

Northwest Ohio Migrant Health Care Needs Assessment 2007



Survey Results Analysis Report

Hispanic/Latino Health Coalition of NW Ohio, Health Issues Committee

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Executive Summary

The purpose of this assessment was to determine utilization and barriers to medical and dental services by seasonal migrant farmworkers in Northwest Ohio. We wanted to find out more about the health care services they are currently utilizing and the types of services that they need or want but are not available. The main goal of the assessment is to provide information for both private and public health care providers to use when trying to improve medical and dental services for seasonal migrant farmworkers.

This examination was conducted by assessing the opinions of 162 seasonal migrant farmworkers during the 2007 growing season in Northwest Ohio. Five of the respondents did not reside in a camp and were not included in the study analysis. Data was analyzed from surveys completed by 157 respondents. To learn more detail about specific subgroups that combined made up the study population, four subgroups groups were identified. These were head of household male, head of household female, single male, and single female.

It is estimated that about 2,000 seasonal migrant farmworkers annually come to Northwest Ohio (i.e., Fulton, Henry, Putnam, Williams and Wood counties). Seasonal migrant farmworkers serve as the backbone of the fruit and vegetable agricultural industry both in Ohio and nationwide. They have a very important role in both the cultivation and harvest of these crops. Most arrive in early June and stay an average of 18 weeks.

Demographics

Personal Health Status

Survey respondents rated their personal health status (N=155). Eighteen respondents (11.6%) rated their personal health as excellent, 50 (32.2%) reported good health, 77 (49.7%) rated themselves as fair, and 10 (6.5%) said they were in poor health. Overall, these personal health status ratings were unexpected. The average age of respondents was 31.8 years. At this age one would normally expect the majority of respondents to report their health as good or excellent.

Education Level

Respondents were asked how much education they have completed. Education levels are generally low considering 85.6% had not graduated from high school or earned a GED. About one in ten (10.4%) were high school graduates. Only 2.6% reported that they had at least some college. Some respondents may have come from different countries which have different educational systems and diploma requirements. We did not ask about where they obtained their education.

Medical

Receiving health care services can be very expensive. Many people in the United States have some form of health insurance. Few if any seasonal migrant farmworkers have any private health care insurance. Affordability can be a limiting factor for them to receive health care services. Respondents reported that, on average, \$20.50 was the amount they could afford to pay

per week for doctor or medical clinic visits. Prescription medicines can also be expensive. On average, respondents said they were able to pay \$14.10 per week for medications.

On average respondents were willing to travel up to 18.1 miles to see a doctor or visit a medical clinic. Respondents said that if they or a member of their family are sick and no medical clinic is available, they would visit the nearest hospital or emergency room for treatment, traveling a maximum of 80 miles.

The respondents reported that, on average, they would be willing to wait almost three and one-half days to see a doctor. Respondents indicated that they prefer walk-in clinics to making appointments. Child care services are important to respondents while they are visiting a doctor or medical clinic.

Monday was selected as the single best day for respondents to visit a medical clinic or doctor, though an equal percentage stated that there was no best day. Weekends also worked well for them (i.e., Saturday and Sunday). On average, they indicated that between 1:00 PM and 4:00 PM was the most convenient time of day for them to visit a medical clinic or doctor.

Respondents said that they would use Family Planning and vision screening services for both themselves and their children if available. Respondents agreed that their children had received immunizations while they were in Northwest Ohio. However, many indicated that they did not utilize Women Infant and Children (WIC) services. Programs for children administered by the Texas Migrant Council appeared to be very popular. A majority of respondents would not recommend a promotora to a pregnant friend or relative.

Cost was followed by not having an interpreter as the most common responses given for why respondents would not use a medical clinic. Having an interpreter available was rated as the most important element for them when visiting a medical clinic. Crop demands had the most influence on respondents' ability to use both medical and dental services. The agency outreach worker was rated as the most important source for respondent's to find out about the health care services available for them and their families in Northwest Ohio.

Oral Health Care

Oral health care can be expensive. A minority of people in the United States have dental health insurance. Few if any seasonal migrant farmworkers have it. Affordability can be a limiting factor. Respondents reported that, on average, \$18.30 was the amount they can afford to pay per week for dental visits.

The majority of respondents indicated that routine dental care was important and indicated that they did not limit visits to dental professionals to times when they were in pain. Respondents with children indicated that they did not wait for their children to experience a toothache before taking them for routine treatment. Most generally agreed that if services were available, they would take their children for an oral examination. Preventive services such as teeth cleanings were rated higher than having cavities filled and tooth extractions. Respondents reported, on

average, that they last visited a dentist 13.6 months ago; the last dental visit for their children was 6.3 months ago. When arranging to visit a dentist, there was a slight preference among respondents toward walk-in clinics.

The availability of child care services while visiting a dentist ranked high among respondents. Public programs providing dental services for seasonal migrant farmworkers should consider providing this service since it can reduce cancelled appointments or no-shows.

The respondents reported that, on average, they would be willing to wait almost two weeks to see a dentist. Similar to medical appointments, Monday was selected as the single best day for respondents to visit a dentist, though an equal percentage stated that there was no best day. Weekends also worked out well for them (i.e., Saturday and Sunday). On average they indicated that between 1:00 PM and 4:00 PM was the most convenient time of day for them to visit a dentist.

Availability of Transportation

Having available transportation can affect how and when people receive health care and when they need it. About half the respondents said that they had access to transportation to a medical clinic or visit to a dentist. When the subgroups were isolated, head of household females had less access to transportation compared to head of household males whose access to transportation was much higher. It is important to note that public transportation is not available in Northwest Ohio.

Non-camp sample

There are reports that a significant number of Northwestern Ohio seasonal migrant farmworkers do not live in camps provided by their employer. A reasonable effort was made by the surveyors to locate these individuals and to determine if they differed from those who resided in camps. Only five non-camp migrant seasonal farmworkers were found by the surveyors. It is not known where “non-camp” migrant seasonal farmworkers reside. This allows the question of whether a significant number of these individuals actually exist to be raised. So far in our research, we have not been able to find them.

