



Swine Flu/H1N1

Interim Guidance to Assist State and Local Health Departments in Developing Programs for Migrant and Seasonal Farmworkers in Response to Human Infections with Novel Influenza A (H1N1) Virus

www.southwestpublichealth.org

May 5, 2009 1:13 AM ET

This document provides additional guidance to state and local health departments specific to addressing the needs of the migrant and seasonal farmworker population during the novel influenza A (H1N1) outbreak. General information on novel influenza A (H1N1), including case definitions, clinical guidelines and community mitigation measures can be found at <http://www.cdc.gov/h1n1flu> and is applicable to this population.

Background

Migrant and seasonal farmworkers in the US represent a large, low-wage labor market, estimated at 2.5 million workers. Many challenges exist for these workers to access healthcare. For example, migrant and seasonal farmworkers are not paid if they do not work, often lack access to healthcare, may be uninsured, or may not speak or read English well. They may be affected by other circumstances such as poverty, limited education, frequent mobility, and environmentally poor living conditions. For these reasons, the health status of migrant and seasonal farmworkers is difficult to monitor. In addition, since more than half of migrant and seasonal workers are estimated to be undocumented, workers may hesitate to present to healthcare providers for needed care or to report illness to their employers or healthcare providers out of fear of being deported. A particular concern may be that many workers may not seek healthcare until they experience severe symptoms, and thus often present in emergency departments.

Interim Recommendations

Avoid stigmatization

Share the message in the community that the spread of novel influenza A (H1N1) is established in the United States so that Mexican nationality is not necessarily a risk factor for infection. It is also important to recognize that only a small minority of migrant and seasonal farmworkers are likely to have recently arrived from Mexico. Stigmatization may become an additional barrier to seeking care resulting in individuals not accessing the treatment and health education they need to help prevent the spread of novel influenza A (H1N1).

Develop linguistically and culturally appropriate public health messages

Develop health awareness messages in languages appropriate to the local migrant and seasonal farmworker population to inform them about novel influenza A (H1N1) symptoms and preventive measures including community mitigation measures. Materials should be in languages, dialects, and reading level appropriate to the local migrant and seasonal farmworker population. Public health messages should be disseminated through multiple media to accommodate the various ways media is accessed by the targeted population. For migrant farmworkers, the most common languages are Spanish, Haitian Creole, and indigenous languages such as Mixteco and Zapotec.

Spanish language materials about novel influenza A (H1N1) are available at <http://www.cdc.gov/h1n1flu/espanol/info-general.htm>

Collaboration with national and local migrant farmworker health organizations and advocacy groups is vitally important in ensuring that public health messages are developed and delivered in a culturally competent manner. They should be disseminated through local migrant farmworker organizations such as farmworker labor unions, churches, community associations, migrant health clinics, and other common gathering places. Additionally, the use of trusted community leaders and (especially preexisting, where possible) lay health advisor or promotora programs may help in the delivery and acceptability of public health messages.

Encourage use of Health Resources and Service Administration (HRSA)-funded community health centers

Since a large proportion of the migrant and seasonal farmworker population is uninsured, these workers often lack a regular health care provider. Where available, the use of HRSA-funded community health centers which serve the migrant and seasonal worker population should be encouraged. Many of these centers participate in the Migrant Clinicians Network Health Network (http://www.migrantclinician.org/health_centers.html) which allows for tracking and follow-up of patients who present for care but must travel for work before test results are available. These clinics also have extensive experience in handling the needs of this patient population. During the novel influenza A (H1N1) response, increased usage of mobile health units will also increase access to healthcare.

Most migrant and seasonal farmworkers do not have access to their own means of transportation and may rely on public transportation to access health care. Information about alternative means of transportation, where available, should be communicated to this population to avoid further transmission.

Provide assurance that provision of health care and services is not related to immigration status

Undocumented immigrants may be reluctant to report illness or seek health care because they fear being denied services or being deported. It is important to provide assurance that the provision of health care and services is not related to immigration status and seeking care will not result in deportation. The use of HRSA-funded community health centers should be encouraged where practical as these facilities are familiar with the immigration issues faced by many migrant workers.

Provide assistance to employers of migrant and seasonal farmworkers

State and local health departments and others should provide assistance to employers in implementing these recommendations by providing information about available emergency medical and social services.

Assist with implementation of community mitigation measures

Migrant and seasonal farmworkers may find it difficult to comply with proposed measures associated with isolation of sick persons (http://www.cdc.gov/h1n1flu/guidance_homecare.htm). Many migrant and seasonal farmworkers live in overcrowded and substandard housing and may find it difficult to follow these guidelines. It may be necessary to consider provision of resources such as alternative housing to prevent transmission to others in the community.