

FARMWORKER JUSTICE

HEALTH POLICY BULLETIN

Policy in action to help connect farmworker women to healthcare.

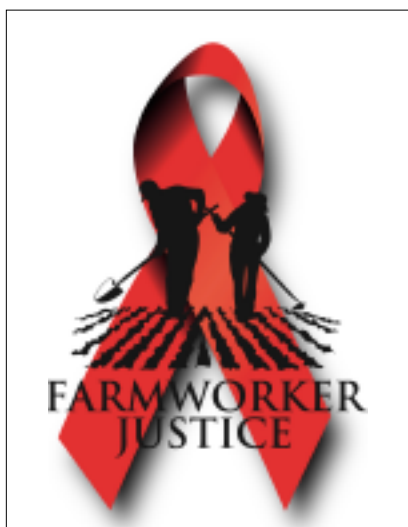
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Steps to Protect: How Providers Can Make a Difference in HIV Prevention

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Blanca tested positive for HIV approximately 13 years ago, when she was 41 years old. She was infected by her husband and had had only two sexual partners in her life. She knew her husband had other sexual partners but, as she stated, "How was I going to ask my husband to use a condom?"

Unfortunately, the above story is more common than we may think. Today women account for about 1 in 4 new HIV cases in the United States.¹ In fact, Latina women are 4 times more

likely to have HIV/AIDS than non-Hispanic white women.² And most of these women are infected through unprotected sex with a man.

Latinas are more at risk due to cultural factors, increased rates of STIs (sexually transmitted infections), and poverty. It can be hard for Latina women and girls to talk about "safe sex" with their partner or convince their partner to use condoms. Often times they are unaware of the status of their partner, and often of their own status, as getting tested for HIV can still be shrouded in fear and stigma.

The most common method of HIV transmission among women is sexual contact. Certain STIs that break the skin can facilitate the spread of HIV, if left untreated. With high STI rates among Latinas, this increases their risk of contracting HIV.

Poverty is another factor linked to increased HIV rates. Poverty in the farmworker community is rampant. According to the 2009 National Agricultural Workers Survey, 78% of farmworkers earn incomes below 200% of the Federal Poverty Level (\$22,980/year).³ Women living in

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poverty often lack access to good, quality healthcare which can mean advancing from HIV to AIDS much quicker. It can also mean not having access to testing and not knowing where to go for treatment or care.

Community health center programs and other healthcare providers that work in farmworker communities can play an important role in HIV prevention. In an ideal world, all farmworkers that enter a migrant health center or visit a mobile unit would be offered an HIV test, whether that was the primary reason for seeing a doctor or not. By knowing their status, farmworkers can get the help they need and also help stop the spread of the virus. By making HIV testing routine in a health care setting, we can help detect the disease earlier, offer treatment and counseling when it's most effective and work towards combating the fear, stigma, and misinformation that currently surrounds HIV. Many women get tested for HIV during routine pre-natal visits and this is an excellent opportunity for doctors and nurses to discuss risk and the benefits of getting tested. However, there is also an opportunity to test for HIV and educate women on their HIV risk regardless of the purpose of the appointment.

Healthcare providers are vital in curbing the spread of HIV in the Latino community. They are respected in the farmworker community and provide a unique opportunity to educate farmworker women about their risk and the importance of being tested. All people should know their HIV status and the only way to know is to get tested.

¹ Centers for Disease Control and Prevention, <http://www.cdc.gov/hiv/risk/gender/women/index.html>

² IBID

³ National Agricultural Workers Survey 2007-2009, US Department of Labor Employment & Training Administration, <http://www.doleta.gov/agworker/naws.cfm>

Ensuring Healthcare Access for Farmworker Women through the Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) provides new opportunities for healthcare access for millions of people in the US, including farmworker women. Provisions of the law that have already been enacted are making access to preventative health services easier for women across the country. Currently well-women visits, which include HIV screening and HIV/STI counseling, do not require patient co-pays.

Farmworker women tend to utilize healthcare more often than their male counterparts. In 2011, 53.7% of migrant health center patients were women.⁴ Yet few farmworker women currently receive Medicaid or employer-provided health insurance. According to data from the 2009 National Agricultural Workers Survey (NAWS), only 16% of farmworker women receive employer-provided health insurance.⁵ The health insurance marketplaces allow farmworker women and their families to apply for affordable and comprehensive health insurance. Many are newly eligible to receive tax credits to help offset the costs of health insurance. The tax credits are available to all lawfully present individuals who earn between 100% and 400% of the Federal Poverty Level (\$11,490 - \$45,960 for an individual; \$23,550 - \$94,200 for a family of 4). Some farmworkers who are not eligible for Medicaid and earn below 100% FPL may also receive tax credits in the marketplaces.

