Health Disparities among Adolescent Migrant Farm Workers:

Bridging the Gap in Services

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“I have neither given nor received any unauthorized assistance in preparing this written work.”
Agriculture is considered to be one of the most dangerous occupations in the United States (Arcury & Quandt, 2007). This holds especially true for adolescents (ages 12 to 17) working in farming. Peoples et al. (2010) state, “Approximately 100 children die from occupational injuries on farms annually, with approximately 23,000 injuries” (p.1216). On a nationwide level, 78 percent of harvesting is done by Latino farm workers and 6 percent of those workers are children younger than 17 years old (United States Department of Labor, 2005). Unfortunately, due to lenient child labor laws in agriculture, children as young as 10 are legally allowed to enter into the fields and do the work of adults (United States Department of Labor, 2013).

Many people know very little about the farmworkers whose hard work and labor sustains the United States agricultural industry and generates billions of dollars of revenue each year. The migrant farmworker population is a continually marginalized and highly vulnerable group of individuals who leave their home countries in order to work in the United States for low wages. Although the United States’ history with this population is long, there is still an extensive gap in basic rights and services provided to them through the U.S. government.

History

By 1900, U.S. cities had grown exponentially resulting in an influx of people living in more urban areas. This shift in lifestyle and geographical location caused large-scale commercial agriculture to become an economic necessity. The transition from family farming to agribusiness boosted the number of individuals working in the agricultural labor force. In 1917, the United States entered into World War I (WWI) and the country faced a growing demand for agricultural production and a shortage of
laborers. Consequently, the Congress passed the Immigration and Nationality Act of 1917 which established legal basis for the importation of over 73,000 Mexican workers (National Center for Farmworker Health, 2002).

In 1920, World War I (WWI) ended, yet agricultural production continued at the same rate. There was a lack of demand for products and in order to keep prices low, businesses employed cheap labor. African American and White sharecroppers began migrating to other industries and as a result, Mexican laborers became a vital resource for cheap farm labor. Unfortunately, with the beginning of the Great Depression, agriculture production dropped significantly. In an effort to create more jobs in a time of a struggling economy, the Immigration and Naturalization Service teamed with local authorities across the United States to deport more than 400,000 Mexican immigrants and Mexican-American citizens (National Center for Farmworker Health, 2002).

The United States entered World War II (WWII) in 1941. Agriculture production increased and the search for laborers once again fell to Mexico. In 1943, the Bracero Agreement was signed which began the importation of laborers from Mexico to work in the United States. Though this treaty was originally formed to meet the labor demands during the war, the Bracero Program continued until 1964 employing 5 million Mexican laborers. Once the program was terminated, farmers looked for laborers through the H-2 guest worker program (now known as H-2A) which is still active today. In 2011, the United States issued around 55,000 H-2A (agricultural) visas. The countries sending the most workers under the H-2A program were Mexico, Guatemala, and Jamaica. Eighty percent were Mexican (National Center for Farmworker Health, 2002).
Current Circumstances

According to the Southern Poverty Law Center (2013), 58 percent of farmworkers are undocumented. The issue of immigration status directly influences the negative social, political, economic and health circumstances that are plaguing migrant farmworkers in the United States today. From the negative stereotype of “illegal” to being paid well below the national poverty level to having some of the lowest health outcomes among any population, migrant farmworkers are facing barriers in every aspect of life.

In the current research, one area of struggle for migrant farmworkers seems to be more prevalent than others: health. The social, political, and economic circumstances of migrant farmworkers directly affect the health disparities troubling this population. For example, farmworker housing is often substandard or non-existent. The housing that does exist is often very overcrowded, lacks adequate sanitation and working appliances, and contains severe structural defects. As a result, many farmworkers are unable to store food safely, prepare a warm meal, or even shower after a long day of working the fields (Arcury & Quandt, 2007). Also, it is estimated that about half of foreign-born farmworkers are here without valid immigration documents. As a result, they fear loss of their jobs and deportation – a fear that has heightened in recent years as changes in immigration policies are debated and border enforcement has increased (Farmworker Justice, 2013). Many farmworkers report experiencing prejudice and hostility in the communities in which they live and work. Social, political, and economic circumstances such as these contribute to negative health outcomes such as high levels of stress, obesity,
and social isolation. These issues become even more prevalent in adolescents working in the fields.

