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NEW JERSEY MIGRANT AND SEASONAL FARM WORKERS: ENUMERATION AND ACCESS TO HEALTHCARE STUDY

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Abstract

Despite the demanding physical labor Migrant and Seasonal Farm Workers (MSFW) provide to meet consumer demands and keep the nation's agricultural industry gainful, MSFWs are the most economically disadvantaged population in the nation. MSFWs lack sufficient access to health care and suffer more illnesses than the general population. Besides the difficulties in providing adequate health care to this population, enumeration of MSFWs has been an even greater challenge due to their mobility and illegal status. Through the analysis of secondary data sources, this study looks to approximate the number of MSFWs in the state of New Jersey and to investigate MSFW access to health care. Farm workers are a vital part of not only New Jersey's agricultural economy but also the entire nation's economy. Understanding the health needs of this population, and knowing the number of individuals that comprise this population, would not only help eliminate many health problems but it also would better prepare health officials in meeting the needs of the MSFW population.

According to Weathers et al. [1], "migrant farm workers are among the most socially, economically, and medically vulnerable populations in the United States." This vulnerability is due to harmful work environments and non-traditional work hours. Long hours in heat and humidity may result in heat-related disorders such as heat exhaustion or stroke. Pesticides not only contaminate air, water, and food, but pesticides also can be brought home to the family on contaminated clothing, which may cause respiratory illness, dermatitis, and cancer. Agricultural work also requires heavy and repetitive lifting at a quick pace, which results in musculoskeletal injuries. According to a study by Villarejo and Baron [2], in 1996 sprains and strains resulted in 34% of lost-time injuries and 24% resulted from back injuries. Also, organic dust exposure has been linked to asthma, hypersensitivity, pneumonitis, and other respiratory problems [3].

Besides occupational hazards, MSFWs also endure poor living conditions and lifestyles. Migrant housing is usually overcrowded and lacks adequate sanitation. Inadequate housing usually leads to lead poisoning due to poor plumbing in low-income housing; baby bottle tooth decay as a result of a lack of fluoridated water; tuberculosis due to tight living conditions; and infectious diseases often occur due to inadequate washing and drinking

water. Other common health concerns are diarrhea and parasitic infections, such as tapeworms and lice.

The children of MSFWs also have numerous health issues due to the mobility of the migrant families and lack of medical records. There is a high incidence of under-immunization and over-immunization among MSFW children. Children of MSFWs often suffer from diarrhea, otitis media, urinary tract infections, rashes, and upper respiratory tract infections. Mothers find it difficult to obtain prenatal care. Most pregnancies are high-risk and result in premature births and other complications [4].

According to Rosenbaum et al., “MSFWs and their families confront health challenges stemming from the nature of their work, their extreme poverty and mobility, and living and working arrangements that impede access to health coverage and care.” Unfortunately, programs like Medicaid are state-based so illegal status, poor incomes, and mobility pose a barrier, making MSFWs unable to be covered by programs such as Medicaid even though they qualify for such benefits [5].

Despite the poor salaries, living conditions, and health conditions, more than 80% of the crops in the U.S. are harvested and/or cultivated by hand by MSFWs. The U.S. would not be able to maintain the greater than \$20 billion fruit and vegetable industry without the MSFWs [3].

To help evaluate the health needs of the MSFW population and to better prepare health officials to handle the needs of this population, a reliable enumeration of the MSFWs is significant. Unfortunately, barriers such as mobility and illegal status of MSFWs have made it difficult to produce an estimate.

METHODS

Due to lack of resources and time, direct involvement with the MSFWs in New Jersey is difficult. Therefore, secondary sources were significant to this study. The secondary sources included existing databases; MSFW organizations in the state of New Jersey and others throughout the U.S.; New Jersey agricultural government agencies; and New Jersey medical clinics that serve the migrant population. Numbers from these sources were compared and analyzed at the state and county levels to obtain an approximation of the number of MSFWs that inhabit and travel through the state of New Jersey during a given year. Since migrant clinics are in contact with these workers on a daily basis, clinic numbers were used to help analyze the consistency of the numbers recorded by the other secondary sources used in this study. New Jersey MSFWs' access to health care also was investigated. Health clinics that serve the migrant population were contacted by phone to obtain an estimate of the number of MSFWs seen in the clinics and were asked about the services provided to MSFWs.

