

Reaching Border Migrant and Seasonal Farmworkers

Authors: Terence Doran, Lucia Bustamante, Sandra N. Duggan, Dale Schweers and Maria Caban

This article chronicles some of the lessons learned from La Frontera Project, a SPNS-funded program developed by the University of Texas Health Science Center at San Antonio, Texas. The information is based on interim findings from the first three-and-a half years of a five-year demonstration project. Final results of the evaluation will be available upon completion of the grant cycle in Fall 2001.

Introduction

Texas is home to the second largest population of migrant and seasonal farmworkers (MSFW) in the United States. The predominately Mexican-American MSFWs in South Texas are among the most impoverished, medically underserved populations in the U.S. Access to health care is impeded by chronic seasonal unemployment, high poverty rates, low educational levels, substandard housing, lack of health insurance, transportation systems and seasonal work-related migration. Despite the presence of conditions that often accompany HIV, there are few data available regarding the prevalence of HIV/AIDS for this population.

The La Frontera model was designed to address special challenges posed by a mobile population with characteristics that place its members at risk for HIV as well as other infectious and chronic diseases. The project provides an innovative approach to service delivery through the development of formal partnerships to link and integrate the services necessary to meet the special needs of the HIV-positive MSFW population.

La Frontera is a collaborative partnership headed by the University of Texas Health Science Center at San Antonio, Department of Pediatrics, Division of Community Pediatrics. The project was conceived in response to a lack of information about the

[Introduction](#)

[Location](#)

[Services](#)

[Provider Team](#)

[Lessons Learned](#)

Lesson #1: Account for regional culture and structure.

Lesson #2: It is important to acknowledge existing care-seeking practices.

Lesson #3: Maintaining linkages is crucial.

[Project Chronology](#)

[Further Information and Technical Assistance](#)

This publication was supported in part by the HIV/AIDS Bureau's Special Projects of National Significance Project (Grant #H97 HA 00051) from the Health Resources and Services Administration, Department of Health and Human Services. The publication's contents are solely the responsibility of the authors and do not necessarily represent the views of the funding agencies or the U.S. government.

rate of infection among MSFW residing along the Texas-Mexico border, specifically in Hidalgo and Maverick counties. Project La Frontera is a collaborative partnership of HIV service delivery and migrant service organizations with extensive experience and skills in delivering care and services to people living with HIV and populations of MSFW and their families in the target area.

Historically, the two service delivery systems of HIV care and migrant care had never worked together to deliver services to HIV-positive MSFWs living in south Texas. Thus, an innovative feature of La Frontera is the development of linkages between these delivery systems to coordinate a continuum of accessible HIV care and support services for MSFW families at their home base and as they migrate for work. The ultimate aim of La Frontera is to enhance and link existing systems of care into a coordinated delivery system of HIV care and services tailored to the unique needs of MSFW and their families at their home base, during migration and at their destination site. These linkages will remain and continue to provide a continuum of care well beyond the SPNS funding cycle.

Location

The name “La Frontera” was selected to reflect the unique geographic and cultural characteristics of the population to be served. The project’s partner agencies provide medical and psychosocial services to MSFW residing in South Texas. For migrants traveling away from South Texas, housing is typically temporary and substandard with inadequate water, electricity and sewage. At their permanent winter base along the Texas border, many families cannot afford traditional housing and must often live in communities referred to as “colonias.” Colonias are typically found in unincorporated areas outside of the city limits and are not subject to zoning regulations. Homes are frequently near the Rio Grande River where ground water is three to four feet below the surface. This makes the septic systems nearly useless, since drainage is often poor and flooding is common. In addition to the severe poverty typical in these neighborhoods, colonias are physically isolated from mainstream society and the majority of streets are unpaved.

Services

In a survey of 60 farmworker service program representatives, major gaps were found in HIV-related services. Until recently, services had been developed without careful consideration of the population to be served. Lack of knowledge about this population’s HIV medical and psychosocial needs necessitated the development of an



What is a colonia?