Clark, Surry, and Contino (2009) found only one in five farm workers is capable of obtaining health insurance through either their employer or through the state or federal government. More than two-thirds of the population lives in poverty and is unable to afford health care. Consequently, Latino farm workers access health care through emergency services such as hospitals (Peoples et al., 2010). In a study by Goertz, Calderon, and Goodwin (2007), 80 percent of migrant farm workers were unaware of Medicaid and federally funded children’s health insurance programs and 48 percent of this population went to the emergency room when they needed care. Since most hospitals do not ask for immigration status, the farm worker population can receive emergency care through Medicaid, the federal-state program for the poor and people with disabilities, but they are ineligible for most other public benefits (Wolf, 2008).

The Pew Hispanic Center estimates that 59 percent of undocumented immigrants in the United States are uninsured compared with 25 percent of those here legally and 14 percent of U.S. citizens. Undocumented immigrants represent about 15 percent of the nation’s 47 million uninsured people — and about 30 percent of the increase since 1980. In addition, 53 percent of children who fall into this category are also uninsured (Livingston, Minushkin, & Cohn, 2008). These numbers are astronomical yet due to the legality of the issue of immigration, these statistics may actually be under representing the population.

Concerning the adolescent Latino farm worker population, many choose to only seek medical care when they believe their health will negatively affect their ability to
work. This decreases the number of times they visit service providers, yet when they are in need of medical care they view their only option is the emergency room. In a study by Hoerster, Beddawi, Peddecord, and Ayala (2009), among farm workers who sought medical care over the previous two years, 28 percent sought health care in a public setting and those who sought health care were significantly younger. This population is among one of the highest uninsured and therefore the financial burden is placed on tax payer dollars which fund programs like emergency Medicaid. From 2000 to 2009, the United States government spent $38,733,000 for inpatient hospital services through Medicaid (United States Census Bureau, 2012).

**Strengths and Needs**

Over the past twenty years, there has been a significant increase in organizations who are working to help farmworkers enhance their quality of life within the United States. From health care to worker’s right to affordable housing and immigration status, farmworkers have seen national efforts being made to bring the struggles they face to light. Advocacy groups such as Farmworker Justice and the United Farmworkers of America have worked hard to educate lawmakers and citizens about the injustices met by this population on a daily basis. Getting important legislation passed has become critical in order for farmworkers to be treated as equals and given basic human rights such as healthcare. With bills like the Border Security, Economic Opportunity, and Immigration Modernization Act of 2013 which would make it possible for many illegal immigrants to gain citizenship, farmworkers and advocates are one step closer to achieving that goal (Farmworker Justice, 2013). Organizations advocating for farmworkers are considered to be a major strength of the population and many of these organizations are starting to
focus their efforts on adolescent farmworkers as well. Other strengths include: strong family support, interest in available services (health care, food programs, and education), solid work ethic, and strong belief systems.

Even with organizations fighting for the rights and lives of farmworkers, there are still several barriers and needs they have yet to meet. The Latino farm worker population is exposed to pesticides, heat stroke, dehydration, hypothermia, frostbite, green tobacco sickness, and several other illnesses that contribute to negative health outcomes (Arcury & Quandt, 2007). Yet they rarely seek preventative health services due to barriers such as low income, lack of insurance, cultural differences, lack of transportation, language barriers, lack of education, and fear of deportation (Cristancho, Garces, Peters, & Mueller, 2008). According to Hoerster et al. (2011), migrant farm workers are less likely to utilize preventative health care than either U.S. born Hispanics or non-Hispanic whites.

Arcury and Quandt (2007) discuss the responsibility of health care providers to reach out to the farm worker population and stated that “health-care programs and research must account for the residential fluidity of this population” (p.148). The mobility and lifestyle of farm workers limit utilization of health care services. Simply knowing where services are available is difficult. Arcury and Quandt (2007) acknowledge that the few analyses of farm workers’ general health service needs and utilization are out of date. These factors make it difficult to determine conclusions about farm worker health services.

**Proposed Intervention**

In order to fully understand the needs of adolescent farmworker youth as it pertains to their health, more research must be conducted. Due to the constant mobility
and fear of deportation facing this population, very little research has been done. The research that is available addresses the difficulties faced by these individuals and what barriers must be overcome in order for them to feel comfortable accessing health care services. For example, Peoples et al. (2010) discuss the ways in which migrant farmworker adolescents are at a higher risk of negative mental health outcomes but fail to seek services. Unfortunately, there is a lack of understanding as to why once these barriers (i.e. transportation, language, cost, etc.) have been reduced, in what ways outreach workers and lay health workers can partner with this population to guarantee services are being utilized on a repetitive basis. Additional research must determine once an adolescent farmworker understands health services are available to them outside of emergency services, what can be done to encourage them to seek regular medical care instead of solely utilizing services when their illnesses or injuries affect their work.

