



Supporting North Carolina’s Farmworkers During COVID-19

Since the start of the COVID-19 pandemic, North Carolina has acted to protect farmworkers. Members of this population, especially migrant farmworkers, face many unique barriers to health care access, including language, lack of independent transportation, lack of insurance, fear regarding immigration status, unfamiliarity with the local health care system, and living conditions that do not allow for self-isolation if sick. Farmworkers housed in migrant camps typically live with 10 to 15 other people but may live with up to 200 people in a congregate setting.

The NC Department of Health and Human Services (NCDHHS) has been able to build upon the strength of its existing [NC Farmworker Health Program](#) to take aggressive action to prevent, detect, and address viral transmission in these settings.

Prevention

Challenge	NCDHHS Action
Many farmworkers live in congregate temporary housing provided by an employer, such as a farmer or farm labor contractor. Congregate settings pose a higher risk of viral transmission.	<ul style="list-style-type: none"> • Developed detailed guidance available in both English and Spanish for migrant farmworkers, employers and housing providers on best practices to reduce the risks of COVID-19 exposure. • Collaborated with partner agencies to share information and resources with farmers to reduce risks and increase their preparedness to respond to cases on the farm.
Farmworkers may face cultural, linguistic and logistical barriers to accessing important information about COVID-19 prevention.	<ul style="list-style-type: none"> € Helped launch the Internet Connectivity project to increase farmworkers’ access to virtual medical care and health information. € Created and distributed resources for workers - available in 35 languages - about how to stay healthy as well as the signs and symptoms of COVID-19. € Developed and compiled COVID-19 educational videos for farmworkers. € Developed guidance for farmworker health programs to assist with COVID-19 preparedness, € Developed protocols to support new approaches to farmworker outreach when face-to-face outreach is not possible. € Disseminated information regarding COVID-19 and emergency preparedness and disaster response.

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<p>Farmworkers may not have easy access to personal protective equipment, including face coverings, that can reduce viral transmission.</p>	<ul style="list-style-type: none"> € Supplied more than 875,000 procedural masks, 303,700 cloth masks, and 115,400 containers of hand sanitizer to Cooperative Extension Offices for distribution to farmworkers. € Supplied 7,000 gloves, 2,000 gowns, 50 face shields, 1,000 N-95 masks, and 112 pulse oximeters to farmworker health programs. € Supplied 640 thermometers to Cooperative Extension Offices in seven targeted counties for use in farmworker settings. € Providing targeted funding to farmworker health programs to purchase protective equipment and infection control supplies.
<p>Efforts by public agencies, non-profit organizations, and health and community workers may sometimes be fragmented or uncoordinated.</p>	<ul style="list-style-type: none"> € Established a dedicated workgroup in collaboration with the NC Agromedicine Institute, the NC Department of Labor and the NC Community Health Center to reduce the risks of COVID-19 on the farm. € Providing ongoing educational webinars, guidance and support to farmworker health outreach staff and other health entities.

Testing and Managing Outbreaks

Challenge	NCDHHS Action
<p>Farmworkers, employers and health care workers need guidance on identifying and responding to COVID-19 transmission in agricultural settings.</p>	<ul style="list-style-type: none"> • Developed guidance on how to respond if there is an outbreak among migrant farmworkers, available in both English and Spanish. • Developed a COVID-19 symptom tool for farmers to conduct daily wellness checks. • Developed a COVID-19 health screening tool for farmworker health outreach staff to identify mild and severe symptoms.
<p>Farmworkers may not have adequate information about testing access and its importance to slowing the spread of the virus.</p>	<ul style="list-style-type: none"> • Created resources for workers about why and how to get tested, available in multiple languages. • NC Farmworker Health Program promoting testing events among farmworker health programs to increase awareness about testing options in counties where farmworkers reside.
<p>Transportation barriers limit many farmworkers' access to community testing events and testing at clinics.</p>	<ul style="list-style-type: none"> • Increased the capacity of farmworker health programs to test farmworkers onsite and CHAMP initiative began on-site testing at farms.

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<p>Testing needs to be accessible, coordinated, and strategic.</p>	<ul style="list-style-type: none"> ● Prioritized testing for individuals in congregate living settings, including group farmworker housing, throughout the pandemic. ● Providing funding and guidance to farmworker health programs to support local testing plans aimed at increasing farmworkers’ access to testing, with a focus on symptomatic, exposed and newly arriving workers.
<p>Outbreak response needs to be coordinated and strategic.</p>	<ul style="list-style-type: none"> ● Created a Migrant Outbreak team within the NC Farmworker Health Program and Communicable Disease Branch to monitor and address active outbreaks.

Isolation Support

Challenge	NCDHHS Action
<p>Farmworkers often live in congregate settings, which experience a higher risk of viral transmission and outbreaks.</p>	<ul style="list-style-type: none"> ● Establishing safe isolation housing for farmworkers with COVID-19 and quarantine housing for exposed farmworkers. ● Facilitated expedited reimbursement of non-congregate shelter expenses in collaboration with NC Emergency Management.
<p>Farmworkers are concerned about testing positive for COVID-19 because of fear of loss of income.</p>	<ul style="list-style-type: none"> ● Developed initiative to provide additional wrap around services for individuals in select counties deemed high need.
<p>Some localities are unprepared and/or do not have adequate resources to offer non-congregate housing.</p>	<ul style="list-style-type: none"> ● Developing alternative options to meet urgent isolation and quarantine housing when no formal non-congregate housing arrangements.