

Farmworker COVID-19 Community Assessments

Coahoma and Calhoun Counties,
Mississippi
Community Profile

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NCFH

National Center for Farmworker Health, Inc.

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We are deeply grateful to the Mississippi Delta Council for Farm Workers Opportunities and to Northeast Catholic Charities of Vardaman, MS for their assistance in providing highly insightful knowledge about the local farmworker populations in their service area, and for assisting in identifying and interviewing farmworkers for this assessment. We are grateful for the diligent work of JBS International on this assessment, which would have not been possible without their efforts and their expertise. We are especially grateful to the interview participants who gave us their time to help us understand local challenges and strengths, and to the farmworkers who provided their time, knowledge, and insight to this assessment.



1. INTRODUCTION

This report provides a profile of farmworkers and their experiences during the COVID-19 pandemic in Coahoma and Calhoun counties, Mississippi, that was conducted as part of the Farmworker COVID-19 Community Assessments (FCCA) for the National Center for Farmworker Health (NCFH) conducted from August to December 2021. These assessments are part of a national outreach and vaccination project funded by the Centers for Disease Control and Prevention (CDC). Farmworkers are a particularly vulnerable population during a public health emergency due to their travel, working and living conditions. The purpose of the FCCA project was to develop and implement data collection methodologies that could quickly be activated during a public health emergency, such as the COVID-19 pandemic. The rapid assessment provides CDC and others with actionable findings about farmworkers' experiences and recommendations on how to best meet their needs arising from the COVID-19 pandemic.

This report is one in a series of community assessments conducted with farmworkers in diverse rural communities in different parts of the U.S. Coahoma and Calhoun counties were selected as part of the national assessment project due to the high number of farmworkers in the region and the high proportion of H-2A guest workers. H-2A guest workers are foreign nationals who receive a temporary visa to work in agriculture in the U.S., and do not bring their spouse or children with them to the U.S.⁽¹⁾



2. BACKGROUND ON COAHOMA AND CALHOUN COUNTIES

Two different counties were selected in northern Mississippi for this assessment (see Figure 2.1) in order to include both U.S.-born and foreign-born farmworkers. Coahoma County, based on local key informant reports, employs a significant number of H-2A guest workers but has a substantial population of U.S.-born White and African American workers while Calhoun County relies heavily on H-2A guest workers.

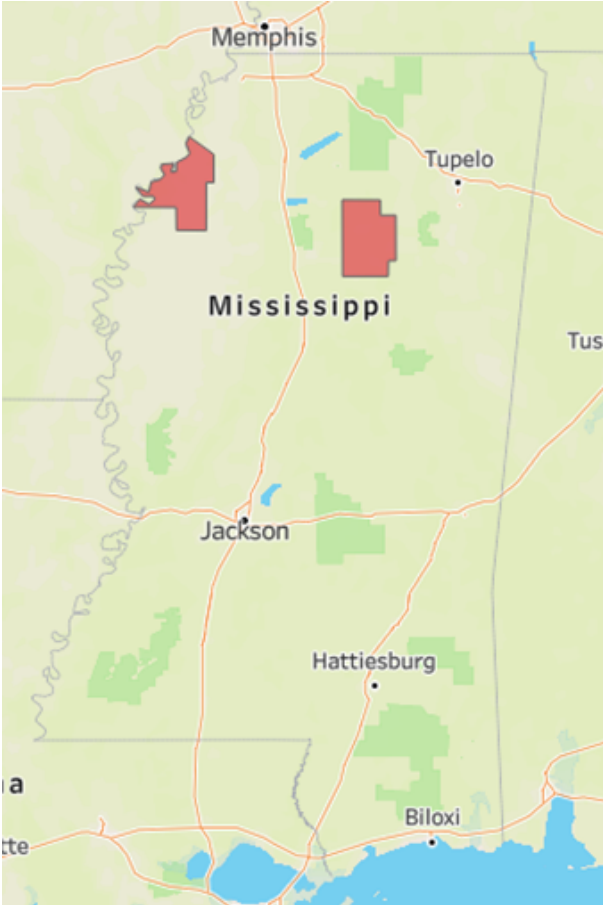
Coahoma County has a population of 21,000 people and agriculture in the area is focused on the heavily mechanized crops of cotton and soybeans (see Table 2.1).^(2,3) Calhoun County has a population of 13,000 people and is home to a larger number of smaller farms that concentrate on producing sweet potatoes, vegetables, and soybeans.^(4,5)

