



National Advisory Council on Migrant Health

July 22, 2022

The Honorable Secretary Becerra, J.D.
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Becerra,

The National Advisory Council on Migrant Health (NACMH, hereby referred to as the “Council”) advises, consults with, and makes recommendations to the Secretary of Health and Human Services (HHS) and the Administrator, Health Resources and Services Administration (HRSA). Specifically, the Council is charged with reviewing the health care concerns of migrant and seasonal agricultural workers (MSAW), and the organization, operation, selection, and funding of migrant health centers and other entities assisted under section 330(g) of the Public Health Service (PHS) Act, as amended, 42 USC 254(b), with the goal of improving health services and conditions for MSAWs and their families. Please find an overview of the Council’s May 31-June 3, 2022 meeting and three key recommendations that fulfill our charge.

Overview

In adherence to safety measures and travel restrictions related to the COVID-19 public health emergency, the meeting was held via webinar. HRSA leadership provided an update on the HRSA Health Center Program (HCP), including the HRSA COVID-19 response, and HRSA efforts to improve MSAW health. Presentations from migrant health experts and representatives from MSAW serving organizations included:

- Public Health Impact of Climate Change on Agricultural Workers
 - Miranda Dally, MS, Center for Health, Work & Environment, Department of Environmental & Occupational Health, University of Colorado
- National Association of Community Health Centers (NACHC) Update
 - Rachel A. Gonzales-Hanson, Interim President and Chief Executive Officer, NACHC
- Panel Presentation: Addressing Vaccine Hesitancy in Migrant and Seasonal Agricultural Workers
 - Eva Galvez, MD, Virginia Garcia Memorial Health Center, Oregon
 - Alma Galván, MHC, Senior Program Manager, Migrant Clinicians Network

- Ed Franchi, Director, Agricultural Worker Program, Keystone Rural Health Center, Pennsylvania
- Housing and Health Disparities: Addressing the Public Health Impact on Migrant and Seasonal Agricultural Workers
 - Carmen Amigon, Council Member, NACMH - Moderator
 - Sara A. Quandt, PhD, Professor, Wake Forest School of Medicine, North Carolina
 - Briana Cardoza, MPH, Chief Business Development Office, TrueCare, California

The Council also received first hand testimonies from seven MSAWs and three patient advocates/promoters from Wilsonville and neighboring areas in Oregon. The state is home to approximately 37,200 farms and ranches, which grow and raise over 220 different crops.ⁱ There are an estimated 746,269 hired agricultural workers in the state.ⁱⁱ In recent years, MSAWs in Oregon have endured the disproportionate impact of the COVID-19 pandemic like their counterparts across the nation, but have also suffered as a result of the wildfires that have ravaged this part of the State.

The testifiers indicated that while being essential workers, they had limited access to N95 masks, and that COVID-19 disease transmission and Long-COVID continue to be a concern in the MSAW population. In response to our question about their most common sources of health information, they indicated that many of them depend on social media as a source of information on COVID-19. The lack of access to culturally and linguistically reliable COVID-19 health information from a trusted source is leading to high levels of vaccine hesitancy. One of the MSAWs who was promoting vaccination efforts in the community expressed that she was “scared to vaccinate her child because the vaccines were made available so quickly.” Testifiers also spoke about family members that had succumbed to the pandemic, and about the loneliness and depression, they have experienced since the onset of the pandemic. The pandemic has taken a severe toll on the mental health of MSAWs, and based on the testimonies provided, access to culturally appropriate mental health services continues to be a widespread challenge.

Several testifiers shared how the changing weather patterns and wildfires in the area where they live and work have had a devastating impact on several MSAW communities in Oregon. One testifier highlighted how changing weather patterns often dictate work schedules, explaining how she wakes up in the middle of the night to go to work to get enough hours of work before it gets too hot. Testifiers also shared about other life circumstances that do not permit choices, such as going to work even when the weather is dangerous for their health, “we have to work because we have to work.” Another testified that despite understanding the importance of hydration, they were reluctant to hydrate because they “did not want to stop working to take a break to use the far away bathrooms.”

The testifiers spoke about inadequate access to safe and affordable agricultural worker housing, insufficient implementation of existing regulations, and how these realities directly affect their health. Congestion and lack of safety were cited as important housing related concerns. The high cost of housing often results in 15-20 people sharing a three-bedroom dwelling. Testimony was provided about three female MSAWs that needed to share a house with about a dozen male workers. Even though the women had their own room, they were fearful and felt vulnerable to sexual advances or assault especially on weekends when the male housemates would get drunk. In employer-provided housing, the workers explained that they are responsible for providing their own bedding as well as other necessary supplies, which is a challenge for transient agricultural workers.

MSAW parents also shared concerns about their children walking to school alone while the parents were at work, because of the long distances they had to travel to arrive at work especially in rural areas. The lack of sufficient regulations to keep housing conditions livable, inadequate enforcement of existing standards, the lack of privacy and safe living conditions, as well as the stress of raising children in these conditions is taking a tremendous toll on the physical and mental health of the nation's MSAWs.

