

A smiling woman wearing a blue short-sleeved shirt with black sleeves, a black Nike cap, and jeans. She is holding a yellow and black bag. She stands in a warehouse or storage area with stacks of cardboard boxes. Some boxes are labeled 'CABBAGE' and 'SUPERIOR SALES, INC. HUDSONVILLE, MI 49426'.

Migrant Health 101

An Introduction to Migrant Health

**Presented by
Farmworker Health Network**

**Midwest Stream Farmworker Health Forum
November 20, 2014
San Antonio, TX**



Farmworker Health Network



A photograph of two women in a workshop setting. The woman on the left is wearing a blue and white striped tank top and has her hair pulled back. The woman on the right is wearing a dark t-shirt. In the background, a whiteboard is visible with handwritten names in blue marker: 'Aracina', 'Sam', 'manikau', 'Kristal', and 'Daniela'.

Workshop Components

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

Timeline of Legislative Action

1962: Migrant Health Act

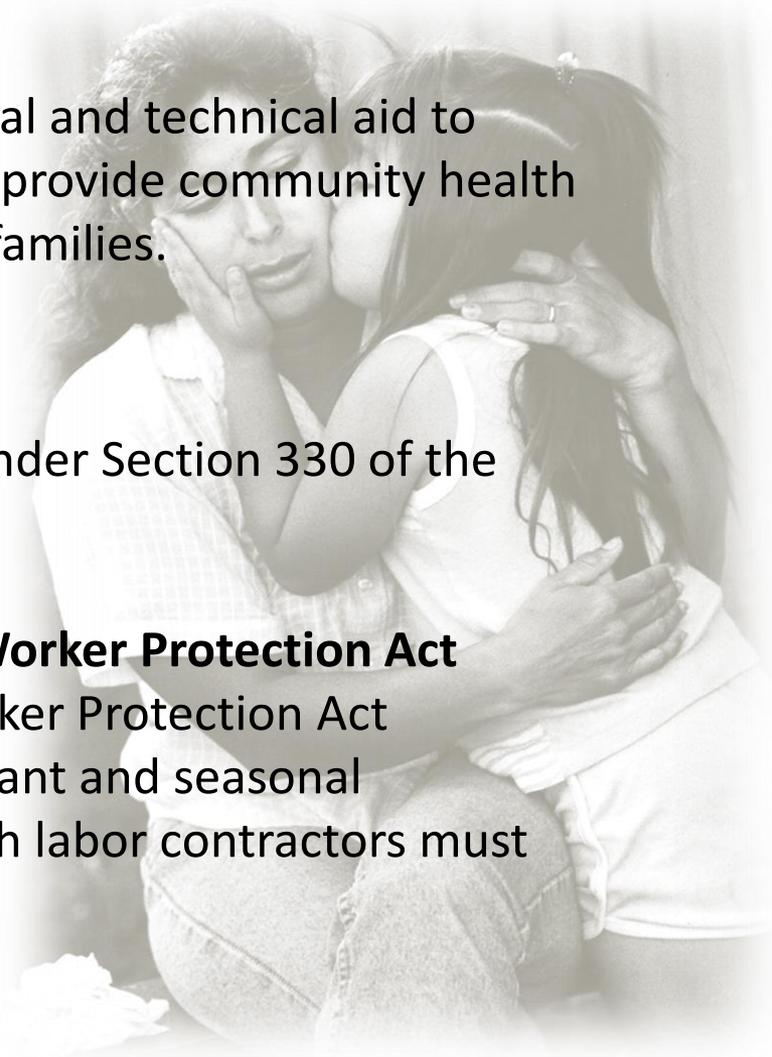
The Migrant Health Act provides for financial and technical aid to public and private non-profit agencies that provide community health services to migrant farmworkers and their families.

1965: Public Health Service Act

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

1983: Migrant and Seasonal Agricultural Worker Protection Act

The Migrant and Seasonal Agricultural Worker Protection Act establishes basic labor protections for migrant and seasonal farmworkers and requirements under which labor contractors must operate.*



Timeline of Legislative Action

1992: Worker Protection Standard

The EPA's Worker Protection Standard sets minimum standards for protecting farmworkers from pesticide exposure.

1996: Health Centers Consolidation Act

Health Centers Consolidation Act passes. The Act consolidates migrant health centers, healthcare for the homeless, health services for residents of public housing, and community health centers under Section 330 authority.



Timeline of Legislative Action

2009: American Recovery and Reinvestment Act of 2009 (ARRA)

President Obama's economic stimulus legislation provides for \$2 Billion for the CHC Program.

- \$500 million is dedicated for increased demand for primary care, dental/oral health, pharmacy, mental health and substance abuse services.
- \$1.5 Billion is allocated for construction and renovation of health center facilities and HIT acquisition.

2010: The Patient Protection and Affordable Care Act (ACA) is enacted and signed into law by President Barack Obama on March 23, 2010.

As part of health care reform, the ACA 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.

2014: Affordable Care Act (ACA) is fully implemented.

UDS Manual 2013

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.

2012 NAICS

111	Crop Production
1111	Oilseed and Grain Farming
1112	Vegetable and Melon Farming
1113	Fruit and Tree Nut Farming
112	Animal Production and Aquaculture
1121	Cattle Ranching and Farming
1122	Hog and Pig Farming
1123	Poultry and Egg Production
1151	Support Activities for Crop Production
1152	Support Activities for Animal Production

Workers employed in the following industries are not eligible for the Migrant 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)**

Bob Dingsdale Collection ©

Photo Sources:

1. www.bing.com/images/search?
2. www.fotosearch.com/glow-images/horse-racing
3. www.horticultureunlimited.com/images/landscaping-work.jpg
4. www.hankstruckpictures.com/pacific.htm

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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Farmworker Demographics¹

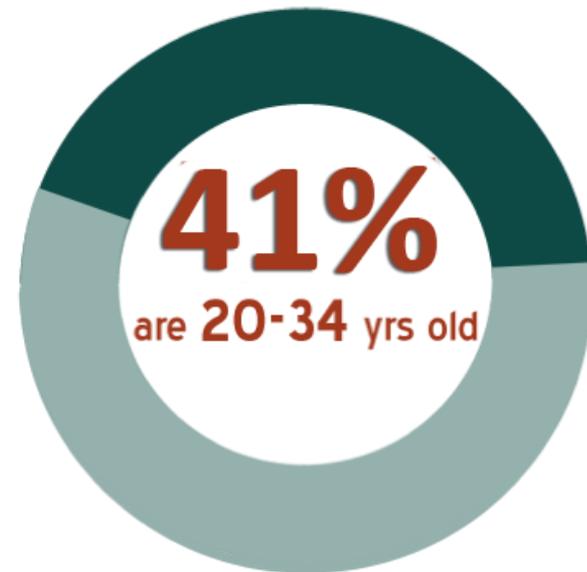
2.5 million

estimated population^{2,3}



500,000

children who work in agriculture



1. National Agricultural Workers Survey (NAWS) 2011 - 2012.

2. Kandel W. *Profile of Hired Farmworkers, A 2008 Update*. Economic Research Service, US Department of Agriculture; Washington, DC; 2008. Economic Research Report No. 60.

