

Findings from the Quality of and Access to Health Care Supplement of the National Agricultural Workers Survey (NAWS) 2019–2020

*Value of thought.
Value of solution.*



JBS INTERNATIONAL
A CELERIAN GROUP COMPANY

Findings from the Quality of and Access to Health Care Supplement of the National Agricultural Workers Survey (NAWS) 2019–2020

May 2024

This report was prepared for the U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Research by JBS International, Inc., under contract #GS-10F-0285K. Since contractors conducting research and evaluation projects under government sponsorship are encouraged to express their own judgment freely, this report does not necessarily represent official opinion or policy of the U.S. Department of Labor.

It was written by:

Wenson Fung, JBS International
Amanda Gold, JBS International
Jackie Copfer, JBS International
Emily Finchum-Mason, U.S. Department of Labor
Daniel Carroll, U.S. Department of Labor

The authors are grateful to Jorge Nakamoto, Alberto Sandoval, and Summer Allen of JBS International for coordinating the field interviews on which the report is based as well as to the interviewers and support staff of JBS International. The authors also thank Nayib Mejia for contributing analysis on health care access to this report. The authors thank the 2,172 U.S. farm workers who graciously participated in an interview during 2019–2020 and the agricultural employers who helped survey staff reach those workers.

This work was made possible through the support of and collaboration with the Health Resources and Services Administration (HRSA).

Introduction

This brief presents findings from the “Quality of and Access to Health Care Supplement” of the National Agricultural Workers Survey (NAWS), which gathers data on migrant and seasonal crop workers (MSFW) and their families’ experiences with health care in the United States.

The U.S. Department of Labor’s NAWS is an employment-based, random-sample survey of U.S. crop workers that collects demographic, employment, and health data in face-to-face interviews. The survey began in Federal Fiscal Year 1989, and more than 70,000 workers have been interviewed since. The primary purposes of the NAWS are to monitor the terms and conditions of agricultural employment and to assess working conditions. The Federal agencies administering crop worker programs also rely on data generated by the survey.

The NAWS is a survey of hired workers employed in crop and crop-related work at the time of interview. To be interviewed, workers must be hired by an eligible establishment and perform an eligible task. Eligible establishments are those classified in the North American Industrial Classification System (NAICS) as Crop Production (NAICS code 111) or as Support Activities for Crop Production (NAICS code 1151). NAICS 111 comprises establishments such as farms, orchards, groves, greenhouses, and nurseries primarily engaged in growing crops, plants, vines, or trees and their seeds. NAICS 1151 includes establishments primarily engaged in providing support activities for growing crops. Examples of support activities include supplying labor, aerial dusting or spraying, cotton ginning, cultivating services, farm management services, planting crops, and vineyard cultivation services.

Eligible tasks include work in all phases of crop production (pre-harvest, harvest, and post-harvest), as well as supervising workers, operating machinery, and packing crops. Workers who pack crops, however, are interviewed only if the packing facility at which they are employed is on or adjacent to the sampled crop producer and the facility is owned by and primarily packs crops for that producer.

The NAWS’ sampling universe *does not* include:

- persons employed at eligible establishments who do not perform crop-related work, such as secretaries or mechanics, unless such workers also perform crop-related work; and
- crop workers with an H-2A visa (a temporary-employment visa for foreign agricultural workers). The Employment and Training Administration (Department of Labor) is currently assessing the feasibility of including H-2A farm workers in future surveys.

The NAWS is unique for its broad coverage of the characteristics of hired crop workers and their dependents and its nearly year-round interviewing schedule. Data are collected in three cycles per year (Fall-Winter, Spring, and Summer) to reflect the seasonality of agricultural production and employment. The NAWS differs from many Federal worker surveys as it is an establishment survey (workers are sampled at their workplaces) that only samples currently employed crop workers for face-to-face interviews.

The NAWS sample includes both migrant and seasonal crop workers. The use of an employer-based sample rather than a household-based sample increases the likelihood migrant workers will

be interviewed in the NAWS. Multi-stage sampling is implemented to account for seasonal and regional fluctuations in the level of farm employment. To capture seasonal fluctuations in the agricultural work force, the sampling year is divided into three interviewing cycles. In each cycle there are six levels of sampling:

- region;
- single counties or groupings of counties called farm labor areas (FLA), which constitute the primary sampling unit;
- county;
- ZIP Code region;
- employer; and
- respondent.

A full description of the survey's sampling design is available in the [Statistical Methods of the National Agricultural Workers Survey](#). The NAWS has benefited from collaboration with multiple Federal agencies, which continue to collaborate in the design of the questionnaire. Information provided through the NAWS informs the policies and programs of the Federal government agencies that protect and provide services to migrant and seasonal farm workers and their dependents.

NAWS Sample Characteristics, 2019-2020

This brief presents findings based on data collected in face-to-face interviews with 2,172 crop workers conducted between October 1, 2018, and September 30, 2020 (FY 2019–2020). The NAWS' multi-stage sampling design ensures the sample of crop workers is representative of all U.S. crop workers; however, the sample does not include crop workers with H-2A visas. More information on the NAWS methodology is available at the [NAWS website](#).

Figure 1 provides an overview of the NAWS 2019-2020 sample characteristics, including key findings about crop worker demographics, socioeconomics, and health-related characteristics relevant to health care quality and access.

Figure 1. Respondent Snapshot

Demographic Characteristics	<ul style="list-style-type: none">• 66% of crop workers were male.• The average age of crop workers was 41 years, 63% of crop workers were 35 or older.• 63% of crop workers were born in Mexico.• 66% categorized their race with an "other" response.• 10% of crop workers self-identified as indigenous.
Socioeconomic Characteristics	<ul style="list-style-type: none">• 56% of crop workers were legally authorized to work in the United States (i.e., held U.S. citizenship by birth or naturalization, were lawful permanent residents, held non-H-2A work visas).• The average level of formal education completed by crop workers was ninth grade.• 29% of crop workers reported that they could not speak English at all.• 31% of crop workers said they lived in a home owned by themselves or a family member.
Employment Characteristics	<ul style="list-style-type: none">• 88% of crop workers were directly employed by growers (12% by farm labor contractors).• Crop workers reported that they spent an average of 39 weeks employed in crop work in the previous 12 months.• Crop workers worked an average of 46 hours in the week prior to the interview.• 82% of crop workers were paid an hourly wage - average hourly earnings for all crop workers was \$13.59.
Health Characteristics	<ul style="list-style-type: none">• 48% of crop workers reported having health insurance. Reported rates of health insurance coverage are highest among U.S.-born, settled crop workers (80%) and lowest among foreign-born migrants (33%).• 56% of crop workers reported that their spouse had health insurance.• Of crop workers who reported accessing health care in the previous 12 months, 32% reported paying for care out of pocket.

