

University of Denver

Digital Commons @ DU

Undergraduate Theses, Capstones, and Recitals

Undergraduate Research


5-2021

Contextualizing the Health of U.S. Farmworkers

Gabrielle Hyde

University of Denver

Follow this and additional works at: https://digitalcommons.du.edu/undergraduate_theses

 Part of the [Health Policy Commons](#), [Inequality and Stratification Commons](#), [Medicine and Health Commons](#), [Migration Studies Commons](#), and the [Social and Cultural Anthropology Commons](#)

Recommended Citation

Hyde, Gabrielle, "Contextualizing the Health of U.S. Farmworkers" (2021). *Undergraduate Theses, Capstones, and Recitals*. 3.

https://digitalcommons.du.edu/undergraduate_theses/3



This work is licensed under a [Creative Commons Attribution 4.0 International License](#).

This Capstone is brought to you for free and open access by the Undergraduate Research at Digital Commons @ DU. It has been accepted for inclusion in Undergraduate Theses, Capstones, and Recitals by an authorized administrator of Digital Commons @ DU. For more information, please contact jennifer.cox@du.edu, dig-commons@du.edu.

Contextualizing the Health of U.S. Farmworkers

Abstract

Farmworkers often exist in vulnerable social and occupational positions that make accessing health care a challenge. This literature review seeks to outline the health of U.S. farmworkers in the context of these vulnerabilities through a review of the existing literature. It provides a short background to understand how we have become reliant on immigration to feed our nation and to give a snapshot of where these farmworkers come from and what their health concerns are. A key topic in this literature review is the social context of these health burdens including the attitudes of providers, farmworker's perceptions of their own health, and the circumstances under which these have evolved. This review also explores barriers and facilitators to care, and the impact of COVID-19 on farmworkers. The literature search revealed limitations and gaps in public health data, state-level research for the state of Colorado, and a lack of literature focused on the strength and resilience of farmworkers. This literature review was conducted as part of a collaborative research project with Project Protect Food Systems Workers, a coalition that was convened at the onset of the pandemic with the purpose of advocating for the basic needs and rights of Colorado farmworkers during the current crisis.

Document Type

Capstone

Degree Name

B.A.

First Advisor

Alejandro Cerón

Keywords

Health, Farmworkers, Migrant, Social determinants of health

Subject Categories

Anthropology | Health Policy | Inequality and Stratification | Medicine and Health | Migration Studies | Social and Cultural Anthropology

Publication Statement

Copyright is held by the author. User is responsible for all copyright compliance.

Contextualizing the Health of U.S. Farmworkers

Gabrielle Hyde

University of Denver Department of Anthropology Senior Capstone Project

May 2021

Acknowledgements

I would like to express my appreciation and gratitude for my advisor, Dr. Alejandro Cerón, for giving me the opportunity to be involved in this project and for his constant support, guidance, encouragement, and wisdom. Kasey and Damien, thank you for teaching us through this project and including us in the powerful work of Project Protect Food Systems – we are inspired. The depth of this project would not have been possible without the funding and support of the University of Denver’s Grand Challenges Advancing Community Engaged (ACE) Student Scholarship Grant and the Center for Community Engagement to advance Scholarship and Learning (CCESL). I would also like to thank Dr. Dean Saitta for his feedback on this literature review and his genuine interest and support in the work that students like myself are involved in at DU. Zoi, my research partner, thank you for leading us through this project with such passion for all that you do.

Abstract

Farmworkers often exist in vulnerable social and occupational positions that make accessing health care a challenge. This literature review seeks to outline the health of U.S. farmworkers in the context of these vulnerabilities through a review of the existing literature. It provides a short background to understand how we have become reliant on immigration to feed our nation and to give a snapshot of where these farmworkers come from and what their health concerns are. A key topic in this literature review is the social context of these health burdens including the attitudes of providers, farmworker’s perceptions of their own health, and the circumstances under which these have evolved. This review also explores barriers and facilitators to care, and the impact of COVID-19 on farmworkers. The literature search revealed limitations

and gaps in public health data, state-level research for the state of Colorado, and a lack of literature focused on the strength and resilience of farmworkers. This literature review was conducted as part of a collaborative research project with Project Protect Food Systems Workers, a coalition that was convened at the onset of the pandemic with the purpose of advocating for the basic needs and rights of Colorado farmworkers during the current crisis.

Introduction

Despite their immense contributions in keeping our nation fed, farmworkers are largely invisible and excluded from protections and resources that safeguard their human rights and honor their dignity as human beings. Agricultural workers, many of whom are immigrants, have been exploited and treated as expendable for far too long. These attitudes have perpetuated inhumane living and working conditions and a lack of access towards basic resources, including health care. Farmworkers often face economic and social vulnerabilities that prevent them from obtaining their right to health such as fear of deportation for undocumented workers, lack of insurance, and language barriers. This literature review seeks to demonstrate the current understanding of the health of US farmworkers from an anthropological standpoint. It is important to acknowledge who these workers are and what health burdens they experience in order to work towards health equity. Additionally, scholars have identified barriers, facilitators, and motivators to accessing health care that aid in demonstrating how farmworkers view their health and the circumstances that influence their health-seeking behaviors. However, it is impossible to make sense of the experience of migrant farmworkers without understanding the social, historical, and political context in which their circumstances have evolved (Horton 2016). Although California, Washington, and Vermont are more often the focus of research centered on the realities of farmworkers, The Colorado

Department of Agriculture reports that agriculture is one of Colorado's top three industries and is therefore a region where the inequities that farmworkers face need to be explored and addressed.

