



Reflecting on COVID-19 Response and Planning Ahead for Future Infectious Disease Threats

NIEHS Worker Training Program

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MIGRANT CLINICIANS NETWORK





MIGRANT CLINICIANS NETWORK



A force for health justice

**Somos una fuerza dedicada a
la justicia en salud**

Our mission is to create practical solutions at the intersection of vulnerability, migration and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.

Our Work



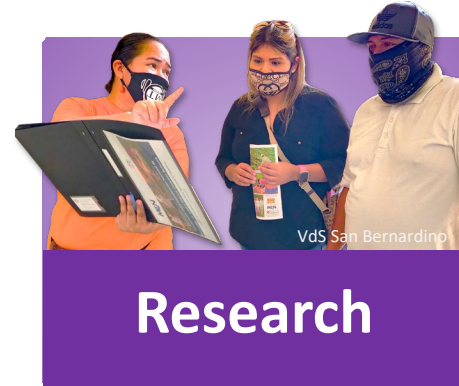
**Resource
Development**



Education



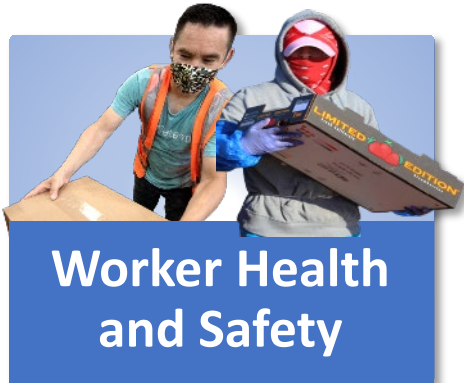
**Technical
Assistance**



Research



**Bridge Case
Management**



**Worker Health
and Safety**



**Psychosocial Support
for Providers**



Evaluation



Advocacy



**Peer
Networking**

MCN's Primary Constituents

- Primary Care Providers
- Community Health Workers
- Nurses
- Dentists
- Social Workers
- Outreach Workers
- Public Health Professionals
- Health Educators
- Medical Assistants



Underserved
Migrants and
Immigrants



Clinicians



Migrant
& Community
Health Centers



State and
local health
departments



March 2020....

What did MCN do?



- Thought leaders
- Translating the science for clinicians on the frontlines
 - National panels, webinars, podcasts, Facebook live (Bilingual)
 - 70 national learning events, reaching over 5,000 stakeholders
- Creating culturally contextual resources in three languages - 263
- Speaking to the media
- Blogging
 - Published 112 blogs
- Social media – 4,500+ followers

2020-2021



Is COVID-19 airborne?

A Q&A with Chad Roy, PhD and Ed Zuroweste, MD

May 13, 2020



FAQ: COVID-19 and Migrant, Immigrant, and Food & Farm Worker Patients

Available in English & Spanish!

Visit migrantclinician.org/COVID19-FAQ



MCN's FAQ has
been recognized by
the Digital Health
Awards.



Until October 2020...

- MCN received very little funding to do the work we did.
- We just did it. We're a mission driven, nimble organization.
- Several funders offered limited supplemental dollars.
- Some told MCN specifically we could NOT use our federal dollars to train workers on how to stay safe from COVID-19.

What worked

- Workers in schools
- NIEHS supported efforts in Puerto Rico
- Trained 700 workers employees
- Collaboration with health department
- Not just the heads of these agencies, but worked to connect those on the frontlines

ACTUALIDAD

Alza de COVID-19 en menores e indicadores de riesgo deben evaluarse para reabrir escuelas

por  Jeniffer Wiscovitch Padilla | Publicado: 25 de noviembre 2020 a las 01:53 PM



ME GUSTA



TUITEAR



CORREO



IMPRIMIR



MÁS



La tendencia de contagios y las complicaciones de salud que pueden desarrollar los menores son preocupantes ante un posible inicio de clases presenciales en enero 2021.

Foto por Nahira Montcourt | Centro de Periodismo Investigativo



COVID-19 Resources

- In October 2020, we knew vaccines were around the corner...
- National Resource Center for Refugee, Immigrants and Migrants - CDC
- How could we help clinicians and community health workers promote vaccines?
- Transcreation
 - Immigrant workers and communities
 - ✓ Spanish and Haitian Creole
 - ✓ Various industries
 - Farmworkers
 - Meat, poultry and seafood processing



“Vaccination Is...” Communication Campaign

MCN developed fully editable materials to help promote vaccination against COVID-19 in any community.

Print | Social Media | Graphics | Videos | Templates

Fully Editable Materials & Templates

- ✓ **All materials can be edited** in PowerPoint / Google Slides
- ✓ **Social media templates** for creation of graphics to accompany posts and frames for profile pictures.
- ✓ **Video templates** in Canva allow communities to lend their own voices to vaccination efforts.

