

# **Migrant Farmworkers in Wisconsin, 1998**



Artist: Alma Gomez

***A Social and Health Needs Assessment***

**Migrant Farmworkers in Wisconsin 1998:  
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# HIGHLIGHTS

## Expressed Needs

- As this report indicates, workers expressed a variety of needs. Services most needed by members of their households included:
  - dental care
  - first-aid training
  - Spanish-speaking health professionals
  - information on HIV-AIDS
  - weight control
  - family planning
- Other needed services were:
  - financial assistance for medical costs
  - English language classes
  - information on employment opportunities
  - child care.

## Methodology

- Information for this assessment of health and social needs comes from a 1998 summer survey of 152 randomly selected migrant farmworkers.
- Ten percent of migrants employed in field work and five percent of migrants employed in food processing were randomly selected for interviews.

## Characteristics

- About 60 percent of migrant workers are male. Among field workers, two-thirds are male. Slightly over half the cannery workers are male.
- Some workers -- especially men in the canneries -- have been doing migrant work for upwards of 25 years.
- Virtually all of Wisconsin's migrant workers are of Mexican heritage. For most of them, the border region of Texas is home; for some it is Mexico.
- Although the majority have only an elementary school education, some workers have had some vocational, technical or college schooling.
- The vast majority are currently married.

## Health Status

- Women, more than men, tend to rate their own health as no better than fair or poor. Those with lower annual family incomes were more likely to evaluate their health as fair or poor than those with higher incomes.
- About one-third of migrants reported having a chronic illness, disability or health problem. The most frequently mentioned conditions were high blood pressure, diabetes, and arthritis.

- The most frequently mentioned health conditions that bothered migrant workers were eye trouble, backaches, headaches, and arthritis/rheumatism. Men also listed stomach pains, irritability, and trouble sleeping, while women mentioned depression and swollen legs/feet.
- About one out of six men reported having an illness or injury over the past year that restricted their activity for two or more days. Nearly one out of three women reported such an experience.
- One out of six men and one out of four women reported that family members had been exposed to pesticides.
- Interviews revealed that migrant workers' everyday lives are often laden with stress, stemming from problems at work, financial difficulties, barriers to health care, and inter-personal problems.
- Nearly 60 percent of migrant workers are considered overweight, based on a weight-for height measure (Body Mass Index).
- Alcohol use and abuse are of widespread concern, with women expressing greater concern than men.
- Although domestic violence occurs, workers were reluctant to discuss it. Several women said they see incidents and "hear about it" from other women.

## **Health Care**

- About one-fourth of the workers never had a physical examination when they were not sick nor an eye exam. One in seven workers never had a dental checkup. Male field workers consistently reported the lowest use of these preventive checkups.
- Two out of five workers said they needed dental care.
- Nearly all workers who reported having diabetes or high blood pressure were seeing a health professional for the problem. Less than one-fourth of workers who reported having stress-related problems were seeing a health professional.
- Women in field work were the most likely, and men in field work least likely, to see a health professional for bothersome conditions.
- Cannery workers were most likely to have had their last visit to a doctor in Mexico; field workers' last doctor visit was most likely in Wisconsin.

## **Discrimination**

- Workers spoke of incidents of institutionalized discrimination while traveling, shopping, children's school experiences, and in health care settings.

## **Barriers to Care**

- Workers cite many reasons for not seeing doctors, such as “I don’t want to bother the doctor,” or “I’m never sick.” There is also substantial concern about costs, losing pay from work if one takes off time, the length of time it takes to get an appointment, and language barriers when health professionals don’t speak Spanish.
- The majority of migrant workers pay for clinic or doctor visits out of their own pockets. A small minority rely on migrant health funds.
- As for clinic hours, workers preferred weekends over weekdays; during the weekdays, afternoons were most preferred and evenings least. (In fact, the Migrant Health Clinic was open five afternoons and three evenings and was closed on weekends.)
- Field workers were more likely to use the Migrant Health Clinic. Cannery workers were more likely to seek medical care in Mexico. This suggests that geographic proximity to the clinic affects its use.



## INTRODUCTION

*The respondent said she can't afford health care in the U.S. She and her family go to Mexico for it. She will work nights at the cannery next week, and a woman will come to care for her kids at night. She is living in a one-story house with 22 other people. She says that "low spirits" bother her "very much." Her husband came in and talked about the wasp sting he got at work and his allergic reaction, and problems with paying the hospital bill (Interviewer's Notes, Summer 1998).<sup>1</sup>*

Migrant farmworkers have many needs and concerns, as the above quote illustrates. Like other migrant workers, they face problems of health care availability, limited financial resources, heavy work schedules, child care, housing, stress, and occupational exposures.

During the 1998 planting and harvesting season, a team of researchers conducted extensive social and health interviews with a randomly selected sample of migrant farmworkers and their families. Interviews were designed to obtain economic, social, health, and housing data from respondents working in Wisconsin.

The Bureau of Migrant Services, Wisconsin Department of Workforce Development, estimated that approximately 5,117 migrant workers and dependents came to Wisconsin in 1998. Map 1 shows the geographic location of these workers, the sites of the agricultural and food processing employers, and the Migrant Health Clinic. As can be seen, the Clinic is located in the heart of field workers' camps, where traditionally over half of the migrants have worked.

Although living and working conditions of migrant farmworkers have improved somewhat over the decades, they continue to face extreme gaps in access to and availability of needed resources. Not only does migration itself disrupt access to and continuity of health care, but migrants also confront economic and cultural, including discriminatory, barriers.

As we will note, differences in health status and health care utilization exist within the migrant population, particularly with regard to gender and to the type of seasonal work performed (field work or cannery/food processing work). Thus, when appropriate, the needs assessment is framed around these categories of gender and work.

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<sup>1</sup> Italicized statements throughout this report are excerpts from interviewer notes written immediately following the interviews.

## **PURPOSE OF SURVEY**

Only limited information is available about migrant workers and their family members who work in the agricultural industry in Wisconsin.

The Department of Workforce Development, Bureau of Migrant Services, is mandated to enforce the Wisconsin 1977 Migrant Labor Law (Chapter 17, amended 1985 Act 191). The Bureau must ensure that (1) every employer of migrant farmworkers is registered with the Bureau, (2) workers are given contracts that specify working regulations, such as length of employment and rate of pay, and (3) housing meets minimum standards of code, if housing is supplied as part of the contract. Thus, the only information collected on an annual basis is limited to the number, name and location of employers who hire migrant farmworkers, and, if housing is supplied, the number of units that have been approved for occupancy.

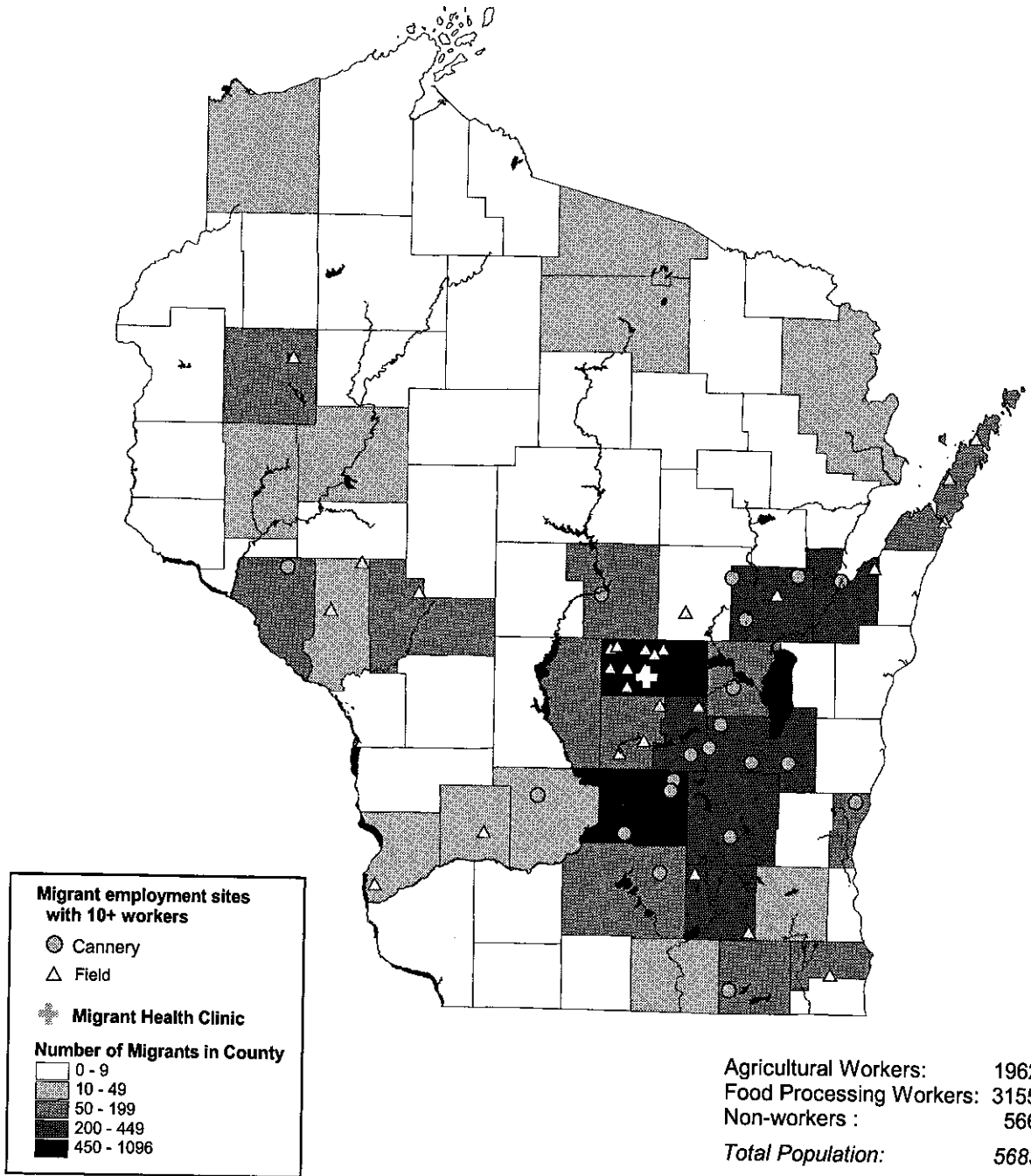
The broad purpose of this survey is to provide current demographic, economic and environmental information about migrant farmworkers. Numerous state and county agencies, non-profit organizations, churches, health and educational institutions, and other community groups are anxious for current data about the migrant farmworker population. They need the information our survey has gathered: where migrants are located in the state; their gender and age; their problems of health, child care, housing, and other areas; and what types of services they express a need to receive while in Wisconsin. This survey will help fill the gaps in this needed information. The survey also obtained data about migrant mothers and their children. That information is the subject of a future report.

Out data are arranged into two groups: workers who are employed by food processing companies (i.e., canneries) and workers who perform various activities in agriculture, such as preparing the soil, planting, cultivating, harvesting crops, sorting and packing various products (i.e., field work). These products include, but are not limited to, various fruits and vegetables such as apples, corn, green beans, cucumbers, onions, carrots, cabbage, and cherries, and also trimming and packing Christmas trees and working in sod farms, peppermint fields, and plant and tree nurseries.

