



Migrant Health Taskforce Strategic Plan

Overview

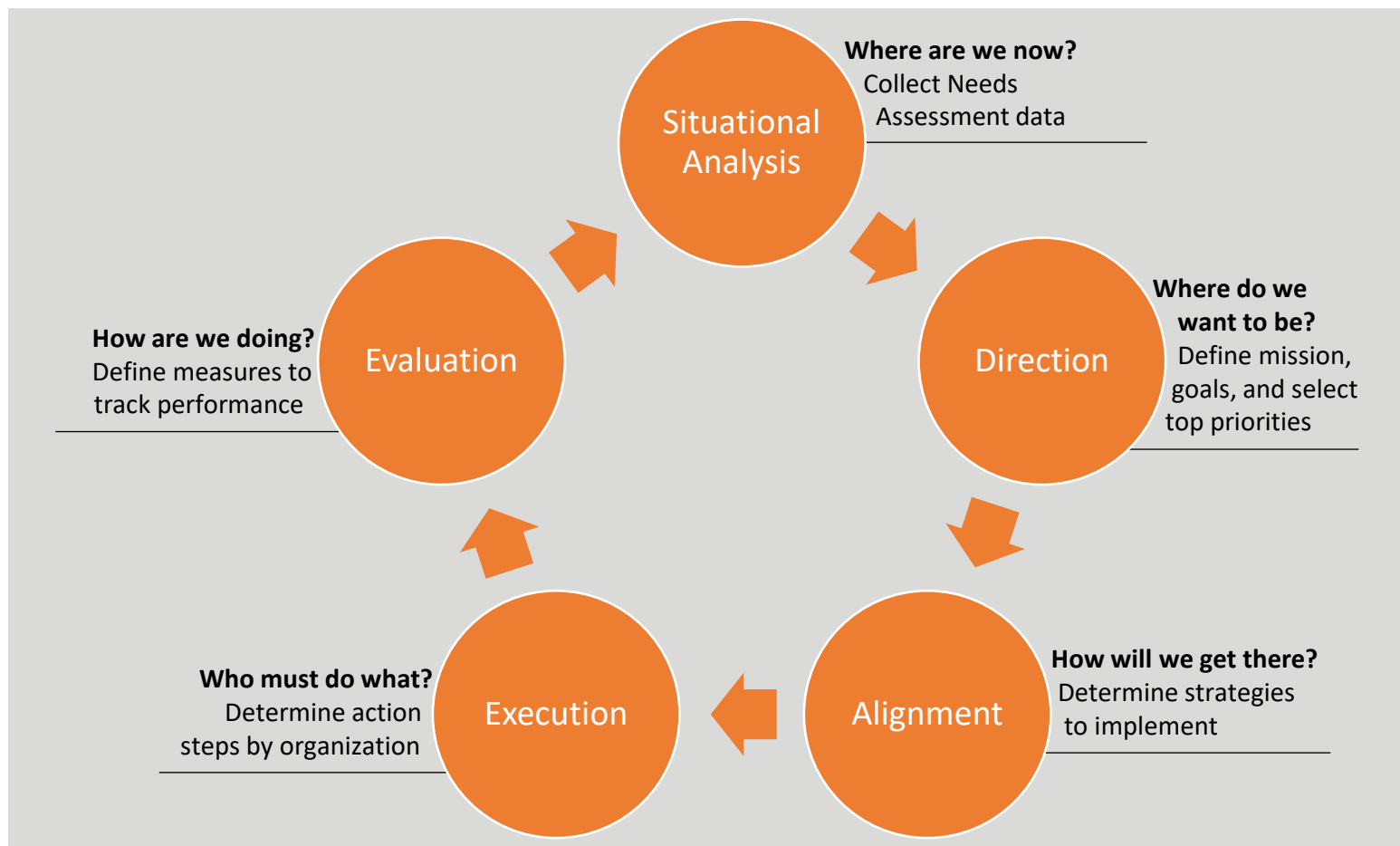


The Ottawa County Department of Public Health (OCDPH) applied for and received a 3-year grant from the Office of Minority Health to survey the migrant farmworker community in Ottawa County and get a better understanding of health inequalities and disparities. After receiving this funding, the OCDPH worked with agencies and organizations in the county to form a Migrant Health Taskforce to help guide the process (Appendix A).

During the first year of the grant, the taskforce reviewed existing data about the migrant farmworker population and contracted with Dr. Martin Hill, PhD, of VIP Research and Evaluation, to conduct a comprehensive needs assessment. Needs assessment data was collected from 319 migrant farmworkers in 18 different health-related areas. A select summary of needs assessment data is included in Appendix B, with the [full report available online](#).

The taskforce then embarked on a strategic planning process to review the needs assessment data, prioritize areas to focus efforts (Appendix C), and create an action plan of strategies to begin working on during the second and third years of the grant (Appendix D). The Ottawa County Department of Strategic Impact (DSI) assisted the OCDPH with strategic planning efforts. An overview of the strategic planning process is depicted in the graphic to the right. The two strategic planning sessions focused on reviewing the Situational Analysis, defining Direction, and determining Alignment as defined in the graphic to the right.

