

2013 Arizona Migrant Health Profile

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Executive Summary

Information gathered for this report includes data gathered from an electronically administered set of questions, via Survey Monkey, with responses from a variety of organizations including the Arizona Department of Economic Security, the Arizona Department of Agriculture, Migrant Education Programs, Migrant Health Centers, etc. The respondents who answered the questions varied greatly from executive directors to outreach employees to industrial hygienists.

The Arizona Department of Economic Security provided crop information from their 2013 Wagner-Peyser Agricultural Outreach Plan.

Thusly, most of the data represented in this report is based on observations from individuals working with the Migrant and Seasonal Farmworker population. Most “official” data is significantly outdated, so observational, self-reported data likely more accurately represents the current agricultural climate in 2013. That being said, we also recognize that there are some inherent problems with self-reported data.

This report outlines demographic data, migration patterns, crops, and other industries that farmworkers may be employed in during off-seasons, and how many Migrant and Seasonal Farmworkers (MSFWs) are served by Arizona Migrant and Community Health Centers. Statewide, approximately 17.8% of all MSFWs received care in a Community Health Center in 2012.

Additionally, barriers to care, health issues, and changes in population are also addressed in this report. Diabetes, hypertension, and dental issues were the highest ranked health issues for farmworkers, while language, transportation, and finances remain the biggest obstacles to accessing care. Overall, changes in H2A workers, the economy, less labor-intensive crops, and legislation have led to a very different farmworker climate than in previous years.

Many organizations, including but not limited to health centers, reported that they would be interested in training and technical support related to farmworker health, including migrant health governance (35.3% of total), customer service (29.4% of total), migrant health 101 (29.4% of total) and clinical issues in migrant health (29.4% of total). Based on responses that health center policies are perceived as a barrier to care, it would be worthwhile to involve all responding organizations in educational efforts or relevant training that we offer to our health centers on these issues.

Introduction

In previous years, the Bureau of Primary Health Care requested that the Regional Migrant Health Coordinators prepare an annual regional profile of Migrant and Seasonal Farmworkers. The Arizona Alliance for Community Health Centers (AACHC) held the Regional Migrant Health Coordinator position since 2000, but this position has changed to be a Special Populations point of contact within each Primary Care Association. With this changing position and requirements, this profile is no longer required, but AACHC felt this would serve as a useful tool for our health centers, as well as other organizations serving Migrant and Seasonal Farmworkers for several reasons.

First, resources are always limited and coordination of activities is important to ensure the easiest and most access to services for this population. Second, it assists in identifying either gaps in training or gaps in care to determine how to best address these needs. Lastly, with outdated information, it is difficult for health centers to describe and address the needs of the population, whether it be through providing care or applying for continuing, new, or expanded service funding.

The survey used to gather the information was based on previous surveys and was sent out to all participants and invitees to the 2013 Arizona Interagency Farmworker Coalition (AIFC) Conference. A total of 23 responses were collected with the majority of them serving Yuma County (14). Not all questions were required to be answered, so some were skipped if the participants were unsure of the answers.

All three Migrant Health Centers responded, as well as representatives from the Department of Agriculture, the Department of Economic Security, Migrant Education, and other community organizations. Information regarding technical assistance was addressed to only Migrant Health Centers, but a few other organizations responded to this question as well.

Demographics

To date, Alice Larsen’s 2008 Arizona Enumeration Profiles Study provides the most accurate and comprehensive data on the number of farmworkers in the state. Based on anecdotal evidence, there is reason to believe that this population has significantly changed since 2008, but this remains the most comprehensive and closest estimate to the population.

Migrant and Season Farmworkers by County

County	MSFWs	MSFWs & Nonworkers
Apache	88	88
Coconino	238	443
Cochise	2143	3841
Gila	34	63
Graham	673	1250
Greenlee	26	48
La Paz	2732	5071
Maricopa	13590	23507
Mohave	171	317
Navajo	59	110
Pima	1646	2735
Pinal	4529	9347
Santa Cruz	4	7
Yavapai	457	848
Yuma	41314	67622
Total	67704	115372

Source: 2008 Migrant and Seasonal Farmworker Enumeration Profiles Study by Alice Larson

Based on anecdotal information from people working with farmworker- serving organizations in other states, a portion of these farmworkers and families have decided to move and not return to Arizona due to the anti-immigrant climate here. Others have also noted that many moved to New Mexico, Mexico, Oregon, California, and Washington. Updated data is needed to confirm these observations, as this is just based on conversations with other farmworker-serving organizations from other states. However, for the purposes of this report, we will use Larson’s 2008 data as the population estimate.

