COVID-19 AND WISCONSIN’S MIGRANT AND SEASONAL AGRICULTURAL WORKERS

FAMILY HEALTH LA CLINICA’S RISK MITIGATION STRATEGY

MAY 4, 2020

# OBJECTIVE

Mitigation of Risk of Spread of COVID-19 Among MSAW, Employers, Communities

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# BACKGROUND

Family Health La Clinica (FHLC) is a Federally Qualified Health Center (FQHC) serving the counties of Portage, Waupaca, Juneau, Adams, Waushara, Marquette, Green Lake, Sauk, Columbia, and Dodge, and the entire state of Wisconsin for Migrant and Seasonal Agricultural Workers (MSAWs). FHLC provides primary medical, dental, behavioral health and recovery services, and Women, Infants, and Children (WIC) programming at its Wautoma site, and dental services in Stevens Point, Mauston, and Beaver Dam. The FHLC Roche-A-Cri Behavioral Health & Recovery Center is a HOPE 2.0 DHS-funded Opioid/Methamphetamine treatment center in Friendship, WI.

FHLC is the only Migrant Health Center in Wisconsin. FHLC has served the needs of the MSA workers in WI since the early 1970’s. FHLC delivers primary medical care to MSAW patients at the Wautoma location and via a fully equipped 40 foot Mobile Medical Unit. A medical team travels with the Mobile Medical Unit throughout the state delivering services to workers at Migrant Housing Camps, places of employment, and other locations where workers can easily access the unit.

Wisconsin Farmworker Coalition (WFC) and its members, through their respective organizations work to ensure the health, safety and well being of the Migrant and Seasonal Agricultural Workers in WI.    Members of WFC include representatives from UMOS, WI DWD, WI DPI, Legal Action of WI, Family Health La Clinica, and Madison Area Technical College.

  All WFC members are engaged in efforts to protect agricultural workers, their families and employers in WI from COVID-19.  All members are engaged in some form of COVID-19 related prevention outreach.  In an effort to develop an organized, cohesive and collaborative approach to mitigating the risk of COVID-19 transmission, during the April 1, 2020 WFC meeting, the WFC COVID Response Steering Committee was formed. FHLC leads and Chairs the Committee. In addition to FHLC, members include representatives of WI DWD, FHLC (chair), WI DPI, and Legal Action of WI, Midwest Food Processors Association, Lakeside Foods, WI Department of Agriculture, Trade and Consumer Protection, multiple Public Health Departments, the State EOC, Wisconsin Primary Health Care Association, and multiple others.

The Steering Committee broke into subcommittees charged with addressing various needs: Education/Training, Workplace/Housing Modification, Isolation Units, and Access to Care/Telehealth

Family Health La Clinica wrote for funds made available by the Advancing a Healthier Wisconsin Endowment of the Medical College of WI and was awarded $322,420 to be used over the next 6 months (April-October 2020) to support efforts to develop a cohesive response to prevent and/or minimize the risk of transmission of COVID-19 among Migrant and Seasonal Agricultural Workers and their employers throughout Wisconsin. These funds **cannot** be used for direct clinical services including testing. FHLC is also partnering with the State of WI to provide mass testing to MSA workers throughout Wisconsin.

# CURRENT STATE/FHLC’s WORK TO DATE

(Aligning MSAW COVID-19 Efforts With CDC’s Prepare, Prevent, Manage)

1. Deployment of a **Website for Employers/Workers** Providing Resources/Education in English and Spanish (CDC, WI DHS, Exec Order#25, etc.)

<https://www.famhealth.com/wi-msaw-covid-19.html>

2. Workplace and Housing Recommendations Document ((CDC, WI DHS, Exec Order#25, etc.)

3. Deployment/Result Analysis of Employer Needs Assessment

4. Preliminary MSAW Mapping (Source: Existing Data Sets including DWD Migrant Housing Status Report, FHLC's Survey of Employers and Historical data, etc.)

a. Arrival

b. Number of Workers

c. Equipment/Supplies Needed (to mitigate risk)

d. Education Needs

e. Telehealth Needs

f. Isolation Unit Needs

5. Draft FHLC Internal MSAW COVID-19 MITIGATION WORKFLOW/PLAYBOOK

6. Team Deployment: Pre-Arrival Worksite Review and Employer Education

7. Team Deployment: Worker Education (English and Spanish)

8. Team Deployment: MSA Worker Testing and Results Management

9. Team Deployment or Remote: Post Testing Support

10. Team Deployment: Post Outbreak Support and Education (Worker and Employer)

# FHLC’s APPROACH

1. **Pre-Visit Engagement with Employer and Pre-Arrival Housing/Workplace Assessment**

* Pre-visit phone call and discussion of needs/available resources/services
* Masks?
* Handwashing Stations?
* Hand Sanitizer?
* Other
* Schedule Visit

Resource: FHLC MSAW COVID-19 Outreach Staff Members

1. **Identification and Engagement with Community Resources For Linkage and Referral**

* Engagement with Public Health Department in County
* Assess local capacity and response plans
* Identify and connect with Health Systems/Community Health Center in area
* Identify and connect with other community resources

Resource: FHLC MSAW COVID-19 Outreach Staff members

1. **Education and Information Dissemination**

* Continued development of resource materials for employers and workers using various education and delivery methods.
* Development and Deployment of virtual training- web-based or live. Can supplement on-site training and be delivered more quickly.

