Communicating with Migrant and Seasonal Agricultural Worker Population During Crisis
2012 NPHIC Symposium

National Center for Farmworker Health
Objectives

1. To increase awareness of the vulnerability of Migratory and Seasonal Agricultural Workers in crisis or emergencies

2. To explore ways to communicate risk to the farmworker population

3. To identify potential national, state and local collaborators for reaching the farmworker population
Where do they Live

Approximately 3 million$^1$
Who are they

• 78% foreign born$^2$
• 79% male$^2$
• Average age is 33 years$^2$
• Family income = $15,000-$17,499$^1$
• 25% work 50+ hours per week$^1$
• 50% are unauthorized to work$^1$

What language do they speak

Vulnerability and Challenges for Risk Communication
Where do they migrate

• 42% are Migratory Workers

• 1/3 of these migrate back and forth between US and native country

Why are they vulnerable

• High mobility

• Lack of familiarity with:
  – area’s climate, terrain, weather hazards
  – community response plans
  – alarms systems,
  – evacuation routes
  – community’s emergency plan
  – Community resources (i.e., shelters, vaccination centers, etc.)

• Community outsiders (unwelcome)
• Language and cultural barriers
• Limited financial resources (Family income = $15,0001
• Insecure housing
• Lack of transportation
• 50% are unauthorized to work ¹
• Discrimination & Stigmatization

• Unable to qualify for emergency relief assistance i.e. vaccines

Communication challenges

- Outside mainstream communication channels
- Low literacy levels in English and/or in native language
- Limited English proficiency
- Low visibility in the community
Indigenous farmworkers

• Especially vulnerable due to recent arrival in U.S., language barriers, and history of violence/discrimination

• California has 165,000+ indigenous farmworkers and dependents

• Most common indigenous languages in Mexico are:
  1. Nahuatl
  2. Maya languages
  3. Mixtec languages
  4. Zapotec languages

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Literacy & health literacy

- Ability to speak/read/write in English varies greatly
- Women may have lower literacy levels than men, especially indigenous
- Average educational attainment = 6th grade
  - 3rd grade 13%
  - 12th grade* 13%

Their living arrangements

Number of FW’s in need of housing exceeds the number of available housing units

Less housing is available on or near farms (greater dispersion of population)

Lack of cooking facilities & running water

Inadequate washing facilities (laundry and showers)

Other farm workers:
  – live by the field in self made shelters
  – in cars
Strategies for Communicating with Farmworkers
Communication channels

- Spanish Radio Stations
- Word-of-mouth
- Phone call & text messages

More Latinos used a cell phone than laptop/desktop internet source (76% vs. 65%)\(^1\)

80% of Hispanics aged 26-39 years used cell phones vs. 92% of non-Hispanics

Cell phone use decreased in the Spanish-speaking foreign-born population, but \textit{69% of this population use a cell phone}\(^1\)

Reaching farmworkers through collaborations

JFK Signs Migrant Health Act - Sept 1962
Collaborative opportunities
National Level

Farmworker Health Network

- Farmworker Justice [www.farmworkerjustice.org](http://www.farmworkerjustice.org)
- Health Outreach Partners [www.outreach-partners.org](http://www.outreach-partners.org)
- Migrant Clinicians Network [www.migrantclinician.org](http://www.migrantclinician.org)
- Migrant Health Promotion [www.nachc.org](http://www.nachc.org)
- National Association of Community Health Centers [www.ncfh.org](http://www.ncfh.org)
- National Center for Farmworker Health
Collaborative opportunities...cont

State Level

• State Primary Care Associations
• Labor Department
• Growers
• Labor Contractors
• State Migrant Education
• State Migrant Head Start

Local Level

• Community/Migrant Health Centers
• Farmworker Housing Providers “Labor Camps”
• Growers /employers
• Crew leaders
• Migrant Education and Migrant Head Start
• Faith-based organizations
Collaborative opportunities...cont

- Advocacy Groups/Labor Organizations
  - United Farmworkers Union
  - Coalition of Immokalee Workers
  - National Farm Worker Ministry
- Coalitions
  - Utah Migrant and Seasonal Farmworker Coalition
  - Coalition of Florida Farmworker Organizations
  - Arizona Interagency Farmworkers Coalition

Regional Migrant Health Coordinators

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How to find the closest clinic

- **HRSA- Community Health Center Directory:**

- **NCFH- 2008 Migrant Health Centers Pocket Directory:**
  [http://www.ncfh.org/?plugin=ecomm&content=item&sku=7130](http://www.ncfh.org/?plugin=ecomm&content=item&sku=7130) or call 1-800-531-5120

- **MCN-The Clinicians Migrant Health Directory:**
  [http://www.migrantclinician.org/health_centers.htm](http://www.migrantclinician.org/health_centers.htm) or call 512-327-2017

- **Free Clinics Directory:** Call 540-344-8242
Helping Veterans & Their Families

The 2000 Census estimated that veterans comprise 12.7 percent of the U.S. population. Many veterans and their families have health care needs that HRSA grantees may be able to address.

Learn More
The National Center for Farmworker Health (NCFH), established in 1975, is dedicated to improving the health status of farmworker families by providing information services and products to a network of more than 500 migrant health center service sites in the United States as well as organizations, universities, researchers, and individuals involved in farmworker health.

