

Farmworker COVID-19 Community Assessments

Colquitt County, GA

MARCH - MAY 2022



NCFH

National Center for Farmworker Health, Inc.

TABLE OF CONTENTS

pg.3

INTRODUCTION

pg.6

KEY FINDINGS

pg.4

BACKGROUND ON
COLQUITT COUNTY

pg.18

CONCLUSION

pg.5

METHODOLOGY

ACKNOWLEDGEMENTS

We are deeply grateful to Southern Poverty Law Center, United Farm Workers, and Latino Community Fund for their assistance in providing highly insightful knowledge about the local farmworker populations in their service area. And additionally to Latino Community Fund for sharing their beautiful photos and for assisting in data collection for this assessment. We are especially grateful to the interview participants who gave us their time to help us understand local challenges and strengths, and to the farmworkers who provided their time, knowledge, and insight to this assessment.



1. INTRODUCTION

This report provides a profile of farmworkers and their experiences during the COVID-19 pandemic in Colquitt County, Georgia that was conducted as part of the Farmworker COVID-19 Community Assessments (FCCA) by the National Center for Farmworker Health (NCFH). These assessments are part of a national outreach and vaccination project funded by the Centers for Disease Control and Prevention (CDC). Farmworkers are a particularly vulnerable population during a public health emergency due to their travel, working, and living conditions. The purpose of the FCCA was to develop and implement data collection methodologies that could quickly be activated during a public health emergency, such as the COVID-19 pandemic. The rapid assessment provides CDC and others with actionable findings about farmworkers' experiences and recommendations on how to best meet their needs arising from the COVID-19 pandemic.

This report is one in a series of community assessments conducted with farmworkers in diverse rural communities in different parts of the U.S. Colquitt County was selected as part of the national assessment project due to the high number of farmworkers in the region and because of the steep increase of H-2A guest workers over the past decade. H-2A guest workers are foreign nationals who receive a temporary visa to work in agriculture in the U.S., and do not bring their spouse or children with them to the U.S. (1) Additionally, operations based in Southern Georgia, including some based in Moultrie in Colquitt County, have been indicated in various labor trafficking cases involving farmworkers in the past few years. Farmworkers who experience labor trafficking or other labor rights abuses may also experience health and safety violations and have major barriers in accessing healthcare services.



2. BACKGROUND ON COLQUITT COUNTY

Colquitt County has a population of over 45,000 people and is the center of a thriving agricultural community.⁽²⁾ The county is ranked 1st in the state for total sales from crops, and 3rd in the state for total overall market value of agricultural products sold. With over 498 farms and almost 190,000 acres in farm land, agriculture is a leading industry. Peanuts, vegetables, and sweet potatoes cover the most acreage in the area and chicken production leads livestock sales. ⁽³⁾ Other key crops according to key stakeholders include blueberries, peppers, and onions.

Figure 2.1. Colquitt County in Southern Georgia

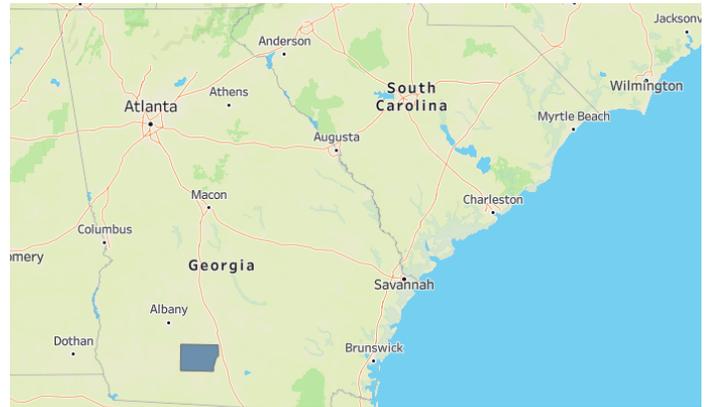


Table 2.1. Key agricultural data for Colquitt County

County Population	Number of Farms	Acres of Farm Land	Average Farm Size	Top Crops (sales)	% of Farms that Hire Labor
45,812	498 farms	189,959 acres	373 acres	Vegetables, Melons, Potatoes and Sweet Potatoes	38%

Sources: U.S. Census of Agriculture 2017, U.S. Census Bureau.

NCFH estimates that there are approximately 3,500 farmworkers in Colquitt County. This figure underestimates the number of farmworkers in the area due to the seasonality of the workforce and the recent increase of H-2A guest workers. The H-2A visa program has increasingly become more popular in southern Georgia, including Colquitt County. In 2021, the temporary visa program employed 3,463 workers in the county’s agricultural industry, a 58% increase since 2017.⁽⁴⁾ Based on data from 2021, the majority of H-2A guest workers arrive to Colquitt County in March and April, and there were more than 3,000 guest workers employed in the county by June.⁽⁵⁾

Figure 2.2 H-2A Guest workers present by month in Colquitt County, 2021



Image: NCFH Farm Labor Data Dashboard

3. METHODOLOGY

The FCCA’s methodology included both a quantitative and a qualitative component and was based on the CDC’s rapid community assessment methodology. (6) To determine community sites and best practices for recruitment, NCFH relied on information shared from key stakeholders: Latino Community Fund, United Farm Workers, and Southern Poverty Law Center. NCFH contracted with local Latino Community Fund health navigators to collect farmworker surveys with NCFH staff. This assessment received a non-research exemption by the CDC; therefore, IRB approval was not needed. This report summarizes quantitative data from survey respondents and qualitative data from interview respondents and community stakeholder meetings.

Quantitative survey respondents were eligible to participate if they were a farmworker, defined as individuals who had been employed in an industry under NAICS codes 111, 112, 1151, or 1152, which includes both crop and animal production and support activities for those industries. They were eligible to participate if they had worked in agriculture one day or more since March 15, 2020. The quantitative data was collected using an in-person survey. The survey examined farmworkers’ knowledge, attitudes and practices related to COVID-19 with a focus on vaccination coverage, as well as structural factors that CDC and other federal, state, and local agencies and organizations could address, such as barriers to healthcare access, testing and vaccination.

