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ABSTRACT

Compared to the U.S. population, migrant farmworkers have a low life expectancy, high infant mortality rate, and high incidence of malnutrition and parasitic infection. Drawing on Public Health Service health objectives for the nation, this document proposes farmworker-specific objectives for a health promotion and disease prevention agenda. While recognizing that funding is not currently available to pursue all the objectives, this plan aims to promote acceptance of a common work plan and provide a frame of reference for interagency collaboration. Recommendations focusing on improved health status, reduced risk factors, increased public and professional awareness, and improved services are provided for each of the 15 objectives: (1) reduce alcohol and other drug abuse; (2) improve nutrition; (3) improve mental health and prevent mental illness; (4) reduce environmental health hazards; (5) improve occupational safety and health; (6) prevent and control unintentional injuries; (7) reduce violent and abusive behavior; (8) prevent and control HIV infection and AIDS; (9) immunize against and control infectious diseases; (10) improve maternal and infant health; (11) improve oral health; (12) reduce adolescent pregnancy and improve reproductive health; (13) prevent, detect, and control chronic diseases and other health disorders; (14) improve health education and access to preventive health services; and (15) improve surveillance and data systems. (SV)

Migrant and Seasonal Farmworker Health Objectives for the Year 2000

National Migrant Resource Program, Inc.
Austin, Texas

Migrant and Seasonal Farmworker
Health Objectives
for the Year 2000

Document In Progress
April 1990

Prepared by the National Migrant Resource Program and the Migrant Clinicians Network

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San Ysidro Health Center
Sea Mar Skagit Community Center
University of North Carolina School of Public Health
Yakima Valley Farmworkers Clinic, Inc.

This document represents the culmination of a comprehensive effort to provide migrant-specific input in the preparation of the national Health Promotion and Disease Prevention Objectives for the Year 2000.

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Introduction

The *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* were compiled by the National Migrant Resource Program, Inc. from interviews with national migrant care experts to develop the foundation for health promotion and disease prevention for a population at the bottom of the health system ladder. Based on the Office of Disease Prevention and Health Promotion/National Academy of Sciences initiative *Objectives for the Year 2000*, the farmworker-specific objectives were designed to function both independently of and together with the national objectives.

Promoting Health/Preventing Disease: Objectives for the Nation, first published by the Department of Health, Education and Welfare in 1980, set out 226 prevention targets to be met by the nation by 1990. The Public Health Service (PHS), with extensive public input, is now preparing national objectives for the year 2000. This process directs attention to local needs and opportunities, providing forums for groups and individuals to propose precise quantitative objectives for maintaining health and reducing morbidity and mortality.

The national objectives are generically applicable to all. Special populations have been selected through Office of Disease Prevention and Health Promotion initiatives to increase the objectives' sensitivity to the health needs of Blacks, Hispanics, Asian/Pacific Islanders, American Indians, adolescents, older people and people with disabilities. The five million migrant and seasonal farmworkers – the majority of whom are Hispanic, Black American or Haitian – live, work and suffer health care conditions specific to their population. The *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* develop a health promotion and disease prevention agenda, establishing special population status for these people.

The migrant-specific objectives in this working document have undergone review by a broad representation of migrant care providers, users, academics, policy makers and others. Their comments have been compiled and integrated into this document-in-progress. However, research which is currently underway may alter the focus of future migrant and seasonal farmworker health objectives. As these objectives were modelled after the national objectives, changes may result from modifications to the national document. In the meantime, these migrant-specific objectives reflect current priorities for migrant health service needs. The migrant objectives will be extremely useful as planning tools to focus and establish priorities for expansion of migrant services, increase awareness of needs and problems of the population, develop consensus on future program direction, and develop health care plans for migrant centers.

One of the barriers to formulating measurable, quantifiable migrant objectives is the absence of baseline health status data for the migrant and seasonal farmworker population. This need is addressed as an objective within this document, and fulfillment of that objective will allow for the evaluation of the other health priorities outlined.

While concern was expressed about the availability of funding to address these objectives, the primary mission of this approach is to promote acceptance of a common work plan with which to address migrant and seasonal farmworker health problems. If this can happen, it can then be mobilized to develop resources, identify partners, and promote to local, state and national implementation. This first critical step requires concentrated effort and attention to the process. If the process is undertaken correctly, the next steps will follow.

Demographics

A heterogeneous population of Black, White, Hispanic, Haitian and other ethnic backgrounds numbering between 2.7 and 5 million people, migrant and seasonal farmworkers endure substandard living conditions, labor in one of the most dangerous occupations in the nation, and have limited access to primary health care. In 1983, migrant farmworkers earned an annual average income of $5,921, with farm work accounting for $4,638. The median total family income of migrant farmworker families fell significantly below poverty level – $9,000 compared to the poverty threshold of $11,000 for a family of four. Nearly half (48 percent) of migrant farmworkers have less than a ninth grade education.

