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Farm and Farm Worker Health Initiatives

Backgrounder – Winter 2011

What is it?

Multiple regional efforts have been launched focused on improving health care and health access for farmers and farm workers. Bi-State Primary Care Association members including the Open Door Clinic in Addison County, Little Rivers Health Care in Orange County, the Northern Tier Center for Health in Franklin/Grand Isle Counties, Northern Counties Health Care in Caledonia County, and the Northeast Area Health Education Center program, as well as primary care residents at the UVM College of Medicine, have all participated in projects to address the unmet access needs of farm workers.

Farmer and Farm Worker Health Needs

In 2007, the health status of migrant farm workers was examined by the Vermont Department of Health in the Champlain Valley region. The University of Vermont, Department of Community Development and Applied Economics furthered this research on health needs in 2010 to include Central and Northeastern Vermont. Both studies affirm, similar to national data, farm workers lack consistent primary care during childhood and adolescence, doubt regarding vaccination status, lack of screening for tuberculosis, and extremely limited access to dental care. Common ailments include skin problems such as dermatitis and fungal infections of the feet; aches, pains, and injuries related to both repetitive stress and hard physical labor; respiratory illnesses; allergies; gastrointestinal problems; dental concerns and vision disorders.

Farm workers' health is further impacted by lack of access to health services, including a lack of health insurance, knowledge of services, limited transportation in rural areas, and limited communication abilities. In the UVM report, 76% reported not knowing where the nearest doctor was if they needed to access care and 80% stated they would need to ask the farm owner for transportation. 97% reported having no health insurance. If these barriers did not exist, 94% stated they would visit health care providers more often. There has been no study of the nearly invisible group of non-immigrant farm workers, although it is possible to assume their needs are similar to the farmers' and migrant farm workers' needs discussed above.

The Vermont Department of Health also released a study of farm owners and operators in 2007. Although 75% of the farmers rated their health as good or better, only 31% reported absence of a major health problem, and 32% reported major bone and joint related health problems (back or neck problems, arthritis/ rheumatism and bone/joint injuries). The prevalence of obesity or being overweight was also a common problem among this group of farm owner-operators. In combination with the physical demands of farming activities and potential for occupational injury, excess weight invariably contributes to further musculoskeletal damage. Many owner-operators also reported significant financial health access issues; even though 86% reported having health insurance, 82% of them reported policies with high annual deductibles.

The Vermont Farm Health Connection

Bi-State Primary Care Association has received its second year of funding from the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) Office of Rural Health Policy (ORHP) for the "Vermont Farm Health Connection", a three-year project to conduct a farm worker health needs assessment and to pilot farm health clinics with partners in Addison, Franklin, Grand Isle, Orange, and Caledonia Counties.

In Year One of the project, the Open Door Clinic and Northern Tier Center for Health provided 577 primary and preventive care encounters to 197 patients. Care included health and farm safety education, physical exams, chronic care management, transportation, and oral hygiene through culturally- and linguistically-competent clinics on farms and in nontraditional community locations convenient for farm workers. Collaborations with several Vermont colleges and universities, community volunteers, physicians, and organizations have contributed to their success. In Year Two, Little Rivers Health Care and Northern Counties Health Care will be joining the consortium to expand services into the Northeast Kingdom. This project is progressing well and information regarding the efforts of the Vermont Farm Health Connection will be available through reports and updates to the legislature during the 2011 session.

Three Year Vermont Farm Health Connection Work Plan

- Addison County Pilot (working with Open Door Clinic)
 - Monthly clinics at farms or in other non-traditional locations
 - “Voucher Program” for dental care and other services
- Franklin / Grand Isle County Pilot (working with the Northern Tier Center for Health)
 - Monthly clinics at farms or in other non-traditional locations
 - Cultural competency training for staff
- Planning in Orange and Caledonia Counties with Little Rivers Health Care and Northern Counties Health Care respectively for new service delivery pilots
- Statewide
 - Needs assessment in 6-8 communities (Year 1)
 - Evaluation and sharing of best practices
 - Sustainability planning
 - Ultimate hope is for sustainable, statewide services at the end of Year 3
 - FQHC section 330(g) funding is the long-term plan for sustainability. Similar 330(g) programs provide services to farm workers through a network of FQHCs and other safety-net providers in the Massachusetts/Connecticut River Valley and in Maine

VT Farm Health Task Force

Bi-State and its membership participate in the VT Farm Health Task Force, a consortium of medical professionals, agriculture professionals, agency leaders, and others concerned about farm health and safety. Five work groups address relevant topics in Education and Outreach, Farm Safety, Health Access and Policy, Immigrant and Migrant Health, and Practitioner Education. In 2008 and 2010, the VT Farm Health Task Force sponsored AgriSafe, Occupational and Health training for medical professionals to help them differentiate farmer health and safety needs from those of non-farmers. (Agriview, August 28, 2009 Vol 73, Number 15.) For more information about the task force, please contact Karen Schneider, VT Farm Health Task Force, 802-773-3349 or e-mail karen.schneider@uvm.edu.

The overarching goal of the Farm Health Task Force is a well-coordinated, comprehensive, statewide network of affordable services for both farmers and farm workers.

Longer Range Projects

Federal Section 330(g) grant funding is available to support migrant and seasonal farm worker access to health care. In many states, Federally Qualified Health Centers (FQHCs) – or Community Health Centers – that receive Section 330(e) grant funding also operate farm health programs. In some states, Section 330(g) funds are also dispersed in mini-grants and vouchers to non-FQHC physicians providing services to farm workers. Bi-State has begun to research options for Vermont to tap into this funding, likely through a collaborative effort among multiple health centers and interested free clinics.

For further information, contact Denis Barton, Director of Vermont Public Policy: 229-0002, ext. 218