MIGRANT FARMWORKERS' ACCESS

TO MEDICAL CARE IN THE U.S.

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ABSTRACT

This is a meta data analysis of migrant and seasonal farmworkers in the United States to see if they receive adequate medical care when it is required. Not a lot of information is known about this population, and this study is trying to bring to light the problems that migrant and seasonal farmworkers are facing with respect to medical care. Studies were collected from across the United States and analyzed to see if migrant and seasonal workers are having difficulties obtaining medical care. It was found that the majority of migrant and seasonal farmworkers do not receive adequate medical care when it is needed due to factors of language, cost, knowledge, transportation, hours of availability at the medical facility, and inability to qualify for medical insurance. It is crucial that more information needs to be collected about this population because they are underserved and revisions to the approach of administering medical care need to be made.

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Chapter 1

INTRODUCTION

There are anywhere from three to five million migrant workers in the United States (Hansen and Donohoe, 2003). This number is only an estimation because many of the migrant workers are seasonal and move from state to state as the seasons change. According to the Gloria Mattera (2011), Geneso Migrant Center, migrant workers are primarily of Mexican origin, but also come from Jamaica, Guatemala, Puerto Rico, Honduras, the Dominican Republic, Haiti and other countries. The reasons for migration are different for each person, but the major factors include: poverty, lack of job opportunities, lack of decent wage and the prospect of the American dream (Rivera, 2011). Although migrant workers find job opportunities and money, there are other complications that enable some to acquire even the most basic human needs.

Migrant workers across the United States have struggled with many aspects of everyday life. According to Rosenbaum and Shin (2005) there are a number of factors that make it hard for migrant workers to receive their basic life necessities. Many of the immigrant workers can only speak Spanish, which makes communication challenging and sometimes frustrating to satisfy their basic needs. Many of the migrant workers do not have reliable transportation, which makes traveling to get their requirements problematic, and migrants on average, make little money, which makes it tough to buy those provisions. Many migrant workers work in dangerous conditions that include machinery, chemicals, and sun exposure. One of the basic requirements that can be difficult for migrant workers to obtain due the above mentioned

factors is medical care. For this study, medical care will be defined as preventative, emergency room, or clinical care by a licensed physician.

Problem Statement

Do migrant workers in the United States receive adequate medical care when it is needed?

Hypothesis

The majority of migrant workers in the United States do not receive sufficient medical care when it is needed.

Objectives

1) To assess how many and if migrant workers obtain medical care.
2) To determine if migrant workers receive adequate medical care when it is needed, and if not, why they do not obtain care.
3) To make suggestions as to better help migrant workers get medical care.

Justification

Migrant farm workers are an essential part of our nation's agricultural industry. Without migrant workers, there would be less fresh fruits and vegetables to put on our tables or to export to other countries. Migrant farm workers are doing jobs that are not desirable to the general public, but their jobs are essential for the agricultural community. It is imperative that

this population of workers remain healthy so that the agricultural industry can continue to thrive. This study will help the agricultural industry better understand the health related needs of its workers. Federally funded health care centers are a key source for medical care for migrant workers (Rosenbaum and Shin, 2005). In 2002, just over seven hundred thousand migrant workers were seen at a federally funded health care center (Rosenbaum and Shin, 2005). Where are the millions of other migrant workers going for medical care? This study will help medical professionals better serve migrant farmworkers and to better understand the obstacles that migrant workers face to attain medical care. This study will also help migrant farm workers feel more comfortable and confident in obtaining medical care when it is required.

Chapter 2

REVIEW OF LITERATURE

There are many reasons for migrant workers to from various parts of the world to come to the United States. Rivera (2011) found that the major factors contributing to immigration were poverty, lack of job opportunities, lack of decent wage, and the prospect of achieving the American dream. The number of illegal immigrants living in the United States in 2010 was estimated to be 11.2 million people. The number of illegal immigrants in the labor force in the United States was estimated to be 8 million people. Although many of the migrant workers are not illegal immigrants, there are still those that risk their lives to come across the border in hope of a better future.

