

Agricultural Worker Health 101

Presented by
Farmworker Health Network



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.



A woman wearing a red long-sleeved shirt and a white baseball cap is carrying a large, light-colored plastic container on her shoulder. She has a serious expression on her face. The background is slightly blurred, showing green foliage.

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



19
62

Migrant and Seasonal Agricultural Worker Protection Act

Basic labor protections under labor contractors



198
3

Health Centers Consolidation Act

Consolidates MHC, HCH, public housing and CHCs under Section 330 Authority



19
96

ACA 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.



20
10

197
5



Public Health Service Act

Health Center Program authorized under Section 330 of the Public Health Service Act.

198
7



Field Sanitation Standard

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

199
2



Worker Protection Standard

sets minimum standards for protecting farmworkers from pesticide exposure

200
9



ARRA

stimulus legislation provides for \$2 Billion for the CHC Program (25% for services, 75% for construction, renovation and HIT).

201
4



ACA fully implemented

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



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 2019, BPHC supported over **1,385** health care grantees including homeless, school based, public housing and migrant health
- In 2019, **175** of those were funded to provide services to the migratory and seasonal agricultural worker population
- **1,031,049** agricultural workers were reported as served by all Health Center Program Grantees in 2019.

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

Migratory Agricultural Worker

- Principal employment is in agriculture
- Has been so 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

UDS Manual 2019

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.

111	Crop Production
1111	Oilseed and Grain Farming
1112	Vegetable and Melon Farming
1113	Fruit and Tree Nut Farming
1114	Greenhouse, nursery, and floriculture production
1119	Other crop farming, tobacco, cotton, sugarcane, hay, peanuts, sugar beets
112	Animal Production and Aquaculture
1121	Cattle Ranching and Farming
1122	Hog and Pig Farming
1123	Poultry and Egg Production
1124	Sheep and goat farming
1125	Aquaculture
1129	Other animal production, apiculture, horses, fur bearing animals, companion animals
1151	Support Activities for Crop Production
1152	Support Activities for Animal Production

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)

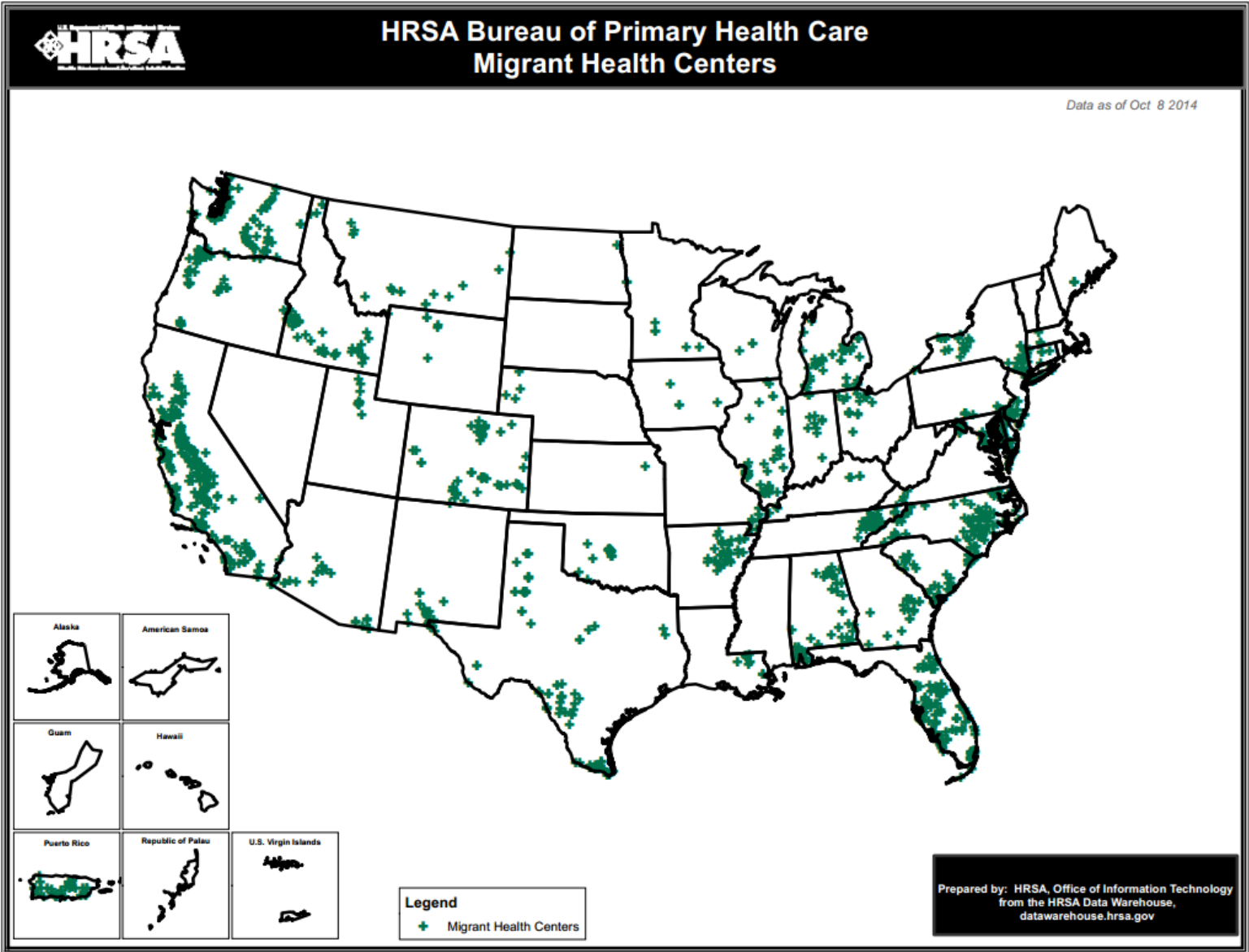


Landscaping
(Industry 561730)



Meat and Meat Product Merchant
Wholesalers
(Industry 42447)

