The California Endowment

The Agricultural Worker Health and Housing Program

Informing the Community

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The California Endowment is pleased to release this report sharing some of the information the study team learned through the Agricultural Worker Health and Housing Program (AWHHP). Since the AWHHP was launched in 1999, The Endowment has worked with the California Rural Community Assistance Corporation and dozens of local organizations to effectively link health services with the provision of safe, decent and affordable housing in rural communities across California.

The Agricultural Worker Health Initiative (AWHI) is The Endowment's next step in the effort. While the initiative continues to strive for optimal health among agricultural workers, their families and their communities, AWHI seeks to implement a multifaceted approach that concentrates resources on: 1) addressing agricultural worker health issues; 2) strengthening the social, economic and civic infrastructure of agricultural worker communities; and 3) improving systems at the local, state and national levels, including internal organizational systems of care for agricultural workers.

One of the strongest lessons The Endowment learned through AWHHP is that community involvement has been a major factor in creating systems change. Community members are important assets who fill important functions in connecting with the rest of the community, provide a valuable perspective on quality assurance and have given insights into appropriate project design. Once empowered, groups of agricultural workers have demonstrated the ability to create and direct great change, and to sustain those efforts beyond the life of any single program. The Endowment owes much to the contributions of community members who volunteered their time for AWHHP.

Based on lessons learned from the AWHHP, the Agricultural Worker Health Initiative is organizing to place community groups, or *concilios*, at the center of the initiative's efforts to create positive change. The information in this book is being provided to help inform the members of these *concilios*, and to assure that the AWHI builds upon the efforts of those involved in earlier projects as it moves forward in improving the health status of California's agricultural workers.

Sincerely,

Mario Gutierrez
Director, Agricultural Worker Health and Binational Programs
The California Endowment

"...Once empowered, groups of agricultural workers have demonstrated the ability to create and direct great change."

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Introduction

The California Endowment strongly believes that there are many benefits to studying the past and learning from the efforts of others. This book presents information on a large, recent effort by local agricultural worker communities to improve workers' health and housing. This effort was part of the Agricultural Worker Health and Housing Program (AWHHP), funded by The California Endowment.

The California Endowment hopes that this report on the work of the AWHHP is helpful in your efforts to improve the health of your communities. While The Endowment understands that every community is different, and has different needs and different resources, it also knows that agricultural worker communities share many of the same issues and can mobilize themselves in similar ways. The information presented here should be used as a beginning to put you on the path of using your local resources in the best possible ways.

The Agricultural Worker Health and Housing Program (AWHHP)

The AWHHP began in 1999 as a special new way to improve the health of agricultural workers in California. The Rural Community Assistance Corporation (RCAC) used a grant from The California Endowment to set up and run the AWHHP. The AWHHP recognized that it was not enough to make sure that workers could find doctors and clinics, only to return to an unhealthy home. So, the AWHHP helped agricultural worker communities to make sure that healthy housing was available, and then helped communities to make sure clinics, doctors and health information were available to agricultural workers.

The AWHHP spent more than $31 million throughout California. While this was a large investment, it could not meet the needs of all of the health and housing needs of the thousands of agricultural workers in California. Instead of trying to do a little for everyone, the AWHHP studied California's agricultural worker communities and chose locations where they believed their investment could make serious changes in communities' health. The idea was to develop new "models" of housing and health and then find the ones that worked best.

To evaluate the models, a consulting firm used several ways of gathering information: They looked at a project's written information; they had face-to-face and telephone discussions with agricultural workers and project staff people; and they used surveys and group meetings. Much of the health information in this book came from visits to six of the oldest projects. This information includes the results of surveys of more than 900

agricultural workers and their families living in communities with AWHHP projects.

In total, 46 individual projects were funded through AWHHP. One-half of these projects aimed to directly improve and/or increase the healthy housing, and to provide new or better local health services. Each of these projects had at least two partners that agreed to work together to combine expertise in affordable housing development with expertise in the delivery of health services. In addition, this partnership was asked to involve local agricultural workers in planning the project.

The other half of the projects was designed to help communities get ready for a large housing and health project. Not every community had organizations that were ready to plan, build and direct projects as large and complicated as needed for AWHHP. So, special capacity and partnership building grants were provided to help communities get ready. Each of these projects involved agricultural workers, as well as partnerships between local health and housing organizations. Over time, each project also hoped to change the way local health and housing organizations helped agricultural workers.

Overall, AWHHP projects improved the quality of housing for thousands of agricultural workers and their families, resulting in better living conditions that should make it easier for them to take care of their health. These projects provided health services to residents of the housing projects, and in most cases made these services available to the broader agricultural worker community. Many local agencies learned to provide more services than they did before. Groups composed of agricultural workers gained new skills, and some new groups made great contributions for their communities. A few of the projects were directed to the special needs of unaccompanied male migrant workers, while most helped the families of agricultural workers who lived in the same place all year. Certainly, more remains to be done.

Using this Book

The AWHHP was a very large program, and there are thousands of stories that could be told about the people who were involved. The Endowment could not possibly include all of these stories, but has tried to present information that will help you to ask the right questions, to get a better vision of what can be done, and to learn from those that have been working to improve the health of agricultural workers and their families.

This information is presented in four chapters. Each chapter focuses on specific topics, and the chapters have been designed so that you can read any one of them individually. The Endowment does, of course, hope that you find all the chapters to have good information. The report has been arranged as follows:

- **Health Information.** The study team asked agricultural workers at five large AWHHP projects around the state about their health and the health of their families. They also asked them about how they got health care, the problems they saw, and how their AWHHP project helped. Although every community is different, you may find details that can help with your own community.

- **Case Studies.** There were more than 40 AWHHP projects spread around the state. In separate chapters, the report recounts the projects in two very different areas — Tulare County and Monterey County. The Endowment hopes that reading about these projects may inspire you and give you a better idea of what might be involved in improving health conditions in your own areas. At the same time, most of the organizations that were involved in these projects are willing to help you build your own efforts. Their contributions are also described.

- **Promising Practices.** The California Endowment and the Rural Community Assistance Corporation asked every AWHHP project to be creative in finding new ways to improve health. Not every one of these new ideas worked, but some turned out to be very important. This chapter should give you ideas to build upon what others have done.

If you are interested in learning even more about what was learned through the AWHHP projects, The Endowment recommends that you contact the people who were involved in those projects. Nobody knows more about how they met challenges, the resources they used, and what they might do differently if they were to start again. Additional contacts are listed at the end of this report.

A very much larger report on the AWHHP has been created, with much more detail and analysis. If you are interested in reading this report, please contact the Rural Community Assistance Corporation or visit The California Endowment's Web site (www.calendow.org) for the Evaluation of The Agricultural Worker Health and Housing Program, Volumes I and II (Dennis Rose & Associates, April 2005).

"Community involvement has been a major factor in creating systems change."

Health Information

There are many ways to talk about health. A doctor might talk about specific diseases. Another person may talk about how people live, if they eat well, get exercise, avoid doing things that will hurt them and know how to protect their families. Others talk about how conditions at work, in the neighborhood or in the home may make it difficult to be healthy. In this study of AWHHP, it was understood that health is all of these things.

The AWHHP study used information the study team received directly from agricultural workers and their families. The study did not use information from local clinics and doctors. In the future it would be better to also include information from local health clinics and doctors, but this could not be done for the AWHHP study. Some the findings are presented below.

Health Status

Overall, agricultural workers reported they were relatively healthy at the time they were interviewed. Based on 916 interviews, most workers (80%) reported that a doctor or nurse had told them at some time in their lives that they had a medical condition. The agricultural workers were asked to list those health conditions which they were told they had. The following chart illustrates their responses:

Reported Health Conditions	Percentage
High Blood Pressure	4.8%
Asthma	4.3%
Diabetes	3.7%
Overweight/Obesity	3.4%
High Cholesterol	3.2%
Work Related Injury	2.1%
Tuberculosis	1.2%
Allergies	1.0%
Heart Disease	0.9%
Arthritis	0.9%
Anemia	0.5%
Other	3.7%

The number of health problems is less than what The Endowment expected and less than the number of health problems for other residents of California. This may be due to the fact that many of the agricultural workers interviewed were young: The average age was 23 years old. Other reasons for the lower-than-expected figures can be attributed to agricultural workers who qualified for the AWHHP often were part of a stable family; and that the interviewees had not been told that they had health problems. They may not

have gone to a doctor in the past; or if they went to a doctor it was because they were hurt, not because they felt sick.

