

# streamline



## Agricultural Workers and COVID-19: Unique Vulnerabilities and Unprecedented Partnerships to Address Them

By Claire Hutkins Seda, Senior Writer, Migrant Clinicians Network, Managing Editor, *Streamline*

**A**gricultural workers are particularly vulnerable to COVID-19, due to a long list of inequities in health, work, and lifestyle. As essential workers, agricultural workers are at increased risk of exposure in the workplace, as they continue to work in the fields and orchards despite local outbreaks. Federal guidance to protect agricultural workers from COVID-19 is non-mandatory and only some states and cities have issued emergency regulations that apply to agricultural workers, resulting in uneven implementation of protections. Amid a dearth of regulatory protection, some agricultural workers have reported fear of retaliation or job loss if they submit complaints

about or requests for safety and health measures to prevent COVID-19 exposure on the job, like physical distancing, face masks, and opportunities and supplies to wash or disinfect hands. Many agricultural workers live in farm-provided housing. Crowded and often unsanitary living conditions may spread COVID-19 among agricultural workers even if the workplace itself encourages COVID-19 prevention practices.

Additionally, agricultural workers experience a wide range of negative social determinants of health that put them at increased risk of COVID-19 exposure and illness. Low income; fear of exposure of immigration status; poor or limited access to healthy food,

clean air and water; language and cultural barriers; poor integration into the community; low education and literacy levels; rural locations; and migration itself can each negatively impact an agricultural worker's health, leaving workers with chronic health conditions that may increase their risk of infection. Thus far, COVID-19 infection rates confirm the many disparities that agricultural workers face. Outbreaks have been tracked at farms across the country and episodic data have shown high infection rates among some agricultural workers.<sup>1-3</sup> In Monterey County, agricultural workers were found to

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be three times more likely to contract COVID-19 than non-agricultural workers.<sup>4</sup> While data specifically for agricultural workers aren't comprehensive, the majority of agricultural workers in the United States are Latinx; indeed, Latinx communities have had higher rates of COVID-19 infection.<sup>5-8</sup>

With fewer resources and community connections, agricultural workers struggle to access health care and/or isolate if they do fall ill. Agricultural workers without authorization to live and work in the US are ineligible for federal wage relief and other protections for workers who contract COVID-19. Many do not have a safety net if they must miss work: little to no savings, no health insurance, and, for migrant workers in particular, few community connections or resource access. As a result, accessing health services is difficult.

Very early on in the COVID-19 pandemic, clinicians at community health centers recognized the unique vulnerabilities of agricultural workers to COVID-19. Many quickly mobilized, reaching out to community organizations, health departments, and farms, to build coalitions and partnerships to protect workers. One particularly unique result of this mobilization is the increase in collaboration with farmers, who had previously been unwilling to talk about health and safety with health workers and health

advocates. In Monterey, California, local clinicians and advocates considered hiring a mediator for the first meeting of an agricultural worker health coalition there, illustrating the fraught relationship between advocates and farm owners before COVID-19. "When you look at the history of the county, we don't have many opportunities where we have sat together," admitted Pedro Moreno, MD, at Alisal Health Center, whose coalition is highlighted in this issue. "This was an opportunity to forget the past and try to look at the present – and, more importantly, at the future." Such sentiments – and surprise at the speed at which partnerships with farm owners have developed – have been repeated by clinicians across the country. Many are hopeful that the relationships built during this pandemic may allow for greater communication and partnership in the future. What partnerships have you built at your community health center? Email us at: [chutkins-seda@migrantclinician.org](mailto:chutkins-seda@migrantclinician.org). ■

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A community health worker gives a training outside in San Bernardino, observing physical distance and donning a mask.

# Monterey County Medical-Legal Partnership Lays Groundwork for Coalition of Agricultural Leaders, Agricultural Worker Advocates, and Clinicians

By Claire Hutkins Seda, Senior Writer, Migrant Clinicians Network, Managing Editor, *Streamline*

In mid-March, as California's abrupt COVID-19 shutdown pushed millions to shelter in place, a group of agricultural worker advocates began to discuss the vulnerabilities of local agricultural workers, who were working in the fields as "essential workers" despite the health dangers from the pandemic. The group included academic, legal, and health experts. Pedro Moreno, MD, is a physician for the Alisal Health Center, a community health center in Monterey County that serves the large agricultural community of Salinas – the "Salad Bowl of the World," and the home of John Steinbeck -- on the Central Coast of California. Aaron Voit, JD, who works with California Rural Legal Assistance, Inc. (CRLA), has an office within Alisal Health Center, allowing for warm hand-offs from health providers to Voit for legal support on health concerns like dangerous workplace conditions, through an innovative medical-legal partnership. Both have worked closely with Brenda Eskenazi, PhD, Director of University of California, Berkeley's Center for Environmental Research and Children's Health, which spearheaded CHAMACOS, an internationally renowned study on the effects of pesticides on agricultural workers in the Salinas Valley for the last 20 years. Also joining was Hector Parker, PhD, of California State University, Monterey Bay, President of Everyone's Harvest, a farmers' market nonprofit organization in Monterey County. All of them have been working together advocating for agricultural workers in the Salinas Valley for years.

