

# INNOVATIVE *Outreach*

PRACTICES REPORT

# 2004



*Highlights from Health  
Delivery Systems  
Nationwide*



FARMWORKER HEALTH SERVICES, INC.  
WASHINGTON, DC

# CONTENTS

Introduction .....	1
Sister Cecilia B. Abhold Award Recipients .....	4
Innovative Outreach Practices Short Takes .....	9
Health Outreach and Enabling Services .....	9
Health Education and Prevention Strategies .....	11
Cultural Competency and Responsiveness .....	12
Health Data and Outcome Measures .....	13
Appendix A: Innovative Outreach Practice Submission Guidelines .....	14
Appendix B: Short Takes Contact Information .....	16
Appendix C: Sister Cecilia B. Abhold Award Description and Guidelines .....	16

## INTRODUCTION

**F**armworker Health Services, Inc. (FHSI) is pleased to present the third annual *Innovative Outreach Practices Report*. The report was created in response to one of the most frequent questions that FHSI receives from farmworker health care organizations: *how are other farmworker health outreach programs addressing farmworker health needs?* It provides a peer-to-peer opportunity to share creative and unique responses to farmworker health needs across the United States, and move innovative outreach practices beyond the boundaries of individual communities.

The purpose of the *Innovative Outreach Practices Report* is to collect and share information about the creative, effective approaches farmworker health outreach programs across the country are implementing to increase access to health services, reduce health disparities, and deliver culturally competent care to farmworkers and their families. Featured practices are presented here in two formats: **Sister Cecilia B. Abhold Award recipients** and **Short Takes**. Information about Sister Cecilia B. Abhold Award recipients includes a profile of the center or program, a sample of their award-winning program elements, and a description of why FHSI views these practices as innovative. The Short Takes include a description of a single innovative practice, how that practice is innovative, and the useful techniques and approaches that outreach programs nationwide currently use to provide outreach services. The Short Takes are categorized by FHSI's four priority areas, which also serve as criteria for innovative outreach practices: Health Outreach and Enabling Services, Health Education and Prevention Strategies, Cultural Competency and Responsiveness, and Health Data and Outcome Measures. These criteria are described in further detail in the Innovative Outreach Practice Submission Guidelines located in Appendix A. FHSI encourages readers to adapt these examples to local trainings, health education efforts, community resource building, and/or other needs of your outreach program.

FHSI collects innovative practices through a variety of mechanisms, including the Sister Cecilia B. Abhold Award nomination process, FHSI's website ([www.farmworkerhealth.org](http://www.farmworkerhealth.org)), site visits nationwide to Migrant and Community Health Centers, Migrant Voucher Programs and other health delivery systems, activities at regional trainings, and other interactions with the farmworker health community. The result is a compilation of the practical ways in which farmworker health care organizations reach farmworkers, increase farmworkers' access to health care, impact farmworker health behaviors, and address cultural and linguistic challenges. Contact information for the featured farmworker health organizations appearing in this report can be found in Appendix B. All practices and contact information are printed with permission from featured organizations.



## ABOUT FARMWORKER HEALTH SERVICES, INC.

FHSI is a national non-profit health care organization working with local communities to improve the quality of life for farmworker families. Since 1970, FHSI has been the leading organization for the promotion, delivery, and enhancement of health outreach and prevention strategies for farmworkers and their families. FHSI estimates that over 1.5 million farmworkers received health and social services and over 50 local communities have collaborated with FHSI over the past 34 years. Behind everything that FHSI does is a longstanding commitment to improving the health and quality of life for our nation's underserved farmworkers and their families.

As the most experienced national non-profit organization advancing farmworker health, FHSI believes that collaborating with other farmworker advocates, individual communities, and farmworkers themselves enables the organization to fulfill its mission in the best possible way. As a national organization collaborating with local communities, FHSI is in a unique position to enjoy a "bird's eye view" of outreach programs nationwide. This allows FHSI to serve as an information broker of innovative outreach practices.

## METHODS FOR COLLECTING INNOVATIVE OUTREACH PRACTICES

FHSI staff members gather and share innovative outreach practices through direct interaction with farmworker health care organizations throughout the year as part of site visits, regional trainings, and conferences. Additional opportunities for gathering practices include the Sr. Cecilia B. Abhold Award nomination process, requests for innovative outreach practices through FHSI's website and newsletter, and a call for submissions.

### Sister Cecilia B. Abhold Award

Nominations for FHSI's Sr. Cecilia B. Abhold Award, whether the nominated organization was selected to receive the award or not, provide a pool of innovative outreach practices. In 1991, FHSI initiated the Sr. Cecilia B. Abhold Award, named after the founder and first Executive Director of FHSI (at the time, East Coast Migrant Health Project). Each year, FHSI solicited nominations from Migrant/Community Health Centers and Migrant Voucher Programs in the Eastern Stream for

organizations that demonstrated excellence in the provision of outreach services to farmworkers. In 2002, FHSI began honoring farmworker health care organizations in each migrant stream (Eastern, Midwestern, and Western) with the Sr. Cecilia B. Abhold Award and presenting the award at the coinciding Migrant or Farmworker Stream Forum. The award selection guidelines (see Appendix C) are based on a broad range of service delivery criteria, including the provision of linguistically and culturally appropriate health care, innovative health education programs, and leveraging of community resources. Once FHSI receives nominations, a selection committee (comprised of FHSI staff and external migrant health professionals) discusses the nominees, their fulfillment of guideline elements, and any unique qualities they demonstrate. While only one recipient is selected in each farmworker stream, all nominations are valuable sources of information for innovative practices.

