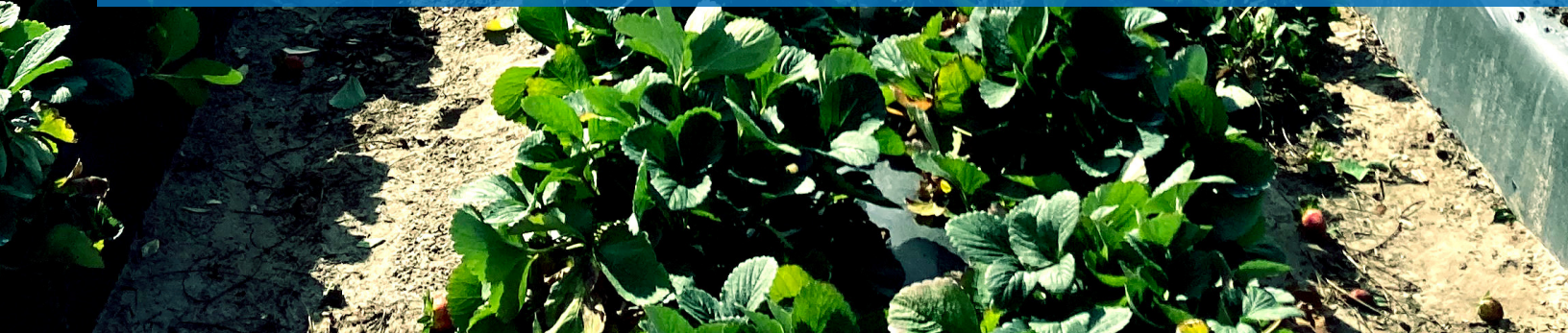
NCFH
National Center for Farmworker Health, Inc.

A Profile of Migrant Health

2022 Analysis of HRSA Health Center Data



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I. Introduction

Background on the Health Center Program

The Health Resources and Services Administration (HRSA) administers the Health Center Program, which provides federal grant funding to nearly 1,400 health centers that operate approximately 15,000 service delivery sites across the United States, Puerto Rico, the Virgin Islands, and the Pacific Basin to ensure all patients can access affordable, comprehensive, and high-quality primary care regardless of their ability to pay. Health centers are community-based organizations that reach individuals and families that often lack access to quality health care, such as those experiencing homelessness, residents of public housing, migratory and seasonal agricultural workers (MSAWs), and veterans.

While any health center may serve MSAWs and their family members, Migrant Health Centers (MHCs) serve the vast majority of MSAWs. One hundred and seventy-five MHCs receive federal grant funding to specifically serve MSAWs and their families and are required to report data on MSAWs through the Uniform Data System (UDS). Most of these MHCs also receive other types of funding from HRSA; however, a small number of MHCs exclusively receive Migrant Health funding (330g). In 2022, there were 9 Migrant Health only programs, located in Maine, Massachusetts, South Carolina, North Carolina, Georgia, Minnesota, Kansas, Iowa, and Montana. Historically, these health centers tend to primarily serve migratory workers and are located in smaller, less dense agricultural worker communities.

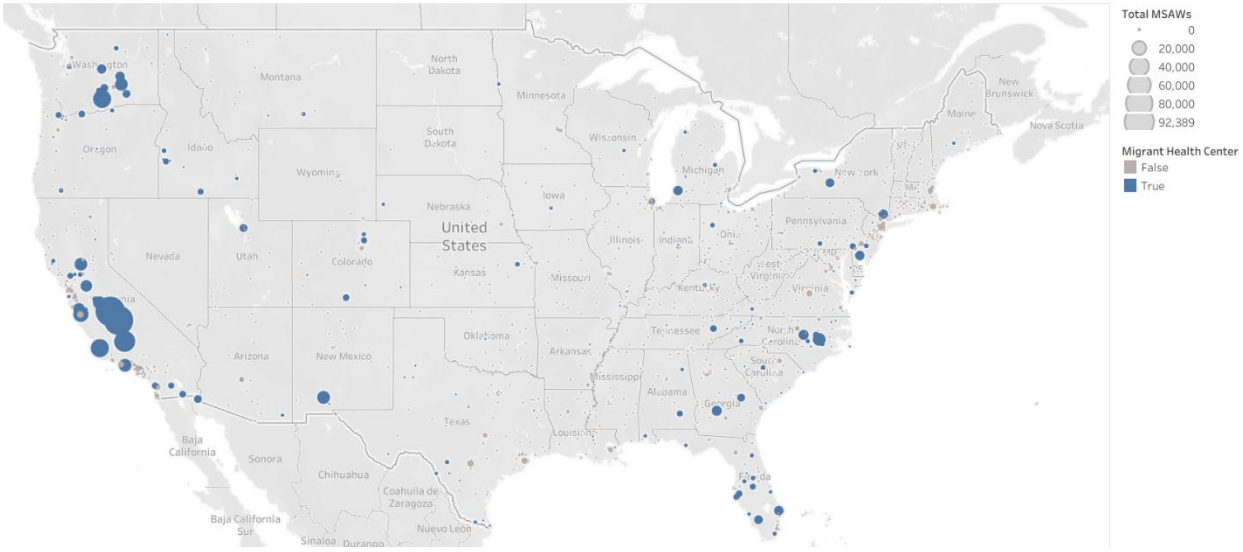
This report will analyze the most recent HRSA health center data, including the 2022 UDS (annual dataset) and Health Center Patient Survey (survey completed every five years). The analysis includes summary statistics and trends on MSAW patient demographics, socioeconomic factors, insurance status, health service utilization, and health diagnoses, with the goal of informing health center service delivery and outreach practices.

Agricultural Workers Served by Health Centers in 2022

In 2022, over 990,000 MSAWs received health care at health centers across the country, and 85% of MSAW patients were specifically served by the 175 MHCs. There are 40 unique states and territories where MHC main sites are located, and the majority have multiple delivery sites spanning various counties or areas. There are a total of 2,777 MHC delivery sites, with California, North Carolina, Florida, and Washington states housing the most sites.

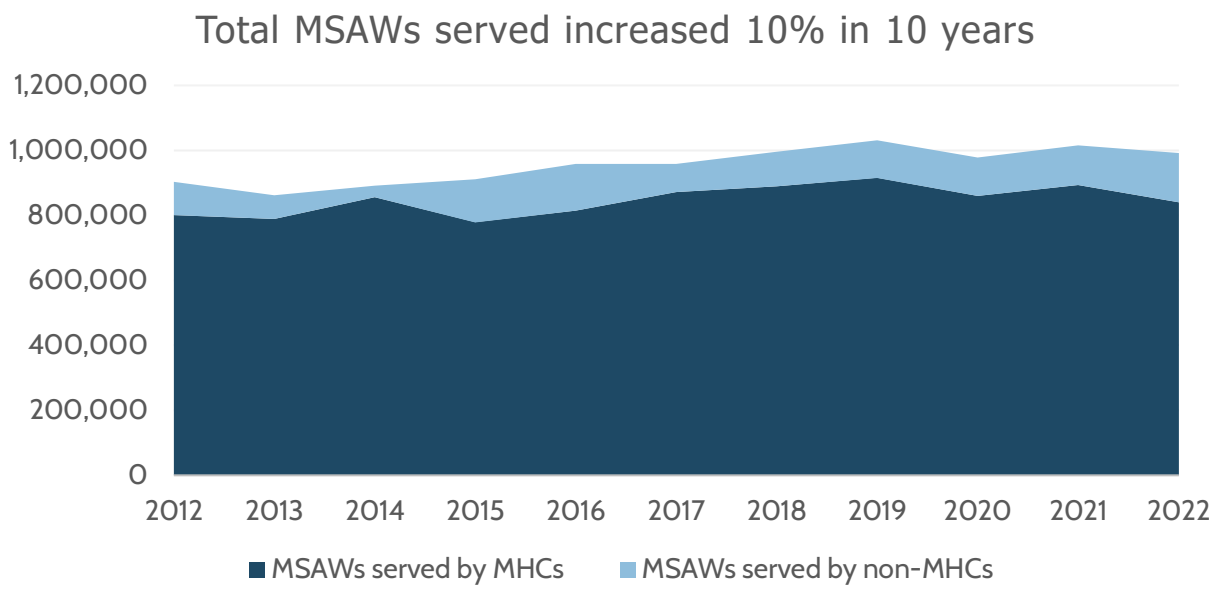
Health centers served 991,558 agricultural workers and their families in 2022

