

The Agricultural Worker Health Study

Case Study No. 2: North San Diego County

A baseline report of the Agricultural Worker Health Initiative

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The willingness of farmworkers, health and social service providers, volunteers, farm owners, political activists, lawyers, *promotoras*, and community organizers to meet with us over the course of several months has enabled us to gather the information contained herein. Without their cooperation, insights, voices, and concerns, this report would not have been possible. We are immensely grateful to them for their generosity, time, and valuable information, and are especially grateful for their hard work. In the course of this fieldwork, we met with the noblest of humans and also the most desperate. The dedication of social service providers, despite the immense obstacles they face, was inspirational. The generosity of farmworkers in telling us their stories—stories of enduring the unbearable for the sake of their families' survival—is humbling. Their nobility stands beyond words. Despite this, it is our sincere hope that our words—and this report—may pave the way for making positive changes in the health of farmworkers and their families.

EXECUTIVE SUMMARY

This study provides The California Endowment with a baseline assessment of health care service delivery and associated factors affecting farmworker health in the northern San Diego County subregion. In brief, occupational exposure to chemicals and other health hazards put farmworkers' health at extreme risk. Compounding these risks are inadequate housing and homelessness, which seriously degrade farmworker health in the region. Moreover, the peculiarly intrusive presence of the Immigration and Naturalization Service creates an atmosphere of fear and induces reclusiveness and isolation among workers. Compounding these problems is farmworkers' mistrust of the U.S. medical system, which often limits workers' full utilization of available treatments and impedes coordination among providers in delivering services. In addition, a weakened social network in the region handicaps workers' ability to negotiate their way through an unfamiliar and difficult system.

These and other factors affecting farmworker health in northern San Diego County have been organized into a series of key assets and liabilities, so as to create a health care balance sheet for the subregion. In addition, CIRS has also developed a menu of intervention options intended to help leverage regional resources and build momentum for improving the existing health care infrastructure. The assets, liabilities, and menu of intervention options are summarized below.

Main Assets

- Outreach workers have made significant strides in overcoming the obstacles that impact the quality of care received by farmworkers in North County.
- The *promotora* model, which is a successful health education model for educating and providing services to “hard-to-reach” populations, is used throughout the community clinic setting and by other organizations.
- North County health providers possess a heightened understanding of the underserved populations in their areas, and increasingly recognize the importance of establishing binational avenues of health care and prevention for the Hispanic community.

- Most providers have expressed a great interest in learning more about the population they serve, including basic information on demographics that can provide a context for understanding their patients, as well as more fine-grained knowledge of their patients' environments—their neighborhoods, living conditions, and social histories.
- In an attempt to overcome transportation barriers in the subregion, some clinics have been serving the farmworker population using mobile health vehicles equipped as full-treatment medical units to provide services to farmworkers at their work sites, camps, and other locations.
- Several collaboratives and coalitions have been attempting to increase cooperation by addressing common issues shared across health organizations and, through partnerships, leverage greater support.
- Health care providers in San Diego are aware of the importance of their role in political advocacy for this underserved population. Many are actively engaged in collaboratives, forums, and cross-institutional initiatives to address health issues.
- A few clinics currently provide comprehensive disease prevention and management, though services are limited. One successful example of a program that has supported clinics in providing such services is the diabetes project Proyecto Dulce, sponsored by The California Endowment.

Main Liabilities

- Unsanitary and unsafe living conditions have been severely impacting the health of farmworkers. The most destitute of worker shelters (holes dug in the ground) and the horrid conditions in many encampments undermine basic hygiene practices that exacerbate the incidence and intensity of disease. The lack of water and the use of unsafe water undermines all practices required that aim to protect farmworkers from chemicals they are exposed to in their work.
- Working conditions often combine with living conditions to complicate health problems such as infectious and chronic diseases, dental care, and problems of situationally caused mental illness.
- Though the need is great, mental health services serving the North County farmworker population are very scarce.

- The San Diego County Department of Planning and Land Use’s regulations greatly restrict growers from providing housing for their workers. Few can afford to undergo the lengthy and expensive process that is required to obtain approval to build needed housing.
- North County communities' self-identification is one that favors an economy based on tourism and the U.S. military, not on farming. Although such perceptions do not accord to the actual economics of the county, namely, the fact that agriculture is one of the leading economic products, this view has led to a collective desire on the part of municipalities throughout the area to *not* see and therefore *not* address issues related to farmworker well-being.
- There is a need for more intermediaries to “broker” health services for farmworkers. Such brokers must be able to clearly explain what services are available (in a culturally competent fashion) and simultaneously diminish associated fears.
- The presence of the INS border patrol throughout the county has had serious impacts on the region’s farmworkers. The resultant fear and isolation that has stemmed from INS efforts have weakened workers’ social networks, which normally serve as an important safety net. It has also made it nearly impossible for undocumented immigrants to temporarily return to Mexico to address their health concerns.
- Although many Mexican immigrant patients respect U.S. medical technology and testing, they don’t have faith that American doctors can cure them. For this reason, many farmworkers—after only one diagnosis from a U.S. doctor—don’t return for consultations.
- Though it has stimulated some innovation and accountability, privatization of San Diego County’s health services has fostered a competitive atmosphere among providers at the expense of cooperation, which has led to duplication of services and limited information sharing among social and health service providers.
- Cooperation among other stakeholders in the region is limited. Growers and local politicians have created obstacles to improving worker health. Some growers do not currently allow mobile units or outreach worker vans to drive onto their property. Some local politicians resist implementing services for the disenfranchised.

- Providers were often uninformed about existing services offered in the area that would benefit their patients or clients. This lack of information was evident across the spectrum of providers—from physicians to outreach workers.
- Specialized care is generally not affordable to North County workers, even at a reduced rate. The segment of the Hispanic population most affected is males with no children.

Menu of Community-based Intervention Options

Each of the liabilities listed above should be addressed to improve farmworker health and health care delivery in North County. However, recognizing that TCE needs to focus its planning effort to a few feasible projects within the community, we have pared down the possible list of intervention options to those that address the most urgent needs and those that can best capitalize on the interest and support within the community.

1. Create Coordinating Umbrella Organization

There is a widespread feeling among providers that a staffed umbrella group charged with coordinating the various agencies and the four main clinic organizations would be highly beneficial. Greater coordination would help reduce the duplication of services and lack of provider information sharing that currently exists.

A TCE-sponsored collaborative in North County San Diego would provide a structure for providers to share information, marshal resources more effectively, expand services, and eliminate duplication of efforts. Many of the providers interviewed indicated that such an initiative within the area would be welcome and effective.

2. Increase Collaboration Among All Stakeholders

In addition to increasing provider collaboration and coordination, growers and grower organizations must also be involved in efforts directed at improving farmworker health care delivery. Most providers stated the need for community-wide and county-wide collaboration to include farm owners.

3. Provide Mental Health Support to Farmworkers

Providers repeatedly mentioned mental health services as a critical area. Staff at Vista Community Clinic, Neighborhood Community Health Center, North County Health Services, Fallbrook Family Health, EYE, and the Interfaith Community Services expressed interest in meeting the mental health care needs of this population through the use of expanded *promotora* programs and support groups.

4. Develop Comprehensive Health Education Program

Some clinics provide comprehensive disease prevention and management, but services are limited. The TCE-sponsored diabetes project called Proyecto Dulce is an example of a successful program. Yet despite its great success, the project rarely reaches the farmworker population and should be adapted to overcome the problem of the workers' inability to afford the program, as well as their lack of transportation and generalized immobility due to INS surveillance and apprehension activities. Another possibility is to use radio broadcasts as a media for health education, as many farmworkers have portable radios and listen to Spanish-language programs.

5. Facilitate Greater Freedom of Movement

In order for the education efforts described in the previous option to be effective, they need to be coupled with measures that facilitate greater freedom of movement among both farmworkers and those providing health care services. To begin, the climate of fear inspired by INS activities needs to be directly addressed. One possibility is for groups of concerned citizens to contact the INS's regional representatives to discuss ways of reducing the harmful impacts the agency has had on discouraging undocumented individuals in the region from obtaining health care. Creating a community-recognized safe haven around health care for farmworkers and publicizing this policy among farmworkers and the general community could improve utilization of clinics and have significant impacts on public health in the area.

6. Develop Short-term Intervention to Address Living Conditions

The critical nature of farmworker living conditions in North County demands a short-term intervention to avoid the further spread of disease. There is great need to bring potable water, medications, and to create living conditions that meet the most basic health standards. One possibility is for outreach workers to be trained in the prevalent diseases that afflict farmworkers such as those brought on by non-hygienic living conditions and chronic diseases caused by environmental stressors. Equally important is the expansion of programs such as those that distribute portable hand-held water filters among those living in crude camps. These outreach workers should also be trained in basic first-aid procedures, so that they can help prevent or control infections among those suffering from wounds. However, all the steps listed above are dependent on first creating basic hygienic living conditions.

7. Address Regulatory and Other Obstacles to Improved Living Conditions

A longer-term solution to living conditions in North County should focus on reconciling state and local housing laws. Though state law allows for the construction of farmworker housing on agricultural land, local laws in North County are generally very restrictive. The cost of fighting lawsuits that result from conflicts between these laws is prohibitively expensive for most farm owners. In addition, the regulations of the San Diego County Department of Planning and Land Use impose expensive fees, so that very few growers can afford to build needed housing. Those who have prevailed against these obstacles have done so after a considerable investment. One possibility for helping to build momentum for improving farmworker housing is to offer interested growers legal assistance or other resources to face the regulatory gauntlet.

INTRODUCTION

This is the second in a series of Agricultural Worker Health Study (AWHS) case studies concerned with farmworker health and health care in California. This report concerns northern San Diego County (referred to as “North County”), one of 10 agricultural subregions identified for profiling in the state.

The purpose of this report is to provide TCE with a baseline assessment of the subregion along several key dimensions. In addition, the menu of intervention options provided at the end of the report is intended to assist in developing a community-based strategy for TCE’s Agricultural Worker Health Initiative. This inquiry covers a broad range of subjects that bear on farmworker health, carefully probing the service delivery channels and barriers that exist both within and outside the subregion.

TCE has defined 10 subregions for use in the AWHS baseline case-study series. These comprise relatively cohesive units, exhibiting unique health care and institutional problems. Each subregion roughly encompasses a commuting area in which farmworkers travel to and from their residences, work, and medical service-delivery areas. The subregions were chosen to ensure representation of all the types of farmworkers, the breadth of health issues affecting them, and the varied geography of agricultural California. By using these subregions, TCE and the AWHS team are able to accurately analyze *community-specific* health care issues affecting farmworkers, while effectively identifying workable solutions.

The case-study design followed a multimodal approach, with reliance on the qualitative techniques of documentary review, participatory observation, and telephone and in-person interviews with representatives of service providers, politicians, housing specialists, and, most importantly, with the farmworkers themselves (a detailed discussion of methods appears in the Appendix). The aim has been to try and marshal many sources of information to converge on and flesh out the full story as told by the participants.

