



# Eye on Farmworker Health

## Current Developments in Research and Policy

### Occupational Safety Information Exchange Among Farmworkers

**Title:** *Informal Occupational Safety Information Exchange Among Latino Migrant and Seasonal Farmworkers*

**Authors:** CR Spears, PY Summers, KM Spencer, TA Arcury

**Source:** *Journal of Agromedicine* 17(4):415-420, September 2012

Studies show that lay health advisors (LHAs) or *promotores de salud* are more effective at disseminating health information and connecting people with health services because they share linguistic and cultural traits with the target populations. Yet there is a lack of data on the degree to which Latino farmworkers informally exchange occupational safety information among themselves and in the absence of LHAs. This study aims to document the natural level of occupational safety information exchanged among Latino farmworkers by examining their exchange of pesticide information at two points during an agriculture season.

The authors recruited a nonrandom sample of Latino farmworkers in North Carolina and administered a short questionnaire to each participant. A total of 56 Latino farmworkers participated in the study during June and August 2011.

The authors found that across both data collection periods (June and August), videos, brochures, and posters were the media sources through which farmworkers most often reported receiving pesticide information. Farmworkers also reported that their primary organizational sources of pesticide information were either the North Carolina Growers Association, a state growers association that facilitates the recruitment of H-2A workers, or the North Carolina Farmworkers Project, a farmworker advocacy organization. During the June data collection period, 42% of farmworkers reported receiving information from employers. Only 21.1% and 17.5% reported receiving information about pesticides from farmworkers living in their camp and from farmworkers who lived in other camps, respectively. However, during the August data collection period, 50.8% of the farmworkers reported receiving information about pesticides from other farmworkers living in the camp, 42.9% reported receiving information from farmworkers living in other camps, and only 15.9% reported receiving pesticide information from their employers.

Due to the study's small sample size, the authors acknowledge that the participating farmworkers may not be representative of the general farmworker population. However, they argue that the study's results demonstrate that farmworkers rely upon one another for obtaining pesticide safety information

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within and between camps. They suggest further research to address explanations for changes in levels of usage of the various information sources.

## Parental Stress Among Lowcountry Migrant Workers

**Title:** *Creemos Juntos: Understanding and Alleviating Parental Stress Among Lowcountry Migrant Workers*

**Authors:** KE Applegren, E Spratt

**Source:** *Community Mental Health Journal* 48(1): 79-83, February 2012

In the Lowcountry of South Carolina, agricultural labor is an important part of the economy, with over 400 different farms in the area. Migrant and seasonal farmworkers comprise the majority of the rural poor in the area. The authors note that the combination of migratory lifestyle and high poverty level put children of farmworker families more at risk for psychopathology than the general population.

Given the inherent stressors in this community, the authors aim to determine the challenges and needs faced by migrant farmworker families served by Rural Mission Migrant Head Start, which serves the children of area agricultural workers ranging in age from 6 weeks to 5 years. Descriptive data was collected using a survey based on a previous informal questionnaire of migrant families served by Rural Mission Migrant Head Start in 2006. The authors used the Pediatric Symptom Checklist, the Parental Stress Index (PSI), and the Safe Environment for Every Kid (SEEK) as assessment tools in their analysis of the data.

In addition to the surveys, there was also an on-site intervention with medical student volunteers. Parents participated in a day-long program focused on effective positive disciplinary techniques and were provided materials summarizing this information. The authors compiled materials addressing frequently encountered issues in mental health and child development and distributed the information to farmworker families and advocates.

Fourteen farmworker families participated in this study. Among this sample, the authors found that 36% (5 respondents) reported feeling sadness and hopelessness, 79% (11 respondents) reported feeling symptoms of loneliness, and 73% (10 respondents) reported a decreased enjoyment of activities. The study also found that 50% of the respondents found their children difficult to control, and 42% reported hitting or spanking their children “sometimes” or “frequently.”

In the authors’ discussion of the study, they identified specific strengths and weaknesses in their research and service component. For example, one of the study’s strengths was that the service component provided materials that the community requested and was therefore targeted to self-identified needs. On the other hand, the authors recognized that their small sample size (14 respondents) could not obtain statistically significant results.

In response to the study’s findings, Rural Mission Migrant Head Start implemented “*Meriendas*,” a series of parental support groups on topics of interest. The authors suggest that interventions such as the *Meriendas* program can help to address subjects of concern and foster social connections within the migrant worker community. In conclusion, the authors determined that several



### WHO ARE WE?

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It is a publication by [Farmworker Justice](#), 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 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.

