

# Farmworker COVID-19 Community Assessments

Hidalgo County, Texas  
Community Profile

SEPTEMBER - OCTOBER 2021



# NCFH

National Center for Farmworker Health, Inc.



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# 1. INTRODUCTION

This report provides a profile of farmworkers and their experiences during the COVID-19 pandemic in Hidalgo County, Texas, 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. Hidalgo County in Texas was included in the project because it is a supply chain nexus and iconic border location in the Rio Grande Valley. Of the 11 land ports along the Texas and Mexico border, five border crossings are located within the county.<sup>(1)</sup> The local farm labor force includes individuals who reside in Mexico but cross the border daily to work in the U.S., individuals who reside in the U.S., and H-2A guest workers.



# 2. BACKGROUND ON HIDALGO COUNTY

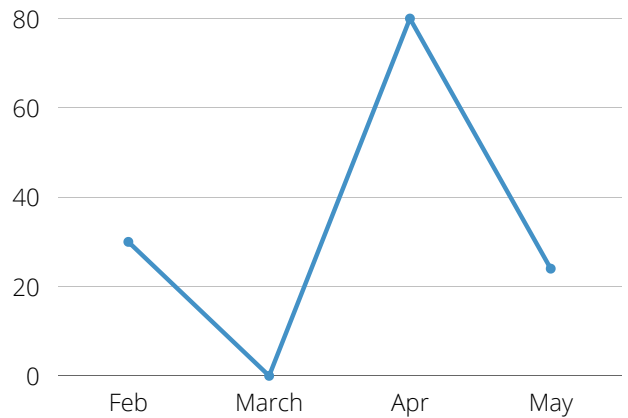
Hidalgo County has a population of 870,781 people and is home to 2,436 farms that produced over \$311 million in agricultural products in 2017.<sup>(2)</sup> The average farm size in the county is 256 acres, and 94% of products sold are crop products.<sup>(3)</sup> The major crop types by acres are sorghum, cotton, corn, sugarcane, and vegetables. Vegetables, melons, potatoes, and sweet potatoes produced the highest sales. NCFH estimates that there are 5,918 farmworkers in Hidalgo County, based on the 2017 Census of Agriculture (see Table 2.1).<sup>(4)</sup>

The H-2A visa program allows foreign nationals to temporarily work and reside in the U.S. to fulfill labor needs in agriculture. While nationally, employment of H-2A guest workers is increasing, employment of H-2A guest workers in this area is relatively uncommon, with a peak of 80 H-2A guest workers arriving during the month of April in fiscal year 2020 and a total of 134 H-2A workers employed throughout the course of a calendar year (see Figure 2.2).<sup>(5)</sup>

Figure 2.1. Hidalgo County, located in South Texas along the US-Mexico border



Figure 2.2. Number of H-2A workers certified for employment in Hidalgo County by month of arrival, 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>

Table 2.1. Key agricultural data for Hidalgo County

County population	870,781
Number of farms	2,436
Average farm size	256 acres
Agricultural sales	\$311 million
Major agricultural commodities	Vegetables, melons, potatoes, and sweet potatoes



### 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.<sup>(6)</sup> To recruit respondents, JBS International and NCFH partnered with two local community leaders who have years of experience conducting outreach to farmworkers in this area. 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 respondents; 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 over the 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 respondents received \$100 for their time, and generally lasted between 30-90 minutes.



# 4. KEY SURVEY FINDINGS

*A total of 190 surveys were completed in Hidalgo County, Texas from September to October 2021. One hundred eighty-six surveys were conducted in-person by NCFH staff, and four surveys were conducted over the phone by JBS. 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 190 farmworkers interviewed in Hidalgo County, Texas were primarily male, aged between 26-54 years (with a mean age of 41 years), married, and Spanish-speaking (see Table 4.1). Ten percent primarily spoke a Latin American Indigenous language (either Tzotzil, Tzeltal, or Nahuatl) as a child, and about six percent continued to primarily speak an Indigenous language as an adult. Ninety-three percent of interviewed farmworkers were born in Mexico, and most farmworkers interviewed were undocumented (80%), while only 2 interviewed farmworkers had an H-2A work visa (1%). The vast majority (93%) of respondents had not migrated to work in agriculture in the previous 12 months.

