



INNOVATIVE
Outreach
PRACTICES REPORT
2008

ACKNOWLEDGEMENTS



Farmworker Health Services, Inc. would like to extend its appreciation to the following organizations whose submissions enriched this year's *Innovative Outreach Practices Report*:

Arizona State University, School of Human Evolution and Social Change
Beaufort Jasper Hampton Comprehensive Services, Inc.
Central Florida Health Care, Inc.
Community Health Centers of the Central Coast
Eastern Shore Rural Health System, Inc.
Finger Lakes Migrant Health Project, Inc.
La Clínica del Cariño Family Health Care Center, Inc.
La Comunidad Hispana
Migrant Health Service, Inc.
Mixteco/Indigena Community Organizing Project
Nuestra Comunidad Sana, a program of The Next Door, Inc.
Radio Bilingüe
Southern Jersey Family Medical Centers, Inc.
Valley-Wide Health Systems, Inc.
Vista Community Clinic

The *Innovative Outreach Practices Report* is a publication of Farmworker Health Services, Inc. made possible through funding from the Bureau of Primary Health Care, Health Resources and Services Administration, US Department of Health and Human Services. The opinions expressed within do not necessarily reflect the position of FHSI, BPHC/HRSA/DHHS, or any agency of the federal government.

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Cover photo taken by Noemi Velazquez, Community Health Centers of the Central Coast.

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INTRODUCTION

Farmworker Health Services, Inc. (FHSI) is pleased to present its annual *Innovative Outreach Practices Report*. When the first edition of the report was published in 2002, few national avenues existed for farmworker health programs to showcase their unique outreach efforts and to network with other outreach programs. The *Innovative Outreach Practices Report* was established to create this much needed venue for communication and collaboration, and today the report offers farmworker outreach programs a national platform to share innovative outreach techniques, and to discover new ideas and methods for improving their own outreach efforts. Now in its seventh year, this practical peer-to-peer model, grounded in the day-to-day experiences of front-line outreach staff, continues to generate useful and responsive interventions ready for adaptation and implementation by programs just like yours.

What makes a practice innovative?

The practices featured in the *2008 Innovative Outreach Practices Report* demonstrate how programs creatively deliver original and high-quality health outreach services to farmworkers. All of the 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 or adapt practices used with other special populations,
- Represent new approaches to providing outreach or services to farmworkers, and
- Illustrate new possibilities for creative and effective partnerships to better meet the needs of farmworkers.

For instance, the report features a health center in Virginia that partners with local schools to provide a health and safety fair each summer for children ages 3-16 and one organization in California that reaches out to the Mixteco population using a traditional Mixtec community service model as part of its approach. This year's report also features two organizations in Oregon that are collectively tackling issues of food insecurity and decision-making around healthy eating. Together they teach farmworkers about the benefits of home gardening while reconnecting them to their cultural heritage of growing their own food. These practices are just a sample of the 17 practices that are showcased in the report. We anticipate that you will find more than a few that could be adapted to tackle issues you face within your own community.

How do I use this report?

The innovative outreach practices featured in this report are presented in two sections: the *Featured Practices from Sister Cecilia B. Abhold Award Recipients* section and the *Innovative Outreach Practices* section. The award recipients' section showcases two innovative outreach practices from each organization. The *Innovative Outreach Practices* section includes 11 practices from other farmworker-serving organizations, many of which were nominated for the *Sister Cecilia B. Abhold Award*.

In the back of the report you will find an index of specific subjects addressed in the outreach practices, such as *health screenings or cultural competency*. The Topical Index found on page 28, is meant to help you search and easily identify practices that are most applicable to your organization's needs.

Although every outreach program is unique, the practices highlighted in this report can be adapted to meet your organization's needs. Please contact FHSI or representatives from the featured organizations if you need more detail or guidance to effectively implement or adapt these practices. All representatives from the featured organizations have given their consent to be contacted. Their contact information is located on page 26.

How can I learn about other innovative outreach practices?

In an effort not to lose the innovative ideas we publish year after year, FHSI created an electronic database in 2007 that is available on-line at www.farmworkerhealth.org. The practices are indexed by category, similar to the Topical Index in this report and the database is updated annually once the report is published. Whenever you seek a fresh approach to outreach, visit our website for guidance and inspiration!

How can my organization be featured in this report?

FHSI's goal is to promote effective outreach approaches far and wide. In addition to gathering ideas from this report, reflect on what makes your outreach program innovative and share your own approaches, projects and ideas with your outreach peers. Submit your success stories for future editions of this report on our website.



A visit to the fields in St. Helena, SC. Photo submitted by Beaufort Jasper Hampton Comprehensive Health Services, Inc.

How does FHSI collect practices for the report?

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

Call for Submissions

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

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 farmworker outreach before it became as popular as it is today. 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 that demonstrates innovation in health outreach services to serve migrant and seasonal farmworkers.

Nominations for the award are based on the submission of innovative outreach practices by 330(g) funded organizations. 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.

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. These innovative outreach practices are featured in the Short Takes section of this report.



