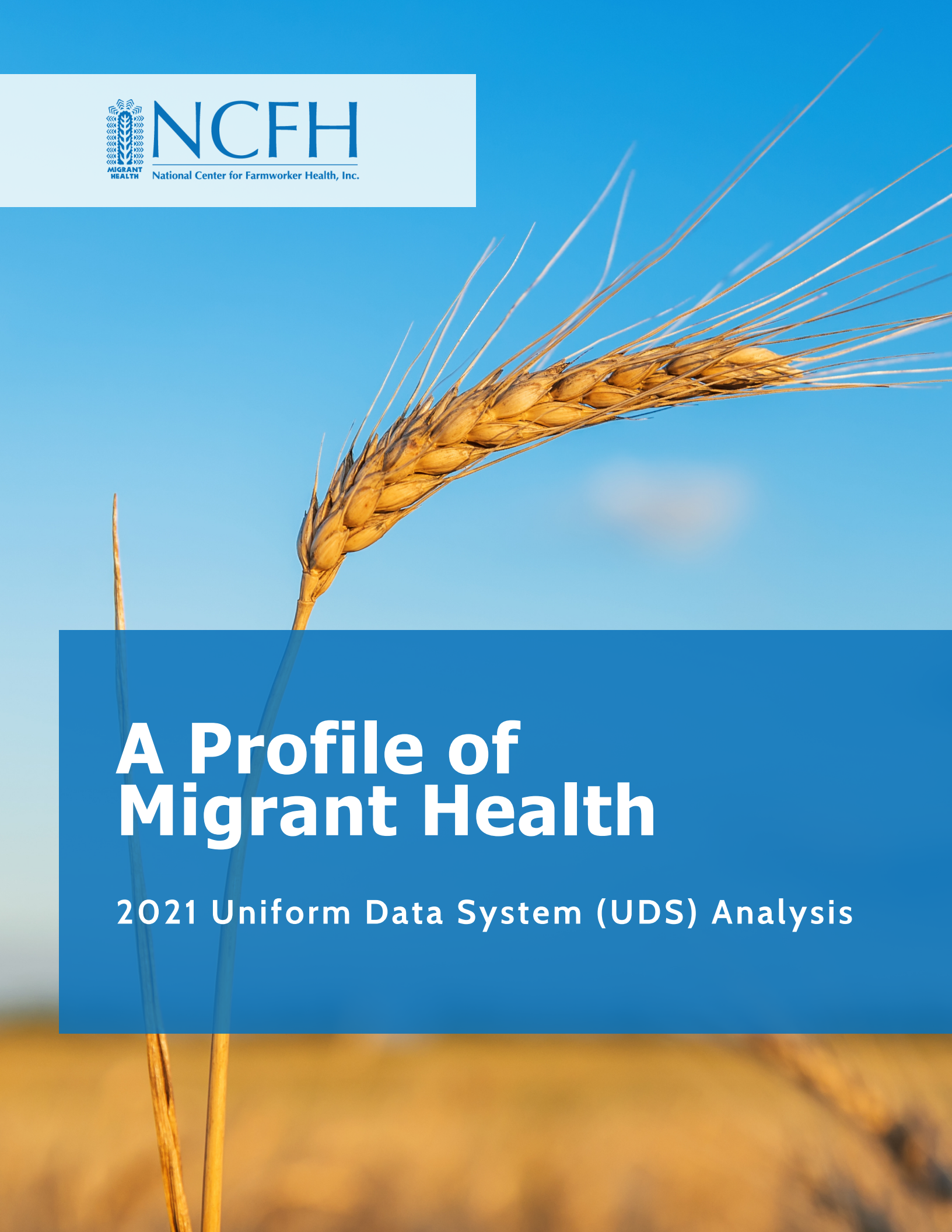


NCFH
National Center for Farmworker Health, Inc.

A Profile of Migrant Health

2021 Uniform Data System (UDS) Analysis

Introduction

Background on the Health Center Program

The Health Resources and Services Administration (HRSA) administers the Health Center Program which provides federal grant funding to nearly 1,400 health centers that operate approximately 14,000 service delivery sites across the United States, Puerto Rico, the Virgin Islands, and the Pacific Basin to ensure all patients can access affordable, comprehensive, and high-quality primary care regardless of their ability to pay. Health centers are community-based organizations that reach individuals and families that often lack access to quality health care, such as those experiencing homelessness, residents of public housing, veterans, and agricultural workers.

While any health center may serve **migratory and seasonal agricultural workers and their family members (MSAWs)**[1], Migrant Health Centers (MHCs) serve the vast majority of MSAWs. One hundred and seventy-five MHCs receive federal grant funding to specifically serve MSAWs and their families, and are required to report population data on MSAWs through the Uniform Data System (UDS). Most of these MHCs also receive other types of funding from HRSA; however, a small number of MHCs exclusively receive Migrant Health funding. In 2021, there were 9 Migrant Health only programs, located in Maine, Massachusetts, South Carolina, North Carolina, Georgia, Minnesota, Kansas, Iowa, and Montana. Historically, these programs tend to primarily serve migratory workers and are located in smaller, less dense agricultural worker communities. Health centers that do not receive Migrant Health funding will be referred to as community health centers (CHCs) in this report. All CHCs are required to report all special populations, including MSAWs, but do not designate between migratory and seasonal agricultural workers.

