

Strategies for Emergency Management of Chronic Conditions Among Agricultural Workers

Climate disasters and national emergencies impact the continuity of care and self-management of chronic conditions, especially in vulnerable populations like agricultural workers. Health centers serving agricultural workers are key to decreasing risk for this population before, during, and after an environmental emergency.

This resource provides health center staff, clinical coordinators, and emergency managers with tools to assist chronic care patients, who are Migratory and Seasonal Agricultural Workers (MSAWs). It includes risk factors and solutions for reaching MSAW populations during emergencies and a checklist for how to manage common chronic conditions during such events.

Risk Factors During an Emergency for Those with Chronic Conditions

National emergencies impact the special and ongoing needs of people with chronic conditions. Emergencies can worsen chronic illness by adding stress and trauma from the emergency itself, can interrupt care or management of behaviors, and can even lead to death.

Examples of interruptions to care commonly seen in an emergency include:

- Lack of information due to power or internet outages.
- Lack of access to healthy food or water.
- Loss of access to medication due to road closures or interruption of mail or delivery services.
- Inability to access treatment due to damage to a health center or transportation systems.

Because more than 50% of U.S. adults live with one or more chronic diseases¹, it is essential to develop coordinated plans during emergencies for these patients, including vulnerable populations like MSAWs.



Checklists for Chronic Care Management for MSAWs

MSAWs often experience disproportionately higher incidences of chronic diseases than the general population. Health centers (HCs) are 35% more likely to care for patients with one chronic condition, and 31% more likely to care for patients with two or more chronic conditions, when compared to private practice.² Also, HC patients suffer from chronic conditions at higher rates than the general population. The same is true for MSAWs. During an emergency, chronic care patients may forget or lose their medication, not have access to treatment, or may not be prepared to handle the interruptions to care resulting from the emergency. The checklists below include strategies for both HCs and MSAW patients with common chronic conditions to prepare for a national emergency.

Checklists for Chronic Care Management for MSAWs

Health Information, Medical Records and Medications:

Identify patient as an agricultural worker and note their specific chronic condition in the electronic health system (EHS) so they are easily identifiable in case of an emergency. Explain to HC staff the importance of MSAW patients self-identifying as agricultural workers and of establishing a patient medical home with their nearest health center for chronic care. Share the [NCFH Call for Health](#) helpline (Phone: 1 (800) 377-9968/Whatsapp: 1 (737) 414-5121) as a resource for them to get connected.

Maintain the latest patient contact and health information, and ensure all records are backed up. Review medications with patients at every visit and print a current medication list. MSAWs move often and may lose documentation or need updated records.³ Encourage patients to print and keep their health record in a safe and secure location for emergencies.

Develop a plan for medication storage and dispensing during emergencies or identify emergency locations for medication dispensing that patients can access. Having a backup generator can also help with medication storage during emergencies. Inform MSAWs of this plan and emergency locations where medications can be obtained and explain how to get emergency prescription refills if needed. This [RxOpen Pharmacy](#) locator is a great resource to identify pharmacies in areas impacted by disasters.

Help patients develop their own patient preparedness plan and understand the importance of this health information. They should communicate their specific health needs and medications during an emergency, for example, when MSAW patients arrive at an evacuation point or shelter.



DIABETES

For diabetes patients, encourage them to prepare a waterproof, insulated kit with at least 1 week of extra insulin and injections. Remind them of the importance of following their insulin dosage and to keep open wounds as clean as possible to avoid healing complications.⁶



CARDIOVASCULAR DISEASE

For cardiovascular disease patients, encourage them to store extra blood pressure and heart medication by getting an extra refill from their provider. If possible, have them ask for 90-day prescriptions so they have a 3-month supply available.



CHRONIC KIDNEY DISEASE

For chronic kidney disease patients, encourage them to keep extra supply of change bags for at least 1 week and peritoneal dialysis fluid for patients on peritoneal dialysis.⁴

Education and Self-Management:

Provide patient education materials on chronic diseases in simple language and with visuals so they are easy to read and understand. Keep in mind, MSAWs are a diverse community with different language needs and dialects.

Train your outreach and community health workers on self-management for chronic conditions during an emergency. Self-management programs for chronic conditions are proven successful interventions and empower patients to monitor and care for their conditions independently without relying as heavily on providers, which can be lifesaving during an emergency. If MSAW patients are identified in your EHS, this can signal your staff and help them plan outreach based on patient needs. Promote self-management skills for their chronic illness and empower MSAW patients to take care of their own diseases.



DIABETES

For people with diabetes, diabetes self-management education and support (DSMES) programs are most effective when dealing with emergency decision making. Promote Diabetes Self-management behaviors. Remind patients to monitor their blood sugar levels and eating habits, take medication as prescribed, stay active, and manage stress.