Source: [Findings from the National Agricultural Workers Survey \(NAWS\) 2019-2020: A Demographic and Employment Profile of United States Farmworkers. Research Report No. 16.](#)

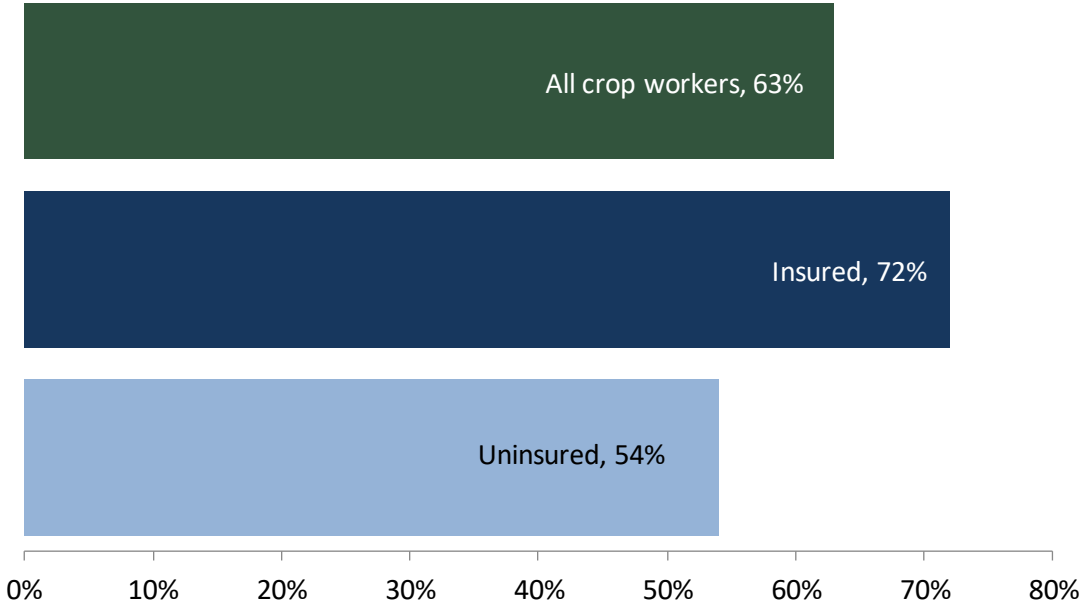
About the NAWS Quality of and Access to Health Care Supplement

The NAWS Quality of and Access to Health Care Supplement provides information on crop workers’ experiences with health care and generates data that federal and state agencies need to plan service delivery for MSFWs and their families. The questions are adopted from other national surveys and piloted with crop workers in three locations representing different regions with different migration patterns. Interviewers asked crop workers about health care services used in the last 12 months for illness, injury, dental, as well as health care services their spouses and children used. The pilot study report is available [here](#).

Crop Workers’ Health Care Utilization and Barriers to Health Care

In 2019–2020, 63 percent of crop workers received health care services from doctors, nurses, dentists, clinics, or hospitals in the United States for routine or preventive care, illness, injury, or dental preventive care or treatment in the 12 months prior to their interview. Workers with health insurance were more likely to report using health care services (72%) compared to workers without health insurance (54%; Figure 2).

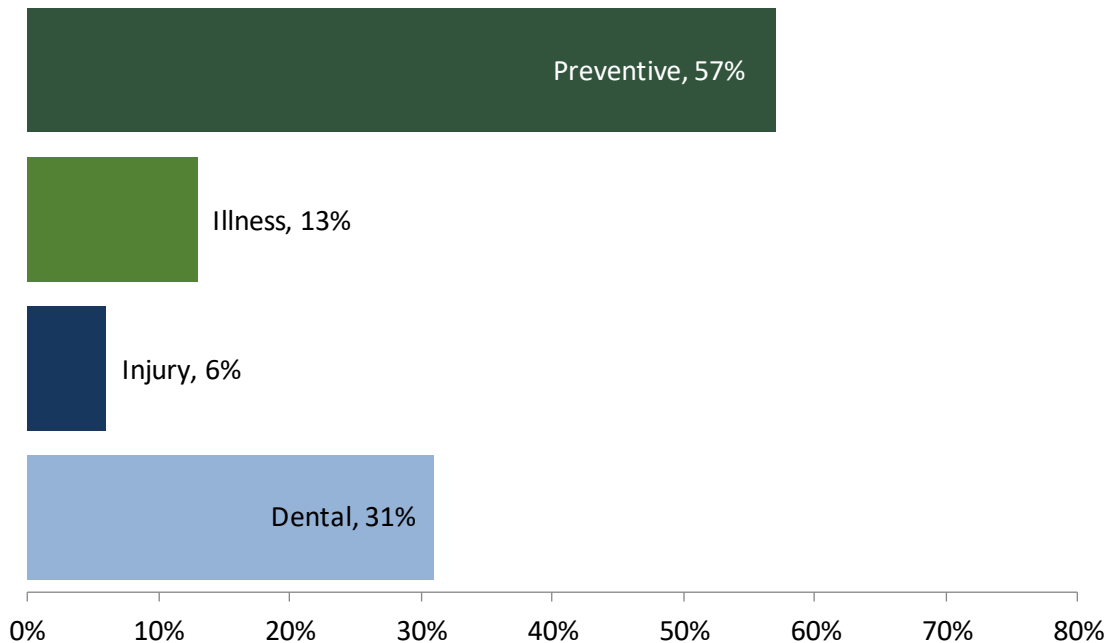
Figure 2: Visited a U.S. Health Care Provider in the Last 12 Months by Health Insurance Status, 2019–2020



Health Care Providers Visited

More than half (57%) of crop workers visited health care services for preventive care, 13% for illness, 6% for injury, and 31% for dental (Figure 3).