On the following page are the Health Center Grantees that reported serving farmworkers on their 2012 UDS Reports (including Health Center Look-Alikes). Migrant Health Centers are designated with an “m” next to their name.

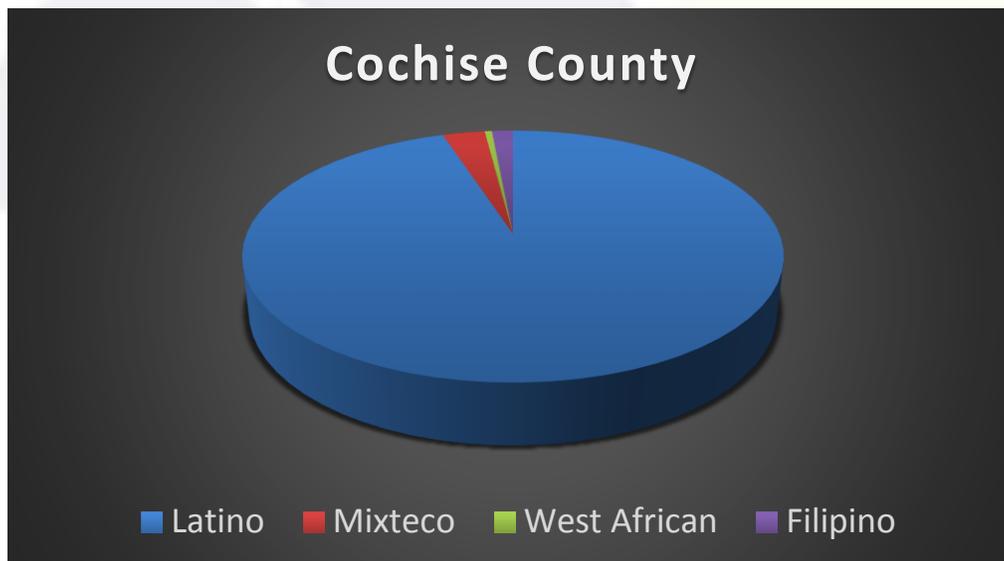
Health Center	UDS Farmworkers 2012
Adelante Healthcare (m)	261
Chiricahua Community Health Centers (m)	4948
Community Health Center of Yavapai	41
MHC Healthcare	20
NATIVE HEALTH	1
North Country HealthCare	61
Scottsdale Healthcare NOAH Clinics	205
Sun Life Family Health Center	97
Sunset Community Health Center (m)	6398
Total:	12032

This would indicate a 17.8% penetration rate of the total number of farmworkers in the state.

Ethnic Composition of Farmworkers

Estimates for migrant and seasonal farmworkers across the state are approximately 98% Latino, with small percentages of Mixteco, Zapateco, Caucasian, Filipino, and West African workers. For the purposes of this report, Latino is considered a race (which diverges from the accepted ethnicity classification now used), which includes persons from Mexico and Central America, but does not include indigenous persons from these areas. This is based on responses received as well as confirmation that most MSFWs in the state are from Mexico and Central America. However, for future profiles, this question needs to be more clearly defined.

Cochise County



Some reported Cochise County as having 100% Latinos, with others indicating very small populations of Mixteco (3%), West African (.5%), and Filipino (1.5%).

