Engaging Migrant and Seasonal Farmworkers in Identifying Motivators, Facilitators and Barriers to Health Care

LITERATURE REVIEW

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Introduction

The University of Kansas School of Social Welfare and its partners received a Eugene Washington Engagement contract for a project titled "Engaging Migrant and Seasonal Farmworkers in Healthcare Research". The overarching purpose of the project is to increase knowledge about the health outcomes that are important to migrant and seasonal farmworkers (MSFW), particularly those in the Midwest Stream, and how to better engage them as they access and receive healthcare.

Our aim throughout the process is to identify facilitators, motivators, and barriers to engaging MSFW in healthcare and the research process; preferences regarding desired health outcomes; and information needed to help make healthcare decisions. Various activities to be undertaken during the 22-month project include an oral survey with farmworkers in the summer of 2018 and the development of a research agenda informed in part by MSFW input.

The purpose of this targeted literature review is to inform project staff in the development of the summer survey and the research agenda. This document will explore existing literature on what MSFW say they want and need regarding their health and how best to engage this population in creating an initial research agenda centered on their interests. This brief review focuses specifically on two areas of interest related to project development and implementation:

1) What do MSFW report as motivators, barriers, and facilitators to health and health care?

2) What is currently known about engaging MSFW in health care research?

Scope

Given recent years' policy changes in health care and a shifting political climate related to immigration, this review is focused on U.S. based research from 2000-present. One exception was the inclusion of Arcury, Austin, Quandt, and Saavedra (1999) due to its particular relevance to our area of interest and given that it was on the cusp of the time frame.

This review of the literature is intended to provide key findings to inform our work on this project rather than serve as a systematic literature review. Searches centered on MSFW perspectives specific to health care motivators, enablers, facilitators and barriers, and community based participatory research approaches in health care with MSFW. We were particularly interested in articles that directly and solely sought out MSFW views more so than a) asking providers or other key stakeholders to answer on farmworkers' behalf, or b) studies that were predominantly focused on immigrants and/or

Latino/Hispanic populations with small numbers of MSFW mixed in. Additionally, we were interested in articles that detailed how MSFW were engaged in the process.

KU staff encountered an important factor in reviewing available literature directly from farmworkers' perspectives. It will be covered in more depth in the discussion section but needs to be shared here as a caveat to the information presented. It was difficult at times to clearly ascertain in articles what the farmworkers specifically said versus findings that were interpretations, analyses, or linkages that the researchers made or shared via providers or other key stakeholders based on farmworker input. This observation does not suggest that researchers are drawing inaccurate conclusions but is important given our purpose of exploring what farmworkers specifically identified. Similarly, demographic characteristics about the farmworkers were not always clear such as whether the participants in the articles were seasonal workers, migrant workers, both seasonal and migrant, from particular countries of origin, etc. These reporting decisions may have been intentional as a way to protect the identity of the participants, but it made it difficult to determine where differences in perspectives may exist.

Finally, there are studies that focus on healthcare for MSFW children or on specific topics (individual diseases, pesticides, etc.). These narrower studies are generally beyond the scope of our work and were typically not included. Facilitators, barriers, and motivators for children and parents seeking services on their children's behalf may not be consistent with factors that affect the adults seeking care for themselves. However, we have included a few articles that on the surface may look narrow but address broader themes (such as health care seeking, issues of respect) that may be relevant to our work.

What Do Migrant And Seasonal Farmworkers Report As Motivators, Barriers And Facilitators To Health And Health Care?

Studies on the health and health care of migrant and seasonal farmworkers (MSFW) typically include a standard list of barriers to care (e.g. cost, transportation, language, etc.). Less commonly noted but identified to some extent are health care facilitators. By "facilitators" we mean the systems, services, and processes that make accessing health care easier. Motivators, used here to mean the internal drive or reason to seek care, are not typically addressed in the literature on MSFW. Of particular note, Schmalzried and Fallon (2012) noted that the majority of published studies on migratory agricultural workers' health and health seeking – and we would expand it to also include seasonal farmworkers – are based on data obtained from providers of health care services rather than the farmworkers themselves. Findings from studies that report MSFW perspectives on motivators, barriers and facilitators to health and health care are summarized below.