California MHCs served the most MSAWs in 2022 (58% of all MSAWs served by MHCs), followed by Washington, Florida, and North Carolina MHCs. This is in alignment with the National Center for Farmworker Health's MSAW population estimates available on NCFH's Farm Labor Data Dashboard, an interactive, web-based tool that integrates data from sources, such as the U.S. Department of Labor, the U.S. Department of Agricultural, and others to gain an understanding of the national landscape of farm labor. According to NCFH population estimates, 20% of the country's MSAWs work in California. Additionally, Washington (9%), Florida (4%), and North Carolina (3%) are in the top six states with highest estimated proportions of the country's MSAWs. Texas and Oregon also serve a large proportion of the country's MSAWs (6% and 3% respectively); however, they do not have large populations of MSAWs who received care at MHCs.



Click here to view the interactive map displaying the number of MSAW patients served by each health center. While each bubble represents where the health centers' main sites are located, most health centers have multiple delivery sites spanning multiple counties or areas.

Despite a 2% decrease in the total number of MSAWs served at health centers from last year, over the past decade the total number of MSAWs served at health centers nationwide increased 10%, from 903,089 MSAW patients in 2012 to 991,558 MSAW patients in 2022.



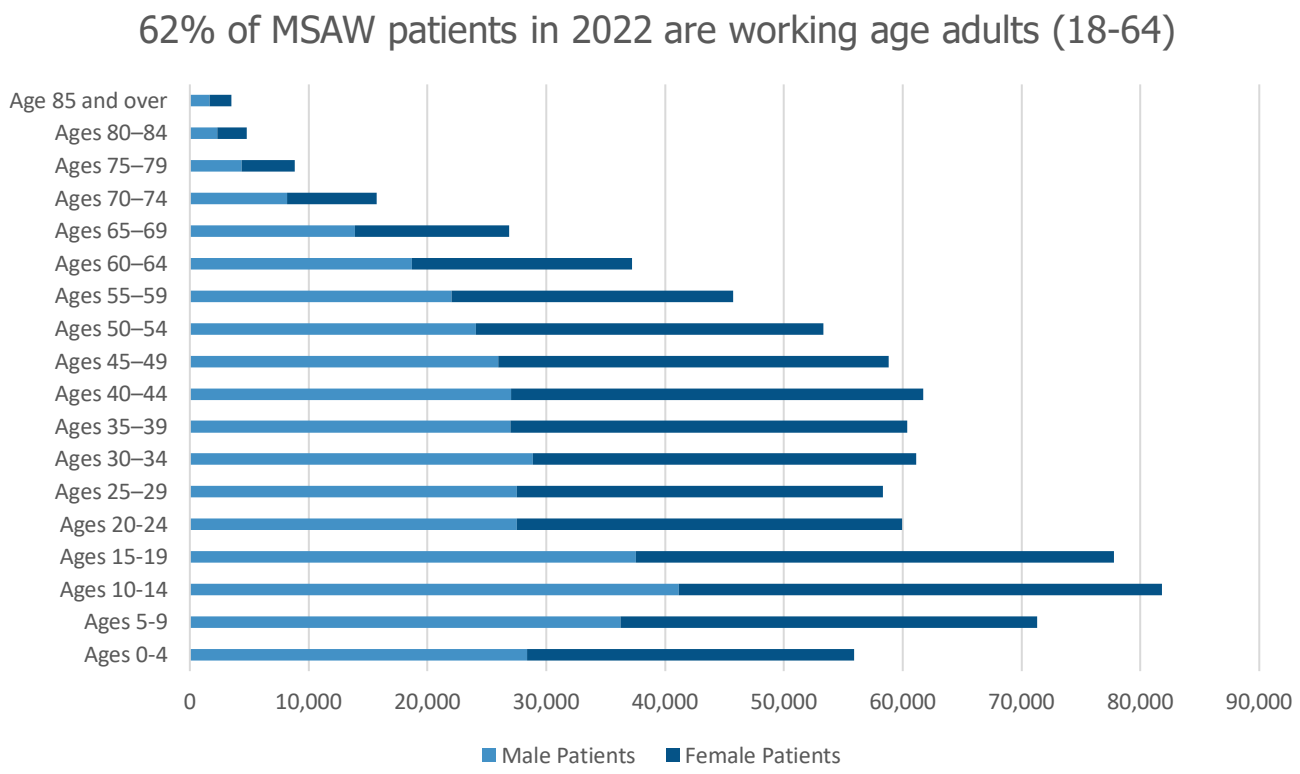
Increase Access to Care Network

The NCFH Increase Access to Care (IAC) for Agricultural Workers Program was launched in 2015 in collaboration with the Ag Worker Access Campaign as a training program to assist health center staff in the development and implementation of strategies to accurately identify, classify, and report their MSAW patients in the UDS, improve access to care, and expand outreach efforts. There are currently 44 health centers that participate in the IAC Network, who collectively served 381,497 MSAW patients in 2022 (38% of all MSAWs served by health centers).

II. Characteristics of MSAW Patients served by MHCs

Age Distribution

Approximately one-third (31%) of MSAW patients served by MHCs are children (0-18), 62% of MSAW patients are working age adults (18-64), and 7% are of retirement age (65+ years). There is a fairly even distribution of male and female patients by age.



RACE/ETHNICITY AND LANGUAGE

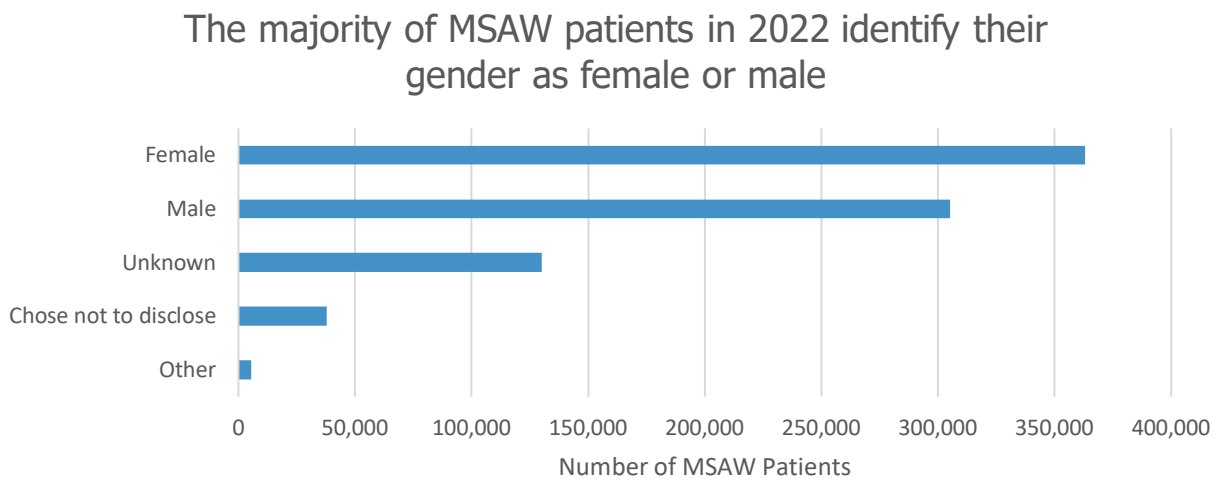
The vast majority of MSAW patients served by MHCs identify as Hispanic (89%) and are best served in a language other than English (63%), which includes those best served in sign language, those served by a bilingual provider, and those who brought their own interpreter. The dataset, however, does not specify which languages are represented. The remaining non-Hispanic MSAW patients identify as White (6%), Black/African American (2%), and Asian (1%). Less than 1% are American Indian/Alaskan Native, and less than 1% are Native Hawaiian/Pacific Islander. Less than 1% of MSAW patients indicated they identified with more than one race.

