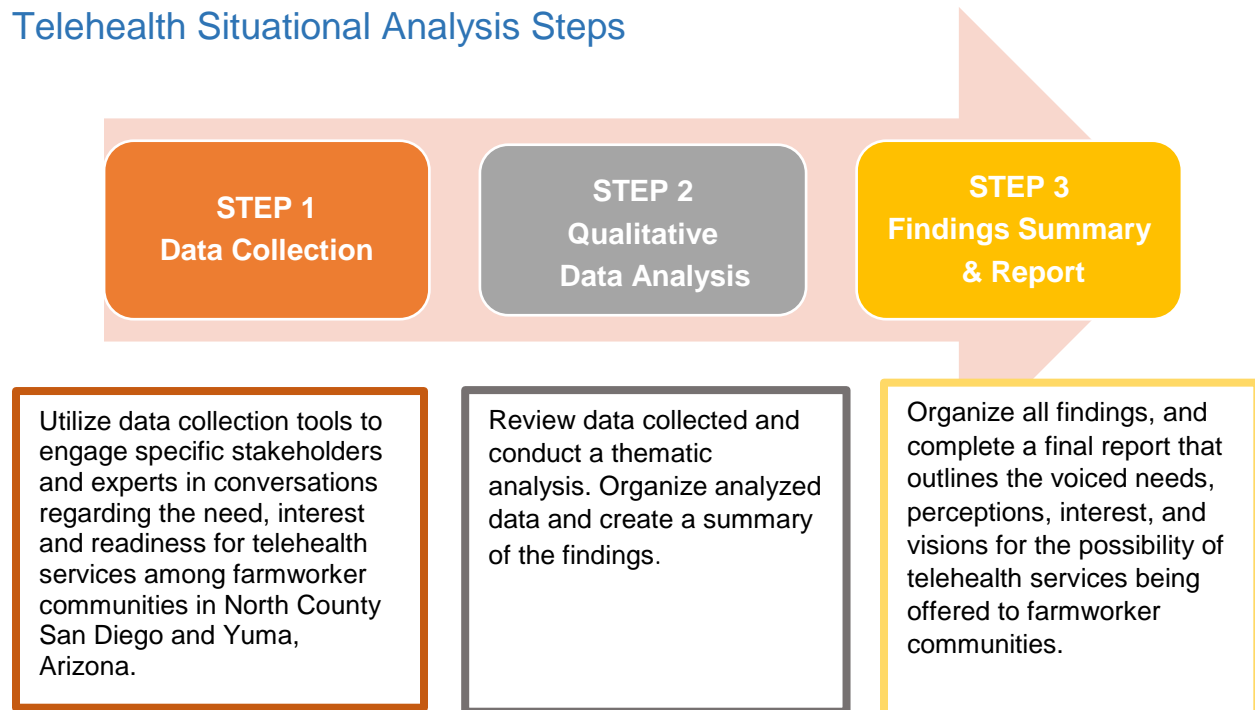
Table 1. TESAT Stakeholder Groups, Purpose and Topics Explored	
Agricultural Workers	Health Care and Public Health Systems
Purpose Engage migrant and seasonal agricultural workers including rural, semi-rural and migrant farmworker men and women, herein referred to as agricultural workers, in interactive group discussions about telehealth and tele dermatology.	Purpose Engage stakeholders involved in the delivery or management of primary and specialty care and telehealth services in individual and group interviews to assess organizational readiness, and capacity to implement telehealth and tele dermatology services with agricultural workers.
Topics Explored <ul style="list-style-type: none">• Knowledge, attitudes, behavior, and cultural relevancy of telehealth• Challenges in accessing primary and specialty care• Access and familiarity with technology	Topics Explored <ul style="list-style-type: none">• Health care services and specialty care patterns• Outreach and demand for primary and specialty services• Organizational readiness and technology

APPROACH

Local Implementing Organizations (LIO) utilized the TESAT to plan, recruit, and implement stakeholder interviews and group discussions about telehealth and tele dermatology service provision with agricultural workers of Vista, CA and Yuma, AZ regions.

LIOs identified and engaged stakeholders in both individual and groups interviews. NAU-CHER supported LIO leads in TESAT training, data collection, analysis and reporting of results.

Telehealth Situational Analysis Steps



Interview Instrument Development

NAU-CHER worked with FJ *Unidos* staff and representatives from both LIOs to develop TESAT (Appendix A) and specifically two semi structured interview guides described in Table 2 and Table 3. The interview guides were adapted from the California Telehealth Resource Center (CTRC) [Telehealth Program Developer Kit](#). NAU-CHER shared interview guides with FJ and LIO leadership teams. Through an iterative process questions were added, deleted and adjusted to strengthen interview flow and timing, reflect key areas of focus and adapt for recent policy and programmatic changes primary care and specialty care delivery in the target communities.



Qualitative Data Collection and Analysis

LIO identified, recruited and scheduled all participants for individual and or group discussions. LIOs documented the interviews through detailed notes. These notes were shared with and transcribed by NAU-CHER staff. Based on the initial review of the data, NAU-CHER staff developed a codebook that outlined major themes for each LIO site and summarized the information based on each theme.

Table 2. TESAT Interview and Group Discussion Guides

Instrument	Description	Stakeholder Focus
World Café	Interactive meeting, with an expert presentation and socio drama on telehealth followed by a series of interactive telehealth dialogue sessions.	Agricultural Workers
Key informant	One-on-one and group conversation designed to gather information about expert's knowledge, assumptions, and/or perceptions on telehealth.	Primary and Specialty Care Providers, Community Health Workers, and health care organizations leaders

Agricultural Worker Group Interviews – World Café

TESAT draws on meaningful adult learning and popular education modalities to engage agricultural workers on the topic of telehealth. Such approaches acknowledge the agency of adult learners to integrate new knowledge into what is already known and creates a cognitive structure that makes sense of their own surroundings and situations. We chose a World Café format which allows for small and large group discussion with large groups of people in 1-2 hours. The World café was organized in three sections and; (1) introduced the topic of telehealth through a short expert presentation; (2) integrated new knowledge about telehealth through an informal socio drama or community theatre to demonstrate how telehealth is used with agricultural workers and (3) small group discussion with 10-15 agricultural workers guided by leaders of the LIO and NAU-CHER staff. Discussion leaders privileged the co-construction of knowledge among all participants, and assumed all were co-learners and encouraged critical thinking about the topics explored. LIOs set a goal to recruit 15-25 agricultural workers and attempted to involve various agricultural workforce demographics such as; gender, young, middle and older age groups, migrant and non migrant, undocumented, citizen, permanent resident, H2A visa immigration statuses. Primary objectives of the World Café included :

1. Increase stakeholder knowledge and awareness about telehealth.
2. Understand stakeholder knowledge, attitudes, behavior and the cultural relevancy of telehealth.
3. Identify opportunities and challenges of telehealth access, utilization and financing.
4. Distinguish successful outreach strategies, including the use of technology in primary and specialty care.

Table 3. World Café Interview Guide

Discussion Topic #1: Knowledge, Attitudes, Behavior, and Cultural Relevancy of Telehealth

1. Based on what you heard today or experiences you have had, what do you know about telehealth and how it works? [knowledge, attitudes, behavior]
2. Now that you know a little about what telehealth is, for what type of conditions or health services would you be interested in having a doctor consult using telehealth? [health issues, specialty care area, timing, logistics]
3. What would block you or make it hard for you to use telehealth? [access, hours, location, payment, technology, culture, language, connectivity]

Discussion Topic #2: Agricultural Workers' Challenges Accessing Health Care

4. What are the most important health issues in your community? How important is this issue in a scale from 1 to 10 (1-not important, 10-very important).
5. What do you think are the biggest barriers for farmworkers when accessing health care services?
6. Which of these health care barriers could telehealth fill the need for services? [utility of telehealth]

Discussion Topic #3: Technology Access and Familiarity

7. Do you prefer having a doctor consult through video call or in person? Yes/No. Please explain why.
8. What is your preferred method of communication to stay connected to friends, family or work (smart phone, lap top, social media, apps, word of mouth, community gatherings)?
9. Have you ever used technology (smart phone, computer) to stay connected with and informed about your health? If yes, describe what type of technology.
10. If you could design a telehealth program, please describe what would it look like?

In addition, results collected from world café group discussions also included information related to agricultural workers' perceptions of and experiences with healthcare (no necessarily related to telehealth), When agricultural workers had the opportunity to engage in the World Café activity, they expressed barriers they encounter in access and quality of care generally, as well as feelings related to discrimination, neglect from health care agencies, and their experiences working in the fields. Go to [Appendix A](#) for more information.



Stakeholder Interviews

LIOs were encouraged to recruit 1-2 key individuals from the categories of: Primary and Specialty Care Providers, Community Health Workers, and health care and nonprofit organizations leaders (Table 2). LIOs identified, recruited, scheduled and interviewed stakeholders in person, over the phone and in some cases in groups during regularly scheduled meetings. Working in pairs, LIOs took detailed notes of the interview and shared these notes with NAU-CHER staff for transcription, analysis and summarization. Interviews aimed to assess the following:

1. Determine health care services and specialty care referral patterns.
2. Uncover successful farmworker outreach strategies currently implemented by health care agencies.
3. Learn available and trusted media and other communication outlets to promote health services among agricultural workers.
4. Understand the demand and existing/needed telehealth services and technology.
5. Determine existing partnerships with dermatologists and identify opportunities for new partnerships
6. Explore specialist readiness to respond to the demand of services created by Telehealth.
7. Identify internal and external barriers to telehealth services, i.e. lack of personnel, training skills/knowledge, financing, and policies.