Respondents were recruited by NCFH staff at a variety of locations, including randomly selected job and housing sites, and non-randomly selected check cashing houses, grocery stores, laundromats, restaurants, and labor bus stops . Before participating in the survey, all respondents were provided with a verbal informed consent that emphasized that all data collected would be anonymous, no individual data would be shared publicly, and that they could stop participating in the survey at any time and that they did not have to answer all the questions if they did not want to. The survey took between 15 and 30 minutes to complete, and survey respondents received a \$30 gift card for their participation. The surveys were conducted as an in-person interview in English or Spanish, with ad-hoc interpretation for Mesoamerican language speakers when needed. Descriptive statistics for the survey data are provided in the key findings section below. All survey data are unweighted.

Qualitative interviews were conducted with three different groups: 1) farmworkers, 2) agricultural employers, and 3) key informants/farmworker experts including farmworker organization representatives and farmworker advocates. Each interview lasted approximately 30-60 minutes, and participants were paid \$100 each for their participation by check, gift card, or money order. Interviews were conducted in-person or over the phone in English or Spanish. Farmworkers were recruited from survey participants or word of mouth from local outreach workers. Agricultural employers were recruited during surveys or through referral. Key informants were recruited from stakeholders in the region and/or from referral of other key informants.

*“Porque la gente necesitaba trabajar.
¿Quien va [la] pagar renta? ¿Virus?”*

*Because people need to work.
Who’s going to pay rent? The virus? ”
- Farmworker*

4. KEY FINDINGS

A total of 273 surveys were completed in-person in Colquitt County, GA by NCFH staff with help from local navigators from the Latino Community Fund. Data collection took place over two weekends, March 23 – March 27, 2022 and April 29 – May 1, 2022. Nine interviews total were conducted; three in-depth interviews were conducted with farmworkers and three interviews with agricultural employers; and three key informant interviews were conducted with local farmworker experts or representatives of local farmworker-serving organizations. All interviews and majority of surveys were conducted in English or Spanish. Ad-hoc interpretation was used for one participant that spoke a Mesoamerican Indigenous language.

DEMOGRAPHICS

Majority of respondents surveyed were male (85%), with a median age of 31 years, and were born in Mexico (93%). Over half of respondents held H-2A visas (59%) and one-fourth of respondents were undocumented (27%). Eighty-four percent reported knowing English “a little” (26%) or not at all (58%). Approximately two-thirds of respondents (65%) reported traveling in the last 12 months for work in agriculture.

Demographics of farmworkers in the area have been changing according to interview participants. Participants spoke of significant increases in labor contractors and H-2A guest workers, citing factors such as need for faster production times and changes in policies that impact the ability to hire “walk-up hires” and/or undocumented workers. A key informant explained that they “noticed that the [migrant] families just stopped moving”, likely because they were scared when Georgia passed an E-Verify law in 2003-2004* requiring businesses to use E-Verify. The key informant later explained, E-Verify “just caused the panic within the farmworker community here in Georgia, and they just decided to leave the state”. One employer mentioned needing identification (such as a driver’s license) to hire workers, saying “[workers] Used to... all have drivers licenses, but they don't have them anymore...and there's been changes in the immigration laws of the whatever, but they don't have those legal status anymore and we can't work [with] them. But for some reason, our understanding is the crew leaders can, so the crew leader can take them and add to their hourly wage and charge us for it.” It’s possible that these changes have led employers to seek out more contracts with H-2A workers, limiting opportunities for domestic workers.



Photo credit: Latino Community Fund

*Georgia's E-Verify law (Georgia Security and Immigration Compliance Act or GSICA was enacted in 2009), requiring businesses that employ more than 10 full time employees to enroll in E-verify. (7)

MESOAMERICAN INDIGENOUS WORKERS

While there is no official definition for who are considered Indigenous populations, it is recognized that Indigenous populations continue to practice social and cultural traditions that pre-date colonial societies.(8) Latin America's Indigenous populations are diverse in their culture, language, food, and religious & spiritual practices. Historically and currently, Indigenous populations have experienced higher levels of discrimination and violence, facing attacks on their cultural practices including language, lifestyle and food. (9) This is evident by the ongoing violence experienced by these populations since the beginning of colonization and the continued marginalization of Indigenous peoples in social and governmental systems.(10,11) Starting in the 1960s, the first documented en masse migration of Mesoamerican Indigenous populations to the U.S. happened through the Bracero program. Currently the number of Mesoamerican Indigenous populations in the U.S. keeps growing due to social and economic push-pull factors and due to displacement from violence and environmental reasons, such as climate change. (10,12)

The racial and ethnicity categories traditionally used for U.S. census purposes may not fully encapsulate Indigenous identity of Mesoamerican Indigenous individuals or be recognized by this population. Due to discrimination, they may not want to be identified as being racially Indigenous. In this survey following the National Agricultural Workers Survey (NAWS) convention, NCFH created a composite metric to identify Indigenous respondents, utilizing a combination of responses from language spoken as a child and currently as an adult, or racially identifying as Indigenous. (13)

In this sample, 93 respondents were identified under the Indigenous metric, comprising 34% of all respondents. This is about five times higher than that of the national percentage (6%) of farmworkers that identify as Indigenous based on the NAWS.(13) There were 12 Indigenous languages captured in this sample: Chinanteco, Chuj, K'iche', Mam, Mayan/Yucateco, Nahuatl, Otomí, Purépecha, Tlapaneco, Tzeltal, Tzotzil, and Zapoteco. The top languages spoken by respondents were Zapoteco and Nahuatl. Nahuatl has more than 30 variants that vary by state and geographic region and is the most widely spoken Indigenous language in Mexico.(14) The Mexican states with the largest Nahuatl speaking populations are Durango, Guerrero, Hidalgo, Jalisco, Mexico, Morelos, Oaxaca, Puebla, Tabasco, and Veracruz. Zapoteco is a language family with 62 variants. Zapoteco is primarily spoken in the states of Oaxaca and Veracruz.(15)

One out of three respondents spoke a Mesoamerican Indigenous language or self-identified as Indigenous.