### Call for Submissions

In addition to actively collecting innovative outreach practice information through the Sr. Cecilia B. Abhold Award process, submissions are invited through a call for submissions that is publicized on FHSI's website and in *OutReach*, FHSI's quarterly newsletter mailed to all farmworker health care organizations across the United States. The full text of the Innovative Outreach Practice Submission Guidelines is included in Appendix A.

### Site Visits

As part of FHSI's programmatic support, FHSI conducts site visits throughout the year to farmworker health care organizations. Site visits allow FHSI staff to spend several days with an outreach program and their organization. During these visits, FHSI staff members shadow outreach activities, interview a wide variety of organization staff members to learn about their connection to the outreach program and their understanding of how and why it operates, speak with farmworkers, and read key materials developed at their organization. FHSI staff members observe firsthand the delivery of health outreach services and their benefits to the community, and document innovative outreach practices.

### Training

FHSI conducts customized and regional trainings with individual Migrant/Community Health Centers and Migrant Voucher Programs, community-based organizations, and other farmworker health organizations, as

well as workshops at migrant stream forums and conferences. Through these trainings FHSI and farmworker health participants share valuable information about health education and outreach practices, cultural proficiency, tools for migrant coordinators and outreach workers, and data management. Part of FHSI's training philosophy is to encourage participants to interact and share information with each other. Information about outreach practices that participants share at these trainings serves as a valuable contribution to peer-to-peer learning at the trainings and in FHSI's promotion of outreach practices in this report and in the provision of programmatic support services.

## Stream Forums and Conferences

Interaction with migrant health staff members at conferences and stream forums is another method for collecting unique and innovative outreach and health education practices. FHSI staff members listen to and document ideas shared at FHSI workshops, models presented by other migrant health representatives at their workshops, information shared at round tables and other meetings, and informal conversation with staff throughout the events.

### LIST OF DEFINITIONS

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

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

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

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

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

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

*Health outreach:* the process of increasing farmworkers' health access and decreasing health disparities by facilitating access to care, providing health education, conducting linguistically- and culturally-responsive screening and

clinical services, increasing the community's awareness about farmworkers, and helping farmworkers become equal partners in their health care.

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

*Migrant/Community Health Center:* a community health center that also receives federal migrant health funding (330g).

*Migrant Voucher Program:* an organization that receives federal migrant health funding (330g) to provide contractual services to farmworkers, without necessarily doing so from a clinic-based setting.

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

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

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

# SISTER CECILIA B. ABHOLD AWARD RECIPIENTS

## EASTERN MIGRANT STREAM

Southern Jersey Family Medical Centers, Inc.  
Hammonton, New Jersey

### Administration

Southern Jersey Family Medical Centers, Inc.  
860 S. White Horse Pike  
Hammonton, NJ 08037

Contact Name: Linda Flake, Executive Director  
Contact Phone Number: (609) 567-0200

### Mission

“To provide and promote effective, high quality primary and preventative health and dental care services for residents and migrant/seasonal farmworkers within the service area, regardless of their ability to pay.”

### Background

Southern Jersey Family Medical Centers (SJFMC) was created in 1977 as a non-profit migrant health center in Salem County, New Jersey. The organization is now federally funded as a Migrant and Community Health Center with sites in Hammonton, Salem, Atlantic City, and Pleasantville, New Jersey. SJFMC, a Federally Qualified Health Center, is committed to providing quality, comprehensive primary health care services to anyone in their target region, regardless of ability to pay. Services include adult and pediatric health care, dental, farmworker outreach and health education, nutrition counseling, social service counseling, Medicaid/CHIP enrollment, and diabetes outreach and education. Transportation is also provided. While patients come from a wide variety of backgrounds, SJFMC advocates strongly on behalf of uninsured and underserved populations in five counties of southern New Jersey.

### Innovative Practice 1:

SJFMC’s outreach program has an on-going process for addressing both individual and group needs of local farmworkers. To address individual health needs, staff members conduct comprehensive individual health assessments with each farmworker they contact personally. By using the health assessment process, staff members verbally and/or clinically screen farmworkers for

diabetes, hypertension, tuberculosis, pesticide exposure, dental and eye concerns. Based on health assessment results, staff members follow up to set up an appointment at the health center, provide health education, or take the patient to the emergency room.

To address group needs, while talking informally with groups of farmworkers at labor camps, outreach staff note perceived problems and possible solutions. Outreach workers work with farmworkers in the camps to develop programs and plans of action to respond to their needs. Farmworkers working in the capacity of *promotores de salud* further enable farmworkers to address actual needs and challenges within the camps by recommending (to each other and to SJFMC) and incorporating realistic solutions.

### What makes this practice innovative?

Most importantly, outreach staff members have a process in place for assessing, documenting, and responding to farmworker health and related needs, both at the individual and group level. Documenting identified needs enables outreach workers to track problems and provide necessary and timely follow up. It can also facilitate the exploration of trends among local farmworkers. Incorporating farmworkers who are trained as *promotores de salud* is innovative and significant for the following reasons: a) it ensures farmworker input both by gathering on-going feedback from staff who are farmworkers and live among farmworkers; b) it ensures that the outreach program is accountable to farmworkers by returning to farmworkers and providing follow up to make sure that needs are addressed; c) it incorporates culturally appropriate services that are more likely to engage farmworkers in the health process and the health delivery system; d) it expands SJFMC’s reach and penetration into the farmworker community.