Table 4. Stakeholder Interview Guide	
<p>Discussion Topic 1: Health Care Services and Specialty Care Patterns</p> <ol style="list-style-type: none"> 1. What healthcare services require agricultural workers and other residents of your region to travel? Which of these services could be delivered via telehealth? 2. What types of healthcare services are offered to agricultural workers by your organization; where, how and when are those services delivered? 3. Describe the specialty care referral process in your organization. [Probe: if it were in your control, would you do anything differently? Why/why not?] 4. What are the existing partnerships with health care specialists in your community (dermatologists)? <ol style="list-style-type: none"> a) What is the opportunity to build partnerships with specialty care providers? 	<p>Discussion Topic 2: Telehealth Infrastructure and Readiness</p> <ol style="list-style-type: none"> 1. Do you specifically know of any telehealth services offered in the local community? By whom? For whom? For what? How effective? 2. How might you use telehealth to meet the specialty care needs for agricultural workers and other community residents? 3. What are some of the successful agricultural worker community outreach strategies currently implemented by your organization that could support telehealth services? [preferred media outlets, communication methods, local events, trusted organizations]. 4. What is the demand for telehealth services among agricultural workers and other community residents? 5. What could be some of the challenges for agricultural workers to be able to use telehealth? [access, hours, location, payment, technology, culture, language, connectivity] 6. If you could design and implement a telehealth program, what would it look like and what health care services would it focus on? 7. What is your organization's readiness level in a scale from 1 – 10 (1-not ready, 10-completely ready) to implement a telehealth program? [willingness, financing, infrastructure, partnerships with specialists]

RESULTS

Results are organized by LIO beginning with Vista Community Health Center and followed by Campesinos sin Fronteras. Individual and group interview data are combined and presented first for agricultural workers and then by health care, public health and nonprofit system stakeholders.

Vista Community Clinic Results

World Cafe

Community partners from Vista Community Clinic (VCC) lead participant recruitment, planning and facilitation of World Café group discussion activity. NAU-CHER consultant attended World Café event in Vista, CA, and provided support in training, implementation and facilitation of group discussion activity.

Table 5. Vista, CA Word Café Participants

Agricultural Workers	Total 33 (Men=30, Women=3)
Date	August 26 th , 2018
Location	Vista Community Clinic, Vista, CA
TESAT interview guide Implemented	World Café

World Café explored three main areas described in Table 6.

Table 6. World Café Results by Theme

Interview Topic	Themes
I. Knowledge, Attitudes, Behaviors, Cultural Relevancy of Telehealth	<ul style="list-style-type: none"> • Knowledge and Attitudes • Preferred telehealth services • Barriers to telehealth Services
II. Agricultural Workers Challenges Accessing Health Care (Appendix A).	<ul style="list-style-type: none"> • Priority health Issues • Barriers to accessing care
III. Agricultural Workers Preferred Communication Methods and Telehealth Design	<ul style="list-style-type: none"> • Preferred methods of communication • Health communication outlets • Telehealth services program design



I. Knowledge, Attitudes, Behaviors, Cultural Relevancy of Telehealth

In this section, findings reflect agricultural workers knowledge, attitudes and behavior regarding telehealth services. Agricultural workers' health challenges, preferences and barriers in connection with telehealth services are also explored.

Knowledge and Attitudes

At the beginning of the World Café group discussion, agricultural workers expressed uncertainty of telehealth and the type of services which could be offered. However, facilitators successfully navigated the conversation regarding the definition of telehealth.

“Es la primera vez que escucho telecomunicación y de que va a funcionar va a funcionar.”

(This is the first time I hear of something like telecommunication and it will work.)

Flexibility

Participants explained that they work long hours almost every day of the week, and they have limited availability to schedule and attend doctor visits. One participant expressed that he does not have time to drive to see his doctor and telehealth could provide services within flexible hours. Participants expressed interest in the ability to communicate with providers using telehealth technology even if local health care organizations are closed and unavailable.

Communication

A participant voiced discontent with the miscommunication he has experienced when seeing a provider. He was diagnosed with type 2 diabetes and he was being sent from doctor to doctor to be treated. He felt confused and the miscommunication resulted in him waiting longer to start formal treatment due to being referred from doctor to doctor (participant also expressed how different spots on his skin are popping up). This particular experience was brought up by participant to demonstrate how telehealth could possibly make it easier for agricultural workers to communicate with their providers in a timely manner.

Other participants thought telehealth could allow agricultural workers to feel more comfortable talking to their providers. Participants explained that telehealth could lessen the fear that agricultural workers have when walking into an institution, such as a clinic. For instance, one participant expressed that, from his point of view, Latinos are scared

“Entender que si es importante (telesalud) ya que así se puede darle seguimiento muy rápido.”

(We have to understand that it is important (telehealth) because you can get faster follow up.)

of going to an office or to go see the doctor because they do not have health insurance. Some do not have a method of transportation to show up for their appointments. As a result, accessing communication with providers utilizing telehealth services through a mobile technology within their own home or at the job site was perceived as one way to facilitate communication between patient and provider. In cases of emergency participants voiced that utilizing a technology such as telehealth could be useful since it can be a faster method of communication. Participants described that telehealth can be useful to create an initial contact with providers and local clinics and also to obtain faster follow up services.

Complementary care

Agricultural workers identified telehealth as a technology utilized as a complement to ongoing care, but it does not necessarily represent the main method of care.

“Yo creo que es un buen complemento, pero no debería ser algo de siempre. Es mejor que los veamos a los doctores.”

(I believe that telehealth is a good complement for care but it shouldn't be utilized the entire time. It is better that we see doctors personally.)

Telehealth disadvantages

Participants explained that telehealth might compromise the ability to effectively assess one's health status. In other words, a technology such as telehealth might not allow providers to fully know and understand patients and their health concerns.

“Telesalud tiene sus fallas. Tal vez el doctor no podrá hacer un chequeo completo con una foto o la cámara del teléfono no es de buena calidad.”

(Telehealth has its disadvantages. It may be that the doctor won't be able to complete a full checkup just by looking at a picture with a phone camera, it's not good quality.)

Other participants expressed that with telehealth patients would not be able to communicate with providers in person. Many participants mentioned that they prefer seeing providers face to face. Some participants perceived telehealth as a slow method of communicating with providers, and they expressed that seeing providers in person allows for faster communication.

Es mejor que sea personalmente ya que si se trata de una enfermedad grave a través de la telesalud sería un poco más tardado.

(It is better for it to be personally since it is about a serious illness and using telehealth would take longer to be treated).

Telesalud es importante pero sería mejor ver el doctor personalmente.

(Telehealth is important but it would be better to see the doctor personally).

“Es importante tener una relación con los doctores; hace la situación más cómoda y es mejor en persona.”

(It is important to build a relationship with doctors; it makes the situation more comfortable and it's better in person.)

Telehealth is for the youth

Participants perceived telehealth as a technology designed for younger generations. Participants explained that the majority of agricultural workers are over the age of 50, and do not feel comfortable with accessing care through telehealth.

“El servicio es muy bueno para la juventud, pero nuestras enfermedades tienen que verse en una manera rápida. No puedo manejar tecnología; no es que no quiera, pero toma mucho tiempo.”

(Telehealth services are good for the youth, but our diseases have to be seen fast. I can't use technology; it is not that I don't want to, but it takes a lot of time.)

“Para personas de tercera edad o baja educación, no se nos acude rápidamente el uso de tecnología.”

(For elderly people or people with lower levels of education, we don't use technology right away.)

Preferred Telehealth Services

Urgent Care

Since participants live in rural areas and many encounter transportation and time challenges to come in for medical visits, agricultural workers see value in telehealth as a tool for urgent cases.

According to participants, urgent cases include situations when health issues appear and there is not a clinic in close proximity. Urgent care could include skin spots, external skin wounds, fever, flu, and headaches. Participants also recommended telehealth services to focus on “general health care services.” In this case, participants explained that they think of general health care services as headaches, physical check-ups, and review of blood testing.

“Para mostrar una herida o una mancha sería bueno, pero no para problemas más serios.”

(To show wounds or skin spots, telehealth would be good, but not for serious health issues.)

Chronic Disease and Specialty Care

Participants listed several chronic disease conditions they thought telehealth services could support. Chronic disease conditions included the following: Type II Diabetes (T2DM) and secondary health issues coming from T2DM (e.g., vision problems), heart related disease (chest pain, high blood pressure), chronic pain (bone pain, arthritis, muscular pain), gastric related issues (gastritis). In addition, participants mentioned specialty care services of: bone health, vision care, skin disease, nutrition care and education, dental care, and mental health.

Barriers to Telehealth Services

In this section, participants discussed potential barriers they face as agricultural workers when accessing care telehealth services.

Lack of transportation

Participants expressed not having access to a car or lack of transportation resources to be able to go to a clinic or attend to their doctor's appointments. Telehealth program must take into consideration transportation limitations.

Language

Participants agreed that whatever telehealth program is created in their community, they prefer services to be provided in Spanish.

Cost of care

Generally, participants worried about the cost of care and were unsure of how much out of pocket cost would be incurred to access telehealth services. Many undocumented participants explained they could not apply for health insurance. Other participants explained that even if they had "papers" when they attempted to apply for California's Medicaid health care program, they were denied due to lacking proof of income, others were told they make "a lot of money."

Clinic Business Hours

Participants expressed health care agencies' business hours do not align with their work schedule. Flexible hours were important to agricultural workers and fundamental in obtaining health care services. Evening and nighttime hours were important to many. Other participants explained that they are not seen at clinics after business hours, and during working hours, supervisors do not allow them to leave work and attend medical visits. Many participants expressed not showing up for medical appointments due to not wanting to lose work hours. Participants further explained that telehealth can be a flexible option to communicate with providers without having to lose hours at work, avoid long clinic waiting times or having to overcome transportation barriers to come in to a clinic.

Familiarity and Access

Participants expressed a lack of comfort and confidence with the technology required for telehealth. For many, this was the first time hearing about telehealth and that they could access medical care through this type of technology. Participants explained that many do not have access to internet, and questioned how telehealth would work if they do not have access to internet. Participants expressed concern about fully understanding the format of telehealth (e.g. mobile apps, websites).

Lack of Culturally and Linguistically Sensitive Health Care

Participants described that doctors do not communicate with agricultural workers effectively. Agricultural workers are often seen by multiple providers who give participants distinct diagnosis, which then results in participants feeling lost and confused in the process of understanding their health conditions. Participants do not have access to quality translation

services during medical visits. Some participants described that when they communicate long sentences to providers, interpreters only say a couple of words. This experience leaves agricultural workers feeling as if their message is not communicated accurately; as a result, participants explained they do not fully trust or feel comfortable with their providers. Even though participants prefer seeing health care providers in person, they have not had positive experiences when they have attempted to seek care. Lastly, participants recommended that all medical documents or forms should be available in Spanish.

