



INNOVATIVE  
*Outreach*

PRACTICES REPORT  
**2005**

*Highlights from Health  
Delivery Systems  
Nationwide*



FARMWORKER HEALTH SERVICES, INC.  
WASHINGTON, DC



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Editor:  
Kate Gleason, Project Manager, Farmworker Health Services, Inc.

Cover: Tobacco field in North Carolina. Photo provided by Greene County Health Care, Inc., 2005

# INTRODUCTION

**F**armworker Health Services, Inc. (FHSI) is pleased to present the fourth annual Innovative Outreach Practices Report. The Innovative Outreach Practices Report provides a unique opportunity for the peer-to-peer exchange of individual programs' innovative approaches to meeting outreach program needs, overcoming challenges, and improving outreach services. The Innovative Outreach Practices Report was envisioned by FHSI four years ago in response to a growing need for improved networking and idea sharing between outreach programs across the United States, many of whom were facing common outreach challenges in isolation and without the support of a network of peers. Over the past four years the report has highlighted unique responses by outreach programs to farmworker health needs and outreach challenges, and has provided information on new approaches to outreach, creative use of program and community resources, and new strategies to meet varied farmworker needs. It is our hope that this report will provide valuable information as well; we encourage programs to contact the featured organizations for more information on how to replicate these practices in their own organizations.

Featured outreach practices are presented in two ways, as Sister Cecilia B. Abhold Award Recipients and Short Takes. FHSI presents three Sister Cecilia B. Abhold Awards each year, one in each migrant stream. Several innovative practices are gathered from the recipients for feature in this report and presented along with information about their organization and outreach program. Short Takes are gathered in a variety of ways, including the Sister Cecilia B. Abhold Award nomination process, through a call for innovative outreach practice submissions, and through FHSI's work with migrant and community health centers and voucher programs across the country. The Short Takes include a description of each program's innovative practice and what makes each practice innovative. The Short Takes are organized according to FHSI's four priority areas, which also serve as criteria for the selection of innovative outreach practice Short Takes: Health Outreach and Enabling Services, Health Education and Prevention Strategies, Cultural Competency and Responsiveness, and Health Data and Outcome Measures. All practices and contact information are printed with the permission of the featured organizations.

## **ABOUT FARMWORKER HEALTH SERVICES, INC.**

This year Farmworker Health Services, Inc. is celebrating its 35th anniversary of working to improve the quality of life of farmworker families nationwide. Since 1970, FHSI has been working alongside migrant and community health centers and voucher programs to provide quality, cost-effective, and meaningful health services to the men, women, and children who help deliver food to our tables everyday – our nation's farmworkers. We remain proud to continue to be part of such a large and successful movement that over the past three decades has pushed for outreach services, health education, prevention strategies, and other grassroots health models in farmworker health care. We are thrilled to see that these same services are now integral components of health delivery systems in local communities throughout the country.

Over the past thirty-five years, FHSI has delivered health and social services to over 1.5 million farmworkers in collaboration with over fifty local communities. During this time, FHSI has evolved from working in just five states to being the oldest and most experienced organization dedi-

cated exclusively to working with health delivery systems on farmworker health issues nationwide. Our growth and success is due in large part to the community health centers, primary care associations, and local and national farmworker leaders who have collaborated with us over the years. Today FHSI provides programmatic support to health delivery systems serving farmworkers nationwide through consulting services, information services, education, and training.

## METHODS FOR COLLECTING INNOVATIVE OUTREACH PRACTICES

The innovative outreach practices featured in this report were gathered through a number of different methods, including the Sr. Cecilia B. Abhold Award nomination process, a national call for innovative outreach practice submissions, and FHSI's work with migrant and community health centers and voucher programs across the country.

### Sister Cecilia B. Abhold Award

FHSI presented the first Sr. Cecilia B. Abhold Award for excellence in outreach services in the Eastern migrant stream in 1991. The award is named after the founder and first Executive Director of Farmworker Health Services, Inc., at that time the East Coast Migrant Health Project, and honors her dedication to improving the health and quality of life of farmworkers in the United States. In 2002, FHSI began presenting the award on a yearly basis in each migrant stream, honoring outstanding outreach programs in the Midwestern and Western streams as well. Award selection in each stream is determined by a committee made up of a representative from the previous year's recipient organization in that stream, two representatives from organizations in each of the two remaining streams, and three FHSI staff members. Selection guidelines for the Sr. Cecilia B. Abhold Award can be found in Appendix B.

Nominees for the Sr. Cecilia B. Abhold Award highlight the achievements of their outreach programs and the innovative ways they have worked to improve their programs and the services they provide to farmworkers. While just three organizations are honored with the Sr. Cecilia B. Abhold Award each year, FHSI receives many

nominations from excellent programs with innovative practices; those organizations are often featured in the Short Takes.

### Call for Submissions

Each year, Farmworker Health Services, Inc. puts out a call for submissions of innovative outreach practices to all migrant and community health centers and voucher programs nationwide. The call for submissions is publicized through mailings, FHSI's website, and FHSI's newsletter, *OutReach*. Selection of practices is based on the Innovative Outreach Practice Submission Guidelines, which can be found in Appendix A.

### Work with Migrant and Community Health Centers and Voucher Programs

Throughout the year, FHSI visits migrant and community health centers and voucher programs to provide consulting services, information services, education, and training. FHSI also conducts regional and national trainings at programs and conferences year round. Through these activities, FHSI staff have a unique opportunity to speak with staff from programs across the country, to facilitate the exchange of ideas, and to learn about innovative approaches being used in outreach to farmworkers. FHSI staff will often then tap into these programs to submit a practice to be featured in the report.

## 2004-2005 SISTER CECILIA B. ABHOLD AWARD RECIPIENTS

### EASTERN MIGRANT STREAM

#### Greene County Health Care, Inc.

303 North Greene Street  
Snow Hill, NC 28280

Contact name: Steve Davis, Director of Outreach Services

Phone: 252-747-8162, extension 242

Email: sdavis@greencountyhealthcare.com



A farmworker harvesting tobacco in North Carolina. Greene County Health Care, Inc. assesses area farmworker needs twice each season.

#### Mission:

To provide health care to all residents of Greene County, North Carolina and the surrounding area with an emphasis on providing services to the underserved.

