

**COVID-19 and Wisconsin's Migrant and Seasonal Agricultural Workers
Family Health La Clinica Risk Mitigation Strategy**

Family Health La Clinica Community Health Center

Year 1 Project Report

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Executive Summary

This report summarizes the *Wisconsin Migrant and Seasonal Agricultural Worker COVID-19 Risk Mitigation Strategy Project*, which was established to provide SARS-CoV-2 worksite assessments, education, screening, and testing. The project was led by Family Health La Clinica (FHLC), a community health center (CHC) located in Central Wisconsin.

Project Background

FHLC is the only Migrant Health Center in Wisconsin and has served our state's migrant and seasonal agricultural worker (MSAW) needs since the early 1970s. FHLC was uniquely poised to develop this pandemic response project given its long history of serving Wisconsin's MSAW population, its existing agricultural partnerships, and its participation in the Wisconsin Farmworkers Coalition (WFC). The WFC COVID-19 Response Steering Committee formed During the April 1, 2020 WFC meeting to create an organized, cohesive, and collaborative approach to mitigate COVID-19 transmission risk. FHLC leads and chairs this committee of over twenty different organizations. In April of 2020, grant funding from the Medical College of Wisconsin (MCW) Advancing a Healthier Wisconsin (AHW) Endowment and a contract with the State of Wisconsin allowed for rapid implementation of the COVID-19 risk mitigation project to address worksite assessment, education, and SARS-CoV-2 testing for MSAWs. Original plans focused on providing COVID-19 education for MSAWs and employers, as well as screening workers for symptoms and/or COVID-19 exposure. The State of Wisconsin contract and a change in CDC protocols enabled FHLC to add voluntary SARS-CoV-2 testing to the screening process. Also, the state contract provided access to personal protective equipment (PPE), testing supplies, Exact Sciences lab services, and allowed FHLC to leverage the Wisconsin National Guard (WING) to support testing of large worker groups. Dr. Cheston Price, FHLC MSAW Medical Director from April through August 2020, provided clinical leadership for the project. Bilingual outreach and education staff were hired, trained, and deployed.

Project Outcomes and Success

From April through November 6, 2020, FHLC's MSAW COVID-19 project staff completed 293 testing and education missions at 46 employer worksites in 23 counties across Wisconsin. The project also included 12 pre-arrival housing and worksite assessments. Bilingual staff provided 3,379 workers with COVID-19 education and 3,313 workers with SARS-CoV-2 screening and testing. Out of 3,313

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workers tested only 194 were positive, which is a positivity rate of less than 6%. FHLC's strategy also connected the workers to primary medical care access, as these services are vital for MSAWs who experience an increased risk of chronic disease. Disease management is necessary, as overall health status and underlying health conditions heavily impact individuals' susceptibility to the virus and outcomes if they become infected. Thus, the FHLC MSAW COVID-19 risk mitigation process included registering workers tested as patients and providing them with information on accessing primary care services through FHLC's clinic, mobile clinic, and telehealth services. Information was also provided on other health care providers and services for the areas where the workers lived and worked. When possible, same-day primary care visits were provided on-site through FHLC's mobile medical clinic to workers requesting these services.

Key success factors included FHLC's ability to develop and deploy the program within one month. Within two months of planning, the project was fully staffed, and the project team added a SARS-CoV-2 testing component to the project to supplement education efforts. Another factor in preventing worksite outbreaks and the accompanying disruptions in operations that negatively impact both workers and employers was having workers quarantine before they joined the workforce until testing could be performed. Workers who tested positive were then isolated before and their close contacts quarantined. Project collaboration was also key to success, utilizing relationships with our partner organizations who included MSAW employers, United Migrant Opportunity Services (UMOS), and numerous other federal, state, and local agencies and nonprofit organizations.

Project Challenges

A key challenge was staffing the project, specifically meeting employer needs, quickly deploying staff to agricultural worksites throughout the state, and managing conflicting site visits. Many MSAWs arrive at employer sites on staggered and varying timeframes, causing the need for FHLC to implement services on short notice. Additionally, the short project period resulted in competing service requests for the same dates. Staff recruitment posed some additional challenges as we needed bilingual staff and candidates who were willing to fill varying schedules. Once staff were in place, it was imperative to issue a comprehensive and rapid training process, thus ensuring our educators could effectively provide education, screening, and testing to MSAWs. Telehealth implementation was our final challenge, as equipment availability, workflow challenges, and overall staffing capacity made it difficult to deploy telehealth strategies as initially planned.

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Project Opportunities and Next Steps

SARS-CoV-2 cases in Wisconsin have been increasing since March of 2020, with a sharp increase in new confirmed cases since the beginning of September (Wisconsin Department of Health Services, 2020). Governor Tony Evers issued Executive Order #90, declaring a statewide public health emergency to try to manage the public health crisis (State of Wisconsin Office of the Governor, 2020). As SARS-CoV-2 infection rates rise, there is a continued need for virus risk mitigation services. Using the established relationships built through the 2020 growing season, the project can implement pre-arrival visits and worksite assessments before peak season begins. This will allow the team to provide early education to MSAW employers, so they are best equipped with current recommendations for when workers arrive. Telehealth strategies will continue in development with full deployment established during the 2021 season.

FHLC is in the process of re-evaluating the initial project under the guidance of FHLC's Medical Director for Migrant Mobile Health Services, Katherine Porter, DO. Staff are assessing and revising all education, testing, and service workflows, the staffing plan, outreach strategies, and results management and tracking. Dr. Porter is developing a strategy for testing and outbreak support that relies on antigen and/or molecular (RT-PCR) testing, and the Quidel Sofia 2, a machine for SARS-CoV-2 point of care rapid antigen testing. The project has also received Abbott BinaxNOW COVID-19 antigen testing cards, which are used for point of care rapid antigen testing for SARS-CoV-2. The team began using them for outbreak support and pre-travel testing beginning the first week in November. Staff will use the agricultural off season from January through March of 2021 to plan for the upcoming season. In addition to planning, a critical task will be to procure funding support for the 2021 season.

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COVID-19 and Wisconsin's Migrant and Seasonal Agricultural Workers Family Health La Clinica Risk Mitigation Strategy

Project Objective

COVID-19 risk mitigation amongst Wisconsin migrant and seasonal agricultural workers (MSAWs), their employers, and the surrounding communities.