The worker data are presented in the two groups, field work and cannery work, because the employers are located in different sections of the state, the Migrant Health Clinic is located closer to the field than the cannery workers, and because the housing and working conditions tend to vary between the two types of employment. There is more group housing for cannery workers versus family housing for field workers. In addition, steady work (less dependent on the weather) is more likely to be the case for food processors.

Map 1.

# Migrant Agricultural Population in Wisconsin, 1998



Data Source: State of Wisconsin, Bureau of Migrant Services, 1998.

## METHODOLOGY

*The interview began outside on chairs in the shade—but the Respondent suggested we go inside because of mosquitoes. She asked another female if we could go into the sleeping room, and she consented. So we sat together on a small couch in the middle of the room, with rows of cots on either side, where nine women sleep. Two other women sleep in a small room between this one and the kitchen.*

A random sample of migrant workers was obtained from migrant employer payroll lists. The sample consisted of 10% of migrants employed in field work and 5% of migrants employed in food processing. Respondents were sampled using a table of random numbers, and sampled workers were interviewed in person at their home or work sites by bilingual interviewers.

Our sample included 152 workers: 64 field workers and 88 cannery workers. Overall, 60 percent of the workers were male and 40 percent were female. One third of the field workers and nearly one half of the cannery workers were women (21 women and 43 men in field work; 40 women and 48 men in cannery work).

Gender	Type of Work				Total	
	Field		Cannery		(N)	(%)
	(N)	(%)	(N)	(%)	(N)	(%)
Male	43	67.2	48	54.6	91	59.9
Female	21	32.8	40	45.4	61	40.1
Total	64	100.0	88	100.0	152	100.0

Gender differences appear in the type of work migrants perform. As Table 1 shows, twice as many men as women work in field agriculture, but there are only slightly more men than women in cannery work.

Additional details on the sampling procedure are included in Appendix A.

# A PROFILE OF MIGRANT FARMWORKERS IN WISCONSIN

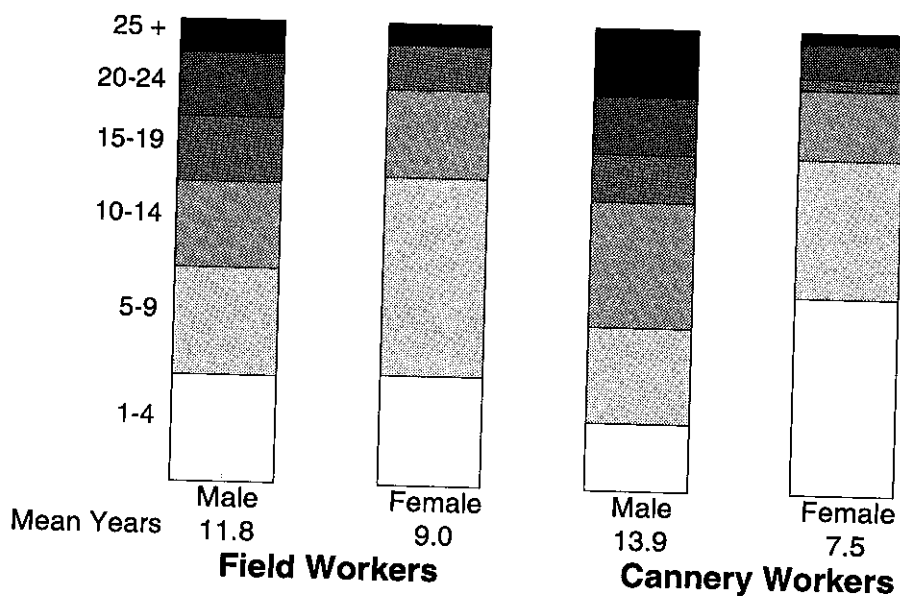
## Age and Migratory Work Patterns

Field workers tend to be younger than cannery workers. Male field workers are the youngest, male cannery workers the oldest, and females in field and cannery intermediate in age.

Men currently working in canneries were the most likely to have been migrants for 25 years or more, double the proportion of men currently in field work (14.6% versus 7%). Women tend to have less experience in migrant work. Forty-three percent of women but only 15 percent of men in canneries had been migrants for fewer than five years. (See Appendix Table 1 for details.)

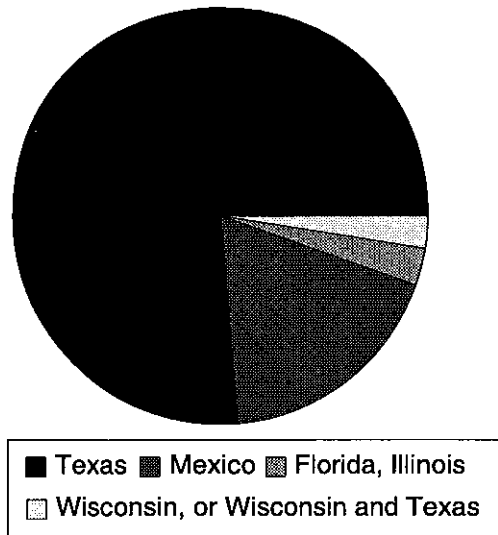
	Field	Cannery
Male	33.6	45.6
Female	35.9	39.7
Total	34.3	42.9

**Figure 1. Years in Migrant Work by Gender and Type of Work**



Three-fourths of Wisconsin's migrant farmworkers live in the Texas-Mexico border region. Most consider Texas their home, followed by Mexico. Appendix Table 1 shows the home site of field and cannery workers separately.

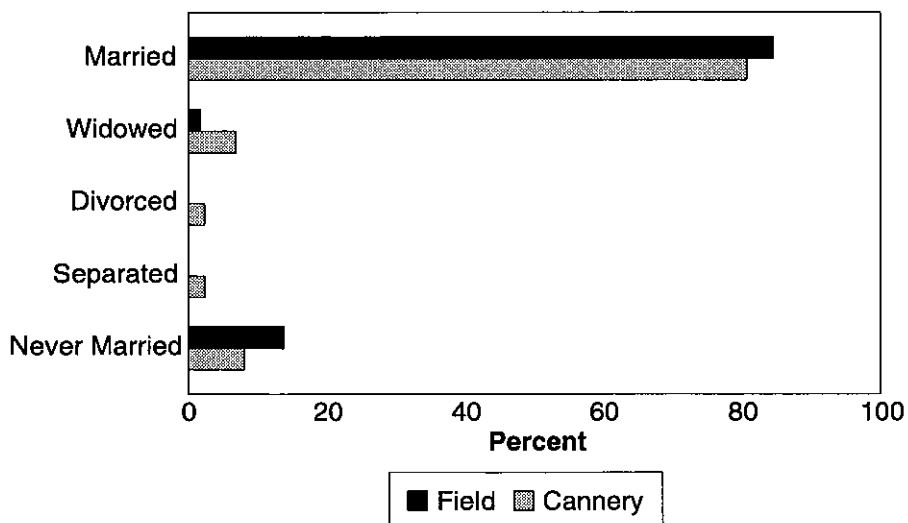
**Figure 2. Place Workers Consider Home**



**Marital Status**

The vast majority of workers in the sample are currently married. The few who are widowed, divorced, or separated are more likely to work in canneries than in the fields (See Appendix Table 1).

**Figure 3. Marital Status of Workers**

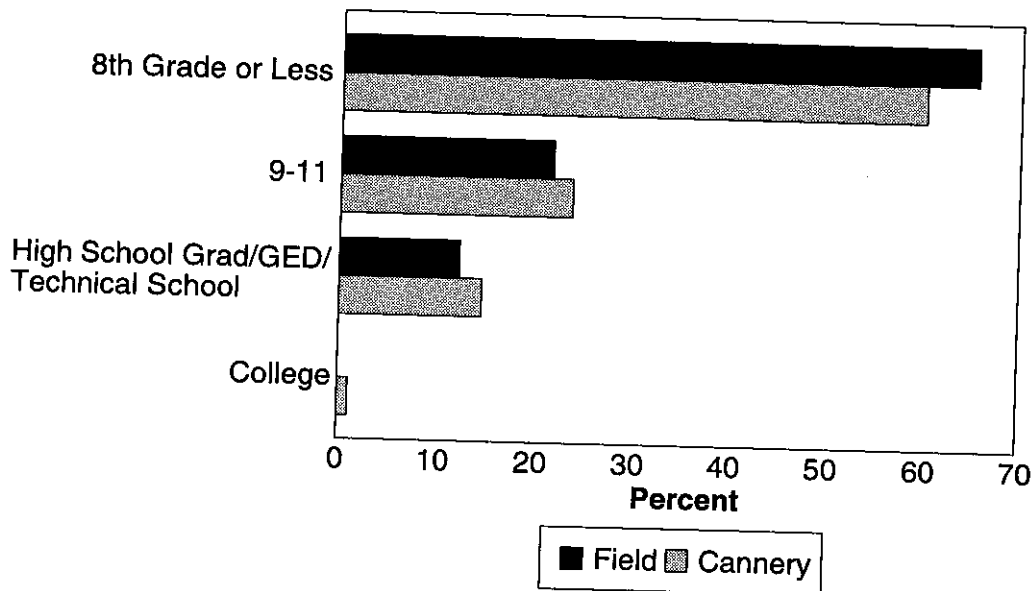




## Education

The majority of respondents (about 62%) have only an elementary school education, but cannery workers are somewhat more likely to have at least some vocational, technical, or college education (See Appendix Table 1).

**Figure 4. Education of Workers**



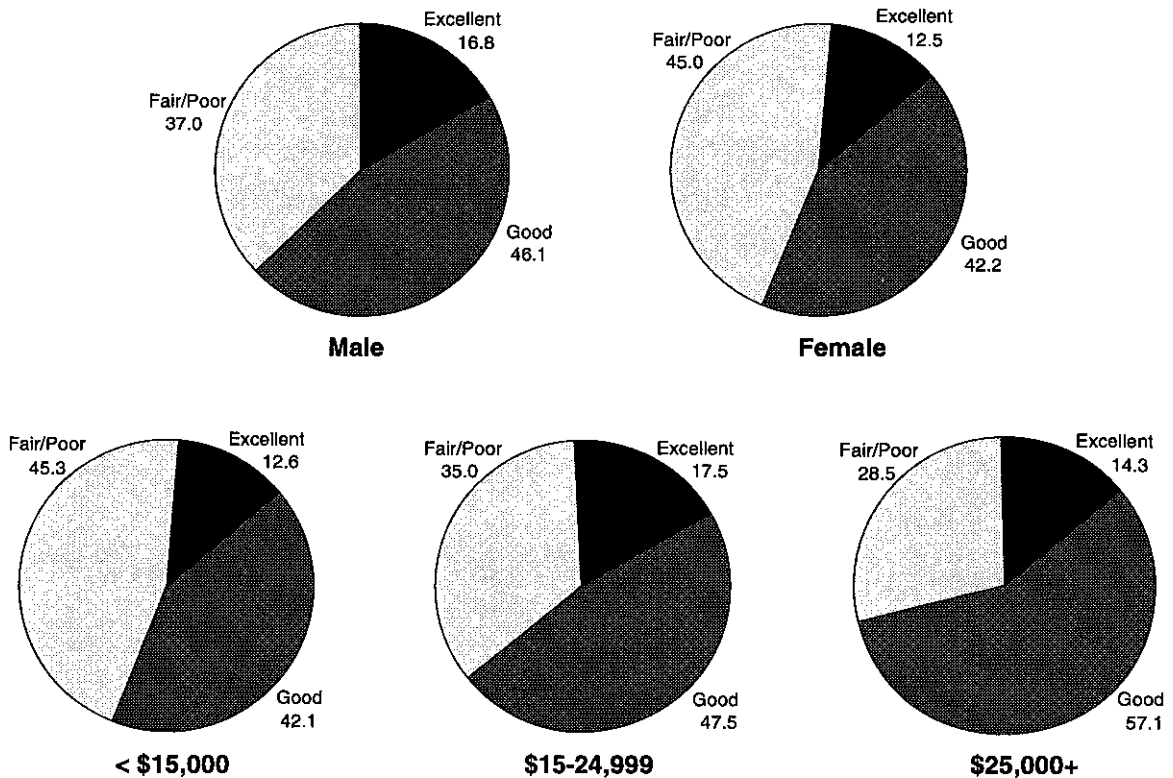
## HEALTH PATTERNS AND NEEDS

Respondents were asked a variety of questions about their health problems and health needs. Several questions were open-ended, permitting workers to freely express what they felt their problems and needs to be. Other questions involved lists of health concerns from which respondents selected those that were their greatest needs.

