

# U.S. Department of Health and Human Services National Advisory Council on Migrant Health (NACMH)

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**November 2-5, 2021  
Virtual Meeting**

## **Meeting Minutes**

### **Council Members in Attendance**

Deborah L. Salazar (Chair)  
Jose P. Salinas (Vice-Chair)  
Sharon Singleton-Brown  
Shedra A Snipes  
Angel J. Calderon  
Angelina Vallejo Cormier  
Donalda Dodson  
Dani Higgins  
Carmen Veguilla-Montañez  
Marisol Cerventes  
Carmen M. Huertero-Amigon  
Marco Antonio Vinigiera  
Karen Watt

### **Federal Staff in Attendance**

Esther Paul, MBBS, MA, MPH, Designated Federal Official (DFO), NACMH, Strategic Initiatives Division (SID), Office of Policy and Program Development (OPPD), Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA)

Iran Naqvi, Deputy Division Director, SID, OPPD, BPHC, HRSA

## **Tuesday, November 2, 2021**

### **Call to Order/Introductions**

*Esther Paul, MBBS, MA, MPH, Designated Federal Official, NACMH*

Esther Paul opened the meeting extending a warm welcome to the new and returning council members, reminded them that the council was written into law July 1975, and has been providing the Secretary of Health and Human Services with recommendations on the health and welfare of migratory and seasonal agricultural workers for 46 years. Ms. Paul recognized

Deborah Salazar and Dr. Jose Salinas as the newly appointed Chair and Vice-Chair of the Council respectively.

Ms. Paul also welcomed the providers and guests from farm worker and farm serving organizations, and the distinguished speakers.

Federal officials and colleagues from Centers for Disease Control and Prevention (CDC), the Environment Protection Agency (EPA), the Administration for Children and Families (ACF), and other Health Resources and Services Administration (HRSA) offices are joining us along the course of the meeting. She also recognized colleagues from the Bureau of Primary Health Care Office of Quality Improvement for ensuring the implementation of the council's recommendations and extended a special thanks to Jennifer Joseph, Iran Naqvi, and Edward Brown for their work on the (OPPD) update.

Ms. Paul stated that over the next four days, the council would listen, learn, share firsthand experiences, and deliberate on important topics. The council would then make evidence-based recommendations to the Secretary of Health and Human Services. The council's time together over these four days will be gratifying and valuable.

Esther Paul then called the meeting to order and referred to Deborah Salazar, Chair of the Council, to give opening remarks.

### **NACMH Chair Opening Remarks**

*Deborah L. Salazar, Chair, NACMH*

*Approval of November 2-5, 2021, Agenda, and May 2021 Meeting Minutes*

Deborah Salazar welcomed the council and guests and called on the council to approve the agenda for the November 2021 meeting and the May 2021 minutes. Donalda Dodson seconded the motion. Motion carried by unanimous voice vote. Sharon Brown-Singleton made a motion to approve the May 2021 minutes. Donalda Dodson seconded the motion. Motion carried by unanimous voice vote.

Deborah Salazar thanked Sharon Brown-Singleton and Amy Snipes for their service on the council. This was their last meeting and she recognized their valuable contributions to the council and their communities.

She recognized that the council members come from unique and diverse backgrounds, different regions of the United States, and everyone has important contributions to support agricultural workers. She encouraged the council members to share what draws their attention as a recommendation.

Deborah Salazar thanked the speakers and HRSA representatives and all the guests who joined the meeting.

## **Federal Update**

*Jennifer Joseph, PhD, MEd, Director, OPPD, BPHC, HRSA*

Dr. Jennifer Joseph thanked the council for their participation. She recognized the council's role is important because their recommendations inform HRSA's work.

Dr. Joseph share data and information on the COVID-19 pandemic impact on health centers in 2020. The pandemic presented unique and unprecedented challenges for health center staff, operations, and services they were able to provide. During the pandemic, an average of 1,110 sites were closed each week. At the peak of the pandemic, that number had increased to 2,073 sites closing per week. On any given week, approximately 6.9 percent of health center staff were unable to work and that increased to 14.4 percent at the peak of the pandemic. Estimates indicate that an average of one in eight staff tested positive for COVID-19 every week and more than 32,000 health center staff tested positive between April 2020 and December 2020.

There was a four percent decline in number of patients served due to the pandemic and this decrease was most significant among children. The pandemic has had a significant impact on children's mental health, indicated by an increase in mental health visits by 15.1 percent while medical visits, vision care, and dental visits also decreased. Health centers provided 114.2 million patient visits in 2020, which amounts to a seven percent decrease in numbers over all from 2019.

Telehealth was vital during 2020 and one in four visits were virtual during the COVID-19 pandemic. The top five services offered via telehealth were primary care, mental health, substance use disorder, chronic disease, and nutrition and dietary counseling. Ninety-nine percent of health centers offered virtual visits in 2020, compared to forty-three percent in 2019.

Fifty-five percent of health centers reported improvements in over five clinical quality measures (CQM). Sixteen percent of health centers improved in over eight CQMs. There were not any significant reductions in clinical quality during 2020.

The American Rescue Plan (ARP) provides state and government funding to respond to the negative economic impact cause by the pandemic.

FY 2021 ARP funding included:

- \$144 million for Look-Alikes (ARPA-LAL) (L2C)
- American Rescue Plan Funding for Native Hawaiian Health Care (ARPA-NH) (H2C)
- \$20 million for Native Hawaiian Health Care (ARPA-NH) (H2C)
- \$954 million for Health Center Construction and Capital Improvements (ARP-Capital) (C8E)

FY 2021 Other New Funding included:

- \$90 million for National Hypertension Control Initiative for Health Centers (NHCI-HC)
- \$375 million for Primary Care HIV Prevention (PCHP)
- \$5 million for School-Based Service Sites (SBSS)

The President's FY2022 Budget includes \$50 million to expand prevention and treatment services for people at risk for HIV transmission and \$50 million to optimize virtual care to twenty-five health centers. The Optimizing Virtual Care Funding will focus on developing, implementing, and evaluating, evidence-based strategies. The goal is to discover ways to provide high quality care across the United States through the health center program.

Dr. Joseph stated that The Uniform Data System (UDS) Modernization Initiative is to reduce reporting burden by automating data submission and promoting reporting capabilities. The new system will better measure the impact of patient-centered care and an evolving primary health care setting. Detailed information is available at the UDS Modernization Initiative website: (<https://bphc.hrsa.gov/datareporting/reporting/udsmmodernization.html>).

Dr. Joseph also stated that the vision of the health center program is that every high-need community has access to the health center model of care. There will be new access point competitions and prioritized funding areas to insure equity. The objective is for all health center patients to have access to patient-centered services that address both clinical and social barriers to health. It is essential to increase access to a comprehensive range of services for health center patients.

## **Discussion**

Donalda Dodson appreciated that BPHC is shifting its focus on oversight from requiring compliance to a model of excellence in care. Dr. Joseph reiterated that moving forward HRSA would advance performance, streamline compliance, and assist health centers to understand the requirements in a way that they remain compliant. Health Center investment oversight will focus on overseeing supplemental fundings and supporting success around achievements with the funding.

Sharon Brown-Singleton stated the nation has many geographic areas with unmet primary care needs. She asked if there are plans to have health centers in those areas. Dr. Joseph responded that the barriers in these communities result from lack of capability to develop applications, and resources for the initial investment. There is work in progress to understand how to meet the needs of farmworkers in the communities that do not have primary care locations nearby.

## ***Ed Brown, OPPD, BPHC, HRSA***

Edward Brown shared the below data on migrant and seasonal agricultural workers (MSAW) and HRSA activities.

- The MSAW served by migrant health centers (MHCs) consist of 60 percent seasonal workers, and 27 percent migrant workers.
- The total number of MSAW patients seen in health centers increased from 2015 through 2019. During the pandemic, the following changes in patient visits were observed:
  - A 5 percent decrease at the peak in 2020.
  - A 28 percent decrease in in-person visits and an over 7,000 percent increase in virtual visits.
- Two trends observed in health centers that served MSAWs were:
  - The percentage of virtual visits peaked to 48 percent in April of 2020 and went down to 19 percent in September.
  - In-person visit numbers have returned to 90 percent of the pre COVID19 levels.
- There was a peak in vaccination activity in April 2020. By May, there were 5.5 million vaccines completed, leveling off to 7 million vaccinations in September.

### **New Council Member Oath of Office Administration**

*Iran Naqvi, Deputy Division, SIPD, OPPD, BPHC, HRSA*

Iran Naqvi administered the new member oath of office and shared the following information regarding past council recommendations and examples of implementation.

