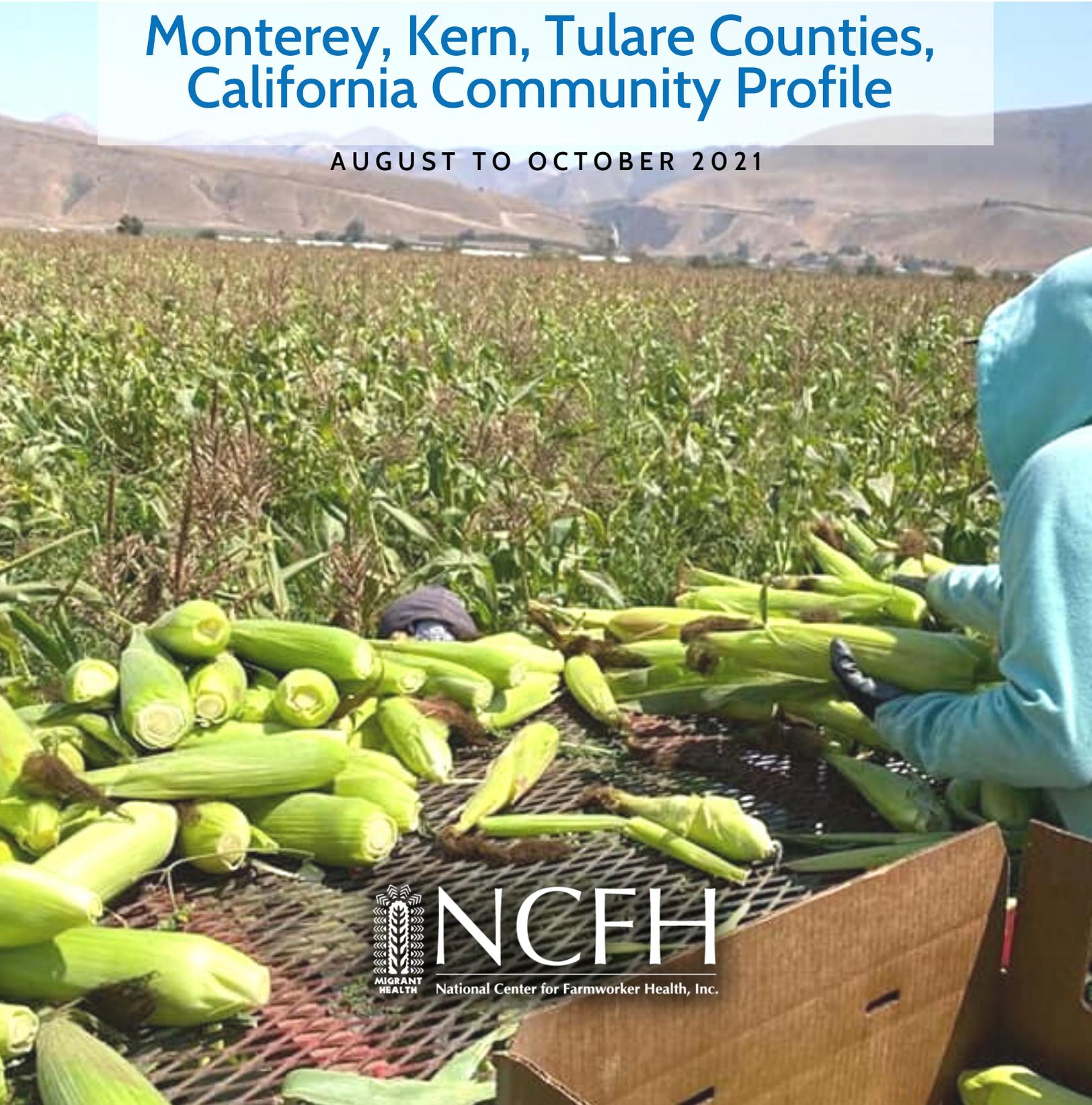


Farmworker COVID-19 Community Assessments

Monterey, Kern, Tulare Counties, California Community Profile

AUGUST TO OCTOBER 2021



NCFH

National Center for Farmworker Health, Inc.

