

PPDC Farmworker & Clinician Work Group

Meeting Notes

August 11, 2021

Workgroup Attendance

Name	Organization	Attended
Walter Alarcon	The National Institute for Occupational Safety and Health (CDC-NIOSH)	x
Ruben Arroyo	California Agricultural Commissioners and Sealers Association (CACASA)	x
Kaci Buhl	Oregon State University, Department of Environmental & Molecular Toxicology	x
Allison Crittenden	American Farm Bureau Federation (AFBF)	
Ricardo Davalos	Florida Department of Agriculture and Consumer Services (FDACS)	x
Africa Dórame-Avalos	Inter-Tribal Council of Arizona, Inc.	
Jeannie Economos	Farm Workers Association of Florida	x
Iris Figueroa	Farmworker Justice	
Melanie Forti Rogenhofer	Association of Farmworker Opportunity Programs (AFOP)	x
Katie Karberg MD	Bayer Crop Science	x
Patsy Laird	Syngenta/ American Association of Pesticide Safety Educators (AAPSE)	x
Amy Liebman	Migrant Clinicians Network	x
Dominica Navarro	Northwest Center for Alternatives to Pesticides	x
Mily Treviño-Sauceda (Co-Chair)	Alianza Nacional de Campesinas	x
Emma Torres	Campesinos Sin Fronteras	

EPA Co-Chairs: Steve Schaible and Carolyn Schroeder

Other Attendees:

EPA Office of Pesticide Programs: Rachel Eberius, Aidan Black, Kelsi Grogan, Ana Rivera-Lupianez, Stephanie Burkhardt, Jennifer Park

August 11 PPDC WG Meeting Agenda

1. Admin and meeting notes check in – 10 mins
 - a. July meeting notes
 - b. Meeting schedule
 - i. October 6th
 - ii. October 8th final draft of recommendations due
 - iii. October 27-28th Full PPDC meeting
3. Subgroup on Clinician Training, report out – 20 mins
 - a. Action item from July meeting for subgroup to meet to flesh out the problems, causes, and solutions
 - b. Guest clinician update
4. Clinician Training discussion – 60 mins
 - a. What are the problems with Farmworker Training?
 - b. What are potential solutions?
 - c. How can we turn those solutions into recommendations to EPA?
5. Action items/homework – 30 mins
 - a. Next steps for moving towards recommendations

August 11 PPDC WG Meeting Notes

Admin and meeting notes check in

- The July meeting notes were sent out for review; no comments/edits received by workgroup members. Will be finalized to then be posted on the EPA PPDC webpage for public access.
- EPA noted there were two more full workgroup meetings before the October 27-28 Full PPDC meeting. Recommendations are due before this meeting. A Doodle poll was sent out to the group for meeting dates, and September 15 and October 6 were the best dates for the workgroup members' schedules.

Update from the Clinician Training Subgroup Meeting

- Subgroup met Aug 5, 2021 for one hour
- Discussed the request to consult with clinicians/health care providers. How does the workgroup best involve clinicians? If group members have clinician contacts, when and how would they be involved?
 - The clinician subgroup agreed come up with a set of recommendations and then send them out to their networks of clinicians to get feedback
 - The subgroup discussed how the group should go about involving guest clinicians.
 - It was mentioned that it is difficult to get clinicians involved because there are not many people who have farmworker or other occupational health issues on their radar.
- The subgroup spent time determining the group's definition of a 'clinician' is?
 - The group wants the term 'clinician' to encompass a broad/ inclusive definition of anyone who may encounter a farmworker who may have been exposed to pesticides
 - See later discussion on focus of the workgroup.
 - The definition should include poison center staff and other emergency medical staff
- The group noted that there is limited time before recommendations are due to the full PPDC
- The subgroup proposed that the workgroup compile recommendations and then distribute those recommendations to clinicians within the group's professional network and to request their feedback
 - This method would allow for a broad selection of clinicians and a more likely route for getting responses quickly.
- A workgroup member noted that one of the charge questions of the committee is to evaluate the training of the clinicians and emphasized that the group needs to focus on the charge questions.
- EPA noted that there are limited resources, but if there something that we could be doing within our authority/purview, it would be helpful to get recommendations on what activities this workgroup thinks EPA should be doing.

