



Agricultural Worker Health 101

An Introduction to Agricultural Worker Health

**Presented by
Farmworker Health Network**

**East Coast Migrant Stream Forum
Oct. 9-11, 2019
San Juan, PR**



Workshop Components

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

Timeline of Legislative Action

Migrant Health Act

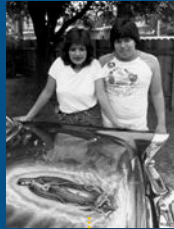
Aid to agencies that provide community health services to agricultural workers and their families



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

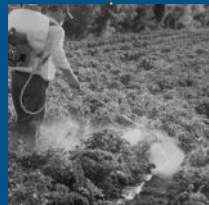
1975



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 2019

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.

111 Crop Production

- 1111 Oilseed and Grain Farming
- 1112 Vegetable and Melon Farming
- 1113 Fruit and Tree Nut Farming
- 1114 Greenhouse, nursery, and floriculture production
- 1119 Other crop farming, tobacco, cotton, sugarcane, hay, peanuts, sugar beets

112 Animal Production and Aquaculture

- 1121 Cattle Ranching and Farming
- 1122 Hog and Pig Farming
- 1123 Poultry and Egg Production
- 1124 Sheep and goat farming
- 1125 Aquaculture
- 1129 Other animal production, apiculture, horses, fur bearing animals, companion animals

1151 Support Activities for Crop Production

1152 Support Activities for Animal Production

Workers employed in the following industries are not eligible for the Agricultural 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

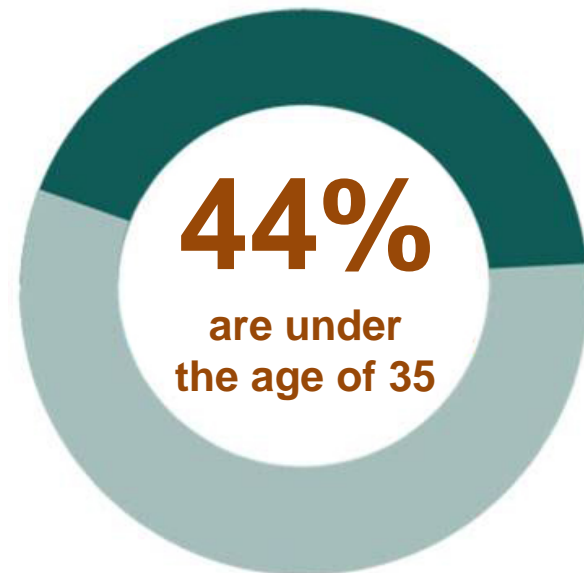
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Agricultural Worker Demographics^{1,2,3}

2.5 million

estimated population^{2,3}



1. National Agricultural Workers Survey (NAWS) 2013 - 2014. https://www.doleta.gov/agworker/pdf/NAWS_Research_Report_12_Final_508_Compliant.pdf
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.
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

76% foreign born



49% without work authorization

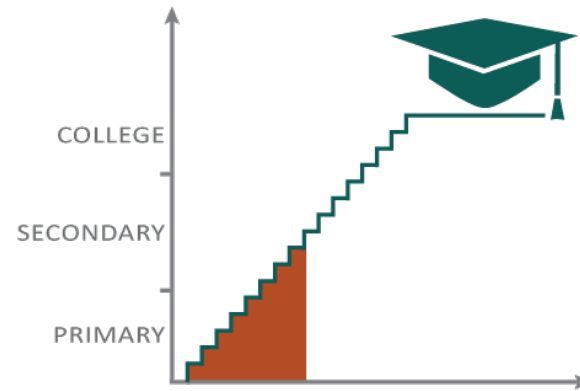
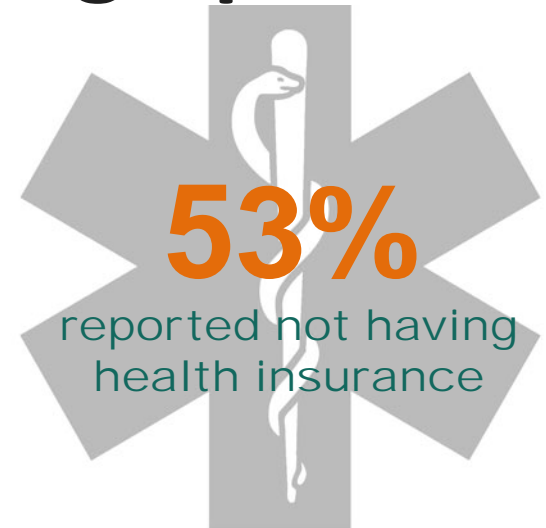