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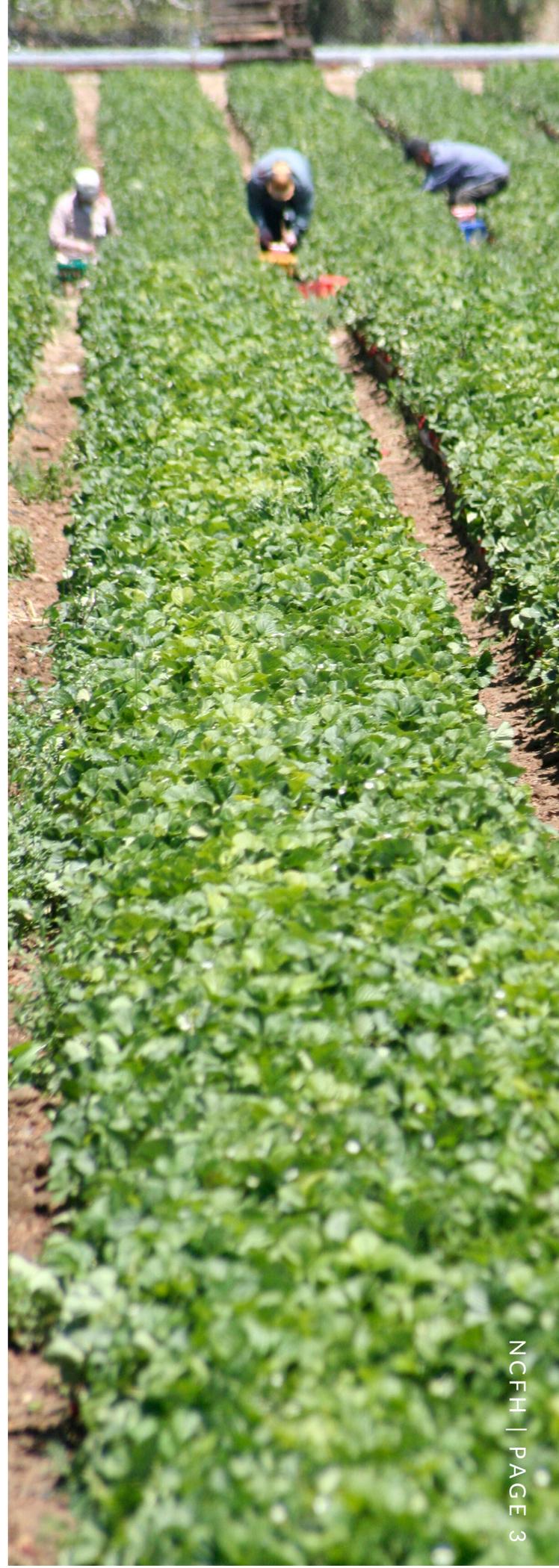


1. INTRODUCTION

This report provides a profile of farmworkers and their experiences during the COVID-19 pandemic in Monterey, Tulare, and Kern counties, California, that was conducted as part of the Farmworker COVID-19 Community Assessments (FCCA) for the National Center for Farmworker Health (NCFH) conducted from August to December 2021. These assessments are part of a national outreach and vaccination project funded by the Centers for Disease Control and Prevention (CDC). Farmworkers are a particularly vulnerable population during a public health emergency due to their travel, working and living conditions. The purpose of the FCCA project was to develop and implement data collection methodologies that could quickly be activated during a public health emergency, such as the COVID-19 pandemic. The rapid assessment provides CDC and others with actionable findings about farmworkers' experiences and recommendations on how to best meet their needs arising from the COVID-19 pandemic.

This report is one in a series of community assessments conducted with farmworkers in diverse rural communities in different parts of the U.S. Monterey, Tulare, and Kern counties, California were included in the project because they are representative of other communities in this region that have a year-round population of settled farmworkers and during the peak agricultural season, receives an influx of H-2A workers and other migratory workers to fill additional seasonal jobs.

Figure 2.1. Monterey, Tulare, and Kern Counties in Central California



2. BACKGROUND ON MONTEREY, KERN, AND TULARE COUNTIES

Three counties were selected in Central California for this assessment (see Figure 2.1). The geographic area includes the Salinas Valley (Monterey County) and the Central Valley (Tulare and Kern counties), three of the top agricultural producing counties in the country. The three counties are large agricultural centers in the U.S., producing more than \$12 billion in sales of agricultural products in 2017.⁽¹⁾ The counties are home to more than 6,000 farms, and produce a range of agricultural products, including lettuce, grapes, tree nuts, berries, dairy products, among others. Table 2.1 below provides key agricultural indicators and the population size for each county.

