Agricultural Worker Health 101

Presented by Farmworker Health Network
Farmworker Health Network

The Farmworker Health Network works cooperatively with HRSA to provide training and technical assistance to over a thousand Community & Migrant Health Centers throughout the U.S.
Workshop Components

• Setting the Foundation: What is Agricultural Worker Health?
  • Agricultural Workers – Population
  • Agricultural Workers – Health Needs, Risks, Challenges and Resilience
  • Resources for Technical Assistance and Training
Timeline of Legislative Action

- **Migrant Health Act**
  - Aid to agencies that provide community health services to agricultural workers and their families

- **Migrant and Seasonal Agricultural Worker Protection Act**
  - Basic labor protections under labor contractors

- **Health Centers Consolidation Act**
  - Consolidates MHC, HCH, public housing and CHCs under Section 330 Authority

- **ACA Enacted**
  - Includes a major expansion of health centers, dedicating $9.5 billion to serve 20 million new patients by 2015 and $1.5 billion for capital needs for new health centers.

- **Public Health Service Act**
  - Health Center Program authorized under Section 330 of the Public Health Service Act.

- **Worker Protection Standard**
  - Sets minimum standards for protecting farmworkers from pesticide exposure

- **Field Sanitation Standard**
  - Requires agricultural employers to provide potable water, toilets and handwashing facilities in the fields

- **ARRA**
  - Stimulus legislation provides for $2 Billion for the CHC Program (25% for services, 75% for construction, renovation and HIT).

- **ACA fully implemented**
Farmworker Exceptionalism

- Fair Labor Standards Act left out farmworkers
  - Child labor protections
  - Overtime
- Workers' compensation & minimum wage
- Few OSHA standards to protect farmworkers
  - Field Sanitation Standard, 1987
  - Only applies to farms with 11 workers or housing
What is a 330 Program?

Section 330 of the Public Health Service Act created and authorized the health center program and permits the Health Resources and Services Administration (HRSA) to make grants to health centers.
Public Health Section 330 Delivery Sites

- In 2019, BPHC supported over **1,385** health care grantees including homeless, school based, public housing and migrant health
- In 2019, **175** of those were funded to provide services to the migratory and seasonal agricultural worker population
- **1,031,049** agricultural workers were reported as served by all Health Center Program Grantees in 2019.

Definitions of Agricultural Workers in Section 330g of the Public Health Service Act

Migratory Agricultural Worker
- Principal employment is in agriculture
- Has been so employed within the last 24 months
- Establishes a temporary home for the purpose of such employment

Seasonal Agricultural Worker
- Principal employment is in agriculture on a seasonal basis
- Does not migrate

Aged & Disabled Agricultural Worker
- Individual who has previously been migratory agricultural worker but who no longer meets the requirements... because of age or disability
Agriculture means farming in all its branches as defined by the Office of Management (OMB)-developed North America Industrial Classification System (NAICS), and includes migratory and seasonal agricultural workers employed in the agricultural sector within the following NAICS codes and all sub-codes.

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<tr>
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<th>Crop Production</th>
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<tr>
<td>111</td>
<td>Oilseed and Grain Farming</td>
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<td>1111</td>
<td>Vegetable and Melon Farming</td>
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<td>1113</td>
<td>Fruit and Tree Nut Farming</td>
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<td>1114</td>
<td>Greenhouse, nursery, and floriculture production</td>
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<tr>
<td>1119</td>
<td>Other crop farming, tobacco, cotton, sugarcane, hay, peanuts, sugar beets</td>
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<tr>
<td>112</td>
<td>Animal Production and Aquaculture</td>
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<td>1121</td>
<td>Cattle Ranching and Farming</td>
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<td>1122</td>
<td>Hog and Pig Farming</td>
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<td>1123</td>
<td>Poultry and Egg Production</td>
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<td>Sheep and goat farming</td>
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<td>1125</td>
<td>Aquaculture</td>
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<td>Other animal production, apiculture, horses, fur bearing animals, companion animals</td>
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<td>1151</td>
<td>Support Activities for Crop Production</td>
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<td>1152</td>
<td>Support Activities for Animal Production</td>
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Workers employed in the following industries are **not** eligible for the Agricultural Health Program:

- **Spectator Sporting** (Industry 711219)
- **Transportation of Livestock** (Industry 488999)
- **Trucking Timber** (Industry 484220)
- **Landscaping** (Industry 561730)
- **Meat and Meat Product Merchant Wholesalers** (Industry 42447)

Photo Sources:
1, 2, and 3: Stock photos
4 and 5: www.earldotter.com
Migrant Health Program Grantees + Satellite Sites*

Source: www.hrsa.gov
Required Services for 330 Programs

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Outreach and enabling services
- Sliding fee scale
- Patient-majority governing board

Photo: MHP Salud
Photo: Crystal Nguyen
Photo: Robert Poole
Health Center Funding

Health Center budgets range between $500,000 and $25 million.

The Bureau provides approximately 28% of the health centers’ total budget. For every dollar provided by the Bureau, the health center must raise three additional dollars.
Workshop Components

• Setting the Foundation: What is Agricultural Worker Health?

• **Agricultural Workers – Population**

• Agricultural Workers – Health Needs, Risks, Challenges and Resilience

• Resources for Technical Assistance and Training
How many agricultural workers do you think there are in the United States?
Agricultural Worker Demographics 1,2,3

2.5 million
estimated population

44%
are under the age of 35

68%
male

32%
female

25,000
children ages 14 - 17
work in agriculture

Agricultural Worker Demographics

- 74% Spanish as dominant language
- 49% without work authorization
- 76% foreign born
- 69% Mexico
- 6% Central America
Foreign born workers, on average, have an 8th grade education.

Mean and medium individual income range from $17,500 to $19,999.

33% of agricultural worker families had total family incomes below 100% of the Federal Poverty Level.

53% reported not having health insurance.

37% had not visited a U.S. healthcare provider in last 2 years.
The H-2A program allows U.S. employers or U.S. agents who meet specific regulatory requirements to bring foreign nationals to the United States to fill temporary agricultural jobs.

275,430 H-2A positions were certified by Department of Labor in 2020.
Indigenous Agricultural Workers

- Indigenous Mexicans and Central Americans are the fastest growing farmworker population in the United States.
- The most common indigenous language groups in the United States – Mixteco, Triqui, and Zapotec – are from communities in southern Mexico.
- These distinct languages and cultural beliefs create barriers to healthcare that are more complex than the barriers experienced by non-indigenous Mexicans.
Number of Agricultural Workers by State
Patterns of Mobility

Restricted Circuit

Point to Point

Nomadic
Workshop Components

• Setting the Foundation: What is Agricultural Worker Health?
• Agricultural Workers – Population
• **Agricultural Workers – Health Needs, Risks, and Challenges**
• Resources for Technical Assistance and Training
What Impacts Agricultural Worker Health?

- Work
- Physical Health
- Mental Health
- Living Conditions

Agricultural Worker
Activity
Think about how Social Determinants of Health (SDOH) impact agricultural workers.
What Impacts Agricultural Worker Health?

Structural Issues:
- Discrimination
- Immigration Status
- Language
- Continuity of Care
- Regulatory Issues

Living Conditions
- Work
- Physical Health
- Mental Health

Agricultural Worker
Case Study
Work-Related Health Risks

- Musculoskeletal injuries
- Heat stress
- Farm equipment
- Transportation to and from work
- Lacerations from sharp equipment and hand tools
- Slips, trips, and falls
- Eye injuries
- Insect/rodent/snake bites
Number and Rate of Fatal Work Injuries by Industry Sector, 2019