BACKGROUND

The current and former farmworkers of North County work and live in an area that has many peculiar characteristics. First, the county has a large high-value agricultural industry that is highly labor intensive and nearly totally dependent on undocumented Mexican labor. The Mexican immigrant labor force finds itself restricted in its movement between the border in the south and the Immigration and Naturalization Service (INS) checkpoints to the north. The “trapped” nature of the labor force means that options are reduced for the immigrant population and, as a consequence, wages and conditions are at lower levels for this population than elsewhere in California.

Agricultural Structure

Most agricultural activity in San Diego County is in the northern portion (North County), spanning an area that extends from the immediate coast towards the inland valleys. While there are some flat areas, the region is relatively hilly and the climate has a strong marine influence. In the coastal area, agriculture is centered on vegetables, strawberries, and horticultural products. The inland areas have less of a marine influence and less hilly terrain—avocados and citrus are the primary crops. Valencia oranges are grown around Rancho Santa Fe in the San Dieguito Valley. The area around Carlsbad and Leucadia abounds with flower growers and nursery stock cultivators. The inland areas, from Vista eastward, are prime avocado and citrus (Valencia orange and lemon) growing regions. Further inland, a very small apple-growing region is centered in Julian.

Table 1. Total Labor Expenses*

Contract and Hired labor (\$1000)	1987	1992	1997
San Diego	\$118,869	\$148,178	\$156,490
Monterey	\$242,490	\$387,445	\$506,253
Fresno	\$358,079	\$411,541	\$516,745

*Source: 1997 Census of Agriculture Data, USDA.

The pesticide usage map (see page 4) shows that agriculture is primarily located along I-5, I-15 (the Avocado Highway), Route 76 (from Oceanside to Pauma Valley), and Route

78 (from Oceanside past Escondido), and along the San Dieguito Valley (west of Encinitas).

Agriculture is the fourth largest industry in San Diego County, with a nearly \$4 billion impact on the \$125 billion dollar local economy. The county leads the nation in market value for horticultural products, as well as the production of avocados and mushrooms. The county is also in the top 20 nationwide for grapefruit, strawberry, and orange production. It ranks tenth in the nation for the value of agricultural products sold.¹ (Since the industry is primarily located in North County, its impact is much greater in this area.) One can appreciate the size of the region's fruit, vegetable, and horticultural industry by comparing it to Monterey and Fresno counties, two of the largest farm counties in California. One can see from the Table 1 that San Diego is about a third as big in payroll as the other two counties, who have the largest payrolls in the state.

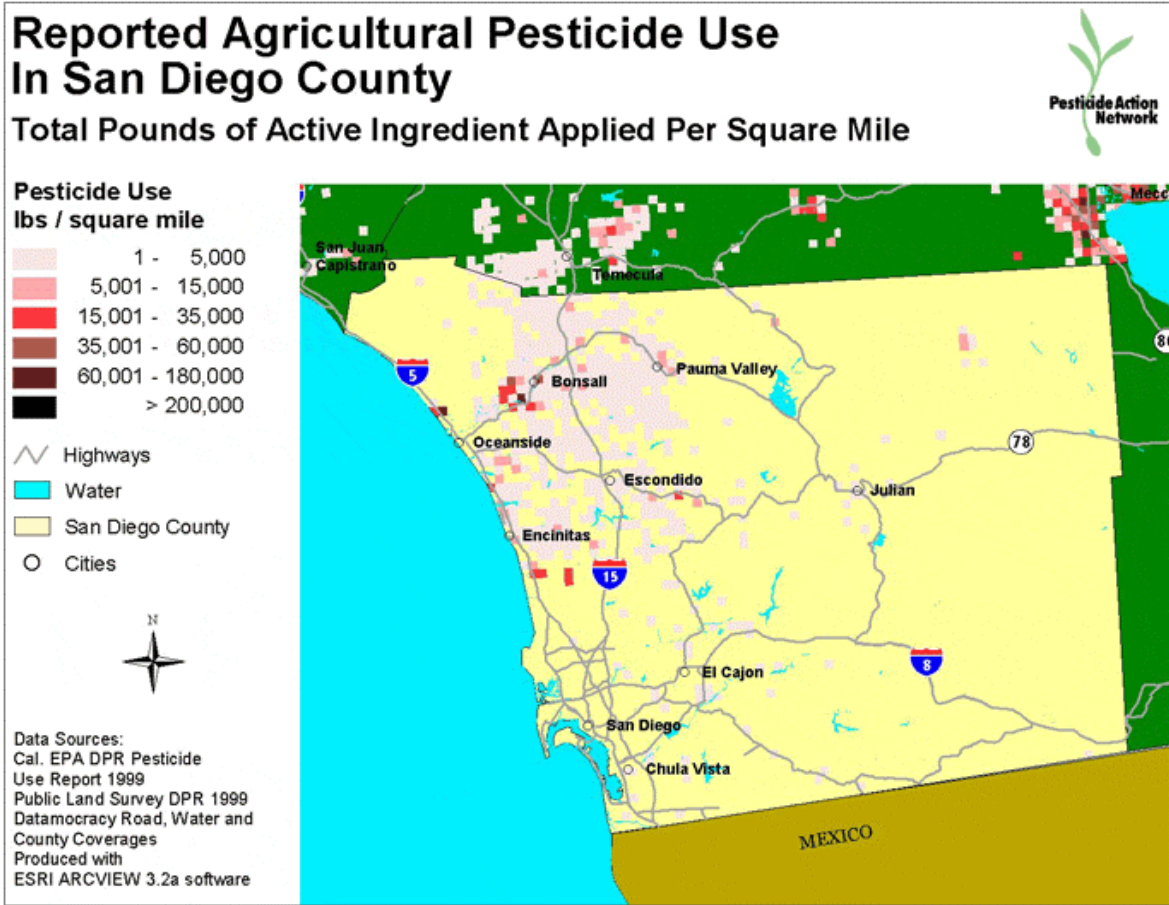
Pesticide Risks

The 1998 pesticide usage in San Diego County was 24.64 pounds of active ingredients per acre for all pesticides, and 25.15 pounds per acre for "bad actor" pesticides.² In terms of usage intensity, the county ranks thirteenth and fifth for total pesticide and bad actor pesticide usage, respectively. These numbers are not surprising, given that strawberries and horticulture, both of which are grown in the region, have high pesticide usage intensities.

Numerous studies have documented the risks to farmworkers associated with pesticide use. During 1991-1996, the California Pesticide Illness Surveillance Program reported

¹ Farm Bureau San Diego County, *San Diego County Agriculture Profile*, 2001 (www.sdfarmbureau.org/Pages/sd_agr.htm, accessed May 28, 2002).

² These are California registered pesticides that are deemed "acute poisons, carcinogens, reproductive or developmental toxicants, neurotoxins, or contaminants." See Kegley, Susan, Stephan Orme, and Lars Neumeister, *Hooked on Poison: Pesticide Use in California 1991-1998*, Californians for Pesticide Reform: San Francisco, 2000, p. 7 and Appendix 3.



nearly 4,000 cases of acute illnesses among farmworkers (it is likely that the actual numbers of cases are much higher as many are unreported). The most common conditions included skin rashes, systemic symptoms (such as vomiting, dizziness, and headaches), and eye irritation and damage.³ Chronic illness is also associated with pesticide exposure; however, the causal relationships between exposures and health outcomes have been much more difficult to evaluate. While the scientific community has failed to reach a consensus regarding causality, there is substantial evidence that demonstrates strong biological plausibility among many pesticides and cancer, respiratory insufficiency, chronic neurotoxicity, and other conditions.⁴

State and federal occupational safety regulations are intended to help mitigate pesticide risks to farmworkers; however, employers do not always adhere to the regulatory requirements. Though no independent assessment was conducted of employer actions in North County, it has been shown that statewide California employers have been failing to take measures necessary to reduce worker risks.⁵

Water Availability

Due to the high cost of water, farms tend to be smaller in the county and agriculture has a high intensity per acre. Some irrigation agriculture has occurred where there is sufficient runoff to feed local reservoirs. Lake Hodges (south of Escondido) in the San Dieguito Valley is an example of this. Drip irrigation has been one successful technological response to the high cost of water and is particularly effective on hilly terrain.⁶ Around Oceanside and Carlsbad, and elsewhere along the San Luis Rey River, groundwater has been pumped from aquifers.

³ Reeves, M., K. Schafer, K. Hallward, and A. Katten, *Fields of Poison*, Californians for Pesticide Reform, San Francisco, 1999.

⁴ Schenker, M. B. "Improving Health and Safety in the Agricultural Workplace," in *Promoting Human Wellness: New Frontiers for Research, Practice, and Policy*, Margaret Schneider Jamner and Daniel Stokols (eds). Los Angeles: University of California Press, 2000.

⁵ Reeves, M., K. Schafer, K. Hallward, and A. Katten, *Fields of Poison*, Californians for Pesticide Reform, San Francisco, 1999.

⁶ The county's high cost of water, averaging \$650 per acre foot, has spurred innovations in drip irrigation technology. The area is known to make the most efficient use of agricultural water in the state. The localized agricultural innovations related to water conservation have spread throughout the world. A leading drip irrigation manufacturer has its headquarters in the area.

Farm Size

San Diego's farmers are unusually small in size (see Table 2). The San Diego Farm Bureau reports that the county currently ranks first in the number of small farms in the nation. Farmers interviewed during this study mentioned that direct marketing channels (farmers markets, roadside stands, etc.) are increasingly important for small farm viability. A recent report on direct marketing found a similar trend to exist statewide.⁷

Table 2. San Diego County Farm Structure*

	1987	1992	1997
Small farms (1-9 acres)	3,654	4,298	3,897
Medium sized farms (10-499 acres)	2,486	2,156	1,909
Very large farms (over 500 acres)	119	111	119

*Source: 1997 Census of Agriculture Data, USDA.

Recent Trends in Agriculture

North County agriculture faces a set of unique challenges, such as competition from Florida and Mexico, urban encroachment, and rising water costs. Farmers have thus gravitated towards the production of high-value commodities and capitalized on marketing "windows," when there is limited or no competition on a commodity from other regions.⁸ The overall trend in the county has been for farmers to harvest crops with greater value, reduce input costs through water efficiencies, and plant on fewer acres.

Urbanization is a dual-edged sword for the small farmers in the area. While it threatens farms by increasing land values, it also brings consumers in close proximity to growers, which is extremely beneficial for the small farms using direct marketing channels. In the more coastal areas, increased demand for land poses a challenge for the agricultural

⁷ Kambara, Kenneth M. and Crispin L. Shelley, *The California Direct Marketing Survey-CADMS Report*, The California Institute for Rural Studies, Davis, 2002.

⁸ The vegetable crop harvests in the north coastal area are timed to capitalize on decreased competition from other growing areas. For example, the tomato harvest extends from May through January, snap beans from June through December, and lettuce from December through January.

industry, especially with respect to providing housing and other basic services for workers (see Farmworker Housing below).

San Diego farmers, including those who produce animal products, have a total payroll of \$214 million.⁹ By far the major activity is in the nursery industry. Over \$100 million is spent on workers in the horticultural industry, where mushrooms and cut flowers are large players. Other important employers of farm labor are the vegetable and melon industry (\$25 million), all other trees and nuts (\$20 million), citrus (\$7 million), and chicken eggs (\$7 million). Overall, the value of farm products is increasing. In 1987 the value of all farm products was reported to be \$440 million, but by 1997 it had risen to \$632 million according to the U.S. Census of Agriculture.