The most serious health problem the study team found was tuberculosis (TB), which was reported at four of the five sites the study team visited. Eleven of the 916 people the study team talked to reported that a doctor or nurse had told them that they have tuberculosis. This level of TB is much greater than was expected and much greater than the level of people in the United States or in Mexico. However, the agricultural workers might have confused a positive screening result (a person might have TB) with a doctor's official diagnosis.

More health information was developed through the efforts of individual projects. At one local project, highly effective eye exams were conducted by a nonprofit agency that was working with the local housing organization. Because of these exams, four people had eye surgery that may have saved their ability to see.

The study team was not the only group looking at health information. Some of the projects developed new health information—from community health needs assessments—as part of their planning efforts. The idea here was to look within local communities for health problems, peoples' needs and ways that people could get the help they needed. Among the findings of these health needs assessments:

- Most agricultural workers reported their health to be good or that their families do not have major health problems.
- There were many "chronic diseases"-health problems that don't go away–including chronic back pain (22%), allergies (11%), anemia (9%) and diabetes (8%).

Finally, the study team asked people if the project had made any difference for them. Many of the agricultural workers (37%) the study team talked to indicated that their family's health was better since they moved to new housing. Very few (3%) said that their family's health was worse since they moved. Most of the people the team spoke with said there was no change in their family's health (59%). Since most people the study team talked to said they were healthy, it is not surprising to have so many people say that there has been no change in their health. But, it is important to understand that 72 families reported that their family's health had improved.

A very important part of the AWHHP was the idea of agricultural worker "empowerment" –that with a little help agricultural workers can take care of their own health. If local health organizations provide agricultural workers with good information, the workers can use this information to make their families and communities healthier. Many people the study team talked to (42%) said that the project made it easier to care for their own health. Almost one-half of the agricultural workers (44%) said that they made changes in the way they care for their health or their family's health during the AWHHP project. The most important change was what their families ate—"nutrition"—and 80 percent of all agricultural workers the study team talked to said that they now ate better. The chart, on the page following, shows what people said about nutrition.

Type of Health Behavior Change	Percentage Reporting this Change
Do you eat better?	80.2%
Do you exercise more?	37.2%
Do you see a doctor more often?	36.0%
Do you get immunizations?	9.3%
Do you pay attention to pesticides?	7.0%
Do you smoke less/not at all?	5.8%

These changes may be due to better kitchens, changes in the amount of exercise workers' families engage in, and the new playgrounds and soccer fields some projects built.

Barriers to Getting Health Care

As part of the AWHHP study, agricultural workers were asked about the last time they had received services from a doctor, nurse, clinic or hospital. A small number (5%) had *never* gotten health care. Many more (29%) had not gotten health care within the last two years. However, the good news is that almost one-half of the respondents (48%) reported they had received health care within the last year.

Getting dental care is a problem for agricultural workers. Many people (16%) said they had never been to a dentist. If people said that they had been to a dentist, usually it was more than two years ago. Practically everyone said that more dental services were needed for agricultural worker families.

The study found that there were serious problems when agricultural workers wanted to get health or dental care. The study team wanted to understand how serious these problems were, so they asked people about two different situations: 1) emergencies, and 2) non-emergencies.

The study team was surprised by the answers they received. Most people they talked to did not think that it was a problem getting health care, noting that emergency care was not a problem; neither was getting to non-emergency care. The study team was puzzled by this information, so they asked more questions. What they found was that agricultural workers often had a very short list of what were emergencies. For instance, for one agricultural worker, a broken leg was not an emergency. In the future, it will be important to get more information on what agricultural workers think about health emergencies, so that new plans for health services can fit in with workers' ideas.

The agricultural workers discussed problems they have getting to health clinics and hospitals. These problems or "barriers" were well known to the study team, and included

Type Of Problem (Barrier)	Percentage of Total Responses	
	Emergency	Information or Non-emergency
Too expensive or no insurance	8.1%	3.4%
No transportation to service	3.6%	1.5%
Don't know where services are located	0.9%	1.7%
They don't speak my language	1.9%	6.9%
They don't treat me with respect	2.1%	1.5%
I'll lose my Job	2.6%	1.5%
Health center not open when needed	0%	0%
They don't understand my problem	0.2%	0%
I'm undocumented	0%	0%

lack of insurance; lack of transportation; and clinic staff who did not speak Spanish or Mixteco. The chart above presents what agricultural workers considered "barriers" to health care.

The study team was a little surprised by this information. For instance, *not* one person said that the hours clinics were open was a problem. Also, not one person said that their immigration status was a problem in getting health care. However, the study team thinks that there may be a problem with the information they received about barriers: The agricultural workers don't know exactly where to go for health services, but they think they can find out where to go if they feel they need health services. The study team came to the conclusion that agricultural workers need to learn more about their health and the health services they can access. The more workers learn, the more they will go to doctors and clinics to make sure they are healthy.

After reviewing all of the information from agricultural workers, the study team came to several conclusions. The first is that most agricultural workers think of "health" as more than just going to a doctor, clinic or hospital. They think of health as being part of a safe and strong community, where people understand their own needs, and have the chance to meet these needs. In some cases, these needs might have to do with getting medical services from clinics or hospitals, but in many cases, these needs are about how to organize a community, substance abuse, domestic violence, health information, how to get along with neighbors or getting help with other community problems.

How AWHHP Helped Agricultural Workers Improve Their Health

The AWHHP projects used various methods to help agricultural workers improve their health. In many cases, the best result came from agricultural workers who moved away

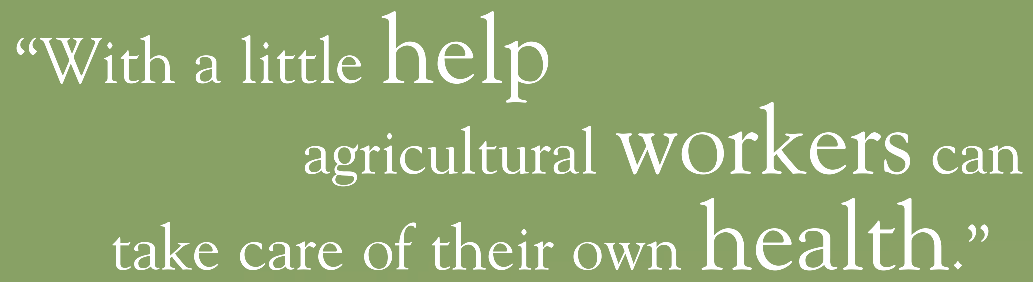
from unhealthy and dangerous housing. By getting away from this dangerous housing, workers and their families had the chance to be healthier.

Using mobile health vans proved to be another important way of improving health. These vans brought medical and dental services directly to agricultural workers where they work and live. Other AWHHP projects opted for a different approach by building community centers at the new housing for agricultural workers. These centers could be used for community organizing activities, for health education meetings and even for for health examinations. Still other projects made sure to build new housing close to existing clinics. Some projects also set up buses that could take agricultural workers to local health clinics.

Another very important way of improving agricultural workers health was the use of *promotores de salud*. Promotores were local residents who were trained by the AWHHP projects' health partners to help agricultural workers improve their own health. The *promotores* focused on workers' living conditions or behaviors, and helped to connect workers to local health services. In some projects the *promotores* talked about topics that were selected before they began working with agricultural workers. In other projects agricultural workers themselves decided what information they needed, and the *promotores* made sure to bring workers the information. The *promotores* talked with agricultural workers at community centers, at workers' homes or at other locations in the community. Sometimes these meetings were formal trainings, where the *promotor* lectured to the residents and then answered their questions. Other times, the meetings were less formal, and were more like conversations or question and answer sessions. One project used *promotores* to serve two important purposes: 1) to help agricultural workers with their health issues, and 2) to help agricultural workers organize themselves so that their housing needs could be met.

The Future of the AWHHP Health Efforts

The AWHHP experience has reminded us that it is necessary to plan for the future, to think about the projects' "sustainability" once funding from The California Endowment is over. For many AWHHP projects, health services did not continue after the funding ended. However, two projects were able to continue to offer health services by finding other organizations that would provide them with funding.


"With a little help
agricultural workers can
take care of their own health."

Case Study of Tulare County

The AWHHP sponsored 46 individual projects around the state of California. Every one of these projects was designed by local organizations to better fit with local conditions. Several of these AWHHP projects were located in Tulare County and are profiled below. These profiles cannot tell the entire story, and readers are advised to contact project partners if they are interested in learning more about these projects.

Tulare County is located at the southern end of California's Central Valley. It is the second poorest county in the state with roughly 28 percent of its population living in poverty. Important crops include milk, oranges and grapes. The county is one of the major focus areas for The California Endowment's Agricultural Worker Health Initiative. Within Tulare County, three communities have been selected for special emphasis: Cutler/Orosi, Lindsay and Woodlake.