### Innovative Practice 2:

SJFMC’s outreach program goals, objectives, and activities are based on a needs assessment process that was conducted prior to expanding their outreach program. Periodic evaluations (through farmworker forums, health promoter focus groups, and individual farmworker interviews) are conducted to ensure that the program meets farmworkers’ needs.



### What makes this practice innovative?

In addition to assessing farmworker health needs, SJFMC actively incorporates findings into their program plan. This is a key step in providing services that respond to an identified need. In addition, SJFMC evaluates their efforts to make sure that the services that they provide are effective in addressing farmworkers' needs and that they maintain program commitments they planned to address those needs. Outreach staff members do this by asking farmworkers directly if their needs are addressed by services available through SJFMC or by making referrals, adjusting the program if needs are not addressed, and identifying additional needs to address in the future. Furthermore, the evaluation methods directly incorporate farmworker input, which increases the likelihood that evaluation findings accurately reflect the target farmworker population.

### Innovative Practice 3:

SJFMC's outreach program staff members consistently share farmworker information with the rest of the organization. Through interdepartmental audit meetings, farmworker data is examined quarterly. Outreach workers share their experiences with other organization staff members through a bulletin board in the lunchroom, and the outreach program presents farmworker information and issues at provider meetings periodically. Before the start of each season, the coordinator of the migrant outreach program shares a detailed presentation with the entire SJFMC staff, relating the special needs of the migrant population and increasing awareness about the special challenges facing both the farmworker population and the providers who manage their care.

### What makes this practice innovative?

SJFMC has ensured interdepartmental collaboration through several mechanisms. Most importantly, by utilizing a variety of methods the outreach program ensures that staff members at all levels will be tied into outreach program activities and kept aware of farmworker issues. In addition, through audit meetings and other interdepartmental interaction, SJFMC addresses issues of quality, incorporating clinical, administrative, and other departmental perspectives on services provided and taking steps toward providing seamless care.

## MIDWESTERN MIGRANT STREAM

Farmworker Health Center, Union/Jackson Labor Camp  
Cobden, Illinois

### Administration

Shawnee Health Services and Development Corporation  
109 California Street  
Carterville, IL 62918

Contact Name: Shirley Vines, Migrant Program Director,  
Shawnee Health Services, and Dev. Corp.  
Contact Phone Number: (618) 985-8221

Contact Name: Cathy Bless, Clinic Supervisor,  
Farmworker Health Center  
Contact Phone Number: (618) 893-4811

### Mission

"To improve the health and welfare of southern Illinois and southwest Indiana residents through the promotion, development and administration of quality, preventative, primary health and social services, while utilizing limited resources. This will include assessing and serving the needs of the underserved/vulnerable populations and designing programs and services which are culturally and linguistically appropriate."

### Background

Since its beginning in 1971, Shawnee Health Services and Development Corporation (SHSDC) has fostered the development of health and social services in southern Illinois. Incorporated in Illinois, SHSDC is a 501(c)(3) tax exempt, not-for-profit organization governed by a Board of Directors.



SHSDC programs are funded by patient fees and, in part, by federal, state and/or local government, medical schools, foundations, hospitals, and individual tax-deductible contributions.

The Farmworker Health Center is a health care facility operated seasonally by SHSDC. The primary purpose of the Farmworker Health Center is to improve the health and welfare of migrant and seasonal farmworkers and their families, regardless of their ability to pay.

Since 1973, SHSDC has provided a program of primary health care services for the migrant and seasonal farmworkers who annually reside in Union and Jackson counties between the months of May and October. The program provides part-time physician services in addition to dental, nursing, outreach, pharmacy, social service, transportation, interpretation and health education. Specialty care services are contracted through area providers to ensure a comprehensive health program for all patients. Located in Cobden, Illinois in a farm labor camp, the Farmworker Health Program includes an environmental health component aimed at improving sanitation facilities in migrant living and working areas and at increasing the awareness of both farm owners and workers about the relationship between sanitary practices and disease transmission.

### **Innovative Practice 1:**

The philosophy of the Farmworker Health Center is one of shared governance: the office manager, outreach coordinator and clinical supervisor all work very closely to make sure the clinic is managed appropriately. Goals, objectives, and activities are determined in a cooperative manner by the SHSDC, the Board of Directors, the Farmworker Health Center, and outreach staff members.

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

SHSDC recognizes that an outreach program is an essential component of health care delivery for farmworkers. This philosophy, coupled with the inclusion of former farmworkers or adult farmworker children both on the Board of Directors and among the outreach staff members, demonstrates integration of the outreach program within the rest of the organization.

SHSDC further integrates the outreach program within the health center to meet the basic health care needs of the farmworker population by sharing information between the outreach department and other health cen-

ter departments. The clinic staff members meet with the outreach team every week to conduct case management for the clinic clients. Together, clinic and outreach staff members review cases and conduct general planning for the operation of the health center. They seek to identify migrant and seasonal farmworkers that need to be brought into to the health center for care.

### **Innovative Practice 2:**

Three to five years ago, the Farmworker Health Center had only one bilingual nurse and a very low staff retention rate. A goal of the current clinic supervisor was to specifically employ and retain bilingual nurses. This was a challenging goal, since southern Illinois is a federally designated health workforce shortage area. In 2003, the program employed five bilingual nurses and has retained them for a longer period of time. One successful retention strategy has been the integration of community health education into the clinical positions, which was an expressed interest of staff.