Motivators Reported by MSFW

In a small exploratory study, MSFW defined good health as the ability to work (McCullagh, Sanon, & Foley, 2015). Few studies have examined what MSFW say motivates them to seek health care. For instance, some studies reinforce the severity of injury or illness as an impetus for seeking treatment (Doyle, Rager, Bates, & Cooper, 2006; Minneman et al., 2012). Thierry and Snipes (2015) analyzed secondary narrative data from the National Agricultural Workers Survey to study the situations and timing under which farmworkers sought care for injuries. Different factors influenced seeking versus delaying care; when pain or injury completely prevented the ability to work or when exposed to chemicals, farmworkers would seek treatment. Similarly, health emergencies were reported by migrant farmworker youth as the most likely reason for seeking care with maintenance and prevention seen as low priority (Peoples et al., 2010). In a small study, migrant farmworkers in Colorado shared concerns that injury and illness would keep them from work and they would lose the ability to support their family (Stallones, Vela Acosta, Sample, Bigelow, & Rosales, 2009).

Researchers have identified predisposing demographic characteristics for farmworkers more likely to utilize health care – being female, older, married, accompanied by family, having children, working full-time, having elevated depressive symptoms, reporting health as fair or poor, living in the US for longer and with documents, being non-migrant, having health insurance, having a car for transportation to work, and having more education or being enrolled in school (Finlayson, Gansky, Shain, & Weintraub, 2010; Hoerster, Beddawi, Peddecord, & Ayala, 2010; Lopez-Cevallos, Garside, Vazquez, & Polanco, 2012; Georges et al., 2013; McCoy, Williams, Atkinson, & Rubens, 2016). While these characteristics have not been specifically identified by farmworkers themselves as important motivators, these associations have been reported in a number of studies.

Barriers Reported by MSFW

The most common barriers in accessing health care as reported by MSFW are cost, lack of insurance, language, and transportation. Cost of health care is mentioned in many studies that capture farmworker perspectives (Anthony, Williams, & Avery, 2008; Doyle et al., 2006; Finlayson et al., 2010; Goertz, Calderon, & Goodwin, 2007; Horton & Stewart, 2012; McCullagh et al, 2015; Newton, 2016; Pylypa, 2001; Quandt, Clark, Rao, & Arcury, 2007; Rowden, Paschal, Hawley, & Hsiaso, 2011; Schlehofer & Brown-Reid, 2015). In at least two of these studies, MSFW cite cost as *the* most common barrier (Hoerster et al., 2010; Schmalzried & Fallon, 2012). Farmworkers note that costs include visit co-pays, prescriptions, and transportation to care. Migrant farmworkers in Colorado reported that if they needed extensive treatment, then they would return to Mexico since they could not afford serious care and recovery in the U.S. (Stallones et al., 2009).

Lack of insurance is another barrier frequently cited by MSFW (Buckheit, Pineros, Olson, Johnson, & Genereaux, 2017; Doyle et al., 2006; Finlayson et al., 2010; Horton & Steward, 2012; Pylypa, 2001; Rowden et al., 2011; Schlehofer & Brown-Reid, 2015). Unlike other studies that cite lack of insurance as a barrier to care, having employer-provided healthcare coverage was not associated with immediate treatment seeking after a workplace injury (Thierry & Snipes, 2015).

Language barriers, such as lack of an interpreter, was the challenge most frequently noted by farmworkers in studies by Anthony et al. (2008) and Buckheit et al. (2017) and also cited in Doyle et al., 2006; Pylypa, 2001; Rowden et al., 2011; Schmalzried & Fallon, 2012.

