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# MIGRANT HEALTH Newsline

News and Information from the *National Center for Farmworker Health* since 1984

*Diabetes is the sixth leading cause of death in the United States. Those individuals who have diabetes are much more likely to have heart disease, stroke, amputation, renal disease, blindness, and have twice the mortality. People with diabetes have twice the mortality rate of those without the disease. The number of Americans diagnosed with diabetes has more than doubled in the last twenty years. Hispanics have diabetes rates significantly greater than those of Whites. Data from 2004 indicate that 5.1 out of every 100 White males have diabetes, compared with 7.0 for Hispanic males. Women follow the same pattern with White women having rates of 4.3 per 100, compared with rates of 6.8 for Hispanic women. The exact estimate of the number of migrant and seasonal farmworkers with diabetes is not known. However, because of their mobile lifestyles and their lack of access to quality medical care, it is safe to assume that the frequency and intensity of diabetes is greater within the migrant population than in the population at large. This issue of the Newsline discusses diabetes and farmworkers.*

## Experiences of Migrant Farmworkers Diagnosed With Diabetes

By Loretta Heuer, PhD, RN, FAAN, Chronic Disease Program Coordinator, Migrant Health Service, Inc. & Cheryl Lausch MS, MA, RN, Migrant Health Service, Inc.

There are 20.6 million American adults, age 20 years or older who are diagnosed with diabetes.<sup>1</sup> In the Hispanic community, 2 million adults are diagnosed with either type 1 or type 2 diabetes. Further, Hispanics are 1.5 times, Mexican Americans are 1.7 times, and Puerto Ricans are 1.7 times more likely to have type 2 diabetes than non-Hispanic White adults. Additionally, it is estimated that 25-30% of Hispanics older than 50 have been diagnosed with diabetes.<sup>2</sup>

As with the general population, chronic disease is on the rise in Hispanic communities.<sup>2</sup> The top seven diseases affecting them is diabetes, heart disease, obesity, chronic liver disease and cirrhosis, cancer, Alzheimer's Disease, and stroke.<sup>3</sup> Since many are uninsured, they are less likely to receive regular, continuous care to prevent these chronic conditions or have preventive care.<sup>2</sup> According to Idrogo & Mazze (2004) as many as 70% of those with type 2 diabetes and 50% of those at risk for diabetes have a combination of health conditions including hypertension, dyslipidemia, obesity, and renal disease.<sup>4</sup>

Farmworkers are vulnerable to diabetes because they are predominantly a Hispanic population.<sup>5</sup> While the exact prevalence of diabetes is unknown in this population, the combination of genetic background, lifestyle, and a diet are pivotal in the development of this chronic disease and associated co-morbidities.<sup>4</sup>

The diagnosis of diabetes in the mobile population creates special problems because it requires frequent monitoring and long-term

treatment, yet migrants do not earn enough money to pay for health care and few have health insurance.<sup>5</sup> To gain insight on migrant farmworkers' perceptions of living with diabetes, we interviewed twelve individuals (50% male, M=51 years old; M= 40 years for age of diagnosis; M=10 mean years they had lived with diabetes).<sup>6</sup>

When discussing the usualness of diabetes, the farmworkers shared that a large number of family members and friends had been diagnosed with this chronic disease. Additionally, they were forthright when discussing the severity of their family members' and friends' complications related to diabetes. According to National Diabetes Information Clearing House (2005) Mexican-Americans with diabetes have higher rates of long-term complications such as nephropathy, retinopathy, and peripheral vascular diseases.<sup>7</sup> Over time, the diagnosis of this disease not only causes early mortality but increases morbidity related to these chronic complications.<sup>6</sup>

Diabetes risk factors include family history, gestational diabetes, impaired glucose tolerance, hyperinsulinemia, insulin resistance, obesity, and physical inactivity. Individuals can reduce their risk for developing type 2 diabetes by changing their diet and exercise patterns.<sup>7</sup> Although the majority of the farmworkers believed type 2 diabetes was caused by hereditary or diet, six believed they could have prevented it through better nutrition while six did not

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think anything could be done to prevent this disease. Besides identifying genetic and environmental risk factors for diabetes, many of the farmworkers discussed major life stressors at the time of their diagnosis, such as divorce, death of a loved one, or accidents. These life stressors were seen as a “trigger” or precipitating event. Another farmworker believed that on-going stress and worry precipitated his diabetes.<sup>6</sup>

Farmworkers experienced the classic symptoms of the diabetes prior to the diagnosis. Additionally, they shared that they were angry and irritable, which led to increased arguments and family problems. When the farmworkers received the diagnosis of diabetes, they did not understand it was a chronic disease that required lifelong self-management. Initially, they thought it was an acute illness so they could take pills and get better.

