



National Center for Farmworker Health, Inc.

1770 967 FM | Buda, TX
www.ncfh.org

Orientation to Agricultural Worker Health Webinar

Presented by:
National Center for Farmworker Health

October 23rd, 2024



Introductions



Kadie Koeneman, MPH
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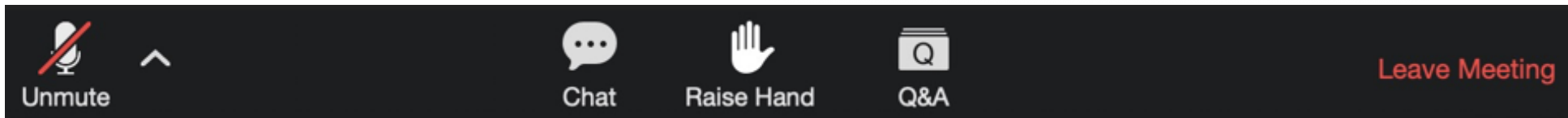
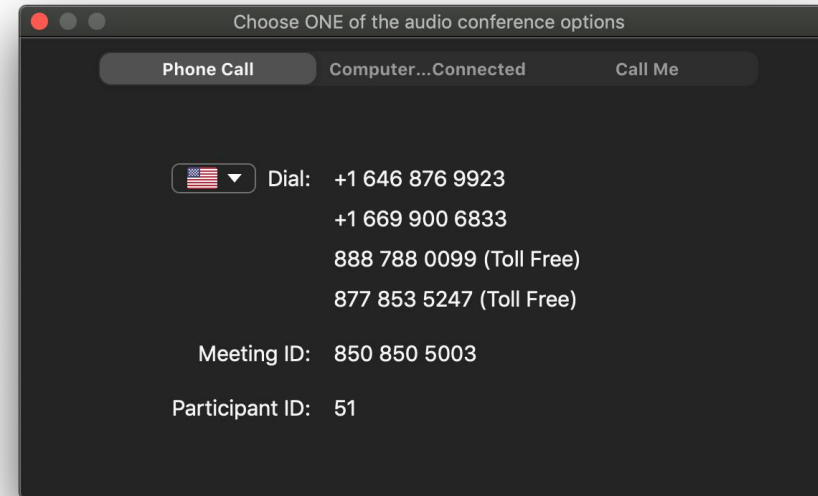




Important Reminders

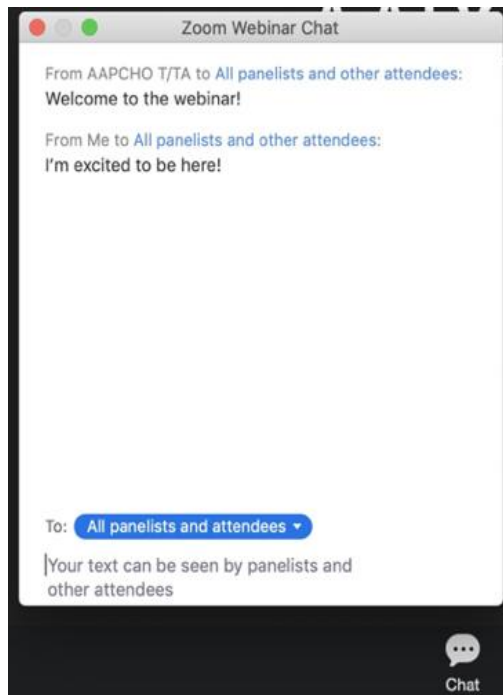
- Webinar will last approximately 1 hour
- For technical issues, please send a chat to Chelsea, Organizer
- This session will be recorded.
- The recording and electronic copy will be available within 1 week of the live event.
- You will receive an email very soon after this session/webinar asking for your evaluation of this training session. Your feedback is greatly appreciated.

Zoom Housekeeping



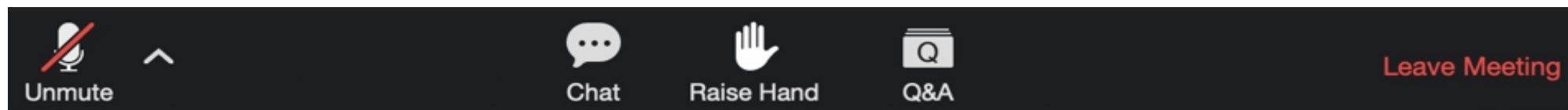


Zoom Housekeeping



At any time during the webinar, you can ask questions. Please use the chat feature to send your questions to the presenter. At the end of the webinar, we will answer all questions.

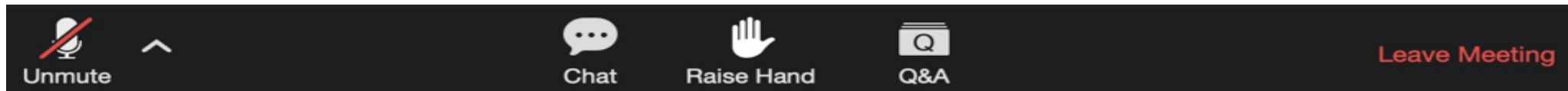
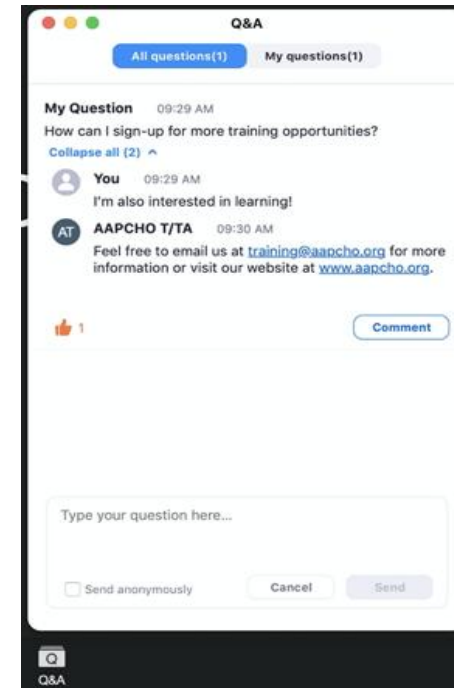
Any questions that cannot be addressed during the webinar will be responded to the participants directly via email.