* Note: Kandel uses a combination of NAWS and others data.

3. Martin P. Immigration reform: implications for agriculture University of California, Giannini Foundation. *Agricultural and Resource Economics Update*. 2006;9(4).

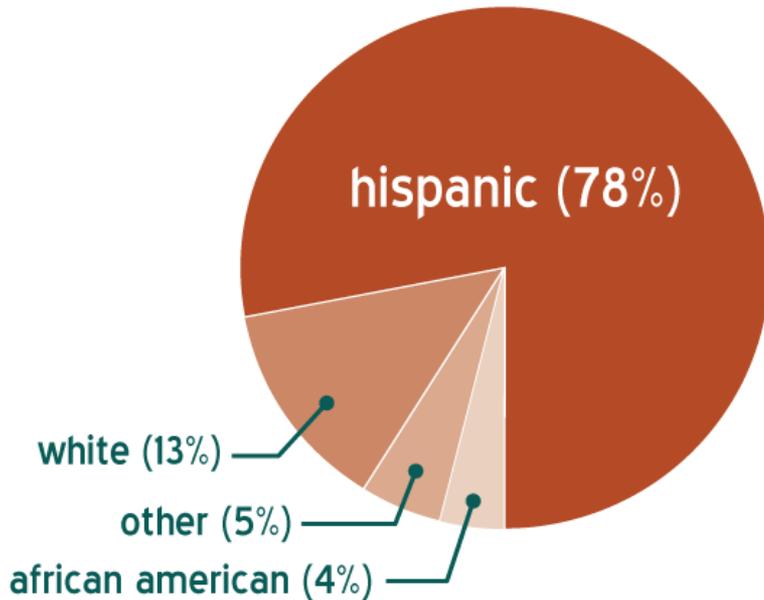
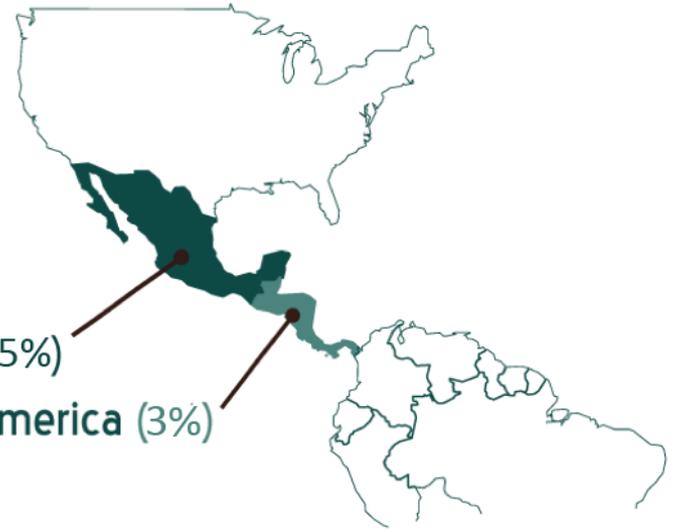
Farmworker Demographics¹



Spanish

dominant language

71% foreign born



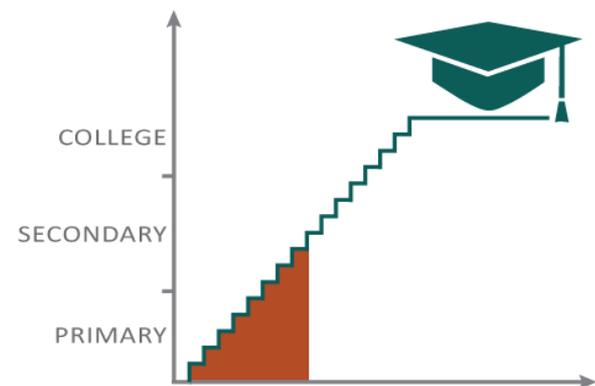
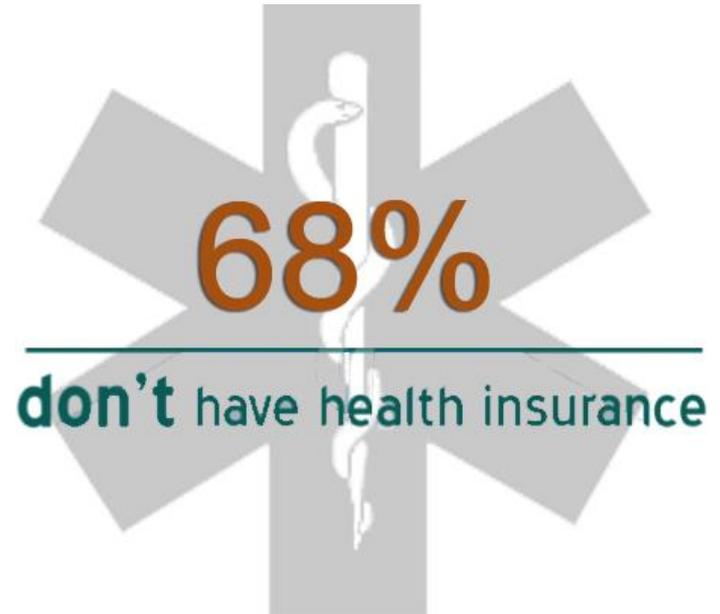
39% had no healthcare visit in last 2 years

Farmworker Demographics¹

Average 2012 individual farmworker income:

