



# National Advisory Council on Migrant Health

---

January 6, 2022

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

Dear Secretary Becerra,

The National Advisory Council on Migrant Health (NACMH, hereby referred to as “The Council”) advises, consults with, and makes recommendations to the Secretary of Health and Human Services (HHS) and the Administrator, Health Resources and Services Administration (HRSA). Specifically, the Council is charged with reviewing the health care concerns of migrant and seasonal agricultural workers (MSAW), and the organization, operation, selection, and funding of migrant health centers (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 MSAWs and their families. Please find an overview of the Council’s November 2021 meeting and four key recommendations that fulfill our charge.

## *Overview*

In adherence to safety measures and travel restrictions related to the COVID-19 public health emergency (PHE), the Council held a virtual meeting on November 2-5, 2021. During this meeting, we received a federal update from HRSA senior leadership:

- Federal Update
  - Jennifer Joseph, PhD, MEd, Director, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, BPHC

As well as other updates related to the health of MSAWs, including the following presentations:

- Agricultural Worker Protection Standards and EPA Efforts to Improve Workers’ Health and Safety
  - Ryne Yarger, Certification and Worker Protection Branch, Pesticide Re-evaluation Division, Office of Pesticide Programs, Office of Chemical Safety and Pollution Prevention, Environmental Protection Agency (EPA)

- National Association of Community Health Centers (NACHC) Update
  - Rachel A. Gonzales-Hanson, Senior Vice President for Western Operations, NACHC
- Panel Discussion: Labor Trafficking in Agriculture - Setting Public Health and Policy Priorities
  - Jillian Hopewell, MPA, MA, Director of Education and Communication, Migrant Clinicians Network
  - Hanni Stoklosa, MD, MPH, Assistant Professor, Emergency Medicine, Brigham and Women's Hospital, Harvard Medical School; Executive Director, Heal Trafficking
  - Anna Hill, JD, Staff Attorney, Michigan Immigrant Rights Center
  - Diana Marin, JD, Supervising Attorney, Michigan Immigrant Rights Center
- Panel Discussion: Integrating Community Health Workers (CHW) 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
  - Colleen Reinert, MPH, Program Director, MHP Salud
  - Monica Garcia, MA, Program Director, MHP Salud
  - Rocio Anderson, Farmworker Behavioral Health Specialist, NC Farmworker Health Program
- Migrant Health Issues and Concerns in US Region X
  - Seth Doyle, Director of Strategic Initiatives, Northwest Regional Primary Care Association
- National Council of Agricultural 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

The Council reviewed all 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. Four 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 MSAWs and their families, and in context of the evidence presented at this meeting, we submit the following recommendations for your consideration.

#### ***Recommendation I: Address the Public Health Challenges Associated with Trafficking in Agriculture***

**The Council calls on the Secretary to harness the power of his office to support a national initiative to draw attention and combat labor trafficking associated with agriculture. We further call upon the Department of Health and Human Services (HHS) to support this initiative by bringing together stakeholders through a multisectoral, national strategy that draws collectively on public and private resources, which may enable the coordination, collaboration, and capacity-building necessary in combating agricultural labor trafficking.**

While the pandemic ravaged the nation, MSAWs experienced an increase in labor trafficking, and the problem remains largely unaddressed. From 2020-2021, Polaris analyzed data from the U.S. National Human Trafficking Hotline, finding a more than 70 percent increase in reported labor trafficking victims working in agriculture through H-2A programs.<sup>i</sup> In addition to other abuses, one-third of these individuals complained about denial to receive medical care. The pandemic seems, then, to have exacerbated the systemic problems that have long been inherent to working in agriculture in the US that leave MSAWs vulnerable to labor trafficking.

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

- I. Establish anti-human trafficking partnerships with federal agencies such as (but not limited to) the Department of Labor (DOL) and Administration for Children and Families (ACF), HHS and others that are charged to work at the intersection of trafficking and health, to share information and enable pathways for cooperative actions to jointly combat human trafficking.