NACMH December 2020 Recommendations included:

MSAW Protections During COVID-19 Pandemic

Example: HRSA Health Center Covid-19 Vaccine Program

- July 23, 2021, Secretary Becerra visited the Clinica de Salud del Valle Salinsa and a Grower-Shipper Associations (GSA) COVID-19 vaccination clinic exclusively for farmworkers and issued a challenge to match farmworkers and growers across the U.S. to support vaccination initiatives.
- HRSA/IEA Region 9 responds to the challenge by collaborating with the GSA to:
  - Vaccinate H-2A MSAWS in CA and AZ
  - Facilitate the transfer of 3,000 doses of J&J vaccine across state lines and between clinical sites to support MSAW vaccinations.
  - Engage other regions bordering Mexico or having large numbers of MSAWs to facilitate similar efforts to use J&J doses expiring at the end of September.
  - In October, shipments of new doses of J&J have resumed and vaccination of MSAWs continued in CA and AZ using vaccine doses shipped through HRSA's program.

The National Advisory Council on Migrant Health (NACMH) July 2021 Recommendations included:

- Address Structural Inequities that Influence Social Determinants of Migrant and Seasonal Agricultural Worker (MSAW) Health
- Improved Access to Health Care for MSAWs

- Address the Unique Needs of Indigenous Agricultural Workers

NACMH July 2021 Recommendations Implementation Examples Include:

- HRSA funded National Training and Technical Assistance Partners (NTTAPs) and Learning Collaboratives (LCs) provided training and technical assistance, examples:
  - Addressing Structural Vulnerabilities in Health Care for Migrant and Seasonal Agriculture Workers
  - Structural Competency: A framework to Analyze and Address Social Determinants of Health
  - Value-Based Care: A Primer for Outreach and Enabling Services Staff.
  - Enabling Services Data Collection: Documenting Health Center Interventions in a Value-Based Payment Environment
  - Building an Inclusive Organization Webinar Series
  - Clinician Perspectives on Racism in Healthcare online seminar

### **Council Introductions and Reflections**

Deborah Salazar (Chair) invited the council members to introduce themselves and share what motivated them to be on the council.

Ms. Salazar shared that she runs a medical mobile unit in Northeastern Colorado. She previously lived in Mexico for 19 years and felt strongly that she should be a bridge between the two cultures. So, she started a migrant program in Southern Illinois and eventually became the director of a migrant health program in Colorado. She serves on the council to give MSWs a voice and affect policy.

Jose P. Salinas (Vice-Chair) works at The Ohio Department of Education as the Director, Ohio Migrant Education Program (OMEP). OMEP assists the local education agencies to develop the supplemental instructional and supportive services necessary to deliver quality education to each identified migrant student in Ohio. They also provide mobile health screening for enrolled migrant children and their parents at no cost. He received his first dental filling from the migrant clinic. The clinic also offers medical screenings and educational materials.

Sharon Singleton-Brown is the Director of Clinical Operations at a North Carolina health center. Ms. Singleton-Brown stated that the council is “who she is” and “what she does” for the people who look like her. She is married to a farm labor contractor and her father is a retired farm labor contractor. She shared that she spent the past week in the fields. The work on the council is humbling, keeps her grounded and sending forth the recommendations is fulfilling. It is always in her heart, and this is her second term on the council.

Angel J. Calderon lives in Northern California. He grew up in an agricultural community in Hamilton City, California. In the 1970s, he participated in bringing a clinic to the area and now Hamilton City has an amazing, two-story clinic. He became involved in the council as a

reference from his boss because he thought he would be a suitable candidate. He grew up as a farmworker and his mother and father were farmworkers. He works as a behavioral health counselor for the migrant community in different counties. He believes that health center services are a vital resource that should be available for farmworkers.

Angelina Vallejo Cormier was born and raised in Montana and lives in Billings, Montana. Her parents were from Mexico. When her siblings started school in rural Montana, they came home with a note that said they could not come back to school until they could speak English. That was her introduction to education and she ended up working in the education system to support students in need. She serves on the Montana Migrant and Seasonal Farmworkers Workers Council. She sees herself and family, in farmworkers. She is thankful to bring health services to the people who really need them. The United States experienced how important farmworkers are during the pandemic as they continued working so that people could have food on the table. It is imperative that people remember the importance of agricultural workers.

Dani Higgins is from Polk County, Florida, serves in a small community and is employed in migrant education. There is a correlation between health and education. She is the President of Call to Serve Farmworkers, a non-profit organization that serves in the community to provide information and support to families. Ms. Higgins said she is a member of the NACMH because of the importance of equity and access to health care for farmworkers who need a voice.

Donalda Dodson is the Director of Migrant Seasonal Head Start (MSHS). She started her career as a public health nurse and working with migrant seasonal families teaches her something new every day. COVID-19 has been a challenge for MSHS families on many fronts. The father of a student told her during the pandemic, with regard to the stay-at-home mandate, that if he does not work, they do not eat. Ms. Dodson is also the co-chair of a neighborhood health center that is working to bring migrant services to the forefront.

Carmen Veguilla-Montañez lives in Puerto Rico and serves farmworkers. Thirty years ago, she sought care at a clinic that assisted with transportation and helped migrant and seasonal agricultural workers. The services stopped there at one point, and she talked to the director about opening a community health center in her town. She has been on the board of directors of the health center and continues to advocate for people who are not able to get services. She learned about the National Advisory Council on Migrant Health through this health center. Ms. Veguilla-Montañez said, "Farm workers bring food to our tables," which is why she advocates for equality and health care services for them.

Marisol Cerventes lives in Idaho, stated that this is her first meeting, and she is honored to participate in the important work of the council. She is a member of the Terry Reilly Health Services Community Health Clinic. The clinic serves the farmworker community in their geographic area.

Carmen M. Huertero-Amigon lives in San Diego, California and has also lived in Puebla, Mexico. Her desire to be on the council was to be part of a group that focuses on system changes and improving the health quality of hard working, low wage-earning farmworkers. The council increases access to high quality, culturally sensitive, comprehensive health care. Her father, who was a farmworker, lived for five years with scarring to his lungs and really struggled. He never smoked and the doctors believed it was from exposure from pesticides. She wanted a job with meaning, so she worked to get affordable housing for families who were living in encampments. She was the vice-chair of True Care, a community health center in Southern California, and is a founding member of the Farmworker CARE Coalition in the Northern San Diego Region.

Marco Antonio Vinigiera lives outside of Seattle, Washington and is the Chair of the Board of Directors of Community Health Care, one of the oldest and largest health centers in the county. The health center serves approximately 750,000 patients annually and has a MSAW program. Mr. Vinigiera is an academician conducting research on the history and practice of medicine. He is a professor at the local college as part of the health service management program. He is also an assistant principal at a high school with a focus on the LatinX community. There is an overlap in education and health for the delivery of care and it is important to prepare for the future providers.

Karen Watt has been on the council before and is a farmer who employs H-2A workers, that travel to the East Coast during the fruit harvesting season. The first conference she attended was a farmworker health conference where she learned that meeting people and having conversations is the best way to learn from one another. The council meetings are always informative and it is a pleasure to contribute. She informed that council that there is a need for full-time dairy workers in New York State.

Shedra Amy Snipes is an Associate Professor of Behavioral Health and a biological anthropologist at Penn State University. During her graduate study, Dr. Snipes participated in a research project on The Take Home Path of Pesticides between Parent and Child, because of her knowledge about associations of culture and health. After her first visit to a farm, she changed her focus area. Her great grandmother was born a slave and her grandmother died of Parkinson's disease because of her exposure to pesticides. When she reflected on the inequity of farmworkers in the past and experienced the same inequity in real time, she realized that her focus would be on science and justice. Her goal for serving on the council is to bring equity to the science of health, and create pathways for the scientific community to seek justice for MSAWs.

**Overview of the Agricultural Worker Protection Standards and Environmental Protection Agency (EPA) Efforts to Improve Workers' Health and Safety around Pesticides**

*Ryne Yarger, Certification and Worker Protection Branch, Pesticide Reevaluation Division, Office of Pesticide Programs, Office of Chemical Safety and Pollution Prevention, EPA*

Ryne Yarger stated that he joined the Environment Protection Agency (EPA) in 2011 as a policy rule writer addressing various pesticide related issues that impact public health. The past three years he has been with the Certification and Worker Protection Branch supporting regulatory and implementation efforts for the newly revised Certification of Pesticide Applicators regulations. The revisions to the Certification of Pesticide Applicators rule reduced the likelihood of harm from the misapplication of toxic pesticides. He has been actively involved in addressing Worker Protection Standards (WPS), implementation issues, and the agencies outreach efforts to support and promote the understanding and compliance with the worker, safety requirements around pesticides.

Mr. Yarger stated that this presentation would address agency priorities, Agricultural (WPS) in the Title 40 Code of Federal Regulations (CFR) Part 170, ongoing efforts for occupational safety, additional WPS related updates, and share information about WPS resources and contacts.

The 2015 revisions to WPS in 40 CFR Part 170 protect people employed to perform crop work, and to mix, load, or apply pesticides for use on agricultural establishments in the production of agricultural plants. In addition, it protects bystanders who can experience the negative effects of pesticides through spray drift during pesticide applications. Agricultural employers on crop-producing agricultural establishments are responsible for providing protections. These establishments include farms, nurseries, greenhouses, and other enclosed production facilities. Commercial pesticide handling establishment employers are also responsible for providing these protections.