\$18,910 ⁴

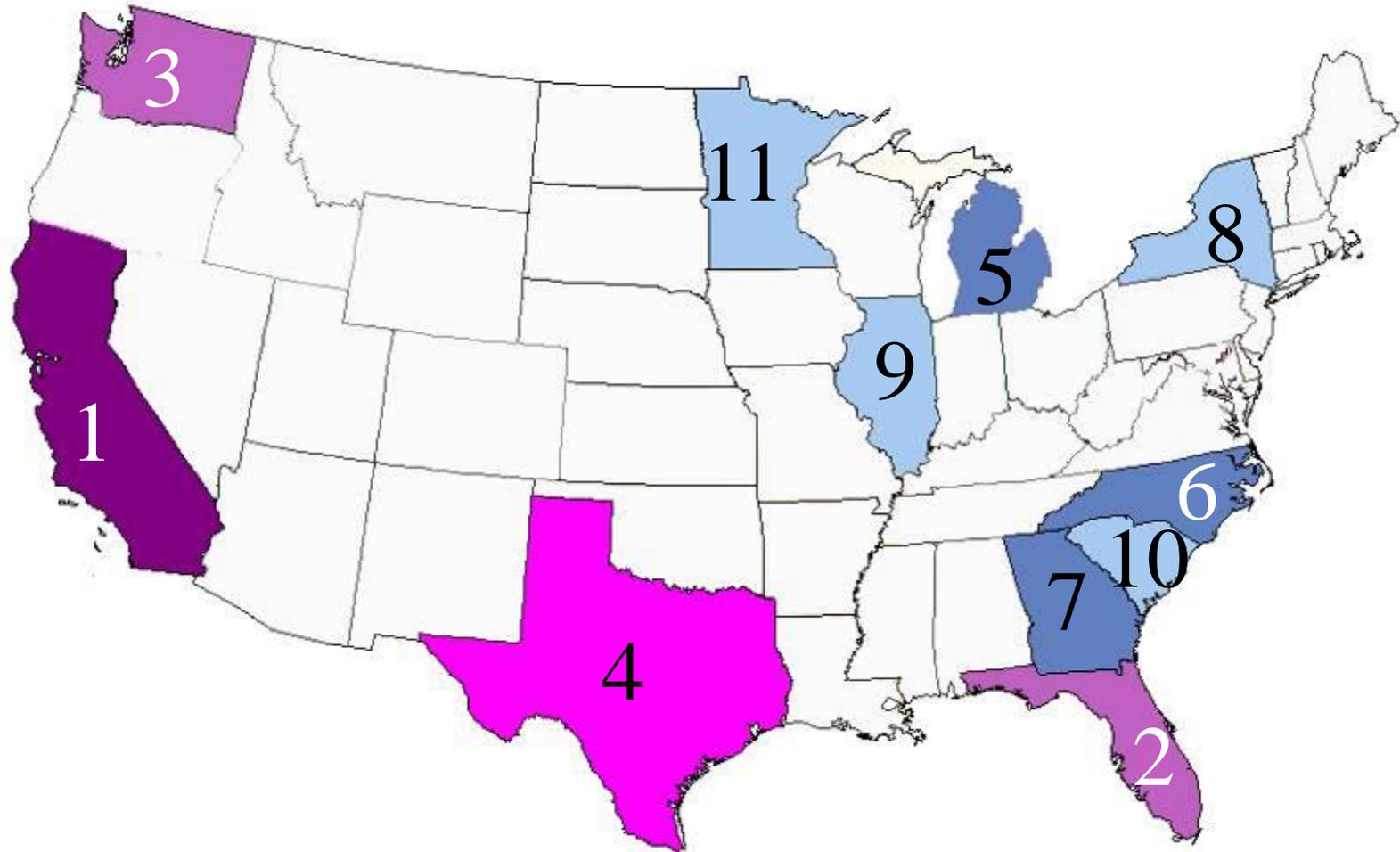
25% of farmworker families had total family incomes below 100% of the Federal Poverty Level



Foreign born workers, on average, have a **8th grade education**

4. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2014-15 edition, Agricultural Workers. <http://www.bls.gov/ooh/farming-fishing-and-forestry/agricultural-workers.htm>

Highest Migrant Impact States



Source: Alice Larson Enumeration Studies 1993, 2000, 2003

Patterns of Mobility

Restricted Circuit

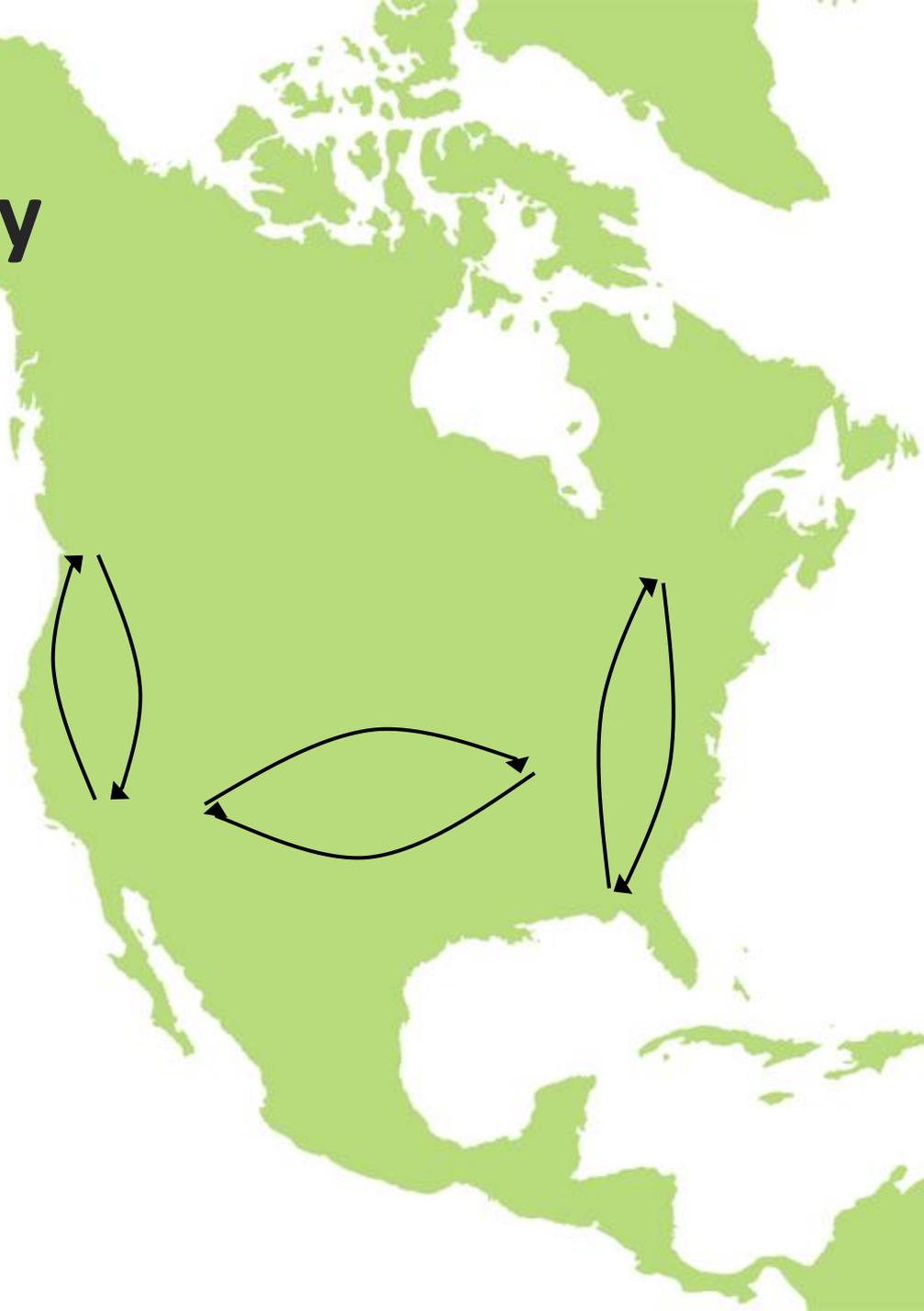
- Following crops in one area.
- Often centered around a home base.
- Usually a couple adults from the household move to work but they come home frequently.



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.



