



Enhancing Healthcare Interactions to Improve HIV Outcomes in Agricultural Worker Communities

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Farm worker Justice is a national organization that supports migratory and seasonal agricultural workers (MSAWs) and their families to improve their living and working conditions, occupational safety, and access to health care.

<https://www.farmworkerjustice.org>





Migrant Clinicians Network

Our mission is to create practical solutions at the intersection of vulnerability, migration and health.

<https://www.migrantclinician.org/>





Agenda

1. Welcome
2. Objectives
3. MSAWs and HIV
4. Improving HIV Care
5. The 5 P's of Sexual Health & Patient-Directed Care
6. Resources & Questions
7. Evaluation



Objectives

1. Understand barriers that may prevent migratory and seasonal agricultural workers (MSAWs) from accessing health care.
2. Discuss strategies to communicate effectively about sensitive topics with patients.
3. Outline the 5 P's of taking a sexual history to ensure effective care.

MSAW s and HIV



Why are MSAWs at Risk?

- Economic and health -related needs
- Frequent relocation and loneliness
- Isolation
- Sexual violence and intimate partner violence
- Lack of healthcare access





Communication Limitations

Language:

- Translation and interpretation
- Encourage the use of simple, clear language

Misunderstandings:

- Ask open-ended questions to understand the patient's beliefs fully
- Be aware of non-verbal communication differences

Fear or mistrust of healthcare system and providers:

- Discuss the confidentiality of healthcare interactions
- Offer reassurance about care quality and privacy
- Invite questions





Why is it important to communicate effectively?

Build Trust

- Trust is key to effective healthcare delivery
- MSAWs may have unique fears or mistrust towards healthcare due to past experiences

Build Understanding

- Understanding values and practices helps create a respectful healthcare environment
- Leads to better patient-provider relationships and health





Improving HIV Outcomes

Social Needs and Sexual History

- Approach sexual health topics respectfully and avoid assumptions.
- Adapt questions to be respectful, recognizing norms, taboos or discomfort.

Confidentiality and Privacy

- Emphasize the confidentiality of sexual health discussions.
- Provide a safe, non-judgmental space for patients to share sensitive information.



Improving HIV Care



Sexual Health Screening

- **All patients** should receive sexual health screening **at least annually**, including regular STI screening and testing, and as often as every 3 -6 months if at higher risk of coming in contact with HIV. This includes:
 - Men who have unprotected sex with men
 - People who have condomless sex with multiple partners
 - People who have sex with anonymous partners, or partners whose HIV/STI status is unknown
 - Patients who have recently been diagnosed, treated, or had symptoms of an STI



Sexual Health Screening

- Other high -risk patients include:
 - People who inject drugs or share drug equipment
 - People who exchange sex for drugs, money, or other resources like housing
 - Partners of people living with HIV
 - Partners of people who fit into the above categories





Sexual Health Screening

- Obtaining an accurate and detailed sexual history is essential for screening for sexually transmitted infections (STIs), and should be part of routine, preventative health care for every patient.
 - The conversation will look very different from patient to patient, even when following the same framework (such as the 5 P's, which we will outline later).

"I'd like to ask you a few questions about your sexual history. I ask all my patients these questions, as they are important to understanding your health."

"It is part of my routine to ask about your sexual health.. This information is important and will help me know how to provide you with the best care."



Overcoming Clinician Discomfort

- Take a deep breath and relax
- Always introduce yourself and your role
- Consider how your language, tone, facial expression, and other non-verbal cues may be perceived as either affirming and welcoming, or unfriendly and judgmental.
- Your attentiveness, tone, and body language can affect whether patients feel acknowledged and respected, and may be more likely to return for ongoing care/services.





5 P's of Sexual Health

Partners

Practices

**Past History of
STIs**

Protection

Pregnancy

Other P's*



5 P's of Sexual Health:

Partners

- Who do you have sex with? (men, women, both, etc.)
- How many sexual partners have you had in the past 6 months?
 - Do you know whether your partner has other sexual partners?
- Do you typically know your partners or are they anonymous?
- Could you tell me about your current relationships?
 - Do you currently feel safe in your relationships? At home?
 - Have you had any unwanted sexual contact?



5 P's of Sexual Health:

- What type of sex do you have? (anal, vaginal, oral, etc.)
 - Are you the receptive or insertive partner?
- Are you ever drunk or high when you have sex?
 - Have you or any of your partners ever injected drugs?
- Have you ever exchanged sex for food, drugs, money, or housing?



5 P's of Sexual Health: Past History of

STIs

- Have you ever been tested for sexually transmitted infections (STIs)? HIV?
 - How long ago was that test? What was the result?
 - What type of testing did you receive? (e.g. swab, urinalysis, blood draw)
- Have you ever had symptoms of an STI? Discharge, pain during sex or when using the bathroom?
- Have you ever been diagnosed with an STI?
 - When did you have it?
 - Where on your body was the infection?
 - Were your partners also tested and treated?



5 P's of Sexual Health: Protection

- What do you do to protect yourself from STIs?
- Do you use condoms?
 - Always, sometimes, or never?
 - If not used all the time, in what situations?
- Have you heard of PrEP and PEP to prevent HIV?
- Have you been vaccinated against HPV?



5 P's of Sexual Health:

- Do you or your partner have current plans to become pregnant?
- Are you currently doing anything to prevent pregnancy?
 - How important is it to you to prevent pregnancy?
- Would you like to talk about birth control options?
 - Do you need a referral for contraception or fertility services?