The EPA regulates and registers pesticides under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). Protections for workers are through instructions on pesticide labeling. It is unlawful to use pesticides inconsistent with product labeling.

The intended reach of the WPS, according to the EPA, is through the occupational safety for pesticides in agriculture use. The Occupational Safety and Health Administration (OSHA) can regulate non-pesticide chemical or other workplace hazards in agriculture, or occupational use of non-restricted use products (RUP) pesticides in other industries outside of agriculture.

Worker Protection Standards for pesticide related Hazard Communications Standards complies with the EPA's regulatory authorities for protection of handlers and workers on establishments covered by the WPS, as well as pesticide labeling and use and certification of pesticide applicators. OSHA's Field Sanitation Standard addresses general sanitary standards, while EPA's WPS decontamination requirements are specific to pesticide hazards, so no preemption issues exist.

Mr. Yarger provided the following data related to the WPS Scope and Applicability: Fair Labor Standards Act (FLASA)/Agricultural Youth Labor Requirements\* and FIFRA:

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\* <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/whdfs40.pdf>

### **Dept. of Labor/FLSA Agricultural Youth Labor Requirements**

- Establishes a minimum age of 16 for occupations *deemed hazardous* by the Secretary of Labor (29 U.S.C. 213(c)(2)).
  - Includes handling Toxicity Category I and II pesticides in agriculture (29 CFR 570.71(a)(9)).
- Youths aged 14 and 15 may work outside school hours in jobs *not declared hazardous* (29 CFR 570.119).
- Youth 12 and 13 years old may work in agriculture outside of school hours in *non-hazardous jobs* if they are (29 U.S.C. 213(c)(1)(B)):
  - Working on the same farm as a parent or person standing in the place of a parent, OR
  - Working with parental permission.
- Youths 10-12 years old may work under specific circumstances
- FLSA's statutory parental exemption in agricultural employment 29 U.S.C. 213(c)(2)
  - Youth under sixteen may perform any work if he or she is employed "by his parent or by a person standing in the place of his parent on a farm owned or operated by such parent or person." 29 CFR 570.70(b).

### **How do FIFRA and the FLSA differ from one another?**

- EPA is responsible for regulating the use of pesticides to avoid *unreasonable adverse effects* independent of any other state or federal law
- FLSA does not preclude EPA from taking further actions under its FIFRA authority
- EPA's risk assessments concluded that certain pesticide activities presented an "unreasonable likelihood of adverse effects" for persons under eighteen.
  - Pesticide handling activities and entering treated areas during a restricted entry interval are prohibited for persons under the age of 18
  - The 2015 WPS addresses these concerns through improved occupational and bystander protections

Mr. Yarger noted that FIFRA authorizes the EPA to grant primary pesticide enforcement responsibility to state pesticide lead agencies for pesticide use violations. The Environmental Protection Agency may provide similar authority to tribes and territories. The lead agency has responsibility to ensure compliance with the WPS.

Mr. Yarger stated the primary goals of the revised WPS in 2015 are:

- Enhance and expand training and information provided to workers
- Improve occupational protections during and after pesticide applications
- Reduce acute occupational pesticide exposures and incidents

The 2015 WPS increased protections to workers and handlers by:

- Enhancing training requirements for workers and handlers

- Expanding the information provided to workers regarding applications
- Improving protections both during and after pesticide applications

WPS revisions were based on decades of feedback from federal advisory committees and stakeholders:

- Pesticide Programs Dialogue Committee (PPDC)
- Children’s Health Protection Advisory Committee (CHPAC)
- Small Business Regulatory Enforcement Fairness Act (SBREFA)
- Small Business Advocacy Review (SBAR) Panels
- State and federal government interactions and consultation
- Individual stakeholder meetings, including farmworker advocacy and agricultural industry groups

Mr. Yarger provided training and information sharing requirements that are an integral part of the WPS in protecting workers on an agricultural establishment:

- Worker and handler safety trainings
- Pesticide safety posters at central locations
- Pesticide application and hazard information displayed
- Oral and/or posted notification of worker entry restrictions

Training and information sharing requirements that are particularly important to protecting vulnerable individuals:

- Training on potential hazards to children and pregnant women from pesticide exposures
- Training on understanding and preventing take-home exposures via clothing and hygiene practices
- Posting treated fields subject to entry restrictions with bilingual “Do Not Enter” signs
- Providing information in a manner that workers can understand

The Pesticide Program Dialogue Committee (PPDC) provides feedback to the EPA on various pesticide regulatory, policy, and program implementation issues. The PPDC presented several topics related to children's health, to try to address some of the concerns of children being significantly impacted at a younger age.

Worker and Bystander Protections during Pesticide Applications include:

*“Do Not Contact” Requirement:* Applicators must not allow pesticide applications to contact people either directly or through drift.

- Applies in all situations and all distances from the application
- Protects children as workers and as bystanders on and off the agricultural establishment

*Application Exclusion Zone (AEZ):* The area surrounding the points of pesticide discharge from applications

- 25 – 100-ft distance, depending on application method and droplet sizes

- Applies both inside and outside of the establishment’s boundaries
- NOTE This describes the 2015 AEZ requirements, which remain in effect. A 2020 revision to the AEZ requirements has not taken effect due to ongoing litigation.

*Suspension Requirement:* If someone enters the AEZ, application must cease until the individuals leave the AEZ and it is safe to proceed.

*Decontamination supplies:* Emergency eye-flush, routine decontamination supplies, and provided clean clothes by employers, enabling workers and handlers to clean up before going home and to reduce take-home exposures.

Mr. Yarger stated ongoing efforts to support WPS implementation and occupational safety include review and approval of training content for WPS worker and handler trainings, the completion of two contracts that have developed outreach materials on available resources and promoting farmworker pesticide safety awareness. Six grants are available for education and outreach materials that include content for agricultural employers, workers and handlers, the public, and medical professionals. The EPA’s WPS website is being updated to improve structure and accessibility of information (<https://www.epa.gov/pesticide-worker-safety/agricultural-worker-protection-standard-wps>). The WPS Interpretive Policy Document includes relevant questions to consider with the 2015 rule change. The following document will be the replacement of the WPS Interpretive Policy moving forward (<https://www.epa.gov/sites/production/files/2016-04/documents/wps-faq.pdf>).

The EPA Pesticide Healthcare Provider Initiative integrates pesticide and occupational medicine into the primary care practice and training through educational settings, practice settings, resources and tools, and incident reporting. The Pesticide Educational Resources Collaborative (PERC) medical cooperative agreement and Sentinel Event Notification System for Occupational Risks (SENSOR) are part of the EPA’s ongoing efforts for monitoring pesticide related illnesses.

#### **Future Considerations and Directions for the WPS**

- Identify ways to improve understanding and compliance with the 2015 WPS requirements.
  - What resources are working, and what other resources are necessary?
  - What steps could EPA take to help states and local governments better support worker safety?
- Identify ways to improve EPA’s webpages and guidance on the WPS.
- Examine and assess training content and delivery methods (i.e., cultural/age appropriateness of training materials, consistent content, and frequency of pesticide safety messaging, etc.).
- Identify limitations and needs of health care providers (HCPs) and medical staff on recognizing and managing pesticide exposures, poisonings, and approaches to improving coordination.

- Provide more support for incident reporting (including the state-based SENSOR programs).
- Increase coordination with federal partners such as CDC/NIOSH, HRSA, DOL.

### **WPS Resources**

#### **WPS Webpage:**

<https://www.epa.gov/pesticide-worker-safety>

#### **WPS Frequently Asked Questions:**

<https://www.epa.gov/sites/production/files/2016-04/documents/wps-faq.pdf>

#### **WPS “How-to-Comply” Manual:**

<http://pesticideresources.org/wps/htc/htcmanual.pdf>

#### **Pesticide Educational Resources Collaborate (PERC):**

<http://www.pesticideresources.org/>

#### **PERC-Med**

<http://pesticideresources.org/med/index.html>

#### **Association of Farmworker Opportunity Programs (AFOP)**

<https://afop.org/>

#### **National Pesticide Information Center (NPIC)**

<http://npic.orst.edu/>

#### Discussion

Angel Calderon stated that the burden of pesticide protection seems to fall on the farmworker and not the grower. A person who is going to work on a farm should know the risks before giving consent. Farms with outdated equipment is something that the federal agencies should examine.

Hanni Stoklosa asked if the agency is hearing about any gaps in implementation of the 2015 revisions. She said that she is an emergency medicine physician, and physicians know that not washing their hands leads to increase and spread of germs and disease, and yet physician compliance rates tend to be on the lower side than you would even imagine. Clinicians use the behavioral science, behavioral economics, and implementation science to address the issue. What incentives can put the burden on employers but also communicating the requirements with workers?