Mixtec volunteers rest after packing and distributing emergency food boxes during the 2007 Ventura County freeze crisis. Photo submitted by the Mixteco/Indigena Community Organizing Project.

To learn more about the *Sister Cecilia B. Abhold Award*, please visit www.farmworkerhealth.org/abhold.html.

FHSI's Work in the Field

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 future editions of the report.

FEATURED PRACTICES FROM THE 2007-08 *SISTER CECILIA B. ABHOLD AWARD RECIPIENTS*

Finger Lakes Migrant Health Care Project, Inc.
Migrant Health Service, Inc.
Community Health Centers of the Central Coast



Photo submitted by Community Health Centers of the Central Coast.

PROVIDER AND CASEWORKER VISITS TO FARMWORKER CAMPS

FINGER LAKES MIGRANT HEALTH CARE PROJECT, INC.

Eastern Migrant Stream Sister Cecilia B. Abhold Award Recipient

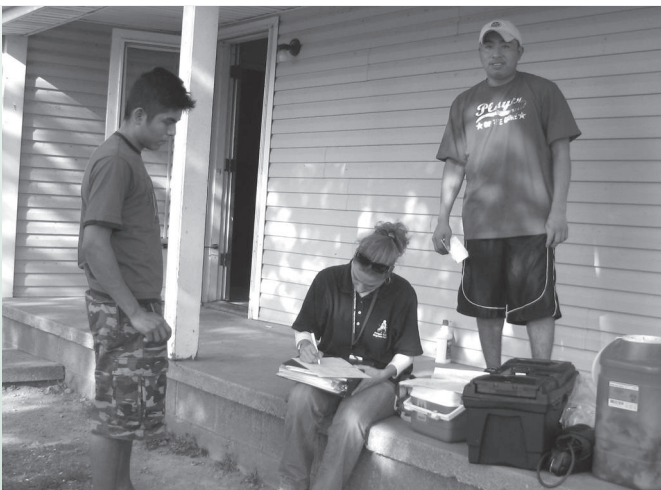
Penn Yan, New York

Finger Lakes Migrant Health Care Project, Inc. (FLMHCP) has contracted with a voucher site provider to visit migrant housing camps in the counties that they would normally serve in private practice. The clinical provider sees patients in their homes, observes their living conditions, and meets their family members in order to get a more holistic understanding of the factors influencing the patients' health. On such visits, the provider is accompanied by a FLMHCP bilingual/bicultural case manager to provide assistance and serve as a patient advocate. The case manager organizes follow-up care including making arrangements for and covering the costs of transportation for patients to be seen in a clinical setting if necessary.

This program gives clinical providers a rare opportunity to experience first hand what the farmworker deals with at work and home. The case manager provides a constant link for the patients so that wherever seen, there is a familiar face. In addition, patients receive care without needing to travel. This is especially important for routine screenings that may not seem worth a trip to the clinic but which often uncover more serious diseases such as diabetes, hypertension, and hepatitis.

Though providing medical services in isolated areas is difficult because doctors often lack access to their patients' prior medical histories, in this program, a medical chart is created for each patient using *MiVia* software. *MiVia* is a secure, web-based, and

patient-driven Electronic Health Record program that allows patients to go anywhere in the world and give any provider access to their health records. The in-camp providers bring internet-accessible laptops, in order to look up patients' previous medical care. This approach prevents the duplication of services, such as blood work and immunizations, that may have occurred at other clinics and it also allows for the tracking of medications.



Jennifer Rios-Raner, an FLMHCP patient advocate completes the necessary paperwork before the patient sees the provider. Photo taken by Osbelia Garcia.

USING TECHNOLOGY TO INCREASE ACCESS TO SPECIALISTS

FINGER LAKES MIGRANT HEALTH CARE PROJECT, INC.

Eastern Migrant Stream Sister Cecilia B. Abhold Award Recipient

Penn Yan, New York

Finger Lakes Migrant Health Care Project, Inc. (FLMHCP) has teamed up with a major regional hospital to provide access to a variety of healthcare specialists for migrant and seasonal farmworkers using both telemedicine equipment and *MiVia* software.

Prior to an appointment, a FLMHCP clinical provider enters all of a patient's vital information as well as notes on past interactions. On the day of the visit, the patient is accompanied by a bilingual case manager into the clinic the farmworker normally visits. By then, the off-site specialist has already accessed the patient's record using *MiVia*, and is aware of the patient's health concerns and important medical information. Using telemedicine cameras and digital diagnostic instruments such as otoscopes, stethoscopes, and cameras, the visit is conducted just as if the specialist were in the room with the patient except that a trained nurse provides the hands-on piece of the exam, under the specialist's direction.

Thanks to this system, patients do not lose an entire day of work because of a trip to a specialty care center in a distant city, yet they gain access to top specialists. Also, FLMHCP's case managers are more efficient because they do not have to drive long distances nor spend most of a day with one patient. A new component of the program is the use of a portable camera to transmit video images back to providers in the clinic. The camera will be used in farmworkers' residences so that they will be able to access specialty care without having to leave their homes. The telemedicine program is effective, but more importantly, it addresses transportation barriers while assuring that patients have access to high-quality health care in a setting with limited providers.



