COMMENTARY

North Carolina's Migrant and Seasonal Farmworkers

Stephanie A. Triantafillou, MPH

North Carolina's agriculture ranks among the state's most vital industries, producing over $2.2 billion in tobacco, greenhouse, nursery, vegetable and fruit sales in 2002.[1] At the heart of this industry are migrant and seasonal farmworkers whose labor is relied upon to plant, tend, and harvest tobacco, sweet potatoes, cucumbers, apples, Christmas trees, melons, and a variety of other crops. In 2002, the North Carolina Employment Security Commission counted 108,900 migrant, seasonal, year-round, and H-2A workers (foreign workers with H-2A visas who enter the United States legally to work seasonally in agriculture).[2] North Carolina's total farmworker population, including dependents, exceeds 200,000, giving the state the fifth largest such population in the United States behind California, Texas, Washington, and Florida.[3]

Today, an estimated 62.5% of North Carolina farmworkers migrate to the state each year from a home base such as Florida, Georgia, or Mexico in search of temporary agricultural work, and 37.5% are seasonal farmworkers who have settled permanently in the state and do farmwork for part of the year.[4] Over 90% are Latinos, most of whom are young, unaccompanied, Mexican-born men. A smaller number are women and children. As recent immigrants, the majority of farmworkers in North Carolina are Spanish-speaking, have less than nine years of formal education, and speak little or no English.[3] Women tend to have even fewer years of schooling. Despite the prevalence of multiple wage earners in many households, low wages and unstable seasonal employment make farmworkers some of the state's poorest laborers, earning less than $7,500 per year.[5]

Information on the health status of North Carolina migrant and seasonal farmworkers is scattered and varies greatly. Farmworkers tend to suffer higher mortality and morbidity rates than the general US population because of poverty, frequent mobility, lack of access to healthcare, and the dangers involved in farm labor. Agriculture is the second most hazardous industry in the United States. According to the North Carolina Department of Labor, 8.5% of occupational fatalities in 2001 were in the agriculture, forestry, and fishing industries.[6] Farmworkers are susceptible to green tobacco sickness (GTS), pesticide exposure, and heat-related illness. In a recent NC study, 24% of farmworkers reported experiencing at least one episode of GTS during a growing season.[7]

Nationally, the Environmental Protection Agency estimates that pesticide exposure causes up to 300,000 acute illnesses and injuries to farmworkers each year.[5] Pesticide poisoning often goes unreported, because there is no effective testing method to verify or rule out exposure as the cause of a symptom that can also resemble viral infection, heat illness or GTS. In addition, NC law does not require reporting of pesticide-induced morbidity and mortality, and little is understood about the long-term effects of repeated low-level exposure to pesticides, though housing is often located near the worksite and children tend to accompany parents to the fields.

Farmworkers are also at risk of heat stress/heat stroke, particularly in the hot summer months when the heat index within a row crop is commonly 8-10° F higher than that reported by the National Weather Service.[8] Dermatitis, rashes, and other skin conditions; upper respiratory infections; musculoskeletal strains and more aggravated repetitive motion disorders; and eye injury related to too much sun or irritants in the eyes are other occupational hazards encountered by farmworkers. Despite working in one of the state's most hazardous industries, most farmworkers, except H-2A workers, are exempt from state workers' compensation coverage and thus have little or no recourse if injured on the job.

Living and working conditions can place farmworkers at risk of other illnesses such as parasitic diseases and gastrointestinal infections due to impure water sources, improper disposal of sewage, infestations of rodents and insects, and unsafe or overcrowded housing. Prevalence rates for parasites among migrant farmworkers in North Carolina range from 20%-80%.[9] Other rare diseases seen in farmworker

The author is Migrant/Latino Health Specialist for the North Carolina Primary Health Care Association. Address correspondence to 875 Walnut Street, Suite 150, Cary, North Carolina 27511. Telephone: 919/297-0066; email: triantafillous@ncphca.org.

