# 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



1962

#### Migrant and Seasonal Agricultural Worker Protection Act

Basic labor protections under labor contractors



198 3

#### Health Centers Consolidation Act

Consolidates MHC, HCH, public housing and CHCs under Section 330 Authority



1996

#### **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.



2010

1975



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

1987



Standard
Requires agricultural
employers to provide
potable water, toilets and
handwashing facilities in

the fields

**Field Sanitation** 

199 2



## Worker Protection Standard sets minimum standard

sets minimum standards for protecting farmworkers from pesticide exposure

2009



ARRA stimulus legislation provides for \$2 Billion for the CHC Program (25% for services, 75% for construction, renovation and HIT). 2014



ACA fully implemented

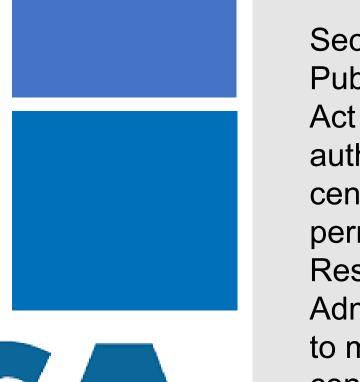


# Farmworker Exceptionalism

- 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

#### **UDS Manual 2019**

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.

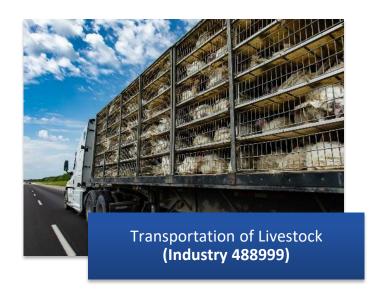
111	Crop Production
1111	Oilseed and Grain Farming
1112	Vegetable and Melon Farming
1113	Fruit and Tree Nut Farming
1114	Greenhouse, nursery, and floriculture production
1119	Other crop farming, tobacco, cotton, sugarcane, hay, peanuts, sugar beets
112	Animal Production and Aquaculture
1121	Cattle Ranching and Farming
1122	Hog and Pig Farming
1123	Poultry and Egg Production
1124	Sheep and goat farming
1125	Aquaculture
1129	Other animal production, apiculture, horses, fur bearing animals, companion animals
1151	Support Activities for Crop Production
1152	Support Activities for Animal Production

Source: UDS Manual 2019 NAICS (https://www.census.gov/eos/www/naics/2017NAICS/2017\_NAICS\_Manual.pdf)