Transportation, including cost and time associated with travel, was also frequently mentioned by farmworkers as a barrier to accessing health care (Anthony et al., 2008; Doyle et al., 2006; Newton, 2016; Pylypa, 2001; Quandt et al., 2007; Rowden et al., 2011; Schlehofer & Brown-Reid, 2015; Schmalzried & Fallon, 2012; Weathers et al., 2004).

MSFW describe several ways in which the demands of their work can hinder health and health care, such as difficulties in taking off work for appointments or being pressured to work harder than is healthy or safe (Farquhar et al., 2008; Finlayson et al., 2010; Horton & Steward, 2012; Pylypa, 2001; Rowden et al., 2011; Schmalzried & Fallon, 2012; Weathers, et al., 2004). In a study of emancipated migrant farmworkers, the youths' greatest concern was becoming sick and unable to work (Peoples et al., 2010). Weathers et al. (2004) found that pressure to work was one of only two variables statistically significant in relation to unmet need for child medical care in migrant farmworker family. In a study that included focus groups with male migrant farmworkers, these individuals reported that they generally wait to seek care hoping the illness would go away so as to not lose earnings due to time away from work (Minneman et al., 2012). MSFW report self-medicating to not miss work or draw attention to themselves (Horton & Stewart, 2012). Reliance on employers and bosses to grant time off and sometimes for transportation were other work-related factors reported by farmworkers that also discourage their seeking care (Farquhar et al., 2008; Peoples et al., 2010). Indigenous farmworkers reported fear of losing their jobs if they fail to meet the demands of those who directly supervise them (Farquhar et al., 2008). Delays in seeking treatment after a workplace injury are attributed to prioritizing work over pain (Thierry & Snipes, 2015).

Migrant and seasonal farmworkers mentioned unfamiliarity with U.S. health systems and services in a number of studies. Farmworkers spoke about not knowing where to go or where to find health information (Finlayson et al., 2010; Peoples et al., 2010; Rowden et al., 2011; Weathers et al., 2004) and not understanding health insurance (Goertz et al., 2007; Peoples et al., 2010). In a study of California farmworkers using National Agricultural Workers Survey data which includes samples for migrant and seasonal agricultural workers, a lack of knowledge about health care systems and the perception

that providers do not understand their problems was associated with less use of healthcare services (Hoerster et al., 2010).

Studies show that MSFW report varied impact of documentation status and fear of deportation on health service seeking. In a statewide study of all types of farmworkers in California, undocumented status was linked to a lower rate of health care utilization (Hoerster et al., 2011). While Anthony et al. (2008), Doyle et al. (2006), and Pylypa (2001) reported fear of deportation as a barrier to services, other researchers did not find fear of deportation to be associated with use of medical or dental care (Lopez-Cevallos, Lee, & Donlan, 2014). In this study, 40% of MSFW reported fearing deportation but still accessed medical care.

Other barriers reported by MSFW include the following issues, although in-depth details were not always provided:

- Clinic hours (Anthony et al., 2008; Quandt et al., 2007).
- Lack of childcare (Anthony et al., 2008; Pylypa, 2001)
- Discrimination, racism, and disrespect (Anthony et al., 2008; Farquhar et al., 2008)
- Fear, specifically of dental work (Finalyson et al., 2010; Quandt et al., 2007); pain (Rowden et al., 2011) or receiving a breast cancer diagnosis (Schlehofer & Brown-Reid, 2015)
- Low education and literacy (Doyle et al., 2006; Pylypa, 2001)
- Underlying mistrust of efficacy of medications or providers (Horton & Stewart, 2012)
- Lack of primary care providers (McCoy, Williams, Atkinson, & Rubens, 2016)
- Inability to recognize dental disease (Rowden et al., 2011)
- Embarrassment or stigma (Schlehofer & Brown-Reid, 2015)
- Lack of availability of folk care (McCullagh et al., 2015) or traditional remedies (Stallones et al., 2009)
- Difficulty getting an appointment (Finlayson et al., 2010)

