



INNOVATIVE
Outreach
PRACTICES REPORT

2007

*Highlights from
Farmworker-Serving
Health Organizations
Nationwide*



FARMWORKER HEALTH SERVICES, INC.
OAKLAND, CA • WASHINGTON, DC

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INTRODUCTION

Farmworker Health Services, Inc. (FHSI) is pleased to present its annual *Innovative Outreach Practices Report*, now in its sixth edition. In 2002, when the first edition of the report was published, few national channels existed to showcase current farmworker program advancements and foster networking opportunities among farmworker outreach programs. FHSI created the *Innovative Outreach Practices Report* to address this glaring need, and today offers farmworker outreach programs a platform to share innovative outreach techniques. Farmworker-serving organizations throughout the country utilize this report for peer-to-peer exchange and discovering new ideas and methods that improve their own farmworker outreach programs.

WHAT MAKES A PRACTICE INNOVATIVE?

Within this report, FHSI has profiled 23 outreach practices that have demonstrated pioneering strategies during the past year. All of the innovative outreach practices highlighted meet at least one of the following criteria:

- Utilize community resources in a particularly new or effective way;
- Address new or emerging health issues among farmworkers;
- Improve upon previous practices or adapt practices used with other special populations;
- Represent new approaches to providing outreach or health services to farmworkers; and,
- Illustrate new possibilities for creative and effective partnerships to better meet the needs of farmworkers.

The practices featured in the 2007 *Innovative Outreach Practices Report* demonstrate how programs overcome obstacles that farmworkers face to deliver original and high quality health outreach services. For instance, learn how a health center implemented the first diabetes self-management classes in the state of Kentucky for Spanish-speaking farmworkers. Understand how one health department in California applied cultural competence in the design of a nutrition and physical activity program by showing farmworkers how to make healthy modifications to their favorite recipes. This year's report also features creative data tracking and evaluation tools which successfully capture the value and effectiveness of outreach programs. For example, you will learn how one North Carolina program effectively uses a customized web-based data tracking system, and how another health center in Eastern Washington now quantifies its outreach services using Relative Value Units to better track the time and effort of outreach services.

HOW DO I USE THIS REPORT?

This report is meant to be used as a reference tool by outreach coordinators, outreach staff and other staff members at farmworker-serving health organizations who are seeking new strategies and activities to improve the effectiveness or reach of their outreach programs.

The innovative outreach practices featured in this report are presented in two main sections: the *Sister Cecilia B. Abhold Award Recipients* section and the *Short Takes* section. The award recipients' features showcase three of each organization's most innovative outreach practices. The *Short Takes* section includes 14 practices from other farmworker-serving health organizations, some of which were nominated for the *Sister Cecilia B. Abhold Award*.

FHSI Priority Areas

In the *Short Takes* section, the innovative outreach practices are categorized by FHSI's four priority areas:

Health Outreach and Enabling Services are essential components of health care delivery systems in their efforts to increase access to care and reduce health disparities for farmworkers and their families.

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.

Cultural Competency and Responsiveness are the cornerstones 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.

Health Data and Outcome Measures are the 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 to, and meet the on-going, changing, complex needs of farmworkers.

At-a-Glance Index

A new feature in this edition of the report is a topical index of specific subjects addressed in the outreach practices such as *mental health* or *needs assessments*. The *At-a-Glance* Index can be found on page XXX of the report. With this new detail, FHSI hopes that you will be able to search and easily identify innovative outreach practices that are most applicable to your organization.

Adapting and Implementing the Practices

Although every outreach program is unique and faces its own set of challenges, the models highlighted in this report can be adapted to meet your organization's needs. Please do not hesitate to contact FHSI or representatives from the featured organizations if you need more detail or guidance to effectively implement these practices. All representatives have given their consent to be contacted and their information can be found on page XXX. FHSI staff are also available to assist you in adapting these practices to suit your specific programmatic needs.

HOW CAN MY ORGANIZATION BE FEATURED IN THE 2008 REPORT?

FHSI's goal is to continue promoting effective outreach approaches. Innovative outreach practices that are successful and come directly from the field inspire outreach programs nationwide like yours to strive for continual improvement in decreasing health disparities and increasing the number of farmworkers accessing health services. Please continue submitting your success stories for future editions of this report.

METHODS FOR COLLECTING INNOVATIVE OUTREACH PRACTICES

The innovative outreach practices featured in this report were gathered through a number of different methods, including the *Sister Cecilia B. Abhold Award* nomination process, a national call for innovative outreach practice submissions, and FHSI's work with farmworker-serving health organizations across the country.

Sister Cecilia B. Abhold Award Selection Process

Sister Cecilia B. Abhold was the founding Executive Director of FHSI, formerly the East Coast Migrant Health Project. During her 20-year leadership, Sr. Cecilia pioneered and advocated for outreach before it became as popular as it is today among farmworker-serving health organizations. In her honor, FHSI presents the *Sister Cecilia B. Abhold Award* to a Migrant/Community Health Center or Migrant Voucher Program in each Migrant Stream. The recipient of the award in each stream is announced and presented with the award before his/her peers annually at the corresponding Migrant Stream Forum. Recipient organizations embody Sr. Cecilia's example and share her passion and dedication to those who bring food to our tables every day.

The *Sister Cecilia B. Abhold Award* recipient is selected 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. The selection process is anonymous. To learn more about the *Sister Cecilia B. Abhold Award*, please visit www.farmworkerhealth.org.

Though only three organizations are honored with the *Sister Cecilia B. Abhold Award* each year, FHSI receives many nominations from excellent programs with innovative practices. In an effort not to lose the rich information found in the nominations, these innovative outreach practices are featured in the *Short Takes* section of this report.

Call for Submissions

Each year, FHSI disseminates a call for submissions of innovative outreach practices to farmworker-serving health organizations nationwide. The call for submissions is publicized through mailings, FHSI's website, migrant health list serves, at stream forums and in FHSI's *OutReach* newsletter.

FHSI's Work with Farmworker-Serving Health Organizations

Through one-on-one training and consultation services, FHSI has the unique opportunity to witness firsthand the innovative outreach practices that programs employ throughout the year. FHSI regularly encourages the leaders of these outreach programs to share their knowledge and experience by submitting a practice to be featured in the report.