Family members of all ages can benefit from the FLMHCP in-camp visits. Here, Osbelia Garcia RN is checking this child's blood glucose level upon her mother's request. Photo taken by Jennifer Rios-Raner.

YMCA COLLABORATION FOCUSED ON PROMOTING EXERCISE

MIGRANT HEALTH SERVICE, INC.

Midwest Migrant Stream Sister Cecilia B. Abhold Award Recipient
Moorhead, Minnesota

In 2006, Migrant Health Service, Inc (MHSI) received a small grant from the Blue Cross Blue Shield Foundation of Minnesota to purchase YMCA memberships for migrant and seasonal farmworker families. The YMCA waved enrollment fees and adjusted the price to fit the unique needs of the agency and its patients. The relationship has been very successful; as of September 2007, a total of 19 families (77 individuals) have benefited from MHSI's partnership with the YMCA.

With this project, MHSI clients have utilized facilities in multiple locations that would have been unattainable to them normally. The nurses and program staff have been determined to make the project a success so that families have a safe and fun atmosphere to exercise and become motivated to engage in healthy lifestyles. Staff recruited members for enrollment, accompanied them on tours of the YMCA facility, provided interpreting services for them in Spanish, and enrolled them in fitness classes.

Participants in the program are required to have at least one family member attend the YMCA a minimum of eight times per month to maintain the membership. One family, a 79-year old gentleman and his wife, has averaged 23 visits per month! The combination of medication, nutrition, and exercise helps the gentleman manage his Type 2 diabetes, hypertension, and hyperlipidemia. Their participation in the program has served as a true inspiration and proof that healthy living can occur at any age.

Another success story comes from a woman who goes to the YMCA about 10 times a month and has lost more than 20 pounds and 2½ inches off her waist since starting with the program. The success of this initial collaboration with the YMCA has prompted the MHSI Chronic Disease Program to seek additional funding to continue the program.



Cindy Keney, the Clinical Coordinator (left), speaks with a patient via telephone as Norma Krabbenhoft, Patient Support Specialist, interprets in Spanish. Six of MHSI's nine sites are seasonal, yet the \$10 drug card plan is available through pharmacies in these satellite locations on a year-round basis. Photo taken by Kristi Jacobson.

INCREASING ACCESS TO PRESCRIPTION MEDICATIONS

MIGRANT HEALTH SERVICE, INC.

Midwest Migrant Stream Sister Cecilia B. Abhold Award Recipient
Moorhead, Minnesota

To combat a shrinking pharmacy budget, Migrant Health Service, Inc. (MHSI) staff have developed and implemented an innovative program whereby patients bring a pre-stamped postcard to the pharmacy and pay \$10 for each 30-day supply of prescription medications received. There are approximately 50 generic medications that qualify for the \$10 card program including antibiotics, anti-hypertensives, and diabetes medications. Agreements were established with more than 50 local pharmacies throughout rural Minnesota and North Dakota. The \$10 card program, combined with aggressively utilizing the \$4 retail programs where available, has allowed MHSI to continue to provide or increase patients' access to pharmaceuticals while drastically lowering the operating costs to the agency.

Two unique Excel tracking systems were developed to determine initially which medications should be included in the \$10 card program and to track the cards mailed back from the participating pharmacies. In addition, an extensive retail list that is updated quarterly was created to assist clinicians in determining where their patients could find the most appropriate medications at the lowest prices. Patients are more apt to adhere to their treatment regimen because they are now more likely to afford their medications. Also, by being switched to generic medications, the hope is that they will be able to continue with less expensive medications upon returning to their home base when MHSI is no longer able to assist them with cost.

Approximately 500 patients have benefited from MHSI's \$10 self-pay card program since its inception. The \$10 card plan is easy for pharmacies to use because they get immediate payment with little paperwork; they simply drop the pre-stamped card in the mail and receive reimbursement shortly after. MHSI has also seen a decrease in the workload for staff. Fewer pharmacy vouchers are written and the number of phone calls to/from pharmacies for voucher requests and authorizations has decreased substantially. Most importantly, however, staff are assured that patients are getting the medication they need both in and out of the service area which increases the likelihood of uninterrupted care for the mobile farmworker population.



Jane Hines, LPN (left) and Cindy Keney, the Clinical Coordinator review the aggregate list of medications to compare what is available through the various area pharmacies. MHSI clinical and front office staff use this list as a reference tool to educate patients, friends, and family on how to access low-cost medications in the manner and location most appropriate for them. Photo taken by Kristi Jacobson.

SUPPORT GROUP ENCOURAGES NETWORKING AND EDUCATION

COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST

Western Migrant Stream Sister Cecilia B. Abhold Award Recipient
Nipomo, California

In an effort to better communicate with their Spanish/Mixteco-speaking patients, Community Health Centers of the Central Coast (CHC) began to work closely with local organizers to develop *El Pueblo Entero: Foro para los Campesinos* (The Whole Community: Forum for Farmworkers), a monthly family support group addressing the concerns of farmworkers in the Santa Maria Valley. This grassroots outreach effort with non-traditional organizers provides an opportunity for farmworkers to network among themselves and to learn about local social service agencies.

