



# NCFH

National Center for Farmworker Health, Inc.



## **Increase Access to Care (IAC) Q&A Packet**

A Collection of Questions and Answers related to Identifying and  
Classifying Agricultural Worker Status

# IAC Q&A Packet

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NCFH has curated this compilation of Questions and Answers gathered from past Increase Access to Care workshops, webinars, and trainings. This Q&A Packet for Increasing Access to Care provides Health Centers a one stop shop for information related to the accurate identification and classification of agricultural workers. Information has been categorized by familiar topics in order to enable the user to find related information quickly.

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## Definitions for Classification

- **How is “agriculture” defined?**

Per the PHS Definition obtained from the [Health Centers Consolidation Act of 1996](#), Section 330(g) Public Law 104-299-Oct. 11, 1996), "agriculture" is defined as “**farming in all its branches, including:**

- cultivation and tillage of the soil;
- the production, cultivation, growing, and harvesting of **any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land; and**
- **any practice** (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) **performed by a farmer or on a farm incident to or in conjunction with an activity described in clause (ii).**”

- **What is “principal employment?”**

Legislature does not specifically define “principal employment.” It is determined by what the patient declares as his/her primary occupation. A patient’s self-declaration of what they consider to be their primary source of employment is acceptable for purposes of health center documentation. This definition can also be determined by health center leadership.

- **What does it mean to “establish a temporary home?”**

A Migratory Agricultural Worker (MAW) and their family members are considered to have established a *temporary home* when they leave their permanent residence and live somewhere else on a *temporary* basis in order to work in agriculture. Once the work is complete, the individual or family return to their permanent residence.

- **What is a “catchment area?”**

Per the [Bureau of Primary Health Care](#), “health centers may use geographic or demographic characteristics to describe their service area.” A health center is also required to periodically review its “catchment area to: i. ensure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate.” Given the broad nature of the term “catchment area” as illustrated in the Legislature, it is important that health center leadership determine this definition. Some considerations can include a patient’s household or a designated service area in which the majority of the health center’s patients reside.

- **How is “family” defined?**

Per PHS Definition obtained from the [Health Centers Consolidation Act of 1996](#), Section 330(g) Public Law 104-299-Oct. 11, 1996):

**Family:** In general. The Secretary may award grants for the purposes described in subsections (c), (e), and (f) for the planning and delivery of services to a special medically underserved population comprised of--

- Migratory agricultural workers, Seasonal agricultural workers, *and members of the families of such Migratory and Seasonal agricultural workers who are within a designated catchment area; and*
- individuals who have previously been Migratory agricultural workers but who no longer meet the requirements of subparagraph (A) of paragraph (3) because of age or disability and *members of the families of such individuals who are within such catchment area.*

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Given the limited information regarding “a catchment area”, it is important that health center leadership determine who can be included as a family member. A patient may also self-declare and identify who their family members are, which is acceptable for purposes of health center documentation. Keep in mind that due to the nature of the work, Agricultural workers often do not have traditional living situations. We encourage you to understand the family composition and unique characteristics of the special populations you serve in order to create health center policies that reflect those characteristics. Please note that when referring to migratory and seasonal workers, the [UDS manual](#) guidance defines family member as a “dependent”.

## Agricultural Worker Identification Verification Process

- **What are the steps to follow in determining agricultural worker Special Population status?**

**Step 1: Establish Occupation**

Verification Question: *Have you or anyone in your family worked in agriculture?*

**Step 2: Determine Time Frame**

Verification Question: *Have you or anyone in your family worked in agriculture as a primary employment anytime in the last 24 months?*

**Step 3: Determine Migratory Status**

Verification Question: *Have you or anyone in your family established a temporary home in order to work in agriculture?*

**Step 4: Determine Seasonal Status**

Verification Question: *Have you or anyone in your family worked in agriculture on a seasonal basis without having to establish a temporary home?*

**Step 5: Identify former Migratory agriculture workers**

Verification question: *Have you or anyone in your family stopped migrating to work in agriculture because of a disability or age?*

**Step 6: Identify all family members**

## Identification and Classification of an Agricultural Worker

- **What are the Agricultural Worker classifications?**
  - **Seasonal agricultural worker:** An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months and who is not a migratory agricultural worker.
  - **Migratory agricultural worker:** An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months, and who establishes for the purposes of such employment a temporary home.
  - **Aged/Disabled agricultural worker:** An individual who has previously been a migratory agricultural worker but who no longer meets the requirements because of age or disability. This includes the members of the families of such individuals who are within such catchment area.

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- **What is the difference between Verification and Eligibility as related to agricultural worker special population designation?**

It is important to remember that we are **verifying** special population status when identifying a patient or family member as an agricultural worker to properly report/document in the Uniform Data System (UDS). This has NOTHING to do with a person's eligibility to receive health care services. All community members can receive services at health centers. However, they may be **eligible** for a sliding fee discount based on income.