37% had not visited a U.S. healthcare provider in last 2 years

Agricultural Worker Demographics¹

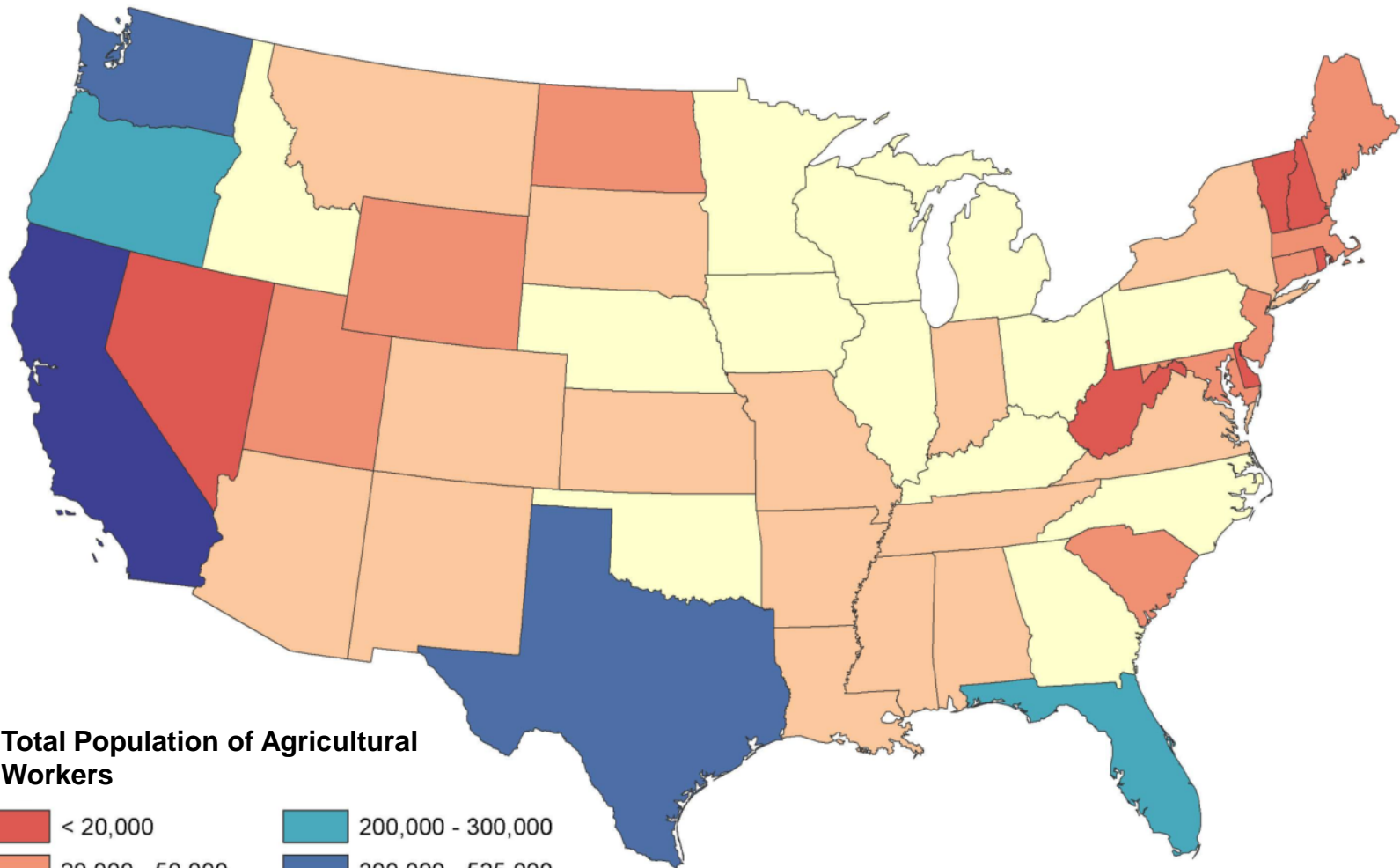
Mean and medium individual income range from **\$17,500** to **\$19,999**

33% of agricultural worker families had total family incomes below 100% of the Federal Poverty Level



