



INNOVATIVE
2009 *Outreach*
PRACTICES REPORT



Farmworker Health Services, Inc.

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INTRODUCTION

Farmworker Health Services, Inc. (FHSI) is pleased to present its eighth 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. This report has created a much-needed medium for communication, collaboration, and information sharing. The report offers farmworker outreach programs a national platform to share innovative outreach techniques, discover new methods for improving outreach programs, and identify emerging areas of interest within the field. One such exciting development in this year's report was a new and notable emphasis among submitted practices on youth health and youth development.

This year, in an effort to tap into new resources and offer an even broader base of experience, FHSI has included a new segment featuring innovative outreach practices from Health Care for the Homeless. Migrant Health Centers and Health Care for the Homeless programs can learn a lot from one another, as they each serve populations with similar barriers.

Altogether, this practical peer-to-peer resource, grounded in the day-to-day experiences of front-line staff, highlights useful and responsive interventions that can be adapted and implemented by programs just like yours.

What makes a practice innovative?

The practices featured in the *2009 Innovative Outreach Practices Report* demonstrate how programs creatively deliver original and high-quality health outreach services to farmworkers. All practices highlighted meet at least one of the following broad criteria in an innovative way:

- Overcome barriers facing farmworkers
- Maximize resources in order to extend services to more farmworkers
- Partner with others in the community
- Engage and empower farmworkers in their health
- Collect and use data on farmworkers
- Reach out to an emerging farmworker population
- Address a new or rising issue among farmworkers

For instance, this year's report highlights a program in California that has created a Community Leaders' Group Advisory Council comprised of local adults and teens to help address teen pregnancy within their community. This approach uses data collection, partners with the community, and engages and empowers farmworkers in their health. Also featured in this year's report is a program in Texas that builds relationships with landlords to locate farmworkers and offer mobile clinic services on their grounds. The practice uses data collection, partners with the community, and helps overcome a barrier that farmworkers face. These practices are just a sample of the 23 practices showcased in this report. We believe that you will find several that can be adapted to tackle issues you face in your community.

How do I use this report?

The innovative outreach practices featured in this report are presented in three sections: *Featured Practices from Sister Cecilia B. Abhold Award Recipients*, *Innovative Outreach Practices*, and *Innovative Outreach Practices from Health Care for the Homeless*. The Award Recipients' section showcases one or two innovative outreach practices from each organization. *The Innovative Outreach Practices* section includes 14 practices from other farmworker-serving organizations, many of which were nominees for the *Sister Cecilia B. Abhold Award*. *The Innovative Outreach Practices from Health Care for Homeless* section offers two additional innovative ideas from beyond the migrant health field.

In the back of the report you will find an index of specific subjects addressed in this report, such as *collaboration* or *health education*. The Topical Index found on page 32, 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 the specific needs of your organization. As an exciting new part of this year's report, FHSI has included brief tips in targeted areas throughout this publication. These helpful comments (marked with a lightbulb) highlight ways practices can be adapted or point you to resources that can help you learn more about a particular practice or idea. Please contact FHSI if you need more detail or guidance to effectively implement or adapt featured practices.

How can I learn about other innovative outreach practices?

In an effort to retain the innovative ideas we publish year after year, FHSI maintains an electronic database available online at www.farmworkerhealth.org. The practices are indexed by category, similar to the Topical Index in this report. 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 among any and all organizations serving farmworkers. In addition to gathering ideas from this report, reflect on what makes your outreach program innovative and share your unique approaches, projects, and ideas with your outreach peers. You can submit your success stories for future editions of this report through a simple form on our website.



Members of the Community Leaders Group participate in exercise program sponsored by Clínicas de Salud del Pueblo.

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 county.

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 listservs, at Migrant Stream Forums, and by word-of-mouth.

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 outreach programs to share their knowledge and experience by submitting a practice for inclusion in future editions of the report.

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 a popular public health prevention model. In her honor, FHSI presents the *Sister Cecilia B. Abhold Award* to a Migrant and Community Health Center or Migrant Voucher Program in each migrant stream that demonstrates innovation in health outreach services to 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 their peers annually at the corresponding Migrant Stream Forum.



Kids playing a game of tug of war at Del Norte's Binational Health Fair.

Though organizations representing each stream are selected and honored with the *Sister Cecilia B. Abhold Award* each year, FHSI receives many nominations for excellent programs with innovative practices. These innovative outreach practices are featured in the *Innovative Outreach Practices* section of this report.

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

FEATURED PRACTICES FROM THE 2008-09 *Sister Cecilia B. Abhold Award Recipients*

Maine Migrant Health Program
Clínicas de Salud del Pueblo
Avenal Community Health Center
Cherry Street Health Services



An apple picker at work. Photo submitted by
Maine Migrant Health Program

SUICIDE INTERVENTION TRAINING

MAINE MIGRANT HEALTH PROGRAM

Eastern Migrant Stream Sister Cecilia B. Abhold Award Recipient
Augusta, Maine

The Maine Migrant Health Program (MMHP) provides mobile medical, voucher, and nursing care, as well as outreach services, case management, health education, and transportation. Since 2003, the MMHP has incorporated Promotores de Salud, or Camp Health Aides, into their outreach model. Camp Health Aides are leaders and resources for farmworkers in the camps, as they are able to address basic health concerns, offer emotional support, and make appropriate referrals to medical and social service agencies. Maine has short harvest seasons and is extremely rural, making the farmworker population very hard to reach. Thus, the Aides are critical to increasing farmworkers' access to necessary health care services.

MMHP and its Aides recognized that suicide was a major issue within their farmworker service area. The overall stress associated with migrant work can contribute to depression, anxiety, and substance abuse—all of which can increase the risk of suicide. As both a proactive and responsive way to meet the needs reflected by the community, the Aides are now trained to recognize suicidal behaviors and given basic suicide intervention skills.

After the first training, one Aide received a phone call from a family member of a woman threatening to kill herself. The Aide followed the steps from her training to run a basic intervention while waiting for professional help to arrive.