populations include amoebic liver disease, brucellosis, yellow fever, encephalitis, typhus, or even leprosy.[10] Tuberculosis and sexually transmitted infections (STIs), including HIV/AIDS are also present among farmworkers. Rates of tuberculin skin test positivity are 20-25 times higher among migrant farmworkers than the among the general population.[11] Although estimates of the prevalence of HIV infection are limited, small screening programs among migrant workers in Florida and North Carolina have revealed a seroprevalance of 2.5%- 13%.[12]

Little has been explored in regard to the mental health needs of farmworkers who suffer elevated rates of depression, anxiety, alcohol use and abuse, and domestic violence. In a North Carolina survey of predominantly African American and Latino farmworker families with children 8-10 years old, 59% of the children revealed one or more psychiatric disorders. The most common, experienced by 50%, were anxiety-related, including phobias, separation anxiety, overanxiety, and avoidance; 17% percent displayed disruptive behaviors, and 8% were depressed.[13] Alcohol use is frequently named as a coping mechanism among male farmworkers and can result in violence. In the same study, 46% of the children had been witnesses to violence, including 20% being witnesses to a shooting and 11% being witnesses to murder. One in five children was a victim of violence. A 1997 study conducted in 10 states revealed that 20% of migrant women had experienced physical or sexual abuse within a year of being interviewed; of those, more than 80% were in their childbearing years and 50% were pregnant. Drug and alcohol use was significantly correlated with fear of partner and physical and sexual abuse.[14]

For migrant farmworkers and their families, frequent moves contribute to a lack of social support and ties to health services that differ from place to place. Essential services such as prenatal care are often difficult to access for pregnant women, especially early in the pregnancy, which can result in high-risk pregnancies and poor birth outcomes—nationally, the infant mortality rate for farmworkers is 25%-30% higher than for the general population.[15-17] Children born to mothers who do not obtain full prenatal care usually have not received well-child check-ups and are at increased risk for immunization delay. Nationally, three-fourths of migrant children are delayed for immunizations by age 2, and many have an unknown status.[18] Overall, comparisons of the health status of migrant children and children from the general population on the east coast show that migrant children are almost three times more likely to be reported in fair to poor health.[13]

While the health risks faced by farmworkers are numerous, the barriers experienced when attempting to navigate the healthcare system are even greater. Language and cultural differences, poverty, frequent mobility, geographic isolation, lack of transportation and telephone, long work hours, inability to miss work and lose wages, lack of health insurance and high cost of healthcare, limited knowledge of services, lack of child care, and fear of contact with government related officials greatly hinder farmworkers' access to needed health services. Often, ailments such as dental problems, diabetes, or hypertension tend to progress to serious stages before medical attention is sought. Virtually no farmworkers have employer-based health insurance and most cannot afford to purchase coverage on their own. Despite low-income levels, many have difficulty applying and qualifying for publicly-funded services such as Medicaid/SCHIP. Even families who have coverage experience difficulties with the portability of Medicaid coverage when there are no interstate reciprocity agreements. Therefore, with each move, the lengthy application process to receive Medicaid benefits must be repeated. Further, migrants who are in the state for short periods of time may not receive meaningful coverage because of the application processing time. Many immigrants are afraid to apply for their children because they may be labeled a "public charge," making it more difficult to qualify later for lawful permanent resident status. Additionally, some immigrants may be afraid of seeking governmental assistance for fear they will be reported to INS for deportation. As a result, many farmworker families fail to apply for or utilize various programs.

Recognizing the many health challenges faced by migrant and seasonal farmworkers and their families, the Migrant Health Act was signed into law in 1962 authorizing the delivery of primary and supplemental health services to farmworkers.[19] Under the Bureau of Primary Healthcare, within the Health Services and Resources Administration, federal funding was made available to health clinics across the country to provide comprehensive, community-oriented, and culturally appropriate primary and preventive healthcare services to migrant and seasonal farmworkers. Currently, there are 15 recipients of federal migrant funding in North Carolina (eight community health centers, four county health departments, two rural health centers and one Partnership for Children) that provide or facilitate low-cost primary care services to migrant and seasonal farmworkers. With this funding, most grantees offer extended evening or weekend clinic hours, have interpreters and/or bilingual providers, provide transportation services, and have outreach programs. Outreach staff visit farmworker dwellings to conduct health assessments and make referrals, provide health education and case management services, and share information about available health services and other resources in the community. In 2002, these federally funded health providers delivered a broad range of medical, dental and other support services to over 30,000 migrant and seasonal farmworkers.[19] Today, under the Bush Administration's Health Centers Presidential Initiative, there are additional federal funds available to expand and improve farmworkers' access to healthcare services and reduce health disparities over the next five years. Through this expanded funding, it is expected that farmworkers in North Carolina will experience greater access to needed healthcare services.

