



Community-Based Case-Tracing:

A Necessary Strategy To Battle COVID-19 Resurgence In Farmworker and Immigrant Communities

by Ed Kissam
WKF Fund

UCLA Latin American Institute/Center for Mexican Studies
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Key Issues Covered

- ❖ Farmworkers, Their Families, and The Dynamics of COVID-19 Spread
- ❖ COVID-19: Hotspots in Farmworker Communities
- ❖ Why Community-Based Contact-Tracing Is Urgently Needed
- ❖ Our Vision of Community-Based Contact-Tracing
- ❖ Key Challenges: Developing Local Consortia and Enhancing the Model

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California Farmworkers And Their Families: A Large, Vulnerable Population

- 1.5 million: 700,000 FW's, 840,000 FW dependents
- 90% foreign-born—mostly *Mexicano/as*, >8% indigenous origin, >50% undocumented
- Many are aging, long-term settlers—can't just move or find another job
- HH income: \$25K-30K (FW+other work), at least 30% living in poverty
- Two-thirds speak "little or no" English. Half only attended elementary school
- Stress and insecurity—"essential workforce" but uneven availability of work, few alternative job options
- Exclusion of undocumented, mixed-status families from CARES Act assistance, concerns about potential DHS use of personal information

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COVID-19 Transmission in Farmworker Communities

- R_t (real-time reproductive rate) varies w/ specific social/economic context—can be higher or lower than R_0 . CDC Scenario 4 estimates R_0 as 3 (# infected per COVID-19+ case). Mean time from infection to 2nd person about 6 days.
- 3 domains of transmission: 1/3 in community, 1/3 in workplace and school, 1/3 in HH's.
- CA eliminated transmission in schools by closing them, reduced community transmission, but didn't affect workplace transmission in "essential businesses" or HHs
- WKF estimates within-household transmission about 2.5 times higher than in the average U.S. household. No adequate information on transmission in agricultural workplaces (varies but higher than many workplaces, lower than in health care)
- R_t in FW communities may well be 4-5—so more extensive infection, faster spread, possibility of serious "hot spots" of re-emergence.

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Farmworkers' Elevated Risk of COVID-19 Infection: At Home and in the Workplace

Housing Conditions

- Extremely crowded housing and big households
- 5-10% live in “unconventional” housing unit—e.g. converted garage

Working in an “essential” business”

- 25% go to work w/ *raitero*, shared car, farm labor bus
- Variation in agricultural employers' commitment to a safe workplace
- Inadequate guidelines from OSHA and from CDC

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CDC's Guidance to “Self-Isolate” At Home Is Infeasible

Crowded Farmworker Housing			
FW Communities	Immigrant/FW HH's	Type of Housing	Crowding (>1 person/room)
Arvin, CA 82% adults are FW (Kissam, Garcia, Doignon 2003)	5.3 person/HH 40% of HH >5 persons	Apt. or duplex: 20% Mobile home: 14% Single-family home: 62% Other (e.g. garage): 2%	>65%
Woodburn, OR 43% adults are FW (Kissam, Stephen, Garcia 2003)	6.5 persons/HH 25% of HH>5 persons	Apt. or duplex: 43% Mobile home: 2% Single-family home: 53%	>80%
Pajaro-Salinas Valley FW Housing Survey (Mines, 2017)	7.3 persons/HH	Apt. or duplex: 30% Mobile home: 6% Single-family home: 58% Other (e.g. garage): 6%	93% 2.3 /room 5.2/bathroom 16% w/ no bedroom

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Workplace Safety: Official Guidance Too Vague and Permissive, Low Level of Oversight

- CDC guidance belatedly improved (June 1) but still vague and bureaucratic—loopholes inherent in conditional language: “if feasible”, “to the extent possible”.
- CDC and Cal/OSHA both fail to address limitations of temperature screening (more than half of COVID-19+ present w/out fever—NEJM, Physicians’ Weekly) leading to false sense of confidence
- Cal/OSHA reference to CDC guidelines—lacks acknowledgement that prior versions were inadequate/incomplete (e.g. failed to identify loss of smell and taste as distinctive symptom). Newest guidance does state there’s a need to revisit weekly
- Few on-site inspections by state or federal agencies, little encouragement for ongoing peer/collaborative learning networks among employers and FLC’s, recommend workplace safety plans but no criteria for assessing them.

