

**Access to Health:**  
**Creating the First Migrant Farmworker Health Fair in Buncombe  
County**

Hannah M. Sasser  
University of North Carolina at Asheville  
Interdisciplinary Studies: International Studies

Faculty Advisor: Ellen Bailey, UNCA  
Community Advisor: Jackie Fitzgerald, Buncombe County Migrant Education  
Program

**Abstract**

Much of the hands-on food production in the United States each year can be attributed to migrant and seasonal farmworkers. However, many migrant farmworkers in the United States do not have access to healthcare because of legal restrictions, language barriers, the amount of time they spend in the fields, the lack of transportation, health insurance barriers, and fear of the unknown. In Buncombe County the farmworker health fair brings health care resources to the migrant farmworkers to address these issues. Thus far, with two years of success due to the number of participants, the continuation of the Buncombe County Farmworker Health Fair (BC FHF) can be contributed to the first one held during the summer of 2014 in Sandy Mush, NC. The second held in Leicester, NC in fall 2015. The research incorporated in this paper shows how the BC FHF was organized including the conception and the work of making a health fair successful. The paper also examines the challenges faced within the planning team and the community, and how that contributed to the continuation of the second BC FHF, examining the differences and the observations from first year into the formulation of the second year, all while encompassing the Spanish, Economic, and International Studies aspects into the project.

Key Words: Farmworker, Health, Buncombe County, Health Fair, Migrant

## **Background / Origins of the Project**

A migrant farmworker is one who “travels from place to place to work in agriculture and lives in temporary housing while working” (“Facts about North Carolina Farmworkers”). “Over 90% of migrant farmworkers are Latinos, most of whom are young, unaccompanied, Mexican- born men. A smaller number are women and children” (Triantafillou 129). Typically they leave home at a young age to travel throughout the U.S. to pick crops throughout the different seasons, leaving them with little formal education.

In Buncombe County, the Department of Commerce estimated the 2013 number of migrant and seasonal farmworkers as 1,250 people in total, and the number in 2014 as 750 people. “North Carolina ranks sixth in the nation in the number of migrant farmworkers” (“Facts about North Carolina Farmworkers”). Many come through abundant Western North Carolina on their routes throughout the county. The large number of migrant and seasonal farmworkers are prone to occupational hazards and risks on the job. “Farm work is consistently ranked among the most dangerous occupations in the U.S.” (“North Carolina Farmworker Health Facts”). “At least one in four farmworkers report having been injured on the job in their lifetime, and the fatality rate for farmworkers in NC is higher than the national average” (“North Carolina Farmworker Health Facts”). Typically farmworkers experience occupational risks such as back pain, muscle strain, heat stress, green tobacco sickness, pesticide exposure, dermatitis, and poor quality housing. They also may experience behavioral health risks associated with geographic and social isolation, traumatic migration experiences, discrimination, and culture shock (North Carolina Office of Rural Health and Community Care). Chronic illnesses include high blood pressure, increased risk for heart disease and diabetes, food insecurity, as well as women and children’s health not regularly being addressed. Fifty-three percent of children in migrant farmworker families have an unmet medical need, infectious diseases such as tuberculosis, HIV, other sexually transmitted diseases, dental health problems, and mental health problems (“North Carolina Farmworker Health Facts”). Above all, the “barriers to receiving healthcare include lack of transportation, limited interpreter services, cost of health care, frequent relocation (“Facts About North Carolina Farmworkers”), lack of health insurance, cultural differences (Sherrill et al), immigration status, fear of deportation and immigration authorities (Connor, Layne, Thomisee 160).

The project consisted of the development of the Buncombe County Farmworker Health Fair (BC FHF) and its continuation over the past two years, with a goal to continue a health fair for migrant farmworkers for years to come. The project was developed based on the needs of migrant farmworkers as Jackie Fitzgerald had identified through coordination with different students enrolled in the Migrant Education Program (BCS MEP). Jackie Fitzgerald was the migrant recruiter for the MEP, putting her in constant contact with young community members in the field, and realizing that the population is “uninsured and underserved” (Fitzgerald). Vecinos, Inc. whose mission is stated as, “a safe place to work and live for all farmworkers in North Carolina. This includes access to affordable health care, equal protection under the law, and full recognition and participation in the communities that we share” (“Mission and Vision”). Vecinos has previously offered health services to migrant farmworkers on site in five counties near Buncombe County and was a basis for some of the services and ideas that were previously exemplified in their work to be mirrored when we started planning the BC FHF. We also looked

at the work done by Blue Ridge Community Health Services that started as a farmworker health clinic and has evolved into a community health clinic. Through contributions and planning with the Buncombe County Migrant Education Program (BCS MEP), Western North Carolina Community Health Services (WNCCHS), and Western North Carolina Aids Project (WNCAP), the final product of the health fair was created.