SEXUAL ORIENTATION AND GENDER IDENTITY

Of patients who reported sexual orientation, 99% identify as heterosexual, and less than 1% identify as lesbian or gay, bisexual, or other. Less than 1% of patients selected "other," representing patients who do not identify as male, female, or transgender, including those who identify as genderqueer or non-binary.

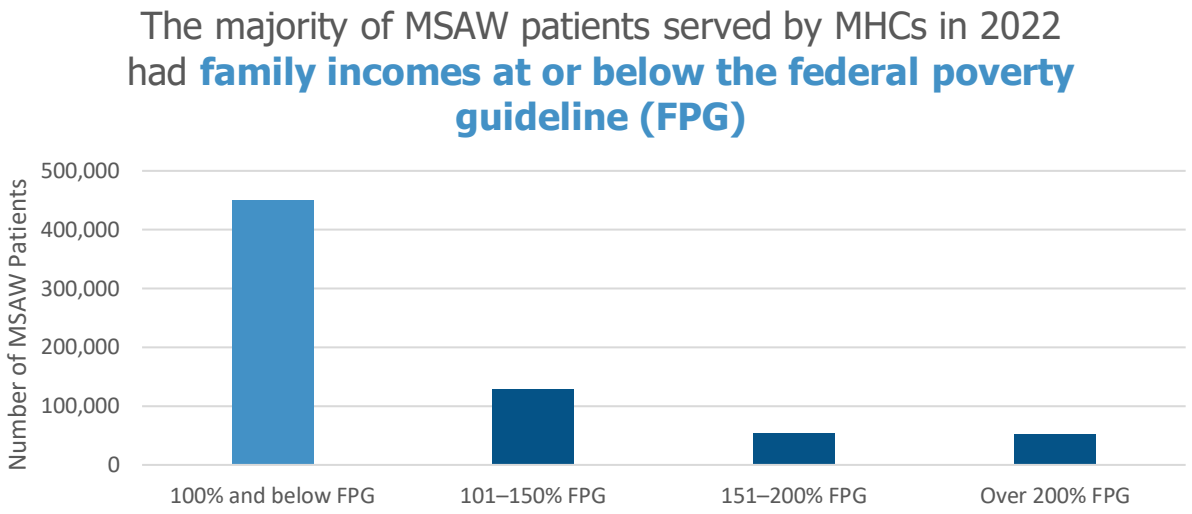
The majority of MSAW patients identify their gender as female or male (54% and 46% respectively of MSAW patients who reported their gender). Over 4% chose not to disclose their gender, while about 15% of patients' gender identities were not captured ("unknown"), either because the health center did not implement systems to permit patients to state their gender identity or the patient left this section blank. This represents an area for training and/or improvement among health

centers to reduce missing data when capturing patient gender. Transgender female and transgender male each make up less than 0.1% of MSAW patients who reported their gender (and are not on the graph below due to the small number of respondents).



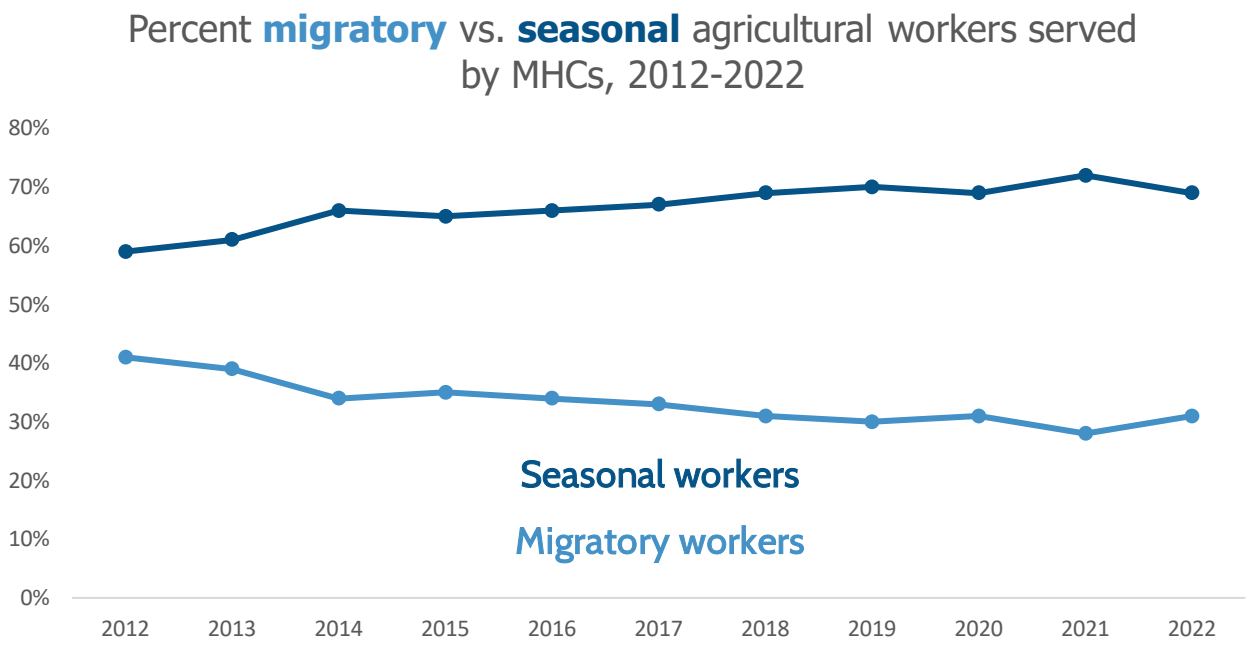
Poverty Level

In 2022, the national federal poverty guideline (FPG) for a family of four was $27,750, and $13,590 for a single person. Of those who reported income, the majority (66%) of MSAW patients served by MHCs in 2022 had family incomes at or below the FPG. Households up to 200% of the FPG are still considered low-income families (National Center for Children in Poverty). Under this definition, 93% of MSAW patients who reported income were low-income in 2022. Eight percent of patients who reported income had incomes over 200% of the FPG. MHCs were unable to document income level for 19% of MSAW patients, representing an area of improvement for health centers.



