

**NEEDS ASSESSMENT
OF
MIGRANT FARMWORKERS
IN
SOUTHWEST VIRGINIA**



**JANUARY 1998
MIGRANT HEALTH NETWORK**

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In addition, this project would not have been possible without the support of the entire membership of the Migrant Health Network (see Appendix C).

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EXECUTIVE SUMMARY

The Migrant Health Network is a group of volunteer physicians, nurses, and community members that is dedicated to improving access to health care for migrant and seasonal farmworkers in southwest Virginia. The group grew out of the activities of a nursing instructor and nursing students at Clinch Valley College of the University of Virginia.

The nursing instructor and her students began a preliminary health needs assessment in fall 1995 and continued to build on it throughout the next two years. In May 1997, a migrant community forum was held on the campus of Emory & Henry College which culminated in the creation of the Migrant Health Network.

This study is the first health needs assessment compiled in southwest Virginia about migrant farmworkers. Hispanic farmworkers have reportedly worked in this area for only the past six to ten years; thus, services are scant or non-existent. Farmworkers leave the fairly well-served states of North or South Carolina and enter Virginia where the closest clinics serving migrant farmworkers are two to three hundred miles away. The map (following) shows distances from southwest Virginia to health centers serving migrant farmworkers and their families. Migrant workers may spend six months of the year in this area with inadequate access to suitable health care. Translators are routinely unavailable for clinics or hospitals, and adequate public transportation does not exist.

Because of the isolated and homogenous Appalachian culture, migrant farmworkers have difficulties assimilating into the local social structure. The region is 98.8% White with Hispanics constituting only 0.4% of the total population. Churches have begun to provide outreach and social activities for migrant farmworkers.

This region is economically depressed with high poverty and unemployment rates and low per capita income. Agriculture, coal mining, and manufacturing dominate the economy. Major agricultural products include tobacco, apples, vegetables, and Christmas trees. The nature of the crop seasons necessitates a migration pattern within the region for the migrant farmworkers in the seven county study area. Workers travel in a circular pattern through the counties from March to December.

Large migrant camps are not the norm in this area. Farms are typically small and family-owned, generally hiring only one to four workers. Farm owners usually make contacts directly with migrant farmworkers and do not use the crew-leader system.

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This area has seen a significant growth in the numbers of migrant farmworkers: the Virginia Employment Commission estimates of migrant and seasonal farmworkers more than doubled from 1996 to 1997, while English as a Second Language (ESL) numbers increased eighteen-fold from 1991 to 1996.

Housing is typically provided free of charge to the migrant farmworkers, although the condition of the housing ranges from adequate to hazardous. Communication is a barrier to service provision because of a lack of translators and telephones in migrant living areas compounded by low Spanish and English literacy levels among Hispanic migrant farmworkers.

The Migrant Health Network held a weekly fall health clinic that served area migrant and seasonal farmworkers. The data from this clinic is similar to national migrant farmworker patterns in terms of eastern stream migratory patterns and common health complaints.

Advantages

- Hispanic physician at Saltville Medical Center
- Strong support by Saltville Medical Center administration and physicians
- Close alliance among area community health centers
- Trust built after four years of ESL classes and one season of health clinic
- Supportive individuals, organizations and churches in community
- Strong Migrant Health Network
- Support of Clinch Valley College and Emory & Henry College administration
- Support and interest in collaboration by service providers in various localities
- Support of Area Health Education Center
- Migrants are relatively new to area although growing in numbers: providers not overwhelmed with Hispanic patients
- Bilingual Program Coordinator/nurse

Barriers

- No history of specific health care outreach or services for migrant farmworkers in the region
- Lack of assimilation into the culture secondary to being a small minority with no existing support system
- Truly migrant population, staying in the area only seasonally, which leads to a lack of familiarity about existing services
- Lack of trust in local potential service providers secondary to language barriers, etc.
- No public transportation in any of the service areas except for a few municipal city vans

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- Lack of sick time and a reluctance to leave work to seek medical attention
- Low economic status and inability to pay private physician rates
- No translators in service providers' offices
- Lack of organization among workers to seek better treatment
- High percentage of entire region is below poverty level with high unemployment rates and low household incomes
- Workers employed on small farms in mountainous region which makes outreach more difficult
- Poor communication avenues with few phones, illiteracy, large distances between farms

Recommendations

- Hire outreach workers to provide transportation, outreach, translation, and case management for migrant and seasonal farmworkers
- Use existing community health centers to provide primary care services
- Develop system for sharing farmworker medical records between the various community health centers providing services to this migratory population
- Improve farmer contacts by developing relationships with county extension agents and growers' associations
- Continue to expand membership in the Migrant Health Network
- Increase college student involvement through existing Americorps placements at Emory & Henry College
- Create volunteer language banks in each county
- Create orientation program for all health care providers who will have contact with migrant farmworkers
- Continue to educate the community about the special needs of migrant farmworkers and their contribution to the community

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HISTORY OF THE MIGRANT HEALTH NETWORK

Phase one of the Migrant Health Network began in fall 1995 with three Clinch Valley College of the University of Virginia (CVC) nursing students and their instructor, Dr. C. Chase, initiating a preliminary health needs assessment of migrant workers in southwestern Virginia. CVC nurses and the local health department tuberculosis outreach nurse jointly visited farmers and migrant workers in Lee and Scott counties providing Spanish health education materials and conducting health screenings for TB and hypertension. A mobile clinic was offered in a strategic location for ready access to targeted farms. Phase two of the assessment was targeted for Washington and Smyth counties where a larger population of migrant workers was believed to exist.

Phase two of the project was intensified during spring 1996. Dr. Chase continued to conduct outreach to farmers and migrant workers in the Washington/Smyth county areas along with RN students residing in these counties. Extensive interviews with health providers in the region were conducted to provide information about this vulnerable population and to solicit support for the establishment of a migrant health network that would address the health needs of the population. RN students (some of whose families employed farmworkers) sought out farmer support in the area. In May 1997, community volunteers and college students, who for several years had been providing ESL classes to farmworkers in the area, organized a migrant forum at Emory & Henry College (in Washington County). Following this forum, Dr. Chase invited a wide array of health providers she had previously interviewed to an organizational meeting in order to establish the Migrant Health Network (see Appendix A for goals and objectives). Network members include physicians, nurses, community members, and representatives of area community health centers, the Area Health Education Center (AHEC), health departments, community agencies, and the Virginia Employment Commission (VEC). The establishment of a seasonal weekly free health clinic for migrant workers was proposed and adopted as a project for the Network to undertake.

Phase three of the project was the establishment of a weekly health clinic held on the campus of Emory & Henry College in collaboration with the Saltville Medical Center, a community health center. The clinic was held in conjunction with the aforementioned ESL classes on Sunday afternoons from September 14 through November 23, 1997. A well-attended health fair was held in early September to acquaint ESL tutors and clinic staff with area migrant farmworkers. Outreach services were provided by

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volunteers of the Appalachian Peace Education Center (primary sponsors of the ESL classes) as well as by members of the Migrant Health Network and RN students of Clinch Valley College. Physicians from the Saltville Medical Center and volunteer nurses from the community and CVC staffed the clinic. Mary Bell Boltwood, a bilingual nurse, administered the clinic as a volunteer and was later contracted as the Program Coordinator with the Saltville Medical Center when funds became available through the Public Health Service. In addition to the physicians providing primary care, community members and RN students made health education presentations in the ESL classroom to a weekly average of twenty migrant students. Topics included body mechanics and back stretches, oral care, first aid, pesticide safety, and stress management. During the final clinic, a local dentist and his entire office staff performed dental screenings on eleven patients, a large percentage of whom then required follow-up dental care. The Program Coordinator provided weekly follow-up care such as translation, transportation and case management to patients and is still assisting farmworkers who have remained in the area.

Phase four of the project involved the decision by the Migrant Health Network to continue to expand the service area. As a result of a strategic planning meeting in December 1997, attended by the East Coast Migrant Coordinator Susan Brock, seven counties and three independent cities were selected as the service area: Lee, Scott, and Wise counties and the city of Norton in the Lenowisco Planning District and Smyth, Washington, Grayson, and Carroll counties and the cities of Bristol and Galax in the Mt. Rogers Planning District. Mary Bell Boltwood and Dr. Chase of CVC have conducted this needs assessment which has involved personal interviews with migrant workers as well as with representatives of health departments, free clinics, community health centers, school systems, religious groups, private physician offices, the Virginia Employment Commission and the farming community. As a result of this needs assessment, recommendations for the 1998 season have been made as seen in the Conclusion and Recommendations section of this report.

Phase five of the Migrant Health Network project in southwest Virginia will be the implementation of the proposed recommendations.

NEEDS ASSESSMENT

The following community needs assessment is based upon the Community-as-Client Model as developed by Anderson, McFarlane and Helton (Lundy & Barton, 1995). The study will look at southwestern Virginia migrant farmworkers as a community and their difficulties assimilating into the community at large. This model will demonstrate how the physical and social environments in which farmworkers live impact their health status.

The geopolitical environment to be covered includes the counties of Lee, Scott, and Wise and the city of Norton in the Lenowisco Planning District and Smyth, Washington, Grayson and Carroll and the cities of Bristol and Galax in the Mt. Rogers Planning District. Located along the southwestern border of Virginia, this area totals 3,434 square miles. Because of geographic and political alliances, these counties are divided into three areas for the purposes of this study: **Service Area 1:** Lee, Scott, and Wise counties, city of Norton; **Service Area 2:** Smyth and Washington counties, city of Bristol; **Service Area 3:** Grayson and Carroll counties, city of Galax. The map following this section depicts the three described service areas.

Several studies have been completed surveying the agricultural impact of workers in this area. The Telamon Corporation produced a survey of farm owners and migrant farmworkers in Washington County in 1997 which will be described more fully below (Telamon, 1997a, 1997b). The US Department of Health and Human Services, Division of Primary Care, Migrant Health Branch analyzed two counties in this area (Smyth and Grayson) in their 1990 ATLAS study (US Department of Health and Human Services [USDHHS], 1990). A 1993 Migrant Enumeration Project studying migrant workers and types of acreage farmed by them included all of the service area with the exception of Wise County and the cities of Galax, Norton, and Bristol (Larson & Plascencia, 1993).

This assessment represents the first migrant and seasonal farmworker health needs study compiled in southwest Virginia. Very little information is collected by the various agencies that are beginning to serve this growing population. For instance, no agency other than the Virginia Employment Commission and the Migrant Education Program are monitoring migrant farmworker numbers; other sites such as hospitals do not track the numbers of Hispanic patients served.

As migrant workers travel up the Eastern Stream corridor, they leave the fairly well-served areas of North and South Carolina with a variety of health centers for migrant

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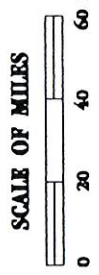
and seasonal farmworkers and enter Virginia where only two migrant health centers exist—in Winchester in Northern Virginia and in Nassawadox on the Eastern Shore. The majority of workers contacted for this study spend July to November in southwestern Virginia and December to June in Mexico or North and South Carolina. Therefore, the workers live and travel for at least half of the year without appropriate access to health care, a deficit common among farmworkers across the country. Studies have shown that migrant health centers reach only approximately 20% of farmworkers in the United States (Dever, 1991). Of the migrant workers we have contacted, 100% have been Hispanic; therefore, this study will look exclusively at this population.

