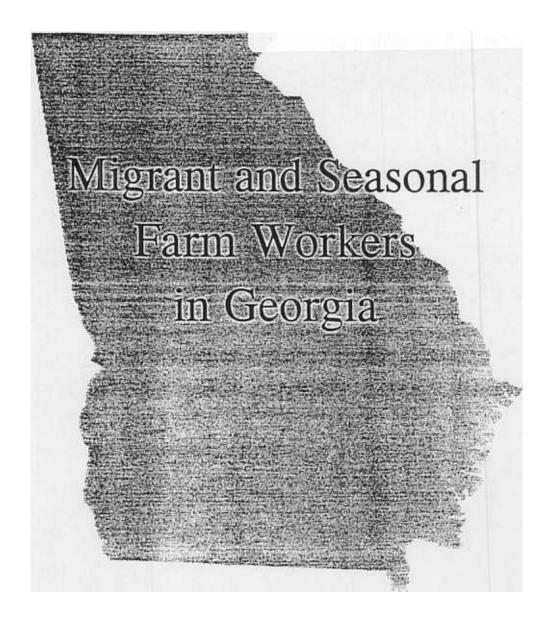
Resource ID#: 3792

### Migrant and Seasonal Farm Workers in Georgia



# Estimates of the Migrant Health Program Target Population

prepared for
the Georgia Office of Rural Health
by
The University of Georgia
Institute of Community and Area Development



### MIGRANT WORKERS AND THEIR DEPENDENTS: A HEALTH PROFILE

Listed below are various statistical indicators of the health condition of the migrant workers and their dependents. This information provides a thumb nail sketch of the health problems and issues that face migrants and their dependents. This statistical profile forms the basis for plans to meet the needs of this special population. The following information is the results of the various studies conducted.

### Health Statistics

- Infant mortality rate is 125% higher than the national average.

  (Migrant and Seasonal Farmworkers Health Objectives for the Year 2000, Department of Health and Human Services 1990)
- Life expectancy of a migrant farm worker is 49 years; 75 years for the national average. (Migrant and Seasonal Farmworkers Health Objectives for the Year 2000, Department of Health and Human Services 1990)
- Parasitic infections are 11 to 59 times higher than the general population. (Migrant and Seasonal Farmworkers Health Objectives for the Year 2000, Department of Health and Human Services 1990)
- Malnutrition among migrants is higher than other sub populations. (Migrant and Seasonal Farmworkers Health Objectives for the Year 2000, Department of Health and Human Services 1990)
- Migrant workers have twenty times the rate of diarrhea of America's urban poor. (Migrant Health Resource Program)
- Farmworker death rate from influenza and pneumonia are 20 to 200 percent higher, respectively, than the national average.

  (National Migrant Resource Program)
- Farmworkers are six times more likely to develop TB. (Goldsmith, 1989)
- ► Urinary tract infections are more common among migrant women. (The National Rural Health Association)
- ► Children of migrant workers are vitamin deficient. (Koch, 1988)
  - One third of all children of migrants have dental check-ups. (Koch, 1988)

Chronic health conditions among children of migrants are three times greater than the national average. (Slesinger, Christenson and Caultley)

#### **Living Conditions**

- Among eight agricultural states 32% of the housing lacked running water. (General Accounting Office, 1989)
- Inadequate field sanitation, drinking water and hand washing facilities exist in many situations. (General Accounting Office, 1989)
- Barns, school buses and shacks house many migrant workers because of the lack of available standard housing. (General Accounting Office, 1989)

#### **Working Conditions**

Migrants are exposed to various pesticides which affect their skin, eyes, respiratory tract and poisoning which may result in death, chronic health conditions and birth defects. (General Accounting Office, 1992)

Agriculture has surpassed mining as the nation's most hazardous occupation and migrant farmworkers play a significant role in agricultural production. (Rust, 1990)

#### Access To Care

- Rural clinics serve less than 15% of the nation migrants because of the lack of funding. (Department of Health and Human Services)
- ▶ Undocumented migrants do not qualify for Medicaid. (General Accounting Office, 1992)
- Migrants often are not in any state long enough to qualify for Medicaid (General Accounting Office, 1992)
- Lack of health insurance. (General Accounting Office, 1992)
- Lack of access due to working hours, language and cultural barriers, transportation and the lack of child care. (Trotter, 1988)

### Migrant Health Conditions Cited by Growers and Service Providers

These statistics may be startling for many who are unaware of the living and working environment of migrant workers. In the farmer focus groups the growers mentioned the following health issues and living conditions.

- ▶ Pregnancy and birth control
- ► Health of the children
- ► Lack of housing
- Access to care and continuity of care
- ► Drugs and alcohol

The discussion of the issue of housing for migrants centered more on the farmer's inability to qualify for many of the Federal and state programs that provide housing. The growers could not economically afford to provide housing without assistance. Many farmers do not qualify for many of the existing programs. In addition, from their perspective there were too many barriers in the form of regulations that prohibited them from providing housing.

Even though the farmers have more contact with these workers than the general public, the growers are often removed from daily interaction with the migrant population. The farmers are more likely to interact with the crew chiefs and/or the labor contractor.

The migrant service providers were more apt to cite information similar to the statistical information stated in the profile. However, many service providers come into direct contact with the migrants and are more likely to encounter these health conditions. They identified the following health issues.