The Council reviewed the information received during the meeting, and engaged in interactive discussions about what comprehensive, evidence-based issues aligned with their experiences and concerns in their geographic regions.

Recommendations

In accordance with the Council's charge under section 218 of the Public Health Service Act to advise, consult with, and make recommendations to the Secretary emphasizing the goal of improving health services and conditions for MSAWs and their families, and in context of the evidence presented at this meeting, we submit the following recommendations for your consideration.

Recommendation I: Address the Impacts of the Climate Crisis on Migrant and Seasonal Agricultural Workers.

The Council calls on the Secretary to support a national strategy and initiative led by the Department of Health and Human Services (HHS), bringing together an interagency effort to coordinate stakeholders that address MSAW health and welfare challenges, related to climate change. Taking into account the seriousness of the impacts of climate change on more than 2.4 million agricultural workers in the nation,ⁱⁱⁱ it is urgent that HHS develop a national strategy. This strategy should address the multifaceted impact of the climate crisis on agricultural workers including, but not limited to heat stress, pesticide exposure, food security, and access to clean potable water. This complex issue can only be addressed through coordination, collaboration, and necessary capacity building utilizing both public and private resources, as follows.

I. Interagency Collaboration

Following the lead from the Biden Administration's initiative to protect workers, enhance workplace safety, build local resilience and address environmental justice, the Council recommends that the Departments of Health and Human Services (HHS), Labor (DOL), Agriculture (USDA), Homeland Security (DHS), the Environmental Protection Agency (EPA) and the National Oceanic and Atmospheric Administration (NOAA) establish a taskforce to share data and information, and collaborate on a national strategy that identifies their agency's areas of responsibility for addressing this pressing concern and define a clear set of actions to collectively address the disproportionate impact of the climate crisis on agricultural workers. The Council recommends that this interagency taskforce at a minimum address the following:

- Share individual agency level scientific information and data to support education about the development of a federal standard to protect agricultural workers from excessive heat exposure to be monitored through the Occupational Safety and Health Administration (OSHA).

- In light of the recent launch of OSHA’s National Emphasis Program (NEP)^{iv} to protect employees from heat-related hazards and resulting injuries and illnesses at work, we recommend that OSHA ensure establishing a mechanism for:
 - Ongoing information sharing, and funding to support the development and distribution of training materials for limited English and low literacy populations.
 - Enabling inspections on days that heat warnings or advisories are in effect for the local area; and
 - Providing necessary resources for staff to implement compliance assistance to monitor agricultural workplaces without delay.
- Information gathered through the recent OSHA notice of proposed rulemaking, facilitate the creation of a standard to address heat illness prevention in the workplace. Further, this proposed standard should be shared with other relevant agencies to inform the aforementioned national strategy to protect agricultural workers.^v

II. Support for Implementation and Improved Monitoring of Existing Regulations to Mitigate the Impacts of Climate Change on Agricultural Workers

The Council recommends federal and nonfederal partners renew and sustain collaborations to ensure that workers' protection and safety regulations are implemented and monitored with particular attention to exposure to indoor and outdoor heat hazards and harmful environmental and health conditions, to promote employer accountability. This includes agricultural practices that exacerbate the impact of climate change on the environment, agricultural workers, and the agricultural industry.

The Council further recommends the Secretary support USDA and DOL to collaborate with industry leaders such as the National Council of Agricultural Employers (NACAE) to include new standards that ensure: a) access to fresh, drinking water in close proximity to workers, b) frequent breaks that allow workers to use bathrooms as needed without penalty, and c) covered areas for rest and protection from environmental conditions. We recommend that representatives of these entities work collaboratively to develop a structured plan for compliance and monitoring of protective measures, including clearly articulated penalties and rewards to encourage full compliance.

III. Developing National Agricultural Worker Protection Standards for Extreme Heat and Wildfire Smoke

Heat is the leading cause of death among all weather-related workplace hazards. There is an urgent need for developing uniform standards to protect agricultural workers from the hazards of extreme heat. The prescribed standards must include:

- Mandatory training on standards and symptom identification for all employers.
- Access to shade and preventive cool down breaks, and other heat illness prevention strategies and plans.
- Protective measures for workers who rely on employer-provided housing as part of their employment contract.
- Mandatory training on standards and symptom identification for workers utilizing culturally and linguistically appropriate materials including visual tools for MSAWs with limited literacy.

