



National Advisory Council on Migrant Health

July 2, 2024

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 (MHC) 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 MSAW and their families. Please find an overview of the Council’s May 2024 meeting and three key recommendations that fulfill our charge.

Overview

The Council met in-person on May 15-16, 2024, at the DoubleTree Hilton Sacramento, in Sacramento, CA. During the meeting, we received updates from:

- Office of the Secretary, Health and Human Services, Secretary’s Initiative on Protecting Farmworkers from Extreme Heat and Wildfire Smoke
 - Arsenio Mataka, J.D., Counselor to the Secretary, Office of the Secretary, U.S. Department of Health and Human Services
 - Jenny Keroack, MPH, Policy Advisor, Office of the Secretary, U.S. Department of Health and Human Services
- HRSA Health Center Program
 - Tia-Nicole Leak, PhD, Deputy Director, Strategic Initiatives, Office of Policy and Program Development (OPPD), Bureau of Primary Health Care (BPHC), HRSA
- Department of Labor, Employment & Training Administration, National Agricultural Worker Survey
 - Andrew Padovani, PhD, NAWS Project Director, JBS International, Inc.
 - Daniel Carroll, Employment and Training Administration, U.S. Department of Labor

- Emily Finchum-Mason, PhD, Employment and Training Administration, U.S. Department of Labor
- Centers for Disease Control and Prevention, Avian Flu Updates
 - Nirav D. Shah, MD, JD, Principal Deputy Director, U.S. Centers for Disease Control and Prevention (CDC)

We also received the following presentations from migrant health community leaders:

- National Association of Community Health Centers (NACHC)
 - Margaret Davis, MSW, Director of Training and Technical Assistance Implementation and Partnerships, NACHC
- California Primary Care Association (CPCA) & Golden Valley Health Centers
 - Liz Oseguera, Associate Director of Policy, CPCA
 - Yamilet Valladolid, MPH, Director of Government and Community Affairs, Golden Valley Health Centers Central Valley PACE
- HEAL Trafficking
 - Nani Cuadrado, HEAL Trafficking
- Alianza Nacional de Campesinas
 - Mily Trevino-Sauceda, Executive Director/Co-Founder
 - Amy Tamayo, J.D., National Policy and Advocacy Director

We received crucial testimonies from 10 farmworkers who shared their experiences related to poor working conditions, exposure to heat, wildfire smoke, and pesticides, access to healthcare, and exploitation. Their testimonies were integral to shaping our recommendations.

The Council reviewed the information presented during the meeting, and engaged in iterative discussions about what comprehensive, evidence-based issues aligned with their experiences and concerns in their regions. Three key issues emerged, forming the content of the recommendations presented in this letter.

Recommendations

In accordance with The Council's charge under section 330(g) of the Public Health Service Act as amended, 42 USC 254(b), emphasizing the goal of improving health services and conditions for MSAW and their families, and in context of the evidence presented at this meeting, we submit the following recommendations for your consideration.

Recommendation 1A: Following the efforts from the Department of Health and Human Services (HHS) March 2024 initiative to explore internal approaches to address the critical impacts of extreme heat and wildfire smoke on farmworker health, the Council recommends that the HHS actively promote an interagency dialogue with Labor (USDOL), Agriculture (USDA), the Environmental Protection Agency (EPA), Occupational Safety and Health (OSHA), the National Institutes of Health (NIH), the Center for Disease Control and Prevention (CDC) and the National Oceanic and Atmospheric Administration (NOAA) to develop an interagency strategy to research, institute and enforce a national heat and air quality standard by:

1. Establishing a taskforce to share data and information

2. Collaborating on a national strategy that identifies each agencies' areas of responsibility for addressing pressing heat and air quality concerns, and
3. Defining a clear set of new actions to collectively address the disproportionate impact of the climate crisis on agricultural workers (see NACMH July 6, 2022 recommendations).

