

# GEORGIA FARMWORKER HEALTH PROGRAM

Health Services Needs Assessment



**2025**



# Assessment of the Need for Health Services among Farmworkers in Georgia

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## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>5</b>
<b>APPROACH .....</b>	<b>6</b>
<b>FINDINGS .....</b>	<b>8</b>
<b>CHARACTERISTICS OF THE GEORGIA FARMWORKER POPULATION .....</b>	<b>8</b>
<b>UTILIZATION OF MIGRANT CLINIC SERVICES IN GEORGIA.....</b>	<b>15</b>
DEMOGRAPHIC CHARACTERISTICS .....	15
HEALTH SERVICES UTILIZATION .....	22
SERVICES.....	22
STAFFING.....	26
DIAGNOSES AND CLINICAL OUTCOMES OF FARMWORKERS SEEN AT CLINIC SITES .....	28
COMMON DIAGNOSES.....	28
CLINICAL OUTCOMES .....	31
SCREENING AND PREVENTATIVE SERVICES .....	31
CLINICAL MEASURES .....	31
<b>CLINIC INPUT .....</b>	<b>34</b>
<b>RECOMMENDATIONS.....</b>	<b>37</b>

## Table of Figures

<i>Figure 1. Trends in H-2A Certifications for Georgia, 2020-2024</i> .....	9
<i>Figure 2. Gender Distribution of Patients, 2021-2024</i> .....	15
<i>Figure 3. Gender Distribution of Patients: Georgia and National Comparison</i> .....	15
<i>Figure 4. Age Distribution of Patients, 2021-2024</i> .....	16
<i>Figure 5. Age Distribution of Patients, 2021-2024: Females</i> .....	16
<i>Figure 6. Age Distribution of Patients, 2021-2024: Males</i> .....	17
<i>Figure 7. Age Distribution of Patients: Georgia and National Comparison</i> .....	17
<i>Figure 8. Race Distribution of Patients with Known Race/Ethnicity, 2021-2024</i> .....	18
<i>Figure 9. Race Distribution of Patients: Georgia and National Comparison</i> .....	18
<i>Figure 10. Income Distribution of Patients with Known Income, 2021-2024</i> .....	19
<i>Figure 11. Income Distribution of Patients: Georgia and National Comparison</i> .....	19
<i>Figure 12. Worker Classification of Patients with Known Classification, 2021-2024</i> .....	20
<i>Figure 13. Worker Classification of Patients: Georgia and National Comparison</i> .....	20
<i>Figure 14. Best Served in a Language Other than English, 2021-2024</i> .....	21
<i>Figure 15. Best Served in a Language Other than English: Georgia and National Comparison</i> .....	22
<i>Figure 16. Types of Services Provided, 2022-2024</i> .....	25
<i>Figure 17. Types of Services Provided: Georgia and National Comparison</i> .....	25
<i>Figure 18. Visits by Staff/ Provider, 2022-2024</i> .....	26
<i>Figure 19. Visits by Staff/ Provider: Georgia and National Comparison</i> .....	26
<i>Figure 20. Rates of Common Chronic Conditions Among Farmworkers Seen at Georgia’s Migrant Clinics</i> .....	28

## Tables

<i>Table 1. Estimated Number of H-2A Visas, Georgia, 2020-2024</i> .....	9
<i>Table 2. Type of Services Provided</i> .....	22
<i>Table 3. Number of Visits by Services</i> .....	24
<i>Table 4. Number of Visits by Provider/ Staff</i> .....	27
<i>Table 5. Selected Diagnoses</i> .....	29
<i>Table 6. Selected Clinical Outcomes</i> .....	31
<i>Table 7. Selected Screening and Preventive Services</i> .....	32
<i>Table 8. Selected Clinical Measures</i> .....	33

# EXECUTIVE SUMMARY

## Background and Approach

The Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University, in collaboration with the State Office of Rural Health (SORH) and the six Georgia Farmworker Health Program (GHFP) sites, completed the 2025 needs assessment of the Georgia farmworker population.

The assessment includes an enumeration of farmworkers in the state, a demographic description of those served by the six GHFP sites, a description of the most frequent diagnoses among farmworkers and their dependents, an evaluation of the health services provided to the farmworker population, and recommendations for enhancing access to care and services.

## Key Findings

- The Georgia farmworker population experiences socio-economic challenges, health care access barriers, and poor physical and mental health outcomes.
- Patients seen at the migrant health clinics in Georgia primarily consist of low-income, non-English speaking, and uninsured Hispanic male migrant farmworkers.
- Clinic visits to GHFP sites increased between 2022 and 2024, with chronic conditions such as hypertension and diabetes being significant drivers of morbidity among the farmworker population.
- The clinical management of hypertension improved between 2022 and 2024, as did the utilization of screening and preventative services.
- Input from the GHFP site leadership identified challenges and opportunities for enhancing the health and well-being of Georgia's migrant farmworkers.

## Recommendations

It is recommended that the GFHP and service sites adopt the following strategies to enhance the delivery of necessary health services within the service area:

- Increase the number of bilingual providers and trained bilingual staff at each clinic.
- Increase funding support for clinic outreach efforts and vouchers.
- Expand access to specialists, clinical ancillary, mental health, and dental services.
- Expand efforts to address the non-medical needs of migrant farmworkers.
- Expand technological and infrastructural support for clinics, as well as technical assistance opportunities in the areas of quality improvement and regulatory compliance.

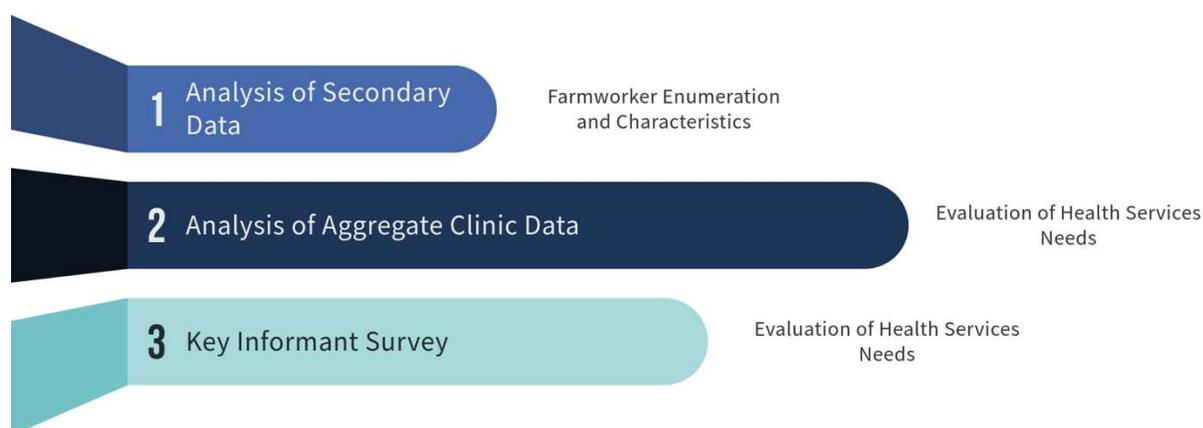
## APPROACH

### Purpose

This study aimed to assess the health service needs of migrant farmworkers in the state of Georgia. The findings will help the Georgia Farmworker Program plan and enhance health services for the state's farmworkers.

### Methodology

The study employed a mixed-methods approach, incorporating the analysis of quantitative secondary data and qualitative data from interviews and an open-ended survey of GFHP clinic sites.



**Secondary Data Analysis.** Data from the Department of Labor's Foreign Labor Performance data was used to enumerate the H-2A temporary agricultural workforce, which constitutes 60% of Georgia's farmwork workforce. The total number of farmworkers in the state, as well as by county, is estimated using this data.

Data describing the farmworker population are generally sparse. We utilize data from the Department of Labor's National Agricultural Workers Survey (2018-2022) to illustrate the characteristics of farmworker populations in the region. However, the NAWWS does not survey workers with H-2A temporary agricultural guestworker visas. Therefore, we also examine migrant clinic utilization data to gain a better understanding of the sociodemographic characteristics of the state's farmworker population.

**Analysis of Aggregate Clinic Data.** Aggregate clinical data from GFHP clinic sites were obtained from the state's Uniform Data System (UDS) report for 2021-2023 and used to describe healthcare utilization and outcomes.

**Survey of GFHP Clinic Sites.** Qualitative data were collected through interviews and an open-ended survey of clinic sites. Each site had one representative participate in either the survey or the interview. A total of six clinic leaders, representing all clinics, participated. A review of the transcripts and survey open-ended responses was conducted to identify common themes. All findings from this assessment are reported at the state level, rather than by clinic, to protect the confidentiality of the site representatives.

## FINDINGS

### CHARACTERISTICS OF THE GEORGIA FARMWORKER POPULATION

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#### H-2A Farmworkers in Georgia

According to the United States Customs and Immigration Services (USCIS), the H-2A program enables U.S. employers or agents who meet certain regulatory criteria to hire foreign nationals for temporary positions in the United States, mostly in the agricultural sector. More than eight out of ten H-2A visas are issued for farmwork-related roles. To qualify for H-2A nonimmigrant classification, U.S. employers or agents must:

- Offer a job that is temporary or seasonal in nature.
- Demonstrate that there are not enough U.S. workers who are able, willing, qualified, and available to do the temporary work.
- Demonstrate that employing H-2A workers will not negatively impact the wages and working conditions of U.S. workers in similar roles.
- Generally, submit a valid temporary labor certification from the U.S. Department of Labor with the H-2A petition.

