NATIONAL ASSOCIATION OF Community Health Centers

Fact Sheet

April 2012

The Role of Health Centers in Caring for Farmworkers

SERVING AMERICA'S UNDERSERVED

The Health Center Program has a long history of providing primary and preventative healthcare services to underserved populations. **Health Centers currently serve over 20 million people,* including nearly 900,000 migrant and seasonal farmworkers and their family members, providing care in all states and territories**. Migrant Health Centers (MHCs), like all health centers, provide high quality cost effective care to all patients regardless of their ability to pay. Vital to the success of MHCs is their ability to remove barriers to care commonly encountered by farmworkers, such as lack of transportation and language barriers. They also coordinate care for mobile patients that frequently change employment location. MHC's provide preventative and primary health care, as well as dental, pharmacy, behavioral health, outreach, and support services specifically tailored to the farmworker populations they serve. **Today, as the MHC Program celebrates 50 years of improving access to care, federally-funded health centers serve more than 1 in 4 of all U.S. migrant and seasonal farmworkers.**[1]

THE PLIGHT OF FARMWORKERS

Farmworkers are integral to the $297 billion agricultural industry.[2] However, they are largely low-income; average total family income ranges from $15,000 to $17,499.[3] **They also frequently experience poor living and working conditions that may lead to an array of health problems**, most of which can and should be addressed in ambulatory care settings. Farmworkers are more likely to experience higher incidence of work-related injuries, respiratory problems, musculoskeletal ailments, eye problems, hypertension, diabetes, and pesticide related illnesses. For example, their rate of developing dermatitis is 1.5 times the national average and they are twice as likely to contract tuberculosis compared with non-farmworkers.[4]

The extensive list of health problems farmworkers face is exacerbated by the barriers they experience in accessing healthcare. Only 47% of the farmworkers surveyed reported having some type of health insurance.[3] Employer-sponsored health insurance is rare for migrant farmworkers.[3] Most farmworkers do not have paid sick leave and cannot afford to take time off for health appointments. Due to the migratory nature of their employment, minimum state residency requirements, varying state Medicaid eligibility requirements, and the lack of Medicaid portability from state to state all present barriers to obtaining Medicaid despite often qualifying income levels.[5] State methodologies for calculating annualized income and asset determination represent another barrier as farmworkers exceed a state's income eligibility levels in many instances when the annual income level is calculated using the most recent pay stub rather than using actual yearly income.

Without MHCs, many insured, underinsured, and uninsured farmworkers would experience health problems that go unchecked and untreated, until the condition becomes acute enough to require the costly services of an emergency department.

THE MIGRANT HEALTH CENTER PROGRAM

The Migrant Health Act was enacted in 1962 and called for the development of health clinics dedicated to serving farmworkers and their families. Today, MHCs are funded as part of the Consolidated Health Centers Program, yet retain their uniqueness as providers of care for the farmworker population. As of 2010, 156 federally-funded

For more information, email research@nachc.com.

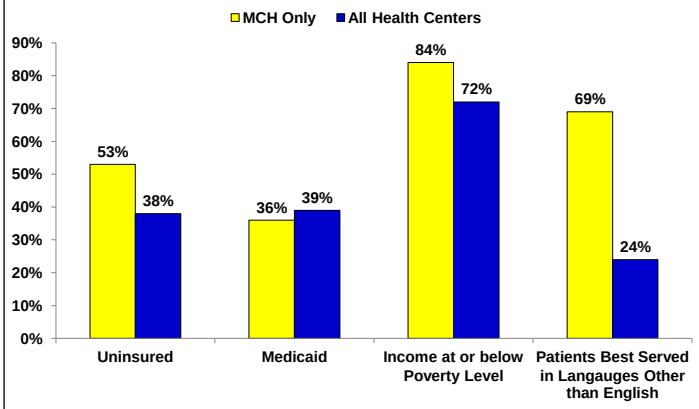
This publication was supported by Grant/Cooperative Agreement Number U30CS16089 from the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.

