

## **What Do We Know about Agricultural Workers' Social Determinants of Health?**

**Presented at the East Coast Migrant Stream Forum, October 2016, Miami, FL**

This presentation provided current findings and trends on household, demographic, and employment characteristics that may be important social determinants of the health of agricultural workers and their families. The analysis for this presentation looked at 14 social determinants of health that were on both a checklist developed by the National Center for Farmworker Health (NCFH) to help health centers better understand the social determinants of health affecting agricultural, and on the questionnaire used by the Department of Labor's National Agricultural Workers Survey.

First, the presentation looked at 2013-2014 findings on the 13 selected social determinants of health. When interviewed, 23 percent of workers were harvesting; 18 percent reported they had mixed, loaded or applied pesticides in the last two years; 31 percent lived in crowded housing; 15 percent lived in employer provided housing; 14 percent live in on-farm housing; 76 percent spoke a primary language other than English; 47 percent were unauthorized; 16 percent were migrants; 26 percent were single, 39 percent were living away from nuclear family members; and 30 percent lived below poverty; 52 percent had not accessed public services in the previous 2 years; and 63 percent had not attended adult education.

Using NAWS data collected from over 10,000 crop workers interviewed between 2009 and 2014, a latent class analysis identified 6 groups of farmworkers that had strong relationships with different sets of the 14 potential barriers to health outcomes. The group facing the greatest number of barriers was the eight percent of workers living away from their families and residing in employer-provided housing. Some workers in this group were single migrants, but others had left their families behind and were unaccompanied when they migrated for agricultural work. Workers in this group also had high probabilities of not having access to transportation, speaking a primary language other than English, being undocumented, and not being connected to the wider community through the use of public services or adult education. A second group consisted of the other five percent of workers living in employer-provided housing. This group also faced substantial barriers posed by their living situation as well as having a primary language other than English and not accessing adult education. At the same time, when compared to the first group, workers in this second group were living with their families, more likely to have access to transportation, to be work authorized and to receive some social services. The remaining four groups consisted of workers not residing in employer-provided housing. These groups were mainly distinguished by family status and the presence or absence of work authorization. They included single, authorized workers (13%); unaccompanied, unauthorized workers (18%); and two groups of workers living with family members, an authorized group (22%) and an unauthorized group (34%). Across these four groups, the groups with unauthorized workers and groups with workers who

were mainly single or unaccompanied faced more barriers than groups consisting mainly of workers who were authorized or living with family members.

The second step in the analysis was to look at the relationships between the groups and three health outcomes: rates of insurance coverage, healthcare visits and diagnosed chronic conditions. Overall, 33 percent of crop workers had health insurance and 61 percent visited a U.S. health care provider in the past 2 years. There were significant differences among the groups. The groups of authorized singles and authorized family members had higher rates of insurance and provider visits than the national average (53% and 63% respectively for insurance and 80% each for provider visits). In contrast, the groups of unaccompanied workers living on and off the farm had the lowest rates of both insurance and health visits (10% and 11% for insurance and 28% and 35% for provider visits respectively).

Crop workers were considered to have a diagnosed chronic disease if they responded with “yes” when asked if a doctor or nurse had ever told them they had asthma, diabetes, high blood pressure, heart disease. In addition, the definition included the “other” category of diseases the worker volunteered since examination of the verbatim responses indicated that these were mostly chronic diseases. The question did not ask the duration of the disease or whether the disease was still present. Overall, 18 percent of crop workers surveyed between 2009 and 2014 reported having at least one chronic condition. There were significant differences among the groups. The group of workers accompanied by family and living in employer-provided housing, and the group of accompanied and authorized workers living off the farm had higher rates chronic disease than the national average (31% and 29% respectively). In contrast, the group of unaccompanied workers living on the farm and the group of unaccompanied and unauthorized workers had the lowest rates of chronic disease (8% and 9% respectively). While it is possible that disease prevalence differs across groups, the findings are confounded because groups with higher rates of chronic disease also have higher rates of provider visits and therefore would be more likely to have been diagnosed.