Unincorporated, rural settlements along the Texas/Mexico border

- Substandard housing
- Inadequate water and sewage services
- Limited basic services
- High unemployment rates
- Low per capita income
- High incidence of disease
- Low levels of educational attainment
- Speak predominantly Spanish
- In 1994 there were 1,436 colonias with more than 340,000 residents

integrated service delivery model. The model is designed to develop formal partnerships among health and human service organizations specializing in the field of HIV/AIDS and migrant service delivery providers.

La Frontera's target population is comprised of HIV-positive MSFWs and their families residing in Maverick and Hidalgo counties. The project has developed and implemented an innovative outreach strategy targeting residents of colonias. Trained lay health workers (consejeras and promotoras) from the community serve as HIV educators. The focus is on culturally appropriate education, pre- and post-test counseling, HIV testing and referrals to appropriate resources in the community. Prevention information is in the context of the data collected through the SPNS multi-site evaluation collaboration.

In addition, a significant part of project work was to explore health care utilization patterns and individual and system level barriers to health care. The project aim was to establish continuity of care for MSFWs by linking existing health and human service delivery systems that provide comprehensive HIV-related care and services to the target population both at home base and while migrating. Finally, the protocols of care for HIV infection in MSFWs and the integrated service delivery model developed by La Frontera can be replicated to address other chronic illnesses in mobile populations.

Provider Team

The University of Texas Health Science Center at San Antonio, Division of Community Pediatrics functions as the lead agency in the La Frontera partnership. The La Frontera Partnership consists of the Valley AIDS Council (VAC), the United Medical Centers (UMC), the National Centers for Farmworkers Health (NCFH), and the Migrant Health Promotion (MHP). Three of the collaborating partners are lead agencies for the provision of services to MSFWs and are a part of established networks in the delivery of culturally competent health and human services for the target population. Two agencies have been influential organizations in the development and delivery of HIV/AIDS services in the project areas since an HIV-focused delivery system began emerging in South Texas during the 1980s.

Through the partnership, agency representatives share experiences about the service provision and referral network. Each agency also receives up-to-date information regarding HIV/AIDS and migrant issues that are particular to their agency and service area, technical assistance on data collection and evaluation activities, grant writing and assistance in using La Frontera data to support the need for additional funds. Partners also participate in the compilation and dissemination of findings.

Lessons Learned

Lesson #1: Account for regional culture and structure.

In order to estimate the seroprevalence of HIV among migrant and seasonal farm workers in South Texas, the colonias were mapped and an outreach survey was conducted in the colonias of Hidalgo and Maverick counties. Since existing maps were outdated, the colonias had to be remapped in order to undertake this count.

The literature is inundated with information regarding the vast amounts of unmet medical and psychosocial service needs in hard-to-reach populations, however, there is

very little or no guidance on how to provide services to such clientele. The work conducted by La Frontera would not have been possible if the project did not have a good estimate of the migrant population in the area, the proportion of migrant households in the colonias to non-migrant households, and the specific location of homes. The mapping of the colonias, although time consuming and costly, was crucial in the identification of the population and the provision of services.

Promotoras

During the pilot testing of questionnaires La Frontera Project learned from the promotoras that migrant workers expressed concerns about confidentiality, and were not willing to provide personal tracking information. La Frontera employed promotoras/lay health workers from the community to provide HIV education, conduct the outreach survey, offer HIV testing, offer pre- and post-test counseling and referrals to appropriate agencies as necessary. The promotoras were migrants themselves and were trusted by the community. La Frontera Project provided the training of the promotoras and in turn gained the trust of the MSFWs. This reflects the importance of taking into account the clients' culture and concerns.

Language

The promotoras also assisted the project in the revisions of the questionnaires. La Frontera did not anticipate this key role that the promotoras played. The promotoras recommended that in addition to making the materials available in Spanish, culturally appropriate terminology and phrases needed to be incorporated in the questionnaires. The instruments were targeted specifically for the MSFWs population in Texas.