There is also an urgent need for wildfire smoke standards to mitigate the effects of climate change, and rules that take into account the reality of the threat, and bolster agricultural workers ability to prepare for the associated hazards. These standards must include:

- An array of tools for: a) exposure assessment and controls, b) training to reduce exposure and address appropriate actions in the event of an exposure, c) specific safety protocols, and d) a detailed communication strategy to respond to imminent or present hazard.
- A mandatory “Communication Plan” to notify MSAWs of changes in the air quality that necessitate an increase or decrease in the level of exposure controls.
- Clear concise information on hazard exposure levels to inform employer and employee of appropriate safety protocols. For example, at the lowest level of exposure, workers may be able to work with regulation quality (KN95) face coverings. As the levels of exposure increase, greater safety measures (including work cessation) will need to be instituted to protect workers and the community. In each case safety equipment and protocols must be clearly articulated.
- Uniform standards applicable to employers whose employees are or may be exposed to wildfire smoke, where the ambient air concentration for fine particulate matter (PM2.5) is at or above 35.5 up/m³ (Air Quality Index value of 101 for PM2.5). Employer must provide clear instructions on appropriate use and distribution of individual filtering respirators to exposed employees.
- In conjunction with standards for air and heat monitoring, all employers should be required to offer free training and educational resources to support employer compliance.
- Training programs for agricultural workers must be culturally and linguistically appropriate for all literacy levels to achieve the desired health protection for these crisis situations.

IV. Create a National Agricultural Worker Vulnerability Awareness Campaign

The Council also recommends that the Secretary support the creation and promotion of a national campaign to raise awareness of the importance of agricultural workers in securing our nation’s food supply and to our economy, emphasizing their vulnerability, and the dignity and respect due to agricultural workers. This effort should build upon the expertise of migrant and community health centers (M/CHC) and community-based organizations (CBO) that have established relationships with both agricultural workers and the local community. The Council recommends that this national campaign:

- Provide accurate information to combat and dispel misinformation about agricultural workers.
- Educate the public about the disproportionate vulnerability of agricultural workers to the climate crisis, by providing concrete examples such as: agricultural workers are 35 times more likely to die from heat-related illness than other workers.^{vi}
- Center on a strategy that will increase trust and understanding while addressing health disparities and gaps within migrant and seasonal agricultural worker receiving communities.
- Include agricultural worker input to create science/fact-based messaging that takes language, literacy, culture, values, and beliefs into account, to reach the widest possible audience.
- Include respected personalities and people who MSAWs find easy to relate to, including athletes, artists, social leaders, media personalities, etc.
- Engage farmers and their professional association as allies in this campaign.

V. Community Partnerships to Address Climate Change and Resulting Health Hazards

The Council recommends that HRSA support M/CHCs to partner with local CBOs that have built trust with agricultural workers to improve MSAW access to information, services, and protection against climate change related illnesses.

VI. Targeted Support for the Health Center Program to Address Agricultural Worker Health

The Health Center Program (HCP) serves over a million MSAWs annually, and health centers are recognized and trusted community partners/leaders. Therefore, the HCP is poised to partner with trusted stakeholders in addressing the climate vulnerability of agricultural workers. This Council recommends, then, that HRSA, via the Bureau of Primary Health Care (BPHC), adopt a proactive role in identifying, preventing, and mitigating the health and welfare impact of climate change through the following actions at the national, state and community levels:

- A. Establish partnerships with federal agencies such as (but not limited to) the DOL, EPA and others that work with MSAWs to share information and enable pathways for cooperative actions to jointly combat the climate crisis. For example, HRSA might establish new and build upon existing relationships to increase awareness of climate change on MSAWs with:
- The DOL Agricultural Connection Community to provide information about local health centers and climate change as they fulfill their role to provide workforce information and technical assistance resources that support career services and training for MSAWs.
 - DOL State Monitor Advocates disseminate information on health centers, climate change and the availability of health care.
 - The EPA, Office of Chemical Safety and Pollution Prevention, Office of Pesticide Programs, Certification and Worker Protection Branch to mitigate MSAW climate vulnerability.
- B. BPHC, DOL and Centers for Disease Control (CDC), Deployment Globally Mobile Populations Team (Global Migration Task Force) and HRSA National Training and Technical Assistance Partners (NTTAPs):
- Collaborate to create an evidence base that is informed by MSAWs to set standards for:
 - Practical adaptation strategies that take MSAW experiences and access to health care into account.
 - MSAW specific trauma-informed care to address the climate impact.
 - Training materials for accurate identification of climate impact symptoms on MSAWs, for HCP grantees. All informational materials created should include access to state and regional Departments of Public Health hotlines.
 - BPHC HCP grantees ensure:
 - MSAWs receive culturally appropriate information on climate change in both oral and written format in their native languages, to protect themselves and other MSAWs from adverse situations.
 - Health center primary and preventive care encounters include conversations around the patient's work and climate vulnerability assessment.
- C. HRSA continue to emphasize the essential role of promotoras in care teams serving MSAWs. Promotoras have been established as trusted individuals who empower their peers through education

and connections to health and social services in Spanish speaking communities. It is recommended that:

- HRSA support extending this model to other minority MSAW communities such as indigenous language and Haitian Creole speakers.
- MHC care and outreach teams use promotora insights and knowledge of cultural norms to provide relevant health information and education to help MSAWs work through the barriers they face when addressing the impact of climate change and challenges such as navigating the health care and social services systems.
- HRSA develop a training program and cadre of community health and medical legal workers/promotoras that provides training on the use of a Trauma Informed approach to health care.