The U.S has a long history of satisfying labor shortages with cheap, foreign labor. This, however, has resulted in exploitive situations for the farmworkers who maintain our food systems. They often earn low wages and engage in hazardous work with little protection, leaving them in extremely vulnerable social and occupational positions. Because of this, along with other factors such as immigration status and power imbalances, farmworkers are often unable to advocate for themselves. The hazardous nature of farm work results in higher risk of injury and disease while the social and economic factors mentioned previously contribute to greater health inequity among farmworkers. Although research and advocacy efforts for farmworkers are imperative always in order to progress towards equity for all members of our society, the COVID-19 pandemic has only exacerbated this situation and highlighted the ways in which our systems continuously fail these essential workers.

This review of literature examines the context that informs the health of farmworkers both nationally and in the state of Colorado. A variety of sources were useful in this endeavor including journal articles, ethnographies, dissertations, government webpages, news articles, and advocacy resources. The literature search was a continuous process as new literature is constantly emerging about the effect of the COVID-19 pandemic on essential workers. After identifying the extent of the existing literature, selected sources were then analyzed and synthesized in order to provide a comprehensive depiction of the current understanding of this topic.

This literature review outlines multiple aspects of farmworker health including health outcomes, social context, barriers and facilitators to care, resilience, and the effect of COVID-19. It is widely known that farmworkers face harsh living and working conditions that result in ill

physical health. Furthermore, the migratory aspect of farm work in addition to the social implications of immigration contributes to poor mental health among some farmworkers who experience a sense of isolation. Nonetheless, farmworkers are shown by the government, employers, and healthcare providers that their health is in no way a priority. Despite providing the labor that keeps our food systems functioning, farmworkers have endured historical exclusion from health care and occupational protections. Some of the barriers they face in seeking treatment for health concerns include cost, lack of insurance, language barriers, transportation, attitudes of clinicians, and an undocumented status. Farmworkers often feel they cannot miss work due to financial stressors meaning that accessible clinic hours and locations are huge facilitators in health care access among this population. Additionally, positive patient-provider dynamics can greatly influence the health-seeking behaviors of farmworkers. Despite the difficult circumstances they experience, farmworkers demonstrate incredible resilience that many scholars attribute to social-cultural factors that are common within Latinx farmworker communities. These factors are an important area of focus as they can be drawn upon during times of prosperity as well as adversity. The COVID-19 pandemic has underscored both our reliance on farmworkers and our failure to protect their safety and dignity. They continue to put themselves at risk to feed our nation without being provided sufficient personal protective equipment (PPE), hazard pay, or sick leave. Each of the following sections of this literature review dives deeper into these various aspects of farmworker health.

Overall, the topic of farmworker health is a complicated and multi-faceted issue and multiple contexts are essential in understanding the needs of farmworker populations. A review of the literature revealed a lack of Colorado state specific data and minimal literature focused on the strength and resilience of farmworkers. The invisibility in the data at the state-level is concerning

and problematic when considering how to best address the vulnerabilities and inequities that are known to exist.

Background and Health Outcomes

Our nation's reliance on outsourced labor to fill shortages in the agricultural sector has persisted since the mid-1800s as the demand for farming production increased and continued to develop throughout the 20th century until now (National Center for Farmworker Health, n.d.). Erik Nicholson, the vice president of United Farm Workers, explains, "We've had traditionally a labor shortage in agriculture, because as a society, we have chosen not to invest in agriculture to improve working conditions, to make pay competitive with any other industry. We have turned to immigration as a solution," (Washington Post 2018). The National Agricultural Workers Survey (NAWS) for 2015-2016 reported that 75% of U.S. agricultural workers are foreign-born and 69% of their sample were born in Mexico (JBS International 2018). This breakdown highlights our dependence on immigrants to keep our food systems functioning and to keep the nation fed.

There are a few classifications of hired agricultural workers that are important to define. Migratory farmworkers are individuals who are required by their agricultural employment to travel away from their place of residence overnight. Seasonal farmworkers are those who reside in a permanent location while employed in temporary farm work, often finding other sources of employment during the off-season. The collective term migratory and seasonal farmworkers (MSFW) is often used to describe all hired agricultural workers, including those brought here for temporary work through guest worker programs and those employed in agricultural work without authorization. It is estimated that there are around 2.4 million hired farmworkers in the U.S. across all of these classifications (Migrant Clinicians Network, n.d.).

Farmworker advocates and researchers on this subject have noted that this population is at increased risk of illness and injury because of the conditions they experience in the work environment and the precarious nature of their place in society (Chappelear 2020). This is reflected in the average life expectancy for farmworkers working in the U.S. of just 49 years compared to a national average of 78 years (Chappelear 2020). Chronic diseases including diabetes and hypertension are concerns for MSFW as marginalized populations may have difficulties in being screened, diagnosed, and treated in a timely manner (NCFH 2014). Additionally, a lack of access to health insurance contributes to a particular vulnerability in terms of health among this population.