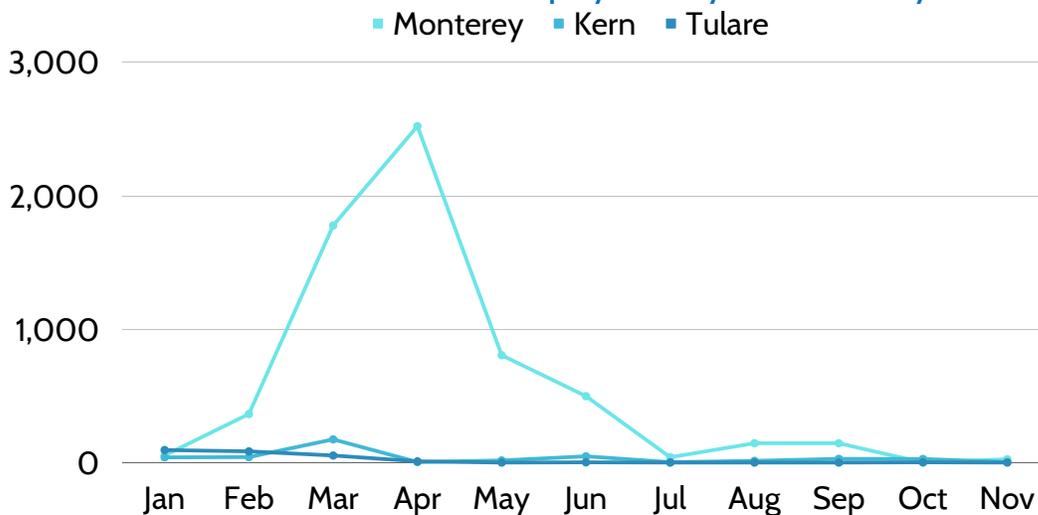
Table 2.1: Key population and agricultural indicators for Monterey, Tulare, and Kern counties

County	Total county population (2020)	Number of farms (2017)	Farm sales (2017)	Top crops (2017)
Monterey	439,035	1,104	\$4.1 billion	Lettuce Vegetables Grapes
Kern	909,235	1,731	\$4 billion	Fruit, nut trees Berries Grapes
Tulare	473,117	4,187	\$4.4 billion	Fruit, nut trees Berries Dairy

Source: USDA NASS, 2017 Census of Agriculture U.S. Census Bureau, Quick Facts, 2020

NCFH estimates that there are 45,776 farmworkers in Monterey County, 48,434 farmworkers in Tulare county, and 42,796 farmworkers in Kern County, for an estimated total of 137,066 workers in the three counties.⁽²⁾ There were 6,394 H-2A workers employed in Monterey County during FY2020, and another 1,234 H-2A guest workers employed in Kern and Tulare counties.⁽³⁾

Figure 2.2. Number of H-2A workers certified for employment by month, fiscal year 2020



Source: U.S. Department of Labor H-2A program disclosure data, FY 2020. See <https://www.dol.gov/agencies/eta/foreign-labor/performance>

3. METHODOLOGY

The FCCA's methodology included both a quantitative and a qualitative component and was based on the CDC's rapid community assessment methodology.⁽⁴⁾ To recruit respondents, JBS International and NCFH partnered with a local organization, Lideres Campesinas. This assessment received a non-research exemption by the CDC; therefore, IRB approval was not needed. This report summarizes quantitative data and includes key quotes from interview participants; an in-depth thematic analysis of qualitative data is forthcoming.

Quantitative survey respondents were eligible to participate if they were a farmworker, which included individuals who had been employed in an industry under NAICS codes 111, 112, 1111, or 1112, which includes both crop and animal production and support activities for those industries. They were eligible to participate if they had worked in agriculture one day or more since March 15, 2020. The quantitative data was collected using a phone or in-person survey. The survey examined farmworkers' knowledge, attitudes and practices related to the COVID-19 emergency with a focus on vaccination coverage, as well as structural factors that CDC and other federal, state, and local agencies and organizations could address, such as barriers to safety, healthcare access, testing and vaccination. To recruit respondents, Lideres Campesinas identified and screened farmworkers who were eligible to take the survey, and then

referred to JBS International to complete the surveys over the phone. Before participating in the survey, all respondents were provided with a verbal informed consent that emphasized that all data collected would be anonymous, no individual data would be shared publicly, and that they could stop participating in the survey at any time. The survey took between 15 and 30 minutes to complete, and survey participants received a \$30 gift card for their participation. All surveys were conducted in English and Spanish over the phone. Descriptive statistics for the survey data are provided below. All survey data are unweighted.

The qualitative component consisted of in-depth interviews with farmworkers and agricultural employers and key informant interviews with agricultural experts or representatives of farmworker-serving organizations, and interviews delved more deeply into patterns raised during the survey. Farmworkers were identified by local organizations or during survey data collection. Employers were generally cold-called or identified by local organizations. Farmworker experts and representatives of farmworker-serving organizations were identified through NCFH's database of farmworker-serving organizations and through snowball techniques. Interview participants received \$100 for their time, and generally lasted between 30-90 minutes.

"Bueno, como en el trabajo pues si nos afectó bastante porque bajó mucho, mucho el produ—la producción que hacíamos y pues, como aquí en la casa, como los niños que si estaban como medios estresados por no ir a la escuela, las tareas por, por este, por internet [clases virtuales] que a veces no entendían bien, en esa forma, si como no estresó en esa forma.