CARDIOVASCULAR DISEASE

Self-management blood pressure (SMBP) programs work best with cardiovascular disease patients. Being able to self-monitor their blood pressure at home during emergencies can be lifesaving. Promote regular monitoring of blood pressure and educate of the signs and symptoms of a heart attack and stroke.⁷



CHRONIC KIDNEY DISEASE

Provide chronic kidney disease nutrition education, which includes food and drink recommendations, especially if limited during an emergency. Encourage patient to stock up on water supplies. Encourage patient to [find a back-up dialysis center](#) or hemodialysis unit and confirm capacity to see extra patients during an emergency.

Emergency Kits and Transportation:

Inform patient on how to prepare an [emergency kit](#) with basic items they may need to survive on their own for several days. Consider distributing emergency preparedness kits to MSAWs since their wages, hours, and transportation access could complicate access to these vital items. Help MSAWs understand how preparedness can help save their lives and ensure they have enough food, water, and medication in case of an emergency.

Mobile units are also a great way to provide onsite services to MSAW patients in their homes or work sites if transportation becomes a challenge. HCs can even partner with transportation carriers to provide transportation assistance to MSAW patients.



DIABETES

For diabetes patients, they should keep on hand frozen fruits, vegetables, and non-perishable high fiber foods like brown rice and oatmeal. Instruct on insulin use during an emergency and keeping up to date with vaccinations to prevent complications.⁴



CARDIOVASCULAR DISEASE

For cardiovascular disease patients, provide nutrition tips for monitoring and limiting salt intake during emergency, and keep low-sodium foods like canned beans, soups, or protein. Provide important planning details for blood pressure medications and heart healthy foods.



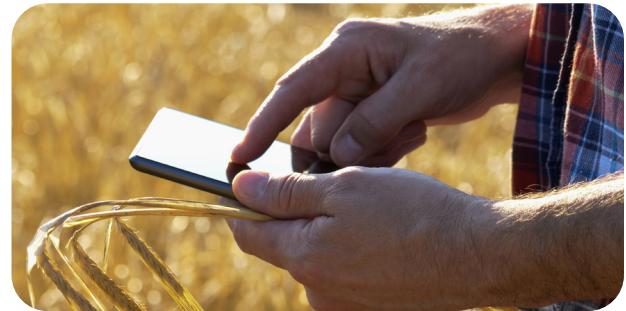
CHRONIC KIDNEY DISEASE

For chronic kidney disease patients, encourage keeping staples on hand that follow the [3-Day Emergency Diet Plan](#) for Chronic Kidney Disease⁸ and provide an emergency plan.⁵

Additional Outreach and Communication Strategies with MSAWs

Agricultural workers may also face additional social drivers of health like limited transportation, frequent mobility, language barriers, and limited health and digital literacy. Considering these challenges, here are some outreach tips to reach MSAWs with these barriers and help you develop a communication plan for emergency situations:

- Collaborate with the television and radio platforms most used by MSAWs and use social media to reach this population, especially if you experience phone and power outages. Share messaging in different languages to communicate emergency preparedness information throughout the day using different channels. [Click here](#) for more on how to use social media and radio to reach MSAWs.
- Effective communication platforms to use with MSAWs are radio, telephone, WhatsApp, and social media. Use mass messaging platforms to reach patients with lifesaving messages during an emergency. Platforms with audio messaging like WhatsApp can be used to share patient education and to establish remote monitoring without relying on written text. This [NCFH Guide for Patient Self-Management of Chronic Illness through “Tele-education.”](#) also available in [Spanish](#), is great resource for using WhatsApp with chronic care patients.
- Offer telehealth virtual sessions as an option for remote healthcare if available. Keep in mind, not all MSAWs have access to technology or smart devices and may need additional support and training to navigate digital platforms. Provide digital literacy training to ensure MSAW patient understands how to navigate the digital platform. This [NCFH Patient Telehealth Readiness Assessment](#) is a great way to determine if your patient has the resources and/or skills to engage in telehealth.
- Use mobile van units to provide care and conduct outreach, especially in rural areas with hard-to-reach locations. Staff mobile units with HC teams that are familiar with the MSAW community and can meet their language needs.
- [Establish relationships](#) with agricultural employers, contractors, and community-based organizations like donors, relief teams, and local emergency shelters and develop emergency preparedness plans with them. Provide information about the MSAW population and ways to reach and inform them given their unique challenges and healthcare needs.



For more, see our tool on [Effective Communication with the MSAW Population During National Emergencies](#). To communicate with indigenous populations, see our tool on [Emergency Communication with Indigenous Agricultural Workers](#).

Agricultural workers require special considerations when managing a chronic condition during an emergency. Checking off the items above and incorporating them into your emergency preparedness plans can help you continue providing chronic care and save the lives of these vulnerable members of our community.

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