The unique circumstances of MSFW poses additional risks in terms of mental health. A study on acculturative stress among Mexican migrant farmworkers reported that these populations experience higher rates of anxiety and depression because of the consequences associated with the MSFW status including discrimination, language injustice, reduced self-esteem, financial distress, and lack of family and social support (Hovey and Magana 2000). Additionally, the researchers reported that feelings of having to immigrate versus choosing to immigrate influence degrees of perceived autonomy and disempowerment and play a role in the risk of depression. This can also be applied to employment as a farmworker as a choice or a necessity (Hovey and Magana 2000). Life as an immigrant, especially amidst an anti-immigrant climate in the U.S., can inflict everyday encounters with discrimination and a sense of isolation, having a significant influence on mental health. The multi-faceted effects of an immigrant status within our broken food system puts farmworkers in a particularly vulnerable position not only because of difficulties in accessing care but also the physical and mental health concerns they experience.

Colorado Farmworkers

Despite agriculture being one of Colorado’s top industries, information about the workers who provide the labor to maintain this industry is lacking. The Colorado Agricultural Statistics report of 2018 divides the state into six agricultural districts: Northwest & Mountains, Northeast, East Central, Southeast, San Luis Valley, and Southwest. This report also estimated that about 56.1% of Colorado farms are classified as livestock and poultry production while 42.9% of farms specialize in crops (National Agricultural Statistics Service 2018). Because of the state’s geographical diversity, there are a wide variety of labor-intensive fruits and vegetables that are grown and harvested by Colorado’s farmworkers including peaches, onions, sugar beets, potatoes, beans, and corn (National Agricultural Statistics Service 2018).

AGRICULTURAL STATISTICS DISTRICTS

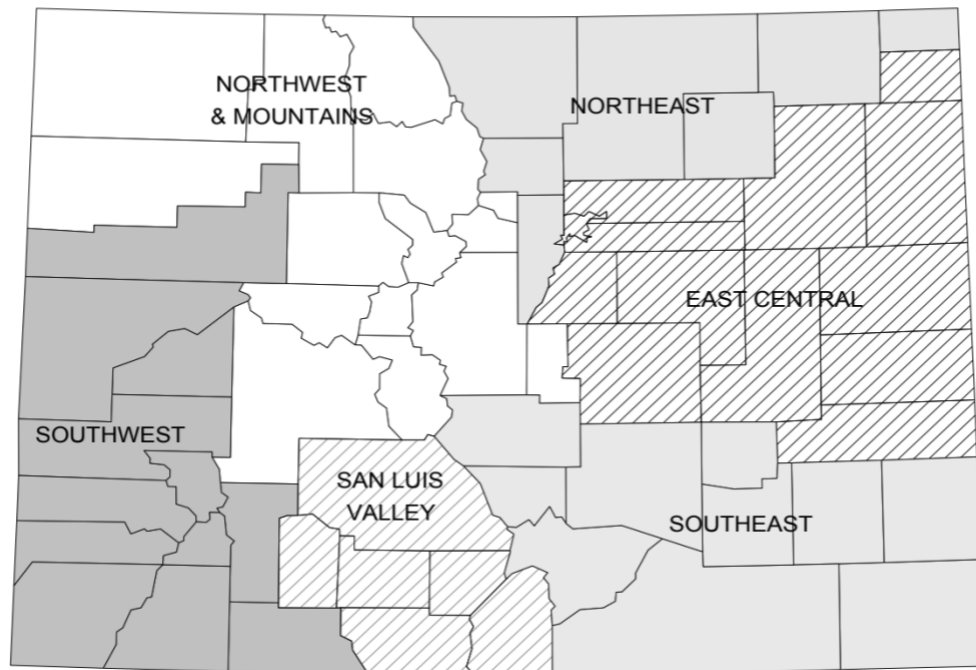


Figure 1. Colorado’s agricultural statistics districts from the Colorado Annual Bulletin, 2018. USDA, National Agricultural Statistics Service.

There are very few Colorado-specific studies or state-level data making it difficult to characterize this population. While data is sparse, it has been estimated that there are at least 41,532 farmworkers across the state of Colorado. This estimate includes 36,733 hired farm workers as reported by the USDA and an additional 4,799 contract workers accounted for in the USDA 2017 census. However, it does not include incarcerated or undocumented farmworkers and therefore serves as a baseline approximation of the total number of farmworkers across the state. (Neiss, Emmad, Civita 2021). With the lack of comprehensive and consistent state-level information, we can look at the NAWS for data at the regional level. While limited, the survey results can give us a generalized depiction of farmworkers across regions in the U.S, with the state of Colorado grouped into the Northwest region which also includes Utah, Wyoming, Montana, Idaho, Nevada, Oregon, and Washington. From this survey, we can get an idea of the demographic and employment characteristics of this population. For the Northwest region, the most recent survey reports that 79% of the workers sampled were foreign-born with the majority of those workers being born in Mexico. Additionally, 57% reported that they were unauthorized to work in the U.S. The survey also provides some useful results about insurance trends among farmworkers, reporting that 72% of respondents receive employer provided health insurance or payment for health care for work-related injuries or illness. However, when it comes to non-work-related injuries and illness, the majority of farmworkers (73%) do not receive this coverage. Furthermore, 60% of farmworkers do not have any type health insurance when taking into account all types of coverage which is a slightly higher proportion when compared to the national percentage of 53% (JBS International 2018). While these results characterize the larger, Northwest regional population rather than Colorado farmworkers specifically, these numbers are important indicators for contextualizing the health of farmworkers and their access to care.