Zoom Housekeeping

You can also ask questions using the **Q&A** feature and opt to submit them anonymous if you prefer. The Organizer and Speaker will be moderating and answering these questions throughout the presentation.

Any questions that cannot be addressed during the webinar will be responded to the participants directly via email.





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Today's Speaker



Kadie Koeneman, MPH
Workforce Development Coordinator
koeneman@ncfh.org





Learning Objectives

- Understand how a Migrant Health Program functions, is funded, and the services provided to the Ag worker population.
- Associate the relationship between the demographics and culture of the Agricultural worker population and impact on healthcare access.
- Learn about NCFH Agricultural worker-specific tools and resources.



National Center for Farmworker Health

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 resources and technical assistance
- Workforce development and training
- Health education resources and program development
- Board Governance training
- Program Management

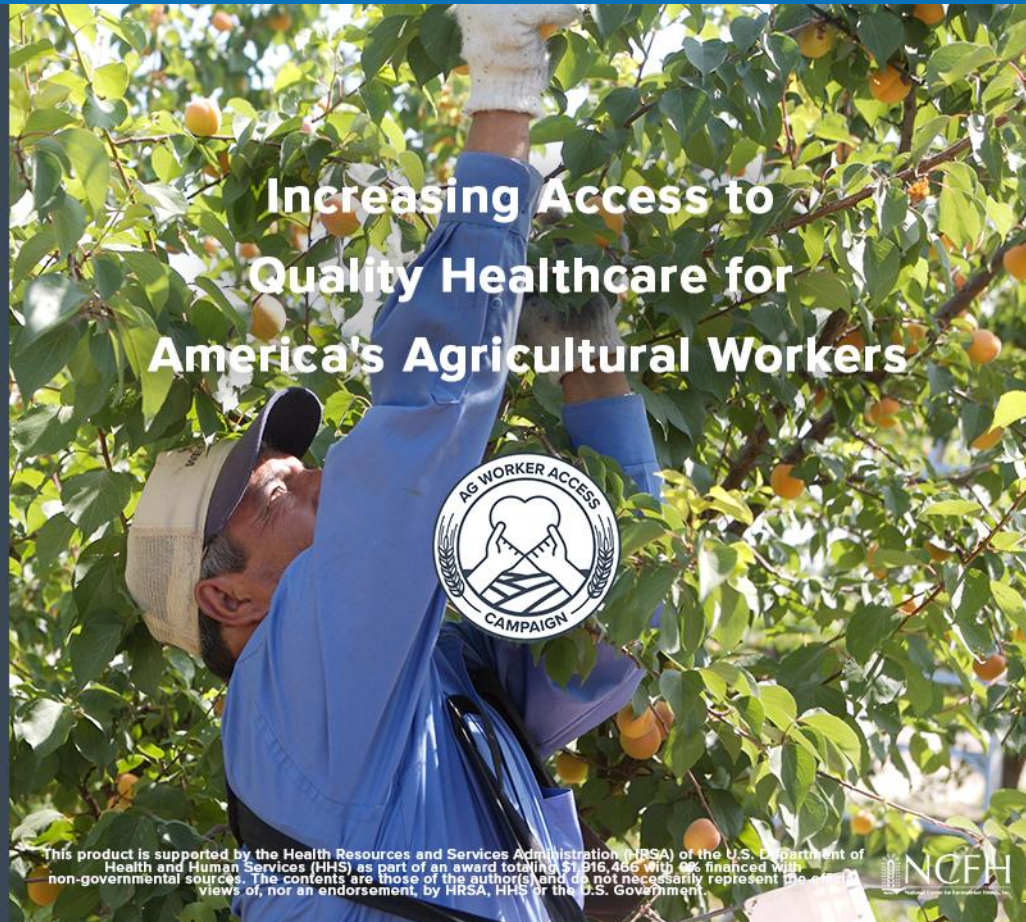


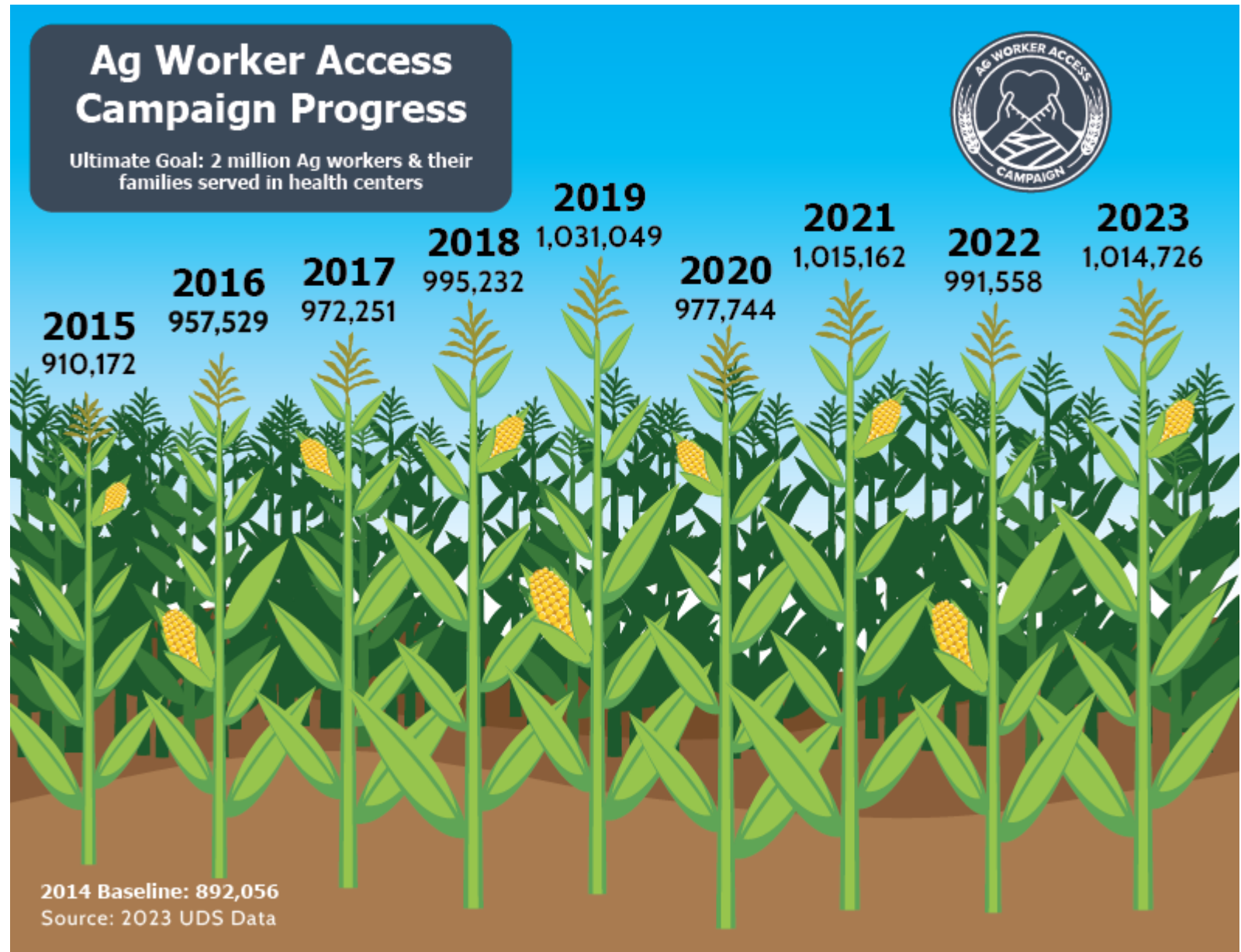
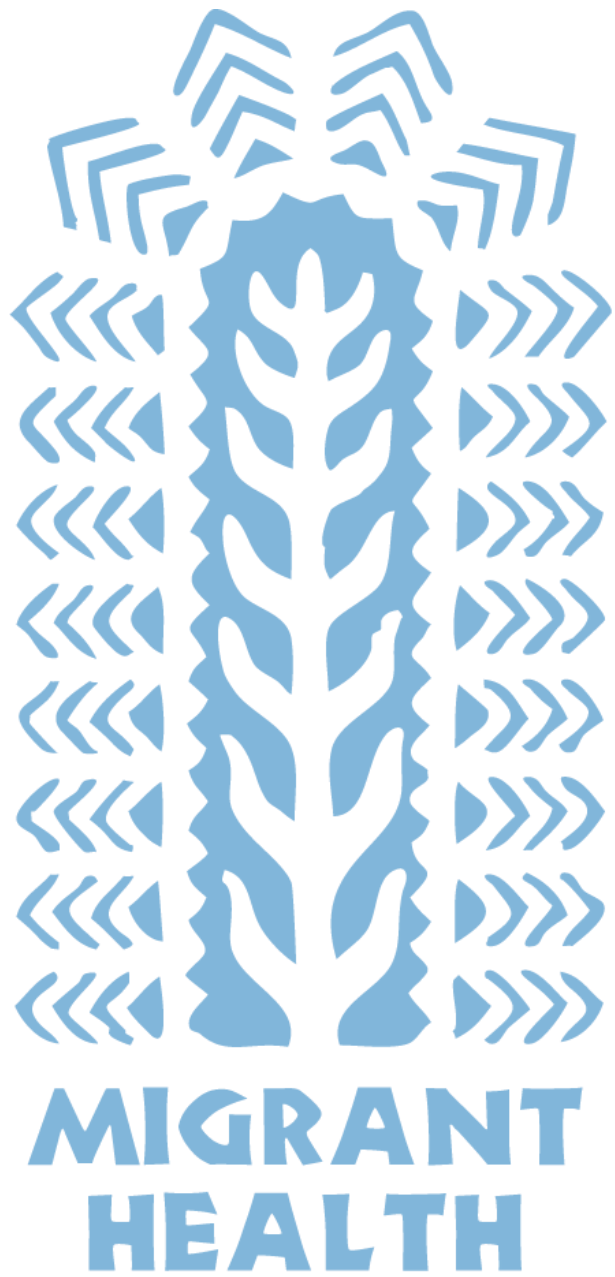