Epidemiology

According to the "White Paper on Nutrition" completed by Georgetown University in 1987:

- The infant mortality rate for migrants is 125 percent higher than the national average.
- The life expectancy of a migrant farmworker is 49 years, as compared to the national average of 75 years.
- The rate of parasitic infection among migrants is estimated to be 11 to 59 times higher than that of the general U.S. population.
- The incidence of malnutrition among migrants is higher than among any other sub-population in the country.

A firm linkage to mainstream health care and human services must be established. These services must be delivered with a broad awareness of the unique health needs of the migrant and seasonal farmworker if this special population is to reach the level of health enjoyed by other minority populations, not to mention the mainstream American population.

Migrant and seasonal farmworkers require effective, migrant-specific, culturally tailored health care. In appropriate languages, basic principles of prevention must be taught in lifestyle sensitive ways to at least one member of every migrant family. Lay advisors, crew leaders and growers must all participate in the promotion of workplace health and safety. Environmental and occupational risk factors must be in constant focus if there is to be improvement in the health status of this population. Recently-passed field sanitation laws must be fully implemented, and continued efforts made to initiate research for effective means of risk assessment for repeated low-level exposure to pesticides.

Federally supported primary care services, through Section 329 of the Public Health Services Act, meet the needs of less than 20 percent of the total migrant population. Because of jobs and living conditions, migrant patients encounter major barriers in finding access to conventional health care. Migrant families are not available for appointments during traditional office hours, they often do not have readily available transportation (frequently depending on their crew leader for rides), and they are not able to pay the cost of health care as it is delivered today. Research has suggested that the high rates of dental disease and chronic diseases, such as hypertension, tuberculosis, anemia and parasitic infections, are a direct result of the migrant population's lack of access to primary health care.

Migrant health centers have done a great deal to extend health care to migrant workers. The responsibilities which clinicians in migrant health centers accept when treating migrant farmworkers include:

- Ensuring that services reflect consideration of environmental risks.
- Providing treatment within the patient's capacity for compliance, given the migrant lifestyle.
- Ensuring adequate follow-up and appropriate referrals.
- Providing accessible medical records for subsequent providers.

- **Ensuring that patients correctly understand the messages which have been communicated to them.**

Management of chronic illness requires a consistent and uniform strategy for care. The mobility of migrant farmworkers compounds the challenge of maintaining continuity in a treatment strategy. The Migrant Clinicians Network (MCN), a multi-disciplinary group of clinicians, has developed prototype guidelines which address the issues specific to migrant care. Trigger statements which target specific problem areas for providers who work with migrant patients were developed using the acronym "CLEF," for C)ulture, L)anguage factors, E)nvironmental/Educational factors, and F)ollow-up care for a mobile population. The areas addressed by the CLEF process must be considered in designing activities to meet the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000.*

Migran' Specific Objectives for the Year 2000

The migrant-specific objectives for the year 2000 are meant to complement and enhance the objectives being developed nationally. Each of the migrant-specific objectives focuses on one of the fifteen most critical prevention areas cited in the national objectives for the year 2000. The migrant objectives are presented in a standardized format, allowing summarization by category: 1) Improved Health Status, 2) Reduced Risk Factors, 3) Increased Public/Professional Awareness and 4) Improved Services.

The objectives also address the limited amount of baseline data currently being collected. The lack of data on migrant populations inhibits study and program development, and limits the ability to gauge current conditions or to measure change. For this reasons, one of these objectives proposes data set development by the year 2000.

Where baseline data are available, the objective statements outlined in this document are "outcome objectives," or statements of measurable result that can be accomplished by a time deadline. The objectives for which there are no baseline data are "process objectives." These objectives state a specified number of activities to be completed within a certain period of time.

Statement of Resources

Several of the migrant and seasonal farmworker objectives can be realistically achieved within the scope of resources currently available. The momentum of a concerted effort can ensure progress which is not presently occurring in areas such as the uniform approach to meeting farmworker health education needs.

Most of the objectives will require additional funds in order to be fully accomplished. We have, however, been as realistic as possible in the development of these objectives so as not to set ourselves up for failure. The issue of funding expansion is an issue which will need to be addressed once priorities have been set and adopted.

Implementation

In order to improve the overall health status of farmworkers in this country, it is imperative for all organizations and individuals providing services to farmworkers to unite in an effort to create real change. Such a collaborative effort can be successful if everyone is working toward an agreed-upon set of goals.

This document is designed to serve as a uniform "menu" from which local farmworker health objectives can be selected. As this menu becomes more widely accepted, local communities can begin to implement those objectives which are selected as the highest priority to meet their state and local needs. Ideally, the selected objectives can be incorporated into strategic planning at all levels.

It is also important to recognize that health planning must be a comprehensive, multi-disciplinary effort involving all service organizations, and is not the sole province of the migrant health center, the community health center, or even the health department. In order to effect change for the farmworker population, coordination among service agencies and individual efforts must take place. This coordination is particularly important for those agencies with funding targeted for farmworkers from sources such as the Departments

of Labor, Education, Agriculture, and Health and Human Services. Those organizations which have health care as a priority should be responsible for catalyzing positive change among all possible participants. These objectives provide a frame of reference for such targeted efforts.

