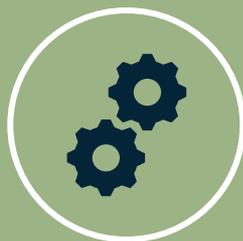


2021 Migrant Farmworker Health Survey, Ottawa County, MI

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Executive
Summary



Background



Methodology



Findings &
Implications

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INTRODUCTION



Background and Objectives

- VIP Research and Evaluation was contracted by the Ottawa County Department of Public Health to conduct a health survey with the adult migrant farmworker subpopulation in Ottawa County in 2021.
- The overall objective of the research was to obtain information from Ottawa County migrant farmworkers about a wide range of issues and behaviors that affect their health. More specific objectives include measuring each of the following:
 - ❖ Physical health indicators, such as perception of general health, physical health status, chronic pain, hypertension, cholesterol, and weight (BMI)
 - ❖ Mental health indicators, such as mental health status, anxiety disorder, and depressive disorder
 - ❖ Health risk behaviors, such as smoking, vaping, alcohol consumption, and diet
 - ❖ Clinical preventative measures, such as oral health, cancer screenings, and immunizations
 - ❖ Chronic conditions, such as diabetes, pre-diabetes, asthma, COPD, and arthritis
 - ❖ Health care access and any barriers to care
 - ❖ Social support
 - ❖ Community connectedness
 - ❖ Use of pesticides and any side effects
 - ❖ COVID-19 and its impact on migrant farmworkers



Background and Objectives (Continued)

- The information collected will be used to:
 - ❖ Prioritize health issues and develop strategic plans
 - ❖ Monitor the effectiveness of intervention measures
 - ❖ Examine the achievement of prevention program goals
 - ❖ Support appropriate public health policy
 - ❖ Educate the migrant farmworker subpopulation about disease prevention through dissemination of information



Methodology

- A health survey was conducted among 319 Ottawa County adult migrant farmworkers (age 18+).
 - ❖ The survey modeled after the Behavioral Risk Factor Survey (BRFS) and was available online or in paper format
 - ❖ It was also available in Spanish and English
- Bilingual research assistants and county health department employees visited agricultural camps, or farms, in Ottawa County and approached migrant farmworkers about the possibility of participating in the survey and offered them a \$30 Walmart gift card as an incentive.
- Some surveys were also administered at various events (e.g., COVID-19 vaccine clinic, church fiesta) or through various agencies (e.g., Department of Human Services, Migrant Legal Aid).
- Data was collected between May 21, 2021 and September 22, 2021.
- Respondents were screened to ensure they were at least 18 years of age and resided in Ottawa County.
- Unless noted, consistent with the Michigan BRFS, respondents who refused to answer a question or did not know the answer to a specific question were excluded from analysis for that question. Thus, the base sizes vary throughout the report because results are based on valid responses.



Methodology (Continued)

- Some of the agricultural farms or camps visited include the following:
 - ❖ 112th Avenue Nunica Camp
 - ❖ Dekker Farms
 - ❖ First Pick Farms
 - ❖ Peterson Farms
 - ❖ Quincy Camp
 - ❖ Reender's Farms
 - ❖ Spring Meadow Nursery
 - ❖ St. Francis/West Olive Camp
 - ❖ Woodland Blueberries

- In-depth telephone interviews were also conducted with 10 Key Informants – leaders in the community who work with migrant farmworkers in Ottawa County and have extensive knowledge of their situation and the challenges they face.
 - ❖ Interview duration ranged between 15-30 minutes

EXECUTIVE SUMMARY



Executive Summary

- In 2021, the coronavirus pandemic (COVID-19) is still impacting people physically, emotionally, and economically, albeit not as disruptively as 2020.
- Almost all (96.2%) migrant farmworkers take precautions in response to the COVID pandemic, including wearing masks, washing and sanitizing hands, avoiding public or crowded places, and keeping six feet distance from members outside their households.
- Two-thirds (64.8%) of migrant farmworkers have been vaccinated for COVID-19.
 - ❖ Of those who haven't been vaccinated, 45.9% say they are not likely to get the vaccine in the future
- Although half (48.9%) report their lives remained unchanged by the pandemic, 36.6% say their lives worsened.
 - ❖ These proportions are consistent with the general population who was asked this question in 2020 at the height of the pandemic
 - ❖ There are myriad ways in which the pandemic has negatively impacted migrant farmworkers' lives, including the inability to socialize with family and friends, contributing to mental health issues (e.g., depression), feelings of loss of freedom, the economic impact (job loss, move from job to job), and the division it has created between family, friends, and strangers



Executive Summary (Continued)

- For the 14.5% who say the pandemic has actually made their lives better, they focus on people being more careful, cautious, and clean, increased time spent with their families, and having more work opportunities.
 - ❖ Some mention that the Hispanic community is receiving more external help now than before the COVID-19 pandemic
- Nearly nine in ten (88.2%) area adult migrant farmworkers report their health as good or better, while 11.8% report their health as fair or poor; this is on par with the general population from 2020.
- Physical health status is very good among migrant farmworkers; only 3.9% are considered to have “poor physical health,” compared to 9.4% of the general population.
- The prevalence of some chronic diseases are much lower among migrant farmworkers compared to the general population. For example:
 - ❖ Arthritis – 4.8% among migrant farmworkers, 30.1% among general population
 - ❖ Lifetime asthma – 6.7% among migrant farmworkers, 15.3% among general population
 - ❖ Current asthma – 3.9% among migrant farmworkers, 7.9% among general population
 - ❖ COPD – 0.6% among migrant farmworkers, 3.7% among general population
 - ❖ Chronic pain – 11.4% among migrant farmworkers, 32.5% among general population



Executive Summary (Continued)

- Of note, 38.2% of migrant farmworkers with chronic pain say their pain is managed well, compared to 79.4% for the general population.
 - ❖ For migrant farmworkers, the top barriers to treating their pain are lack of health insurance and transportation issues
- One in nine (10.8%) migrant farmworkers has diabetes and 8.0% have pre-diabetes; both of these proportions are on par with the general population.
- One in six (15.7%) migrant farmworkers has high blood pressure; of these, half (51.1%) are taking medication for it.
- Almost one-fourth (23.5%) have high blood cholesterol, and of these, 40.7% are taking medication for it.
- Migrant farmworkers are more overweight and obese than the general population per their BMI.
 - ❖ 40.8% of migrant farmworkers are obese, compared to 34.5% of the general population
 - ❖ Additionally, 33.1% of migrant farmworkers are overweight, compared to 31.9% of the general population



Executive Summary (Continued)

- Culturally, migrant farmworkers may be more accepting of their weight status because, despite 73.9% being overweight or obese, 47.1% believe they are “about the right weight,” and only 39.0% are currently trying to lose, or keep from gaining, weight.
 - ❖ Further, 34.4% of overweight and 61.9% of obese migrant farmworkers are trying to lose weight, compared to 74.8% and 86.6% of the general population, respectively
- Similarly to physical health, migrant farmworkers fare better in terms of their mental health. For example, 3.9% of migrant farmworkers have “poor mental health,” compared to 15.3% of the general population. Additionally:
 - ❖ 7.7% have been diagnosed with anxiety, compared to 22.9% of the general population
 - ❖ 9.0% have been diagnosed with depression, compared to 21.8% of the general population
- A very small percentage (2.3%) of migrant farmworkers have been limited from their usual activities due to poor physical or mental health; a rate lower than the general population (7.0%).



Executive Summary (Continued)

- As in the general population, an area of opportunity continues to exist for local health professionals to formulate a plan to address the fact that sizeable proportions of migrant farmworkers with mental health challenges do not take medication or receive treatment for their condition.
 - ❖ For example, only one-third (33.3%) of migrant farmworkers who have poor mental health currently take medication or receive treatment for it
 - ❖ Moreover, about half migrant farmworkers with anxiety (52.2%) or depression (55.6%) take medication or receive treatment for these mental health issues
- It is surprising that so few migrant farmworkers engage in treatment or medication for mental health conditions considering the vast majority (85.0%) believe treatment can help people with mental illness lead normal lives.
 - ❖ Reluctance to seek treatment or take medication might result from a perceived stigma attached to the label of mental illness
 - One in five (21.3%) migrant farmworkers view people as not “caring and sympathetic to people with mental illness”
- Some Key Informants consider mental health to be a pressing or concerning issue among the migrant farmworker subpopulation because there are barriers to treatment for those who need it, and Key Informants have also witnessed mental health issues for the children of migrant farmworkers.



Executive Summary (Continued)

- Two-thirds (68.9%) of migrant farmworkers have no health care coverage, compared to 8.2% of the general population.
 - ❖ The vast majority of those with coverage have either Medicaid (47.0%) or a plan at work or through a union (38.6%)
 - ❖ The top barrier to having coverage is lack of knowledge as to where to go to get/apply for insurance
- Among migrant farmworkers, almost one-fourth (23.3%) had to forgo a needed doctor visit in the past year due to cost; this proportion was 8.6% for the general population
 - ❖ Additionally, 29.6% report having to delay needed medical care in the past year
 - ❖ The top reasons cited for delay in getting care are lack of transportation, inability to get an appointment, and cost
- One in six (17.5%) Ottawa County migrant farmworkers have visited an urgent care center or emergency room (ER) in the past year.
 - ❖ This proportion was 36.6% in the general population in 2020



Executive Summary (Continued)

- Migrant farmworkers face more challenges when trying to understand their health care, and this is largely due to the language barrier.
 - ❖ Whereas, 84.8% of the general population rarely or never have trouble learning about their health condition because of difficulty understanding written information, this drops to 43.4% for migrant farmworkers
 - ❖ Also, 87.5% of the general population rarely/never have difficulty understanding written or verbal information from their health care provider, compared to 40.6% for migrant farmworkers
 - ❖ Key Informants report that, in addition to a language barrier, there is an issue of low levels of literacy among migrant farmworkers which prevents them from learning by written form

- Key Informants agree that migrant farmworkers face multiple barriers to services, including:
 - ❖ Transportation
 - ❖ Cost (many have to pay out-of-pocket)
 - ❖ Lack of insurance
 - ❖ Cultural (lack of trust)
 - ❖ Lack of awareness of existing programs/services
 - ❖ Lack of knowledge of migrant farmworker rights



Executive Summary (Continued)

- The prevalence of cigarette smoking among migrant farmworkers is 11.7%, and this is lower than the general population (14.3%).
 - ❖ The proportion of former smokers is also much lower among migrant farmworkers (4.5%) than the general population (25.0%)
- The prevalence of e-cigarette or vaping device use is also lower than general population; 2.7% vs. 6.1%.
- Three-fourths (74.2%) of migrant farmworkers are considered to be non-drinkers; a rate almost twice that of the general population (36.9%). Also, 20.3% of migrant farmworkers are light to moderate drinkers, compared to 54.5% for the general population.
- Not surprisingly, the prevalence of heavy drinking is lower among migrant farmworkers (5.5%) than the general population (8.5%).
 - ❖ On the other hand, the prevalence of binge drinking is the same for both migrant farmworkers and the general population – 17.5%



Executive Summary (Continued)

- Migrant farmworkers, like the general population, consume inadequate amounts of fruits and vegetables per day.
 - ❖ 26.9% and 34.1% consume less than one serving of fruits and vegetables per day, respectively
 - ❖ One in five (19.1%) migrant farmworkers consume adequate amounts of fruits and vegetables per day (five or more servings).
 - ❖ Migrant farmworkers may be unaware of what is considered adequate fruit and vegetable consumption since 61.9% say they do eat fruits and vegetables on a regular basis
- Almost all migrant farmworkers report that they always have enough to eat (86.6%), although 19.7% have had to cut the size of, or skip, meals because of lack of money.
- Over half (53.6%) of the migrant farmworkers have used a food pantry to help meet their food needs.
 - ❖ Although half (51.5%) of those who don't use food pantries say they don't need them, 24.8% say they aren't aware that they exist



Executive Summary (Continued)

- Only 26.1% of migrant farmworkers have a medical home (have a personal care provider), compared to 88.1% for the general population.
- More than one-third (38.6%) of migrant farmworkers have visited a doctor in the past year for a routine check-up, but this is much lower than the general population (81.3% in 2017).
- Two-thirds (64.9%) have not visited a dentist in the past year to have their teeth cleaned; general population is 22.6%.
 - ❖ Three in ten (30.6%) migrant farmworkers have had problems getting needed dental care in the past year
 - ❖ The top reason cited, by far, for the difficulty in accessing needed dental care is the lack of insurance, followed by language barrier, and unavailability of dentists/dental hygienists
- One-third (32.1%) of migrant farmworkers have had a flu shot within the past year; much lower than 54.2% of the general population.
- Almost half (47.2%) of migrant farmworkers have never had their blood cholesterol checked.



Executive Summary (Continued)

- Across the board, migrant farmworkers have lower rates of cancer screenings than the general population.
 - ❖ Mammogram (ever) – 76.9% migrant farmworkers, 94.2% general population
 - ❖ Mammogram (timely) – 29.2% migrant farmworkers, 55.7% general population
 - ❖ Pap test (ever) – 78.8% migrant farmworkers, 92.1% general population
 - ❖ Pap test (timely) – 60.2% migrant farmworkers, 63.8% general population
 - ❖ Sigmoidoscopy/colonoscopy (ever) – 40.7% migrant farmworkers, 85.4% general population
 - ❖ Sigmoidoscopy/colonoscopy (timely) – 35.7% migrant farmworkers, 61.8% general population

- Unlike the general population, migrant farmworkers have far fewer people that they can rely on for practical help; whereas 77.0% of the general population could rely on four or more people, only 14.4% of migrant farmworkers could rely on that many.
 - ❖ In fact, 29.9% of migrant farmworkers say they could rely on nobody, and 19.6% could rely on only one person
 - ❖ Reaching outside their circle of friends and family would be highly uncommon (68.3%)



Executive Summary (Continued)

- For the most part, migrant farmworkers feel included and welcomed in Ottawa County.
 - ❖ 77.5% believe Ottawa County is inclusive or welcoming of all people
 - ❖ 76.4% personally feel included or welcomed in Ottawa County
 - ❖ 80.8% personally feel respected or valued in Ottawa County, and
 - ❖ 65.7% personally feel connected to Ottawa County
- Area migrant farmworkers discussed many things that would help them feel more connected to their Ottawa County community, including a huge need for more information in Spanish about where local programs and services are located, preferably at the camps/farms. Also, having programs or services open during non-working hours, providing more public transportation, and less discrimination against Latinos/Hispanics, would all help increased connectedness.
- About half (47.0%) of migrant farmworkers find it difficult to deal with daily situations because of their limited English skills.
- One in nine (11.1%) have experienced discrimination in Ottawa County at various places such as stores, schools, and banks, or from employers, co-workers, neighbors, and the police.



Executive Summary (Continued)

- In terms of health disparities with the migrant farmworker subpopulation, we only examined the differences between men and women and between age groups.
- In many cases, there is a direct relationship between health outcomes and age. For example, negative outcomes are more often associated with **younger** migrant workers, such as:
 - ❖ Having anxiety
 - ❖ No health care coverage and having no personal health care provider
 - ❖ Risk behaviors such as smoking cigarettes and binge drinking
 - ❖ No routine physical exam in past year
 - ❖ No, or limited, cancer screenings
 - ❖ No flu vaccine
- In other cases, negative outcomes are more associated with **older** adult groups, such as:
 - ❖ Fair or poor general health status, poor physical health, poor mental health, and activity limitation
 - ❖ Having chronic diseases like diabetes, pre-diabetes, and arthritis
 - ❖ Having chronic pain
 - ❖ Having high blood pressure and high blood cholesterol



Executive Summary (Continued)

- There are links between health outcomes and gender among the migrant subpopulation. For example:
 - ❖ Men are more likely than women to:
 - Be at a healthy weight
 - Engage in risk behaviors such as smoking, binge drinking, eating fewer fruits and vegetables
 - Lack health insurance or a personal health care provider
 - ❖ Women are more likely than men to:
 - Perceive their general health as fair or poor
 - Have hypertension and high blood cholesterol
 - Have poor mental health, anxiety, and depression
 - Be obese
 - Have chronic conditions such as diabetes, pre-diabetes, asthma, arthritis, and chronic pain
 - Lack health care coverage
 - Forgo health care due to cost
 - Visit a doctor for a routine check-up
 - Get a flu vaccine
 - Be screened for colon cancer



Executive Summary (Continued)

- Key Informants report numerous undertakings by various organizations and agencies in the local community to address issues facing migrant farmworkers. For example:
 - ❖ The Migrant Resource Council (MRC) has been critical to helping coalesce all of the issues in the migrant farmworker community and passing this information on to the agencies and organizations that do the outreach
 - ❖ Organizations like InterCare, DHS, and the Ottawa County Department of Public Health provide boots on the ground and travel to camps and farms to provide direct services (e.g., health care, health screenings, food)
 - ❖ Although transportation remains a barrier to services, several agencies have worked hard to provide transportation and/or to work with other organizations to coordinate it
- Going forward, Key Informants laud the organizations, agencies, and people who work together to assist area migrant farmworkers but admit that collaboration could be better, or the connections could be deeper, and having events like “healthy days” or “health fairs” might help facilitate that type of partnership.
- Additional steps to improve the lives of local migrant farmworkers could come from better/more marketing and communication of services and migrant rights via social media and other mediums, as well as having more material and information in Spanish and at appropriate reading levels.



Executive Summary (Continued)

- In addition to providing migrant farmworkers with information about resources, it is more important to build rapport and trust through continued outreach which will make access easier by tearing down some of the barriers.
- Having organizations and agencies realize they need to contribute more and not rely on InterCare and DHS, and also partner better with area growers will also help facilitate access.
- Better communication to everyone in the area about the importance of migrant farmworkers to the community.
- This last point may be the most salient because effectively communicating the true value of migrant farmworkers to community members will reduce discrimination and remove many of the barriers to services.



Comparison of Key Measures: 2021 Migrant Farmworkers and 2020 General Ottawa County Adult Population (BRFS)

	Health Status Indicators	
	Migrant Farmworkers (2021)	General Population (2020)
General Health Fair/Poor	11.8% ●	13.2%
Poor Physical Health (14+ days)	3.9% ●	9.4%
Poor Mental Health (14+ days)	3.9% ●	15.3%
Activity Limitation (14+ days)	2.3% ●	7.0%
Obese	40.8% ●	34.5%
Overweight	33.1% ●	31.9%
Healthy Weight	25.8% ●	31.6%
Receiving Medication/Treatment for Poor Mental Health	33.3% ●	43.4%
Receiving Medication/Treatment for Anxiety	52.2% ●	50.8%
Receiving Medication/Treatment for Depression	55.6% ●	61.1%
Trying to lose weight/maintain weight (overweight)	34.4% ●	74.8%
Trying to lose weight/maintain weight (obese)	61.9% ●	86.6%
Have high blood pressure/hypertension	15.7% ●	26.4% (2014)
Have high blood cholesterol	23.5% ●	26.8% (2014)

● = better than general population

● = worse than general population



Comparison of Key Measures: 2021 Migrant Farmworkers and 2020 General Ottawa County Adult Population (BRFS)

	Health Care Access	
	Migrant Farmworkers (2021)	General Population (2020)
No Health Care Coverage	68.9% ●	8.2%
No Personal Health Care Provider	73.9% ●	11.9%
No Health Care Access Due to Cost	23.3% ●	8.6%
Delays in getting health care	29.6% ●	26.5%
Problems Learning About Health Condition (Rarely/Never)	43.4% ●	84.8%
Difficulty Understanding Written/Verbal Information from Provider (Rarely/Never)	40.6% ●	87.5%
Urgent Care/ER Use in Past 12 Months (1+ Times)	17.5% ●	36.6%

● = better than general population

● = worse than general population



Comparison of Key Measures: 2021 Migrant Farmworkers and 2020 General Ottawa County Adult Population (BRFS)

	Risk Behavior Indicators	
	Migrant Farmworkers (2021)	General Population (2020)
Consumes <1 Serving of Fruit per day	26.9% ●	34.4%
Consumes <1 Serving of Vegetables per day	34.1% ●	20.9%
Current Cigarette Smoking	11.7% ●	14.3%
Former Cigarette Smoking	4.5% ●	25.0%
Binge Drinking	17.5%	17.5%
Heavy Drinking	5.5% ●	8.5%
Current Vaping/E-cigarette Use	2.7% ●	6.1%

● = better than general population

● = worse than general population



Comparison of Key Measures: 2021 Migrant Farmworkers and 2020 General Ottawa County Adult Population (BRFS)

	Clinical Preventive Practices	
	Migrant Farmworkers (2021)	General Population (2020)
No Dental Visit for Teeth Cleaning in Past Year	64.9% ●	22.6%
Had routine physical exam/check-up in past year	38.6% ●	81.3% (2017)
Had Flu Vaccine in Past Year (All Adults)	32.1% ●	54.2%
Ever Had Mammogram (Female, 40+)	76.9% ●	94.2%
Had Mammogram in Past Year (Female, 40+)	29.2% ●	55.7%
Ever Had Pap Test (Female)	78.8% ●	92.1%
Had Pap Test in Past Three Years (Female)	60.2% ●	63.8%
Ever Had Sigmoidoscopy or Colonoscopy (50+)	40.7% ●	85.4%
Had Sigmoidoscopy or Colonoscopy in Past 5 Years (50+)	35.7% ●	61.8%
Had blood cholesterol checked (ever)	52.8% ●	77.4% (2014)

● = better than general population

● = worse than general population



Comparison of Key Measures: 2021 Migrant Farmworkers and 2020 General Ottawa County Adult Population (BRFS)

	Chronic Conditions	
	Migrant Farmworkers (2021)	General Population (2020)
Arthritis	4.8% ●	30.1%
Depression	9.0% ●	21.8%
Post-Partum Depression	18.2% ●	12.7%
Anxiety	7.7% ●	22.9%
Lifetime Asthma	6.7% ●	15.3%
Current Asthma	3.9% ●	7.9%
Diabetes	10.8% ●	12.3%
Pre-Diabetes	8.0% ●	7.3%
COPD	0.6% ●	3.7%
Chronic Pain	11.4% ●	32.5%
Chronic Pain Well Managed	38.2% ●	79.4%

● = better than general population

● = worse than general population

DETAILED FINDINGS

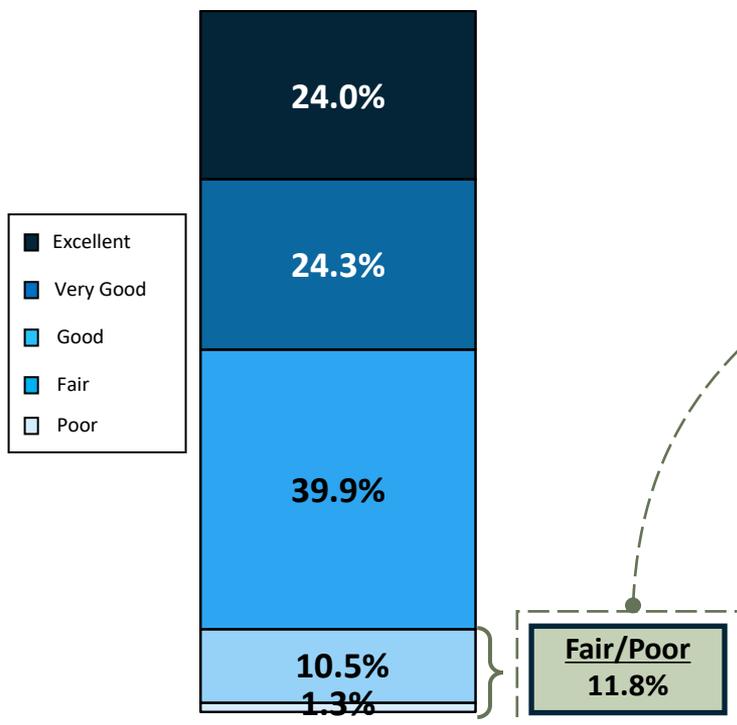
Health Status Indicators



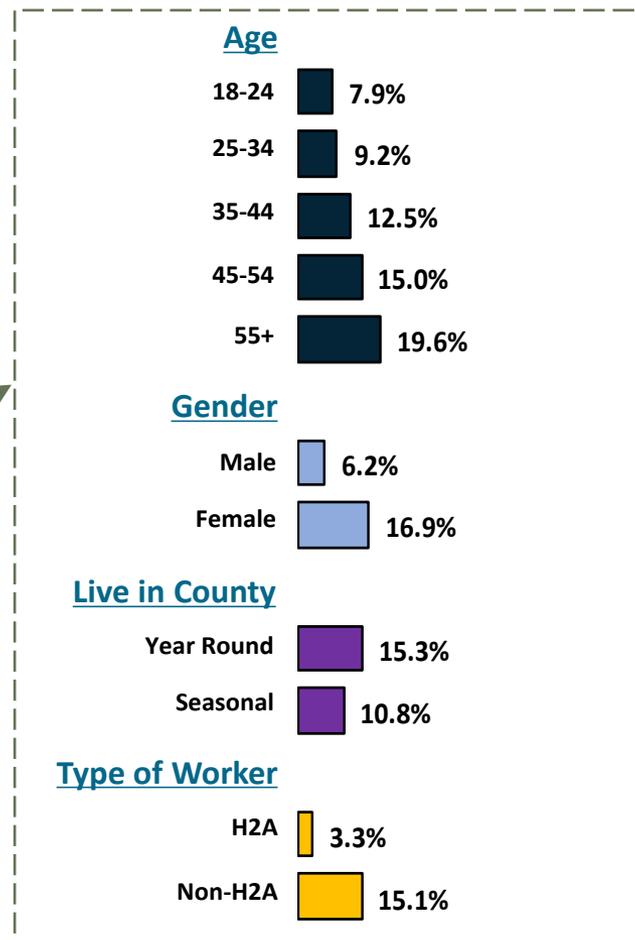
General Health Status

- Less than half (48.3%) of the migrant farmworkers in Ottawa County report their health as very good or excellent; 11.8% report their health to be fair or poor.
 - ❖ The proportion of those who perceive their health as fair or poor is directly related to age
 - ❖ Women are more likely than men to report their health as fair or poor

Perception of General Health



General Health Fair or Poor by Demographics

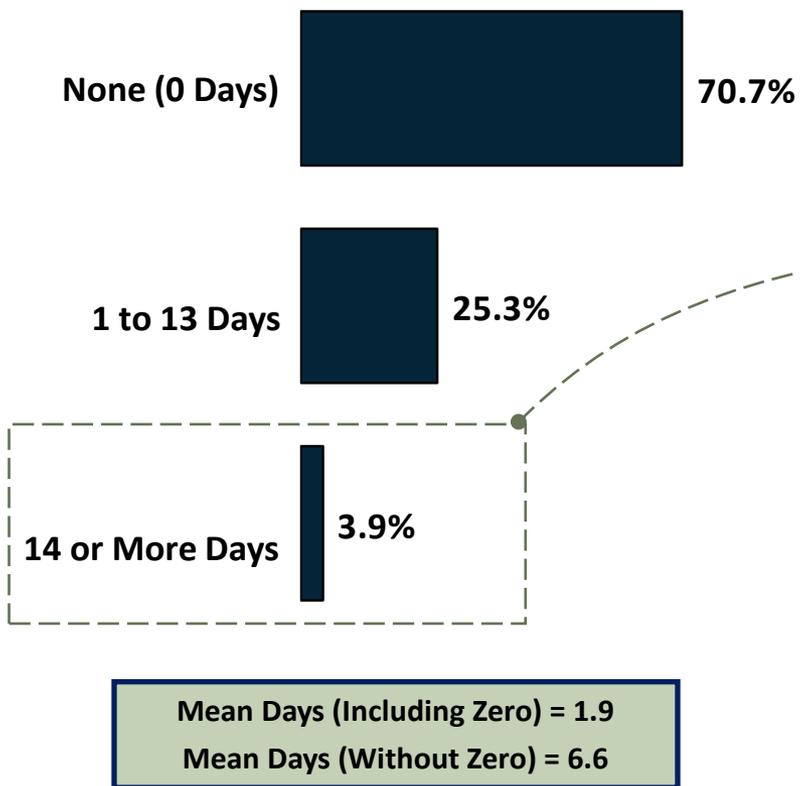




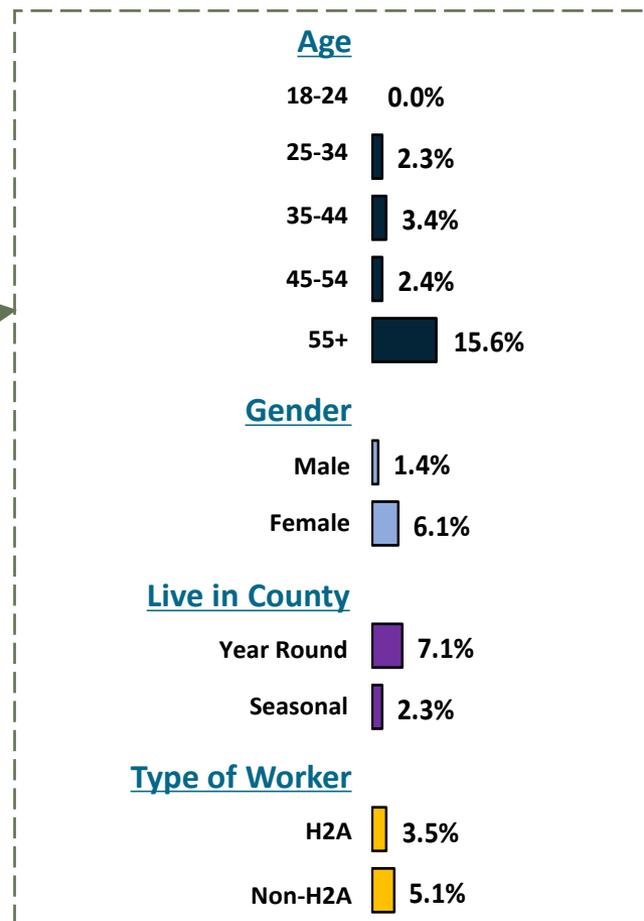
Quality of Life – Physical Health Status

- Nearly one in twenty-five (3.9%) Ottawa County migrant farmworkers report poor physical health.
 - ❖ The prevalence of poor physical health is highest among those aged 55 or older, and higher among women than men
 - ❖ Further, migrant farmworkers living in Ottawa County year round are more likely to report poor physical health compared to farmworkers visiting the area seasonally

Number of Days Physical Health Was Not Good in Past 30 Days



Poor Physical Health* by Demographics



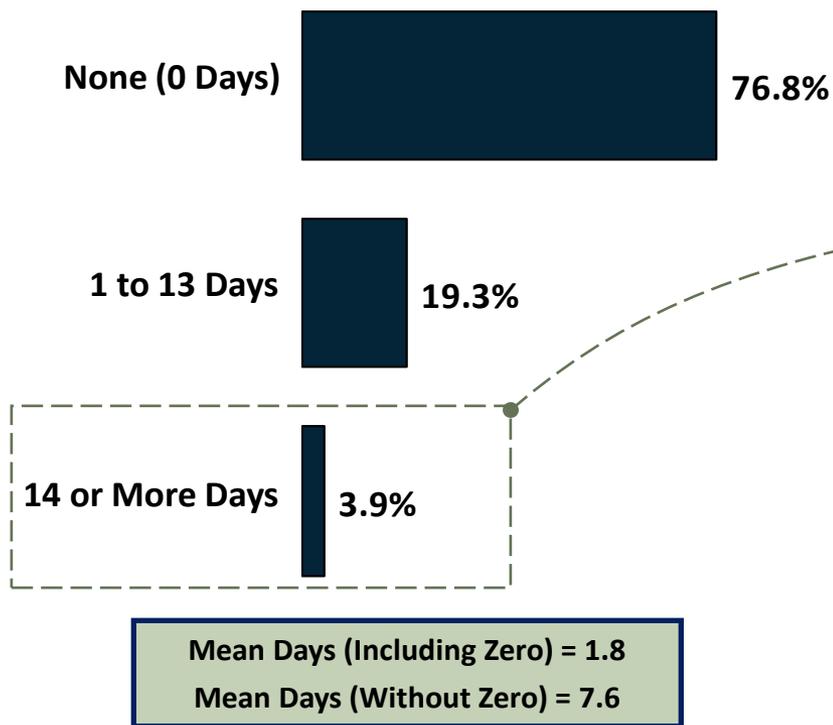
*14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.



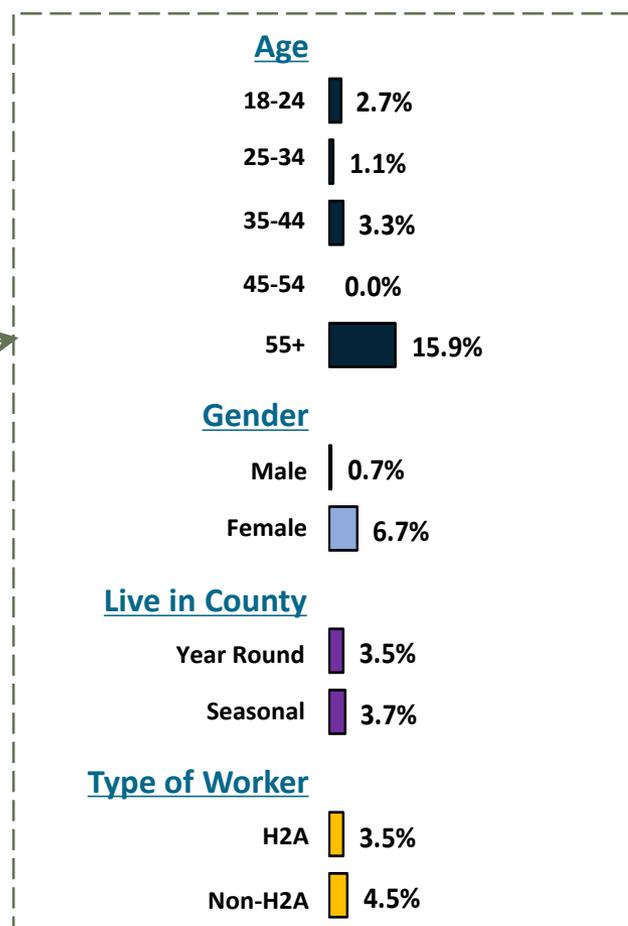
Quality of Life – Mental Health Status

- Similarly, one in twenty-five (3.9%) Ottawa County migrant farmworkers report poor mental health.
 - ❖ The prevalence of poor mental health is highest among those aged 55 or older, and higher among women than men

Number of Days Mental Health Was Not Good in Past 30 Days



Poor Mental Health* by Demographics



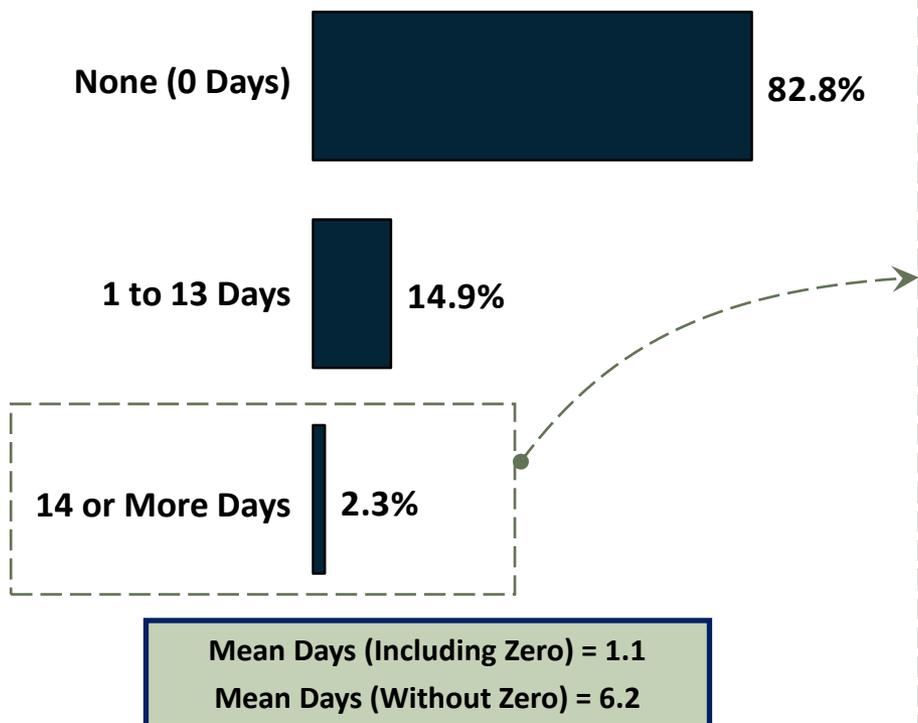
*14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 days.