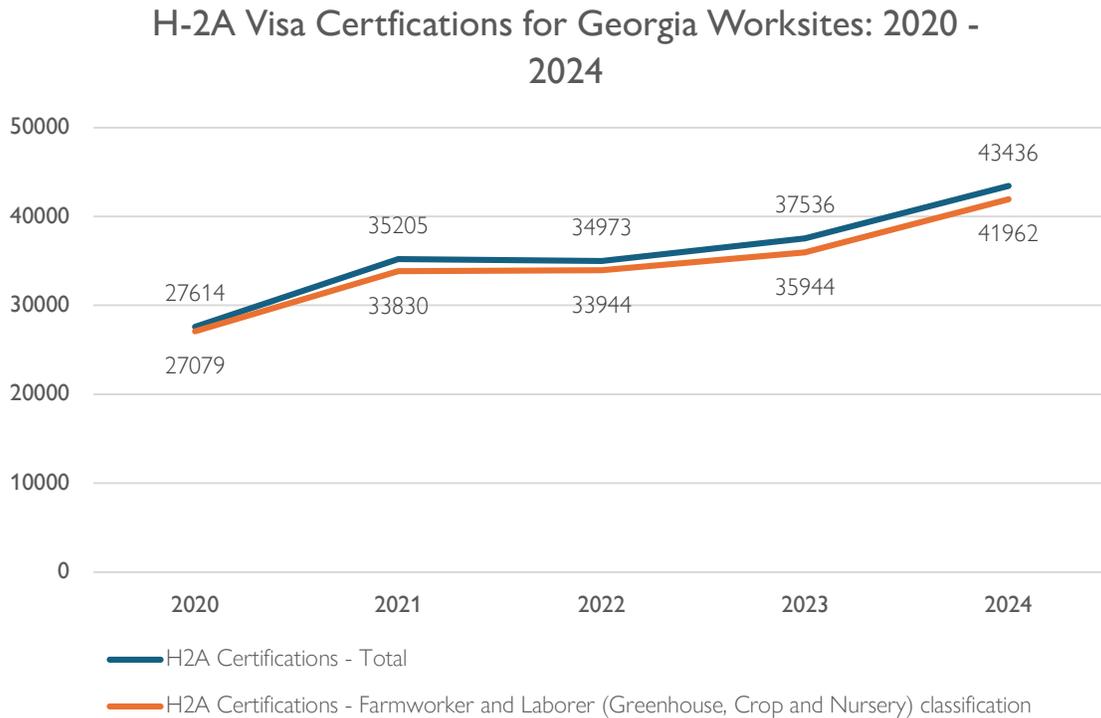
A petitioner may request multiple H-2A workers on one petition. The maximum allowable period of stay for individuals on the H-2A visa is three years. An individual on an H-2A visa must exit the United States for an uninterrupted period of at least 60 days to be eligible for a new three-year maximum period of stay. Individuals on an H-2A visa may travel with their spouse or unmarried children under 21 years if their family members are approved for an H-4 nonimmigrant classification visa. In 2024, the majority of H2-A visa holders in the US were from Mexico.

Georgia's agricultural industry employs a significant portion of its workforce through the H-2A visa program. The state ranks among the top five states for H-2A visa certifications, trailing only Florida and California. According to data from UCIS, in fiscal year (FY) 2024, 258 employers in Georgia's agriculture sector submitted petitions for H-2A visas. **H-2A visas comprise 60% of the state's agricultural workforce** (University of Georgia College of Agriculture and Environmental Sciences, nd).

In FY2024, the Department of Labor's Foreign Labor Certification Performance data indicate that 43,436 H-2A visas were certified for worksites in Georgia. Of these, 41,962 H-2A visas (96.6%) were certified for positions under the SOC classification code "Farmworkers and

Laborers, Crop, Nursery, and Greenhouse” (Figure 1), with an average hourly wage offer of \$14.52 for approximately 39.57 hours per week.

*Figure 1. Trends in H-2A Certifications for Georgia, 2020-2024*



Map 1 illustrates H-2A certifications for Georgia by worksite county in 2024.

Not all H-2A certifications are issued visas. The US State Department estimates that 80% of H-2A certifications are issued visas.<sup>1</sup> Accordingly, the estimated number of H-2A visas for the state is provided in Table 1 below.

*Table 1. Estimated Number of H-2A Visas, Georgia, 2020-2024*

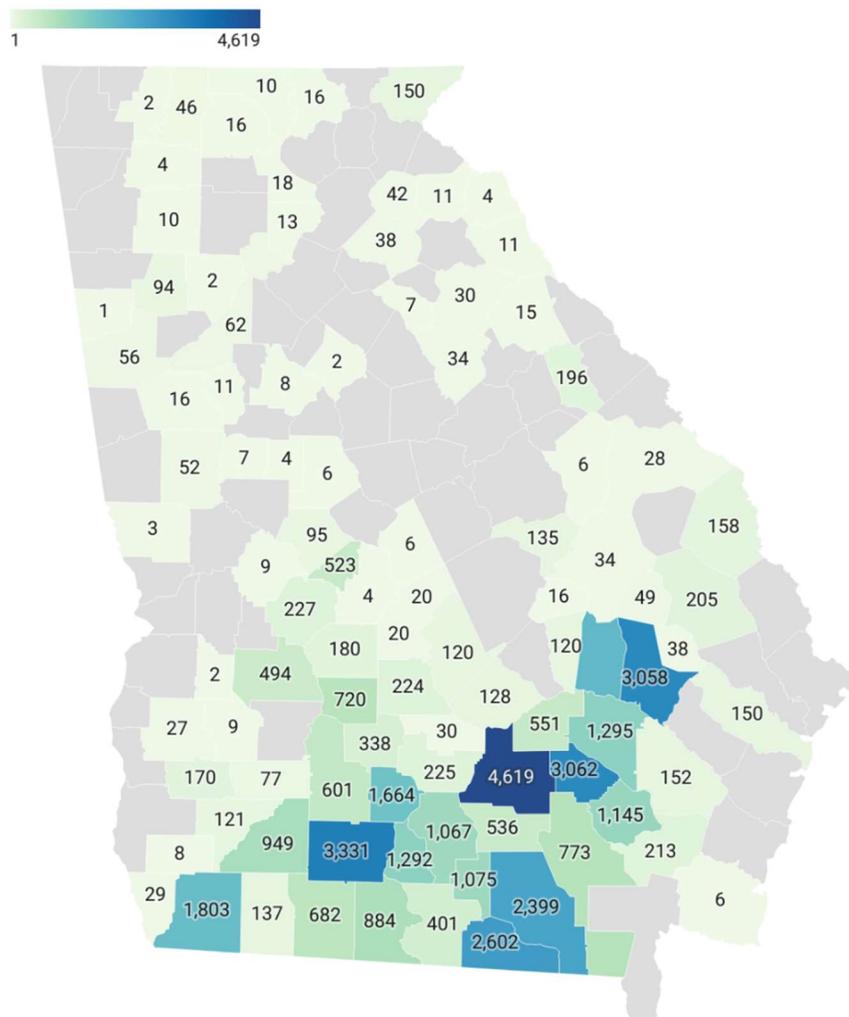
	2020	2021	2022	2023	2024
Estimated Number of H-2A Visas – Total State of Georgia	22,091	28,164	27,978	30,029	34,749
Estimated Number of H-2A Visas - “Farmworkers and Laborers, Crop, Nursery, and Greenhouse” classification only, State of Georgia	21,663	27,064	27,155	28,755	33,570

<sup>1</sup> <https://www.ers.usda.gov/topics/farm-economy/farm-labor>

## Enumerating Georgia Farmworkers<sup>2</sup>

While the actual number of Georgia farmworkers is unknown, data indicates that individuals on H-2A visas comprise 60% of the state's agricultural workforce (University of Georgia College of Agriculture and Environmental Sciences, nd).<sup>3</sup> Accordingly, based on the number of H-2A visas issued, it is estimated that in 2024, Georgia had approximately 56,000 farmworkers (33,570 H-2A visas were issued for the "Farmworkers and Laborers, Crop, Nursery, and Greenhouse" classification. Dividing this by 0.6 equals 55,950). Estimates of farmworkers by county are provided in Map 2.

Map 1. H-2A Certifications by Worksite County, 2024.

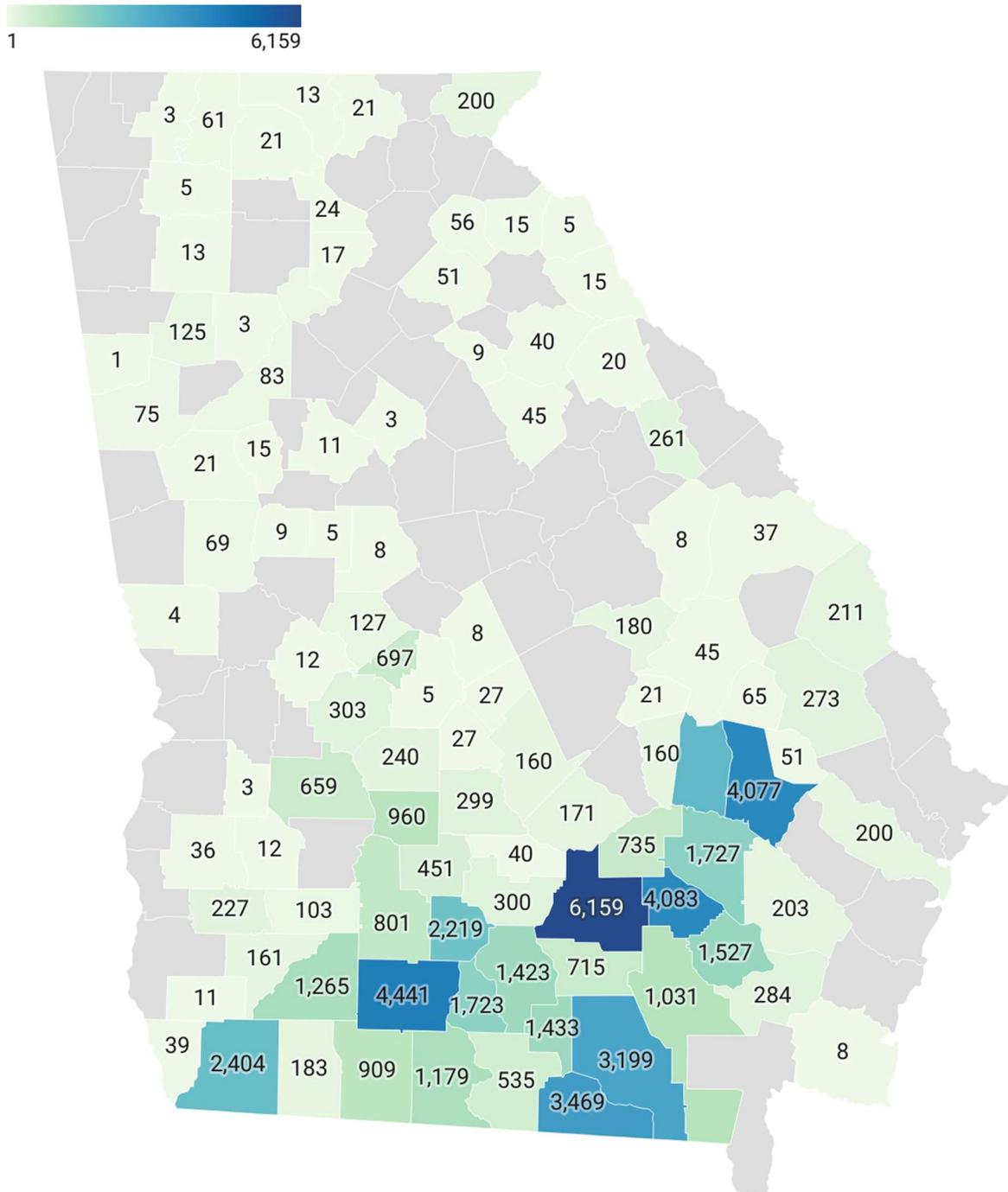


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<sup>2</sup> A different methodology is used in this assessment to enumerate farmworkers. As such, we caution against comparing estimates to those in previous assessment reports.