Questionnaires and other related materials were made available in Spanish, the language primarily used by the MSFW population. The promotoras administered questionnaires in Spanish and services were also available among the partner agencies in Spanish. Programs need to allocate resources to the translation of instruments, employ personnel who speak the language and know the culture, and take into account its effect on the data findings during the evaluation process.

During the qualitative interviews, one client summarized the need for the availability of HIV/AIDS literature in Spanish as follows:

“ Yo pienso que deberían de ser más publicada con los migrantes allá porque cuando yo está no había nada de eso, así que dijeran del SIDA. Y que hagan más cosas en español porque hay muchos que no saben inglés y si pasan todo en inglés no van a saber.

I think that [information in upstream] should be published more geared towards migrants because when I was up there, there was nothing of that, that would speak about AIDS. And that there should be more things in Spanish because there are many who do not know English and if there's only information in English, they are not going to know.

”

Customs and spirituality

The relationship with God is an integral component in the lives of the MSFW population affected with HIV/AIDS. Clients report a strong sense of faith as they live

with the disease. Some involve themselves in prayer, others in participation in formal churches and others to the cultural folk healers (curanderos). Their outlook on life has changed from negative to positive as a result of their faith:

“
...So as long as He [God] keeps me healthy and going,
I will be trying to help other people.

...Por la fé mia, vereda que el Señor me a sanado, pos me ha hecho
sentir bién.

...Because of my faith, proof that the Lord has healed me, it made
me feel better.

”

Many physicians report an understanding of the role that religion/spirituality plays in the lives of clients and are accepting of it as long as it is in conjunction with the medical aspect of their care.

Lesson #2: It's important to acknowledge existing care-seeking practices

As a result of formal interviews and informal exchanges over the years of working with migrant communities, we learned that basic knowledge about HIV disease is absent. The belief expressed by one HIV-positive client that, “AIDS is like you die real quick,” was common and has a significant impact on how infected individuals seek care.

The fear of confronting the inevitable consequences of being infected accounts in part for the low rates of HIV testing in these communities. The result is that most migrants are identified late in the progression of the disease. The decision to seek care is one that is taken in the context of the migrants' working and family lives and when the consequences for others is considered, the fear only increases.

When contemplating their HIV illness, women describe thinking immediately of the welfare of their children and they are convinced that they will lose their children if their status is discovered. Workers, always burdened with employment instability, fear the loss of their jobs and their inability to meet family obligations. The economic impact for those who develop AIDS is very real. As one provider noted: “Due to the debilitating effects of the disease and medications and the harshness of the type of work, most of the migrants we interviewed have stopped migrating.”

With a strong work ethic that is generations deep, the loss of employment has an impact that extends beyond concerns about economic stability. As one client on public assistance notes: “I feel kind of idle and bored because I feel now that I can do something (but) I know that if I go and get a job of any kind, they will cancel my medications, which I can't afford on my own. They are \$1,400 a month.” It is important that providers acknowledge and assist clients deal with the feelings of frustration and worthlessness that result from their inability to work.

Alternative health care

While migrants may have difficulty or resist entering the mainstream care system, alternate or tradition health care providers may be more easily accessed and approached. Belief in faith healers (curanderos), is very strong and an important

component of the community law on how to deal with AIDS. Events like the one described here are extremely influential at both an individual and community level.

One client interviewed by La Frontera workers described a time when she was extremely ill, had been hospitalized and suffered extensive weight loss. She was taken to see a curandero:

“ *[I was] 97 pounds! I was in the hospital so I had to sign release forms so they could take me. It's up on the hill. There is no water, no electricity, nothing! He just gave me . . . well, herbs to purify/cleanse my blood in a tea. He also gave me energy with his hands. And he prayed. After two days on the hill, I began to feed myself...* ”

The power of these experiences was enhanced when the client later visited her physician whom she quotes as saying:

“ *It's just that you had 3,300 copies of the virus and now you only have 300; and your CD4 count was 20 and now it is 150. It is too soon for this to be a response to the new medications I put you on; I don't think they could have helped you so quickly.* ”

The physician ordered a second round of tests to confirm these counts.

