
Rural Migrant Health

Migratory and seasonal agricultural workers (MSAWs) and their families face unique health challenges which result in significant health disparities. Challenges faced can include:

- Hazardous work environment
- Poverty and insufficient support systems
- Inadequate or unsafe housing
- Limited availability of clean water and septic systems
- Inadequate healthcare access
- Continuity of care issues
- Lack of insurance
- Cultural and language barriers
- Fear of using healthcare due to immigration status
- Lack of transportation

MSAW populations experience serious health problems including diabetes, malnutrition, depression, substance use, infectious diseases, pesticide poisoning, and injuries from work-related machinery. These critical health issues are exacerbated by the migratory culture of this population group, which increases isolation and makes it difficult to develop a relationship with a healthcare provider, maintain treatment regimens, and track health records.

This topic guide focuses specifically on the health and barriers to healthcare of migrant and seasonal agricultural workers, which includes some information and data relating to agricultural health and safety. However, if you are interested in health and safety issues for agricultural workers more broadly, see RHIhub's [Rural Agricultural Health and Safety topic guide](https://www.ruralhealthinfo.org/topics/agricultural-health-and-safety) (<https://www.ruralhealthinfo.org/topics/agricultural-health-and-safety>).

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How has COVID-19 affected rural migrant populations?

Migrant agricultural workers are particularly susceptible to infectious diseases like COVID-19 due to a number of factors related to the nature of migrant work. For example, the Centers for Disease Control and Prevention's [guidance for agricultural workers and employers](https://stacks.cdc.gov/view/cdc/88622) (<https://stacks.cdc.gov/view/cdc/88622>) (now archived) pointed out that agricultural workers may be at increased risk for infection due to:

- Working for long periods of time in close contact with other workers
- Sharing transportation and housing with other workers or multi-generational family members
- Moving from community to community for work

Early in the pandemic, there was a lack of accurate information on COVID-19 provided to the farmworker communities. According to National Center for Farmworker Health's [COVID-19 in Rural America: Impact on Farms & Agricultural Workers](https://www.ncfh.org/msaws-and-covid-19-fact-sheet.html) (<https://www.ncfh.org/msaws-and-covid-19-fact-sheet.html>), some agricultural employers did not provide personal protective equipment (PPE) and COVID-19 testing to their employees. Many workers feared that a positive COVID-19 diagnosis could result in the loss of their job. As vaccines became available, some states prioritized farmworkers for vaccines due to the essential nature of their work, but other states did not.

The CDC and the U.S. Department of Labor offers [guidance and information on COVID-19 safety and prevention for migrant workers](https://stacks.cdc.gov/view/cdc/88622) (<https://stacks.cdc.gov/view/cdc/88622>), which features a worksite assessment, guidance on employer-furnished housing, proper cleaning and sanitation, PPE, and working with state and local health officials.

The [National Resource Center for Refugees, Immigrants, and Migrants \(NRC-RIM\) Vaccine Central](https://nrcrim.org/covid-19/vaccine-central) (<https://nrcrim.org/covid-19/vaccine-central>) provides information and resources for health departments, community-based organizations, and other healthcare providers to support the vaccination of migrant communities. Vaccine Central offers flyers, fact sheets, promising practices, and other resources on vaccine education, planning, and implementation that help address any cultural, linguistic, or knowledge-based barriers to vaccination.

For more information on COVID-19 in rural communities, see our [COVID-19](https://www.ruralhealthinfo.org/topics/covid-19) (<https://www.ruralhealthinfo.org/topics/covid-19>) topic guide.

Who are rural migratory and seasonal agricultural workers (MSAW)?

A migratory agricultural worker, often called a migrant farmworker, is defined by [section 330\(g\) of the Public Health Services Act](https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-chapter6A-subchapter2-partD&f=treesort&num=0&saved=%7CNDIgdXNjIDI1NGI%3D%7CdHJIZXNvcnQ%3D%7CdHJ1ZQ%3D%3D%7C20%7Ctrue%7Cprelim) (<https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-chapter6A-subchapter2-partD&f=treesort&num=0&saved=%7CNDIgdXNjIDI1NGI%3D%7CdHJIZXNvcnQ%3D%7CdHJ1ZQ%3D%3D%7C20%7Ctrue%7Cprelim>) as “an individual whose principal employment is in agriculture on a seasonal basis...and who establishes for the purposes of such employment a temporary abode.” The Health Resources and Services Administration (HRSA) [defines seasonal agricultural workers](https://bphc.hrsa.gov/compliance/compliance-manual/glossary) (<https://bphc.hrsa.gov/compliance/compliance-manual/glossary>) (seasonal farmworker) as “individuals whose principal employment is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker.” Generally, migratory and seasonal farmworkers are hired laborers who are paid by piecework, by the hour, or on a daily basis.