Suicide and other mental health issues are often stigmatized and unspoken



Camp Health Aides, Gaspole Thomas and Errol Watkins offer health education and support to local apple pickers.

tragedies. Marginalized populations, such as farmworkers, may also associate professional mental health providers with fear and anxiety of the unknown; but because they are farmworkers themselves, the Aides are a constant and trusted presence within their communities. They can offer health education and support to their fellow farmworkers who may otherwise never encounter mental or behavioral health information, thereby breaking down barriers to mental health care, and possibly saving lives.



FHSI Tip: Beyond suicide intervention, Camp Heath Aides can be valuable for a variety of outreach purposes. Visit Migrant Health Promotion's website to download a Camp Health Aide Manual & Teaching Notes at <http://migranthealth.org>.

FARMWORKER YOUTH INTERNSHIP PROGRAM

MAINE MIGRANT HEALTH PROGRAM

Eastern Migrant Stream Sister Cecilia B. Abhold Award Recipient
Augusta, Maine

Throughout the blueberry season in Maine, the Maine Migrant Health Program (MMHP) establishes and oversees the Rakers' Center, a dynamic and informative farmworker resource center. From the beginning, migrant and seasonal farmworker youth expressed a deep interest in what the center was accomplishing in their community. Given a strong commitment to the issues of inequality and privilege, a lack of workforce development for farmworkers, and the underrepresentation of people of color in the health field, MMHP began the Farmworker Youth Internship Program.

Youth from farmworker backgrounds are recruited by word of mouth, community-based organizations partnering with MMHP, and fliers distributed in the community. The interns' tasks include working at the Rakers' Center, doing basic intakes on MMHP's mobile unit, and shadowing clinical and outreach staff in the field. The true innovation of the program is that it exposes the youth to hands-on, skill-building opportunities such as first-aid training, visits to college campuses, information about college admissions and financial aid, and a variety of career development skills. This exposure opens an array of opportunities to farmworker youth, enabling them to explore their full potential as future leaders in the health field and as advocates for their community.

Migrant farmworker youth face many challenges as a mobile population; many cannot predict their availability for the program ahead of time. Because many families depend on these teens and young adults to generate income, MMHP has established a living and educational stipend (up to \$1,500 per season) to ensure that interns can forgo harvesting blueberries that season. Funds are made possible by several regional, state, and private foundation funding sources. To reach as many youth as possible, interns are usually limited to one season of participation.



Dina Francis, Bay Love (Coordinator), Courtney Levesque and Olivia Perez attend a Farmworker Youth Intern training session about job opportunities in health-related fields.

HABLANDO CLARO TEEN PREGNANCY PREVENTION PROGRAM

CLÍNICAS DE SALUD DEL PUEBLO, INC.

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

Clínicas de Salud del Pueblo, Inc. began *Hablando Claro* in 2005 to decrease teen pregnancy by improving adult/teen communication in the rural, Spanish-speaking, farmworker communities of Imperial County, California. The program was based on a model by the Annie E. Casey Foundation called *Plain Talk*, a community-based approach to reducing unwanted teen pregnancy, STIs, and HIV/AIDS among youth by giving local adults accurate information about these issues. *Hablando Claro*, Clínica's innovative spin on the model, not only equips parents with the tools they need to educate and protect sexually-active teens in the community, it involves the teens themselves in nearly all aspects of the process.

One of *Hablando Claro*'s features is "Let's Talk About Sex." This activity-based workshop helps teens better understand their bodies, the consequences of unprotected sex, what it takes to be a parent, and how they can protect themselves. Both teens and parents have been awaiting the next workshop with great interest, since these activities help the community become realistic about teens' sexual behaviors and the understand the importance of protecting them. The community has reacted very positively to *Hablando Claro*'s approach to the subject.

Clínicas credits the success of the program to, 1) the involvement of a Community Leaders Group or advisory council, comprised of teens, local adults, and *promotoras*,



A Clínicas de Salud del Pueblo staff member leads a discussion about teen pregnancy with local parents as part of the *Hablando Claro* program.

as they have been able to use their community-assessment results and teen input as justification for the need for the program, 2) a general desire among parents in the community to learn how to talk to teens about sexual health, and 3) the trust the community has in the *promotoras* who promote the program.



FHESI Tip: To learn more about The Annie E. Casey Foundation's "Plain Talk" initiative, visit <http://www.aecf.org/MajorInitiatives/PlainTalk.aspx>. Also, you can download one of FHESI's Health Education Recipes on family communication about sex at <http://farmworkerhealth.org/familycommunication.html>.

COMMUNITY LEADERS GROUP ADVISORY COUNCIL

CLÍNICAS DE SALUD DEL PUEBLO, INC.

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

Clínicas del Salud del Pueblo has formed a Community Leaders Group made up of local teens, adults, and *promotoras* in order to contribute to the planning and review of the curriculum and activities for their *Hablando Claro* Teen Pregnancy Prevention Program. The group markets the program to community groups, neighborhoods, churches, daycare centers, and parent Migrant Education meetings.

Since 2005, this 16-member group has helped the *Hablando Claro* program assess the community, fundraise, and hold trainings that build their leadership capacity. They have aided Clínicas with their community needs assessment by identifying good qualities in surveyers, recruiting surveyers, and even participating as surveyers themselves. Because of the success of the Community Leaders Group, Clínicas also uses them to assess family planning materials developed for distribution in its nine health centers, making them essentially Clínicas' Information and Education Committee charged with reviewing such materials for cultural and educational appropriateness and readability. Additionally, the council has held car washes, yard sales, and letter campaigns to local businesses to pay for conference expenses for council members. The first year, they raised over \$8,000 and took 12 members to a conference in Chicago, IL.

Including teens in the Community Leaders Group was one of the original and innovative components Clínicas added to their *Hablando Claro* Pregnancy Awareness Program. The idea stemmed from Clínicas' commitment to full-community participation in the design, implementation, and evaluation of the program. Though the program targets adults, Clínicas felt teens needed to be part of the Community Leaders Group to keep the program focused on the needs of teens and provide input about how teens can better understand their message. To date, one-fifth of the people reached by *Hablando Claro* have been under 20 years old, which would not have been possible without the influence of the Community Leaders Group.