Definitions

Because inter-agency collaboration is so critical to the successful implementation of these objectives, broad and general terminology is used herein with the intention of being inclusive rather than exclusive. Narrow programmatic definitions have been avoided.

- Farmworker – A migratory or seasonal agricultural laborer; to include family members of such a laborer.
- Provider – An individual or organization of any professional or para-professional discipline who provides health and human services to farmworkers.
- Migrant health program – Any agency or organization funded for the purpose of providing even minimal levels of health care to farmworkers.

Objectives

The following migrant-specific health objectives for the year 2000 are described in the remainder of this document:

1. Reduce Alcohol and Other Drug Abuse
2. Improve Nutrition
3. Improve Mental Health and Prevent Mental Illness
4. Reduce Environmental Health Hazards
5. Improve Occupational Safety and Health
6. Prevent and Control Unintentional Injuries
7. Reduce Violent and Abusive Behavior
8. Prevent and Control HIV Infection and AIDS
9. Immunize Against and Control Infectious Diseases
10. Improve Maternal and Infant Health
11. Improve Oral Health
12. Reduce Adolescent Pregnancy and Improve Reproductive Health
13. Prevent, Detect and Control Chronic Diseases and Other Health Disorders
14. Improve Health Education and Access to Preventive Health Services
15. Improve Surveillance and Data Systems

1. Reduce Alcohol and Other Drug Abuse

The *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* target the migrant farmworker population as a group with special needs for alcohol and other substance abuse program development. The major thrust of drug and alcohol abuse prevention is the reduction of the adverse social and health consequences associated with the misuse of these substances. There are some formal alcoholism and drug abuse treatment programs available to migrants, but widely accessible and appropriate assessment and treatment programs are needed. A pressing need also exists for available, appropriate in-patient treatment for the migrant population.

Increased Public/Professional Awareness

1. Increase to at least 50 percent the proportion of health professionals serving farmworkers who have adopted alcohol and drug abuse incidence and needs assessments for appropriate age categories, resulting in the documentation of baseline data at least on a local level.

Improved Services

1. Not less than 50 percent of communities with more than 2,000 farmworkers shall provide a basic set of accessible substance abuse services which are culturally and linguistically appropriate to the farmworker population, to include assessment, crisis intervention and immediate referral.

Reduced Risk Factors

1. Decrease the use of tobacco, alcohol, cocaine, and marijuana among farmworkers by 20 percent.

Improved Health Status

1. Reduce by 50 percent the rate of death and bodily injury as a result of DWI accidents.

2. Improve Nutrition

Migrant farmworkers are highly at risk of developing nutrition-related health problems because of the interaction of a variety of factors central to their lives, i.e., poverty, migratory lifestyle and cultural practices. In a 1986 survey of 65 migrant health centers conducted by the National Migrant Resource Program in cooperation with the Georgetown University Child Development Center, several nutrition-related conditions were consistently mentioned as being of particular concern in this population. These included poor housing and cooking facilities, lack of prenatal care, inadequate financial resources for purchase of nutritious foods, and over-consumption of convenience foods while working.

The most frequently diagnosed disorders in migrant health centers are all directly and adversely influenced by poor nutrition. Improved nutrition programs for migrants must be mandated, making food as well as nutrition education available and accessible to migrant families on a consistent basis.

Increased Public/Professional Awareness

1. Increase to 90 percent the proportion of communities with more than 1,000 farmworkers which provide accessible emergency food programs which serve at least 80 percent of those in need.

Improved Services

1. Provide complete nutritional counseling to 100 percent of pregnant farmworker women who receive prenatal care.
2. Increase enrollment in WIC services to at least 50 percent of the eligible migrant and seasonal farmworkers in both upstream and downstream areas.

Reduced Risk Factors

1. The incidences of low birth weight and developmental disabilities in live births to migrant and seasonal farmworkers shall be reduced to percentages not greater than the national targets for the year 2000.

Improved Health Status

1. Improve by 10 percent the observed and identified dental health status of migrant and seasonal farmworkers.
2. Reduce the incidence of malnutrition among migrant and seasonal farmworkers, as indicated by hunger, vitamin/iron deficiency anemia, obesity and other sentinel conditions, through the provision of comprehensive primary care services to 80 percent of the population served.

3. Improve Mental Health and Prevent Mental Illness

According to key mental health, health and community agency personnel, the mental health sector is unable to provide even minimally adequate services to migrant and seasonal farmworkers. Their explanations are based on the nature of the services required and the socioeconomic profile of the farmworkers. These barriers to care are insurmountable to migrants who must keep moving to make their living. In order to make these services available to migrant and seasonal farmworkers, issues which broaden the reach of mental health services to the migrant population must be addressed.

Increased Public/Professional Awareness

1. Increase to not less than 50 percent the proportion of communities with 500 or more farmworkers which develop and implement a farmworker support system which is able to address the needs of farmworker families in crisis.
2. Develop a comprehensive data capability to monitor and evaluate the mental health status of 100 percent of those farmworkers who seek mental health services.

