



COVID-19 IMPACT ON AGRICULTURAL WORKERS

Updated January 2022

Agricultural worker populations are disproportionately impacted by COVID-19 due to factors including lack of personal protective equipment (PPE), poor housing and working conditions, structural racism, discrimination, and barriers to health care. This fact sheet is updated quarterly, focused on peer-reviewed literature, to bring the most current information about the pandemic's impact on agricultural workers.

COVID-19 PREVALENCE AMONG AGRICULTURAL WORKERS AND RURAL COMMUNITIES

- As of December 20, 2021, there have been 1 million agricultural worker COVID-19 cases confirmed. This figure likely underestimates the number greatly since it excludes contracted and temporary labor.¹
- As of December 15, 2021, over 7.8 million cases of COVID-19 and 138,060 deaths from COVID-19 have occurred in rural counties. The current prevalent case rate in rural counties is 1,700 cases per 10,000 residents and the current death rate is 29.96 per 10,000 residents. The prevalent case rate is now higher in rural counties than urban counties.²

DISPROPORTIONAL IMPACT

- Research by the Centers for Disease Control and Prevention (CDC) found that Hispanic or Latino workers employed in food production or agriculture have a substantially higher prevalence of COVID-19 compared to non-Hispanic workers in those industries. Among the 31 states that reported data, only 37% of workers in those industries were Hispanic or Latino but they represented 73% of laboratory-confirmed COVID-19 cases in food processing and agriculture industries.³
- Hispanics are disproportionately affected by COVID-19, experiencing significantly higher rates in positive cases and increased mortality from the virus than other ethnicities.^{4,5}
- In a study comparing positivity rates from June 2020 to November 2020, agricultural workers were more likely to test positive than the general population.⁶
- Underlying health conditions can increase the severity of the impact of the COVID-19 virus.⁷ For example, diabetes is a risk factor for acute respiratory distress syndrome (ARDS) and mortality in patients hospitalized with COVID-19.^{3,5} Research suggests that agricultural workers have high rates of diabetes and obesity, with factors such as pesticide exposure increasing the odds of diabetes.^{8,9,10}
- Social determinants of health, such as racism and discrimination, can lead to underlying health factors impacting the severity of COVID-19 cases.¹¹ Agricultural workers report discrimination from employers based on their country of birth, legal status, and ability to speak English, that directly impacts their access to healthcare when injured.¹² The anti-immigrant narrative can be a factor of discrimination in the United States.^{12,13}
- Indigenous language speaking agricultural workers lack access to translators, interpreters, or other resources within the U.S. health care system that could negatively impact their ability to access educational resources and care for COVID-19 related illness and prevention.¹⁴ This includes lack of translation of both testing results and medical recommendations.¹⁵

OCCUPATIONAL RISKS AND WORKING CONDITIONS ON U.S. FARMS

- Due to working conditions, agricultural workers are not able to keep a safe physical distance to prevent the spread of the COVID-19 virus. They work close to each other while harvesting and packing, and often ride together to and from work in buses or vans, increasing the risk for spread.¹⁶
- Agricultural workers have been reported being fearful of losing their job after taking time off to access health services because employers have been reported to threaten deportation or other retaliation to those who do take off work.^{17,18}
- In Central Florida in June 2021, in a study of 92 agricultural workers, 75% reported losing work hours due to the pandemic or lost work completely due to being let go by their employer.¹⁶
- COVID-19 workplace safety precautions vary based on the employer. For example, out of the 92 agricultural workers in Florida, 87% of workers reported employer-enforced physical distancing, 34% reported mask-wearing, and 12% reported regular temperature checks.¹⁶ See Figure 1 below.

Thirty-four percent of Agricultural Workers reported mask-wearing on the job in Central Florida

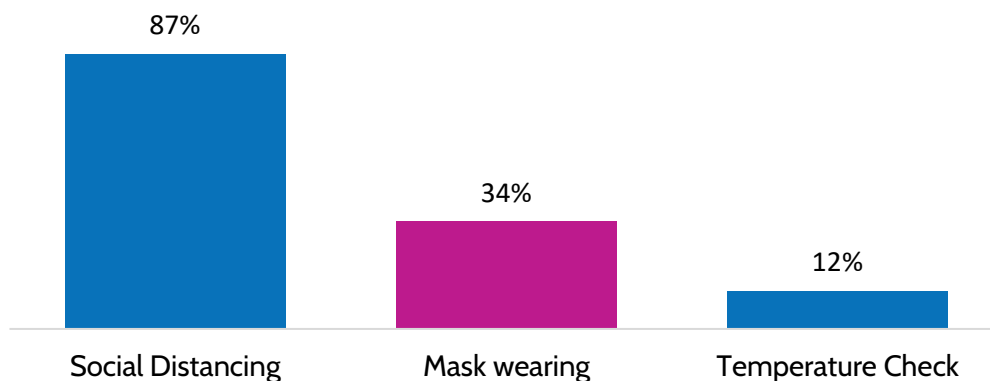


Figure 1: Source: COVID-19 and Agricultural Workers: A Descriptive Study (2021)