For example, HRSA might build upon the following relationships to increase awareness of trafficking:

- The DOL Agricultural Connection Community provides information about local health centers and labor trafficking as they fulfill their role to provide workforce information and technical assistance resources that support career services and training for MSAWs.<sup>iii</sup>
  - DOL State Monitor Advocates disseminate information on health centers and the availability of health care.
- II. BPHC, DOL and Centers for Disease Control (CDC), Deployment Globally Mobile Populations Team (Global Migration Task Force) and organizations such as HEAL Trafficking<sup>iv</sup> to:
    - Conduct research informed by MSAW survivors of trafficking to create an evidence base that can be used to set standards for:
      - How those who experience labor trafficking access health care.
      - An understanding of best practices for MSAW specific trauma-informed care.
      - Establishing implementation of care.
    - Ensure that MSAWs receive culturally appropriate information in labor trafficking in both oral and written forms, and in languages they are fluent in, to identify and protect themselves and other MSAWs from trafficking situations. These informational materials include access to hotlines aligned with state and regional Departments of Public Health.
    - Standardize guidelines for information provided by hotlines to streamline access to critical information, and ensure hotline staff include individuals from farmworker communities to support reporting of violations.
    - Health center primary and preventive care encounters include conversations around the patient's work and assessment for possible forms of violence.

III. Reinforce National Training and Technical Assistance Partner capabilities. Specifically, we recommend:

- Regular training and retraining of all M/CHC staff including front desk and providers at all levels.
- Expanding innovative programs, such as Futures without Violence, so that they may continue to receive support to develop models for community health centers working in partnership with community-based violence prevention programs. In addition, ensuring that such programs exist in strong, reliable partnership with health centers can reduce the likelihood that trafficked individuals failure of identification. Hence, staff and provider training should include regular skill building in using validated tools to systematically screen for trafficking.
  - For example, the Rapid Appraisal for Trafficking (RAFT) is a trafficking screening tool that has evidence demonstrating good sensitivity and has proven to enhance the detection of human trafficking in Emergency Departments.<sup>v</sup> A validated screening tool for health center use will improve screening and identification of trafficked individuals. Such programs must include:
    - Creating community programs to educate the public about the history and challenges associated with labor trafficking in order to address associated stigma.
    - Education and training of M/CHC workforce to create an awareness that patients experiencing trafficking may seek healthcare, and are often unrecognized by clinicians because they lack a validated tool to systematically screen for trafficking.<sup>vi</sup>
    - Development of a training program and cadre of community health and medical legal workers. This should include provider level training on the use of a Trauma Informed approach to victim assistance in health care settings. The program should also include opportunities to pilot MSAW specific human trafficking screening tools.
    - Supporting local capacity to communicate consistent culturally and linguistically appropriate public health and safety messaging, while considering the needs of non-English/Spanish speakers through diversity, inclusion, and equity. Recognize that input from trafficking survivors is an important part of the process of producing materials and programs to serve them.
- Creating greater awareness of trafficking, and access to care for trafficked MSAWs overall by requiring and confirming the following during Operational Site Visits:
  - Utilizing an occupational screening for all patients to better identify MSAWs who have experienced agricultural labor trafficking.
  - Establishing and maintaining linkages with local acute care facilities to cross train staff in identifying trafficking situations and provide continuity of care.
  - Having each health center encounter include trauma informed assessment for exploitation.
  - Establishing local Medical Legal Partnerships to assist patients in trafficking or other violence situations.
  - Developing workshop resources that are visual in nature and at a primary education reading level.

- Working with translators from the MSAW community to account for linguistic and cultural nuances and ensure accurate translations.
- Ensuring that materials do not perpetuate stereotypes and include input from survivors when producing materials and programs to serve individuals in their former situation.
- Formatting resources so workers can easily access and carry resources in agricultural settings.