Project Background

Organizational Background

Family Health La Clinica (FHLC) is a federally qualified health center/community health center (FQHC/CHC) serving the Central Wisconsin counties of Adams, Columbia, Dodge, Green Lake, Juneau, Marquette, Portage, Sauk, Waupaca, Waushara, and the entire state of Wisconsin for migrant seasonal agricultural workers (MSAWs). FHLC provides primary medical, dental, behavioral health, and substance recovery services, and Women, Infants, and Children (WIC) programming at its Wautoma site, as well as dental services in Stevens Point, Mauston, and Beaver Dam and outpatient behavioral health and substance abuse recovery services in Friendship, Wisconsin.

FHLC is the only migrant health center in Wisconsin and has served MSAW needs in Wisconsin since the early 1970s. FHLC delivers primary medical care to MSAW patients at its Wautoma location and throughout the state via a 40-foot Mobile Health Center (MHC). A medical team travels with the MHC, delivering services directly to workers at migrant housing camps, worksites, and other locations that can easily be accessed. FHLC was uniquely poised to develop this pandemic response project given its long history of serving MSAWs throughout the state, its existing agricultural partnerships, and participation in the Wisconsin Farmworkers Coalition (WFC).

The project focused on Wisconsin's migrant and seasonal agricultural workers (MSAW) and their employers. The term migrant and seasonal agricultural workers (MSAW) is used interchangeably with the term migrant and seasonal farmworker (MSFW); with the Health Resources and Services Administration (HRSA) defining MSAW/MSFW as an individual whose principal employment is in agriculture, who has been employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode (Health Center Programs Terms and Resources, 2020). In Wisconsin, this includes those who relocate temporarily from other U.S. states, workers from other countries, and those who utilize various visas (i.e. H-2A visa program). The MSAW definition typically includes those workers employed by growers (e.g. vegetables, fruit, and Christmas trees) as well as

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canneries. It does not typically include workers employed at meat processing plants or dairies, as these workers tend to relocate for permanent or long-term periods.

Project Background: Organizational Partnerships

Through each of their respective organizations, the WFC and its members work to ensure the health, safety, and well-being of MSAWs in Wisconsin. The WFC COVID-19 Response Steering Committee formed During the April 1, 2020 WFC meeting to create an organized, cohesive, and collaborative approach to mitigate COVID-19 transmission risk. FHLC leads and chairs this committee. In addition to FHLC, members include representatives from UMOS, the Department of Workforce Development (DWD), the Department of Public Instruction (DPI), Legal Action of Wisconsin, Midwest Food Products Association, multiple county public health departments, the State Emergency Operations Center (SEOC), the Wisconsin Primary Health Care Association (WPHCA), Occupational Safety & Health Administration (OSHA), and other stakeholders (see Appendix A).

Project Background: Funding Partnerships

In April 2020, the Medical College of Wisconsin (MCW) Advancing a Healthier Wisconsin (AHW) Endowment awarded funding to FHLC in the amount of \$322,420 for a nine-month project period (April 2020 through January 2021). The project's main focus was to develop a cohesive response to prevent and minimize the transmission risk of COVID-19 amongst MSAWs and their employers throughout Wisconsin. FHLC also received funding through a partnership with the State of Wisconsin to provide mass testing to MSAWs. With these two distinct funding streams, FHLC built and implemented its comprehensive COVID-19 Risk Mitigation project to address worksite and housing assessments, education, COVID-19 screening, and testing for SARS-CoV-2. Clinical leadership for the project was provided by Dr. Cheston Price, who served as FHLC's Medical Director for Migrant Mobile Health Services and was succeeded by Dr. Katherine Porter in late August 2020. When planning commenced in March, testing was limited, and the Centers for Disease Control and Prevention (CDC) protocols did not support testing of asymptomatic individuals. Upon project implementation in April, CDC recommendations had changed to support SARS-CoV-2 testing for MSAWs. Due to the work environment, they are at high risk for infection because they live and work in close physical proximity to each other. The contract with the State of Wisconsin provided access to PPE, testing supplies, and Exact Sciences lab services. FHLC also leveraged WING support for large group testing of over 40 workers at a single location.

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Project Background: Staffing

The vision for this project was developed and oversight was provided by Dr. Price, FHLC's Medical Director for Migrant Mobile Health Services. Several additional staff members were recruited to support this project. They included a limited-term employment (LTE) project manager to lead project deployment and to oversee new project staff, plus seven outreach workers to deliver COVID-19 education, assist workers with required paperwork, and register patients in the electronic health record (EHR). An LTE project assistant was also hired to support the project manager in employer communications and scheduling services.

Simultaneously, FHLC's MHC staff prepared for its regular season of providing mobile health services and primary care. This team also assisted in the initial training and deployment of COVID-19 risk mitigation services. Initially, these two teams worked in tandem to provide the staffing needed to accomplish the project goals. Eventually, they diverged to continue with their respective work—the MSAW COVID-19 project, which provided education and risk mitigation services to MSAWs and their employers, and the MHC program, which delivered primary medical services to MSAWs.

Project Background: Identifying MSAW Employers

Wisconsin agricultural employer lists were compiled through joint efforts from FHLC staff and WFC members. Information was obtained through online research, FHLC and partner contacts, existing internal resources, and employer contacts and lists such as monthly DWD Migrant Housing Status reports, and Google mapping technology that plotted employer locations (this mapping data can be found at <https://www.famhealth.com/wi-msaw-covid-19.html>). These lists were used to facilitate outreach to MSAW employers. In addition, a needs assessment was created to determine the services and assistance most needed by MSAW employers (see Appendix B). In conjunction with an internal evaluation of organizational capacity, the results of this assessment led to the development of the project's specific service offerings for MSAWs and employers (see Appendix C). Outreach to the full listing of employers began with follow up calls to discuss service offerings and merged into monthly email reminders, periodic phone check-ins, and scheduling assistance. These discussions offered a prime opportunity to share relevant updates regarding state and national guidelines regarding risk mitigation for MSAWs.

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Project Background: Information & Education Resources

Before deploying education services, WFC Education & Training subcommittee members reviewed available materials for inclusion in project education and information packets. Staff selected primary print resources on COVID-19 education from the CDC in both English and Spanish and developed in-person education sessions utilizing these materials and leveraging additional materials from WFC partners. FHLC staff created other resources, including informational brochures on access to care through FHLC services and other community health care services, and an outline of what to expect after testing had taken place. In addition to providing COVID-19 education, workers were provided with essential sanitation items including reusable and cooling cloth masks, hand sanitizer, and disinfecting wipes.