- **Which tasks and industries qualify for the classification of an agricultural worker?**

Agriculture includes the following North America Industry Classification System (NAICS) codes and sub codes:

- 111 – Crop Production
- 112 – Animal Production and Aquaculture
- 1151 – Support Activities for Crop Production
- 1152 – Support Activities for Animal Production

For a complete list of included tasks related to these industries, please refer to the NAICS Manual ([North American Industry Classification System](#)).

- **What are the excluded industries? Which groups may not be classified as agricultural workers?**

Workers in the following industries may not be classified as agricultural workers.

- 42447 - Meat & Meat Product Merchant Wholesalers
- 561730 - Landscaping Services
- 711219 - Spectator Sporting
- 484220 - Trucking timber/Specialized Freight

Independent transportation companies are not included. However, if the truck is affiliated with the farm, owned by the farm, then it would be an included task. For a complete list of excluded tasks related to these industries, please refer to the NAICS Manual [North American Industry Classification System](#)).

- **Can you classify workers in nurseries & landscaping industries as agricultural workers?**

- Nursery workers can be classified as agricultural workers because they are engaged in growing plants, seeds, vines, or trees. Individuals who work in nurseries that produce seedlings for market, commercial or retail, do things like prep the soil, plant seeds, water and care for what they are growing, can also be classified as agricultural workers. This also includes flowers. Individuals who work at a commercial or retail nursery are **NOT** considered agricultural workers.
- Landscaping companies maintain yards. They do not produce plants, therefore individuals who work in landscaping are part of a different industry and are **NOT** considered [agricultural workers](#).

- **Are workers that are raising racehorses classified as agricultural workers?**

If they are raising and caring for the horses on the farm any time within a twenty-four-month period, they would be classified as agricultural workers, based on these tasks. **Back stretchers**, workers who solely take care of horses at the racetrack, are not classified as agricultural workers. They are part of the [spectator sport industry](#). However, if the same worker takes care of the horse at the farm and provides temporary work services at the racetrack, he/she can be classified as an

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agricultural worker based on the tasks performed on the farm and if done anytime within the last 24 months.

- **Are workers that raise chickens for slaughter classified as agricultural workers?**

The tasks related to raising the chickens are qualifying tasks and the worker could be classified as an agricultural worker, regardless of what the chickens are ultimately being raised for. Activities specifically related to slaughter would not meet the agriculture definition.

- **Why do I have to ask if a patient has established a temporary home in order to work in agriculture?**

When a person establishes a temporary home to work as an agricultural worker, that classifies them as a Migratory agricultural worker. If a patient or a member of his/her family is a Migratory agricultural worker, health center staff need to be aware of this for two reasons:

1. All CHCs are required to identify and classify vulnerable populations which include Migratory or Seasonal agricultural workers and
2. To provide clinical treatment and plan for continuity of care as they may be in your area for only a short period of time.

- **Why do I have to ask if an agricultural worker has stopped traveling to do agricultural work?**

If a person states that they no longer work in agriculture, it is important to establish if they are a former migratory worker that is no longer working due to age or disability. A person who used to migrate to do agriculture as their principal employment and who cannot work in agriculture anymore because he/she is too old or is disabled, is considered a former Migratory agricultural worker. The worker and their family members should be classified as "Migratory."

- **If a patient is either a Migratory or Seasonal worker, and they have insurance, how do I classify them?**

Migratory or Seasonal status indicates a special population designation for which the health center receives special funding, regardless of insurance coverage. Insurance coverage is a separate question. Regardless of if an agricultural worker has insurance or not, they should be classified as an agricultural worker.

- **How long can we classify a patient as an Aged/Disabled agricultural worker?**

- Aged/Disabled agricultural workers are defined in the [legislature](#) as "(B) individuals who have previously been Migratory agricultural workers but who no longer meet the requirements of subparagraph (A) of paragraph (3) because of age or disability and members of the families of such individuals who are within such catchment area."
- There is no specific timeframe as to how long a patient can be classified as such, as long as the agricultural worker previously established temporary housing in order to work in agriculture and is now unable to continue working in agriculture due to age or disability. They would be classified as Migratory agricultural workers, as would their family members.

## Classification of Family Members

- **In a family where agriculture is the principal employment of at least one member, are all members of that family also classified as Agricultural workers?**

Yes. Health center staff should provide the members of a patient's family with this same agricultural worker classification. If the patient is seasonal, all members of the family would be classified as Seasonal agricultural workers; the same if the patient were Migratory. It is up to the health center to determine who is included in the term "family" since the legislature doesn't clearly define family members and only states family members are to be within a "designated catchment area." Please note that when referring to migratory and seasonal workers, the [UDS manual](#) guidance includes family members. It is important to define family member in your policy.

