

CHAPTER 1: UNDERSTANDING FARMWORKERS



Photo courtesy of Community Health Centers of the Central Coast, Inc.

In this chapter you will find...

- **Farm Work & Farmworkers**
- **Farmworker Health Overview**
- **Legal Issues Affecting Farmworkers**
- **Cultural Sensitivity**
- **More Resources for Understanding Farmworker**

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INTRODUCTION

Farmworker demographics vary widely within individual communities and throughout the country. Some may travel extensively to find work, while others may live in one place and work seasonally. Some may travel with their families, while others may travel alone. Some are young and new to the workforce, while others are seasoned farmworkers. Whatever the case may be in your community, your outreach program should reflect the farmworkers represented in your service area.

This chapter addresses some common farmworker-specific considerations that are essential to understanding their lifestyle, work patterns, health status, legal issues, and cultural backgrounds. The topics include:

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How Can HOP Assist You Further?

If you would like more information on these topics, please visit www.outreach-partners.org and click “contact us.”

Specifically, HOP can help you:

- Develop an effective outreach program
- Strengthen an existing outreach program
- Increase the cultural competency of your staff
- Accurately identify farmworker patients

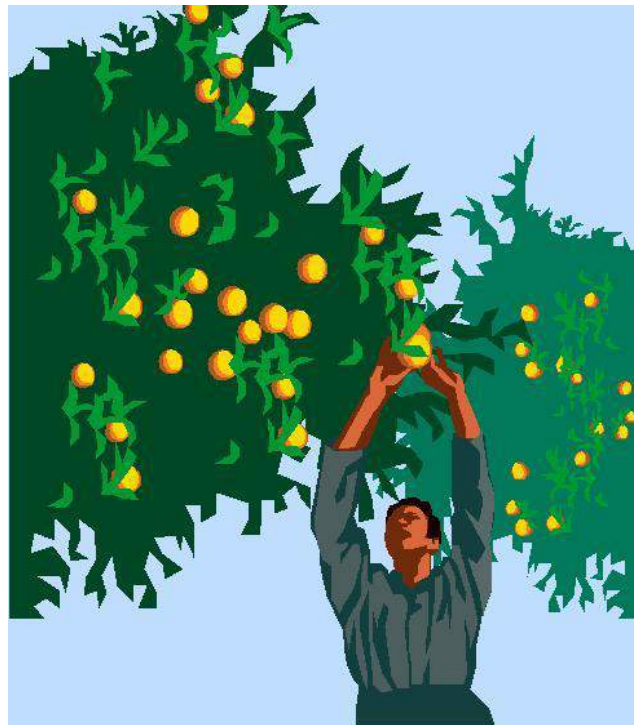


FARM WORK & FARMWORKERS

Generally speaking, farm work includes all of the processes involved in growing and packaging any commodities grown in the land. The arduous physical labor performed by farmworkers yields the many varieties of fresh, canned, and frozen fruits and vegetables found in our nation's grocery stores and markets. Specifically, farm work includes tilling soil, planting seeds, transplanting seedlings, removing weeds, applying pesticides, staking and pruning plants, harvesting crops, and preparing food to be sold. Farm work typically varies from year to year, depending on the specific crop or region. Unpredictable elements such as severe weather, insect manifestation, and drought add to the unstable nature of the work.

Although the United States agricultural system relies heavily upon industrial machines and equipment, human labor in the fields is far from being eliminated. Technologists have yet to invent a machine that can transplant a tender seedling or pick a fragile tomato as successfully and dependably as the human hand. It's the nation's farmworkers who harvest almost all produce at your local grocery store or market.

There are two types of farmworkers: migrant and seasonal. Migrant farmworkers seek annual employment and will follow the harvest season from region to region. This trek often requires them to relocate several times a year, and work with many crops in different locations. For example, a migrant farmworker may harvest citrus during the winter in Florida then lettuce during the spring in the North Carolina. Conversely, seasonal farmworkers remain in one location for work and are often employed for a few seasons out of the year (or their responsibilities change throughout the year). For example, they may be involved in several stages of production for the same crop. Although there are distinctions between the migrant and seasonal farmworker lifestyles, they are generally referred to collectively.



Demographics

Few studies in the United States today accurately document the number of migrant and seasonal farmworkers. Estimates place the number of farmworkers in our agricultural system between three and five million.¹ These estimates include men, women, teenagers, and children working in the U.S. fields and packing houses. The average age of farmworkers is 31; 80% are men; 84%

¹ Larson, Alice; Plascencia, Luis. "Migrant Enumeration .shington, D.C.: Office of Minority Health, 1993



speak Spanish; 12% are able to speak English; and the median level of education is the 6th grade.²

The majority (83%) of farmworkers are Hispanic. The number of indigenous, non-Spanish speaking workers from Mexico, Central America, and South America is increasing, while the U.S.-born African-American farmworker population has decreased significantly over the course of the last decade to about 1% of the total farmworker population. Small populations of Native American, Jamaican, Laotian, and Filipino farmworkers work in specific states and tend to return to the same place each year. Haitian, Puerto Rican, Hmong, U.S.-born Caucasians, and U.S.-born Latinos comprise most of the rest of the farmworker population.

The U.S. farmworker population is predominantly male; they are typically single or have spouses and families living in other states or countries that they support. Female farmworkers are more likely than males to be married. Farmworker women are more likely to live with their nuclear family than men (75% vs. 35%). Child labor is common in farmwork and often overlooked by our society.³

Documentation Status

Almost all parts of the country rely on immigrants with limited connections in this country to provide farmwork. The government has supported the agricultural system's dependence on immigrants through guest worker programs that allow temporary agricultural work visas, such as the Bracero program of the 1940s and today's H2A program. Despite the prevalence of these programs, 53% of hired farmworkers lack the appropriate documentation to legally work in the United States.⁴

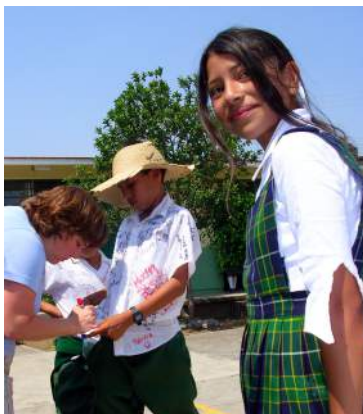


Photo courtesy of Blue Grass Farmworker Health Center

Although the number of undocumented farmworkers continues to swell, the U.S. agricultural system ignores current immigration policy in most cases. In fact, due to the combination of heavy labor and harsh working conditions, many U.S. citizens passively support the growers' dependence on marginalized (legally and otherwise) populations. In short, all farmworkers, regardless of legal status, are vital to the U.S. economy. Consumers expect produce at low or reasonably low prices; therefore, farm labor and immigration guidelines have been unofficially relaxed to allow for a low wage labor force.