Staff also developed information packets for employers, which included laminated items that required posting for workers and other materials from the Wisconsin Department of Health Services (WI DHS), CDC, and FHLC. Information regarding the Families First Coronavirus Response Act (FFCRA) was also in the employer packets. For a full listing of resources included in both the worker and employer packets, see Appendix D.

Project Background: Webpage Development

FHLC staff placed educational and resource information on a newly created Wisconsin MSAW COVID-19 webpage in English and Spanish (Family Health La Clinica, 2020). The webpage allowed easy access for workers and employers until in-person services were provided, as well as a constant resource for those organizations that declined project services.

Project Background: Safety and Compliance

The WFC Workplace & Housing Modifications subcommittee compiled state and federal guidelines to assist MSAW employers in pandemic compliance and safety efforts. Members developed a comprehensive guide specific to MSAWs and employers, titled *Supporting Migrant & Seasonal Agricultural Workers: Housing and Workplace Best Practices (COVID-19)*. From this document, FHLC's project team created its *Pre-Arrival Checklist* that was used as a guide for housing and worksite assessments, and its *MSAW COVID-19 Playbook* containing project workflows. All materials were made available for use on the Wisconsin MSAW COVID-19 webpage.

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Project Work to Date: Results**Project Work to Date: Quantitative Outcomes**

Over the past seven months, from April through November 6, 2020, FHLC's MSAW COVID-19 Project completed 293 visits to MSAW housing camps and worksites. This included 12 pre-arrival housing camp and worksite assessments, education with 3,379 workers, and 3,313 workers tested for SARS-CoV-2 by RT-PCR. Of the 3,313 workers tested, 194 workers tested positive, indicating a six percent positivity rate for the project's duration to date (see Table 1 below).

Table 1

FHLC MSAW COVID-19 Project Outcome Totals as of November 6, 2020

Pre-arrival housing/worksites assessments	12
Education participants	3,379
Workers tested	3,313
Positive cases	194
Negative cases	3,119
Employer site visits	293 (46 unique employer sites)
Total number counties served (WI total = 72)	23

Project Work to Date: COVID-19 Mitigation Process

The agriculture industry is an integral part of Wisconsin's overall economy and livelihood, as our growers produce some of the nation's largest supplies of Christmas trees, beets, corn, cranberries, apples, and other fruits and vegetables. To stay on top of the supply chain, the vegetable and produce growers depend on MSAWs that migrate seasonally to Wisconsin from southern U.S. states and foreign countries to assist with field harvests and cannery work. Companies including Del Monte, Lakeside Foods, and Seneca Foods maintain significant operations in Wisconsin, and their crops play an essential part in the U.S. economy and its food supply. COVID-19 poses considerable health risks to these workers who are challenging to serve, even in the best of times, due to the long hours they work and the remote nature of the work on rural farms and fields. In turn, COVID-19 poses economic and financial risks to agricultural-related companies and workers as well as tertiary businesses that benefit from robust, high functioning grower and processing operations.

Early identification of positive cases resulted in isolation and quarantine to slow the virus's spread amongst MSAW populations in Wisconsin. Rapid testing of these groups living and working in

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close quarters has helped protect not only the MSAW population as a whole but also the employers and surrounding communities as well. Furthermore, recommendations outlined in pre-arrival housing camp assessments, pre-arrival worksite assessments, and education sessions all helped to prevent and mitigate the overall risk of virus infection and transmission. Each time the team identified positive cases, employers and workers averted risk by isolating those positive workers and thereby stopping them from infecting other workers. Work-related SARS-CoV-2 infections and outbreaks are detrimental and costly to both employers and workers. They often result in poor health outcomes, higher costs, lower production rates, and other adverse effects.

Project Approach: Optimal State

Project Approach: Project Workflow

As indicated in FHLC's *MSAW COVID-19 Playbook*, the optimal state is for MSAW employers to engage with FHLC before out of state workers arrive at their housing camps and worksites. When this process is initiated, FHLC staff will work with site leads to complete a housing camp and worksite assessment, making recommendations regarding modifications that be established to prevent and slow a potential outbreak of COVID-19. Next, our staff schedule an education and testing mission for when workers arrive. During this visit, incoming workers voluntarily receive both virus transmission prevention education and SARS-CoV-2 testing. To enhance data tracking, facilitate testing results management, and increase access to primary care services, workers are registered as patients. Patient registration requires gathering demographic information for FHLC's EHR, signing an income declaration (for federal reporting purposes only), and signing a Health Insurance Portability & Accountability Act (HIPAA) release of information (ROI) form for their employer to facilitate timelier dissemination of information regarding positive results. All services are provided free of cost to both workers and employers due to the previously referenced funding support. While the full spectrum of housing camp and worksite assessment, education, and SARS-CoV-2 testing services is the preferred interaction, some employers request education-only services. The project provides a la carte services to workers and employers due to these varying requests (Appendix C). FHLC also provides outbreak assistance to employers who have not requested prior aid. For an outline of the optimal project workflow, see Appendix E.

Project Approach: Education Sessions

Education sessions are presented individually or in a group format in English and/or Spanish and include topics such as symptoms of the virus, COVID-19 prevention through proper handwashing and

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hand sanitizing, proper use of PPE, social distancing, SARS-CoV-2 testing information, and follow up. Education sessions also include information on community resources such as FHLC sites and services, Legal Action of Wisconsin services, UMOS services, Wisconsin public school information for those traveling with their families, and more. Project staff reviews and provides each worker with a printed packet containing this information in their preferred language for future reference.

Project Approach: Web Resources

FHLC created a webpage exclusively for this risk mitigation project that both workers and employers can access at any time (Family Health La Clinica, 2020). This webpage houses all the educational materials and community resources mentioned above. To overcome literacy barriers, all the resources mentioned, and some additional educational videos, can be found in both English and Spanish. Additional videos and materials not acquired from the CDC are available from other trusted sources. WFC members reviewed all information before its inclusion on the webpage.