II. Agricultural Workers' Challenges Accessing Health Care

During World Café group discussion, agricultural workers also described challenges in accessing health care that they encounter in North San Diego County. Participants also discussed cultural perceptions related to health, and how as a community they define caring for one's health. None of the information outlined in this section is connected to telehealth services. Please see Appendix A for in-depth information.¹



¹ The most common challenges in accessing health care identified by agricultural workers in North San Diego County included lack of health insurance and affordable care, health care system not being approachable or culturally sensitive, long working hours and lacking available time for medical appointments, lack of clinical flexible hours, interpretation, limited transportation, lack of information about community resources, and discrimination. Read appendix A for more information.

III. Agricultural Workers Preferred Communication Methods and Telehealth Design

Preferred Methods of Communication

Participants expressed feeling comfortable with multiple methods of communication. Major methods of communication that agricultural workers utilize to communicate with family, friends and work include:

- Telephone to talk to family in Mexico
- Face to face conversations
- Social media (Facebook)
- Community meetings & events
- Community Health Workers or Promotoras/es
- Text messaging

Health Communication Outlets

Participants listed communication outlets they use to stay informed and connected about their health, including:

- Internet (google/social media/YouTube)
- Reading books
- Asking people who may know (professors, elders in the community)
- Asking friends and family
- Vista Community Clinic
- Clinic health brochures
- Promotoras/es
- Home remedies
- Schedule a doctor visit to talk to provider
- Talking to co-workers and friends in the community

Telehealth Services Program Design

During the World Café, participants were asked to design their own telehealth program. At first, given the limited knowledge about telehealth and telehealth technology, many participants were confused; however, facilitators were successful at breaking question into different sections that highlighted characteristics such as types of health care services offered, program location, cultural preferences, preferred business hours, and follow up. Table 7 describes the elements of a telehealth program from the agricultural worker perspective.

Table 7. Agricultural worker preferred telehealth services and design.

Telehealth Characteristics	Description
Services	<ul style="list-style-type: none"> ○ Specialty Care Services. Eye care, dermatology, dental care, ear care. ○ General Health Care Services. Physical checkups, blood work testing, disease prevention, weight management.
Program Location	<ul style="list-style-type: none"> ○ Home visits and having promotoras/es providing services. ○ Vista Community Clinic. ○ Agricultural fields (work site). Participants expressed interest in having providers come to the fields and provide education related to hygiene and personal care.
Cultural Characteristics	<ul style="list-style-type: none"> ○ Language preferences: Telehealth service must be in Spanish. ○ Agricultural workers prefer health care services provided in person.
Hours of Operation	<p>Agricultural workers have more availability to seek health care services late afternoon. Participants listed different ideas for business hours: 5:00pm and 8:00pm, 4:00pm to 7:00pm, and 5:00pm to 10:00pm.</p> <p>Participants provided ideas for how often follow up can look like in their community utilizing telehealth.</p>
Follow Up Services	<ul style="list-style-type: none"> ○ Follow up every year. ○ Constant follow up. ○ One or two times per year. ○ Depends on health providers' recommendation: every 3 months, weekly.

Stakeholder Interviews

Community partners in Vista Community Clinic (VCC) conducted interviews with key stakeholders who provided expertise on the feasibility, possibility and needed resources to develop and implement a telehealth initiative in North San Diego County, CA. NAU-CHER staff provided support in collecting data and completing summary report of findings. The following table reflects the total number of interview participants as well as dates, and TESAT interview guide utilized.

Stakeholders	N=6
Date	July – October, 2018
Location	North San Diego County, CA
TESAT interview guide Implemented	Key Informant Interview

Key Informants Interviewed

Each stakeholder represents a different public service sector, agency which contributed a distinct experience working with agricultural workers in this project.

Table 8. Stakeholder Interview Participants, North San Diego County, CA.

Organization and Position	Role
Unitarian Universalist Refugee and Immigrant Services and Education (UURISE)	Provides administrative, programmatic and fiscal support to UURISE.
Health Educator, Vista Community Clinic	Health education, screening services (glucose, cholesterol, blood pressure, skin disease), referral services, community outreach, and transportation.
Health Educator, Vista Community Clinic	Health education, screening services (glucose, cholesterol, blood pressure, skin disease), referral services, community outreach, and transportation
Líder Comunitaria, Vista Community Clinic	Provides community outreach at various agricultural sites. Assists in the creation of community partnerships with local organizations and community groups.
Employment Program Representative Employment Development Department	Provides outreach at various agricultural sites. Has created community partnerships with the UNIDOS Project and has served as a Farmworker CARE Coalition Membership Chair.
Dermatologist, American Academy of Dermatology Member Rady Children's Hospital	Dermatologist at the Randy Children's Hospital-San Diego. Clinical interests include pediatric skin cancer prevention and sun safety for everyone.

I. Health Care Services and Specialty Care Patterns

Telehealth Services Needed

For stakeholders, telehealth represents an opportunity and an effective tool to provide health services in those areas where there is limited access to specialty care and transportation. For instance, one of the Health Educators at VCC mentioned that all services available at VCC require agricultural workers to travel; even scheduling appointments may require community members to travel.

Key Informants identified a variety of primary and specialty care areas for telehealth technology:

- Acute illness
- Dental care
- Dermatology: biopsies, black light
- Enrollment assistance to obtain health care coverage
- Health education (preventive medicine such as nutrition, lifestyle, skin care, HIV prevention, etc.)
- Medical evaluations
- Mental health resources
- Type II diabetes
- Vision care

“For instance headaches and other serious conditions when there are skin spots. With telehealth we can referred agricultural workers to see a doctor depending on the type of service they need.”

“Diabetes, it could be done through telemedicine. Sending their pictures of injuries, infections etc. It can help treatment sooner. In my experience 70-80% of ag workers have access to phones, but some places that employ seasonal workers don’t have access to phone.”

Challenges to Telehealth

It is important to note that all challenges to telehealth described in this section come from the perceptions of key informants who have experience working with agricultural workers. Thus, the following results do not reflect agricultural workers direct opinion regarding barriers to accessing care. Please refer to the World Café results section to better understand agricultural workers perspective.

Access to technology & connectivity

Access to internet services at farms/fields is limited for agricultural workers. However, most participants expressed that when health care services are provided in the field during working hours, community outreach and engagement is most successful. As a result, a telehealth program designed for agricultural workers must include farms/fields as service locations and include a high-quality internet connection in order to provide quality care. Concerns were also raised about the lack of technological equipment and funding to provide telehealth services.

“Más que nada es la comunicación y la tecnología. En muchos ranchos no hay servicio bueno Si quieren hacer llamadas no agarra. No están acostumbrados a usar tecnología.”

(More than anything, communication and technology (main barriers). In a lot of the farms there is not good service. If they (agricultural workers) want to make calls, it does not work. Agricultural workers are not used to utilizing technology.)

Awareness

It is difficult to know the demand or interest agricultural workers may have for telehealth services since there is a limited awareness about this service in the community. There is a lack of promotional and educational efforts on the topic, including such basic information as what telehealth is, how it works, how telehealth could benefit agricultural workers, and how such technology would be accessed. Many recommended the need to create a campaign or promotional initiative to inform the agricultural worker community and their families about telehealth prior to making services available.

“People are not asking for this service yet because there is not enough familiarity with it. More work of exposing this specific community (agricultural workers) to telemedicine needs to be done before great outcomes can be achieved.”

Access and Cost

According to some participants, providers may not pursue certain medical procedures or interventions due to the inability to reimburse insurance for these services. This brought up concerns for clinics ability to reimburse for telehealth services and patients' health insurance to cover such cost. If telehealth services are reimbursable by health plans, Medicaid or Medicare, providers may have an increased interest or motivation to introduce telehealth to patients. Many seasonal agricultural workers are not offered health insurance to employees. Therefore, seasonal agricultural workers find it difficult to afford cost of care due to not qualifying for health insurance through their employer. An additional barrier identified by participants was the process to apply for health insurance is unfamiliar and difficult to understand. For those agricultural workers who qualify for health insurance the barrier becomes understanding how to utilize insurance to access care and how to navigate the health care system.

“Como en un caso, había una señora que no podía pagar por sus medicamentos. Entre mi comunidad recaudamos fondos para pagarlos mientras buscábamos una solución.”

(There was a case where there was a woman who could not pay for her medication. In my community, we fundraised funds, so that she could pay for them while we were trying to figure out another solution.)

“Work is paid by outcomes, and if you don't work you don't get paid, so what happens when people get sick? In employers that do offer access to health care, it sometimes doesn't help because it is the bare minimum and people don't know how to use it. It is helpful if people are given an option.”

Referral Process

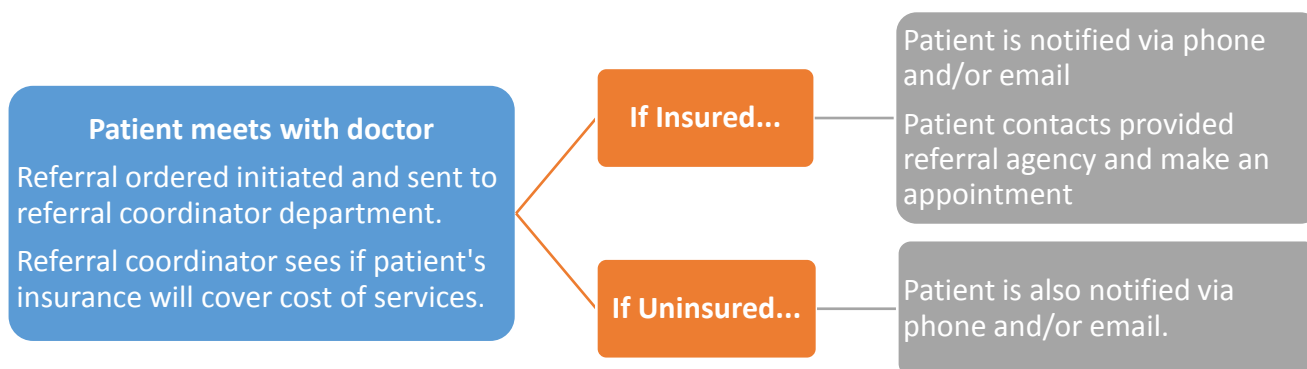
Key informants described a variety of referral methods utilized to provide health services to agricultural workers in North San Diego County. **UURISE, Ana Palomo Zerfas, Program Manager**, provides agricultural workers with a list of local resources available by health care organizations in the region and suggested the need to create a “Tool Box” within UURISE, which includes all health care resources available in the community that contains information specifically tailored to the agricultural worker community. **Employment Development Department, Miguel Reyes, Employment Program Representative** described how agricultural workers often request information regarding specialty care services, specifically pediatric specialty care services. Within his department, there is a plan to collaborate with health care agencies to provide services in the fields to connect agricultural workers to health care resources directly. **Dermatologist, Dr. Susan Boiko**, partners with Federally Qualified Health Centers (FQHC), and explained that she personally supports patients complete their referral. However, when it is not feasible for patient to follow up with FQHC referral, she recommends patients to see their primary care doctor.