Special Populations

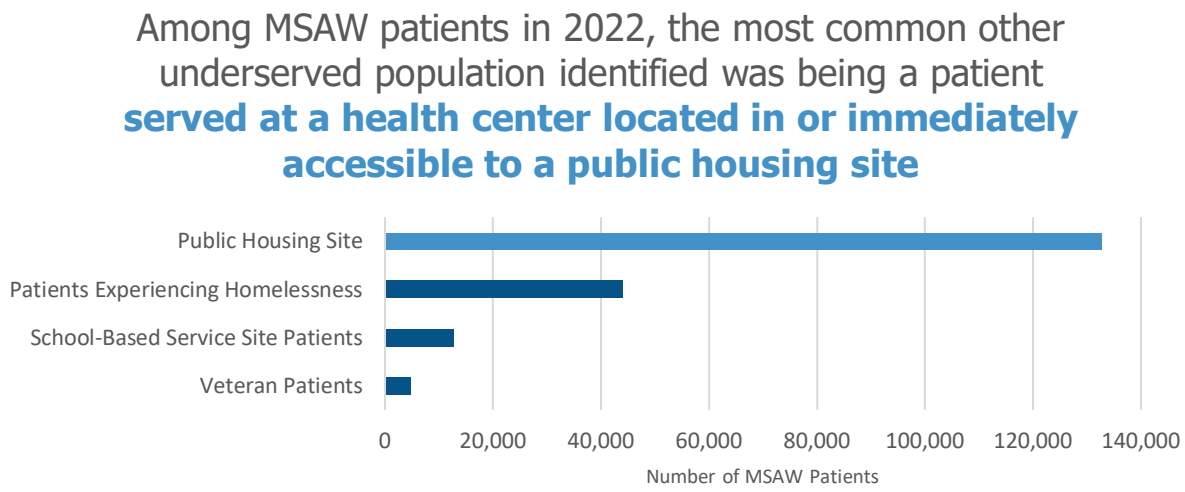
All MHCs must classify agricultural worker patients as either migratory or seasonal. Migratory workers and families must find temporary housing in another location or region as they move to work in agriculture, while seasonal workers do not. In 2022, 31% of MSAW patients were migratory workers, and 69% of MSAW patients were seasonal workers.



The percentage of MSAW patients who are classified as migratory has gradually declined over the past decade – a 10% decrease in the last 10 years. This could be because agricultural workers are moving away from migratory employment patterns, migratory workers are not seeking care at MHCs, or MHCs have become better at identifying seasonal agricultural workers in their communities (thus decreasing the total percentage of MSAW patients who are classified as migratory). It is likely that some combination of all three causes is contributing to the decline in migratory agricultural worker patients. Additionally, there has been an increase in H-2A workers who migrate to the U.S. to work temporarily across thousands of farms, and these workers face substantial obstacles to accessing health care (for more information about the H-2A program, read the NCFH H-2A Guest Worker Fact Sheet).

In addition to reporting the number of MSAWs, MHCs also report on other types of underserved populations, including patients served at a health center located in or immediately accessible to a public housing site, patients experiencing homelessness, school-based service site patients, and veteran patients. Vulnerabilities often intersect and compound. Among MSAW patients, the most

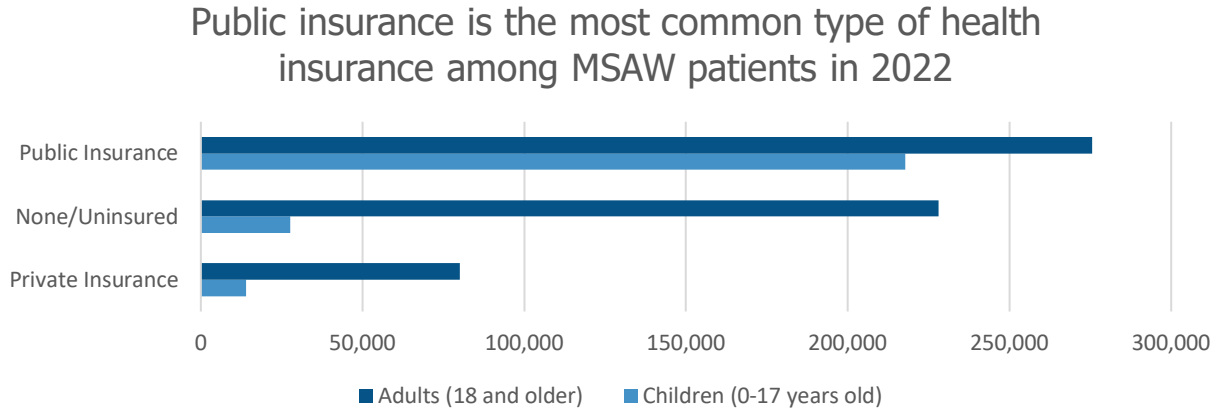
common other underserved population identified was being a patient served at a health center located in or immediately accessible to a public housing site.



Insurance Status

Insurance status for MSAW patients varies for children and adults. Among children under the age of 18, 84% had a public form of insurance, which includes Medicaid (83%), Medicare (<1%), Children's Health Insurance Program (CHIP) (1%), or another state- or locally-funded health insurance (<1%). One in ten (11%) children were uninsured, and just 5% of children were covered through a private insurance source.

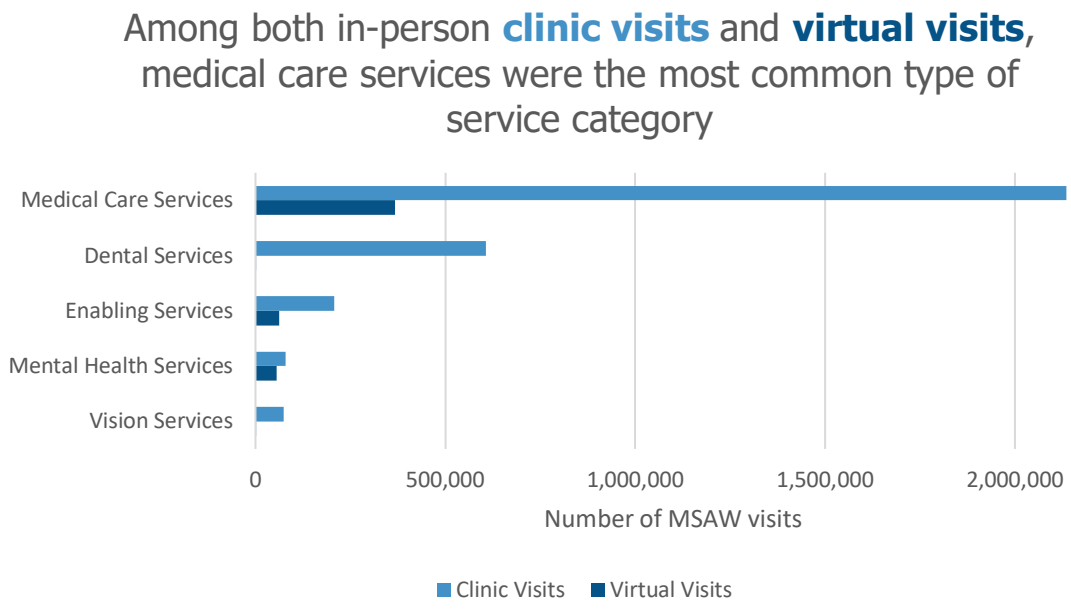
The largest proportion of adult MSAW patients (47%) also had some form of public insurance, followed by no insurance (39%). Fourteen percent had private insurance, obtained through their employer, a spouse's employer, or on their own.