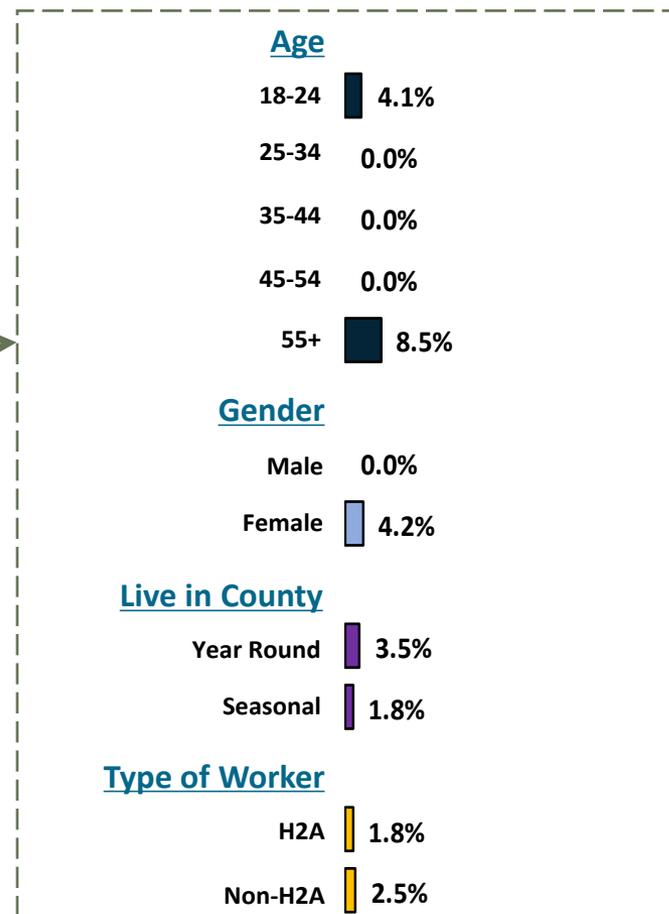
Activity Limitation

- In the past 30 days, poor physical or mental health prevented 2.3% of area migrant farmworkers from doing their usual activities (e.g., self-care, work, recreation) for 14 days or more.
 - ❖ The prevalence of activity limitation is highest among those aged 55 or older

Activity Limitation During Past 30 Days



Activity Limitation* by Demographics



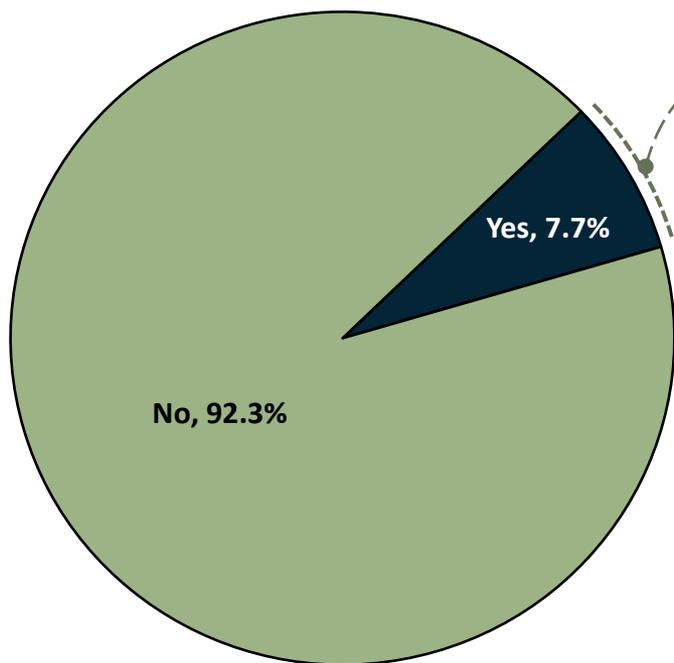
*14 or more days in the past 30 days in which either poor physical health or poor mental health kept respondents from doing their usual activities, such as self-care, work, and recreation.



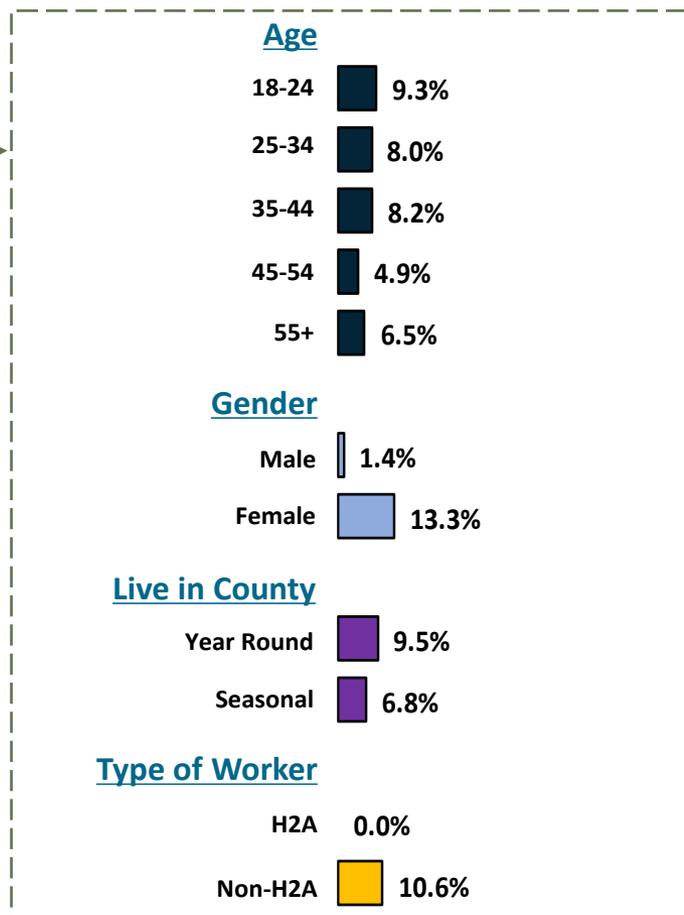
Prevalence of Anxiety Disorder

- One in thirteen (7.7%) Ottawa County migrant farmworkers has an anxiety disorder.
- Anxiety is significantly more common in women than men, and more common in those under age 45, compared to those who are older.

Ever Told Have Anxiety Disorder*



Have Anxiety Disorder by Demographics



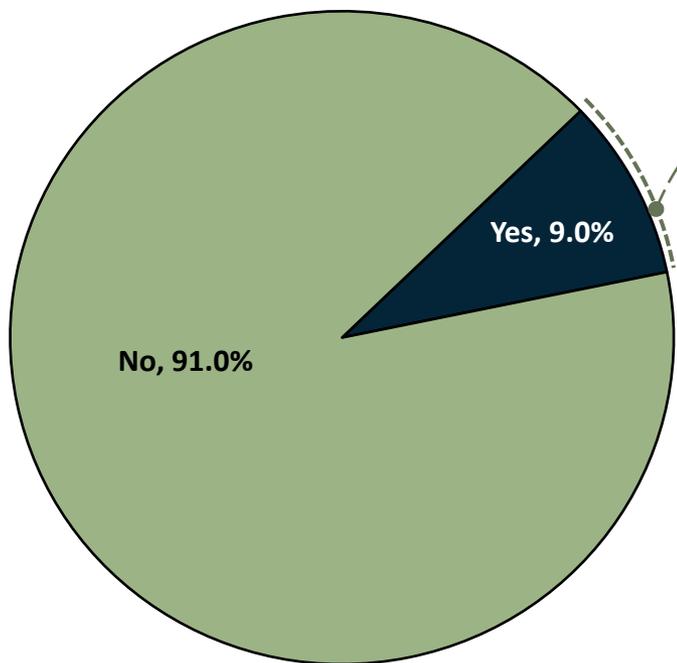
*Among all adults, the proportion who reported ever being told by a health care professional that they had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)



Prevalence of Depressive Disorder

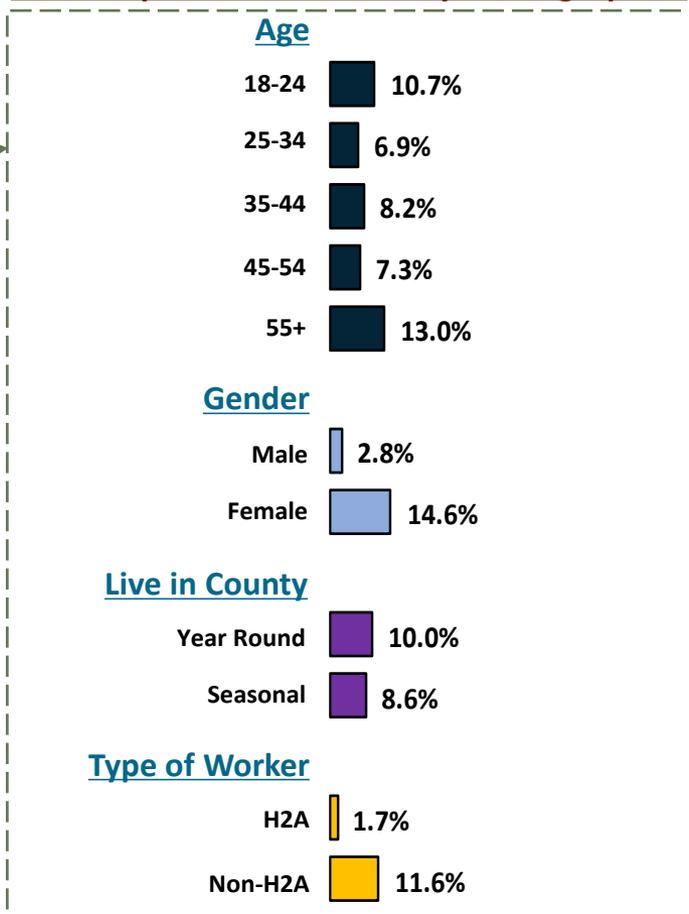
- Roughly one in twelve (9.0%) migrant farmworkers has a depressive disorder.
 - ❖ Like anxiety, depression is more common in women than men

Ever Told Have Depressive Disorder*



**Depressive Disorder Related to Pregnancy/Childbirth = 18.2%
(Among Women Who Had Been Diagnosed With Depression)**

Have Depressive Disorder by Demographics



*Among all adults, the proportion who reported ever being told by a health care professional that they had a depressive disorder (including depression, major depression, dysthymia, or minor depression)

Q3.9: Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (n=310)

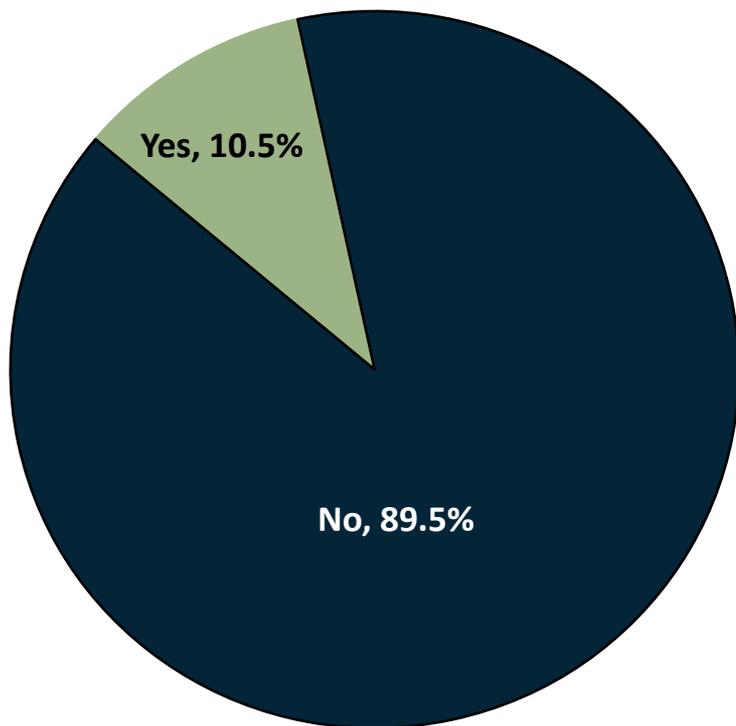
Q3.10: (IF FEMALE AND Q3.9= YES) Was this following the birth of a child or related to pregnancy? (n=22)



Medication and Treatment for Psychological Distress

- One in ten (10.5%) Ottawa County migrant farmworkers currently takes medication or receives treatment for a mental health condition or emotional condition.
 - ❖ However, many of those who could benefit most from medication or treatment are not receiving either: only one-third (33.3%) of those classified as having “poor mental health,” 52.2% of those diagnosed with anxiety, and 55.6% of those diagnosed with depression are currently taking medication or receiving treatment for their mental health issues

Taking Medication or Receiving Treatment for Mental Health Condition or Emotional Condition



Percent Taking Medication/Receiving Treatment by Psychological Condition



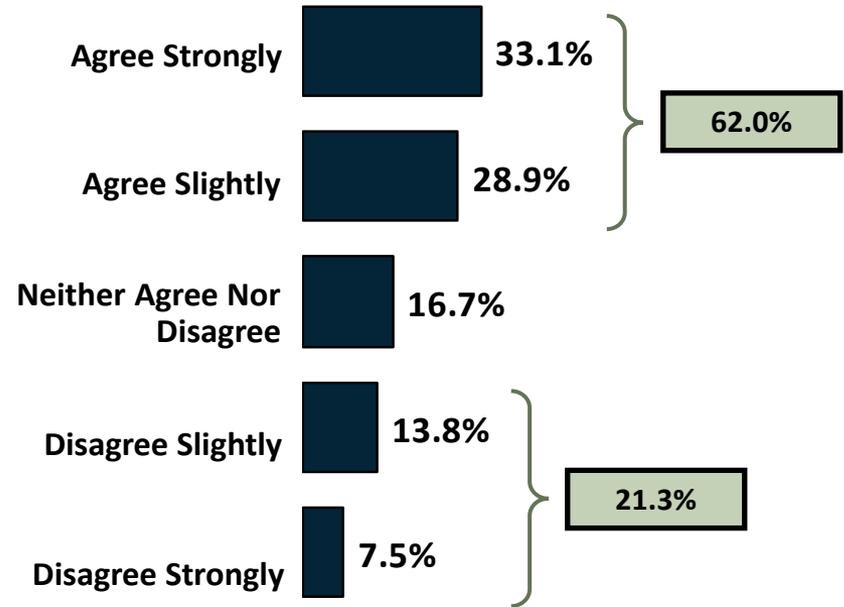
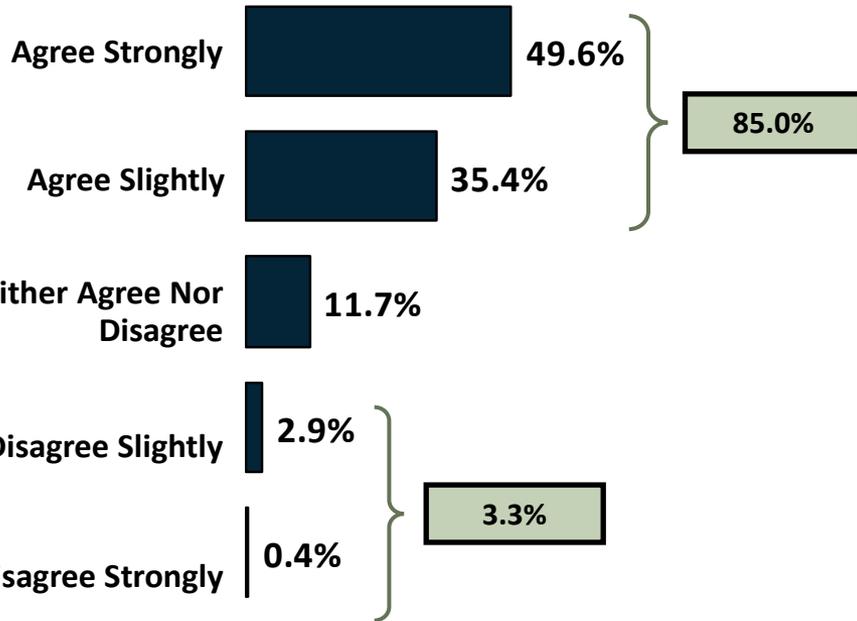
Perceptions of Mental Health Treatment and Mental Illness

- Even though more than eight in ten (85.0%) Ottawa County migrant farmworkers believe treatment can help people with mental illness lead normal lives, fewer (62.0%) think people are generally caring and sympathetic to people with mental illness; this drops to 42.9% among those with anxiety.

❖ This continued stigma may be preventing people who need help from seeking it

“Treatment Can Help People With Mental Illness Lead Normal Lives”

“People Are Generally Caring and Sympathetic to People With Mental Illness”



<u>Agree by Psychological Condition</u>	
Poor Mental Health	(88.9%)
Anxiety	(94.7%)
Depression	(87.0%)

<u>Agree by Psychological Condition</u>	
Poor Mental Health	(55.6%)
Anxiety	(42.9%)
Depression	(56.5%)

15.2 What is your level of agreement with the following statement? “Treatment can help people with mental illness lead normal lives.” Do you – agree slightly or strongly, or disagree slightly or strongly? (n=240)

15.3 What is your level of agreement with the following statement? “People are generally caring and sympathetic to people with mental illness.” Do you – agree slightly or strongly, or disagree slightly or strongly? (n=239)



Mental Health as a Pressing or Concerning Issue

- Some Key Informants cite mental health as one of the most pressing or concerning issues facing migrant farmworkers in Ottawa County because it may be prevalent (even in children), there is lack of access to treatment, and there is continued stigma surrounding mental health (especially with this subpopulation), that may prevent some from seeking needed help.
- Some employers may offer mental health treatment as part of their health care plan, but barriers of stigma, transportation, and lack of bilingual staff may still prevent some from seeking treatment.

We know there's postpartum out there. We know kids are affected. I told you about the grandma, when I was doing the health survey, about her grandson. I think **he was 12 or 13.** And **she really felt he had some depression already at that age.** And just the **traumas** that those kids go through. You know, not every one of them might be - I don't know how to classify this. I mean **trauma can come in all different forms.** We know that. So just **the trauma of going back and forth all the time,** of starting school, being pulled, not being pulled, but even just **living in a camp situation.** I **don't think we've delved enough into it to really see what the effects are of being a migrant,** that **lifestyle they live,** and the **traumas that they might be going through.** They may not even realize or think that it's trauma, which I'm not saying that everybody who's a migrant has that, but I think it's just **an area we could look into it more,** it would be a big help. – Key Informant

Mental health is part of our primary coverage. – Key Informant (Employer)

I haven't really seen a lot of push for mental health services to migrant workers. And **maybe,** you know, **that's a strategic plan.** It seems like **there's a big push for the very physical well-being of them, since they are in that labor intensive kind of line of work.** There's a new very big push right now, and it's still in the works, to **try to do more general mental health awareness for the overall Hispanic/Latino population** here in Ottawa County. – Key Informant

I think with **mental health,** there's **obviously stigma,** just in general. But I think **there's even more stigma,** particularly in **this community,** in the fact that **we don't have a lot of Hispanic or culturally competent people to offer those services to our migrant population.** When we look at who works at (Bethany) or other organizations here, it's **mostly all white males or females.** And so recruiting people to work in those fields, and to be able to help us to gain access, I think is important too. It's really, really **hard to find one [who speaks Spanish].** – Key Informant

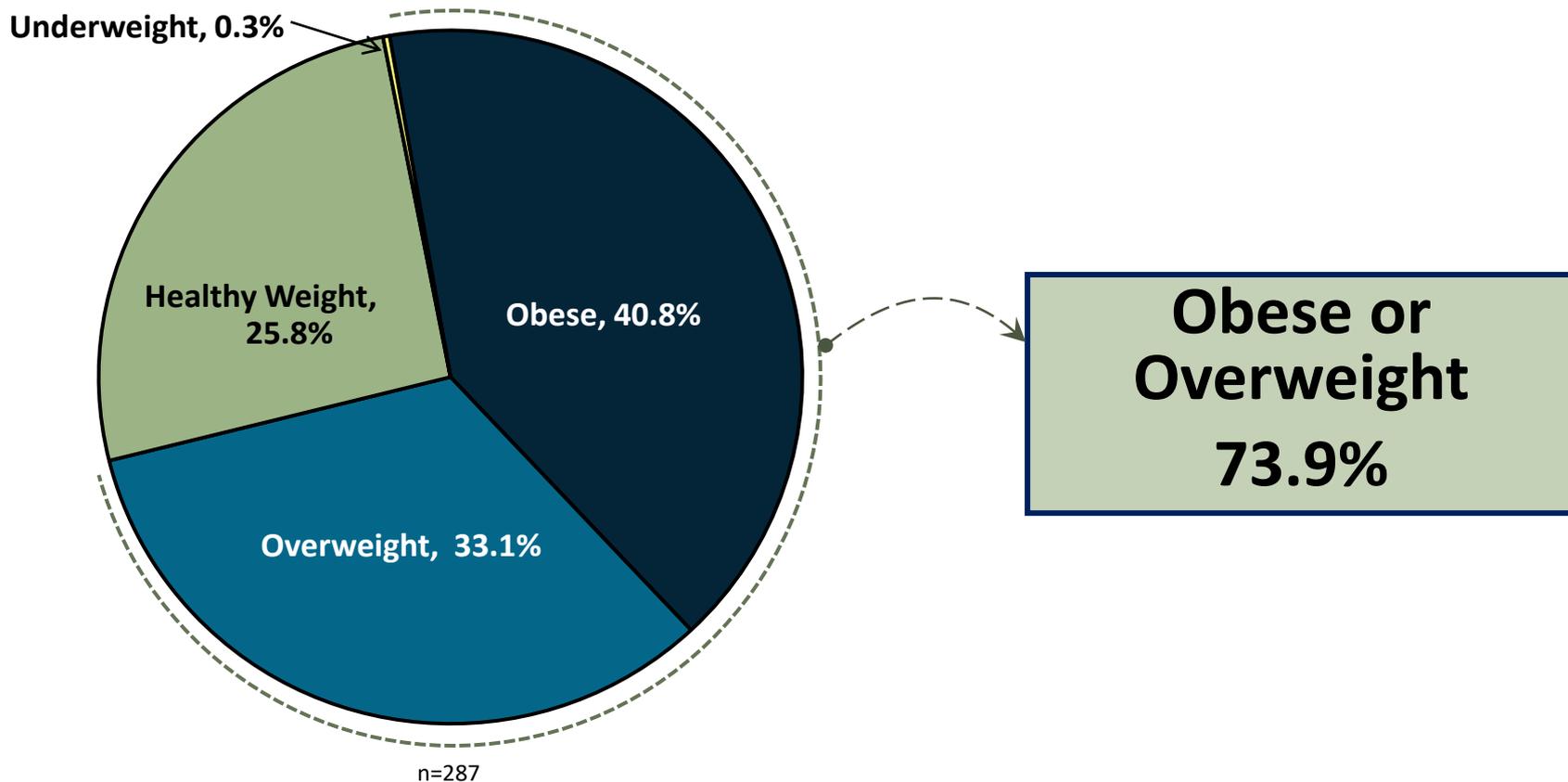
KIQ1: What do you feel are the two or three most pressing or concerning health or human services issues facing the migrant farmworker subpopulation in Ottawa County? (n=10)

KIQ1a: Why do you feel that these issues are the most important to discuss? (n=10)



Weight Status

- Almost three-fourths (73.9%) of migrant farmworkers in Ottawa County are considered to be either overweight or obese per their BMI.
- One-fourth (25.8%) are at a healthy weight.



Obese = among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.
Overweight = among all adults, the proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.
Healthy weight = among all adults, the proportion of respondents whose BMI was greater than or equal to 18.5 but less than 25.0.
Underweight = among all adults, the proportion of respondents whose BMI was less than 18.5



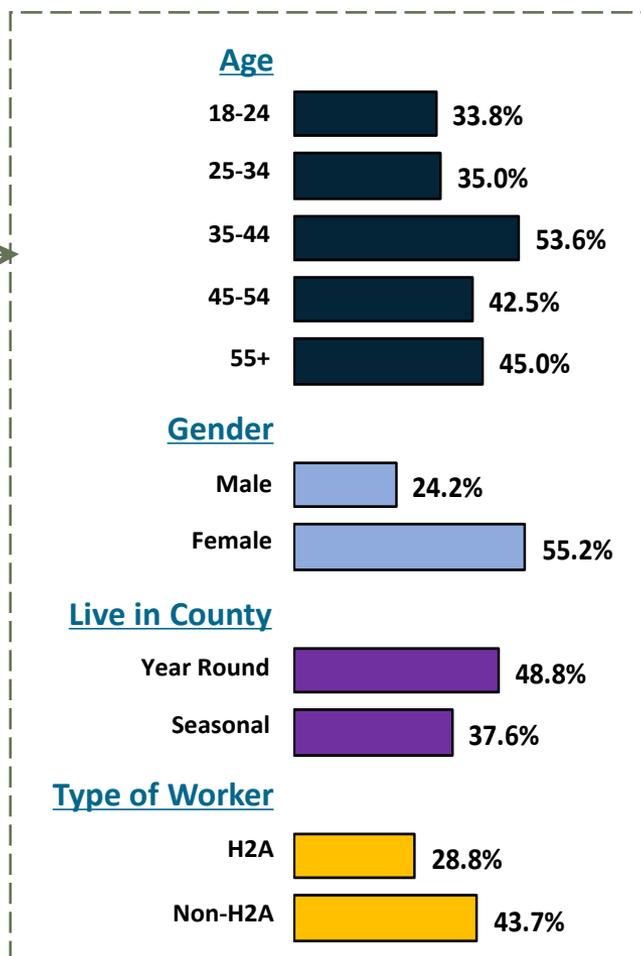
Obesity

- As stated earlier, four in ten (40.8%) area migrant farmworkers are obese per their BMI.
 - ❖ Obesity rates are significantly higher in women compared to men, and higher among year round and non-H2A workers, compared to seasonal and H2A workers, respectively
 - ❖ The youngest farmworkers (under age 35) are less likely to be obese compared to older workers; however, still more than one-third are obese

Obesity*



Obesity by Demographics



*Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.



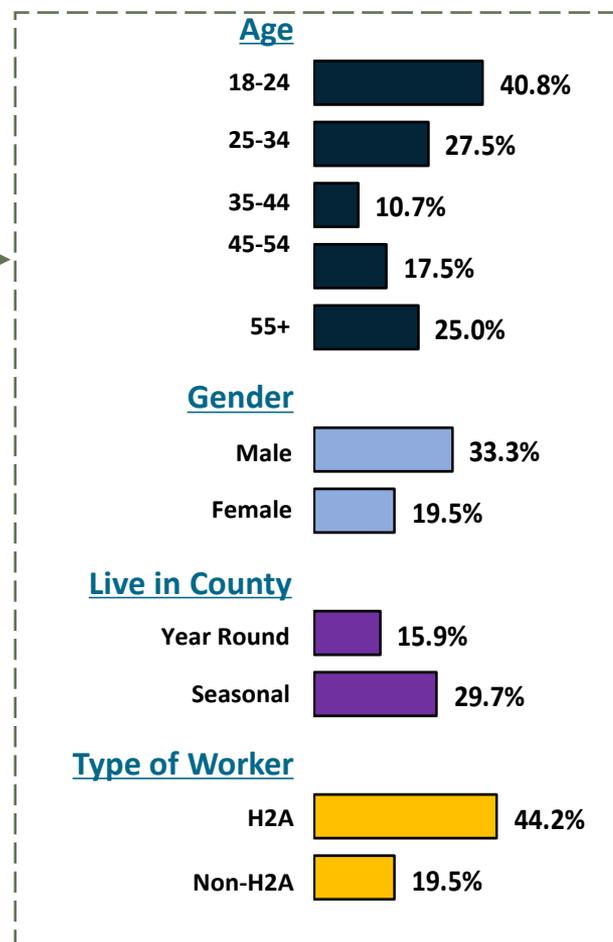
Healthy Weight

- One in four (25.8%) Ottawa County migrant farmworkers are at a healthy weight per their BMI.
 - ❖ Men tend to be at a healthy weight more than women, and the youngest (18-34) workers tend to be at healthy weights more than older workers (age 35+)
 - ❖ Seasonal farmworkers are at a healthy weight more than those who live in the county year round, and H2A workers are, by far, more likely to be at a healthy weight compared to non-H2A workers.

Healthy Weight*



Healthy Weight by Demographics



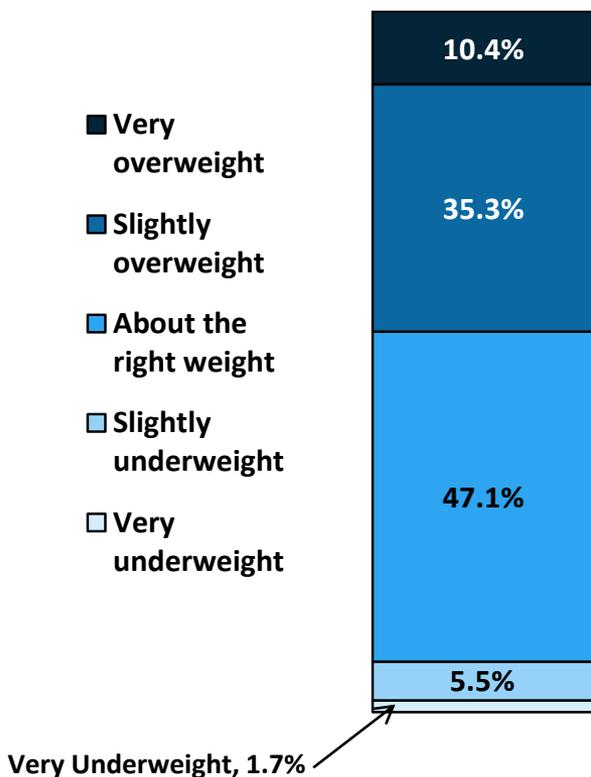
*Among all adults, the proportion of respondents whose BMI was greater than or equal to 18.5 but less than 25.0.



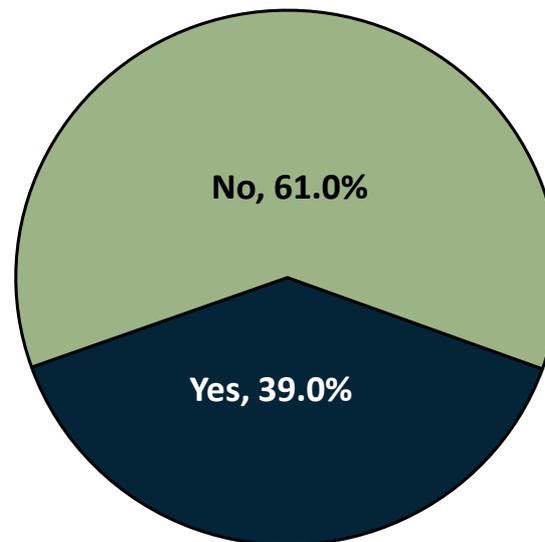
Weight Control

- Almost half (47.1%) of migrant farmworkers perceive themselves to be at the right weight, while 35.3% see themselves as slightly overweight and 10.4% think of themselves as very overweight.
- Four in ten (39.0%) migrant farmworkers are currently trying to lose or maintain their current weight, which is a much smaller proportion compared to the migrant farmworkers who are overweight or obese.

Self-Described Weight Status



Currently Trying to Lose or Maintain Weight



Q8.2: How would you describe your weight? (n=289)

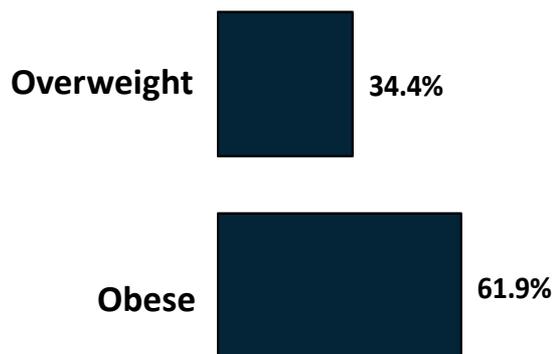
Q8.1: Are you currently trying to lose weight or keep from gaining more weight? (n=295)



Weight Control (Continued)

- Since three-fourths of migrant farmworkers in Ottawa County are either overweight or obese, it is discouraging to see that the only 34.4% of overweight, and 61.9% of obese, farmworkers report trying to lose weight.
- It's possible that weight is perceived differently by this subpopulation since many of these farmworkers deemed overweight or obese perceive themselves in a more favorable light; for example, 48.6% who are considered obese per their BMI see themselves as slightly overweight, and 53.9% who are overweight view themselves to be at the right weight.