MSFW are essentially invisible in public health data and this invisibility perpetuates their marginalization by making it essentially impossible to understand their health needs. In one of the few works that explores the health of Colorado farmworkers, aimed at mapping the geographic distribution of chronic disease risk factors, Deka (2019) conducted interviews at the Salud Family Health Center in Fort Lupton, Colorado for the qualitative portion of his research. He describes some of the social determinants of farmworker health in this region including poverty, transportation, language barriers, food insecurity, and the availability of health information that aligns with patient's levels of health literacy. Deka outlines demographic shifts within Colorado agriculture explaining that the farmworker population in this area today primarily consists of men in their 20s and 30s from Mexico and Central America who travel alone. From the interviews, Deka notes that many farmworkers did not use the local migrant health centers either because they did not know where they were located or because they sought treatment at other facilities such as urgent care clinics or the emergency room. The state-wide quantitative portion of Deka's research reveals that the most prominent issues addressed in patient encounters among farmworkers were, in order, diabetes, treatment for chronic disease risk factors, hypertension, and obesity. Deka proposes the ecosocial model as a framework for understanding farmworker health. This model integrates the macro, meso, and micro level factors that contribute to the health inequalities identified in Deka's research (Deka 2019). Although not representative of the entire population, Deka's findings shed some light on the health-related needs of farmworkers in Colorado and contributes in addressing the invisibility of this population in the literature.

Another applicable work of literature for understanding the health of Colorado farmworkers is the report and evaluation of an outreach program developed by Salud Family Health Centers (SALUD) aimed at improving access to health care among Mexican immigrants in

rural areas in Northern Colorado. Though not specifically focused on farmworkers, it was acknowledged that many of the individuals within the target population are farmworkers. The authors conducted a health needs assessment during the program development to get a better sense of the demographics, medical history, mental health disorders, and the health-related quality of life among their sample. The most frequently reported medical concern was back problems, and the most common mental health issues were alcohol abuse and somatization. The Patients Health Questionnaire revealed that psychosocial disorders had a prevalence of 19.6% among the sample and were significantly more common in women. Although most of the participants said they were willing to seek care for both mental and physical medical problems, only 20% of those who had a problem in the past year had actually sought care. The data from the health needs assessment sheds light on a lack of knowledge of care options as a barrier with 17% of participants not knowing how to get care for medical issues and 55% lacking that knowledge for mental health care. Based on their assessment, SALUD notes that psychosocial and mental health disorders need more attention from programs focused on this population as these issues were more likely to interfere with their daily lives and activities and were therefore perceived as more important issues in the eyes of the participants (Jesus Diaz-Perez, Farley, and Cabanis 2004).

The lack of data about Colorado MSFW demonstrates how marginalized populations are made invisible through structural discrimination. While the sources mentioned in this section are useful, it is not enough to be able to fully characterize Colorado farmworkers and address existing health inequities. The NAWS is an essential tool for gathering information on farmworkers around the country, but it does not fulfill the need for state-level data. The absence of literature on this topic leaves us incapable of having a thorough understanding of who these farmworkers are and their realities, in turn maintaining their invisibility.

Social Context and Perceptions of Health

The health burdens that MSFW face and their difficulties in obtaining treatment are much better understood in the context of the social hierarchies in which these populations exist, and the historical exclusion they have endured. In much of the literature and policy work, the focus is usually on the occupational hazard and prevention, but the lived experiences of immigrant workers are not often explored, highlighting the disconnect between the injury and its context (Becot et al. 2020). This is where anthropology, particularly through ethnography and frameworks such as the social determinants of health paradigm, can be especially useful in providing context for the health outcomes among MSFW while also highlighting the roles of multiple factors in contributing to such health inequalities. In her book *Syndemic Suffering*, Mendenhall discusses the shortcomings of biomedicine in that it often overlooks the social and emotional factors that synergistically interact with the physical aspect of disease, missing key opportunities for intervention (as cited in Horton 2016). From repeated instances of discrimination in the workplace, encounters with clinicians, and at the policy level, MSFW develop a sense of what to expect based on previous experiences in a certain context. In her ethnographic book exploring health among California migrant farmworkers, Horton explains, “it is difficult to understand their work attitudes today without understanding the lingering influence of the guest-worker program their fathers and grandfathers experienced, just as it is impossible to understand men’s learned avoidance of government-subsidized health care without understanding their historic exclusion.” Horton coins these repeated health-seeking behaviors and attitudes “work habitus and health care habitus,” (Horton 2016).

Attitudes of MSFW are shaped by the consistent demonstration that their health is not and should not be a priority. In a small study on the cultural practices of MSFW, McCullagh and colleagues found that MSFW defined good health as the ability to work (McCullagh, Sanon, and

Foley 2015). A few specific circumstances under which MSFW men and women are able to see a provider and learn of diagnoses demonstrate this at play. In California, pregnant women may learn of medical conditions during the period where they are eligible to receive subsidized care because of their pregnancy and are most likely not able to receive treatment after the Restricted Medi-Cal expires once the baby is born. Horton calls these diagnoses “collateral” because they are simply an unintentional result of providing medical care for the child who will be born a citizen. In Colorado, Emergency Medical Services are available for undocumented immigrants, but are limited to treatment for immediate emergency medical conditions, excluding any form of preventative or follow up services (Colorado Department of Health Care Policy and Financing. n.d). For men, “collateral” diagnoses may come in the form of employer-required medical certifications aimed at reducing the potential liability from occupational accidents. While it is important to learn of any health conditions these workers have, the circumstances under which they are discovered, along with labor and immigration laws, condition MSFW to expect only sporadic episodes of care and reinforces the idea that “they must subordinate their well-being to their productivity,” (Horton 2016). These perceptions of health are reflected in an article on the perspectives of undocumented workers describing one of the four main cognitive-behavioral themes identified in their interviews as “killing yourself to make a living” due to the practices and legalities that treat farmworkers as disposable (Flynn, Eggerth, and Jacobson 2015). Attitudes towards immigrants play out in both their lived experiences and in the historical exclusion from health care and the limitations of the resources that are available to them.