Members of the Community Leaders Group Advisory Council participate in a fundraiser organized to support council activities.

COMPREHENSIVE, FUN, & CULTURALLY-COMPETENT HEALTH FAIR

AVENAL COMMUNITY HEALTH CENTER

Western Migrant Stream Sister Cecilia B. Abhold Award Recipient

Avenal, California

Avenal Community Health Center organized its first health fair in honor of the 2008 Farmworker Health Day (August 14th). The event took place from 3:00-7:00 PM, the hours most convenient for farmworkers according to survey results. Doctors on site provided free blood pressure checks, dental and asthma screenings, and educational information on diabetes, obesity, stress, depression, substance abuse, and public health insurance information such as Healthy Kids and Medi-Cal. Proteus, Health Net, Red Cross, Kings County Action Organization, Avenal Head Start, and a local family resource center and Latino environmental health agency also participated.

The entertainment was a major attraction, featuring a live *norteño* band called *Los Cabales del Norte* and a *folklórico* dance group; both encouraged exercise and physical activity. In addition to raffles and prizes, a free and nutritious dinner was provided for everyone. Participants who obtained a stamp on their raffle ticket from every single booth were served a healthy meal including chicken, beans with vegetables, corn, watermelon, tortillas, and water. A good variety of foods were served to participants and their guests, helping to demonstrate how to eat more fruits and vegetables and drink more water.



Dr. Pulido works on dental screens of children at Avenal's 2008 Farmworker Health Day Community Health Fair.

While health fairs are quite common, this one was impressively comprehensive. Attendees got free health screenings, learned health information in each booth, scheduled referral appointments on the spot, enrolled in health insurance, and got to know the clinic staff, all while learning how to lead a healthier lifestyle by example. A total of 370 participants attended.

PILOT TO INCREASE MALE FARMWORKERS' VISITS TO THE CLINIC

AVENAL COMMUNITY HEALTH CENTER

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

Male farmworkers tend to visit the doctor less because they lack health insurance and money to pay for services, have recently immigrated to the United States, are unaware of where to go or who to trust, do not need the reproductive care that brings women in, or they simply do not want to go. For all these reasons, Avenal Community Health Center piloted a project in October 2008 to increase male farmworkers' visits to the clinic. Avenal conducted a needs assessment of male farmworkers using a survey to determine their preferences for clinic hours, clinic services, health education, mental health, and the price they were willing to pay for these services.

Based on feedback received, Avenal opened their clinic on a Sunday from 9:00-6:00 PM, offering all services for only \$20. Of the 28 patients seen that day, both by appointment and walk-ins, none had health insurance and most had never been to a clinic or seen a doctor. As each patient was called in, he would go first to dental for x-rays, then sit in a waiting room that exhibited public health information like posters, pamphlets, and a video on preventing pesticide poisoning. A health educator was also in the waiting room to make patients more comfortable and answer any questions. Next, the patient would see a mental health counselor, then finally a doctor.

At the end of the visit, patients were given a lunch bag also filled with information on diabetes, asthma, pesticides, and dental care. Water bottles were given as incentives for completing the exit survey; according to the resulting feedback, all 28 patients liked the price of the services, how they were treated, the attention they received, and that all services were received in one day. Most importantly, they felt comfortable and said they would visit the clinic again. Staff working that day felt satisfied; the atmosphere was great, and everyone worked as a unified team.



Avenal staff (pictured above) provided Sunday clinic services to male farmworkers.

CAMP PROFILING FIELD GUIDE

CHERRY STREET HEALTH SERVICES

Midwestern Migrant Stream Sister Cecilia B. Abhold Award Recipient
Grand Rapids, Michigan

As a start-up migrant health program, Cherry Street Health Center’s farmworker outreach team is building a portable field tool that allows inexperienced outreach workers to locate, approach, and maximize their time at unfamiliar farm labor camps.

Early in the development of Cherry Street’s migrant outreach program, beginning outreach staff had the opportunity to visit several camps with an outreach worker from another agency with a great deal of knowledge and experience with the local migrant community. Almost immediately, the team could see the immense value of her guidance. She knew exactly where the camps were, which families stayed year-round, when people arrived at the camps, and the names of crew leaders. That preliminary information eased the new staff’s apprehension, allowing them to relax and approach people with confidence. From this insight, the team decided to create an outreach field guide containing this and any other information about the camps they could gather.

The outreach team began by combining readily-available logistical information from internet sources with digital photographs and valuable field information in order to generate a field guide for farmworker outreach activities that will be available for years to come. Resources used include Google Maps and the Michigan Department of Agriculture website, which has a listing by county of all registered migrant labor camps in Michigan.



Sample pictures used in the Cherry Street camp profile portable field tool.

Each camp profile contains the name and address of the camp, name and phone number of the grower or operator, dates of camp operation, capacity and occupancy information, a digital “street view” of the property, names of crew leaders and wintering residents, and an internet-generated map of the location that can be referenced to a larger area map to add more context. All of this information is assembled onto one page and brought with the outreach team to guide their activities in the field.



FHSI Tip: Documenting outreach knowledge and information increases the sustainability of your program by ensuring that future outreach staff can hit the ground running.

INNOVATIVE OUTREACH PRACTICES

Farmworker-Serving Organizations



Día de la Familia, or Hispanic Family Day, participants gathered outside of the Plaza Comunitaria for a panoramic picture.

GOING BEYOND THE CAMPS: COLLABORATING WITH LANDLORDS

COMMUNITY HEALTH CENTERS OF LUBBOCK
Lubbock, Texas

Community Health Centers of Lubbock (CHCL) launched its mobile health unit (MHU) in February of 2008. The program provides clinical outreach services to farmworkers in five West Texas counties, where farmworkers typically do not reside in traditional labor camps. Because of this, CHCL program staff took the initial steps to understand farmworker housing locations in their vast service area. The program coordinator and mobile health unit outreach staff have since forged invaluable relationships with the local landlords and property owners of farmworker housing that have helped increase access to care.