Home Base and Migrant Streams

As the growing season progresses in the spring or summer, migrant farmworkers relocate north to "receiver communities." Traditionally, these migration patterns moving north from a primary

² U.S. Department of Labor, Office of the Assistant Secretary for Policy, Office of Programmatic Policy, Findings from the National Agricultural Workers Survey (NAWS) 2001-2002: A Demographic and Employment Profile of United States Farm Workers, Research Report No. 9, March 2005.

³ See ii.

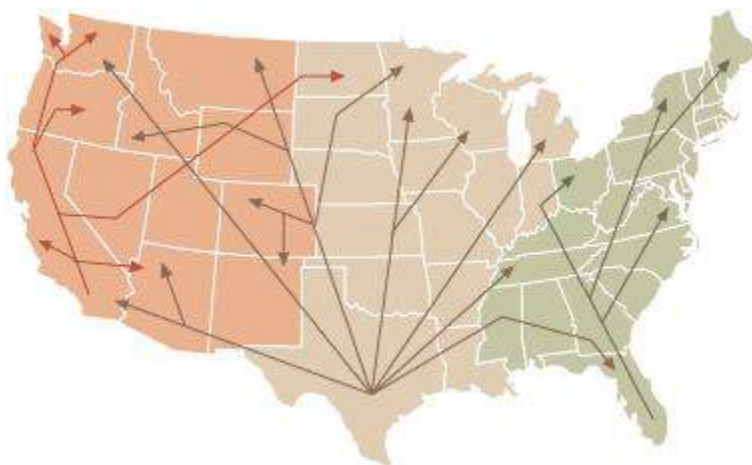
⁴ See ii.



home base state are referred to as migrant streams. There are three generally-accepted migrant streams: Eastern, Midwestern, and Western. Although the migration patterns of each stream are not as clearly defined as they once were, they remain a useful way of understanding farmworker migration and regional differences in outreach and medical services.

For example, most migrant farmworkers on the East Coast may have their primary home-base in Florida, where they harvest citrus during the winter months. When the weather allows other states to increase their agricultural activity, farmworkers will typically migrate from Florida to New England.⁵ In the Midwestern Stream, migrant farmworkers may live in Texas, their home-base state; California is the home-base for most farmworkers of the Western Stream. The migration cycle begins with winter crops in the southern states, and continues north to follow seasons of planting and harvesting.

Although the streams represent a generalized flow of migrant farmworkers, they are not isolated and crossover frequently occurs between streams. In many instances, farmworkers will pursue their work in areas recommended by other farmworkers and contacts in various states. Also, while most farmworkers move where the work is, their length of stay can vary significantly. Although variations in route and length of stay exist, migrant streams remain a useful way of understanding farmworker movement and regional differences. Despite these differences, the map below reflects the predominant migrant streams.



Graphic courtesy of Palmbeachpost.com

Patterns of Migration

There are three types of patterns of migration. They are as follows:

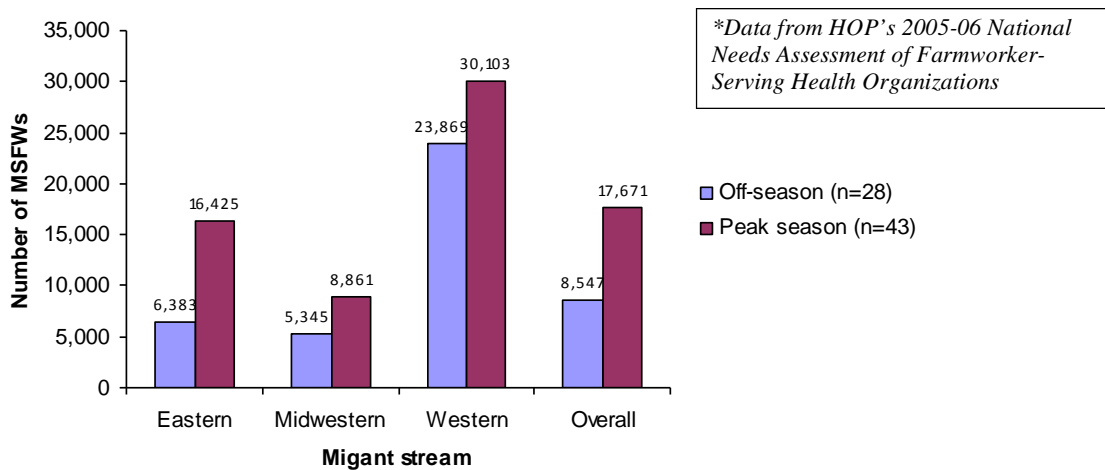
1. **Restricted Circuit** - Many farmworkers travel throughout a season within a relatively small geographic area. For example, restricted circuit migration occurs within California's Central Valley, along Nebraska's Interstate 80, or during chili harvesting in Texas' El Paso/Las Cruces/Cuidad Juarez area.

⁵ Health Outreach Partners (2006) *National Needs Assessment of Farmworker-Serving Health Organizations*



2. **Point-to-Point** - Another group of farmworkers will migrate to the same place or series of places along a fixed route during the course of a season. These people tend to live in home-base areas like Florida, Texas, Mexico, Puerto Rico, or California. The routes marked by the pointed lines on the map above represent regular farmworker routes.
3. **Nomadic** - Other farmworkers travel away from their home for a long periods of time (sometimes many years), working from farm to farm and crop to crop. Some of these farmworkers may eventually settle in the area where they migrated, while others eventually return to their home-base state or country of origin.

