



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Promoting Health Care Access to Lesbian, Gay, Bisexual, and Transgender (LGBT) Farmworkers

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**There is a common misconception that few or no lesbian, gay, bisexual, and transgender (LGBT) people exist within the farmworker community. As a result, the health care needs of LGBT farmworkers are often overlooked. It is important for health centers to recognize and address the unique challenges faced by LGBT farmworkers in order to provide quality care to this highly vulnerable population.**

## Overview of Farmworker Population

There are an estimated **2.5 million** farmworkers working on farms and ranches in the U.S. When we include farmworkers' spouses and children, the number jumps to roughly 4.5 million. According to the 2012 National Agricultural Workers Survey (NAWS) conducted by the U.S. Department of Labor, the majority of farmworkers (54%) are between 25 and 44 years old.<sup>1</sup>

Most farmworkers are foreign born. Approximately 68% of farmworkers were born in Mexico and 3% were born in Central America.<sup>2</sup> Seventy-eight percent of farmworkers earn incomes below **200% of the Federal Poverty Level**, and **25% earn below the Federal Poverty Level**.<sup>3</sup> While the majority of farmworkers and their families speak Spanish as their dominant language, there are a growing number of farmworker communities who speak an indigenous language as their primary language. Farmworkers from indigenous communities in Southern Mexico and Guatemala are the fastest growing farmworker population in the U.S. Farmworkers from these communities may have distinct cultural beliefs from other Latino populations.



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<sup>1</sup> National Agricultural Workers Survey 2011-2012, Analysis by Farmworker Justice. Available at: [www.farmworkerjustice.org/sites/default/files/NAWS%20data%20factsht%201-13-15FINAL.pdf](http://www.farmworkerjustice.org/sites/default/files/NAWS%20data%20factsht%201-13-15FINAL.pdf)

<sup>2</sup> IBID

<sup>3</sup> IBID

<sup>4</sup> Somerville GG, Diaz S, Davis S, Coleman KD, Taveras S. Adapting the popular opinion leader intervention for Latino young migrant men who have sex with men. *AIDS Educ Prev.* 2006;18(4 Suppl A):137-48.

<sup>5</sup> Rhodes SD, Daniel J, Alonzo J, et al. A systematic community-based participatory approach to refining an evidence-based community-level intervention: the HOLA intervention for Latino men who have sex with men. *Health Promot Pract.* 2013;14(4):607-16. intervention for Latino men who have sex with men. *Health Promot Pract.* 2013;14(4):607-16.



## General Challenges Facing LGBT Farmworkers

There is no data regarding the number of LGBT individuals in the farmworker community. However, outreach workers, clinicians, and researchers who provide health care and public health interventions to farmworkers know from experience that LGBT people exist within the community, and that many face enormous challenges in accessing care, finding support, and feeling safe.<sup>4,5</sup> LGBT “invisibility” within the farmworker community stems from strong cultural and religious taboos regarding sex in general, and sexual and gender minority identities specifically. It is common for LGBT persons to hide their identity in order to protect themselves from shaming, assault, and isolation from their families and communities.<sup>6</sup> The stress caused by hiding one’s identity and dealing with stigma has been associated with higher rates of depression, suicide attempts, drug and alcohol abuse, and unsafe sexual behavior in LGBT people.<sup>7,8</sup>

LGBT farmworkers who are “out” to their employers risk job termination or demotion, and harassment from co-workers. A 2009 story by the California Report, a public radio show, illustrated the challenges faced by openly LGBT farmworkers. A transwoman farmworker related her experience in the fields while transitioning from male to female. Her boss started verbally harassing her; later her boyfriend, who also worked at the asparagus packing house where she worked, was attacked by other supervisors. Finally, she was demoted from supervisor to the assembly line.<sup>9</sup> Unfortunately, this story is not unusual for openly lesbian, gay, bisexual, or transgender farmworkers working in the fields.

<sup>6</sup> Sue DW. Sexual orientation microaggressions and heterosexism. In: *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. Hoboken, NJ: John Wiley & Sons, Inc.; 2010.

<sup>7</sup> Grant J, Mottet LA, Tanis J, et al. *Injustice at every turn: a report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011.

<sup>8</sup> IOM (Institute of Medicine). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press; 2011.

<sup>9</sup> The full story from the California Report, “LGBT Farmworker Discrimination,” can be found at <http://audio.californiareport.org/archive/R903271630/c>

## Greatest Health Care Challenges Facing LGBT Farmworkers

Farmworkers generally face numerous challenges when accessing health care. These challenges include lack of transportation, cost of services, and fear of employer retaliation due to lack of sick leave, among others. For LGBT farmworkers, these challenges are just the tip of the iceberg. As mentioned previously, **there is a pervasive fear among LGBT farmworkers of being “outed;”** patients therefore may not disclose their sexual behavior to their providers, **resulting in missed opportunities** to receive much-needed HIV/STD testing and treatment. This reluctance to disclose may be especially true for men who have sex with men (MSM) farmworkers who are married to women, as family members are often heavily involved in each other’s health care decisions. A married MSM farmworker may fear that the provider will reveal his sexual history to his spouse. In addition, farmworkers who have same-sex relationships (e.g., men who have sex with men or MSM) may not label themselves as gay or bisexual, and may not think they are at risk for HIV/AIDS, believing that only those who identify as part of the “gay” community are vulnerable to infection.

Providing sexual health education to farmworkers in group settings, such as at a labor camp, also poses challenges. **Health outreach workers may find it difficult to include same-sex relationships as part of the discussion, given the cultural stigma.** In addition, LGBT farmworkers in a group setting may completely shy away from taking or discussing the use of condoms.