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

### STAY IN TOUCH

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trends found in the study warrant additional research, including the rates of depressive symptoms, parental stress, domestic violence, and the frequent use of corporal punishment as a disciplinary measure.

### **A Binational Approach to Improving Farmworkers' Lives**

*Title: The U.S./Mexico Border: A Binational Approach to Framing Challenges and Constructing Solutions for Improving Farmworkers' Lives*

*Authors: C Rosales, MI Ortega, JG De Zapien, ADC Paniagua, A Zapien, M Ingram, P Aranda*

*Source: International Journal of Environmental Research and Public Health 9(6): 2159-2174, June 2012*

The Arizona-Sonora border between the United States and Mexico is an important agricultural region due to the climatic conditions that allow for a bountiful winter growing season. Arizona's four border counties, Yuma, Santa Cruz, Pima, and Cochise, share an estimated 350-mile southern border with the Mexican state of Sonora. In an effort to create a profile of migrant farmworkers in this U.S.-Mexico border region, this article presents results from two distinct studies of farmworker health on the Arizona-Sonora border.

The authors first examined a U.S.-based study. This study uses a population survey that was conducted from August to February 2007. The study sampled farmworkers in three communities in Yuma County, AZ. Through a door-to-door canvassing methodology, the study obtained responses from 298 farmworkers. Follow-up interviews were conducted to further investigate significant themes around farmworker health and stress.

The authors then analyzed a study conducted in the northern Mexican state of Sonora between April and November 2007. The researchers in this study approached farmworkers from agricultural labor camps. A total of 233 individual interviews were conducted, each lasting between 15 to 30 minutes. In this study, the researchers also followed-up with the farmworkers through 17 group interviews.

With the demographic and health profiles of farmworkers in the U.S.- and Mexican-based studies, the authors found that the health problems and risk factors experienced by farmworkers in Sonora are mirrored by farmworkers in Arizona. Access to healthcare is an important issue in both farmworker populations with less than 52% covered under the Mexican health care system and less than 54% covered by health care insurance in the U.S. The farmworker sample in Arizona reported higher percentages of chronic diseases and musculoskeletal injury. Sonoran workers reported higher percentages of respiratory infections and diarrhea.

The authors also found that stress and depression, documented in both studies, are likely to contribute to poor health. Both farmworker populations in Arizona and Sonora reported racial and ethnic discrimination as a major source of stress. In Arizona, workers described stress due to the passage of SB 1070, a state statute that requires law enforcement agencies to assist in enforcing federal immigration laws. In Sonora, farmworkers originally from the southern states of Mexico

experienced discrimination due to their ethnicity and physical appearance.

The authors recommend a binational response to address the needs of farmworkers in Mexico and the U.S. Their recommendations include binational agricultural labor standards, the implementation of a corporate social responsibility model, and the creation of a binational network for farmworker health. In conclusion, the authors stress the importance of recognizing and analyzing the complex needs and special conditions of farmworkers in order to develop programs and policies that afford them dignity and raises their living and working standards.

## **United States-Mexico Cross-Border Health Insurance Initiatives**

*Title: United States-Mexico Cross-Border Health Insurance Initiatives: Salud Migrante and Medicare in Mexico*

*Authors: AV Bustamante, M Laugesen, M Caban, P Rosenau*

*Source: Revista Panamericana de Salud Pública 31(1): 74-80, January 2012*

While the recently approved Patient Protection and Affordable Care Act (ACA) will potentially reduce the number of uninsured Mexican-Americans, undocumented immigrants will be excluded from the health insurance mandate and will be ineligible to participate in either the state health insurance exchanges or Medicaid. In addition, the ACA does not address the growing number of retired U.S. citizens living in Mexico, who lack easy access to Medicare-supported services.

Cross-border health insurance programs could play a vital role in covering the costs of health care for undocumented Mexican immigrants living in the U.S. and retired U.S. citizens residing in Mexico. In an effort to explore this issue, the authors review two promising health care initiatives that could address these challenges – Salud Migrante and Medicare in Mexico. This article also identifies potential challenges and benefits of each health care initiative.