- Ryne Yarger responded that the Pesticide Program Dialogue Committee is having conversations about the need for employers to comply with requirements and effectively communicate the requirements with the workers. There has been an uptick in violations and that is something that the agency is trying to improve upon.
- Carolyn Schroeder shared that the WPS provides employee protections and informs the employees before they begin their work. There is training and information available for workers. How to incentivize employers to comply and enforcing compliance is always

part of the dialogue. Behavioral science and how to motivate people to change behavior is challenging. It would be beneficial for the council to give guidance on this topic.

Deborah Salazar asked how workers could report when employers are not complying, but are concerned about the repercussions of reporting.

- Carolyn Schroeder stated that they can report infractions and there is an anti-retaliation law but that does not always prevent the employer retaliating. The employee may not be a citizen or there may be immigration status issues, so employees have concerns about losing their jobs. Workers cannot report anonymously so that can be a problem. The Department of Agriculture is a resource to report the misuse of pesticides.

### **Meeting Wrap Up and Adjourn**

*Donalda Dodson, MPH, RN, Council Member, NACMH*

Donalda Dodson thanked the speakers and council members and asked them to consider recommendations they would like to discuss on Friday.

Over the next couple of days there will be discussions on:

- Labor Trafficking
- Care Teams
- Agriculture Health Care Workers in the field
- How to improve migrant seasonal workers

Esther Paul thanked everyone for a productive day and thanked the council members, speakers, and support staff for their participation.

## **Wednesday, November 3, 2021**

### **Recap from Previous Day**

*Jose P. Salinas, Vice-Chair, NACMH*

Dr. Salinas welcomed back the council members and guests and summarized the highlights from the first day, as follows. Dr. Joseph stated that even though 2020 was the year of telehealth due to the COVID-19 pandemic, most people are returning to in-person visits instead of continuing with telehealth services. Ryne Yarger stated that the Worker Protection Standards (WPS) designates the burden of safety protection on the employer, but the challenge is on enforcement and oversight of the employers.

The panel discussion today would be a great opportunity to learn from colleagues and stakeholders. Everyone on the council knows the nation's migrant workers are multi-ethnic and have a variety of needs. Agricultural labor remains at the bottom of the socioeconomic ladder, so it is no surprise that access and utilization of health services for farmworkers continues to suffer. This council's task is to formulate recommendations to advise the Secretary of Health

and Human Services. He called on the council members to be attentive and thoughtful, because questions from council members may offer a new perspective on that topic.

### **Facilitated Discussion**

*Deborah L. Salazar, Chair, NACMH*

*Sharon Brown-Singleton, MSM, LPN, NACMH Chair 2020*

Ms. Salazar stated that she and Ms. Brown-Singleton would facilitate the discussion about yesterday's topics. In addition, they would like each council member to share one COVID-19 related and one other concern that they feel could be a consideration for a recommendation. Sharon Brown-Singleton reminded the council to provide clear recommendations for migrant and seasonal farmworkers and define the challenges related to the recommendation.

Jose Salinas stated that telehealth connects patients to practitioners when in-person visits are not an option, but there are challenges for farmworkers regarding telehealth. There are trust issues when speaking to someone on the phone and not face-to-face. There were minimal telehealth services for farmworkers in Ohio due to lack of technology. Most farmworkers were relying on home remedies during the COVID-19 pandemic. Families are going back to in-person medical visits instead of using telehealth now that the offices are opening. In-person visits are more beneficial, but it would be good to develop the trust and technology for farmworkers to be able to access telehealth when necessary.

Marco Vinigiera said it is important for migrant workers to have a relationship and build trust with their health care provider. The ability to see the practitioner during a telehealth visit, instead of a phone consultation, is beneficial. It is important they know the practitioner personally or have a referral from someone they trust.

The regulations of pesticides is an important issue, and farmworkers are hesitant to report violations when an employer is not following regulations. There may be systems for reporting violations but if people are hesitant to report violations due to consequences, hence the systems is not working.

Carmen Veguilla-Montañez shared that it is vital that the EPA promotes the use of pesticides in an ecological manner. The environmental impact affects all life (human and non-human). Users need education on health safety and the use of toxic pesticides. There should be a mandate for an integrated management system to reduce toxic chemical use.

Donalda Dodson stated there is a need to shift standards, from requiring compliance to developing a best practices model of care, especially regarding mental health services. Farmworkers and their families deal with mental health challenges due to deeply rooted trauma, but currently do not have sufficient access to care. Hence there is a need for a model of care that includes follow-up care and access to behavioral health services. For example, farmworkers had to continue to work through COVID-19 even though there were exposures onsite.

Angie Cormier acknowledged that it was impressive that during COVID-19, the figures showed there was only a four percent decrease in patients' overall medical visits. Mobile units are vital for farmworkers to receive services. There is a trust factor for farmworkers and telehealth video seems to work better than telephone appointments. Telehealth will continue in Montana where the distances to health care services are so great.

She emphasized, responsibility for pesticide safety measures, educating farmworkers, and infractions on farms should rest with employers. It is difficult to complain against management face-to-face when the complaint is about them. The manufacturers of pesticides do have the responsibility to code products and give information about the dangers. Sometimes it is difficult to find the contact information to report infractions or people are hesitant because of repercussions.

Angel Calderon said that throughout the pandemic, health centers in his area provided in person care, so more migrant workers went to clinics rather than trying to navigate telehealth. Telehealth is useful for behavioral health but there also is a need for more psychiatrists.

There were farms that stopped production during COVID-19, so farmworkers were having difficulties paying rent and were under enormous stress. Often MSAWs did not get tested for COVID-19 for fear they would not be able to work. Some farmworkers who had tested positive for COVID-19 were still working because they needed a paycheck. Additionally, he saw the dangers of pesticides for farmworkers as a huge concern. The issues as the 1960 and 1970's still remain. People are dying because of respiratory problems and their children are also experiencing negative effects from pesticides. Mr. Calderon shared that farmworkers from his region are moving to San Diego to do yardwork and other low paying jobs. He shared also shared that farmworkers had received positive attention because they did not stop working during the pandemic, and hopes this will continue in the future.

Marisol Cerventes stated that the history of pesticides is a real issue. Seasonal workers lack access to care, and they are not engaging in routine care. It would be beneficial to keep track of the seasonal workers as they move from one area to another and track their health and provide continuity of care.

Dani Higgins shared that in Florida there is a lack of access to services for farmworkers. It was difficult getting them vaccines and there was a lack of information from medical professionals about vaccines. Farmworkers had poor access to COVID-19 testing because they did not have transportation, and a high number of families are illiterate. Farmworkers work sixty hours a week which makes it difficult to schedule doctor's appointments. It is impossible for those who are not able to read to make appointments over the internet. There is also a fear around the vaccine and not enough public health education. The long-term effect of social isolation is having consequences on people's emotional health.

Carmen Huertero-Amigon said compliance in reporting pesticide hazards and coding related to pesticides, is important. The warning labels need to be in different languages and have graphics that convey the dangers.

Access to affordable, stable housing remains a huge issue for farmworkers. Collaboration between community health centers and developers/builders of housing could be beneficial. This could also aid with challenges like transportation and other services and outside resources. In San Diego, mobile units are instrumental in assisting farmworkers with health and dental needs. Developing equity and access will increase the wellbeing of farm workers and their families.

Karen Watt stated that the H-2A workers do the fruit production work in her area. They receive information and knowledge through the federal program. There is health care in place as part of the program. The systems beyond H-2A do not have the supports for people coming to work in the United States. The H-2A workers have regulated housing, transportation, and supportive health care.

Deborah Salazar said the council's discussion expresses farmworkers lack a trusted source to communicate their needs. The community health workers (CHW) can fulfill this need, and collaborate with the community health centers. This would allow farmworkers to live a better and more complete life with access to services. CHW reimbursements and their role in improving telehealth use by MSAWs is necessary to educate and support the agricultural workers. Providers working in medical health centers does not always know the signs of pesticide exposure in workers, so they need more training. Community health workers belong to the local MSAW population, so they have a greater success in working with farmworkers and providers.

Amy Snipes said there is a process of rulemaking regarding pesticide safety and there are levels of "no adverse health effects". This is different than having no affect or no exposures. WPS addresses distinct categories that include handlers and sprayers that come in direct contact with pesticides and people who enter the freshly sprayed fields. There are general recommendations for other people working on farms but not a compliance recommendation. The employer may tell someone to wear long pants or not to wear leather shoes because the pesticide will seep through leather but there are no formal regulations in place. There are children who are in the field or have taken home exposures. There is a disproportionate level of asthma within these groups. The EPA needs to create an additional piece of compliance for employees who are not working directly with the pesticides but still experience the adverse effects.

Sharon Brown-Singleton stated a huge challenge is the ongoing occurrence of the Delta variant of COVID-19 and problems getting people vaccinated. There is a gap in services provided for H-2A workers and the domestic seasonal farmworkers. The domestic seasonal farmworkers do not have enough opportunity for receiving the COVID-19 vaccine. Ms. Brown-Singleton lives in Clinton, North Carolina and her husband drove farmworkers in a bus an hour away to another

county so they could get the COVID-19 vaccine. There needs to be a system in place that expands the benefits of H-2A farmworkers to all farmworkers. Haitian Creole, African American, and Latino seasonal farmworkers are usually an afterthought.

