



## DAY LABORERS' ACCESS TO MEDICAL SERVICES

### *General Findings from a Brief Survey and Three Focus Groups*

Draft for Public Review

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## **Background**

After learning about the availability of medical services provided by mobile clinics to various homeless populations in San Francisco, day laborers working with the UNIDOS project of the San Francisco Department of Public Health (SFDPH) became interested in getting a mobile clinic to serve day laborers. In September 2005, day laborers, in collaboration with SFDPH, created a survey that was distributed to 120 day laborers on four street sites in San Francisco. The idea of a day laborer mobile clinic was presented to Michael Farrell, a representative of Mayor Gavin Newsom's office in March 2007. Farrell responded positively to the idea of a mobile clinic because like other mobile clinics for the homeless and injection drug users, a day laborer mobile clinic had the potential to decrease congestion in emergency rooms, which would decrease financial burden upon the City.

In March/April 2007, UNIDOS decided to conduct a series of focus groups that would complement the survey and broaden the understanding of day laborers' access to existing medical services. The three focus groups also sought to identify some common health problems and barriers to accessing care, and to identify potential ways to increase and improve day laborers' utilization of existing services.

**The goal of providing this information is to qualitatively inform future efforts to improve access to medical services among day laborers. The findings from this informal research are not generalizable to the entire day laborer population.**

## **Methodology**

In September 2005, three day laborers, in collaboration with SFDPH, wrote and administered a 10-question survey to 120 day laborers near Cesar Chavez, Bayshore, Divisadero and 26<sup>th</sup> Street, four sites where many day laborers wait on street corners for potential employment.

Between March and April 2007, DPH staff and one day laborer conducted three focus groups which took place in coffee shops near Divisadero, Cesar Chavez and Bayshore Avenues. Twenty-four individuals participated in the focus groups, the majority of whom were from Mexico and Guatemala. All participants in both the survey and the focus groups were men and all communication was in Spanish.

## **General Findings**

### *Common Health Problems*

- The most commonly stated health problems were colds and headaches, and feet problems resulting from being on their feet all day.
- Dental problems: Access to dental services was consistently one of the top ranked desired medical services in both the survey and the focus group, potentially indicating that dental problems were one of the top health concerns. One person reported pulling out his own decayed teeth with pliers because he could not see a dentist.
- Work-related health problems: Services to address muscle pain, falls, and work injuries were identified as a need in both the survey and the focus group, suggesting that these were also major health concerns among the day laborers.
- Depression: Several individuals described their depression as being caused by an inability to find work, not being paid by employers for work done, and an inability to support their families.
- Stomach problems: Some individuals reported stomach problems from lack of regular access to good foods, while others reported stomach problems from drinking too much.
- Other health problems mentioned included problems with vision, sexually transmitted infections, tuberculosis, and not having enough to eat.

### *Current Practices (Treatment and Prevention)*

- 12 of 24 individuals in the focus groups reported that their most common way to deal with illness or pain was to just tolerate the pain or illness and wait until the pain went away. For five day laborers, medical care was only sought when the pain was very severe.
- Several day laborers reported methods of self care, most commonly using homemade remedies, drinking tequila, buying medications (such as Theraflu), and taking care of wounds. Notably, 5 of 10 persons in one focus group stated they drink tequila when they are feeling ill or have a cold, suggesting that alcohol is a readily accessible home remedy. A couple day laborers reported that they placed ashes from a cigarette or newspaper to seal wounds.
- Some individuals sought help and advice from friends, while others prayed to God to keep them healthy or to get better quickly if sick.
- Among survey participants, it was noted that day laborers near Divisadero and 26<sup>th</sup> Street reported going to the hospital more frequently than day laborers near Cesar Chavez and Bayshore. Purchasing medicines was the most common way to deal with illness among day laborers surveyed on Cesar Chavez and 26<sup>th</sup> Street but less common among day laborers surveyed on Divisadero and Bayshore.
- To stay healthy, a number of day laborers reported that they played sports and did exercise (such as soccer, dancing, jogging) and tried to eat well/vegetables.
- To prevent injuries and illnesses, some day laborers reported staying alert, cautious and careful and using safety equipment such as gloves and knee pads that they brought to protect themselves.