Definition: For the purpose of this study, we adopted the U.S. Public Health Service definition of migrant and seasonal farmworkers:

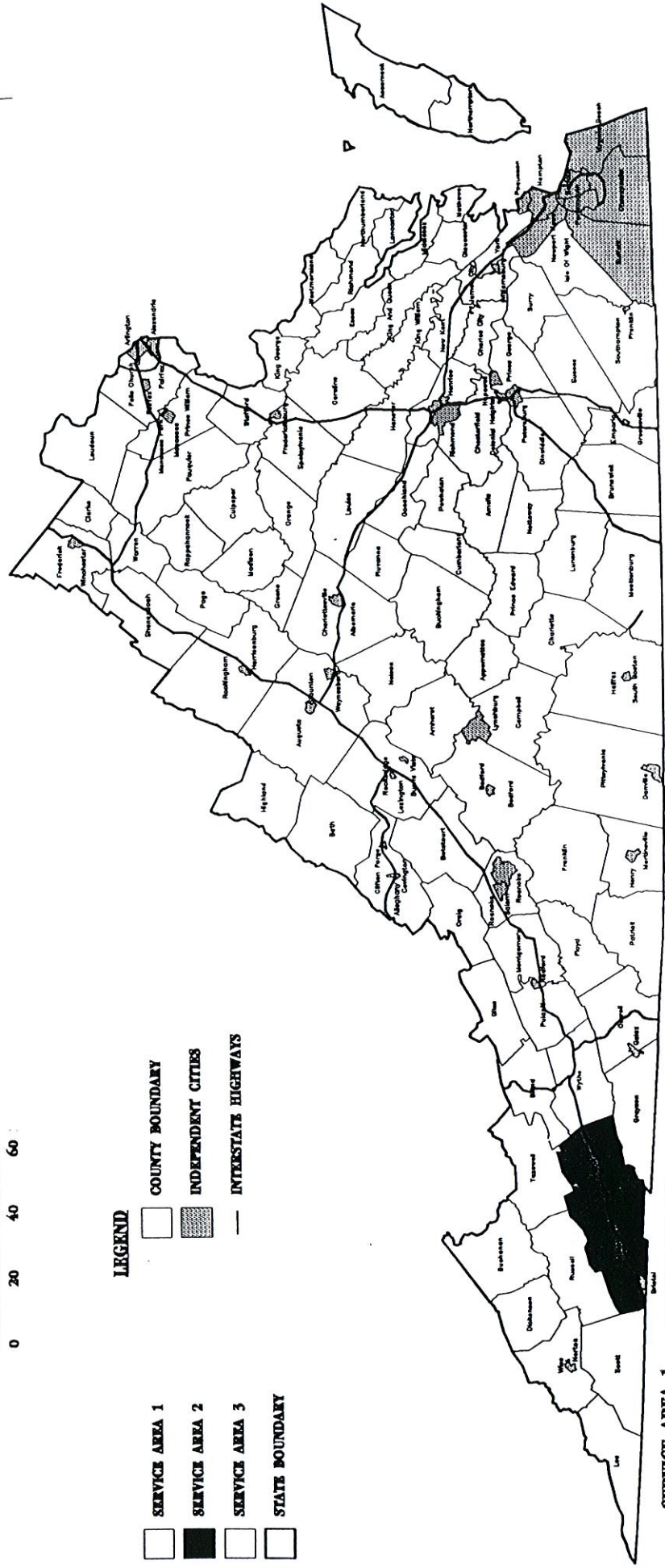
Migrant farmworker: *"Individuals whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who establish a temporary abode for the purposes of such employment...the dependent family members may or may not move with the worker or establish a temporary place of abode."*

Seasonal farmworker: *"Individuals whose principal employment is in agriculture on a seasonal basis and who live in the same place year round...the family member of someone who fits the description above, whether or not they move with the agricultural worker."*

COMMONWEALTH OF VIRGINIA



- LEGEND**
- SERVICE AREA 1
 - SERVICE AREA 2
 - SERVICE AREA 3
 - STATE BOUNDARY
 - COUNTY BOUNDARY
 - INDEPENDENT CITIES
 - INTERSTATE HIGHWAYS



SERVICE AREA 1 SERVICE AREA 2 SERVICE AREA 3



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AGGREGATE CORE

This needs assessment model, Community-as-Client, was chosen because it allows the researcher to place the community to be studied (migrant farmworkers) in the context of the greater geopolitical community. We believe that social, physical, and economic environmental factors affect the health of migrant farmworkers (the aggregate core). Thus, we will examine the self-concept and culture of local migrant farmworkers, as well as their history in the area and the social network available to them. In addition, we will highlight the "interacting subsystems" that affect their health status.

SELF-CONCEPT AND CULTURE

As will be more thoroughly described below, this entire Appalachian region is quite homogenous; Whites represent approximately 98% of the entire population and Hispanics represent only roughly 0.4% (US Census Update, 1994). Hispanic migrant farmworkers are historically underestimated in census counts; therefore, these numbers may not reflect the seasonal increase in Hispanic residents. Nevertheless, there are few opportunities for the migrant workers to assimilate into any existing social support or cultural system. In fact, outsiders entering this isolated area are often looked at with suspicion. In the traditional Appalachian culture, the majority of citizens is born and remains in this area and is surrounded with a familiar and fairly unchanging culture. Indeed, approximately 80% of residents in these service areas lived in the same county in 1990 as in 1985, compared to the Virginia average of 62% (with Scott County as high as 87%). In addition, 73% of current residents were born in Virginia compared to a statewide average of 57% (US Census, 1990). This is a culturally isolated area for migrant farmworkers who have little access to Hispanic videos, television or radio, or stores stocking Hispanic food.

HISTORY

The three service areas are distinct in their history of having migrant workers in their midst. Service Area Three, with a longer history of farmworkers, may serve as an example to Service Areas One and Two regarding the "settling-out" patterns that affect the school systems, social interactions, and access to medical care.

Service Area One (Lee, Scott, Wise, city of Norton) is the most geographically and culturally isolated with the fewest numbers of migrants in the area. Migrant workers usually travel as single men.

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Service Area Two (Smyth, Washington, city of Bristol), bisected by the I-81 interstate, gives migrants more access to services and opportunities. Single male workers have been the norm in the past, while this fall, Hispanic women and children also appeared (F. Acosta, personal communication, January 12, 1998).

Service Area Three (Grayson, Carroll, city of Galax): This area has the most significant history of migrant labor of the three sections. Service Area Three is home to a Centro Hispano, two Hispanic grocery stores, two Mexican restaurants and two weekly Hispanic radio shows. As reported in The Roanoke Times, "this mixture of sounds perhaps best symbolizes a new cultural phenomenon in this small factory town...the 'World's Capital of Old-Time Mountain Music'" (Berrier, 1997). The Roanoke Times estimates at least 2,000 Hispanic residents live in Service Area Three with as many as 3,500 during the fall Christmas tree season.

Service Area Three has seen a growing number of Hispanics leaving the migrant farmworker lifestyle and moving into jobs in local furniture and glass factories. As the migrant demographics change from single men to extended family groups, the school system has also been dramatically impacted by the influx of Hispanic residents. "Unlike five years ago when just a 20 to 30-year-old male came to work and send money home...now families are settling in the Grayson and Carroll county areas" ("Finding a home," 1997, p.11).

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A children's Bible class at the Centro Hispano in Galax, Virginia



SOCIAL NETWORKS/SUPPORT

Service Area One (Lee, Scott, Wise, city of Norton) has no support services except for Spanish church services held by various Catholic churches. Sacred Heart Church, St. Theresa's, and St. Anthony's offer weekly liturgies with an approximate total of 86 attendees (G. Hennessey, personal communication, January 13, 1998).

Service Area Two (Smyth, Washington, city of Bristol) has virtually no social support except for a monthly Spanish mass and dinner offered through Christ the King church in Abingdon and outreach work provided through the Appalachian Office of Justice and Peace, Diocese of Richmond. This outreach work includes volunteers providing transportation for migrant workers to clinic appointments, ESL tutoring in individuals' homes, and the provision of other material needs (G. Hennessey, personal communication, January 13, 1998). The creation of ESL classes, sponsored by Emory & Henry College and the Appalachian Peace Education Center, has been a much welcomed asset with steady attendance at the weekly fall classes. The classes were informal with an emphasis on social interaction between the tutors and students. Volunteers prepared elaborate refreshments each week as well as a final Thanksgiving dinner. The Migrant Health Network clinic at Emory & Henry was also well-received and provided a site for medical as well as social services.

Service Area Three (Grayson, Carroll, city of Galax) has the most significantly developed social and support network for the migrant workers. As the numbers are growing in Service Area Three, church support is growing also. The West Galax Methodist Church offers Hispanic services twice a week, the Woodlawn Catholic

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church offers a monthly Spanish Mass, and sixty members regularly attend Kingdom Hall Testigos de Jehovah services (Berrier, 1997). The New River Baptist Association opened a Centro Hispano in downtown Galax which offers social support as well as weekly Bible study groups for children and adults; in fact, they are hiring a minister from Honduras to administer the center ("Finding a home," 1997).

An ESL class at Emory & Henry College



STATISTICS

Local Hispanic Demographics

As can be seen in Table 1, Hispanics represent a tiny portion of the overall population.

Table 1: Service Area Population

	Service Area One <i>Lee, Scott, Wise, Norton</i>	Service Area Two <i>Smyth Washington, Bristol</i>	Service Area Three <i>Carroll Grayson, Galax</i>
1994 population	91,708	98,663	50,264
White population	98.3%	97.9%	97.9%
Hispanic population	0.35% 330 persons	0.3% 317 persons	0.58% 292 persons

Source: 1994 US Census Update

Local Migrant Farmworker Demographics

Historically, migrant farmworkers are difficult to count due to their migratory lifestyle, their hesitation to participate in surveys and because of the farmers' reluctance to

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report employment numbers. This difficulty in securing definite numbers is not unusual for our area but a common problem nationally. National estimates of farmworkers range from one to three million (Rust, 1990). Alan Dever asserts there were more than 4.2 million in 1991 (Dever, 1991).

Tables 2A and 2B outline estimates made by the Virginia Employment Commission (VEC) Farm Placement Specialist. These numbers include migrant, seasonal, and H2A workers and their families placed by the VEC which also depicts estimates made by county extension agents and others working with farmworkers. A large increase in overall numbers from 1995-1996 to 1996-1997 can be noted. This increase may be due to a change in staff in the Virginia Employment Commission Farm Placement Specialist position and a more aggressive approach in outreach which resulted in more workers being identified.