This document includes the results of the strategic planning process and will serve as the action plan from which the taskforce will focus its efforts over the next two years.





Migrant Health Taskforce Strategic Plan

Mission, Goals, and Root Causes



Mission

The Ottawa County Migrant Health Taskforce aims to improve the health of Ottawa County's migrant farmworkers by bridging health gaps, improving social determinants of health, and addressing health disparities.

Goals



Improve healthcare coverage and access to services, including dental care and mental health



Address the loneliness and lack of support in the migrant farmworker population



Increase fruit/vegetable consumption and awareness of food pantry resources



Strengthen existing coordination efforts and build new partnerships among agencies and organizations

Root Causes

For each of the goals, the Migrant Health Taskforce defined the primary reasons/possible causes contributing to the data as seen in the Needs Assessment (Appendix B) and/or from their experience and knowledge working with the migrant farmworker community. The overarching root causes by goal are listed below, with several root causes applying to multiple goals. The comprehensive list of root causes is included in Appendix D.



- Cost
- Language/literacy barriers
- Lack of time/work schedule/hours of operation of service providers
- Lack of transportation
- Fear/lack of trust
- Lack of single resource guide
- Not a priority
- Navigation issues
- Qualification issues
- Lack of providers

- Language/literacy barriers
- Lack of time/work schedule/hours of operation of service providers
- Lack of transportation
- Lack of cultural competency
- Lack of connectedness to community
- Lack of support system and related stress
- Stigma
- Racism/discrimination

- Cost
- Language/literacy barriers
- Lack of time/work schedule/hours of operation of service providers
- Lack of transportation
- Fear/lack of trust
- Lack of single resource guide
- Lack of education/awareness
- Need for non-food items
- Lack of culturally appropriate food/education
- Lack of storage space
- Stress

- Limited staff, time, and funding
- Lack of communication/awareness/central database
- Lack of participation by more groups/organizations
- Need to separate farmworkers from immigrants



Migrant Health Taskforce Strategic Plan

Main Strategies



Strategies

For each of the root causes, the Migrant Health Taskforce defined strategies to implement over the next two-years. The main strategies are listed below with specific strategies provided on the following pages. Some specific strategies are applicable to more than one main strategy but are only listed one time. Several strategies also apply to more than one goal and, as a result, are not linked to a specific goal. The comprehensive list of strategies by goal are included in Appendix D.



Improve **transportation** options



Provide services that account for migrant farmworkers' **lack of time**, **work schedule**, and **conflicting hours with service providers**



Work on solutions that address the **cost of healthcare services** and **fruit/vegetable access**



Improve **trust** and **alleviate fears** in the migrant farmworker community



Improve countywide **coordination** and **collaboration** efforts among agencies



Coordinate **events to engage** and **connect migrant farmworkers** with the community



Improve **centralization** of **reference materials** for migrant farmworkers



Address **language** and **literacy barriers**



Other strategies around **food**



Other strategies around **loneliness** and **lack of support**



Migrant Health Taskforce Strategic Plan

Specific Strategies



Improve transportation options

- Partner with agencies that have vehicles and volunteers (churches, schools). A shared calendar/database to connect volunteers to opportunities may be helpful. Consider partnerships with My Father's House program and expanding Boys/Girls Club services
- Partner with MAX Bus – explore opportunities to expand into rural areas and/or provide monthly transportation between migrant camps and resource agencies
- Promote the MAX Bus route to the Food Club
- Provide vouchers for Uber/Lyft
- Partner with growers to explore transportation options



Provide services that account for migrant farmworkers' lack of time, work schedule, and conflicting hours with service providers

- Bring community resources to the migrant camps:
 - Mobile medical care
 - Explore bringing back the Veggie Van
 - Bring food to the camps (possibly Feeding America)
 - Host healthy diet/nutrition events onsite at the camps (education materials can possibly come from MSUE, WIC, and Intercare)
 - Explore a joint venture between Migrant Legal Aid and food pantries
 - Explore mobile food pantries/micro pantries at camps with food/information/toiletries and monthly special grab-go kits that are kid friendly. These could employ migrant farmworkers
 - Connect food pantries with outreach groups
- Partner with growers to explore options





Migrant Health Taskforce Strategic Plan

Specific Strategies



Work on solutions that address the cost of healthcare services and fruit/vegetable access

- Support the work of Intercare efforts (even by non-medical nonprofits, agencies, and government entities)
- Create an English/Spanish booklet of all the free or low-cost healthcare resources in the target areas of the county OR cover the costs to update the Migrant Resource Council leaflet and turn that into a booklet
- Include food pantry resources in the same booklet proposed for health resources OR have a separate booklet/leaflet for food pantry resources
- Develop a very simple county-based healthcare connections at a 3rd grade reading level and give to outreach workers to handout at the camps and distribute in outreach bags
- Vision to Learn in Kent County could be an opportunity for Ottawa County
- Promote Double-Up Food Bucks
- Write letters of support and/or participate in conversations for expanding Medicaid emergency services – State/Interagency Migrant Services Committee (Audra)
- Argue for a living wage