Ag Worker Access Campaign

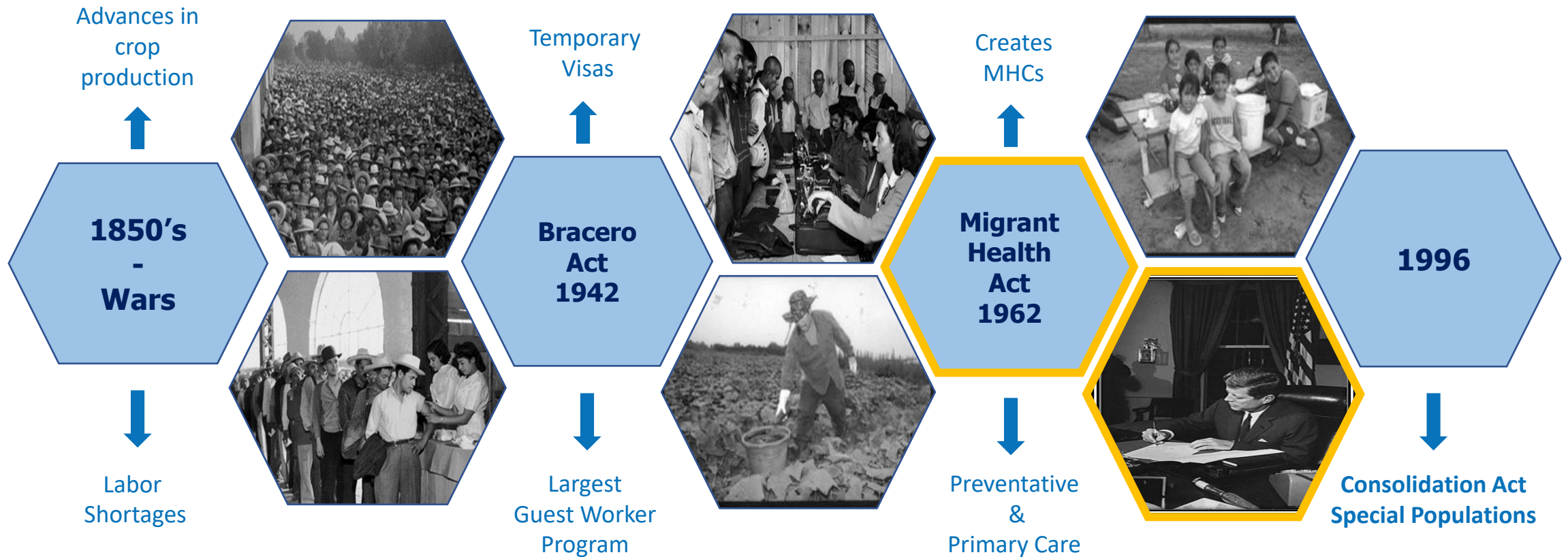
A national initiative to increase the number of Migratory & Seasonal Agricultural Workers & their families served in Health Centers.

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



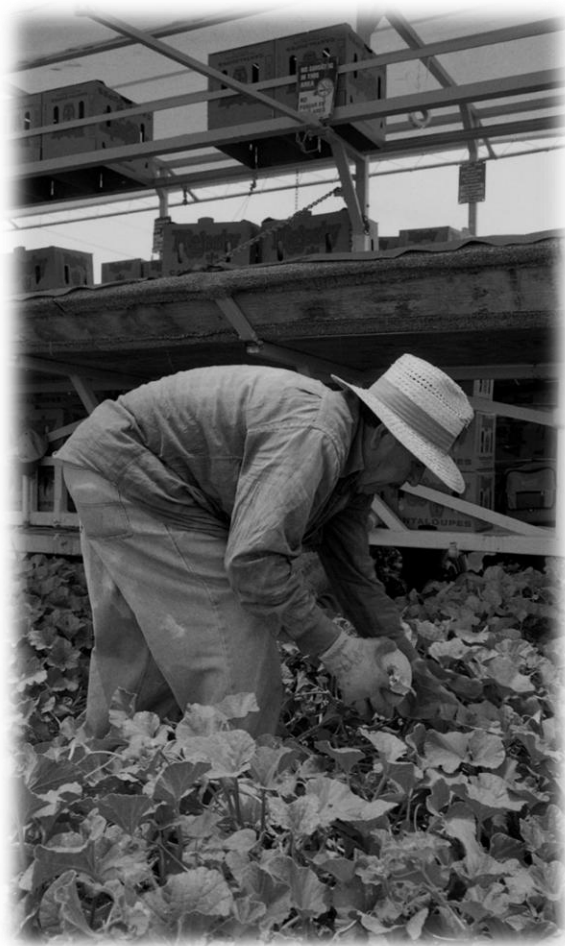


History & Key Legislation





Definition of Agriculture



The term "agriculture" means **farming in all its branches, including:**

(i) cultivation and tillage of the soil.

(ii) Production, cultivation, growing, and harvesting of **any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land.**

(iii) Any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) **performed by a farmer or on a farm incident to or in conjunction with an activity described in clause.**

HRSA, Health Center Program, Authorizing Statute. 42 USC Chapter 6A, Subchapter II, Part D, subpart i: health centers

Classification of Agricultural Workers



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Migratory	Seasonal	Aged/Disabled
Principal employment is agriculture	Principal employment is agriculture on a seasonal basis	Former migratory agricultural workers unable to work in agriculture due to age or disability.
Employed within the last twenty-four months	Employed within the last twenty-four months	
Establish a temporary home for the purposes of working in agriculture	Is not a migratory worker Has not established a temporary home in order to work in agriculture	
NOTE: Workers and their family members receive the same classification		



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Ag Worker Demographics

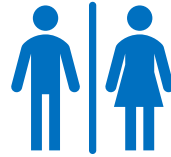


General Demographics



Age

- Average age 41 years.³
- 67% between ages 25 and 54 years.³



Gender

- 66% male³
- 34% female³



Ethnicity & Race

- 77% identified as Hispanic.³



Dependents

- 57% of workers are married.³
- 50% are parents.³

General Demographics



Income

- 20% of Ag workers receive an annual income below the poverty level.³



Education

- The average educational attainment is 9th grade.³



Language

- Spanish and English are their primary languages.³
- 62% preferred Spanish as their speaking language.³



Health Care Utilization

- 71% of Ag workers used health care services in the US in 2019-2020.
- 26% paid for services out-of-pocket in 2019-2020