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Table 2A: 1996-1997 Estimates of Migrant and Seasonal Farmworkers and
Non-working Family Members

	1996-1997 Seasonal Farmworkers	1996-1997 Seasonal Non- working Family	1996-1997 Migrant Farmworkers	1996-1997 Migrant Non- working Family	1996-1997 H2A Farmworkers	Total
Service Area One						
Lee	235	115	70	0	0	420
Scott	245	150	200	0	0	595
Wise	22	10	30	0	0	62
Total	502	275	300	0	0	1077
Service Area Two						
Smyth	44	15	85	0	0	144
Washington	80	30	160	0	0	270
Total	124	45	245	0	0	414
Service Area Three						
Grayson	110	30	530	0	0	670
Carroll	375	75	225	25	35	735
Total	485	105	755	25	35	1,405
GRAND TOTAL	1,111	425	1,300	25	35	2,896

Source: Virginia Employment Commission, Plan for Agricultural Services PY 97

Table 2B: 1995-1996 Estimates of Migrant and Seasonal Farmworkers and
Non-working Family Members

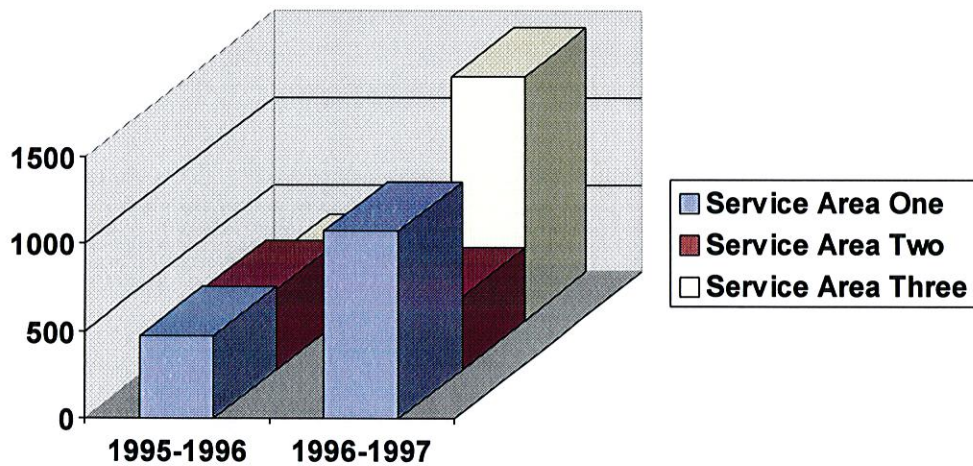
	1995-1996 Seasonal Farmworkers	1995-1996 Seasonal Non- working Family	1995-1996 Migrant Farmworkers	1995-1996 Migrant Non- working Family	1995-1996 H2A Farmworkers	Total
Service Area One						
Lee	46	115	62	8	0	231
Scott	35	122	55	0	0	212
Wise	12	0	0	0	15	27
Total	93	237	117	8	15	470
Service Area Two						
Smyth	35	43	48	0	0	126
Washington	70	190	68	0	0	328
Total	105	233	116	0	0	454
Service Area Three						
Grayson	20	5	80	0	0	105
Carroll	103	27	72	0	20	222
Total	123	32	152	0	20	327
GRAND TOTAL	321	502	385	8	35	1,251

Source: Virginia Employment Commission, Plan for Agricultural Services PY 96

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Illustration 2 below is a pictorial representation of the growth in numbers of migrant farmworkers and non-working family members in the region, particularly in Service Areas One and Three.

Illustration 2: Virginia Employment Commission Estimates of Migrant and Seasonal Farmworkers and non-working Family Members



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To best estimate the numbers in our area, Table 3 includes numbers from the various agencies that come into contact with them. As a result of improved monitoring of migrant farmworkers in Service Area Three (Grayson, Carroll and Galax), more information is available to report.

Table 3: Estimates of Hispanic and Migrant Farmworkers

	1994	1995	1996	1997
Service Area One				
VEC	--	--	1,077	--
ESL	0	--	26	--
Census	337	330	--	--
Hospitals				
CHC				
Stone Mountain Clinics	--	--	--	9
Clinch River	0	--	--	12
DSS/HD				
Catholic church contacts	--	--	--	86
Total	337	330	1,103	107
Service Area Two				
VEC	--	--	414	--
ESL	4	--	4	--
Census	242	317	--	--
Hospitals	--	--	--	--
CHC				
DSS/HD	--	--	--	--
Catholic church contacts	--	--	--	65
Total	246	317	418	65
Service Area Three				
VEC	--	--	1,405	--
ESL	10	--	84	--
Census	226	292	--	--
Hospitals				
In/out patients	--	29	84	--
Emergency room	--	--	285	--
CHC	--	--	--	--
DSS/HD	--	--	--	--
Catholic church contacts	--	--	--	108
Total	236	321	1,858	108
Virginia (Atlas) (Grayson & Smyth counties)	53	--	--	--
Migrant Education	58	--	127	--
GRAND TOTAL	930	968	3,506	280

Service Area One: Lee, Scott, Wise counties, city of Norton

Service Area Two: Smyth, Washington counties, city of Bristol

Service Area Three: Grayson, Carroll counties, city of Galax

Note: the data in the chart above refers to total Hispanics served with the exception of VEC and Migrant Education that refer specifically to Hispanic migrant and seasonal workers

Note: -- represents that no data was available for that year

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The following table shows patient demographics from the Emory & Henry Migrant Health Network clinic in Service Area Two. As is common for farmworkers, the average age for the workers was 23. At first glance, it would appear that because mostly males attended the ESL classes and the clinic, that mostly males lived in the area. Although there are more men in this area, as the Migrant Health Network outreach efforts intensified through the season, an increasing number of women were identified in the various migrant farmworkers' living areas. The men would typically attend class alone and leave the women at home. As Migrant Health Network staff made home visits to the men seen in the clinic, slowly the women would approach the staff with health care issues of their own. In one case, a nurse found that upon arriving at a camp to show a prenatal video to a pregnant worker, two additional unknown pregnant women also appeared to watch the video.

A true migratory lifestyle is expressed in the data in Table 4 with close to 50% of the clinic clients calling Mexico their permanent home and 65% of them having moved one to two times over the past year. This data may be specific to Service Area Two where not as many farmworkers have settled out into the community; indeed, the data may be significantly different in Grayson or Galax counties.

In 1996, staff of the Telamon Corporation—which is dedicated to improving migrant farmworker housing—administered a survey to thirty migrant workers attending the 1996 Emory & Henry ESL classes. Of these workers, 86% worked seasonally in Washington County while 14% worked year-round. When not working in Washington County, 85% worked in South Carolina for the remainder of their time in the United States (Telamon, 1997b).

Table 4: Emory & Henry Clinic Patient Demographics

	n	#	%
Male	29	21	72%
Female	29	8	28%
Average age	29	23	N/A
Permanent Home	27		
Mexico		13	48%
Virginia		11	41%
South Carolina		2	7%
North Carolina		1	4%
How many years in Virginia	27	1.4	N/A
How many moves in last year	26		
Zero times		6	23%
One to two times		17	65%
Three to four times		3	12%

Source: *Emory & Henry patient Health Risk Assessment form*
n = number of patients responding to question

INTERACTING SUBSYSTEMS

In this section, we will describe the interacting subsystems affecting the health status of migrant farmworkers. These subsystems include the physical environment, health and social services, economics, safety and transportation, communication, and education.

PHYSICAL ENVIRONMENT

Service Area One (Lee, Scott, Wise counties, city of Norton): This district is located in the southwest corner of Virginia bordering Tennessee and Kentucky. The northern third of the district has steep mountains with narrow valleys that present significant physical barriers to development. The remainder of the area consists of steep and linear ridges with accompanying narrow valleys that also limit development ("Lenowisco Overall," 1997). The three counties' residents are classified as 87% rural (US Census, 1990). The region has an extensive coal mining history due to its topography and coal reserves ("Lenowisco Overall," 1997). This area covers a total of 1391 square miles and ranges in elevation from 1,200 to 4,200 feet ("Facts At a Glance", 1997).

Service Area Two (Smyth, Washington, city of Bristol): This district is located just north of Service Area One along the I-81 corridor. Washington County is contiguous with Tennessee along its southern border. This mountainous region covers a total of 1,117 square miles with an elevation range from 1,698 to 5,729 feet; in fact, over 50% of all the land here has slopes of 15% (Mt. Rogers Overall Economic Development Plan, 1997). The two counties' residents are 82% rural (US Census, 1990).

Service Area Three (Grayson and Carroll counties, city of Galax): This area covers a total 926 square miles with an elevation range of 1,100 to 5,720 feet ("Community Profiles," 1997). The two counties are classified as 100% rural (US Census, 1990).

The following map illustrates southwestern Virginia in relation to its contiguous states.

DISTANCES FROM SOUTHWEST VIRGINIA TO HEALTH CENTERS SERVING MIGRANT FARMWORKERS

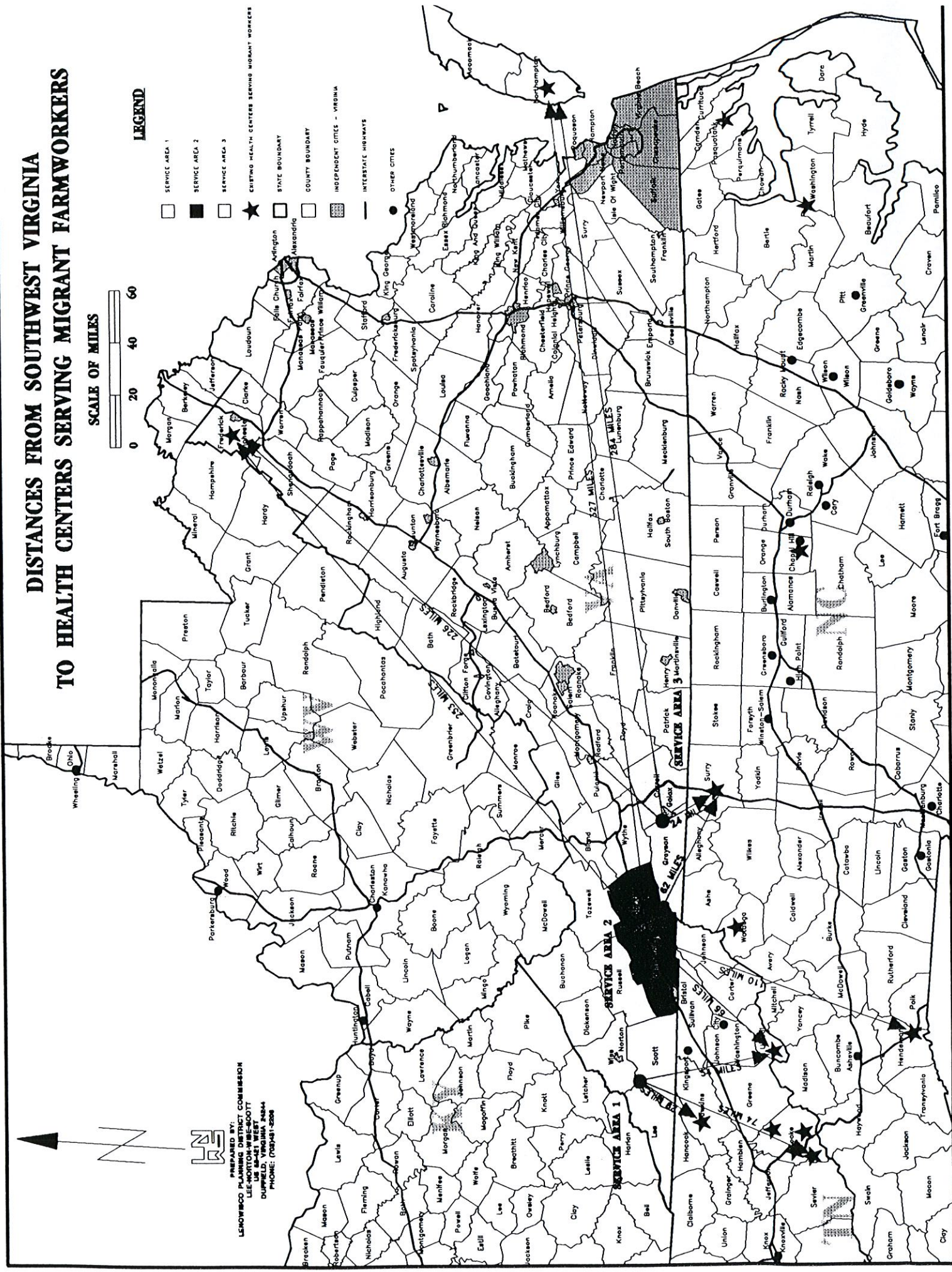
SCALE OF MILES



LEGEND

- SERVICE AREA 1
- SERVICE AREA 2
- SERVICE AREA 3
- ★ EXISTING HEALTH CENTERS SERVING MIGRANT WORKERS
- STATE BOUNDARY
- COUNTY BOUNDARY
- INDEPENDENT CITIES - VIRGINIA
- INTERSTATE HIGHWAYS
- OTHER CITIES

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HEALTH AND HUMAN SERVICES



Dr. Alvarado and patients at the Emory & Henry clinic

This entire region is a medically underserved area with physician to patient ratios as high as 1: 10,852 compared to the Virginia average ratio of 1: 1,400 (Community Profiles, 1997). Most of the counties in this region are classified as state and federal Medically Underserved Areas as well as Health Professional Shortage Areas (Virginia Primary Care Access Plan, 1995). Obtaining health care is even more of a challenge for migrant farmworkers because of barriers including language, transportation, finances, lack of knowledge of services, and lack of sick leave. Indeed, the Telamon 1996 survey of thirty migrant farmworkers in Washington County found that 71% had not seen a doctor for any reason over the past five years (Telamon Corporation, 1997b).