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Agricultural Employer Commitment To Workplace Safety

- Western Growers initially argued that, due to being critical/essential workers, FW’s “...may be permitted to continue work following potential exposure”—an irresponsible false analogy to health care workers and first-responders
- Efforts vary greatly—some very proactive. Early efforts (March), by Sierra Farms, Reiter Affiliated Companies, Brokaw Ranch and Nursery, Warmerdam Packing,
- But others indifferent or hostile to social distancing—e.g. a worker told to go home because she tried to distance herself while the crewleader was giving instructions, workers required to provide own masks,
- An example of serious mis-information— Naples, FL: Oakes Farm CEO claimed COVID-19 was “the largest government and media hoax in history”. One of their workers subsequently died from COVID-19.

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COVID-10 Spread In Farmworker Communities

Cumulative Cases of COVID-19 in Farmworker Areas: May 31, 2020

County and Town	FW area Cases/100K	State Cases/100K	Notes
Immokalee, FL	2,054	269	Zipcode detail, demographics
Woodburn, OR	703	103	Zipcode detail, demographics
Wenatchee area, WA	632	293	Zipcode detail, demographics
Yakima Co., WA (Yakima and others)	1,387	296	Other than LT care: 600-1,500
Mecca, Thermal, Oasis, North Shore, Coachella	743	282	Zipcode detail, demographics

Data: County COVID-19 dashboards, Washington Post COVID-19 map

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Factors Affecting Outcomes If A Farmworker Contracts COVID-19

- 40-50% of FW's lack health insurance, some losing it due to disruptions in employment due to market conditions
- Working-age farmworkers not eligible for full-scope Medi-Cal although 32% of spouses, children often covered by Medi-Cal. (However, CA may cover all)
- 30% have not visited a health provider during the past 2 years
- Average age: 42 years
- BMI >30: Men 29% Women 38%
- High BP: Men 27% Women 4%
- Males: 70%

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Why These COVID-19 Risk Factors Matter for FW's

- Not all cases are mild. Most serious for the elderly--but younger persons still at risk: from 15-30% of cases among working-age (18-64) are moderate or serious
- Common FW health conditions (obesity, diabetes, high blood pressure) linked to worse outcomes
- Men more likely to have serious complications and die from COVID-19 than women but fewer male FWs have an established relationship with a health care provider
- In most areas, securing a COVID-19 test has required a referral from a health care provider, access to testing more difficult for those who lack one, digital literacy/Internet access to find location
- Worries about cost of testing and treatment for those who lack insurance coverage deter seeking definitive diagnosis and delay in seeking medical care
- But clinical experience suggests early clinical care may help: monitoring oxygenation, supplemental oxygen, anti-coagulants, earlier use of anti-virals

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Case Investigation/Contact-Tracing: What Needs To Be Done

- **Case investigation:** Contact COVID-19+ individuals and find out who they've been in close contact with (analytic thinking needed to identify/prioritize "close" contacts)
- **Contact Tracing:** Contact people the infected person has had close contact with. Help their contacts effectively self-quarantine and self-isolate as needed
- Moving very fast is crucial. Infected individuals' maximum infectiousness is from 2-3 days before they have symptoms to 7 days after. Half of cases are asymptomatic. 40% of transmission before infected individuals recognize symptoms (pre-symptomatic).
- Thoroughness/accuracy is crucial. Must identify 90% of contacts to successfully suppress exponential spread. Each new case not quarantined/isolated infects 3 or more others.
- Persuasive Communication. Contact-tracers need to explain to contacts that they should presume they're infected until they get test results, persuade them to self-quarantine
- Isolation/Quarantine--Rapidly secure temporary lodging, food support, assure daily check-ins and advice during course of illness (and recovery).

