

University of San Diego

Digital USD

Dissertations

Theses and Dissertations

2020-5

Health Care Access and Utilization by U.S. Farmworkers

Genesis Bojorquez
University of San Diego

Follow this and additional works at: <https://digital.sandiego.edu/dissertations>



Part of the [Health Services Research Commons](#), and the [Public Health and Community Nursing Commons](#)

Digital USD Citation

Bojorquez, Genesis, "Health Care Access and Utilization by U.S. Farmworkers" (2020). *Dissertations*. 173.
<https://digital.sandiego.edu/dissertations/173>

This Dissertation: Open Access is brought to you for free and open access by the Theses and Dissertations at Digital USD. It has been accepted for inclusion in Dissertations by an authorized administrator of Digital USD. For more information, please contact digital@sandiego.edu.

Running head: HEALTH CARE ACCESS AND UTILIZATION

UNIVERSITY OF SAN DIEGO

Hahn School of Nursing and Health Science

DOCTOR OF PHILOSOPHY IN NURSING

HEALTH CARE ACCESS AND UTILIZATION BY U.S. FARMWORKERS

by

Genesis R. Bojorquez

A dissertation presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE

UNIVERSITY OF SAN DIEGO

In partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY IN NURSING

May 2020

Dissertation Committee

Ruth A. Bush, PhD, MPH, FAMIA, Chair

Mary K. Barger, PhD, MPH, RN, CNM, FACNM, Committee Member

George J. Chiang, MD, Committee Member

HEALTH CARE ACCESS AND UTILIZATION

Hahn School of Nursing and Health Science

DOCTOR OF PHILOSOPHY IN NURSING

CANDIDATE'S
NAME:

Genesis R. Bojorquez

TITLE OF
DISSERTATION:

Health Care Access and Utilization by U.S. Farmworkers

DISSERTATION
COMMITTEE:

Ruth A. Bush, PhD, MPH, FAMIA, Chairperson

Mary K. Barger, PhD, MPH, RN, CNM, FACNM,
Committee Member

George J. Chiang, MD, Committee Member

HEALTH CARE ACCESS AND UTILIZATION

Abstract

Background: Agriculture industry has the highest fatality rate among all United States industries. Farmworkers experience high rates of occupational injury, illness, and mortality, yet have limited access to health care. Implementation of the Patient Protection and Affordable Care Act (ACA) of 2010 increased health care accessibility and broadened farmworker eligibility for health insurance, yet no study has measured the impact of the ACA upon U.S. farmworkers.

Purpose: The purpose of this research was to examine health care access and health care services utilization among U.S. farmworkers following the implementation of the ACA in 2010.

Specific Aims:

1. Apply the Behavioral Model for Vulnerable Populations (BMVP) with a national sample of U.S. farmworkers to describe the predisposing, enabling, and need factors, with U.S. health care utilization.
2. Describe the predisposing, enabling, and need factors independently associated with U.S. health care utilization.
3. Determine the odds of U.S. health care utilization as accounted for by the BMVP predisposing, enabling, and need factors.

Method: A retrospective cross-sectional design was employed using secondary data from the 2011 – 2014 National Agricultural Workers Survey (NAWS). Respondents of the NAWS include U.S. hired farmworkers who labor for a U.S. agricultural employer for crop-related production (n=7260). Data analysis examined the relationships between BMVP factors and U.S. health care utilization among U.S. farmworkers.

HEALTH CARE ACCESS AND UTILIZATION

Results: More than half (60%) of farmworkers utilized U.S. health care. All predisposing (age, education, ethnicity, country of origin, gender, legal status, marital status, English speaking and reading proficiency), enabling (access to transportation, income, insurance status, Medicaid), and need (barriers to care, health status) factors were independently associated with U.S. health care utilization when analyzed for the full sample ($p < 0.01$). Farmworkers with lowest odds of using health care were male (OR 0.32), Hispanic (OR 0.75), or related a barrier to care (OR 0.39).

Implications: Nurses play an important role in mitigating barriers to health care for farmworker families. Understanding the many barriers and influencing factors of health care utilization can inform nurse-led outreach efforts, community programs, and health policies to improve health care service delivery for this underserved group.

HEALTH CARE ACCESS AND UTILIZATION

Copyright 2020

Genesis R. Bojorquez

All Rights Reserved

HEALTH CARE ACCESS AND UTILIZATION

Dedication

To my family:

To my parents, Victor and Helen Reyes,

Your endless belief in my potential made this dissertation possible.

To my brother, Victor Jr.,

Your love and encouragement have been an inspiration.

And to my husband, Jose,

Loaning your wife to this endeavor was selfless.

Your support and faith in me have been invaluable.

HEALTH CARE ACCESS AND UTILIZATION

Acknowledgement

The completion of this dissertation was truly a collaboration and there are many I owe a debt of gratitude. For the countless contributions, assistance with writing, guidance, and mentorship throughout the doctoral program, I am forever thankful.

I especially want to thank Dr. Ruth Bush, my mentor and chair, who provided a supportive, engaging, and nurturing environment that enabled me to thrive. I also thank my committee, Dr. Mary Barger and Dr. George Chiang, who were especially important in completing this project. Thank you for giving me the confidence to believe in myself.

I am also deeply grateful to my family and friends who provided encouragement and balance over the past four years of the doctoral program. I give thanks my parents, Victor and Helen Reyes, my brother Victor Jr., and my husband Jose for their tremendous encouragement, patience, and love throughout this whole process. Thank you for believing in me.

HEALTH CARE ACCESS AND UTILIZATION

Table of Contents

CHAPTER ONE	1
Introduction.....	1
Purpose of the Study	3
Specific Aims.....	3
Theoretical Framework	4
Significance to Nursing.....	6
CHAPTER TWO: REVIEW OF LITERATURE.....	7
Definitions.....	9
Data Source	10
Past Studies of NAWS Data Utilization	12
Theoretical Framework	13
Predisposing Factors	14
Ethnicity.....	14
Educational Attainment	16
English Language Proficiency	17
Immigration Status.....	19
Additional Demographic Variables	21
Enabling Factors	21
Income.....	21
Health Insurance	22
Access to Transportation.....	24
Need Factors	24

HEALTH CARE ACCESS AND UTILIZATION

Health Status	24
Barriers to Care	25
The Impact of ACA and Health Care Utilization	26
CHAPTER THREE: METHODOLOGY	28
Specific Aims.....	28
Research Design.....	28
Study Conduct.....	29
Sampling Selection	29
Study Population.....	30
Setting	30
Survey Subject Selection Criteria	30
Survey Subject Exclusion Criteria	31
Data Collection Instrument	31
Demographic Information.....	32
Employment and Migration	32
Worksite and Earnings Characteristics	32
Health and Housing.....	33
Assets, Income, Social Services, and Legal Status	33
Measures	33
Outcome Measure	33
Predisposing Factors	34
Enabling Factors	35
Need Factors	35

HEALTH CARE ACCESS AND UTILIZATION

Analytic Approach	36
Weighting Scheme	36
Descriptive and Bivariate Analyses	36
Multivariate Analysis.....	37
Missing Data	37
Power	38
Data Access Plan.....	38
Protection of Human Subjects	38
CHAPTER FOUR: STUDY RESULTS.....	39
Specific Aims.....	39
Descriptive Data: Analysis of Health Care Use and BMVP Factors.....	40
Barriers to Care.....	43
Lifetime Diagnosis of a Chronic Condition.....	43
Farmworkers who Utilized Health Care	43
Insured Farmworkers	44
Bivariate Analysis: BMVP Factors Associated with Health Care Use.....	45
Predisposing Factors	45
Enabling Factors	48
Need Factors	49
Multivariate Analysis: BMVP Predicting Health Care Use	50
CHAPTER FIVE: DISCUSSION OF FINDINGS	54
Predisposing Factors Associated with U.S. Health Care Use	55

HEALTH CARE ACCESS AND UTILIZATION

Enabling Factors Associated with U.S. Health Care Use	57
Need Factors Associated with U.S. Health Care Use	59
Study Limitations	60
Implications.....	62
Nursing Practice.....	62
Health Policy.....	63
Conclusion	64
References.....	65

HEALTH CARE ACCESS AND UTILIZATION

List of Figures

Figure 1. Behavioral Model of Vulnerable Populations (BMVP) Framework	5
---	---

List of Tables

Table 1. Study Variables with Corresponding Domain of Theoretical Framework	7
Table 2. Descriptive Data of U.S. Farmworker Demographics; Full Sample 2011-2014.....	41
Table 3. Descriptive Data of U.S. Health Care Utilization and BMVP Factors among U.S. Farmworkers; Full Sample 2011-2014.....	42
Table 4. Descriptive Data of Source of Care and Health Care Payment Method among U.S. farmworkers who Utilized Health Care; Full Sample 2011-2014.....	44
Table 5. Descriptive Data of Insurance Sponsor among Insured U.S. Farmworkers; Full Sample 2011-2014	45
Table 6. Bivariate Associations between Predisposing Factors and U.S. Health Care Utilization; Full Sample 2011-2014.....	47
Table 7. Bivariate Associations between Enabling Factors and U.S. Health Care Utilization; Full Sample 2011-2014.....	48
Table 8. Bivariate Associations between Need Factors and U.S. Health Care Utilization; Full Sample 2011-2014	49
Table 9. Multivariate Logistic Regression of U.S. Farmworker Predisposing, Enabling, and Need Factors associated with U.S. Health Care Utilization 2011-2014	51

HEALTH CARE ACCESS AND UTILIZATION

List of Appendices

Appendix A: NAWS English Questionnaire	85
Appendix B: NAWS Spanish Questionnaire	109
Appendix C: NAWS Interviewer Handouts	133
Appendix D: University of San Diego IRB Exempt Status	139
Appendix E: Table E10. Descriptive Data of U.S. Farmworker Demographics; Individual Years 2011-2014	140
Appendix F: Table F11. Descriptive Data of U.S. Health Care Utilization and BMVP Factors among U.S. Farmworkers; Individual Years 2011-2014	141
Appendix G: Table G12. Descriptive Data of Source of Care and Health Care Payment Method among U.S. Farmworkers who Utilized Health Care; Individual Years 2011-2014	142
Appendix H: Table H13. Descriptive Data of Insurance Sponsor among Insured U.S. Farmworkers; Individual Years 2011-2014	143
Appendix I: Tables I14 – I17 Bivariate Associations between Predisposing Factors and U.S. Health Care Utilization; Individual Years 2011 - 2014	144
Appendix J: Tables J18 – J21 Bivariate Associations between Enabling Factors and U.S. Health Care Utilization; Individual Years 2011-2014	148
Appendix K: Tables K22 – K25 Bivariate Associations between Need Factors and U.S. Health Care Utilization; Individual Years 2011-2014	152

Chapter 1

Introduction

Agriculture is a dangerous industry and has the highest fatality rate among all other industries in the United States (U.S. Bureau of Labor Statistics, 2018). In 2016, 417 farmworkers died from a work-related injury resulting in a fatality rate of 21.4 per 100,000 workers (Centers for Disease Control, 2018). The same year nearly 33,000 farmworkers experienced a non-fatal injury (5.6 per 100 full-time workers) and an estimated 1,900 farmworkers became ill from a work-related exposure (31.8 per 10,000 full-time workers) (U.S. Bureau of Labor Statistics, 2016). Farmworkers experience high rates of occupational injury, illness, and mortality, yet have limited access to health care. Over three million farmworkers are employed in the United States (Qenani et al., 2017) and encounter many barriers to health services, including: low socioeconomic status, limited English proficiency, lack of transportation, unlawful immigration status, and fear of the U.S. healthcare system (Steege, 2009) (Hoerster et al., 2011; Luo & Escalante, 2017). These barriers and social vulnerabilities have a direct impact on their health (López-Cevallos & Harvey, 2016; López-Cevallos et al., 2014) and the few studies that have examined health care service utilization among this underserved group find that, despite their marked disease burden, the use of medical services remain significantly low (Luo & Escalante, 2017; Thompson et al., 2015).

Farm work is an inherently hazardous occupation. The agricultural labor force is at risk for occupational injuries caused by activities such as working with animals, using machinery, driving and riding in motor vehicles, and exposures during planting, growing, and harvesting of crops (Tonozzi & Layne, 2016). Pesticide exposure is common in

agricultural crop work and can lead to a multitude of negative health outcomes and acute conditions such as neuropsychological dysfunction, reproductive and teratogenic effects, flu-like symptoms, muscular weakness, respiratory diseases, and certain cancers (García-García et al., 2016; Sapbamrer & Nata, 2014; Suratman et al., 2015). In addition, heat-related illnesses, such as skin injuries and cancer, have been found to be disproportionately high among farmworkers due to long hours spent outside without appropriate sun protection (Salas et al., 2005). The disparities in health outcomes may stem from the aforementioned socioeconomic, political, and cultural vulnerabilities, as well as occupational exposures. These health vulnerabilities disempower the farmworker and likely lead to the poor health outcomes observed in this group.

The Patient Protection and Affordable Care Act (ACA) of 2010, a major health program was implemented to increase health care accessibility for a number of previously underserved groups, including agricultural workers. The ACA designated \$11 billion to community health centers to expand their services and since 2010, community health centers received funding to open new clinics, expand services, modernize health records, and conduct outreach and enrollment (Bureau of Primary Health Care, 2015). Furthermore, the ACA expansion of Medicaid, the development of Health Insurance Exchanges, and the employer-shared responsibility provision helped broaden farmworker eligibility for health insurance coverage. Data collected prior to the ACA implementation, revealed only one-third of farmworkers had some form of health insurance (Hoerster et al., 2011), however, no published studies have provided either quantitative or qualitative data to evaluate the implementation and impact of the ACA among U.S. farmworkers.

Purpose

The purpose of this study was to characterize health care access and utilization among U.S. farmworkers following ACA implementation. Farmworkers were examined using the National Agricultural Workers Survey (NAWS) data collected from 2011 – 2014. The NAWS is the only nationally representative dataset of U.S. farmworkers and collects demographic, employment, legal status, and health data (U.S. Department of Labor, 2018). The survey has been conducted annually since 1988 under a contract with the U.S. Department of Labor (2017). Using the collected data, this study sought to answer the following research questions:

- What are the predisposing, enabling, and need factors associated with health care service utilization of U.S. farmworkers, under the Behavioral Model for Vulnerable Populations (BMVP)?
- What is the prevalence of U.S. health care service utilization among farmworkers following ACA implementation from 2011 - 2014?

Primary Aim

- I. Apply the BMVP with a national sample of farmworkers to describe the predisposing, enabling, and need factors with U.S. health care utilization.

Secondary Aims

- I. Describe the predisposing, enabling, and need factors that are independently associated with U.S. health care utilization.
- II. Determine the odds of U.S. health care utilization as accounted for by the BMVP predisposing, enabling, and need factors.

This study provides a preliminary analysis and step toward understanding the impact of the ACA among a representative sample of U.S. farmworkers and expands the limited knowledge of farmworker health services use during a specific era of health reform. Examining the factors related to access to health care among U.S. farmworkers is an important and timely issue as a result of the growing health disparities related to inequitable health care access in this vulnerable population.

Theoretical Framework

The theoretical framework applied in this study was Andersen's Behavioral Model of Health Services Use. To guide selection of variables exclusive to healthcare use, constructs from the Behavioral Model of Health Services Use were employed (Andersen, 1968; Andersen, 1995). The model has been used to investigate the use of health services use in many areas of the healthcare system and in relation to different diseases (Babitsch et al., 2012). The model posits predisposing (e.g., demographics, health beliefs, social structure), enabling (e.g., personal and community resources), and need (e.g., perceived and/or evaluated health status) factors influence an individual's use of health services (Andersen, 1995). Gelberg and Andersen have modified the original Behavioral Model to the Behavioral Model for Vulnerable Populations (BMVP) (Gelberg et al., 2000). This modification to Andersen's model builds upon the predisposing, enabling, and need predictors of health services utilization by distinguishing between traditional factors and factors specific to vulnerable populations. Gelberg and colleagues' graphic representation of BMVP, lists potential factors (Gelberg et al., 2000) within the traditional and vulnerable domains as shown in Figure 1.

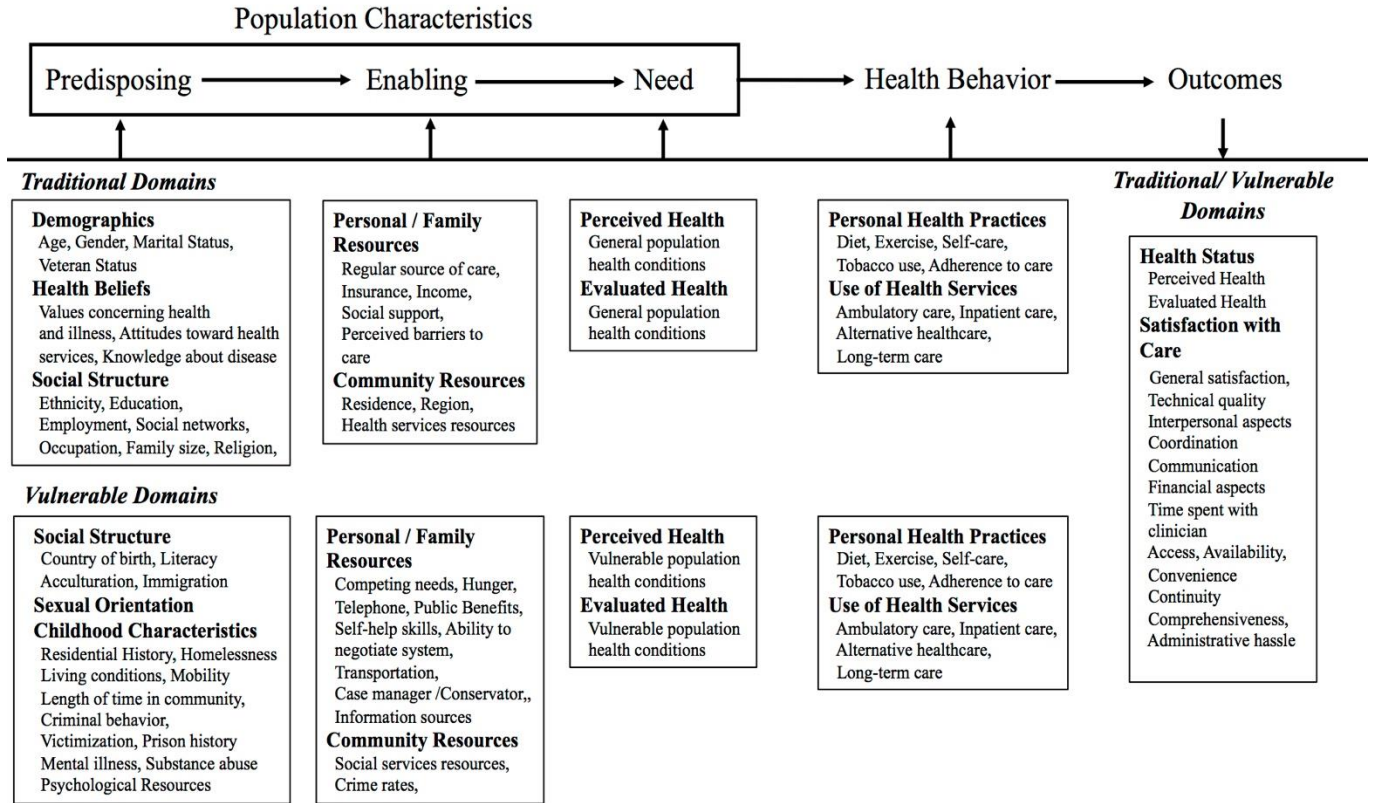


Figure 1: The Behavioral Model for Vulnerable Populations (Gelberg et. al., 2000).

Significance to Nursing

Agriculture is a vital component of the U.S. economy. Farmworkers have reported a number of challenges to health services utilization, such as language, health literacy, housing and sanitation, family and community integrity, and workplace safety (Gwyther & Jenkins, 1998; Villarejo, 2003). Nurses and other health care providers play an important role in mitigating these barriers for farmworker families through the implementation of culturally competent practice strategies that aid in the identification and provision of appropriate care. Alternative education methods in the form of videos, pictorial or verbal explanation, or education by lay health educators can be adapted to strengthen health programs serving this population, which may reside in low-resource settings (Arcury et al., 2017). Understanding the many barriers and influencing factors of healthcare service utilization can inform prevention efforts, such as programs and policies to promote improved use of health care services. Nurses are encouraged to be strong advocates of farmworker health and work with policy makers towards meaningful solutions to improve access to health care for farmworker communities.

Chapter II

Review of the Literature

This chapter describes the literature addressing the use of health care services by U.S. farmworkers. Published literature were reviewed from the following computerized databases: Computerized Index to Nursing and Allied Health Literature (CINAHL), ProQuest Dissertations and Theses Global, PubMed, MEDLINE, and Google Scholar using the key search terms: agricultural worker, migrant farmworker, seasonal farmworker, farmworker health, Hispanic immigrant, healthcare utilization, and health service use. Reference lists for articles of interest were examined and pertinent articles were reviewed. Factors associated with utilizing health services and methodological challenges to studying vulnerable individual needs were examined. To guide the selection of variables specific to health care utilization, constructs from the Behavioral Model of Health Services Use were utilized (Andersen, 1968; Andersen, 1995). The variables examined in this study are listed in Table 1. The remainder of this chapter defines common terms used, the history of the NAWS, and describes previous research on all variables under investigation, organized by domains of the Behavioral Model for Vulnerable Populations (Gelberg et al., 2000).

Table 1.

Study Variables with corresponding domain of Theoretical Framework

Variable	Measure Description	BMVP Factor Domain
Dependent Variables		
U.S. Health Care Utilization	Used U.S. health care service in last 2 years	
Hospital	Received U.S. health care in a Hospital	

Table 1. (continued)

Variable	Measure Description	BMVP Factor Domain
Community Health Center	Received U.S. health care in Community Health Center	
Migrant Health Clinic	Received U.S. health care in Migrant Health Clinic	
Private Clinic	Received U.S. health care in a Private Clinic	
Independent Variables		
Legal Status	U.S. Citizen; Authorization to work; Unauthorized	Vulnerable Predisposing
Health Insurance	Has health insurance vs. none	Traditional Enabling
Medicaid	Family member or farmworker has Medicaid vs. none	Traditional Enabling
Insurance Sponsor	Employer; Government; Other	Traditional Enabling
Barriers to Care	Subject reported barriers to care	Vulnerable Need
Health Care Payment Method	Out of pocket; Individual health plan; Employer; Free Clinic	Traditional Enabling
Covariates		
Age	Age (years)	Traditional Predisposing
Male	Male vs. Female	Traditional Predisposing
Ethnicity	Hispanic vs. Non-Hispanic	Traditional / Vulnerable Predisposing
Marital Status	Married vs. Not Married	Traditional Predisposing
Country of Origin	If subject is U.S. born	Vulnerable Predisposing
English Reading Proficiency	If subject claims to read English (categories)	Vulnerable Predisposing
English Speaking Proficiency	If subject claims to speak English (categories)	Vulnerable Predisposing
Health Status	Diagnosis of health condition	Traditional / Vulnerable Need
Access to Transportation	Ownership of a car	Vulnerable Enabling
Educational Attainment	Highest grade level completed	Traditional Predisposing
Income	Annual total income (categories)	Traditional Enabling
Foreign Health Care Utilization	Received care outside of the U.S. in last 2 years	-

Definitions

The following series of definitions will ensure a common understanding of terms used throughout this chapter. The terms are listed in alphabetical order:

Farmworker: Farmworkers are laborers hired for agricultural work. Agencies affiliated with the U.S. government affiliated apply the designation differently. For example, the U.S. Department of Labor (2017c) surveys workers employed in “crop agriculture”, defined as nursery products, field crops, cash grains, fruits, and vegetables; silage. The U.S. Department of Agriculture (2018), however, also includes workers employed in meat processing, dairy, and poultry.

Hispanic: A general term used to denote all Spanish-speaking ethnic subgroups in the United States, including those from Cuba, Central and South America, Puerto Rico, and Mexico (U.S. Census Bureau, 2019). Those who identify as Hispanic may be any race.

Legal Status; Immigration Status: Refers to the way an individual is present in the United States (State Justice Institute, 2013). The terms “Legal Status” and “Immigration Status” are used interchangeably because the literature used the terms synonymously. Examples of legal status include: U.S. Citizen, naturalized citizen, legal permanent resident (LPR), non-immigrant temporary visa holder, and undocumented person (State Justice Institute, 2013).

Latino: A general term used to indicate those with cultural identity and origins in Latin America (Passel & Taylor, 2009). Under this definition, the term “Latino” would include Brazilians while the term “Hispanic” would not. In the present study, “Hispanic” is used for analysis because the majority of farmworkers identified themselves from a Spanish-speaking ethnic subgroup (e.g., Mexican, Mexican-American, Chicano, or Puerto-Rican).

Legal Permanent Resident (LPR): Refers to a person that is not a U.S. citizen and is living in the U.S. under lawfully recorded permanent residence as an immigrant by U.S. Citizenship and Immigration Services (2018). A “green-card holder” is also otherwise known as a LPR (U.S. Citizenship and Immigration Services, 2018).

Limited English Proficiency: Refers to individuals who do not speak English as their primary language and have a limited ability to read, speak, write, or understand English (U.S. Department Of Justice, 2019).

Migrant farmworker: A migrant farmworker changes residence temporarily in order to be employed in agricultural work (Hernandez & Gabbard, 2018).

Raitero: Individual who provides informal transportation services (Villarejo et al., 2010).

Seasonal farmworker: Seasonal farmworkers are employed on a seasonal basis and do not need to change place of residence to maintain employment (U.S. Department of Labor, 2017).

Undocumented Immigrant: A person that is not a U.S. citizen that is physically present in the U.S. who entered the country illegally (National Conference of State Legislatures, 2018). This includes individuals who enter the U.S. legally but overstay their visa period or in some way violate their terms of entry (e.g., taking employment) (National Conference of State Legislatures, 2018), and those who enter as permanent residents but become deportable by engaging in illegal activity as specified in Federal Immigration Law (8 U.S. Code § 1227, 2012).

Data Source

The NAWS is the only national information source on demographic, employment, legal status, and health characteristics of U.S. farmworkers (U.S. Department of Labor,

2018). The survey has been conducted annually since 1988 under a contract with the U.S. Department of Labor (2010). The survey was created in response to the Immigration Reform and Control Act of 1986 (IRCA) (NAWS, 2012a). The IRCA instituted employer sanctions that made it illegal for employers to knowingly hire immigrants without legal status (Calavita, 1989). In addition, the IRCA granted amnesty for undocumented agricultural workers to apply for legal status and provided that additional farm workers be admitted should a farm labor shortage develop (Calavita, 1989). The U.S. Department of Labor developed NAWS to project farm labor needs following the IRCA, with the intent of evaluating labor supply for agricultural employers (NAWS, 2012a).

Since 1988, NAWS added new questions to the primary survey in order to meet the needs of sponsoring Federal agencies and departments. The 2011 – 2014 administrations of the NAWS collected demographic, employment, legal status, and extensive health-related information, such as respondent medical history, use of U.S. health services, site of health service visit, health insurance coverage, and health service payment method. The data collected and analyzed has been used for estimating the number and characteristics of farmworkers and their dependents, conducting occupational injury and health surveillance, and informing federal programs targeted to farmworkers (Mathematica Policy Research, 2019). The Employment and Training Administration (ETA) Agency of the U.S. Department of Labor last solicited comments on June 26, 2015 via a 60-day pre-clearance Federal Register Notice (80 FR 36853, 2015) for the inclusion of new questions on education, housing, health, training, and digital literacy for future administrations of the NAWS.

Past Studies of NAWS Data Utilization

Previous studies that utilized NAWS have produced valuable information about farmworkers quality of life (Grzywacz et al., 2014), insightful information about families of farmworkers' (Arcury et al., 2015; Early et al., 2006; Hamilton & Hale, 2016), estimates of health services utilization (Georges et al., 2013; Hoerster et al., 2011; Luo & Escalante, 2018; Ward, 2007), and shifts in crop agriculture conditions of employment (Kandel & Donato, 2009; Pena & Teather-Posadas, 2018), which have been valuable to federal, state, and regional program planning and delivery. Scientifically, the NAWS generated estimates of injury burden to distinguish occupational sources of disease (Medel-Herrero et al., 2018), tested theoretical frameworks on the continuation of farmworker health inequalities (Ward, 2007), and created frameworks to characterize farmworker use of health services (Ward, 2003). According to the Grzywacz (2018) systematic review, an average of one peer reviewed paper using NAWS data was published every year since the inception of the NAWS 30 years ago.

The NAWS data have been largely applied for inquiries of farmworker health and health care utilization (Grzywacz, 2018). Slightly more than half of farmworkers reported using U.S. health care (Hoerster et al., 2011; Luo & Escalante, 2018) and several studies identified factors that may influence health care utilization. Hoerster et al. (2011) noted health insurance is a strong predictor to using U.S. health care. Access to health insurance and employer-sponsored health insurance, has been linked to authorized legal status (Asfaw, 2014; Luo & Escalante, 2018; Ravuri, 2017). Farmworkers who are “settled” in the U.S., and those with a diagnosed health condition were found more likely to use U.S. health care (Hoerster et al., 2011; Luo & Escalante, 2018; Ward, 2007). Data

collected prior to the ACA implementation, revealed only one-third of farmworkers had some form of health insurance (Hoerster et al., 2011), however, no published studies that utilized NAWS have provided quantitative data on farmworker use of health services or health insurance status for the years following ACA implementation.

Theoretical Framework

Variables selected for investigation were guided by constructs from the Behavioral Model of Health Services Use (Andersen, 1968; Andersen, 1995). The model describes predictors of individual determinants of health care utilization and posits predisposing, enabling, and need factors influence an individuals' use of health services (Andersen, 1995). Since its development, the model has undergone modifications in response to the changing health care industry (Andersen, 1995; Gelberg et al., 2000). The model modification by Gelberg and colleagues, titled The Behavioral Model for Vulnerable Populations (BMVP) (Gelberg et al., 2000) is central to this study. The vulnerable domains focus on resource availability and social structure that are specifically relevant to understanding the health care service use of vulnerable populations (Gelberg et al., 2000). Since its conception, BMVP has been used to evaluate health care service utilization among specific vulnerable populations, including homeless adults (Gelberg et al., 2000; Stein et al., 2007; Stein et al., 2012). Haitian immigrants (Saint-Jean et al., 2011), military patients (Doran et al., 2013), farmworkers (Hoerster et al., 2011), individuals with disabilities (Krahn et al., 2006), substance use disorders (Small, 2016), and those with prostate cancer (Miller et al., 2008).

Gelberg and colleagues BMVP builds upon the original predictors of health services utilization and distinguishes between traditional and vulnerable predisposing,

enabling, and need factors (Gelberg et al., 2000). The model suggests vulnerability influences an individual's ability and opportunity to utilize health care services (Gelberg et al., 2000). For example, traditional predisposing factors are demographic characteristics, such as age, gender, and marital status (Andersen, 1995). Within the vulnerable domain, however, are factors such as level of acculturation, immigration status, mobility, and literacy (Gelberg et al., 2000). Traditional enabling resources are factors such as insurance status, region of residence, and health services resources, while vulnerable enabling factors include community availability of social services and public benefits (Gelberg et al., 2000). Need factors of both traditional and vulnerable domains include self-perception (i.e., perceived need) and objective evaluation (i.e., evaluated need) of health conditions specific to the population (e.g., health status) (Gelberg et al., 2000). The variables examined in this study are listed in Table 1, and demonstrate how the variables correspond with the predisposing, enabling, and need domains of the BMVP.

Predisposing Factors

Ethnicity. The majority of U.S. farmworkers are Hispanic. In the 2015-2016 NAWS, 83% of farmworkers identified themselves as being Hispanic (Hernandez & Gabbard, 2018). Disparities exist in access to medical care between Hispanic and non-Hispanic whites. According to the nationally representative 2005-2010 Medical Expenditure Panel Survey (MEPS) data sponsored by the Agency for Healthcare Research and Quality (AHRQ), the proportion of the Hispanic population having a usual source of health care (56.5%) was significantly lower than that for all other ethno-racial groups (ranged from 69.5% to 77.9%) (Caldwell et al., 2016). Data from the 2014

National Health Interview Survey (NHIS) suggest, when compared to non-Hispanic whites, Hispanics are significantly less likely to have a regular health care provider (55.0% vs. 74.0%) or a doctor visit in the last 12 months (42.6% vs. 58.1%) (Lipton et al., 2019). In addition, Hispanic individuals are less likely than non-Hispanic whites to have participated in preventive care measures (e.g., screening for colorectal cancer, screening of cervical cancer) (Abdus et al., 2015; Canedo et al., 2018; Christopher et al., 2016; Dominguez et al., 2015).

There are numerous explanations for these disparities. Perhaps the most significant factor is the high proportion of Hispanics who are uninsured (Caldwell et al., 2016; Dominguez et al., 2015; Lipton et al., 2019). Rates of uninsured Hispanic adults with Puerto Rican, Central/South American, Cuban and Mexican origins ranged from 20% to 46%, all of which were significantly higher than the uninsured rate for whites (15%) in the 2011-2013 NHIS, even after adjustment for sociodemographic factors (Dominguez et al., 2015). This suggests sociodemographic factors are not solely attributable to the disparities in uninsured rates. Perhaps one source of these disparities in insurance rates is the differential rates of employer-sponsored insurance for working adults. Data from 2017 Census Bureau's American Community Survey (ACS) revealed that Hispanic workers were least likely to have employer-sponsored health insurance (Kaiser Family Foundation, 2018) compared to non-Hispanic whites of all 50 states and Puerto Rico.

While medical insurance rates may play a role in health services utilization, disparities persist after controlling for sociodemographic factors (e.g., insurance coverage, socioeconomic status) (Alcalá et al., 2016). Dominguez et al. (2015) suggest

observed ethno-racial disparities in access to health services are due to multiple factors beyond socioeconomic status and insurance rates such as language and cultural barriers, too few Hispanic healthcare professionals, and perceived discrimination. Data from the California Health Interview Survey (CHIS) suggest Hispanic individuals are less likely to seek health care due to fear of stigma and perceived discrimination in the health care setting (Abramson et al., 2015). A study of Latinos living in rural Oregon found over one-third of participants (39.5%) experienced discriminatory practices in health care (Maxwell et al., 2015). When stratified by immigration status, foreign-born Latinos (44.9%) were more likely than U.S.-born Latinos (31.9%) to experience perceived discrimination based on race, ethnicity, or skin color (Maxwell et al., 2015). In sum, past research demonstrates health services utilization is lower among Hispanics. Individual level factors that may be involved (i.e., educational attainment, English language proficiency, immigration status, income, health status, and sociodemographic factors) are examined in more detail below.

Educational attainment. The average educational attainment by U.S. farmworkers is eighth grade; only 30% completed grades 10, 11, or 12 according to the 2015-2016 NAWS research report (Hernandez & Gabbard, 2018). Jansen et al. (2018) suggest low educational attainment can contribute to suboptimal use of health care services. Among Hispanic individuals interviewed in the 2013 MEPS Survey, educational attainment was significantly associated with health services utilization (Canedo et al., 2018). The relationship between the utilization of health services and educational attainment among farmworkers is complex. Data from a study conducted using 2000 – 2012 National Agricultural Workers Survey (NAWS) indicated higher education level

was significantly associated with the use of foreign health services, however, educational attainment was not significantly associated with U.S. health care utilization (Luo & Escalante, 2018), or adherence to mammogram recommendations for female farmworkers (Palmer et al., 2005).