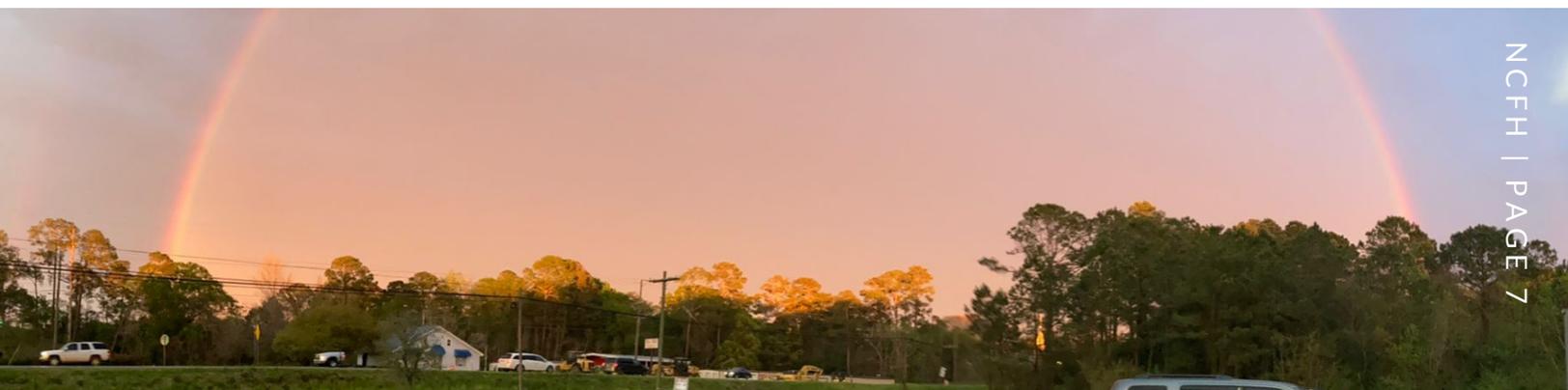


Table 4.1: Demographics

Demographic Characteristic	Frequency	Percentage of Participants
Sex		
Male	232	85%
Female	40	15%
Age groups		
18-25 years	72	26%
26-54 years	171	63%
55 years or more	13	5%
Unknown	17	6%
Marital Status		
Single	89	33%
Married	116	42%
Other (i.e. domestic partnership, widowed, divorced)	68	25%
Country of Birth		
U.S. or Puerto Rico	9	3%
Mexico	253	93%
Central America	8	3%
Other/did not report	3	1%
Race¹		
Black/African American	1	<1%
Indigenous	34	12%
White	5	2%
Did not report	46	17%
Other/multiple races	187	68%
<i>Hispanic/Latinx</i>	108	58 %
<i>Mestizo</i>	26	14%
<i>Moreno/a</i>	21	11%
Ethnicity		
Hispanic/Latino	257	94%
Not Hispanic Latino	10	4%
Don't know/Did not report	6	2%
Racially or Linguistically Indigenous²		
Yes	93	34%
No	180	66%
Immigration Status		
H-2A work visa	162	59%
Permanent resident	11	4%
U.S. Citizen	8	3%
Undocumented	73	27%
Other	2	<1%
Unknown	17	6%
Migrated to work in agriculture in the last 12 months³		
Yes	177	65%
No	94	34%
No answer	2	1%

1. Respondents who selected more than one race were included in the "Other/multiple races" category.

2. Following the National Agricultural Workers Survey (NAWS) convention, NCFH created a composite metric to identify Indigenous respondents, utilizing a combination of responses from language spoken as a child and currently as an adult, or racially identifying as Indigenous. (13)

3. Migration was defined as working in agriculture in a place different than the interview location for one week or more. All H-2A guest workers were automatically classified as migratory.

HOUSING, HOUSEHOLD CHARACTERISTICS, AND TRANSPORTATION

Of the 273 respondents, about half of workers surveyed lived in barracks or dormitories (53%), and one-third reported living in a mobile home/trailer/RV (34%). The average household size was nine people. The majority of respondents (62%) traveled on a labor bus to work or rode with a 'raitero' (19%), increasing the risk of COVID-19 transmission due to individuals from different households traveling together.

A large proportion of respondents reported experiencing major risk factors for COVID-19 transmission in their housing and transportation.⁽¹⁶⁾ Approximately four out of five respondents (79%) live in an overcrowded household and 67% live in employer-provided housing. Workers living in employer-provided housing frequently

experience overcrowding and often share housing with non-family members, a transmission risk factor of infectious diseases such as COVID-19.⁽¹⁷⁾

According to interview participants, there was an increase in precautions taken in housing and transportation safety during the pandemic. However, some measures could never fully be realized, such as complete isolation during quarantine due to overcrowded housing, or social distancing due to prohibitively high costs (i.e. additional work buses). Additionally, employers noted that the regulations were not standardized and became confusing to enforce as they changed, such as the length of recommended isolation periods, exposure measures, and testing needs.

Table 4.2: Housing Type, Transportation, and Risk Factors for Infectious Disease Transmission

Characteristic	Frequency	Percentage of Participants
Type of housing¹		
Barracks/Dormitories	146	53%
House	24	9%
Mobile home/trailer/RV	94	34%
Hotel	6	2%
Type of transportation used to get to work		
Drives own car	41	15%
Labor bus	169	62%
Rides with relative or co-worker	8	3%
Rides with 'raitero'	53	19%
No Answer	2	1%
Housing and transportation risk factors		
Lives in an overcrowded household ²	217	79%
Lives in employer-provided housing	182	67%
Travels to work with persons outside the household	167	61%

1. Does not include Other and No answer responses (<1% each)

2. The definition of an overcrowded household follows the U.S. Census definition (17) which is a ratio of greater than one for the ratio of persons per room (excluding bathrooms and garages).

Four out of five respondents lived in overcrowded housing.

GENERAL HEALTH CARE ACCESS & SOURCES OF HEALTH INFORMATION

A relatively small proportion of respondents (13%) reported needing health care services in the in previous 12 months. Of those that needed care, 86% received medical care when they needed it. Of those that utilized care in the U.S. (n=27), over half of respondents (59%) received care at a clinic or Migrant Health Center. None of those that delayed care (14%) eventually received care.

Survey respondents were asked how much they trusted health information from various sources. Doctors and nurses were the most trusted messenger with 43% of respondents reporting they “always” and 39% reporting they “sometimes” trusted the health information from doctors and nurses. Employers were also seen as a trusted messenger of health information - 34% reported “always” and 39% reported “sometimes” trusting the health information from employers. Social media was the least trusted source, with 38% of respondents reporting “Not at all” for how much they trusted health information from social media platforms. In their interviews, employers also recognized their roles as messengers for health education, though some reported feeling unprepared for this role. One employer asked during an interview, “Can we receive some training and some guidance and some education? Because at the end of the day, we’re not medical experts, but were forced into a position to be sort of a medical expert when I mean, we don’t go to nursing school or medical school.”