#### BROAD TOPICS GENERATED

- Pesticides
  - Urgency around gaps
  - Why are issues of compliance resting at employee instead of employer?
  - How to create mechanism that protects workers
  - How to prevent exposure and better treat exposures
- Telehealth is an additional resource
  - Conflicting issues
  - Issues with trust, privacy, education, technology
- There is a historical value in recognizing that African American and Haitian Creole workers are overlooked.
  - Important to have equity across the board
- COVID-19 - Ongoing issues
  - MSAWs still have gaps in access to vaccination
  - Health education challenges for MSAWs

#### **National Association of Community Health Centers (NACHC) Update**

*Rachel A. Gonzales-Hanson, Senior Vice President for Western Operations, NACHC*

Rachel Gonzales-Hanson said that she is honored to speak, and she thanked the council for all the work they are doing. There were significant resources for health centers related to COVID-19. There was also funding for Teaching Health Center Graduate Medical Education (THCGME), health centers that have established clinical programs, and residency programs. The clinicians get training at the health centers so they will learn the culture and broaden their perspectives.

Rachal Gonzales-Hanson provided the following information about the American Rescue Plan (ARPA):

- The plan provides \$7.6 billion in flexible COVID-19 funding for Community Health Centers (CHCs)
- \$800 million is for National Health Service Corps, \$200 million for Nurse Corps, and \$330 million for Teaching Health Center Graduate Medical Education (GME)
- \$8.5 billion for rural health care providers
- \$1,400 for the economic impact payment (EIP) to everyone eligible in a household with social security number
  - Previous legislation denied or restricted availability of EIP for households with one or more persons with Individual Taxpayer Identification Numbers (tax IDs given to those not eligible for SSNs)

- Provided additional incentives for non-expansion states to expand Medicaid and gave states the option to cover post-partum care for twelve months after childbirth in Medicaid and Children’s Health Insurance Program (CHIP) for five years

Health Resources and Services Administration (HRSA) awarded \$1 billion in American Rescue Plan funding on September 28<sup>th</sup>, 2021, to 1292 health centers across the nation. Health centers will use the funding for COVID-19 related capital needs to construct new facilities, renovate, and expand existing facilities to increase the response to pandemics. The funding will be for state-of-the-art equipment, including telehealth technology, mobile service vans, and freezers to store vaccines.

For more information and a map of the FY 2021 American Rescue Plan Funding for Health Center Construction and Capital Improvements award recipients, visit:

<https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/arp-capital-improvements/fy21-awards>.

The Build Back Better Act provides community health centers (CHC) with infrastructure and workforce funding. In the past decade, health centers have grown from serving eighteen million patients to twenty-nine million patients, but there has not been significant infrastructure investment to expand with the growing number of patients. NACHC efforts have led to \$10 billion in CHC infrastructure and \$6 billion in THCGME funding. Investment in CHC infrastructure and workforce will increase the quality and accessibility of services to patients, including agricultural workers and those in rural communities.

Ms. Gonzales-Hanson stated that in September of 2021, the House Judiciary Committee included a proposal that would allow about eight million individuals in the United States who are undocumented or have temporary status to apply for permanent residency as part of the Build Back Better legislation.

The Senate must rule that proposals have a direct fiscal impact before included in the budget reconciliation bill. The Senate ruled against the House Judiciary Committee’s proposal, so Senate Democrats have moved to get immigration reform proposals into the reconciliation bill.

### **Public Charge - Background and Impact on CHCs**

In 2019, the Department of Homeland Security (DHS) issued regulations which restricted lower income immigrants from attaining lawful permanent resident status. This meant that legal immigrants who received public benefits for more than a total of twelve months in a three-year period classified as a “public charge” and ineligible for permanent residency. This created concerns for the health and well-being of immigrant families who would face increased obstacles and fear in accessing services.

Historically, NACHC has opposed changes to public charge that increase barriers to health care access and run counter to the health center mission of treating all patients, regardless of ability to pay. Changes to public charge limiting immigrants’ access to services has a monetary impact

on health centers which run on slim margins. Health centers must cover increased costs of patients who are no longer eligible for Medicaid or other programs.

### **Public Charge Update**

In February 2021, the Biden Administration issued an executive order directing the Secretaries of State, Homeland Security, and the Attorney General, as well as other relevant agencies, to review all agency actions related to public charge. In August 2021, DHS pushed an Advance Notice of Proposed Rulemaking (ANRPM) to ask for data and information from the public. The ANRPM asked for feedback on key considerations associated with the public charge grounds of inadmissibility. NACHC worked with the California Primary Care Association (CPCA) and the Association of Asian Pacific Community Health Organizations (AAPCHO) on a joint letter for the Public Charge ANRPM (which closed on Oct. 22, 2021) through the National Health Center Immigration Work to advocate for revised regulations that would protect and expand the health and well-being of immigrants.

### **Centers for Medicare & Medicaid Services Facility Vaccine Mandate**

On September 9, 2021, The Biden-Harris Administration announced they will require COVID-19 vaccination of staff within all Medicare and Medicaid-certified [facilities](#) to protect both them and patients from the virus and the Delta variant. Under Centers for Medicare and Medicaid Services (CMS), Federally Qualified Health Centers are a “facility” and will need to comply as a condition for participating in the Medicare and Medicaid program. CMS is developing an Interim Final Rule (IFR) with a comment period that will be issued in October to provide more information. As for now, there is no testing exemption. However, this could change with the IRF. NACHC will host a webinar series and develop communication and operational toolkits with the release of the IFR in October. National Center for Farmworker Health statistics indicate the numbers of health workers serving at CHCs went down in 2020 but it was not as low as expected. It is not just about numbers but about adequately serving people. Treating patients respectfully and connecting patients to resources improve their health.

### **Discussion**

Angie Cormier said the Governor of Montana has issued an order that no employer can require a mask or vaccination as condition of employment. What happens if the federal law mandates that certain facilities require the COVID-19 vaccination for employees?

Rachel Gonzales-Hanson responded that it will be a requirement to follow the Medicare and Medicaid Mandate. What the governor does with the mandate effects the health of their state and effects the health status of the state. This includes every health care facility. If the funding ends, they will have unemployed staff.

Sharon Brown-Singleton said the White House Environmental Justice Task Force’s document has particularly good recommendations that relate to topics discussed with the council today. How is NACHC involved in developing the recommendations?

Rachel Gonzales-Hanson responded that Ben Money, from North Carolina, is the new Senior Vice President for Public Health Priorities and he is incredibly involved outside of the National Association of Community Health Centers with HRSA and EPA. His focus is on concerns that impact the patients that health centers serve.

Iran Naqvi asked what type of capital improvement is necessary from the environment health perspective. Telehealth will be critical regarding the subspecialty care that the agricultural workers will need. Mobile units are also critical to take the services to the people so they can receive health services.

Ms. Gonzales-Hanson responded that it is particularly important to give insight into their working and living conditions and help identify barriers to health, for example transportation issues.

**Panel Discussion: Labor Trafficking in Agriculture—Setting Public Health and Policy Priorities**

*Jillian Hopewell, MPA, MA, Director of Education and Communication Migrant Clinicians Network – Moderator*

Jillian Hopewell thanked the council for the opportunity to speak at the meeting. She shared that the overview of the labor trafficking in agriculture discussion will be about human trafficking in agriculture, clinical insights, legal impacts of trafficking, resources, and recommendations.

She informed the council about Migrant Clinicians Network (MCN) activities as a National Training and Technical Assistance (TTA) partner, funded by HRSA to provide resources, education, and information for clinicians working with migrant workers. In 2020, HRSA included Intimate Partner Violence (IPV) and Human Trafficking (HT) in the Uniform Data System (UDS) for the first time. Health centers will report data that can identify how many patients may have experienced IPV and/or HT. There were 41,754 patients with these diagnoses.

***Hanni Stoklosa, MD, MPH, Assistant Professor, Emergency Medicine, Brigham and Women’s Hospital, Harvard Medical School; Executive Director, Heal Trafficking***

Hanni Stoklosa is an emergency medicine clinician and cofounder and CEO of Health, Education, Advocacy, Linkage (HEAL) Trafficking that leads innovative health solutions to eradicate human trafficking in communities worldwide.

Dr. Stoklosa shared a case study, about meeting Juan Carlos on the Texas border in an emergency room. Juan Carlos shared his experience of labor trafficking in the United States.

Juan Carlos worked as a migrant worker in different areas of the United States. His trafficker would threaten him with a gun and threaten his family and would not pay him the wages he had earned. He went to the emergency room because he had been picking corn in the fields and passed out. Pesticide planes were flying overhead, it was extremely hot, with minimal breaks. The doctor's emergency room notes said that Juan Carlos was picking corn and began vomiting and having stomach cramps. The medical record also said that Juan Carlos was a migrant worker and there was a communication barrier which caused him to be a "poor historian" when sharing information. The most important thing medical professionals could do to reduce labor trafficking is to have professional interpretation services. Most trafficked individuals in the United States access health care at some point. Juan Carlos's story is in the Annals of Emergency Medicine. It made her think about all the access points of care and the need for education about labor trafficking and collaboration between primary care, acute care, and all clinical settings.

