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Eye on Farmworker Health

Current Developments in Research and Policy

Health Status of Children of Migrant Farm Workers: Farm Worker Family Health Program, Moultrie, Georgia

Authors: *M. Nichols, A. Stein, and J. Wold*

Source: *American Journal of Public Health (104)2: 350-358, February 2014*

Mexican-American migrant children are 2 to 3 times more likely to have poor or fair health compared to non-migrant children. Due to various barriers to health care access, the health issues in migrant children usually go unaddressed. The Farm Worker Family Health Program (FWFHP) provides health care to migrant farmworkers and their families in Moultrie, Georgia for 2 weeks during the summer each year. The FWFHP is a collaborative effort between health care and dental faculty at Emory University, Georgia State University, University of Georgia, Clayton State University, and Darton College as well as the Colquitt County Board of Education, Georgia Health District 8-2, and the Ellenton Farmworker Clinic. This study evaluates data collected by FWFHP on the health status of migrant farmworker children (weight, blood pressure, anemia, and stunting) as it compares to children in the United States and Mexico and non-migrant Mexican-American children.

FWFHP children have higher obesity rates, blood pressure, and anemia among older age groups when compared to Mexican-American children, American children, and Mexican children. Moreover, FWFHP children have a higher prevalence of overweight in the 6 to 11 year old age group but a lower prevalence of overweight in the 2 to 5 and 12 to 19 year old age groups. Overall, FWFHP children have a higher prevalence of elevated blood pressure compared with all U.S. and Mexican-American children across the 6 to 12 and 13 to 17 year old age groups. FWFHP children have a higher prevalence of anemia compared with all children in the U.S. and Hispanic-American cohorts aged 0 to 4 years old. When compared to the Mexican population, there is a higher prevalence of anemia in FWFHP children older than 9 years old. Stunting did not share such similar trends as other health categories; FWFHP children had higher stunting rates for all ages when compared to children in the United States, including Mexican-Americans. However, stunting prevalence was lower when compared to children in Mexico.

ARTICLES REVIEWED IN THIS ISSUE

→ [Health Status of Children of Migrant Farm Workers: Farm Worker Family Health Program, Moultrie, Georgia](#)

→ [Association Between Housing Quality and Individual Health Characteristics on Sleep Quality Among Latino Farmworkers](#)

→ ["They Talk Like That, But We Keep Working": Sexual Harassment and Sexual Assault Experiences Among Mexican Indigenous Farmworker Women in Oregon](#)

→ [Job Control, Psychological Demand, and Farmworker Health: Evidence from the National Agricultural Workers Survey](#)

→ [Depression, Stress, and Intimate Partner Violence Among Latino Migrant and Seasonal Farmworkers in Rural Southeastern North Carolina](#)

→ [Policy Update: H-2A Agricultural Workers and the Affordable Care Act](#)

The authors offer some reasons for their results. The higher obesity rate among FWFHP children might be due to the many barriers that migrant farmworkers face, such as poverty, food insecurity, and limited access to health care. Moreover, the authors speculate that while migrant children may be subject to stunting associated with early childhood, they experience some growth catch-up while living in the U.S.

The authors note that a limitation of their data collection was the inclusion of only the initial blood pressure reading of the FWFHP children. The authors recommend that future studies include all three recommended blood pressure readings since blood pressure tends to have a higher frequency in the first reading. Additionally, the researchers recommend further studies to adopt a longitudinal approach by incorporating medical, dietary, and physical activity history in order to identify the underlying causes of migrant farmworker children's health and implement effective prevention and treatment options.

Association Between Housing Quality and Individual Health Characteristics on Sleep Quality Among Latino Farmworkers

Authors: *J. Sandberg, J. Talton, S. Quandt, H. Chen, M. Weir, W. Doumani, A. Chatterjee, T. Arcury*

Source: *Journal of Immigrant and Minority Health (2)16: 265-272, April 2014*

An estimated 11% to 20% of Latino farmworkers in North Carolina experience elevated daytime sleepiness across the season. Yet little is known about the interplay of sleep quality of Latino farmworkers and environmental and individual factors, such as housing and physical and mental health. The study aims to describe the sleep quality and sleep characteristics of male Latino farmworkers in North Carolina and uncover the association between sleep quality, housing quality measures, and farmworker health.

