ONE MILLION SERVED

National Center for Farmworker Health | September 2020

2019 Migratory & Seasonal Agricultural Worker Patients

During 2019, a total of **1,031,049** migratory and seasonal agricultural workers (MSAW) and their family members were served by Community & Migrant Health Centers, the highest number in the history of the Migrant Health Program.

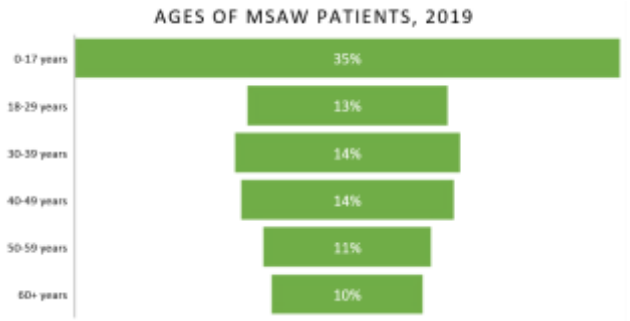
View the interactive map of MSAW patients by Community Health Center location.

1 - Figure 1. Map of MSAW patients by Community Health Center Location.

This report briefly summarizes data about MSAW patients of Community & Migrant Health Centers in 2019, as well as trends in MSAW patient populations from 2013 to 2019.

Age distribution

The largest age group of MSAW patients and their families served by Migrant Health Centers are children. Half (52%) of MSAW patients are working age adults, and 10% of MSAW patients are near or over retirement age (60 or more years).



Race/ethnicity & language

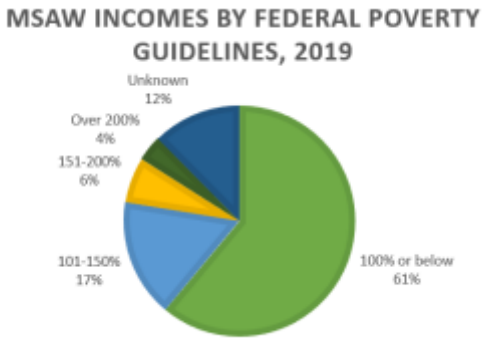
89% of MSAW patients are Latino

64% are best served in a language other than English

The vast majority of MSAWs served by Migrant Health Centers are ethnically Hispanic (89%), and speak languages other than English (64%). Fewer than one in thirteen (7%) of MSAW patients are non-Hispanic White, and just 2% are non-Hispanic Black. Slightly less than 1% are American Indian/Alaskan Native, and 1% are Asian/Native Hawaiian/Pacific Islander. Slightly more than 2% of MSAW patients indicated they identified with more than one race.

Poverty level

In 2019, the national federal poverty guideline for a family of four was $25,750. The majority (61%) of MSAW patients served by Migrant Health Centers have family incomes at or below the federal poverty guideline. Nearly one-fourth (23%) have incomes between 101-200% of federal poverty guideline, and just 4% have incomes over 200% of federal poverty guideline. Migrant Health Centers were unable to document poverty level for 12% of MSAW patients.



Migratory & seasonal

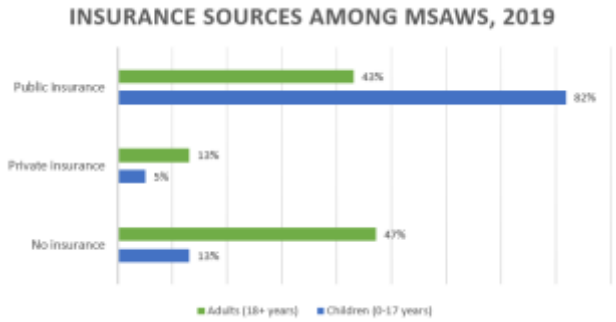
In 2019, 30% of MSAW patients were migratory workers, and 70% of MSAW patients were seasonal workers.

Migratory workers & families must find new housing in order to obtain an agricultural job, while seasonal workers live in the same housing year-round, even if they change jobs.