Vista Community Clinic participants expressed that the current referral process is complicated and may be confusing for agricultural workers.

Currently referral letters are not sent or are not given to patients. Participants recommended a follow up system where clinic personnel communicate with patients to confirm that referral process was initiated and completed. Patients need guidance on how the referral process works in the most appropriate language and in consideration of transportation barriers. VCC Líderes Comunitarios and Health Educators often provide support to agricultural works to follow up with referrals by providing access to transportation.

“Patients need someone to guide them through the referral process. They are being left to do it themselves. That is why patients cancel appointments. Patients are being referred to areas where they don’t know and transportation can be a barrier. Patients cancel appointments because of those reasons as well.”

VCC Health Educators described the existing referral process below.



II. Telehealth Infrastructure and Readiness

Organizational Readiness

Perceptions of readiness to implement telehealth serviced varied between organizations interviewed. Organizations' infrastructure, funding, demand, and personnel needs were considered. Using a scale from one to 10 (1 being not ready, and 10 completely ready) participants assed organization readiness. The following table includes scores for most of the stakeholders (other individuals interviewed did not provide a score or opinion), and sample quotes to reflect some reasoning behind each interviewee response.

Organization	Readiness Level	Sample Quotes
Unitarian Universalist Refugee and Immigrant Services and Education (UURISE)	10	"I think even social services agencies like my own are ready to incorporate tele components. I think as a partner agency, before we start referring patients and recommending telemedicine, we need to know more about it. We need to provide materials etc., so that we can also share with clients."
Health Educator Vista Community Clinic	10	"I give the clinic a 10 because we are already implementing some of the services with our mental health patients. I think it's ready to be implemented for other services. The clinic can apply for funds to grants to cover the telehealth services."
Employment Program Representative Employment Development Department	N/A	"For our agency it is not applicable. We are a state agency that focuses on employment development in the agricultural community. My job is to be out in the field and that's where I get a lot of knowledge about the health disparities our communities face."
Líder Comunitaria, Vista Community Clinic	8	"Le daría un 8, si, lo pueden implementar porque no sé si tengan el equipo de cámara para las fotos de piel." <i>(I would give I an eight, if they can implement, I don't know if they have the needed equipment to take images of the skin.)</i>
Dermatologist	10	"Already participating in this (teledermatology). Arista MD."

Telehealth Demand

Most participants said telehealth services are needed; however, there is limited awareness within the agricultural worker community about telehealth. Telehealth may not be considered as a legitimate form of providing health care. Some participants recommended a medical doctor introduce the technology, so

that community members fully understand the importance of utilizing telehealth and legitimize the quality of services. Demand for these services are difficult to measure and participants recommended stronger efforts to expose agricultural workers to telehealth. In the contrary, experienced telehealth providers see a great deal of demand because community members have serious health problems which existing medical serves are not equipped to treat.

"For the communities we serve participating in a program like that might not seem legitimate. I think one way to do it is to have an actual doctor introduce the technology, so that people understand the importance of this tool, especially because of how we are used to using phones now for recreational things like social media."

Telehealth Landscape

Most participants expressed limited knowledge about current telehealth services available, but discussed existing programs and partnership opportunities in the North San Diego County area that could be leveraged for telehealth. Many listed Kaiser Permanents as a provider of telehealth services, but services may not be open to the entire community. The following table outlines knowledge of existing telehealth programs, and partnership opportunities to facilitate telehealth services.

Table. 9. Existing Telehealth Services and Potential Partnerships in North San Diego County.		
Agency/Organization	Existing Telehealth	Partnership Opportunities w/ Specialists
Program Manager, UURISE	<ul style="list-style-type: none"> E-consults through certain providers and insurances (Kaiser). (Telehealth not provided at UURISE) 	<ul style="list-style-type: none"> Local FQHC & private providers Partnerships come from need to support legal services related to healthcare history and documentation. Partnerships Needed: providers to donate time for psychological assessments.
Health Educators, Vista Community Clinic	<ul style="list-style-type: none"> Behavior Heath Program at VCC provides services via web cam. Kaiser Permanente provides telehealth (Not provided at VCC) 	<ul style="list-style-type: none"> Partnerships with existing specialists in San Diego County based on patients' insurance. Partnerships needed in rural areas: cardiologists, ophthalmology, urology, gastroenterology, Ear Nose and throat specialist, and neurology.
Employment Program Representative, Employment Development Department (EDD)	<ul style="list-style-type: none"> Kaiser: Offers phone consults; however, services not open to the entire community. (not provided at EDD) 	N/A
Líder Comunitaria, Vista Community Clinic	N/A	<ul style="list-style-type: none"> Dermatologist, Dr. Susan Boiko. Other partnerships include local ophthalmologists, and gynecologists.
Dermatologist	<ul style="list-style-type: none"> Project Access (American Academy of Dermatology) Arista MD (For profit company) Serves FQHC with a bank of specialists. Swinfen Charitable Trust, designed to bring specialty care all over the world (utilizes telephone and internet services) 	<ul style="list-style-type: none"> Build partnerships with Federally Qualified Health Centers.

Participants described distinct types of health services provided at their own agencies or community organizations independent from telehealth services. Some of these services include a focus on existing telehealth resources, but other services include screening, health education and community outreach. Although not connected to telehealth, such opportunities were identified as important to the landscape in which a possible telehealth program is developed and identifies opportunities in which telehealth may play a role.

- **Vista Community Clinic (Health Educators and Líderes Comunitarios).** When agricultural workers request health services, Health Educators organize a Mini Health Fair in the fields once a month. The Mini Health Fair offers screening services (skin cancer, HIV, glucose, blood pressure, Body Mass Index, health education related to chronic disease), preventive medicine, health evaluation of symptoms and connects sick workers with care. VCC Líderes Comunitarios also offer screening services as well as nutrition education, referral services; develop health education materials to disseminate in agricultural worker communities. For instance, Líderes Comunitarios have designed a graphic book, which teaches risk prevention, and warning signs of skin cancer.
- **Employment Development Department (Employment Program Representative).** Assist agricultural workers to apply for health care services, and learn how to utilize health insurance when they have access to it. For instance, agricultural workers often have difficulty understanding application process for health insurance, and if they are insured, health care system is unfamiliar, and not friendly to navigate.
- **Dermatologist.** Provide specialty care services in coordination with local community-based organizations. Communication with the community is crucial and having translation services available is of extreme importance.

Participants described successful communication and promotional strategies currently implemented in the community that could be leveraged for raising awareness about telehealth. Word of mouth being one of the most successful communication strategies to reach messaging out within the agricultural worker community. Word of mouth allows agencies and other local organizations to not only disseminate information related to services, but also build trust within the community. Visiting agricultural workers in the fields is an important strategy. Providing care in the fields allows providers to solve health problems for patients right on the spot and build trust with agricultural workers.

Health Educators from Vista Community Clinic explained how their agency organizes Mini Health Fairs as a community outreach strategy. Health Educators travel to the fields and provide screening services, schedule appointments for the community, and establish follow up. In addition, Health educators mentioned that telehealth is beneficial for agricultural workers since it may result in them not having to leave work, but instead communicate with a provider through a web cam during work hours.

Similarly, a Lider Comunitaria from Vista Community Clinic explained that community forums have successfully assisted the agency to establish trust and communication with agricultural workers. Community forums have enabled Lideres Comunitarias to disseminate information related to skin cancer. Incentives may help agricultural workers take care of their skin in the work place represents an effective incentive. In this case, incentive provides a benefit to agricultural workers in practicing skin care while engaging them in the learning process of skin care prevention.

Building partnerships with employers from grower companies was viewed as crucial in the communication process with agricultural workers. Building relationships with community-based organizations (CBO) is also an important strategy to access places and communities intended to reach. However, the process of building partnerships might be time consuming since participants suggested it takes about 2-3 years to develop strong relationships that contribute to tangible outcomes in the community and your agency.

Campesinos Sin Fronteras Results

World Cafe

Community Partners from Campesinos Sin Fronteras in Yuma/San Luis, AZ lead participant recruitment, planning and facilitation of World Café group discussion. NAU-CHER staff attended World Café event in Yuma, AZ and provided support in the implementation and facilitation of group discussion activity.

Agricultural workers in Yuma/San Luis, AZ engaged in an hour-long conversation about their perceptions and interest on telehealth. Participants were divided into three different discussion groups to address all topics included in the World Café interview guide. Each discussion group included a facilitator and note taker. Ages of participants varied; the youngest participant was 17 years of age and the oldest was 68. Variation in age contributed to a variety of opinions regarding telehealth.

Table 8. Yuma/San Luis, AZ World Café Participants

Stakeholders	Agricultural Workers N=72 Men= 69 Women=3 Age = 17 - 68
Date	August 23 rd , 2018
Location	JV Farms Yuma, Arizona
TESAT interview guide Implemented	World Café

I. Knowledge, Attitudes, Behaviors, Cultural Relevancy of Telehealth

In this section, agricultural workers were able to engage in a conversation regarding their perceptions and experiences with telehealth services. Participants also identified preferred telehealth services, and possible barriers to accessing telehealth.

Telehealth Perceptions

At the beginning of the World Café, some participants appeared confused, and mentioned that telehealth was something “they have never heard of before”. Others explained that telehealth facilitated communication between agricultural workers and providers outside the local area. Others described that telehealth makes it possible to have an appointment with a doctor via internet access, and images. One participant expressed that his daughter had previously accessed telehealth services in Yuma for mental health and was able to access psychiatric services through the Regional Center for Border Health (RCBH).



“No hay como consulta personal” (There is nothing like an in-person consult)

There were differences in opinion among participants regarding preference to see providers in person or through telehealth. Some participants expressed desire to see their providers in person.