D. HRSA, BPHC reinforce National Training and Technical Assistance Partner capabilities. Specifically, pertaining to:

- Regular training and retraining on the impact of climate change, for all M/CHC staff including front desk and providers at all levels. Staff and provider training should include skill building to systematically screen for climate vulnerability using trauma informed tools, to ensure that patients experiencing climate effects such as heat related illness and pesticide poisoning may not go unrecognized by clinicians because they lack training.
- Expanding innovative efforts, such as the HRSA supported Environmental Justice Symposium hosted by Farmworker Justice.^{vii} In addition, support the creation of a validated C/MHC screening tool to improve screening and identification of climate impact.
- Creating community programs to educate agricultural workers, and include opportunities to pilot MSAW specific screening tools, that:
 - Communicate consistent culturally and linguistically appropriate public health and safety messaging, for non-English/Spanish speakers to promote diversity, inclusion, and equity.
 - Develop visual training and workshop resources at a primary education reading level, using input from MSAWs to account for linguistic and cultural nuances, ensure accurate translations and ascertain end user acceptability.
 - Ensure that materials do not perpetuate stereotypes.
 - Format resources so workers can easily access resources in agricultural settings.

E. HRSA Operational Site Visits to M/CHCs require and confirm that health centers serving MSAWs conduct an occupational screening for all patients to better identify MSAWs and document climate impacts.

F. Ensure M/CHCs establish and maintain memorandums of agreement with local acute care facilities to cross train staff in identifying unique challenges faced by MSAWs and provide continuity of care.

G. Ensure M/CHCs establish local medical legal partnerships to assist patients in situations where humane working conditions may need to be negotiated.

Background

The Problem

The nature of their jobs exposes agricultural workers to an increased risk of the negative health consequences of climate change, exposes them to environmental hazards for longer periods of time, and at a greater intensity than most people. The climate vulnerability of agricultural workers is different from that of agricultural producers, and their drought vulnerability is dynamic and changes with adaptation decisions made during a drought. Climate change is compounding their existing stressors and health disparities, and impacts their health through the following pathways:

- *Increasing temperature:*
 - Annual average temperatures in the US have increased in the past three decades. Temperatures in the Pacific region, which has a high concentration of agricultural workers, have increased by 1.5 to 2 degrees.^{viii} Increased heat places more strain on the body, especially when working outdoors.
 - *Health impact: Increased mortality from heat illness, exacerbation of underlying medical conditions, increased incidence of traumatic injuries, and chronic kidney disease.*
- *Air pollution:*
 - In 2020, nearly 100 million people lived in counties where air pollution exceeded the exposure limit for one or more pollutants, including smoke from wildfires.^{ix} Agricultural workers do not have the option to stay inside when air quality is unsafe.
 - *Health impact: Exacerbation of asthma, allergic diseases, and chronic diseases.*
- *Water quality and availability:*
 - The percent of the land areas experiencing drought in the US has increased significantly since 2000. Drought increases the concentration of pollutants, increases the risk of wildfires, and alters the ecosystem in ways that reduce crop yields.
 - *Health impact: Diarrhea, cholera, dysentery, hepatitis A, typhoid.*
- *Extreme weather events:*
 - The frequency of extreme weather events (e.g., drought, wildfires, freezing, cyclones, severe storms, winter storms) has increased dramatically over the past 40 years.^x These events have both economic and health consequences.
 - *Health impact: Traumatic injuries, post-traumatic stress disorder.*
- *Ultraviolet (UV) radiation:*
 - The intensity of UV radiation has increased over the last 30 years and is expected to continue to increase.^{xi} Common protections such as sun-blocking clothing can make workers more susceptible to the heat.
 - *Health impact: Skin cancer, premature aging, eye damage, immune system suppression.*
- *Vector-borne diseases & biological hazards:*
 - Climate change has altered the distribution of vector-borne diseases and led to the increased use of pesticides. Workers are exposed to diseases that were not previously a concern, and rates of pesticide poisoning have increased in those areas.^{xii}
 - *Health impact: Lyme disease, skin irritation, cancers from increased pesticide use.*
- *Displacement:*
 - Climate change can be a factor in displacement of populations, as increased heat leads to lack of water for agriculture or human settlement.^{xiii}

- *Health impact: Diminished sense of self and disrupted social interactions within established communities, stress related to relocation, disruption in education for children of farmworkers, employment disruption; conflict and violence.*
- *Industrial transition:*
 - Changes in agriculture due to climate change have consequences for workers.^{xiv}
 - *Health impact: Job insecurity, food insecurity, under-employment, unemployment.*

The health outcomes of climate change for agricultural workers are influenced by social and behavioral factors that affect their ability to adapt or respond to exposure pathways they encounter at work. These factors include age and gender; race and ethnicity; poverty; housing and infrastructure; education; discrimination; pre-existing health conditions; access to care and community health infrastructure.^{xv} Agricultural workers' vulnerability to climate change is further accentuated by environmental justice factors, such as proximity and exposure to environmental stressors; unique exposure pathways; physical infrastructure including poor housing; multiple stressors with cumulative and compounding impacts; and limited capacity to participate in decision making.^{xvi}