Results

The use of secondary data sources and lack of time and resources for direct involvement with New Jersey MSFWs limited the span of this study. In analyzing the secondary data sources, state and county level estimates of MSFWs were difficult to obtain. Most sources

did provide a general estimate for the U.S., which was outdated. However, it is agreed among government agencies that the number of MSFWs in the U.S. is underestimated. As indicated by the data sources, the mobility and illegal status of MSFWs has made it challenging to both enumerate the population and provide adequate health care to the population [6]. Therefore, a majority of the agencies do not keep accurate track of MSFWs. For example, in January 2005, the U.S. Department of Labor decided to temporarily cease data collection on migrant workers, which has caused concern among farm advocates.

Numerous health clinics in New Jersey were contacted by phone and questioned about the number of MSFWs seen by the clinic along with information on the type of health care provided. The sources that provided information are discussed below.

The Parker Family Medical Center provides health care to children and their families who are residents of Monmouth County and who do not have health care benefits or health insurance. The clinic is not a wellness focus center yet, so its only focus is patients who are suffering an illness. The occupational problems seen by the clinic are mostly back strains, some skin infestations, bug bites, poison ivy, and other occupational dermatitis. Anxiety, situational depression, alcohol abuse, and possibly some drug abuse also affect MSFWs. Depression is common among adult MSFWs, which may be caused by financial difficulties, isolation, and work conditions. Adult men are more vulnerable to substance abuse stress and financial burdens. The clinic saw a large number of migrant and seasonal farm workers but had no computer system to track the patients who were seen. Most of the patients do not admit they are migrant workers since they are here illegally [7].

Bridgeton Community Health Center also was contacted. The only statistics the center had available were for Cumberland County. In 1993 1,964 MSFWs were actually seen. The clinic estimated that that number may have been only 30% of the MSFW population. Estimates obtained for 2003 were 6,600 [8].

Southern Jersey Family Medical Centers, Inc. (SJFMC) has clinics throughout southern New Jersey plus a few clinics in the northern part of the state. SJFMC trains individuals to go out into the migrant camps and communities to provide medical care along with health education. Outreach workers are trained and paid to go into the migrant camps to do health assessments. Community Health Workers (CHWs) are trained volunteers that live in the migrant camps. MSFWs are often afraid to approach doctors and the outreach workers due to language barriers and their legal status. The CHWs are used to help build trust between the MSFWs and the outreach workers. The CHWs also provide assistance in locating health care providers and setting up appointments for farm workers along with offering classes on topics important to MSFWs such as STDs, HIV/AIDS, back pain, alcohol abuse, domestic abuse, and so forth [9].

SJFMC also works with other organizations to provide such services as immunizations and eye exams. Through ads and billboards, SJFMC helped increase immunizations in children by 91%; HepB immunization has increased as well. SJFMC provides free monthly eye exams to the uninsured through the New Jersey Commission for the Blind and Visually

Impaired. New Eyes for the Needy also provides vouchers for eyewear that the MSFWs can obtain [9].

SJFMC's demographic data show that the majority of MSFWs are men trying to support family still back in Mexico. However, migrants recently have been traveling from southern Mexico and bringing their families into the states. Barriers SJFMC has faced in trying to provide health care to the MSFWs deal largely with transportation and language. A majority of migrants who came from southern Mexico speak different dialects of Mayan, which makes it difficult for doctors to communicate with them [9].

In 2003, between January 1 and August 31, SJFMC had seen about 70% of the MSFW population in their target counties, which are Atlantic, Burlington, Camden, Gloucester, and Salem counties. SJFMC estimated that 3,012 MSFWs were reached out to and 5,461 total visits or encounters were experienced between MSFWs and the outreach workers [9].