- Tuberculosis
- Dental problems

Farm injuries

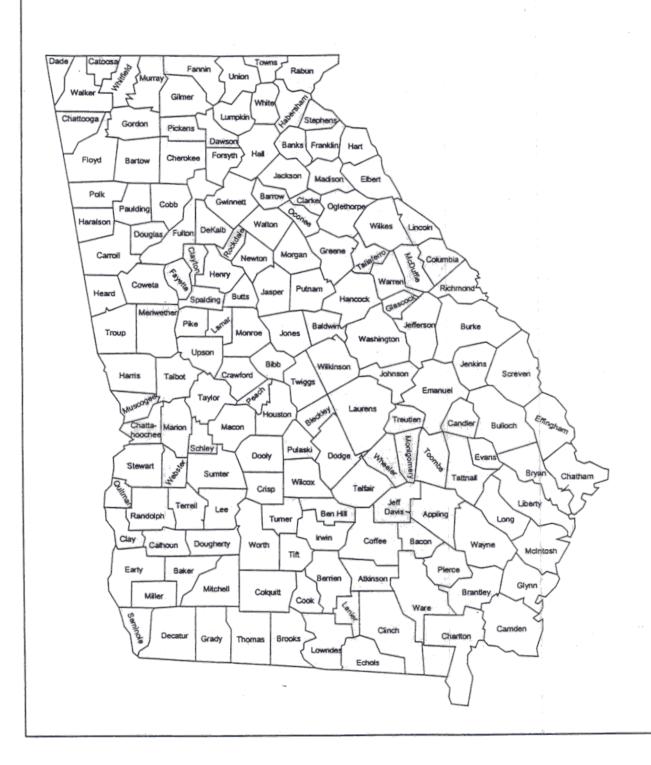
Tobacco poisoning

Prenatal care and birth control

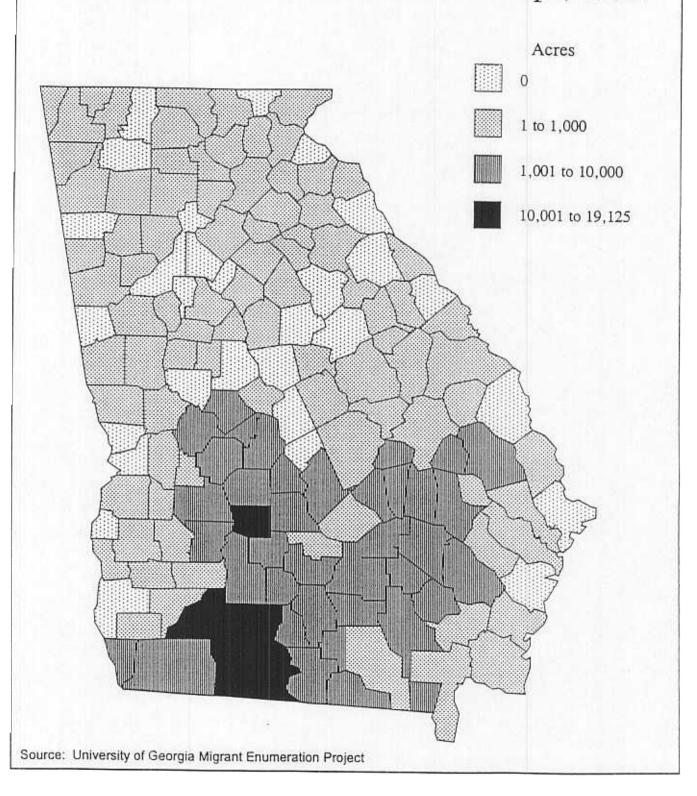
Skill disorders

- Substance abuse
- Auto accidents
- ► STDs
- ▶ Back ailments
- ▶ Intestinal parasites, especially in children
- ► Immunizations
- ► Head lice
- ► Lack of health insurance