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

To offset the difficulty in employing Spanish-speaking staff members, the current clinic supervisor established incentives to employ and retain bilingual nurses. Many times, outreach programs have limited resources and a high turnover rate among staff. Finding alternative ways to compensate staff members, such as expanding or diversifying work tasks, increasing flexibility in work schedules, or increasing collaboration with other departments or agencies, can go a long way to improve staff job satisfaction.

### **Innovative Practice 3:**

SHSDC creates relationships with other agencies in the community that increase and improve the services they are able to provide to farmworkers and their families. Two examples of this collaborative initiative are their interpreter services and dental services.

Responding to the need for interpretation services for farmworkers, an SHSDC outreach worker began interpreting on a volunteer basis in hospitals and anywhere the service was needed. This has turned into an official interpreting service that has five members who carry beepers and are available twenty-four hours a day, seven days a week. Some hospitals reimburse for the service and formal negotiations are underway to encourage reimbursement by all users of the service.



Dental care continues to be a desperately needed service for farmworkers in southern Illinois. The center works to provide care, but has difficulty finding dental providers. To alleviate this barrier, the health center partners with the Southern Illinois University Dental Hygiene Program. Students rotate through the clinic providing assistance and, in turn, receive a hands-on public health experience. The center also utilizes the expertise of the Dental Hygiene Program's faculty for *promotor de salud* training and community health education programs.

**What makes this practice innovative?**

Creating partnerships with outside organizations enables SHSDC to effectively leverage their funding. Through these partnerships, SHSDC avoids duplication of services and employs a creative way to approach service gaps for their clients while providing continuity of care.

Additionally, the interpreter and dental services added to SHSDC's menu of services provide supplementary training expertise for SHSDC staff members, including cross training for the majority of staff members, and engages students in the field of public health.



**WESTERN MIGRANT STREAM**

Terry Reilly Health Services  
Nampa, Idaho

**Administration**

Terry Reilly Health Services  
211 16th Avenue, North  
P.O. Box 9  
Nampa, ID 83653-0009

Contact Name: Erwin Teuber, Executive Director  
Contact Phone Number: (208) 467-4431

**Mission**

“Terry Reilly Health Services is a community based non-profit corporation which is dedicated to providing quality, comprehensive health care. The services shall be provided in an accessible and affordable manner to all persons regardless of age, sex, ethnicity or economic situation. Particular attention shall be given to people who might have difficulty obtaining care elsewhere due to rural isolation, financial barriers, or cultural sensitivity. Terry Reilly Health Services shall function as a business in such a manner as to be fiscally responsible to the corporate interests and the interests and obligations of the patients. Terry Reilly Health Services shall strive to improve and expand the services. The corporation shall remain flexible in the health care marketplace and explore new organizational structures and health related financial enterprises.”

**Background**

In 1972, with a grant from the U.S. Public Health Service, Community Health Clinics, Inc. was formed and later changed its name to Terry Reilly Health Services (TRHS). TRHS is a private not-for-profit organization that provides access to quality health care to all, particularly to those who are uninsured, poor, living in rural areas, non-English-speaking, homeless, or otherwise facing barriers to getting the care they need.

TRHS's focus is on primary health care, including family practice medicine (provided by board-certified physicians, nurse practitioners, and physician assistants), general dentistry, social work, and psychiatry. TRHS has its own pharmacy and laboratory. Obstetrical care is a major component of TRHS' services, with specialized case management targeted at pregnant teens and also available to high-risk patients in the Perinatal Program.

Services are also offered for the treatment of victims of sexual abuse and sex offenders, as well as treatment of batterers.

### **Innovative Practice 1:**

As part of their outreach activities, outreach workers produced innovative educational materials such as an eight-part radio *novela* (soap opera) on sexual and physical abuse, *Los Secretos del Abuso Sexual*/Secrets of Sexual Abuse, and a short video presentation on common mental health situations of farmworkers, *Cuentos Del Campo*/Stories from the Field.

TRHS collaborated with a local radio station in the production of the radio *novela* and negotiated free airtime in return for ads placed with the radio station. In addition to using outreach workers, TRHS used specialists on the topics to review the radio *novelas* before presenting them to the public to ensure that the information provided was correct and clear.

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

TRHS identified an effective way to reach the farmworker community by using the radio media. Radio *novelas* are very popular among Hispanic families. Having a radio *novela* on topics such as sexual abuse or health situations provides health education in a widely accessible, informal and non-threatening way and in a language that can be easily understood by a broad audience.

### **Innovative Practice 2:**

TRHS has a Farmworker Health Advisory Committee that includes farmworkers as members. The Advisory Committee reviews all their bilingual materials and assists in the assessment of the needs of the farmworker community. The committee was established 11 years ago to include community input. TRHS identified the importance of including providers, patients, and other community members to assess the quality of their services. The Advisory Committee meetings are held sometimes at the labor camps or in Spanish.

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

The practice of including farmworkers at different levels is a key component in outreach. Including farmworker feedback on educational materials ensures that the material is appropriate for the community in terms of culture

and language. Involving members of the community to assist in the assessment of the community needs provides wider perspectives about the health needs of the community. The inclusion of service users also helps to assess the quality of the services provided. Finally, holding the advisory committee meetings at labor camps or conducting the meetings in Spanish ensures farmworker participation since their ability to participate is increased by the location and language used.