COVID-19 spelled out inescapable and potentially deadly realities for many agricultural workers and their families, from overcrowding in housing and transportation, to lack of health insurance and access to health services, to lack of job protection if infected with COVID-19. Monterey County was among the first counties in the nation to

issue an advisory for agricultural worker protection during COVID-19, sponsored by the agricultural commissioner, local elected officials, and agricultural employer organizations, which laid out some meaningful precautions for protecting agricultural workers in the fields and packing houses. However, there were no medical, public health, or agricultural worker advocacy organizations included in the development of that advisory.

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"We realized that farmworkers needed a bigger voice," in the public conversation around COVID-19, said Voit. "Access to health care and access to wraparound services would be more urgent at this time, whether it be unemployment, housing, or health care."

"When we first looked at the advisory, the first question we had was: why is this an advisory and not mandatory?" questioned Dr. Moreno. "And, there's no enforcement mechanism," added Voit. The advocates realized that fighting to impose mandatory safety protocols would take time, and quick action was needed. "So why don't we get together and discuss it, at least?" Dr. Moreno said. On April 11, agricultural employer groups, leading local physicians and public health experts, and agricultural worker advocates gathered for the first Monterey County Coalition of Agriculture (MC-COA) meeting to collaborate and discuss ways to improve

COVID-19 health and safety measures in agricultural worker communities. This unprecedented coalition brought traditional adversaries to the virtual table for the first time.

The participants realized they shared many of the same goals. Dr. Moreno says the farm owners in attendance asked the clinicians if they could help them; the answer was a resounding 'yes'. Together, they pinpointed a health priority that was not being addressed: face masks for agricultural workers, which were in very short supply by the end of March. Agricultural worker advocates, clinicians, county health officials, and agriculture businesses signed a letter to the governor asking for more face masks. Previous requests from individual organizers had been denied. A few weeks later, the coalition received 800,000 masks, which coalition members distributed to the agricultural worker community.

Since that first significant win, the group has met weekly, and the coalition has grown. While all share a common goal – maintaining and bettering the health of agricultural workers during the COVID-19 pandemic – the methods to do so and the prioritization of tactics can become points of contention. But the opening of conversation among these different groups is a significant win, says Dr. Moreno.

The urgency of the need was further bolstered by the framing of the conversation around promoting COVID-19 health and safety in the agricultural worker community, a goal that everyone could easily agree on – without immediately delving into some of the broader structural issues associated with farm work that put these communities at higher risk. This reframing may have opened conversations that, before COVID-19, would not have happened between traditional adversaries like farm

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owners and agricultural worker advocates.

Dr. Moreno is adamant that the coalition would not have come together so quickly, or perhaps at all, without the foundation of the medical-legal partnership that Voit has built in the last three years. “The medical-legal partnership helped us train our physicians to advocate for our farmworkers,” Dr. Moreno said, by giving clinicians tools to address the underlying determinants of health, like helping low-income patients connect with social programs to get food assistance, so they have greater access to healthy foods. During the pandemic, clinicians already had a workflow in place to support checking in with patients about food insecurity, COVID-19 income replacement, and other programs for which they might be eligible. This strong partnership enables clinicians to address health needs beyond the exam room, and provide connection to community health-related advocacy.

Voit has also worked closely with Monterey County Health Department on recognizing and addressing social determinants of health, particularly those impacting agricultural workers. This laid the groundwork for public health officials to regard them as a critical aspect of agricultural worker health during COVID-19. Voit says that initial support from Monterey County Health Department Director, Elsa Jimenez, was crucial in bringing this diverse stakeholder group together and inspiring participation in good faith: “The Health Department understood from the very beginning that the only way to reduce COVID transmission was for our medical and public health experts, agricultural employers, and farmworker advocates to work together. It was so important that our local public health authority supported this effort and broke down barriers to make it happen. Their participation allows us to work with the latest information and suggest ways to improve our county’s protocols to better protect farmworkers.”

