

Addressing the Medical Needs of the Migrant Population



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Resource ID# 5190

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As head of the federal agency responsible for America's health, I consider it crucial that the federal government continue to measure the pulse of America's heartland and its people in order to determine how to best meet their health needs. Such an endeavor requires in-depth knowledge of all of the components which make up these dynamic regions including migrant and seasonal farmworkers.

Since 1962, the Department of Health and Human Services' Office of Migrant Health has worked diligently to assess the needs of this largely ignored and misunderstood component of rural America. In order to arrive at an accurate understanding of the health needs of rural America, it is incumbent upon the medical community to make a concerted, well organized effort to examine the health status of this important sector of the rural population.

Primary care research of rural America must encompass a comprehensive understanding of the migrant farmworker community, a sound grasp of the complexity of the health problems afflicting this population, and well-devised plans for improving what is currently a disturbing medical situation.

DEMOGRAPHICS OF THE MIGRANT FARMWORKER POPULATION

America's migrant and seasonal farmworkers are a vast group of individuals numbering between three and five million who depend upon agricultural jobs for their livelihood. The labor-intensive planting and harvesting on which so much of our economy depends dictates a difficult lifestyle that

"The following observations and decisions were made as the result of thousands of hours of research by dedicated people who are trying to make life better for the migrant farmworker and family by designing programs that will fit this population into the mainstream of the benefits of living in the United States of America. This text is the result of a compilation of reports and recommendations to the Office of the Secretary of Health and Human Services. I thank these people for insight, accuracy and obvious passion for cause and work."

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requires months of travel from their permanent homes.

The problems afflicting this population are varied and extensive. Most migrant farmworker families earn wages below the poverty level. Their lifestyles are characterized by poor dietary patterns which presents the predictable consequence of illness, high infant mortality rates and early deaths. Housing in their communities and colonias are characterized by lack of sanitation because of inadequate sources of running water and plumbing. Lack of basic health care and child care also characterized day to day life. Living in rural isolation, nearly half have less than a ninth-grade education and many speak little or no English. The majority of the migrant and seasonal farmworker population is of Latino (mainly Mexican) descent. Not knowing or understanding how mainstream America work, they are a vulnerable people.

Working in the nation's most hazardous occupation, they labor long, continuous hours and suffer from exposure to extremes of weather and pesticides. Most migrant farmworker families earn incomes significantly below the national poverty level. Lifestyle and the migrant nature of their work (quickly moving from state to state) isolates them from the human resource benefits of most states and from this nation's programs that help alleviate the consequences of living at or below the poverty level. Because they are in the agriculture industry, they are unprotected by many of our nation's basic labor laws.

Many of the conditions that accompany such a difficult lifestyle erect barriers to good health. Just as a disease must be diagnosed in order to be cured, the various afflictions prevalent in migrant farmworker communities must be recognized so that we can move towards eliminating them.

MAJOR HEALTH AFFLICTIONS OF U.S. MIGRANT AND SEASONAL FARMWORKERS

Before outlining the major health ailments in migrant farmworker communities, it is important to note that very little research has been generated

that addresses the specific needs of this population. Although Migrant Health Centers, funded by the Department of Health and Human Services (DHHS), have actively provided health promotion and disease prevention programs for migrant populations, its degree of success remains largely unstudied by medical researchers.

DHHS released an important study of migrant health status this year which provides us with a sound foundation on which to build an agenda for addressing the various problems identified in the report. We must work toward developing a practice-based research agenda necessary to address the complex health problems facing migrant and seasonal farmworkers. I now present an overview of the major health concerns and disease patterns which afflict this population.

DIABETES AND HYPERTENSION

The rate of diabetes among this population is 300 times higher than that of the general population. Diabetes and hypertension are two of the top three problems for both males and females in the 30-44 age group. Among the elderly migrant farm worker population, these diseases account for more than 50% of the visits to health clinics.

MATERNAL AND NEWBORN HEALTH

Although Latino culture stresses the importance of diet and nutrition for pregnant women, high mobility, sub-standard housing and environmental hazards increase the risks to the health of expectant mothers and their babies in migrant health camps.