Introduction

A subcommittee of the Hispanic/Latino Health Coalition of Northwest Ohio, known as the Health Issues Committee, was commissioned by the Ohio Department of Health to conduct an assessment of how seasonal migrant farmworkers and their families obtain medical and dental services while they are in Northwest Ohio. L. Fleming Fallon, MD, DrPH and Hans Schmalzried, PhD were contracted to assist with instrument development, analysis and interpretation of data.

Information from this study will help public health officials understand how best to meet the health care needs of Northwest Ohio seasonal migrant farmworkers. Funding for this study was provided by a grant from the Ohio Department of Health, Bureau of Community Health Services and Systems Development, Office of Primary Care and Rural Health.

The Northwest Ohio study area includes five counties (Fulton, Henry, Putnam, Williams and Wood) encompassing approximately 2,345 square miles. According to data acquired from the Ohio Department of Health and outreach staff from various migrant service providers, there are 19 licensed migrant camps housing 314 families with a total population of 1,925 migrants in this five-county catchment area (See Table 1). Residents of camps in the five-county area were sampled for this study. Migrant farmworkers are a vital component of the agricultural economy in Northwest Ohio. Migrant farmworkers begin to arrive in Northwest Ohio in early June; most have departed by the middle of October.

Table 1.

2006 Northwest Ohio County Migrant Census Data*				
County	Total number of people	Number aged 14 & older	Number of families	Number of camps
Fulton	395	285	75	4
Henry	325	240	55	2
Putnam	480	370	70	5
Williams	200	140	29	2
Wood	525	450	85	6
Totals	1,925	1,485	314	19

* Source: Estimates based on information from the Ohio Department of Health and outreach staff from various migrant service providers, including Ohio Department of Job and Family Services. Monitor Advocate/Ombudsman, April 2007.

Methodology

Focus Groups

Focus groups were used as a means of collecting qualitative data on the views and experiences of migrant farmworkers regarding their utilization of medical and dental services in Northwest Ohio. A series of four focus group discussions were conducted. These were led by a bilingual, Hispanic male and a female who were raised in migrant farmworker families. Rebecca Kille, Henry County Health Commissioner, provided training to the focus group leaders about how to facilitate the sessions. The Health Issues Committee selected four specific migrant farmworker subgroups for assessment: head of household male, head of household female, single male, and single female. Demographics of focus group participants follow. Head of household males ranged from 26 to 54 years of age (10 males from migrant camps located in Wood, Fulton, and Putnam Counties). Head of household females ranged from 19 to 49 years of age (12 females from migrant camps located in Wood, Fulton, Henry, and Putnam Counties). Single males ranged from 21 to 52 years of age (14 males from migrant camps located in Wood and Henry Counties). Single females ranged from 24 to 40 years of age (6 females from migrant camps located in Henry and Putnam Counties).

Questions for the focus group sessions were crafted by the consultants and reviewed and approved by the Health Issues Committee (See Appendix A). Questions for focus group members primarily involved issues relating to the accessibility and utilization of medical care and dental services. Focus group sessions were approximately one hour in length. A five-dollar Wal-Mart gift card was provided as an incentive for each focus group participant. Consent forms for participants were translated into Spanish; all focus group participants consented. Focus group sessions were conducted independently at the Migrant Rest Center located in Liberty Center (Henry County, Ohio). Culturally appropriate food was catered in for the group during the sessions. Focus group sessions were tape recorded and subsequently transcribed and translated into English by a Spanish translator/interpreter. Data collected from the focus group session was synthesized and used to develop a 39-item final survey instrument (See Appendix B).

Instrument

Questions used in the survey were developed from a review of the literature and the results of four focus group sessions conducted by the focus group interviewers. The validity of the final questionnaire was evaluated and juried by the Health Issues Committee of the Hispanic/Latino Health Coalition of Northwest Ohio. The Health Issues Committee was comprised of representatives from Henry County Health Department, Ohio Department of Job and Family Services, Fulton County Health Department, Women and Family Services, Latino Family Outreach-Lutheran Social Services, Rural Opportunities Inc., RIDGE Project, OSU Extension, Maumee Valley Parish Nurses, Putnam County Health Department and Williams County Health Department. This group represented a variety of experts with experience in medical and dental healthcare programming including public health officials, social workers, nurses, and outreach workers. The research consultants provided final editing of the questionnaire prior to translation and data collection.

The final questionnaire was translated into Spanish by a translator/interpreter. The questionnaire asked migrant farmworkers their opinions about medical and dental services that they use when they are in Northwest Ohio. Four bilingual, Hispanic interpreters were trained as data collectors in administering the survey by Rebecca Kille, Henry County Health Commissioner. Two teams of bilingual, Hispanic data collectors visited the camps. Each team consisted of a male and female data collector. The male data collectors worked with male respondents; the female data collectors assisted the female respondents. Data collectors administered the surveys at migrant farmworker camps on various days and times including weekends, evenings and during inclement weather. Assistance was provided for participants when needed while they responded to the survey. As an incentive to participate, potential respondents were offered a five-dollar Wal-Mart gift card.

Participants responded by checking their selections on a list of possibilities. Respondents had the option of writing in other responses. Demographic information included year of birth, highest level of education completed, number of family members traveling with them, length of stay in Northwest Ohio, how they rated their personal health, and how they rated the general health of family members traveling with them. Responses were coded and entered into a database for analysis.

Statistics

The research consultants entered and reviewed the data prior to analysis. Frequencies and cross-tabulations were calculated using the coded data. The number of migrant farmworkers that responded to a particular question was used when calculating percentages. The total number of respondents surveyed was 162. This included five respondents who did not reside in a migrant camp. There was an attempt to capture data about this group since it was reported that some seasonal migrant farmworkers do not live in camps provided by their employers. This “non-camp” group (N=5) was not included in the combined group analysis because the sample was too small for any meaningful analysis.

Data was analyzed for five different groups: all groups combined (N=157), head of household male, head of household female, single male, and single female.

Results

Demographics

Question #1: We asked respondents for their year of birth which was then converted into years of age. The average age of all respondents combined who lived in a camp was 31.8 years (N=157). Table 1 shows respondent average ages among the members of the subgroups (referred to as Category in the tables that follow).