From June to October 2010, 371 Spanish-speaking Latino farmworkers from 16 counties in North Carolina participated in the study. Three participants were chosen for every 186 camps; two participants completed an interviewer-administered Sleep Timing and Sleep Quality Screening Questionnaire (STSQS) in Spanish, while the other participant assisted in a housing inspection. Participants were asked to rate their usual sleep quality as well as report on the time they went to sleep, the average time it took to fall asleep (sleep latency), the number of times they woke up at night, and the time they woke up in the morning. Additionally, interviewers assessed housing conditions such as: housing type, number of people in the housing unit, availability and use of air conditioning, and 11 other dichotomous measures. Finally, interviewers measured the health of the farmworker participants, including self-rated health, musculoskeletal pain, depression, anxiety, and obesity.

The study found that poor sleep quality among the farmworker



WHO ARE WE?

Eye on Farmworker Health: Current Developments in Research and Policy 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 publication by [Farmworker Justice](#), supported by grant number U30CS22741 from the Health Resources and Services Administration's Bureau of Primary Health Care. Each issue includes summaries of recent articles and reports, as well as recommendations for using the information to help health professionals, outreach workers, *promotores de salud*, and advocates strengthen their efforts on behalf of farmworkers and their families.

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STAY IN TOUCH

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participants was associated with poor health indicators, such as depression and musculoskeletal pain. Poor sleep quality was significantly associated with sleep latency and night awakenings. The availability and use of air conditioning significantly contributed to a worker's sleep quality; 45% of participants who reported good quality of sleep had air conditioning compared to 30% of participants who reported poor quality of sleep. Good sleep quality was also associated with good health; 56% of participants with good health reported good quality sleep compared to 42% of persons with bad health. Elevated musculoskeletal pain, depression and anxiety were all associated with poor sleep quality.

The number of persons per housing unit and the dimensions and conditions of the sleeping room did not significantly affect sleep quality. While other research suggests that noise is a significant factor in sleep quality, the noise level in the units was not recorded by the interviewers. The authors suggest that construction quality and room configuration may have a greater effect on noise level than the number of people living in the unit. However, the authors did not have information to analyze an association between housing unit population and noise.

The authors recognize several limitations to the study. Sleep quality was self-reported through the STSQS which prevented researchers from determining the prevalence of specific sleep disorder symptoms among farmworkers. Furthermore, because the study took place with Spanish-speaking farmworkers in one southern state during the summer, the authors are not able to generalize their findings to other states, other times of the year, or non-Spanish and non-English speaking farmworkers. Future studies should include designated tests for specific sleep disorders to determine their prevalence. Noise and temperature during sleeping periods should also be measured to strengthen findings. While the study adds to our knowledge about sleep health among Latino farmworkers, further research is needed to determine how improvements to farmworker housing can improve sleep quality and other health indicators.

“They Talk Like That, But We Keep Working”: Sexual Harassment and Sexual Assault Experiences Among Mexican Indigenous Farmworker Women in Oregon

Authors: *J. Murphy, J. Samples, M. Morales, N. Shadbeth*

Source: *Journal on Immigrant and Minority Health (Online), February 2014*

68,000 indigenous Mexican farmworkers live in Oregon, approximately 20% of whom are women. Many speak an indigenous language such as Zapotec, Mixtec, and Triqui, and do not speak English or Spanish. In recent years, farmworker women in Oregon's Willamette Valley have reported sexual harassment and assault at the workplace to advocates and community organizations. Yet there are no scientific studies on sexual harassment of indigenous Mexican farmworker women. Using

community-based participatory research, the study analyzes indigenous Mexican farmworker women's experiences with sexual harassment at the workplace in the Willamette Valley.

Community and organization members were well integrated into the research model, participating in all aspects of the research process. Community partners publicized the focus groups, recruited participants, and facilitated focus groups. Researchers and community partners conducted seven confidential focus groups (five in 2006 & two in 2008) of self-identified indigenous Mexican farmworkers. Focus groups took place in non-workplace sites and during non-work hours. A total of 59 farmworker women participated in the study, 45 indigenous and 14 "Latina" (women who self-identified as Latina and indigenous). Four focus groups were conducted in Spanish and one focus group was conducted in both indigenous languages and Spanish. The other two focus groups were conducted exclusively in Mixteco and Triqui, respectively. The open conversations in the focus group were later transcribed to Spanish and English for coding.