## **Background**

Under the Trafficking Victims Protection Reauthorization Act (TVPRA), labor trafficking is defined under federal law 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”.<sup>vii</sup>

Labor trafficking is not a new problem. MSAWs have been afflicted with violence, threats, intimidation, physical abuse, and isolation for years.<sup>viii</sup> The most common method of control in agriculture is economic abuse, including wage theft, improper deductions, and payment at piece rates rather than hourly rates.<sup>ix</sup> Other methods of control include threat of deportation to exploit undocumented workers and lack of visa portability for H-2A workers; isolating victims in rural areas with no possibility of accessing community support; enduring squalid living conditions and being denied necessities such as beds and indoor toilets. Moreover, victims are frequently denied the protective gear to do their jobs safely, as in the case of tobacco fields, where despite the risk, tobacco workers frequently report that employers do not provide personal protective equipment.<sup>x</sup> Oftentimes medical care is deliberately delayed or not offered for even the most severe workplace injuries or illnesses.<sup>xi</sup> Additionally, cases of pesticide exposure have been found to be much higher among those who are labor trafficked. This is because workers in human trafficking situations are more prone to abuse and subjected to serious occupational health hazards. Cases of abuse related to extreme environmental conditions and chemical exposure usually surface only after workers are transported to a clinic or emergency room for treatment where medical staff are not properly trained to identify the telltale signs indicative of human trafficking.<sup>xii</sup>

The Centro de los Derechos del Migrante, 2020 Impact Report indicates that regardless of immigration status, migrant workers are subject to a system rife with abuse that creates conditions for workers to suffer health and safety violations, sexual harassment, wage theft, and retaliation.<sup>xiii</sup> In some cases, the economic coercion by employers leads to labor trafficking. The study also found that both traditional MSAWs and H-2A workers experienced signs of labor trafficking. Of those interviewed, 32 percent did not feel free to quit their jobs, and 34 percent indicated experiencing restrictions in movement, such as being banned from leaving the worksite or employer-provided housing.<sup>xiv</sup>

## **Opportunities and Impact**

HRSA recognizes that Interpersonal Violence (IPV) and Human Trafficking (HT) are complex public health issues. For the first time in 2020, health centers collected data on IPV/HT through the annual Uniform Data System (UDS) submission. Health Centers can now identify how many patients may have experienced IPV and/or HT, and report that data. The 2020 UDS report indicates health centers served

4,028 patients with a diagnosis of human trafficking, with an alarming 41,754 visits with this primary diagnosis.<sup>xv</sup> Identifying the occurrences and bringing focus to the issue will bring a deeper understanding of the problem and thus improve strategies to combat the incidences with our MSAWs. This also offers the possibility of documenting HRSA's ability to influence critically needed change, and document this through its far-reaching programs and systems.

***Recommendation II: Continued Interdisciplinary and Cross-Agency Efforts to Address the Public Health Challenges Associated with Environmental Hazards that Threaten MSAWs***

**The Council calls on the Secretary to sponsor an all government approach to collaboratively invest in the collection of data among the vastly understudied, but wide-ranging impact of environmental hazards to MSAW lives to create a knowledge base that would bring together diverse federal agencies, academic institutions, and MSAW serving organizations to provide an evidence-based response to this critical problem.**

Diverse environmental hazards threaten MSAW health and well-being both at work and in their living conditions. These threats are posed by chemical hazards such as pesticides<sup>xvi</sup> and air pollutants<sup>xvii, xviii</sup>; the exposure to heat and cold<sup>xix, xx</sup>; and biological hazards, such as viruses, bacteria, parasites, and fungi<sup>xxi, xxii</sup>; inadequate access to drinking water, hygiene and basic sanitation, and physical hazards that cause injuries. These hazards are further exacerbated by the rapidly increasing impact of climate change and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Wildfires in the major farming regions of the U.S. regularly lead to smoke exposure and other pollutants. Psychosocial stressors, such as documentation status, and language and cultural barriers further amplify the long-term effects of these hazards. Coupled with insufficient health information, inappropriate training and lack of personal protective equipment has resulted in diverse illnesses and injuries in MSAWs.