Table 2.1. Key agricultural data for Coahoma and Calhoun counties

	Coahoma	Calhoun
County Population	21,000	13,000
Number of farms	206	518
Average farm size	1,294 acres	286 acres
Agricultural sales	\$156 million	\$61 million
Major agricultural commodities	Soybeans, cotton	Sweet potatoes, vegetables, soybeans

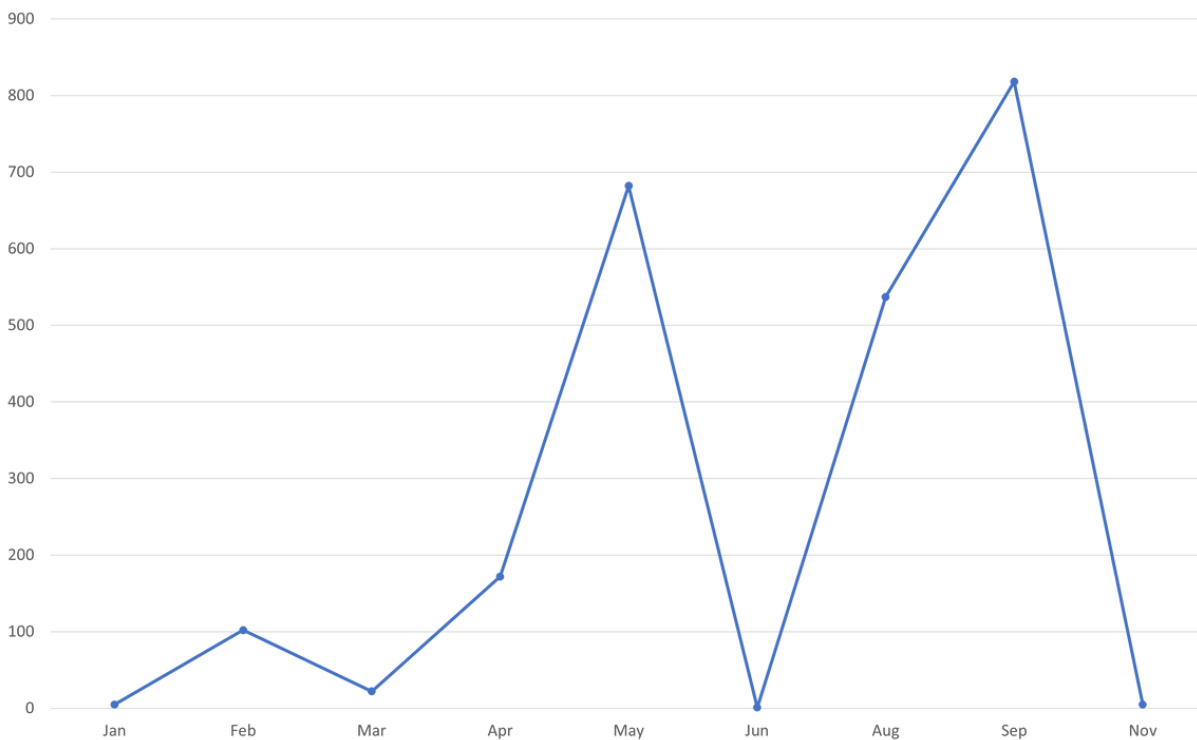
Source: U.S. Census of Agriculture 2017, U.S. Census Bureau.

Figure 2.1. Coahoma and Calhoun counties in northern Mississippi



NCFH estimates that there are 803 farmworkers in Coahoma County and 995 farmworkers in Calhoun County, based on the 2017 Census of Agriculture. However, these estimates underestimate the true number of farmworkers in the area since 2,344 H-2A guest workers alone were employed in the two counties during the fiscal year 2020 (see Figure 2.2).⁽⁶⁾ NCFH farm labor estimates tend to underestimate the number of workers in areas with a high number of contracted workers who are employed in the area for short periods of time. Because of the limitations of the farm labor estimates for these counties, it is not possible to determine the percentage of the total workforce that is comprised of H-2A guest workers, but it is likely to be high. Key local informants in Calhoun County described that historically many farmworkers were undocumented immigrants, but a series of immigration raids on farms in the area had caused a labor shortage and led employers to contract with H-2A guest workers to continue production.

Figure 2.2. Number of H-2A workers certified for employment in Coahoma and Calhoun counties by month of arrival to U.S., fiscal year 2020.



