

# GLOBAL IS LOCAL:

## Creating and piloting a learning and service rotation with migrant and seasonal farmworkers in rural Minnesota

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### Introduction

Migrant and seasonal farmworkers have minimal work protections and often live in extreme poverty. Barriers such as language differences, lack of insurance, and immigration status make it difficult for them to access healthcare.

**Until the creation of this new rotation, no formal residency curriculum existed for resident physicians to engage in providing healthcare to migrant and seasonal farmworkers**

Current health professionals are often inadequately prepared to treat migrant and seasonal farmworkers

**The objectives of the creation of this rotation included**

- Development of an educational curriculum about migrant seasonal farmworker health issues
- Opportunities for residents to provide healthcare to farmworkers through partnership with existing health organizations
- Improvement of awareness about health issues and barriers to healthcare in the migrant population in order to better serve them in the future

### The Curriculum

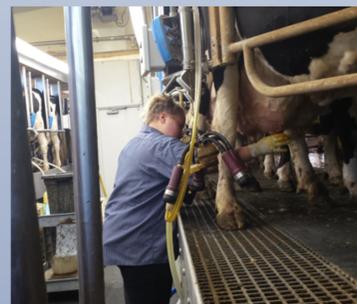
**Residents and undergraduate students in the rotation learned about the local agricultural economy, the history of migrant farm work, and health issues faced by farmworkers in a variety of ways:**

- Literature assignments
- Documentary discussions
- Tours of agricultural workplaces
- Lectures provided by community leaders from such groups as the Migrant Clinicians Network, Southern Minnesota Regional Legal Services, National Farm Medicine Center, and the Mexican Consulate
- Topic-based lectures from local physicians to learn about relevant health topics such as dental issues, skin conditions, and work injuries
- Writing workshops to aid in documenting field experiences

### The Multi-Disciplinary Team

**The rotation included faculty and learners from multiple disciplines:**

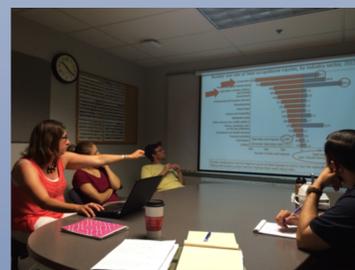
University of Minnesota and Hennepin County Medical Center internal medicine residents and faculty  
University of Minnesota Department of Pharmacy faculty and students  
University of Minnesota undergraduate students  
Youth from Centro Campesino as part of a pipeline program



The curriculum included tours of agricultural workplaces such as this dairy



Basic medical supplies and point-of-care lab tests were used in the mobile medical unit



The residents and students received lectures to learn about social and health issues that migrant farmworkers face



Residents utilized ultrasound machines while providing services to patients on the mobile medical unit



Medical, pharmacy, and undergraduate team from the University of Minnesota with our friends from the migrant advocacy organization Centro Campesino



A migrant farmworker housing compound in Brooten, MN. Housing over 100 families, it was one site where the mobile medical unit was located.

### Community Engagement

**Several organizations engaged in and supported the rotation:**

Centro Campesino (migrant advocacy organization)  
Community Health Services, Inc.  
Migrant Clinicians Network  
Manos Latinas (a co-op farm)  
Lakeside Foods  
Seneca Foods Corporation  
Wolfcreek Dairy

### Clinic Partnership

**Community Health Services, Inc. is a federally qualified health center. They receive federal funding to provide health services to migrant and seasonal farmworkers.**

This rotation partnered with their mobile medical unit and traveled to rural towns with high densities of migrant workers

**The clinic provided a nurse and interpreters to join with our residents and faculty for a daily clinic with extended hours**



### Outcomes

**Future goals for this rotation now include improving community engagement and connections with existing community partners, expansion of the patient pool to include dairies, incorporation of dental students, and extension of resident involvement. Pilot season achievements included**

- Established relationships with rural workplaces and health organizations
- Learned about barriers to accessing healthcare in migrant communities (financial, transportation, work hours, language, etc.) and ways to decrease barriers
- Increased access to physician services for uninsured and Spanish-speaking patients through our mobile clinic and use of the Migrant Clinicians Network
- Participated in systems improvement of the mobile clinic
- Gained insight into the health needs of the migrant farmworker population
- Residents and faculty earned Certificates of Expertise in Migrant Health

### Acknowledgments

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