Salud Migrante is an evidence-based health insurance initiative developed by the Mexican Institute of Public Health to provide Mexican guestworkers with ambulatory and emergency service coverage in the U.S. It was proposed in 2008 as a model for expanding binational healthcare coverage among uninsured Mexican immigrants residing in the U.S. In conjunction with community clinics in Washington State and North Carolina, the Mexican Ministry of Health is currently conducting its first pilot project for the Salud Migrante Initiative. Financed by the Mexican government, the project provides insurance for 3,000 guestworkers in each state at a rate of \$30 USD per worker per month.

The Medicare in Mexico initiative addresses the need for healthcare coverage for retired U.S. citizens living in Mexico. First initiated through the University of Texas at Austin, this proposal allows Mexican healthcare providers that qualify for Medicare certification to receive Medicare payments for their services. The authors note that a conservative assessment of the initiative generates overall savings of about 20% for the Medicare program.

The authors identify potential challenges and benefits for each program. For instance, the authors suggest that Medicare in Mexico could generate opposition

among various U.S. healthcare interest groups because it would bring more competition to the national and regional healthcare markets. Another major challenge for Medicare in Mexico is the lack of Mexican healthcare providers that meet Medicare requirements. The authors believe that opposition to Salud Migrante may not be as aggressive as Medicare in Mexico, even though some physicians may oppose the initiative.

Despite these challenges, the authors also highlight possible benefits of each program. The authors argue that Salud Migrante could help cover healthcare costs for low-income populations that are often uninsured. In addition to increasing coverage for undocumented and documented Mexican immigrants, the program may also facilitate the integration of documented Mexican immigrants into the U.S. healthcare system. The authors also suggest that Medicare in Mexico may increase Medicare sustainability, reduce the complexity of using health services abroad, and provide reduced costs for healthcare services for U.S. retirees living in Mexico.

In conclusion, the authors recommend a gradual implementation of a pilot program for Medicare in Mexico. The authors also suggest that these insurance initiatives can be studied as potential models for other countries in the region that are considering collaborative healthcare coverage for migratory populations.

### **Safety, Security, Hygiene, and Privacy in Migrant Farmworker Housing**

*Title: Safety, Security, Hygiene, and Privacy in Migrant Farmworker Housing*

*Authors: TA Arcury, MM Weir, P Summers, H Chen, M Bailey, MF Wiggins, WE Bischoff, SA Quandt*

*Source: New Solutions, Vol. 22(2) 153-173, 2012*

Poor housing conditions increase the health disparities experienced by migrant farmworkers. The authors believe that housing quality is related to the physical, psychological, and emotional health and well-being of its inhabitants. In this study, the authors describe the attributes of migrant farmworker housing that reflect quality of life and personal dignity, and delineate farmworker camp characteristics that are associated with safety, security, cleanliness, and privacy.

The authors conducted this research in a 16-county area of east-central North Carolina where a large number of migrant farmworker are employed. The authors' analysis includes 183 farmworker camps in North Carolina. The researchers selected three residents from each camp to participate in the study. In order to be eligible, residents must be male, currently employed as a farmworker, migrating for employment, and residing in the camp. Of the three residents, researchers asked two to respond to a questionnaire, help assess their sleeping rooms and provide biological samples to the researchers. The remaining resident was asked to help with a camp and housing assessment. The final sample included 371 men who completed interviews and 182 men who assisted in camp assessments.

The authors used descriptive data to describe the various camp characteristics. They noted that approximately one-quarter of the camps had female residents. Also, about two-thirds of the participating camps had residents with H-2A visas. The H-2A visa program - administered by the United States Department of Labor -

allows employers who anticipate a shortage of domestic workers to bring foreign workers to the United States to perform temporary agricultural labor.

The study found that much of migrant farmworker housing in eastern North Carolina is deficient in the domains of safety, security, hygiene, and privacy. Sleeping rooms in most of the camps had water damage. Almost three-quarters of the camps had housing with holes or other structural damage and approximately 20% of the camps had housing that leaked when it rained. In addition, the authors found that farmworkers did not feel that they or their belongings were secure.

The authors found that structural problems and security concerns were consistent across all camp characteristics. The authors also found that camps with H-2A workers and a posted North Carolina Department of Labor certificate of inspection were cleaner than other camps. In contrast, the camps with female residents present were less clean. Previous studies also found an association between better housing conditions and the presence of H-2A workers. In these studies, researchers found that the higher scrutiny in the H-2A program may influence growers' compliance of housing and employment regulations. The authors argue that the association between the presence of women in the camps and cleanliness may reflect the fact that few women are recruited through the H-2A visa program. As a result, employers of female farmworkers likely do not participate in the H-2A program and their labor camps are less likely to be inspected by the North Carolina Department of Labor.