Source: U.S. Department of Labor H-2A program disclosure data, FY 2020. See <https://www.dol.gov/agencies/eta/foreign-labor/performance>



3. METHODOLOGY

The FCCA's methodology included both a quantitative and a qualitative component and was based on the CDC's rapid community assessment methodology.⁽⁷⁾ To recruit respondents, JBS International and NCFH partnered with two local organizations, the Mississippi Delta Council for Farm Workers Opportunities and with the Catholic Charities office in Vardaman, Mississippi. This assessment received a non-research exemption by the CDC; therefore, IRB approval was not needed. This report summarizes quantitative data and key quotes from interview participants; an in-depth thematic analysis of qualitative data is forthcoming.

Quantitative survey respondents were eligible to participate if they were a farmworker, which included individuals who had been employed in an industry under NAICS codes 111, 112, 1111, or 1112, which includes both crop and animal production and support activities for those industries. They were eligible to participate if they had worked in agriculture one day or more since March 15, 2020. The quantitative data was collected using a phone or in-person survey. The survey examined farmworkers' knowledge, attitudes and practices related to the COVID-19 emergency with a focus on vaccination coverage, as well as structural factors that CDC and other federal, state, and local agencies and organizations could address, such as barriers to safety, healthcare access, testing and vaccination. Respondents were recruited through outreach efforts of the two local community leaders and NCFH staff at worksites, housing sites, and public

community sites such as grocery stores, restaurants, and paycheck offices. Before participating in the survey, all respondents were provided with a verbal informed consent that emphasized that all data collected would be anonymous, no individual data would be shared publicly, and that they could stop participating in the survey at any time. The survey took between 15 and 30 minutes to complete, and survey respondents received a \$30 gift card for their participation. The surveys were conducted in English and Spanish over the phone or as an in-person interview. Descriptive statistics for the survey data are provided below. All survey data are unweighted.

The qualitative component consisted of in-depth interviews with farmworkers and agricultural employers and key informant interviews with agricultural experts or representatives of farmworker-serving organizations, and interviews delved more deeply into areas raised during the survey. Farmworkers were identified by local organizations or during survey data collection. Employers were generally cold-called or identified by local organizations. Farmworker experts and representatives of farmworker-serving organizations were identified through NCFH's database of farmworker-serving organizations and through snowball techniques. Interview participants received \$100 for their time, and generally lasted between 30-90 minutes.



4. KEY SURVEY FINDINGS

A total of 197 surveys were completed in Coahoma and Calhoun counties from August to October 2021. Eighty-six surveys were conducted over the phone by JBS International, and 111 surveys were conducted in-person by NCFH staff and Catholic Charities staff. Five in-depth interviews were conducted with farmworkers and employers, and seven key informant interviews were conducted with local farmworker experts or representatives of local farmworker-serving organizations. All surveys and interviews were conducted in English or Spanish.

DEMOGRAPHICS

The 197 respondents interviewed in Coahoma and Calhoun Counties, Mississippi, were mainly married, male, Hispanic/Latino, Mexican born, Spanish speakers, and had a median age of 35 years (Table 4.1). Twenty-three percent of respondents were Black and 16% of respondents self-identified as racially Indigenous. Five percent of respondents reported speaking Nahuatl, an Indigenous language spoken in central and southern Mexico, either as a child or as an adult. No other Indigenous languages were spoken by participants. Nearly three-fourths (73%) of participants were H-2A guest workers.

INDIGENOUS POPULATIONS

While there is no official definition for who are considered Indigenous populations, it is recognized that Indigenous populations continue to practice social and cultural traditions that pre-date colonial societies.(8) Latin America's Indigenous populations are diverse in their culture, language, food, and religious practices. Historically, Indigenous populations experience higher levels of discrimination due to their cultural practices including language, lifestyle and food, as well as based on physical appearance.(9) This is evident by the ongoing violence experienced by these populations since the beginning of colonization and the on-going socioeconomic disparities, such as the continued social marginalization from the rest of society due to the lack of educational and economic resources experienced under current governments.(10,11) Starting in the 1960s, the first documented en masse migration of Indigenous populations to the US happened through the Bracero program. Currently the number of Indigenous populations in the US keeps

growing due to work, and social and economic migration, or due to displacement from violence and environmental reasons, such as climate change.(10,12)

The racial and ethnicity categories traditionally used for census purposes may not fully encapsulate Indigenous identity of Latin American born individuals or be recognized by this population. Due to the discrimination experienced, they may not want to be identified as being racially Indigenous. In this survey following the National Agricultural Workers Survey convention, NCFH created a composite metric to identify Indigenous respondents, utilizing a combination of responses from language spoken as a child and currently as an adult, as well as racially identifying as Indigenous.(13)