Table 4.3: Health care utilization and trusted sources of health information

Characteristic	Frequency	Percentage of Participants
Needed health care services in the in the past 12 months	35	13%
Received care when needed	30	86%
Most common sources of health care services among those who utilized health care in the U.S. (n=27)¹		
Clinic or Migrant Health Center	16	59%
Hospital/emergency room	10	37%
Sources of trusted information for health issues²		
Doctor/nurse	118	43%
Social media	28	10%
Relatives and Friends	80	29%
U.S. Government	45	17%
Community health worker	81	30%
TV News	28	10%

1. Respondents could choose more than one answer. Only most common responses reflected in the table, others included private doctor, pharmacy, work, or abroad. Answers for Migrant Health Center and Clinic were combined in this table.

2. Respondents could choose more than one answer. Frequency and percentages reflect responses for “Always” trust health information from selected source.



Photo credit: Latino Community Fund

Access to health care and more broadly a lack of support for farmworkers was a major theme of the qualitative interviews. Key informants identified gaps in access for health care, legal services, and general resources (food, childcare). While some services may exist, interview participants pointed out there is not enough of them to serve the population or that the services don't align with the working and living conditions of farmworkers, such as extended hours or Spanish language education or staff. One key informant stated, "You really didn't have any resources here for farmworkers. Yeah, you have the migrant clinic, but it's like one migrant clinic for like all of South Georgia." Another key informant further explained, "When the whole pandemic started, all of the doctor's offices were full. Everything was full. So it's kind of like, well, a lot of them would be like, 'Yeah, I just wouldn't even bother'. And... I'm pretty sure a lot of them would get sick with other things, not just COVID at the same time, and they just never found out what it was because they just wouldn't go." Interview participants brought up other barriers that limit farmworkers' access to health care as well including lack of transportation or drivers' licenses, language barriers, and lack of health insurance.

"It's a challenge because, you know, either they [farmworkers] don't have transportation or, you know, they don't have the funds or they don't speak the language. That's one of the things that prevents many farmworkers from going to the doctor period."

-Key Informant

COVID-19 SAFETY TRAINING AND INSTRUCTION

Respondents were asked if they had received instructions or training at work about washing their hands, how and when to cover their face, social distancing, and isolation procedures. Approximately one in three respondents (36%) had not received a comprehensive training that covered all four COVID-19 safety topics, and just under half (42%) had not received a comprehensive training in their preferred language. Almost all respondents (95%) reported receiving training or instruction in at least one of the topics.

Respondents were also asked about COVID-19 prevention measures taken at work. Approximately one third of respondents (37%) reported regularly having temperature and symptom checks at work. Face masks (62%) and hand washing stations (82%) were more common workplace safety precautions.

Table 4.4: COVID-19 Safety Training and Instruction

Characteristic	Frequency	Percentage of Participants
Workplace COVID-19 safety training received		
Received training in at least one topic ¹	258	95%
Received training in all four topics	175	64%
Received training in all four topics in preferred language	157	58%
COVID-19 Prevention measures given at work²		
Check temperature and ask about COVID symptoms	101	37%
Provide face masks	168	62%
Provide hand washing station	235	86%

1. Topics included 1) hand washing, 2) physical distancing, 3) use of face coverings, and 4) quarantine or isolation procedures.

2. Respondents were able to choose more than one response.

COVID-19 TESTING AND ILLNESS

One in five respondents (21%) reported that they had contracted COVID-19 at some point in the pandemic. Overall, only 40% of respondents reported taking a COVID-19 test at least once, of which 32% received a positive test. Of those that received a test, 78% reported no difficulties or concerns with the COVID-19 test.

Respondents were asked what actions they took once they knew or thought they had contracted COVID-19. Of those that knew or thought they had contracted COVID-19, or who had received a positive COVID-19 test, (n=58), 64% reported isolating from family members or roommates, 81% reported wearing a mask or facial covering, and 13% reported receiving paid sick leave. One in five (21%) who believed they had COVID-19 continued to work.

Survey responses indicate that farmworkers took actions to prevent infecting others, once they knew or thought they had COVID-19, but these actions likely caused hardship and difficulties for farmworkers families. A major theme from interviews was actually the inability for some farmworkers to stop working while they were sick with COVID-19 out of fear of losing pay or being fired. Without paid sick leave policies, many farmworkers could not afford to take time off from work while infected with COVID-19. According to key informants, farmworkers were also at risk of being fired if they took time off for being sick, even if it was workplace policy to stay home if they felt ill. Because agriculture's pay structure typically does not include paid time off, farmworkers have historically worked through illness and injury, and that culture has persisted on some farms through the pandemic.

“And even though they [farmworkers] were told like, ‘Oh no, you get sick, yeah, you need to follow the guidelines and quarantine and get some rest’. But as soon as they got better, they will get fired. So you know, there’s definitely no quarantine. And some of them even were fired from their jobs. Because of, you know, having COVID.”

— Key Informant

Table 4.5: COVID-19 Illness and Testing

Characteristic	Frequency	Percentage of Participants
COVID-19 Illness		
Self-reported COVID-19 illness	56	21%
COVID-19 testing		
Had taken COVID-19 test at least once	109	40%
Received a Positive Result	34	32%
Actions taken among FWs who knew or believed they had contracted COVID-19 (n=58)¹		
Sought medical care	22	38%
Isolated from family or roommates	36	64%
Wore a mask or facial covering	47	81%
Participated in social gatherings	2	4%
Continued working	12	21%
Received paid sick leave	7	13%

1. Respondents could choose more than answer. Respondents include those that thought they had contracted COVID-19 and those that received a positive COVID-19 test.

COVID-19 VACCINATIONS

Slightly over two out of three (67%) respondents were fully vaccinated against COVID-19 with an FDA- or WHO-approved vaccine. Less than a third of all respondents reported being fully vaccinated and receiving at least one booster dose (28%).

One in five respondents (21%) were not vaccinated at all against COVID-19. Among unvaccinated respondents, 17% wanted to receive the vaccine (4% of total the sample) and 35% were still undecided about the vaccine (7% of total sample). Nine percent of all respondents, or 41% of those unvaccinated, did not want to receive the vaccine. Side effects (n=12), waiting to see if the vaccine is safe (n=7), and not believing the vaccine works (n=7) were the most common reasons unvaccinated respondents were wary of getting the vaccine.