The pandemic is far from over, but both Voit and Dr. Moreno are working in the coalition with post-COVID-19 collaboration in mind. “I hope that we build enough trust among all of us that after the pandemic ends, we will continue collaborating together to provide health care for farmworkers, especially for those who don’t have health insurance – 50 percent of all the farmwork-



Photo courtesy of San Bernardino Ventanilla de Salud

*A community health worker provides a training during the COVID-19 pandemic.*

ers,” Dr. Moreno expressed, adding that farm owners gain valuable help from physicians’ clinical expertise in agricultural worker health issues, and clinicians and outreach workers in turn have greater access and trust to go into the fields to provide health education and break down barriers to accessing services.

As a clinician, Dr. Moreno added, the coalition has provided an outlet to make a significant impact on the health of his patients in ways that aren’t possible in the exam room. “My role as a physician during a pandemic isn’t just to diagnose COVID-19, but to work with Aaron, and community partners, to advocate for farmworkers affected by COVID-19,” he said. “In this pandemic, we have limited testing capabilities, few medications and we don’t have a vaccine -- so what can a physician do right now? The best tool

I have is to partner with my community to prevent infections [of] COVID-19 and advocate for services for sick farmworkers with COVID-19.

“It takes significant time and effort to get a coalition started – to put biases aside and have an open mind, to have understanding and patience to bring people to the table, and to meet them halfway – and our main leaders, Professors Eskenazi and Parker, are successfully doing it,” Dr. Moreno added. “We hope that all of us, working in collaboration in our coalition, will help prevent farmworkers from getting sick with COVID-19. Most importantly, we hope we can better assist sick farmworkers with COVID-19 by coordinating our services. As a physician I am humbled to recognize that I need my community partners now more than ever. I am thankful to each one of them.” ■

# Quincy Community Health in Washington Develops Curriculum, Works with Farm Owners to Bring COVID-19 Education to Agricultural Workers

By Claire Hutkins Seda, Senior Writer, Migrant Clinicians Network, Managing Editor, *Streamline*

In March, as the first COVID-19 cases began to shut down parts of the United States, Mary Jo Ybarra-Vega, MS, LMHC, quickly recognized that COVID-19 was going to impact the agricultural workers in rural central Washington State where she works as the Outreach and Behavioral Health Coordinator for Quincy Community Health Center. She teamed up with another Community Health Worker (CHW) in a nearby county who drew up a simple Spanish-language curriculum to share with the CHWs and *promotores de salud* about what was known about the disease and how to prevent it. It was soon thereafter adapted for agricultural workers.

"When we started, we only listed three symptoms," she recently recalled with astonishment, but the list of symptoms quickly expanded as data and research around COVID-19 were compiled across the world. The resulting refined understanding of the disease and its spread, plus Washington statewide emergency regulations to protect workers, prompted new editions of the curriculum: "We've probably updated it at least 10 times," and counting, she admitted.

Ybarra-Vega also took those early days to begin collecting data from agricultural workers on their knowledge about COVID-19 before the prevention trainings conducted at the labor camps. "We found out that they didn't have the language," to talk about COVID-19, she said. "They used 'virus,' 'bacteria,' 'sickness,' and 'illness' all interchangeably." This in turn affected the curriculum development, which considered participants' various backgrounds and education levels.

Over time, she began to witness firsthand the gaps in agricultural workers' understanding of how to prevent disease, as she trained workers. "Wearing the masks, people know that. And social distancing. But, the one piece that's missing is the handwashing," she said. "There's a certain technique that's important," in addition to frequency, she said. So, her curriculum emphasizes handwashing, in addition to providing masks when needed and talking about physical distancing. "We teach [the workers] how to handwash and watch them handwash to make sure they know how," she said. "We joke around a lot – they'll say, 'I've never washed my hands like this before!' -- that's a common thing we hear."

Before the pandemic, approaching farms

for permission to train workers on health and safety brought mixed results. After state regulations required certain measures to be enacted to keep essential workers safe, Ybarra-Vega found "the doors are opened up, a little bit." She provides in-person training to small groups – some groups as small as four – outdoors, with everyone in a mask. The in-person training is key, as is checking in on housing conditions, Ybarra-Vega said. While a short duration inside housing facilities may increase risk for the health team, she finds it invaluable, and emphasized that the health team is always protected with an N-95 respirator while inside, and limits group size to two or three. During one training in the agricultural worker housing, Ybarra-Vega pointed out to the workers the smudges along a light switch. "We talk about, do you see how it's dirty? So, you need to focus on this. A lot of people are touching it, so you need to clean it more often. Or, you have a fridge in your room – that's good. But if you're eating in your room, then you're touching your mouth and you'll need to wash your hands. Being inside the homes, we can see things, point things out."