Well, at work it did affect us a lot because production dropped a lot, and well, like here at home, the children were a bit stressed because they didn't go to school, because of the homework, because of the Internet [virtual classes], which sometimes they didn't understand well, in that way it stressed us out.

-Farmworker #2

4. KEY SURVEY FINDINGS

A total of 251 surveys were collected in Monterey, Tulare, and Kern counties from August to October 2021. All surveys from this sample were conducted via phone by JBS International through referrals from Lideres Campesinas. Five in-depth interviews were conducted with farmworkers and employers, and seven key informant interviews were conducted with local farmworker experts or representatives of local farmworker-serving organizations. All surveys and interviews were conducted in English or Spanish.

DEMOGRAPHICS

The majority of the 251 respondents interviewed were married, Mexican-born, Spanish speaking, non-migratory, and had a median age of 37 years (Table 4.1). Over half were female (61%) and the average time spent in the U.S. was 18 years. Eight percent of respondents self-identified as racially Indigenous with a similar percentage reporting speaking a Latin American Indigenous language as an adult (7%). Indigenous languages spoken by participants included Mixtec, Zapotec, Q'anjob'al, Otomi, Purepecha, and Chatino. Approximately two out of five respondents were undocumented.

INDIGENOUS WORKERS

While there is no official definition for who are considered Indigenous populations, it is recognized that Indigenous populations continue to practice social and cultural traditions that pre-date colonial societies.⁽⁵⁾ Latin America's Indigenous populations are diverse in their culture, language, food, and religious practices. Historically, Indigenous populations experience higher levels of discrimination due to their cultural practices including language, lifestyle and food, as well as based on physical appearance.⁽⁶⁾ This is evident by the ongoing violence experienced by these populations since the beginning of colonization and the on-going socioeconomic disparities experienced under current governments.^(7,8) Starting in the 1960s, the first documented en masse migration of Indigenous populations to the U.S. happened through the Bracero program. Currently the number of Indigenous populations in the U.S. keeps growing due to work and economic migration, or due to displacement from violence and environmental reasons, such as climate change.^(9,10)

The racial and ethnicity categories traditionally used for census purposes may not fully encapsulate Indigenous identity of Latin American born individuals or be recognized by this population. Due to the discrimination experienced, they may not want to be identified as being racially Indigenous. In this survey, following the National Agricultural Workers Survey convention, NCFH created a composite metric to identify Indigenous respondents, utilizing a combination of indicators, including languages spoken as a child and currently as an adult, as well as identifying as racially Indigenous.⁽¹¹⁾

13% of respondents self-identified as racially Indigenous or spoke an Indigenous language as a child or adult

In this sample, 33 respondents were identified under the Indigenous metric, comprising 13% of all respondents. This is about twice the national percentage of farmworkers that identify as Indigenous based on the NAWS.⁽¹¹⁾ There were six Indigenous languages captured in this sample: Chatino, Mixteco, Otomí, Purépecha, Q'anjob'al and Zapoteco. The top languages spoken by respondents were Mixteco and Zapoteco. Mixteco is the language family in Mexico with the most variants, with a total of 81 variants. The states with the largest number of speakers are Guerrero, Oaxaca and Puebla.⁽¹²⁾ Zapoteco is the language family with the second most variants, with a total of 62. Zapoteco is primarily spoken in the states of Oaxaca and Veracruz.⁽¹³⁾

Table 4.1: Demographics

Demographic Characteristic	Frequency	Percentage of participants
Sex		
Male	99	39%
Female	152	61%
Age groups		
18-25 years	30	12%
26-54 years	196	78%
55 years or more	25	10%
Marital status		
Single	56	22%
Married	162	65%
Other (i.e., domestic partnership, widowed)	33	13%
Primary language spoken as child		
English	4	2%
Spanish	236	94%
Latin American Indigenous language	18	7%
Primary language spoken as adult		
English	36	14%
Spanish	244	97%
Latin American Indigenous language	13	5%
Country of birth		
U.S. or Puerto Rico	19	8%
Mexico	219	87%
Central America	12	5%
Other/did not report	1	<1%
Race		
Black/African-American	2	1%
Indigenous	20	8%
White	87	35%
Asian	1	<1%
Other/multiple races	137	55%
Hispanic/Latinx	63	25%
Mestizo	37	15%
Moreno	32	13%
Did not report	10	4%
Ethnicity		
Hispanic/Latinx	249	99%
Not Hispanic/Latinx	2	1%
Immigration status		
H-2A work visa	8	3%
Permanent resident	82	33%
Undocumented	99	40%
U.S. citizen	33	13%
Other visa	9	4%
Unknown	18	7%
Did not report	2	1%
Migrated to work in agriculture in past 12 months*		
Yes	41	16%
No	209	83%
Unknown/No Answer	1	<1%

*Migration was defined as working in agriculture in a place different than the interview location for one week or more, or leaving one's home to work in agriculture for one week or more. All H-2A guest workers were automatically classified as migratory.