Cutler/Orosi Health and Housing Project

$20,000 Capacity- and Partnership-Building Grant

February 2000 to February 2001

Self Help Enterprises

Family HealthCare Network

This project was a crucial step in helping the community move from organizing itself to actually providing housing and health services. At the beginning of this project, Cutler had a coalition of community agencies that met to discuss plans for improving the community and developing a range of services, including new health facilities and affordable housing. At the end of this project, the project partners were ready to build a new community clinic and new multifamily rental housing in Cutler.

This project represented another step in an ongoing process designed to improve the well-being of agricultural workers in the Cutler and Orosi area. An early achievement was the formation of the Cutler-Orosi Housing Task Force in 1998. The purpose of this task force was to identify needs and community resources in Cutler and the neighboring community of Orosi. The task force was made up of concerned citizens, including representatives of various religious organizations, job training and continuing education providers, housing providers, government agencies and health care experts. The project partners, Self Help Enterprises (SHE) and Family HealthCare Network (FHCN), joined this task force and were able to take advantage of AWHHP funding to move the program's agenda forward.

The task force recruited local agricultural workers to form the Cutler/Orosi Project Advisory Committee in order to gain support

and input of the agricultural community for the proposed project. The committee and its partners met regularly to discuss plans, and the basis for this communication was helped by an innovative approach to building a partnership. Representatives of the project partners and advisory committee members traveled together to visit an existing affordable housing complex and a community clinic to share perceptions of the services and buildings. They used this trip to share ideas and their thoughts about their plans for health and housing services. And, because of this trip and discussion, many changes were made to the project's plans. Based upon these plans, the project partners successfully applied for additional AWHHP funds to bring health services to Cutler. The results of that project are described in the next section as the Cutler Village Health and Housing Project.

Cutler Village Health and Housing Project

$1,300,000 Capital Loan
$200,000 Health Improvement Grant

September 2002 to September 2003

Family HealthCare Network

Self Help Enterprises

This project followed directly from the plans developed through the Cutler/Orosi Health and Housing Project and created a joint health and housing development. New affordable multifamily rental housing was created in Cutler, with a new community health center built across the road.

The new housing complex was named Villa de Guadalupe and consisted of 60 units. In addition, a 2,100-square-foot community center was included in the complex, providing space for health education, English as a Second Language courses, after-school programs and other services. This community center was used heavily at the beginning of the project for health education workshops, but has been used less frequently as a new, larger community center was built in Orosi.

The health center is part of the Family HealthCare Network that has community clinics in several locations around Tulare County. In addition to basic clinic services, it offers radiology, mammography, ultrasound and dental services. The new clinic was purposely built across the street from the Villa de Guadalupe as part of a strategy to make it possible for residents of the housing to easily access health and dental services. The project also included a transportation vehicle to help community members get to the various clinics in the Family HealthCare Network. The clinic stays open until 9 p.m. two nights per week.

When the project was in the planning stages, it was well-understood that health services were needed in the Cutler area, but the demand was even greater than originally thought. Within one year of opening the clinic, community members were reporting difficulty in getting appointments, and the clinic was already trying to come up with policies to deal with having more needs than they could fill. All indications suggest that a larger clinic will be needed.

Farmersville Health and Housing Capacity and Partnership Building Program

$40,000 Capacity- and Partnership-Building Grant
May 2002 to May 2003
Self Help Enterprises
Family HealthCare Network

Based upon the successful development of a new clinic and multifamily housing in the Cutler Village project, local health and housing partners began looking into the development of a similar program in the Farmersville area. They attempted to generate the same kind of local energy and involvement that had been seen in Cutler. They wanted to establish a coalition of agricultural workers, government agencies and nonprofit organizations that would help mobilize resources for planning and implementing solutions to the shortage of health services and affordable housing in the area.

The partners began by meeting with government and planning officials in Farmersville. Little happened as a result of these meetings, and the partners expanded the effort to include Exeter and Lindsay, with similar results. With the assistance of Catholic Charities, they were able to set up a meeting with community leaders and agricultural workers. Community members confirmed the needs the partners had identified, and they said that they would be willing to participate, but noted that the project would not succeed without the active support of local governments. Ultimately, there was no proposal made to move forward with development.

There was some good that came out of those discussions, however. On a practical level, Family HealthCare Network established a van route to assist Farmersville residents to get to health care services in other communities. Further, community members learned of the services offered by the project partners, and the partners learned about local organizations and community interests.

Lindsay Wellness and Housing Program

$40,000 Capacity- and Partnership-Building Grant
March 2002 to March 2003
Lindsay Redevelopment Agency

When the Lindsay District Hospital closed its doors in 2000, the community was left without a major health care provider. But, even after this closing the community had control of the hospital's physical facilities and had a steady stream of income through the Lindsay Hospital District. With this in mind, the purpose of this AWHHP project was to gain community input and plan how to transform the old hospital facilities into a wellness center that would benefit the entire community.

In response to the closure of the hospital, the Lindsay Health Care Advisory Committee was formed. This Committee had two representatives from the Lindsay Redevelopment Agency, two from the Hospital District and one from the Lindsay Unified School District. The AWHHP project brought AHORA, an advocacy organization composed of agricultural workers, into the planning process to represent Lindsay's agricultural worker community. Together with the

Redevelopment Agency, AHORA conducted a series of community focus groups. These groups identified the following needs that could be addressed through the proposed wellness center or related programs, including:

- **Health**—a focus on drug abuse prevention; diabetes prevention and treatment; domestic abuse; diet and nutrition advisement; first aid training; prenatal care and parenting education; pregnancy prevention; and information about health care assistance;

- **Housing**—a lack of safe and affordable housing, and a special concern for the needs of seasonal agricultural workers; housing for single male workers was identified as the highest priority, with smaller apartments also needed for small families;

- **Youth Services**—the community felt there was a need for fitness, recreation and enrichment activities that might serve as alternatives to gang activity and drug use;

- **Recreation**—there were no local adult sports leagues, and women and seniors needed safe places for walking and other exercise; and

- **Employment**—there was a need for jobs for teens, citizenship training, and English language instruction.

Many of these suggestions were included in plans for the Wellness Center.

One interesting finding from this project is that it is not enough to simply have services available. When AHORA representatives first met with members of the advisory committee to describe their priorities for community services, it became clear that there were many services already in place, but that they had no connection to agricultural workers. Essentially, that meeting served as a beginning for an outreach to make sure that agricultural workers had access to the community's services.

Following the completion of this project, the Redevelopment Agency applied for additional AWHHP funds to complete the conversion of the hospital into a wellness center.

Project Partners, Collaborators and other Community Assets in Tulare County

The **Health Providers** connected with Tulare County AWHHP projects included:

- **Family HealthCare Network.** This organization, formerly known as the Porterville Family Health Center, Inc., was established by farm worker advocates and organizers in 1976. It is a private nonprofit corporation that operates community health centers in Visalia, Ivanhoe, Woodlake and Cutler. The Network has almost three decades' of experience serving rural communities, migrant and seasonal agricultural workers, and remains the primary medical care provider to the migrant and seasonal agricultural worker community and low-income indigent populations in Tulare County.

- **Kaweah Delta Hospital.** For nearly 40 years, the Kaweah Delta Health Care District has offered a wide spectrum of health services at campuses throughout Tulare County.

The hospital is collaborating with Family HealthCare Network on a project that uses case managers to reduce inappropriate emergency room use.

- **Lindsay Hospital District.** This was the "governing" agency for the Lindsay District Hospital that closed in 2000. The district controls the hospital's resources and is involved in attempts to develop alternative health services.

The **Affordable Housing Developers** connected with Tulare County AWHHP projects included:

- **Self-Help Enterprises.** This nonprofit corporation, which was formed in 1956, strives to provide services to improve the living conditions and community standards of low-income families in eight rural counties in California's San Joaquin Valley. Its primary work has focused on the creation of new housing opportunities and the preservation and improvement of existing housing. To this end, the corporation has participated in activities including the Multi-Family Rental Housing Program, community development programs, various programs for building new homes, rehabilitating and weatherizing existing housing, and preparing first-time homebuyers for home ownership.

  Self-Help Enterprises also owns and operates rental-housing units. A third of their units are solely for low-income agricultural workers, and the remaining units are for all low-income families. Self-Help has plans to build more than 100 additional units, which would bring the total number of units to more than 600 at 14 different sites. Even though many communities in the San Joaquin Valley have urbanized in recent decades, Self-Help Enterprises remains first and foremost a rural, agricultural worker community development organization.