The Council therefore recommends:

- I. The Secretary's office seek avenues for collaborating with the Departments of the Interior and Agriculture to utilize their resources and overlapping programs towards a more efficient and effective collective response to address this challenge to MSAW families, and communities from the increasing threat of fire and other environmental hazards.
  - As climate change brings longer fire seasons and extreme fire behavior, we urge the Secretary to commit to addressing the impact of climate change and wild fires, and the development of a strategic plan for preparedness and response specific to farmworkers.
- II. The Secretary's office work with the DOL and the Occupational Safety and Health Administration (OSHA), and academic partnerships to draw greater attention to MSAW health disparities resulting from environmental hazards related to wild fires and other environmental threats, and to provide stronger, targeted enforcement through its national and local emphasis programs.
  - Collaboration with HRSA National Training and Technical Assistance Partners to retrain migrant health providers (and test their knowledge/behavior) on prevention and identification of acute and long-term pesticide exposures, poisoning and harm reduction.
  - Collaboration with HRSA to reeducate and test MHC staff and specifically community health workers on incident reporting, including the state-based SENSOR programs.<sup>xxiii</sup>

- Test the efficacy of training agricultural workers and families on prevention of secondary contamination of pesticides and other transmittable conditions, or partner with academic/government programs to do so.
- Review and determine practicality, linguistically and culturally acceptability of the currently available environmental risk reduction information and resources for MSAWs.

III. The Secretary's office partner with the Environmental Protection Agency (EPA), Certification and Worker Protection Branch, Pesticide Re-evaluation Division, Office of Pesticide Programs, the Office of Chemical Safety & Pollution Prevention to enhance the improvements instituted through the 2015 Agricultural Worker Protection Standards (WPS) for stronger enforcement and oversight of current OSHA and EPA regulations that exist to protect migrant farmworkers. Issues that these agencies should collectively address include:

- Emphasis on the use of integrated pest management as a way to reduce chemical use.
- Expansion of the reach of the EPA Pesticide Healthcare Provider Initiative to integrate pesticide and occupational medicine.

### **Background:**

Agricultural workers are on the front lines, face-to-face with nature and are regularly exposed to chemicals, heat, extreme environmental conditions and other natural elements due to the nature of their work. Due to the strong linkage between the health of the worker and agricultural productivity, it is imperative to implement preventive and clinical solutions. Additionally, MSAWs are often directly exposed to pesticides and other hazardous chemicals by direct application or through wind drift of spray, which is carried home on clothing, shoes, and other personal items extending the harmful impacts to family members including children.<sup>xxiv</sup> A large number of MSAWs are concurrently exposed to psychosocial stressors such as documentation status, potential lack of authorization to work in the US. Language and cultural barriers may also prevent them from accessing federal aid, legal assistance, and health programs.<sup>xxv</sup> These environmental, occupational, and social hazards further exacerbate existing health disparities. The past year has demonstrated that emerging threats including climate change and pandemic also disproportionately impact farmworkers.<sup>xxvi</sup> Swift action from diverse stakeholders is necessary to protect this vulnerable population. The absence of uniform safety regulations nationally as well as the insufficient implementation of existing regulations places the burden of safety on farmworkers instead of employers.

Specific environmental health hazards experienced by agricultural farm workers include:

- Chemical hazards: Pesticides and other chemicals.
- Respiratory hazards: Toxic dust (moldy hay, grain) other dust particles and nuisance dust, gases e.g. Ammonia, methane etc.
- Skin disorders: Contact dermatitis, allergic reactions; heat rash, insect and plant irritants, etc.
- Cancers: Skin cancer due to long term, direct exposure to the sun; incidence of leukemia and lymphoma seen in some farmer populations greater than in the general population.
- Noise: Tractors, combines, chainsaws. An estimated 10 percent of agricultural workers in the US are exposed to hazardous noises.
- Musculoskeletal disorders: Effects of carrying heavy loads; impact on body, back and limbs.

## **Opportunities and Impact**

MHCs have the potential to play a cardinal role to prevent, educate, identify, and treat environmental exposures. MSAWs continue to face challenges with access to care, which affects their ability to receive acute care, trauma informed care, mental health services, specialty care, and continuity of care. When agricultural workers do access health care, the provider is often unaware of conditions and symptoms brought on by pesticides, chemicals, airborne contaminants and other products used in agriculture. The lack of relevant training and information often leads to misdiagnosis or delay in treatment. The lack of point of access for routine care or use routine care continuously over time, coupled with the inability to access prior health records often results in improper care.