III. Health Care Utilization and Health Conditions

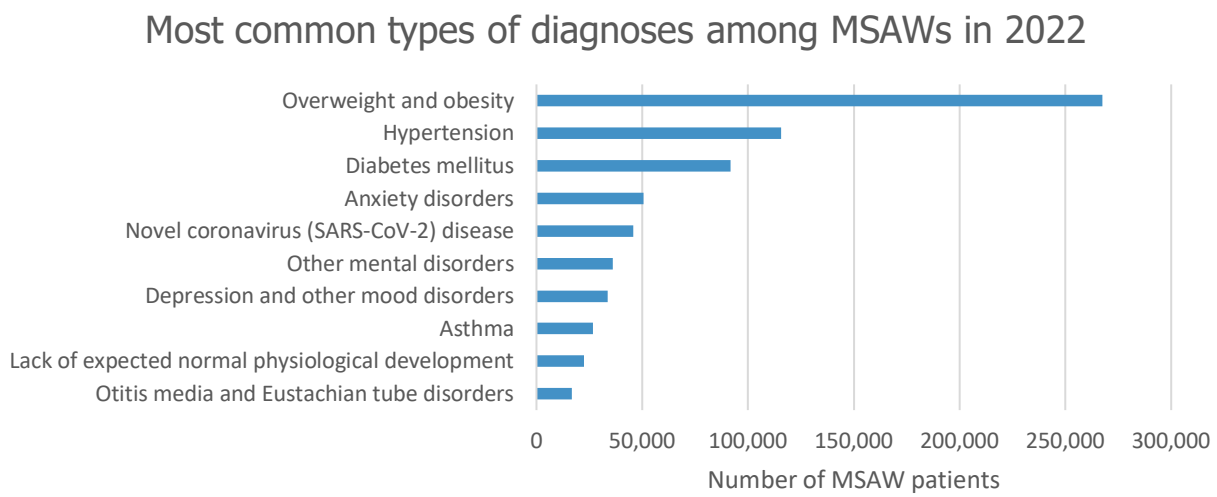
Clinic Visits vs Virtual Visits by Service Category

MHCs categorize MSAW patient visits by major service categories, including medical care services, dental services, mental health services, vision services, and enabling services. Enabling services include a wide range of services that support and assist primary care and facilitate patient access to care such as case management, transportation, outreach, health education, eligibility assistance. Among both in-person clinic visits and virtual visits, medical care services were the most common type of service category, which includes visits with physicians, NPs, PAs, CNMs, nurses, other medical personnel, laboratory personnel, and x-ray personnel. Overall, clinic visits were more common, representing 87% of all MSAW patient visits. However, 41% of all mental health services were provided through virtual visits, comprising the largest proportion of virtual visits among total visits compared to the other types of service categories.

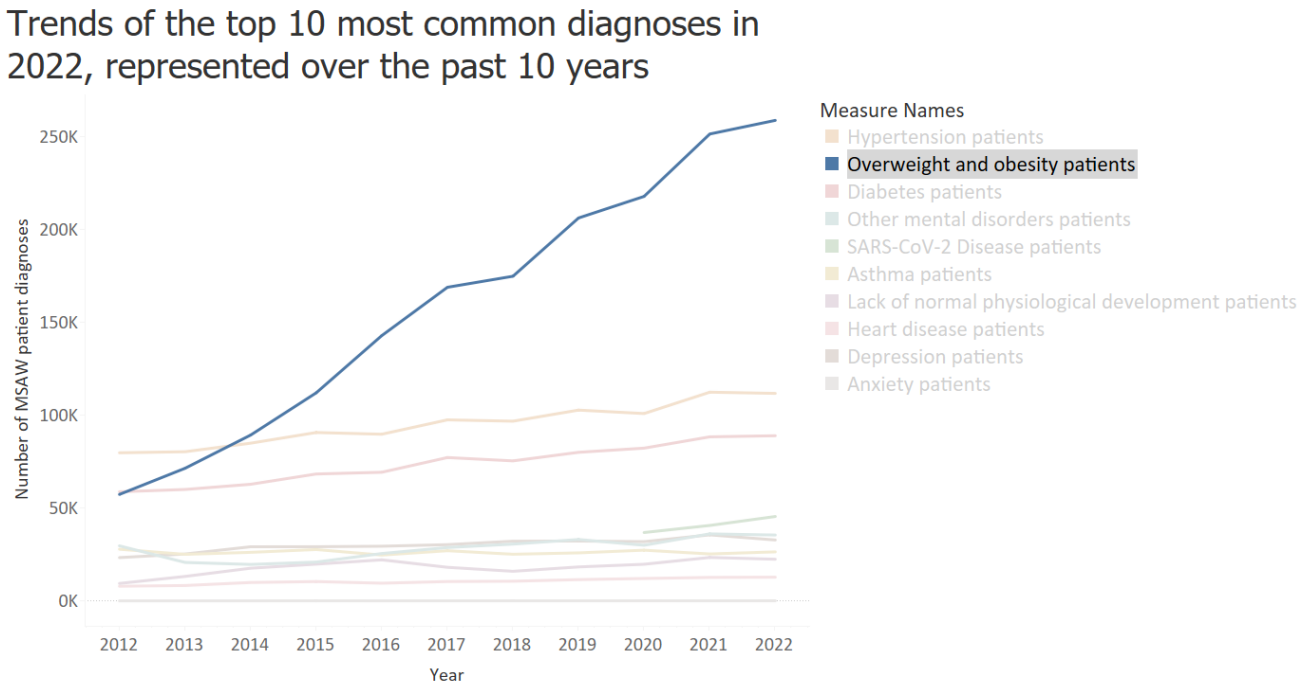


Health Diagnoses

The most common diagnoses in MSAW patients reflect the burden of chronic diseases and mental health disorders in the agricultural community. The chronic diseases of overweight/obesity, diabetes, and hypertension were the top three most common diagnoses, followed by anxiety disorders (including post-traumatic stress disorder), depression (including other mood disorders), and other mental health disorders (drug or alcohol dependence excluded).



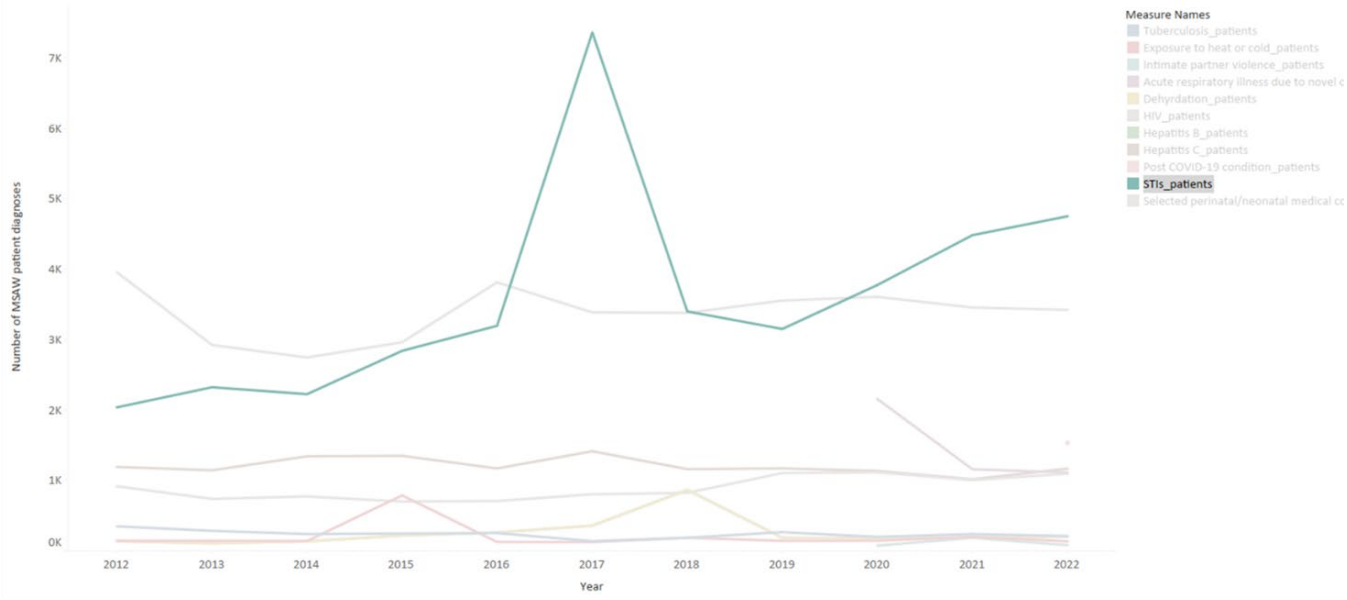
The top ten most common diagnoses in 2022 represented in the bar chart above were plotted from 2012 to 2022. Generally, most diagnoses slightly increase, while their relative positions to one another remain constant. However, the number of patients with overweight or obesity increased 351% from 2012 to 2022. The same trend is seen among the number of visits by diagnosis, where the number of visits for overweight and obesity increased 615% during the same period. In 2016, health centers transitioned from ICD-9 codes to the updated ICD-10 codes for overweight and obesity. Further research is needed to determine if these statistics are reflective of the actual prevalence or incidence of overweight and obesity among MSAWs. Factors that could also be responsible for the increase in diagnoses include an increase in screening, more accurate reporting, or changes in reporting processes at health centers.