Improved Services

1. Increase to 80 percent the proportion of communities with more than 500 migrant and seasonal farmworkers which provide access to at least a minimal set of mental health services which are culturally and linguistically appropriate. Services to be included are counselling, immediate referral and transportation.
2. Not less than 50 percent of all providers of migrant services shall have working agreements for interagency referrals or in-house mental health programs, to assure continuity of care within local areas and along the migratory streams.
3. Increase to not less than 50 percent the proportion of communities with more than 500 farmworkers which develop and implement lay health worker programs which use "natural helpers" to provide mental health support services to teens.
4. Not less than 75 percent of federally and state funded prenatal and maternity programs serving farmworkers shall have systems in place to ensure follow-up home visit support and intervention services to pregnant women and newborn infants at high risk for psychosocial problems, such as abuse and neglect.

Reduced Risk Factors

1. Of those farmworkers who seek assistance with personal or emotional problems, not less than 75 percent shall receive case-managed care appropriate to their needs.

Improved Health Status

1. Reduce suicides among migrant and seasonal farmworkers to no more than 11.9 per 100,000 population.

4. Reduce Environmental Health Hazards

Migrant families frequently live in labor camps and unincorporated rural areas where poor housing conditions a inadequate sanitation create serious environmental health risks. Such living conditions contribute to an increased risk of accidents and illness. Overcrowded housing with poor or non-existent ventilation, plumbing, and waste disposal aids in the transmission of communicable diseases. Migrant and seasonal farmworkers who do not have housing are forced to live in the fields where they work, often using contaminated water from irrigation ditches for drinking, cooking, and bathing.

Increased Public/Professional Awareness

1. Increase to 90 percent the proportion of providers of care to migrant and seasonal farmworkers who have implemented farmworker health and sanitation education programs.

Improved Services

1. Increase to 90 percent the proportion of providers of migrant health services who have in place an educational campaign on pesticide poisoning which provides farmworker pesticide safety training, including information about legal protections for workers and first aid, as well as protective clothing, proper laundry procedures, proper storage of toxic materials, and the dangers of recycling pesticide containers.

Reduced Risk Factors

1. Increase to 60 percent the high migrant and seasonal farmworker impact areas having fully implemented the Clean Water Act and Safe Water Act, which will protect farmworkers from excessive nitrate levels in farm labor areas, and providing educational materials and information on methods to avoid and/or neutralize the effects of high nitrate levels in the water supply.
2. All states employing agricultural farm laborers shall promulgate housing regulations, including a system for licensure and inspection of farm labor camps to meet minimal housing standards, and adopt adequate measures for enforcement of same.
3. Increase by 100 percent the federal funding to the U.S. Farmers Home Administration for the purpose of constructing seasonal and year-round housing in those rural areas where insufficient and inadequate housing perpetuates farmworker families' exposure to risk.

Improved Health Status

1. Reduce the incidence of morbidity among farmworker adults and children due to consumption of contaminated water by 25 percent.

5. Improve Occupational Safety and Health

Eighty percent of all pesticides used in the United States are used in agriculture, and migrant and seasonal farmworkers are exposed both in the fields and where they live. Yet, this labor force is the least protected by federal or state occupational safety laws in this country.

Migrant and seasonal farmworkers are completely or partially excluded from federal laws such as the National Labor Relations Act, the Fair Labor Standards Act, and the Occupational Safety and Health Act, and from state laws such as Workers Compensation and Unemployment Insurance, which protect workers.

Occupational safety measures and health standards for migrant and seasonal farmworkers are of increasing concern, and they need to be addressed through the development of surveillance and data collection systems to establish criteria for new regulatory action.

Increased Public/Professional Awareness

1. All migrant care providers will indicate their awareness of the NIOSH list of ten leading work-related diseases and injuries by participating in safety promotion and accident prevention training programs for agriculture in their local area.
2. All migrant care providers will receive training in the recognition and treatment of pesticide exposure and injury.
3. Increase to 90 percent the number of providers of migrant care who have adopted farmworker educational programs on the harmful effects of exposure to pesticides used locally.
4. Initiate a minimum of three long-term research projects, sponsored by NIOSH and/or CDC, for the purpose of examining pesticide-related hazards and their effects on morbidity and mortality of farm workers, establishing effective clinical testing, and verifying the cumulative health effects of chronic low-level exposure to toxic substances.

Improved Services

1. Increase to 60 percent the number of states which have migrant health programs, as a component of the state health system, which specifically address occupational health issues of migrant and seasonal farmworkers in pesticide exposure, housing, refuse, potable water, rodent control and other areas of potential risk.
2. Not fewer than 25 states shall adopt agricultural workplace injury prevention programs specific to the needs and risks of farmworkers.
3. Make available to 90 percent of the migrant and seasonal farmworker population in high farmworker impact areas the federal Insecticide, Fungicide and Rodenticide Act and other applicable regulations to reduce the risk of pesticide poisoning.