Table 2.

Average age of respondents by categorical group			
Category (group)	Average age (years)	Sample size (N)	Percentage (%)
All groups combined	31.8	157	100
Head of household male	33.7	39	24.8
Head of household female	35.5	37	23.6
Single male	30.4	66	42.0
Single female	27.4	15	9.6

Question #2: Respondents were asked about their highest level of education completed. A total of 85.6% had not graduated from high school or earned a GED. One in 10 (10.4%) were high school graduates and an additional 2.6% had at least some college. Figure 1 provides more detail about the highest level education completed by the respondents.

Figure 1.

Highest Level of Education Completed (N=154)					
Category (group)	Grade school (%)	Some high school (%)	High school or GED (%)	Some college (%)	Other (%)
All groups combined	72 (46.8)	59 (38.3)	16 (10.4)	4 (2.6)	3 (1.9)

Question #3: When asked about the number of family members traveling with them, 68 respondents reported they were traveling with a spouse. Sixty-two had an average of 1.8 children with them. Head of household males had an average of 2.0 children traveling with them. Head of household females reported an average of 1.5 children traveling with them.

Question #4: We asked respondents how long they generally stay in Northwest Ohio. Those who responded (N=138) indicated that they stayed in Northwest an average of 18 weeks each year. Those in the single female and head of household female groups each stayed an average of almost two weeks longer (19.3 weeks) than did single male and head of household male groups. The single male and head of household male groups combined, stayed an average of 17.4 weeks.

Question #5: Respondents were asked to rate their personal health status. Half (49.7%) rated their personal health status as fair. Only 18 (11.6%) rated their personal health as excellent. Figure 2 shows more details about how respondents rated their personal health when asked whether it was excellent, good, fair, or poor.

Figure 2.

Self-rating of Personal Health Status (N=155)				
Category (group)	Excellent (%)	Good (%)	Fair (%)	Poor (%)
All groups combined	18 (11.6)	50 (32.2)	77 (49.7)	10 (6.5)

Question #6: We asked respondents to rate the health of other family members traveling with them. Fifty-nine respondents (43.1%) rated the members of their families as having fair health. Forty-nine (35.8%) rated the health of members of their families as good.

Question #7: All respondents (N=150) agreed that an interpreter is essential for them when visiting a clinic.

Oral Health Care

Question #8: The majority of respondents indicated that routine dental care was important (84.4%) and indicated that they did not limit visits to dental professionals to times when “they were in pain” (39.2%).

Question #9: Respondents were asked whether they took their children to visit a dentist only when they have a toothache. Respondents (N=106) generally disagreed with this statement.

Question #10: This was a two-part question about dental services. First, respondents were asked whether they would have their children’s teeth checked if services were available. Respondents (N=111) generally agreed that they would do this. Second, when asked about their preference of dental walk-in clinics versus making appointments, there was a slight preference among respondents (N=148) toward walk-in clinics.

Question #11: Respondents were asked a four-part question regarding dental visits. When asked about how important is having a tooth pulled, respondents (N=151) generally agreed that having a tooth pulled is important. They (N=154) also agreed that having a cavity filled is important. Respondents (N=155) agreed more strongly that having their teeth cleaned is important. The availability of childcare services while visiting a dentist was ranked equally important as having their teeth cleaned (N=125).

Medical Care

Question #12: Respondents were asked a two-part question about visits to a doctor or medical clinic. Respondents indicated a slight preference for walk-in clinics over making appointments. Child care services are important to respondents while they are visiting a doctor or medical clinic.

Question #13: Respondents were asked if they would “take the pain” when they are sick and a clinic is not available. All groups combined disagreed with this statement (N=151). It is interesting to note that, on average, single males were less likely to “take the pain” than were members of the other three groups.

Question #14: When asked if they were “very sick” and a clinic were not available, would they visit the nearest hospital or emergency room, respondents in all groups combined (N=149) agreed said that they would.

Question #15: We asked respondents if they would use Family Planning services if they were available. Respondents in all groups combined (N=124) agreed with this statement.

Question #16: When asked if they would urge a pregnant friend or relative to use prenatal care services, respondents in all groups combined (N=124) agreed that they would.

Question #17: When asked whether they would urge a pregnant friend or relative to use a *promotora*, respondents (N=120) generally said that they would not.

Question #18: Respondents were asked if they would have their eyes checked if vision services were available. Respondents (N=150) in all groups combined agreed with this statement.

Question #19: When asked if they would have their children’s eyes checked if vision services were available, respondents (N=118) in all groups combined agreed with this statement.

Question #20: We asked respondents a three-part question about specific services that they utilized while they were in Northwest Ohio. The first question asked if their children received immunizations. Respondents (N=83) in all groups combined agreed with this statement.

The second part of Question 20 asked respondents if they used Women Infant and Children (WIC) services. A majority of respondents (N=80) in all groups combined reported that they did not use WIC services.

The third part of this question asked respondents whether their children have attended program(s) at the Texas Migrant Council. Respondents (N=63) in all groups combined said that they had attended such programs.

Question #21: This was a three-part question asking respondents about the amounts they can afford to pay per week for doctor or medical clinic visits, dentist visits, and prescription medicines. As shown in Table 3, respondents, on average, said they can afford to pay \$20.50 per week for doctor or medical clinic visits (N=91). As indicated in Table 4, respondents stated an average of \$18.30 was the amount they can afford to pay per week for dental visits (N=94). Respondents indicated that \$14.10 was the average amount respondents said they can afford for prescription medicines. Head of household males indicated that they were, on average, able to afford to pay the most per week at \$28.48 and single females the least at \$14.13 for doctor or medical clinic visits. Additional details are contained in Tables 3 and 4.

Table 3.

Weekly average amount respondents can afford to pay for doctor or medical clinic visits				
Category (group)	Range (dollars)	Amount (dollars) (average ± standard deviation)	Sample size (N)	Percentage (%)
All groups combined	0-200	20.5 ± 37.5	91	100
Head of household male	0-150	28.5 ± 40.9	25	27.5
Head of household female	0-200	20.3 ± 44.1	20	22.0
Single male	0-200	16.7 ± 35.3	38	41.8
Single female	1-25	14.1 ± 11.0	8	8.8

Table 4.