Improve trust and alleviate fears in the migrant farmworker community

- Build connections with medical professionals who can then be referred to the migrants by trusted sources and offering peace of mind that they will be helped
- Build trust between agencies and migrant farmworkers through relationship building. Some agencies have seen that information about their agencies passed from person to person in the migrant farmworker community because people know they can be trusted





Migrant Health Taskforce Strategic Plan

Specific Strategies



Improve countywide coordination and collaboration efforts among agencies

- Strengthen Migrant Resource Council efforts:
 - Work to increase participation in MRC including 211, United Way, growers, farmworkers, City on a Hill, Holland Free Health Clinic, Love in Action, IC (MRC chair to connect with last 4 listed)
 - Consider creating a strategic plan with the MRC to create buy in and purpose for agencies represented
 - Consider an MOU or asking agencies to institutionalize the MRC and its work as part of their policies
 - Make targeted asks of non-participating agencies and be specific on how they can help the MRC
 - Create consistent language (a glossary) or spend time talking about this at MRC meetings
- Strengthen partnerships among agencies:
 - Work to get siloed agencies together
 - Hold pre-season coordination/planning meeting
 - Provide quarterly updates/information among agencies serving migrant farmworkers
 - Connect agencies that supply items with outreach workers
 - Leverage Google calendar/drive/sheets
 - Create a Google database to coordinate efforts with outreach events
 - Communicate who emergency contacts are at each agency for when a situation arises
- Leverage volunteers and college students:
 - Create a volunteer directory so that volunteers interested in doing this kind of work can be connected to agencies who are helping or want to start helping but don't have the staff power to do it - this way more agencies are involved and more the community is involved
 - Partner with local area colleges to assign interns to organizations that are trying to do this work but don't have the staff, with interns getting college credit
- Coordinate camp visits to cross-promote but also how/when to communicate last minute changes - Remind App or something similar, would want central calendar, funding for this position, potential referral source (Tammy/Intercare)
- Create an integrated map that shows camps, forms, etc. (IMSC inter-agency migrant services council)
- Engage in and promote cultural competency training for workers, teachers, and the community at large (MLA does this and has done it for several years, possibly use MRC to help get this information out to more agencies)





Migrant Health Taskforce Strategic Plan

Specific Strategies



Coordinate events to engage and connect migrant farmworkers with the community

- Offer community events on a Sunday afternoon and evening that offer all kinds of health screenings and fun activities/snacks for families. Schools may be able to host events, agencies bring professionals, and grant funds can possibly be used for snacks, toys, etc.
- Connect with LEDA to determine if the summer children's connection program can be restarted
- Connect with LAUP to determine if the migrant mentoring program can be restarted
- Connect with the Tri-Cities Puentes Initiative (Lakeshore Latina Group)
- Connect with migrant farmworker camps to discuss connectivity within camps/housing
- Explore opportunities for programs/outings/tours
- Offer monthly campouts (coordinated outreach) for migrant farmworkers – MRC (med. van could come each time)
- Organize social activities 'movie night' at larger camps (transport from smaller camps) – tag teams with campout concept – could contract with someone to coordinate
- Connect with churches about congregate meals or providing weekly meals (these could be led by churches but possibly backed by government entities and nonprofits)
- Host welcome resource fair events onsite at the camps





Migrant Health Taskforce Strategic Plan

Specific Strategies



Improve centralization of reference materials for migrant farmworkers

- Hold face-to-face orientation for sharing materials in-person
- Invite 211 to meetings and figure out how to centralize.
Promote 211 to migrant farmworkers using a trusted source
- Promote the national farmworker help 800 number
- Look into statewide toll free 800 number
- Consider having a point-person at each camp
- Create a comprehensive list of resources for Ottawa County (Spanish language)



Address language and literacy barriers

- Create more visuals vs flyers
- Explore opportunities for a social media coordinator



Other strategies around food

- Determine an agency to organize agencies/companies to do drives for toiletries, detergent, and other non-food items
- Obtain funding to build donation take-shelves of non-food items at high-density housing areas
- Continue to educate donors about culturally appropriate food donations
- Determine feasibility of greenhouse donations – could families have community gardens at camps?
- Consider gardens for kids as part of Meet Up and Eat Up sites
- Create education materials of simple meals/measurements
- Enhance storage in migrant housing for healthy food



Other strategies around loneliness and lack of support

- Promote and educate farmworkers about stress management
- Provide free or low-cost chiropractor resources
- Promote the importance of validating emotions and feelings