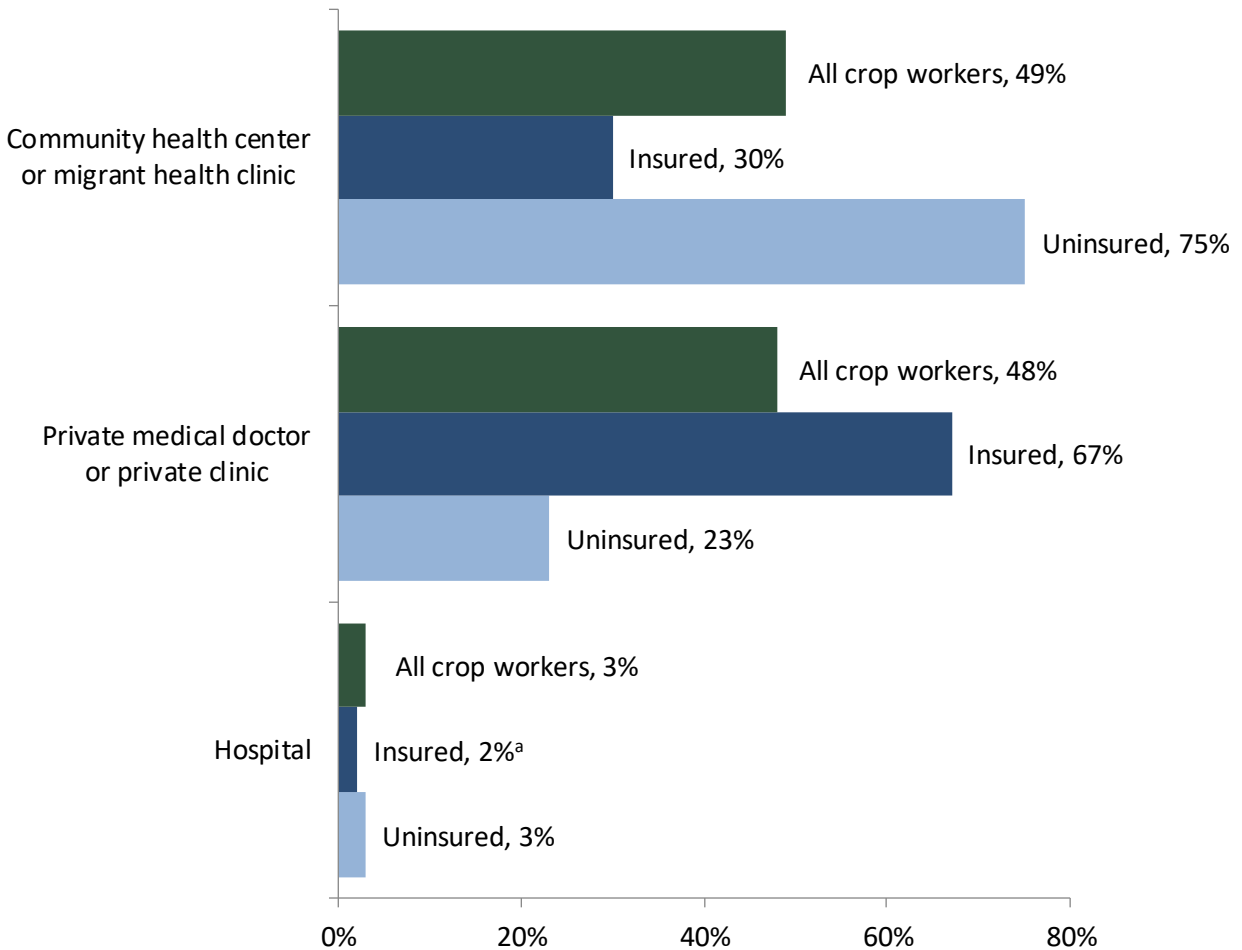
Figure 3: Visited a U.S. Health Care Provider in the Last 12 Months by Type of Service, 2019–2020



Crop workers who sought health care in the U.S. sometime in the last 12 months were asked which health care provider they used the last time they saw one. Forty-nine percent of workers said their most recent health care visit for preventive or routine care was to a community health center or migrant health clinic. Forty-eight percent said they visited a private medical doctor or private clinic (private provider), 3 percent went to a hospital, and 1 percent went to another type of provider. See Figure 4.

The type of health care provider visited depended on farm workers' health insurance status; a higher proportion of insured workers visited a private provider whereas uninsured workers tended to visit a community health center or migrant health clinic (Figure 3). Among workers who had a visit for preventive or routine care, fewer insured workers visited a community health center or migrant health clinic (30% compared to 75% of uninsured), and more insured workers visited a private provider (67% compared to 23% uninsured).

Figure 4: Top Providers for Preventive or Routine Care by Health Insurance Status, 2019–2020