English language proficiency. In the U.S., health and safety information is often readily available in English, so being able to fluently speak, read, and understand English may allow farm workers access to important information. Workers of limited English proficiency (LEP) may not be given job-related training because farm operators, often, only speak English (Ramos et al., 2016). Proficiency in more than one language (i.e., English and Spanish) may open opportunities for a farmworker to move into a higher-level position such as supervisor or crew chief. Hall and Greenman (2015) suggest English proficient farm workers are less likely to encounter job-related exposure to repetitive motions and physical strain. In addition, being LEP may decrease access to social insurance programs (e.g., health insurance and workers' compensation) (Padilla et al., 2014).

According to the 2015-2016 NAWS Research Report, Spanish was the primary language for 77% of farmworkers and English was the primary language for 21% (Hernandez & Gabbard, 2018). A significant majority of farm workers do not read (41%) or speak (30%) English at all (Hernandez & Gabbard, 2018). A report by the Secretary of Health and Human Services, suggested limited English proficiency was likely a barrier to the receipt of medical care for farmworkers (Leavitt, 2007). A similar assessment of farmworker linguistic characteristics was made in a literature review (Arcury & Quandt, 2007). Farmworkers from different regions of Mexico or Latin American countries may

speak a national or regional dialect other than Spanish (Arcury & Quandt, 2007) such as the indigenous (Native American) languages Mixtec, Nahuatl, or Purépecha. For these farmworkers, Spanish may be a foreign language. In past studies, farmworkers have noted language as a major barrier to health services utilization (Hoerster et al., 2011; Luo & Escalante, 2018; Rose & Quade, 2006). A study by Cheng et al. (2007) revealed a statistically significant difference in the rate of health service utilization highest among non-Hispanic whites (57%) and lowest among Hispanics uncomfortable speaking English (35%). Similarly, data from the 2003 - 2005 Behavioral Risk Factor Surveillance System (BRFSS), demonstrated individuals who completed the interview in Spanish were significantly less likely to have a personal health care provider, health insurance, and/or a routine checkup in the last five years (DuBard & Gizlice, 2008).

The patient-provider communication gap contributes to disparities in health care utilization (Arcury & Quandt, 2007; Hoerster et al., 2011; Villani & Mortensen, 2014). Data from the 2001 Health Care Quality Survey suggest limited English-speaking Hispanics were more likely to report disrespect from their provider (Johnson et al., 2004). In addition, data from the 2007 – 2009 MEPS suggest Spanish-speaking Hispanics were more dissatisfied with provider communication and medical care than were English-speaking Hispanics (Villani & Mortensen, 2014). Having a Spanish-speaking provider, however, may not be associated with increased health care utilization due to linguistic differences within Hispanic populations (Villani & Mortensen, 2014). Nonetheless, past research has found that Spanish language use appears to be associated with utilization after controlling for sociodemographic and access factors (DuBard & Gizlice, 2008; Hoerster et al., 2011; Luo & Escalante, 2018). In sum, as suggested in the literature

review by Arcury and Quandt (2007), LEP may be a major barrier to health services utilization among farmworkers but may not be the most impactful factor. Therefore, further investigation is warranted of the impact language and literacy may have on health services utilization among farmworkers.

Immigration status. Data from the 2015-2016 NAWS Research Report indicate that the farmworker population is largely made up of Mexican-born immigrants (69%), and slightly more than half of all farmworkers (51%) had authorization to work in the United States (Hernandez & Gabbard, 2018). The remaining farmworkers are U.S. citizens (29%), legal permanent residents (21%), and employment-eligible on some other basis (1%) (Hernandez & Gabbard, 2018). Lack of legal status is thought to be one significant barrier to healthcare utilization among farmworkers (Luo & Escalante, 2018).

Immigration status is associated with health services utilization (Luo & Escalante, 2018). Data from the 2009 – 2010 California Health Interview Survey (CHIS) revealed that undocumented immigrants were least likely to report having a usual source of care or using preventive health care services when compared with other Hispanic groups (both immigrant and U.S.-born) and U.S.-born whites (Pourat et al., 2014). Immigrants in the United States face barriers to health care utilization, including socioeconomic status factors, LEP, and difficulty obtaining health insurance (Sarría-Santamera et al., 2016). Undocumented immigrants are especially vulnerable (Pourat et al., 2014), however, the barriers foreign-born immigrants face in obtaining health insurance are likely strong sources of racial and ethnic health care disparities.

Rates of insurance coverage are low for immigrants and especially those who are undocumented. For example, in CHIS, undocumented immigrants were found to have the

highest uninsured rate (52.2%), followed by LPR (27.7%), naturalized citizens (16.0%), and U.S.-born individuals (13.8%) (Navarro et al., 2017). Similarly, data from the 2015 Latino National Health and Immigration Survey also showed the highest uninsured rate among undocumented immigrants (49%), followed by LPR (33%), and naturalized citizens (18%) (Sanchez et al., 2017). Undocumented immigrants were more likely to be uninsured and less likely to gain insurance after controlling for other factors (e.g., language, education, income) (Sanchez et al., 2017). Additionally, undocumented immigrants and legal permanent residents were uninsured the longest when followed over time (Sanchez et al., 2017). According to the 2010 Survey of Income and Program Participation (SIPP) data, disparities in health insurance coverage can be explained by differential rates of employer-sponsored health insurance offered to citizens and non-citizens (Cawley et al., 2015).

Public health insurance can be a resource for individuals and families who do not obtain insurance through their employer. Immigrants, however, face significant barriers to obtaining public health insurance (Bojorquez & Fry-Bowers, 2019). One significant barrier coverage stems from the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which renders immigrants ineligible for publicly funded coverage, such as Medicaid, until five years after arrival in the United States (Bojorquez & Fry-Bowers, 2019; Bustamante et al., 2018). Many public programs require applicants to have legal status (Artiga et al., 2017), hence barriers to obtaining publicly funded coverage are greater for undocumented immigrants. While barriers to insurance may influence access to health care for immigrants, these factors likely contribute to the disproportionately low rates of health services use among immigrants. Little is known

about how immigration status influences the use of health services among farmworkers and further assessment of the relationship is warranted.

Additional demographic variables. According to the 2015-2016 NAWS data, the farmworker population is predominantly male (68%) with an average age of 38 and more than half are married (57%) (Hernandez & Gabbard, 2018). Age, sex, and marital status all have been found to be associated with health care utilization (Hoerster et al., 2010) and with the use of mental health services (Deb & Miller, 2017). In regards to gender, population-based studies have found women report higher rates of health care use than men (Bertakis et al., 2000; Keene & Li, 2005; Koopmans & Lamers, 2007; Manuel, 2018) for certain types of health services. For example, women are more likely to utilize primary care services (Koopmans & Lamers, 2007; Manuel, 2018), whereas, men are more likely to use hospital and emergency services (Bertakis et al., 2000).

The association of demographic variables with health care utilization have been examined among farmworkers. Among California farmworkers, women were more likely than men to have used health care services in the previous two years (Hoerster et al., 2010). A study of male Oregon farmworkers revealed younger participants aged 18-44 were less likely than participants 45 years or older to have ever used medical and dental care services (López-Cevallos et al., 2014). Similarly, age and marital status were significantly associated among farmworkers who sought a dental visit in the previous year while living in Fresno County (Finlayson et al., 2010).

Enabling Factors

Income. Data from the 2015-2016 NAWS indicated that among farmworkers, the average hourly wage was \$10.60, the average individual income ranged from \$17,500 to

\$19,999, and the average family income ranged from \$20,000 to \$24,999, meaning that 33% of the farmworkers interviewed were living below the poverty level (Hernandez & Gabbard, 2018). The fact that farmworkers have low annual incomes has been cited as a primary barrier to receipt of services in a report produced by the Secretary of Health and Human Services (Leavitt, 2007) and also by farmworkers (Finlayson et al., 2010; Hoerster et al., 2011; Luo & Escalante, 2018). Income may be associated with health care use due to its association with health insurance coverage. Data from the 2013 NHIS indicate that Hispanic individuals were the least likely ethno-racial group to be insured, regardless of income (Dominguez et al., 2015). Roberts (2006) suggests that among low-tier income Hispanic workers, only 34.7% obtained employer-sponsored health insurance, as opposed to 72.9% of workers in the high-tier income bracket. Therefore, income may have an association with health insurance coverage, but this relationship does not exclusively explain the association between income and health services utilization.

Health insurance. Fewer than half (47%) of farmworkers interviewed in the 2015-2016 NAWS reported having health insurance (Hernandez & Gabbard, 2018). Among insured farmworkers in the 2015-2016 NAWS survey, insurance was provided by their current farm employer (29%), the spouse's employer (6%), the government (43%), individual purchase (spouse or worker) (12%), or other means (7%) (Hernandez & Gabbard, 2018). It is likely that some of the characteristics of the agricultural industry interfere with access to insurance. For example, farmworkers reported they worked for their current employer an average of seven years, but 26% had worked for their current employer for one year or fewer (Hernandez & Gabbard, 2018). Additionally, 19% of the

farmworkers interviewed were migrants (Hernandez & Gabbard, 2018). Past research has shown health insurance is positively associated with the use of preventive care, outpatient services, inpatient care, and acute care in outpatient settings (Buchmueller et al., 2005). However, lack of insurance is a common barrier to health service utilization. In the United States, only one of every three farmworkers have health insurance (Reid & Schenker, 2016).

There are eligibility restrictions to obtaining public benefits that are barriers to health insurance. Rates of public healthcare coverage (i.e., Medicaid) are low among farmworkers, despite having low annual income and this is likely due to the requirements for eligibility (Leavitt, 2007). The PRWORA of 1996 and citizenship requirements add limitations on eligibility for public benefits (e.g., temporary assistance for needy families (TANF), supplemental security income (SSI), supplemental nutrition assistance program (SNAP)) (Bojorquez & Fry-Bowers, 2019). Other barriers to Medicaid access include lack of plan portability among states; lengthy application processing time, migration patterns of the workforce (Luo & Escalante, 2018); and fear that application may jeopardize family members who are undocumented immigrants (Bojorquez & Fry-Bowers, 2019). In addition, farm work can be seasonal, therefore inflation of income estimates may render farmworkers ineligible for public healthcare coverage and benefits when current monthly versus annual income is used to estimate poverty status (Leavitt, 2007). Monthly versus yearly incomes could be skewed since the average yearly number of workdays for farm laborers is 196 (Hernandez & Gabbard, 2018), whereas, for a 52 workweek full-time (i.e., 40 hours per week) employee, the average yearly number of workdays is 261 (U.S. Office Of Personnel Management, 2019).

Access to Transportation. It is important to assess the availability of transportation for travel to health care facilities. Many farmworkers lack access to reliable transportation and often pay for a ride from a *raitero* to the nearest supermarket, farm or field, or to go to a health care provider when needed (Reid & Schenker, 2016; Sexsmith, 2016). Access to a vehicle is especially relevant to non-urban dwellers, given that their travel to care tends to be significantly longer and access to public transportation can be limited or non-existent (Probst et al., 2007). Transportation logistics have been noted as barriers to health care for farmworkers (Alcalá et al., 2016; Finlayson et al., 2010; Hoerster et al., 2011), and of farmworkers interviewed in the 2015-2016 NAWS, approximately (63%) reported that they own a car, (21%) walked or rode with others, and (15%) rode with a *raitero* (Hernandez & Gabbard, 2018). Thus, access to transportation is important to consider when exploring accessibility and utilization of health services.

Need Factors

Health status. Andersen (1995) postulates health status influences utilization of services because people often are motivated to seek care if they have either an acute or chronic condition. The diagnosis of acute and chronic diseases among farmworkers is common (Hernandez & Gabbard, 2018), however, despite this fact some perceive their health status to be good. In a 2012 survey conducted among Vermont dairy farmworkers, approximately half reported being in good health (Baker & Chappelle, 2012). When national data on Hispanics, African-Americans, and whites were analyzed, having poor health status was significantly associated with increased utilization of healthcare, hospitalization, and medical expenditures among all three groups (Dominguez et al., 2015). Similarly, findings in another study among Hispanic individuals with at least one

chronic condition reported significantly more utilization of mental health services (Deb & Miller, 2017). Little is known regarding the influence of health status on health service utilization of farmworkers.

Barriers to care. There are multiple barriers to the utilization of health care services amidst farmworkers (Hoerster et al., 2011; Luo & Escalante, 2018; Maxwell et al., 2015). The inability to afford health care, lack of health coverage, and lack of knowledge of how to acquire insurance (Reid & Schenker, 2016; Rose & Quade, 2006) and cost (Finlayson et al., 2010; Hoerster et al., 2010; Luo & Escalante, 2018; Maxwell et al., 2015) are primary barriers. Other access barriers, include lack of transportation (Alcalá et al., 2016; Maxwell et al., 2015; Reid & Schenker, 2016; Sexsmith, 2016), knowledge of how to access services or where to go for care (Arcury et al., 2017), and lack of local health care services (Probst et al., 2007).

Language-associated barriers have been noted (Arcury & Quandt, 2007; Hall & Greenman, 2015; Ramos et al., 2016). Discrimination-associated barriers have also been noted, by farmworkers who report fear of the medical system (Villarejo et al., 2010), of loss of employment (Rose & Quade, 2006), and of immigration officials (López-Cevallos et al., 2014). Past research has speculated that for activities such as cancer screening, embarrassment and lack of understanding regarding need/use of preventive care may be responsible for poor preventive care utilization among farmworkers (Palmer et al., 2005; Saavedra-Embese, 2008). Also, studies have highlighted the use of complementary or alternative medicine (CAM) such as the use of traditional healers, spiritual practices, herbs, and home remedies among farmworkers (Arcury et al., 2016; McCullagh et al., 2015; Weigel & Armijos, 2012) and suggest that trust in these remedies may be thought

as an alternative for health care provider contact. Collectively, few studies have examined the association of barriers with health care services utilization among farmworkers.

The Impact of ACA and Health Care Utilization

The implementation of the 2010 ACA was a major health program that expanded community health center services and expanded Medicaid eligibility for health insurance coverage (Bureau of Primary Health Care, 2015). Past studies have enriched the understanding of how the ACA impacted access to care, insurance coverage, and health care utilization. Examined effects of the ACA on health care utilization using national datasets, (e.g., National Health Interview Survey, American Community Survey, National Survey of Drug Use and Health) were among U.S. young adults (Barbaresco et al., 2015; Jhamb et al., 2015), adults (Wherry & Miller, 2016; Winkelman et al., 2016), low-income groups (Berry et al., 2016; Kaufman et al., 2015), mothers (Karpman et al., 2016), and Latinos (Alcalá et al., 2017). Most studies highlighted increases in the utilization of dental care services (Shin et al., 2015), primary care services (Tipirneni et al., 2015), decreased emergency department visits (Sommers et al., 2016; Wherry & Miller, 2016), and one study noted an increased use of behavioral health services (Commonwealth of Kentucky, 2015).

Several studies demonstrate increases in health care utilization in states following Medicaid expansion compared to non-expansion states (Gray et al., 2016; Simon et al., 2017; Wherry & Miller, 2016). Simon et al. (2017) noted Medicaid expansion increased use of several types of preventive care, such as breast exams, mammograms, and dental visits among childless adults. In addition, one study noted a larger increase in individuals with a chronic health condition who utilized regular care in two expansion states

compared to a non-expansion state (IMS Institute, 2015). Some studies, however, did not find significant effects on the utilization of health services, as noted on specialist visits (Wherry & Miller, 2016), overnight hospitalization and on office visits (Sommers et al., 2016). Wherry and Miller (2016) suggest that changes in health care utilization may take more than one year to emerge, so in these studies it may have been too soon to observe changes in these specific areas of utilization.

States that participated in Medicaid expansion demonstrated improved health service utilization and access to care that lead to an increase in physician diagnosis of chronic conditions (Kaufman et al., 2015; Wherry & Miller, 2016). States demonstrated health care providers experienced an increase in Medicaid patient volume following expansion (Gray et al., 2016) and results were mixed regarding health care provider capacity to meet the demands of increased care (Artiga et al., 2015; Shin et al., 2015). Courtemanche et al. (2017), found that the ACA implementation with Medicaid expansion, on average, increased insurance coverage by 5.9% in 2014, while implementation of the ACA without Medicaid expansion increased coverage by 3%. Many studies showed Medicaid expansion states noted large reductions in lack of insurance rates that exceeded rates in states that did not participate in Medicaid expansion (Buchmueller et al., 2016; DiPietro et al., 2014; Sommers et al., 2016).

Chapter III

Methodology

This chapter describes the study objectives, design, data collection, analytic approach, and protection of human subjects. The purpose of this research was to examine health care access and utilization among U.S. farmworkers following the implementation of the ACA in 2010 and has the following aims:

Primary Aim

- I. Apply the BMVP with a national sample of farmworkers to describe the predisposing, enabling, and need factors with U.S. health care utilization.

Secondary Aims

- I. Describe the predisposing, enabling, and need factors that are independently associated with U.S. health care utilization.
- II. Determine the odds of U.S. health care utilization as accounted for by the BMVP predisposing, enabling, and need factors.

Research Design

The study applied a retrospective cross-sectional design using NAWS secondary data collected from 2011 to 2014. NAWS researchers estimated the number of farmworkers in a given region and at a given time each year based on crop labor estimates from the U.S. Department of Labor's Bureau of Labor Statistics and the U.S. Department of Agriculture in order to identify the target number of farmworkers to interview (Hernandez & Gabbard, 2018). The U.S. farmworkers surveyed each year are independent samples; each individual farmworker was interviewed once at a specific point in time with no follow-up.

Study Conduct

The National Agricultural Workers Survey (NAWS) uses multi-stage sampling, due to the regional and seasonal fluctuations in the number of farmworkers, and interview cycles take place during February, June, and October of each year (Labor, 2017b; USDOL, 2010). Estimates of the number of farmworkers are based on crop labor estimates by regions to determine the size of the sampling so that interviews are conducted with a sample in proportion to the size of the farmworker population (Labor, 2017c). Sampling locations include all states in the continental U.S. that are divided into 12 U.S. regions, which are aggregated from 17 USDA-designated regions (Labor, 2017b). The 12 U.S. regions do not include Alaska, Hawaii, or other territories under control of the United States (NAWS, 2014).

Sampling Selection

There are four different levels of sampling within each region, proportional to region size: Farm Labor Area (FLA), county, employer, and farmworker. The primary sampling units are FLAs and there were 90 in the U.S. for fiscal year 2012 (NAWS, 2012b). A FLA is composed from groupings of multiple counties and the size of a FLA refers to the amount of farm labor expenses of the district determined by the USDA Census of Agriculture supplies (NAWS, 2012). Resulting FLAs account for varying county sizes. Counties are then selected using probability proportional to the amount of farm labor expenses and data from the BLS and the Agricultural Soil and Conservation Service determine the list of agricultural employers within selected counties (NAWS, 2012b). Agricultural employers are identified with simple random sampling (Labor, 2017c) and once employers agree to have their employees participate in the study,

farmworkers are randomly selected from the workplace (Labor, 2017c). The sampling frame of workers is constructed after contact with the agricultural employer (NAWS, 2012b). The number of employed farmworkers from each employer determines the number of farmworkers selected for interview (NAWS, 2012b). The maximum number of interviews for an employer with fewer than 25 farmworkers is five; whereas, the maximum number of interviews for employers with 76 or more workers is 12 (NAWS, 2012b).

Study Population

Setting

NAWS conducts face-to-face interviews by trained surveyors at the farmworker worksite or in another place the farmworker chooses and in the preferred language of the farmworker (U.S. Department of Labor, 2017b). The Department of Labor contracts with JBS International, Aguirre Division for the conduct and data processing of the survey (NAWS, 2012b). The exact training procedures are considered proprietary and were not published or shared by the contracted private firm JBS International, Aguirre Division (NAWS, 2012b). Handouts, however, given to the interviewers on how to contact and to select farmworkers are publicly available (Appendix C). For this analysis, data from the 2011 (n=1,520), 2012 (n=1,505), 2013 (n=1,412), and 2014 (n=2,823) fiscal year administrations of the NAWS were used, yielding a total of 7,260 farmworker respondents.

Survey Subject Selection Criteria

Eligible farmworkers were those who perform a number of agricultural tasks and hold a variety of job titles, including field workers, field packers, supervisors, and can

include those who simultaneously hold non-farm jobs (U.S. Department of Labor, 2017c). In order to be included, the farmworker must be hired by an eligible establishment as classified in the North American Industrial Classification System as Crop Production (NAICS code 111) or as Support Activities for Crop Production (U.S. Department of Labor, 2017c) (NAICS code 1151). The NAICS 111 includes establishments such as farms, orchards, greenhouses, and nurseries that are primarily engaged in growing crops, plants, or trees and their seeds whereas NAICS 1151 includes establishments primarily engaged in providing support activities for growing crops (U.S. Department of Labor, 2017c).

Survey Subject Exclusion Criteria

Ineligible farmworkers include individuals working with poultry, livestock, or fish, or secretaries, mechanics, or H-2A foreign temporary workers (U.S. Department of Labor, 2017a). Persons employed at eligible establishments who do not perform crop-related work are not surveyed (U.S. Department of Labor, 2017a). In addition, NAWS does not include farmworkers who have not worked for over a year and who are less than 14 years old (NAWS, 2012b).

Data Collection Instrument

The NAWS questionnaire is available in two languages; English (Appendix A) and Spanish (Appendix B). The NAWS core content remained the same from 2011 – 2014 and captures demographic information; employment and migration; worksite and earnings characteristics; health and housing; and assets, income, social services, and legal status.

Demographic Information

Demographic data collected include the respondent's information as well as all household members, including age, gender, relationship to respondent, place of birth, education level, and the month and year the worker first entered the United States if foreign-born. Respondents report their race and ethnicity, and primary language as well as rating their English speaking, reading, and writing proficiency (not at all/a little/somewhat/ well) (NAWS, 2013).

Employment and Migration

A work grid is used to gather information about characteristics of past and current employment including: number of work days per week; receipt of unemployment benefits; type of crop labor; geographic location; and if spouse and/or children also performed farm work (NAWS, 2013). Through utilization of the work grid, the interviewers compiled a 12-month retrospective employment and migration profile (U.S. Department of Labor, 2018) that includes the respondent's primary crop and farm task, type of non-agricultural work if employed off the farm, periods of unemployment, and time spent outside of the U. S. (NAWS, 2013)

Worksite and Earnings Characteristics

Information was collected on worksite safety training, hourly earnings, including payment method (piece or hourly), monetary bonuses, insurance benefits (e.g., health insurance, workers' compensation and unemployment insurance), and availability of water and toilets at the worksite (U.S. Department of Labor, 2018).

Health and Housing

Respondent medical history, use of foreign and U.S. health services, and the location and type of housing (e.g., rents from employer, rents from non-employer, owns a home) were collected (U.S. Department of Labor, 2018). Questions regarding medical history specifically examine respondent diagnosis of certain diseases, including asthma, diabetes, high blood pressure, tuberculosis, heart disease, and urinary tract infection (NAWS, 2013). Data is also collected on respondent use of medication for the aforementioned diseases. No data on farmworker personal substance use, such as illicit drugs, alcohol, or tobacco were available in this survey.

Assets, Income, Social Services, and Legal Status

Information about the respondent's assets in and outside of the U. S., personal and family income, use of social services, and legal status are collected. Respondents can indicate utilization of specific social programs including Medicaid; Women, Infant, and Children (WIC); TANF; disability insurance; unemployment insurance; and SSI (NAWS, 2013). Additionally, respondents could indicate receipt of benefits from social programs including food stamps, veteran's pay, low income housing, disaster relief, and legal services (NAWS, 2013).

Measures**Outcome Measure**

The question, "In the last two years in the U.S.A., have you used any type of health care services from doctors, nurses, dentists, clinics, or hospitals?" is the dichotomous outcome variable. To further characterize farmworker health care service use, the site of where U.S. health care was received (e.g., Community Health Center,

Emergency Room, Hospital, Migrant Health Clinic) was examined using the location, which was only asked of respondents who answered affirmatively they had used health care in the previous two years.

Predisposing Factors

Ethnicity (Hispanic vs. non-Hispanic), Gender (male vs. female), marital status (married vs. not), and country of origin (U.S.-born vs. not) were recorded as dichotomous variables. Age, and educational attainment (i.e., highest grade level completed) was captured as continuous variables. To create the ethnicity variable, respondents who responded they were Hispanic (e.g., Chicano, Puerto Rican, Mexican, and Mexican-American) were coded as Hispanic. Respondents who did not report being Hispanic/Latino, but related being White, American Indian/Alaskan Native/ Indigenous, Asian, Pacific Islander, Black/African-American, Native Hawaiian, or Other were coded as non-Hispanic. Ethnicity was used in the present study to characterize if the respondent is of Hispanic origin or not. Race was not included in the analysis because Hispanics may report as any race.

Three categories were used to capture legal status: being a U.S. citizen; having green card or being authorized to work; and unauthorized. Four categories characterized English speaking proficiency and four categories characterized English reading proficiency, as two separate variables, using the respondent's self-reported ability to read or speak English. Respondents reported their degree of English speaking proficiency as well, somewhat, a little, or not at all. The same scale was used to report their reading proficiency.

Enabling Factors

The health care payment method that covered majority of the cost of utilized health services by respondents in the previous two years was described (e.g., Out of pocket, Employer, insurance). A dichotomous variable of health insurance (has health insurance vs. none) was used. To further characterize health insurance status, categorical variables of Medicaid (Medicaid vs. none) and insurance sponsor (employer, government, or other) was reported. A question regarding respondent ownership of a car or truck in the United States was used to assess access to transportation. Annual total income was a categorical variable created by using the respondent's self-reported annual income based on the 2011 U.S. Federal Poverty Level (FPL) guidelines of a one-person household (Q1Medicare, 2020). To characterize annual income, categories of did not work at all, below FPL (<\$10,000), at FPL (\$10,000-\$12,499), above FPL (\$12,500 – 17,499), and 150% above FPL (\$17,500-over \$40,000) were created. To control for use of healthcare services outside of the United States, a dichotomous variable of whether the respondent had received care outside (i.e., foreign health care) of the United States in the past two years was used.

Need Factors

A health status dichotomous variable (i.e., diagnosis of health condition vs. none) was created by using questions of whether the respondent had ever been diagnosed with a health condition (e.g., asthma, diabetes, high blood pressure, tuberculosis, heart disease, and other), as well as creating a categorical variable of each health condition reported. Respondents also provided information about whether they had experienced difficulty in obtaining needed health care. A dichotomous barrier to care variable was created (i.e., ≥ 1

barrier reported vs. none), as well as a categorical variable of each barrier to care that was reported.

Analytic Approach

Weighting Scheme

The NAWS provides access to post-sampling weights to account for probability of inclusion in the sample in order to improve generalizability of findings. The weight to analyze multiple years of combined data is “pwtycrd” and to analyze only one year of data is “pwtcrd.” The 2011-2014 NAWS sample is composed of working farmworkers that were interviewed based on agricultural employers who agreed for their workers to participate. Due to the sampling scheme, this sample is not truly representative of the farmworker population. In addition, applying the post-sampling weights would limit the ability to apply a multivariate regression model to the data (Kott, 2007; Winship and Radbill, 1944). Accordingly, the descriptive, bivariate, and multivariate results of the study were derived from unweighted data.

Descriptive and Bivariate Analyses

Statistical Package for Social Sciences (SPSS) version 24 was used to calculate the weighted and unweighted descriptive statistics such as means and standard deviations for continuous variables, and proportions for categorical variables of the predisposing, enabling, and need factors. SPSS was also used to assess the unweighted and weighted bivariate associations between U.S. health services utilization and each predisposing, enabling, and need factor. Chi-squared tests were employed to analyze the association between categorical variables and the categorical outcome. One-way analysis of variance (ANOVA) was employed to analyze continuous variables and the categorical outcome.

Descriptive and bivariate data was presented for the full sample as well as stratified by year.

Multivariate Analysis

Independent variables that have a p-value of less than 0.05 in the bivariate analyses were considered statistically significant and included in a multivariate binary logistic regression to determine factors associated with health care service utilization. In the multivariate model, the legal status reference group was “unauthorized,” the income reference group was “did not work at,” the English speaking and reading proficiency reference groups were “not at all.” Logistic regression models were utilized to compute prevalence odds ratios (OR) and 95% Wald confidence intervals (CI).

Missing Data

All variables with at least one missing value were explored to ensure values are missing at random. Langkamp et al. (2010) suggest when 10% of cases are missing within a large data set, it is more appropriate to use imputation than to omit cases with missing values. The public data files of the 2011-2014 NAWS indicate missed and imputed values for all cases. Pertinent imputed values included barriers to care (NQ10A-NQ10M) and insurance status (A21a) “7” was imputed for don’t know, and income (G1) “97” was imputed for don’t remember. Variables asked exclusively of respondents who answered affirmatively that they had used health care (e.g., health care payment method, source of care) were analyzed to identify “555” as logical missing cases (i.e., missing due to no health care use) and “97” for don’t know. Insurance sponsor variables (A23a3, A23a5, and A23a6) that were asked exclusively of respondents who answered

affirmatively that they possessed insurance were analyzed to identify the logical missing (i.e., missing due to lack of insurance) as “555.”

Power

In order to achieve 90% power with a 95% confidence interval and an odds ratio of 1.3 or greater, the required sample size needs to be at least 925 respondents. The 2011 – 2014 NAWS secondary dataset yields 7,260 farmworker respondents

Data Access Plan

Data from the 2011 – 2014 NAWS are available for public use from <https://www.doleta.gov/naws/public-data/public-data-files-in-excel-and-csv-formats/>. The NAWS public codebook and information regarding access to the NAWS English and Spanish questionnaires can be accessed from <https://www.doleta.gov/naws/public-data/public-data-codebook-and-questionnaire/>.

Protection of Human Subjects

This study was conducted using de-identified previously collected data. The data were delivered in the form of a secure computerized file and no original documents were provided. An Institutional Review Board (IRB) application was submitted to the University of San Diego on April 5, 2018, and Exempt status was granted on April 5, 2018 (Appendix D). Study personnel completed required CITI human subject’s protection training before the study was initiated.

Chapter IV

Study Results

The purpose of this study was to characterize health care access and utilization among U.S. farmworkers following ACA implementation. Farmworkers were examined using the National Agricultural Workers Survey (NAWS) data collected from 2011-2014. The study has the following specific aims:

Primary Aim

- I. Apply the BMVP with a national sample of farmworkers to describe the predisposing, enabling, and need factors, with U.S. health care utilization.

Secondary Aims

- II. Describe the predisposing, enabling, and need factors that are independently associated with U.S. health care utilization.
- III. Determine the odds of U.S. health care utilization as accounted for by the BMVP predisposing, enabling, and need factors.

It is important to recognize the survey data is based upon the perception of the agricultural worker responding to the survey question. Sampling and self-report bias were considerations during the analysis and interpretation of the NAWS survey data.

Importantly, only working farmworkers were interviewed based on agricultural employers who agreed to participate. Therefore, this sample is not truly representative of the farmworker population. The results presented in this chapter are derived from unweighted data. The 2011-2014 NAWS provides access to weighted data, however, this would limit the ability to apply a multivariate regression model to the data (Kott, 2007; Winship & Radbill, 1994) and it would be ill-suited given the sampling scheme. Using

the unweighted data for analysis is appropriate for the specific aims of this research study.

Descriptive Data: Analysis of Health Care Use and BMVP Factors

Aim 1: Apply the Behavioral Model for Vulnerable Populations with a national sample of farmworkers to describe the predisposing, enabling, and need factors, with U.S. health care utilization

Descriptive unweighted full sample data of the BMVP predisposing, enabling, and need factors, and health care use are presented in Tables 2 and 3. Fiscal years 2011, 2012, 2013, and 2014 were also analyzed yearly as presented in Appendices E and F. The majority of farmworkers were male, married, Hispanic, foreign-born, uninsured and in their late-30s, with low educational attainment and a family income of less than 150% of the federal poverty level. Approximately half reported being unauthorized to work and slightly fewer than half (40%) reported not owning a car in the U.S. The majority of farmworkers reported “a little” or “not at all” in English speaking and reading proficiency and this was consistent across fiscal years. Over half of farmworkers reported having used U.S. health care in the previous two years (62%, 57%, 63%, 59% and 60% for fiscal years 2011, 2012, 2013, 2014, and the full sample, respectively). Less than one-twelfth reported having used health care outside the U.S. and nearly half (45%) related having experienced at least one barrier to health care.

Table 2.

Descriptive Data of U.S. Farmworker Demographics; Unweighted Full Sample, 2011-2014

	Full Sample	
unweighted n=	7, 260	
Mean (SD) Age	39 (13.23)	
Mean (SD) Years of Education	8 (4.16)	
	n	Proportion (%)
U.S. Born	1603	22%
Foreign Born	5657	78%
Male	5597	77%
Female	1663	23%
Married	4552	63%
Not Married	2693	37%
Non-Hispanic	1099	15%
Hispanic	6098	84%
Health Insurance		
Insured	2254	31%
Uninsured	4974	69%
Access to Transportation		
Yes	4417	61%
No	2841	39%
English Speaking Proficiency		
Not at all	2074	29%
A little	2442	34%
Somewhat	885	12%
Well	1839	25%
English Reading Proficiency		
Not at all	3013	42%
A little	1826	25%
Somewhat	608	8%
Well	1781	25%

Table 3.

Descriptive Data U.S. Farmworker Health Care Utilization and BMVP Factors; Unweighted Full Sample; 2011-2014

	Full Sample	
unweighted n=		7,260
	n	Proportion (%)
Utilized U.S. Health Care	4360	60%
Did Not Utilize U.S. Health Care	2898	40%
Utilized Foreign Health Care	572	8%
Did Not Utilize Foreign Health Care	6654	92%
Endorsed Barrier to Care		
Yes	3187	45%
No	3959	55%
Income		
Did not work at all	248	4%
Below Federal Poverty Level	833	12%
At Federal Poverty Level	596	9%
Above Federal Poverty Level	4441	64%
150% Above Federal Poverty Level	831	12%
Legal Status		
U.S. Citizen	1951	27%
Authorized to Work	1639	23%
Unauthorized	3602	50%
Health Care Payment Method		
Out-Of-Pocket	1995	47%
Individual Health Plan	1210	28%
Free Clinic	403	9%
Employer-Sponsored Health Insurance	670	16%
Medicaid		
Yes	2684	37%
No Medicaid	4571	63%
Health Status		
>1 Chronic Dx	1526	21%
No Chronic Dx	5734	79%

Barriers to care. The perceived barriers to health care most commonly reported for the full sample were cost (29.1%) and the opinion health care services were not needed (12.3%). Other barriers conveyed by fewer than 5% of farmworkers were language (2.8%), undocumented legal status (1.2%), lack of transportation (1%) don't know where health services are available (0.6%), doesn't provide needed services (0.5%), not open when needed (0.5%), will lose my job (0.4%), don't understand my problems (0.4%), don't feel welcomed (0.4%) and other (1.6%).

Lifetime Diagnosis of a Chronic Condition. Fewer than one-quarter (21%) of farmworkers related a diagnosis of a health condition in their lifetime for the full sample. The most commonly reported health conditions were high blood pressure (8.9%) and diabetes (5.7%). Health conditions related by fewer than 5% of farmworkers, included asthma (2.9%), tuberculosis (0.6%), heart disease (0.8%), urinary tract infections (1.4%), and other (5.3%).