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

Number of Agricultural Workers by State



Patterns of Mobility

Restricted Circuit

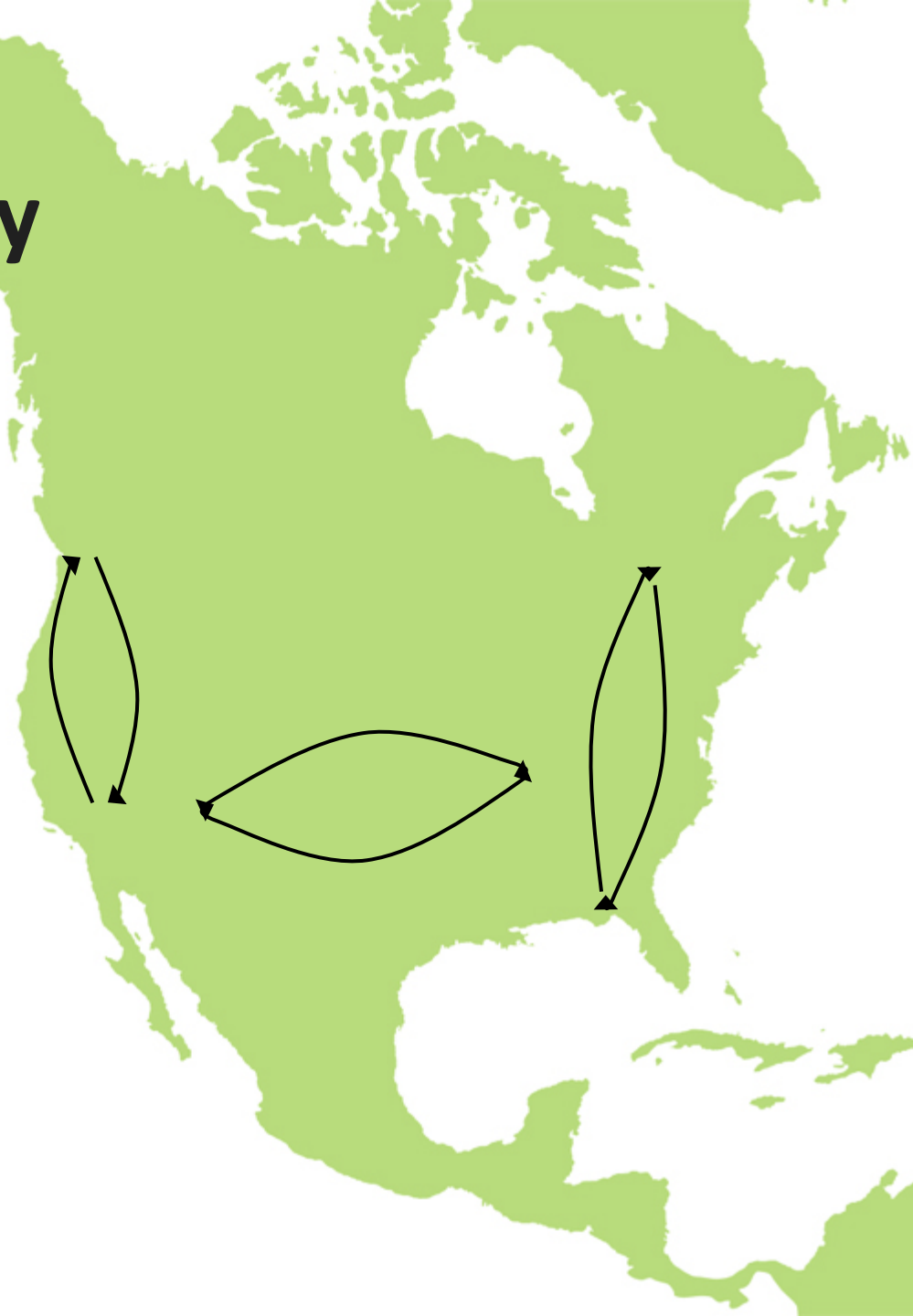
- Following crops in one area.
- Often centered around a home base.
- Usually a couple adults from the household move to work but they come home frequently.



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, dairy and others)