Interviewees cited many difficulties for farmworkers to access vaccines including barriers such as lack of information in Spanish, requirements for appointment scheduling, inability to secure timely transportation, timing of vaccination and conflicts with worker migration, and inability for workers to take time off. One key informant explained, "Either their employer had to actually bring the people to their company to get them vaccinated or you kind of know someone on the outside who had already been vaccinated so that they could take you to where they had gotten vaccinated, and they could help you through the process." Additionally, interview participants mentioned vaccine hesitancy among farmworkers due to spread of misinformation and wariness of side effects that could lead to missing work.

But it was mainly organizations like non-profits , mostly us and [redacted] in Georgia that , you know , really , they tried to do something but other than that, there wasn't really anybody else attempting to vaccinate the farmworkers .
-Key Informant

Immigration status and identification requirements were also brought up as barriers to vaccines in interviews. One key informant explained about getting a COVID-19 vaccine, "They asked me for an ID. And it took them about a month till they stopped asking for an ID. OK. And this was even through the hospital." When NCFH presented preliminary results with the community, the fear associated with identification requirements and immigration status was reinforced. Community members noted many farmworkers were hesitant of vaccinations at clinics, pharmacies, or hospitals due to fear of their information being shared with Immigration Customs and Enforcement (ICE).

Among those vaccinated, the most common place survey respondents reported receiving a vaccine was at work in the U.S. (59%), and 22% reported receiving a vaccine in another country. Qualitative data supported the survey responses. The vaccination strategy that proved the most effective for farmworker vaccinations according to interview participants was bringing vaccination clinics to the work site. Clinics and hospitals formed partnerships with local employers to set up vaccinations, and employers interviewed spoke of the ease of these clinics. Pre-planning was noted as a key factor to execute the pop-up clinics. One employer stated, "So just working with, you know, a clinic or pharmacy, whoever you're going to choose getting their paperwork, doing all of that beforehand, you know, scheduling your number [of] doses receiving so they know how many you bring on site and where we were. We were spending time beforehand, you know, coordinating it and getting everything, all of your ducks in a row, you know, getting it organized. And then the hosting day, it would run like smooth sailing because we had done the behind-the-scenes work."

"So a lot of them [farmworkers] were concerned about not being able to carry the buckets on their shoulders because their arm was going to hurt."
-Key Informant

Table 4.6. COVID-19 Vaccinations¹

Characteristic	Frequency	Percentage of Participants
COVID-19 vaccinations		
Fully vaccinated ²	183	67%
Partially vaccinated	18	7%
Not vaccinated	58	21%
<i>Wants to receive vaccine</i>	10	17%
<i>Undecided about vaccine</i>	20	35%
<i>Does not want vaccine</i>	24	41%
<i>No answer</i>	3	5%
Unknown vaccination status ³	14	5%
COVID-19 booster status		
Fully vaccinated and received at least one booster dose	77	28%
Vaccination Location for first dose (n=215)		
At work in the U.S.	126	59%
Community Event in the U.S.	4	2%
U.S. Migrant clinic/community health center	11	5%
U.S. Pharmacy	11	5%
Other country	48	22%
Other	9	4%
Most common reasons for vaccine hesitancy among Unvaccinated Farmworkers (n=48)⁴		
Afraid of side effects	12	25%
Waiting to see if safe	7	15%
Don't believe it works	7	15%

1. If Unknown is <5%, responses are not included in the table.

2. Fully vaccinated includes respondents who received one dose of the Janssen/Johnson and Johnson vaccine or two doses of any COVID-19 vaccine approved by the U.S. Food and Drug Administration or the World Health Organization.

3. Respondents that had received at least one dose of COVID-19 vaccine but did not know which vaccine they received were classified as an unknown vaccination status.

4. Respondents could choose more than one answer. Includes most common responses from respondents who reported they were unvaccinated and replied no, perhaps, don't know, or no answer to wanting to receive the vaccine.

A smaller proportion of survey respondents received a booster (28%) than received the initial series. One employer interviewed mentioned that they had not or were not planning to conduct similar on-site vaccination events as they had for the initial series of the COVID-19 vaccines. The employer mentioned the booster vaccine seemed not that important. Additionally, they hadn't been contacted by clinics, like they previously had been, to set up an event, which may have made them more likely to host one for workers.

However, another employer noted that they had hosted booster vaccines on site for their employees, mainly due to concerns that the U.S. government would require a booster dose in the future for international guest workers, in addition to the primary COVID-19 vaccine series. They shared during their interview, “But the workers were a little bit nervous that if I go home and I'm not coming back till next March, April or May. What is the definition? The CDC's definition of fully vaccinated changes? So, they went ahead and received the booster just to be safe.”

28% of respondents were fully vaccinated and received at least one booster dose

Vaccination status varied by key demographic characteristics. A larger proportion of younger workers (18-25 years) were fully vaccinated (75%) than older age groups. However, that trend was not mirrored in booster vaccinations. Only 26% of respondents ages 18-25 years had received a booster, a smaller proportion compared to their older peers. Approximately three out of four male respondents were fully vaccinated (73%) whereas slightly over one third of female respondents reported being fully vaccinated (35%). Only 5% of female respondents had received a booster. Other factors, such as immigration status or being racially or linguistically Indigenous, may be confounding the relationship between vaccination status and sex.