Farmworkers who Utilized Health Care

Descriptive unweighted data of farmworkers who utilized health care are presented in Table 4. Individual fiscal year data of farmworkers who utilized health care were also analyzed as presented in Appendix G. Source of care results were consistent across fiscal years 2011 to 2014 and for the full sample. Among farmworkers who utilized health care, participants mostly sought health care services in a private clinic (37%), community health center (32%), or other (18%). Few farmworkers sought medical treatment from a migrant health clinic (2%) or hospital (11%). The health care payment method used among farmworkers was also consistent across fiscal years and for the full sample. Nearly half (47%) of farmworkers paid their bill out of pocket, followed by an

individual health plan (28%), employer-sponsored health plan (14%), and care at a free clinic (9%).

Table 4.

Descriptive Data of Source of Care and Health Care Payment Method, among U.S. Farmworkers who Utilized Health Care; Unweighted Full Sample 2011-2014

Full Sample		
unweighted n= 4360		4,360
	n	Proportion (%)
Source of Care		
Community Health Center	1379	32%
Private Clinic	1586	37%
Hospital	491	11%
Migrant Health Clinic	83	2%
Other	774	18%
Health Care Payment Method		
Out-of-Pocket	1995	47%
Indiv. Health Plan	1210	28%
Free Clinic	403	9%
Employer Sponsored Health Insurance	670	16%

Insured Farmworkers

Descriptive unweighted data of farmworkers who were insured are presented in Table 5. Individual fiscal year data of insured farmworkers were also analyzed as presented in Appendix H. Among the full sample of participants who were insured, the majority insurance sponsor was by the employer (49%) or government (33%). The proportion of insured farmworkers with insurance sponsored by an employer decreased across all fiscal years (58%, 57%, 49%, 43%, for fiscal years 2011, 2012, 2013, and 2014

respectively). Whereas, the proportion of insured farmworkers sponsored by the government increased from 2013 (28%) to 2014 (41%).

Table 5.

*Descriptive Data of Insurance Sponsor among Insured U.S. Farmworkers;
Unweighted Full Sample 2011-2014*

		Full Sample
unweighted n= 2,254		2,254
	n	Proportion (%)
Insurance Sponsor		
Employer	1103	49%
Government	730	33%
Other	405	18%

Bivariate Analysis: BMVP Factors Associated with Health Care Use

Aim II: Describe the predisposing, enabling, and need factors that are independently associated with U.S. health care utilization

Predisposing Factors. Unweighted bivariate associations between predisposing factors and health care use of the full sample are presented in Table 6. Fiscal years 2011, 2012, 2013, and 2014 were also analyzed independently as presented in Appendix I. Of the categorical predisposing factors, country of origin, gender, legal status, race/ethnicity, English speaking proficiency, and English reading proficiency were significantly associated with health care utilization across all fiscal years. Although significant in 2014, the relationships between health care use and marital status were not significant for fiscal years 2011, 2012, and 2013. The highest rates of health care use were reported by farmworkers who were foreign born, male, unauthorized, married, or Hispanic across all

fiscal years. Rates of health care for English speaking and English reading proficiency were different across fiscal years. In 2011, highest rates of health care use reported by participants who reported speaking or reading English well. Whereas in 2012/2013, highest rates of health care use were reported by farmworkers who reported speaking English well or reading English “not at all.” Lastly in 2014 and the full sample, farmworkers who reported speaking English “a little” or reading English “not at all” had the highest rates of health care use.

Of the continuous variables evaluated for the full sample, farmworkers who used health care were older ($M=39.42$ ($STD=13.225$), $F=34.875$, $p<.001$), and had low educational attainment ($M=8.30$ ($STD=4.169$) $F=140.025$), $p<.001$. Mean differences between those who did use health care were dissimilar in fiscal years 2011/2012 age ($M=38.52$ ($STD=13.667$), $F=12.421$, $p<.001$ / $M=38.38$ ($STD=12.84$), $F=4.771$, $p=.029$) and educational attainment: ($M=8.43$ ($STD=4.89$), $F=23.246$, $p<.001$ / $M=8.38$ ($STD=3.962$), $F=34.005$, $p<.001$), as well as for 2013/2014 educational attainment ($M=8.54$ ($STD=3.839$), $F=36.517$, $p<.001$ / $M=8.1$ ($STD=3.993$), $F=49.809$, $p<.001$) and 2014 age $M=40.25$ ($STD=13.218$), $F=15.079$, $p<.001$). The only non-significant mean difference was found for 2013 age ($M=39.82$ ($STD=13.028$), $F=3.627$, $p=.057$).

Table 6.

Bivariate Associations between Predisposing Factors and U.S. Health Care Utilization in 2011-2014; Unweighted Full Sample 2011-2014

unweighted n= 7,260							
<i>Predisposing Factors</i>	Mean	σ	n	% Used U.S. Health Care	F Value	χ^2	p-value
Age	39.42	13.225			34.875		<.001
Education	8.30	4.169			140.025		<.001
Country of Origin						190.76	<.001
U.S. Born			1202	28%			
Foreign Born			3158	72%			
Gender						271.64	<.001
Male			3072	71%			
Female			1288	30%			
Legal Status						283.02	<.001
U.S. Citizen			1456	34%			
Authorized to Work			1006	23%			
Unauthorized			1855	43%			
Marital Status						5.644	.018
Married			2783	64%			
Not Married			1571	36%			
Race/Ethnicity						206.05	<.001
Non-Hispanic			873	20%			
Hispanic			3437	80%			
English Speaking Proficiency						359.84	<.001
Not at all			968	22%			
A little			1409	32%			
Somewhat			582	13%			
Well			1392	32%			

English Reading Proficiency			346.92	<.001
Not at all	1484	34%		
A little	1099	25%		
Somewhat	413	10%		
Well	1351	31%		

Enabling Factors. Unweighted bivariate associations between enabling factors and health care use of the full sample are presented in Table 7. Fiscal years 2011, 2012, 2013, and 2014 were also analyzed independently and presented in Appendix J. Access to transportation, income, and insurance status were significantly associated with health care utilization across all fiscal years and the full sample. Medicaid was significantly associated with health care use for fiscal years 2011, 2012, and 2014. In the 2013 fiscal year administration, however, the relationship between health care use and Medicaid was not significant. The highest rates of health care use were reported by farmworkers who owned a car in the U.S., overall income was above the federal poverty level, uninsured, or did not have Medicaid.

Table 7.

Bivariate Associations between Enabling Factors and U.S. Health Care Utilization in 2011-2014, Unweighted Full Sample 2011-2014

n= 7,260

<i>Enabling Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Access to Transportation			158.236	<.001
Has a car/truck in U.S.	2909	67%		
Does not have a car/truck in U.S.	1449	33%		
Income			108.297	<.001
Did not work at all	121	3%		
Below Federal Poverty Level	532	13%		
At Federal Poverty Level	362	9%		

Above Federal Poverty Level	2553	61%
150% Above Federal Poverty Level	623	15%

Table 7. (continued)

<i>Enabling Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Insurance Status			398.240	<.001
Insured	1741	40%		
Uninsured	2607	60%		
Medicaid			55.427	<.001
Yes Medicaid	1762	40%		
No Medicaid	2596	60%		

Need Factors. Unweighted bivariate associations between need factors and health care use of the full sample are presented in Table 8. Fiscal years 2011, 2012, 2013, and 2014 were also analyzed independently and are presented in Appendix K. Barriers to care and health status were significantly associated with health care use across all fiscal years and the full sample. Farmworkers who did not relate barriers to care had higher rates of U.S. health care utilization.

Table 8.

Bivariate Associations between Need Factors and U.S. Health Care Utilization in 2011-2014, Unweighted Full Sample 2011-2014

<i>Need Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Barriers to Care			569.420	<.001
Endorsed ≥ 1 barrier	1423	33.1		

No barriers endorsed	2870	66.9		
Health Status			645.559	<.001
Endorsed ≥ 1 health condition	1348	30.9		
Did not endorse ≥ 1 health condition	3012	69.1		

Multivariate Analysis: Predicting Health Care Use

Aim III: Determine the odds of U.S. health care utilization as accounted for by the BMVP predisposing, enabling, and need factors

Logistic regression modeling was performed in SPSS version 24. The assumptions for binary logistic regression were met; the dependent variable was a dichotomous categorical variable and the independent variables did not have to be normally distributed, linearly related, or have equal variances within each group (Mertler & Reinhart, 2016). For the unweighted full sample, the model fit significantly better than the null (χ^2 (df=27) =1796.355, $p < .001$) and accounted for 32% of the variance in use of U.S. health care services (Nagelkerke $R^2 = .322$) within this sample. The goodness-of-fit (GOF) of the unweighted regression model was assessed with the Hosmer-Lemeshow test (χ^2 (df=8) =9.103, $p = .334$) which indicated a good logistic regression model fit.

The unweighted logistic regression model of the full sample contained 17 independent variables; two variables controlled for fiscal year and use of foreign health care, while the other 15 variables were categorized by the BMVP predisposing (age, education attainment, gender, country of origin, legal status, marital status, race/ethnicity, English speaking proficiency, English reading proficiency), enabling (access to transportation, income, insurance status, Medicaid), and need (barrier to care, health status) factors. The model correctly classified 72.9% of the cases. A two-tailed p value of

<.05 was considered statistically significant. Unweighted regression coefficients are shown in Table 9.

Farmworkers who were male and Hispanic were significantly less likely to have used health care in the previous two years, as were those who had utilized foreign health care services. Those who reported ability to speak English “well” or “somewhat” (vs. not at all) were 2.05 and 1.54 times more likely to use U.S. health care. Those who reported the ability to read English “a little” (vs. not at all) were 1.23 times more likely to use U.S. health care. No other predisposing factor variables were significantly associated the outcome. Farmworkers who owned a car in the United States, were insured, and have a family member or use Medicaid, were significantly more likely to have used U.S. health care. Among farmworkers who have an annual family income equivalent to 150% above the federal poverty level (vs. did not work) the relationship was significant and positive but was non-significant for the other income categories. Farmworkers who had a lifetime diagnosis of a chronic disease were 7.03 times more likely to have used health care, and those who related barriers to care were 0.39 times less likely to utilize health services.

Table 9.

Binary Logistic Regression of U.S. Farmworker Predisposing, Enabling, and Need Factors Associated with U.S. Health Care Use 2011-2014, Unweighted

Factors	B	S.E.	Wald	p-value	OR	(95% CI)
Fiscal Year			11.677	0.009		
2014 vs 2011	-0.129	0.080	2.621	0.105	0.879	(0.752-1.028)
2013 vs 2011	0.078	0.092	0.711	0.399	1.081	(0.902-1.294)
2012 vs 2011	-0.195	0.090	4.728	0.030	0.823	(0.690-0.981)
Used Foreign Health Care	-0.710	0.113	39.169	<.001	0.492	(0.394-0.614)
Predisposing Factors						
Age	-0.001	0.003	0.252	0.616	0.999	(0.993-1.004)

Educational Attainment	0.015	0.009	2.650	0.104	1.015	(0.997-1.034)
Male	-1.141	0.080	202.867	<.001	0.319	(0.273-0.374)

Table 9. (continued)

Factors	B	S.E.	Wald	p-value	OR	(95% CI)
U.S. Born	0.124	0.195	0.405	0.525	1.132	(0.773-1.657)
Legal Status			0.720	0.698		
U.S. Citizen vs Unauthorized	-0.013	0.162	0.006	0.937	0.987	(0.719-1.356)
Green Card/Other vs Unauthorized	-0.068	0.082	0.687	0.407	0.934	(0.795-1.098)
Married	0.037	0.068	0.293	0.589	1.037	(0.908-1.185)
Hispanic	-0.295	0.139	4.515	0.034	0.745	(0.568-0.977)
English Speaking Proficiency			12.632	0.006		
Speaks English "Well" vs "Not at all"	0.717	0.293	5.970	0.015	2.048	(1.152-3.640)
Speaks English "Somewhat" vs "Not at all"	0.432	0.133	10.547	0.001	1.540	(1.187-1.999)
Speaks English "A Little" vs "Not at all"	0.163	0.094	2.991	0.084	1.177	(0.978-1.416)
English Reading Proficiency			6.126	0.106		
Reads English "Well" vs "Not at all"	-0.139	0.290	0.228	0.633	0.871	(0.493-1.538)
Reads English "Somewhat" vs "Not at all"	0.125	0.149	0.701	0.403	1.133	(0.846-1.518)
	0.209	0.094		0.026	1.232	

Reads English "A Little" vs "Not at all"			4.980			(1.026-1.480)
Enabling Factors						
Owns Car in U.S.	0.444	0.064	47.533	<.001	1.559	(1.374-1.769)

Table 9. (continued)

Factors	B	S.E.	Wald	p-value	OR	(95% CI)
Income			18.298	<.001		
150% Above FPL vs Did not work	0.653	0.195	11.211	0.001	1.921	(1.311-2.815)
Above FPL vs Did not Work	0.260	0.171	2.301	0.129	1.297	(0.927-1.814)
At FPL vs Did not Work	0.342	0.193	3.160	0.075	1.408	(0.965-2.054)
Below FPL vs Did not Work	0.328	0.185	3.150	0.076	1.388	(0.966-1.993)
Insured	0.486	0.074	43.506	<.001	1.625	(1.407-1.877)
Medicaid	0.171	0.065	6.879	0.009	1.186	(1.044-1.348)
Need Factors						
Yes Barrier to Care Endorsed	-0.940	0.061	234.715	<.001	0.391	(0.346-0.441)
Dx of Chronic Disease	1.951	0.098	393.249	<.001	7.033	(5.800-8.528)

Chapter V

Discussion of Findings

The overall purpose of this study was to characterize U.S. farmworker health care utilization after implementation of the Patient Protection and Affordable Care Act (ACA). To achieve that objective three specific aims were presented and analyzed. The theoretical model guiding the study was the Behavioral Model for Vulnerable Populations (BMVP), which posits there are predisposing, enabling, and need factors that influence the use of health care services. The BMVP guided the selection of variables. This chapter will provide a discussion of the findings and implications for health policy and nursing practice.

This research study addressed the following specific aims to assist in the characterization of U.S. health care services utilization among farmworkers following implementation of the ACA from 2011-2014:

Primary Aim

- I. Apply the BMVP with a national sample of farmworkers to describe the predisposing, enabling, and need factors, with U.S. health care utilization.

Secondary Aims

- II. Describe the predisposing, enabling, and need factors that are independently associated with U.S. health care utilization.
- III. Determine the odds of U.S. health care utilization as accounted for by the BMVP predisposing, enabling, and need factors.

Several predisposing, enabling, and need factors were associated with health care use in the bivariate and multivariate analyses. In bivariate tests of association for the full

sample, all factors were significantly associated with U.S. health care use. Many factors remained significant predictors in the multivariate model and were consistent with findings from other health service utilization studies among farmworkers. Over half of farmworkers had used U.S. health care during the previous two years, similar to previous studies of farmworkers (Hoerster et al., 2011; Luo & Escalante, 2018) and U.S Hispanics (Caldwell et al., 2016).

Predisposing Factors Associated with U.S. Health Care Use

When bivariate associations were tested for the unweighted full sample, all but marital status was significantly associated with U.S. health care use. In the multivariate model all predisposing facts were included. Though marital status and age were not statistically significant with the outcome in the bivariate analysis of 2013, the outcomes were independently significantly associated when analyzed using the full sample. As noted in previous studies, farmworkers who were married and older used significantly more health care (Hoerster et al., 2010; Luo & Escalante, 2018). In the multivariate model, gender, and English-speaking proficiency were significantly and independently associated with the outcome. Use of health care outside the United States, a factor controlled in the multivariate model, also was significantly, independently, and negatively associated with health care use. Consistent with previous studies of farmworkers (Arcury et al., 2017; Hoerster et al., 2011; Luo & Escalante, 2018) and Hispanics (Caldwell et al., 2016) men used significantly less health care than did women.

Higher rates of healthcare use were reported by U.S. citizen and unauthorized farmworkers and both were significantly independently associated with health care use in the bivariate analyses. Use of health care reported by U.S. citizens (vs. unauthorized) and

by those with work authorization or a green card (vs. unauthorized) was not significantly associated with the outcome in the multivariate model. Contrary to Hoerster et al. (2011) legal status was not a strong predictor nor a significant factor in the multivariate model of the current study. Hoerster et al. (2011) conducted a NAWS analysis of farmworker U.S. health care use for years 2006 – 2008 and analyzed 4,891 farmworkers using hierarchical linear modeling. The methodological differences and timeframe make direct comparisons challenging, particularly due to the introduction of health care reform, which is the focus of this study.

The ACA was carried out in 2010 by the Obama administration and impacted the farmworker population. The ACA provided states with options to expand Medicaid eligibility to provide health care coverage for adults who are under 65 years old with an annual individual income of up to \$15,000 (Guild et al., 2016). Although the Medicaid expansion does not apply to those with unauthorized legal status (in this sample 3,602 farmworkers (50%) were unauthorized), the ACA designated \$11 billion to community health centers to expand services, open new clinics, and conduct outreach and enrollment, particularly for those who were undocumented and/or lacked health insurance coverage (Guild et al., 2016).

English speaking proficiency was a significant correlate of health care use, consistent with other farmworker studies (Hoerster et al., 2011; Luo & Escalante, 2018). Farmworkers who reported speaking English “well” reported higher rates of use than those who related speaking English “somewhat,” “a little,” or “not at all.” Farmworkers in this current study also related language as a barrier to the use of health care, as found in several previous studies (Arcury & Quandt, 2007; Hoerster et al., 2010; Luo &

Escalante, 2018). Poor English proficiency may impact the quality of health care delivered to the farmworker. Improving services for those with limited English language proficiency would likely increase health services use, as well as improve patient engagement. This potential improvement may be especially true in rural areas, which often lack language-tailored services (Arcury & Quandt, 2007). California requires that health plans, including Medicaid, provide compensation for translation services (SB 853, 2009). Although this legislation seeks to improve the patient–provider communication and quality of care, the benefit is limited to individuals living in California with public or private health insurance. Continuing efforts to improve health care service tailored for those with limited English proficiency may likely improve farmworker use of health care and the quality of care delivered.

Enabling factors associated with U.S. Health care use

While few farmworkers related lack of transportation as a barrier to health care, owning a vehicle in the United States was a significant enabling factor in both the bivariate analyses and multivariate model. Access to transportation can be a critical factor in determining use of medical care, especially in areas where public transportation is not accessible (Probst et al., 2007), and farmworkers have reported transportation issues interfere with receiving medical care (Rose & Quade, 2006). Perhaps, the utilization of more mobile health clinics or telehealth measures as trialed in Price et al. (2013) may improve utilization and the accessibility of health care for the nearly 40% of U.S. farmworkers who do not own a car.

Insurance status and income were both significantly and independently associated with health care use in the bivariate analysis. Clearly, insurance was a strong predictor of

health care use with an odds ratio of 1.625. and this is consistent with previous studies (Hoerster et al., 2010; Palmer et al., 2005). The lack of health insurance was noted as a barrier to health care for farmworkers (Arcury et al., 2017; Luo & Escalante, 2018; Rose & Quade, 2006). In 2014, merely 35% of the sample reported being insured, consistent with rates reported in a recent study of farmworkers (Luo & Escalante, 2018). The ACA mandated companies with more than 50 employees to provide health insurance, then beginning in 2014, the ACA provided states with options to expand Medicaid eligibility to provide health care coverage for adults who are under 65 years old with an annual individual income of up to \$15,000 (Guild et al., 2016). Hired farmworkers who are authorized or U.S. citizens and met the expanded eligibility requirements, newly qualified for health insurance.

Although the full sample proportion of insured farmworkers was consistent across fiscal years, the current study noted an increase in the proportion of insured farmworkers with a government insurance sponsor, as shown by the increase from 28% to 41% in 2013 to 2014, respectively. Among insured farmworkers of the full sample, the majority had employer-sponsored health insurance, yet farmworker eligibility for obtaining employer sponsored health insurance differs by immigrant legal status. The reduction in immigrant barriers to public and employer-sponsored health care coverage and by broadening eligibility may further improve farmworker health care access.

Farmworkers with an annual personal income of 150% above the FPL vs those who did not work, were significantly and positively associated with health care use in the bivariate and multivariate models. The cost of health care was the most frequently reported barrier in the current study. Having health insurance reduces medical costs. One

goal of the ACA was to increase access to health care and health insurance for U.S. underserved populations by broadening eligibility for tax credits, Medicaid enrollment, and cost-sharing reductions, such as reduced co-payments and deductibles for farmworker families at or below 400% of the federal poverty level (Guild et al., 2016).

Nearly 90% of the full sample reported an annual family income of less than 150% federal poverty level, yet 65% of were uninsured. Since 2014, farmworkers have enrolled in health insurance due in large part to the efforts of in-person application assisters nationwide. Community health centers and other community organizations received ACA funding for outreach and enrollment services in their communities (Guild et al., 2016). These outreach and enrollment services provide education and in-person assistance to individuals seeking health insurance (Arcury et al., 2017). As noted in a North Carolina farmworker community, in-person assistance can be an effective tool to assist individuals in health insurance enrollment through the ACA Marketplace. (Arcury et al., 2017).

Need Factors Associated with U.S. Health Care Use

While rates of healthcare use are low for U.S. farmworkers, more than half (55%) reported they experienced difficulty when seeking medical care. The endorsement of a barrier to health care was significantly and negatively associated with health care use in the bivariate and multivariate analyses. Cost was the most frequently related barrier and is cited as a significant barrier to care in numerous previous studies conducted with farmworkers (Finlayson et al., 2010; Hoerster et al., 2010; Maxwell et al., 2015). Farmworkers also reported language differences (Hall & Greenman, 2015; Ramos et al., 2016; Rose & Quade, 2006), poor transportation (Alcalá et al., 2016; Maxwell et al.,

2015; Reid & Schenker, 2016), not knowing where to go for health care (Arcury et al., 2017), lack of services in area (Probst et al., 2007), fear of job loss (Rose & Quade, 2006), and fear of immigration officials (López-Cevallos et al., 2014) as barriers in previous studies. However, only the barriers of cost and the perception of not needing health care were reported by more than 10% of farmworkers in the current study.

As with previous studies of farmworkers (Hoerster et al., 2010; Luo & Escalante, 2018)), having a health condition diagnosis was significantly and positively associated with health care use. In the multivariate model, a health condition diagnosis was the strongest predictor of health care use, with an odds ratio of 7.03 for the full sample. While this finding suggests that need for health care services is a strong predictor of health care use, the measure of need asked specifically about being told by a doctor or nurse if the farmworker has a diagnosis of asthma, diabetes, high blood pressure, tuberculosis, heart disease, urinary tract infections, or other, during the lifetime of the farmworker. Because the measure of health status was for lifetime diagnosis of specific diseases, it is possible that at least some farmworkers with a health condition were diagnosed more than two years prior to survey administration.

Study Limitations

The NAWS survey data is cross-sectional data which limits interpretation. Only working farmworkers were recruited, so those not at work because of illness or injury were excluded, yielding a sample with unique characteristics of “healthy workers” relevant to health care use. Similarly, participating employers who agreed to have their workers participate in the study may differ in their labor practices and personnel policies. The NAWS was not designed to measure all aspects of health care access and use (e.g.,

regular source, perceived need), this study's characterization is incomplete because it also does not include data on farmworker personal substance use (e.g., illicit drugs, alcohol, or tobacco). Furthermore, farmworkers may not remember if they used health care in the past two years, where they sought healthcare, and/or how they paid for it, given the two-year timeframe of the survey question used in the NAWS. Also, the NAWS lacks psychometric data for the health care use measure.

Although the sophisticated sampling scheme enhances the generalizability of findings to farmworker communities, bias is likely due to these sampling procedures. The 12 U.S. sampling regions are comprised of FLAs that account for varying county sizes. Accordingly, a FLA in the East may include several counties whereas, a FLA in West may only account for a single agriculture-dense county. Farmworkers in the agricultural-dense areas may be over-represented in the sample. There were measurement concerns for enabling factor variables. Categories of insurance coverage were not mutually exclusive in the NAWS (e.g., Medicaid), due to the fact that insured farmworkers are often covered by a variety of sources, in part due to employment and residential fluctuations. While this made it a more valid measure of farmworker insurance status, it posed a challenge for looking at the impact of insurance type or insurance sponsor on health care use. This study examined only acculturation proxies (e.g., English speaking and reading proficiency) and did not assess cultural determinants because culture-related questions were not included in the NAWS. Cultural barriers and facilitators of U.S. farmworker health care use, from perspectives of consumers and the workforce should be studied further for the delivery of services can be better tailored to population.

Implications

Nursing Practice

Employment of public health nurses in farmworker communities, as proposed by Lundvall and Olson (2001) would improve access and acceptability of health services for this population. Nurses who practice in health centers that serve farmworker should be aware of the living and working conditions of this unique population. Health center hours of operation should be adapted as necessary to accommodate the working hours and needs of farmworkers. Cultural competency training for clinical staff should be instituted to ensure the health care is provided in a culturally respectful manner. Particularly, health care services for farmworkers must be sensitive to the cultural background and needs of male farmworkers, by encouraging male feedback and involvement in outreach programs to assist them in overcoming their reluctance to use of health services. Another strategy would be for health care providers to provide clinic hours during sponsored programs or community outreach event to groups of male farmworkers.

Nurses serving farmworker populations must define the practice of nursing in the broadest sense, taking necessary actions to best serve their patients. Nurses should seize the opportunity to become involved in social justice issues to inform elected officials of the effects of implemented legislative practices and policies. Nurses should promote and encourage traditional support systems for farmworkers. In addition, the provision of adequate language translation services and teaching materials available in the preferred language of the patient should be carefully explained, as health literacy levels cannot be assumed. Medical translation and interpretation should be supported in all regions of the

country to facilitate the appropriate delivery of services by all health care providers who are not multilingual.

Health Policy

The ACA may potentially increase access to health insurance for farmworker communities. To comprehensively assess the impact and implementation of the ACA there is a need for the collection of more information about U.S. farmworkers. Through better funding for the NAWS, sampling can expand to include farmworkers that are not at work due to injury or illness and currently are who interviewers do not have permission to access. Funding should also be provided to more accurately measure health insurance enrollment and sponsorship of farmworkers. In addition, there is no nationwide data collected on the emotional health of farmworkers. Extension of the NAWS or another broad-based survey of farmworkers to include general measures of emotional or mental health status would help guide policy on the inclusion of mental health services in migrant health clinics.

The Centers for Medicare and Medicaid Services (CMS) awards grants to support outreach and enrollment efforts nationwide (Centers for Medicare and Medicaid Services, 2019). The CMS funding focuses on organizations that serve vulnerable populations, yet few organizations that serve farmworkers received CMS funding in 2015 (Guild et al., 2016). More CMS funding should be available to support ACA enrollment and outreach through community health centers and farmworker community-based organizations. Furthermore, improving the economic status of farmworkers, while encouraging and facilitating feedback and involvement in outreach programs, would benefit this group. As suggested by McMillan (2016) if costs were passed on to consumers to provide a 50%

increase in farmworker wages, which equates to \$15.00 an hour, this would merely result in a \$20 increase in yearly spending for produce consumed by a two person household. The men and women who harvest U.S. fruits and vegetables deserve access to quality health care so they can be healthy themselves.

Conclusion

Farmworkers have reported a number of challenges to health services utilization, such as language, health literacy, housing and sanitation, family and community integrity, and workplace safety (Arcury et al., 2017; Hoerster et al., 2011; Luo & Escalante, 2018). Nurses and other health care providers play an important role in mitigating these barriers for farmworker families through the implementation of culturally competent practice strategies that aid in the identification and provision of appropriate care (Lundvall & Olson, 2001; Ward, 2003). Alternative education methods in the form of videos, pictorial or verbal explanation, or education by lay health educators can be adapted to strengthen health programs serving this population, who may reside in low-resource settings (Arcury et al., 2017). Understanding the many barriers and influencing factors of health care service utilization can inform prevention efforts, such as programs and policies to promote improved use of health care services. Nurses are encouraged to be strong advocates of farmworker health and work with policy makers towards meaningful solutions to improve access to health care for the many farmworker men and women who harvest the produce that supports our health.

References

8 U.S. Code § 1227. (2012). Deportable Aliens. *United States Code*.

<https://www.govinfo.gov/app/details/USCODE-2011-title8/USCODE-2011-title8-chap12-subchapII-partIV-sec1227>

80FR36853. (2015). Comment Request for Information Collection for the National

Agricultural Workers Survey: Extension with Revisions (OMB 1205-0453).

Federal Register, 80(123), 36853-36854.

<https://www.federalregister.gov/documents/2015/06/26/2015-15730/comment-request-for-information-collection-for-the-national-agricultural-workers-survey-extension>

Abdus, S., Mistry, K. B., & Selden, T. M. (2015). Racial and ethnic disparities in services and the Patient Protection and Affordable Care Act. *American Journal of Public Health*, 105(S5), S668-S675.

Abramson, C. M., Hashemi, M., & Sánchez-Jankowski, M. (2015). Perceived discrimination in US healthcare: charting the effects of key social characteristics within and across racial groups. *Preventive medicine reports*, 2, 615-621.

Alcalá, H. E., Albert, S. L., Trabanino, S. K., Garcia, R.-E., Glik, D. C., Prelip, M. L., & Ortega, A. N. (2016). Access to and use of health care services among Latinos in East Los Angeles and Boyle Heights. *Family & community health*, 39(1), 62.

Alcalá, H. E., Chen, J., Langellier, B. A., Roby, D. H., & Ortega, A. N. (2017). Impact of the Affordable Care Act on health care access and utilization among Latinos. *The Journal of the American Board of Family Medicine*, 30(1), 52-62.

- Andersen, R. (1968). *A behavioral model of families' use of health services*. University of Chicago Center for Health Administration Studies.
- Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? *Journal of health and social behavior*, 1-10.
- Arcury, T. A., Jensen, A., Mann, M., Sandberg, J. C., Wiggins, M. F., Talton, J. W., Hall, M. A., & Quandt, S. A. (2017). Providing health information to Latino farmworkers: The case of the Affordable Care Act. *Journal of Agromedicine*, 22(3), 275-281.
- Arcury, T. A., & Quandt, S. A. (2007). Delivery of health services to migrant and seasonal farmworkers. *Annu. Rev. Public Health*, 28, 345-363.
- Arcury, T. A., Sandberg, J. C., Mora, D. C., Talton, J. W., & Quandt, S. A. (2016). North Carolina Latino farmworkers' use of traditional healers: A pilot study. *Journal of Agromedicine*, 21(3), 253-258.
- Arcury, T. A., Trejo, G., Suerken, C. K., Grzywacz, J. G., Ip, E. H., & Quandt, S. A. (2015). Housing and neighborhood characteristics and Latino farmworker family well-being. *Journal of Immigrant and Minority Health*, 17(5), 1458-1467.
- Artiga, S., Damico, A., Young, K., Cornachione, E., & Garfield, R. (2017). *Health coverage of immigrants*. Kaiser Family Foundation.
<https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/>
- Artiga, S., Rudowitz, R., & Ranji, U. (2015). *How Have State Medicaid Expansion Decisions Affected the Experiences of Low-Income Adults? Perspectives from Ohio, Arkansas, and Missouri (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, June 2015)*.

- Asfaw, A. (2014). Disparities in access to health insurance and workers' compensation benefit between non-contingent and contingent farm workers in US agriculture. *Journal of Health Disparities Research and Practice, 7*(3), 6.
- Babitsch, B., Gohl, D., & von Lengerke, T. (2012). Re-revisiting Andersen's Behavioral Model of Health Services Use: a systematic review of studies from 1998–2011. *GMS Psycho-Social-Medicine, 9*.
- Baker, D., & Chappelle, D. (2012). Health Status and Needs of Latino Dairy Farmworkers in Vermont. *Journal of Agromedicine, 17*(3).
- Barbaresco, S., Courtemanche, C. J., & Qi, Y. (2015). Impacts of the Affordable Care Act dependent coverage provision on health-related outcomes of young adults. *Journal of health economics, 40*, 54-68.
- Berry, S. A., Network, H. R., Fleishman, J. A., Network, H. R., Yehia, B. R., Network, H. R., Cheever, L. W., Network, H. R., Hauck, H., & Network, H. R. (2016). Healthcare coverage for HIV provider visits before and after implementation of the Affordable Care Act. *Reviews of Infectious Diseases, 63*(3), 387-395.
- Bertakis, K. D., Azari, R., Helms, L. J., Callahan, E. J., & Robbins, J. A. (2000). Gender differences in the utilization of health care services. *Journal of family practice, 49*(2), 147-147.
- Bojorquez, G. R., & Fry-Bowers, E. K. (2019). Beyond Eligibility: Access to Federal Public Benefit Programs for Immigrant Families in the United States. *Journal of Pediatric Health Care, 33*(2), 210-213.
- <https://doi.org/https://doi.org/10.1016/j.pedhc.2018.11.004>

- Buchmueller, T. C., Grumbach, K., Kronick, R., & Kahn, J. G. (2005). Book review: The effect of health insurance on medical care utilization and implications for insurance expansion: A review of the literature. *Medical Care Research and Review*, 62(1), 3-30.
- Buchmueller, T. C., Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on racial and ethnic disparities in health insurance coverage. *American Journal of Public Health*, 106(8), 1416-1421.
- Bureau of Primary Health Care. (2015). *Health Center Fact Sheet*. Health Resources and Services Administration. <http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf>
- Bustamante, A. V., Chen, J., McKenna, R. M., & Ortega, A. N. (2018, 2018/04/09). Health Care Access and Utilization Among U.S. Immigrants Before and After the Affordable Care Act. *Journal of Immigrant and Minority Health*.
<https://doi.org/10.1007/s10903-018-0741-6>
- Calavita, K. (1989). The contradictions of immigration lawmaking: The immigration reform and control act of 1986. *Law and Policy*, 11(1), 17-48.
- Caldwell, J. T., Ford, C. L., Wallace, S. P., Wang, M. C., & Takahashi, L. M. (2016). Intersection of living in a rural versus urban area and race/ethnicity in explaining access to health care in the United States. *American Journal of Public Health*, 106(8), 1463-1469.
- Canedo, J. R., Miller, S. T., Schlundt, D., Fadden, M. K., & Sanderson, M. (2018). Racial/ethnic disparities in diabetes quality of care: the role of healthcare access and socioeconomic status. *Journal of racial and ethnic health disparities*, 5(1), 7-14.