Migrant Health Program Grantees + Satellite Sites*



Source: www.hrsa.gov



Photo: MHP Salud



Photo: Crystal Nguyen

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

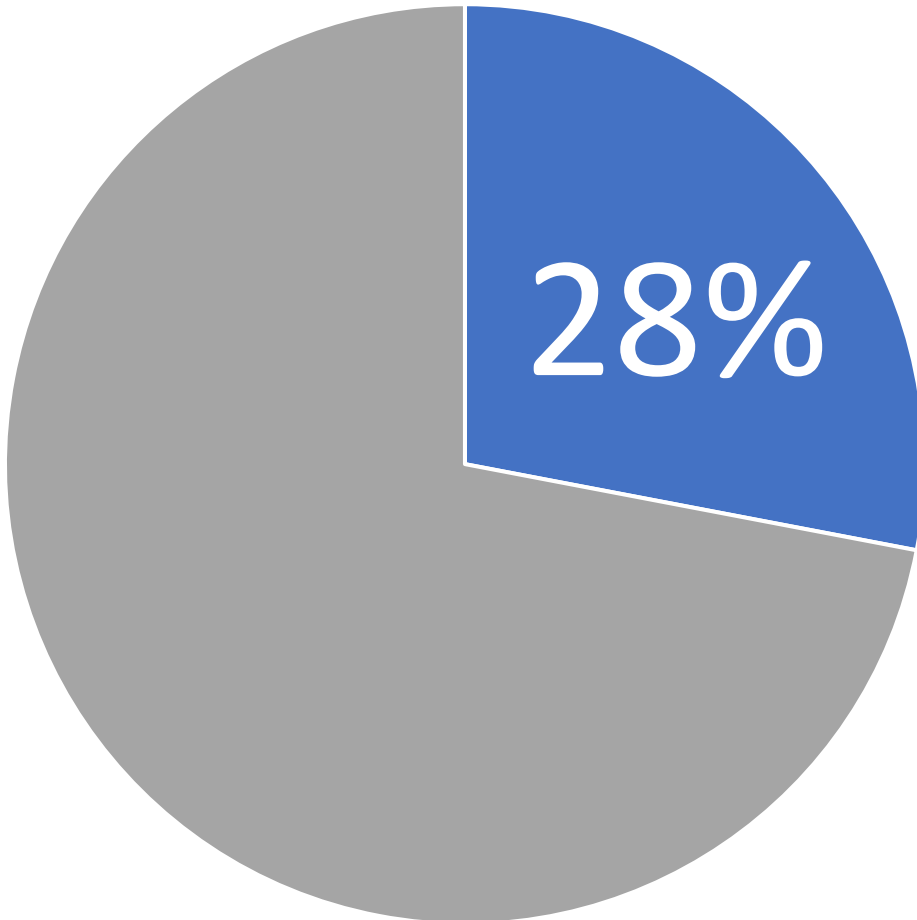


Photo: Robert Poole

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



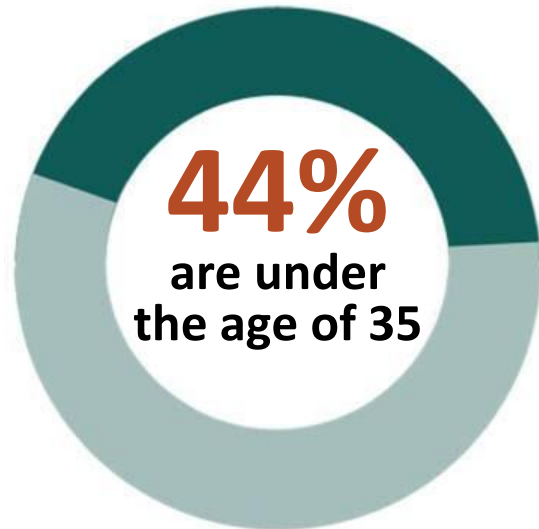


How many agricultural workers do you think there are in the United States?

Agricultural Worker Demographics ^{1,2,3}

2.5 million

estimated population ^{2,3}



children ages 14 - 17
work in **agriculture**

1. National Agricultural Workers Survey (NAWS) 2015 - 2016. https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS_Research_Report_13.pdf
2. Kandel W. Profile of Hired Farmworkers, A 2008 Update. Economic Research Service, US Department of Agriculture; Washington, DC; 2008. Economic Research Report No. 60.
3. Martin P. Immigration reform: implications for agriculture University of California, Giannini Foundation. Agricultural and Resource Economics Update. 2006;9(4)

Agricultural Worker Demographics ¹



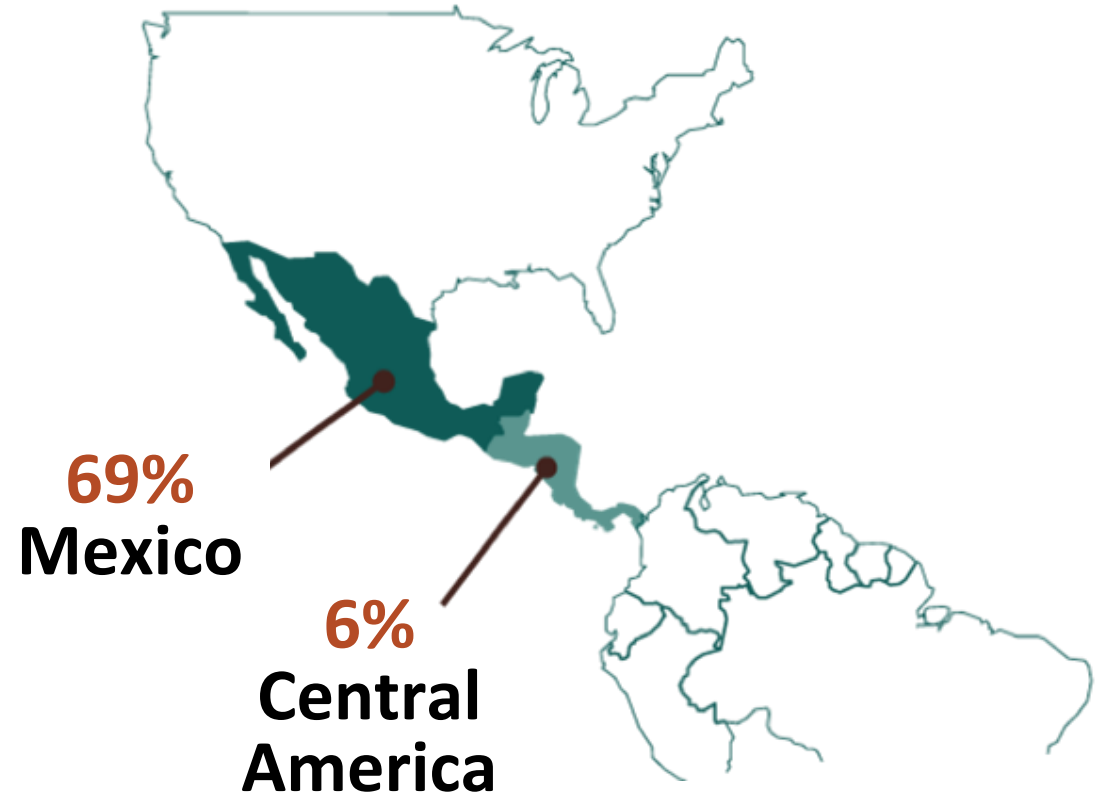
Spanish

dominant language

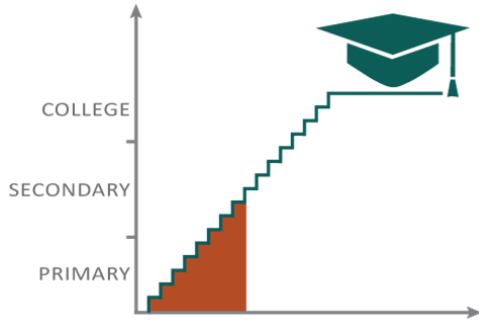


49% without
work authorization

76% foreign born



Agricultural Worker Demographics ¹



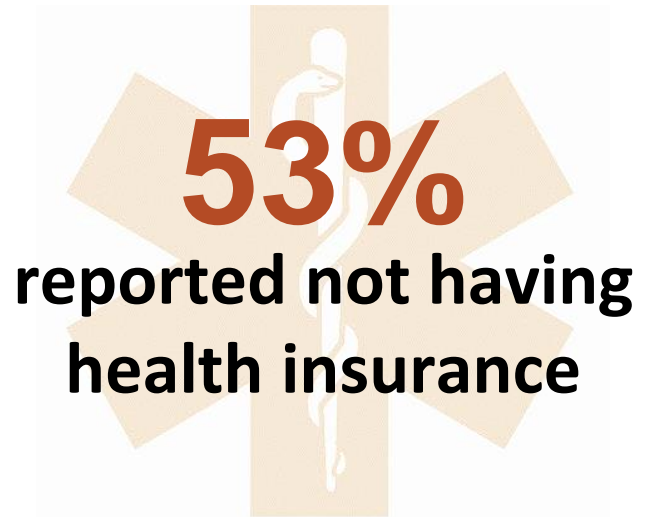
Foreign born workers, on average, have an **8th grade education**



Mean and medium individual income range from **\$17,500 to \$19,999**



33% of agricultural worker families had total family incomes below 100% of the Federal Poverty Level



37% 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.

