

Reducing Risk of COVID-19 Infection for Migrant Farmworkers by Implementing Work Cohorts

[Innovative Cohort Process to Minimize COVID-19 Infection for Migrant Farmworkers During Travel to Iowa](#)

[A Mobile Primary Care Clinic Mitigates an Early COVID-19 Outbreak Among Migrant Farmworkers in Iowa](#)

Community-Based Promising Practice

During the early days of the COVID-19 pandemic, migrant and seasonal farmworkers (MSFWs) experienced fewer protections due to their migratory patterns and work conditions. As the 2020 season started, MSFWs were traveling from Texas or Mexico to Iowa, and in July 2020, a family farm in Iowa experienced an outbreak of COVID-19 cases among its migrant and H-2A guest workers. As workers returned for harvest later that year, Proteus, a federally qualified health center (FQHC), implemented a cohort process to minimize risk of COVID-19 infection during travel to Iowa in August and September of 2020.

Partners:

Organization name: [Proteus Inc.](#) (FQHC and 501(c)(3)), funded by [HRSA](#)

- **Services they provide:**
 - As an FQHC, Proteus has provided healthcare services in Iowa since 1991. They utilize mobile field clinics and bilingual staff to provide primary care services to around 1,500 migrant and seasonal farmworkers annually.
 - As a 501(c)(3), they also provide farmworkers and their families with health and safety training, education assistance, job training, and food and financial support
- **Locations:** Operates in a tri-state region (Iowa, Nebraska, and Indiana)
- **Local farm owner in Iowa with 590 employees**
- **Additional Partners:** Iowa Department of Health, Iowa Workforce Development, State Hygienic Lab, Homeland Security, and Iowa Governor's Office

Key Strategies:

Cohorting Process

As a trusted health care provider for MSAWs, Proteus leaned on its established connections with agricultural employers in Iowa to innovate a cohorting process using Coronavirus Aid, Relief, Economic Security (CARES) funding to implement the practice. They worked with a family-owned farm to reduce the infections among workers who returned for harvest.

Before departure from Monterrey, Nuevo Leon, Mexico, the employer provided H-2A guest workers with assigned seats, masks to wear, and handwashing protocols during the three day trip to Iowa. At the small farm, the workers were tested within 24 hours of arrival and placed in housing based on their seating arrangements – workers who shared transportation to the U.S. together also shared housing upon arrival. Testing was done to identify infected workers in need of quarantine support, following Centers for Disease Control and Prevention guidelines.

Widespread Testing of Workers Upon Arrival to Iowa

To facilitate the widespread testing of workers, Proteus and the Iowa State Hygienic Laboratory conducted expedited polymerase chain reaction (PCR) testing. If the worker tested negative, they were released to work and shared housing. If the results were positive, the worker was moved to isolation housing and received follow-up care with provider. If someone received a negative test but was in close contact with a positive case, they received clinical care before release to work and returning to shared housing.

Increased Communication among FQHCs and local Public Health Departments

Proteus developed close ties with the Iowa Department of Health, Iowa Workforce Development, State Hygienic Lab, Homeland Security, and the Iowa Governor's office, to test as many farmworkers as possible. A positive outcome of the pandemic was an increase in communications among FQHCs and local and state health departments.



Pivoting to Telemedicine Services

As the pandemic began, Proteus's medical providers pivoted delivery service model and adopted telemedicine. They used evening telephonic visits, followed by in-person the next day (as needed), to social distance and protect farmworkers and medical staff. Positive cases received follow-up care and medication from Proteus providers and received subsequent testing until being released to the field and shared housing.

Key Challenges and How They Were Addressed:

Providing support for farmworkers in isolation or quarantine who were positive with COVID-19 required many resources and coordination from the employer and from Proteus. Workers received clinical follow up and support including, food, water, and personal protective equipment. Funding from the CARES Act allowed Proteus staff to provide this level of support during the pandemic. The model worked well for infection reduction on this farm, but the process might not be replicable for larger operating farms or other MSAW groups.

Resources Needed and Expenses:

- Bilingual Proteus staff and a mobile primary care clinic, funded through the Health Resources and Services Administration
- Financial resources from the CARES Act positioned Proteus to provide:
 - financial support for hotels and workers, clinical and staff support
- Employer provided food, water, and worker transportation to and from the hotel.



Results:

In July of 2020, before the cohorting process, Proteus tested 251 workers at the farm and 32 individuals tested positive (12.7% positivity rate). Four workers had to be transferred to the hospital. After implementing the practice, the positivity rate was 3.5%, with six positive cases among 170 tested workers, and no workers had to be transferred to the hospital. The collaborative efforts by Proteus, employers, the health department, and workers succeeded in decreasing COVID-19 infections.

Find Out More:

For more information or questions, please visit <https://www.proteusinc.net/>



Pro Tip:

Collaborative efforts between farm employers, health care providers and farmworkers can help lower infection risk. Increased state and federal support for farmworker health can proactively prevent the spread of communicable diseases. With this infrastructure, employers, workers, and health care providers can mitigate the spread and impact of infectious diseases among vulnerable populations.

This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,000,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.