Facilitators Reported by MSFW

Facilitators or factors that enable health care are, not surprisingly, are often the flip side of barriers. Whereas common barriers for MSFW are cost and work-related, facilitators are affordable and accessible services. In a small study from Michigan, a theme identified through migrant seasonal farmworker interviews is that treatments used by this population are “low-cost, accessible, and don’t interfere with my ability to work” (McCullagh et al., 2015, p4). Free or reduced cost services, including affordable insurance, is reported elsewhere as a facilitator of care (Rowden et al., 2011). Minneman and colleagues (2012) report that male migrant farmworkers choose care based on convenience. Service provider characteristics that facilitate convenience

include late afternoon or evening hours and walk-in clinics (Schmalzried & Fallon, 2012) and work-site clinics (Buckheit et al., 2017).

Information about health and health care is another facilitator or potential facilitator identified by MSFW. In a study about mental health seeking, seasonal farmworker patients reported a need for information and resources (Ingram et al., 2014). In a related study, researchers used a discrete-choice conjoint experiment specific to patient preferences in receiving mental health services (Herman, Ingram, Rimas, Cavajal, & Cunningham, 2016). Results showed that the location where the service was provided – with most patients wanting the service at the clinic – and the provider's cultural awareness and language used exerted the greatest influence on patient choice. Referrals within, but not outside, the city were also deemed acceptable. In another study, German Mexican Mennonite farmworkers suggested that education about oral health would improve health conditions (Rowden et al., 2011). Agency outreach workers are common sources of information about medical services (Schmalzried & Fallon, 2012).

In a study of migrant farmworker parents seeking healthcare for their children, around 50% reported that it is helpful to have providers who understand their culture (Newton, 2016). However, these parents reported that respect was the most important determinant in choosing a provider, even more important than cultural awareness or availability of bilingual providers. Parents reported that providers demonstrate respect by greeting them by name, listening to them and allowing families to be seen together. In another study, farmworkers explained that respect for patients is shown through courtesy in the reception area, less time waiting, eye contact, provider time, and concern for overall well-being (Ingram, Schachter, deZapiern, Herman, & Carvajal, 2014). For Spanish-speaking patients, respect also included precise word-for-word interpretation and translation.

Use of home remedies, folk care and health care in Mexico were discussed by MSFW in several studies (Anthony, Martin, Avery, & Williams, 2010; Horton & Stewart, McCullagh et al., 2015; Pylypa, 2001; Weigel & Armijos, 2012). Specifically, Weigel and Armijos (2012) report that about half of their farmworker study population used traditional home remedies due to cost, convenience or being more familiar with treatments with few using alternate or complementary providers. They also noted that farmworkers reported seeking health care in Mexico due to lower cost, less wait, convenience, and perceived better understanding of needs. However, Pylypa (2001) reported that documentation status and transportation barriers prevented some farmworkers from accessing services in Mexico. Additionally, Horton & Stewart found that MSFW did not tell doctors about alternative care out of fear of being scolded (2012). Some farmworkers reported that they did not use traditional remedies because they were not readily available in the U.S. (Stallones et al., 2009).

In the case of work injury, notifying a supervisor and co-worker led to more timely treatment-seeking among those farmworkers in the National Agricultural Workers Survey (Thierry & Snipes, 2015). Other studies reported associations between enabling factors and MSFW service use that could be characterized as potential facilitators. Specifically, the following factors were linked to increased use of health services:

- Having a regular source of dental care (Finlayson et al., 2010)
- Individuals who would ask a dentist for advice (Finlayson et al., 2010)
- Church attendance and use of dental care (Lopez et al., 2014)
- Use of health care despite fear of deportation due to trusted local providers (Lopez et al., 2014)

What Is Currently Known About Engaging Migrant and Seasonal Farmworkers in Health Care Research?