“En persona, porque se me hace más fácil expresarme con un doctor. Y muchas veces por video llamada no se puede encontrar doctores con el mismo idioma.”

(In person, because I think it's easier for me to express myself with the doctor. Many of the times through a video call you can find doctors that speak the same language - Spanish.)

Being able to communicate directly with providers was perceived as helpful to effectively explain health concerns, and for others, utilizing telehealth may compromise the communication process. Some participants were concerned telehealth services would not accurately transfer information to providers. For instance, a participant explained that photos of injury or skin spots may not be high quality, and providers may not be able to make an accurate and complete assessment.

Time & Transportation

Participants described telehealth as a technology that would be convenient for them in terms of being able to communicate with providers at flexible times, not having to wait a long time in a clinic, and there is no need to spend money on transportation to see providers. Participants mentioned that as agricultural workers, they end up working in the field for long hours, and supervisors are not flexible when they need to schedule or attend medical appointments. As a result, participants described telehealth as a flexible technology that could assist them to communicate with a provider when a health concern arises. Participants also explained that local clinics have business hours that are not compatible with their long working hours; they do not have time until after workday is over (often-late evening).

Telehealth & Cost of Care

When participants were asked questions related to their perceptions on telehealth, they continuously asked how much they would have to pay for it. Health insurance is often not available until they have worked for the company for the first 3 months. Participants described being in “limbo” for 3 months without the ability to pay for care if needed. For this reason, participants explained they often seek care in Mexico during the 3-month waiting period. In this case, participants refer to the Ninety-Day Waiting Period Limitation developed by the Departments of Labor, Health and Human Services (HHS), and the Treasury (the Departments) in 2014, which describes that a group health plan and a health insurance issuer offering group coverage may not use a waiting period that exceeds 90 days for the plan to become effective.²

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2. A group health plan and a health insurance issuer offering group coverage may not use a waiting period that exceeds 90 days. A waiting period is the period of time that must pass before coverage for an employee or dependent who is otherwise eligible to enroll under the terms of the plan can become effective. Consistent with PHS Act section 2708, eligibility conditions that are based solely on the lapse of a time period are permissible for no more than 90 days. Other conditions for eligibility under the terms of a group health plan are generally permissible under PHS Act section 2708, unless the condition is designed to avoid compliance with the 90-day waiting period limitation. Furthermore, if, under the terms of a plan, an employee may elect coverage that would begin on a date that does not exceed the 90-day waiting period limitation, the 90-day waiting period limitation is considered satisfied. See <https://www.irs.gov/pub/irs-drop/n-12-59.pdf>.

Table 9. Agricultural worker health insurance accessed through grower company

Health Insurance Utilized in Mexico	Health Insurance Utilized in the U.S.
<ul style="list-style-type: none"> • Health services are free per family. • Free or low-cost health services 	<ul style="list-style-type: none"> • Agricultural workers reported receiving varying reimbursement amounts per family.

Cultural perceptions of Telehealth

Participant explained that they feel more comfortable when services and health information is provided in Spanish, and when they see bilingual providers. For instance, some participants described that when seeing a provider in person, they get nervous, and they do not verbalize accurately their physical pain. Feelings of nervousness may relate to participants not being able to communicate with providers in their own language, which compromises trust. Participants also concluded in this case that telehealth would allow them to feel more comfortable and open to communicate symptoms since provider is not in front of them.

“Si le echamos mentiras al doctor. Llegas y te pones nervioso y se te quitan todos los dolores. Si es por telesalud no se van a sentir tan nerviosos. Es algo que no puedas mentir.”

(We lie to doctors. We arrive to our visit, you get nervous, and all your pain goes away. If the visit is through telehealth, they’re not gonna feel nervous. It’s something (telehealth) where you can’t lie.)

Preferred Telehealth Services

The following is a list of all the health services agricultural workers telehealth.

- Allergies
- Dermatology
- Ear care
- Education related to nausea, fatigue, and dizziness.
- Family practice
- Ophthalmology/Eye health
- Psychiatry

Barriers to telehealth technology

Participants explained that not all agricultural workers feel comfortable with smart phones and computers; some mentioned that older agricultural workers are not familiar with technology. In addition, cellular and internet connectivity is often not reliable, especially at work sites; therefore, telehealth services would need to consider reaching agricultural workers in areas with limited connectivity.

Other participants expressed that their main concern with utilizing telehealth is confidentiality. Participants mentioned they would want to know the security and confidentiality procedures to protect personal identity in a telehealth program. Participants also wondered what confidentiality procedures would look like when utilizing a phone to access services.

II. Agricultural Workers' Challenges Accessing Health Care

Participants engaged in a conversation related to barriers to accessing care and the types of resources available in the community that facilitate access to care. Barriers included a lack of specialty care providers in the area, a lack of flexible business hours, long waiting times at clinics and hospital, a lack of bilingual providers, slow processing times for health insurance costs/reimbursements, and long working hours.³

III. Agricultural Workers Preferred Communication Methods and Telehealth Design

Preferred Methods of Communication

Participants described multiple methods of communication used to connect with family, friends and work. The two major methods of communication include smart phones and in person meetings or gatherings. Participants explained that they often use smart phones to text and for phone calls. They also mentioned utilizing social media such as WhatsApp and Facebook to message family and friends. Community meetings were also recognized as a preferred method to learn about events going on in the community and local resources.

Health Communication Outlets

Participants discussed the diverse communication outlets they use to access information related to their health, which include:

- Computers
- Visits with doctor
- Hierberas (community healers)
- Home remedies
- The internet: search engines (primarily google), and health related websites
- Mobile apps (Apple Health)
- Public radio (La Campesina – Nutritionist and medical doctor segments)
- Sharing symptoms with family members
- Mobile technology: smart phone, text messages
- Social media



³ Barriers included in this section are not directly connected to telehealth, but instead to the experiences of agricultural workers when accessing care in the community. In depth themes, related to challenges agricultural workers face in accessing health care have been included in APPENDIX A.

Telehealth Services Program Design

Participants designed a fictional telehealth program according to their needs. In the design, participants included what telehealth services would be offered, the location of services, cultural characteristics of the program, the program's hours of operation, and follow up procedures. The following table presents a telehealth program designed by agricultural workers living in the Yuma/San Luis, AZ region.

Table 10. Agricultural worker preferred telehealth services and design.

Telehealth Characteristics	Description
Services	<ul style="list-style-type: none"> ○ Emergency (wounds, skin marks) ○ Dermatology ○ First Aid ○ Healthy life style education ○ Cardiology ○ Ophthalmology ○ Dental care ○ Oncology ○ Health services related to agricultural worker health (chronic pain, dehydration, work related injuries)
Program Location	<ul style="list-style-type: none"> ○ Home visits ○ Campesinos Sin Fronteras ○ Local public library ○ Community clinic ○ Hospital
Cultural Characteristics	<ul style="list-style-type: none"> ○ Spanish and English Telehealth services ○ Have the assistance of Community Health Workers during telehealth visit.
Program Business Hours	<ul style="list-style-type: none"> ○ 24hrs, 7 days a week ○ Early mornings ○ After 5pm or 6pm
Follow Up Services	<ul style="list-style-type: none"> ○ As soon as possible ○ When necessary ○ Every 6 months ○ Every 3 months ○ Twice a year ○ "Whenever I get sick"



Stakeholder Interviews

Community partners from Campesinos sin Fronteras (CSF) led recruitment and implementation of key informant interviews with stakeholders in the community who provided expertise related to the feasibility, possibility and needed resources to develop and implement a tele-dermatology/telehealth initiative. NAU-CHER staff provided support in collecting data and completing a summary report of information collected. Each stakeholder represents a different public service sector or agency and they all contributed a distinct experience working with agricultural workers in this project.

Table 11. Key Informant Interviews in Yuma/San Luis, AZ

Stakeholders	Community Health Workers, Executive level health organization leaders, Non-profit organizational staff, community leaders. N=13
Date	September 5 th – 17 th , 2018
Location	Yuma/San Luis, AZ
TESAT interview guide Implemented	Key Informant Interview



Table 12. Interview Participants – Yuma/San Luis, AZ

Organization and Position	Role
Agricultural Safety Director JV Farms	Implement and supervise the department of food safety. Facilitates training to agricultural workers related to personal hygiene, field cleanliness, work safety scenarios and how to implement safety procedures in the work place.
Behavioral Health Services Executive Director Regional Center for Border Health	Coordinate telehealth mental health services program and educate patients about telemedicine and its services.
Promotora de Salud (Vivienda) CSF	Assist agricultural workers in the process of obtaining permits to work in the field. Also, provides housing services (mainly focused on rebuilding of homes)
Parks and Recreation (San Luis, AZ) San Luis City, parks and rec department	Provides administrative support at City of Yuma Parks and Rec.
Promotora de Salud (Mental Health) Programa de Salud Mental de CSF	Works with H2A Visa agricultural workers who experience family or domestic violence.
Promotora de Salud CSF	Has worked with agricultural workers the past 15 years. Delivers health education, and screening services (blood pressure, glucose levels, cholesterol levels and body mass).
Housing Grants Administrator Yuma County Housing Department	Supports agricultural workers by providing guidance in accomplishing personal and family goals, health education, and provides health referral services.
Promotora de Salud Yuma Regional Medical Cancer Center	Provides information and education to the community related to different types of cancer, prevention and early screening in the southern region of Yuma County where there is a high agricultural worker population.
Promotora de Salud (Community Health Worker) Campesinos sin Fronteras	Facilitate screening services through the “Ventanilla de Salud” Program, provide referral and health education services. Screening services include blood pressure checkup, and glucose levels.
Administrative Campesinos Sin Fronteras	Manager of the Department of Housing and Immigration. Facilitates the H2A Visa program available to temporal agricultural workers.
Behavioural Health Case Manager Regional Center for Border Health	Accompany patients to doctor's appointment; assist with follow up process and translation/interpretation services.
Community Representative Lider Comunitario	Assist in program for agricultural workers contracted from Mexico to work in the U.S.
Administration – Comité de Bienestar (Committee of Well-being)	Provides administrative support through client services, programming, and communication services.

I. Health Care Services and Specialty Care Patterns

In this section, stakeholders engaged in a conversation regarding telehealth services needed and available to agricultural workers and barriers to accessing care. Participants also described referral patterns at their own institutions, in other local health care and community organizations, and collaboration processes.