- **Can only legal dependents be included as part of agricultural worker family members?**

- The Health Centers Consolidation Act of 1996, excerpted above, expanded the definition to include family members. Since "family member" is not defined or specified as those being financially dependent on the agricultural worker, it is up to the health center Boards to establish criteria for their definition of "family member" for classification purposes.
- Some health centers may define family members as all members of a household. Keep in mind that due to the nature of their work, agricultural workers often do not have traditional living situations. We encourage you to understand the family composition and unique characteristics of the special populations you are serving and create policies that reflect those characteristics.
- Please note that when referring to migratory and seasonal workers, the [UDS manual](#) guidance includes family members. It is important to define family member in your policy.

- **What if a spouse works in agriculture part-time and their partner works in another industry full-time, like construction? How do we classify the family if the head of household's primary employment is not in agriculture?**

- Remember, the verifying question is "have you or anyone in your family worked in agriculture?" Since the patient seeking services works in agriculture as their primary employment, despite it being part-time, this patient would be classified as an agricultural worker. Health center staff would need to determine whether the worker is Seasonal or Migratory.
- After determining this, the health center staff can also include the members of that patient's family with this same classification. If the patient is seasonal, all members of the family would be classified as Seasonal agricultural workers; the same if the patient were Migratory. It is up to the health center to determine who is included in the term "family" since the legislature doesn't clearly define family members and only states family members are to be within a "designated catchment area."
- Please note that when referring to migratory and seasonal workers, the [UDS manual](#) guidance includes family members. It is important to define family member in your policy.

- **If one member of a family works in agriculture as their principal employment, but does not financially support the rest of the family, do we still need to count all family members as**

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### **agricultural workers?**

Based on the Federal definition, yes, all family members would be classified as agricultural workers because the patient identified their principal employment as agriculture. However, please note that when referring to migratory and seasonal workers, the [UDS manual](#) guidance includes family members. It is important to define family member in your policy.



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- **Are the children of agricultural workers classified as agricultural workers if they are not old enough to be employed?**  
Yes, all family members are classified the same as the agricultural worker in the family, regardless of age or employment status.
- **If a patient works in agriculture and his parents are dependent on him, would we count them as agricultural workers too?**  
Yes, all family members would receive the same classification as the patient identified as an agricultural worker. Health center staff would just need to determine whether their classification is Seasonal, Migratory, or Aged/Disabled. Please note that when referring to migratory and seasonal workers, the [UDS manual](#) guidance includes family members. It is important to define family member in your policy.
- **What if an agricultural worker passed away and left a family behind. Would their family still be classified as family members of an agricultural worker?**
  - If the agricultural worker passed away within the last 2 years, then the family members could be classified as agricultural workers.
  - If it has been past two years, then they would not be classified as family members of an agricultural worker.

### Additional Questions

- **Do health centers help pay for transportation?**  
Transportation may be an included service as part of “outreach and enabling services”. A health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, *either directly or through established written arrangements and referrals*. (Section 330(a) of the PHS Act). [For more information, click here, page 3.](#)
- **How can we develop better relationships with agricultural employers and growers in the area?** The health center and the employer have a common interest – healthy agricultural workers. Cultivating these relationships take time. Get to know the employers and inform them about the services you offer. You can also become familiar with trainings they are required to provide to Agricultural workers (i.e. heat safety) and offer to provide those trainings on their behalf. You may even consider conducting outreach activities during lunch breaks or after hours, to accommodate grower schedules. Creating a partnership is beneficial and helpful to both parties, so it’s better to work together to treat and reach the same target population.
- **How can we partner with other agencies to perform outreach in the field and/or at a farm?**  
Begin with a thorough assessment of organizations in your community that serve the agricultural worker population. Next, develop an action plan to foster a relationship with that identified organization and discuss ways to accomplish outreach goals by working together. You can partner

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with local growers or employers. Health Outreach Partners is one of the organizations that is part of the Farmworker Health Network ([Health Outreach Partners](#)) and provides education about community outreach programs.

- **Are growers required to provide workers' compensation to agricultural workers?**

H-2A employers are required to provide workers' compensation to H-2A workers, regardless of that state's workers' compensation rules for agricultural workers. Employers of non H-2A workers must follow that state's workers' compensation rules for agricultural workers. For more information please refer to the Farmworker Justice resource, [A Guide to Workers' Compensation for Clinicians Serving Agricultural Workers](#).

- **Where can we find a comprehensive list of Migrant Health Center locations?**

For a complete list of Migrant Health centers, please refer to the interactive [Migrant Health Program](#) map available on the NCFH website or visit [HRSA's Find a Health Center](#).