Farmworkers shared how diabetes impacted their daily life. They tired easily so it impacted their work, socialization, and relationships with family members. Additionally, several discussed their experiences with depression as one shared: “Sometimes I cry, I just didn’t understand what’s wrong with me”.<sup>6</sup>

The farmworkers spoke about their personal fears of being diagnosed with co-morbidities such as kidney disease, blindness, and amputations. They most often feared kidney disease

and dialysis. Others stated that diabetes would eventually lead to their death if they did not self-manage this disease.

The findings of this study provided insight on how migrant farmworkers incorporated the diagnosis of diabetes into their day-to-day living. For them, it is an illness that affects their physical, psychological, emotional, and spiritual well-being. Further research is needed to explore the long-term impact of living with diabetes on a daily basis so health care providers can understand the realities of what it is like for this mobile population to live with diabetes.<sup>6</sup>

For more information on this study contact Lorretta Heuer at [loretta.heuer@att.net](mailto:loretta.heuer@att.net) ■

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“For them it is an illness that affects their physical, psychological, emotional, and spiritual well-being”

## Reminder!

The National Center for Farmworker Health is asking for feedback from our *Migrant Health Newsline* readers.

We are updating our mailing database in order to make sure that everyone who currently receives the *Newsline* would like to continue to do so. We are also interested in seeing how many individuals would like to receive the *Newsline* electronically.

If you have not done so already, please contact us by phone (512) 312-5463 or e-mail us at [shepherd@ncfh.org](mailto:shepherd@ncfh.org) letting us know if you would like to continue to receive the *Newsline*, and if so would like to receive it electronically or in hard copy.

# East Coast Migrant Stream Forum, Honoring the Legacy: Inspiring, Uniting and Educating

By Rosa Navarro, Special Populations Coordinator, North Carolina Community Health Center Association

This year's East Coast Migrant Stream Forum, was hosted by the North Carolina Community Health Center Association (NCCHCA) on October 18-20, 2007 in Lake Buena Vista, Florida (Orlando). The conference brought together over 230 migrant health clinicians and advocates and hosted thirty interactive workshops that covered a range of topics including a 2-day meeting held by the National Advisory Council on Migrant Health.

On its first day, the conference began with 4-hour Intensive Sessions focused on a range of topics such as Promotor(a) Programs of Excellence, Outreach Roundtables, Immigration Policy and Successful Health Center Programs and Applications. Attendees participated in three days of workshops and networking opportunities designed to teach participants the latest information on legalization, research, service delivery models, clinical trends and other topics of interest for farmworker health leaders.

This day also focused on fun and excitement which included a dynamic Salsa dance lesson where participants of all dance levels could show off their skills! This was a prelude to the scheduled "Salsa Night" the next evening. Thursday concluded with an outdoor Welcome Reception that offered great food and drinks as well as reggae music with steel drums.

The next morning, participants enjoyed a networking breakfast followed by the Opening Plenary. NCCHCA Chief Executive Officer Sonya Bruton gave a welcome speech, followed by local greetings and welcome from Walter "Mickey" Presha, Executive Director of Manatee Rural Health Care Services, Inc. Updates were given by Dr. Marcia Gomez, Senior Advisor at HRSA's Bureau of Primary Health Care, Office of Minority and Special Populations. John Ruiz, Assistant Director of Systems Development and Policy at the National Association of Community Health Centers (NACHC), provided a policy and program update. Oscar Gomez, Executive Director of Farmworker Health Services, Inc. gave a spirited speech on the history and importance of outreach and East Coast Migrant Stream Forum

participants will be chanting "OUTREACH" for years to come!!

The Opening Plenary Keynote Speaker, Luis Valdez, Playwright, Director and Producer of *El Teatro Campesino* left the audience rejuvenated with his heartfelt and motivating speech on how negative aspects in your life can be defining moments to a powerful path! The plenary concluded with an opportunity to be part of the 20th Anniversary ALL participant photo that was distributed at the closing of the conference.

