

PPDC Farmworker & Clinician Work Group

Meeting Notes

September 15, 2021

Workgroup Attendance (16 people in the meeting)

Name	Organization	Attended
Walter Alarcon	The National Institute for Occupational Safety and Health (CDC-NIOSH)	
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)	X
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)	
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, Thomas Lopiano, Shannon Jewell

September 15 PPDC WG Meeting Agenda

1. Admin and meeting notes check in – 10 mins
 - a. August meeting notes
 - b. Meeting schedule review
 - i. October 6th workgroup meeting
 - ii. October 8th final draft of recommendations due
 - iii. October 27-28th Full PPDC meeting
3. Farmworker Training Recommendations – 50 mins
 - a. Discuss solutions proposed by subgroup and feedback from farmworkers
 - b. Patsy to share screen and draft/edit recommendations based on group input
4. Clinician Training Recommendations – 50 mins
 - a. Discuss draft recommendations proposed by subgroup
 - b. Katie to share screen and draft/edit recommendations based on group input
5. Action items/homework – 10 mins
 - a. Next steps for finalizing recommendations

September 15 PPDC WG Meeting Notes

EPA went through the timeline for the remaining meetings and discussed the meeting notes from the previous meeting.

Farmworker Training Discussion

The first charge question addressed was: **How should EPA go about addressing new reporting requirements specified in PRIA 4 for PRIA set-asides for farmworker protection activities?**

1. The subgroup asked for feedback on "Training and accompanying materials were developed and evaluated with farmworker input."
 - a. Based on Farmworker feedback, they asked whether EPA will be engaging with the farmworkers? The farmworkers recommend engagement and not just farmworker input.
 - b. Another member noted that developing materials with farmworker input via focus groups needs to be done upfront/ at the beginning
 - c. EPA indicated there might be three entry points: 1) when developing the trainings under the grants, put information in under grants, 2) developing materials, 3) evaluation materials after evaluation
2. The subgroup asked for feedback on "The training is provided in an appropriate, engaging format, e.g., skits and discussion vs. video or PowerPoint presentation." For training to be effective, it has to be engaging
 - a. A member noted that it is very important to involve people, otherwise they may not understand or pay attention
 - b. Another member noted that it helps memory when you are engaged
 - c. A member noted that is a good idea and will engage people, but asked how this could be developed on a nationwide level
 - d. A subgroup member noted that scripts could be developed where workers are called on and given lines
 - e. A good example is that the Migrant Clinician Network has 'comic books' and there are some on pesticides and they are very good. That could be a template or example.
 - f. A member noted that they don't think that there is one method that will work for everyone. There are good speakers and bad speakers so it is difficult to make a one size fits all.
3. The subgroup asked for feedback on "Questions and discussions are encouraged during training." Noting that training should be a 'give and take.' This point/ recommendation goes with the previous point
 - a. By using skit or interaction, then it takes the individual training out and they can comment on or ask questions about the people in the skit rather than themselves
 - b. This builds trusts
 - c. A member said that trainers should encourage the knowledge and not talk down to the farm workers

- d. It should not be like a "teacher student" training, rather, it should be more of equals.
 - e. There is a lot of information on how to encourage engagement. Added that the statement should include more than just asking the group to ask questions and suggest ways to encourage conversation. The group could pull in information from popular education models
 - f. The subgroup asked for feedback on "Workers are paid for the time spent training."
 - i. Two members noted that this might be outside the scope of the committee
4. A group member noted that they cannot agree with all the recommendations; the train the trainer materials need to be more robust.
- a. There are a lot of resources out there and we need to dive deeper in the train the trainer materials—we need to do a better job providing materials (that have already been made) to the people who are giving the training.
 - b. Another member suggested that we add a recommendation to have a follow up training for trainers. When the new WPS was developed the trainers took on training on the WPS rules. It would be useful to have a follow up training on training techniques.
 - i. The training that they took is good for life, it would be better to have more training
 - ii. A group member noted that most of the people doing the training are just showing the DVD training. The way it can change is to make people understand the importance of effective training
 - iii. In addition to all the trainings, there is an underlying culture shift that needs to happen.
5. The subgroup asked for feedback on "Employers are supplied information on the benefits of training for them and their workers."
- a. Someone noted that the enforcement people might say that this is confusing and might make employers think it is optional, should emphasize that it is required
6. The subgroup asked for feedback on "Training includes an evaluation component, preferably one that measures the change in knowledge." to confirm that there is knowledge retention
- a. A group member noted that some farmers don't want to do questionnaires because that information could be used against them
 - b. Others like this because then they have proof
 - c. Need to find a balance and a way to do it that is successful
 - d. Another member noted that a "quiz" after might have more impacts that have to do with reading level, so maybe it should be more like an understanding test, rather than a quiz that might be done in school
 - e. Another member noted that their trainings have a lot of skits and they have thought a lot about the people who do not have a lot of education. The skits are very well received. As part of the evaluation, they ask them if they can perform