<sup>3</sup> University of Georgia College of Agriculture and Environmental Sciences. Journey to Work. <https://discover.caes.uga.edu/journey-to-work/index.html>

Map 2. Estimates of Farmworkers by County, 2024



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## **Demographic Characteristics of Farmworkers**

State-specific demographic and socioeconomic data regarding the farmworker population are limited. However, data from the 2018-2022 National Agricultural Workers Survey indicates that 66% of farmworkers in the Southeast Region (which includes Georgia) are male (95% Confidence Interval (CI) = 58% - 73%), with an average age of 39 years (95% CI = 36-42 years). A majority are married (52%; 95% CI = 43% - 61%) and have children (48%; 95% CI = 39%- 57%). Furthermore, nearly two-thirds of farmworkers in this region (63%; 95% CI = 53% - 73%) identify as Hispanic. Foreign-born individuals represent the majority of farmworkers in the Southeast (58%; 95% CI = 48% - 67%), with most of them born in Mexico.

## **Socioeconomic and Cultural Characteristics**

According to the 2018-2022 NAWS, two out of three farmworkers in the Southeast region (69%; 95% CI = 61% - 76%) have less than a 12th-grade education, and over a quarter (28%; 95% CI=22% - 36%) have family incomes that fall below the poverty level. Approximately one-fifth (19%; 95% CI=14% - 25%) do not speak English at all, while only 47% speak English well (95% CI=38% - 56%).

## **Employment Characteristics**

Most farmworkers in the Southeast Region started working in the U.S. agricultural industry after the age of 25 years (39%; 95% CI = 29% - 49%). Most (99%; 95% CI= 96% - 99.6%) are employed by growers, while the remainder (1%; 0.3% - 4%) work for contractors. On average, they work 47 hours a week (95% CI = 42 – 52 hours) and 40 weeks per year (95% CI 38 – 43 weeks). Just over half (53%; 95% CI= 44%-62%) engage in fieldwork; 38% (95% CI= 30%-46%) work in nurseries, 9% (95% CI=5% - 14%) in packing houses, and 0.3% (95% CI = 0.03% - 2%) in other farm-related activities.

Migrant workers made up 10% of the farmworker population in the Southeast Region (95% CI = 7% -14%), while seasonal workers account for 90% (95% CI = 86% - 93%). Accompanied farmworkers (i.e., farmworkers living with a spouse, children, or parents, or minor farmworkers living with their siblings) represented 67% (95% CI= 59% - 74%) of all farmworkers and 33% (95% CI= 18% - 52%) and 71% (95% CI= 63% - 78%) of the migrant and seasonal farmworker populations, respectively.

## **Health Status and Access**

**Health Care Needs.** Approximately one-third of farmworkers (34%; 95% CI = 27% - 43%) from the Southeast region who completed the 2018-2022 NAWWS reported having at least one chronic condition.

Migrant farmworkers were less likely to report a chronic condition than seasonal farmworkers (22%; 95% CI = 12% - 38% vs. 36%; 95% CI = 28% - 45%).

The most common chronic condition reported was high blood pressure (20% overall; (95% CI = 14% - 26%; 19% (95% CI = 14% - 27%) among seasonal vs. 17% (95% CI= 8% - 32%) among migrant farmworkers), followed by diabetes. Eleven percent reported having diabetes (12% among seasonal (95% CI = 7% - 18%) vs. 8% (3% - 22%) among migrant farmworkers).

**Mental Health.** A recent survey of farmer owners, farmworkers, and farm managers in Georgia by the Georgia Rural Health Innovation Center identified concerning levels of mental health stressors and outcomes coupled with mental health access barriers among the Georgia farmworker population.

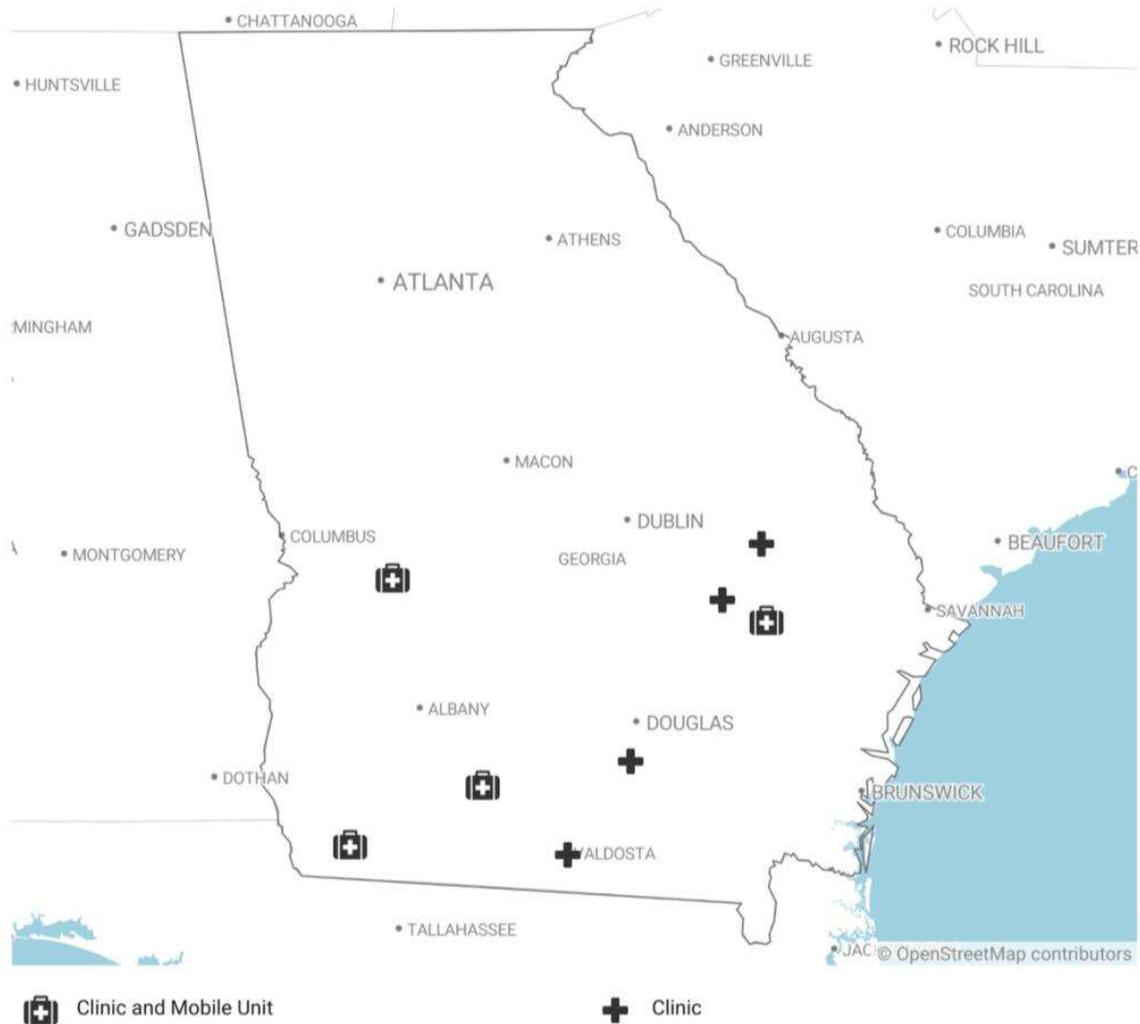
**Health Insurance Coverage.** About a third of farmworkers in the Southeast surveyed in the 2018-2022 NAWWS (34%; 95% CI=27% - 42%) reported having health insurance. Seasonal farmworkers were more likely to report having health insurance for themselves than migrant workers (36% for seasonal; 95% CI=28% - 46 % versus 18%; 95% CI = 8% - 35% for migrant). The high level of uninsurance was corroborated by a 2022 survey of farmer owners, farmworkers, and farm managers in Georgia. Notably, six out of ten respondents reported a lack of access to basic healthcare.

**SUMMARY:** Overall, the data describes the Georgia farmworker population as being disproportionately male, and experiencing socio-economic challenges, health care access barriers and poor physical and mental health outcomes.

## MIGRANT CLINICS IN GEORGIA

The Georgia Farmworker Health Program comprises six federally funded migrant clinics that serve farmworkers throughout the state. These clinics, situated in Atkinson, Colquitt, Decatur, Lowndes, Schley, and Tattnall counties, collectively cover 21 counties.

Map 3. Migrant Farmworker Clinic Sites



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# UTILIZATION OF MIGRANT CLINIC SERVICES IN GEORGIA

## DEMOGRAPHIC CHARACTERISTICS

### GENDER

In the years 2022, 2023, and 2024, the six migrant clinics in Georgia treated 10,571, 10,900, and 11,886 patients, respectively. The number of patients seen increased by 12.4% between 2022 and 2024. Over this period, about three-fourths of patients with a recorded gender were male (Figure 2). Compared to national statistics, migrant clinics in Georgia tend to serve a higher proportion of male patients (Figure 3).