In this sample, 37 respondents were identified under the Indigenous metric, comprising 19% of all respondents. This is about three times higher than the national percentage of farmworkers that identify as Indigenous based on the NAWS.(13) Only one Indigenous language was spoken by respondents in this sample, Nahuatl. Nahuatl has more than 30 variants that vary by state and geographic region, and is the most widely spoken Indigenous language in Mexico. The Mexican states with the largest Nahuatl speaking populations are Durango, Guerrero, Hidalgo, Jalisco, Mexico, Morelos, Oaxaca, Puebla, Tabasco, and Veracruz.(14)

Table 4.1: Demographics

Demographic Characteristic	Frequency	Percentage of participants
Sex		
Male	183	93%
Female	14	7%
Age groups		
18-25 years	31	16%
26-54 years	144	73%
55 years or more	22	11%
Marital status		
Single	53	27%
Married	114	58%
Other (i.e., domestic partnership, widowed)	30	15%
Primary language spoken as child		
English	44	22%
Spanish	147	75%
Latin American Indigenous language	9	5%
Primary language spoken as adult		
English	48	24%
Spanish	153	78%
Latin American Indigenous language	5	3%
Country of birth		
U.S. or Puerto Rico	49	25%
Mexico	144	74%
Other/did not report	2	1%
Race		
Black/African-American	45	23%
Indigenous	32	16%
White	14	7%
Other/multiple races	87	44%
Hispanic/Latinx	65	33%
Mestizo	9	5%
Moreno	7	4%
Did not report	22	11%
Ethnicity		
Hispanic/Latinx	149	76%
Not Hispanic/Latinx	47	24%
Immigration status		
H-2A work visa	141	72%
Permanent resident	1	<1%
Undocumented	2	1%
U.S. citizen	51	26%
Other visa	1	<1%
Did not report	1	<1%
Migrated to work in agriculture in past 12 months*		
Yes	145	74%
No	52	26%

*Migration was defined as staying in a place different than the interview location for one week or more to work in agriculture. All H-2A guest workers were automatically classified as migratory.

HOUSING, HOUSEHOLD CHARACTERISTICS, AND TRANSPORTATION

The most common living situation in these counties were dormitory or barrack-style housing (53%), which is a common housing type of H-2A guest workers. In these group living situations, all persons who slept in the same building were counted as household members. Other common housing types included houses (30%), mobile homes or recreational vehicles (11%), and apartments (3%), (see Table 4.2). Because a substantial proportion of respondents were housed in barracks, the average household size for this community was quite large, with an average of 19.7 persons per household.

A large proportion of respondents reported experiencing major risk factors for COVID-19 transmission in their housing and transportation.⁽¹⁵⁾ The majority of participants (78%) lived in employer-provided housing, which is a risk factor for COVID-19 transmission because workers in employer-provided housing frequently share housing with unrelated individuals.⁽¹⁶⁾ More than two in three respondents lived in a crowded household, and nearly one in four shared transportation with persons outside the household. Three in four respondents traveled to work in a labor bus, but many workers reported only traveling in the bus with other workers who resided in the same dormitory as themselves.

GENERAL HEALTH CARE ACCESS & SOURCES OF HEALTH INFORMATION

A relatively small proportion of respondents (15%) reported utilizing health care services in the U.S. during the pandemic (see Table 4.3). Among those who utilized health care services in the U.S., the hospital or emergency room was the most common source of services (40%). Respondents were asked about where they would go for information about a serious health problem, either in the U.S. or in their country of origin. A doctor or nurse were the most common trusted sources of information (48%), followed by social media (31%) and a relative (29%). Employers were also a common trusted source of health information (18%), particularly among H-2A guest workers.

“Yo he observado que - que el acceso [a servicios de salud] no es muy fácil, primeramente porque es difícil encontrar servicios en español.”

*I have observed that access [to health care services] is not easy, first because it's hard to find services in Spanish.
— Organizational representative #6*



Table 4.2: Housing type, transportation, and risk factors for infectious disease transmission

Characteristic	Frequency	Percentage of participants
Type of housing		
Apartment	6	3%
Barracks/dormitory	105	53%
House	60	30%
Mobile home/trailer/RV	21	11%
Other	4	2%
Type of transportation used to get to work		
Drives own car	38	19%
Labor bus	146	74%
Rides with relative or co-worker	7	4%
Walk/rides bicycle	4	2%
Other	2	1%
Housing and transportation risk factors		
Lives in an overcrowded household*	136	69%
Lives in employer-provided housing	153	78%
Travels to work with persons outside the household	47	24%

*The definition of an overcrowded household follows the U.S. Census definition, (16), which is a ratio of greater than one for the ratio of persons per room (excluding bathrooms and garages).