The health care system itself plays a role in the perceptions of MSFW and their health-seeking behavior. Highlighting the personal, first-hand experiences of a few farmworkers, Holmes’ ethnography on the social context of migrant health reveals how anti-immigrant attitudes

and structural violence can exist in the attitudes among clinicians (Holmes 2006). In the clinical setting, providers often overlook the social and occupational context and instead, assume behaviors and cultural stereotypes that lead to insensitivity and inadequate care (Holmes 2013). Horton illustrates this reality along with the effects of “collateral” diagnoses explaining, “As migrants see their friends and family diagnosed with conditions at stages well past the point of effective intervention, many understandably regard seeking formal medical care as an unprofitable gamble,” (Horton 2016). The unpredictable and often insufficient nature of the care MSFW receive fosters mistrust in the system and may discourage individuals from pursuing treatment in a clinical setting. Such experiences of MSFW are internalized by these individuals and normalized by society as a whole, influencing how MSFW view themselves, their work, and their health.

Barriers & Facilitators

Barriers

Scholars have identified a plethora of barriers to accessing health care among MSFW communities. Many barriers that MSFW face in accessing the health system are intertwined and end up compounding the issue making it seemingly impossible to obtain their human right to health. The 2015-2016 NAWS reported that a lack of insurance and the high cost of health care was the most common barrier faced by farmworkers among their sample population (JBS International 2018). A lack of insurance can be a result of being undocumented or simply not being able to afford it, even for authorized workers. Furthermore, agricultural work is not always steady or stable, and the unpredictable nature of the job creates employment insecurity and economic vulnerability. Without a reliable, stable income, farmworkers most likely cannot obtain health insurance and will end up paying for treatment expenses out of pocket (Becot et al. 2020).

In addition to insurance and cost, farmworkers may face difficulty when seeking to address health concerns due to a lack of transportation and language and literacy barriers. When seeking health care, understanding what programs are available to them and navigating the U.S health system can be a challenge for some MSFW, especially if not provided resources in their primary languages (Jesus Diaz-Perez, Farley, and Cabanis 2004). The most recent NAWS described that 29% of their sample reported to speak English well and 30% reported not being able to speak English at all (JBS International 2018). Clinic visits can be a challenge if interpreters are needed but not available to aid in communication with providers. In addition to language barriers, MSFW may not always have access to the transportation needed to get to and from treatment centers, both in terms of the cost and the time associated with travel, which is usually even more of a concern in rural areas. A study shows that “without transportation to a medical provider's office, all other barriers to care become non-issues,” (Schmalzried and Fallon 2012). Horton tells the story of one of the farmworkers who fell while picking fruit on the job and had to wait four hours for her supervisor to take her to the doctor as he was her only option for transportation and was occupied at the time of the accident (Horton 2016). Based on crop and seasonal needs, work schedules fluctuate, and farmworkers are sometimes needed to work longer hours for shorter periods of time (Schmalzried and Fallon 2012). In this case, the work environment itself may prevent MSFW from accessing care. Farmworkers might not be able to make it to a clinic during their open hours without missing work and may feel that leaving work or taking a day off to visit the doctor is not an option due to possible disciplinary action from their employer as well as the financial repercussions.

These circumstances are worsened for undocumented workers who experience the pervasive nature of this status in every aspect of their lives. Estimates on the higher end

approximate that undocumented workers make up about 70% of all hired agricultural workers (Serrano 2012). For these undocumented farmworkers, the fear of deportation can take control over their daily activities, both in the workplace and in public spaces within their communities. In their daily lives, the undocumented status creates a “hypervisibility” in public spaces when carrying out simple activities such as going to the grocery store and running other errands (Mares 2020). In the occupational setting, work-related injuries and concerns may not be reported out of fear that supervisors could use a worker’s immigration status to retaliate against them if they decide to speak up or seek intervention. Farmworkers who are not protected by worker’s compensation or unemployment insurance experience a “lack of a safety net,” meaning that speaking up against safety and labor violations could put their jobs and their livelihoods in jeopardy (Flynn, Eggerth, and Jacobson 2015). Even if an employer does provide worker’s compensation, the system can be incredibly difficult to navigate. The process of seeking worker’s compensation can become a huge source of stress and frustration, and a consumption one’s time and financial resources that very well may result in insufficient compensation, as was the case with a farmworker named Sulema who attempted to obtain worker’s compensation after a fall on the job that left her physically unable to work again (Horton 2016). Such experiences can discourage farmworkers from seeking resources that they are qualified for. An undocumented immigration status is a barrier even when attempting to utilize resources such as Emergency Medicaid that undocumented immigrants are legally entitled to (Flynn, Eggerth, and Jacobson 2015). An individual’s immigration status can create complications in accessing treatment and the inherent unsustainability of this type of coverage fails to provide any sort of follow-up treatment, leaving patients without any way to manage their conditions over time (Horton 2016). As a result of these struggles, many undocumented workers may disengage from community and institutional resources,

reemphasizing how a farmworker's position within power dynamics and the larger social hierarchy influences their behaviors. This context is essential to understanding why farmworkers may not report occupational injuries and instead accept the conditions they are subject to that often come at a cost to their physical and mental health and well-being.