The website also contains employer-specific information. This information includes state emergency orders, public health declarations, and their summaries to aid employers in compliance. FHLC and WFC created materials such as: *Supporting Migrant Seasonal Agricultural Workers: Housing and Workplace Best Practices (COVID-19)*, *MSAW COVID-19 Playbook*, MSAW COVID-19 risk mitigation guides, and other supporting materials from trusted sources that will further aid employers in implementing strategies for successful risk mitigation of COVID-19 outbreaks at their sites.

Project Assessment: Successes, Challenges & Opportunities

Project Successes

Project Successes: Partner Relationships

FHLC's MSAW COVID-19 project can attribute much of its success to the robust relationships with stakeholders statewide. The WFC provided a solid foundation for both new and existing partnerships, enabling FHLC to leverage relationships with agricultural employers, state and regional groups that represent agricultural employers, and organizations that have a long history of serving MSAWs such as UMOS and Legal Action of Wisconsin (see Appendix A). New relationships with WI DHS, the SEOC, and county public health departments in Central Wisconsin were crucial in overall virus risk mitigation and community spread prevention. Project steering committee meetings enhanced collaboration and problem solving when issues such as worker needs or outbreaks arose. As such, FHLC

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cannot overstate the impact of these strong relationships with key stakeholders provided to this coordinated effort.

Project Successes: Project Funding and Support

Funding made available through the State of Wisconsin and awarded through MCW enabled FHLC to provide a rapid response to COVID-19, through this project's initiation and deployment. These funding streams also led to new partnerships that added to the project's integrity, expertise, and awareness. FHLC is a small nonprofit and this project would not have been possible without funding support and relationships to help guide the project's trajectory.

With the initial award from MCW, the project began with a focus on COVID-19 education with plans to screen workers and identify those with COVID-19 symptoms or exposure and facilitate testing for these workers. Additional state funding allowed FHLC to enhance its process by adding SARS-CoV-2 testing opportunities for this vulnerable population. The State of Wisconsin Testing Framework had the following statement: "Proactive infection prevention measures are critical for ensuring the safety of those individuals who live and work in congregate living settings to reduce transmission and prevent serious illness," with MSAW housing camps identified as a high-risk setting (Wisconsin Department of Health Services, 2020, p. 5). This direct service provided MSAW employers with a much needed and sought-after service, allowing worker education and linkage to medical care that may have otherwise not occurred.

Project Successes-Employer Survey Results

MSAW employers who received services through this project were recently surveyed to provide FHLC with data and feedback about the project's strengths (see Appendix F). What worked well from the employers' perspective, was the project's mobile response. Workers and employers could receive testing and education services at worker housing camps and worksites. This approach averted the need to safely transport groups of workers for services elsewhere, an opportunity for group education sessions, and a more rapid testing model than what is typically offered in a standard clinic setting. Other program benefits cited by employer respondents included the pre-arrival assessment for housing camps and worksite modifications, friendly and bilingual staff, and that the team worked with employers to schedule services at a time most convenient for them and their workers. These employers reported an overall project satisfaction rate of ninety percent, with ten percent being neutral (see Figure 1 below).

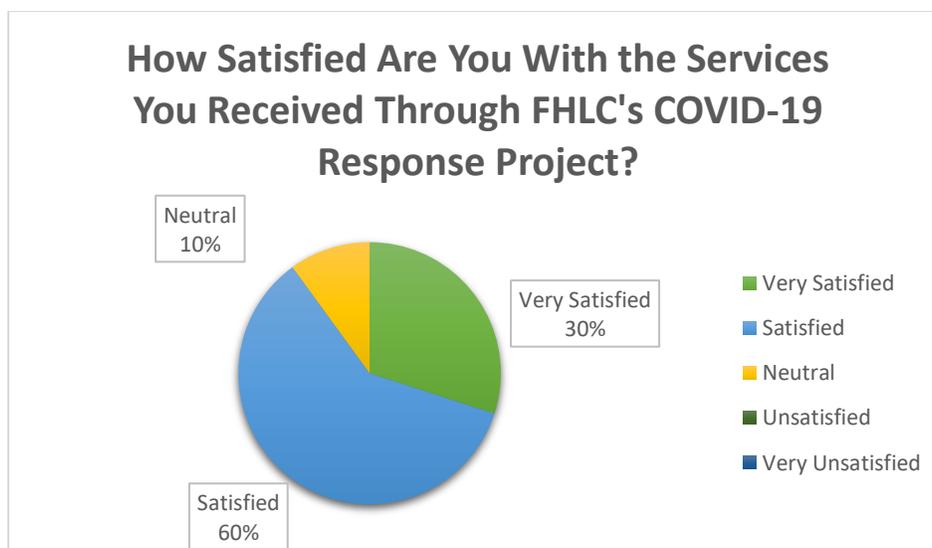


Figure 1. Employer Satisfaction Rate

Project Successes: Project Staff Survey Results

Project staff were also surveyed, with results indicating that project success was due to two main factors. These factors were a strong sense of teamwork and stable leadership by project supervisors. A common theme amongst staff respondents was the team's ability to adapt to the pressure and stress of the project. "The work ethic of our team was highly admirable in the face of the long hours, short training periods, quick turn arounds, and stressful situations we faced." Repeatedly, staff respondents referenced learning together as they navigated each unique mission and worked diligently toward a common goal, utilizing each team members' strengths to the project's advantage.

Project Successes: Participants Reached

The number of workers served is our final determinant of success. As of November 6, 2020, the project has completed over 290 agricultural housing camp and worksite visits, with testing and education for over 3,000 MSAWs (see Table 1). While it may be impossible to quantify the total impact of the virus on this population and surrounding communities without this project, it would be difficult to imagine where the current state of Wisconsin's agricultural workforce would be in its absence. Identification of workers infected with SARS-CoV-2 as part of a screening process identified 194 workers who were positive and primarily asymptomatic or pre-symptomatic. Instead of entering work and living environments conducive to virus spread, these positive workers were isolated, ensuring the avoidance of outbreaks. These isolations were critical not only to the growers but to the workers as well, as their livelihoods depend on remaining healthy enough to work.

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Project Challenges

Despite the many strengths, the project was not without its challenges due to the pandemic's rapid onset. The project planning phase was abbreviated due to the need to quickly provide services in response to an increase in infection rates. Additional challenges included hiring and training project staff, scheduling services, maintaining accurate resources, rapidly changing protocols and guidelines, testing and test results management, in addition to other difficulties noted by MSAW employers and project staff obtained in our recent survey response data.