## 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.<sup>(7)</sup> Latin America's Indigenous populations are diverse in their culture, language, food, and religious practices. Historically, Indigenous populations experienced higher levels of discrimination due to their cultural practices including language, lifestyle and food, as well as based on physical appearance.<sup>(8)</sup> This is evident by the ongoing violence experienced by these populations since the beginning of colonization and the on-going socioeconomic disparities experienced under current governments.<sup>(9,10)</sup> Starting in the 1960s, the first documented en masse migration of Indigenous populations to the U.S. happened through the Bracero program. Currently the number of Indigenous populations in the U.S. keeps growing due to work and

economic migration, or due to displacement from violence and environmental reasons, such as climate change.<sup>(9,11)</sup>

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 (NAWS) convention, NCFH created a composite metric to identify Indigenous respondents, utilizing a combination of indicators, including languages spoken as a child and currently as an adult, as well as identifying as racially Indigenous.<sup>(12)</sup>

In this sample, 39 respondents were identified under the Indigenous metric, comprising 20% of all respondents. This is about three times higher than the national percentage of farmworkers that identify as Indigenous based on the NAWS.<sup>(12)</sup> There were three Indigenous languages captured in this sample: Tzotzil, Tzeltal, and 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.<sup>(13)</sup> Tzotzil is in the Mayan language family and is primarily spoken in the central region of the Mexican state of Chiapas.<sup>(14)</sup> Tzeltal is also in the Mayan language family and is spoken in the southeast region of Mexico in the states of Chiapas and Tabasco.<sup>(15)</sup>



Table 4.1: Demographics

Demographic Characteristic	Frequency	Percentage of participants
<b>Sex</b>		
Male	136	72%
Female	54	28%
<b>Age groups</b>		
18-25 years	26	14%
26-54 years	126	66%
55 years or more	38	20%
<b>Marital status</b>		
Single	59	31%
Married	115	61%
Other (i.e., domestic partnership, widowed, divorced)	14	7%
<b>Primary languages spoken as child</b>		
English	2	1%
Spanish	172	91%
Latin American Indigenous language	19	10%
<b>Primary languages spoken as adult</b>		
English	17	9%
Spanish	175	92%
Latin American Indigenous language	12	6%
<b>Country of birth</b>		
U.S. or Puerto Rico	8	4%
Mexico	176	93%
Central America	5	3%
<b>Race</b>		
Black/African-American	2	1%
Indigenous	37	19%
White	48	25%
Other/multiple races	66	35%
Hispanic/Latinx	58	31%
Mestizo	2	1%
Moreno	3	2%
Did not report	40	21%
<b>Ethnicity</b>		
Hispanic/Latinx	188	99%
Not Hispanic/Latinx	2	1%
<b>Immigration status</b>		
H-2A work visa	2	1%
Permanent resident	16	8%
Undocumented	152	80%
U.S. citizen	12	6%
Other visa	4	2%
Did not report	2	1%
<b>Migrated to work in agriculture in past 12 months*</b>		
Yes	14	7%
No	176	93%

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

## HOUSING, HOUSEHOLD CHARACTERISTICS, AND TRANSPORTATION

Types of housing and transportation pose risks for COVID-19 transmission.<sup>(16)</sup> The most common type of housing in Hidalgo County for interviewed farmworkers was a house (48%) or mobile home/RV (44%), (see Table 4.2). No workers reported living in barracks/dormitory style housing, a reflection of the absence of H-2A workers from the survey sample. The average household size for surveyed farmworkers was moderate, with an average of 4 persons per household, however 31% of respondents lived in an overcrowded household.<sup>(17)</sup>

Most interviewed farmworkers either drove their own car (63%) or rode with a relative or co-worker to get to work (28%). The next most common type of transportation identified by interviewed farmworkers were raiteros (7%) – a form of shared transportation with an individual (called a raitero) who transports groups of workers for a fee. Nearly half of the surveyed farmworkers traveled to work with persons outside of their household, a risk for increased COVID-19 transmission.