Although all residents, regardless of immigration status, are eligible for the WIC program through the health departments, only legal residents may apply for food stamps or Medicaid through social services departments. Pregnant women, regardless of status, are eligible for Emergency Medicaid to cover hospital delivery costs. However, patients applying in our local departments of social services are told

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that if they apply for Emergency Medicaid, they will be reported to the Immigration and Naturalization Service. Of the pregnant workers we encountered, none applied for this service.

Service Area One (Lee, Scott, Wise, city of Norton): This region is served by four health departments, four social service departments and five hospitals (Lee County Community Hospital, Wise Appalachian Regional Hospital, Norton Community Hospital, St. Mary's Hospital and Wellmont Lonesome Pine Hospital). A number of community health centers serve this area as well. The Stone Mountain Health Services group has four sites in Lee County, and Clinch River Health Services provides care in Scott County. There are no free clinics in the area. A community mobile van has been used in the past for migrant health outreach and will be available for use by the Migrant Health Network in the future.

As can be seen in Table 5, there are either no translators available or clinics call upon staff members with varying abilities to interpret as needed. Scott County Department of Social Services occasionally uses the high school Spanish teacher to translate. All agencies have seen an increase in the numbers of Hispanics served, although none are monitoring for migrant farmworkers specifically. Thus, although the numbers are increasing, no outreach or interpreter services have been added to facilitate access by Hispanic residents.

Table 5: Translators and Patient Numbers
Service Area One

	Translators	1990 patients	1994 patients	1997 patients
St. Mary's Hospital	No	0	--	10
Lonesome Pine Hospital	One staff person	0	--	7
Lenowisco Health District	No	--	2	4
Scott DSS	No	--	--	5-10
Lee DSS	No	--	--	1
Stone Mtn. Clinics (CHC)	One staff person	--	--	9
Clinch River Health Services (CHC)	No	0	--	12

Note: -- indicates no information available for that year

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Service Area Two (Smyth, Washington, city of Bristol): This region is served by three health departments, three social service departments, three hospitals (Smyth County Community Hospital, Johnston Memorial Hospital, Wellmont-Bristol Regional Hospital) and the Saltville Medical Center, a community health center. There are no formal translators available at any site; staff members with varying abilities to speak Spanish are called upon as needed. Fortunately, a physician from Ecuador is employed full-time at the Saltville Medical Center, offering ideal access to the migrant farmworkers in this service area. There is a new free clinic, Healing Hands Health Center, in Bristol that offers a variety of services ranging from optometry and medical care to dental care. The administrator of this center is interested in working with the Migrant Health Network to serve Hispanic patients in the area (Deborah Naron, personal communication, November 12, 1997).

Neither Smyth County Community Hospital nor Johnston Memorial Hospital monitors the number of Hispanic patients served (Carolyn Vacanti, Dr. Anthony Iacovelli, personal communications, December 15, 1997). The Washington County Health Department sees approximately fifteen Hispanic clients per year, the majority of whom are in the WIC program. There are no Spanish-speaking staff; patients are responsible for providing their own interpreter (Kathy Rudy, personal communication, December 18, 1997).

Service Area Three (Carroll, Grayson, city of Galax): This region is served by three health departments, three social service departments, one free clinic, and one hospital (Twin County Community Hospital). The Tri-Area Health Clinic, a community health center, also serves this area. There are no outreach services to the Hispanic population in this area despite their increased numbers. According to personal interviews, there are no Spanish speaking staff members in the health departments, Social Services or community health center in Carroll and Grayson counties. Staff depend on family interpreters or occasionally arrange for a volunteer translator. The Galax Health Department has one bilingual staff member and also pays an hourly interpreter as needed.

Twin County Community Hospital has employed a translator over the past two years and also utilizes a language telephone line (Sandra Hankley, personal communication, December 24, 1997). The hospital has used a paid interpreter sixty-one times since January 1997. The number of Hispanic in-patients in the hospital has increased from 28 patients in 1993 to 70 in 1997; outpatient/ambulatory surgery patients have increased from 6 to 23 over the same time period. There were 24 Hispanic obstetric patients during 1997 and 332 emergency room visits, an increase from 285 during 1996 (Scarlett Rucker, personal communication, December 24, 1997).

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The Baptist Free Clinic is located in the basement of the First Baptist Church in Galax. Although in the past it was open several nights per week, it is now only open once a week and is not accepting new patients because of staffing and budget shortages. The clinic reports seeing no Hispanic patients despite the significant growth of this population in the area. Because the clinic facility is empty six nights a week, the Migrant Health Network proposed to the medical director the possibility of sponsoring a migrant clinic one night a week. This proposal was met with enthusiasm and will be addressed further in the future (Dr. Robert Pryor, personal communication, November 12, 1997).

There are four Spanish speaking physicians (ER physician, surgeon and two OB/GYN physicians) and one bilingual nurse midwife in the Galax area who report an increase in the number of Hispanic patients over the past few years. Vickie Mackie, the nurse midwife, is enthusiastic about the potential for increased services and outreach to the Hispanic community in this area (Vickie Mackie, personal communication, November 12, 1997).

Grayson and Carroll County school systems have recently obtained a community mobile van. The two school nurses offered the van for use by the Migrant Health Network for outreach to migrant workers.

The Migrant Health Network clinic held in Emory, VA (Service Area Two) offered useful information regarding the health status of a sample group of area migrant farmworkers. The typical diagnoses, as seen in Table 6, are similar to trends seen in national migrant health studies. Alan Devers' national study of migrant health showed that for adults ages 20-29, the most frequent female diagnoses were (1) pregnancy, (2) diabetes, (3) cold, and (4) cervix, vagina, vulva diseases. Male diagnoses were (1) dermatitis, (2) strep throat, (3) dental disease, (4) dermatophytosis, (5) and urinary tract diseases (Dever, 1991). In the Emory & Henry clinic, musculoskeletal problems were the most frequent complaint constituting 15.4% of all diagnoses. The next leading complaints were earaches, sore throats, and toothaches. As is typical for migrant farmworkers, requests for dental checkups exceeded even those for general medical checkups (22% vs. 17.2%). It was encouraging to have nine patients present for a general medical checkup because this behavior is unusual for migrant workers because of the usual barriers that are present to seeking health care. The accessibility of the clinic presumably influenced their decision to seek a checkup.

Five of eight women (62%) seen in the Emory & Henry clinic and in subsequent visits to farms were pregnant. These women all obtained prenatal care, as a result of Migrant Health Network intervention, at area health departments and private physicians.

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Although the private physicians were extremely accommodating and often ignored billing the patients, such generosity could wane as the numbers of pregnant farmworkers increase in the future.

HIV infection rates for migrant farmworkers are high nationwide with a 1992 rate of 5% in all farmworkers, a ten-fold increase over 1987 ("Fact Sheet: Basic Health," nd). Chemical inhalation injuries are also common among farmworkers. For example, in an inadequately ventilated barn, workers were observed stripping tobacco leaves. Many were stretching their shirts over their noses and mouths to prevent inhaling the tobacco fumes. Inexpensive but vital mask protectors were provided by a Migrant Health Network member and were subsequently worn by the workers.

Table 6: Emory & Henry Clinic Patient Diagnoses

Diagnoses	#	%	Diagnoses	#	%
Anxiety	2	3.8	Minor acne	1	2.0
Dental caries/pain	3	5.9	Nose bleed	1	2.0
Dental checkup	11	22.0	Prenatal visit	2	3.8
Diarrhea	1	2.0	Puritis	1	2.0
Ear ache Otitis media	3	5.9	Sore throat	3	5.9
Gastritis	2	3.8	UTI	1	2.0
Hyperglycemia	1	2.0	Tinea versicolor	1	2.0
Medical checkup	9	17.2	Viral illness	1	2.0
Musculoskeletal	8	15.7			
<i>Arm pain</i>					
<i>Back pain</i>	1	2.0			
<i>Jaw pain</i>	3	5.9			
<i>Neck pain</i>	1	2.0			
<i>Knee pain</i>	2	3.8			
	1	2.0			
			TOTAL	51	100

Source: Emory & Henry Clinic diagnoses form

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Health information requested by the migrant workers indicates perceived health risks. Although not all respondents answered all the survey questions, the most frequently requested topics include self-breast exam techniques, dental care, and stress management as seen in Table 7 below. AIDS/STDs, nutrition, and family planning topics were also frequently requested. Clinic staff distributed and explained Spanish health education materials to clinic patients. As mentioned earlier, weekly health education seminars were also conducted in the ESL classroom.

Table 7: Emory & Henry Clinic Patient Health Education Requests

Health Ed. Info Requested	n	# yes	% yes
Family planning	20	8	40%
Dental care	19	12	63%
Stopping smoking	19	1	5%
Pesticide safety	19	6	31%
Nutrition	19	8	42%
AIDS/STDs	19	9	47%
Self Breast Exam	8	6	75%
Stress Management	16	9	56%

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ECONOMICS

Although the average resident in this area earns a per capita income of approximately \$15,425, the average annual income for migrant farmworkers is below \$7,500 (US Census Update, 1994; "Facts About," 1995). Approximately 25 workers seen in the Migrant Health Network clinic reported weekly take-home salaries of \$180 per week and most were working six days a week (48 hours). Those workers in the Christmas tree and pine roping industries, however, earned \$400-600 per week (D. Murphy, personal communication, December 3, 1997). Housing is generally provided free of charge to the workers.

As can be seen in Table 8, this entire region is a poor area with high unemployment rates. Poverty levels range from 13%-24.5% (Virginia poverty rate 12.1%), and unemployment rates are as high as 9.4% (Virginia 3.5%). Household incomes range from \$20,551-\$23,846 (Virginia household income \$34,820) which makes the area a difficult place to survive economically for the average citizen and probably much more so for the minority Hispanic population who are further handicapped by language and racial barriers.