## Promising Practices

A Promising Practice, as defined by Health Resources and Services Administration (HRSA), refers to any activity, product, procedure, approach, or policy change that leads to, or is likely to lead to, improved outcomes or increased efficiency for health centers.

The following Promising Practices have been collected from previous webinars and onsite training sessions conducted for health center staff. They are intended to serve as examples of potential strategies for health centers to implement as they strive to increase access to care for agricultural workers and their families. The following categories were identified based on reoccurring themes: Outreach & Marketing; Community Partnerships & Collaborations; Health Center Operations, Data Collection & Utilization; Workforce Development; and Addressing Social Determinants of Health (SDOH).

## Outreach & Marketing

- Outreach staff based at all health center sites
- Host annual health fairs to attract agricultural worker families
- Provide outreach with transportation
- Use a mobile unit to provide health education
- Clinical outreach to camps
- Use pre-season door hangers with clinic hours and outreach worker contact information
- Develop an outreach video to showcase the potential impact of outreach to agricultural workers
- Strive to promote services in person as it is more effective than other types of marketing

## Community Partnerships & Collaborations

- Increase participation in community events with organizations such as the Mexican Consulate, Guatemalan Consulate, Department of Health, Environmental Control, legal services, and churches
- Conduct focus groups with farmers to create strategies for increasing access to care for agricultural workers

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- Establish relationships with all farm owners including H2A employers
- Establish dental & optometry partnerships
- Partner with the Education Commission to offer free summer camp to agricultural workers' children
- Partner with a Growers Association
- Attend Farm Bureau meetings
- Partner with medical schools to have local clinics
- Host mobile clinics at farms in collaboration with local university medical students
- Partner with organizations to increase healthy food access (ex. Mobil Loaves & Fishes, Meals on Wheels, etc.)
- Strengthen relationships with state level organizations to identify available resources and break down social barriers (ex. Legal services, Farmworker Justice)
- Continuously seek to engage and collaborate with community members and non-traditional organizations such as housing authorities, law enforcement, schools, and other community organizations

## Health Center Operations, Data Collection & Utilization

- Provide case management
- Have an employee assistance program to pay for specialty, medical equipment, transportation, etc.
- Provide "ID" cards for agricultural workers to facilitate the registration process whenever they seek care
- Implement/improve sliding fee scale
- Research grant opportunities to purchase new transportation vehicles
- Assess SDOH on a regular basis

## Workforce Development

- Increase staff to facilitate more service
- Hire health coaches to provide mental health services
- Hire more field Community Health Workers
- Increase staff training on health education & cultural competency
- Recruit & train summer interns for sponsoring organizations in order to increase their capacity and conduct more outreach
- Train staff on how to negotiate Medicaid rate on different specialties
- Increase exposure to agricultural worker health for medical students, pre-meds, residents, and other aspiring health professionals through partnerships with local community colleges and universities

## Addressing Social Determinants of Health (SDOH)

- **Language Preference or Limited English Proficiency**
  - Available after-hours nurse line in multiple languages
  - Provide translation/interpretation services including interpretation case management
  - Interpret for agricultural workers at dental clinics (include transport & arrange appointments)
  - Increase number of bilingual providers, including behavioral health

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- **Transportation**
  - Provide transportation for agricultural worker patients to get to their health services
  - Communicate the availability of transportation services to agricultural workers and community organizations
  - Offer transportation for agricultural worker children to medical and dental appointments
- **Health Education**
  - Connect agricultural workers with health resources
  - Provide agricultural worker education in the workplace
  - Educate community members about eligibility and access to entitlement programs
  - Regularly inform, educate, and empower the community about health issues
- **Access to health care services**
  - Provide medication delivery
  - Provide mobile clinics where agricultural workers live and work
  - Conduct flu shot clinics at farms
  - Conduct health screening and education during lunch/dinner hours at job sites
  - Provide Telemedicine

## Resources

- Migratory and Seasonal Agricultural Worker Identification, Classification, and Reporting ([Archived webinar](#)).
- The [Farmworker Health Network \(FHN\)](#), made up of 6 national organizations, works cooperatively with HRSA to provide training and technical assistance to over 1,100 Community & Migrant Health Centers throughout the U.S. Our FHN partners include: [Farmworker Justice](#), [Health Outreach Partners](#), [Migrant Clinicians Network](#), [MHP Salud](#), [National Association of Community Health Centers](#), [National Center for Farmworker Health](#).
- Learn more about the [Ag Worker Access Campaign](#) to increase access to care for migratory and seasonal agricultural workers and their families.
- The [Health Center Toolbox](#) offers downloadable samples of policies, procedures, forms, and other supportive documents that can be adapted to meet health centers needs related to some requirements of the Community Health Center Program.

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