- CHWs and continuity of care services such as Migrant Clinicians Network, Health Network ensure treatment completion by providing case management, medical records transfer, and follow-up services for mobile patients.
- MHCs have the ability to create local partnerships and increase awareness and service with other agencies and form medical legal partnerships.
- MHC frontline staff and providers recognize the differences in migrant and seasonal agricultural workers, e.g. domestic MSAWs and H-2A work force, to provide appropriate care.

### ***Recommendation III: Formation of a HRSA-directed Consortium Workgroup with Growers' Associations in order to Create, and Maximize Health Center Effectiveness to Improve MSAW Health***

**The Council recommends that HRSA partner with NIOSH to establish a workgroup where constituents from Health Centers may dialogue directly with Growers' Associations regarding the health needs of MSAWs. We envision a mutually beneficial consortium workgroup, where health center staff and leaders can meet two (2) times per year in open dialogue to maximize the effectiveness of the HCP by working collaboratively to remove barriers to care, offer access to workers on-site, and create work-based programs that complement clinical care.**

A healthy partnership is not just between two organizations with similar goals who benefit mutually, but a relationship between employers, employees and health centers may also make significant and lasting impacts toward sustainable health for MSAWs. A large body of research demonstrates that one of the largest influences on common chronic diseases are health behaviors and the social and environmental conditions in which people live, *work*, and play.

Therefore, the Council recommends

- I. BPHC forge partnerships with grower organizations and other diverse partners such as the National Council of Agricultural Employers (NCAE), to create mutually beneficial dialogue and alliances to address the problem from the employer perspective. These partnerships offer potential opportunities to create awareness of the public health concerns associated with farmworker health and safety, including (but not limited to) physical health, mental health, social determinants of health, and labor trafficking. These efforts could be far reaching considering that NCAE is a national association focused on agricultural labor issues from the agricultural employer's viewpoint.



- II. HRSA, BPHC, and Primary Care Associations collaborate with growers, agribusiness stakeholders and farmworker representatives to develop a comprehensive strategy at a state and regional level, to better identify solutions to health issues such as Covid-19 protections, injuries at work, pesticide exposures, and trafficking situations. We expect that such a partnership would allow HRSA, BPHC and employers to respond appropriately to health threats after mutual dialogue. The strategy must include:
- Establishing ethical guidelines toward collaboration so that the health of MSAWs is the highest priority.

## **Background**

Agriculture is an area where labor rights are restricted. Despite difficult working conditions, farmworkers in the US are excluded from many federal-level labor protections. Agricultural exceptionalism excludes farmworkers from standards that apply to most other workers. This exclusion was born out of the successful efforts of southern agricultural interests to exempt black sharecroppers from the New Deal package of social reforms.<sup>xxvii</sup>

Individual states can establish their own labor protections that go beyond federal laws and regulations, and employers must abide by the more stringent of the two laws. Employers may also create and adhere to their own, higher and more ethical standards for protection of their workers when federal or state-level protections are weak. Thus, maintaining open and transparent communication between employers/growers/agribusiness stakeholders and HRSA in collaboration with diverse stakeholders can help to build, and sustain, a way for employers to create better safety and health standards for their workers despite lacking federal and state-level protections.

## **Opportunities and Impact**

Recent survey data from 500 organizations found that 73 percent of employers believe health and safety requirements benefit their business as a whole, while 64 percent reported they save money in the long term. As safety initiatives may be efficient but may not always bring a financial return to an organization, information about the economics of occupational safety health interventions is important and an invaluable input for decision-making.<sup>xxviii</sup> The costs of occupational injuries and illnesses together with the demonstrated cost-effectiveness of health interventions constitute an important incentive for employers to adopt and become a part of a HRSA-directed partnership.<sup>xxix</sup> According to several studies, organizational-level changes to improve psychosocial working conditions can have important and beneficial effects on health.<sup>xxx</sup> Thus, direct partnerships between providers and employers have a clear opportunity to deliver comprehensive and cost-effective employee care. Models exist that create an effective consortium with employers. For example, The Maine Medical Center Department of Vocational Services Mental Health Employer Consortium (MHEC) developed a process for collaboration with the business community that has yielded improvements in mental illness.<sup>xxxi</sup> However, the challenge with pursuing and maintaining these partnerships is ensuring both parties are speaking the same language. MSAWs are easy targets for exploitation as indicated in earlier sections on this letter, and HRSA through the MHCs and their partnerships has indubitable opportunity to stand in this gap.