Table 8: Service Area Poverty Rates

	Service Area One <i>Lee, Scott, Wise</i>	Service Area Two <i>Smyth Washington</i>	Service Area Three <i>Carroll Grayson</i>
1994 poverty rate Virginia 12.1%	24.5%	13%	15%
1994 household income Virginia \$34,820	\$20,551	\$23,846	\$23,196
1997 October unemployment rate Virginia 3.5% United States 4.4%	9.4%	7.5%	4.2%

Sources: 1990 US Census, 1994 US Census Update

Service Area One (Lee, Scott, Wise, city of Norton): Coal mining, manufacturing and agriculture are the dominant industries in this service area, the most significant being coal mining. In March 1990, 4,092 workers were employed in this industry representing 16% of total employment, 92.1% of which was in Wise County and the City of Norton. In 1992, 2,949 farm operators existed, a decrease from 3,241 in 1987 (US Census of Agriculture, 1992). Manufacturing represented 12.8% of employment in 1997 ("Lenowisco Overall," 1997). The total unemployment rate for 1996 ranged from a high of 15.9% in Wise County to 7.3% in Scott County (Virginia 4.4%)--coal mining layoffs are evident in these high unemployment rates ("Lenowisco Overall," 1997).

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24.5% of the total population is below the poverty level (Virginia poverty rate: 12.1%) (US Census, 1994). Lee County held first place in a 1995 ranking of economic need indicators in Virginia indicating the county has the worst financial situation in the state. Wise and Scott counties were in fourth and tenth places respectively (Virginia Primary Care, 1995).

Service Areas Two and Three (Smyth, Washington, Carroll, and Grayson, cities of Bristol and Galax): Agriculture has historically been dominant in this economy with 559,520 acres in farm use in 1992 (US Census of Agriculture, 1992). The major agricultural products of this region include apples, vegetables, Christmas trees and livestock with tobacco remaining the most important cash crop. Although agriculture is an important component of the economy, employment in this field has declined over the past twenty years with total farm acreage declining 4.2% from 1987-1992 and total farms decreasing 1.4% in 1992 throughout the Mt. Rogers Planning District. Non-agricultural employment is primarily in the manufacturing segment with 34.2% of employees ("Mt. Rogers Overall," 1997). The counties in this region held economic need rankings from 19 to 28 (out of 114 counties in Virginia) in the Primary Care Association's 1995 study.

Grayson County has a significant Christmas tree and pine roping industry with a total of over 2,500 acres. One employer alone, Roberts Evergreens, employs over 300 employees each fall, 90% of whom are Hispanic (Hauslohner, A., 1997).

AGRICULTURE

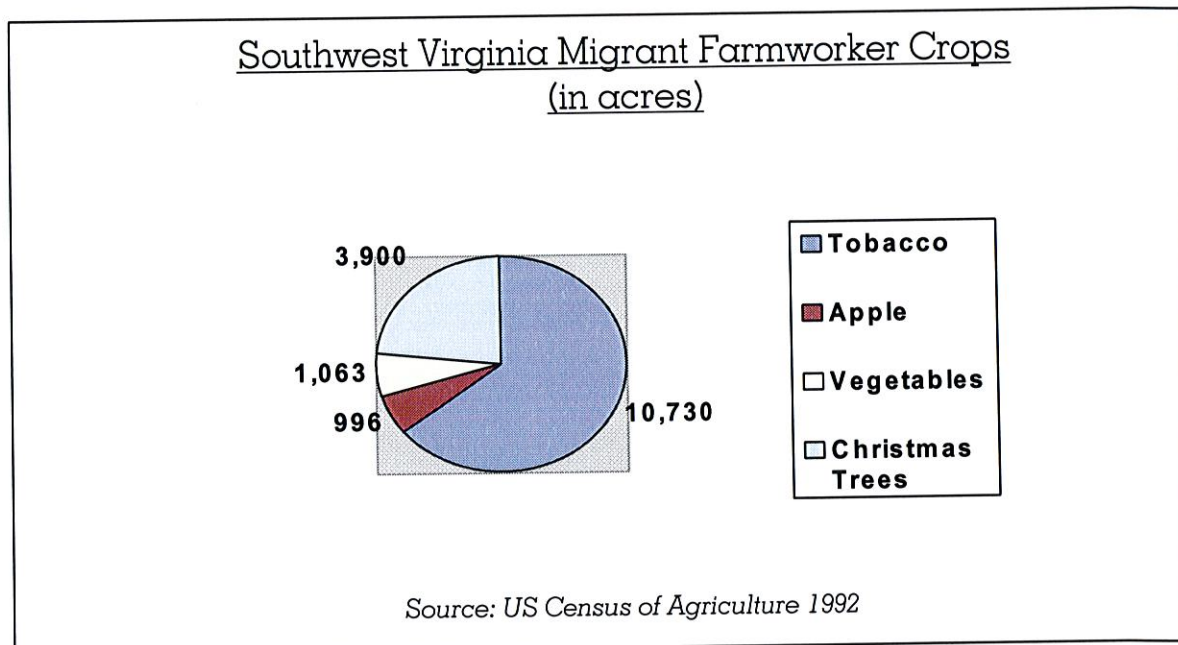
Table 9A demonstrates which counties are increasing or decreasing their total harvested cropland and which counties are changing the percentage of cropland devoted to tobacco or other crops. The type of crops grown in a particular locality can impact the migrant farmworker season. For example, the tobacco season is split with setting and transplanting tobacco occurring from March to May and then the cutting, priming, grading, and bundling occurring from August to November with some activity as late as January ("LEA Evaluation Report," 1997).

This lapse in activity may force workers to move to an area where employment is available, generating a regional internal migration pattern. For instance, a worker may work in tobacco from March to April in Washington County and then move to Carroll County to work in the cabbage fields and then return to Washington County in October for tobacco. Upon completion of the tobacco work, he may move to Grayson County to work in the Christmas tree industry until mid-December, at which time he may return to Mexico or move further south to North Carolina, South Carolina or Florida. Therefore, the formation of a migrant health network to provide assistance to

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the workers as they move around in Southwest Virginia is vital to ensure continuity of care.

According to the Migrant Education Program, migrant workers are involved in the following agricultural activities: picking apples, pruning fruit trees, harvesting Christmas trees, setting tobacco beds, transplanting, grading and bundling tobacco, and setting out, cultivating and harvesting cabbage. The season begins in March with setting tobacco beds and ends in December with the harvesting of Christmas trees ("LEA Evaluation Report," 1996). This is consistent with data provided in the March 1990 ATLAS report which describes this area's agricultural season as being from April 5 to November 2 (USDHHS, 1990).



Tables 9A, 9B, 10 and 11 demonstrate the distribution of various crops in each county. Lee, Scott, and Washington counties stand out as the region's top tobacco growers while Smyth and Carroll are top apple growers. Carroll County harvests the most vegetables with 917 acres, 857 of which are in cabbage (US Census of Agriculture, 1992). Grayson County produces the most Christmas trees and pine roping.

Tables 10 and 11 also demonstrate that, although tobacco, apples, and vegetables are important cash crops for an area, these crops do not hold a significant percentage of the overall harvested cropland. Corn for grain, seed or silage, hay and other various crops do not require the intensive hand-labor needed in the tobacco, fruit, and vegetable industries. Indeed, in the United States, typically more than 85% of

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all fruits and vegetables are hand-harvested or cultivated ("Facts About," 1995). This crop data is consistent with the estimates done by the 1993 Migrant Enumeration Project. This report documented that, for Virginia as a whole, the primary crops in which migrant workers were engaged were apples with 23,817 acres and tobacco with 37,929 acres (Larson & Plascencia, 1993).

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Table 9A: Increase/Decrease Crop Acreage 1982-1992

	Avg. Size of Farms (acres)	Harvested Cropland (acres)	Tobacco Acres Season: March-May Aug.-Nov	Orchard Acres	Apple Acres Season: Aug.-Dec.	Vegetables Sweet Corn Melon Acres	Typical Vegetables Season: April-Oct.
Virginia 1992 1982	197 (+8%) 182	2,339,013 (-16%) 2,779,282	55,419 (-13%) 64,005	32,963 (-9%) 36,274	27,568 (-8%) 29,972	27,214 (+1%) 26,934	various
Lee 1992 1982	100 (+9%) 91	20,275 (-6%) 21,651	2,624 (-10%) 2,923	34 (-5%) 36	31 (+24%) 25	28 (+75%) 16	beans cucumbers corn
Scott 1992 1982	87 (+14%) 76	19,767 (+6%) 18,561	2,880 (+2%) 2,827	35 (+16%) 30	31 (+15%) 27	52 (+53%) 34	beans cabbage pumpkins corn
Wise 1992 1982	109 (+34%) 81	2,142 (+18%) 1,818	40 (+25%) 32	57 (-69%) 182	57 0	18 (+20%) 15	unknown
Smyth 1992 1982	143 (+12%) 128	21,918 (+3%) 21,357	1,071 (-6%) 1,137	138 0	132 (D)	19 (-76%) 80	cantaloupes corn
Wash. 1992 1982	96 (+2%) 94	37,786 (-8%) 41,098	3,550 (-8%) 3,859	17 (+6%) 16	14 (-1%) 15	29 (+38%) 21	pumpkins corn tomatoes
Carroll 1992 1982	128 (+13%) 113	24,435 (+2%) 23,944	0 0	881 (-29%) 1,249	663 (-24%) 872	917 (-23%) 1,186	tomatoes peppers broccoli cabbage (857 acres)
Grayson 1992 1982	157 (+9%) 144	21,588 (+4%) 20,661	565 (-5%) 595	76 (+5%) 72	68 (D)	0 0	none

Source: 1992 Census of Agriculture, Migrant Education Program (seasons)

Legend: (D): withheld to avoid disclosing data for individual farms

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Table 9B: Summary Increase/Decrease Crop Acreage 1982-1992

	Increased percentage	Decreased percentage	No change
Average size of farms	Virginia, Lee, Scott, Wise, Smyth, Washington, Carroll, Grayson	None	none
Harvested cropland (acres)	Scott, Wise, Smyth, Carroll, Grayson	Virginia, Lee, Washington	none
Tobacco Acres	Scott, Wise	Virginia, Lee, Smyth, Washington, Grayson	Carroll
Apple Acres	Lee, Scott, Wise, Smyth, Grayson	Virginia, Washington, Carroll	none
Vegetable, Corn, Melon Acres	Lee, Scott, Wise, Washington	Smyth, Carroll	Grayson

Source: 1992 Census of Agriculture

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Table 10: 1992 Crop Percentage of Harvested Cropland

	Harvested Cropland	Tobacco Acres		Apple Acres		Vegetables, Sweet Corn, Melon Acres		Corn, Hay, Various Acres	
		Acres	%	Acres	%	Acres	%	Acres	%
Virginia	2,449,013	55,419	2.3%	27,568	1.0%	27,214	1.7%	2,338,812	95%
Lee	20,275	2,624	13%	31	0.15%	28	0.14%	17,592	87%
Scott	19,767	2,880	14.6%	31	0.15%	52	0.26%	16,804	85%
Wise	2,142	40	1.8%	57	2.6%	18	0.84%	2,027	95%
Smyth	21,918	1,071	4.8%	132	0.6%	19	0.08%	20,696	95%
Washington	37,786	3,550	9.4%	14	0.5%	29	0.08%	34,193	90%
Carroll	24,435	0	0	663	2.7%	917	3.8%	22,855	94%
Grayson	21,588	565	2.6%	68	0.3%	0	0	20,955	97%

Source: 1992 Census of Agriculture

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Table 11: 1997 Christmas Tree Acres

	Acres of Christmas Trees
Lee	< 100
Scott	< 100
Wise	< 100
Smyth	450
Washington	350
Carroll	300
Grayson	2,500

Source: County Extension Services, personal communication, 1/14/98
Christmas Tree Association, personal communication, 1/14/98

The farms in this area do not typically have extensive migrant camps employing large numbers of workers at any one farm, in contrast to other areas in Virginia and along the East coast. It is apparent from Table 12, that of those farms with hired farmworkers, 22% to 36% use only one to four workers while only 5% to 11% use five or more workers. This statistic is similar to that for Virginia—but forms a stark contrast to the United States as a whole with 77% of farms with hired labor using one to four workers and 23% using more than five. One limitation of this data from the Census of Agriculture, however, may be the potential underreporting of the use of migrant workers (Rust, 1990).

