

COVID-19 IMPACT ON AGRICULTURAL WORKERS

Updated May 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 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 May 24, 2022, there have been an estimate of 600,000 hired agricultural worker COVID-19 cases. This figure likely underestimates the number greatly since it excludes contracted and temporary labor.¹
- As of May 15, 2022, over 11.6 million cases of COVID-19 and 178,716 deaths from COVID-19 have been
 reported in rural counties. This is about 14.4% of all U.S. cases and 18.1% of U.S. deaths reported at this time.
 The current prevalent case rate in rural counties is 2,508 cases per 10,000 residents and the current death
 rate is 38.78 per 10,000 residents, which are increases from the previous data reported in March 2022. The
 prevalent case rate is currently higher in rural counties than urban counties.²

DISPROPORTIONATE 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}
- Agricultural workers who speak Mesoamerican languages 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

- As of 2021, there is no evidence of significant labor shortages in the agricultural labor industry due to the pandemic. H-2A contracts have increased during the pandemic and researchers predict continued expansion of the H-2A program in the future.¹⁶
- Latinx/Hispanic agricultural workers in California experience higher occupational stress due to the pandemic. In a study of 199 workers in Imperial County, approximately 40% reported statistically significant stress levels than before the pandemic. Foreign-born and elder respondents were more likely to experience this elevated stress. This study also found that Spanish speakers conducting COVID-19 outreach might have been effective for those workers with reported stress from language inequity.¹⁷
- 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.¹⁸
- 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.^{19,20}
- In Central Florida in June 2021, from 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.¹⁸
- 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.¹⁸ See Figure 1 below.



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

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

HOUSING CONDITIONS AND RISK

efficient in reducing the spread of respiratory droplets.²³

- Overcrowded and substandard housing conditions are a major concern for the potential of COVID-19 to spread through agricultural worker communities.^{24,25}
- 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.²⁶

 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

- Data from Community Health Worker (CHW) interviews suggest agricultural worker health could be improved through key strategies including 1) better professional development for CHWs, 2) identification of preferred methods of health education delivery, and 3) technology enhancements including internet access in rural areas. CHWs reported that health education was more successful when they included open ended questions, interactive and participatory activities, and non-verbal aides in their delivery.³⁰
- Health care services can be inaccessible due to lack of health insurance, sick leave policy, or transportation. ^{17,28,29} 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. ^{17,29,29}
- Extremely low annual incomes and a widespread lack of access to health insurance may limit health careseeking behaviors among agricultural workers, even if they are experiencing symptoms of an illness.^{32,35}

ATTITUDES AND BELIEFS

- In a 2020 21 qualitative study with 55 Latinx and Indigenous Mexican agricultural workers in Coachella Valley, researchers found that misinformation, lack of trust in institutions and insecurity around employment and immigration status impacted participants perceptions of the COVID-19 virus, testing, and vaccination.³⁶
- During the summer of 2021, a survey was conducted among 77 Latinx farmworkers on work and life stress during the pandemic. Stressors included long work hours, weather, drug use, communicating in English, and balancing home and work life. Out of those surveyed, 36% of respondents reported testing positive for COVID-19 within the past year and more than 85% reported being fully vaccinated at the time of data collection. Qualitative data suggests that since participants and their coworkers received vaccines, stress about COVID-19 has reduced.³⁷
- In a 2021 qualitative study, researchers conducted 22 interviews with Latinx mothers in agricultural worker communities in Oregon in which participants spoke positively about COVID-19 vaccines. A theme across interviews included prioritizing essential workers and their families with vaccines, as well as a concern for follow up health care to treat potential side effects of the vaccine.³⁸
- In July 2021, a follow-up research study of 81 agricultural workers in Central Florida regarding vaccinations reported a vaccination rate of 53%, 48% completed and 5% partial. Among the 15% originally unwilling in June of 2020, 67% had received at least one dose. Concerns about side effects and mistrust in the vaccine were the top two reasons leading to vaccine hesitancy among them.¹⁸