It is difficult to accurately determine the number of migratory and seasonal agricultural workers in the United States. Estimates of the number of migratory and seasonal agricultural workers (MSAWs) range from 1 million to 3 million, which may be higher when also counting dependents. According to the Legal Services Corporation's [LSC Agricultural Worker Population Estimate Update](https://www.lsc.gov/sites/default/files/LSC_Report_AgWrkr_Update_with_Appxs_Jan_30_2015.pdf) (https://www.lsc.gov/sites/default/files/LSC_Report_AgWrkr_Update_with_Appxs_Jan_30_2015.pdf),

“There are no U.S. Census Bureau or other available data sets that provide comprehensive, reliable information regarding the size, distribution, economic and demographic characteristics, of the agricultural worker population in the U.S.”

According to the National Center for Farmworker Health's [Facts about Agricultural Workers](https://www.ncfh.org/facts-about-agricultural-workers-fact-sheet.html) (<https://www.ncfh.org/facts-about-agricultural-workers-fact-sheet.html>), approximately 16% are migrant workers and 84% are seasonal farmworkers. Both of these population groups are predominantly Hispanic/Latino, and a large majority of Hispanic/Latino farmworkers were born in Mexico. MSAW populations also include White, African American, Haitian, and Asian people. The most recently published National Agricultural Workers Survey (2015-2016) indicated [68% of agricultural farmworkers are male](https://www.dol.gov/agencies/eta/national-agricultural-workers-survey/research/data-tables) (<https://www.dol.gov/agencies/eta/national-agricultural-workers-survey/research/data-tables>), and the average age of a farmworker is 38 years old, according to the [Facts about Agricultural Workers](https://www.ncfh.org/facts-about-agricultural-workers-fact-sheet.html) (<https://www.ncfh.org/facts-about-agricultural-workers-fact-sheet.html>) document listed above. Just under half (49%) of all farmworkers in the U.S. are unauthorized workers, according to the [National Agricultural Workers Survey](https://wdr.doleta.gov/research/FullText_Documents/ETAOP_2019-01_NAWS_Research_Report_13.pdf) (https://wdr.doleta.gov/research/FullText_Documents/ETAOP_2019-01_NAWS_Research_Report_13.pdf) listed above.

What are some of the common health concerns specific to migrant farmworkers and their families?

Due to the physically demanding and intensive nature of their work, there are several health concerns that put farmworkers and their families at especially high risk.

- **Heat-related illnesses** are a significant danger to farmworkers who spend many hours in direct sunlight. Some of the resulting heat-induced illnesses can be fatal.
- **Exposure to a variety of pesticides and toxic chemicals** can have [serious health consequences](https://www.farmworkerjustice.org/wp-content/uploads/2012/05/aExposed-and-Ignored-by-Farmworker-Justice-singles-compressed.pdf) (<https://www.farmworkerjustice.org/wp-content/uploads/2012/05/aExposed-and-Ignored-by-Farmworker-Justice-singles-compressed.pdf>) for farmworkers.
- **Injuries** result from the use of both mechanized and non-mechanized equipment, as well as hand tools.
- **Urinary tract infections and other infections** can occur from the lack of toilet facilities available while on the job.
- **Bites from animals** encountered, such as insects, rodents or snakes.
- **Higher susceptibility to infectious disease**, such as tuberculosis, results from substandard living conditions combined with the barriers to accessing healthcare.
- **Mental health issues, including depression**, are influenced by the cumulative effect of constant relocation, poverty, and stress.

What are some of the barriers that prevent rural migrant farmworkers from receiving healthcare and healthcare coverage?