With the purpose of increasing awareness about the importance of regular health care and achieving a better understanding of how to encourage the use of services, focus groups will be conducted with migrant farmworker adolescents to more successfully comprehend how outreach and lay health workers can sufficiently provide services to this population. Focus groups are considered to be a fundamental tool when completing assessments as well as community development (Barker, 2010). The focus groups will address issues such as barriers to health care services, top reasons for utilizing health care services, how to discuss sensitive issues such as sexual health, substance abuse, and mental health, and how to educate adolescents about the importance of yearly health care visits. The purpose of the focus groups is for professionals working with this population
to better understand what methods and techniques to implement within their organizations to better serve the adolescent farmworker population.

Once the focus groups have been conducted and the results recorded, organizations will use the information gathered to reassess the programs in place which provide services to adolescents. If the organization does not have a program specifically for adolescents, they may use this opportunity to develop a comprehensive program for the population. The information collected from the focus groups may be a vital tool that increases the overall success of health care services provided to this population. If organizations gain a better understanding of the needs of adolescents directly from the population, they will be able to make great strides in the provision of services.

**Organization for Study**

The North Carolina Farmworker Health Program (NCFHP) is a statewide migrant health voucher program that works with local agencies to provide care throughout the state to meet the needs of smaller densities of farmworkers. The NCFHP works hard to bridge the gaps in health care, such as language and cultural barriers, in order to better serve the farm worker population across the state. The program relies heavily on enabling services such as case management, outreach, and health education (NC Farmworker Health Program, 2013). Programs such as this play an integral role in social work practice through individual care and community level organization. Unfortunately, as it pertains to adolescents working in the field, the North Carolina Farmworker Health Program has seen gaps in its services. The organization must reassess its capacity to serve adolescents in the field and evaluate what programs and policies must be implemented in order to better serve this vulnerable population.
The North Carolina Farmworker Health Program has worked with migrant and seasonal farmworkers throughout North Carolina for 20 years. It is considered the umbrella organization for eleven different sites across North Carolina. The program has three main functions: 1. Funding health centers and reimbursing private providers to increase access to health care and dental services for farmworkers and their families, 2. building capacity, through training and technical assistance, to increase the provision of quality, culturally and linguistically appropriate services for farmworker families, and 3. building relationships and collaborations to connect and leverage resources in the community. Their goals include: 1. Increasing access to quality, continuous, comprehensive, and affordable health care; and social support services for farmworkers and their dependents, 2. building the capacity of service providers to eliminate health disparities, give culturally appropriate, community based, client-centered care, and to advocate for the health and well-being of migrant and seasonal farmworkers and their dependents, and 3. building the capacity of farmworkers to use preventive measures that may reduce health risks associated with farmworker living and working conditions (NC Farmworker Health Program, 2013).

The North Carolina Farmworker Health Program will be a great candidate to conduct focus groups with migrant farmworker adolescents. Through its connections in the farmworker community, NCFHP will be able to work alongside programs such as Student Action with Farmworkers as well as NC Field, both of which work directly with adolescents in the fields. These connections will prove vital to the success of the focus groups as well as the research process. The NCFHP also has available funding to conduct the focus groups as well as provide a stipend to the partnering agencies in order to
increase participation and better solidify the relationships with these organizations. A timeline for this project and a focus group guide can be found in the appendixes.

Once the focus groups have been conducted, NCFHP will be able to share the findings with their contract sites throughout North Carolina. These sites will then use the information to increase awareness and enhance services provided to the farmworker adolescents throughout the state. The intended outcome of these focus groups is to gather information about communication with adolescents. The ability to build relationships and converse efficiently with this population is imperative to the repetition of doctor’s visits. NCFHP provides each of their eleven sites with health assessment forms that must be completed by providers and outreach workers. By using the data collected from the focus groups to implement changes in these forms, it will help staff to better understand the needs of adolescent patients as well as enhance the services provided in these eleven contract sites. The information gathered may also lead to the implementation of program policies concerning adolescent farmworkers. For example, many sites do not have policies in place that address how to conduct an assessment of a minor with a parent or guardian present. Many adolescents do not feel comfortable discussing issues like sex or alcohol in front of adults. These focus groups may help to find a solution to this issue and result in positive policy change.