Appendix





Appendix A – Migrant Health Task Force Members



Agency/Organization	Representative Name
Arbor Circle	Clara Mascorro
Buen Pastor Ministries, Inc.	Alvira and Yolanda Garcia
Community Action House	Chara Bouman
Community Foundation of Holland/Zeeland Area	Yah-Hanna Jenkins Leys
Community Mental Health	Bethany Vukusic
Community Mental Health - Latino Outreach	Raquel Solis
Gavin Orchards	Mike Gavin
GHAPS Migrant Summer School	Abby Teasley
InterCare	Tammy Schrock
LAUP (Latin Americans United for Progress)	Yadah V. Ramirez
LAUP (Latin Americans United for Progress)	Johnny Rodriguez
LEED, W MI Sustainable Business	Daniel Schoonmaker
LEDA (Lakeshore Ethnic Diversity Alliance)	Gloria Lara
Lighthouse Immigrant Advocates	Sarah Yore-VanOosterhout
Michigan Department of Health and Human Services	Deanna DeSantiago
Michigan Department of Health and Human Services	Kelly Cruz
Michigan Department of Health and Human Services	Nora Benavidez
Michigan Department of Health and Human Services	Idiana Quintanar
Michigan Department of Health and Human Services	Audra Fuentes

Agency/Organization	Representative Name
Migrant Legal Aid Project	Mary Bennett
Migrant Legal Aid Project	Teresa Hendricks
Migrant Legal Aid Project	Molly Spaak
Migrant Resource Council & Momentum Center	Christian Garcia
Ottawa Area Intermediate School District	Heather Eizenga
Ottawa County Dept of Public Health	Heather Alberda
Ottawa County Dept of Public Health	Amy Sheele
Ottawa County Dept of Public Health	Maria Alvarez deLopez
Ottawa County Dept of Public Health	Jessica Cooney - Davis
Ottawa County Dept of Public Health	Tiffany Simecki
Ottawa County - Diversity Equity and Inclusion Office	Robyn Afrik
Ottawa Food	Sierra Schuetz
Ottawa Food	Lisa Uganski
Ready for School	Donna Lowry, MD
United Way	Liz DeLaLuz
West Ottawa Public Schools	Denise Archer
West Ottawa Public Schools	Pam Schwallier
Zeeland Spectrum Community Hospital	Amber Terhaar



Appendix B – Needs Assessment Data



Goal 1: Improve healthcare coverage and access to services, including dental and mental health

Data from Needs Assessment related to Goal 1 and Healthcare

- Two-thirds (68.9%) of migrant farmworkers have no health care coverage, compared to 8.2% of the general population.
 - ❖ The vast majority of those with coverage have either Medicaid (47.0%) or a plan at work or through a union (38.6%)
 - ❖ The top barrier to having coverage is lack of knowledge as to where to go to get/apply for insurance
- Among migrant farmworkers, almost one-fourth (23.3%) had to forgo a needed doctor visit in the past year due to cost; this proportion was 8.6% for the general population
 - ❖ Additionally, 29.6% report having to delay needed medical care in the past year
 - ❖ The top reasons cited for delay in getting care are lack of transportation, inability to get an appointment, and cost
- Only 26.1% of migrant farmworkers have a medical home (have a personal care provider), compared to 88.1% for the general population.
- More than one-third (38.6%) of migrant farmworkers have visited a doctor in the past year for a routine check-up, but this is much lower than the general population (81.3% in 2017).
- Across the board, migrant farmworkers have lower rates of cancer screenings than the general population.
 - ❖ Mammogram (ever) – 76.9% migrant farmworkers, 94.2% general population
 - ❖ Pap test (ever) – 78.8% migrant farmworkers, 92.1% general population
 - ❖ Sigmoidoscopy/colonoscopy (ever) – 40.7% migrant farmworkers, 85.4% general population
- Area migrant farmworkers discussed...having programs or services open during non-working hours...would help increased connectedness.
- Key Informants agree that migrant farmworkers face multiple barriers to health care, including cost, lack of English proficiency, and a lack of trust; however, the greatest barrier may be transportation.
- There is also a lack of awareness of existing programs, services, and resources in the community, as well as a lack of knowledge about the rights of migrant farmworkers.
 - ❖ This lack of knowledge prevents many from accessing needed health, human service, and legal services
 - ❖ A couple of Key Informants maintain that some employers may not be helpful in assisting their employees to build their knowledge base



Appendix B – Needs Assessment Data



Goal 1 (cont.): Improve healthcare coverage and access to services, including dental and mental health

Data from Needs Assessment related to Goal 1 and Dental Care

- Two-thirds (64.9%) have not visited a dentist in the past year to have their teeth cleaned; general population is 22.6%
- ❖ Three in ten (30.6%) migrant farmworkers have had problems getting needed dental care in the past year
- ❖ The top reason cited, by far, for the difficulty in accessing needed dental care is the lack of insurance, followed by language barrier, and unavailability of dentists/dental hygienists

Data from Needs Assessment related to Goal 1 and Mental health care coverage/access