The analysis in this report is based on the annual UDS data set reported by health centers that provides health center information, including patient demographics, services provided, and health outcomes. According to the UDS manual, the UDS data set "is the source of unduplicated data for the entire scope of services included in the grant or designation for the reporting year," (2021 UDS manual). **This Profile of Migrant Health report summarizes trends in MSAW patient populations, demographic information, and health data about MSAW patients of MHCs in 2021.**

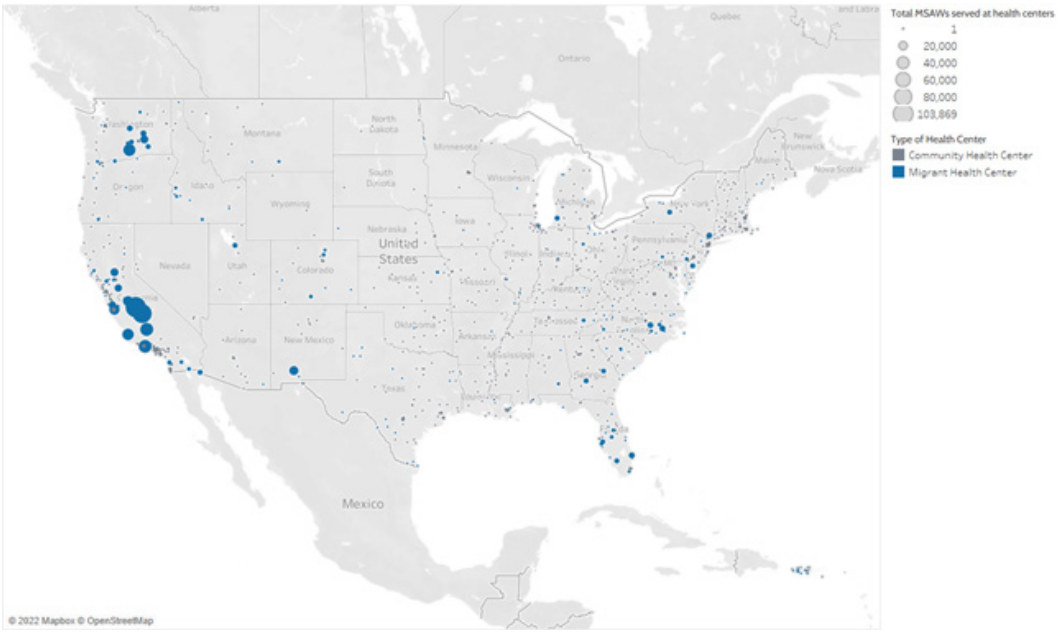
1 HRSA refers to migratory and seasonal agricultural workers and their family members as MSAWs. All family household members of an agricultural worker patient receive the same classification of migratory or seasonal as the worker.

Agricultural Workers Served by Health Centers in 2021

In 2021, over 1 million MSAWs received health care at health centers, and **88% of MSAWs patients were served by the 175 MHCs.** There are 40 unique states and territories where MHC main sites are located, and the majority have multiple delivery sites spanning various counties or areas. There are a total of 2,715 MHC delivery sites, with California, Florida, Washington, and North Carolina housing the most sites.

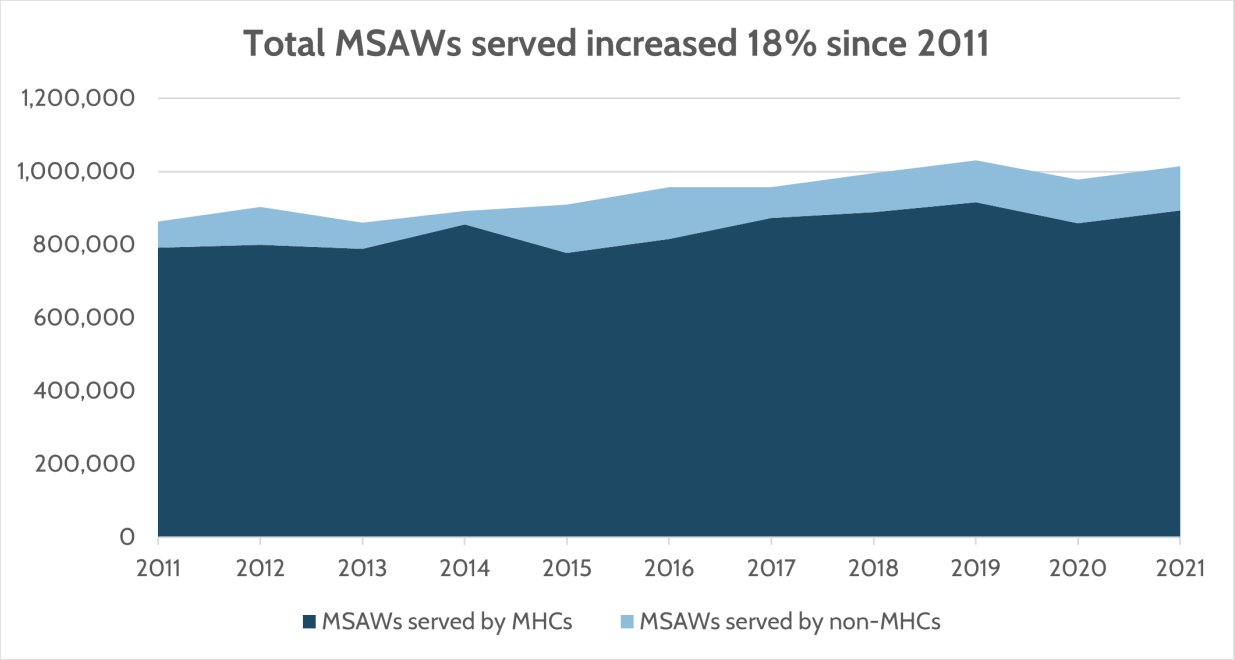
*Health centers served **1,015,162** agricultural workers and their families in 2021*

California MHCs served the most MSAWs in 2021, followed by Washington, Florida, and North Carolina MHCs. This is in alignment with the National Center for Farmworker Health's (NCFH) MSAW population estimates. According to estimates, 20% of the country's MSAWs work in California. Additionally, Washington, Florida, and North Carolina are in the top six states with highest estimated populations of MSAWs. Furthermore, CHCs in California served over 32,000 MSAWs, 3% of all MSAWs served in the U.S.