Employment and Housing



Working Hours

- 42% work more than 8 hours a day.³



Migration Patterns

- 13% of Ag workers are migratory.³
- 85% of Ag workers are seasonal.³



Work Type

- 28% work with fruits and nuts.³
- 20% work in vegetables.³
- 24% work in horticulture.³

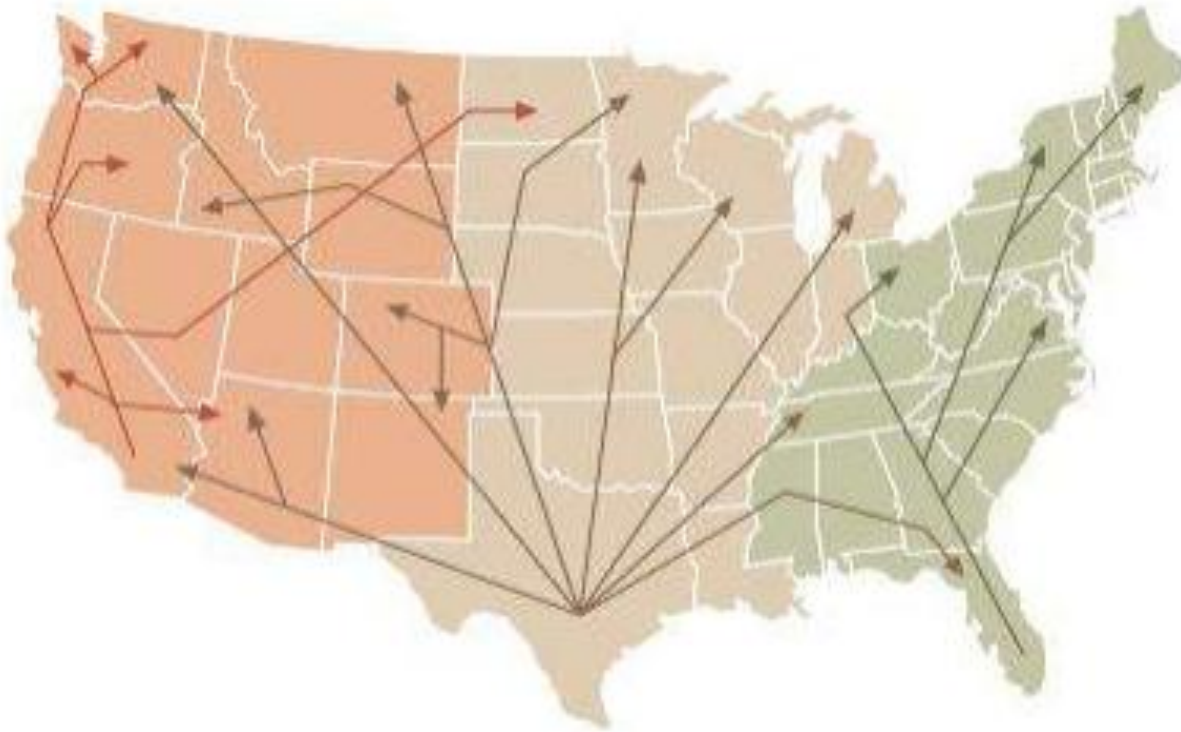


Housing

- 30% live in a “crowded” dwelling, where more than one worker share the same room.³
- 14% lived in employer provided housing.³



Migration Trends



There are 3 traditional main streams of migration as seen on this map. They are **Western, Midwestern, and Eastern**. California, Texas, and Florida are common starting spots of migration within their designated stream, sometimes moving across the United States.

Working Conditions

- Fluctuation in employment
- Atypical “work hours”
- Farm and non-farm work
- Income variation (can be by the piece, hour, or salary)
- Majority do not receive benefits





Housing Conditions

- Employer Provided (ex: labor camps)
- Rental Properties
- Some private housing (ex: mobile trailers)
- Public shelters
- Self-made shelters (ex: tents)
- Other: cars, ditches, open fields



Illnesses Related to Housing

- Gastro-intestinal diseases and parasites
- Lead poisoning
- Skin conditions, such as rash & pruritus⁴
- Respiratory conditions due to mold & allergens⁹
- Increased risk for infectious diseases in shared housing, especially COVID-19, influenza, TB, tularemia¹⁴





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Occupational Risks



Occupational Risks

- Agriculture is consistently ranked as one of the three most dangerous occupations in the nation.¹⁷
- In 2020, 368 Agricultural Workers died of work-related injuries.²





Occupational Risks

- Risks related to repetitive motions & heavy lifting¹¹
- Risks related to organization of work⁶
- Risks related to farm machinery/tools¹¹
- Lack of safety precautions implemented in the workplace⁶
- Risks for heat illness¹⁸



Environmental Risks



Weather
Plants
Animals⁶

Chemicals/
Pesticides⁶



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Sanitation/
Hygiene⁶



Occupational Health & Safety Regulations

Three main regulations:

1. Migrant and Seasonal Agriculture Worker Protection Act (1983)
2. Field Sanitation Standard (1987)
3. Worker Protection Standard (1992)





Occupational Health & Safety Exclusions

Ag workers are excluded from:

- The right to bargain collectively under the National Labor Relations Act
- The right to overtime pay under the Fair Labor Standards Act
- Occupational Safety and Health Administration standards (covered by 7)





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Medical Conditions & Barriers to Care



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Chronic Conditions

- Allergies¹
- Asthma¹
- Hypertension¹
- Diabetes¹
- Obesity¹
- Cardiovascular disease¹
- Cancer¹
- HIV/AIDS¹
- Tuberculosis¹



Oral Health



Poor oral health reduces quality of life and is related to chronic conditions such as stroke, heart and lung disease, and diabetes.¹⁴