There are airborne exposures, environmental exposures, physical isolation, and the psychological impact of labor trafficking. Violence and threats by the employer prevent people from reporting labor trafficking. Women who are labor trafficked also usually experience sexual assault. Health centers have an opportunity to intervene for those who are being trafficked. Survivors of trafficking express they are afraid when they are at a health care center because they feel a lack of control. The goal is to create an open door and be patient-centered and provide resources.

## Discussion

Sharon Brown-Singleton has witnessed labor camps where there have been slavery charges against the employer. H-2A workers are experiencing human trafficking. How have the regulations or definitions of trafficking changed?

Hanni Stoklosa responded that was an important question and there will be more in-depth information on that topic with an upcoming speaker so they can discuss it further a little later in the presentations.

Dr. Alfonso Rodriguez, from Centers for Disease Control, asked if physicians and healthcare providers are looking for signs, using cards, or asking questions to find out if patients are victims of human trafficking.

Hanni Stoklosa responded that she encourages providers to use the Provide Privacy, Educate, Ask, Respect & Respond (PEARRE) tool. Filling out a form is less effective than meeting someone privately. The provider can create a scenario and ask if the same scenario is happening to the patient. For example, a provider could say that people working in the cornfields come in with similar problems and that employers may hold documents or threaten them.

***Anna Hill, JD, Staff Attorney, Michigan Immigrant Rights Center (MIRC)***

Anna Hill spoke about continuum of risk factors that exposes farmworkers to the vulnerability of trafficking and interventions are necessary to address risks before they accumulate to trafficking.

The risk factors in the H-2A Program consist of:

- United States employers rely on labor recruiters
- Recruitment process is unregulated, as recruiters seek workers from rural, often indigenous communities
- Workers face discrimination, illegal recruitment fees, unreimbursed travel and often start in debt
- Worker Visas are through one employer
- Workers are dependent on employer for housing, food, and most basic transportation

Michigan Immigrant Rights Center Case Examples:

**Case One**

Juan was a 27-year-old undocumented dairy worker. He lived in a house that he shared with nine other workers. Dairy housing is usually unlicensed. Workers receive injuries from cows and other unsafe working conditions. If they go to the doctor, the employer tells them to give a fake name. The employer made them work without having days off. Juan was operating a tractor and noticed it needed repairs, so he told the manager. The employer did not make the repairs and the tractor's fork fell off and almost severed Juan's leg. The manager told Juan to leave the farm instead of assisting with his injuries. The employer did not pay Juan and refused to pay him workers comp wages.

**Case Two**

Manteo received a contract to work in the United States and the contractor said that the pay would be good. He had worked in the United States before and had a positive experience. He was employed as a H-2A worker to pick sweet potatoes in North Carolina. While working on the farm, the employer would yell and berate him and threaten to send him back to Mexico. The employers also forced Manteo to work six days a week, twelve hours a day. Manteo had to work in the rain and had had short lunch breaks. A month after arriving in North Carolina, The employer woke up Manteo and his coworkers during the night and received fake identifications and sent to Michigan. Manteo lived in a house with not enough beds and slept on the floor. He hardly had time to eat or sleep and worked on a farm seven days a week with fourteen-hour shifts. Eventually he contacted the Michigan Immigrant Rights Center and was able to escape and now lives in Florida and is trying to overcome the trafficking experience.

***Diana Marin, JD, Supervising Attorney, MIRC***

Diana Marin shared that MIRC serves as a legal resource center for Michigan's immigrant communities. The Farmworker & Immigrant Worker Rights Project provides:

- Direct legal representation
- Targeted outreach
- Community Education
- Public Policy Advocacy

The Immigrant Power and Control Wheel is a tool to understand how abuse manifests itself. Sixty-four percent of agricultural workers are from Mexico. The median annual wage of an agricultural worker is \$28,900. Fifty-seven percent of farmworkers are married, and fifty percent have children. The self-sufficiency standard in Michigan for one adult with a preschooler is between 31,000-56,000, depending on the county. Agricultural workers are making low wages even though they are doing high skilled work.

Labor trafficking in agriculture still occurs. The Trafficking Victims Protection Act of 2000 (TVPA) defines labor trafficking as: "The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery".

Data indicated that during the pandemic, thirty-four percent of the H2-A workers did not get medical care. The pandemic has revealed farmworker inequities and the agriculture industry has seen an increase in labor trafficking during the pandemic.

Agricultural exceptionalism is state sponsored legal systems that exclude agricultural workers from standards that apply to most other workers. Perceptions that the agricultural industry are family farms is not accurate. In the last three decades, agriculture in the U.S. has shifted from small farms to large scale corporate operations. Agricultural workers complete labor extensive, skilled, and essential work that contributes to our state and national food production.

The United States Immigration and Labor Laws have a racist history. Some of these laws are:

- Chinese Exclusion Act of 1882 (repealed in 1943)
- Immigration Act of 1917 (replaced by 1952)
- Filipino Repatriation Act of 1935
- Executive Order 9066 of 1942
- Bracero Program (1942-1964)
- Immigration and Nationality Act of 1952
- H-2A Program (1952-present)
- Immigration and Naturalization Act of 1965
- Immigration Reform and Control Act of 1986

Exclusions that still exist under the federal law are the National Labor and Relations Act which does not cover agricultural laborers, independent contractors, and supervisors (with limited exceptions). The current legal exclusions are also in state labor laws.

## Discussion

Carmen Veguilla-Montañez asked how do the local authorities and the justice system intervene with the criminals who are trafficking people in the United States?

Diana Marin said that there are federal and state agencies that investigate trafficking. The percentage of cases with charges filed is low but law enforcement and providers are now receiving education about labor trafficking.

Anisa Cline asked if the increase in calls was related to an increase in H-2A workers.

Diana Marin said that there was a decrease in the number of calls from hotels about trafficking but there were more calls from farmworkers.

Jillian Hopewell shared the following recommendations:

- Occupational screening for all patients
- There are medical and legal barriers with lack of language access
- Medical Legal Partnerships (<https://medical-legalpartnership.org/>)
- Employ a race equity lens  
(<https://www.hrsa.gov/about/organization/bureaus/ohe/index.html>)
- Linkages between health centers and acute care facilities
- Trauma informed assessments for exploitation
- Research (led/informed by workers)
  - Understand how those are experiencing labor trafficking access health care
  - Implementation science to understand best practices for trauma-informed conversations around work and assessment for form of violence
  - Deeper Dive into Uniform Data System data

## Meeting Wrap Up and Adjourn

*Deborah L. Salazar, BS, Chair, NACMH*

Deborah Salazar thanked the speakers and council members, and the meeting adjourned.

**Thursday, November 4, 2021**

**NACMH Chair Reflections and Welcome**

*Deborah L. Salazar, BS, Chair, NACMH*

Deborah Salazar welcomed everyone to the third day of the meeting. She requested the guests to ask questions in the chat section. She recalled how the federal update, presentations, and conversations regarding the protection of worker's health and safety around pesticides had provided rich information.

Ms. Salazar shared that working directly with agricultural workers opened her eyes to their ongoing challenges. She stated that it was important for the council to learn from one another since they come from different areas of the country, and work in diverse professions that link them all to agricultural workers.

Ms. Salazar thanked Esther Paul for her work organizing the meetings. She also thanked Sharon Brown-Singleton and Amy Snipes for serving on the committee and welcomed the new members. She stated that most of all she is grateful for the agriculture workers and without them we would be hungry. She is thankful to be on a council that is so committed to supporting the agriculture workers.

Ms. Salazar closed with Cesar Chavez quote, *"We cannot seek achievement for ourselves and forget about progress and prosperity for our community. Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own."*

**Panel Discussion: Integrating Community Health Workers into Care Teams to Improve Migrant and Seasonal Agricultural Worker Health and Welfare Outcomes**

*Amanda Phillips Martinez, MPH, Assistant Project Director, Georgia Health Policy Center – Moderator*

Amanda Phillips Martinez thanked the committee and shared it is great to see that the council has thrived over the past couple of years, even under difficult circumstances. The panel would be presenting on the need for CHWs, specifically as it pertains to expanding access to behavioral and mental health services among agricultural workers. CHWs can bridge the gap between agricultural workers and clinics and improve quality of care and access to important services. The panel would also share information about expanding access to services through CHWs and expanding the capacity and quality of MHC programs across the country.

*Colleen Reinert, MPH, Program Director, MHP Salud*

Colleen Reinert spoke about the integration of CHW's into the care teams, from a national perspective. MHP Salud is a national organization and has 35 years of experience promoting

Promotores De Salud programs in communities and promoting the CHW model as a cultural appropriate strategy to address health issues in underserved communities.