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





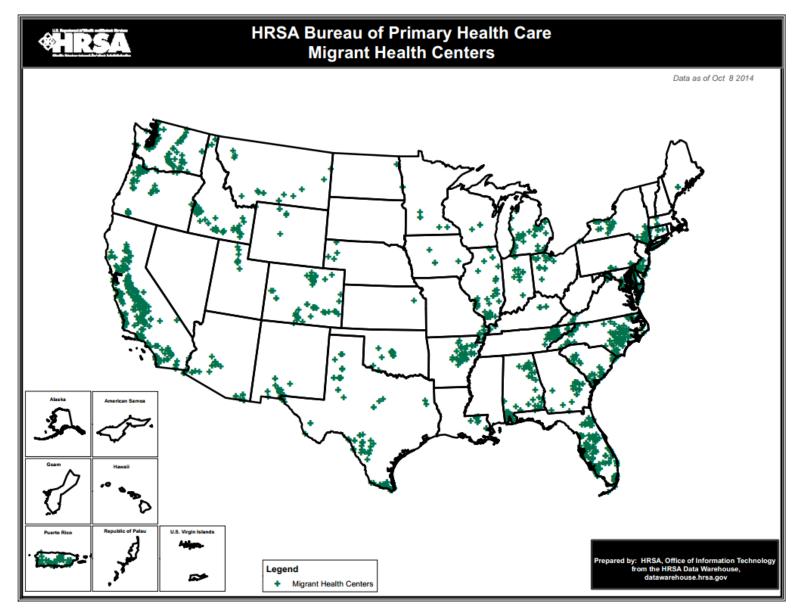








#### Migrant Health Program Grantees + Satellite Sites\*



Source: www.hrsa.gov



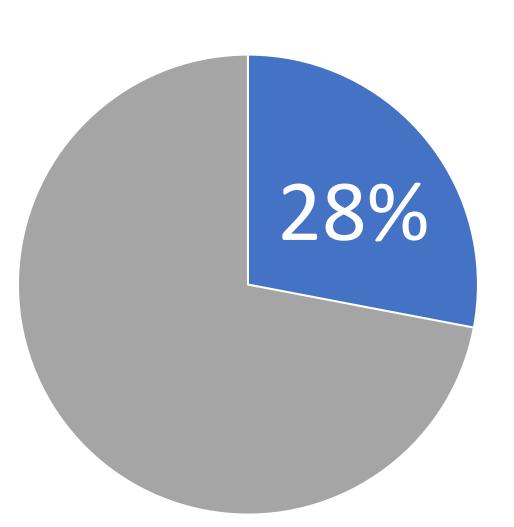




# Required Services for 330 Programs

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

## **Health Center Funding**



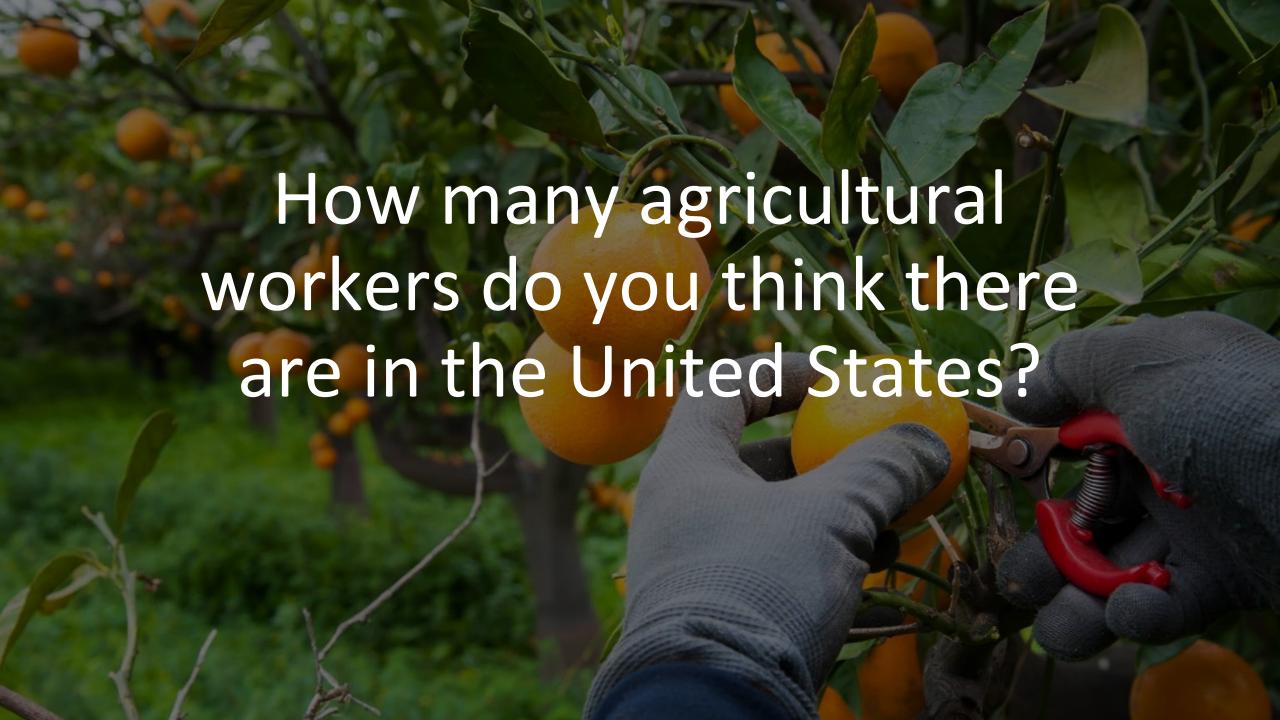
Health Center budgets range between \$500,000 and \$25 million.