Anemia, poor mental and physical development of children, and an infant mortality rate among migrants that is significantly higher than the national average demonstrate the pressing health needs of expectant mothers, their newborns and infants. Neonatal health problems account for a majority of the visits to Migrant Health Centers in many regions of the country.

INFECTIOUS DISEASE

Otitis media and other ear infections caused by bacteria are a common problem among the

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migrant farmworker population. In fact, otitis media was the third most commonly diagnosed disease in a study of Migrant Health Clinics.

In addition, many illnesses associated with the quality of drinking water (or lack thereof) pose immense health risks to this population. Parasitic infections afflict close to 80% of the migrant farmworkers, and migrant farmworkers suffer twenty times the rate of diarrhea as the urban poor. Clearly, migrant farmworkers stand to benefit by knowing how best to protect themselves from an environment so hazardous to their health.

DERMATOLOGIC DISEASES

The unrelenting work ethic that pervades the cultural values of this population finds them laboring in fields under extreme temperatures or at pre-dawn hours in bitter cold. The rigors of mother nature, along with the exposure to chemicals and pesticides used in crop production, plague the workers with severe cases of contact dermatitis and eczema. These environmental hazards penetrate well beyond the skin and into the bloodstream and result in chronic systemic exposures among farmworkers. Migrant Health Clinics diagnose, treat and monitor the skin conditions affecting migrant farmworkers as well as offer advice on how to protect their skin while laboring in the fields.

ORAL HEALTH

Tooth decay and other forms of dental disease are present at alarming rates for this population. In fact, dental disease is one of the most common diagnoses for migrant children in the 10-14 age group. Low rates of tooth fillings combined with high rates of decayed tooth surfaces and missing teeth indicate that oral health conditions among migrant farm children is substantially lower than that of the general population.

DISEASE PATTERNS AND OTHER IMPORTANT FINDINGS

Unfortunately, barriers to good health are not eliminated when the crop season ends. I was alarmed when the Assistant Secretary of Health, Dr. James O. Mason, of the Department of Health and Human Services reported to me that the health

conditions of migrant farm workers in their "homebase" communities is in many ways worse than the conditions these workers face when they are on the road, "following the crops."

The problems facing farm workers in their permanent homes, such as the "colonias" in the border region of southern and western Texas, are severe. The Department of Human Services of the state of Texas indicates that "colonias" are rural and unincorporated subdivisions characterized by substandard housing, inadequate plumbing and sewage disposal systems, and inadequate access to clean water. They are highly concentrated poverty pockets that are physically and legally isolated from neighboring cities. Food shortages, chronic disease and lack of health insurance are prevalent among this largely Latino population.

These unmet health needs, combined with the lack of basic necessities, have produced a health crisis in areas with large migrant farmworker populations such as Texas. However, migrant farmworkers face barriers to health care all across the country. One major problem involves a lack of health coverage due to the mobility and seasonal work pattern of the population. For example, although 90% of migrant farmworkers qualify for Medicaid, only 10% actually benefit from a state's Medicaid services.

The health care problem is exacerbated by the fact that once health care does become accessible to migrant farmworkers, the services are incompatible with the disease pattern prevalent in the population. This point has been illustrated by the results of DHHS reports which indicate that the disease pattern faced by migrant farmworkers is similar to that which was found in the general U.S. population in the 1930s. In fact, diseases like hepatitis and tuberculosis occur at rates more characteristic of developing countries than of the United States. Such a revelation is disturbing and emphasizes the need for increased research.

TOWARDS A COMPREHENSIVE AGENDA FOR BETTERING MIGRANT AND SEASONAL FARMWORKER HEALTH

Currently, the health needs of the nation's migrant and seasonal farmworkers have been

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served mostly by the efforts of community based organizations staffed by health care providers so dedicated to their profession that taking their skills to the fields is an integral part of their personal agenda. These individuals have maximized government resources as well by working in conjunction with the Migrant Health Program of the Department of Health and Human Services to promote health and prevent disease in our rural communities.

As with any underserved population, there is much more that can and must be done to integrate the needs of this population into the agenda of our rural communities. While various health needs of migrant farmworkers are addressed by Migrant Health Centers, our own research indicates that these services are reaching only 15% of the farmworker population. Rural citizens must mobilize to serve as the links between migrant farmworkers and the resources available at the local level.

