

Innovative Cohort Process Minimizing COVID-19 Infection for Migrant Farmworkers During Travel to Iowa

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Disclosures

The presenters have no conflict of interest to disclose

Who We Are

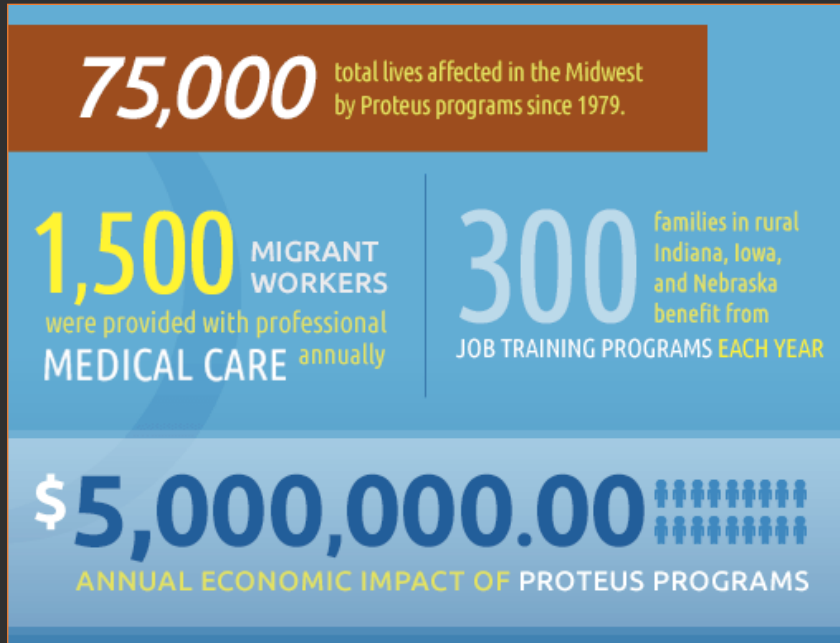
Claudia Corwin
MD MPH

- Occupational Medicine Physician
- Public health practitioner

Caroline Johnson
FNP

- Clinical Director, Proteus Inc.
- Family Nurse Practitioner
- Experienced Critical Care RN