Insurance status

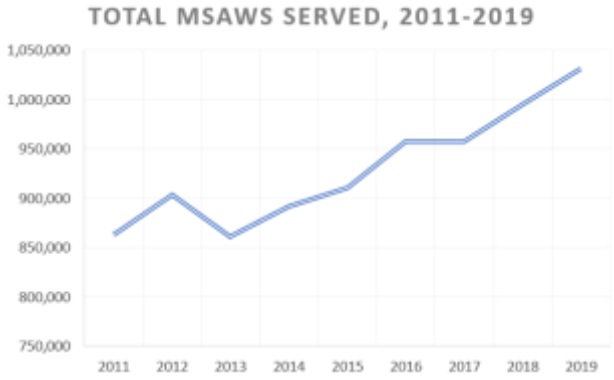
Insurance status for MSAW patients varies significantly for children and adults. Among children under the age of 18, 82% had a public form of insurance, such as Medicaid, CHIP, or another state - or locally-funded health insurance program. More than one in ten children (13%) had no insurance. Just 5% of children were covered through a private insurance source.

Nearly half (47%) of adult MSAWs had no insurance, and 43% had a public form of insurance. Thirteen percent had private insurance, obtained through their employer, a spouse's employer, or on their own.



TRENDS: 2013-2019

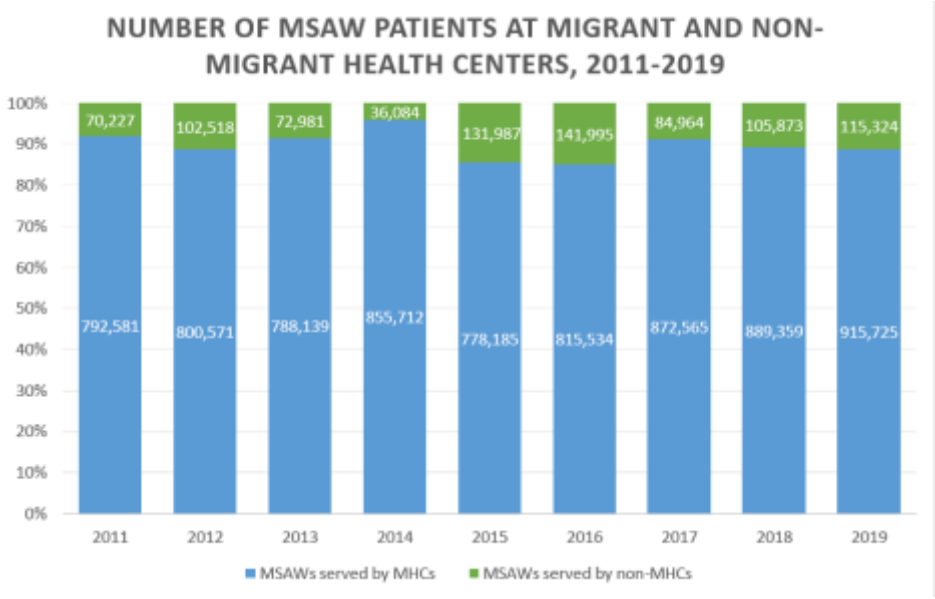
The number of agricultural workers and their families receiving health care services at Community & Migrant Health Centers has steadily been increasing since 2013. **From 2013 to 2019, the number of agricultural worker patients has increased by 20%.**



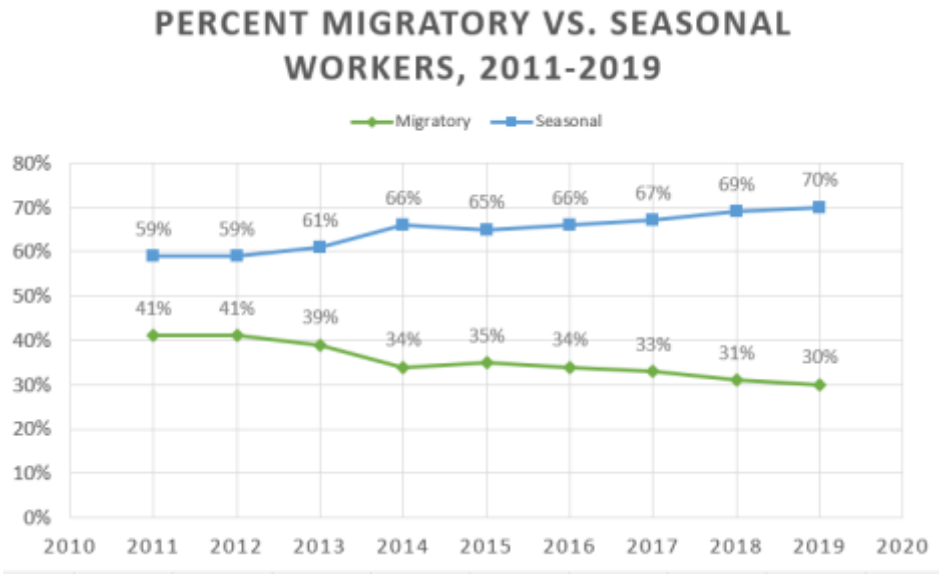
The number and percentage of agricultural worker patients served at Community Health Centers that do not receive Migrant Health funding has varied over time, with the highest percentages occurring in 2015 and 2016.

