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Migrant Health Issues

Preface

by

Adolfo Valdez

Introduction

by

Daniel Hawkins

*Produced for the National Advisory Council on Migrant Health by the
National Center For Farmworker Health, Inc.,
Buda, TX, October 2001*

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Preface

It is with “gran placer” that I introduce this series of monographs, which is produced to help inform all interested parties on the issues that are of greatest importance for the health and well being of migrant and seasonal farmworkers in the United States. The National Advisory Council on Migrant Health has worked closely with the National Center for Farmworker Health for many years in an effort to articulate and document these critical issues for the general public, public health officials, researchers and all other interested parties. Prior collaborative efforts include production of background papers on the Council’s 1993 Recommendations (March,1993) and on the 1995 Recommendations entitled *Losing Ground* (September,1995.)

This series of monographs has been produced by the National Center for Farmworker Health, authored by the experts in the topical areas, and reviewed extensively by the National Advisory Council and the Migrant Health Branch of the U.S. Department of Health and Human Services. The topics for this first series were selected in coordination with the Council’s priority recommendations to the Secretary of the U.S. Department of Health and Human Services for the year 2000. An ongoing series will be produced through this collaborative effort.

On behalf of the National Advisory Council on Migrant Health, we invite readers to use and share these monographs in their work with our migrant and seasonal farmworkers in the U.S.

Adolfo Valdez
National Advisory Council on Migrant Health
Chairman, 2001

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Introduction

Migrant and seasonal farmworkers are an indispensable asset in the \$28 billion U.S. fruit and vegetable industry. Millions of workers help harvest the nation's agricultural products each year, ensuring that families in the U.S. and around the world have access to food at a reasonable cost. Without the continued health and welfare of these committed individuals, food would not be as available or affordable as it is today. Unfortunately, farmworkers remain some of the poorest, most economically disadvantaged working people in the United States. Poverty, combined with a lack of access to many vital public benefits, including health care, housing and fair labor standards, create a set of circumstances that have negatively impacted the well being of farmworkers.

Today, Migrant Health Centers (MHCs) serve over 600,000 people at more than 120 sites across the country. Between 1990 and 1995, funding for the Migrant Health Program increased 25 percent, from \$52 million to \$65 million. Since being linked to the Consolidated Health Centers program, funding for the MHC program has increased more than 33 percent, to over \$87 million in 2000. With an expected increase of \$150 million for the Consolidated Health Centers program for FY 2001, funding for the MHC program next year will exceed \$100 million for the first time ever. However, while the funding for these centers has increased substantially, MHCs are still able to serve only 20 percent of the target population. Funding must be significantly increased in order to serve more of these disadvantaged workers and their families.

The Community, Migrant, Homeless and Public Housing Health Center programs have a long history of providing primary and preventive health care services to underserved populations. In 2000, health centers served over 11 million people, over 4.5 million of whom had no form of health insurance. The federal grant program has been used to provide health care to those who cannot afford the centers' services and may not have access to the "traditional" health care system. Although funding for the federal grant program for health centers has begun to increase in recent years, there are still millions of uninsured individuals who lack a regular source of care and cannot afford to visit a medical or dental professional. With 40 percent of current patients unable to afford care at health centers, federal funding amounts to 25 percent of current costs. This leaves a funding gap for all health centers to fill through extraordinary means. Unfortunately, this gap is even wider among MHCs.

Although MHC patients are primarily employed on local farms, they are much more likely to be without health insurance. In addition, due to burdensome requirements of the Medicaid program and the more recent State Children's Health Insurance Program (SCHIP), many farmworkers who would otherwise qualify for these programs are excluded, forcing health centers to make up an even larger gap in funding. Because the nature of their jobs require travel between states, migrant farmworkers are frequently unable to qualify for either program.

For less than one dollar per day for each person served (less than \$350 annually), health centers provide quality primary and preventive care to low-income, uninsured and under-insured individuals and families. Many studies have shown that health centers are less expensive than private physicians. Through reductions in hospital admissions and less frequent use of costly emergency room visits for routine services, health centers save the American health care system billions of dollars each year. To serve the unique needs of their patients effectively and improve their overall health, most health centers provide health education, community outreach, transportation, and support programs in a linguistically and culturally appropriate setting.

In order to meet the current and future needs and demands of patients, and to move toward the day when all migrant and seasonal farmworkers will have adequate access to health care services, the MHC program funding must be substantially increased.

The National Association of Community Health Centers, together with several other advocacy organizations, has successfully promoted a five-year growth plan for the Consolidated Health Centers program that would double the service capacity of all health centers. Under this plan, called the Resolution to Expand Access to Community Health Centers (REACH) Initiative, funding for the CHC program is expected to exceed \$2 billion by FY 2005. The REACH initiative has been endorsed by more than 60 percent of all Members of Congress and by the current presidential administration. Under the REACH initiative, at current funding distributions, the MHC program would receive \$172 million in FY 2005 - twice the level of current funding for the MHC program.

It is noteworthy that, even at this increased funding level, MHCs will not be able to serve the entire community of migrant and seasonal farmworkers who need their care. Therefore, funding for the program must continue to increase until every farmworker has access to primary and preventive care through an MHC.

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