- Cawley, J., Moriya, A. S., & Simon, K. (2015). The impact of the macroeconomy on health insurance coverage: Evidence from the great recession. *Health economics*, 24(2), 206-223.
- Centers for Disease Control and Prevention. (2018). *Agricultural Safety*.
<https://www.cdc.gov/niosh/topics/aginjury/default.html>
- Centers for Medicare and Medicaid Services. (2019). *Current CMS Grant Funding Opportunities*. <https://www.cms.gov/About-CMS/Contracting-With-CMS/Contracting-GeneralInformation/Grant-Information/CurrentGrantsFundingOpportunities>
- Cheng, E. M., Chen, A., & Cunningham, W. (2007). Primary language and receipt of recommended health care among Hispanics in the United States. *Journal of general internal medicine*, 22(2), 283-288.
- Christopher, A. S., McCormick, D., Woolhandler, S., Himmelstein, D. U., Bor, D. H., & Wilper, A. P. (2016). Access to care and chronic disease outcomes among Medicaid-insured persons versus the uninsured. *American Journal of Public Health*, 106(1), 63-69.
- Commonwealth of Kentucky. (2015). *Commonwealth of Kentucky Medicaid Expansion Report*. <https://dss.mo.gov/mhd/oversight/pdf/150217-kentucky-medicaid-extension-press-release.pdf>
- Courtemanche, C., Marton, J., Ukert, B., Yelowitz, A., & Zapata, D. (2017). Early impacts of the Affordable Care Act on health insurance coverage in Medicaid

- expansion and non-expansion states. *Journal of Policy Analysis and Management*, 36(1), 178-210.
- Deb, S., & Miller, N. A. (2017). Relations among race/ethnicity, gender, and mental health status in primary care use. *Psychiatric rehabilitation journal*, 40(2), 233.
- DiPietro, B., Artiga, S., & Gates, A. (2014). Early impacts of the Medicaid expansion for the homeless population. *Menlo Park, CA: The Henry J. Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured*.
- Dominguez, K., Penman-Aguilar, A., Chang, M.-H., Moonesinghe, R., Castellanos, T., Rodriguez-Lainz, A., & Schieber, R. (2015). Vital signs: leading causes of death, prevalence of diseases and risk factors, and use of health services among Hispanics in the United States—2009–2013. *MMWR. Morbidity and mortality weekly report*, 64(17), 469.
- Doran, K. M., Raven, M. C., & Rosenheck, R. A. (2013). What drives frequent emergency department use in an integrated health system? National data from the Veterans Health Administration. *Annals of emergency medicine*, 62(2), 151-159.
- DuBard, C. A., & Gizlice, Z. (2008). Language spoken and differences in health status, access to care, and receipt of preventive services among US Hispanics. *American Journal of Public Health*, 98(11), 2021-2028.
- Early, J., Davis, S. W., Quandt, S. A., Rao, P., Snively, B. M., & Arcury, T. A. (2006). Housing characteristics of farmworker families in North Carolina. *Journal of Immigrant and Minority Health*, 8(2), 173-184.

- Finlayson, T. L., Gansky, S. A., Shain, S. G., & Weintraub, J. A. (2010). Dental utilization among Hispanic adults in agricultural worker families in California's Central Valley. *Journal of public health dentistry, 70*(4), 292-299.
- García-García, C. R., Parrón, T., Requena, M., Alarcón, R., Tsatsakis, A. M., & Hernández, A. F. (2016). Occupational pesticide exposure and adverse health effects at the clinical, hematological and biochemical level. *Life sciences, 145*, 274-283.
- Gelberg, L., Andersen, R. M., & Leake, B. D. (2000). The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people. *Health services research, 34*(6), 1273.
- Georges, A., Alterman, T., Gabbard, S., Grzywacz, J., Shen, R., Nakamoto, J., Carroll, D., & Muntaner, C. (2013). Depression, social factors, and farmworker health care utilization. *The Journal of Rural Health, 29*(s1), s7-s16.
- Gray, J., Zink, A., & Dreyfus, T. (2016). *Effects of the Affordable Care Act Through 2015*, (athenaResearch and Robert Wood Johnson Foundation ACA View Report, March 2016).
- Grzywacz, J. G. (2018). *NAWS at 30 Years: A Systematic Review of Studies Using NAWS data to Understand the Human Condition of Farmworkers and their Families* [Systematic Review]. Florida State University.
https://s.gifford.ucdavis.edu/uploads/gifford_public/e9/55/e9551afa-a388-48ba-87c4-c8d43c134cfe/grzywacz-1.pdf
- Grzywacz, J. G., Alterman, T., Gabbard, S., Shen, R., Nakamoto, J., Carroll, D. J., & Muntaner, C. (2014). Job control, psychological demand, and farmworker health:

evidence from the national agricultural workers survey. *Journal of occupational and environmental medicine*, 56(1), 66-71.

Guild, A., Richards, C., & Ruiz, V. (2016). Out of sight, out of mind: The implementation and impact of the Affordable Care Act in US farmworker communities. *Journal of health care for the poor and underserved*, 27(4), 73-82.

Gwyther, M. E., & Jenkins, M. (1998). Migrant farmworker children: Health status, barriers to care, and nursing innovations in health care delivery. *Journal of Pediatric Health Care*, 12(2), 60-66.

Hall, M., & Greenman, E. (2015). The occupational cost of being illegal in the United States: Legal status, job hazards, and compensating differentials. *International Migration Review*, 49(2), 406-442.

Hamilton, E. R., & Hale, J. M. (2016). Changes in the transnational family structures of Mexican farm workers in the era of border militarization. *Demography*, 53(5), 1429-1451.

Hernandez, T., & Gabbard, S. (2018). *Findings from the National Agricultural Workers Survey (NAWS) 2015-2016: A Demographic and Employment Profile of United States Farmworkers*.
https://www.doleta.gov/naws/pages/research/docs/NAWS_Research_Report_13.pdf

Hoerster, K. D., Beddawi, S., Peddecord, K. M., & Ayala, G. X. (2010). Healthcare use among California farmworkers: predisposing and enabling factors. *Journal of Immigrant and Minority Health*, 12(4), 506-512.

- Hoerster, K. D., Mayer, J. A., Gabbard, S., Kronick, R. G., Roesch, S. C., Malcarne, V. L., & Zuniga, M. L. (2011). Impact of individual-, environmental-, and policy-level factors on health care utilization among US farmworkers. *American Journal of Public Health, 101*(4), 685-692.
- IMS Institute. (2015). *Medicine Use and Spending Shifts: A Review of the Use of Medicines in the U.S. in 2014*. <https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/medicines-use-and-spending-shifts-in-the-us-in-2014.pdf>
- Jansen, T., Rademakers, J., Waverijn, G., Verheij, R., Osborne, R., & Heijmans, M. (2018). The role of health literacy in explaining the association between educational attainment and the use of out-of-hours primary care services in chronically ill people: a survey study. *BMC health services research, 18*(1), 394.
- Jhamb, J., Dave, D., & Colman, G. (2015). The Patient Protection and Affordable Care Act and the utilization of health care services among young adults. *International Journal of Health and Economic Development, 1*(1), 8.
- Johnson, R. L., Saha, S., Arbelaez, J. J., Beach, M. C., & Cooper, L. A. (2004). Racial and ethnic differences in patient perceptions of bias and cultural competence in health care. *Journal of general internal medicine, 19*(2), 101-110.
- Kaiser Family Foundation. (2018). *Key Facts about the Uninsured Population*. <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- Kandel, W. A., & Donato, K. M. (2009). Does unauthorized status reduce exposure to pesticides? Evidence from the national agricultural workers survey. *Work and occupations, 36*(4), 367-399.

- Karpman, M., Gates, J. A., Kenney, G. M., & McMorrow, S. (2016). How Are Moms Faring under the Affordable Care Act?
- Kaufman, H. W., Chen, Z., Fonseca, V. A., & McPhaul, M. J. (2015). Surge in newly identified diabetes among Medicaid patients in 2014 within Medicaid expansion states under the Affordable Care Act. *Diabetes care*, *38*(5), 833-837.
- Keene, J., & Li, X. (2005). Age and gender differences in health service utilization. *Journal of Public Health*, *27*(1), 74-79.
- Koopmans, G. T., & Lamers, L. M. (2007). Gender and health care utilization: the role of mental distress and help-seeking propensity. *Social science & medicine*, *64*(6), 1216-1230.
- Kott, P. S. (2007). Clarifying some issues in the regression analysis of survey data. *Survey Research Methods*,
- Krahn, G., Farrell, N., Gabriel, R., & Deck, D. (2006). Access barriers to substance abuse treatment for persons with disabilities: An exploratory study. *Journal of Substance Abuse Treatment*, *31*(4), 375-384.
- Langkamp, D. L., Lehman, A., & Lemeshow., S. (2010). Techniques for Handling Missing Data in Secondary Analyses of Large Surveys. *Academic Pediatrics*, *10*(3), 205-210. <https://doi.org/doi:10.1016/j.acap.2010.01.005>.
- Leavitt, M. O. (2007). Study Regarding Barriers to Participation of Farmworkers in Health Programs. *Washington, D.C.: United States Department of Health and Human Services*.

- Lipton, B. J., Decker, S. L., & Sommers, B. D. (2019). The Affordable Care Act appears to have narrowed racial and ethnic disparities in insurance coverage and access to care among young adults. *Medical Care Research and Review*, 76(1), 32-55.
- López-Cevallos, D. F., & Harvey, S. M. (2016). Foreign-born Latinos living in rural areas are more likely to experience health care discrimination: results from Proyecto de Salud para Latinos. *Journal of Immigrant and Minority Health*, 18(4), 928-934.
- López-Cevallos, D. F., Lee, J., & Donlan, W. (2014). Fear of deportation is not associated with medical or dental care use among Mexican-origin farmworkers served by a federally-qualified health center—Faith-based partnership: An exploratory study. *Journal of Immigrant and Minority Health*, 16(4), 706-711.
- Lundvall, A. M., & Olson, D. K. (2001). Agricultural health nurses: Job analysis of functions and competencies. *Aaohn Journal*, 49(7), 336-346.
- Luo, T., & Escalante, C. L. (2017). Health care service utilization of documented and undocumented hired farmworkers in the US. *The European Journal of Health Economics*, 1-12.
- Luo, T., & Escalante, C. L. (2018). Health care service utilization of documented and undocumented hired farmworkers in the US. *The European Journal of Health Economics*, 19(7), 923-934.
- Manuel, J. I. (2018). Racial/ethnic and gender disparities in health care use and access. *Health services research*, 53(3), 1407-1429.

- MathematicaPolicyResearch. (2019). *Evaluation of the National Agricultural Workers Survey (NAWS)*. <https://www.mathematica-mpr.com/our-publications-and-findings/projects/evaluation-of-the-national-agricultural-workers-survey>
- Maxwell, A. E., Young, S., Crespi, C. M., Vega, R. R., Cayetano, R. T., & Bastani, R. (2015). Social determinants of health in the Mixtec and Zapotec community in Ventura County, California. *International Journal for equity in Health, 14*(1), 16.
- McCullagh, M. C., Sanon, M.-A., & Foley, J. G. (2015). Cultural health practices of migrant seasonal farmworkers. *Journal of Cultural Diversity, 22*(2), 64.
- McMillan, T. (2016). *Can we afford to pay U.S. farmworkers more?* National Geographic. <https://www.nationalgeographic.com/culture/food/the-plate/2016/03/31/can-we-afford-to-pay-u-s-farmworkers-more/>
- Medel-Herrero, A., Martínez-López, B., Silva-del-Río, N., Pires, A. F., Edmondson, A., & Schenker, M. (2018). Tuberculosis Prevalence Among US Crop-Workers, 2000 to 2012: Trends and Contributing Factors. *Journal of occupational and environmental medicine, 60*(7), 603-611.
- Mertler, C. A., & Reinhart, R. V. (2016). *Advanced and multivariate statistical methods: Practical application and interpretation*. Routledge.
- Miller, D., Gelberg, L., Kwan, L., Stephanian, S., Fink, A., Andersen, R., & Litwin, M. (2008). Racial disparities in access to care for men in a public assistance program for prostate cancer. *Journal of Community Health, 33*(5), 318.
- National Conference of State Legislatures. (2018). *Common Immigration Terms*. <http://www.ncsl.org/research/immigration/common-immigration-terms.aspx>

- Navarro, I., Ibarra, J., & Anglemyer, A. (2017). Immigrant Status and Its Impact on Access to Health Care. *Journal of Social Sciences*, 5, 85-97.
- NAWS. (2012a). *NAWS Supporting Statement Part A*.
<https://pdfs.semanticscholar.org/0cf3/6fa86902f92a5ec37b05d71889ca39eb12d8.pdf>
- NAWS. (2012b). *NAWS Supporting Statement Part B*.
https://www.doleta.gov/agworker/pdf/1205_0453_Supporting_Statement_PartB32210.pdf
- NAWS. (2013). *NAWS Codebook for Public Access Data*.
https://www.doleta.gov/naws/pages/public-data/docs/NAWS_Public_Access_Data_Codebook_for_1989_to_2012_Data.pdf
- NAWS. (2014). *Sampling Regions*. https://www.doleta.gov/naws/methodology/docs/Map_of_NAWS_12_Sampling_Regions.pdf
- Padilla, Y. C., Scott, J. L., & Lopez, O. (2014). Economic insecurity and access to the social safety net among Latino farmworker families. *Social work*, 59(2), 157-165.
- Palmer, R. C., Fernandez, M. E., Tortolero-Luna, G., Gonzales, A., & Mullen, P. D. (2005). Correlates of mammography screening among Hispanic women living in lower Rio Grande Valley farmworker communities. *Health education & behavior*, 32(4), 488-503.
- Passel, J. S., & Taylor, P. (2009). *Who's Hispanic*. Pew Research Center Hispanic Trends. <https://www.pewhispanic.org/2009/05/28/whos-hispanic/>

- Pena, A. A., & Teather-Posadas, E. R. (2018). Field Sanitation in US Agriculture: Evidence from NAWS and Future Data Needs. *Journal of Agromedicine*, 23(2), 123-133.
- Pourat, N., Wallace, S. P., Hadler, M. W., & Ponce, N. (2014). Assessing health care services used by California's undocumented immigrant population in 2010. *Health Affairs*, 33(5), 840-847.
- Price, M., Williamson, D., McCandless, R., Mueller, M., Gregoski, M., Brunner-Jackson, B., Treiber, E., Davidson, L., & Treiber, F. (2013). Hispanic migrant farm workers' attitudes toward mobile phone-based telehealth for management of chronic health conditions. *Journal of medical Internet research*, 15(4), e76.
- Probst, J. C., Laditka, S. B., Wang, J.-Y., & Johnson, A. O. (2007). Effects of residence and race on burden of travel for care: cross sectional analysis of the 2001 US National Household Travel Survey. *BMC health services research*, 7(1), 40.
- Q1Medicare. (2020). *What are the 2011 Federal Poverty Level (FPL) guidelines?*
https://q1medicare.com/q1group/MedicareAdvantagePartD/Blog.php?blog=What-are--the-2011-Federal-Poverty-Level--FPL--Guidelines-&blog_id=450&category_id=8
- Qenani, E., Roy, S., & MacDougall, N. (2017). Vigorous Physical Work and Obesity?—the Paradox of the Californian Farmworker Population. *Journal of racial and ethnic health disparities*, 4(4), 696-705.
- Ramos, A., Fuentes, A., & Trinidad, N. (2016). Perception of job-related risk, training, and use of personal protective equipment (PPE) among Latino immigrant hog CAFO workers in Missouri: A pilot study. *Safety*, 2(4), 25.

- Ravuri, E. (2017). The great recession and its effect on authorized and unauthorized Mexican agricultural workers in the United States: Who settles in the US? *Journal of Rural and Community Development, 12*(1).
- Reid, A., & Schenker, M. B. (2016). Hired farmworkers in the US: Demographics, work organisation, and services. *American journal of industrial medicine, 59*(8), 644-655.
- Roberts, M. (2006). *Racial and ethnic differences in health insurance coverage and usual source of health care, 2002*. US Department of Health and Human Services, Public Health Service, Agency.
- Rose, D., & Quade, D. (2006). The agricultural worker health and housing program. *Los Angeles: The California Endowment*.
- Saavedra-Embese, M. (2008). Barriers to breast and cervical cancer screening among migrant and seasonal farmworker women in the Lower Rio Grande Valley, Texas. *Texas Medical Center Dissertations (via ProQuest)*.
<https://digitalcommons.library.tmc.edu/dissertations/AAI1450308>
- Saint-Jean, G., Metsch, L., Gomez-Marin, O., Pierre, C., Jeanty, Y., Rodriguez, A., & Malow, R. (2011). Use of HIV primary care by HIV-positive Haitian immigrants in Miami, Florida. *AIDS care, 23*(4), 486-493.
- Salas, R., Mayer, J. A., & Hoerster, K. D. (2005). Sun-protective behaviors of California farmworkers. *Journal of occupational and environmental medicine, 47*(12), 1244-1249.

- Sanchez, G. R., Vargas, E. D., Juarez, M. D., Gomez-Aguinaga, B., & Pedraza, F. I. (2017). Nativity and citizenship status affect Latinos' health insurance coverage under the ACA. *Journal of Ethnic and Migration Studies*, 43(12), 2037-2054.
- Sapbamrer, R., & Nata, S. (2014). Health symptoms related to pesticide exposure and agricultural tasks among rice farmers from northern Thailand. *Environmental health and preventive medicine*, 19(1), 12.
- Sarría-Santamera, A., Hijas-Gómez, A. I., Carmona, R., & Gimeno-Feliú, L. A. (2016). A systematic review of the use of health services by immigrants and native populations. *Public Health Reviews*, 37(1), 28.
- Sexsmith, K. (2016). Exit, voice, constrained loyalty, and entrapment: migrant farmworkers and the expression of discontent on New York dairy farms. *Citizenship Studies*, 20(3-4), 311-325.
- Shin, P., Sharac, J., Zur, J., Rosenbaum, S. J., & Paradise, J. (2015). *Health Center Trends: Recent Experience in Medicaid Expansion and Non-Expansion States*. K. F. Foundation. https://hsrc.himmelfarb.gwu.edu/sphhs_policy_ggrchn/62/
- Simon, K., Soni, A., & Cawley, J. (2017). The impact of health insurance on preventive care and health behaviors: evidence from the first two years of the ACA Medicaid expansions. *Journal of Policy Analysis and Management*, 36(2), 390-417.
- Small, F. (2016). Co-morbidities among persons with substance abuse problems: Factors influencing the receipt of treatment. *Journal of Drug Issues*, 46(2), 88-101.
- Sommers, B. D., Blendon, R. J., & Orav, E. J. (2016). Both the 'private option' and traditional Medicaid expansions improved access to care for low-income adults. *Health Affairs*, 35(1), 96-105.

State Justice Institute. (2013). *Overview of Immigration Status*.

<http://www.sji.gov/wp/wp-content/uploads/Immigration-Status-4-1-13.pdf>

Stein, J. A., Andersen, R., & Gelberg, L. (2007). Applying the Gelberg-Andersen behavioral model for vulnerable populations to health services utilization in homeless women. *Journal of health psychology, 12*(5), 791-804.

Stein, J. A., Andersen, R. M., Robertson, M., & Gelberg, L. (2012). Impact of hepatitis B and C infection on health services utilization in homeless adults: A test of the Gelberg-Andersen behavioral model for vulnerable populations. *Health Psychology, 31*(1), 20.

Suratman, S., Edwards, J. W., & Babina, K. (2015). Organophosphate pesticides exposure among farmworkers: pathways and risk of adverse health effects. *Reviews on environmental health, 30*(1), 65-79.

Thompson, R. H., Snyder, A. E., Burt, D. R., Greiner, D. S., & Luna, M. A. (2015). Risk screening for cardiovascular disease and diabetes in Latino migrant farmworkers: a role for the community health worker. *Journal of community health, 40*(1), 131-137.

Tipirneni, R., Rhodes, K. V., Hayward, R. A., Lichtenstein, R. L., Reamer, E. N., & Davis, M. M. (2015). Primary care appointment availability for new Medicaid patients increased after Medicaid expansion in Michigan. *Health Affairs, 34*(8), 1399-1406.

Tonozzi, T. R., & Layne, L. A. (2016). Hired crop worker injuries on farms in the United States: A comparison of two survey periods from the National Agricultural Workers Survey. *American journal of industrial medicine, 59*(5), 408-423.

U.S. Bureau of Labor Statistics. (2016). *Census of fatal occupational injuries – current and revised data*. U.S. Department of Labor.

<https://www.bls.gov/iif/oshcfoi1.htm>.

U.S. Bureau of Labor Statistics. (2018). Number and rate of fatal work injuries by industry sector. <https://www.bls.gov/iif/oshwc/foi/cfoi/cfch0016.pdf>

U.S. Census Bureau. (2019). *Hispanic Origin*.

<https://www.census.gov/topics/population/hispanic-origin.html>

U.S. Citizenship and Immigration Services. (2018). *Lawful Permanent Resident*.

<https://www.uscis.gov/tools/glossary/lawful-permanent-resident>

U.S. Department of Agriculture. (2018). Farm Labor.

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

U.S. Department of Justice. (2019). *Limited English Proficiency (LEP)*.

<https://www.lep.gov/faqs/faqs.html#OneQ1>

U.S. Department of Labor. (2010). *The National Agricultural Workers Survey*.

<http://www.doleta.gov/agworker/report9/introduction.cfm#method>

U.S. Department of Labor. (2017a). *Data Limitations*.

<https://www.doleta.gov/naws/pages/overview/data-limitations.cfm>

U.S. Department of Labor. (2017b). *NAWS Methodology*.

<https://www.doleta.gov/naws/pages/methodology/>

U.S. Department of Labor. (2017c). *Sampling Universe: Who is Interviewed?*

Employment and Training Administration.

<https://www.doleta.gov/naws/pages/overview/sampling-universe-who-is-interviewed.cfm>

U.S. Department of Labor. (2018). *Questionnaire Content and How to Obtain Copies of the Questionnaire*. <https://www.doleta.gov/naws/pages/questionnaire/>

U.S. Office Of Personnel Management. (2019). *Pay & Leave*.
<https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/computing-hourly-rates-of-pay-using-the-2087-hour-divisor/>

Villani, J., & Mortensen, K. (2014). Decomposing the gap in satisfaction with provider communication between English-and Spanish-speaking Hispanic patients. *Journal of Immigrant and Minority Health, 16*(2), 195-203.

Villarejo, D. (2003). The health of US hired farm workers. *Annual review of public health, 24*(1), 175-193.

Villarejo, D., McCurdy, S. A., Bade, B., Samuels, S., Lighthall, D., & Williams III, D. (2010). The health of California's immigrant hired farmworkers. *American journal of industrial medicine, 53*(4), 387-397.

Ward, L. S. (2003). Determinants of Hispanic migrant farmworker health. ProQuest Dissertation.

Ward, L. S. (2007). Preliminary tests of an ecological model of Hispanic farmworker health. *Public Health Nursing, 24*(6), 554-564.

Weigel, M. M., & Armijos, R. X. (2012). Exploratory study of the occupational health and health-seeking of migrant and seasonal farmworkers on the US–Mexico Border. *Journal of Immigrant and Minority Health, 14*(4), 648-656.

Wherry, L. R., & Miller, S. (2016). Early coverage, access, utilization, and health effects associated with the Affordable Care Act Medicaid expansions: a quasi-experimental study. *Annals of internal medicine, 164*(12), 795-803.

Winkelman, T. N., Kieffer, E. C., Goold, S. D., Morenoff, J. D., Cross, K., & Ayanian, J.

Z. (2016). Health insurance trends and access to behavioral healthcare among justice-involved individuals—United States, 2008–2014. *Journal of general internal medicine*, *31*(12), 1523-1529.

Winship, C., & Radbill, L. (1994). Sampling weights and regression analysis.

Sociological Methods & Research, *23*(2), 230-25

HOUSEHOLD GRID

A1 NAME	A2 RELATION	A3 SEX	A4 MARRIAGE STATUS	A5 BIRTH DATE MM/YY	A6 COUNTRY OF BIRTH [CODE]	A7 HIGHEST GRADE LEVEL (FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K"))	A8 COUNTRY SCHOOL [CODE]	A9 MONTH AND YEAR FIRST ENTERED U.S.?	A10 IF NOT HERE, WHY NOT?	County			Farmworker ID		
										A31 LAST 12 MONTHS, HAVE YOU TRAVELED (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	A32-33 PRIOR 12 MONTHS TO (A3-33), HAD YOU TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	A34-35 ANY U.S. SCHOOL LAST 12 MONTHS?	A11 ANY U.S. WORK MONTHS? NOW?	A12 ANY U.S. FW LAST 12 MONTHS?	A13
A. (FARMWORKER)	M	S	F	/	/	/	/	/		Y	Y	Y	Y	Y	
B.	M	S	F	/	/	/	/	/		Y	Y	Y	Y	FW	Y
C.	M	S	F	/	/	/	/	/		Y	Y	Y	Y	NF	N
D.	M	S	F	/	/	/	/	/		Y	Y	Y	Y	NF	N
E.	M	S	F	/	/	/	/	/		Y	Y	Y	Y	NF	N
F.	M	S	F	/	/	/	/	/		Y	Y	Y	Y	NF	N
G.	M	S	F	/	/	/	/	/		Y	Y	Y	Y	NF	N

*CODES FOR A2 (RELATIONSHIP):	** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):	***CODES FOR A31
1 = SPOUSE/COMMON LAW SPOUSE 2 = OWN CHILD, DEPENDENT OR ADOPTED 3 = SIBLING 4 = PARENT 5 = GRANDCHILD 6 = OTHER RELATIVE (COUSINS, UNCLAS, ETC.) 7 = OTHER: _____	1= U.S.A. 2= PUERTO RICO 3= MEXICO 4= CENTRAL AMERICA 5= SOUTH AMERICA 6= CARIBBEAN 7= SOUTHEAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND) 8= PACIFIC ISLANDS (THE PHILIPPINES, GUAM, FIJI, ETC.) 9= ASIA (CHINA, JAPAN, KOREA, ETC.) 97= OTHER: _____ 99= NOT ANSWERED	1 = NO CHILD CARE IN THIS LOCATION 2 = NO HOUSING IN THIS LOCATION 3 = CHILD IN SCHOOL, AFFECTED IF MOVED 7= OTHER: _____

ASK ONLY TO RESPONDENTS WHO - IN FAMILY GRID- HAVE CHILDREN UNDER 6 YEARS OLD WHO HAVE BEEN OR ARE CURRENTLY IN THE U.S.A]					
<p>Now I'd like to ask you some questions about child care. There are many places and persons that take care of children while parents work. Parents use childcare or a neighbor's home; other times the kids stay at home with their mother, siblings or other relatives...</p>					
<p>HS1. ...Now that you're working here in [NAME OF LOCALITY], how have you arranged for your child (-dren) to be taken care of while you work (FW)? Please tell me all the types of child care arrangements you have used [IF ONLY ONE RESPONSE, PROBE FOR MORE. CHECK ALL THAT APPLY]</p> <p><input type="checkbox"/> a. MSHS</p> <p><input type="checkbox"/> b. Spouse</p> <p><input type="checkbox"/> c. Child(-ren)'s older sibling(s). Age(s)?: _____</p> <p><input type="checkbox"/> d. Other relatives (not spouse or child(-dren)'s older siblings)</p> <p><input type="checkbox"/> e. Out of home (DAYCARE / CENTER / BABYSITTER)</p> <p><input type="checkbox"/> f. Friends / Neighbors</p> <p><input type="checkbox"/> g. Take them to the field (FW)</p> <p><input type="checkbox"/> z. Other (specify): _____</p>			<p>[IF MSHS ("a") WAS NOT MENTIONED IN "HS1", ASK HS4]: ...</p> <p>HS4. ...Have you ever heard of MSHS?</p> <p><input type="checkbox"/> 0 NO [EXPLAIN MSHS. MENTION LOCAL MSHS NAMES, IF STILL "NO," SKIP TO "A15" NEXT SECTION]</p> <p><input type="checkbox"/> 1 YES</p>		
<p>HS2. [IF MORE THAN ONE ANSWER IN HS1, ASK]: Which one do you use most often during an average work week (FW)? [ENTER LETTER CODE IN HS1]:</p> <p>_____</p>			<p>HS5. Has/Have your child(-dren) ever used MSHS? (When?)</p> <p><input type="checkbox"/> 0 NO [ASK ONLY "HS6"]</p> <p><input type="checkbox"/> 1 YES. NOW, IN THIS LOCATION [SKIP TO "HS7"]</p> <p><input type="checkbox"/> 2 YES. NOT NOW, BUT WITHIN THE LAST 12 MONTHS. [ASK HS6 AND HS7]</p> <p><input type="checkbox"/> 3 YES. BUT, MORE THAN 12 MONTHS [ASK ONLY "HS6"]</p>		
<p>HS3. [ASK ALL] Why do you use this type (the most) while doing FW? [CHECK ALL THAT APPLY]</p> <p><input type="checkbox"/> a. Trust</p> <p><input type="checkbox"/> b. Flexible / Convenient hours</p> <p><input type="checkbox"/> c. Convenient location</p> <p><input type="checkbox"/> d. Culturally compatible (same language, food, staff, etc.)</p> <p><input type="checkbox"/> e. Prepares child for school (e.g., English)</p> <p><input type="checkbox"/> f. Don't know (e.g., spouse decides)</p> <p><input type="checkbox"/> z. Other (specify): _____</p>			<p>HS6. Why aren't you (or your spouse) using MSHS at this location? [CHECK ALL THAT APPLY]</p> <p><input type="checkbox"/> a. Prefer own child care arrangements</p> <p><input type="checkbox"/> b. No MSHS in this area</p> <p><input type="checkbox"/> c. MSHS not open entire season (FOR FW)</p> <p><input type="checkbox"/> d. Inconvenient hours</p> <p><input type="checkbox"/> e. MSHS full (applied, but no openings)</p> <p><input type="checkbox"/> f. Applied, but did not qualify</p> <p><input type="checkbox"/> g. Does not serve infants / older children</p> <p><input type="checkbox"/> h. Do not like it. Specify: _____</p> <p><input type="checkbox"/> i. Do not qualify. (Specify) Why?: _____</p> <p><input type="checkbox"/> z. Other (specify): _____</p>		
HS7. [ASK QUESTIONS IN REFERENCE TO CHILDREN WHO USE/ USED MSHS IN THE LAST 12 MONTHS]					
a	b	c	d	e	f
CHILD(-REN) WHO USE/USED MSHS [ENTER NAMES]	DATE LAST USED MSHS? (MONTH/YEAR)	LOCATION (CITY/STATE)?	NAME OF CENTER?	HOW DID YOU LEARN ABOUT MSHS? [ENTER CODE]	[INTERVIEWER: CHECK IF CENTER IN "d" is in MSHS LIST]
1	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
2	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
CODES FOR "e":					
<p>1 = PREVIOUS MSHS REFERRED US</p> <p>2 = RECRUITER FROM MSHS CONTACTED US</p> <p>3 = SOCIAL WORKER (AGENCY, CLINIC, ETC.) REFERRED ME (SPOUSE)</p>			<p>4 = SAW A FLYER WITH MSHS INFORMATION</p> <p>5 = A RELATIVE/FRIEND TOLD US ABOUT IT</p> <p>6 = OTHER: _____</p>		

[REV. May 27, 2014]

S:\M. Questionnaire\2014\CYCLE7\ENGLISH\CY79\Updated 6-26-24 Page 17 change\ENG JUN 26 2014 CY79.wpd

[THE FOLLOWING QUESTIONS REFER TO OTHER INDIVIDUALS WHO LIVE WITH THE WORKER AND WERE NOT MENTIONED IN THE "HOUSEHOLD GRID"]

A15 Other than those you have already mentioned, how many people live with you now?

TOTAL

Out of those (TOTAL IN "A15"),how many are: ...	A20 ... your relatives?	A16 ... doing FW?	A17 How many are doing NF?	A18 How many NW?
a. ...ADULTS? (18 YEARS OR OLDER)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. ...CHILDREN? (17 YEARS OR YOUNGER)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. ...DO NOT KNOW AGE?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**INSURANCE QUESTIONS ABOUT RESPONDENT AND HIS/HER FAMILY
(INDIVIDUALS IN THE "HOUSEHOLD GRID") [DESCRIBE/EXPLAIN "HEALTH INSURANCE"]**

A21		A23
In the U.S.A.,... Who has Health (Medical) Insurance in your family? ... How about... ↓ [ONLY FOR CHILDREN: IF YES, ASK HOW MANY OF THE CHILDREN UNDER AND OVER 18 YRS. OLD HAVE INSURANCE. MATCH TOTAL NUMBER WITH FAMILY GRID]		Who pays for it? [USE CODES. MARK ALL THAT APPLY]
a. ...you (farm worker)?	<input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES → <input type="checkbox"/> 7 DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input type="text"/>
b. ...your spouse?	<input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES → <input type="checkbox"/> 7 DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input type="text"/>
c. ...your children?	A21c2	A24
	<input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES, ALL HAVE IT [ASK A23] → <input type="checkbox"/> 2 YES, ONLY SOME HAVE IT <input type="checkbox"/> 7 DON'T KNOW	
	(a) How many under 18 yrs?: <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	(b) How many over 18 yrs?: <input type="text"/> <input type="text"/>	<input type="checkbox"/> 5 <input type="checkbox"/> 6: <input type="text"/>
CODES FOR "A23" (WHO PAYS?):		
1= I PAY	3= MY EMPLOYER	5= GOVERNMENT
2= MY SPOUSE	4= MY SPOUSE'S EMPLOYER	6= OTHER: <input type="text"/>

[REV. Jul 14, 2015]

S:\M. Questionnaire\2014\CYCLE79\ENGLISHCY79\Updated 6-25-24 Page 17 change\ENG JUN 25 2014 CY79.wpd

B4 In the last 2 years [LAST 24 MONTHS], has anyone in your household (from "Family Grid")- excluding yourself - participated in, attended or received any training, special classes or schools in the U.S.? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- a. ...Adult Education such as English/ESL/Adult Basic Education/ Citizenship?
- d. ...Job training?:
- f. ...GED (High School Equivalency)?
- j. ...Migrant Education?
- k. ...Head Start?
- l. ...Migrant Head Start?
- n. ...Other?:
- Don't know

G4 In the last 2 years [LAST 24 MONTHS], have you or anyone in your household received benefits or used the services of any of the following social programs? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- p. ...(TANF) Temporary assistance for needy families?
- b. ...Food stamps?
- c. ...Disability insurance?
- d. ...Unemployment insurance?
- e. ...Social Security?
- f. ...Veteran's pay?
- g. ...General assistance/welfare?
- h. ...Low income housing?
- i. ...Public Health Clinic?
- j. ...Medicaid?
- k. ...WIC?
- l. ...Disaster Relief?
- m. ...Legal Services?
- n. ...Other?:
- Don't know

G6 Do you own or are you buying any of the following items in the U.S.? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- a. ...a plot of land?
- b. ...a house?
- c. ...a mobile home?
- d. ...a car/truck?
- e. ...a business?
- f. ...other?:
- None

G7 [ASK "G7" ONLY FOR THOSE BORN OUTSIDE THE U.S.A.] ...And in your home country, do you own or are you buying any of the following items? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- a. ...a plot of land?
- b. ...a house?
- c. ...a mobile home?
- d. ...a car/truck?
- e. ...a business?
- f. ...other?:
- None

B1 [ASK ALL] Which of the following describes you? [READ CHOICES. CHECK ONLY ONE]: ...

- 1 ...MEXICAN-AMERICAN?
- 2 ...MEXICAN?
- 3 ...CHICANO?
- 5 ...PUERTO RICAN?
- 4 ...OTHER HISPANIC?:
- 7 ...NOT HISPANIC OR LATINO?

B2 Which of the following do you consider yourself? [READ CHOICES EXCEPT "OTHER." MARK ONE OR MORE RESPONSE]: ...

- 1 ...White?
- 2 ...Black or African American?
- 4 ...American Indian/Alaska Native?
- 5 ...Asian?
- 6 ...Native Hawaiian or Pacific Islander?
- 7 ...Other?:

B3 Have you ever participated in, attended or received any job training or attended any of the following special classes or school in the U.S.? [READ CHOICES. CHECK ALL THAT APPLY]: ...