## 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 clinic was the most common source of services (46%). 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. Social media was the most common trusted source of information (47%), closely followed by a doctor or nurse (38%), and a relative (24%).

*"We always as crew leaders and contractors, we need to find clinics that easily accept migrant workers, non-U.S. citizens, so we do work closely with the clinic, Clinica del Valle...they work very well with non-U.S. Citizens...that's where all my workers go. Whether it be dentistry, whether it be something wrong with them, that's where they go."  
-Employer #1*





**Table 4.2: Housing Type, Transportation, and Risk Factors for Infectious Disease Transmission**

Characteristic	Frequency	Percentage of participants
<b>Type of housing</b>		
Apartment	12	6%
House	92	48%
Mobile home/trailer/RV	84	44%
Other	2	1%
<b>Type of transportation used to get to work</b>		
Drives own car	120	63%
Labor bus	2	1%
Rides with relative or co-worker	53	28%
Raitero	14	7%
Other	1	1%
<b>Housing and transportation risk factors</b>		
Lives in an overcrowded household*	58	31%
Lives in employer-provided housing	12	6%
Travels to work with persons outside the household	90	47%

\*The definition of an overcrowded household follows the U.S. Census definition, which is a ratio of greater than one for the ratio of persons per room (excluding bathrooms and garages).(17)

**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	28	15%
<b>Sources of health care services among those who utilized health care in the U.S.</b>		
Clinic	13	46%
Hospital/emergency room	8	29%
Private doctor	1	4%
Other (pharmacy, Community/Migrant Health Center)	6	21%
<b>Sources of trusted information for serious health issues</b>		
Doctor/nurse	73	38%
Social media	90	47%
Relative	46	24%
Employer	1	1%
Church/school	6	3%
Community health worker	5	3%
Other	10	5%

*More than one in four (27%) respondents reported that they knew a family member, friend, or co-worker who had died from COVID-19 in the U.S. or abroad.*

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

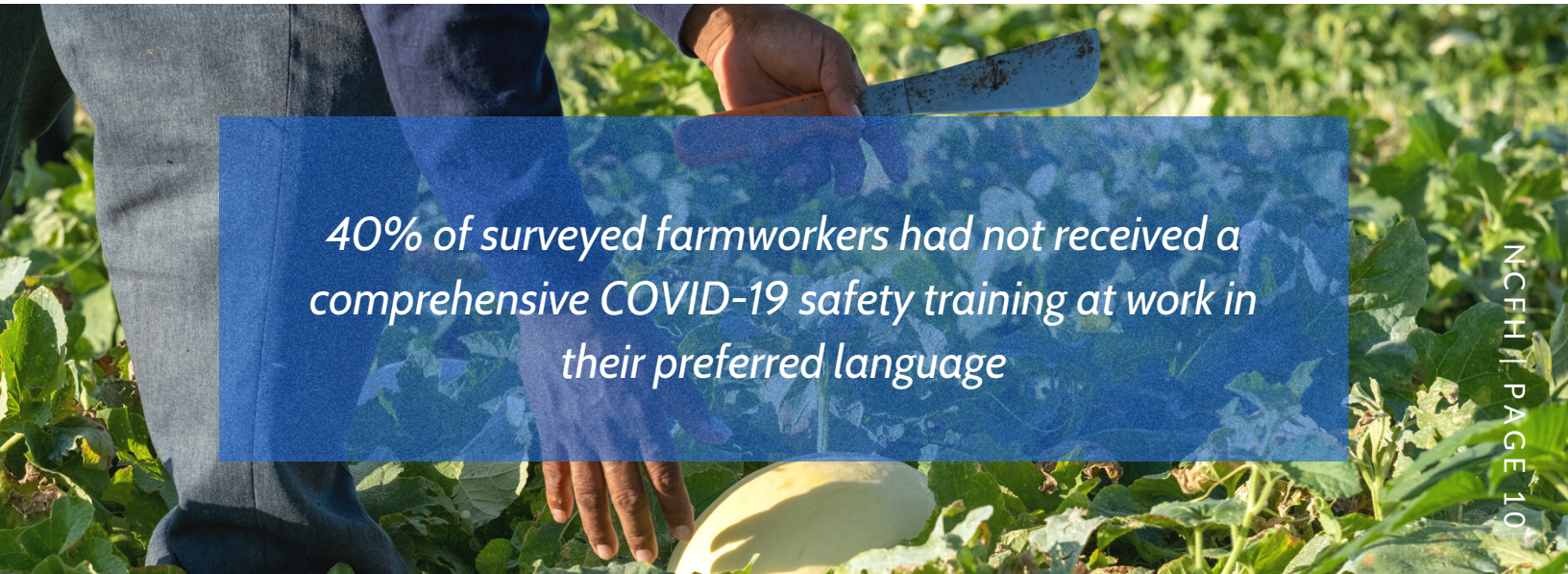
Workers were asked if they had received a workplace training covering proper handwashing, physical distancing, the use of face coverings, and isolation procedures, and if that training was in their preferred language. Among surveyed farmworkers, approximately one in five (22%) did not receive a COVID-19 safety training at work covering any of those four topics (see Table 4.4). Additionally, a substantial percentage (40%) reported that they had not received a comprehensive COVID-19 safety training covering all four topics at work in their preferred language. Workers 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 (54%), followed by social media (41%), and radio (31%).