- **Construction**: 1,061 injuries, 9.7 fatalities per 100,000 full-time equivalent workers.
- **Transportation and warehousing**: 913 injuries, 13.9 fatalities per 100,000.
- **Agriculture, forestry, fishing, and hunting**: 573 injuries, 23.1 fatalities per 100,000.
- **Government**: 426 injuries, 1.8 fatalities per 100,000.
- **Retail trade**: 291 injuries, 2 fatalities per 100,000.
- **Leisure and hospitality**: 271 injuries, 2.2 fatalities per 100,000.
- **Other services (exc. Public admin.)**: 210 injuries, 3 fatalities per 100,000.
- **Educational and health services**: 197 injuries, 0.8 fatalities per 100,000.
- **Wholesale trade**: 178 injuries, 4.9 fatalities per 100,000.
- **Mining, quarrying, and oil and gas extraction**: 127 injuries, 14.6 fatalities per 100,000.

- **Number of fatal work injuries**
  - Agriculture, forestry, fishing, and hunting: 573
  - Transportation and warehousing: 913
  - Construction: 1,061
  - Government: 426
  - Leisure and hospitality: 271
  - Other services (exc. Public admin.): 210
  - Educational and health services: 197
  - Wholesale trade: 178
  - Mining, quarrying, and oil and gas extraction: 127

- **Fatal work rate injury (Per 100,000 full time equivalent workers)**
  - Agriculture, forestry, fishing, and hunting: 23.1
  - Transportation and warehousing: 13.9
  - Construction: 9.7
  - Government: 1.8
  - Leisure and hospitality: 2.2
  - Other services (exc. Public admin.): 3
  - Educational and health services: 0.8
  - Wholesale trade: 4.9
  - Mining, quarrying, and oil and gas extraction: 14.6
In 2019, 573 agricultural workers died of work-related injuries

Pesticide exposure in the fields and at home
Physical Health

The health issues that face migrant and other mobile underserved populations are similar to those faced by the general population but are often magnified or compounded by their migratory lifestyle, living conditions, and occupation.
Management of Health Concerns

- Diabetes
- Hypertension
- Cancer
- HIV/AIDS
- Tuberculosis
- Asthma
COVID-19 and Farmworkers

Farmwork is considered “essential”

Lack of information about COVID-19 in farmworker communities

Difficult to follow CDC recommendations of social distancing and handwashing
- Access to handwashing stations in the fields
- Access to clean water and soap in the homes
- Overcrowding with many people in small spaces
- Transportation to and from the fields and into town (esp. for H-2A workers)

Challenges related to working and living conditions
- Fear of accessing health care/taking sick leave due to employer retaliation
- Access to testing and treatment (esp. since many lack health insurance)
- Ability to isolate if exposed to or infected by COVID-19

Access to testing and vaccines
Mental Health

• Anxiety
• Depression
• Stress
• Substance abuse
• Family violence
Contributing Factors to Mental Health Challenges

• Separation from families
• Isolation
• Discrimination
• Fear due to immigration status
• COVID-19
Illnesses Related to Substandard Housing

- Gastrointestinal diseases
- Infectious diseases
- Intestinal parasites
- Conjunctivitis
- Lead poisoning
Case Study
What are the barriers to care and healthy lifestyles for agricultural workers?
Barriers to consider...

- Language
- Lack of social support
- Food insecurity
- Poverty
- Limited job security

- Mobility
- Immigration status
- Discrimination
- Confusion about U.S. health systems
Service Delivery Challenges

Continuity of Care

- Agricultural workers may seek care only when necessary
- Agricultural workers may move during treatment
- Communication between MHCs and other providers is difficult

Culture and Language

- Provision of multi-lingual services (reception, health education, prescriptions, bilingual staff/translators, etc.)
- Relevant training and continuing education for staff

Photo by Tony Loreti for MHP Salud
Service Delivery Challenges

Operations
- Integration of walk-in patients into appointment system
- Health Center hours of operation
- Demand/Capacity
- Provision of transportation in rural areas

Costs
- MHCs must remain competitive despite the escalating costs in the health care industry
- Lack of insurance coverage of the population
- Outreach and enabling services are often not reimbursable
Exploring Effective Adaptations for Mobility and Culture
Cultural adaptations
• Culturally sensitive education
• Appropriate language and literacy levels
• Address cultural health beliefs & values

Mobility adaptations
• Portable medical records & Bridge Case Management
• EHR transmission to other C/MHCs

Appropriate service delivery models
• Case Management
• Lay health promoters (Promotores/as)
• Outreach & enabling services
• Coordination with schools and worksites
• Mobile Units
Easy Access to Care

✔ **Orient** all patients to the scheduling protocols, recognizing that patients may be unfamiliar with scheduling practices or U.S. healthcare systems.