Weekly average amount respondents are can afford to pay for dental visits				
Category (group)	Range (dollars)	Amount (dollars) (average ± standard deviation)	Sample size (N)	Percentage (%)
All groups combined	0-250	18.3 ± 41.7	94	100
Head of household male	0-250	33.0 ± 64.8	27	28.7
Head of household female	0-50	9.6 ± 12.5	19	20.2
Single male	0-150	13.5 ± 32.3	40	42.6
Single female	1-25	13.3 ± 10.5	8	8.5

Question #22: This question asked respondents how many months ago they last received dental services. Respondents reported, on average, that they last visited a dentist 13.6 months ago.

Question #23: This question asked respondents when the last time their children received dental services. Respondents reported, on average, that the last dental visit for their children was 6.3 months ago.

Questions #24: This question asked respondents how long they would be willing to wait to see a doctor. Single males, on average, were willing to wait the longest (4.4 days). Head of household males were only willing to wait an average of 2.2 days which is the least among all groups. See Table 5.

Table 5.

Average number of days willing to wait to see a doctor				
Category (group)	Range (days)	Wait (days) (average \pm standard deviation)	Sample size (N)	Percentage (%)
All groups combined	0-30	3.4 \pm 4.6	138	100
Head of household male	0-7	2.2 \pm 1.6	30	21.7
Head of household female	0-14	2.8 \pm 3.1	34	24.6
Single male	1-30	4.4 \pm 6.4	60	43.5
Single female	1-5	3.1 \pm 1.4	14	10.1

Question #25: This question asked respondents how long they would be willing to wait to see a dentist. Single males on average were willing to wait the longest (2.3 weeks). Head of household females were only willing to wait an average of 1.4 weeks which is the least among all groups. See Table 6.

Table 6.

Average number of weeks willing to wait to see a dentist				
Category (group)	Range (weeks)	Wait (weeks) (average \pm standard deviation)	Sample size (N)	Percentage (%)
All groups combined	0-25	1.9 \pm 2.7	139	100
Head of household male	0-6	1.7 \pm 1.2	33	23.7
Head of household female	1-5	1.4 \pm 0.9	33	23.7
Single male	0-25	2.3 \pm 4.0	59	42.4
Single female	1-5	1.8 \pm 1.1	14	10.1

Question #26: We provided respondents with a list of reasons why they would not use a medical clinic and asked them to check all that applied. For all groups combined the number one issue for them not to use a medical clinic was cost. Distance was the number two concern for the head of household male and head of household female groups. The number two concern for single males was having no interpreter and for single females it was the hours of operation. Details are contained in Tables 7-11.

Table 7.

Ranking of issues why respondents would NOT use a medical clinic (All groups combined)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	113	21.5
No interpreter	2	98	18.6
Distance	3	88	16.7
Hours of operation	4	79	15.0
Waiting time	5	57	10.8
Attitude of provider	6	46	8.8
Attitude non-medical staff	7	45	8.6
Other	8	0	0.0

Table 8.

Ranking of issues why respondents would NOT use a medical clinic (Head of household male)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	24	22.2
Distance	2	20	18.5
No interpreter	3	19	17.6
Hours of operation	4	16	14.8
Attitude of provider	5	10	9.3
Attitude non-medical staff	5	10	9.3
Waiting time	6	9	8.3
Other	7	0	0.0

Table 9.

Ranking of issues why respondents would NOT use a medical clinic (Head of household female)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	26	22.2
Distance	2	21	17.9
No interpreter	3	20	17.1
Hours of operation	4	19	16.2
Waiting time	5	16	13.7
Attitude non-medical staff	6	8	6.8
Attitude of provider	7	7	6.0
Other	8	0	0.0

Table 10.

Ranking of issues why respondents would NOT use a medical clinic (Single male)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	50	19.9
No interpreter	2	49	19.5
Distance	3	38	15.1
Hours of operation	4	32	12.7
Waiting time	5	29	11.6
Attitude non-medical staff	6	27	10.8
Attitude of provider	7	26	10.4
Other	8	0	0.0

Table 11.

Ranking of issues why respondents would NOT use a medical clinic (Single female)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	13	26.0
Hours of operation	2	12	24.0
No interpreter	3	10	20.0
Distance	4	9	18.0
Waiting time	5	3	6.0
Attitude of provider	6	2	4.0
Attitude non-medical staff	7	1	2.0
Other	8	0	0.0

Question #27: We provided respondents with a list of reasons why they would not use a dentist. All groups combined ranked cost as their top choice. Head of household males and single males both rated having no interpreter as their number two choice. Distance was tied for top choice for head of household females and ranked as the number two choice for single females. Details are contained in Tables 12-16.

Table 12.

Ranking of issues why respondents would NOT use a dental clinic (All groups combined)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	110	22.0
No interpreter	2	92	28.4
Distance	3	88	17.6
Hours of operation	4	65	13.0
Waiting time	5	64	12.7
Attitude of provider	6	42	8.5
Attitude non-medical staff	7	39	7.8
Other	8	0	0.0

Table 13.

Ranking of issues why respondents would NOT use a dental clinic (Head of household male)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	25	22.6
No interpreter	2	20	18.0
Distance	3	19	17.1
Waiting time	4	15	13.5
Hours of operation	5	14	12.6
Attitude of provider	6	9	8.1
Attitude non-medical staff	6	9	8.1
Other	7	0	0.0

Table 14.

Ranking of issues why respondents would NOT use a dental clinic (Head of household female)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	25	22.1
Distance	1	25	22.1
No interpreter	2	18	15.9
Waiting time	3	16	14.2
Hours of operation	3	16	14.2
Attitude non-medical staff	4	7	6.2
Attitude of provider	5	6	5.3
Other	6	0	0.0

Table 15.

Ranking of issues why respondents would NOT use a dental clinic (Single male)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	47	21.0
No interpreter	2	45	20.1
Distance	3	33	14.8
Hours of operation	4	27	12.1
Attitude of provider	5	25	11.1
Waiting time	5	25	11.1
Attitude non-medical staff	6	22	9.8
Other	7	0	0.0

Table 16.

