COVID-19 Rapid Assessment Tools for Migrant and Seasonal Agricultural Worker Communities in Rural Oregon

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• Oregon Rural Action
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• Umatilla County Public Health
• OHA MSFW Workgroup

PollEverywhere

Text OLIVERVERA795 to 22333 to join
or
https://pollev.com/clickable_images/BRtWByMx2StF7np1j3FUm/respond

• What state are you from?
• What is your role?
• What is your primary language?
Overview

- Migrant and seasonal farm/agricultural worker (MSFW/MSAW) data challenges
- Rapid Community Assessment (RCA) tools
  - MSFW adaptations and examples
- Using RCA findings to create a mitigation plan
- Lessons learned

MSFW Data Quality Challenges

Complete and Accurate MSFW Data

Poll: What data sources guide MSFW programs or services in your area?
What is a Rapid Community Assessment (RCA)?

- Understand and address community needs
- Build COVID-19 vaccine confidence
- Includes tools in English and Spanish:
  - Vaccine Confidence Survey Question Bank
  - Key Informant Interviews
  - Listening Session Implementation Guide
  - COVID-19 Observation Form
  - Social Listening and Monitoring Tools
  - Vaccination Insights Synthesis Tool


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RCA Adaptations for MSFW


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5 Steps of the RCA

1. Identify objectives and communities of focus
2. Plan for the assessment
3. Collect and analyze data
4. Report findings and identify solutions (and take action!)
5. Evaluate efforts

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Early Considerations

• Community must guide RCA development
  • Community as experts
  • Objectives and questions of interest

• Identify potential partners
  • MSFW-serving organizations
  • State or local health departments, clinics
  • Who else would you ask to collaborate?

Adaptations for Communities of Focus

• Define focus: who, what, when, where
• Identify gaps in existing data:
  who is underserved or not represented?
• Data to improve programs and services

Example: Focus Communities

• Rural/underserved counties
  • Low vaccination uptake
• Farm/food processing workers and families
• Indigenous workers
• Engaged community partners
Example objectives

- Identify agricultural and food processing worker* communities at increased risk of COVID-19 due to low vaccine uptake
- Understand what farm & food processing workers* are thinking about COVID-19 vaccines, access, and information
- Identify opportunities for culturally and linguistically appropriate partnerships, programs and service changes to support vaccine access and confidence

*includes family/household members of workers

Before continuing, identify personnel to:
- Manage project schedules, logistics, and funding/budget
- Adapt, test and refine assessment tools and questions
- Create protocol and set up data collection systems; analyze, interpret and communicate results
- Train field staff to engage community members; practice, implement and collect data
- Interpret in languages spoken by the community
- Coordinate planning, implementation and evaluation of mitigation measures

Assessment Planning

- Focus on data gaps
  - People who aren’t getting vaccinated
  - People with intersecting marginalized identities
- Use objectives to guide choice of tools
  - Differences by subgroups → Survey
  - Improve cultural responsiveness → Interviews
  - Culturally, linguistically and literacy-sensitive methods
- Use quantitative and qualitative data together
Plan for the assessment

Planning (continued)

• Identify resources ahead of time
  • INCENTIVES
  • Data collection: tablets, cell phones, clipboards and paper
  • Resources come in many other forms: community knowledge, food, rest places

Adjust and align RCA scope to available resources!

Adapting Assessment Tools

• Survey question bank
  • Avoid unnecessary and sensitive questions
  • Refine language – literacy sensitivity
  • Translation is not automatically culturally responsive
  • Second round of cutting questions
  • Ask participants about the locations they trust/feel safe

• Plan ahead:
  Time for survey testing & community feedback

Morrow & Umatilla Counties Team
Example project sites

- Churches
- Grocery stores and restaurants
- Behavioral health center
- Laundromat
- Employers and labor contractors
- Community housing sites

Implementation

- Train with protocol and script
  - Data collection different from outreach
  - Provide education opportunities
- Select sites and calendar
  - Community events
  - Surveyor safety
- Resources needed each day

Adaptations during Implementation

- Daily check-in to address concerns that arise
- Remember this isn’t research:
  Adjust questions in the field to meet community needs
- Examples:
  - Missing topics
  - Make sure questions are appropriate for the community to improve overall responses
Adaptations for Analysis

• Set up assessment data collection systems and coding with analyses in mind
• Choose tools to answer questions of interest
  • Example: How does vaccination status or barriers to vaccination differ among subgroups?