Because of the smaller farms in this region, the crew leader system is not as extensive as in areas such as Florida or North Carolina. There are only five registered crew leaders with the Virginia Employment Commission. Informal crew leader relationships may exist between particular farmers and workers but with each farm typically hiring under ten workers, it would be inefficient for the farmer to pay a commission to a crew leader (Acosta, personal communication, January 11, 1998).

The Telamon survey corroborated this observation: 57% of those surveyed were notified of the season's employment by a telephone call from the employer, 17% notified by a friend, 10% by letter, 10% were notified at the end of the previous season, 3% depended on a crew leader, and 3% contacted the employer directly (Telamon, 1997b).

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Table 12: 1992 Numbers and Percentages of Workers
(Farms with hired farmworkers)

	Farms 1-4 workers	Farms 5 or more workers	Crop with greatest % (excluding corn, hay)
United States	77%	23%	
Virginia	30%	9%	Tobacco
Lee	36%	6%	Tobacco
Washington	35%	8%	Tobacco
Grayson	34%	7%	Christmas trees
Wise	30%	5%	Apples
Smyth	28%	11%	Tobacco
Scott	27%	10%	Tobacco
Carroll	22%	5%	Cabbage

Source: 1992 Census of Agriculture

The Telamon 1997 survey offers information regarding the hiring practices of a sample of Washington County farmers. Thirteen of thirty farmers contacted responded to the survey. Of the farmers surveyed, 54% employed migrant workers, primarily for work in tobacco. Migrant farmworkers averaged working 51 hours per week at \$5.79 per hour. The average number of migrant farmworkers per employer, for those who hired them, was twelve, nine of whom were migrant workers. Interestingly, 100% of respondents agreed that migrant farmworkers are important to the agricultural economy. According to these farmers, migrant labor has only been utilized for the past six or seven years as local workers became increasingly less interested in this type of difficult labor.

SAFETY AND TRANSPORTATION

Agriculture is the most dangerous occupation in the United States. In 1987, 52 of every 100,000 workers died of work-related agricultural injuries compared to nine of every 100,000 in non-agricultural work. Work-related hazards include musculoskeletal strains, pesticide exposure, and problems associated with poor drinking water (Rust, 1990).

Automobile safety is an issue for migrant workers who may be unfamiliar with traffic laws and unwilling to wear seat belts (58% of Emory & Henry patients never or occasionally wear a seat belt and 42% always wear one, n=26). None of the children

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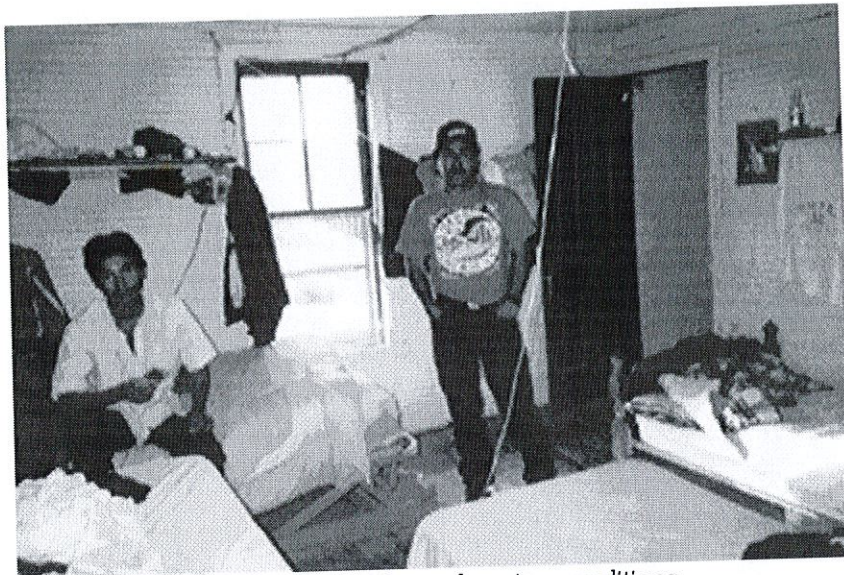
we encountered through the Emory & Henry clinic had car seats; the Migrant Health Network provided them through donations and a health department program.

There is no public transportation available in Service Area One (Lee, Scott, Wise, city of Norton). Service Area Two (Smyth, Washington, city of Bristol) has limited public transportation as well: municipal vans are available within the city limits of Marion and Abingdon only. Service Area Three (Grayson, Carroll, and city of Galax) also only has a municipal van for the city of Galax. Some of the counties owned vans available for senior citizen or Medicaid patients only. This lack of transportation is a barrier to health care for the average citizen but even more so for migrant farmworkers who typically live in the counties. This barrier also limits utilization of the existing community health centers such as the Tri-Area Health Clinic and the Saltville Medical Center that are located in rural areas. Thus, outreach workers to provide transportation for migrant workers to existing services are essential in this region.

An outreach worker distributes flyers at a popular laundromat in Washington County



HOUSING



One example of area housing conditions

Although employers frequently supply housing for migrant farmworkers, the condition of the housing varies from adequate to hazardous. In Washington County, 56% of the workers surveyed by Telamon Corporation were provided housing and 24% of these reported paying for the housing. Within their living quarters, 21% were without hot and cold running water, 22% did not have indoor bathrooms and 25% did not have a safe heating source. The number of workers living together ranged from three to twenty-six in one house (Telamon, 1997b). All of these housing deficits present significant health risks for migrant farmworkers.

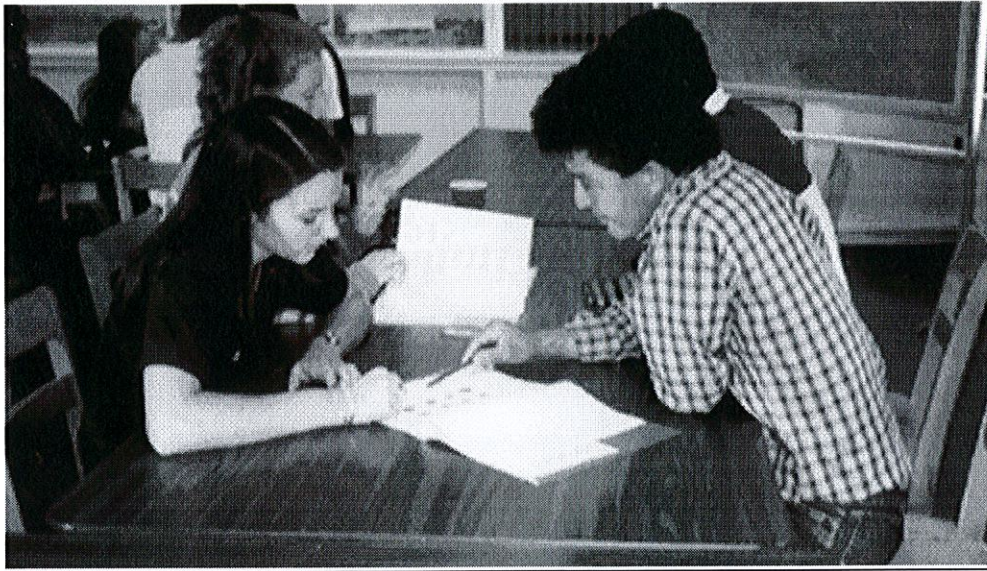
COMMUNICATION

Communication is a major barrier to providing health care to migrant farmworkers in this area. As mentioned earlier, very few service providers have Spanish speaking staff; most rely on the client to provide their own interpreters. There are no Spanish newspapers or television shows in any of the Service Areas and only one radio station with two weekly Spanish shows in Galax. The word-of-mouth "grapevine" appears to be fairly effective with news changing hands at local gathering places such as the Wal-Mart in Bristol and the laundromat in Meadowview in Washington County. To advertise the ESL classes and clinic, members of the Migrant Health Network distributed flyers (see flyer, Appendix C) written in both Spanish and English. It appears that word-of-mouth advertising and face-to-face encouragement was much more effective than the flyers.

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None of the migrant farms visited had a telephone; thus, communicating with specific workers requires driving considerable distances to deliver messages regarding, for example, appointment times. The workers would use pay phones to occasionally call clinic staff. Most workers did not know their mailing address or at times even the name of the farmer for whom they worked. Additionally, some workers involved with the Migrant Health Network did not read in Spanish; thus, leaving handwritten messages was often ineffective. In these cases, providing health education materials involving specific directions regarding medication schedules etc. required repeated oral instruction with return demonstrations to ensure that the patient indeed understood the directions. Thus, communication with the migrant farmworkers in this area is a challenge and requires creative measures to ensure effective interactions.

EDUCATION



An adult migrant worker is instructed by a volunteer

Adult ESL

Opportunities exist for ESL classes in the various Service Areas but attendance is sparse perhaps because of a lack of information provided to the Hispanic community. The Lenowisco Planning District (Service Area One) Adult Basic Education program has offered to sponsor ESL classes in any area where at least seven students can be recruited (Gwen Hennessey, personal communication, January 9, 1998).

Service Area One (Lee, Scott, Wise, city of Norton): An ESL class, with an average attendance of 10, has met for several years during the Fall at the Webber City Adult

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Education Center in Scott County and another class in Wise County typically has five to seven students (Brenda Sizemore, personal communication, January 9, 1998). There is a small class of two to three students meeting in Norton (Paula Mullins, personal communication, January 9, 1998). There are no classes in Lee County.

Service Area Two (Smyth, Washington, city of Bristol): There will be ESL classes held during the Spring semester at Virginia Highlands Community College in Abingdon; however, this class will cost \$143 and meets two afternoons a week which would not be easily affordable or accessible by a farmworker. There are no ESL classes held through the Adult Basic Education Program anywhere in the Mt. Rogers Planning District; the few students who enroll are assimilated into mainstream Adult Basic Education (Sheila Fleenor, personal communication, January 9, 1998). As described earlier, The Appalachian Peace Education Center and Emory & Henry College offered ESL classes for ten-week sessions for the past four years. Attendance is steady at 20 students per class and is encouraged through refreshments, transportation, and one-on-one outreach to advertise the class.