***Recommendation IV: Integration of Community Health Workers into Health Center Care Teams***

**Lack of integration of CHWs into care teams influences MSAW health and welfare, specifically mental health. The Council recognizes the essential role of CHWs as frontline, trusted public health workers positioned to build individual and community capacity through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. Recognizing the importance of CHWs, the Council would like to emphasize the need to standardize training, curriculum development, and continuing education for CHWs on MHC care teams.**

The need for national standards for the education and the practice of CHWs has become a pressing need in our country. Particularly as we consider current efforts to involve CHWs in delivering much-needed evidence-based health interventions, including mental health interventions, to under-served communities in the US, helping reduce disparities in access to quality and timely care.<sup>xxxii, xxxiii</sup> As members of the communities they serve, CHWs health interventions can increase the availability and quality of care for underserved and marginalized communities. CHWs can provide linguistically and culturally appropriate care, building trust and addressing barriers to seeking care.<sup>xxxiv</sup> Given the substantial workforce challenges in our health systems, they are an invaluable asset for addressing significant issues like access to care, health outcomes, and health equity. Similarly, CHWs can empower those same communities to engage in their care. The research literature on this topic suggests that CHWs, who in multiple capacities and without clear guidance outside of their local organizations, have been involved, often as the sole care providers, in delivering crucial mental health interventions to address a range of clinical disorders, including depression, anxiety, psychological trauma, and different disruptive behavior disorders.<sup>xxxv</sup> Similarly, the research suggests that CHW models of mental health service delivery can effectively address global and domestic disparities in care for underserved populations, demonstrating positive health outcomes for traditionally underserved communities.

The Council, therefore, calls the Secretary's attention to the following needs:

- I. Develop national standards for the education and the practice of Community Health Workers, including clear, evidence-based national competency standards for the education and practice of CHWs.
  - Require that Community Health Centers receiving HHS funding implement those standards and provide additional training to ensure that all CHWs follow those criteria and guidelines. Similarly, develop and implement training modules nationwide for CHW and those who serve the MSAW population to ensure compliance and actualization and set accountability standards for health centers that receive funding to follow those standards.
- II. Develop evidence-based training requirements for public health services that prioritize mental health and other HRSA initiatives, like heart disease and diabetes prevention, following national standards.
- III. Develop guidelines and resources for the inclusion of CHWs as a part of the care team in HRSA supported health centers across the country.

- IV. Increase efforts to recruit and train community health workers from the local community to build trust, increase communication effectiveness, and deliver quality care.

## **Background**

Underserved communities in the US are less likely to receive quality care, including mental health treatment, than non-Hispanic white individuals.<sup>xxxvi</sup> Making evidence-based treatments (EBTs) or evidence-informed practices accessible for underserved communities must continue to be a priority for HHS, and thus CHW-delivered health interventions, including mental health, can increase the availability of care, particularly given the substantial workforce challenges to meet service needs we have seen since the COVID-19 pandemic started and even before that. In the US, the number of interventionists/providers capable of providing linguistically and culturally appropriate care is insufficient to address the needs of vulnerable populations,<sup>xxxvii, xxxviii</sup> and CHWs have been shown to fulfill that need effectively.<sup>xxxix</sup>

## **Opportunities and Impact**

Trained CHWs following national standards can aid in the creation/strengthening of a system that is culturally and linguistically relevant to underserved, specifically MSAW communities in critical need of primary care and mental health services. Considering the barriers faced by MSAWs while accessing care in general and the particular stigma associated with mental health, the need to integrate a comprehensive mental health service component supported by CHWs, to the HCP becomes even more pressing. Models such as the Promotoras de Salud Mental can serve as an example to integrate national standards for CHWs and established focal points of service. HHS has sought to incorporate equity and value-based care arrangements for MHCs to improve health outcomes for MSAWs, and CHWs are at the center of these communities, making them a pivotal resource to advance HHS goals and objectives further.