Figure 2. Gender Distribution of Patients, 2021-2024

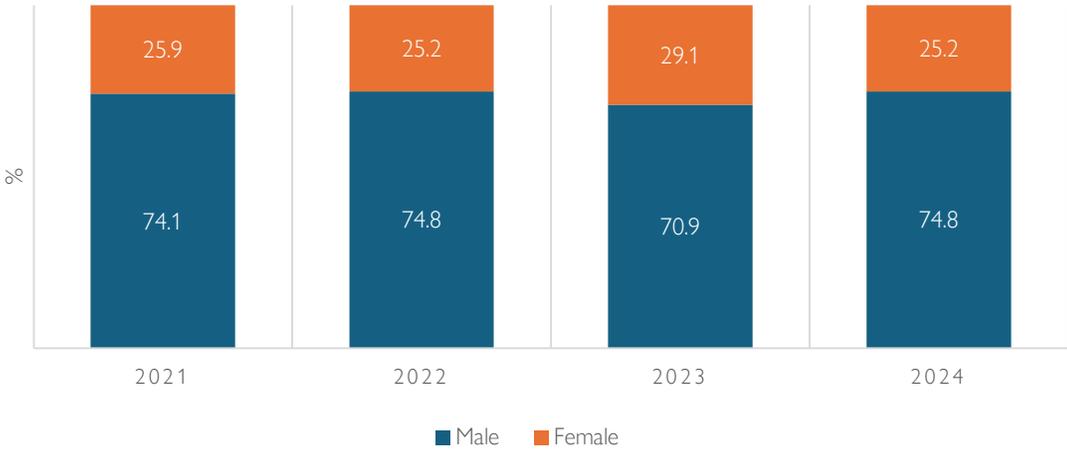
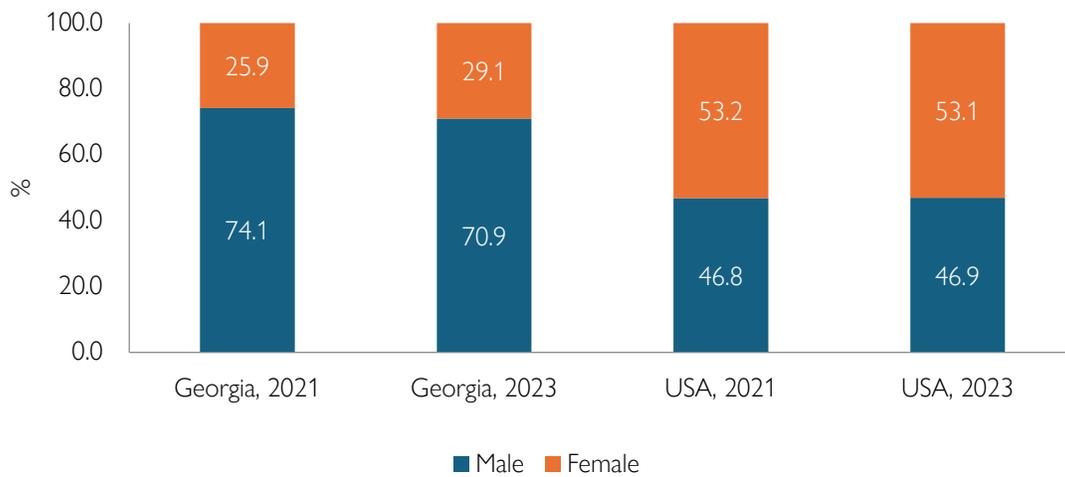


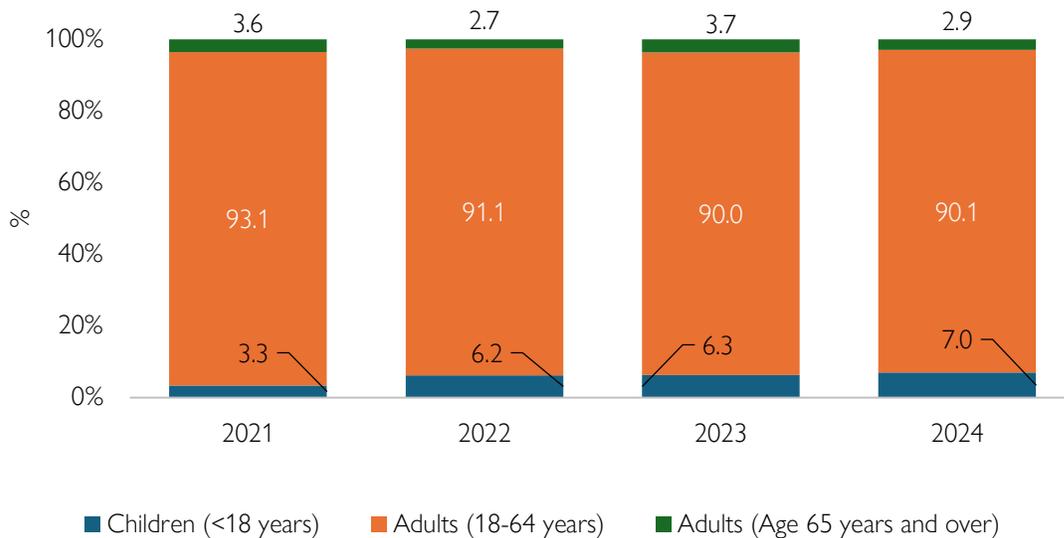
Figure 3. Gender Distribution of Patients: Georgia and National Comparison



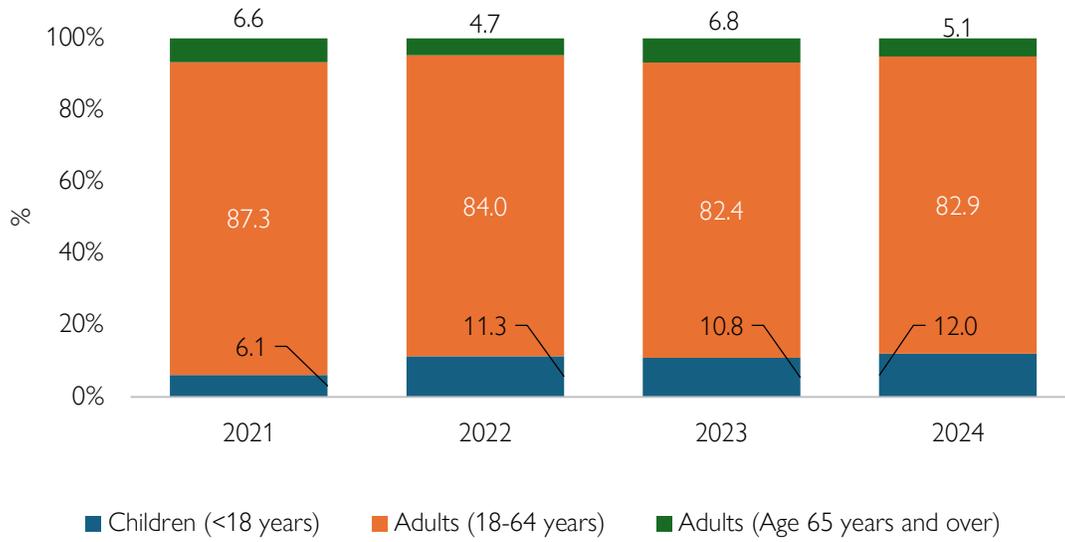
## AGE

Consistent with past trends, the majority of patients seen at the clinics were between the ages of 18 and 64 years, while children and the elderly collectively accounted for just under ten percent of the total number of patients seen on average (Figure 4). Compared to males, a higher proportion of females at Georgia’s migrant clinics were children and the elderly (Figures 5 & 6). Compared to the nation, migrant clinics in Georgia saw relatively fewer children in 2021 and 2023 (Figure 7).

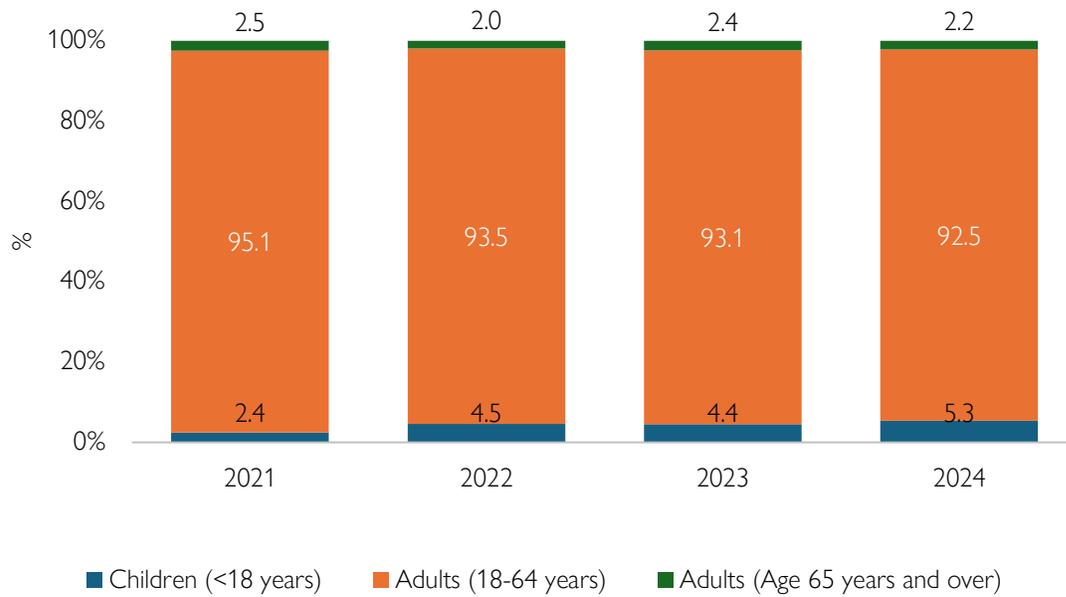
*Figure 4. Age Distribution of Patients, 2021-2024*



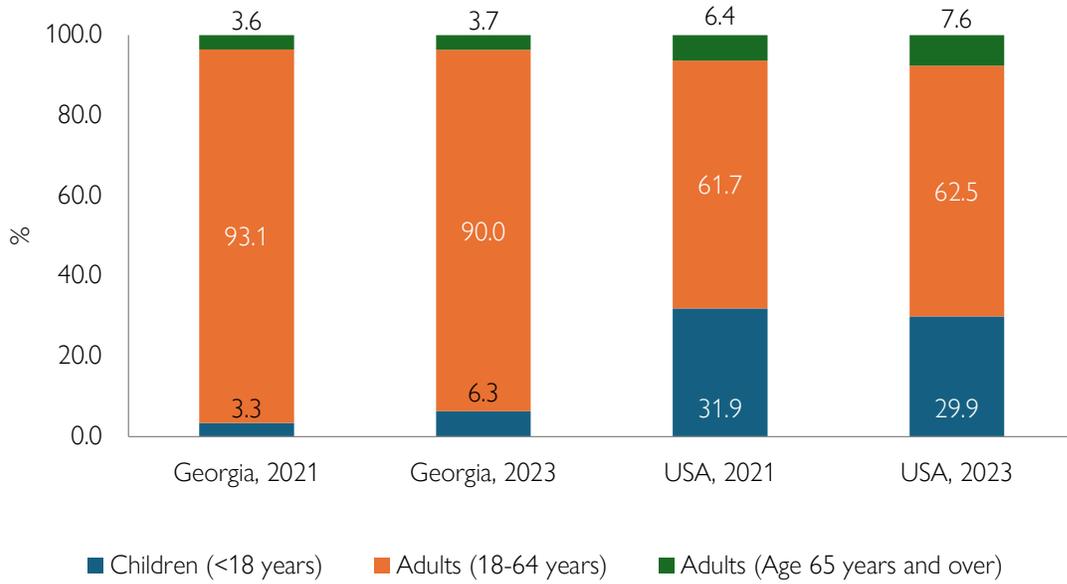
*Figure 5. Age Distribution of Patients, 2021-2024: Females*