Figure 4.1. Percentage of Respondents Fully Vaccinated and Boosted by Age

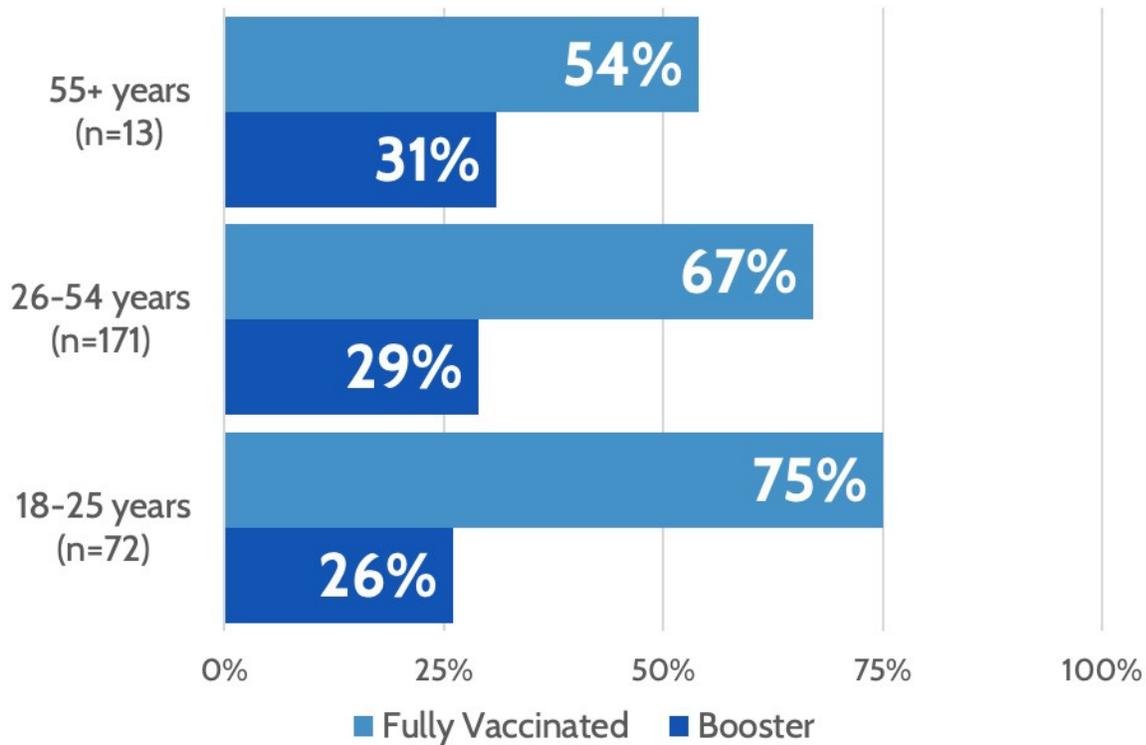


Figure 4.2. Percentage of Respondents Fully Vaccinated and Boosted by Sex

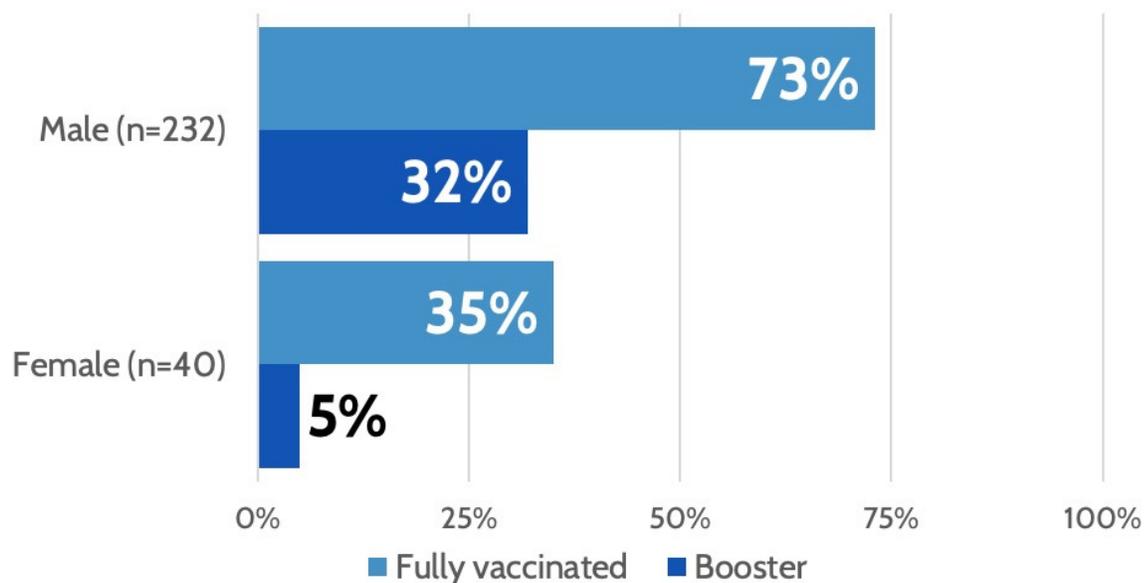


Figure 4.3. Percentage of Respondents Fully Vaccinated and Boosted by Immigration Status

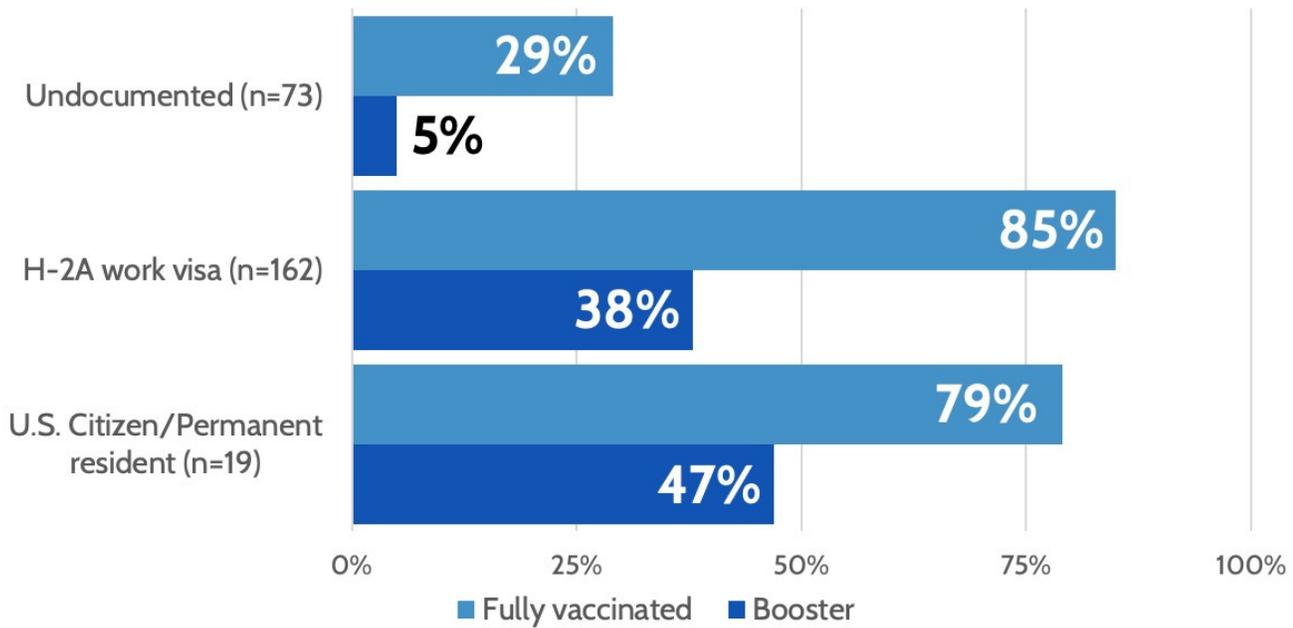
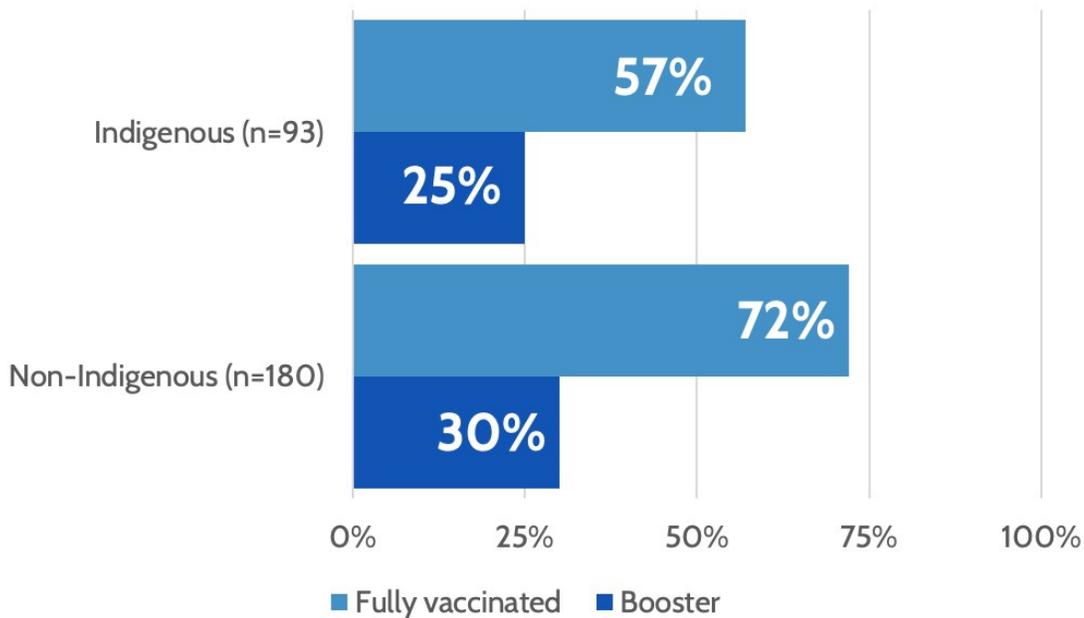