Rural Opportunities, Inc. (ROI) is a non-profit/501c(3) regional community development corporation organized in 1969 to provide services to and advocate on behalf of migrant and seasonal farm workers. ROI has successfully operated as a grantee for federal, state, local, and private funds since its inception, currently continuing its mission in six states through the administration of 46 year-round and seasonal program locations. A keystone of those services is its outreach component to the MSFW population [10].

In New Jersey, ROI contacts approximately 5,000 farm workers each year in its outreach efforts for the National Farmworker Jobs Program and pesticide safety training initiative, SAFE (Serving America's Farmworkers Everywhere). ROI acts as a sub grantee to AFOP (Association of Farmworker Opportunity Program), which provides the volunteer resources and technical assistance needed to deliver workplace safety programs to MSFWs. In addition, ROI-NJ operates a variety of other supportive service and educational programs specifically designed to engage the MSFW population, including AIDS Awareness, Parenting, Financial Literacy, Homebuyer Education, Reading is Fundamental, USDA Food Project, and its Migrant Head Start program. ROI attempts to capture and track data regarding the characteristics of the New Jersey MSFWs who may be eligible for its services through the use of an internet-based MIS system [10].

In 2004, ROI conducted an MSFW enumeration study. ROI sent a total of 654 surveys to New Jersey growers. Figure 1 shows the results ROI obtained through recent surveys combined with data ROI collected over a five-year period [10].

New Jersey state and government agencies, such as New Jersey Department of Labor (NJDOLE) Office of Wage and Hour Compliance, Office of Demographics, Office of Agricultural Compliance, Department of Labor and Workforce Development, Office of Employee, Management, and Equity Services along with the USDA Agricultural Statistics Survey, were contacted and asked for MSFW demographics. Most agencies were either unable to provide estimates on the number of New Jersey MSFWs or were using outdated and underestimated numbers. According to the NJDOLE, the estimated number of MSFWs in New Jersey is based on Wage and Crop Surveys conducted in the northern and southern parts of the state. There are no county breakdowns; rather, the surveys follow each crop (for

example, blueberries). At the peak of the growing season (July–September), it is estimated that there may be between 8,000 and 11,000 MSFWs in the state [11].

The USDA National Agricultural Statistics Survey (NASS) conducts an agricultural census of county level data in the U.S. The census also collects information on expenses, income, and operator characteristics. More than 3,200 counties are surveyed. Farms and ranches that “sell or may sell \$1,000 or more of agricultural products, including horticulture” are targeted [12]. The most recent U.S. census results are from 2002 (see Table 1).

The National Center for Farmworkers Health, Inc. (NCFH) also was contacted [3]. The most recent data was from a 1993 enumeration of MSFWs and their dependents. For the state of New Jersey, NCFH estimates there are 32,007 MSFWs.

NAWS has shown that health care is underutilized by 80% of the MSFW population. According to a study done by the Kaiser Commission on Medicaid and the Uninsured, a number of barriers prevent MSFWs from obtaining Medicaid. For example, most states require that immigrants must have lived in the U.S. for at least five years before applying for Medicaid. Medicaid cannot provide coverage to non-disabled low-income adults who do not have dependent children. As mentioned before, mobility, cost, and language barriers also make it difficult for MSFWs to obtain Medicaid coverage [5].

Discussion

Besides the difficulty in finding updated data sources, it was difficult to find consistencies in the estimates that were produced from the secondary sources. Looking at the data, New Jersey clinic and agency estimates ranged from 8,000 to 16,000 MSFWs in the state of New Jersey. Estimates from migrant clinics that serve southern New Jersey, where a majority of New Jersey farm land is located, provided estimates that ranged from 3,000 to 12,000 for the southern part of the state. The Census of Agriculture (see Table 1) done by NAWS, one of the largest census studies, counts only the number of farms with migrant labor, not the number of migrant workers. Also, as mentioned before, NAWS takes only a sample of crop workers and excludes dairy, livestock, and other farm workers. NAWS may be underestimating the number of MSFWs. The numbers produced by New Jersey clinics and agencies may be more accurate but may still be underestimates due to the fact that MSFWs are undocumented and are fearful to approach health officials or may be overestimated because there is no universal system of keeping track of MSFWs who are seen by health officials. In regard to health care, migrant clinics and state agencies have formed outreach programs to cater to the MSFW population. However, a majority of these services are underused.