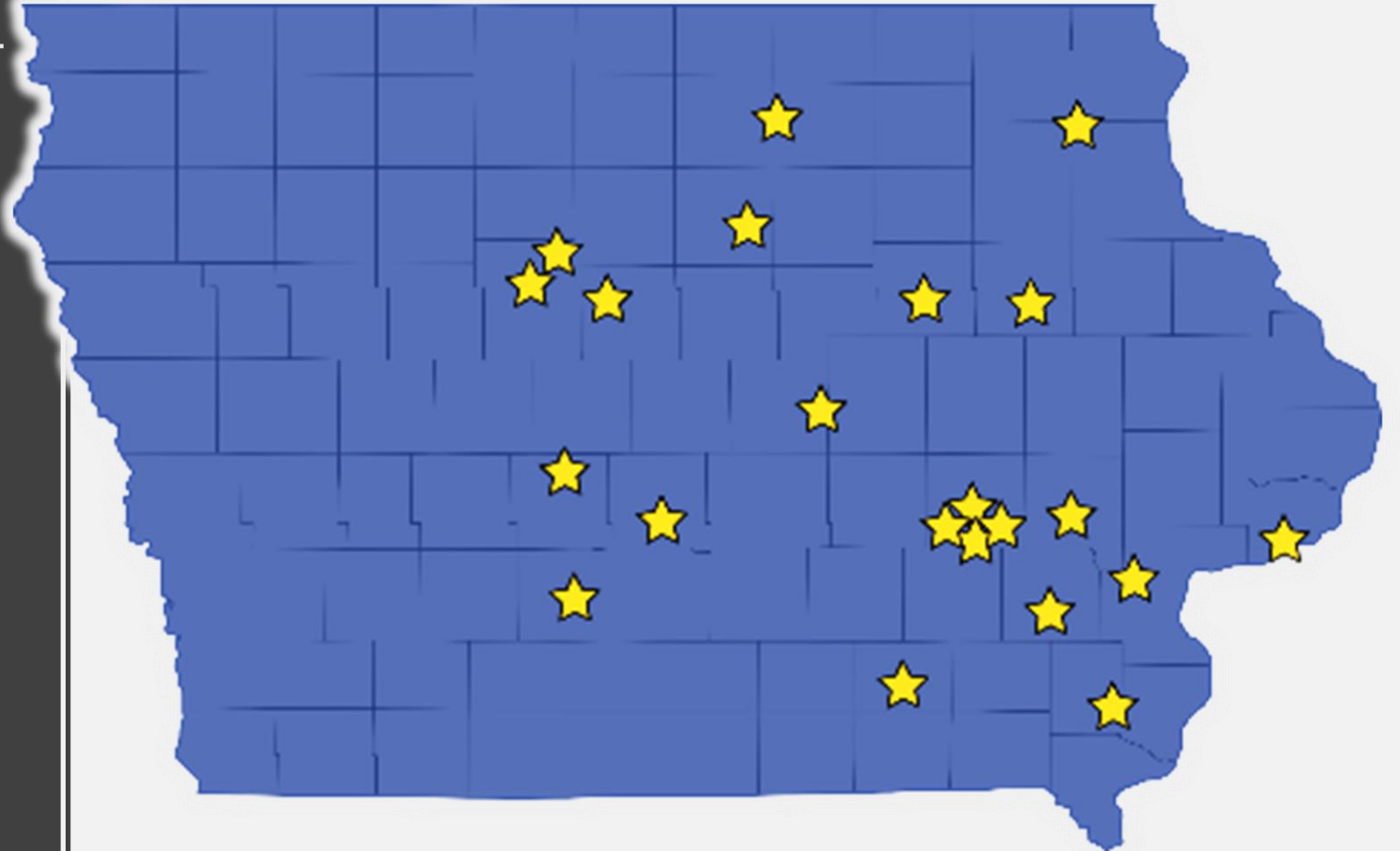
Proteus



- Proteus Inc Health 1991
- FQHC
- Mobile clinics
- Bilingual staff
- Primary care
- Pandemic mitigation, testing, care, vaccination
- Sustenance support
- Trusted entity for workers and farm employers
 - Corporate, small and large family-run operations

Proteus

- Brick and mortar clinics
- Mobile clinics
- Health Program in Iowa
- Supportive services in Iowa, Nebraska, and Indiana