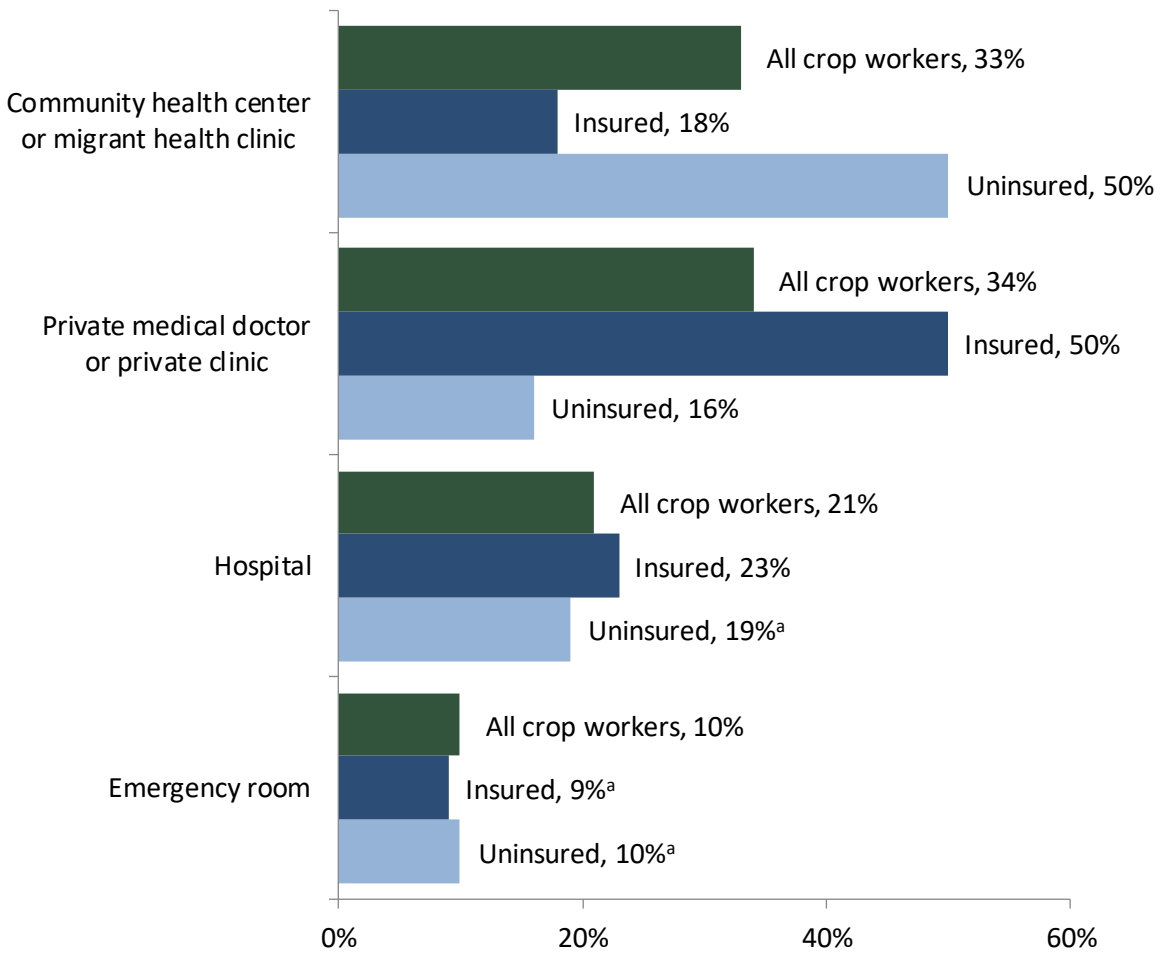


^a Estimate should be interpreted with caution because it has a n RSE of 31 percent to 50 percent.

Among workers who had a visit for illness, fewer insured workers visited a community health center or migrant health clinic (18% compared to 50% of uninsured), and more insured workers visited a private provider (50% compared to 16% uninsured). Similar proportions of insured (23%) and uninsured (19%¹) workers visited a hospital for illness (Figure 5).

¹ Estimate should be interpreted with caution because it has an RSE of 31 to 50 percent.

Figure 5: Top Providers for Illness by Health Insurance Status, 2019–2020



^a Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

Among workers who had a visit for injury, fewer insured workers visited a community health center or migrant health clinic (14%² compared to 48%³ uninsured), and more insured workers visited a private provider (54% compared to 30%⁴ uninsured). Similar proportions of insured (14%) and uninsured (13%⁵) workers visited a hospital for injury (Figure 6).

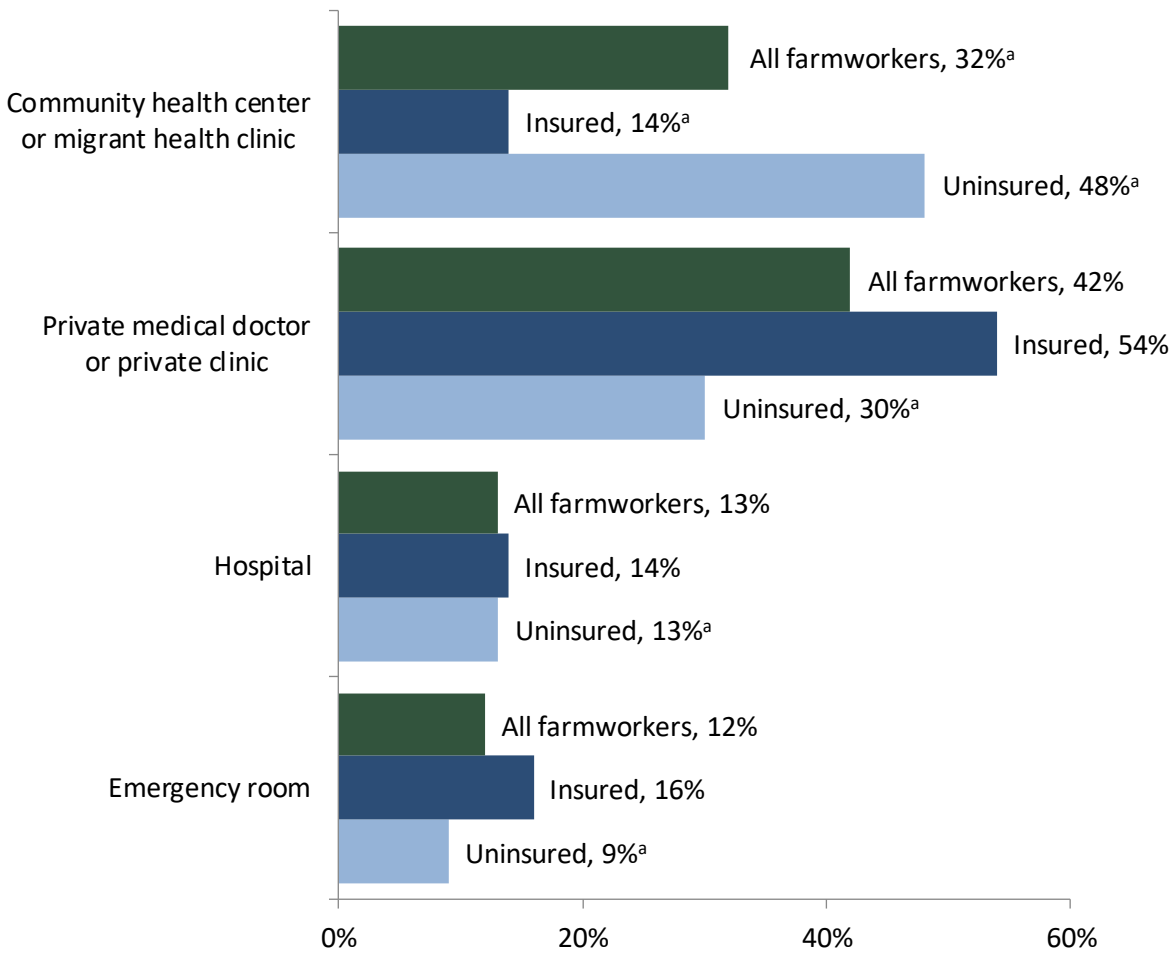
² Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

³ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

⁴ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

⁵ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

Figure 6: Top Providers for Injury by Health Insurance Status, 2019–2020



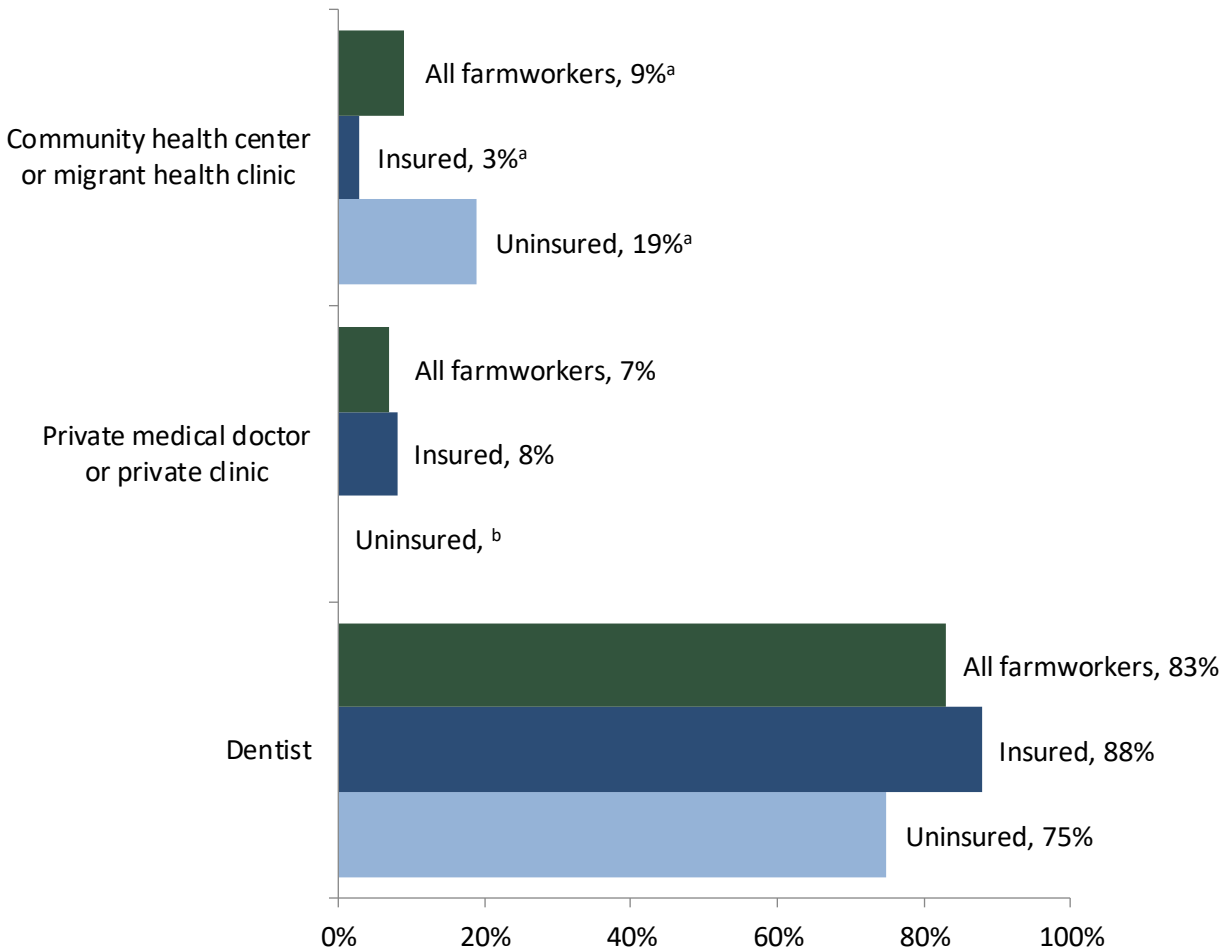
^a Estimate should be interpreted with caution because it has a n RSE of 31 percent to 50 percent.

Among workers who had a visit for dental treatment or preventive care, more insured workers visited a dentist (88% compared to 75% uninsured; Figure 7), and fewer insured workers visited a community health center or migrant health clinic (3%⁶ compared to 19%⁷ uninsured).

⁶ Estimate should be interpreted with caution because it has a n RSE of 31 percent to 50 percent.

⁷ Estimate should be interpreted with caution because it has a n RSE of 31 percent to 50 percent.

Figure 7: Top Providers for Dental Treatment or Preventive Care by Health Insurance Status, 2019–2020



^a Estimate should be interpreted with caution because it has a RSE of 31 percent to 50 percent.

^b Estimate is suppressed because it has a RSE greater than 50 percent.

Payment Sources for Health Care

Crop workers who sought health care in the U.S. were also asked who paid most of the cost of their last health care visit (Figure 8). Crop workers said either they paid out of their own pocket (19%) or the clinic did not charge them (19%), while 18% said Medicaid or Medicare paid. For illness visits, the most frequent methods of payment were Medicaid/Medicare (20%), out of their own pocket (16%), and farm worker- or family-purchased health plan (16%). For injury visits, the most frequent methods of payment were Workers’ Compensation (42%), employer-provided health plan (20%), and farm worker- or family-purchased health plan (16%). For dental care, the most frequent methods of payment were out of their own pocket (39%), farm worker- or family-bought health plan (18%), and employer-provided health plan (13%).

