



Migrant Health 101

An Introduction to Migrant Health

**Presented by
Farmworker Health Network**

**Midwest Stream Forum for Agricultural Worker Health
November, 2016
San Antonio, TX**



Workshop Components

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

Timeline of Legislative Action

Migrant Health Act

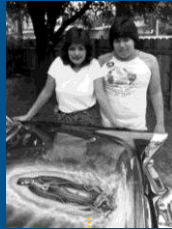
Aid to agencies that provide community health services to migrant agricultural workers and their families



1962

Migrant and Seasonal Agricultural Worker Protection Act

Basic labor protections under labor contractors



1983

Health Centers Consolidation Act

Consolidates MHC, HCH, public housing and CHCs under Section 330 Authority



1996

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.



2010

1975



Public Health Service Act

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

1992



Worker Protection Standard

sets minimum standards for protecting farmworkers from pesticide exposure

2009



ARRA

stimulus legislation provides for \$2 Billion for the CHC Program (25% for services, 75% for construction, renovation and HIT).

2014



ACA fully implemented

UDS Manual 2015

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:



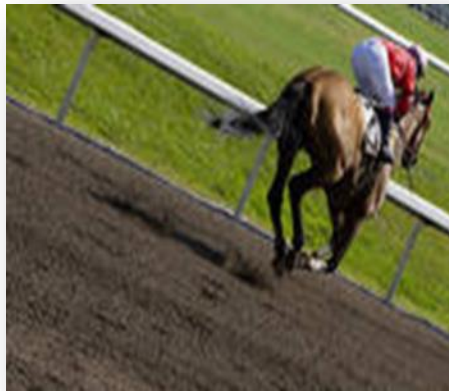
**Transportation of Livestock
(Industry 488999)**



**Meat and Meat Product
Merchant Wholesalers
(Industry 42447)**



**Landscaping
(Industry 561730)**



**Spectator Sporting
(Industry 711219)**



**Trucking Timber
(Industry 484220)**

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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Agricultural Worker Demographics¹

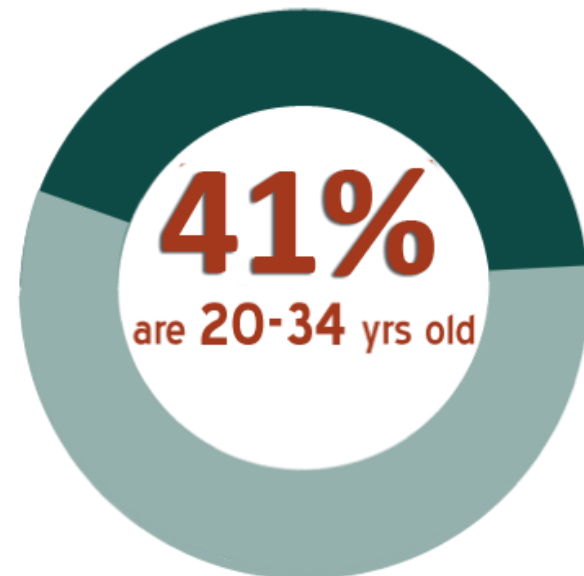
2.5 million

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.

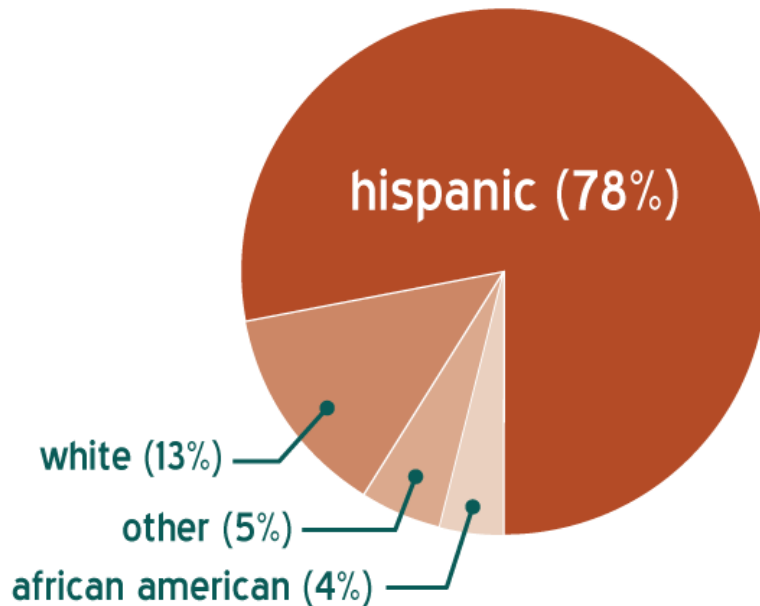
3. Martin P. Immigration reform: implications for agriculture University of California, Giannini Foundation. Agricultural and Resource Economics Update. 2006;9(4).