Mental Health Conditions

Conditions sometimes associated with high levels of stress:^{13,9,16}

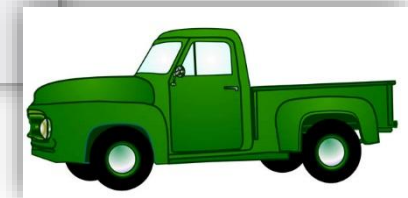
- Anxiety
- Depression
- Substance abuse
- Domestic violence
- PTSD



Barriers to Care

Individual level:¹⁵

- Migratory life
- Limited income
- Literacy level
- Unfamiliar with health benefits or community resources
- Lack of transportation
- Lack of access to technology
- Limited digital literacy





Barriers to Care

Systems level:

- Labor policies that include lack of paid sick time/time off¹⁵
- Community and workplace barriers¹⁰
- Limited health care sites¹⁰
- Immigration systems & threat of deportation⁵
- Exclusion from public and private health insurance¹²
- Lack of awareness about challenges faced by agricultural workers among public health officials & health care providers



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Migrant Health Service Delivery





Required Services for 330(g) Programs

Migrant Health Centers (MHCs) must provide the services required by the Migrant Health Program.

Those services include:

- Primary care services
- Preventative services
- Emergency services
- Pharmacy services
- Ancillary services



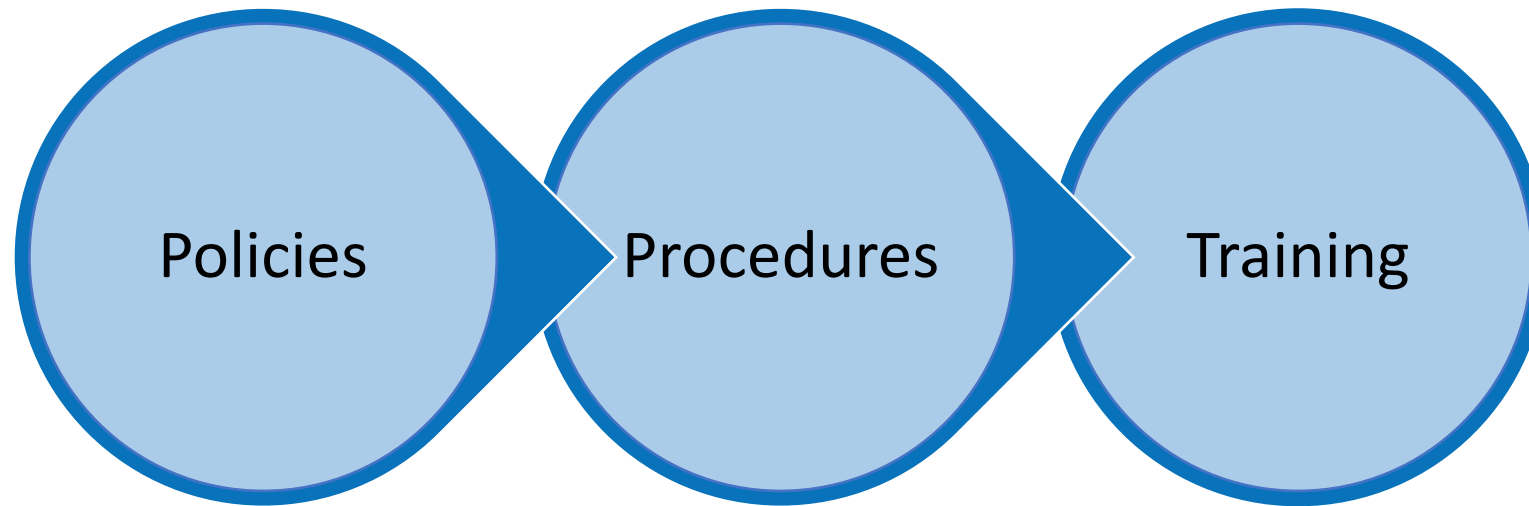
Outreach & Enabling Services





Addressing Service Delivery Challenges

Organizational Systems





What about...

Continuity of Care



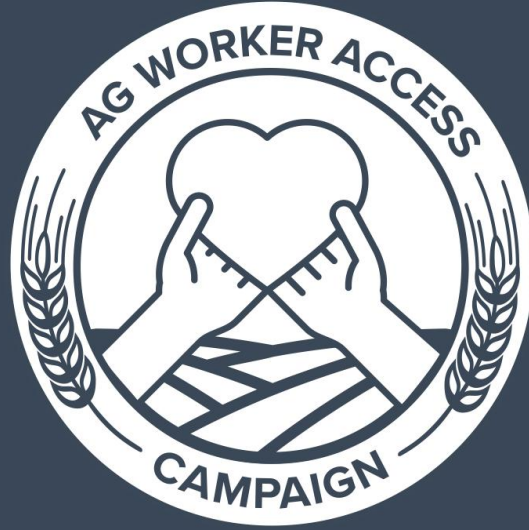


What is the IAC Network?

A national network of Health Centers, HC Networks, PCA's, and C/MHCs across the country working together toward the mutual goal of increasing access to care for Ag workers and their families.

What are they doing?

- IAC Learning collaborative
- Ag Worker Identification & Registration Quarterly Huddles
- Participating in virtual learning sessions
- Migrant Health Action Planning
- Sharing UDS information 2x/year to track outcomes
- Sharing knowledge, tools and resources



Join the
**Ag Worker
Access
Campaign!**



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



Thank you!