Increasing number of indigenous agricultural workers

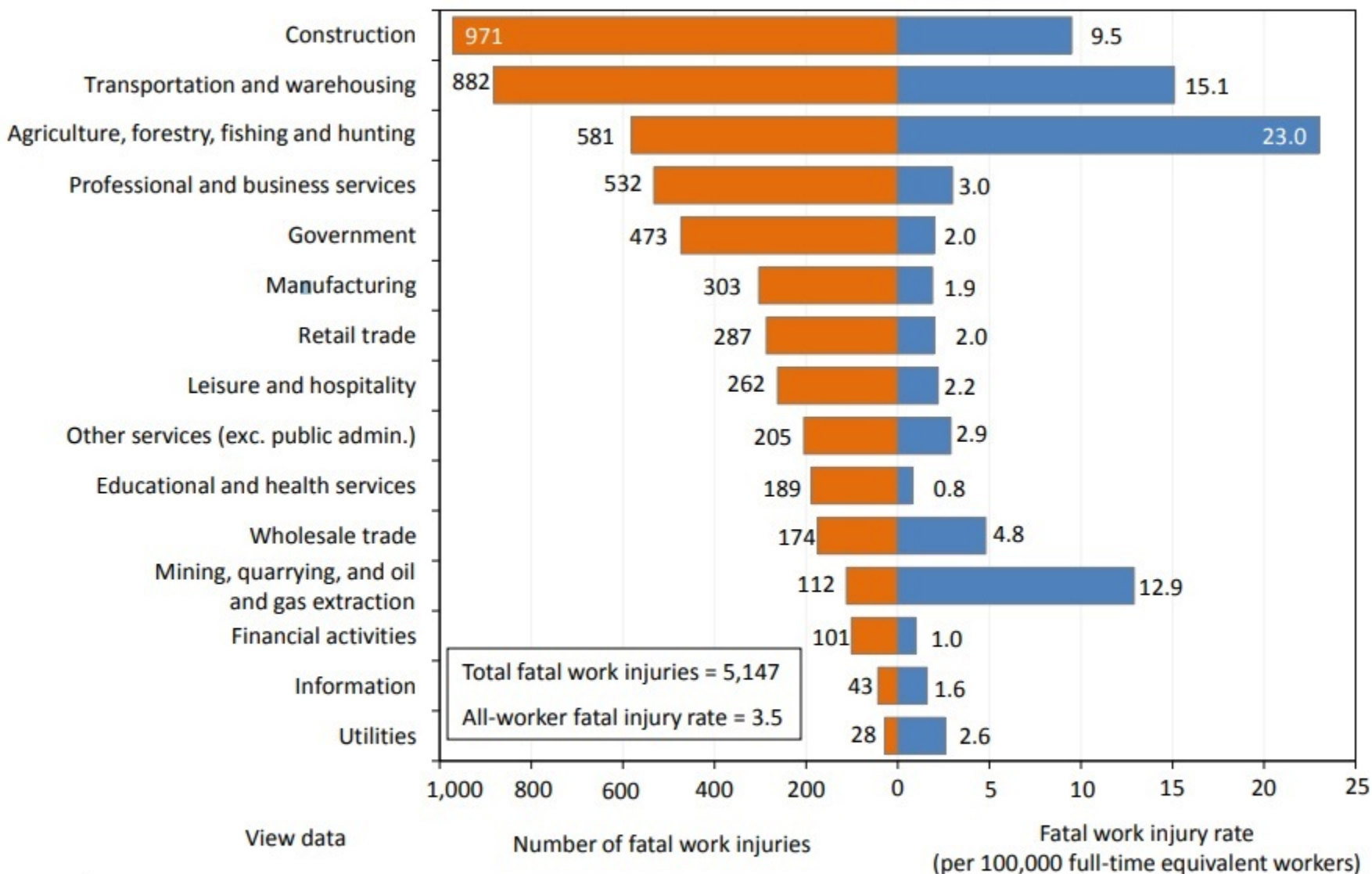


Less available housing (more dispersion of population)

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Number and rate of fatal work injuries by industry sector, 2017



- Private construction had the highest count of fatal injuries in 2017, but the private agriculture, forestry, fishing and hunting sector had the highest fatal work injury rate.

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 www.bls.gov/iif/oshnotice10.htm.

Source: U.S. Bureau of Labor Statistics, Current Population Survey, Census of Fatal Occupational Injuries, 2018.

In 2017, 581 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



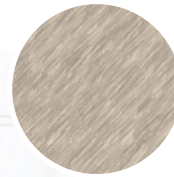
Illnesses Related to Unsanitary Conditions and Substandard Housing

- Gastro-intestinal diseases
- Intestinal parasites
- Urinary tract infections
- Conjunctivitis
- Lead poisoning