- **Lindsay Redevelopment Agency (LRDA).** LRDA was formed in 1987 with a primary goal of eradicating blight in older, urban areas of Lindsay. The California Community Redevelopment Law gives LRDA special legal powers and financial opportunities to improve economic and physical conditions in certain areas of the city. It has assisted in rehabilitating more than 300 housing units and has helped more than 130 first-time homebuyers in purchasing their homes. The LRDA has also been working on a single family, 20- to 24-unit infill housing development adjacent to downtown. And more recently, the LRDA has been concentrating on the annexation of land on the outskirts of town in preparation for future development projects.

The only ongoing **Agricultural Worker Organization** connected with Tulare County AWHHP projects was:

- **Agricultural Worker Health, Occupation and Residential Advancement (AHORA).** Agricultural Health, Occupational and Residential Advancement (AHORA) is a local grassroots agricultural worker advocacy group established in 1999. Its goal is to identify and advocate for the housing, health and employment needs of local agricultural workers. Throughout its history, it has worked closely with the Lindsay City Manager, especially on

housing issues and has reportedly recently increased its level of activity in response to recent setbacks in the process of funding the Wellness Center project (this project was discussed earlier in this book).

The other **important partners and collaborators** for AWHHP projects within Tulare County included:

- **Catholic Charities—Diocese of Fresno.** This social service agency operates in Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced and Tulare counties, collaborating with private and public organizations to help meet rural needs in the Central Valley. Services offered include health education, economic development, farm worker housing, health advocacy and violence prevention. This organization was part of the initial community organizing that led to the Cutler projects, and also helped to organize the community meeting for the Farmersville project.

- **Cutler—Orosi Unified School District.** The school district agreed to provide a variety of child and adult education programs and operated a computer lab in the community center at Cutler Village. Following the success of these educational programs, the school district built the Orosi Family Education Center as a venue for more education programs.

- **Tulare County First 5**. This organization has as a goal of enrolling eligible children in health insurance.

Case Study of Monterey County

Monterey County is located along California's central coast, with the Salinas and Pajaro River Valleys providing an ideal area to grow a variety of crops, including row crops, berries and nursery products. Many farm workers live in the area all year, and many more work from mid-spring through early fall. The Salinas Valley is another major focus area for The Endowment's Agricultural Worker Health Initiative, and three communities have been selected for special emphasis for the Initiative's programs: East Salinas, Gonzales and Greenfield.

While AWHHP did not have any health and housing projects in these three communities, there were many AWHHP projects located along the coast, primarily in the Pajaro Valley. Profiles of these projects are included below, organizations that were involved in those projects are also interested in providing service in the Salinas Valley as well.

American Lung Association (ALA) Healthy Homes

$200,000 Health Improvement Grant

December 1999 to December 2001

American Lung Association of the Central Coast

Housing Authority of the County of Santa Cruz

A variety of methods were used by the American Lung Association (ALA) to provide agricultural workers in Pajaro and Salinas with information that would empower them to take actions to reduce indoor air pollution. The basic goal was to improve the indoor air quality of the homes of agricultural workers, which would lead to less asthma and respiratory health problems, and fewer lost work and school days. The basic method for the project was to provide education, so that workers could take responsibility for making positive changes to their own health.

A task force of more than 60 organizations from five counties was formed to design the project and build the partnerships necessary for the project to achieve its objectives. Agricultural workers were represented on this task force and were given credit for providing input on how to reach and train *promotores*. This input included strategies about the best ways of using *promotores* to reach people in their homes; collaboration with Head Start and local public schools to make schools more effective and to better reach parents; and broader efforts to reach the community through Spanish-language media.

Center for Community Advocacy (CCA) Farmworker Housing Promotora Project

$1,500,000 Capital Loan
$200,000 Health Improvement Grant

July 2000 to July 2002

Center for Community Advocacy

Monterey County Health Department

South County Housing

This project had two major parts: 1) buying and rehabilitating substandard multifamily rental properties, and 2) community organizing and the use of *promotores*. It was also the first test of the "third-party coordinating model," where an agricultural worker organization was the fiscal agent and manager of the project's health and housing partners' activities.

The project provided an opportunity for the CCA to expand its service model in two ways. *In the area of health*, the project allowed CCA to expand its agricultural worker organizing to include a *promotor* program. *In the area of housing*, CCA worked to change the focus of its tenant organizing from simply getting landlords to improve their properties to encouraging landlords to sell these properties to nonprofit housing developers. Once these properties were sold, the developers would then renovate the housing units or build new ones by using low-interest loans and grants.

CCA's advocacy model and housing activities provided a clear path for completing the project's health promotion activities. CCA saw the members of local housing Comités as logical choices as *promotores* since they were already active and visible within their neighborhoods and were quite effective in organizing and communicating with their fellow residents. CCA also wanted to use the successful approach taken by *Federación Mexicana de Asociaciones Privadas de Salud y Desarollo Comunitario* (FEMAP) in Juarez, Mexico. As its first step for their project, CCA brought Dr. Enrique Suarez (a physician and Executive Director of FEMAP) to Monterey to meet with Monterey County public health officials and to help the project design the *Promotores* Training Curriculum.

The project helped the Comités select members to be trained as community *promotores de la salud*. Five of these Comité members traveled to Juarez, Mexico to observe the FEMAP *promotores* model in practice. Two staff members each from CCA and the Monterey County Health Department (MCHD) and one from Monterey County Department of Social Services also traveled to FEMAP to learn about the program. The Comité leaders and MCHD staff worked alongside the Mexican *promotores* to familiarize themselves with how the model was implemented in Juarez. When they returned, local community health experts, MCHD and the *promotores de la salud* worked together to develop a training plan. This training plan focused on five main themes: Nutrition, Diabetes, Asthma, Sexually Transmitted Diseases and Heart Disease.

After they completed their training, the *promotores* worked within their community to identify the most serious health needs and to provide public health information and access to the residents. One of MCHD's community health nurses was "out-stationed" in the CCA office, and provided technical support and assistance to the *promotores*. After they completed their study of local health conditions and needs, the *promotores*

returned this information to the public health nurse. She then assisted them in designing appropriate ways of meeting these health needs. For example, when the *promotores* organized a neighborhood meeting to discuss a topic such as diabetes or obesity, the public health nurse would assist them in putting together a presentation and then attended the meeting to provide basic screening and referral services. The goals of these meetings were: 1) to get neighbors talking to each other about health issues; 2) to raise the community's understanding of specific illnesses; 3) to provide residents with practical measures they could take at home to deal with specific illnesses; and 4) to inform the public about low-cost health resources in their community. *Promotores* and the public health nurse also went to health fairs and other community events to conduct basic health screenings and disseminate public health information.

CCA also led an education campaign to raise awareness in the non-agricultural worker community about agricultural worker health and housing conditions. To do this, it updated its award-winning video, "Helping Farmworkers Help Themselves," with a section on the *Promotores de Salud* project. The voice of Jeannette Cisneros, M.D., a physician with the family practice clinic at Natividad, was used in the video to explain how agricultural workers can improve their health.

CCA believes that the *promotores* are "alternative" health resources—they help traditional health providers to meet agricultural workers' health needs. CCA believes that *promotores* are very important to agricultural worker communities because they live in these communities and are respected in their neighborhoods. This project showed that *promotores* can fill a gap that has existed for far too long in the public health delivery system.

Pajaro Health and Housing Collaboration

$12,000 Capacity- and Partnership-Building Grant

February 2000 to February 2001

Salud Para La Gente

The residents of the town of Pajaro came together after a devastating flood in 1995 to deal with their needs for childcare, health care, transportation, housing and recreational facilities. Their approach was to develop a committee, the Pajaro Model Partnership, to create a plan to deal with the issues that followed the flood. Many organizations were associated with this plan, including the Pajaro Valley Unified School District, Pajaro Healthy Start Program, Monterey County Department of Social Services (DSS), Healthy Start for Pajaro Middle Schools, Casa de la Cultura, Pajaro Valley Housing Corporation, Salud Para la Gente and City of Watsonville Parks, Recreation and Neighborhood Services. This collaboration has continued to deal with community issues as they arise.

In 2000, the AWHHP provided funds for the Pajaro Valley Housing Corporation and Salud Para la Gente to plan for construction of housing and an agricultural worker-oriented primary health care clinic in the low-income community of Pajaro in Monterey County. CCA also participated as an informal partner by organizing tenant *comités* (committees) and helping organize involvement by agricultural workers. The project focused its work on two

multifamily rental properties along San Juan Road in Pajaro. It also focused its work on whether a new clinic could be built in a nearby commercial development, but it was never constructed because the Pajaro Valley Housing Corporation ran into financial difficulties.