It has been suggested that the census date be changed to the peak season of agriculture to obtain a more accurate count. A study done by Smith et al on the undercount of migrant workers in the Northeast specifically addressed MSFWs in southern New Jersey. According to Smith, a census is usually carried out under conditions that include “a stable household address and membership, English language literacy, and a clear ready application of Census categories to the lives and respondents.” These situations are unlikely to occur among the MSFW population. A majority of MSFWs are concerned the government will discover their

illegal status; while traveling for work, MSFWs may be out of the state during the census; and most do not speak English [13].

MSFW families are more likely to have increased health problems and less likely to obtain medical care than non-migrant workers due to “greater geographic isolation and mobility, subsistence-level incomes, inadequate housing, vulnerable immigration status, non-traditional work hours, harmful work environments, and exclusion from protective labor legislation” [1]. The MSFW communities are isolated from social networks, services, and health care providers. It is important that care providers understand this increasing at-risk population in order to be able to address their medical needs.

Lack of finances is also a major concern for unmet medical needs of migrant families [1]. Thus, federally funded health centers and other state agencies seem to be the key in providing health care to these individuals. For example, outreach programs such as those provided by SJFMC proved to be an effective method of reaching out to the MSFWs and providing health care and education along with being able to provide an estimate of the number of MSFWs. Besides the fact that MSFWs received health care, they also developed trust with the outreach workers of SJFMC.

CONCLUSION

MSFWs live in extreme poverty, work in hazardous environments, and lack healthy living conditions. Those factors make them more susceptible to disease and injury that the general population does not experience. MSFWs lack the necessary resources and education in regard to their personal health. The problems MSFWs face result from their low-income status and their unfamiliarity with the U.S. culture, which are compounded by their mobile lifestyle and occupational risks [4]. MSFWs are in desperate need of health care yet are unable to obtain it due to the many obstacles they face from language barriers to illegal immigration status.

In order to meet the health care needs of MSFWs in New Jersey and provide adequate educational programs and outreach, it is important to know how many MSFWs reside in New Jersey and how many of them travel into and out of the state. Everyone deserves access to health care and these individuals are a major source of agricultural labor that harvests millions of dollars worth of crops in New Jersey alone. These farm workers are a vital part not only of New Jersey’s agricultural economy but also of the nation’s economy. Understanding the health needs of this population and knowing how many individuals comprise this population not only would help eliminate many health problems but it also would improve the quality of life of these farm workers.

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Figure 1.
Estimate of New Jersey migrant and seasonal farmworkers by County (ROI, [10]).

Table 1

2002 Census of Agriculture, Hired Labor in New Jersey

New Jersey counties	Number of farms	Number of workers	* Migrant farm labor on farms with hired labor
<i>North District</i>			
Bergen	40	191	3
Essex	4	32	1
Hudson	—	—	—
Hunterdon	275	1,351	9
Morris	83	834	12
Passaic	17	143	4
Somerset	114	385	8
Sussex	217	363	4
Union	8	119	1
Warren	178	948	17
<i>Central District</i>			
Burlington	217	2,262	54
Mercer	76	517	3
Middlesex	92	572	15
Monmouth	288	1,824	47
Ocean	41	339	2
<i>South District</i>			
Atlantic	113	4,440	85
Camden	42	537	17
Cape May	44	265	5
Cumberland	218	3,541	106
Gloucester	151	2,379	75
Salem	156	1,676	55
<i>New Jersey</i>	<i>2,374</i>	<i>22,718</i>	<i>523</i>

(USDA—National Agricultural Statistics Survey, 2002)

* Farms were asked if hired labor on the farm were migrants, meaning employment required travel that prevented the migrant worker from returning to his/her permanent place of residence the same day. This is the number of farms with migrant workers not the number of migrant workers [12].