### Self-Assessment of Health

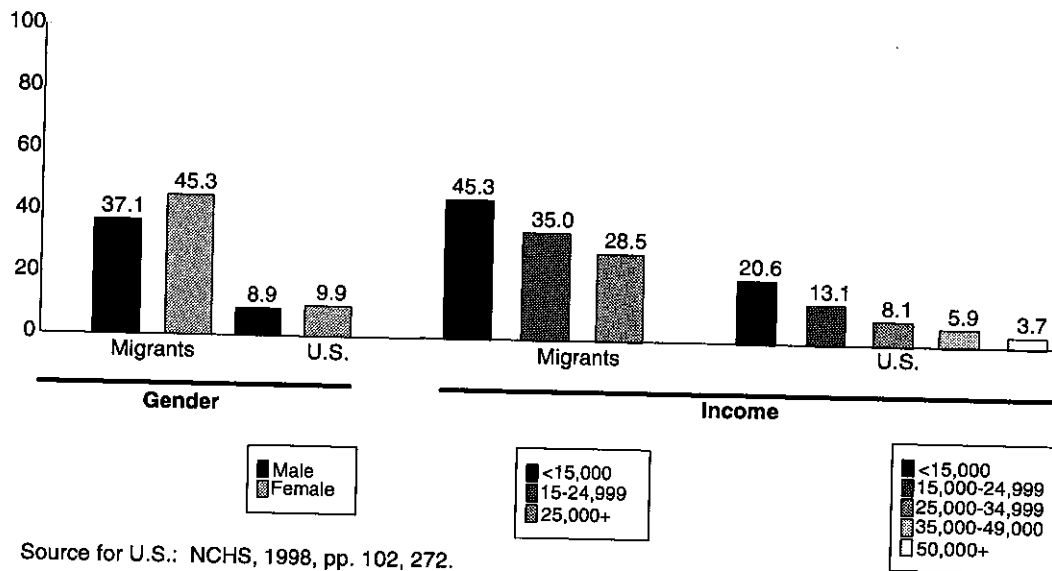
Asked to rate their current health as excellent, good, fair, or poor, workers provided self-ratings that varied by gender and by income. Women, more than men, tended to evaluate their health as no better than fair or poor. Migrants' evaluation of their own health status appears to correlate with income level. Respondents with lower annual family incomes (under \$15,000) were more likely to rate their own health as fair or poor than those with incomes over \$25,000 (see Appendix Table 2).

**Figure 5. Migrants' Self-Assessment of Health, by Gender and Income**



Viewing the workers' self-reports of health in broad perspective, we find that migrants rate their health to be much poorer than that of U.S. adults as a whole. The proportion of Wisconsin migrant workers reporting fair or poor health is more than four times the national average for both males and females. (National Center for Health Statistics, 1998).

**Figure 6. Percent Stating "Fair" or "Poor" Health by Gender and Family Income: Migrant Workers and U.S. Adults**



Source for U.S.: NCHS, 1998, pp. 102, 272.

## Chronic Illness

Approximately 30 percent of all workers reported that they have a chronic illness, disability, or health problem. The chronic conditions that respondents mentioned most often were: high blood pressure, diabetes, and arthritis. These were followed by thyroid condition and a cluster of stomach problems/ulcer/colitis.

An array of additional conditions were mentioned, including problems due to occupational hazards (terigium, back problems, musculoskeletal problems), cardiovascular or other organ systems (respiratory, kidney), sensory system (eye and ear), and mental health (nerves, alcoholism). Patterns by gender and work differed only in that men in field work were the least likely to report chronic illness, disability, or health problems.

**Table 3. Chronic Illness, Disability  
or Health Problems Reported by Workers**

High blood pressure (11 mentions)
Diabetes (7 mentions)
Arthritis (5 mentions)
Thyroid condition (3 mentions)
Stomach problems/Ulcer/Colitis (3 mentions)
"Carnado" (terigium)
Back problem
Kidney problem
Asthma
Trouble breathing
Chest pain
Glaucoma/cataracts
Ears/tinnitus
Injury/accident-arm & shoulder/broken leg
Bone problems/Spine/Muscles
Heart/Bad circulation/Low blood pressure/ Cholesterol/Varicose veins
Allergies
Migraines
Nerves
Alcoholism

## Conditions that Bother Workers

Respondents were read a list of specific conditions and were asked which of these bothered them very much, some, or not at all. The responses reflected the physical strains and occupational exposures of migrant work. Eye trouble, backaches, and headaches led the list of conditions that bothered all workers "very much" or "some." Arthritis, stomach pains, and trouble sleeping followed, being bothersome to one fifth of the workers. A cluster of low spirits, nervousness, and shortness of breath, in addition to stomach pains and trouble sleeping, may be reactions to a stressful occupation or may be manifestations of pesticide exposure.

Eye trouble, backaches, and headaches were dominant for all groups. Arthritis/rheumatism also was mentioned as bothersome to men and women. For men, other conditions mentioned were stomach pains, irritability, and trouble sleeping. Women mentioned depression and swollen legs and feet, as well as other conditions.

**Table 4. Health Conditions That Bother Workers "Very Much" or "Some"**

Condition	Percent
<b>FIELD WORK</b>	
<b>Males</b>	
Backache	39.5
Eye Trouble	30.2
Headaches	20.9
Stomach Pains	16.3
Irritability	16.3
Arthritis/Rheumatism	11.7
<b>Females</b>	
Headaches	47.6
Eye Trouble	42.9
Arthritis/Rheumatism	38.1
Backache	28.6
Swollen Legs and Feet	28.6
Stomach Pains	23.8
Nervousness	23.8
Tooth or Gum Trouble	23.8
Shortness of Breath	23.8
Menstrual Troubles	23.8
<b>CANNERY WORK</b>	
<b>Males</b>	
Eye Trouble	45.8
Backache	29.2
Headaches	25.0
Trouble Sleeping	22.9
Coughing	20.8
Arthritis/Rheumatism	20.5
<b>Females</b>	
Eye Trouble	60.0
Headaches	52.5
Backache	52.5
Depression	27.5
Swollen Legs and Feet	25.6
Arthritis/Rheumatism	25.0
Stomach Pains	25.0
Shortness of Breath	25.0
Trouble Sleeping	22.5
Nervousness	5.2

## Acute Illnesses and Injuries

*The respondent says that he had an accident at the factory in August—he fell and hit his chest very hard, but the company initially refused to take him to the doctor. However, an “Inspector” from the state was visiting the next day so they took him then to a doctor in “Z-town”. He says that the doctor inappropriately diagnosed him as OK to continue working. He says that he still has chest pains from the impact of his fall and also reports shortness of breath. He also says that other migrants have been to see this doctor and he never says that anything is wrong with them and many people have gotten very upset and just don’t report accidents/problems because they know it won’t do them any good.*

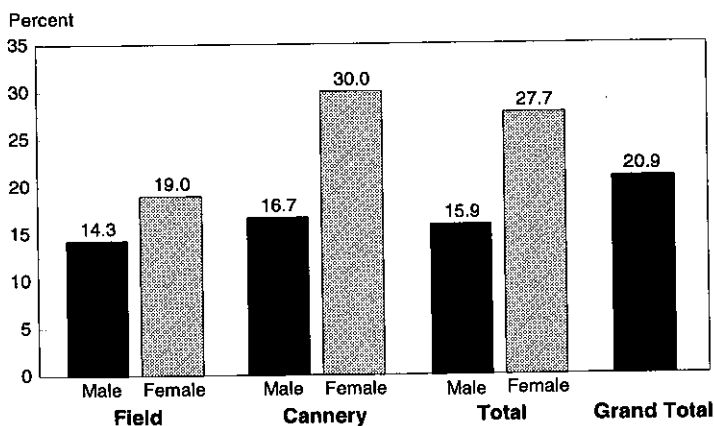
*This woman missed several days work because of a broken toe—she broke it in the house and went to La Clínica in Wautoma—they x-rayed it but told her it was too late to do anything about it because the break was at base of toe and already mending. Toe is still swollen. She said “They didn’t do anything, not even give pain pills”*

When asked if any illness or accident had prevented normal activity for two or more days in the past year, 30 percent of women in canneries responded “yes.” This was one-third higher than women in field work, and double the rate of men in either work sector.

Among illnesses/accidents mentioned were:

- injury to thumb, foot, neck, knee, eye, shoulder, ankle
- broken leg, big toe
- flu, bronchitis, cough, fever (7)
- depression (3)
- bad headaches (2)
- diabetes (2)
- colitis
- miscarriage (2). C-section birth operation
- kidney stones (2)
- gallbladder
- bad burn
- asthma (2)
- appendicitis
- epileptic seizures

**Figure 7. Percent of Respondents Who Had An Illness or Accident in Last 12 Months That Restricted Activity for Two or More Days**





## Pesticide Exposure

*The respondent says that the equipment is old and overworked. He believes that his skin rashes were caused by the chemicals they use to clean the machines— and that their protective clothing “no sirve para nada” [doesn't do anything]—the chemicals pass through the jackets onto one's arm.*

*Her husband's job is applying pesticides and she is very aware of the dangers: she said she washes the clothes for family members who work in the fields right away in hot water with Clorox and dries them on “hot”. Also, she washes their towels frequently. She said she was going to ask her doctor (at La Clínica) if her vaginal infections were related to pesticides. She said when she walks in the fields among the onions, white dust gets on her legs.*

About 10 percent of all workers said that they, or someone in the family, had been exposed to pesticides sometime in the past. Nearly one in four women in field work reported family exposure to pesticides. This is significant both for estimates of pesticide exposure and for prevention and health education. Prevention efforts targeted toward women may be more effective than general awareness campaigns.