- As in the general population, an area of opportunity continues to exist for local health professionals to formulate a plan to address the fact that sizeable proportions of migrant farmworkers with mental health challenges do not take medication or receive treatment for their condition.
 - ❖ For example, only one-third (33.3%) of migrant farmworkers who have poor mental health currently take medication or receive treatment for it
 - ❖ Moreover, about half migrant farmworkers with anxiety (52.2%) or depression (55.6%) take medication or receive treatment for these mental health issues
- It is surprising that so few migrant farmworkers engage in treatment or medication for mental health conditions considering the vast majority (85.0%) believe treatment can help people with mental illness lead normal lives.
 - ❖ Reluctance to seek treatment or take medication might result from a perceived stigma attached to the label of mental illness
 - One in five (21.3%) migrant farmworkers view people as not “caring and sympathetic to people with mental illness”
- Some Key Informants cite mental health as one of the most pressing or concerning issues facing migrant farmworkers in Ottawa County because it may be prevalent (even in children), there is lack of access to treatment, and there is continued stigma surrounding mental health (especially with this subpopulation), that may prevent some from seeking needed help.
- Some employers may offer mental health treatment as part of their health care plan, but barriers of stigma, transportation, and lack of bilingual staff may still prevent some from seeking treatment.



Appendix B – Needs Assessment Data



Goal 2: Address the loneliness and lack of support in the migrant farmworker population

Data from Needs Assessment related to Goal 2

- Unlike the general population, migrant farmworkers have far fewer people they can rely on for practical help; whereas 77.0% of the general population could rely on four or more people, only 14.4% of migrant farmworkers could rely on that many.
 - ❖ In fact, 29.9% of migrant farmworkers say they could rely on nobody, and 19.6% could rely on only one person
 - ❖ Reaching outside their circle of friends and family would be highly uncommon (68.3%)
- Area migrant farmworkers discussed many things that would help them feel more connected to their Ottawa County community, including a huge need for more information in Spanish about where local programs and services are located, preferably at the camps/farms. Also, having programs or services open during non-working hours, providing more public transportation, and less discrimination against Latinos/Hispanics, would all help increase connectedness.



Goal 3: Increase fruit/vegetable consumption and awareness of food pantry resources

Data from Needs Assessment related to Goal 3

- Over half (53.6%) of the migrant farmworkers have used a food pantry to help meet their food needs.
 - ❖ Although half (51.5%) of those who don't use food pantries say they don't need them, 24.8% say they aren't aware that they exist
- Migrant farmworkers, like the general population, consume inadequate amounts of fruits and vegetables per day.
 - ❖ 26.9% and 34.1% consume less than one serving of fruits and vegetables per day, respectively
 - ❖ One in five (19.1%) migrant farmworkers consume adequate amounts of fruits and vegetables per day (five or more servings).
 - ❖ Migrant farmworkers may be unaware of what is considered adequate fruit and vegetable consumption since 61.9% say they do eat fruits and vegetables on a regular basis



Appendix B – Needs Assessment Data



Goal 4: Strengthen existing coordination efforts and build new partnership among agencies and organizations

Data from Needs Assessment related to Goal 4

- Key Informants report numerous undertakings by various organizations and agencies in the local community to address issues facing migrant farmworkers. For example:
 - ❖ The Migrant Resource Council (MRC) has been critical to helping coalesce all of the issues in the migrant farmworker community and passing this information on to the agencies and organizations that do the outreach
 - ❖ Organizations like InterCare, DHS, and the Ottawa County Department of Public Health provide boots on the ground and travel to camps and farms to provide direct services (e.g., health care, health screenings, food)
- Going forward, Key Informants laud the organizations, agencies, and people who work together to assist area migrant farmworkers but admit that collaboration could be better, or the connections could be deeper, and having events like “healthy days” or “health fairs” might help facilitate that type of partnership.
- Having organizations and agencies realize they need to contribute more and not rely on InterCare and DHS, and also partner better with area growers will also help facilitate access.



Appendix C – Defining Priority Areas Results by Theme & Priority Rank

November 16, 2021 Strategic Planning Session



Healthcare coverage/access, including dental care and mental health (35 total dots)

- No health coverage (9 dots with comment below)
- Lack of health insurance or access
- Services not available when workers are available (6 dots)
- 68.9% have no health care coverage (5 dots)
- Dental care access (3 dots)
- *There were an additional 3 dots in the area around healthcare coverage/access (not counted in other bullet point comments)*
- Mammogram access (2 dots)
- Access to healthcare provider (2 dots)
- No dental visits/cleanings at 64.9% shocked me – that's high (2 dots)
- Need more screenings – medical home, dental care (1 dot)
- Less poor mental health days than general public (1 dot – shared with comment below)
- Mental health treatment/perception
- Lack of mental health services for children – lack of access, can they do home visits to the camps? (1 dot)
- Doing far worse in prevention services
- Lack of dental care
- Chronic conditions are lower than the general population – but is this because they haven't had tests due to no health care coverage?
- Access to healthcare across all sections
- No healthcare due to costs
- Lack of awareness – healthcare
- Colonoscopy education
- Healthcare coverage – Do they know what they are eligible for? Are they able to access/signup for appropriate coverage?