### *Barriers to Keeping Self Well*

- The lack of jobs was the single most commonly identified barrier in the focus groups to preventing injuries and illnesses and keeping one's self healthy. One person reported not being able to access existing services because he needed to stay on the street corner in order to get a job (suggesting jobs were the top priority above all other concerns). Another person stated that not being able to find a job made him lack energy to take care of himself.
- The other top barriers for focus group participants were language, or lack of Spanish speaking services, and loneliness from being far from families.
- Four day laborers noted that some employers do not provide proper safety equipment to protect themselves on the job.
- One person stated that it was very confusing coming to the United States because he didn't know how things work here in this country. This sentiment was echoed by another individual who stated that one of the barriers to keeping himself healthy was the lack of having a spokesperson who could help the day laborers navigate the U.S. legal and social services system.

### *Barriers to Accessing Medical Care*

- Among survey respondents, the most commonly identified barriers to accessing medical care were cost of services, waiting time and fear of deportation (due to lack of immigration papers). Four day laborers in the focus group reported that their lack of funds was a barrier to accessing medical care, because of their inability to pay for the actual services themselves and/or inability to pay for transportation to the clinics.
- In the focus groups, the most commonly identified barriers to accessing medical care were immigration/legal status, language barriers, and racism and discrimination (some based on day laborers' appearance). Some individuals reported feeling shame or mistreated by clinic staff because of their inability to pay. One day laborer reported he didn't attend clinics because he didn't know how to read or write and fill out the appropriate forms. Another

individual reported not wanting to attend the clinics because of negative images about the clinics seen on television.

#### *Needed Services*

- The day laborers in the focus groups identified numerous services and treatments that would help them improve their health status. These services included free medical care in Spanish (including general check ups), dental care, eye/vision care, STD treatment/prevention, TB testing and treatment, mental health care (i.e. to address depression), pills and creams for pains, colds, and foot infections, condoms, flu shots, first aid training (i.e. what to do in an emergency), food and vitamins.
- In general, there was an identified need for more information about where to go for services. Some individuals suggested distributing pamphlets of information about where people can go for services. It was suggested that these pamphlets be written in Spanish, geared towards the Latino community, and provide a phone number. One individual requested that there be location specific flyers, indicating for example what were the services closest to Divisadero.
- There were some individuals who indicated an interest in services that would come to their street corner, since they did not want to leave potential work opportunities. At the same time, others wanted to know where they could regularly go for services – suggesting a need for both mobile and stationary clinics or service provision.
- Finally, there was interest in peer education/outreach where people were educated about existing services so that they could help others and a desire for increased media outreach (i.e. over the television) to let individuals know about existing services. One person stated that he wished there were more small discussion groups like the focus group in order to talk about services.

#### *If there were a mobile clinic...*

The survey (n=120) asked various questions about the types of services that day laborers would want in a mobile clinic and the ideal hours/days of service. Although these results are not generalizable, the survey participants reported that they would like the following in a mobile clinic:

- Services for muscular pain, falls and work injuries (n=112)
- Medical services for the cold, flu, cough, fever, headaches, etc. (n=109)
- Dental services (n=108)
- Services for the prevention and treatment of sexually transmitted diseases (n=74)
- Drug and alcohol treatment services (n=69)

If a mobile clinic were to operate, the most convenient times appeared to be morning, before 7am (n=85) or midday (n=41), and evenings appeared to be the most uncertain time for day laborers to be able to access services. Weekday services (n=92) appeared to be more desired than weekend services (n=39).

When asked whether individuals would follow up if they were referred to services in another location, the majority (n=89) said they believed that they would follow up on the services, but many of the day laborers (n=76) said that the location would or could impact whether they sought out services.