Nearly one in five (17%) farmworkers self-reported that they had COVID-19 at some point in the pandemic (see Table 4.5). Overall, about one in three (32%) had been tested for COVID-19, and 11% reported that their current or most recent agricultural employer asked for workers to receive a COVID-19 test, and even fewer reported that their employer facilitated or paid for testing (3%). Of those that reported taking a test, 40% (n=36) reported barriers to getting tested. The top difficulties or concerns in getting a COVID-19 test reported were having a long wait (n=11), no open sites (n=3), scared of being infected at the site (n = 3), cost (n=3), or some other reason (n=7). Respondents that had not been tested reported cost (n=9), lack of transportation (n=8), and not trusting the result (n=6) as reasons they did not get tested.

**Table 4.4: COVID-19 Safety Training and Instruction**

Characteristic	Frequency	Percentage of participants
<b>Workplace COVID-19 safety training received*</b>		
Received training in at least one topic	149	78%
Received training in all four topics	115	61%
Received training in all four topics in preferred language	114	60%
<b>Other sources of COVID-19 safety instruction/training</b>		
Radio	59	31%
Social media	77	41%
Television	103	54%
Health care providers	23	12%
Other sources	8	4%

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



*40% of surveyed farmworkers had not received a comprehensive COVID-19 safety training at work in their preferred language*



Over half (57%) of respondents were fully vaccinated against COVID-19 with an FDA- or WHO-approved vaccine (see Table 4.5) and the majority (68%) were either fully or partially vaccinated in October 2021. Approximately one in three (32%) respondents were not vaccinated, and of those unvaccinated, 38% indicated that they wanted to receive a COVID-19 vaccination (11% of the total sample). Forty two percent of unvaccinated respondents, or 12% of the total sample, reported that they did not want to receive a COVID-19 vaccination, with over half of them citing that they did not believe in the vaccine (55%). The most common places that respondents reported receiving the vaccine included at a U.S. pharmacy (26%), their workplace in the U.S. (22%), or a community event in the U.S. (11%). About 14% were vaccinated through a U.S. health care institution (Migrant Clinic, Community Health Clinic, some other clinic, or a hospital). A small proportion of respondents (7%) were vaccinated outside of the U.S.