*Figure 6. Age Distribution of Patients, 2021-2024: Males*



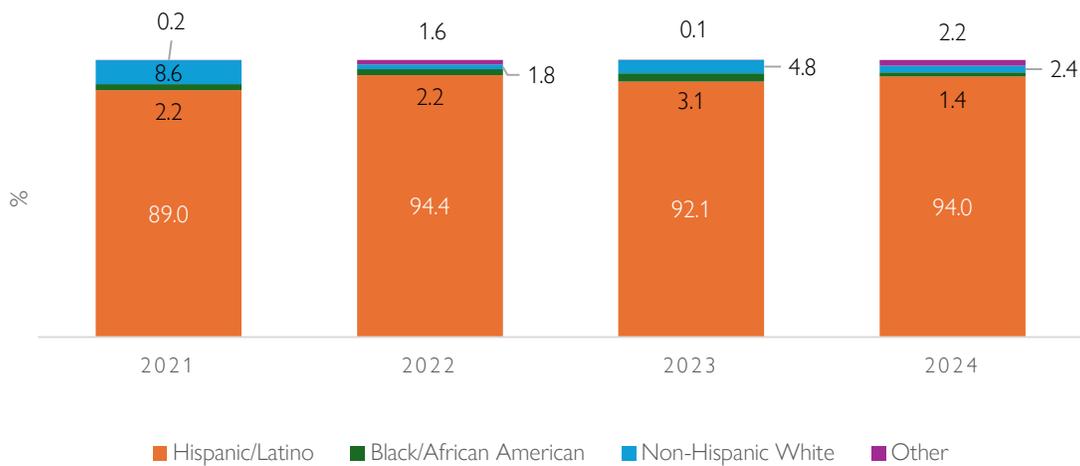
*Figure 7. Age Distribution of Patients: Georgia and National Comparison*



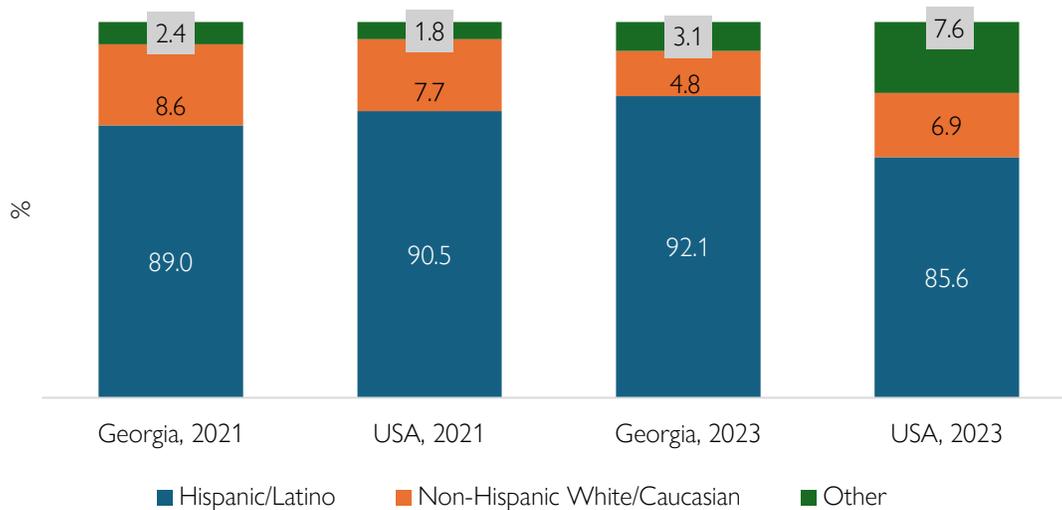
## RACE

About nine out of every ten farmworkers in Georgia who sought care at the state’s migrant clinics were Hispanics/Latinos (Figure 8). The proportion of farmworkers who identified as Hispanic/Latino has increased since 2021 (Figure 7). Compared to the nation, migrant clinics in Georgia saw a higher proportion of Hispanics in 2023 (Figure 9).

*Figure 8. Race Distribution of Patients with Known Race/Ethnicity, 2021-2024*



*Figure 9. Race Distribution of Patients: Georgia and National Comparison*

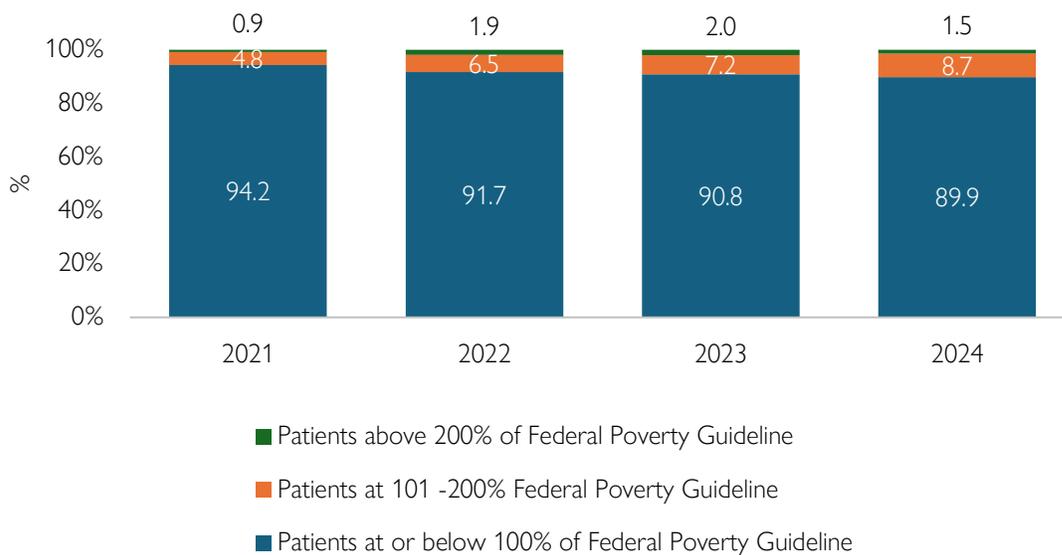


Race/ethnicity data may be subject to reporting errors.

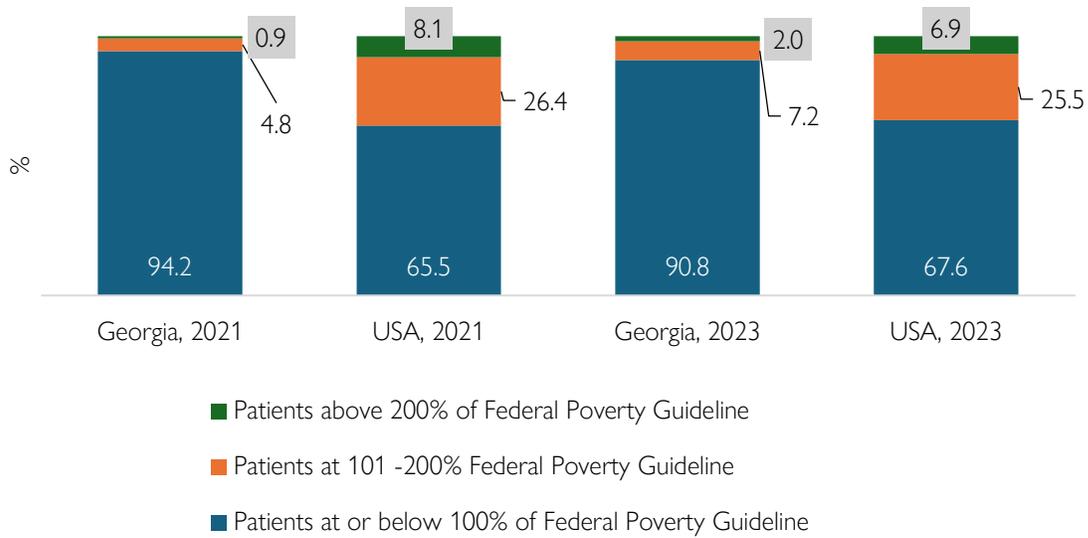
## INCOME

Between 2022 and 2024, nine out of ten farmworkers in Georgia lived at or below the federal poverty limit (Figure 10). Compared to the national rate, a higher proportion of patients seen in migrant clinics in Georgia lived in poverty in 2018 (Figure 11).

*Figure 10. Income Distribution of Patients with Known Income, 2021-2024*



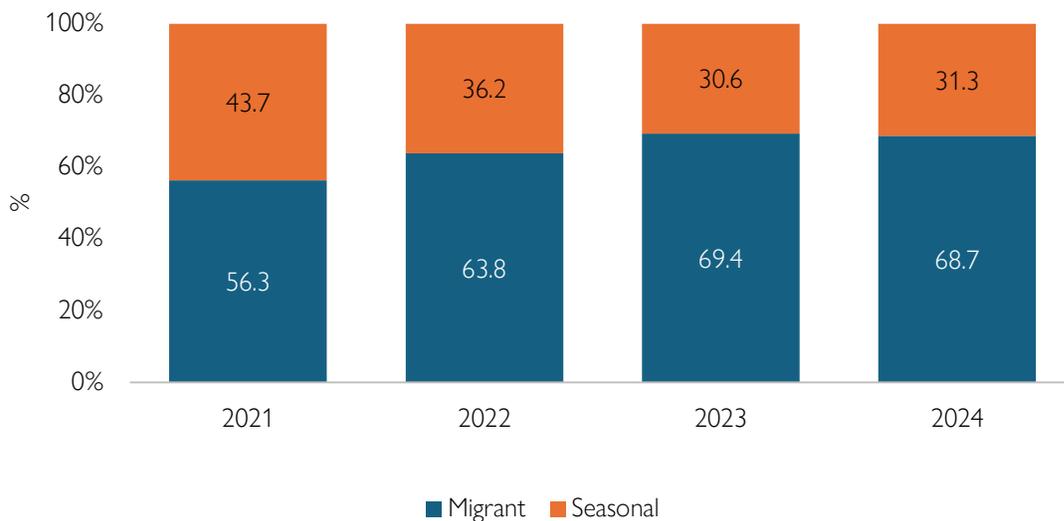
*Figure 11. Income Distribution of Patients: Georgia and National Comparison*