Farmworker Migration Today

- 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 farmworkers
- Less available housing (more dispersion of population)



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Farmworker Health Overview

- Agriculture is one of the most hazardous occupations in the United States¹
- In 2013, 487 farmworkers died of work-related injuries²

1. CDC, NIOSH, Workplace and Safety Health Topics: Agricultural Safety, <http://www.cdc.gov/niosh/topics/aginjury/>
2. Bureau of Labor Statistics, Census of Fatal Occupational Injuries, <http://www.bls.gov/iif/oshwc/cfoi/cftb0277.pdf>

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



Photo by Farmworker Justice

Work-Related Health Risks



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



Photos by Farmworker Justice



Chronic Conditions

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



Photo by Farmworker Justice

Mental Health

- Anxiety
- Stress
- Depression
- Substance abuse
- Domestic violence

Contributing factors:

- Separation from families
- Isolation
- Discrimination
- 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**

Photo © Earl Dotter



Barriers to Care and Healthy Lifestyles

- **Poverty**, with 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

Photo © Erin Bascom





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**

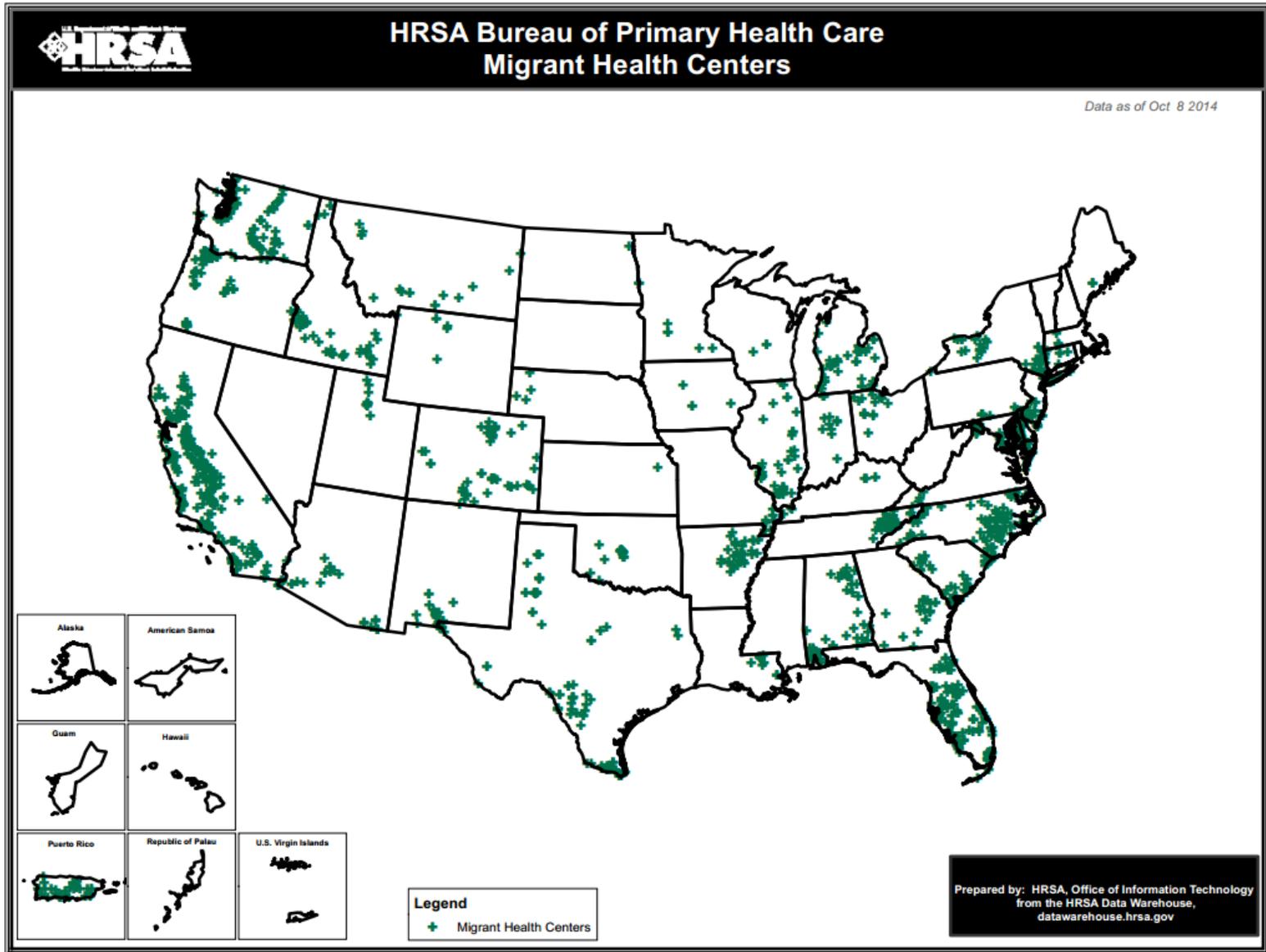
Workshop Components

- 
- A woman wearing a white cap and a purple t-shirt with "Billings" written on it is smiling and working in a field. She is leaning over a white bucket, and there are other buckets and a blue bag nearby. The background shows a field with some buildings and other people in the distance.
1. **Historical Perspectives and Legislation**
 2. **Farmworker Population**
 3. **Farmworker Health Needs, Risks and Challenges**
 4. **Structure of the Migrant Health Program**
 5. **Resources for Technical Assistance and Training**

Public Health Section 330 Delivery Sites

- BPHC is now supporting over **1,202** health care grantees including homeless, school based, public housing and migrant health
- In 2013, **169** of those were funded to provide services to the migratory and seasonal agricultural worker population
- **861,120** farmworkers were served by Migrant and Community Health Centers in 2013

Migrant Health Grantees + Satellite Sites*



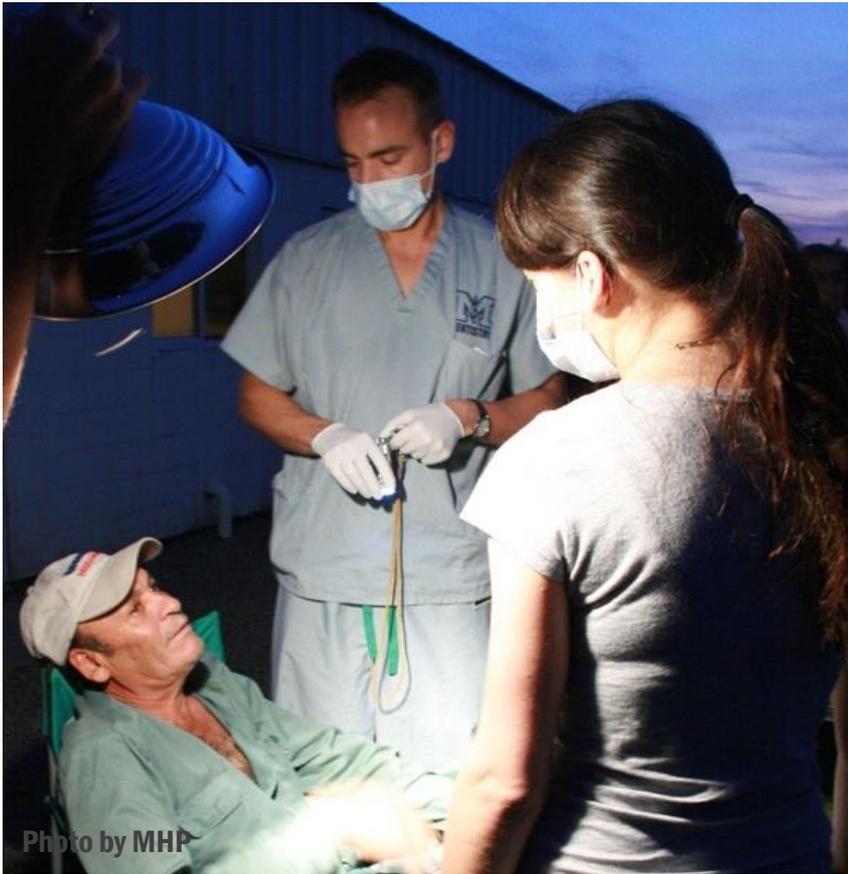
Health Center Funding

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



Health center and voucher programs include:

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Outreach and enabling services

Photo by MHP

Service Delivery Challenges

Continuity of Care

- FWs may seek care only when it is necessary
- Once treatment begins, FWs may move
- Communication between MHCs and other providers is difficult

Culture and Language

- Provision of multi-lingual services (i.e. reception, health education, prescription instructions, health center information, bilingual staff/translators, etc.)
- Relevant training and continuing education of 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



Adaptations to 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
 - Mobil Units

Voucher Program Model

- Established in areas where a traditional medical delivery system model may not be the best option. For example:
 - Areas where there are short growing seasons
 - Areas with lower numbers or density of MSFWs
- Provide services to MSFWs through either one or some combination of a service coordinator model, nurse staffed model, or midlevel practitioner staffed model
- A critical component of voucher programs are an organized outreach program to increase access to services



Photo by Tony Loreti for
MHP Salud

PCMH Joint Principles

- Personal provider
- Physician directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety (includes patient and family participation)
- Enhanced access
- Payment

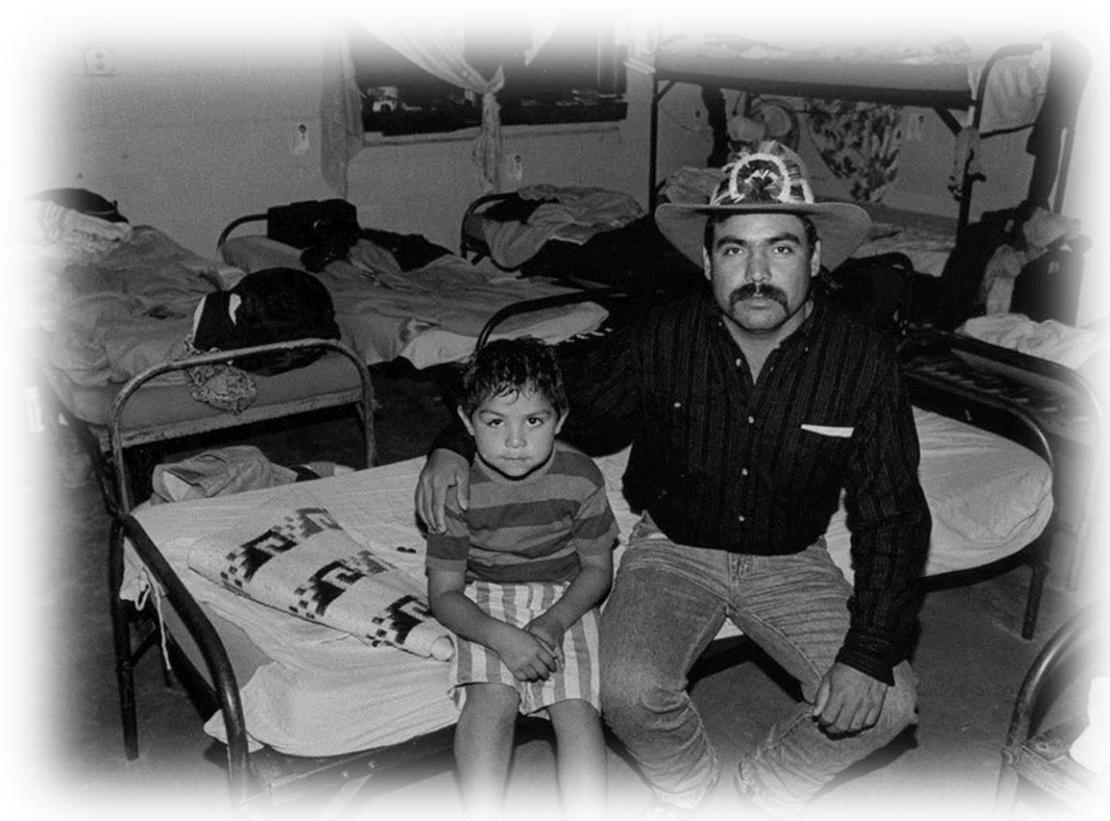
The AAP, AAFP, ACP, and AOA, representing approximately 333,000 physicians developed these joint principles and issued them Feb. 2007

HRSA Support for PCMH

- HHS 2015 Goal: 55% of Health Centers with PCMH recognition
- HRSA support for PCMH recognition/certification
 - National Committee for Quality Assurance (NCQA), The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC)
 - State-based recognition programs (MN, OR)
 - CMS FQHC Advanced Primary Care Practice Demonstration
 - Health Center Quality Awards

How can we promote medical home transformation designed to include patients who experience barriers to health care due to mobility, poverty, language and culture?