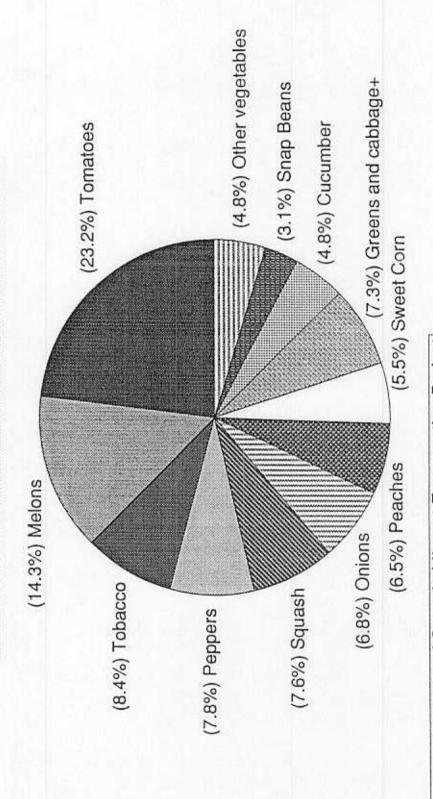
### Georgia Counties



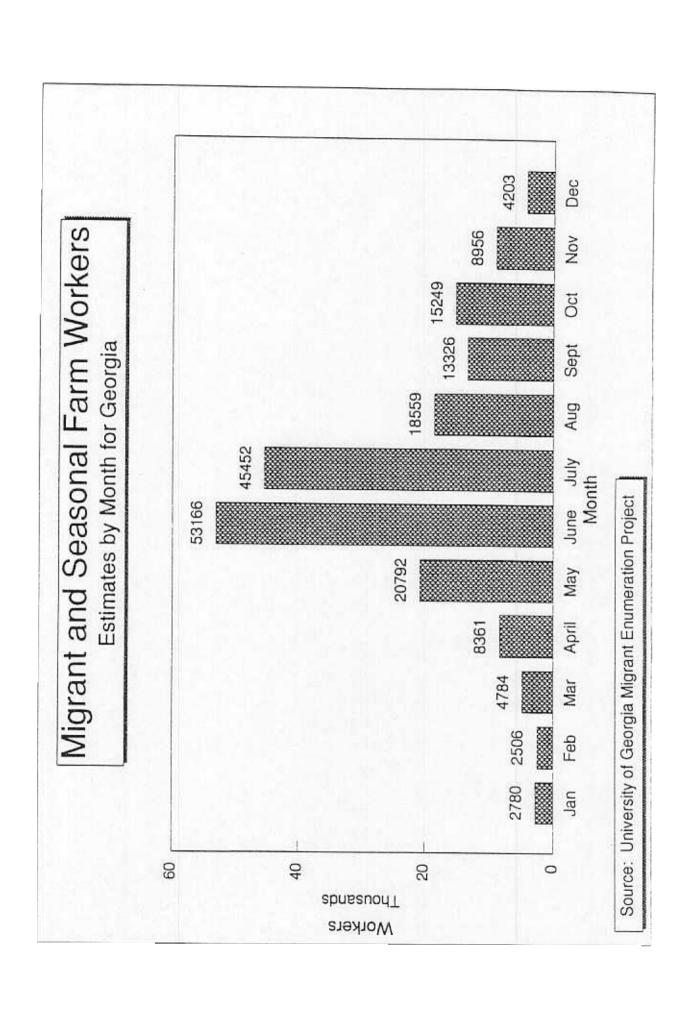
# Total Acreage in Labor-Intensive Crops, 1992



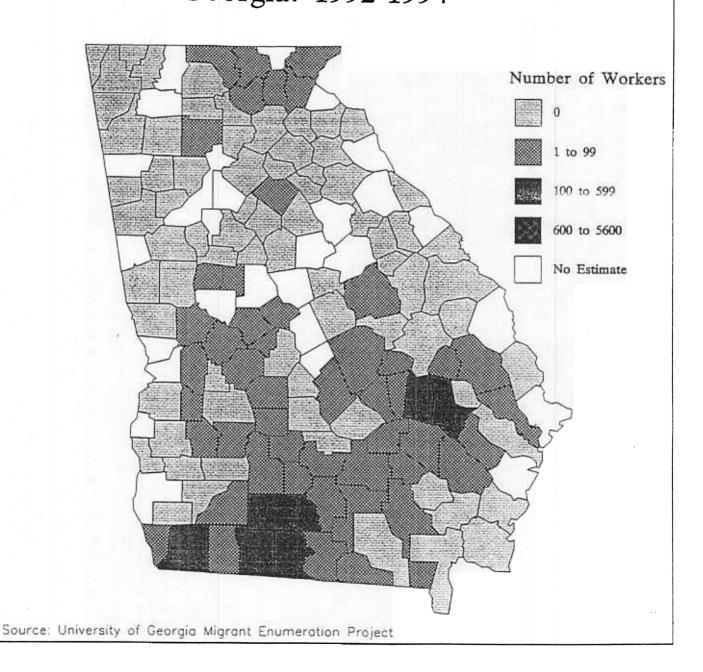
# Labor Requirements by Crop Estimates for Georgia, 1992-94



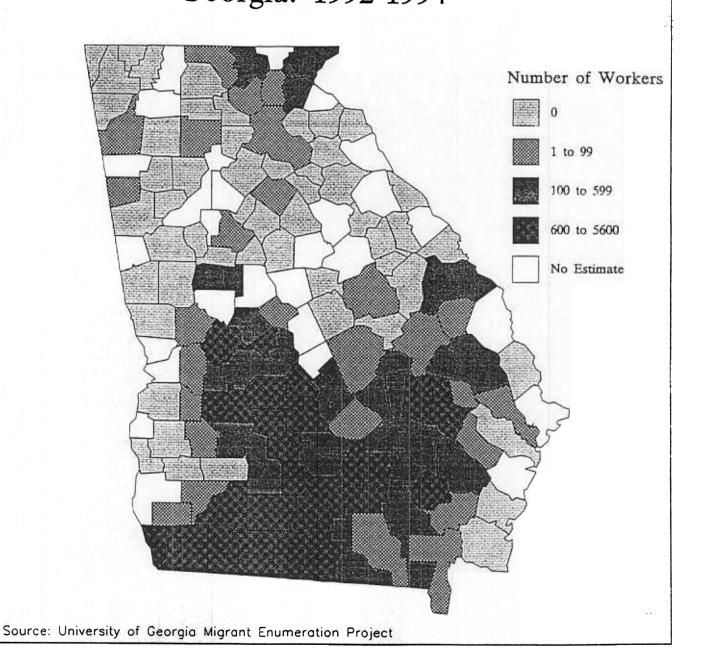
Source: University of Georgia Migrant Enumeration Project