Some farmworkers may be provided healthcare through their employer, thanks to the “applicable large employer mandate” and tax credits for small employers of fewer than 25 employees.⁶ However, due to the “seasonal worker exception” of the employer mandate, farmworker women are less likely to be offered employer-provided health insurance since they tend to work shorter seasons than male farmworkers.⁷

The Affordable Care Act will facilitate greater healthcare access for farmworker women. Navigators, individuals who are trained to help consumers understand and enroll in health insurance in the marketplaces, will become important sources of information for farmworkers and other medically underserved populations. Many of these navigators will be housed either at health centers or community-based organizations, and may come from farmworker communities. Farmworker Justice is working with farmworker community-based organizations and health centers to develop materials for farmworkers on the ACA, including a curriculum for outreach workers. For more information about the ACA and how it can improve access to healthcare for farmworker women, contact Alexis Guild at aguild@farmworkerjustice.org.

⁴ 2011 National Migrant Health Data, Health Resources and Services Administration, <http://bphc.hrsa.gov/uds/view.aspx?fd=mh&year=2011>

⁵ National Agricultural Workers Survey 2007-2009, US Department of Labor Employment & Training Administration, <http://www.doleta.gov/agworker/naws.cfm>

⁶ Employers with more than 50 full-time equivalent employees are required to offer affordable health insurance to all full-time employees or pay a tax penalty.

See 26 U.S.C. §4980H

⁷ Employers with more than 50 full-time employees for 120 days or less during a calendar year do not have to offer health insurance to their full-time employees if the employees in excess of 50 during that period are seasonal workers. See U.S.C. §4980H(c)(2)(B)

Introducing the Alianza Nacional de Campesinas



The Alianza Nacional de Campesinas (Alianza) or National Farmworker Women's Alliance is the first national organization of its kind. Alianza was formed to address the discrimination and exclusion faced by farmworker women in the United States. Alianza's first national meeting took place in October 2012 in Washington, DC. Twenty-four women from six states traveled to Washington to officially launch their organization and to raise awareness of their concerns at the national level. In April of this year, Alianza members returned to Washington in greater numbers to meet with national organizations and policy makers. During their meeting in DC, Alianza members held a series of workshops and discussions about access to healthcare, exposure to pesticides and reproductive health, among other issues. They visited offices of their congressional representatives and met with officials from the US Dept. of Health and Human Services, the US Environmental Protection Agency and other federal agencies.

Alianza members have identified access to healthcare as a priority issue for farmworker women. Farmworker women are often responsible for the healthcare decisions of their families. Women often miss work and income when their children are sick, sometimes foregoing their own medical needs. Unfortunately, women face numerous barriers to healthcare, including poverty, lack of health insurance, and cultural and linguistic barriers. These barriers are detrimental to the health of farmworker women and their families.

Members of the Alianza are active leaders in community-based organizations in their home states. Many are on the boards of their local community health centers. The active participation of farmworker women in health center governance helps health centers to be responsive to the needs of farmworker families. Alianza members empower and engage farmworker women in communities across the US, and they can work with health centers to reach out to more farmworker patients.

For more information on the Alianza Nacional de Campesinas, you can visit them on Facebook at <https://www.facebook.com/AlianzaNacionalDeCampesinas>.

One Billion Rising to End Violence Against Farmworker Women



On February 14, 2013, Farmworker Justice joined the Alianza Nacional de Campesinas and organizations across the globe in the [One Billion Rising campaign](#). One Billion Rising is a global campaign that aims to bring attention and an end to violence against women. Why One Billion Rising? Approximately one billion women have been victims of violence around the world, including farmworker women.

Farmworker women in the United States are at high risk for sexual and intimate partner violence. At home and in the fields, farmworker women are vulnerable to attack. According to a recent report by Human Rights Watch, women in the fields are subjected to rape, coercive sexual conduct, groping, and verbal harassment from unscrupulous supervisors and labor contractors.⁸ At home, farmworker women are more likely to experience intimate partner violence. In one North Carolina study, approximately three-quarters of the interviewed women had experienced some type of violence at home.⁹ Yet few women report these abuses. They fear employer retaliation and other consequences of their actions. Systemic barriers, including but not limited to low wages, culture, language, discrimination and isolation, also contribute to their reluctance to speak out. Recently reauthorized by Congress, the Violence Against Women Act (VAWA) offers protections to immigrant survivors of violence. VAWA allows survivors of violence to apply for U-Visas, a temporary legal status that also includes work eligibility.