Agricultural Worker Demographics¹

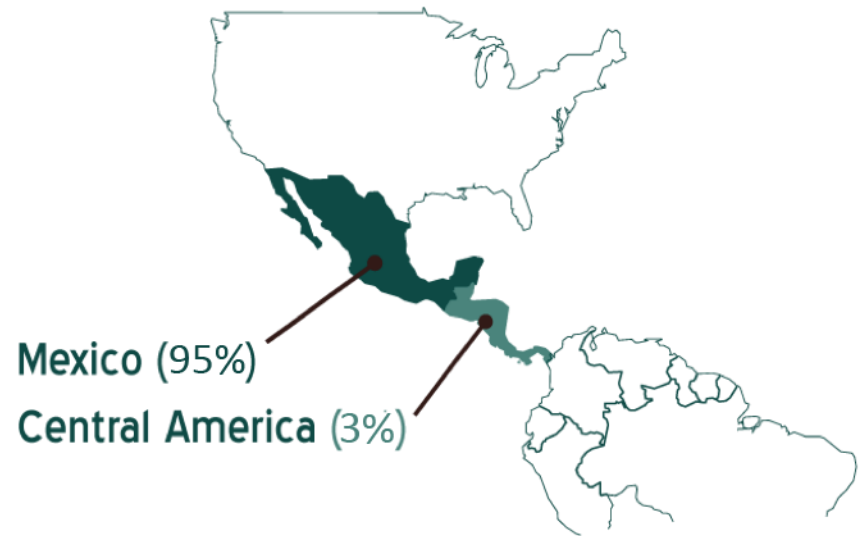


Spanish

dominant language



71% foreign born

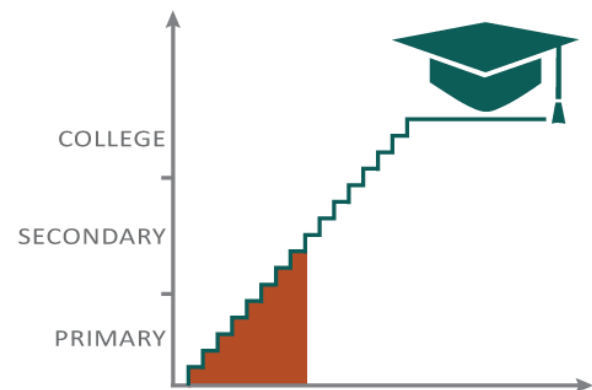
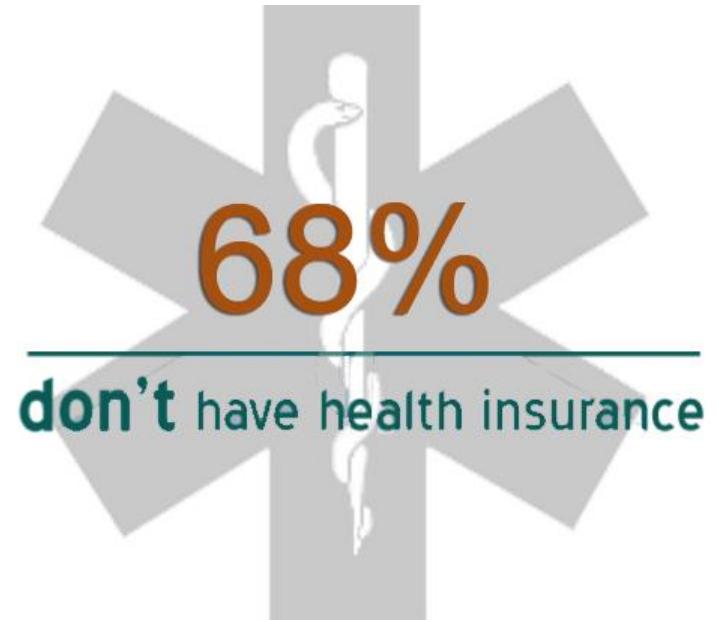


39% had no healthcare visit in last 2 years

Agricultural Worker Demographics¹

Average 2015 individual
agricultural worker income:
\$20,090⁴

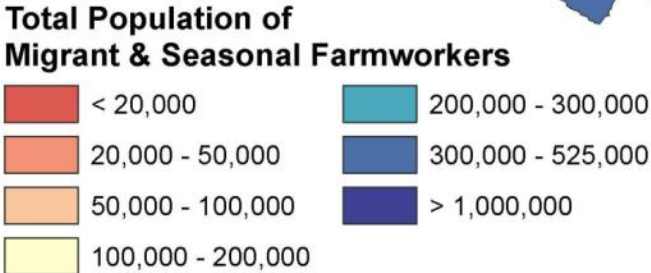
25% of agricultural worker
families had total family
incomes below 100% of the
Federal Poverty Level



4. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2016-17 Edition*, Agricultural Workers, on the Internet at <http://www.bls.gov/ooh/farming-fishing-and-forestry/agricultural-workers.htm>

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

Number of Migratory & Seasonal Agricultural Workers By State



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, and others)