Figure 8. Average number of MSFWs and family members in service area, by stream



There is an increasing trend among farmworkers to maintain a year round residence in their home-base state. When they migrate north, these farmworkers leave their families so their children can continue attending the same school. Unfortunately, some families move around a lot too, even though this requires their children to spend part of the academic year in another school system. For the most part, however, migrating farmworkers are men, travel alone, and support their families who remained at the home-base state or home country.

Housing

Farmworkers generally reside in labor camps, trailer parks, rented homes or apartments, or their own homes. A little more than half of all crops workers (55%) live in some type of single family home or unit, while 22% live in various other types of housing, including labor camps and trailer parks. Over half (58%) of farmworkers live in housing rented from someone other than their employer; only 19% live in housing that they or a family member owned.⁶ Some farmworkers may even resort to living in tents, vans, or cars if no other affordable housing is available. Most labor camps contain people of the same ethnic group. A farmworker's employer or a private property owner usually owns the housing option. Migrant housing is typically charged on a weekly basis.

⁶ See ii.



Although some farmworker communities offer comfortable and clean living accommodations, most farmworker housing is substandard. It's common for rental units to be poorly maintained, dilapidated, and overcrowded. Because of exorbitant rents, farmworkers frequently squeeze as many people as they can into a single unit, in turn creating serious health risks. A lack of modern conveniences, such as indoor plumbing and heating, is also common and adds to the health risks faced by farmworkers. Most people would consider the living conditions of farmworkers to be equivalent to those common in a developing country.

Crewleaders

In some parts of the country, the contractor for a group of farmworkers is called the crew chief or crewleader. He contracts directly with a grower or farmer to supply the sufficient amount of labor needed to work the crops. The crewleader, not the grower, frequently pays the farmworkers directly. The crewleader will recruit a workforce and drive the entire group in a van or bus to their work site. The crewleader may provide meals and transportation, both of which are usually deducted from the farmworkers' pay (the laws regulating what can and cannot be deducted from a farmworker's wages vary from state to state). It is also common for crewmembers to drop out and be replaced by new ones as the crew migrates to new locations.



Photo courtesy of HOP

Although the crewleader is usually the same race as his crew, their relationship can be quite confrontational and abusive since the crew has no choice but to depend on this one person for transportation, living arrangements, and a paycheck. In addition, crewleaders can also:

- Decide whether or not a farmworker requires medical treatment.
- Choose which crew members can have access to the camp.
- Exploit their workers by encouraging alcohol or substance abuse, keeping social security checks as payment for room and board, and other abusive practices. Many farmworkers are afraid to report abuse or payment irregularities for fear of losing their job and/or having their immigration status reported.

As an outreach professional, you might want to meet some of the crewleaders in your service area. These important contacts are frequently responsible for farmworkers' transportation, food, and wages. While crewleaders may be willing to help you establish educational programs or



health screenings, they can also stop your work completely. In certain circumstances, it can be helpful to inform crewleaders about your outreach service intentions, though it is not essential. Remember, a major part of your job is to educate and be an advocate for farmworkers.

Often crewleaders do not care for your presence because they want to control and exploit their workers. Though crewleaders may attempt to block you or your services, they do not have the right or jurisdiction to do so. Farmworkers have a right to talk and work with you, just as you have a right to talk and work with them. Some states even have historical legal cases that support this right. Do not permit a hostile crewleader to control and manipulate your health outreach services.

Here are some items to keep in mind about crewleaders:

- A crewleader is usually the same race or ethnicity as the farmworkers he supervises.
- Many crewleaders like to be informed of any activities conducted in their camps or with their workers.
- Most crewleaders are cooperative with health workers, social workers, and educators. They also know they could have their “crewleader license” revoked if they are found guilty of violating any laws.
- You may not know (or be able to find out) who the crewleader is.

The Economics of Farm Work

Farmworkers are generally paid per piece rates, meaning that they are compensated by how many flats of strawberries or boxes of tomatoes they harvest. Therefore, the faster a farmworker picks a crop, the more money they can earn. Although farmworkers are guaranteed minimum wages by federal law, it is poorly enforced and generally pre-empted by the piece rate. Due to the scarcity of work, fear of having their documentation status reported, and inadequate workers’ rights enforcement, farmworkers are unlikely to complain about their pay, even if they are aware of their legal rights. Farmworkers earn well under the U.S. poverty rate, and are considered poorest of the working poor. Most receive no medical, paid vacation, retirement plans, or other benefits.



Photo courtesy of Community Health Centers of the Central Coast



FARMWORKER HEALTH OVERVIEW

Migrant and Seasonal Farmworker Health Status

Agriculture is the second most dangerous occupation in the United States.⁷ The living conditions of farmworkers have often been compared to those common in developing countries. It comes as no surprise that the health status of farmworkers is among the worst of any population in the United States.

Farmworkers have higher morbidity and mortality rates than the general population for both chronic and acute illness. Additionally, farmworkers have been documented as having more multiple and complex health problems than the general population. One study determined that 40% of the farmworkers served at migrant health centers were treated for multiple health problems.⁸ Farmworkers have an average life expectancy of 49 years, 26 years lower than the national life expectancy of the U.S. population.⁹

The following are some commonly cited problems:

- Migrant farmworkers experience tooth decay and periodontal disease twice as often as the general population.¹⁰
- Infectious diseases are prevalent among farmworker populations, oftentimes due to poor sanitation at work and home.¹¹
- Migrant Farmworkers have high rates of tuberculosis infection. Many farmworkers are entering the country from areas of the world where tuberculosis rates are much higher than in the U.S.¹²
- Musculoskeletal injuries are common in agricultural labor because of the nature of agricultural work, often requiring heavy and repetitive lifting, and quick wrist and hand movements.¹³
- Agricultural work exposes laborers to pesticides, dust, plant pollen, molds and other respiratory irritants.¹⁴
- Skin disorders are very common among this population; “farmworkers have the highest incidence of skin disorders of all industrial classifications.”¹⁵

⁷ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2006-07 Edition*, Agricultural Workers, on the Internet at <http://www.bls.gov/oco/ocos285.htm>. Accessed November 30, 2007.

