



## ***FARMWORKER JUSTICE EYEOPENER***

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*Welcome to Farmworker Justice's electronic newsletter, the EyeOpener, covering recent developments in policy and research relevant to migrant farmworkers in the US. Please feel free to send comments, questions, or suggestions for future issues to the address provided at the end of the newsletter.*

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### **1. Many Farmworker Families Lack Access to Dental Health Services**

Quandt SA, Clark HM, Rao P, Arcury TA. Oral Health of Children and Adults in Latino Migrant and Seasonal Farmworker Families. *Journal of Immigrant & Minority Health* 9:229-235, 2007.

Most research into health services availability and utilization for farmworkers and their families has focused on access to medical services only. Despite the high prevalence of poor oral health in this population, little attention has been paid to farmworkers' dental needs, with only a small number of studies focusing on farmworker children's oral health. A study conducted in North Carolina by researchers at Wake Forest University School of Medicine in 2004 looked at oral health issues from the perspective of farmworker family households in order to assess the situation for different members. The study describes self-reported use of dental care services, dental hygiene practices, and oral health problems of adults and children.

The overall study sample included 79 children, 108 mothers and 102 spouses. (This study was part of a larger project with women in farmworker households with at least one child under 13 years of age. Children under three years of age were excluded from this part of the study since they typically do not receive dental services.

However, their mothers were still included.) Three-fourths of the children, one-fourth of the mothers and one-third of the spouses had received dental services in the previous year. Of the subsample of 79 households which included a child and two adults, services were received by all three individuals in fewer than half. Most mothers and children brushed their teeth at least once a day, but the majority never flossed. Mothers were more likely to describe their children's dental health as being better than their own.

The most commonly reported reason for not obtaining oral health services was the expense. While most families did not have to pay fees for children's services, the majority of adults were required to pay. Transportation problems or fear of dental work were much less commonly reported barriers. Children were more likely to have received services if they were born in the United States.

Dental care is a vital component of health maintenance. Unresolved oral health problems can lead to poor nutritional status, as well as a host of serious systemic conditions such as stroke, heart and lung disease. Dental services should be included in ongoing efforts to extend health care to this population, whether through expanded outreach, changes to the Medicaid system, or increased funding for low-cost or sliding fee scale dental care facilities.

## **2. Food Insecurity Is Associated with Poor Health Outcomes in Farmworker Families Living on US-Mexico Border**

Weigel MM, Armijos RX, Hall YP, Ramirez Y, Orozco R. The Household Food Insecurity and Health Outcomes of U.S.-Mexico Border Migrant and Seasonal Farmworkers. *Journal of Immigrant and Minority Health* 9:157-169, 2007.

Several recent studies have reported that a higher proportion of Hispanic households lack adequate food, than do households in the general US population. Food insecurity is defined as periodic or chronic difficulties in obtaining sufficient and acceptable food for the household. It has been associated with a number of adverse nutritional and health effects, such as obesity, hypertension, type 2 diabetes, dental caries, musculoskeletal pain, and digestive problems. In addition, children living in food insecure households tend to perform more poorly in school. Since many of these health problems are highly prevalent among migrant and seasonal farmworkers, researchers at the University of Texas at El Paso conducted a study in 2003 to assess the relationship between food insecurity and health outcomes in this vulnerable population.

The study was conducted with 100 migrant and seasonal farmworker households along the US-Mexico border in Texas and New Mexico. Eighty-two percent of these households reported lacking adequate food during the previous 12 months with 49% facing hunger (i.e., with family members reducing intake or skipping meals). Food insecurity was more common in households of more than 5 members, in households with small children and in households where mother's education level was less than 6 years. Food insecure families were more likely to have at least one member who had experienced digestive problems for an extended period, at least one overweight child,

and at least one child who had been diagnosed with a learning disability. No other statistically significant associations were found, but the prevalence of many health problems was very high in this population nonetheless, e.g., adult obesity (66%), dental caries (73%), hypertension (30%), diabetes (28%).

Given the high rate of food insecurity among farmworker families, especially those with small children, and this population's generally elevated risk for numerous health problems, it is important that efforts be made to ensure access to nutritional programs such as food stamps, school lunches, and WIC. (One barrier is that food stamps are only available to US citizens and certain legal permanent residents.) Efforts should be made to distribute information on available programs, including eligibility requirements, assist with transportation, and increase awareness and utilization of resources such as food pantries and soup kitchens.