Vaccination status varied slightly by key demographic characteristics, including age and sex (see Figures 4.1 and 4.2). A lower proportion of male respondents were fully vaccinated compared to their female peers, and workers between the ages of 18 years and 25 years had the lowest proportion of fully vaccinated persons (46%) compared to other age groups. Fifty-seven percent of respondents identified as Indigenous were fully vaccinated, the same proportion as the general sample. Additionally, examining vaccination status by immigration status illustrates that undocumented farmworkers had the lowest reported fully vaccinated status (52%), followed by permanent residents and U.S. citizens, both with 75% fully vaccinated (see Figure 4.3).

**Table 4.5. COVID-19 Illness, Testing, and Vaccinations**

Characteristic	Frequency	Percentage of participants
<b>COVID-19 illness</b>		
Self-reported COVID-19 illness	33	17%
<b>COVID-19 testing</b>		
Had taken COVID-19 test at least once	60	32%
Employer reportedly asked workers to be tested	21	11%
Employer reportedly facilitated or paid for testing	6	3%
<b>COVID-19 vaccinations</b>		
Fully vaccinated*	108	57%
Partially vaccinated	21	11%
Not vaccinated	60	32%
Wants to receive vaccine	20	11%
Undecided about vaccine	11	6%
Does not want vaccine	22	12%

\*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.

*"Mi niño tiene dos años desde que no ve a su papá... es muy difícil... se ven nomás así de video llamadas, no es lo mismo" (My child has not seen his father in two years... it is very difficult... They just see each other through video calls, it's not the same). -Farmworker #3*