Coordinated efforts among agencies – existing coordination and need for more coordinated efforts (20 total dots)

- Continuous presence of agencies like us at migrant events & outreach (6 dots)
- More agencies need to step up to collectively make change (5 dots)
- Migrant Resource Council & coordinated efforts (4 dots)
- Farmworker's feedback on survey outcomes (3 dots)
- FLC's (Farm Labor Contractors) control EVERYTHING w/H2A workers. How do we get them to more regularly take workers to grocery stores, doc. appts.? (2 dots)
- Various agencies collaborating
- I was happy to see the mention of the MRC and agency collaboration
- Migrant Resource Council
- This team committed to resolving the issues found
- Lots of agencies providing services
- Participation
- Teamwork A+++
- Commitment of community members to do better
- Lack of representation of farmers
- Lack of representation of farmworkers at the decision-making table
- Lack of representation from other agencies
- Messaging challenge about the available services for migrants in the county (communicating about the available ones)
- Lack of funding for orgs that work in Ottawa but not based in Ottawa

Loneliness and lack of support in the migrant farmworker population (9 total dots)

- Loneliness & lack of support (9 dots)
- Community connection
- Lack of social support

Use Videos/Pictorials to address language barriers and literacy levels (9 total dots)

- Better job with videos/pictorials (9 dots)
- Using pictures/infographics
- On top of the already present language barrier, we need to take literacy levels into account too



Appendix C – Defining Priority Areas Results by Theme & Priority Rank

November 16, 2021 Strategic Planning Session



Food – pantry awareness, fruit/vegetable consumption (7 total dots)

- Food pantry – awareness (4 dots – shared with two bullet point comments below)
- Lack of awareness of food pantries
- Not aware of Food Pantry
- Large discrepancy between low reported rates of fruit & veg consumption and very high perception reported of eating enough produce (messaging opportunity) (3 dots)
- Discrepancy between low produce consumption and very high perception reported of eating enough produce
- Over ½ are using food pantries to meet their needs
- 86% of population have food
- Low F/V consumption

Celebrate migrant farmworkers and what they bring to our community (3 total dots)

- The idea of a community campaign to show what they bring to our community & county (2 dots)
- Feel included (1 dot)

Transportation (2 total dots)

- Lack of transportation as an issue for many areas (1 dot)
- Transportation – there are available services, but transportation is a barrier across all issues (1 dot)

Weight – overweight/obese

- Overweight/obese numbers – do they understand what BMI means and effects on health being overweight can do to health
- Obesity is very high for a work group that is doing physical work all day
- % of people not trying to lose weight
- 74% obese or overweight yet only 61.9% trying to lose or maintain weight

Health Outcomes

- Women – reporting poorer health
- H2A workers fare better than non H2A. Why?
- Discrepancy between H2A & Non-H2A individuals
- Overall general health

Cultural perceptions

- Data may be off because of cultural beliefs/employment rules
- Cultural perception – dental, weight, colonoscopy, male gender
- Survey didn't capture cultural perceptions
- Perceptions/understanding about topics or questions

Survey data

- Number of surveys collected
- Survey provided data as a starting point
- Opportunity to learn more about population



Appendix D – Defining Root Causes and Strategies

December 14, 2021 Strategic Planning Session



Goal 1 - What is the cause?

- Cost – cost of medical/dental/mental health care is too expensive; cost and debt; lack of insurance
- Language/literacy – Language barriers; lack of Spanish speaking healthcare and mental health providers; literacy barriers; technology barriers
- Time/schedule – getting the time off work means no pay; don't have time off work; lack of time; no designated time off for preventative care
- Hours of operation – health clinics aren't open on weekends/late nights; hours of operation not accessible; people don't know where to go
- Fear/trust – fear of going to health care provider; lack of comfort and/or trust with American medicine and medical systems; workers are afraid to speak about issues with health; feels easier to wait for medical appointments until they get back to a comfortable place; lack of trust; stigma; internal requirements to gather their personal data might make some migrants apprehensive of using services
- Not a priority – medical/dental/mental health not seen as a priority; families are here for a limited time and spending time and money on health care is not a big priority
- Navigation issues – potentially complicated to navigate regulations, eligibility, and applications; trouble navigating/understanding health care system; H2A workers have limited access to information due to isolation; difficulty understanding health care options
- Qualification – many don't qualify; lack of basic coverage for those who have emergency services only Medicaid; undocumented migrant workers don't qualify for health insurance; emergency Medicaid covers nothing unless you are bleeding to death
- Lack of transportation
- Lack of providers – we don't have more agencies like Intercare that offer services; staffing shortages (MD, DO, dental, RN); need additional mental health providers in the field that are bi-lingual; not enough dentists available (reimbursement rates are too low); some appointments are being scheduled months out; lack of education – they might not know how to brush their teeth correctly; lack of trusted Spanish speaking medical professionals
- Resource information single source for county