Figure 7: Payment Source for Health Visits by Type of Care, 2019–2020

Payer	Preventive	Illness	Injury	Dental
Out of pocket	19%	16%	8% ^a	39%
Medicaid/Medicare	18%	20%	4% ^a	12%
Public clinic did not charge	19%	14%	^b	6%
Employer provided health plan	14%	14%	20%	13%
Self/family bought health plan	14%	16%	16%	18%
Billed, but did not pay	^b	3% ^a	^b	0%
Worker’s comp	^b	^b	42%	0%
I paid some (copay)	11%	10% ^a	3%	7%
Other	5%	8%	1% ^a	4%

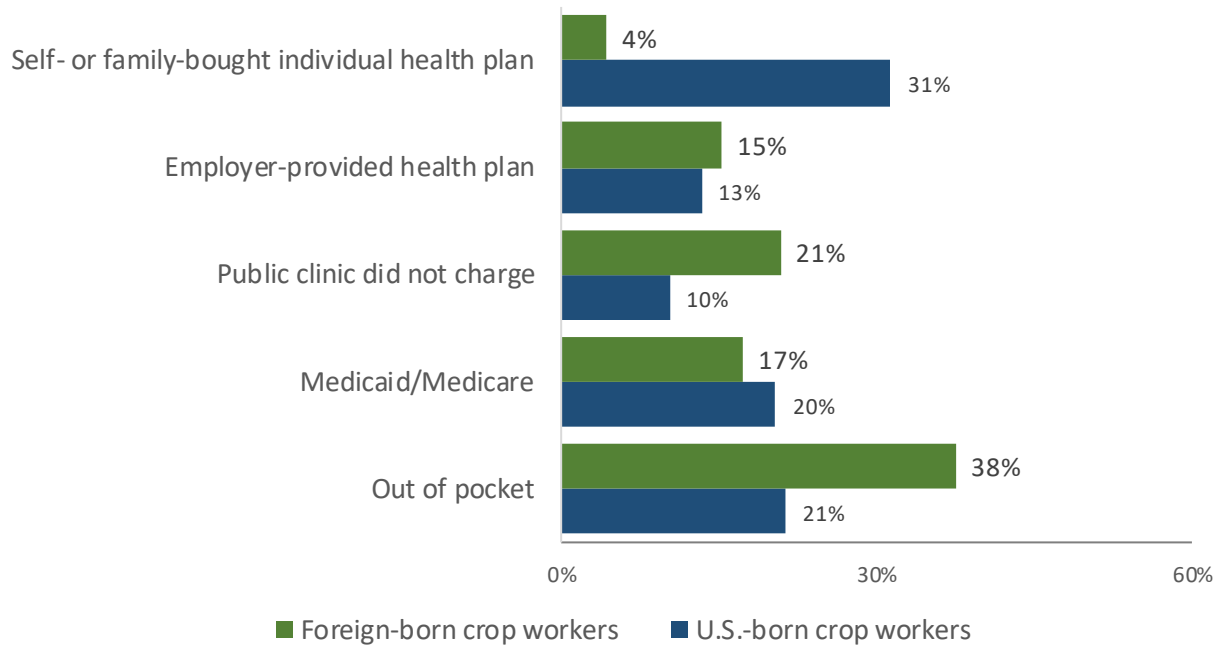
^a Estimate should be interpreted with caution because it has a RSE of 31 percent to 50 percent.

^b Estimate is suppressed because it has a RSE greater than 50 percent.

There were notable differences in payment sources for health care between U.S-born and foreign-born crop workers. While no single payment method was used by the majority of U.S.- or foreign-born crop workers, U.S-born crop workers relied primarily on self or family-bought individual health plans (31%) or Medicaid/Medicare (20%). In contrast, foreign-born crop workers most frequently used public clinics that did not charge (21%), paid out of pocket (38%), or used Medicaid/Medicare (20%).

Interestingly, both U.S.- and foreign-born crop workers were less likely to use an employer-provided health plan to pay for health expenses (13% and 15%, respectively; see Figure 8 below). The notable lower utilization of employer-sponsored health plans underscores a stronger reliance on other healthcare financing methods such as self-bought plans, Medicaid/Medicare, out-of-pocket payments, and public clinics.

Figure 8. Payment Source for Health Visits for Foreign-born vs. U.S.-born Crop Workers, 2019-2020



Barriers to Accessing Health Care

Crop workers were asked whether they faced barriers to accessing health care in the U.S (Figure 9). Most crop workers said they had no need to go or do not get sick as the reason they did not use health care services for preventive care (79%), illness (96%), injury (96%), and dental care (75%). Many crop workers reported they did not use preventive and dental care services because it was too expensive (11% and 19%) or because they did not have insurance (13% and 14%). Few crop workers reported not using health care services for illness or injury because of a barrier to access. Of the crop workers who did not use health care services for illness and injury, most reported it was because they did not have insurance (3% and 3%).

Figure 9: Barrier to Health Access by Type of Care, 2019–2020

Barrier	Preventive	Illness	Injury	Dental
Did not know where to go	<1% ^a	^b	0%	^b
No need to go / does not get sick	79%	96%	96%	75%
Too expensive	11%	2%	1%	19%
No insurance	13%	3%	3%	14%
Other	7%	1% ^a	1% ^a	6%

Note: Three barriers, “No transportation,” “Too far away,” and “Health center not open when needed,” are not shown in the table because the estimates have an RSE greater than 50 percent and were suppressed.

^a Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

^b Estimate is suppressed because it has a RSE greater than 50 percent.

Crop workers were asked about their satisfaction with the health care services they received (Figure 10). Most crop workers who sought care were very satisfied with the care they received. Preventive and dental care had the highest rates of satisfaction with 94% reporting being very satisfied. Of those seeking injury care, 90% were very satisfied, and 81% were very satisfied with their care when ill. Injury care had the highest rate of dissatisfaction with 6%^a of crop workers saying they were not at all satisfied.