Increasing number of indigenous agricultural workers



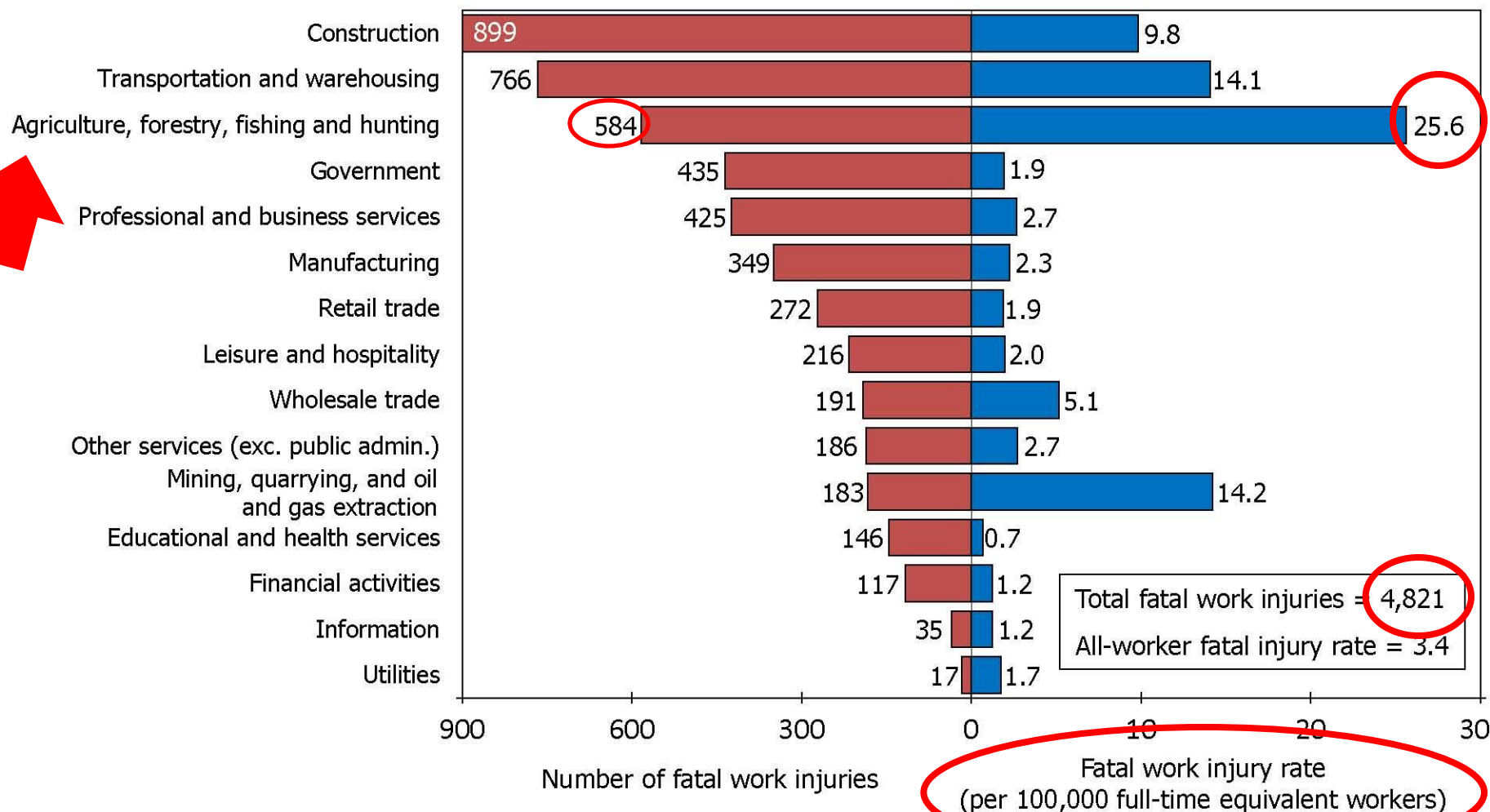
Less available housing (more dispersion of population)

A photograph of a man wearing a blue baseball cap, a yellow and white striped polo shirt, and blue jeans, operating a green tractor. He is looking towards the camera with a slight smile. The tractor is yellow and green, and the background is a blurred field.

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Number and rate of fatal occupational injuries by industry sector, 2014



Private construction had the highest count of fatal injuries in 2014, but the private agriculture, forestry, fishing and hunting sector had the highest fatal work injury rate.

Data for all years are revised and final.

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 <http://www.bls.gov/iif/oshnotice10.htm>.

Source: U.S. Bureau of Labor Statistics, Current Population Survey, Census of Fatal Occupational Injuries, 2016.