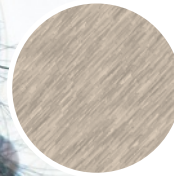
Chronic Conditions

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

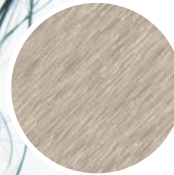




Anxiety



Stress



Depression

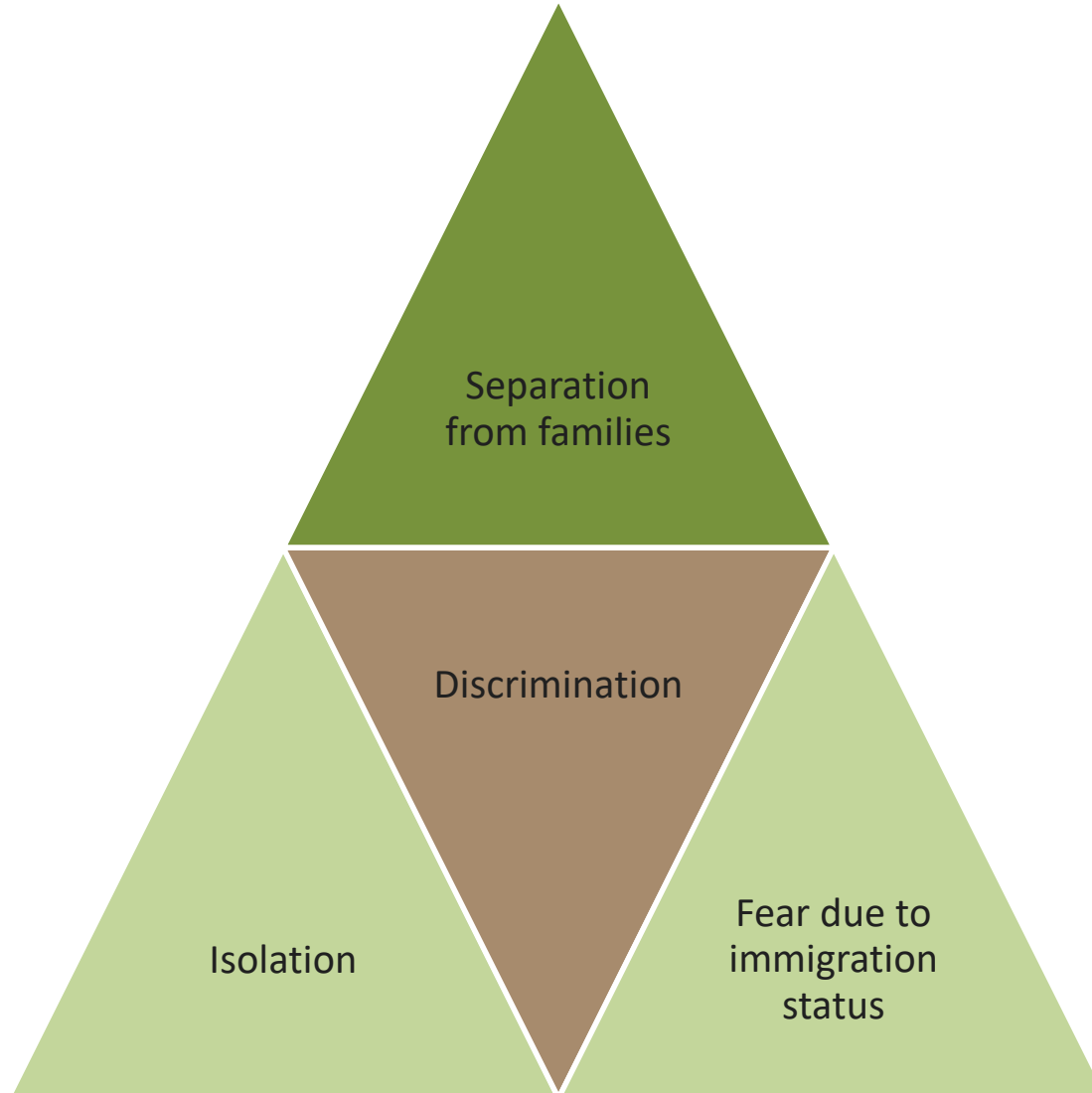


Substance
abuse



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**

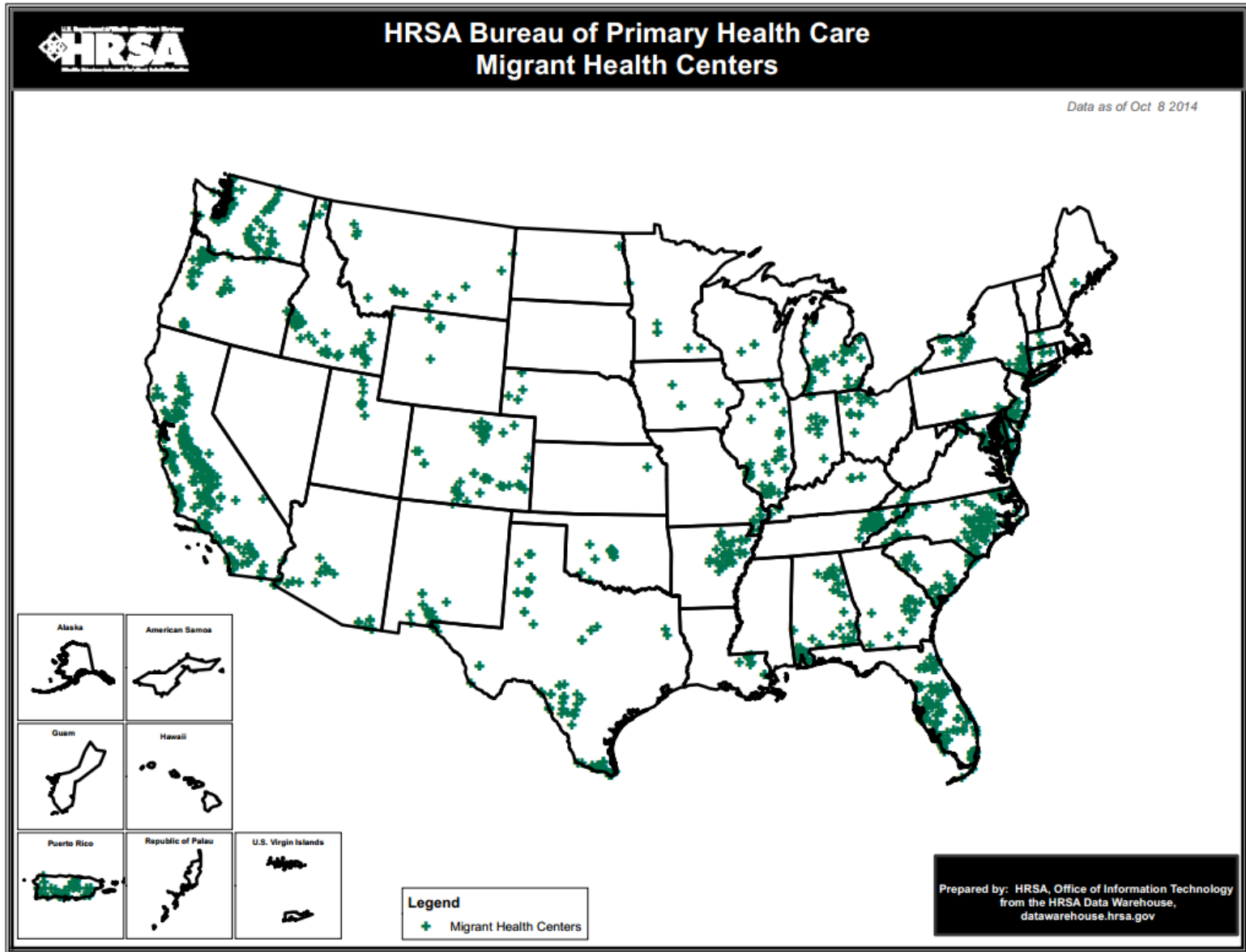
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Public Health Section 330 Delivery Sites

