Agricultural Worker Health 101
An Introduction to Agricultural Worker Health
Presented by Farmworker Health Network
Midwest Stream Forum for Agricultural Worker Health
Sept. 18-20, 2017
Grand Rapids, MI
Workshop Components

1. Historical Perspectives and Legislation
2. Agricultural Workers - Population
3. Agricultural Workers - Health Needs, Risks and Challenges
4. Structure of the Agricultural Health Program
5. Resources for Technical Assistance and Training

Photo: MHP Salud
Timeline of Legislative Action

**Migrant Health Act**
Aid to agencies that provide community health services to agricultural workers and their families

**Migrant and Seasonal Agricultural Worker Protection Act**
Basic labor protections under labor contractors

**Health Centers Consolidation Act**
Consolidates MHC, HCH, public housing and CHCs under Section 330 Authority

**ACA Enacted**
Includes a major expansion of health centers, dedicating $9.5 billion to serve 20 million new patients by 2015 and $1.5 billion for capital needs for new health centers.

**Public Health Service Act**
Health Center Program authorized under Section 330 of the Public Health Service Act.

**Worker Protection Standard**
Sets minimum standards for protecting farmworkers from pesticide exposure

**ARRA**
Stimulus legislation provides for $2 Billion for the CHC Program (25% for construction, renovation and HIT).

**ACA fully implemented**

1962  
1975  
1983  
1992  
1996  
2009  
2010  
2014
Agriculture means farming in all its branches as defined by the Office of Management (OMB)-developed North America Industrial Classification System (NAICS), and includes migratory and seasonal agricultural workers employed in the agricultural sector within the following NAICS codes and all sub-codes.

<table>
<thead>
<tr>
<th>2012 NAICS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>Crop Production</td>
</tr>
<tr>
<td>1111</td>
<td>Oilseed and Grain Farming</td>
</tr>
<tr>
<td>1112</td>
<td>Vegetable and Melon Farming</td>
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<tr>
<td>1113</td>
<td>Fruit and Tree Nut Farming</td>
</tr>
<tr>
<td>112</td>
<td>Animal Production and Aquaculture</td>
</tr>
<tr>
<td>1121</td>
<td>Cattle Ranching and Farming</td>
</tr>
<tr>
<td>1122</td>
<td>Hog and Pig Farming</td>
</tr>
<tr>
<td>1123</td>
<td>Poultry and Egg Production</td>
</tr>
<tr>
<td>1151</td>
<td>Support Activities for Crop Production</td>
</tr>
<tr>
<td>1152</td>
<td>Support Activities for Animal Production</td>
</tr>
</tbody>
</table>

Workers employed in the following industries are not eligible for the Agricultural Health Program:

- Transportation of Livestock (Industry 488999)
- Meat and Meat Product Merchant Wholesalers (Industry 42447)
- Landscaping (Industry 561730)
- Spectator Sporting (Industry 711219)
- Trucking Timber (Industry 484220)
Definitions
Section 330g of the Public Health Service Act

Migratory Agricultural Worker
- Principal employment is in agriculture
- Has been so employed within the last 24 months
- Establishes a temporary home for the purpose of such employment

Seasonal Agricultural Worker
- Principal employment is in agriculture on a seasonal basis
- Does not migrate

Aged & Disabled Agricultural Worker
- Individual who has previously been migratory agricultural worker but who no longer meets the requirements ... because of age or disability
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Photo: MHP Salud
Agricultural Worker Demographics

2.5 million

72% male
28% female

25,000 children who work in agriculture

44% are under the age of 35

Agricultural Worker Demographics

74% Spanish dominant language

73% foreign born

Mexico (68%)
Central America (4%)

38% had not visited a U.S. healthcare provider in last 2 years
Agricultural Worker Demographics

Mean and medium individual income range from $15,000 to $17,499.

30% of agricultural worker families had total family incomes below 100% of the Federal Poverty Level.

65% reported not having health insurance.