The MHU program created diverse strategies to identify these property owners; they leveraged CHCL staff's personal relationships with community members, asked farmworker patients about specific housing sites, investigated farmworker housing leads provided by community partners, and simply spoke with residents in their service area. Through persistent effort and dedicated work, CHCL successfully identified individuals who own or manage properties where farmworkers reside, and store their contact information in an updated contact list.

As part of their ongoing duties, CHCL staff routinely educate landlords, property owners, and community partners about the services offered by the MHU. Often, CHCL provides background information on farmworkers themselves, as many landlords are unaware of the true farmworker experience and have minimal contact with these tenants. CHCL staff advocates on behalf of farmworkers by elevating the importance of their contributions to the local and state economy. The landlords and



Local children gather for a picture in front of Community Health Centers of Lubbock's mobile health unit.

property owners are typically receptive to these conversations and have graciously offered their properties to the CHCL mobile health unit as designated sites to park and provide services to tenants and the community at large. CHCL repeatedly emphasizes to property owners that they bear no financial or legal liability for the services offered by the MHU to their tenants.

RAFFLE HEALTH QUIZ INCENTIVE FOR FARMWORKERS

COMMUNITY HEALTH CLINIC OLE
Napa, California

Providing incentives is an effective method for motivating farmworkers to participate in activities such as medical screenings and health education classes. After a long day of hard work, many farmworkers prefer to eat and recuperate their energy for the next day's endeavors. Offering needed items such as hats for sun protection and toiletries can often open a small window of opportunity that allows for important talks on topics such as HIV/STI prevention and pesticide safety. As a farmworker's rest period is very limited and valuable, Community Health Clinic Ole's Farmworker Outreach Program has learned to maximize time spent with farmworkers by combining raffles and health messages to simultaneously promote health awareness.

Instead of using typical raffle tickets with numbers, special tickets conveying individual health messages are distributed at the conclusion of the scheduled activities. Health messages include topics such as sun protection, back safety, and nutrition. When the tickets are drawn, the individual with the winning ticket is asked to give the significance behind the health message. For example, a ticket may state, "*Cuidar Su Peso,*" and the individual is asked to discuss in front of his peers why it is important to maintain a healthy weight before receiving his prize.

The combination of raffles and health messages serves to channel some of the enthusiasm of obtaining prizes by the farmworkers into sparking discussions regarding preventive health measures.

Those who otherwise may not be willing to speak out during lectures are suddenly prompted to share their insights in a specific health topic once their ticket is drawn. Finally, this activity also serves to reinforce simple health concepts that empower farmworkers to foster a consciousness that enables them to take the steps needed to maintain a healthy mind, body, and spirit.



Raffle tickets with health messages used by Clinic Ole's outreach program to promote wellness among farmworkers.

PREPARING FOR THE ARRIVAL OF MIGRANTS

STATE OF MICHIGAN MONITOR ADVOCATE OFFICE
Lansing, Michigan

The State of Michigan's Monitor Advocate Office has entered into a Memorandum of Understanding (MOU) with the Migrant Rest Center in Hope, Arkansas, the midway point between Texas and the Midwestern states. This Migrant Rest Center identifies which state a migrant is traveling to in the Midwest. If that person is traveling to Michigan, they will fax the State of Michigan an advance notification form containing demographic information prior to that migrant farmworker's arrival.

The Michigan Monitor Advocate Office then shares this information with its outreach workers. The outreach workers are able to meet the migrant farmworkers when they arrive at the camps and offer services immediately; they also register the farmworkers into the Michigan electronic employment system. With this advance notice, the Monitor Advocate Office's 17 outreach workers can quickly provide information to the families upon their entrance into the state; i.e. job referrals, health screenings with health centers, migrant education programs, daycare, and housing options. In addition, a full resource list is provided, and a comprehensive website is available for those with internet access (www.michaglabor.org).

The MOU with the State of Arkansas' Migrant Rest Center has helped Michigan identify over 300 migrant workers who may otherwise be unknown. With a Monitor Advocate Office in each of the 50 states and Migrant Rest Centers scattered throughout the U.S., this MOU could be replicated to serve migrants in many other locations. The goal is to provide helpful information to families so that their migration to other states is as trouble-free as possible and they have access to needed services.



The Capital Area Migrant Research Council and the Monitor Advocate Office collaborate to provide gift bags to migrant families as part of Migrant Appreciation Month.



FHSI Tip: Many organizations also communicate with growers or Migrant and Seasonal Head Starts to help prepare them for the arrival of migrants.

BORDER PATROL COLLABORATION

CASA FAMILIAR, INC.
San Ysidro, California

Casa Familiar, Inc. is a social services and community-development agency located in San Ysidro, CA, a border community between San Diego and Tijuana, MX, where few believe Border Patrol and immigrant communities can work together. However, in an effort to increase mutual understanding between the Border Patrol and the community, Casa Familiar has created a role for them to play in order to prove that they do indeed care about the farmworker community.

Over the course of ten years, Casa Familiar has facilitated an increase in positive interactions between Border Patrol agents and the community. Agents began by volunteering in local schools as coaches and tutors. Casa Familiar then invited the agents to participate in the Neighborhood Partnership Program, which offers volunteer opportunities at an annual community celebration and holiday toy drive. The Border Patrol have made it abundantly clear that they cannot and will not use these contacts to conduct their work; over time, the community has learned that they can trust this promise and now interact at these events.

One of the most successful demonstrations of this collaboration is at Casa Familiar's annual "American Traditional Thanksgiving Dinner" that hosts over 1,000 community members of all ages in a family dinner setting, with Border Patrol agents volunteering as the official servers of the meal. This event is a testament to the community's ability to break down barriers, build bridges, establish trust, and forge relationships among unlikely partners.



One of the Border Patrol volunteers at Casa Familiar's annual "American Traditional Thanksgiving Dinner."