2006-2007 SISTER CECILIA B. ABHOLD AWARD RECIPIENTS

NORTH CAROLINA FARMWORKER HEALTH PROGRAM

RALEIGH, NORTH CAROLINA

Recipient of the *Sister Cecilia B. Abhold Award* for the Eastern Migrant Stream



Caption

2006 ORGANIZATIONAL SNAPSHOT

Organization type: Migrant Voucher Program

Service area: 54 counties

Serving FWs since: 1993

No. of access points: 21 collaborating agencies

No. of outreach staff: 30 (24 outreach workers and 6 AmeriCorps members)

Peak months of outreach operations: June-December

No. of FWs during peak: 62,759

No. of FWs served: 11,597

% of migrant FWs served: 89%

% of seasonal FWs served: 11%

BRINGING AGENCIES TOGETHER THROUGH ANNUAL SUMMIT

What is the practice?

In 2005, North Carolina Farmworker Health Program (NCFHP) held the first Farmworker Summit and Networking Event to bring farmworker-serving advocacy agencies together. This has become an annual program coordinated in collaboration with other members of the North Carolina Farmworker Institute, an interagency project of the Farmworker Ministry Committee and funded through participant registration fees (\$15 per person) and local sponsorships. In 2006, about 100 people representing approximately 35 organizations attended the day-long event. Session topics included the following: legal rights of farmworkers, trends in H2A recruitment, participatory educational techniques, college access for undocumented students, and ways for religious congregations to support farmworkers during the harvest season. During the closing plenary, there was a dinner and multimedia presentation titled, *Nuestras Historias/Nuestros Sueños: Our History/Our Dreams – Educational Aspirations of Immigrant Farmworkers and their Families.*

What makes the practice innovative?

For several years, there was not a coordinated effort in North Carolina to bring together farmworker advocates from various disciplines, including health, education, legal rights, advocacy, and regulatory agencies. Individuals from these organizations expressed various needs, including: 1) the need to collaborate more and make the most of limited resources; 2) the importance of agencies targeting farmworkers to be informed about what other organizations are doing; and, 3) the need for farmworker groups to be informed about national issues that affect the well-being of farmworkers in the state. The Farmworker Summit and Networking Event successfully responded to these requests bringing together a large interdisciplinary group of individuals from across the state. Overall, the response has been very positive and participants have encouraged the continuation of this event.

USING DATA TO RESPOND TO FARMWORKERS' NEEDS

What is the practice?

As a statewide voucher program, NCFHP developed a customized data tracking and documentation system, Farmworker Health Administration System Electronic Services (FHASES), in collaboration with a volunteer computer programmer, to ensure consistent tracking of services at its 14 voucher sites—including medical, enabling, and outreach services. Each of the voucher sites uses standardized health assessment and encounter forms during outreach and the data documented on these forms are then entered into the FHASES program. Because FHASES is web-enabled, data are updated immediately and they can be viewed in real time by staff at NCFHP's office in Raleigh. NCFHP staff use the data to: 1) examine trends in the services being provided at each of the sites; 2) review the needs of each site and its respective farmworker population; 3) plan programs and services with each of its sites; and, 4) develop relevant health education lessons that respond to emerging farmworker health issues.

What makes the practice innovative?

Because outreach staff can input data into FHASES wherever they have internet access, they have been able to more effectively keep pace with data entry which used to be difficult to manage in a timely fashion. As a result, NCFHP staff has a much truer picture of farmworker and service needs at each of the sites across the state. The program FHASES, which can be used by any organization with multiple sites, allows NCFHP to consistently and effectively track outreach and medical services and make data-driven decisions for increased funding and/or targeted health interventions, including health education that responds to local needs. Data-driven decision-making also facilitates the rationale and effective use of NCFHP's limited financial resources and ensures that as many farmworkers as possible access health services in North Carolina.



Caption

INFLUENCING STATE-LEVEL POLICY ON BEHALF OF FARMWORKERS

What is the practice?

NCFHP participates in several state-level task forces in order to influence policy and be a voice for farmworker issues. Because farmworkers are not always included on certain policy and programmatic agendas, NCFHP strives to ensure that policymakers are aware of their presence in the state and their unique needs. In 2006, NCFHP made significant contributions to the North Carolina Office of Minority Health and Health Disparities' (OMHHD) Hispanic Health Task Force and the North Carolina Emergency Management Human Services and North Carolina Department of Health and Human Services Disaster Coordinator's committees.

What makes the practice innovative?

Through involvement on the Hispanic Health Task Force, NCFHP staff were able to inform the development of a Community Health Workers curriculum used for a Lay Health Advisor Program. Originally, the curriculum only addressed issues affecting Latinos in the state as a whole, overlooking farmworker-specific demographic data and cultural information. NCFHP staff highlighted the unique vulnerabilities of this population and shared information on popular education techniques that are effective with farmworkers. As a secondary and unexpected result of this effort, the OMHHD now collects and disseminates farmworker demographic data and health information on their Latino Fact Sheets.

As a result of increased advocacy and education with the two emergency management and disaster committees, consideration for the state's farmworker population has been incorporated into emergency response plans. Before NCFHP's participation on these committees, disaster response agencies were relatively uninformed or unaware about farmworkers and their unique lifestyles and living conditions that impact these organizations' abilities to respond effectively. NCFHP recently trained state disaster coordinators on issues such as the barriers farmworkers face in accessing emergency shelters, the challenge of communicating with non-Spanish speaking emergency responders and how to provide financial reimbursements to farmworkers during the recovery period when they have already left the area. Though these efforts are relatively new, it is anticipated that the critical discussions started by NCFHP will ensure that North Carolina farmworkers are no longer overlooked when emergencies occur.

NORTHWEST MICHIGAN HEALTH SERVICES, INC.

TRAVERSE CITY, MICHIGAN

Recipient of the *Sister Cecilia B. Abhold Award* for the Midwest Migrant Stream



Caption

2006 ORGANIZATIONAL SNAPSHOT

Organization type: Migrant Health Center

Service area: 7 counties

Serving FWs since: 1968

No. of access points: 3 established clinics plus 4 satellites during peak season

No. of outreach staff: 28 (2 coordinators, 3 nurses, 3 interpreters, 4 interns, 8 camp health aides, 2 part-time ancillary health educators, 6 teen health peer educators)

Peak months of outreach operations:

May-October

No. of FWs during peak: 14,000 to 17,000

No. of FWs served: 3,922

% of migrant FWs served: 85%

% of seasonal FWs served: 15%

REACHING EVERY FARMWORKER HOME THROUGH PROYECTO PUENTE

What is the practice?