The contributing agencies were all like-minded when it came to granting health access to migrant farmworkers and they were able to contribute in their own ways. Buncombe County Migrant Education Program “is a program that assists migrant students in achieving academic success. Children must be between 3 and 21 years of age and the family must have moved to Buncombe County within the past 3 years seeking agricultural work in the fields or in a nursery” (Buncombe County Schools).

Some of the migrant farmworkers were part of the BCS MEP, or were in families of migrant farmworkers, which allowed for a rapport between the agency and those in the field, and Ms. Fitzgerald’s main goal was to reach out of school youth (OSY) who had graduated from the BCS MEP but were still in the area. “WNCCHS is a private, non-profit, tax-exempt [health clinic] corporation based in Asheville, North Carolina. Their purpose is the common good, in which they use the methods and disciplines of business to advance their social and human justice agendas” (“About Western North Carolina Community Health Services”). WNCAP is dedicated to preventing new cases of HIV/AIDS and promoting self-sufficiency in people living with HIV. WNCAP provides HIV-related client support, prevention, education and advocacy activities (“About”). We also collaborated with other local services to cover the main problems we identified in farmworker communities, including: blood pressure, cholesterol, diabetes, HIV testing, Hepatitis C testing, vision problems, foot pain, dental problems, and other acute complaints.

These organizations chose to create a health fair because they are “a cost-effective strategy to provide community outreach and are a common vehicle used by health educators to increase awareness and disseminate health information to a variety of priority populations and communities” (Hanson, Thompson, Huereque 62). They are strategically designed to address the needs of specific groups and increase the awareness of a featured health issue, or in our case, health issues such as diabetes, dental care, and HIV (Hanson, Thompson, Huereque 63). Health fairs can also be used to include education and screening components, to provide accurate information to the specific communities in a non-threatening, and even festive environment (Hanson, Thompson, Huerque 63). Food and activities have been included to make the fair a destination spot, including food such as tamales sold on site, and space for clothing drives and tables for bilingual informative material and gift bags that include health products that were beneficial to the issues migrant farmworkers typically face. On the other hand, “follow-up is required either to treat or to confirm the diagnosis, which does not make health fairs a substitute for seeking comprehensive medical care (Unite for Sight). If there were issues that needed to be addressed after the initial health fair, they were given follow up appointments at WNCCHS to address care.

The purpose of the project was to grant migrant farmworkers the access to health that they typically are not able to access because of the many complications they face. It was a known necessity in the community, and our role was to piece it together to make sure that those who historically have had issues accessing health services were able to do so. We were able to take the fair straight to their community to bypass barriers such as “geographic isolation, lack of

transportation and telephone, long work hours, and inability to miss work and lose wages, and lack of child care that often hinder farmworkers' access to needed health services" and to ease into the community without being too overbearing or threatening (Triantafillou 130).

### **Methods and Work Undertaken**

The planning of the BC FHF started in the fall of 2013, after meeting with Ms. Fitzgerald for another community project. I asked her how I could start a project in the Latino community, and what she thought was needed the most. Interest was expressed in migrant farmworker populations, "an extremely underserved population who demonstrate[s] strength and resiliency in the face of significant health disparities and vulnerabilities" (Connor, Layne, Thomisee 159). In early 2014, contact was made with other community members, such as WNCCHS, WNCAP, as well as a few more resources that Ms. Fitzgerald had in the community. The planning included meetings and figuring out what resources we needed to provide to the participants on the day of the health fair.