- part of the skit and the participants are presenting and teaching each other again. That avoids writing and reading issues
- f. Another member talked about another evaluation; they did a group evaluation where they ask questions and the whole group could answer (all verbal and not written).
 - g. A group member mentioned that pre and post tests sometimes do not validate farmworkers' existing knowledge
7. The subgroup asked for feedback on "Training should incorporate proven, evidence-based approaches to effective training. As new data become available (e.g., from NIOSH-funded studies), EPA needs to re-assess requirements."
- a. EPA noted that the theme is likely that if there are incidents that may reflect gap in training, that you can adjust training to address those needs.
 - b. If we find out if certain types of trainings are effective, we should look at that
8. The subgroup asked for feedback on "The training is culturally and geographically relevant" as well as the bullets provided below this topic by the subgroup in the draft
- a. In each region of California, they had to revisit and refine the training (language, culture, etc.)
 - b. What worked was images and skits; it is about how you address the training based on culture and cultural context, which includes language
 - c. "The training acknowledges the reality of some farmworker situations (e.g., water, toilets, emergency help might not be close by).
 - i. The trainer works with the employer and/or appropriate officials to ensure compliance with WPS requirements for water, etc."
 - ii. Group member noted that many times, the trainer is the supervisor that works under the employer so they may not
 - d. Geographic relevance, it should be customizable "The training incorporates relevant crops, pesticides, and applications instead of a one-size-fits-all approach"
 - i. Training in the midwest might not need the same information as other areas (ig. Nursery workers seeing videos on tomato picking)
 - ii. Trainings should be crop specific
 - e. Telling people that preventing exposure is shower and wash hands, this is contrary to some cultural beliefs. It is important to know the audience
 - f. The trainer has to be someone trusted by the workers and aware of the cultural things that might impact the training
 - g. Train the trainer programs should be more open / available for farmworkers and community members to become trainers
 - h. Workers should be comfortable when they are trained
9. The subgroup did not get through all of their points and turned it over to the clinician training subgroup to share their recommendations.

Clinician Training Discussion:

The clinician training subgroup shared the document where they developed recommendations and grouped the recommendations based on the problems that have been identified.

1. Recommendation 1: Target a wide range of clinicians with outreach related to pesticides.
 - a. The group indicated that clinician includes any person that may be involved along the path of a person seeking medical help regarding a pesticide exposure; tried to think about the commonalities among all exposure scenarios
 - b. Propose to evaluate PRIA-funded activities as to the range of clinicians targeted/reached.
2. Recommendation 2: Emphasize the importance of occupation (parental occupation in pediatric cases) in the recognition and manage of pesticide poisonings.
 - a. This could be a key component in differential diagnosis
 - b. All clinicians are taught that they should be asking about it, the emphasis as it goes to occupational exposure
 - c. Action: Evaluate PRIA-funded activities related to clinician training as to the occupational emphasis included.
 - d. Group member suggested having / emphasizing case studies that give doctors good examples for clinician training; having case studies is important; would be good for continuing medical education
3. Recommendation 3: Seek and include clinician input, including pilot testing materials and trainings, when designing and evaluating interventions (i.e., training programs and/or materials)
 - a. Thought it was important to consider demands on clinician's time
 - b. What sources to clinicians currently use? What is an effective means for communication?
 - c. Action item: Evaluate PRIA-funded activities as to the steps taken to involve clinicians in each stage of development and review
4. PROBLEM: Most clinicians do not understand and often do not know about the pesticide incident reporting system and requirements
 - a. Recommendation 4: the group intends to include Walter's recommendation for the national incident reporting proposal/suggestion from the previous meeting.
 - i. Walter was not present at the meeting
 - ii. The group discussed issues with reporting and what to do to potentially generate a national incident reporting system.
 - b. Recommendation 5 Increase support, coordination, and outreach to promote awareness of pesticide illness/injury reporting among clinicians.
 - i. Action item: Evaluate PRIA-funded activities as to the extent of outreach, coordination & support for clinicians in understanding and using reporting systems/requirements
 - ii. The technology system, the medical coding doesn't have a pesticide code; pesticides might be captured as a comment and not a searchable field; it is dependent on the state.
 - iii. Would like to see if the recommendation could include codes for pesticides.