Telehealth Services Needed

The following is a list of telehealth services needed in Yuma/San Luis, AZ.

- Neurology
- Cardiology
- Nephrology
- Oncology
- Mental Health: Psychiatry, Psychology
- Speech Pathology (Speech, swallowing)
- Dermatology (3rd & 4th degree burns)
- Surgery
- Children specialty care (cardiology, otorhinolaryngology)
- Nutrition Car

“Uno de los primeros sería salud mental ya que llegan muchos con depresión. Otro sería nutrición, porque no se cuidan; comen mucha sal, grasa y creo que por medio de la telesalud se les puede dar citas.”

(One of the first services needed would be mental health because a lot of them (agricultural workers) come in with depression. Another would be nutrition because they don't take care of themselves; they eat a lot of salt, fat, and I believe that through telehealth they can schedule appointments.)

Challenges to Telehealth

It is important to note that all challenges to telehealth described in this section come from the perceptions of key informants who have experience working with agricultural workers. Thus, the following results do not reflect agricultural workers direct opinion regarding barriers to accessing care. Please refer to the World Café results section to better understand the perspectives of agricultural workers.

Work Schedule

Many participants commented Agricultural workers work long hours and there is limited flexibility to schedule or show up for appointments. In addition, supervisors at grower companies do not give permission to agricultural workers, so they can leave work early or have sick days to come in for telehealth appointments.

Language

Participants explained communication between patients and providers is ineffective when provider does not speak Spanish. Also, many participants expressed that providers do not have the cultural competency to establish a relationship with agricultural workers. In this case, cultural competency refers to providers having an in-depth awareness and knowledge of agricultural workers' challenges in accessing care, cultural perceptions of health, life in the border, and understand how racial differences may impact communication between providers and patients. Overall, a culturally competent health care system has been defined as one that acknowledges and incorporates the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs (3). In addition, some participants mentioned that when interpretation services are provided, there is a further need for clarification, and for high quality interpretation services.

“Buscan (trabajadores agrícolas) en otros lugares fuera debido a que los (proveedores de salud) que hay son de otra raza, y no se pueden comunicar efectivamente con ellos.”

(They (agricultural workers) look for other places outside due to the providers available here are from another race and they can't communicate effectively with agricultural works.)

“Lo primordial aquí en la frontera porque la mayoría requiere alguien que le traduzca pero que lo traduzcan efectivamente al español que se habla en la frontera, que lo haga sentir cómodo que lo entienda. Por ejemplo, si dice me duele muy “gacho” y esto puede dar lugar a la mala información entre doctor y paciente ya que el traductor posiblemente use un idioma español profesional que al paciente no entendería.”

(The most important thing here at the border because the majority need someone to interpret for them, but interpret effectively to Spanish that people speak at the border that makes patients feel comfortable and that they understand. For example, if patient says it hurts “gacho” (really bad) and this could cause misunderstanding between doctor and patient since it could be that the interpreter possibly uses professional Spanish that the patient would not understand.)



Familiarity and Comfort

There is a lack of access to smart phones or limited knowledge on how to use them. Similarly, agricultural workers may not own a computer or not know how to utilize it. Others explained there is a preference to see providers face to face rather than through telehealth. One barrier related to feeling comfortable with telehealth technology is connected to age; according to the city of San Luis Parks and Rec Department, people older than 50 years may not be familiar with technology (referring to the utilization of smart phones and computers). Telehealth may limit patients to express symptoms or health concerns due to not having health providers in front of them.

“Desafío mayor sería el uso de la tecnología ya que muchas personas no saben usar los aparatos como el teléfono, Tablet, o computadora y también la cultura ya que muchos prefieren o están acostumbrado a mirar al doctor en persona.”

(The major challenges would be the use of technology since a lot of people do not know how to use things like a cell phone, Tablet, computer, and also the culture since a lot of them would rather or are used to see a doctor in person.)

“Este sistema (telesalud) podría limitar al paciente para expresarse realmente lo que está pasando, debido a que la relación es con un televisor y no en persona.”

(This system (telehealth) could limit patient’s ability to express fully about what is happening since the relationship is with a TV monitor and not in person.)

Access and Cost

Many agricultural workers do not have access to health insurance. If insured, community is referred to see specialty care providers in Tucson or Phoenix, AZ. If paying by a sliding scale, which most federally qualified health centers have, many are fearful of cost. Overall, participants recommended that telehealth services be offered at an affordable cost for agricultural workers.

Distrust

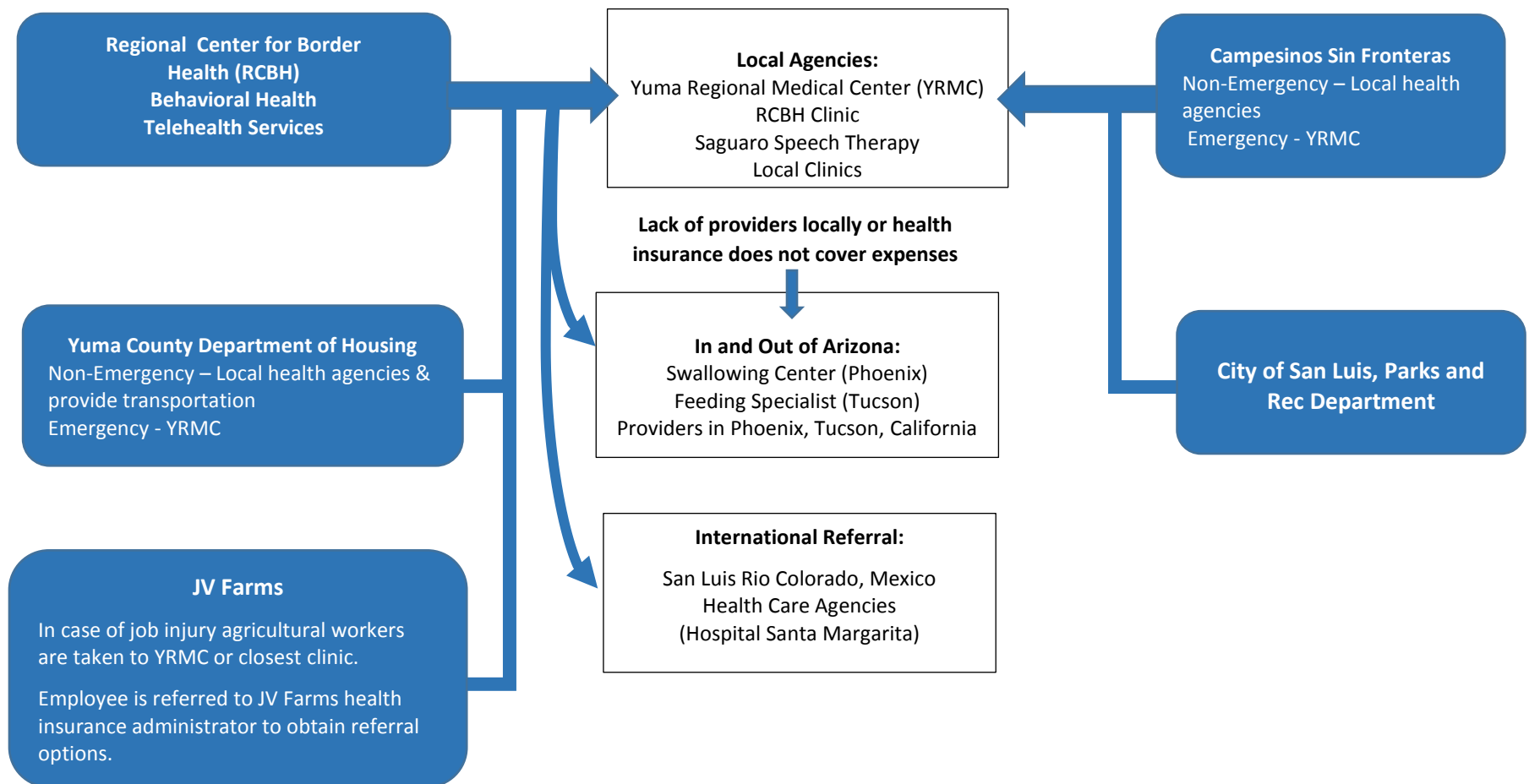
According to participants, agricultural workers may not believe that these types of services are effective and reliable. Cases were described, in which agricultural workers attempted to connect with providers using telehealth, but because of repeated connectivity limitations, agricultural workers discontinued using the technology. Such experiences present barriers to accessing care through a telehealth system.

Awareness

Participants explained there is a lack of understanding and awareness of existing telehealth services among the agricultural worker community. Even though there are telehealth programs in the region, agricultural workers may have limited knowledge of these services. Some participants expressed there is a need to educate agricultural workers and the community about telehealth, so they can take advantage of the services available.

Referral patterns

The following referral image was created with the knowledge provided by participants and their own experience working within their organization. Most agencies refer community members to Yuma Regional Medical Center (YRMC) in case of emergencies and when there is not an emergency the community is referred to local health care agencies or clinics.



II. Telehealth Infrastructure and Readiness

Organization Readiness

Perceptions of readiness to implement telehealth serviced varied between organizations interviewed. Organizations' infrastructure, funding, demand, and personnel needs were considered. Using a scale from one to 10 (1 being not ready, and 10 completely ready) participants assessed organization readiness. The following table includes scores for most of the stakeholders (other individuals interviewed did not provide a score or opinion), and sample quotes to reflect some reasoning behind each interviewee response.

Table 15. Organizational Readiness According to stakeholders in Yuma/San Luis, AZ		
Organization	Readiness level	Sample Quotes
RCBH – Executive Director Behavioral Health Telehealth Services	10	"Telehealth mental health program has been implemented for the past 3-4 years."
RCBH - Case Manager Behavioral Health Telehealth Services	10	"At the moment we implement the service and continue with certified personnel and services have been around for the past 3 years successfully."
CSF - Promotora de salud	8	"There is an interest and collaboration with specialty care providers."
CSF - Promotora de salud	6	N/A
CSF - Community Leader	8	"We need to reinforce technological, infrastructural and personnel areas. We also have personnel with different qualifications for the program. We also have different partnerships with different qualifications for the program. We also have different partnerships with entities in the health sector within the area."
CSF - Administrative Staff	8	"I think we are at a level 8 because the only obstacle we have is financing."
Comité de Bien Estar Administrative Staff	9	"The lack of interest like me for this project, but the company is prepared for this method in the future."
JV Farms - Agricultural Safety Director	9	"We have access to install program in our facility if we count with the help of Campesinos Sin Fronteras."
Yuma County Housing Department - Housing Grants Administrator	6	"We have the space, the coordinator, the technology, equipment, and a program that focuses on the wellbeing of patients."
City of San Luis Parks and Rec Dept	5	"When it comes to the infrastructure of the company, we still need a lot of details before starting a project as elaborated as what it will be utilized (telehealth)."