## **General SFDPH Lessons Learned**

From working with day laborers over the past six years, and from the research above, the Program on Health, Equity and Sustainability (PHES) at the San Francisco Department of Public Health (SFDPH) has learned some general lessons that we would like to share with other sections in SFDPH and other agencies.

### ***1) Day Laborers are an Underserved Vulnerable Population***

Day laborers are one of the most vulnerable populations in San Francisco because of their physically dangerous working conditions, the potential for economic and physical exploitation by employers, their temporary status, and cultural, educational and language differences. From PHES's experiences, day laborers that seek work on street corners, and/or are affiliated with an organization that services day laborers (like La Raza Centro Legal's Day Laborer Program), and/or have participated in PHES's vocational training programs tend to:

- Have immigrated from Latin America, mostly from Mexico or Central America
- Have immigrated to the U.S. for economic reasons, often leaving their families to earn extra income in the U.S., with plans to return to their family and country of origin
- Work and sometimes live outside and are therefore more exposed to weather elements than the average worker in SF
- Live on the streets, in shelters, or in very overcrowded living conditions
- Identify getting a job/earning income as their top priority
- Work in the most dangerous jobs in construction, landscaping, and moving
- Not want to leave street corners and places of potential employment to avoid missing a potential job opportunity
- Seek work in the early morning – i.e. from 8am-12pm and afterwards hang out on the streets, sometimes drinking with others who also have not found employment
- Not speak English, many speak Spanish but some only speak indigenous languages
- Only go to hospitals or clinics when they are very sick
- Generally lack resources (time, money, ability) to protect themselves on the job or treat minor health problems to prevent progression of the injury or illness
- Not be educated on worker health and safety and lack experience preventing work-related injuries and illnesses
- Be from a range of educational backgrounds, some are illiterate and others well-educated, with a variety of professional experiences

UNIDOS research and PHES experience has shown that despite the existence of free medical services in San Francisco, a number of day laborers do not know about the free clinics nor know how to access medical services. Those that do know about the free clinics have a difficult time accessing the services (as described below). Therefore, day laborers are an underserved vulnerable population that needs more attention by DPH and other city agencies.

### ***2) Early, Accessible Interventions are Needed***

For a variety of reasons, day laborers tend to only go to hospitals or clinics when they are very sick or very injured. For some day laborers, going to a clinic or hospital can be perceived as a costly and anxiety provoking event. For example:

- Getting to the clinic/hospital involves money for transportation they may not have.
- Lack of familiarity with the system, along with language barriers and limited clinic hours, may prevent day laborers from utilizing the free clinics and other free services.
- Interacting with institutions potentially means exposing one's immigration status and risking deportation.

- Language differences and occasionally low literacy can make completion of extensive intake paperwork both confusing and overwhelming.
- The time spent on public transportation and in the waiting room is time that could potentially be spent working and earning income
- Although the San Francisco sick day ordinance requires employers to provide compensation on sick days, as temporary workers, day laborers do not have any regular employer and therefore do not receive any compensation when missing work, which serves as a disincentive for seeking early treatment or medical examination.
- In addition to language differences, cultural differences may complicate communication between the patient and the provider, making the patient feel shame or confused about the causes and treatment for the illness or injury.

Because of these reasons, early interventions are needed among day laborers to prevent the development or worsening of injuries or illnesses and to reduce dependency on emergency rooms as primary sources of care. Early interventions would also help reduce congestion in the emergency rooms, which as shown with homeless and injection drug user clinics is also cost-effective for the City.

Almost all day laborers that PHES has encountered have stated that their primary reason for being in the United States is to raise money or earn more income for themselves or to send back to their families in their country of origin. Because employment, and therefore income, is closely tied to location (where they can be picked up for a job), day laborers tend to be very hesitant to go very far from potential hiring sites. Like most individuals, they will also be more likely to seek out services if they know they can quickly access the services and not have to wait around for one to two hours to be seen, and missing potential employment.