#### Background:

Greene County Health Care, Inc. was created in 1972 as a private, non-profit migrant and community health center. Since that time the organization has seen their service area expand from Greene County to a total of eight different counties in eastern North Carolina. They have opened four additional satellite clinic locations, and have greatly expanded their outreach program to include clinical outreach and case management services. In the past five years Greene County Health Care has increased the number of farmworker patients served from 1,850 to over 10,000, with their outreach program playing a large role in that increase. Today Greene County continues to improve and expand their services, working now to meet the needs of newly emerging Thai farmworker populations in their service area.

### FREE CULTURAL COMPETENCY TRAININGS FOR THE COMMUNITY

#### What is the practice?

The outreach department at Greene County Health Care, Inc. provides free trainings on cultural competency and traditional Mexican medicine and *curanderos*, or traditional healers, to community and migrant health centers, hospitals, medical centers, and universities throughout North Carolina. The trainings are advertised through referrals, primary care associations, and migrant stream forums. An average of twenty trainings are provided each year.

#### What makes this practice innovative?

Greene County Health Care, Inc. is not only doing outreach with farmworkers, but conducting outreach in the larger community to increase awareness of farmworkers and farmworker issues, and to ensure more culturally competent care across North Carolina. By conducting free trainings for other health care providers, Greene County Health Care, Inc. engages other organizations in sharing their mission to provide culturally appropriate care to farmworkers, and increases the potential network of culturally competent health care services available to farmworkers in North Carolina.

### CONDUCTING AND REASSESSING FARMWORKER NEEDS ASSESSMENTS EACH YEAR

#### What is the practice?

Greene County Health Care, Inc. conducts a farmworker needs assessment at housing camps across their service area at the start of each season, and then revisits the results of that assessment midway through the season to determine if the findings continue to accurately represent needs among farmworkers in the area. The initial needs assessment is conducted through focus groups with farmworkers at an average of 15-20 camps. This is followed by a planning meeting with outreach staff to determine where the greatest needs lie and how to address them. The follow-up assessment midway through the season is done using individual patient health assessments and case management intake forms, which are filled out by all farmworkers seen by outreach staff. If a discrepancy is found, appropriate changes in services are made.

**What makes this practice innovative?**

Conducting a needs assessment each year is an important mechanism for insuring that services offered meet real needs in the farmworker community. Greene County Health Care, Inc. has improved upon the practice of a yearly farmworker needs assessment by reassessing results mid-season through a review of patient health and case management assessments. By conducting planning based on needs assessment results at the start of each season and making adjustments mid-season based on updated data about diagnoses and needs, Greene County Health Care, Inc. is providing responsive services to a population whose needs can change in the course of a growing season.

**LINKING OUTREACH AND THE HEALTH CENTER THROUGH PROVIDERS**

**What is the practice?**

Four providers, each from a Greene County Health Care, Inc. satellite clinic, conduct outreach in their clinics' service area and refer patients needing follow-up care back to their own clinic. Each satellite clinic has a provider, front desk staff person, and interpreter, so that when farmworkers are referred for services there, they are guaranteed to see the same provider they received services from during outreach. Farmworkers first seen in the clinic will also receive care by that same provider on any subsequent outreach visits. During peak season clinics are open during the afternoon, and providers conduct outreach in the evenings until 10:00 or 11:00pm.

**What makes this practice innovative?**

By directly connecting the care provided in the field during outreach services with health services provided in the clinic, Greene County Health Care, Inc. has improved the continuity and consistency of care for farmworker patients and has presented a unique opportunity for patients and providers to build a more trusting relationship. Having providers in the field in the evenings allows farmworkers who may not be able to travel to the clinic during the day to be seen by a provider at night.

**MIDWESTERN MIGRANT STREAM**

**Panhandle Community Services**

Community and Migrant Health Center  
3150 10th St.  
Gering, NE 69341

Contact name: Elvira Quijas, Assistant Director for Migrant and Minority Health Programs  
Phone: 308-632-2540  
Email: equijas@pcswm.com



Panhandle Community Services' outreach staff visit a patient home in Nebraska.

**Mission**

To provide all participants access to individualized quality health care and education, thereby empowering people with the knowledge to make healthy lifestyle choices leading to the acceptance of responsibility for personal wellness.

**Background**

Panhandle Community Services (PCS) was established in 1965 as a Community Action Agency as part of the Lyndon B. Johnson administration's War on Poverty. The PCS Community and Migrant Health Program covers 19 counties and over 20,000 square miles of the Panhandle and Southwest regions of Nebraska. The philosophy of the PCS farmworker health outreach program is simple: focus all available resources on serving the health needs of farmworkers and involve farmworkers in decisions about their care, especially access, quality of care, and elimination of disparities. The migrant program currently operates as an outreach led voucher program, where outreach staff identify health needs and provide referrals and vouchers for services with eight collaborating local medical, dental, eye care, and pharmacy providers.

## **APPLYING THE RESULTS OF A COMPREHENSIVE NEEDS ASSESSMENT**

### **What is the practice?**

The staff of PCS actively support many health and research initiatives designed to identify and respond to the needs of their community. In 2003, PCS initiated the Southwest Nebraska Migrant Study, which involved conducting surveys, extensive health screenings, and chart reviews to identify the health needs and barriers to care for the farmworker community. PCS used the findings of this study to modify the Migrant Health Program's strategic planning goals, functions, and outreach activities. Program goals are set using the study results as a baseline and are compared against national goals like those set out in Healthy People 2010.

### **What makes this practice innovative?**

PCS is using comprehensive needs assessment results to develop a new model of care for migrant and seasonal farmworkers. They have applied for an Expanded Medical Capacity grant from the Bureau of Primary Health Care and are taking steps to build on the local health infrastructure. Although PCS currently works within a voucher system, they are trying to move toward a unified health care model. Finally, by using Healthy People 2010 goals, PCS is holding themselves and farmworker health care in their area to a nationally recognized standard of care.

## **USING GEOGRAPHIC INFORMATION SYSTEMS (GIS) TECHNOLOGY TO LOCATE AND IDENTIFY FARMWORKER COMMUNITIES**

### **What is the practice?**

PCS uses multiple methods to identify the needs of the migrant population in the region. One particularly innovative method is the use of Geographic Information Systems to map key geographic barriers to care and to support program planning and funding efforts. By laying local maps over maps produced from the 2002 U.S. Department of Agriculture national census, PCS was able to identify the farms in their region using farmworker labor.