After a full day of workshops, the dinner program hosted Elena Avila, RN, Curandera and Author of *Woman who Glows in the Dark*. Elena shared how she, a psychiatric nurse specialist, became a folk medicine healer who has such a passion for comprehensive healing through the incorporation of body, soul, spirit, and emotions. Friday night concluded with a wonderful night of Salsa dancing at Downtown Disney's Bongos Cuban Restaurant where conference participants put on their jazzy outfits and dancing shoes, then showed off the moves they learned from the previous night.

The Awards Ceremony was held on the final day of the conference. Sonya Bruton presented the 2007 Steve Shore Community Catalyst Award to Minerva Rodriguez for her long time devotion to increasing access to health care for farmworkers and their families in the state of Florida. Oscar Gomez presented the 2007 Sister Cecilia B. Abhold Award to the Finger Lakes Health Center in NY. After eating a great breakfast, participants attended their last round of available workshops and networked with exhibitors.

The conference concluded with the Closing Lunch and Birthday Celebration, which left attendees re-energized and ready to conquer all barriers. Sponsored by Farmworker Health Services, Inc. the closing included a fantastic lunch with a birthday theme and a slideshow emphasizing the importance of outreach workers and their dedication to successful health outcomes for farmworkers. NCCHCA leaves you with best wishes and continued success. OUTREACH!! ■



The audience chants "OUTREACH"! The newest form in motivation at the East Coast Migrant Stream Forum.



Sonya Bruton, NCCHCA's Chief Executive Officer presents the Steve Shore Community Catalyst award to Minerva Rodriguez of Florida.



Conference participants round up in order to get a fabulous group shot that was given as a 20th Anniversary momento.

# Diabetes Programs for Farmworkers

by Katherine Brieger, RD,CDE, Vice President of Quality Services, Hudson River HealthCare

“Over the last twenty years, Hudson River has been offering programs on health and prevention of disease in all of the sites.”

**M**igrant clinicians are well aware of the epidemic numbers of patients who have been diagnosed with diabetes. We see the number of patients with complications relating to diabetes increasing each year. We see the number of obese children, with a great predisposition to diabetes, coming in for care increasing each year. This article will not review the numbers that we are so familiar with, but describe what one health center is doing to try to change this epidemic. Hudson River HealthCare, a network of fourteen FQHCs, located in the Hudson Valley of New York State, has participated in the Health Disparities Collaboratives with HRSA for over seven years. We have learned how to use the Care Model to improve health outcomes, especially in the area of diabetes.

## Prevention of Diabetes

Over the last twenty years, Hudson River has been offering programs on health and prevention of disease in all of the sites. During the last few years, several programs have been offered which focus on prevention of obesity and diabetes. This article will offer a brief review of those programs. Our staff has recognized the importance of working closely with the whole family in both prevention and chronic disease management. In the farmworker community, the definition of family may be extended to include aunts, uncles and cousins. The living in close proximity to each other, and often in the same home, allows for increased support in making lifestyle changes that promote health.

## Healthy Lifestyles-WI

HRHCare received funding from the WIC program to offer the Healthy Lifestyles program to all WIC participants. Parents or guardians are able to sign up for classes that offer healthy cooking advice, with cooking demonstrations. In addition to learning about healthy food choices, participants are able to engage in the walking program, which includes group activities that review simple, inexpensive ways to incorporate exercise in daily routines. Pedometers and other small prizes are offered to participants to attend programs and or meet special goals. Walking groups have been conducted at three sites. Participants include guardians, parents and other children in the family. It has been a positive experience for many of

them, which extends beyond the physical rewards of walking. WIC staff and participants are able to talk during these walking sessions, so it becomes an opportunity to promote increased learning opportunities. This has built camaraderie and helped to foster a commitment to exercise. Like all other programs which work on improving lifestyle behaviors, it is challenging for participants to continue to engage in activities. To support and promote these activities, the WIC staff, along with the local Department of Health have organized a health fair three years in a row, which offers healthy snack demonstrations as well as physical activities.

## Rx for Fitness

This program is based on the concept that if the medical provider prescribes a program or activity, it may be more likely that the patients will follow through with the activity. HRHCare adapted the WE CAN! curriculum for this program. It has been offered in our migrant program as well as the inner city Peekskill, NY site, and has been well received by all participants and their families.