Salinas Valley Campesinas Project for a Healthy Living Environment

$40,000 Capacity- and Partnership-Building Grant

August 2001 to July 2002

Organizacion en California de Líderes Campesinas, Inc.

Community Housing Improvement Systems and Planning Association, Inc.

The purpose of this project was to build a stronger working partnership between two partner agencies, Organizacion en California de Líderes Campesinas, Inc. (Líderes) and the Community Housing Improvement Systems and Planning Association, Inc. (CHISPA). They worked together to help farm worker women design and complete a way for the agricultural worker community to give their input on health and housing issues. The project was designed to include five community locations within the Salinas Valley: Salinas, Watsonville, Castroville, Greenfield and King City.

The project actually did more than their original plan because of the energy of the people taking part in this project. The project helped select local women from agricultural communities to do community health presentations. These presentations were advertised as "training workshops," and there also was one community forum which was organized to bring the information to even more members of the community. The women used dramas to bring situations to life, and the materials for the presentations, which were modified to meet the needs of agricultural workers, were provided by several nonprofit agencies. Another important part of the project was to go to the community to assess their health needs. The original plan was to develop and distribute surveys, but Líderes decided that focus groups would be a better way to learn what the community needed. Focus groups would allow for better communication and interaction with the community, and Líderes felt that it would be easier to train people to conduct focus groups than to develop surveys. With the help of a consultant, Líderes has now added the ability to conduct focus groups to its capacity as an organization.

Pinto Lake Project (Villas del Paraiso) Watsonville

$800,000 Capital Loan

$200,000 Health Improvement Grant

$750,000 Joe Serna Grant

November 2002 to February 2005

Center for Community Advocacy

Mid-Peninsula Housing Coalition

Monterey County Health Department

The Villas del Paraiso project developed affordable rental housing to serve agricultural workers who had been residents of the Marmos' Pinto Lake Mobile Home Park. This project is located in Santa Cruz County, but it is included here because two of the partners are active in Monterey County as well. This project continued the collaboration between CCA and MCHD begun through the CCA Farmworker Housing Promotora Project described above.

This project was a community action to redevelop land that had previously housed the mobile home park. Both CCA and Mid-Peninsula Housing Coalition (Mid-Pen) had been involved with this property for more than two years before receiving the AWHHP grant. The Marmo's Pinto Lake Mobile Home Park was a family-run R.V. park established in 1927. Originally it was meant for visitors who were only staying a short time. However, over the years it became home to permanent residents, and this meant that it violated county codes. The owners were given citations due to significant health and safety violations. CCA, Legal Aid and Santa Cruz County sued the owners, and the courts eventually took control of the property. (It was put into receivership.)

In June 2000, Mid-Pen purchased the property from the Marmos' family trust, and began dealing with the courts to make sure the sale happened. Mid-Pen also began planning for temporary housing for residents during the renovation and relocated the RV-park residents to another Mid-Pen property: the Golden Torch RV Park.

One of the court's first actions was to reduce the number of spaces for trailers to 19 sites. The county responded to the court's action by passing a special ordinance for Pinto Lake and Golden Torch, which allowed for the development of the new park–Villas del Paraiso–as a 51-unit manufactured housing development, including a manager's unit and a community center at the site. The site also has an additional 10 acres of agricultural land, and it plans to keep five of these acres in agricultural production as a way of training local agricultural workers in how to manage small farms.

The project's health activities focused on training four *Promotores de Salud*, including Oaxacans who were bilingual in Spanish and Mixtec. The project also planned to organize health *comités* for four sites in the Pajaro Valley. The *promotores* began their outreach work by making one-to-one visits to invite people to participate in CCA activities. They also referred people to health-related community services such as physical exams and screenings.

Even before the Villas del Paraiso housing was built, the *promotores* began their outreach work by visiting residents at other housing sites in the Pajaro Valley to assess health needs. Two months later, a health fair was held based on the results of the health assessments. Participants included Salud Para la Gente, local low-cost dental resources, a food bank, and other local organizations. CCA's *promotores* also participated in monthly talk shows on Radio Bilingue as part of an ongoing partnership with KHDC radio and the physicians at Natividad Medical Center.

Even though construction funding became available, progress stopped because temporary shelter could not be identified for residents during construction. At the end of the AWHHP grant, CCA and the housing partner had each requested federal Health and Urban Development funds for temporary housing on land donated by Monterey County. The HUD funds did eventually come through, and temporary "swing" housing—trailers—were planned for residents during the renovation. It is expected that the swing housing will be available for other rehabilitation projects in the future.

Williams Ranch Farmworker Housing Initiative

Project Withdrawn

Natividad Medical Center

Community Housing Improvement Systems and Planning Association, Inc.

The project partners applied for a capital loan —funding for construction—to be used for the construction of a family medical and childcare center in East Salinas. The health center would be linked to farm worker housing in East Salinas. In this proposal, Natividad would own the center and would have the responsibility for operating it. Monterey County would have been the official loan applicant, and CHISPA's (Community Housing Improvement Systems and Planning Association) role would be to find the land for the building and to provide professional services to finance and develop the project.

This project did not happen. The county requested that the loan application be withdrawn because it did not want to be responsible for the debt. CHISPA decided that it wanted to try to continue the project, and it began a relationship with Salinas Valley Memorial Health Care System (SVMHCS), a public/private hospital that agreed to do what Natividad was planning. But, this new project was not funded because it took too long to bring the new partners together. Since the project was dropped, CHISPA has established an MOU (an agreement between organizations) with Clinica de Salud to conduct health screenings and deliver health education at CHISPA sites.

Project Partners, Collaborators and Other Community Assets

The **Health Providers** connected with Monterey County AWHHP projects included:

- **American Lung Association of the Central Coast.** The American Lung Association of the Central Coast works to prevent lung disease, promote lung health and protect air quality for all people living in the central coast counties of Santa Cruz, Monterey and San Luis Obispo through education, research and advocacy. In the AWHHP, the Lung Association developed materials in Spanish and reached the community through peer educators, through schools and preschools, and through Spanish-language media in order to empower agricultural workers to improve their indoor air quality.

- **Monterey County Health Department.** MCHD's Community Health Division was the health partner in the CCA project and also worked on the Villas del Paraiso project. The division coordinates the department's public outreach and encourages community health by empowering individuals, groups and organizations to take responsibility for adopting healthy behaviors and supporting social and environmental policies that promote health. The Division has a history of identifying and addressing the needs of the large Latino population in Monterey County. For instance, in 1989 and again in 1999, the Community Health Division conducted IMPACTO, an assessment of the county's Latino residents, to determine their health status and the services available to them. John Snider, the division chief,

has noted one of the biggest findings from the more recent IMPACTO study: "Everyone always says that access to health care is a big issue. Of course it is, but just increasing access is not necessarily the answer. Equally as important is the lack of information and awareness about chronic disease and lifestyle."

Even before the Community Health Division's collaboration with CCA on the *promotores* project, it had been involved in a number of other community health outreach projects. CCA and the Community Health Division had also collaborated on several previous initiatives together, although the CCA project was the first *promotores* project in which the Community Health Division participated.

- **Natividad Medical Center.** Monterey County operates the Natividad Medical Center and its outpatient clinics in Salinas that serve the county's uninsured population. Natividad is affiliated with the University of California's School of Medicine and also operates a nationally recognized family practice training program. This is the only such program in the Central California Coast area, but even so, individuals requiring care in trauma centers or some other types of specialty care must often travel north to San Jose or San Francisco to receive treatment. Natividad was a partner in the Williams Ranch project, and Natividad staff also provided health information at community meetings organized by CCA promotores.

- **Salud Para La Gente, Inc.** Salud was incorporated in 1980 as a not-for-profit community health care center with the primary goal of providing community oriented, affordable, quality health care to the agricultural workers and low-income residents of Monterey, Santa Cruz and San Benito counties. Since then, Salud has become a comprehensive health care network that includes medical, dental and health education services. The clinic is partially federally funded as a migrant and community health care center. Most of the clinic's funds come from patients, state grants, private foundations and private donations. With multiple clinic facilities located in Watsonville, Santa Cruz and Freedom, Salud Para La Gente offers a wide range of health services, and is the largest comprehensive health care provider in Santa Cruz County. Salud was also a participant in the Pajaro Model Partnership and sent staff to the CCA promotora training.