She also works closely with the farm owners, to ensure they are clear on how to uphold the state regulation. She recalled that one farm owner, when working on a checklist before a training, told her that the farm was providing sufficient towels and soap, but when she stepped inside to

demonstrate handwashing with the agricultural workers, there were no supplies available. "They found out that someone was stealing their products," and fixed the issue, she said. Not all farms are so quick to step in, she added. "At other places, we say, 'they don't have soap,' but we keep finding that they're not giving them the products they need to stay safe. It's one thing to train the agricultural workers, but if they don't have the materials – hand sanitizer, water, bleach – how are they going to stay safe?"

Ybarra-Vega and her team work hard to keep the communication open between the CHWs and the farm owners, in hopes of gaining trust and building relationships for the long term. For example, she translated their curriculum from Spanish into English so there is full transparency for English-speaking farm owners about the content being provided to the farm's workers. "It's horrible that it had to come to this for the doors to be open for trainings," she clarified. "We hope the doors will remain open after this so we can keep helping workers." ■

*Mary Jo Ybarra-Vega and Priscilla Tovar presented their curriculum to CHWs during a training presented by the Northwest Regional Primary Care Association. Watch the webinar (in Spanish) and access numerous related resources at the NWRPCA's Learning Vault: <https://bit.ly/2E163Yo>*

*The curriculum is available to CHWs and others who would like to use it. Please contact Ybarra-Vega directly to gain access to the curriculum: 509-787-6423 x 5226 or [mybarra@mlchc.org](mailto:mybarra@mlchc.org).*

## El Coronavirus y el Trabajador Agrícola: Coronavirus and Agricultural Workers

The curriculum covers numerous topics relevant to the life and work of agricultural workers, including:

- How COVID-19 is transmitted
- How to disinfect surfaces, with a focus on high-touch surfaces in common spaces
- How and when to wash hands
- How to stay safe in agricultural worker housing and during farm-provided transportation
- How to stay safe while at work
- When and how to visit others, including clarifications around whether agricultural workers can leave housing if they are not under isolation or quarantine.
- The difference between a mask and a respirator (like an N-95)
- How to put on and take off a mask
- Symptoms of COVID-19
- Agricultural worker rights
- Programs and benefits for agricultural workers

# Community Mobilization as a Model for Preparedness with Equity

By Marysel Pagán Santana, DrPH, MS, Senior Program Manager in Puerto Rico, Migrant Clinicians Network



Photo courtesy of Corporación de Servicios Médicos

Since the first Intergovernmental Panel on Climate Change report in 1992, climate experts have warned of the implications of the climate crisis and how it will affect seasonal weather events across the globe.<sup>1</sup> Now, we are living through it, with more common extreme weather events, including more intense hurricanes, heat waves, wildfires, floods, and droughts. Hurricanes Irma, Maria, Michael, and Dorian destroyed communities in the Bahamas, Florida, and Puerto Rico, during the 2017, 2018 and 2019 hurricane seasons, a lived experience of the increasing intensity of hurricanes.<sup>2,3</sup> In 2018, California faced the “deadliest and most destructive wildfire season on record”, with a total of 7,639 fires, according to the California Department of Forestry and Fire Protection (CalFire), although this year’s fire season, as of mid-September, had burned a record 3.2 million acres, a much higher number than in 2018, and with several months of fire season to go before the winter rains.<sup>4</sup> In addition to extreme weather patterns, environmental changes such as deforestation, urban growth, rising ocean temperatures, and the spread of infectious diseases complicate our ability to cope with disaster. Together, the climate crisis coupled with environmental degradation could multiply the impact of the COVID-19 pandemic we are currently experiencing.<sup>5</sup> Regardless of which disaster or combination of disasters one faces, it is crucial to note that the effects of the event are not universal, as historically marginalized populations experience the highest levels of negative impacts, including acute and chronic health consequences and mortality. Without consideration of these differences, a natural disaster could turn into a humanitarian disaster. The impact of such disasters on vulnerable populations is evident in the reports from recent events from Puerto Rico<sup>6,7</sup> to California.<sup>8</sup> And yet, communities can create their own emergency response blueprints to reverse some of these disparities through community mobilization.