Click here to view the interactive map displaying the number of MSAW patients served by each health center. While each bubble represents where the health centers' main sites are located, most health centers have multiple delivery sites spanning multiple counties or areas.

There was a **4% increase in the total number of MSAWs served at health centers** from last year, rebounding from a 5% decrease during the pandemic in 2020. Overall, **over the past decade there has been an 18% increase in the total number of MSAWs served** at health centers nationwide.



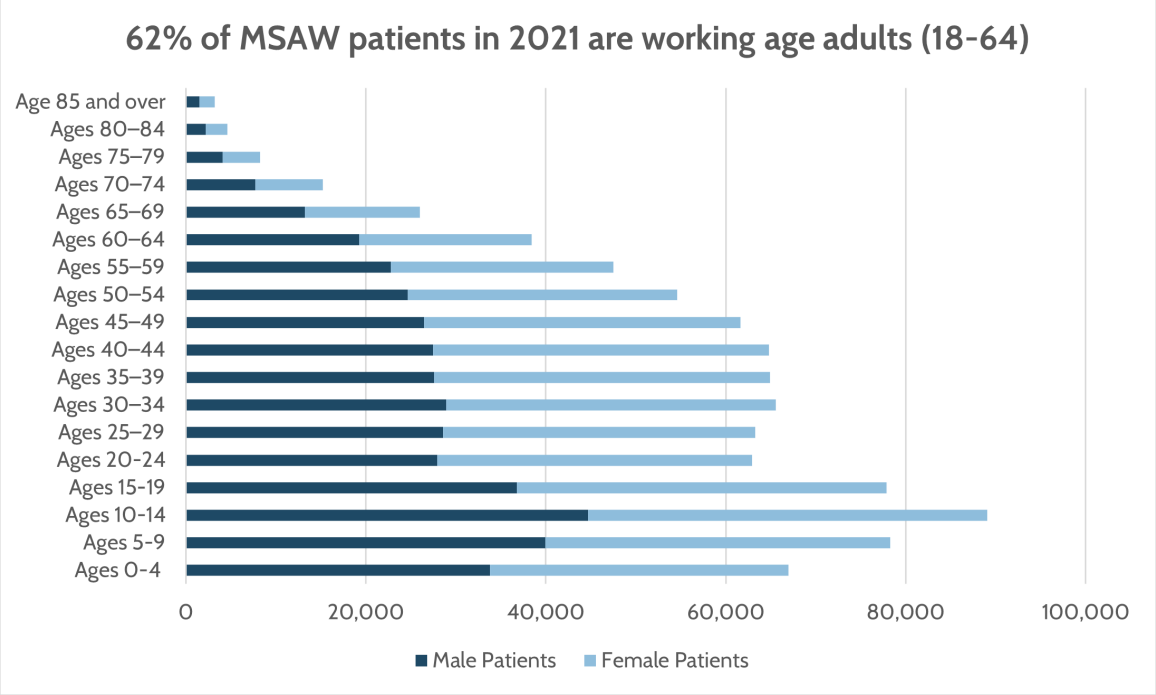
Increase Access to Care Network

The NCFH Increase Access to Care (IAC) for agricultural workers program was launched in 2015 in collaboration with the Ag Worker Access Campaign as a training program to assist health center staff in the development and implementation of strategies to accurately identify, classify, and report their MSAW patients in the UDS, improve access to care, and expand outreach efforts. There are currently 43 health centers that participate in the IAC Network. **Collectively, the IAC Network served 481,707 agricultural workers and their families in 2021 (47% of all MSAWs served by health centers).**

Characteristics of MSAW Patients served by MHCs

Age Distribution

Approximately one-third (32%) of MSAW patients served by MHCs are children, 62% of MSAW patients are working age adults (18-64), and 6% are of retirement age (65+ years). There is a fairly even distribution of male and female patients by age.



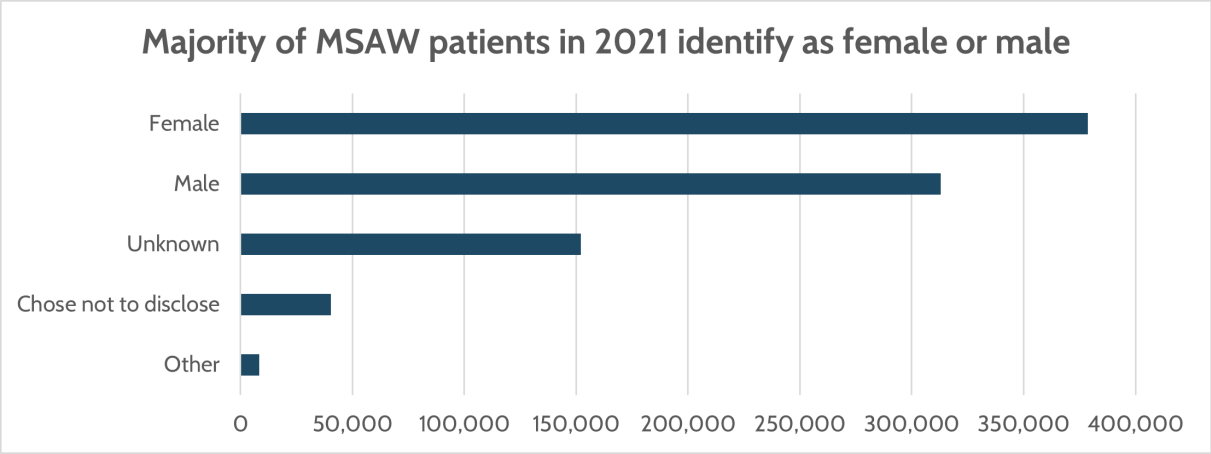
Race/Ethnicity & Language

The vast majority of MSAW patients served by MHCs identify as Hispanic (88%) and are best served in a language other than English (62%). Patients best served in languages other than English, includes those best served in sign language, those served by a bilingual provider, and those who brought their own interpreter. The dataset, however, does not specify which languages are represented. According to HRSA, patients included in the Hispanic category represent persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, including those who were born in the United States.