## Stress in Work and Living Conditions

*The respondent's husband told of problems at work—he was taught the wrong way to use a machine because the supervisor had worked there 20 years and didn't want to lose his job and purposely told the workers to do things the wrong way so he could say how stupid they were and justify his own position. He said that the relations at the factory were bad between the Anglo townies and the Mexican-American migrants.*

Migrant farmworkers' everyday lives are often laden with stress. The source of stress may range from occupational and financial to various types of inter-personal problems.

As noted in Table 4 (page 11), stress-related concerns are apparent for all workers. Men reported irritability (field workers) and trouble sleeping (cannery workers). Women reported nervousness (field workers) or depression (cannery workers).

## **Discrimination**

**Police stopped the family near "X-town" for alleged vehicle theft. Her husband told me that they were driving with their van loaded and police loud speaker told him to "stop your car." He did, and police told him to get out of van—when he did he was surrounded by police at four corners of van, all with guns drawn and aimed at him. He asked what was going on, and police made him lay on the ground, meanwhile making "racist comments about us", e.g., "Why do these Mexicans always have so much shit in their cars?" referring to TV and other things. The husband told them, "These are our belongings." The police handcuffed him, and when he said that the cuffs were too tight, could they please loosen them, the sheriff said "Double-cuff him." He was taken to jail and a court date scheduled for the next day. Meanwhile, the police were aiming their guns at the van, containing his wife and three little daughters, ages 2, 3, and 5 years. Eventually charges were dropped when Michigan police finally confirmed that it was not a theft. Family now feels labeled in camp and in town, feels that police are watching them, and the kids are stigmatized.**

**When the Respondent goes to "Y-town" clinic, she feels that they often reschedule when they find out she is of Mexican heritage. They tell her, "If your child was sick, why didn't you bring him in before." "I feel like she doesn't care about the migrant kids." "Why can't you speak English if you live in the U.S." And, in Wal-Mart—"If you have something to say, say it in English." She also said there were lots of problems with bus drivers—yelling at kids for no reason.**

Without doubt, the kinds of institutionalized discrimination described above when traveling, or when simply shopping in a supermarket in Wisconsin, can and do lead to a stressful environment.

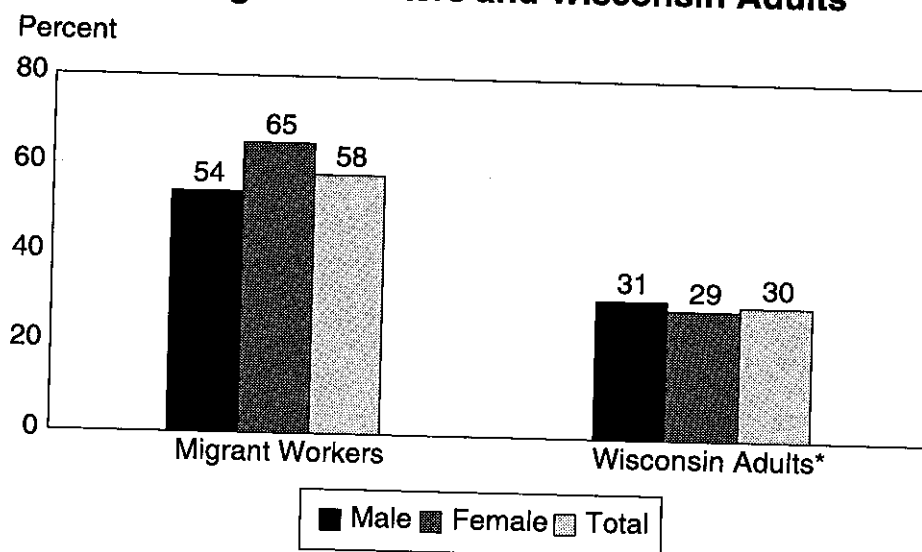
## Body Weight

In the interviews, respondents were asked their weight and height. These figures were used to calculate "Body Mass Index" (BMI),<sup>1</sup> a nationally recognized method for determining weight-for-height measures of obesity. A BMI of 27.8 or above for males or 27.3 or above for females is considered "overweight." Figure 8 shows the proportion of migrant workers by gender whose BMI scores indicate they are overweight. The same information is provided for Wisconsin adults, for comparison purposes.

Nearly 60 percent of migrant workers, compared with 30 percent of Wisconsin adults, were overweight. About two-thirds of migrant women were considered overweight. Research indicates that being overweight tends to increase with age. About 52 percent of migrants aged 18-34, 62 percent of those 35-54, and 68 percent of those age 55 or older were overweight.

As will be noted later in this report, about 22 percent of the workers expressed interest in getting information about weight control. Also, possibly related to weight control, 14 percent of the respondents wanted nutrition information. These are important requests to consider, since carrying extra weight is associated with risk of diabetes and heart conditions (see Table 3, page 10).

**Figure 8. Percent Overweight by Gender for Migrant Workers and Wisconsin Adults**



\*Source: Wisconsin Department of Health and Family Services. July 1998. Wisconsin Behavioral Risk Factor Survey, 1996. Madison, WI.

<sup>1</sup> Body Mass Index is calculated by dividing weight in kilograms by height in meters squared.

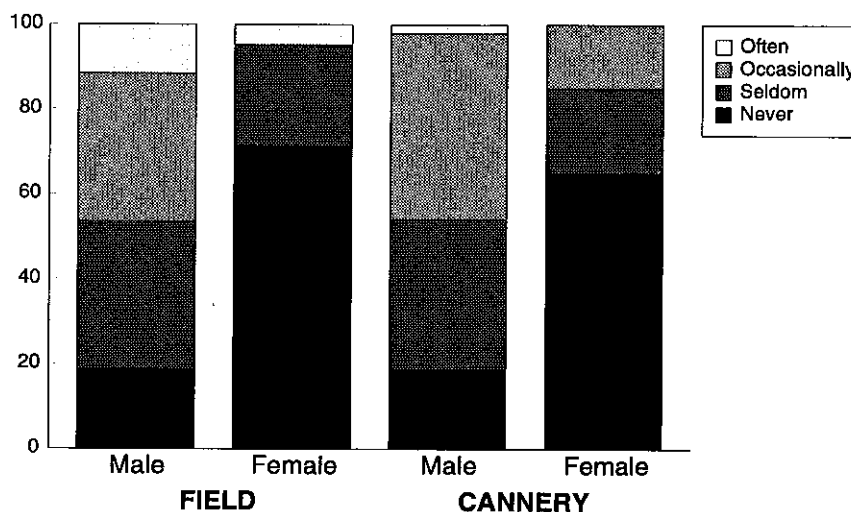
## Alcohol Use

*The respondent reports that alcoholism is a serious problem for migrants—he and his wife have talked about excessive drinking by the young men living in the barracks—he says they get paid and go spend a lot at the bars.*

There was widespread concern among migrants about alcohol use and abuse. About 80 percent of the workers both in field and cannery agreed that alcohol abuse is a problem among migrants. However, a gender difference appeared for field workers, with women more likely to state that alcohol use is a problem.

There were strong gender differences in alcohol consumption. More than 65 percent of women but fewer than 20 percent of men said that they never drink alcoholic beverages. Men in field work reported the most frequent alcohol use.

**Figure 9. Alcohol Consumption Among Workers\***



\* "Do you drink alcoholic beverages (including beer) often, occasionally, seldom or never?"

Respondents were reluctant to discuss domestic violence during the interview, but did talk about it informally:

*The woman told about her friend at work having a domestic violence problem with drunken husband. She offered to help her find help, but the friend said no.*

*The respondent said that she would be interested in learning more because of some of the domestic violence she sees and hears about from other women in the camp. She mentioned two young women who were abused by their spouses—both are pregnant ... She was very nervous about approaching them because she said that the spouses were "violent" men and she was scared that they might hurt her and her family.*

## USE OF HEALTH CARE SERVICES

When examining medical use patterns, it is important to note the geographic location of the Migrant Health Clinic in relation to the various work camps in the state. Over the past twenty years there has been a slow shift in the concentration of migrant workers toward the south central and east central parts of the state, primarily due to a shift in employment from field work to food processing. When the Migrant Health Clinic was established in Waushara County in the late 1960s, that location was central to farmers requiring field labor. Since that time, a number of food processing plants, now often owned by multinational companies, have expanded their labor needs, while smaller canneries have closed. The location of the current operating plants are in Columbia, Dodge, Brown, Fond du Lac, Green Lake and Outagamie Counties – nearer to the cities of Green Bay and Fond du Lac than to Wautoma. Map 1, page 3, shows the current sites of field and food processing employers and the location of the only Migrant Health Clinic in the state.

This change in location has implications for the use of the migrant clinic. A higher proportion of field workers use the Migrant Health Clinic compared to cannery workers. Also, cannery workers indicate more medical use in Mexico than field workers.

### Eye Care

*The respondent said that he got used glasses from a bank... He tried a bunch on and took the pair that he could see with the best.*

*This respondent suffers from a problem with his right eye—what he calls a "carnado"—he has a red spot in the inside corner of his eye. He says it bothers him especially in the heat when working. He tried to get it cured in Mexico but the cure was unsuccessful. He hasn't gone to see anyone in Wisconsin because he doesn't know where to go, or if he would need insurance, or how much it would cost... However, he feels that in the case of something more serious or immediate, he could get to a clinic without trouble. "El boss" takes the workers to the local hospital when necessary and also translates for them.*

Nearly half the men in field work and one third of men in canneries have never received a vision or eye exam by an eye specialist. With the exception of men in field work, more than half of workers had eye care within the past two years. (See Appendix Table 2). Cannery workers sought eye care in Mexico more than twice as often as in Texas or Wisconsin.