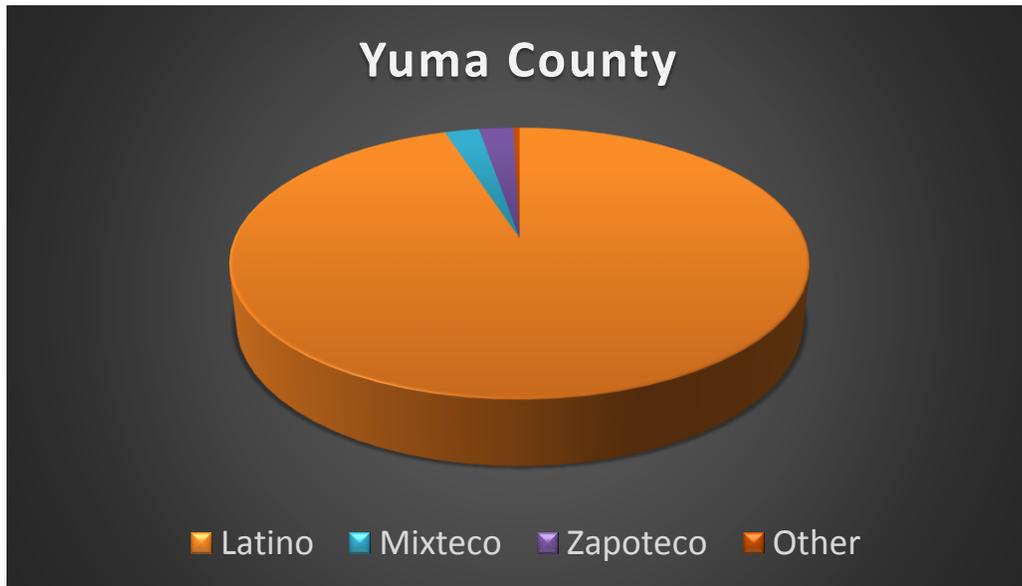
Maricopa County

Maricopa County reported having between 80-100% Latinos, with 20% or less Mixteco. Additionally Jamaican, Mexican, and South American H2A workers were also reported in this area.

Pinal County

Pinal County reported having between 95-98% Latinos with small populations of Caucasian workers as well.

Yuma County



Yuma County reported between 80-100% Latinos, with small populations of Mixteco and Zapoteco.

Family Composition and Gender

Weight of Each County based on Population Estimates

Yuma:	60%
Maricopa:	20%
Pinal:	8%
Cochise:	3%
Balance of State:	9%

After determining the averages for each of these categories, they were multiplied by their weight to get a more accurate estimate of families and soloworkers in the state. Families account for approximately 73% of the farmworkers in the state.

By County (% families)

Yuma:	78%
Maricopa:	67.5%
Pinal:	90%
Cochise:	10%
Balance of State:	57%

Gender Statewide: 76% male; 24% female (using previously mentioned weights for each county)

Gender by County:

Yuma:	75% male; 25% female
Pinal:	80% male; 20% female
Cochise:	87.5% male; 12.5% female
Maricopa:	72% male; 28% female
Balance of State:	84% male; 16% female

Types of Farms

According to the Wagner-Peyser Agricultural Plan for 2013 from the Department of Economic Security, the break-down of anticipated agricultural activity in 2013 by county is as follows:

Cochise – pecans, pistachios, apple pruning, apple harvest, tomatoes, pumpkin, red and green chili, and grapes

Gila/Pinal – cotton, watermelon, spinach, citrus, cantaloupes, dry and green onions, green chili, honeydew, pecans, and potatoes

Maricopa – table greens, dry and green onions, potatoes, cantaloupe, watermelon, broccoli, chili, spinach, citrus, and rose harvest