Farmworker Demographics

The numbers of agricultural laborers in the county is difficult to determine and varies somewhat through the year. The Migrant Health Department's recent enumeration study places the number of farmworkers in the county at 15,371.¹⁰ The California Employment Development Department shows employment levels vary from a low of 9,400 in January to a high of 11,200 in July. This is unusually low variation for a California farm county.

Due to the large number of people living in encampments, fields, or hidden in back-houses, one should be suspicious of the official Census statistics, which surely understate the Hispanic population of the area. Specific towns, cities, and reservations where farmworkers live show varying percentages in the Census data. It is important to note that the highest proportion of the Hispanic population is in Escondido and on the Pala and San Pasqual Indian Reservations.

Farmworkers in the area hail from numerous locations throughout Mexico—Queretaro, Guerrero, Jalisco, Morelos, Michoacan, and Zacatecas—with increasing numbers from

⁹ These payroll numbers are drawn from the Agricultural Commissioners' reports and vary somewhat from the Agricultural Census cited elsewhere.

¹⁰ Larson, Alice, *Migrant and Seasonal Enumeration Profiles Study-California*, Migrant Health Program, Bureau of Primary Care, U.S. Health Resources and Services Administration, Washington, D.C., 2000.

the state of Oaxaca. The latter may identify themselves as indigenous Mixteco, though others from the same region do not. For some, a Mixteco language currently spoken in Oaxaca

Table 3. San Diego County Population by Locale and Hispanic/Mexican Ethnicity*

	Population	Percent Hispanic	Percent Mexican
California	33871648	32.4	25
San Diego County	2813833	26.7	22.3
Bonsall	3401	21.4	17.9
Fallbrook	29,100	37.3	31.5
Carlsbad	78,247	11.7	9.1
Oceanside	161029	30.2	25.3
Encinitas	58,014	14.8	11.9
Escondido	133559	38.7	33.5
Valley Center	7323	16.5	13.6
Pala Reservation	1573	50.8	48.8
La Jolla Reservation	390	16.2	12.8
Pechanga Reservation	467	20.1	18.0
San Pasqual	752	44.9	40.4

*Source: U.S. Department of Commerce, *Census of the Population*, 1990

may be their first language, but many are also bilingual (Spanish and a Mixteco language). The education levels among the farmworker population are very low and incomes are in most cases below the poverty line.

Many North County farmworkers are unaccompanied solo males—single and married—and reflect a wide age range. Of these, a majority is undocumented. The single men are generally younger, though most are at least 18. However, North County outreach workers reported helping younger teens.¹¹ The married solo male farmworkers' families generally

¹¹ One worker reported helping a 14-year-old Guatemalan male whose father was an alcoholic. The boy had five siblings of whom he is the sole supporter.

reside in rural Mexico and depend on monthly checks that come from these males in the United States.¹²

Settled farmworkers in North County are often “documented” and have their families with them. There are also large numbers of retired farmworkers who have settled in the area with their families and have worked in U.S. agricultural fields since the *bracero* era. They may often own a house or trailer and can afford electricity, water, and other basic services. Many of these farmworkers, however, suffer from chronic health conditions and physical problems related to age (for example, deteriorating eyesight and hearing).

Impact of Shift from South to North County

Unlike other border areas (such as Imperial County), North County’s farmworker population is not composed of a large proportion of legal Mexican workers who commute from south of the border each day. However, this was not always the case. Nor was it the case that the farm industry was focused almost exclusively in North County.

During the early 1970s, the tomato industry was actually larger in the southern part of the county. As land prices rose there—coupled with the more highly paid legal labor force, which imposed a competitive disadvantage on growers—the southern farms closed down. By the 1980s, the tomato industry had moved almost entirely to the north, and the labor force had become overwhelmingly undocumented, with large numbers of indigenous workers from Oaxaca. It was at this time that widespread homelessness of farmworkers became the prevalent pattern in North County. To this day, the county’s agriculture has retained the peculiar characteristics of unusually bad living conditions and a predominantly undocumented solo-male labor force.¹³

¹² Of those interviewed who are single and undocumented, almost all send checks to their mothers or other members of their natal families. In other cases, young men are trying to earn enough money to build a house back in their home villages and settle there. Those who have been working for over a decade in U.S. agricultural fields still harbor this hope, while living in conditions which they themselves describe as inhumane.

¹³ See Nalven, Joseph, and C. Fredrickson, *The Employer’s View: Is There a Need for a Guestworker Program*, Community Research Associates, San Diego, 1982.

In contrast, the immigrant population in the southern part of the county has remained more settled than the north and includes more women and families, and has many legal residents. In North County, there is a higher proportion of marginalized and homeless individuals.

ANALYSIS OF KEY DIMENSIONS

Part I: Farmworker Housing

Housing, or the lack thereof, is the root cause of increased health risks experienced by the farmworker population in North County. In most cases it is either inadequate or altogether absent. Farmworkers are living in makeshift camps, garages, over-crowded apartments, and dilapidated trailers.

Homeless Camps

The county's regional task force on the homeless estimates there are at least 7,000 day laborers and farmworkers in the county, many of them living in the 100–150 migrant camps throughout the area.¹⁴ Solo male farmworkers employed full-time (though sometimes seasonally, depending on the availability of work and their mobility) often live in holes dug out of hillsides or in the dry creek beds frequently adjacent to or within walking distance of their work sites. These holes, referred to as “spider holes” by providers and others aware of the situation, are carefully covered over with bushes and brush. The farmworkers dig these holes in various locations. They may be next to work sites (as they are in Carlsbad and Oceanside), on hillsides next to major roads, or near shopping centers. They may also be in canyons on public lands or in avocado groves in remote areas.

Farmworkers in North County are made painfully aware of their illegal status, by virtue of the strong presence and activity of the INS. Numerous individuals representing various organizations have confirmed that farmworkers are going without basic shelter and living in hiding from the border patrol.¹⁵ However, the INS is not the only reason farmworkers go to such lengths to camouflage any outward evidence of their presence. In the recent past, encampments, campgrounds, and spider holes have been destroyed by either city

¹⁴ Regional Task Force on the Homeless, *The Distribution of Public Funds for Homeless Services and Cash Assistance in San Diego County: How Federal, State, and Local Government Funds Are Being Used This Year to Reduce Homelessness*, San Diego, January 2002.

officials or by private security services hired by growers at the conclusion of the peak harvesting season.¹⁶

Farmworker communities, referred to as "encampments" in the area, have been demolished by city officials in the Peñasquitos Canyon area (Black Mountain Road). In October 2001 other makeshift hillside camps were destroyed by privately hired security guards in the Carlsbad area. There have also been incidences of violence against farmworkers, the most well known being the teenagers who attacked and beat workers in the Del Mar area. Those living on tribal lands see the INS lying in wait for them at the entrances to the reservations. Consequently, it is understandable that farmworkers live hidden lives; they know they are not welcome by many in the area. As one local reporter put it during an interview, "when the camps are torn down, the workers go deeper into hiding."

The associated lack of sanitation and potable water at the camps are primary health concerns for area farmworkers, as well as the surrounding population. In some cases, farmworkers use the portable toilets, garbage bins, and irrigation water available at nearby work sites. Their use of "gray water" (mostly irrigation water) continues to exacerbate health problems—especially gastrointestinal diseases and skin infections.¹⁷ The long-term health consequences of the daily use of such water—internally and externally—flies in the face of the basic sanitation needed to maintain human health.

Unfortunately, these living conditions are *not* "temporary" or "seasonal." Farmworkers often live in holes for long periods of time, some have lived in them for as long as eight years.

¹⁵ These organizations include the Escondido Community Clinic, Vista Community Clinic, North County Health Services, Migrant Education, EYE, Catholic Charities, and Ecumenical Migrant Outreach.

¹⁶ Ecumenical Migrant Outreach was active in organizing protests against the City of Carlsbad's eviction of farmworkers from a camp in November 2001. Local activists together with the National Farm Ministry Board of the United Farm Workers participated in the protests along with local residents and churchgoers.

¹⁷ Gray water is defined as any water that is not from a metropolitan public water system and is not potable—for example, water from a farm's irrigation system or from a nearby stream or river.

Trailers and Other Forms of Shelter

Many farmworkers in North County live in overcrowded dilapidated trailers, garages, and other forms of makeshift shelters on the Pala, Pauma, and Rincon Indian reservations, as well as in the areas surrounding towns (see Table 3 in Farmworker Demographics above). In many cases, they are without electricity or running water. Residents of these areas carry water back to their shelter sites from what they describe as “tubes” or water faucets from neighboring places, and they do not know whether or not it is potable.

Such conditions not only apply to newly arrived farmworkers, but to farmworkers who have been working in U.S. agriculture for as long as 17 years. Some of these workers are still living in groups in self-made shacks or garages with no running water or electricity. Moreover, those who have found refuge from the INS by living on tribal land live “encircled” by the agency. According to these farmworkers, INS patrols lie in waiting for them at the entrances to the reservations.

Regulatory Irregularities and Other Problems

The San Diego County Department of Planning and Land Use’s regulations are exceptionally burdensome, so that very few growers can afford to undergo the lengthy and expensive process that is required build housing for their workers. For example, one grower had spent more than \$1 million in legal fees in order to build housing for his workers. Housing, such as trailers or other temporary housing, are also considered illegal in the county.

An attorney and member of San Diego County’s Regional Task Force on the Homeless explained that part of the reason why farm owners in the area most often do not provide housing to their employees is due to conflicts in state and local laws.

The failure of farm owners to house their workers, even when they might like to, has resulted because local building regulations are not in compliance with state law. State law allows for construction of housing for farmworkers on agricultural land, but local law is very restrictive. The cost of fighting the lawsuits that result from this conflict between state and local law is prohibitively expensive....

Localities are required by state law to demonstrate that they have sites available on which to build low income housing, but are not required to *build* the housing. Furthermore there are funds available for this purpose but nobody wants to apply because of the expense of litigating the conflict between the state and local laws. ...a lawyer for Social Advocacy for Justice, filed suit against a local jurisdiction that was noncompliant with redevelopment law, which required low-income housing. She prevailed but the legal expenses alone were about \$8 million. The local ordinances need to be amended to be in compliance with state law. Carlsbad is an exception, it has inclusionary housing ordinances. New developments are required to include medium and lower income households.

However, the problem goes even deeper. The attorney also stated that:

Some growers are interested in providing housing for their farmworkers, but even when a grower wants to help, the neighbors and the municipalities make it difficult. A local vegetable processor allows workers to stay in his out buildings on hay thrown on the floor. At Rancho Penasquitos, workers live inside sewer pipes.

There is a clash between expensive homes and abutting groves, the very conservative and the very needy. The INS is actively seeking illegal immigrants as a result of complaints by homeowners in close proximity to the encampments. They turn a blind eye to the terrible conditions that farmworkers endure, largely because of the interest in promoting a bucolic image for the benefit of tourism.

Thus the housing problem is one that is rooted in the political economy of North County and, particularly, a disconnect between municipal, county, state and federal housing law. This problem is set against a backdrop in which communities' self-identification is one that favors an economy based on tourism and the U.S. military, not on farming.

