

The Role of Health Centers in Caring for Farmworkers

SERVING AMERICA'S UNDERSERVED

The Community, Migrant, Homeless, and Public Housing Health Center program has a long history of providing primary and preventative healthcare services to underserved populations. Community Health Centers currently serve 17 million people,* including approximately 807,000 migrant and seasonal farmworkers and their family members, providing care in all states and territories. Migrant Health Centers (MHCs), like all health centers, provide high quality cost effective care to all patients regardless of their ability to pay. Vital to the success of MHCs is their ability to remove barriers to care commonly encountered by farmworkers, such as lack of transportation and language barriers. They also coordinate care for mobile patients that frequently change employment location. MHC's provide preventative and primary health care, as well as dental, pharmacy, behavioral health, outreach, and support services specifically tailored to the farmworker populations they serve.

THE PLIGHT OF FARMWORKERS

Federal law covering migrant health defines farmworkers as individuals who are employed in agriculture on a seasonal basis and take up temporary residence for the purpose of such employment. This population is integral to the \$28 billion fruit and vegetable industry in the U.S. as 85% of crops can only be harvested or cultivated by hand. While making up 42% of the crop-worker workforce, migrant farmworkers are some of the most economically disadvantaged people in the country. In 2001, family income for farmworkers ranged from just \$15,000 to \$17,499 annually.

Farmworkers frequently suffer from poor living and working conditions that lead to an array of health problems, most of which are similar to those found in developing countries. They experience heightened incidences of dermatitis, work-related injuries, respiratory problems, musculoskeletal ailments, eye problems, hypertension, diabetes, and pesticide related illnesses, and higher rates of infectious diseases such as tuberculosis. In fact the National Center for Farmworkers Health reports that farmworkers are generally twice as likely as non-farmworkers to contract tuberculosis. Additionally, dermatitis is 150% more likely in the farmworker population than in the population as a whole.

The extensive list of health problems farmworkers endure is exacerbated by their frequent inability to obtain health insurance. According to the 2001 National Agricultural Workers Survey (NAWS), only 25% of the farmworkers survey reported having some type of health insurance. Employer-sponsored health insurance is rare for migrant farmworkers. Farmworkers' income levels would normally qualify them for most state Medicaid programs, but because of the migratory nature of their employment, minimum state residency requirements, varying state Medicaid eligibility requirements, and the lack of Medicaid portability from state to state, they generally are precluded from obtaining Medicaid and/or other state insurance programs. State methodologies for calculating annualized income and asset determination are also a barrier to obtaining Medicaid coverage. In many instances farmworkers exceed a state's income eligibility levels because projected annual income level is calculated using the most recent pay stub rather than using actual yearly income.

© National Association of Community Health Centers, Inc.

Fact Sheet #0607

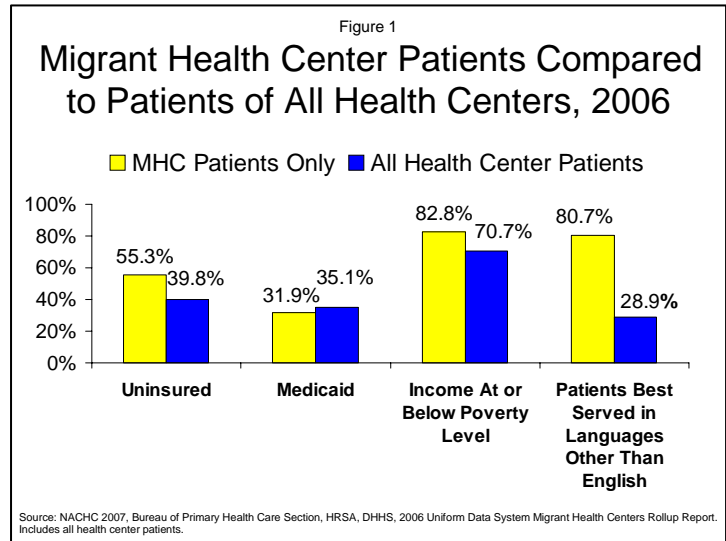
* Includes patients of federally-funded health centers, non-federally funded health centers, and expected patient growth for 2006-2007. Sources: HHS Report to Congress, "Study Regarding Barriers to Participation of Farmworkers in Health Programs, 2006; HHS, Facts About the Migrant Health Program, 2007; National Center for Farmworker Health, Inc., 'Facts About Farmworkers' Fact Sheet, 2007; U.S. Department of Labor, National Agriculture Workers Survey, 2001-2002; The California Endowment, "Suffering in Silence: A Report on the Health of California's Agricultural Workers," 2001. For more information, email research@nachc.com.

This publication was supported by Grant/Cooperative Agreement Number U30CS00209 from the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.

Additionally, most farmworkers do not have paid sick leave and cannot afford to take time off to see a health professional. For insured, underinsured and uninsured farmworkers, many health problems go unchecked and untreated until the farmworker requires the services of a more costly emergency department.

THE MIGRANT HEALTH CENTER PROGRAM

The Migrant Health Act was enacted in 1962 and called for the development of health clinics dedicated to serving farmworkers and their families. Today, MHCs are funded as part of the Consolidated Health Centers program, yet retain their uniqueness as providers of care for the farmworker population. Some MHCs deliver care through voucher programs. Since 2000, the MHC program has grown substantially. Funding for MHCs has more than doubled over an eight year period, increasing from \$79 million to \$171 million. Currently, 140 MHCs with approximately 1,150 delivery sites around the nation and Puerto Rico deliver care to 807,000 migrant and seasonal farmworkers and their families. These patients make up about one-quarter of the entire U.S. farmworker population.



Patients of MHCs are similar to patients in all health centers. Compared to all health center patients, MHC patients have higher rates of un-insurance and poverty. Over half of all farmworkers are uninsured and 82% of farmworkers are at or below the federal poverty line, as displayed in Figure 1. Not surprisingly, MHC patients are slightly less likely to have Medicaid when compared to all health center patients. The majority of MHC patients preferred to be served in languages other than English, compared to nearly a third of all health center patients. Furthermore, 14% of MHC patients suffer from chronic conditions – such as asthma, diabetes, and hypertension– while 19% of all health center patients have chronic conditions.

PROVIDING ACCESSIBLE COST-EFFECTIVE CARE

Given the critical role of farmworkers in the U.S. economy, the Migrant Health Center program is an important and vital investment. MHCs remove barriers to care for farmworkers through their ability to provide preventive and comprehensive health care in the patients’ own language, provide treatment regardless of the patients’ ability to pay, locate in areas near migrant and seasonal farmworkers, and customize their services and hours of operation to meet their patients’ needs. MHCs are able to keep their patients’ costs down by treating their illnesses and injuries early so they avoid debilitating disease and do not have to seek expensive emergency room care.

* Includes patients of federally-funded health centers, non-federally funded health centers, and expected patient growth for 2006-2007. Sources: HHS Report to Congress, “Study Regarding Barriers to Participation of Farmworkers in Health Programs, 2006; HHS, Facts About the Migrant Health Program, 2007; National Center for Farmworker Health, Inc., ‘Facts About Farmworkers’ Fact Sheet, 2007; U.S. Department of Labor, National Agriculture Workers Survey, 2001-2002; The California Endowment, “Suffering in Silence: A Report on the Health of California’s Agricultural Workers,” 2001. For more information, email research@nachc.com.