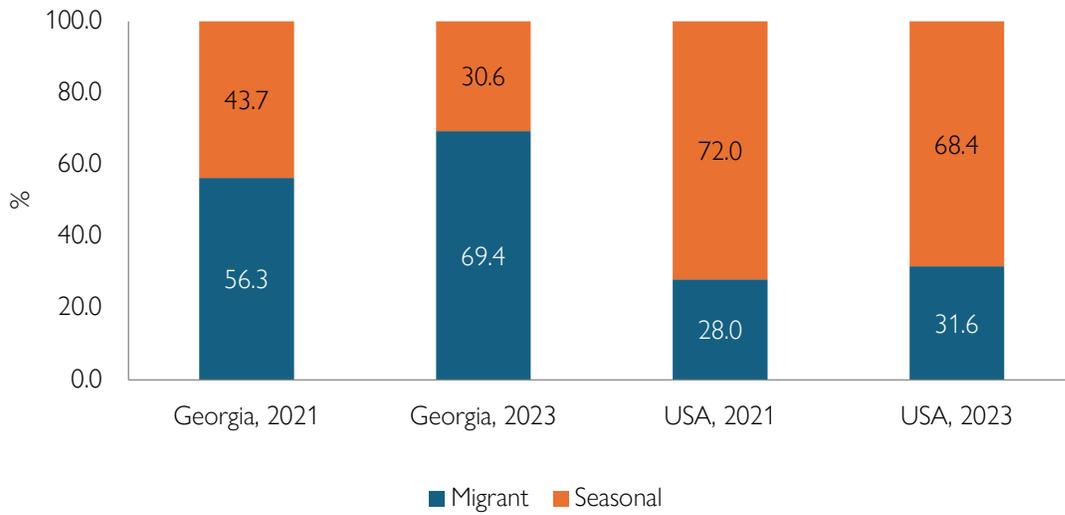
### WORKER CLASSIFICATION

Between 2022 and 2024, about two of every three farmworkers in Georgia were classified as migrant workers (Figure 12). Compared to the nation, a higher proportion of patients seen in migrant clinics in Georgia are classified as migrants (Figure 13).

*Figure 12. Worker Classification of Patients with Known Classification, 2021-2024*



*Figure 13. Worker Classification of Patients: Georgia and National Comparison*



## HEALTH INSURANCE

All patients seen at migrant clinics in Georgia between 2022 and 2024 were uninsured. In comparison, in 2023, only about one-third of patients (30%) with known insurance information seen in migrant clinics nationwide were uninsured.

## LANGUAGE

Most patients seen at migrant clinics in Georgia are best served in a language other than English (Figure 14). Compared to the national average, Georgia generally sees a higher proportion of non-English-speaking patients in its migrant clinics (Figure 15).

*Figure 14. Best Served in a Language Other than English, 2021-2024*

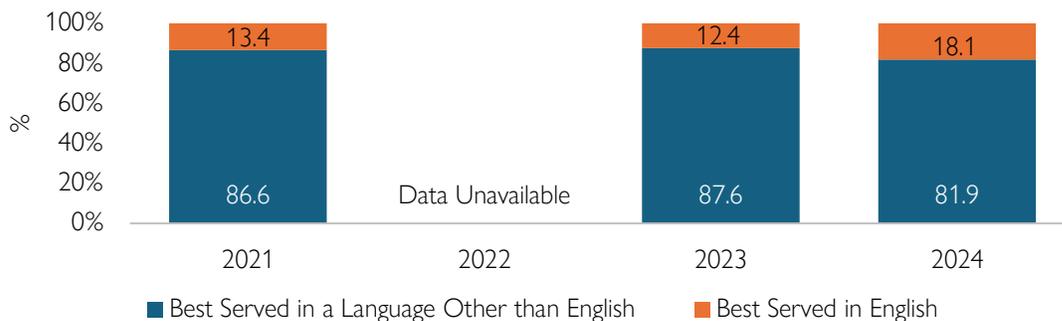
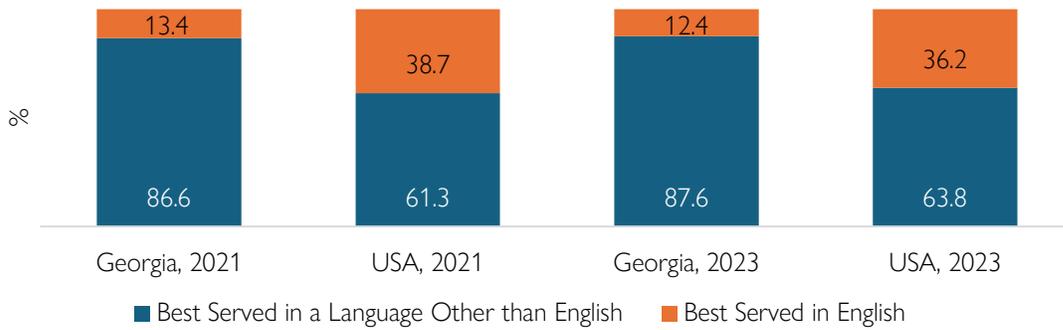


Figure 15. Best Served in a Language Other than English: Georgia and National Comparison



## HEALTH SERVICES UTILIZATION

### SERVICES

The total number of visits made in 2022, 2023, and 2024 to GFHP clinic sites was 17,849, 19,285, and 18,218, respectively. Overall, visits remain below pre-pandemic levels. Consistent with past trends, most clinic visits between 2022 and 2024 were made for medical services (86.2% in 2022, 80.9% in 2023, and 83.1% in 2024) and enabling services (9.4% in 2022, 15.4% in 2023, and 9.8% in 2024, respectively) (Table 2). On average, each patient made 1.2 visits in 2022, 2.1 visits in 2023, and 1.7 visits in 2024 (Table 3).

The increase in clinic visits during the assessed period was driven by a rise in medical service visits, while dental service visits saw a decline. Mental health services were expanded in 2024, as evidenced by a significant increase in visits from 55 in 2023 to 710 in 2024 (Table 3).

Between 2022 and 2024, the proportion of dental services provided at migrant clinics in the state decreased (Figure 16). Compared to the nation, migrant clinics in Georgia provide fewer dental, mental health, and other services (including vision) and more enabling services (Figure 17).

Table 2. Type of Services Provided

	2022		2023		2024	
	# VISITS	%	# VISITS	%	# VISITS	%
Medical Services	15,379	86.2	15,601	80.9	15,145	83.1
Dental Services	735	4.1	654	3.4	579	3.2
Mental Health Services	62	0.3	55	0.3	710	3.9
Substance Abuse Services	0	0.0	3	0.0	0	0.0
Vision Services	1	0.0	2	0.0	2	0.0
Enabling Services	1,672	9.4	2,970	15.4	1,782	9.8
<b>TOTAL VISITS</b>	<b>17,849</b>	<b>100.0</b>	<b>19,285</b>	<b>100.0</b>	<b>18,218</b>	<b>100.0</b>

Table 3. Number of Visits by Services

	2022			2023			2024		
	# Visits	# Patients	Visit per Patient	# Visits	# Patients	Visit per Patient	# Visits	# Patients	Visit per Patient
<b>Medical Services</b>	15,379	10,203	1.5	15,601	10,890	1.4	15,145	11,886	1.3
<b>Dental Services</b>	735	271	2.7	654	121	5.4	579	174	3.3
<b>Mental Health Services</b>	62	50	1.2	55	51	1.1	710	151	4.7
<b>Vision Services</b>	1	1	1.0	2	2	1.0	2	2	1.0
<b>Enabling Services</b>	1,672	1,672	1.0	2,970	1,868	1.6	1,782	1,780	1.0
<b>Substance Abuse Services</b>	0	0	N/A	3	3	1.0	0	0	N/A
<b>TOTAL VISITS</b>	17,849	14,334	1.2	19,285	9,057	2.1	18,218	11,017	1.7

Figure 16. Types of Services Provided, 2022-2024

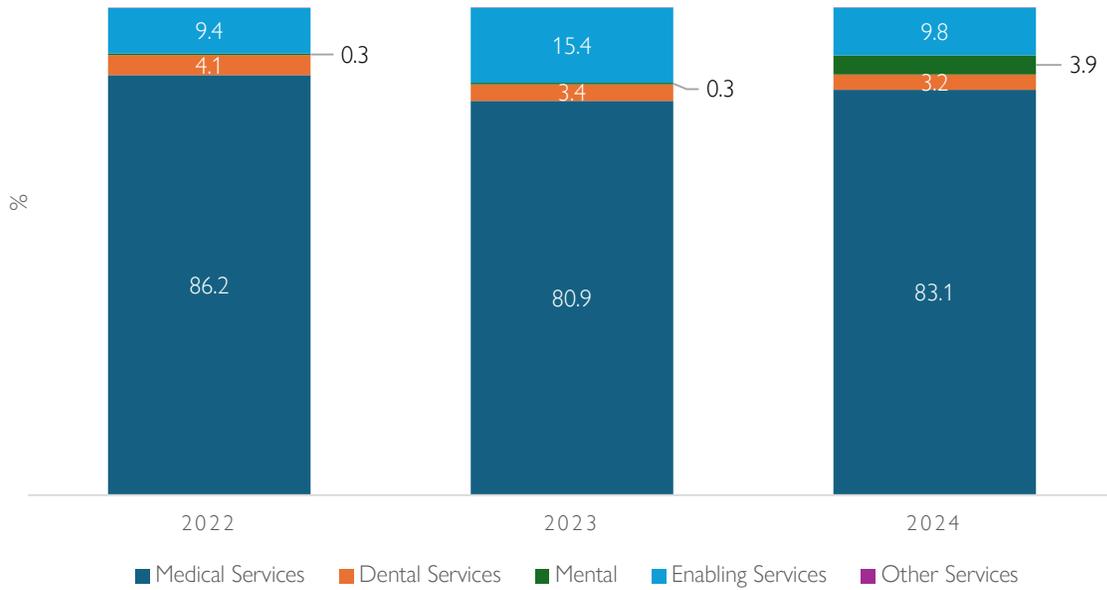
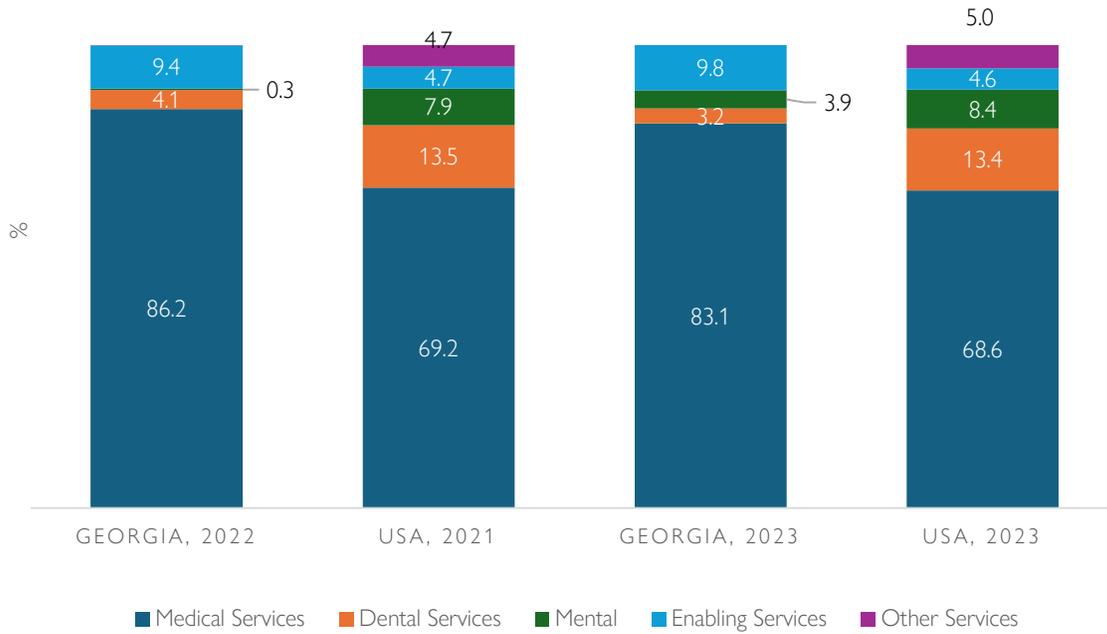


