

Migrant Worker Health

Obj. 6.6: Analyze the relationship between access to care and health status for migrant workers



Brainstorm

Examine image below. What kind of unique health concerns might the migrant workers in this image face? List as many as you can think of in the box below.



Image: UC Davis Annual Report (http://annualreport.ucdavis.edu/2009/features/health/improved_migrant_health_care.html)

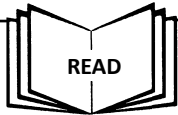
Health Issues:

DISCUSS

Access to Health Care for Migrant Workers

A recent headline for a news story proclaimed, “Fear keeps migrant workers from getting health care.” Consider this headline as you discuss the questions below:

1. How might fear be a barrier to healthcare?
2. What other barriers might migrant workers face?
3. If migrant workers do not access health care when they need it, how might this affect their health?

**Farmworker and Clinician**

Anita de la Vega was a lifelong champion of farmworkers. She hailed from a unique perspective, having been both a farmworker herself and, later, a migrant health clinician. The excerpt below from her speech at the 1996 MCN Unsung Hero Award (12 years before her death) is an eloquent statement on the life of farmworkers and the dedication of the clinicians who serve them.

I am the product of undocumented parents who dared to swim across the Rio Grande so that they could find a better opportunity for themselves and their children... My mother had no prenatal care and none was available to her... I lived in tents, I picked fruit so I could get through school along with my other family members. I have had to deal with not wanting to be Hispanic because of the language and cultural barriers and what it did to women...

I am the eldest of five children and became my parents' advocate because they could not speak English... Being an advocate at the age of seven, when I learned English as a second language, I encountered a system that was not very sensitive to people who had a different culture and a different language... And so, as I picked grapes and I was on my knees spreading those grapes for raisins, I decided that someday I would hope to work in the system. That I would try to change it so that it would be sensitive and poor people would get care with love,... dignity, and respect for their cultural barriers...

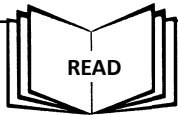
It is difficult being a clinician when you work with the poor... I am a graduate of (two universities). I choose to work with the poor and farmworkers. I want to be there as a role model and to develop programs that they can further themselves... Also, with my two languages, I can empower them to use a system that is sometimes very negative and very hard and very cruel. My people, like my parents, are being beaten because they try to come to this country to find opportunities... I think it is incumbent on all of us to remember where we came from and turn our face around to the injustices. And that together we make a difference.

Source: <http://www.migrantclinician.org/issues/migrant-info/voice.html>

DISCUSS

Reflect:

Anita de la Vega was motivated to work as a migrant health clinician by her own experiences as a migrant farmworker. She argues that the healthcare system is often not sensitive to the needs of migrant workers. In what ways is the healthcare system she discusses failing migrant workers? *(Use examples from Anita's story as well as your own inferences).*

**Introduction to Migrant Issues**

Those working in farm labor tend to be either newly arrived immigrants with few connections or individuals with limited opportunities or skills who rely on farm labor poorly regulated for survival. Increasingly, such laborers are filling needs in other industries with high demand for low-cost labor. Employment in construction and meatpacking is also common. Other than low pay, these jobs also share high risk; the construction industry has the third highest rate of occupationally-related injury, behind farm work and mining.

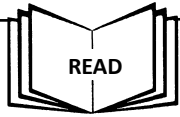
The risks for these workers and their families, are not limited to those faced while on the job. This population, largely from Mexico and other Central American countries, also face a myriad of environmental exposures in their “home environments”, such as they are. A mobile lifestyle combined with the vicissitudes of economic insecurity, language barriers and the discomfort of prejudice imposed by the outside world, result in the isolation of these workers and their families from mainstream community life and its related services. The United States has had a spotty history of providing a consistent level of health care, housing, and sanitation for migrant workers. Today, migrant workers still suffer mortality and morbidity rates greater than the vast majority of the American population, due in part to the combination of poverty, limited access to health care, and hazardous working conditions.

A migrant is defined as an individual who is required to be absent from a permanent place of residence for the purpose of seeking employment. National data on all migrants is largely unavailable. The best data comes from the migrant farmworker population.

Source: <http://www.migrantclinician.org/issues/migrant-info.html>

DISCUSS

What health risks do migrant workers and their families face?



Migrant Health Issues

The health issues that face migrant and other mobile underserved populations are similar to those faced by other disadvantaged groups, including the poor, and especially rural poor, and recent immigrants. These illnesses are caused by poor nutrition, lack of resources to seek care early in the disease process, and infectious diseases from overcrowding and poor sanitation. However, the health problems migrants and their families face because of their low-income status and unfamiliarity with the culture are compounded by a migratory lifestyle and the inherent dangers and health risks involved in their occupations. Migrants and their dependents experience more frequent and more severe health problems than the general United States population. Only a limited number of scientific studies have been made on the health status of migrants and other mobile underserved populations.

High Risk General Problems

The overall medical and dental problems encountered in migrant populations are not dramatic, except on a quantitative basis. There seems to be more of everything, and common conditions have been allowed to progress to very serious stages. Migrants experience a large number of minor ailments. They also identify and treat some conditions as ailments which are actually underlying symptoms of other illnesses and which would be taken as signs of more serious health problems if they were clearly presented to health professionals. The potential lack of awareness that a condition, such as diarrhea or fever, might indicate a more serious underlying problem will sometimes cause delays in seeking professional medical attention: an earache is a minor condition if treated properly, but it can lead to deafness if not treated. Deafness is in no way a minor problem, and is one of the frequently mentioned major health problems in the migrant population.

All of the health care problems found in the general population are found in migrant groups. Some, however, occur more frequently. These include diabetes, cardiovascular disease, and asthma. Tuberculosis deserves special mention. Active cases are consistently found, and there are a high proportion of reactors among migrants, consequently it is necessary to be selective in choosing which patients will follow conventional therapy.

Dental problems abound in migrant populations, yet dental care takes very low priority in the help-seeking behavior of migrants. Routine examinations of both children and adults reveal catastrophic dental sequelae. Bottle mouth caries is a relatively common problem, and gingivitis is rampant among adults.

Prenatal care for migrant mothers is difficult, and many of the pregnancies are high risk. There are high numbers of pregnancies in both very young and much older women. The absence of prenatal care, especially early in the pregnancy, is common, as are multigravida females. These conditions lead to a high incidence of premature births, preeclampsia, and other complications.

There is probably no other population in the United States that has had simultaneously high incidences of both over-immunization and under-immunization of children. Many pediatric migrant patients have been immunized four or five times in the same season, due to the problems of continuity of care, while others have been missed completely for the same reason.

Depression is another concern among adult migrants which may be related to isolation, economic hardship or weather conditions which can hamper work. Adult men are vulnerable to substance abuse that can be related to poverty, stress, lack of mobility or recreational opportunities.

Source: <http://www.migrantclinician.org/issues/migrant-info/health-problems.html>



Migrant Health Skits

As a team, create a skit depicting an scenario involving migrant workers and a health issue. Be creative! Be sure to portray how barriers may limit access to care and how this in turn impacts health status. Outline your ideas and write a script in the space below:



Migrant Health Disparities

List and explain **three** health disparities related to migrant worker health.

(1)

(2)

(3)



Let's Eliminate These Disparities!

Choose one of the disparities you explained above in the previous section. Brainstorm possible solutions and choose one idea to explain in detail. Write a short explanation.