Puerto Rico is a case study of disaster-amplified health disparities and community efforts to reduce them. This fall marks the three-year anniversary of Hurricane Maria, and the systemic inequities that were exposed during the hurricane are still evident across Puerto Rico. This deadly Category 5 hurricane highlighted income inequality, lack of access to health care services including chronic disease treatment, poor access to safe housing, and food insecurity. The storm and its ramifications most strongly affected the 22 municipalities that were directly hit, 12 of which report over 50 percent of their inhabitants living below the federal poverty rate (equivalent to \$26,200 for a family of four). In addition to living

through the direct impact of the hurricane, rural and/or low-income communities experienced poorer emergency response. The emergency response teams’ poor coordination affected victim recovery and ability to receive assistance. These factors in conjunction with high rates of chronic diseases such as asthma, diabetes, and hypertension escalated the situation from a natural disaster to a humanitarian disaster. The absence of basic resources, lack of knowledge of community needs and obstacles, and the working language and culture of the government were all key in the emergency response, or lack thereof, at the state and federal level. However, this disaster also brought about the establishment of local networks, fre-

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**There are various components of community mobilization that are adapted to fit the needs of the community it is serving, which helps to ensure a more equitable response to disasters.**

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quently led by community health centers, that directed their efforts to the response and protection of vulnerable communities. The roots of these newly formed networks were strengthened after the earthquakes experienced in the southeast region of Puerto Rico in 2019 and 2020,<sup>9</sup> and again with COVID-19.

The disparity of the impact, response, and recovery at the community level is not a new phenomenon in the United States.<sup>10,11</sup> A few striking examples include Hurricane Katrina in 2005, and, more recently, the Camp Fire in 2018, which burned down Paradise, a small city nestled in the forested foothills of Northern California, with a large population of elderly, disabled, and poor residents – many struggling with a combination of the three. Paradise residents who are older, have preexisting conditions, or low incomes are more likely both to be affected by the fire and to have sustained negative impacts of the fire, even almost two years later. The recovery process has not been the same for these individuals, as the economic impacts of the fire forced many of them to

permanently migrate to other cities or states, instead of returning and rebuilding.<sup>12,13</sup>

Each of these disasters shows a common thread of disparity within our most marginalized and vulnerable communities. This year, as we approach the two-year anniversary of the Camp Fire and the three-year anniversary of Hurricane Maria, we once again face discouraging autumn forecasts. On one hand, the National Hurricane Center predicts that this season has an 85 percent chance of an above-normal season, with 19 to 25 storms, 7 to 11 hurricanes, and three to six strong, intense hurricanes.<sup>14</sup> On the other hand, the monthly wildfire forecasts predict a normal or above normal season within California and other western regions.<sup>15</sup> After an unusual mid-August lightning storm, dozens of fires burning across Northern California confirmed that the fire season was well underway. As the fires burned along the Pacific Coast into September, out in the Atlantic, Tropical Storm Rene gathered force, the earliest storm to begin with the letter R on record – indicating a higher frequency of storms through September than ever recorded.

This year, the projections pose a more serious threat to public health, due to COVID-19 and the current social climate of the United States. The pandemic brings with it a plethora of health and economic complications that further highlight social disparities and marginalize vulnerable populations including Black, Latino, and migrant communities.<sup>16</sup> Social inequity within the United States plays an unfortunate role in the preparation for and response to natural disasters, as factors like race, ethnicity, and immigration status determine how a community is supported.<sup>17</sup> Considering the projections of the climate crisis, it is crucial to consider factors such as structural racism, xenophobia, and poverty when administering risk assessments and emergency preparedness plans. It is imperative to recognize that the existing framework for the national response to disasters is just that: a framework. In order to ensure equity among disaster preparedness plans, one must consider the systemic barriers that communities face, as well as their language, culture, needs, and local resources.

A model that has proven helpful in ensuring equitable disaster preparedness is the community mobilization model. Local community efforts have been the backbone of the response to recent emergencies in Puerto Rico. This was particularly evident during Maria, when community health centers took services directly to the homes of patients when most of the population was isolated.<sup>18,19</sup> It was present when different organizations connected to assist during the

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Photo courtesy of  
Corporación de Servicios Médicos

2019-2020 earthquakes.<sup>20</sup> It is once again a dominant response now to the public health emergency related to COVID-19. The current emergency presents an opportunity to use community mobilization in response, specifically with food insecurity in vulnerable communities. Community health centers, community leaders, and government agencies identified food insecurity as an effect of the pandemic, due to unemployment and the closure of local food stores. Health centers in collaboration with community leaders can identify those families in need to facilitate distribution or to direct distributors to the most vulnerable communities using information from or previous experience with the health center. The result can be the mass distribution of food that in turn promotes local agriculture and healthy eating.<sup>21</sup> Corporación de Servicios Médicos and Hospital General Castañer, two MCN partners in Puerto Rico, have put this food security initiative in action. These two centers have been working with their partners to deliver food to the vulnerable populations in their communities near the north and central region of the island. This not only addresses part of the food insecurity problem but could influence the health of these populations by distributing foods such as fresh fruits and vegetables, which are frequently out of their economic reach or not