### **What makes this practice innovative?**

Using the advanced technology of GIS has led to a vast increase in PCS staff awareness of farm locations and has improved their ability to reach out to farmworkers living and working in the region. As a result of these findings PCS has reallocated a limited amount of resources and placed an outreach worker in the areas of need. It has also added a Mobile Health Clinic that supports direct field screenings and limited clinical and laboratory services, thereby significantly increasing access to care for farmworkers in extremely remote locations.

## **INTEGRATION OF A DIABETES CARE MODEL**

### **What is the practice?**

Through its Southwest Nebraska Migrant Study, PCS found that the diabetes risk in the Southwest Nebraska migrant population is nearly seven times the Healthy People 2010 target of 2.5%. In response, PCS has begun integrating the Bureau of Primary Health Care's diabetes Health Disparities Collaborative diabetes program into its migrant program.

### **What makes this practice innovative?**

The Health Disparities Collaborative is a population-based care model that seeks to improve clinical practice and generate and document better health outcomes for underserved populations. By participating in this initiative, PCS not only has access to national resources and information-sharing, but is able to share its own successes and challenges in order to improve what is known about effective diabetes management for farmworker populations.



## WESTERN MIGRANT STREAM

### Darin M. Camarena Health Centers, Inc.

P.O. Box 299  
Madera, California 93638

Contact name: Eva Negrete, Health Education/Outreach Coordinator

Phone: 559-664-4099

Email: enegrete@camarenahealth.org



Clothing drive for farmworker families at Darin M. Camarena Health Centers, Inc.

### Organizational Mission

To provide exceptional health care, including dental and behavioral health and support services to Central San Joaquin Valley residents; to preserve a culturally and linguistically competent health care safety net for all persons; to broaden community vision, resources, and support for health and developmental opportunities for all through collaboration and partnership; and to maintain a fiscally viable, stable, and secure environment for patients, staff, and community.

### Outreach Program Mission

To support and reinforce the services provided to customers by our centers, to enable individuals, families and the community to make educated and informed decisions about their lifestyles, allowing them to ultimately reach an optimum level of physical and mental health.

### Background

Darin M. Camarena Health Centers, Inc. was established in 1980 as Madera Family Health Centers, a comprehensive, primary care facility serving farmworkers. Since that time the center has grown to expand its patient base to include a diversified range of low income residents in

Madera County, and has opened two additional clinic locations. In 1994 the center changed its name to Darin M. Camarena as a tribute to a young patient who passed away as a result of hemophilia. In 2000, the organization was recognized by the Bureau of Primary Health Care for exemplary performance in medical teamwork, ranking 1st in the nation for medical team provider productivity among federally funded health centers. The center operates adult medicine, pediatrics, behavioral health, dental services, women's services, urgent care, health education and teen outreach programs at its Madera site, and plans to open another full service site in Chowchilla in August 2005.

## USE OF AN INTERNAL MARKETING DEPARTMENT FOR EDUCATIONAL AND PROMOTIONAL MATERIALS

### What is the practice?

The Darin M. Camarena Health Center has its own marketing department responsible for designing all promotional and educational materials used by the outreach program. The marketing department ensures that materials are culturally, linguistically, and literacy-level appropriate. The department also oversees the field testing of all materials with the support and assistance of Darin M. Camarena's Farmworker Advisory Committee and farmworker patients. Field testing methods include focus groups and input from individual farmworker patients.

### What makes this practice innovative?

The use of a marketing approach to the development of health education and promotional materials is unique in its effort to create products that will effectively communicate to the center's target population, and that are shown to do so through field testing. Using an in-house marketing team as opposed to an outside contract team or individual means that Darin M. Camarena has consistent input from a marketing perspective in planning for outreach services. Conversely, the marketing team is very familiar with the needs of the center and their farmworker patients.

## INTEGRATION OF A BEHAVIORAL HEALTH CARE MODEL

### What is the practice?

The Darin M. Camarena Health Center has successfully integrated behavioral health services into their primary

health program, including outreach services. Three behavioral health staff members work in the clinic to ensure that patients' behavioral health issues, such as mental health concerns and substance use, are addressed. Two full-time behavioral staff members are bi-lingual, and one part-time staff member is accompanied by interpreters when working with patients in the clinic. Outreach workers promote a behavioral health model in their work with farmworker patients, as well as promote the bilingual behavioral health services available to patients at the health center.

### **What makes this practice innovative?**

Addressing behavioral health issues is crucial in treating chronic health problems, and is often difficult to provide to farmworker patients, who are less likely to have multiple visits or seek preventive care. Consciously promoting a behavioral health model and dedicating two full- and one part-time employee to behavioral health increases the chances that farmworker patients will receive behavioral health counseling and services, and reinforces health education done by outreach workers in the field.

## **LITERACY OUTREACH FOR FARMWORKERS**

### **What is the practice?**

As part of the literacy outreach and development project, Darin M. Camarena Health Centers, Inc. is one of over 2,200 clinics and hospitals nationwide partnering with the Reach Out and Read® program. Darin M. Camarena staff and community volunteers give out children's books and read aloud to children in the health center waiting room and during home visits with farmworker families. A farmworker child receives a book with each well child visit done by outreach staff. By the end of the year, some families have started a small library of children's books. In cases where parents may not be literate or comfortable reading, staff encourage parents to use the illustrations to create a story for their child. In doing so, both parent and child still get the benefit of doing a reading activity together, and children get into the habit of reading.

### **What makes this practice innovative?**

Farmworker children are often considered at risk of becoming low-literacy citizens, in part because many farmworker parents are themselves low literacy adults. Through participation in the Healthy Families Literacy Development Project, Darin M. Camarena is addressing not only the immediate health needs of farmworker children, but also meeting other needs necessary for whole health and wellness. By both reading to children in the waiting room and at home, Darin M. Camarena staff are introducing the activity of reading to both children and parents, regardless of a parent's reading ability.

## SHORT TAKES

*The Short Takes are divided into four categories consistent with FHSI's priority areas and the Innovative Outreach Practice Submission Guidelines criteria.*

## HEALTH OUTREACH AND ENABLING SERVICES

### CLÍNICA SIERRA VISTA

P.O. Box 1559  
Bakersfield, CA 93302

Contact name: Emily Garcia, Program Coordinator  
Phone: 661-397-8775  
Email: garciae@clinicasierravista.org



Farmworkers taking a break in Southern California. Clínica Sierra Vista provides screenings to different farmworker crews each month.