Working closely with the United Farm Workers and local agricultural agencies, the monthly meetings were developed to address the importance of preventive health care as well as to facilitate discussion regarding health and social services to farmworkers. CHC recognizes the need to listen to farmworkers in order to effectively address their needs and break down barriers to health care.

The monthly gathering allows CHC to simultaneously focus on the health care needs of each individual family while also educating the entire group. Shortly after the forum, monthly bilingual (Mixteco and Spanish) health classes are held that address the needs expressed by participants in the forum. Personal health care needs are discussed with a specialized educator, addressing topics such as women’s health, sexuality, HIV, pesticide exposure, housing, labor laws, and cancer support. The

health education sessions are conducted in a comfortable, non-threatening environment with many service organizations represented. CHC believes that the *familia* approach lets farmworkers know that CHC cares about their health and empowers them to make their own health care decisions while also facilitating leadership development within the community.



CHC Farmworker Forum participants. Photo taken Noemi Velasquez.

CREATING A SAFETY NET FOR HOMELESS FARMWORKERS

COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST

Western Migrant Stream Sister Cecilia B. Abhold Award Recipient
Nipomo, California

Community Health Centers of the Central Coast (CHC) has begun an inter- and intra-agency collaborative program specifically targeting homeless farmworkers which maximizes resources within the health center as well as within the community. Housing in CHC's service area is particularly expensive and not only are there no labor camps, farmworkers are not allowed to park their cars in the fields, forcing many to sleep in parking lots and outside of local community hubs. In many cases, it is very difficult to tell who is homeless until night falls.

CHC's *Los Adobes de Maria* farmworker clinic has joined forces with the organization's mobile unit and the Healthcare for the Homeless Program in order to find homeless farmworkers and offer case management as well as screenings, medical care, and urgent care. Aside from intra-agency collaboration, the program also works with other local organizers, farm companies, agencies, charities, as well as several Mixteco organizations such as *Unidad Popular Benito Juarez* to do referrals and organize community events. This unique collaboration, both internal and external to the organization, has opened many doors for the program to gain greater access to and better serve the population.

The program's case managers follow the *promotora* model. Many of the case managers have been homeless themselves. As a result, they are better able to understand a diagnosis of anemia from lack of food or a communicable disease from lack of health access. The program also utilizes innovative community building methods to find farmworkers, such as organizing cultural events offering free food, or projecting documentary films in farmworker housing areas, and then conducting health outreach afterwards. As case managers speak with attendees at these events, they become aware of major issues such as mental health or basic necessities of life. The case managers make referrals to the clinic, the mobile unit, or any number of other collaborating agencies, which brings the community together to achieve better health follow-up and outcomes within the homeless farmworker population.



Farmworker sorting strawberries in Santa Maria CA.
Photo taken by Noemi Velasquez.

INNOVATIVE *Outreach* PRACTICES



Photo submitted by Eastern Shore Rural Health System, Inc.

MIGRANT HEALTH AND SAFETY FAIR FOR CHILDREN

EASTERN SHORE RURAL HEALTH SYSTEM, INC.
Nassawadox, Virginia

Eastern Shore Rural Health System, Inc. (ESRHS) partners with local schools to provide a Migrant Health and Safety Fair each summer for children ages 3-16. Approximately 190 children participate annually. Throughout the day, multiple organizations, such as the fire department, rescue squad, police, and the Coast Guard give presentations and lead hands-on activities on specific safety issues. The children explore ambulances and fire trucks while learning information such as the “stop, drop, and roll” technique, and where to go in a fire emergency. Representatives from 911 perform call simulations with the children where they practice relaying their name and emergency information to a dispatcher.

Separated by grade levels, the children also learn about vehicle and pedestrian safety such as how to properly fit a bike helmet or life jacket and the importance of buckling up. Younger children learn to look both ways before crossing the street and not to run into the street while playing. The children also get information on hygiene, lead poisoning, water, and smoking at various stations. Other activities involve making good food choices, taking care of their teeth, and the importance of exercise. Finally, children are given a toothbrush and educational materials printed in Spanish to take home to share with their parents.



ESRHS Health Educator, Linda Regula teaches children attending the Migrant Health Fair about nutrition and healthy food choices. Photo taken by Cynthia Lee.

The Migrant Health and Safety Fair is different from other area health fairs because it focuses primarily on children and their needs. ESRHS hopes to reduce the risk of accidents and injuries to children by teaching them how to avoid potentially dangerous situations and how to respond in an emergency. The children also come away with increased confidence in rescue personnel which is especially important for migrant children, whose parents may fear law enforcement officials due to their legal status. As an unexpected benefit, many children come away wanting to be rescue personnel or police officers when they grow up.