In 2014, 584 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

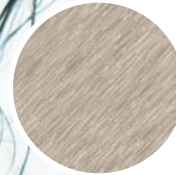




Anxiety



Stress



Depression

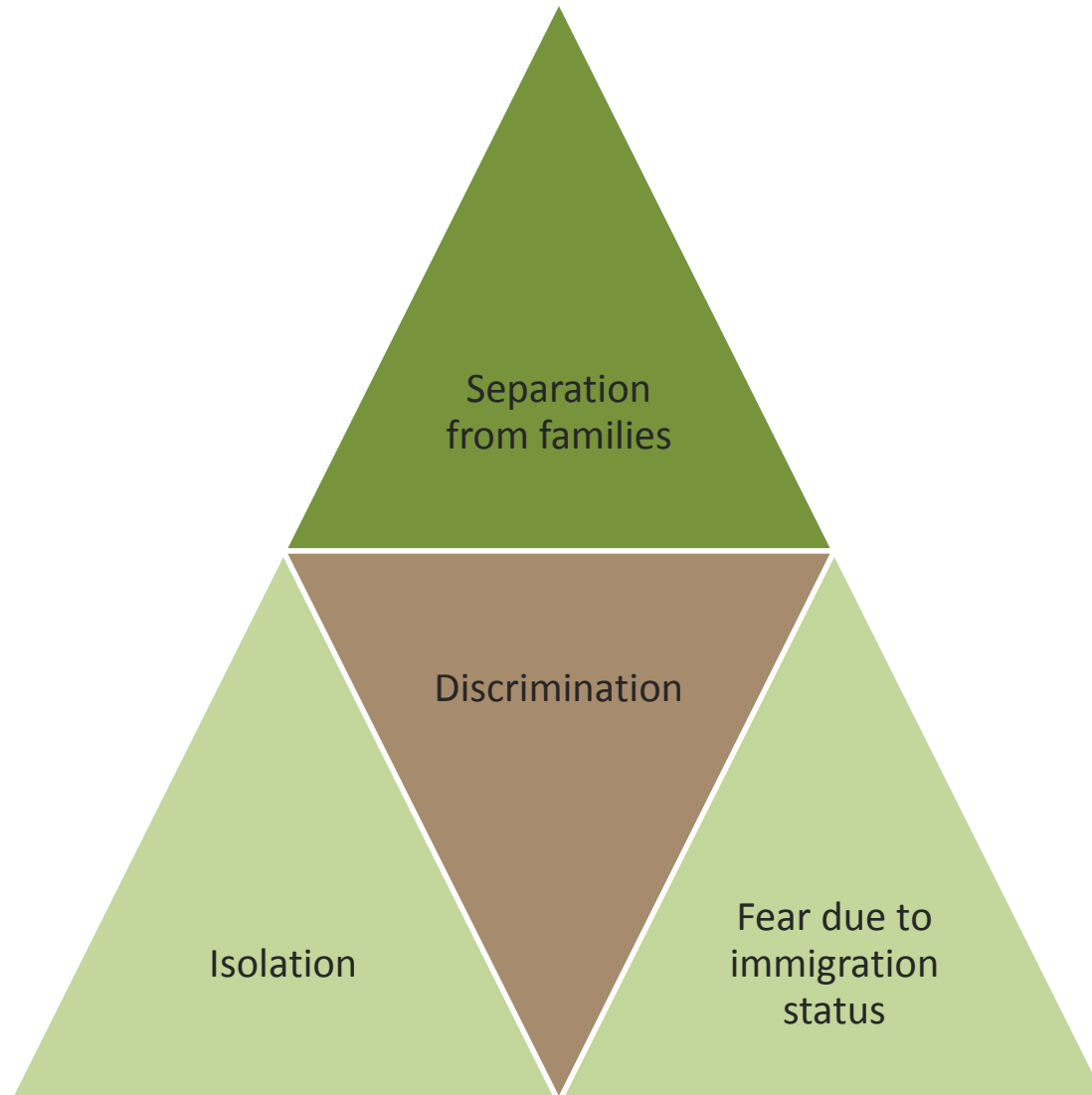


Substance
abuse



Domestic
violence

Contributing Factors to Mental Health Challenges



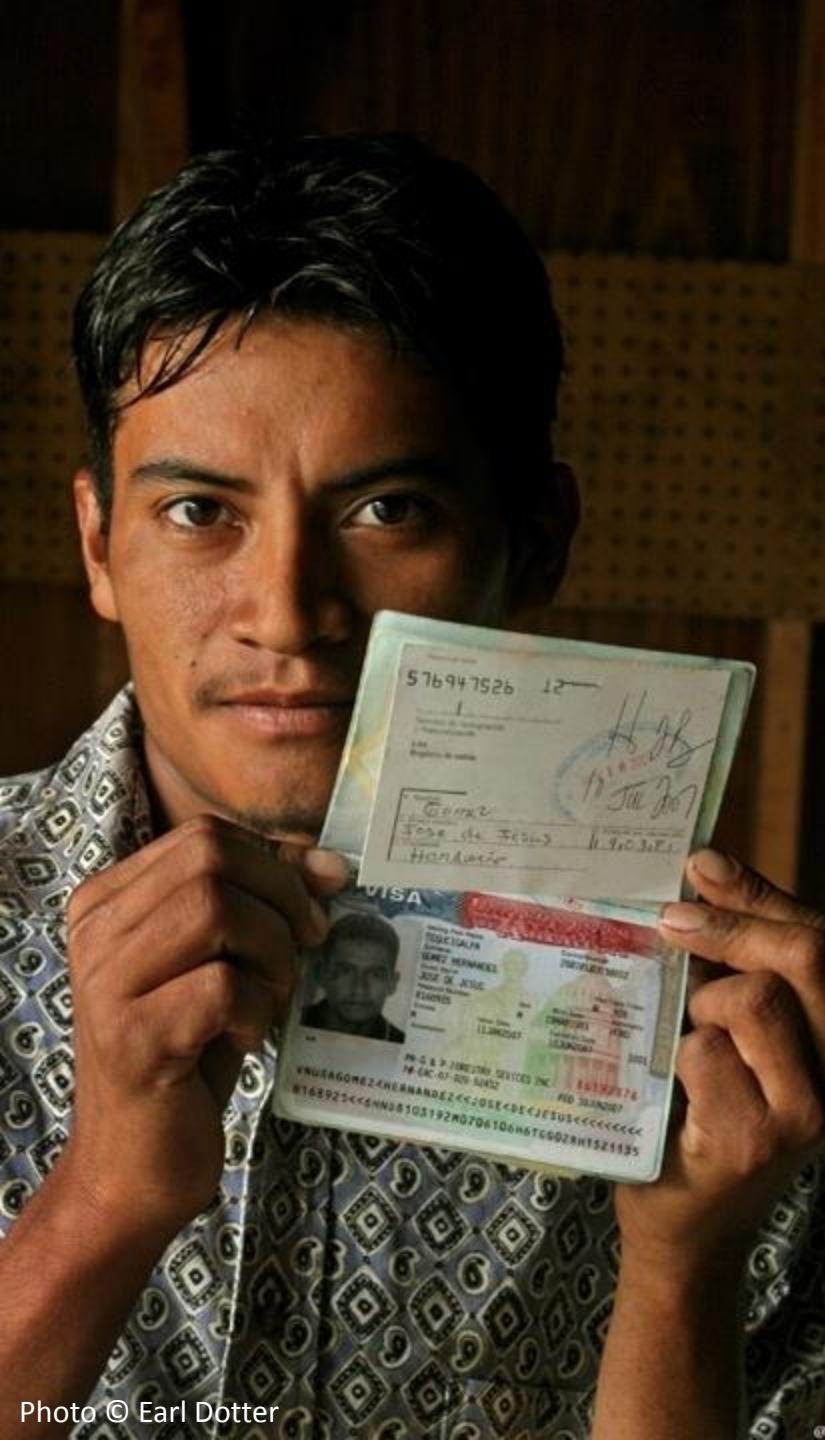
Barriers to Care and Healthy Lifestyles

- **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**

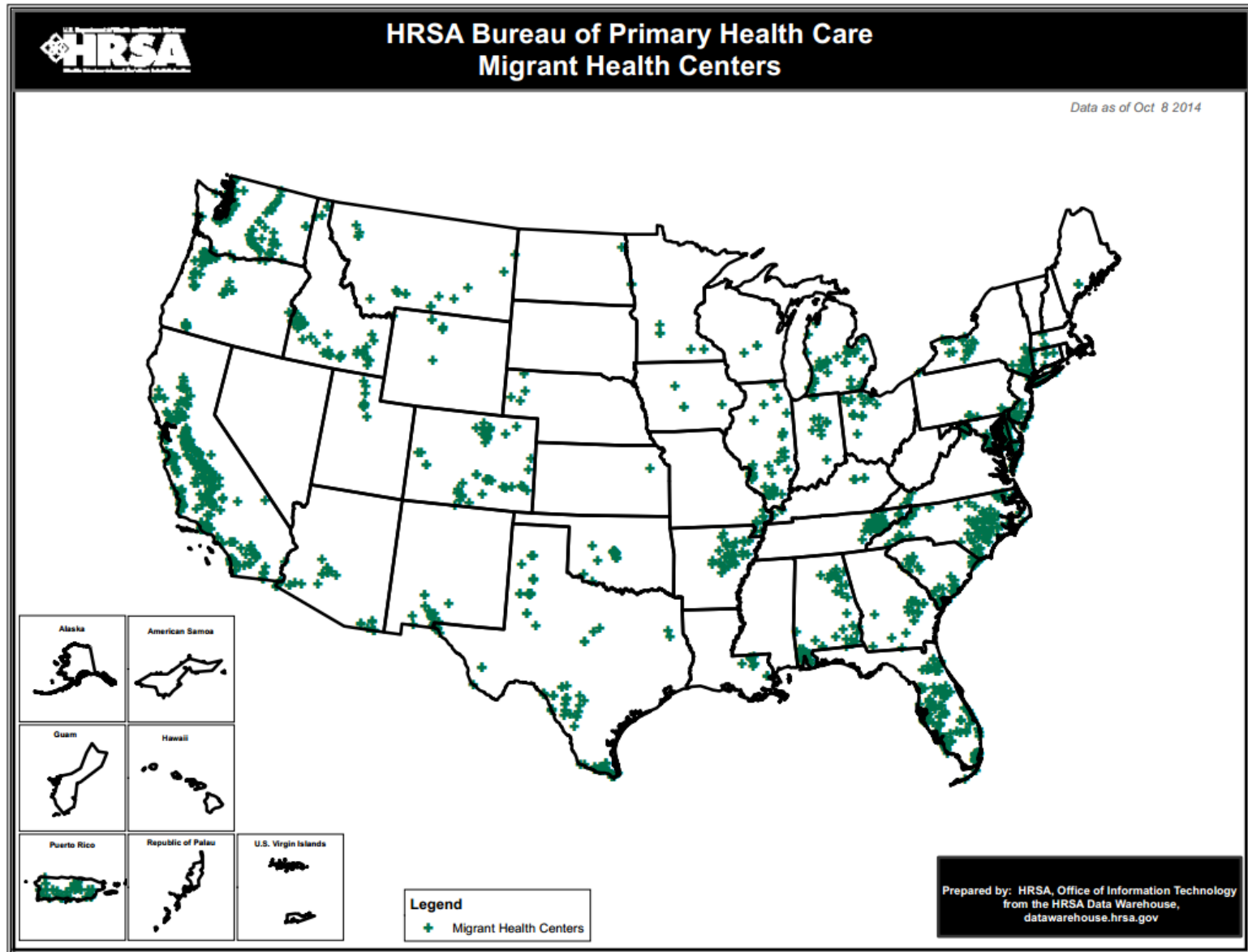
Workshop Components

- 
- A woman wearing a white baseball cap, a purple t-shirt with the word 'Building' in yellow script, and blue jeans is kneeling in a field of dry, harvested crops. She is smiling and looking towards the camera. In front of her are several white plastic buckets. The background shows a vast field under a bright sky, with other people visible in the distance.
1. Historical Perspectives and Legislation
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Public Health Section 330 Delivery Sites

- By August, 2015 BPHC is now supporting over **1,300** health care grantees including homeless, school based, public housing and migrant health
- In 2015, **174** of those were funded to provide services to the migratory and seasonal agricultural worker population
- **910,172** agricultural workers were reported as served by Migrant and Community Health Centers in 2015

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



Photo: MHP Salud



Photo: Crystal Nguyen



Photo: Robert Poole

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

Service Delivery Challenges

Continuity of Care

- MSAWs may seek care only when necessary
- MSAWs 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