### WORKING WITH FARMWORKER CREWS AT THEIR WORKSITES

#### What is the practice?

Clínica Sierra Vista implements a special outreach and education project called “Cuadrilla del Mes.” Staff identify a different cuadrilla, or farmworker crew, every month to receive services at their worksite. Targeting regions in their service area that are very rural, and with high concentrations of migrant and seasonal farmworkers, they contact the foremen in these locations to coordi-

nate services. Services include glucose checks; blood pressure checks; cancer screening education and appointments; enrollment/application assistance for Healthy Families, Medi-Cal, and Healthy Kids; and nutrition education. They also offer free food and entertainment at the “Cuadrilla del Mes” events.

#### What makes this practice innovative?

Clínica Sierra Vista is working hard to establish trust with and increase access to care for its area farmworker population. The “Cuadrilla del Mes” project breaks down barriers to health care access for farmworkers by taking services directly to them at their worksites. Moreover, by offering assistance in applying for public benefits, Clínica Sierra Vista is facilitating access to needed social services beyond the primary health care needs of farmworkers. Offering free food and entertainment helps attract a maximum number of participants to the events.

### BEAUFORT JASPER HAMPTON COMPREHENSIVE HEALTH SERVICES, INC.

P.O. Box 357  
Ridgeland, SC 29936

Contact name: Carolyn Davis, Migrant Health Coordinator  
Phone: 843-838-2086  
Email: cdavis@bjhchs.com

### BRINGING CARE DIRECTLY TO MIGRANT CHILDREN

#### What is the practice?

Beaufort Jasper Hampton Comprehensive Health Services, Inc. (BJHCHS) works closely with the Migrant Education and Migrant Head Start programs in its community to bring quality health care directly to farmworker children. During peak harvest season, BJHCHS clinical staff go to the Migrant Education and Migrant Head Start school sites twice each week and do physicals for all children and “sick visits” for any child needing additional care. As a regular part of their outreach activities, BJHCHS staff provide information to farmworker families about the Migrant Education and Migrant Head Start programs. Similarly, these programs share information regarding BJHCHS with farmworker families. When families sign up for these programs, they are given the opportunity to automatically register as a patient with BJHCHS.



Volunteer ophthalmologist seeing a patient at Beaufort Jasper Hampton Comprehensive Health Services, Inc.

### **What makes this practice innovative?**

By maintaining close working relationships with other farmworker-serving agencies in the community, BJHCHS is able to maximize its own outreach efforts and respond to both the health and social service needs of farmworker families. BJHCHS runs a full-service evening clinic every Monday through Thursday during peak harvest season. By simultaneously conducting physicals and sick visits at the Migrant Education and Migrant Head Start sites, BJHCHS ensures that farmworker children who are not present for care at these evening clinics still receive screening and care. Since most of the families who send their children to the education program have already signed the BJHCHS consent forms, BJHCHS clinical personnel can give immediate treatment to any child who needs it when visiting the school sites.

## **SOUTHEAST MISSOURI HEALTH NETWORK**

Farmworker/Community Health & Resources Program  
807 South Bypass  
Kennett, MO 63857

Contact name: Sandra Sharp, Migrant Health Director  
Phone: 573-717-1794  
Email: [ssharp@semohealthnetwork.org](mailto:ssharp@semohealthnetwork.org)

## **MONTHLY NEWSLETTER OF COMMUNITY EVENTS AND RESOURCES FOR FARMWORKERS**

### **What is the practice?**

Southeast Missouri Health Network's (SEMO)

Farmworker/Community Health & Resources Program distributes a monthly newsletter in Spanish, *Cosechando la Noticia*, to farmworkers across their five county service area. The newsletter highlights community events, educational and training opportunities, and programs and resources available to farmworkers through private and government agencies. Highlights also include information on programs available across SEMO's six clinic sites and through their outreach program. Newsletter submissions are collected each month from SEMO's Farmworker Advisory Council, made up of area farmworker serving agencies, state and local government agencies, universities, area hospitals, and churches. The newsletter is distributed to farmworkers at all SEMO clinic sites, as well as through SEMO outreach workers and promotoras, SEMO's food distribution program, outreach and case management home visits, and through other SEMO sponsored events such as tai chi classes, legal aid, and fair housing and renters' seminars.

### **What makes this practice innovative?**

Through the creation of *Cosechando la Noticia*, Southeast Missouri Health Network has effectively utilized resources in their organization and community to reach a large number of farmworkers with a needed information service that is linguistically appropriate. *Cosechando la Noticia* is the only Spanish-language publication in the surrounding five county area, and SEMO has led local efforts to gather submissions and distribute the newsletter at a variety of locations. The results of their effort include: increased knowledge in the farmworker community of area services, programs, and community activities; increased knowledge of SEMO among farmworkers and other agencies; and increased networking between the six SEMO sites and the SEMO Farmworker Advisory Council member organizations.

## **SOUTHERN JERSEY FAMILY MEDICAL CENTERS, INC.**

860 South Whitehorse Pike  
Hammonton, NJ 08037

Contact name: Cherie Stauffer, Health Education and Migrant Outreach Coordinator  
Phone: 609-567-0434  
Email: [cstauffer@sjfmc.org](mailto:cstauffer@sjfmc.org)

## HOSTING A HEALTH FAIR WITH THE MEXICAN CONSULATE

### What is the practice?

Southern Jersey Family Medical Centers, Inc. (SJFMC) jointly hosts a health fair each year at the beginning of the migrant season with the Mexican Consulate, drawing participation from area farmworker serving organizations and over 300 farmworkers. Farmworkers in attendance receive health information and health screenings along with passports and identification documents needed for getting bank accounts, employment, and other necessities. SJFMC outreach staff and promotoras perform health education skits and provide screenings, health information, and materials from the health center while farmworkers wait in line to meet with consular officials.

### What makes this practice innovative?

Southern Jersey Family Medical Centers, Inc. has successfully combined two important services for farmworkers, medical and consular services. Through the health fair, SJFMC introduces itself to farmworkers who are both new to the area or who were previously unaware of all the services offered by SJFMC. SJFMC also reestablishes a relationship with farmworkers who reside or have been in the area before. The presence of the consulate brings many people to the fair who may not have otherwise attended for health services alone. By providing health services while farmworkers are waiting in line for consular services, SJFMC takes a step further in bringing outreach services to farmworkers and makes accessing health services and information even easier for attendees.