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



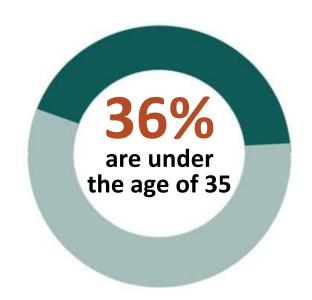




#### Agricultural Worker Demographics 1,2,3







- 1. National Agricultural Workers Survey (NAWS) 2017 2018. https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS%20Research%20Report%2014.pdf
- 2. Kandel W. Profile of Hired Farmworkers, A 2008 Update. Economic Research Service, US Department of Agriculture; Washington, DC; 2008. Economic Research Report No. 60.
- 3. Martin P. Immigration reform: implications for agriculture University of California, Giannini Foundation. Agricultural and Resource Economics Update. 2006;9(4)



### Agricultural Worker Demographics <sup>1</sup>



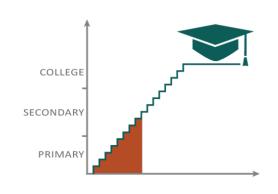


#### 68% foreign born





#### Agricultural Worker Demographics <sup>1</sup>



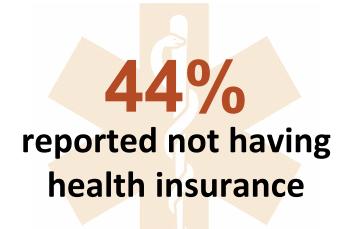
Foreign born workers, on average, have an 9th grade education



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



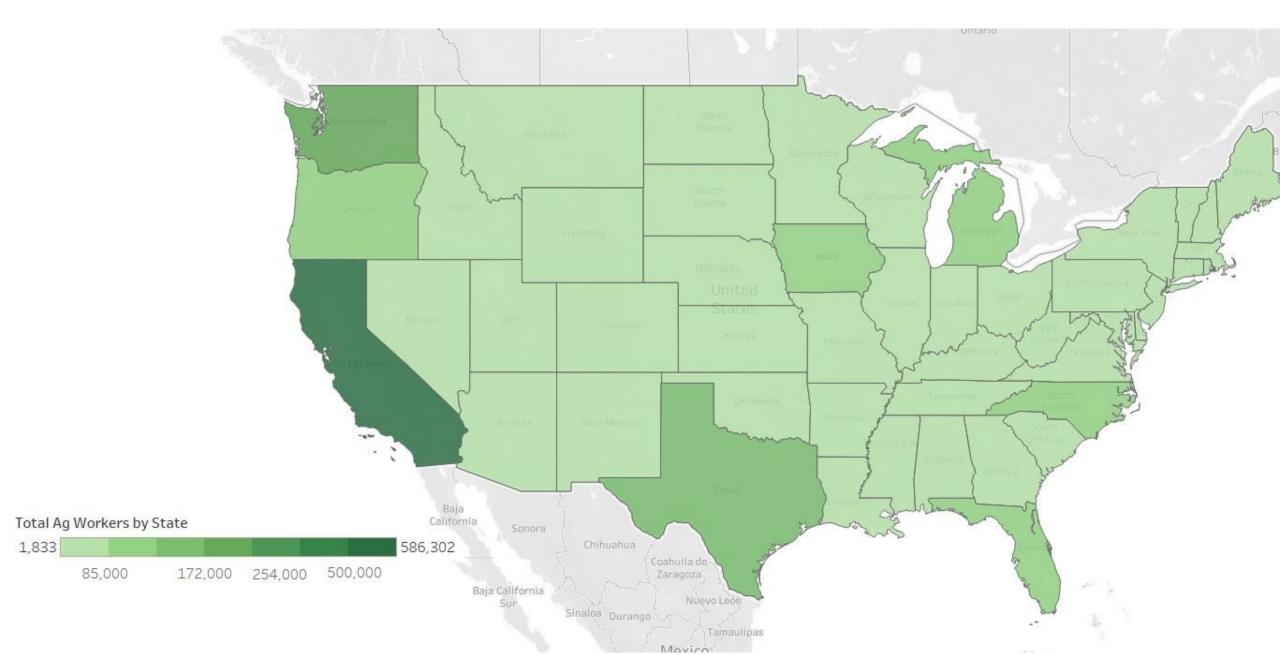
29% had not visited a U.S. healthcare provider in last 2 years