- EPA added that the group has limited time to develop recommendations; if the group are drafting items it might be helpful to share drafts of problems/cause/solutions or draft recommendations to have the health care providers react to
- A workgroup member said it is important to understand that it is hard to engage clinicians because they have so many other things that take priority. To try and get pesticide exposure on their radar is challenging
 - The issue is not with the training; the issue is that the issues are not on the radar of health care providers.
 - They propose that we link exposure with heat stress to get it on clinicians' radar
- Something the subgroup talked about was recommending EPA assess the health care providers training needs through questionnaires to understand current practices with respect to pesticide exposures.
 - The workgroup suggested that ongoing assessment of the knowledge needs is necessary so that policies / trainings are effectively addressing the needs and knowledge gaps
 - Workgroup and EPA acknowledged that Information Collection Requests (ICRs) are required for surveys of over 9 people require more time/resources from EPA to develop the survey and ICR.
 - EPA noted that recommending a survey be done by the EPA could be a viable recommendation
 - The workgroup emphasized the importance of ongoing evaluation
 - A workgroup member noted that programs and trainings are designed based on our current knowledge and that many people in the workgroup have worked in many clinical settings. The workgroup has knowledge and experience indicating that clinicians/ medical professionals are unaware of the pesticide exposure reporting requirements.
 - The group also noted that clinicians/ medical professionals are not asking about occupational exposure and that poison control has little knowledge of occupational exposure
- A group member referenced a reproductive health study with Emory University; they had a hard time getting clinicians to participate in the study. Needs to be a hook to get them involved.
 - A group member noted that a small survey of 9 people or less could be a separate action where the workgroup collects preliminary information and shares that input with the full PPDC (e.g., focus group)
 - Another member noted that if the sample size is too small it may not be representative/ too focused.
 - There are 9 people in this group that have a lot knowledge on these topics, so using input from this group could be helpful than doing a small survey to prepare for the full PPDC
- The subgroup summarized their discussion on the problem: Health care providers do not understand incident reporting systems in their states

- Causes and details: one of the big issues is that there is a patchwork of state level reporting requirements, they all have state specific aspects. There is a lack of a national standard for incident reporting. For states that have reporting there is a disconnect because reporting and surveillance (if there is any surveillance)
- Need a national reporting and surveillance standard
- Problems: lack of availability of trained clinicians in farm worker/ rural areas
 - The group noted that a potential solution would be to use PERC-Med resources
 - The group noted that a potential solution is PR campaigns by the EPA to reach out to clinicians

Discussion on the Scope of the charge questions related to Health Care Providers training

- Stemming from the subgroup meeting, members introduced topic as to whether health care provider training should be focused on all pesticide exposures or more narrowly focused on farmworker exposures.
- The group determined during the worker training-focused meetings that they would focus in on training for farmworkers in rural communities, rather than all workers with potential for pesticide exposure.
- Some time was spent revisiting the scope of the worker protection activities-related charge questions, the intended focus of the original proposal and EPA's proposed charge questions.
 - A member noted that they feel it would be better to broaden the scope to all pesticide related workers, rather than just farmworker issues
 - Another member noted that the workgroup was formed to look at training processes that EPA supports; when looking at the clinical population it is good to look at the overall clinical issues but also looking at health care workers who are in the farmworker areas
 - A group member thought that the group was formed in response to the Executive Order to address environmental justice.
 - EPA noted that the group was formed prior to the release of the Executive Order
- The group had not previously agreed to narrow the scope for clinician training to just HCPs that work with farmworkers or in rural communities, but it had been discussed at the subgroup meeting.
 - A group member noted that they do not agree with narrowing the scope of the clinician training to only those who serve farmworkers because it would not serve the greater community and may do more harm than good. Narrowing the focus may result in the need to un-teach clinicians that ONLY farmworkers might be exposed to pesticides
 - Another member thinks that it should be focused on clinicians that serve farmworkers, expressing concerns that broader recommendations may not reach the vulnerable farmworker population.