✔ **Document** the numbers of agricultural workers in your area by month, typical work hours and transportation options.

✔ Open Access scheduling permits an influx of mobile agricultural worker patients to be seen during *seasonal variance*.

✔ **Accommodate** the work hours, transportation and geographic barriers experienced by mobile workers.
Voucher Program Model

- Used where a traditional model may not be the best option.
  - ✔ Short growing seasons
  - ✔ Lower numbers or density of Agricultural Workers
- Provide services to Ag Workers through either one or some combination of a service coordinator model, nurse staffed model, or midlevel practitioner staffed model
- An organized outreach program is critical to increase access to services
“Mobile-Friendly” Care Management AND Referral Tracking and Follow-up
Health Network
Workshop Components

• Historical Perspectives and Legislation
• Agricultural Workers – Population
• Agricultural Workers – Health Needs, Risks, Challenges and Resilience
• Resources for Technical Assistance and Training
How to Find the Closest Health Center

HRSA - Community Health Center Directory:  http://findahealthcenter.hrsa.gov/

NCFH - Migrant Health Center Pocket Directory:
or call 1-800-531-5120

Free Clinics Directory: Call 540-344-8242
A national initiative to increase the number of Migratory & Seasonal Agricultural Workers & their families served in Community and Migrant Health Centers.

Increasing Access to Quality Healthcare for America's Agricultural Workers

http://www.ncfh.org/ag-worker-access.html

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09737, Training and Technical Assistance National Cooperative Agreement for $1,433,856 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Resources for
Training and Technical Assistance

Farmworker Justice
www.farmworkerjustice.org

Health Outreach Partners
www.outreach-partners.org

MHP Salud
www.mhpsalud.org

MCN
www.migrantclinician.org

National Association of Community Health Centers
www.nachc.com

National Center for Farmworker Health
www.ncfh.org
Farmworker Justice is a nonprofit organization that seeks to empower farmworkers and their families to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

Using a multi-faceted approach, Farmworker Justice engages in litigation, administrative and legislative advocacy, training and technical assistance, coalition-building, public education, and support for union organizing.
Mapping Inequality: Farmworkers’ Rights under State Employment Laws

We are pleased to announce our new online interactive map and database summarizing the coverage and exclusion of farmworkers under state employment and labor laws.

Fight for workers rights
Ensure safe working conditions
Promote access to health care
Empower farmworkers

Farmworker Justice is a nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

Learn more
WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organization
Outreach is at the center of your care. Your success is at the center of ours.

OUTREACH FOCUSED SINCE 1970

Health Outreach Partners (HOP) believes that outreach fulfills a critical need to increase access to health and social services and decrease health disparities for low-income, vulnerable populations. HOP supports safety net health organizations, such as community health centers, to build and strengthen their efforts to increase access to health services and improve population health.

WHAT PEOPLE ARE SAYING

"I can be a more equipped and thus a more empowered trainer in driving more positive strategies and transformative change."
MHP Salud builds on community strengths to improve health in farmworker and border communities. We train community leaders to be Promotores and Promotoras de Salud.

Promotores(as) belong to the same culture and speak the same language as the people they serve. They...

- Provide culturally appropriate health education
- Make referrals to health and social services
- Encourage people to seek care
- Empower community members
- Bring health to farmworkers where they live

We can help you...