BACK PAIN CLINIC ATTRACTS FARMWORKERS TO MOBILE VAN

SOUTHERN JERSEY FAMILY MEDICAL CENTERS, INC.
Hammonton, New Jersey

Southern Jersey Family Medical Center (SJFMC) has a mobile medical van that provides medical care to farmworkers at their camps during each migrant season. Back pain is always one of the chief complaints among farmworker patients coming into the health centers; so in 2006, a group of volunteer osteopathic medical students from the University of Medicine and Dentistry of New Jersey started a Back Pain Clinic in the camps as their summer project. The Back Pain Clinic quickly became popular among the farmworkers. Students did spinal manipulations on farmworkers after a long day of picking blueberries, a task requiring them to stoop for long periods of time.

Since some farmworkers were timid to come up and request services from the mobile van, it seemed logical to merge it with the Back Pain Clinic. This has proven very successful, as farmworkers come to receive services from the Back Pain Clinic and are then referred to the mobile van for medical treatment.



Volunteer osteopathic medical students from the University of Medicine and Dentistry of New Jersey work with participants at the Back Pain Clinic at the 2008 Farmworker Festival in Penns Grove, NJ.

This practice has helped SJFMC reach groups of farmworkers who do not have immediate health needs or may be embarrassed to see a medical provider, and therefore do not request medical services through the outreach staff. The majority of farmworkers have back pain after long hours of picking, therefore screening farmworkers who attend the Back Pain Clinic and then referring them to the mobile van to see a medical provider has helped to encourage them to access other health services available.



FHSI Tip: Also try these other ways to attract farmworkers to your mobile clinic: 5-10 minute back massages, manicures, prizes/raffles, food, music, phone cards, and games for their children while the parents receive health care.

BINATIONAL HEALTH FAIR

DEL NORTE CLINICS, INC.
Yuba City, California

Del Norte Clinics, Inc. hosts the Yuba-Sutter Binational Family Health Fair. This event targets farmworkers and the underserved by offering information on health and social services. The fair site is a soccer field at a large farmworker housing camp, insuring greater participation. A wide variety of health services and information are offered, including free medical, dental, and HIV screenings on the mobile clinic, and mental health information. High-focus health themes are chosen and bilingual literature is dispersed to participants; two focus themes this year were diabetes/obesity and autism.

A “Children’s Doctor Dress-Up” booth is a collaboration with the local Migrant and Seasonal Head Start, where free lab coats are fitted to the children’s size. It works as a mock clinic for children and also as an education forum about health issues. An “Ask-a-Doc” booth features a local physician, which helps develop a working relationship between the physician and the participants, with follow-up appointments set up for the clinic. The booth also works well for the participants because many families may not have access to a primary care physician or insurance coverage.

Families are encouraged to participate in a family-fun walk in addition to the music, ethnic foods, raffle prizes, and other entertainment offered throughout the day in order to insure a successful outreach event. Over 30 agencies typically collaborate on the event and participants are encouraged to take home the event passport flyer that includes the phone numbers of agency booths. The goal of the event is to educate attendees about the importance of the prevention and treatment of illnesses. In just two years, the fair has become the premier health fair and the most successful innovative outreach tool within the greater Yuba and Sutter County Area.



Local children wear the free lab coats given away as part of the “Children’s Doctor Dress-Up” booth at the Yuba-Sutter Binational Family Health Fair.



FHSI Tip: Location, location, location! One reason why this practice works so well is that it is held in a place that farmworkers know and like. Housing sites, work sites, and weekend hang-outs are locations that will help ensure a good turnout.

MOBILE DENTAL PRECEPTORSHIP COLLABORATION

MONTANA MIGRANT & SEASONAL FARMWORKERS COUNCIL, INC.
Billings, Montana

The Montana Migrant & Seasonal Farmworkers Council, Inc. is collaborating with Montana State University to host a preceptorship, or in-field professional training, at their seasonal clinics serving cherry harvesters in Western Montana. Since 2006, classes of 14 graduate dental hygiene students provide services under the on-site supervision of their program director, also a dentist. The program is beneficial because, 1) it draws more farmworkers to preventive services offered, 2) the collaboration is a creative way to increase access to care without a large cash investment, and 3) the students experience providing care to the underserved first-hand in a challenging environment. The state helps fund the program because it not only trains the students and teaches cultural sensitivity, but ideally, influences their decisions to enter into the public health field, work in a rural setting, and remain in Montana.

The Council provides an orientation to the students before they begin the program, covering patient profiles, lifestyles, health conditions, and protocols and procedures. They learn to work in a mobile clinic environment with portable equipment, teaching them how to be resourceful in challenging situations. The hardship and sacrifice they make during the two-week period is rewarding, hands-on, and a confidence booster. Many students even lodge on the camp grounds during their preceptorship.

Inside the unit, students conduct extractions, fillings, and sealings. Outside of the unit, they provide dental exams, hygienist screenings, cleanings, and health education. These services increase farmworkers' access to dental care as well as their likelihood



Montana State University dental students gain in-field, professional training by providing dental services to cherry harvesters in Western Montana.

of accessing other services at the center or on the mobile unit. Farmworkers value the dental care services and tend to keep appointments, as this is often the only dental health care they receive throughout the year. Often, students will still have about 30 additional patients waiting to be seen at the end of the day. On average, about 400 farmworker patients are seen within a 2-week period by the students.

PLAZA COMUNITARIA BOOSTS COMMUNITY INVOLVEMENT

MANOS UNIDOS, INC.
Smith River, California

Manos Unidos, Inc. has been deeply involved in the development of a *Plaza Comunitaria*, or Community Plaza, located in the center of the farmworker community in Smith River, California. The Plaza was one of the first in the U.S., though there are now over 50 in nearly all U.S. states and over 100 in Mexico. It serves as a conduit to the homeland, helping families stay in contact with relatives in other locations. The concept was developed by the Mexican Consulate and began as an outreach center to farmworkers and other underserved populations. It is now a survival site for new migrants, providing information on available resources, such as food programs, referrals, and much more.