CHWs are good resources for providing culturally appropriate health education, cultural mediation, and building capacity to address MSW challenges. As part of a care team, CHWs are the expert in the patient's environment and culture. Their peers need to treat them as team members who have an important job beyond the clinical role. The CHW's role as part of the care team comprises improving communications with the patients, developing care plans, improving quality measures and population health.

Avenues for maximizing the benefits of CHWs on the care team include:

- Promote respect for CHWs among team members to strengthen clinical outcomes
- Involve CHWs in integration planning and implementation at all system levels
- Provide CHWs access to electronic health records and integrate CHW notes into the patient record for improved continuity of care
- Educate all members of the clinic on who CHWs are, what they need to do, and how they are an integral part of the team
- Provide opportunities for CHWs to share their unique understanding, perspectives, and value of the community with the organization and team
- Incorporate CHW core competencies into program design, including advocacy and community-based work on social determinants of health.
- Include CHWs in regular meetings with the full team (and more frequently with supervisor)

Integrating Community Health Workers into Care Teams has been crucial in addressing COVID-19 disparities. Ways CMWs have addressed disparities are:

- Providing culturally appropriate information about the coronavirus, including how it spreads and how to protect communities
- Demonstrating how to practice social distancing and mask-wearing to encourage patients to remain healthy
- Connecting communities to COVID-19 testing clinics and other resources
- Focusing on the specific needs of ethnic and racial groups, vulnerable populations, and communities with prominent health problems
- Advocating for communities overlooked because of their economic or cultural differences

*Monica Garcia, MA, Program Director, MHP Salud*

Monica Garcia stated that she would speak about innovative strategies for integrating CHWs into care teams, based on the CHW Clinical Integration Study, which included organizations from across the nation.

The study implemented CHW participation in four key areas:

- Electronic Health Record Data
- Utilizing CHWs in telehealth
- CHWs participating in Care Team Daily Meetings
- Impact of using CHW-collected data in clinical decision making

The study concluded that integration of CHWs into disseminating telehealth technology uptake assisted health care entities in reaching their goals. Additionally, CHWs enabled culturally sensitive telehealth utilization to increase access to care. The study included Finger Lakes Community Health (FLCH). FLCH was an early adopter of telehealth services that assists with patients who are not able to have in-person visits.

FLCH identified that many farmworkers were not seeking care at FLCH centers due to fear based on their immigration status, limited transportation, and cultural and language differences. As a strategy, FLCH tailored its use of telehealth technology to perform outreach activities for these individuals.

The integration of telehealth in FLCH has had a positive impact on utilization of care, clinical teams, and the overall health care system. This emphasizes the importance of the leadership and care team members being onboard, informed and committed. It is important for CHWs to have professional telehealth technology training. However, a lack of adequate internet connectivity remains a barrier to using telehealth in rural areas.

Best Practices and Recommendations for integrating CHWs into care teams include:

- Training and professional development
- Defined CHW job descriptions
- Have a standard to measure success
- Sharing CHW successes with the care team
- Having supportive leadership

*Rocio Anderson, Farmworker Behavioral Health Specialist, NC Farmworker Health Program*

Rocio Anderson shared that her experience and education comes from the “best of the best” in North Carolina and that includes migrant and seasonal agricultural workers. Ms. Anderson was born and raised in Latin America and experienced the acculturation when coming to the United States and learning how to navigate the health systems.

CHW’s are front line workers that are the trusted members in the communities and have the knowledge and experience to work as a liaison between health providers and programs. It is also important to build community capacity. Mental health issues have gone unaddressed. Cultural and linguistical services to meet the need of the community must have migrant and seasonal farmworker input.

Learning from the North Carolina Community Health Worker Association, which is now a corporate entity, and has defined a process of certification for CHWs. CHWs have been more relevant through the pandemic than ever before, and it is time to take advantage of their experience and grow the CHW role across the nation.

Mental health and wellness challenges including feeling helpless, depressed, and toxic stress often lead to the prevalence of drug and alcohol abuse. Stigmatization when seeking healthcare, coupled with the lack of cultural and linguistically appropriate services, are recognized barriers that prevent MSAWs from seeking mental health care from conventional medical providers. CHW's are trusted sources in their communities, and could play an important role in breaking down this barrier. However, to implement this effectively CHWs would need standardized mental health training and continuing education to feel equipped and comfortable having mental health conversations with farmworkers. Programs that require advanced degrees would prohibit CHWs from training opportunities. The North Carolina Farmworker Health Program is successful because migrant and seasonal farmworkers are part of the discussions about their needs and concerns.

Ms. Anderson indicated that the pandemic led to a sharp increase in telehealth utilization by farmworkers. Telehealth services are available at four sites in North Carolina, with trained CHWs as behavioral health coordinators that facilitate telehealth visits. There are still challenges for farmworkers accessing services because of a lack of technology and the digital divide.

Ms. Anderson shared the following recommendations with the council regarding Community Health Workers:

- Additional funding
- Capacity Building
- Provider Training
- Collaborative Coalitions and Support
- CHW/Promotores association and certification support.

## Discussion

Angel Calderon asked Colleen Reinert to define cultural mediation.

Colleen Reinert responded that this technique expresses a level of understanding to the health care provider and explains the distinctions in cultures.

Amanda Phillips Martinez stated there were questions about CHWs receiving trauma informed care training.

Rocio Anderson responded that farmworkers share important information with CHWs once they have built a level of trust. A CHW may not be equipped to address some of the farmworker's issues. She felt it is important for CHWs to have trauma informed care and

trafficking training so they can help the clients navigate the systems. She distinguished between knowledge, and skills and practice training. CHWs require the knowledge training.

Carmen reiterated that with known widespread prevalence of trauma in this vulnerable population, it is important for CHWs to have this knowledge and skills to know how to make referrals to adequate services. She enquired about what needed to be done to put standards and best practices in place.

Colleen Reinert offered the following recommendations:

- What training might Health and Human Services (HHS) support to better position CHWs to integrate mental health services into their job description?
- What policy and supports might strengthen access and quality of mental health services?
- What is the role of other Department of Health and Human Service agencies in the effort to improve access and outcomes for migratory and seasonal agriculture workers (MSAWs)?

### **Migrant Health Issues and Concerns in Region X – Alaska, Idaho, Oregon, and Washington**

*Seth Doyle, Director of Strategic Initiatives, Northwest Regional Primary Care Association*

Seth Doyle shared that agriculture is a multi-billion-dollar business. Crops in the northwest include apples, potatoes, cherries, and hops. There are ninety-eight health centers in the four states in Region X that includes Alaska, Idaho, Oregon, and Washington. The number of patients declined in 2020, due to COVID-19, but prior to that there had been steady increase in the numbers of people accessing care due to the Agriculture Worker Access Campaign.

Social determinants of health are important factors that affect farmworker health and include poverty, low wages, working conditions, living conditions, food security, education, literacy, language and cultural barriers, access to healthcare, discrimination, and environment hazards. CHWs are beneficial in addressing the social determinants of health.

Mr. Doyle shared a quote from Dr. H. Geiger, “We are rediscovering the value of community health workers, and I’ve got to add that it is about time.” There has been more federal funding for community health workers in the last six months than in the past ten years. There had to be a recognition in the role that they play and understand the essential role of that workforce.

### **Discussion**

Seth Doyle stated that the Public Health Service Act statute governing migrant health centers requires a consideration of air quality and environmental issues. Health centers need to be adequately resourced so migrant health centers can address these problems.

Dr. Stoklosa asked Mr. Doyle's opinion on the role CHWs can play regarding labor trafficking. She asked his views about using CHWs in the interpersonal violence space.

He responded that CHWs to assist with labor trafficking issues, if they receive the training, resources, and organizational support to do that work. CHWs often have very specific grant funding and that makes it difficult for them to intervene in other ways.

### **National Council of Agriculture Employers (NCAE) Efforts to Improve the Health and Welfare of Domestic and H-2A Migrant and Seasonal Agricultural Workers**

*Michael L. Marsh, President and Chief Executive Officer, NCAE*

Michael Marsh stated that the National Council of Agricultural Employers (NCAE) is a trade association focused exclusively on policy concerns of agricultural employees. NCAE Members are labor-intensive farmers, growers, associations, and others whose business is dependent on domestic labor-intensive agriculture. NCAE focuses on agricultural employer and workforce management, federal legislative, regulatory and legal issues.

Farmworkers have always been essential and there are 2.4 million employed in the United States. Approximately 200,000 farmworkers are temporary, nonimmigrant workers (H-2As), and about fifty percent of domestic agriculture workers are unauthorized.

He shared Centers for Disease Control checklist for agriculture employers to use to slow the spread of COVID-19, which NCAE members implemented.

The five sections of the checklist are:

#### **Section 1: Assessment**

- Consider the characteristics of your region, worksite, space, and job tasks that may impact the assessment and control of COVID-19.
- Monitor federal, state, and local public health communications about COVID-19.
- Ensure workers have access to current information.
- Check local public health information and the CDC COVID-19 website daily, or as needed depending on local conditions.
- Designate a workplace coordinator responsible for COVID-19 assessment and control planning.