Northwest Michigan Health Services, Inc. (NMHSI) Office of Public Outreach has created a specialized internship, *Proyecto Puente* or the Bridge Project, for four bilingual college students from the University of Michigan, Ann Arbor and Michigan State University's College Assistance for Migrants Program. The goal of this pilot project was to reach every farmworker home in three of the seven counties covered by NMHSI. The interns work as part of the greater outreach program, and as such, undergo extensive training in cultural competence and lay health education using a popular education model. Working out of the main clinic in Traverse City, the interns travel to farmworker camps and perform three main activities: 1) conducting enumeration studies (which include a needs assessment component); 2) delivering health education based on farmworkers' interests; and, 3) helping connect farmworkers to the clinic and other resources in the community.

What makes the practice innovative?

By taking advantage of the extra staff members, NMHSI was able to conduct its first ever needs assessment and enumeration study last year. To date, the interns have completed 369 interviews with heads of households accounting for over 1,300 farmworkers and their family members. The information gathered has guided long-term program development based on new demographic data and farmworker input. The four interns—some of them former migrant farmworkers—have gained valuable insight into the issues facing the farmworker community in northwest Michigan. At the end of 2006, NMHSI saw a 31% increase in the number of clinic users. This increase, which surprised clinic staff, has been attributed in part to the strong relationships that the interns built with this segment of the farmworker population.



Caption

Opening a Dialogue through a Growers' Survey

What is the practice?

NMHSI designed and conducted a survey with over 30 growers in the tri-county service area of one of its clinic sites. The objective of the survey was to discover perceptions of farmworker health issues and barriers to care from the growers' perspectives. In addition, growers were asked about: 1) the location of farmworker housing areas; 2) how they recruit farmworkers; 3) the percentage of farmworkers who return each year; 4) how the growers prefer to be approached and contacted by NMHSI; and, 5) whether they would be open to hosting an outreach clinic on their property, ensuring minimal workers' time lost due to travel to and from the clinic. Most of the surveys were conducted over the phone and in person and took place during the off-peak season when the growers were not as busy. Some growers expressed their unfamiliarity with local resources and requested materials in Spanish for their workers. All interviews were followed up with a thank you letter and relevant informational materials about the organization and other community resources.

What makes the practice innovative?

Maintaining positive relationships and open dialogue with growers supports the health and well-being of farmworkers. The survey opened a forum for discussion and exchange of information with growers. It also reinforced anecdotal evidence that the vast majority of growers in NMHSI's service area care about the welfare of their farmworkers. As a result of this survey, NMHSI was invited to set up four outreach clinics on growers' premises. In addition, because the survey allowed NMHSI to quantify for the first time the number of farmworkers in the area who are monolingual Spanish speakers, NMHSI has set up a language assistance program in the community for the benefit of all community-based providers who serve Spanish-speaking patients. Based on last year's successes with this survey, NMHSI plans to repeat the project this year in the service areas of its other two clinic sites.

COORDINATING OUTREACH AND CLINIC ACTIVITIES

What is the practice?

In order to coordinate all facets of outreach with clinic activities, NMHSI holds daily, 30-minute team meetings with the entire health center staff. The purpose of these meetings is to better coordinate efforts and communication between outreach and clinical staff who in the past, did not communicate as consistently and effectively. During the team meetings, staff review activities from the previous day, discuss case management issues, look at overall progress and plan action steps for the day ahead.

What makes the practice innovative?

The team meeting strategy represents a more holistic approach to meeting the ever-present needs of farmworkers. Clinicians rely on outreach workers to serve as their eyes and ears, providing them with information on the farmworkers' lifestyles, including migration information to facilitate continuity of care at their next destination. The outreach staff also learn from clinicians who train them on the symptoms and causes of specific illnesses in order to better observe farmworkers in the field and conduct responsive and effective health education. This type of training was instrumental last year for coordinating an appropriate response during an outbreak of diarrheal illnesses in the camps. Overall, these meetings allow for participation of all members of the outreach program and clinic staff to achieve a common goal and ultimately, this has resulted in better patient care.



Caption

COLUMBIA BASIN HEALTH ASSOCIATION

OTHELLO, WASHINGTON



Caption

Recipient of the *Sister Cecilia B. Abhold Award* for the Western Migrant Stream

2006 Organizational Snapshot

Organization type: Migrant/Community Health Center
Service area: 3 counties
Serving FWs since: 1973
No. of access points: 3
No. of outreach staff: 9 (2 health educators, 5 case managers, 1 public health nurse, 1 behavioral health provider)
Peak months of outreach operations: year-round
No. of FWs during peak: 14,500
No. of FWs served: 10,886
% of migrant farmworkers served: 27%
% of seasonal farmworkers served: 73%

QUANTIFYING OUTREACH SERVICES USING RELATIVE VALUE UNITS

What is the practice?

Columbia Basin Health Association (CBHA) has been working diligently to quantify and get credit for the outreach services it performs—a challenge that many health centers face. CBHA has found that the role of these services is often undervalued because it is very difficult to measure. To address this, CBHA has implemented the use of *relative value units* (RVUs) as a way to quantify individual outreach activities in the same way that clinical interventions are assessed and tracked. In order to modify this system to benefit outreach, CBHA worked with a consultant to assign a code and an RVU to each routinely performed outreach activity. The RVU is determined based on the time commitment and intensity level of each activity. For instance, a 45 minute individual health education session is assigned 1.17 RVUs while 30 minutes devoted to assistance with forms completion is assigned 0.60 RVUs.

Using the assigned codes, outreach workers indicate on their encounter forms which activities they performed and the length of time involved. Once this information is inputted into CBHA's data management system, the codes are automatically converted into RVU values. The information is reviewed monthly and used to allocate internal resources, determine staffing plans and inform future grant applications.

What makes the practice innovative?

Even though outreach breaks down the barriers that farmworkers face when trying to access medical care, it can be difficult to maintain support for outreach services. At CBHA, developing a standardized system for tracking outreach activities has been a key step in demonstrating the value of and making a case for the necessity of outreach. By assigning RVUs to various outreach activities and analyzing the data periodically, CBHA's Program Director is able to measure staff productivity more concretely, gauge the effectiveness of outreach efforts and justify funding for future outreach activities. Perhaps if more farmworker-serving health organizations like CBHA tracked their outreach activities using a standardized system, a stronger case could be made for reimbursable outreach services or increased funding of outreach.



CAPTION

PROVIDING HEALTH EDUCATION ON A WEEKLY RADIO PROGRAM

What is the practice?

In working with the farmworker population, most will agree that there is no single best way to reach out to this population. The idea of using the radio as a medium for conducting health education was suggested by one of CBHA's outreach workers. She noticed that during lunch breaks, all of the farmworkers gathered as a group and listened to the radio.