- A group member noted that the group can make recommendations for farmworkers and, instead of excluding the other groups, the recommendations can note that other groups might also benefit from the recommended changes
 - Another group member noted that clinicians that work with farmworkers are trained the same way as any other clinicians. However, when looking at aspects of differential diagnosis, it is important to understand the occupational aspects. When looking at a highly overexposed population, such as farm workers, there are important components to look at
 - The group member also stated that whatever specific things that the group finds or recommendations to improve outcomes for farmworkers will translate for other occupational workers.
 - A very basic part of the training for medical school is history and physical.
 - All health care providers should be asking what a person's occupation is, it is standard training but not always standard practice.
 - That is something to think about – amplifying the importance of history taking
 - EPA noted that the problem statements document that were compiled as notes from previous discussions and provided to the subgroup are not set in stone and should not dictate the scope of the meeting and the group
- EPA noted that the work group has a broad spectrum of stakeholders in relation to pesticide worker safety, which was intentional, and that if the input from the broad spectrum is represented in the recommendations, then the recommendations would be most useful.
 - EPA emphasized that it is important for the full workgroup to have a voice in the recommendations
 - EPA added that the full PPDC will be who makes the determination on what recommendations should go to EPA. EPA speaker thinks it will a better product if the full group's voices are heard
- Several workgroup members indicated that they would like to keep the scope broader, keeping in mind that the farmworker population is especially vulnerable
- EPA noted that there can be more than one recommendation to include recommendations that would make an impact broadly as well as including recommendations that impact more directly farmworkers and/or other vulnerable groups.
- Discussion of scope ended with workgroup to consider recommendations that may impact a broad spectrum of health care providers and populations that may be exposed to pesticides while also considering a special focus on farmworkers/rural communities. Charge questions are related to worker protection activities [specific to pesticides].

Discussion of Potential Recommendations for Clinician Training

- A group member noted that, based on the discussions thus far, the group might have some recommendations that everyone in the group would be happy with.
- Problem: health care providers don't understand the reporting requirements

- Draft Recommendation: develop a national standard for reporting, which would be a concrete basis for training and a starting point for assessment
 - There was some agreement among the group on this recommendation
- A group member raised the point that there's an executive order for environmental justice and thinks EJ should be considered in developing recommendations.
- A group member noted that an outreach component should be included in the recommendations
- Another group member noted that pesticide exposure is a reportable 'disease' because it is normally not just one person exposed (if one person is exposed then there are likely other team members who were exposed)
- In the states that get NIOSH funding, it is helpful for them to link up with clinical groups to do joint training. Clinicians need to know where the data is going and that taking the time to report is important.
- Reporting is important because it is very important to look at the magnitude of the problem. Funding to states with NIOSH is limited. Other states must have another source for funding. If you want to know the extent of the problem, then there needs to be standardization for reporting across the nation.
- About 26 states have reporting requirements; that is something that could be addressed with recommendations to the EPA
 - There are three things needed for reporting: exposure, symptoms, and that the symptoms are compatible with exposure
- A group member noted testing capacity for pesticide exposure is a barrier to accurate diagnosis.
- Recommendation from a physician lens: it might be helpful for EPA to have a presence at health care meetings to talk about requirements, lack or requirements, or what needs to be done. And get some metrics from the meetings on how many people were reached. It is a good opportunity to engage a captive audience.
- The group discussed how the recommendation should be formatted
 - EPA noted that it would be helpful to have concrete and specific recommendations to address problems identified since there are so many obstacles to improve reporting on a national level than a general recommendation to improve reporting
- Recommendations/solutions discussed
 - Recommending Outreach at various scales / levels
 - Funding for NIOSH/ reporting
 - Recommending partnerships between EPA and clinical groups
 - Assessment piece: should this be part of the recommendation?
 - There should be some input/ assessment before designing the training
 - A "no brainer" but needs to be stated
 - "Funded activities have a formative evaluation component with the target audience"
 - Getting input prior to doing an extensive training

- Problem: Health care training is not focused on farmworker problems
 - A group member noted that the EPA conference presence and continuing education (rather than trying to change medical curriculum) would address this problem
 - There is a larger group than just the doctors and nurses
 - Working within the cultural context is very different than cultural competency
 - Another group member noted that they would like to see the addition of a preventative care piece, and recommended phasing out the more toxic pesticides

Next Steps and action items

- The subgroups will meet independently to develop and draft recommendations for the September meeting, to share with the full workgroup and involve clinicians and farmworkers
- EPA to circulate draft notes from August meeting for workgroup review and finalization