PROMISING PRACTICES

- Isolating agricultural workers helped mitigate an outbreak in Iowa. In the summer of 2021, nine workers
 tested positive for COVID-19, including many who were asymptomatic. COVID-19 positive workers were
 isolated for 10 days with meals and hygiene products provided. Proteus Inc., a Migrant Health Voucher
 Program, conducted check in calls to assess health status. The workers returned to work after isolation and no
 additional positive cases occurred during that harvest season.³⁹
- Working and communicating with the employer was essential to identify positive cases among H-2A workers and to isolate workers to prevent future outbreaks. Using Coronavirus Aid, Relief and Economic Security (CARES) funding, Proteus Inc. safely transported 170 workers from Mexico to Iowa with a process that kept workers in travel cohorts, tracked close contacts, and set up isolation procedures upon arrival. The model produced a 3.5% positivity rate compared to a 12.7% positivity rate in previous H-2A worker transportation on the same farm. During transportation, workers were assigned a bus and a seat and required to wear masks. Workers received a PCR test upon arrival and those with a positive result were isolated for 10 days in employer-provided housing. Workers in isolation were medically evaluated via telehealth and were delivered

medicine as needed. Close contact of workers that tested positive were also isolated, tested regularly, and released seven days post exposure if they tested negative.⁴⁰

COVID-19 VACCINATION

- In 2020, health centers provided primary care to almost 1 million agricultural workers and their families.⁴¹ As
 of November 2021, almost 212,300 COVID-19 vaccine doses have been administered to agricultural workers
 through Migrant Health Centers.⁴²
- Health Resources and Services Administration (HRSA) conducts a bi-weekly survey of health centers. The data represents a two-week reporting period. Data available from May 20, 2022, reports 1,044 (76% of total) health centers responded. Out of 26,367 patients initiating vaccination during those previous two weeks, 47.62% self-identified as Hispanic or Latino (not including those reporting "one or more race"). Out of 100, 326 patients who received additional vaccinations after completing the series, 25.26% self-identified as Hispanic or Latino (not including those or more race").⁴³ About 257 (24.71%) of the 1,044 health centers reported staffing challenges to administer the vaccine and 31.51% of health centers reported vaccine confidence challenges in the May 20th biweekly report. Forty-two percent reported no challenges with administering vaccinations.⁴³ See Table 1 and 2 below.

Number of patients receiving services	Identified as Hispanic or Latino	Total patients
Initiated Vaccination	47.62%	26,367
Received additional vaccination after completing the series	25.26%	100,326

Table 1 HRSA bi-weekly surveys: Vaccination Rates

Challenges encountered	Percent of the 1,044 health centers
Staffing challenges to administer the vaccine	24.71%
Vaccine Confidence	31.51%
No challenges	42.32%

Table 2 HRSA bi-weekly surveys: Vaccination Challenges

- As part of the Health Center COVID-19 Vaccine Program, over 20.5 million vaccinations have been administered from February 26, 2021, to May 24, 2022. Approximately 69.2% of those patients self-identified as a racial and/or ethnic minority (including Hispanic/Latino).⁴⁰
- In July 2021, 53% of agricultural workers in Central Florida reported receiving a COVID-19 vaccine.¹⁸
- In 2021, 1,094 surveys were conducted with agricultural workers in five communities to assess COVID-19 impact. COVID-19 vaccination coverage varied by community (see Figure 2), however the percentage of respondents that were fully vaccinated was lower than the county vaccination rate at the same time in four out of the five communities.⁴⁶

COVID-19 Vaccination Status by Community Surveyed



*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. Partially vaccinated respondents include those who received one dose of a two-dose FDA- or WHO-approved vaccine, and those who received an unapproved vaccine. Not vaccinated respondents did not receive any COVID-19 vaccine.

Figure 2: Farmworker Covid-19 Community Assessments Executive Summary

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