Migrant Farmworkers Substance Abuse Issues and Concerns

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The following paper was commissioned as a background issue paper for work deliberations at the first National Farmworker Substance Abuse Prevention conference held in San Diego, California, October 18-20, 1991. The conference was convened to form recommendations and action strategies for implementing the substance abuse section of the Migrant and Seasonal Farmworker Health Objectives for the Year 2000. The National Farmworker Substance Abuse Prevention Conference was produced by the National Migrant Resource Program, Inc. and the Migrant Clinician's Network through a grant from the Office of Substance Abuse Prevention.

Abstract

There are currently an estimated four million migrant farmworkers and their families in the United States (HHS, 1990). They are a very mobile population. The primary source of data is generally acquired from migrant health centers that are linked or integrated with hospitals and/or other health and social services existing throughout the United States (HRSA, ND.) While some health-related data is available from these migrant health centers and from the Health Resources and Services Administration (HRSA), Bureau of Health Care Delivery and Assistance, substance abuse data is more elusive.

Accepting the challenge to develop an "issues" paper for a population that travels in migratory streams requires an aggressive attempt to retrieve data that is generally not recorded. Data was collected through exhaustive university library searches and numerous contacts with Migrant Councils whose funding levels do not allow sophisticated data entry or collection techniques that yield information to permit "needs" assessment and data analysis. This information is necessary to develop appropriate programs that address substance abuse issues and concerns among this population group. It is also very difficult to research migrant farmworker concerns without discussing rural issues, since the two are often are synonymous.

This issue paper will highlight (l) issues affecting substance abuse prevention among migrant and seasonal farmworkers, (2) contributing factors, (3) current efforts to address problems, and 4) consideration of future options for a concerted

national effort to impact the decades of neglect of this *silent force*, an invisible population.

Statement of the Problem

The plight of migrant farmworkers' health and the lack of field sanitation rules have a history as long as the performance of farm work itself. There have been numerous articles with revealing titles such as "Harvest of Shame" (Morris, Nd) and "As Farmworkers Help Keep America Healthy, Illness May Be Their Harvest" (Goldsmith, 1989). Other studies and dissertations discuss maternal health, abuse, neglect, childhood health care, depression, oral health, intestinal parasites, pre-school, transients, nutrition, folk medicine, social services and, most recently, HIV/AIDS. There is a paucity of studies and recommendations related to substance abuse. Therefore, it is essential that a major focus with specific goals for generating this type of data be a priority for agencies and institutions involved with this population.

Who are the migrant farmworkers? "A migrant or seasonal farmworker is an individual whose principal employment within the last 24 months is in agriculture on a seasonal basis (HRSA Nd.)." There are differences between a migrant and a seasonal farmworker. The migrant farmworker travels and sets up a temporary home for employment reasons. Some migrant farmworkers travel a few hundred miles, while others travel more than a thousand miles as they follow the crops north in the spring and return south in the fall. A *seasonal* farmworker is defined by the Department of Agriculture as "one who performs 25 to 149 days of farm wage work in 1 year (U.S. Congress, 1990)." There are currently an estimated four million migrant and seasonal farmworkers and their families in the United States (HHS, 1990). They are a highly mobile population. The primary source of data is generally migrant health centers that are linked or integrated with hospitals and/or other health and social services existing throughout the United States (HRSA, Nd.). There are approximately 122 migrant health centers that operate about 378 clinics located in over 300 rural areas in 35 states and Puerto Rico. These centers provide services to over 500,000 migrant and seasonal farmworkers, about 13% of the estimated eligible population.

The Migrant Health Act authorized legislation for migrant health centers in September 1962 by Public Law 87-693, adding Section 329 to the Public Health Service Act. There have been several amended sections to this legislation over the years. Funding for approximately 65% of these centers is provided by the Community Health Center Program authorized under Section 330 of the Public Health Service Act.

Telephone surveys conducted with various migrant farmworker organizations confirm that substance abuse data is scarce or not available. When asked about specific subject information, the staff of the Arizona Affiliated Tribes, Inc. located in Phoenix, Arizona responded, "We don't measure alcohol abuse problems." Contact with the University of Wisconsin-Eau Claire, which sponsored the 1990 National Rural Institute on Alcohol and Drug Abuse, shows that of seven tracks featuring 37 subject areas, none were on migrant farmworkers and substance abuse. This is not an indictment of the conference but rather an observation that confirms the paucity of substance abuse data available for this population.