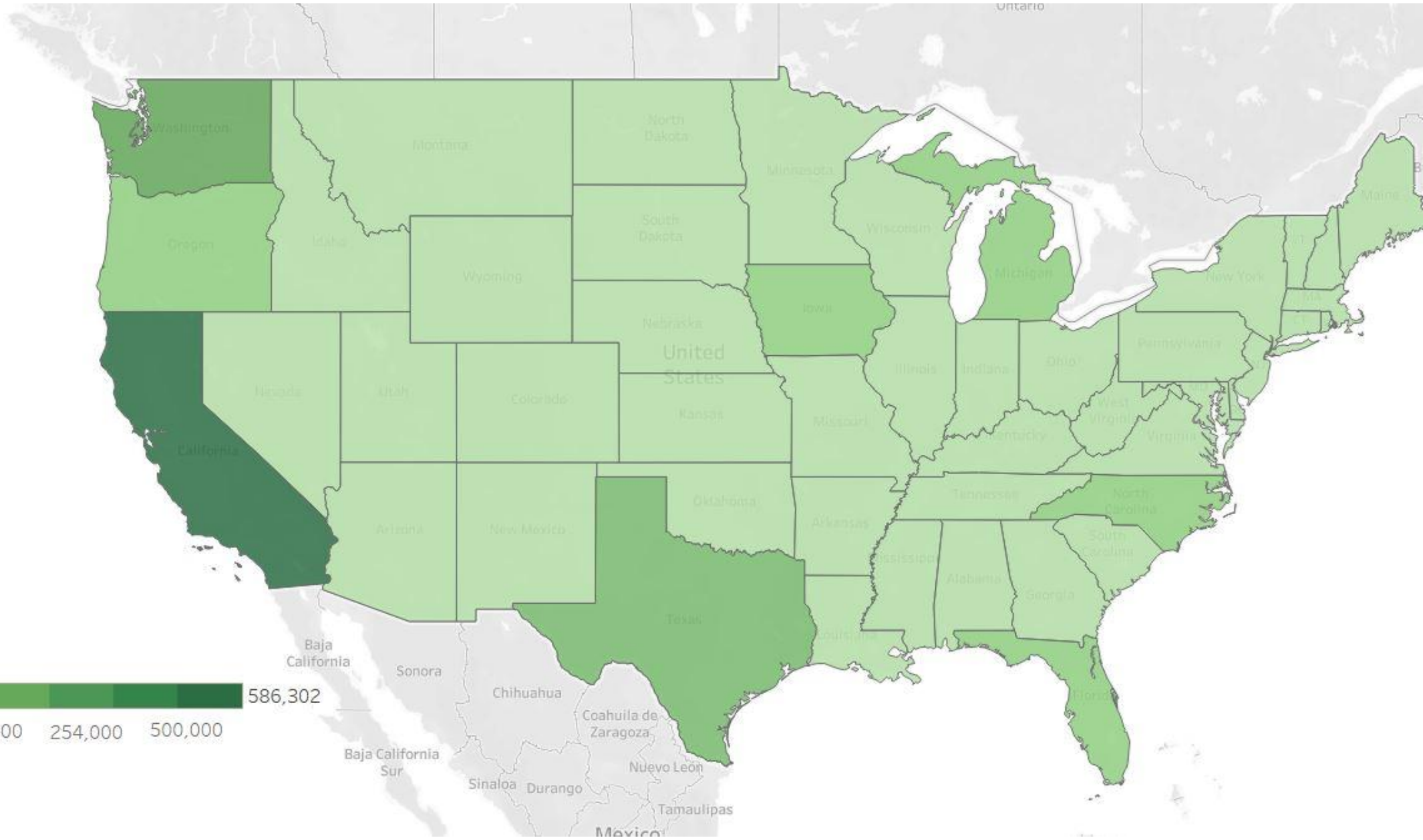
275,430 H-2A positions were certified by Department of Labor in 2020



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.

