Agricultural Worker Health 101

Presented by Farmworker Health Network
Farmworker Health Network

The Farmworker Health Network works cooperatively with HRSA to provide training and technical assistance to over a thousand Community & Migrant Health Centers throughout the U.S.
Workshop Components

• Setting the Foundation: What is Agricultural Worker Health?
• Agricultural Workers – Population
• Agricultural Workers – Health Needs, Risks, Challenges and Resilience
• Resources for Technical Assistance and Training
Timeline of Legislative Action

Migrant Health Act
Aid to agencies that provide community health services to agricultural workers and their families

Migrant and Seasonal Agricultural Worker Protection Act
Basic labor protections under labor contractors

Health Centers Consolidation Act
Consolidates MHC, HCH, public housing and CHCs under Section 330 Authority

ACA Enacted
Includes a major expansion of health centers, dedicating $9.5 billion to serve 20 million new patients by 2015 and $1.5 billion for capital needs for new health centers.

1962

Public Health Service Act
Health Center Program authorized under Section 330 of the Public Health Service Act.

1975

Field Sanitation Standard
Requires agricultural employers to provide potable water, toilets and handwashing facilities in the fields

1987

Worker Protection Standard
Sets minimum standards for protecting farmworkers from pesticide exposure

1996

ACA Enacted

2009

ARRA
Stimulus legislation provides for $2 Billion for the CHC Program (25% for services, 75% for construction, renovation and HIT).

2010

ACA fully implemented
Farmworker Exceptionalism

- Fair Labor Standards Act left out farmworkers
  - Child labor protections
  - Overtime
- Workers' compensation & minimum wage
- Few OSHA standards to protect farmworkers
  - Field Sanitation Standard, 1987
  - Only applies to farms with 11 workers or housing
What is a 330 Program?

Section 330 of the Public Health Service Act created and authorized the health center program and permits the Health Resources and Services Administration (HRSA) to make grants to health centers.
Public Health Section 330 Delivery Sites

• In 2020, BPHC supported over **1,383** health care grantees including homeless, school based, public housing and migrant health

• In 2020, **175** of those were funded to provide services to the migratory and seasonal agricultural worker population

• **977,744** agricultural workers were reported as served by all Health Center Program Grantees in 2020.

Definitions of Agricultural Workers in Section 330g of the Public Health Service Act

**Migratory Agricultural Worker**
- Principal employment is in agriculture
- Has been so employed within the last 24 months
- Establishes a temporary home for the purpose of such employment

**Seasonal Agricultural Worker**
- Principal employment is in agriculture on a seasonal basis
- Does not migrate

**Aged & Disabled Agricultural Worker**
- Individual who has previously been migratory agricultural worker but who no longer meets the requirements ... because of age or disability
Agriculture means farming in all its branches as defined by the Office of Management (OMB)-developed North America Industrial Classification System (NAICS), and includes migratory and seasonal agricultural workers employed in the agricultural sector within the following NAICS codes and all sub-codes.

<table>
<thead>
<tr>
<th>111</th>
<th>Crop Production</th>
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<tbody>
<tr>
<td>1111</td>
<td>Oilseed and Grain Farming</td>
</tr>
<tr>
<td>1112</td>
<td>Vegetable and Melon Farming</td>
</tr>
<tr>
<td>1113</td>
<td>Fruit and Tree Nut Farming</td>
</tr>
<tr>
<td>1114</td>
<td>Greenhouse, nursery, and floriculture production</td>
</tr>
<tr>
<td>1119</td>
<td>Other crop farming, tobacco, cotton, sugarcane, hay, peanuts, sugar beets</td>
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</table>

<table>
<thead>
<tr>
<th>112</th>
<th>Animal Production and Aquaculture</th>
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<tbody>
<tr>
<td>1121</td>
<td>Cattle Ranching and Farming</td>
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<tr>
<td>1122</td>
<td>Hog and Pig Farming</td>
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<tr>
<td>1123</td>
<td>Poultry and Egg Production</td>
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<tr>
<td>1124</td>
<td>Sheep and goat farming</td>
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<tr>
<td>1125</td>
<td>Aquaculture</td>
</tr>
<tr>
<td>1129</td>
<td>Other animal production, apiculture, horses, fur bearing animals, companion animals</td>
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</table>

<table>
<thead>
<tr>
<th>1151</th>
<th>Support Activities for Crop Production</th>
</tr>
</thead>
</table>

| 1152 | Support Activities for Animal Production |

Workers employed in the following industries are **not** eligible for the Agricultural Health Program:

- **Spectator Sporting** (Industry 711219)
- **Transportation of Livestock** (Industry 488999)
- **Trucking Timber** (Industry 484220)
- **Meat and Meat Product Merchant Wholesalers** (Industry 42447)
- **Landscaping** (Industry 561730)
Migrant Health Program Grantees + Satellite Sites*

Source: www.hrsa.gov
Required Services for 330 Programs

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Outreach and enabling services
- Sliding fee scale
- Patient-majority governing board
Health Center Funding

Health Center budgets range between $500,000 and $25 million.