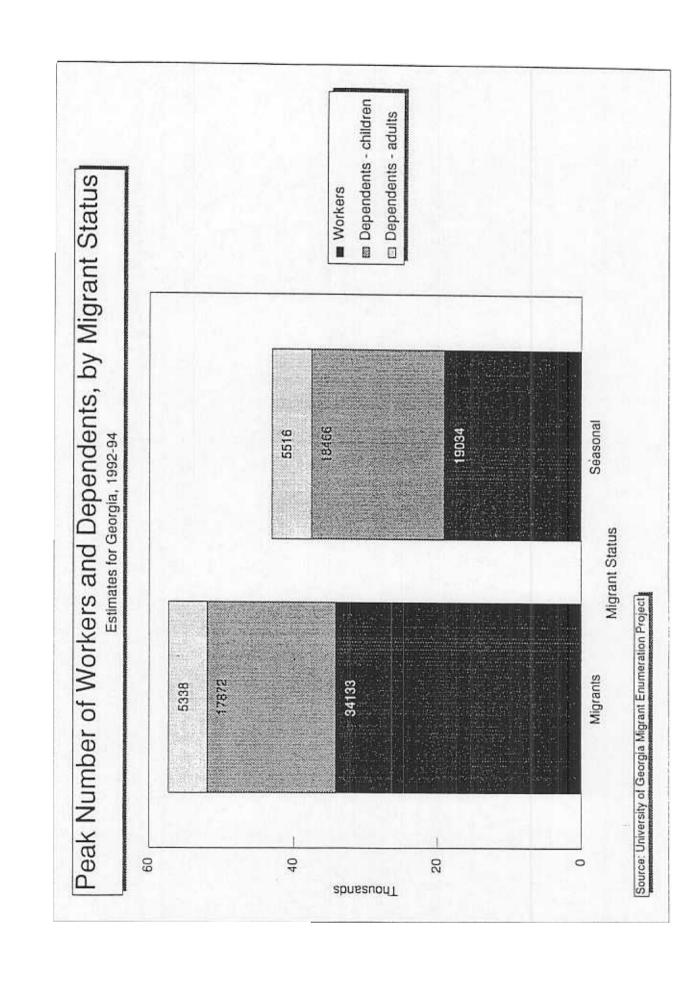


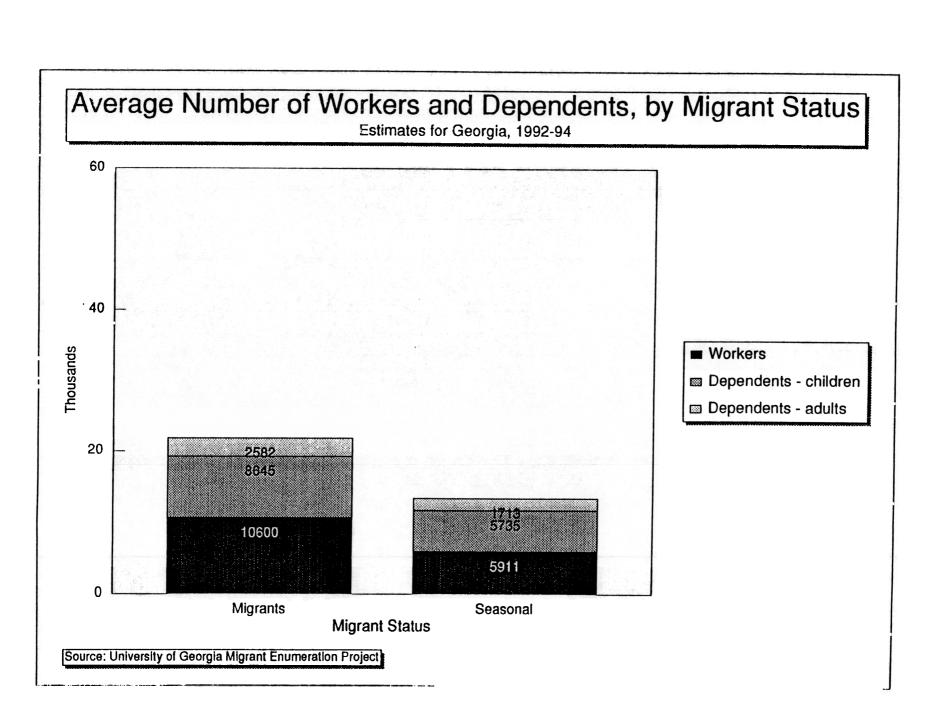
# Migrant and Seasonal Farm Workers Estimated January Requirements Georgia: 1992-1994