The primary way in which MSFW are engaged in health care research is as research subjects. Studies focused on MSFW utilize methodologies specific to engaging this population such as partnering with migrant outreach organizations or promotores (lay health promoters) to recruit participants, using bilingual interviewers, and adapting how information is collected to facilitate trust and participation. Some studies related to MSFW health have used a community-based participatory approach in which farmworkers are engaged in the design and development of research. There are few studies that have asked MSFW themselves about what helps them to engage and little information in the literature on how to build and enhance participation of MSFW in planning and implementation of research (Arcury et al., 1999) with the exception of a study by Quandt, Arcury and Pell (2001). To our knowledge, there are no studies that have rigorously tested approaches to engaging MSFW or effective elements of engagement. A review of the studies that utilized a participatory approach with research or health care intervention with MSFW provide descriptive reviews of activities and lessons learned thereby offering some ideas for successful approaches.

Engagement Challenges

Arcury and colleagues (1999) note that some communities have more difficulty participating in research than others; they may be skeptical of its value, have competing responsibilities or loyalties, or fear unintended negative consequences. Researchers have identified some of the challenges in engaging MSFW to include difficulty in reaching workers (no phone or mailing address), difficulties in communication due to language and low education levels, and farmworkers' fears about bringing attention to themselves or family due to documentation status (Arcury et al., 1999; Arcury et al., 2000; Kilanowski, 2014). Thus, much of the engagement conducted and subsequent literature focuses on engagement with community partners rather than directly with the farmworkers.

Quandt and colleagues (2001) identified barriers specific to academic - MSFW community collaboration as stereotypes each had of the other, cultural differences (e.g. preference for brief and focused communication versus social and informal communication), competing demands for time and attention, differences in orientation to power structures, distance between the academic and community offices which affected the level and type of spontaneity, and resources including how project funds were distributed between partners.

Engagement Strategies

Available literature about engaging MSFW in research typically identifies the strategy of partnering with a community organization or community members as research collaborators. Arcury et al. (2000) suggests that researchers seek out groups that hold community trust and access to the population. These local community participants serve as co-investigators, help to identify research participants, conduct interviews, data analysis and help to define, contextualize, and interpret what farmworkers say. In the studies reviewed herein to identify health care motivators, facilitators, and barriers for MSFW, partnering with a community/migrant outreach organization was a common strategy (Goertz et al., 2007; Lopez et al., 2014; Minneman et al., 2012; Quandt et al., 2007; Rowden et al., 2011; Schlehofer & Brown-Reid, 2015; Weigel & Armijos, 2012).

Community-based project partners play an important role in modifying research designs to be culturally appropriate. Typically, they speak Spanish (or other indigenous languages) and have backgrounds as farmworkers. They help develop survey questions and alternative explanations of terms (such as “focus group”) to increase understanding (Farquhar et al., 2008; Rowden et al., 2011; Schmalzried & Fallon, 2012). In other cases, promotores or community health workers from these organizations helped to recruit farmworkers (Quandt et al., 2007) or approach farmworkers after a health care visit (Minneman et al., 2012; Newton, 2016). In another project, researchers provided community health workers with traditional focus group training but as the workers put the skills to use as facilitators, they tailored the approach to reflect their community knowledge (Ingram, Murrietta, Guernsey de Zapien, Herman, & Carvajal, 2015.)