Of non-Hispanic MSAW patients, 8% are White, 2% are Black/African American, and 1% are Asian. Less than 1% are American Indian/Alaskan Native, and less than 1% are Native Hawaiian/Pacific Islander. Less than 1% of MSAW patients indicated they identified with more than one race.

Sexual Orientation and Gender

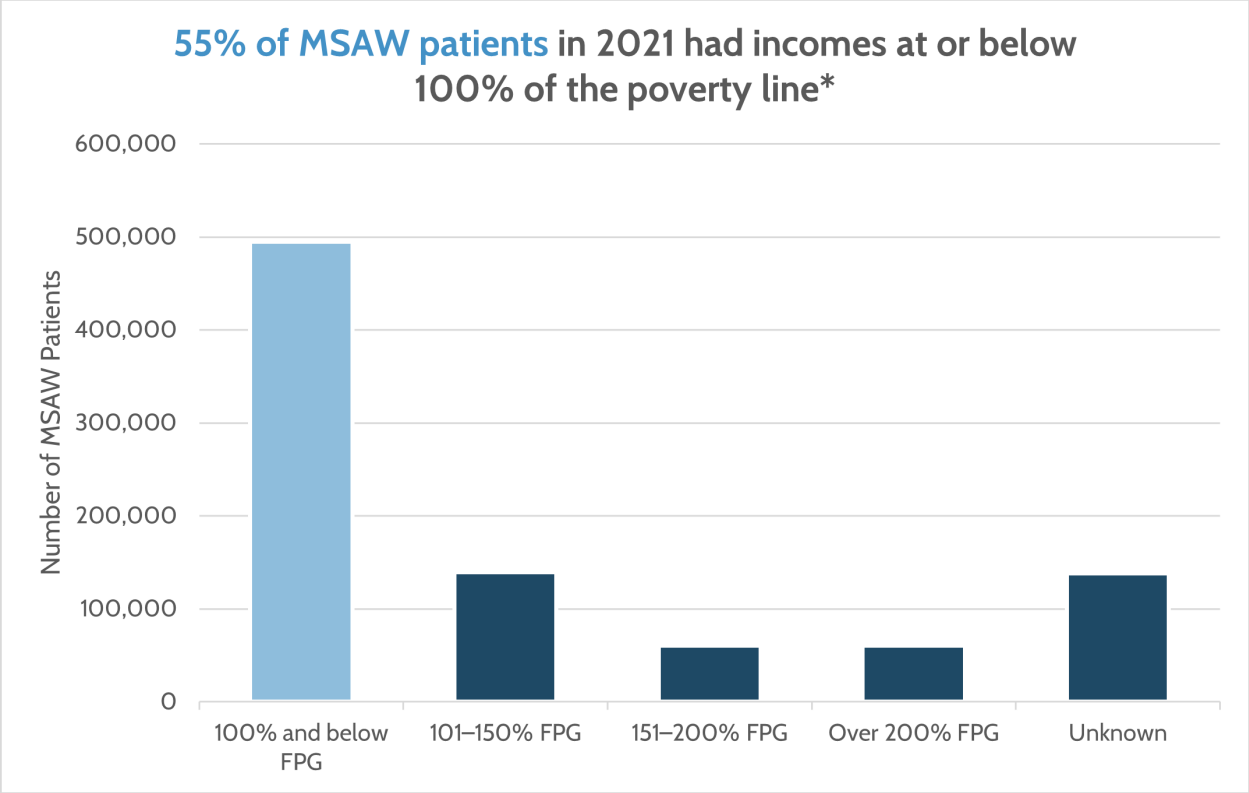
Sexual orientation and gender are new variables added to the UDS in 2021. **The majority of MSAW patients identify their gender as female or male** (54% and 45% respectively of MSAW patients who reported their gender). Almost 5% chose not to disclose their gender, while about 17% of patients' gender identities were not captured ("unknown"), either because the health center did not implement systems to permit patients to state their gender identity or the patient left this section blank. This represents an area for training and/or improvement among health centers to reduce missing data capturing patient gender. Transgender female and transgender male each make up less than 0.1% of MSAW patients who reported their gender (and are not on the graph below due to the small number of respondents). About 1% of patients selected "other," representing patients who do not identify as male, female, or transgender, including those who identify as genderqueer or non-binary. Of those who reported their sexual orientation, 99% identify as heterosexual (or straight).