The WE CAN! Program was developed by the NIH and CDC to prevent obesity. The six week program includes the whole family, although it targets 6-11 year olds. The content of the program focuses on portion size; screen time; healthy food choices and activities. Parents receive a booklet which reinforces the concepts of each of the six sessions, and all program materials are available in English and Spanish. The nice thing about this curriculum is that it actually has training scripts and not just a curriculum. Staff who may not be trained dietitians or health educators may be able to deliver this curriculum, due to the support it provides. It also allows for some flexibility in the delivery of the content. We, for example, made several changes in order to reduce the talking component and add to the hands on experience of the families. First, we incorporated a recipe of the week, in which a recipe with culturally preferred foods was introduced. This has been the most positive aspect of this program. Each week, a different recipe was featured. These recipes include culturally preferred foods. Flexibility was also important in responding to requests by participants in the recipe area. The second change in the weekly sessions was in the addition of a physical activity. These included dancing; special

walking; yoga and jump rope exercises. The third change in the curriculum was to offer a behavioral tip for promoting healthy family behaviors like monitoring and reducing screen time for children; avoiding pitfalls of placing emotional values on foods and helping family members to learn about responding to hunger verses boredom in food intake/selection.

#### **Fit 4Ever**

This program is targeted toward the 11-14 year old group. It is an after school program which offers fitness, food preparation and behavioral tips for the middle school student. Physical activities are offered which can be done individually and/or in a group setting. The twelve session program has been offered in three school systems for approximately four years. The school systems are both in rural and urban areas. The program is coordinated by a Graduate Dietitian and an Americorp volunteer.

#### **Migrant Fit4Ever**

This special summer program has been offered for three years to the migrant community. Each summer, a group of 5-8 teenagers receive training on six lessons which include: learning about the causes of diabetes; prevention information; how to promote physical activities with younger children; and hands on food preparation of recipes that are selected by the teenagers. Once trained, the teenagers then offer the programming to younger children from this community Before implementing the

program with the younger children, the teenage “instructors” meet with the parents of the younger participants to explain the program as well as provide some information about the prevalence of diabetes in the community and how it might be prevented. This program has been very popular. Younger children have been excited to see the teenagers acting as teachers and the self esteem of the migrant teens has been positively affected as well.

#### **Conclusion**

The one thing that is absolutely clear to us, whether these programs are designed to improve health outcomes for people with diabetes or prevent diabetes, is that staff must look at the patients as individuals with their own food habits and activity patterns. Each individual may have their own ideas about the causes, treatment and prevention of diabetes. In working with families and individuals, a transdisciplinary approach is essential. The outreach worker, nurse, physician, nutritionist, and dentist all play a critical role in the delivery of care. All members of the health care team may be able to help patients to improve health outcomes. Like any other health center, we have used every resource available, including the devotion of our staff to our patients in improving their health.

For more information on these programs please contact Kathy Brieger at [kbrieger@hrhcare.org](mailto:kbrieger@hrhcare.org) or by phone at (914) 771-6305. ■

**“In working with families and individuals, a transdisciplinary approach is essential. The outreach worker, nurse, physician, nutritionist, and dentist all play a critical role in the delivery of care.”**

## **Diabetes Resources**

By Stephanie Holmes, Resource Center Technician, NCFH

**I**t is difficult for most people to maintain weight and monitor blood sugar levels during the holidays when baked goods and high-calorie feasts are plentiful, so you can imagine the challenges those with diabetes face. People who deal with diabetes on a daily basis have to monitor not only what they eat, but they also need to take special steps to ensure that their feet, teeth and internal organs receive extra attention. Medical care is key, but it is also necessary for those with diabetes to take an active approach in self care. Here are some resources available in the National Center for Farmworker Health Resource Center that can help both diabetes patients and the clinicians who serve them. To obtain

these materials, please visit the library collection section of our website at [www.ncfh.org](http://www.ncfh.org) or contact Stephanie Holmes at (512) 312-5464.

#### **Research:**

##### **Diabetes Lay Educator Case Study: One Woman's Experience Working With The Hispanic Migrant and Seasonal Farmworkers (2006)**

In the year 2000, Migrant Health Services, Inc. began utilizing Diabetes Lay Educators (DLEs) to improve the health status of Hispanic migrant farmworkers with diabetes. The pur-

## Observed Days

**January 1- 31**

### National Birth Defects Prevention Month

March of Dimes  
1275 Mamaroneck Avenue  
White Plains, NY 10605  
(914) 997-4488  
(914) 997-4763 Fax  
[askus@marchofdimes.com](mailto:askus@marchofdimes.com)  
[www.marchofdimes.com/professionals/14332\\_1206.asp](http://www.marchofdimes.com/professionals/14332_1206.asp)