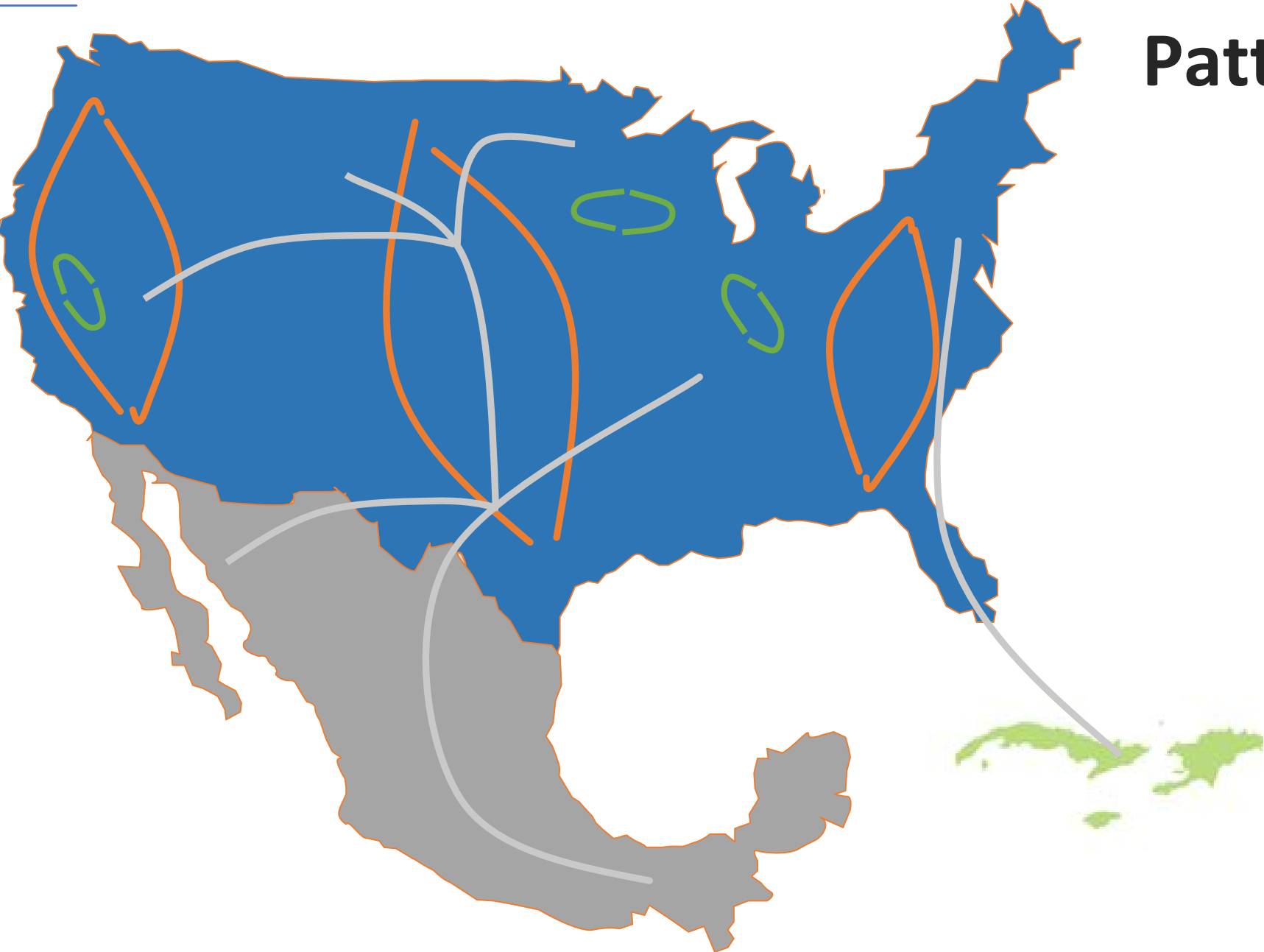
Number of Agricultural Workers by State




Total Ag Workers by State



Patterns of Mobility



 Restricted Circuit

 Point to Point

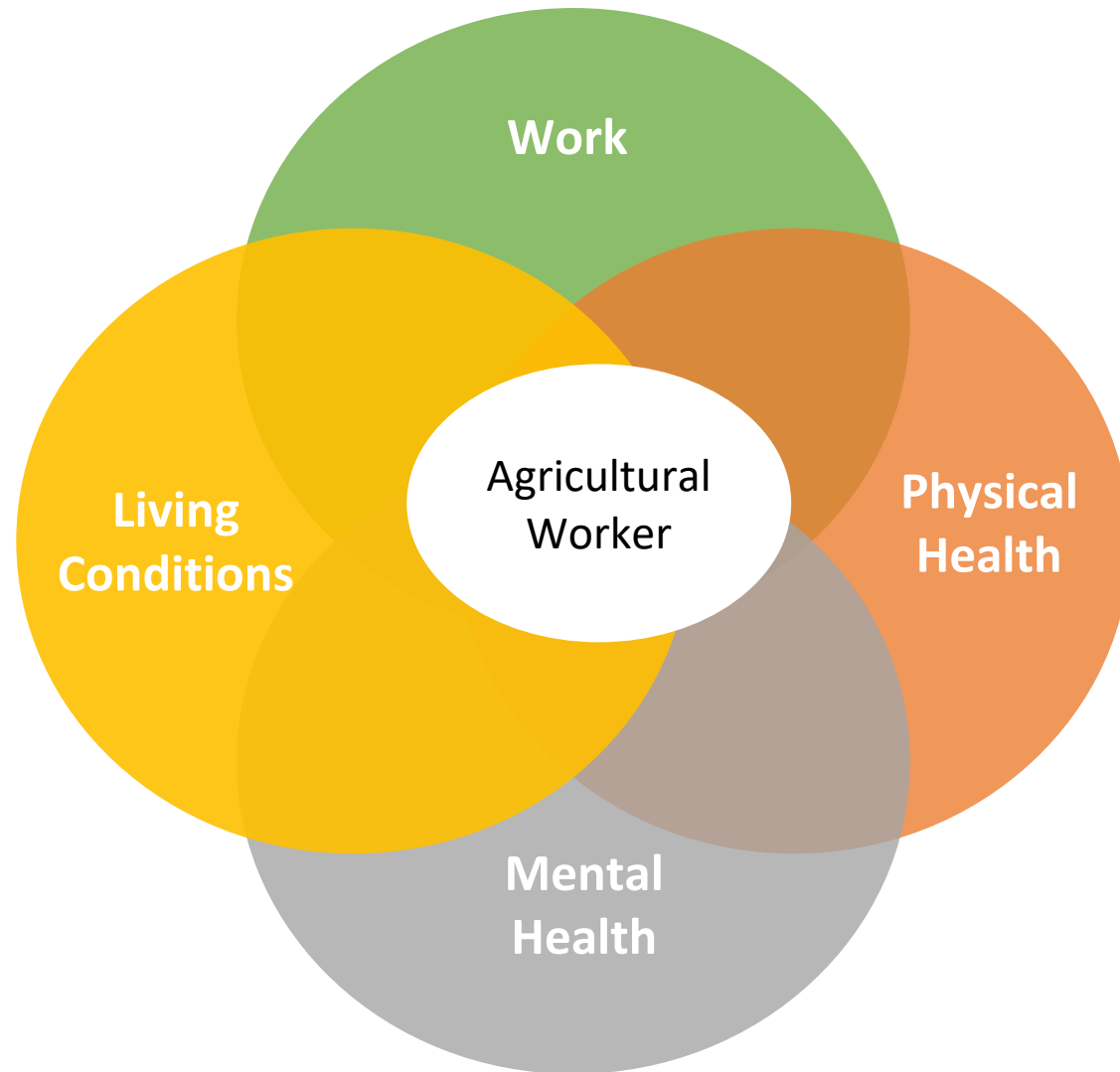
 Nomadic

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

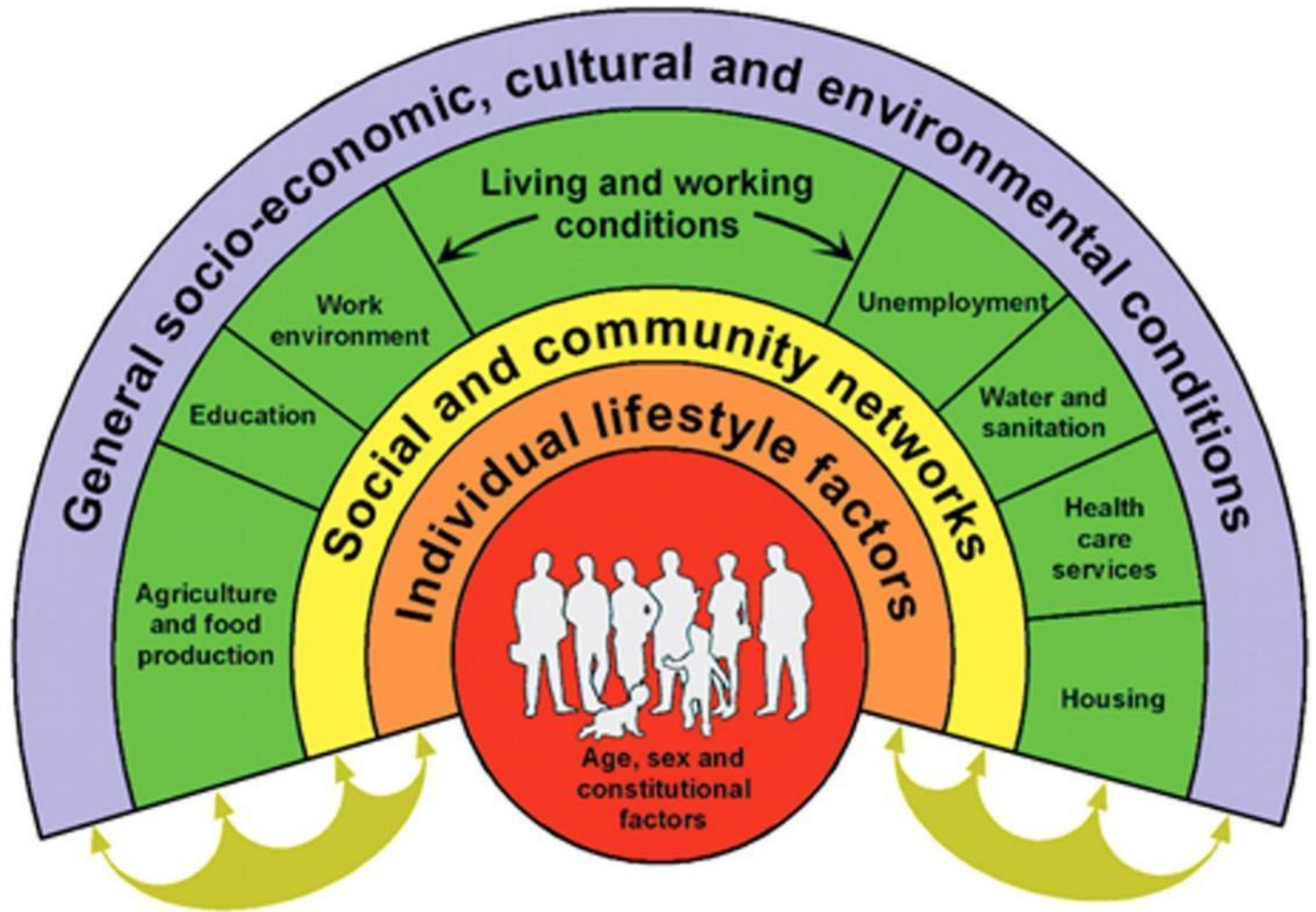


What Impacts Agricultural Worker Health?