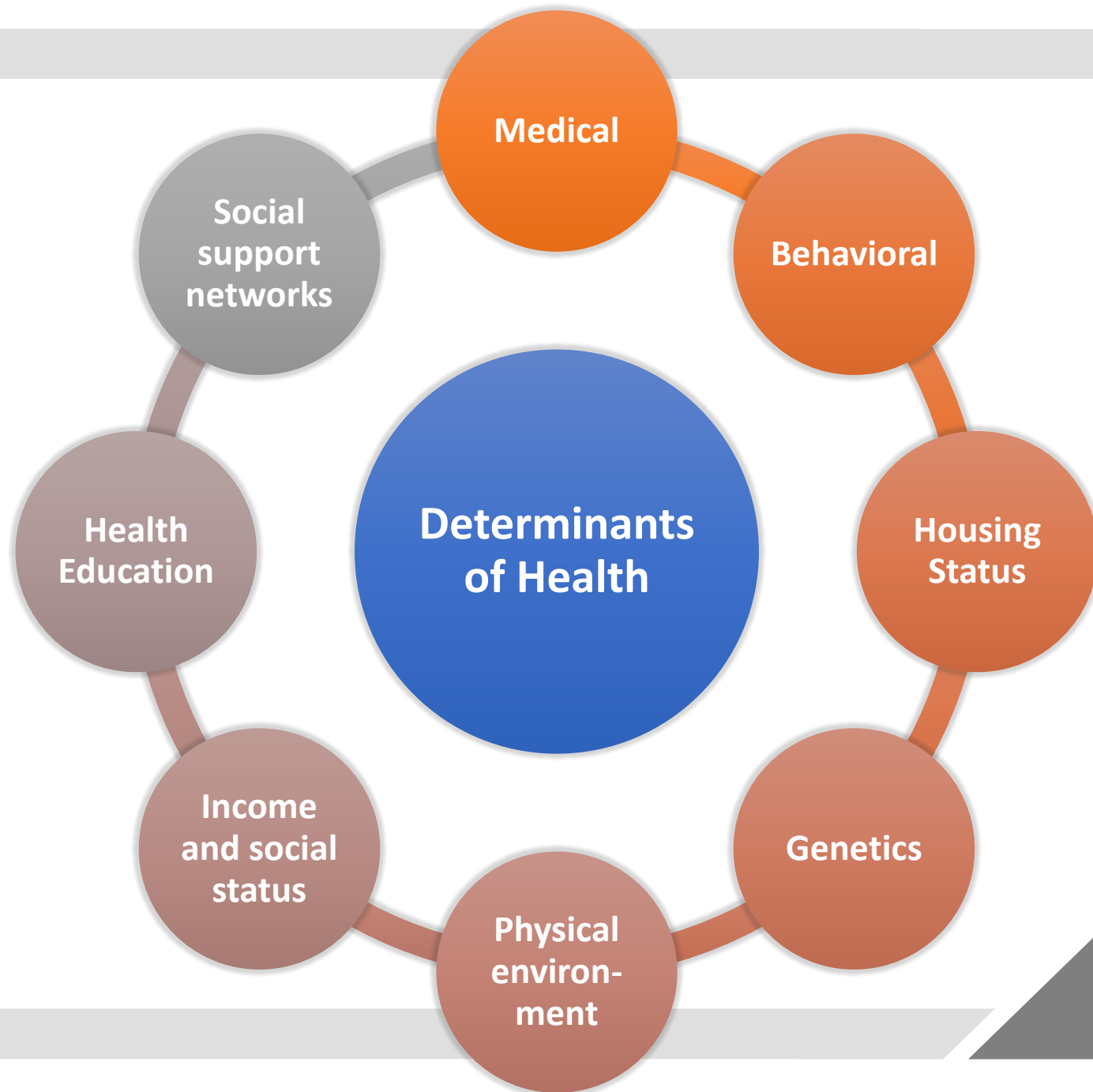
Who We Serve

- Migrant and Seasonal Farmworkers
- H2A workers
- Patient demographics
- Employers
- Meatpacking workers added in 2022

Mobile Model for Primary Care Services

- Workers enrolled at large “on-boarding” events upon-face care on farm/camp property while in Iowa
- Primary Care Services including lab and pharmacy
- Longstanding relationships with growers across Iowa
- **THE FIRST -TO- KNOW** of symptoms or illness in camp/community





COVID-19 – current state

- As of 1/31/22 74,328,530 cases 883,370 deaths
- 2 variant of increased infectivity (delta and omicron)
- Early awareness of disproportionate effect on vulnerable communities, communities of color, incl Latinx and Black communities
- The migrant and seasonal farmworker (MSFW) community experienced high COVID-19 risk complicated by existing challenges related to structural and social determinants of health
- Issues of trust and hesitancy (deliberation)
- As of 4/21 we know 565,000 agricultural workers had been infected by COVID-19 across the country



*Farmworkers, Mostly
Undocumented, Become
'Essential' During
Pandemic*

*7000 migrant workers
5000 H2A visas*

1500 Proteus clients

Credit. Carlos Chavarría for The New York Times

COVID-19 – The Early Days

Concerns with communal living

- Distancing not possible
- Mask shortage
- Masking not enforced

Concerns with access

- Personal care items
- Medications/food
- Primary Care services

Unpaid sick leave

- Effects of lost wages on workers and families
- Hesitation about time off

Little consensus on infection prevention in MSFW

- Unable to physically distance at work
- Unable to work from home

PRIMARY CARE TO PANDEMIC RESPONSE



Health Aide in Des Moines, IA takes patient vitals during a hybrid clinic model



Health staff in Iowa administer COVID-19 tests outdoors on a sunny summer day



Program Specialist, Carlyn Haas inputs patient information before refilling medication

1,436

Patients were served in a language other than English

1,085

Patients are at or below 100% Federal Poverty Level



Outdoor clinic in Conesville, IA. Naomi Marraquin (Health Care Manager) works triage before connecting patients with Clinical Director, Caroline Johnson

Photo taken by Caroline Johnson



Part of the Protes Agricultural Health team poses for a picture after a long day of outdoor COVID-19 testing in Iowa



Health staff administering COVID-19 tests in a drive-thru model during a mobile clinic



Health staff member administering COVID-19 test outdoors



Health Care Manager, Chelsi Barraza coordinating a mobile clinic in Iowa

Group Work: Innovation



- Share with your table an example of how you or others used innovation to solve a problem during COVID-19 creatively
- Can be in your personal or professional lives
- Can be a problem solved by yourself, your team, your organization, or another organization

Context for Cohort Innovation

- Family farm, arrival of 590 H2A workers
- Two arrival periods during summer
- Travel to Iowa in buses for 3 days
- On arrival testing
- Released into communal living – spread of COVID19 resulted.