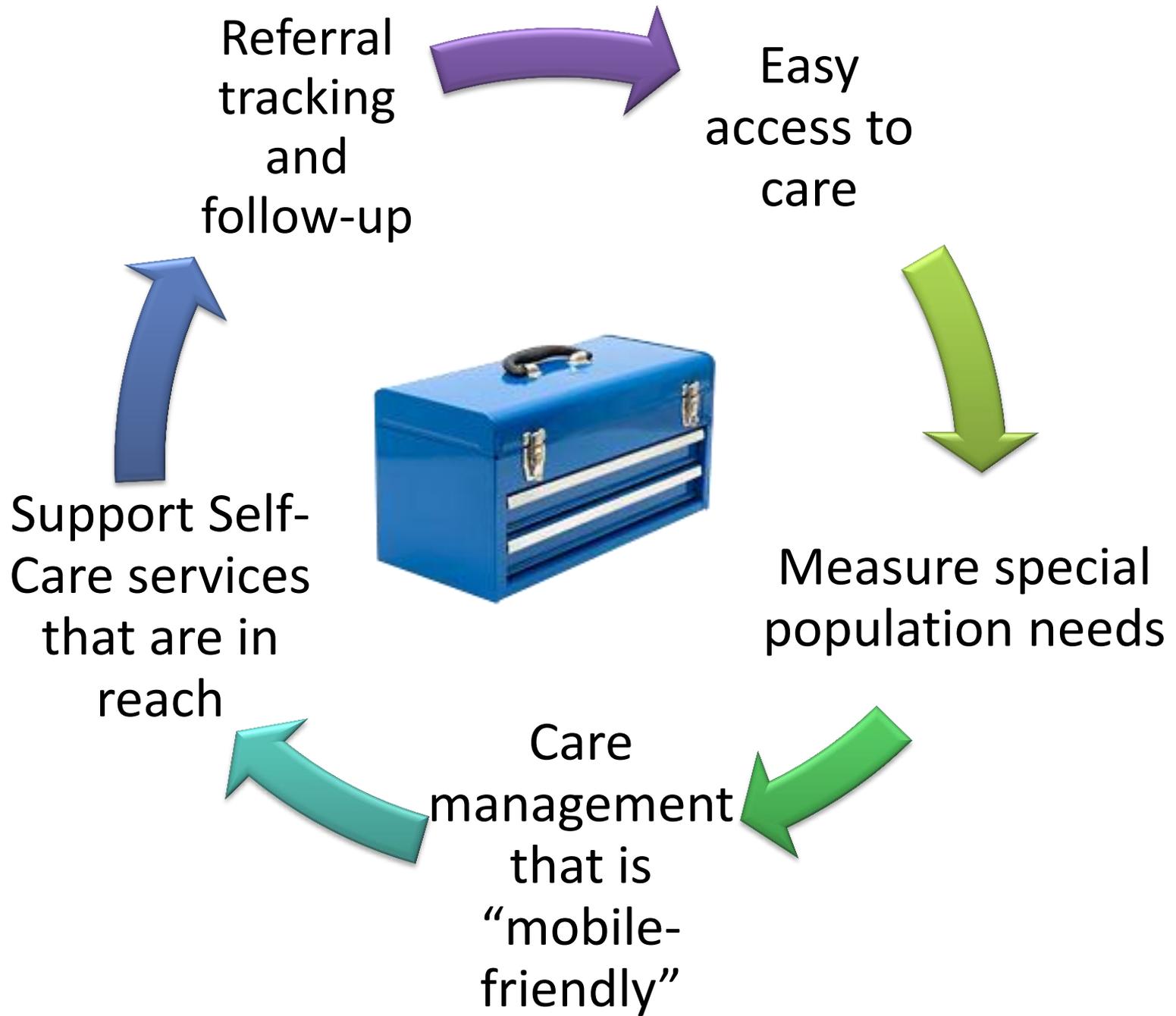
Adaptations within the PCMH framework are necessary for positive health outcomes

An adapted mobile medical home includes....

Integrative approach between disciplines and across sites of care

Increased capacity for health information technology to be transmitted

Intensive primary care both in-center and out in the community



Access During Office Hours

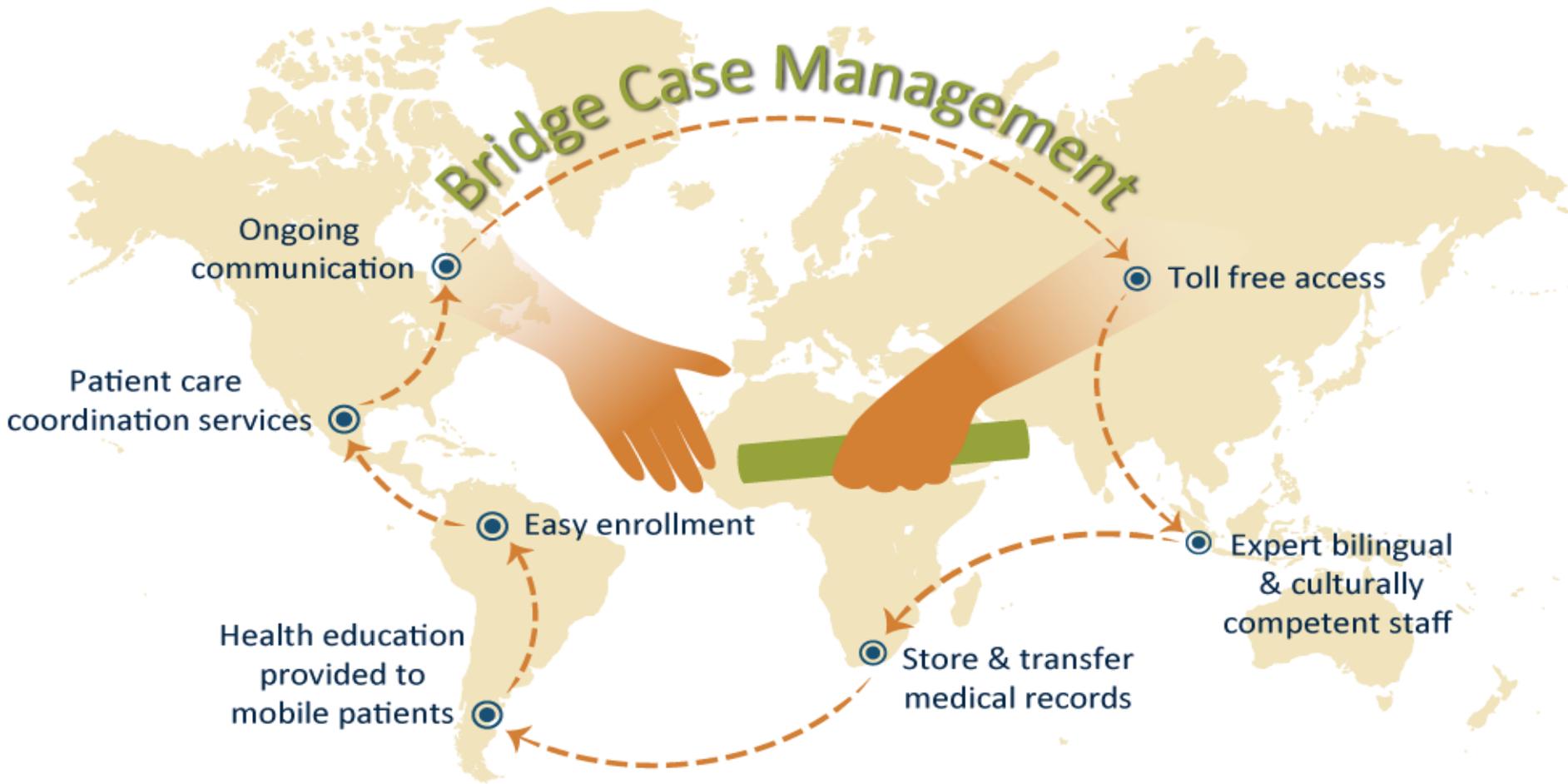
Open Access Checklist for Migratory Workers

- ✓ **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 migratory workers in the region by month, the typical work hours and the transportation available to them.
- ✓ Open Access scheduling permits an influx of migratory patients to be seen as **seasonal variance** is experienced
- ✓ Open Access scheduling **accommodates** the work hours, transportation issues and geographic **barriers** experienced by migratory workers.