## Dental Care

*Both of the man's sons need to see a dentist—one because all of his teeth are very loose and painful and the other needs fillings but they can't afford to take them without insurance. The last dental visit for the older boy cost them \$70.*

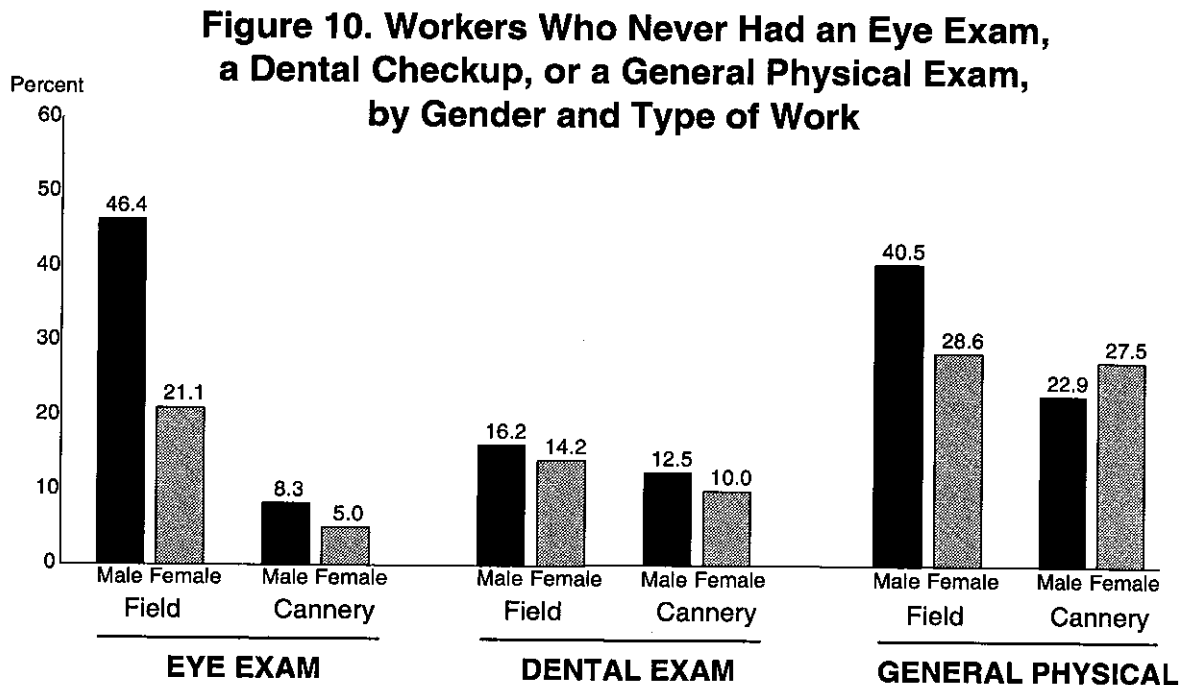
More than half of the men and three-fourths of the women had visited a dentist in the past two years. (See Appendix Table 2). Twelve percent of the workers have never visited a dentist for their own dental care. The most recent dental visit for the majority of all workers was in Mexico. This was especially evident among men in canneries; 83 percent used dental services in Mexico.

As will be noted later in this report, almost one-half of the workers reported that a family member was in need of dental care at the time of the interview (see page 28).

## General Physical Examination

Forty percent of male field workers have never received a general physical examination when they were not sick. For the remaining workers, about one-fourth of each group never had a physical exam.

Figure 10 shows the proportion of field and cannery workers, by gender, who never had an eye exam, a dental checkup or a general physical examination. Field workers are consistently less likely to have had these preventive examinations than cannery workers. Higher proportions of males than females have not had these exams. The one exception is physical exams for cannery workers.





## Seeing a Doctor for Troublesome Health Conditions

As noted earlier, workers were presented with a list of potentially bothersome conditions (See Table 4). If the condition bothered them "some" or "very much," they were asked whether they were seeing a health professional for the problem. The most encouraging results were for diabetes and hypertension. The majority of people reporting these conditions were also seeing a health professional. Fully 100 percent of people reporting diabetes, and 75-100 percent of people reporting hypertension, were seeing a health professional. However, none of the field workers and only 40-50 percent of the cannery workers possibly experiencing mental health-related conditions (e.g., low spirits/depression, shortness of breath, irritability) were seeing a health professional.

Health Problem	Field Workers		Cannery Workers	
	Male	Female	Male	Female
Diabetes	100.0	100.0	100.0	100.0
Hypertension	--	100.0	75.0	75.0
Low spirits	0.0	0.0	40.0	40.0
Shortness of breath	0.0	0.0	50.0	44.4
Irritability	0.0	0.0	0.0	16.7
Eye problems	15.4	62.5	36.4	45.8
Backaches	11.8	0.0	0.0	23.8
Headaches	0.0	25.0	23.1	20.0
Arthritis	20.0	25.0	40.0	37.5
Stomach pains	28.6	60.0	11.1	50.0
Trouble sleeping	20.0	0.0	18.2	44.4
Tooth/gum problems	50.0	25.0	25.0	50.0
Swollen legs/feet	--	60.0	0.0	30.0

Women in field work were the most likely, and men in field work were the least likely to see a health professional for bothersome conditions. When men in field work did seek help, it was for dental problems and stomach pains (50.0% and 28.6% respectively). Few male field workers sought help for eye trouble or backaches (15.4% and 11.8%, respectively), and none sought help for headaches. Women in field work were the most likely to seek help for bothersome conditions, and particularly sought help for eye trouble, swollen legs and feet, and stomach pain. Among women in field work with these conditions, 60 percent sought medical treatment. Only 25 percent sought help for headaches; none sought help for backaches or shortness of breath.

Men working in canneries sought help primarily for arthritis (40%) and eye trouble (36.4%), but none sought help for backaches, their second most bothersome condition. Women in canneries sought help for stomach pains, eye trouble, shortness of breath, depression, and arthritis.

In general, then, certain conditions (e.g., diabetes and hypertension) were more likely to lead respondents to seek professional attention. Women tended to get care for stomach pains and eye trouble. Although headaches were among the three most bothersome conditions for everyone, only 20-25 percent of people affected by them sought treatment. Seeking help for other conditions varied by gender and work sector. This may relate to proximity to and knowledge of health care providers, to time and work constraints, or to a preference among cannery workers for treatment in Mexico.

## ACCESS TO HEALTH CARE

*The respondent has had no health care in the last 2 years or so—she says it's too expensive and that's the principal reason she doesn't go. La Clínica, she says, is too far away—she asked if there was another migrant clinic or other local clinic that accepted migrants. Her three youngest children have had checkups within the last year because of Medicaid coverage but the older ones have only received the screens they get at school.*

## Health Care in Mexico, Texas or Wisconsin

*Worker generally doesn't seek medical attention in Wisconsin because it's cheaper in Mexico and she doesn't have to get a ride. To go to the doctor here, she has to pay someone to drive her there.*

The geographic location of respondents' most recent doctor or clinic visit differs by work sector. Cannery workers of both sexes were most likely to have had their last doctor visit in Mexico than anywhere else. Field workers were most likely to have had their last visit in Wisconsin. Similarly, cannery workers' last eye exam was in Mexico, whereas field workers were split among Wisconsin, Texas, and Mexico. Dental visits showed the most pronounced preference for Mexico among all workers, especially among male cannery workers. Wisconsin was the second location for dental visits among field workers. Texas was the second location for cannery workers.

## Health Care in Wisconsin

Seventy percent of all workers visited a doctor, clinic or hospital in the past year. Of these visits, two-thirds were in Wisconsin. Field workers were more likely than cannery workers to have visited a Wisconsin provider, and women were more likely than men to have done so.

**Table 6. Proportion of Workers Who Visited a Health Care Provider in Wisconsin in the Past Year**

	Field		Cannery		Total	
	Male	Female	Male	Female	(N)	(%)
Migrant Health Clinic	18.5	61.5	9.8	23.5	31	20.4
Private doctor or clinic	7.4	0.0	3.3	9.8	9	5.9
Emergency Room	3.7	7.7	3.3	9.8	9	5.9
Public Health Clinic	3.7	7.7	6.6	0.0	6	3.9
Outpatient dept. of hospital	7.4	7.7	1.6	1.9	5	3.3
Other	0.0	7.7	1.6	5.9	5	3.3
Total been to doctor/clinic in Wisconsin	40.7	92.3	26.2	50.9	65	42.8

These visits were primarily for health screenings or general check-ups, followed by diabetes monitoring, referrals to vision or hearing specialists, and body pains.

**Table 7. Reasons for Visit to Doctor, Clinic, or Hospital in Wisconsin**

Health screens/General checkup (7 mentions)
Check blood sugar (2 mentions)
Check eye/Referral to eye specialist in Madison
Pain in legs
Backache
Vaginal infection
Hearing problems (2 mentions)
Dislocated finger while working
Cut on feet
Tetanus shot
Had two teeth pulled
Food poisoning

## Barriers to Health Care

*In general, if this respondent needs health care, she goes to Mexico. In Wisconsin she feels that she can't go, because this year they charge 100% and she has to wait a long time for an appointment. She gave an example: they will tell her that she can come in next week at 3 pm or wait until September. She will take the 3 pm appointment even though she doesn't get off of work until 3:30 because it's her only option.*

*The respondent does not go to the Clinic in Wautoma because it's far away and they would have to get the later appointment and would be returning late at night on unfamiliar roads.*

Workers were read a list of reasons why people may not go to a health care provider and were asked if any of these reasons had kept them from doing so in the past few years. Nearly half of all respondents agreed with the statement, "I don't like to bother the doctor," and one third responded "I am never sick." Both of these statements require some explanation. First, there is a general hesitancy of persons to take the time of physicians unless they are really sick. Second, it is interesting that one-third of the workers feel that there is no reason to go to the doctor unless they are sick. This is an indication of the difficulty of providing preventive care to persons who don't feel it is necessary and probably underlies the proportion of persons who never get checkups (see Figure 9, page 17).

**Table 8. Percent Answering Yes to "Have Any of the Following Reasons Kept You From Going to a Health Care Provider in the Past Several Years?"**

	Field		Cannery	
	Male	Female	Male	Female
Don't like to bother doctor	48.8	52.4	45.8	57.5
Never sick	34.9	33.3	37.5	32.5
Can't speak English	25.6	28.6	18.8	25.6
Can't afford doctor	25.6	47.6	27.1	47.5
Would lose pay from work	18.6	38.1	25.0	42.5
Takes too long to get appointment	25.6	61.9	29.5	39.5
Unable to go at hours available	14.0	33.3	17.4	41.0
Doctor's office is too far away	14.0	23.8	16.7	30.0
Can't get time off from work	14.0	9.5	13.0	22.5
Can't get childcare	14.3	4.8	0.0	17.5
Afraid of what doctor might find	14.0	14.3	6.3	40.0
Uncomfortable with doctors	14.0	9.5	6.3	22.5

Both field and cannery workers expressed concerns about the costs. One out of four said they can't afford a doctor and would lose pay from work if they had to take time off. They also felt that it takes too long to get an appointment. About one-fourth of all women and men field workers also mentioned that language was a barrier. Sizeable numbers of women, however, also mentioned additional reasons for not seeing a doctor. They noted that they are unable to go to the clinic in the hours available, and that the distance to the clinic was too great. Women in canneries said they were afraid of what the doctor might find, they felt uncomfortable with doctors, they could not get time off from work, and could not get child care during their clinic appointment time.

*The respondent said that the distance to the clinic is a problem, particularly since the clinic requires appointments, and their work schedule varies. His wife needs both eye and dental care.*

*Because eye checks are too expensive, he and his wife don't get regular vision care. He needs dental care but he doesn't want to take time off because he came here to work.*

Respondents also were asked open-ended questions about their reasons for not seeing a doctor, dentist, or eye specialist in Wisconsin. The reasons were largely related to two factors, money and time.

**Table 9. Reasons for Not Visiting a Health Care Provider**

**Money**

Don't have money/too expensive (41 mentions)  
Cheaper in Mexico (6 mentions)

**Time**

No chance to go/no time (13 mentions)  
Busy with work/here to work/interferes with work (24 mentions)  
Don't give permission at work  
Takes too long to get an appointment (3 mentions)  
I will be there all day  
Coming and going as a migrant makes it hard to get scheduled

**Miscellaneous**

Transportation needed (8 mentions)  
Wait until I go home (9 mentions)  
Don't know where to go (8 mentions)  
Using home remedies  
I need to be really sick  
Fear of dentist/bleeding because on blood thinner  
Mobile unit did not have any dental service

With respect to money, respondents noted that care is too expensive in Wisconsin, that they do not have the money to pay for care, and that medical care is cheaper in Mexico. Time factors included not having the time or chance to go to a provider, being busy with work or not wanting to interfere with work, the lack of prompt availability of appointments, and the time spent waiting at the facility.

