

# UMASH Forum: **Creating Occupational Health Teams in Agriculture**

March 31st, 2021

## **Executive Summary**

The Upper Midwest Agricultural Safety and Health Center (UMASH) Annual Forum “Creating Occupational Health Teams in Agriculture” convened a multidisciplinary group of clinicians and health and safety professionals to discuss strategies to best support the occupational health of folks in rural and agricultural communities. Many attendees were healthcare providers with an occupational, agricultural, and/or rural focus.

Dr. Jeff Bender and Amy Liebman framed the discussion by highlighting the ways in which the COVID-19 pandemic has spotlighted occupational health. As the link between work and health becomes more evident, there are unique opportunities to leverage this link to improve the health and safety of agricultural workers and their families in the long-term. **Guided by One Health principles, UMASH hopes to collaborate with and engage across disciplines to facilitate progress in this space.**

To inspire conversation, Dr. Matt Keifer presented on occupational medicine for the agricultural sector, including the opportunities, challenges, and influence of COVID-19. There are many hazards associated with agricultural work, yet the industry lacks strong worker protections. For example, there are few federal health and safety standards to protect ag workers, and there are many exemptions for workers compensation insurance. There are notably few occupational physicians and other clinicians, and there are even fewer that have expertise in agricultural work.

Dr. Keifer recommended a number of strategies to improve occupational health care, including: 1) encourage primary care to engage with occupational health, 2) apply a Total Worker Health approach, 3) reform electronic medical records to code occupation, 4) ensure payment for services like telehealth, and 5) recognize the diverse makeup of the agricultural workforce as well as the work ethic and unique workplace culture that come along with it.

In small groups, forum attendees discussed opportunities for a collaborative future for occupational medicine. Attendees emphasized the ways in which the COVID-19 pandemic has encouraged collaboration between stakeholders that haven't necessarily worked together in the past. For example, the pandemic has necessitated partnership between community health centers, county public health departments, corporate agricultural employers, and others. All attendees agreed that a multidisciplinary, One Health approach is necessary. Attendees identified the need to involve team members with the following expertise:

- **Farmers and farmworkers**
- **Pharmacists** (environmental toxicology focus, 330B pharmacies)
- **Community health and primary care** (federally qualified health centers)
- **First responders** (EMTs, firefighters)
- **Veterinarians**
- **Nurses**
- **Occupational therapy**
- **Social work**
- **Education and research centers** (Total Worker Health and U.S. Ag Centers)
- **Networks and non-profit organizations** (AgriSafe, ASCHA, Migrant Clinicians Network)

Discussion centered on the tools and models already available to address the challenges in occupational health care, such as:

- Occupation classification in Electronic Health Records and other surveillance
- Assessments of occupational health exposure and history in addition to other important medical history, including:
  - The Medical University of South Carolina Agromedicine Program developed the WHACS model for Family Practice
  - Simple occupational screenings (i.e. utilized by Migrant Clinicians Network and collaborating federally qualified health centers)
  - AgriSafe Total Farmer Health model has a health risk assessment tool for assessing agriculture-specific exposures, symptoms, and mental health, as well as a course for providers
- Foster occupational health expertise in rural, primary care settings with models such as Project ECHO that successfully equipped local primary care providers in New Mexico with expertise about hepatitis C
- Build on existing partnerships with key stakeholders (i.e. AgriSafe, RF-DASH, MCN, UMASH Immigrant Dairy Worker Collaboration, and more)

One important tool highlighted in the discussion was telehealth and virtual education. The COVID-19 pandemic has rapidly expanded the use and acceptability of these virtual services, which provides an opportunity to increase access to occupational health care for patients and training for providers. However, challenges exist, including lack of access to broadband and hesitancy to participate in telehealth. It is important to engage farmers and farmworkers in this discussion early to identify what may or may not work well. Other suggestions include: 1) increasing use of technology on farms, generally, 2) allowing the option for audio-only virtual visits, and 3) implementing a model with an initial in-person visit and tele-health follow-up.

In terms of provider education and training, attendees discussed the importance of incentivizing education through ensuring reimbursement for occupational healthcare (telehealth or in-person), offering CME/CEUs, and making clear the practical value of occupational health knowledge and skills. In primary care settings, it may be important to expand the focus from acute care to emphasize community-based and preventative care.

Further, it may be important to demystify agricultural work for providers, by equipping them with information about its specific hazards and unique culture. In rural and agricultural areas, there can be significant barriers to healthcare/health, including access issues, financial burden, and even fear due to immigration status. Further, farm families are diligent for healthcare like baby wellness checks, but otherwise, farmers can be stoic, delaying care or only seeking care in an emergency.

Ultimately, being successful in this work would mean that rural healthcare systems are efficient and ready to respond to occupational needs in a culturally-appropriate manner. With success, care would not be a burden for farmworkers and their families, and agricultural communities would have better mental and physical health. We hope that the ideas and questions raised at this forum appropriately set the stage for meaningful next steps in this work.