Following the Department of Health and Human Services (HHS) March 2024 initiative to address the impacts of extreme heat and wildfire smoke on farmworker health, the Council recommends that HHS promote an interagency dialogue with USDOL, USDA, EPA, OSHA, NIH, CDC, and NOAA to develop a strategy for a national heat and air quality standard. This strategy should include establishing a task force to share data, collaborating on a national plan that defines each agency's responsibilities, and defining new actions to address the climate crisis's disproportionate impact on agricultural workers.

Background:

The Department of Health and Human Services (HHS) highlighted that workers in the agriculture, forestry, fishing, and hunting sectors, most of whom are farmworkers, experience the highest fatal injury rate among all U.S. industries. According to the Centers for Disease Control and Prevention (CDC), heat-related fatalities have steadily increased from 1999 to 2021, making heat-related illnesses the leading cause of weather-related deaths in the United States. The US Natural Hazard Statistics report, based on CDC data, shows that heat causes more deaths annually than hurricanes and tornadoes combined. In 2022, provisional data from the CDC reported 1,714 heat-related deaths in the U.S. Climate change exacerbates these risks, with more frequent and severe heat waves, wildfires, and poor air quality events. Farmworkers, often racial and ethnic minorities and non-English speakers, face increased health equity challenges. Rising temperatures and extreme weather events like heat waves, heat domes, wildfires, and severe smoke pose significant health risks to agricultural workers, necessitating HHS to protect this important group made vulnerable by the working, living, social and economic conditions they experience.

The Environmental Defense Fund reports that mortality from heat-related illnesses is 20 times higher for crop workers than for private industry and non-federal government workers. The average U.S. agricultural worker faces 21 unsafe working days each summer due to heat. Factors such as low wages, social, linguistic and cultural isolation; barriers to medical care, substandard housing, and inadequate regulatory standards and inadequate enforcement of standards make farmworkers particularly vulnerable to heat stress. Exposure to extreme heat can lead to severe health problems, including heat stress and stroke, chronic and end-stage kidney disease, preterm birth, cardiovascular and cerebrovascular disease, and even death. The American Lung Association notes that wildfire smoke exposure exacerbates respiratory diseases and is linked to heart attacks, stroke, lung cancer, and premature death. Despite some existing federal and state standards, there is a lack of enforcement and a need for stronger protections. These recommendations call for interagency enforcement discussions and plans, and further research by NIH, CDC, AHRQ, and other agencies into the health impacts of heat and smoke, with a focus on collaborations with farmworker groups to develop new knowledge and explore the effects of new policies and practices.

Opportunities and Impact:

Research indicates that enforcing heat and air quality protections significantly improves health outcomes for workers. For instance, Environmental Defense Fund researchers observed fewer heat-related workplace injuries following the implementation of state regulations. Many states operate OSHA-approved State Plans, with some adopting standards not covered by federal OSHA, including heat exposure standards in California, Colorado, Minnesota, Oregon, and Washington State. Innovative state protections, such as those in California and Washington State, include supplemental paid breaks with piece-rate compensation, encouraging workers to take necessary water, rest, and shade breaks while providing appropriate water and shade and opportunities for rest. To ensure effectiveness, these protections must be communicated to farmworkers using culturally and linguistically appropriate materials and must be consistently adhered to and enforced. Clarifying each agency's responsibility will improve direct communication and ensure uniform compliance with these standards.

Recommendations 1B: Support collaborations between HHS and Labor (USDOL), Agriculture (USDA), the Environmental Protection Agency (EPA), Occupational Safety and Health (OSHA), the Center for Disease Control and Prevention (CDC) and the National Oceanic and Atmospheric Administration (NOAA) to increase enforcement of existing laws to support a safe workplaces for agricultural worker workers through:

1. Providing culturally and linguistically appropriate educational materials to designate existing protections and agency responsibility for:
 - a) Basic standards of health and safety,
 - b) Access to water,
 - c) Breaks,
 - d) Protections against pesticide and chemical exposure,
 - e) Protections from smoke and other unhealthy air
 - f) Other working and living condition regulations.
2. Establish interagency mechanisms for lodging and following up on concerns/complaints:
 - a) Develop a single, joint website and/or application that ensures and fully protects anonymity,
 - b) Utilize geolocation and digital reporting of complaints
3. Widely publicize step-by-step procedures for lodging a concern/complaint through such mechanisms as:
 - a) Cards with QR codes with website information,
 - b) "Know your rights" educational materials,
 - c) In-person training/workshops,
 - d) Promote the development of culturally and linguistically appropriate audiovisual educational materials.
4. Develop interagency plans for improving conditions appropriately in response to concerns/complaints:
 - a) Clarify each agency's responsibilities in responding to concerns/complaints,
 - b) Provide funding for enforcement of regulations in response to concerns/complaints.

Supporting collaborations between HHS and key federal agencies (USDOL, USDA, EPA, OSHA, CDC, and NOAA) to enhance the enforcement of existing laws for safer agricultural workplaces involves providing educational materials that are culturally and linguistically appropriate to outline existing protections and agency responsibilities, including health and safety standards, water access, breaks, and protections against pesticide and chemical exposure. It also suggests establishing interagency mechanisms for lodging complaints, such as a joint website or application that ensures anonymity and utilizes geolocation for reporting as well as plans for responding appropriately to concerns/complaints. Additionally, the recommendation emphasizes widely publicizing the procedures for lodging concerns/complaints, such as a joint website or app that ensures anonymity and utilizes geolocation for reporting. Additionally, the recommendation emphasizes widely publicizing the procedures for lodging concern/complaints through QR-coded cards, educational materials, in-person training, and developing suitable audiovisual resources.

Background:

The primary occupational recommendations to reduce heat-related illness risks are providing water, rest, and shade, which have proven effective when implemented correctly. These practices form the basis of OSHA's safety approach in high-heat environments and are central to state-level heat standards. At the NACMH May 2024 meeting, agricultural workers testified about being treated as expendable labor; lacking access to drinking water, rest and bathrooms; and severely insufficient breaks. Ensuring enforcement of existing laws and standards is crucial to improving workers' health, wellbeing, and dignity, treating them as the important contributors to society who they are instead of as expendable labor.

Opportunity and Impact:

To improve farmworker safety and well-being, workplaces should meet basic health and safety standards, including access to water, shade, shade, breaks, smoke protections smoke protections and pesticide protections. Proper implementation of water, rest, and shade can effectively mitigate heat-related illnesses and prevent deaths and prevent deaths. Enhancing these conditions can reduce workers' experiences of being treated as experiences of being treated as expendable. Additionally, funding research into practices, programs, and policies that support farmworker health in the context of heat and smoke is essential.

Recommendation 1C: Provide non-competing supplemental funding opportunities to Federally Qualified Health Centers to support: 1) the provision of necessary heat and air quality PPE, and 2) increased staffing to conduct culturally and linguistically appropriate outreach to MSAWs and to increase knowledge and awareness among agricultural workers and employers about the risks of heat and smoke exposure and specific actions both workers and employers can take to reduce these risks.

1. Criteria for funding should include:

1. Centers that demonstrate commitment to MSAWs including FQHCs that have enabling staff that conduct outreach at migrant labor camps and other MSAW residences, and Community Health Centers (with no 330g funding) that have a significant number of MSAW patients on their prior year UDS report.