Trying to Lose/Maintain Weight by BMI Category
“Overweight” or “Obese”



Self-Described Weight Status by BMI Category
“Overweight” or “Obese”

Self-Described Weight	BMI Category	
	Overweight (n=89)	Obese (n=109)
Underweight	0.0%	5.5%
About the right weight	53.9%	21.1%
Slightly Overweight	42.7%	48.6%
Very Overweight	3.4%	24.8%

Health Care Access

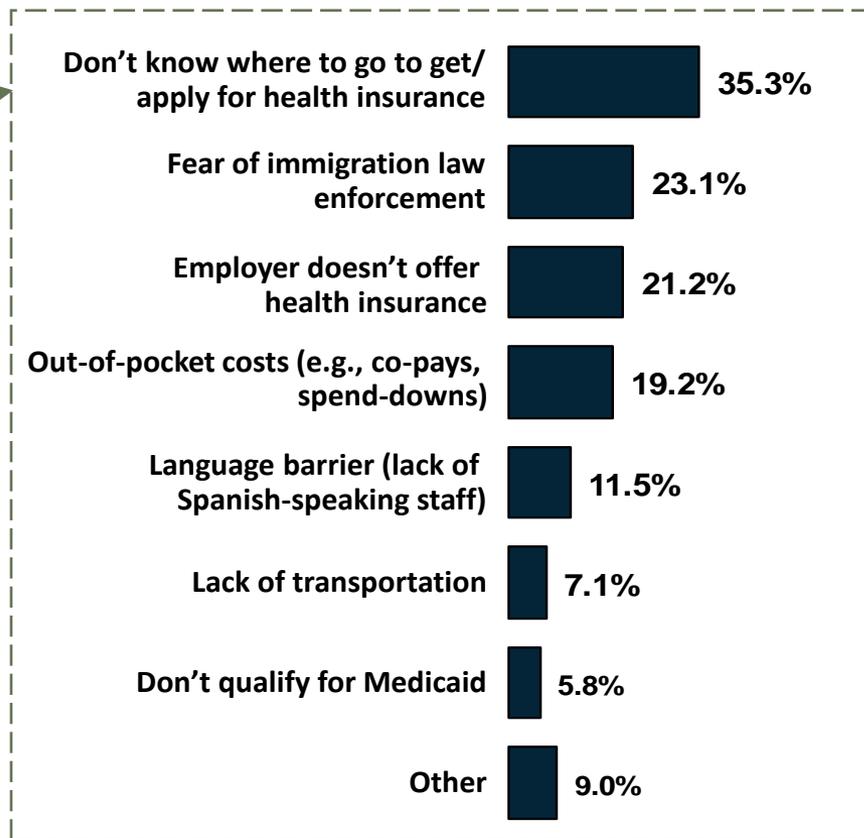
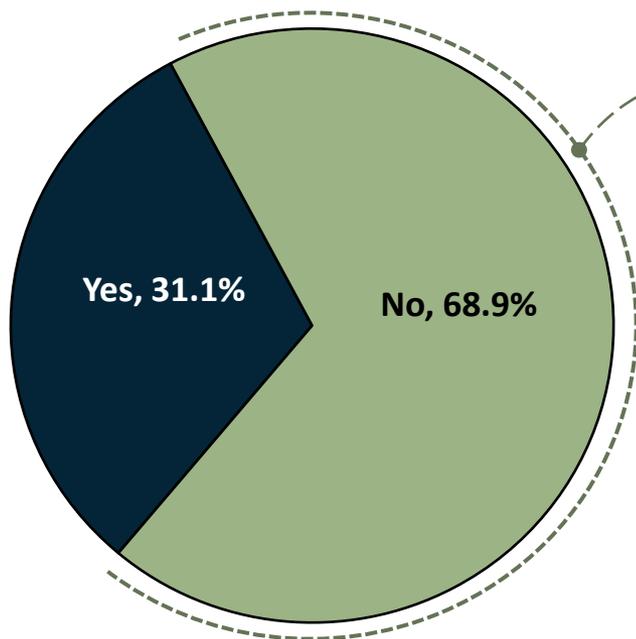


Health Care Coverage

- Three in ten (31.1%) migrant farmworkers have health care coverage.
- There are many barriers to accessing health insurance but the greatest are lack of awareness of where to go to apply for it, fear of immigration services, their employers don't offer it, and costs for out-of-pocket expenses.

Currently Have Health Care Coverage

Reasons for No Health Care Coverage



Q2.1: Do you have any kind of health insurance, such as Blue Cross, Priority Health, Medicare, or Medicaid? (n=305)

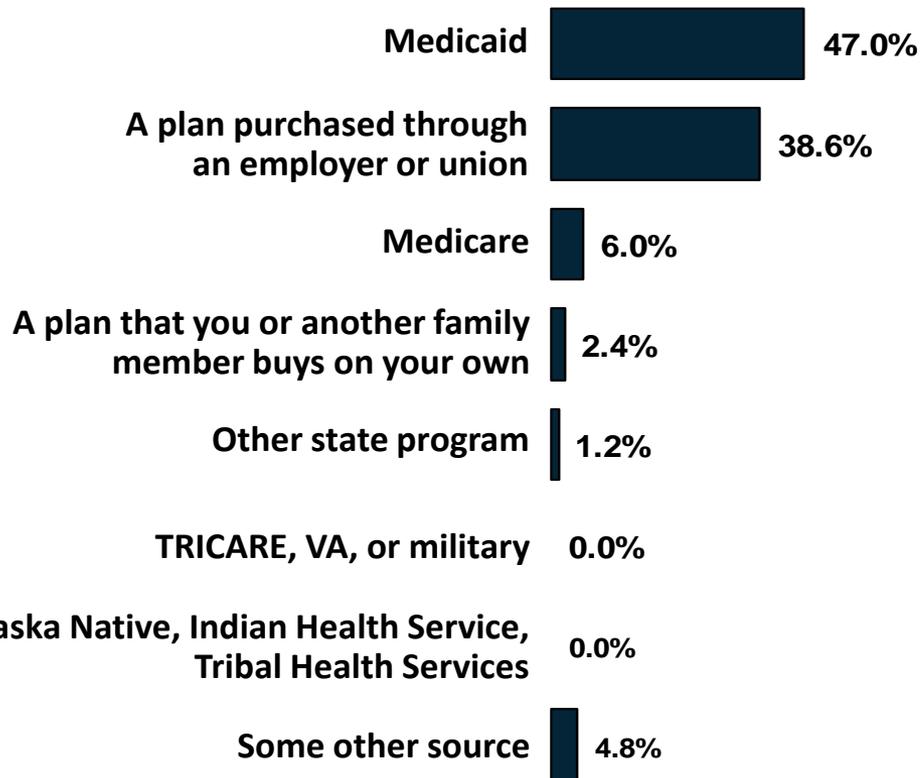
Q2.2: (If no) What are the reasons that you do not have health insurance? (Multiple responses allowed) (n=156)



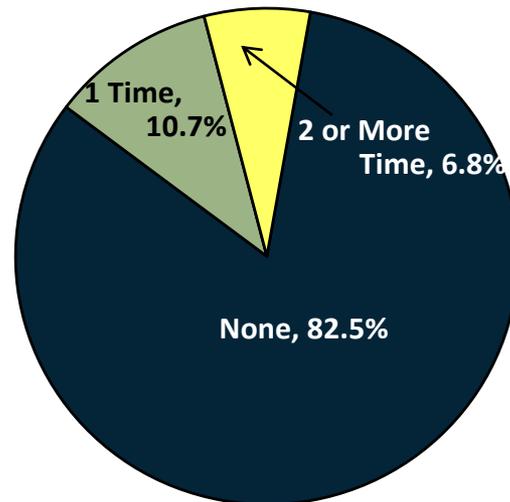
Health Care Coverage (Continued)

- Among area migrant farmworkers who have health care coverage, the most common sources are Medicaid or a plan purchased through an employer or union.
- Roughly one in six (17.5%) have visited an urgent care center or emergency room at least once in the past 12 months.

Primary Source of Health Coverage



Times Visited An Urgent Care Center or Emergency Room in Past 12 Months



Q2.3: What is the **primary** source of your health insurance? (n=83)

Q2.9: How many times have you been to an Urgent Care Center or the Emergency Room (Emergency Department) in the past 12 months? An Urgent Care Center is a place where people can go who need medical care but don't need to visit an Emergency Room. For example, most doctors' offices are not open in the evening or weekends, so if someone needs to see a doctor at these times, but the situation does not require the use of an Emergency Room, they could visit an Urgent Care Center." (n=308)



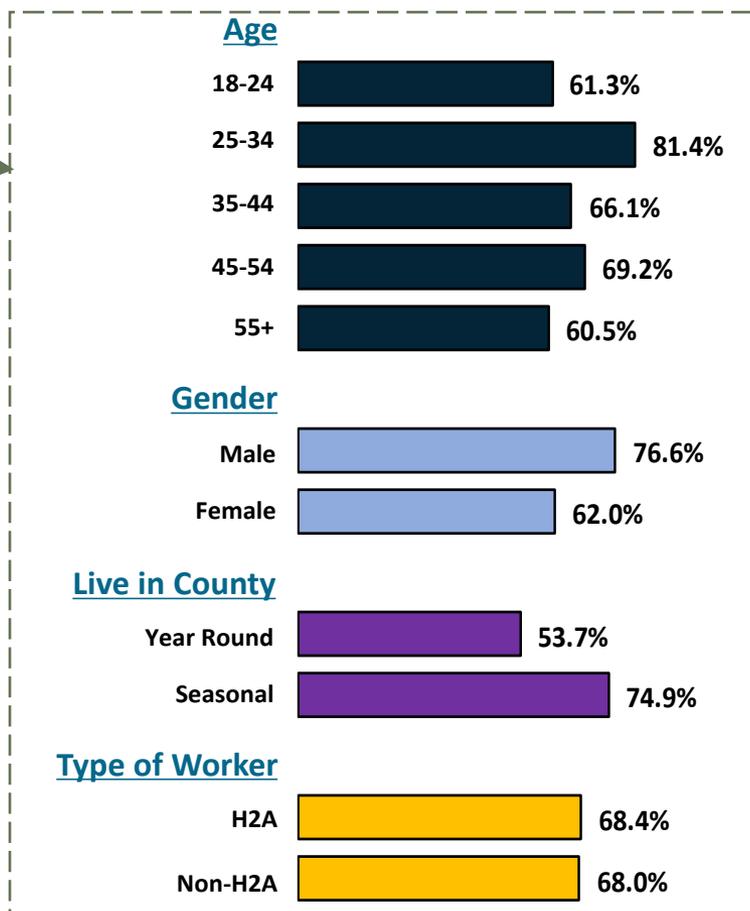
Lack of Health Care Coverage

- Migrant farmworkers most likely to lack health care coverage are aged 25-34.
- Men are more likely to lack health care coverage than women, and seasonal workers are more likely to lack it than year round farmworkers.

No Health Care Coverage*

68.9%

No Health Care Coverage by Demographics



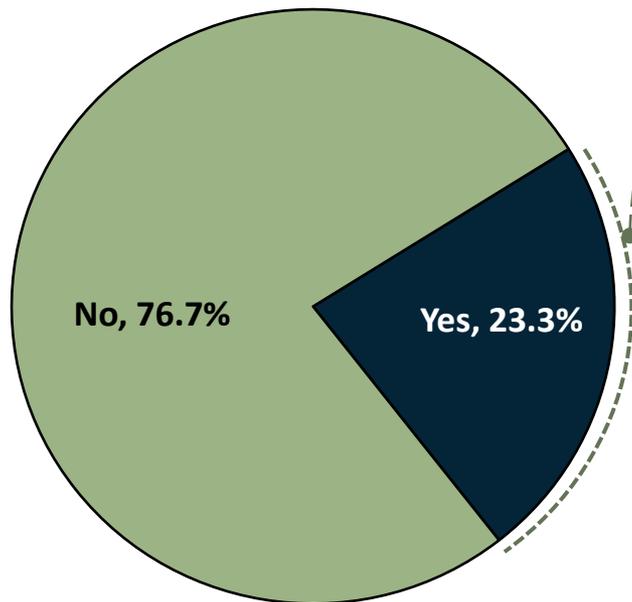
*Among adults, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare.



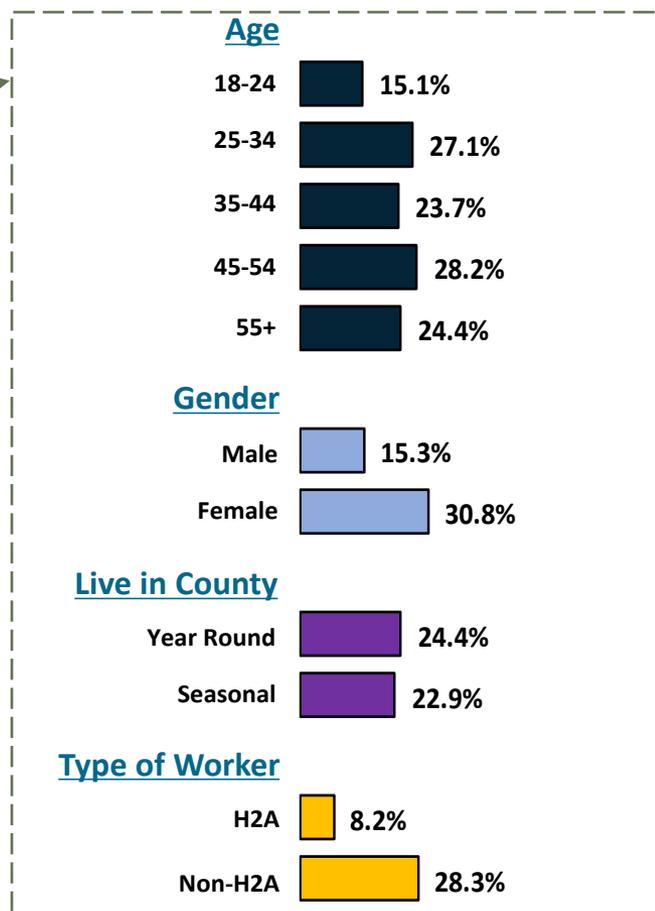
Problems Receiving Health Care

- Almost one in four (23.3%) migrant farmworkers have forgone needed health care in the past year due to cost.
 - ❖ Women are far more likely to forgo care due to cost than men, and non-H2A workers are far more likely to forgo than H2A workers

Could Not Receive Needed Medical Care in Past 12 Months Due to Cost



No Health Care Access Due to Cost by Demographics

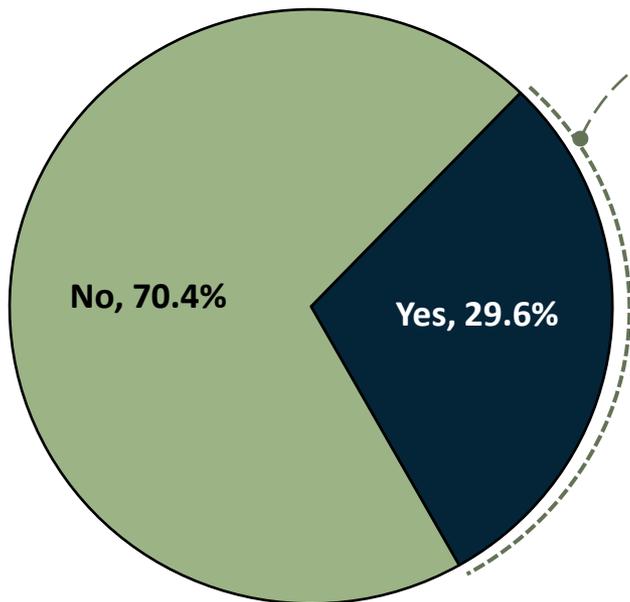




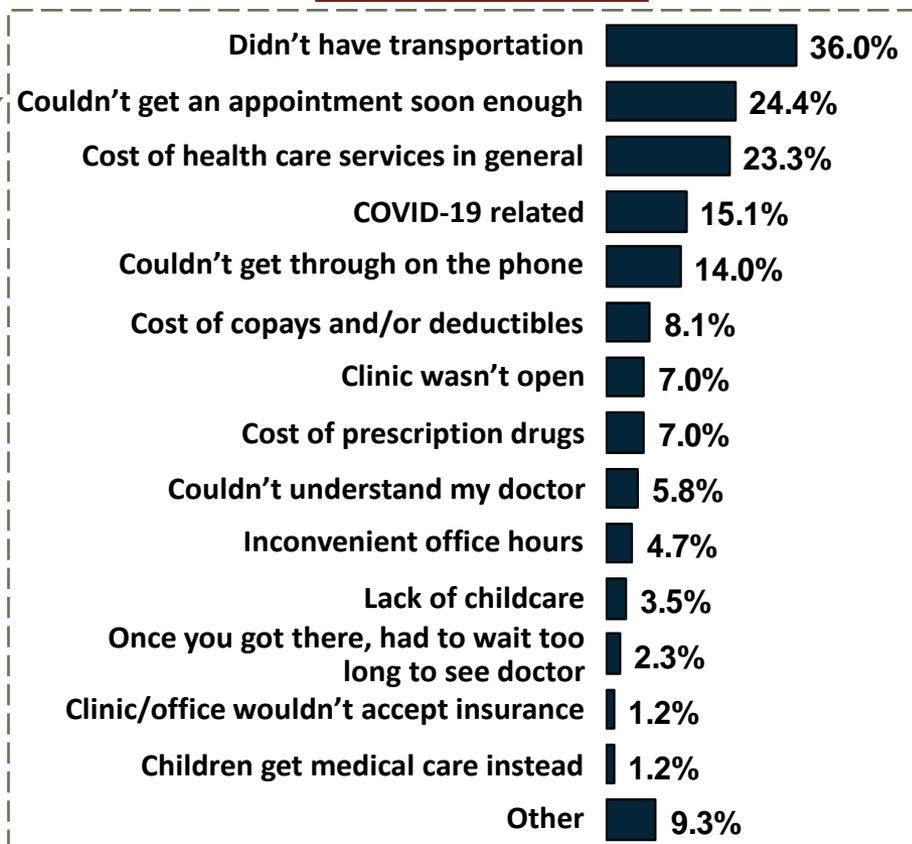
Problems Receiving Health Care (Continued)

- Three in ten (29.6%) area migrant farmworkers have delayed needed medical care in the past year.
 - ❖ There are numerous reasons for the delays, but the top reasons cited are lack of transportation, inability to get an appointment, cost, and inability to get through on the telephone
 - ❖ Not surprisingly, the COVID-19 pandemic also played a role in preventing people from getting needed care

Delayed Getting Needed Medical Care in Past 12 Months



Reasons for Delays in Getting Needed Medical Care



Q2.6: Have you had to delay medical care that you needed **for any reason** in the past 12 months? (n=301)

Q2.7: (If yes) What were some of the reasons you delayed getting needed medical care in the past 12 months? (Multiple responses allowed) (n=86)



Barriers to Health Care Access

- Key Informants agree that migrant farmworkers face multiple barriers to health care, including cost, lack of English proficiency, and a lack of trust; however, the greatest barrier may be transportation.
- There is also a lack of awareness of existing programs, services, and resources in the community, as well as a lack of knowledge about the rights of migrant farmworkers.
 - ❖ This lack of knowledge prevents many from accessing needed health, human service, and legal services
 - ❖ A couple of Key Informants maintain that some employers may not be helpful in assisting their employees to build their knowledge base

I think that they are aware [of services]. A lot of the times, I feel that **they are just a little more concerned about coming out to any appointments due to legal status and the political climate that was created in the last couple of years.** – *Key Informant*

I think **not having information in their language** is a barrier, not only in their language, but at their **reading level.** – *Key Informant*

Whether or not they can actually get there to receive [services] the other side of that. So I would say **knowledge of resources**, and then **being able to actually access them.** Whether that means that there's a **transportation barrier**, or there's a **language barrier.** For example, we just finished with the Migrant Resource Council doing a vaccine event in Conklin. And there was supposed to be quite a few individuals from a particular camp over in the Conklin area who wanted to get vaccinated. **Their camp was supposed to bus them in but that didn't happen.** So that was **disappointing to see.** – *Key Informant*

[Knowledge of] information about their rights and resources in the community is probably top of the list. Employees are **unaware of their rights**, and we see that very often with farmworkers. They're **not aware that they're being taken advantage of.** They're not aware that they have the right to pursue a claim against their employer. Or they just assume that that's the way things are in their position. They **have very little awareness of the resources in their own community.** And I think **part of that is intentional on the part of their employers**, just to keep them naïve, to keep them unaware of what resources and services are available to them. That **keeps them dependent on the employer.** And so a lot of times, **these people aren't aware that they can seek out legal resources, or even like other social services, resources like WIC, food stamps, cash assistance, food resources, assistance with housing.** And those are all huge needs with this community, especially when we're looking at the children that often come along with farmworkers. **They need access to educational services, childcare services, health care services.** – *Key Informant*



Barriers to Health Care Access (Continued)

- What further complicates access is the different immigration statuses of the migrant farmworker subpopulation, but it's clear that H2A and/or undocumented workers face the greatest barriers to accessing services.
- Not only is language a barrier, but literacy is also a barrier because many migrant farmworkers read at low levels or don't read at all.
- Although generally Ottawa County agencies and organizations collaborate well together, working with the migrant farmworkers appears to be less organized and relies too much on benevolent community members.

When we're talking about the farmworker population you've got folks with **varying immigration statuses**. So some are here on a **temporary visa**. Some are here with **permanent residency**, some have **US citizenship**, and some are **undocumented**. And so those **varying statuses create issues in terms of access to health care** because there's **varying eligibility for different programs**. And so with that issue comes a barrier to access. So let's say you have someone who is **undocumented, doesn't have access to any sort of insurance. They're going to limit the amount of times they seek out medical care. They're going to prolong seeking medical intervention.** – *Key Informant*

This summer, I came across some hurdles that I didn't expect. For example, we have so many people outpouring and wanting to support, but **we don't have the personnel that can always meet the families where they're at. And it took a tremendous amount of volunteer and unpaid time on behalf of our educators, and those generous community members, where if we had an infrastructure available it would be much better. Our current approach relies so much on benevolence, rather than having systems in place.** – *Key Informant*

One issue we run into a lot is **literacy**. And so **literacy and then language barriers**, to disseminate this information in a written form. They **don't translate all of the information that they're sharing.** – *Key Informant*

I think **health literacy is important**. Not only do you have to have providers that speak Spanish, but **also understand the culture**, understand that maybe lots of individuals that we work with have **very low reading levels or don't read it all.** – *Key Informant*

And then there's **access based on hours of operation**. So these are folks that are often **working really long hours**. And a lot of these **medical facilities aren't open at the time they might be able to actually attend a medical appointment**. So I think 8:00 or 9:00, they finally get off their shift. And **by that time, all of the medical facilities are closed.** – *Key Informant*

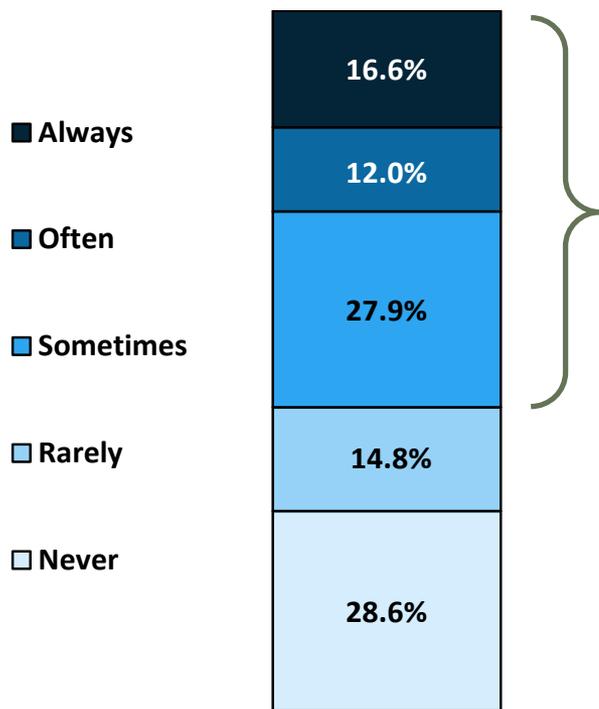
I'd say in the last five years there's been a big - a **larger distrust**, of trusting **those who work in the service systems**, whether that be at the health department, with InterCare, with DHHS workers who are going in. – *Key Informant*



Health Literacy

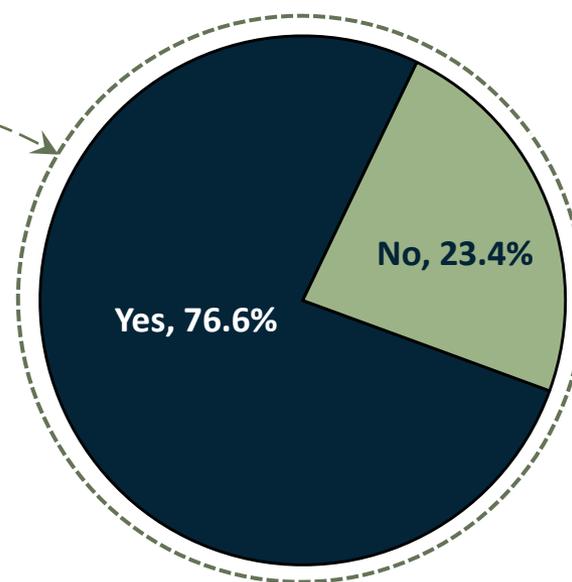
- At least sometimes, the majority (56.5%) of Ottawa County migrant farmworkers have problems learning about their health condition because of difficulty understanding written information; 28.6% report having problems often or always.
 - ❖ Of these, three-fourths (76.6%) say that the difficulty is due to the fact that the written information is not in Spanish

Frequency of Problems Learning About Health Condition



**Always/Often/
Sometimes**
56.5%

Difficulty Understanding Written Information Not in Spanish

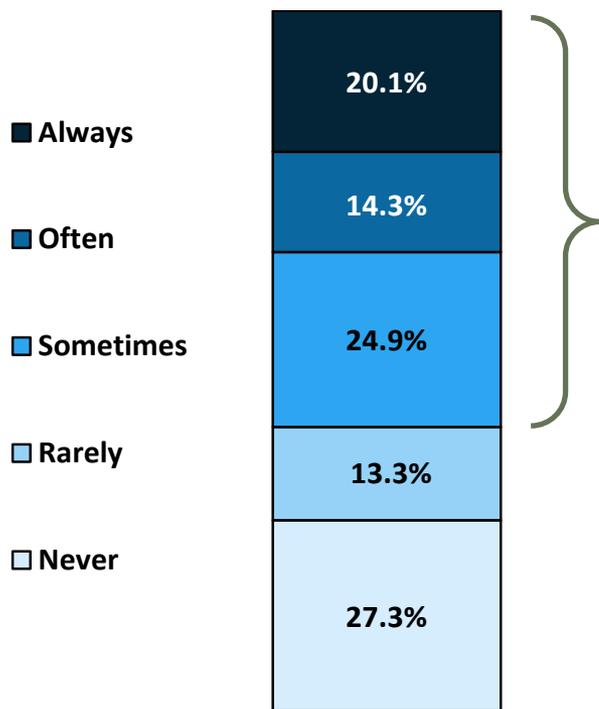




Health Literacy (Continued)

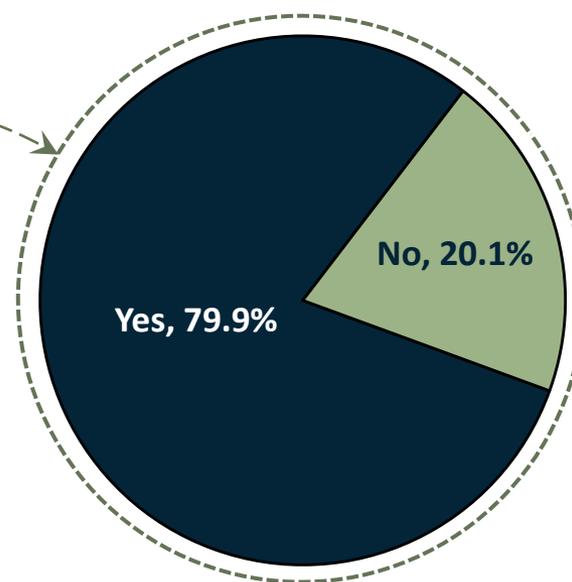
- At least sometimes, the majority (59.3%) of Ottawa County migrant farmworkers have problems understanding written or verbal information from their health care provider; 34.4% report they often or always have this difficulty.
 - ❖ Of these, eight in ten (79.9%) say that the difficulty resides from the fact that the written or verbal information from their provider is not in Spanish

Frequency of Difficulty Understanding Written/Verbal Information from Provider



Always/Often/Sometimes
59.3%

Difficulty Understanding Provider Information Not in Spanish



Q4.3: How often do you have difficulty understanding written or verbal information your health care provider (doctor, nurse, nurse practitioner) gives you? (n=293)
 Q4.4: (If always/often/sometimes) Do you have difficulty understanding written or verbal information from your health care provider because the information is not in Spanish? (n=164)

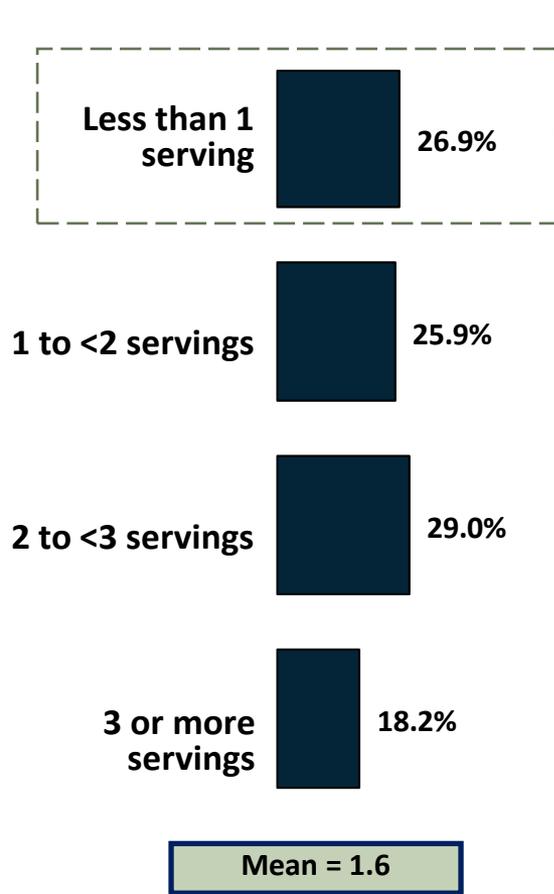
Risk Behavior Indicators



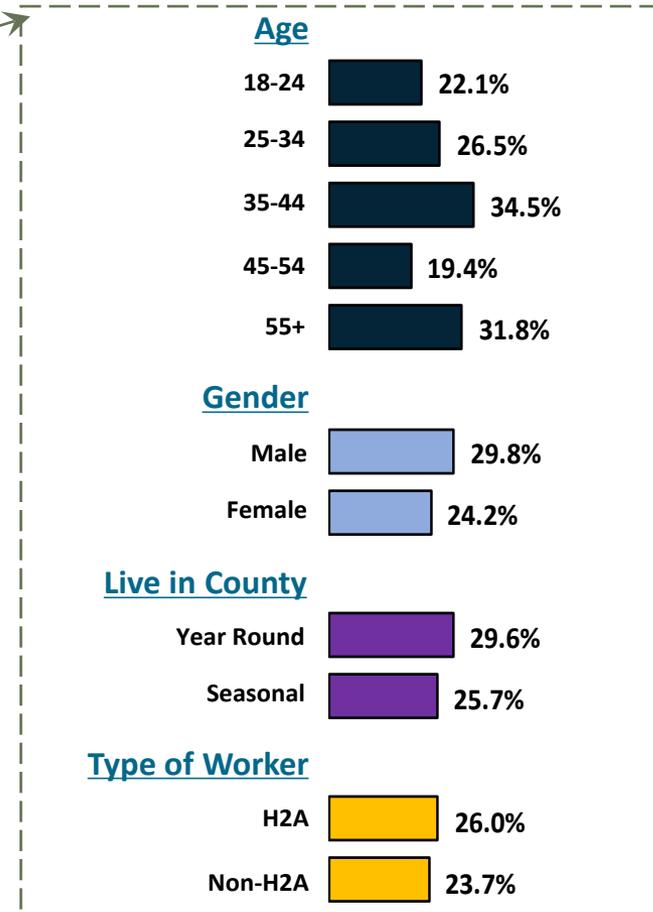
Fruit Consumption

- One-fourth (26.9%) of migrant farmworkers consume less than one serving of fruit per day.
 - ❖ Men are more likely to eat less than one serving of fruit per day compared to women

Number of Servings of Fruit/Fruit Juice Consumed Per Day



Consumed <1 Serving of Fruit Per Day by Demographics



Q9.1: During the past month, how many servings per day, week, or month did you eat fruit or drink 100% PURE fruit juices? Do not include fruit flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. A serving of fruit equals approximately 1/2 cup. (n=286)



Vegetable Consumption

- One-third (34.1%) of migrant farmworkers consume less than one serving of vegetables per day.
 - ❖ Men are more likely to eat less than one serving of vegetables per day compared to women
 - ❖ H2A workers are far more likely to eat less than one serving of vegetables per day compared to non-H2A workers

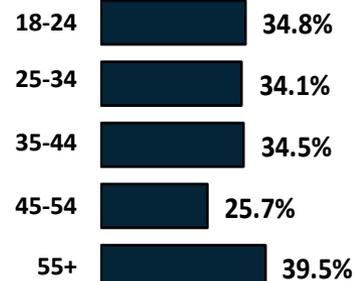
Number of Servings of Vegetables Consumed Per Day