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Webinar Evaluation



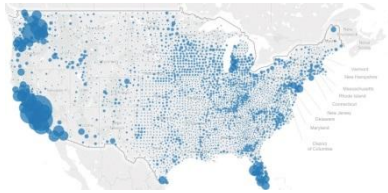


Q&A Discussion



National Center for Farmworker Health

Population Specific



[Population Estimation](#)



[Fact Sheets & Research](#)



[Health Center Learning Collaboratives](#)

Health Education/Patient Education Resources



[Resource Hubs](#)
[Diabetes](#)
[Mental Health](#)
[SDOH](#)



[Digital Stories](#)



[Patient Education Materials](#)

Governance/ Workforce Training



[Health Center ToolBox](#)



[Archived Webinars](#)



Governance Tools

[Board Tools, Resources & Templates](#)



NCFH Additional Resources



COVID-19 [Resources for Agricultural Workers](#) and [Resources for Health Centers and Farmworker-Serving Organizations](#)



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1 (737) 414-5121
WhatsApp**



**[Agricultural Worker Health Symposia](#)
Twice Annual -
Spring and Fall
Hosted by NCFH*



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.





NCFH Newsletter

[Sign up for NCFH News](#)





Connect with NCFH!

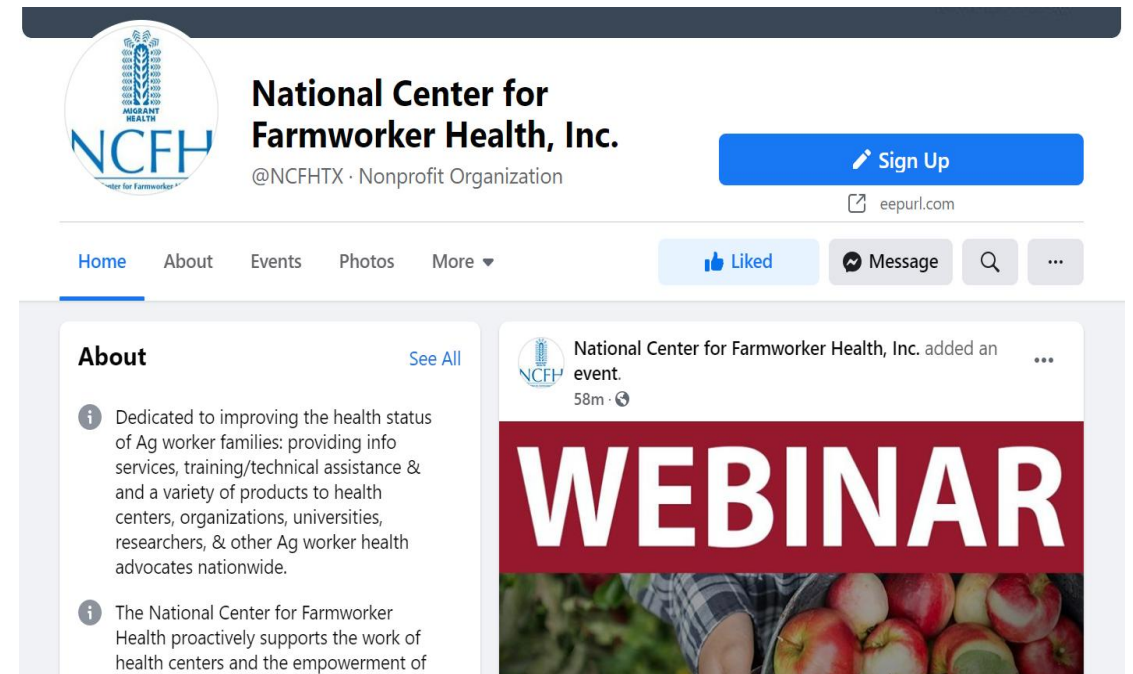
Facebook and Twitter: @NCFHTX



Instagram: @farmworkerhealth



YouTube: National Center for
Farmworker Health



Join the Increase Access to Care (IAC) program's quarterly virtual huddles where knowledge meets practical application in an engaging and interactive environment!



Grow MSAW Identification Skills & Speed



Reinforce with Real Cases



Peer-to-Peer Knowledge Exchange



Customized Learning

Dates:

September 19th, 2024 7am PT | 9am CT | 10am ET
TBD at Fall 2024 Symposium

February 13th, 2025 7am PT | 9am CT | 10am ET
TBD at Spring 2025 Symposium

Where: Virtual

More info:
training@ncfh.org

RSVP: bit.ly/3MnK5ZX



2024-25 Agricultural Worker Identification and Registration Huddle Sign Up





National Center for Farmworker Health

AGRICULTURAL WORKER HEALTH SYMPOSIA

In-Depth Learning | Community & Connectedness | Leadership Development

Fall 2024 Agricultural Worker Health Symposium:
Emerging Issues in Preventive, Occupational, and Environmental Health