## VALLEY-WIDE HEALTH SYSTEMS, INC.

128 Market Street  
Alamosa, CO 81101

Contact name: Mitch Garcia, Director of Farmworker Health Services Programs  
Phone: 719-589-5161  
Email: garciam@vwhs.org

## WORKING WITH AREA EMPLOYERS TO PROVIDE HEALTH SCREENINGS AT WORK

### What is the practice?

Valley-Wide Health Systems, Inc. (VWHS) outreach staff work with area agriculture employers to set up health screenings for farmworkers at their places of work. Health screening opportunities at work allow farmworkers the choice of taking a few minutes to receive health

information and services from outreach workers and clinicians without penalty and without having to travel to the health center or take time out of their evenings. It also allows VWHS to see a large number of farmworkers in one place, something that is particularly important given the relatively few farmworkers who live in large housing camps in the area. VWHS gains the support of area employers for these services by providing employers with a presentation about VWHS and the importance of health care to farmworkers. The screenings are voluntary and available to all employees working at the sites where screenings are set up.

### What makes this practice innovative?

By setting up health screenings at farmworkers' places of employment to supplement other outreach activities, VWHS has both created an alternative way for farmworkers to access their services, as well as increased their own ability to see more farmworker patients. This is particularly important given the large population of farmworkers who do not reside in farmworker housing complexes or camps, making it difficult for outreach services to reach them in large numbers.

## HEALTH EDUCATION AND PREVENTION STRATEGIES

### MIGRANT HEALTH SERVICE, INC.

810 4th Avenue South  
Moorhead, MN 56560

Contact name: Loretta Heuer, RWJ Executive Nurse Fellow  
Phone: 218-236-6502  
Email: loretta.heuer@att.net

## PROVIDING COMPREHENSIVE DIABETES CARE IN ONE LOCATION

### What is the practice?

Migrant Health Service, Inc., (MHSI) in conjunction with providers from the surrounding community, holds "Diabetes Cluster Clinics" seven times throughout the peak season. At the diabetes clinics farmworkers are able to access a multidisciplinary diabetes team consisting of lay health educators, bilingual health outreach workers, a diabetes educator, a nutritionist, an ophthalmologist, a hygienist, a nurse specializing in podiatry, a physician or mid-level nurse, MHSI clinical staff, and a phlebotomist. At locations throughout the service area in Minnesota

and North Dakota, patients are able to cycle through what would normally take up to eleven outreach and clinical office visits in 3-4 hours time, addressing issues such as nutrition, diet, exercise, eye and foot care. At the final station, patients meet with either a nurse, mid-level, or physician who reviews the patient's overall findings and makes any necessary referrals for further care.



Blood pressure checks are available at Southern Jersey Family Medical Centers, Inc.'s annual health fair with the Mexican Consulate.

### What makes this practice innovative?

By holding the Diabetes Cluster Clinics, Migrant Health Service, Inc. has successfully made services more accessible to farmworkers in an area of particular health concern, diabetes. This practice meets the needs of farmworkers who may not have time for more than one office visit, and also allows farmworkers and MHSI to save on medical costs by cutting down on the need for multiple appointments. The practice has also successfully integrated services offered through MHSI with those of other area practitioners to the benefit of farmworker patients.

## GOLDEN VALLEY HEALTH CENTERS

737 West Childs Avenue  
Merced, CA 95340

Contact name: Lori Buendia, Children's Health Coordinator  
Phone: 209-385-5555  
Email: lbuendia@gvhc.org

## POST-NATAL PROGRAM FOR FARMWORKER FAMILIES

### What is the practice?

The Puentes Program at Golden Valley Health Centers (GVHC) provides post-natal care to new mothers, including many farmworker mothers. The Puentes Program starts working with new mothers in the hospital immediately after birth, where they are registered for the program and offered health education and breastfeeding advice. A few days after the mother and baby return home, a GVHC nurse will visit the home and conduct a well-assessment of the child. If the child does not have any health issues that need attention from a doctor or nurse, an outreach health educator will visit the home and work with the mother throughout the course of the program. The program curriculum includes breastfeeding and parenting skills, as well as screenings for post-partum depression and domestic violence. The Puentes Program sometimes serves as a bridge to geographically and culturally isolated farmworker moms, and is an important way for GVHC outreach and Puentes Program staff to access farmworker women and children.



Lettuce packing in Southern Colorado. Valley-Wide Health Systems, Inc. sets up health screenings for farmworkers at their places of work.

### What makes this practice innovative?

While many health centers have pre-natal programs, Golden Valley Health Center has an additional program that focuses intensively on post-partum care. The program provides much needed services to families in the area, and provides a very important link between the health center and farmworker women and children. The program builds trust and relationships between farmworker families and the health center through home visits and access to outreach health educators. In addition to the care given in the clinics and in home visits, mothers can also use a "warm line" to reach their health educator by phone for any questions or concerns. GVHC works in collaboration with Women, Infants, and Children (WIC), the Public Health Department, and the Office of Education to provide comprehensive services to program participants.

## ELLAVILLE PRIMARY MEDICINE CENTER

P.O. Box 65  
Ellaville, GA 31806

Contact name: Mary Anne Shepherd, Family Nurse Practitioner  
Phone: 229-937-5321  
Email: mshepherd@sumterregional.org



A Diabetes Lay Educator from Migrant Health Service, Inc. taking a farmworker patient's blood pressure and blood sugar.

## TUBERCULOSIS HEALTH EDUCATION AND SCREENING IN THE FIELD

### What is the practice?

Ellaville Primary Medicine Center's (EPMC) outreach workers and registered nurses conducted tuberculin purified protein derivative (PPD) screenings with farmworkers in their service area and were able to follow-up with and read PPDs for 88% of those screened. While no active cases of tuberculosis were found, of the 32 farmworkers with positive PPDs, 23 were given copies of their PPD record, chest X-rays, and lab work upon returning to their home bases in Mexico, and five completed a treatment regimen while in the United States. Two were advised to stop treatment for medical reasons. Prior to beginning the project, outreach workers received training in tuberculosis education and testing, and were able to provide culturally and linguistically appropriate health education and case management services to all those screened. Those with positive PPDs received free chest X-rays and lab work, as well as their choice of pick-up location – the local health department or the Ellaville Primary Medicine Center – for monthly prescription refills.

