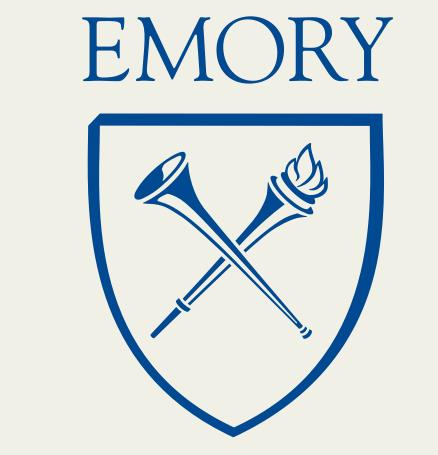


Empowering MSFW Female Reproductive Health through Government Intervention: A Policy Strategy for State Offices of Rural Health



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Introduction

Primary Research Goal:

- Analyze legislation impacting the livelihood of migrant and seasonal farmworkers (MSFW) in the United States to determine what revisions, if any, can serve to reduce the scale of enabling risk factors which affect reproductive health outcomes among MSFW women.

Background

- The MSFW can be defined as a vulnerable population in the US.
- Women who work as MSFW may endure at least one of the following public health concerns during her life in the US:
- 1. HIV/AIDS
- 2. Breast Cancer
- 3. Cervical Cancer
- 4. Natal Outcomes (Low birthweight/Infant mortality)
- 5. Domestic violence
- 6. Sexual Assault

Research Questions

- In what ways can the reproductive health outcomes of migrant and seasonal farmworker women be improved by policy analysis?
- To what extent can primary, secondary, and tertiary prevention efforts be enhanced by the agendas of state offices of rural health?



Adapted: Behavioral Model for Vulnerable Populations (Andersen-Leake, 2000)

Enabling Risk

in a given year

Uninsured is

farmworker

Eligible to use

restrictions

Vulnerable Domain

Barriers to Care

MHC's

Transportation to

housing, travel

Competing needs like

expenses, child care,

other living expenses

seasonal

Factors

Predisposing Risk Factors Traditional **Domain** Race/Ethnicity Female Currently living with married or unmarried domestic partner Vulnerable Domain Speak English at Speak Spanish or other language at home Requirement to speak at least

some English at

work

• Traditional Domain Financial Resources Work wages may be frequent for Perception of some or all months Overall Health Insurance Coverage Fatalism Life Satisfaction Mental Medicaid ineligible Health Migrant Health Restless Center (MHC) for sleep some services with Stress Anxiety Worry

Need Risk

Factors

 Utilization of Migrant Health Centers as consistent source of care Utilization of other low cost or free screening, consultations, and treatment Difficulty getting care if living and working in area without nearby MHC or

satellite clinic

Health

Outcomes/

Behaviors

- The Migrant Health Act of 1965 commissioned the creation of Migrant Health Centers, and today there are 154 Migrant Health Center grantees. - The Migrant and Seasonal Agricultural Worker Protection Act (MSAWPA) is enforced and regulated by the Department of Labor to ensure protections of both wages and working arrangements.
- Section 330 of the Public Health Service Act recommends the support by government entities of health education activities within funded health centers. Such patient education is defined as a means of 'proper use of health services'.

Conclusions

Summary

- Officials within State Offices of Rural Health can work to advocate for reconsiderations of the way in which mandates within these pieces of legislation are enforced and practiced within both MHC's and farm places of employment.
- Clinician obligations can be enhanced by revisiting the PHSA §330.
- Farm employer obligations that can improve employee health can indirectly be associated with the MSAWPA.