The North Carolina Farmworker Health Program is the perfect candidate for implementing the changes needed to better serve migrant farmworker adolescents. Through valuable connections, abundance of resources, and the influence necessary to implement changes throughout the state of North Carolina, this program will be
implemental in decreasing the challenges faced by adolescent farmworkers across the state.
References


Annotated Bibliography


Migrant and seasonal farmworkers are a vital part of the U.S. agricultural industry. Even with their important contributions, they are known to be a marginalized population who live in poverty and have poor health indicators. The purpose of this study was to gain a fuller understanding of family composition, employment, migration patterns, health issues and service needs of this population in 3 counties in northwest Michigan. The participants were mainly migrant (63%), and men (55%) with an average age of 34.4 years. Educational levels of the sample were low, with 56% reporting 6th grade or below, and an additional 7% reporting no formal education. The majority was originally from Mexico (75%), and Spanish was the first language of 79% of the farmworkers represented in the survey. Work-related health problems and chronic illness were the most commonly perceived health problems and the most commonly requested service was dental. This study adds to the body of knowledge related to farm worker health needs and provides direction for the provision of appropriate health care to this population.


Agriculture has been documented to be one of the most hazardous work environments for both adults and children. Adolescents may be particularly
vulnerable to adverse health effects from agricultural exposures due to the rapid
growth and development experienced during those years. Separating the
occupational, economic, and social issues in this population is difficult. Weak
regulatory protection, lack of compliance with existing regulations, and gaps in
service provision characterize the working conditions of adolescent farmworkers.
Although there is increasing research on the impact of work organization on
mental and physical health in adult working populations, there is a scarcity of
research focused on this concept in young workers—and it remains virtually
unaddressed in young farmworkers. This article addresses some of the
nontraditional work factors associated with the less-than-formal work
organization and environments in the farmworker adolescent population and how
these factors may inform the planning of research and interventions. Specifically,
mobility, cultural patterns and social networks, alternative sampling strategies,
alternative delivery of health care and education, and involvement of a wide range
of players in the work environment of adolescent farmworkers should all be
considered when conducting research or planning programs for this population.

Crain, R., Grzywacz, J.G., Schwantes, M., Isom, S., Quandt, S.A., & Arcury, T.A.

This research study was conducted in order to contribute to the literature relevant
to the mental health among migrant farmworkers. Latino farmworkers are a
vulnerable population who confront multiple threats to their mental health.
Informed by the stress-process model of psychiatric disorder, the goal of this
paper is to determine primary and context-specific stressors of poor mental health among Latino farmworkers. The goal was to identify people or organizations that could work to protect the mental health of this population. Structured interview data were obtained from farmworkers in 6 counties in eastern and western North Carolina to determine what factors contribute to negative mental health outcomes such as anxiety and depression. By determining which factors contribute to these negative mental health outcomes they were able to better inform mental health professionals working directly with this population. Results indicated that a substantial number of farmworkers have poor mental health, as indicated by elevated depressive symptoms (52.2%) and anxiety (16.4%). Results also indicated that each mental health outcome had different predictors. This study concluded that addressing the mental health issues of farmworkers requires a comprehensive, multifaceted approach.


This article examines the potential of the nursing profession for building a future of diversity in the health care workforce by examining the Hispanic population in the Midwest. This study that was specifically designed to assess the level of understanding of health care needs by the migrants, how people made sense of these needs, and how health structures their daily routines at the community level. A qualitative study was performed in a Midwestern city using a focus group methodology and narrative analyses. Significant themes regarding access to health care, preconceived misconceptions, preventive care, payment for services, and
communication barriers were identified. The results were used to develop Hispanic nursing education programs in Midwestern colleges.


A significant proportion of the agricultural production in the U.S. is reliant on the labor of Latino farmworkers. While precise figures are not known, it is estimated that adolescents make up 7% of this irreplaceable workforce. These young workers may be at increased risk for the toxic effects of environmental exposures faced during their work. Furthermore, language barriers and health beliefs may influence the risk awareness of this population. A cross-sectional survey of migrant adolescent farmworkers was conducted in 1998 to investigate their work practices, health beliefs, and pesticide knowledge. The large majority of the adolescents in the sample were from Mexico, and 36.3% spoke primarily indigenous languages. Many of the adolescents (64.7%) were traveling and working in the U.S. independent of their parents. Few of the adolescents reported having received pesticide training; however, 21.6% of the sample reported that their current work involved mixing and/or applying agricultural chemicals. The scores on the pesticide knowledge questionnaire were found to expressively predict self-reported use of protection for adolescent farmworkers. The results of this study point to a need for improved pesticide training in youth agricultural workers and specialized education efforts directed toward minorities who speak indigenous dialects. Special attention is merited toward adolescent farmworkers who report that their work includes mixing or applying agricultural chemicals. As
the number of adolescent farmworkers increases in the U.S. and the characteristics of the migrant stream continue to change, culturally and developmentally appropriate instruments are needed to sufficiently assess the health beliefs and protective practices of this population.
Appendix A: Focus Group Proposal