Most of the participants had not received or heard of any training on sexual harassment. Instead, women reported receiving training only in Spanish on workplace safety policies; and many believed that there was more concern with the farm product than the worker's welfare. Some women did report preventative measures taken by employers, including an anonymous reporting system using a closed box, a Spanish-language video on company policy for reporting sexual harassment, and encouragement from bosses to report sexual harassment directly to them instead of a foreman.

In a focus group with Triqui women, many did not seem to know what sexual harassment was but could identify several examples when asked about "vulgarity." Overall, the focus group participants agreed that less educated, limited-Spanish proficient indigenous women were more vulnerable to sexual harassment in the fields. The women observed that many foremen sexually harassed younger women. They also identified two types of victims of sexual harassment: (1) those who "play along" in order to get an easier job as a reward; and (2) women who "for fear of losing their jobs participate and pay attention and chat using dirty words." The second category tended to be single mothers. In turn, many women stated that this high prevalence of sexual harassment tarnishes the goodwill of the workplace. One woman observed that "the hard [work] is for those other ones who are ugly." Despite fear and intimidation from male workers, several women spoke up and encouraged their colleagues to speak up as well but the most common method to stop persistent sexual harassment was to leave the job altogether.

The findings suggest a series of policy recommendations to combat the pervasiveness of sexual harassment in the fields. Clinicians and service providers need to plan for and be aware of communication barriers due to language and social dynamics in the workplace that limit conversation about sexual harassment. Farmworkers should also be

offered tailored trainings in their own languages with sensitivity towards the fear of retaliation for reporting or acknowledging sexual harassment. Finally, there needs to be improved monitoring and enforcement of workplace protections regarding sexual harassment and abuse. Workers' complaints must be dealt with quickly and consistently.

The findings of this study cannot be generalized to the overall indigenous Mexican farmworker women population because the data is not based on probability sampling and is purely qualitative. This study and future studies provide a model to create interventions and services to benefit indigenous farmworker women and their communities.

Job Control, Psychological Demand, and Farmworker Health: Evidence from the National Agricultural Workers Survey

Authors: *J. Grzywacz, T. Alterman, S. Gabbard, R. Shen, J. Nakamoto, D. Carroll, C. Muntaner*

Source: *Journal of Occupation and Environmental Medicine (1)56: 66-71, January 2014*

Farmworkers are regularly exposed to extreme temperatures, low doses of neurotoxins, and are at risk of injury by machines or livestock. The Job Demands-Control Model, a theory that the absence of control over work performed affects a worker's health, suggests that the lack of job control and psychological demands of agricultural work carries long-term health implications. There is a lack of research regarding the health implications of job control and psychological demand in agricultural work that can be generalized to the national farmworker population. Using 2009-2010 data from the National Agricultural Workers Survey (NAWS), the authors test three hypotheses derived from the Job Demands-Control Model: (1) workers with low job control are at greater risk of poor self-rated physical health and elevated depressive symptoms; (2) workers with high psychological demand are at greater risk of poor self-rated physical health and elevated depressive symptoms; and (3) workers with high strain jobs are at greater risk of poor self-rated physical health and elevated depressive symptoms.

The NAWS, administered by the U.S. Department of Labor, is the primary source of national data on farmworkers. Farms are randomly selected according to their prescribed regional and county clusters. Interviews are conducted in Spanish and English over a 4-month period in 3 separate cycles to capture seasonal fluctuation. Questions on health were added in 2009 in the supplemental section "Work Organization and Psychosocial Factors." This section gathered data on self-rated health and depressive symptoms while other questions from the general NAWS survey measured job control. In addition to these sections of the NAWS, the authors also used demographic questions to test for any demographic predictors for elevated psychological demands, low job control, and job strain.

The overall sample for this study is 3,691 respondents. Out of this

nationally representative sample, 22.4% of workers self-reported fair/poor health, and 8.7% of workers reported elevated depressive symptoms. The authors could not validate the first hypothesis that low job control is associated with poor health. After controlling for other variables, there was no statistically significant association between low job control and fair/poor health. The authors were able to validate the second hypothesis through logistic regressions; workers with elevated psychological demand were 38% more likely to report poor health and 2.3 times more likely to report elevated depressive symptoms. This finding is further bolstered by the multivariate analyses; workers were 2.6 times more likely to have elevated depressive symptoms when exposed to elevated psychological demands compared to those who were not exposed.