Status of the Problem

Data that demonstrates utilization rates of substance abuse services for migrant farmworkers appears to be non-existent. Therefore, problems of the *invisible population* may be compounded by *invisible data*. To develop baseline estimates of substance abuse and other behavioral problems that confront migrant farmworkers, this issue paper submits that it is necessary to apply *needs* assessment methods generally used for other population groups.

One such method used in Arizona is detailed in the Annual State Health Plan produced by the Arizona Department of Health Services. This approach uses a formula that parallels federal methods. The basic premise is that a percentage of the population is in need of services. The need for

behavioral health services is estimated to be in the following proportions:

Mental Health	12%
Alcohol Abuse	8%
Drug Abuse	4%

Of the persons in need at any given time, only a certain percentage will seek or accept services. For the three disabilities reflected here, 25% of those in need will seek the services. Of the persons who would seek and/or accept treatment, some will receive treatment in the private sector and others will receive treatment in the public sector, if available (Adams, 1990). Migrant workers will almost certainly need to utilize the public sector. Therefore, by applying the above statistical methodology to the migrant and seasonal farmworker population, we arrive at the following estimates of need.

The applied methodology implies that, out of the estimated 4 million seasonal and migrant farmworkers, one million or approximately 25% of the population are in need of mental health, alcohol or drug abuse services; but only 250,284 would actually seek the services, if available.

This information may spark the challenge to do an in-depth study and research project of actual numbers of prevention and treatment centers funded in the United States, with incidence and prevalence rates established specific to seasonal and migrant farmworkers and their families. Once we arrive at the actual number of services being provided to this population, unmet needs can be identified. We can then prioritize, develop and/or enhance existing service centers.

Factors Affecting Health Status

There are numerous studies and data sources available that describe migrant farmworkers' health status. A search of the MEDLINE database files conducted in July 1991 using various descriptors focusing on migrant farmworker health issues produced the following information:

> "A bilingual, multidisciplinary team of health professionals collaborated with a migrant health center in North Carolina to develop a model program to deliver primary health care services to migrant farmworker women and children. The program included case finding and outreach, coordination of maternal and child health services locally as well as interstate, and reported the status of

Migrant Farmworkers
N = 4,171,419

Disability	Total in Need	Number Who Would Seek Treatment
Mental Health	500,570	125,142
Alcohol Abuse	333,713	83,428
Drug Abuse	166,856	41,714
Total	1,001,139	250,284

359 pregnant migrant farmworker women and 560 children (ages birth to 5 years—the majority of Mexican descent) who received primary care services at the center. The mean age of the women was 23.1 years. Their mean gravidity was 2.9. Dietary assessments showed that the protein intakes of most met or exceeded the U.S. Recommended Dietary Allowances, but their consumption of foods in the milk-dairy group and the fruit-vegetable group was below recommended standards. Low hematocrit was a common problem among the women (43 percent) and, to a lesser extent, among the children (26 percent). Among the infants and children, 18 percent were obese. Black American women had the highest proportion of low birth weight infants (Watkins, et al., 1990)."

Studies conducted on child abuse between 1983 and 1985 of approximately 24,000 migrant farmworker children in the states of New York, New Jersey, Pennsylvania, Florida and Texas found that migrant children were significantly more likely to be maltreated than other children.

A computerized search of MEDLINE files from 1966 through October 1989 found that:

"Four hundred eighty-five articles were scanned; 152 were found specifically related to migrant families; while another 51 articles addressed the health of agricultural workers or farmers in general. Solid data exist on dental health, nutrition and, to a lesser extent, childhood health. Data also were prominent in several disease categories including certain infectious diseases, pesticide exposures, occupational dermatosis, and lead levels in children. Estimates of the size of the migrant and seasonal farmworker population vary widely. Basic health status indicators such as age-related death rates are unknown. Prevalence rates of the most common cause of death in the United States have yet to be studied. More research is needed into the health problems and health status of migrant and seasonal farmworker families (American Journal Public Health, 1990)."

Other studies conducted on farmworker health status indicate that there are higher incidences of maternal depression, dental health needs and intestinal parasites. As stated earlier, there is a paucity of national data on substance abuse among farmworkers. Most existing data are from farmworkers seen in federally-funded migrant health centers (MHCs).

A 1981 survey of MHCs found that need for obstetrical care and care for the condition of hypertension were the most frequent reasons for visits to these clinics in 1979 and 1980. A 1984 survey of migrant farmworker families identified some major health problems in the population, including:

- ailments (e.g., urinary tract infections) associated with poor sanitation and overcrowded living conditions (e.g., lack of toilets, handwashing facilities, potable drinking water);
- a prevalence of parasitic infections that averaged 20 times greater than in the general population;
- acute and chronic illnesses related to pesticide poisoning; and
- hazards affecting the health of pregnant women and children.