#### **Section 2: Control Plan based on the Hierarchy of Controls – Screening and Monitoring of Workers**

- Develop uniform policies and procedures for screening workers for COVID-19 signs and symptoms.
- Ensure protection of personnel performing screening activities.

#### **Section 2: Control Plan based on the Hierarchy of Controls – Managing Sick Workers**

- Monitor and manage sick workers.
- Protect personnel who are managing sick workers.

- Develop an action plan for workers with suspected or confirmed COVID-19.
- Furnished housing for a sick worker or employee

### **Section 2: Control Plan based on the Hierarchy of Controls – Cleaning, Disinfection, and Sanitation**

- Conduct targeted and more frequent cleaning and disinfecting of high-touch areas (e.g., time clocks, bathroom fixtures, vending machines, railings, door handles).

### **Section 2: Control Plan based on the Hierarchy of Controls – Administrative Controls.**

- Conduct COVID19 training that is easy to understand, in preferred languages, and at appropriate literacy levels.

### **Section 2: Control Plan based on the Hierarchy of Controls – Personal Protective Equipment (PPE)**

- Conduct a hazard assessment to determine if PPE is necessary to protect workers.

### **Section 3: Special Considerations for Shared Housing**

- Provide basic guidance about COVID-19 and steps being taken to prevent transmission in housing areas.
- Keep family members together in housing facilities.
- Prepare dedicated and segregated spaces for sleeping quarters, kitchens, and restrooms for quarantining workers with confirmed or suspected COVID-19.
- Promote enhanced sanitation practices.

### **Section 4: Special Considerations for Shared Transportation**

- Provide as much space between riders as possible.
- Group (or cohort) workers in the same crews and/or those sharing living quarters together when transporting.
- Increase the number of vehicles and/or the frequency of trips.
- Provide hand washing/sanitizing stations for use before riders enter a vehicle and when arriving at their destination.
- Train riders to follow coughing and sneezing etiquette.
- Encourage all vehicle occupants to wear cloth face coverings.
- Clean and disinfect vehicles in accordance with CDC guidelines for non-emergency transport vehicles before and after each trip, or daily at a minimum.

### **Section 5: Special Considerations for Children**

- Discourage the presence of youth at the worksite and help protect youth farmworkers from COVID-19.

Michael Marsh shared that NCAE members participated with the CDC in a pilot project to test H-2A workers for COVID-19 and quarantine any infected workers in Mexico prior to transiting to their temporary jobs in the United States. The pilot project was successful in identifying not only an extremely low incidence of infection (1.3 percent based on preliminary data), but also an opportunity to collaborate to protect farmworker health and protect U.S. public health. The

CDC Partnered with The National Center for Farmworker Health to help ensure vaccine access for seasonal and migratory farmworkers. This included local partners and stakeholders addressing vaccine related concerns and providing culturally appropriate communication and health-related materials.

## Discussion

Esther Paul asked how NCAE, CDC, and other programs, could collaborate and think beyond COVID-19 to address long term migrant health issues and plan future work.

Mr. Marsh responded that they have invited the CDC and National Center for Farmworker Health (NCFH) to the Agriculture Labor Forum in December. This will create an opportunity for CDC and NCFH to interact with NCAE members. The pandemic created an opportunity for collaboration and agencies working with one another. There has been apprehension from farmers to work with government agencies and it is important for them to understand that everyone is in it together.

Amy Snipes said that people who work to advocate for farmworker health do not really know what agencies are working on to improved safety. It would help to create partnerships to understand employers' struggles relating the health of their workers. Developing trust between the employers and employee advocacy organizations is the understanding that everyone is working towards the same goal. It is in the best interest of the employers to have healthy workers and a safe working environment so that is their goal.

## Meeting Wrap Up and Adjourn

Donalda Dodson, MPH, RN, Council Member, NACMH thanked the presenters and council members and asked council members to think about what recommendations they would like to discuss the final day of the meeting.

## Friday, November 5, 2021

### Facilitated Discussion, Formulation – Letter of Recommendations to the Secretary of DHHS

Deborah Salazar welcomed the council to the final day of the meeting and stated that it is a working day for the council as they develop the recommendations for the Secretary of Health and Human Services. She specified that the recommendations discussed during the meeting were labor trafficking, pesticides, CHWs and mental health, and telehealth with a focus on technology and training.

Ashley Ademiluyi, HRSA ethics advisor, discussed preventing conflicts of interest situations with the council members.

## **Facilitated Discussion**

*Deborah L. Salazar, Chair, NACMH*

Angel Calderon noted the need for a recommendation that includes ethical considerations for farmers to meet the needs of migrant workers.

Marco Vinigiera responded that ethical considerations could fall under the labor trafficking topic.

Angie Vallejo Cormier added that climate change and equity regarding H-2As and farmworkers are important topics.

Deborah Salazar shared that climate change will be a topic of the next NACMH meeting so there will be experts and testimony focusing on the topic. This will create an opportunity for a more informed recommendation on climate change and the effects on migrant workers.

Jose Salinas agreed that specific data regarding climate change will assist the council with developing more conclusive evidence for a recommendation.

Carmen Huertero-Amigon expressed that a recommendation concerning CHW job requirements should incorporate national standards and guidelines, trauma informed training, and effective funding models. She stated that another recommendation is increasing health access in underserved areas and making funding a priority for health care centers that find innovative approaches to serve migrant and seasonal workers. To achieve this goal, it is necessary to create collaborations between government funded entities, faith-based organizations, and local agencies. It is also necessary to utilize telehealth and expand the use of mobile units.

Shedra Snipes emphasized the importance of CHWs receiving labor trafficking and mental health training. Funding for training should include compensation for cell phones, office space, and additional costs.

Ms. Snipes added that HRSA is collaborating with a grower's association on an initiative to vaccinate farmworkers. It would be beneficial to expand partnerships between HRSA and grower's associations to include all migrant health.

Dr. Salinas reflected on the two labor trafficking cases presented during the meeting. The farmworkers were hesitant to report the abuse due to trust issues. If there is a requirement for H-2A workers to visit a medical provider on a regular basis, the worker will feel empowered to report a situation because they have established a rapport with the provider.

Mr. Vinigiera responded that the issue is a lack of compliance and employers denying farmworkers access to services. The community health centers could send health workers to locations to check on farmworkers.

Ms. Veguilla-Montañez added that labor trafficking is due to inequity, and inequity is a component of many of the topics being considered for recommendations.

Donalda Dodson stated there is a lack of health and environmental hazard regulations. Farmworkers should not be working outside when the air quality is at a dangerous level or there is extreme heat.

Mr. Calderon responded it is necessary for farmworkers to have safety equipment, water, and sanitary services. Additionally, there is a lack of adequate information regarding the hazards of pesticides.

Sharon Brown-Singleton added that there are regulations in place regarding working conditions. There is a lack of fieldworkers in government positions to regulate and enforce regulations.

Ms. Veguilla-Montañez expressed that it would be beneficial for farmworkers to have access to medical-legal partnerships to advocate for farmworkers.

Esther Paul replied that HRSA is encouraging health centers to establish medical-legal partnerships so agricultural workers can receive services for issues including housing difficulties and labor trafficking.

Ms. Huertero-Amigon reminded the council about the pesticide regulations including indirect users.

Mr. Calderon shared that community health clinics classify mental health as a separate service from medical services. There is a need for integrated health care because mental health issues begin the moment farmworkers separate themselves from their family.

Donalda Dodson responded that agricultural workers have a lack of support systems.

Ms. Huertero-Amigon stated that there are not national standards or clear roles or job descriptions for CHWs and there should be national best practices training.

Ms. Cormier expressed the need to have a grower on the committee. This would create an opportunity to find ways to build on the similarities of growers and farmworkers.

The council identified teams to develop data for the following recommendations:

- Labor trafficking: Sharon Brown-Singleton
- Health and Environmental Hazards: Donalda Dodson
- Community Health Workers and Mental Health: Marco Vinigiera, Carmen Huertero-Amigon, Dani Higgins, Marisol Cerventes, and Angel Calderon

Council members agreed on a timeline for developing and submitting the letter.

### **Closing – Meeting Wrap Up and Adjourn**

*Deborah L. Salazar, BS, Chair, NACMH*

Deborah Salazar thanked the council members for their participation. She informed council members that the next National Advisory Council on Migrant Health meeting will be held virtually from May 31 through June 3, 2022.

Possible May 2022 Meeting Agenda Topics are:

- Climate change and equity regarding H-2A and domestic farmworkers
- Specialty services for farmworkers and migrant workers
- Medical Legal Liaisons/Medical Alliances

Esther Paul thanked the council and everyone who participated in making the meeting a success.

Iran Naqvi, Deputy Division Director, thanked the council for their hard work and ability to hear the issues and create an actionable plan.