We are a private, not-for-profit corporation located in Buda, Texas whose mission is "to improve the health status of farmworker families through appropriate application of human, technical, and information resources."

We invite you to browse our website and learn about our programs, products, and services in support of our mission, which include: migrant and farmworker resources, training and technical assistance, staff development, health education, program development, policy analysis, and case management of primary care services.

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Thank You

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Hidden Populations - Health, Help and Hope

NPHIC Annual Symposium
Sept 30 – Oct 3, 2012
How do we define homeless?
Some demographics

- 62% sheltered
- 38% unsheltered
- 63% individuals
- 37% families
- 37% of sheltered adults without families had a disabiling condition
- 19% of sheltered adults released from institutional setting
- 16% chronically homeless (4 or more instances of homelessness in 3 years; continuously for a year)

Source: 2010 Annual Homeless Assessment Report to Congress

Photo credit: Thomas Hawk
Vulnerabilities contributing to risk
Vulnerable Populations Action Team (VPAT)

* Included. Connected. Prepared. *

Vision: By working collaboratively with community partners, Public Health’s VPAT initiative ensures that no one group is more impacted than another in an emergency.
Vulnerable Populations

- Blind
- Chemically dependent
- Children
- Clients of criminal justice system
- Deaf, deaf-blind, hard of hearing
- Developmentally disabled
- Emerging or transient special needs
  - *Homeless and shelter dependent*
- Impoverished
- Limited English Proficient
- Medically Dependent, Medically Compromised
- Mentally Ill
- Physically Disabled
- Refugees and Immigrants
- Seniors
- Undocumented persons
Reaching vulnerable residents requires PARTNERSHIPS

Public Health
- Preparedness Resources
- Technical Assistance
- Communication
- Response Resources

CBO & FBO/Networks
- Key Human Services
- Knows Vulnerable Clients
- Trusted Communicators
- Situational Awareness
Preparedness resources and technical assistance: Agency Emergency Planning

www.kingcounty.gov/healthservices/health/preparedness/VPAT/standards
Most emergency messaging is tailored to people who have the resources to take risk reduction measures:

Before a storm, have a 3- to 5-day supply of nonperishable food and clean drinking water.

“Be prepared! Pack your emergency supply kit with essential first aid items such as bandages, antibiotic ointment, scissors, etc.”

Inform local authorities about any special needs before a hurricane strikes.

“To help maintain your body temperature in cold weather, drink warm, sweet beverages and broth, and eat a well-balanced diet.”

“Make plans in advance to secure your home. Protect your windows by installing storm shutters or board up windows with plywood.”
Local experience

Stop Germs, Stop Flu!

Do you have the flu? Ask yourself two quick questions:
1. Do you have a fever?
2. Do you have other symptoms? A cough, sore throat, body aches, headache, chills, diarrhea or vomiting?
If your answer is YES to both, you might have the flu.

If you have the flu, what should you do?
- Stay home
- Rest
- Drink plenty of fluids and get rest.
- Protect the health of others by staying away from crowds, covering your cough, and washing your hands often.
- If you aren’t getting better, please call a health care provider.

If you need medical care and don’t have a medical provider or health insurance, call the Community Health Access Program at 866-756-5437. You will not be asked for proof of immigration status.

When sick, stay home
Wash hands often for 20 seconds
Cover coughs and sneezes
Can’t wash? Use alcohol-based hand sanitizer

Cozy at home image

Stay away from others!

Stay Home!
Lesson learned

• No “stay home” messages
• “Wear a mask” rather than “stay away from others”
• No cozy pictures
• Spanish!
Many homeless people are at risk for heat related emergencies. This may be due to:

- Lack of access to drinking water
- Overdressing
- Medications that can increase risk for dehydration (anti-depressants, sedatives, antihistamines, prednisone, haldol, lasix, etc)
- Alcohol and street drugs that may cause a person to forget to drink water, not to realize how hot they are becoming, or to pass out in the sun.
- Medical Conditions that can increase risk of dehydration (heart, respiratory, skin conditions, renal problems, mental illness, diabetes, infections, diarrhea, vomiting, etc).

Along with warmer temperatures and more sunshine comes the potential for hot weather emergencies.

Heat related emergencies happen when peoples’ bodies have difficulty regulating temperature.

Be watchful for the signs and symptoms of heat exhaustion and intervene quickly to prevent heat stroke!

For more information on heat related illness:

Centers for Disease Control: http://emergency.cdc.gov/disasters/extremeheat

Public Health—Seattle & King County:
www.kingcounty.gov/healthservices/health/child/childcare/education/SummerSafety
Summer Safety - Hot Weather

Public Health
Seattle & King County

Health Care for the Homeless Network
Public Health - Seattle King County
3134 4th Avenue, 3rd Floor
Seattle WA 98121
Phone: 206-521-1855
www.kingcounty.gov/health/hsh
Build systems to support inclusive communication

- Community Communication Network (CCN)
- Partner with service providers
- Community Voicemail
- Hub and spoke models
- Phone trees
Nurture relationships with homeless service organizations

- Work with homeless service organizations to tailor emergency messages and instructions and to formalize an outreach strategy
- Ensure that homeless service representatives are enrolled in established networks and that they receive emergency communication blasts
More information?

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