Table 4.3: Health care utilization and trusted sources of health information

Characteristic	Frequency	Percentage of participants
Used health care services in the U.S. during the pandemic	30	15%
Sources of health care services among those who utilized health care in the U.S.		
Clinic	5	17%
Hospital/emergency room	12	40%
Private doctor	7	23%
Other (pharmacy, Community/Migrant Health Center)	6	20%
Sources of trusted information for serious health issues		
Doctor/nurse	95	48%
Social media	61	31%
Relative	58	29%
Employer	35	18%
Church/school	13	7%
Community health worker	7	4%
Other	18	9%

69% of surveyed farmworkers lived in overcrowded housing, and nearly one in four traveled to work with people who did not live with them.

COVID-19 SAFETY INFORMATION, ILLNESS, TESTING, AND VACCINATION

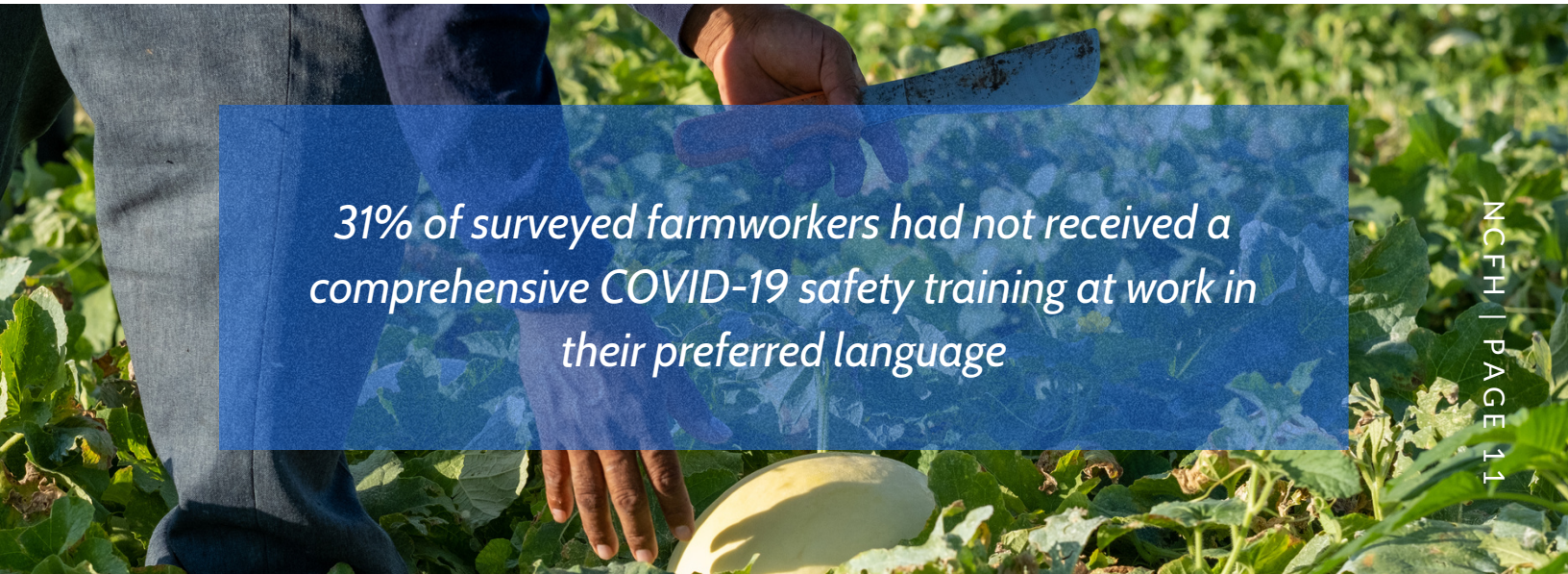
Respondents were asked if they had received a safety training covering proper handwashing, physical distancing, the use of face coverings, and isolation procedures, and if that training was in their preferred language. Eighty-seven percent indicated that they had received training on at least one of those topics, but only 69% reported receiving a training on all four topics in their preferred language at work (see Table 4.4). Respondents were also asked where else they had received training or instruction on preventing COVID-19, either in the U.S. or in their home country. Television was the most common source of training or instruction (47%), followed by social media (38%) and radio (31%).