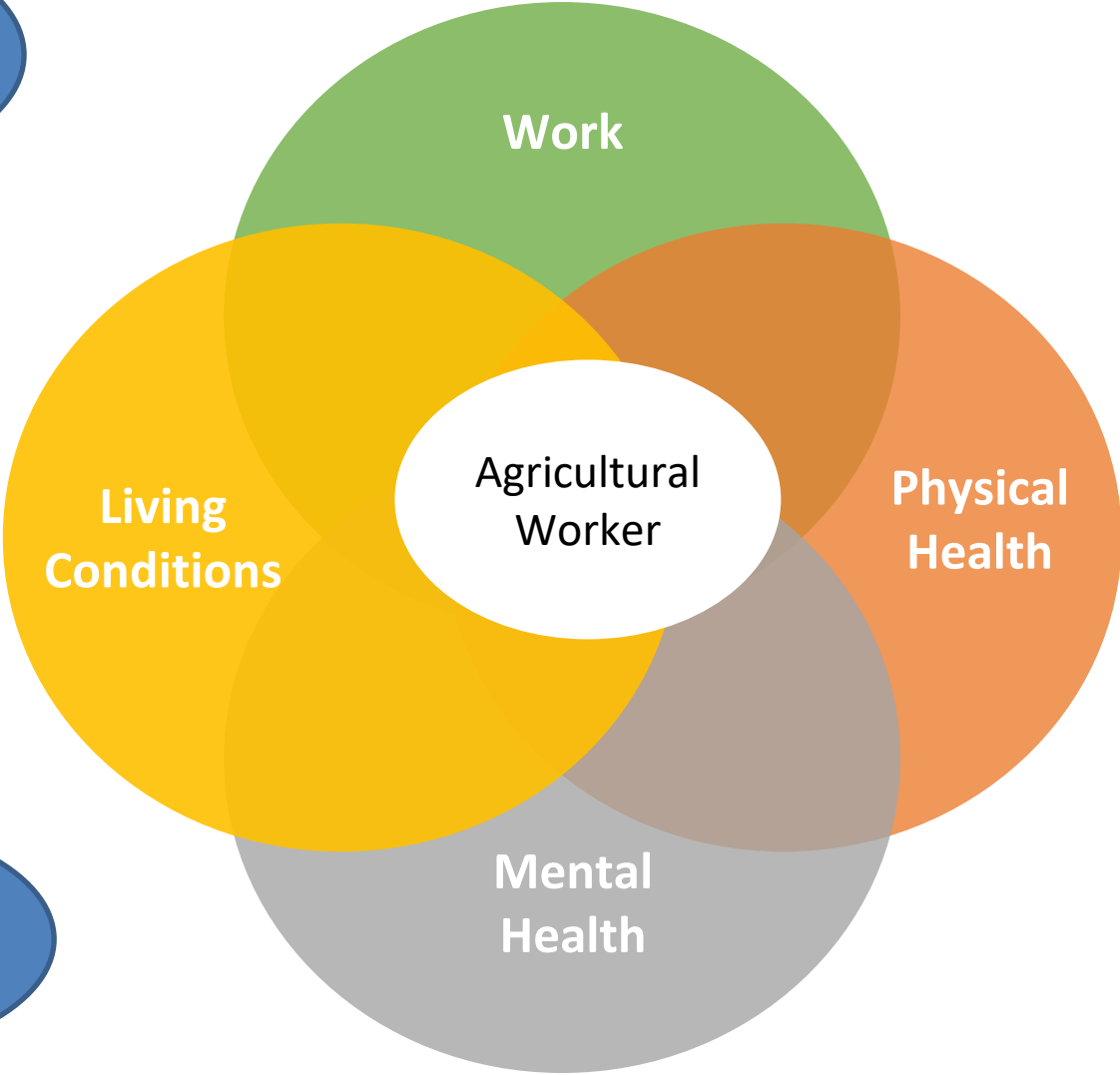
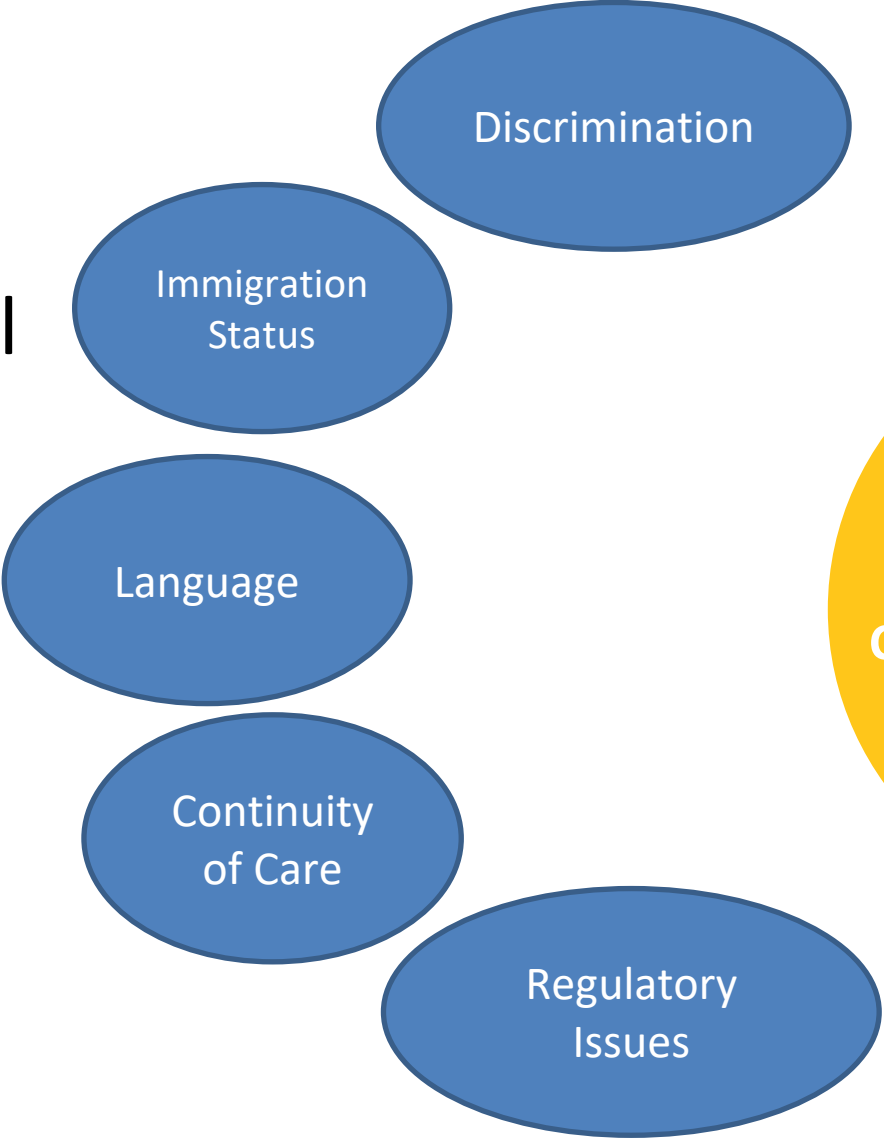
Activity

Think about how Social Determinants of Health (SDOH) impact agricultural workers.



What Impacts Agricultural Worker Health?