Mean = 1.4

Consumed <1 Serving of Vegetables Per Day by Demographics

Age



Gender



Live in County



Type of Worker

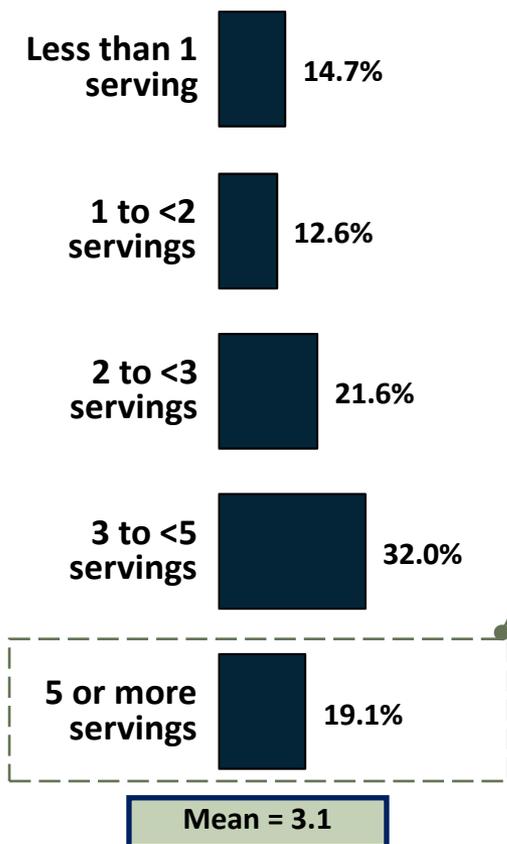




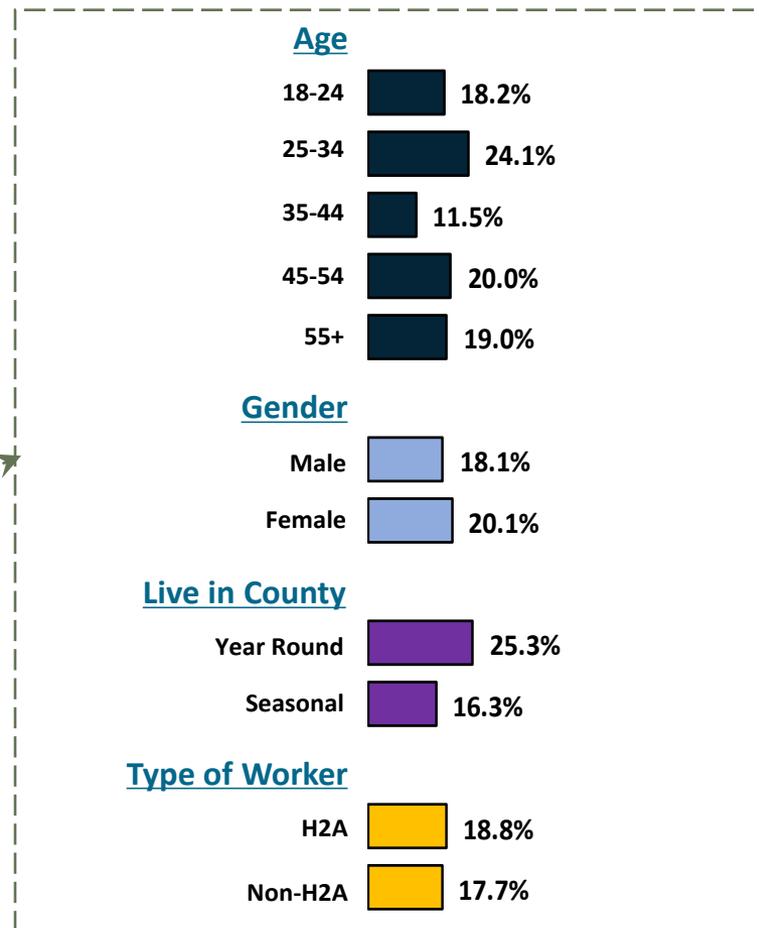
Fruit and Vegetable Consumption

- One in five (19.1%) migrant farmworkers consume adequate amounts of fruits and vegetables per day (five or more servings).
 - ❖ Year round workers are more likely to eat five or more servings than seasonal workers

Number of Servings of Fruits and Vegetables Consumed Per Day



Consumed 5 or More Servings of Fruits and Vegetables Per Day by Demographics





Barriers to Eating Fruits and Vegetables More Regularly

- Six in ten (61.9%) migrant farmworkers believe they eat fruits and vegetables on a regular basis.
- For those who don't, the greatest barrier to eating more fruits and vegetables is cost.
 - ❖ Almost one in ten (9.4%) admit they simply don't like fruits and vegetables

Reasons for Not Eating Fruits and Vegetables on a Regular Basis

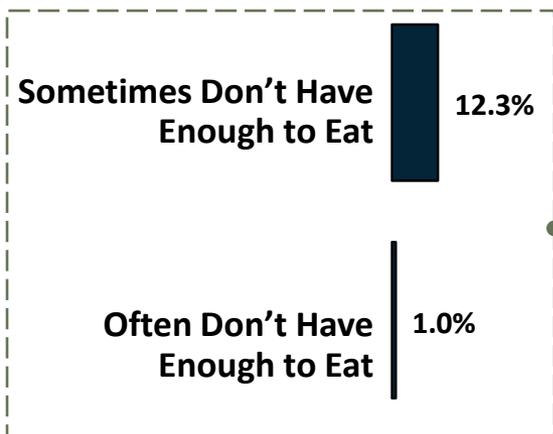




Food Sufficiency

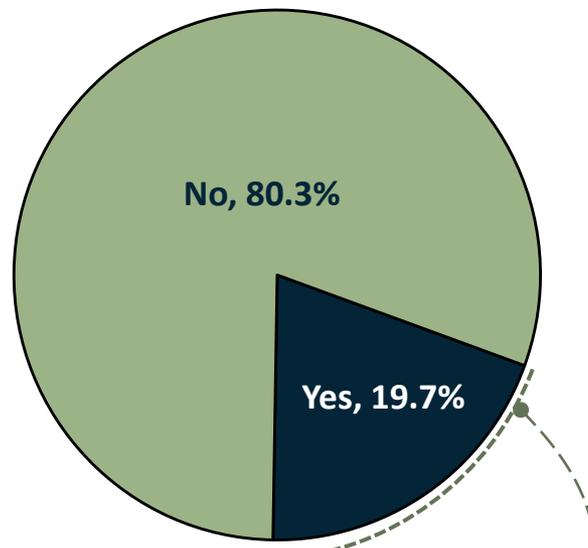
- Among area migrant farmworkers, 13.3% report they sometimes or often don't have enough food to eat.
- Further, one in five (19.7%) say they have had to cut the size of meals or skip meals due to lack of money.
- ❖ In both instances, those who are more likely to experience food insufficiency are between the ages of 35-44 and/or women

Food Sufficiency



Most Likely
Aged 35-44 – 18.9%
Women – 17.0%

Ever Cut Size of Meals/Skipped Meals Due to Lack of Money to Buy Food



Most Likely
Age 35-44 – 24.6%
Women – 24.4%

Q10.1: Which of the following statements best describes the food eaten in your household within the last 12 months? Would you say that you... (n=292)

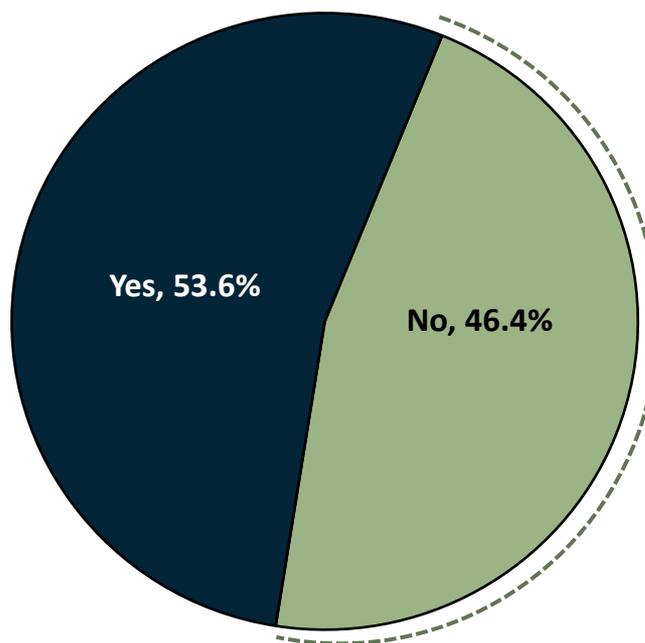
Q10.2: In the past 12 months, did you or others in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? (n=299)



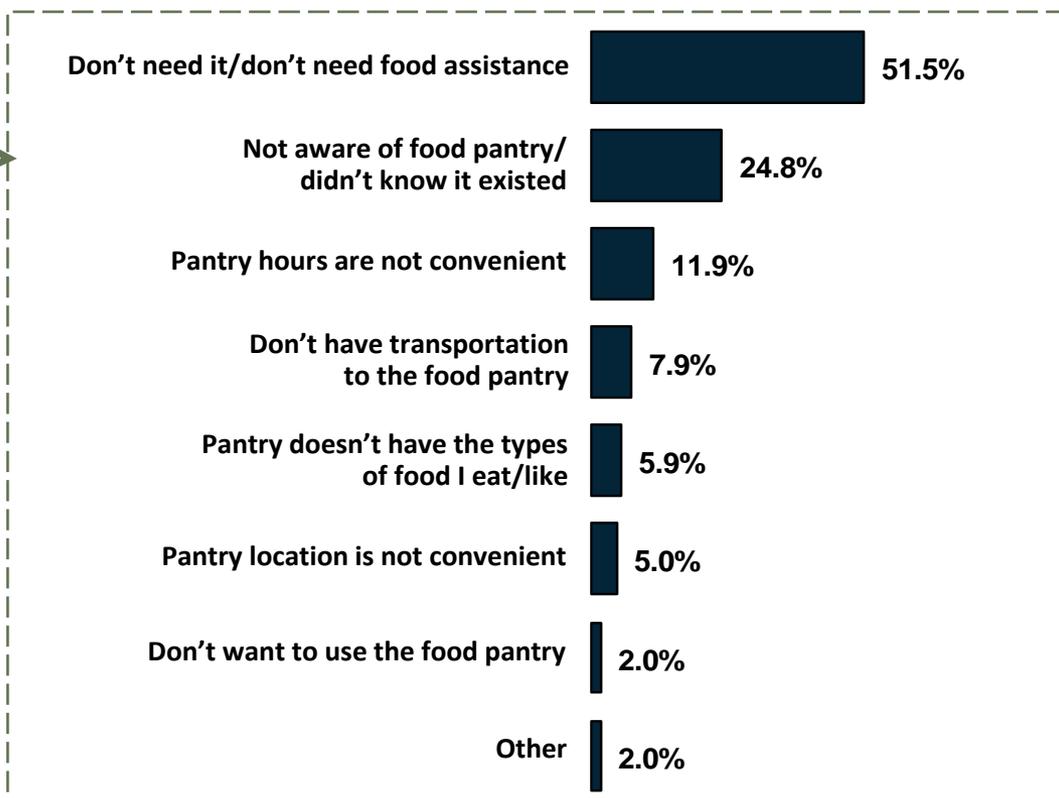
Food Pantry Usage

- More than half (53.6%) of area migrant farmworkers have used a food pantry to help meet their food needs.
 - ❖ Among those who don't use food pantries, half (51.5%) say they don't need to use them, but one-fourth (24.8%) say they are not aware that food pantries exist
 - ❖ Additional barriers to use include inconvenient pantry hours and transportation issues

Ever Used Food Pantry to Meet Food Needs



Reasons Never Use a Food Pantry (Among Those Who Reported Not Using)



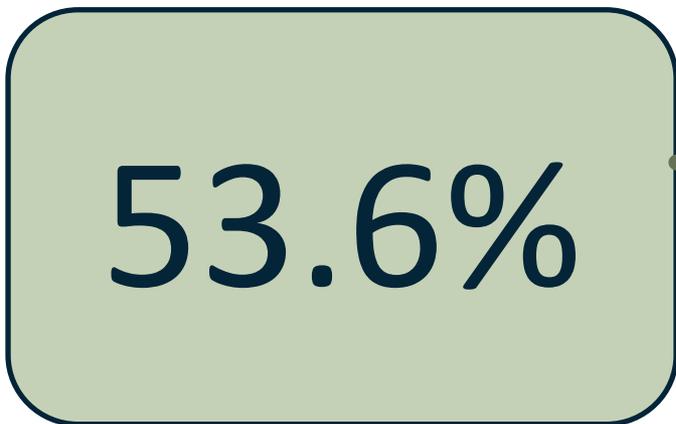
Q10.3: Do you ever use a food pantry to meet your food needs? (n=293)
 Q10.4: (If no) Why don't you ever use a food pantry. (Multiple responses allowed) (n=101)



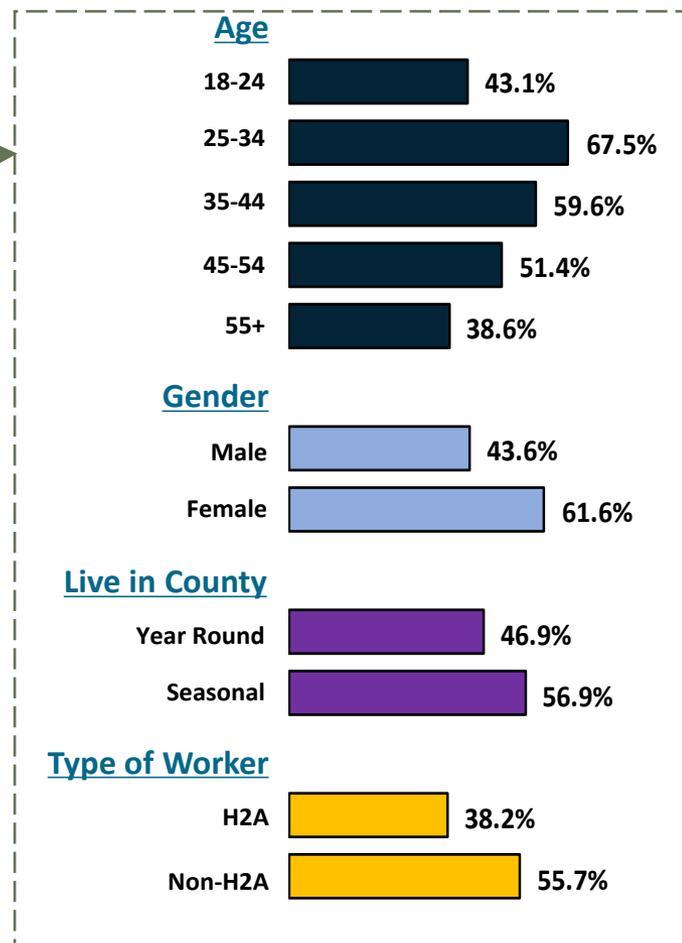
Food Pantry Usage (Continued)

- Migrant farmworkers most likely to use food pantries are between the ages of 25-44.
 - ❖ Women are far more likely to use food pantries than men
 - ❖ Seasonal farmworkers are more likely than year round workers to use food pantries, and non-H2A workers are, by far, more likely to use food pantries compared to H2A workers

Food Pantry Usage



Food Pantry Usage by Demographics

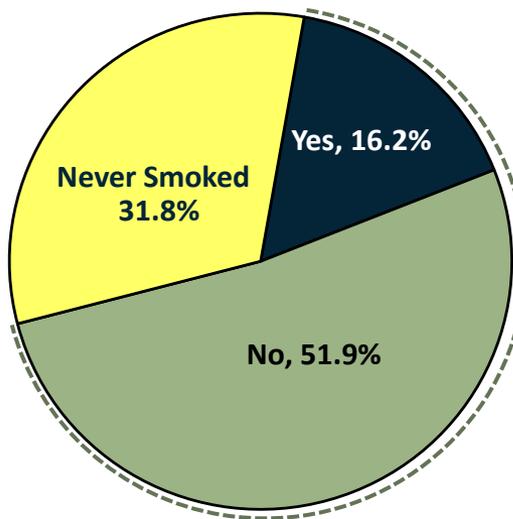




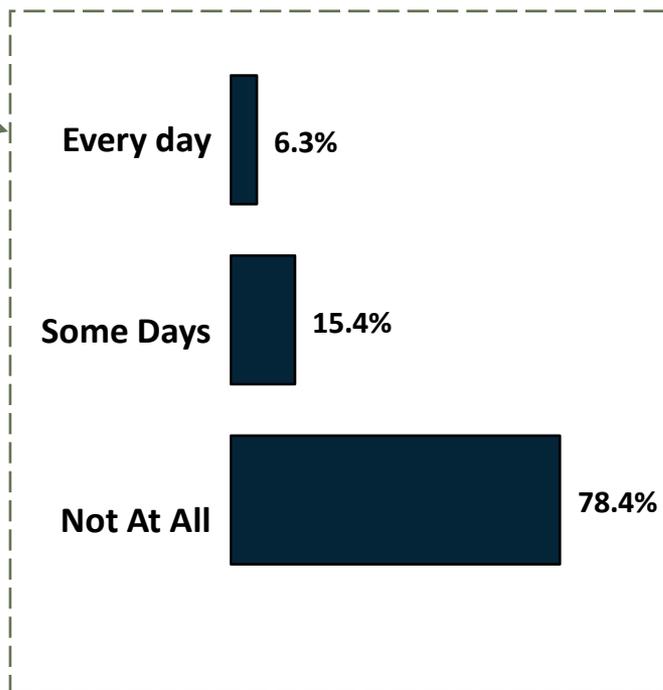
Cigarette Smoking

- Roughly one in six (16.2%) migrant farmworkers in Ottawa County have smoked at least 100 cigarettes in their lifetime. Of these, 6.3% currently smoke every day and 15.4% smoke some days.
 - ❖ Using 100 cigarettes as the minimum to be classified as a current or former smoker, 11.7% of migrant farmworkers are considered to be current smokers, 4.5% are former smokers, and 83.8% are non-smokers or never smoked

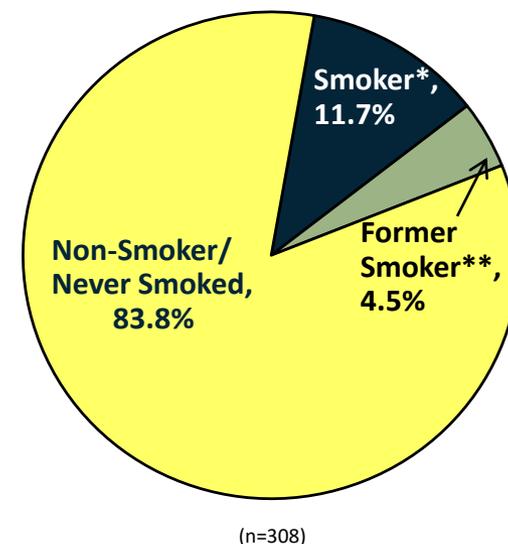
Smoked 100 Cigarettes in Lifetime



Frequency of Current Use (Among Those Who Smoked at Least 100 Cigarettes in Their Lifetime)



Smoking Status



*Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or on some days.

**Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life but they do not smoke now.

Q5.1: Have you smoked at least 100 cigarettes (e.g., 5 packs) in your entire life? Do not include electronic cigarettes, herbal cigarettes, cigars, or marijuana (n=308)

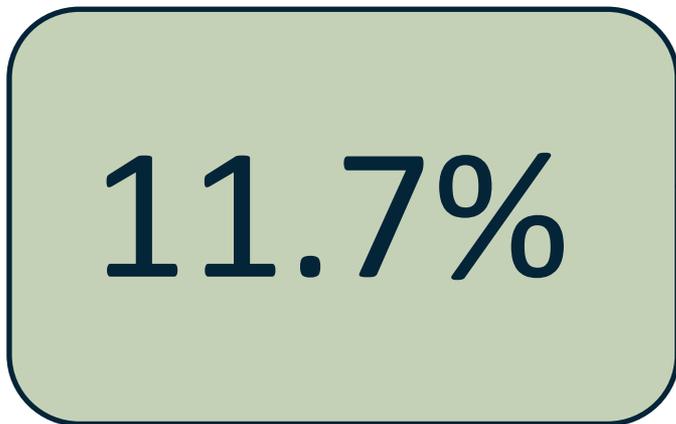
Q5.2: (If yes or no, but not "never smoked") Do you now smoke cigarettes everyday, some days, or not at all? (n=208)



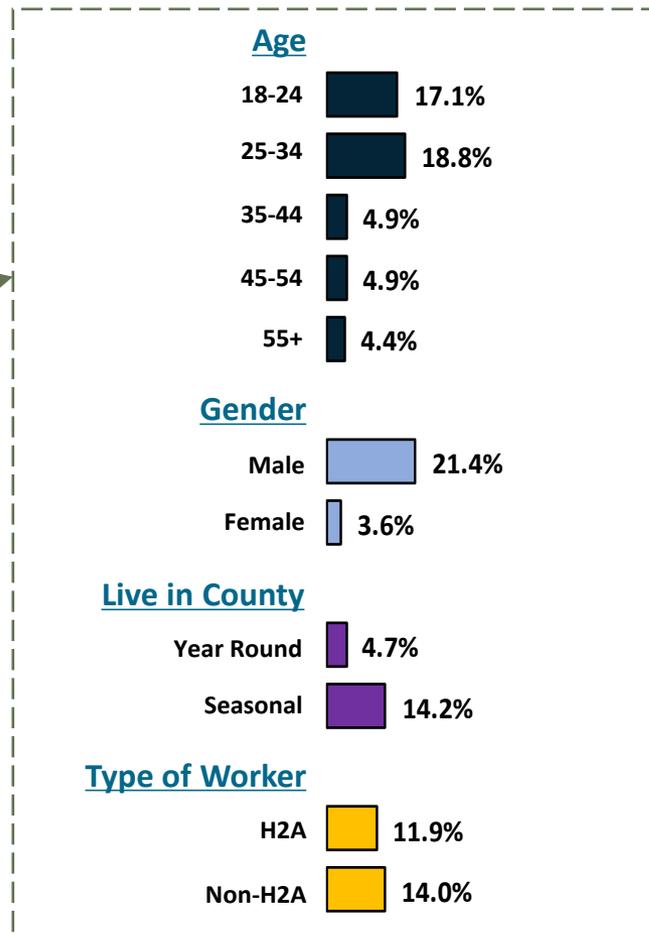
Cigarette Smoking (Continued)

- Cigarette smoking is inversely related to age; the prevalence of smoking is significantly higher among the youngest migrant farmworkers (under age 35) compared to older workers.
- Men are far more likely to smoke than women, and seasonal workers are more likely to smoke than year round workers.

Current Cigarette Smoking*



Current Cigarette Smoking by Demographics



*Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or on some days.



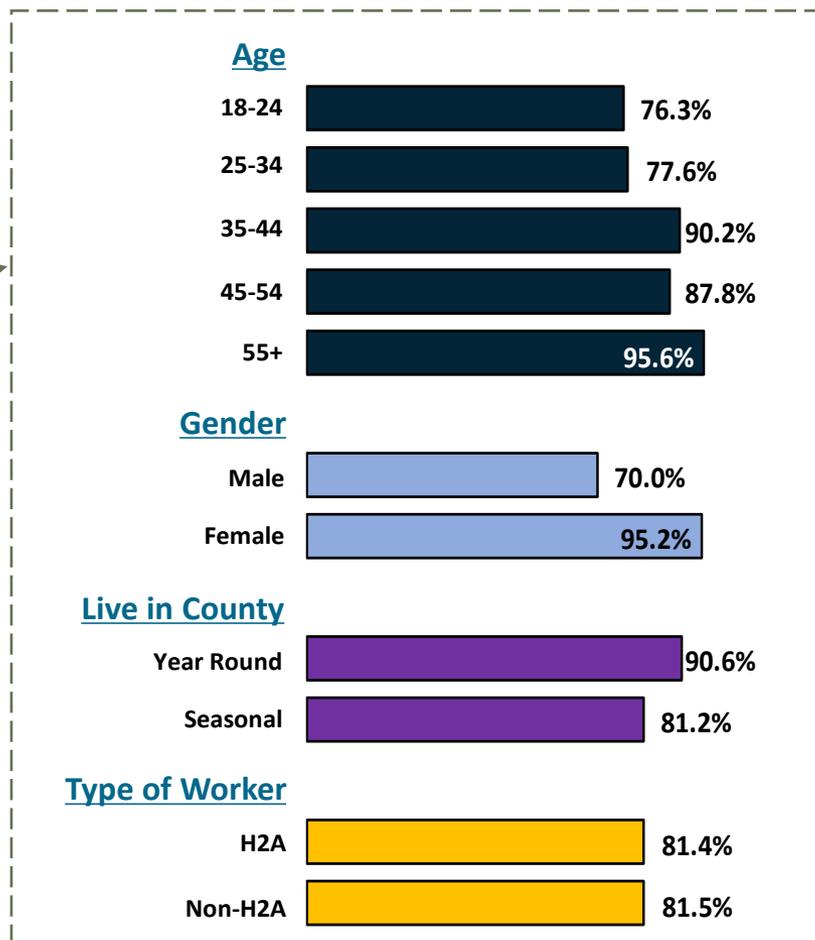
Cigarette Smoking (Continued)

- On the other hand, women are more likely to have never smoked (or be considered a non-smoker) than men.
- Nearly all (95.6%) of the migrant farmworkers aged 55 or older have never smoked, or smoked less than 100 cigarettes in their lifetime.

Non-Smoker/Never Smoked Cigarettes*



Never Smoked Cigarettes by Demographics



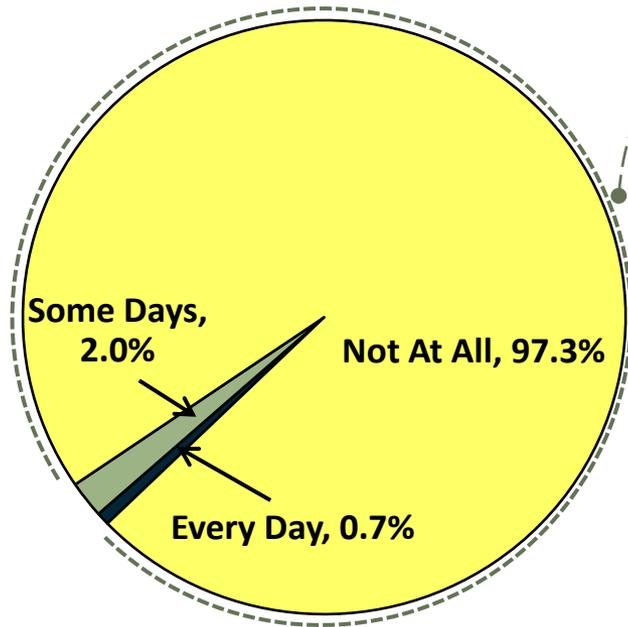
*Among all adults, the proportion who reported that they had had never smoked at all, or had never smoked at least 100 cigarettes (5 packs) in their life.



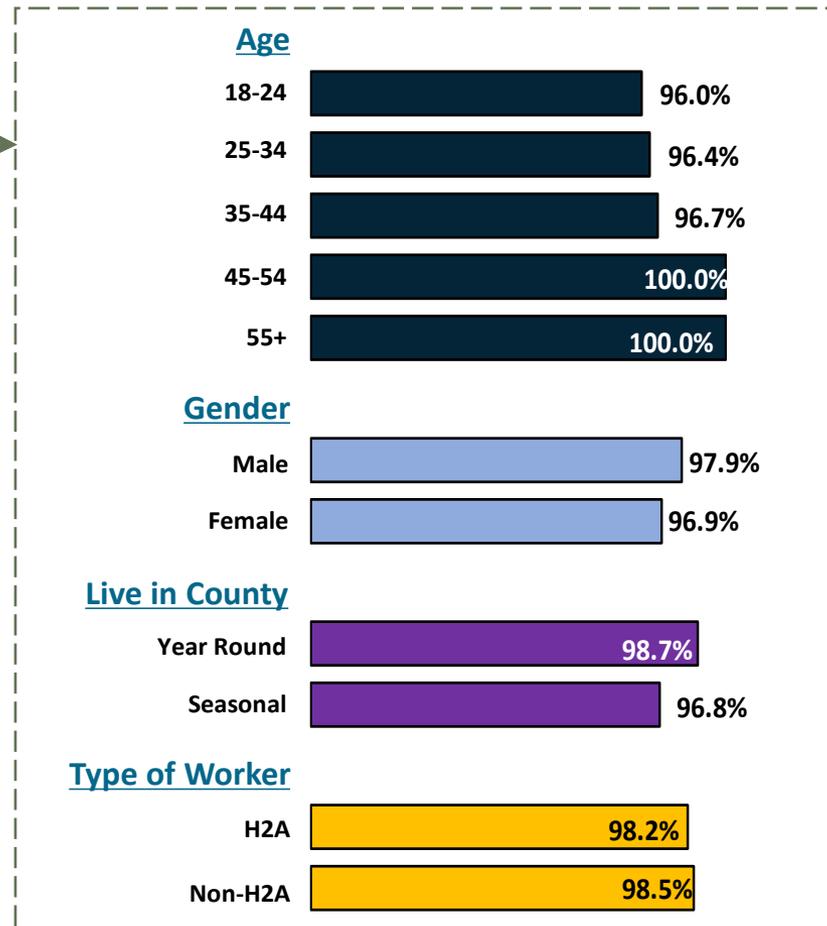
e-Cigarette/Vaping Device Use

- Extremely small proportions of area migrant farmworkers currently use e-cigarettes or other vaping devices and this proportion is true of any demographic.

Current Use of e-Cigarettes or Other Electronic Vaping Products



Do Not Use e-Cigarettes or Vaping Products by Demographics





Alcohol Consumption

- In general, in Ottawa County the migrant farmworker subpopulation drinks less than the general population.
- Three-fourths (74.2%) are considered to be non-drinkers, 20.3% are moderate drinkers, and 5.5% are heavy drinkers.

Number of Days Drank Alcohol in Past 30 Days

None 73.2%

1 to 2 days 4.5%

3 to 5 days 9.2%

6 to 10 days 6.1%

More than 10 days 7.1%

Mean (All) = 2.1
Mean (Drinkers) = 8.0

Average Number of Drinks When Drinking

1 drink 20.3%

2 drinks 23.3%

3 drinks 26.1%

4 to 5 drinks 21.7%

More than 5 drinks 8.6%

Mean = 3.1

Drinking Status

Non-Drinker	74.2%
Light/Moderate Drinker	20.3%
Heavy Drinker*	5.5%

*Heavy drinking is defined as adult consuming an average of more than seven (if female) or fourteen drinks (if male) per week.

Q14.1: During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (n=295)

Q14.2: (If Q14.1>0) One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (n=69)



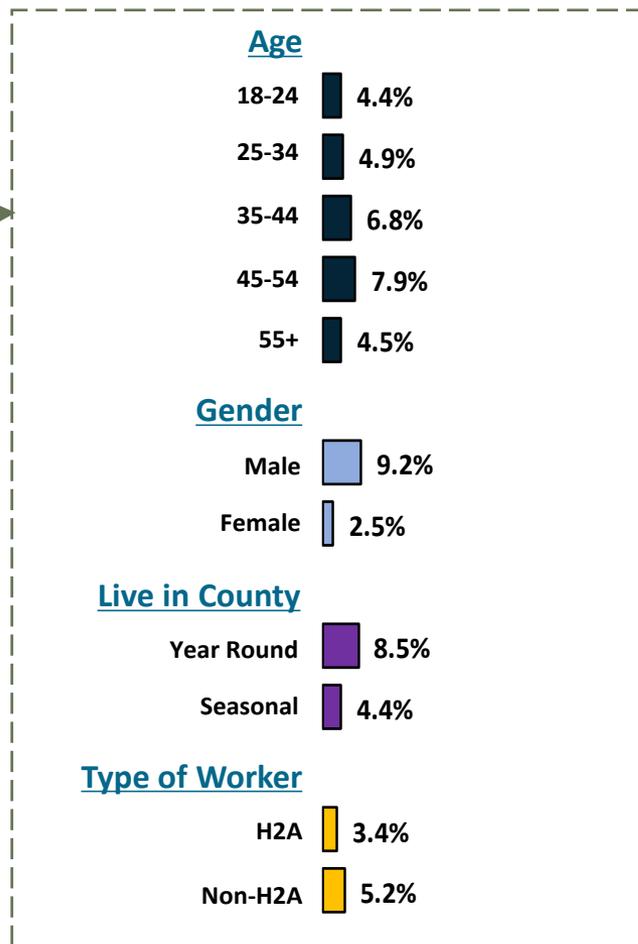
Alcohol Consumption (Continued)

- Among Ottawa County migrant farmworkers, heavy drinking is more prevalent in men than women and more prevalent in adults aged 35-54 compared to those younger or older.
- Year round farmworkers are slightly more likely to drink heavily than seasonal farmworkers.

Heavy Drinking*



Heavy Drinking by Demographics



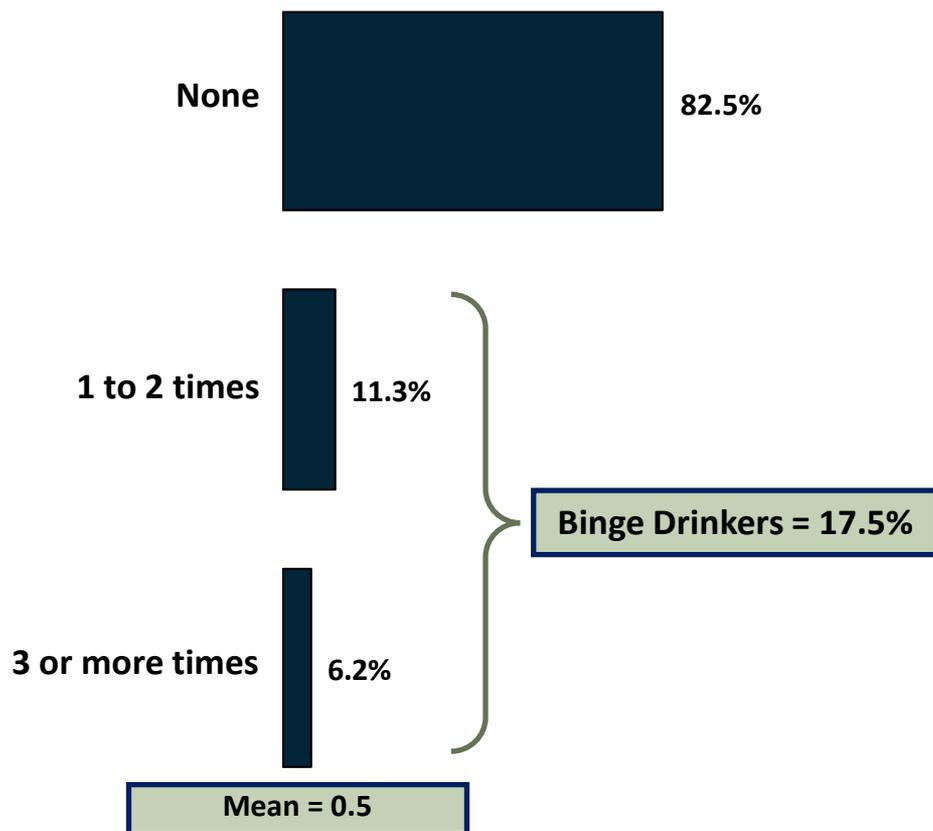
*Among all adults, the proportion who reported consuming an average of more than two alcoholic drinks per day for men and one per day for women in the previous month.