In 2019, there were 17 non-Migrant Health Centers that served at least 1,000 MSAW patients each. The non-Migrant Health Centers with the highest number of agricultural worker patients served were:

- The County of Monterey (California): 7,580 MSAWs
- El Centro del Barrio (Texas): 4,596 MSAWs
- Ventura County Health Services Agency (California): 4,212 MSAWs
- Central Virginia Health Services (Virginia): 3,084
- Community Health Alliance (Nevada): 2,641



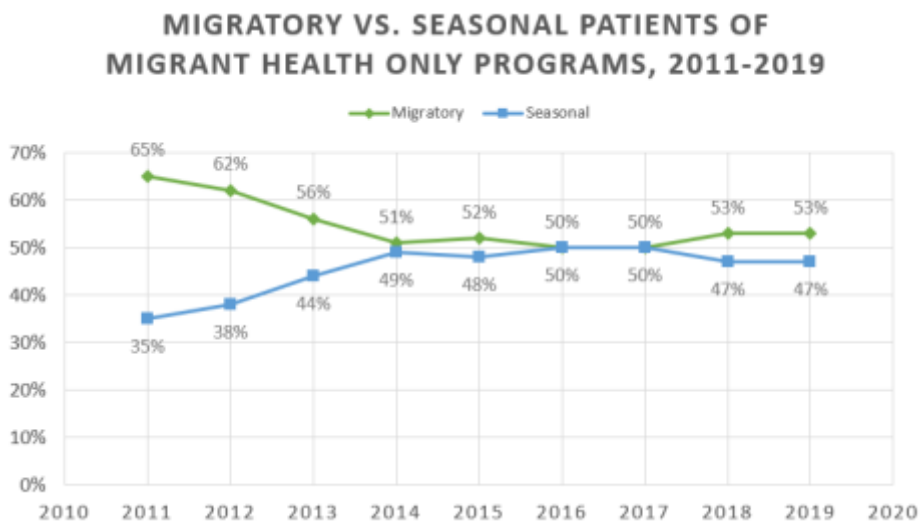
All Community Health Centers that receive Migrant Health funds must classify agricultural worker patients as either migratory or seasonal. The percentage of MSAW patients who are classified as migratory has been steadily declining over the past decade. This could be because agricultural workers are moving away from migratory employment patterns, migratory workers are not seeking care at Migrant Health Centers, or Migrant Health Centers 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 are contributing to the decline in migratory worker patients.



MIGRANT HEALTH ONLY PROGRAMS

A small number of Migrant Health Centers exclusively receive Migrant Health funding. These programs are located in Georgia, Iowa, Kansas, Massachusetts, Maine, Minnesota, Montana, North Carolina, and South Carolina. These programs tend to primarily serve MSAWs that are migratory and are located where agricultural worker communities are smaller and not as dense as areas like California or Washington.

Migrant Health-only programs have also seen a decline in the proportion of their MSAW patients that are classified as migratory since 2013, although a greater percentage of their patients are migratory compared to all Migrant Health Centers. In contrast to the trend seen among all Migrant Health Centers, the percentage of migratory patients served by Migrant Health-only programs has been increasing since 2017.



Data Source

All data is from the Uniform Data System, maintained by the Bureau of Primary Health Care.

Contact Us

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