Goal 1 - Determine strategies for the next 2 years

- Cost – support the work of Intercare efforts (even by non-medical nonprofits, agencies, and government entities); create an English/Spanish booklet of all the free or low-cost healthcare resources in the county target areas OR cover the costs to update the Migrant Resource Council leaflet to turn into a booklet; develop very simple county-based healthcare connections at a 3rd grade reading level and give to outreach workers to hang at the camps and distribute in outreach bags; Vision to Learn in Kent could be an opportunity for Ottawa County
 - Time – work with growers; meeting migrants at the camps (go to them); mobile medical care; bring medical treatment onsite when possible
 - Fear/trust – is stigma more about fear around assimilation? Is our perspective about conventional health metrics and services not the same as the perspective of the migrants?; build more connections with medical professionals who we can refer workers to with a peace of mind that they will be helped
 - Qualification – Community events on a Sunday afternoon and evening that offer all kinds of health screenings and fun activities/snacks for families; schools may be able to host events; agencies bring pros; grant for snacks, toys, etc.
 - Lack of transportation – Partner with agencies/organizations that have vehicles and volunteers to provide transportation; expand existing transportation options
 - Resource information single source for county – face-to-face orientation for sharing in person; national farmworker help 800 number; invite 211 to meetings and figure out how to centralize; look into statewide toll free 800 number; could these be a point person per camp?
- Others – not tied to a specific root cause:
- City on a Hill partnership, Holland Free Health Clinic, Love in Action, IC (MRC chair to connect)



Appendix D – Defining Root Causes and Strategies

December 14, 2021 Strategic Planning Session



Goal 2 - What is the cause?

- Transportation – lack of transportation; better public transportation; isolated camps far out in the rural areas
- Language/literacy - language barriers; lack of bilingual staff
- Help farmworkers overcome the ‘stigma’ of behavioral health
- Time/schedules - work schedule – demanding schedule; work hours vs service hours; no time for making new friends because they are working
- Connection to community - lack of connectedness to community; lack of opportunity to interact and form relationships with non-family or migrant individuals (housing segregation, language barriers, etc.); lack of outside opportunity to engage with others; lack of connectivity/resources within county; lack of knowledge of the resources in the area to help with their needs; not much follow-through and consistency with all agencies; lack of agency involvement/efforts to meet the needs; lack of knowledge of events
- Lack of cultural competency of workers – just because they are Hispanic does not mean they understand the migrant community
- Lack of support system; coming to the U.S. totally alone; worry about loved ones while they’re away; most of their family is not in the area; amount of time here in Ottawa County; the stress of being in a foreign place and having to jump through many logistical hoops could cause some to self-isolate; simply the reality of having to leave one’s home and family to engage in meaningfully beneficial work can cause loneliness; many H2A workers recruited and come up by themselves; cut off from familiar faith practices
- Racism/discrimination

Goal 2 - Determine strategies for the next 2 years

- Transportation - expand MAX bus route – can they go to migrant camps?; shared calendar/database to get volunteers for rides/other services; churches providing transport for migrants (My Father’s House program); Lyft/Uber vouchers; Boys/Girls club expand services
- Language/literacy - more visual vs flyers; social media is a huge resource – FB, Tiktok, etc.; social media coordinator
- Stigma of behavioral health - stress management; chiropractor; validating emotions and feelings
- Folks may not go to church because Sunday is only day off. Can churches recognize this and can we partner to address it?
- Connection to community - LEDA summer children’s connection program (restart?) – what is LEDA lacking?; migrant mentoring program – what would it take to re-start this? Is this feasible? LAUP?; Lakeshore Latina Group – Tri-Cities Puentes; asking migrant farmworker camps – connectivity within camps/housing; programs/outings/tours; organize social activities ‘movie night’ at larger camps (transport from smaller camps) – tag teams with campout concept – could contract with someone to coordinate; churches providing weekly meals and transportation; hosting welcome resource fair events onsite at the camps
- Migrant legal aid provides cultural competency training – sharing with teachers, make known to public/other agencies, possibly use MRC to help get this information out to more agencies
- Countywide coordination - if every agency has an emergency contact/list of staff dedicated to certain issues; leverage Google drive/sheets; comprehensive list of resources for OC specifically (Spanish language); getting siloed agencies together
- Fear/trust - agencies need to establish trust relationships with workers – we have seen that information about our agency is passed from person to person because people know we can be trusted



Appendix D – Defining Root Causes and Strategies

December 14, 2021 Strategic Planning Session



Goal 3 - What is the cause?

