2024 Midwest Stream Forum

Uniting Communities to Cultivate Change for Health Equity

#MIDWESTSF24
Agricultural Worker Health 101

Presented by Farmworker Health Network

Midwest Stream Forum
April 2024
Ice Breaker

What do you think is the most challenging aspect of being a Farmworker?
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, Health Care for the Homeless, public housing and CHCs under Section 330 Authority

Affordable Care Act 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.

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

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

Worker Protection Standard Revisions

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
Occupational Safety and Health Protections

- **Field Sanitation Standard (OSHA) – 1987**
  - Requires potable drinking water, toilets and handwashing facilities, and information on good hygiene practices
  - See [Clinician’s Guide to Field Sanitation Standard](#)

- **Worker Protection Standard (EPA) – promulgated in 1992, updated in 2015**
  - Requires employers to comply with minimum safety precautions when using pesticides on farms, and in nurseries, greenhouses, and forests
  - See [Clinician’s Guide to Worker Protection Standard](#)

- **California, Oregon, and Washington* have a Wildfire Standard in place** (*Washington is in the process of finalizing a permanent rule*)

- **California, Oregon, Colorado, Washington* have a Heat Standard in place** (*Washington is in the process of updating its regulations*)
## Labor and Health Protections

### Migrant and Seasonal Agricultural Worker Protection Act – 1983
- Provides basic labor protections for workers who work under labor contractors

### Workers’ Compensation
- Agricultural worker coverage varies by state. Only 14 states (and DC, the Virgin Islands, and Puerto Rico) require full workers’ compensation coverage for agricultural workers. In all other states, coverage is either limited or optional.
- See Guide to Workers’ Compensation for Clinicians Serving Agricultural Workers

### Affordable Care Act – 2010
- 26% of workers were offered employer-provided health insurance *
- 48% of workers have health insurance *
- 44% of workers reported that a member of their household received Medicaid *

---

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 2022, the Bureau of Primary Health Care (BPCH) supported over 1,300 health care grantees including homeless, school based, public housing and migrant health (including look-alikes)

• In 2022, 176 of those were funded to provide services to the migratory and seasonal agricultural worker population

• 991,558 agricultural workers were reported as served by all Health Center Program Grantees in 2022.

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

**Migratory Agricultural Worker**
- Principal employment is in agriculture
- Has been 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.

<table>
<thead>
<tr>
<th>111</th>
<th>Crop Production</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111</td>
<td>Oilseed and Grain Farming</td>
</tr>
<tr>
<td>1112</td>
<td>Vegetable and Melon Farming</td>
</tr>
<tr>
<td>1113</td>
<td>Fruit and Tree Nut Farming</td>
</tr>
<tr>
<td>1114</td>
<td>Greenhouse, nursery, and floriculture production</td>
</tr>
<tr>
<td>1119</td>
<td>Other crop farming, tobacco, cotton, sugarcane, hay, peanuts, sugar beets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>112</th>
<th>Animal Production and Aquaculture</th>
</tr>
</thead>
<tbody>
<tr>
<td>1121</td>
<td>Cattle Ranching and Farming</td>
</tr>
<tr>
<td>1122</td>
<td>Hog and Pig Farming</td>
</tr>
<tr>
<td>1123</td>
<td>Poultry and Egg Production</td>
</tr>
<tr>
<td>1124</td>
<td>Sheep and goat farming</td>
</tr>
<tr>
<td>1125</td>
<td>Aquaculture</td>
</tr>
<tr>
<td>1129</td>
<td>Other animal production, apiculture, horses, fur bearing animals, companion animals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1151</th>
<th>Support Activities for Crop Production</th>
</tr>
</thead>
<tbody>
<tr>
<td>1152</td>
<td>Support Activities for Animal Production</td>
</tr>
</tbody>
</table>

Source: 2022 NAICS, [https://www.census.gov/naics/?input=agriculture&year=2022](https://www.census.gov/naics/?input=agriculture&year=2022)
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.ncfh.org
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
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
- 66% male
- 34% female
- 25% are under the age of 30

Agricultural Worker Demographics

- 62% Spanish dominant language
- 44% without work authorization
- 70% foreign born
- 63% Mexico
- 5% Central America

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.
Agricultural Worker Demographics

- Foreign born workers, on average, have an 9th grade education
- Mean and median individual income range from $20,000 to $24,999
- 20% of agricultural worker families had total family incomes below 100% of the Federal Poverty Level
- 52% reported not having health insurance
- 29% 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.

378,613 H-2A positions were certified by Department of Labor in 2023

DOL - https://www.dol.gov/agencies/eta/foreign-labor/performance
Number of Agricultural Workers by State
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
Case Study
Case Study

Yesenia is a fifty-year-old woman living in Yuma, Arizona. She has been an agricultural worker for 30 years and mostly works in seasonal row crops.

Several years ago, Yesenia started experiencing knee pain. She has health insurance through her employer, but there is a copay for specialists, and she has to miss work for the appointments. She went to various specialists, which was expensive and time-consuming. All of the doctors told her different things—one even accused her of making up the injury. In the end, she couldn’t obtain a diagnosis that would qualify her for disability benefits, even though crouching down to pick lettuce caused constant pain.