### **Innovative Practice 3:**

The farmworker outreach program has its main office in the largest of the three local labor camps. Initially, TRHS provided periodic outreach services at this labor camp, but that was not convenient enough for farmworkers. TRHS, in partnership with the Housing Authority, was able to get a building at a local labor camp for outreach services. The Housing Authority remodeled the building and in recognition of the benefit of the service provided to farmworkers, is planning to expand the facility.

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

It is important to facilitate access to outreach services and TRHS has taken outreach one step further by actually placing their main outreach program office in one of the largest camps in the area. This facilitates access to the outreach services and makes the outreach program part of the farmworkers community. Being part of the community is one way to gain farmworkers' trust. It is important to build coalitions with local agencies and organization to maximize resources and to be able to overcome challenges and barriers.

### **Innovative Practice 4:**

TRHS conducted a pilot study with 182 farmworker children whose body mass indexes placed them in the overweight or obese range to check for possible early signs of diabetes and pre-diabetes. Preliminary results showed levels of overweight and obesity was at least as high as national averages. TRHS staff went door-to-door to recruit participants for the study and sent letters out to the community. The initiative was well received by the community. As a result of the study, TRHS was able to secure community collaboration funding from the Governor's Office, State of Idaho to establish a Childhood Obesity Task Force.

**What makes this practice innovative?**

Conducting studies with the farmworker community is essential in identifying and verifying health needs. Studies conducted with farmworkers can serve as a stepping stone for building a program effort and securing funding for it. The personal contact with farmworkers, such as going door-to-door to recruit participants for studies or focus groups, is sometimes more effective in securing farmworker participation. As a result of TRHS' well-planned study with adequate farmworker participation, they not only earned state-wide recognition, but also additional funding, which will further enable them to provide quality services to farmworker children, often not the focus of farmworker health care services.



**SHORT TAKES**

*Please see Appendix C for Short Takes contact information.*

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

**HEALTH OUTREACH AND ENABLING SERVICES**

**BOUNDARY REGIONAL COMMUNITY HEALTH CENTER  
BONNERS FERRY, ID**

**Innovative Practice:**

Boundary Regional Community Health Center participates in a multi-agency effort to bring health care services to farmworkers in northern Idaho through a mobile clinic staffed by Boundary Regional Community Health Center Staff. The mobile unit brings linguistically and culturally appropriate services to farmworkers at two main camps in Boundary County, providing comprehensive medical and dental services, interpretation, referrals, and case management.

The mobile unit staff members are all bilingual, with the exception of the dental staff who use interpretation serv-

ices. Staff members include a Medical Doctor, nurse, outreach coordinator, case manager, and receptionist. Boundary Regional Community Health Center also partners with their local health department to place a nurse with the mobile unit to provide immunizations, and partners with local private dental practices to use space once a month for procedures such as root canals that cannot be performed at the mobile unit. Other members of the Boundary Regional Community Health Center staff, such as members of accounting and administration, often visit camps with the mobile clinic.

**What makes this practice innovative?**

Boundary Regional Community Health Center has partnered with the local health department, area hospitals, and other agencies and health service providers to fully utilize community resources and provide complete and comprehensive care to farmworkers in their county.

By providing a full range of services as part of their mobile unit efforts, Boundary has truly brought the services available at the health center to the field. The participation of reception staff allows for easy tracking of medical and case management referrals and billing and connects front desk work at the center with what goes on in the field. Accurate tracking and billing improve the quality and increase continuity of care for farmworker patients, as cases are less likely to fall through the cracks or go unaccounted for. By involving all health center staff in the efforts of the mobile clinic, Boundary is increasing staff awareness of farmworker issues and needs and making a tangible connection between health center staff and outreach.

The mobile clinic provides comprehensive health care to farmworkers who may work long hours, especially during the harvest season, and who may not be able to visit the clinic. By providing on-site culturally and linguistically competent care, Boundary is providing a comfortable and accessible environment in which farmworkers can receive needed care.

## CLÍNICA SIERRA VISTA BAKERSFIELD, CA

### Innovative Practice:

Clínica Sierra Vista conducts outreach activities at the local largest packinghouse. The CEO of Clínica Sierra Vista established a good relationship with the packinghouse administration which facilitated collaborative efforts. Once every quarter, Clínica Sierra Vista is able to provide one-on-one health education on cancer screening (breast, cervical, prostate). The one-on-one appointments are scheduled throughout the day and are conducted in a private room provided by the packinghouse. During the appointments, outreach workers are able to provide farmworkers with health education, assist them with completing application to obtain medical benefits, and conduct a survey on a specific health topic. After the quarterly outreach visit, the case managers will make follow-ups with farmworkers who expressed interest in cancer screening services. The rate of using the cancer screening services after this intervention is almost 100%.

### What makes this practice innovative?

Clínica Sierra Vista has been able to establish a fruitful collaborative effort with the local largest packinghouse.

Through this effort, they are able to conduct quarterly outreach visits to conduct health education, to assist farmworkers in applying for MediCal and Healthy Families, and to conduct surveys to assess their health needs. Local farmworkers do not have adequate health insurance and doing this helps them to obtain medical care for their families.

Conducting an outreach visit to a packinghouse can facilitate the reach of many farmworkers in one place. Offering assistance with applications for benefits or other similar services can be used as an incentive for participation in surveys. The packinghouse values the health of their employees; providing access to health care when farmworkers do not have adequate health insurance is helpful to employers and farmworkers alike. The health center can also use the opportunity to conduct individual surveys.