MHCs provide primary and preventive care through 1,400-plus delivery sites around the nation and Puerto Rico. Together with all health centers, they cared for 862,775 migrant and seasonal farmworkers and their families.[6]

All health center patients have high rates of uninsurance and poverty. Compared to all health center patients, MHC patients have even higher rates. The vast majority (84%) of patients at MHCs are at or below poverty, which explains why so many are uninsured (53%) or enrolled in Medicaid (36%) (Figure 1). More than two-thirds of MHC patients preferred to be served in languages other than English, compared to one quarter of all health center patients. As Figure 2 shows, the number of visits to MHCs for chronic conditions is rising, making them an important provider for treatment and management of non-communicable diseases.

Figure 1

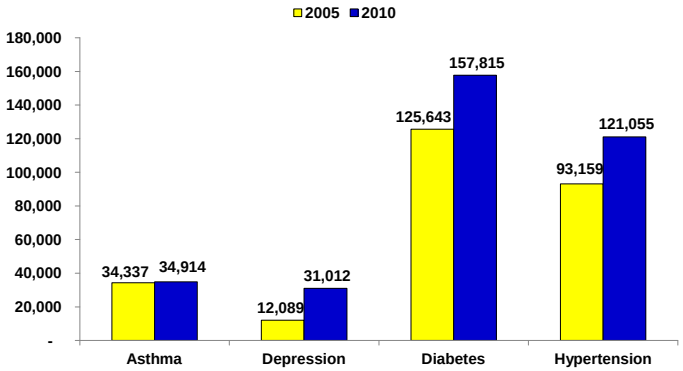
Migrant Health Center Patients Compared to Patients of all Health Centers, 2010



Source: NACHC analysis. (2010). Uniform Data System. Bureau of Primary Health Care, HHS.

Figure 2

The Growing Number of Visits for Chronic Conditions at Migrant Health Centers, 2005-2010



Note: Only includes visits by primary diagnosis and therefore likely underestimates the true volume of care provided by condition
Source: NACHC Analysis of UDS data from 2005 and 2010, Bureau of Primary Health Care, HHS.

PROVIDING ACCESSIBLE COST-EFFECTIVE CARE

Given the critical role of farmworkers in the U.S. economy, the Migrant Health Center program is an important and vital investment. MHCs remove barriers to care for farmworkers through their ability to provide preventive and comprehensive health care in the patients' own language, provide treatment regardless of the patients' ability to pay, locate in areas near migrant and seasonal farmworkers, and customize their services and hours of operation to meet their patients' needs. MHCs are able to keep their patients' costs down by treating their illnesses and injuries early so they avoid debilitating disease and do not have to seek expensive emergency room care.

* NACHC, 2012. Includes patients of federally-funded health centers, non-federally funded health centers, and expected patient growth through 2011.

[1] Bureau of Primary Health Care, HRSA, HHS. Special Populations. Retrieved from http://www.bphc.hrsa.gov/about/specialpopulations/index.html.
[2]United States Department of Agriculture. (2007). 2007 Census of Agriculture: Economics. Retrieved from http://www.agcensus.usda.gov/Publications/2007/Online_Highlights/Fact_Sheets/Economics/economics.pdf. [3]National Center for Farmworker Health, Inc. (2009). Migrant and Seasonal Farworker Demographics. Retrieved from http://www.ncfh.org/docs/fs-Migrant%20Demographics.pdf. [4]Hoerster, K.D. et al. (2011). Impact of Individual-, Environmental-, and Policy-Level Factors on Health Care Utilization Among US Farmworkers. *Am J Public Health*. 101(4):658-692. [5]Gallardo, E. and Huang, V. (2002). "Expanding Immigrant Access to Health Care Services: A Policy Brief", California Primary Care Association. [6]NACHC analysis. (2010). Uniform Data System. Bureau of Primary Health Care, HHS.

 Fact Sheet #0412

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