***Respondent said that there were barriers to seeking medical care: They have to ask permission for time off, and they're afraid of that counting against them; and they will lose time and income from work, which is a problem because they are here to earn money for the whole year and need to earn as much as they can.***

***Respondent wished to get some dental work done this season but when she called La Clinica, they did not have any appointments for at least 6 weeks, so she declined.***

Other reasons, in addition to money and time, included the need for transportation, a preference to wait until returning home, not knowing where to go in Wisconsin, needing to be very sick before seeking care, and, to a lesser extent, relying on home remedies.

***This woman had an appointment to see a specialist in "Q-town"—referred by the Clinic—but they didn't help her with transportation or a translator so she did not go.***

***The respondent has had problems finding anyone to take them to La Clinica—even though the company has two vans, which they only use for work-related transport needs. He has never had a checkup without being sick.***

## Payment of Medical Bills

*The respondent said that last year—within the first week of their arrival—she was rushed to the hospital in “V-town” and had surgery to remove kidney stones. She had laser surgery; was in hospital for about 1 week and missed about 10 days of work. While recuperating, her daughter worked the hours outlined in her work contract. She was able to obtain a voucher from La Clinica, which paid for the visit to the doctor who sent her to the hospital, but she is still making monthly payments to the hospital (did not give an amount owed). She said that she was treated more quickly because of the voucher from La Clinica. Her spouse also got a voucher this year from La Clinica to see a podiatrist—he would not have been able to go without the voucher.*

*Respondent [has]....problems with her hands and wrists and had surgery. Before the surgery, her hands would often go numb. At night she would have to sleep with her arms hanging off the bed. She also says that her knees get very sore—especially during the time she's here in Wisconsin. Her surgery is being partially paid for by the hospital—her daughter helped her fill out an application for a program through the hospital's social work department. She was referred to the hospital by La Clinica. Her spouse had heart surgery about 6 to 7 years ago—he gets vouchers from La Clinica to help him pay for the very expensive medication he's on.*

There were distinct differences between field and cannery workers in how they paid for their most recent clinic visits in Wisconsin. The most frequent method of payment was “out of pocket.” Eighty-one percent of men and 61 percent of women in canneries paid their own money, as did 59 percent of men and 47 percent of women in field work. Migrant health funds were the second most frequent payment mode, particularly for women in field work who were more than twice as likely as others to use migrant funds.

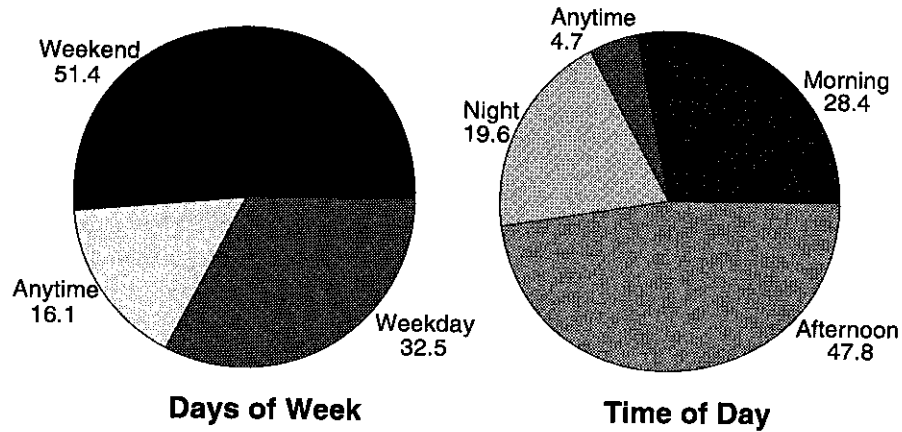
**Table 10. How Workers Paid for Doctor/Clinic Visit in Wisconsin**

Method of Payment	Field		Cannery	
	Male	Female	Male	Female
Out of pocket	59.1	47.1	81.3	61.3
Migrant health funds	13.6	35.3	9.4	16.1
Migrant health voucher	0.0	0.0	0.0	3.2
Private insurance	9.1	0.0	3.1	0.0
Medicare	9.1	0.0	0.0	0.0

## Preferred Days and Hours of Clinic Services

Respondents were asked for their preferred days and times for clinic hours. Weekends and afternoons were the overwhelming preference for all groups. Mornings were preferred slightly over evenings for all groups.

**Figure 11. Preferred Clinic Days and Times**



**Table 11. Preferred Clinic Days and Times, by Gender and Type of Work**

	Gender		Type of Work		Total (%)
	Male (%)	Female (%)	Field (%)	Cannery (%)	
<b>Preferred Days</b>					
Weekend	52.3	48.4	51.2	50.5	51.4
Weekday	33.0	32.2	34.2	31.8	32.5
Any time	14.7	19.4	14.6	17.7	16.1
Total	100.0	100.0	100.0	100.0	100.0
<b>Preferred Times</b>					
Morning	30.7	25.8	26.9	29.0	28.4
Afternoon	45.4	48.4	43.9	47.6	47.8
Night	17.0	24.2	24.4	17.7	19.6
Anytime	6.9	1.6	4.8	5.7	4.7
Total	100.0	100.0	100.0	100.0	100.0



Cross-tabulating preferred days and hours, migrants overall prefer weekend afternoons (27.7 percent). In the 1998 season, the Migrant Health Clinic's hours were Monday, Tuesday, Wednesday, 1 to 9 pm; Thursday and Friday, 9 am to 5 pm. They were closed on Saturday and Sunday. It was unfortunate that no weekend hours were available.

Preferred Times	Weekend	Weekday	Anytime
Morning	14.2	12.2	2.0
Afternoon	27.7	13.5	6.1
Night	8.1	6.1	5.4
Anytime	1.4	0.7	2.6

\* Each cell contains the percent of all workers (N=152).

## MIGRANTS' EXPRESSED NEEDS FOR SERVICES

### Most Needed Health and Social Services

Workers were asked about a series of social and health services they or a family member had used in the past 12 months. If the service had not been used, the worker was asked if that service was needed by themselves or a family member. Table 13 (page 28) shows the proportion of households that used the service in the first column and, in the second column, the proportion of those who had not used the service but felt they or a member of their family needed the service.

It is reassuring that 70 percent of migrants came in contact with **Spanish-speaking health professionals**. It is also important that the other 30 percent felt that Spanish language personnel are sorely needed.

Need for Interpreters. We asked a number of questions specifically about the need to take someone along to the health care provider to interpret from English to Spanish. Although few respondents said that language caused difficulties in getting good health care in Wisconsin, about half reported that it was necessary to take someone along with them to interpret. The need for an interpreter was more pronounced for cannery workers (66.7% of men and 62.5% of women) than for field workers (59.5% of men and 47.6% of women). For 70 percent of female field workers, the interpreter was a family member. For all other categories, the interpreter was more likely to be a friend, especially for the male workers in both work sectors. Interpreters were usually adults. Only for women in field work was the interpreter a child (about 20% of the time); this was less than 10 percent for all other respondents.

**Dental care** was the service most needed but not used by migrant workers. Care of the teeth and gums is often of low priority to families with limited income. In fact, as was shown in Figure 9, page 18, 12.5 percent of the respondents said they had never been to a dentist for a checkup. Here we note that almost half of the households have a member who currently needs dental care.

Programs to promote **immunization** of children apparently have been somewhat successful in reaching their target population, with almost two-thirds of the families having used an immunization clinic.

**HIV/AIDS information** programs also have reached about one-third of the families. Of those families not reached, over one-fifth feel that they need this information.

Over one-third of the families said they need **first aid training**. **Weight control** and **nutrition information** are two closely related services. Clearly, programming would be well-received in these areas.

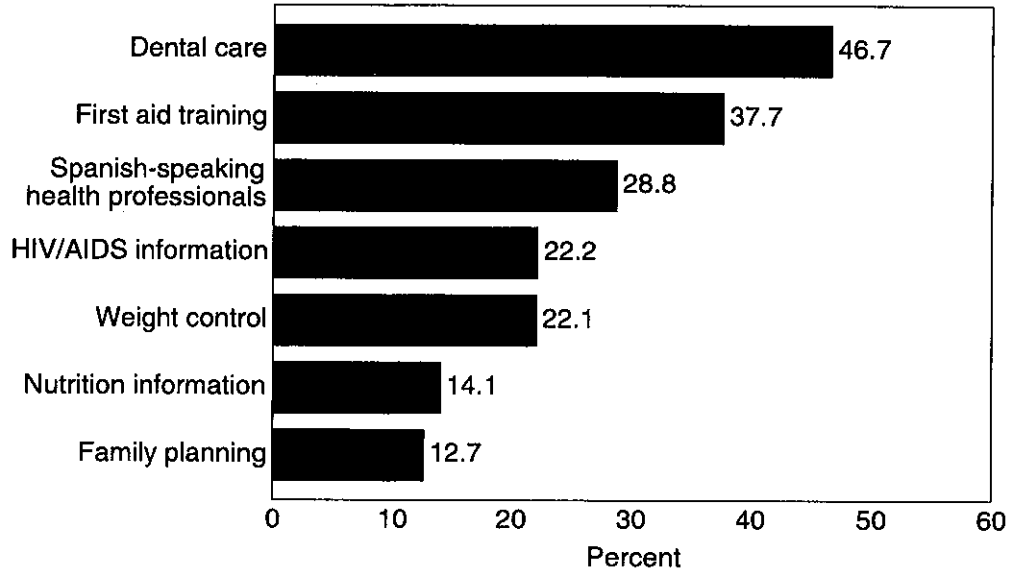
As mentioned above, being overweight can be a serious health problem and over half the adults were considered overweight (see page 15).

<b>Service</b>	<b>Used in Past 12 Months</b>	<b>Needed</b>
Spanish speaking health professionals	69.6	28.8
Dental care	61.2	46.7
Immunization clinic	63.3	7.9
HIV/AIDS information	36.3	22.2
Emergency care services	28.3	4.1
Day care/babysitting	22.1	8.0
Family planning	20.8	12.7
Nutrition information	16.7	14.1
First aid training	15.0	37.7
Weight control	10.4	22.1
Chiropractic	6.3	10.7
Domestic violence information	6.3	3.2
Child abuse/neglect information	5.8	4.9
Mental health services	5.4	8.8
Expectant parent classes	5.4	7.5
Visiting nurse service	5.0	2.7
Marriage/family counseling	4.2	3.0
Drug/alcohol counseling	3.3	8.6
Home visit by public health nurse for birth	2.9	0.4

Detailed information about the use and need for these services by gender and type of work are shown in Appendix Table 3.

Figure 12 shows the top services that migrants say they need.

**Figure 12. Proportion of Migrants Who Said They Are Not Using but Need the Health Service**



### Other Services Migrants Need

Other types of services were also mentioned: financial needs, especially assistance in meeting medical costs; information about employment options; English language classes; and child care.