This situation is reflected in the trend in funding for farmworker housing. The Regional Task Force on the Homeless was organized in San Diego County more than a decade ago. A partnership of public agencies, private groups, and homeless advocates, the task force recently claimed that over half the homeless population in San Diego County is made up of farmworkers or day laborers. At the same time, the funds spent on the farmworker/day laborer homeless population dropped from about \$1.3 million in the 1995 to about \$171,000 in 2002, even though the amount spent on homeless doubled during this time.

In spite of the decline in support, there have been several notable efforts to create housing for the homeless. For example, Encinitas built a 12-unit project in an unusual override of general public sentiment against such housing. San Marcos also has a relatively high percentage of housing designated for farmworkers.

Part II: Health Care Delivery System

This section examines the health care service delivery in North County in three parts. First, we provide an inventory of the various service providers and other related organizations in the region. Next, we examine the prevalence and treatment of principal medical conditions. Finally, we analyze the multiple channels and barriers that facilitate or impede farmworkers' access to health care.

A. Service Provider and Related Organizations Inventory

San Diego County privatized much of its primary health care service more than a decade ago, contracting it out to private providers. There are thus no full-service county health clinics in North County. Instead, the county operates only four small public health units in Escondido, Fallbrook, Oceanside, and Ramona. The clinics are staffed by two registered nurses, which provide vaccinations or refer patients to any of the 33 private clinics in the county.

The County of San Diego Health and Human Services Agency also offers limited services and referrals that address three main area of health: (1) drug and alcohol services, (2) community health services, and (3) mental health services for acute and chronic illnesses. The Binational Tuberculosis program, administered through the County Health and Human Services Department, has received widespread attention because of its success in binational provider communication and careful administration of medications to infected patients on both sides of the border. The drug and alcohol services were contracted out to EYE, now an Episcopal community service and other nonprofits in the north, but according to reports these services rarely reach farmworkers.

The county's indigent program, called County Medical Services (CMS), also disburses funds and reimburses providers who serve eligible patients. Primary health care services for the poor are provided by networks of community clinics and via numerous assistance programs within these settings. Nevertheless, the CMS program has stringent eligibility requirements, effectively limiting available services even for documented workers.¹⁸ In the case of undocumented workers, the County Board of Supervisors has specified that no services shall be provided to the this population under CMS.

In the absence of a strong county program, the daunting task of providing services to the poor falls on nonprofit community health clinics, whose major daily challenge is to continue to provide services under extremely difficult fiscal restraints. A cadre of extremely talented clinic administrators, fundraisers, and grant writers carry out this onerous task, competing with one another for the same grants and funds in a county with a large underserved, undocumented population (see Provider Collaboration and Competition below).

Frontline Clinics

The primary frontline clinics in North San Diego County are the Neighborhood Community Health Center (NCHC) (formerly Escondido Community Clinics), North County Health Services, Vista Community Clinics (VCC) and the Fallbrook Family Health Center. The NCHC is a nonprofit, primary care community clinic that operates several facilities in Escondido (a general clinic, an adult/pediatric unit, and a women's clinic), a clinic in Pauma Valley (Mountain Valley Health Center), and the Temecula Family Health Center, (an all-purpose clinic in Temecula). Most of the population served by the clinic is Spanish speaking (approximately 80 percent). They have approximately 30 physicians, most of whom are bilingual.

North County Health Services, a private, nonprofit community health care organization, has nine clinic sites and one mobile clinic unit. The clinics are located in Carlsbad,

¹⁸ In contrast, Riverside County provides indigent services to anyone who can provide proof of county residency, regardless of immigration status.

Encinitas, Oceanside, San Marcos, and Ramona. The staff includes 35 full-time physicians, two physician’s assistants, and eight nurse practitioners.

Vista Community Clinic (VCC) operates five primary care clinics in Vista and Oceanside, and 90 percent of their clients are Spanish speaking (most of whom are first generation immigrants). They employ six medical doctor and seven nurse practitioners. The clinics offer sliding-scale services and work closely with Catholic Charities and other organizations in conducting their outreach efforts. Of their total staff of approximately 300, 75 are directly involved in outreach. Their outreach programs and health promotion programs are centered on teen pregnancy prevention, prenatal health, family planning, HIV/AIDS education and prevention (including Center for Disease Control testing for individuals who routinely move back and forth across the border), breast cancer, diabetes, substance abuse, women’s health, and community action within neighborhoods. Currently, several of their VCC outreach staff focus solely on farmworkers—particularly solo males and those living in “encampments.”

Though part of a chain of clinics, the Fallbrook Family Health Center in Fallbrook is the only clinic of its chain in the county. It has just over two full-time equivalent medical doctors and one physician’s assistant. Only one of the physicians is bilingual. Fallbrook is a federally qualified health center that also receives a series of state, federal, and private grants to specifically assist the uninsured.

Other frontline clinics in the region are Solano Church Free Clinic and St. Leo’s Clinic in Solano Beach. Solano Church Free Clinic has one volunteer physician. St. Leo’s Clinic offers a dental clinic on Wednesday evenings, staffed by dentists working on a pro bono basis.

Very few of the clinics described above have the means by which to track their patients once they leave the clinic setting and, more importantly, to provide patient advocacy at the level of specialized care or in hospital settings. (Neighborhood Community Health Center has begun a tracking system and also provide patient advocacy for referred patients.)

Hospitals

The primary care clinics described above refer their patients to seven main hospitals, all located in North County. Tri-City Medical Center is a district and public hospital located in Oceanside. While able to provide discounted rates (40 percent of normal rates), the hospital requires payment at time of services. Unfortunately, specialized and expensive care, even at a discounted rate, is not affordable by a majority of Hispanics.

Other hospitals that serve the Hispanic population are Palomar Hospital in Escondido, Fallbrook Hospital in Fallbrook, and Vista Hospital in Vista. These hospitals are located directly in the communities in which the Hispanic population resides, and they are better equipped to serve a monocultural, Spanish speaking clientele. Scripps Memorial Hospital, further south in Del Mar, also provide pro bono services, but it is located outside of the communities in which the Hispanic population resides—both geographically and culturally. Referrals are also less frequent to San Diego Children’s Hospital and UCSD Hospital due to their distance from North County.

Other Frontline Organizations

Community clinics throughout North County have developed strong liaisons with social service agencies and other groups engaged in advocacy for underserved, undocumented, and dispossessed populations. For example, Catholic Charities has worked closely with health providers throughout the area. They run a homeless shelter called “La Posada de Guadalupe” and provide emergency assistance, rent, and utility assistance; Healthy Families and Medi-Cal eligibility and enrollment; food, clothes, and personal hygiene item distribution; bus tickets for job interviews; referrals to health services; job opportunity listings; and hotel vouchers (seasonal).

Planned Parenthood of San Diego and Riverside Counties has an extremely active outreach program called Promotores Pro Salud, whose mission is to provide reproductive health information to those living in migrant camps, tribal lands, and to the Latino population in general. They also provide outreach to sex industry workers, specifically those who solicit farmworkers. Many of the sex industry workers in these communities

are underage and most are uneducated and lack rudimentary knowledge of the prevention of sexually transmitted diseases. Planned Parenthood is currently working on establishing a binational “safety corridor” for women and children who are victims of sexual and commercial exploitation. It is also implementing a \$10 million program to create “mirror clinics” on both sides of the border.

EYE is an Episcopal community service organization geared towards youth, providing services in the areas of child abuse prevention and treatment, domestic violence, sexual assault, high-risk youth, mental health for children and teens, and substance abuse prevention and treatment. The organization recognizes that teen pregnancy is a problem in the area, fostered by an environment of drugs, alcohol, and the sex worker industry. One outreach worker related the problem to the proximity of a local disco, where tourists and servicemen from Camp Pendleton solicit sex industry workers. “There are good numbers of high school kids that go to this place, since it is set up as a teen disco.”

To help those it serves, EYE works closely with a number of local organizations, including local police departments, school districts, Planned Parenthood, the U.S. Attorney’s Office, the Mexican Foundation for the Protection of Children, the Border Health Initiative, and Federal Youth Services. The organization has served 200 families in two years. Ninety percent of the young mothers with whom they work are undocumented. Though the organization is undergoing a reorganization, services are not being interrupted.

Ecumenical Migrant Outreach is an advocacy group that has been actively involved in building shelters and delivering food and other services to farmworkers. Their innovative and practical housing efforts, as well as their diligent charity, has been crucial in providing a safety for many farmworkers. The organization also takes responsibility for informing mainstream culture in North County of the plight of marginalized farmworkers. Several videos and other kinds of documentation have been produced to this end.

Interfaith Community Services is a nonprofit organization comprised of diverse faiths in North County; its mission is to address problems of poverty and homelessness. It provides emergency food programs, shower and laundry facilities, vocation and job training, substance abuse treatment programs, mental health counseling, rent assistance, affordable housing (in Escondido), and other kinds of counseling and case management. Unfortunately, services that are publicly funded are not offered for the undocumented, and the organization does not track the proportion of its client population that are farmworkers.

California Rural Legal Assistance provide legal representation to documented workers only (they are funded by the Legal Services Corporation, which forbids the use of money for the undocumented). They specialize in employment issues such as minimum wage violations, workers compensation claims, wrongful termination, social security, sexual harassment on the job, housing discrimination, overtime compensation, employment related health and safety issues, unemployment benefits, housing rights, and human rights. Another legal organization, the privately funded California Legal Assistance Corporation, supplies legal services to the undocumented.

Instituto de Culturas Nativas (CUNA), organized in 1992, seeks to promote the reunion of indigenous communities in Baja California with their counterparts in the United States. One program currently in place is called the Medical Aid Network (la Red de Ayuda Médica) that seeks to take services to indigenous communities in Baja California. By means of this program, health professionals from both sides of the border have conducted *promotores de salud* trainings. Other work conducted includes direct health care to remote indigenous communities in Baja and the sponsorship of binational indigenous reunions enabling tribes to reunite and collaborate with each other's communities.

The California-Mexico Health Initiative (CMHI) is funded by TCE to promote cultural competency and access to health care for migrants (which is defined as any person who immigrated to work in the United States, and their families, for up to two generations). Its main mission is to link California and Mexican officials, clinics, and community based

organizations. It has three focus areas: public health policy, binational health campaigns, and binational health provider exchanges. It has a coordinator in San Diego County.

Farmworker and Latino Organizations

There are numerous Mexican, indigenous, farmworker and Latino associations that are active at the local, county, state, and even binational levels. These include the Coalition of Indian Communities of Oaxaca (COCIO), El Grupo Sin Nombre (Latino), Barrios Unidos Center for Community Leadership, the North County Leadership Training Institute for Latinos, the Latino Network, La Sociedad Progresista Mejicana, and various Clubes de los Hijos Ausentes. None of these are currently engaged with the health provider organizations mentioned above although they are potential avenues for collaboration.