- Design an effective Promotora program
- Find funding opportunities and draft budgets
- Create an evaluation plan
- Train Program Coordinators and Promotores(as)
- Locate and develop health education materials

956.968.3600
info@mhpsalud.org
www.mhpsalud.org
Our Mission

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.
Our mission is to create practical solutions at the intersection of vulnerability, migration, and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.
Connect with MCN!

Access our latest resources

Get updates from the field

Attend our virtual trainings

and a lot more at

www.migrantclinician.org

@tweetMC
@migrantclinician
@migrantcliniciansnetwork
Founded in 1970, the **National Association of Community Health Centers, Inc.** (NACHC) is a non-profit organization whose mission is to enhance and expand access to quality, community-responsive health care for America’s medically underserved and uninsured. In serving its mission, NACHC represents the nation’s network of over 1,000 Federally Qualified Health Centers (FQHCs) which serve 16 million people through 5,000 sites located in all of the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam.
Join THE CAMPAIGN FOR AMERICA'S HEALTH CENTERS

NACHC ALERTS
6.5.12 NEW: COMMUNITY HEALTH CENTERS AND VETERAN HIRING issue brief – Now Available for download!

Community Health Institute (CHI) & Expo
SEPTEMBER 7-11, 2012 • Peabody Orlando, Orlando, FL

CHI Registration Open
2012 Candidates Forum
2012 House of Delegates
Sunday, September 9, 2012, Orlando, Florida
The **National Center for Farmworker Health** is a private, not-for-profit corporation located in Buda, Texas, whose mission is "to improve the health status of farmworker families through appropriate application of human, technical, and information resources."

Programs, products, and services in support of our mission, include:

- Migrant specific technical assistance
- Governance development and training
- Program management
- Staff development and training
- Health education program development
- Migrant health and farmworker library and resources

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www.ncfh.org
WHO WE ARE

The National Center for Farmworker Health (NCFH) is a private, not-for-profit corporation located in Buda, Texas dedicated to improving the health status of farmworker families by providing information services, training and technical assistance, and a variety of products to community and migrant health centers nationwide, as well as organizations, universities, researchers and individuals involved in farmworker health.

Established in 1975, NCFH has a long history in support of improving access to health care to the farmworker population. We are guided by a nationally represented Board of Directors and are poised to assist organizations with a highly experienced multidisciplinary team of migrant health professionals.
Agricultural Worker Forums and National Conference

- **East Coast Migrant Stream Forum**
  - North Carolina Community Health Center Association

- **Midwest Stream Forum for Agricultural Worker Health**
  - National Center for Farmworker Health

- **Western Forum for Migrant and Community Health**
  - Northwest Regional Primary Care Association

- **National Conference on Agricultural Worker Health**
  - National Association of Community Health Centers
Additional BPHC-Funded NTTAPs – Special and Vulnerable Populations

- Association of Asian Pacific Community Health Organizations
  - http://www.aapcho.org
- Corporation for Supportive Housing
  - http://www.csh.org
- Equitable Care for Elders – Harvard University School of Dental Medicine
  - https://ece.hsdm.harvard.edu
- National Center for Health in Public Housing
  - https://nchph.org
- National Health Care for the Homeless Council
  - http://www.nhchc.org
- National LGBT Health Education Center
  - http://www.lgbthealtheducation.org
- National Nurse-Led Care Consortium
  - http://www.nurseledcare.org
- School-Based Health Alliance
  - http://www.sbh4all.org
- Futures Without Violence
  - https://www.futureswithoutviolence.org/
Additional BPHC-Funded NTTAPs – Capacity Development

• Association of Clinicians of the Underserved
  – http://www.clinicians.org
• Capital Link
  – http://www.caplink.org
• Community Health Center, Inc.
  – http://www.weitzmaninstitute.org
• Health Information Technology Training and Technical Assistance Center (HITEQ)
  – http://www.hiteqcenter.org
• National Center for Medical-Legal Partnership
  – http://www.medical-legalpartnership.org
• National Network for Oral Health Access
  – http://www.nnoha.org
Health Center Resource Clearinghouse

www.healthcenterinfo.org
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