- d. ...Job training?:
- a. ...English/ESL?
- b. ...Citizenship?
- c. ...Literacy?
- e. ...GED, High School Equivalency?
- f. ...College or University?
- g. ...Adult Basic Education?
- h. ...Even Start?
- i. ...Migrant Education?
- j. ...Other?:
- None

[REV. Jul 14, 2015]

S:\A. Questionnaire\2014\CYCLE7\ENGLISHCY7\Updated 6-26-24 Page 17 change\ENG JUN 26 2014 CY79.wpd

[IF FOREIGN BORN, ASK:]					
B18. Where were you born? In what...			B16. When you lived in your country, did you work in...	B17-18. Before coming to the USA, you lived in what...	
(d) ...STATE? (DEPARTMENT)	(e) ...MUNICIPALITY (EQUIVALENT)?	(f) ...TOWN (OR CITY)?	<input type="checkbox"/> 1 ...AGRICULTURE (FW)? <input type="checkbox"/> 2 ...NON-AGRICULTURE (NF)? <input type="checkbox"/> 3 ...PART FARM AND PART NON-FARM (FW AND NF)? <input type="checkbox"/> 5 ...NEVER WORKED? <input type="checkbox"/> 8 NOT APPLICABLE (ONLY FOR THOSE BORN IN THE U.S.)	(B17) ...COUNTRY?:	(B18) ...STATE (OR DEPARTMENT)?:

LANGUAGE SECTION					
B7 How well do you spea k English? [READ CHOICES. MARK ONLY ONE RESPONSE]: ...			B8 How well do you rea d English? [READ CHOICES. MARK ONLY ONE RESPONSE]: ...		
<input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?			<input type="checkbox"/> 1 ...Not at all? <input type="checkbox"/> 3 ...Somewhat? <input type="checkbox"/> 2 ...A little? <input type="checkbox"/> 4 ...Well?		
B20		B21		B24	
When you were a child, in what languages did adults speak to you at home? [CHECK ALL THAT APPLY] ✓		And now, as an adult, what languages can you speak? [CHECK ALL THAT APPLY] ✓		In which language do you believe you are most dominant (comfortable) conversing? [CHECK ONE] ✓	
		[FOR EACH CHECKED ANSWER, ASK:]			
		B22	B23		
		And now, how well do you speak it? [READ CHOICES. MARK ONLY ONE PER CHECK]:	And now, how well do you read it? [READ CHOICES. MARK ONLY ONE PER CHECK]:		
a	ENGLISH				
b	SPANISH	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
c	CREOLE	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
d	MIXTEC	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
e	KANJOBAL	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
f	ZAPOTEC	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		
z	OTHER:	<input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?	<input type="checkbox"/> 1 ...NOT AT ALL? <input type="checkbox"/> 2 ...A LITTLE? <input type="checkbox"/> 3 ...SOMEWHAT? <input type="checkbox"/> 4 ...WELL?		

[REV. Jul 14, 2015]

S:\M. Questionnaire\2014\CYCLE79\ENGLISHCY79\Updated 6-26-24 Page 17 change\ENG JUN 26 2014 CY79.wpd

B10 In what month and year did you first do any farm work in the U.S.? (First time *FW* in the U.S.) [ASK FOR MONTH AND YEAR]

/

MONTH / YEAR

B11 Approximately how many years have you done farmwork in the U.S.? [COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED].

years

B12 Approximately how many years have you done non-farmwork in the U.S.? [COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED]

years

B13 When was the last time your parents did hired farm-work in the U.S.?

- 0 NEVER
- 1 NOW / WITHIN LAST YEAR
- 2 ONE TO FIVE YEARS AGO
- 3 SIX TO TEN YEARS AGO
- 4 OVER 11 YEARS AGO
- 7 DON'T KNOW

B26-27 ...And where were your parents born? ...In what...

...COUNTRY?:

(B26a) FATHER: (B27a) MOTHER?:

ASK QUESTIONS BELOW ONLY FOR FOREIGN COUNTRY in "B26a" and "B27a": ...

...STATE (OR DEPARTMENT OR EQUIVALENT)?:

(B26b) FATHER: (B27b) MOTHER?:

...MUNICIPALITY (OR DISTRICT OR EQUIVALENT)?:

(B26c) FATHER: (B27c) MOTHER?:

...TOWN (OR CITY) ?

(B26d) FATHER: (B27d) MOTHER?:

D33a While you are working for this grower/contractor, what type of payment arrangement do you have for your living quarters? [IF PAYMENT IS ONLY FOR UTILITIES, CONSIDER IT FREE. DO NOT READ CHOICES. MARK ONLY ONE]:

- 10 I (OR I AND MY FAMILY) RECEIVE FREE HOUSING FROM MY EMPLOYER. [SKIP TO D34A]
- 3 I PAY FOR HOUSING PROVIDED BY MY EMPLOYER. (I PAY DIRECTLY OR THROUGH WAGE DEDUCTION).
- 5 I PAY FOR HOUSING PROVIDED BY THE GOVERNMENT, A CHARITY, OR OTHER NON-WORK RELATED INSTITUTION.
- 11 DO NOT PAY RENT. (I OR FAMILY MEMBER OWN THE HOUSE OR LIVE FOR FREE WITH FRIENDS OR RELATIVES) [SKIP TO D34A]
- 12 I RENT FROM NON-EMPLOYER (RELATIVE OR NON-RELATIVE)
- 97 OTHER:

D50 At this location how much do you pay for housing (including housing for your family, if they live with you)?

1

per week \$

or

per month \$

or

per day \$

- 2 DON'T KNOW, TAKEN OUT OF MY PAYCHECK
- 3 DON'T KNOW/DON'T REMEMBER, BUT NOT TAKEN OUT OF MY PAYCHECK
- 7 OTHER:

[REV. Jul 14, 2015]

S:\V. Questionnaire\2014\CYCLE79\ENGLISH\HCY79\Updated 6-25-24 Page 17 change\ENG JUN 25 2014 CY79.spd

D34a In what type of living quarters do you live now (housing structure at this location)? [READ CHOICES. MARK ONLY ONE]:

...Is it a (an)...

- 1 ...Mobile home?
- 2 ...Single-family home (detached)?
- 3 ...Duplex, triplex, etc. (attached, own parking space with direct access to home)?
- 4 ...Apartments (two or more in a building, shared parking spaces)?
- 5 ...Dormitory or barracks?
- 6 ...Campsite or tent?
- 7 ...Motel or hotel?
- 8 ...Without shelter, "homeless." (Includes "sleeping in a car")? [SKIP TO D36a]
- 97 ...Other:

D35 Where are your living quarters located? [READ CHOICES. MARK ONLY ONE]: ...

- 1 ...Off farm in property not owned or administered by your present employer?
- 2 ...Off farm in property owned or administered by your present employer?
- 3 ...On farm of the grower you currently work for?
- 7 ...Other?:

D54 How many of the following do you have in your current living quarters (dwelling)...

- a. ...Bedrooms?:
- b. ...Bathrooms?:
- c. ...Kitchens?:
- f. ...Other rooms?:

D52 How many people total sleep in these rooms? [VERIFY RESPONSE BY ADDING TOTAL NUMBER GIVEN IN HOUSEHOLD GRID PLUS TOTAL IN A15. IF ANSWERS DO NOT MATCH MAKE APPROPRIATE CHANGES]

D36a [FOR PARENTS OF CHILDREN 12 YEARS OLD OR YOUNGER] I already asked you about the daycare arrangements for your children under 6 years old here in (NAME OF LOCATION)...How about in all the places you've lived in the past 12 MONTHS, where have all your children 12 years old or younger stayed while you are working (FW in the USA)? [CHECK ALL THAT APPLY]

- 1 THEY'VE STAYED HOME ALONE, AT LEAST SOMETIMES
- 13 WITH MY SPOUSE, OTHER FAMILY
- 14 WITH A NEIGHBOR / BABYSITTER, MIGRANT HEAD START, HEAD START, MIGRANT EDUCATION, DAYCARE CENTER, ETC.
- 11 WITH ME IN THE FIELDS
- 12 OTHER:

[REV. Jul 14, 2015]

S:\M. Questionnaire\2014\CYCLE7\ENGLISH\CH779\Updated 5-28-24 Page 17 change\ENG JUN 28 2014 C1779a.wpd

REMINDER FOR INTERVIEWER:
BEFORE BEGINNING WITH "THE WORK GRID" ASK FOR "NW" AND "AB" PERIODS: "DURING THE LAST 12 MONTHS, FOR 5 OR MORE DAYS...HAVE YOU BEEN ILL OR SICK?...HAVE YOU BEEN UNEMPLOYED?...HAVE YOU TRAVELED OUT OF THE COUNTRY?" USE THE AFFIRMATIVE RESPONSES TO PROBE AND DOCUMENT DATES HERE OR DURING THE QUESTIONS IN THE "WORK GRID":

WORK GRID

County 79 Farmworker ID _____

REPORT FROM FIRST PERIOD COVERING JUNE 01, 2013 TO PRESENT

C1-C2	C15	C3	C4	C5	C6	C8	C9	C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR CO (FW ONLY)	EMPLOYER'S NAME (FARM WORK, NON-FARM WORK AND WORK ABROAD)	CROP	WRITE ACTIVITY OR TASK WHILE FW AND NF (USE CODES FOR "NW" AND "AB")	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB FROM: TO:	# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY NAME (IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO)	STATE/COUNTRY	"FW AND NF" WHY LEFT? (CODES)	WERE YOUR SPOUSE AND KIDS WITH YOU?
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO

*** C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.) [WRITE ACTIVITY FOR FW AND NF]**

201 = LOOKING FOR FW AND NF 206 = FAMILY RESPONSIBILITIES/ WORK IN HOME
 202 = LOOKING FOR FARM WORK 207 = IN SCHOOL
 203 = LOOKING FOR NF WORK 208 = LAID UP DUE TO INJURY
 204 = WAITING FOR RECALL 209 = IN-TRANSIT BETWEEN JOBS
 205 = WAITING FOR START OF NOTICE(AFTER LAYOFF) 210 = VACATION
 211 = DID NOT LOOK FOR WORK 212 = OTHER: (SPECIFY IN GRID)
 212 = OTHER: (SPECIFY IN GRID)

**** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):**

311 = FW IN FAMILY RANCH
 312 = FW-HIRED
 320 = NF IN OWN BUSINESS: (SPECIFY IN GRID)
 341 = NF IN "MAQUILA" GRID
 359 = NF- OTHER: (SPECIFY IN GRID)
 361 = NW - MEDICAL TREATMENT
 362 = NW - VACATION
 369 = NW - OTHER: (SPECIFY IN GRID)

***** C-7 CODES: WHY LEFT "FW" AND "NF"?**

1 = LAID OFF/END OF SEASON
 2 = FIRED
 3 = FAMILY RESPONSIBILITIES
 4 = SCHOOL
 5 = MOVED
 6 = HEALTH REASON
 7 = VACATION
 8 = RETIRED
 10 = QUIT
 11 = CHANGE JOBS
 9 = OTHER (SPECIFY):

WORK GRID

[REV. Jul 14, 2015]
 [C1-C2 FOR OFFICE USE ONLY]

79 Farnworker ID

County

REPORT FROM FIRST PERIOD COVERING JUNE 01, 2013 TO PRESENT

C1-C2	C15	C3	C4	C5	C6		C8	C9		C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR CO [FW ONLY]	EMPLOYER'S NAME (FARM WORK AND WORK ABROAD)	CROP	WRITE ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR "NW AND" "AB"]	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT		FROM: TO:	# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY NAME (IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO)	STATE/COUNTRY	"FW AND NF" WHY LEFT? [CODES]	WERE YOUR SPOUSE AND KIDS WITH YOU?	
	GR				FW NF NW AB	Y N									
	GR				FW NF NW AB	Y N									
	GR				FW NF NW AB	Y N									
	GR				FW NF NW AB	Y N									
	GR				FW NF NW AB	Y N									
	GR				FW NF NW AB	Y N									
	GR				FW NF NW AB	Y N									
	GR				FW NF NW AB	Y N									

* C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.)
 (WRITE ACTIVITY FOR FW AND NF)

** C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):

*** C-7 CODES: WHY LEFT "FW" AND "NF"?

- 201 = LOOKING FOR FW AND NF
- 202 = LOOKING FOR FARM WORK
- 203 = LOOKING FOR NF WORK
- 204 = WAITING FOR RECALL NOTICE(AFTER LA YOFF)
- 205 = WAITING FOR START OF SEASON
- 206 = FAMILY RESPONSIBILITIES/ WORK IN HOME
- 207 = IN SCHOOL
- 208 = LAID UP DUE TO INJURY
- 209 = IN-TRANSIT BETWEEN JOBS
- 210 = VACATION
- 211 = DID NOT LOOK FOR WORK
- 212 = OTHER: (SPECIFY IN GRID)
- 311 = FW IN FAMILY RANCH
- 312 = FW-HIRED
- 320 = NF IN OWN BUSINESS: (SPECIFY IN GRID)
- 341 = NF IN "MAQUILA"
- 359 = NF- OTHER: (SPECIFY IN GRID)
- 361 = NW - MEDICAL TREATMENT
- 362 = NW - VACATION
- 369 = NW - OTHER: (SPECIFY IN GRID)
- 8 = RETIRED
- 10 = QUIT
- 11 = CHANGE JOBS
- 9 = OTHER (SPECIFY):

[REV. May 27, 2014]

B34. Questionnaire#2014CYCLE79ENGLISHCYTRRUpdated 9-29-24 Page 17 changeENG JUN 28 2014 CYTRR.spd

D13 IIF PAID BY THE PIECE: Are you paid as an individual or by the crew? [IF THE ANSWER IS "CREW", ASK QUESTIONS D14 to D18 CONSISTENTLY IN REFERENCE TO THE CREW]

- 1 INDIVIDUAL [SKIP TO D15]
- 2 CREW

D14 IIF CREW PIECE RATE: How many people are in your crew? [ONE IS NOT A POSSIBLE ANSWER]

D15 IIF BY PIECE: How do they pay you/your crew [i.e., UNIT OF MEASURE SUCH AS BOX, BIN, BUCKET, ETC.]?

D16 IIF BY PIECE: How many of these (in D15 e.g., boxes, bins, buckets, etc.) you/your crew do in an average day?

D17 IIF BY PIECE: How many hours per day you/your crew work on average at this task?

hours

D18 IIF BY PIECE: How much do "they" pay you/your crew on average for each (box bin, bucket, etc. In D15)?

\$, .

D19 IIF PAID BY SALARY, OR OTHER: Explain fully how and how much you are paid (salary or other). Explain thoroughly the method and amount of payment. [USE BACK OF PAGE IF NEEDED]:

D20 In the last 12 months, aside from your wages, have you received (do you receive) any money bonus from your current employer?

- 0 NO [SKIP TO D22]
- 1 YES
- 7 DON'T KNOW [SKIP TO D22]

D21 IIF PAID A BONUS: How and when do you receive the money bonus? [READ CHOICES. MARK ALL THAT APPLY]:...

- g. ...retention (return or rehire) bonus?
- a. ...holiday bonus?
- b. ...incentive bonus (rewards)?
- c. ...dependent on grower profit?
- d. ...end of season bonus?
- e. ...money for transportation?
- f. ...Other?:

D63 How much money bonus have you been given (TOTAL last 12 months with current employer)?

\$, .

D22 If you are injured at work or get sick as a result of your work, does your employer provide health insurance or pay for your health care?

- 0 NO
- 1 YES
- 7 DON'T KNOW

D23 If you are injured at work or get sick as a result of your work, do you get any payment while you are recuperating (i.e., "workers' compensation")?

- 0 NO
- 1 YES
- 7 DON'T KNOW

D24 If you are injured or get sick off the job (e.g., at home), does your employer provide health insurance or pay for your health care? [WHETHER OR NOT THE WORKER TAKES IT OR USES IT]

- 0 NO
- 1 YES
- 7 DON'T KNOW

[REV. May 27, 2014]

S:\A. Questionnaire\2014\CYCLE7\ENGLISH\CY79\Updated 6-25-14 Page 17 change#ENG JUN 26 2014 CY79.rpt

- D26** Are you covered by unemployment insurance if you lose this job?
- 0 NO
 1 YES 7 DON'T KNOW
- D27** How many years have you worked for this employer? [ONE DAY/PER YEAR=ONE YEAR]
- years
- D28** Do you work for (current employer) year round or on a seasonal basis?
- 0 YEAR ROUND [SKIP TO D30]
 1 SEASONAL
 7 DON'T KNOW (FIRST TIME) [SKIP TO D30]
- D29** [IF WORKED ON A SEASONAL BASIS] Does this employer keep in contact with you about future employment? [READ CHOICES. MARK ALL THAT APPLY]: ...
- a. ... Yes, before leaving at the end of the season?
 b. ... Yes, by letter (written message)?
 c. ... Yes, by phone/in person?
 d. ... Yes, by someone else?
 e. ... No, you contact employer?
 f. ... Other?:
 Don't know
- D30** How did you get this job? [DO NOT READ CHOICES. MARK ONLY ONE RESPONSE]
- 1 I APPLIED FOR THE JOB ON MY OWN
 4 I WAS RECRUITED BY A GROWER OR HIS FOREMAN
 5 I WAS RECRUITED BY FARM LABOR CONTRACTOR OR HIS FOREMAN
 6 I WAS REFERRED BY THE EMPLOYMENT SERVICE
 7 I WAS REFERRED BY THE WELFARE OFFICE
 8 I WAS REFERRED BY RELATIVE / FRIEND / WORKMATE
 9 I WAS REFERRED BY LABOR UNION
 10 DAY LABORER / PICKED UP AT SHAPE UP
 97 Other:
- D37a** How far is your current job from your current residence?
- 1 I'M LOCATED AT THE JOB
 2 WITHIN 9 MILES
 3 10-24 MILES
 4 25-49 MILES MILES
 5 50-74 MILES
 6 75 OR MORE
- D37** At your current job, how do you usually get to work? [READ CHOICES. MARK ONE]:...
- 1 ...DRIVE CAR? [SKIP TO D39a]
 2 ...WALK [SKIP TO D39a]
 5 ...PUBLIC TRANSPORTATION (BUS, TRAIN, ETC.)? [SKIP TO D39a]
 6 ...LABOR BUS, TRUCK, VAN?
 8 ..."RAITERO":?
 4 ...RIDE WITH OTHERS (SHARES RIDE)?
 7 ...OTHER?:
- D38a** Do you have to use the transport (in D37) (IS IT MANDATORY OR OBLIGATORY)?
- 0 NO 1 YES
- D38** Do you pay a fee to (responsible in D37 and/or "raiteros") for rides to work?
- 0 NO
 1 YES, A FEE
 2 YES, JUST FOR GAS
- D39a** At your current job, who pays for the equipment you use at work? [READ CHOICES. MARK ONLY ONE]:...
- 1 ...DON'T NEED ANY EQUIPMENT?
 2 ...(YOU) PAY ALL?
 3 ...THE GROWER/CONTRACTOR PAYS ALL?
 5 ...A FRIEND / RELATIVE PAYS SOME OR ALL?
 6 ...(YOU) PAY SOME?
 10 ...(YOU) PAY ONLY FOR REPLACEMENT OF DAMAGED TOOLS?
 11 ... THE GROWER/CONTRACTOR PROVIDES YOU WITH TOOLS, BUT YOU PREFER TO BUY/BRING YOUR OWN?
 12 ...THE GROWER/CONTRACTOR PROVIDES SOME AND YOU HAVE TO BRING/BUY THE REST?
 97 ...OTHER?:

"Now I'm going to ask you some questions about your individual and family income for last year (2013)"...

G1C ...What was your **total personal income** last year - in 2013 - in U.S. dollars [U.S. earnings only FOR *FW* AND *NF*]? [READ OR SHOW CHOICES. MARK ONLY ONE]

- 0 DID NOT WORK AT ALL IN 2013
- 21 LESS THAN 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 DON'T REMEMBER (DON'T KNOW)

G2C How much of that income [in "G1A"] was from **agricultural employment** (U.S. earnings only for *FW*)? [READ / SHOW CHOICES. MARK ONLY ONE]

- 0 DID NOT WORK AT ALL IN 2013
- 21 LESS THAN 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 DON'T REMEMBER (DON'T KNOW)

G3C What was your family's total income last year - in 2013 - in U.S. dollars [U.S. earnings for *FW* AND *NF* for all in "FAMILY GRID"]? [READ OR SHOW CHOICES. MARK ONLY ONE]

- 0 DID NOT WORK AT ALL IN 2013
- 21 LESS THAN 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 DON'T REMEMBER (DON'T KNOW)

E1 At any time during the last 2 years (in the U.S.), were you covered by a union contract while doing farm work (*FW*)?

- 0 NO
- 1 YES
- 7 DON'T KNOW

E2 How long do you expect to continue doing farm work (*FW* in the U.S.)? [READ CHOICES. MARK ONLY ONE]

- 1 LESS THAN ONE YEAR
- 2 ONE TO THREE YEARS
- 3 FOUR TO FIVE YEARS
- 4 OVER FIVE YEARS
- 5 OVER FIVE YEARS/ AS LONG AS I AM ABLE
- 7 OTHER?:

E4 Could you get a U.S. non-farm job (*NF*) within a month?

- 0 NO
- 1 YES
- 7 DON'T KNOW

SCREENING FOR INJURY SUPPLEMENT

[INTERVIEWER: ...ONLY IF THE RESPONDENT SEEMS HESITANT TO TALK ABOUT INJURIES (e.g., BECAUSE HE/SHE IS FEARFUL, SHOULD YOU REMIND THE RESPONDENT THAT ALL THE INFORMATION HE/SHE SHARES WITH YOU IS CONFIDENTIAL. USE YOUR JUDGMENT ABOUT REMINDING THE INTERVIEWER ABOUT CONFIDENTIALITY AT ANY POINT WHILE ADMINISTERING THIS SUPPLEMENT).

"I would like to ask you some questions about injuries or accidents that you may have had in the last 12 months while doing work in the United States. These includes injuries or accidents that happened while your were doing farm work (FW), and it also includes work or employment you may have had in a non-agricultural job (NF), such as working in construction, landscaping, at a hotel or restaurant, or any other job. These injuries or accidents doing farm work ("FW") or non-agricultural work ("NF") could have also been things like:
 ...injuries from a car accidente traveling to and from work;
 ...cutting yourself with a sharp tool or knife;
 ...hurting yourself lifting heavy objects, such as crates;
 ...hurting yourself by falling, for example falling off a ladder or crate, or tripping in the field; or
 ...getting sick from working too long in the hot sun, being bitten or stung by an insect, or breathing pesticides while working in the fields."

...In the past 12 months, have you had any injury or accident that made you...

NLS01 ...unable to work for at least 4 hours?
 0 NO
 1 YES

NLS02 ...unable to work as hard as you normally do for at least 4 hours? [or were assigned a different job (or different task) that was easier because the injury prevented you from doing the first job (or task)]
 0 NO
 1 YES

NLS03 ...use any type of first aid, such as a bandage to stop bleeding or antiseptic to clean a wound (or ice packs for a bruise, etc.) or seek medical treatment at a clinic or from a nurse or doctor?
 0 NO
 1 YES

NLS04 ...take strong medicine, except aspirin (or Tylenol or Ibuprofen), to allow you to keep working?
 0 NO
 1 YES

INTERVIEWER:...

...IF THE RESPONDENT ANSWERED "NO" TO ALL OF THE PREVIOUS QUESTIONS (NLS01 TO NLS04), SKIP TO NEXT SECTION ("EP", PAGE 19).



...IF THE RESPONDENT ANSWERED "YES" TO ANY OF THE PREVIOUS QUESTIONS (NLS01 TO NLS04), ASK NL1E

NL1E HOW MANY OF THESE TYPES OF INJURIES HAVE YOU HAD?

FW:

NF:

[INTERVIEWER: Write here any spontaneous response related to an injury or injuries (e.g., type of injuries and dates) so you can refer to it when completing the "Injury Supplement":



CONTINUE WITH NEXT SECTION ("NEW EPA") UNTIL COMPLETION OF QUESTIONNAIRE, THEN COMPLETE "INJURY / ACCIDENT -SUPPLEMENT QUESTIONNAIRE"!!!

[REV. May 27, 2014] SECTION EP. NEW EPA VERSION [ID: 10141779] Updated 6-25-24 Page 17 change#DNG JUN 28 2014 0779a.epd

<p>EP1. When was the last time you worked two (2) consecutive days? [If worked yesterday, enter yesterday's date as 1st Day]</p> <p>a. First day [MM/DD/Year]: ____/____/____ b. Second day [MM/DD/Year]: ____/____/____</p> <p><i>[If "First day" is more than 15 days from today, skip to EP7, otherwise continue with EP2]:</i></p>	<p>EP2. On the first day of the consecutive days, at what time did you arrive to work? _____:_____ AM/PM</p> <p>EP3. And...what time did you leave work [First day]? _____:_____ AM/PM</p>																																			
EP4. TIME SPENT DOING CROP/TASK ON THE FIRST DAY [REFER TO FIRST DAY IN "EP1a"]																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">a</th> <th style="width: 25%;">b</th> <th style="width: 25%;">c</th> <th style="width: 20%;">d</th> </tr> </thead> <tbody> <tr> <td></td> <td style="font-size: small;">What crops did you work with the first day?</td> <td style="font-size: small;">What tasks were you doing with [crops in "a"] the first day?</td> <td style="font-size: small;">How long did you work doing [TASK in "b"] with [CROP in "a"]?</td> <td style="font-size: small;">How long were you idle (e.g., rest, break, lunch, etc.) during [TIME in "c"]?</td> </tr> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td style="font-size: small;">Hour(s): Minutes:</td> <td style="font-size: small;">Hour(s): Minutes:</td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> <td style="font-size: small;">Hour(s): Minutes:</td> <td style="font-size: small;">Hour(s): Minutes:</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> <td style="font-size: small;">Hour(s): Minutes:</td> <td style="font-size: small;">Hour(s): Minutes:</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> <td style="font-size: small;">Hour(s): Minutes:</td> <td style="font-size: small;">Hour(s): Minutes:</td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> <td style="font-size: small;">Hour(s): Minutes:</td> <td style="font-size: small;">Hour(s): Minutes:</td> </tr> </tbody> </table>			a	b	c	d		What crops did you work with the first day?	What tasks were you doing with [crops in "a"] the first day?	How long did you work doing [TASK in "b"] with [CROP in "a"]?	How long were you idle (e.g., rest, break, lunch, etc.) during [TIME in "c"]?	1			Hour(s): Minutes:	Hour(s): Minutes:	2			Hour(s): Minutes:	Hour(s): Minutes:	3			Hour(s): Minutes:	Hour(s): Minutes:	4			Hour(s): Minutes:	Hour(s): Minutes:	5			Hour(s): Minutes:	Hour(s): Minutes:
	a	b	c	d																																
	What crops did you work with the first day?	What tasks were you doing with [crops in "a"] the first day?	How long did you work doing [TASK in "b"] with [CROP in "a"]?	How long were you idle (e.g., rest, break, lunch, etc.) during [TIME in "c"]?																																
1			Hour(s): Minutes:	Hour(s): Minutes:																																
2			Hour(s): Minutes:	Hour(s): Minutes:																																
3			Hour(s): Minutes:	Hour(s): Minutes:																																
4			Hour(s): Minutes:	Hour(s): Minutes:																																
5			Hour(s): Minutes:	Hour(s): Minutes:																																
EP5. SHOWER/BATH																																				
<p><i>"Due to busy schedules or limited access to washing facilities, it is not always possible for one to take a shower or bath right after work."</i></p> <p>EP5. After your first work day [Date in EP1a] were you able to bathe/shower (soap and water)?</p> <p>0 __NO 1__YES: When?: [MMDD/YEAR]: ____/____/____ TIME: _____:_____ AM/PM</p> <p style="text-align: center;">Where?: [Check one]: __Work __Home __Other (specify): _____</p>																																				
EP6. CLOTHING ARTICLES																																				
<p><i>"It is also recognized that workers do not always have enough working clothes or enough time or money for washing their work clothes as often as they might like, and that some articles of clothing are not washed as often as others"</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">a</th> <th style="width: 20%;">b</th> <th style="width: 30%;">c</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">What clothing articles did you wear on the first day?</td> <td style="font-size: small;">...Are you wearing (or did you wear) any of the same clothing articles you wore on yesterday (or first day?) [CHECK ONE]</td> <td style="font-size: small;">...Which of those clothing articles were washed (soap and water) before you wore them (today) again? [CHECK ANSWER]</td> <td></td> </tr> <tr> <td></td> <td style="font-size: small;">YES NO D/K</td> <td style="font-size: small;">YES NO</td> <td style="font-size: small;">WASHED</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="font-size: small;">PANTS</td> <td></td> <td style="font-size: small;">☐ YES ☐ NO</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="font-size: small;">LONG SLEEVE SHIRT</td> <td></td> <td style="font-size: small;">☐ YES ☐ NO</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="font-size: small;">SHORT SLEEVE SHIRT</td> <td></td> <td style="font-size: small;">☐ YES ☐ NO</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="font-size: small;">OTHER: _____</td> <td></td> <td style="font-size: small;">☐ YES ☐ NO</td> </tr> </tbody> </table>			a	b	c	What clothing articles did you wear on the first day?	...Are you wearing (or did you wear) any of the same clothing articles you wore on yesterday (or first day?) [CHECK ONE]	...Which of those clothing articles were washed (soap and water) before you wore them (today) again? [CHECK ANSWER]			YES NO D/K	YES NO	WASHED	1	PANTS		☐ YES ☐ NO	2	LONG SLEEVE SHIRT		☐ YES ☐ NO	3	SHORT SLEEVE SHIRT		☐ YES ☐ NO	4	OTHER: _____		☐ YES ☐ NO							
	a	b	c																																	
What clothing articles did you wear on the first day?	...Are you wearing (or did you wear) any of the same clothing articles you wore on yesterday (or first day?) [CHECK ONE]	...Which of those clothing articles were washed (soap and water) before you wore them (today) again? [CHECK ANSWER]																																		
	YES NO D/K	YES NO	WASHED																																	
1	PANTS		☐ YES ☐ NO																																	
2	LONG SLEEVE SHIRT		☐ YES ☐ NO																																	
3	SHORT SLEEVE SHIRT		☐ YES ☐ NO																																	
4	OTHER: _____		☐ YES ☐ NO																																	

EP7. [Ask this question only if answers to "EP6c" are "YES" to (all): "c1, c2 and c3", otherwise skip to section "NP"]
 Have you ever had to wear the same shirt or pants (without washing them) when doing FW?

0 __NO 1__YES: Which one?: __a. long sleeve shirts? __b. short sleeve shirt __c.pants?

NMS - MUSCULOSKELETAL: INTERVIEWER: FIRST ASK ALL FIRST COLUMN QUESTIONS!

During the last 12 months (from XXX of last year until now (current month)), have you had pain or discomfort in your ...	What type of work were you doing when this pain/discomfort began?	[If NF, ask:] What type of TASK were you doing? [If FW, ask:] What type of TASK and CROP were you working on?	Did you have this pain/discomfort for FIVE (5) or more consecutive days? [If "YES", ask: How many DAYS?]	How severe was this pain/discomfort? [SHOW SCALE BELOW]	How long did you work with this pain/discomfort?	How many days did you NOT WORK because of this pain/discomfort?
NMS1 ...BACK? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	a. <input type="checkbox"/> FW <input type="checkbox"/> NF <input type="checkbox"/> NW	f. "FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	b. <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: DAYS	c. <input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	d. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW	e. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW
NMS2 ...SHOULDER / NECK? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	a. <input type="checkbox"/> FW <input type="checkbox"/> NF <input type="checkbox"/> NW	f. "FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	b. <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: DAYS	c. <input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	d. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW	e. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW
NMS3 ...ELBOW / ARM? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	a. <input type="checkbox"/> FW <input type="checkbox"/> NF <input type="checkbox"/> NW	f. "FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	b. <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: DAYS	c. <input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	d. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW	e. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW
NMS4 ...HAND/WRIST/FINGER? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	a. <input type="checkbox"/> FW <input type="checkbox"/> NF <input type="checkbox"/> NW	f. "FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	b. <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: DAYS	c. <input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	d. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW	e. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW
NMS5 ...LEGS / FEET / TOES? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	a. <input type="checkbox"/> FW <input type="checkbox"/> NF <input type="checkbox"/> NW	f. "FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	b. <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: DAYS	c. <input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	d. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW	e. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW
NMS6 ...OTHER? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	a. <input type="checkbox"/> FW <input type="checkbox"/> NF <input type="checkbox"/> NW	f. "FW": CROP AND TASK: "NF": OCCUPATION AND INDUSTRY:	b. <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES: DAYS	c. <input type="checkbox"/> 1 A LITTLE <input type="checkbox"/> 2 A LOT <input type="checkbox"/> 3 UNBEARABLE	d. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW	e. <input type="checkbox"/> LESS THAN A DAY <input type="checkbox"/> DAYS: <input type="checkbox"/> WEEKS: <input type="checkbox"/> MONTHS: <input type="checkbox"/> DON'T KNOW

A LITTLE A LOT UNBEARABLE

[REV. May 27, 2014]

S:\6. Questionnaire\2014\CYCLE7\ENGLISHCY79\Updated 5-26-14 Page 17 change\ENG JUN 26 2014 CY79.wpd

**NP – HANDLING PESTICIDES
(IN THE U.S.A.)**

NP1f. In the last 12 months, have you loaded, mixed or applied pesticides?

- 0 NO
 1 YES

NT – TRAINING AND INSTRUCTIONS

NT2a. In the last 12 months, with your current employer, has anyone given you training or instructions in the safe use of pesticides (through video, audio, cassette, classroom lectures, written material, informal talks or by any other means)?

- 0 NO
 1 YES

NS – SANITATION SECTION

“The following questions refer to sanitation at your job with your current FW employer: ...

... Does your current employer provide EVERY DAY...

NS1 ... (potable) clean drinking water and disposable cups?

- 0 NO WATER, NO CUPS
 1 YES, WATER ONLY
 2 YES, WATER AND DISPOSABLE CUPS
 7 DON'T KNOW

NS4 ... a toilet (EVERY DAY)?

- 0 NO
 1 YES
 7 DON'T KNOW

NS9 ... (provide) water to wash hands (EVERY DAY)?

- 0 NO
 1 YES
 7 DON'T KNOW

[REV. Jul 14, 2015]

S:\M. Questionnaire\2014\CYCLE7\ENGLISH\CY79\Updated 6-26-14 Page 17 change\ENG JUN 26 2014 CY79.wpd

NH – INDIVIDUAL PERSONAL HEALTH HISTORY (LIFETIME)			
(INTERVIEWER: FIRST ASK ALL QUESTIONS IN FIRST COLUMN.)			
Have you ever – in your whole life – been told by a doctor or nurse that you have the following conditions: ...	a.	b. Are you currently taking medication for this condition?	c. In the last 12 months, in the U.S. and/or abroad, have you seen a doctor or nurse for (condition in NH1 to NH10 COLUMN)? (IF ANSWER IS "YES" FOR THE U.S. AND "AB" MARK BOTH)
NH1 ...ASTHMA?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S. <input type="checkbox"/> 2 YES, "AB": <input type="text"/>
NH2 ...DIABETES?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S. <input type="checkbox"/> 2 YES, "AB": <input type="text"/>
NH3 ...HIGH BLOOD PRESSURE?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S. <input type="checkbox"/> 2 YES, "AB": <input type="text"/>
NH4 ...TUBERCULOSIS?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S. <input type="checkbox"/> 2 YES, "AB": <input type="text"/>
NH5 ...HEART DISEASE?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S. <input type="checkbox"/> 2 YES, "AB": <input type="text"/>
NH6 ...URINARY TRACT INFECTIONS?	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S. <input type="checkbox"/> 2 YES, "AB": <input type="text"/>
NH10 ...OTHER?: <input type="text"/>	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES, IN THE U.S. <input type="checkbox"/> 2 YES, "AB": <input type="text"/>

[REV. May 27, 2014]

S:\M. Questionnaire\4004-4CYCLE79ENGLISHCY79\Updated 6-26-04 Page 17 chang4ENG JUN 28 2014 CY79.wpd

NQ – QUALITY OF AND ACCESS TO HEALTH CARE SECTION

[INTERVIEWER]: I would like to ask you a few final questions about health care in general. You may have given me some of this information already, but I would like to make sure it is correct.