One in ten (10%) respondents self-reported that they had had COVID-19 at some point in the pandemic (see Table 4.5). Overall, fewer than one in four (23%) had been tested for COVID-19, and only 13% reported that their current or most recent agricultural employer asked for workers to receive a COVID-19 test. Access to COVID-19 testing was generally not an issue for respondents, as only 7% reported needing to take a COVID-19 test but had trouble in obtaining it. The top difficulties or concerns in getting a COVID-19 test reported were fearing being infected at the testing site (n = 6), the cost (n = 3), difficulty in registering for an appointment (n = 3), being far from a testing site (n = 3), or some other reason (n = 11). More than one in seven (16%) of respondents reported that they knew a family member, friend, or co-worker who had died from COVID-19.

Table 4.4: COVID-19 safety training and instruction

Characteristic	Frequency	Percentage of participants
Workplace COVID safety training received*		
Received training in at least one topic	171	87%
Received training in all four topics	139	71%
Received training in all four topics in preferred language	135	69%
Other sources of COVID safety instruction/training		
Radio	60	31%
Social media	75	38%
Television	92	47%
Health care providers	27	14%
Consulate office	10	5%
Other sources	20	10%

*Topics included 1) hand washing, 2) physical distancing, 3) use of face coverings, and 4) quarantine or isolation procedures.



31% of surveyed farmworkers had not received a comprehensive COVID-19 safety training at work in their preferred language

Fewer than half (40%) of respondents were fully vaccinated against COVID-19 (see Table 4.5) with an FDA- or WHO-approved vaccine and 78% were either fully or partially vaccinated in October 2021. Approximately one in five (23%) respondents were not vaccinated with any COVID-19 vaccine, but more than half of those (53%) indicated that they wanted to receive a COVID-19 vaccination. Only 29% of unvaccinated respondents, or 7% of the total sample, reported that they did not want to receive a COVID-19 vaccination. The most common places that respondents reported receiving the vaccine included at a U.S. workplace (27%), at a U.S. pharmacy (25%), outside of the U.S. (20%), or at a community event in the U.S. (9%).

Vaccination status varied significantly by key demographic characteristics, including by race and by immigration status. White respondents had the highest reported vaccination coverage, with 43% fully vaccinated (see Figure 4.1). Indigenous workers had the lowest, with 22% of respondents reporting full vaccination status, and respondents who identified as Black or African-American were between the two groups (42%). Respondents who identified as a different race had similar vaccination coverage to White workers (43%). Non-Hispanic/Latinx respondents had slightly higher full vaccination coverage (43%) compared to Hispanic/Latinx respondents (38%). H-2A guest workers had slightly lower full vaccination coverage than U.S. citizen workers, but this difference was small (see Figure 4.3).

Table 4.5. COVID-19 illness, testing, and vaccinations

Characteristic	Frequency	Percentage of participants
COVID-19 illness		
Self-reported COVID-19 illness	19	10%
COVID-19 testing		
Had taken COVID-19 test at least once	46	23%
Employer reportedly asked workers to be tested	26	13%
Employer reportedly facilitated or paid for testing	19	10%
COVID-19 vaccinations		
Fully vaccinated*	78	40%
Partially vaccinated	74	38%
Not vaccinated	45	23%
Wants to receive vaccine	24	12%
Undecided about vaccine	7	4%
Does not want vaccine	13	7%

*Fully vaccinated includes respondents who received one dose of the Janssen/Johnson and Johnson vaccine or two doses of any COVID-19 vaccine approved by the U.S. Food and Drug Administration or the World Health Organization.

"De niños siempre nos hemos vacunado, nos dicen la vacuna va servir y en este caso necesitamos una esperanza de vida"

As children we have always been vaccinated, they tell us the vaccine will work and, in this case, we need hope.