### What is Community Mobilization, and How is MCN Using It?

Community mobilization is a strategy that employs a cross-sectoral, community-based, participatory approach to address health, social, or environmental issues, empowering individuals and groups to take action to facilitate change, including policy change. This model has been utilized by the Centers for Disease Control and Prevention and World Health Organization to successfully tackle specific diseases or community health concerns in the US and internationally. MCN's model utilizes community mobilization to meaningfully prepare for a disaster by reaching out to and accounting for the more vulnerable populations that are frequently not sufficiently consulted in disaster planning. After Hurricane Maria in 2017, community health centers served as a lifeline and became a central hub of immediate aid and continue to play a critical role in long-term recovery. Building on this role to foster the community's ability to prepare and respond to future events is critical given the population's susceptibility to hazards and impacts of climate change. The overarching goal of this project is to build capacity among health centers to employ a community mobilization framework for emergency preparedness in order to improve health outcomes of vulnerable populations before, during, and after a disaster.

available. This is just one example of how community mobilization – localized and collaborative efforts supported by pre-disaster organization between community leaders and members – can reduce post-disaster disparities. And community mobilization can do much more.

In the context of emergency preparedness, there are various components of community mobilization that are adapted to fit the needs of the community it is serving, which helps to ensure a more equitable response to disasters. Community leadership

management, identification and mapping of local resources, analysis of strengths, opportunities, weaknesses, and threats (SWOT), and other components come together to empower the local community while establishing a disaster response plan that is sensitive to the dynamics and needs of the community it serves. Similarly, this model identifies systemic barriers to emergency preparedness and response in order to minimize their impact in this context. The community mobilization model encourages local communities to play a role in the development

of their own emergency management plans, while government agencies instead play a supportive role in order to address the barriers identified by the community.

Migrant Clinicians Network is in the second year of our project funded by the Bristol-Myers Squibb Foundation to integrate the community mobilization model into the emergency preparedness plans of vulnerable communities within Puerto Rico. In this project, community health centers and their community outreach staff, community health workers, and health educators team up with local leadership to establish an integrated emergency management plan. This opens a platform for communities to discuss and establish next steps, identify local resources, and involve the “Centro de Salud” -- the local health center -- which provides support to chronic disease patients and other vulnerable populations while serving as the community’s main link to government agencies. In the first year and a half of this project, we noticed that in addition to achieving our primary goal of improved community emergency response, the dynamic between community health centers and the community they serve improved greatly. There was a noticeable growth in mutual trust and communication, particularly when recognizing the barriers and needs of the community. This paved the way for improvements in community programs that help ensure the overall health and well-being of citizens, including the implementation of a mobile clinic program, and a community network with a rapid response framework for disaster support. The mobile clinic was made possible after the center build a deeper relationship with the community, creating bridges and strengthening the trust with community leaders. This served the community when earthquakes struck in early 2020, as community leaders kept in direct communication, and carried out the resource mapping and needs assessments during this emergency. The newly built network was then activated, using the mapping and assessments to facilitate the arrival of clinical support and supplies. In Puerto Rico, community mobilization has created a master roadmap that they have carried out effectively to help the most marginalized in their communities when disaster has struck. For the many communities that may be threatened by disasters in the coming years, such community mobilization may be a key to ensure a rapid and equitable response, and to bolster health justice at the local level.

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# Witness to Witness Pivots to Give Psychosocial Support to Community Health Workers Through Webinar Series

By Claire Hutkins Seda, Senior Writer, Migrant Clinicians Network, Managing Editor, *Streamline*

Several months into the COVID-19 pandemic, Migrant Clinicians Network's Alma Galván MCH, MCN's Senior Program Manager approached Kaethe Weingarten, PhD, Director of the Witness to Witness (W2W) program, to talk about the virus, its disproportionate effects on Latinx communities, and the short- and long-term mental health consequences on community health workers (CHWs), those trying to bolster the health of those ravaged communities.

"I immediately saw that Alma was right: that the material W2W was using in the webinars could be developed for peer support groups to better support those on the front lines," Dr. Weingarten said. With Deliana Garcia, MA, MCN's Director of International Projects and Emerging Issues, Dr. Weingarten and Galván rapidly and intensively developed a psychosocial support pilot project, through a partnership with the Ventanilla de Salud (VdS). With offices in each state's Mexican Consulate, VdS aims to increase access to health care and health literacy for Mexican nationals and other Latinxs across the country. MCN, a longtime partner with the VdS, recruited 23 CHWs from different consulates to join in on the short pilot program, which was to be conducted virtually and entirely in Spanish over the course of three sessions. Dr. Weingarten and a W2W volunteer, Sol Durso developed

## What is Witness to Witness?

Witness to Witness (W2W), a program sponsored by Migrant Clinicians Network, serves those who are in high stress jobs working with vulnerable clients who are themselves experiencing high levels of stress. Originally designed to assist those working with asylum seekers, detainees, migrants, climate refugees and immigrants at the border, W2W has expanded to serve a range of providers in many parts of the country who work with vulnerable populations. Those we serve may be suffering from stress, empathic stress, moral distress and/or moral injury.