B. Prevalence and Treatment of Principal Medical Conditions

All service providers interviewed, as well as farm owners, reporters, and political activists, concurred that living conditions have been severely impacting the health of farmworkers. The most destitute of farmworker shelters (spider holes) and the horrid conditions in many of the encampments undermine basic hygiene practices that exacerbate the incidence and intensity of disease. All the outreach workers in the area also stressed that farmworkers were suffering from exposure to weather, rodents, polluted water, and unsanitary garbage removal and unsafe bathroom facilities. When one farmworker living in a cave adjoining the land where he worked near Carlsbad was asked whether he lived alone, he said, “No, I’m accompanied by about 40 rats.”

Working conditions often combine with living conditions to complicate health problems for farmworkers. These factors conspire to limit care for infectious and chronic diseases, dental care, and problems of situationally caused mental illness. More details regarding each of these conditions and how they are being addressed in North County are discussed further below.

Infectious Disease

The infectious diseases particularly affecting this population include minor wound infections acquired on the job that become serious, venereal diseases, and more serious problems, such as tuberculosis. Minor on-the-job injuries can lead to complications when a worker returns to unhealthful conditions at a homeless camp. As one outreach manager said, “Often, the only access to water they have is irrigation water or gray water—thus, a simple infection can turn into a major infection.” Cellulitis, an extremely dangerous form of infection was mentioned as being prevalent among homeless farmworkers due to environmental exposure and the inability to maintain hygienic conditions.

Serious infectious diseases, including public health hazards such as tuberculosis, are exacerbated by crowded, unhygienic living conditions.¹⁹ Sexually transmitted diseases (STDs) are a huge problem according to the director of a major clinic and mobile unit in the area. Syphilis, gonorrhea, and chlamydia are all common in the population according to this provider. Unlike the other two STDs, chlamydia rates have actually risen in the county every year since 1995.²⁰

As mentioned previously, the Vista Community Clinic outreach programs and health promotion programs provide HIV/AIDS education and prevention (including Center for Disease Control testing for individuals who routinely move back and forth across the border). Planned Parenthood also has a binational HIV/AIDS program and the county has launched a Binational Tuberculosis Program. These programs seek to promote preventive health, health education, and disease surveillance and control.

Chronic Disease

The high risk factor among farmworkers for chronic diseases such as diabetes is worsened due to the peculiar conditions in North County. Chronic diseases require on-

¹⁹ Tuberculosis among Latinos in San Diego County is 10 times as high as among non-Hispanic whites. There is also a resurgence in the public schools. See *Healthcare of San Diego County*, County of San Diego, 2000.

²⁰ In 1999, the rate was over 250 per 100,000 people. See *San Diego Health Profile*, Health and Human Services Agency, Washington, D.C., 2000, p. 21.

going care with careful monitoring of treatments. Though some providers have attempted to overcome the problems of health care access in North County by offering mobile clinics (see Transportation and Mobile Clinics section below), this approach has limited utility with respect to chronic conditions. One outreach worker director at a major clinic in North County noted: “The problem with mobile clinics is that it fragments health care—it is very difficult to treat on-going problems such as chronic health conditions. Patients needing on-going care will not get it.”

One interviewed farmworker was diagnosed with diabetes, but due to his extreme isolation, fear of the INS, and consequent inaccessibility to health care, he relied on pills brought in from Mexico by a legally documented friend. In this case, one can see how the mistrust of the medical system due its long waits, inability to effectively explain the results of tests to farmworkers, and reluctance to deliver the strong medicines that the Mexicans prefer, combined with the extreme physical seclusion of the population, inhibits long term care.

Dental Problems

A health promotion official associated with a major clinic reported very severe dental problems in the farmworker population of North County. Fortunately, there is interest in solving this problem. The Scripps Institute is willing to do mass screenings and provide treatment. However, it has proven impossible to find dentists willing to go out in the mobile clinic to carry out the work in the remote camps and settlements. Again, the unique social and physical remoteness and fear on the part of the population makes service delivery daunting, while the living conditions make oral hygiene a challenging task.

Mental Illness

Probably the most disheartening outcome of the marginal conditions endured by North County farmworkers is mental illness. Almost every farmworker interviewed expressed

unhappiness with their plight.²¹ One 27-year-old Oaxacan felt “sadness for thinking about those persons who are not here, home-sickness.” He also felt unable to do anything about these feelings, describing his options as either to “put up with the conditions or leave.” This farmworker had considered seeking professional help but had not. Another 30-year-old Oaxacan stressed how much he missed his family, whom he telephoned regularly from work. He also never leaves the premises of his makeshift camp, where he lives with two cousins , except to go to work..

Another manifestation of the anxiety existing in the population was the common feeling of being encircled and under siege by the INS. As one 20-year-old worker from Guadalajara, who lived with his father and brothers, stated, “I am not free here...I can’t go anywhere.” This farmworker suffered from anxiety disease or *nervios* according to his father. Many of the providers agreed that the mental health problem is severe among the isolated population. As one outreach supervisor said, “the stability and mental health of the population is very much at risk.” Another clinic administrator stated it this way, “farmworkers are starving for social interaction and need counseling services and other social diversions.” A lead *promotora* in the area told us, “One of the main issues for farmworkers is that they live in fear and do not feel free. This has huge mental health repercussions that we, as outreach workers, deal with daily.”

As for farmworker attitudes, the interviews revealed a fatalism among workers regarding mental health outcomes. In light of the other obstacles described above, these attitudes make mental health treatment very difficult. One 50-year-old farmworker expressed a very deterministic view of those who fall into the habit of drinking, saying that alcoholics reach a point of no return. As he put it, “I’m already hooked. I’ve screwed myself. What can I do?” Another worker had a similar attitude, placing responsibility for his problem clearly on himself rather than his situation. He said, “You control the situation. If you want to fall, you will fall.” A third farmworker, an admitted alcoholic, stated that he wanted to quit but he knew he couldn’t.

²¹ There was one undocumented farmworker interviewed who claimed he had no problems of depression; he made a minimally decent living as a citrus picker and was able to visit his native Queretaro each year.

None of the farmworkers had used or knew of any mental health service. In fact, as one mental health professional responsible for this population stated, “Trying to deal with mental health alone is difficult since this population is not willing to seek help with personal problems outside the family. [The farmworkers believe] dirty laundry is washed at home.” And, the professionals agree that there are few appropriate services in Spanish available to farmworkers. One of the agencies that addressed the problem, EYE, has recently experienced funding difficulties. As one supervising social worker put it, “there is very little, if nothing, with regard to mental services for farmworkers.”

Many farmworkers expressed a need and interest for mental health services and there were also recovering alcoholics who had quit San Diego county farmworker interviewees were unique in being acutely aware of their substandard living conditions and extreme isolation and expressed interest in mental health and recreational services that can alleviate their daily grind. When we discuss mental health for this population, the services needed to alleviate mental health problems are not complicated. These farmworkers must have the freedom to assemble with their friends and relatives, engage in recreation and participate in community. This is the fundamental basis for mental health.

C. Channels and Barriers to Health Care

In this subsection, we discuss the channels by which farmworkers in North County improve or maintain their health, as well as the barriers that stand in their way. In the course of our research, we identified nine principal categories of channels and barriers. These are: sociopolitical climate, cultural brokering, restricted clinic access, farmworker attitudes, transportation and mobile clinics, provider cooperation and competition, providers’ understanding of farmworker health needs, the referral system, and disease prevention. Each of these is discussed separately below.

Sociopolitical Climate

Social service organizations, farm owners, and health care workers carry out their work within the same sociopolitical climate as do farmworkers. In North County, this climate

is complex and hinders service delivery to the farmworker population. A contributing factor to this climate is the self-perception of municipalities. While the population around Fallbrook, Valley Center, Pauma, and Pala identify themselves as being agricultural communities, the population living in more coastal communities do not. They identify more with the tourism and military industries, despite the prevalence of farm owners and farmworkers, who own and operate the flower and strawberry fields used to market the area to tourists.

Although such perceptions do not accord to the actual economics of the county, namely, the fact that agriculture is one of the leading economic sectors, interviewees of diverse occupations concurred that this view led to a collective desire on the part of municipalities throughout the area to *not* see and therefore *not* address issues related to farmworker well-being.

Cultural Brokering

Outreach workers are present in North County in insufficient numbers, are underpaid, have insufficient opportunities for education and collaboration among themselves, and have high turnover. Despite these difficulties, these workers have made significant strides in overcoming the obstacles that impact the quality of care received by farmworkers in North County, who depend on the outreach provided by charity organizations, health care organizations, political activists, and churches. Community clinics, as well as San Diego County Health Services, are well aware of the desperate conditions of farmworkers in the area, and they continue to develop outreach programs.

However, as with most regions in California, North County providers stress the need for more intermediaries to “broker” health services. It is also essential that these individuals possess appropriate skills and talents. As one outreach worker indicated, “The crucial ingredient to successful outreach is to have a bicultural person, someone who has been in these cultures and who knows the issues; someone who can approach this population and establish rapport and trust quickly.” Such brokers must be able to clearly explain what services are available (in a culturally competent fashion) and simultaneously diminish associated fears.

The *promotora* model, which is a successful health education model for educating and providing services to “hard-to-reach” populations, is used throughout the community clinic setting. Vista Community Clinic, Neighborhood Community Health Center, and Planned Parenthood, among others, have all successfully incorporated this model into their outreach and health education services. The agencies and clinics report that not only do health educators and *promotoras* visit farmworker sites throughout the week, mobile units and vans provide medical care to many farmworkers at their work sites or encampments on a monthly, biweekly, or weekly basis.

However, grower and worker perceptions are often somewhat different. One grower said there were not enough mobile clinics to go around. At the same time workers seemed to not know the clinics’ schedule. One of the interviewed workers, however, did know the day of the month that the mobile clinic visited. In assessing the extent of cultural brokering in North County, it is important to also highlight the unique demands imposed on the farmworker population. In most other farmworker communities throughout the state, one’s extended village or hometown network is of utmost importance to worker survival and navigation through U.S. institutions. In North County, this network affiliation is weakened by farmworkers’ fear to move about freely. Instead, farmworkers in the area rely on a host of other intermediaries who provide them with information, food, medicine, and other items that they need to survive.

Weakened Social Networks

The presence of the INS border patrol throughout the county has had an observable impact on farmworkers. They refrain from any movement, such as driving, getting a ride, or walking to see nearby kin (sometimes only a kilometer away), as it may risk deportation. Most of those interviewed thus described themselves to be “living as prisoners.” Their “prison” is a highly circumscribed geographic area, namely, the route taken daily from work to home.²²

Along with the ever-present INS patrol, farmworkers also live in fear of having their camps invaded and torn down or of becoming victims of random acts of violence—events that are recounted by both farmworkers and providers. This magnifies their anxiety and strengthens their impulse to live in hiding. As one farmworker explained, “I know there are about 30 people from my village in this area but I can’t visit them. I cannot go anywhere.”

The severe pressure to remain undercover, in turn, undermines the village network—the means by which farmworkers adapt to U.S. culture and society. It is through association with family and friends that workers can survive difficult conditions.²³ In North County, however, survival and adaptation depend to a greater extent on “outside” relationships, namely, those with whom they come in contact at work or where they live. Often comprised of a tenuous and unpredictable assortment of individuals and organizations, these outside relationships provide farmworkers with the only semblance of a safety net. It is their only means of survival in a hostile and unwelcoming country.