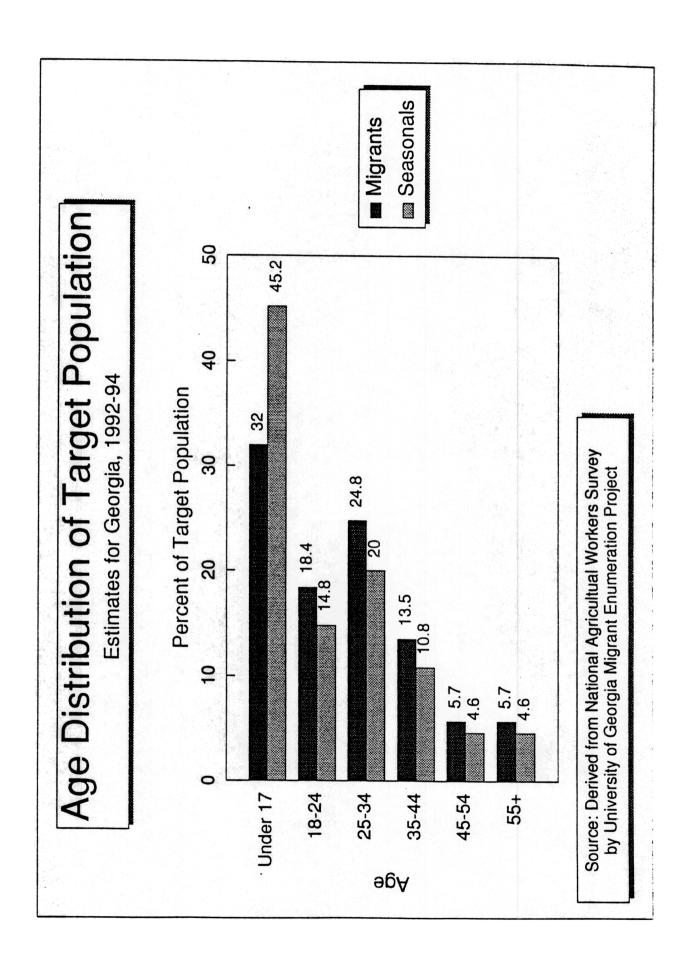


# Migrant and Seasonal Farm Workers Estimated June Requirements Georgia: 1992-1994



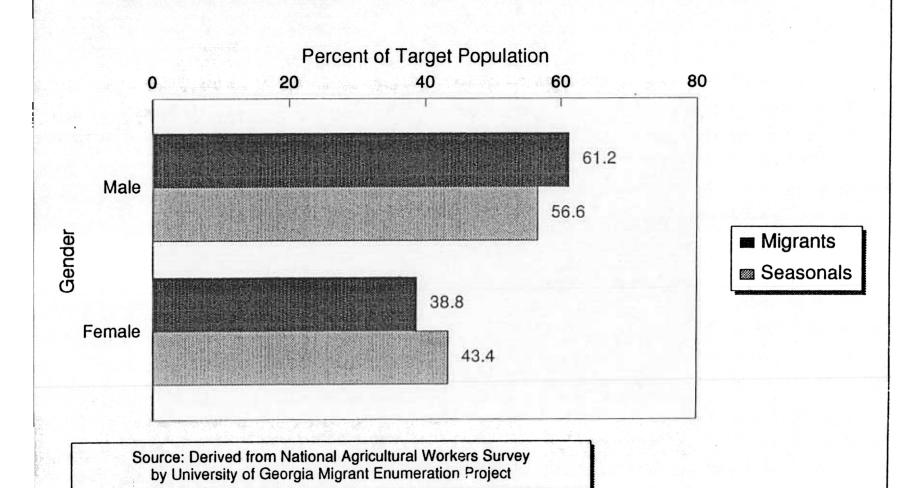


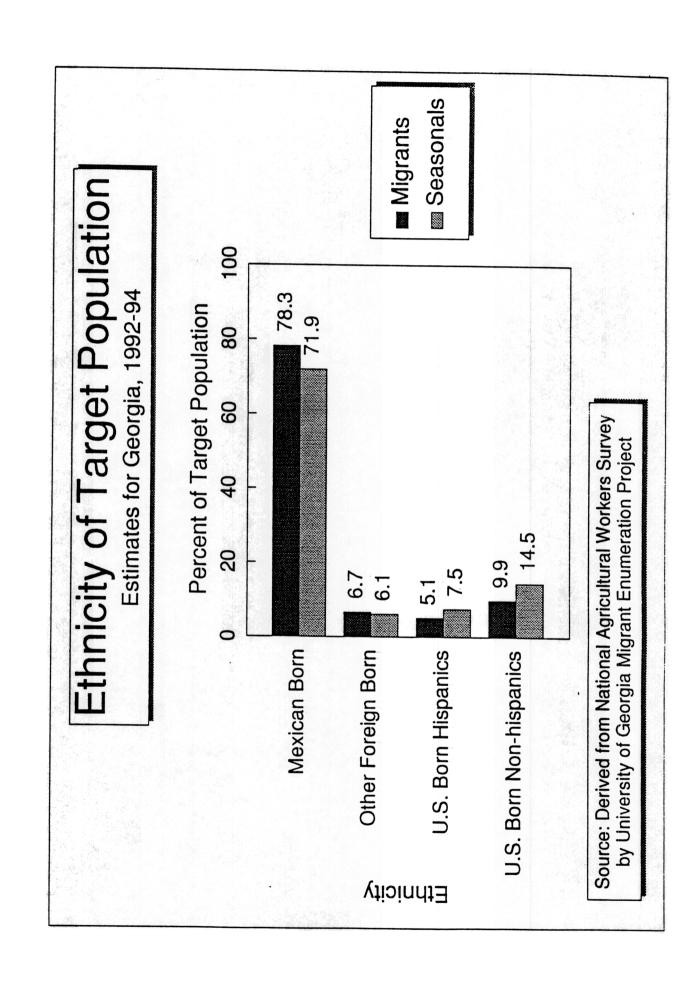




### Gender Distribution of Target Population

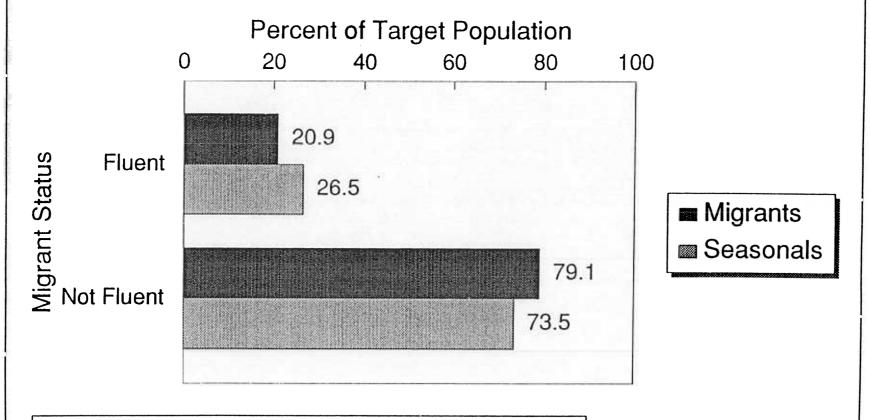