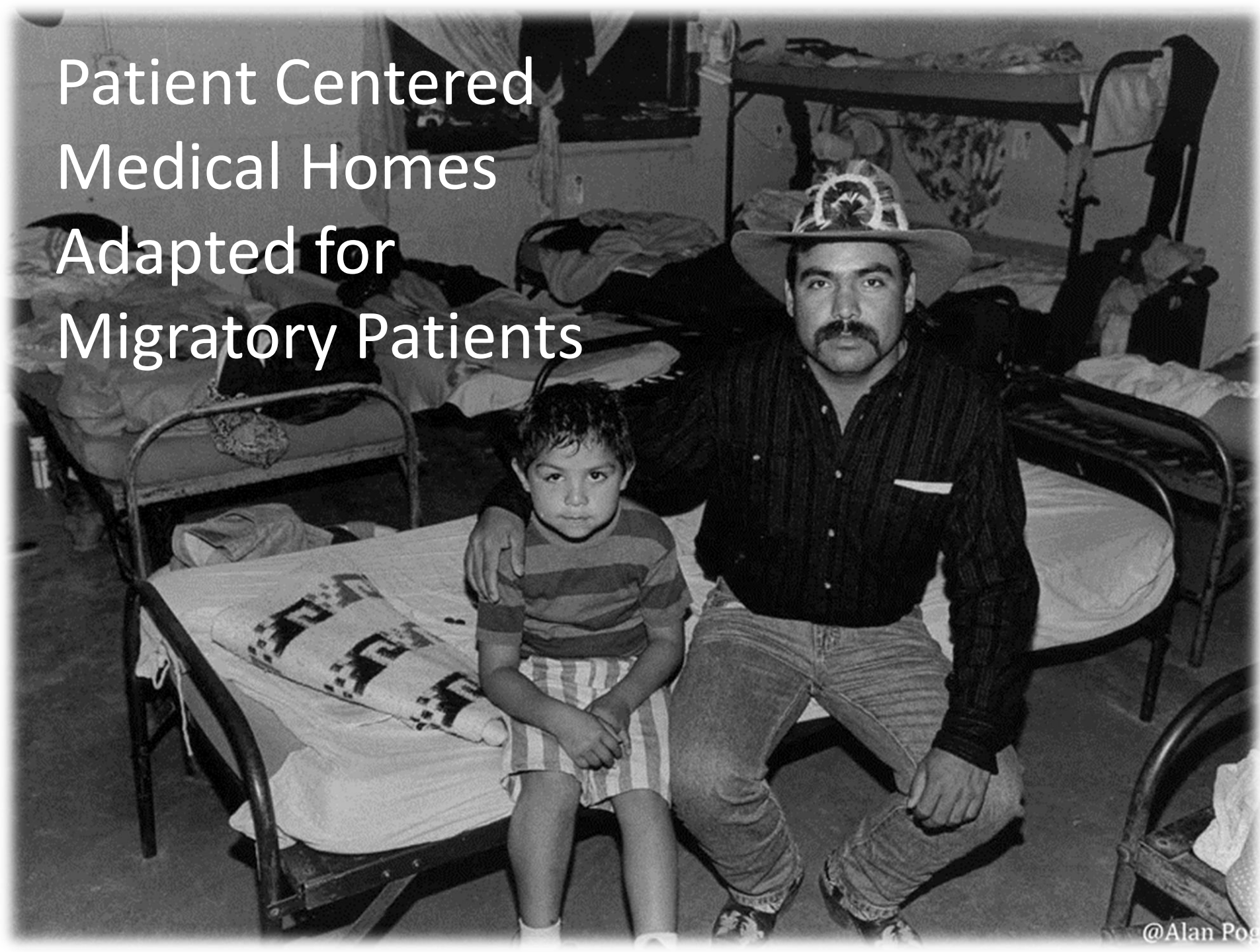
Voucher Program Model

- Used where a traditional model may not be the best option.
 - Short growing seasons
 - Lower numbers or density of MSAWs
- Provide services to MSAWs 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



Photo by Tony Loreti for
MHP Salud

Patient Centered Medical Homes Adapted for Migratory Patients



HHS 2015 Goal: 55% of
Health Centers with PCMH
recognition



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

Referral
tracking
and
follow-up



Easy
access to
care



Measure special
population needs



“Mobile-
friendly” care
management



Support Self-Care
services that are
“mobile friendly”



Focus on Adaptations to Specific PCMH Elements



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 migratory workers in your area by month, typical work hours and transportation options.
- ✓ Open Access scheduling permits an influx of migratory patients to be seen during **seasonal variance**.
- ✓ **Accommodate** the work hours, transportation and geographic barriers experienced by migratory workers.