Facilitators

There are a handful of facilitators to accessing health care among communities of MSFW that researchers have identified in their work. In the work environment, employers who encourage and promote the health of their employees can play a powerful role in working towards improvements in health equity for MSFW (Buckheit et al. 2017). Given that cost and scheduling issues are some of the prominent barriers faced by MSFW, affordability and accessibility are two major target areas for promoting health equity. Schmalzried and Fallon (2012) suggested that service providers should try to include late afternoon or evening hours as well as walk-in appointments to make their health services more convenient for agricultural workers in the communities they serve. A few organizations have taken this a step further by implementing mobile and work-site clinics to meet MSFW where they are and reduce some of the potential obstacles such as transportation and travel time. Salud Family Health Centers developed and implemented a mobile health clinic aimed at improving outreach among Mexican immigrants in rural Colorado. The clinic operates in the evening hours and all staff are bilingual and bicultural, with the hopes that culturally competent providers will be facilitators in engaging members of these communities in more positive and appropriate interactions (Jesus Diaz-Perez, Farley, and Cabanis 2004). It is important that providers are not only language compatible with the communities they serve, but also trusted by their patients. In a study among rural dairy

farmworkers in Oregon, researchers reported that services provided in partnerships with trusted institutions, such as churches, are utilized more frequently even when individuals fear deportation (López-Cevallos, Lee, and Donlan 2013). In other words, community-oriented services and trusted local providers can help to overcome certain barriers for individuals experiencing various vulnerabilities. On a similar note, MSFW may engage in various forms of traditional medicine and home remedies, and positive patient-provider dynamics can be fostered by acknowledging this fact in the clinical setting. Providers who take the time to better understand this form of medicine and how it is used among their patients demonstrate respect for the patient's values which can lead to an increase in trust in the provider and more positive relationships that facilitate better, more holistic care (Schmalzried and Fallon 2012). Each of the facilitators discussed in this section involves ensuring that MSFW are equipped with knowledge and resources and that they feel safe and protected in their health-seeking endeavors.

Farmworker Strengths, Resilience, and Existing Health Resources

Overall, the existing research tends to approach the topic of farmworker health with a focus on deficits. Although this is essential to understanding how to improve health outcomes among this population, a handful of researchers have shifted towards an emphasis on identifying existing health resources, strengths, and resilience. Many scholars attribute farmworker resilience to sociocultural factors among Latinx communities. While it is important to make visible existing resources and strengths among farmworkers and their communities, it is also important to acknowledge that these happen in a context where structural violence marginalize and exclude farmworkers. For instance, Mazar (2016) examines the resilience of farmworkers and the empowerment that is a result of maintaining cultural identities, which is not always an easy task.

Given their position in hierarchies both at work and in society in general, MSFW often experience a lack of control and agency amidst deep, structural violence. In discussing a MSFW garden project that she was a part of among a community of farmworkers in Vermont, Mazar highlights how such gardens can provide farmworkers with a sense of autonomy and a means to engage in their cultural identities. Gardens allow MSFW to grow heritage foods and cook certain dishes that remind them of home, and can be shared and taught to their children (Mazar 2016). While this does not replace the need for structural change, the practice of gardening has numerous therapeutic health benefits, and the social aspect of community gardens can be particularly beneficial for MSFW who are away from their family members and may be feeling a lack of the support they used to have. The term *familismo* has been used by some authors to describe a common Latinx cultural value that demonstrates the importance of family and embodies collectivistic values such as loyalty and interdependence (Blanco 2017). Family and social networks provide support for farmworkers, easing some of the burdens they carry and sharing similar experiences that can combat the isolating effects of everyday discrimination. While structural changes need to be made to ensure the rights of farmworkers, *familismo* can provide individuals with support and the strength to keep going, and for this reason has been identified as a protective factor among Latinx farmworkers. Spirituality and religiosity are other commonly identified protective and preventative cultural factors that promote resilience (Joseph D. Hovey and Cristina Magana 2000). Religious institutions can be another source of social support, and aspects of belief systems aid in coping and foster internal qualities in individuals that contribute to perseverance in times of adversity (Blanco 2017).

Community-based approaches to health care take advantage of the prominent sociocultural factors that exist in many MSFW communities. Community health-worker programs enlist lay

health workers, known as *promotores* in Spanish, to bridge the gap between communities and health services and providers. While they are not clinicians themselves, *promotores* have an essential role as navigators, educators, and connectors. *Promotores* work within their own communities, identifying barriers to health equity and working to provide culturally competent solutions. The U.S. Public Health Emergency website defines community health resilience as “the ability of a community to use its assets to strengthen public health and health care systems and to improve the community’s physical, behavioral, and social health to withstand, adapt to, and recover from adversity,” (Public Health and Emergency 2015). The *promotora* model and similar community health-oriented approaches work towards this idea of community health resilience by leveraging existing resources and individuals within the communities, demonstrating the inherent strength within these populations even in the midst of discriminatory and exploitive circumstances.