- In 2018, BPHC supported over **1,362** health care grantees including homeless, school based, public housing and migrant health
- In 2018, **174** of those were funded to provide services to the migratory and seasonal agricultural worker population
- **995,232** agricultural workers were reported as served by all Health Center Program Grantees in 2018

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

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Outreach and enabling services
- Sliding fee scale
- Patient-majority governing board



Photo: MHP Salud



Photo: Crystal Nguyen



Photo: Robert Poole

Service Delivery Challenges

Continuity of Care

- Agricultural workers may seek care only when necessary
- Agricultural workers 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

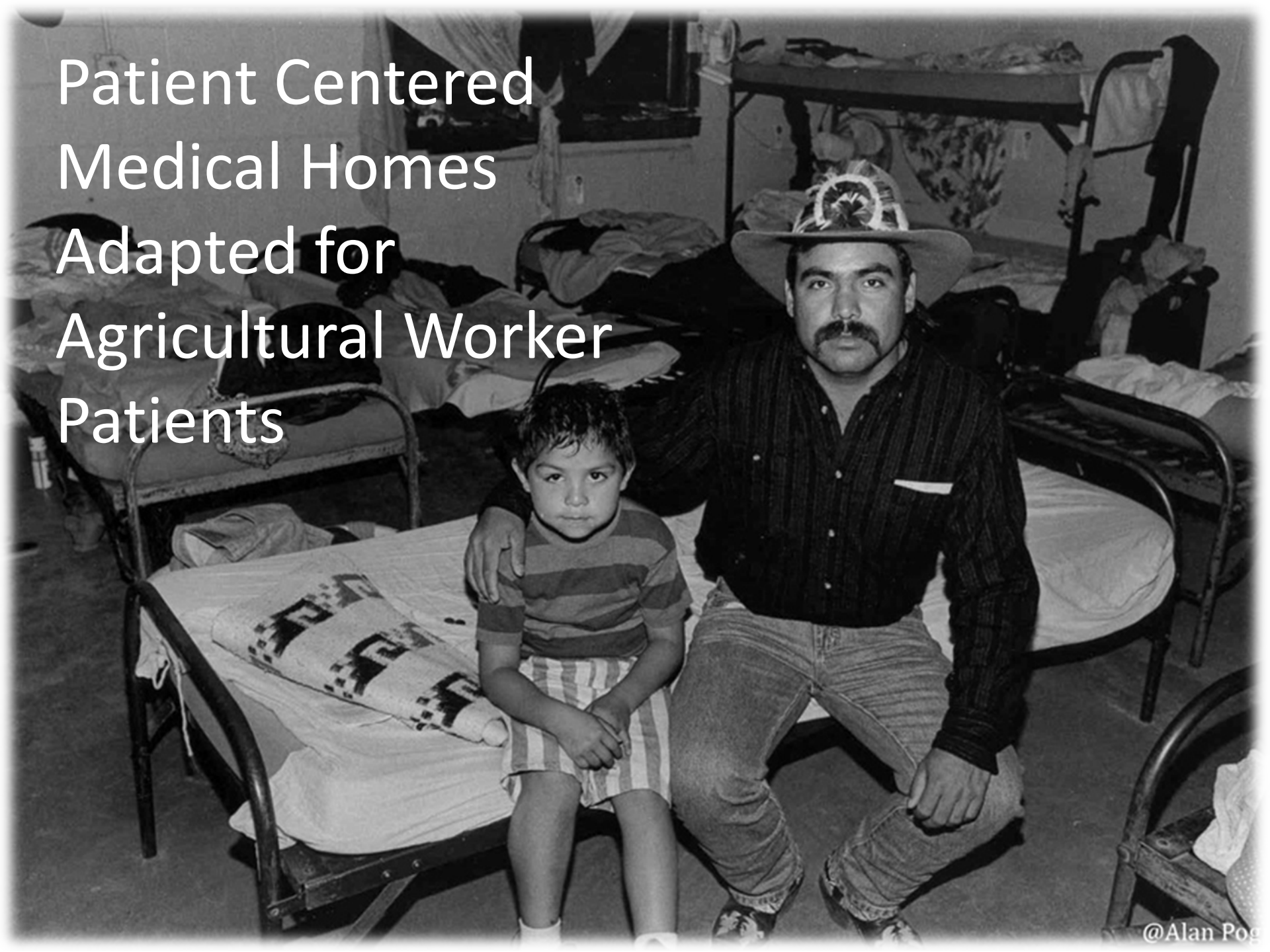
Voucher Program Model

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

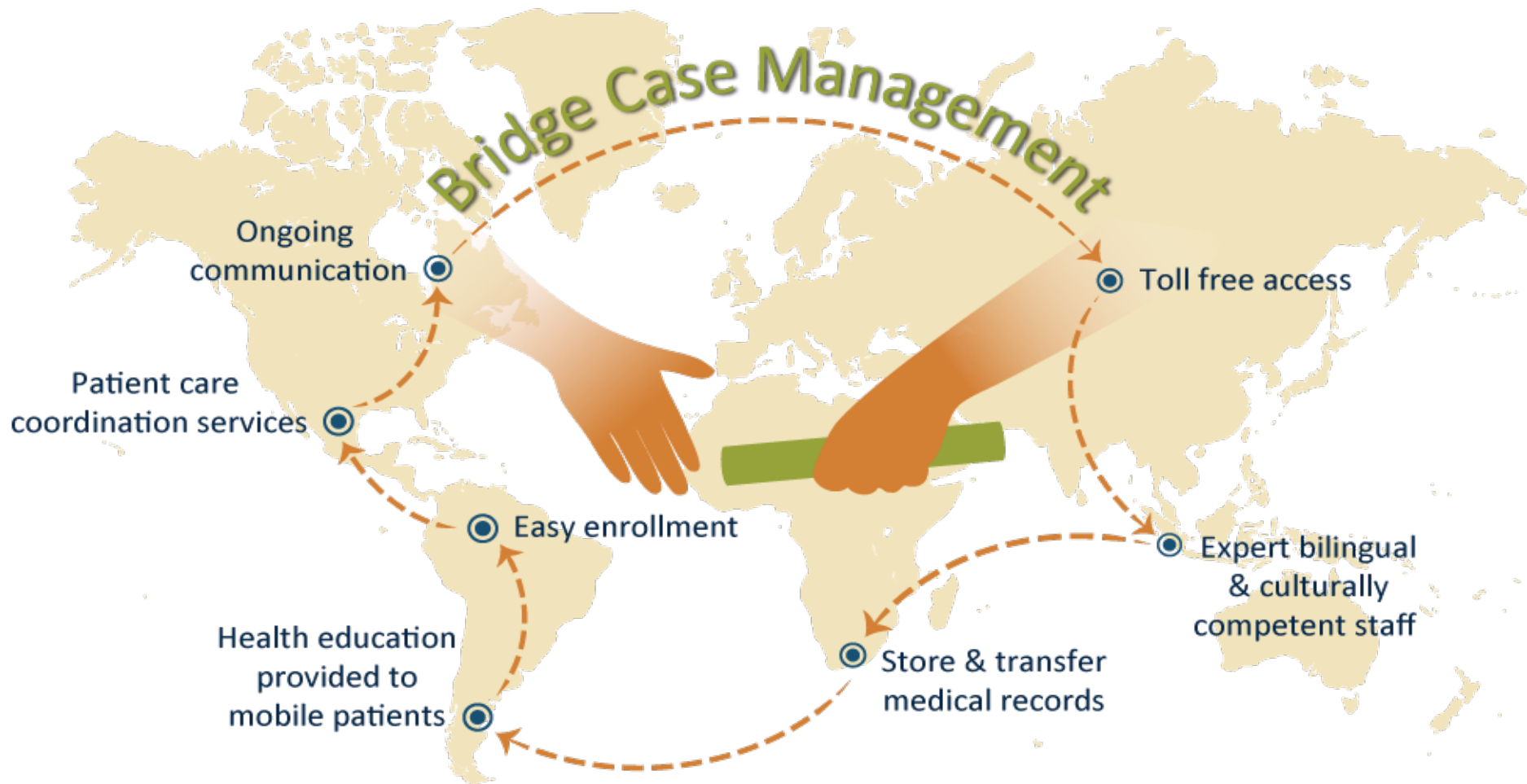
Patient Centered
Medical Homes
Adapted for
Agricultural Worker
Patients



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

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





I CARE ABOUT AMERICA'S AGRICULTURAL WORKERS

AG WORKER ACCESS CAMPAIGN



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09737, Training and Technical Assistance National Cooperative Agreement for \$1,433,856 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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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

MCN
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 farmworkers and their families 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.

Washington, DC

202-293-5420

www.farmworkerjustice.org



FARMWORKER JUSTICE

Empowering farmworkers to improve their living and working conditions since 1981

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Farmworker Justice is a nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

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



Building healthier farmworker communities

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Health Outreach Partners

WWW.OUTREACH-PARTNERS.ORG

WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organization





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.