HOUSING, HOUSEHOLD CHARACTERISTICS, AND TRANSPORTATION

Half of all respondents reported living in a house, making it the most common living situation. Other common living situations included apartments (30%) and mobile homes/RVs (11%). The average household size was 4.7 persons per household.

Many respondents reported experiencing risk factors for COVID-19 transmission in their housing and transportation. While the majority of respondents reported driving their own car to work (67%), approximately one-third of respondents (30%) reported traveling to work with someone outside of their household, potentially increasing their risk for COVID-19 transmission.⁽¹⁴⁾ Additionally, two out of five (40%) of respondents reported living in an overcrowded household.⁽¹⁵⁾

"By far here in our county, the hardest hit demographics was our Hispanic farm working community in the zip codes I just mentioned. Our numbers escalated. And because they live in tight housing quarters, usually multiple families, it's almost impossible to quarantine"
 - Organizational Representative #6

Table 4.2: Housing Type, Transportation, and Risk Factors for Infectious Disease Transmission

Characteristic	Frequency	Percentage of participants
Type of housing		
Apartment	76	30%
House	125	50%
Mobile home/trailer/RV	28	11%
Other	22	9%
Type of transportation used to get to work		
Drives own car	169	67%
Labor bus	13	5%
Rides with relative or co-worker	29	12%
Takes Raitero	35	14%
Walk/rides bicycle	1	<1%
Other/Unknown	4	2%
Housing and transportation risk factors		
Lives in an overcrowded household*	100	40%
Lives in employer-provided housing	8	3%
Travels to work with persons outside the household	75	30%

*The definition of an overcrowded household follows the U.S. Census definition, which is a ratio of greater than one for the ratio of persons per room (excluding bathrooms and garages). ⁽¹⁵⁾

The fact that many of them [farmworkers] have to commute to work with other workers, because they can't afford to buy their own car, pay gas, have their own insurance. So, they jump in a van, and they share the cost of transportation, which makes it more economical, but also, again, increases their exposure to other non-family members who might be asymptomatic, might be symptomatic."
 - Organizational Representative #5

GENERAL HEALTH CARE ACCESS & SOURCES OF HEALTH INFORMATION

One-third of respondents reported utilizing health care services in the U.S. during the pandemic (see Table 4.3). Among those that utilized health care services in the U.S., visiting a clinic was the most common source of services (41%). Participants were asked about where they would go for information about a serious health problem, either in the U.S. or in their country of origin. A doctor or nurse were the most common trusted sources of information (71%) by almost 50 percentage points difference, followed by a relative (22%) and social media (18%).

Table 4.3: Health care utilization and trusted sources of health information

Characteristic	Frequency	Percentage of participants
Used health care services in the U.S. during the pandemic	82	33%
Sources of health care services among those who utilized health care in the U.S.		
Clinic	34	41%
Hospital/emergency room	19	23%
Private doctor	6	7%
Other (pharmacy, Community/Migrant Health Center)	23	28%
Sources of trusted information for serious health issues		
Doctor/nurse	177	71%
Social media	46	18%
Relative	56	22%
Employer	2	1%
Church/school	4	2%
Community health worker	9	4%
Other	17	7%



33% of surveyed farmworkers used health care services in the U.S. during the pandemic.

COVID-19 SAFETY INFORMATION, ILLNESS, TESTING, AND VACCINATION

In this community, a substantial minority had not received a comprehensive COVID-19 safety training at work in their preferred language (31%). Participants were asked if they had received a safety training covering proper handwashing, physical distancing, the use of face coverings, and isolation procedures, and if that training was in their preferred language. Eighty-seven percent indicated that they had received training on at least one of those topics, but only 69% reported receiving a training on all four topics in their preferred language at work (see Table 4.4). The most common form of training reported in workplaces was an informal verbal training (87%). Participants were also asked where else they had received training or instruction on preventing COVID-19, either in the U.S. or in their home country. Television was the most common source of training or instruction (47%), followed by social media (38%) and radio (31%).

"The biggest thing I heard, and this is strictly hearing [from] families, 'why don't you want to go get tested or what's holding you back?' A lot of it was fear of losing their income, 'because if I'm sick, I can't work, I'm not going to get paid and who's going to help with rent.' It wasn't so much a health care access, it was more of a financial repercussion of 'okay, what if I do go get tested? Or I know, I'm positive, but I can't stop working?'"

-Organizational Representative #6

Table 4.4: COVID-19 Safety Training and Instruction

Characteristic	Frequency	Percentage of participants
Workplace COVID safety training received*		
Received training in at least one topic	232	92%
Received training in all four topics	211	84%
Received training in all four topics in preferred language	205	82%
Other sources of COVID safety instruction/training		
Radio	71	29%
Social media	51	20%
Television	142	57%
Health care providers	53	21%
Consulate office	1	<1%
Other sources	58	23%

*Topics included 1) hand washing, 2) physical distancing, 3) use of face coverings, and 4) quarantine or isolation procedures.