CBHA collaborates with a local Spanish-language radio station who donates air time as a public service in order to provide listeners a weekly, one-hour radio talk show on health education and prevention. The talk show, *La Caliente* takes place once a week during the lunch hour. A staff member was trained to use the equipment and facilitate the show. Previous topics from the show have included diet and nutrition, depression, family planning, sexually transmitted diseases, dental care, diabetes, alcoholism, and health insurance programs. Typically there is an expert guest speaker, such as a doctor, nurse, social worker, or farmworker advocate that is very knowledgeable about the topic. The facilitator asks questions to engage in a discussion of the topic and listeners are able to call in and ask questions on the air.

What makes the practice innovative?

The radio talk show has been an effective mechanism for reaching farmworkers with health information. Oftentimes, it is difficult to engage this population in an office environment or even in a community setting. The radio program provides a non-threatening and accessible way to share information. Over the past year, clients have come into the health center stating that they heard about CBHA on the radio, proving to staff that this program is also an excellent marketing tool. On one occasion when CBHA was not able to do the radio talk show, people called in to find out if it would be rescheduled to another day. This kind of feedback has let CBHA staff know that people rely upon the radio program for critical health and social services information.

INCREASING ACCESS TO HEALTH CARE THROUGH A PATIENT BENEFITS DEPARTMENT

What is the practice?

CBHA has established a Patient Benefits Department that assists farmworkers in determining and applying for the health care coverage and insurance options available to them. In addition to providing assistance inside of the clinic, two of the department's seven staff routinely conduct patient benefits education outside of the health center setting. The aim of these outreach efforts is to increase the health care access of farmworkers who are not current CBHA patients who unnecessarily avoid seeking medical care out of fear of the costs involved.

Patient benefit outreach activities consist of presentations to growers, farmworkers and community stakeholders and take place at work sites, migrant day care programs, and school parent meetings. Topics include different health care financing options in Washington State such as Medicaid, Basic Health Plan (a subsidized insurance program), managed care programs, and reduced fee programs. In addition to CBHA's local efforts, the supervisor of the Patient Benefits Department advocates on behalf of farmworkers at the state level by participating in a state advisory group for health insurance.

What makes the practice innovative?

By proactively addressing farmworkers' health care payment concerns at both the local and state level, CBHA strives to increase farmworkers' access to care and cultivate a wider understanding for the challenges they face. Some of these challenges include: 1) a lack of employer-provided insurance; 2) low incomes that inhibit their ability to buy private insurance; 3) lack of understanding of available health care coverage options; and, 4) a lack of documentation making them ineligible for many public assistance programs. As a former farmworker himself, the Patient Benefits supervisor knows firsthand the financial barriers farmworkers face. He places a great emphasis on his staff being sensitive and responsive to the unique needs of CBHA's farmworker population which involves putting forth the extra effort to take their assistance directly to the community.



CAPTION

SHORT TAKES

The innovative outreach practice Short Takes are divided into categories consistent with FHSI's priority areas:

- Health Outreach and Enabling Services, page XXX
- Health Education and Prevention Strategies, page XXX
- Cultural Competency and Responsiveness, page XXX
- Health Data and Outcome Measures, page XXX

However, the practices have also been categorized by topical areas. For a cross-reference of the topical areas addressed by the featured practices, please refer to the At-a-Glance Index on page XXX.

HEALTH OUTREACH AND ENABLING SERVICES

Health Outreach and Enabling Services are essential components of health care delivery systems in their efforts to increase access to care and reduce health disparities for farmworkers and their families.

CONDUCTING OUTREACH IN THE FIELDS WITH A LUNCHTIME CELEBRATION

SUBMITTED BY CLINICA SIERRA VISTA, BAKERSFIELD, CALIFORNIA

What is the practice?

Clinica Sierra Vista (CSV) staff and *promotores/as* have implemented a special outreach and education project called the *Cuadrillas de Mes* or *Farmworker Crew of the Month*, which identifies a different crew of farmworkers to provide medical services to in the fields each month. At each event, CSV's mobile medical unit staff—two physicians and four medical assistants or nurses—conduct glucose and blood pressure checks, provide minor treatment and consultations, cancer screening, and nutrition education. Rotating CSV staff representing some of the 30 health and social services programs housed within the health center such as Medi-Cal, WIC, and the

local family resource center, provide critical information on the various services available to the farmworkers and their families. These staff members also routinely follow up with farmworkers after the event to ensure that they get connected with needed services even if the services are not provided by CSV's respective programs. In order to attract farmworkers and make the staff more approachable, this event is set up to be a lunchtime celebration with all of the fanfare of a mini-festival. CSV staff provide participants with information packets that include incentives such as water bottles and toothbrushes. A raffle is also held to give away larger prizes such as toasters and coffee makers. A local restaurant donates a delicious lunch that feeds upwards of 125-150 farmworkers at each event, while a live DJ also volunteers his time to provide the necessary entertainment to draw a crowd.



CAPTION

What makes the practice innovative?

The *Cuadrillas de Mes* event is a fun and highly effective venue for providing the much needed health care for hardworking farmworkers in CSV's area communities. This project was initially proposed because CSV had a difficult time getting area farmworkers to come in for services even though CSV and its satellite sites offer bus passes, extended hours, and weekend hours to mitigate some of the common barriers farmworkers face. Farmworkers are often not culturally accustomed to and financially able to seek medical care until it is too late. By targeting a different crew each month and making it fun to receive health care and information, CSV staff have been able to create trust with the crew leaders and the farmworkers who might otherwise never access services. As a result, not only have crew leaders become more open to hosting events, but farmworkers in need of further care have been more inclined to follow up after participating in one of these events.

TARGETING SETTLED-OUT FARMWORKERS IN AN ESL CLASS

SUBMITTED BY OKLAHOMA COMMUNITY HEALTH SERVICES FARMWORKER HEALTH PROGRAM, FT. COBB, OKLAHOMA

What is the practice?

In the service area of Oklahoma Community Health Services Farmworker Health Program (OCHSFHP), the farmworkers either return to their homesteads or move on to another location as the winter months approach. To take advantage of the down time and to target the seasonal farmworkers who now live in the area permanently, the Director of the OCHSFHP's outreach program approached the instructor of a community-based ESL class about attending one of the classes to promote the health center's services. The Director also hoped that by meeting with this group, she could solve a mystery as to why many of their former farmworker clients had stopped coming to the clinic for services. The Director knew that some former clients who had not visited the clinic recently, participated in this ESL class. The Director conducted a presentation along with Quality of Life Associates, Inc. (QOLA), another community agency which provides services to farmworkers who have been disabled on the job. Each representative described the benefits of their respective programs. OCHSFHP offers medical, dental, and prescription assistance. QOLA assists farmworkers with locating surgeons who will render services for free or at a reduced rate, and also provides rent, utility payment assistance, and medical interpretation services for disabled farmworkers.

