

NORTHERN CAL MIGRANT FARM

Northern California Hispanic Migrant Farm Workers
Health Status: A Case Study

STATUS: A CASE STUDY



Miguel A. Pérez
University of North Texas

Reuben D. Garza
California Primary Care Association

Helda L. Pinzón
University of North Texas

Determining the exact number of farm workers in the United States is a difficult task confounded by the fact that each of the federal agencies dealing with farm workers use different definitions.

Currently, the Office of Migrant Health estimates the number of farm workers and their dependant population to be 4.1 million, with approximately 1.6 million having migratory

status. However, other estimates place the number of farm workers in the United States between one and five million (Commission on Security and Cooperation in Europe [CSCE], 1994; Dever, 1991; Halcon, 1997; General Accounting Office, 1992). The lack of uniform definition and the inability to provide an accurate census have often been cited as major issues complicating efforts to reach the U.S. farm worker population. Overall, the U.S. farm worker population has been

found to be primarily male (73%), young (67% age 35 or younger with a median age of 31), married, immigrants (67% foreign-born, and 70% of Hispanic origin), and 53% with eight or fewer years of formal education (Martin and Martin, 1994).

There is contradictory data regarding the legal status of foreign-born farm workers. The General Accounting Office estimates that up to 50% of farm workers are illegal in this country; however, other researchers



NORTHERN CALIFORNIA HISPANIC MIGRANT FARM WORKERS HEALTH STATUS: A CASE STUDY

have concluded that high percentages of foreign-born farm workers are either legally naturalized citizens or legal permanent residents (National Commission to Prevent Infant Mortality, 1993; United States Department of Labor, 1991). This data is further confounded by passage of the 1986 Immigration Law which enabled many individuals employed in agriculture to adjust their legal status resulting in an even higher number of foreign-born farm workers who are legally authorized to reside and work in the United States.

MIGRANT HEALTH

One of the three primary goals delineated in Healthy People 2000 [United States Department of Health and Human Services (USDHHS), 1990a] is increasing the healthy life span of all

Americans. The research literature, however, suggests that individuals employed in agriculture-related industries are the least likely members of this society to adequately receive health care services (CSCE, 1994, 1993; Goldsmith, 1989; National Migrant Resource Program, 1992; National Rural Health Care Association, 1986).

Researchers have found that seasonal and migrant farm workers are particularly susceptible to infectious diseases, partially attributable to overcrowded conditions and poor sanitation. Among the diseases most commonly reported by seasonal and migrant farm workers are shigellosis, dysentery, tuberculosis, sexually transmissible diseases, dental, and eye problems (National Migrant Resource Program, 1992; Wilk, 1989; Wingo, Borgstrom, Miller, and Division of Tuberculosis Control Centers for Disease Control, 1986).

In the 1960s the U.S. federal government took the lead in improving the health and well-being of migrant and seasonal farm workers; those efforts lead to the enactment of the Migrant Health Act of 1962. Migrant health centers were designated to provide a comprehensive approach to meeting the primary health needs of this population by directly providing medical services, outreach education, and fomenting the utilization of farm

workers themselves as health aids. It is estimated that less than 20% of farm workers are served by the migrant clinics established by the Migrant Health Act of 1962 (CSCE, 1994; Dever, 1991; Littlefield and Stout, 1987). Numerous factors including the transient nature of this population, chronic underemployment, constant mobility, low levels of education, low income, and lack of health insurance contribute to the third-world like health conditions encountered by this population (USDHHS, 1990b).

METHODOLOGY

California is one of the primary destinations for individuals employed in agriculture-related industries. The 1990 census counted a total of 382,000 persons working in the farming, forestry, and fishing industries in California. No distinctions were made as to how many were working in each industry. In California, as in the rest of the nation, the socioeconomic conditions of seasonal and migrant farm workers are rather depressing. Most camps lack safe running water or sanitation facilities; similarly, farm workers work long hours and earn little pay. Low literacy levels are also prevalent among this population.

The current study is the result of collaborative efforts between the University of North Texas and Del Norte Clinics, Inc., in northern California. Del Norte Clinics, Inc., is a network of primary health care clinics serving seasonal and migrant farm workers in northern California. The purpose of this study was to identify priority health problems among northern California seasonal and migrant farm workers and to identify barriers to the use of health services. In this study a migrant farm worker is defined as "an individual whose principal employment is in agriculture, who has been so employed in the last 24 months, and who establishes, for the purpose of

such employment, a temporary place of abode" (USDHHS, 1990a).