Telehealth Demand

In this section, the demand for telehealth services in Yuma/San Luis, AZ is outlined based on the perceptions of Key Informants who work closely with agricultural workers in the region. It is important to note that perceptions on demand may vary depending on the agency or health care organization. Key informants who work for an agency, which offers telehealth services, reported a high demand; however, for others who work at an agency that does not offer such services, demand is reported as low or not existent.

Table 14. Telehealth Demand in the Yuma/San Luis Region

Organization	Demand	Example Quotes
Regional Center for Border Health Behavioral Health Telehealth Services	Demand of clients utilizing telehealth services goes from 75% to 80%.	"We have a lot of demand, for example right now we have appointments set up until the month of October, and people are opening more to psychiatry."
Promotoras de Salud, Campesinos Sin Fronteras	12%	"At the moment demand is not a lot because a lot of people do not know about telehealth."
Community Leader, Campesinos Sin Fronteras	Minimum demand	"Demand is low due to the limited promotion among agricultural workers and the rest of the community as well."
Administrative Staff, Campesinos Sin Fronteras	10% demand for telehealth services	N/A
City of San Luis Parks and Rec Department	N/A	"Among the younger community (<50 yr.) would be ideal (telehealth). I think that's where the demand is because people are more familiarized with the new technology."

Telehealth Landscape

The following table reflects the existing telehealth services available in the Yuma/San Luis, Arizona region, specifically the [existing telehealth services, effectiveness, and partnership opportunities](#). For some agencies, information related to telehealth services may not reflect services that their own agency offers, but services they know to exist within the region as well as potential partnerships.

TABLE 13. Exiting Telehealth Services, effectiveness of services and potential partnerships in Yuma/San Luis, AZ.

Agency/Organization	Existing Telehealth	How effective are Telehealth Services?	Partnership Opportunities
Regional Center for Border Health Behavioral Health Telehealth Services	Follow up services for admitted patients to the psychiatric observation unit at Yuma Regional Health Center. Clients can schedule appointments to see a psychiatrist, and access a mental health evaluation as well as follow up services.	Telehealth Psychiatric services are very effective since there are no psychiatrists in Yuma.	There is collaboration with all local medical agencies Partnerships exist with Hospital Santa Margarita in San Luis Rio Colorado, Mexico and the Binational Secretary of Health
Promotoras de Salud Campesinos Sin Fronteras	N/A	N/A	Partnerships with dermatologists who assist with health fairs related to skin cancer.
Community Leader Campesinos Sin Fronteras	Horizon Telehealth Services focused on mental health services. (Not offered at CSF)	Very effective due to lowering cost of care and not being as physically demanding	N/A
Administrative Staff Campesinos Sin Fronteras	Horizon walk- in clinic. Telehealth services focused on mental health. (Not offered at CSF)	Not very effective since patients are not able to build a connection face to face.	Partnerships with providers in the realm of dermatology, cardiology, family practice, psychology. Partnership with the Mexican department of health.
City of San Luis, Parks and Rec Department	Telemedicine for employment incidents only.	Effective for the purposes of submission of incident reports.	N/A

Some participants shared information about resources and communication strategies, which could serve as future opportunity sites for community outreach and telehealth promotion strategies. For instance, The Agricultural Safety Director from JV Farms explained that annually company organizes a health fair where agricultural workers have the opportunity to access screening services (glucose, cholesterol, blood pressure, body mass index). The company also provides flu vaccination at no cost during the month of October, and there is a wellness program available to employees, which provides agricultural workers with 15 minutes per day to exercise. Similarly, the Yuma County Housing Department organizes a health conference open to the public every November where local health care agencies offer screening services (glucose, cholesterol, blood pressure).

Community outreach strategies to engage agricultural workers varied depending on the agency. Promotoras de Salud from Campesinos Sin Fronteras (CSF) implement promotion strategies to engage agricultural worker which include flyers, community forums, community group meetings, health fairs and CSF's Facebook page. Similarly, a community leader from CSF suggested that phone calls, home visits, visiting agricultural workers in the field and organizing health community forums are successful communication strategies to promote health services in the community. Other communication outlets recommended include the creation of educational modules to educate the community about telehealth, use local media (radio, and television), presentations about telehealth services within agricultural worker communities, and brochures.

The Agricultural Safety Director from JV farms suggested that flyers could be an effective method to promote telehealth services. Others recommended that informational flyers should be handed out along with checks. Other recommendations include organizing meetings with all employees at JV farms to inform workers about telehealth services, provide step-by-step instructions about how to access telehealth, and provide guidance for the first telehealth visit. JV farms organizes an annual health fair where agricultural workers have the opportunity to access screening services (glucose, cholesterol, blood pressure, body mass index), and the company also provides flu vaccination at no cost every month of October.

Participants from the Yuma County Housing Department suggested that telehealth services should be introduced as a new form of caring for oneself. Participants explained that if agricultural workers are utilizing technology (referring to smart phones and computers) to communicate with family members then that same technology could be a tool to access telehealth services. Telehealth promotion strategy should also include door-knocking efforts to facilitate consent for services, provide information about telehealth, and organize community telehealth forums. City of San Luis Parks and Rec Department expressed community events to inform agricultural workers about telehealth services can be an effective communication strategy. Incentives were also mentioned as a way increase attendance, and interest in technology.

Participants from The Regional Center for Border Health (RCBH) explained that promotional efforts are minimal due to organization being well known within the agricultural worker community. RCBH's clients take initiative to come in and schedule appointments. Other clients have received services for several years, which has contributed to building trust in the community.

RECOMMENDATIONS & NEXT STEPS

In this section, recommendations provided by agricultural workers and health care/public service stakeholders are listed below. All recommendations include a link the specific section in the report that includes further information. In addition, next steps have been identified to help us understand the direction Farmworker Justice (FJ) is taking moving forward.

Recommendations

1. Telehealth program must provide culturally competent and linguistically appropriate services, and develop and prioritize partnerships with bilingual/bicultural health care institutions and providers. ([Lack of bilingual & bicultural health care providers](#))
2. Invest in the development of a promotional telehealth campaign within the agricultural worker community prior to implementing telehealth services to expose community members to what telehealth is, how to access technology, and benefits of utilizing services. ([Communication & Promotion Strategies: VCC](#))
3. Invest in developing the local infrastructure to provide the necessary telehealth equipment, and create a budget to employ the needed Community Health Workers to provide services. ([Organizational Readiness: VCC](#))
4. Employ community trusted Promotores/as de Salud to be Telehealth community liaisons. Promotores/as de Salud can assist with telehealth processes including signing up for services, technology guidance (e.g. Promotor/a de salud assist in training agricultural worker on how to use telehealth and become comfortable with technology) and connect agricultural workers to providers at time of telehealth visit.

"Contar con promotoras que hagan contacto, y seguimiento con el trabajador agrícola, asesorarlo y apoyarlo durante el proceso (referencia a telesalud). - *Community Leader*

(Have promotoras to contact, and follow up with the agricultural worker, advice and support him/her during the process -referring to telehealth-)

"La idea que la promotora acompañara a los pacientes usando el servicio de telesalud. Si me sentiría a gusto, la gente tiene más confianza con nosotras." -*Promotora de Salud*

(The idea that a promotora would be present with patients when using the service of telehealth. Yes, I would feel comfortable; people have more trust with us.)

"Uno no sabe nada de eso (telesalud). Tenemos que ir a CSF y que promotoras hagan el servicio." -*Agricultural Worker*

(One does not know anything about that – telehealth. We have to go to Campesinos Sin Fronteras y que promotoras hagan el servicio.)

5. Telehealth services must focus on priority health issues identified by the community. For more details on issues identified by participants in San Luis/Yuma, AZ and North San Diego County, CA , see: [Preferred Telehealth Services \(VCC &CSF\)](#) and [Telehealth Services Needed \(VCC & CSF\)](#).
6. Growers and other employers of agricultural workers should have access to education and training related to telehealth services with the purpose to inform and facilitate access to available telehealth services for agricultural.
7. To assure effectiveness of telehealth programs, health care organizations and other public service agencies must require cultural competency to ensure effectiveness of telehealth programs, and build trust within the community. Health care organizations need to create policies and procedures intended to create an approachable and safe environment for agricultural workers. Such policies and procedures must eliminate discrimination practices, and openly promote the protection of all farmworkers and their families regardless of immigration status. ([Barriers to Accessing Care](#))
8. Applied research should be conducted to better identify how telehealth services could best meet the needs, realities and wishes of agricultural worker communities and to inform policy and program initiatives.
9. Locations for the provision of telehealth programs should consider sites that are easily accessed and trusted by agricultural workers, including home visits (for patients without transportation and who are different-abled), work sites, community centers and clinics and/or create a mobile telehealth services program to reach different locations around the community.

“Provided screening services in the San Ysidro area at a parking lot of grocery outlet where the majority of patients evaluated were agricultural workers and all needed language support. I was able to see a man who had Basal Cell Cancer on his nose. I had the support of a translator from another agency, and this was a great example of how being out in the field and working together as agencies helped this man who was provided a diagnosis and care.”-Dermatologist

10. Telehealth programs must provide services at a low or no cost and for eligible agricultural workers; health insurance must cover expenses related to these services. ([Health Care Services and Specialty Care Patterns: Barriers to Accessing Care](#))

Next Steps

Going forward, FJ believes this report will serve as a resource and stepping stone in shaping local and potentially state and federal level conversations about the need for, and potential impact of, introducing culturally competent telehealth services into farmworker communities. With the recommendations offered in this report as well as the greater policy guidelines identified in FJ and CHLPI’s companion report “The Promise of Telehealth,” FJ will seek out potential collaborators and resources to develop and pilot telehealth initiatives in farmworker communities. FJ aims to

use both of these reports together to maintain a culturally appropriate, community-centered approach when developing telehealth initiatives, while also being able to situate a potential pilot in the national political and regulatory context surrounding the use of telehealth services in rural communities.