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,

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

cc:

Carole Johnson, Administrator, HRSA, HHS

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

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

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

## References

- <sup>i</sup> <https://polarisproject.org/resources/labor-exploitation-and-trafficking-of-agricultural-workers-during-the-pandemic>
- <sup>ii</sup> <https://bphc.hrsa.gov/sites/default/files/bphc/about/healthcenterfactsheet.pdf>
- <sup>iii</sup> <https://farmworker.workforcegps.org>
- <sup>iv</sup> <https://healtrafficking.org>
- <sup>v</sup> [RAFT: Rapid Appraisal for Trafficking \(tdl.org\)](#)
- <sup>vi</sup> Chisolm-Straker M, Singer E, Strong D, Loo GT, Rothman EF, Clesca C, d'Etienne J, Alanis N, Richardson LD. Validation of a screening tool for labor and sex trafficking among emergency department patients. *J Am Coll Emerg Physicians Open*. 2021 Oct 12;2(5):e12558. doi: 10.1002/emp2.12558. PMID: 34667976; PMCID: PMC8510141.
- <sup>vii</sup> <https://www.acf.hhs.gov/otip/fact-sheet/resource/fshumantrafficking>
- <sup>viii</sup> *Ripe for Reform: Abuses of Agricultural Workers in the H-2A Visa Program*. Centro de los Derechos del Migrante, Inc., Apr. 2020, <https://cdmigrante.org/wp-content/uploads/2020/04/Ripe-for-Reform.pdf>. Accessed 18 Oct. 202
- <sup>ix</sup> <https://humantraffickinghotline.org/labor-trafficking-venuesindustries/agriculture>
- <sup>x</sup> [Green Tobacco Sickness | NIOSH | CDC](#)
- <sup>xi</sup> [Polaris-Typology-of-Modern-Slavery-1.pdf \(polarisproject.org\)](#)
- <sup>xii</sup> Stokloss H, Kunzler N, Zheng B, Carlos C, Jimenez L, Martinez Vedia G, Erickson TB. 2020. Pesticide Exposure and Heat Exhaustion in a Migrant Agricultural Worker: A Case of Labor Trafficking. *Annals of Emergency Medicine*: 76:2:215-218. <https://doi.org/10.1016/j.annemergmed.2020.03.007>
- <sup>xiii</sup> [CDM-Impact-Report-2020.pdf \(cdmigrante.org\)](#)
- <sup>xiv</sup> *Ripe for Reform: Abuses of Agricultural Workers in the H-2A Visa Program*. Centro de los Derechos del Migrante, Inc., Apr. 2020, <https://cdmigrante.org/wp-content/uploads/2020/04/Ripe-for-Reform.pdf>. Accessed 18 Oct. 202
- <sup>xv</sup> <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=6A&year=2020>
- <sup>xvi</sup> Curl CL, Spivak M, Phinney R, Montrose L. 2020. Synthetic pesticides and health in vulnerable populations: agricultural workers. *Curr. Environ. Health Rep.* 7:13–29
- <sup>xvii</sup> Tual S, Silverman DT, Koutros S, Blair A, Sandler DP, et al. 2016. Use of dieselized farm equipment and incident lung cancer: findings from the Agricultural Health Study Cohort. *Environ. Health Perspect.* 124:611–18
- <sup>xviii</sup> Hoppin JA, Umbach DM, Long S, London SJ, Henneberger PK, et al. 2017. Pesticides are associated with allergic and non-allergic wheeze among male farmers. *Environ. Health Perspect.* 125:535–43
- <sup>xix</sup> Spector JT, Krenz J, Blank KN. 2015. Risk factors for heat-related illness in Washington crop workers. *J. Agromed.* 2015; 20(3): 349–359. doi: 10.1080/1059924X.2015.1047107
- <sup>xx</sup> [Cold Stress | NIOSH | CDC](#)
- <sup>xxi</sup> Prevalence of Mycotoxins and Their Consequences on Human Health Oluwadara Pelumi Omotayo et al. *Toxicological Research* Vol. 35, No. 1, pp. 1-7 (2019) <https://doi.org/10.5487/TR.2019.35.1.001> [www.ToxicolRes.org](http://www.ToxicolRes.org)
- <sup>xxii</sup> [Agricultural Operations - Hazards & Controls | Occupational Safety and Health Administration \(osha.gov\)](#)
- <sup>xxiii</sup> <https://www.epa.gov/air-sensor-toolbox/educational-resources-related-air-sensor-technology>
- <sup>xxiv</sup> <https://kresge.org/sites/default/files/Exposed-and-ignored-Farmworker-Justice-KF.pdf>
- <sup>xxv</sup> <https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-012420-105014>
- <sup>xxvi</sup> <http://nfwf.org/farm-workers/farm-worker-issues/farm-workers-the-environment/>
- <sup>xxvii</sup> Rodman, S. O., Barry, C. L., Clayton, M. L., Frattaroli, S., Neff, R. A., & Rutkow, L. (2016). Agricultural Exceptionalism at the State Level: Characterization of Wage and Hour Laws for U.S. Farmworkers. *Journal of Agriculture, Food Systems, and Community Development*, 6(2), 89–110. <https://doi.org/10.5304/jafscd.2016.062.013>
- <sup>xxviii</sup> Tompa E, Dolinschi R, de Oliveira C, Irvin E. A systematic review of occupational health and safety interventions with economic analyses. *J Occup Environ Med* 2009; 51:1004–1023.
- <sup>xxix</sup> van Dongen JM, van Wier MF, Tompa E, et al. Trial-based economic evaluations in occupational health: principles, methods, and recommendations. *J Occup Environ Med* 2014; 56:563–572.
- <sup>xxx</sup> Montano D, Hoven H, Siegrist J. Effects of organisational-level interventions at work on employees' health: a systematic review. *BMC Public Health* 2014; 14:135.
- <sup>xxxi</sup> Balser RM, Hagner D, Hornby H. 2000. *Journal of Applied Rehabilitation Counseling*. Vol 31, Issue 4, DOI: 10.1891/0047-2220.31.4.47
- <sup>xxxii</sup> Kakuma R, Minas H, van Ginneken N, Dal Poz MR, Desiraju K, Morris JE, Saxena S, Scheffler RM. Human resources for mental health care: current situation and strategies for action. *Lancet*. 2011 Nov 5;378(9803):1654-63. doi: 10.1016/S0140-6736(11)61093-3. Epub 2011 Oct 16. PMID: 22008420.
- <sup>xxxiii</sup> McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health affairs (Project Hope)*, 27(2), 393–403. <https://doi.org/10.1377/hlthaff.27.2.393>