Nelson (2011) addresses the motivational factors that contribute to the immigration from Latin America to the United States. He conducted a series of interviews with different migrants and asked them about the wellbeing of their life after they had relocated. Many of those interviewed expressed frustration with the inability to communicate in English with the people around them. Nelson also found that the main reason that many migrated from Mexico and Latin America was the desire to find employment. Many of these immigrants find employment as farm laborers. This is typically because many are uneducated and cannot speak English. Holbrook (2011) said that farming is ranked number four on most dangerous occupations in the United States. Since farming is considered to be so dangerous, there are many injuries that require medical attention.

When one is employed as a farm worker, there are many potential dangers they are faced with. The dangers can vary from pesticide exposure, to heavy machinery that has the potential to kill if not operated properly. If these injuries are not treated promptly, they can escalate into much more serious health issues. Migrant workers face many obstacles that impede them from receiving medical care. Bechtel and Davidhizar (1999) discussed the obstacles migrant workers faced and that hindered them from receiving medical care. In response, they came up with an assessment tool for evaluating cultural variables and their effects on health behaviors. The model is said to minimize the time required to conduct a comprehensive assessment in an effort to provide culturally competent care. The model takes into consideration six cultural phenomena: communication, space, social organization, time, environmental control and biological variations. Knowing the factors that migrant workers have as stumbling blocks will help medical professionals help the workers to get the care that is needed. If some of these factors can be eliminated or reduced, more migrant workers would feel comfortable going to a care facility.

Since many migrant workers do not go to the doctor's office because of the factors mentioned, so many of them have unmet medical needs. Not only do workers have unmet needs, but their family and children also. Weathers et al (2004) did a study of the unmet medical needs of the children of migrant workers in North Carolina. They conducted a 40 question survey of 300 caretakers of migrant children. It was concluded through the survey that 53% of the children had an unmet need for medical care. The most common reasons for the unmet medical need were lack of transportation and lack of knowledge of where to go for

care. Again, it is important to note the factors that hold back the migrant workers and their family members from getting proper medical care.

Transportation and lack of knowledge of where to go are only a few of the reasons that migrant workers do not obtain medical care. Bechtel, Shepherd, and Rogers (1995) took a sample size of 225 men, women and children in five different migrant health camps in southern Georgia, and conducted unstructured interviews and personal observation of their health practices. It was observed that many of the migrant workers did not receive health care when it was needed due to cultural barriers and the main reason being distrust in the physicians. Many of the workers believed that the physicians had policing power and would deport them if they went to their medical office. It was also concluded that many of the workers traveled significant distances to receive the services of the primary care center rather than visit the public health department, which was much closer, because the primary care center had bilingual staff, where the public health department did not. This study shows that migrant workers want medical care, and are willing to go great lengths to get the care that makes them feel most comfortable. Augustave et al. (2007) found that the leading factors that deter farm workers from receiving medical care are: can't take time off work, can't afford to pay for services, transportation problems, and they cannot understand the provider or doctor because of the language barrier.

Many migrant workers have voiced their concern that many medical facilities do not adequately fit their needs. Perilla, Wilson, and Wold (1998) formed focus groups in Georgia with Latino farm workers. There were a total of sixty-eight migrant workers that participated.

The main concern expressed by the participants in terms of health care, was the inadequacy of services available for migrant workers. Many said that they knew about the migrant health program and some of the services offered, but in general, there was a lack of information about the availability of services offered, the hours of operation, and the eligibility of the workers for those services. As suggested in other studies, transportation problems and fear of immigration officers were reported as serious obstacles in accessing existing services.

An important perception of farm workers is their employment. Verduzco (2010) is exploring the view that farm workers have of farm labor contracted employment in the Stockton area. Verduzco conducted interviews with twelve contracted seasonal workers and two farm labor contractors. The interviews with the seasonal workers showed that the majority of the workers believed they were being mistreated by the farm labor contractors. The area that was most disagreeable between the two parties was the wages paid. The farm workers thought that they should be paid more for the work that they were performing, and the farm labor contractors thought that the wage was more than fair for the work being done.

Through the course of this study, there will be other studies reviewed that look at migrant farm workers and their access to medical care. Other studies will address the obstacles that the workers face, and possible ways to help this population obtain medical care when it is needed.