Pay structures and workers' compensation laws also impact agricultural workers' ability to limit their environmental exposure and protect their health. The federal Fair Labor Standards Act (FLSA) excludes agricultural workers from overtime pay. In states with no overtime laws or where agricultural workers are not covered by those laws, workers do not have rights to overtime pay.^{xvii} Hourly workers or those who do piece work regularly have to decide between taking a break or doing as much work as possible. Workers' compensation laws in some states exclude workers who are not state residents.^{xviii} Workers in states that do not have workers' compensation laws may fear for their jobs if they report an injury.^{xix}

Climate change also has economic consequences. Increasing temperatures are associated with reduced agricultural production, changes to crops and higher rates of occupational illness and injury, all leading to loss of jobs and income.^{xx xxi xxii}

Opportunities and Impact

The nation has a responsibility, and the government the power to protect agricultural workers from the disproportionate vulnerabilities of climate change. Executive Order 14008 (EO14008) - Tackling the Climate Crisis at Home and Abroad, sets forth a government-wide approach to address the climate crisis and led to the creation of The Office of Climate Change and Health Equity (OCCHE). The EO established a National Climate Task Force charged with facilitating the organization and deployment of the three priorities set forth by EO14008: climate and health resilience for the most vulnerable, climate actions to reduce health disparities, and health sector resilience and decarbonization. When fully implemented these priorities have the potential to make significant changes to the disproportionate vulnerability of agricultural workers to climate change. The Council thus calls on OCCHE to elevate the occupational health needs of agricultural workers as it works collaboratively with various agencies within HHS, and the interagency working group it has convened to fulfill its charge to create an environment where every agricultural worker is safe and healthy.

EO14008 also requires federal agencies to develop climate action plans that describe their agency's climate vulnerabilities and steps to be taken to bolster adaptation and increase resilience. The Council recommends HRSA create an action plan to address the public health impact on agricultural workers,

with a representation of vulnerable groups in this effort to allow for inclusion of their needs and experiences.

Recommendation II: Address the Public Health Challenges Resulting from COVID-19 with Regard to Vaccine Hesitancy, Long-COVID, and Resulting Mental Health Challenges.

The Council calls on the Secretary to support a national initiative targeting agricultural worker communities disproportionately affected by the COVID-19 pandemic and resulting vulnerabilities.

Agricultural workers were designated essential workers at the onset of the COVID-19 pandemic to secure the continuity of the nation's food supply. A majority of these workers are born in a country other than US, as indicated by the National Agricultural Workers Survey.^{xxiii} Seventy-eight percent of all agricultural workers are Hispanic, with 56 percent of the surveyed authorized to work in the US. Early in the pandemic, migrant health providers started noticing an excess burden of the pandemic on this community. For example, reports from Monterey County, California indicate that 74 percent of individuals diagnosed with COVID-19 were Latinos - a prevalence in excess of Monterey County's 59 percent Latino population; further 19 percent of those diagnosed were agricultural workers.^{xxiv} However, the pandemic's toll on agricultural workers has been far beyond excess infections. The high incidence of COVID-19 in agricultural workplaces where workers were unable to maintain social distancing such as dairies and fruit and vegetable packing plants, resulted in long periods of closure combined with required periods of quarantine. This resulted in lost work and lower pay for agricultural workers. The school and day care center closures for MSAW children were an additional burden for parents that had to remain home to care for their children. Adverse effects of the pandemic induced challenges on living and working conditions have exacerbated the psychological, economic, and social impact on this community. However, in spite of the excessive infections, demographic and social factors, misinformation spread through social media appears to be influencing their willingness to be vaccinated. As indicated earlier in this letter over a million MSAWs receive their health care through the HCP annually, and health centers are recognized trusted community partners/leaders. Therefore, the Council recommends that HRSA invest in widening the scope of M/CHC influence through the following actions:

I. Address Hesitancy to Test, Quarantine, and Vaccinate for COVID-19

MHCs are positioned to play a critical role in addressing vaccine hesitancy. Investments in training and utilizing MHC staff, particularly promotoras who are trusted members of the community, can mitigate the impacts of the pandemic on this population, and thereby contribute to building the nation's herd immunity. The expansion of health center enabling services, and utilizing these interactions with MSAWs has the potential to position the effort towards success by:

- Sharing up-to-date accurate, and culturally and linguistically appropriate COVID-19 information.
- Providing accessible opportunities for testing and vaccination.
- Making personal protective equipment and take-home tests easily available.
- Assisting MSAWs with accessing interpretation services, transportation, and other social supports.
- Creating social media campaigns utilizing social media outlets used by MSAWs.

- Coupling vaccination with educational campaigns that address vaccine hesitancy with scientific information and responding to misinformation and mistrust of the government.
- Providing supplemental income and food support services for those who test COVID positive.

