VIEWS FROM THE FIELD
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GRANT MAKERS IN HEALTH

Food and Health for All: Health Equity for Agricultural Farmworkers

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Farmworkers—the hands that grow and supply so much of our daily food—pay a high price with their health and often their lives to provide our nourishment. Living below the U.S. federal poverty level, those who feed our nation are a young workforce facing economic, educational, health, and linguistic challenges. Unfortunately, the threats to farmworkers' health and well-being have remained anonymous for too long. As health foundations and policymakers ponder addressing the social, economic, and environmental determinants of health, consideration must also be given to the needs of farmworkers.

FARMWORKERS: A PROFILE

Farmworkers are ethnic minorities; most are recent immigrants with formal education averaging six years for men and three years for women. Their lack of access to formal education is compounded by limited English (and/or Spanish) proficiency. They have very limited (if any) family or social support, and are ineligible for nearly all needs-based government programs, including provisions under the Affordable Care Act. Maternal and child health concerns are usually ignored under farmworkers' employment-based benefits, even if workers have such benefits. Racial and health care discrimination, along with barriers to health access and unmeasured psychological stress, further add to their burden.

Ironically, most farmworkers are food insecure, meaning that they lack access to sufficient food for an active and healthy lifestyle. The rate of food insecurity among farmworkers is four times higher (47 percent) than the nation's population, and the rates are higher for households with children (56 percent). It is even worse for farmworkers without authorized work status.

Health funders can use National Agricultural Worker Survey data to illuminate the conditions that farmworker families endure. They portray socioeconomic vulnerability, and show that farmworkers incur a high toll of acute and chronic injuries, disease, disability, and death. (For example, compelling and alarming is the fact that farmworkers are five times more likely to die due to occupational exposures than workers in all other industries combined.) The root of such cumulative health inequities include: extreme poverty and economic barriers; limited mobility when searching for employment; and working, living, and experiencing hazardous conditions.

These longstanding conditions provide an exceptional opportunity for all to step up into uncharted territory and

The **National Agricultural Worker Survey** (NAWS) reflects in-person interviews with over 52,000 hired crop farmworkers from 17 U.S. Department of Agriculture regions that include 40 states. As the only source for hired crop farmworkers' data by region (available for California), NAWS excludes workers from: poultry, livestock, dairy, fishery, and those working on Christmas trees, slaughter operations, workers with H2A visas, and other agricultural service-related workers. NAWS finds farmworkers through their agricultural employers. Thus data and responses likely reflect both complying employers and farmworkers who are well enough to be out in the fields. NAWS is the only national survey providing some information otherwise nonexistent and modestly funded by government sources. For more information about NAWS and the data it collects, visit www.doleta.gov/agworker/naws.cfm.

[1] The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the School of Medicine at Wayne State University.

use what we know today to collaborate and to diminish the hurdles many farmworkers face.

HOW FUNDERS CAN HELP

As funders we have learned the following lessons regarding how strategic investments can (and do) make a difference in addressing the health of agricultural workers and their families.

- ***Leverage What Resonates*** – We embrace basic health equities such as clean water and air; safe spaces to play and exercise; fresh, healthy nourishment (food); and access to medical care. Connecting these values to efforts to protect the health of all farmworker children, working parents, and their families can drive people to get involved. For example, funders and stakeholders can leverage the natural instinct of every parent to protect and provide for their children to convince stakeholders to invest in and confront core farmworker challenges. The enrichment of well-being is our responsibility and inherent in our philanthropic health mission. How can we best translate this notion into our grantmaking?

- ***Build Leadership, Fund and Support People*** – Building local, regional, and nationwide leadership is central to all sustainable changes and policymaking. Locals have the initiative to become socially engaged, but generally lack the necessary resources, including time. Given the opportunity, agricultural workers can become remarkable contributors, as well.

  We need continued support for the capable, dynamic, visionary leaders in local agricultural and urban communities. Most of the groups that work on critical national base building in agricultural regions do so with scarce or unpaid volunteers, tiny budgets, and few (if any) connections to philanthropy. One way of supporting this work would be to invest in the presence of paid organizers in neighborhood communities to support ongoing dialogue about farmworker issues. This can build infrastructure and capacity that can be ready and mobilized in times of any health or economic crisis.

- ***Long-Term Investment*** – It is not always about the size of the investment (although that is important, too) but the willingness of funders to stay for the long haul and to intentionally collaborate with regional, state, national, and international funders. Changing our paradigms requires time to be able to shift the power dynamics established over generations. Together we can be better prepared with long-term investments and collaborations to see our harvest: healthy children and a healthy workforce living in health equity. We must also recognize that, initially, measurable changes will be incremental, though synergetic. We can be prepared to invest in individual organizations and to provide ongoing financial and in-kind support for collaboration with partners who often have no other funding for engagement in their efforts.

- ***Build Capacity, Build Coalitions*** – Grassroots organizations based in agricultural communities, out of practice and necessity, forge networks of formal and informal coalitions. They, in turn, work strategically and cooperatively on regional and statewide efforts to bolster community health. The time is ripe to capitalize on this potential. We can help farmworkers and their families become direct beneficiaries of health policies that increase access to food and public services. Our role within the health sector must respond to this need by providing a voice as well as the financial means for these marginalized communities to benefit and prosper. This message is a personal invitation for commitment by grantmaking colleagues to invest in grassroots groups and established organizations leading and supporting equity for farmworkers. We need to be engaged early and for the long haul.

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- ***Target Pivotal Areas*** – There are several regions that can provide a good start for philanthropic readiness and investment. California's Central Valley, southern Florida, the U.S.-Mexico border with Texas, North Carolina, Georgia, Washington, and Oregon are at the forefront regionally and nationally of improving civic participation among underrepresented groups. Any local (agricultural) field, however, provides a fertile, sound, and health-change opportunity. We are beginning to see huge gains as local residents and farmworkers lead and participate in decisions around their health and environment. Agricultural communities can serve as models for all health areas nationally to create mobilized citizenry.

CONCLUSION

If we are willing to confront such unjust inequalities, we can assist farmworker families in moving from survival to well-being within their local communities. Now is the time to reduce the current burden of acute and chronic health outcomes with intentional equity for all. Together we will achieve meaningful change.

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