The ten least common diagnoses in 2022 by both number of visits and number of patients with diagnosis were exposure to heat or cold, intimate partner violence, Tuberculosis, Hepatitis B, dehydration, acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease, post COVID-19 condition, Hepatitis C, symptomatic/asymptomatic human immunodeficiency virus (HIV), and selected perinatal/neonatal medical conditions. Trends among these diagnoses generally remained constant over the past ten years, however certain diagnoses stand out. Notably, dehydration visits decreased 74%, and visits and number of diagnoses for STIs increased 179% and 133% respectively, from 2012 to 2022. Further research is needed to determine if these statistics are reflective of the actual prevalence or incidence of disease among MSAWs, however possible reasons include changes in testing or screening, or changes in reporting requirements for health centers.

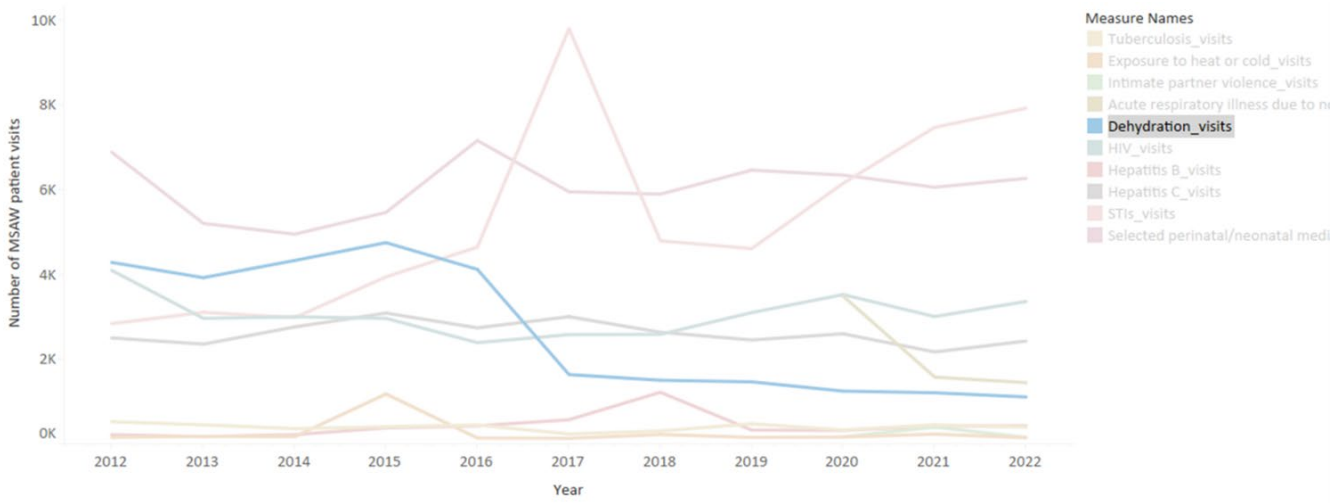
Trends of the 10 least common diagnoses among MSAW patients in 2022, represented over the past 10 years.

Notably, the number of diagnoses for STIs increased 133% from 2012 to 2022



Trends of the 10 least common visits by type of diagnosis among MSAW patients in 2022, represented over the past 10 years.

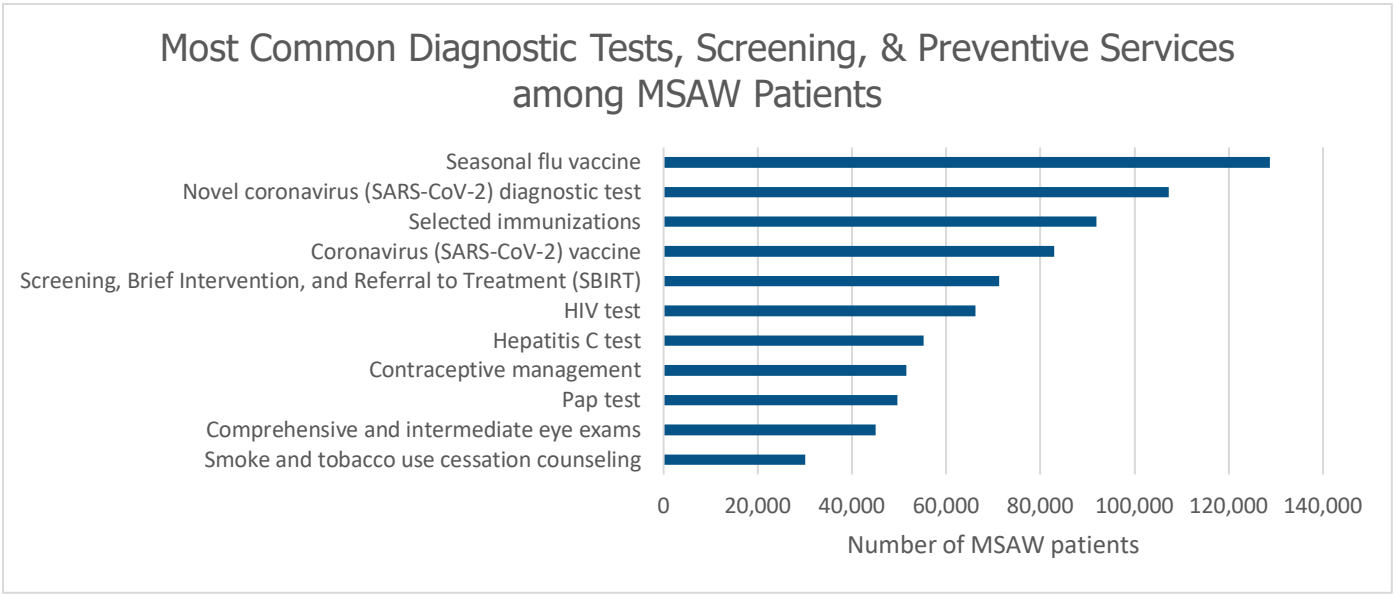
Notably, dehydration visits decrease 74% from 2012 to 2022



In addition, visits for patients with acute respiratory illness due to COVID-19 sharply decreased by 57% and 48% respectively from 2020 to 2022. However, the number of MSAW patients with COVID-19 increased 23% from 2020 to 2022.