Structural
Issues





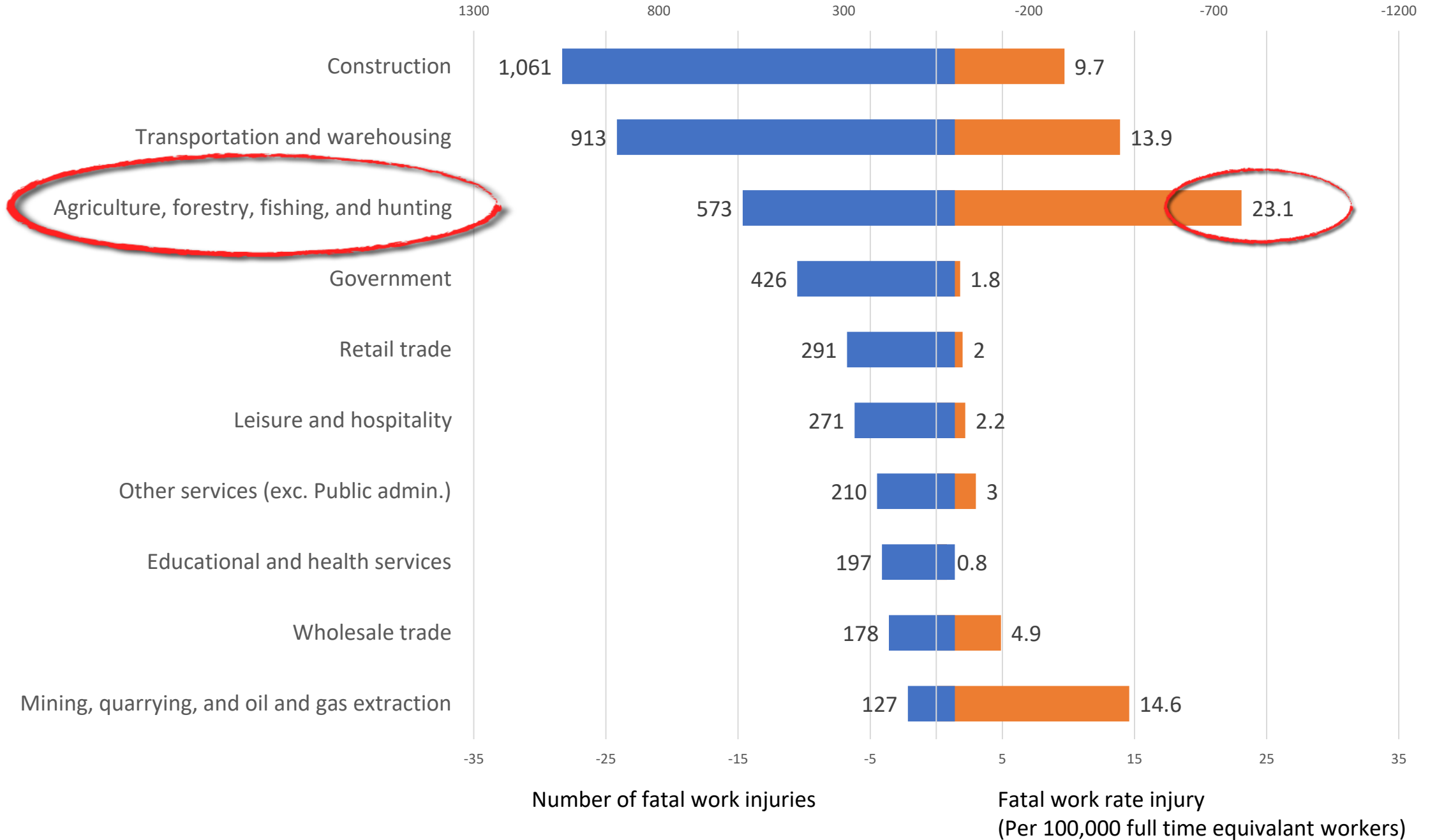
Case Study



Work-Related Health Risks

- 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 and Rate of Fatal Work Injuries by Industry Sector, 2019



In 2019, 573 agricultural
workers died of work-
related injuries



Pesticide exposure
in the fields and at
home



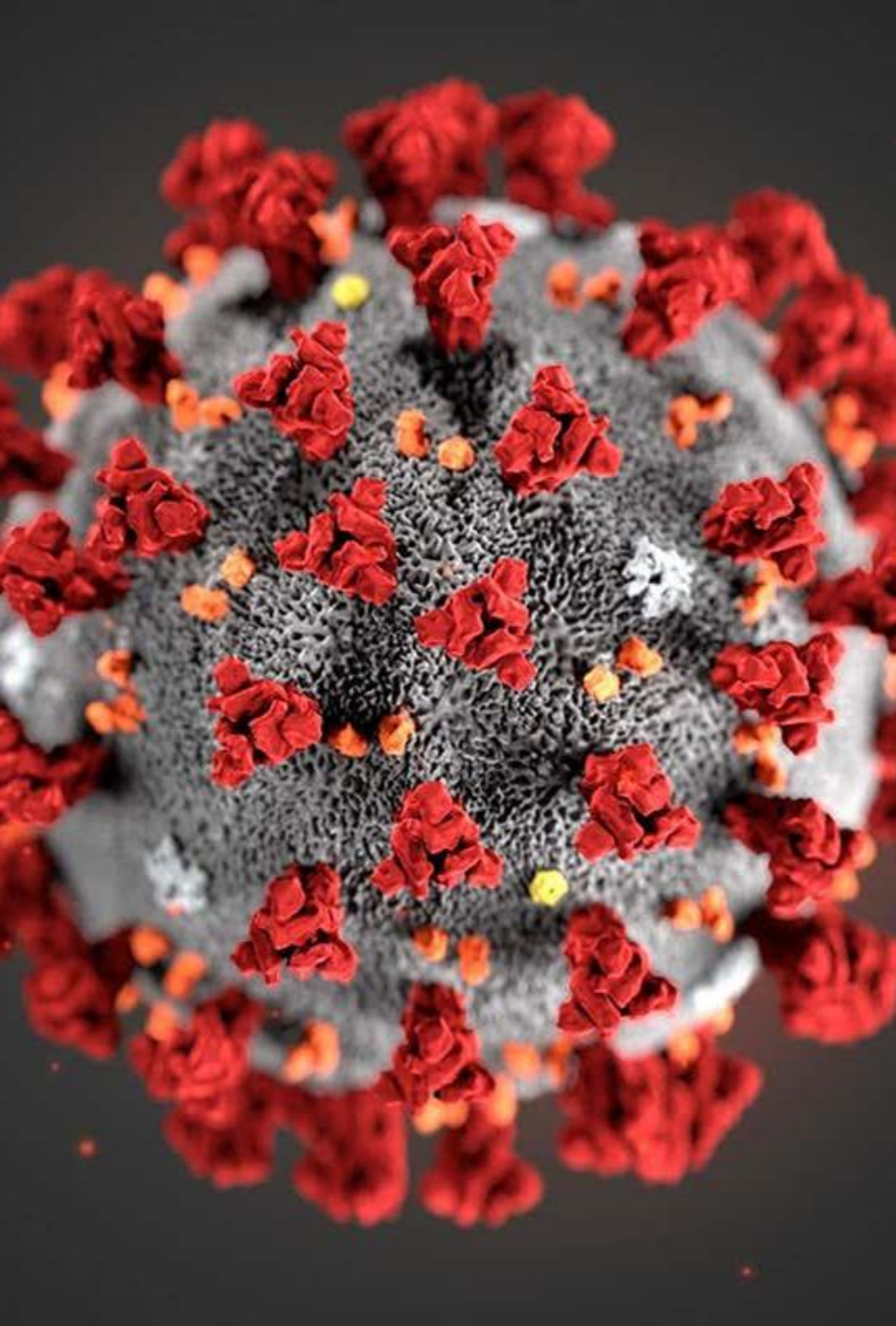
Physical Health

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





COVID-19 and Farmworkers

Farmwork is considered “essential”

Lack of information about COVID-19 in farmworker communities

Difficult to follow CDC recommendations of social distancing and handwashing

- Access to handwashing stations in the fields
- Access to clean water and soap in the homes
- Overcrowding with many people in small spaces
- Transportation to and from the fields and into town (esp. for H-2A workers)

Challenges related to working and living conditions

- Fear of accessing health care/taking sick leave due to employer retaliation
- Access to testing and treatment (esp. since many lack health insurance)
- Ability to isolate if exposed to or infected by COVID-19

Access to testing and vaccines



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





**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

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 health care industry
- Lack of insurance coverage of the population
- Outreach and enabling services are often not reimbursable





Exploring Effective Adaptations for Mobility and Culture

Cultural adaptations

- Culturally sensitive education
- Appropriate language and literacy levels
- Address cultural health beliefs & values

Mobility adaptations

- Portable medical records & Bridge Case Management
- EHR transmission to other C/MHCs

Appropriate service delivery models

- Case Management
- Lay health promoters (Promotores/as)
- Outreach & enabling services
- Coordination with schools and worksites
- Mobile Units

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.