- Farmworker #3

Figure 4.1. Percent of respondents fully vaccinated by race

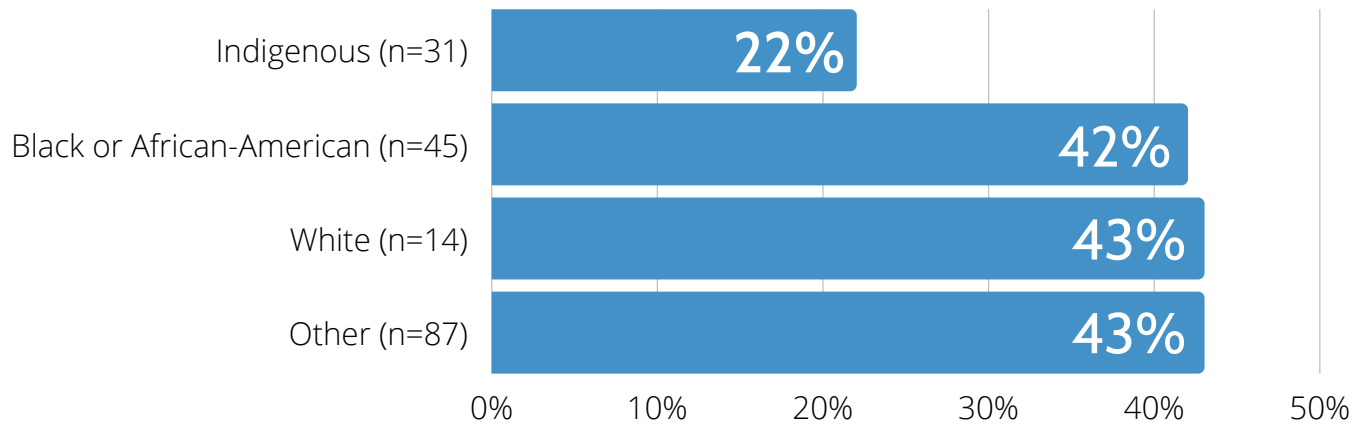


Figure 4.2. Percent of respondents fully vaccinated by ethnicity

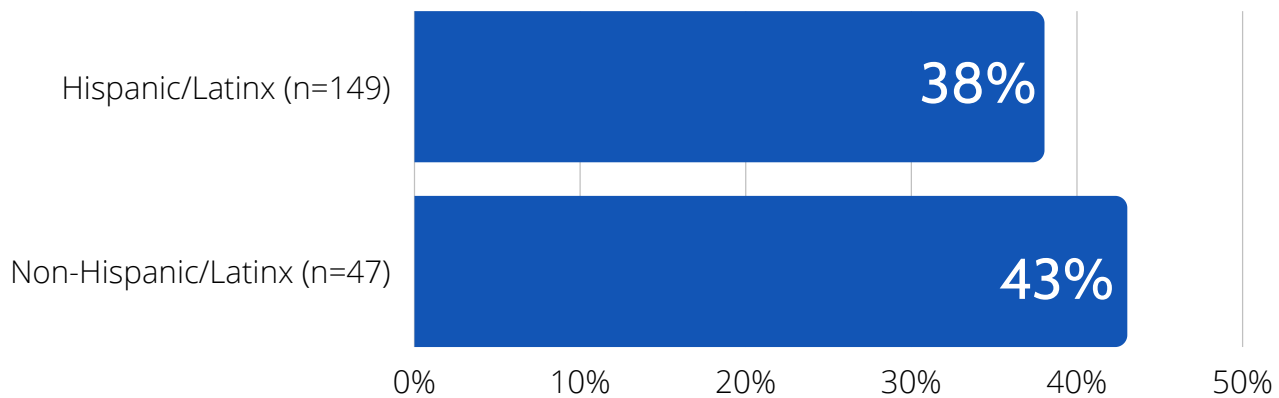
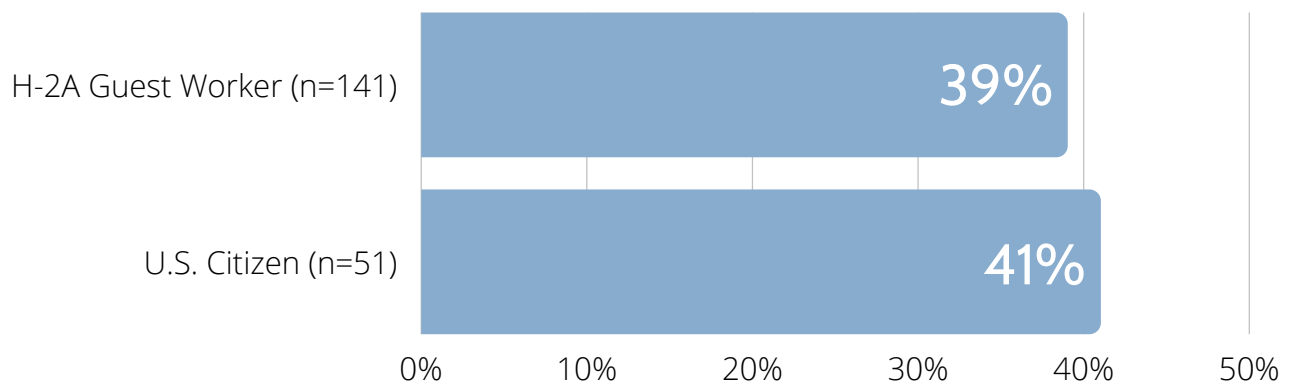


Figure 4.3. Percent of respondents fully vaccinated by immigration status*



*Five participants were in a different immigration status category that included permanent residents, undocumented participants, or did not answer the question about immigration status. These data were suppressed due to the small number of participants.