Data Tool for Population Management

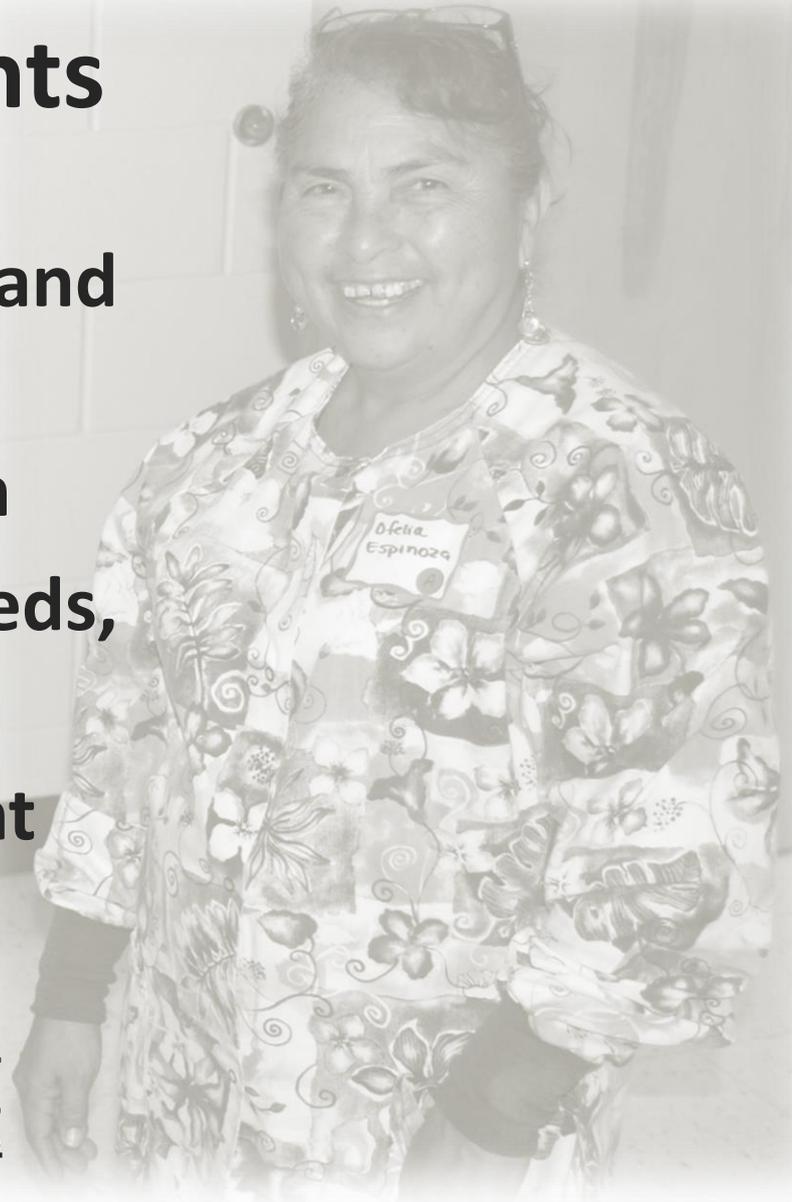
- Center measures (examples):
 - ✓ # migratory workers and dependents with subcategories of children, retired, disabled and adult in retrievable EHR entries
 - ✓ Occupational and environmental health conditions associated with crop work in the health center's region
 - ✓ Core measures by migratory status
 - ✓ Access to specialty services for migratory worker population
 - ✓ ED use and hospitalization of migratory worker population

Health Network



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How to Find the Closest Health Center

HRSA - Community Health Center Directory:

<http://findahealthcenter.hrsa.gov/>

NCFH - Migrant Health Center Pocket Directory:

<http://www.ncfh.org/docs/2014%20MHC%20directory.pdf>

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



- Migrant Clinicians Network
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 migrant and seasonal farmworkers 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.

1126 16th St., NW, Suite 270
Washington, DC 20036
202-293-5420 voice
202-293-5427 fax
www.farmworkerjustice.org



FARMWORKER JUSTICE

Empowering farmworkers to improve their living and working conditions since 1981

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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.

- Overview
- Immigration And Labor
- Health Initiatives
- Occupational Health And Safety



Building healthier farmworker communities

Learn More

Get Involved

Your support is critical to

LATEST NEWS

Featured Blog

Immigration

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 farmworkers 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 farmworkers and other vulnerable populations.



HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

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

Oakland, CA • Seattle, WA • Washington, DC
405 14th Street, Suite 909, Oakland, CA 94612

www.outreach-partners.org



Health Outreach Partners

ADVANCING GRASSROOTS COMMUNITY HEALTH MODELS | WWW.OUTREACH-PARTNERS.ORG

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Photo courtesy of Columbia Basin Health Association

You were wonderful. This is my first HOP Training and it was excellent experience. Very informative, educational and supportive. I greatly appreciate all the hard work & effort it took to put the training together. It showed! I learned a lot and had fun doing it! -

Training Participant

ANNOUNCEMENTS

SISTER C AWARD NOMINATIONS

HOP is now accepting nomination for the Sister C Award! [Click here](#) to learn more.

KAISER FAMILY FOUNDATION

Click the link below to learn about and access a new brief coauthored by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured (KCMU) and Health Outreach Partners! The brief examines how the Affordable Care Act (ACA) may impact immigrant families based on data collected from Outreach/Eligibility Workers in four regions of the country and supported by needs data from several health outreach programs around the country.

FACTSHEETS

These short, in-depth information sheets provide key findings on selected topics from HOP's Breaking Down the Barriers Report.



Click topic links to [DOWNLOAD](#)

[Executive Summary](#)

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



Offices in:

Florida • Michigan • Ohio • Texas • Washington

(800) 461-8394

info@mhpsalud.org

www.mhpsalud.org

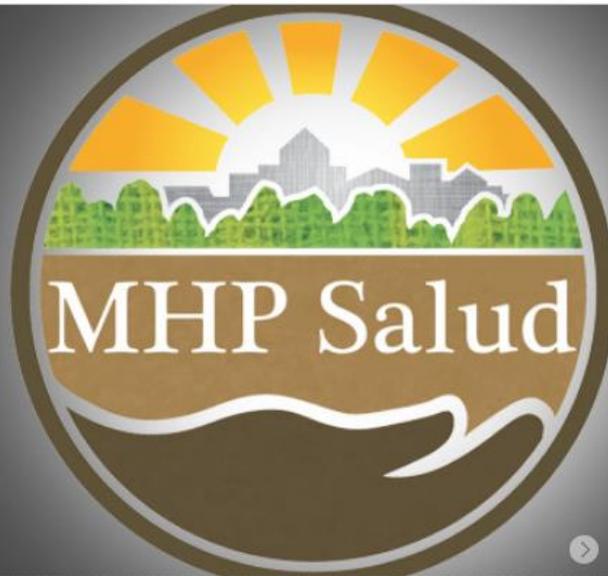


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Outcomes-Driven
Experienced
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Our Mission

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.

[read more](#)

♥ 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.

Migrant Clinicians Network



A force for health justice for the mobile poor

Migrant Clinicians Network is a national, not-for-profit organization founded in 1984 by clinicians working in migrant 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 migrants and other mobile poor populations through innovation and clinical excellence in providing research, programming, support, technical assistance, and professional development services to clinicians.