2. Health centers that develop a plan to focus education and interventions with BOTH agricultural workers and growers. This could include a proposed collaboration between FQHCs and at least 1 organization that specializes in reaching growers (such as Cooperative Extension, an agromedicine institute, a grower's association, or Department of Agriculture) by submitting a letter of support outlining how they plan to partner to reach BOTH agricultural workers and employers.
 3. Proposals should include strategies that utilize evidence-based interventions shown to reduce risks such as support of Water - Rest - Shade protocols, cooling wearables, such as bandanas and gel-packs; wearable water; loose fitting, light colored cotton long-sleeve shirts; and wide brim hats, (EDF 31 ,53, 56, 69, 71, 75).
2. Allowable expenses should include:
1. Enabling staff (outreach educators, clinical case managers, etc.)
 2. Heat and Smoke Personal Protective Equipment (PPE) that have been shown to reduce the risks of heat and smoke exposure such as cooling wearables, including bandanas and gel-packs, wearable water, loose-fitting, light-colored cotton long-sleeve shirts, wide brim hats, watches/phone for heat advisories etc.
 3. Equipment to support growers' provision of water, shade and breaks such as: moveable water stations, cooling stations and shade structures.

Non-competing supplemental funding opportunities should be allocated to Federally Qualified Health Centers (FQHCs) to support the provision of necessary heat and air quality PPE and to increase staffing for culturally and linguistically appropriate outreach to Migrant and Seasonal Agricultural Workers (MSAWs). This funding aims to enhance knowledge and awareness among agricultural workers and employers about the risks of heat and smoke exposure and specific actions to mitigate these risks. Criteria for funding should prioritize centers committed to MSAWs, including FQHCs with outreach staff at migrant labor camps and other MSAW residences, and Community Health Centers with significant MSAW patient populations. Health centers should develop plans focusing on education and interventions for both agricultural workers and growers, potentially collaborating with organizations specializing in reaching growers. Proposals should include strategies utilizing evidence-based interventions such as Water-Rest-Shade protocols and cooling wearables like bandanas, gel-packs, and light-colored clothing. Allowable expenses should cover enabling staff (outreach educators, clinical case managers, etc.), heat and smoke PPE, and equipment to support the provision of water, shade, and breaks for growers.

Background:

Agricultural workers face increased risks associated with prolonged exposure to extreme heat, exacerbated by long work hours, low income, poor access to medical care and health insurance, and substandard, crowded housing often without air conditioning, limiting their ability to cool down. Experts recommend that exposed to high heat and sun wear loose-fitting, breathable, light-colored clothing, long sleeves, and wide-brim hats to mitigate heat exposure. Without adequate recovery conditions, workers may return to work dehydrated and suffering from heat stress symptoms. A range of interventions at the

personal, work, and home environment levels can reduce the risks of severe heat and smoke-related illnesses and death among agricultural workers.

Opportunity and Impact:

Outreach staff, such as promotoras, accompagnateurs, and community health workers, are highly effective in engaging agricultural workers about risks, prevention, and actions to reduce risks due to their established trust, effective information delivery, and opportunities for engagement. Training these staff on the risks of heat illness and key health education messages, as well as existing regulations and protections increases worker knowledge. Heat illness is preventable through rigorous implementation of best practices by farming businesses, field supervisors, and farmworkers, virtually eliminating heat-induced illnesses and deaths. Promoting the Water-Rest-Shade protocol has proven to improve farmworker health outcomes. Additionally, grower-based interventions have been successful and could be expanded for further positive impacts. Some employers have voluntarily developed practices to protect workers from heat-related illnesses, recognized by OSHA in its Advanced Notice of Proposed Rulemaking, indicating that greater involvement of agricultural employers in discussions on extreme heat protection could yield positive outcomes.

Recommendation 1D: Engage national organizations including National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ) in developing plans to fund the monitoring and investigation of heat and smoke illness and death among agricultural workers.

1. CDC to partner with the national and state departments of health to conduct national surveillance of serious illnesses and deaths associated with exposure to heat and/or smoke inhalation among farmworkers.
2. CDC to investigate illnesses and deaths associated with heat thoroughly to better understand the factors that contribute to illness and death so that educational and PPE interventions can be targeted in the most high-risk situations, especially those that are most at risk for death.
3. HRSA to add heat illness and smoke inhalation diagnoses to report in the annual Uniform Data System required of all Federally Qualified Health Centers.