IMPACT OF COVID-19 ON EMPLOYMENT AND INCOME

The pandemic has had a significant impact on the employment of respondents: 42% lost work during the pandemic during their time in the U.S. The majority of respondents (72%) received no U.S. governmental assistance of any kind during the pandemic (see Table 4.6). Of those who did receive some form of assistance, the most common kind was a stimulus payment (91%), or 25% of the total sample. One in ten (10%) workers reported receiving unemployment assistance at some point during the pandemic.

Table 4.6: Impact of COVID-19 on employment and income

Characteristic	Frequency	Percentage of participants
Lost work in U.S. during pandemic	82	42%
Top three reasons for losing work during pandemic *		
Due to decline in demand	34	17%
Other reasons	20	10%
COVID-19 vaccinations or testing	15	8%
Received U.S. government assistance during pandemic**	56	28%
Economic stimulus payment	49	25%
Unemployment assistance	20	10%
Food assistance	11	6%
Rent assistance	5	3%
Other	1	1%

*Includes the most frequently cited reasons for losing work during the pandemic. Respondents could indicate more than one reason for losing work.

**Respondents could report receiving more than one type of assistance.

"Someone called and helped set up the [COVID-19] vaccination clinic. And so initially only a handful of workers said they wanted to do it, but when the day came, we had about 125 [workers] show up to get vaccinated."

- Employer #1



6. SUMMARY OF FINDINGS

LIMITATIONS

This assessment had limitations. All survey data are self-reported and only represent a brief snapshot in time. Survey respondents were not randomly sampled so there is a possibility of selection bias, and data collection took place over several months due to challenges in recruitment and a severe hurricane that halted data collection for several weeks. Data collection occurred a few days after the Department of Homeland Security announced that all foreign nationals would need to be fully vaccinated against COVID-19, which likely caused vaccination coverage of H-2A guest workers to shift significantly from the time of data collection in October 2021 to the time this report was written in January 2022. Survey respondents should not necessarily be viewed as a representative sample of all farmworkers in both counties, but rather as a diverse non-random sample to capture information from the very different populations of farmworkers in these counties.

DISCUSSION

Both the qualitative interviews and quantitative surveys indicate that a significant amount of support and resources are needed to increase farmworkers' access to health care and to the COVID-19 vaccines. Coahoma and Calhoun Counties house a diverse population of farmworkers, and employers and providers of social services, health care services, and public health services must incorporate the needs, cultures, and languages of U.S. born, foreign-born, and Indigenous populations.

Transportation was both a risk factor for disease transmission and a barrier to accessing health care documented by both surveys and interviews. Nearly one in four (23%) of farmworkers traveled to work with people outside of their household, increasing risk of disease transmission. Many workers only had access to transportation when permitted by their employer, and local organizational representatives reported that a lack of personal transportation sometimes meant that workers had difficulty purchasing food and accessing health care or social support services.

Overall, fewer than half (40%) of respondents were fully vaccinated against COVID-19, a figure that was lower than the vaccination rate for Calhoun (48%) and Coahoma (57%) counties among adults aged 18 or over in October 2021.⁽¹⁷⁾ A much lower proportion of respondents who identified as Indigenous racially were fully vaccinated (22%) compared to respondents who were White (43%), Black (42%) or another race (43%). A small proportion of respondents (7%) disclosed that they did not want to receive the vaccine, suggesting vaccine hesitancy does not appear to be a critical issue among farmworkers in this area. Linguistically and culturally appropriate vaccine education and increased access to vaccines on farms and in local communities could effectively increase farmworker vaccination rates in Coahoma and Calhoun counties. Local organizations that support farmworkers are already doing critical work and could benefit from increased resources and public health support to the area. Employers could also benefit from support for quarantine housing and more transportation options to maintain physical distancing. Farmworkers could benefit from increased local resources, especially from multilingual, multicultural personnel who can provide culturally sensitive health education and facilitate access to health and social services.

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