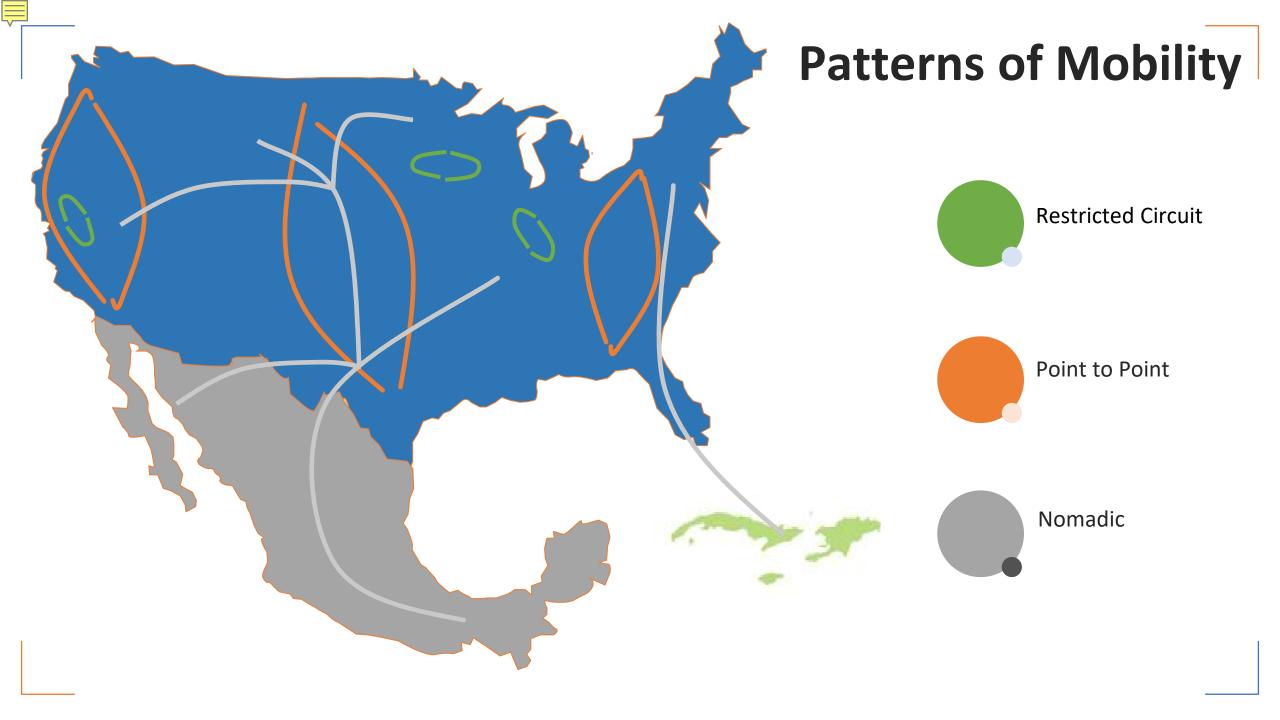






#### Number of Agricultural Workers by State



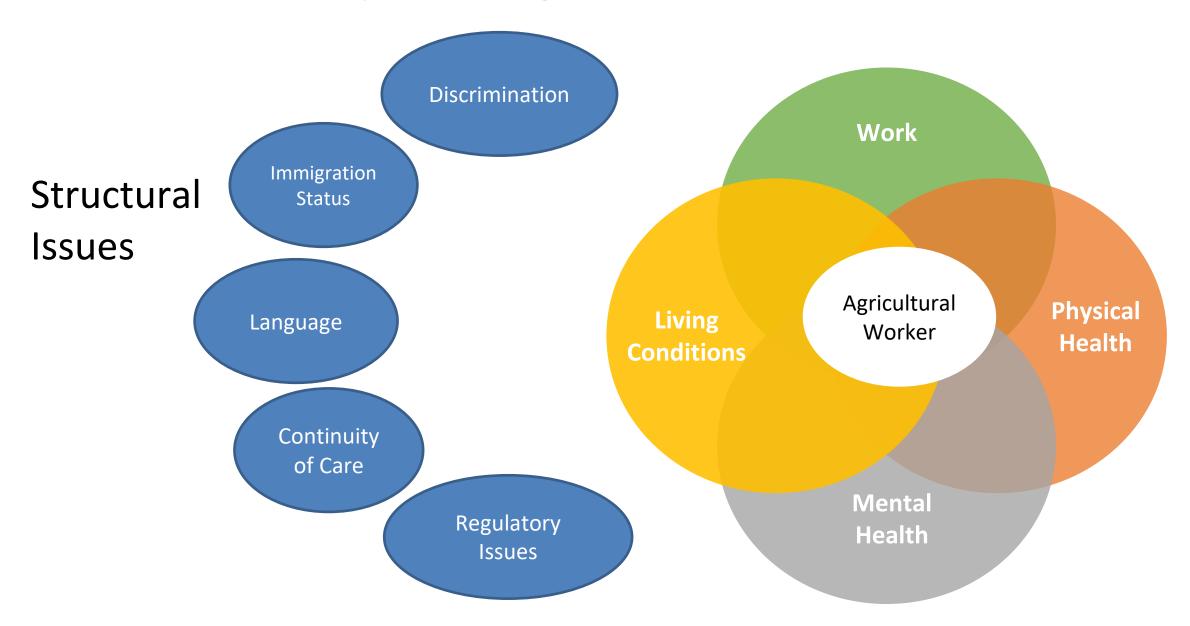


## Workshop Components

- 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?