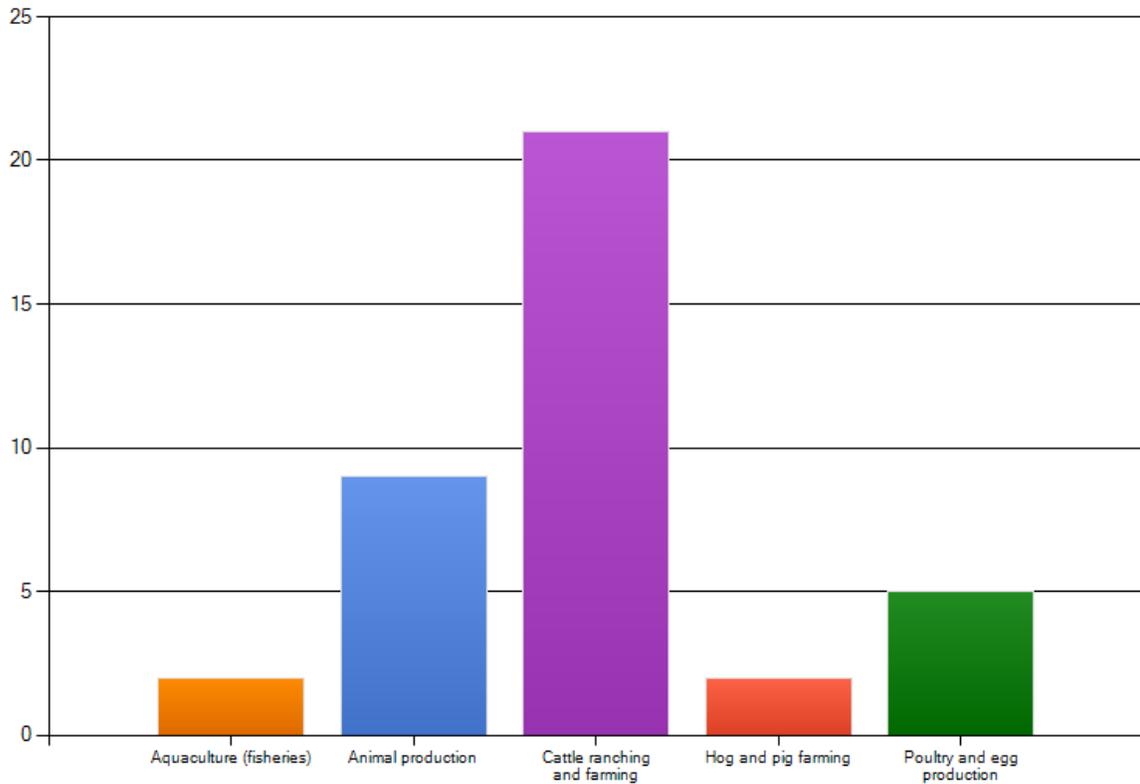
Yuma/La Paz/Mohave – dates, cotton, melon, citrus pruning, citrus harvest, broccoli, lettuce, green leaf lettuce, cauliflower, strawberries, cantaloupe, watermelon, honeydew, vegetables, celery, and cabbage

New Farms for Potential Outreach

As the Health Resources and Services Administration has clarified what can and cannot be counted as farm work, additional farms have been identified that now count under these health center definitions. The farms indicated below serve as potential new outreach sources for Migrant Health Centers to expand their programs and outreach.

Survey Question:

Please select other agricultural sector jobs found in your area. These now qualify as farmwork (migrant or seasonal) under Health Center Grantee/UDS definitions.



91% of respondents indicated that cattle ranching and farming were in their communities. This could potentially be a significant opportunity to reach additional MSFWs across the state. Animal production is another potential farm source to reach more workers.

Seasons

In order to assess when the needs for farmworkers may be greatest, respondents were asked what months had the highest concentrations of farmworkers in their areas.