## TRI-COUNTY COMMUNITY HEALTH CENTER DUNN, NC

### Innovative Practice:

Tri-County Community Health Center's Community Services Department includes a mental health, substance abuse, and HIV/AIDS/STI screening tool as part of their outreach general health assessment. All outreach staff and accompanying medical students or personnel are trained in using the screening tool and familiar with the prevention model used at Tri-County. The tool allows outreach staff and medical students who partner with them to identify farmworkers engaging in high-risk behaviors for HIV/AIDS/STIs, farmworkers with mental health needs, and farmworkers with substance abuse issues. Staff may then refer to an inpatient/outpatient bilingual substance abuse treatment center for males on-site at Tri-County Community Health Center, to Tri-County Community Health Center behavioral health or psychiatric services, or to additional services outside the health center. Staff may also refer a farmworker for HIV/AIDS/STI testing at the center, or choose to set up on-site mobile HIV/AIDS testing in high-risk camps or areas.

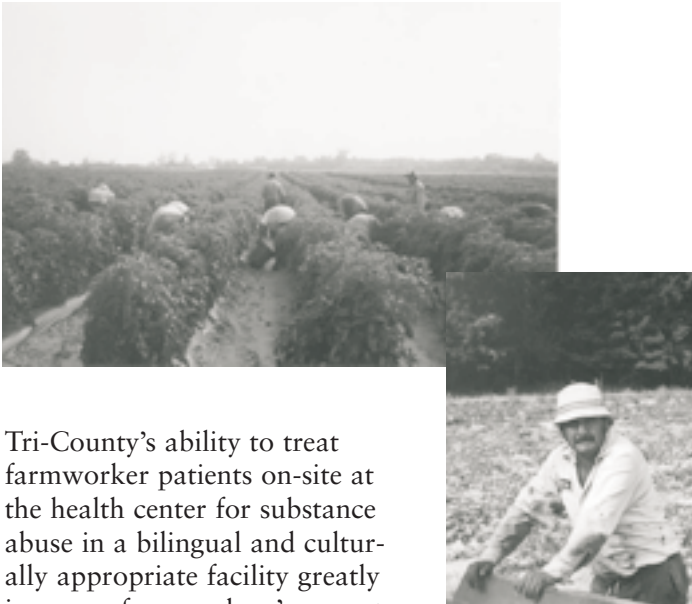
### What makes this practice innovative?

To provide comprehensive health services to farmworkers in their area, Tri-County uses collaborative ties with other departments within the organization, as well as with state and local organizations. Tri-County has the



ability to refer farmworkers on-site at the health center to inpatient and outpatient substance abuse treatment, and to behavioral health services and psychiatric care. Tri-County provides free HIV/AIDS testing on-site in the community and farmworker camps by establishing a mobile testing unit on location for a full day, and returning on an established date to provide test results.

Routine screening for mental health needs, substance abuse, and risk behaviors associated with HIV/AIDS/STIs provides comprehensive care to farmworkers in Tri-County's service area and meets a previously largely unmet need in the farmworker population.



Tri-County's ability to treat farmworker patients on-site at the health center for substance abuse in a bilingual and culturally appropriate facility greatly increases farmworkers' access to substance abuse services.

Similarly, the ability to refer farmworkers in need of mental health services to both behavioral health and psychiatric services at the health center minimizes the need for farmworkers to travel to multiple providers to receive treatment and medications, as well as provides continuity of care and culturally and linguistically appropriate services.

Finally, by providing HIV/AIDS testing on-site in the community, Tri-County makes confidential testing much more accessible for farmworkers in the area, while also providing culturally and linguistically appropriate care. By coming to the camps and encouraging everyone to be tested, Tri-County staff members are able to target high-risk areas, work to de-stigmatize testing, and reach more farmworkers with testing services.

## HEALTH EDUCATION AND PREVENTION STRATEGIES

### **ASHE MEMORIAL HOSPITAL/FARMWORKER HEALTH PROGRAM OF ASHE AND ALLEGHANY COUNTIES SPARTA, NC**

#### **Innovative Practice:**

A year-round contract site of the statewide North Carolina Farmworker Health Program (NCFHP), Ashe Memorial Hospital/Farmworker Health Program of Ashe and Alleghany Counties (FHP) has a Program Coordinator who is a bilingual registered nurse. The Program Coordinator and outreach worker work independently out in the community, while maintaining close contact and communication with a volunteer Medical Director and the statewide Medical Director for the NCFHP. Through numerous community partnerships (including churches and hospitals), cultivated relationships with area growers, and additional clinical training, the Program Coordinator and FHP staff maintain a strong commitment to providing comprehensive care and meeting farmworkers' health needs.

The Program Coordinator is able to provide substantial and in-depth care in the camps, performing blood sugar checks for diabetes as part of the initial health assessments. She follows up on clinical care that farmworkers receive by providing burn care and adult vaccines, dispensing certain medications, and providing treatment that falls under her Registered Nurse parameters. She has also recently been trained in the application of dental varnish and can apply it to farmworker children in their homes. The FHP conducts two evening clinics each week in office space donated by the hospital during peak harvest season. They bring in their own medical supplies; hire medical providers, interpreters, and drivers to transport farmworkers to the clinic.

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

As a contract site without a year-round clinic-based program, with a small staff and limited budget, the FHP finds alternative ways to meet farmworker needs. Primarily, they have strategically achieved leverage of funding by maximizing available community resources and relationships. Furthermore, they focus much effort



on preventative care with comprehensive health screenings and prophylactic dental care for children. The FHP specifically plans their services around farmworkers' work schedules and holds clinics in the evenings, creating space and resources to do so, or going to farmworkers' homes to provide preventative and primary care services for farmworkers and their children. FHP's efforts specifically aim to increase farmworkers' access to health care services without the traditional barriers of transportation or language. Finally, through FHP's nursing outreach model, they are able to save farmworkers from potentially missing work and going back and forth to contracted providers.