Resource: Marketing staff, FHLC MSAW COVID-19 Outreach Staff, Clinical staff

1. **Logistics, Messaging, and Communications**

* Planning for all education, site contact visits, post-visits and continued technical assistance for workers and employers throughout the entire growing season
* Development of process for continued requests for assistance throughout the growing season
* Marketing and messaging that is bi-lingual, multi-facted and leverages social media
* Website Development

Resource: FHLC MSAW COVID-19 Outreach Staff, Marketing Consultant

1. **Pre-Arrival Housing/Workplace Assessment**

* Worksite/Housing site walk through to identify strategies/recommendations for risk mitigation
  + Transportation Assessment
  + Dining Facilities Assessment
  + Worksite Assessment
  + Housing Assessment
  + Quarantine Resource Assessment
  + Isolation Resource Assessment
  + Other

Resource: Trained FHLC Medical Provider/Clinical Staff or Trained FHLC MSAW COVID-19 Outreach Staff member

1. **Deployment of Worker Education and Testing Team**

* Deliver Linguistically and Culturally Appropriate Education to Workers to decrease risk of contraction/transmission of COVID-19
* Deliver Linguistically and Culturally Appropriate Pre-testing Patient Education to Workers
* Administer Test

Resource: FHLC MSAW COVID-19 Outreach/Registration Workers (5).

1. **Testing Results Management**

* FHLC Workflow For Positive
* FHLC Workflow For Negative
* Engagement with Public Health if Positive

Resource: FHLC Medical Department Staff Member: Provider, RN, CMA or FHLC MSAW COVID-19 Outreach Worker

1. **Post Outbreak Support**

* Onsite Worker and Employer Education
  + Positive Workers
  + Negative Workers
* Transmission Prevention Education
* Linkage With FHLC and Local Resources (After Hours Resources, When to Call, etc.)

Resource: FHLC Medical Department Staff Member: Provider, RN, CMA or FHLC MSAW COVID-19 Outreach Worker

1. **Follow Up Site Visits**

Planned: Return mid-season to repeat education to enhance/reinforce risk mitigation and assess compliance with safety measures.

Resource: FHLC Medical Department Staff Member: Provider, RN, CMA or FHLC MSAW COVID-19 Outreach Worker

1. **IN DEVELOPMENT**

* MSAW MOBILE SERVICES RESOURCE LINE - 24 hour access. Bilingual. Employers and Employees.
* FURTHER DEVELOPMENT OF WORKER AND EMPLOYER EDUCATION (ADDITIONAL FORMATS)
* ASSESSMENT/SURVEY OF WORKERS’ NEEDS
* FURTHER DEVELOPMENT OF WORKER AND EMPLOYER RESOURCES (I.E. LOCAL RESOURCES)
* FURTHER DEVELOPMENT OF PRE-ARRIVAL ASSESSMENT TOOL (CHECKLIST AND WRITTEN RECOMMENDATION DOCUMENT TO EMPLOYER)
* RECRUITMENT & ONBOARDING SUMMER OUTREACH & COVID OUTREACH TEAMS
* COLLABORATION WITH SEOC AND NATIONAL GUARD FOR LARGE EMPLOYER TESTING

# Considerations

* **Primary Language**: Spanish (Sometimes other languages as well- Hmong)
* **Cultural Competence** (MSAW)
* The **workers often arrive at different times** and in **various sized groups**.
* **Concrete information** on numbers of employers and workers in the state **is not available.** Rather information is spread among various resources. **Estimated 70-90 Employers and 6,000 MSA workers statewide.**
* Employers, due to growing season timeline, etc. are often **unable to quarantine workers** without significant disruption and potential significant negative impact to food supply chain.
* **Baseline testing** with **accompanying linguistically and culturally appropriate education** in multiple formats (written, spoken, in person/video/website) is essential
* **7 Day Per Week Availability**: Deployment of education/testing must be in accordance with the needs of the workers/employers and per their schedules. Like COVID, the growing season is not M-F 9-5
* **Pre-arrival consultation** with the employer is ideal to afford feedback and recommendations regarding workplace, housing, transportation, etc.
* Availability of a **resource line (Bilingual**)for both workers and employers is essential to quickly answer questions and respond to issues that arise during the season.
* **Collaboration i**s key: with employers, workers, public health and communities.
* The ability to **link and refer** employers and workers to resources within their communities if/when FHLC is unable to deploy a team is critical.
* Most workers **are uninsured**. Most workers do not speak English well. This negatively impacts ability to obtain services.
* **Strong likelihood of outbreaks throughout the season** and need for response. Heavy **impact on food supply chain**. Ability to respond when needed critical.
* **Employers have varying resources** in terms of their ability to provide isolation facilities.
* **Community bias/fear** is a reality and impacts access to resources.
* **Needs will be greater when workers arrive.**  Expect a period of time with significant activity.
* **FHLC Staff (including Providers/Migrant Health Medical Director) anticipates and will provide staff to cover 7 days per week during period of peak activity** (May-June/July and as necessary beyond)
* **PPE CRITICAL – without essential PPE, strategy cannot be deployed**

**APPENDIX WI MSAW MAPPING (ARRIVAL/NEEDS)**