Learn more about W2W at the W2W web page:  
<https://www.migrantclinician.org/witness-to-witness>.

the curriculum and then Durso and Galván adapted it into Spanish. Durso led the training of four volunteer facilitators, all of whom were Latinx immigrant CHWs themselves, on the W2W approach to psychosocial support in general and the curriculum in particular.

The curriculum aimed to help CHWs develop strategies to cope with three key topics covered per session: stress, grief, and resilience. The three sessions took place in June 2020. Over the 90-minute virtual meetings, participants gained skills and resources to manage stress and grief and foster resilience in themselves, and most critically, to then utilize those tools to bolster community mental health by improving self-efficacy in talking to immigrants about managing stress, grief, and resilience. "It is very important, this application of the learning they obtained so they can assist other immi-

grants," emphasized Galván. "This pilot project shows that if we do short interventions and short trainings with those who are working with essential workers, they can help normalize the feelings of stress and anxiety that so many people are currently having – and reduce the stigma around mental health needs. We think that as a consequence of that, agricultural workers and others they work with will feel more understood, and more able to say, 'I need help,' and maybe reach out for help."

Additionally, and critically, the webinars created a space, albeit short-term, for participants to be in community together. "We know that peer support and a sense that we are not alone is a key factor in sustaining resilience during challenging times. The par-

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## Executive Summary Excerpt: Key Findings from Dr. Carter

In this excerpt from the Executive Summary of her report, Dr. Carter shared the outcomes of the Witness to Witness psychosocial pilot project in five domains:

**Levels of Stress and Well-being:** The program was successful in achieving significant well-being gains. At the end of the W2W VDS Pilot Project, the number of individuals reporting moderate to severe levels of depressive symptoms notably decreased from 30.43% to 14.28% just after three peer-to-peer group sessions. Additionally, if participants entered the program reporting higher stress levels, there was a further reduction in reports of depressive symptoms compared to the participants who entered the program with lower levels of stress based on their reports at the time they filled in the application forms.

**Relationship Alliance:** In parallel to the well-being gains, there were notable outcomes linked to the relationship alliance

between participants and facilitators. Based on the Session Rating Scale (SRS) reports, the measure of therapeutic alliance was above the cutoff score (36 points) for all three W2W group sessions. Participants in this program reported a "strong" alliance with their facilitator which increased from session 1 to 3.

**Session Feedback:** The majority of the participants reported being completely satisfied with their experience throughout the program. After the first session, 73.9% of participants rated themselves as completely satisfied with their experience and by the end of the program, this percentage increased to 90.5%.

**Self-Efficacy:** When participants were asked to self-report their own sense of self-efficacy based on their knowledge and ability to address major themes such as grief, loss, and resilience, the majority (85.7%) of the participants agreed or strongly agreed that the W2W peer-to-peer support group offered

new areas of knowledge, information, and methods they could use on their jobs to assist their constituents during these challenging times. Overall, participants reported higher levels of self-efficacy across several domains measured in this study.

**Process Evaluation:** The program achieved an impressive level of participation and retention. Of the 23 participants who joined the program, only two participants dropped out before completing the sessions. In this case, the program maintained a 91.3% retention rate during the program delivery phase of this study. During the process evaluation phase of the program, facilitators provided insight into their experiences during three feedback sessions. Overall, facilitators identified and described the value of creating an online community of support during uncertain times as being extremely beneficial to participants of the program. ■



participants immediately recognized each other as comrades and bonded with each other and the facilitators,” said Weingarten. In August 2020, Danna Carter, PhD, LMFT reviewed collected pre- and post-series data to determine the efficacy of the sessions. She analyzed demographics, participants’ questionnaires on self-efficacy and personal stress levels that were completed upon registration and after the series concluded, plus additional data and qualitative feedback gathered after each session. Her analysis found significant outcomes in each of the following five domains: (1) levels of stress and well-being; (2) relationship alliance; (3) self-efficacy (4) session feedback; and (5)

process evaluation. (See text box for an excerpt from the executive summary on each of the five domains.)