HOLIDAY DINNER BRINGS FARMWORKERS TOGETHER

SOUTHERN JERSEY FAMILY MEDICAL CENTERS
Hammonton, New Jersey

In December 2003, Southern Jersey Family Medical Centers (SJFMC) hosted its first Farmworker Holiday Dinner. The purpose of the dinner is to provide farmworkers with a fun, social activity full of both treats and necessities around the holiday season. Many farmworker families who stay in isolated camps year round are in need of a celebration; the cold winter season can depress farmworkers who find themselves away from their families during the holidays.

Aside from supporting farmworkers who are alone during the holiday season, the Farmworker Holiday Dinner is also an event in which the general community reaches out to local farmworkers. Community churches and private citizens donate food, gifts, and time to this event to make it special. Church members first clean up for the dinner and then prepare and serve platters of holiday favorites.

Volunteers put “Angel Trees” on display based on a list of farmworker families compiled for them by the outreach department of SJFMC. Church members pick a farmworker family that they would like to sponsor and then provide both presents for the children and general goods for the family under each tree. Single adult farmworkers are also given gifts. Tables of other miscellaneous donated items are set up as well.

In addition to food and gifts, various entertainers volunteer to perform at the dinner. A DJ provides musical entertainment and a clown comes to share treats and play games with the kids. There is even a volunteer Santa Claus who greets the children and distributes small gifts. Farmworker service organizations also come to help out and tell people about their services. The Farmworker Holiday Dinner is a fun night for the whole community at a time when being with others is so important.



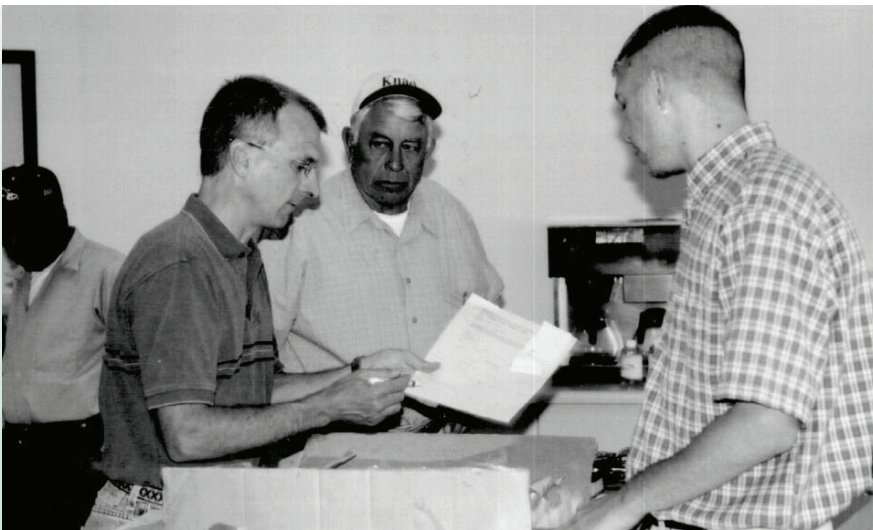
Health promoters at SJFMC get trained on Diabetes by Harry Parison, a Diabetes Health Education. Photo taken by Cherie Arias.

ANNUAL FARMWORKER EYE CLINIC

VALLEY-WIDE HEALTH SYSTEMS, INC.
Alamosa, Colorado

In the course of facilitating outreach screening activities, it became apparent to the staff at Valley-Wide Health Systems, Inc. (VWHS) that farmworkers had no access to eye care. With large numbers of individuals needing diabetic eye exams or experiencing occupational hazards such as chemical exposure, VWHS pioneered a Farmworker Eye Clinic in 1998 to provide annual vision screenings to area farmworkers. Since that time, well over 2,400 patients have received eye care through this program including examinations and eyeglasses. A dedicated optometrist from an urban area has donated his expertise and time throughout the years, while glasses are donated by other local professionals. VWHS staff volunteer their time to carry out the event.

Personal testimonials emphasize the impact of this program. One patient, initially seen for an eye irritation, was referred to the eye clinic and given an exam and glasses. He remarked how surprised he was at what he was able to see, noting that his restored vision would make his work much easier, more productive, and he would be able to earn more money. As the event concluded last year and the clinic doors closed after 195 patients were screened, the optometrist looked to the event coordinator and said, “See you next year.” This play on words highlights the value of this event as many migrant farmworkers must be able to see in order to drive to their next place of work.



VWHS' Dr. Guhl dispenses glasses during the Annual Migrant Eye Clinic. Photo submitted by Valley-Wide Health Systems.

EMPOWERING OAXACAN FARMWORKERS

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT
Oxnard, California

Since 2001, the Mixteco/Indigena Community Organizing Project (MICOP) has been empowering the 20,000 indigenous Oaxacan farmworkers in Ventura County who face linguistic and cultural barriers to health care. In monthly community meetings, an average of 200 Mixtec families come together to share a communal meal, exchange information and concerns in their own language, receive assistance with the necessities of life (i.e., food, clothing, and disposable diapers), and develop a strong collective voice. The meetings offer an excellent forum for presenting health-related information, collaborating with public and private service agencies, and assisting community members to access medical services.