II. *HRSA Address Long-COVID Including its Mental Health Impact*

M/CHCs collaborate with faith and community based organizations to share knowledge and resources. Specifically, the Council recommends:

- M/CHCs engage and benefit from the trusted relationships and communication methods used by CBOs for their COVID response efforts to:
 - Address the primary care and behavioral health needs of MSAWs diagnosed with COVID and experiencing Long-COVID.
 - Assist MSAWs with accessing social supports such as interpretation services, food assistance and transportation.
 - Link MSAWs to CBOs providing sick-leave financial support for agricultural workers who are isolating or miss work due to Long-COVID.
- M/CHCs actively identify MSAWs impacted by Long-COVID in their service area to:
 - Increase number of available appointments for primary care and mental health services, including telehealth.
 - Establish a continuity of care plan for those impacted by Long-COVID, especially those in migration.
 - Expand services tailored to women to address their increased burden of child and family care.
- HRSA support the Migrant Clinicians Network created Health Network effort and encourage M/CHCs to utilize this or similar tools to ensure MSAWs in migration receive comprehensive case management necessary for continuity of care and treatment completion by providing medical records transfer and follow-up services for mobile patients.

The Council anticipates that these steps will help foster trusting relationships with the MSAW communities.

III. *Address the Shortage of Culturally and Linguistically Relevant Workforce for all Provider Levels*

HRSA support and champion long-term internship and fellowship programs at health centers to support bilingual students from agricultural communities to train staff, including CHWs/promotoras who can assess and respond to physical and behavioral health needs of agricultural workers and their families.

- Support MHCs to establish a promotora led model of care to create community access points that can screen and educate MSAWs on the effectiveness of COVID vaccines, in a culturally and linguistically appropriate manner.
- HRSA urgently designate funding to hire and train additional promotoras to address mental health challenges resulting from COVID-19 as well as the stress factors commonly associated with the MSAW lifestyle.
- HRSA supported Teaching Health Centers plan and execute efforts to create and grow a pipeline for outreach workers, medical and social service providers who have experience and an understanding of the strengths, protective factors and unique challenges that agricultural workers experience.

Background

The Problem

Agricultural worker health challenges are a result of a confluence of socioeconomic realities that govern their lives, namely poverty, occupational hazards, substandard living and working conditions, cultural and linguistic barriers, inadequate access to primary and preventive care, all of which are now compounded by the COVID-19 pandemic. Migrant health professionals are concerned by the levels of vaccine hesitancy, Long-COVID, and resulting mental health challenges faced by MSAWs. Based on the information received through the testimonies and presentations, the Council identified the following information to highlight the circumstances that aggravate the overall problem.

- MSAWs lack paid sick leave in most states which results in an increased hesitancy to test, quarantine, and isolate for COVID-19.
- Testifiers identified the mental health burden of COVID-19 as a key concern, reporting increased anxiety and depression, including a lack of support groups for agricultural workers and families experiencing Long-COVID.
- MSAW reliance on social media instead of credible scientific sources appears to have led to widespread misinformation, which has resulted in high level of vaccine hesitancy.
- MSAWs also do not have access to culturally and linguistically appropriate information providing documented steps for COVID-19 prevention provided by trusted sources.

The aforementioned study from Monterey County, California examining the impact of the COVID-19 pandemic on agricultural workers indicated the reticence of half of the agricultural worker population to receive COVID-19 vaccination. In spite of the pandemic's disproportionate impact, this study found that MSAWs who lived in more rural communities and who were born in the US reported being less likely to get vaccinated. Although the main stated reason for their choice was concerns about side effects, the results also indicate distrust of the government as well as lower health literacy as contributing factors.^{xxv} Overcoming hesitancy requires a multipronged approach. Targeting the most hesitant and addressing their specific concerns coupled with a plan that addresses the challenges posed by delivering vaccinations to undocumented or uninsured individuals, many of whom may be migratory.^{xxvi} Fear of deportation and loss of other benefits (public charge) if diagnosed as COVID-19 positive also deterred MSAWs from being tested, especially among those who were undocumented, even though regulations were in place to prevent these punitive actions.^{xxvii xxviii} The lack of trust in government has led many to rely on information from friends and social media, which is spreading and reinforcing harmful myths about COVID-19, the vaccine, and treatment.

Farm owners, labor contractors and migrant housing managers also play an important role in the safety and well-being of agricultural workers, related to COVID and beyond. Hence, efforts to provide health education must also include them.

Opportunities and Impact

The availability of reliable and trusted sources for information on vaccines and their importance in reducing COVID infections among MSAWs has been an ongoing challenge. The rampant spread of COVID misinformation also makes it difficult to fight myths and misconceptions about vaccine safety. CHWs and promotoras have a long and successful history of engaging with and serving the agricultural worker communities. Appropriate training and utilizing their community affiliation can significantly

impact the dissemination of valuable health information to address COVID hesitancy. M/CHC collaborations with local CBOs can also result in mutually beneficial relationships for addressing MSAW needs. The success of COVID response efforts directed at MSAWs are dependent on tapping existing trusted relationships, and forging new ones. Therefore, investing in them must be a priority.

