

Migrant and seasonal farmworkers (MSFWs) encounter numerous and overlapping barriers to healthcare access, including economic, cultural, linguistic, and logistic factors, all of which may contribute to disparities in cancer outcomes. For many MSFWs and their families, healthcare access and continuity are further eroded by their mobility. In addition, MSFWs experience occupational exposures that increase their risk of cancer.

AT A GLANCE

- There are an estimated 2.4 million MSFWs working in the United States, about 75% of whom are immigrants and 83% of whom identify as Latinx/Hispanic; unlike non-Hispanic White individuals, cancer is the leading cause of death among Hispanic individuals.
- Various occupational factors may contribute to cancer risk for MSFWs.
- Targeted service delivery strategies can be successful in overcoming barriers to care for farmworkers.

KEYWORDS

migrant and seasonal farmworkers; healthcare access; disparities; cancer risk

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Migrant and Seasonal Farmworkers

Cancer risks, barriers to care, and ways to overcome them

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Migrant and seasonal farmworkers (MSFWs) are a subset of agricultural workers who participate in temporary or seasonal remunerated agricultural work, in settings that include fields, orchards, canneries, nurseries, and seafood packing plants (Migrant Clinicians Network, 2017). Migration, fear over immigration status, limited English proficiency, and other barriers affect participation in or availability for research and surveys, limiting an understanding of the health needs of this subpopulation (Mills et al., 2009). Those same barriers also reduce MSFW access to health care and, in some cases, increase their risk of certain cancers at home and at work. Although traditional health systems remain largely inflexible to meeting the needs of MSFWs, a subset of federally funded health centers with funding to serve MSFWs from the Health Resources and Services Administration (HRSA) endeavor to address their unique healthcare needs (Boggess & Bogue, 2016; HRSA, 2018b; National Center for Farmworker Health, 2020). Novel approaches employed by health centers, including mobile outreach teams that provide services at farm labor camps, after-hours clinics, and utilization of virtual case management, are used to improve early detection of cancer among MSFWs and reduce interruptions in care

for those with cancer (Garcia et al., 2012; Hu et al., 2016; Levin & Philips, 2018).

Migrant and Seasonal Farmworker Health Status

An estimated 2.4 million farmworkers—year-round, migrant, and seasonal—work in the United States (National Agricultural Statistics Service, 2017). About 75% of farmworkers are immigrants, and 83% identify as Latinx/Hispanic (Hernandez & Gabbard, 2018). A decreasing number of farmworkers migrate among U.S. farms, but “foreign guestworkers,” temporary farmworkers who travel to U.S. farms through the federal H-2A visa program, increased from 86,000 in 2009 to 257,000 in 2019 (Economic Research Service, 2020; Hernandez & Gabbard, 2018).

Immigration status, poverty, and mobility reduce MSFWs’ ability to participate in epidemiologic studies, surveys, and other research (Mills et al., 2009). One estimate, that 50% of farmworkers lack authorization to work in the United States (Economic Research Service, 2020), is likely an undercount. Farmworkers without authorization may not participate in surveys or research for fear of repercussions from exposing their immigration status. Likewise, logistic challenges, like short-term work status, isolated rural work settings, and language barriers, also present challenges for researchers and statisticians. Consequently, an understanding of this subpopulation and its health profile is difficult to construct precisely.