The planning as a whole was comprised of outreach to farmworkers and growers, of services we wanted at the health fair, and of planning a location. Primary outreach to migrant farmworkers and growers meant staff from contributing agencies travelling to the places where migrant farmworkers were living, working, and spending free time, such as churches, laundromats, and other community spaces. This was done to make sure that the community was aware of the services that would be provided. There were conversations held with growers and crew leaders, who are the people that are in charge of the farms, or the migrant farmworker crews. We found that they were both supportive and unsupportive of the health fair, and it is vital to know their temperament toward such a project, since it may be seen as invasive. On one hand, some thought it was a great idea to provide health services; on the other hand, growers or crew leaders were hesitant or unsupportive because the health fair may be seen as a loss of profits if some of the crew is sick, and potential immigration issues with documentation of employees on the employers behalf. Secondary outreach was comprised of services that were held at the fair. In the first year that included other vendors: acupuncture, massage therapists, interpreters for some of the health vendors. Next, the recruiting included the service providers, such as volunteer registered nurses, nurse practitioners, outreach workers, service providers to administer specific testing, and service for physical therapy. As well as planning the follow up care at WNCCHS, since only primary testing was done on site there were many cases where patients needed follow up appointments to address health issues, or to be given more information about their condition. That also included those who had acute complaints of certain issues that could not be addressed on site: vision checks, and dental work. In the second year outreach included agency collaboration with WNCCHS, WNCAP, as well as getting in contact with previous vendors and volunteers from the year before. Tertiary outreach was comprised of finding a host location for the health fair. In 2014, we were able to use a community center on the edge of Leicester, which may have been farther away from migrant farmworker camps than we had anticipated. In 2015, the health fair was brought to the center of it all, to a packing shed where migrant farmworkers work during the week packing tomatoes and other produce.

My personal role as a student provider was to attend the meetings in the initial planning stages and throughout the process and, to help with the outreach for acupuncture and massage therapy, for which it was vital to have a Spanish- speaking provider. I also was in charge of volunteer recruitment within the campus community and donations for the first fair. On the day of the two fairs, I was there for set up and take down, to document what was going on at the fair, and to do

general tasks that volunteers needed help with. Since I was not a vital part of the health services, I was there to observe how the fair was set up, to help with any unforeseen challenges, and to take photographs for all of the contributors of the fair set up, being mindful of the anonymity of those who were receiving health services.

### **Challenges Faced and Responses to those Challenges**

Throughout the last few years of planning, many challenges have arisen, and have been responded to during the journey. In the start of the project, early 2014, the challenges were in the planning stages. Research suggests that planning should start “6-12 months in advance” (Best Start Resource Center). After the first BC FHF, it was decided that the initial meeting for the following health fair should be in April, making it 8 months after the first and 5 months prior to the second. This was done because the initial planning and backbones of the BC FHF had already been realized, so that a timeline could be set in April for what needed to be done leading up to the next. The first meeting for the third BC FHF is to be held in February 2016, to see what needs to be changed in the third year. With the continuance of the BC FHF, it will have rapport with community members, hopefully making the fair the largest of the ones so far. “The continuity of coordination is a key element of the success of on-going fairs,” which was the main long-term goal for the BC FHF (Best Start Resource Center). Research suggests, “to review evaluation information from previous events to determine topics of interest” (Best Start Resource Center). Thus far, we have kept continuity with the agencies, such as BCS MEP, WNCCHS and WNCAP, who have played a vital role. In having some of the same vendors and agencies throughout the years, it is easier to pinpoint the necessities and the main issues in the community. Research also states “it is helpful to have the same contact for exhibitors and partners over time” (Best Start Resource Center). The first two years, Ms. Fitzgerald was able to take this role, but after the summer of 2015, she moved positions and a new Migrant Education Recruiter, Rosario Villarreal, took her place. With Ms. Fitzgerald’s new position, it could potentially be a conflict of interest for her to continue with Ms. Villarreal on the MEP side to the health fair, such as community outreach to migrant farmworkers. However, she will still be a part of the planning and coordinating of future BC FHF, and Ms. Villarreal will also have a large part in that as well.