Estimates for Georgia, 1992-94





# English Fluency of Target Population

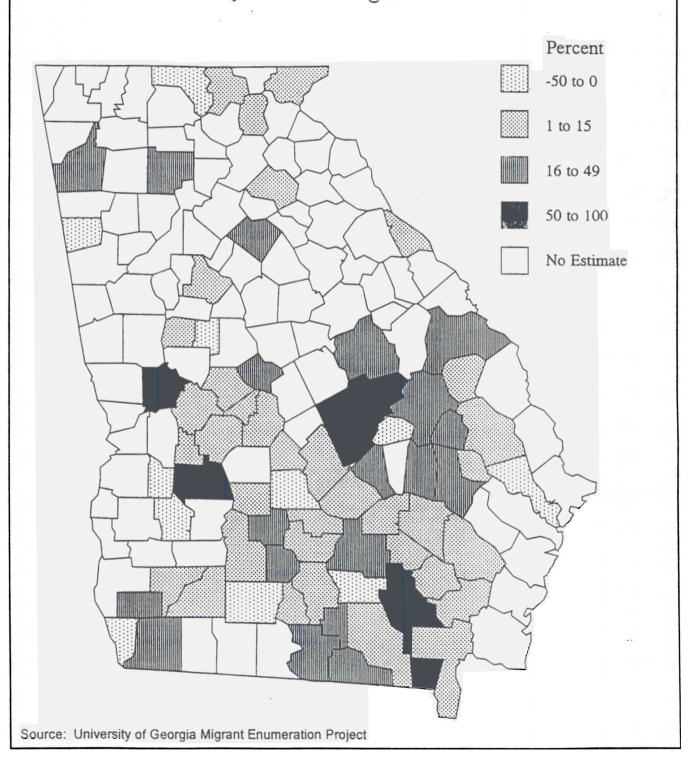
Estimates for Georgia, 1992-94



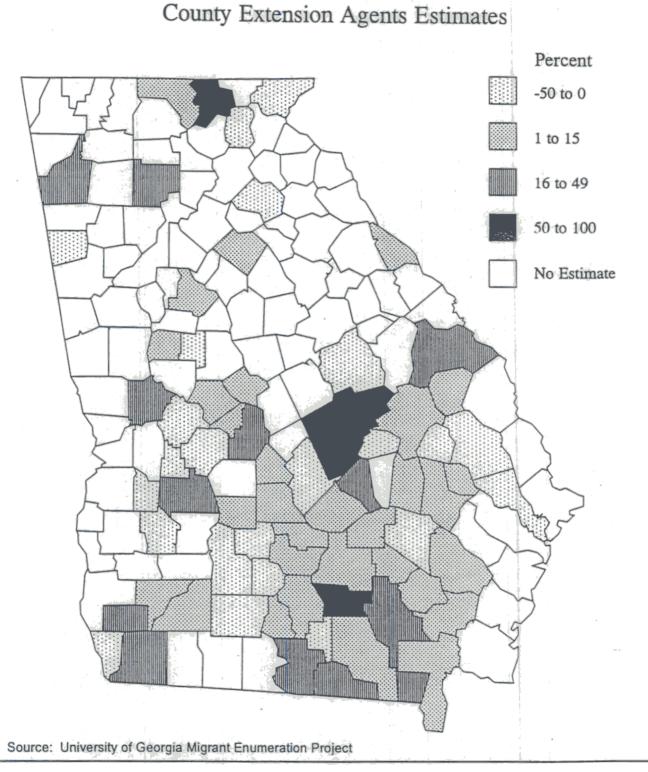
Source: Derived from National Agricultural Workers Survey by University of Georgia Migrant Enumeration Project