The Plaza is able to address the needs of local farmworkers, coordinate cultural and other events, and discuss health issues facing the community. The Mexican Consulate provides scholarships for trainings available at the Plaza, covering topics like ESL, internet usage, typing, essay writing, job interview preparation, and resume writing. Health education sessions are also provided with guest speakers from medical establishments and the county health department, addressing issues like diabetes and AIDS-prevention education. Mental health topics are also discussed, like depression and teenage behavior issues.

Much has been achieved through collaboration. All equipment at the Plaza and real estate were donated by the founder, Rene Quintana. The Plaza collaborates with local area banks for books and other needed materials. Through collaborative effort with the nearby Boys and Girls Club, a Youth Program will offer activities including nutrition and safety education, picnics, cultural arts classes, games, and internet usage. Manos Unidos credits the Plaza's success to community involvement and pure dedication, as the program is based in the concepts of self-empowerment and self-leadership.



Constance Eustolia and Israel Luna receive their diplomas after completing training at the Plaza Comunitaria.



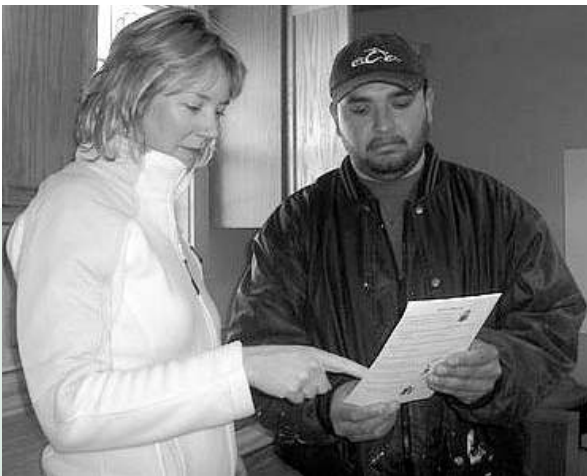
FHSI Tip: For more information on Plazas Comunitarias or to locate them throughout the United States and Mexico, please visit the Consejo Nacional de Educación para la Vida y el Trabajo, at <http://www.conevyt.org.mx>. This website is in Spanish only.

MIGRANT FARMWORKER SERVICES DIRECTORY

EASTERN SHORE RURAL HEALTH SYSTEM, INC.
Nassawadox, Virginia

The Eastern Shore Rural Health System, Inc. (ESRHS) migrant outreach program plays an active role in a community-wide coalition of agencies and faith-based groups that work with migrant farmworkers, called the Eastern Shore Migrant Farmworker Services Council. The council meets bi-monthly to discuss and find solutions to various issues when serving the local migrant farmworker population.

One of the barriers migrant farmworkers face when entering a new area is lack of knowledge about where resources are located and how to access them. In collaboration with the council, ESRHS has developed a Migrant Farmworker Services Directory for counties in the service area. It is distributed to all newly-arrived migrants and lists contact information for all medical services, as well as police, domestic violence organizations, thrift stores, transportation resources, schools, Head Start agencies, emergency hotlines, the Virginia Employment Commission, and food banks. The directory is written in Spanish and was developed in a low-literacy format featuring pictorial icons denoting the services offered.



Erika Peterson, Migrant Program Manager, and a staff member review the Migrant Farmworker Services Directory for counties in their service area.

The directory was designed by ESRHS, and reviewed and funded by the Eastern Shore Migrant Farmworker Services Council. Several thousand copies have been distributed to different organizations and agencies that have contact with migrant farmworkers. According to one outreach worker, “The directory is extremely helpful in conducting outreach in the labor camps because whatever concerns or needs the migrants have, I can hand them a copy and circle the information of the agency that can assist them with that need.”



FHSI Tip: Including symbols in the resources you hand out to farmworkers is a great strategy to be inclusive of low-literacy populations. Microsoft Word’s Clip Art tool can be a useful resource for simple visual icons.

HEALTH CARE KITS FOR OUT-OF-SCHOOL YOUTH

SANTA CLARA COUNTY MIGRANT EDUCATION PROGRAM
San Jose, California

Out-of-school youth are a population of adolescent migrant farmworkers (ages 16-21) who are often overlooked and underserved. Their health care issues include poor access to care, substance abuse, pesticide exposure, overwork/heat exhaustion, overcrowded living conditions, and social isolation. The Out-of-School Youth Outreach Project was born of these needs as a partnership between the Gilroy Unified School District, the Santa Clara County Migrant Education Program, and Lucile Packard Children's Hospital. Initial focus groups demonstrated that these youth had little knowledge of local health care services and that many of their basic health care needs were unmet.

In response, the project designed a comprehensive, portable health care kit addressing wound care (band-aids, gauze, adhesive tape, antibiotic ointment, Vaseline), heat stroke (shakable ice pack, bandana, aspirin), pesticide exposure (bottle of saline eye wash), hygiene (deodorant, nail file), STIs (condoms), and dental care. Bilingual educational information was also included, as well as a listing of available local health care services. Seventy-five kits were paid for by a grant, each costing \$22. During distribution, the outreach team provided education about the contents, the ease and safety of local health care services, and the importance of maintaining individual health.

The initial response of the youth has been overwhelmingly positive. For a mobile, isolated population, health care kits are an ideal way to teach basic health care and hygiene skills, build trust in local health care systems, and provide supplies that will treat minor illnesses and help avoid major illnesses. Key elements to designing and distributing health care kits include, 1) collaboration between education, health care, and outreach workers, 2) information regarding needs of the population, 3) a network to reach youth and distribute health kits, and 4) staffing to evaluate the effectiveness of the intervention.



Dr. John Peoples and Oscar Lamas (Out of School Youth Specialist) sit with youth during an out-of-school youth health focus group.

OVERCOMING LIABILITY ISSUES WITH MEDICAL STUDENTS

PROTEUS, INC.
Des Moines, Iowa

Proteus, Inc. has forged a mutually-beneficial relationship with regional universities and colleges to obtain help from students at outreach clinics during the busy summer months in exchange for an outstanding training opportunity. Participating institutions include the University of Iowa, Drake University, Des Moines University, University of Nebraska, and Union College. Bilingual students from various health disciplines, including Medical, Pharmacy, Physician Assistant, Nursing, and Nurse Practitioner, volunteer to serve on a defined clinical rotation ranging from two to five weeks. Students gain valuable clinical experience and obtain course credit. Formal written agreements between Proteus and each institution define the institution's responsibility to provide medical liability coverage for each participating student, thereby avoiding the FTCA exclusion of "volunteers" from medical malpractice liability coverage.