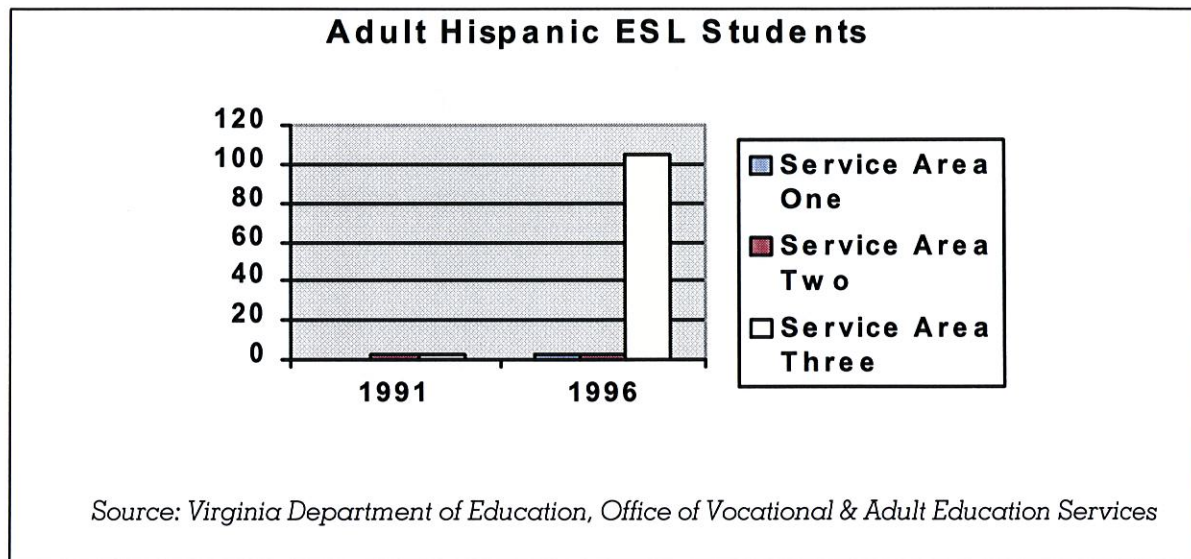
Table 13: Adult Hispanic ESL Students

	1991	1996
Service Area One		
Lee County	0	0
Scott County	0	0
Wise County	0	2
City of Norton	1	0
Total	0	2
Service Area Two		
Smyth County	0	2
Washington County	2	0
City of Bristol	1	1
Total	3	3
Service Area Three		
Grayson County	0	45
Carroll County	2	60
City of Galax	1	0
Total	3	105
GRAND TOTAL	6	110

Source: Virginia Department of Education, Office of Vocational and Adult Education Services

Needs Assessment of Migrant Farmworkers in Southwest Virginia

Service Area Three (Grayson, Carroll, city of Galax): The Adult Basic Education program in Independence, VA currently offers the only ESL class in Service Area Three (Carroll, Grayson, Galax). The class is free and meets two evenings a week with an average of 15 students (Gary Rhudy, personal communication, January 9, 1998). With VEC estimates as high as 1,400 migrant and seasonal farmworkers in the area, this lack of ESL opportunities is alarming.



K-12 ESL

The number of Hispanic K -12 students requiring ESL services has grown dramatically over the past five years as seen in Table 14 below. For the entire three Service Areas, the number has grown eight-fold from 14 students to 114, the largest increase being seen in Carroll County and the city of Galax. Using a standard family multiplier figure of 4, this increase in students could represent an increase from 56 individuals to 456 individuals residing in the area over a five-year period.

Needs Assessment of Migrant Farmworkers in Southwest Virginia

Table 14: K-12 Hispanic ESL Students

K-12 ESL Students	1991	1996	1996 Family multiplier
Service Area One			
Lee County	0	24	
Scott County	0	0	
Wise County	0	2	
City of Norton	0	0	
Total	0	26	104
Service Area Two			
Smyth County	0	2	
Washington County	4	0	
City of Bristol	0	2	
Total	4	4	16
Service Area Three			
Grayson County	0	6	
Carroll County	10	34	
City of Galax	0	44	
Total	10	84	336
GRAND TOTAL	14	114	456

Source: Virginia Department of Education, Division of Instruction

Migrant Education Program

The Migrant Education program has increased tremendously since 1986 with growth from twelve participants to 127 in 1997 in the three Service Areas. There has been a large increase since 1991 alone with an increase from 58 students to 127 while the program suffered a 15% budget cut over the past year ("LEA Evaluation Report," June 1997). These 127 students represent 9% of the total migrant education students in Virginia ("State Performance Report," 1997).

There were no Migrant Education participants in the counties of Scott, Wise, Smyth or the cities of Bristol and Norton, and as can be seen in Table 14 above, few ESL students in Service Areas One or Two. This verifies the hypothesis that Service Area One (Lee, Scott, Wise and Norton) and Service Area Two (Smyth, Washington, and Bristol) are attracting primarily male workers while Service Area Three (Grayson, Carroll, and Galax) are now seeing families and children moving into the area.

CONCLUSION AND RECOMMENDATIONS

ADVANTAGES

The following is a list of advantages enabling improved health care access for migrant farmworkers in the study area:

- Hispanic physician at Saltville Medical Center
- Strong support by Saltville Medical Center administration and physicians
- Close alliance among area community health centers
- Trust built after four years of ESL classes and one season of clinic
- Supportive individuals, organizations and churches in community
- Strong Migrant Health Network
- Support of Clinch Valley College and Emory & Henry College administration
- Support and interest in collaboration by service providers in various localities
- Support of Area Health Education Center
- Migrants are relatively new to area although growing in numbers: providers not overwhelmed with Hispanic patients
- Bilingual Program Coordinator/nurse

BARRIERS

The following is a summary of the significant barriers to migrant farmworker access to appropriate health care:

- No history of specific health care outreach or services for migrant farmworker in the region
- Lack of assimilation into the culture secondary to being a small minority with no existing support system
- Truly migrant population, staying in the area only seasonally, which leads to a lack of familiarity about existing services
- Lack of trust in local potential service providers secondary to language barriers, etc.
- No public transportation in any of the service areas except for a few municipal city vans
- Lack of sick time and a reluctance to leave work to seek medical attention
- Low economic status and inability to pay private physician rates
- No translators in service providers' offices
- Lack of organization among workers to seek better treatment
- High percentage of entire region is below poverty level with high unemployment rates and low household incomes

Needs Assessment of Migrant Farmworkers in Southwest Virginia

- Workers employed on small farms which makes outreach more difficult
- Poor communication avenues with few phones, illiteracy, large distances between farms

RECOMMENDATIONS

Based on the above advantages and barriers, we make the following recommendations for improving access to health care for migrant farmworkers:

- Hire outreach workers who would provide transportation, outreach, translation, and case management for migrant and seasonal farmworkers
- Use existing community health centers to provide primary care services
- Develop system for sharing farmworker medical records between the various community health centers providing services to this migratory population
- Improve farmer contacts by developing relationships with county extension agents and growers' associations
- Continue to expand membership in the Migrant Health Network
- Increase college student involvement through existing Americorps placements at Emory & Henry College
- Create volunteer language banks in each county
- Create orientation program for all health care providers who will have contact with migrant farmworkers
- Continue to educate the community about the special needs of migrant farmworkers and their contribution to our community

APPENDIX A

MIGRANT HEALTH NETWORK



PROGRAM GOALS AND OBJECTIVES

July 1997

I. Provide outreach to migrant farmworkers

- A. Work with Virginia Employment Commission migrant outreach officer, Clinch Valley College nursing students, the Appalachian Peace Education Center members, and concerned community members to visit area growers employing migrant farmworkers to:
 - 1. Identify presence of workers
 - 2. Explain existence of migrant health clinic and ESL classes
 - 3. Identify acute/emergency health problems requiring immediate attention
- B. Place informational flyers in stores frequented by migrant farmworkers advertising Migrant Health Network activities
- C. Participate in annual Appalachian Peace Education Center "Fiesta" welcoming migrant farmworkers to the area

II. Improve access to health care

- A. Develop free migrant health clinic on Sundays for ten weeks to coincide with well-attended ESL classes at Emory & Henry College. Transportation provided by migrant workers or volunteers from Appalachian Peace Education Center
- B. Study alternative methods of improving access to health care such as the use of mobile health vans, providing transportation to existing community health care centers, development of additional weekly clinics in neighboring counties or coordinating with existing free clinics in the area
- C. Study possibility of creating volunteer translator bank to provide interpreters for use by migrant farmworkers

Needs Assessment of Migrant Farmworkers in Southwest Virginia

III. Provide direct patient care

- A. Provide direct patient care on Sundays from September to November 1997 in free migrant health clinic staffed by Saltville Medical Center physicians and volunteer nurses and clinic staff
- B. Provide follow-up with patients following Sunday clinic to ensure compliance with future appointments and medication regimen

IV. Provide health education

- A. Supervise Clinch Valley College nursing students in their provision of health education seminars in migrant camps, in the migrant free clinic, and in ESL class with topics such as camp first aid and AIDS prevention
- B. Distribute to each migrant farmworker a packet of health educational materials covering a range of topics to avoid stigma
- C. Serve as source of bilingual health education staff and materials for use by existing community and private clinics as needed
- D. Distribute Resource Manual containing lists of all local clinics as well as other services in education, immigration, etc.

V. Coordinate with existing national, state, and local migrant programs

- A. Join Migrant Clinicians Network and the National Center for Farmworker Health to be included in their national listings of migrant health services which are provided to traveling workers
- B. Study possibility of coordinating with the Midwest Migrant Health Information Office's Camp Health Aide Program which trains migrant farmworkers to be health aides
- C. Identify migrant health centers in East Coast migrant stream area to provide and obtain health records of migrant farmworkers
- D. Study possibility of coordinating with the Virginia Migrant Seasonal and Farmworker Board
- E. Coordinate with the Virginia State Migrant Education program in identifying school-age children and providing access to immunizations
- F. Coordinate services with the Appalachian Peace Education Center migrant outreach and education programs
- G. Coordinate services with the Telamon Migrant Housing Developer staff person in Abingdon, VA

Needs Assessment of Migrant Farmworkers in Southwest Virginia

VI. Perform needs assessment of migrant farmworkers in Southwest Virginia

- A. Work with Virginia Employment Commission migrant officer to determine census of migrant farmworkers in Southwest Virginia
- B. Study existing health care centers to determine accessibility by migrant farmworkers
- C. Study existing migrant programs to determine gaps in services
- D. Study patterns of use of health care services by migrant farmworkers

VII. Advocate for needs of migrant workers in community

- A. Inform public, through press releases, of activities of Migrant Health Network in order to raise public awareness of migrant farmworkers
- B. Serve as liaison in community for agencies serving migrant farmworkers
- C. Serve as community advocate and educator regarding rights of migrant farmworkers

VIII. Maintain existence of Migrant Health Network

- A. Work to ensure continued participation of members of Migrant Health Network in the provision of health care services to migrant farmworkers by maintaining mailing list and records, distributing minutes of meetings, and educating members of current migrant health issues

IX. Provide program evaluation

- A. Develop evaluation tools to document quality of services provided to migrant farmworkers
- B. Work with Emory & Henry College professor and student volunteers to analyze data
- C. Compare results with existing migrant health programs

APPENDIX B

FLYER FROM MIGRANT HEALTH CLINIC
(Following page)

LAS CLASES

**POR CUANTO TIEMPO?
A QUE HORA? DONDE?**

* TODOS LOS DOMINGOS ENTRE EL
14 DE SEPTIEMBRE Y EL
23 DE NOVIEMBRE.

EVERY SUNDAY BETWEEN SEPTEMBER 14 AND
NOVEMBER 23.

* LAS HORAS DE LA CLASE SON
DE 3:00 A 5:00.
CLASS HOURS ARE 3:00 - 5:00.

* LAS CLASES ESTAN EN EL EDIFICIO
DE "KING" DEL COLEGIO EMORY &
HENRY (# 15 EN LA MAPA).
CLASES ARE IN THE KING CENTER AT EMORY &
HENRY COLLEGE (# 15 ON THE MAP).

PARA OBTENER MAS INFORMACION
SOBRE LAS CLASES, LLAME AL
(540) 619-2264.
FOR MORE INFORMATION ON CLASSES, CALL (540)
619-2264.