### **3. Farmworkers' Pesticide Safety Behaviors May Increase Exposure Risk for Non-farmworkers in the Home**

Rao P, Gentry A, Quandt SA, Davis SW, Snively BM, Arcury TA. Pesticide Exposure-related Behaviors in Latino Farmworker Family Households. *American Journal of Industrial Medicine* 49(4):271-80, 2006.

Non-farmworkers, including children, living in farmworker households are at risk for adverse effects from pesticides due to "take-home" exposures. Residues that remain on workers' skin, clothing, boots, vehicles, and equipment can be transferred from the worksite to the home if safety precautions are not adequately implemented. Many farmworker families live in crowded, substandard housing without the minimum laundry and bathing facilities needed to control residues. Mandated pesticide safety education efforts are directed primarily towards reducing exposure in the worksite, with little or no attention paid to the ways that non-workers may be exposed. In order to determine which work-related behaviors are most likely to affect take-home exposure risk, researchers at Wake Forest University School of Medicine conducted a study in North Carolina with 142 women living in farmworker family households, which included a total of 230 farmworkers.

The women were asked to report on compliance with recommended safety practices that have the greatest potential for contributing to take-home residues. They include: changing, storing and laundering of work clothes separately from household clothes; showering or bathing within 15 minutes of returning home from work; and not bringing empty pesticide containers home from the worksite. Only two participants reported that any workers brought home pesticide containers, and over 90% of households reported that contaminated work clothes were stored and washed separately from the family's regular laundry. In three of five households at least one of the workers did not change out of work clothes before entering the home. In addition, in one of four households, one or more workers delayed showering after work beyond the recommended 15 minute time period. The factor that was most likely to predict non-adherence was the number of farmworkers in the household. Households with more than two farmworkers were the least likely to report full compliance, especially with the clothes-changing and showering recommendations.

This was particularly likely to be true in households in which there was a farmworker besides the participant or her spouse (i.e., a friend or extended family member).

These findings underscore the difficulties encountered by farmworkers living in crowded or substandard housing with insufficient bathing and/or laundry facilities. Temporary labor camp regulations that require housing providers to meet certain minimum standards need to more rigorously enforced (e.g., reasonable access to laundry facilities, minimum ratio of shower/bathtub per farmworker occupant). Additional pesticide safety information on reducing take-home residue levels should be part of the required pesticide safety education for all farmworkers under the Worker Protection Standard.

#### **4. Investigating Hazard Communication Pictures, Colors and Formats**

James Glasnapp et al., JBS International Inc. Aguirre Division, Burlingame, CA, *Evaluation of the Effectiveness of Symbols and Hazard Communications Materials, Final Report: Phases I and II*, August 2006, made available by EPA's Office of Research and Development.

Prior to formulating a proposal to improve the pesticide hazard information provided to farmworkers, the U.S. Environmental Protection Agency (EPA) commissioned a study of the symbols, designs and formats that would be most readily understood by the workers. In their two-part study, *Evaluation of the Effectiveness of Symbols and Hazard Communications Materials* (2006), researchers asked farmworkers in Belle Glade, FL, and Dinuba, CA, to interpret colored symbols and color bars as well as to identify the messages conveyed by 14 sets of illustrations concerning common symptoms of overexposure to pesticides. To obtain information, researchers conducted focus groups with 36 workers and in-depth interviews with 18 individuals. Splitting the meetings evenly between the two sites, each session lasted an hour.

In phase one of the study, the farmworkers reviewed and commented on the colors and symbols that have been adopted by the United Nations Food and Agriculture Organization (FAO) as a Globally Harmonized System (GHS) for use on labels and hazard information sheets given to workers exposed to toxic chemicals on the job. This system utilizes a variety of color bars (e.g., red, green and blue) and colored symbols (such as a red exclamation point). However, it is not yet in use in the US or Mexico. To gauge the meaning of illustrations that EPA could incorporate into hazard information sheets, researchers also asked farmworkers to identify the message conveyed by 14 sets of drawings. In each set of pictures there is one which is "iconic" (i.e., symbolic), a second which is "semi-iconic" (i.e., combines symbols with representational drawings) and a third which is "vivid" (i.e., a representational picture). The farmworkers also chose the picture in each set that they thought best conveyed the meaning.

In general, farmworkers understood the meaning of GHS colors that are also used in traffic lights (i.e., red and green). By contrast, they did not understand the meaning intended to be conveyed by the color blue. In addition, the workers more frequently understood illustrations that were representational (i.e., 9 of 14 sets), rather than symbolic (2 of 14) or semi-iconic (3 of 14). The only symbols that the workers readily

understood were the skull and cross bones and the man with the extended hand (now widely used on warning signs throughout the US, outside of California). Moreover, half or more of the workers correctly identified the meaning of at least one drawing in only 5 of the 14 groups. This included drawings for: headache (94%), eye irritation (94%), nausea (83%), sweating (72%), and exposure by inhalation (64%).

