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## HEALTH STATUS OF WISCONSIN'S MIGRANT AGRICULTURAL WORKERS

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### Background

Wisconsin has a hidden population that is rarely seen or counted in the state's population. It consists of about 3,500 migrant agricultural workers that assist in the planting, cultivating, harvesting, and processing of Wisconsin's agricultural production. Most migrants harvest cucumbers and other vegetables, work in plant nurseries, trim Christmas trees, and work in canneries during peak harvest times processing peas, corn, snap beans, and mixed vegetables. About 90 percent are Mexican-American and come from southern Texas, near the Mexican border. Approximately three-fourths of the workers bring "dependents," in some years as many as 1,500 children and non-working adults; the remainder come as "singles," without family members.

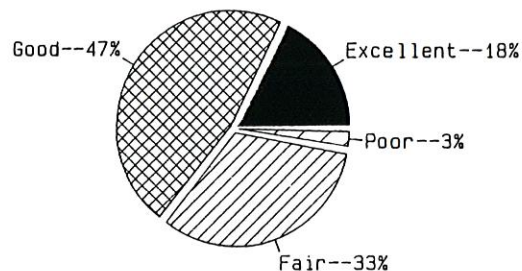
About half of all migrant workers speak both English and Spanish; 40% speak only Spanish, and 10% only English. In general, about three-fourths of a migrant family's yearly income comes from migrant work. The remainder comes from odd jobs in Texas, unemployment compensation, and loans. Half of the families have a yearly income below the official poverty threshold.

### Health Status

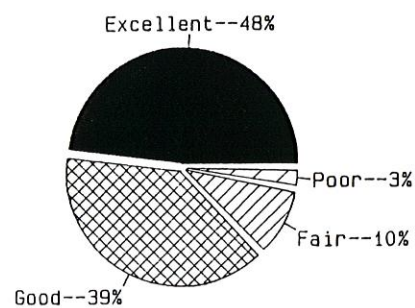
The impoverished condition of migrant workers is reflected in their health status. In a state-wide survey of migrant workers in 1978, workers were asked whether they thought their general health was excellent, good, fair, or poor. Figure 1 shows the responses of migrants compared to a sample of adults in the United States. Clearly, migrants perceive their health status to be poorer relative to the perceptions of the other group. About half of U.S. adults in a national study reported their health as "excellent," compared to only one out of six migrants in Wisconsin. Conversely, about one out of three migrants rated their health "fair" or "poor," compared with one out of ten U.S. adults. Those who rated their health the poorest were older female migrants with little education, who spoke only Spanish.

Migrants were also asked whether a series of health conditions bothered them. Headaches and eye trouble headed the list of problems, followed by backaches (caused by long hours bending or standing) and dental problems. Symptoms of mental distress such as nervousness, irritability, trouble sleeping and low spirits followed. Dental trouble is significant because most poor populations have neither the money nor the time to take off from work, and thus omit visits to the dentist unless a very serious problem arises. Poverty and the need to move frequently may be strong factors accounting for these conditions.

### Health Perceptions



Migrants



U.S. Adults



## Health Care

The primary source of care for migrant workers in Wisconsin is the federally funded Farmworker Health Clinic in Waushara County, the county with the most migrant workers. Migrant workers who live far from the Farmworker Clinic receive "vouchers" that pay for care provided by private practitioners. Recently, the clinic began providing medical care and screening from a mobile van staffed by a bilingual nurse practitioner and an outreach worker. This has extended the clinic's service area.

In an average year, about half of the workers and/or their families use health services of the Farmworker Clinic. Almost no workers receive health insurance benefits from employers. The small amount of money they earn makes them ineligible for Medicaid from the state, and their geographic mobility makes it difficult to fulfill county residence requirements.

Three areas of health care show serious deficiencies:

(1) Preventive services. In the study mentioned above, about one-third of the workers said they never had a routine physical exam, never visited a dentist, and never had their vision checked. Only one-fourth of the workers had seen a dentist in the past year, compared to 50% of Wisconsin residents.

(2) Women's health care. The Mexican heritage places a high value on families and children, and most women expect to have 5 children by age 50. Women tend to see a doctor late in pregnancy, and have fewer prenatal visits than recommended. Almost 4 out of 10 women in childbearing ages never practiced contraception. In addition, few women get regular pelvic exams and Pap tests.

(3) Children's health status. Almost one fifth of migrant children never had a general physical exam. One third of children aged 2 to 5, and one fifth of children aged 6 to 15, had never visited a dentist. One bright spot in this picture is the high rates of immunization against diphtheria, pertussis, tetanus and polio for school-age children. This is because immunization clinics are held in schools. The pre-school rate of general examinations, dental and hearing checks are all lower than the rates for elementary school-age children.

## Conclusions and Recommendations

Migrant workers in Wisconsin display a set of characteristics that set them apart from the rest of the population. These characteristics include poverty, low educational achievement, employment instability, and minority status. They perceive their health as poor, and their preventive health records are dismal. Women still have higher fertility than almost any other group in the United States, but receive very little prenatal care.

How can the health of migrants be improved? We have seen one way in the immunization rates for children. Public health officials know that mass campaigns are always more effective than leaving preventive measures up to the actions of the individual. By offering immunizations, as well as vision and hearing screenings in the schools, children can receive care which might prevent future problems. Integrating health care with education should be encouraged.

To improve health care for adults, access to health services must be improved. Barriers to health care for migrant workers include time and distance problems, language barriers, and financial difficulties for those not located near a Farmworker Clinic. The health care of migrant workers is the joint responsibility of federal, state and county governments. It is unfortunate that, in times of serious fiscal constraints, public support has declined for this very important need.

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For more information:

Slesinger, Doris P. 1979. Health Needs of Migrant Workers in Wisconsin. Madison, WI: Department of Rural Sociology, University of Wisconsin-Extension.

Slesinger, Doris P. and Eleanor Cautley. 1981. "Medical Utilization Patterns of Hispanic Migrant Farmworkers in Wisconsin." Public Health Reports, Vol. 96. No. 3:255-263.

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