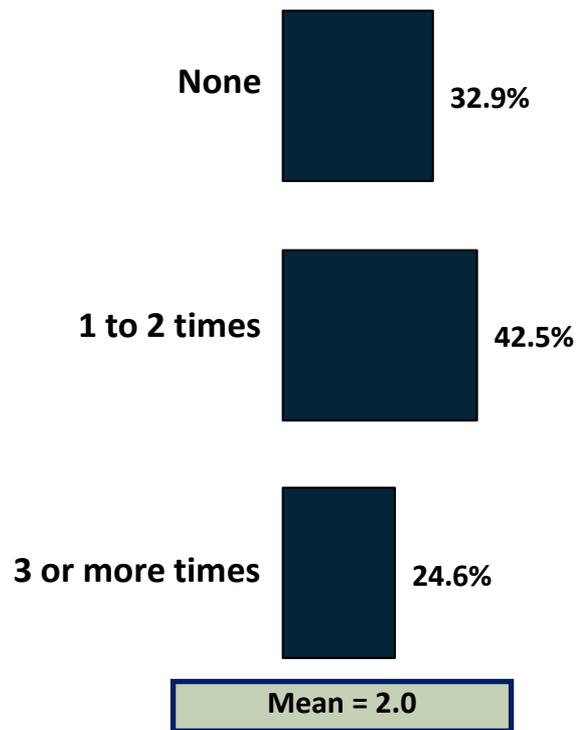
Binge Drinking

- Among all migrant farmworkers, 17.5% have engaged in binge drinking in the past 30 days; among those who drink, this proportion rises to 67.1%.

Number of Times Consumed 5 or More (Men)/4 or More (Women) Drinks on an Occasion in Past 30 Days (All Adults)



Number of Times Consumed 5 or More (Men)/4 or More (Women) Drinks on an Occasion in Past 30 Days (Drinkers)

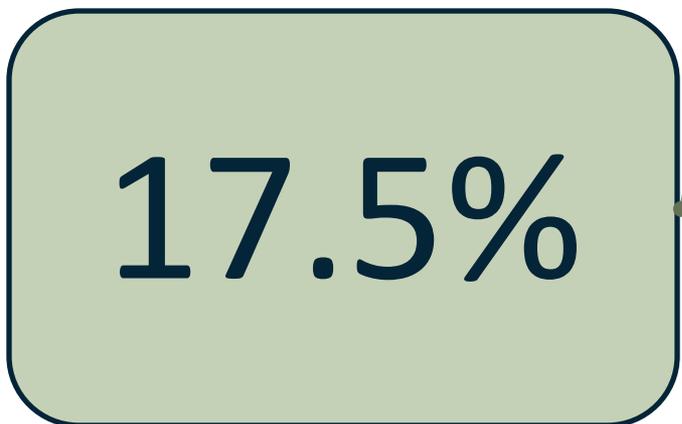




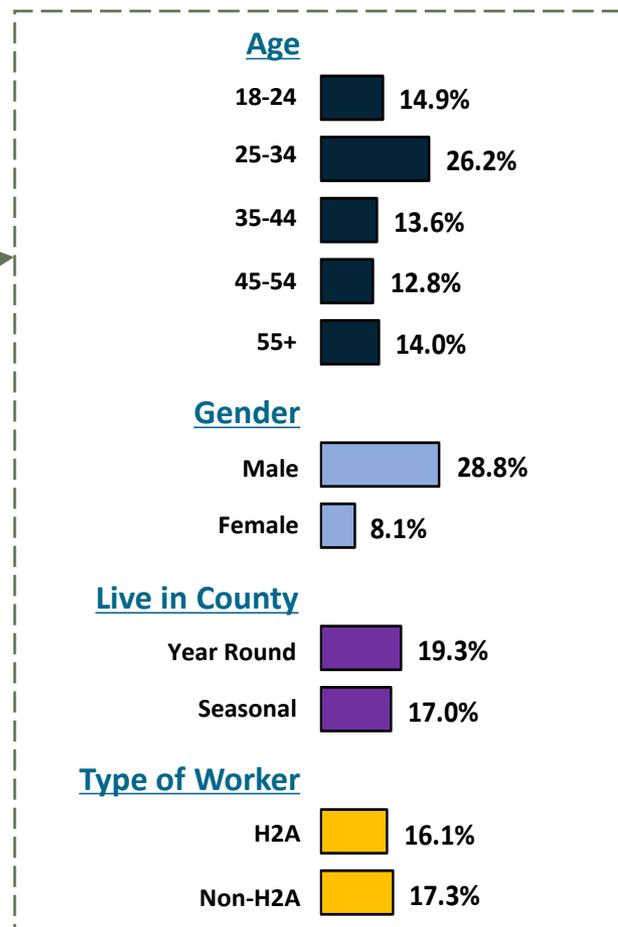
Binge Drinking (Continued)

- The prevalence of binge drinking is highest, by far, among adults age 25-34.
- The prevalence of binge drinker is significantly higher among men than women.

Binge Drinking* (Total Sample)



Binge Drinking by Demographics



*Among all adults, the proportion who reported consuming five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.

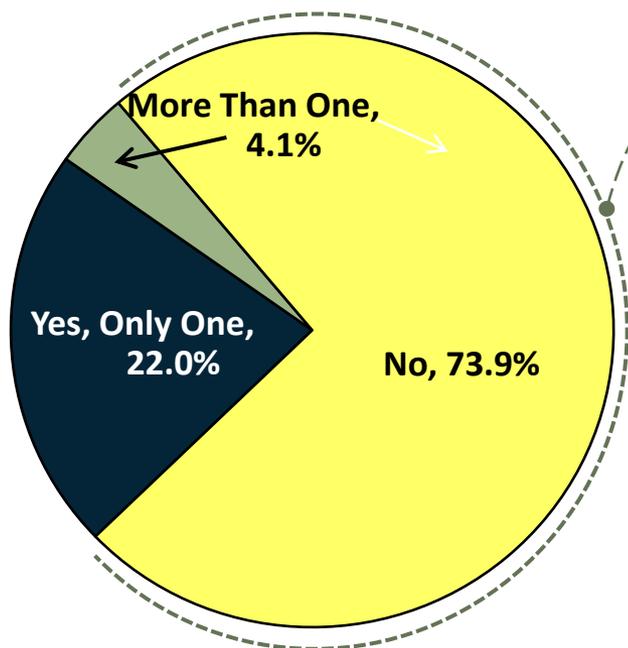
Clinical Preventive Practices



Personal Health Care Provider

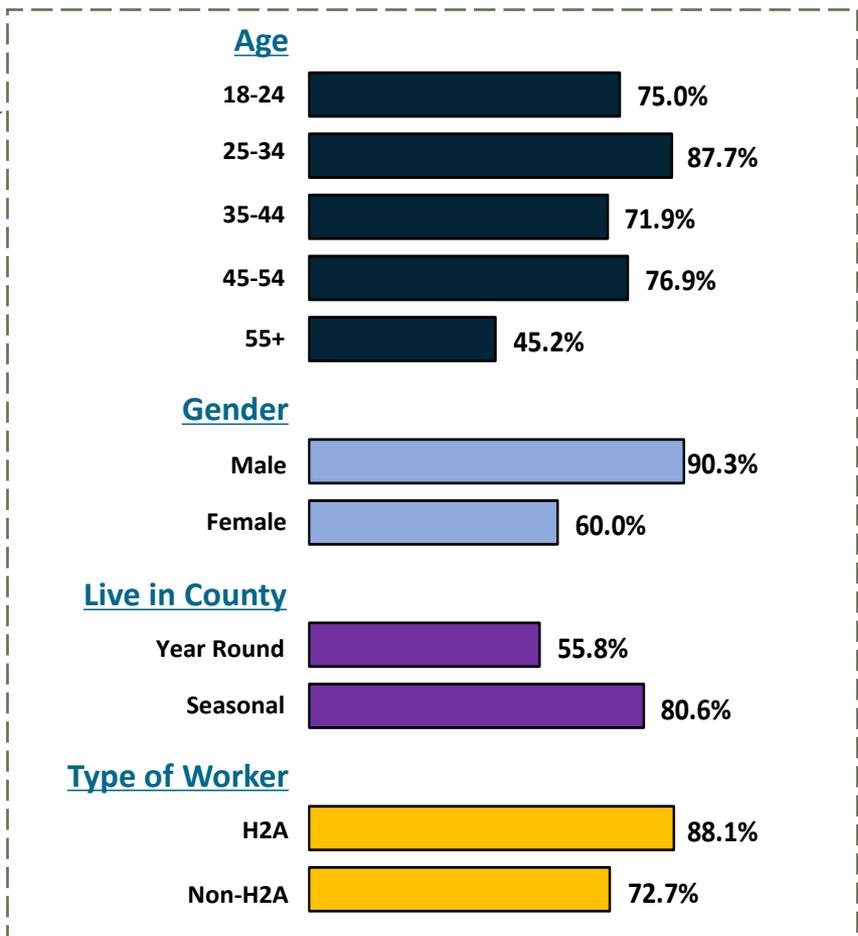
- One in four (26.1%) area migrant farmworkers have a personal health care provider.
 - ❖ Those under age 55 are far less likely to have a PCP than those 55 or older
 - ❖ Men are less likely than women, and seasonal workers are less likely than year round workers, to have A PCP

Currently Have Personal Doctor/Health Care Provider



26.1% have a medical home

No Provider by Demographics

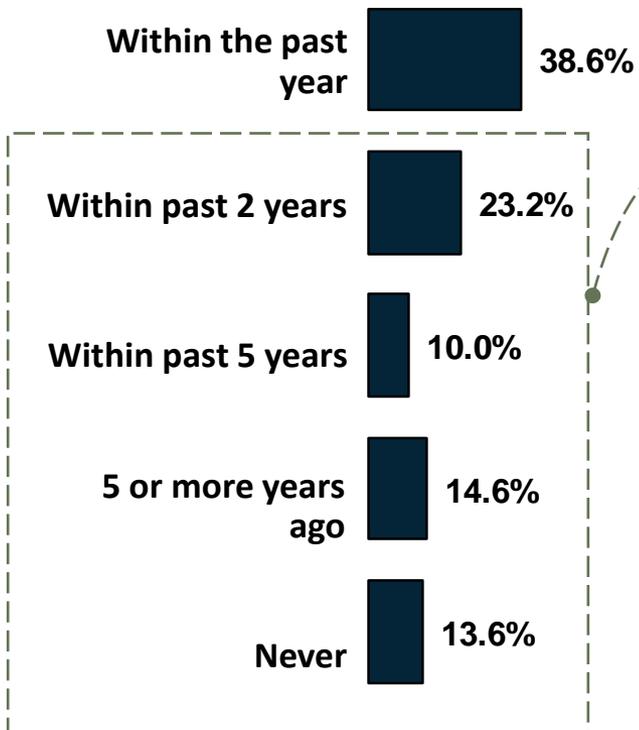




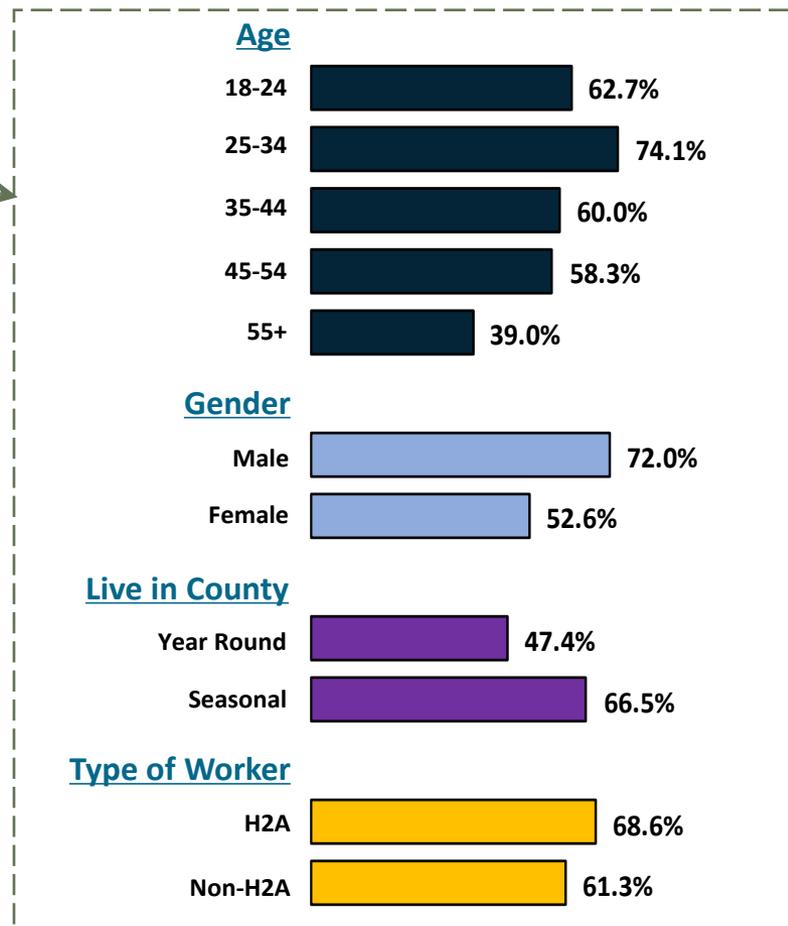
Routine Physical Checkup

- Almost four in ten (38.6%) migrant farmworkers have had a routine checkup within the past year.
 - ❖ Having a routine checkup within the past year is directly related to age
 - ❖ Women and year round workers are more likely to have had a routine checkup in the past year than men or seasonal workers, respectively

Last Time Visited Doctor for Routine Checkup



No Checkup In Past Year by Demographics



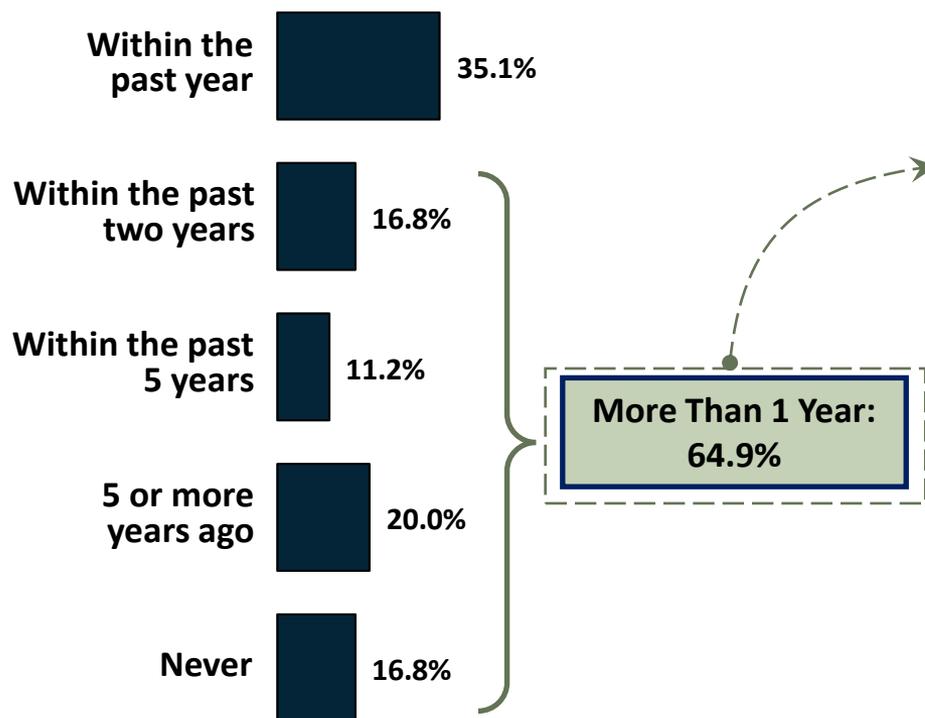
Q2.8: About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (n=280)



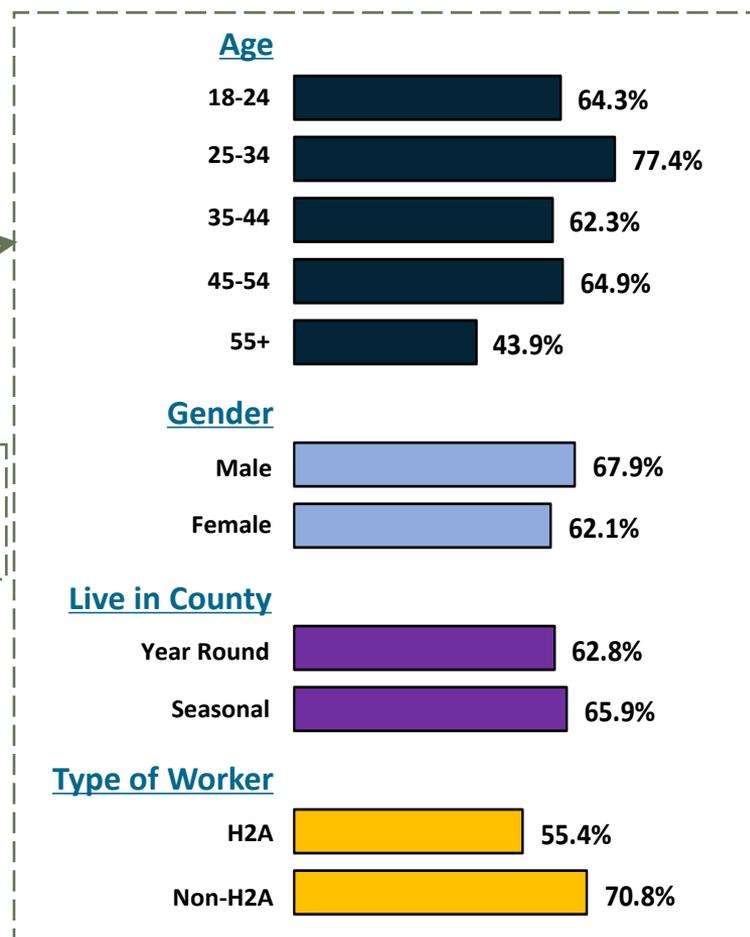
Oral Health

- Almost two-thirds (64.9%) of area migrant farmworkers have not had a teeth cleaning in the past year, and 16.8% report never having visited the dentist.
- Lack of dental care is an issue across demographics.

When Last Visited Dentist for Teeth Cleaning



No Teeth Cleaning in Past Year by Demographics

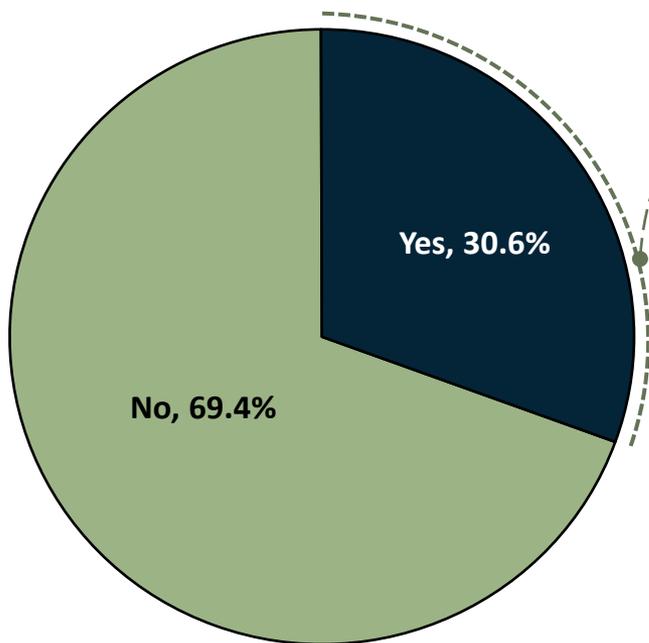




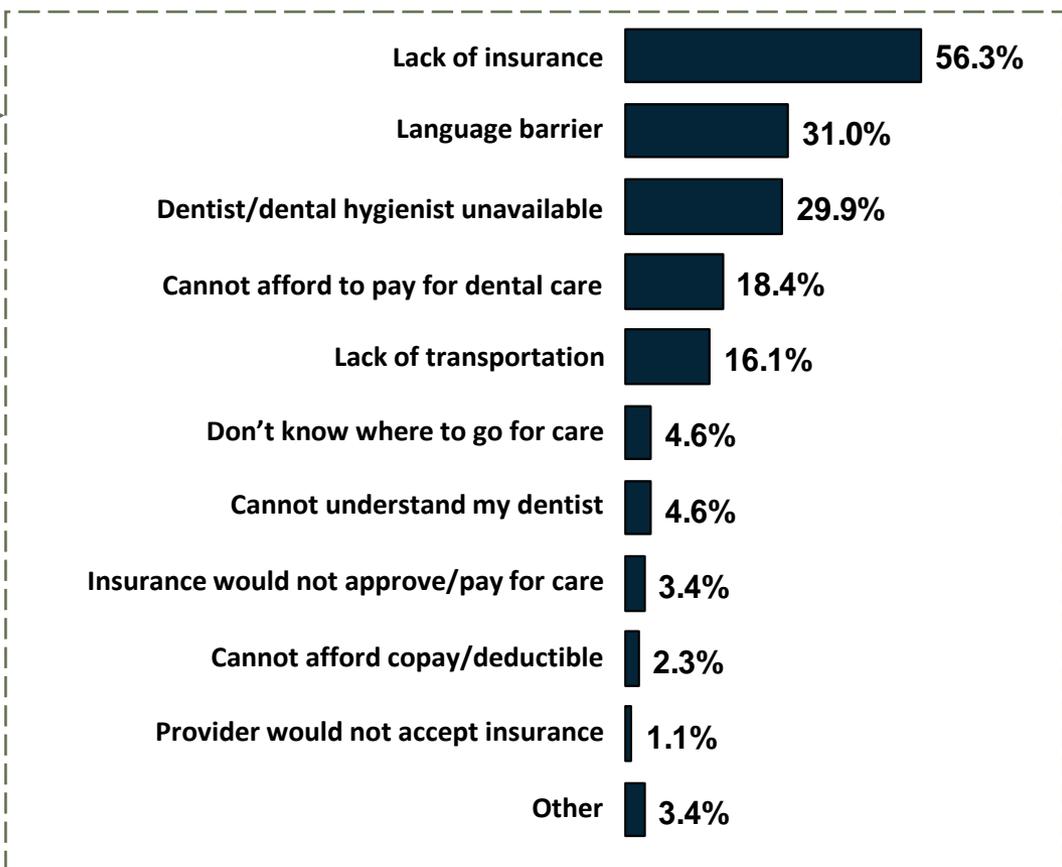
Barriers to Dental Care

- Three in ten (30.6%) Ottawa County migrant farmworkers had problems getting needed dental care in the past year.
 - ❖ The greatest barrier to dental care is lack of insurance, however, additional important barriers include language, unavailability, cost, and lack of transportation

Problems Getting Needed Dental Care



Reasons for Difficulty in Getting Dental Care (Among Those Who Reported Problems Getting Care)



Q16.2: In the past 12 months, have you had problems getting needed dental care? (n=288)

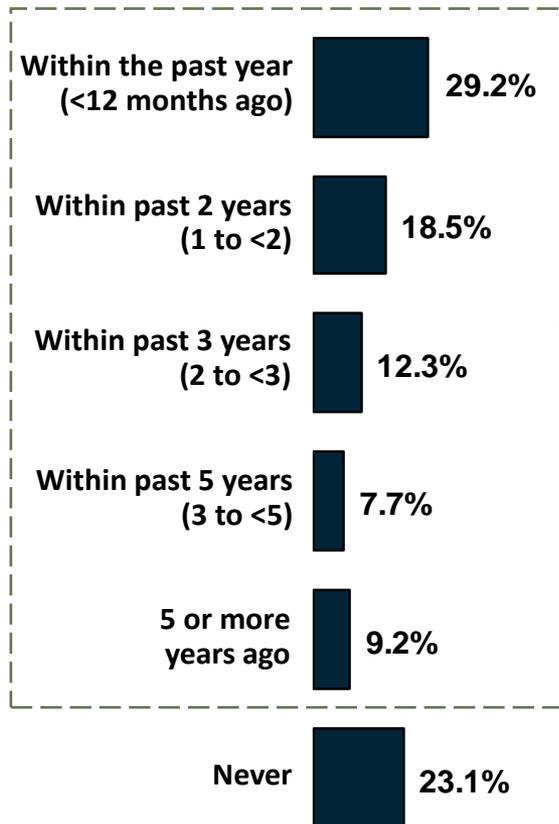
Q16.3: (If yes) Please provide the reason(s) for the difficulty in getting dental care. (Multiple responses allowed) (n=87)



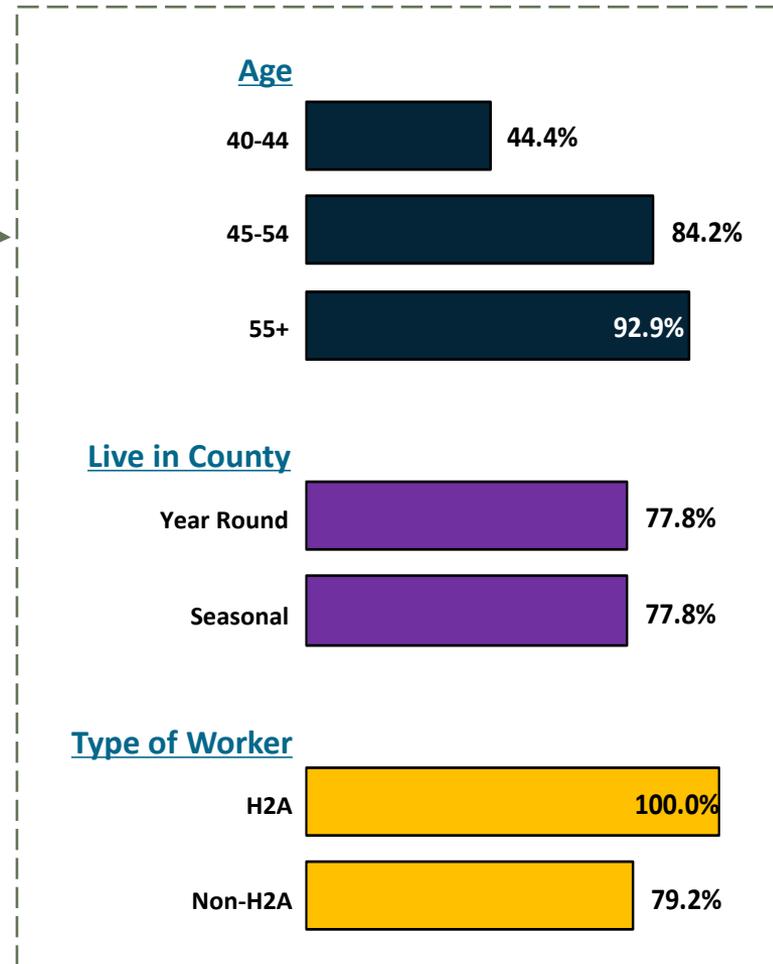
Cancer Screening – Mammogram

- More than three-fourths (76.9) of migrant farmworker women, age 40 or older, have had a mammogram at one time.
 - ❖ Women aged 40-44 are least likely to have had a mammogram

Ever Had Mammogram (Among Women Age 40+)



Ever Had Mammogram by Demographics

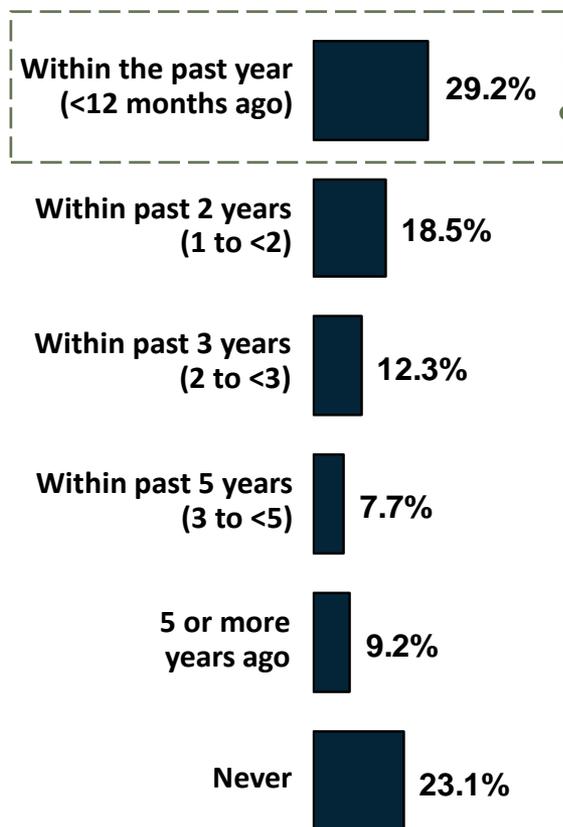




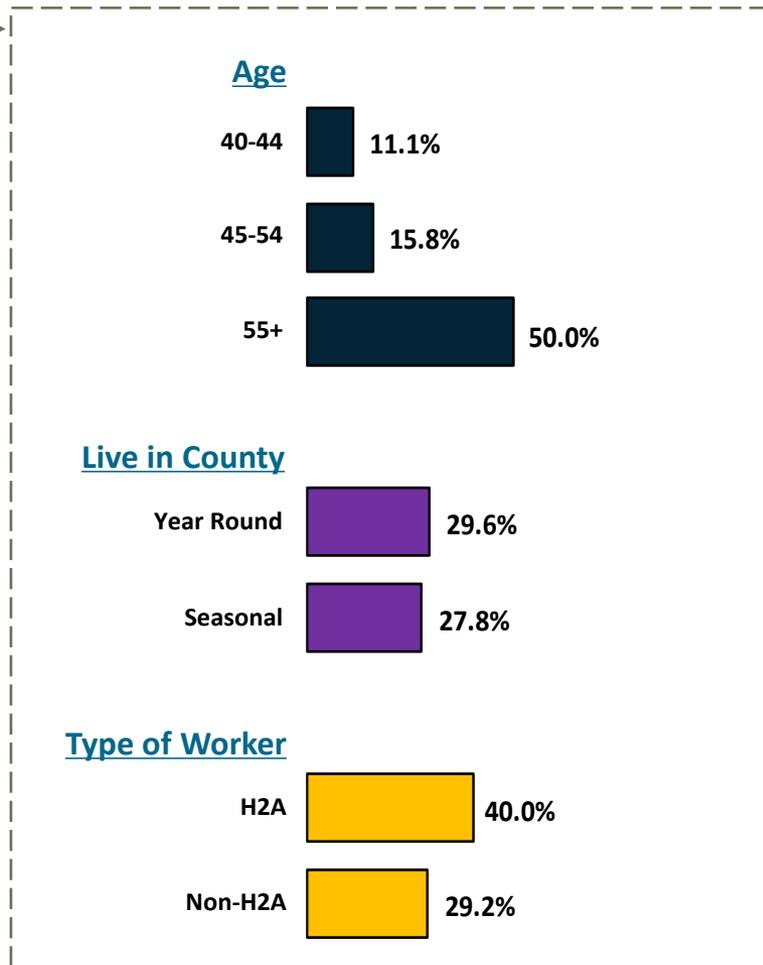
Cancer Screening – Mammogram (Continued)

- Three in ten (29.2%) area migrant farmworker women age 40 or older have had a mammogram in the past year.
 - ❖ Half (50.0) of the women aged 55 or older have had a mammogram in the past year, and this proportion is far greater than for women under age 55

Had Mammogram in Past Year (Among Women Age 40+)



Had Mammogram in Past Year by Demographics

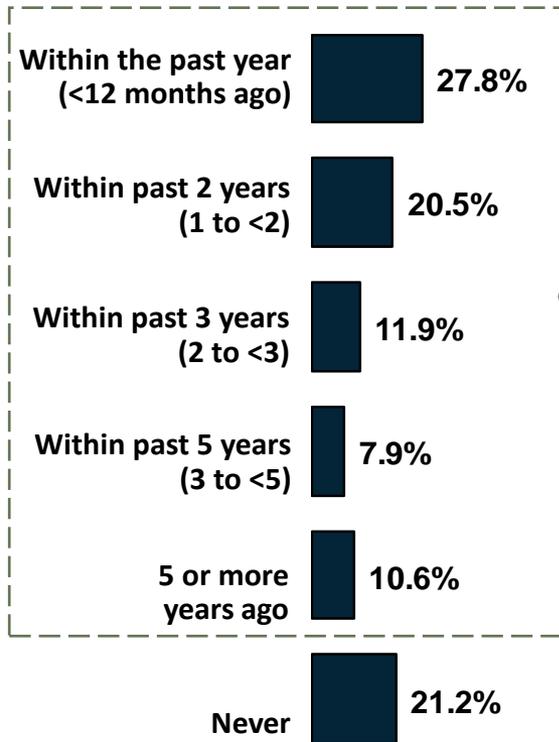




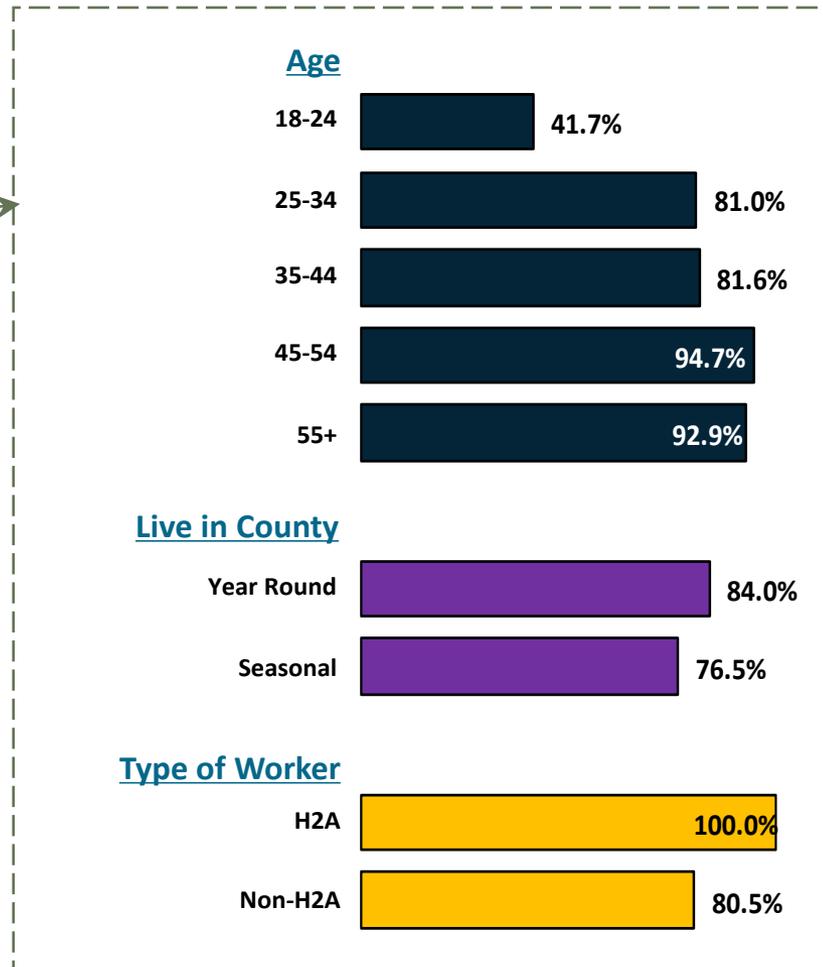
Cancer Screening – Pap Test

- Almost eight in ten (78.8%) migrant farmworker women have had a Pap test at one time.
 - ❖ The only notable difference demographically is that women in the youngest age range (< age 25) are far less likely to have had a Pap test compared to older women