...agencies have to ...
be clear about
the role they will play
in the partnership.
The fact
that each agency
is different
with its own history
and method of
providing services
must be respected.

By sharing this story with providers and others in the community the client made it clear that she is willing to seek conventional HIV care but has a strong belief in the curative effects of the curandero. Both systems of care have to work together and for communities such as these, the integration of care systems must also account for the existence of alternate care systems and care seeking patterns.

Lesson #3: Maintaining linkages is crucial.

In establishing linkages and/or networks, agencies have to know about each other and be clear about the role they will play when partnering. It is important to keep in mind that each agency is different, with its own history and method of providing services to the same population. This, of course, takes time and the work of many of the agencies' staff. The work

does not end once the linkage/relationship is established.

Partner roles, responsibilities and contributions to the project may change over time due to project findings and nature of work to be completed for successful completion and attainment of goals and objectives. Furthermore, it is critical to maintain flexibility

in working relationships because there are limited or no other choices for working with different agencies.

La Frontera learned that many agencies participate in the partnership because they receive additional resources in the form of personnel or money. Partner agencies should anticipate and discuss possible decreases or cuts in the allocation of project funding. La Frontera experienced difficulty in the continuing collaboration of one partner agency when there was a decrease in funding. This requires preparation from both the leading agency and the participating agencies. There should be common goals with the expectation that they may change over time.

Information collection

Information gained from La Frontera is used to inform HIV service agencies, migrant health delivery systems as well as health and human service providers at the community, regional, state and national levels about the needs of migrants, risk factors, level of HIV awareness and lack of HIV knowledge. The agencies are benefiting from the availability of migrant information such as availability of life insurance, medical history, and service utilization. Agencies are becoming more aware of the need for the continuum of care.

A multilevel evaluation design was used to document the implementation, the collaborative process and to track progress of project activities, primarily baseline data, training activities, and aspects of the delivery system such as quality, accessibility and continuum of care of HIV patients as they migrate.

Training staff on research and evaluation

To guarantee the contribution of data, partners were provided the following services and training: installation of project software, development of databases, computer training, explanation of the necessity and usefulness of project data, procedures for the systematic collection of data, data entry, quality assurance techniques, data analysis, and summary of data. Partners also received training on interview processes and techniques, HIV education and migrant related issues, the needs and characteristics of the target population, research methods, grant writing and searching for funding opportunities.

Availability and sharing of preliminary findings

In collecting data, staff learned the importance of evaluation as a means of showing the effectiveness of the project. Staff and partner agencies were given preliminary findings of the client data on a periodic basis. Sharing the findings of the study encouraged the continual collaboration and motivation for further data collection. Multi-site data collaboration enhanced the availability of data on the MSFW. La Frontera is in a position that allows for demographic data and preliminary findings to be available to agencies and the state on a regular basis. However, information on migrants' experiences was not being captured. The project agreed to enhance the quantitative data by the inclusion of qualitative data.

La Frontera is collecting qualitative data via case histories. The case histories capture detailed information on the following: (1) what is the hardest thing to deal with in

living with HIV/AIDS; (2) knowledge of HIV/AIDS; (3) health care upstream; (4) health care in Texas; (5) how HIV affects migrant work; and (6) spirituality. Due to the frequent mobility and migration patterns of the target population, it was difficult to conduct follow up interviews and assessments. Often times, clients had left the region, died, or did not have a telephone and/or transportation.

La Frontera Project depends on agencies' cooperation to get client personal identification information. Many clients did not feel comfortable completing tracking information for the project but were accepting of giving the information directly to the agencies. The agencies in turn made the information available to La Frontera. Funding and resources greatly affect the level of cooperation among the partnership.

Information sharing

Dissemination activities include presentations at workshops and conferences and the publication of scholarly articles. Moreover, information regarding lessons learned and information gained from La Frontera are developed for a variety of audiences through a variety of venues. A website was developed and is systematically updated to reflect project activities. It also includes results from the seroprevalence study, information on the partner agencies and links to other related websites. Data is summarized and reports generated to document the needs of service providers and populations. As a result of the findings, the Department of Health has incorporated the migration status question in its reports. The goal is for agencies to sustain a regional collaborative of keeping demographic data on intake form at the completion of the project.