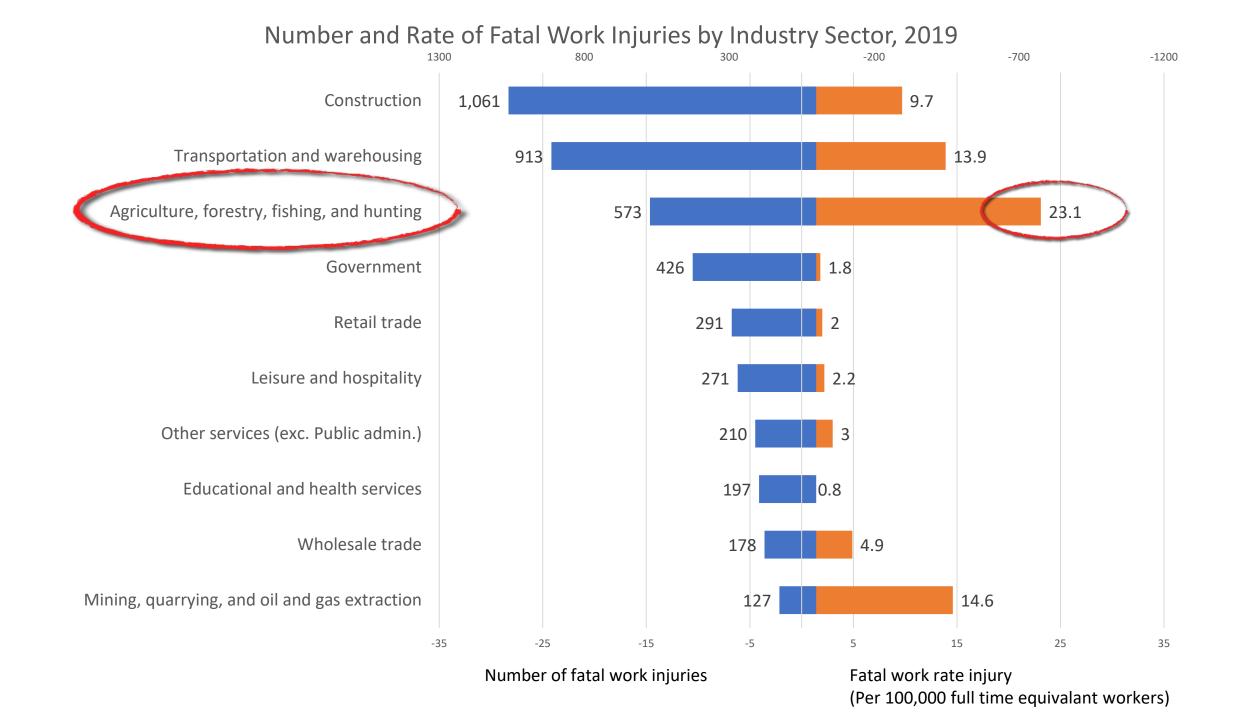






#### **Work-Related Health Risks**

- 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





# In 2019, 573 agricultural workers died of work-related injuries



Pesticide exposure in the fields and at home



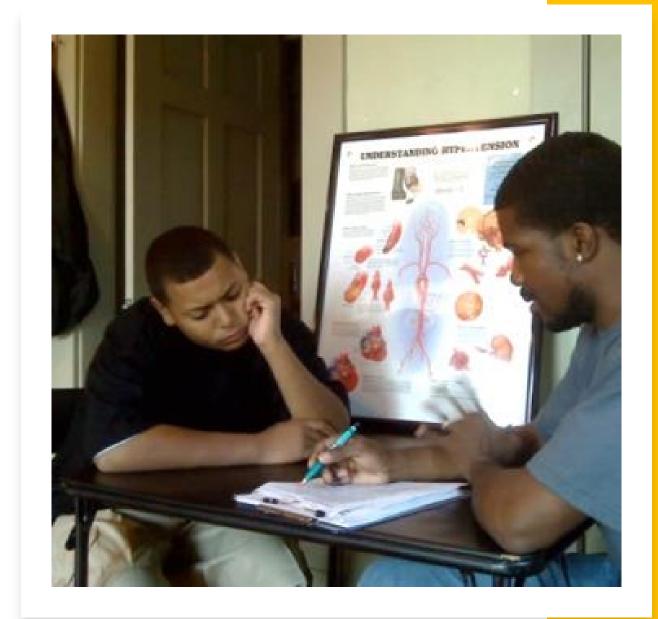
## Physical Health

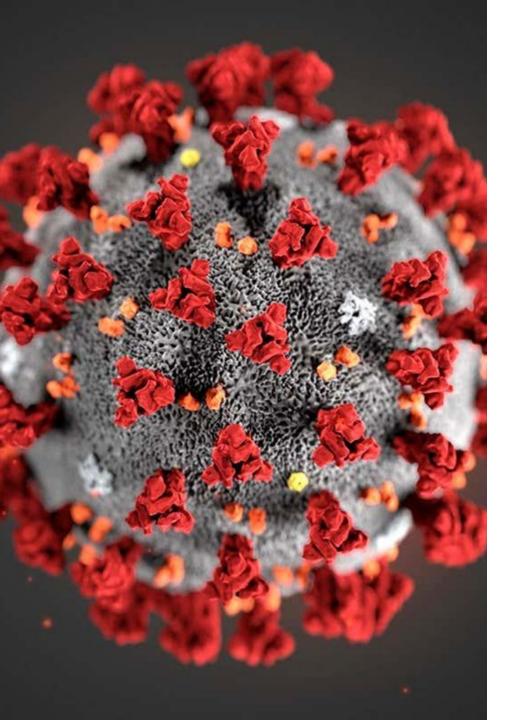
The health issues that face migrant and other mobile underserved populations are similar to those faced by the general population but are often magnified or compounded by their migratory lifestyle, living conditions, and occupation.



# 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.





- 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





# **Cultural adaptations**

## **Mobility** adaptations

Appropriate service delivery models

- Culturally sensitive education
- Appropriate language and literacy levels
- Address cultural health beliefs & values
- Portable medical records & Bridge Case Management
- EHR transmission to other C/MHCs
- 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

# "Mobile-Friendly" Care Management AND Referral Tracking and Follow-up

### **Health Network**



## 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



occupational safety, and access to justice.