Now, she has carpal tunnel syndrome in her dominant arm. She crossed the border to see a doctor in Mexico, which was cheaper and also guaranteed that the doctor spoke Spanish. However, after her experience with the knee injury, she has decided not to pursue disability benefits. She continues working and makes an informal arrangement with her mayordomo, so that she doesn’t have to do the work that’s hardest on her arm. She does still have to use sharp tools, though, and she’s worried that she’ll lose her grip and cut herself. When her arm hurts too much to even hold the tools, she skips work. Not being able to work makes Yesenia depressed; her coworkers are her friends. She is also worried about her family’s finances.
Case Study Questions

1. What challenges is Yesenia facing?

2. What resources does Yesenia have available to address these challenges? What resources is she lacking?

3. What social determinants of health are influencing Yesenia’s situation?

4. What are other social determinants of health that could affect situations such as Yesenia’s?

5. How would you (or your organization, clinic, or community) support Yesenia in this situation?
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
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 of fatal work injuries, by private industry sector, 2022

- **Construction**
- **Transportation and warehousing**
- **Professional and business services**
- **Agriculture, forestry, fishing, and hunting**
- **Manufacturing**
- **Leisure and hospitality**
- **Retail trade**
- **Other services (exc. Public admin.)**
- **Educational and health services**
- **Wholesale trade**

**Number of Fatal Work Injuries**

- Agriculture, forestry, fishing, and hunting: 417
- Fatal work rate injury (Per 100,000 full-time equivalent workers):
  - Agriculture, forestry, fishing, and hunting: 18.6
In 2022, 417 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
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
Case Study

Rachel is a doctor at a clinic in North Carolina. She has been treating agricultural workers for about five years.

Rachel speaks decent Spanish. However, increasingly her clients are temporary H-2A workers from Guatemala; their first language isn’t Spanish but Ixil or Mam—Mayan languages. Rachel is accustomed to using the language line and medical interpreters, but she has been unable to find very many people who speak both English and a Mayan Language.

Even when clients speak Spanish, Rachel has discovered that there are cultural communication barriers. One agricultural worker, who has diabetes, was confused about why his blood sugar levels were so high even after he stopped drinking soda and eating candy. It took several long conversations before he understood that corn products, such as tortillas and tamales, also contain sugars. Rachel still isn’t sure that the patient has stopped eating tortillas; he is accustomed to having three of them with every meal, and corn is essential to many traditions in Mexico and Central America.
Case Study

1. What challenges does Rachel face in treating farmworker patients?
2. What resources does Rachel have available to address these challenges? What resources or training would be helpful for her or her clinic to improve the quality of care they provide?
3. What other cultural practices or norms do you know of that could influence Rachel’s ability to treat farmworker patients?
4. What social determinants of health have you witnessed or heard about that influence farmworker health?
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
Issues experienced by essential workers before, during and after a disaster or public health emergency

COVID-19 served to highlight that Farmwork is considered “essential”

Challenges adhering to COVID-19 guidelines:
- Overcrowding with many people in small spaces
- Ability to isolate if exposed to or infected by COVID-19
- Limited or no PPE provided
- Limited access to testing, treatment, and vaccinations

Access to public benefits, including emergency benefits (housing, food, medical care)
- Lack of Information or misinformation about what is available
- Eligibility
- Language

Additional challenges related to working and living conditions:
- Transportation to and from the fields and into town
- Fear of accessing health care/taking sick leave due to employer retaliation
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
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 healthcare industry
- Lack of insurance coverage of the population
- Outreach and enabling services are often not reimbursable
Exploring Effective Adaptations for Mobility and Culture
<table>
<thead>
<tr>
<th>Cultural adaptations</th>
<th>Mobility adaptations</th>
<th>Appropriate service delivery models</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Culturally sensitive education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriate language and literacy levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address cultural health beliefs &amp; values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Portable medical records &amp; Bridge Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• EHR transmission to other C/MHCs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lay health promoters (Promotores/as)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outreach &amp; enabling services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Coordination with schools and worksites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mobile Units</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Model Service Delivery System in Health Centers

- 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 mid-level practitioner staffed model

- An organized outreach program is critical to increase access to services
Partnerships

- Workers
- Community Health Centers
- Employers
- Other CBOs
- Health Departments
“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
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
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 Migrant Clinician Network!

Access our latest resources

Get updates from the field

Attend our virtual trainings

and a lot more at

www.migrantclinician.org

@tweetMC

@migrantclinician

@migrantcliniciansnetwork
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 Organizations.
Health Outreach Partners (HOP) Training/TA

- **Services offered:** Consultation, Training, Workshops, Learning Collaboratives, Webinars
- **Resources offered:** Curriculums, Toolkits and Starter Kits, Manuals, Articles, Innovative Outreach Practices & Case Studies
- **Topics covered:**
  - Outreach & Enrollment
  - Organizational Self-Care
  - Program Planning and Evaluation
  - Structural Competency
  - The Business Value of Outreach (OBV)
  - Social Determinants of Health (Transportation Barriers)
  - Trauma-Informed Care
Health equity is at the center of your care. We are here to bring that within reach.