#### ***Financial: Help with Paying Medical Bills***

*The respondent said that she would go to La Clinica if necessary but that La Clinica is charging so much—"they used to only charge a small donation, like \$5 or something, now they're charging half for treatments and almost all for the medication." When interviewer asked if this change would mean that she'd go somewhere else for care, she said probably not because she's grown up using the Clinica—but she'd be less likely to get medical attention in Wisconsin.*

As shown in Table 10, page 25, a majority of migrants pay for medical care out of their pockets. Fewer than 10 percent of workers have some sort of insurance. Health and medical bills are expensive in the United States. When possible, it appears that migrants try to get health care in Mexico.

## **Employment Opportunities**

***Respondent and his brother are anxious for more work – a woman from UMOS promised to come back with job applications for a cannery in Fond du Lac but she hasn't returned yet. Their work contract ends in 2-3 days and they will have to leave by the end of the week.***

***Respondent said that the people who spoke English looked down on the people who only spoke Spanish. She also said that she felt like it was a problem at work – the Spanish speaking-only people got the bad jobs***

***Respondent said that his wife would like to work and they need the money, but there is no work in Texas. She has applied for jobs there but can't find work. She may come with him to Wisconsin next season to a camp that includes women.***

We must remember that migrants come to Wisconsin to work. Every day they are unemployed means less money to live on for the rest of the year. Seventy percent of migrants' yearly income comes from migrant labor. When there is a delay in starting, or a short week, the paycheck declines.

The Wisconsin Migrant Labor Law requires that migrants under contract must be paid for a minimum of 45 hours in agricultural work and a minimum of 64 hours in food processing work for the first two weeks when contracts list a specific starting date. This stipulation was written into law specifically to protect farmworkers from reporting to work on a specified day and then having no work ready to perform. Although this condition may be due to the weather, and not to the plans of the employers, the employers must pay and the workers are protected from losing money.

A relatively new issue has surfaced in Wisconsin due to the very low current unemployment rate. Because many employers are having great difficulty in finding employees, some are advertising for migrant workers to work in their factories. Distribution of flyers plus word-of-mouth information when they arrive often offer already-contracted migrant workers better pay and working conditions. Although growers are furious at this "stealing" of their workers, the workers have the right to quit for a better paying job.

The newly organized Job Service Centers, often run by UMOS, assist workers to find and/or change jobs.

## **English Language Classes**

***Respondent wants to work but hasn't found child care so she can't. Wants to stay in Wisconsin, and wants to learn English -- she asked for information about where to study English.***

***After the interview, the man asked for information on learning some English -- wanted to know when school started.***

Interviews with women have revealed that many have no opportunity to learn English, although they wish they could. That is, sometimes the men are given English training in order to supervise workers, read instructions, handle pesticides, etc. But women are rarely given this opportunity. They would like to have the opportunity to attend classes, although the time and place of the instruction would have to be convenient for them. A few years ago, there was an effort to conduct English classes in Wautoma, at night. Unfortunately, very few attended, and then all dropped out. Transportation, child care, and complications of living all interfered.

Perhaps English classes could be held at the work camps, tailored to migrants' work and living schedules, with some form of child care made available. Also, a non-traditional classroom format should be considered. For example, instead of a three or six week series of lessons, the instruction might permit learning in a one-session class. That way, persons could participate at any time, without having to attend previous sessions.

## **Child Care**

***Respondent takes all the children with her to the fields (because she has no day care).***

***She said they didn't need daycare/babysitting because her children had stayed alone in the house since they were 4 years old. She said that she didn't allow them to use the stove and got a microwave so they could fix things to eat alone. She said they do a lot of the house chores while they're home alone (laundry, etc.). She seemed proud of the fact that they had stayed alone since such a young age. She said that is the way it is at the migrant camp, the kids stay alone while the parents work.***

A lot of information was collected on child care, which will be reported in a future publication. We learned that arrangements vary from leaving the child home alone, to making an older sibling responsible, to getting an older relative or friend, to paying a babysitter. But without doubt, the safety and well-being of their children is in every parent's mind when they go to work. The Head Start and pre-Head Start programs run by UMOS have been a blessing for the workers. A current problem involves children aged 6-11 who are too young to work, but are too old for Head Start. Very few of these children participate in the Wisconsin Department of Public Instruction's Migrant Education program. More attention must be paid to child care and child education arrangements.

## **SUMMARY AND CONCLUSIONS**

A large proportion of migrants do not seek health care in Wisconsin, deferring the necessary care of emerging and ongoing conditions until they return home to the Texas-Mexico border region. This appears to be particularly applicable to cannery workers who more frequently pay out of pocket for care in Mexico than do field workers. Field workers are more likely to use Wisconsin clinics and government programs.

The conditions that most bother workers are related to the nature of physical labor, occupational exposures, and the stressful character of migrant and seasonal employment. Musculoskeletal and ophthalmic conditions affect nearly half of the workers. Chronic conditions such as hypertension and diabetes persist at rates exceeding those found among the general U.S. population. The expressed needs of the respondents reflect a desire for basic health care, for knowledge and abilities needed to achieve a better quality of life, and for practical everyday family concerns. These are fundamental health and knowledge resources for a group of people whose perseverance in rigorous working and living conditions allows the agricultural economy to flourish, but whose exclusion from these resources is dictated by the structure of American agricultural and health care systems.

As the analysis of the 1998 survey data continues, further recommendations and suggestions to address the needs of migrant farmworkers will be presented. Meanwhile, these initial findings present a clear picture of social and health needs.

## **APPENDIX A Data Collection**

### **Sampling Procedure**

In 1998, a random sample of migrant farmworkers was selected from payroll lists of all employers with ten or more workers registered with the Bureau of Migrant Services. The sampling ratio was one in ten workers in field work (10%) and one in twenty (5%) in food processing. Two different ratios were used because there were almost twice as many workers in canneries as in field work. Since research funds were limited, we wanted to be sure to have sufficient numbers in field work.<sup>1</sup> We contacted 146 employers who had workers at 158 sites,<sup>2</sup> first sending them a letter explaining the purpose of the survey. We followed this with a telephone call to the employer to get the number of migrants each planned to employ and arranged to get a copy of the payroll list during their "peak" period of employment. Eventually we ended up with 35 employers with 50 sites. Of the 146 employers contacted, 54 employed fewer than ten workers; 40 employers were not employing migrants that season; three said they were out of business; and no information was obtained from 14 employers after repeated calls, all of whom had few migrants. Of the 50 sites, we interviewed workers at 33 sites, located in 16 counties. Managers at six sites refused to participate. The remaining 11 sites had ended their employment of migrants before or during the time we sampled, or weren't going to employ migrants until late fall, after we had completed the interviewing. Thus, we estimate that there were a little over 5,000 workers in Wisconsin in 1998. This is similar to the Bureau of Migrant Services' estimate of 5,117.<sup>3</sup>

### **Interviewers and the Interview Schedule**

Six individuals were trained to conduct the interviews with migrant workers whose names were randomly chosen from recent payroll lists of employers. It was the interviewers' responsibility to locate the individuals and arrange to conduct the interview in person at the convenience of the respondent.

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<sup>1</sup> In actuality, we sampled 20 percent of the field work lists and 10 percent of the cannery lists, so that we would have ample names for replacements when workers had already left the area, or were unable to be located.

<sup>2</sup> Five employers in food processing had 28 multiple plants or sites in the state. Because each plant had a manager who was or was not willing to cooperate, the following information is classified by sites, not employers.

<sup>3</sup> The difference between our estimate and the Bureau of Migrant Services is that we missed the workers who came and left Wisconsin before we began interviewing (late June) and who were employed after we stopped interviewing (mid-September). We also occasionally missed the peak period of employment.

Five interviewers were bi-lingual (English and Spanish). The sixth person was not fluent in Spanish but had been an administrator of a migrant health clinic for a number of years and thus knew about migrants' lifestyle and environment. All but one of the interviewers were women.

The survey instrument was written in both languages, and respondents chose the one they preferred. About 80 percent of the interviews were conducted in Spanish. An informed consent form was read to each prospective respondent, which included information about confidentiality, reasons for the study, and the respondents' ability to stop the interview at any time. Verbal consent to continue constituted informed consent. Respondents received a small first aid kit or plastic water bottle as a token remuneration at the end of the interview. An offer to send a summary of the survey results was extended, and many respondents filled in a card with their name and address to get the results.

Interviewers received a full day of training. They were taught about sampling procedures and received detailed information both about the questions in the interview schedule and about migrant farmworkers' life, work and services available to them in Wisconsin. Interviewers then conducted a "pre-test" interview with migrants. Changes were made in wording, translation, and/or order of the questions. Interviewing began in mid-June 1998, continued throughout the summer months, and ended the last day of September.

The interviews took about one hour, on average, ranging from 25 minutes to two hours, 15 minutes. Topics included sources of income; quality of housing; health status; use of health facilities; employment; expressed needs for health, education and social services; as well as demographic information such as age, sex, education and language proficiency of every member of the respondent's household.

## Limitations of Sample

Payroll lists of employers with fewer than ten workers were not sampled. This was due to the high cost of sampling and interviewing one or two workers per farm. This eliminated over half of all employers, although this group employed less than ten percent of all migrant workers in the state. It is possible that eliminating this group from our final sample may have affected the proportion of migrants working under a labor contract. That is, in the total sample, over 95 percent of the respondents said they were working under contract. It is also possible that we interviewed many fewer undocumented workers. We cannot estimate this because we did not ask their legal work status. We are unsure if we also missed migrants who only stay in the state a short time. It is

Size	Number of Employers	Estimated Number of Workers
Less than ten workers	66	363
Ten or more workers	49	3,700
Total	115	4,063



possible that small employers pick up a few itinerant workers who may work only a short period of time. On the other hand, we know that some employers who employ very few migrants rely on the same workers year after year.

Five employers refused to participate (three in agriculture, two in food processing). These unsampled sites represented about 16 sampled workers in food processing and 12 sampled workers in field work whom we did not interview. We have no indication, however, that these workers and their families were different than others we interviewed. For two additional food processors who refused to share their payroll lists, we went to the housing camp, randomly sampled housing units, and interviewed one worker living in the sampled units.

## Response Rate

Employers. We counted 35 employers with ten or more workers located at 50 sites. Of these, we sampled workers at 37 sites (representing 25 employers). Employers at six sites refused to participate and, because of time constraints, workers at ten additional sites were not interviewed. There are many problems finding pre-identified workers through a random sample of names. For example, the workers may have left the employer between the time of the payroll list and the time the interviewer goes on site. Also, if the worker does not live in employer provider housing, he or she may be unknown to the other workers. Still other workers are working double shifts, or have many commitments when they are not working, and thus the interviewer could not find a suitable time to interview them.