Some examples of partners and their roles include:

- A bilingual former migrant worker who facilitated trust between participants and researchers (Parra-Cardona, Bullock, Imig, Villarruel, & Gold, 2006)
- Community Health Workers, typically Spanish-speaking, often MSFW or family members of MSFW, who represented the patient voice and facilitated patient involvement in research (Ingram et al., 2014; Ingram et al., 2015).
- A community gatekeeper who is a Hispanic, bilingual manager of a local plant farm and trusted lay leader (Doyle at al., 2006)

- Bilingual/bicultural researchers and health care providers worked together in the translation of a survey to use culturally and linguistically meaningful terms for a rural, Mexican-origin population with little formal education (Lopez et al., 2014).
- MSFW key informants who provided suggestions for how to effectively involve community members in group interviews and ensured participants that identifies would be protected (Doyle et al., 2006)

While not specific to MSFW, research suggests that promotoras-researchers can engage Hispanic communities by serving as cultural brokers, co-residents and community recognized leaders, bicultural research collaborates and voices representing the community (Johnson, Sharkley, Dean, St John & Castillo, 2013).

Quandt et al. (2001) authored one of the few studies in which MSFW community partners intentionally identified critical strategies for overcoming barriers to collaboration between researchers and community partners. These factors were summarized as:

- Clarifying goals of partners (for the MSFW community this included developing leadership, using data to address community problems and recognition as community experts)
- Operationalizing a model for broad community involvement (offering many modes of interaction such as an advisory committee, community forums, community members as research staff, etc.)
- Developing cultural sensitivity (accepting and appreciating differences in styles and strengths facilitated by spending time together in a variety of settings)

Flexibility is cited by numerous researchers as a critical aspect to partnership (Arcury et al., 2000; Doyle et al., 2006; Quandt et al. 2001). Other factors that facilitate engagement with MSFW include:

- Long-range commitment (Doyle et al., 2006).
- Spirit of co-learning and mutual respect (Doyle et al., 2006)
- Take time to build and maintain relationships (Arcury et al., 2000)
- Time for initial greetings and informal conversations is important to engaging Latinos in research (Parra-Cardona et al., 2006)
- Meetings held after work hours in location time and place convenient for MSFW
- Communication with all stakeholders throughout the process (Doyle et al., 2006)
- One strategy shared by Arcury et al. (2000) was to review farmworkers contributions at subsequent meetings to demonstrate that community knowledge and experience of MSFW is valued and to encourage further participation.
- Flexibility to balance or maximize community trust/involvement/ownership while maintaining research protocols and integrity (Arcury et al., 2000; Doyle et al., 2006)

Arcury et al. (2000) notes that it is important to ensure engaging a diverse group of stakeholders that is representative of the population involved in order to capture different perspectives of the community. Researchers have found different strategies to be effective across different MSFW communities. For example, some researchers recommend using like-gendered facilitators in male- or female-only MSFW focus groups (Minneman et al., 2012; Schmalzried & Fallon, 2012) whereas Doyle et al. (2006) found mixed-gender groups had the most active discussions.

In an intriguing finding from Anthony et al. (2008), when asked about experiencing barriers to seeking health, only 23% of MSFW claimed to have experienced challenges, however, when asked to name barriers, 90% of participants named particular barriers that existed for themselves or others. This seems to imply that the wording of questions and possibly the opportunity to depersonalize their experience may be an important factor for MSFW. Other researchers have noted that the traditional Hispanic value in respecting authority may impede information sharing (Doyle et al., 2006; Newton, 2016). Newton goes on to state, "in the migrant farmworker parental culture, parents do not inform health care providers about their wishes and preferences" (2016, p. 586). On a more encouraging note, Anthony et al. (2008) points out that almost all MSFW who were approached to participate in their study agreed to participate which they interpreted as an eagerness to be active participants in their health.

DISCUSSION

In 2007, Arcury and Quandt noted a need for research on MSFW perceptions of barriers to access and health service needs. While a number of studies have been completed since then, overall, existing MSFW health care research continues to be fragmented, primarily consisting of small studies focused on a small geographic area (e.g. state or community) or a specific condition (e.g. pesticide exposure).