---

<sup>xxxiv</sup> Katigbak C, Van Devanter N, Islam N, Trinh-Shevrin C. Partners in health: a conceptual framework for the role of community health workers in facilitating patients' adoption of healthy behaviors. *Am J Public Health*. 2015 May;105(5):872-80. doi: 10.2105/AJPH.2014.302411.

<sup>xxxv</sup> Barnett ML, Lau AS, Miranda J. Lay Health Worker Involvement in Evidence-Based Treatment Delivery: A Conceptual Model to Address Disparities in Care. *Annu Rev Clin Psychol*. 2018 May 7;14:185-208. doi: 10.1146/annurev-clinpsy-050817-084825.

<sup>xxxvi</sup> Alegría M, Canino G, Shrout PE, Woo M, Duan N, Vila D, Torres M, Chen CN, Meng XL. Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *Am J Psychiatry*. 2008 Mar;165(3):359-69. doi: 10.1176/appi.ajp.2007.07040704.

<sup>xxxvii</sup> Kakuma R, Minas H, van Ginneken N, Dal Poz MR, Desiraju K, Morris JE, Saxena S, Scheffler RM. Human resources for mental health care: current situation and strategies for action. *Lancet*. 2011 Nov 5;378(9803):1654-63. doi: 10.1016/S0140-6736(11)61093-3. Epub 2011 Oct 16. PMID: 22008420.

<sup>xxxviii</sup> McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health affairs (Project Hope)*, 27(2), 393–403. <https://doi.org/10.1377/hlthaff.27.2.393>

<sup>xxxix</sup> <https://www.farmworkerjustice.org/blog-post/the-role-of-community-health-centers-in-promoting-health-care-access-and-covid-19-prevention-for-agricultural-workers/>