Planning the date was also a challenge, Ms. Fitzgerald made sure we knew that late July seemed to be too early in the season because of the migration of the farmworkers. Many may be leaving or some coming in, migrant farmworkers tend to move in waves and are situated in an area during peak harvest. Otherwise, they move throughout the country to catch the crops in certain stages. Peak harvest season is ideal for hosting a health fair and is able “serve the greatest number of people” (Connor, Layne, Thomisee 162). However, with extensive work during that time, it is less likely migrant farmworkers will take their day off to come to a health fair. The first year, we had the BC FHF at the start of the second round of tomato picking, but since the crop had not done well that season, many migrant farmworkers had already left. The second year, late September seemed to be a little late, with many of the farmworkers working longer hours to finish picking the last of the crop before moving on to their next work location. The amount of rain during the year before kept many migrant farmworkers from coming back to WNC. Due to the strenuous hours, finding a day when the BC FHF would work for farmworkers was a challenge. “During peak harvest and planting seasons, migrant farmworkers typically work from sun up to sun down, 6 days per week” (Connor, Layne, Thomisee 160). We decided Sunday would be a good day, with the help of a migrant farmworker family who was more in tune with the seasons and the best times for migrant farmworkers to have time off. Although if

farmworkers have a day off, many attend church, do laundry, enjoy their family and their free time.

### **Project Outcome and Sustainability**

From the start, those involved in the planning stages were aware that the goal of this project was its continuation over the course of many years, each year working towards a more sustainable health fair, as well as serving the largest number of people in the community as possible. Thus far, we have completed two successful years, and have a third planned for 2016. In 2014, we were able to serve a total of 13 migrant farmworkers and their families, some of which returned to WNCCHS for follow up care. In 2015, we served 18 migrant farmworkers and their families; many were given follow up appointments. In the first year, we anticipated a large number of migrant farmworkers to attend, over a hundred, so it was slightly disappointing that we had the resources there to serve that many people, but only had a small amount of attendees. The second year we kept that in mind and moved to a smaller area to host the BC FHF, which proved appropriate since the number only slightly grew for the second year. We had expected more than the 18 that were there, but it is also seen as a chance to grant those people health care access, which is not taken for granted. However, with the continuation, every year more migrant farmworkers and their families are expected to trickle in. Eventually, having a hundred or more people to grant health access on the day of the health fair would be ideal.

With the continuity of the project in mind, keeping the health fair on a Sunday is the best way to ensure that migrant farmworkers and their families will continue to come and to spread the word to others. This gives those who know about the BC FHF a sense of establishment, and we are better able to build relationships. The key to future of the BC FHF is to establish a set date, time, and location so that it is known in the community exactly when and where the health fair will be. That way the health fair becomes a fixture in the community, and migrant farmworkers will remember exactly where and when to go and have more incentive to go, versus it being held in many different parts of the community over the course of several years. This doesn't create the sense of consistency we have been working toward. The other ideal is to have several pop-up mini clinics with ongoing health outreach so that we are able to reach as many people as possible. Meaning, a small group of people or two groups would be on site a specific day to do screenings, keeping in mind that follow up may be more complicated in this scenario. Ms. Fitzgerald stated that no matter which path the health fair continues down, it would be ideal if by year five, for example, migrant farmworkers will expect health access in WNC, know that there are contacts to help them and that they know where they can get connected with access to health.

### **Ties to Academia**

Farmworkers have a significant economic impact in North Carolina, with “agriculture, including food, fiber, and forestry, contributing \$69.6 billion annually, representing almost one-fifth of the state’s income. Each farmworker’s labor contributes over \$12,000 in profits to NC’s economy annually” (“Facts About North Carolina Farmworkers”). With an estimated number of 1,250 migrants and seasonal farmworkers in Buncombe County alone in 2013, the profits created would be upwards of \$15 million, and for 2014, with an estimated 750 migrant and seasonal farmworkers that number would be \$9 million. However, the farmworker’s economic profile does not look as good, with the “average annual income at \$11,000, or an annual family income of \$16,000, farmworkers are paid nearly 50% less per week than other wage and salary workers”, and with no minimum wage laws for migrant farmworkers, the effects of poverty are truly seen.