One in four (26%) respondents self-reported that they had COVID-19 at some point in the pandemic (see Table 4.5). Almost two-thirds of respondents (61%) reported they had taken a test for COVID-19 at least once during the pandemic. Of those that reported getting tested, over half (57%) reported no difficulties or fears accessing a test. For those that had never gotten a test, the majority (84%) reported never needing a test. The most common difficulties or fears that were reported by respondents included fear of being infected at testing site (11%), a fear of a false positive test (7%), and long waits (6%). Twenty percent of respondents indicated their employer had asked them to get tested, and 13% reported their employer providing or paying for a test. The majority of respondents (64%) had been fully vaccinated against COVID-19 at the time of the interview, and an additional 10% had been partially vaccinated. Only 5% of respondents had not received a COVID-19 vaccination and did not want to receive one.

Table 4.5. COVID-19 Illness, Testing, and Vaccinations

Characteristic	Frequency	Percentage of participants
COVID-19 illness		
Self-reported COVID-19 illness	66	26%
COVID-19 testing		
Had taken COVID-19 test at least once	153	61%
Employer reportedly asked workers to be tested	50	20%
Employer reportedly facilitated or paid for testing	33	13%
COVID-19 vaccinations		
Fully vaccinated*	161	64%
Partially vaccinated	26	10%
Not vaccinated	63	25%
Wants to receive vaccine	30	12%
Undecided about vaccine	19	8%
Does not want vaccine	12	5%

*Fully vaccinated includes participants 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.



Vaccination status varied by key demographic characteristics. A lower proportion of younger respondents (18 – 25 years of age) were fully vaccinated (43%) compared to older age groups (Figure 4.1). Female farmworkers had slightly higher vaccination coverage (66%) than male farmworkers (62%) (see Figure 4.2). Respondents born in Mexico had the highest vaccination coverage (66%), compared to those born in Central America (58%), and in the U.S./Puerto Rico (47%) (Figure 4.3). Additionally, vaccination status differed slightly based on immigration status (Figure 4.4). Permanent residents had the lowest vaccination coverage (61%) while undocumented respondents had the highest vaccination coverage (65%).