The **Affordable Housing Developers** connected with Monterey County AWHHP projects included:

- **South County Housing Corporation.** This private nonprofit organization was founded in 1978 as a response to the strong need for affordable housing in Gilroy. South County Housing's mission is "to promote viable neighborhoods that enhance healthy, sustainable communities by collaboratively providing affordable housing and neighborhood services." South County Housing provides housing for low-income families in Santa Clara, San Benito, Santa Cruz and Monterey counties.

Over its years of operation, South County Housing has created 1,300 single and multifamily housing units for farm worker families, seniors, seasonal laborers, single parents, low-income families and the homeless. South County Housing is also the owner/manager of more than 700 affordably-priced rental units for low-income individuals and families; these units house more than 3,000 residents, and are maintained under the auspices of South County Housing Property Management Corporation.

- **Community Housing Improvement Systems and Planning Association, Inc.** (CHISPA). Founded in 1980, CHISPA is the largest nonprofit housing developer in Monterey County. To date, CHISPA has produced more than 1,534 units of housing for low-income households.

  CHISPA's primary goal has been to develop multifamily rental housing. These large family housing units usually include open, grassy areas and "tot lots" for children to play. Several projects include community centers, providing tenants with space to conduct social and educational activities as well as convene tenant meetings. The majority of the residents in CHISPA's projects are families of Latino agricultural workers. Rental projects are managed by the corporation's management subsidiary. The staff conducts training sessions with residents regarding housing management practices, maintenance techniques, and community organization and education.

- **Mid-Peninsula Housing Coalition.** This is one of the largest nonprofit developers of affordable housing in the San Francisco and Monterey Bay regions. Between 1970 and 2004, the organization has designed and built, or acquired and rehabilitated, almost 5,500 units of affordable housing. An affiliate manages properties in 27 cities and towns in the region. On-site service coordinators are provided through another affiliate and provide in-home health care referral and information, nutrition and health education, addiction referral and support, community development activities and other support. They were the housing partner on the Pinto Lake project.

Government Agencies played important roles with the Monterey County AWHHP projects. Local health and housing codes have been established to provide a means to force property owners to either improve the quality of sub-standard and unsafe housing, or to raze the property. These codes are often backed by serious consequences, including fines and even condemnation proceedings, but enforcement of health and housing codes can at times be difficult. For instance, many areas do not have very much affordable housing, so when government agencies try to be aggressive in helping agricultural workers, the result may be that there are even *fewer* houses available. To help make sure that this doesn't happen, the project works with government to use aggressive enforcement carefully. One way of doing this is for a housing developer to be ready to step in as soon as government is ready to act. This type of strategy leads to quick action, and slumlords know that they are not in a strong position to argue or set unreasonable prices for their properties. However, it is important to understand that this approach works best where a project wants to *renovate existing housing*.

It *would not* be as effective in increasing the amount of *new housing*.

The Agricultural Worker Organizations connected with Monterey County AWHHP projects included:

- **Center for Community Advocacy (CCA).** CCA was founded to organize and train farm workers along the central California coast to be better able to advocate for their own safe and healthy housing. In the early years of CCA, the organization went door-to-door at obviously sub-standard rental property sites to see if the residents were interested in taking action to improve their living situations. Using this approach, CCA became well-known in the community, and is now invited into sites because of its reputation for successful actions. CCA currently has a long waiting list of farm workers seeking assistance.

  CCA's success is based on its advocacy model, organizing and leading residents through a series of steps to build both community agreement and communities' abilities to act. When individuals contact CCA seeking assistance, the organization gives them two tasks to perform: The first is for the residents to make a list of all the people interested in improving their housing site; this list is used to form a committee (comité), and to select leadership for the group. The second task is for this comité to go to each unit on the property to complete an inventory of the housing conditions and repairs needed, using a form that CCA has developed.

  Once these tasks are completed, a CCA trainer makes a presentation at the housing site about the legal rights and responsibilities of tenants and landlords. The CCA trainer will then work with the farm workers to build the organizational structure of a comité as well as to develop agricultural workers' leadership capacities. When the CCA organizers feel the comité is ready, a CCA attorney contacts the housing site's landlord and asks him or her to negotiate with the committee about the needed repairs to the property. If the landlord refuses to negotiate, a series of escalating actions may take place such as press conferences, demonstrations and/or contacting an elected official for support. The final action that may be taken by a comité is a rent strike, in which the farm workers divert their rent payments to a CCA trust account until the landlord agrees to negotiate. Once the landlord decides to negotiate with the resident comité, CCA releases funds from the impound account as repairs are completed.

  In the 15 years of assisting the organization of resident comités, CCA has established a series of farm worker networks in Salinas and the Pajaro Valley. As this network grew, the farm worker comités decided to form an umbrella organization, Viviendas para Inquilinos del Valle Aliado or "VIVA," which is used to contact and mobilize people from many different communities. The governing board of VIVA consists of 10 of the most effective comité leaders - leaders who have successfully led their comités through an action. The VIVA board members are also automatically members of CCA's Board of Directors, which helps ensure that farm

workers themselves will have a strong voice in directing the organization.

- **Organizacion en California de Líderes Campesinas, Inc.** Líderes Campesinas originated as a grassroots farm worker women's group that started during the late 1980's in the Coachella Valley. With the help of the California Rural Legal Assistance Foundation, Líderes Campesinas became a statewide organization in 1992 and evolved into an independent nonprofit in 1996 and is the only statewide farm worker women's organization in the nation. The organization has chapters and 12 youth chapters located throughout California and has organized women in other states, including Washington, Arizona, Iowa, Texas, Kentucky, and Alabama. The mission of Líderes Campesinas is "to develop leadership among farm worker women so that they serve as agents of political, social, and economic change in the farm worker community."

  Líderes Campesinas is a model program that educates women farm workers about the issues that challenge their lives. It then trains them to educate others and, over time, to coalesce into a strong, collective voice. The organization's membership of more than 500 women is drawn from 12 regions in rural California. The leadership councils of four of these chapters include indigenous women from the Mexican state of Oaxaca. (According to an article in the *Monterey County Herald* in July 2004, two-thirds of the clients at one of the clinics in the Salinas Valley are indigenous people from Oaxaca. Many speak native dialects and do not understand Spanish. Further, the population of Greenfield, one of the target communities for the Salinas Valley Campesinas project, is now reported to be one-third Oaxacan. This is a growing segment of California's agricultural work force, and there is a need to focus on this population's specific needs.)

  Líderes Campesinas' outreach work uses person-to-person organizing, peer support and networking to address problems specific to the experience of farm worker women. It also sponsors training workshops and community education projects. In these ways, Líderes Campesinas has been able to change thousands of lives.

- **Barrios Unidos.** This grassroots organization has offices in several communities, including Salinas. Their mission is to prevent and curtail violence among youth by offering them the tools needed to make positive changes in their lives. They made presentations to the farm worker women leaders in the Salinas Valley Campesinas Project for a Healthy Living Environment.

Monterey County projects also received **funding** from two other important sources:

- The Harden Foundation provided additional funds to support the CCA project.

- The Wellness Foundation provided additional funds to support the CCA project.

Other **important partners** within Monterey County included the following:

- **Monterey Institute of International Studies.** Students offered their services for translations during CCA Board meetings and special events.

- **Pajaro Model Partnership.** This community organization was formed to help plan Pajaro's recovery from a disastrous flood. It has representatives from business, health care, housing, churches, social service organizations, educators and government.

- **LandWatch.** This group worked with CCA to form social and environmental justice collaborations among local political groups and individuals.

- **University of California, Santa Cruz.** Staff and students from the University worked with CCA-trained farm worker leadership on the use of computers and the Internet.

- **Planned Parenthood.** This group offers extensive information on birth control and all aspects of reproductive and sexual health. They signed an agreement for the delivery of HIV/AIDS/STD education for the CCA project.

- **Fatherhood Project.** This national program is looking for ways to increase men's involvement in child rearing. The group signed an agreement for the delivery of HIV/AIDS/STD education for the CCA project.

- **Healthy Families Network.** This organization signed an agreement to deliver preventive health education for the CCA project.

"The Salinas Valley is another major focus area for The Endowment's Agricultural Worker Health Initiative..."

Promising Practices

When communities applied for funding through AWHHP, they were encouraged to find new ways to improve the health and housing of agricultural workers. There was no guarantee that these new ideas would work, but it was clear that something new had to be tried. While some of the ideas probably will not be tried again, and some of the ideas may not be entirely new, there were several that seemed to work very well. These successes may have been due to local circumstances, the individual people involved or lucky timing. But the following ideas show much promise, and you may wish to consider these models as you design projects for your own community.