Ever Had Pap Test (Among All Women)



Ever Had Pap Test by Demographics

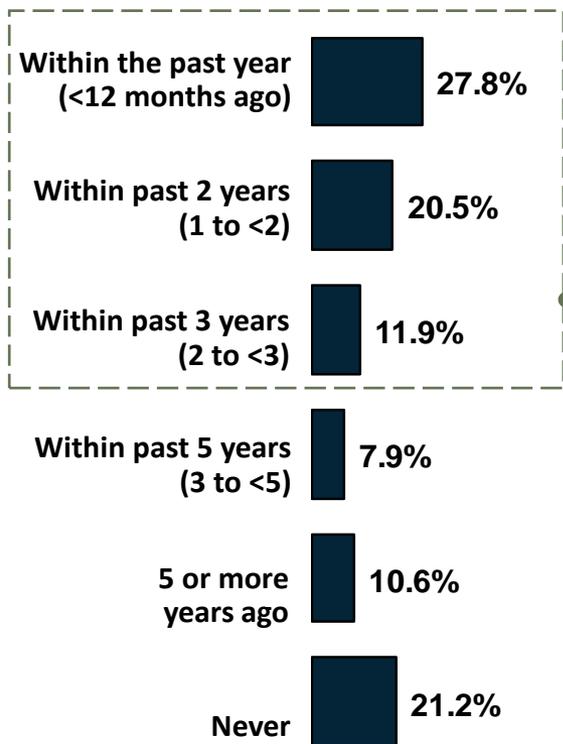




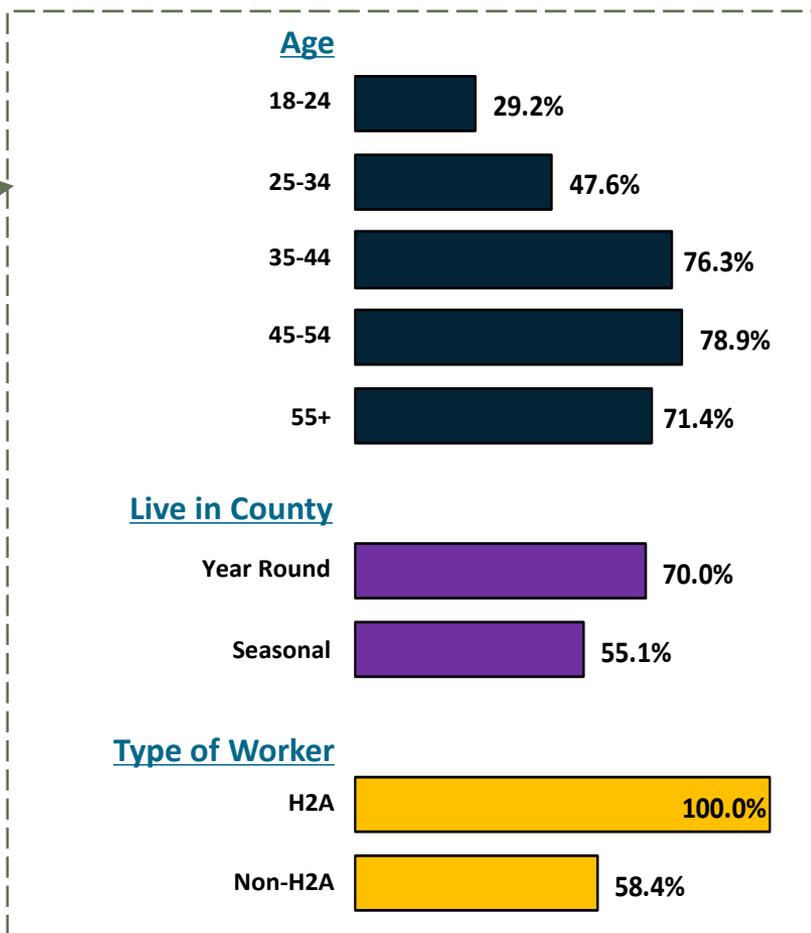
Cancer Screening – Pap Test (Continued)

- Six in ten (60.2%) migrant farmworker women have had an appropriately timed Pap test (within the past three years).
 - ❖ Women with the highest rates of appropriately timed Pap tests are aged 35 or older

Appropriately Timed Pap Test (Among All Women)



Appropriately Timed Pap Test by Demographics

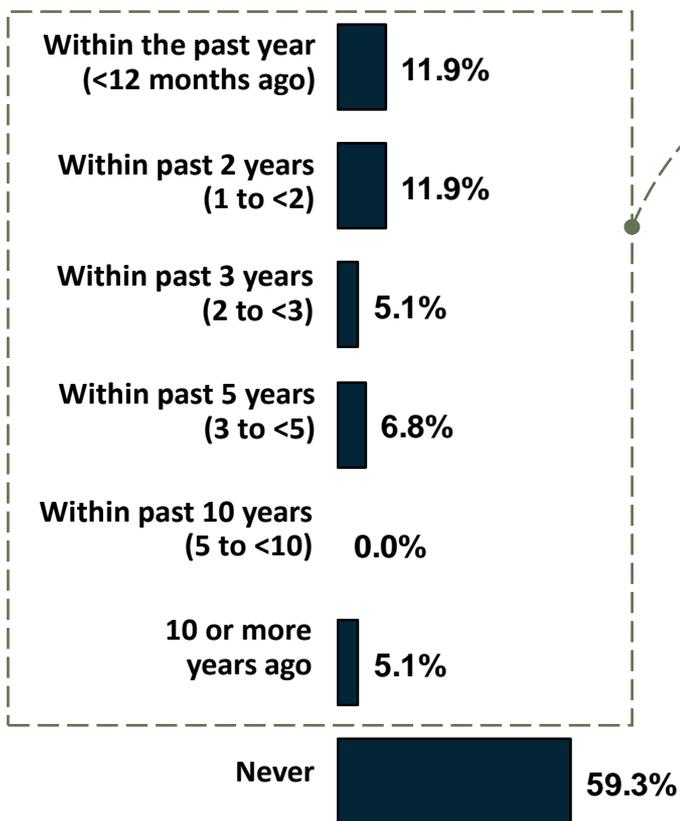




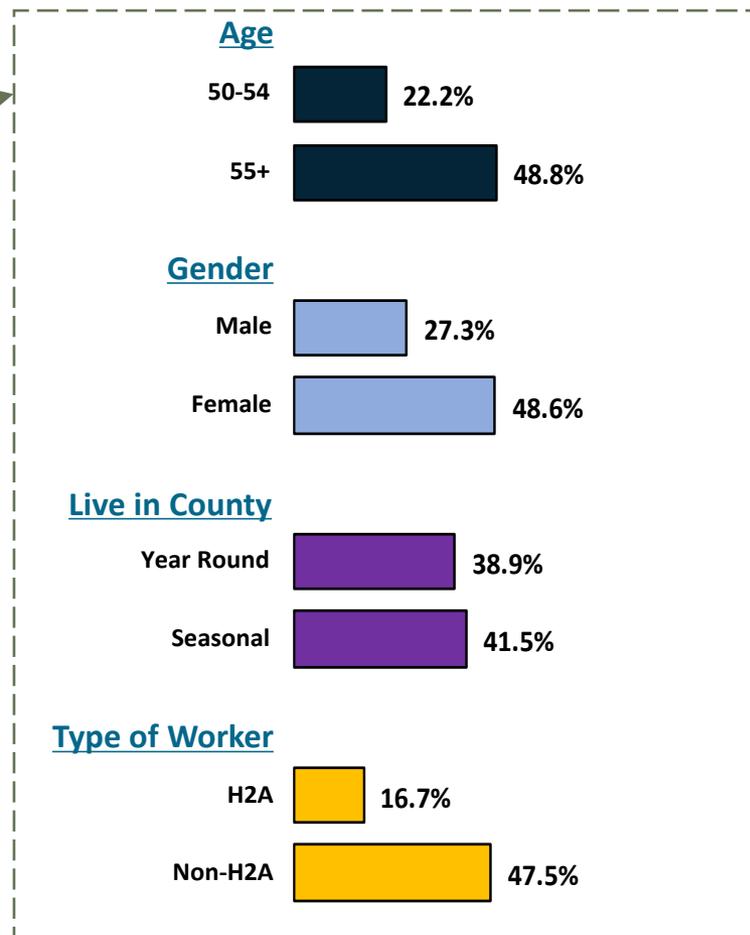
Cancer Screening – Sigmoidoscopy and Colonoscopy

- Among migrant farmworkers age 50 or older, only 40.7% have had a sigmoidoscopy or colonoscopy at one point to screen for colon cancer.
 - ❖ Rates are lowest among adults age 50-54, and women have received this particular cancer screening far more often than men

Ever Had Sigmoidoscopy or Colonoscopy (Among Adults Age 50+)



Had Sigmoidoscopy/Colonoscopy by Demographics



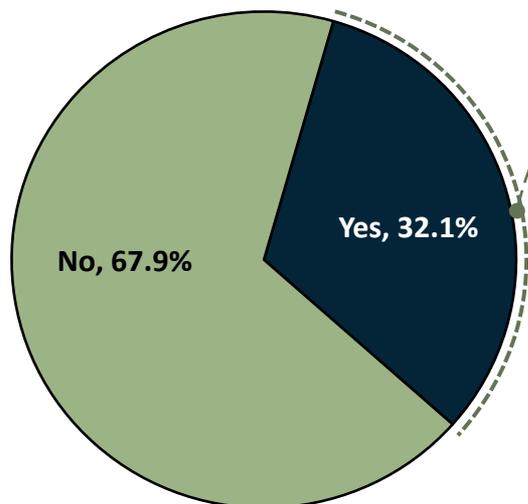
Q12.3: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy or colonoscopy? (n=59)



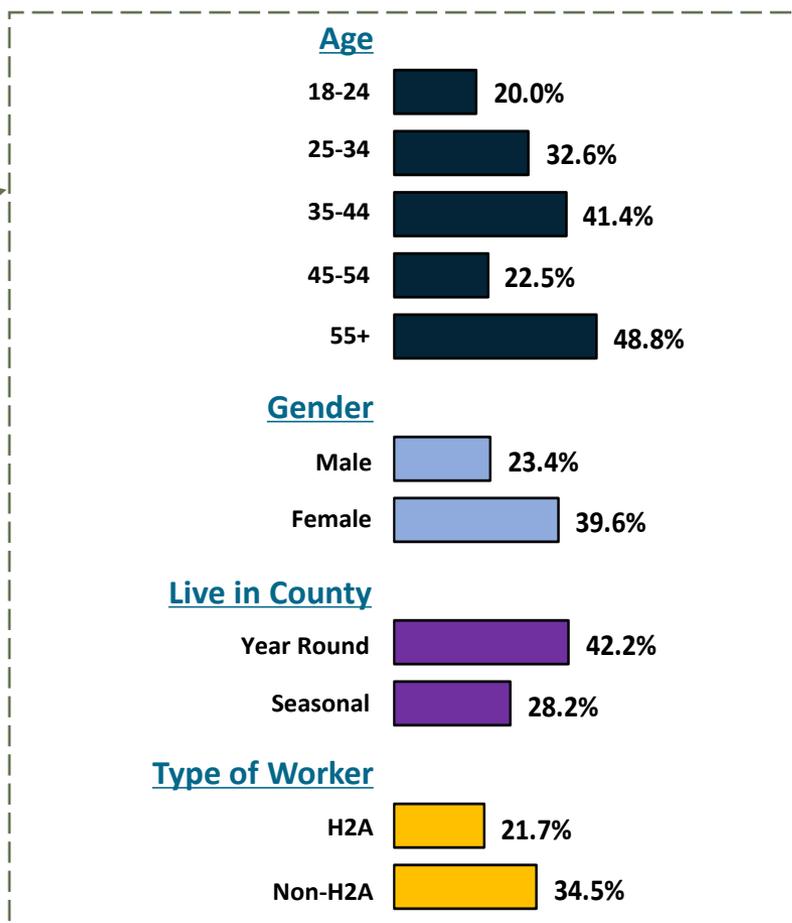
Flu Vaccination

- One-third (32.1%) of Ottawa County migrant farmworkers have had a seasonal flu shot within the past year.
 - ❖ Those most likely to have received a flu vaccine are aged 55 or older and those least likely are aged 18-24
 - ❖ Women are more likely to have been vaccinated than men, and year round workers are more likely than seasonal workers to have been vaccinated

Had Flu Vaccine in Past 12 Months



Had Flu Vaccine in Past 12 Months by Demographics

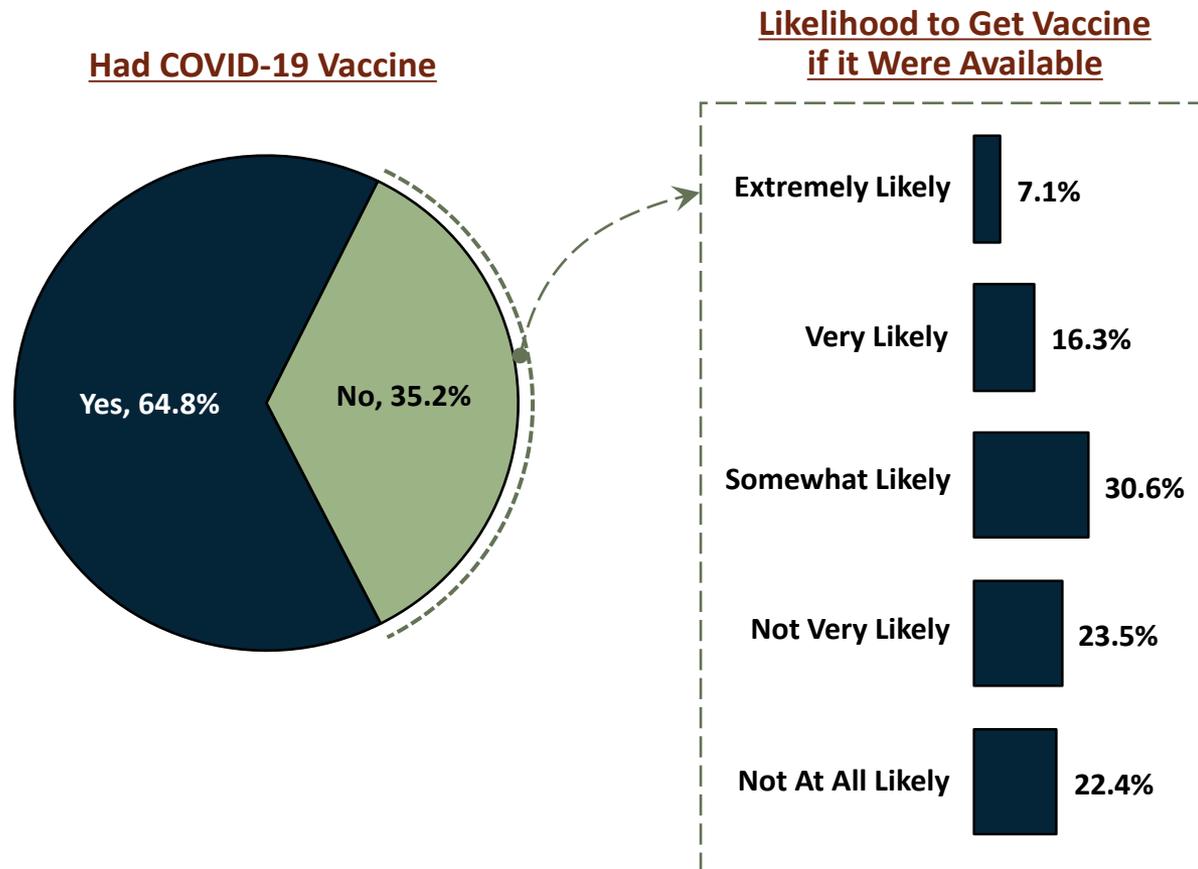


Q13.1: Now I will ask you a question about the seasonal flu. During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot that was injected into your arm? (n=302)



COVID-19 Vaccination

- Two-thirds (64.8%) of migrant farmworkers have been vaccinated for the coronavirus (COVID-19).
 - ❖ Almost half (45.9%) of those who have not yet been vaccinated are unlikely to get the vaccine in the future



Q13.2: Have you received a vaccination for the coronavirus (COVID-19)? (n=307)

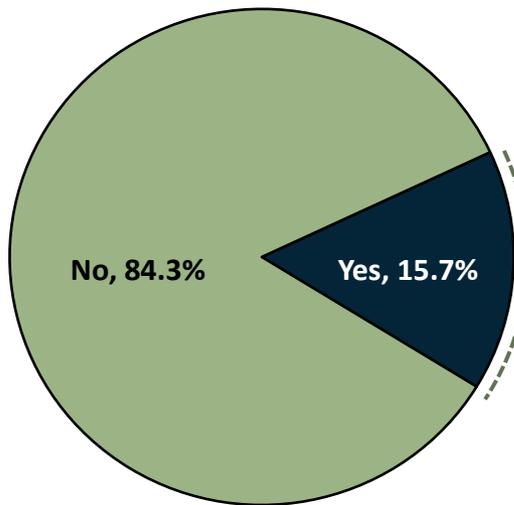
Q13.3: (If no) How likely are you to get vaccinated for the coronavirus (COVID-19)? Would you say....? (n=98)



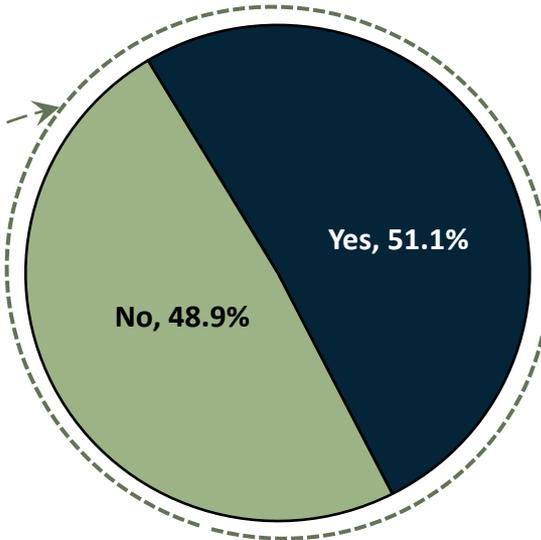
Hypertension

- Roughly one in six (15.7%) migrant farmworkers have been told by a health professional that they have high blood pressure.
 - ❖ Of these, half (51.1%) are currently taking medication for it
- Of those who have not been told they have hypertension, very few (1.7%) have been told they have pre-, or borderline, hypertension.

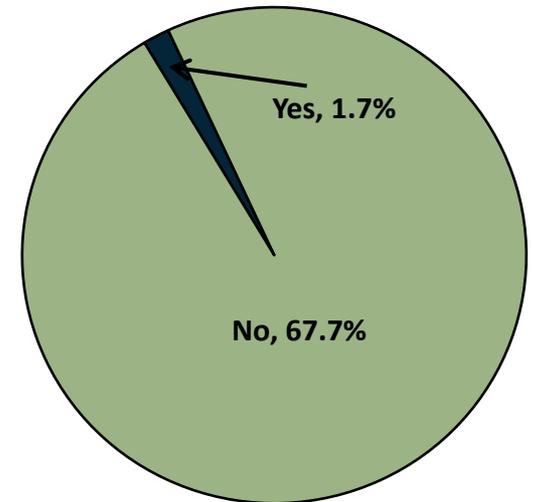
Have High Blood Pressure



Currently Taking Medication for High Blood Pressure



Have Pre-/Borderline Hypertension (Among Those Without Hypertension)



**High Blood Pressure Related to Pregnancy/Childbirth = 9.1%
(Among Women Who Had Been Diagnosed With Hypertension)**

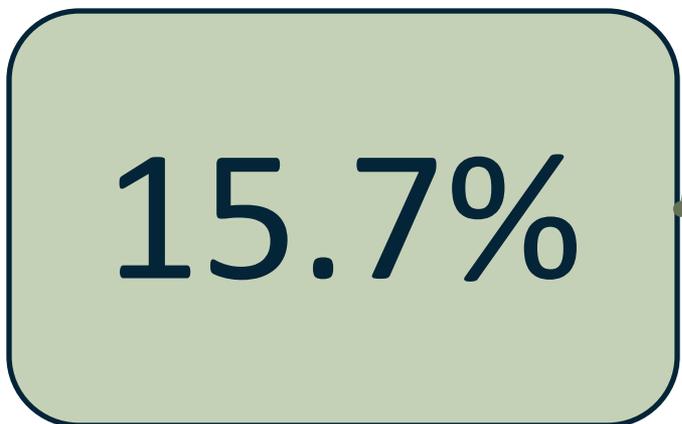
Q17.1: Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure, otherwise known as hypertension? (n=300)
 Q17.2: (If yes and female) Was this when you were pregnant? (n=33)
 Q17.3: (If 17.1 is yes) Are you currently taking prescription medicine for your high blood pressure? (n=45)
 Q17.4: (If 17.1 is no) Have you ever been told by a doctor, nurse, or other health professional that you have pre-hypertension, or borderline hypertension? (n=230)



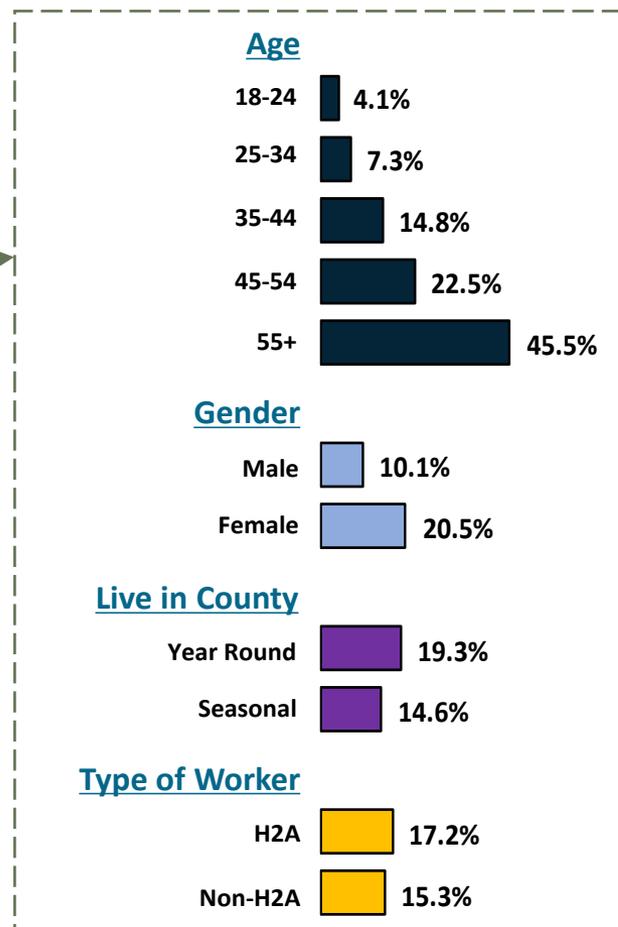
Hypertension (Continued)

- The prevalence of high blood pressure is directly related to age.
- The prevalence of high blood pressure is significantly higher among women than men.

Have Hypertension*



Have Hypertension by Demographics



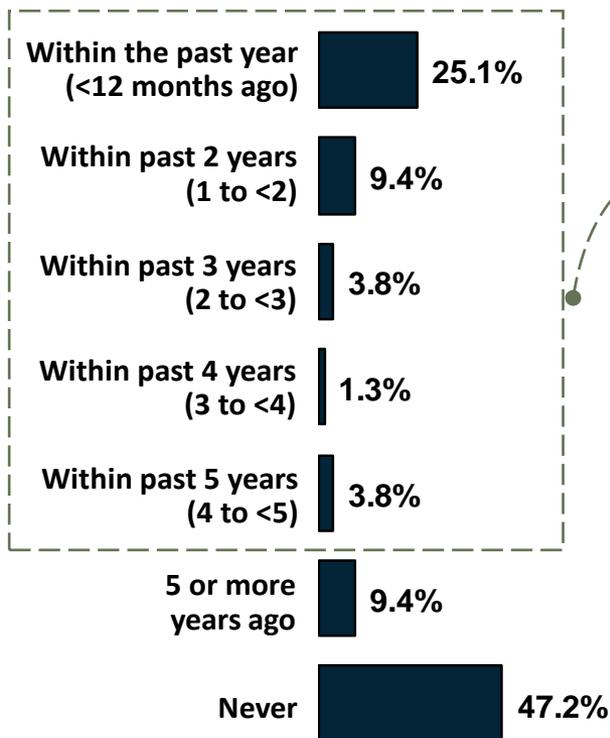
*Among all adults, the proportion who reported that they were ever told by a health care professional that they have high blood pressure (HBP). Women who had high blood pressure only during pregnancy and adults who were borderline hypertensive were considered not to have been diagnosed.



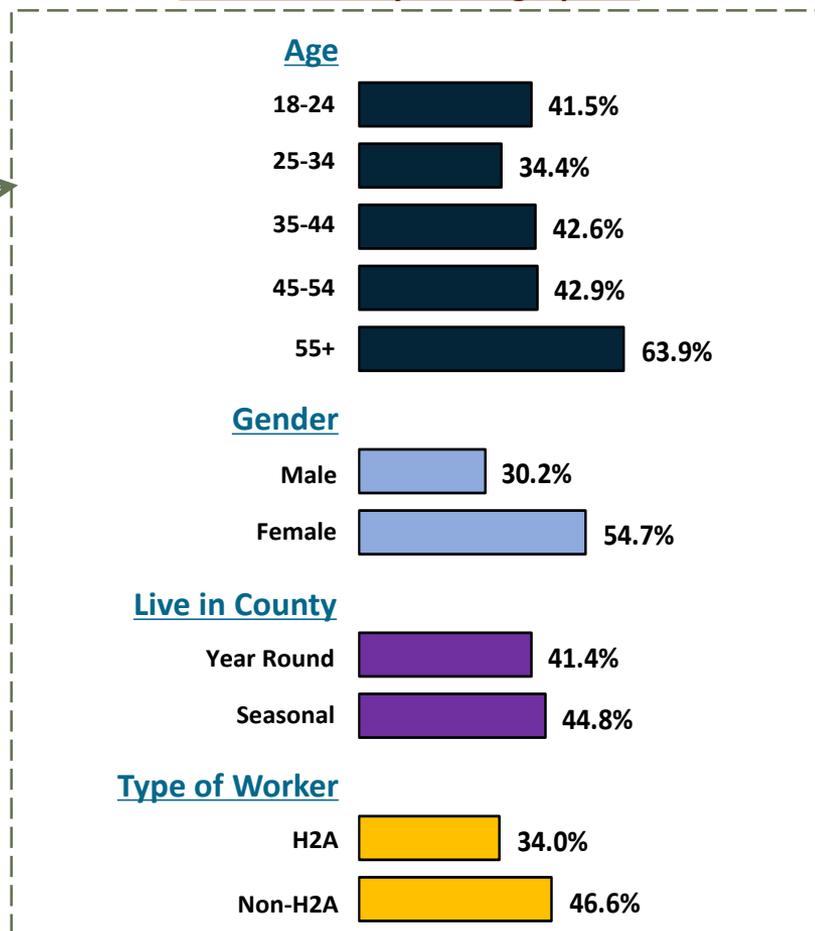
Cholesterol

- Four in ten (43.4%) migrant farmworkers have had their blood cholesterol checked within the past five years, and one-fourth (25.1%) within the past year.
 - ❖ On the other hand, almost half (47.2%) have never had their cholesterol checked
 - ❖ Women are far more likely than men to have had their cholesterol checked within the past five years

When Last Had Blood Cholesterol Checked



Had Cholesterol Checked Within Past 5 Years by Demographics

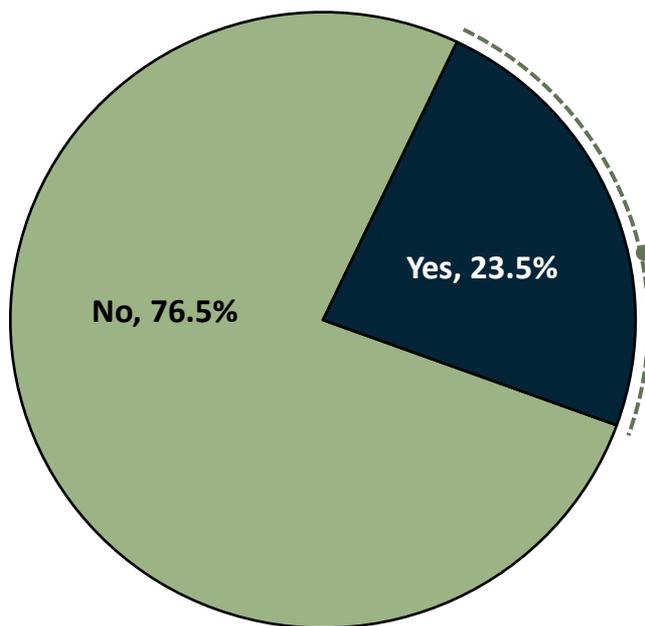




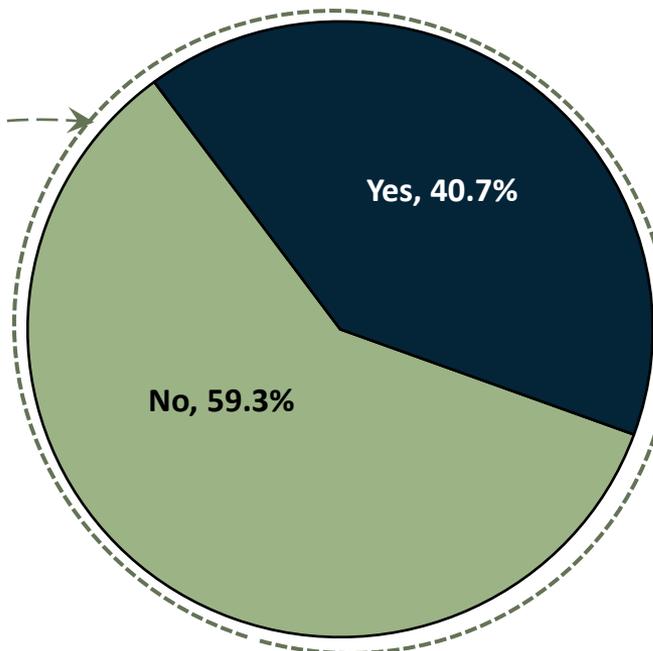
Cholesterol (Continued)

- Almost one-fourth (23.5) of migrant farmworkers have been told by a health professional that they have high blood cholesterol.
 - ❖ Of these, only 40.7% are currently taking medication for it

Have High Blood Cholesterol



Currently Taking Medication for High Blood Cholesterol



Q17.6: (If had cholesterol checked) Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (n=115)

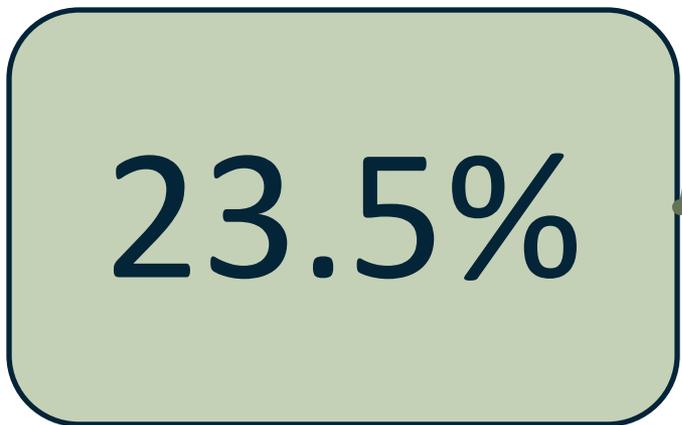
Q17.7: (If yes) Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol? (n=27)



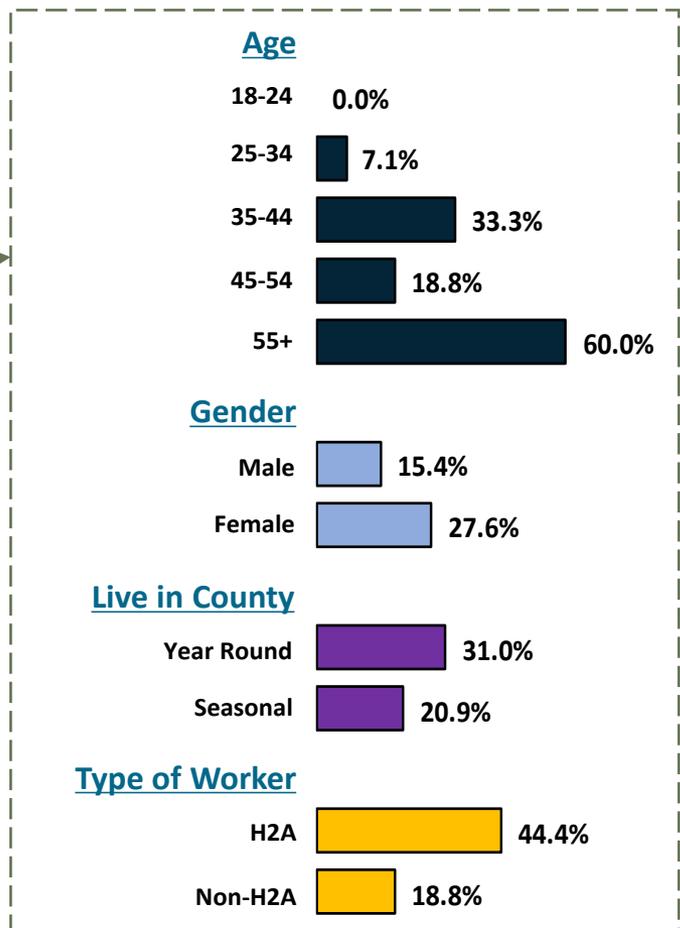
Cholesterol (Continued)

- The prevalence of high blood cholesterol is, primarily, directly related to age.
- The prevalence of high blood cholesterol is significantly higher among women than men, and much higher in H2A workers compared to non-H2A workers.