Project Challenges: Staffing

There was a need to immediately hire, onboard, and train project staff who 1) had interest in working with a new and developing field project, 2) understood that schedules would require long hours with varying roles and activities, 3) were willing to travel long distances on short notice, 4) had an interest in limited-term employment, 5) were bilingual in English and Spanish, and 6) possessed some prior health education experience as this was highly preferred but not required. These position requirements made rapid hiring and deployment of project staff extremely challenging.

Initially, the need to be on-site at the clinic's primary location in Wautoma, Wisconsin was not required beyond initial onboarding and training. Positions were accepted with the understanding that the working environment would be primarily in the field, requiring travel to worksites from their respective locations. Additional duties would be assigned for remote work from home when there was a break in site visits. However, through trial and error it was clear that this was not an optimal situation, as overseeing new staff who were geographically distant and attending to other project demands was not ideal or functional. Scheduling alterations became a common inconvenience and a dissatisfying aspect for project staff.

Project Challenges: Scheduling Services

Staffing the project to meet employers' emergent needs was a key challenge. Many MSAWs arrive at employer sites on staggered and varying timeframes, causing FHLC to implement services on short notice. Additionally, the short project period and the staggering influx of workers resulted in competing service requests for the same dates. Staff recruitment posed some additional challenges, as we needed bilingual staff and candidates who were willing to fill varying schedules. To assist with scheduling, additional part-time staff were hired to support operations. These positions were primarily for licensed medical providers or RNs, as they are needed on-site for SARS-CoV-2 testing when WING is not available. The scheduling process begins when an employer submits a request for services, date

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proposals, and supplies all pertinent information. Staffing availability is then reviewed to compile a team that has no other site visits scheduled. The consideration of multiple staff schedules did lead to scheduling delays for employers. This challenge did persist despite attempts to hire several staff members in anticipation of this scheduling issue.

Scheduling to facilitate large groups of incoming workers at MSAW employer sites also presented numerous challenges. At times the full team was stretched thin, creating constraints on certain duties that required a larger team. Other times project staff duties dwindled, leading to assessment of where these valuable human resources could be redirected or whether lay-offs or furloughs needed to be considered. Despite best efforts to plan for optimal service provision, it became clear that workers would continue to arrive unexpectedly and in large numbers creating difficulties and inconsistency with scheduling.

Project Challenges: Resource Updates

Maintaining updated educational resources for both workers and employers as well as constantly revising protocols and guidance pertaining specifically to MSAWs was also challenging. Each time there was an alteration to existing guidelines, all materials, education packet resources, and webpage resources would require updating. Furthermore, isolation and quarantine protocols were rapidly changing, which led to an increased burden on employers to change their methods to remain in compliance and keep their workers safe. FHLC had to continuously monitor these changes to ensure it was always providing the best guidance available, which required a substantial amount of staff time.

Project Challenges: Telehealth Services

With all other competing interests, developing and deploying a telehealth services project proved too challenging to accomplish in a short time frame. Original plans were to procure equipment and place it at employer sites to allow workers and employers to access FHLC outreach staff and providers as needed. Unfortunately, there were challenges related to equipment, connectivity, and workflow coupled with the limited capacity of FHLC staff. Efforts in this area continue as telehealth has great potential to enhance services and expand access.

Project Challenges: Testing and Results Management

As testing for COVID-19 surged in the U.S., laboratories struggled to keep up with the demand. FHLC's initial arrangement with a reference lab worked well at first and provided EHR interfaces which facilitated results management. When test availability and response time became more tenuous, the

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State of Wisconsin provided access to the Wisconsin based lab Exact Sciences, which improved test access and overall response time. However, all laboratories struggled with response time for COVID-19 testing results and this continues to be a challenge today across the U.S. An interface with Exact Sciences and FHLC's EHR, OCHIN-Epic, has yet to be available. This would decrease the level of manual intervention in results management and significantly decrease the time between the administration of tests and when results are available to the worker. This is vital for the FHLC COVID-19 risk mitigation project, as employers depend on using COVID-19 testing as part of a screening tool to identify infected workers before they join a worksite. Generally, employers were willing to delay the integration of newly arrived workers into worksites while waiting for test results for definable, short periods but less willing to do this for undefinable long periods. FHLC's MSAW COVID-19 project team was able to utilize support from WING for extensive group testing, through the support of the State of Wisconsin. While WING provided the mass testing in conjunction with other project services, FHLC was responsible for results management, or tracking test results, for each worker. Communication of those results to individual workers and/or the MSAW employer was provided by FHLC's project team when authorized to do so by the worker. Utilization of this external partnership was a highly valuable addition to the project. However, it is important to note that the coordination of this collaboration was often coupled with delayed scheduling and response times.

Project Opportunities

SARS-CoV-2 cases in Wisconsin have been increasing since March of 2020, with a sharp increase in new confirmed cases since the beginning of September, exhibited in Figure 3 below (Wisconsin Department of Health Services, 2020). Governor Tony Evers issued Executive Order #90, declaring a statewide public health emergency in an attempt to manage this public health crisis (State of Wisconsin Office of the Governor, 2020). As SARS-CoV-2 infection rates rise, and as long as the pandemic remains relevant to our state, there will be a continued need for virus risk mitigation services. As such, FHLC will endeavor to sustain this project and do its part to reduce virus transmission amongst MSAW populations in Wisconsin.

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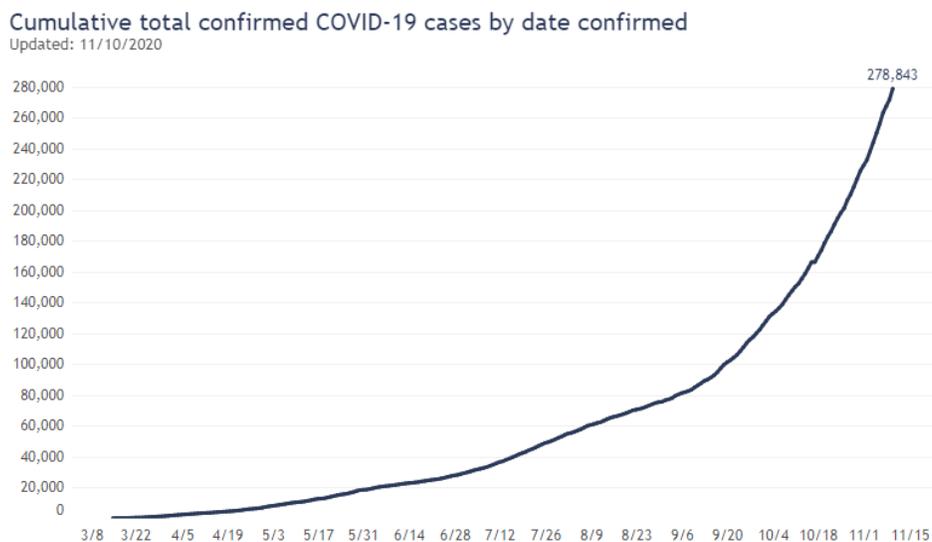