The community meeting approach is culturally appropriate and effective because it draws on the inherent strengths and communication style of the indigenous community it serves, with an emphasis on cultural pride and language preservation. The Mixtec traditional community service model, where everyone is expected to share in the work of maintaining the community, aids the functioning of the meetings. Also, because Mixtec is a non-written language, verbal exchanges and interactive presentations are the most effective approaches to communication. Cultural events are celebrated as well such as “Children’s Day” and *Guelaguetza*, a traditional holiday where Oaxacans renew their commitment to contributing to the betterment of their community. Also, instead of banning children at meetings, a degree of disruption is accepted as a small price to pay for enabling entire families to attend.

Mixtec health promoters are a key example of the leadership development that MICOP embraces; they play a critical role in organizing these monthly meetings. They serve as community health advocates and have assisted the community in demanding culturally and linguistically appropriate services. Their efforts have resulted in the hiring of over a dozen Mixtec interpreters and outreach workers at health care agencies. The visibility and leverage of the Mixtec community in Ventura County and beyond has increased immeasurably due to this program.



Many health care providers wrongly believe that indigenous clients don’t smile or make eye contact. This photo captures Mixtec farmworkers sharing a lighthearted moment at the monthly community meeting. Photo taken by Donna Foster.

INCREASING MALE FARMWORKERS' ACCESS TO CARE

VISTA COMMUNITY CLINIC
Vista, California

The goal of Vista Community Clinic's (VCC) *Male Health Services Project* is to increase access to reproductive health education and clinical services for male migrant farmworkers, ages 25 and older in north San Diego County. The bicultural and bilingual project staff provides age-appropriate, culturally and linguistically competent reproductive health education to male farmworkers in a variety of locations including farmworker residences and work sites. Another component is the male reproductive health exam, which includes vital sign screenings, screenings for testicular and prostate cancer, instruction on self-screening for testicular cancer, diagnosis and treatment of sexually transmitted infections (STIs), and information and referrals for fertility services.

Based on feedback from a needs assessment and asset mapping project carried out in collaboration with an advisory committee made up of members of the target population, VCC implemented a multi-faceted community awareness campaign to provide culturally and linguistically appropriate health education and referrals for male exams in a variety of settings. VCC also developed a clinic-based male health services enhancement plan that included provider training on recognizing and responding to male reproductive health and psychological needs, and recognizing and responding to cultural and social barriers that influence or impede patient-provider communication.



A group of men gather to eat after one of VCC's *Male Health Services Project* presentations. Photo taken by Juan Ramon Reyes.

This project has enabled VCC to create a male-friendly service delivery environment. Male-oriented reading materials have been placed in the waiting rooms, and appointments are scheduled at the main clinic site away from where women and children are routinely seen. Male exams are scheduled primarily during VCC's evening and weekend service hours to accommodate work schedules. Furthermore, project staff guide clients through the male exam process, helping them to fill out forms and providing interpretation services as needed. Men who receive the male reproductive health exam are encouraged to also access additional comprehensive health screenings, such as adult immunizations, TB testing, and diabetes and hypertension screening. Since implementing this program, the number of male farmworkers accessing health exams each month has more than doubled.

ENCOURAGING HOME GARDENING

LA CLÍNICA DEL CARIÑO FAMILY HEALTH CARE CENTER, INC.
AND NUESTRA COMUNIDAD SANA, A PROGRAM OF THE NEXT DOOR, INC.
Hood River, Oregon

Raíces, a partnership program of La Clínica del Cariño's (LCDL) *Vida Entera y Sana* project and *Nuestra Comunidad Sana* (NCS), encourages farmworker families to reconnect with their cultural roots of growing their own food, adopting healthier food choices, being more active, coming together in community, and taking pride in reconnecting with their history. The objectives of the *Raíces* program are: 1) to encourage families to grow home gardens using organic methods; 2) to build community, social support, and self-sufficiency through gardening in ways that honor Latino cultural traditions; and, 3) to examine the impact of gardening on eating habits and food security.

Raíces has completed three growing seasons, with a total of 46 families participating and 287 people touched by the program. Participants were first invited to attend an orientation where healthy food was served. The families continued to meet regularly to socialize, and share information, tips, and extra vegetables. Families taught each other canning and freezing methods to battle food insecurity year round. Those without gardening space were encouraged to use the clinic's community garden or other creative alternatives. A Harvest Fiesta is held each fall with music and a piñata for families to enjoy the fruits of their gardens together.

The dramatic impact of *Raíces* is demonstrated by data gathered on families before and after having a garden. The number of adults eating vegetables several times a day increased by 140% (117% for children). The number of adults skipping meals because the family ran out of money decreased by 78% (100% for children). In addition, *Raíces* has helped to: 1) teach children that vegetables are rewarding, delicious, and nutritious; 2) create health promoter families who continue to take leadership in the community; 3) re-establish the cultural norm among Latino farmworkers of growing their own food; and 4) counteract the societal norm of “produce deserts” in poor areas.



Families involved in NCS' *Raíces* Organic Home Gardening Project show off their bounty. Photo taken by Joel Pelayo and Maria Antonia Sanchez.