Farmworkers face a multitude of challenges when seeking to find healthcare or affordable healthcare coverage:

- Prohibitive costs of healthcare
- Shortage of healthcare services

- Lack of culturally and linguistically appropriate services
- Lack of information about healthcare coverage options
- Confusing eligibility requirements
- Inability to get sick leave
- Concern of losing paid work time
- Social isolation and exclusion
- For undocumented workers, fear of how their immigration status will affect eligibility

The frequent relocation involved in migrant work creates challenges to the continuity of care that is necessary to treat diseases that require careful monitoring such as diabetes, cancer, and HIV. The constant relocation, coupled with the general inaccessibility of healthcare, also **inhibits farmworkers from seeking basic preventive care and standard annual check-ups**, putting migrant workers at higher risk for other preventable conditions.

Additional information about the barriers preventing rural migrant farmworkers from receiving healthcare can be accessed from the National Center for Farmworker Health's [Farmworkers' Health Fact Sheet](http://www.ncfh.org/uploads/3/8/6/8/38685499/fs-nawshealthfactsheet_jbs_approved.pdf) (http://www.ncfh.org/uploads/3/8/6/8/38685499/fs-nawshealthfactsheet_jbs_approved.pdf), and from Farmworker Health Network's [2020 Key Resources for Agricultural Worker Health](http://www.ncfh.org/uploads/3/8/6/8/38685499/fhn_key_resources_2020.pdf) (http://www.ncfh.org/uploads/3/8/6/8/38685499/fhn_key_resources_2020.pdf).

Are there healthcare facilities specifically focused on caring for migratory and seasonal agricultural worker populations?

In 1962, the Migrant Health Act was signed by President John F. Kennedy authorizing the delivery of primary and supplemental healthcare services to migrant farmworkers, resulting in the Migrant Health Center program. Migrant Health Centers receive funding under [Section 330\(g\) of the Public Health Service Act](https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-chapter6A-subchapter2-partD&f=treesort&num=0&saved=%7CNDIgdXNjIDI1NGI%3D%7CdHJlZXNvcnQ%3D%7CdHJlZQ%3D%3D%7C20%7Ctrue%7Cprelim) (<https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-chapter6A-subchapter2-partD&f=treesort&num=0&saved=%7CNDIgdXNjIDI1NGI%3D%7CdHJlZXNvcnQ%3D%7CdHJlZQ%3D%3D%7C20%7Ctrue%7Cprelim>) and provide culturally competent and comprehensive primary and preventive healthcare to migratory and seasonal farmworkers and their families. The program also emphasizes the occupational health and safety of this population.

In 2019, health centers served 1,031,049 migrant and seasonal farmworkers and their families — of those, 903,842, or approximately 88%, were served by Migrant Health Centers, according to the [Health Resources and Services Administration](https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=4&year=2019) (<https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=4&year=2019>) (HRSA). As of 2019, [there were 175 Migrant Health Centers](https://data.hrsa.gov/tools/data-reporting/special-populations) (<https://data.hrsa.gov/tools/data-reporting/special-populations>) across the U.S., and it is estimated that they served about one-third of the migrant and seasonal farmworkers in the U.S. For more information about Migrant Health Centers, see the [Federally Qualified Health Centers](https://www.ruralhealthinfo.org/topics/federally-qualified-health-centers) (<https://www.ruralhealthinfo.org/topics/federally-qualified-health-centers>) (FQHCs) topic guide.

The [National Advisory Council on Migrant Health](https://www.hrsa.gov/advisory-committees/migrant-health) (<https://www.hrsa.gov/advisory-committees/migrant-health>) consults with and prepares recommendations to the Secretary of Health and Human Services and the Health Resources and Services Administration (HRSA) Administrator on health issues affecting migratory and seasonal agricultural workers.

How can rural healthcare organizations and other community organizations help migrant farmworkers access healthcare and get health insurance coverage?

Healthcare organizations and community organizations can refer uninsured migrant farmworkers to Migrant Health Centers or other Federally Qualified Health Centers (FQHCs). These HRSA-supported health centers are open to everyone. Individuals who do not have health insurance will be able to pay for services based on a sliding-fee scale. Payment is based on income and household size. The National Center for Farmworker Health offers a [migrant health center map](https://www.ncfh.org/migrant-health-centers.html) (<https://www.ncfh.org/migrant-health-centers.html>) that details the location of Migrant Health Centers across the U.S. that will provide healthcare and continued treatment for migrant farmworker patients. HRSA offers a [Find a Health Center tool](https://findahealthcenter.hrsa.gov/) (<https://findahealthcenter.hrsa.gov/>), which can be used to locate the nearest FQHC, including Migrant Health Centers.