In line with what farmworkers have identified as areas in which they feel telehealth could provide the most benefit, these pilots will focus on one of the following:

- **General healthcare services**, including physical checkups, blood work testing, disease prevention, weight management, healthy lifestyle education, family medicine.
- **Emergency healthcare services**, including first aid, wounds, occupational injuries
- **Specialty healthcare services**, including dental care, dermatology, cardiology, ear care, ophthalmology, psychiatry, and oncology

These initiatives will continue to build off of the successful community mobilization model employed in the Unidos project, which emphasized a participatory community action approach to address skin cancer prevention and other health needs in farmworker communities. A farmworker telehealth initiative will focus on harnessing the knowledge and resources of community members, organizations, and stakeholders in order to design a telehealth pilot that fully addresses the concerns, realities, and healthcare needs of the farmworker community. These pilots will also center promotores de salud and community health workers as the main facilitators, ambassadors and cultural adaptors of telehealth in farmworker communities.

REFERENCES

1. For example, the Arizona Health Care Cost Containment System defines telemedicine as “the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data between the originating and distant sites through real time interactive audio, video or data communications that occur in the physical presence of the member,” and telehealth as “the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.” Under these definitions, telehealth is broader than telemedicine. See *State Telehealth Laws and Medicaid Program Policies: A Comprehensive Scan of the 50 States and District of Columbia*, Center for Connected Health Policy at 6 (2016).
2. Dinesen B, Nonnecke B, Lindeman D, Toft E, Kidholm K, Jethwani K, Young HM, Spindler H, Oestergaard CU, Southard JA, Gutierrez M, Anderson N, Albert NM, Han JJ, Nesbitt T Personalized Telehealth in the Future: A Global Research Agenda J Med Internet Res 2016;18(3)
3. Betancourt, J., Green, A., Carrillo, J., & Ananeh-Firempong, O. (2003). Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care. *Public Health Reports*, 118(4), 293-302.

APPENDIX A: Agricultural Workers' Challenges Accessing Health Care

In this section, results listed include information related to the challenges agricultural workers encounter when accessing care. All data includes comments, expressions, and knowledge voiced by agricultural workers living in North San Diego County and Yuma/San Luis, AZ during their participation in the World Café group discussion activity.

Vista Community Clinic

Barriers to Accessing Care

- **Paying for Care.** Participants voiced not being able to apply for health insurance due to being undocumented and health services are unaffordable. Participants who are eligible to apply for Medi-Cal insurance described the application process as unfriendly, bureaucratic and difficult to understand. Some participants expressed there is limited time to complete application due to working long hours. Participants also explained that waiting time for Medi-Cal approval is 3 months, and in the meantime, participants do not have access to care.
- **No flexible working hours.** Agricultural workers have limited availability to schedule appointments due to working all day. Participants explained that supervisors do not give permission to attend medical visits. Some participants explained that not having time flexibility at work also prevents them from seeking other public services in the community. Participants identified late evenings as flexible hours to come in for medical visits, and participants recommended health care agencies to adopt late evenings as part of their hours of operation.
- **Lack of Transportation.** Access to a vehicle and transportation is limited. Agricultural workers also explained that it takes a long time to arrive to a clinic or hospital, and on top of this, the waiting time is long.
- **Discrimination.** Participants expressed feeling rejected, not appreciated and discriminated whenever they had interacted with personnel at a health care organization or public service agency. For instance, one participant shared his experience applying for food stamps. He mentioned that when he lived at a homeless shelter, other white and African American residents applying for food stamps were treated better and their application process was approved, but for him who is an immigrant, Spanish speaker and is a permanent legal resident his application was denied.

“A los güeros y morenos si les dan sus estampillas, y como residente a mí no me lo dieron. Y todos vivíamos en la Posada (Homeless Shelter for Men).”

(To Whites and African Americans they gave food stamps and for me as a legal resident didn't give me anything. All of us lived in the La Posada – Homeless Shelter for Men.)

- **Literacy challenges.** Some participants explained that many agricultural workers do not know how to read or write. As a result, participants voiced feeling discouraged and embarrassed when attempting to seek care. According to many participants, when they get out of work, they are extremely tired, and they do not want to struggle figuring out how to seek care when they have to overcome literacy challenges.
- **Health care organizations are not approachable.** Participants described the health care system as complicated, hard to understand, and unfriendly. Many participants explained that they do not understand how to make an appointment, how to use their insurance card and who to talk to if they want to see a provider. One participant explained that due to not having health insurance, he goes to VCC, but he ends up being referred to speak with a counselor to apply for insurance. Participant concluded that he spends more time figuring out how the system works and what the steps are to apply for insurance than receiving services.
- **Health education needs.** Participants said they need more information about the prevention of skin cancer as well as education related to skin care. Participants also requested access to health education efforts focused on nutrition, management of cholesterol levels, Zumba classes for men, HIV prevention, and personal hygiene.

Agricultural Workers' Perceptions of health

- **Cultural perceptions on health.** Some Participants explained that they would not see a provider until there is an emergency, or when pain is not manageable anymore. Participants expressed that Latinos are indecisive when it comes to seeing a doctor, and health is left for the last minute.

“Es indecisión, el problema del Latino es que nos esperamos hasta que nos duele. No es flojera.”

(“It’s indecision, the problem with Latinos is that we wait until it hurts. It’s not laziness.”)

“No hay obstáculos. La clínica viene y te levanta. Tú mismo te paras”

(There are no obstacles. The clinic will come and pick you up. You stop yourself.)

- **Gender & Health.** Many participants discussed the connection between being working class Latino men, and the challenge in asking for the need to see a provider. Not asking for help, not crying, and not showing signs of weakness (not verbalizing pain, anxiety, depression or stress) were aspects associated with how is a Latino man expected to behave. One participant explained that men need to cry to release stress, and this should not be seen negatively. Many participants expressed that mental health services are needed among Latino agricultural workers, and that the idea that taking care of one's health is a "woman thing to do" should no longer exist.

"El Mexicano se cree que es muy cabron. Necesitamos que entienda que somos **débiles**"

(A Mexican man believes he is a badass. We need to understand that we are weak.)

"Los hombres son tercos y orgullosos."

(Men are stubborn and proud.)

Priority Health Issues

Chronic Disease

- Diabetes
- Skin disease
- High blood pressure
- Obesity
- Vision care
- Cancer

Specialty Care

- Back pain
- Bone pain
- HIV
- Impaired hearing

Dental care

- Skin disease
- Allergies
- Anemia
- Nutrition care

Mental Health

- Depression
- Stress

Other Health Issues

- Hepatitis A: There are no public restrooms in the fields.
- Dehydration

"No hay acceso al baño, no hay lugar para lavar las manos en el trabajo. Es un gran problema. Mi mejor amigo estaba en el hospital por 2 semanas por infectarse que alguien no se lavó sus manos cuando preparo comida."

(There is no access to a bathroom or where to wash your hands at work. This is a huge problem; my friend was in the hospital for 2 weeks because of an infection due to someone not washing their hands and prepared food.)

Campesinos Sin Fronteras

Barriers to Accessing Care

- **Labor Abuse.** Some participants expressed feeling overworked, and not appreciated by employers. Some participants expressed being unhappy with not having the time flexibility at work to schedule/attend medical visits or show up for health screenings. One participant explained that being a Hispanic is like being a machine because companies think of agricultural workers as being available to work for long periods of time. Many participants stated that grower companies do not care for the well-being of agricultural workers, but instead companies care about how much a worker can produce, and how many hours can he/she work.

“Somos humanos y tenemos límites de horas para trabajar. A los mexicanos nos explotan.”

(We are human beings and we have boundaries in the number of hours to work. Mexicans, they exploit us.)

“En primer lugar, no les interesa mucho la gente a las compañías. Por la experiencia que he tenido al trabajar en el campo.”

(In the first place, companies don't care about the people. For the experience I have working in the field.)

“Cuando estaba Cesar Chávez, quien luchó para que tuviéramos todos los servicios médicos que necesitamos, pero hoy en día, no sé, realmente, no sabría si existe algo así.”

(When Cesar Chavez was here, who fought for us to have all medical services that we need, but today, I don't know, really, I would not know if something like that exists.)

- **Paying for Care.** Some participants explained that health insurance options offered by grower companies tend to be expensive; therefore, they end up seeking care in Mexico or apply for state health insurance. Many participants described that they wait to seek medical care until the entire working season ends to not lose working hours and make less money. Participants also mentioned that the process to apply for health insurance and file medical claims is lengthy, and they have to wait for a period of time until being approved for services. One participant mentioned that one time he broke one of his fingers in his hand and the insurance company did not respond to his calls until 21 days after.
- **Lack of bilingual providers.** Participants expressed that it is difficult for them to communicate with providers who do not speak Spanish. Participants explained that when health care services are not in Spanish, it is a challenge to understand the type of intervention being provided or what are the treatment recommendations and the instructions to take medication are often unclear.

- **Lack of Specialty Care Providers.** Participants explained that there is a lack of access to see specialty care providers in the Yuma/San Luis area. Some participants described that agricultural workers are referred to see specialists in Phoenix, and others end up deciding to see providers in Mexico, which ends up being more affordable.

“También yo tuve un caso que no me atendieron a mi hijo. Tiene diabetes y no me atendieron aquí me enviaron a Phoenix, ya que mi hijo tiene diabetes tipo 1.”

(I also had an experience where they (providers) didn’t see my son. He has diabetes and they didn’t see me, instead they sent me to Phoenix since my son has type 1

Agricultural Workers’ Perceptions of health

Cultural perceptions of health. Similar to what agricultural workers in North San Diego County expressed, participants in Yuma/San Luis mentioned that they are indecisive when it comes to seeking health care. Participants expressed that by the time they decide to seek care it may be too late and medical conditions may worsen.

“Y por decidía no nos atendemos (buscar ayuda médica) y a veces es muy tarde.”

(Because of indecisiveness we don’t seek care and sometimes it’s too late.)

Priority Health Issues

Chronic Disease

- Diabetes
- High blood pressure
- High cholesterol
- Obesity

Specialty Care

- Cancer
- Skin care
- Vision care

Other

- Body injuries