The authors conclude by calling for the expansion of current housing regulations to address safety, security, hygiene, and privacy in migrant farmworker housing.

### **Medical Homes and Receipt of Preventative Services in Immigrant and Non-Immigrant Families**

*Title: Do Medical Homes Reduce Disparities in Receipt of Preventive Services Between Children Living in Immigrant and Non-Immigrant Families?*

*Authors: R BeLue, AN Degboe, PY Miranda, LA Francis*

*Source: Journal of Immigrant and Minority Health 14(4):617-625, August 2012*

Approximately 20% of U.S. children reside in immigrant households, and of these households, Latino families most often experience barriers when accessing healthcare. The authors argue that the patient-centered medical home (PCMH) model has the potential to reduce health care disparities among immigrant children. In the review of relevant literature, the authors review studies that show that the PCMH model is effective in decreasing costs, improving the quality of care for children, and increasing the likelihood of receiving preventative care.

In this study, the authors examine the relationship between PCMH criteria and receipt of preventative healthcare services among children of immigrant and non-immigrant families. This article uses data from the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics' 2007 National Survey of Children's Health (NSCH). This survey includes data on physical, emotional, and behavioral health indicators for children in the U.S. With a response rate of 55.3%, the survey includes a sample of 91,642 respondents from all 50 states. The NSCH characterizes a medical home by five components: (1)

personal doctor or nurse, (2) usual source of sick or well care, (3) family-centered care, (4) easily provides needed referrals, and (5) coordinated care.

The authors noted that the mean age of children in the survey was 8.6. Of the children in the survey, 55.3% were white, 20% were Hispanic, 14% were black, and 10.7% were classified as other. Approximately 23% of the children reside in immigrant families and 13% of families speak a language other than English at home.

The authors found that the family-centered component is the least likely met component for all children, especially immigrant children. 67.4% of all children receive family centered care compared to 49.4% of children in immigrant families. The authors also found that children who have a medical home are 1.3 times more likely to receive preventative care in the past 12 months compared to children with no medical home. Among children who have a medical home, non-immigrant children are more likely to receive preventative services compared to immigrant children.

The authors argue that the results provide evidence that children living in immigrant households are significantly less likely to have medical homes compared to children living in non-immigrant households. The authors stress the importance of improving family-centered care. They recommend that immigrant parents become active participants in their child's healthcare and that healthcare providers identify strategies to improve communication with immigrant families. In conclusion, the authors believe that the concept of the "health home" might be more appropriate to describe the health care needs of immigrants, since health encompasses more than just the receipt of medical care.

#### **POLICY UPDATE: DEFERRED ACTION FOR CHILDHOOD ARRIVALS**

Deferred Action for Childhood Arrivals (DACA) provides eligible undocumented youth temporary permission to remain in the United States for two years and to apply for work authorization. To be eligible, applicants must be at least 15 years old, have arrived in the U.S. before their 16<sup>th</sup> birthday, and be under 31 as of June 15, 2012. They also must show that they have resided in the U.S. continuously for the five years prior to June 15, 2012 and must undergo a background check. In addition, applicants must either meet an education requirement or be an honorably discharged veteran of the U.S. military.

On August 30, 2012, shortly after the U.S. Citizenship and Immigration Services (USCIS) began accepting applications for DACA, the U.S. Department of Health and Human Services (HHS) announced that DACA recipients will not be eligible for enrollment in Medicaid/CHIP or in the state health insurance exchanges in 2014. FJ, along with other immigrant and health advocacy organizations, submitted comments to the Center on Medicare and Medicaid Services (CMS) on the impact of this rule on farmworker health.

Even without access to Medicaid/CHIP and the state health insurance exchanges, DACA could positively impact farmworkers' access to healthcare. Immigrants granted deferred action, who previously avoided medical care due to their fear of

revealing their undocumented status or fear of detention by law enforcement may now be more willing to access healthcare for emergency or preventative care. Also, with valid work authorization and without the threat of deportation looming over them, farmworkers will be better able to avoid dangerous living and working conditions which so often contribute to their poor health outcomes.

For more information on DACA eligibility and farmworkers, please contact Alexis Guild at [aguild@farmworkerjustice.org](mailto:aguild@farmworkerjustice.org).

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