

PPDC Farmworker and Clinician Training Workgroup

Charge Questions

Overarching Charge Question: How should EPA go about addressing new reporting requirements specified in PRIA 4 for PRIA set-asides for farmworker protection activities?

1. How should EPA evaluate appropriateness & effectiveness of farmworker protection activities?
2. How should EPA engage stakeholders in decisions to fund such farmworker protection activities?
3. How and when should EPA reach out to stakeholders, including farmworker community-based organizations, in their development of analyses on appropriateness and effectiveness of such activities?

Clinician Training Recommendations:

Recommendation 1: Implement a national pesticide incident reporting system.

- Action item: Invest in collaborations to expand and improve incident-reporting in a uniform system/defined way. Encourage/initiate inter-agency collaboration between EPA and CDC to accomplish this goal for environmental justice. Evaluate PRIA agreements with respect to the increased reporting observed.
- Related to the overarching charge question 1: High-quality data are essential to inform and evaluate worker protection activities. This requires collaboration with grass-roots organizations, and a standardized case-classification/definition system.
- **Nearer term, high priority recommendation:** establish a standardized case definition for acute pesticide poisoning incidents.
 - This definition could improve/facilitate treatment for individuals who experience pesticide poisoning. Treatments are often reliant upon formal case definitions.
 - Consider adapting the current SENSOR-Pesticides program standardized case definition for an acute pesticide-related illness and injury case. This case definition is available from: Case Definition for Acute Pesticide-Related Illness and Injury Cases Reportable to the National Public Health Surveillance System <https://www.cdc.gov/niosh/topics/pesticides/pdfs/casedef.pdf>
- **Longer term, high priority recommendation:** once standardized case definitions established, can be used to implement a national incident reporting system.
 - Request for EPA to support national incident reporting system, building upon the state-based SENSOR programs, expanded to all states, to include contributing factors to negative outcomes.

Recommendation 2: Target a wide range of clinicians with outreach related to pesticides.

“Clinician” should be defined broadly inclusive of direct healthcare providers (physicians, nurse practitioners, physician assistants, etc.), staff involved in triage (e.g., front desk intake personnel), social workers, community health workers etc. Essentially, for the purposes of this workgroup, “clinician” includes any person that may be involved along the path of a person seeking medical care for a pesticide-related health concern.

While context matters for different types of pesticides exposure (farmworker vs. others, e.g., pesticide exposures from hospitality industry), what are commonalities of pesticide exposures

that are relevant from clinician lens? And can that inform clinician training for all pesticide exposures?

- Action item: Evaluate PRIA-funded activities as to the range of clinicians targeted/reached.
- Related to Charge question 2 and 3 (engaging stakeholders)

Recommendation 3: Emphasize the importance of occupation (parental occupation in pediatric cases) in the recognition and management of pesticide poisonings.

Farmworkers (both agricultural workers and pesticide handlers) are among the most overexposed occupational group. Other occupational groups are also at risk. Identifying occupation can be a key component in a differential diagnosis by raising the index of suspicion based on a recognition of occupational risk. Pesticide training for clinicians should include a discussion of occupational and environmental screening and history taking.

- Action item: Evaluate PRIA-funded activities related to clinician training as to the occupational emphasis included (e.g., emphasize case studies for inclusion in clinician training, provide materials, update management of pesticide poisoning, create app with pesticide-specific trainings).

Recommendation 4: Seek and include clinician input, including pilot testing materials and trainings, when designing and evaluating interventions (i.e. training programs and/or materials) Consider demands on clinicians' own time and other challenges. What sources do clinicians currently use? What is an effective educational material?

- Action item: Evaluate PRIA-funded activities as to the steps taken to involve clinicians in each stage of development and review
- Related to Charge questions 1, 2, and 3

Recommendation 5: Increase support, coordination, and outreach to promote awareness of pesticide illness/injury reporting among clinicians.

- Action item: Evaluate PRIA-funded activities as to the extent of outreach, coordination & support for clinicians in understanding and using reporting systems/requirements.
- Related to the overarching charge question.
- E.g., ensuring trainings/EHR systems include education on current ICD codes, needs for expanded codes.

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.

Federally qualified health centers are important providers of health care to farmworkers (both agricultural workers and pesticide handlers), one of the most overexposed worker populations to pesticides. They are often the only healthcare providers serving farmworkers and their families. Yet the clinicians and staff at these facilities are not well prepared to recognize and manage pesticide exposure.

- 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.

Recommendation 7: Invest in needs-assessment activities related to clinicians' pesticide-related knowledge, competence, and/or training opportunities.

- Action item: Evaluate PRIA-funded activities as to their potential to increase clinicians' pesticide-related knowledge, competence, and/or training opportunities.
- Related to Charge question 1.

Recommendation 8: Partner with professional societies/organizations that clinicians belong to (examples: National Association of Community Health Centers, AAFP, AANP, ACMT) - to help promote pesticide reporting and recognition/management of pesticide-related illness/injury.

- Action item: Evaluate PRIA-funded activities as to their potential to increase clinicians' pesticide-related knowledge, competence, and/or training opportunities.
- Related to Charge question 3.
- Need buy-in of clinical systems, making it relevant to the clinician.
- Emphasize and incentivize the trainings.

Recommendation 9: Specify in cooperative agreements that EPA include groups that have more front-line relationships, expertise, and grounding (e.g., nonprofits, community-based organizations) with clinicians, especially those who work with farmworkers and other people with regular occupational exposures to pesticides.

- Action item: Evaluate PRIA-funded activities as to whether their activities include more front-line relationships, expertise, and grounding with clinicians, especially those who work with farmworkers and other people with regular occupational exposure to pesticides.
- Related to the overarching charge question and, in part, question 1.