Organizations may also want to refer migrant farmworkers to their state's Medicaid and Children's Health Insurance Program (CHIP). Farmworkers and their families may be eligible to apply for Medicaid or CHIP to reduce the cost of health insurance. U.S. citizens or residents with a green card who have been lawfully present in the U.S. for more than 5 years may qualify for Medicaid, contingent on the state where they live and their income. In addition, farmworkers who are lawfully present immigrants, such as U.S. citizens, green-card holders, and U- and T-visa holders, can apply for health insurance through the Health Insurance Marketplaces and may receive tax credits. These tax credits will lower their monthly health insurance premiums.

Many social service organizations, Migrant Health Centers, and other Federally Qualified Health Centers have trained outreach and enrollment staff, including certified application counselors and navigators, to provide health insurance application assistance. Farmworkers and their families can be referred to one of these agencies that provide assistance with the application for healthcare coverage. [Find Local Help](https://localhelp.healthcare.gov/) (<https://localhelp.healthcare.gov/>) is a tool identifying local and state agencies that help with the application process for accessing health insurance through the Marketplace when searching by "assister" or by "state service" and allows users to search by language or interpretive services.

Besides outreach and enrollment staff, other staff at healthcare and social service organizations can also help assist farmworkers by receiving basic training on health insurance options so that they can provide accurate information about health insurance options to farmworkers and their families. Farmworker Justice's [Health Care Access](https://www.farmworkerjustice.org/advocacy_program/accessing-healthcare/) (https://www.farmworkerjustice.org/advocacy_program/accessing-healthcare/) page provides information and guides to help organizations and their staff assist farmworkers in applying for health insurance.

Are there model programs or successful strategies that can be implemented to support health services focused on the rural migrant farmworker population?

Model programs or successful strategies to support health services focused on the rural migrant farmworker population include:

- Culturally sensitive health education and outreach
- Linguistically and literacy-level appropriate materials
- Portable medical records and case management
- Mobile medical units
- Transportation services
- Translation services
- Increasing collaboration with other agencies serving migrant populations

A program model that can integrate all of these services and strategies is the *Promotor(a) de Salud*, or Community Health Worker (CHW), model. According to the American Public Health Association (APHA) (<https://www.apha.org/apha-communities/member-sections/community-health-workers>), a promotor(a) or CHW “is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.”

Promotores(as) play an important role in migrant communities and can extend the reach of health services by using their knowledge of the community's culture and language to offer case management to pregnant women and people with chronic conditions, provide outreach on available services and pertinent health information, conduct informational sessions on relevant health topics, and refer community members to local health service providers. They can also collaborate with other local organizations and service providers to increase efficiency and promote healthy practices and lifestyles.

The following resources provide additional information about community health workers:

- MHP Salud provides [resources](https://mhpsalud.org/community-health-worker-resources/) (<https://mhpsalud.org/community-health-worker-resources/>), [services](https://mhpsalud.org/how-we-can-help-you/), and [support](https://mhpsalud.org/how-we-can-help-you/) (<https://mhpsalud.org/how-we-can-help-you/>) to develop and sustain CHW Programs, as well as education and training for CHWs.
- RHIhub's [Models & Innovations: Community Health Workers](https://www.ruralhealthinfo.org/project-examples/topics/community-health-workers) (<https://www.ruralhealthinfo.org/project-examples/topics/community-health-workers>) provides in-depth descriptions and contact information for rural CHW projects.
- RHIhub's [Community Health Workers in Rural Settings](https://www.ruralhealthinfo.org/topics/community-health-workers) (<https://www.ruralhealthinfo.org/topics/community-health-workers>) topic guide provides an overview of community health workers and available resources on the topic
- RHIhub's [Community Health Worker Toolkit](https://www.ruralhealthinfo.org/toolkits/community-health-workers) (<https://www.ruralhealthinfo.org/toolkits/community-health-workers>) provides resources and evidence-based information for rural organizations looking to implement a new CHW program.

More in This Topic Guide

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