⁸ Dever, G.E.A. (1991) Migrant Health Status: Profile of a Population with Complex Health Problems. Monograph Series, 1-16.

⁹ Moreno, Albert. Department of Human Services, Oregon State. “Migrant Health Fact Sheet” <http://www.oregon.gov/DHS/ph/hsp/migrant/migranthealthfactsheet.pdf> . Accessed December 5, 2007.

¹⁰ Lukes, S.M., Miller, F.Y. (2002) Oral Health Issues Among Migrant Farmworkers *The Journal of Dental Hygiene*, 76, 134,-140.

¹¹ Villarejo, D., Baron, S.L. (1999) The Occupational Health Status of Hired Farmworkers. *Occupational Medicine: State of the Art Reviews*, 14, 613-625.

¹² Jacobson, M.L., et al. (1987) Tuberculosis Risk Among Migrant Farm Workers on the Delmarva Peninsula. *American Journal of Health* 77, pp. 29-32.

¹³ See viii.

¹⁴ Larson, A. (2002) Environmental / Occupational Safety and Health. *Migrant Health Issues, Monograph Series*, 2, 8-13.



- Considering migration patterns, it is extremely important for outreach staff to continue learning about HIV/AIDS prevention strategies that are appropriate to farmworker communities. Current estimates indicate that the between 2.6% to 13% of the farmworker population is contending with HIV/AIDS. One study found the rate of HIV and syphilis infection in the farmworker population to be ten times the national rate.¹⁶

Some farmworker health problems can be linked (directly or indirectly) to occupational status and lifestyle. Many are also related to physical and/or emotional stress. Agricultural workers have the highest rate of heat-related disorders, such as heat stroke or heat exhaustion. Dermatitis, often related to pesticide exposure, is another extremely frequent occurrence among agricultural workers; there is an extremely high rate of musculoskeletal problems as well. Perhaps the most illustrative example of how farmworkers face unique risks for health problems is green tobacco sickness, a type of poisoning caused by handling tobacco leaves. Prolonged exposure can cause symptoms such as nausea, dehydration, and violent headaches.

Farmworker Health Education

Almost all the health conditions cited above are preventable. Health education and primary health care can target and reduce the spread of communicable diseases such as tuberculosis, sexually transmitted infections, and HIV/AIDS. Without question, farmworkers' access to these services needs to increase. Effective preventative health care and health education may reduce:

- Infant mortality and low birth weight
- Parasitic infection
- Heat stroke
- Work related injuries
- Musculoskeletal problems
- Eye injuries
- Dental disease
- Heart disease

Some health conditions may not be preventable, such as vision problems, hypertension, or diabetes; however, timely identification, proper treatment, and health behavior modification can negate the harmful effects and lower the costs associated with these maladies.



Photo courtesy of Columbia Basin Health Association

¹⁵ National Center for Farmworker Health, Inc. (2005) "Occupational Safety Fact Sheet."

<http://www.ncfh.org/docs/fs-Occ%20Health.pdf>. Accessed December 6, 2007.

¹⁶ Fitzgerald, K. Chakaborthy, J., Shay, T., Kuder, S., & Duggan, J. (2003) HIV/AIDS knowledge among female farm workers in the Midwest, *Journal of Immigrant Health*, 5 (129-136).



Barriers Preventing Farmworkers From Accessing Health and Social Services

Identified barriers preventing farmworkers from accessing health care include: minimal transportation options, poor working and living conditions, lack of information about available services, language barriers, and low level of education. Poverty also plays a key role in health status, and prevents farmworkers from accessing available health care. Studies indicate that as a population, farmworkers are one of the most impoverished groups in the United States; a large percentage of them earn less than \$7,500 a year.¹⁷ Few, if any, farmworkers are provided health benefits by their employers, and most are ineligible for Medicaid or Medicare.



Since about 52% of the farmworkers living and working in the U.S. are not authorized to legally work, documentation prejudice issues create major barriers to accessing health care and social services. Additionally, farmworkers may not want to call attention to themselves, since they may face obvious problems when asked to provide identification. As immigration laws change, fear has been amplified and access to services diminished.

The migrant lifestyle can contribute to a lack of social support or ties within a community. Health and social services vary from place to place, and farmworkers are often isolated from a community pulse. As a result, farmworkers may not know about available services. In addition, continuity of care is compromised with each subsequent move and new provider. Migrant farmworkers seldom take their medical records with them from each time they migrate, which makes it difficult for providers to follow farmworker patients' medical histories.

Finally, further barriers to farmworker access are created by the service providers' misunderstandings and the inflexibility of health care systems in which they work. For instance, farmworkers labor long hours and rarely receive sick or personal time. The prospect of losing wages or their job makes it difficult for them to even consider leaving a jobsite for an afternoon to go to a health center. Therefore, the health center becomes largely inaccessible to farmworkers, unless it has evening hours.

Additional Resource: The National Center for Farmworker Health (NCFH) has developed fact sheets that include an overview of farmworkers' health, as well as key data about specific health topics. The fact sheets are useful for developing presentations for outreach staff, other health staff, or the community. You can access the fact sheets below online via NCFH's website: www.ncfh.org.



- Facts about America's Farmworkers
- Farmworker Health Facts
- Facts about Farmworkers and AIDS
- Maternal and Child Health
- Oral Health
- Tuberculosis

¹⁷ See viii.