What makes the practice innovative?

As a result of this presentation, local farmworkers received critical and updated information about services available to them. The collaborative effort also strengthened the relationship between OCHSFHP's Outreach Director and the representative from QOLA. They now routinely communicate about other farmworkers in need of each others' services.

In addition, the Outreach Director discovered that many farmworkers had not returned to OCHSFHP because they thought that the farmworker health program ended

in 2004, when the program stopped issuing vouchers due to a lack of funds. The Director explained to the former clients how the fiscal year runs and that funds were renewed and made available from year to year. The conversation proved to be enlightening for both parties.

CONVENING HEAD START COMMUNITY PARTNERS AT AN ANNUAL MEETING

SUBMITTED BY EAST COAST MIGRANT HEAD START PROJECT, NORTH CAROLINA DIRECT SERVICES, RALEIGH, NORTH CAROLINA

What is the practice?

The East Coast Migrant Head Start Project North Carolina Direct Services (ECMHSP/NCDS) organizes and hosts an annual Community Partners Meeting for each of its Head Start Centers in North Carolina. The meeting brings together service providers and other potential community partners to lay the ground work for better collaboration to improve services for children and families. Representatives from numerous local, state, and regional organizations attend this one-day meeting, including: local health departments, private providers, community health centers, social service agencies, community colleges, universities, mental health providers, the North Carolina Farmworker Health Program, and the Agricultural Resource Center's Pesticide Education unit among others.



CAPTION

The meeting is split into three general segments: 1) a Health and Family/Community Partnership session, 2) a catered networking lunch and 3) an Early Childhood Education and Family Literacy/Disability session. Participants are welcome to attend the entire meeting or the segments of their choice. The meeting is scheduled before the center is open for the peak season and is a component of ECMHSP/NCDS's planning process.

What makes the practice innovative?

ECMHSP/NCDS has taken collaboration to a new level by expanding beyond farmworker-serving organizations to address the health and social service needs of farmworkers in North Carolina. This unique cross section of partners would not ordinarily be at the same table together. By giving them an opportunity to meet and share information, unique and effective service delivery plans are often developed.

For the past four years, this meeting has yielded numerous fruitful outcomes, such as nutrition and physical education training for teachers, ESL classes for parents, health fairs for migrant children, expedited Medicaid services for families, and pesticide education classes for parents and staff. These collaborative initiatives are essential to address Migrant and Seasonal Head Start's Performance Standards, and ultimately yield more effective and efficient programs for serving farmworkers and their families in the state.

HEALTH EDUCATION AND PREVENTION STRATEGIES

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.

DESTIGMATIZING HIV AND SYPHILIS TESTING THROUGH AN INTEGRATED TESTING OUTREACH STRATEGY

SUBMITTED BY TRI-COUNTY COMMUNITY HEALTH CENTER, DUNN, NORTH CAROLINA



Caption

What is the practice?

To encourage more farmworkers to take advantage of Tri-County Community Health Center's (TCCHC) community-based syphilis and HIV screening events, staff now combine these two screenings with other health screenings that are less stigmatized: cholesterol, glucose, and blood pressure.

With the support of a CDC grant, TCCHC runs a Non-Traditional Testing Program that allows staff to perform rapid HIV tests and syphilis tests for interested farmworkers directly in the communities where they live and work. Even though the testing services are community-based, TCCHC staff initially had a difficult time finding farmworkers willing to approach the TCCHC tent advertising free HIV and syphilis testing. Because of the stigma attached to these illnesses, TCCHC staff had to devise a way to make their testing efforts more attractive and acceptable. By combining cholesterol, glucose, and blood pressure screenings with the HIV and syphilis tests, TCCHC staff have been able to entice farmworkers with the option to have five free screenings at once without focusing specifically on HIV or syphilis.

What makes the practice innovative?

The change in attitude among farmworkers to being screened and tested was observed almost immediately once the HIV and syphilis tests were no longer advertised and offered on their own. Since including the other three screenings, TCCHC has seen a 60% increase in the number of farmworkers willing to be tested for these two illnesses.

In addition to getting more farmworkers into care for HIV and syphilis, the integrated screening and testing program has also allowed TCCHC to identify farmworkers who were not aware that they were at risk for high cholesterol, hypertension and diabetes. Farmworkers, who had never been routinely screened for these conditions in the past, are now referred back to TCCHC's chronic disease clinic if they have significant results warranting follow-up care. TCCHC staff organize the follow-up appointments and provide transportation if necessary. The Medical Director for Chronic Care at TCCHC is so pleased with this new program that he covers the cost of the expendable materials necessary to administer the three tests in conjunction with the HIV and syphilis tests.

A CULTURALLY INCLUSIVE APPROACH TO NUTRITION AND PHYSICAL ACTIVITY

SUBMITTED BY YOLO COUNTY HEALTH DEPARTMENT MATERNAL CHILD ADOLESCENT HEALTH PROGRAM, WOODLAND, CALIFORNIA

What is the practice?

Yolo County Health Department Maternal Child Adolescent Health Program began the *Healthy Lifestyle Program* in 2003 in response to the rise in overweight and obesity and incidences of chronic diseases among Latinos in the county. Implemented in a labor camp, the program offers a series of eight classes that emphasize the importance of healthy nutrition choices and physical activity. Each lesson incorporates hands-on experiential learning in addition to the lecture component. During these classes, families learn how to prepare healthy meals and include physical activities into their lives. Everyone is encouraged to bring favorite food recipes from home and share them with the rest of the class.

Conversations then ensue about how to make healthy modifications to these much loved recipes. Participants help with the cooking and then enjoy sampling their healthy food together.

The physical activity component emphasizes the many benefits of exercising, including reducing the risk of chronic diseases, providing relaxation for the family, and decreasing stress. There is a 15-minute exercise component within each class where families engage in a variety of physical activities.



Caption

What makes the practice innovative?

With the end goal of cultural appropriateness and responsiveness in mind, the *Healthy Lifestyle Program* incorporates the farmworker lifestyle by addressing the healthy choices that exist within the context of their lives. For example, the program understands that farmworkers face barriers to accessing quality food (e.g., geographic isolation, high cost of fresh produce) and recommends nutritional alternatives based on what is readily available to farmworkers. Given that the labor camp also serves as a food bank, the program uses the foods being distributed for cooking demonstrations. Because the program encourages farmworkers to support each other and exercise, this is a great opportunity for building community with neighbors.