Figure 10: Satisfaction with Health Care Received by Type of Care, 2019–2020

How Satisfied	Preventive	Illness	Injury	Dental
Very satisfied	94%	81%	90%	94%
Somewhat satisfied	5%	18%	4%	6% ^a
Not at all satisfied	<1% ^a	1% ^a	6% ^a	<1% ^a

^a Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

Crop Workers' Health Care Utilization by Location and Demographics

Among those who used health care services for preventive care, there were differences by family composition (married/parent status), education, and work authorization (Figure 11). Married parents visited a health care provider for preventive care in greater percentages (61%) than unmarried parents (52%), married workers without children (57%), and single workers without children (54%). A greater percentage of crop workers who completed 12th grade visited a health care provider for preventive care than those who did not complete 12th grade (61% vs. 55%). More crop workers who had work authorization visited a health care provider for preventive care (61%) than those without work authorization (52%).

Figure 11: Visited a U.S. Health Care Provider for Preventive Services in the Last 12 Months by Crop Worker Characteristics, 2019–2020

Crop Worker Characteristic	Visited a U.S. Health Care Provider (Excluding Dental)
Married, parent	61%
Unmarried, parent	52%
Married, no children	57%
Single, no children	54%
Completed 12th grade	61%
Did not complete 12th grade	55%
Authorized	61%
Unauthorized	52%

Use of health care services differs by location, demographics, and other characteristics including stream (Eastern, Midwest, and Western; a map of the three streams is shown in Appendix A), age, gender, primary language, country of birth, family composition, migrant status, and whether the crop worker has a chronic condition (Figure 12). For all types of health care visits (excluding

dental), more crop workers in the Midwest stream used health care services (73%) compared to the Eastern (63%) and Western (59%) streams. More crop workers aged 14–17 and over 50 used health care services (78% and 70%, respectively) than other age groups. A greater percentage of female crop workers than males used health care services (70% vs. 59%). Fewer crop workers whose primary language is Spanish used health care services (59%) than those who speak other primary languages (35–76%). More crop workers whose place of birth was U.S. or Puerto Rico used health care services (71%) than those born elsewhere (40–61%). Health care service use did not differ between married and single crop workers with children (66% and 61%) or without children (61% and 60%). However, health care use was higher among settled crop workers (66%) than migrant crop workers (44%). More crop workers with a chronic condition⁸ utilized health care services (79%) than those who did not (54%).

⁸ Chronic conditions include heart disease, asthma, cancer, high blood pressure, high cholesterol, diabetes, urinary tract infection, tuberculosis, and/or another condition.

Figure 12: Visited a U.S. Health Care Provider (Excluding Dental) in the Last 12 Months by Location and Demographics, 2019–2020

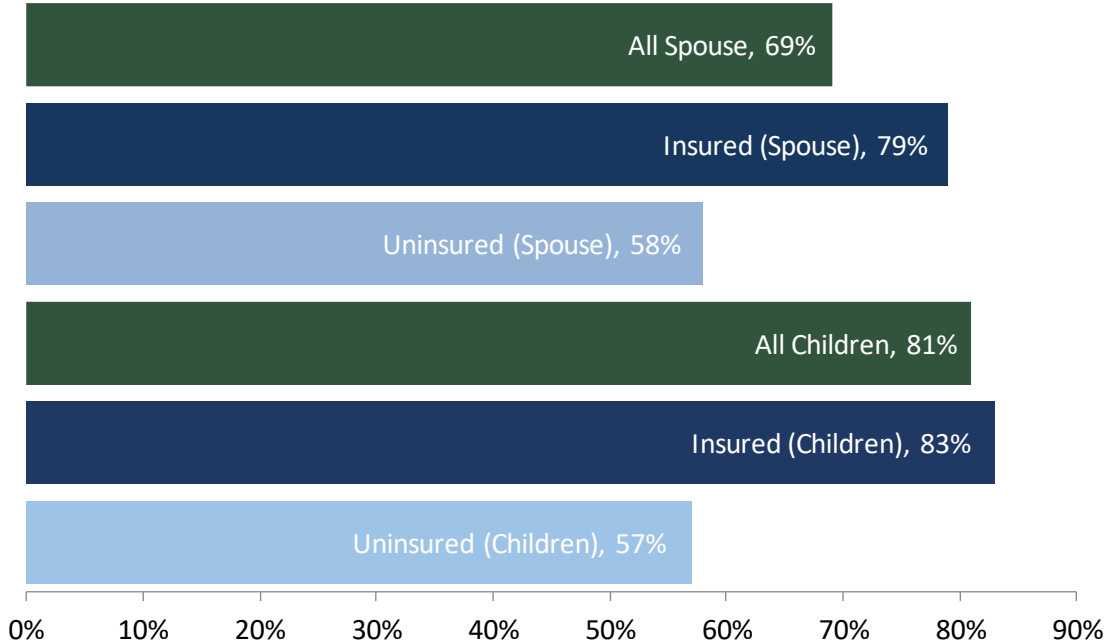
Crop Worker Characteristic	Visited a U.S. Health Care Provider (Excluding Dental)
Eastern stream	63%
Midwest stream	73%
Western stream	59%
14-17 years old	78%
18-24 years old	56%
25-50 years old	60%
Over 50 years old	70%
Male	59%
Female	70%
Spanish	59%
English	71%
Bilingual Spanish/English	71%
More than one language	76%
Indigenous	35% ^a
Mexico	61%
U.S./Puerto Rico	71%
Central America	40%
Married, parent	66%
Unmarried, parent	61%
Married, no children	61%
Single, no children	60%
Migrant	44%
Settled	66%
Has a chronic condition	79%
No chronic condition	54%

^a Estimate should be interpreted with caution because it has a n RSE of 31 percent to 50 percent.

Family Members' Health Care Use and Barriers to Health Care

The health supplement asked crop workers about their spouses and children's health care use and the barriers to access they experienced. In 2019–2020, 69 percent of crop workers' spouses and 81 percent of their children used health care services (excluding dental). Like crop workers themselves, spouses and children with insurance visited a health care provider more often than those without insurance (Figure 13).

Figure 13: Spouse and Children Visited a U.S. Health Care Provider in the Last 12 Months by Health Insurance Status, 2019–2020



Almost two-thirds (63%) of spouses visited a health care provider for preventive care, 2% for illness, 5% for injury, and 41% for dental (Figure 14). Over three quarters of children (76%) visited health care services for preventive care, 16% for illness, 2% for injury, and 66% for dental.