NQ1 In the last TWO YEARS (LAST 24 MONTHS), in the U.S.A., have you used any type of health care services from doctors, nurses, dentists, clinics, or hospitals?

- 0 NO [SKIP TO NQ10]
- 1 YES

NQ3b ...And the last time you used the health care provider, where did you go (what kind of place was it)?

- 1 COMMUNITY HEALTH CENTER/
- 2 PRIVATE MEDICAL DOCTOR'S OFFICE/PRIVATE CLINIC
- 3 HEALER/ "CURANDERO"
- 4 HOSPITAL
- 5 EMERGENCY ROOM
- 6 MIGRANT HEALTH CLINIC
- 7 CHIROPRACTOR OR NATUROPATH'S OFFICE
- 8 DENTIST
- 10 OTHER:
- 97 DON'T KNOW

NQ5 And, ...the last time you used the health care provider, who paid the majority of the cost?

- 1 I PAID THE BILL OUT OF "MY OWN POCKET"
- 2 MEDICAID / MEDICARE
- 3 PUBLIC CLINIC DID NOT CHARGE
- 4 EMPLOYER PROVIDED HEALTH PLAN
- 5 SELF OR FAMILY BOUGHT INDIVIDUAL HEALTH PLAN
- 8 BILLED, BUT DID NOT PAY
- 9 WORKER'S COMPENSATION
- 6 OTHER:
- 7 COMBINATION OF:

NQ10 [ASK ALL]: ...When you NEED to get health care in the USA what are the main difficulties you face? [CHECK ALL THAT APPLY]

- m. I do not know. I've never needed it
- l. I'm "undocumented" / "no papers" (that's why they don't treat me well)
- a. No transportation, too far away
- b. Don't know where services are available
- c. Health Center not open when needed
- d. They don't provide the services I need
- e. They don't speak my language
- f. They don't treat me with respect / I don't feel welcomed
- g. They don't understand my problems
- h. I'll lose my job
- i. Too expensive/ no insurance
- j. Other:
- No difficulties / No problems

NQ1a. (How about) In a foreign country (e.g. Mexico), Have you used any type of health service in the last two years (LAST 24 MONTHS) [IF "YES," ASK AND ENTER COUNTRY]

- 0 NO
- 1 YES, IN:
[NAME OF COUNTRY]

[REV. May 27, 2014]

634_QuestFormrev62014CYCLE279ENGL08HCY799Updated 5-28-14 Page 17 cheng429G JUN 28 2014 CY79.wpd

LEGAL STATUS

We are interested in knowing whether any of the following apply to you. Please be assured that no one besides us will know your response.

<p>L1 What is your current legal status in the U.S.? [READ CHOICES IF NECESSARY]</p> <p><input type="checkbox"/> 1 I AM A U.S. CITIZEN BY BIRTH [SKIP TO NEXT PAGE]</p> <p><input type="checkbox"/> 2 I AM A NATURALIZED U.S. CITIZEN (FOREIGN BORN, NATURALIZED). (ASK: "BEFORE BECOMING A NATURALIZED U.S. CITIZEN, UNDER WHICH PROGRAM DID YOU APPLY TO OBTAIN YOUR PERMANENT RESIDENCE?") [POSSIBLE ANSWERS IN L2: 1 - 9, 97]. THEN ASK: L4-1, L4-2, AND L4-3]</p> <p><input type="checkbox"/> 3 PERMANENT RESIDENT/GREEN CARD (RIGHT TO RESIDE AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1 HASTA 9 Y 97]. THEN ASK: L4-1 AND L4-2]</p> <p><input type="checkbox"/> 4 BORDER CROSSING CARD/COMMUTER CARD (RIGHT TO CROSS THE BORDER AND WORK IN THE U.S.) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 9, 12, 13, Y 97. THEN ASK: L3, L4-1 AND L4-2]</p> <p><input type="checkbox"/> 5 PENDING STATUS (WITHOUT DOCUMENTS, APPLIED, AWAITING OFFICIAL DECISION) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?") [POSSIBLE ANSWERS: 1-9, 97. THEN ASK: L3, AND L41]</p> <p><input type="checkbox"/> 6 UNDOCUMENTED (APPLICATION DENIED/DID NOT APPLY TO ANY PROGRAMS) [POSSIBLE ANSWERS: "NONE". SKIP TO NEXT PAGE]</p> <p><input type="checkbox"/> 7 TEMPORARY RESIDENT - NON IMMIGRANT VISA (ONLY FOR SPECIFIED TIME) (ASK L2: "UNDER WHICH PROGRAM DID YOU APPLY?" POSSIBLE ANSWERS: 10 - 97. THEN ASK: L3 AND L41]</p> <p><input type="checkbox"/> 8 OTHER [IF RELEVANT AND APPROPRIATE ASK L2, L3, L4-1, L4-2, AND L4-3. THEN SKIP TO NEXT PAGE]:</p> <div style="border: 1px solid black; width: 200px; height: 15px; margin-left: 20px;"></div>	<p>L2 PROGRAMS [DO NOT READ OPTIONS]</p> <p><input type="checkbox"/> 1 AMNESTY UNDER 5 YEAR PROGRAM ["TIME"]</p> <p><input type="checkbox"/> 2 AMNESTY UNDER SAW (90 DAY) PROGRAM ["FW" - "FIELD WORK"]</p> <p><input type="checkbox"/> 3 CUBAN/HAITIAN ENTRANT</p> <p><input type="checkbox"/> 4 SPOUSAL PETITION PROGRAM/FAMILY UNITY</p> <p><input type="checkbox"/> 5 LABOR CERTIFICATION PROGRAM</p> <p><input type="checkbox"/> 6 REGISTRY PROGRAM</p> <p><input type="checkbox"/> 7 POLITICAL ASYLUM</p> <p><input type="checkbox"/> 8 REFUGEE</p> <p><input type="checkbox"/> 9 PROTECTIVE STATUS (TEMPORARY)</p> <p><input type="checkbox"/> 10 GUEST WORKER PROGRAM ["BRACERO"]</p> <p><input type="checkbox"/> 11 STUDENT</p> <p><input type="checkbox"/> 12 TOURIST</p> <p><input type="checkbox"/> 13 BORDER CROSSING CARD/ "PASSPORT"</p> <p><input type="checkbox"/> 97 OTHER: <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div></p> <p><input type="checkbox"/> 99 NOT ANSWERED</p>
---	--

L3 Do you have general work authorization?:
 0 NO 1 YES 7 DON'T KNOW 9 NOT ANSWERED

L4 DATE STATUS BECAME EFFECTIVE:																																																																																												
<p>1 When did you apply to the program (in L2)?</p>	<p>2 [Only for those who responded "2,3, or 4" in L1]: When did you obtain your legal status?</p>	<p>3 [Only for those who responded "2" in L1]: When did you obtain your naturalization/ become a U.S. citizen?</p>																																																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">/</td> <td colspan="4"></td> <td style="text-align: center;">/</td> <td colspan="4"></td> </tr> <tr> <td colspan="5" style="text-align: center;">(Month)</td> <td colspan="5" style="text-align: center;">(Year)</td> </tr> </table>											/					/					(Month)					(Year)					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">/</td> <td colspan="4"></td> <td style="text-align: center;">/</td> <td colspan="4"></td> </tr> <tr> <td colspan="5" style="text-align: center;">(Month)</td> <td colspan="5" style="text-align: center;">(Year)</td> </tr> </table>											/					/					(Month)					(Year)					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">/</td> <td colspan="4"></td> <td style="text-align: center;">/</td> <td colspan="4"></td> </tr> <tr> <td colspan="5" style="text-align: center;">(Month)</td> <td colspan="5" style="text-align: center;">(Year)</td> </tr> </table>											/					/					(Month)					(Year)				
/					/																																																																																							
(Month)					(Year)																																																																																							
/					/																																																																																							
(Month)					(Year)																																																																																							
/					/																																																																																							
(Month)					(Year)																																																																																							



JBS International, Inc.
Aguirre Division
555 Airport Boulevard, Suite 400
Burlingame, CA 94010-2002
Phone: 650.373.4900
Fax: 650.348.0260

INDIVIDUAL AGREEMENT TO BE A RESEARCH SUBJECT
OMB CONTROL NUMBER: 1205-0453

INTRODUCTION/PURPOSE

You are invited to participate in this survey for the National Institute for Occupational Safety and Health and the Department of Labor because you are currently working on a farm. The purpose of the survey is to learn more about the living conditions and health of farm workers.

PROCEDURES TO BE FOLLOWED

You will be asked to answer some questions about your work history and about your health. The interview will last approximately 60 minutes.

RISKS

Since we will only be asking you questions, there is very little risk to you as a result of being in the survey. You may refuse to answer any question at any time, with no penalty.

BENEFITS

There are no direct benefits to you from being in the survey. But, knowledge gained through this research may help us learn how to prevent any harmful effects of farm work for workers like you.

PRIVACY

Your answers to the interview will be kept private to the extent allowed by law. This means that the interview record will be kept in a locked file, and only researchers on the survey will be allowed to see it. Your name will not appear on any reports about the survey. (See back of page for details.)

ALTERNATIVES TO PARTICIPATION

Participating in this survey is voluntary and you can quit at any time. You can also choose not to participate in any part of the interview at any time, with no penalty. Whether or not you participate in this survey will not affect benefits and services to which you are normally entitled. You will be paid for the time you are spending in this interview. At any time, you may ask the researchers to explain any part of the survey.

WHO TO CALL WITH QUESTIONS

If you have questions about the research survey, including questions about your rights as a research subject, you may call Aguirre International (toll free) at 877- SAY-NAWS (or 877-729-6297). They will refer your questions to Daniel Carroll at the Department of Labor, at (202) 693-2795.

I have read and understand the statement above. My questions about any unclear or confusing statements have been answered clearly. I agree to participate in this survey as a research subject. I admit that I have received a copy of this form and \$20 for my participation.

Signature of Subject

Date

(See reverse)

In accordance with the Privacy Act of 1974, as amended (5 U.S.C.552a), we are notifying you that this study is authorized by the U.S. Department of Labor, Employment and Training Administration (ETA). Your voluntary participation is important to the success of this study and will enable the ETA to understand the labor market and living experiences of U.S. farmworkers. Under written agreement with research organizations, the ETA may release certain information necessary for research but only after all identifying information has been removed. Unless required by law, or necessary for litigation or legal proceedings and except as indicated in this statement, we will hold all personal identifiers (e.g. name, address, and social security number) in total confidence and will not release them.

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid Office of Management and Budget control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 1 hour (or 60 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy, Development and Evaluation, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Appendix B

NAWS Spanish Questionnaire

C:\Users\jogger\Documents\ESP JUN 28 2014 Ciclo 79.spd
ESPAÑOL
CICLO 79, VERANO 2014
OMB Nº. 1205-0453
EXPIRATION DATE: 10/31/2015
(REV. 22 de mayo de 2014)

COUNTY						7	9	FARMWORKER ID			
[FOR OFFICE USE ONLY]											

ENCUESTA NACIONAL DE TRABAJADORES DEL CAMPO - 2014 ("NAWS")

CS2 FECHA: / /

CS5 CULTIVO:

CS6 TAREA:

IDIOMA DURANTE LA ENTREVISTA: _____

[FOR OFFICE USE ONLY]

CROP CODE

TASK CODE

GN: ID:

<p>¿GN REFIRIÓ A:</p> <p><input type="checkbox"/> "CONTRATISTA"? </p> <p><input type="checkbox"/> OTRO "RANCHERO"? </p> <p><input type="checkbox"/> OTRO?: _____ </p>	<p>SI GN REFIERE A UN CONTRATISTA, OTRO RANCHERO U "OTRO", ESCRIBA LOS DATOS CORRESPONDIENTES)</p> <p>NOMBRE : _____</p> <p>DIRECCIÓN: _____</p> <p>TELÉFONO: _____</p> <p style="text-align: center;">() -</p>
---	--

¿QUIÉN ES EL EMPLEADOR DEL TRABAJADOR?: 1 "RANCHERO" 2 "CONTRATISTA"

¿TIPO DE TRABAJO?: 1 "DE CAMPO" ("RANCHO") 2 "NURSERÍA" 3 "EMPAQUE" 7 "OTRO": _____

NOMBRE DEL TRABAJADOR:

DIRECCIÓN:

TELÉFONO:

NOMBRE DEL ENCUESTADOR: CS9 ID DEL ENCUESTADOR:

CP5 TIME BEGAN: : AM PM CP6 TIME ENDED: : AM PM

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid Office of Management and Budget control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 1 hour (or 60 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy, Development and Evaluation, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

HOUSEHOLD GRID

A1 NAME	*A2 RELATION	A3 MARRIAGE STATUS	A4 BIRTH DATE MM/YY	*A5 COUNTRY OF BIRTH (CODE)	A6 HIGHEST GRADE LEVEL (FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K"))	**A7 COUNTRY SCHOOL CODE	A8 MONTH AND YEAR FIRST ENTERED U.S.?	A9 DOES SAME LIVE WITH YOU NOW? IF NOT, WHERE? (STATE/COUNTRY)	***A10 IF NOT HERE, WHY NOT?	County		Farmworker ID	
										A10 LAST 12 MONTHS, HAVE YOU TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	A11 PRIOR 12 MONTHS TO (A32-33) HAD YOU TRAVELED TO DO FW (OR DONE FW IN OTHER CITY)? IF YES, [NAME] TRAVELED OR JOINED WITH YOU?	A12 ANY U.S. SCHOOL LAST 12 MONTHS? NOW?	A13 ANY U.S. FW LAST 12 MONTHS?
A.	(FARMWORKER)	M S	/				/			Y	Y	Y	Y
B.		M S	/				/			Y	Y	FW	Y
C.		M S	/				/			Y	Y	FW	Y
D.		M S	/				/			Y	Y	FW	Y
E.		M S	/				/			Y	Y	FW	Y
F.		M S	/				/			Y	Y	FW	Y
G.		M S	/				/			Y	Y	FW	Y

*CODES FOR A2 (RELATIONSHIP):	** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):	***CODES FOR A31
1 = SPOUSE/COMMON LAW SPOUSE 2 = OWN CHILD, DEPENDENT OR ADOPTED 3 = SIBLING 4 = PARENT 5 = GRANDCHILD 6 = OTHER RELATIVE (COUSINS, UNCLAS, ETC.) 7 = OTHER:	1= U.S.A. 2= PUERTO RICO 3= MEXICO 4= CENTRAL AMERICA 5= SOUTH AMERICA 6= CARIBBEAN 7= SOUTHEAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND) 8= PACIFIC ISLANDS (THE PHILIPPINES, GUAM, FIJI, ETC.) 9= ASIA (CHINA, JAPAN, KOREA, ETC.) 97= OTHER: 99= NOT ANSWERED	1 = NO CHILD CARE IN THIS LOCATION 2 = NO HOUSING IN THIS LOCATION 3 = CHILD IN SCHOOL, AFFECTED IF MOVED 7 = OTHER:

HOUSEHOLD GRID

A1		A2	A3	A4	A5	A6	A7	A8	A9	A10	A8	A4	A31	A32-33	A34-35	A11	A12	A13
NAME		RELATION	SEX	DATE OF BIRTH (MM/YY)	COUNTRY OF BIRTH (CODE)	HIGHEST GRADE LEVEL (FOR MINORS INCLUDE PRE-SCHOOL ("PS") AND KINDER ("K"))	COUNTRY SCHOOL (CODE)	MONTH AND YEAR FIRST ENTERED U.S.?	(ASK ALL IN A1): DOES SAME LIVE WITH YOU NOW? IF NOT, WHERE? (STATE/COUNTRY)	IF NOT HERE, WHY NOT? (CODE)	LAST 12 MONTHS FOR FW, (NAME) TRAVELED OR JOINED WITH YOU?	PRIOR 12 MONTHS TO (A32-33) FOR FW (NAME) TRAVELED OR JOINED WITH YOU?	ANY U.S. SCHOOL LAST 12 MONTHS?	ANY U.S. WORK LAST 12 MONTHS?	ANY U.S. FW LAST 12 MONTHS?			
H.		M	M	/				/										
L.		M	F	/				/										
J.		M	F	/				/										
K.		M	F	/				/										
L.		M	F	/				/										
M.		M	F	/				/										
N.		M	F	/				/										
O.		M	F	/				/										

*CODES FOR A2 (RELATIONSHIP):	** CODES FOR A7 AND A10 (COUNTRIES AND REGIONS):	***CODES FOR A31
1 = SPOUSE/COMMON LAW SPOUSE 2 = OWN CHILD, DEPENDENT OR ADOPTED 3 = SIBLING 4 = PARENT 5 = GRANDCHILD 6 = OTHER RELATIVE (COUSINS, UNCLAS, ETC.) 7 = OTHER:	1= U.S.A. 2= PUERTO RICO 3= MEXICO 4= CENTRAL AMERICA 5= SOUTH AMERICA 6= CARIBBEAN 7= SOUTHEAST ASIA (INDONESIA, CAMBODIA, VIETNAM, LAOS, THAILAND) 8= PACIFIC ISLANDS (THE PHILIPPINES, GUAM, FIJI, ETC.) 9= ASIA (CHINA, JAPAN, KOREA, ETC.) 97= OTHER: 99= NOT ANSWERED	1= NO CHILD CARE IN THIS LOCATION 2= NO HOUSING IN THIS LOCATION 3= CHILD IN SCHOOL, AFFECTED IF MOVED 7= OTHER:

ISÓLO PARA LOS QUE TIENEN NIÑOS/HIJOS MENORES DE 6 AÑOS EN EL "FAMILY GRID" QUE HAN RESIDIDO O ESTÁN RESIDIENDO EN LOS EE.UU

Ahora le voy a hacer algunas preguntas acerca del cuidado de niños. Hay muchos lugares y personas que cuidan niños mientras los padres trabajan. Los padres usan guarderías o casas de vecinos; otras veces, los niños se quedan en casa con la mamá, los hermanos u otros parientes o miembros de la familia ...

HS1. ...Ahora que está trabajando en [..NOMBRE DE LOCALIDAD], ¿qué arreglos ha hecho para el cuidado de sus hijos mientras trabaja (FW)? Por favor dígame todos los tipos de cuidado de sus hijos que usted haya usado [SONDEAR POR MÁS DE UNA RESPUESTA]

a. "MSHS"
 b. Esposa(o)
 c. Hermano(s) mayor(es) del niño o niños: ¿edad(es)?: _____
 d. Otros parientes (no esposa(o) ni hermanos mayores del niño o niños)
 e. Fuera de casa (guardería/ centro / niñera o "babysitter")
 f. Amigos / vecinos
 g. Va(n) al trabajo ("field"/ FW) con nosotros
 z. Otro (Especifique): _____

HS2. ISI HAY MÁS DE UNA RESPUESTA EN HS1: ¿Cuál usa más durante una semana común de trabajo (FW)? [ESCRIBA LETRA DE RESPUESTA EN HS1]:

HS3. IPREGUNTE A TODOS!;¿Por qué usa (más) ese tipo de cuidado de niño mientras trabaja (FW)? [IMARQUE LAS RESPUESTAS]

a. Confianza
 b. Horario conveniente / flexible
 c. Lugar conveniente
 d. Culturalmente compatible (ej. idioma, comida, personal, etc.)
 e. Preparan niños para la escuela (ej. Inglés)
 f. No sé (mi esposa/o decide)
 z. Otro (Especifique): _____

ISI NO MENCIONÓ "a" (MSHS) EN HS1, PREGUNTE HS4):...

HS4. ...¿Alguna vez ha escuchado algo de MSHS?

0 NO [EXPLIQUE MSHS. MENCIONE NOMBRE DE MSHS EN EL ÁREA. SI TODAVÍA ES "NO", PASE A "A15" EN LA SIGUIENTE PÁGINA]
 1 SÍ

HS5. Su(s) niño(s), ¿ha(n) usado alguna vez MSHS? (¿Cuándo?)

0 NO [PASE SÓLO A "HS6"]
 1 SÍ, AHORA, EN ESTE LUGAR [PASE A "HS7"]
 2 SÍ, NO AHORA, PERO EN LOS ÚLTIMOS 12 MESES [PASE A "HS6" Y "HS7"]
 3 SÍ, PERO HACE MÁS DE 12 MESES [PASE SOLO A "HS6"]

HS6. ¿Por qué no usa(-n) MSHS en esta localidad? [IMARQUE LAS RESPUESTAS]

a. Prefiero mis propios arreglos (para niños)
 b. No hay MSHS en el área
 c. MSHS no está abierto toda la temporada (FW)
 d. Horas inconvenientes
 e. MSHS estaba lleno ("apliqué", pero no había vacantes)
 f. "Apliqué" pero no calificamos
 g. No aceptan bebés (infantes) / niños mayores
 h. No me(nos) gusta MSHS. Especifique: _____
 i. No "califico". Especifique ¿porque?: _____
 z. Otro (Especifique): _____

HS7. HAGA LAS PREGUNTAS REFIRIENDOSE A NIÑO(S) QUE HA(N) ASISTIDO A MSHS EN LOS ÚLTIMOS 12 MESES

a	b	c	d	e	f
NIÑO(S) QUE USAN (USARON) MSHS [NOMBRES EN GRID]	FECHA DE ÚLTIMO USO DE MSHS? (MES/AÑO)	LOCALIDAD (CIUDAD/ESTADO)	¿NOMBRE DEL CENTRO?	¿CÓMO SE ENTERÓ DE MSHS? [USE CÓDIGO]	[VERIFIQUE SI EL CENTRO EN "d" ESTÁ EN LA LISTA DE MSHS]
1	INICIO: _____ / _____ FIN: _____ / _____	CIUDAD: _____ ESTADO: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 SÍ
2	INICIO: _____ / _____ FIN: _____ / _____	CIUDAD: _____ ESTADO: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 SÍ

***CODES FOR "e":**

1 = ANTERIOR / PREVIO MSHS NOS REFIRIÓ	4 = VI UN AVISO CON INFORMACIÓN DE MSHS
2 = PERSONAL DE MSHS NOS CONTACTÓ	5 = UN PARIENTE/AMIGO NOS REFIRIÓ A MSHS
3 = TRABAJADOR(A) SOCIAL (AGENCIA, CLÍNICA, ETC.) NOS REFIRIÓ	6 = OTRO: _____

[REV. 22 de mayo de 2014]

C:\Users\Jorge\Desktop\ESP JUN 26 2014 Ciclo 78.spd

[ESTAS PREGUNTAS SE REFIEREN A LAS PERSONAS QUE VIVEN CON EL ENTREVISTADO, PERO <u>NO</u> FUERON MENCIONADAS EN LA TABLA ANTERIOR ("HOUSEHOLD GRID")]				
A15 Además de las personas que me mencionó anteriormente, ¿cuántas otras viven con Ud. ahora?				
<input type="text"/> <input type="text"/> TOTAL				
De estas (total en "A15"),... ...¿cuántas personas son... ↓ →	A20 ¿Cuántas son sus parientes o "familiares"?	A16 ¿Cuántas hacen FW?	A17 ¿Cuántas hacen NF?	A18 ¿Cuántas no trabajan (NW)?
a. ...adultas (mayores de 18 años)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. ...menores (menores de 18 años)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. ...no sabe la edad?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

PREGUNTAS REFERENTES AL SEGURO DE SALUD ("ASEGURANZA") DEL TRABAJADOR Y SU FAMILIA (EN EL "HOUSEHOLD GRID") [DESCRIBA/EXPLIQUE QUÉ ES SEGURO DE SALUD]

A21		A23									
En los EE.UU., ¿quiénes tienen Seguro de Salud (Médico) en su familia (en el "Family Grid") ... tiene seguro... [SÓLO PARA LOS HIJOS, SI LA RESPUESTA ES "SÍ", PREGUNTE: ¿CUÁNTOS MENORES Y CUÁNTOS MAYORES DE 18 AÑOS. NÚMERO TOTAL NO DEBE EXCEDER EL TOTAL EN "FAMILY GRID"]		¿QUIÉN PAGA EL SEGURO? [USE CÓDIGOS. MARQUE TODAS LAS RESPUESTAS]									
a. ...usted (trabajador)?	<input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 SÍ → <input type="checkbox"/> 7 NO SÉ	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input type="text"/>									
	<input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 SÍ → <input type="checkbox"/> 7 NO SÉ	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input type="text"/>									
c. ...sus hijos?	<table border="1"> <thead> <tr> <th>A21C2</th> <th>A24</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 SÍ, TODOS LO TIENEN [PREGUNTE A23] </td> <td>(a) ¿Cuántos menores de 18 años?: <input type="text"/> <input type="text"/></td> </tr> <tr> <td> <input checked="" type="checkbox"/> 2 SÍ, PERO SÓLO ALGUNOS LO TIENEN → </td> <td>(b) ¿Cuántos mayores de 18 años?: <input type="text"/> <input type="text"/></td> </tr> <tr> <td> <input type="checkbox"/> 7 NO SÉ </td> <td></td> </tr> </tbody> </table>	A21C2	A24	<input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 SÍ, TODOS LO TIENEN [PREGUNTE A23]	(a) ¿Cuántos menores de 18 años?: <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> 2 SÍ, PERO SÓLO ALGUNOS LO TIENEN →	(b) ¿Cuántos mayores de 18 años?: <input type="text"/> <input type="text"/>	<input type="checkbox"/> 7 NO SÉ		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6: <input type="text"/>	
	A21C2	A24									
<input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 SÍ, TODOS LO TIENEN [PREGUNTE A23]	(a) ¿Cuántos menores de 18 años?: <input type="text"/> <input type="text"/>										
<input checked="" type="checkbox"/> 2 SÍ, PERO SÓLO ALGUNOS LO TIENEN →	(b) ¿Cuántos mayores de 18 años?: <input type="text"/> <input type="text"/>										
<input type="checkbox"/> 7 NO SÉ											
CÓDIGOS PARA "A23" (¿QUIÉN PAGA?):											
1= YO PAGO	3= MI EMPLEADOR	5= GOBIERNO									
2= MI ESPOSO(A)	4= EMPLEADOR DE MI ESPOSO(A)	6= OTRO: <input type="text"/>									

[REV. 23 de mayo de 2014]

C:\Users\Jorge\Desktop\ESP JUN 26 2014 Ciclo 79.spd

B4 En los últimos 2 años [ÚLTIMOS 24 MESES], aparte de Ud., ¿alguna persona de su casa (en el "Family Grid"), ha asistido, participado, o recibido algún entrenamiento, clase o escuela "especial" en los EE.UU.? [LEA OPCIONES. MARQUE TODAS LAS QUE CORRESPONDAN]: ...

- a. ...educación de adultos como inglés (ESL), educación de adultos básica, ciudadanía?
- d. ...entrenamiento/capacitación de trabajo?:
- f. ...GED (Equivalente de Secundaria)?
- j. ...educación migrante?
- k. ...Head Start?
- l. ...Migrant Head Start?
- n. ...otro?:
- o. No sé

G4 En los últimos 2 años [ÚLTIMOS 24 MESES], ¿Ud. o alguna otra persona de su casa (en el "Family Grid") ha recibido beneficios o usado alguno de los siguientes servicios sociales [LEA OPCIONES. MARQUE TODAS LAS QUE CORRESPONDAN]: ...

- p. ...(TANF) ayuda temporal para familias con necesidades?
- b. ...estampilla/cupones de alimento/comida?
- c. ...seguro de incapacidad por enfermedad?
- d. ...seguro de desempleo?
- e. ...seguro social (Social Security)?
- f. ...pensión de veterano?
- g. ...asistencia pública (Welfare)?
- h. ...vivienda para personas de bajo ingreso?
- i. ...centro o clínica de salud pública?
- j. ...Medicaid?
- k. ...WIC?
- l. ...ayuda en caso de desastres?
- m. ...servicios legales?
- n. ...otro?:
- o. No sé

G6 ¿Es Ud. dueño o está comprando alguna de las siguientes cosas aquí en los EE.UU.? [LEA OPCIONES. MARQUE TODAS LAS QUE CORRESPONDAN]: ...

- a. ...un terreno?
- b. ...una casa?
- c. ...una casa móvil ("traile")?
- d. ...un carro/camión ("troka")?
- e. ...un negocio?
- f. ...otro?:
- o. nada

G7 ISÓLO PARA LOS QUE NACIERON FUERA DE LOS EE.UU.: ...Y en su país, ¿es Ud. dueño o está comprando alguna de las siguientes cosas? [LEA OPCIONES. MARQUE TODAS LAS QUE CORRESPONDAN]: ...

- a. ...un terreno?
- b. ...una casa?
- c. ...una casa móvil ("traile")?
- d. ...un carro/camión ("troka")?
- e. ...un negocio?
- f. ...otro?:
- o. nada

B1 ¿Cómo se describe Ud.? [LEA OPCIONES. MARQUE SOLO UNA]: ...

- 1 ...MEXICANO-AMERICANO?
- 2 ...MEXICANO?
- 3 ...CHICANO?
- 5 ...PUERTORRIQUEÑO?
- 4 ...OTRO HISPANO?:
- 7 ...NI HISPANO, NI LATINO?

B2 ¿Qué se considera Ud.? [LEA OPCIONES, SALVO "OTRO". MARQUE UNA O MÁS]: ...

- 1 ...Blanco?
- 2 ...Negro o "Afroamericano"?
- 4 ...Indio Americano / Nativo de Alaska?
- 5 ...Asiático?
- 6 ...Nativo de Hawai o Islas del Pacifico?
- 7 ...Otro?:

B3 ¿Alguna vez ha asistido, participado, o recibido algún curso de capacitación de trabajo, o algunas de las siguientes clases o cursos especiales en los EE.UU.? [LEA OPCIONES. MARQUE TODAS LAS QUE CORRESPONDAN]: ...

- d. ...entrenamiento de trabajo?:
- a. ...inglés?
- b. ...ciudadanía?
- c. ...alfabetización?
- e. ... "GED" (Equivalente de Secundaria)?
- f. ...escuela superior o universidad?
- g. ...educación de adultos básica?
- h. ... "Even Start"?
- i. ...educación migrante?
- j. ...otro?:
- o. ninguna

(REV. 22 de mayo de 2014) C:\Users\krcorral\Desktop\CFEP_B18 08 2014 (Solo 79).and

[SI NACIÓ FUERA DE LOS EE.UU., PREGUNTE]:				
B18. ¿Dónde nació? ¿En qué...			B16. Cuando vivía en su país, ¿trabajaba en empleos...	
(d) ...ESTADO?: (EQUIVALENTE)	(e) ...MUNICIPIO (O EQUIVALENTE)?:	(f) ...PUEBLO (O CIUDAD)?:	<input type="checkbox"/> 1 ...AGRÍCOLAS (FWI)? <input type="checkbox"/> 2 ...NO AGRÍCOLAS (NF)? <input type="checkbox"/> 3 ...PARTE EN EL CAMPO Y PARTE EN NO AGRÍCOLA (FW Y NF)? <input type="checkbox"/> 5 ...NUNCA TRABAJÓ? <input type="checkbox"/> 8 NO APLICABLE (SÓLO PARA LOS QUE NACIERON EN LOS EE.UU.)	
			B17-18.	
			Antes de venir a los EE.UU., ¿vivía en qué....	
			(B17) ...PAÍS?:	(B18) ...ESTADO (O EQUIVALENTE)?:

SECCIÓN IDIOMA				
B7. ¿Qué tan bien habla el inglés? (LEA OPCIONES. MARQUE SOLO UNA): ...		B8. ¿Qué tan bien lee el inglés? (LEA OPCIONES. MARQUE SOLO UNA): ...		
<input type="checkbox"/> 1 NADA? <input type="checkbox"/> 2 UN POCO/NO MUY BIEN?		<input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?		
<input type="checkbox"/> 1 NADA? <input type="checkbox"/> 2 UN POCO (NO MUY BIEN)?		<input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?		
B20	B21			B24
En casa, cuando era niño, ¿en qué idiomas le hablaban los adultos a Ud? [MARQUE TODAS LAS RESPUESTAS] ✓	Y ahora, de adulto, ¿qué idiomas habla / puede hablar?			¿En qué idioma se siente más cómodo (domina más) para conversar? [MARQUE SÓLO UNA] ✓
	[PARA CADA RESPUESTA MARCADA, PREGUNTE]:			
	MARQUE TODAS LAS RESPUESTAS ✓	B22	B23	
		Y ahora, ¿qué tan bien lo habla? (LEA OPCIONES. MARQUE SOLO UNA): ...	Y ahora, ¿qué tan bien lo lee? (LEA OPCIONES. MARQUE SOLO UNA): ...	
a INGLÉS				
b ESPAÑOL		<input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	<input type="checkbox"/> 1 NADA <input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	
c "CREOLE"		<input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	<input type="checkbox"/> 1 NADA <input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	
d MIXTECO		<input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	<input type="checkbox"/> 1 NADA <input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	
e KANJOBAL		<input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	<input type="checkbox"/> 1 NADA <input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	
f ZAPOTECA		<input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	<input type="checkbox"/> 1 NADA <input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	
z OTRO:		<input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	<input type="checkbox"/> 1 NADA <input type="checkbox"/> 2 UN POCO (NO MUY BIEN)? <input type="checkbox"/> 3 ALGO O MÁS O MENOS? <input type="checkbox"/> 4 BIEN O MUY BIEN?	

B10 En los EE.UU., ¿en qué mes y año trabajó por primera vez en el campo?

MES		AÑO					

B11 Más o menos, ¿cuántos años ha trabajado en el campo (FW) en los EE.UU.? [CONSIDERE UN AÑO CADA AÑO QUE TRABAJÓ 15 DÍAS O MÁS].

AÑOS			

B12 Más o menos, ¿cuántos años ha trabajado en empleos no agrícolas (NF) en los EE.UU.? [CONSIDERE UN AÑO CADA AÑO QUE TRABAJÓ 15 DÍAS O MÁS].

AÑOS			

B13 ¿Cuándo fue la última vez que sus padres hicieron trabajo de campo en los EE.UU.?

- 0 NUNCA
- 1 AHORA/HACE MENOS DE 1 AÑO
- 2 HACE COMO 1 A 5 AÑOS
- 3 HACE COMO 6 A 10 AÑOS
- 4 HACE COMO MÁS DE 11 AÑOS
- 7 NO SÉ

B26-27 ...Y dónde nacieron sus padres? ...En qué...

...PAÍS?:

(B26a) PADRE?: (B27a) MADRE?:

--	--

[PREGUNTE (ABAJO)SÓLO SI NACIERON FUERA DE LOS EE.UU. EN "B26a" "B27a"]: ... ¿En qué...