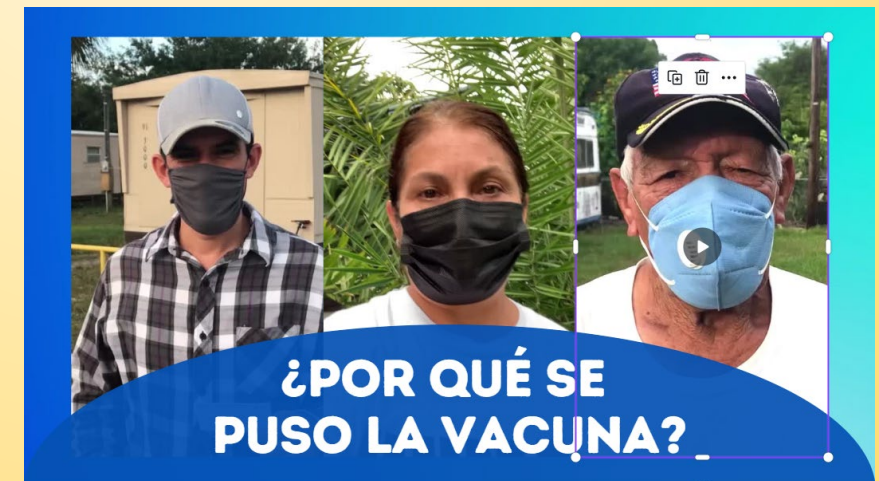
Poster templates for
community photos



Illustrations available
for use in materials



Videos
templates and
“how to
videos”





Learning Collaborative

- Alianza Nacional Campesinas and Rural Coalition
 - *Community-Based Workforce to Increase COVID-19 Vaccinations*
 - ✓ Farmworkers
 - ✓ Rural Black communities
 - ✓ Black farmers
 - ✓ Indigenous communities
- 264 Community Health Workers in 20 Organizations
- HRSA-funded initiative - \$8.5 million/6 months
- Weekly BILINGUAL learning collaboratives
- Clinical Update, Resources, Sharing Challenges and Successful Strategies

Partnerships



Farmworkers and COVID-19: Community-Based Partnerships to Address Health and Safety

Amy K. Liebman, MPA, MA, Claire H. Seda, BA, and Alma R. Galván, MHC

ABOUT THE AUTHORS

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See also Borrell and Kapadia, p. 1366, and the Social Justice for Marginalized Communities section, pp. 1448–1472.

As COVID-19 spread rapidly throughout the United States, among the population's most disproportionately affected were those on the front lines of the food system. The majority of the estimated 2 million farmworkers in the United States, who have worked through the pandemic as "essential" workers to ensure the functioning of US food systems, are Latino/a, immigrants, and those with low incomes; nearly half lack authorization to work in the United States.¹ Despite their essential status, farmworkers were left vulnerable to COVID-19 because of the lack of workplace protections overlaid with numerous occupational and social factors.² Amid the pandemic, however, new partnerships and community initiatives between farm employers and clinicians, advocates, and public health authorities serving farmworkers made unprecedented efforts to support the health and safety of farmworkers and their families in the absence of sufficient government response.³

Farmworkers and their families are frequently subject to overlapping and

amplifying occupational risks and adverse social and structural determinants of health, which in turn affect their underlying health and increase their risk of COVID-19. Farmworkers lack many of the basic occupational protections afforded to other workers, which may favor the employer but intensifies cycles of poverty and poor health among farmworkers. Farmworkers have been historically excluded from basic labor laws, such as the right to organize, minimum wage, and paid sick leave, although these rights vary by state. Without these protections, farmworkers who are ill may feel forced to work because of the fear of lost wages and the lack of a workplace safety net.

Additionally, farmworkers have been systematically excluded from health and safety regulations that are afforded to other workers. The Occupational Safety and Health Administration, for instance, is prohibited from using federal funds for occupational safety enforcement on farms employing 10 or fewer workers and not providing housing, leaving many farmworkers unprotected. These long-

standing occupational and health and safety exclusions, matched with low wages, intermittent work, and frequent migration, lock farmworkers and their families into poverty and reduce their access to health care. Further, rural locations, limited access to transportation, language and cultural differences, and fear of exposing immigration status reduce farmworkers' ability to seek care even when struggling with acute pain or chronic conditions.⁴

As the pandemic struck the rural United States, this lack of basic federal workplace protections, compounded by poverty and poor access to care, sharpened. In June 2020, several months into the pandemic, the Centers for Disease Control and Prevention offered recommendations to employers on how to protect farmworkers from COVID-19. Employers were not required to carry out these suggested protections. The Occupational Safety and Health Administration, typically the lead agency to enforce worker health, remained silent on worker, including farmworker, protection from COVID-19. As of June 2021, no federal emergency standards for farmworkers have been issued, and only 14 states have adopted emergency protections for essential workers to require basic protections such as physical distancing, mask wearing, sanitation, and the provision of personal protective equipment.⁵

With few financial resources and limited housing opportunities in rural locations, many farmworkers and their families rely on employer-provided housing, which is frequently communal and often substandard, and employer-provided transportation to the farm, which may be crowded and poorly ventilated, further increasing the risk of contracting COVID-19. Most

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<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306323>

Funding



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Access our
latest resources



Get updates
from the field



Attend our
virtual trainings

and a lot more at

www.migrantclinician.org