The NC Division of Public Health also operates the Migrant Fee-for-Service Program, which reimburses pri-

vate doctors, dentists, pharmacists and hospital outpatient services for care provided to migrant farmworkers. Other sources of care for farmworkers include health departments, hospital emergency rooms and outpatient clinics, rural health centers, and free clinics.

Despite these available health programs and services, it is estimated that less than 20% of all farmworkers in North Carolina are being served, thus making it even more critical that the broader healthcare community get involved in promoting and supporting comprehensive, continuous, and culturally appropriate healthcare delivery to migrant and seasonal farmworkers and their families. Healthcare professionals across the state can assist farmworkers by adopting the practices and strategies outlined below.

For further information about farmworker health programs, services, and resources available across the state or how you can get involved in providing healthcare to migrant and seasonal farmworkers, contact Stephanie A. Triantafillou, MPH, Migrant/Latino Health Specialist, North Carolina Primary Healthcare Association, 875 Walnut Street, Suite 150, Cary, North Carolina 27511. (919) 297-0066 or triantafillous@ncphca.org.

RECOMMENDED HEALTHCARE STRATEGIES FOR NC FARMWORKERS AND THEIR FAMILIES

- Offer extended evening or weekend hours—during peak harvest, farmworkers work long hours six to seven days a week.
- Implement payment plans or sliding scale fees based on income or volunteer to provide healthcare free of charge when other sources of payment are not available.
- Institute a system to accept walk-in patients.
- Provide interpretation services or, even better, make it a practice to recruit and hire bilingual providers.
- Provide low-literacy (3rd to 4th grade level) written instructions or patient education materials, but do not rely on written materials for explaining key points. Explore ways to provide verbal reinforcement of health messages using videos, role plays, and other activities.
- Distribute bilingual portable medical records to migrant patients containing pertinent health information and medical care given (immunizations, growth chart, drug reactions), and stress to patients the importance of bringing these records to all clinic visits.
- Ask migrant patients about their planned length of stay in the area and provide the name, address, and telephone number of available low-cost health and dental providers, Medicaid/SCHIP, and other resources at the next destination.
- Provide vaccinations and preventive services at the time of acute visits.
- Utilize prescription assistance programs and use drug samples, generic medicines, and inexpensive home remedies when appropriate.
- Integrate outreach and lay health promotion programs into the clinic's primary healthcare delivery system.
- Encourage a culturally competent environment by offering language classes and training for staff on farmworker health issues.
- Ask residents, retired physicians, community physicians, health departments, rural health centers, and free clinics during the season to treat farmworkers.
- Accept and make referrals to other area health providers, social service agencies and other programs (Migrant Head Start, Migrant Education, DSS) that promote the health and well-being of farmworkers.
- Develop relationships with local growers to solicit support in promoting access to healthcare.
- Support the inclusion of farmworkers, regardless of documentation status, for all state Medicaid and indigent care programs and in any federal healthcare reform legislation.
- Advocate for the provision of affordable insurance via federal- and state-level sources, including the development of interstate Medicaid agreements that ensure the availability of health resources and help farmworkers meet necessary medical costs.
- Support legislation requiring improvements in workers' compensation, pesticide reporting, farmworker housing, field conditions, safety, and sanitation.
- Promote research and data-reporting practices that measure the effects of farmworker lifestyle on the health of farmworkers, including disease-specific morbidity and mortality rates.

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