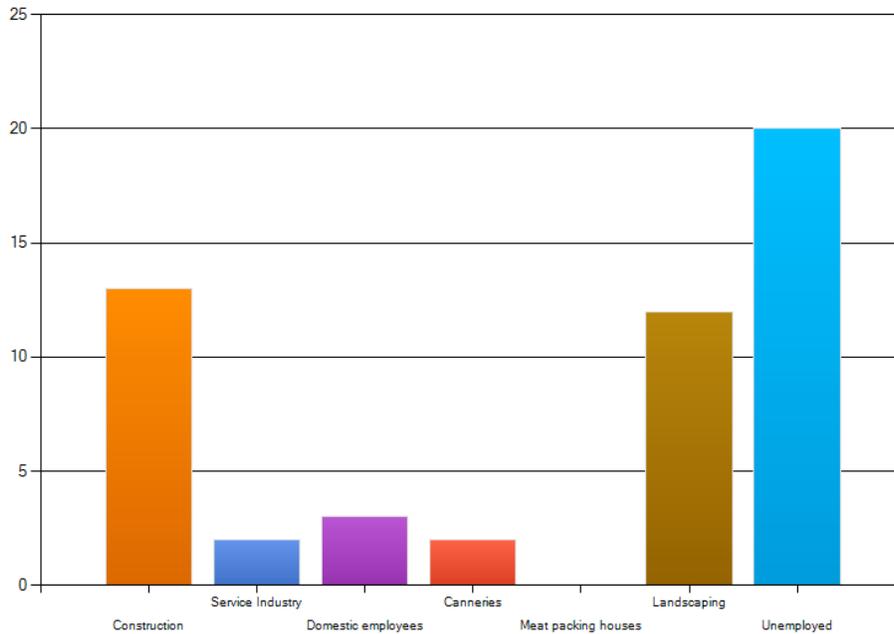
In *Yuma County*, nearly all respondents indicated that the months of October through March had the largest numbers of farmworkers, with half indicating that this season extended through April and began in September. A few indicated that there were large numbers in August as well. In *Maricopa County* most respondents indicated that March through May and August through October had the largest concentration of farmworkers in the county. In *Pinal County*, all respondents indicated September through November had large concentrations, with most indicating March, April, and August also having these large concentrations. In *Cochise County*, all respondents indicated August through November, with most extending the season from May to December.

There were a few respondents stating that every month had high concentrations of farmworkers throughout the state.

Off-Season Work

Survey Question:

Types of work farmworkers in your area are engaged in during the "off-season"



Almost all respondents (20 out of 23) indicated that many are unemployed, with about half of the respondents saying some were able to find work in construction and landscaping. A few respondents all indicated that some farmworkers find employment in the service industry, as domestic employees, or in canneries during the off-season. Clearly unemployment for seasonal farmworkers remains a significant issue in this state.

Migration Patterns of Farmworkers in the State

See attached PDF.

Recent Changes in Farmworker Population

Many different reasons were cited as to why the farmworker population has changed and what these changes look like. While the MSFW population used to be very mobile, many people are beginning to settle in areas like Pinal and Yuma County or permanently moving to other states or Mexico. Education is becoming more of a priority and families are recognizing that it is difficult for their children to get a good education if they are mobile.

While many MSFWs are reported to be moving out of state, Yuma County continues to grow with farmworkers coming from counties throughout Arizona, as well as many coming from California, due to the poor economy in California and higher cost of living. However, overall the farmworker population has dropped due to farms moving out of the area, farms changing to crops that require less human labor, the economy, and legislation passed in Arizona, particularly SB 1070.

Additionally, the number of H2A workers has significantly increased, which are typically younger males. Some cited less willing domestic workers as the cause, while other cited an aging and less male domestic population as the cause. These H2A workers come from a wider variety of countries and typically are not from the same country each year. Future work as to why the same workers would not be granted H2A visas each year could be valuable.

Potential Training for Health Centers

Not all survey respondents were health centers, but we wanted to gather information on what potential trainings we could help provide to our health centers to support their efforts to serve the MSFW population.

Out of the three, one indicated that they would only like additional training on legal issues regarding transporting patients in company vehicles to appointments.

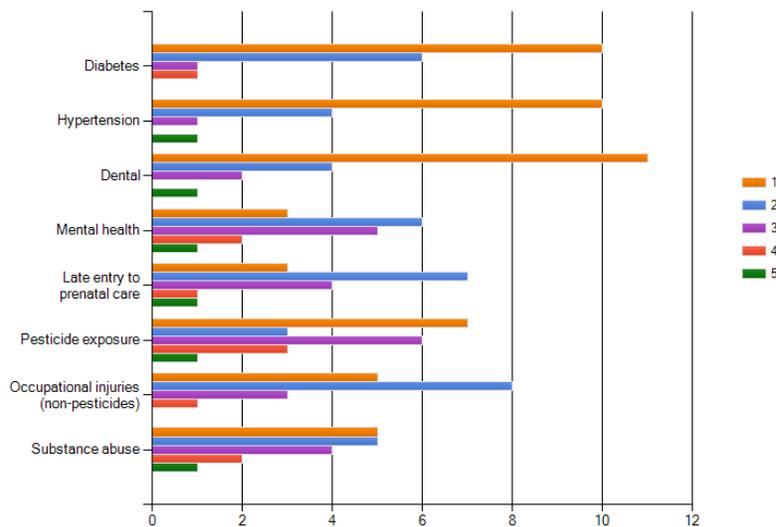
The other two both indicated that they would like migrant health governance training and farmworker outreach and enrollment training. One of respondent also indicated they would like cultural competence, customer service, farmworker identification and eligibility, migrant health 101, clinical issues in migrant health, health literacy, and developing lay health programs training.