### What makes this practice innovative?

Ellaville Primary Medicine Center set up a tuberculosis screening program that meets individual farmworker needs by administering and reading PPDs in the field, working with patients to determine where they will be when the PPD needs to be read, and then coordinating with growers and crew leaders to assure access to workers in the field. EPMC staff also provided culturally and linguistically appropriate health education about tuberculosis and the testing process prior to administering all PPDs. In addition, they provided X-rays, lab work, and antitubercular medicine free of charge to all farmworkers with positive results, and offered a choice of medication pick-up locations. Each of these practices worked together to foster a high return rate for PPD readings, as well as high compliance with follow-up care.

## CULTURAL COMPETENCY AND RESPONSIVENESS

## COLUMBIA BASIN HEALTH ASSOCIATION

Support Services  
140 E. Main  
Othello, WA 99344

Contact name: Leo R. Gaeta, Program Director  
Phone: 509-488-5256  
Email: leo@cbha.org

## EMPHASIS ON FAMILY-CENTERED HEALTH CARE

### What is the practice?

Rather than focusing on the individual patient in isolation, Columbia Basin Health Association (CBHA) places special emphasis on the importance of the family in meeting health needs. With this purpose in mind, CBHA combines a number of outreach practices to focus and appropriately include family members in health care. These practices include: extended hours so that patients don't have to miss work to receive care for themselves or a family member; transportation services to bring families to the health center; participation in community coalitions focused on providing a safety net for farmworker families; advocacy for farmworker families' needs such as housing, employment, educational opportunities and

access to other community services; sponsorship of activities to help families in times of need such as an annual food basket drive during Thanksgiving and a toy drive during Christmas; and health presentations at schools, orchards/worksites, daycare centers, churches and other organizations that serve farmworkers.

### **What makes this practice innovative?**

Columbia Basin Health Association offers a number of complimentary outreach services to farmworkers, but does so with specific emphasis on the importance of the family and family support networks in preventive health care and disease maintenance and recovery. In doing so CBHA recognizes that many farmworker cultures are nuclear family centered, and individuals do not conduct personal and business affairs outside the family unit. By meeting health needs in a culturally appropriate way, CBHA improves the quality and effectiveness of the services they provide.

## **SHAWNEE HEALTH SERVICE**

7 Hospital Drive  
Murphysboro, IL

Contact name: Cathy Bless, Community Liaison,  
Migrant Health Program  
Phone: 618-687-3418, extension 206  
Email: cbless@shsdc.org

## **PROVIDING CULTURALLY AND LINGUISTICALLY APPROPRIATE MENTAL HEALTH SERVICES TO FARMWORKERS**

### **What is the practice?**

Shawnee Health Service has contracted with a local social service agency to provide mental health counseling and education to area farmworkers. The bilingual counselor was licensed in Colombia, South America, and is currently completing her supervised counseling hours to complete an LCSW in the United States. She sees 6-7 clients each week during off-peak season and 10-15 per week during peak season for education and enabling services. She also provides group education sessions on depression, positive discipline for children, and marital relationships. While some of her counseling is provided at the clinic, she also does counseling in individual homes and conducts workshops in farmworker housing camps. The counselor has established relationships with community leaders who have helped her gain entry and trust in the farmworker community.

### **What makes this practice innovative?**

Multiple agencies have worked to creatively fund and support the services and advancement of a bilingual mental health professional. The availability and accessibility of bilingual mental health services markedly improves the health care team's ability to meet preventive treatment and crisis management goals with its farmworker population. The bilingual counselor's workshops are based on identified needs gathered from farmworker patients. The top reasons clients give for seeking counseling are parent-child relational problems, adjustment disorder with depression, and partner relational problems including domestic violence and emotional abuse.

## **COLUMBIA VALLEY COMMUNITY HEALTH**

600 Orondo St., Suite 1  
Wenatchee, WA 98801

Contact name: Carol McCormick, Outreach Coordinator  
Phone: 509-661-3623  
Email: cmccormick@cvch.org



A farmworker women's support group at Columbia Basin Health Association.

## **DELIVERING CULTURALLY APPROPRIATE HEALTH EDUCATION**

### **What is the practice?**

Columbia Valley Community Health (CVCH) delivers health education to farmworkers that is relevant and culturally appropriate. Health education topics are determined and prepared with input from farmworker focus groups and planned in advance to maximize participation. On the day of the presentation outreach staff go out to the session location early to knock on doors and personally invite people to the session. The sessions are held in the camps' central eating areas and usually attract 65-



85 participants. In spite of their large size, sessions are interactive and participants have the opportunity to ask questions in the group or privately following the session. Participants receive an incentive for attending.

### **What makes this practice innovative?**

Columbia Valley Community Health uses essential principles of adult education and cultural appropriateness in its health education efforts. The program seeks to determine what farmworkers already know and what they want and need to know about key health topics through focus groups. These findings are then used to develop educational sessions. Additionally, since the majority of the area's migrant population is Latino, CVCH responds to the important cultural concept of *personalismo* – personal interaction – by personally inviting each participant to the session, rather than just posting the information or making a general announcement. Finally, CVCH effectively uses community resources to help attract participants to health education sessions. For example, copies of the local Spanish language newspapers are provided at the sessions, and, through a partnership with a local tienda, each participant receives one dozen tortillas.

## **HEALTH DATA AND OUTCOME MEASURES**

### **SALUD PARA LA GENTE**

P.O. Box 1750  
204 East Beach Street  
Watsonville, CA 95076

Contact name: Roy Jimenez, Program Manager  
Phone: 831-761-1588  
Email: [rjime532@aol.com](mailto:rjime532@aol.com)

### **QUARTERLY SATISFACTION SURVEYS FOR FARMWORKER PATIENTS**

#### **What is the practice?**

In an effort to continually improve services to farmworkers, Salud Para la Gente outreach staff conduct a quarterly telephone survey and focus group to assess satisfaction with center services. The survey and focus group ask participants who have visited the health center in the last quarter questions regarding satisfaction with services; the quality of treatment received at the clinic; satisfaction

with staff interactions from the receptionist to the doctor; and recommendations for how to improve services. The survey is conducted mostly in Spanish with about fifty people each quarter. Results are shared with the Board of Directors, senior staff, and some of Salud Para la Gente's funders.