Use Existing Agricultural Worker Comités and Organizations for New Projects

When it began, AWHHP was well aware of the many benefits that could be obtained through the active involvement of members of the community being served. In the case of AWHHP, this community was composed of agricultural workers and their families. In fact, agricultural worker involvement was the number one guiding principle for the AWHHP. But, figuring out how to accomplish active involvement proved to be one of the greatest challenges for AWHHP projects, especially in the sense of assisting agricultural workers to be truly effective in guiding local projects. Many projects had little experience with community organizing, and different projects had different ideas of how involved workers could, and should, be.

Less experienced projects found many challenges in arranging for meaningful involvement of agricultural workers. For many projects, the agencies involved devoted early time to planning their activities, arranging for funding, locating properties, networking with other organizations and figuring out other complicated elements of beginning the project. Some believed that they had to complete these technical arrangements before they could bring agricultural workers to the table. In some cases, by the time a project involved agricultural workers, they were already residents of completed housing. Frequently this meant that agricultural workers were called together for a presentation on what was being done on their behalf, or what would be available to them, instead of having been the guiding force all along.

To some extent, projects may have felt that there were many details that required the technical expertise of experienced health and housing development agencies, or that the process of arranging for funding was complicated and delicate. In fact, it was the technical expertise of the participating organizations, and their ability and willingness

to undertake complicated projects, which had been the reason for the involvement of those organizations in the first place. At the same time that they were developing new projects, they had to visualize how agricultural workers could play an active role in project design. This was new for many projects, and the process was complicated when projects took on an additional new task—the formation of new agricultural worker groups.

Within this vision of worker participation, ***several projects saw the efficiency and benefits of using existing agricultural worker groups as sounding boards for the development of plans, where workers had direct input and power to make plans responsive to their interests.*** Such groups have the primary benefit of already having capacity to work as a group—they are experienced in how group members work together—and the prospect of being asked for real participation was not new to them. On the contrary, it was part and parcel of their self-perception, since they had already had opportunities to demonstrate their empowerment. And, because these groups were local, they were intimately aware of their community's assets and needs. At least in some cases, they had already had sufficient discussions to have come to conclusions about how best to apply these assets to meet needs. In short, using established groups brings many benefits, including: already tested and more stable group dynamics; group knowledge; established connections with local assets and needs; recognition by local authorities; and, perhaps most importantly, standing with the communities new projects seek to serve.

It is clear that many of the agricultural worker groups—both previously existing and newly established—made great contributions to AWHHP projects. Worker organizations were credited with providing housing design elements, conducting surveys and focus groups to gain broader community input and serving as *promotores de salud*. In many cases, members of the groups gained valuable experience and new skills through their participation, and worked with project partners, consultants and evaluators to develop the capacity to make even greater contributions on future projects. Existing worker groups were found to have the capacity to manage complicated projects, overseeing the activities of both health and housing organizations (See The Third Party Coordinator Model on the following page.)

With any new project, there is a tendency to want to get a fresh start, if not in all respects, then in many. That being said, the practice being advanced here asks that novelty— building new components—be saved for other components, not for unnecessary duplication or competition with established worker groups. It clearly was the case that many AWHHP projects did not have the luxury of pre-existing agricultural worker committees or groups that could provide advice. In those cases, there was no choice but to start anew, and new worker groups were established through AWHHP. But, where such groups exist, developing a new project's agenda using those existing agricultural worker groups can be one of the most powerful assets possible, especially with the practice of adding new members to the group as the new project unfolds.

The Third Party Coordinator Model

The AWHHP demonstrated conclusively that there are organizations based in the agricultural worker community that have the capacity to do much more than provide advice or serve as a sounding board. In fact, one such organization became the first third party coordinator in AWHHP. This organization, the Center for Community Advocacy (CCA), had many years of experience in organizing agricultural workers to encourage landlords to make repairs and eliminate unhealthy living conditions. CCA provided legal support when necessary in the process. But as a Third Party Coordinator for two AWHHP projects, CCA initiated the proposal for funding, was at the center of the planning effort, managed contracts and finance, and oversaw the efforts of both the health and housing partners. CCA had to grow to be able to do all of this, but by the end of AWHHP, CCA was able to coordinate two major projects while participating in others.

There were several advantages to this model.

- ***CCA was able to grow in capacity.*** Not only was CCA successful at coordinating projects, but the organization also grew in capacity. This approach *does* require investment in building the capacity of the third party coordinator. This model does not simply happen. Additional staff members were necessary, and these staff had to bring with them additional developed fiscal and management skills. The organization had to learn the operating and regulatory environments of both health and housing industries, and had to build strengths in scheduling, meeting management and other facilitative capacities. In addition to AWHHP resources, CCA did receive technical assistance from other organizations such as the Rural Community Assistance Corporation, and it was able to learn from partners in the project.

- ***A strong advocate for agricultural workers held the checkbook.*** As the fiscal agent for the projects, CCA was in a better position to negotiate with the established agencies with which it partnered. On the health side, this meant that the projects were able to organize *promotores* so that they were independent from any single health organization. They were free to refer community members to *any* community resource of value and could successfully help with issues that were not strictly health. Further, CCA was able to negotiate to reduce the number of topics on which the *promotores* were first trained. This was based upon the feelings of the *promotores* that they needed to concentrate on a limited number of issues of importance to the community. It should be noted that the health partner believes that the *promotores* should be employees of a clinic—the typical arrangement in California—but that CCA and the health partner continue to work together to improve the health of agricultural workers in the Monterey County area.

Working with a housing partner, the power of CCA was increased because they had organized residents behind them. A representative of the housing partner met with the agricultural worker comité on a weekly, or even daily, basis to talk about the project. Later, the housing partner noted that meeting this frequently with agricultural workers was an entirely new approach for them. This did pay off

for the residents, as CCA was able to negotiate rent reductions and site improvements.

- ***Positive changes in the system were more likely***. AWHHP had a goal of changing the existing system for the provision of health and housing services to agricultural workers. The first attempt by the AWHHP to meld these two systems at the local level involved encouraging the two service systems to collaborate on a project as more or less equal partners, with the hope that this would be enough to lead them to future collaborations. In hindsight, that this strategy worked at all is testimony to both the enlightened perspectives and sustained efforts of at least some project partners. Extraordinary efforts were required since health providers and housing organizations are very different, and timing added other problems. Many projects began with health partners waiting for housing construction to be completed before beginning health service, and the housing partner finishing their role just as health service began.

  As an external agency, the third party coordinator does not fall prey to the traditional split between health and housing service systems, and so is able to maintain a holistic perspective focusing on long-run sustainability. From the perspective of the consumer, the traditional division between health and housing should not exist—they are both part of keeping our families safe. CCA brought this same perspective to its projects, and thus was able to begin healing this division, even if it was only a small part of the operations of these large organizations.

  In projects in which health and housing agencies were to coordinate meaningful worker involvement, this coordination added another complication as the active partner, and hence the focus of that worker involvement, changed after the first few years. But with an agricultural worker organization coordinating the involvement of all parties, a consistency of approach was established that fostered ongoing collaboration, kept agricultural workers at the center of the project and thus represented a systems change in itself.

- ***There is the energy to sustain the system***. A project designed to address a single opportunity can fall victim to its own success. Once the project is successful, there is no more reason to maintain the effort. This was seen in many ways through the AWHHP. In many cases, housing developers moved on to other construction projects once they had completed the construction of the AWHHP housing. While some projects brought in a series of health providers to address the needs of residents, in other projects the health provider settled into a routine system of delivery, or in other projects, dealt with a backlog of health needs and then reduced service levels once the need of the community was reduced to simple maintenance levels.

  Even CCA had experienced a drop off after its successes. Agricultural workers would be organized into comités around issues of their own housing, with a great deal of energy developed to address those issues. When the comités were successful and the housing issues resolved, there was the intent to maintain the comité, but

interest would naturally fall without a current cause. But through AWHHP, new issues were added. The initial housing issues might be addressed, but the health issues would sustain the cause, and CCA considered moving into environmental issues as well. This energy harnessed by CCA was transferred to partners. Agricultural workers were in a position to keep these partners aware of community needs that should be met, and community resources that could be applied. For the partner organizations, this has the potential to generate new projects to benefit the community.

Agricultural Worker Comités and Organizations as Leadership Pools

As already discussed in a previous section, making the most of existing agricultural comités or groups has many benefits. However, there is one special benefit that deserves mention as a promising practice. Functioning worker groups often are an untapped resource for local leadership. All too often, historically, the resources communities receive through grants do not allow for true leadership development for community members; therefore, community groups must forge their own leadership development agenda, without many of the excellent resources that would be available to them if they had the finances to arrange for them; and/or over time, groups develop leaders as they can, but many other group members who have leadership potential have no real opportunity to develop their abilities and interests.