The Institutional Review Board at the University of North Texas reviewed and approved the current study. Data for the current study were collected using a modified version of the Colorado Migrant Farm Worker Survey developed and validated by the Colorado Department of Health (Littlefield and Stout, 1987). The study was explained to the potential participants and those who agreed to participate expressed their consent by

Since no listing existed from which to randomly select sample respondents, migrant camps in five northern California counties were identified based on previous service delivery to this population. Using purposive sampling procedures, five migrant camps were randomly selected. Outreach workers visited the camps and enlisted the voluntary participation of individuals. Participation criteria for the current study included (a) current employment in agriculture, and (b) being male.

"perceived" health care needs among Hispanic migrant farm workers; as a result, it is based on the report of symptoms, as experienced by the participants. The report of symptoms, rather than diagnoses, represents a useful research strategy to derive information regarding health needs among the target group. Hispanic patients often do not have the realm of knowledge to describe their illnesses in terms of diagnoses, but rather, they find it easier to express their concerns in terms of symptoms. The response rate in this study was 88% (44 out of 50).



Photo by Philip Decker

completing the survey form. The study targeted solo males, those defined as "males migrating alone or with other males, and who reside with other males, their marital status is not necessarily 'single'" (Littlefield and Stout, 1987, p. 6). Solo males were selected for this pilot project due to the fact they represent the largest number of Hispanic farm workers in the area.

FINDING AND DISCUSSION

Although some studies have identified the health care needs of migrant farm workers (De la Torre, 1990; Dever, 1991) few attempts have been made to recognize the most relevant health-related needs as perceived by this particular population. The present study emphasizes the A

SOCIO-DEMOGRAPHIC CHARACTERISTICS

Socio-demographic Characteristics: Table 1 shows the demographic characteristics of the sample respondents. The participants' age ranged from 17 to 84 with a mean age of 31.2. All the participants were males and 43% reported working as a migrant farm worker on a full-time basis. Approximately 91% reported being of

NORTHERN CALIFORNIA HISPANIC MIGRANT FARM WORKERS' HEALTH STATUS: A CASE STUDY

Hispanic descent, 41% were married, and 88.6% came from Mexico.

Table 2 presents a breakdown of perceived health problems experienced by the sample population. Thirty-eight percent of the study participants reported blurred vision as a health problem, this was followed by headache (22.7%), low back pain (20.5%), ear infection (20.5%), chest pain (18.2%), and dental disease (18.2).

Dever (1991) found that eye trouble, particularly, acute conjunctivitis was the eleventh most commonly diagnosis provided by migrant health clinics. The incidence of eye trouble reported by the study participants was markedly higher than in previous findings. According to Halcon (1997), farm workers' increased risk for infectious diseases, including eye and ear infections, is due to poor sanitary conditions, economic deprivation, and lack of enforcement of OSHA requirements for hand-washing facilities in the workplace. Other researchers (Sakala, 1990) have argued that pesticides, heat, and light from the sun, as well as poor field sanitation are factors contributing to the aggravation of diseases of infectious nature.

Headache was the second most commonly mentioned health problem by study participants. Chest pain, reported by 18.2% of the participants, was also an important health concern. The report of chest pain is consistent with the high prevalence of essential hypertension and cardiovascular disease among farm workers, as reported by various authors (Slesinger, 1992; Dever, 1991).

TABLE 1
DEMOGRAPHIC CHARACTERISTICS

Characteristic	N	%
Employment Status		
Work-full time	19	43.2
Work-part time	19	43.2
Unemployed	2	4.5
Other	4	9.1
Marital Status		
Married	18	40.9
Widowed	1	2.3
Separated	2	4.5
Single	18	40.9
Other	5	11.3
Ethnicity		
Hispanic	40	90.9
Other	4	9.1
Preferred Language		
Spanish only	32	72.7
Mostly Spanish	3	6.8
Spanish and English	7	15.9
Other	2	4.5
Country of Origin		
Mexico	39	88.6
Other	5	11.4
Ability to Read English		
Very well	3	6.8
Some	14	31.8
Not at all	27	61.3



Photo by Phillip Decker

Low back pain, reported by 20.5% of the participants, represents another health problem worthy of careful analysis. In the U.S., back injury is the second most commonly mentioned reason for absenteeism and the third leading cause of permanent work disability (Migrant Clinicians Network, 1990).

Injuries to the musculoskeletal trunk have not been adequately studied among farm working populations, although their implications are of extreme importance for this group.