Communication is key to maintaining linkage

Collecting data
Using project-specific software
Training
Multilevel evaluation
Information sharing

Agency quarterly reports, partnership meetings, conference calls and e-mails

Partner agencies submit quarterly reports. Reports contain documentation of agency newsletters, periodicals, joint presentations, staff training events and funding opportunities. Correspondence through the development of e-groups was set up for La Frontera. The purpose of these groups was to allow members to communicate either by e-mail, or in real time through on-line conferences at no cost to the individual members or the partnership. The only requirement was Internet access. This technology has allowed for efficient communication between members and dissemination of documents without the expense of fax, mail or courier. Perhaps the greatest benefit has been the group's exposure to the benefits of this advanced technology.

Newsletters

La Frontera newsletter contains project research study findings and HIV/AIDS information that is systematically updated and distributed at local and regional conferences. La Frontera articles discuss methods of increasing awareness of HIV disease in migrant populations, HIV risk factors in general and risk factors that are unique to the MSFW population.

La Frontera Project Chronology

October 1996

- Staff selection.
- Develop project timeline (ongoing reviews throughout project).
- Conference calls to initiate development of outreach screening instrument.
- Initial site visits to assess colonias in Hidalgo and Maverick counties.
- Develop baseline agency linkage table.

November 1996

- Finalize contracts with partner agencies.
- First La Frontera partnership meeting convened.

December 1996

- Develop migrant outreach screening instruments (English and Spanish).
- Initiate development of quality assurance instrument for outreach screening instrument.
- Initiate development of quality assurance procedures for outreach field activities.
- Develop database to monitor dissemination activities.

January 1997

- Memorandum of understanding signed by all partners.
- Pilot test outreach screening instrument with promotoras.

February 1997

- Field test outreach screening instrument in Hidalgo and Maverick counties.
- Meet with community and organizational leaders in Maverick County.
- Develop timeline and review specific tasks.

March 1997

- Develop baseline profile of health providers and social services available to MSFWs in Hidalgo and Maverick counties.
- Develop baseline profile of HIV health providers and social services in Hidalgo and Maverick counties.

April 1997

- Meet with community and organizational leaders in Hidalgo County.

August 1997

- Translation of consent forms into Spanish.
- Scouting trip to the Hidalgo county colonias.

September 1997

- Develop methodology for colonia mapping.

October 1997

- Field test outreach screening instrument in Maverick county.
- Initiate qualitative interviews with HIV-positive migrants – target 16 interviews.
- Initiated mapping of colonias in Hidalgo and Maverick counties.

November 1997

- Develop and train outreach staff in mapping of colonias.
- Train outreach staff on outreach screening instrument and in survey methodology.

December 1997

- Field test and final approval of outreach screening instrument.
- Develop HIV testing referral form.
- Develop instrument for reporting and tracking HIV referrals and testing activities.
- Train outreach staff on outreach screening instrument, survey methodology, HIV referral/testing reporting instruments and mapping colonias.
- Initiate development of outreach activity protocols and scripts for the administration of the outreach screening instrument.
- Develop database for outreach field activities and HIV referral and testing.
- Develop qualitative interview instrument.
- Staff training on implementation of qualitative interview instrument.
- Initiate qualitative interviews with HIV-positive migrants.

January 1998

- Final approval of quality assurance for outreach screening instrument.
- Final approval of quality assurance procedures for outreach field activities.
- Implementation of discovery phase (phase 1) surveying activities; identify migrant households, offer HIV testing and provide HIV education.

February 1998

- Train outreach staff on final outreach screening instrument and in survey methodology and HIV referral/testing reporting instruments.
- Conduct outreach screening instrument door-to-door activities to identify MSFWs in Maverick county.
- Meet with other community organizations involved in colonia outreach.

March 1998

- Initial submission of updated colonia maps to the Office of the Texas Attorney General.

April 1998

- Pilot test in-depth interview schedule in Spanish.
- End of conducting qualitative interviews with HIV-positive migrants.