COVID – The Current Reality

While our food systems have become increasingly reliant on MSFW, as outlined in the previous sections, they are often stuck in exploitive situations without social and legal protection (Neef 2020). The COVID-19 pandemic has exposed a “cruel paradox” that threatens the security of our food systems and the people who support it (Chappelear 2020). Farmworkers were officially deemed “essential” amid this public health crisis, yet still lack the resources to ensure their safety, health, and dignity while feeding our nation. Farmworkers are always essential because without them, our food systems would cease to function. While COVID poses unprecedented challenges to all industries, farmworkers are at an increased risk due to the working and living conditions they experience and the vulnerabilities of rural communities. Some factors that generally contribute to this are a higher prevalence of certain chronic diseases and a lower concentration of hospitals in

rural areas (NCFH 2020). The expansion of telehealth has been noted by scholars as an opportunity to offer more options for care among farmworkers and other rural communities, but it poses the barrier of stable internet access for both the patient and the provider (Meyer et al. 2020) and may not be appropriate for every type of visit. Regarding working conditions, the nature of farm work often requires close contact between co-workers and migratory farmworkers who follow the crops and are constantly interacting with new groups of people, imposing a greater risk to COVID exposure. Furthermore, many MSFW are housed in cramped quarters and often travel to work in packed, employer-provided buses, making physical distancing a challenge and increasing the chance of an outbreak. As essential workers who are at greater risk, some of the basic needs for farmworkers during this time are sufficient personal protective equipment (PPE), work-site resources to promote hygiene, and the ability to actually access these resources during work. Additionally, many farmworkers may not be receiving training at work on protective measures and when training is provided it is often only in English (Chappellear 2020). As outlined in previous sections, farmworkers may face barriers to preventive care, treatment, and health insurance. Although uninsured individuals are provided free testing through the Families First Coronavirus Response Act, a few categories of immigrants are excluded, including those who are undocumented, Deferred Action for Childhood Arrivals (DACA) recipients, H-2A visa workers, and Temporary Protected Status holders (Willingham and Mathema 2020). Some of these groups make up large part of the agricultural work force and it is essential that farmworkers have access to affordable, transparent COVID testing that is supported by employers for their own safety and the safety of our food systems.

MSFW are directly in the crosshairs of social and economic vulnerabilities, and this situation has only been exacerbated by the pandemic. The same fears of lost wages and pressures

from employers that MSFW experience in normal times are still prevalent with COVID, especially when paid sick leave is not provided by employers. Even when sick, exposed, or infected, some individuals may feel that they simply can't afford to miss a paycheck or risk losing their job and make the decision to go to work anyway (Chappellear 2020). The marginalization of farmworkers has become shockingly apparent despite the fact these are the individuals upon whom our food systems depend. Mares discusses how the "hypervisibility" that MSFW normally experience has unfortunately prepared them for some of the demands of the pandemic such as grocery shopping as infrequent as possible and minimizing time spent in public. She further explains that "The fact that these strategies are borne out of the criminalization of immigrant workers and the structural violence that pervades our food system reminds us of the precarity of this system and those who depend on it as laborers and consumers," (Mares 2020).

Conclusion

The purpose of this literature review was to explore the existing literature surrounding MSFW health and the various social, political, cultural, and historical factors that influence it in order to better understand health outcomes and needs of this population. Ethnographies are particularly useful in exploring this topic as they provide a detailed and comprehensive account of the lived experiences and perspectives of farmworkers positioned within the larger conversations of immigration, health, and human rights. While there is a decent existing body of literature that addresses this topic, gaps in the literature are clear. Farmworkers are invisible in public health data at all levels including national, regional, and state levels. Forms of structural discrimination like this demonstrates how marginalized populations are made invisible in society. This invisibility poses a problem for knowing how to respond to events like COVID-19 as there is no clear data

that outlines the risk factors that MSFW face. Additionally, the majority of the literature approaches this topic with a focus on what is lacking in these MSFW communities. A stronger emphasis on resilience and existing strengths that can be drawn upon is key in promoting more sustainable progress for this population. Further research, advocacy efforts, and policy change are imperative for identifying focus areas for change and in making farmworkers visible in order to ensure their security and dignity.

References

- Becot, Florence, Shoshanah Inwood, Casper Bendixsen, and Carrie Henning-Smith. 2020. "Health Care and Health Insurance Access for Farm Families in the United States during COVID-19: Essential Workers without Essential Resources?" *Journal of Agromedicine*, 1–4. <https://doi.org/10.1080/1059924X.2020.1814924>.
- Blanco, Karla Trinidad. 2017. "Sí Se Puede! Cultural Factors as Predictors of Resilience Among Mexican Farmworkers."
- Buckheit, Caledonia, Dwan Pineros, Ardis Olson, Deborah Johnson, and Stephen Genereaux. 2017. "Improving Health Care for Spanish-Speaking Rural Dairy Farm Workers." *Journal of the American Board of Family Medicine* 30 (1): 91–93. <https://doi.org/10.3122/jabfm.2017.01.160174>.
- Chappelear, Kathleen. 2020. "Essential Farm Workers Briefing Book." The Essential Food Workers Project. Johns Hopkins Berman Institute of Bioethics. <https://bioethics.jhu.edu/research-and-outreach/covid-19-bioethics-expert-insights/essential-workers-project/essential-food-system-workers/>.
- Colorado Department of Health Care Policy and Financing. n.d. "Family Medical Assistance Frequently Asked Questions." Accessed February 12, 2021. <https://www.colorado.gov/pacific/sites/default/files/Family%20Medical%20Assistance%20FAQ.pdf>.
- Deka, Mark A. 2019. "The Geography of Farmworker Health: A Mixed-Method Exploratory Analysis of Chronic Disease."
- Flynn, Michael A, Donald E Eggerth, and C. Jeffrey Jacobson. 2015. "Undocumented Status as a Social Determinant of Occupational Safety and Health: The Workers' Perspective." *American Journal of Industrial Medicine* 58 (11): 1127–37. <https://doi.org/10.1002/ajim.22531>.
- Holmes, Seth M. 2006. "An Ethnographic Study of the Social Context of Migrant Health in the United States." *PLoS Medicine* 3 (10): e448. <https://doi.org/10.1371/journal.pmed.0030448>.
- . 2013. *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. 1st ed. Vol. 27. Berkeley: Berkeley: University of California Press. <https://doi.org/10.1525/j.ctt7zw45x>.
- Horton, Sarah Bronwen. 2016. *They Leave Their Kidneys in the Fields: Illness, Injury, and Illegality among U.S. Farmworkers*. 1st ed. Vol. 40. University of California Press. <https://doi.org/10.1525/j.ctt1ch7925>.
- Hovey, Joseph D, and Cristina Magana. 2000. "Acculturative Stress, Anxiety, and Depression among Mexican Immigrant Farmworkers in the Midwest United States." *Journal of Immigrant and Minority Health* 2 (3): 119.
- Jesus Diaz-Perez, Maria, Tillman Farley, and Clara Martin Cabanis. 2004. "A Program to Improve Access to Health Care Among Mexican Immigrants in Rural Colorado." *The Journal of Rural Health* 20 (3): 258–64. <https://doi.org/10.1111/j.1748-0361.2004.tb00037.x>.
- López-Cevallos, Daniel F, Junghee Lee, and William Donlan. 2013. "Fear of Deportation Is Not Associated with Medical or Dental Care Use Among Mexican-Origin Farmworkers Served by a Federally-Qualified Health Center—Faith-Based Partnership: An