- Education/awareness – lack of nutrition education; language barriers, tech barriers, not connected; cost, access, not educated on balanced diet (language); proper awareness channels are limited to these communities; inability of many food providers to do outreach to camps or to bring food to migrants; lack of agency involvement/effort to do outreach to get info about food pantry resources
- Need for non-food items – need of toiletries, soap, laundry soap, etc.; high need for laundry detergent and toiletries – providing these gives them more funds to buy healthy food
- Culturally appropriate – lack of culturally appropriate nutrition education available; lack of culturally available foods
- Cost – can't afford to eat what they pick; limited resources; cost to purchase fruits and vegetables can be high
- Time/schedule – not enough time to prepare healthy meals with demanding work schedules
- Hours of operation – need to be open when farmworkers are available and have transportation; pantries aren't usually open at times when customers can shop; perhaps farms/camps aren't informing them of local food resources
- Storage – refrigerator/cupboard space with various people living in one unit; lack of food storage; storage issues within camp – sharing
- Lack of transportation
- Language barriers – lack of information in Spanish about food pantry resources
- Fear/trust – fear of asking for help; bad experiences shared by word of mouth may deter some migrants; distrust of the intake process (collecting personal information); thinking they don't qualify
- Stress - looking to unhealthy foods to cope with stress/loneliness; potentially too stressed out to learn another program/process

Goal 3 - Determine strategies for the next 2 years

- Education/awareness – more outreach – bringing food to camps (possibly Feeding America); education can be part of food outreach; possibly Migrant Legal Aid and Food Pantry joint venture; MAX bus to Food Club; double up food bucks; mobile food pantries – camps employment; include food pantry resources in the same booklet proposed for health resources OR having a separate booklet/leaflet for food pantry resources; hosting some healthy diet/nutrition session events onsite at the camps; education materials can possibly come from MSUE, WIC, and Intercare; connect food pantries with outreach groups
- Need for non-food items – someone needed to organize agencies/companies to do drives for toiletries, detergent, etc.; build donation take-shelves at high-density housing areas with donated boxes – need funding for more
- Culturally appropriate – continuing education of donors; greenhouse donations – could families have community gardens at camps?; Meet Up and Eat Up sites – gardens for kids; education of simple meals/measurements
- Cost – congregate meals led by churches but possibly backed by government entities and nonprofits maybe on Sundays; argue for a living wage in the county
- Storage – storage at housing for healthy food
- Lack of transportation – partnership with MAX Bus 1 time a month; vouchers for Uber/Lyft; work with churches that have vans/busses; work on expanding existing public transportation routes into rural areas; work with schools that have vans/busses; work with growers; more outreach – bringing food to the migrant camps
- Hours of operation – veggie van – bring it back – how to get to camps; more outreach – bringing food to the migrant camps; leverage transportation; Google database to coordinate efforts with outreach events
- Fear/trust – more outreach – bringing food to the migrant camps; micro pantry at camps with food/info/toiletries and monthly special grab-go kits that are kid friendly



Appendix D – Defining Root Causes and Strategies

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Goal 4 - What is the cause?

- Limited staff, time, and funding - limited staff; employee turnover; lack of staff to be able to collaborate with agencies which can cause agencies to not get involved in a project for fear of extending themselves with the limited staff they have; coordination barriers – time, pace of change in service/resource availability; no funding for agencies that aren't in Ottawa County to work in Ottawa County; lack of funding to be able to do the work
- Lack of communication/awareness - lack of communication about what agencies do; communication with all agency partners; lack of awareness of services; not enough agencies supporting those already doing the work; agencies are siloed; difficult to know what every agency is doing all the time; no central referral database
- Need to separate farmworkers from immigrant work – they are a small subset with very different needs
- Lack of participation from local growers in MRC and groups

Goal 4 - Determine strategies for the next 2 years

- MRC - increase participation on MRC – engagement with other nonprofits and agencies; adding a policy to agency strategic plans or creating an MOU to support the migrant farmworker population; make a targeted ask of agencies who don't participate and be specific on how we want them to help us out; 211 represented on MRC; United Way connecting with MRC; strategic plan – MRC – buy in and purpose for agencies represented; growers/farmworkers – representation on MRC; consistent language – glossary; or take time at start of MRC meeting to talk about this
- Countywide coordination - agencies serving migrant farmworker quarterly updating information; hold pre-season coordination/planning meeting; have the Migrant Health Task Force create a volunteer directory so that volunteers interested in doing this kind of work could be connected to agencies who are helping or want to start helping but don't have the staff power to do it - this way more agencies are involved and more the community is involved; Google calendar shared between agencies; connect agencies that supply items with outreach workers; communicate who emergency contacts are at each agency for when a situation arises; coordinate camp visits to cross-promote but also how/when to communicate last minute changes (Tammy/Intercare) - Remind App of something similar, would want central calendar, funding for this position, potential referral source; integrated map that shows camps, forms, etc. (IMSC inter-agency migrant services council)
- 211 promotion to migrant farmworkers by trusted source
- Letters of support/participation for expanding emergency services only for Medicaid – State/Interagency Migrant Services Committee (Audra)
- Monthly campout (coordinated outreach) for migrant farmworkers – MRC (med. van could come each time)
- Partnering with local area colleges to assign interns with organizations who are trying to do this work but don't have the staff; interns would get college credit.
- Provide cultural competency training for workers and the community at large (MLA does this and has done it for several years)