From Bosses to Lunch Truck Drivers

Farmworkers in North County develop relationships with people such as the lunch truck driver, the farm labor contractor, the foreman, the farm owner, and the store owner. The relationships may be either deleterious or crucial to their well-being. Sometimes they are a combination of both. Crew chiefs and foremen can be exploitative but they can also provide advocacy for their workers, and many do. One foreman in Carlsbad was able to get running water and faucets installed on the work site so that homeless workers could bathe after work. He also convinced the farm owner to have more portable toilets installed, set up a basketball hoop, and set out large trash containers.

The *lonchero* (lunch truck driver) from whom farmworkers purchase their food can serve as a key intermediary. In some instances, the lunch truck owner, who usually speaks some English, is also the person who, for a fee, cashes checks and expedites money

²² As noted previously, “home” may consist of a spider hole on a hillside, or a trailer on an Indian reservation, or a crowded apartment. For those that are legal, it may be a small house.

transfers to families in Mexico. These are critical services for the farmworker. But at the same time, the food is overpriced and lacking in nutritional value (little fresh food of any kind). Farmworkers who have chronic illnesses (e.g., diabetes) and who have been successfully controlling the disease, have had to struggle to do so despite such barriers.

A third and unfortunate group of outside intermediaries with whom North County farmworkers interact include alcohol vendors, drug dealers, and sex industry workers. Unprotected sexual relations and alcohol and drug abuse understandably pose grave health risks for populations on both side of the border, and infectious diseases such as HIV, tuberculosis, or hepatitis pose a threat that reaches beyond the farmworkers' world.

Restricted Clinic Access

The fear and isolation that has stemmed from INS efforts in North County have not only weakened workers' social network, but have greatly hindered their access to health care centers in the area. The enhanced INS border operations have made it nearly impossible for undocumented immigrants to temporarily return to Mexico to address their health concerns. According to service delivery personnel, growers who prefer that outsiders not visit their workers often aggravate this isolation by blocking visits to farmworkers' living areas by vans, mobile units, and health care personnel.

The unwillingness to go to clinics due to fear of the INS was mentioned by many workers. Most feared the immediate danger of being picked up on the way to the clinic. Another fear dissuading undocumented workers from obtaining needed treatment is because most clinics ask for Social Security numbers. Isolated living conditions also hindered access. One person indicated that if there were an emergency with one of his roommates, he would be required to make a long bike ride to town to seek help, since there was no phone anywhere near his camp. Another outreach worker stressed that pregnant women who are undocumented often ignore care out of fear.

²³ Massey, Douglas and Rafael Alarcon, *Return to Aztlan, The Social Process of International Migration from Western Mexico* (Berkeley, California: University of California Press, 1987).

Farmworker Attitudes: Faith in Diagnosis, Distrust of Cure

Many San Diego farmworkers view doctors with a mixture of awe and distrust. On the one hand, workers believe that doctors can analyze diseases and diagnose whether a patient is sick or well. However, there exists a belief among the members of this population that doctors are better at analysis than cure. As one worker put it, “the healer (*curandero*) can’t tell you if you’re well, the doctors do the analysis.” This worker believed that a *curandero* had cured him, though the doctor could tell when he was cured. This attitude is based on reports by many farmworkers that doctors in the United States don’t give adequately strong medicines, they often mistreat clients, and they don’t listen to or explain treatments properly to patients. Related to this is the often-heard complaint that the results of tests are not explained to patients. One middle-age farmworker, who suffered a serious knee injury from a fall went to several specialists that he found hostile. One specialist told him nothing was wrong with him and that “Mexicans [like him] just wanted money.” The doctor implied that he was trying to get unwarranted insurance compensation. The worker responded, “No, I want health.” But then the specialist almost kicked him out of his office.

Although many Mexican immigrant patients respect the technology and the testing, they don’t have faith that U.S. doctors can cure them. For this reason, many San Diego farmworkers—after only one diagnosis from a U.S. doctor—don’t return for consultations. They will rely on a legal relative or friend for advice and for obtaining medicines from Tijuana. If possible, and if they have the documents, they will often seek a second opinion in Tijuana. These responses are, mostly due to a reluctance to pay high U.S. consultation fees. Farmworkers are also often convinced that it is preferable to have the prescribed medicine—or even another medicine they deem appropriate for a U.S.-diagnosed disease—to be brought in from Tijuana, rather than receive follow-up care from a U.S. physician. The particularly severe barriers to access, rooted in the isolation of the workers and their fear of the INS, reinforces the reluctance to seek a cure from the diagnosing physician but instead to rely on Mexican pharmacists.

Transportation and Mobile Clinics

Isolation in distant camps and trailer parks coupled with the fear to venture beyond immediate work or living sites have created peculiarly difficult transportation barriers for the North County farmworker population. Other outreach that is both effective and crucial to providing services to farmworkers is the use of mobile health vehicles equipped as full-treatment medical units. For example, while still in its nascent stages, North County Health Services has a new mobile clinic enabling physicians and others to provide services to farmworkers at their work sites, camps, and other locations. The unit also visits trailer parks where farmworkers live in the Rincon Indian Reservation.²⁴

Vista Community Clinic has taken a different approach, sending out a van staffed by a Mexican physician who brings patients back to Vista clinics for their medical examination and treatment. Vista personnel favor the use of vans to transport farmworker patients needing medical attention to clinic settings, because it gets the patients accustomed to coming to the clinics, enables the treatment of on-going chronic health conditions, and does not draw what Vista staff perceive as “unwanted attention” to either farmers or farmworkers.²⁵

It is also frequently difficult to obtain growers’ permission to take vehicles to actual farm work sites or labor camps. According to one advocacy lawyer, less than one-third of the growers will allow a mobile unit on their properties. One of the mobile clinic providers indicated that “25 growers have turned us down.”

Some of the reluctance on the part of growers has to do with the uneasy role outreach workers assume, which is somewhere between providing services and providing political advocacy for farmworkers. As one clinic representative explained it:

Farm owners have had people come on site for various outreach efforts, but some of these have turned on them. They have been reported for not providing certain things and then the different law enforcement personnel go to their farms, including the INS,

²⁴ The TCE recently provided funding for another unit.

²⁵ Both mobile medical units and clinic transportation vans have their drawbacks and their strengths. The medical units enable screenings and check-ups on farmworker work or shelter sites, whereas the vans transport only patients who perceive themselves as ill. The latter, however, is a more discrete way to negotiate North County’s farm areas.

and they, the farm owners, receive bad media coverage. They don't trust outreach efforts because people, under the guise of outreach, have become political activists that denounce the farm owners. It is understandable that they are resistant.

Another problem is the lack of consistency in transportation services and schedules and the duplication of transportation services across clinics. In some cases, bus vouchers are available for farmworkers to use and, in other cases, vans or cars pick up patients and take them to the clinics. However, despite these services, the majority of farmworkers face major transportation barriers in obtaining health care. Outreach in different clinics need to collaborate more closely in order to improve their efforts at transporting farmworkers.

Provider Cooperation and Competition

The privatization of county health services has had mixed results within North County (see Service Provider Inventory above). Though it has stimulated innovation and accountability, it has also served to foster a competitive atmosphere among providers, who seek to obtain a greater “market share” of those farmworkers covered by public assistance programs and the grants to provide services to them. As one clinic director put it, “there is a lot of competition among the community clinics. The ones that exist are survivors. You have to protect the funding for your area. My attitude is: stay out of my area.” This environment has fostered “predatory” tendencies on the part of more fiscally sound clinics. When clinics “go under” they are “taken over.” These situations can create tense work environments, whereby management and staff (including physicians) distrust one another, do not communicate effectively, and become polarized.

A further obstacle to cooperation stems from regional identifications. The social identity of San Diego's communities is delimited by geography—north, south, east, and coast (west)—and, consequently, providers, already working within parochial communities, must transcend the status quo in order to cooperate.

Unfortunately, the need for services among farmworkers far outstrips its availability. Clinics in the region have had to scramble to find the resources needed to assist this population (some have relied on their status as federally qualified health care (FQHC)

facilities, others on the FQHC look-alike status under which they receive a subsidy payment).²⁶ Providers would likely be able to make better use of scarce resources by being allowed to operate in an environment that fosters cooperation rather than competition.

From 1988 to 1994, a Migrant Services Network (MSN) operated in North County. This network, funded by the Office of Community Services of the U.S. Bureau of Primary Health Care, coordinated health care efforts for farmworkers. It was specifically active in advocating for better services, assessing gaps in services, and striving to avoid service duplication while enhancing specialization by agency or organization. It also was involved in training farmworker leaders at the encampments and trailer parks in first-aid and in how to respond to emergency medical situations. The program also went by the name the Canyon Health Care Coalition, because it specialized in coordinating work with the farmworkers living in North County's canyons.

When HHS funds were cut, the MSN ceased to exist. Some providers indicated that, at that time the MSN was in existence, there was more cohesion in farmworker health service activities in North County, which allowed for a greater focus and improved delivery.

In spite of the loss of the MSN, several collaboratives and coalitions have continued to attempt to remedy common issues shared across health organizations and, through partnerships, leverage greater support. In some cases, they are a means to share information. These organizations include the Council of Community Clinics (CCC), Community Health Improvement Partners (CHIP), and the Farmworker Health Initiative.

The CCC is a 25 year-old association of over 20 independent, non-profit community health centers. While active on some fronts, for example, in the design, fundraising, and

²⁶ North County Health Services and the Fallbrook Family Health Services are FQHC, while the Neighborhood and Vista Community Clinics are FQHC lookalikes. Both get full cost reimbursement for some of the uninsured patients they serve. The FQHC funds come from a Bureau of Primary Care grant; the lookalikes are funded by Medicaid funds coming from the California Department of Health Services.

implementation of Project Dulce—a diabetes program funded by The California Endowment—none of the physicians interviewed during this study mentioned the organization. Nonetheless, the program has served as an important start in establishing cross-communication and collaboration at the primary care level.

Community Health Improvement Partners (CHIP) is a collaboration of San Diego health care systems—hospitals, clinics, insurers, universities, and government—with the express mission of improving community health.

The Farmworker Health Initiative is a recently formed collaborative comprised of diverse organizations and individuals focusing specifically on farmworker health. Since its inception, it has dedicated its efforts to housing issues. Those who attend its meetings come from community clinics in North County, the Agricultural Commission, the California Department of Pesticides, the California-Mexico Health Initiative, Migrant Education, California Rural Legal Assistance, and the County Agriculture Weights and Measures Department. Though in its nascent stages, this collaboration is extremely promising. It focuses on farmworkers, involves service providers from diverse organizations serving the population, serves as a forum for sharing information, and, perhaps most importantly, is a means by which different organizations can begin to see the benefits of working together.

Providers' Understanding of Population Needs

North County health providers exhibit a heightened understanding of the underserved populations in their areas, and possess an increasing recognition of the importance of establishing binational avenues of health care and disease prevention for the Hispanic community. However, in the course of our research, we observed that providers were often uninformed about services offered in the area that would benefit their patients or clients. This lack of information was evident across the spectrum of providers—from physicians to outreach workers. Various examples typify this situation. For example, although limited mental health services exist in the area, the mental health providers that are providing services are unsure of how to access the farmworker population. The ability to find the camps where farmworkers live, approach them, and win their confidence is a

challenge for most of the few mental health workers in North County. For this reason, mental health providers were hopeful that in the future they could work with outreach workers of primary care clinics to help bridge that gap.