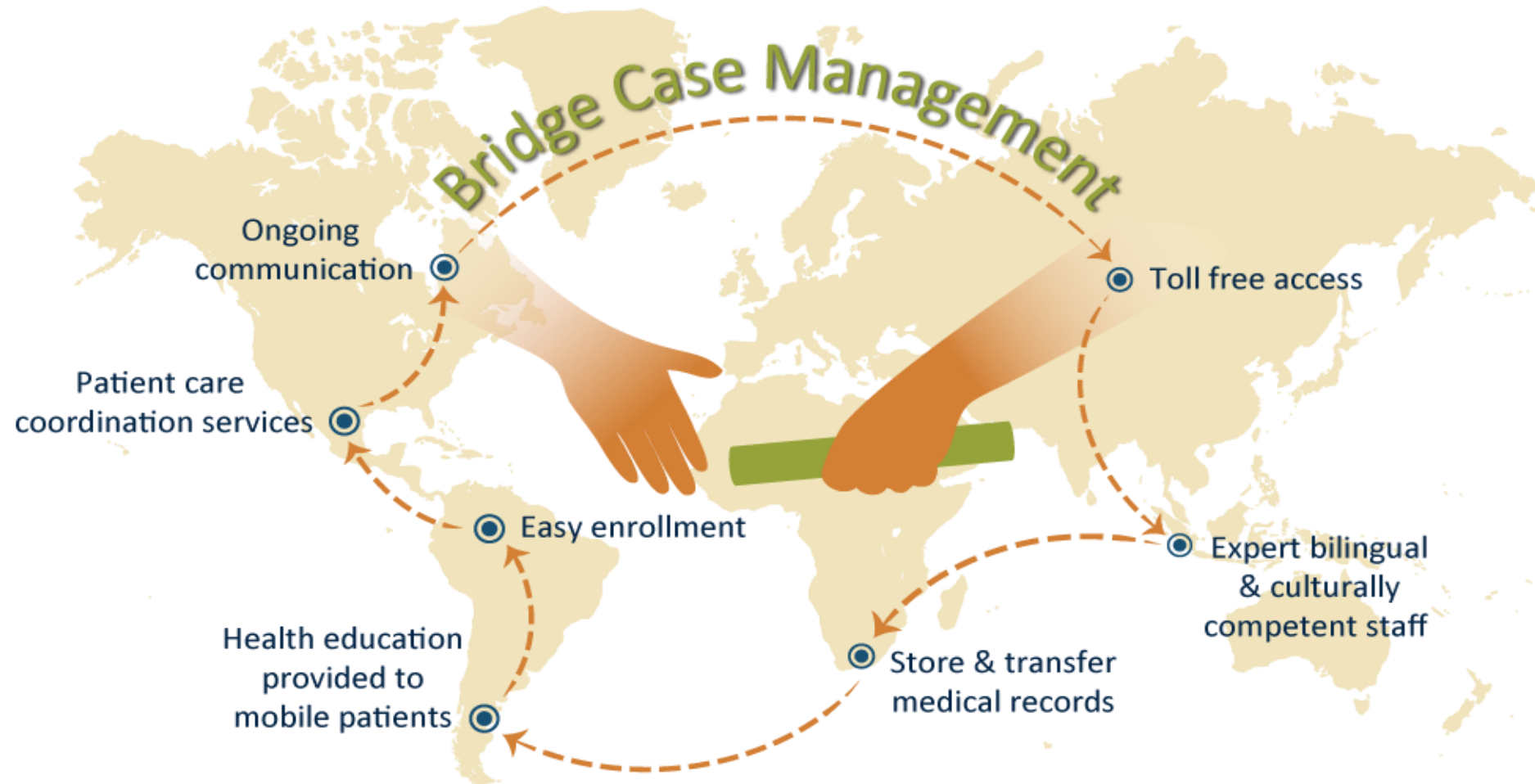


Photo by Tony Loreti for MHP Salud

Voucher Program Model

- 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 midlevel practitioner staffed model
- An organized outreach program is critical to increase access to services

“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**



How to Find the Closest Health Center

HRSA - Community Health Center Directory: <http://findahealthcenter.hrsa.gov/>

NCFH - Migrant Health Center Pocket Directory:

<http://www.ncfh.org/docs/2014%20MHC%20directory.pdf>

or call 1-800-531-5120

Free Clinics Directory: Call 540-344-8242

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

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

Increasing Access to Quality Healthcare for America's Agricultural Workers



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NCFH
National Center for Farmworker Health

should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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





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, public education, and support for union organizing.

Washington, DC
202-293-5420
www.farmworkerjustice.org



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SEARCH

Mapping Inequality: Farmworkers' Rights under State Employment Laws

We are pleased to announce our new [online interactive map](#) and database summarizing the coverage and exclusion of farmworkers under state employment and labor laws.

4



Fight for workers rights



Ensure safe working conditions



Promote access to health care



Empower farmworkers

Farmworker Justice is a nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

[Learn more](#)

Farm Workforce Modernization Act reintroduced in the House of...



Health Outreach Partners

WWW.OUTREACH-PARTNERS.ORG

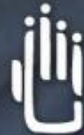
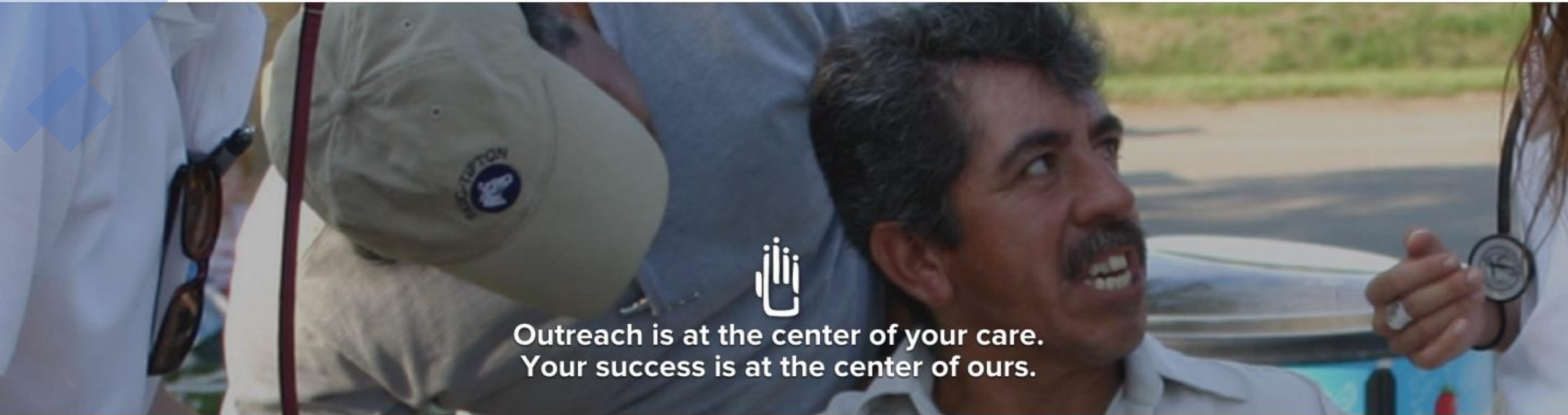
WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

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 Organization





Outreach is at the center of your care.
Your success is at the center of ours.



SERVICES

Learn about how HOP can support the work that you are doing.

[REQUEST A SERVICE](#)



RESOURCES

Access HOP's outreach toolkits, case studies, reports, & more.

[FIND WHAT YOU NEED](#)



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Register for upcoming webinars and view archived webinars.

[ATTEND A WEBINAR](#)



OBV TOOLKIT

Make the financial case for your outreach program.

[FIND OUT HOW](#)

OUTREACH FOCUSED SINCE 1970

Health Outreach Partners (HOP) believes that outreach fulfills a critical need to increase access to health and social services and decrease health disparities for low-income, vulnerable populations. HOP supports safety net health organizations, such as community health centers, to build and strengthen their efforts to increase access

WHAT PEOPLE ARE SAYING

I can be a more equipped and thus a more empowered trainer in driving more positive strategic and transformative change.

MHP Salud builds on community strengths to improve health in farmworker and border communities. We train community leaders to be *Promotores* and *Promotoras de Salud*.

Promotores(as) belong to the same culture and speak the same language as the people they serve. They...

- Provide culturally appropriate health education
- Make referrals to health and social services
- Encourage people to seek care
- Empower community members
- Bring health to farmworkers where they live

We can help you...

- Design an effective *Promotora* program
- Find funding opportunities and draft budgets
- Create an evaluation plan
- Train Program Coordinators and *Promotores(as)*
- Locate and develop health education materials



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www.mhpsalud.org



OUTCOMES-DRIVEN
EXPERIENCED
INNOVATIVE



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Outcomes-Driven
Experienced
Innovative



Our Mission

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.

[read more](#)



MIGRANT CLINICIANS NETWORK



A force for health justice

**Somos una fuerza dedicada a
la justicia en salud**

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 MCN!



Access our
latest
resources



Get updates
from the field



Attend our
virtual trainings

and a lot more at

www.migrantclinician.or



@tweetMC



@migrantclinician



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Founded in 1970, the **National Association of Community Health Centers, Inc.** (NACHC) is a non-profit organization whose mission is to enhance and expand access to quality, community-responsive health care for America's medically underserved and uninsured. In serving its mission, NACHC represents the nation's network of over 1,000 Federally Qualified Health Centers (FQHCs) which serve 16 million people through 5,000 sites located in all of the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam.

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Stay updated on
**Community
Health Care**

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THE CAMPAIGN FOR AMERICA'S HEALTH CENTERS



NACHC ALERTS

6.5.12 [NEW: COMMUNITY HEALTH CENTERS AND VETERAN HIRING issue brief - Now Available for download!](#)



CHI Registration Open

2012 Candidates Forum

2012 House of Delegates
Sunday, September 9, 2012, Orlando, Florida

NACHC News

8.6.12 [President Barack Obama Issues Proclamation for National Health Center Week](#)
HHS Secretary Sebelius Participates in Tele-Town Hall with Health Center Leaders

8.3.12 [Three new briefs on how Community Health Centers are powering healthier communities](#)
Coinciding with National Health Center Week, NACHC has released three new briefs that demonstrate how health centers are powering healthier communities.