June 1998

- Initial development of in-depth interview schedule (local and national).
- Maverick County finishes phase I outreach activities – 416 migrant households.
- Mapping of colonias in Maverick and Hidalgo counties for seroprevalence (phase II) surveying activities.

July 1998

- Revise consent forms to include individuals living in rural/border communities.
- Complete qualitative interviews analysis.

August 1998

- Pilot test in-depth interview schedule in English.
- Modify outreach screening instrument for seroprevalence study (phase II).

September 1998

- Develop protocols for In-depth interview schedule.
- In-depth interview schedule translated into Spanish by consultant.
- Complete mapping colonias for phase II surveying activities.

October 1998

- Final draft of in-depth interview schedule (local and national).
- Start seroprevalence (phase II) surveying activities in Hidalgo and Maverick counties.
- Pilot test in-depth interview schedule in Spanish.

November 1998

- Revise Spanish in-depth interview schedule in colloquial terms.
- Submission of updated colonias maps to Office of the Texas Attorney General.

December 1998

- Approval of outreach activity protocols and scripts for the administration of the outreach screening instrument.
- Train outreach staff on outreach screening instrument, survey methodology,

January 1999

- Modify evaluation methodology for phase II based on preliminary findings.
- Initiate effort to identify and recruit HIV-positive migrants for tracking of health access and services while migrating.
- Develop migrant tracking journal plan and data collection forms.
- Migrant status is now a requirement in the Texas HIV test reporting forms as a result of partner agency involvement in La Frontera.

February 1999

- Follow-up training to outreach staff on modified outreach screening instrument in Hidalgo and Maverick counties.

March 1999

- Approve agency assessment questionnaire.
- Completed agency assessment procedures.
- Initiate historical agency assessment with partner agencies.

April 1999

- Conclude historical agency assessment with partner agencies.
- Initiate inquiry into models for continuity of care.
- Developed database for agency linkage assessment.

May 1999

- Translated migrant journal tracking data form into Spanish.

June 1999

- Recruit HIV-positive migrants to document how they access health care and services while migrating.
- Initiate life history case studies with HIV-positive migrants or rural/border residents.
- Initiated consultant negotiation for continuity of care model.
- Article for Farmworker News submitted.

July 1999

- Field test migrant tracking journal.

August 1999

- Developed and got approval of the health provider survey.
- Developed health provider survey timeline.
- Developed health provider survey procedures.

September 1999

- Completed seroprevalence survey.
- Initiated health provider survey.

October 1999

- HIV/AIDS information for farmworkers article in the Farmworker News.
- Restructured partnership.
- Developed procedures for the agency assessment follow-up interview.

November 1999

- Completed pilot test of migrant tracking journal.

December 1999

Completed originally proposed number of in-depth interviews – continue collecting data to build data set.

January 2000

- Completed health provider survey activity at conferences.
- Developed data base for health provider survey.

February 2000

- Initiate telephonic health provider survey activity.
- Initiated case histories analysis using ethnograph.
- Initiated agency assessment follow-up interviews.

March 2000

- Initiated the process of signifying HIV services in the Midwestern stream care provider directory, La Guia.
- Completed network builder case history.
- Initiated qualitative analysis of life histories.
- Modified migrant tracking documentation process.
- Initiated in-depth follow-up interviews in Hidalgo county.

April 2000

- Initiated telephonic health provider survey activity.

May 2000

- Developed health provider database.
- Initiated in-depth follow-up interviews in Maverick County.
- Completed agency assessment follow-up interviews.

Further Information and Technical Assistance

Should you wish to obtain additional information about the service delivery model developed by La Frontera, you are welcome to contact the project director and request technical assistance:

Terence Doran M.D., Ph.D.
UT Health Science Center at San Antonio
Dept. of Pediatrics
Division of Community Pediatrics
7703 Floyd Curl Drive
San Antonio TX 78229-3900
Phone: (210) 567-7400
Fax: (210) 567-7443
e-mail: dorant@uthscsa.edu