Early Intervention Services for Day Laborers should be easily accessible in the following ways:

- **Close proximity:** One to two blocks from major hiring sites, such as Bayshore, Divisadero, 24<sup>th</sup> Street, and Cesar Chavez
- **Minimal paper work:** Some individuals have reported being charged for services because of misunderstanding/miscommunication about their income levels. If possible, reduce and simplify paperwork for intake forms and eligibility for free care. Also consider establishing a “buddy” system to help individuals navigate the system.
- **Minimal wait times:** Having efficient triage system with both appointments and drop-ins, as well as street-based outreach can help reduce wait times in the clinics.
- **Language:** Services should be provided in Spanish and translation to indigenous languages, such as Quiche or Mam, should be available upon request
- **Cost:** Many DPH services are offered on a sliding scale and because of their low incomes, many day laborers are often eligible for free services but may not understand the income questions and criteria being asked of them. Wherever possible, sliding scale and free services should be clearly identified as such. Services or treatment that will cost some money should be clearly identified as well.
- **Outreach:** If possible, outreaching onto the street corners will be more effective than waiting for individuals to come into the clinic. Provide as much street-based outreach as possible. Consider using peer-outreach and training day laborers as trainers.

### 3) Potential Prevention and Intervention Solutions

From the UNIDOS team’s research and practice experience working with day laborers, the following have been identified as potential intervention and prevention approaches to reduce health barriers faced by SF day laborers. Some of the intervention and prevention approaches may already be used by members of the Community Health Network and/or may be under consideration. The UNIDOS team would like to affirm these approaches as potentially useful interventions.

Health Problems	Lay Treatment Approaches	Upstream/ Prevention Approaches
Colds/headaches/cough	Distribute free over-the-counter medications	Secure jobs paying a living or self-sufficiency wage and benefits Access to affordable, quality housing Access to primary med., vision & dental care Access to low interest bank accounts/loans English as a Second/Other Language Classes Reliable, affordable public transportation Strong, supportive social networks Improve immigration laws for undocumented workers and their families Access to drug treatment/rehabilitation Cultural competency trainings in institutional settings
Dental Problems	Distribute toothbrushes, toothpaste, mouthwash	
Vision Problems	Distribute sunglasses	
Stomach Problems	Distribute food, antacids	
Feet Infections	Distribute bandaids, clean socks, foot lotion	
Depression	Distribute invites to ongoing support groups	
Alcohol/Drugs	Distribute invites to ongoing support groups	

### Concluding Comments

The focus group and the survey provide a “peek” into some of the major health concerns, barriers to accessing medical care and desired forms of medical access among the few day laborers that participated in these two research projects. In order to design effective interventions, there are still numerous unanswered questions that should be answered and addressed. Below are some questions for consideration:

- Challenge to know **how many/who** are day laborers in San Francisco? There are some demographics of day laborers that attend clinics, the Day Laborer Program, and receive other social services. But it is not known how many day laborers don’t utilize those services, or don’t stand on specific street corners. Fear of institutions and deportation may keep some populations away from any social service provision, thus complicating estimates of how many day laborers reside and potentially need services in SF.
- **Where** do people go for their care? What factors affect where people go for their care? One focus group participant mentioned that there was negative portrayals of the clinics on TV – How does media and word of mouth impact access?
- What things could potentially be done to **address barriers to medical care and other social services**? Cost was repeated as a barrier to medical care, however San Francisco provides free medical care to those in need. How will the new Healthy San Francisco (which will provide medical coverage for all SF residents starting July 2007, regardless of immigration status) impact access to medical care among day laborers? How will other barriers to care – such as language differences, fear of deportation, and lack of education/awareness about available services – be addressed with the launch of this new plan?
- Would **bringing services to the street** corners help address some health problems? Should that be in the form of a mobile clinic or an outreach worker or nurse distributing ibuprofen, cold meds and foot cream on the street?