Figure 4.1. Percent of Respondents Fully Vaccinated by Age

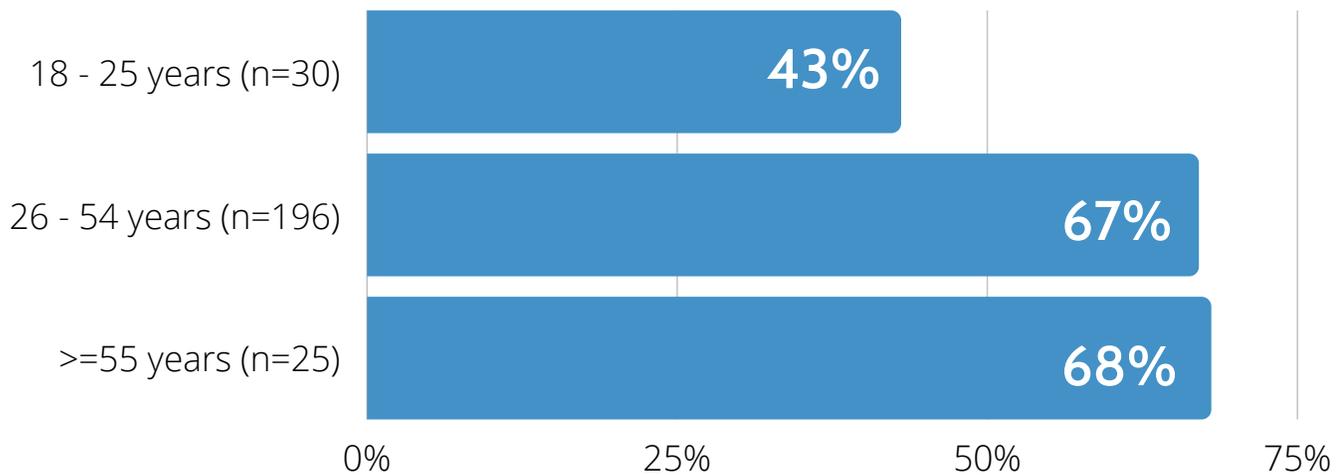


Figure 4.2. Percent of Respondents Fully Vaccinated by Sex

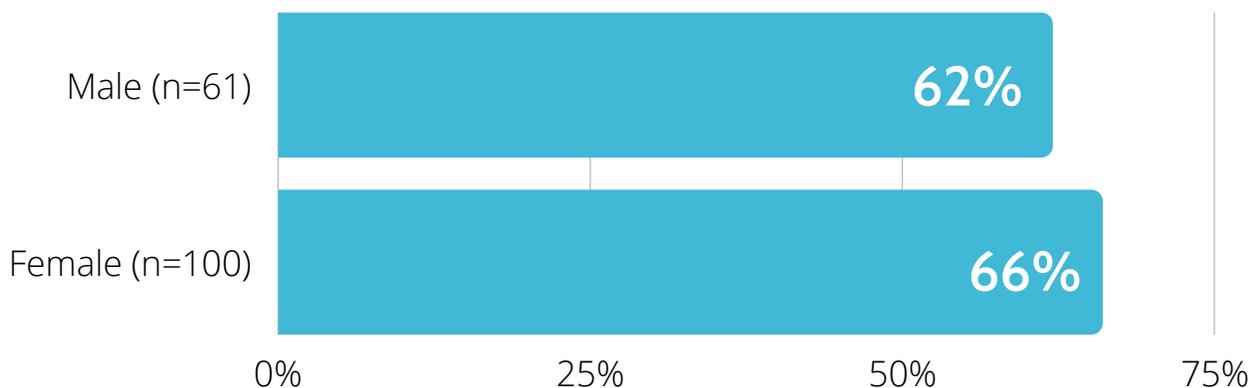


Figure 4.3. Percent of Respondents Fully Vaccinated by Country of Birth

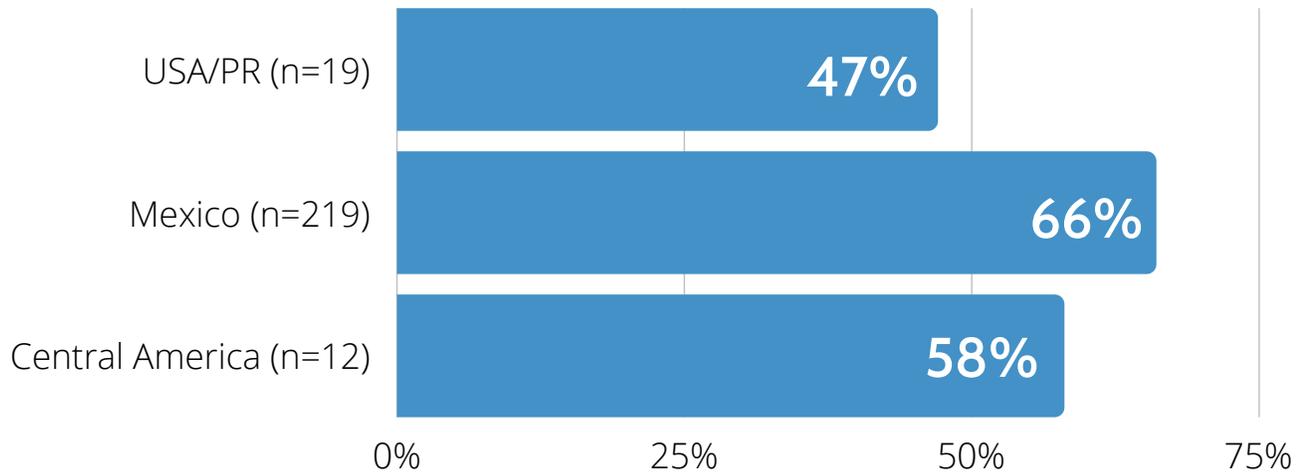
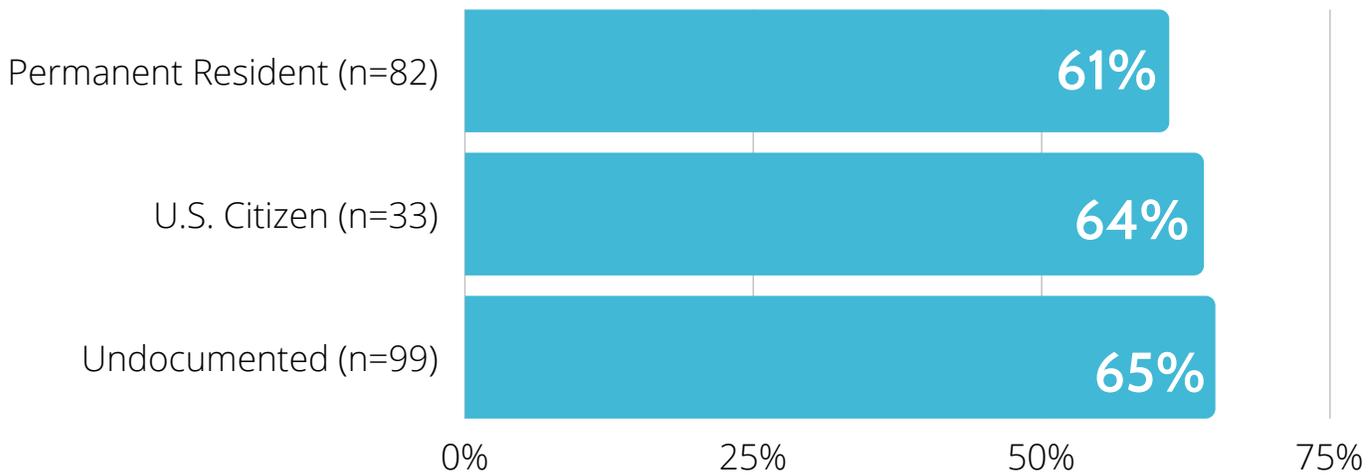