The **National Center for Farmworker Health** is a private, not-for-profit corporation located in Buda, Texas, whose mission is "to improve the health status of farmworker families through appropriate application of human, technical, and information resources."

Programs, products, and services in support of our mission, include:

- Migrant specific technical assistance
- Governance development and training
- Program management
- Staff development and training
- Health education program development
- Migrant health and farmworker library and resources

1770 FM 967 Buda, TX 78610
(512) 312-2700 (800) 531-5120
www.ncfh.org



WHO WE ARE

The National Center for Farmworker Health (NCFH) is a private, not-for-profit corporation located in Buda, Texas dedicated to improving the health status of farmworker families by providing information services, training and technical assistance, and a variety of products to community and migrant health centers nationwide, as well as organizations, universities, researchers and individuals involved in farmworker health.

Established in 1975, NCFH has a long history in support of improving access to health care to the farmworker population. We are guided by a nationally represented Board of Directors and are poised to assist organizations with a highly experienced multidisciplinary team of migrant health professionals.

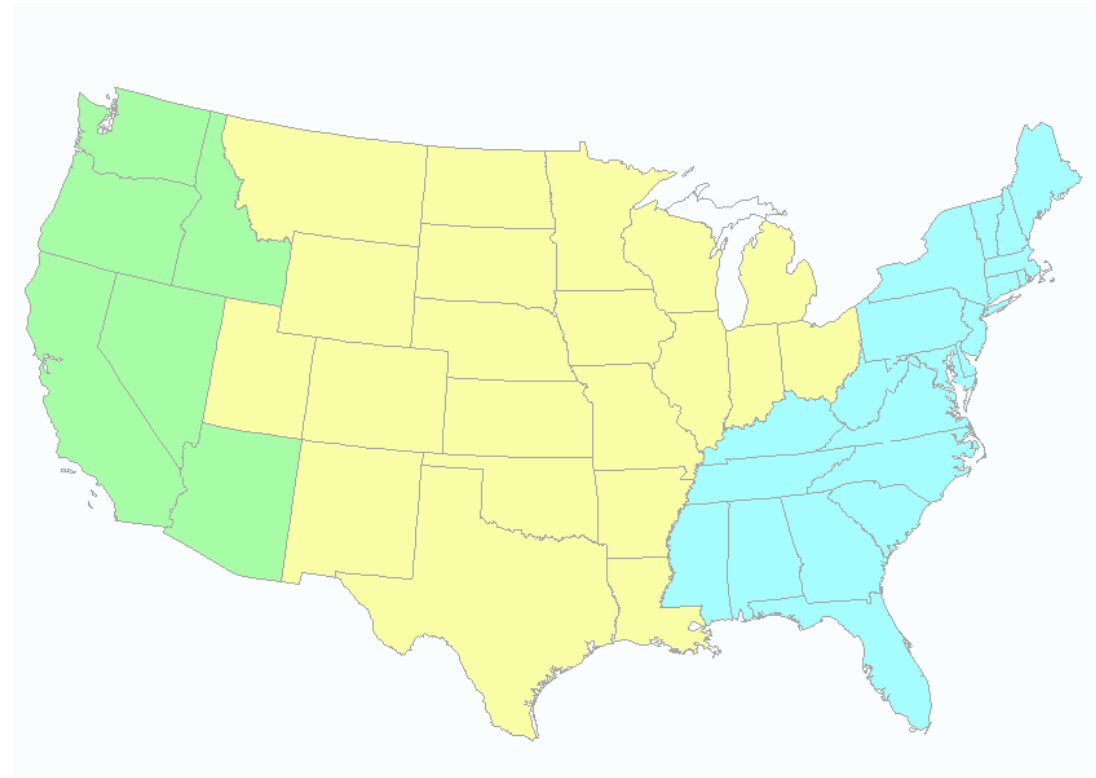
JOIN THE AG WORKER ACCESS CAMPAIGN

I CARE ABOUT AMERICA'S
AGRICULTURAL WORKERS

www.ncfh.org/ag-worker-access.html

Agricultural Worker Forums and National Conference

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





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Bureau of Primary Health Care

Find a Health Center

Health Centers provide high quality preventive and primary health care, even if you have no insurance. [Search for locations near you >>](#)

News & Announcements

- [HRSA announces \\$63 million in ACA funding to expand quality improvement \(08/25/2015\)](#)
- [HHS announces additional \\$169 million in ACA funding for health centers \(08/11/2015\)](#)
- [FY 2016 Substance Abuse Service Expansion Supplement Technical Assistance \(07/30/2015\)](#)
- [FY 2016 SAC Technical Assistance \(06/16/2015\)](#)

Program Opportunities

Funding opportunities for BPHC program participants, information to support Health Center Program look-alikes, and information about joining the Health Center Program.

Health Center Program Requirements

Resources to help current and prospective health centers understand program requirements.

Health Center Quality Improvement

Information on support networks, performance measures, and quality initiatives to support Health Center Program participants.

Health Center Data & Reporting

Information on the Uniform Data System (UDS) for Health Center Program grantees and look-alikes, and access to health center data.

Additional BPHC-Funded NTTAPs – Special and Vulnerable Populations

- Association of Asian Pacific Community Health Organizations
 - <http://www.aapcho.org>
- Corporation for Supportive Housing
 - <http://www.csh.org>
- Equitable Care for Elders – Harvard University School of Dental Medicine
 - <https://ece.hsdm.harvard.edu>
- National Center for Health in Public Housing
 - <https://nchph.org>
- National Health Care for the Homeless Council
 - <http://www.nhchc.org>
- National LGBT Health Education Center
 - <http://www.lgbthealtheducation.org>
- National Nurse-Led Care Consortium
 - <http://www.nurseledcare.org>
- School-Based Health Alliance
 - <http://www.sbh4all.org>
- Futures Without Violence
 - <https://www.futureswithoutviolence.org/>



Additional BPHC-Funded NTTAPs – Capacity Development

- Association of Clinicians of the Underserved
 - <http://www.clinicians.org>
- Capital Link
 - <http://www.caplink.org>
- Community Health Center, Inc.
 - <http://www.weitzmaninstitute.org>
- Health Information Technology Training and Technical Assistance Center (HITEQ)
 - <http://www.hiteqcenter.org>
- National Center for Medical-Legal Partnership
 - <http://www.medical-legalpartnership.org>
- National Network for Oral Health Access
 - <http://www.nnoha.org>



Health Center Resource Clearinghouse

The screenshot shows the homepage of the Health Center Resource Clearinghouse. At the top left is the logo, which consists of a red and blue geometric design followed by the text "HEALTH CENTER RESOURCE CLEARINGHOUSE". To the right of the logo is a navigation menu with the following items: "ABOUT", "OUR PARTNERS", "FIND RESOURCES", "PRIORITY TOPICS", and "CONNECT WITH US". Below the navigation is a large banner image of healthcare professionals in a meeting. On the left side of the banner, there is a vertical sidebar with four menu items: "Learn About the NCAs" (with a monitor icon), "Find Resources" (with a magnifying glass icon), "Priority Topic: Diabetes" (with a document icon), and "Have a Question? Ask Us" (with a speech bubble icon). In the center of the banner, the text "Quick Finds:" is displayed above the subtext "Use these links to find resources from our database on our topic areas." Below this text is a dark blue grid containing twelve topic categories, each with an icon and a label: Diabetes (person with crosshair), Capital Development (gears), Clinical Issues (crosshair), Emerging Issues (heart with crosshair), HIT/Data (person with gear), Leadership (person with gear), Outreach (arrow), Governance (document with grid), Practice Transformation (bar chart), Special & Vulnerable Populations (two people), Social Determinants of Health (person with gear), Workforce (gears), Quality Improvement (line graph), Finance (dollar sign), and Emergency Preparedness (gears).

www.healthcenterinfo.org

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Thank
you