Chapter 3

METHODOLOGY

Procedures for Data Collection

In order to assess how many migrant workers in the United States receive health care, it is necessary to find studies that have already been done in which take a sample of migrant workers and record how many receive health care from a licensed physician. The studies will be from a wide range of different states, and will depend on where the studies have been done. These studies will be broken into different sections of the United States such as: North East, South East, Midwest, and West. It will also be important to look at data provided by the USDA and other sources that collect information about health care and migrant workers if the information is available. The more data sources and articles looked at, the better, because it will give a better idea of the number of migrant workers who use the medical facilities available to them.

The method to determine if migrant workers receive medical care when it is needed will be done by looking at past studies and generalizing the findings for all migrant workers. It is imperative to find as many studies and as much information as possible. It is important to determine what would constitute an injury where medical attention is needed, because not all injuries need the help of a doctor. One should also look at the health care available to the migrant workers in order to see if it is available to them, and if it is being used. If it is determined that medical care is not obtained when it is needed, then the next step would be to find articles and studies that give the reasons why.

Finding the reasons why migrant workers do not get medical care when it is needed will assist to make suggestions to help migrants acquire the care that they need. Suggestions will be gathered from data collected from past studies. If the suggestions have been implemented, research will be done to see the effectiveness of the suggestion. Only the most effective suggestions will be used.

Procedures for Data Analysis

To analyze the data collected, it must be put in a systematic order. As mentioned above, the data will be put into different areas of the United States. The data will go through a process called meta-analysis. Meta-analysis is a quantitative method of combining the results of independent studies and synthesizing summaries and conclusions which may be used to evaluate a topic. The different studies will first be looked at individually and then as a collective group. Conclusions will be made according to the data that is presented. Patterns and similarities will be looked for, as well as any other extremes. The data will be evaluated to see how many of the participants in the studies have used medical care and what kind of access they have to professional care. If it is found that a majority of the participants do not receive medical attention by a professional when it is required, then it is essential that we find out why. This data will be examined using the meta-analysis approach as well. Again, we will look for patterns and similarities in the data. Once this data is collected and analyzed, then proper suggestions can be made in order to help migrant workers receive the proper medical help they need when it is needed.

Limitations

This study is limited to past studies and the data collected in those studies. Not all states will be represented in this study because not all states have had studies done on migrant workers.

Chapter 4

DEVELOPMENT OF THE STUDY

To perform this study, data collection of past studies was done. These studies were found in databases found at the Kennedy Library at Cal Poly University, Google searches containing key words such as, rural migrant workers and medical care, access to medical care and farm workers, and also found on specific websites pertinent to the subject matter. The data was then split into regions of the United States, North East, South East, Mid West, and West. In the subsequent paragraphs are the findings.

In the North East region of the United States, more specifically, New York, Doctor Peter S. K. Chi of Cornell University conducted a study of medical utilization patterns of migrant farm workers in New York. Doctor Chi conducted a survey of 218 migrant farm workers asking them about their medical use patterns. The first question asked how many visits to a physician's office or clinic for injections, X-rays, tests, or examinations during the past 12 months had been made. It was found that 35 percent had not made a visit and 30 percent had gone only one time in the past year. The study also showed that long-term migrants tended to use medical services most frequently, as well as more females visited physicians than males. Doctor Chi observed that the findings may indicate the general ignorance of the preventative health concept among immigrants; they usually called upon the medical profession only when their symptoms of illness reached crisis proportions (Chi, 1984). Doctor Chi also found through his study that more than 40 percent of all migrant farm workers in the sample put off receiving some kind of medical care or treatment for an existing health problem (Chi, 1984).

The workers were then asked why they had put off receiving the medical attention. "Among reasons for delaying medical treatments, lack of time was the most important for immigrants… and economic costs" (Chi, 1984). Some of the statement made by the respondents included, "Don't believe in doctors," "Don't like needles," and "Don't like being cut into." Other factors voiced by the migrant workers include lack of transportation, poor communication with the nurses, and difficulty getting an appointment. Of those migrants in the sample, 12 percent were covered by Medicaid insurance. Chi stated that, "Medicaid insurance had a significant positive effect on number of visits to physicians" (Chi, 1984).