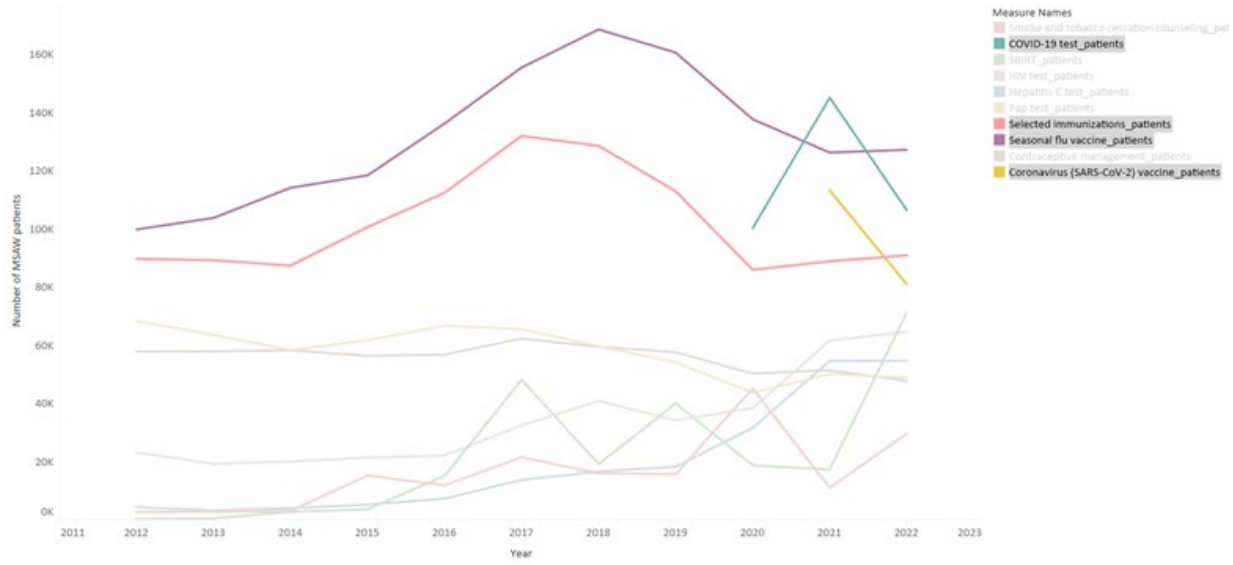
DIAGNOSTIC TESTS, SCREENINGS, AND PREVENTIVE SERVICES

The most common types of diagnostic tests, screenings, and preventative services (including vaccinations) provided at MHCs based on number of patients were for the seasonal flu vaccine, the COVID-19 diagnostic test, and selected immunizations (which includes Hepatitis A, HiB, pneumococcal, DTaP, MMR, polio, varicella, and Hepatitis B).



Trends among number of patients for the 2022 most common diagnostic tests, screenings, and preventative services, represented in the bar chart above, vary greatly over the past 10 years. Notably, COVID-19 tests and vaccinations received by MSAW patients experienced a sharp decrease of 27% and 29% respectively from 2021 to 2022. In addition, the seasonal flu vaccine and selected immunizations experienced a decrease of 25% and 29% respectively over the past 4 years from 2018 to 2022 among MSAW patients.

Trends of the top most common tests, screenings, and preventative services in 2022 among MSAW patients, presented over the past 10 years



IV. Results from 2022 Health Center Patient Survey among Farmworkers

HRSA conducts the Health Center Patient Survey (HCPS) every five years, and the most recent survey was conducted in 2022. Data are collected from "one-on-one interviews with more than 4,400 patients who are served by a subset of up to 300 HRSA-funded health centers that are nationally representative of the Health Center Program patient population" (HRSA). The dataset does not identify Migrant Health Centers or MSAWs, however, respondents included 232 patients who "have done farm work in the past 24 months." This section will provide results from those 232 patients.

Survey data include patient sociodemographic characteristics, health conditions, health behaviors, health care access and use, and satisfaction with health care services among health center patients

through self-report. For the purposes of this report, we will highlight key metrics that demonstrate access to health care for patients in farm work.

Forty-two percent of survey respondents had visited a health center one or two times in the past 12 months. Over half of the survey respondents had family incomes at or below 100% of the federal poverty guideline, and over 90% had an income of less than 50k. Seventy-five percent of respondents identify as female. Patient characteristics and demographics are represented in Table 1.

Table 1: Patient Characteristics

	Overall (N=232) N (%)
Poverty Status	
Less than or Equal to 100% FPL	117 (50.4%)
101% to 200% FPL	94 (40.5%)
201% or More than FPL	20 (8.6%)
Income	
Less than 15k	54 (23.3%)
15-35k	107 (46.1%)
35-50k	49 (21.1%)
more than 50k	22 (9.5%)
Health Status	
Excellent	9 (3.9%)
Very Good	16 (6.9%)
Good	67 (28.9%)
Fair or Poor	139 (59.9%)
Language Preferred	
English and non-English Language	76 (32.8%)
English Only	9 (3.9%)
Other non-English Language Only	147 (63.4%)
Presence of Mental Illness or Receipt of Mental Health Treatment	
No	176 (75.9%)
Yes	56 (24.1%)
K6 Score*	
K6 Score=0	80 (34.5%)
0<K6 Score<13	142 (61.2%)
K6 Score>=13	10 (4.3%)
Number of Visits to Health Center in Past 12 Months	
1 to 2 times	97 (41.8%)
3 to 4 times	54 (23.3%)
5 to 7 times	34 (14.7%)
8+ times	24 (10.3%)
None	18 (7.8%)
Number of Persons in Household	
1	21 (9.1%)
2	41 (17.7%)
3-5	143 (61.6%)
6 or More	26 (11.2%)
Ethnicity	
Hispanic	215 (92.7%)
Other	17 (7.3%)
Respondent's assigned sex at birth	
Female	175 (75.4%)
Male	57 (24.6%)

Table 1: Patient Characteristics

	Overall (N=232)
Smoking Status	
Current Smoker	13 (5.6%)
Non-Smoker	218 (94.0%)

**The Kessler Psychological Distress Scale (K6+) is a 6-item self-report measure of psychological distress to assess risk for serious mental illness in the general population (Source: Science of Behavior Change).*

Survey questions assessed patients' access and utilization of health care at health centers (see Table 2). Nearly 38% of patients have been going to the health center for 10 years or more. Eighty-five percent would definitely recommend the health center to family or friends, and over 56% found out about the health center because a friend, family member, or neighbor told the patient or took the patient there.