### **What makes this practice innovative?**

Salud Para la Gente has improved upon efforts to evaluate patient satisfaction by conducting organized and quarterly assessments with large numbers of patients. Their efforts give farmworker patients a greater voice in the services they receive at the health center, and help to further build a relationship between the health center and the farmworker community. By sharing results of the survey with the Board of Directors and funders, Salud Para la Gente demonstrates its commitment to applying the information it receives and monitoring the results of any changes in the coming quarters.

## **NORTH CAROLINA FARMWORKER HEALTH PROGRAM**

Office of Research, Demonstrations, and Rural Health  
Development  
2009 Mail Service Center  
Raleigh, NC 27699

Contact name: Elizabeth Freeman Lambar, Program  
Director  
Phone: 919-715-7626  
Email: [elizabeth.freeman@ncmail.net](mailto:elizabeth.freeman@ncmail.net)

### **COMPREHENSIVE PLANNING IN ACTION FOR FARMWORKERS**

#### **What is the practice?**

North Carolina Farmworker Health Program (NCFHP) develops goals, objectives and activities for its programs using a planning process that involves both the central office and the farmworker health outreach coordinators at NCFHP-supported contract sites. The central office staff collects, analyzes, and applies feedback from farmworkers, farmworker health data, and NCFHP contract sites during strategic planning activities and staff retreats. NCFHP also holds an annual operational planning retreat where farmworker health outreach coordinators have an opportunity to voice their concerns and interests for NCFHP's health care plans and other program goals and activities. In order to ensure that NCFHP's health



Farmworker men in a CPR training at Columbia Valley Community Health.

care contracts are working towards similar goals, NCFHP uses a request for proposal (RFP) process. Through the RFP process NCFHP ensures that the contract sites have a similar health care focus while allowing sites the flexibility to set their own program measures.

### **What makes this practice innovative?**

By utilizing input from central office staff, outreach coordinators from individual contract sites, and farmworker patients, NCFHP ensures a program plan that is supported by staff, effective in its strategies, and that meets farmworker patient needs across sites. NCFHP has successfully balanced program continuity across its sites with the importance of allowing sites in different service areas to meet the needs of their patients with strategies specific to their program and location. Using a participatory process that ensures continuity of care but also allows for regional and site specific flexibility is essential to the success of their voucher model.

## **NORTH COUNTY HEALTH SERVICES**

150 Valpreda Road  
San Marcos, CA 92069

Contact name: Irma Cota, Chief Executive Officer  
Phone: 760-736-6755  
Email: [icota@nchs-health.org](mailto:icota@nchs-health.org)

### **SATELLITE LINK IN THE FIELD FOR OUTREACH**

#### **What is the practice?**

North County Health Services uses a satellite communication system that allows staff in their mobile clinic to have immediate access to patient registration, billing records, and lab results from the health center system on their laptop computers. Using the new communication system, staff in the Mobile Clinic can also remotely complete new patient registrations and create an electronic file for patient records. The Mobile Clinic reaches out to farmworkers every day in housing camps, nurseries, and in the fields.

#### **What makes this practice innovative?**

In implementing this system, North County Health Services took advantage of the resources they already had in-house – a relatively small geographic area and laptop computers on the Mobile Clinic – and used them to improve services with a satellite link-up. NCHS chose this system over other, more expensive alternatives to linking mobile clinic services to the health center, such as using PDFs or other telemedicine alternatives. By implementing the Mobile Clinic’s communication system, North County Health Services enabled outreach staff to network to its central information system, significantly speed up their patient registration process, and improve the outreach services NCHS provides to farmworkers in the places they work and live.

# APPENDICES

**Appendix A: Innovative Outreach Practice Submission Guidelines**

**Appendix B: Sr. Cecilia B. Abhold Award Description and Guidelines**

**Appendix C: List of Definitions of Terms Used in the Publication**

## APPENDIX A: INNOVATIVE OUTREACH PRACTICE SUBMISSION GUIDELINES

### FARMWORKER HEALTH SERVICES, INC.

#### INNOVATIVE OUTREACH PRACTICE GUIDELINES FOR SUBMISSION

##### What makes a practice **innovative**?

For submission purposes, a practice is considered innovative if it specifically addresses one of the four criteria areas and at least one of the following:

- a. Introduces a new way of accomplishing an outreach activity or desired outcome
- b. Demonstrates integration of the outreach program with the rest of the organization
- c. Demonstrates collaboration with and accountability to farmworkers and the community-at-large, especially by utilizing farmworker input
- d. Is specific and relevant to farmworkers

##### WHAT ARE THE CRITERIA AREAS FOR INNOVATIVE PRACTICES?

FHSI identified practices common to effective outreach programs and has categorized them by FHSI's four priority areas. Those priority areas also serve as categories for effective strategies for addressing each criteria in an effort to meet farmworker family needs.

1. Health Outreach and Enabling Services are essential components of health delivery systems in an effort to increase access to care and reduce health disparities for farmworkers and their families.
  - a. *Health Outreach Services*: encompass components such as the presence of an outreach program plan and written protocols, promoting all levels of staff development, effectively utilizing existing available monetary and non-monetary resources in order to avoid duplicating resources or services, and effectively integrating the outreach program into other departments in the organization.
  - b. *Enabling Services*: encompass any service or activity that facilitate the entry of farmworkers into the

health delivery system or help farmworkers navigate necessary health or related services, such as case management, interpretation, transportation, and other service linkages.

2. Health Education and Prevention Strategies are core services for the provision of holistic and comprehensive health care to farmworkers. It is through effective, relevant health education and prevention strategies that we enable farmworkers to become equal partners in their health care.
  - a. *Health education*: developing or gathering, and providing activities and materials that are relevant to and appropriate for the current farmworker population served. "Relevant" means that the topics address an identified and documented health need expressed by farmworkers, and "appropriate" means that the materials and methods for conducting health education are language- and literacy-appropriate, and encourage farmworker participation. When possible, outreach staff involves other organizational departments in conducting health education.
  - b. *Prevention strategies*: such as verbal and/or clinical screening activities, case management, collaboratives, mental health initiatives, prescription programs, parenting programs, and youth groups. When possible, outreach staff members involve other organizational departments in these prevention efforts.
3. Cultural Competency and Responsiveness are the cornerstone of quality, meaningful health care services, particularly for a transitory, vulnerable, and isolated population such as farmworkers. Farmworkers have very unique lifestyles and socio-economic factors that are important to understand and address in the provision of health care services.
  - a. *Cultural Competency*: the organization demonstrates a practice of employing staff who speak lan-

(continued)

guages appropriate to their target farmworker population and reflect and/or have a demonstrated understanding of and sensitivity to local farmworker cultures; the organization maintains a philosophy that demonstrates cultural sensitivity to farmworkers, farmworker cultures and life experiences and exhibits that philosophy in everything they do. All staff members share an understanding of this philosophy.