The Bureau provides approximately 28% of the health centers’ total budget. For every dollar provided by the Bureau, the health center must raise three additional dollars.
Workshop Components

• Setting the Foundation: What is Agricultural Worker Health?

• **Agricultural Workers – Population**
  • Agricultural Workers – Health Needs, Risks, Challenges and Resilience
  • Resources for Technical Assistance and Training
How many agricultural workers do you think there are in the United States?
Agricultural Worker Demographics ¹,²,³

2.5 million
estimated population

69%
male

31%
female

36%
are under the age of 35

Agricultural Worker Demographics

- 64% Spanish dominant language
- 37% without work authorization
- 68% foreign born
- 64% Mexico
- 3% Central America

Agricultural Worker Demographics

44% reported not having health insurance

Foreign born workers, on average, have an 9th grade education

Mean and median individual income range from $20,000 to $29,999

21% of agricultural worker families had total family incomes below 100% of the Federal Poverty Level

29% had not visited a U.S. healthcare provider in last 2 years
The H-2A program allows U.S. employers or U.S. agents who meet specific regulatory requirements to bring foreign nationals to the United States to fill temporary agricultural jobs.

317,619 H-2A positions were certified by Department of Labor in 2021
Indigenous Agricultural Workers

- Indigenous Mexicans and Central Americans are the fastest growing farmworker population in the United States.
- The most common indigenous language groups in the United States – Mixteco, Triqui, and Zapotec – are from communities in southern Mexico.
- These distinct languages and cultural beliefs create barriers to healthcare that are more complex than the barriers experienced by non-indigenous Mexicans.
Patterns of Mobility
Workshop Components

- Setting the Foundation: What is Agricultural Worker Health?
- Agricultural Workers – Population

- **Agricultural Workers – Health Needs, Risks, and Challenges**

- Resources for Technical Assistance and Training
What Impacts Agricultural Worker Health?

Structural Issues
- Discrimination
- Immigration Status
- Language
- Continuity of Care
- Regulatory Issues

Work
Living Conditions
Agricultural Worker
Physical Health
Mental Health
Work-Related Health Risks

- Musculoskeletal injuries
- Heat stress
- Farm equipment
- Transportation to and from work
- Lacerations from sharp equipment and hand tools
- Slips, trips, and falls
- Eye injuries
- Insect/rodent/snake bites
<table>
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<tr>
<th>Industry Sector</th>
<th>Number of fatal work injuries</th>
<th>Fatal work rate injury</th>
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<tr>
<td>Construction</td>
<td>1,061</td>
<td>9.7</td>
</tr>
<tr>
<td>Transportation and warehousing</td>
<td>913</td>
<td>13.9</td>
</tr>
<tr>
<td>Agriculture, forestry, fishing, and hunting</td>
<td>573</td>
<td>23.1</td>
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<tr>
<td>Government</td>
<td>426</td>
<td>1.8</td>
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<tr>
<td>Retail trade</td>
<td>291</td>
<td>2</td>
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<tr>
<td>Leisure and hospitality</td>
<td>271</td>
<td>2.2</td>
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<tr>
<td>Other services (exc. Public admin.)</td>
<td>210</td>
<td>3</td>
</tr>
<tr>
<td>Educational and health services</td>
<td>197</td>
<td>0.8</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>178</td>
<td>4.9</td>
</tr>
<tr>
<td>Mining, quarrying, and oil and gas extraction</td>
<td>127</td>
<td>14.6</td>
</tr>
</tbody>
</table>
In 2019, 573 agricultural workers died of work-related injuries

Pesticide exposure in the fields and at home
Physical Health

The health issues that face migrant and other mobile underserved populations are similar to those faced by the general population but are often magnified or compounded by their migratory lifestyle, living conditions, and occupation.
Management of Health Concerns

- Diabetes
- Hypertension
- Cancer
- HIV/AIDS
- Tuberculosis
- Asthma
COVID-19 and Farmworkers

Farmwork is considered “essential”

Lack of information about COVID-19 in farmworker communities

Difficult to follow CDC recommendations of social distancing and handwashing
- Access to handwashing stations in the fields
- Access to clean water and soap in the homes
- Overcrowding with many people in small spaces
- Transportation to and from the fields and into town (esp. for H-2A workers)

Challenges related to working and living conditions
- Fear of accessing health care/taking sick leave due to employer retaliation
- Access to testing and treatment (esp. since many lack health insurance)
- Ability to isolate if exposed to or infected by COVID-19

Access to testing and vaccines
Mental Health

- Anxiety
- Depression
- Stress
- Substance abuse
- Family violence
Contributing Factors to Mental Health Challenges

• Separation from families
• Isolation
• Discrimination
• Fear due to immigration status
• COVID-19
Illnesses Related to Substandard Housing

- Gastrointestinal diseases
- Infectious diseases
- Intestinal parasites
- Conjunctivitis
- Lead poisoning
Case Study

Rachel is a doctor at a clinic in North Carolina. She has been treating agricultural workers for about five years.