Poverty Level

In 2021, the national federal poverty guideline (FPG) for a family of four was $26,500, and $12,880 for a single person. The majority (55%) of MSAW patients served by MHCs in 2021 had family incomes at or below the FPG. Households up to 200% of the FPG are still considered low-income families. (National Center for Children in Poverty) Under this definition, **78% of MSAW patients were low-income in 2021.**

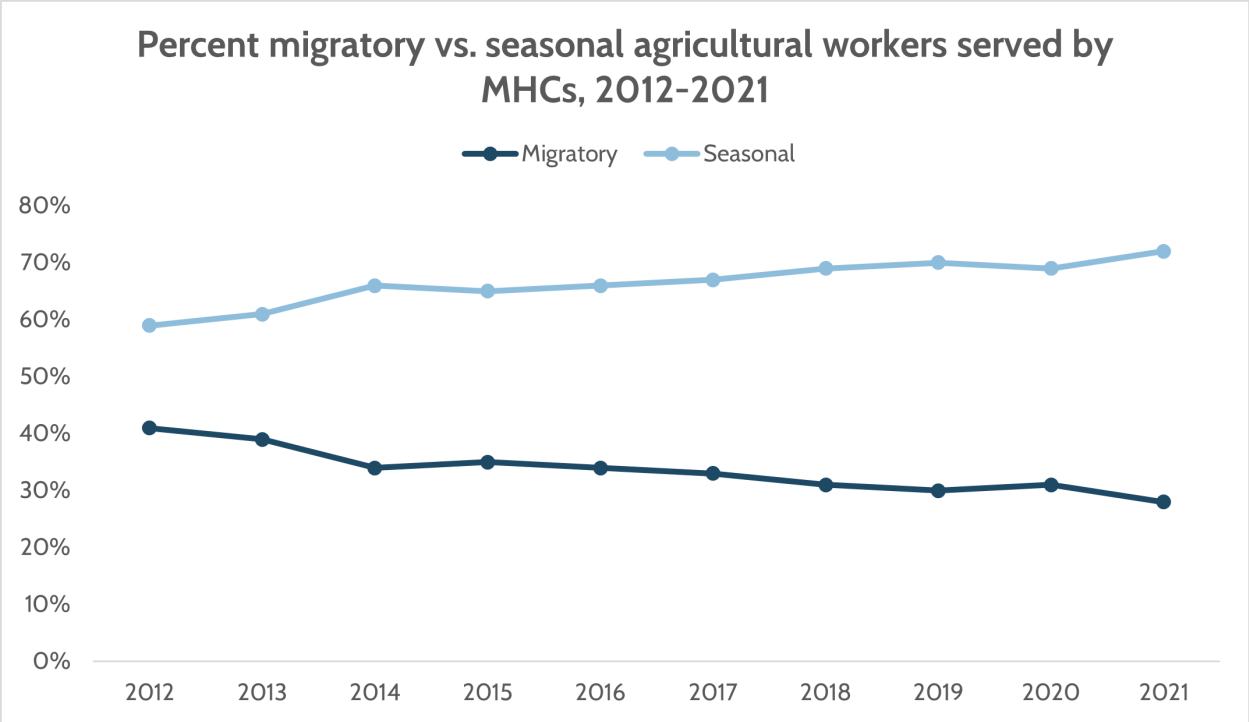
Seven percent of patients had incomes over 200% of the FPG. MHCs were unable to document income level for 15% of MSAW patients.



*The light blue in the chart represents the 55% of MSAW patients in 2021 that were at or below the poverty line.

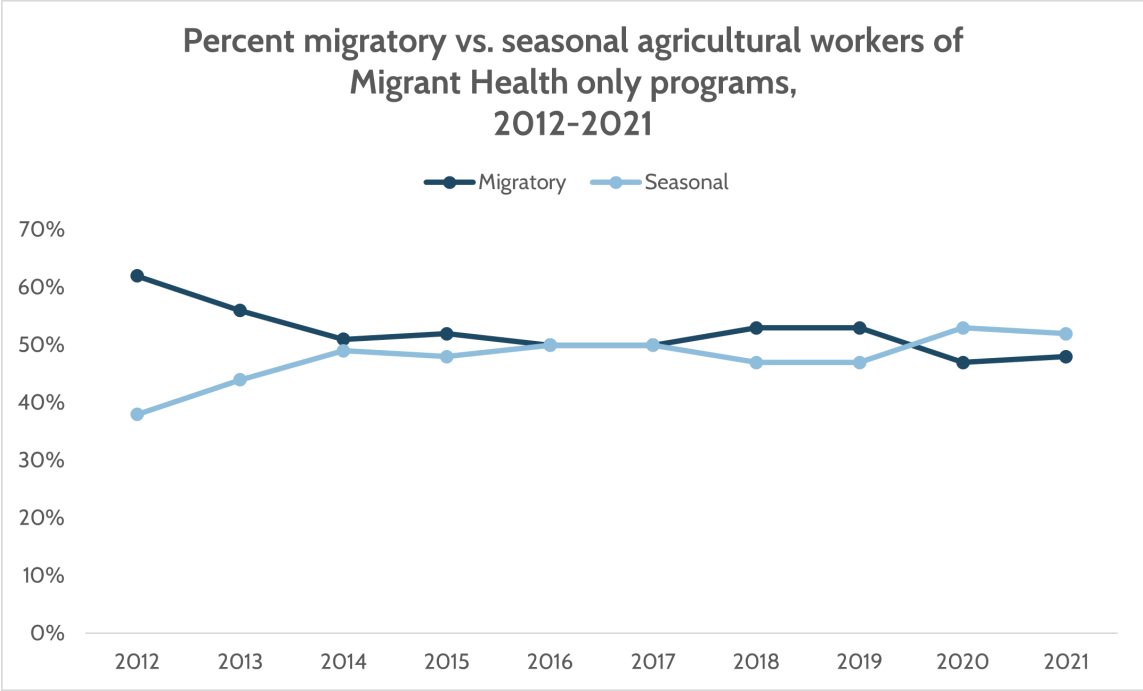
Migratory & Seasonal

All MHCs must classify agricultural worker patients as either migratory or seasonal. Migratory workers & families must find new, temporary housing in order to work in agriculture, while seasonal workers do not, but may experience a change in their tasks, hours, or income at work. (HRSA definitions) In 2021, **28% of MSAW patients were migratory workers, and 72% of MSAW patients were seasonal workers.**



The percentage of MSAW patients who are classified as migratory has been gradually declining over the past decade – a 32% decrease in the last 10 years. This could be because agricultural workers are moving away from migratory employment patterns, migratory workers are not seeking care at MHCs, or MHCs have become better at identifying seasonal agricultural workers in their communities (thus decreasing the total percentage of MSAW patients who are classified as migratory). It is likely that some combination of all three causes is contributing to the decline in migratory agricultural worker patients. Additionally, there has been an increase in H-2A workers who migrate to the U.S. to work temporarily across thousands of farms, and these workers face substantial obstacles to accessing health care (for more information about the H-2A program, read the NCFH H-2A Guest Worker Fact Sheet).