## CULTURAL COMPETENCY AND RESPONSIVENESS

### **GOLDEN VALLEY HEALTH CENTERS MERCED, CA**

#### **Innovative Practice:**

Golden Valley Health Centers (GVHC) provides a Health Education and Outreach newsletter, *Health Education News*, every other month to all GVHC employees. The newsletter has articles about health education and the health center program, changes and information about the Outreach staff, upcoming events, and a real-life story about a person that the Outreach staff was able to assist.

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

In addition to their current practices of involving Outreach staff in site meetings and clinical committees, the Outreach and Health Education coordinators in management meetings, and providing an overview of Health Education/Outreach at Employee Orientation, this practice goes a step further to integrate Outreach/Health Education staff into the rest of the health care organization. Providing a newsletter to all GVHC employees is a creative way to foster cooperation and a sharing of information between the Outreach/Health Education department and the rest of the organization. It increases the overall awareness of farmworkers in the organization (through the use of real-life Outreach/Health Education impacts), thereby increasing the likelihood of providing culturally appropriate care to farmworkers and their families.

This practice builds upon the base of integration already existing in the organization between the Outreach/Health Education department and the rest of the organization. It provides a creative venue for increasing cooperation and collaboration between the various GVHC departments, which in turn allows for continuity of care and increased culturally appropriate care for farmworkers and their families.

### **GREENE COUNTY HEALTH CARE, INC. SNOW HILL, NC**

#### **Innovative Practice:**

Greene County Health Care's (GCHC) farmworker health outreach program takes a multifaceted approach to ensuring cultural competency and responsiveness by evaluating and assessing the program's services at the beginning and mid-points of each season and prioritizing them to make the most effective usage of the program's resources to meet the needs of the farmworker population. Some of their outreach efforts include: developing linguistically appropriate materials which are written at low literacy levels, including flyers and *fotonovelas*, conducting beginning and mid-season needs assessments, focus groups, seasonal evaluation of goals and objectives, collaborating with community agencies, collecting and utilizing farmworker feedback, assisting with appointment scheduling, interpretation, referrals, transportation, having a cultural competency in-service to staff, providing on-site health services four nights a week, and employing bilingual and bicultural staff.

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

GCHC's farmworker health outreach program has demonstrated a deep-seated commitment to addressing complex farmworker needs by integrating many aspects of health outreach. They have systems in place to conduct current needs assessments with farmworker feedback and to evaluate practices mid-season. The outreach program is integrated with other departments and they also collaborate with many community organizations to ensure that farmworkers consistently receive culturally competent services and seamless care. Having on-site health care four nights per week is a non-traditional outreach effort that addresses some of the barriers that farmworkers face in accessing health care services, and has enabled the clinic to greatly increase farmworker access to health services.

Including direct farmworker participation in needs assessments is an essential part of providing comprehensive services and integrating a culturally appropriate approach throughout GCHC's outreach program. Commitment to farmworker issues is further demonstrated by the outreach program's willingness to be involved in multiple levels of care from scheduling appointments to the provision of care on-site in the evenings.

## HEALTH DATA AND OUTCOME MEASURES

### **KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM TOPEKA, KS**

#### **Innovative Practice:**

The needs of the migrant and seasonal farmworker population in Kansas are reported by farmworkers themselves as they interact with a network of 83 Access Point Agencies. These Access Point Agencies are local public health departments and primary care clinics in 74 of the state's 105 counties.

Health care organizations approved as Access Point Agencies are paid for conducting an assessment of client and family needs during the registration visit. The initial appointment includes registration of the entire family, a comprehensive health history (including overview of all family members), identification of problems and health care plan to begin resolution of problems. Written documentation of assessment (i.e. copy of nursing notes or risk assessment form) is submitted along with the billing claim and voucher. Payment of up to \$25.00 is allowed for the registration and evaluation visit. Case managers routinely conduct these evaluations and are the sole source of assessment and referral assistance in areas not served by Access Point Agencies.

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

By participating in the Access Point program, Kansas Statewide Farmworker Health Program (KSFHP) increases their collaboration with the statewide community to gather farmworker needs information in an attempt to enhance the provision of health and social



services. This practice also increases KSFHP's accountability to farmworkers by gathering direct input from farmworkers themselves and documenting those needs for future use (either program enhancement, expansion, or planning).

In addition to gathering valuable data through direct input from farmworkers on their health status, health related issues, and needs, this practice provides compensation to both the assessing agencies and the farmworkers. The Access Point Agency system allows for blanket coverage of farmworker areas in the state by utilizing a system of cooperation and mutual communication.

## APPENDICES

Appendix A: Innovative Outreach Practice Submission Guidelines

Appendix B: Short Takes Contact Information

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

### APPENDIX A: INNOVATIVE OUTREACH PRACTICE SUBMISSION GUIDELINES

#### WHAT MAKES A PRACTICE INNOVATIVE?

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

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

resources in order to avoid duplicating resources or services, and effectively integrating the outreach program into other departments in the organization.

- b. *Enabling services*: encompass any service or activity that facilitate the entry of farmworkers into the health delivery system or help farmworkers navigate necessary health or related services, such as case management, interpretation, transportation, and other service linkages.