Transgender farmworkers encounter additional, unique health care challenges. Most do not have the financial means to access medical care (such as hormone treatments and surgeries) needed to transition and affirm their gender identity. Some may turn to the black market to purchase hormones and silicone treatments. These are often self-injected with shared needles, few instructions, and no medical oversight, leading to multiple health risks.<sup>10</sup>

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<sup>10</sup> Wallace P. Finding self: A qualitative study of transgender, transitioning, and adulterated silicone. *Health Education Journal*. 2010; 69: 439-46.





## Best Practices for Health Centers to Build Trust with LGBT Farmworkers

Due to the stigma and fear faced by LGBT farmworkers, it is essential that health centers create a welcoming and affirming environment. Health centers should incorporate the following best practices to ensure that they provide the highest quality of care to LGBT farmworkers (note: some of these best practices are adapted from tips for Legal Advocates Working with Lesbian, Gay, Bisexual, and Transgender Clients developed by the National Center for Lesbian Rights, California Rural Legal Assistance, and Legal Services Corporation).<sup>11</sup>

- Become comfortable with providing care to LGBT people. This can involve training all health center staff in general LGBT concepts, terminology, and health needs. The National LGBT Health Education Center provides trainings, technical assistance, and resources for health care organizations ([www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)).
- Include sexual orientation, gender identity, and gender expression in your non-discrimination policy and post the policy in high-profile locations, such as on the walls and on your website. In addition, establish a well-defined process for reporting and responding to any discrimination that may occur.
- Revise patient intake forms to include a question on sexual orientation and questions about gender identity and sex at birth. Recommended questions can be found on the website of the Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu> and at [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org).
- At all levels of the health center, from the front desk to the clinicians and administration, use inclusive language for all patients. An example of inclusive language is “are you in a relationship?” instead of “do you have a wife or girlfriend?” Another example is “how may I help you?” instead of “how may I help you sir/ma’am?”
- Build trust by emphasizing the confidentiality of the information.
- Explain that questions related to sexual history and sexual orientation are asked of all patients. Also clarify that these questions are used to create an accurate health assessment and that the information is confidential. It’s important that patients feel they will not be judged, singled-out, or shamed for their answers.



- Conduct medical appointments in complete privacy, apart from spouses and family members. Providers must make sure that they respect family members' need for involvement while ensuring that the patient's privacy is protected. They should seek explicit consent from a patient to disclose medical information since medical information may accidentally expose the patient's sexual orientation or gender identity to family members. The provider should let the patient know that the patient has the right to confidentiality of medical information and ask the patient whether it is permissible to discuss medical issues with his or her family members.
- Conduct medical appointments in the language that is most comfortable for the patient. Make professional interpreters available so patients do not have to rely on family members for interpretation.
- Ensure all medical staff, including medical assistants, interpreters, clinicians, and any personnel with access to the patient's medical records respect the patient's confidentiality and do not use any verbal or non-verbal cues that may indicate discomfort with the patient's disclosures.
- Provide behavioral health referrals, if necessary, and/or community support services for LGBT patients.
- Provide education on sexual health, including the proper use of prophylaxis, to mitigate high-risk sexual behavior.
- Implement universal HIV screening for all patients and a program that engages patients into HIV care.
- Reach out to LGBT organizations. This may include legal services, community organizations, or national organizations that can provide resources and support to health centers and LGBT patients.

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<sup>11</sup> National Center for Lesbian Rights, California Rural Legal Assistance, and Legal Services Corporation, "Tips for Legal Advocates Working with Lesbian, Gay, Bisexual, and Transgender Clients," Available at [http://www.nclrights.org/wp-content/uploads/2013/07/Proyecto\\_Poderoso\\_Flyer\\_cd.pdf](http://www.nclrights.org/wp-content/uploads/2013/07/Proyecto_Poderoso_Flyer_cd.pdf)

## Available Support Systems for LGBT Farmworkers

Because farmworkers tend to live in more isolated rural communities, there are few LGBT support services available. LGBT farmworkers who live near an urban center may be able to more easily access LGBT community organizations and support services. Health centers should be familiar with the LGBT resources in their communities to refer patients. Health centers may also function as a limited support system. It is possible that the health center provider is the only person with whom the farmworker can talk openly and seek assistance.

In California, California Rural Legal Assistance (CRLA) provides support to LGBT individuals in rural areas, particularly LGBT farmworkers, through its Proyecto Poderoso project. The project, a collaboration of CRLA and the National Center for Lesbian Rights, provides community education, legal assistance, and leadership development to promote equality and dignity for LGBT individuals in rural California communities. More information about this project can be found on CRLA's website.



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## Resources

For more information about how you can promote health care access for LGBT farmworkers, you can contact:

- The National LGBT Health Education Center at the Fenway Institute, Fenway Health – [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)
- Farmworker Justice – [www.farmworkerjustice.org](http://www.farmworkerjustice.org)
- NCFH Call for Health hotline – 800-377-9968; [www.ncfh.org/call-for-health.html](http://www.ncfh.org/call-for-health.html)
- Migrant Clinician Network's Health Network [www.migrantclinician.org/services/network.html](http://www.migrantclinician.org/services/network.html)
- California Rural Legal Assistance – [www.crla.org](http://www.crla.org)
- Center of Excellence for Transgender Health – [transhealth.ucsf.edu](http://transhealth.ucsf.edu)
- National Center for Lesbian Rights – [www.nclrights.org](http://www.nclrights.org)
- HRSA – [www.hrsa.gov/lgbt](http://www.hrsa.gov/lgbt)



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[www.farmworkerjustice.org](http://www.farmworkerjustice.org)

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