As the demand for agricultural products increases, we can expect a continued reliance on the hard work of migrant farmworkers, and we should be prepared to serve their health needs. One critical factor that will determine our success is whether we can meet the needs of these individuals without burdening them with cumbersome intervention techniques that supplant community-based health initiatives. Our goal is to equip migrant farmworkers with tools that will empower them to improve their health status. Achieving this goal will require partnerships with people built on grassroots dialogue. It is in this spirit that I work with my appointees to the National Advisory Council on Migrant Health, which includes members of the farmworker community.

BUILDING ON SUCCESSFUL MODELS

In Michigan, Wisconsin, Indiana and Ohio, Migrant Health Centers funded by the Department of Health and Human Services have made inroads into this desperate situation by turning to partnerships between government and individuals. Through the Camp Health Aide Program, under the aegis of the Midwest Migrant Health Information Office, women working in farming camps are

trained by the Migrant Health Centers to identify health problems among migrant farmworkers.

The training that these women receive provides the farmworkers with much-needed medical attention and serves as an extension of the help available in migrant health centers. In several cases, the training that these women receive also serves as an impetus for pursuing nursing careers.

The efforts of those involved with this program are helping to address the serious health conditions of migrant farmworkers. Studies indicate that most clinic visits by migrant farmworkers fall under a diagnostic category that includes preventive services.

By stressing prevention and educating the farm workers about hazards that increase threats to their health, Migrant Health Centers empower migrant farmworkers with a heightened awareness that allows them to be more responsible for their own health status. For example, drawing attention to health threats posed by insects and inadequate sanitation at farm camp sites has helped migrant farmworkers eliminate some of the hazards related to their environment.

This partnership between Migrant Health Centers and migrant farmworkers in the midwest is also significant because it serves as a concrete example of the power that we can unleash when we learn to integrate our government resources with the dynamic energies of the people served.

MEETING THE CHALLENGE OF A CULTURE OF CHARACTER

During my tenure as Secretary of Health and Human Services, I have called for the development of a "culture of character" to help government, the private sector and individuals remedy many of the social ills that now plague America. By culture of character, I mean a climate which affirms values such as personal responsibility, integrity and service. In such a culture, all sectors of the community including government, churches, local institutions and, most importantly, individual citizens work together for the betterment of their communities.

It would be difficult to find a more telling example of a dignified population in American soci-

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ety that works so hard to get so little. The work ethic exhibited by migrant farmworkers has helped our rural communities to flourish and to maintain their important place in American society. A vigorous culture of character will continue to play a central role in improving the health status of migrant farmworkers. Some Migrant Health Centers report that unhealthy lifestyle choices are becoming problems that threaten the accomplishments of migrant farmworkers. For example, teen pregnancy and substance abuse are increasing among this population. In addition, baby tooth decay and infant nutritional health are rising problems resulting from poor parenting techniques. Such health afflictions can be greatly decreased by changes in personal behavior and individual choices.

The partnership that has been forged between local institutions and migrant farmworkers also demonstrates the elements of a strong culture of character. For example, the Catholic Consortium for Migrant Health has greatly improved farmworker access to health and social services by stressing rapport, respect for culture, and overcoming language barriers. This Consortium provides a fine model for integrating community institutions (like churches) in these efforts.

In addition, the medical community, together with community health workers, should move forward to address the complex medical needs of this population. This includes efforts to increase our understanding of the health status of migrant farmworkers, to dismantle the barriers inhibiting their access to health care, and to improve the services already available to so many farm workers in America's rural regions.

We would be mistaken to assume that the complex scenario facing migrant farmworkers in the United States could be effectively addressed by government alone or to assume that migrant farmworkers could, by themselves, correct these wrongs. Only a sound partnership that combines the energies of the people with the resources of the government will prove fruitful in addressing the health problems afflicting this community.

In September of 1992, the Migrant Health Program of the U.S Department of Health and Human Services will celebrate its 30th anniversary of providing primary health care services to over 500,000 migrant and seasonal farmworkers and their families each year. I commend all of the individuals working in Migrant Health Centers across the country and in Puerto Rico as they promote culturally-sensitive care and champion the cause of migrant and seasonal farmworkers.