Figure 4.1. Percent of respondents fully vaccinated by age

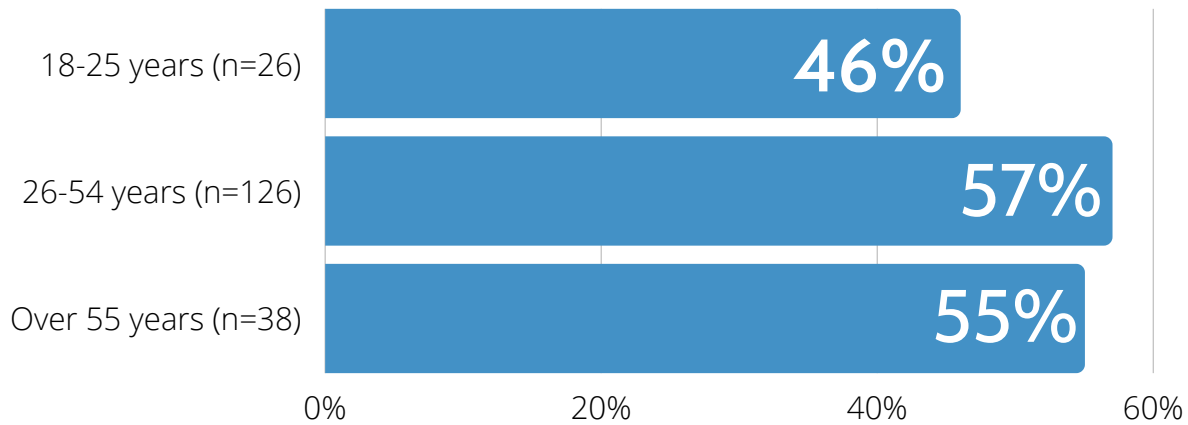


Figure 4.2. Percent of respondents fully vaccinated by sex

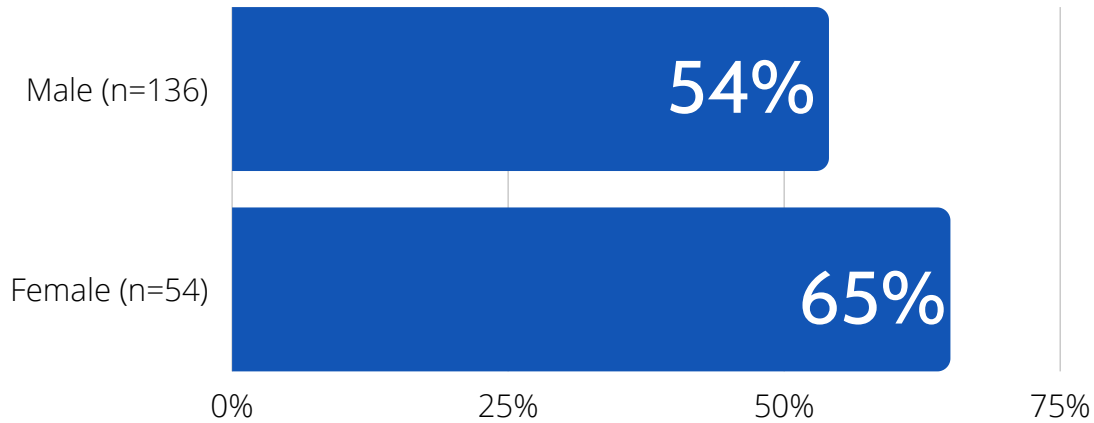
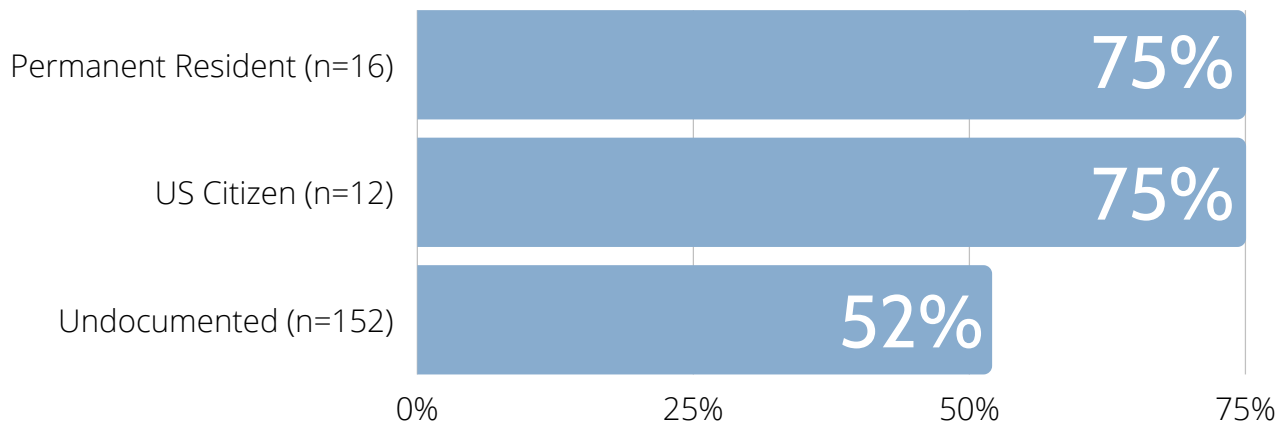


Figure 4.3. Percent of respondents fully vaccinated by immigration status



Percent of fully vaccinated by H-2A work visa was not included because there were only 2 respondents in our sample.



## IMPACT OF COVID-19 ON EMPLOYMENT AND INCOME

The pandemic has had a significant impact on the employment of respondents: 38% lost work during the pandemic in the U.S., most of them due to a decline in demand for products. Most respondents (69%) received no U.S. governmental assistance of any kind during the pandemic. The most common type of assistance received was a stimulus payment (18%), and slightly more than one in ten (11%) respondents received food assistance (see Table 4.6).

**Table 4.6: Impact of COVID-19 on Employment and Income**

Characteristic	Frequency	Percentage of participants
<b>Lost work during pandemic</b>	72	38%
<b>Top three reasons for losing work*</b>		
Due to decline in demand	28	15%
Due to childcare	13	7%
Due to getting sick	11	6%
<b>Received U.S. government assistance during pandemic**</b>	56	29%
Economic stimulus payment	34	18%
Food assistance	21	11%
Unemployment assistance	3	2%
Rent assistance	0	0%

\*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.