Main Office

P.O. Box 164285

Austin, TX 78716

(512) 327-2017 phone

(512) 327-0719 fax

www.migrantclinician.org

A force for health justice for the mobile poor



Finding care for patients on the move



Strengthening What Works



A Year in Review: 2011



Upcoming Webinar

News & Announcements

Upcoming Events

Latest Resources / Tools

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June 28, 2012

[Congratulations to the most recent HRSA-funded New Access Grant Recipients!](#)

June 15, 2012

[MCN MAIL: ADLE... \(truncated\)](#)

July 20, 2012

[New Use Restrictions on Insecticide Chlorpyrifos by EPA](#)

June 27, 2012

[MCN Blog: Dr. Timothy Dunn Examines Attitudes on Immigration](#)

June 08, 2012

[... \(truncated\)](#)

July 20, 2012

[NIOSH Requests Information from Healthcare Providers](#)

June 19, 2012

[TRAINING: Community Health Worker Certification Course available in Texas!](#)

May 31, 2012

[... \(truncated\)](#)



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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.

7200 Wisconsin Ave., Suite 210
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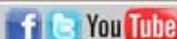
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NACHC ALERTS

6.5.12 [NEW: COMMUNITY HEALTH CENTERS AND VETERAN HIRING](#) issue brief – Now Available for download!



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



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.

Now 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

1770 FM 967 Buda, TX 78610
(512) 312-2700 (800) 531-5120
www.ncfh.org



NCFH

National Center for Farmworker Health, Inc.

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New Issue of Migrant Health Newline now Available



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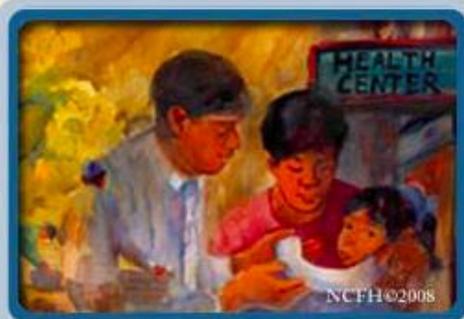
The National Center for Farmworker Health (NCFH), established in 1975, is dedicated to improving the health status of farmworker families by providing information services and products to a network of more than 500 migrant health center service sites in the United States as well as organizations, universities, researchers, and individuals involved in farmworker health.

We are 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."

We invite you to browse our website and learn about our programs, products, and services in support of our mission, which include: migrant and farmworker resources, training and technical assistance, staff development, health education, program development, policy analysis, and case management of primary care services.

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Commemorative Artwork Series

Each year NCFH commissions an original artwork by a prominent artist to help raise awareness & funds for the Migrant Health Scholarship Program. [learn more...](#)

Search Our On-Line Library

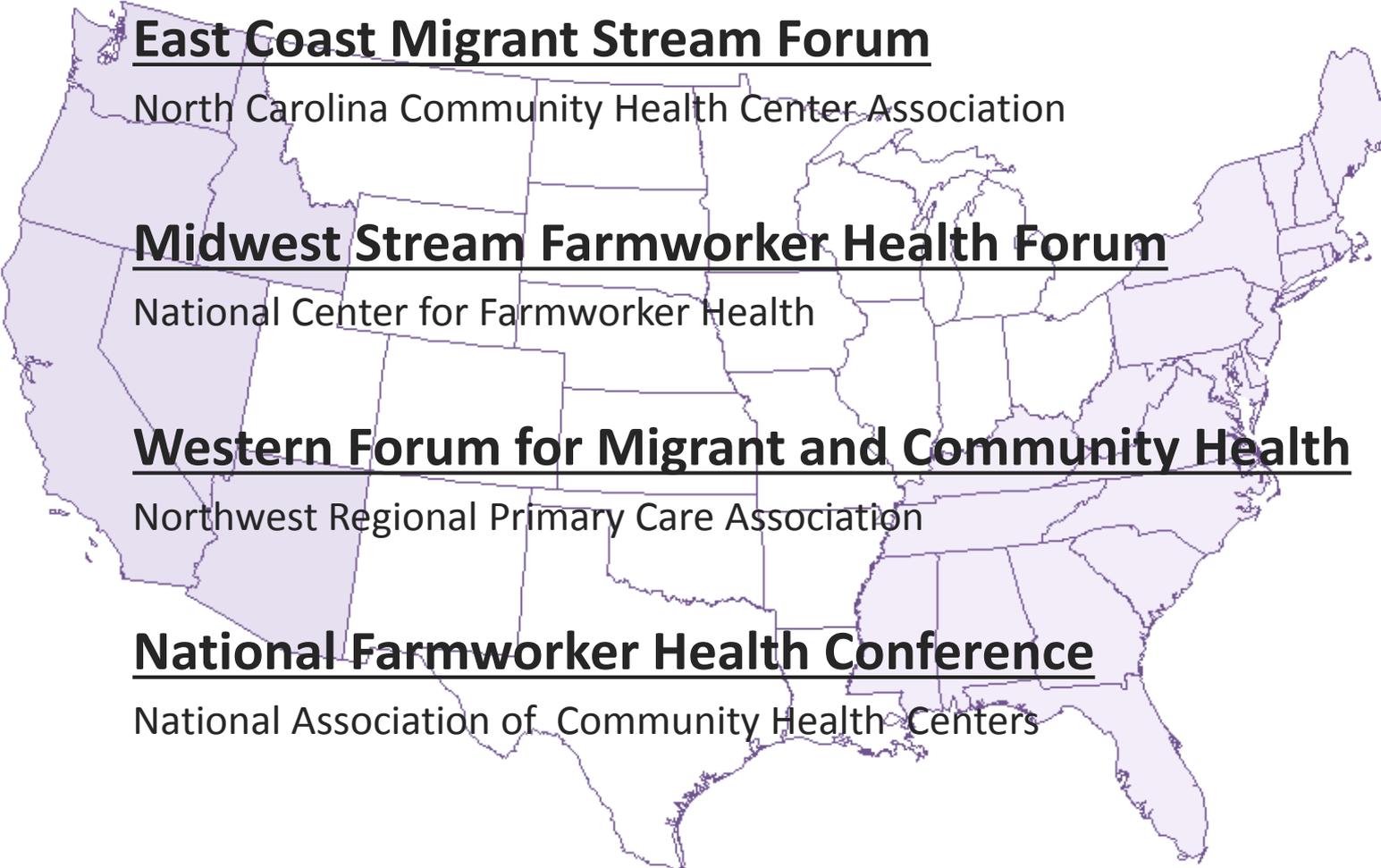
The NCFH Library contains over 6,000 farmworker related items including patient education materials (in both English and Spanish), research studies and reports, videos, books, and much more. You can download and/or order many of these items from your computer. [learn more...](#)

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East Coast Migrant Stream Forum

North Carolina Community Health Center Association

Midwest Stream Farmworker Health Forum

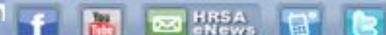
National Center for Farmworker Health

Western Forum for Migrant and Community Health

Northwest Regional Primary Care Association

National Farmworker Health Conference

National Association of Community Health Centers



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