- iv. A group member noted that maybe the recommendation should have to do with training clinicians to make them aware of the codes available for electronic medical systems
5. PROBLEM: There is a lack of availability of medical facilities with trained clinicians knowledgeable of pesticide-related health issues
- a. Recommendation 6: Ensure clinicians and staff in federally qualified health centers are targeted and incentivized to receive training and resources on pesticide-related health issues.
 - i. Federally qualified health centers are very important for farmworkers and pesticide workers, but they are not always equipped to handle farmworker issues
 - ii. Action item: Evaluate PRIA-funded activities as to the increased inclusion of clinicians and staff in pesticide trainings, an increase in pesticide-related knowledge and improved clinical practices to addresses to recognize and manage pesticide exposures.
 - iii. In Florida, there is a list of community health centers that serve farmworkers, maybe there could be a goal to identify and target those community health centers
 - iv. Subgroup member asked if that would fit under future recommendations
 - v. OEHA created a continuing education course that gives clinicians continuing education points, our recommendation could be that clinicians at federally qualified health centers must take continuing education credits
 - vi. Someone noted that unless someone at the top of medical center / clinic emphasizes farmworker exposure, then the rest of the members of the clinic don't have any power over the emphasis
 - vii. Clinicians will emphasize things where there is funding to do so
 - viii. There are states where continuing education is necessary for licensing
 - ix. The right organizations need to be involved with fostering the training of clinicians because it needs the buy in from the clinical system
 - x. Need to focus on the systems and not just training, how can we look at the whole clinical system and how to make sure that the system changes. All of these things need to compliment training that was done.
 - b. Recommendation 7: Invest in needs-assessment activities related to clinicians' pesticide-related knowledge, competence, and/or training opportunities.
 - i. Action item: Evaluate PRIA-funded activities as to their potential to increase clinicians' pesticide-related knowledge, competence, and/or training opportunities.
 - ii. Having standardized testing available is a big issue from the clinician standpoint; there may not be standard testing that includes all of the active ingredients
 - iii. If pesticides are out on the market, then there should be a way to test / have data to understand how and if people are exposed to them.
 - iv. Hard to know if exposure of agriculture related or home related.

- v. When talking about exposure and reporting, needs to make sure that data goes to a certified lab
 - vi. Some of the challenge comes back to the history taking by the physicians
 - vii. There must also be a clear reason why they are doing extra reporting. How is increased information from clinicians going to result in decreased pesticide exposure incidents? How are they contributing to systemic change?
- k. Recommendation 8: Partner with professional societies that clinicians belong to (examples: National Association of Community Health Centers) - to help promote pesticide reporting and recognition/management of pesticide-related illness/injury.
- i. They should also think about community health centers and large health organizations
 - ii. Need to get it on the radar of the clinicians before the systems can be changed; that is a huge first step in making changes
 - iii. The group discussed the state/ status of clinicians at this time and the need for positive reinforcement, and not negative
 - iv. The group discussed the format of the recommendations
 - v. EPA noted the full PPDC will need to have clear idea of what steps the group is asking EPA to take; regarding specificity, put yourself in the shoes of the implementer...are the recommendations understandable? Implementable?

Action Items/Homework

1. The group agreed that another meeting would be necessary before the full PPDC in October.
2. EPA will follow up with notes and schedule another meeting with group input.