ASSESSING EMPLOYERS' NEEDS AND INTERESTS

BEAUFORT JASPER HAMPTON COMPREHENSIVE HEALTH SERVICES, INC.
Ridgeland, South Carolina

As of 2007, Beaufort Jasper Hampton Comprehensive Health Services, Inc. (BJHCHS) begins its outreach season by administering a needs assessment questionnaire to area growers and crew leaders. At the onset of the season, growers are sent an introductory letter from the outreach coordinator describing BJHCHS' services and the farmworker outreach program, the location of the BJHCHS' clinics, and a request for 15 minutes of their time. The outreach coordinator visits local farms to conduct employer assessments whether or not the reply form included with the letter is received by BJHCHS. The simple yet comprehensive questionnaire requests information on the farmworkers employed, such as demographic and migration patterns; common health problems seen in the camps; barriers to care; where the farmworkers go to seek medical care; growers' interest in on-site outreach services for their workers; and the types of services growers would like to see provided (transportation, screenings, referrals, language services, etc.).

Based on last year's efforts, the outreach coordinator improved relations with area growers and also received accurate numbers of the farmworkers in BJHCHS' service area. The outreach coordinator learned about individual growers' needs and expectations of BJHCHS as well as the work patterns on each farm to make outreach visits more effective and less intrusive. Growers also benefited from participating in the assessment because they learned new information, such as their employees'

health problems. For example, many were unaware of the high rates of diabetes and hypertension, illnesses that can significantly impede the productivity of their labor force. This assessment activity, combined with other farmworker-accommodating services, such as evening hours, case management activities, and community partnerships has helped to ensure and enhance quality health services to migrant and seasonal farmworkers in the BJHCHS service area. This successful approach to assessing growers' needs and interests will continue to be an annual activity for outreach staff.



Dr. Faust, a pediatrician at BJHCHS, meets with a small patient at a medical night visit to Paragon Labor Camp in St. Helena, SC. Photo taken by Carolyn Davis.

LA PLACITA BILINGÜE RADIO SHOW

RADIO BILINGÜE
Fresno, California

La Placita Bilingüe is a weekly live call-in Spanish program on Radio Bilingüe. The show is produced in Salinas, CA and is broadcast via its six network stations:

- KSJV 91.5 FM Fresno
- KMPO 88.7 FM Modesto
- KTQX 90.1 FM Bakersfield
- KHDC 90.9 FM Salinas
- KUBO 88.7 FM El Centro, and
- KVUH 88.5 FM Latonville.

The program was founded on the principles of building community and empowering immigrant farmworkers. It is grounded in a *Communication for Social Change* framework, which seeks to put farmworkers in leadership positions where they act as agents of change rather than objects of change. In addition, *La Placita Bilingüe* instills principles of tolerance, self-determination, equity, social justice, and active participation for all farmworkers.

The topics and themes discussed during the radio show come directly from representatives of the farmworker community such as parents, mothers, youth, etc. Oftentimes, the show invites special guest experts to provide their opinions and commentary about a variety of issues faced by the farmworker community. Some special guests have come from well-known community health centers and social service agencies in the San Joaquin Valley of California. Past topics addressed on the show include: asthma, education, nutrition, chronic diseases, overall preventive health practices, parenting, environmental health issues, and financial literacy.

Additionally, because of quality assurance standards set forth by Radio Bilingüe, *La Placita Bilingüe* programming is informed by continued research and evaluation of farmworkers' reactions and feedback. Staff conduct focus group discussions and intercept interviews at flea markets and community events to gain a better understanding of the effectiveness of the programming in addressing the farmworker community's health and social needs. Overall, this radio program is an innovation in outreach because it gives the farmworker community a voice, and provides a medium for addressing the most pressing issues faced by the community, including health care access and utilization.



Radio Bilingüe reporter, Alma Martinez, interviews a farmworker mother affected by pesticides in Tulare County during a live radio remote at a California state public hearing on pesticide drift emergency response. Photo taken by Elizabeth Cornejo.

FOUR STRATEGIES FOR CONTACTING FARMWORKERS

ARIZONA STATE UNIVERSITY
Tempe, Arizona

Farmworker outreach activities enable outreach staff to identify problems, provide services, and build rapport with farmworkers. Below are four strategies for structuring outreach according to the intent and purpose of the outreach activity. All four share a potential for effective, inclusive outreach to occur at a labor camp or work site.

Doble Paso (Two Passes) Technique: Contact each farmworker residence from the front to the back of the camp. Repeat this process in reverse and selectively re-contact some residences as needed. This technique assures that every residence is visited at least once. Outreach staff can move from building rapport and conducting screenings to providing more comprehensive services during the second round of visits. *Doble Paso* increases outreach capacity while retaining a household focus.

Las Pinzas (Scissors) Technique: Starting at opposite sides of a camp, have outreach workers contact households until they reach each other in the center of the camp. This technique increases the visibility of outreach staff and provides an opportunity for comprehensive coverage, given that activities are initiated simultaneously on both sides of the camp.