Similarly, while *promotoras* and *promotores* programs have developed curricula on medical interpretation and cultural competency for the Hispanic and, specifically, Mexican population, this information was not shared with physicians, nurses, and others who remained at clinic sites. Those physicians who have accompanied outreach workers on site visits said they were transformed by the experience. Clearly, intra-institutional communication needs to be facilitated as much as inter-institutional communication. Sharing information and first-hand experiences of the living and working conditions of the farmworker population is an effective and enlightening educational method for medical staff.

Most providers have expressed a great interest in learning more about the population they serve, including basic information on demographics that can provide a context for understanding their patients, as well as more fine-grained knowledge of their patients' environments—their neighborhoods, living conditions, and social histories.²⁷ Providers also repeatedly indicated that collaboration amongst themselves was essential for the coordination of services. In fact, most moved beyond this to state the need for community-wide and county-wide collaboration to include farm owners, local political leaders, tribal leaders, housing developers, diverse members of the Hispanic community, border projects, binational projects, as well as farmworkers.

Health care providers in San Diego are also aware of the importance of their role in political advocacy for this underserved population. Many are actively engaged in collaboratives, forums, and cross-institutional initiatives to address health issues, especially as they intersect with other issues, such as housing or the active presence of the

²⁷ Vista Community Clinic conducted a Migrant Services Needs Assessment Project in 1992-1993 to gather this information. They surveyed farmworkers, professionals working with farmworkers, and ranchers totaling 245 participants.

INS. Providers are aware that basic living conditions for farmworkers must be improved to improve their health status.

The Referral System

Specialized care is not affordable to workers, even at a reduced rate. Pregnant women and children have more options—including specialist care—because there are more public programs for which they are eligible. The segment of the Hispanic population that is most excluded is males with no children. There is no safety net for these individuals. If a male at the age of 50 has a heart attack and needs bypass surgery (a \$50,000 to \$60,000 procedure), there are no financial mechanisms in place to help out in such a life threatening situation.

One provider noted that “if a patient needs more expensive care—not simply an EKG, blood work, or a chest X-ray—this care is not affordable, even at a reduced rate. So there is nothing in place for such a patient except for simple diagnoses.”

The only program for which uninsured males are eligible is Emergency Medi-Cal. It is well known that hospital emergency rooms are filled with such men seeking non-emergency care.²⁸ Though this care is very expensive, it is not long term but sporadic care, lacking in any follow-up or patient education. As one mental health provider put it, “We have no funds to provide medication or medical management for adults after an emergency room visit. There is a big gap in treatment for adults. We have to be creative to find the funds.” A physician expressed a similar sentiment, describing how difficult it is to ensure that a patient gets prescribing medicine. “When the patient goes into the pharmacist, the pharmacist will not simply get a generic drug that is the same and covered by the patient’s insurance, but will tell the patient that the drug prescribed is not covered,” he said. “The prescription is not filled. The patient leaves. I can’t contact the patient.”

²⁸ One farmworker from Guadalajara described how he was turned away from a hospital emergency room even after unsuccessfully seeking treatment at four clinic facilities. He never received the care he was seeking.

The clinics have systems in place to find specialists and track whether their patients get there. They have lists of specialists willing to work pro bono or for reduced costs. Although there is no data on how many people get included in this system, it is encouraging that the clinics have begun such systems. According to an outreach worker at Vista Community: “Vista has a private list of specialists who are willing to do pro-bono work. They are able to piece together the services needed by their patients regardless of their ability to pay.” At the North County Health Services, an administrator told us, “ We network with a lot of different specialists who are willing to take referrals and provide services pro bono or for very reduced cost. [An employee] serves as a translator, interpreting results back to the farmworker, making sure a farmworker gets to an appointment, providing transportation if needed.” At Escondido a doctor told us, “we are currently putting in place a computer referral tracking system. Basically, the way it works is that we enter the referral in the system. If we do not hear back on pending referrals we first call the patient (if they have a phone), then we send a letter, finally we send a certified letter.” The hospitals on the other hand, which deal with many farmworkers at the emergency room, apparently have weaker systems to track whether patients actually receive the specialist care they need.

Although hospitals invoice all patients, they generally write off unpaid bills as charity. On the other hand, farmworkers who incur a large hospital bill are frequently cognizant that not paying a bill will affect their credit rating, something they understand is necessary to make a life for themselves in the United States. Being sensitive to this situation, many clinic providers recommend that patients needing specialty or hospital care, who have no choice but to pay for services themselves, return to Mexico where services are more affordable.

Referrals to the private not for profit agencies which deal with mental health, come from various sources including the schools, criminal justice system, and police department.

Disease Prevention

Some clinics provide comprehensive disease prevention and management, but services are limited. One successful example of a program that has supported clinics in providing

such services is the diabetes project Proyecto Dulce, sponsored by The California Endowment. In addition to organizing support groups and providing health education, the project provides medical visits—including referrals to ophthalmologists and podiatrists—for an extremely reduced rate of \$500 per year. In some cases, should that be prohibitively expensive (as it often is in a farmworker’s case), there are funds (\$50,000) that can be used to offset the cost. Though the project has been successful, it is difficult to involve the farmworker population.

SUMMARY OF ASSETS AND LIABILITIES AND MENU OF COMMUNITY-BASED INTERVENTION OPTIONS

As in the other AWHS case-study reports, the factors affecting farmworker health and health service delivery discussed above have been summarized as a series of key assets and liabilities, so as to create a health care balance sheet for the subregion. The balance sheet is followed by a community-based menu of options intended to help leverage resources and build momentum for improving the existing situation.

Main Assets

- Outreach workers have made significant strides in overcoming the obstacles that impact the quality of care received by farmworkers in North County. Charity organizations, health care organizations, political activists, and churches are among the types of entities contributing to this effort. Community clinics, as well as San Diego County Health Services, are also aware of the desperate conditions of farmworkers in the area, and they continue to develop outreach programs.
- The *promotora* model, which is a successful health education model for educating and providing services to “hard-to-reach” populations, is used throughout the community clinic setting. Vista Community Clinic, Neighborhood Community Health Center, Catholic Charities, and Planned Parenthood, among others, have all successfully incorporated this model into their outreach and health education services.
- North County health providers possess a heightened understanding of the underserved populations in their areas, and their increasing recognition of the importance of establishing binational avenues of health care and prevention for the Hispanic community. A number of binational programs are currently in place—notably the Planned Parenthood HIV/AIDS program and the county’s Binational Tuberculosis Program—that seek to promote preventive health, health education, and disease surveillance and control.
- Most providers have expressed a great interest in learning more about the population they serve, including basic information on demographics that can provide a context

for understanding their patients, as well as more fine-grained knowledge of their patients' environments—their neighborhoods, living conditions, and social histories.

- In an attempt to overcome transportation barriers in the subregion, some clinics have been serving the farmworker population using mobile health vehicles equipped as full-treatment medical units. North County Health Services has a new mobile clinic, enabling physicians and others to provide services to farmworkers at their work sites, camps, and other locations. The unit visits trailer parks where farmworkers live on Indian Reservations. Vista Community Clinic has taken a different approach, sending out a van staffed by a Mexican physician who brings patients back to Vista clinics for their medical examination and treatment.
- Several collaboratives and coalitions have been attempting to increase cooperation by addressing common issues shared across health organizations and, through partnerships, leverage greater support. In some cases, they are a means to share information. These organizations include the Council of Community Clinics (CCC), Community Health Improvement Partners (CHIP), and the Farmworker Health Initiative.
- Health care providers in San Diego are aware of the importance of their role in political advocacy for underserved populations. Many are actively engaged in collaboratives, forums, and cross-institutional initiatives to address health issues, especially as they intersect with other issues, such as housing or the active presence of the INS.
- A few clinics currently provide comprehensive disease prevention and management, though services are limited. Main Liabilities
- Unsanitary and unsafe living conditions have been severely impacting the health of farmworkers. The most destitute of worker shelters (holes dug in the ground) and the horrid conditions in many encampments undermine basic hygiene practices that exacerbate the incidence and intensity of disease. Farmworkers suffer from exposure to weather, rodents, polluted water, and unsanitary garbage removal and unsafe bathroom facilities. Working conditions often combine with living conditions to complicate health problems such as infectious and chronic diseases, dental care, and problems of situationally caused mental illness.

- Though the need is great, mental health providers serving the North County farmworker population are scarce. One of the agencies that had addressed the problem, EYE, has recently experienced funding difficulties.
- The San Diego County Department of Planning and Land Use’s regulations greatly restrict growers from providing housing for their workers. Few can afford to undergo the lengthy and expensive process that is required to obtain approval to build needed housing. Housing, such as trailers or other temporary structures, are also considered illegal in the county.
- North County communities' self-identification is one that favors an economy based on tourism and the U.S. military, not on farming. Although such perceptions do not accord to the actual economics of the county, namely, the fact that agriculture is one of the leading economic products, this view has led to a collective desire on the part of municipalities throughout the area to *not* see and therefore *not* address issues related to farmworker well-being.
- There is a need for more intermediaries to “broker” health services for farmworkers. Such brokers must be able to clearly explain what services are available (in a culturally competent fashion) and simultaneously diminish associated fears.
- The presence of the INS border patrol throughout the county has had serious impacts on the region’s farmworkers. Workers’ refrain from any movement, such as driving, getting a ride, or walking to see nearby kin (sometimes only a kilometer away), as it may risk deportation. They thus live in a highly circumscribed geographic area, namely, the route taken daily from work to home. The fear and isolation that has stemmed from INS efforts have weakened workers’ social networks, which normally serve as an important safety net. It has also made it nearly impossible for undocumented immigrants to temporarily return to Mexico to address their health concerns.
- Along with the ever-present INS patrol, farmworkers also live in fear of having their camps invaded and torn down or of being victims of random acts of violence—events that are recounted by both farmworkers and providers. This magnifies their anxiety and strengthens their impulse to live in hiding.

- Although many Mexican immigrant patients respect U.S. medical technology and testing, they don't have faith that American doctors can cure them. For this reason, many farmworkers—after only one diagnosis from a U.S. doctor—don't return for consultations. They will rely on a legal relative or friend for advice and for obtaining medicines from Tijuana.
- Though it has stimulated some innovation and accountability, privatization of San Diego County's health services has also fostered a competitive atmosphere among providers at the expense of cooperation, which has led to duplication of services and limited information sharing, such as best practices and successful strategies to provide health care for farmworkers, among social and health service providers.
- Cooperation among other stakeholders in the region is limited. Many growers in particular have created obstacles to improving worker health. Many do not currently allow mobile units or outreach worker vans to drive onto their property.
- Providers were often uninformed about services offered in the area that would benefit their patients or clients. This lack of information was evident across the spectrum of providers—from physicians to outreach workers. Various examples typify this situation. For example, limited mental health services exist in the area, and mental health providers are unsure of how to reach the farmworker population.
- Specialized care is generally not affordable to North County workers, even at a reduced rate. The segment of the Hispanic population that is most excluded is males with no children.

