

Health Care for Children of Farmworker Families

Committee on Community Health Services

Migrant and seasonal farmworkers constitute a major portion of the labor force in the American agricultural industry. By harvesting and processing farm crops, they contribute positively to farm communities and the American economy.

In 1988, the Office of Migrant Health estimated that nationwide migrant and seasonal farmworkers and their dependents numbered between 3 and 5 million.¹ The majority of farmworkers are married and/or have children. Only 10% to 25% of farmworkers are estimated to be unauthorized workers. The average annual income for migrant and seasonal farmworkers is well below the poverty level despite the prevalence of families with two wage earners. Although most farmworker families qualify for some type of public assistance, only 18% actually receive it.² Because health care insurance is invariably beyond the reach of farmworker family budgets, and employers of farmworkers rarely provide health care benefits for their employees, these families are usually uninsured. In some cases, these families lack US citizenship or are in this country illegally, further limiting access to health care for their children. Medicaid eligibility is complicated by migration, because different eligibility requirements must be met in each state.

Because of their income level, lack of insurance, and mobile lifestyle, families of farmworkers often find that comprehensive child health care (health maintenance, anticipatory guidance, and preventive medicine) is essentially unavailable. Additionally, recent changes in immigration policy and economic developments have resulted in a rapid growth of population that is not paralleled by the growth of health care facilities. Other problems that delay or prevent access to health care for the children of farmworker families include language barriers and differences in culture.

In US border regions, access-to-care problems are exacerbated by the shortage of health care providers.³ This results in a pattern of service that usually is fragmented and episodic. Migration not only interrupts the continuity of care but also interferes with knowledge about a community's health services and jeopardizes eligibility for these services because of residency requirements.⁴ The federal Migrant Health Program has been effective in delivering some care,

but it is limited in capacity and needs expanded support. A guaranteed health insurance program, which would facilitate access to care in the private sector, is essential.

Common problems of farmworkers' families include parental poverty, frequent moves, low health expectations, interrupted schooling, overcrowded living conditions, and poor sanitation facilities. Farmworkers' children are at increased risk for respiratory and ear infections, bacterial and viral gastroenteritis, intestinal parasites, skin infections, scabies and head lice, pesticide exposure, tuberculosis, poor nutrition, anemia, short stature, undiagnosed congenital anomalies, undiagnosed delayed development, intentional and unintentional injuries, substance use,^{5,6} and teenage pregnancy. Immunizations and dental care are often delayed or absent.⁷⁻¹⁰ Many children have never been screened for chronic disease or vision and hearing impairment. Providing health care services for these children benefits the children, the farmworker family, the community, and the country.

RECOMMENDATIONS

Pediatricians cannot meet all the needs of farmworkers' children, but they can facilitate health care delivery for these children through the following direct services: (1) identifying a medical home for farmworkers' children and facilitating continuity of medical care as the family moves to another area; (2) accepting office referrals from the *Migrant Health Centers Referral Directory*¹¹ and from other agencies requesting health evaluation and services for farmworkers' children¹²; (3) volunteering to provide health care in the office free of charge or at a reduced rate to needy farmworker families when other sources of payment are not available; (4) providing a portable health record that contains pertinent information concerning medical care given (eg, immunizations and drug reactions) for the patient's family to carry with them; (5) establishing multicultural skills in the office whenever possible, providing written materials in the primary language of the families, and encouraging office staff to work enthusiastically with these families in a culturally appropriate manner within the context of the farmworker lifestyle; and (6) offering to serve on a volunteer basis in community health clinics providing care for children of farmworkers.

Pediatricians can facilitate care via advocacy and by supporting the following measures:

1. Recommend the full inclusion of all farmworkers' children, regardless of parental residency or

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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citizenship status, for all state Medicaid and indigent care programs and in any federal health care reform legislation.

2. Recommend the provision of affordable insurance via federal- and state-level sources, including the development of interstate Medicaid agreements and direct grant strategies that ensure the availability of health resources and help farmworkers' families meet necessary medical costs.
3. Inform farmworkers about Medicaid eligibility and state maternal and child health programs.
4. Support programs and legislation requiring improvements in farmworker housing, field conditions, safety, and sanitation.
5. Support agencies and programs (eg, farmworker health care centers, Migrant Head Start, the Special Supplemental Nutrition Program for Women, Infants, and Children, and farmworker education programs) that promote preventive medicine and dentistry, anticipatory guidance, health maintenance, and education for farmworker families.
6. Assist local programs that provide health evaluation for farmworker families to encourage extended services, such as prenatal care, regionalized perinatal care, preventive child health and developmental assessment, adolescent medicine, and behavioral pediatrics.
7. Establish a relationship with the state or local farmworker program to assist in planning and promoting child health for this population. Pediatricians in urban areas or medical centers are encouraged to provide support via this route.
8. Promote research concerning the effects of the farmworker lifestyle on the health and psychosocial development of farmworkers' children.
9. Encourage research and reporting of morbidity and mortality data affecting farmworker families.
10. Support those professional groups seeking to promote comparable services for adult farmworkers.
11. Explore and support newer electronic access to the medical records of farmworker families.

The American Academy of Pediatrics advocates quality comprehensive health care for all children. Farmworkers' families should have access to affordable health care for their children. Citizenship, residency status, financial resources, and language differences should not deter access to health care. It is the responsibility of pediatricians, both as individuals and as members of the Academy, to do all that

they can to assist in the provision of care to the children of migrant and seasonal farmworkers.

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