In the South Eastern region of Florida and Georgia, Doctor Gregory Bechtel of Georgia Southern University, conducted a study of 225 migrant workers and their families. The method of study was through personal observations, unstructured interviews, and individual and state health records. Bechtel found that "the vast majority of adults did not have health or immunization records available (Bechtel, 1995)." The actual number that did not have immunization records was 134 out of the 225 migrant workers. Tuberculosis remains a major health problem among migrant farmworkers according to the Centers for Disease Control. Bechtel found that although Tb was a problem with the migrant population, many go untreated because "inaccessibility to the state Tb chest x-ray van delayed confirmation of active cases, and financial constraints further prohibited prophylactic treatment. Furthermore, those with a positive PPD often relocated before the state-run mobile unit arrived. Because physical signs and symptoms were generally absent, the infected person often did not believe the infection was present, thus adversely affecting compliance with treatment" (Bechtel, 1995).

The limitations to health resources as seen from the Tb chest x-ray van are not the only barrier to health care that these workers face. Others identified in this study include barriers in language, dissimilarities in culture, and low levels of income. It was also observed that "in south-central Georgia, there were no paid bilingual staff members at the hospital, the Department of Family and Children's Services, or the sheriff's department" (Bechtel, 1995).

In the Midwestern region of Michigan, a study was done in 2009 by Maureen J. Anthony of the University of Detroit Mercy. A prospective survey was used by doing face-to-face structured interviews to explore the type and frequency of occupational injuries as well as the related care and health-seeking practices of the migrant and seasonal farmworkers. The sample was taken from 41 migrant residential camps in three Northern Michigan counties. A total of one hundred and fifty migrant workers were interviewed. The participants were then asked a series of questions that first dealt with demographic data such as age, sex, ethnicity, languages spoken, marital status, and education. Then the workers were asked if they had ever been injured on the job. If they replied yes, the interview was continued and they were then asked about the severity of the injury, what they were doing at the time of the injury and how the injury was treated. If they said no, the interview was concluded. A total of one hundred-eighty five injuries were reported by one hundred nine of the participants and forty-five of the participants reported having more than one injury. The most commonly reported injuries were musculoskeletal, with eighty being reported. This was followed by skin problems such as sunburn, poison ivy, lacerations, bee stings, and chemical exposure.

According to Anthony, “Back and shoulder injuries and other musculoskeletal strains were largely treated by the farmworkers themselves with rest, over-the-counter medications such as ibuprofen or topical medications such as cortisone, Bengay and rubbing alcohol. Massage and application of heat or ice were also reported” (Anthony, 2009). Injuries related to the skin were also mostly treated by the farmworkers themselves. “Sixteen participants had sunburns severe enough to report but nine did not use any treatment and the remaining seven used over-the-counter topical medications. Bee stings were treated with over-the-counter allergy medication and ice, and in one case with saliva and in another case with an epinephrine pen. Lacerations were also largely cared for independently with bandages, topical antiseptics and over-the-counter pain relievers. Only two participants received sutures in a clinic or ED. Two cases of poison ivy were reported. One was not treated and the other resulted in a serious allergic reaction that required steroid injections” (Anthony, 2009). Of the eighteen participants that reported pesticide or chemical exposure, seven of them went untreated. Only three of them consulted someone else about treatment. One was told by her mother to put alcohol on her skin, one was told by a friend to use magnets, and the last went to a clinic and was prescribed an inhaler for breathing difficulty.

Slesinger and Cautley (1978) did a study of migrant workers in Wisconsin. They took a sample of 408 migrant workers and asked them a series of questions related to their medical utilization patterns. It was found that fifty-seven percent of the migrants received medical care in the year before the interview. This number is well below the seventy-six percent reported by families with low incomes. More than half of the workers, who received care, received it from a federally funded migrant health clinic. “The survey data showed that migrants receive much

less preventative care than other groups in the United States" (Slesinger and Cautley, 1978). In their research, it was observed that women are much more likely to get medical care than males, and that older people are more prone to seek care than the younger workers.

The barriers that prevent the workers from receiving medical care in Wisconsin are much the same as those in other studies. Slesinger and Cautley (1978) found that the two biggest factors were the availability or hours that the clinic was open, and the lack of communication or Spanish-speaking health professionals or paraprofessionals.