COMMUNITY-BASED APPROACH TO ADDRESSING MENTAL HEALTH NEEDS

SUBMITTED BY WATAUGA MEDICAL CENTER FARMWORKER HEALTH PROGRAM, BOONE, NORTH CAROLINA

What is the practice?

With the help of a local graduate-level intern, Watauga Medical Center Farmworker Health Program (WMCFHP) conducted a community-wide mental health assessment at two large farmworker camps. The assessments involved focus group discussions whose purpose was to understand: 1) cultural perceptions of mental health; 2) experiences of stress around money, migration, and culture; 3) ways to manage stress; 4) what kinds of support farmworkers would like; and, 5) farmworkers' perceptions of mental health services. Participating farmworker households and camps were offered incentives that would provide healthy "free time" alternatives: sports equipment, Spanish language reading materials, ESL instruction or language exchange, and group stress reduction education.



Caption

What makes the practice innovative?

Since the start of the WMCFHP in 2004, staff have seen a high number of clinic visits related to the physical symptoms of depression, anxiety, and alcohol abuse; for example, stomach and chest pains, insomnia, and liver

problems. WMCFHP's efforts to treat, understand, and address the root causes of these ailments has enabled the program to more effectively and comprehensively address the spectrum of their farmworkers' health needs that are typically rooted in the circumstances of their farmworker lifestyles.

Findings from the focus group discussions indicated that many of the interviewees experience boredom and anxiety around missing family, dealing with roommates, worrying about money and dealing with language and cultural barriers. In regards to culturally appropriate mental health interventions, WMCFHP learned that: 1) most farmworkers prefer to seek emotional support from people they already know, including providers; 2) they would not seek mental health services unless they were no longer able to fulfill their social and work duties; 3) they are familiar with Alcoholics Anonymous (also present in Mexico) and would be open to joining local Spanish-speaking groups if it was necessary and groups were available; 4) they are interested in group health education on stress reduction; and, 5) reading materials or sports activities would help them to cope more effectively.

Last year's efforts generated so much insight and interest that WMCFHP plans to expand the project in 2007 to reach a larger number of camps and incorporate more group stress reduction education.

IMPROVING DIABETES MANAGEMENT

BLUEGRASS FARMWORKER HEALTH PROGRAM LEXINGTON, KENTUCKY

What is the practice?

Bluegrass Farmworker Health Center (BFHC) collaborated with the Lexington Fayette Health Department to teach a series of diabetes self-management classes in Spanish to diabetic farmworker patients. The four-week class was based on the *Living Well with Diabetes* curriculum developed by the Kentucky Diabetes Prevention and Control Program, which is focused on giving patients the tools and knowledge to manage and control their diabetes. Two local health department staff developed and taught the classes and provided Spanish language support. The BFHC outreach program coordinated the advertising, registration, and child care as well as provided space for the classes.

Immediately preceding the classes, BFHC outreach specialists offered individual instruction on how to use glucometers and self-monitor blood glucose levels. Each class included a healthy snack and interactive instruction. A walk-in-place exercise tape was the highlight of many classes. Incentives such as glucometer strips, medication boxes, gift cards, calendars, exercise tapes, and recipe books were included as part of the program. BFHC also provided bus tokens and child care to participants to overcome some of the typical barriers farmworkers face in taking advantage of this type of program.



Caption

What makes the practice innovative?

Diabetes continues to rank 2nd in all diagnoses seen at the BFHC and self-management is recognized as critical to the successful management of this illness. This program was the first Spanish-language diabetes self-management series to be taught in the state. In addition to barriers such as child care and transportation, this program alleviated the language barrier which has kept farmworkers from accessing classes such as this one in the past. By collaborating with the local health department, the BFHC was able to offer a valuable learning opportunity that was responsive to the needs of the patient population. The class was very successful, graduating 11 participants who attended all six classes in the series.

Since the class series ended, the BFHC and health department have continued to provide follow-up activities with graduates through a monthly support group. In addition to the original participants, some of whom

drive 70 miles to attend the monthly meeting, many interested family members and friends also attend to learn about diabetes prevention.

EMPHASIZING BEHAVIOR CHANGE IN HEALTHY WEIGHT MANAGEMENT

LA CLINICA DEL CARIÑO FAMILY HEALTH CARE CENTER, INC. HOOD RIVER, OREGON

What is the practice?

Vida Entera y Sana (Whole and Healthy Life) is a three-year demonstration project of La Clinica del Cariño Family Health Care Center, Inc. (LCDC) to address overweight and obesity in the Latino farmworker community. LCDC created a healthy weight management health *promotora* program called *Redes* (Networks). Twelve obese Hispanic farmworker women were recruited to work on personal healthy weight management and met weekly for 20 classes, in a support group setting and using Popular Education techniques. The women who were successful in the program were trained as *promotoras*. They now work with their communities, both on the individual and group level, sharing key information on weight management. More importantly, they work with contacts that are ready to achieve long-term behavior change.



Caption

The key messages for healthy weight and stress management are to: 1) exercise for 30 to 60 minutes per day; 2) eat a healthy breakfast every day; 3) eat three cups of vegetables per day; 4) eat two fruits per day; 5) drink 6 cups of water per day, and 6) do something besides eat when feeling sad, bored, or anxious.

What makes the practice innovative?

The goal of the Whole and Healthy Life program is to change current cultural norms about exercise, food and stress management by delivering messages and guiding behavior change in a way that honors cultural heritage. New behaviors repeated for four consecutive weeks have the best chance of becoming habit. This health education program is innovative because it focuses on behavior change by helping participants to: 1) set reasonable goals; 2) recognize personal achievements and obstacles; and, 3) learn and practice individualized strategies to overcome obstacles. To date, 76% of contacts have kept their healthy weight management goal for four or more weeks. Pre and post intervention self-reported changes show an 83% increase in hours of exercise per week, and a 119% increase in cups of vegetables eaten per day.

CULTURAL COMPETENCY AND RESPONSIVENESS

Cultural Competency and Responsiveness are the cornerstones 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.

REACHING OUT TO FARMWORKER MEN VIA A SOCCER TOURNAMENT EVENT

BENTON COUNTY HEALTH DEPARTMENT CORVALLIS, OREGON

What is the practice?

Last year, the Benton County Health Department (BCHD) organized the 1st Annual Benton County Soccer Tournament and Family Weekend over two days in August. The goal of the event was to attract a large number of farmworker families, particularly the men of the family. In support of the event, the BCHD administration proposed this idea to a Benton County Commissioner, who in turn provided funding to rent the soccer fields for two days.