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

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

1. Health Outreach and Enabling Services are essential components of health delivery systems in an effort to increase access to care and reduce health disparities for farmworkers and their families.
  - a. *Health outreach services*: encompass components such as the presence of an outreach program plan and written protocols, promoting all levels of staff development, effectively utilizing existing available monetary and non-monetary

2. Health Education and Prevention Strategies are core services for the provision of holistic and comprehensive health care to farmworkers. It is through effective, relevant health education and prevention strategies that we enable farmworkers to become equal partners in their health care.

- a. *Health education*: developing or gathering, and providing activities and materials that are relevant to and appropriate for the current farmworker population served. "Relevant" means that the topics address an identified and documented health need expressed by farmworkers, and "appropriate" means that the materials and methods for conducting health education are language- and literacy-appropriate, and encourage farmworker participation. When possible, outreach staff involves other organizational departments in conducting health education.

- b. *Prevention strategies*: such as verbal and/or clinical screening activities, case management, collaboratives, mental health initiatives, prescription programs, parenting programs, and youth groups. When possible, outreach staff members involve other organizational departments in these prevention efforts.
3. Cultural Competency and Responsiveness are the cornerstone of quality, meaningful health care services, particularly for a transitory, vulnerable, and isolated population such as farmworkers. Farmworkers have very unique lifestyles and socio-economic factors that are important to understand and address in the provision of health care services.
- a. *Cultural competency*: the organization demonstrates a practice of employing staff who speak languages appropriate to their target farmworker population and reflect and/or have a demonstrated understanding of and sensitivity to local farmworker cultures; the organization maintains a philosophy that demonstrates cultural sensitivity to farmworkers, farmworker cultures and life experiences and exhibits that philosophy in everything they do. All staff members share an understanding of this philosophy.
- b. *Cultural responsiveness*: the organization's and program's activities, materials, and organizational logistics cater to unique cultural considerations: outreach and organizational hours of service are consistent with farmworker lifestyle (i.e. evening hours), activities and materials are appropriate with respect to language and literacy level, and use non-traditional communication methods.
4. Health Data and Outcome Measures are integral tools for continually understanding and capturing farmworker needs, barriers, and practices. They are also essential tools for health program planning, development, and evaluation in order to track, respond, and meet the on-going, changing, complex needs of farmworkers.
- a. *Health data*: practices that demonstrate a clear process for how to collect, document, track, analyze and report activities conducted, and also for gathering, documenting and incorporating farmworker health needs.
- b. *Outcome measures*: practices that track program and health outcomes in order to determine their effectiveness in improving the health of the area farmworker population.
- c. *Utilization of farmworker health data*: practices that demonstrate a program's ability to incorporate identified needs into program planning and program improvement, and act on those needs by implementing services to address them.

## APPENDIX B: SHORT TAKES CONTACT INFORMATION

### Tri-County Community Health Center

3331 Easy Street  
Dunn, NC 28334  
Contact: Robert J. Daniel  
Phone: (910) 567-6194 x5019  
Email: RJDaniel@Tcchc.com

### Clínica Sierra Vista

1430 Truxtun Avenue  
Suite 400  
Bakersfield, CA 93302-1559  
Contact: Steven Schilling, Executive  
Director  
Phone: (661) 845-3731

### Golden Valley Health Centers

737 W. Childs Avenue  
Merced, CA 95340  
Contact: Michael O. Sullivan, CEO  
Phone: (209) 383-1848  
Email: msullivan@gvhc.org

### Greene County Health Care, Inc.

303 North Greene Street  
PO Box 658  
Snow Hill, NC 28580  
Contact: Steve Davis  
Phone: (252) 747-8162 x 242  
Email:  
sdavis@greencountyhealthcare.com

### Boundary Regional Community Health Center

6635 Comanche Street  
P.O. Box Q  
Bonners Ferry, ID 83805  
Contact: Andrew Bolton, Executive  
Director  
Phone: (208) 267-1718  
EMail: Andrew@bhcha.org

### Kansas Statewide Farmworker Health Program

1000 SW Jackson, Suite 340  
Topeka, KS 66612-1365  
Contact: Cyndi Treaster, Program  
Coordinator  
Phone: (785) 296-8113  
Email: Ctreaste@kdhe.state.ks.us

### Ashe Memorial Hospital/Farmworker Health Program of Ashe and Alleghany Counties

507 N. Main Street  
PO Box 1643  
Sparta, NC 28675  
Contact: Debra Trulock  
Phone: (336) 372-1704  
Email: datrulock@hotmail.com

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

### Background

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

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

### Eligibility

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

### The Selection Committee

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





*This publication is made possible through funding from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services.*

### **Selection Guidelines**

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

1. Delivers linguistically and culturally responsive health care to MSFW
2. Recognizes that an outreach program is an essential component of health care delivery for MSFWs
3. Creates relationships with and utilizes other services in the community that increase and improve the services provided to MSFWs
4. Incorporates and values MSFW input, accountability, and participation
5. Integrates the Farmworker Health Outreach Program with the health center to meet the basic health care needs of the MSFW population

### **Nomination**

A nomination for the Sr. Cecilia B. Abhold Award can be made by:

- a direct contact or employee of the health center/program
- a peer health center/program; or
- the health center/program itself

FHSI encourages health centers/program to nominate themselves, as they have the best understanding of how their outreach program operates.



FARMWORKER HEALTH SERVICES, INC.

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

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

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