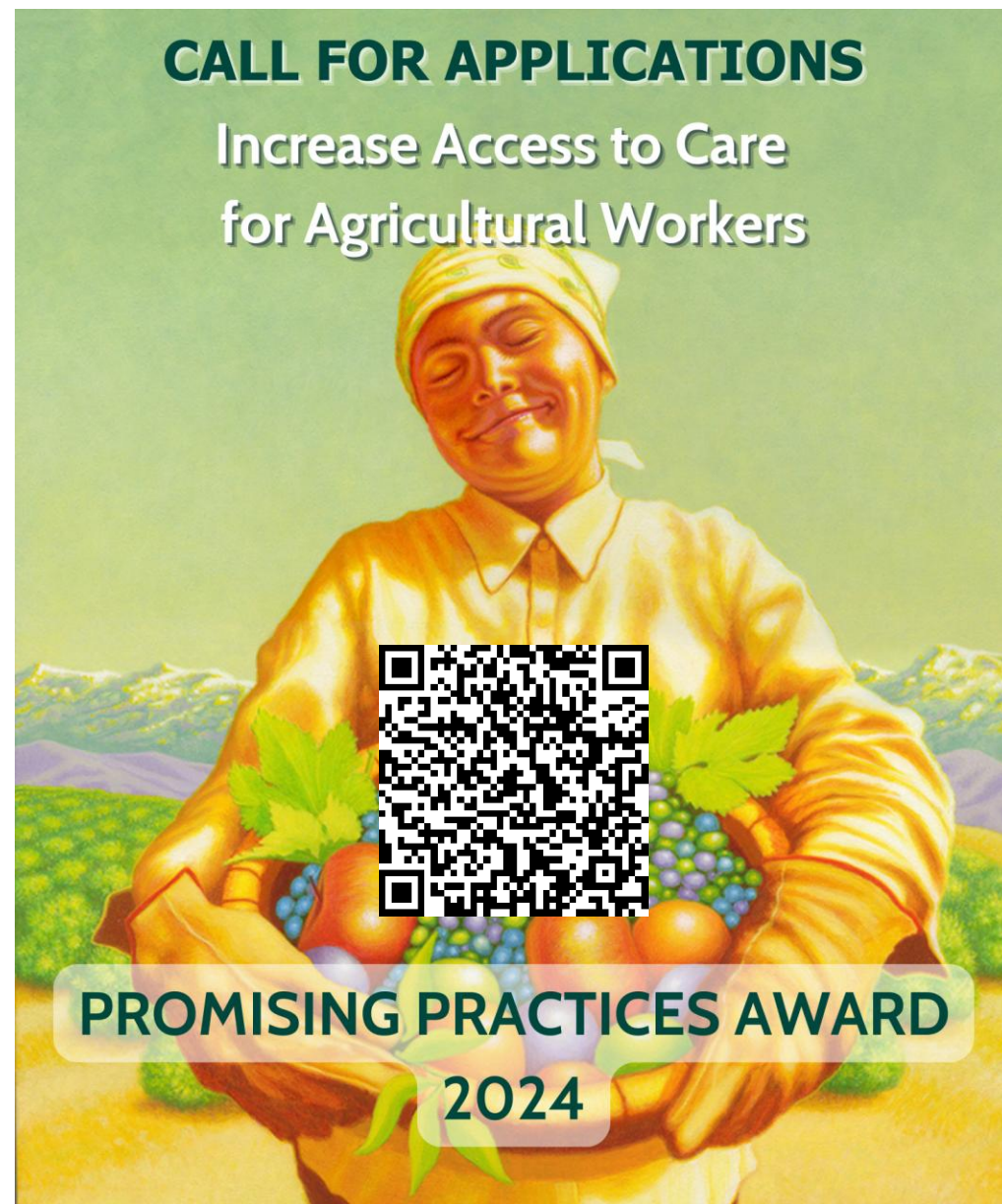
December 3-5, 2024

Tampa, FL

Learn more <https://www.ncfh.org/symposia.html>



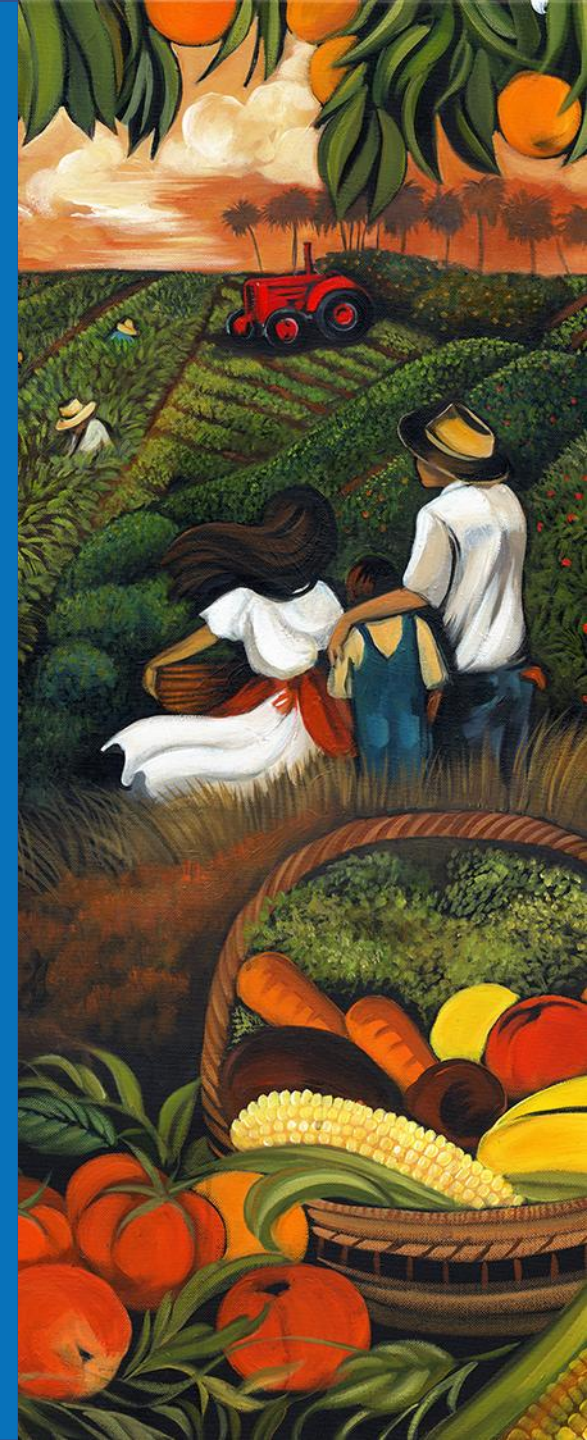
- Submit an self-nomination highlighting a promising practice your health center has implemented that relates to the Fall 2024 Symposium's theme of "Emerging Issues in Preventative, Occupational, and Environmental Health"
- 1 health center will be selected to receive the award and a \$1500 stipend.
- Application deadline is October 29th, 2024.



Thank you!

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,916,466 with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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