...ESTADO (O DEPARTAMENTO O EQUIVALENTE)?:

(B26b) PADRE?: (B27b) MADRE?:

--	--

...MUNICIPIO (O DISTRITO O EQUIVALENTE)?:

(B26c) PADRE?: (B27c) MADRE?:

--	--

...PUEBLO (CIUDAD)?

(B26d) PADRE?: (B27d) MADRE?:

--	--

D33a Ahora que trabaja para este patrón, ¿qué arreglos tiene para su vivienda? [SI PAGA SÓLO LUZ/AGUA CONSIDÉRELO "GRATIS". NO LEA OPCIONES. MARQUE SÓLO UNA]

- 10 YO (Y MI FAMILIA) RECIBIMOS VIVIENDA GRATIS DE MI PATRÓN. NO PAGO "RENTA" [PASE A D34A]
- 3 YO PAGO POR LA VIVIENDA QUE ME DA MI PATRÓN. PAGO DIRECTO O DESCUENTO DEL SALARIO
- 5 YO PAGO ("RENTA") POR LA VIVIENDA QUE ME DA UNA AGENCIA DE CARIDAD, GOBIERNO U OTRA INSTITUCIÓN NO RELACIONADA CON MI TRABAJO.
- 11 NO PAGO (YO O MIS PARIENTES SOY/SOMOS DUEÑO(S) DE LA VIVIENDA O VIVO GRATIS CON AMIGOS O "FAMILIARES") [PASE A D34A]
- 12 ALQUILO/"RENTA" DE ALGUIEN QUE NO ES MI PATRÓN (YA SEA UN "FAMILIAR" O NO)
- 97 OTRO:

D50 En el lugar donde vive ahora, ¿cuánto paga de alquiler/"renta" (cuota del trabajador y de la familia si viven juntos)?

1

POR SEMANA: \$, .

o

POR MES: \$, .

o

POR DÍA: \$, .

- 2 NO SÉ, PERO SÍ LO DEDUCEN DE MI PAGO (SUELDO)
- 3 NO SÉ / NO RECUERDO, PERO NO ME LO DEDUCEN DE MI PAGO (SUELDO)
- 7 OTRO:

- D34a** ¿En qué tipo de vivienda (casa) vive UD. ahora (estructura de vivienda)? [LEA LAS OPCIONES. MARQUE SÓLO UNA] ¿Es ...
- 1 ...CASA MÓVIL [“TRAILER”, UNA UNIDAD]?
 - 2 ...CASA O CABAÑA [SEPARADA, UNIFAMILIAR]?
 - 3 ...DUPLEX, TRIPLEX, ETC. [EDIFICIO DE UNA UNIDAD CON PARED MEDIANERA A OTRO(S)]?
 - 4 ...APARTAMENTO/DEPARTAMENTO [EDIFICIO DE DOS O MÁS APARTAMENTOS, ESTACIONAMIENTO COMPARTIDO]?
 - 5 ...DORMITORIO, VIVIENDA [TIPO CUARTEL]?
 - 6 ...CARPA, TIENDAS DE CAMPAÑA [CAMPAMENTO, SITIO PARA ACAMPAR]?
 - 7 ...MOTEL/HOTEL?
 - 8 ...DESAMPARADO / “HOMELESS” (INCLUYE “DORMIR EN CARRO”) ? [PASE A D38a]
 - 97 OTRO:

- D35** ¿Dónde está localizada su vivienda (casa)? [LEA OPCIONES. MARQUE SÓLO UNA]
- 1 ...FUERA DEL RANCHO (PATRÓN ACTUAL NO ES DUEÑO/ADMINISTRADOR DE LA PROPIEDAD)?
 - 2 ...FUERA DEL RANCHO (PATRÓN ACTUAL ES DUEÑO O ADMINISTRADOR DE LA PROPIEDAD)?
 - 3 ...EN EL RANCHO DE MI ACTUAL PATRÓN?
 - 7 ...OTRO?:

D54 En su vivienda actual, ¿cuántos cuartos tiene de...

- a. ...recámaras (dormitorios)?:
- b. ...baños?:
- c. ...cocinas?:
- f. ...otros cuartos (habitaciones):

D52 ¿Cuántas personas en total duermen en estos cuartos (habitaciones)? [VERIFIQUE EL TOTAL CON EL TOTAL EN EL **HOUSEHOLD GRID** Y EL TOTAL EN **A15**. SI ES NECESARIO HAGA LOS CAMBIOS CORRESPONDIENTES]

--	--	--

D36a [PARA PADRES DE NIÑOS MENORES DE 13 AÑOS] Ya le pregunté acerca del cuidado de sus niños menores de 6 años aquí (NAME OF LOCATION)...Ahora dígame, en todos los lugares donde haya vivido en los últimos 12 MESES, ¿dónde se han quedado (todos) sus hijos de 12 años o menos, cuando UD. está trabajando en el campo (FW)? [MARQUE TODAS LAS QUE CORRESPONDAN]:

- 1 Se han quedado en casa solos, por lo menos algunas veces
- 13 Con mi esposa(o), otro(s) familiares o parientes
- 14 Con vecinos, niñera, guardería, *Migrant Head Start, Head Start*, escuela, etc.
- 11 Conmigo, en el campo (trabajo)
- 12 OTRO:

[REV. 22 de mayo de 2014] C:\Users\jguy\OneDrive\ESP JUN 20 2014 08:05 79.mxd

RECORDATORIO (REMINDER) PARA EL ENCUESTADOR:
ANTES DE COMENZAR EL "WORK GRID" PREGUNTE POR LOS PERÍODOS (EN LOS ÚLTIMOS 12 MESES) DE "NW" Y "AB": "POR 5 DÍAS O MÁS...¿HA ESTADO ENFERMO? ¿HA ESTADO SIN TRABAJAR? ¿HA VIAJADO FUERA DEL PAÍS?" [USE LAS RESPUESTAS AFIRMATIVAS PARA INDAGAR Y DOCUMENTAR FECHAS AQUÍ O DURANTE LAS PREGUNTAS EN EL "WORK GRID"]:

Work Grid
 _____ County _____ 79 _____ Farmworker ID

INFORME DESDE EL PRIMER PERÍODO QUE CUBRA EL 01 DE JUNIO DE 2013 HASTA HOY

C1-C2	C15	C3	C4	C5	C6	C8	C9	C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR? CO?	EMPLOYER'S NAME (FARM WORK, NON-FARM WORK AND WORK ABROAD)	CROP	[WRITE] ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR "NW" AND "AB"]	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB FROM: TO:	# OF WORK DAYS PER WEEK? FW & NF	CITY	COUNTY [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE/COUNTRY	***FW AND NF: WHY LEFT? [CODES]	WERE YOUR SPOUSE AND KIDS WITH YOU?
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO
	GR CO				FW NF NW AB	Y N							SPOUSE CHILDREN ALL NO

"C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.)
 [WRITE ACTIVITY FOR FW AND NF]
 201 = LOOKING FOR FW AND NF WORK
 202 = LOOKING FOR FARM WORK
 203 = LOOKING FOR NF WORK
 204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF)
 205 = WAITING FOR START OF SEASON

"C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):
 311 = FW IN FAMILY RANCH
 312 = FW-HIRED
 320 = NF IN OWN BUSINESS: (SPECIFY IN GRID)
 341 = NF IN "MAQUILA"
 359 = NF- OTHER: (SPECIFY IN GRID)
 361 = NW - MEDICAL TREATMENT
 362 = NW - VACATION
 369 = NW - OTHER: (SPECIFY IN GRID)

***** C-7 CODES: WHY LEFT "FW" OR "NF"?**
 1 = LAID OFF/END OF SEASON
 2 = FIRED
 3 = FAMILY RESPONSIBILITIES
 4 = SCHOOL
 5 = MOVED
 6 = HEALTH REASON

***** C-7 CODES: WHY LEFT "FW" OR "NF"?**
 7 = VACATION
 8 = RETIRED
 10 = QUIT
 11 = CHANGE JOBS
 9 = OTHER (SPECIFY):

Work Grid

County 79 Farmworker ID

[C1-C2 FOR OFFICE USE ONLY]

INFORME DESDE EL PRIMER PERIODO QUE CUBRA EL 01 DE JUNIO DE 2013 HASTA HOY

C1-C2	C3	C4	C5	C6	C8	C9	C10	C11	C12	C13	C7	C16
PER. AND SUB PER. NO.	GR? CO? [FW ONLY]	EMPLOYER'S NAME (FARM WORK, NON-FARM WORK AND WORK ABROAD)	[WRITE] ACTIVITY OR TASK WHILE FW AND NF [USE CODES FOR 'NW' AND '**AB']	FW? NF? NW? AB?	RECEIVED UNEMPLOYMENT?	DATES FOR PERIODS OF FW, NF, NW, AB FROM: TO:	# OF WORK DAYS PER WEEK FW & NF	CITY	COUNTY [IF IN A BORDER COUNTY ASK IF COMMUTE FROM MEXICO]	STATE/COUNTRY	***FW AND SPOUSE WHY LEFT? [CODES]	WERE YOUR SPOUSE AND KIDS WITH YOU?
				FW NF NW AB	Y N				Y N			Y N
				FW NF NW AB	Y N				Y N			Y N
				FW NF NW AB	Y N				Y N			Y N
				FW NF NW AB	Y N				Y N			Y N
				FW NF NW AB	Y N				Y N			Y N
	GR CO		CROP		Y N							SPOUSE CHILDREN ALL NO
	GR CO				Y N							SPOUSE CHILDREN ALL NO
	GR CO				Y N							SPOUSE CHILDREN ALL NO
	GR CO				Y N							SPOUSE CHILDREN ALL NO
	GR CO				Y N							SPOUSE CHILDREN ALL NO
	GR CO				Y N							SPOUSE CHILDREN ALL NO

*C-5 ACTIVITY CODES: ONLY FOR "NW" (IN THE U.S.A.)
[WRITE ACTIVITY FOR FW AND NF]
201 = LOOKING FOR FW AND NF WORK
202 = LOOKING FOR FARM WORK
203 = LOOKING FOR NF WORK
204 = WAITING FOR RECALL NOTICE(AFTER LAYOFF)
205 = WAITING FOR START OF SEASON

**C-5 ACTIVITY CODES: ONLY FOR "AB" (WHILE IN A FOREIGN COUNTRY OR ABROAD):
311 = FW IN FAMILY RANCH
312 = FW-HIRED
320 = NF IN OWN BUSINESS: (SPECIFY IN GRID)
341 = NF IN "MAQUILA"
359 = NF-OTHER: (SPECIFY IN GRID)
361 = NW - MEDICAL TREATMENT
362 = NW - VACATION
369 = NW - OTHER: (SPECIFY IN GRID)

*** C-7 CODES: WHY LEFT "FW" OR "NF"?
1 = LAID OFF/END OF SEASON
2 = FIRED
3 = FAMILY RESPONSIBILITIES
4 = SCHOOL
5 = MOVED
6 = HEALTH REASON
7 = VACATION
8 = RETIRED
10 = QUIT
11 = CHANGE JOBS
OTHER (SPECIFY):

[REV. 22 de mayo de 2014]

C:\Users\Jorge\Desktop\ESP JUN 26 2014 Ciclo 79L.wpd

D1 ...Y el año antepasado [JUNIO DE 2012 HASTA JUNIO DE 2013, AÑO ANTERIOR AL DESCRITO EN EL "WORK GRID"], ¿cuántos meses trabajó en el campo (FW) en los EE.UU.? [PROMEDIO DE MESES: 1 DÍA O MÁS POR MES SE CUENTA COMO 1 MES]:

meses

D2 [SI INDICÓ NF EN EL "WORK GRID", PREGUNTE]: Para su más reciente empleador no-agrícola (NF), ¿cuál fue el (promedio) de horas que trabajó por semana?

horas

D3 [SI INDICÓ NF EN EL "WORK GRID"]: Para su más reciente empleador no-agrícola (NF), ¿cuánto ganaba (promedio) por semana?

\$, .

TRABAJO DE CAMPO ACTUAL

"Ahora voy a hacerle algunas preguntas acerca de su trabajo (FW) con su actual empleador, por medio del cual contactamos a UD." [INCLUIDO EN PERÍODO EN EL "WORK GRID"]:

D4 ¿Cuántas horas trabajó la semana pasada en su actual trabajo de campo?

horas

[D5 HASTA D8: SI EL ENTREVISTADO NO HA RECIBIDO AÚN PAGO POR SU TRABAJO ACTUAL, PREGUNTE POR DATOS APROXIMADOS]: ¿Cuánto dinero recibió de su patrón en su último pago (efectivo o cheque)?

D5 ...Después de "rebajas/en limpio":

\$, .

D6 Y...antes de las deducciones "en bruto/completo/en sucio":

\$, .

D61 [LEA OPCIONES. MARQUE SÓLO UNA]: ¿Le pagaron con...

- 1 ...CHEQUE DE LA COMPAÑÍA? 4 ...OTRO CHEQUE?
- 2 ...CHEQUE PERSONAL? 5 ...EN EFECTIVO?
- 3 ...EN EFECTIVO Y CHEQUE? 6 ...OTRO?:

D62 ¿Le dieron un recibo ("talón")?

- 0 NO 1 Sí

D7 ¿Qué período de tiempo cubría ese pago? ¿Diría que...

- 1 ...UN DÍA? 4 ...UN MES?
- 2 ...UNA SEMANA 7 ...OTRO?:
- 3 ...DOS SEMANAS?

D8 ¿Cuántas horas trabajó durante ese período [en D7)?

horas

D9 Y ahora, en su trabajo actual, me dijo que el cultivo que está trabajando es:

D10 Y con su actual patrón, me dijo que la tarea que esta haciendo ahora es:

D11 Y ahora, ¿cómo le pagan a usted?

- 1 POR HORA
- 2 POR UNIDAD (CONTRATO/PIEZA) [PASE A D13]
- 3 COMBINACIÓN HORA Y UNIDAD [PREGUNTE D12 A D18]
- 4 SALARIO U OTRO [PASE A D19]

D12 ¿Cuánto por hora (incluya los centavos)? [SI LE PAGAN SÓLO POR HORA, ESCRIBA LA CANTIDAD Y PASE A D20. SI ES COMBINACION, ESCRIBA LA CANTIDAD Y PASE A D13]:

\$. por hora

[REV. 22 de mayo de 2014]

C:\Users\Jorge\Desktop\ESP JUN 26 2014 Ciclo 79.wpd

D13 [SI ES POR CONTRATO / PIEZA]: ¿Le pagan a UD. individualmente o por cuadrilla (grupo)? [SI LA RESPUESTA ES "CUADRILLA", REFIERASE A UNA CUADRILLA O GRUPO EN D14 A D18]

- 1 INDIVIDUAL [PASE A D15]
 2 CUADRILLA / GRUPO

D14 [SI ES POR CUADRILLA]: ¿Cuántos en su cuadrilla? [UNA PERSONA NO ES UNA RESPUESTA ACEPTABLE].

D15 [SI ES POR UNIDAD (PIEZA)]: ¿Cómo le pagan a UD./su cuadrilla? [ej., UNIDAD DE MEDIDA COMO POR CAJA, TABLA, BALDE, ETC.]

D16 [SI LE PAGAN POR UNIDAD (PIEZA)]: ¿Cuál es el promedio de piezas (o unidad de medida en D15) UD./su cuadrilla hace en un día?

D17 [SI LE PAGAN POR UNIDAD (PIEZA / CONTRATO)]: ¿Cuál es el promedio de horas por día que UD./su cuadrilla trabaja en esta tarea?

 horas

D18 [SI LE PAGAN POR UNIDAD (PIEZA/ CONTRATO)]: ¿Cuánto le pagan por promedio a UD./su cuadrilla por cada unidad (caja/tabla/balde/etc. en D15)?

\$, .

D19 [SI LE PAGAN POR SALARIO U OTRO]: Explique cómo y cuánto le pagan (salario u otro). Describa todos los detalles del método para esta forma de pago

[ESCRIBA DETRAS SI ES NECESARIO]

D20 Además de su sueldo regular, en los 12 últimos meses con su patrón actual, ¿ha recibido (o recibe) algún bono en dinero?

- 0 NO [PASE A D22]
 1 SÍ
 7 NO SÉ [PASE A D22]

D21 [SI RECIBE BONO]: ¿Cómo y cuándo le dan el dinero de bono? [LEA OPCIONES. MARQUE LAS QUE CORRESPONDAN]:

- g. ...bonos para que se quede o regrese al trabajo (para "retenerlo/a")?
 a. ...bonos de días feriados?
 b. ...bonos de incentivo (premio)?
 c. ...depende de la "ganancia" del patrón?
 d. ...bonos al final de la temporada?
 e. ...dinero para transporte?
 f. ...otro?:

D23 ¿Cuánto dinero (de bono) le han dado (en total en el último año con el patrón actual)?

\$, .

D22 ¿Le da su empleador seguro (aseguranza) médico o le paga a UD. su tratamiento médico si se lastima o enferma en el trabajo?

- 0 NO
 1 SÍ
 7 NO SÉ

D23 Si se accidenta o enferma en el trabajo, ¿recibe algún pago mientras se recupera (ej. pago por lesión o enfermedad en el trabajo "compensación")?

- 0 NO
 1 SÍ
 7 NO SÉ

D24 Si se accidenta o enferma fuera del trabajo (ej. en casa), ¿le provee su empleador seguro ("aseguranza") médico, o paga por su tratamiento médico? [NO IMPORTA SI EL ENTREVISTADO ACEPTA O USA EL SEGURO]

- 0 NO
 1 SÍ
 7 NO SÉ

[REV. 28 de Junio de 2014]

C:\Users\Jorge\Desktop\ESP JUN 28 2014 Cielo 79.rpd

- D26** ¿Tiene seguro de desempleo si pierde este trabajo?
- 0 NO
 1 SÍ 7 NO SÉ
- D27** ¿Cuántos años ha trabajado para este patrón? [UN DÍA O MÁS POR AÑO = UN AÑO]
- años
- D28** ¿Trabaja usted para este patrón sólo por temporadas o todo el año?
- 0 TODO EL AÑO [PASE A D30]
 1 POR TEMPORADAS
 7 NO SÉ (PRIMERA VEZ) [PASE A D30]
- D29** ISI TRABAJA POR TEMPORADA PARA ESTE PATRÓN: ¿Cómo le avisa su patrón para trabajar con él/ella en la siguiente temporada (el futuro)? [LEA OPCIONES. MARQUE TODAS LAS QUE CORRESPONDAN]:...
- a. ...sí, antes de irse al fin de la temporada?
 b. ...sí, por carta (mensaje escrito)?
 c. ...sí, por teléfono/en persona?
 d. ...sí, otra persona le avisa (le envían recado)?
 e. ...no, usted contacta al patrón?
 f. ...otro?:
 No sabe
- D30** ¿Cómo consiguió este trabajo? [NO LEA LAS OPCIONES. MARQUE SÓLO UNA].
- 1 YO "APLIQUÉ" POR MI CUENTA
 4 ME BUSCÓ/RECLUTÓ EL PATRÓN O SU (CAPATAZ) MAYORDOMO
 5 ME BUSCÓ/RECLUTÓ UN CONTRATISTA O SU (CAPATAZ) MAYORDOMO
 6 ME ENVIÓ EL SERVICIO DE EMPLEO (TRABAJO)
 7 ME ENVIÓ LA OFICINA DE ASISTENCIA PÚBLICA (WELFARE)
 8 ME DIJO UN PARIENTE / AMIGO/ COMPAÑERO DE TRABAJO
 9 ME ENVIÓ EL SINDICATO/LA "UNIÓN"
 10 JORNALERO DE ESQUINA / CALLE
 97 OTRO:
- D37a** ¿Qué distancia hay entre su trabajo actual y el lugar donde vive ahora?
- 1 VIVO EN EL MISMO LUGAR DONDE TRABAJA
 2 9 MILLAS O MENOS
 3 10-24 MILLAS
 4 25-49 MILLAS
 5 50-74 MILLAS
 6 75 MILLAS O MÁS
- D37** En su trabajo actual, generalmente, ¿cómo llega al trabajo? [LEA OPCIONES. MARQUE SÓLO UNA, LA MÁS FRECUENTE]: ...
- 1 ...MANEJA UN CARRO? [PASE A D39a]
 2 ...CAMINA? [PASE A D39a]
 5 ...USA TRANSPORTE PÚBLICO (BUS/TREN)? [PASE A D39a]
 6 ..."BUS/CAMIÓN/VAN" DEL PATRÓN ("LABOR BUS")?
 8 ..."RAITERO"?
 4 ...VIAJA CON OTROS (COMPARTE EL "RIDE")?
 7 ...OTRO?:
- D38a** ¿Le obligan usar el transporte (en D37)?
- 0 NO 1 SÍ
- D38** ¿Le paga UD. algo a la persona responsable del transporte (en D37) por su transporte ("rides") al trabajo?
- 0 NO
 1 SÍ, UNA CUOTA
 2 SÍ, SÓLO LA GASOLINA
- D39a** ¿Quién paga por el equipo/herramientas que usa en su trabajo actual? [LEA OPCIONES. MARQUE SÓLO UNA]: ...
- 1 ...NO NECESITA HERRAMIENTA?
 2 ...USTED PAGA POR TODO?
 3 ...EL PATRÓN / CONTRATISTA?
 5 ...UN AMIGO/"FAMILIAR" PAGA ALGO O TODO?
 6 ...USTED PAGA SÓLO UNA PARTE?
 10 ...USTED PAGA SÓLO CUANDO SE DAÑA EL EQUIPO/LAS HERRAMIENTAS?
 11 ...EL PATRÓN LE DA HERRAMIENTAS, PERO USTED PREFERE COMPRAR/TRAE SUS PROPIAS HERRAMIENTAS?
 12 ...EL PATRÓN LE DA ALGUNAS, PERO NO TODAS Y USTED COMPRA/TRAE LAS OTRAS HERRAMIENTAS?
 97 ...OTRO?:

[REV. 26 de Junio de 2014]

C:\Users\Jorge\Desktop\ESP JUN 26 2014 Ciclo 79.rpd

"Ahora voy a hacerle algunas preguntas de ingresos (ganancias) del año pasado (2013): suyos y de su familia"...

G1C ¿Cuál fue su ingreso total el año pasado - en 2013 - en dólares en los EE.UU. (FW y NF)? [LEA O MUESTRE OPCIONES. MARQUE SÓLO UNA]

- 0 NO TRABAJÓ EN 2013
- 21 MENOS DE 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 NO RECUERDA (NO SABE)

G2C De ese ingreso [EN G1], ¿qué cantidad fue sólo de trabajo agrícola (FW) en los EE.UU.? [LEA O MUESTRE OPCIONES. MARQUE SÓLO UNA]

- 0 NO TRABAJÓ EN 2013
- 21 MENOS DE 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 NO RECUERDA (NO SABE)

G3C ¿Cuál fue el ingreso total de su familia (FW y NF) incluyendo el suyo, en dólares, el año pasado (2013) en los EE.UU.? [LEA O MUESTRE OPCIONES. MARQUE SÓLO UNA]

- 0 NO TRABAJÓ EN 2013
- 21 MENOS DE 1,000
- 22 1,000 TO 2,449
- 2 2,500 TO 4,999
- 3 5,000 TO 7,499
- 4 7,500 TO 9,999
- 5 10,000 TO 12,499
- 6 12,500 TO 14,999
- 7 15,000 TO 17,499
- 8 17,500 TO 19,999
- 9 20,000 TO 22,499
- 10 22,500 TO 24,999
- 11 25,000 TO 27,499
- 12 27,500 TO 29,999
- 13 30,000 TO 32,499
- 14 32,500 TO 34,999
- 15 35,000 TO 37,499
- 16 37,500 TO 39,999
- 17 40,000 TO 44,999
- 18 45,000 TO 54,999
- 19 55,000 TO 59,999
- 20 60,000 OR MORE
- 97 NO RECUERDA (NO SABE)

E1 En los últimos 2 años (en los EE.UU.), ¿ha sido alguna vez protegido por algún contrato de sindicato o "unión" de trabajadores mientras trabajaba en el campo (FW)?

- 0 NO
- 1 SÍ
- 7 NO SÉ

E2 ¿Cuánto tiempo (años más) cree / piensa que va a continuar trabajando en el campo (FW) en los EE.UU.?

- 1 MENOS DE 1 AÑO
- 2 DE 1 A 3 AÑOS
- 3 DE 4 A 5 AÑOS
- 4 MÁS DE 5 AÑOS
- 5 MÁS DE 5 AÑOS Y MIENTRAS PUEDA
- 7 OTRO:

E4 ¿Cree que puede obtener un trabajo que no sea del campo (NF) en un mes?

- 0 NO
- 1 SÍ
- 7 NO SÉ

REV. 22 de mayo de 2014

C:\Users\Jorge\Desktop\EGP JUN 26 2014 Celo 78.wps

FILTRO PARA SUPLEMENTO DE LASTIMADURAS

[ENTREVISTADOR: ...Sólo si el entrevistado aparenta estar desconfiado o receloso de hablar acerca de sus lastimaduras o accidentes (p.ej. Temor de comprometer su empleo), repítale al entrevistado que la información que va a compartir se mantendrá en absoluta confidencialidad. Use su criterio para recordarle al entrevistado la confidencialidad de la información durante cualquier parte de la administración de este suplemento.

"Le voy a hacer algunas preguntas acerca de accidentes o lastimaduras que pueda haber tenido en los últimos 12 meses, en los EE.UU., cuando ha estado trabajando. Esto incluye accidentes o lastimaduras mientras hacía trabajo de campo ("FW"), y también trabajos o empleos que no sean de campo ("NF") como de construcción, jardinería, trabajo en hotel o restaurantes, o cualquier otro tipo de trabajo que no sea del campo.
... Estas lastimaduras o accidentes, en trabajo de campo ("FW") o trabajo que no es de campo ("NF"), pueden haber sido:...

- ...en un accidente de carro cuando iba al trabajo o venía del trabajo;
- ...cortándose con herramienta afilada o cuchillo;
- ...lastimándose levantando objetos pesados, como cajas;
- ...lastimándose al caerse, por ejemplo de una escalera o de cajones de embalaje, tropezándose en el campo u otro lugar del trabajo;
- ...enfermándose por trabajar mucho tiempo bajo el sol, o por ser mordido o picado por algún animal, o por respirar plaguicidas mientras trabajaba en el campo.

...En los últimos 12 meses, ha tenido algún accidente o lastimadura que como resultado...

<p>NLS01. ...no pudo trabajar, por lo menos por 4 horas?</p> <p style="text-align: center;"><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 SÍ</p> <p>NLS02. ...no pudo trabajar, como acostumbra, en forma normal, por lo menos por 4 horas? [O por causa de la lastimadura fue asignado(a) a otra tarea (más fácil)]</p> <p style="text-align: center;"><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 SÍ</p>	<p>NLS03. ...tuvo que recibir tratamiento médico en una clínica con enfermera o médico, incluyendo CUALQUIER TIPO DE primeros auxilios como vendas para detener el sangrado o antisépticos para limpiar una herida (o hielo para moretones o golpes, etc.)?</p> <p style="text-align: center;"><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 SÍ</p> <p>NLS04. ...tuvo que tomar algún remedio o medicina "fuerte" (potente/seria) para poder seguir trabajando? (Excepto aspirinas o "Tylenol" o "Ibuprofen")</p> <p style="text-align: center;"><input type="checkbox"/> 0 NO <input type="checkbox"/> 1 SÍ</p>
--	---

ENCUESTADOR:...

<p>SI EL TRABAJADOR RESPONDIÓ "NO" A TODAS LAS PREGUNTAS ANTERIORES, CONTINÚE CON EL RESTO DE LA ENTREVISTA. PASE A "EPA" (PÁGINA 19).</p>		<p>SI EL TRABAJADOR RESPONDIÓ "SÍ" A CUALQUIERA DE LAS PREGUNTAS ANTERIORES (NLS01 HASTA NLS04) PREGUNTE NL1E.</p>
---	--	---

NL1E. ¿Cuántos accidentes o lastimaduras de este tipo ha tenido?

FW: NF:

[ENTREVISTADOR: Escriba aquí cualquier respuesta espontánea relacionada a lastimaduras o accidentes (tipo y fechas) para que pueda usarla(s) como referencia cuando complete el "Suplemento":

↓

CONTINÚE CON LA SIGUIENTE SECCIÓN ("EPA" - Página 19) HASTA COMPLETAR EL CUESTIONARIO. LUEGO COMPLETE EL "SUPLEMENTO DE ACCIDENTES / LASTIMADURAS"!!

**NP – “MANEJO DE PESTICIDAS”
(EN LOS EE.UU.)**

NP1f. En los últimos 12 meses, ¿ha cargado, mezclado o aplicado pesticidas?

- 0 NO
 1 SÍ

**NT – CAPACITACIÓN “ENTRENAMIENTO” E
INSTRUCCIONES**

NT2a. Con su patrón actual, en los últimos 12 meses, alguien le ha dado instrucciones/ “entrenamiento” acerca de medidas de seguridad en el uso de plaguicidas o “pesticidas” (a través de cintas de audio o video, clases, materiales escritos, “pláticas” o de cualquier otra manera)?

- 0 NO
 1 SÍ

NS – CONDICIONES DE HIGIENE

“Las siguientes preguntas se refieren a las condiciones de higiene en el campo en su trabajo actual (en FW):

...su patrón actual, ¿pone todos los días...

NS1 ...su patrón actual, ¿pone todos los días...agua potable (para tomar) y vasos desechables?

- 0 NO, NI AGUA NI VASOS
 1 SÓLO AGUA
 2 SÍ, AGUA Y VASOS
 7 NO SÉ

NS4 ...su patrón actual, ¿pone todos los días... baño o excusado/“toilet” (todos los días)?

- 0 NO
 1 SÍ
 7 NO SÉ

NS9 ...(pone) agua para lavarse las manos (todos los días)?

- 0 NO
 1 SÍ
 7 NO SÉ

[REV. 26 de junio de 2014]

C:\Users\Jorge\Desktop\ESP JUN 26 2014 Ciclo 79.spd

NH – HISTORIA PERSONAL DE LA SALUD DEL ENCUESTADO (A TRAVÉS DE TODA SU VIDA)			
[PRIMERO HAGA TODAS LAS PREGUNTAS EN LA PRIMERA COLUMNA]			
Alguna vez en su vida, ¿algún médico o enfermera le ha dicho que tiene alguna de las siguientes enfermedades... ↓	a.	b. ¿Está tomando algún medicamento por esta enfermedad?	c. En los últimos 12 meses, ¿ha consultado con un médico o enfermera por esa enfermedad (en NH1 hasta NH10)? [SI LA RESPUESTA ES EN LOS EE.UU. Y EN OTRO PAÍS, MARQUE LAS DOS]
NH1 ...ASMA?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 Sí →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 Sí: →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Sí, EN LOS EE.UU. <input type="text"/> <input type="checkbox"/> 2 Sí, EN OTRO PAÍS: <input type="text"/>
NH2 ...DIABETES?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 Sí →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 Sí: →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Sí, EN LOS EE.UU. <input type="text"/> <input type="checkbox"/> 2 Sí, EN OTRO PAÍS: <input type="text"/>
NH3 ...PRESIÓN ALTA?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 Sí →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 Sí: →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Sí, EN LOS EE.UU. <input type="text"/> <input type="checkbox"/> 2 Sí, EN OTRO PAÍS: <input type="text"/>
NH4 ...TUBERCULOSIS?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 Sí →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 Sí: →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Sí, EN LOS EE.UU. <input type="text"/> <input type="checkbox"/> 2 Sí, EN OTRO PAÍS: <input type="text"/>
NH5 ...CORAZÓN?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 Sí →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 Sí: →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Sí, EN LOS EE.UU. <input type="text"/> <input type="checkbox"/> 2 Sí, EN OTRO PAÍS: <input type="text"/>
NH6 ...INFECCIÓN EN LAS VÍAS URINARIAS?	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 Sí →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 Sí: →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Sí, EN LOS EE.UU. <input type="text"/> <input type="checkbox"/> 2 Sí, EN OTRO PAÍS: <input type="text"/>
NH10 ...OTRO?: <input type="text"/> →	<input type="checkbox"/> 0 NO ↓ <input type="checkbox"/> 1 Sí →	<input type="checkbox"/> 0 NO → <input type="checkbox"/> 1 Sí: →	<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 Sí, EN LOS EE.UU. <input type="text"/> <input type="checkbox"/> 2 Sí, EN OTRO PAÍS: <input type="text"/>

[REV. 26 de junio de 2014]

C:\Users\lorge\Desktop\ESP JUN 26 2014 Cldo 79.spd

NQ – ACCESO Y CALIDAD DE SERVICIOS MÉDICOS O DE SALUD: “TRATAMIENTO Y ATENCIÓN”

[ENCUESTADOR]: Le voy a hacer algunas preguntas acerca de su salud. Aunque tal vez ya me respondió algunas de ellas anteriormente, necesito asegurarme que las tengo escritas aquí.

NQ1 En los últimos 2 años [ÚLTIMOS 24 MESES], en los EE.UU., ¿ha ido al médico para consulta, o algún tipo de tratamiento, “servicio o atención” de doctores, enfermeras, dentistas, clínicas, hospitales?

- 0 NO [PASE A NQ10]
 1 SÍ

NQ3b ...Y esa última vez, ¿adónde fue para recibir ese “cuidado /atención/ consulta / asistencia” médica?

- 1 “CENTRO DE SALUD” DE LA COMUNIDAD
 2 MÉDICO PARTICULAR/CLÍNICA PRIVADA O CONSULTORIO MÉDICO
 3 CURANDERO/ “SOBADOR”
 4 HOSPITAL
 5 SALA DE EMERGENCIA
 6 CLÍNICA MIGRANTE
 7 CONSULTORIO QUIROPRÁCTICO U HOMEOPÁTICO
 8 DENTISTA
 10 OTRO:
 97 NO SÉ

NQ5 Y, esa última vez, ¿cómo pagó la mayor parte de ese servicio médico?

- 1 PAGUÉ TODA LA CUENTA (“DE MI BOLSILLO”)
 2 MEDICAID / MEDICARE
 3 CLÍNICA PÚBLICA – GRATIS
 4 SEGURO (“ASEGUANZA”) DEL “PATRÓN”
 5 YO/MI FAMILIA TENÍA(-MOS) SEGURO DE SALUD
 8 RECIBÍ LA CUENTA, PERO NO PAGUÉ
 9 “WORKERS’ COMPENSATION”
 6 OTRO:
 7 COMBINACIÓN DE:

NQ10 [PREGUNTE A TODOS]: Y aquí en los EE.UU., cuando NECESITA obtener “cuidado/ servicio/ atención” médica, ¿cuáles son las principales dificultades que encuentra? [MARQUE TODAS LAS QUE CORRESPONDAN]

- m. No sé. Nunca he necesitado.
 l. No tengo “papeles” (por eso no me tratan bien)
 a. No hay transporte; está muy lejos
 b. No sé dónde están los “centros” médicos
 c. No están abiertos cuando los necesito
 d. No ofrecen los servicios que necesito
 e. No hablan mi idioma
 f. No me tratan con respeto, no me siento bienvenido
 g. No entienden mis problemas
 h. Perdería mi trabajo / empleo
 i. Muy caro / sin seguro o “aseguranza”
 j. Otro:
 Sin problemas

NQ1a Y... en otro país (ej. México), en los últimos 2 años [ÚLTIMOS 24 MESES], ¿ha ido al médico o tenido algún tipo de tratamiento, “servicio o atención” médica? [ESCRIBA EL PAÍS SI LA RESPUESTA ES “SÍ”]

- 0 NO
 1 SÍ, EN:
 [NOMBRE DEL PAÍS]

"ESTATUS LEGAL"

"Estamos interesados en saber cuál de las siguientes categorías de estatus legal le corresponde a Ud. Queremos asegurarle que al igual que para las otras preguntas mantendremos sus respuestas en privacidad" .