This study supports the notion that farmworkers are a health disparate and vulnerable worker population. Various predictors for poor self-rated health and elevated depressive symptoms were found when controlling for low job control and elevated psychological demand. For every 1-year increase in age, there was a 2% increase in the odds of farmworkers reporting fair/poor health. The odds of poor self-rated health were 28% greater for females compared to males. Gender was also a predictor for depressive symptoms; women were two times more likely to have elevated depressive symptoms than their male counterparts. However, poor self-rated health decreased with higher educational attainment. This inverse relationship also applied to elevated depressive symptoms. Legal status, ethnicity, and days spent in the fields also contributed to depressive symptoms. Not surprisingly, lacking legal immigration status increased the odds of elevated depressive symptoms. Non-Latino farmworkers (mostly Blacks) were 2.5 times more likely to report elevated depressive symptoms than their Latino counterparts. Interestingly enough, there was a 1% decrease in the chance of elevated depressive symptoms for every additional day working in the fields.

This research differs from past farmworker studies because it reports much lower depressive symptom rates among farmworkers (8.7%) compared to previous studies in Fresno, California (20%) and eastern North Carolina (nearly 25%). The findings may differ from other farmworker studies due to limitations on the research model and NAWS data. The cross sectional design of the research model precludes the ability to track any causal relationships among variables. The data was also collected through various agricultural seasons. Previous studies found that stages of agricultural seasons differ in elevated depressive symptoms, diluting rates of depressive symptom exposure.

There are several limitations using NAWS data. First, the NAWS supplemental questionnaire on psychosocial factors does not measure the physical job demands. Second, the NAWS does not interview workers with temporary H-2A work visas. Finally, the interviewers receive permission from employers to interview workers. Therefore, the workers interviewed by the NAWS may be treated more humanely than other workers perhaps creating bias in the results.

The authors suggest that future research include diverse samples of farmworkers across various crops. Other areas for further research are temporal variation in the physical and mental health of farmworkers across the agricultural season, and more complete assessments of demands confronted by farmworkers. The authors conclude that while replication research is needed, the results from this study suggest that the organization of agricultural work poses risks for poor occupational health outcomes of farmworkers.

Depression, Stress, and Intimate Partner Violence Among Latino Migrant and Seasonal Farmworkers in Rural Southeastern North Carolina

Authors: *Y. Kim-Goodwin, M. Maume, J. Fox*

Source: *Journal of Immigrant and Minority Health (Online), March 2014*

North Carolina has the fifth largest farmworker population, with approximately 100,000 farmworkers annually. In a recent study, 45% of farmworkers had elevated depressive symptoms, in contrast to California—the state with largest farmworker population in the U.S.—where 20% of farmworkers had elevated depressive symptoms. Little is known about the reasons for the higher depression rates in North Carolina farmworkers. Previous studies suggest that multiple factors affect mental health among Latinos in the U.S. This study seeks to find the predictors of depression and intimate partner violence (IPV) among rural Latinos in Southeastern North Carolina. The authors expected: (1) gender, time in country, alcohol consumption, and level of stress to affect IPV tendency; (2) IPV tendency and level of stress to affect the levels of depression; and (3) IPV tendency and level of depression to be predictors of one another.

The study is based on a survey of 291 Latino farmworkers in Southeastern North Carolina. The interviews were conducted from September to November 2007 during the post-agricultural season. Interviews were conducted in Spanish and held at migrant worker camps, local health departments, and churches. Along with demographic characteristics, numerous scales and questionnaires were used to measure various dependent, independent, and mediating variables. IPV was measured using the HITS scale, a 1-5 scale that asks about the frequency of practices that suggest IPV; depression was measured using the CES-D, a 20-item questionnaire that collects the frequency of such symptoms; stress was measured using the Migrant Farmworker Stress Inventory (MSFWSI), a 0-5 scale that asks about the severity of stressor for 39 items with 5 being “Extremely Stressful;” and alcohol use was measured using CAGE, a short four question survey that asks about alcohol consumption.