Additionally a few other non-Health Center Grantee organizations indicated that they were interested in migrant health training topics, so this may be an opportunity to educate our partner organizations on some of these subjects in order to increase awareness of Migrant Health Centers to increase access to healthcare for MSFWs. The highest were migrant health governance (35.3% of total), customer service (29.4% of total), migrant health 101 (29.4% of total) and clinical issues in migrant health (29.4% of total).

Prevalence of Health Issues

Survey Question:

Rank the following problems according to how common they are among farmworkers in your area (with 1 being the most common). You may use the same number more than once.

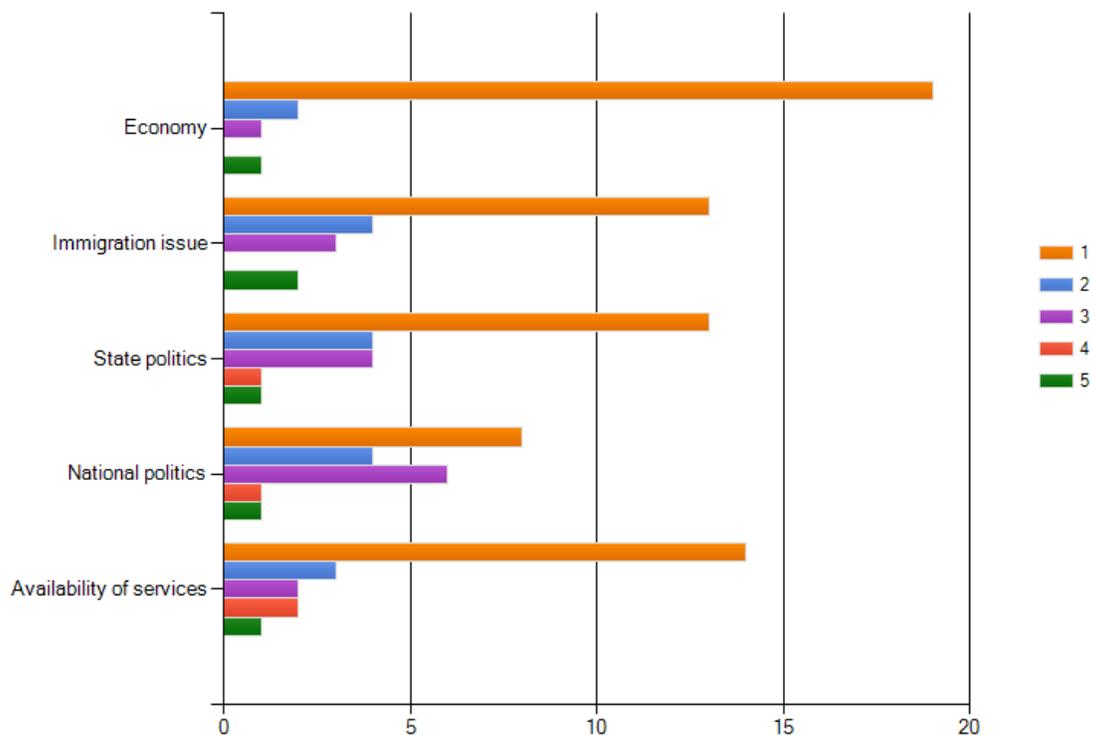


Overall, diabetes, hypertension, and dental remain the most prevalent health issues within the MSFW population in Arizona.

What impacts healthcare in the state for farmworkers?

Survey Question:

On a scale from 1-5 (with 1 being the greatest), please rank the following issues impacting healthcare for farmworkers. You may use the same number more than once.