LEGAL ISSUES AFFECTING FARMWORKERS

As an outreach professional, it is essential to remain aware of the legal issues that commonly affect farmworkers. At times, you may even be faced with helping to guide farmworkers through the appropriate legal channels. Every clinic or health care site should either employ or contract with legal experts who know about the current, relevant issues faced by farmworkers in your local area. If you encounter a situation warranting legal attention, you should try to seek professional legal counsel immediately. The following list is not comprehensive, nor does it substitute for legal counsel, but touches upon topical issues outreach professionals should know.

Pesticides and the Workers Protection Standard

Pesticide exposure is probably the most prominent health risk that farmworkers face. The Federal Worker Protection Standard contains requirements for proper pesticide safety training, including how to use personal protective equipment, restricted entry intervals, decontamination supplies, and emergency medical assistance. When pesticides are used at a farmworker's jobsite, employers are supposed to post information about what to do in an emergency situation, including prompt transportation of the exposed person. Starting in 1996, farm owners were required to provide their farmworkers with translated (usually in Spanish) pesticide safety information before entering pesticide treated areas.



More information regarding the Federal Worker Protection Standard can be viewed at the U.S. Environmental Protection Agency website:

<http://www.epa.gov/pesticides/safety/workers/PART170.htm>

Even brief pesticide exposure symptoms are very similar to other health problems, such as nausea, extreme fatigue, and skin irritations. Prolonged exposure to a pesticide is thought to cause more severe health risks, like birth defects and cancer, or even death. If you work with a farmworker who complains of pesticide related injuries, be sure to detail their physical symptoms and a description of the circumstance according to your organization's protocols. Ideally, farmworkers should be able to identify the type of pesticide they came in contact with, as well as how much time elapsed since the exposure.

Workers' Compensation

In the United States, employers are required by law to provide workers compensation insurance to their W-2 employees. In the case that a worker suffers from a job-related injury or illness, then workers' compensation benefits will pay for medical expenses and replace lost wages. Remember, eligibility requirements, benefits levels, and other rules differ from state to state. Be familiar with your state's workers' compensation laws by calling your local labor office. Unfortunately, most farmworkers do not receive workers' compensation from their employers because they are often undocumented, and rarely considered a grower's employees.



Immigration

The U.S. Citizenship and Immigration Services (CIS) makes all decisions regarding petitions for lawful entry into the United States. U.S. Immigration and Customs Enforcement (ICE) is the law enforcement entity which detains and removes individuals in violation of U.S. immigration law. Since ICE raids are often a pressing fear for undocumented farmworkers, you should be aware of how these raids can happen and what rights farmworkers have in such situations.

Temporary foreign agricultural worker programs, such as H2-A, may become more common in coming years. Under these programs, foreign farmworkers who enter the United States with temporary work visas are usually employed by only one grower and stay in the country for a predetermined amount of time. Beyond this, U.S. visas can be issued to refugees, asylees, those applying for temporary protected status, and fiancés of U.S. citizens.

Many farmworkers are actually hesitant to accept public assistance, believing it will jeopardize their legalization process. In truth, receiving public benefits may or may not affect an immigrant under the “public charge” provision of immigration laws. A migrant farmworker will not be considered a “public charge” for using health care benefits such as Medicaid, CHIP, prenatal care, and health centers. The vast majority of undocumented immigrants will not be eligible for most government benefits like cash assistance, long-term institutionalization, and food stamps.

For more information, visit <http://www.uscis.gov/files/article/Public.pdf>. You can also contact the Migrant Legal Action Program at <http://www.mlapp.org> or search online to find your local legal assistance organization.

Violence Against Women

Unfortunately, domestic violence exists across all cultures, classes, and ethnicities. Domestic violence with farmworkers is magnified due to certain barriers. Migrant Clinicians’ Network (MCN) produced a document further explaining the barriers and their implications titled, “Lacking access to health services, fearing deportation, and living in isolated environments, farmworker women are often forced to endure violence.” In 1994, the Violence Against Women Act (VAWA) was created to better protect battered women and children, including immigrants. As a health outreach worker, try to familiarize yourself with the Immigration and Nationality Act. Should you encounter a case of domestic violence, contact your local domestic violence prevention agency.



Photo courtesy of Clinicas del Camino Real, Inc.

The National Domestic Violence Hotline is 1-800-799-SAFE. The Violence Against Women’s Act text can be viewed at the U.S. Department of Justice website: <http://www.usdoj.gov/ovw/regulations.htm>.



Child Abuse and Child Protective Services

In some cases, the Child Protective Services (CPS) can construe an instance of severe poverty as child neglect. Farmworker families embattled with the CPS may need assistance as they fight to keep their children. As an outreach worker, you can advocate for child abuse prevention by helping parents understand federal laws and requirements.

The Federal Child Abuse Prevention Act defines child maltreatment as physical, sexual, or emotional abuse; however, each state provides its own interpretation within civil and criminal codes. Every state mandates that a person is responsible for reporting child abuse to CPS or the local police if it is detected or suspected.

The complete text of the law (U.S. Code title 42, chapter 67) can be downloaded from the Cornell University Legal Information Institute website at:
www4.law.cornell.edu/uscode/42/ch67.html

Child Labor

At times, you may see many farmworker children working in the fields because of economic necessity; affordable daycare options may not be available or accessible to farmworkers in your service area. The Fair Labor Standards Act permits children to work in the agriculture industry at a younger age than most others. In the farmworker trade, employment age usually starts around sixteen, and can include performing hazardous tasks like pesticide spraying. Fourteen year-old children are actually permitted to work outside of school hours. You may even encounter younger children that are employed in the fields on their parent's farm without any legal restrictions or ramifications. Unfortunately, many children are laboring under extremely dangerous and exploitative conditions.



For more information regarding the U.S. child and youth labor laws, please visit:
<http://www.dol.gov/dol/topic/youthlabor/childlaborstatistics.htm>

The Americans with Disabilities Act



In 1990, the Americans with Disabilities Act (ADA) was signed into law to provide civil rights legislation protection to the disabled. The ADA mandates the modification of policies, practices, and procedures to ensure health care access for people with disabilities. All health and social service agencies should research the ADA and make sure they are in compliance with it.