Recommendation III: Access to Adequate and Safe Housing be Considered a Basic Human Right, that Mandates Interdisciplinary and Cross-Agency Efforts to Address the Impact of Poor Housing on Agricultural Worker Health and Safety.

The Council therefore calls on the Secretary to harness the power of his office to draw attention and create options to address the health and housing needs of agricultural workers.

Housing is a key social determinant of health, and housing interventions for low-income individuals have demonstrated improvements in health outcomes and decrease health care costs.^{xxix} The housing and health implications for MSAW health and safety include crowding, exposure to pesticides, safety issues, pests, poor water supply and air quality, temperature and moisture. The health care sector, private businesses, CBOs, foundations, and government each have unique roles to play in improving MSAW housing conditions in the US.^{xxx} Reports from across the nation document MSAW housing conditions to be poor overall, thus increased investment in housing for agricultural workers is critical. The Council therefore recommends a multifaceted approach involving diverse stakeholder, by:

I. Encouraging Collaboration between DOL and Housing and Urban Development (HUD) to:

- Prioritize funding for organizations delivering “fair housing” to MSAWs.
- Address overcrowding, lack of privacy, and safety for different gender combined occupancy.
- Create a “Whistle Blower Policy” that protects agricultural workers, regardless of immigration status to encourage reporting fair housing issues.
- Disseminate fair housing information that is culturally and linguistically appropriate.
- Explore options for creating agricultural worker housing through the Biden Administration’s First-Ever Funding Opportunity for Coordinated Approaches to Address Unsheltered Homelessness, Including Resources for Rural Communities.

II. Improve DOL Implementation of Farmworker Housing Regulations at Grower-Provided Housing (Grower-Owned or –Contracted) for H-2A Visa Holder Workers, to Ensure Habitability by:

- Setting higher national standards for enforcement of non-compliance with health and safety issues related to housing violations, which include penalties permitted by law.
- Clarifying current standards to limit the opportunity to circumvent standards.
- Increasing frequency of inspections to enforce regulations and ensure that housing, whether short- or long-term, meets habitability standards.
- Incentivizing and encouraging agricultural employers to provide access to health care information and services at or near housing sites.
- Ensuring MSAWs in grower-provided housing have access to visitors at or near housing during non-working hours, to improve mental health wellness.
- Collaborating with trusted community health workers for monitoring housing practices.

III. *DOL Sponsor a “Fair Housing” Social Media Campaign for Agricultural Workers Using Culturally and Linguistically Appropriate Methodology to:*

- Address fear and hesitancy in reporting health and safety violations due to concerns about retaliation and loss of employment.^{xxxI}
- Inform migrant agricultural workers of available whistle blower protections.

IV. *HRSA make Quality Improvement Investments to Address MSAW Housing Disparities to:*

Advance a Model of coordinated, comprehensive, and patient-centered care, to expand its upstream efforts to address social determinants of health and barriers to care efforts, and to emphasize the importance of housing as a social determinant of health, by:

- Ensuring MHCs educate health center staff on the critical relationship between health and housing, including mental health challenges associated with poor housing options.
- Utilizing patient intake questionnaires to gather information on housing conditions and challenges, including concerns about safety.
- Incentivizing MHCs to establish medical legal partnerships to provide referrals when threats to safety and other legal concerns are identified.
- Ensuring MHCs train promotoras/outreach workers to identify and elevate housing related concerns and provide MSAW options for addressing the health risk.
- Encouraging MHCs to establish collaborations with local community based and public organizations providing housing related services.

V. *HRSA collaborate with HUD and USDA to Explore Options to Lead an All of Government Effort.*

This effort to grow public-private partnerships would have the potential to expand the reach of programs such as Farm Labor Housing Program (Section 514/516), which provides low interest loans and grants to public and non-profit agencies, and individual farmers to build affordable rental housing for agricultural workers. HRSA leverage this and similar opportunities to:

- Envision and birth innovative models of safety net partnerships that provide foundations for a collaborative approach to housing and health.
- HRSA collaborate with aforementioned agencies to negotiate that they include a requirement to build a health center site for funding provided to affordable housing developers.
- Support health centers that make an organizational commitment to address social determinants of health through housing partnerships. Suggested Health and Housing Partnership Models include:
 - On-site health center co-located at housing site addressing the need for access to care for a high-need population, such as a migrant housing camp, or in the retail space of an affordable housing complex for agricultural workers. Proximity to target population would facilitate opportunities to provide health education, vaccination clinics and other enabling services such as food assistance. HRSA incentivize health centers to develop this as an “other line of business,” and conduct Return on Investment Studies to scale up the model, if beneficial.
 - HRSA fund mobile health units to provide services to scattered-site housing or at farms. Funding must include start-up costs to acquire a unit, and operational funding for staffing and maintenance.