It appears that if this brief review of literature is an indication of migrant farmworkers' health status, prevention and treatment strategies need to be developed over a span beyond the year 2000.

Impact of Health Status

A major contributing factor to the plight of migrant farmworkers is that their issues appear to be marginal among competing priorities for public health services (American Journal of Public health, 1980) Since most states consider migrants to be

temporary residents, they are deemed ineligible for Medicaid. To compound the problem, health care in rural areas is limited or non-existent. Living conditions of migrant and seasonal farmworkers are, for the most part, very poor. In addition, annual income is significantly below the federal poverty threshold.

During a session about rural issues sponsored by the Office for Substance Abuse Prevention (OSAP) in 1988, the following were identified as major issues facing rural programs that are applicable as gaps in substance abuse services for migrant and seasonal farmworkers.

Major Issues Facing Rural Programs

A. Youth
B. Families
C. Communities
D. Management
E. Staff
F. Service Delivery
G. Rural vs. Urban
H. Cultural Difference Issues

A. Youth

1. Lack of or shortage of resources
2. Lack of recreational activities
3. Need for relevant education
4. Need for drug and alcohol abuse education
5. Difficulty of accessibility to resources
6. Social isolation (friends live far away)

Families

1. Lack of community involvement
2. Exclusion from the system to assist/participate in the problem or solution to the problem
3. Lack of expectations

Communities

1. Inequitable funding
2. Need differential on unit cost due to higher transportation, communication, dissemination and staff costs
3. Lack of facilities to run programs
4. Lack of transportation
5. Lack of financial sponsorship from local communities

Management

1. Shortage of professional staff
2. Shortage of medical facilities

Staff

1. Lack of privacy—high visibility of professional staff
2. Little support for staff—no backup system
3. Lack of transportation
4. New ideas are hard to come by
5. Lack of opportunities to share ideas, techniques, and knowledge
6. It is important to employ staff from both minority and majority cultures.

Service Delivery

1. There is a lack of continuum of care services.
2. There are networking difficulties.
3. There is a lack of availability of youth services.
4. Lack of coordination of services and communication with other related agencies
5. Lack of aftercare services

Rural vs. Urban

1. Hidden substance abuse
2. There are many privacy issues.
3. Rural folks are separated by great geographical distances.
4. Many rural youth have not had experiences outside their rural community.
5. Lack of opportunities to share ideas, techniques and knowledge

Cultural Differences Issues

1. There are many differences within same minority cultures.
2. Cultural factors must be considered and given adequate weight in developing prevention programming.
3. Materials must be developed with appropriate consideration given to reading levels and language.

These contributing factors must be considered in determining health policy for migrant and seasonal farmworkers. It is also important to approach these issues with an understanding that migrant and seasonal farmworkers are culturally diverse. While a majority of farmworkers in the Midwest and West are Hispanic, other geographic locations include Puerto Ricans, Jamaicans, Haitians, Blacks, Native Americans and others. The approaches must address the population and not just focus on one ethnic group.

Current Trends to Address the Problem

Data on substance abuse in the farmworker population is seriously inadequate. Development of prevention and treatment programs in any community requires measures of incidence and prevalence. The alarming HIV/AIDS problem appears to have awakened community and public interest in developing education and prevention services for this population. Since migrant farmworkers are primarily identified as a "Hispanic workforce," the data that is used and most available for program design is approached from that perspective. The Midwest Regional Migrant Farmworker AIDS Education and Prevention Consortium states that:

> "In 1988, alarmed by the disproportionate effect of AIDS on Hispanics in the U.S., a group of agencies providing education and support services to the Hispanic migrants in the Midwestern United States formed a consortium to deliver AIDS/HIV education and prevention services to this population. The agencies, as individual providers, had a long-term proven record of providing education, advocacy and support services in the migrant community. They were trusted and respected by the migrant community; consequently, they were the logical choice for the delivery of a sensitive subject such as AIDS education and outreach."

The group (now formally titled the Midwest Regional Migrant Farmworker AIDS Education Prevention Consortium) sought and obtained funding from the Minority AIDS Grant Program of The Centers for Disease Control in Atlanta, Georgia, in the fall of 1988. The focus of the grant was to provide AIDS/HIV education and prevention outreach services to the "midwestern stream" migrant working in Wisconsin, Illinois, Minnesota, Nebraska and Michigan (North Dakota was added in 1989). The Consortium member agencies are: Illinois Migrant Council, Nebraska Association of Farmworkers, Inc., Michigan Economics for Human Development, Minnesota Migrant Council (providing services for Minnesota and North Dakota), and United Migrant Opportunity Services, Inc., Wisconsin, which provides the Consortium coordination and administration staff in addition to operating its own statewide project.