Figure 17. Types of Services Provided: Georgia and National Comparison



## STAFFING

Overall, staffing levels increased from 51.2 full-time equivalents (FTE) in 2022 to 69.5 FTE in 2024, driven primarily by an increase in other administrative and clinical support staff (Table 3). At the provider level, the number of visits per full-time equivalent (FTE) decreased significantly for dentists due to a decline in dental visits (a 95.7% decrease in the number of visits completed by 1 FTE dentist in 2024 compared to 2022). Visits per FTE also declined for physicians (an 89.8% decrease), nurses (a 54.9% decrease), and case managers (a 25.7% decrease). Conversely, the number of visits per FTE increased during the same period for nurse practitioners and physician assistants (NPs/PAs) (Table 4). Compared to national averages and consistent with past trends, Georgia tends to utilize a relatively higher proportion of nurse practitioners and physician assistants for the provision of medical care (Figure 19).

Figure 18. Visits by Staff/Provider, 2022-2024

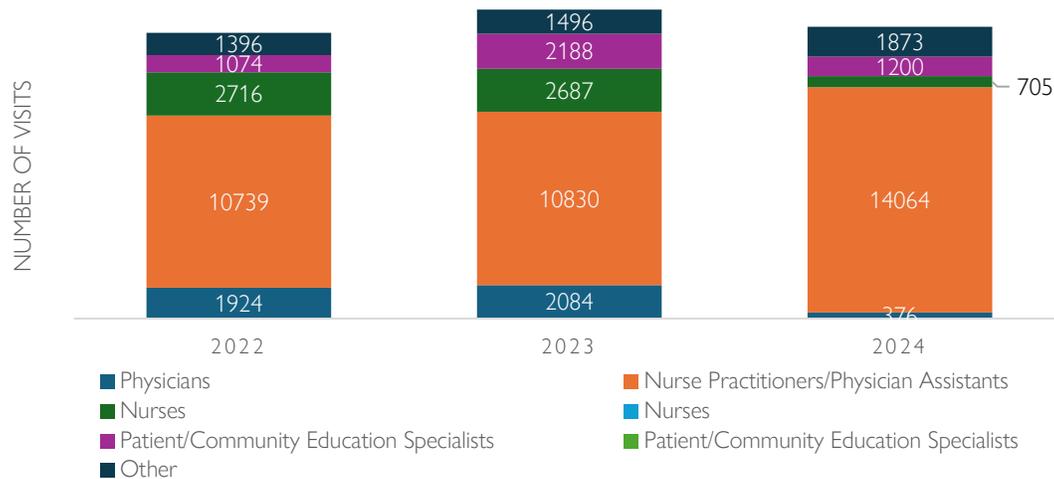


Figure 19. Visits by Staff/Provider: Georgia and National Comparison

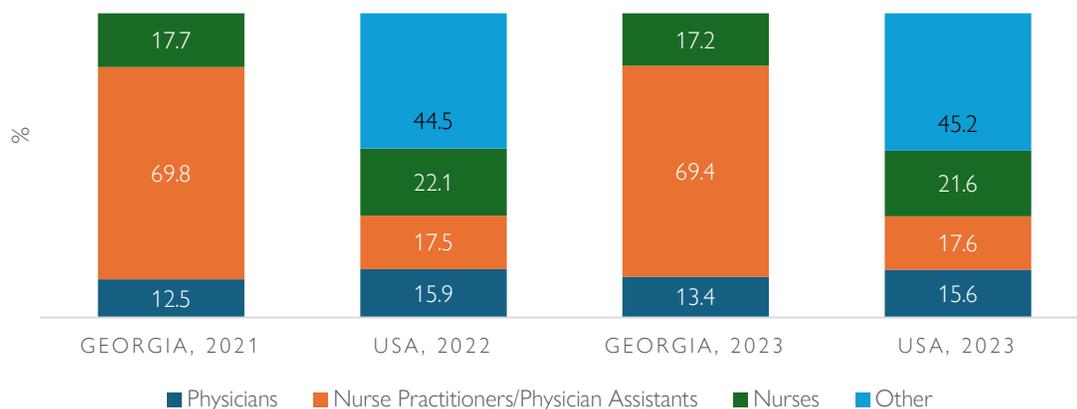


Table 4. Number of Visits by Provider/Staff

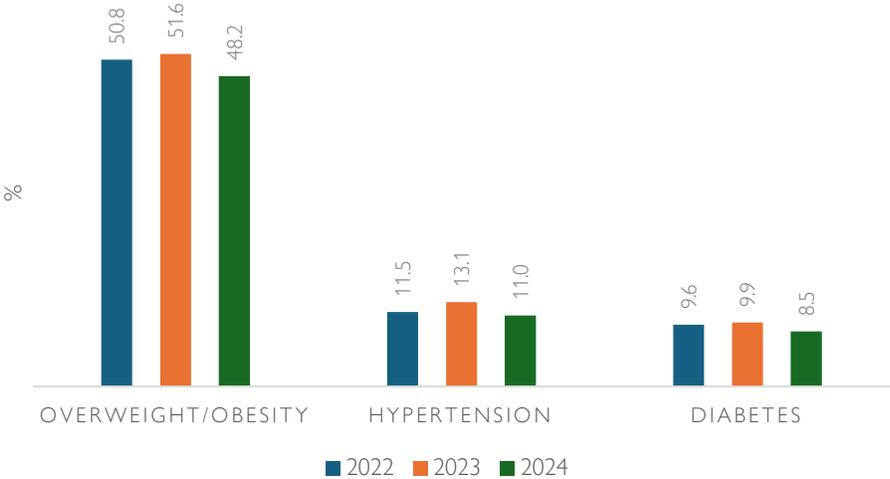
	2022			2023			2024		
	# Visits	FTE	Visit per FTE	# Visits	FTE	Visit per FTE	# Visits	FTE	Visit per FTE
Physicians	1924	1.17	1644	2084	3	695	376	2.25	167
Nurse Practitioners/Physician Assistants	10739	15.02	715	10830	14.75	734	14064	14.25	987
Nurses	2716	10.94	248	2687	9.5	283	705	6.3	112
Dentists	641	0.05	12820	582	1	582	416	0.75	555
Dental Hygienists	94	1	94	72	0.75	96	163	1.1	148
Case Workers	598	2.1	285	782	2.5	313	582	2.75	212
Patient/Community Education Specialists	1074	1.5	716	2188	1.5	1459	1200	1.5	800
Licensed Mental Health Providers/Staff	62	2.5	25	55	2.25	24	710	2.5	284
Other Personnel	1	16.96	0.1	5	18.5	0.3	2	38.06	0.1
Grand Total	17849	51.24	348	19285	53.75	359	18218	69.46	262

# DIAGNOSES AND CLINICAL OUTCOMES OF FARMWORKERS SEEN AT CLINIC SITES

## COMMON DIAGNOSES

Table 5 presents information on selected diagnoses across all clinic sites. The most common conditions experienced by farmworkers seen at Georgia’s migrant clinics between 2022 and 2024 were overweight and obesity, hypertension, and diabetes. About half of the patients seen at Georgia’s migrant clinics were classified as overweight/obese (50.8% in 2022, 51.6% in 2023, and 48.2% in 2024; Figure 20). Approximately one out of ten individuals was hypertensive (11.5% in 2022, 13.1% in 2023, and 11.0% in 2024) or diabetic (9.6% in 2022, 9.9% in 2023, and 8.5% in 2024; Figure 20). This finding is in line with evidence from the NAWS and other literature that shows a disproportionate burden of these chronic conditions among the Hispanic and farmworker population, compared to the general population.

Figure 20. Rates of Common Chronic Conditions Among Farmworkers Seen at Georgia’s Migrant Clinics



Compared to 2022, the total number of clinic visits increased in 2024 for most common conditions, except for tobacco and alcohol-related disorders, depression and other mood disorders, asthma, and COVID-19. The average number of visits per patient also generally increased over the same period for several medical conditions, except for diabetes, heart disease, depression and other mood disorders, and chronic lower respiratory disease. The number of visits for “lack of expected normal child physiological development” increased significantly from 3 visits in 2022 to 36 visits in 2024 (Table 5).