Rachel speaks decent Spanish. However, increasingly her clients are temporary H-2A workers from Guatemala; their first language isn’t Spanish but Ixil or Mam—Mayan languages. Rachel is accustomed to using the language line and medical interpreters, but she has been unable to find very many people who speak both English and a Mayan Language.

Even when clients speak Spanish, Rachel has discovered that there are cultural communication barriers. One agricultural worker, who has diabetes, was confused about why his blood sugar levels were so high even after he stopped drinking soda and eating candy. It took several long conversations before he understood that corn products, such as tortillas and tamales, also contain sugars. Rachel still isn’t sure that the patient has stopped eating tortillas; he is accustomed to having three of them with every meal, and corn is essential to many traditions in Mexico.
What are the barriers to care and healthy lifestyles for agricultural workers?
• Language
• Lack of social support
• Food insecurity
• Poverty
• Limited job security

• Mobility
• Immigration status
• Discrimination
• Confusion about U.S. health systems
Service Delivery Challenges

**Continuity of Care**
- Agricultural workers may seek care only when necessary
- Agricultural workers may move during treatment
- Communication between MHCs and other providers is difficult

**Culture and Language**
- Provision of multi-lingual services (reception, health education, prescriptions, bilingual staff/translators, etc.)
- Relevant training and continuing education for staff
Service Delivery Challenges

Operations

• Integration of walk-in patients into appointment system
• Health Center hours of operation
• Demand/Capacity
• Provision of transportation in rural areas

Costs

• MHCs must remain competitive despite the escalating costs in the healthcare industry
• Lack of insurance coverage of the population
• Outreach and enabling services are often not reimbursable
Exploring Effective Adaptations for Mobility and Culture
Cultural adaptations
• Culturally sensitive education
• Appropriate language and literacy levels
• Address cultural health beliefs & values

Mobility adaptations
• Portable medical records & Bridge Case Management
• EHR transmission to other C/MHCs

Appropriate service delivery models
• Case Management
• Lay health promoters (Promotores/as)
• Outreach & enabling services
• Coordination with schools and worksites
• Mobile Units
Easy Access to Care

✔ **Orient** all patients to the scheduling protocols, recognizing that patients may be unfamiliar with scheduling practices or U.S. healthcare systems.

✔ **Document** the numbers of agricultural workers in your area by month, typical work hours and transportation options.

✔ Open Access scheduling permits an influx of mobile agricultural worker patients to be seen during **seasonal variance**.

✔ **Accommodate** the work hours, transportation and geographic barriers experienced by mobile workers.
Voucher Program Model

- Used where a traditional model may not be the best option.
  - Short growing seasons
  - Lower numbers or density of Agricultural Workers
- Provide services to Ag Workers through either one or some combination of a service coordinator model, nurse staffed model, or midlevel practitioner staffed model
- An organized outreach program is critical to increase access to services

Photo by Tony Loreti for MHP Salud
“Mobile-Friendly” Care Management AND Referral Tracking and Follow-up

Health Network

Bridge Case Management

- Ongoing communication
- Patient care coordination services
- Health education provided to mobile patients
- Easy enrollment
- Store & transfer medical records
- Toll free access

Expert bilingual & culturally competent staff
Workshop Components

- Historical Perspectives and Legislation
- Agricultural Workers – Population
- Agricultural Workers – Health Needs, Risks, Challenges and Resilience
- Resources for Technical Assistance and Training
Resources for Training and Technical Assistance

Farmworker Justice
www.farmworkerjustice.org

Health Outreach Partners
www.outreach-partners.org

MHP Salud
www.mhpsalud.org

MCN
www.migrantclinician.org

National Association of Community Health Centers
www.nachc.com

National Center for Farmworker Health
www.ncfh.org
Farmworker Justice is a nonprofit organization that seeks to empower farmworkers and their families to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

Using a multi-faceted approach, Farmworker Justice engages in litigation, administrative and legislative advocacy, training and technical assistance, coalition-building, public education, and support for union organizing.