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RESOURCES

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

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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 strategies 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



956.968.3600
info@mhpsalud.org
www.mhpsalud.org

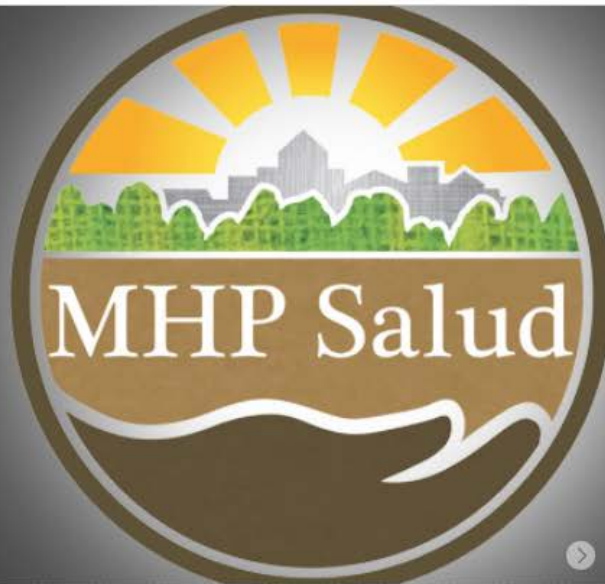


OUTCOMES-DRIVEN
EXPERIENCED
INNOVATIVE



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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.



A force for health justice for the mobile poor

MCN is a national, not-for-profit organization founded in 1984 by clinicians working in agricultural 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 agricultural workers 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 Migration Health

Advance Health Justice

Mobilize Men to Prevent Violence ▶

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

“ A FORCE FOR HEALTH JUSTICE FOR THE MOBILE POOR ”



NATIONAL ASSOCIATION OF
Community Health Centers

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, ¼ organizational dues must be paid by Friday, August 10, 2012
Voting by Proxy



NACHC News

8.6.12

[President Barack Obama Issues Proclamation for National Health Center Week](#)
HHS Secretary Sebelius Participates in Tele-Town Hall with Health Center Leaders

8.3.12

[Three new briefs on how Community Health Centers are powering healthier communities](#)
Coinciding with National Health Center Week, NACHC has released three new briefs that demonstrate how health centers are powering healthier communities.

Now Available:



The **National Center for Farmworker Health** is a private, not-for-profit corporation located in Buda, Texas, whose mission is "to improve the health status of farmworker families through appropriate application of human, technical, and information resources."

Programs, products, and services in support of our mission, include:

- Migrant specific technical assistance
- Governance development and training
- Program management
- Staff development and training
- Health education program development
- Migrant health and farmworker library and resources

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

WHO WE ARE

The National Center for Farmworker Health (NCFH) is a private, not-for-profit corporation located in Buda, Texas dedicated to improving the health status of farmworker families by providing information services, training and technical assistance, and a variety of products to community and migrant health centers nationwide, as well as organizations, universities, researchers and individuals involved in farmworker health.

Established in 1975, NCFH has a long history in support of improving access to health care to the farmworker population. We are guided by a nationally represented Board of Directors and are poised to assist organizations with a highly experienced multidisciplinary team of migrant health professionals.

JOIN THE AG WORKER ACCESS CAMPAIGN

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

www.ncfh.org/ag-worker-access.html

Agricultural Worker 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 on 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.

Additional BPHC-Funded NCAs – Special and Vulnerable Populations

- Association of Asian Pacific Community Health Organizations
 - <http://www.aapcho.org>
- Corporation for Supportive Housing
 - <http://www.csh.org>
- Equitable Care for Elders – Harvard University School of Dental Medicine
 - <https://ece.hsdm.harvard.edu>
- National Center for Health in Public Housing
 - <https://nchph.org>
- National Health Care for the Homeless Council
 - <http://www.nhchc.org>
- National LGBT Health Education Center
 - <http://www.lgbthealtheducation.org>
- National Nurse-Led Care Consortium
 - <http://www.nurseledcare.org>
- School-Based Health Alliance
 - <http://www.sbh4all.org>



Additional BPHC-Funded NCAs – Capacity Development

- Association of Clinicians of the Underserved
 - <http://www.clinicians.org>
- Capital Link
 - <http://www.caplink.org>
- Community Health Center, Inc.
 - <http://www.weitzmaninstitute.org>
- Health Information Technology Training and Technical Assistance Center (HITEQ)
 - <http://www.hiteqcenter.org>
- National Center for Medical-Legal Partnership
 - <http://www.medical-legalpartnership.org>
- National Network for Oral Health Access
 - <http://www.nnoha.org>



Health Center Resource Clearinghouse



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Learn About the NCAs



Find Resources



Priority Topic: Diabetes



Have a Question? Ask Us



Quick Finds:

Use these links to find resources from our database on our topic areas.

Diabetes

Capital Development

Clinical Issues

Emerging Issues

HIT/Data

Leadership

Outreach

Governance

Practice Transformation

Special & Vulnerable Populations

Social Determinants of Health

Workforce

Quality Improvement

Finance

Emergency Preparedness

www.healthcenterinfo.org

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