**Measure
Special
Population
(Migrant)
Needs**

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

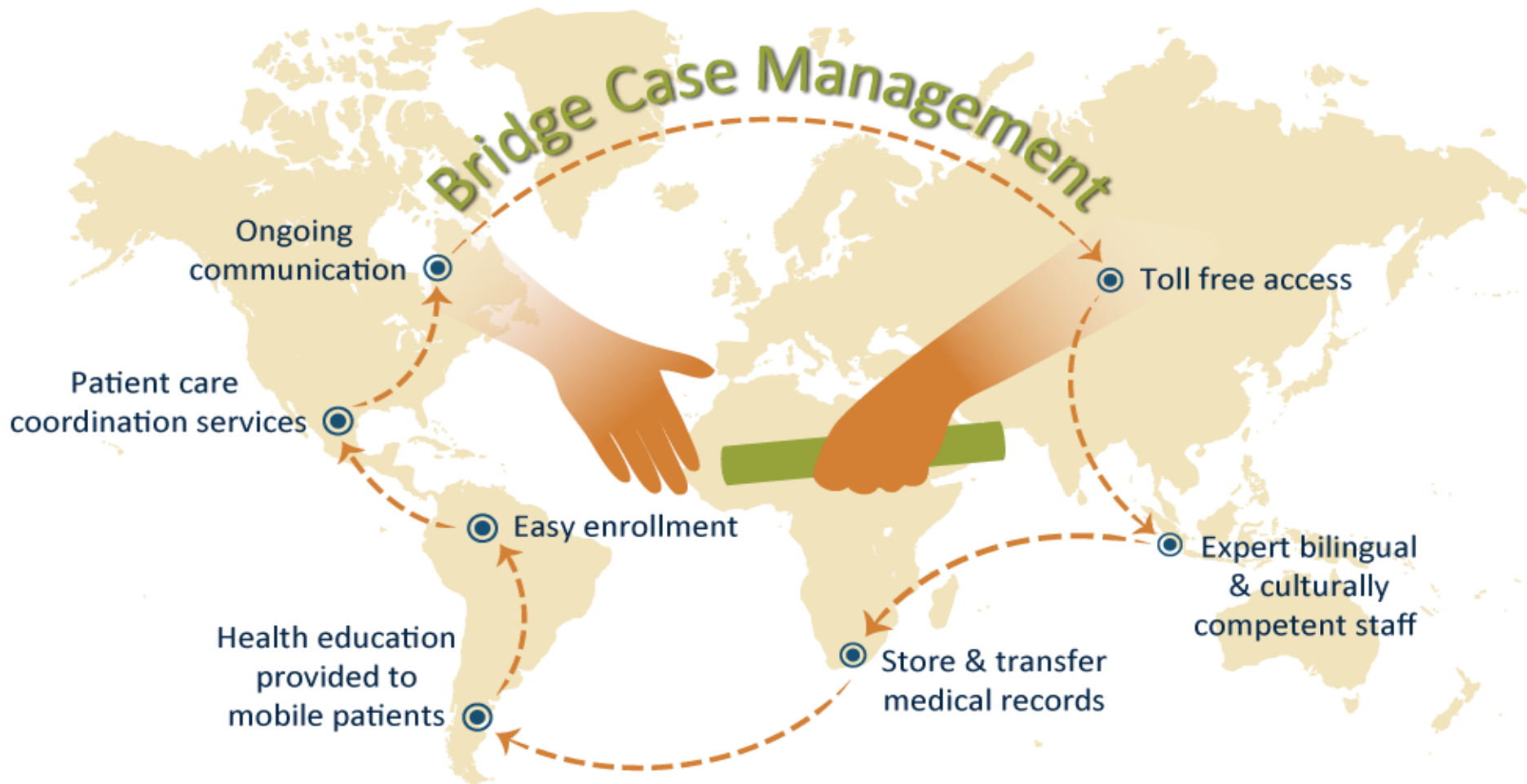
***Sample
Questions***

Core measures by migratory status

Access to specialty services for migratory worker population

ED use and hospitalization of migratory worker population

“Mobile-Friendly” Care Management AND Referral Tracking and Follow-up Health Network





AG WORKER ACCESS 2020 CAMPAIGN



NCFH

National Center for Farmworker Health, Inc.



NATIONAL ASSOCIATION OF
Community Health Centers

JOIN THE **AG WORKER ACCESS 2020** CAMPAIGN

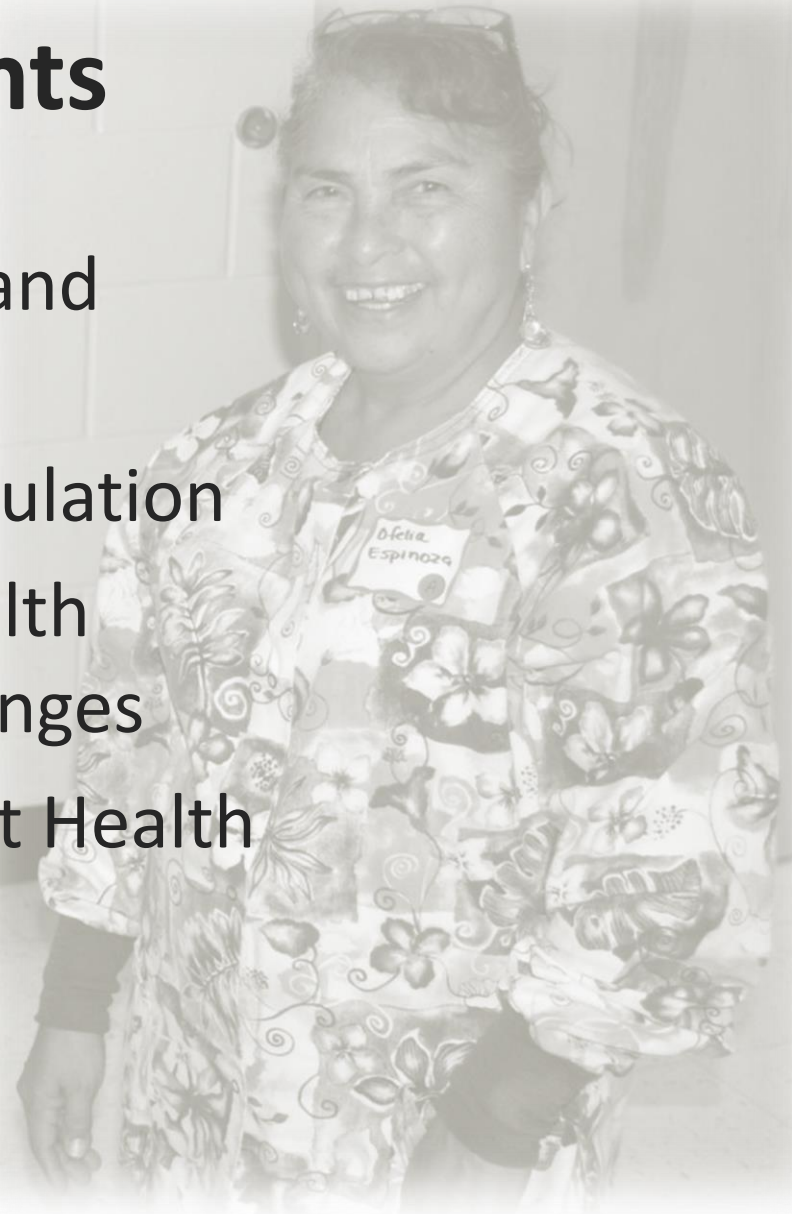
Approximately 20% of Ag Workers are being served in Community & Migrant Health Centers. The goal is to increase that number to 2 million people served. We can't do it without your help!