The majority of respondents were men (53%) and married (57%). Most participants were 30 years old or younger (57%), first-generation immigrants (75%), and of Mexican descent (90%). The average

respondent has lived in the U.S. for about six and a half years. Variable tests found that one-third of participants had potential cases of depression. The average farmworker stress score was 67, on a scale of 0 to 141. Over 20% of respondents indicated at-risk levels of IPV tendency (scores of 5.5 or higher on HITS index) and 39% of respondents had a potential for alcohol abuse or dependency (1 or higher on the CAGE alcohol abuse index). Gender, time in the U.S., and alcohol use were significant predictors of stress. Time in the U.S. was significantly associated with both stress and IPV tendency, and these factors were positively and statistically significant predictors of depression. On average, for each year respondents lived in the U.S., their depression score increased by .21. IPV was strongly tied to self-reported depressive symptoms. Respondents with high stress reported high levels of IPV and depression.

The study's findings highlight the need for a mental health screening tool that includes depression, IPV, and stress for early detection and referrals. Contrary to popular thought, this study finds that there is no association between alcohol use and IPV. Analysis of the data suggests that gender had a direct effect on IPV. Women were significantly more likely to report IPV tendency than men. The National Intimate Partner and Sexual Violence Survey found that Hispanic women report more violent encounters than men. These findings are consistent with previous studies that show that acculturation and new economic demands may threaten Latino men's sense of *machismo*, perpetuating violent behavior in an effort to reassert control over the female partner.

Many of the study's results differ from data in prior farmworker studies. The authors suggest several reasons for these differences. The proportion of respondents in this study was lower than other studies probably because the data was collected after the end of the agricultural season. The sample was also influenced by other factors, such as marital status and whether they are seasonal workers. Since 60% of respondents were married and over 40% were seasonal farmworkers, a smaller portion experienced depressive systems and individual and structural stress.

A limitation to the study is that the sample was small and the data was self-reported. Therefore, results are difficult to interpret and may not be generalized beyond Southeastern NC. Another limitation was the use of the HITS scale to measure IPV tendency. The scale is not very descriptive because it only consists of four questions. The Conflict Tactics Scale may be a better scale to derive more detailed data. Moreover, the scales used in this study may have lacked cultural equivalency when the measurements were translated from English to Spanish.

The findings in this study were not robust in all statistical tests and showed some unexpected results. The authors suggest that future research build upon these results to better understand farmworker mental health. They suggest that future research compare the differences in stress level and depression during pre- and post-

agricultural seasons. The authors recommend that stress reduction programs be implemented before the beginning of the agricultural season, when depressive symptoms tend to be higher. Overall, the study emphasizes the need for a gender-specific and culturally tailored IPV intervention for farmworkers.

POLICY UPDATE: H-2A AGRICULTURAL WORKERS AND THE AFFORDABLE CARE ACT

Every year, tens of thousands of foreign agricultural workers arrive in the United States with H-2A temporary work visas. These “H-2A workers” are “lawfully present” in the U.S. and therefore have rights and responsibilities under the Affordable Care Act. During their time in the U.S., they are subject to the minimum essential coverage provision (also known as the individual mandate), and are expected to have comprehensive health insurance. H-2A workers who do not have health insurance while in the United States and also do not qualify for one of a number of statutory exemptions may be assessed a tax penalty when they file their federal income tax returns in 2015 and beyond. Although they are not eligible for Medicaid, H-2A workers are eligible to enroll in health insurance using the health insurance marketplaces and are entitled to financial help to offset the cost of health insurance. Workers who arrive after the end of open enrollment are eligible for a “special enrollment period” of 60 days to apply for and enroll in health insurance.

Over the past few months, health centers across the country have been developing best practices to educate and enroll H-2A workers in health insurance. Farmworker Justice has been working with community, state, and national organizations to facilitate outreach and enrollment in farmworker communities. In March, FJ published a Frequently Asked Questions guide on H-2A workers and the Affordable Care Act for advocates. We also recently published a fact sheet for H-2A workers in [Spanish](#) and [English](#).

Misinformation abounds about H-2A workers and insurance eligibility under the Affordable Care Act. FJ will continue to provide information and share best practices about the ACA in order to help workers and advocates better understand farmworkers’ rights and responsibilities under the law.

To share best practices in your area or for more information about the ACA and H-2A workers, contact Alexis Guild at aguild@farmworkerjustice.org.

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