Foreign born workers, on average, have an 8th grade education.
Number of Agricultural Workers by State

Total Population of Agricultural Workers

- < 20,000
- 20,000 - 50,000
- 50,000 - 100,000
- 100,000 - 200,000
- 200,000 - 300,000
- 300,000 - 525,000
- > 1,000,000
Patterns of Mobility

Restricted Circuit

- Following crops in one area.
- Often centered around a home base.
- Usually a couple adults from the household move to work but they come home frequently.
Patterns of Mobility

Point to Point

• Moves away from home base for extended period of time.
• Often goes back to same location for multiple years.
• Often a whole family travels together.
Patterns of Mobility

Nomadic

- Travels to wherever there is work.
- Usually does not know when or to where s/he will next move.
- Generally foreign born, young, single men working in the United States and sending money home.
Changing Patterns

- Increasing number of H-2A workers
- More males traveling alone
- More established in rural communities as seasonal workers
- Less trans-border crossing
- Engaged in other industries during the off season (construction, meat processing, dairy and others)
- Increasing number of indigenous agricultural workers
- Less available housing (more dispersion of population)

Source: Passel, 2006
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Number and rate of fatal work injuries by industry sector, 2015

Private construction had the highest count of fatal injuries in 2015, but the private agriculture, forestry, fishing and hunting sector had the highest fatal work injury rate.

Note: Fatal injury rates exclude workers under the age of 16 years, volunteers, and resident military. The number of fatal work injuries represents total published fatal injuries before the exclusions. For additional information on the fatal work injury rate methodology, please see [www.bls.gov/ifs/oshnotice10.htm](http://www.bls.gov/ifs/oshnotice10.htm).
In 2015, 570 agricultural workers died of work-related injuries

Work-Related Health Risks

- Heat stress
- Equipment & automobile accidents
- Lacerations from sharp equipment and hand tools
- Falls from ladders
- Eye injuries
- Musculoskeletal injuries
- Insect/rodent/snake bites
Pesticide exposure in the fields and at home
Illnesses Related to Unsanitary Conditions and Substandard Housing

- Gastro-intestinal diseases
- Intestinal parasites
- Urinary tract infections
- Conjunctivitis
- Lead poisoning
Chronic Conditions

- Diabetes
- Hypertension
- Cancer
- HIV/AIDS
- Tuberculosis
- Obesity
- Asthma
Mental Health

Anxiety
Stress
Depression
Substance abuse
Domestic violence
Contributing Factors to Mental Health Challenges

- Separation from families
- Discrimination
- Isolation
- Fear due to immigration status
Barriers to Care and Healthy Lifestyles

- Cultural issues such as language, literacy, medical knowledge, health care practices and beliefs, and dietary practices
- Social support absent because of social exclusion or isolation
- Food insecurity and/or lack of access to healthy foods
Barriers to Care and Healthy Lifestyles

- **Poverty**: unreliable transportation, lack of insurance, inability to buy services and supplies, and substandard housing

- **Limited job security** increases the possibility that workers will remain in a dangerous or questionable job to remain employed
  - Unavailability of sick leave
  - Fear of employer retaliation
Barriers to Care and Healthy Lifestyles

- Constant mobility causing discontinuity of care
- Immigration status of patient and/or family members
- Racism that motivates policies or actions that frighten members of particular racial/ethnic groups.
- Confusion about U.S. health systems
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Public Health Section 330 Delivery Sites

- In 2016, BPHC supported over 1,368 health care grantees including homeless, school based, public housing and migrant health

- In 2016, 174 of those were funded to provide services to the migratory and seasonal agricultural worker population

- 862,552 agricultural workers were reported as served by Migrant and Community Health Centers in 2015

Health Center Funding

Health Center budgets range between $500,000 and $25 million. The Bureau provides approximately 28% of the health centers’ total budget. For every dollar provided by the Bureau, the health center must raise three additional dollars.
Required Services for 330(g) Programs

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Outreach and enabling services
Service Delivery Challenges

Continuity of Care

• Agricultural workers may seek care only when necessary
• Agricultural workers may move during treatment
• Communication between MHCs and other providers is difficult

Culture and Language

• Provision of multi-lingual services (reception, health education, prescriptions,, bilingual staff/translators, etc.)
• Relevant training and continuing education for staff
Service Delivery Challenges

Operations
- Integration of walk-in patients into appointment system
- Health Center hours of operation
- Demand/Capacity
- Provision of transportation in rural areas