Ranking of issues why respondents would NOT use a dental clinic (Single female)			
Issue	Ranking	Count (N)	Percentage (%)
Cost	1	13	25.5
Distance	2	11	21.6
No interpreter	3	9	17.6
Hours of operation	4	8	15.7
Waiting time	5	7	13.7
Attitude of provider	6	2	3.9
Attitude non-medical staff	7	1	2.0
Other	8	0	0.0

Question # 28: We provided a list of important issues when visiting a medical clinic. We asked them to check only one. Many respondents made more than one selection. For all groups combined, receiving treatment was the number one choice. This was followed by having an interpreter. Cost was also ranked high in all groups except for single females, where it is ranked toward the bottom. Details are contained in Tables 17-21.

Table 17.

Ranking of what is important to respondents when visiting a medical clinic (All groups combined)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	75	28.7
Interpreter	2	64	24.5
Cost	3	38	14.6
Making an appointment	4	29	11.1
Waiting time	5	20	7.7
Provider's attitude	6	16	6.1
Travel time	7	15	5.8
Other	8	4	1.5

Table 18.

Ranking of what is important to respondents when visiting a medical clinic (Head of household male)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	20	26.7
Cost	2	14	18.7
Interpreter	3	13	17.3
Making and appointment	4	12	16.0
Waiting time	5	7	9.3
Providers attitude	6	5	6.7
Travel time	7	4	5.3
Other	8	0	0.0

Table 19.

Ranking of what is important to respondents when visiting a medical clinic (Head of household female)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	17	28.3
Interpreter	2	12	20.0
Cost	3	10	16.6
Making an appointment	4	7	11.7
Provider's attitude	4	7	11.7
Travel time	5	4	6.7
Waiting time	6	3	5.0
Other	7	0	0.0

Table 20.

Ranking of what is important to respondents when visiting a medical clinic (Single male)			
Issue	Ranking	Count (N)	Percentage (%)
Interpreter	1	33	33.7
Receiving treatment	2	26	26.5
Cost	3	13	13.3
Making an appointment	4	10	10.2
Waiting time	5	7	7.2
Travel time	6	5	5.1
Provider's attitude	7	2	2.0
Other	7	2	2.0

Table 21.

Ranking of what is important to respondents when visiting a medical clinic (Single female)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	12	46.2
Interpreter	2	6	23.1
Waiting time	3	3	11.5
Travel time	4	2	7.7
Provider's attitude	4	2	7.7
Cost	5	1	3.8
Making an appointment	6	0	0.0
Other	6	0	0.0

Question # 29: We provided a list of issues to be rated as least important to respondents when visiting a medical clinic. We asked them to check only one. Many respondents made more than one selection. For all groups combined, waiting time was chosen as least important to respondents when visiting a medical clinic. Provider's attitude also ranked high on what was not important to respondents when they visited a medical clinic. Details are contained in Tables 22-26.

Table 22.

Ranking of what is LEAST important when visiting a medical clinic (All groups combined)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	62	30.4
Provider's attitude	2	37	18.1
Travel time	3	28	13.7
Cost	4	25	12.3
Interpreter	5	19	9.3
Making an appointment	6	18	8.8
Receiving treatment	7	15	7.4
Other	8	0	0.0

Table 23.

R Ranking of what is LEAST important when visiting a medical clinic (Head of household male)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	13	26.5
Cost	2	11	22.5
Making an appointment	3	6	12.3
Provider's attitude	3	6	12.3
Travel time	4	5	10.2
Receiving treatment	5	4	8.1
Interpreter	5	4	8.1
Other	6	0	0.0

Table 24.

Ranking of what is LEAST important when visiting a medical clinic (Head of household female)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	21	45.7
Travel time	2	9	19.6
Provider's attitude	3	5	10.9
Interpreter	4	4	8.7
Receiving treatment	5	3	6.5
Making an appointment	6	2	4.3
Cost	6	2	4.3
Other	7	0	0.0

Table 25.

Ranking of what is LEAST important when visiting a medical clinic (Single male)			
Issues	Ranking	Count (N)	Percentage (%)
Waiting time	1	23	26.2
Provider's attitude	2	22	25.0
Interpreter	3	10	11.4
Making an appointment	4	9	10.2
Cost	4	9	10.2
Travel time	4	9	10.2
Receiving treatment	5	6	6.8
Other	6	0	0.0

Table 26.

Ranking of what is LEAST important when visiting a medical clinic (Single female)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	5	23.8
Travel time	1	5	23.8
Provider's attitude	2	4	19.1
Cost	3	3	14.2
Receiving treatment	4	2	9.5
Making an appointment	5	1	4.8
Interpreter	5	1	4.8
Other	6	0	0.0

Question #30: We provided a list of reasons for what might be important to respondents when visiting a dental clinic. We asked them to check only one. Many respondents made more than one selection. For all groups combined, receiving treatment was the number one choice. This was followed by having an interpreter. Having an interpreter was most important to the single male group when visiting a dental clinic. Details are contained in Tables 27-31.

Table 27.

Ranking of what is important when visiting a dental clinic (All groups combined)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	79	33.2
Interpreter	2	63	26.5
Cost	3	35	14.7
Provider's attitude	4	22	9.3
Making an appointment	5	15	6.3
Waiting time	6	12	5.0
Travel time	6	12	5.0
Other	7	0	0.0

Table 28.

Ranking of what is important when visiting a dental clinic (Head of household male)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	21	37.5
Interpreter	2	11	19.6
Cost	3	8	14.3
Making an appointment	4	6	10.7
Travel time	5	4	7.1
Waiting time	6	3	5.4
Provider's attitude	6	3	5.4
Other	7	0	0.0

Table 29.

Ranking of what is important when visiting a dental clinic (Head of household female)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	20	35.1
Interpreter	2	14	24.6
Cost	3	9	15.8
Provider's attitude	4	8	14.0
Making an appointment	5	2	3.5
Waiting time	5	2	3.5
Travel time	5	2	3.5
Other	6	0	0.0

Table 30.