**January 1-31**

### Blood Donor Month, National

American Association of Blood Banks  
8101 Glenbrook Road  
Bethesda, MD 20814-2749  
(301) 215-6526  
Contact: Jennifer Garfinkel  
[publicrelations@aabb.org](mailto:publicrelations@aabb.org)

**February 1 - 28**

### American Heart Month

American Heart Association  
7272 Greenville Avenue  
Dallas, TX 75231  
(800) 242-8721  
[inquires@heart.org](mailto:inquires@heart.org)  
[www.americanheart.org](http://www.americanheart.org)

**February 7 - 14**

### Congenital Heart Defect Awareness Week

Congenital Heart Information Network  
600 North 3rd Street,  
First Floor  
Philadelphia, PA 19123  
(215) 627-4034  
(215) 627-4306 Fax  
[mb@tchin.org](mailto:mb@tchin.org)  
[tchin.org/aware](http://tchin.org/aware)

**February 24 - 28**

### Eating Disorders Awareness Week

The National Eating Disorders Association  
603 Stewart St., Suite 803,  
Seattle, WA 98101  
Business Office: (206) 382-3587  
Toll-free Information and Referral Helpline: (800) 931-2237  
[info@NationalEatingDisorders.org](mailto:info@NationalEatingDisorders.org)

## Diabetes Resources

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pose of this case study was to provide insight into the perceptions of one DLE, and outline characteristics these workers need to achieve positive client outcomes. These characteristics included a strong internal desire to help this population, a knowledge base, and advocacy skills needed to work between two cultures.

### Diabetes: Addressing a Chronic Disease in a Mobile Population (2001)

This bilingual report, created by Migrant Clinicians Network, discusses the problems of diabetes in the migrant farmworker community. It addresses conditions of farmworkers living with diabetes, the factors that lead to farmworker diabetes, and the efforts being done in diabetes care.

### Patient Education:

#### Diabetes (2007)

Diabetes, a patient-education piece by Fotonovelas Del Valle, is available for loan in the NCFH Resource Center. The Spanish-language fotonovela discusses diabetes including symptoms and treatments. The resource also includes a self-assessment that calculates the risk of acquiring diabetes.

#### Diabetes: Information for Healthy Living/ La Diabetes: Informacion Para Una Vida Saludable (2004)

Bilingual interactive CD-Rom created by NCFH that contains basic diabetes information for the diabetic patient or family members. This tool can be used by health centers in their waiting rooms as part of a learning kiosk, it can be given to patients to use at home, or it can be used by a nurse, doctor, or diabetes educator to guide a newly diagnosed patient through the disease.

#### Diabetes, Enfermedades del Corazón y Ataques al Cerebro / Diabetes, Heart Disease and Stroke (2003)

The American Heart Association's bilingual informational pamphlet that helps people with diabetes understand how to manage the disease. The material also outlines the risk factors concerning heart disease and strokes. Quantities limited to 1 sample copy.

### La Diabetes: Una Historia Acerca de Rosa y Su Familia (2005)

The Channing Bete Company created La Diabetes: Una Historia Acerca de Rosa y Su Familia to reduce the disproportionate impact of type 2 diabetes within the Hispanic/Latino community. This culturally-competent, eight-page "fotonovela" raises awareness of diabetes. The booklet also outlines the health risks that can arise if diabetes is not managed properly. The booklet encourages readers to make lifestyle choices that help prevent diabetes and enable those with diabetes to enjoy a longer, healthier life. One sample copy is available per request.

### Links:

#### National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

is the Government's lead agency for diabetes research. The NIDDK operates three information clearinghouses of potential interest to people seeking diabetes information and funds six Diabetes Research and Training Centers and eight Diabetes Endocrinology Research Centers. [www.niddk.nih.gov](http://www.niddk.nih.gov)

#### National Diabetes Information Clearinghouse (NDIC)

serves as a diabetes information, educational, and referral resource for health professionals and the public. NDIC is a service of the NIDDK. Diabetes education materials are available free or at little cost. Literature searches on myriad subjects related to diabetes are available. Access NDIC by phone 1-800-860-8747 or fax: 703-738-4929 or e-mail [ndic@info.niddk.nih.gov](mailto:ndic@info.niddk.nih.gov) or the Internet: [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov).