*"También si tenían preguntas, nosotros les decíamos dónde la estaban dando [las vacunas]. Por siento yo que teníamos un poquito más de información nosotros que los trabajadores... pero, pues sí eso fue por cuestión de ayudar, o sea, "Hey, aquí están dando la vacuna", y ellos iban por su cuenta."  
(If they had questions, we would tell them where they were giving [vaccines]. I feel that we had a little more information than the workers. But, that was to help, like we would tell them "hey, they are giving out the vaccine here" and they would go on their own.) -Employer #2*



# 6. SUMMARY OF FINDINGS

## LIMITATIONS

This assessment had limitations. Survey respondents were not randomly sampled. Survey respondents should not necessarily be viewed as a representative sample of all farmworkers in Hidalgo County, but rather as a diverse non-random sample to capture information from the very different populations of farmworkers in this county. Because the data collection occurred in early fall, it is possible that the sample does not have a representative proportion of migratory farmworkers, who may have still been employed in northern parts of the U.S. Migratory farmworkers are believed to return to the area in late fall to early winter, according to Yvette Salinas, a farmworker outreach worker with over 10 years of experience in the Rio Grande Valley and a staff member of NCFH. She added an example: “One family from Mission, Texas has migrated to Iowa, Indiana, and Minnesota in the last twelve years, and typically leaves the Rio Grande Valley in the middle of March and returns towards the end of October and sometimes December.”

## DISCUSSION

Both the qualitative interviews and quantitative surveys indicate a significant amount of support and resources are needed to increase access to health care, the COVID-19 vaccines, and social support for the farmworkers and their families during the pandemic. Hidalgo County is home to a diverse population of farmworkers, and providers of social services, health care services, and public health services must incorporate the needs, culture, and language of Mexican-born, Latino and Indigenous populations, along with an understanding of how to reach farmworkers in this rural area. This survey sample represented a high percentage of undocumented workers who do not have the same access to support services as U.S. citizen workers or workers with work authorization. Additionally, a low percentage of workers surveyed in the area received government assistance during the pandemic despite losing work.

Of the farmworkers surveyed, only 15% had utilized health care in the U.S. during the pandemic. Qualitative interviews suggest a lack of employer support in providing access to health care beyond referring workers to clinics. Many barriers stand between knowledge of health clinics and the ability of farmworkers to utilize them. Moreover, a substantial proportion of farmworkers did not receive any workplace COVID-19 safety training in their preferred language, suggesting more collaboration is needed to bring accessible health information and training to farmworkers in their preferred language. Findings support the need for clinics and health services that understand how to work with undocumented and/or immigrant farmworkers and emphasize the need for consistent and sustainable health care and social support for these workers who reside and work in Hidalgo County.

*“When everything changed, mentally they just were drained, a lot of domestic violence happened... kids were being neglected because some of the workers that we were having didn’t have the money to support them... I was scared for my workers, I did have a lot of people separate during the pandemic, a lot of families did break up, I did see that, it was very heartbreaking to see.” -Employer #1.*



Nearly one in five (17%) farmworkers self-reported that they had COVID-19 at some point in the pandemic. Overall, over half (57%) of respondents were fully vaccinated against COVID-19 by October 2021, a figure that was lower than the 80% vaccination rate for Hidalgo County vaccination among adults over 18 in October 2021.<sup>(18)</sup> Twelve percent of respondents reported that they did not want the vaccine, suggesting that vaccine hesitancy is an issue in this area among a minority of farmworkers. Vaccination status varied by key demographic characteristics, including by age and sex, but overall demographic factors did not appear to have a large impact on vaccination coverage rates. Efforts should be made to engage both male and younger workers (18 – 25 years of age) considering lower proportions of male and younger workers were fully vaccinated compared to female and older workers to help eliminate the disparities that were observed.

Linguistically and culturally appropriate vaccine education and increased access to vaccines on farms and in local communities could effectively increase farmworker vaccination rates in Hidalgo County. 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, as well as increased state inspections and enforcement of existing health and safety standards.

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