Facilitate discussions with national organizations, including the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ), to fund monitoring and investigation fund monitoring and investigation of heat and smoke illness and death among agricultural workers and potential mechanisms for mitigation at multiple levels and potential mechanisms for mitigation at multiple levels. The CDC should partner with national and state health departments to conduct national surveillance of serious illnesses and deaths related to heat and smoke exposure among farmworkers and thoroughly investigate these cases to understand contributing factors. This will enable targeted educational and PPE interventions in high-risk situations. Additionally, HRSA should include heat illness and smoke inhalation diagnoses in the annual Uniform Data System reporting requirements for all Federally Qualified Health Centers.

Background:

Climate change is exacerbating the risks agricultural workers face by increasing the number of days with extreme temperatures and leading to severe weather events such as heat waves, wildfires, and poor air quality. Some regions in the U.S. have recorded temperatures as high as 130 degrees, further endangering farmworkers. Wildfires also pose significant health risks due to prolonged exposure to poor air quality. The Environmental Defense Fund reports that mortality from heat-related illness is 20 times higher for crop workers than for other workers. Farmworkers face unique vulnerabilities, including low wages; social, linguistic, linguistic and cultural isolation; barriers to medical care; substandard housing; inadequate regulatory standards and inadequate enforcement of those standards and inadequate enforcement of those standards, making it difficult to prevent and treat heat-related illnesses. Factors such as these contribute to higher risks of heat stroke, kidney disease, cardiovascular issues, other severe health problems and even death and even death. The CDC's heat tracker tool, while useful for employers, may not be accessible to farmworkers due to limited digital literacy and internet access, highlighting the need for more accessible preventive measures.

Recommendation 1E: Provide funding for research first to fully explore and understand the relationships between heat, smoke, and the health of migrant farmworkers and second to identify and assess the most promising means to reduce risks of workers who are working in high heat or poor air quality.

Background:

Concerns about dramatic increases in negative health outcomes among farmworkers related to heat, wildfires and smoke, have underscored the need to engage in nationwide research from multiple methods with multiple forms of data to understand all the relations between these increasing problems and the health and health care of farmworkers. Research must be funded for quantitative, qualitative, medical epidemiological and biostatistical, social science, and historical research into these relationships in order to truly understand them. In addition, research should also be funded directly into community based, health center based, policy, program and practice-oriented interventions and their evaluations. As we learn more about the health impacts of these environmental issues, researchers, public health practitioners, policy planners and implementation scientists, grower organizations and, importantly, farmworker organizations must engage in discussions to share best practices for reducing the risks of negative health outcomes for workers facing high heat or poor air quality. To promote innovative interventions and opportunities for collaboration, facilitating a national educational forum could generate a proactive approach to reduce risks and avoid duplication of efforts.

Opportunities and Impact:

This initiative offers the critical opportunity to understand the health impacts of heat, wildfires, and smoke on farmworkers and other populations, continuously learn about successful interventions on multiple levels for replication, and share data from surveillance and research on health effects, incidents, prevalence, and trends with agencies dedicated to protecting agricultural worker safety and health.

Recommendation 2A: Expand funding to migrant health centers in order to recruit, retain, and invest in development of health center staff.

Background:

Migrant health centers require adequately staffed workforces to operate effectively, including running essential programs like mobile clinics and expanded office hours, which are vital for increasing farmworker access to healthcare (Yu et al., 2017). However, these centers face chronic staff shortages and high turnover rates, exacerbated by additional demands on staff and the impacts of "The Great Resignation" (World Economic Forum, 2021). These shortages lead to burnout, disrupt continuity of care, and hinder programs aimed at serving farmworkers. Research shows that patient experience improves when health center staff share linguistic and lived experiences with their patients (Otte, 2022). Despite the potential for individuals from similar socioeconomic backgrounds to be ideal candidates, non-competitive salaries and the cost of required education deter many from pursuing these roles (Greenfield, 2024). Therefore, it is crucial to fund research to identify the factors that lead to workforce attrition and develop tailored strategies to address these complex challenges (Verma et al., 2016).

