Clinicians cannot cure or prevent all of the illnesses and injuries that farmworkers suffer with only medical interventions. It is important to recognize the context in which farmworkers live and work that contributes to their poor health, including their lack of quality housing.

Migrant farmworkers and their families live in a range of housing types. In addition to traditional housing such as single family homes and apartments, farmworkers take shelter in labor camps, mobile homes, motels, cars, in fields, under tarps, or in barns and tool sheds. Seasonal and year round farmworkers and their families often reside in dilapidated rental housing and mobile homes.1

The poor quality and instability of farmworker housing has a profound effect on farmworkers’ physical and mental health. However, there is insufficient research regarding the effect of housing conditions on the health of resident farmworkers. Recognizing the dearth of research on this topic, Farmworker Justice, the Center for Worker Health, Wake Forest School of Medicine, and California Rural Legal Assistance, Inc. organized a transdisciplinary conference on farmworker housing quality and health on November 11, 2014. The conference brought together researchers, attorneys, health care providers, and other experts to discuss current regulations and research on farmworker housing and health and develop recommendations to improve the overall state of farmworker housing.

This issue brief summarizes the four papers developed for the conference: 1) understanding the role of social factors in farmworker housing and health; 2) current documentation of farmworker housing and its impact on farmworker health; 3) collecting comparative data on farmworker housing and health; and 4) current regulations on farmworker housing and how these regulations affect health. These papers will be publicly available upon their publication in New Solutions in early Fall 2015.

Understanding the role of social factors in farmworker housing and health

Farmworkers comprise one of the most vulnerable populations working and living in the U.S. because they experience multiple social and economic disadvantages that negatively impact their health. They work in low paying jobs, lack formal educational attainment, and experience poor job security, unstable family relationships, and discrimination. Housing plays an important role in protecting against or deepening the disadvantages that farmworkers face.

1 Farmworkers Housing and Health in the United States: A General Introduction and Overview (Nov. 11, 2014) (available on Farmworker Justice website)
Social capital involves the development of strong community ties that provides individuals with a sense of identity and place in the world. The importance of social capital explains why community-based programs like promotores de salud work well. Promotores de salud are members of the community. Their social ties through family, friends, or co-workers allow them to be effective health messengers to the farmworker community.

Farmworkers tend to live in isolated neighborhoods that are poorly served by municipal governments. Often, transportation services are lacking in these areas, which negatively affects access to healthcare, education, and other services. The spatial isolation of these areas has a negative role in social relationships since the lack of transportation decreases opportunities for socialization.

Stress is also an important factor in psychological and physical well-being, especially if the stress becomes chronic. Domestic conditions such as housing can increase stress. Individuals who have strong social support systems or have a sense of personal control have lower levels of stress. Individuals’ housing and neighborhood can play a key role in their health. Health related behavior is often learned through one’s family and environment. Housing and the neighborhood affects children in profound ways. Strong communities, access to education, stress-free environments, and access to healthcare are important to raising healthy children.

Since farmworkers tend to live in substandard housing that is crowded or chaotic, they often experience high levels of stress. Farmworkers often live in complex households where family members or boarders are allowed to stay to alleviate the cost of housing. This means that household size and living arrangements change often, which increases stress and poses problems for family cohesion. Crowded, substandard housing is especially challenging for farmworker women who often have to work and take care of their children.

Single male farmworkers often live in more crowded conditions than farmworkers with families of their own. Unaccompanied male farmworkers often engage in risky behaviors such as excessive drinking or unprotected sex.

**Current documentation of farmworker housing and farmworker health**

Substandard housing exposes farmworkers to additional physical risk and mental stress. Poor plumbing and construction as well as rodent and insect infestation contributes to poor health outcomes such as asthma and gastrointestinal disease. Housing instability, especially for migrant farmworkers and their families, and lack of privacy due to overcrowding can create additional stress that leads to anxiety and depression.