Ranking of what is important when visiting a dental clinic (Single male)			
Issue	Ranking	Count (N)	Percentage (%)
Interpreter	1	32	32.7
Receiving treatment	2	26	26.5
Cost	3	16	16.3
Provider's attitude	4	7	7.2
Making an appointment	5	6	6.1
Waiting time	5	6	6.1
Travel time	6	5	5.1
Other	7	0	0.0

Table 31.

Ranking of what is important when visiting a dental clinic (Single female)			
Issue	Ranking	Count (N)	Percentage (%)
Receiving treatment	1	12	44.5
Interpreter	2	6	22.2
Provider's attitude	3	4	14.8
Cost	4	2	7.4
Waiting time	5	1	3.7
Travel time	5	1	3.7
Making an appointment	5	1	3.7
Other	6	0	0.0

Question # 31: We provided a list of reasons for what might be least important to respondents when visiting a dental clinic. We asked them to check only one. Many respondents made more than one selection. For all groups combined, waiting time was chosen as least important to respondents when visiting a dental clinic. Provider's attitude also ranked high on what was not important to respondents when they visited a dental clinic. Head of household females rated travel time as their second least important issue. Head of household males chose making an appointment as their second least important issue. Details are contained in Tables 32-36.

Table 32.

Ranking of what is LEAST important to respondents when visiting a dental clinic (All groups combined)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	56	28.4
Provider's attitude	2	45	22.8
Cost	3	23	11.7
Travel time	4	20	10.2
Interpreter	5	19	9.7
Making an appointment	6	18	9.1
Receiving treatment	7	16	8.1
Other	8	0	0.0

Table 33.

Ranking of what is LEAST important to respondents when visiting a dental clinic (Head of household male)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	13	28.2
Making an appointment	2	8	17.4
Provider's attitude	3	7	15.2
Cost	4	6	13.1
Receiving treatment	4	6	13.1
Travel time	5	3	6.5
Interpreter	5	3	6.5
Other	6	0	0.0

Table 34.

Ranking of what is LEAST important to respondents when visiting a dental clinic (Head of household female)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	14	30.4
Travel time	2	11	23.9
Provider's attitude	3	7	15.2
Cost	4	6	13.0
Interpreter	5	4	8.7
Making an appointment	6	2	4.4
Receiving treatment	6	2	4.4
Other	7	0	0.0

Table 35.

Ranking of what is LEAST important to respondents when visiting a dental clinic (Single male)			
Issue	Ranking	Count (N)	Percentage (%)
Waiting time	1	24	29.0
Provider's attitude	2	23	27.7
Interpreter	3	10	12.1
Cost	4	8	9.6
Making an appointment	5	7	8.4
Receiving treatment	5	7	8.4
Travel time	6	4	4.8
Other	7	0	0.0

Table 36.

Ranking of what is LEAST important to respondents when visiting a dental clinic (Single female)			
Issue	Ranking	Count (N)	Percentage (%)
Provider’s attitude	1	8	36.4
Waiting time	2	5	22.7
Cost	3	3	13.7
Travel time	4	2	9.1
Interpreter	4	2	9.1
Making an appointment	5	1	4.5
Receiving treatment	5	1	4.5
Other	6	0	0.0

Question #32: We asked respondents how they find out about the health care services in Northwest Ohio that are available for them and their families. Respondents ranked agency outreach workers as the most common source for finding out about available health care services in Northwest Ohio. Word of mouth was a distant second, followed by county Job & Family Services. Very few find out about services from supermarket and laundromat bulletin boards.

Table 37.

Ranking of how respondents find out about health care services in Northwest Ohio			
Source	Ranking	Count (N)	Percentage (%)
Agency outreach worker	1	79	42.9
Word of mouth	2	43	23.4
County Job & Family Services	3	28	15.2
Your employer	4	22	12.0
Union representative	5	8	4.3
Supermarket bulletin board	6	2	1.1
Laundromat bulletin board	7	1	0.5
Other	7	1	0.5

Question # 33: We asked respondents the most convenient time of day for them to visit a doctor or medical clinic. Respondents reported, on average, that the most convenient time would be between 1:00 PM and 4:00 PM.

Question # 34 We asked respondents the most convenient time of day for them to visit a dentist. Respondents reported, on average, that the most convenient time would be between 1:00 PM and 4:00 PM.

Question # 35: We asked respondents what the single best day was for them to visit a medical clinic or dentist (N=142). Monday was selected as the single best day for respondents to visit either a medical clinic or dentist. Sunday and Saturday were the second and third best days selected by the respondents. Few of the respondents selected Tuesday though Friday as best days for them to visit a medical clinic or dentist. One person in four (24.6%) of all respondents selected “no best day” as their choice. We assume that such a response means any day is acceptable. Details are contained in Table 38.

Table 38.

Single best day of the week respondents selected to visit a medical clinic or dentist		
Day	Count (N)	Percentage (%)
Monday	35	24.6
Tuesday	6	4.2
Wednesday	8	5.6
Thursday	6	4.2
Friday	7	4.9
Saturday	22	15.5
Sunday	23	16.2
No best day	35	24.6

Question # 36: Respondents were provided with a list of issues that might affect their ability to use medical or dental services (N=151). They were asked to check all on the list that they felt affected their utilization of medical and dental services. Crop demands have the greatest effect on the ability of migrant farmworkers to use medical and dental services. This was followed by transportation issues and employer demands were a distant third. Weather and child care services had the least effect.

Table 39.

Issues that can affect the ability of migrant farmworkers to use medical or dental services		
Issue	Counts	Percentage (%)
Crop demands	102	40
Transportation	82	32
Employer demands	39	15
Weather	17	7
Child care services	14	6

Question # 37: Respondents were asked if they had access to transportation to a medical clinic or dental visit. For all groups combined (N=152), about half (50.7%) said that they had access to transportation to a medical clinic or for a visit to a dentist. When the groups were split out, head of household females had less access to transportation (38.9%) versus head of household males whose access to transportation was much higher (60.5%). Details are contained in Table 40.

Table 40.