Workers. Based on the sampling ratios mentioned above (10% of field workers; 5% of food processing workers), we estimated we would need interviews with 277 individuals.<sup>4</sup> Table A2 shows the results of our endeavor. We completed interviews with 156 workers. Of the 121 workers not interviewed, 17 refused and 56 were unavailable or had left the camp. Twelve workers on the payroll list were not migrants but seasonal workers who lived in Wisconsin year-round, and thus were eliminated because they did not fit the definition of "migrant." Finally, the interviewers were unable to locate some of the individuals who were to be

**Table A2. Number of Workers Sampled, Interviewed, and Reasons for Non-Interview**

Characteristic	Number	Percent
<b>Interviewed</b>	<b>156</b>	<b>56.3</b>
<b>Non-Interview</b>	<b>121</b>	<b>43.7</b>
Unavailable, left camp	56	20.2
Refused	17	6.1
Seasonal, not migrant	12	4.3
Never located, out of time	36	13.0
<b>Total Sampled</b>	<b>277</b>	<b>100.0</b>

<sup>4</sup> Our original intention was to interview about 200 migrant farmworkers, which would provide a four percent sample of all workers in the state. This would provide an adequate number to examine demographic, economic, and social characteristics as well as health and service needs of workers in field work and food processing separately. Unfortunately, we completed only 88 interviews with workers in food processing and 64 interviews with workers in field work. However, because the respondents were randomly selected, we believe this still provides an adequate base on which to evaluate information from the workers.

interviewed. A very small proportion of workers actually refused to be interviewed (6.1%). The biggest reason for non-interviews was never locating the person whose name we had randomly selected from the payroll list.

### **Final Sample Size and Weighting**

When we processed the 156 interview schedules, we discovered that four additional interviews were with seasonal workers. Two of the workers stayed at McKay nursery year-round and two lived near the border in Illinois and “commuted” to a plant in Wisconsin, returning home every night. Therefore, this report is based on interviews with 152 migrant workers. Because the sampling ratio was five percent of all workers in food processing and ten percent of all workers in agricultural field work, interviews were weighted by these ratios in the analysis in order to calculate the results for “total workers” in Wisconsin.

**Appendix Table 1.  
Percent Distribution of Demographic Characteristics of Workers, by Gender and Type of Work**

Age	Field		Cannery		Total		Total (N)
	Male	Female	Male	Female	Male	Female	
	Total		Total		Total %		
< 18	9.2	9.5	9.4	0.0	2.9	2.0	4
18-24	18.6	9.5	15.6	9.1	11.5	9.8	16
25-34	23.3	38.1	28.1	23.9	18.7	33.7	38
35-44	37.2	9.5	28.1	19.3	23.0	19.8	33
45-54	4.7	28.6	12.5	27.3	24.5	21.8	35
55-64	4.7	4.8	4.7	17.0	14.4	12.9	21
65+	2.3	—	1.6	3.4	5.0	—	4
<b>Total Percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>152</b>
<b>Mean Years of Age</b>	<b>33.6</b>	<b>35.9</b>	<b>34.3</b>	<b>42.9</b>	<b>42.9</b>	<b>34.3</b>	<b>40.6</b>
<b>Years in Migrant Stream</b>							
1	7.0	—	4.7	6.8	2.1	9.9	10
2-4	16.2	23.8	18.7	20.5	13.7	28.7	30
5-9	23.2	42.9	29.8	25.0	21.6	32.7	39
10-14	18.6	19.0	18.7	21.6	24.5	15.8	32
15-19	14.0	9.5	12.5	6.8	11.5	4.0	13
20-24	14.0	—	9.4	10.2	12.9	5.9	15
25+	7.0	4.8	6.2	9.1	12.2	3.0	13
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>152</b>
<b>Mean Years of Migrant Work</b>	<b>11.8</b>	<b>9.0</b>	<b>10.9</b>	<b>11.0</b>	<b>13.3</b>	<b>7.8</b>	<b>11.0</b>

(Continued)

**Appendix Table 1. (continued)**  
**Percent Distribution of Demographic Characteristics of Workers, by Gender and Type of Work**

	Field		Cannery		Total					
	Male	Female	Male	Female	Male	Female				
		Total		Total		Total %				
						Total (N)				
<b>Place Workers Consider "Home"</b>										
Texas	65.1	71.4	67.2	75.0	85.0	79.5	72.0	82.2	76.3	116
Mexico	20.9	14.3	18.8	22.9	12.5	18.3	22.3	12.8	18.3	28
Florida, Illinois	7.0	9.5	7.8	--	2.5	1.1	2.2	4.0	2.9	4
Wisconsin	7.0	4.8	6.2	--	--	--	2.1	1.0	1.7	3
Wisconsin & Texas	--	--	--	2.1	--	1.1	1.4	--	0.8	1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>152</b>
<b>Marital Status (18 yrs. and older)</b>										
Married	87.2	78.9	84.5	89.6	70.0	80.6	88.8	71.7	81.6	121
Widowed, Divorced, Separated	--	5.3	1.7	6.3	17.5	11.4	4.5	15.2	9.0	14
Never Married	12.8	15.8	13.8	4.2	12.5	8.0	6.7	13.1	9.4	14
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>149</b>
<b>Education</b>										
8 <sup>th</sup> grade or less	65.1	66.7	65.6	64.6	55.0	60.2	64.5	57.4	61.7	94
9-11	20.9	23.8	21.9	22.9	25.0	23.9	22.3	24.8	23.3	35
High School Grad/Tech/GED	14.0	9.5	12.5	10.4	20.0	14.8	11.5	17.8	14.2	22
College	--	--	0.0	2.1	--	1.1	1.4	--	0.8	1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>152</b>

**Appendix Table 2.  
Percent Distribution of Health Status of Workers, by Gender and Type of Work**

Health Status	Field		Cannery		Total		Total (N)
	Male	Female	Male	Female	Male	Female	
<b>Self-Assessment</b>							
Excellent	11.6	28.6	18.7	7.5	13.6	12.5	22
Good	60.5	19.0	39.6	47.5	43.2	42.2	67
Fair	27.9	47.6	41.7	37.5	39.8	39.1	58
Poor	--	4.8	--	7.4	3.4	6.2	4
Total	100.0	100.0	100.0	100.0	100.0	100.0	151
<b>Years Since Eye Check</b>							
<1	14.0	26.3	20.8	22.5	21.6	23.2	32
1-2	14.0	36.8	29.2	27.5	28.4	29.3	40
3-4	9.3	--	8.3	25.0	15.9	20.2	20
5-9	9.3	15.8	2.1	5.0	3.4	7.1	8
10+	7.0	--	8.3	5.0	6.8	4.0	10
Never	46.4	21.1	31.3	15.0	23.9	16.2	42
Total	100.0	100.0	100.0	100.0	100.0	100.0	152
<b>Years Since Dental Visit</b>							
<1	23.3	23.8	37.5	50.0	43.2	44.6	58
1-2	34.9	52.4	18.8	27.5	22.7	32.6	42
3-4	7.0	4.8	8.3	2.5	5.7	3.0	9
5-9	9.3	--	12.5	2.5	8.0	2.0	11
10+	9.3	4.8	10.4	7.5	9.0	6.9	13
Never	16.2	14.2	12.5	10.0	11.4	10.9	19
Total	100.0	100.0	100.0	100.0	100.0	100.0	152
<b>Years Since General Physical</b>							
<1	14.4	23.8	37.5	22.5	30.7	22.8	41
1-2	19.0	38.0	12.5	27.5	19.3	29.7	32
3-4	11.9	4.8	12.5	10.0	11.4	8.9	16
5-9	7.1	--	4.2	5.0	4.5	4.0	7
10+	7.1	4.8	10.4	7.5	9.1	6.9	13
Never	40.5	28.6	22.9	27.5	25.0	27.7	42
Total	100.0	100.0	100.0	100.0	100.0	100.0	151

**Appendix Table 3.  
Percent Distribution of Health and Social Services Used and Needed by  
Members of Workers' Households in Past Year,\* by Gender and Type of Work**

Type of Service	FIELD						CANNERY							
	Used			Needed			Used			Needed				
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total		
Dental Care	55.8	81.0	64.1	30.2	9.5	23.4	54.2	67.5	60.2	18.8	12.5	15.9	61.2	46.7
Family Planning	20.9	23.8	21.9	20.9	4.5	15.6	16.7	25.0	20.5	6.3	10.0	8.0	20.8	12.7
Mental Health Services	0.0	14.3	4.7	9.3	19.0	12.5	2.1	10.0	5.7	6.3	7.5	6.8	5.4	8.8
Marriage/Family Counseling	4.7	0.0	3.1	2.3	19.0	7.8	6.3	2.5	4.5	0.0	2.5	1.1	4.2	3.0
Drug/Alcohol Counseling	4.7	0.0	3.1	4.7	19.0	9.4	4.2	2.5	3.4	4.2	12.5	8.0	3.3	8.6
Day Care/Babysitting	25.6	47.6	32.8	4.7	4.8	4.7	14.6	22.5	18.2	2.1	12.5	6.8	22.1	8.0
Home Visit for Birth	2.3	9.5	4.7	2.3	0.0	1.6	4.2	0.0	2.3	0.0	0.0	-	2.9	0.4
Nutrition Information	14.0	19.0	15.6	7.0	4.8	6.3	10.4	25.0	17.0	8.3	20.0	13.6	16.7	14.1
Expectant Parent Classes	2.3	9.5	4.7	0.0	4.8	1.6	8.3	2.5	5.7	4.2	15.0	9.1	5.4	7.5
First Aid Training	9.3	28.6	15.6	34.9	28.6	32.8	12.5	17.5	14.8	27.1	37.5	31.8	15.0	37.7
HIV/AIDS Information	16.3	47.6	26.6	20.9	4.8	15.6	33.3	47.5	39.8	18.8	7.5	13.6	36.3	22.2
Chiropractic Services	4.7	4.8	4.7	14.0	9.5	12.5	6.3	7.5	6.8	8.3	10.0	9.1	6.3	10.7
Spanish Speaking Health Professionals	37.2	71.4	48.4	23.3	4.8	17.2	85.4	67.5	77.3	4.2	7.5	5.7	69.6	28.8
Visiting Nurse Service	2.3	4.8	3.1	4.7	0.0	3.1	6.3	5.0	5.7	2.1	2.5	2.3	5.0	2.7
Child Abuse/Neglect Information	0.0	9.5	3.1	2.3	9.5	4.7	6.3	7.5	6.8	8.3	0.0	4.5	5.8	4.9
Domestic Violence Information	0.0	4.8	1.6	4.7	4.8	4.7	8.3	7.5	8.0	4.2	0.0	2.3	6.3	3.2
Immunization Clinics	53.5	81.0	62.5	4.7	4.8	4.7	58.3	70.0	63.6	2.1	2.5	2.3	63.3	7.9
Emergency Care Services	16.3	33.3	21.9	4.7	4.8	4.7	25.0	37.5	30.7	4.2	0.0	2.3	28.3	4.1
Weight Control	2.3	9.5	4.7	11.6	9.5	10.9	12.5	12.5	12.5	18.8	27.5	22.7	10.4	22.1

\* Q33. "We are interested in finding out whether or not people are getting the kind of health care they need. Here is a list of different health services. As I read the list, please tell me which of these services you or someone in your household **has used** in the last 12 months."  
(IF NOT USING) Q33a. "Do you or someone in your household **need** that service?"