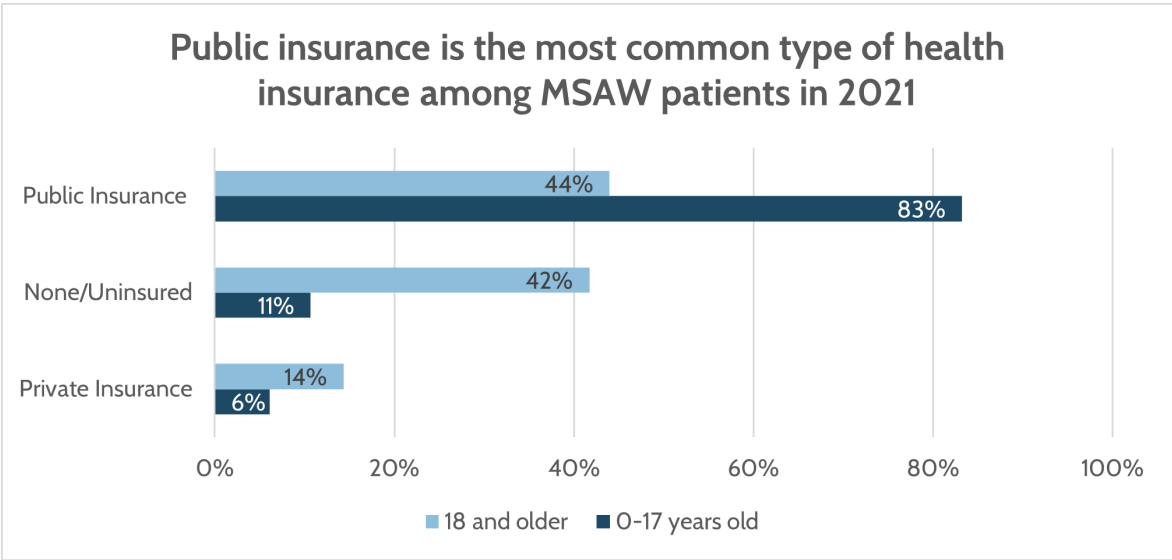
A small number of MHCs exclusively receive Migrant Health funding, and are referred to as Migrant Health Voucher Programs (MHVPs). Historically, these MHVPs primarily serve agricultural workers that are migratory, however these programs have seen an overall decline in the proportion of their MSAW patients that are classified as migratory since 2012 (an 18% decrease in the past decade). Still, a greater percentage of these MHVPs patients are migratory compared to all other health centers receiving migrant health funding (48% vs 28%) in 2021.



Insurance Status

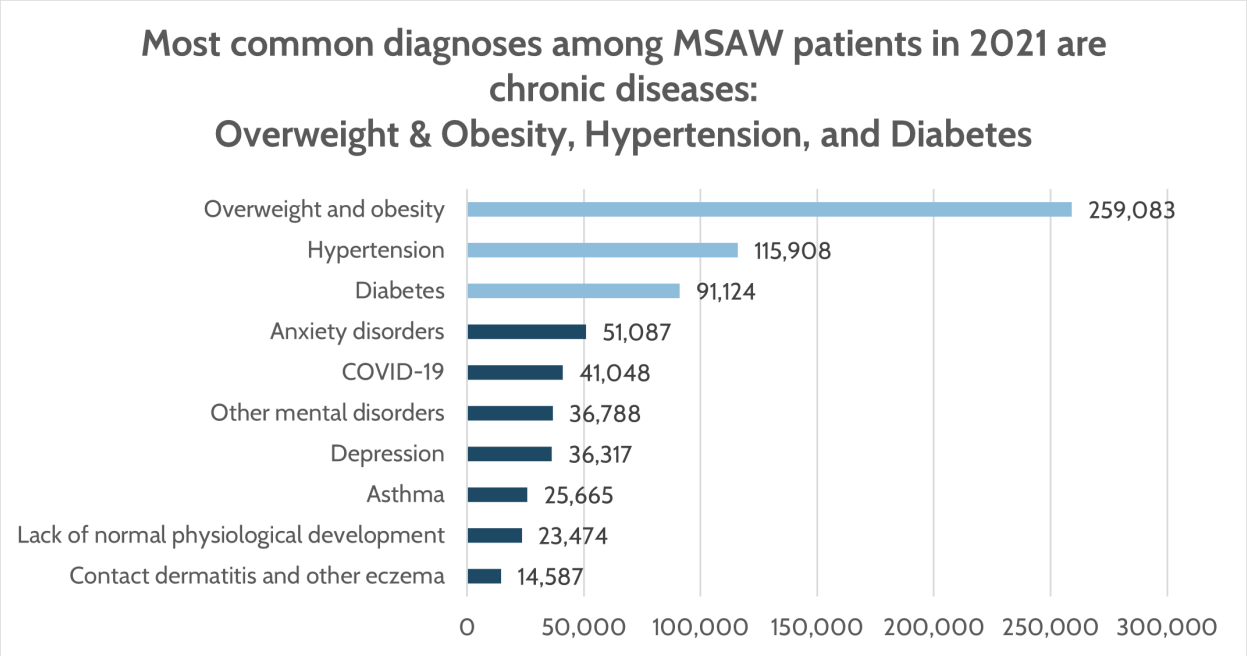
Insurance status for MSAW patients varies for children and adults. Among children under the age of 18, 83% had a public form of insurance, which includes Medicaid, Medicare, Children's Health Insurance Program (CHIP), or another state- or locally-funded health insurance. One in ten (11%) children had no insurance, and just 6% of children were covered through a private insurance source.