Sexual violence can increase women's risk of contracting HIV and other sexually transmitted infections (STIs). Unfortunately, farmworker women are less likely to go to a health center and seek testing and treatment. Apart from the perceived stigma of seeking treatment, most farmworkers

have neither health insurance coverage nor access to sick leave benefits, creating an impossible choice between health and income.

Healthcare providers at migrant and community health centers can play an important role facilitating access to care and services for farmworker survivors of sexual assault. As trusted members of the community, farmworker women are more likely to open up to someone at a health center than to the police. Healthcare providers who suspect that a patient is a victim of sexual violence should be sensitive to the unique cultural norms and fears (especially fear of employer retaliation) that may prevent farmworker women from disclosing such abuses.

You can find general information and resources on intimate partner violence at:

[Centers for Disease Control and Prevention – Intimate Partner Violence](#)

[Health Resources and Services Administration – A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression](#)

For more information on sexual violence against farmworker women, go to:

[California Rural Legal Assistance – Farmworker Sexual Violence Technical Assistance Project](#)

[Human Rights Watch – “Cultivating Fear: The Vulnerability of Immigrant Farmworkers in the US to Sexual Violence and Harassment”](#)

⁸ “Cultivating Fear: The Vulnerability of Immigrant Farmworkers in the US to Sexual Violence and Sexual Harassment,” Human Rights Watch, published May 16, 2012.

<http://www.hrw.org/reports/2012/05/15/cultivating-fear>

⁹ Yeoun Soo Kim-Goodwin, Jane A. Fox, “Gender Differences in Intimate Partner Violence Among Latino Migrant and Seasonal Farmworkers in Rural Southeastern North Carolina,” *Journal of Community Health Nursing*, 26: 3, 131-142, January 2010.

Farmworker Justice Connects Community Leaders to Health Centers

Rebecca Young, Assistant Project Director, Conexiones

Many community-based organizations serving farmworkers, including legal services and migrant education, use community outreach workers or *promotores de salud* to educate community members and connect them to resources. Much can be gained by the involvement of these *promotores* with their local health centers. Well-integrated within their home communities, *promotores* can help to strengthen the connections between farmworker communities and their local health centers, particularly if the health centers are being underutilized. Often from farmworker backgrounds themselves, *promotores* are able to reach out to their community members through a shared cultural and linguistic background. Marta, a *promotora* in Arizona's Yuma County, describes the connection she feels when doing outreach within her community.

"When I'm giving out this important information I feel like the people I'm reaching out to are really listening to me. They know where I come from, and most importantly, I know where they come from and the challenges they face because I've lived in those same circumstances before."

What Marta describes – this sense of an irrefutably deep understanding of the characteristics of her community – is a compelling reason for strengthening the presence of *promotores* on local health center boards. Boards of directors are required to include patients from the population served by the health center. *Promotores* are patients at their local migrant health center. They understand the farmworker communities. Are farmworkers able to access their local health centers? Do they feel well-received and that their needs are attended to in a culturally respectful manner? Do they feel linguistically comfortable expressing themselves to doctors and nurses? Can they afford the healthcare their families require? Are there other local resources that can facilitate farmworkers' access to healthcare? Coming from the farmworker communities served by the health center, *promotores* provide answers to these critical questions and act as cultural translators between the farmworker communities and health center staff and board members.

Farmworker Justice created an intensive 4-hour workshop and curriculum devoted to leadership training and the importance of health center board participation for *promotores de salud* in farmworker communities. The workshop and curriculum will complement [HRSA board of directors' trainings and resources](#). Many *promotores* are already leaders in their communities and possess strong leadership skills. This workshop seeks to build on those qualities to encourage greater participation in health center activities. *Promotores* examine what leadership means personally, locally, organizationally, and globally and analyze the particular challenges they've faced and successes they've achieved within their own leadership realm. Building on this discussion, they explore how their own experiences can be valuable to health centers in their communities, and how they might continuously benefit from this collaboration. The first round of workshops was piloted with Centro Binacional para el Desarrollo Indígena Oaxaqueño (Binational Center for the Development of Oaxacan Indigenous Communities or CBDIO) – an organization featuring strong and well-connected groups of *promotores* – in Fresno and Santa Maria, California in June.

Farmworker Justice plans to make the curriculum available to health centers and farmworker community-based organizations around the country later this year.



How You Can Help

Farmworker Justice relies on the support of people like you. Now more than ever, we can help farmworkers create better lives for themselves and their families. There are a variety of ways you can get involved:

Make a donation at
www.farmworkerjustice.org

Support the Shelley Davis Memorial Fund

Contribute through the Combined Federal Campaign. Farmworker Justice's registered number is #10778.

Please visit our website for more ways to get involved.

Thank you for your support!