- Exploratory Study.” *Journal of Immigrant and Minority Health* 16 (4): 706–11.
<https://doi.org/10.1007/s10903-013-9845-1>.
- Mares, Teresa. 2020. “What a Stay-at-Home Order Means for Migrant Dairy Workers.” *Agriculture and Human Values* 37 (3): 585–86. <https://doi.org/10.1007/s10460-020-10068-y>.
- Mazar, Jessie. 2016. “Resistance and Resilience: Latinx Migrant Farmworkers in the Northern Borderlands.”
- McCullagh, Marjorie C, Marie-Ann Sanon, and Josephine G Foley. 2015. “Cultural Health Practices of Migrant Seasonal Farmworkers.” *Journal of Cultural Diversity* 22 (2): 64–67.
- Meyer, Chris, Florence Becot, Rick Burke, and Bryan Weichelt. 2020. “Rural Telehealth Use during the COVID-19 Pandemic: How Long-Term Infrastructure Commitment May Support Rural Health Care Systems Resilience.” *Journal of Agromedicine*, 1–5.
<https://doi.org/10.1080/1059924X.2020.1814921>.
- Migrant Clinicians Network. n.d. “The Migrant/Seasonal Farmworker”
<https://www.migrantclinician.org/issues/migrant-info/migrant.html>.
- National Agricultural Statistics Service. 2018. “Colorado Annual Agricultural Statistics Bulletin 2018.” Accessed February 12, 2021.
https://www.nass.usda.gov/Statistics_by_State/Colorado/Publications/Annual_Statistical_Bulletin/Bulletin2018.pdf
- National Center for Farmworker Health, Inc. (NCFH). 2014. “Diabetes & U.S. Agricultural Workers.” Agricultural Worker Fact Sheets and Research. Last updated December 2014.
<http://www.ncfh.org/diabetes-fact-sheet.html>.
- . (NCFH). 2020. “COVID-19 in Rural America: Impact on Farms & Agricultural Workers.” Fact Sheets and Research. Last updated October 19, 2020.
<http://www.ncfh.org/msaws-and-covid-19.html>.
- . n.d. “History of America’s Agricultural Workers & the Migrant Health Movement.” Accessed December 12, 2020. <http://www.ncfh.org/history.html>.
- Neef, Andreas. 2020. “Legal and Social Protection for Migrant Farm Workers: Lessons from COVID-19.” *Agriculture and Human Values* 37 (3): 641–42.
<https://doi.org/10.1007/s10460-020-10086-w>.
- Neiss, Kasey, Fatuma Emmad, and Nicole Civita. 2021. “Why Colorado Must Protect its Agricultural Workers.” March 2021.
https://drive.google.com/file/d/1iYxoIPbSTjh3xllA0hPkMq0ulP9BdB_u/view.
- Public Health and Emergency. 2015. “Community Resilience.” Last reviewed June 9, 2015.
<https://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx>.
- Serrano, Alfonso. 2012. “Bitter Harvest: U.S. Farmers Blame Billion-Dollar Losses on Immigration Laws.” *TIME*, September 21, 2012. <http://business.time.com/2012/09/21/bitter-harvest-u-s-farmers-blame-billion-dollar-losses-on-immigration-laws/>.
- Schmalzried, Hans D, and Jr Fallon L Fleming. 2012. “Reducing Barriers Associated with Delivering Health Care Services to Migratory Agricultural Workers.” *Rural and Remote Health* 12: 2088–2088.
- Washington Post. 2020. “How one visa program keeps America fed.” Video by Luis Velarde. Washington Post, June 18, 2020. <https://www.youtube.com/watch?v=m5qQCRmJG8k>.
- Willingham, Zoe and Silva Mathema. 2020. “Protecting Farmworkers From Coronavirus and Securing the Food Supply.” *Center for American Progress*, April 23, 2020.

<https://www.americanprogress.org/issues/economy/reports/2020/04/23/483488/protecting-farmworkers-coronavirus-securing-food-supply/>.