Have High Blood Cholesterol*



Have Blood Cholesterol by Demographics



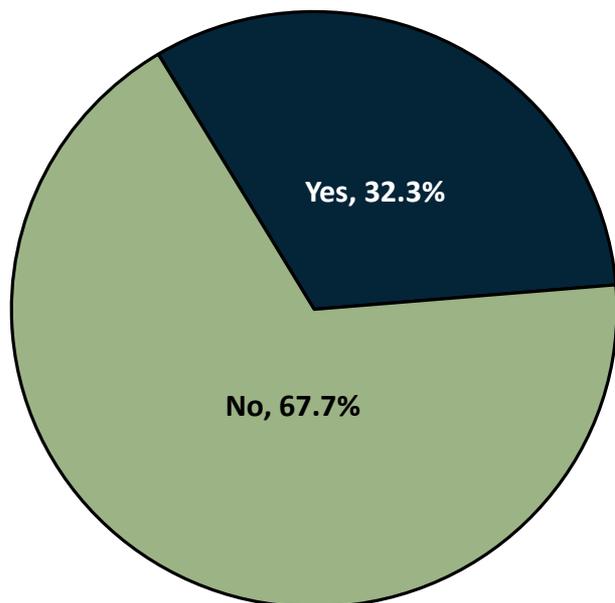
*Among adults who ever had their blood cholesterol checked, the proportion who reported that a doctor, nurse, or other health professional has told them that their cholesterol was high.



Birth Control/STD Testing

- One-third (32.3%) of migrant farmworkers report they know where to go in Ottawa County for birth control services or access to STD testing.
- Among Key Informants, the perception of whether or not they know where to go is mixed, but it's clear somebody, or some organization, has to tell them where to go at some point after they arrive.

Know Where to Go for Birth Control/STD Testing



They do not. Because a lot of them, especially H2A workers, **require us to transport them** places. They come a lot to us, so they don't know, but they do know that they are to come to us with some of these requests. – *Key Informant*

I think that **in recent years**, the organizations, the health care organizations in the region, **have done a great job in terms of providing that outreach and information** to both the families and the single farmworkers that come to the region. – *Key Informant*

I think **they're aware of where to go for just general health services. But sexual health specifically, I'd say they're probably less knowledgeable about.** – *Key Informant*

Yes, I feel that they do. We've got our name out there and the **health department's name out there** very well, **especially for testing for like STDs.** They know about the health department and then InterCare for prevention and just regular care. – *Key Informant*

No, because if somebody is not telling them in person, like if it's not a Department of Health and Human Services worker, if it's not somebody at the migrant camp that they're working at, if it's, you know, not somebody like the Migrant Resource Council, an organization coming out and telling them, then no. **I don't think that they know where to go when they arrive.** So, unless somebody tells them, no, they definitely do not know where to go or how to get what they need. – *Key Informant*

Q13.4: Do you know where to access services for birth control or STD (sexually transmitted diseases) testing in Ottawa County if you or someone you knew needed these services? (n=257)

KIQ3c: c. Do you think the migrant farmworker group knows where to go for things like clinical services or sexual health? (n=10)

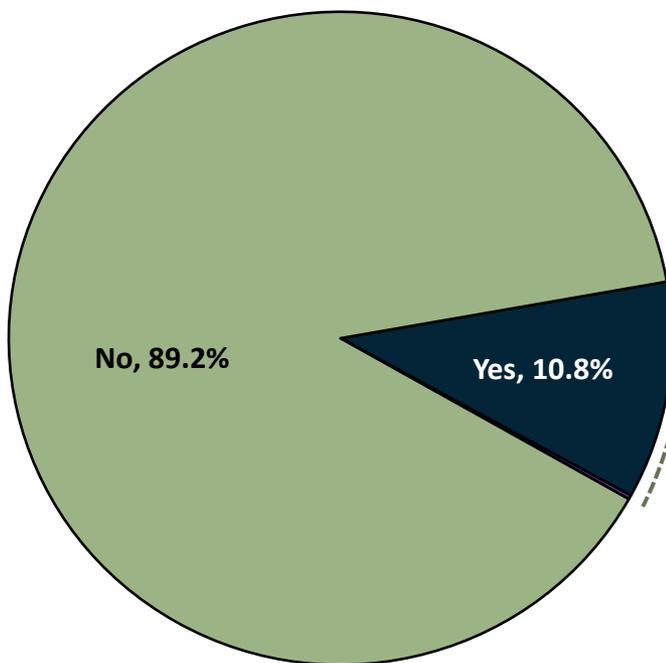
Chronic Conditions



Prevalence of Diabetes

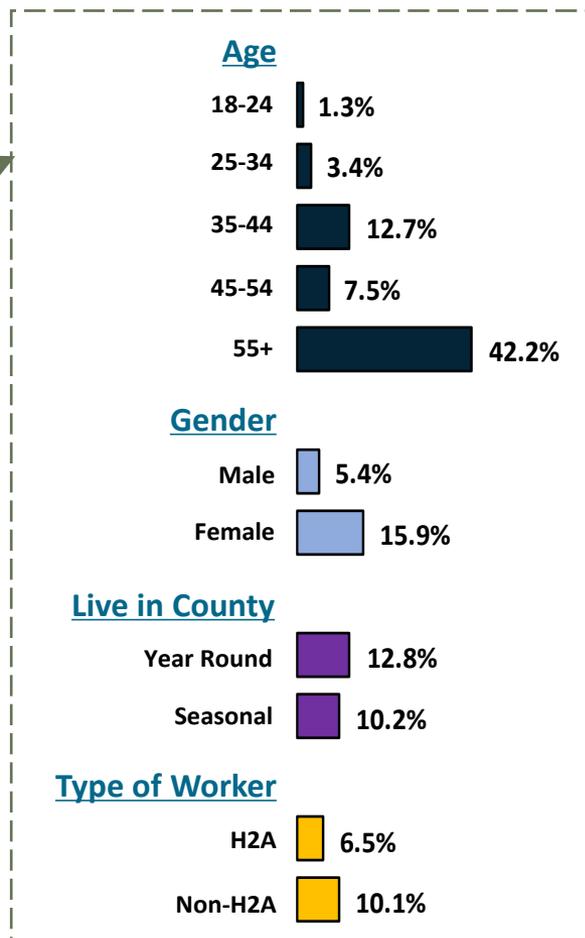
- One in ten (10.8%) migrant farmworkers has been told by a health care professional that they have diabetes.
 - ❖ The prevalence of diabetes is much greater for older adults (55+) and for women compared to men

Ever Told Have Diabetes



(Females who said yes) Only
During Pregnancy, 13.6%

Have Diabetes by Demographics

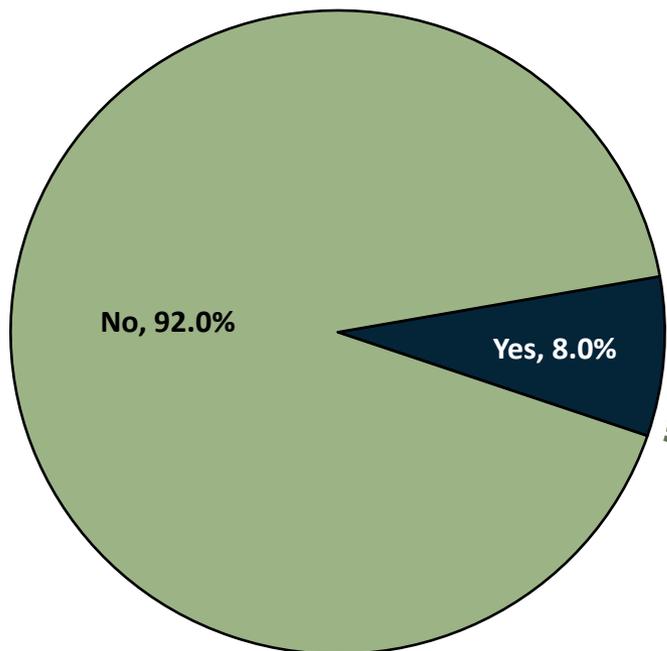




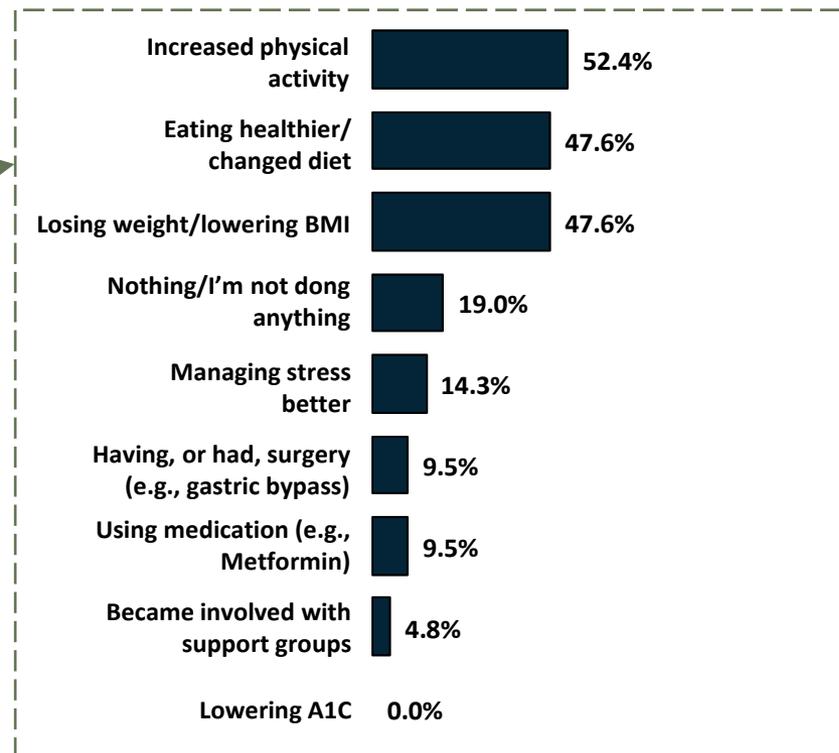
Prevalence of Pre-Diabetes/Borderline Diabetes

- Among area adults who have not been diagnosed with diabetes, 8.0% have been told by a health care professional that they have pre-diabetes or borderline diabetes.
- For those diagnosed with pre-diabetes, the most common step they have taken in order to prevent developing full diabetes is to increase their physical activity, eat healthier foods, and try to lose weight or lower their BMI.

Ever Told Have Pre-Diabetes or Borderline Diabetes (Among Those Without Diabetes)*



Steps Taken to Prevent Pre-Diabetes from Developing Into Diabetes



*Among adults without diabetes, the proportion who reported ever being told by a health care professional that they had pre-diabetes or borderline diabetes

Q3.4: (If no diabetes) Has a doctor, nurse, or other health professional EVER told you that you had pre-diabetes or borderline diabetes? (n=275)

Q3.5: (If diagnosed with pre-diabetes) What steps are you taking, if any, to prevent your prediabetes from developing into diabetes? (n=21)



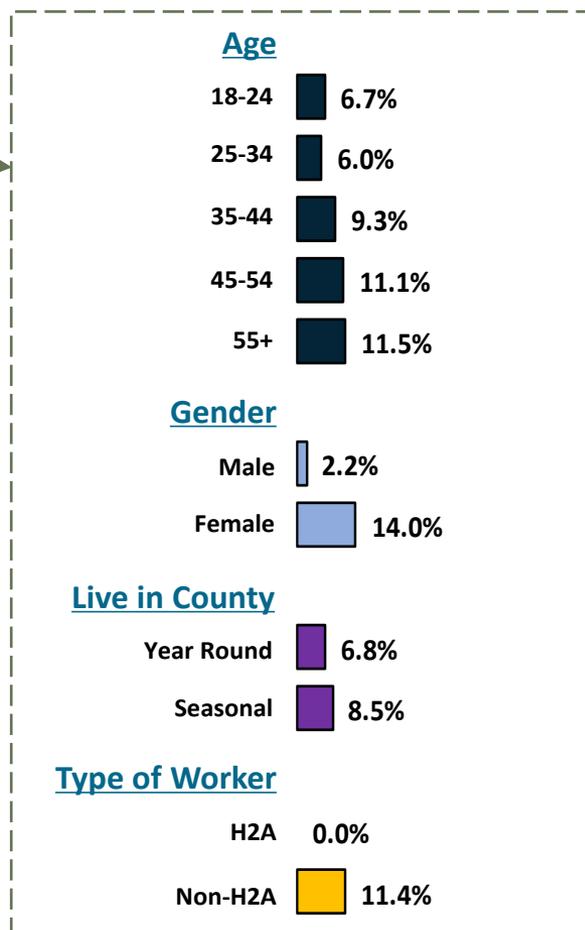
Prevalence of Pre-Diabetes/Borderline Diabetes

- The prevalence of pre-diabetes is greater for adults aged 45+ compared to younger adults.
- Also, the proportion of women who report pre-diabetes is significantly higher than men.

Ever Told Have Pre-Diabetes or Borderline Diabetes* (Among Those Without Diabetes)



Have Pre-Diabetes/Borderline Diabetes by Demographics



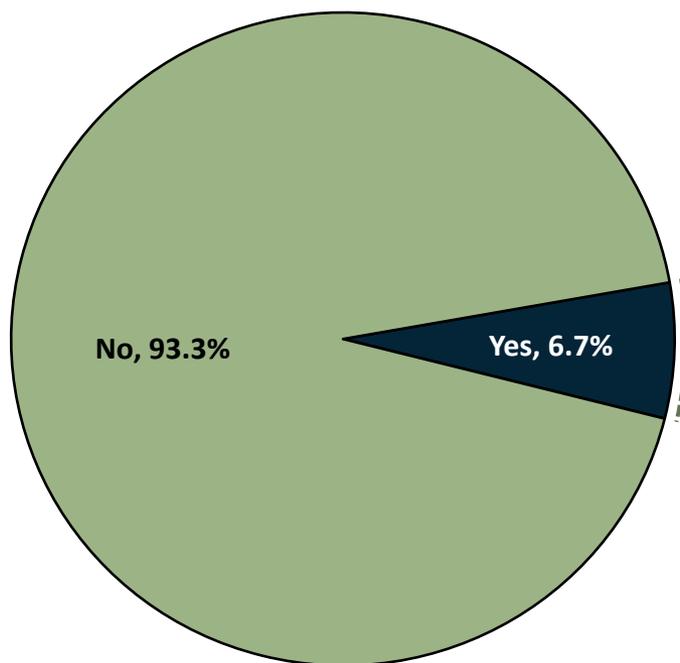
*Among adults without diabetes, the proportion who reported ever being told by a health care professional that they had pre-diabetes or borderline diabetes



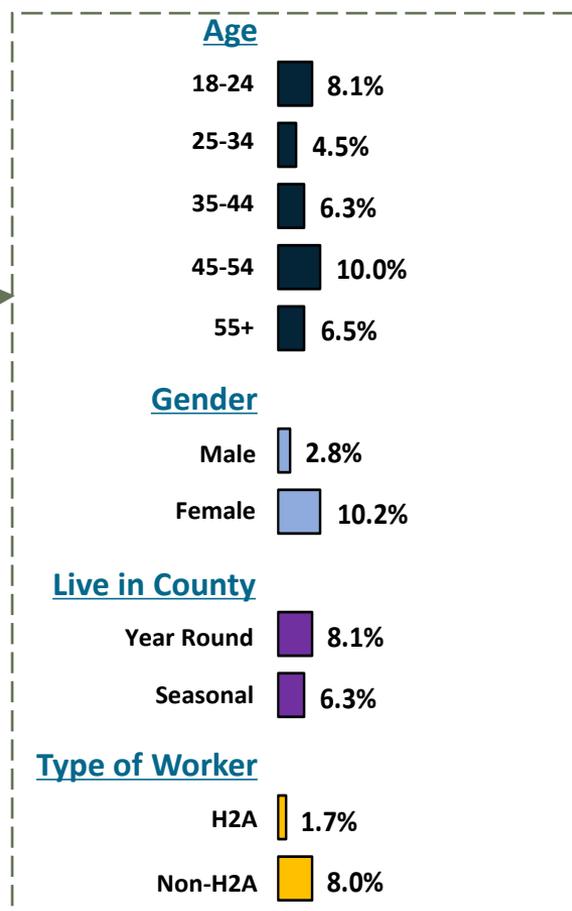
Lifetime Asthma

- Roughly one in fifteen (6.7%) migrant farmworkers has been told by a health care professional at some point in their life that they had asthma.
 - ❖ The prevalence of lifetime asthma is greater for women than men, and greater for non-H2A workers than H2A workers

Lifetime Asthma Prevalence*
(Total Sample)



Lifetime Asthma by Demographics



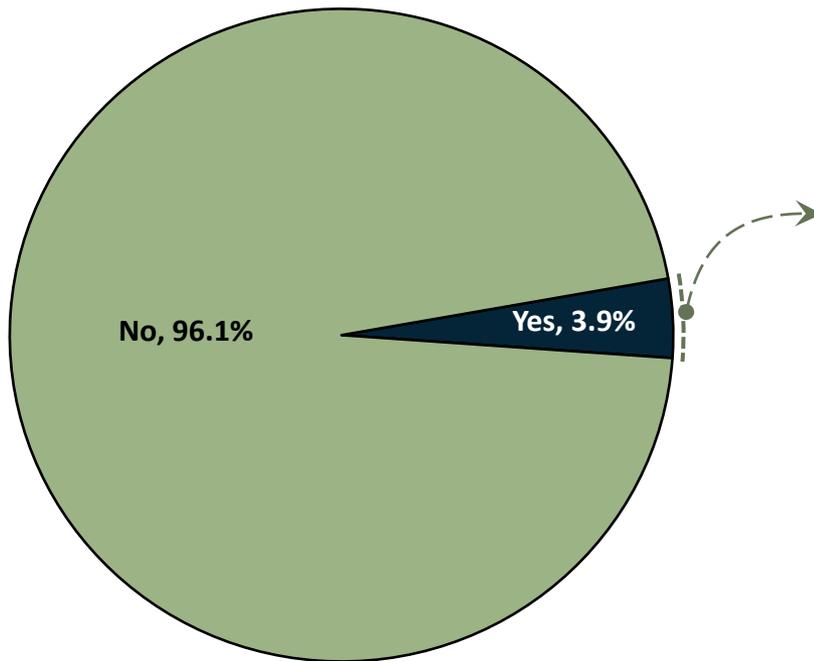
*Among all adults, the proportion who reported that they were ever told by a doctor, nurse, or other health care professional that they had asthma



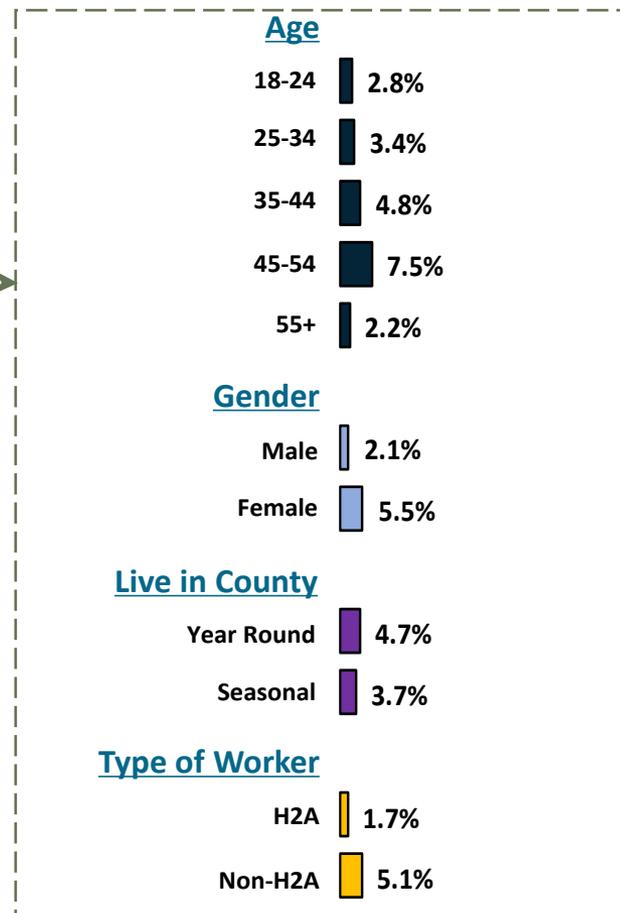
Current Asthma

- Roughly one in twenty-five (3.9%) area migrant farmworkers currently has asthma.
 - ❖ Women are slightly more likely to have asthma than men, and non-H2A workers are more likely to have asthma than H2A workers

Current Asthma Prevalence*
(Total Sample)



Current Asthma by Demographics



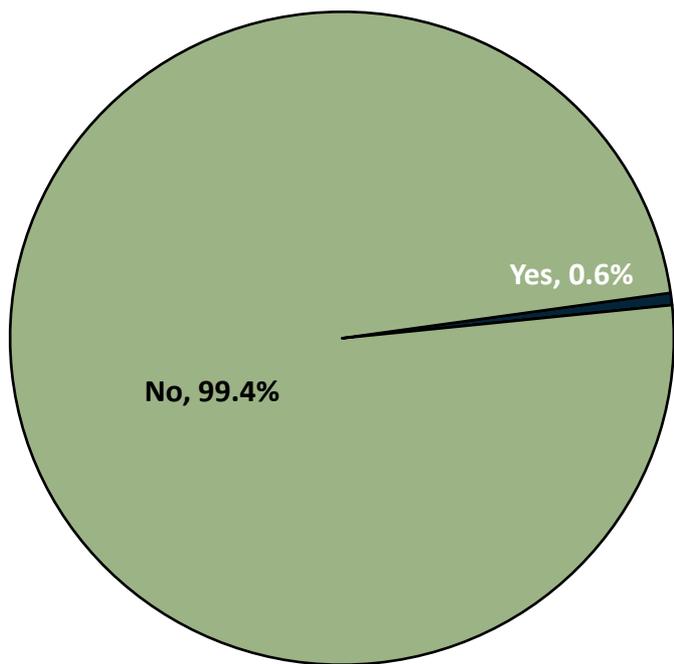
*Among all adults, the proportion who reported that they still had asthma



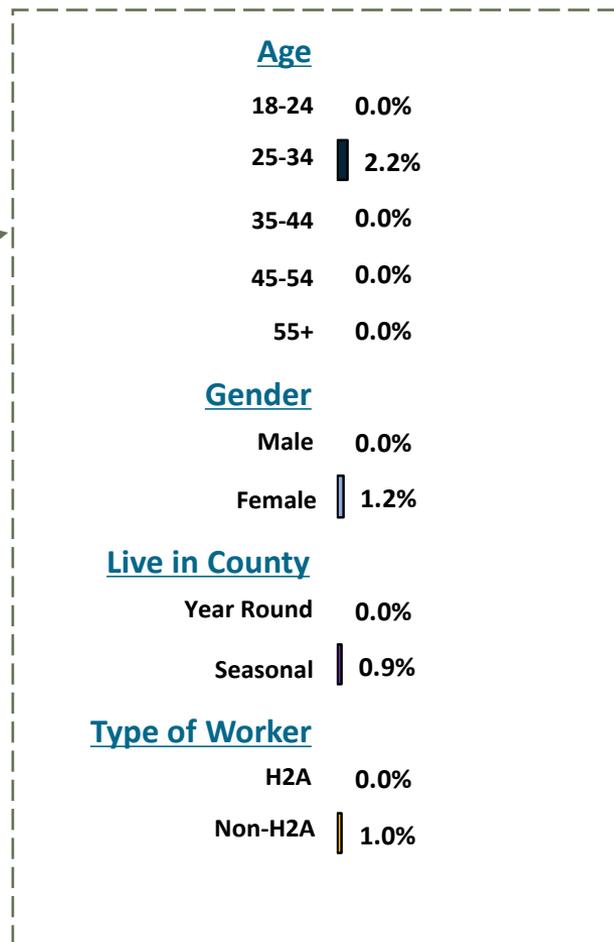
Prevalence of COPD

➤ The prevalence of COPD is very low among the migrant farmworker subpopulation, regardless of demographics.

Ever Told Have COPD*
(Total Sample)



Have COPD by Demographics



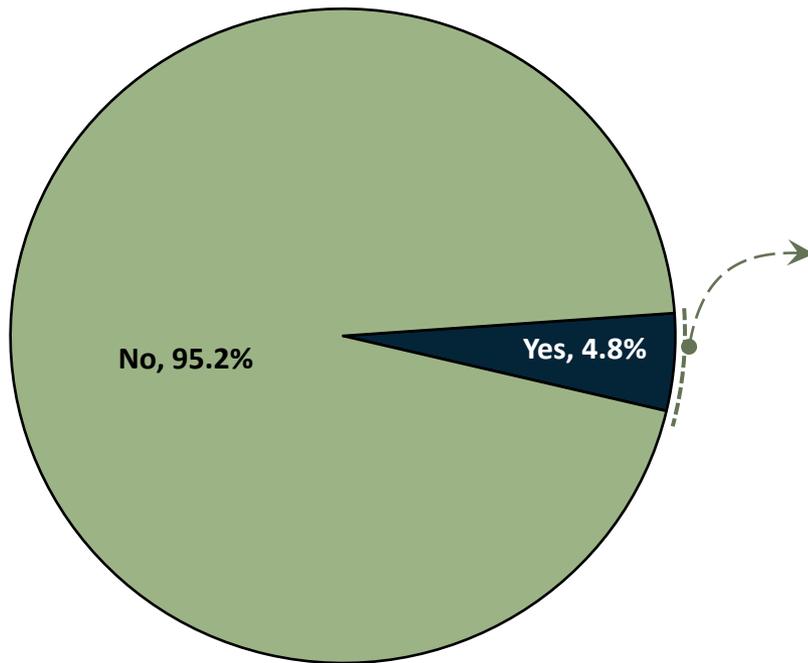
*Among all adults, the proportion who reported that they were ever told by a doctor that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis



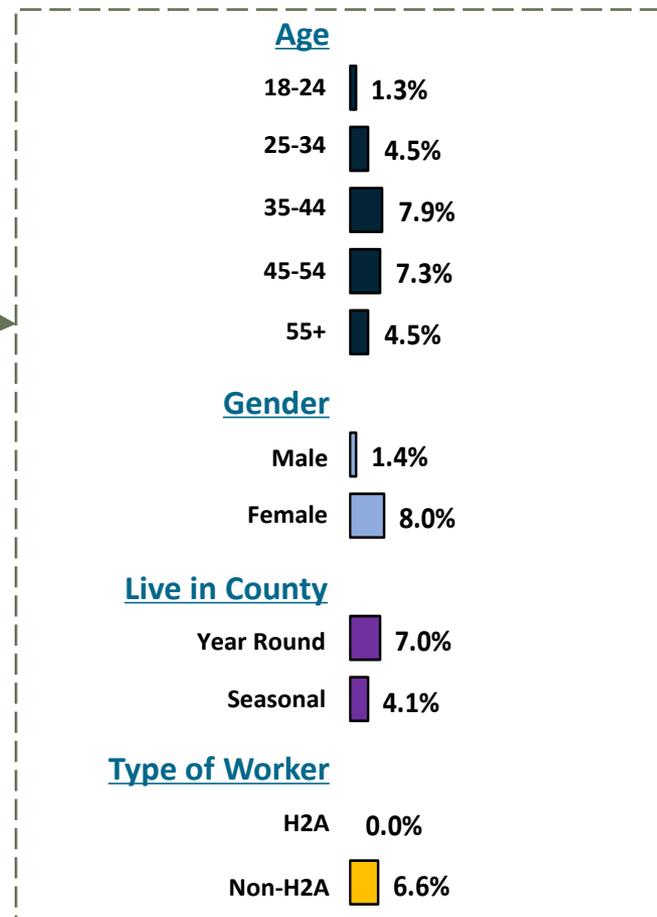
Prevalence of Arthritis

- One in twenty (4.8%) migrant farmworkers have arthritis, and this is largely a condition that comes with age.
 - ❖ The disease is also more common in women than men

Ever Told Have Arthritis*
(Total Sample)



Have Arthritis by Demographics



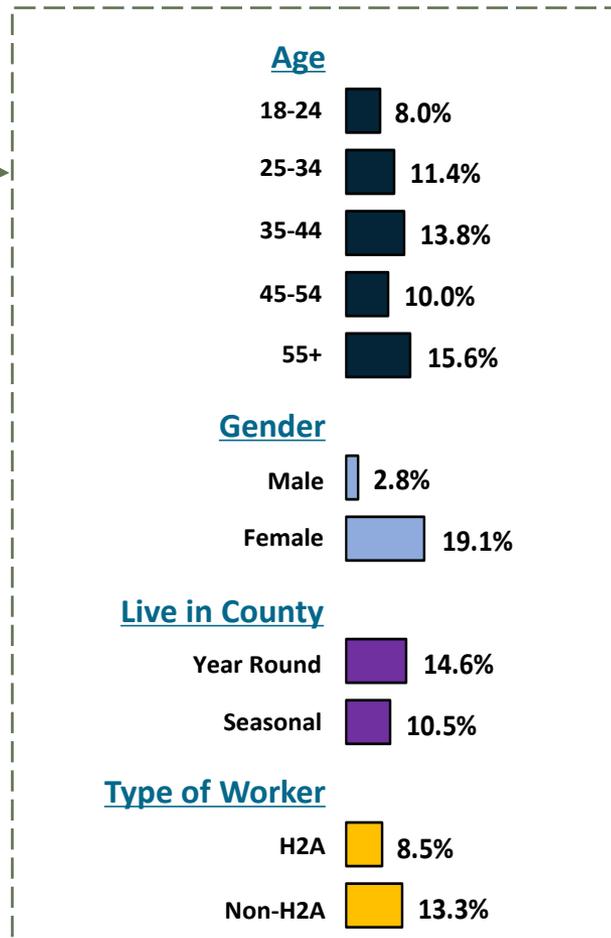
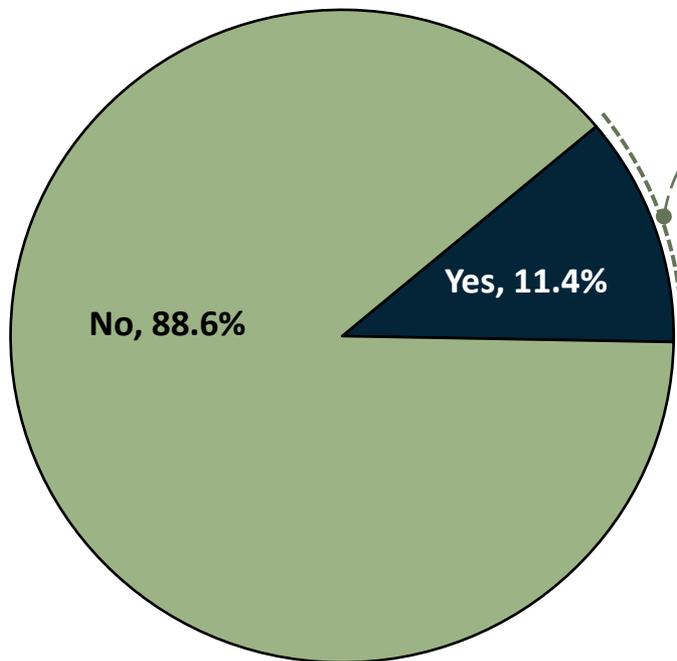
*Among all adults, the proportion who reported ever being told by a health care professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia



Chronic Pain

- One in nine (11.4%) migrant farmworkers in Ottawa County suffers from chronic pain.
 - ❖ Chronic pain is most prevalent among those age 55 or older, and notably more prevalent among women than men

Suffer from Chronic Pain by Demographics

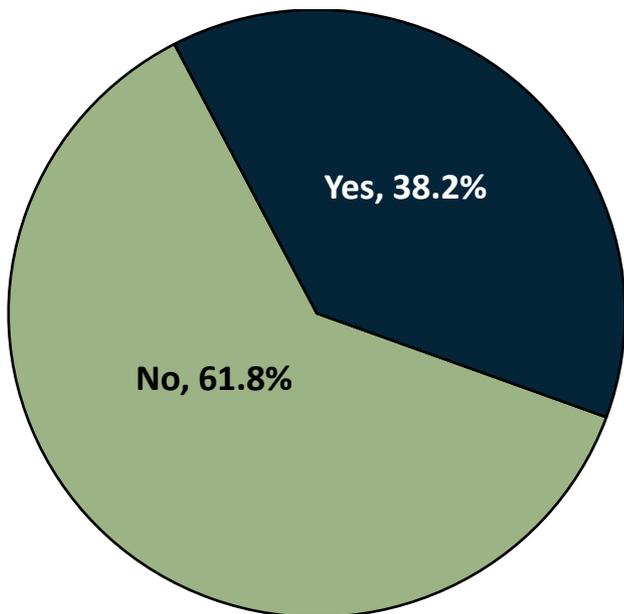




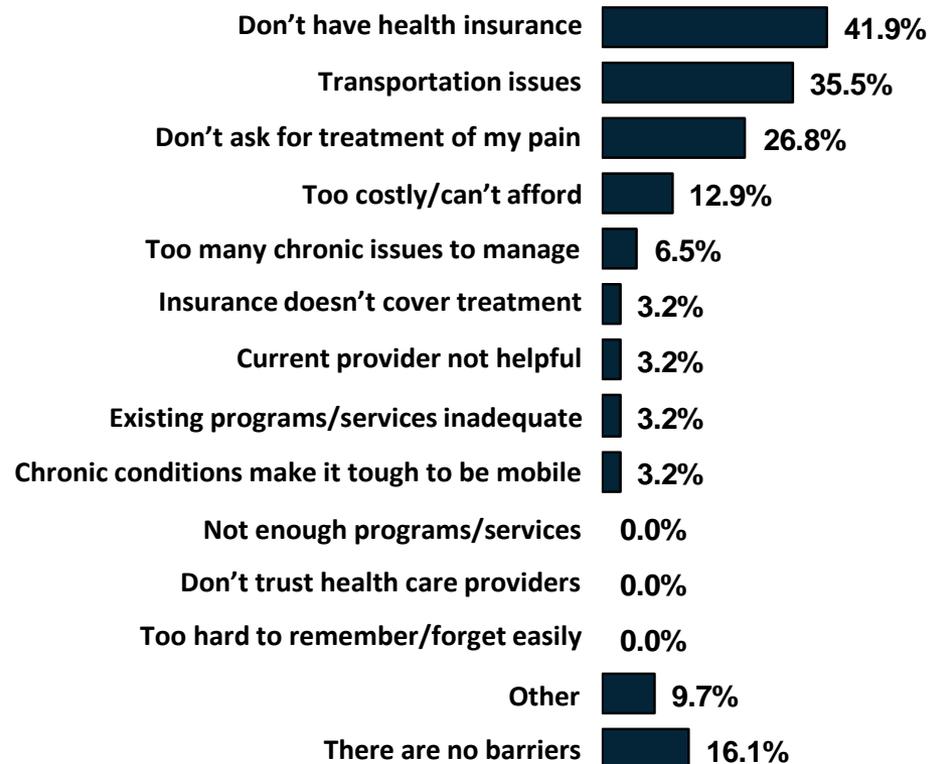
Chronic Pain Management

- Six in ten (61.8%) migrant farmworkers who suffer from chronic pain say their pain is not well managed.
- Top barriers to treating their pain, include lack of health insurance, transportation issues, and cost.
- One in four (26.8%) say they don't seek treatment for their pain.