NC Farmworker Health Program Focus Group Proposal
Adolescent Farmworkers’ Health Concerns and Communication Preferences

**Purpose:** To better understand the health needs and concerns of adolescents (ages 12-17) from farmworker families and understand how to better address these needs and concerns as a program. To comply with NCFHP’s grant requirement of evaluating and assessing needs for services.

**Project Description:** NCFHP central office staff (Caitlin Bearden and Mary J Rockers) will coordinate with partner agencies to implement 2 focus groups between Jan 15-Feb 15, 2014 in the service area of the partner agencies. Focus groups will have between 6 and 8 participants with 2 facilitators and last approximately two hours. Facilitators will use prepared questions to encourage discussion among the participants to achieve project purpose. The discussion will be recorded in order to implement best practices within NCFHP. NCFHP will provide a meal for participants.

**Budget:** $1000 per focus group (x 2) = $2000

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<th>Description</th>
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<td>Stipends for each partner agency for recruiting participants, helping to coordinate logistics, and co-facilitating. ($500 each x 2 agencies)</td>
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<td>Meal ($200 x 2 meals)</td>
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**Timeline:**
- **Nov. 15:** Contact partner agencies with request for participation
- **Nov. 18-22:** Draft focus group guide and agenda and circulate for feedback
- **Jan. 6:** Confirm with partner agencies the dates and participant numbers
- **Jan. 7-10:** Finalize logistics (location, meals, transportation); finalize focus group guide

**Proposed Partner Agencies:** NC Fields & Student Action with Farmworkers (Levante Leadership Institute)
Appendix B: Focus Group Guide

North Carolina Farmworker Health Program
Adolescent Focus Group Guide
November 2013
Topic: Farmworker Adolescent Health

**Purpose:** To better understand the health needs and concerns of adolescents (ages 12-17) from farmworker families and understand how to better address these needs and concerns as a program. To comply with NCFHP’s grant requirement of evaluating and assessing needs for services.

**INTRODUCTION**
Thanks for coming to meet with us today. I'm _____________ and I work with the __________________. We are meeting with groups of adolescent farmworkers across the state of North Carolina in order to hear about their needs and how we can provide them with better health care services. We want lots of different opinions, good and bad. There are no right or wrong answers. And anything you say will be confidential. We will only use first names so that no one will know what you said. We will meet for a little over an hour. Since we will be talking for a while, we ask if it is okay to tape record our discussion so that we can make sure to remember all of your comments. Is that okay with everyone? If anyone feels uncomfortable, we can just take notes….Thank you. (Start recording if they agree). Let's go around the room, say our first names and age and where you are from, how long you or your parents have been working in agriculture, and what crops you or your parents have you worked in.

**ACCESS**
- What do you do when you are sick? Where do you go when you are sick? Who do you talk to when you are sick or need help with something?

- Where would you go if you needed to talk to someone other than your parents about your health?

**NEEDS**
- What are your concerns about health? What topics are you interested in? What health topics do you talk about with your friends?

- Has anyone ever talked to you about [topics below]? What did they say and how did they start the conversation?
  - Sexual health? Birth control, condoms?
  - Drinking, drugs and smoking?
  - Mental health like depression and anxiety?
  - Nutrition, exercise and weight?
Appendix B (cont.)

COMMUNICATION

- Have you ever had an experience where a doctor or an adult wanted to talk to you about something that embarrassed you? Why did you think it was embarrassing?

- When a doctor or outreach worker talks to you about these health issues, do you want your parents to be in the room or would you rather them talk to you alone?

- What is the easiest way for you to talk to someone about _____? For example, in private? Writing down question? Informational videos?
  - Sex and/or birth control, condoms
  - Alcohol, smoking and drug use
  - Mental health like depression or anxiety
  - Nutrition, exercise and weight

CLOSING

Those are all of the questions that we wanted to ask today. Does anyone have anything else that they want to say? Thank you for your time and all of the ideas and information that you gave us. We want you to join us for lunch in order to say thanks for your participation. Also, we’ll be around during lunch if you want to talk to us one-on-one, and we’ll leave you with our contact number if you want to call us later.