In the fall of 1988, after receiving approval of the grant from the Centers for Disease Control, United Migrant Opportunity Services hired a project director to coordinate and direct the Consortium Project (Midwest Consortium, Nd.)

Numerous telephone calls were made to Idaho, California, Washington, Texas, Maryland, Wisconsin, Arizona and Washington, DC to identify substance abuse treatment and prevention programs for migrant and seasonal farmworkers. The calls produced no results. It is anticipated that conference participants may serve as the primary information source to begin identification and documentation of the types of services available to this population group.

SUMMARY

Future Options, Recommendations and Priorities

Analysis of substance abuse issues among migrant and seasonal farmworkers is a critical process that must consider population, organizations delivering services, current costs for substance abuse and prevention, number and location of service providers, and the government's role in the provision of substance abuse and prevention services.

This issue paper did not focus only on Hispanic migrant farmworkers since substance abuse problems extend beyond cultures. Risk factors that must be considered are: poverty, education, income, living conditions, field sanitation rule enforcement, lack of health care across state lines, and incidence of disease. A federal advisory panel (the President's Cancer Panel) was recently told that there are "poverty driven lifestyles" that may include "unhealthy diets, greater use of alcohol and tobacco, occupational risks and reduced access to medical care as high risk factors for poor people (Associated Press, 1991)".

Specific recommendations that may be considered by participants at the First National Farmworkers Substance Abuse Prevention Forum are:

- Funding for a national substance abuse needs assessment study.
- A resource directory of Substance Abuse services for migrant and seasonal farmworkers.
- Conduct farm regulation seminars on field sanitation rules for all growers, employers, contractors, etc.
- Advocate for migrant farmworkers fund awards for treatment and prevention demonstration programs with the Office for Treatment Improvement (OTI) and with the Office for Substance Abuse Prevention (OSAP).
- Advocate for HIV/AIDS education funding with the Centers for Disease Control (CDC), among others.
- Review current Medicaid policies that may prevent access to health care due to residency requirements.
- Develop a national health care card and national registry to allow delivery of health services to migrant/seasonal farmworkers and their families.

These recommendations are not prioritized or all-inclusive but are intended as suggestions that may provide seeds for open discussion concerning critical migrant and seasonal farmworker issues that may be planted at this conference.

References

Adams, R. (Feb. 1990). *BHACA Statistical Note: Needs Assessment Fiscal Year 1990-91.*

Associated Press. (July, 1991). Life of poverty leads to higher cancer risk, advisory panel told. *Arizona Republic.*

Barnett, et al. (Oct. 1990). Migrant Health Revisited: A model for statewide health planning and services. *American Journal of Public Health.*

Community Health Centers-Apopka, Florida. (Oct, 1990). Health Status of Migrant Farmworkers: A literature review and commentary. *American Journal of Public Health.*

Goldsmith, M. (June, 1989). As farmworkers help keep America healthy, illness may be their harvest. *JAMA.* Volume v261: Issue n22.
pp 3207-9, 3213

Larson, et al. Family Life Development Center. (1990). *Child Abuse Neglect.* Ithaca, New York: Cornell University [Family Life Development Center]

de Leon. (Jan-March, 1990). Correlates of maternal depression among Mexican-American migrant farmworker mothers. *Journal of Child Adolescent Psychiatry Mental Health Nursing.*

Migrant Health Program. (March, 1990). *An atlas of state profiles which estimates numbers of migrant and seasonal farmworkers and members of their families.* U.S. Department of Health and Human Services. Public Health Service.

Health Resources and Services Administration. *Primary Care*. Migrant Health Program, Bureau of Health Care Delivery and Assistance. Nd.

Stimson, D. H., et al. (Fall, 1976). Health services research and health policy issues. *Viewpoints*.

Ungar, et al. (March, 1986). Intestinal parasites in a migrant farmworker population. *Archives Internal Medicine*.

U.S. Congress, Office of Technology Assessment. (Sept., 1990). Health Care in Rural America, (OTA-H-434). Washington, DC: U.S. Government Printing Office.

Watkins, et al., University of North Carolina. (Nov.-Dec. , 1990). A model program for providing health services for migrant farmworker mothers and children. *Public Health Report*. United States

During the harvest season, farmworkers are often on the job from sunup to sundown. Occupational hazards such as moving vehicle accidents, pesticides, extremes of heat and cold, and slow reaction time due to fatigue from working long hours make farmwork one of the most hazardous occupations in our nation.

Stoop Labor