The largest proportion of adult MSAW patients (44%) also had some form of public insurance, while nearly the same amount (42%) had no insurance. Fourteen percent had private insurance, obtained through their employer, a spouse's employer, or on their own.



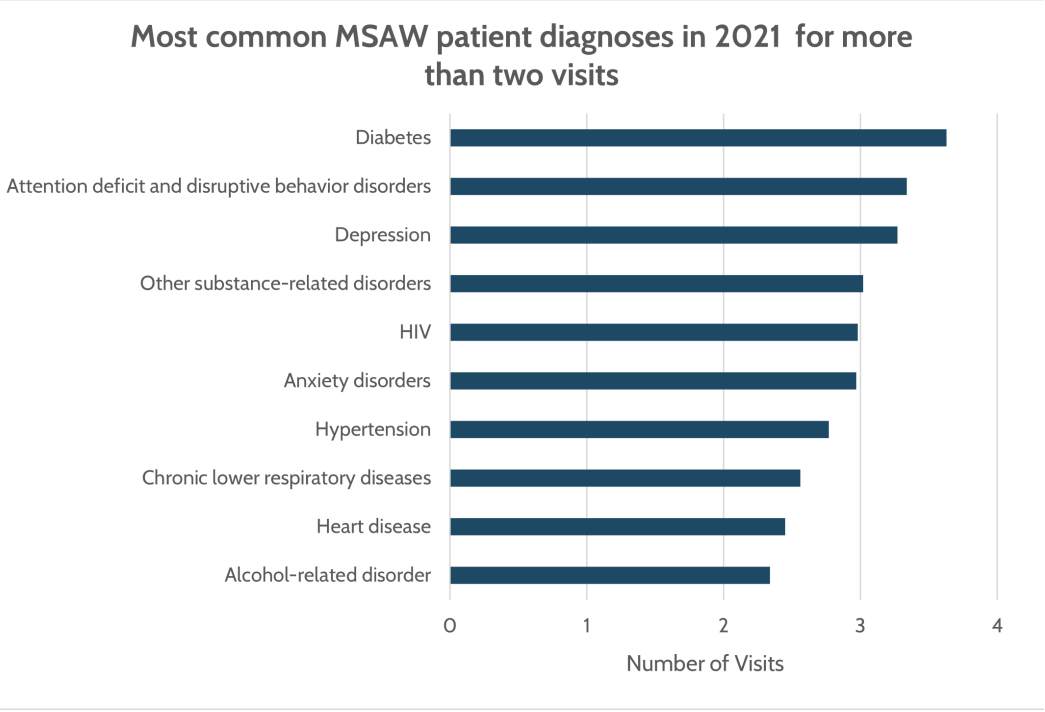
Health Conditions

The most common diagnoses in MSAW patients reflect the burden of chronic diseases, COVID-19, and mental health disorders among agricultural workers and their families. The chronic diseases of overweight/obesity, hypertension, and diabetes were the top three most common diagnoses, followed by anxiety disorders (including post-traumatic stress disorder), COVID-19, other mental health disorders, and depression (including other mood disorders).

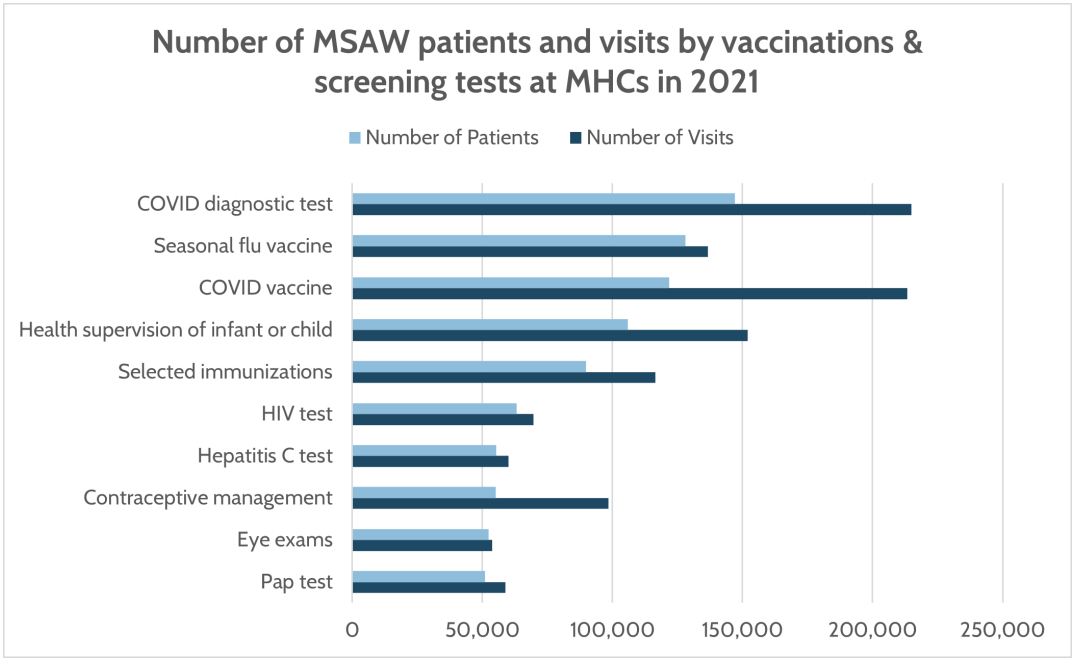


*Light blue in the chart depicts the three most common diagnoses among MSAW patients in 2021.