“These results are very encouraging about the value of combining knowledge acquisition, skill development and peer support during times of high stress. Participants not only felt better themselves but felt better prepared to do their jobs. We are excited about extending our methodology to other settings,” said Dr. Carter.

There were limitations to the data. All but one of the participants, facilitators, and MCN staff support were female, which may have skewed the development of a sense of community over the short three-week time

frame. At present, the results reflect participant outcomes directly after the end of the project; the pilot project developers plan to evaluate how long the positive results of the sessions will hold. “Still, we are encouraged that CHWs are able to benefit from short-term virtual communities of support, a modality that will be with us for months to come,” said Dr. Weingarten.

Witness to Witness continues its work to support clinicians on the frontlines. Visit the Witness to Witness webpage on MCN’s site to access resources and join the W2W mailing list to hear about upcoming training opportunities: <https://www.migrantclinician.org/witness-to-witness>.

## Addressing the Mental Health Concerns of Agricultural Workers During COVID-19

Stress, anxiety, and depression were common mental health concerns among agricultural workers before the pandemic.<sup>1</sup> The COVID-19 pandemic – including the associated lockdown and school closures, the continuation of essential work in the face of outbreaks, and the weakening of the economy – is expected to increase mental health concerns across the world. Indeed, early studies point to increased prevalence of depression among those studied.<sup>2</sup>

Alma Galván is concerned about the health consequences of COVID-19 on agricultural workers, particularly considering the stigma that already exists around mental health, but she is confident that Witness to Witness’s work with community health workers enables them to help agricultural workers recognize and begin to address mental health issues. “It’s a side of health that still has a stigma, and still has a lack of resources, a lack of professionals, a lack of people who can provide services in English

and in Spanish,” she said. “Community health workers can help the community to be aware of the stigma – to at least acknowledge it, to lower the stigma, to provide resources.”

CHWs are not mental health experts, and cannot provide mental health services, but they can reduce the stigma by providing resources about mental health and can help agricultural workers access services when available. “CHWs can normalize it, that mental health is an issue. With COVID, everybody is anxious and worried at different levels, but agricultural communities are experiencing it even more. They are underserved, they have fewer resources for their particular circumstances,” she said. “MCN is trying to fill that gap, to train clinicians who are working with migrants, with agricultural workers, with restaurant workers. Those clinicians understand their circumstances – they can, at least, understand what they’re going through, and help

guide them through the [health] system.

“This pilot project shows that, if we do short interventions and short trainings with those who are working with essential workers, they can really lower their anxiety and normalize these concerns, and help reduce the stigma around what everyone is feeling,” Galván added. “As a consequence, at least agricultural workers will feel more understood, and more able to say, ‘I need help’. And maybe reach out to where they can be helped.”

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**calendar**

**October 24-28  
Creating the Healthiest Nation:  
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American Public Health Association  
Virtual Annual Meeting  
<https://bit.ly/1zGE05z>

**October 27, 11am PST/2pm EST  
Diabetes Continuum of Care:  
Increase Patient Technology and  
Digital Health Literacy**

Part of Diabetes Special & Vulnerable  
Populations: A National Learning Series  
<http://bit.ly/Fall2020-NLS2>

**November 5, 10am PST/1pm EST  
Health Network: A Care Coordination  
Program for Mobile Patients**

Migrant Clinicians Network Webinar  
<https://bit.ly/2I0DYwP>

**November 10, 11am PST/ 2pm EST  
Diabetes Continuum of Care:  
Raising the Pillars for Community  
Engagement**

Part of Diabetes Special & Vulnerable  
Populations: A National Learning Series  
<http://bit.ly/Fall2020-NLS3>

**Starting November 10  
Strengthening Psychosocial  
Support Systems for Managers**

Witness to Witness Learning Collaborative with  
Migrant Clinicians Network  
<https://bit.ly/3iy5w9w>

**November 16 – 17  
Primary Care Association & Health  
Center Controlled Network Virtual  
Conference**

<https://bit.ly/2CwGkzo>

**November 17, 11am PST/2pm EST  
Diabetes Continuum of Care:  
Building Successful Teams During  
the COVID-19 Pandemic**

Part of Diabetes Special & Vulnerable  
Populations: A National Learning Series  
<http://bit.ly/Fall2020-NLS4>

**Starting November 18  
ECHO Series on Needs of LGBTQIA+  
Patients during COVID-19**

National LGBTQIA+ Health Education Center  
<https://bit.ly/33zSDHM>

**December 1-3 and 8-10  
Virtual National Conference on  
Worker Safety and Health – COSHCON**

<https://bit.ly/2NwpYry>