Adaptations for Reporting

• Must share findings back to community
  • Person-centered language
  • Accessible data visualization
• Validating for and from community experience
• Findings generalizable ONLY for community of focus

Survey Participation:
Race, Ethnicity and Country of Origin

- 468 responses
Survey Participation: Education

- Less than elementary completion: 26%
- Elementary or some middle school: 28%
- Middle or some high school: 37%
- High school degree: 26%
- Any beyond high school: 8%

COVID-19 Vaccination Status and Intent

- Not vaccinated
  - Not sure: 29%
  - Can’t take time off: 14%
  - Too busy: 12%
  - Unsure where to go: 12%
  - Inconvenient hours: 8%
  - Wait time: 5%
  - Distance: 5%
  - Childcare: 4%
  - Appointment difficulties: 4%
  - Physical limitation: 4%
  - Medical reason: 2%

- Vaccinated
  - Got as soon as it’s accessible: 16%
  - Got later: 14%
  - Not sure about getting: 7%
  - Do not intend to get: 8%
  - Received 1 or 2 doses: 53%
Reasons for not getting vaccinated

- Not sure (29%)
- Can’t take time off (14%)
- Too busy (12%)
- Unsure where to go (12%)
- Inconvenient hours (8%)
- Wait time (5%)
- Distance (5%)
- Childcare (4%)
- Difficult to find or make appointment (4%)
- Physical limitation (4%)
- Medical reason (2%)

Top trusted messengers

Among Unvaccinated Participants

- Online medical information
  - N=15 (15%)
- FDA
  - N=10 (10%)
- Community leaders
  - N=9 (9%)
- Health clinic
  - N=58 (58%)
- Local health officials
  - N=39 (39%)
- Health care provider
  - N=27 (27%)
- State health department
  - N=70 (70%)
- Employer
  - N=51 (51%)
- CDC
  - N=26 (26%)
- Religious leader
  - N=40 (40%)
- Community based organization
  - N=11 (11%)
- Community leaders
  - N=56 (56%)
- Employer
  - N=40 (40%)
- CDC
  - N=27 (27%)
- Other
  - N=11 (11%)
- Family/friends
  - N=97 (97%)
- Social media
  - N=87 (87%)

Preferred location for vaccination
Primary Care Factors Linked with Getting COVID-19 Vaccination

- Having a Primary Care Provider (PCP)
- Having Insurance Coverage
- Received 1 or 2 doses of COVID-19 vaccine

Poll: What do these findings say about the role of primary care?

Adaptations for Action Planning

- **Build trust**: follow data collection with action
- **Iterative process**
- **Identify action to address findings** → Mitigation Plan
- **Tool for ongoing coordination among partners**

Mitigation Plan

- **Use RCA findings to improve vaccine access, partnerships, and communications**
- **Present findings to partners to develop plan**
  - Identify mitigation actions and improve alignment
  - Prompt additional feedback and validation of findings
  - Further improvement opportunities
Mitigation Action Examples

3. Respondents’ primary languages included: Spanish, Mam, Nahua, K’iche, Cora, Mixteco, Q’eqchi.

- **OHA Communications**: Contract with translators to produce videos in indigenous Mesoamerican languages for social media and OHA blog. Incorporate testimonials from community members.
- **OHA Field Operations**: Ask partners what languages are spoken in community, identify available language resources for each event. Request materials in additional languages as needed from Communications.
- **OHA VOTE**: Identify current and outreach to prospective VOTE partners who represent indigenous Mesoamerican languages other than English and Spanish. Work with Accessibility team to ensure interpretation is available at events as requested by partners. Recruit additional VOTE staff who are bilingual/bicultural. Participate in collaborative outreach meetings.

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Mitigation Action Examples

4. The most common reasons for not getting vaccinated were lack of time available, too busy, and can’t take time off (work hours and access). Vaccination access concerns included location, schedule, and recovery.

- **OHA Field Operations**: Identify barriers that keep people from attending events. Communicate with employers to locate events at farms, adjust event times to accommodate work and shift schedules. Work with housing development corporations and community partners to host events at housing offices.
- **OHA VOTE**: Majority of VOTE-supported CBO-hosted vaccine events held on weekends and evenings. VOTE provides reimbursement to CBOs for transportation provided for vaccine event attendees. VOTE providing partners with best practice guidance for hosting events where community already is.
- **OHA Epidemiology**: Ask questions about employee vaccination in outbreak intake. Provide employers with recommendations to improve uptake, and information on vaccination opportunities.

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Adaptations for Evaluation

- **Evaluation as accountability**
- **Include process and outcome metrics**
  - Number of events or people served
  - Community sentiments; vaccination outcome measures
- **Example**: vaccination rates before and after RCA for community of focus
  - State Tableau dashboard vaccination data by race/ethnicity (next slides)
Lessons Learned

• Include community partners as early as possible in the RCA process
• Identify project staff and tangible resources at the beginning of planning
• Allow plenty of time for pilot testing the survey in community settings
• Let participants know how to participate in findings and action planning
• Consider evaluation at the beginning in order to assess metrics before and after the RCA
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