Table 5. Selected Diagnoses

Selected Diagnoses (all sites)	2022			2023			2024			% Change (2022-2024)	
	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	# Visits*	Visit per Patient
Overweight and Obesity	8,680	5,179	1.7	8,959	5,624	1.6	10,239	5,726	1.8	18.0	6.7
Hypertension	2,564	1,177	2.2	2,862	1,424	2.0	3,035	1,306	2.3	18.4	6.7
Diabetes Mellitus	2,640	978	2.7	2,677	1,079	2.5	2,730	1,016	2.7	3.4	-0.5
Heart Disease (selected)	219	108	2.0	186	123	1.5	284	141	2.0	29.7	-0.7
Tobacco Use Disorder	1441	1086	1.3	1262	1031	1.2	1328	971	1.4	-7.8	3.1
Alcohol-related disorders	675	599	1.1	445	400	1.1	558	482	1.2	-17.3	2.7
Anxiety disorders including PTSD	353	178	2.0	415	229	1.8	396	199	2.0	12.2	0.3
Depression and other mood disorders	232	96	2.4	250	139	1.8	213	113	1.9	-8.2	-22.0
Other mental health disorders	89	58	1.5	112	81	1.4	101	54	1.9	13.5	21.9
Contact dermatitis and other eczema	110	98	1.1	128	115	1.1	132	109	1.2	20.0	7.9
Asthma	179	80	2.2	175	89	2.0	177	73	2.4	-1.1	8.4
Sexually transmitted infections	30	20	1.5	23	17	1.4	36	26	1.4	20.0	-7.7
Dehydration	35	35	1.0	24	21	1.1	54	53	1.0	54.3	1.9
Chronic lower respiratory diseases	47	30	1.6	66	45	1.5	73	51	1.4	55.3	-8.6
Abnormal cervical findings	6	5	1.2	3	3	1.0	12	10	1.2	100.0	0.0
Abnormal breast findings, female	25	22	1.1	56	49	1.1	64	40	1.6	156.0	40.8
Exposure to heat or cold	5	5	1.0	14	14	1.0	12	12	1.0	140.0	0.0

Selected Diagnoses (all sites)	2022			2023			2024			% Change (2022-2024)	
	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	# Visits*	Visit per Patient
COVID-19	88	87	1.0	74	72	1.0	32	31	1.0	-63.6	2.1
Tuberculosis	4	3	1.3	7	2	3.5	4	3	1.3	0.0	0.0
HIV	11	5	2.2	14	7	2.0	11	5	2.2	0.0	0.0
<b>Childhood Conditions</b>											
Otitis Media and Eustachian Tube Disorders	18	17	1.1	46	37	1.2	43	38	1.1	138.9	6.9
Lack of expected normal physiological development	3	17	1.1	46	37	1.2	43	38	1.1	1533.3	-9.3

## CLINICAL OUTCOMES

Hypertension control at GFHP sites worsened in 2023 compared to 2022 but improved in 2024 relative to 2022 (Table 6). Diabetes management outcomes, however, worsened during the same period. Notably, there were no low-birth-weight births between 2022 and 2024.

Table 6. Selected Clinical Outcomes

	2022	2023	2024
Select Clinical Outcomes	Percent	Percent	Percent
Diabetes			
<u>Poor control</u> : Diabetes patients with Hba1c greater than 9% or with no tests performed during the year	40.2	39.4	55.5
Hypertension			
Proportion of patients with <u>controlled</u> hypertension	55.2	47.6	57.1

## SCREENING AND PREVENTATIVE SERVICES

Screening services for mammograms and pap smears increased between 2022 and 2024. Vaccination rates for seasonal flu also increased. During this period, visits for contraceptive management as well as smoking and tobacco use cessation counseling increased (Table 7).

## CLINICAL MEASURES

There were mixed results regarding clinic quality measures. Performance improved in half of the assessed clinic quality measures while declining in the others. Cancer screening rates, depression screening rates, and statin therapy use improved, while BMI counseling, tobacco use screening and counseling, and aspirin/antiplatelet therapy use declined (Table 8).

Table 7. Selected Screening and Preventive Services

Selected Diagnostic/Screening/Preventive Services (all sites)	2022			2023			2024			% Change (2022-2024)	
	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	# Visits*	# Patients	Visit per Patient	# Visits*	Visit per Patient
Mammogram	129	112	1.2	165	147	1.1	223	152	1.5	72.9	27.4
Pap Test	202	200	1.0	166	165	1.0	300	223	1.3	48.5	33.2
Seasonal Flu Vaccine	206	201	1.0	571	570	1.0	390	388	1.0	89.3	-1.9
Contraceptive Management	4300	3358	1.3	5266	3847	1.4	6503	4041	1.6	51.2	25.7
Smoking and Tobacco Use Cessation Counseling	304	266	1.1	499	420	1.2	7021	5214	1.3	2209.5	17.8

Table 8. Selected Clinical Measures

	2022	2023	2024	Improvement/Decline
Selected Clinical Measures	%	%	%	2022 vs. 2024
Children and adolescents 3-17 years with documented BMI, nutrition, and physical activity counseling	51.0	36.5	45.0	Declined
Female patients aged 23-64 years who were screened for cervical cancer	30.6	28.6	36.7	Improved
Percentage of women 52-74 years of age who had a mammogram to screen for breast cancer	17.6	16.2	34.0	Improved
Patients aged 46-75 years with appropriate colorectal screening* (screening range was 50-74 years in 2022)	17.6	16.1	19.7	Improved
Adult patients with documented BMI and appropriate follow-up plan documented if BMI is outside of normal parameters	88.7	59.8	65.0	Declined
Patients aged 18 years or older who were screened for tobacco use one or more times in the measurement year or prior year and (2) those normal parameters found to be a tobacco user received cessation counseling intervention	97.7	61.3	74.3	Declined
Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy	60.5	55.5	71.1	Improved
Patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	17.7	38.5	7.0	Declined
Patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	70.0	80.4	78.4	Improved
Percentage of patients 15-65 years who were tested for HIV when within age range	10.8	14.0	9.6	Declined

## CLINIC INPUT

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Clinic leaders from each of the six migrant health centers in Georgia provided insights into the needs of farmworkers and the challenges and opportunities for enhancing the migrant farmworker program. They either participated in a 20-minute interview (n = 2) or completed an open-ended survey that asked the same questions (n = 4). The data were analyzed using thematic analysis. The emerging themes are discussed below.

### **Factors Influencing Health and Wellbeing**

All clinic representatives identified barriers to accessing care as the most significant factor affecting the health and well-being of migrant farmworkers. The cited access barriers included a lack of transportation, long work hours, cost-related issues, language challenges, and fears related to immigration.

Other factors identified as influencing health and wellness include lifestyle choices and behaviors, and social determinants such as housing, education, and health literacy. Clinic representatives also pointed out that limited access to specialists and a lack of coordination between primary and specialty care services hinder the continuity of care for migrant farmworkers.

### **Medical and Non-Medical Needs**

#### ***Top Health Concerns***

Clinic staff identified diabetes, high blood pressure, and hyperlipidemia as the most commonly occurring chronic conditions among the farmworker population. Dehydration and back pain were also recognized as frequently occurring conditions associated with the occupation.

Migrant health clinics reported various strategies to enhance the detection and management of chronic conditions and other health needs within the migrant farmworker population.

These included:

- Organizing frequent farm-site outreach clinics using mobile clinic resources
- Providing affordable ancillary services (such as laboratories, durable medical equipment, and pharmacies)
- Utilizing bilingual staff to mitigate language barriers
- Offering a sliding fee scale and vouchers to reduce cost-related barriers to healthcare utilization

- Partnering or contracting with other healthcare providers, like dentists or behavioral health providers, to offer holistic care.

### ***Non-Medical Needs***

Commonly cited non-medical needs of migrant farmworkers included transportation, housing instability, financial hardship, food insecurity, and emotional distress or behavioral needs.

Most clinics did not directly address the non-medical needs of migrant workers, aside from behavioral needs. Many reported that when non-medical needs were brought to their attention, they referred clients to community resources.

## **Facilitators and Barriers to Health Care Delivery for the Migrant Farmworker Population**

### ***Facilitators***

The following were identified as factors that support the ability of migrant health centers to address the needs of the migrant farmworker population:

- Good relationship with farmers that facilitates access to farms for outreach activities
- Mobile medical units that facilitate outreach activities
- Access to reduced-cost medications through the 340B program
- Sliding fee scale and vouchers that reduce cost-related barriers for farmworkers
- Partnerships for referrals for services such as mental health and oral health services.

One clinic described their appreciation of the support of farms as follows:

*“Outreach opportunities are awarded to us through collaborative initiatives with local farmers and farmworker-managing companies. These allow us to go into camps, speak to farmworkers about their needs, teach them about using proper body mechanics to prevent back pain, explain the importance of hydration, and recommend follow-up care at our clinic.”*  
(Clinic Representative 3).

### ***Barriers***

Factors that hinder the ability of migrant health centers to comprehensively address the needs of the migrant farmworker population include:

- Limited access to bilingual providers
- Limited staff
- Lack of transportation
- Limited pharmaceutical resources for clients

- Lack of specialty providers in the local area
- Lack of legal status, as some services may require legal status and/or Georgia resident status.

## Health Service Gaps

Clinics identified the following service delivery gaps:

- Mental/Behavioral Health
- Resources to address social needs, including housing/food/utility assistance, and transportation
- Imaging and radiology
- Specialists, such as OB/GYN
- Expanded dental program

Limited funding, challenges in recruiting providers and health professionals, and regulatory restrictions were identified as obstacles to offering these services.

## Migrant Health Clinics and the Georgia Farmworker Program Resource Needs

Clinic staff praised the State Office of Rural Health (SORH) for its support in delivering quality health services to migrant farmworkers. They acknowledged that SORH was excellent at connecting them to available resources.

*“If I ever have any questions or need anything, I can always call the State Office of Rural Health. If they can't provide it directly, they can always point me in the right direction.” (Clinic Representative 2).*

However, to meet the growing needs of migrant farmworkers, they requested more staffing support (especially bilingual staff and providers), funding, equipment, physical space, training, and technical assistance (particularly in compliance and quality improvement).

Clinic staff hoped that the migrant farmworker program would continue to ensure access to essential health services for the farmworker population.

*“We provide a good service, a great service, and I just hope that we're able to continue doing that.” (Clinic Representative 2).*

*“It's a very needed service that we [provide for] a population that is here to work. They're a silent population. Unless you go to Walmart on the weekend, you'll never know they're around. There's nothing wrong with making sure that they're healthy, feel good, and can work. (Clinic Representative 1).*

## RECOMMENDATIONS

Based on the findings from the needs assessment, the following recommendations are proposed to promote holistic and culturally competent programming:

**Continue efforts to alleviate barriers to healthcare access.** This includes increasing funding support for community outreach efforts, additional mobile units, and the voucher program.

**Increase the number of bilingual staff,** including physicians, nurse practitioners/physician assistants, nurses, licensed mental health providers, and community outreach staff, to alleviate language-related barriers to healthcare and ensure the delivery of culturally competent care.

**Expand efforts to provide holistic care** by:

- Increasing access to mental health services to address the growing need for psychosocial and emotional support for farmworkers
- Increasing access to specialty and medical ancillary services
- Increasing access to dental services
- Screening for social needs and developing sustainable community-based referral networks for addressing identified needs.

**Support workforce development and capacity building for migrant farmworker clinics** through staff training, infrastructural investments, and technological upgrades. Expand technical assistance opportunities for all clinics in the areas of quality improvement and regulatory compliance.