Figure 4.4. Percentage of Non-Indigenous vs Indigenous Respondents who are Fully Vaccinated and Boosted*



*Following the National Agricultural Workers Survey (NAWS) convention, NCFH created a composite metric to identify Indigenous respondents, utilizing a combination of responses from language spoken as a child and currently as an adult, or racially identifying as Indigenous. (14)

Vaccination disparities also existed when considering immigration status of respondents. Vaccination uptake among H-2A guest workers (85%) was almost three times that of undocumented respondents (29%). Only 5% of undocumented respondents had received a booster compared to 38% of H-2A guest workers and 47% of U.S. Citizens/Permanent Residents.

Additionally, vaccination disparities were observed among Indigenous farmworkers. A smaller percentage of respondents who were racially or linguistically Indigenous were fully vaccinated (57%) than those that were not Indigenous (72%). Booster uptake was also lower among Indigenous respondents (25%) than non-Indigenous respondents (30%).

IMPACT OF COVID-19 ON EMPLOYMENT AND INCOME

The pandemic disrupted the agricultural industry similar to other industries, and even as “essential workers”, farmworker income and employment has been impacted. Approximately one in four (27%) respondents reported losing hours or income during the pandemic, and 15% of respondents lost their job. Respondents also reported difficulty paying rent or mortgage (15%) and paying for basic needs, like food or utility bills (16%). Despite challenges, respondents did not receive much assistance from the U.S. government. Fourteen percent of survey respondents reported receiving U.S. government assistance during the pandemic, and only 13% of respondents received an economic stimulus payment.

"... a lot of people that we've helped have just told us that they felt like they were kind of neglected and they were just kind of like put down because it's like everyone else was getting help or receiving some type of aid , but they didn't receive anything."
 - Key Informant

Table 4.7: Impact of COVID-19 on Employment and Income

Characteristic	Frequency	Percentage of Participants
Experienced the following during the pandemic¹		
Difficulty obtaining childcare	13	5%
Lost job	40	15%
Divorced or separated	5	2%
Difficulty paying rent or mortgage	40	15%
Difficulty paying for basic needs	45	16%
Reduction of hours or income	75	27%
Treated unfairly due to birth country or race/ethnicity	14	5%
None of these difficulties reported	112	41%
Received U.S. government assistance²		
Economic stimulus payment	35	13%
Food assistance	6	2%

1. Respondents could choose more than one answer.

2. Respondents could choose more than one answer. Includes most common responses.



6. CONCLUSION

LIMITATIONS

This assessment had limitations. Survey respondents were not randomly sampled. Survey respondents should not necessarily be viewed as a representative sample of all farmworkers in the county, but rather as a diverse non-random sample that captures information from the very different populations of farmworkers in Colquitt County. All survey data are self-reported. The data in this assessment is cross-sectional and only represents a brief snapshot in time. While data collection occurred during the peak season of agriculture work in Colquitt County, workers in some agricultural sectors may have been missed due to having a peak season earlier or later in the year. The survey is only available in English and Spanish, this may have caused barriers in adequately capturing the responses from Mesoamerican Indigenous language speakers. Although ad-hoc in-person interpretation was used for one survey, it is unknown if this led to a potential decline in data quality.

DISCUSSION

The results of this assessment in Colquitt County, GA suggest the working and living conditions of farmworkers created additional risks for COVID-19 transmission and barriers to care to farmworkers during the pandemic. The partnerships between employers and health providers that arose due to COVID-19 were critical in providing vaccines to farmworkers, however there were not sufficient support services available to farmworkers and more resources and support infrastructure is needed in the county to continue to meet the needs of the community. The farmworker community in Colquitt County is diverse and vaccination uptake varies greatly depending on key demographic characteristics, suggesting additional culturally appropriate outreach and services are warranted.

The demographic shift in southern Georgia due to the influx of H-2A guest workers brings new challenges in providing services to farmworkers and minimizing risk of infectious disease. For example, H-2A guest workers tend to live in barracks style housing. This was reflected in the survey data with the median number of people per household at nine persons, and 79% of respondents living in overcrowded housing. These types of living conditions increase the risk of infectious disease, such as COVID-19, due to close quarters and difficulties in implementing isolation and quarantine procedures without other types of housing available. More resources are likely needed in the area to increase housing options for farmworkers.