Reduced Risk Factors

1. Achieve equality in legislative protection for migrant and seasonal farmworkers and industrial workers without exceptions for agriculture in 100 percent of federal and state regulation.
2. Conduct and complete all health effects testing for pesticides registered before 1972, phasing out the use of all carcinogens and teratogens as well as those highly toxic pesticides responsible for widespread farmworker poisoning.
3. Require comprehensive record-keeping for all pesticide applications, with access to the information provided to farmworkers, treating medical personnel, and state and federal agencies.

Improved Health Status

1. Reduce by 50 percent the occupationally related fatality rate in the migrant and seasonal farmworker population.
2. Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity to no more than 8 cases per 100 full-time workers.

6. Prevent and Control Unintentional Injuries

Based on NIOSH studies, agricultural workers have the second highest occupational fatality rate and, while they constitute only about four percent of U.S. workers, they rank third in the number of work-related traumatic (injury-related) fatalities.

The principal causes of disability and death from injury are those associated with motor vehicles, falls, drowning, burns, poisoning and gunshot wounds. Unintentional injuries are the leading cause of death for people between 1 and 38 years of age.

While morbidity and mortality information on the farmworker population is limited, anecdotal history shows that because of poor working and living conditions they are exposed to more of the hazards in the environment. Therefore, prevention of unintentional injuries in the farmworker population is a major challenge, and must be addressed in order to reduce the overall morbidity and mortality rates due to unintentional injuries.

Increased Public/Professional Awareness

1. Increase to 50 percent the number of migrant care providers who adopt patient education plans for providing basic prevention education/information to reduce the rate of morbidity and mortality due to unintentional injury.
2. Enhance training to 100 percent of emergency medical service personnel in agricultural areas on extrication of accident victims from agricultural equipment.

Improved Services

1. Local emergency numbers and immediate telephone services shall be provided to migrant and seasonal farmworkers for emergencies in 90 percent of all farm labor camps.
2. Increase to 75 percent the number of migrant labor camps or housing areas which have emergency plans and procedures posted and filed with local emergency medical services/fire departments, including information on the location of migrant and seasonal farmworker housing and work sites.

Reduced Risk Factors

1. The availability of extended-hour child care services shall be increased to serve at least 80 percent of children under 12 years of age in those communities with 100 or more farmworkers and their family members.
2. Increase to 80 percent the number of migrant and seasonal farmworkers using car seats and other approved auto restraints for their children.
3. Increase by 30 percent the access of migrant and seasonal farmworker families to relevant home and workplace education and safety skills through the joint effort of migrant health and migrant education.
4. Increase migrant access to safety training programs which address motor vehicle mortality resulting from crowding unsafe vehicles and non-use of automobile passenger restraints by 50 percent.
5. Expand by 50 percent the number of migrant and seasonal farmworkers with access to recreational/survival swimming and training programs, in cooperation with local migrant education and Migrant Head Start, to address unintentional deaths due to drowning.
6. Reduce the incidence of work related injuries by 50 percent through:
   A. The removal of children under the age of 14 from responsibility for operation of farm equipment.
   B. Proper safety training for migrant and seasonal farmworkers on the maintenance and operation of large farm equipment, including removal of debris from moving parts.

7. Reduce Violent and Abusive Behavior

The major responsibility and challenge for a stress management strategy is to find the means to identify individuals or groups especially vulnerable to stress, to provide health professionals and the public with whatever accurate information exists on stress identification and management and, when the answers are not known, to formulate the questions that will offer the best chance for obtaining rational answers. Though the literature provides little information on violence and abusive behavior in migrant populations, it is known that violent behavior exacts a high toll among minority and other economically deprived groups in the United States. A high prevalence of violence and domestic abuse would be expected because of the high minority profile of migrant and seasonal farmworker populations and their gross economic disadvantage.

Increased Public/Professional Awareness

1. Increase to 100 percent the number of migrant human service agencies with surveillance and documentation systems in place which gather baseline data on the rate of abuse of farmworker children aged 18 and under, and the incidence of family violence.
2. Increase to 95 percent the number of lay health advisors working with migrant and seasonal farmworkers who annually receive training in support and coping skills which enable them to identify potential family violence risk factors.
3. Increase to 50 percent or more the patient population over the age of 15 seen by migrant health programs which is able to appropriately identify community agencies which assist in coping with stressful life events.
4. Increase to 50 percent or more the number of adult migrant and seasonal farmworker female patients seen by migrant health programs able to identify and locate family violence shelters upon interview.
5. Increase to 60 percent or more the number of primary care providers serving migrant and seasonal farmworkers who are trained and able to complete a family violence risk assessment.
6. Increase to 50 percent the number of clinical providers trained and able to complete charting histories related to personal stress and psychological coping skills.

Improved Services

1. Increase to 75 percent the number of clinical providers using health care plans that identify stress, coping skills, family violence indicators and referral of these cases to the appropriate service provider.
2. Increase the early detection of family violence by implementation of family risk assessments in at least 80 percent of migrant health programs.