Costs
- MHCs must remain competitive despite the escalating costs in the health care industry
- Lack of insurance coverage of the population
- Outreach and enabling services are not reimbursable
Exploring Effective Adaptations for Mobility and Culture
Cultural adaptations

- Culturally sensitive education
- Appropriate language and literacy levels
- Address cultural health beliefs & values

Mobility adaptations

- Portable medical records & Bridge Case Management
- EHR transmission to other C/MHCs

Appropriate service delivery models

- Case Management
- Lay health promoters (Promotores/as)
- Outreach & enabling services
- Coordination with schools and worksites
- Mobile Units
Voucher Program Model

• Used where a traditional model may not be the best option.
  – Short growing seasons
  – Lower numbers or density of Agricultural Workers
• Provide services to Ag Workers through either one or some combination of a service coordinator model, nurse staffed model, or midlevel practitioner staffed model
• An organized outreach program is critical to increase access to services
Patient Centered Medical Homes Adapted for Agricultural Worker Patients
Easy Access to Care

✓ **Orient** all patients to the scheduling protocols, recognizing that patients may be unfamiliar with scheduling practices or U.S. healthcare systems.

✓ **Document** the numbers of agricultural workers in your area by month, typical work hours and transportation options.

✓ Open Access scheduling permits an influx of mobile agricultural worker patients to be seen during **seasonal variance**.

✓ **Accommodate** the work hours, transportation and geographic barriers experienced by mobile workers.
“Mobile-Friendly” Care Management AND Referral Tracking and Follow-up

Health Network

Bridge Case Management

- Ongoing communication
- Toll free access
- Patient care coordination services
- Expert bilingual & culturally competent staff
- Easy enrollment
- Store & transfer medical records
- Health education provided to mobile patients
AG WORKER ACCESS 2020 CAMPAIGN
JOIN THE **AG WORKER ACCESS 2020 CAMPAIGN**

Approximately 20% of Ag Workers are being served in Community & Migrant Health Centers. The goal is to increase that number to 2 million people served. We can’t do it without your help!

**I CARE ABOUT AMERICA’S AGRICULTURAL WORKERS**
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Photo by Tony Loreti for MHP Salud
How to Find the Closest Health Center

HRSA - Community Health Center Directory: 
http://findahealthcenter.hrsa.gov/

NCFH - Migrant Health Center Pocket Directory: 
or call 1-800-531-5120

MCN - The Clinicians Migrant Health Directory: 
http://www.migrantclinician.org/health_centers.html 
or call 512-327-2017

Free Clinics Directory: Call 540-344-8242
Resources for Training and Technical Assistance

Farmworker Justice
www.farmworkerjustice.org

Health Outreach Partners
www.outreach-partners.org

MHP Salud
www.mhpsalud.org

MCN
www.migrantclinician.org

National Association of Community Health Centers
www.nachc.com

National Center for Farmworker Health
www.ncfh.org

PCA Special Populations Points of Contact
Farmworker Justice is a nonprofit organization that seeks to empower farmworkers and their families to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

Using a multi-faceted approach, Farmworker Justice engages in litigation, administrative and legislative advocacy, training and technical assistance, coalition-building, public education, and support for union organizing.

Washington, DC
202-293-5420
www.farmworkerjustice.org
Farmworker Justice is a nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

Learn More

Building healthier farmworker communities

Get Involved

Your support is critical to...
Since 1970, **Health Outreach Partners** (HOP) has been at the forefront of elevating the importance of outreach, recognizing the critical role it plays in increasing access to primary care and facilitating case management, health promotion and disease prevention, and related social services to underserved populations, including agricultural workers and their families.

HOP offers a wide range of customized training, consultation, and information services to assist community-based organizations in building strong, sustainable, grassroots community health models that improve the health and well being of agricultural workers and other vulnerable populations.

**HOP Priority Areas:**
- Health Outreach and Enabling Services
- Program Planning and Development
- Needs Assessment and Evaluation Data
- Health Education and Promotion
- Community Collaboration and Coalition Building
- Cultural Competency

[www.outreach-partners.org](http://www.outreach-partners.org)

Oakland, CA
Outreach is at the center of your care. Your success is at the center of ours.

OUTREACH FOCUSED SINCE 1970
Health Outreach Partners (HOP) believes that outreach fulfills a critical need to increase access to health and social services and decrease health disparities for low-income, vulnerable populations. HOP supports safety net health organizations, such as community health centers, to build and strengthen their efforts to increase access to services and decrease disparities.