Concerns with positive cases

- Isolation housing/challenges
- Proteus follow up protocol
- Plans for departure, return to MX
- Uncertain infection status despite attempt to test on departure
- Concern regarding arrival of second group of workers for harvest

Response

- State
- County
- Community based organizations/health care systems

The Plan – Cohorting Intervention



Proposal to state officials and public health



Enabled by CARES funding



Numbering system



Separation while waiting for test results



Release to work for negative results

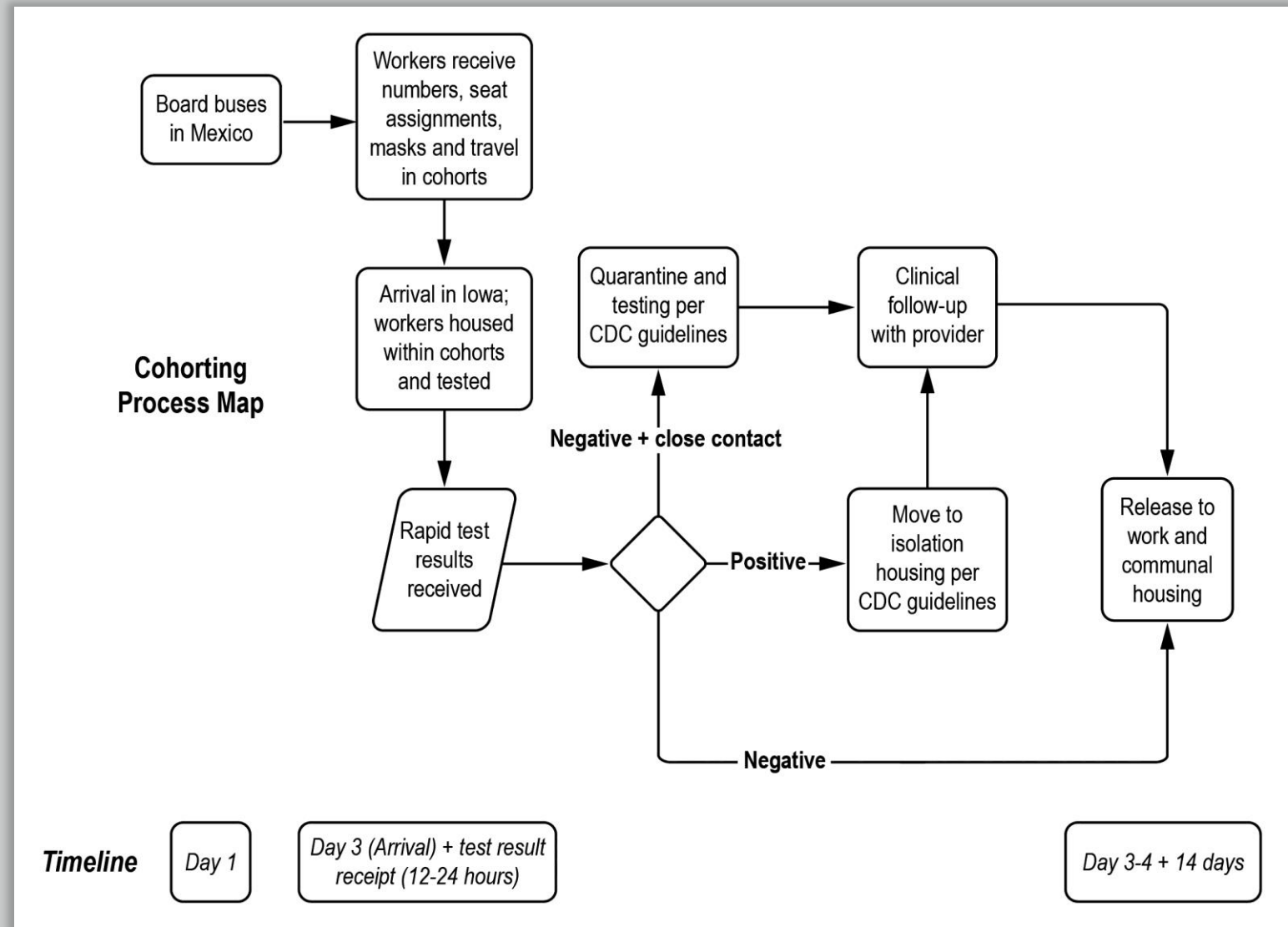


Contact tracing/re-testing for close contacts before release to work

Figure 1

Cohorting Process Map

Timeline from Boarding Buses in Mexico to Release to Work



“Essential” relationships with employer

- Call for video conference with employer to present plan
- Established relationship from previous summers

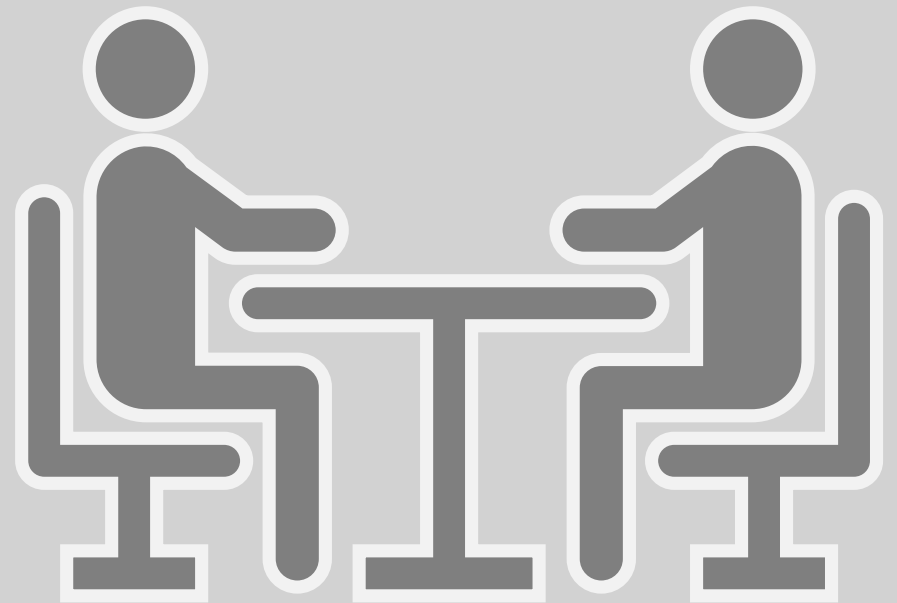
Group Work

Discuss difficult or persuasive conversations during COVID-19 regarding response for the population you work or interact with – what were most effective strategies and result?



Proposal to the Employer

- Acknowledge anxieties prior to meeting
- Understand employer's primary concerns
- Establish mutual purpose
- Stick to the facts
- Validate concerns