Low back pain is a factor of significant importance among agricultural workers. The influence of this ailment

Photo by Philip Decker



TABLE 2
SELECTED HEALTH ISSUES AMONG HISPANIC MIGRANT FARMWORKERS

Selected Health Problems	N	%
Blurry Vision	17	38.6
Headache	10	22.7
Backache	9	20.5
Ear Infection	9	20.5
Chest Pain	8	18.2
Tooth Problems	8	18.2
Arthritis	7	15.9
Coughing	7	15.9
Strong Anger	6	13.6
Digestive Issues	6	13.6
Swollen Joints	6	13.6
Nervousness	6	13.6
Sleep Trouble	6	13.6
Rashes	5	11.4
Irritability	5	10.3
Stomach Pain	4	9.1
Allergies	4	9.1
Shortnes of Breath	4	9.1
Asthma	3	6.8
Bladder Trouble	3	6.8
Anemia	2	4.5
Low Spirit	2	4.5
High Blood Pressure	2	4.5
STDs	2	4.5

TABLE 3
TREATMENT SOURCES

Source	N	%
Family Member	19	43.2
Friend	8	18.2
Crew Leader	3	6.8
Herbalist, Curandero, etc.	6	11.3
Sel-Knowledge	7	15.9

on the quality of life of migrant workers and the risk of permanent disability and morbidity should be important concerns for Public Health Workers.

Approximately 13.6% of the participants expressed they felt a "strong anger," and a similar percentage indicat-

ed they experienced "nervousness" and "sleep trouble," proxy conditions for mental health issues. An estimated 4.5% of the participants reported "low spirits," meaning feeling blue or depressed. Vega *et al.* (1990) suggested that factors such as isolation, separation from family members, economic diffi-

culties, and immigration concerns contribute to the increase of mental health problems in this population.

TREATMENT SOURCES

Approximately 36% of the sample respondents reported having used health care services in northern California for preventive and health promotion issues; however, only 9% of the sample reported requiring emergency medical services during the month prior to the study. When a visit to the Emergency Room was necessary, surgery was the reason in 16% of the cases. An additional 16% of the sample respondents who had been to a hospital for medical services reported spending at least a night in a hospital during the last year.

Fifty two percent of the study participants reported having a regular place for obtaining health care; however, only 9% identified a private doctor's office as their primary location for obtaining health care services. Similarly, only 11% reported obtaining health care services at a migrant health clinic.

Questions about the utilization of resources outside of the health care system revealed (Table 3) 43.2% of the interviewed participants reported relying on the advise of family members; 18.2% reported following instructions given by friends who had experienced a similar condition; 15.9% expressed using self-knowledge and common sense to treat their symptoms; 11% reported using traditional healers such as herbalists and *curanderos* (folk healers); and 6.8% consulted a crew leader for advise on how to deal with the health problem faced.

Table 4 shows the use of over the counter medications [OTC]. In this regard eye drops such as artificial tears were the most commonly used medications (27.3%) as reported by the sample participants. This finding is not surprising since eye problems were mentioned as the most common health

NORTHERN CALIFORNIA HISPANIC MIGRANT FARM WORKERS HEALTH STATUS: A CASE STUDY

BARRIERS TO THE USE OF HEALTH CARE SERVICES

The major barriers encountered by Hispanic migrant farm workers in using health care services are presented on Figure 1. Most of the interviewed participants (48.3%) expressed their lack of knowledge about the services available. This finding was surprising to the researchers since Del Norte

IMPLICATIONS FOR PRACTICET

The reader must keep a few limitations in mind when interpreting the results of this study, including the nature and limitations of self-reported data and the small number of respondents. Despite the small number of participants, results from the current study suggest three significant findings including the identification of blurred vision and low back pain as major health concerns for the study population. Although reports on major causes of morbidity and mortality among farm workers do not reveal the magnitude of these problems, this study found that they are of special importance. Consequently, programs for the prevention and treatment of eye diseases and the musculoskeletal system ought to be offered to this population in need.