The condition of the economy was by far the biggest issue surrounding healthcare for farmworkers, but immigration state and national politics, as well as availability of services also play a significant role throughout the state.

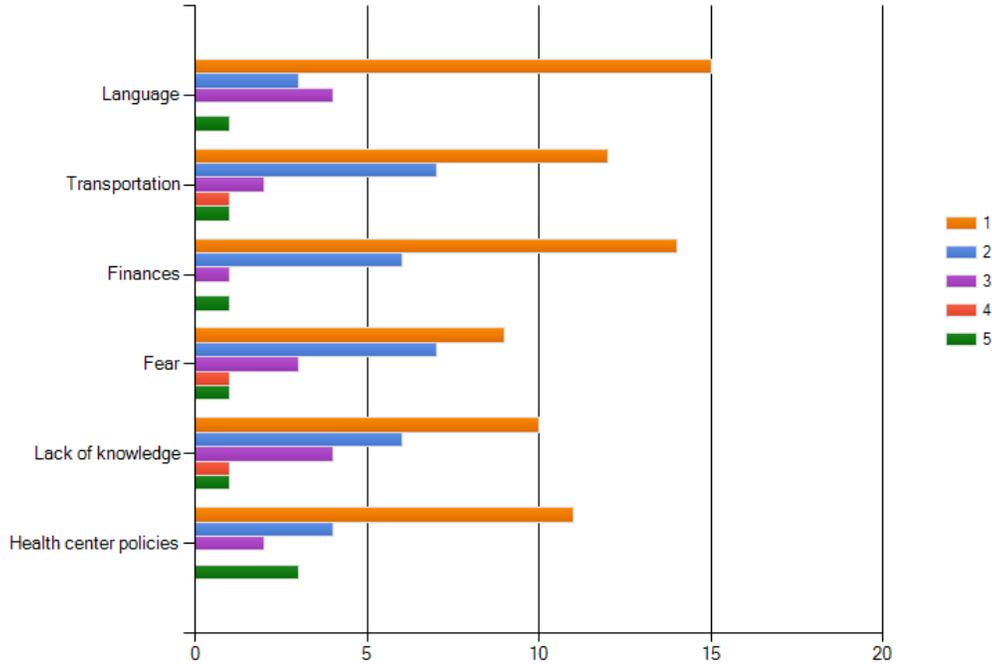
Overall the economy in Arizona has led to the closure of some farms, as well as switching to less labor intensive crops in order to ensure sustainability. This results in less resources available both for farmworkers to pay for care and health centers to be able to provide care.

Additionally, a few other factors included cultural values, contract labor displacing local labor, and location (rural vs. urban).

In addition to larger policy issues, respondents were asked what specifically are barriers to healthcare in their areas.

Survey Question:

On a scale from 1-5 (with 1 being the greatest), please rank the following barriers to care that farmworkers in your area encounter. You may use the same number more than once.



While many of our health centers have Spanish-speakers on staff, language remains a high barrier to care, followed closely by finances and transportation. As the MSFW population diversifies and the H2A worker program expands to more countries, health centers are encountering languages that they previously did not hear from patients. Health center policies also ranked high as a barrier to care, indicating that educating our partners on health center services and requirements still remains a priority to ensure that appropriate referrals are being made.

Limitations and Recommendations

Some organizations serve more than one county, which makes it difficult to distinguish if answers would be different for each county they serve. Additionally, a few answers seemed to deviate from the rest of the answers in certain counties, illustrating one of the issues with self-reporting.

Moving forward, it is important for Migrant Health Centers to build relationships with others serving the farmworker community in order to address the challenges outlined in this report and improve healthcare access for farmworkers.

Going forward, AACHC is partnering with the National Center for Farmworker Health (NCFH) to get a more accurate revised estimate of the total number of MSFWs and families in Arizona, which will be used going forward for this annual profile. One of our health centers is also working with NCFH to get some targeted technical assistance to better identify and serve farmworkers in that area in order to increase access to care.

Migration Patterns by County

Figure 1: Western AZ (La Paz, Mohave) and Maricopa County

Figure 2: Cochise County

Figure 3: Yuma County

Figure 4: Pinal County