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Our Vision of Community-Based Case Investigation And Contact-Tracing for California Farmworkers

- County public health at hub of community consortia and grassroots networks for case investigation/contact tracing in FW/immigrant communities. Not just health programs—broad spectrum of activists/service providers/outreach workers!
- Linked to community health centers building on lessons learned over decades of community health outreach relying on promotor/as
- Adapt and enhance models developed by Partners In Health and UCSF—extensive recruitment, intensive screening, and onward to augmented training beyond 20-hr. online with focus on persuasive communication
- Organizational diversity to reach linguistically/culturally diverse e.g. in San Joaquin Valley *mestizo*, indigenous Mexican workers, Salvadorans, Punjabis.
- Geographic diversity of local affiliates to effectively reach outlying areas—e.g. Huron, Taft, Lindsay, Porterville, Firebaugh, Kettleman City, Kerman

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Confianza: Building On Existing Relationships To Enhance Case Investigation/Contact-Tracing Impact

- Community Health Centers (FQHC's) as core collaborators—build on promotor/as' ongoing efforts in addressing range of issues, locus for testing coupled with advice (not just drive-by).
- Migrant Head Start, First 5, local schools—not explicitly health-oriented but close, ongoing relationships with families with children, trust, experience advising on family dynamics
- Immigrant/farmworker legal service advisors—strong relationships with undocumented and mixed-status families, experience helping navigate bureaucratic processes—e.g. CVIIC, CRLAF, CRLA, KIND
- Formal and non-formal community organizations—e.g. CBDIO, hometown associations, youth programs, Lideres Campesinas

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Messengers, Navigators, Change-Makers, Resource Mobilizers in Local COVID-19 Response Networks

- COVID-19 Immigrant Resilience Fund grassroots partners- Already engaged in helping families confront both economic and health-related consequences of the pandemic
- Messaging Partners—Transforming community perspectives to build awareness of value of contact-tracing, awareness re transmission, best practices re self-care and seeking care—e.g. in San Joaquin Valley, Radio Bilingue, Univision, Center for New Americans, in Oxnard, Radio Indigena
- Business/Ag Industry Partners—e.g. ag employers and associations such as CFCLA, Strawberry Commission, California Farm Labor Contractors' Association who are willing to commit to improving workplace safety vis-à-vis COVID-19 transmission
- Local government--Key role in securing appropriate lodging for self-isolation or self-quarantine for those who need it, supplementing other sources of assistance

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Enhancing Case Investigation/Contact Tracing As A Hub For Overall COVID-19 Strategy

- Augment case investigator/contact tracer preparation beyond 20-hour online technical curriculum: preparation for challenges in rapidly reaching cases and contacts and in persuading them to self-isolate or quarantine
- Case management—strong commitment to provide support for temporary lodging for self-isolation/quarantine, food and economic assistance (NOT simply "referrals"), information legal rights under CA law (e.g. sick leave, WC)
- Use testing and contact-tracing as an opportunity to build awareness re COVID-19 transmission e.g. problem-solving re hygiene, awareness re asymptomatic cases, clarification of summary CDC guidance, possibility of lasting health consequences
- Integrate conversations re COVID-19 seriousness and seeking care into discussions with contacts—urgency of seeking medical advice, unpredictability of complications, possibility of delayed cytokine storm after apparent recovery

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And Long-Term Implications....

- Community-based case tracing as launch pad for workers to move onward and upward in public health careers
- COVID-19 pandemic: a “community” problem, not just a “public health” problem. Narrowly-defined procedural interventions are not optimal
- COVID-19 is a paradigm case of an illness where social determinants of health play the leading role in transmission and outcomes. Necessary to pivot from information delivery toward “popular education”/community conversation.
- Mainstream institutional actors still fail to adequately understand the contributions that social and cultural capital can make, need to build appreciation that the best solutions are always “network strategy”.
- Immigrant advocacy organizations and their allies must not simply call for equity and justice but also work with all stakeholders to define and design optimal strategies for combatting the pandemic

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