5 P's of Sexual Health: Other

- **Pleasure:**
 - Are you currently satisfied with your sex life? Are you able to have pleasurable experiences?
- **Problems:**
 - Are you having any difficulties having sex, such as pain, lack of arousal, etc.?
- **Permission:**
 - Do you feel pressured or threatened to have sex or in your relationship(s)?



Other Recommendations

- Focusing on sexual health goal setting for healthy and safe sexual experiences can be paired with risk-reduction strategies.
- Explain that HIV/STI prevention strategies can include:
 - Consistent condom use
 - Reducing number of partners
 - Using PrEP
- Encourage ongoing testing and give positive feedback about prevention methods that the patient is willing to use.



Terminology

- Only ask questions that are medically necessary.
- Avoid asking questions that imply opinions about what is right and wrong.
- Reflect and use the patient's own terms when possible.
- Avoid complex medical jargon and provide clarity.
- Utilize inclusive diagrams and images as conversation aids.



In Practice

- Consider the context of each patient's life.
- Meet people “where they are” without judgement.
- Develop care plans and perform exams, interviews, etc. in a collaborative manner that centers the patient.
- Remain open to continually learning about your patients' lives.
- Make a conscientious effort to stay up to date with terminology and best practices.
- Address any ways your own opinions may affect your interactions.



Reflection

- Do I offer all patients the same information, tests, and treatments?
- What assumptions do I make about patients?
- What are the history, traditions, values, family systems, and communication patterns of the communities I serve?
- How might these influence help-seeking behaviors and perceptions of health, illness, treatments, disability, and death/dying among my patients?
- How can I create an environment that ensures my patients return for further care?



Patient-Directed Exam :

- Stay within the patient's line of sight
- Maintain appropriate physical distance
- Avoid unnecessary touching
- Establish rapport
- Ask how you can support the patient throughout the visit
- Offer a support person or chaperone
- Discuss the process of the exam
- Observe for signs of distress



Patient-Directed Exam :

- Describe each step of the exam
- Ask questions to gain permission at every step
- Whenever possible, allow the patient to be in control (e.g., Self-collection)
- Be mindful of potentially offensive words or phrasing
- Watch for discomfort or distress and stop as needed



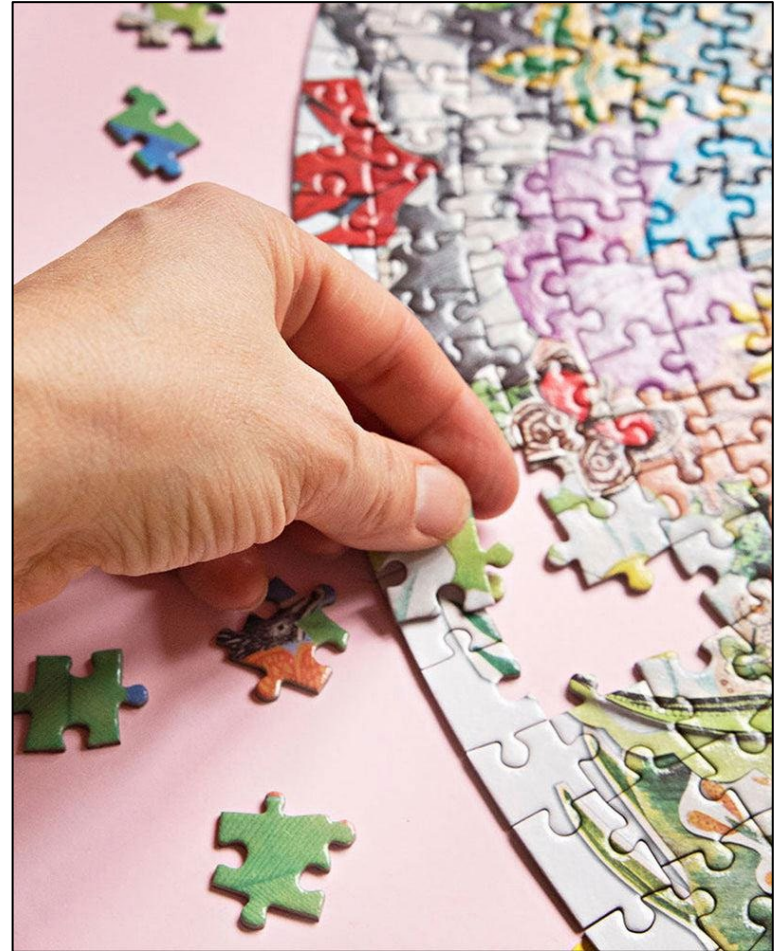
Patient-Directed Exam :

- Allow the patient to dress before finishing the appointment
- Recap and discuss the visit
- Invite the patient to share any questions they might have
- Make an action plan and share the timeline for follow-up
- Let the patient know how to contact you for follow-up
- Provide referrals and resources



Important Takeaways

- MSAWs are at increased risk for HIV/AIDS
- Improved access to healthcare, education, and interventions are critical to reduce the burden of HIV/AIDS
- Effective intervention should address social needs
- Integrate opt-out HIV testing into routine healthcare





Important Takeaways

- Effective communication and sensitivity to social needs are crucial to build trust.
- The 5 P's framework ensures comprehensive, high-quality sexual health care.
- Being respectful and non-judgmental improves patient-provider relationships and health outcomes.





Resources



Questions?





Evaluation

<https://forms.gle/9rS9sxDbRN9Gf3nd6>

Thank you!

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