WHAT PEOPLE ARE SAYING
I can be a more equipped and thus a more empowered trainer in driving more positive strategic and transformative change.

HEALTHY PEOPLE. EQUITABLE COMMUNITIES.
MHP Salud builds on community strengths to improve health in farmworker and border communities. We train community leaders to be Promotores and Promotoras de Salud.

Promotores(as) belong to the same culture and speak the same language as the people they serve. They...
- Provide culturally appropriate health education
- Make referrals to health and social services
- Encourage people to seek care
- Empower community members
- Bring health to farmworkers where they live

We can help you...
- Design an effective Promotora program
- Find funding opportunities and draft budgets
- Create an evaluation plan
- Train Program Coordinators and Promotores(as)
- Locate and develop health education materials

956.968.3600
info@mhpsalud.org
www.mhpsalud.org
MHP Salud

Outcomes-Driven
Experienced
Innovative

Our Mission

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.

For Our Funders

Without you, MHP Salud could not deliver our time-tested and effective models of community health outreach.

Current Partners

MHP Salud collaborates with a wide community of those in the health field.

Potential Partners

We proudly provide training, education and support in all aspects of the Promotora / Community Health Worker model.

Job Seekers

Staff diversity and innovative programming make MHP Salud a fun and supportive work environment.
MCN is a national, not-for-profit organization founded in 1984 by clinicians working in agricultural health. MCN’s mission is to be a force for health justice for the mobile poor. The organization is the oldest and largest clinical network serving the mobile underserved. MCN strives to improve the health care of agricultural workers and other mobile poor populations through innovation and clinical excellence in providing research, programming, support, technical assistance, and professional development services to clinicians.

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P.O. Box 164285
Austin, TX 78716
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(512) 327-0719 fax
www.migrantclinician.org
"Of all of the forms of inequality, injustice in health is the most shocking and the most inhumane." -- Martin Luther King, Jr.

We're a non-profit organization on a mission to be:

"A FORCE FOR HEALTH JUSTICE FOR THE MOBILE POOR"
Founded in 1970, the National Association of Community Health Centers, Inc. (NACHC) is a non-profit organization whose mission is to enhance and expand access to quality, community-responsive health care for America’s medically underserved and uninsured. In serving its mission, NACHC represents the nation’s network of over 1,000 Federally Qualified Health Centers (FQHCs) which serve 16 million people through 5,000 sites located in all of the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam.

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Join

THE CAMPAIGN FOR AMERICA'S HEALTH CENTERS

NACHC ALERTS
6.5.12 NEW: COMMUNITY HEALTH CENTERS AND VETERAN HIRING issue brief - Now Available for download!

NACHC News
8.6.12
President Barack Obama Issues Proclamation for National Health Center Week

HHS Secretary Sebelius Participates in Tele-Town Hall with Health Center Leaders

8.3.12
Three new briefs on how Community Health Centers are powering healthier communities

Coinciding with National Health Center Week, NACHC has released three new briefs that demonstrate how health centers are powering healthier communities.

CHI Registration Open

2012 Candidates Forum

2012 House of Delegates
Sunday, September 9, 2012, Orlando, Florida
For participation, ¼ organizational dues must be paid by Friday, August 10, 2012
Voting by Proxy

NATIONAL HEALTH CENTER WEEK
Celebrating America's Health Centers: Powering Healthier Communities
August 5th-11th, 2012

New Available:
The **National Center for Farmworker Health** is a private, not-for-profit corporation located in Buda, Texas, whose mission is "to improve the health status of farmworker families through appropriate application of human, technical, and information resources."

Programs, products, and services in support of our mission, include:

- Migrant specific technical assistance
- Governance development and training
- Program management
- Staff development and training
- Health education program development
- Migrant health and farmworker library and resources
Agricultural Worker Forums and National Conference

East Coast Migrant Stream Forum
North Carolina Community Health Center Association

Midwest Stream Forum for Agricultural Worker Health
National Center for Farmworker Health

Western Forum for Migrant and Community Health
Northwest Regional Primary Care Association

National Conference on Agricultural Worker Health
National Association of Community Health Centers