The diagnoses with the highest ratio of visits per patients were diabetes, attention deficit and disruptive behavior disorders (ADD), depression, substance-related disorders (excluding tobacco-use disorder), and HIV (symptomatic or asymptomatic).



Among types of vaccinations and screening tests provided at MHCs, the most common were the COVID-19 diagnostic test, seasonal flu vaccine, COVID-19 vaccine, selected immunizations (includes Hepatitis A, HiB, pneumococcal, DTaP, MMR, polio, varicella, and Hepatitis B), HIV test, and Hepatitis C test.



Services with a high visit per patient ratio demonstrate that patients returned multiple times to the health center to receive that service, including contraceptive management, the COVID-19 vaccine, and COVID-19 test.

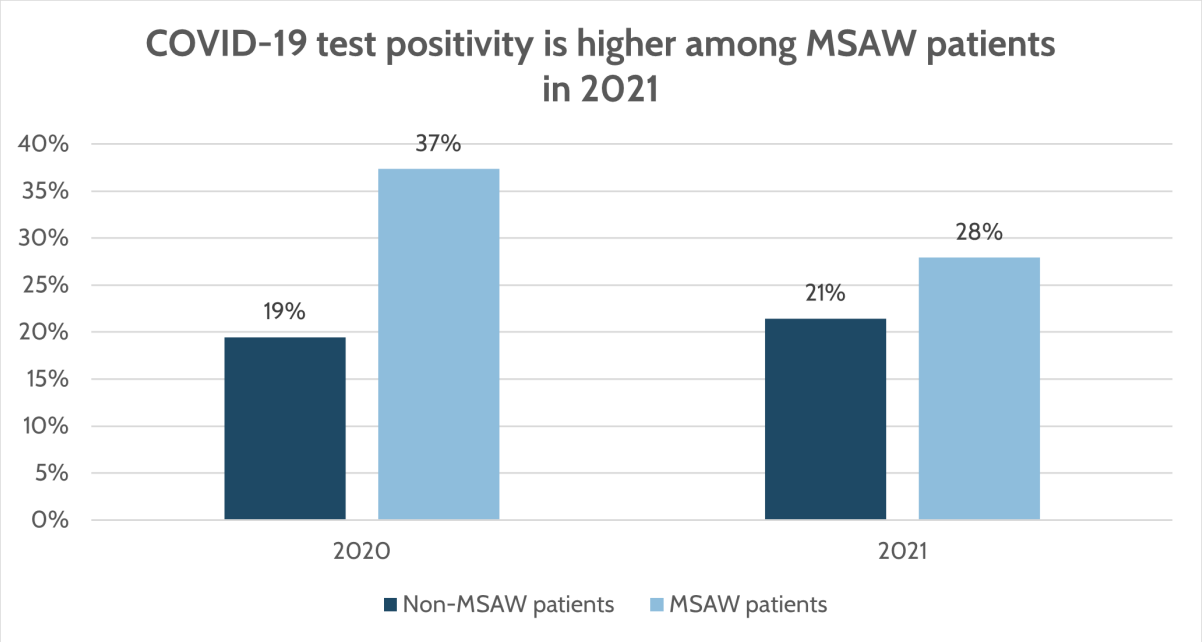
Diagnostic Category	Visits per Patient
COVID-19 diagnostic test	**1.46**
Seasonal flu vaccine	1.07
COVID-19 vaccine	**1.75**
Health supervision of infant or child	1.43
Selected immunizations	1.3
HIV test	1.1
Hepatitis C test	1.09
Contraceptive management	**1.78**
Eye exams	1.03
Pap test	1.15

COVID-19

The essential nature of the work of MSAWs became more prominent during the COVID-19 pandemic, however their working and housing conditions continue to put them at high risk for COVID-19 exposure and transmission. (NCFH Farmworker COVID-19 Community Assessments) Over 41,000 MSAW patients were diagnosed with COVID-19 at MHCs. MHCs also **administered the COVID-19 vaccine to 121,733 patients, COVID-19 diagnostic tests to 147,041 patients, and COVID-19 antibody tests to 2,870 patients.**

	Frequency (Percentage)	
	COVID-19 diagnosis	**Acute respiratory illness due to COVID-19**
MSAW patients (n=893,260)	41,048 (4.6%)	1,222 (0.1%)
Non-MSAW patients (n=29,300,018)	888,531 (3.0%)	64,313 (0.2%)

Approximately 5% of all MSAW patients at MHCs were diagnosed with COVID-19, and similarly about 3% of all non-MSAW patients were diagnosed with COVID-19. Of MSAW patients diagnosed with COVID-19, about 3% of patients were diagnosed with acute respiratory illness. On the other hand, of all non-MSAW patients diagnosed with COVID-19, about 7% were diagnosed with acute respiratory illness.



Among MSAW patients in 2021, the COVID-19 diagnostic test positivity was 28%, while non-MSAW patients had a lower test positivity at about 21%, as seen in the figure above. This pattern was also observed in 2020, although the gap is smaller in 2021. The difference between the test positivity between these two groups could reflect agricultural worker patterns in MHC visits (for example, only seeking health care when sick), or a higher burden of COVID-19 among MSAW patients than the general population; however, further research is needed.

Learn more about NCFH's COVID response.

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