Clearly more research is needed on what MSFW perceive as motivators as well as facilitators. Newton (2016) suggests exploration around internal/external focus of control, familial influence, and social support. As noted by Luque and Castaneda (2013), the majority of MSFW are Hispanic individuals born outside of the US, most commonly from Mexico. While there is scant information on MSFW regarding motivators to seek healthcare, there is a body of literature on what motivates Hispanic or Latino individuals, and though beyond the scope of this review, might be relevant to consider. Georges et al. (2013) add that National Agricultural Workers Survey data could yield more information on predictors and barriers to accessing health care with the addition of ethnographic and qualitative research.

Some studies lump together MSFW with other immigrant groups or look at all farmworkers without clearly distinguishing migrant and seasonal workers. Quandt et al. (2001) noted that farmworkers who partnered with researchers in their initiative

differed in that they do not follow a traditional migrant stream and the majority have a home base outside of the US. These particular details, typically omitted from studies, may leave questions regarding particular caveats and generalizability of findings. Similarly, it can be difficult at times to clearly identify what MSFW specifically said and what is being attributed to them based on interpretation during analysis. It is helpful when representative quotes are included. Although not conducted with MSFW, the structure used by Cristancho, Garces and Mueller (2008) described a method for asking Hispanic immigrants about barriers to health care and provided the results in themes with use of quotes. Stallones et al. (2009) and Minneman et al. (2012) include quotes and note from which group the information was derived.

An interest of ours was the extent to which research is conducted for MSFW in the Midwest Stream. Content is quite limited. Georges et al. (2009) explored regional difference in health care utilization by three migratory streams. In western streams, elevated depression symptoms *were* significantly associated with health care use; there was not a statistically significant associated in the eastern or Midwest streams. In another study that looked at regional differences, farmworkers in the states comprised to represent the "Midwest" were most likely to delay treatment (Thierry & Snipes, 2015). Both of these studies used National Agricultural Workers Survey data. This suggests that additional studies from all regions of the U.S. and/or national data are needed.

Arcury, Quandt, Peters, and McCauley (2000) suggest that evaluation of MSFW research focus on assessing meaningful use of findings, community changes, and increased capacity of community to engage in research. They note a need for researchers to capture structure and process factors that facilitate community-based research particularly from the community perspective (e.g. what the community deems as success).

Furthermore, studies that not only engage trusted community partners but also the farmworkers themselves are needed and with them, more details on considerations and approaches that show promise. For example, having farmworkers help identify focus groups and survey questions, logistical considerations to make it possible for them to be research partners rather than only research subjects, and ways to share results so they can help with interpretations of the findings are a few examples. By involving farmworkers throughout the research process, we are more apt to identify research gaps in areas that are most meaningful to MSFW.

LIMITATIONS

A variety of factors including the mobility of the migrant farmworkers, challenges to engaging migrant and seasonal farmworkers, the need to protect their identities and immigration status, and the newness of many farmworkers to the research process have likely made it difficult to conduct true participatory studies and include farmworkers in

the analysis and interpretation process. However, studies are emerging that provide ideas for overcoming these barriers.

Given our interest in focusing on the direct inclusion of MSFW, we eliminated some articles that may still yield a broader understanding to identifying barriers, facilitators, and motivators to overall health care. Articles that focus on Latino or Hispanic populations more broadly or the seeking and accessing of health services by MSFW parents for their children can offer insights into the realities for MSFW. However, our desire is to gauge a better understanding of what is currently available specific to MSFW perspectives as they seek and access their own care.

CONCLUSION

Opportunities abound for increasing our understanding of the barriers, facilitators, and motivators from the direct perspective of migrant and seasonal farmworkers (MSFW) as they seek and access health care. Similarly, the inclusion of MSFW has typically been limited to that of research participants. Further exploration in ways to engage them throughout the research process, from identifying areas of inquiry needed to assisting with the interpretation of and dissemination of findings are worth pursuing. Finally, greater clarification as to who the findings represent and inclusion of farmworkers nationally, and from all three streams – West Coast, Midwest and East Coast would help fill in existing gaps.

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