- Instead of masks, agricultural workers tend to wear bandanas or scarves to mask their face because their employers don't usually provide appropriate PPE.^{20,21} Studies indicate that bandanas and neck gaiters are less efficient in reducing the spread of respiratory droplets.²²

HOUSING CONDITIONS AND RISK

- Overcrowded and substandard housing conditions are a major concern for the potential of COVID-19 to spread through agricultural worker communities.^{23,24}
- A single building may house several dozen workers or more, who often sleep in dormitory-style quarters, making quarantining or physical distancing efforts difficult if not impossible. Limited access to restrooms and sinks, at home and in the field, may complicate hygiene prevention efforts.²⁵
- Several states and counties provide funding for emergency quarantine housing for agricultural workers suffering from COVID-19. Other state and counties added funds to pay for lost wages or assistance with bills for agricultural workers affected by COVID-19 in 2020.^{26,27,28}

ACCESS TO CARE

- Health care services can be inaccessible due to lack of health insurance, sick leave policy, or transportation.^{17,29,30} Services that are available may be culturally, medically, or linguistically inappropriate.^{17,30,31,32,33} Negative experiences with health care, including medical racism, and other significant barriers within the health care system has created a general mistrust that agricultural workers have for the U.S. health care system.^{17,30,32}

- Extremely low annual incomes and a widespread lack of access to health insurance may limit health care-seeking behaviors among agricultural workers, even if they are experiencing symptoms of an illness.^{31,34}

COVID-19 VACCINATION

- In 2020, Health Centers provided primary care to almost 1 million agricultural workers and their families.³⁵ As of November 2021, almost 212,300 COVID-19 vaccine doses have been administered to agricultural workers through Migrant Health Centers.³⁷
- HRSA conducts a bi-weekly survey of health centers. The data represent a two-week reporting period. Data available from December 17, 2021, reports 1,081 (79% of total) health centers responded. Out of 157,045 patients initiating vaccination during those two weeks, 44.58% self-identified as Hispanic or Latino (not including those reporting “one or more race”). Out of 435,809 patients who received additional vaccinations, 29.43% self-identified as Hispanic or Latino (not including those who have reported “one or more race”).³⁶ Thirty-six percent of 1,081 health centers reported staffing challenges to administer the vaccine and 32.84% of health centers reported vaccine confidence challenges in the December 17th biweekly report. Thirty-five percent reported no challenges with administering vaccinations.³⁶
- As part of the Health Center COVID-19 Vaccine Program, a total 18,227,259 vaccinations have been administered from February 26, 2021, to January 18, 2022. Approximately 68% of those patients self-identified as a racial and/or ethnic minority (including Hispanic/Latino).⁴⁰
- Research suggests concerns about side effects and mistrust in the vaccine are the top two reasons leading to vaccine hesitancy among agricultural workers.¹⁶
- In July 2021, 53% of agricultural workers in Central Florida reported receiving a COVID-19 vaccine.¹⁶
- In a study among rural and urban adults, a greater percentage of urban residents (46%) received their first dose of a COVID-19 vaccine than rural residents (39%).³⁸ See Figure 2 below.

Thirty-eight percent of adults in rural counties were vaccinated between December 14, 2020 and April 10, 2021.

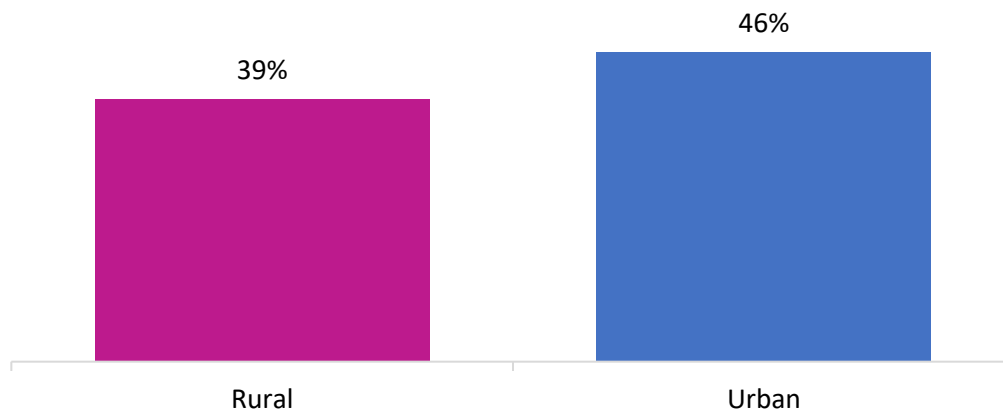


Figure 2: Source: CDC The Morbidity and Mortality Weekly Report

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