Access to transportation to medical clinic or dental visit			
Category (group)	Yes (%)	No (%)	Sample size (N)
All groups combined	77 (50.7)	75 (49.3)	152
Head of household male	23 (60.5)	15 (39.5)	38
Head of household female	14 (38.9)	22 (61.1)	36
Single male	32 (50.8)	31 (49.2)	63
Single female	8 (53.3)	7 (46.7)	15

Question #38: Respondents were asked how far they were willing to travel to see a doctor or visit a medical clinic. On average, single females were willing to travel the farthest distance (22.4 ± 15.3 miles). Single males were willing to travel the least distance (16.0 ± 8.7 miles). Details are contained in Table 41.

Table 41.

Distance in miles that respondents would be willing to travel to see a doctor or visit a medical clinic				
Category (group)	Range (miles)	Distance (miles) (average ± standard deviation)	Sample size (N)	Percentage (%)
All groups combined	0-80	18.1 ± 13.8	123	100
Head of household male	4-80	21.7 ± 20.2	29	23.6
Head of household female	0-65	16.6 ± 12.2	27	22.0
Single male	1-40	16.0 ± 8.7	54	43.9
Single female	8-55	22.4 ± 15.3	13	10.6

Question#39: Respondents were asked how far they were willing to travel to see a dentist or visit a dental clinic. On average, head of household males were willing to travel the farthest distance (23.0 ± 19.9 miles). Single males were willing to travel the least distance (15.4 ± 8.4 miles). Details are contained in Table 42.

Table 42.

Distance in miles that respondents would be willing to travel to see a dentist or visit a dental clinic				
Category (group)	Range (miles)	Distance (miles) (average \pm standard deviation)	Sample size (N)	Percentage (%)
All groups combined	0-80	17.9 ± 13.3	123	100
Head of household male	3-80	23.0 ± 19.9	29	23.6
Head of household female	0-65	16.9 ± 12.5	27	22.0
Single male	2-40	15.4 ± 8.4	55	43.9
Single female	8-50	19.3 ± 11.0	12	10.6

Appendices

Appendix A

Migrant Health Care Needs Assessment Focus Group Questions

Topic: Health care and dental services in Northwest Ohio

- A. To your knowledge, what health care or dental services are available to you or your family in Northwest Ohio?
- B. What health care or dental services do you or your family actually use in Northwest Ohio? (Note: please try to obtain a listing)
- C. Do the services that are available meet the needs of you and your family? If not, why not?
- D. Is the quality of the services adequate? If not, why not?
- E. Do you have any suggestions that could improve the health care or dental services that you actually receive or would like to receive in Northwest Ohio?

Topic: The importance of health care factors

- A. In thinking about medical care for you and your family, what aspects or elements are most important to you? Why?
- B. What aspects or elements are not important? Why?

Questions to use for additional specific information:

- How important is being able to communicate with the provider using your native language?
 - Is a Physician's Assistant an acceptable substitute for a physician?
 - Is a Nurse Practitioner an acceptable substitute for a physician?
 - How important is the gender of the provider (male or female)?
 - At what type of facility do you usually receive your care?
- C. In thinking about dental care for you and your family, what aspects or elements are most important to you? Why?
 - D. What aspects or elements are not important? Why?
 - E. How important is being able to keep appointments with health care providers?
 - F. What issues interfere with keeping appointments?
 - G. Do you prefer having a scheduled appointment or being able to drop in and wait?

Topic: Health care gaps, barriers and access

- A. What aspects or elements affect getting medical care for you and your family?
- B. What aspects or elements affect getting dental care for you and your family?
- C. What suggestions can you make that would reduce or remove barriers to receiving any type of health care for you or your family?

Questions to use for additional specific information:

- What do you like or dislike about your health care provider?
- What do you like or dislike about your child's health care provider?
- Were you able to keep your prenatal appointments? Why or why not?
- Do you have any opinions about family planning services?
- Are there any specific barriers that interfere with you or your family members receiving health care services?

Topic: Consumer participation

- A. In your family how are decisions made about care for you and your children?
- B. Do you have insurance coverage? If so, what type?
- C. Was help available when you selected your plan?
- D. How easy or difficult is it to find a health care provider for you and your family?

Topic: Quality of care

- A. How would you rate the quality of health care that you receive?
- B. How would you rate the quality of dental care that you receive?
- C. Where have you received quality care?

Topic: Concluding comments

- A. Do you have any specific concerns about your health or the health of your children or family members? (Note: please try to obtain a listing)
- B. Do you have any additional comments or questions about health or dental care in general?

Thank you very much for your time and assistance today. Your comments will help to improve the delivery of health and dental care.

Appendix B MIGRANT HEALTH SERVICES SURVEY

The following survey requests information about you and your family and your use of medical and dental services when you are in Northwest Ohio. This will help public health officials understand how to best help meet your health care needs. This should take no more than 15 minutes of your time. Answering this survey indicates your willingness to participate. There is no way to identify you. Thank you for participating in this important survey.

THIS SECTION ASKS ABOUT YOU

1. The year you were born: _____
2. The highest level of education that you have completed

<input type="checkbox"/> grade school	<input type="checkbox"/> high school or GED
<input type="checkbox"/> some high school	<input type="checkbox"/> some college
3. The number of family members traveling with you?

<input type="checkbox"/> spouse	<input type="checkbox"/> brothers/sisters
<input type="checkbox"/> children	<input type="checkbox"/> other
<input type="checkbox"/> parents	
4. How long do you generally stay in Northwest Ohio? _____ weeks
5. How do you rate **your personal** health status?

<input type="checkbox"/> poor	<input type="checkbox"/> good
<input type="checkbox"/> fair	<input type="checkbox"/> excellent
6. Thinking about the health of **other family members traveling with you**, how many fall into each of the following categories:

<input type="checkbox"/> poor	<input type="checkbox"/> good
<input type="checkbox"/> fair	<input type="checkbox"/> excellent

THIS SECTION ASKS ABOUT YOUR OPINIONS.

Please indicate the extent to which you agree or disagree with each of the following statements by circling the response that is best for you or providing the information that is requested.