Medical Students and staff physicians associated with the University of Iowa Free Mobile Clinic have worked with Proteus at specific evening clinics at the family camps in Williamsburg, Iowa. Together, the team hosts joint clinics targeting kindergarten and school-athletic physicals, mammograms, immunizations, and an annual women's exam clinic in nearby Iowa City.



Crystal Hernandez (Migrant Health Aide), Bob Witt (PA-C/Proteus Clinical Director), Bill Riker (PA-C contracted Proteus provider), and Bryan Steussy (First Year Medical Student from University of Iowa) at the Monsanto Seed facility in Williamsburg, Iowa, during an early morning outreach clinic.

Students provide direct-patient care and education under continual supervision and interaction with licensed Proteus medical providers, in addition to performing lab tests, administering immunizations, and participating in the Cardiovascular and Diabetes Health Disparities Collaboratives. Aside from the practical benefits of having students conduct outreach, farmworker patients love the students as much as Proteus does.



FHSI Tip: Collaboration is a great way to capitalize on other resources in your community. As Proteus does, be sure to have formal, written agreements to encourage all parties involved have the same understanding.

FOOD STAMP OUTREACH PROGRAM

CENTRAL VALLEY HEALTH NETWORK
Sacramento, California

Central Valley Health Network (CVHN) is a consortium of 13 Federally-Qualified Health Centers, each providing comprehensive, preventative primary care services to low-income and medically-underserved families throughout California. As part of the nutrition education offered to all patients, access to food is assessed. Although California's Central Valley is a huge producer of nutritious fruits and vegetables, many low-income residents, including the farmworkers who harvest them, cannot afford to provide them to their families. CVHN started its Food Stamp Outreach Program primarily because 40% of its clientele were farmworkers. This program promotes access to healthy foods through outreach efforts that consist of pre-screening and application assistance for participation in the USDA Food Stamp Program, a nutrition program for low-income families to support a healthy lifestyle and combat obesity.

In California, 50% of eligible recipients do not participate in the Food Stamp Program. One barrier to ensuring full participation is misinterpretation of eligibility rules and income limits. For example, while many of the patients may not be eligible, their children are. Outreach staff dispel these myths and provide information verbally and through easy-to-read flyers, posters, and brochures in English and Spanish. Outreach staff also provide pre-screening and application assistance to individuals and families that may potentially qualify.

CVHN Health Centers are trusted entities in their communities; therefore, farmworkers may be more likely to seek assistance with them than their local County Office. Each outreach worker's goal is to ensure that all eligible applicants leave with a completed food stamp application and supporting documents. The program also partners with local community-based organizations, such as WIC and Head Start to maximize resources. Several counties have reported an increase in applications received since implementation of CVHN's Food Stamp Outreach Program.



Susan Nieblas and Linda Garcia, Outreach Specialists from Inland Behavioral & Health Services, Inc. of San Bernardino, discuss their Food Stamp Outreach Program.



FHSI Tip: One common misperception is that enrollment in the Federal Food Stamp program affects one's immigration status or green card application. This is NOT the case. For more details, please visit <http://www.uscis.gov/files/article/Public.pdf>.

COMBINING JOB POSITIONS TO INCREASE EFFICIENCY AND TRUST

SOUTHERN JERSEY FAMILY MEDICAL CENTERS, INC.
Hammonton, New York

Southern Jersey Family Medical Centers (SJFMC) previously hired both Outreach Workers and Patient Transportation Specialists. The Outreach Workers visited the camps, made clinic appointments, and scheduled transportation pickups. The Patient Transportation Specialists transported the patients to their appointments; however conflicts would often arise when they could not find a patient or kept farmworker patients waiting for their appointments. Because the Outreach Workers knew the camps better, demonstrated more initiative to find the patients, and were more aggressive in making sure the farmworkers were picked up for their appointments, SJFMC decided to combine the two positions.

This strategy has worked out very well for SJFMC’s outreach program. Outreach staff are rotated on a daily basis to conduct outreach, patient transportation, or stay in the office for interpretation or patient-navigation duties. Also, since the outreach staff are not only Patient Transportation Specialists, they can do other tasks like data entry, case management, or interpretation when they are waiting to transport patients back to their camps. Since the outreach workers are the staff who have the most contact with the farmworkers, they have a vested interest in getting farmworkers to their

appointments on time. If there is a problem, the farmworkers have an opportunity to provide feedback to the outreach staff when they return to the camp. Therefore, combining the Outreach Worker and Patient Transportation Specialist job position has greatly improved SJFMC services to farmworkers by increasing efficiency and strengthening rapport with farmworkers in the community.



Photo submitted by Southern Jersey Family Medical Centers, Inc.



FHSI Tip: Just as SJFMC has done, it is important to rotate outreach staff responsibilities so they don’t get bogged down with just doing transportation. Outreach encompasses a broad range of services beyond transportation, like health education and prevention, case management, eligibility, and marketing.

HEALTHCORPS VOLUNTEERS FOR HEALTH OUTREACH

NUESTRA CLINICA DEL VALLE
San Juan, Texas

Nuestra Clinica del Valle (NCDV) in San Juan, Texas has begun recruiting HealthCorps volunteers annually into their clinic to help expand their services around the community. AmeriCorps contacted NCDV to set up the program; HealthCorps now provides them with six volunteers per year, two for nutrition education and four for outreach.

The HealthCorps volunteers have helped immensely because of their added staff power. They have been able to reach out to the community and increase the clinics' capacity to reach more people. They do home visits, nutrition trainings for children, participate in health fairs, and help spread the word to the migrant farmworker community about the health services offered by Nuestra Clinica del Valle.