ADDITIONAL SUPPORT PROVIDED BY

THE APPALACHIAN CENTER FOR COMMUNITY SERVICE
AND EMORY & HENRY COLLEGE / THE VIRGINIA
OFFICE OF MIGRANT EDUCATION / THE SALTSVILLE
MEDICAL CENTER / THE APPALACHIAN OFFICE OF
JUSTICE AND PEACE / CLINCH VALLEY COLLEGE /
THE AREA HEALTH EDUCATION CENTER / THE
VIRGINIA EMPLOYMENT COMMISSION (OFFICE OF
MIGRANT OUTREACH) / THE WASHINGTON AND
RUSSELL COUNTY HEALTH DEPARTMENTS

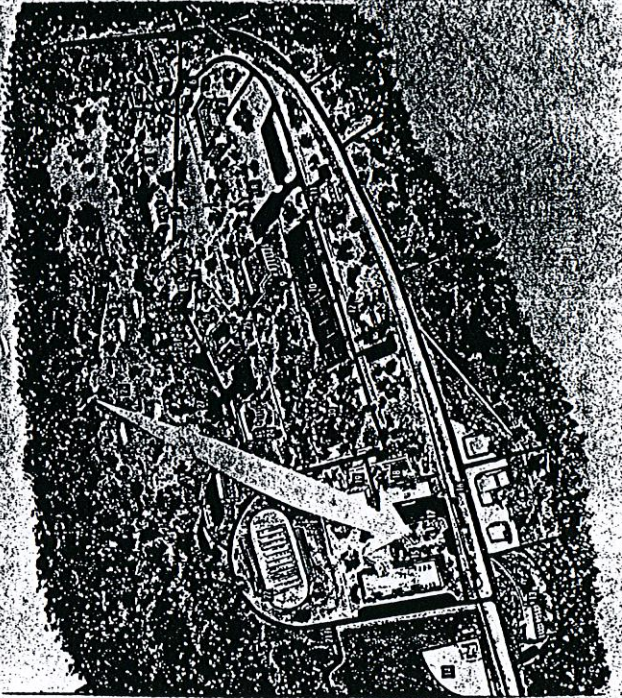
DIRECCIONES

DESDE LA RUTA 81, SIGA LOS CARTELES
DEL COLEGIO EMORY & HENRY QUE LO
LLEVARAN HASTA LA ENTRADA
(APPROXIMADAMENTE 1/2 MILLA).
UNA VEZ QUE SE ENCURENTE DENTRO DEL
COLEGIO, VERA CARTELES QUE LO
DIRIGIRAN HASTA EL EDIFICIO "KING" (#15
EN EL MAPA).

DESDE "DILLOW'S MARKET", VAYA HACIA EL
NORTE EN LA RUTA 11. DOBLE A LA
IZQUIERDA EN "COLLEGE DRIVE" (RUTA
737). CRUCE LA RUTA 81 Y SIGA LOS
CARTELES DEY COLEGIO EMORY & HENRY
QUE LO LLEVARAN HASTA LA ENTRADA.

* SI NECESITA TRANSPORTE, LLAME AL
(540) 619-2264.
* FOR DIRECTIONS IN ENGLISH PLEASE CALL
(540) 619-2264.

EMORY & HENRY COLLEGE



**BIENVENIDOS A
VIRGINIA!**

WELCOME TO VIRGINIA!

**VENGAN CON NOSOTROS
LOS DOMINGOS A
CLASES DE INGLES
Y**

**A VISITAR A UN MEDICO.
COME WITH US ON SUNDAYS FOR
ENGLISH CLASSES AND A VISIT
WITH A DOCTOR.**

**TODO GRATIS!
EVERYTHING'S FREE!**



NUEVO! NUEVO! NUEVO! CLINICA DE SALUD PARA MIGRANTES

MIGRANT HEALTH CLINIC

TIENE UD. ¿DO YOU HAVE?

DIABETES
ORINA FRECUENTE
FREQUENT URINATION
PERDIDA DEL PESO
WEIGHT LOSS
SED EXCESIVA
EXCESSIVE THIRST
PRESION ALTA
HIGH BLOOD PRESSURE
TOS
COUGH
HERIDAS
WOUND
CATARRO
COLD, RESFRIADO
FLU
CUALQUIERA OTRA ENFERMEDAD
ANY OTHER SICKNESS
DOLOR DE ESPALDA
BACKACHE
DOLOR DE CABEZA
HEADACHE
PREGUNTAS SOBRE SU SALUD
QUESTIONS ABOUT YOUR HEALTH
VACUNAS CONTRA EL TETANO
TETANUS VACCINE
TUBERCULOSIS
TUBERCULOSIS
ERUPCION O PICAZON
SKIN RASH
RONCHAS
ABRASIONS
QUEMADURAS
BURNS
MAREO
DIZZINESS

LA CLINICA

POR CUANTO TIEMPO? ¿A QUE HORA? ¿DONDE?

* TODOS LOS DOMINGOS ENTRE EL
14 DE SEPTIEMBRE Y EL
23 DE NOVIEMBRE.
EVERY SUNDAY BETWEEN SEPTEMBER 14 AND
NOVEMBER 23.

* LAS HORAS DE LA CLINICA
SON DE 3:30 A 5:30.
CLINIC HOURS ARE 3:30 - 5:30

* LA CLINICA ESTA EN EL EDIFICIO
DE SALUD PARA ESTUDIANTES DEL
COLEGIO EMORY & HENRY
(#17 EN LA MAPA).

CLINIC IS IN THE STUDENT HEALTH CENTER AT
EMORY & HENRY COLLEGE (#17 ON THE MAP).

PODEMOS AYUDAR A CONSEGUIR
MEDICINAS.

WE CAN HELP YOU OBTAIN MEDICINES.

PARA OBTENER MAS INFORMACION
SOBRE LA CLINICA, LLAME AL
(540) 782-1927.

FOR MORE INFORMATION, CALL (540) 782-1927.

CLASES DE INGLES OTOÑO 1997

LOS LIBROS ESTAN DISPONIBLES
PARA USAR EN LA CLASE.
BOOKS ARE AVAILABLE FOR USE IN CLASS.

UD. VA A TENER LA OPORTUNIDAD
PARA GANAR SUS PROPIOS LIBROS.
YOU WILL HAVE THE OPPORTUNITY TO EARN YOUR
OWN BOOKS.

HABRA UNA COMIDA CASERA CADA
SEMANA Y UNA CENA DE
CELEBRACION EN 23 DE NOV.
THERE WILL BE HOMEMADE FOOD EACH WEEK AND
A CELEBRATION DINNER ON NOVEMBER 23.

PODRA CONOCER PERSONAS
NUEVAS, ENTERESANTES Y
SIMPATICAS.

YOU WILL BE ABLE TO MEET NEW, INTERESTING
AND NICE PEOPLE.

VA A HACER MUCHAS COSAS
BENEFICIALES, EDUCACIONALES Y
DIVERTIDAS.

YOU WILL DO LOTS OF THINGS BENEFICIAL,
EDUCATIONAL AND FUN.

HAY MAS...

APPENDIX C

MIGRANT HEALTH NETWORK MEMBERSHIP

Acosta, Felix	Farm Placement Specialist	VA Employment Commission
Alvarado, Jacinto, MD	Physician	Saltville Medical Center, CHC
Arnold, Rachael	ESL Coordinator	Emory & Henry College
Boltwood, Mary Bell, RN	Program Coordinator	Migrant Health Network
Boone, Birdie	Americorps Volunteer	Telamon Corporation
Boone, Buckie	Director of Development	People Incorporated
Campbell, Josie	Volunteer	Community volunteer
Cantrell, Joie	TB Outreach Worker	Lenowisco Health District
Carter, Rebecca	Volunteer	Community volunteer
Chapman, Howard	Executive Director	Saltville Medical Center, CHC
Chase, Charlotte, PhD, RN	Nursing Instructor	Clinch Valley College
Cook, Toby, RN	Nurse	Russell County Medical Center
Correll, Grat, MD	Physician	Midtown Medical Center
Fisher, Steve, PhD	Professor	Emory & Henry College
Foster, Marilyn, RN	Nurse Manager	Lenowisco Health District
French, Helen, RPT	Physical Therapist	Johnston Memorial Hospital
Hawkins, Brenda, NP	Nurse Practitioner	Community volunteer
Hennessey, Sr. Gwen	Director	Appalachian Office of Peace & Justice
Iacovelli, Anthony, MD	Physician	Saltville Medical Center, CHC
Kenny, Sr. Bernie, RN	Nurse	St. Mary's Hospital
Lee, Sarah Jane	Health Educator	Russell County Health Department
Lepro, Eileen, MPH	Executive Director	Southwest Virginia AHEC
Marmolejo, Homer	Volunteer	Community volunteer
McCool, Kathy	Educator	Washington County School System
McKain, Carey, MD	Physician	Abingdon Orthopedic Associates
McVey, John	Volunteer	Community volunteer
Myers, Melody, RN	Nurse	Smyth County Community Hospital
Noran, Deborah	Executive Director	Healing Hands Health Center
O'Brien, Mark, MD	Physician	Castlewood Clinic, CHC
Ortega, Kathy & Cruz	Volunteers	Community volunteers
Porter, Joan	Program Developer	People Incorporated
Proffitt, Carla, RN	Nurse Supervisor	Mt. Rogers Health District
Robinson, Linda, RN	Nurse	Russell County Health Department
Rominic, Dena	Americorps Volunteer	Telamon Corporation
Shelor, Debra	Executive Director	Tri-Area Health Center, CHC
Stanley, Tal, PhD	Professor	Emory & Henry College
Taylor, Karen, RN	Nurse	Clinch Valley College student
VanHoy, Tricia, RN	Nurse	Washington County Health Department
Wilson, Carol, RN	Nurse	Clinch Valley College student
Zanzinger, Dayle, PhD, RN	Nurse	Smyth County Community Hospital

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Key Informant Interviews

Acosta, Felix. Farm Placement Specialist, Virginia Employment Commission. Bristol, VA. January 12, 1998.

Connor, Charles. Smyth County Extension Agent, Marion, VA. January 14, 1998.

Fleenor, Sheila. Office Manager, Washington County School System. January 9, 1998.

Hankley, Sandra. Director of Marketing, Twin County Community Hospital. Galax, VA. December 24, 1997.

Hennessey, Gwen. Director, Appalachian Office of Peace and Justice. St. Paul, VA. January 13, 1998.

Iacovelli, Anthony, MD. Emergency Room Physician, Johnston Memorial Hospital. Abingdon, VA. December 15, 1997.

Mackie, Vickie. Nurse midwife. Galax, VA. November 12, 1997.

Paula Mullins. ESL Instructor, Wise County School System. Norton, VA. January 9, 1998.

Murphy, Dwayne. Owner, New River Evergreens. Independence, VA. December 3, 1997.

Naron, Deborah. Executive Director, Healing Hands Health Center, Inc. Bristol, VA. November 12, 1997.

Osborne, Jimmy. Grayson County Extension Agent. Independence, VA. January 14, 1998.

Patterson, Randall. Member, Christmas Tree Grower Association. Abingdon, VA. January 14, 1998.

Pryor, Robert, MD. Medical Director, Baptist Free Clinic. Galax, VA. November 12, 1997.

Gary Rhudy, ESL instructor, Galax City School System. Galax, VA. January 9, 1998.

Needs Assessment of Migrant Farmworkers in Southwest Virginia

Rucker, Scarlett. Medical Records staff, Twin County Community Hospital. Galax, VA. December 24, 1997.

Sizemore, Brenda. Wise County School System. January 9, 1998

Rudy, Karen. Washington County Health Department. Bristol, VA. December 18, 1997.

Vacanti, Carolyn. Director of Nursing, Smyth County Community Hospital. Marion, VA. December 15, 1997.