- | | Strongly
Disagree | Disagree | Agree | Strongly
Agree | Not apply |
|---|----------------------|----------|-------|-------------------|-----------|
| 7. An interpreter is essential when visiting a clinic. | SD | D | A | SA | NA |
| 8. You visit a dentist only when you have pain. | SD | D | A | SA | NA |
| 9. You take your children to visit a dentist only when they have a toothache. | SD | D | A | SA | NA |
| 10. You would have your children's teeth checked if services were available. | SD | D | A | SA | NA |
| a. You prefer walk-in clinics to making appointments. | SD | D | A | SA | NA |

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>Not apply</u>
11. When visiting a dentist:					
b. Having a tooth pulled is important.	SD	D	A	SA	NA
c. Having a cavity filled is important.	SD	D	A	SA	NA
d. Having your teeth cleaned is important	SD	D	A	SA	NA
e. Child care services are important.	SD	D	A	SA	NA
12. When visiting a doctor or medical clinic:					
a. You prefer walk-in clinics to making appointments.	SD	D	A	SA	NA
b. Child care services are important.	SD	D	A	SA	NA
13. When you are sick and a clinic is not available, you take the pain.	SD	D	A	SA	NA
14. When you are very sick and a clinic is not available, you visit the nearest hospital (ER).	SD	D	A	SA	NA
15. You would use Family Planning Services if available.	SD	D	A	SA	NA
16. You would urge a pregnant friend or relative to use prenatal care services.	SD	D	A	SA	NA
17. You would urge a pregnant friend or relative to use a <i>promotora</i> .	SD	D	A	SA	NA
18. You would have your eyes checked if vision services were available.	SD	D	A	SA	NA
19. You would have your children's eyes checked if vision services were available.	SD	D	A	SA	NA
20. While in Northwest Ohio:					
a. Your children have received immunizations.	SD	D	A	SA	NA
b. You use WIC services.	SD	D	A	SA	NA
c. Your children have attended program(s) at the Texas Migrant Council.	SD	D	A	SA	NA

Please give the information requested in the next few questions in the spaces provided.

21. While you are in Northwest Ohio, you can afford to pay:

- \$ _____ per week for doctor or medical clinic visits.
- \$ _____ per week for dentist visits.
- \$ _____ per week for prescription medicines.

22. When did **you** last receive dental services? _____ months ago

23. When did **your children** last receive dental services? _____ months ago

24. How long would you be willing to wait to see a doctor? _____ days

25. How long would you be willing to wait to see a dentist? _____ weeks

26. You would **not** use a **medical clinic** because (check all that apply):

<input type="checkbox"/> Hours of operation	<input type="checkbox"/> Cost
<input type="checkbox"/> Attitude of provider	<input type="checkbox"/> Waiting time
<input type="checkbox"/> Attitude of non-medical staff	<input type="checkbox"/> No interpreter
<input type="checkbox"/> Distance	<input type="checkbox"/> Other _____

27. You would **not** use a **dentist** because (check all that apply):

<input type="checkbox"/> Hours of operation	<input type="checkbox"/> Cost
<input type="checkbox"/> Attitude of provider	<input type="checkbox"/> Waiting time
<input type="checkbox"/> Attitude of non-medical staff	<input type="checkbox"/> No interpreter
<input type="checkbox"/> Distance	<input type="checkbox"/> Other _____

28. When visiting a **medical clinic**, which of the following is **most** important to you? (check only **one**)

<input type="checkbox"/> Making an appointment	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Waiting time	<input type="checkbox"/> Provider's attitude
<input type="checkbox"/> Receiving treatment	<input type="checkbox"/> Cost
<input type="checkbox"/> Travel time	<input type="checkbox"/> Other _____

29. When visiting a **medical clinic**, which of the following is **least** important to you? (check only **one**)

<input type="checkbox"/> Making an appointment	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Waiting time	<input type="checkbox"/> Provider's attitude
<input type="checkbox"/> Receiving treatment	<input type="checkbox"/> Cost
<input type="checkbox"/> Travel time	<input type="checkbox"/> Other _____

30. When visiting a **dental clinic**, which of the following is **most** important to you? (check only **one**)

<input type="checkbox"/> Making an appointment	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Waiting time	<input type="checkbox"/> Provider's attitude
<input type="checkbox"/> Receiving treatment	<input type="checkbox"/> Cost
<input type="checkbox"/> Travel time	<input type="checkbox"/> Other _____

31. When visiting a **dental clinic**, which of the following is **least** important to you? (check only **one**)

<input type="checkbox"/> Making an appointment	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Waiting time	<input type="checkbox"/> Provider's attitude
<input type="checkbox"/> Receiving treatment	<input type="checkbox"/> Cost
<input type="checkbox"/> Travel time	<input type="checkbox"/> Other _____

32. How do you find out about the health care services available to you and your family in Northwest Ohio (check all that apply):

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Your employer
<input type="checkbox"/> Supermarket bulletin board	<input type="checkbox"/> County Job and Family Services Office
<input type="checkbox"/> Laundromat bulletin board	<input type="checkbox"/> Other _____
<input type="checkbox"/> Agency outreach worker	
<input type="checkbox"/> Union representative	

33. The most convenient time for you to visit a doctor or **medical clinic** is:

from: _____ am / pm (circle am or pm)
to: _____ am / pm

34. The most convenient time for you to visit a **dentist** is:

from: _____ am / pm (circle am or pm)
to: _____ am / pm

35. The single best day for you to go to a medical clinic or dentist is (check only one):

<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Thursday	<input type="checkbox"/> no best day

36. The following can affect your ability to use medical or dental services? (check all that apply):

<input type="checkbox"/> Crop demands	<input type="checkbox"/> Employer demands
<input type="checkbox"/> Weather	<input type="checkbox"/> Child care services
<input type="checkbox"/> Transportation	

37. Do you have access to transportation to a medical clinic or dental visit?

yes
 no

38. You would be willing to travel up to _____ miles to see a doctor or visit a medical clinic.

39. You would be willing to travel up to _____ miles to see a dentist.

Responses from many people will be combined. Please return this survey to the person who gave it to you. Thank you very much for your time, opinions and cooperation.