Reduced Risk Factors

1. Reduce abuse of alcohol among teenage farmworkers aged 15 to 21 by 20 percent.

Improved Health Status

1. Reduce homicides of migrant and seasonal farmworker children age 3 and younger to no more than 3 per 100,000 children.
2. Reduce intra-familial homicides among migrant and seasonal farmworkers age 15 and older to no more than 1 per 100,000 people.
3. Reverse to less than 10.7 per 1,000 children the rising incidence of physical abuse of children under age 18.

8. Prevent and Control HIV Infection and AIDS

A study by the Clinical Task Force of the National Association of Community Health Centers, completed in September 1987, states:

> *Whether AIDS spreads widely into the general population or not, the numbers of cases of this fatal and debilitating disease will, according to expert sources, continue to increase... The low-income population in this country includes many of those clinically found to be at high risk for this disease. Moreover, social and educational disadvantages in this population increase the vulnerability of its members to the disease through lack of awareness of preventive measures.*

There are currently few estimates of the prevalence of HIV infection in farmworkers. The transience of this population makes it difficult to assess health status of these workers, who frequently may not have access to health care. However, increasing rates of HIV infection are projected for all populations over the next several years, and AIDS must be a critical migrant-specific objective in health promotion and disease prevention. AIDS services must also be immediately integrated into the migrant service delivery care plan.

Increased Public/Professional Awareness

1. Increase HIV education so that 70 percent of farmworkers asked illustrate a basic understanding of HIV transmission: sharing of contaminated needles and unprotected sex.

Improved Services

1. Increase coordination between substance abuse, mental health and health service providers on a case-managed basis for 95 percent of HIV seropositive migrant and seasonal farmworkers.

Reduced Risk Factors

1. Proper use of condoms and "safe sex" practices shall be taught to 100 percent of all sexually active men and women who utilize federally funded migrant health centers.

Improved Health Status

1. Limit to under 10 percent the number of HIV + cases in the farmworker population.
2. Limit the increase of homosexual transmission of HIV infection to no more than 2 percent over 1989 rates.

9. Immunize Against and Control Infectious Diseases

A special focus in controlling and preventing infectious disease must be placed on services to the migrant and seasonal farmworker population. To have a direct impact on infectious disease, migrant service programs must make a concerted effort to immunize children and improve environmental health conditions. This is a key effort of the migrant health objectives.

Although information is not available to pinpoint the incidence of tuberculosis among migrants, it is known that there are higher rates of tuberculosis in the ethnic groups that are heavily represented among the migrant and seasonal farmworker population. Tuberculosis in migrants presents special problems in prevention and treatment due to population mobility, reduced access to services and fear of deportation.

Increased Public/Professional Awareness

1. Incorporate the CDC tuberculosis diagnosis and treatment process in 100 percent of relevant clinical protocols used by migrant care providers.
2. Increase by 20 percent the number of nursing training programs offering a migrant and seasonal farmworker component in their curricula.

Improved Services

1. Increase to 90 percent the number of migrant health programs offering a patient education campaign on the need for immunization and self-maintenance of immunization records.
2. Increase to 100 percent the number of providers of migrant care with established health information reporting mechanisms to monitor and evaluate sentinel health events relative to infectious disease and immunizations.
3. Increase to at least 95 percent the number of children ages 5 through 18 who have up-to-date official immunization records that use uniform formats and common guidelines for determining current immunization status.

Reduced Risk Factors

1. Increase the incidence of appropriate immunization among the farmworker population to 100 percent through proper recording and tracking.

Improved Health Status

1. Decrease by 20 percent the incidence of tuberculosis and sexually transmitted diseases (STD) in the migrant and seasonal farmworker population.
2. Reduce infectious diarrhea by at least 25 percent among children in licensed child care centers.

10. Improve Maternal and Infant Health

Though Medicaid services are expanding to fill the gap in maternal and infant care, the migrant population, due to mobility, poverty, linguistic, and cultural barriers, continues to suffer major access problems and poor pregnancy outcomes. As documented in the project "Improving the Health of Migrant Mothers and Children," conducted by Tri-County Community Health Center in North Carolina, intervention on many levels is required in the areas of nutrition, environmental, financial and social resource evaluation, and in delivering continuous and comprehensive care. The model demonstrated that multilevel care during pregnancy improved the overall outcome. With a more intensive effort in response to the implementation of *Objectives for the Year 2000*, improvement of farmworker perinatal outcomes can be a reality.

Increased Public/Professional Awareness

1. Not less than 90 percent of maternal and child health programs shall have educational materials, resources, and personnel serving farmworkers that are culturally and linguistically appropriate to their patient populations.
2. Increase to 75 percent the number of migrant care programs offering comprehensive prenatal/parenting education programs, to include at a minimum: nutrition information, basic growth and development, family planning and coping skills.
3. Increase the number of migrant and seasonal farmworker medical information forms which contain a uniform definition of ethnicity/race to include a multi-ethnic/bi-racial category to 90 percent.
4. Achieve 60 percent participation among delivering hospitals and nurse-midwives in a method for reporting a representative sampling of births to migrant and seasonal farmworker women to a central data base for outcome and tracking purposes.