**I CARE ABOUT AMERICA'S
AGRICULTURAL WORKERS**

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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.

[Learn More](#)

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



Building healthier farmworker communities

[Get Involved](#)[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 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.



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

www.outreach-partners.org

Oakland, CA

(satellite office: Helena, MT)



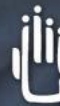
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RESOURCES

WEBINARS

OBV TOOLKIT



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



SERVICES

Learn about how HOP can support the work that you are doing.

[REQUEST A SERVICE](#)



RESOURCES

Access HOP's outreach toolkits, case studies, reports, & more.

[FIND WHAT YOU NEED](#)



WEBINARS

Register for upcoming webinars and view archived webinars.

[ATTEND A WEBINAR](#)



OBV TOOLKIT

Make the financial case for your outreach program.

[FIND OUT HOW](#)

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



Offices in:

Florida • Michigan • Ohio • Texas • Washington

(800) 461-8394

info@mhpsalud.org

www.mhpsalud.org



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INNOVATIVE



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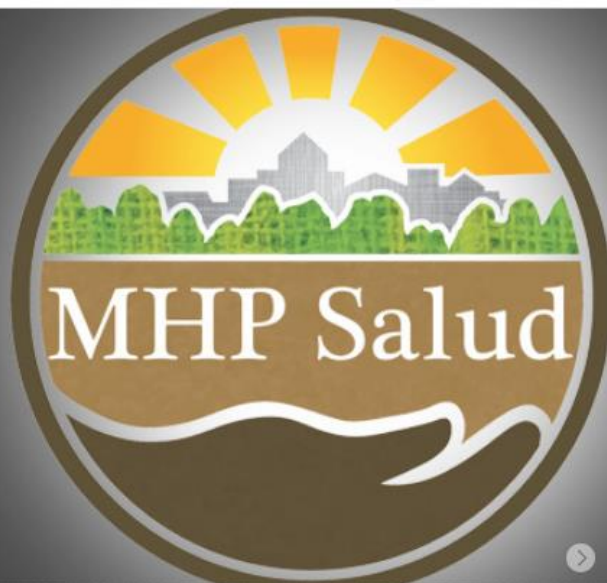
[Our CHW Programs](#)

[Making the Model Work for You](#)

[Online Resources](#)

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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.

[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



"Of all of the forms of inequality, injustice in health is the most shocking and the most inhumane." -- Martin Luther King, Jr

[Mailing List ▶](#)

◀ [Prevent Worker Illness
and Injury](#)

[Engage a Case Manager
for your Mobile Patient](#)

[Explore Issues in
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Violence](#) ▶

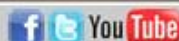
We're a non-profit organization on a mission to be:

“ *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.

7200 Wisconsin Ave., Suite 210
Bethesda, MD 20814
Phone: 301-347-0400
Fax: 301-347-0459
www.nachc.org

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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, 1/4 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.



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

NATIONAL CENTER FOR FARMWORKER HEALTH

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Meet 2015
Artist
and
Commemorative
Artwork



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Agricultural Workers 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 for Agricultural Worker Health

National Association of Community Health Centers

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Bureau of Primary Health Care

Find a Health Center

Health Centers provide high quality preventive and primary health care, even if you have no insurance. Search for locations near you >>



News & Announcements

[HRSA announces \\$63 million in ACA funding to expand quality improvement](#) (08/25/2015)

[HHS announces additional \\$169 million in ACA funding for health centers](#) (08/11/2015)

[FY 2016 Substance Abuse Service Expansion Supplement Technical Assistance](#) (07/30/2015)

[FY 2016 SAC Technical Assistance](#) (06/16/2015)



Program Opportunities

Funding opportunities for BPHC program participants, information to support Health Center Program look-alikes, and information about joining the Health Center Program.



Health Center Program Requirements

Resources to help current and prospective health centers understand program requirements.



Health Center Quality Improvement

Information on support networks, performance measures, and quality initiatives to support Health Center Program grantees and look-alikes.



Health Center Data & Reporting

Information on the Uniform Data System (UDS) for Health Center Program grantees and look-alikes, and access to health center data.