In phase two of the study, farmworkers were asked to compare two formats for the hazard information sheet. The first format consisted of a crop sheet, describing in a table format with words and pictures the hazards posed by all pesticides used on a crop. The second format presented similar information for one pesticide on a single sheet. The majority of all farmworkers preferred the latter which focused on one pesticide at a time. Interestingly, the majority of farmworkers in California would rather receive the information orally. Workers also suggested improvements that included adding pictures showing the proper clothing to wear in the fields, using larger font size, eliminating signs which are smaller than poster size, and incorporating color into the pictures of symptoms.

## **5. Low-wage Workers Face Many Obstacles in Obtaining Workers Compensation Benefits**

Lashuay N, Harrison R. *Barriers to Occupational Health Services for Low-wage Workers in California*. Report to the Commission on Health and Safety and Workers' Compensation, California Department of Industrial Relations. San Francisco: University of California, San Francisco, 2006. Available online at [http://www.dir.state.ca.us/CHSWC/Reports/Barriers\\_To\\_OHS.pdf](http://www.dir.state.ca.us/CHSWC/Reports/Barriers_To_OHS.pdf).

Various studies have found that between 9% and 45% of injured workers do not report work-related injuries or file claims for workers' compensation benefits. Low-wage workers are particularly likely to forego seeking such benefits or to face daunting obstacles in an effort to obtain them. Through focus groups with workers, interviews with employers and community-based organizations, and a survey of community health centers, University of California, San Francisco, researchers recently examined the barriers faced by low-wage workers to securing benefits when injured or to improving workplace safety. The report also provides a comprehensive set of policy recommendations for securing needed improvements.

The most frequently cited reason for not filing a workers' compensation claim was fear of retaliation. In some workplaces, this fear is well founded, since some supervisors acknowledged to researchers that it was "company policy" to fire workers who were injured on the job. Low-wage workers in California were also reluctant to file claims for workers' compensation because: they lacked legal immigration status; they could not provide necessary documentation of injury due to lack of English proficiency or low literacy in any language, they were unable to pursue a claim due to lack of sick leave or health insurance; they faced ostracism from other workers; or the employer deceived them about the unavailability of benefits. In the absence of workers' compensation benefits, many workers do not receive adequate medical treatment or are unable to remain off work long enough to fully recover. Low-wage workers reported that they were generally only able to succeed in obtaining benefits when they had legal assistance.

Community health centers can be an important resource for low-wage workers since they provide language access and culturally appropriate services. But many do not handle workers' compensation cases. For example, while slightly over half of contacted health centers screened patients for work-related injuries and illnesses, only 27% had treatment guidelines for occupational injuries or protocols for workers compensation cases.

Researchers noted that prevention efforts are frequently absent from the debate on reducing workers' compensation costs. In addition, policymakers fail to take into account that responsible businesses are put at a competitive disadvantage when unscrupulous employers evade their obligation to provide workers' compensation benefits. Moreover, when injured workers are deprived of the benefits to which they are entitled, the cost of providing health care is often shifted to taxpayers, who pay for uncompensated care, or the workers' families. To address these issues, the report's recommendations include the following: increase health and safety inspections in hazardous low-wage industries; use inspectors that speak the same language as the workers; involve community-based organizations in helping workers' file workers' compensation claims; use social marketing to educate workers about their rights rather than relying on written materials; and involve local governments and district attorneys in pursuing penalties for unsafe working conditions. Migrant and community health centers can play an important role in assisting injured farmworkers by taking on workers' compensation cases or providing workers with referrals for free or low-cost medical and legal assistance when they suffer work-related injuries.

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The *Farmworker Justice EyeOpener* is an electronic newsletter covering important recent developments in research and regulation on issues affecting the health and safety of migrant farmworkers. It is a joint project of Farmworker Justice and Migrant Clinicians Network, supported by the Health Resources and Services Administration's Bureau of Primary Health Care. Each issue includes summaries of recent articles and reports, as well as advice on using this information to help health professionals, outreach workers, *promotores de salud*, and advocates strengthen their efforts on behalf of farmworkers and their families.

*The contents of this publication are solely the responsibility of Farmworker Justice and Migrant Clinicians Network and do not necessarily reflect the official views of the Bureau of Primary Health Care or the Health Resources and Services Administration.*

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