Improved Services

1. Increase to 100 percent the number of migrant and seasonal farmworker women carrying a portable obstetrical record throughout their pregnancy; or 100 percent of migrant care providers having in operation an alternative appropriate mechanism for data transfer.
2. Increase to 100 percent the number of migrant and seasonal farmworker women identified as having a high risk pregnancy who are referred to an appropriate level care facility for delivery.
3. Reduce barriers to perinatal care for migrant and seasonal farmworkers resulting from funding policy restrictions and excessive malpractice costs, assuring that at minimum 80 percent nationally have access to perinatal care.
4. Increase enrollment in WIC programs to 100 percent of eligible migrant and seasonal farmworker pregnant women seen by migrant health programs.
5. Increase uniform reporting of ethnic and racial information on certificates of live births and deaths to all 50 states.
6. Increase information recorded on census birth and death certificates to include occupation of parents to identify migrant and seasonal farmworkers for data gathering purposes.

Reduced Risk Factors

1. Not less than 90 percent of those pregnant women receiving care through migrant health programs shall seek and receive prenatal care in the first trimester.
2. Increase to 100 percent the number of migrant care providers offering HIV and other STD screening to pregnant women.

Improved Health Status

1. Reduce the fetal death rate (20 or more weeks of gestation) to no more than 5 per 1,000 live births.
2. The infant mortality rate among the farmworker population shall be decreased to a percentage which is not higher than the overall national rate.

11. Improve Oral Health

Dental diseases constitute, in the aggregate, the most prevalent migrant/seasonal farmworker health problem in the nation. It is known, however, that the two most prevalent oral diseases, dental caries and periodontal disease, can be prevented in most persons. Dental prevention initiatives were implemented in federally assisted migrant health centers in 1986. These included fluoridation, education, fluoride supplements and rinses, individual improvement of oral hygiene and diet and professional check-ups. These efforts do not, however, extend to the majority of the migrant population, nor are they able of treating those oral health problems that are not prevented. Poor nutrition and sanitation conditions also contribute to an increased prevalence of oral disease in the migrant population. Many of the Migrant Specific Objectives relate to and are critical in improving oral health for migrant populations.

Increased Public/Professional Awareness

1. Increase established programs between migrant dental programs and dental schools so that every migrant program has a signed and implemented agreement to provide service/training programs.

Improved Services

1. Increase provision of dental health services by 20 percent, including emergency, prevention and basic service for farmworkers and their families.

Reduced Risk Factors

1. Increase to at least 50 percent the number of children ages 8 and 14 who have received protective sealants on the occlusal surfaces of permanent molar teeth.
2. Increase to at least 85 percent the number of people living in communities without optimally fluoridated public water who receive other appropriate professionally or self-administered topical or systemic fluorides.

Improved Health Status

1. Increase migrant access to screening programs, screening 90 percent of migrant children aged 6 to 8 (to gather baseline data on migrant children).
2. Implement preventive measures (including fluorides, sealants and education) and restorative treatment to reduce the dental caries of migrant patients aged 6 to 8 to less than 50 percent of the baseline rate.

12. Reduce Adolescent Pregnancy and Improve Reproductive Health

Unintended and high risk pregnancies will continue to be problems of crisis proportion within the migrant and seasonal farmworker population until measures are taken to address the problem in a culturally responsive and realistic manner. The problem of reproductive health in migrant populations more closely resembles that experienced by providers in third world nations than it does that of suburban United States.

Intervention for these populations must include outreach services. These services should not be supersensitive to perceived religious taboos, but rather, attuned to the relative status of men and women in the sub-cultures in which these families live. Information must be available, and appropriate, at key times in people's lives, emphasizing more than technology. Education must also include an emphasis on a person's need for comprehensive life choice through planning pregnancies.

Increased Public/Professional Awareness

1. Increase to at least 95 percent the proportion of primary care providers who routinely inform women of childbearing age about the hazards and benefits of certain behaviors(e.g. nutrition, smoking, alcohol, and drug use) in a culturally sensitive manner prior to and during pregnancy and lactation.

Improved Services

1. Establish a demonstration provider network in one of the migrant streams to provide appropriate reproductive health care to 80 percent of all migrant and seasonal farmworker patients seen by primary care providers in that stream.

Reduced Risk Factors

1. Reduce low birth weight (less than 2,500 grams)to an incidence of no more than 5 percent of live births.

Improved Health Status

1. Reduce by 50 percent the incidence of unintentional pregnancies in the migrant population.

13. Prevent, Detect and Control Chronic Diseases and Other Health Disorders

Of the nearly five million migrant and seasonal farmworkers in the United States, less than 15 percent receive health care services through federally assisted migrant health centers. For patients using migrant health centers, it is difficult to assure continuous care. For migrant families not using these programs, it is known that there is very little continuity of care for chronic conditions. Portable patient records are being tested, but even these assume that there will be ready access to health providers. The migrant population presents special challenges to the health care system that must be addressed in the Objectives for the year 2000 in prevention, detection and control of chronic diseases and other health disorders.

