

**NC Rural Coalition Fighting COVID-19 Meeting
May 12, 2021 * 9:00 AM – 10:00 AM
Meeting Notes**

Facilitator: Kelly Calabria, President & CEO, Foundation for Health Leadership & Innovation

Speakers: Robin Tutor Marcom, Director of NC Agromedicine Institute

Elizabeth Freeman, Manager of NCDHHS Office of Rural Health Farmworker Health Program.

Tiffany Horne and Tracy Faircloth, who work for CommWell Health, a community health center, that serves six counties

Topic: The impact of the pandemic on NC's agricultural industry and its workers.

Kelly Calabria opened the meeting and welcomed the participants. She mentioned that FHLI, The Rural Center, the Governor's Rural Initiative Home Town Strong, AHEC and the Office of Rural Health, originally joined forces to facilitate conversation on COVID protection and vaccine delivery. The focus has changed to vaccine hesitancy, resilience and recovery. Kelly introduced Robin Tutor Marcom to discuss how the agricultural communities are navigating the pandemic.

Robin began by saying that agriculture is NC's leading industry, contributing almost \$93 billion to the state's economy, and stressed that even though agriculture is a leading industry, it's often invisible. She added that, although the industry contributes \$93 billion to the economy, 74% of farms have less than \$25,000 in gross sales. There are 46,200 farms in NC. Farmers get paid when the crops go to market, and they absorb a large up-front investment. After expenses, farmers often suffer a deficit.

There is agriculture in all 100 counties in NC and 85% of farms are family owned and operated, and operate 12 months/year. Farm labor varies. There are seasonal, migrant (either in state or between states) and H2A workers (with work visas). It's difficult to measure the number of family members who help out on the farms, since it's a fluid population. The NC Department of Commerce collects data from counties each year.

At the end of February 2019, it was difficult to acquire PPE for farm workers for pesticide application and COVID exacerbated the situation. A Migrant Health & Housing Workgroup was formed with the NC Department of Labor, NC Agromedicine Institute, NCDHHS and NC Community Health Center Association (NCCHCA) to disseminate information to the agricultural community. Issues such as inability to purchase bulk groceries to feed farmworkers for a week or to purchase cleaning supplies were addressed, and networking provided solutions. NC Agriculture Commissioner Steve Troxler and his staff issued a bulk purchasing memo to retailers so large purchases could be made.

Other pervasive issues occurred: lack of isolation and quarantine housing on farms, and sufficient transportation to move small groups. The Department of Agriculture recommended creating a COVID-19 Workgroup to bring in people who can assist with state issues. Several commodities associations, growers associations, and the farm bureau, who could help with policy and funding on a state level, and



who can go directly to state legislators were brought together. Effective communication across NC has been challenging, but is now more effective. Efforts continue on housing and transportation.

Elizabeth Freeman began her presentation noting that the Farmworker Health Program in the NCDHHS works with sites across the state to increase access to healthcare in agricultural communities. This includes primary care, mental health services, dental health services, case management and health education. They have worked on outbreak response to reduce risk to farm workers and increase vaccination efforts.

She showed a slide of the number of people arriving in the state monthly with an H2A visa, which is about 23,000. Farm workers were eligible to receive the vaccine on March 3 with other essential workers, so there was already a large population in the state that needed to be reached to vaccinate. Each month new workers arrive, so outreach needs to be an ongoing process.

No single entity could carry this out, so collaboration was essential at the state and local levels. It was important to vaccinate workers shortly after arrival. Several approaches were established: (1) local teams reached out to farmers, farm workers, contractors to set up vaccine sites and events.(2) Vendor supported reception hub offered the J&J vaccine to some H2A workers upon arrival and (3) vendor supported vaccination sites and mobile units provided additional vaccine access in high need areas.

As of April 30, 10,842 doses were administered, and 4,797 individuals were fully vaccinated. These numbers may be underreported, since only 86/100 teams reported. Also, farmers may take their workers to pharmacies for vaccinations, which wouldn't be counted. There has been about 94% acceptance rate for the vaccine, and some hesitancy has appeared primarily in workers who live here year round. The outreach groups have strong networking connections with the farmers and workers and have provided education and bi-lingual information to address concerns.

Tiffany Horn and Tracy Faircloth shared their experiences and insights from their work on the ground. As of May 10, they have vaccinated 7,253 patients. Their original focus was testing, but now has moved to vaccinating the rural community. The Agricultural Extension Service provides a list of farms and their phone numbers and Tiffany and Tracy have built strong relationships with the farmers, who have been very supportive of the vaccination effort. They return to the same location at the same time maintain consistency, which has resulted in a 97% return rate for the Moderna vaccine. Tiffany shared a story of a Mexican worker who took photos of his family getting vaccinated and sent them to his family back home. They were excited to get the vaccine, because it was unavailable where they lived. A bi-lingual staff helps address concerns about vaccine hesitancy.

A brief question and answer session followed.

The next meeting will be on Wednesday, May 26, 2021 at 9:00am.