Menu of Community-based Intervention Options

Each of the liabilities listed above should be addressed to improve farmworker health and health care delivery in North County. However, recognizing that TCE needs to focus its planning effort to a few feasible projects within the community, we have pared down the possible list of intervention options to those that address the most urgent needs and those that can best capitalize on the interest and support within the community.

In addition, since workers in North County live in mostly isolated circumstances and are cut off geographically and socially from contact with services, it is necessary to design an

intervention approach appropriate for these limitations. It is also important to take into account the inordinate proportion of the population made up of solo males and families who do not know about the available services and are unable to access those services for which they are aware. Below are some possible starting points to address the peculiar situation of North County's agricultural laborers.

1. Create Coordinating Umbrella Organization

As mentioned earlier, the Migrant Services Network had previously done an effective job in coordinating health care efforts for North County farmworkers. It was specifically active in advocating for better services, assessing gaps in services, and striving to avoid service duplication while enhancing specialization according to agency or organization. Providers indicated that, at the time the MSN was in existence, there was more cohesion in farmworker health service activities, which allowed for a greater focus and improved delivery.

Though other collaboratives and coalitions have continued to address common problems shared across health organizations, additional coordination is needed. There is a widespread feeling among providers that a staffed umbrella group charged with coordinating the various agencies and the four main clinic organizations would be highly beneficial. (Among all providers interviewed there was a strong interest in cooperating and collaborating – but, in the course of a busy day, these interests cannot be realized due to economic constraints, organizational agendas, and the demands of carrying out the mission of one's organization, whether that be to grow food or provide shelters for the homeless.) Many believe that greater coordination would help reduce the duplication of services that currently exists. For example, outreach workers from different clinics often go to the same work sites, trailer parks, or encampments to provide services. Many of the outreach programs complain that workers who have problems that could be helped by a program at another clinic, but that the outreach workers from one clinic are unable to easily access services from another clinic.

Another problem stemming from poor coordination is that best practices and successful strategies to providing health care for farmworkers are not shared among providers and other organizations; in particular, there are not enough formal means of providing cross-training among different programs and providers, especially among those who are in direct, daily contact with the farmworker population. With greater coordination, it would be possible to eliminate such duplication and expand services. In other words, information exchange at all levels of providers and programs would, in itself, transform the face of health care in North County.

A TCE-sponsored collaborative in North County San Diego would provide a structure for providers to share information, marshal resources more effectively, expand services, and eliminate duplication of efforts. Many of the providers interviewed indicated that such an initiative within the area would be welcome and effective.

2. Increase Collaboration Among Other Stakeholders

In addition to increasing provider collaboration and coordination, growers and grower organizations must also be involved in efforts directed at improving farmworker health care delivery. As noted previously, many growers do not currently allow mobile units or outreach worker vans to drive onto their property. Most providers stated the need for community-wide and county-wide collaboration to include farm owners. They also indicated that collaborative efforts must also involve local political leaders, Native American tribal leaders, housing developers, diverse members of the Hispanic community, border projects, binational projects, and farmworkers.

It is particularly necessary that service providers, outreach workers, and others who work toward the improvement of farmworker health come to a mutual agreement with growers. The terms of this agreement should involve growers providing unfettered access to worker areas for the purpose of providing health services. In exchange, those coming on the site should agree to not draw media or other attention to the conditions they observe on growers' sites. One grower described the need for such an agreement explicitly, stating that "[We] need to get an agreement between clinics, agencies, and growers of no

publicizing of conditions to anyone by medical staff.” He also added that Farm Bureau endorsement of the agreement would be crucial.

3. Provide Mental Health Support to Farmworkers

Providers repeatedly mentioned additional mental health services as a critical area. Staff at Vista Community Clinic, Neighborhood Community Health Center, North County Health Services, Fallbrook Family Health, EYE, and the Interfaith Community Services expressed an interest in meeting the mental health care needs of this population through the use of expanded *promotora* programs and support groups. Numerous outreach workers from primary health care clinics are currently in weekly (and sometimes daily) contact with farmworkers at their work or home sites. By working as a team, physical and mental health providers could provide workers with more comprehensive services. In many cases, these services are not ones that require high level training. Given the isolation and immobility of farmworkers, basic recreational outlets—such as sporting events, outings to church services, and musical events--would be extremely positive additions to farmworkers’ daily grind and alleviate the situational depression most of them feel.

4. Develop Comprehensive Health Education Program

As indicated earlier, some clinics provide comprehensive disease prevention and management, but services are limited. One successful example of such a program is the TCE-sponsored diabetes project called Proyecto Dulce. Despite its great success, the project rarely reaches the farmworker population and should be adapted to overcome the problem of the workers’ lack of transportation and generalized immobility due to INS surveillance and apprehension activities. Patient education at a clinic site is a very unlikely to achieve success for farmworkers in North County.

Another possibility is to use radio broadcasts as a media for health education, as many farmworkers have portable radios and listen to Spanish-language programs. (One outreach worker suggested that the programs should focus on cancer, pesticides, work

accidents, musculoskeletal problems, diabetes, venereal disease, drug and alcohol abuse, and mental health.)

5. Facilitate Greater Freedom of Movement

In order for the education efforts described in the previous option to be effective, they need to be coupled with measures that facilitate greater freedom of movement among both farmworkers and those providing health care services. To begin, the climate of fear inspired by INS activities needs to be directly addressed. One possibility is for groups of concerned citizens to contact the INS's regional representatives to discuss ways of reducing the harmful impacts the agency has had on discouraging undocumented individuals in the region from obtaining health care. The idea of creating a recognized safe haven around health care activities and publicizing this policy in the farmworker community could improve utilization of clinics and have significant impacts on public health in the area.

6. Develop Short-term Intervention to Address Living Conditions

The critical nature of farmworker living conditions in North County demands a short-term intervention to avoid the further spread of disease. There is great need to bring potable water, vaccinations, and other measures to meet the most basic health standards. One possibility is for outreach workers to be trained in providing vaccinations as well as expand programs that give portable hand-held water filters to distribute to those living in crude camps. These outreach workers should also be trained in basic first-aid procedures, so that they can help prevent or control infections among those suffering from wounds.

7. Address Regulatory and Other Obstacles to Improved Living Conditions

A longer-term solution to living conditions in North County should focus on reconciling state and local housing laws. Though state law allows for the construction of farmworker housing on agricultural land, local laws in North County are generally very restrictive. The cost of fighting lawsuits that result from conflicts between these laws is prohibitively expensive for most farm owners. In addition, the regulations of the San Diego County Department of Planning and Land Use impose expensive fees, so that very few growers

can afford to build needed housing. Those who have prevailed against these obstacles have done so after a considerable investment. One possibility for helping to build momentum for improving farmworker housing is to offer interested growers legal assistance or other resources to face the regulatory gauntlet.

APPENDIX: METHODS

The report summarizes the opinions and facts given by the community of farmworkers, the community of people in charge of delivering services to them, farm producers, and other observers concerned with farmworker problems. The purpose is to describe the community through its own eyes. The recommendations and observations reflect a consensus in the community as mediated by the researchers.

We consider the current study still in need of more work. And since the actual implementation of the planning process in northern San Diego County is still some months off, we hope to return so as to improve the report.

Methodological Steps

The first step was to organize a telephone survey of the provider and service community. Separate protocols were designed for medical providers and for social workers and outreach workers. This survey occurred in September of 2000 and allowed us to identify the main neighborhoods in the subregion where farmworkers live, as well as describe in some detail the main programs that provide services to these farmworkers. The telephone inquiry, which involved conversations with about 30 people, did not allow for an understanding of the strengths and weaknesses of the service resources available to farmworkers. And, of course, it did not allow for input from the farmworkers to identify their major health problems and to describe the main barriers they face in obtaining services.

Next, the team perfected a worker protocol and further improved the protocols to be used with providers and service delivery workers. In November, three interviewers including the project director spent time in the subregion interviewing workers.. The sampling process attempted to focus on major networks of individuals but this proved difficult given the isolation of people from their network contacts. Due to the atmosphere of fear in North County, many individuals refused to provide contacts with other individuals. As a result, the sampling of individual farmworkers focused on obtaining interviews with a representative sample, which sought to include various towns, field camps, and

reservations. Also, we intentionally selected a sample that included different ages, both sexes, and people separated from and with their families. In January through March, we returned to North County and interviewed a series of individuals, including providers and workers. We intentionally followed up on issues that the community (from all sectors) identified as crucial to farmworker health. As a result, we spoke to growers, community organizers, journalists, aides to politicians, housing officials, and outreach workers of various kinds. In addition, we were careful to sample all varieties of health care providers—nurses, nurse practitioners, intake workers, accountants, doctors, and physician assistants. We were successful in obtaining interviews with some individuals in all the organizations that are considered the frontline groups delivering services to farmworkers.

With the fieldwork concluded in North County, we have continued to discuss and revise the protocols. It must be remembered that the purpose of the current data collection is to gather qualitative not quantitative information. We continue to develop hypotheses to test both in the field and vis-à-vis the CAWHS and BHS data sets.

The next step was to import the field notes (in Microsoft Word) to a qualitative text analysis software package (Atlas.ti). This process necessitated the revision and editing of notes, as notes may not be edited once they are in Atlas. This task created the opportunity to also review notes and extract contacts and leads for subsequent fieldwork in the sub-region. Standards on the format of written notes were established.

The AWHS team revised the codes used for the East Coachella subregion to make them more relevant to San Diego County, which helped in our systematic analysis of field notes by means of the Atlas software. (Codes are concepts that are represented in the interview data.) Each code was defined to ensure inter-coder reliability. The code list in its categorized form is also useful for conceptualization of the model to be used to explain how to improve outreach to farmworkers. The code lists were further refined by piloting the coding, described below. The creation of new codes arising from the data was not inhibited but procedures were set up to guide their creation. In other words, codes were added during the coding process.

The AWHS team conducted a two-day training program for the field work staff before returning to the field. Protocols were reexamined and the possible coding schemes were reviewed. The examination of the field notes is serving to facilitate the iterative refinement of the protocols and the research design. The approach of this study is open-ended questioning of interviewees with an emphasis on collecting details on the particular problems and issues important to the respondent, while balancing this with a systematic collection of information across sites.

Coding

The interview data were placed in “text with carriage returns” format. These are called *primary documents* (each interview equals a primary document) and are considered the data source. A set of primary documents comprises a hermeneutic unit. Within a hermeneutic unit, subsets of primary documents can be grouped into families.

We created three hermeneutic (analysis) units, one for farmworkers and one for providers/outreach workers, and one for all other respondents. The primary documents were coded using the code lists. Coding consisted of selecting a phrase, sentence, paragraph, or groups of paragraphs that represented a concept. The selected texts are called quotes. Multiple coding was allowed and has served to facilitate analysis of the data.

Analysis

After the coding was completed, reports were generated showing the frequency of each code. Tables were generated to determine how often each code appeared in each primary document.

The quotes associated with the codes were printed out to identify themes, patterns/relationships, dimensions of phenomena (valence), and offer contextual understanding. These reports on codes and their quotes were used to structure the reports

for the AWHS. Feedback on these analyses was given to current field researchers, in order to further revise protocols and sampling.