Figure 3. Wisconsin COVID-19 Cumulative Case Totals

Dr. Katherine Porter, DO, Medical Director for FHLC's Migrant and Mobile Health Services, is developing outbreak support services that will rely on rapid antigen testing and ample opportunity for bolstering preventative education for the remainder of the 2020 season and into the 2021 season. Additionally, flu vaccination clinics will be established to provide MSAWs with access to the influenza vaccine and enhance our COVID-19 risk mitigation strategies.

Pre-Arrival Assessments and Employer Education

As we wrap up the 2020 growing season, FHLC's project team has already begun the planning phase for next season. SARS-CoV-2 testing and COVID-19 education service provision will continue through December 31, 2020, by which time the majority of MSAWs will have left the state. Staff will continue to plan until workers begin to return in March 2021, focusing on employer communications and identification of a COVID-19 screening, education, and potential vaccination strategy for the 2021 season. With working relationships with employers already established, the project team can begin completing pre-arrival housing camp and worksite assessments before workers even begin to arrive. Pre-arrival site visits also provide early education to MSAW employers before the start of the season, ensuring access to the current recommendations and establishing a pipeline for the information to be available to the workers upon arrival. To enhance these educational offerings, the team will prepare educational videos to supplement group education sessions and provide printed resource packets to be disseminated to workers as they arrive. Additionally, the FHLC marketing and development team will

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make technical and administrative improvements, including possible implementation and use of a client relations management system to better track activities and communications with MSAW employers, as well as automated communication systems.

Worker Education, Testing, and Follow Up

Enhancements to project planning and workflows will enable fluid contact with MSAW employers regarding estimated dates of arrival and incoming worker numbers, enhancing the pre-scheduling of education and testing services for completion immediately upon worker arrival. Education sessions will be supplemental to video instruction received before the team's arrival on-site and will include the best available guidance in addition to national, statewide, and local community resources available to MSAWs.

FHLC COVID-19 education and risk mitigation strategies for MSAWs and their employers will continue to rely heavily on SARS-CoV-2 testing at worksites before workers join the workforce. Current operations rely on molecular testing, also known as reverse transcription-polymerase chain reaction (RT-PCR), to identify asymptomatic or pre-symptomatic workers. When positive cases are identified, then education is provided regarding the recommended protocols around quarantine, isolation, and close contacts (Wisconsin Department of Health Services, 2020). Any time there is a situation where two or more workers test positive at one site, the team will notify the county's public health department to support their overburdened contact tracing project.

Additionally, FHLC will employ rapid response antigen testing coupled with the appropriate use of reverse transcription-polymerase chain reaction (RT-PCR) testing. Antigen testing will be used to significantly reduce the amount of time workers who tested positive for, or were exposed to, COVID-19 would have to quarantine or isolate from work. This strategy establishes a baseline test with serial testing or retesting occurring every three days until there are no more new cases detected in the cohort of individuals with close contact to the positive case. Individual workers in this group who remain asymptomatic and have negative tests at baseline and day three can return to work and should continue to be tested every three days after returning to work until there are no more new cases in the exposed worker cohort. However, this would only be an option if the project staff are available. The process is labor-intensive since it requires that the team return to the housing camp or worksite every three days.

Within three business days following worker arrival and completion of initial services, the project team will follow up with the employer to ensure that all protocols are followed. This process includes housing camp and worksite modifications, as well as isolation and quarantine facilities. If follow up services are needed, such as an additional housing or worksite assessment, education or testing, they

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can be scheduled at this time. A mid-season follow up will be implemented to offer services again to all employer contacts, including those who declined services initially. At a minimum, monthly email outreach will occur to remind employers of available services and provide any needed updates. The team will offer antigen testing 72 hours before workers leave Wisconsin for their home locations. If a quicker method of molecular testing becomes available, this would be another option FHLC could employ, as those tests are more accurate and more widely accepted by immigration arrivals in other countries.

Employer Survey Results

Opportunities for service sustainability and expansion of offerings were indicated in recent employer survey results (see Figure 2 below). Employer respondents were instructed to select all services that they were interested in for the upcoming season. Dental services and vaccine clinics for influenza were the least selected. SARS-CoV-2 testing and education services each received multiple indications of interest from employer respondents, and primary medical services through FHLC's MHC program were the most selected.

These results indicate that FHLC is already offering MSAW employer respondents the services most desired—primary medical care and SARS-CoV-2 testing and education services. Dental and vaccine clinics would present an opportunity for expansion and will be explored again in the future, perhaps with more focus on marketing strategies. There may be a high interest in COVID-19 vaccine clinics amongst these partners, however, this option was not offered in the survey since a vaccine for COVID-19 is not yet available. This activity is something that FHLC will plan for as soon as a viable vaccine candidate is made available to the public.