- End with a question: *Are you with us?*



How it went

- Two testing teams
- On site and at hotel
- Sample collection
- Communication with State Lab



Results – data collection and analysis

	Pre-Implementation	Post-Implementation
Positivity Rate	12.7%	3.5%
Hospital Transfers	4	0

Discussion of Results

- Assuming consistent positivity rates between two groups without intervention, the cohorting process prevented isolation of an estimated 21 workers that would have resulted in 1700 hours of lost work.
- Implementation of this process increased productivity and had a positive impact on the employer's operation.

Cohorting model – Challenges



Cost



Staff



Decreased Primary Care
Services/screening
provided to workers

Challenges continue

- Vaccine
 - Access
 - Misinformation
 - Not required for employment
- Rapid testing
 - Access
 - Inaccurate results



01

PUSH for preparation
in order to minimize
the need to respond

02

Capitalize on the
current social and
political will for
change.

03

Seize window of
opportunity to dig
down deep and focus
(finally) on health
equity and justice.

What is Next? **Push for Change**

Our Team



- *Migrant and seasonal farmworkers of Iowa*
- Proteus*
 - Daniel Zinnel, Chelsi Barazza, Naomi Marroquin, PRN providers summer aides, volunteers, and more
- Dr. Kimberly Dukes, Dr. Emily Sinnwell