- b. *Cultural Responsiveness*: the organization’s and program’s activities, materials, and organizational logistics cater to unique cultural considerations: outreach and organizational hours of service are consistent with farmworker lifestyle (i.e. evening hours), activities and materials are appropriate with respect to language and literacy level, and use non-traditional communication methods.
3. Health Data and Outcome Measures are integral tools for continually understanding and capturing

farmworker needs, barriers, and practices. They are also essential tools for health program planning, development, and evaluation in order to track, respond, and meet the on-going, changing, complex needs of farmworkers.

- a. *Health data*: practices that demonstrate a clear process for how to collect, document, track, analyze and report activities conducted, and also for gathering, documenting and incorporating farmworker health needs.
- b. *Outcome measures*: practices that track program and health outcomes in order to determine their effectiveness in improving the health of the area farmworker population.
- c. *Utilization of farmworker health data*: practices that demonstrate a program’s ability to incorporate identified needs into program planning and program improvement, and act on those needs by implementing services to address them.

## APPENDIX B: SISTER CECILIA B. ABHOLD AWARD DESCRIPTION AND GUIDELINES

### Background

Sr. Cecilia B. Abhold was the first Executive Director for Farmworker Health Services, Inc. (FHSI). During her 20-year leadership, FHSI estimates providing health services to nearly 1.1 million farmworkers. Until her passing in May 2000, she remained a strong and integral part of FHSI’s avowed dedication, innovation, and hands-on commitment to improving the quality of life of our nation’s farmworkers.

In her honor, FHSI presents the Sister Cecilia B. Abhold Award to a Migrant/Community Health Center or Migrant Health (Voucher) Program in each Migrant Stream. The recipient of the award for each stream is announced and presented with an award before their peers annually at the coinciding Migrant Stream Forum.

### Eligibility

Migrant/Community Health Centers and Migrant Health (Voucher) Programs providing health outreach services to migrant and seasonal farmworker (MSFW) populations are eligible. Each center/program may only be nominated for the award within its own migrant stream. An Award recipient center/program cannot be nominated again until two years after receiving the award (i.e. must skip one nomination period).

### The Selection Committee

The Selection Committee consists of six members: three FHSI employees, and three external members of the migrant health community. The Selection Committee will use the following guidelines to determine the award recipient.

### Selection Guidelines

The Selection Committee will choose from the nominations submitted to FHSI. The recipient of the Sr. Cecilia B. Abhold Award will demonstrate the following commitments/activities:

- Delivers linguistically and culturally responsive health care to MSFW
- Recognizes that an outreach program is an essential component of health care delivery for MSFWs
- Creates relationships with and utilizes other services in the community that increase and improve the services provided to MSFWs
- Incorporates and values MSFW input, accountability, and participation
- Integrates the FHOP with the health center to meet the basic health care needs of the MSFW population

### Nomination

A nomination for the Sr. Cecilia B. Abhold Award can be made by: a direct contact or employee of the health center/program; a peer health center/program; or the health center/program itself. FHSI encourages health centers/program to nominate themselves, as they have the best understanding of how their outreach program operates.

## APPENDIX C: LIST OF DEFINITIONS OF TERMS USED IN THE PUBLICATION

*Cultural competency:* a level of services or individual ability that takes into account farmworker-specific language, culture, and background in addressing potential barriers to health access, health utilization, and the delivery of health services.

*Cultural responsiveness:* an approach to farmworker needs, concerns, and requests for health services that demonstrates cultural competency, and customizes services and activities specific to farmworker culture, language, and customs.

*Enabling services:* services that facilitate farmworkers' access to and/or utilization of health care services, such as case management, transportation, health education, outreach, and interpretation.

*Farmworker health outreach program:* any activities, services, or programs that a health organization uses to reach farmworkers.

*Health data:* information from or about farmworkers that describes health needs, conditions, and resources.

*Health education:* any activity, material, or information that aims to facilitate healthier lifestyles among farmworkers and their families. Health education content may be preventative or address farmworkers' health conditions or concerns.

*Health outreach:* the process of increasing farmworkers' health access and decreasing health disparities by facilitating access to care, providing health education, conducting linguistically- and culturally-responsive screening and clinical services, increasing the community's awareness about farmworkers, and helping farmworkers become equal partners in their health care.

*Innovative outreach practice:* a method for providing services to and/or reaching farmworkers that introduces a new way of addressing farmworker health challenges or issues and is relevant to farmworkers. Ideally, these methods also promote collaboration with farmworkers, other organization staff, and the community-at-large.

*Migrant/Community Health Center:* an entity funded under section 330 of the 1996 Health Center Consolidation Act that serves a population that is medically underserved, and/or a special medically underserved population comprised of migratory and seasonal agricultural workers.

*Migrant Voucher Program:* an entity funded under section 330 of the 1996 Health Center Consolidation Act that serves a special medically underserved population comprised of migratory and seasonal agricultural workers through the provision of vouchers for primary care and specialty services.

*Outcome measures:* tools or methods for exploring the effects on farmworkers, the organization, and the community-at-large of an outreach program or activity.

*Peer-to-peer learning:* exchanging experiences, information, and ideas among farmworker health individuals or organizations in order to improve health outreach services, activities, and strategies for increasing farmworkers' access to health care services and decreasing health disparities.

*Prevention strategies:* efforts geared toward decreasing the risk or complications of disease or illness, and at maximizing wellness.



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FARMWORKER HEALTH SERVICES, INC.

1221 Massachusetts Ave., NW, Suite 5,  
Washington, DC 20005

phone: 202/347-7377 • fax: 202/347-6385

[www.farmworkerhealth.org](http://www.farmworkerhealth.org) 