For more information on the Americans with Disabilities Act, please visit the US. Department of Labor website: <http://www.dol.gov/esa/regs/statutes/ofccp/ada.htm>.



Vocational Rehabilitation

Vocational rehabilitation helps enable people with disabilities to enter or re-enter the job force, and is funded jointly by federal and state government agencies. Farmworkers, however, may face many barriers to accessing vocational rehabilitation services, such as language, documentation status, and transportation to rehabilitation classes. Some states offer special vocational rehabilitation services designed specifically for farmworkers. Contact your state public health department to learn if vocational services are offered in your service area.

Job Services and the Monitor Advocate System

The monitor advocate system was established to supervise job service agencies across each state. This system helps to ensure non-discriminatory delivery of workforce development-related services like benefits, job trainings, and job referrals to farmworkers. The Monitor Advocate system was founded in the early 1970's when a group of farmworkers represented by the NAACP filed a lawsuit because they were only provided with agricultural job leads by state job service agencies. The case went all the way to the Supreme Court, which mandated Monitor Advocates.



Photo courtesy of the Mixteco/Indigena Community Organizing Project (MICOP)

Today, the National Farmworker Jobs Program helps farmworkers and their families achieve economic self-sufficiency through job training and other related services. You may want to contact your local Monitor Advocates, as they may have valuable information about the farmworkers in your service area.

For more detailed legal information, as well as an analysis of bills that affect farmworkers, visit Farmworker Justice at www.fwjustice.org or call (202) 293-5420.



CULTURAL SENSITIVITY

Cultural Humility

Traditionally, cultural competence has been associated with learning about the history, background, and experiences of a specific cultural, racial, and/or ethnic group. Underlying cultural competence is the assumption that a finite body of knowledge about a particular group of people, like farmworkers, is necessary for responding to an individual's health needs in a culturally appropriate manner. Yet, the belief that you reach complete cultural proficiency can be limiting and unrealistic; it's impossible to truly understand every element, practice, and belief of a person's culture. After all, tremendous diversity exists within cultural, racial, and ethnic groups; variations can arise based on personal experiences due to gender, sexual orientation, social economic status, etc.¹⁸ Furthermore, culture is always changing and is not static.

Given this reality and because you're a health outreach professional, it's a good idea to familiarize yourself with the idea of *cultural humility*. This approach can help you overcome any cultural competence limitations; it is a way for you to provide optimum care to diverse persons by engaging in intercultural exchanges that require humbleness, self-reflection, and self-assessment. As Tervalon and Murray-Garcia describe, "Cultural humility is a commitment to becoming lifelong learners, reflective practitioners and redressing the power imbalances in the patient-provider dynamic."¹⁹ It should also help you avoid potentially stereotyping other cultures; the concept emphasizes the internal investigation of your own beliefs, life experiences, and perspective to truly understand cultural differences. Through this self-examination and reflection process, cultural variations become more apparent and easier to acknowledge and accept.²⁰



Photo courtesy of the Jarana Dancers of Marin County, CA

Learn more about cultural humility in the Spring 2008 issue of HOP's Outreach Newsletter, available at www.outreach-partners.org.

Relevance in the Health Care Setting

When farmworkers access health care services, providers have the responsibility to provide a mutually respectful medical encounter. Understanding cultural beliefs, practices, and dynamics should enable service providers to more appropriately help farmworkers patients. While service providers can empower themselves by learning about some elements of the local farmworker cultures, it is not the only strategy they should employ. Self-reflection can be a crucial step, and

¹⁸ Hunt, Linda M. (2001) "Beyond Cultural Competence, Applying Humility to Clinical Settings." *Bulletin*. <http://www.parkridgecenter.org/Page118.html>. Accessed August 2007.

¹⁹ Tervalon M. and Murray-Garcia J. (1998) Cultural humility versus cultural competent: a critical distinction in defining physician training outcomes in multicultural education. *J Health Care Poor Underserved*; 9(2):17-25.

²⁰ See ii.



lead to a shift in attitude and eliminate preconceived notions about a farmworker’s culture. Providers and outreach staff are encouraged to learn more about their local farmworker cultures by engaging in a respectful dialogue with their farmworker clients; ask them specific questions that allow for the exploration of similarities and differences between the provider/outreach staff and the farmworker client.²¹

An Exercise in Self-Reflection

The following questions can help you practice the self-reflection needed to accomplish cultural humility. Try to make a routine habit of asking yourself these questions within your daily outreach activities. It is an easy step to acknowledge the cultural differences that exist between you and the farmworkers in your service area. As previously discussed, try to examine how a culture is divergent from your own without judgment; this will help place you in the right frame of mind for humble and respectful inquiry of another person’s cultural beliefs and practices. Consider asking yourself the following:



- 1) What are my cultural beliefs?
- 2) What are my family’s beliefs and values?
- 3) What is my personal culture/identity? (ethnicity, age, experience, education, socio-economic status, gender, sexual orientation, religion)
- 4) Am I aware of my personal biases and assumptions about people with different values than my own?
- 5) Do I consider my values to be representative of the population at large?
- 6) Can I describe a time when I became aware of being different from other people?²²

Cultural Competence

There is a distinction between cultural humility and cultural competence. While cultural humility is an approach for acknowledging cultural differences between other people and ourselves, cultural competency is an ongoing process of acquiring skills, knowledge, attitudes, and protocols for enabling effective cross-cultural interactions. Cultural competence helps individuals respond with respect and empathy to people of all cultures, classes, races, religions, and ethnic backgrounds. In addition, it recognizes, affirms, and values the worth of individuals, families, and communities. To deliver health services to farmworkers in an effective and culturally proficient manner, health systems should encompass the following:

²¹ “Are you practicing Cultural Humility? – The Key to Success in Cultural Competence.”
<http://www.cahealthadvocates.org/newsletter/2007/04/humility.html> Accessed August 2007.

²² See ii.



- Understand our own cultural background;
- Acknowledge and learn about different farmworker cultures, value systems, beliefs, and behaviors;
- Speak farmworker languages or use a trained interpreter when communicating with farmworkers;
- Recognize that cultural difference is not synonymous with cultural inferiority; and,
- Adapt health care delivery to an acceptable cultural framework.