*"So the contractors, more contractors coming into this area. I've seen a lot of people start to travel from Florida to this area with H-2A workers. So I feel like there's been an increase, definitely."
-Key Informant Interview*



Photo credit: Latino Community Fund

DISCUSSION CONTINUED

At the time of data collection, only 50.4% of Colquitt County residents over 18 years old had completed their vaccine series.⁽¹⁸⁾ A greater proportion of farmworker respondents in this survey had completed the vaccine series (67%) than the general county population survey, likely because 59% of respondents were H-2A guest workers, who are required to be fully-vaccinated against COVID-19 to enter the U.S. Survey results suggest major vaccine disparities exist within the farmworker community. A much smaller proportion of undocumented workers were fully vaccinated or had received the booster than their documented peers, and respondents who were culturally or linguistically Indigenous had lower vaccine uptake than their non-Indigenous peers. These disparities suggest additional barriers exist for these subpopulations. One of the critical takeaways from this assessment was the vaccine disparity experienced by undocumented respondents. In addition to the barriers to care experienced by all farmworkers (lack of time, no paid sick leave/necessity to receive a paycheck, transportation needs, potential language barriers), interview participants also pointed out that fear of deportation could have influenced vaccination coverage. According to interview participants, providers were asking for identification at some vaccination sites and community stakeholders confirmed that undocumented farmworkers were concerned their information would be shared with ICE. Interview participants also shared stories of police checkpoints strategically placed in the county creating fear among undocumented residents, especially to drive.

Partnerships between agricultural employers and health care providers were key in increasing vaccination uptake among farmworkers, according to interviews. However, interview participants also noted that services were not always culturally and linguistically appropriate and that there were not enough services specifically available to farmworkers. Immigration policies and police enforcement (checkpoints, immigration raids, etc.) have created an environment of fear that impedes workers' ability to seek care and other services. While community-based organizations are working to reach these communities, more resources for outreach and strengthening partnerships between institutions and community-based organizations in order build trust with specific communities (such undocumented and/or Indigenous farmworkers) is critical to ensure they have access to services and information.

As the region's agricultural industry grows, it is critical that more farmworker-focused services are available, especially those centered around reaching undocumented workers and Mesoamerican Indigenous workers in sensitive and culturally responsive ways. At the same time, more support is needed for H-2A guest workers' working and living conditions to prevent the spread of infectious disease and ensure that guest workers have the knowledge and resources to successfully protect their health while in the U.S..

Disclaimer: 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.

Report updated: August 21, 2023



REFERENCES

1. H-2A Temporary Agricultural Workers | USCIS. Published November 9, 2021. Accessed January 8, 2022. <https://www.uscis.gov/working-in-the-united-states/temporary-workers/h-2a-temporary-agricultural-workers>
2. U.S. Census Bureau QuickFacts: Colquitt County, Georgia. Accessed July 8, 2022. <https://www.census.gov/quickfacts/fact/table/colquittcountygeorgia/PSTO45221>
3. 2017 Census of Agriculture. County Profile. Published online 2017. Accessed July 8, 2022. https://www.nass.usda.gov/Publications/AgCensus/2017/Online_Resources/County_Profiles/Georgia/cp13071.pdf
4. Performance Data | U.S. Department of Labor. Published January 23, 2022. Accessed July 15, 2022. <https://www.dol.gov/agencies/eta/foreign-labor/performance>
5. National Center for Farmworker Health. Farm Labor Data Dashboard. Data Accessed: July 8, 2022. <https://ncfh.org/dashboard.html>
6. Centers for Disease Control and Prevention. How to Conduct a Rapid Community Assessment. Published December 15, 2021. Accessed February 15, 2022. <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/Collect-insights-to-inform-COVID-19-vaccine-programs>
7. Georgia E-Verify. Verify I-9. Accessed July 15, 2022. <https://verifyi9.com/state-laws/georgia-e-verify/>
8. United Nations. Who Are Indigenous Peoples? - United Nations. United Nations, www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf.
9. Telles, E. & Bailey, S. Understanding Latin American Beliefs about Racial Inequality. *Am J Sociol* 118(6):1559-1595 (2013). doi:10.1086/670268
10. Guatemalan Migration in Times of Civil War and Post-War Challenges. [migrationpolicy.org](http://www.migrationpolicy.org). Published September 22, 2021. Accessed September 22, 2021. http://www.migrationpolicy.org/article/guatemalan-migration-times-civil-war-and-post-war-challenges_
11. Muñoz, M. L. O. Indigenous Mobilizations and the Mexican Government during the 20th Century. (Published online November 22, 2016). doi:10.1093/acrefore/9780199366439.013.30
12. Hidden in Plain Sight: Indigenous Migrants, Their Movements, and Their Challenges. [migrationpolicy.org](http://www.migrationpolicy.org). (2010) <http://www.migrationpolicy.org/article/hidden-plain-sight-indigenous-migrants-their-movements-and-their-challenges> (Accessed September 22, 2021)
13. Ornelas, Izaac, et al. JBS International, 2021, Findings from the National Agricultural Workers Survey (NAWS) 2017-2018: A Demographic and Employment Profile of United States Farmworkers, www.dol.gov/sites/dolgov/files/ETA/news/pdfs/NAWS%20Research%20Report%2014.pdf. Accessed 3 Feb. 2022.
14. Sistema de Información Cultural Mexico. Nahuatl: Lenguas indígenas México: Sistema de Información Cultural-Secretaría de Cultura. http://sic.gob.mx/ficha.php?table=inali_li&table_id=5. Published 2020. Accessed February 16, 2022.
15. Sistema de Información Cultural Mexico. Zapoteco: Lenguas indígenas México: Sistema de Información Cultural-Secretaría de Cultura. http://sic.gob.mx/ficha.php?table=inali_li&table_id=55. Published 2020. Accessed February 16, 2022.
16. Joan Flocks (2020) The Potential Impact of COVID-19 on H-2A Agricultural Workers, *Journal of Agromedicine*, 25:4, 367-369, DOI: 10.1080/1059924X.2020.1814922
17. U.S. Census Bureau. Historical Census of Housing Tables: Crowding. Accessed February 23, 2022. <https://www.census.gov/data/tables/time-series/dec/coh-crowding.html>
18. Centers for Disease Control and Prevention. COVID-19 Vaccinations in the United States. Accessed July 15, 2022. <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-County/8xkx-amqh>