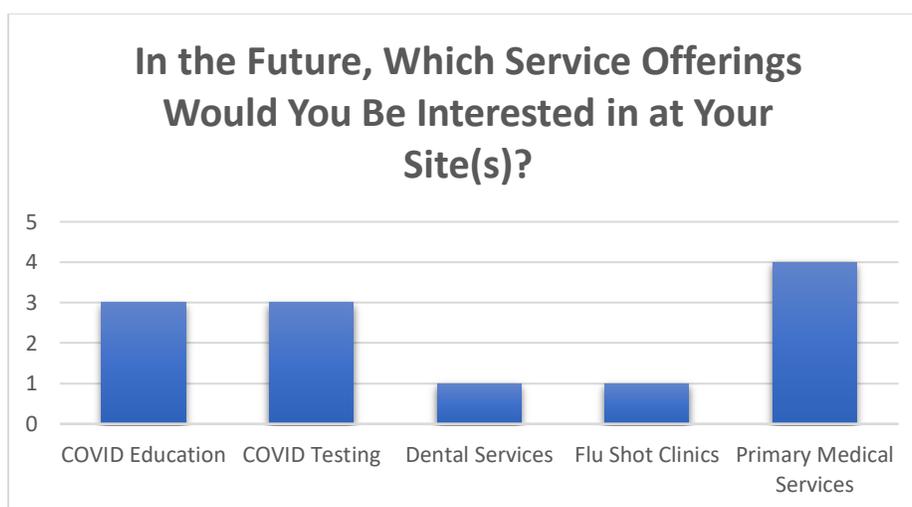


Figure 2. Employer Interest in Future Services

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Project Conclusions: Next Steps

FHLC, in partnership with the WFC and other stakeholders, is in the process of project evaluation, refining its process further in preparation for the 2021 season. The evaluation method includes the recent MSAW employer surveys, project staff surveys, and a full resource review with revision, data analysis, and assessment of all project workflows, strengths, and weaknesses. Upon completion of these items, FHLC will disseminate the information to stakeholders locally, statewide, and nationally. This action will help FHLC secure funding to support project sustainability and expansion. Its goal is to increase the number of MSAWs and employers served next season. With all the knowledge gained through the project's first season, it will leverage its partnerships and technological enhancements, like telehealth, to improve communications, protocols, and workflows.

The 2020 evaluation process is under the guidance of FHLC's Medical Director for Migrant Mobile Health Services, Katherine Porter, DO. All education, SARS-CoV-2 testing, staffing plan, and service workflows are being assessed and revised. Staff are changing administrative and communications strategies and exploring software implementation to track work more effectively with employers. Dr. Porter is developing a strategy for testing and outbreak support that relies on antigen and/or molecular (RT-PCR) testing and is awaiting the arrival of the Quidel Sofia 2, a machine for SARS-CoV-2 point of care rapid antigen testing. In addition, the project has received Abbott BinaxNOW COVID-19 antigen testing cards, which are used for point of care rapid antigen testing for SARS-CoV-2. Effective the first week of November, these are now being used for outbreak support and pre-travel testing. Staff will use the agricultural off season from January through March of 2021 to plan for the upcoming season. The development of a SARS-CoV-2 vaccination strategy is also being incorporated into the work plan for next season. In addition to planning, a critical task will be to procure funding support for the 2021 season.

In closing, the key to continued success for the COVID-19 risk mitigation project for Wisconsin's migrant and seasonal agricultural workers will be to foster strong and ongoing collaborative partnerships, to ensure highly competent clinical and operational support from FHLC staff, and to secure sustainable financial support from private, state, and/or federal sources.

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References

Family Health La Clinica. (2020). *WI MSAW COVID-19*. Wisconsin Farmworkers Coalition MSAW Resource Page. <http://www.famhealth.com/wi-msaw-covid-19>.

Health Resources and Services Administration Webpage. 2020, November 9, *Health Center Programs Terms and Resources*).
<https://www.hrsa.gov/sites/default/files/grants/apply/assistance/Buckets/definitions.pdf>

State of Wisconsin Office of the Governor. (2020, September 22). *Executive Order #90: Relating to Declaring a Public Health Emergency*. Official Website for Wisconsin Governor Tony Evers: Executive Orders. <https://evers.wi.gov/Documents/COVID19/EO090-DeclaringPublicHealthEmergency.pdf>.

Wisconsin Department of Health Services. (2020). *Wisconsin COVID-19 Update*. Wisconsin Department of Health Services Facebook Page. <https://www.facebook.com/DHSWI>.

Wisconsin Department of Health Services. (2020, June). State of Wisconsin Testing Framework.
<https://www.dhs.wisconsin.gov/publications/p02709.pdf>.

Wisconsin Department of Health Services. (2020, October 9). COVID-19: Diagnosed or Close Contact?
<https://www.dhs.wisconsin.gov/covid-19/diagnosed.htm>.

Wisconsin Department of Health Services. (2020, November 10). COVID-19: Wisconsin Cases.
<https://www.dhs.wisconsin.gov/covid-19/cases.htm>.

Wisconsin Farmworkers Coalition. (2020). (rep.). *Supporting Migrant Seasonal Agricultural Workers: Housing and Workplace Best Practices (COVID-19)*.

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Appendix A: WFC COVID-19 Steering Committee Members

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Appendix B: MSAW Employer Needs Assessment Survey Instrument**MSAW Partner Needs Assessment**

To inform COVID-19 prevention and response outreach deployment strategy

Greetings, Wisconsin Agriculture Partners!

Family Health La Clinica, along with the Wisconsin Farmworkers' Coalition, provides free assistance to help you prevent the spread of COVID-19 within your Migrant and Seasonal Ag Worker population. We can help you with education, screenings, and linking your workers to medical services. We can also help you procure masks and other equipment and have limited dollars to assist with the cost of supplies. We are also looking at connecting key employers with telehealth stations to communicate with our health and education professionals. We are working in concert with state and county public health resources. Please complete this survey in full as soon as possible to let us know how we can best help you!

Thank you!

Family Health La Clinica & the Wisconsin Farmworkers Coalition

- In order to help slow the spread of COVID-19, are you interested in and open to:
 - Outreach workers providing **in-person education** at your sites?
 - If so, when would you like this to begin and with what frequency?
 - What are the best days and times for this to occur?
 - What specific topics are you and your workers interested in?
 - If not, would you be interested in a **virtual education** strategy?
 - When would you like this to begin and with what frequency?
 - What are the best days and times for this to occur?
 - What specific topics are you and your workers interested in?

- In order to help slow the spread of COVID-19, what are your needs regarding:
 - **Educational resources** (both for yourselves and for your workers)?
 - **Housing and workplace modifications?**
 - **Telehealth services?**
 - **Dedicated isolation spaces** due to infection?
 - What **additional needs** do you have (please be as specific as possible)?
 - Personal Protective Equipment
 - Hand sanitizer
 - Handwashing stations
 - Other

- Regarding deployment of our regular, seasonal mobile medical services:
 - Are you interested in and open to these services proceeding as scheduled?
 - If not, what is your preference to allow us to continue to provide needed medical services to your workers?