Cultural Competence and Health Care

By respecting cultural differences, you can help create trusting relationships wherein farmworkers feel accepted and understood by outreach staff. Respect is the key concept to remember when interacting with another culture. An outreach worker who spends the time to get to know farmworkers, demonstrates empathy, and respects cultural realities different from their own can build extremely positive professional (and sometimes personal) relationships. This type of relationship-building approach can encourage open, honest communication, which is the first step for learning how to best meet farmworker health care needs. A farmworker will probably be more inclined to share their personal medical histories with a provider or outreach worker if trust is established. Likewise, if a farmworker feels understood and respected by provider/outreach worker, they may be forthright about behaviors impacting their overall health.



Photo courtesy of Finger Lakes Migrant Health Care Project, Inc.

Some organizations may try to address cultural competency by employing health outreach workers, either fluent in farmworker languages (like Spanish), or with a farmworker background. You may find other organizations that emphasize linguistic competence by translating marketing brochures into the languages of the target group; others use ethnic-specific role models in print materials. There are many strategies you can utilize to improve the cultural competency of the outreach services offered to farmworkers in your service area.

However, it's important to recognize that there is always more you can do to improve or refine your cultural competency attitudes, skills, and practices. Consider implementing annual/semi-annual cultural competency trainings to sharpen your skills. By preparing your staff to be increasingly sensitive to the unique needs of underserved farmworker populations, they will ultimately help meet the needs of the farmworker population in an understanding and respectful manner.



Recommended Standards for Culturally and Linguistically-Appropriate Health Care Services

Based on an analytical review of key laws, regulations, contracts, and standards currently used by federal and state agencies and other national organizations, cultural and linguistic health care guidelines were produced for the U.S. Department of Health and Human Services and the Office of Minority Health. Highlights of the recommended standards (presented in the preamble of the publication *Assuring Cultural Competence in Health Care: Recommendations for National Standards and the Outcomes-Focused Research Agenda*) are listed below.²³ While these standards were developed for federally-qualified migrant and community health centers, non-health center organizations should consider implementing the standards to better satisfy the cultural and linguistic needs of farmworkers in their areas.



Culture and language have a considerable impact on how patients access and respond to health care services. To ensure equal access to quality care by diverse populations, health care organizations should:

- 1) Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients as well as each other in a culturally diverse work environment.
- 2) Have a comprehensive management strategy to address culturally and linguistically-appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- 3) Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policy making, operation, evaluation, training, and as appropriate, treatment planning.
- 4) Develop and implement a strategy to recruit, train, retain and promote qualified diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.
- 5) Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically-competent service delivery.
- 6) Provide all clients with Limited English Proficiency (LEP) access to bilingual staff or interpretation services.

²³ U.S. Department of Health and Human Services, Office of Minority Health. (2000). “Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda.” <http://www.omhrc.gov/clas/finalpo.htm>. Accessed November 16, 2007.



- 7) Provide oral and written notices, including translated signs at key points of contact, to clients in their primary language that inform them of their right to receive interpreter services free of charge.
- 8) Translate and make available signs and commonly-used written patient educational materials for members of the predominant language groups in service areas.
- 9) Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters. Family or friends are not considered adequate substitutes because they usually lack these abilities.
- 10) Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system, as well as any patient records used by providers.
- 11) Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.
- 12) Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for culturally and linguistically appropriate services into other organizational internal audits and performance improvement programs.
- 13) Develop structures and procedures to address cross-cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty accessing services, or denial of services.
- 14) Prepare an annual progress report documenting the organization's progress with implementing cultural and linguistically-appropriate services standards, including information on programs, staffing, and resources.²⁴



*Photo courtesy of Yolo County Health Department
Maternal Child Adolescent Health Program*

²⁴ See vi.

Understanding Farmworkers' Culture in Your Community

You may want to informally observe farmworkers to learn about some previously unnoticed cultural nuances. Your key to success is maintaining an open and explorative mind. As an outreach worker, you should strive to learn and understand some key cultural elements of your community's farmworkers. This important first step will better equip you with the knowledge needed to deliver culturally-appropriate and responsive outreach services to farmworkers.

To understand more about specific cultural traits of the farmworkers in your area, simply ask questions to individual farmworkers or knowledgeable people who've worked closely with farmworkers about the farmworker culture(s) in your community. Consider the following:

- **Language:** As a professional outreach worker, farmworkers will typically treat you with a tremendous amount of respect. You should reciprocate by asking if there is a preferred language within your farmworker population. Do not assume that they cannot understand English. Strive to use the formal "you" in the farmworker's preferred language as well. For example, use the "*usted*" form when speaking to farmworkers in Spanish.
- **Literacy:** It's not only the ability to read and write; literacy also applies to the years of schooling mastered, or the level of functional literacy. For instance, some farmworkers may be able to read aloud, but not understand what they just read. Do not assume that farmworkers can read and write in their preferred speaking language. Some farmworker languages (especially indigenous languages, such as Mixteco and Triqui), are not commonly written. There are techniques for determining if a person is illiterate without making them uncomfortable by asking directly (see *Chapter 8: Health Education Fundamentals*).
- **Male-Female Interaction:** When conducting health outreach, always use caution when approaching members of the opposite sex. For some cultures, just being in the same room with a member of the opposite sex is unusual and stressful. In extreme cases, this can even be interpreted in a sexual context. You should learn about the gender roles and expectations within a farmworker's family and social network. Understanding these gender roles may help you appreciate how to best connect with farmworkers in your community.
- **Perception of Time:** The concept of time can significantly differ between cultures. Punctuality may not be of monumental importance to the farmworkers in your community. Many people from Latino cultures have what might be called a "global" or "indefinite" sense of time, rather than an exact sense of the day and hour when it comes to making and keeping appointments.
- **Perceptions of Illness and Medicine:** You may learn that some farmworkers in your service area do not embrace western medicine. Rather, they prefer "traditional" medicine or homeopathic treatment because of their cultural heritage. There may be cases where spiritual beliefs are directly tied to farmworkers perceptions of illness and medicine; in fact, they may be more comfortable with an herbalist, *curandero*, or healer than a service provider.