Caption

Eight local and regional recreational soccer teams played in approximately 18 hours of soccer matches over the weekend. The County Commissioner presented the trophies following the championship match. With little funding to host the event, BCHD's *promotores/las* secured support and donations from local businesses for time, money, food, water, prizes and even a DJ. In addition to the tournament, a community resource fair was organized with over 30 community agencies. One of the key community partners to participate was the Lion's Club who provided health screenings on their mobile health unit and worked closely with the Benton Community Health Center to organize follow-up medical care. Approximately 400 people attended this event.

What makes the practice innovative?

Recognizing the difficulty of reaching Latino men with health services, the idea for this event came from one of the health *promotores/las* who felt that it would offer a non-threatening environment to men. The added benefit though was that in organizing a soccer tournament, the men's families also came out to participate, cheer on the teams, and take advantage of all that the weekend event had to offer. BCHD staff were present throughout the weekend to share information on medical, dental, and mental health services. In addition, the smooth collaboration between the Lion's Club and the community health center to schedule appointments immediately after the screenings increased the likelihood that participants would receive follow-up health care services even after the weekend event was over.



Caption

PICKING BLUEBERRIES TO RAISE MONEY FOR FARMWORKERS AND INCREASE CULTURAL COMPETENCY

SOUTHERN JERSEY FAMILY MEDICAL CENTERS, INC. HAMMONTON, NEW JERSEY

What is the practice?

Each year, Southern Jersey Family Medical Centers, Inc. (SJFMC) asks staff to take a few hours one morning in July to pick blueberries in order to raise money for a

Farmworker Emergency Fund. SJFMC staff work with different crew leaders each year to organize the activity. Flyers are distributed around the health center asking family, friends, and other staff members to make pledges based on the amount of blueberry flats picked. Although it has been the outreach staff primarily who have volunteered their time for this event, clinical staff have also participated.

What makes the practice innovative?

Approximately 8-12 staff participate in this effort every year picking between 20-30 flats of blueberries. Last year, the effort added \$400 to the Farmworker Emergency Fund, the proceeds of which are used to fill a gap when assistance is not available. There are many organizations that help with food, clothing, and medicines for farmworkers, but many times, for one reason or another, some farmworkers do not qualify for these programs. There are also instances of farmworkers in abusive or dangerous situations who need emergency monies for transportation or temporary housing. In addition to raising money, this event helps SJFMC staff increase their cultural competency by gaining a better understanding about the nature of farm work and building rapport with farmworkers by working side-by-side with them in the fields.



Caption

CALMING FEARS AND OPENING COMMUNICATION BETWEEN FARMWORKERS AND LAW ENFORCEMENT

ELLENTON HEALTH CLINIC FARMWORKER HEALTH PROGRAM ELLENTON, GEORGIA

What is the practice?

Following an outbreak of violent and deadly home invasions against Latino farmworkers in two South Georgia counties, the Ellenton Health Clinic Farmworker Health Program (“Ellenton Clinic”) served as a safe haven of understanding, awareness, and advocacy for the farmworker community. Committed to cultural responsiveness, the Clinic Director invited the local sheriff’s department, the US Department of Justice, Colquitt County Cooperative Extension Service, MALDEF (the Mexican American Legal Defense and Educational Fund), the Superintendent of Schools for Colquitt County, and the Southern Pines Migrant Education Agency to discuss concerns at two community forums and help allay the fears of the farmworker community during this difficult period.



Caption

Concerned farmworkers were able to raise the following issues: 1) their mistrust of and inability to access the banking system; 2) the lack of Spanish-speaking law enforcement officers and 911 dispatchers; 3) the lack of proper housing available to undocumented workers; and

4) the fear that if they report crimes, they themselves might get deported as a result. The clinic provided space and translation services for two of these community forums.

What makes the practice innovative?

Because many farmworkers are unable to open bank accounts and subsequently forced to keep a lot of cash at home, they become easy targets for violence. Organizing these community meetings brought the community together during a time when fears could have grown into explosive divisiveness. The Ellenton Clinic successfully demonstrated the role that community organizations can play in facilitating dialogue among city, county, and federal officials on behalf of the farmworker community. At the community forum, the 75-person classroom overflowed with participants. Farmworkers attended these meetings because clinic outreach staff were effective in making them feel safe enough to attend.

The Ellenton Clinic continues to support the farmworker community by: 1) providing home safety education to farmworkers; 2) collaborating with the Justice Department to create an ongoing community committee to address these issues; 3) educating the farmworker community about the US banking system; and, 4) partnering with the University of Georgia Archway Partnership to advocate that the banking community offer alternative banking services to farmworkers.



Caption

HEALTH DATA AND OUTCOME MEASURES

Health Data and Outcome Measures are the 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 to, and meet the on-going, changing, complex needs of farmworkers.

TRACKING FARMWORKERS USING ID CARDS

ST. BERNADETTE CATHOLIC CHURCH FUQUAY-VARINA, NORTH CAROLINA



Caption

What is the practice?

St. Bernadette Catholic Church partners with area non-profit organizations and congregations to meet farmworker needs. St. Bernadette’s offers a screening clinic on Sundays after mass. Farmworkers who need follow-up care are referred to the Wake County Human Services Migrant Farmworker Health Program. During outreach visits to camps, outreach workers provide farmworkers with laminated ID cards, which often serve as the only identification many farmworkers possess.

One side of the card includes information for providers: the individual’s name, date of birth, and instructions for accessing the patients’ medical records. The reverse side has instructions for the farmworkers: a welcome note in Spanish that explains the use of the card and that they should call 911 in case of emergency. The ID card also includes the name of the individual’s camp and the date of issue. The cards are linked to a master log sheet referred to regularly by outreach and clinical staff.

What makes the practice innovative?

The identification card system enables the farmworkers to have a handy telephone number that they can call for assistance, offering a degree of ownership and self-direction regarding their health care. The farmworkers no longer have to wait for an outreach worker to discuss concerns or request an appointment. The master log sheet allows St. Bernadette’s outreach team to easily locate clients for follow-up and appointments. The ID cards have reduced language barriers faced by non-Spanish speaking outreach volunteers in the past. The ID cards provide consistent birthdates and spellings of farmworkers’ names and therefore, do not require that volunteers be able to converse in Spanish with the farmworkers to solicit this information.