Increased Public/Professional Awareness

1. Increase to at least 75 percent the proportion of primary care providers to migrant patients who receive periodic training or continuing medical education in culturally-responsive concepts of diabetes and hypertension care and management.
2. Increase to at least 75 percent the proportion of migrant and seasonal farmworkers age 18 and older who know the dietary and behavioral elements of diabetes and hypertension.

Improved Services

1. Expand federal funding for services so that not less than 50 percent of migrant and seasonal farmworkers can be provided primary care services.
2. Increase to 70 percent the providers of primary care services to migrant and seasonal farmworkers who have adopted national guidelines for CLEF-appropriate, standardized protocols for treatment of chronic diseases.

Reduced Risk Factors

1. Reduce diabetes to a prevalence of no more than 39 per 1,000 migrant and seasonal farmworkers.

Improved Health Status

1. Reduce by 10 percent the mortality rate due to hypertension and diabetes in the migrant and seasonal farmworker population.

14. Improve Health Education and Access to Preventive Health Services

This objective focuses on interaction and support designed primarily for well people, to reduce their risk of becoming ill or injured at some future date. For people who do not have the economic resources to obtain episodic and chronic care on a regular basis, utilization of health education and preventive services is even less of a priority. Certainly, the barriers that exist for a population of limited economic means in primary health care access will become even more formidable in access to prevention and education.

Migrant Health Centers are subsidized for and encouraged to provide culturally sensitive and linguistically appropriate health education and prevention programs. Funding incentives however, emphasize "reimbursable services." Public health programs also emphasize prevention, but resources are even more limited in this sector. Compliance, marginal even in affluent populations, is also difficult to attain under these cultural and economic pressures. The *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* strongly endorse education and prevention for migrant populations, and urge health care providers to explore creative models of care in order to create real change in this population's health status.

Increased Public/Professional Awareness

1. Increase to at least 75 percent the proportion of primary care providers to migrant and seasonal farmworkers who provide their patients with culturally sensitive screening, counseling and immunization services.
2. Increase to at least 50 percent the proportion of primary care providers who use office reminder systems and client tracking systems to enhance their performance and follow-up of clinical preventive services.

Improved Services

1. Launch a national campaign for patient education to be implemented in 100 percent of the migrant health programs receiving Section 329 funds, which will include:
   A. Use children as agents of change.
   B. Provision of appropriate audiovisual materials for health centers' use with their patient populations.
   C. Establish standardized clinical indicators which define and measure the impact of patient education.
   D. Place special program priority on prevention and health education services.
   E. Use lay health advisors in the provision of appropriate educational services.
   F. Mobilize resources for the development and delivery of these services to migrant populations.
2. Increase to at least 30 percent the proportion of farmworkers who participate regularly in health promotion activities at the workplace.

Reduced Risk Factors

1. Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age, sex and risk status as recommended by the U.S. Preventive Services Task Force.
2. Increase availability of basic level preventive health education materials for migrant and seasonal farmworkers on 100 percent of the areas recommended by the Office of Migrant Health and the U.S. Preventive Services Task Force to include:
   A. Transmission of contagious disease, i.e., STD, immunization information, parasites, hepatitis.
   B. Detection and management of chronic diseases, including hypertension and diabetes.
   C. Pesticide and environmental risk factors.
   D. Stress and safety awareness.

Improved Health Status

1. Reduce preventable mortality, morbidity and disability as specified in these migrant-specific objectives.

15. Improve Surveillance and Data Systems

In 1988, the Senate Committee on Agriculture, Nutrition and Forestry stated:

> *Of all segments of the U.S. population exposed to the health hazards of pesticides, farm workers and their children are the most deeply affected. Yet there are no reliable data that characterize the health status of this group of workers, nor are there data examining the impact of exposure to pesticides on this segment of the population. The committee is concerned that this important information be collected and analyzed.*

Efforts have been undertaken in recent years to gather health status information on the migrant population concerning environmental and occupational health, especially focusing on field sanitation.

Because of the nature of the migrant lifestyle and the multi-ethnicity of the population, it is difficult to establish the demographics and epidemiology of this group. There are several research and data analysis efforts currently underway. Two of these projects, the morbidity reporting demonstration project in the Midwest and the analysis of patient data by migrant stream to determine health status profiles, should lead to the development of a medical information retrieval system. Certainly, this is the beginning of a process that will link together current and future information technology with grassroots providers of care to establish the real picture of the migrant population and its health status.

Objectives for Surveillance and Data Systems Change

1. Increase collection of vital statistics, including data on births and deaths, so that there will be uniform collection using both the ethnic status and occupational category of migrant farmworker.
2. Increase the use of the term "migrant farmworker" as an occupational entity in 50 percent of demographic research describing the health of populations.
3. Increase uniform reporting and surveillance systems established by the Office of Migrant Health to monitor at least 60 percent of work-related injuries and chemical exposure of migrant farmworkers.
4. Increase health information reporting through a system in place among migrant health programs to monitor specified indicators of morbidity, mortality, health status, utilization and access to health care indicators.