“5/10 farmworkers reported not being able to afford enough food to feed their families” which in turn adds to the health disparities seen in extreme poverty, and the ability of the farmworkers and their family to have access to health services (“Facts About North Carolina Farmworkers”). Less than 1% of farmworkers collect general assistance welfare nationwide, 10% with insurance through an employer, less than 4/10 said that they would receive unemployment benefits,” without insurance, the ability to see a doctor is even more limited, especially if a family is moving frequently, or there is a chronic health issue that needs to be addressed (“Facts About North Carolina Farmworkers”). The economic benefits that migrant farmworkers bring to the area in which they are working have a significant impact, and are vital for the stability of that region economically. However, their health and productivity of migrant farmworkers are truly important for economic benefits they bring to a region. We know that a healthier employee means more productive work, and fewer days off, meaning more profits for the employer. “Employees who have health problems are often less productive at work. For some companies, productivity-related losses may even exceed the costs of direct medical care” (Mitchell, Ozminkowski, Serxner 1142). If this were the case, it would be expected that growers and farm owners would be more aware of the health status of their employees in order to maximize their profits. Unfortunately, this is not always the case because migrant farm work is typically not regulated like other areas of employment. Employers are not so much concerned with the health of their employees, but with the profits that could be gained from the amount of work.

Our main focus was granting health access to Latino migrant farmworkers, which means being able to successfully communicate in their native language. Speaking Spanish was one of the most important facets when it came to building a rapport and easing migrant farmworkers nerves towards outsiders. The language barrier can add more tension if proper communication is unfeasible, thus it was vital that throughout every aspect of creating the BC FHF there were Spanish speakers available to the farm worker community. If there were not several Spanish-speaking volunteers and staff at the BC FHH, our ability to communicate the true needs of the patients would have been nearly impossible because total of 81% of farm workers surveyed in 2001-2002 National Agricultural Workers Survey identified Spanish as their native language, whereas only 24% stated that they spoke English well (Connor e.g. U.S. Department of Labor, 2005, 160). The ability of staff of the BC FHF speaking Spanish versus farmworkers translating meant that there was less room for error in the translations of the potential afflictions, and those trained in the medical field with medical Spanish were able to correctly identify the actions necessary for the migrant farmworkers.

“International relations is an attempt to explain behavior that occurs across the boundaries of states, the broader relationships of which such behavior is a part, and the institutions (private, state, nongovernmental, and intergovernmental) that oversee those interactions” (University of Wisconsin- Madison). The international studies approach ties into the background of Latino migrant farmworkers, the policies that affect their ability to access health, and the legalities of their travels across borders and across states. The interconnectedness of migrant farmworkers traveling through the U.S. from their native country brings the relationships of the countries to the table, and makes many question the legality of their travels. However, the work that migrant farmworkers do is not a job that many in the U.S. would do, and because of this, migrant farmworkers are a vital part of our access to food. The amount of wages they are paid certainly does not add up to the amount of work they do, but there are not many in the US who would work for such wages under the same conditions. Farmworkers play a vital role in our ability to access food because many of the crops need to be picked by hand. A machine cannot take the

place of the work that they do, and without that crop being picked, it would not be found in the grocery store or a food retailer at all, which makes the migration of migrant farmworkers more complex than the legality of their stay. The interconnectedness of the many elements that migrant farmworkers bring is what encompasses the international studies aspect of this project.

### **Conclusion**

Due to the vast amount of disparities and the excruciating number of barriers that migrant farmworkers face accessing health care, it was pertinent that the access was brought to them. Through the contribution of many local organizations in Buncombe County, and a pro-active planning team, the most important characteristics of health disparities of Latino migrant farmworkers were pinpointed. From there, the planning team was able to work in a manner of creating a long-term alleviator in the form of a health fair for migrant farmworkers and their families. The fair will happen once a year in Buncombe County during peak seasons to work with as many people in the community as possible. After two successful years, the future goals include making the health fair a fixture of Buncombe County in areas where migrant farmworkers live and work. The main goals include creating a large base of migrant farmworkers with access to healthcare services, as well as continuing follow up care for years to come, addressing their individual and family needs. We are anticipating the amount of migrant farmworkers attending the health fair to increase each year, and the ability to serve over a hundred a year would be an incredible end goal. Whatever the attendance, the health fair is here to serve the needs of Latino migrant farmworkers and their families, whether there be two attendees or two hundred.

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