Pain is Well Managed



Barriers to Treating Pain



Q3.12: (If have chronic pain) Do you feel your pain is well managed? (n=34)

Q3.13: (If have chronic pain) What are some of the barriers to treating your pain? (n=31)



Additional Health Problems

➤ When area migrant farmworkers were asked about additional health problems they have, myriad issues were mentioned, some of which were eventually covered in subsequent questions (e.g., high blood pressure, cholesterol).

- **High blood pressure (6)**
- **Cholesterol (3)**
- **Back problems/pain (2)**
- **Pregnant (2)**
- **Allergies**
- **Carpal tunnel**
- **Dental problems**
- **Diagnosed with bipolar**
- **Headache and foot pain**
- **Gastritis**
- **Heart condition**
- **Hernia**

- **I think I might have diabetes but I haven't had the chance or know where to go.**
- **Mono**
- **Poor circulation**
- **Psoriasis**
- **Rash when out in the sun**
- **Recent surgery prevents me from doing some things**
- **Sinusitis**
- **Spontaneous head and stomach pain**
- **Vitiligo**
- **Wrist pain**

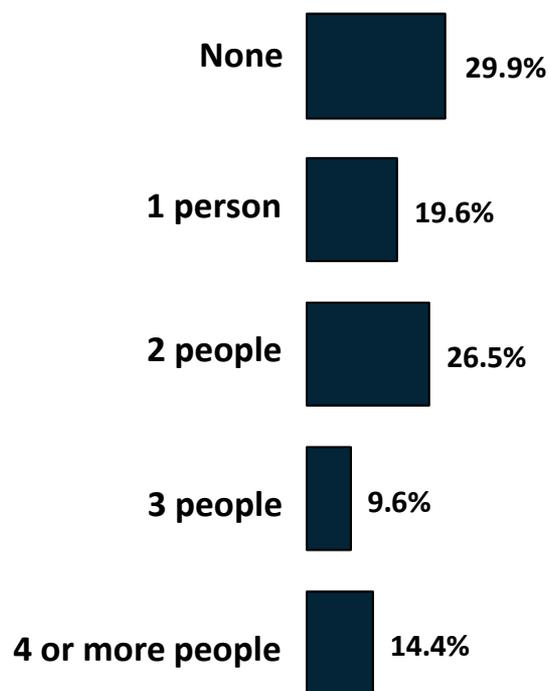
Social and Emotional Support



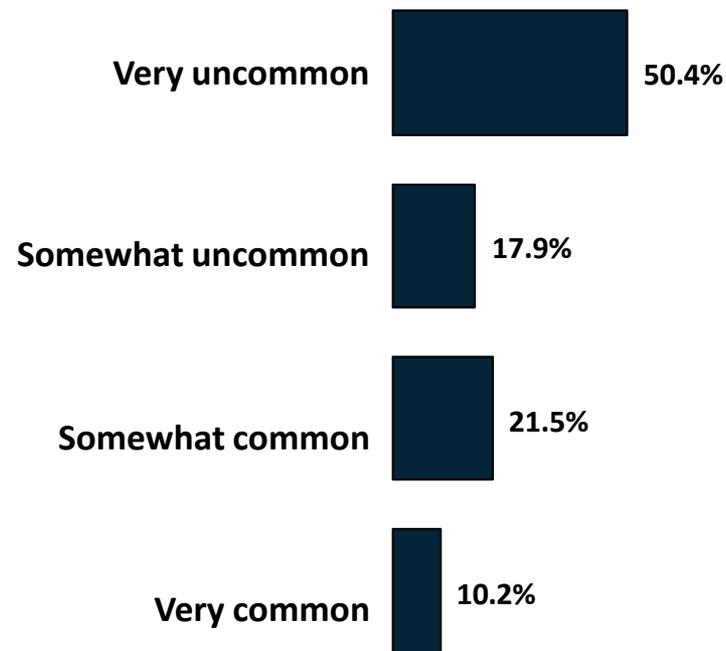
Social and Emotional Support

- Three in ten (29.9%) area migrant farmworkers report they have nobody they can rely on if they needed practical help such as picking up groceries, talking about problems, or providing care, while 46.1% say they can only rely on one or two people.
- Further, 68.3% say it is uncommon for them to reach outside their circle of family and friends to receive practical help or social and emotional support; 50.4% say it would be “very uncommon.”

Number of People Can Count on for Practical Help



Regularity of Reaching Outside Circle of Family and Friends to Receive Help or Support



Q6.1: How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care? (n=291)

Q6.2: Think about people you rely on for help and support. How common is it for you to reach outside this circle of people to give or receive practical help or social and emotional support? Help and support may include informal social and emotional support, help with errands, tasks, or chores, and information for problem solving. (n=274)

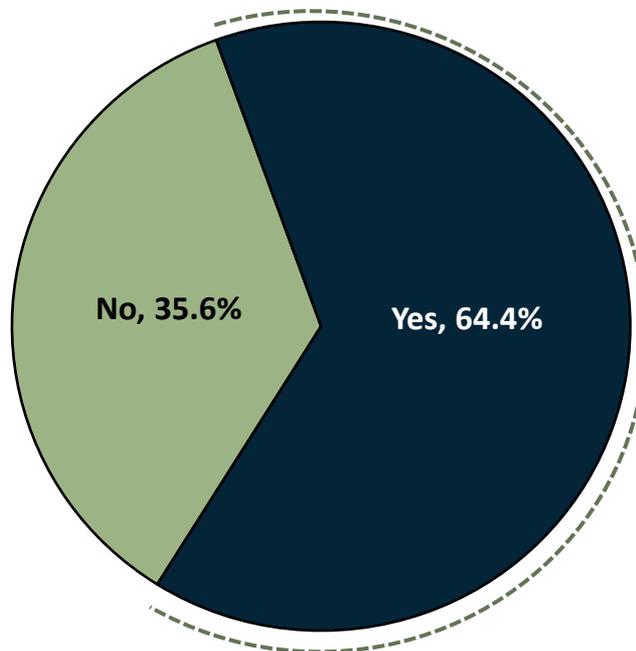
Use of Pesticides



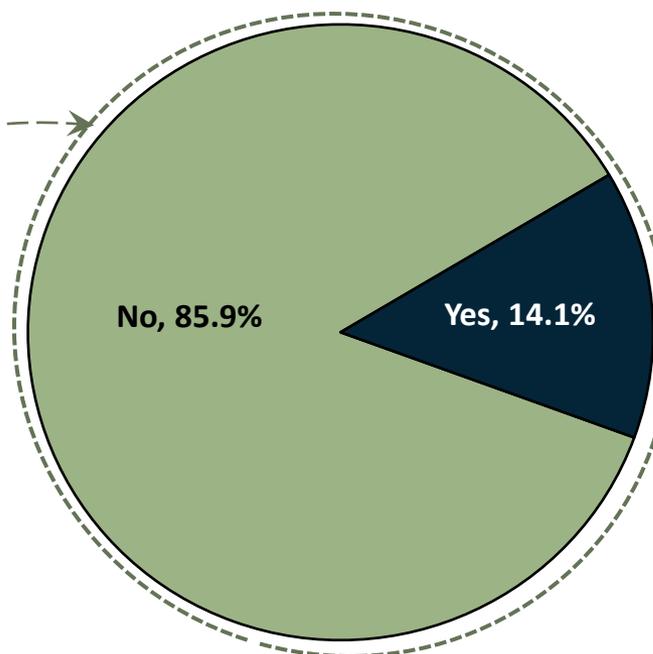
Use of Pesticides

- Approximately two-thirds (64.4%) of migrant farmworkers report that pesticides are used where they work.
 - ❖ Of these, 14.1% say they have experienced negative physical reactions from being exposed to pesticides, such as burning eyes, cough, nausea, or skin rashes

Pesticides Used Where You Work



Experienced Physical Effects From Being in Contact With Pesticides



Q19.1: Do you know if pesticides are used where you work? By pesticides we mean chemicals used to kill bugs or weeds to stop plant diseases. (n=247)

Q19.2: (If yes) Have you ever had burning eyes, cough, nausea, or skin rash after being in contact with pesticides? (n=156)

Community Connectedness and Inclusion



Community Inclusion and Connection

- Clearly, migrant farmworkers in Ottawa County feel included in, and connected to, their community:
 - ❖ 77.5% believe Ottawa County is inclusive or welcoming of all people
 - ❖ 76.4% personally feel included or welcomed in Ottawa County
 - ❖ 80.8% personally feel respected or valued in Ottawa County, and
 - ❖ 65.7% personally feel connected to Ottawa County

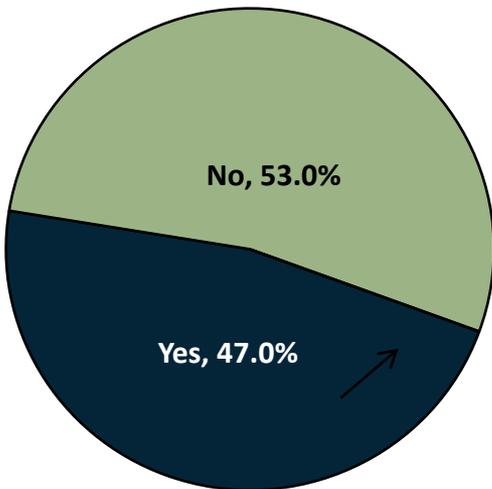
	<i>What is your level of agreement with the following statements?</i>			
<i>Level of Agreement</i>	“Ottawa County is inclusive, or welcoming, of <u>all</u> people” (n=262)	“I feel included, or welcomed, in Ottawa County” (n=288)	“I feel respected, or valued, in Ottawa County” (n=287)	“I feel connected to Ottawa County” (n=285)
Agree Strongly	48.9%	48.3%	46.0%	43.9%
Agree Slightly	28.6%	28.1%	34.8%	21.8%
Neither Agree Nor Disagree	13.0%	13.5%	12.5%	14.0%
Disagree Slightly	8.0%	8.3%	4.5%	11.9%
Disagree Strongly	1.5%	1.7%	2.1%	8.4%



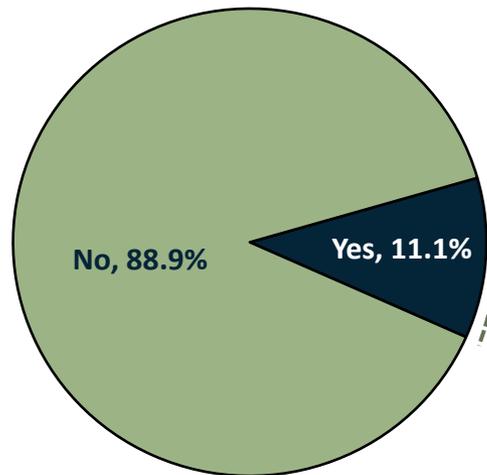
Discrimination

- Almost half (47.0%) of area migrant farmworkers find it difficult to deal with daily situations, such as running errands and shopping, because they have difficulty speaking English.
- One in nine (11.1%) report they have experienced discrimination in Ottawa County.
- Those who have experienced discrimination site myriad places where this has occurred, including, in stores, at work, at school, and from neighbors.

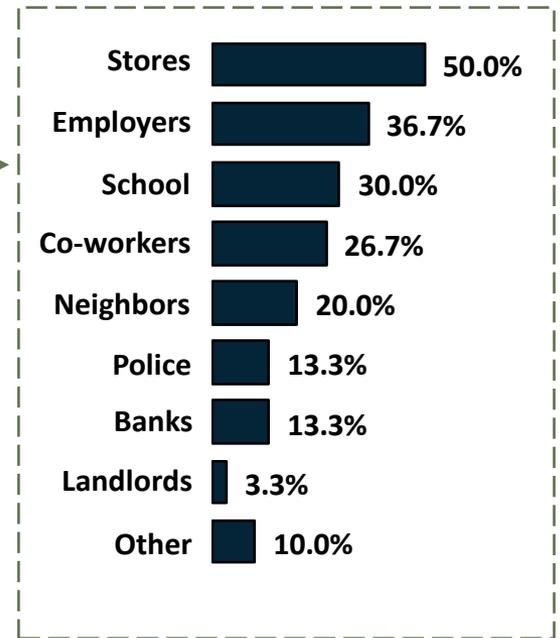
Find It Difficult to Deal with Daily Situations Because of English Skills



Have Been Discriminated Against in Ottawa County



From Where Experienced Discrimination



Q18.6: Do you find it hard to deal with daily situations, such as running errands and shopping, because you have difficulty speaking English? (n=296)

Q18.7: Have you ever been discriminated against here in Ottawa County? (n=289)

Q18.8: (If yes) From where did you experience discrimination? (Multiple responses accepted) (n=30)



Things That Would Make Migrant Farmworkers Feel More Connected to Ottawa County

- Area migrant farmworkers discussed many things that would help them feel more connected to their Ottawa County community, including a huge need for more information in Spanish about where local programs and services are located, preferably at the camps/farms. Also, having programs or services open during non-working hours, providing more public transportation, and less discrimination against Latinos/Hispanics, would all help increased connectedness.
- Further, continuing all of the outreach that currently exists at the camps/farms also helps increase connectedness.

“Having people come to the camps or **having information in Spanish at the camps** like the laundry hub I attended today. The lady always comes to give us a lot of Information about what's happening in our area.”

“Even though I've been coming here for 12 years I **don't know where many things are because we work all the time**, so maybe **have information at the farms?**”

“To **have people come give out information about where we can get help and where things are.**”

“I **don't know where many things are around here or where to go**. So maybe **have more information in the camps about that.**”

“An office where they would **give information of different agencies for Hispanics in Spanish.**”

“If there was a **clinic that was open late with people who spoke Spanish.**”

“**Less discrimination against Latinos.**”

“I had to go to the emergency room all the way to Muskegon **because North Ottawa could not help and didn't provide a translator. We need more staff who are bilingual.**”

“To **know more places where they speak Spanish**. Like a hospital, I had to go to, **they didn't have anyone to translate.**”

“Having **free transportation** and knowing where things are.”

“More places to go when we need help. **Everything closes by the time we are done with work.**”

“My wife has to go places when I am at work and there's **no help with transportation. Having available transportation would help.**”

“I think **there's a lot of people who come to the camps to help us feel connected and help. Keeping that going helps.**”

“There is a **lot of discrimination about the Latino immigrants.**”

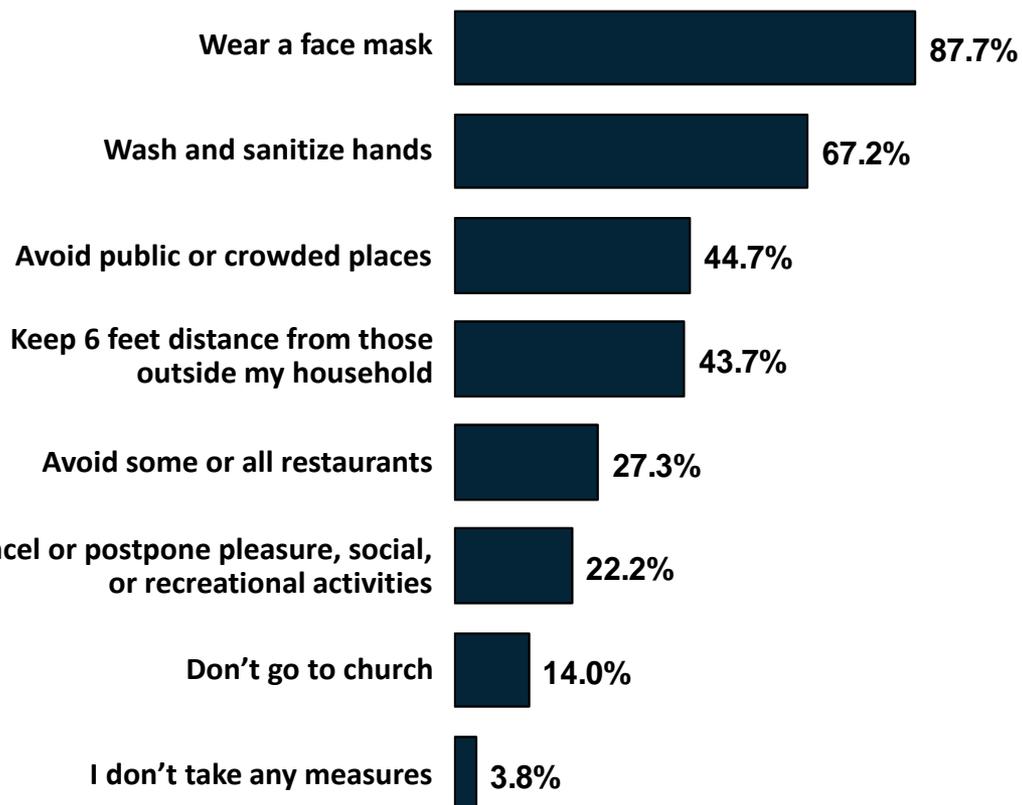
Coronavirus (COVID-19)



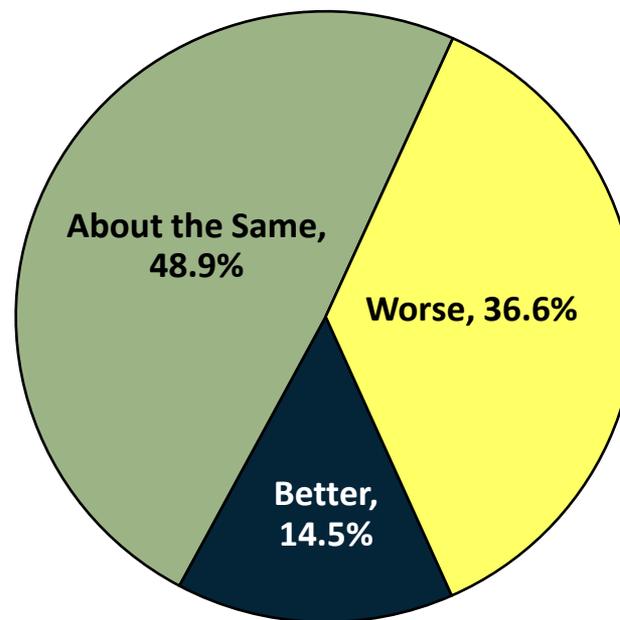
Life Changes During COVID-19 Pandemic

- Migrant farmworkers take a number of measures in response to COVID-19, including wearing masks, sanitizing hands, avoiding crowded public places, and keeping six feet distance from people outside their household.
- Roughly half (48.9%) say their lives are about the same now as they were before the pandemic began, while over one-third (36.6%) say their lives are worse.

Measures Taken in Response to the COVID-19 Pandemic



Life Change During COVID-19 Pandemic



Q20.1: Which of the following measures, if any, are you taking in response to the coronavirus (COVID-19)? (Multiple responses allowed) (N=293)

Q20.2: I want to ask you how your life has changed since the coronavirus (COVID-19) pandemic. How would you compare your life overall now with how your life was before the coronavirus pandemic started? Would you say that overall, your life now is better, worse, or about the same as it was before the coronavirus pandemic began? (n=235)



Impact of COVID-19 Pandemic on Migrant Farmworkers' Lives

- Migrant farmworkers who consider their lives to be better because of the COVID-19 pandemic talk about people being more careful, cautious, and clean now, increased time with family, more opportunities for work or to better one's career in other ways, and increased help for the Hispanic community compared to pre-pandemic.
- Those who say their lives have remained the same report they just keep working, or that they didn't go out much to being with; interestingly, some consider having to wear masks, distance, or be cautious to be things that really had little impact on their lives overall.

COVID-19 Made Life Better

"We are **more careful.**"

"I have **changed my career for the better** and it worked out well."

"Things are **cleaner.**"

"I **am vaccinated.**"

"**More opportunities for work, more time at home,** read more which has led to more thinking."

"I **take care of myself more/better.**"

"**More people helping us now** than before COVID."

"**People are more cautious, cleaner,** and **get less sick** from having good hygiene."

"Since the pandemic started, there has been **more help for Hispanics and workers.**"

"I **feel more connected to my family** and I've had **more time to focus on getting things done at home.**"

COVID-19 Didn't Impact Life

"Because **we keep working.**"

"I **am a homebody,** so not much changed for me."

"Not much has changed, **besides being more cautious.**"

"No changes, **besides masks and distancing.**"

"I feel **with the vaccine, everything is getting back to normal.**"

"**All we do is go work** and I don't have many family here **so I never go anywhere,** so not much changed."

"**We continued working** and living our normal life because if we didn't we wouldn't have money."

"**All I do is work.** Not much has changed."

"I **don't go out much and am never around many people** before and after virus."

"**Washing hands and taking precautions were things I did before.**"



Impact of COVID-19 Pandemic on Migrant Farmworkers' Lives (Continued)

- Migrant farmworkers who say the COVID-19 pandemic made their lives worse focus on the: (1) loss of freedom, (2) limitations on visiting family and friends, (3) division it created (between friends, family, strangers), (4) impact on mental health, and (5) financial impact.
- Some say it actually made people feel more anti-social and less connected to their communities.

COVID-19 Made Life Worse

"I couldn't travel and see family."

"With children it is hard to go out because I am afraid to expose them."

"It was hard not to see family. It has created a lot of division in the world."

"It was hard to work last summer with all restrictions."

"I don't feel as free."

"I got really depressed during covid and am still struggling."

"My sister's mental health took a heavy toll and it has impacted the whole family."

"COVID 19 has made us move from state to state for work and has caused problems with my relationship (separation). So now I'm a single mom of 4."

"Don't have the same liberty as before because some things are still closed. "

"I have had relationships problems due to work problems and bills not getting paid. Had to move from one state to another due to financial reasons."

"People judge you if you don't get vaccinated. I am scared all the time."

"Everything is taking longer and there's not much information, and if there is, it's confusing."

"I have not seen my family or friends in a long time."

"My wife lost her job and we are struggling financially."

"Because I feel less connected to the world."

"I cant socialize with the public, am more anti-social."

"Because it was hard to work with a mask. I got covid."

"It is hard...school for the kids, we cant leave, wearing masks all the time."

Strategies and Action



Strategies That Have Taken Place Locally to Improve Migrant Farmworkers' Lives

- The Migrant Resource Council (MRC) has been critical to helping coalesce all of the issues in the migrant farmworker community and passing this information on to the agencies and organizations that do the outreach.
- Organizations like InterCare, DHS, and the Ottawa County Department of Public Health provide boots on the ground and travel to camps and farms to provide direct services (e.g., health care, health screenings, food).
- Although transportation remains a barrier to services, several agencies have worked hard to provide transportation and/or to work with other organizations to coordinate it.
- Some employers do help their employees understand their rights and their options.

Well, one of the most important things that we have here in west Michigan and specifically Ottawa County is we have a **Migrant Resource Council**. And our Migrant Resource Council **meets monthly** to be able to **address any issues that are happening in the agricultural farm working communities**. And so a lot of the agencies provide the outreach piece, which we come back every month to kind of **convene and talk about what camps need some assistance, and what camps need a little more outreach that we need to focus on**. – *Key Informant*

We're doing the **mobile clinics**, so we're **going straight to the camps**. We're going to **make sure that they have their vaccine**. **Sometimes we go out in the orchard** if we can, like where they're actually working. I know the **health department has been doing that too**, going out to their camps. So that's helping a lot. And then for **diabetic checks**, **InterCare has been going out doing our glucose checks and blood pressure checks**. I've been **trying to get the doctor out as much as we can to anybody who needs it, and get them appointments at the clinics, and give them as much education as we can**. – *Key Informant*

We're continuing to educate and helping employees understand what their rights are, what their options are, how to manage things a little bit better. It's education. – *Key Informant (Employer)*

I just want to say that I think **this year, I've seen a lot more people out in the community doing more things for the migrants and shedding more light on what their needs are than other years**. So I do feel that **everybody who has been involved has done a wonderful job**. All the agencies that I've seen go out there and present themselves, that's **been a great help**. – *Key Informant*

Be there **providing transportation as needed** for those clients, continue to **do different events**. **We've done three vaccine events this year** through the Migrant Resource Council and my staff are involved with that. So I think the **big part is just outreach, meeting people where they're at in the camps, educate** as much as we can, try to **get those pamphlets out** with all the resources that are available in our county. And, you know, **try to build trust**. – *Key Informant*

With the issue of **transportation**, we are **trying to coordinate and collaborate as much as possible with other organizations**. When we're talking about the migrant population who live at the migrant camps, **can we get the farmers to take a busload? Are they willing to do that? What incentives can we provide** to the farmer, to the workers, to be able to get around that [barrier], if at all? – *Key Informant*



Opportunities to Improve Farmworkers' Lives

- Key Informants laud the organizations, agencies, and people who work together to assist area migrant farmworkers but admit that collaboration could be better, or the connections could be deeper, and having events like “healthy days” or “health fairs” might help facilitate that type of partnership.
- Additional steps to improve the lives of local migrant farmworkers could come from better/more marketing and communication of services and migrant rights via social media and other mediums, as well as having more material and information in Spanish and at appropriate reading levels.

We are doing a great job with our council. I think that **we need to be a little more active in other organizations**, other meetings and other **conferences**, any type of **gatherings that bring the community together**. We **need to be really focused on what our migrant farmworkers bring to west Michigan**. And we just need to continue to provide that outreach and continue to provide that support to them. **Letting people know how important they are to the local economy**. – *Key Informant*

I think one thing that we've talked about wanting to be involved in is doing a “**health day**,” like on a Sunday, and **having all different providers show up**. Like a **health fair**, and **have mammograms available**, and **have vaccines available**, and **have dentists there** and **work with the growers so that they can get their people there**. – *Key Informant*

I think there is **opportunity for us to look for other organizations where trust has already been established**, so school systems, churches, medical facilities. And **looking for ways that we can develop deeper partnerships with those different agencies**. And so one of the things I think **we could do better is to collaborate** and make sure that we're all kind of **sharing the same resource map**. – *Key Stakeholder*

I think we started to experiment with this because of the pandemic, but **social media campaigns** – basically **going to where these folks are**. So we know that **most people have access to a smartphone**. And a lot of these folks are on Tik Tok, Facebook, Instagram. I haven't really seen state health agencies or county health agencies, or agencies like ours **engaging in that method of marketing and communication**. And that would be **one way to really connect with this population**, and it's one of the **cheaper ways** that we could engage this population. – *Key Informant*

For me they're like **umbrella issues**. If we can **tackle some of these issues related to lack of awareness about their own rights and resources available in the community**, then that's going to help us to tackle some of those sub issues like **housing, educational services, childcare services, access to food, medical care, and access to high quality legal services**. – *Key Informant*

I think if **we had more education on diabetes in Spanish**, or just **simpler**, something **more simplified education wise**. A lot of people, it's **hard for them to read**. So **something with pictures**, something that would help them get the message across a lot more clearer, **without them having to read a lot of things**. – *Key Informant*



Opportunities to Improve Farmworkers' Lives (Continued)

- In addition to providing migrant farmworkers with information about resources, it is more important to build rapport and trust through continued outreach which will make access easier by tearing down some of the barriers.
- Having organizations and agencies realize they need to contribute more and not rely on InterCare and DHS, and also partner better with area growers will also help facilitate access.
- Better communicate to everyone in the area the importance of migrant farmworkers to the community.

Just **getting them more informed about resources**. That's what I see. **Getting them the information, building rapport**, where they can see that they can **trust that we are there to help them and not to hurt them**. **Make sure that they feel comfortable with what we're doing, and who they're going to see, who they're going to get help from**. So like more of a **gateway**, more of that. – *Key Stakeholder*

I think we put a lot of pressure on InterCare to be that one entity that's going to service this particular group of individuals, when they're **so many of us working with the same common goals**. For access to health care, **we have to kind of reach beyond our silo** and say, "What can we do in terms of cross agency collaboration?" – *Key Informant*

I think **partnering with the grower** in particular, **so they host educational things, have on site clinics that they're advertising, being able to host events**, whether that be within the housing or at the actual place where they go to work. I think **we really need that grower voice** in terms of how they think they would be best able to access and get information. I'm hoping that this survey, and the group, can come up with some strategic goals on how we can do that. – *Key Informant*

It's not just InterCare or DHHS, who are the ones that are potentially boots on the ground, but **we all have an integrated kind of piece that we play in this puzzle**, in terms of **improving the health care outcomes** for migrant health workers. – *Key Informant*

I think at some of the camps there could be what I would consider to be "**farmworker ambassadors**," – the people who have been coming to the same grower for like 20 years. **They're kind of the camp grandparents**. But **they know about the services and they're knowledgeable about access**. And so it would really cool to find out who those might be at the different camps and kind of make them farmworker ambassadors on their own camp. So, **arming them with more information in brochures and stuff like that, so they can be the ones who are disseminating information for us**. Kind of **being those ambassadors for the grower and for the workers in terms of where they live**. – *Key Informant*

I think **people just need to realize all that they bring and do for us**. There's a lot of people that **don't understand the economic impact** that they provide for our state in general and how much money for Michigan. **They bring the food to our tables**. I think **putting more emphasis on how it's coming from the field, to your table, what that entails, and who's doing that work**. You know, **when everybody else was at home working from**, you know, your office, they were still out there working during this whole COVID thing even before there was the vaccine, before any protections at all, they were out there. And how **they were probably scared to death not knowing and all the different things that they had to entail, while we were in our little bubble** in our house being protected as much as we could. We need to appreciate all that they do and bring and how they impact our lives. – *Key Informant*

APPENDIX

Respondent Profile



Migrant Farmworkers' Demographics

	TOTAL
Gender	(n=316)
Male	47.5%
Female	52.5%
Age	(n=319)
18 to 24	24.1%
25 to 34	27.9%
35 to 44	20.1%
45 to 54	13.1%
55 to 64	11.9%
65 and older	2.8%
Race	(n=314)
Hispanic	96.2%
Non-Hispanic	3.8%
Ethnicity	(n=313)
Mexican, Mexican American, or Chicano/a	84.2%
Guatemalan	12.4%
Dominican	0.7%
Cuban	0.3%
Puerto Rican	0.3%
Another Hispanic or Latino/a or Spanish origin	4.4%

	TOTAL
Live in Ottawa County	(n=313)
Year round	28.1%
Seasonally	71.9%
(Year Round) Years Lived in Ottawa County	(n=87)
Less than 1 year	1.1%
1 to 2 years	11.5%
3 to 5 years	19.5%
6 to 10 years	25.3%
11 to 20 years	23.0%
More than 20 years	19.5%
(Seasonal) Years Visited Ottawa County	(n=215)
Less than 1 year	6.0%
1 to 2 years	27.4%
3 to 5 years	25.6%
6 to 10 years	16.3%
11 to 20 years	18.6%
More than 20 years	6.0%

	TOTAL
Marital Status	(n=310)
Married	53.5%
Divorced	4.8%
Widowed	2.6%
Separated	3.2%
Never married	24.5%
A member of an unmarried couple	11.3%
Adults in Household	(n=311)
1 adult	11.3%
2 adults	33.1%
3 adults	21.5%
4 adults	19.3%
5 adults	5.1%
More than 5 adults	9.6%
Children in Household	(n=310)
None	31.6%
1 child	22.3%
2 children	24.5%
3 children	10.3%
4 children	8.7%
5 or more children	2.6%



Migrant Farmworkers' Demographics (Continued)

	TOTAL
Education	(n=305)
Never attended school or only attended Kindergarten	6.9%
Grades 1-8 (elementary)	33.8%
Grades 9-11 (some high school)	27.5%
Grades 12 or GED (high school graduate)	19.3%
College 1-3 years (some college or tech school)	7.2%
College 4 years of more (college graduate)	5.2%
Employment	(n=278)
Full-time	81.7%
Part-time	10.8%
Unemployed/homemaker/retired	7.6%
H2A Worker	(n=262)
Yes	23.7%
No	76.3%

	TOTAL
Income (Annual)	(n=260)
Less than \$10,000	30.4%
\$10,000 to less than \$15,000	25.0%
\$15,000 to less than \$20,000	16.2%
\$20,000 to less than \$25,000	16.2%
\$25,000 to less than \$35,000	6.2%
\$35,000 to less than \$50,000	3.5%
\$50,000 to less than \$75,000	2.3%
\$75,000 or more	0.4%
Living Situation	(n=303)
Farm labor camp	69.3%
Apartment (not at labor camp)	6.9%
Condo (not at labor camp)	0.7%
House (not at labor camp)	10.9%
Trailer (not at labor camp)	11.2%
Other	1.0%

	TOTAL
Where Living	(n=302)
West Olive	40.4%
Grand Haven	20.2%
Holland (northside)	13.9%
Holland (southside)	8.9%
Zeeland	7.9%
Nunica	3.6%
Conklin	3.3%
Allendale	0.7%
Coopersville	0.7%
Ferrysburg	0.0%
Hudsonville	0.0%
Jamestown	0.0%
Jenison	0.0%
Lamomt	0.0%
Macatawa	0.0%
Marne	0.0%
Spring Lake	0.0%
Other	0.3%



Key Informant Organizations

- Community Action House
- InterCare Community Health Network
- Latin Americans United for Progress
- Lighthouse Immigrant Advocates
- Migrant Legal Aid
- Migrant Resource Council
- Ottawa County Department of Public Health
- Ottawa County Health and Human Services
- Spring Meadow Nursery, Inc.
- West Ottawa Public Schools