Opportunities and Impact:

Funding for health centers focused on recruiting, training, and retaining qualified staff with cultural and language concordance would enhance the robustness of health center teams, ultimately increasing patient access to clinics, improving patient experiences, and supporting innovative programs such as mobile health clinics and health IT navigators (Otte, 2022). Effective strategies to strengthen the workforce include offering competitive wages and benefits, providing training on culturally responsive and trauma-informed care, and developing educational pathways for staff at all levels. These pathways could include bonuses for training learners, scholarships, and tuition assistance programs, and bonuses for training learners.

Recommendation 2B: Invest in programs to improve digital health literacy and access to health technology among farmworkers.

Background:

Farmworkers face significant challenges accessing health care, including structural barriers such as lack of paid sick leave, fear of retaliation for missing work, and living in geographically remote areas. Digital health solutions, such as patient portals and telehealth services, have been shown to increase access and improve health outcomes among rural patients with limited literacy (Mendez et al., 2019). A 2019 pilot study demonstrated that providing equitable access to the internet and paid cellular devices improved education and health outcomes for youth from seasonal farmworker families (Mendez et al., 2019). Health navigator programs communicating remotely with farmworkers through mobile devices (such as that led by Migrant Clinician Network) show great promise to improve the health and healthcare of farmworkers. However, a systematic literature review by Bloss et al. (2021) found that studies on technology and digital literacy among farmworkers are sparse, leading to a gap in knowledge on how to effectively increase their skills and knowledge to use technology for addressing health concerns.

Opportunity and Impact:

Investing in technical assistance and programs to improve access to health technology and educate farmworkers on its use could be promising strategies to increase patient access and engagement in health care services (Bloss et al., 2021). Potential strategies include educating individuals on using computers and mobile devices to access patient portals and telehealth services, setting up telestations where growers can reserve areas for telehealth consultations, and employing dedicated health IT navigators to provide technical support and assistance (Fitzpatrick, 2023). Increased use of such technology would enable farmworkers and their families to access health care teams and health records from anywhere, even while moving for work. Health navigator programs communicating remotely with farmworkers through mobile devices (such as that led by Migrant Clinicians Network) should be supported immediately and actively.

Recommendation 2C: Partnerships and Collaborations: Encourage partnerships between migrant health centers and employers.

Background:

Based on testimony heard during the meeting, farm workers continue to cite workplace exploitation and fear of retaliation for leaving work to attend to health care needs as top concerns. It is recommended to build relationships between migrant health centers and farmworker employers. These relationships can lay the groundwork for partnerships in which migrant health centers may enter work sites to provide medical care via mobile medical units, offer health education on emerging health issues, and provide community resources. These partnerships can also improve communication between employers and farmworkers. Migrant health centers are encouraged to explore relationships not only with growers and employers but also with other areas where farmworkers congregate, such as housing, migrant camps, head starts, supermarkets, food banks, and churches. According to the National Center for Farmworker Health, strategies that could support fruitful relationships include open and transparent communication, sharing relevant health data and trends, and designing collaborative health initiatives to establish effective relationships.

Recommendation 3: Invest in creating a centralized online space for a one-stop-shop for culturally and linguistically appropriate educational information to increase health equity for Migrant and Seasonal Farm Workers.

Background:

The Council acknowledges the invaluable role of migrant and seasonal farmworkers and the complexities of their circumstances. Adequately supporting this community requires information from various disciplines. However, a significant gap exists in resources, as there is no comprehensive site offering culturally and linguistically appropriate materials to inform, educate, and empower migrant and seasonal farmworkers, growers, and community health clinics in a single online resource.

Currently, multiple online resources provide information to support this community, but these resources are often not easily accessible or culturally and linguistically tailored to the needs of migrant and seasonal farmworkers, growers, and community health clinics. This fragmentation leads to duplicative information across various sites and a lack of a trusted, unified resource.