In the western part of the United States, Littlefield and Stout (1987), looked at migrant farmworkers in Colorado. They interviewed 329 migrant workers and found that "a large majority perceived their health to be fair or poor, unlike the U.S. population as a whole. Dental problems were reported with the highest frequency, followed by eye problems, back pain, and a constellation of symptoms which could be attributed to stress" (Littlefield and Stout, 1987). Over half of the population had used health services in Colorado at some time, and again, women were more likely than males to report this. They did not report on barriers to medical care.

There were also some broad studies done on migrant workers across the United States. Rosenbaum and Shin (2005) took data from the 2000 National Agricultural Worker Survey and the Uniform Data System and found that only 20% of migrants and seasonal farmworkers reported the use of any healthcare services in the preceding 2 years. Also, in 2000, 85% of migrant and seasonal farmworkers were uninsured, compared to 37% of low-income adults

nationally"(Rosenbaum and Shin, 2005). They claim that the two most significant reported barriers to care among migrant and seasonal farmworkers are cost and language.

Villarejo (2003) also used data from the NAWS and the CAWHS and said, "the available evidence, limited as it is, convincingly demonstrates that only a very small portion of hired farm workers, in the range of 5% to 11% of the total, have health insurance provided through their employer… only a few, between 7% and 11%, have been able to obtain Medicaid or other government-provided, needs-based, health insurance coverage, despite the fact that their poverty status would otherwise qualify them." The CAWHS found that nearly one third of male workers had never visited a medical clinic or doctor. Less than half had been to a medical clinic or doctor within the previous two years. The CAWHS also found that half of the men and two fifths of the women interviewed had never been to a dentist. Villarejo (2003) claims that many hired farm workers only seek care when it is absolutely essential, visiting hospital emergency rooms or community clinics. The Migrant Clinician Network frankly states, "The 136 migrant health centers currently serve only 12 to 15 percent of the total migrant farmworker population… The majority of farmworkers receive care on an emergency basis only, from health departments, from local providers, or not at all" (Villarejo, 2003).

Analysis

As seen in an overwhelming majority of these studies, migrant farm workers are not receiving adequate medical when it is needed. From the East coast to the West Coast, migrant and seasonal workers have many of the same issues. Many of the migrant workers do not have medical insurance and thus, do not have regular preventative doctors' visits. Many do not have

transportation or the money to pay for visits. Also, many are afraid to seek medical care because of language barriers, cultural differences, and if they are illegal immigrants, they are afraid of deportation. We also find that many are not educated as to where to find the help they need.

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

We have now looked at many studies done on migrant and seasonal workers' access to medical care. We have broken the studies up into different sections of the United States, analyzed the data and reported the findings. It has been found that migrant workers across the United States do not receive proper medical care when it is needed, thus supporting the hypothesis. We see that migrant and seasonal farm workers constitute a tragically underserved population with many socioeconomic and health care needs. It was also found that migrant workers face many obstacles in obtaining medical care. Through these studies, workers have shown that many of them face the same barriers.

Conclusions

The data given suggests that there needs to be a change in the approach of medical administration to migrant farm workers. This population is vital to our communities, our economy, and our food supply. It is important that they are healthy and taken care of. We need to find a way to knock down the barriers that hinder them from receiving medical care. If we can figure out a way so that migrant farm workers can regularly see a physician a prevent illnesses and injuries from escalating to a crisis situation, then these people will be much more happy and liver richer and fuller lives.

Recommendations

There is a lot to be done to better serve the migrant farm worker population. It is necessary that there are trained bilingual and bicultural health care professionals. This would alleviate a lot of the anxiety that the workers feel, and would put their mind at rest knowing that there will be someone they can communicate with and someone that understands where they are coming from. This could be done by including migrant health care in the curriculum taught in medical schools. Our medical insurance program needs to be revised to help migrant workers. The migrant workers also need to be educated on how the insurance works, were to go for help, and everything that it covers. This is just the tip of the iceberg, but will help tremendously in getting more workers the care they need.

Many of the studies state that there is not a lot of information about this population. In order to help them, we need to know more about them. If there were more studies done in more states, we would have a better grasp on their needs. Many states were not represented in this project due to the lack of information available. It is necessary that funding is used for the research and development of the migrant worker population.

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