Appendix C: MSAW COVID-19 Project Services Menu

COVID-19 PREVENTION

SERVICES FOR MIGRANT & SEASONAL
AGRICULTURE WORKERS & EMPLOYERS

AVAILABLE SERVICES

Complete Housing & Worksite Assessments

Screening & Testing

Education Resources

In-Person & Distance Education

Telehealth/Linkage to Care



ALL SERVICES ARE FREE OF COST

To schedule services, call 920-787-9450 or visit

our website to fill out a service request:

www.famhealth.com/wi-msaw-covid-19



Family Health
La Clinica

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Appendix D: Education Resource Packet Contents**MSAW COVID-19 Project Educational Resource Packets**Worker Packets:

- **COVID-19 Symptoms**, Centers for Disease Control & Prevention
- **Stop the Spread of Germs**, Centers for Disease Control & Prevention
- **Facemask Dos and Don'ts**, Centers for Disease Control & Prevention
- **Social Distancing**
- **Legal Aid for Agricultural Workers**, Legal Action of Wisconsin
- **Migrant Summer Program/Families Connect**, Wisconsin Department of Public Instruction
- **Family Health La Clinica Brochure**, Family Health La Clinica
- **MyChart/Telehealth Brochure**, Family Health La Clinica
- **Testing Next Steps**, Family Health La Clinica
- **COVID-19 Illness Guidance**, Centers for Disease Control & Prevention
- **Worker Rights**, Families First Coronavirus Response Act
- **Worker Safety**, Occupational Safety & Health Administration

Employer Packets:

- **Emergency Rule 2014**, Wisconsin Department of Health Services
- **Handwashing**, Centers for Disease Control & Prevention
- **Pre-Arrival Checklist**, Family Health La Clinica
- **Agriculture Worksite Checklist**, University of California-Davis
- **COVID-19 Information**, Wisconsin Department of Health Services
- **Cleaning and Disinfecting for COVID-19**, Wisconsin Department of Health Services
- **Family Health La Clinica Brochure**, Family Health La Clinica
- **Worker Rights**, Families First Coronavirus Response Act

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Appendix E: MSAW COVID-19 Project Workflow**1. Pre-Visit Employer Engagement and Pre-Arrival Housing & Worksite Assessment**

- Pre-visit phone call and discussion of needs, available resources, and services
- Schedule visit

Resource: FHLC MSAW COVID-19 Project staff

2. Identification and Engagement with Community Resources for Linkage & Referral

- Connect with county public health department to assess local capacity and response plans
- Identify and connect with area health systems and community health centers
- Identify and connect with other community resources

Resource: FHLC MSAW COVID-19 Project staff

3. Education & Information Dissemination

- Continued development of resource materials for employers and workers using various education and delivery methods
- Development and deployment of virtual training, web-based or live, to replace or supplement on-site training

Resource: FHLC clinical and marketing staff, FHLC MSAW COVID-19 Project staff

4. Logistics, Messaging, & Communications

- Planning for all education, site contact visits, post-visits and continued technical assistance for workers and employers throughout the growing and harvest season
- Process development for continued requests for assistance throughout the growing season
- Marketing and messaging that is bilingual, multi-faceted and leverages social media
- Webpage development

Resource: FHLC MSAW COVID-19 Project staff, marketing consultant

5. Pre-Arrival Housing & Worksite Assessment

- Site walkthrough to identify strategies and recommendations for COVID-19 risk mitigation
 - Transportation assessment
 - Dining facilities assessment
 - Worksite assessment
 - Housing assessment
 - Quarantine resource assessment
 - Isolation resource assessment
 - Other

Resource: FHLC medical provider or clinical staff or FHLC MSAW COVID-19 Project staff

6. Deployment of Worker Education & Testing Team

- Deliver linguistically and culturally appropriate education to decrease risk of COVID-19 transmission and infection
- Administer testing

Resource: FHLC MSAW COVID-19 Outreach Project staff

7. Testing Results Management

- FHLC workflow for positive result with public health follow up
- FHLC workflow for negative result

Resource: FHLC Medical Department staff or FHLC MSAW COVID-19 Project staff

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8. Outbreak & Post-Outbreak Support

- Education on transmission prevention with workers and employers
- Linkage with FHLC and local resources

Resource: FHLC Medical Department staff or FHLC MSAW COVID-19 Project staff

9. Follow Up Site Visits

- Repeat education to reinforce risk mitigation strategies
- Assess compliance with safety measures

Resource: FHLC Medical Department staff or FHLC MSAW COVID-19 Project staff

10. Continued Development

- MSAW mobile services resource line with 24-hour access for employers and employees
- Review and consolidation of employer and worker education and resources
- Employer and worker needs assessments and response
- Pre-arrival assessment tool: checklist and written recommendation document to employer
- Recruitment and onboarding for seasonal outreach and COVID-19 outreach teams
- Collaboration with SEOC and WING for large quantity testing

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Appendix F: MSAW Employer & Project Staff Survey Instruments

Family Health La Clinica COVID Response Project Employer Survey

Please take a moment to respond to our brief satisfaction survey regarding FHLC's COVID Response Project. Your feedback is very important to us and will help us to improve our services. It will also help us to understand which services employers like you are interested in for workers going forward.

This survey should take 5 minutes or less to complete and your participation is completely voluntary. The information you provide will be used for planning and reporting purposes only and your responses will remain anonymous. Thank you very much for your time and support.

1. How satisfied are you with the services you received through FHLC's COVID Response Project?

- Very Unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Very Satisfied

2. What worked well for you and your workers/site? What could be improved?

3. In the future, which service offerings would you be interested in at your site(s)? Please select all that apply:

- Flu shot clinics
- COVID testing
- COVID education
- Primary medical services
- Dental services

Family Health La Clinica COVID Response Project Staff Survey

Please take a moment to respond to our brief survey regarding your experience working with FHLC's COVID Response Project. Your feedback is very important to us and will help us to improve employee satisfaction and supports.

This survey should take 5 minutes or less to complete and your participation is completely voluntary. The information you provide will be used for planning and reporting purposes only and your responses will be anonymous. Thank you very much for your time and support.

1. How satisfied are you with your employment through FHLC's COVID Response Project?

- Very Unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Very Satisfied

2. What worked well for you and your team? What could be improved?

3. Do you have any recommendations, ideas, or suggestions regarding the needs of this population and/or what we can do to better assist migrant and seasonal agricultural workers and/or their employers?