Table 2: Health Care Access & Utilization among Patients who have Done Farm Work in the Past 24 Months

	Overall (N=232) N (%)
During the past 12 months, how many times have you seen a doctor or health professional about your own health at a doctor's office, a clinic, or some other place?	
1 to 2 times	72 (31.0%)
3 to 4 times	61 (26.3%)
5 to 7 times	43 (18.5%)
8 to 10 times	19 (8.2%)
11 or more times	22 (9.5%)
Have not seen a doctor or other health professional in past 12 months	11 (4.7%)
How long have you been going to the health center?	
Less than 6 months	20 (8.6%)
At least 1 year but less than 3 years	31 (13.4%)
At least 3 years but less than 5 years	36 (15.5%)
At least 5 years but less than 10 years	36 (15.5%)
At least 6 months but less than 1 year	19 (8.2%)
10 years or more	88 (37.9%)
In the last 12 months, how many times did you go to this health center to get care for yourself?	
1 time	29 (12.5%)
2 times	47 (20.3%)
3 times	32 (13.8%)
4 times	29 (12.5%)
5 to 9 times	42 (18.1%)
10 or more times	25 (10.8%)
None	24 (10.3%)
During the past 12 months, how many times have you received care services through audio or video communications, also known as telehealth, with a health care professional from the health center?	
1 to 2 times	52 (22.4%)
3 to 4 times	22 (9.5%)
5 to 7 times	7 (3.0%)
Have not received telehealth services in past 12 months	150 (64.7%)
Would you recommend the health center to your family and friends?	
No	4 (1.7%)
Yes - Definitely	198 (85.3%)
Yes - Somewhat	30 (12.9%)
How did you find out that you could come to the health center for services?	
A doctor or the emergency room	8 (3.4%)

Table 2: Health Care Access & Utilization among Patients who have Done Farm Work in the Past 24 Months

	Overall (N=232) N (%)
Advertisement in community	16 (6.9%)
Contacted by someone from health center	14 (6.0%)
Family took you/him/her here	20 (8.6%)
Friend/family member/neighbor told me or took me here	131 (56.5%)
Social Services	3 (1.3%)
Through your/his/her insurance	6 (2.6%)
You found out that the health center accepts patients with your insurance	8 (3.4%)
You found out that the health center accepts uninsured patients	1 (0.4%)
Other	25 (10.8%)
Has anyone at the health center ever offered you free services outside of the health center, like at a health fair?	
N/A - Have not needed these services	10 (4.3%)
No	180 (77.6%)
Yes	41 (17.7%)
How do you usually get to the health center?	
Being driven by someone else	44 (19.0%)
Bus, subway or other public transportation	4 (1.7%)
Driving	162 (69.8%)
Health center (or other agency-provided) van service	3 (1.3%)
Walking	19 (8.2%)
How many miles do you live from the health center?	
10 miles but less than 15 miles	19 (8.2%)
15 miles but less than 20 miles	11 (4.7%)
20 or more miles away	25 (10.8%)
5 miles but less than 10 miles	42 (18.1%)
Within 5 miles	76 (32.8%)
Missing	59 (25.4%)

Health centers addressed language access among patients engaged in farm work (see Table 3). During their last visit, nearly half of sampled patients needed someone to help them understand the doctor, of known responses. The health center provided a translator or interpreter to help communicate with the doctor or other health care professional among 58% of respondents, of known responses. In this sample, patients were generally satisfied with communication needs: 71% reported that a doctor or other health professional at this health center always explained things in a way that was easy to understand, and 78% reported that a doctor or other health professional at this health center always listened carefully to the patient.

Table 3: Communication and Language Access among Patients Engaged in Farm Work in the Past 24 Months

	Overall (N=232) N (%)
During your last visit to the health center, did you need someone to help you understand the doctor? (N=171)	
Yes	85 (49.7%)
No	86 (50.3%)
Has anyone at the health center ever provided you with a translator or interpreter to help you communicate with your doctor or other health care professional? (N=151)	

Yes	87 (57.6%)
No	64 (42.4%)
How often did a doctor or other health professional at this health center listen carefully to you?	
Always	181 (78.0%)
Usually	31 (13.4%)
Sometimes	15 (6.5%)
Never	4 (1.7%)
How often did a doctor or other health professional at this health center explain things in a way that was easy to understand?	
Always	165 (71.1%)
Usually	38 (16.4%)
Sometimes	22 (9.5%)
Never	6 (2.6%)

Health centers addressed some social drivers of health through referral services (see Table 4). Twenty-three percent of sampled patients received help from someone at the health center to apply for government benefits such as Medicaid, Food Stamps, Social Security, obtaining welfare, public benefits, or TANF, and 19% received help with obtaining free medication. Other social services or basic needs were uncommonly provided to patients, including providing or arranging transportation (9%), finding a place to live (1%), finding a job or job counseling (1%), obtaining food (8%), and obtaining clothing or shoes (3%).

Table 4: Social Drivers of Health among Patients who have Done Farm Work in the Past 24 Months

	Overall (N=232)
	N (%)
Has anyone at the health center ever helped you arrange for medical appointments or other medical services at a place other than the health center?	
No	134 (57.8%)
Yes	87 (37.5%)
N/A - Have not needed these services	8 (3.4%)
Has anyone at the health center ever helped you apply for government benefits such as Medicaid, Food Stamps, Social Security, obtaining welfare, public benefits, or TANF?	
No	168 (72.4%)
Yes	54 (23.3%)
N/A - Have not needed these services	9 (3.9%)
Has anyone at the health center ever helped you get transportation to medical appointments or provided you with tokens or vouchers to help you pay for such transportation?	
No	201 (86.6%)
Yes	20 (8.6%)
N/A - Have not needed these services	11 (4.7%)
Has anyone at the health center ever helped you with basic needs such as finding a place to live?	
No	208 (89.7%)
Yes	3 (1.3%)
N/A - Have not needed these services	21 (9.1%)
Has anyone at the health center ever helped you with basic needs such as finding a job or job counseling?	
No	210 (90.5%)
Yes	2 (0.9%)
N/A - Have not needed these services	20 (8.6%)
Has anyone at the health center ever helped you with basic needs such as helping you obtain food?	
No	200 (86.2%)
Yes	18 (7.8%)
N/A - Have not needed these services	14 (6.0%)
Has anyone at the health center ever helped you with basic needs such as obtaining clothing or shoes?	

No	210 (90.5%)
Yes	6 (2.6%)
N/A - Have not needed these services	16 (6.9%)

Has anyone at the health center ever helped you with basic needs such as obtaining free medication?

No	177 (76.3%)
Yes	44 (19.0%)
N/A - Have not needed these services	10 (4.3%)

V. Conclusion

The Health Center Program administered by the Health Resources and Services Administration plays a crucial role in providing essential healthcare services to agricultural workers and their families, especially through Migrant Health Centers (MHCs). The data presented in this report highlight the significant impact of MHCs, with over 990,000 MSAWs and their families receiving care in 2022, despite a slight decrease from the previous year. These centers serve a diverse MSAW patient population, primarily comprised of Hispanic individuals with limited English proficiency, the majority of whom live below the federal poverty guideline. The healthcare needs of these patients encompass a wide range of conditions, from chronic diseases like obesity, diabetes, and hypertension to mental health disorders, underscoring the importance of tailored healthcare services for this vulnerable population. Trend data from 2012 to 2022 highlight areas of concern and/or improvement for health centers, including the rise of STI diagnoses among MSAWs, the decrease of dehydration visits, and the decrease in the number of patients who received the seasonal flu vaccine and selected immunizations.

Furthermore, findings from the 2022 Health Center Patient Survey demonstrate that health centers have been successful in providing access to care for patients engaged in farm work, with a majority reporting positive experiences and a willingness to recommend these health centers to others. The survey also highlights the essential role of health centers in addressing select social drivers of health, such as facilitating access to government benefits, interpretation, and medication assistance. Despite these positive outcomes, there are areas for improvement, particularly in enhancing language access and addressing the social drivers of health that impact access. Further, due to the convenience sample of health center patients, the survey dataset excludes community members engaged in farm work who have not visited a health center or did not visit a health center at the time of data collection.

Overall, this report underscores the vital contribution of the Health Center Program in ensuring equitable access to high-quality healthcare for agricultural workers and emphasizes the importance of continued efforts to meet their unique healthcare and social needs.

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