#### National Diabetes Education Program (NDEP)

seeks to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and to prevent or delay the onset of diabetes. Diabetes education materials are available free or at little cost. Access NDEP by phone 1-800-438-5383 or fax 703-738-4929 or e-mail [ndep@mail.nih.gov](mailto:ndep@mail.nih.gov) or the Internet: [www.ndep.nih.gov](http://www.ndep.nih.gov). ■

# A Call That Made a Difference

by: Moraima Duran, Program Services Coordinator

**C**all for Health received a phone call from a retired farmworker in California named Ruby. Ruby is a 69 year old woman who has lived with her son, also a farmworker, and his family since her husband's death five years ago. Ruby is a diabetic and is in need of financial assistance for her medication. Her son has been helping her financially when he can, but he also has a family of five to support, and work has not been steady these past few months. A friend of Ruby's told her about the Call for Health (CFH) program from a newspaper (Farmworker News) that she had picked up at the clinic and suggested to Ruby that she call.

Ruby called the toll free number and spoke to a CFH Specialist. The Specialist conversed with Ruby for a while, and much to her surprise, realized that Ruby had never visited one of the local C/MHC's in her area. Ruby informed the CFH Specialist that she had never had a need to go to the health center and that she usually buys her diabetic medicine in Mexico when she is able to travel there because they are less expensive. The only problem she encounters is that when she runs out of medication, she does without. After getting the necessary information from Ruby, the CFH Specialist researched several Prescription Assistance Programs (PAPs) which Ruby could possibly qualify for. The CFH Specialist then contacted one of the outreach coordinators at the health center near Ruby's home. Together, the CFH Specialist and the outreach worker, were able to get Ruby on a PAP that would help Ruby with her diabetic medications. The application process however would take four to six weeks to complete and Ruby was already out of medication. The CFH Program

agreed to assist Ruby with a one month's supply so that she would not have to go without medication. We have checked back with Ruby, as well as the outreach worker, and Ruby has been receiving her medication on a monthly basis. Ruby's only expense is a \$10 co-pay each month for her medications.

*Editor's Note: . Many farmworkers are unaware of the availability of services through the network of Community and Migrant Health Centers or of assistance programs that may help them with their health care costs. At CFH, we work hard to insure that we identify all potential resources that may increase access to care for farmworkers. Soon, these resources will be available through the new NCFH website, scheduled to launch in 3/08, so check back with us soon.!* ■

The Call for Health Program would like to thank the following individuals and organizations for their generous contributions from January-December, 2007.

**Johnson Family Foundation**  
**Charles & Sharon Cooper**  
**Rosamaria Murillo**  
**V. De La Garcia - De La Garza PR**  
**Bonnie Rudolph - Texas A&M**  
**International Univ.**  
**Jaclynn Davis**  
**Irma Saenz**  
**Constanza Murcia**  
**Cornia Florez**  
**RGK Foundation**  
**Gatekeeper Productions**  
**Igive.com**

## Calendar

### March 12-17, 2008

The National Association of Community Health Centers is hosting the 2008 Policy and Issues Forum in Washington, D.C. For more information call (301) 347-0400 or goto <http://www.nachc.com>

### April 28-30, 2008

The Association of State and Territorial Dental Directors (ASTDD) and the American Association of Public Health Dentistry (AAPHD) are hosting the 9th Annual Oral Health Conference in Miami, FL. For more information call (217) 529-6503 or goto <http://www.nationaloralhealthconference.com/>

### May 6-8, 2008

The National Association of Community Health Centers is hosting the 2008 National Farmworker Health Conference in San Juan, PR. For more information call (301) 347-0400.

### May 7-10, 2008

The National Rural Health Association is hosting their 31st Annual NRHA Rural Health Conference in New Orleans, LA. For more information goto <http://www.nrharural.org/conferences/sub/AnnConf.html>



# CALL FOR HEALTH

**America's Voice for Farmworker Health —  
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Information on Health Services for Farmworkers

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 Con Solo Llamar... y es Gratis**

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**1-800-377-9968**



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**Change Service Requested**

**Did You Know?**



**NCFH**

National Center for Farmworker Health, Inc.

NCFH solicits nominations for the NCFH Board of Directors on a year round basis, with elections held in the Spring of each year. To learn more about selection criteria, including terms of office, responsibilities, and frequency of meetings, or to make a nomination, please contact Bobbi Ryder at (512) 312-5453 or [ryder@ncfh.org](mailto:ryder@ncfh.org)