Washington, DC
202-293-5420
www.farmworkerjustice.org
Mapping Inequality: Farmworkers’ Rights under State Employment Laws

We are pleased to announce our new online interactive map and database summarizing the coverage and exclusion of farmworkers under state employment and labor laws.

Fight for workers rights

Ensure safe working conditions

Promote access to health care

Empower farmworkers

Farmworker Justice is a nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

Learn more
National Association of Community Health Centers, Inc. (NACHC) represents the nation’s network of approximately 1,400 Federally Qualified Health Centers (FQHCs) which serve almost 30 million people through 14,500 sites located in all of the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam.
America’s Voice for Community Health Care
The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Our mission is to create practical solutions at the intersection of vulnerability, migration, and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.
Connect with Migrant Clinicians Network!

Access our latest resources

Get updates from the field

Attend our virtual trainings

and a lot more at

www.migrantclinician.org

@tweetMC

@migrantclinician

@migrantcliniciansnetwork
The National Center for Farmworker Health is a private, not-for-profit organization located in Buda, Texas, whose mission is “To improve the health of farmworker families.”

- Population specific data resources and technical assistance
- Workforce development and training
- Health education resources and program development
- Board Governance training
- Program Management

© National Center for Farmworker Health
A national initiative to increase the number of Migratory & Seasonal Agricultural Workers & their families served in Community and Migrant Health Centers.

http://www.ncfh.org/ag-worker-access.html

We Care.
We serve America’s Ag Workers.
Agricultural Worker Forums & National Conference

**East Coast Migrant Stream Forum**
- North Carolina Community Health Center Association

**Midwest Stream Forum for Agricultural Worker Health**
- National Center for Farmworker Health

**Western Forum for Migrant and Community Health**
- Northwest Regional Primary Care Association

**National Conference on Agricultural Worker Health**
- National Association of Community Health Centers

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Health Outreach Partners
WWW.OUTREACH-PARTNERS.ORG

WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organization
Outreach is at the center of your care. Your success is at the center of ours.

OUTREACH FOCUSED SINCE 1970

Health Outreach Partners (HOP) believes that outreach fills a critical need to increase access to health and social services and decrease health disparities for low-income, vulnerable populations. HOP supports safety net health organizations, such as community health centers, to build and strengthen their efforts to increase access...

WHAT PEOPLE ARE SAYING

I can be a more equipped and take a more empowered trainee in driving more positive strategic and transformative change.
MHP Salud builds on community strengths to improve health in farmworker and border communities. We train community leaders to be Promotores and Promotoras de Salud.

Promotores(as) belong to the same culture and speak the same language as the people they serve. They...
- Provide culturally appropriate health education
- Make referrals to health and social services
- Encourage people to seek care
- Empower community members
- Bring health to farmworkers where they live

We can help you...
- Design an effective Promotora program
- Find funding opportunities and draft budgets
- Create an evaluation plan
- Train Program Supervisors and Promotores(as)
- Locate and develop health education materials

956.968.3600
info@mhpsalud.org
www.mhpsalud.org
Serving America’s Latino communities with Community Health Worker programs for over 35 years.

https://mhpsalud.org/online-resources/
Additional BPHC-Funded NTTAPs – Special and Vulnerable Populations

• Association of Asian Pacific Community Health Organizations
  – http://www.aapcho.org
• Corporation for Supportive Housing
  – http://www.csh.org
• Equitable Care for Elders – Harvard University School of Dental Medicine
  – https://ece.hsdm.harvard.edu
• National Center for Health in Public Housing
  – https://nchph.org
• National Health Care for the Homeless Council
  – http://www.nhchc.org
• National LGBT Health Education Center
  – http://www.lgbthealtheducation.org
• National Nurse-Led Care Consortium
  – http://www.nurseledcare.org
• School-Based Health Alliance
  – http://www.sbh4all.org
• Futures Without Violence
  – https://www.futureswithoutviolence.org/
Additional BPHC-Funded NTTAPs – Capacity Development

- Association of Clinicians of the Underserved
  - [http://www.clinicians.org](http://www.clinicians.org)
- Capital Link
  - [http://www.caplink.org](http://www.caplink.org)
- Community Health Center, Inc.
  - [http://www.weitzmaninstitute.org](http://www.weitzmaninstitute.org)
- Health Information Technology Training and Technical Assistance Center (HITEQ)
  - [http://www.hiteqcenter.org](http://www.hiteqcenter.org)
- National Center for Medical-Legal Partnership
  - [http://www.medical-legalpartnership.org](http://www.medical-legalpartnership.org)
- National Network for Oral Health Access
  - [http://www.nnoha.org](http://www.nnoha.org)
Health Center Resource Clearinghouse

www.healthcenterinfo.org
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