<p>L1 Por favor podría decirme: ¿cuál es su actual estatus legal en los EE.UU.? [SI ES NECESARIO, LEA LAS OPCIONES EN "L1"]:</p> <p><input type="checkbox"/> 1 Nacido en los EE.UU. - Ciudadano de los EE.UU. [PASE A LA FIRMA DEL PARTICIPANTE]</p> <p><input type="checkbox"/> 2 Ciudadano naturalizado de los EE.UU. (Nació en otro país). [PREGUNTE: ANTES DE NATURALIZARSE, ¿EN QUÉ PROGRAMA APLICÓ PARA OBTENER LA RESIDENCIA? OPCIONES EN "L2": 1 HASTA 9, Y 97. LUEGO PREGUNTE "L4-1, L4-2, L4-3"]</p> <p><input type="checkbox"/> 3 Residente permanente ("tarjeta verde, mica, green card" con derecho a residir y trabajar en los EE.UU.). [PREGUNTE "L2": "EN QUÉ PROGRAMA APLICÓ". OPCIONES POSIBLES: 1 HASTA 9, Y 97. LUEGO PREGUNTE : "L4-1, L4-2"]</p> <p><input type="checkbox"/> 4 "Commuter Card" / "Border Crossing Card" (derecho a cruzar la frontera). [PREGUNTE "L2": "EN QUÉ PROGRAMA APLICÓ" OPCIONES POSIBLES: 9, 12, 13, Y 97. LUEGO PREGUNTE "L3", "L4-1, L4-2"]</p> <p><input type="checkbox"/> 5 Estatus pendiente (sin documentos, "aplicó", pero aún está esperando decisión oficial). [PREGUNTE "L2": "EN QUÉ PROGRAMA APLICÓ" OPCIONES POSIBLES: 1 HASTA 9, Y 97. LUEGO PREGUNTE "L3, L4-1"]</p> <p><input type="checkbox"/> 6 Sin documentos (aplicación rechazada / no "aplicó" a ningún programa) [OPCIONES EN "L2": NINGUNA. PASE A LA FIRMA DEL PARTICIPANTE]</p> <p><input type="checkbox"/> 7 VISA TEMPORAL/ NO-INMIGRANTE (VISA SÓLO POR UN TIEMPO ESPECÍFICO) [PREGUNTE "L2": "¿EN QUÉ PROGRAMA APLICÓ?" OPCIONES POSIBLES: 10 HASTA 97. LUEGO PREGUNTE "L3, L4-1"]</p> <p><input type="checkbox"/> 8 Otro: [PREGUNTE SI ES RELEVANTE: "L2, L3, L4-1, L4-2, L4-3", LUEGO CONTINÚE CON LA FIRMA DEL PARTICIPANTE]:</p> <p style="text-align: center;">_____</p>	<p>L2. "PROGRAMAS" [NO LEA OPCIONES]</p> <p><input type="checkbox"/> 1 AMNISTÍA DE LOS 5 AÑOS (POR EL TIEMPO)</p> <p><input type="checkbox"/> 2 AMNISTÍA DE LOS 90 DÍAS ("SAW" / POR EL CAMPO)</p> <p><input type="checkbox"/> 3 CUBANOS Y HAITIANOS</p> <p><input type="checkbox"/> 4 PETICIÓN DE CÓNYUGE/ REUNIFICACIÓN FAMILIAR</p> <p><input type="checkbox"/> 5 CERTIFICACIÓN DE TRABAJO</p> <p><input type="checkbox"/> 6 REGISTRO/REGISTRACIÓN</p> <p><input type="checkbox"/> 7 ASILO POLÍTICO</p> <p><input type="checkbox"/> 8 REFUGIO</p> <p><input type="checkbox"/> 9 ESTATUS PROTEGIDO (TEMPORARIO)</p> <p><input type="checkbox"/> 10 "BRACERO" H2A</p> <p><input type="checkbox"/> 11 ESTUDIANTE</p> <p><input type="checkbox"/> 12 TURISTA</p> <p><input type="checkbox"/> 13 TARJETA PARA CRUZAR LA FRONTERA ("PASAPORTE")</p> <p><input type="checkbox"/> 97 OTRO: _____</p> <p><input type="checkbox"/> 99 SIN RESPUESTA</p>
---	---

L3 ¿Tiene (UD.) autorización para trabajar?: 0 NO 1 SÍ 7 NO SÉ 9 SIN RESPUESTA

L4 Fecha de obtención de su "estatus legal":

<p>1. ¿Cuándo aplicó para el (programa en "L2")?</p> <p>____ / ____</p> <p>(MES) (AÑO)</p>	<p>2. [SÓLO PARA LOS QUE RESPONDEN "2,3, 4 EN L1"]:</p> <p>¿Cuándo obtuvo el "estatus legal"?</p> <p>____ / ____</p> <p>(MES) (AÑO)</p>	<p>3. [SÓLO PARA LOS QUE RESPONDEN "2" EN "L1"]:</p> <p>¿Cuándo se naturalizó/hizo ciudadano?</p> <p>____ / ____</p> <p>(MES) (AÑO)</p>
--	---	---



JBS International, Inc.
Aguirre Division
 555 Airport Boulevard, Suite 400
 Burlingame, CA 94010-2002
 Phone: 650.373.4900
 Fax: 650.348.0260

**AUTORIZACIÓN INDIVIDUAL PARA SER PARTICIPANTE DE UN ESTUDIO
 OMB N° 1205-0453**

INTRODUCCIÓN / PROPÓSITO

Debido a su ocupación de trabajador agrícola, Ud. ha sido invitado(a) a participar en esta encuesta del Instituto Nacional para Seguridad Ocupacional (*NIOSH, National Institute of Health and Occupational Safety*) y del Departamento de Trabajo (*Department of Labor*) de los EE.UU. El propósito de esta encuesta es aprender más acerca de las condiciones de vida y salud de los trabajadores de campo en los EE.UU.

PROCEDIMIENTOS

Se le entrevistará en forma personal, y le pediremos que responda a preguntas acerca de su historia laboral y de su salud. La entrevista dura aproximadamente 60 minutos.

RIESGOS

Como sólo le haremos una entrevista, casi no existe ningún riesgo por su participación en esta encuesta. Ud. puede negarse a responder cualquier pregunta, esto no le causará ningún perjuicio.

BENEFICIOS

No obtendrá beneficios directos por participar en esta encuesta. Sin embargo, el conocimiento que vamos a adquirir en esta entrevista nos ayudará a prevenir perjuicios que puedan afectar a trabajadores de campo como usted.

PRIVACIDAD

En conformidad con todo lo que permiten las leyes de los EE.UU., toda la información que obtengamos acerca de usted se mantendrá en privacidad. Esto quiere decir que todos los documentos que tienen su nombre serán guardados bajo llave. Sólo el personal a cargo de la encuesta tendrá acceso directo a esta información. Su nombre nunca aparecerá en los informes de la encuesta.

ALTERNATIVAS A SU PARTICIPACIÓN

Su participación en esta encuesta es voluntaria y puede desistir de participar en cualquier momento. Ud. también puede optar por participar parcialmente en esta entrevista en cualquier momento sin que esto lo perjudique. Los derechos a beneficios o servicios que Ud. normalmente recibe no serán afectados si decide o no participar en esta encuesta. Se le pagará por el tiempo que nos brinde para la entrevista. En cualquier momento, puede solicitar de los encuestadores cualquier tipo de explicación referente a la encuesta.

¿A QUIÉN PREGUNTAR ACERCA DE LA ENCUESTA?

Si Ud. tiene alguna pregunta acerca de esta encuesta, incluyendo sus derechos como participante, puede llamar gratis a "JBS International, Aguirre Division" al 877- SAY-NAWS (or 877-729-6297). Ellos podrán referir sus preguntas al Sr. Daniel Carroll del Departamento de Trabajo al (202) 693-2795.

He leído y entiendo el contenido del presente. Me han explicado y aclarado cualquier duda o confusión que haya tenido acerca de esta encuesta. Acepto participar en esta entrevista y recibir una copia de este formulario. Admito también haber recibido \$20 por mi participación en esta encuesta.

Firma del participante

Fecha

(Ver reverso)

De acuerdo con el Acta de Privacidad de 1974, en la enmienda (5U.S.C. 552a), le notificamos que este estudio ha sido autorizado por la Oficina de Empleo y Capacitación (*Employment and Training Administration*) o *ETA* del Departamento de Trabajo (U.S. Department of Labor) o *DOL*. Su participación voluntaria es de suma importancia para el éxito de este estudio. Esto permitirá a la *ETA* entender el mercado laboral y las experiencias de los trabajadores agrícolas en los EE.UU. Según los términos del convenio con las organizaciones de estudios e investigación, la *ETA* podría divulgar alguna información para estudios de investigación, pero sólo después de que los identificadores personales hayan sido borrados. A menos que sean requeridos por la ley, o necesarios para algún litigio o proceso legal, y exceptuando lo indicado en este comunicado, nosotros vamos a retener todos los identificadores personales (ej. nombre, dirección, y seguro social) en privacidad y no serán divulgados.

In accordance with the Privacy Act of 1974, as amended (5 U.S.C.552a), we are notifying you that this study is authorized by the U.S. Department of Labor, Employment and Training Administration (ETA). Your voluntary participation is important to the success of this study and will enable the ETA to understand the labor market and living experiences of U.S. farmworkers. Under written agreement with research organizations, the ETA may release certain information necessary for research but only after all identifying information has been removed. Unless required by law, or necessary for litigation or legal proceedings and except as indicated in this statement, we will hold all personal identifiers (e.g. name, address, and social security number) in total confidence and will not release them.

A pesar de cualquier otra disposición de la ley, no se requiere a ninguna persona responder ni estar expuesta a ser penalizada por no conformar con la recolección de información de los requisitos de la reducción de papeleo (*Paperwork Reduction Act*), a menos que ésta muestre un número de control válido de OMB (*Office of Management and Budget*. En español, Oficina de Administración y Presupuesto). El tiempo necesario para recoger esta información pública, la cual es voluntaria, se estima que dura 1 hora (60 minutos) por participación, incluyendo la revisión de instrucciones, búsqueda de datos en fuentes existentes, recolección y mantenimiento de los datos necesarios, completar y revisar la información recolectada. Envíe sus comentarios concernientes al estimado de la recolección de esta información a: *Office of Policy, Development and Evaluation, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.*

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid Office of Management and Budget control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 1 hour (or 60 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy, Development and Evaluation, ETA, Department of Labor, Room N5641, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Appendix C

NAWS Interviewer Handouts

[1205-0453: The National Agricultural Workers Survey, Part B]

Contacting and Selecting Farm Workers

A. A FARM WORKER QUALIFIES TO PARTICIPATE IN THE NAWS (ELIGIBLE), IF HE/SHE ...

1. **WORKS IN** any type of crop agriculture in the United States. This includes "crops" produced in nurseries.
2. **WORKS IN** the production of plants or flowers (including work done in nurseries like planting, cultivating, fertilizing, grafting and seeding).
3. has worked in the last 15 days, at least 4 hours per day, for the contacted employer, and meets any of the criteria mentioned above.

B. A WORKER CANNOT PARTICIPATE IN THE NAWS (INELIGIBLE) IF HE or SHE:

1. Was interviewed by NAWS within the last 12 months in the same location.
2. Is an "H-2A worker." H-2A is a program similar to the "braceros". An H-2A worker is a foreigner who is in the United States on a temporary work visa to work for a specific agricultural employer or association of agricultural employers for a specific period of time (less than a year). At the end of the period, the worker returns to his/her respective country.
3. Works exclusively with livestock (animals: such as bees, horses, fishes, pigs, cows, etc).
4. Hasn't worked for the contacted employer at least one day for 4 hours or more in the last 15 days.
5. Does "non-farm work" for the employer (mechanic, sales, office, etc).
6. Is a family member of the employer and doesn't draw a salary like other farm workers.
7. Is the employer or contractor.
8. Is a sharecropper that makes all operational decisions such as when, where and how to plant, harvest, etc.
9. Works for a packing house or cannery (packing or canning agricultural products) outside of the ranch. **Note: Workers who are packers or canners can be eligible for the NAWS study if they satisfy the following two requisites:**
 - a) the canning or packing plant is adjacent or located on the farm, **AND**
 - b) at least 50 percent of the produce being packed or canned originated from the ranch of the contacted employer.
10. Works for a landscaping company that just sells, installs, maintains or preserve trees or plants; this includes the planting of ornamental plants and placement of sod.

Whenever a worker doesn't qualify to participate, be gracious and thank him/her for their time and proceed to the next worker.

[1205-0453: The National Agricultural Workers Survey, Part B]

C. NUMBER OF INTERVIEWS PER EMPLOYER

The Employer Lists indicates the total number of interviews allocated for your assigned county. **NEVER** can the *total county* allocation be completed by interviewing workers from *one single employer*. If this appears likely to happen, call the office for instructions.

Refer to the table below, and find the number of interviews per employer based on the number of workers at the employer on the day visited

Number of workers	Number of Interviews
1 - 2	1
3 - 6	2
7 to 12	3
13-20	4
21-30	5
31-42	6
43-56	7
57-72	8
73-90	9
91-110	10
111-132	11
133 or more	12

Note: Sample the allocated number of workers at the employer (interviewing those that agree to participate) and if the county allocation is not complete, continue onto the next employer. At the last employer complete the number of interviews allocated to that employer on the chart – EVEN IF YOU EXCEED THE COUNTY ALLOCATION.

D. LOCATING THE WORKERS

Once you get permission from the employer (and you have documented the number of employed workers) ask the employer where you can find the workers. If they are in different locations ask the employer: "how many workers are in each location?" Also ask the employer (or supervisor assigned by employer) for the best time and location to meet with them.

[1205-0453: The National Agricultural Workers Survey, Part B]

WORKERS' LOCATIONS

The best time to contact workers

Unless the employer gives you permission to speak with his/her employees during working hours, do not make any contacts or appointments or try to interview the workers during their work hours.

Changing work locations

Once the employer gives you permission to contact the workers, try to complete your contacts and interviews on the same day the employer gave you permission. You should be aware that from day to day it is common to find that workers in the field change location; and new workers can be in the same field on a different day.

The location of the field is not in the assigned county

If the location of the field or operation of the farm is located outside of the designated county, you cannot interview those workers. The farm workers must be physically working in the NAWS assigned county for the particular cycle. That is, it is not unusual that the same employer may have farm land and workers in two different counties.

E. HOW TO CHOSE ELIGIBLE WORKERS FOR THE STUDY

Selecting workers located in different areas

If the employer informs you that his employees are distributed over more than one fields/crew (in the same county), do the following. Use the table below to identify the number of crews and then randomly select the crews.

Number of crews	Number to select randomly
1 to 2	1
3 to 6	2
7 or more	3

Once you have selected the crews, use the proportional formula, below, to calculate how many from each field/crew you need to interview. The same proportional formula should be used if you locate workers in different residencies. For **example**, if the workers live in two different labor camps or housing then find out how many live in each dwelling and calculate proportionately how many you should interview from each dwelling.

Proportional selection of workers

When you find that workers are divided into different areas, randomly sampling from each group will be necessary to maintain equal likelihood of selection for everyone. The following formula serves as a guide to calculate the number of

[1205-0453: The National Agricultural Workers Survey, Part B]

workers that should be selected when you find that workers are divided into different areas. In this example, there are 3 sampled fields and you are allowed to conduct 12 interviews for this employer.

a	b	c
Number of workers per location	Number of workers per location ÷ Total of workers	%X# total of interviews = 12
Field A = 20	$20 \div 30 = 66.6\%$	$.666 \times 12 = 08$ interviews
Field B = 05	$05 \div 30 = 16.6\%$	$.166 \times 12 = 02$ interviews
Field C = 05	$05 \div 30 = 16.6\%$	$.166 \times 12 = 02$ interviews
Workers total = 30		Total = 12 interviews

Random Selection

As a sample of workers from a employer is needed, the workers are to be chosen at random. All eligible workers of the employer must have an equal chance of being chosen. Everyone has a chance when selecting crews. Then everyone in the selected crews must have an equal chance of selection. The following are the instructions provided to interviewers:

Random Sampling Instructions for NAWS sampled worksites

Before you go to the site, make sure you have:

- A set of tags with colored stickers on them (at least 12 for each site you expect to visit)
- A set of tags with no stickers (at least 50 for each site you expect to visit)
- A bag (or some other dark container to use to hand out the tags, so that workers can pull the tags without seeing what they're getting)
- Sufficient supplies to carry out surveys with the workers that are selected
- A Sampling Tracking Sheet for each site you expect to visit

Once you have gotten permission from the employer to interview, identify the number of workers on site for that day. Record that number in **Line 1** on the Sampling Tracking Sheet.

NOTE-If the number of workers on the site is less than or equal to the cluster, skip the sampling process and ask all workers to complete the interview. Record the number of workers asked to interview on Line 6 of the Sampling Tracking Sheet and the number completing interviews on Line 7. Leave lines 2-5 blank.

NOTE-for any of these approaches, if any sampled workers refuse the interview- **DO NOT REPLACE THEM**- move on to the next employer if additional interviews are needed to complete the cluster allocation.

[1205-0453: The National Agricultural Workers Survey, Part B]

Use the chart above to determine the correct number of interviews to be done; this will be the same number of stickered tags to put into the bag. Record the number of stickered tags you put in the bag on **Line 2** on the Sampling Tracking Sheet.

Next, put enough tags without stickers into the bag so that the total number of tags in the bag equals the number of workers at the site. (For example, if there are 20 workers at the site, and you put 5 stickered tags in the bag, then add another 15 tags.) Record the number of unstickered tags you put in the bag on **Line 3** on the Sampling Tracking Sheet.

One interviewer will go around to each worker and have them pull a tag from the bag, while the other speaks to the group.

At the end of the introduction, the speaker will ask everyone to look at their tags, and ask those who have stickers to come up. Record the number of workers who come up to you with stickered tags, who you ask for an interview on **Line 6** on the Sampling Tracking Sheet.

Carry out the interviews and record the completed number of interviews on **Line 7** of the Sampling Tracking Sheet.

Continue, using the same bag, until you've talked to all workers in the group.

When you have time, count the number of tags left in the bag (if any) and record this number on **Line 4** in the Sampling Tracking Sheet. Count the number of stickered tags left in the bag (if any) and record this number in **Line 5** in the Sampling Tracking Sheet.

[1205-0453: The National Agricultural Workers Survey, Part B]

Sample Tracking Sheet

County Name _____ Date Visited _____
 Employer/Farm name _____ Employer ID _____
 Allocation (circle 1) 5 8 10 12

Line	Number of:	
1)	Workers (from employer)	
2)	Stickered tags put in bag(s)	
3)	Unstickered tags put in bag(s) (lines 2+3 should equal line 1)	
4)	Tags left in bag(s) at end (after all groups/after all workers have been offered a tag)	
5)	Stickered tags left	
6)	Workers asked for interview ("contacted" in current system)	
7)	Workers completing interview	

Were there more than one crew: ___ YES ___ NO

If yes:

How many crews: _____ How many in each crew (list):

From how many crews did you "randomly" select workers (list):

Appendix D

University of San Diego IRB Exempt Status



Genesis Bojorquez <greyes@sandiego.edu>

IRB-2018-401 - Initial: Initial - Exempt

irb@sandiego.edu <irb@sandiego.edu>
 To: greyes@sandiego.edu, rbush@sandiego.edu

Thu, Apr 5, 2018 at 3:53 PM



Apr 5, 2018 3:53 PM PDT

Genesis Bojorquez
 Hahn School of Nursing & Health Science

Re: Exempt - Initial - IRB-2018-401, The Impact of Individual, Socioeconomic, and Policy Level Factors on Healthcare Service Utilization Among U.S. Migrant and Seasonal Farmworkers

Dear Genesis Bojorquez:

The Institutional Review Board has rendered the decision below for IRB-2018-401, The Impact of Individual, Socioeconomic, and Policy Level Factors on Healthcare Service Utilization Among U.S. Migrant and Seasonal Farmworkers.

Decision: Exempt

Selected Category: Category 4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Findings: None

Research Notes:

Internal Notes:

Note: We send IRB correspondence regarding student research to the faculty advisor, who bears the ultimate responsibility for the conduct of the research. We request that the faculty advisor share this correspondence with the

student researcher.

The next deadline for submitting project proposals to the Provost's Office for full review is N/A. You may submit a project proposal for expedited or exempt review at any time.

Sincerely,

Dr. Thomas R. Heminton
 Administrator, Institutional Review Board

Office of the Vice President and Provost
Hughes Administration Center, Room 214
5398 Alcalá Park, San Diego, CA 92110-2492
 Phone (619) 260-4553 • Fax (619) 260-2210 • www.sandiego.edu

Appendix E

Table E10.

Descriptive data of U.S. Farmworker Demographics; Unweighted Individual Years 2011-2014

	2011		2012		2013		2014	
unweighted n=	1,520		1,505		1,412		2,823	
Mean (SD)	37		38		39		39	
Age	(13.09)		(12.84)		(13.07)		(12.92)	
Mean (SD)	8		8		8		8	
Years of Education	(5.06)		(3.90)		(3.85)		(3.89)	
	n	(%)	n	(%)	n	(%)	n	(%)
U.S. Born	363	24%	307	20%	324	23%	609	22%
Foreign Born	1157	76%	1198	80%	1088	77%	2214	78%
Male	1236	81%	1171	78%	1100	78%	2090	74%
Female	284	19%	334	22%	312	22%	733	26%
Married	942	62%	941	63%	919	65%	1750	62%
Not Married	576	38%	560	37%	491	35%	1066	38%
Non-Hispanic	246	17%	214	14%	233	17%	406	14%
Hispanic	1236	83%	1284	86%	1174	83%	2404	86%
Health Insurance								
Insured	463	31%	401	27%	403	29%	987	35%
Uninsured	1046	69%	1098	73%	1005	71%	1825	65%
Access to Transportation								
Yes	924	61%	925	62%	852	60%	1716	61%
No	594	39%	580	38%	560	40%	1107	39%
English Speaking Proficiency								
Not at all	426	28%	419	28%	371	26%	858	28%
A little	502	33%	522	35%	471	33%	947	34%
Somewhat	172	11%	193	13%	191	14%	329	12%
Well	411	27%	370	25%	377	27%	681	24%
English Reading Proficiency								
Not at all	607	40%	646	43%	566	40%	1194	42%
A little	388	26%	368	25%	336	24%	734	26%
Somewhat	115	8%	128	9%	141	10%	224	8%
Well	399	26%	355	24%	365	26%	662	24%

Appendix F

Table F11.

Descriptive Data of U.S. Health Care Utilization and BMVP Factors among U.S. Farmworkers; Unweighted Individual Years 2011-2014

	2011		2012		2013		2014	
unweighted n=	n	(%)	n	(%)	n	(%)	n	(%)
Utilized U.S. Health Care	937	62%	857	57%	895	63%	1671	59%
Did Not Utilize U.S. Health Care	582	38%	648	43%	517	37%	1151	41%
Utilized Foreign Health Care	104	7%	115	8%	129	9%	224	8%
Did Not Utilize Foreign Health Care	1409	93%	1383	92%	1282	91%	2580	92%
Endorsed Barrier to Care								
Yes	651	43%	651	44%	571	41%	1314	47%
No	848	57%	821	56%	821	59%	1469	53%
Income								
Did not work at all	59	4%	55	4%	37	3%	97	4%
Below FPL	191	13%	196	14%	151	11%	295	11%
At Federal Poverty Level	149	25%	134	9%	105	8%	208	8%
Above FPL	898	61%	926	64%	870	64%	1747	65%
150% Above FPL	166	11%	145	10%	193	14%	327	12%
Legal Status								
U.S. Citizen	424	28%	373	25%	394	28%	760	27%
Authorized to Work	348	23%	317	21%	325	23%	649	23%
Unauthorized	730	49%	798	54%	683	49%	1391	49%
Health Care Payment Method								
Out-Of-Pocket	452	49%	399	47%	413	47%	731	45%
Individual Health Plan	250	27%	223	26%	227	26%	510	31%
Free Clinic	67	7%	82	10%	87	10%	167	10%
Employer-Sponsored Health Insurance	149	16%	146	17%	153	17%	222	14%
Medicaid								
Yes	561	37%	577	38%	509	36%	1037	37%
No Medicaid	958	63%	927	62%	900	64%	1786	63%
Health Status								
>1 Chronic Dx	333	22%	311	21%	296	21%	586	21%

No Chronic Dx	1187	78%	1194	79%	1116	79%	2237	79%
---------------	------	-----	------	-----	------	-----	------	-----

Appendix G

Table G12.

Descriptive Data of Source of Care and Health Care Payment Method, among U.S. Farmworkers who Utilized Health Care; Unweighted Individual Years 2011-2014

	2011		2012		2013		2014			
	n	(%)	n	(%)	n	(%)	n	(%)	χ^2	p-value
unweighted n=	4360		857		895		1,670			
Source of Care									54.654	<.001
Community Health Center	255	27%	298	36%	249	18%	577	35%		
Private Clinic	415	45%	277	33%	316	36%	578	35%		
Hospital	94	10%	106	13%	115	13%	176	11%		
Migrant Health Clinic	14	2%	16	2%	14	2%	39	2%		
Other	152	16%	136	16%	188	21%	298	18%		
Health Care Payment Method									24.494	.004
Out-of-Pocket	452	49%	399	47%	413	47%	731	45%		
Indiv. Health Plan	250	27%	223	26%	227	26%	510	31%		
Free Clinic	67	7%	82	10%	87	10%	167	10%		
Employer Sponsored Health Insurance	149	16%	146	17%	153	17%	222	14%		

Appendix H

Table H13.

Descriptive Data of Insurance Sponsor among Insured U.S. Farmworkers; Unweighted Individual Years 2011-2014

	2011		2012		2013		2014			
unweighted n=	463		401		403		987			
	(%)	n	(%)	n	(%)	n	(%)		χ^2	p-value
Insurance Sponsor									61.813	<.001
Employer	265	58%	223	57%	195	49%	420	43%		
Government	110	24%	109	28%	112	28%	399	41%		
Other	84	18%	63	16%	92	23%	166	17%		

Appendix I

Table I14.

Bivariate Associations between Predisposing Factors and U.S. Health Care Utilization in 2011, Unweighted

n= 1,520							
<i>Predisposing Factors</i>	Mean	σ	n	% Used U.S. Health Care	F	χ^2	p-value
Age	39	13.667			12.421		<.001
Education	8	4.890			23.346		<.001
Country of Origin						59.031	<.001
U.S. Born			286	31%			
Foreign Born			651	70%			
Gender						41.892	<.001
Male			714	76%			
Female			223	24%			
Legal Status						97.718	<.001
U.S. Citizen			334	36%			
Authorized to Work			227	25%			
Unauthorized			363	39%			
Marital Status						0.229	.632
Married			585	63%			
Not Married			351	38%			
Race/Ethnicity						46.622	<.001
Non-Hispanic			198	22%			
Hispanic			707	78%			
English Speaking Proficiency						101.197	<.001
Not at all			197	21%			
A little			295	32%			
Somewhat			115	12%			
Well			326	35%			
English Reading Proficiency						100.223	<.001
Not at all			293	31%			
A little			247	27%			
Somewhat			75	8%			
Well			317	34%			

Table I15.

Bivariate Associations between Predisposing Factors and U.S. Health Care Utilization in 2012; Unweighted

n= 1,505							
<i>Predisposing Factors</i>	Mean	σ	n	% Used U.S. Health Care	F	χ^2	p-value
Age	38	12.840			4.771		.029
Education	8	3.962			34.005		<.001
Country of Origin						29.699	<.001
U.S. Born			217	25%			
Foreign Born			640	75%			
Gender						61.914	<.001
Male			567	88%			
Female			81	13%			
Legal Status						45.777	<.001
U.S. Citizen			264	31%			
Authorized to Work			186	22%			
Unauthorized			398	47%			
Marital Status						1.601	.206
Married			549	64%			
Not Married			308	36%			
Race/Ethnicity						34.068	<.001
Non-Hispanic			161	19%			
Hispanic			692	81%			
English Speaking Proficiency						62.901	<.001
Not at all			197	21%			
A little			295	32%			
Somewhat			115	12%			
Well			326	35%			
English Reading Proficiency						59.560	<.001
Not at all			308	36%			
A little			206	24%			
Somewhat			91	11%			
Well			250	29%			

Table I16.

Bivariate Associations between Predisposing Factors and U.S. Health Care Utilization in 2013; Unweighted

n= 1,412							
<i>Predisposing Factors</i>	Mean	σ	n	% Used U.S. Health Care	F	χ^2	p-value
Age	40	13.028			3.627		.057
Education	9	3.839			36.517		<.001
Country of Origin						42.514	<.001
U.S. Born			255	29%			
Foreign Born			640	72%			
Gender						34.692	<.001
Male			653	73%			
Female			242	27%			
Legal Status						49.918	<.001
U.S. Citizen			304	34%			
Authorized to Work			206	23%			
Unauthorized			380	43%			
Marital Status						0.037	0.847
Married			585	65%			
Not Married			310	35%			
Race/Ethnicity						56.370	<.001
Non-Hispanic			198	22%			
Hispanic			693	78%			
English Speaking Proficiency						77.026	<.001
Not at all			180	20%			
A little			286	32%			
Somewhat			130	15%			
Well			297	33%			
English Reading Proficiency						74.997	<.001
Not at all			290	33%			
A little			217	24%			
Somewhat			98	11%			
Well			287	32%			

Table I17.

Bivariate Associations between Predisposing Factors and U.S. Health Care Utilization in 2014; Unweighted

n= 2,823							
<i>Predisposing Factors</i>	Mean	σ	n	% Used U.S. Health Care	F	χ^2	p-value
Age	40	13.218			15.079		<.001
Education	8	3.993			49.809		<.001
Country of Origin						60.292	<.001
U.S. Born			444	27%			
Foreign Born			1227	73%			
Gender						141.022	<.001
Male			1101	66%			
Female			570	34%			
Legal Status						94.314	<.001
U.S. Citizen			554	34%			
Authorized to Work			387	23%			
Unauthorized			714	43%			
Marital Status						5.217	0.022
Married			1064	64%			
Not Married			602	36%			
Race/Ethnicity						68.684	<.001
Non-Hispanic			316	19%			
Hispanic			1345	81%			
English Speaking Proficiency						121.579	<.001
Not at all			409	25%			
A little			539	32%			
Somewhat			211	13%			
Well			510	31%			
English Reading Proficiency						118.807	<.001
Not at all			593	36%			
A little			429	26%			
Somewhat			149	9%			
Well			497	30%			

Appendix J

Table J18.

Bivariate Associations between Enabling Factors and U.S. Health Care Utilization in 2011, unweighted

n= 1,520				
<i>Enabling Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Access to Transportation			59.847	<.001
Has a car/truck in U.S.	641	69%		
Does not have a car/truck in U.S.	294	31%		
Income			29.176	<.001
Did not work at all	38	4%		
Below Federal Poverty Level	118	13%		
At Federal Poverty Level	80	9%		
Above Federal Poverty Level	536	59%		
150% Above Federal Poverty Level	132	15%		
Insurance Status			99.585	<.001
Insured	373	40%		
Uninsured	559	60%		
Medicaid			7.687	0.006
Yes Medicaid	371	40%		
No Medicaid	566	60%		

Table J19.

Bivariate Associations between Enabling Factors and U.S. Health Care Utilization in 2012, Unweighted

n= 1,505

<i>Enabling Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Access to Transportation			19.49	<.001
Has a car/truck in U.S.	641	69%		
Does not have a car/truck in U.S.	294	31%		
Income			27.669	<.001
Did not work at all	25	3%		
Below Federal Poverty Level	118	14%		
At Federal Poverty Level	81	10%		
Above Federal Poverty Level	499	60%		
150% Above Federal Poverty Level	109	13%		
Insurance Status			80.835	<.001
Insured	305	36%		
Uninsured	550	64%		
Medicaid			15.889	<.001
Yes Medicaid	366	43%		
No Medicaid	491	57%		

Table J20.

Bivariate Associations between Enabling Factors and U.S. Health Care Utilization 2013, unweighted

n= 1,412

<i>Enabling Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Access to Transportation			29.328	<.001
Has a car/truck in U.S.	588	66%		
Does not have a car/truck in U.S.	307	34%		
Income			41.466	<.001
Did not work at all	14	2%		
Below Federal Poverty Level	93	11%		
At Federal Poverty Level	68	8%		
Above Federal Poverty Level	530	61%		
150% Above Federal Poverty Level	158	18%		
Insurance Status			84.630	<.001
Insured	331	37%		
Uninsured	563	63%		
Medicaid			1.172	.279
Yes Medicaid	332	37%		
No Medicaid	561	63%		

Table J21.

Bivariate Associations between Enabling Factors and U.S. Health Care Utilization in 2014, Unweighted

n= 2,823

<i>Enabling Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Access to Transportation			56.621	<.001
Has a car/truck in U.S.	1112	67%		
Does not have a car/truck in U.S.	559	34%		
Income			37.529	<.001
Did not work at all	44	3%		
Below Federal Poverty Level	203	13%		
At Federal Poverty Level	133	8%		
Above Federal Poverty Level	988	62%		
150% Above Federal Poverty Level	224	14%		
Insurance Status			139.148	<.001
Insured	732	44%		
Uninsured	935	56%		
Medicaid			39.354	<.001
Yes Medicaid	693	42%		
No Medicaid	978	59%		

Appendix K

Table K22.

Bivariate Associations between Need Factors and U.S. Health Care Utilization in 2011, Unweighted

n= 1,520

<i>Need Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Barriers to Care			62.855	<.001
Endorsed ≥ 1 barrier	327	35%		
No barriers endorsed	597	65%		
Health Status			147.822	<.001
Endorsed ≥ 1 health condition	300	32%		
Did not endorse ≥ 1 health condition	637	68%		

Table K23.

Bivariate Associations between Need Factors and U.S. Health Care Utilization in 2012, Unweighted

n= 1,925

<i>Need Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Barriers to Care			97.177	<.001
Endorsed ≥ 1 barrier	382	34%		
No barriers endorsed	746	66%		
Health Status			167.561	<.001
Endorsed ≥ 1 health condition	342	30%		
Did not endorse ≥ 1 health condition	795	70%		

Table K24.

Bivariate Associations between Need Factors and U.S. Health Care Utilization in 2013, Unweighted

n= 1,412

<i>Need Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Barriers to Care			104.171	<.001
Endorsed \geq 1 barrier	272	31%		
No barriers endorsed	622	69%		
Health Status			124.99	<.001
Endorsed \geq 1 health condition	270	30%		
Did not endorse \geq 1 health condition	625	70%		

Table K25.

Bivariate Associations between Need Factors and U.S. Health Care Utilization in 2014, Unweighted

n= 2,308

<i>Need Factors</i>	n	% Used U.S. Health Care	χ^2	p-value
Barriers to Care			226.598	<.001
Endorsed \geq 1 barrier	452	31%		
No barriers endorsed	1005	69%		
Health Status			207.819	<.001
Endorsed \geq 1 health condition	428	29%		
Did not endorse \geq 1 health condition	1054	71%		