A detailed and centralized platform would not only facilitate access to vital information on labor rights, health services, and educational opportunities but also foster better communication and collaboration between community health centers. This platform would compile best practices in supporting the migrant and seasonal farmworker community across the United States. By bridging these crucial partners, the Council believes that the overall well-being and productivity of the agricultural workforce can be significantly enhanced. Additionally, promoting such a platform would contribute to a more equitable and sustainable farming ecosystem, ensuring that farmworkers receive the support and resources they need to thrive.

The Council recommends creating, maintaining, and updating a centralized online site with vetted, culturally, and linguistically appropriate materials for Migrant and Seasonal Agricultural Farm Workers (MSAFWs) to increase preventative measures and health equity while decreasing chronic health issues. For example, the National Center for Farmworker Health site is a valuable resource for employers, workers, and health centers, supported by five National Training and Technical Assistance Programs (NTTAPs). The Council offers specific recommendations to enhance this resource, ensuring it meets the needs of MSAFWs, employers, and clinicians more effectively.

Recommendation 3A: Website Translation Improvements:

- Ensure all content and resources are available in Spanish and other primary languages of MSAFWs, (including Haitian and Indigenous Latin American languages, for example) as the current auto-translation feature leaves some materials in English.

Recommendation 3B: Additional Content Recommendations:

- **Legal Services:**
 - Provide resources on free or low-cost legal services – including Medical Legal Partnerships (see recommendations Fall 2023) – for MSAFWs, addressing the perspectives of community health care centers, patients, and employers.
- **Prescription Resources:**
 - Include resources to help patients understand prescription drug labels, such as common prescriptions, medication access, and label translation. This should cover:
 - Medication purpose
 - Usage instructions
 - Special precautions
 - Dietary instructions
 - Actions for missed doses
 - Potential side effects
 - Storage and disposal information

- Highlight the need for label translations, given that 36% of farmworkers have limited English proficiency, and a significant percentage struggle with medication instructions.
- **Environmental Hazards:**
 - Address hazards such as heat and smoke, pesticides, workplace harassment, violation of work and living condition regulations, access to water, sanitary stations, and protective equipment with culturally and linguistically appropriate materials.
- **Housing:**
 - Provide information on housing access, code enforcement, and compliance for MSAWs, and educate employers on the required living standards for their workforce.
- **Chronic Illness Information:**
 - Expand the database to include educational content on navigating the health system and managing chronic illnesses beyond diabetes, ensuring materials are robust and accessible.
- **Emergency Preparedness:**
 - Offer guidance on emergency preparedness, including where to go and how to be prepared (e.g., Red Cross and FEMA resources).
- **Human/Labor Trafficking:**
 - Address the complexities of human and labor trafficking with comprehensive resources, considering the importance of the issue and previous efforts by the United Nations.

Opportunity and Impact

Creating a one-stop site to access culturally and linguistically appropriate materials to increase health equity and access to health information presents an opportunity in the following areas:

- It offers a place to access or share resources for partners such as the Department of Labor FQHCs, FEMA, and NTPPs.
- Creates easy ways for growers to provide information for their employees.
 - We heard from testifiers at our May 2024 meeting that while they were provided instructions on how to use pesticides, growers did not provide information on the effects of pesticide use. One of the testifiers shared that because he was provided one protective suit, he was terrified to touch any part of his suit while eating during lunch.

- Offers agriculture and community health centers vetted information tailored to serving populations, thereby increasing limited resources and staff bandwidth, which can improve staff retention.
- Benefits Migrant and Seasonal Farm Workers with the information needed to take the necessary actions to prevent or decrease health risks related to exposure and long-term chronic health issues.
- Effectively and efficiently uses limited resources intended for education and training, thereby reducing duplication of services and centralizing a site that can build trust among entities with shared interests and goals.

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 country's domestically produced food supply. We thank the Secretary for your service and for your consideration of our recommendations on behalf of those we serve.

Sincerely,

Maria del Carmen Huertero
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
Liz Rhee, MA, Designated Federal Official, NACMH, BPHC, HRSA

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