Keep up with the latest news from Health Outreach Partners

Sign up for HOP’s mailing list.

First

Last

Email

www.outreach-partners.org
MHP Salud Since 1983, MHP Salud, a national non-profit organization, has been dedicated to strengthening underserved communities by improving access to health care and social services. We believe that every person has the unique skills, talents, and experiences that are key to creating and implementing solutions to community needs. That is why Community Health Workers are at the center of everything we do. Developing and implementing innovative CHW programs with a firm commitment to collaboration and resource-sharing have remained key organizational strategies. We serve communities by embracing the strengths and experiences of individuals and families, engaging them to achieve health and well-being.

We offer FQHCs...

● Resources on emerging issues related to MSAWs and their families
● Technical assistance on how CHWs improve health outcomes for MSAWs
● Learning opportunities on how health centers can integrate CHWs into the clinical care team

956.968.3600
nttap@mhpsalud.org
www.mhpsalud.org
Resources and Reference Materials for Community Health Worker Programs

Register or login to access our free resource portfolio.
Subscribe!

MHP Salud has officially launched its Youtube account! Subscribe to our channel to watch videos of all the hard work you do out in the community, informative interviews, and much more!

Subscribe at www.youtube.com/@mhpsalud
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, and public education.
As an NTTAP, FJ’s T/TA to health centers focuses on:

- **Community mobilization** - promote health care utilization through community partnerships
- **Information dissemination** - create materials and resources for health center staff, CHWs/promotores de salud, and farmworkers
- **Policy** - provide T/TA on policy affecting farmworker access to health care as well as their occupational health and any emerging health needs
FJ Resources

- Issue Briefs and Fact Sheets
- Training-of-trainer curricula
- Educational materials for agricultural workers in English, Spanish, Haitian Creole, and indigenous languages

Topics include - health centers, health insurance, medical-legal partnerships, climate change, heat stress, pesticides, workers’ compensation, diabetes, skin cancer, etc.

https://www.farmworkerjustice.org/resource/
The **National Center for Farmworker Health** is a private, not-for-profit organization located in Buda, Texas, whose mission is “To improve the health of farmworker families.”
Population Specific Data, Research, & Factsheets

Patient Health Education, Resource Hubs, & Digital Stories

COVID-19 Resources & Call for Health
National Center for Farmworker Health

Workforce Development & Learning Collaboratives

Regional Stream Forums

Governance Training, Tools, & Strategic Planning
National Association of Community Health Centers, Inc. (NACHC) represents the nation’s network of approximately 1,400 Federally Qualified Health Centers (FQHCs) which serve almost 30 million people through 14,500 sites located in all of the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam.
Agricultural Worker Forums & National Conference

National Conference on Agricultural Worker Health
- National Association of Community Health Centers

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
THE NACHC MISSION

America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
BPHC-Funded NTTAPs
Special and Vulnerable Populations

National LGBT Health Education Center
www.lgbthealtheducation.org

Corporation for Supportive Housing
www.csh.org

Equitable Care for Elders
Harvard University School of Dental Medicine
ece.hsdm.harvard.edu

National Health Care for the Homeless Council
www.nhchc.org

School-Based Health Alliance
www.sbh4all.org

Association of Asian Pacific Community Health Organizations
www.aapcho.org

National Center for Health in Public Housing
www.nchph.org

National Nurse-Led Care Consortium
www.nurseledcare.org
BPHC-Funded NTTAPs
Capacity Development

Association of Clinicians of the Underserved
http://www.clinicians.org

Capital Link
www.caplink.org

Health Information Technology Training and Technical Assistance Center (HITEQ)
www.hiteqcenter.org

National Center for Medical-Legal Partnership
www.medical-legalpartnership.org

National Network for Oral Health Access
www.nnoha.org

Futures Without Violence
www.futureswithoutviolence.org

Community Health Center, Inc.
www.weitzmaninstitute.org
Health Center Resource Clearinghouse

Quick Finds:
Use these links to find resources from our database on our topic areas:

- Diabetes
- Emerging Issues
- Outreach
- Special & Vulnerable Populations
- Quality Improvement
- Capital Development
- HIT/Data
- Governance
- Social Determinants of Health
- Finance
- Clinical Issues
- Leadership
- Practice Transformation
- Workforce
- Emergency Preparedness

www.healthcenterinfo.org
2023 FHN Key Resources Document

SCAN ME
CONTACT

Aba Anison-Amoo, aba@outreach-partners.org

Theressa Lyons-Clampitt, tlyons@migrantclinician.org

Alexis Guild, aguild@farmworkerjustice.org
Please complete the evaluation for this session. To do so, click on the link above session description on the Whova platform. In the mobile app, select session and expand description to access the evaluation link.
Session Evaluation (QR Code)

https://www.surveymonkey.com/r/8297H96
Thank you for attending today’s session!

Enjoy the rest of the Forum

Uniting Communities to Cultivate Change for Health Equity

#MIDWESTSF24