- Off-site health centers with a robust referral mechanism and transportation support to ensure that the location does not become a barrier to care. This model would allow for community collaboration beyond housing partners with CBOs or among multiple farms, nurseries, and housing complexes.

Background

The Problem

Low socioeconomic status, lack of social mobility, limited formal education, lack of English proficiency, frequent lack of appropriate documentation to legally work in the US, coalesce to deepen the vulnerability of agricultural workers, leaving them with limited housing options.^{xxxii} A majority of agricultural workers do not receive grower-provided housing, and rental housing in rural areas is not only limited but also not subject to standards or regulations, as a result of which it is often substandard. Standard practices in the rental market such as a security deposit, a credit check, and housing providers requiring a long-term commitment pose additional challenges. As a result, most agricultural workers live in crowded substandard housing conditions and pay rents that are disproportionately high for their incomes.

A small but substantial number of agricultural workers live in employer-owned/provided housing. In many states, employer-provided housing is subject to health and safety regulations, but employer-owned housing can pose its own challenges, because agricultural workers may be fearful of complaining about poor housing conditions to their employer. Testifiers noted that grower-provided housing often circumvents applicable housing standards and regulations without regard for security and privacy, and provided insight into fear and hesitancy due to concerns of retaliation and loss of employment for much-needed wages. Presenters noted that grower provided MSAW housing may be inspected at the beginning of the season, but there are often no follow up inspections. A presenter shared an example showing that housing code for a prescribed number of toilets per occupant was met by installing five toilets in a bathroom, with no stalls for privacy. For H2A workers where housing is a requirement of the contract, the regularity of inspections seems to vary from state to state. For non-H2A workers, housing inspections are not required.

Opportunities and Impact

The established relationship between housing and health sets forth a public health imperative to ensure an adequate availability for affordable and quality housing for agricultural workers. With the widespread prevalence of crowded, substandard, and unaffordable housing conditions, increased investment in housing for agricultural workers is critical. It is impractical to address the health needs of MSAWs without addressing their housing needs. The significant unmet housing needs lead to health disparities such as higher rates of infection, harmful exposures, psychological distress, lack of access to essential services and even homelessness. Some opportunities for addressing these complex MSAW health and housing challenges lie in pursuing public and private partnerships for MSAW housing. Rural nonprofit organizations such as Yakima Office of Rural and Farmworker Housing and CASA of Oregon have proven that developing decent, affordable housing for agricultural workers is possible.^{xxxiii}

Though the federal government has been trying to address agricultural worker housing challenges through grant and loan programs administered through various federal agencies and initiatives, very few

agricultural workers receive housing assistance from a state, local, or federal government entity. USDA's Section 514/516 Farm Labor Housing Program provides funding to buy, build, improve, or repair housing for agricultural laborers, but the development of new federally funded farm labor housing has been steadily dropping over the past 25 years. Increasing the levels of federal funding for the USDA Section 514/516 loan and grant program, the only federal program addressing agricultural worker housing needs has the potential for increasing the availability of CBO housing options. Additionally, year round rental assistance would further enable CBOs to sponsor housing for MSAWs.

USDA's Rural Development, Housing, and Community Facilities Program and HUD support infrastructure development to improve agricultural worker housing opportunities.^{xxxiv xxxv,xxxvi} Expanding the HUD HOME Investment Partnership Program and Community Development Block Grants for low-income housing projects to serve vulnerable populations like agricultural workers, must also be considered.^{xxxvii} Increasing allocations for nonprofit housing organizations that serve agricultural workers could also enable communities to meet MSAW housing needs.^{xxxviii} Additionally, State and federal governments can encourage developers and other builders to construct farmworker housing by offering either tax credits or tax deductions.

While pursuing options for housing availability for gains in impact, it will also be essential to reduce language barriers between agricultural workers and housing authorities to help ensure that safety hazards can be reported, in order to respond to emergency reporting calls.

The sanctuary of a safe home with privacy for people sharing the housing, access allowed for outside services to be permitted in the housing area and adherence to Federal, State and Local laws, are essential for relieving the current stressors, and providing MSAWs the assurance that at the beginning and end of each day, they have a safe and healthy environment to relax, receive medical and other services and have healthy interactions with other people.

In closing, we appreciate the honor of serving on the National Advisory Council on Migrant Health. The Council recognizes the valuable role that agricultural workers play in our economy and in our countries domestically produced food supply. We thank the Secretary for your service, and for your consideration of our recommendations on behalf of those we serve and represent.

Sincerely,

/Deborah Salazar, BS/
Chair, National Advisory Council on Migrant Health

cc:

Carole Johnson, Administrator, HRSA, HHS

James Macrae, MA, MPP, Associate Administrator, BPHC, HRSA, HHS

Jennifer Joseph, PhD, MEd, Director, Office of Policy and Program Development, BPHC, HRSA

Esther Paul, MBBS, MA, MPH, Designated Federal Official, NACMH, BPHC, HRSA

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