New programs such as the Agricultural Worker Health Initiative, or before it the AWHHP, can help meet this need, and at the same time help themselves. For a program like the AWHHP where agricultural worker empowerment was so central, resources were made available to develop new leaders within existing groups, to provide members and leaders with new skills and to weave these leaders into the networks that help service providers keep track of developments, find new projects and obtain resources. Technical assistance and training on board development and evaluation was provided by The Rural Community Assistance Corporation, Asset Based Community Development training was provided to several groups, and consultants helped build capacity in a variety of areas. This builds a legacy of empowered worker groups increasingly able to both initiate and complete projects they identify as important. Comités should be aware of opportunities to gain new capacity.

This approach provides tangible benefits to all involved. Several AWHHP projects took advantage of this untapped resource by soliciting members of existing groups for a variety of tasks, ranging from career paths such as *promotores*, to more informal leadership activities like helping design community center activities for children and families. Several groups served as interfaces with the community by providing members for increasingly sophisticated functions such as designing survey instruments, running focus groups and making public presentations. Once aspirations are given structure and people are assisted in opportunities to grow, local comités can increasingly be seen as leadership pools for advancing agricultural worker issues locally, if not regionally.

Layering of Program Components

In at least one case, the AWHHP took advantage of an existing process in a unique, efficient and effective way. As described earlier, this AWHHP project had in place a well-developed local program for organizing agricultural workers to effectively advance their interests with landlords. Through the development of neighborhood comités, residents learned both strategic and practical methods for organizing: organizing themselves into effective comités; organizing their thinking toward specific results; and using their new capacities to help organize new neighborhood groups.

With this organizing process well established, the new AWHHP project turned its attention to how it could help meet the health needs of local agricultural workers and their families. The best option to meet their needs was determined to be the building of a *promotores* corps that deliver health information and assist residents in getting the health services they need. The decision to use a promotor-based model certainly was not unique to this project, but what was unique was how this project layered the *promotores* agenda onto its existing organizing process. Instead of starting new, the existing structure was respected as a powerful base for growth. In effect, health promotion became part of the comité's work, just as landlord relations already was. They were two parts of the same agenda, with this unified agenda put into practice by the same comité leaders. In the context of the AWHHP, then, the two topics blended, with information on health available in the context of working on residents' landlord issues, and information on landlord issues being available as health issues were discussed.

It is fair to say that this "layering" of topics within a single organizing strategy is promising in at least two respects: It sets the stage for an integrated approach to re-mediating agricultural worker issues, and at the same time demonstrates how the original AWHHP vision—the "layering" of health and housing perspectives—can be put into practice in a practical sense.

Integration of Health Components into Housing Organizations

The AWHHP also had a vision of integrating housing and health services into a new system that erases the distinctions between these two diverse systems. While the anticipated solution was a series of broad collaborations with equal partners, one promising practice emerged in which the housing organization simply absorbed the health coordination functions. This organization began with commitment as demonstrated by hiring a team of experienced health and social service professionals who used their knowledge and contacts to arrange for a large number of health providers to deliver service to residents at the housing site. Residents received needed health care without having to find ways to travel to other locations, while health care providers were able to serve agricultural workers. Existing systems of health funding supported this service, and should continue to support it long after the project ends.

With public health service providers accessing the same limited funding streams, the maintenance of this health component is as assured as it is for other local health providers. In effect, many health services are already being provided in the community. They are being funded, even if this funding

is less than needed. They have dedicated staff and facilities. What they may not have is a convenient location, a place to which agricultural workers can easily travel at times that do not conflict with work or other transportation demands. Changing this, and bringing service to people where they live, may require little more than a dedicated space and a group that has the skills and commitment to coordinate the service. As with many other aspects of the AWHHP, the method for promoting this promising practice should be peer-based, with facilitated yet informal meetings where project principals can meet with other project principals, and where practical questions can be met with practical, real-world solutions.

This practice brought to light another aspect of the economics of health service delivery. A history of limited access to health care has left many agricultural worker communities with many unresolved health issues. If a community has many health issues, the amount of health care work to be done can be enough for a health organization to provide service where people live by using existing funding sources. But success can undermine this model. The first project to use this model found that as health issues were resolved, the number of people needing a particular service fell too low to justify regular continued service *from a particular provider*. The provider had to cut back. But the experience and networks of the housing organization's health and social service staff have been especially important here, as they have been able to find a series of providers, responding to evolving community needs within an existing health funding system.

The importance of this promising practice cannot be overstated for the AWHHP, since it is one of only a few ways that system change can match the original AWHHP vision. For the AWHHP projects that built this new approach, ***housing and health perspectives became unified by the formation of a new health division within a long-standing housing organization***. This expansion of viewpoint and action translates into a changed system, where housing truly is seen and acted upon as a condition of health. In this respect, this organizational commitment represents a successful translation of vision into action.

Use Local Nonprofit Organizations in Support of Worker Issues

One AWHHP project was having a difficult time building housing due to several factors. First, the land was expensive. There were environmental concerns about building in a natural area. And, the county had a firm (and highly supported) position on limiting building in unincorporated areas. Apart from the merits of such policies, the proposed building site represented the best option for the much-needed low-cost agricultural worker family housing. Since the primary opposition to the proposed development centered on environmental issues (as opposed to, say, NIMBYism), the project entered into collaboration with local environmental organizations, sharing the issues that are central to environmental advocacy. While there are risks associated with such honest dialogue, in this case a new collaboration was formed. The environmental groups expressed strong support for the project's vision, as well as for the project's plans for mitigating the environmental factors associated with the development site.

The model here is one of shared concerns and integration of an agenda. It is possible to develop allies out of very different organizations. In view of competition for limited public resources, and the fact that agricultural worker health issues cut across many different topics, there is great promise for new collaboration between nontraditional partners. In return for support of and participation in agricultural worker strategies by these nontraditional partners, workers can reciprocate, in this case with respect to community organizing in support of environmental issues. These are issues that directly affect the agricultural worker community, such as the use of toxic chemicals and the increasing urbanization of rural and farming land. Using the logic of one of the preceding promising practices—"layering of program components"—***the promise of integrating environmental protection concerns into agricultural worker organizing is ready to be tested on a larger scale.***

Develop Technical Expertise in Agricultural Worker Groups

There is much to know about health services and the means by which they are delivered, and the same can be said about housing, social services, education and all of the other systems of service delivery that bind us all together. While there will always be a need for the experts in these fields to implement programs, community input into the design and delivery of programs will be enhanced as community members learn more about the systems. The AWHHP experience has demonstrated that there are many promising practices for building this expertise.

Early in the planning process, health and housing partners may believe that they have to do the important planning because community members simply don't have the expertise to contribute on the technical issues. However, one project developed an interesting practice to build some of this knowledge while helping develop trust and communication. As agricultural workers were recruited for an advisory committee, the health and housing partners and advisory committee members got into a van together to travel to an affordable housing development, and then to a community clinic. They went behind the scenes, with an eye for design issues, and then they were able to discuss their thoughts on the long ride home. Everyone benefited, as advisory committee members gained knowledge and confidence, and were able to make valuable, and fundamental, design suggestions adopted by the health and housing partners.

Many AWHHP projects were based on an objective of building health knowledge in the agricultural worker community. Knowledge is power, and the community is empowered as health issues lose their mystery. These projects shared a common approach in which individual community members received training on health issues, and then passed this information on to other community members. In most cases, the health topics were chosen by the health partner, but in one project design, the topics were chosen by the *promotores* being trained based upon their perception of community needs. Another project took this a step further and solicited input directly from the community through a series of focus groups. Agricultural workers conducted those focus groups, identified areas of community concern

and then received training designed to allow them to deliver workshops on the topics of interest. Several agricultural worker groups received training from consultants in conducting focus groups or surveys and stand ready to make use of those skills in the design of future projects.

Knowledge gained through *promotores* projects has already been put to use in the development of a new project designed to serve unaccompanied migrant workers. Every AWHHP project was required to have input from the community being served, but this is difficult with migrant workers. Instead, the project partners consulted *promotores* from another local project. These *promotores* were able to provide advice on establishing camp regulations, helped recruit residents on an annual basis and were an integral part of preparing camp residents for visits from the mobile medical and dental units.

For More Information on the Agricultural Worker Health and Housing Program

The following organizations and people can tell you more about the AWHHP and the ways it helped agricultural workers and their families. They may be able to help you get in contact with people involved in AWHHP projects.

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