Mental health concerns are another issue of particular importance for the migrant farm worker population. Isolation, separation from the family nucleus, and economic concerns, among others, create a high risk environment for the development of psychological pathology. Support groups and programs that emphasize community cohesiveness should be included as part of the prevention services offered at health care facilities. Previous research (Perez and Fennelly, 1996) has found HIV and STDs to be a major concern among male farm worker populations. Although STDs did not appear in this study as major concerns perceived by the participants, they represent an important area of public health intervention. Factors such as shyness, lack of confidence in the interviewer, and difficulty of talking about sexual issues may have had an impact on the percentage of participants who expressed concern about sexually transmissible diseases. Sexual education combined with programs for emotional and psychologi-

TABLE 4
OTC USE IN THE LAST TWO WEEKS

OTC	N	%
Anti-Depressant, Stimulant, or Pep Pills	1	2.3
Cough, Throat, Cold or Congestion Medicine	9	25.7
Diet Pills or Dieting Aids	2	4.5
Eye Drops	12	27.3
Laxatives	5	11.4
Medicines for Diarrhea	11	25
Medicines for Indigestion	11	25
Sleeping Tablets	3	6.8
Vitamins	8	18.2

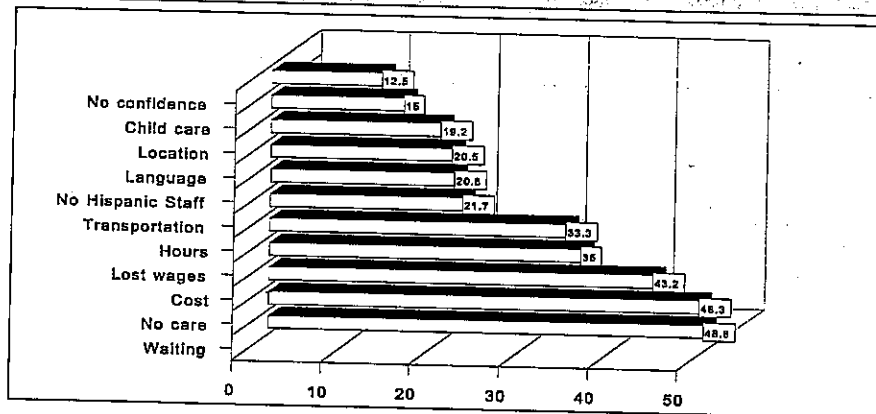
concern in the selected sample. Medicines for the treatment of problems of the upper respiratory tract were the second most commonly reported by participants. Cough, throat, cold, or congestion medicines were used by 25.7% of the subjects of this study. Approximately 18.2% of the interviewed participants reported using vitamins, and 11.4% reported using laxatives.

The previous findings indicate that among the selected participants, health care facilities are still utilized primarily for emergency care. Sixty four percent of the interviewed subjects do not use the health facilities for health promotion services. The role of family members, friends, and traditional healers in the treatment of health care concerns appear to be of special relevance among male farm workers. The use of over the counter medications, as reported by participants, represents an accessible and economic alternative for the treatment of those illnesses perceived as minor.

Clinics, Inc., has clinics in each of the five counties. This might be explained partly by some migrant farm workers being recent arrivals to the area or not having been exposed to the clinics or outreach workers before. Forty three percent of the sample indicated that cost was a major barrier when using health services. The lost of wages due to attendance to health care facilities was reported by 35% of the sample as a major barrier. The hours of service offered by health care facilities, as reported by 33.3% of the sample, were inconvenient. Other factors expressed by the sample participants included long waiting times (24%), language issues (20.5%), lack of Spanish-speaking staff (20.8%), and need for child care while attending health services (15%). These findings clearly support the results presented in other studies in which economic issues, language barriers, low confidence in the system, and lack of knowledge of the available services represent major barriers for migrant populations to access health care services.



FIGURE 1. PERCEIVED BARRIERS TO CARE



cal support need to be constantly offered on migrant camps and health care facilities.

CONCLUSION

Clearly additional research is required in order to understand the health needs of U.S. migrant

farm workers. Findings from the current study suggest that efforts to increase accessibility and availability of health care services need to be promoted. Innovative strategies to minimize barriers to access health care need to be designed with a culturally sensitive approach. Health care providers might do well to promote

health services through community leaders and key informants; use oral communications systems such as radio, TV, and word-of-mouth to divulge the various services available to migrant populations; adjusting the schedules of health care facilities according to the needs of the community; and offering child care while care-takers attend health services. Strategies that have been offered in the past such as increasing the number of Spanish-speaking personnel, reducing the cost of the services, and providing economic and educational incentives should continue to be offered. ■

The authors wish to extend their appreciation to Ms. Irma Leal, Mr. Manuel Meza, and Mr. Humberto Chavez from Del Norte Clinics, Inc., for their help in the data collection process. The authors further wish to thank Dr. Juan D. Ruiz, Epidemiologist, Department of Health Services, Office of AIDS Epidemiology Branch, for comments on earlier drafts of this article. References available upon request.