Figure 4.4. Percent of Respondents Fully Vaccinated by selected Immigration Status*



**Thirty-seven participants were in a different immigration status that included H-2A, other type of visa, or did not answer the question about immigration status. These data were suppressed due to the small number of participants.*



IMPACT OF COVID-19 ON EMPLOYMENT AND INCOME

The pandemic has had a significant impact on the employment of respondents: nearly three out of four respondents lost work during the pandemic. A third of those that lost work, or 26% of the total sample, reported having to quarantine as the reason for the loss of work (see Table 4.6). Nearly three-fourths of respondents (71%) received some form of government assistance during the pandemic. The most common type of assistance received was a stimulus payment (55% of the total sample). Approximately one in six (16%) reported receiving unemployment at some point during the pandemic.

Pues, pues, aparte del trabajo, que el trabajo bajó muchísimo, pues yo pienso que también emocionalmente como que te desilionas, pues de todas maneras te, te afecta, en todos los sentidos, en todos los sentidos de la palabra.

Well, apart from work, which has gone down a lot, well, I think that emotionally you get disillusioned, because it affects you in all senses, in every sense of the word
-Farmworker #1



Table 4.6: Impact of COVID-19 on Employment and Income

Characteristic	Frequency	Percentage of participants
Lost work during pandemic	183	73%
Top three reasons for losing work*		
Due to having to quarantine	64	26%
Due to getting sick	60	24%
Due to decline in demand	45	18%
Received U.S. government assistance during pandemic**	177	71%
Economic stimulus payment	138	55%
Food assistance	53	21%
Rent Assistance	3	1%
Unemployment assistance	39	16%

*Includes the most frequently cited reasons for losing work during the pandemic. Respondents could indicate more than one reason for losing work.

**Respondents could report receiving more than one type of assistance

6. SUMMARY OF FINDINGS

LIMITATIONS

This assessment had limitations. Survey respondents were not randomly sampled and were recruited through a farmworker serving organization potentially creating a more socially connected sample than representative of the general farmworker community. The demographic characteristics of the sample are different than other estimates of the region – this sample has a high proportion of females compared to what is reported in the NAWS and other data.⁽¹¹⁾ The sample also lacks H-2A workers despite having a large number of H-2A workers in the area; and has a small proportion of Indigenous farmworkers compared to other studies in the region.

DISCUSSION

Data from the survey and the interviews suggest that COVID-19 has severely impacted the farmworker community in Monterey, Kern, and Tulare counties in California and additional support is needed to continue efforts to increase access to and acceptance of COVID-19 vaccines and to support workers who have lost and may continue to lose income. As some of the top agricultural producing counties in the U.S., the regions are home to a diverse, though mostly Hispanic/Latinx, farmworker population. In order to properly serve this population, services must be available in multiple languages, including Spanish and Latin American Indigenous languages, and be accessible to undocumented workers (40% of sampled population).

Findings indicate that there have been meaningful efforts to disseminate information and provide training about COVID-19 to farmworkers through the workplace, however there is still a need for ongoing trainings/information as the pandemic evolves and for workplace training to be in farmworkers' preferred language. Trusted messengers of information around health issues continue to be doctors and nurses, however only a third of respondents accessed health care during the pandemic therefore other avenues such as television and social media could be good avenues to disseminate current information with doctors and nurses as key messengers.

Sixty-four percent of respondents reported they were fully vaccinated, a percentage that was higher than the vaccination rate among adults aged 18 or over in Kern (57%) and Tulare (59%) counties, but lower than Monterey County (74%) in October 2021.⁽¹⁶⁾ However, vaccination coverage is much lower for younger farmworkers (41%). Only 5% of respondents among those not vaccinated indicated that they did not want to get vaccinated suggesting vaccine hesitancy is not a major issue for farmworkers in this area, and facilitating culturally- and linguistically-appropriate access to vaccines for farmworkers should be the top priority for public health agencies, health care providers, and farmworker-serving organizations.



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