Dominos Technique: Contact farmworkers sequentially who congregate outdoors in a housing area. Once completed, outreach staff may contact people in their residences, if requested or time permits. This technique minimizes anxiety when outreach workers unknown to the resident farmworkers enter a camp. This technique increases outreach workers' knowledge of an entire camp by encouraging residents to speak on behalf of multiple families; however, it has less of a household focus than the first two strategies.

La Orilla (Tailgate) Technique: Park the outreach vehicle at the edge of a camp or worksite and allow farmworkers to approach the vehicle voluntarily after work or on breaks. This strategy is especially useful in situations that include bulky equipment or supplies, or for new outreach staff unfamiliar with a camp. This technique assures farmworker household location anonymity but it limits opportunities for confidential contact.

ISSUING MEXICAN IDENTIFICATION CARDS

CENTRAL FLORIDA HEALTH CARE, INC.
Avon Park, Florida

Central Florida Health Care, Inc. (CFHC) collaborates with the Mexican Consulate to provide farmworkers in its service area with a *Matricula Consular*, a document that identifies an individual as a citizen of Mexico and provides other important information such as a person's name and birth date. Considering the multiple barriers farmworkers face in obtaining a U.S. driver's license or even a Mexican passport, having a government-issued Mexican ID provides them with several benefits. This ID can help farmworkers open bank accounts and eliminate the need to routinely carry large amounts of cash, a practice which often makes farmworkers a target for crime. *The Matricula Consular* can also greatly assist authorities in the unfortunate event of a medical emergency.

Many farmworkers are unable to go to a consulate office to get a *Matricula Consular* due to inflexible work hours and lack of transportation. To overcome these barriers, a community health worker at CFHC scheduled the Mexican Consulate to give a talk at an annual health fair about how farmworkers can access consular services. Many farmworkers attended the presentation, making it a huge success. Upon seeing the vast interest in *Matriculas Consulares*, the Mexican Consulate returned to the community with a network of computers and issued 225 IDs to individuals who had no prior form of identification.

Like many collaborations, this one started as an individual's humble idea and turned into a responsive project benefiting a large number of people. CFHC will continue assisting area farmworkers through this collaboration with the Mexican Consulate in the future.



A representative of the Consulate of Mexico Representative talks to a group of farmworkers regarding the *Matricula Consular* during a health fair. Photo taken by Juanita Escobedo.

SUCCESSES OF A WORKPLACE WELLNESS PROGRAM

LA COMUNIDAD HISPANA
Kennett Square, Pennsylvania

Work Healthy is an innovative workplace wellness program organized by La Comunidad Hispana (LCH) offering primary care services and health education at three mushroom farms in rural Pennsylvania. Mushroom cultivation is the dominant year-round industry in the area employing thousands of Mexican farmworkers. The goal of the program is to improve the health status of area farmworkers and their families by providing clinical and health education services in the workplace setting.

The health education component of the program includes a monthly two-page bilingual *Work Healthy* newsletter and presentations by lay health promoters. The newsletter is placed in the farmworkers' paycheck envelopes with the employers covering the costs associated with photocopying it. Each newsletter reaches 1,300 farmworkers and contains two articles based on topics found on the National Health Observance calendar and brief health tips which are presented in a simple, culturally and linguistically appropriate format. Information about the on-site clinics (hours of operation, locations, and payment methods) are also listed.

Work Healthy bulletin boards are strategically placed by entryways and time clocks and are updated regularly with issues highlighted in the newsletter. Ten lay health promoters, who are also mushroom workers, organize monthly lunchtime education talks at the farms on topics such as domestic violence and alcohol abuse.



Natalia McKendry, LCH's Health and Wellness Coordinator, is pictured here with two promotoras, Beatriz Mora and Ovalia Zavala, at a National Farmworker Awareness Week event at Kaolin Mushroom Farm. Photo taken by Rosa Garza Moore.

An evaluation of the program showed that 216 visits were made by farmworkers to the *Work Healthy* clinics in the first year. More than one-third of workers believe that a promoter or nurse practitioner helped them to learn more about their health; another one-third intend to live healthier lifestyles because of the knowledge gained from their interactions with the *Work Healthy* team. The majority of workers read the newsletter and more than one-third talked to a promoter about their health. In addition, approximately 47% indicated the *Work Healthy* Newsletter is their preferred means of health education.

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La Clínica del Cariño Family Health Care Center, Inc. and Nuestra Comunidad Sana, a program of The Next Door, Inc., page 19

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Radio Bilingüe, page 21

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Valley-Wide Health Systems, Inc., page 16

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Vista Community Clinic, page 18

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Database of Innovative Outreach Practices

Innovative outreach practices that FHSI has collected from 2004 and onward are now electronically accessible on FHSI's website at <http://farmworkerhealth.org/iopr.html>.

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 38 years, FHSI has evolved from a small outreach operation working in five Eastern states to providing programmatic support to farmworker-serving organizations across the country, including migrant and 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 technical assistance services such as outreach program assessments, peer-to-peer conference calls on a variety of current and pertinent issues, customized consultations to address client-identified programmatic needs, and educational and training opportunities to enhance the skills of those working in farmworker outreach.



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