## THE NACHC MISSION

#### 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.







MIGRANT CLINICIANS NETWORK



A force for health justice

Somos una fuerza dedicada a la justicia en salud

**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 MCN!



**Access our** latest



**Get updates** from the field



**Attend our** virtual trainings

and a lot more at www.migrantclinician.or









# National Center for Farmworker Health

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













Facebook and Twitter: @NCFHTX Instagram: @Farmworkerhealth

YouTube: National Center for Farmworker Health Linkedin: company/national-center-for-farmworker-health-ncfh-/



## Ag Worker Access Campaign

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







# National Center for Farmworker Health

### Population Specific



Population Estimation



Fact Sheets & Research



#### Health Education/Patient Education Resources



Resource Hubs

<u>Diabetes</u>

Mental Health

SDOH



Digital Stories



Patient
Education
Materials

### Governance/ Workforce Training



Health
Center
ToolBox



Archived Webinars



Governance Tools

Board Tools, Resources & Templates

© National Center for Farmworker Health



# **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





## 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







HOME

SERVICES

RESOURCES

WEBINARS

**OBV TOOLKIT** 





#### SERVICES

Learn about how HOP can support the work that you are doing.

REQUEST A SERVICE



#### RESOURCES

Access HOP's outreach toolkits, case studies, reports, & more.

FIND WHAT YOU NEED



#### WEBINARS

Register for upcoming webinars and view archived webinars.

ATTEND A WEBINAR



#### **OBV TOOLKIT**

Make the financial case for your outreach program.

FIND OUT HOW

#### **OUTREACH FOCUSED SINCE 1970**

Health Outreach Partners (HOP) believes that outreach fulfills a critical need to increase access to health and social services and decrease health disparities for lowincome, 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 thus a more empowered trainer in driving more positive strategic and transformative

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



mhpsalud.org

About Us

Our Initiatives

Training & Consulting

Resources











We are a national recognifi organization that implements and rurn Community Health Worker (CIW) pergram. These programs provide poor health education, increase access to health resources and bring community member.



















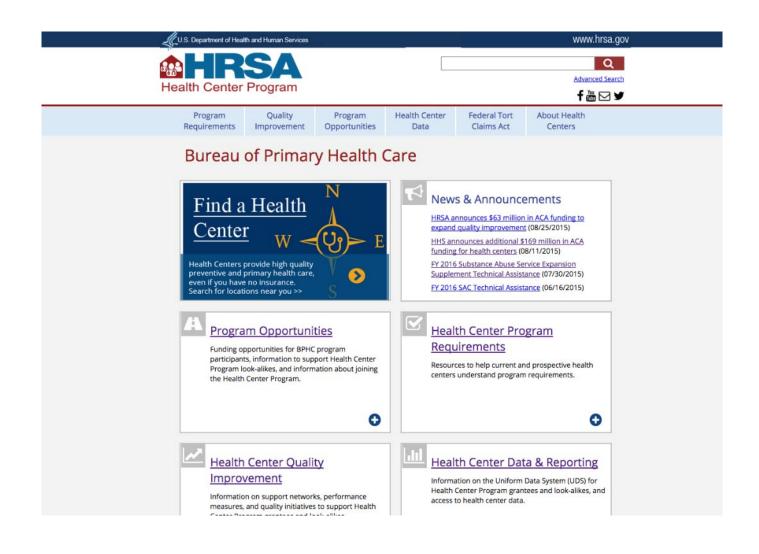








#### Free Resources for CHWs and CHW Programs



# 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
- Capital Link
  - http://www.caplink.org
- Community Health Center, Inc.
  - http://www.weitzmaninstitute.org
- Health Information Technology Training and Technical Assistance Center (HITEQ)
  - http://www.hiteqcenter.org
- National Center for Medical-Legal Partnership
  - http://www.medical-legalpartnership.org
- National Network for Oral Health Access
  - http://www.nnoha.org













## Health Center Resource Clearinghouse



www.healthcenterinfo.org

### **CONTACT**

Monica Garcia- MHP Salud mgarcia@mhpsalud.org

Liam Spurgeon- HOP <a href="mailto:liam@outreach-partners.org">liam@outreach-partners.org</a>

Isabel Gross-FJ
<a href="mailto:igross@farmworkerjustice.org">igross@farmworkerjustice.org</a>