Figure 14: Proportion of Spouse and Children Who Visited a U.S. Health Care Provider in the Last 12 Months, by Type of Service, 2019–2020

Type of Health Service	Spouse	Children
Preventive	63%	76%
Illness	2%	16%
Injury	5%	2%
Dental	41%	66%

Crop workers who reported their spouse or children had a health care visit in the U.S. sometime in the last 12 months were asked the type of health care provider used. Fifty percent reported

their spouse sought preventive care at a community health center or migrant health clinic, 47 percent a private provider, and 2 percent a hospital (Figure 14). Among crop workers seeking preventive care for their children, 48 percent visited a community health center or migrant health clinic, 49 percent a private provider, and 3 percent a hospital.

For visits related to an illness, 44 percent reported their spouse went to a private provider, 36 percent a community health center or migrant health clinic, 15 percent hospital, and 5 percent⁹ an emergency room (Figure 15). Among crop workers seeking care for an ill child, 48 percent went to a private provider, 34 percent a community health center or migrant health clinic, 7 percent a hospital, and 11 percent went to an emergency room.

For injury-related health care visits, 40 percent reported their spouse went to a private provider, 37 percent a hospital, 14 percent a community health center or migrant health clinic, and 8 percent an emergency room (Figure 15). Among crop workers seeking care for an injured child, 27 percent went to a private provider, 39 percent a hospital, 8 percent¹⁰ a community health center or migrant health clinic, and 25 percent an emergency room.

For dental visits, crop workers largely reported their spouses (86%) and children (87%) went to a dentist (Figure 15). Some spouses (10%¹¹) and children (8%¹²) received dental care at a community health center or migrant health clinic, and a small number went to a private clinic (4%¹³ and 4%, respectively).

Whether a crop worker's spouse and children had insurance affected the type of health care provider they visited (Figure 15). Crop workers were more likely to report their family members visited a community health center or migrant health clinic for preventive or routine care if their spouse and children were uninsured (72%) compared to those whose families were insured (39%). Spouses and children covered by insurance were more likely to visit a private provider (58%) compared to those not insured (26%). Similarly, crop workers whose spouse and children were insured said they were more likely to visit a private provider (43%) than those whose spouse and children were not insured (37%¹⁴). Conversely, hospital visits were more likely when a spouse and children were uninsured (45%) than when insured (30%). For dental, 86% of crop workers with spouses and 87% of crop workers with children reported that their spouse or children had a dental visit. Among both spouse and children, more insured went to dentists than uninsured (spouses: 93% insured vs. 75% uninsured; children: 87% insured vs. 78% uninsured).

⁹ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

¹⁰ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

¹¹ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

¹² Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

¹³ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

¹⁴ Estimate should be interpreted with caution because it has an RSE of 31 percent to 50 percent.

Figure 15: Top Providers of Spouse and Children’s Health Care Visits, by Service and Health Insurance Status, 2019–2020

Type of Service and Provider	Spouse			Children		
	All	Insured	Uninsured	All	Insured	Uninsured
Preventive						
Community health center or migrant health clinic	50%	39%	72%	48%	48%	51%
Private medical doctor or private clinic	47%	58%	26%	49%	49%	42%
Hospital	2%	3%	2%	3%	3%	^b
Illness						
Private medical doctor or private clinic	44%	54%	28%	48%	49%	43% ^a
Community health center or migrant health clinic	36%	23%	59%	34%	35%	^b
Hospital	15%	18%	9% ^a	7%	5%	^b
Emergency room	5% ^a	5% ^a	4% ^a	11%	10%	0%
Injury						
Private medical doctor or private clinic	40%	43%	37% ^a	27%	27%	^b
Hospital	37%	30%	45%	39%	40%	^b
Community health center or migrant health clinic	14%	17%	^b	8% ^a	8% ^a	0%
Emergency room	8%	11%	6% ^a	25%	25%	0%
Dental						
Dentist	86%	93%	75%	87%	87%	78%
Community health center or migrant health clinic	10% ^a	^b	21% ^a	8% ^a	9% ^a	^b
Private medical doctor or private clinic	4% ^a	4% ^a	^b	4%	4%	^b

^a Estimate should be interpreted with caution because it has a RSE of 31 percent to 50 percent.

^b Estimate is suppressed because it has an RSE greater than 50 percent.

Crop workers were asked about the barriers experienced by their spouses or children when seeking health care. The majority reported their spouse did not need to go or does not get sick when it comes to preventive care (88%), illness (94%), injury (95%), and dental (81% ; Figure 16). A small percentage reported it was too expensive (5–13%) or they did not have insurance (<1–7%).

Figure 16: Spouse’s Barrier to Health Access by Type of Care, 2019–2020

Barrier	Preventive	Illness	Injury	Dental
No need to go / does not get sick	88%	94%	95%	81%
Too expensive	9%	5% ^a	^b	13%
No insurance	4%	^b	<1% ^a	7%

Note: Four barriers, “Did not know where to go,” “No transportation,” “Too far a way,” and “Health center not open when needed,” are not shown in the table because farm workers did not report their spouse had these barriers, or the estimates have an RSE greater than 50 percent and were suppressed.

^a Estimate should be interpreted with caution because it has a RSE of 31 percent to 50 percent.

^b Estimate is suppressed because it has a RSE greater than 50 percent.

The barriers to health care access for children were similar to those experienced by farm worker spouses (Figure 17). Most farm workers reported that children did not seek health care because they did not need to go or does not get sick when it comes to preventive care (90%), illness (94%), injury (95%), and dental (88%).

Figure 17: Children’s Barrier to Health Access by Type of Care, 2019–2020

Barrier	Preventive	Illness	Injury	Dental
No need to go / does not get sick	90%	94%	95%	88%
Too expensive	^b	^b	^b	5% ^a
No insurance	<1% ^a	^b	^b	2% ^a

Note: Four barriers, “Did not know where to go,” “No transportation,” “Too far a way,” and “Health center not open when needed,” are not shown in the table because farm workers did not report their spouse had these barriers, or the estimates have an RSE greater than 50 percent and were suppressed.

^a Estimate should be interpreted with caution because it has a RSE of 31 percent to 50 percent.

^b Estimate is suppressed because it has a RSE greater than 50 percent.

Appendix A: Map of the NAWS Migrant Streams