The cards have also improved data management by enabling the church to track the types of visits to the clinic and determine if there are clusters of diseases or injuries among or within camps. These epidemiological data have been used in community advocacy efforts and to train volunteers on what they can expect to see at screening clinics and when they do outreach. An unexpected benefit of the ID system has been the calls from growers, emergency rooms, and hospital wards on behalf of the card holders in their care seeking the church’s assistance for their farmworker employees or patients.

REGIONAL COALITION ASSESSES FARMWORKER NEEDS IN EASTERN NORTH CAROLINA

KINSTON COMMUNITY HEALTH CENTER KINSTON, NORTH CAROLINA



Caption

What is the practice?

Kinston Community Health Center (KCHC) is a founding member of the Migrant Education Outreach Cooperative (MEOC), which began as a joint effort between the Migrant Education Program and KCHC to create a platform for communicating among agencies that serve farmworkers in Eastern North Carolina. The cooperative involves representatives from two public school systems, a head start agency, a community college, one health center, and two family-focused non-profit organizations.

In addition to meeting monthly, conducting joint outreach activities, and communicating via a blog site, the seven coalition members are conducting a comprehensive farmworker needs assessment across the region. All representatives have assisted in the survey design, received training for administering the surveys, and mobilized their respective community volunteers to carry out the assessment. The assessment covers a five county service area, reaching 240 farmworkers and their families.

What makes the practice innovative?

Some of the coalition members have carried out individual needs assessments of their farmworker clients in the past, but none have ever jointly conducted a comprehensive regional assessment that addresses farmworker needs beyond the scope of their individual organizations. The activities of this coalition, particularly the needs assessment, reflect a commitment to effective partnering so that each of the organizations can more comprehensively address the needs of farmworkers in this part of the state. Though data collection has just begun, all coalition members were eager to be a part of the assessment effort and the results will be used to identify and evaluate service gaps in the region and to guide and inform program design and grant applications.



Caption

TRACKING EFFECTIVENESS OF OUTREACH WITH INCENTIVE CARDS

CLINICAS DEL CAMINO REAL, INC. VENTURA, CALIFORNIA



Caption

What is the practice?

Clinicas del Camino Real, Inc. (“Clinicas”) has implemented several strategies for tracking how many patients are brought in as a result of outreach activities. One strategy is to distribute pre-printed incentive cards to potential farmworker patients during outreach. Outreach workers fill out the incentive cards which include the name of the outreach worker, site visited, date, and time. When farmworkers see a provider and present the incentive card, they receive a \$5 gift card. The data from the incentive cards returned to the health center are entered into a computer program for periodic analysis.

In the case of patients who forget to bring in the incentive cards, the Director is considering administering a questionnaire, asking them about how they learned about Clinicas. These data would be reviewed in the same manner as the incentive card data.

What makes the practice innovative?

Though this strategy was just recently implemented, tracking data from the incentive cards will allow the Program Director to measure and assess the cost-effectiveness, efficiency, and productivity of outreach activities carried out at Clinicas’ various sites by determining which outreach activities and staff members are generating more clinic visits. The Director believes it will be helpful for making programmatic decisions about the use of human and financial resources; for adjusting outreach methods to achieve optimal effectiveness; and for providing evidence about the outreach program’s effectiveness to the head of the health center and potential funders.



Caption

CONTACT INFORMATION FOR FEATURED ORGANIZATIONS

Benton County Health Department, Promotores de Salud Program (pg. X)

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Bluegrass Farmworker Health Center (pg. X)

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Clinicas Del Camino Real, Inc. (pg. X)

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Columbia Basin Health Association (pg. X)

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East Coast Migrant Head Start Project, North Carolina Direct Services (pg. X)

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Ellenton Health Clinic Farmworker Health Program (pg. X)

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Kinston Community Health Center (pg. X)

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La Clinica del Cariño Family Health Care Center, Inc. (pg. X)

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North Carolina Farmworker Health Program (pg. X)

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Northwest Michigan Health Services, Inc. (pg. X)

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Oklahoma Community Health Services Farmworker Health Program (pg. X)

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Saint Bernadette Catholic Church (pg. X)

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Southern Jersey Family Medical Centers, Inc. (pg. X)

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Tri-County Community Health Center (pg. X)

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Watauga Medical Center Farmworker Health Program (pg. X)

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Yolo County Health Department Maternal Child Adolescent Health Program (pg. X)

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AT-A-GLANCE TOPICAL INDEX

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DATABASE OF INNOVATIVE OUTREACH PRACTICES

Innovative Outreach Practices that FHSI has collected from 2004 and onward are now electronically accessible in FHSI's Resource Library on www.farmworkerhealth.org.

The practices are indexed by topic, similar to this report's index.

ABOUT FARMWORKER HEALTH SERVICES, INC.

Since 1970, FHSI has been at the forefront of elevating the importance of outreach, recognizing the critical role it plays in facilitating primary care, case management, health prevention and social services to farmworkers and their families.

Over the past 37 years, FHSI has evolved from a small outreach operation working in five Eastern states to providing programmatic support to farmworker-serving health organizations across the country, including migrant health grantees, community health centers, health departments, Migrant and Seasonal Head Start agencies, and migrant housing agencies.

By professionalizing outreach services, FHSI has established itself as the leader in enhancing health organizations' abilities to successfully reach farmworkers and offer critically needed services.

FHSI offers a wide range of customized services, at minimal to no cost, which benefit community-based organizations that are committed to improving the health and well-being of farmworkers.

By partnering with FHSI, organizations can expect to attain:

- A better understanding of farmworker needs and how to address those needs;
- Increased access to care and reduced health disparities;
- Strengthened continuity and quality of outreach program;
- Maximized use of financial and staffing resources.

In addition to this report, FHSI offers other publications including FHSI's *Outreach* newsletter, *National Needs Assessment of Farmworker-Serving Health Organizations*, *Outreach Reference Manual*, *Health Education Flipcharts*, and other resources that can be found on FHSI's website, www.farmworkerhealth.org. FHSI provides many other one-on-one technical assistance services such as outreach program assessments, customized consultations to address client-identified programmatic needs, and educational and training opportunities to enhance the skills of those working in farmworker outreach.

2008 INNOVATIVE OUTREACH PRACTICES REPORT SUBMISSIONS

It is our hope that your organization will find effective models and approaches in this report that can be implemented or adapted in your communities. We request that you also take the time to reflect on what makes your outreach program responsive to the needs of farmworkers in your community and especially, what others can learn from the strengths of your program. The utility of this report can only be enriched by the continued contributions of those of you in the field striving daily to improve the health of farmworkers.

Please consider sharing your ideas for the 2008 edition of this report.



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