Nuestra Clinica has eight sites serving over 30,000 patients per year. Having HealthCorps volunteers has enabled Nuestra Clinica to have an outreach-staff presence in all eight clinics, which would not be possible otherwise. HealthCorps has greatly increased staff productivity and improved medical follow-through by incorporating consistent patient follow-up into their job description.



Minerva Montiel and Rosa Linda Treviño, AmeriCorps/Community HealthCorps members, dressed as elves at one of the clinic sites during the holiday season.



FHSI Tip: HealthCorps is a public service program for recent college graduates to spread the important message, “Eat Smart and Exercise.” The program works through outreach programs in a variety of community-based organizations. To learn more, visit <http://www.healthcorps.net>.

INNOVATIVE OUTREACH PRACTICES

Health Care for Homeless



Kentucky Mountain Health Alliance's outreach efforts link patients up to the services they need.

FHSI is excited to include, for the first time, innovative outreach practices from *Health Care for the Homeless*. Migrant and seasonal farmworkers and individuals experiencing homelessness share many of the same barriers to care. For instance, they tend to be treated as community outsiders, live a transient lifestyle, be uninsured or underinsured, live in poverty, and be unknown to social service providers. Moreover, farmworkers themselves often experience homelessness in many U.S. communities.

For all of these reasons and more, FHSI is pleased to share the following two innovative outreach practices from Outside In (Portland, Oregon) and the Kentucky Mountain Health Alliance (Hazard, Kentucky). We hope that farmworker-serving organizations like yours will learn from these practices and apply them to your own unique program.



One of the patients of KMHA's Assertive Community Team celebrates getting a new home.

Outside In operates the Road Warrior Access Project, which includes nighttime drop-in clinical services specifically for youth. During this time, they also offer hot meals and movies in a comfortable environment. Many health centers have established evening hours, but what FHSI particularly liked about this practice is that it takes this concept a step further by reaching out to a population needing more than just health care. Homeless youth need a home and Outside In attempts to replicate the home environment in order to build trust and increase access to health care.

The Kentucky Mountain Health Alliance formed the Assertive Community Outreach Team in order to meet constant case management demands. Interdisciplinary teams meet regularly to discuss and find solutions for individual cases. Direct service providers, such as outreach workers, case managers, and mental health workers, often struggle with burnout and questions on how to approach individual cases. This case management model would work well with farmworkers, not just for mental health, but for all challenging cases. Consider including staff from various disciplines, like health educators, clinicians, case managers, and outreach. Also, be clear about roles and responsibilities and who will conduct follow-up.

Read on to learn more about these stellar, innovative outreach practices!

LATE-NIGHT CLINIC FOR HOMELESS YOUTH

OUTSIDE IN

Portland, Oregon

Outside In is a social service agency and medical clinic serving homeless youth, adults, and other marginalized individuals. Outside In's Road Warrior Access Project is an outreach campaign designed to reach out to homeless youth of Portland who are entrenched in the streets. The program was specifically created for youth who may not be attending school or be connected to case management services. The majority of these targeted youth are hard to reach, and at times, skeptical of health and social services. However, they are looking for a nonjudgmental place where they can obtain needed services while having a safe place to eat and rest for a few hours.

The Road Warrior Access Project operates on a drop-in basis Mondays from 10:00 PM to midnight because homeless youth are reluctant to seek health and social services during regular clinic hours, especially if they are contending with substance abuse, severe mental health issues, or experiencing discrimination based on sexual orientation. Since the project maintains a consistent schedule with set hours, youth can depend on the program and seek out health services when they are needed.



The entrance to Outside In, an agency dedicated to reaching out to homeless youth in the Portland area through the Road Warrior Access Project.

The program also provides hot meals and shows movies in a friendly and comfortable environment. These incentives encourage youth to drop into the center and access the free clinical and social services offered. Services include mental health counseling, acute and chronic medical care and screenings, screening for homeless youth services, information on transitional housing, and continuing educational services. Because of the informal and youth-friendly setting, homeless youth are also more inclined to show-up and stick around to chat. For Road Warrior's staff, this has been a tremendously helpful atmosphere to establish a good rapport and build a trusting relationship with troubled and homeless youth in Portland. Youth have positive experiences at Outside In, further helping to spread the word to others out on the street about medical and clinical services offered.

ASSERTIVE COMMUNITY OUTREACH MEETINGS

KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC.
Hazard, Kentucky

The Kentucky Mountain Health Alliance (KMHA) provides primary health care and support services to the homeless population of Southeast Kentucky. KMHA partners with a local community mental health center to form an Assertive Community Outreach Team, providing clinical outreach, case management, and counseling services (on-site and off-site) to homeless clients suffering from chronic mental illness. The team connects homeless clients with local resources and support networks by reaching out to them, their families, and communities.

The team holds daily Assertive Community Outreach Team meetings involving a supervisor, a team leader, an advance registered nurse practitioner, and two health workers. They work collaboratively to review the individual cases and activities that have occurred since the previous meeting. A log encapsulating every patient's data and status is reviewed, allowing the team to set goals for each individual patient. Team members also gain peer advice on how to manage some of the more challenging cases. For example, if the team identifies a client that is in danger of self-inflicted harm, they may discuss the necessary steps for petitioning immediate mental health services to stabilize the client. Or, if the team discovers a patient is in need of emergency shelter, they will take proactive steps to maneuver the client off the street and into proper housing.

Every team member takes an active roll in the persistent monitoring and treatment of all clients served by the program. Because each staff member is kept updated about all clients served by the program, staff are quite comfortable rotating shifts and sharing caseloads. This collaborative environment also helps decrease the chances of burnout and exhaustion among the outreach staff. In addition, these meetings can be somewhat therapeutic releases for the hardworking members of the Assertive Community Outreach Team. They are consistently taxed with trying and sad situations from their homeless patients, so these daily meetings enable team members to openly discuss any feelings or ask for colleague support.



Members of the Assertive Community Outreach Team (shown above) provide clinical outreach, case management, and counseling services to homeless clients in Southeast Kentucky.

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Database of Innovative Outreach Practices

Innovative outreach practices that FHSI has collected from 2004 and onward are 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 39 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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