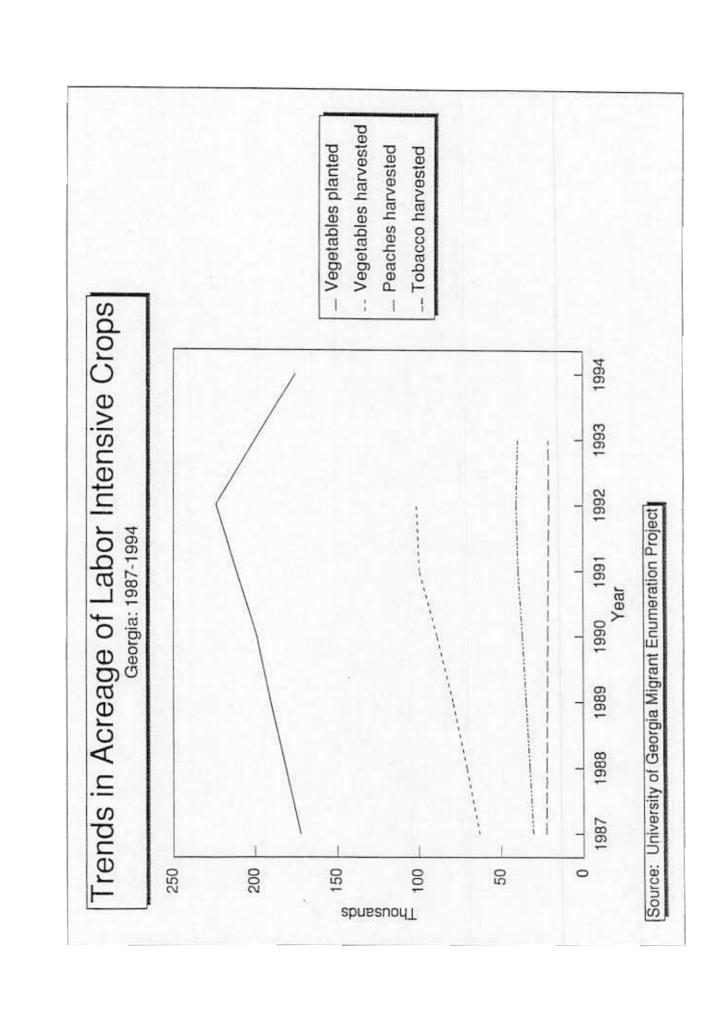
# Change in Number of Part-Year Farm Workers, 1991 - 1994

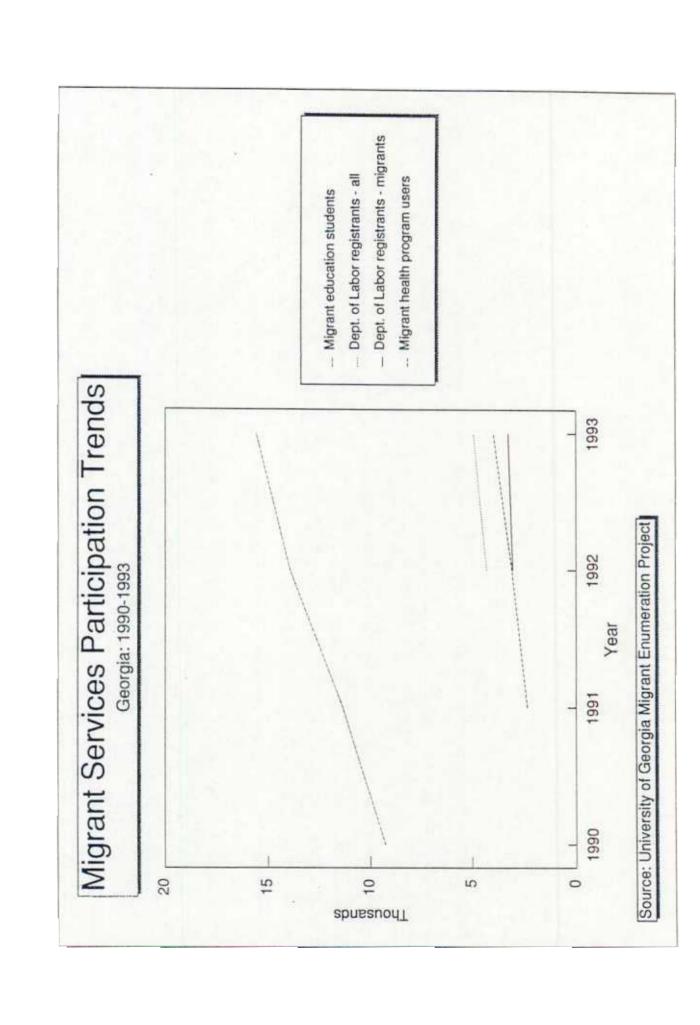
County Extension Agents Estimates



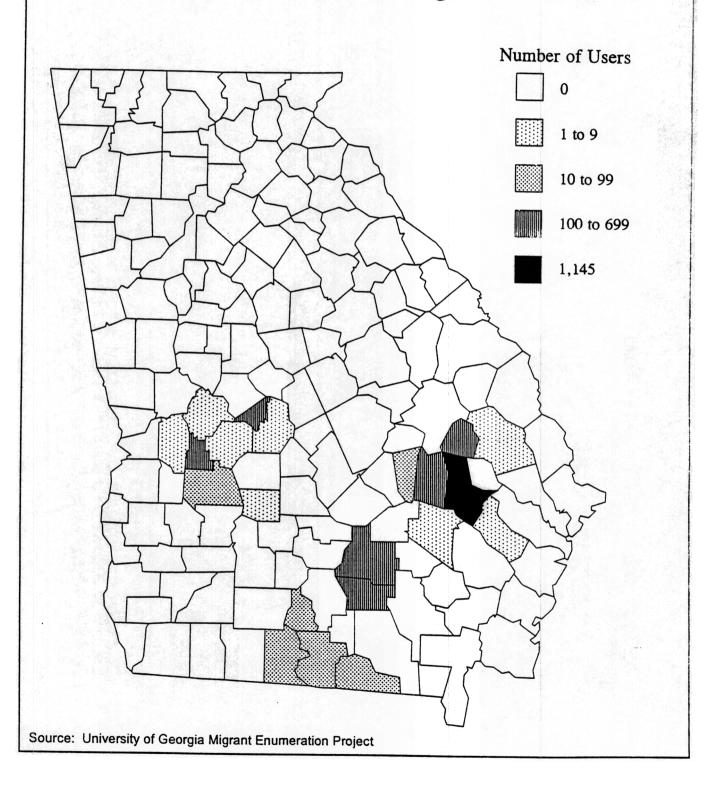
### Change in Number of Part-Year Farm Workers, 1994 - 1997