Although you may disagree with farmworkers' beliefs in supernatural and psychological causes of illnesses, you should never discount the patient's opinion.

- ***Sensitive Topics:*** Many topics discussed openly in the United States could be considered inappropriate for audiences in other cultures. If you plan to conduct a health education session, for example, be sure to find out if your presentation is suitable for everyone present. Before presenting about a sensitive topic, be sure to inquire about the community's comfort level discussing the subject matter. Also consider your relationship and rapport with the community as well as the timing of introducing a sensitive topic.
- ***Farmworker Pride:*** Farmworkers are quite proud of their occupation. Although they will acknowledge frequent hardships and needs, farmworkers do not pity themselves. Rather, they take pride in doing the physical labor others are incapable of, and feel a sense of accomplishment in helping to feed a nation. Despite the low wages, their work usually supports a family financially, either in the U.S. or abroad.

Farmworker Lifestyle Considerations

In addition to matters of culture, farmworkers lead very unique lifestyles as compared to other populations a health center may serve. It is always a good idea to take the following into consideration when conducting outreach to farmworkers.

- ***Work Hours:*** During the prime harvesting times, some workers may work six to seven days a week for 10-12 hours a day. This poses a problem because outreach staff will have to determine appropriate times to reach out to farmworkers and invite them to participate in health education activities. Often a health educator may arrive at a camp or housing area ready to present, but find workers too tired or busy to spend time with them. It is important to maintain flexibility with scheduling health education lessons or outreach events.
- ***Work Conditions:*** Migrant and seasonal farm work is extremely labor intensive. You may think it's wise to do health screenings in the field or a packinghouse; however, this may prove to be an impossible task once you arrive onsite. Many farmworkers may not have the interest or energy to participate because of the long hours and intense physical labor.
- ***Camp Dynamics:*** No two camps are alike. As you become more familiar with your service area, you may notice factions or divisions drawn along familial, geographical, or racial/ethnic lines. Take these into account because they can be helpful or harmful. Most groups also have informal leaders; it helps to identify these people.
- ***Transportation:*** Many farmworkers do not have transportation. Others may have access to transportation during certain days or times. If outreach events do occur outside the camp, be sure to always find out if everyone has access. If they do not, attempt to make transportation arrangements. Research public transportation options, consider helping farmworkers organize a carpool, or find out if some local social service agencies would be willing to offer transportation services to accommodate farmworkers in the area.



- **Families and Childcare:** Many farmworkers have families and young children that require childcare. After a long day at work, farmworkers tend to their families. If childcare isn't offered, it is difficult for a farmworker family to break away from their home to attend a health education session. The children are their priority, and if childcare is not available, one of two things could happen: they either bring the children to the health education sessions or they will not attend. Sometimes it is perfectly acceptable to welcome entire families to educational sessions; at other times, this isn't advised because the subject matter may not be appropriate for children.

A Last Cultural Tip

The more you understand about a person's culture, the more you can begin to realize how strong a force it is. Outside of some very academic attempts, there are few explanations of the bases of many things within a culture. It is important, therefore, to accept and know some background that influence a culture:

- The culture of a person whom you are working with is as valid as your own.
- There are several aspects of other cultures you will never understand.
- Within a culture, there are individuals who have their own "personal culture."
- Even if you have a grasp of working with people from another culture, you may often feel uncomfortable because individuals may not feel at ease with you. In other words, learn to feel comfortable being uncomfortable.
- Never assume anything about a farmworker; you will be surprised every day.

Remember, you learn from experience. Observe and integrate with the farmworkers you reach. When situations arise you do not understand, ask others for advice. Better yet, ask the farmworkers for their opinion. If you are committed and take the periodic uncomfortable situations in stride, you will continue to provide better services to farmworkers.



Photo courtesy of the Mixteco/Indigena Community Organizing Project



MORE RESOURCES FOR UNDERSTANDING FARMWORKERS

To provide the best possible services to farmworkers, this chapter has encouraged you to learn as much as you can about them. Although this manual is intended to provide a head start to health professionals striving to improve services to farmworkers, it is by no means exhaustive. Regional differences in farmworker lifestyles, demographics, and needs make it necessary for service providers to conduct additional research about the farmworkers in their respective areas to provide relevant and targeted services. For instance, you should try to understand which seasons farmworkers are more active in your community, and educate yourself using regional agricultural information.

It is also critical to know where farmworkers live and work in your service area. Hopefully, your organization has county maps highlighting the principle farmworker camps. If not, consider asking other local agencies for assistance. If nothing is available, contact the Department of Transportation or try a local bookstore to find a page-by-page state map. Once you have the proper materials, you're ready to create a farmworker-housing map. See *Chapter 5: Needs Assessment* for more information on community mapping activities.



Another great way to learn and understand farmworkers in your region is by networking with other local farmworker-serving organizations. Contact your local Head Start, Migrant Head Start, Migrant Education, public health department, domestic violence shelter, etc. Perhaps a migrant coordinating committee or a migrant advisory council operates in your area. These committees can offer a plethora of information and important contacts. Obviously, the best resource to learn more about farmworkers is the farmworkers themselves; meet and talk with them often.

If you'd like to read an in-depth overview regarding the lifestyle of farmworkers, try the book *With These Hands: The Hidden World of Migrant Farmworkers Today*, by Daniel Rothenberg (1998). It provides a highly insightful and fascinating glimpse into the lives of farmworkers living in the United States.

Throughout your outreach career, determining the needs of farmworkers and how to best deliver health services to them will be an ongoing process. Remember: avoid creating cultural barriers between yourself and farmworkers. You will be providing important services and act as an advocate for them; however, these farmworkers should feel that their language(s), culture(s) and health status are respected at your organization. If you can do this, then you create a healthy environment to address health prevention, treatment, and change!