Research on both the housing conditions and their associations with farmworker health is sparse. The two largest national studies that include data on farmworker housing are the Bureau of Labor Statistics’ Current Population Survey (CPS) and the DOL’s National Agricultural Workers Survey (NAWS). According to these studies, the majority of farmworkers (55%) live in some type of single family dwelling or unit. However, these single family units tend to be overcrowded and shared with non-family members. This is especially true for non-citizen
workers who, according to the CPS, are more likely to live in shared living quarters than U.S. citizens.

State and regional studies further demonstrate the poor housing conditions of farmworkers. Numerous state and regional studies of farmworker housing, including but not limited to the California Agricultural Worker Health Survey (CAWHS) and studies in North Carolina report crowded or extremely crowded conditions. Further, these studies, and studies in Washington State, demonstrate numerous structural deficiencies prevalent in farmworker housing including broken plumbing, holes in the exterior walls, leaky roofs, non-functional air conditioning or heating systems, and unsafe drinking water, among others.

While there are studies on agricultural working conditions and their effect on farmworker health, there are no systematic surveys that have sought to link farmworker health to housing conditions.

Collecting comparative data on farmworker housing and health

Comparative data can help determine actual causal links between farmworker housing and its effect on farmworker health. It is often difficult to use existing research because the studies were designed very differently from each other.

Researchers need to carefully design their studies to reduce bias and ensure robust representation of the community. Many challenges arise when conducting research on farmworker health and housing. For example, research measures, such as the farmworker household, type of farmworker housing, and the farmworker community, may differ depending on the study. Also, farmworkers may be reluctant to participate in studies due to stigma based on their immigration status, preferring to protect their privacy. Uniform guidelines need to be established for research on farmworker housing.

Current regulations on farmworker housing and how these regulations affect health

Farmworkers and their families have little control over the quality or safety of their housing. Many farmworkers live in off-site labor camps and other types of employer-provided housing. Labor camps have to comply with federal standards along with state and local law. There are minimal federal occupational safety and health standards applicable to farmworker labor camps that are issued by the U.S. Department of Labor (DOL) and the Occupational Safety and Health Administration (OSHA). While some states have regulations that set standards for the maintenance of farm labor camps and employee housing, there are varying degrees of success in enforcement. Farmworker housing must comply with the Migrant and Seasonal Agricultural Worker Protection Act (AWPA), which requires camp owners and operators to keep their housing in compliance with federal or state law. Before it can be occupied, the housing must be inspected and a permit must be posted. AWPA only protects agricultural workers who are migrant (i.e., workers employed in temporary or seasonal agriculture that requires them to be absent overnight from their permanent place of residence). The DOL Wage and Hour Division enforces AWPA and can issue fines for violations of the law. The law prohibits camp owners and operators from retaliating against farmworkers who report housing violations to enforcement agencies.
Employers who hire temporary agricultural workers with H-2A visas are required to provide them with free housing. State Workforce Agencies must inspect the housing prior to occupancy and certify that it meets applicable standards.

However, federal standards for temporary labor camp housing are limited in scope. For example, standards promulgated by OSHA do not include protections related to fire safety, heat, security, and pesticide or lead exposure. Also, standards related to ventilation, water supply, toilet facilities, laundry, lighting, and kitchen facilities date back to the 1970s, before a growing body of evidence regarding occupational health risks to farmworkers was available.

**Considerations for clinicians**

Clinicians can play an important role in the improvement of farmworker housing. The authors recommend that health care providers work with researchers and others to assess the housing needs of farmworkers and their families and the deleterious impact of housing on their health. Migrant health centers can also work with legal services organizations to provide farmworkers with legal assistance when they face unsafe housing conditions or to help them apply for subsidized housing. Several models exist for these medical-legal partnerships, whereby legal professionals work with health centers to resolve a patient’s substandard housing issues that may be affecting the health of the patient and others living in the same house. Together, clinicians, researchers, legal services providers, and others can improve policy and create better standards for farmworker housing in their communities.

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