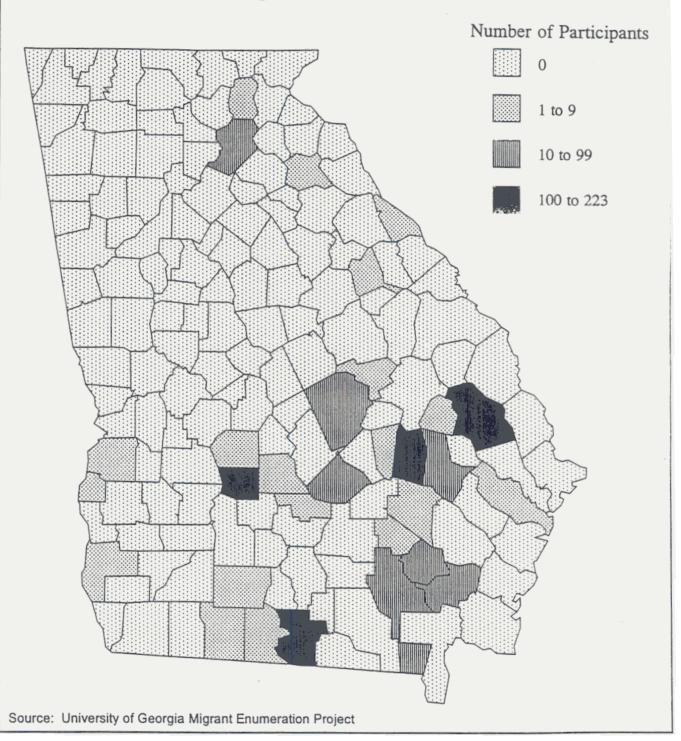




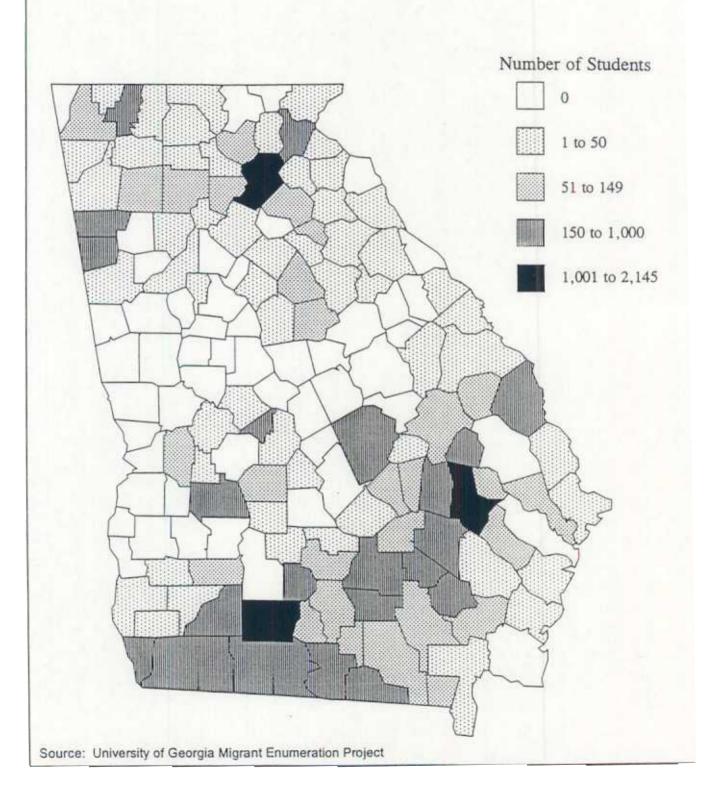
### Migrant and Seasonal Farm Workers Health Program Users, Program Year 1993



# Migrant Farm Workers Job Training Participants, Program Year 1993



### Enrollment in Migrant Education Programs, Calendar Year 1993



### **Major Conclusions**

- We estimate the total population of migrant and seasonal farm workers and their families to be 100,350 in June, the month of peak agricultural employment statewide. Of these, approximately 36% are children under age 17.
- Acreage in labor intensive crops, after a strong increase 1987-1992 has leveled off or declined slightly since 1992. Some growth in production, and consequently, demand for harvest labor may be expected through 1997 due to increasing yields, but the rate of growth will be slower than that experienced in the earlier period.
- Migrants will represent a smaller percentage of the farm labor force, as the "settling out" process occurs.
- Migrant service providers who have been scrambling to catch up with rapidly growing service needs may be able to meet an increased proportion of needs as target population growth slows. Areas that appear to be particularly under-served at present are the far southwest corner of the state and perhaps Union and Rabun counties in the northeast.