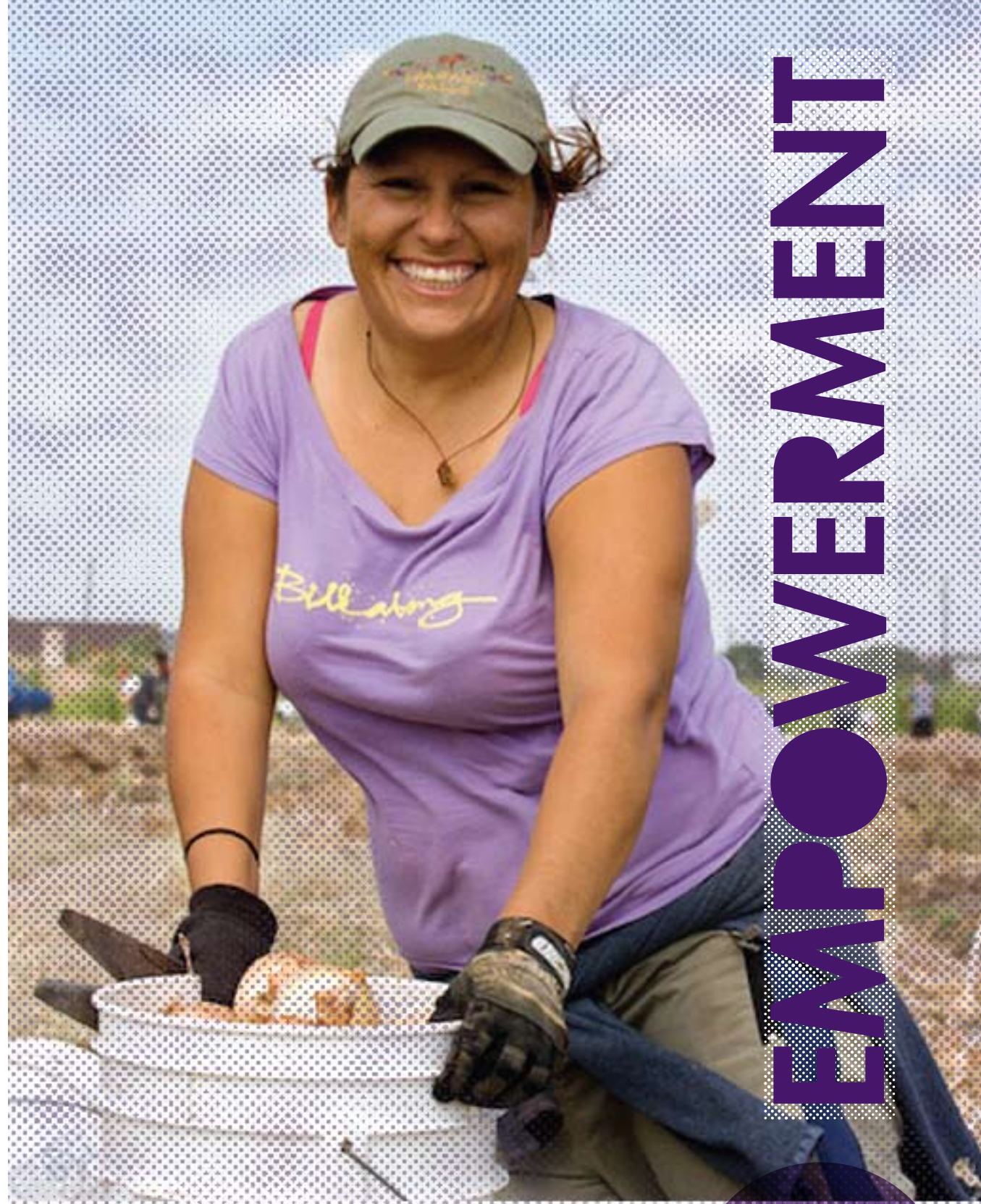




224 West Michigan Avenue  
Saline, MI 48176



**EMPOWERMENT**

**MIGRANT  
HEALTH  
PROMOTION**

ANNUAL REPORT 2008

**25 YEARS**  
1983 - 2008

# 25 YEARS

The first Camp Health Aide Program is launched in Bangor, Michigan, with the cooperation of the Migrant and Rural Community Health Association (MARCHA) of Bangor, Michigan and the Department of Health and Human Services' Office of Migrant Health.

1985

## WHO ARE MIGRANT FARMWORKERS?

### LETTER FROM THE BOARD PRESIDENT

In celebration and appreciation of all who work toward a healthier future, we mark our 25th year of serving migrant farmworkers and their communities. Much has changed about the world since our founding in 1983—the advent of the Internet and personal computers, the end of the Cold War, and the invention of cell phones and hybrid automobiles, to name a few. As the world has changed, so has Migrant Health Promotion. With your support and the support of a wide diversity of network partners, we have been able to offer an expanding range of peer-based outreach services, training and education, resource referrals, and community-building services in a greater number of sites. We are honored to assist farmworker and migrant families and their communities in their quest for health without barriers and the respect, honor, and equitable rewards that they deserve. We look forward to many more years of expanding services to farmworkers and their communities and again, we thank you and invite you to join us in this exciting work.

Rodolfo Sanchez, JD  
President of the Board  
Migrant Health Promotion

In the United States, we enjoy abundant, affordable produce year round. Yet few of us realize where that food comes from and who grows it. While no exact count exists, there are an estimated three to five million farmworkers who labor in fields and factories across the country to bring us fresh fruits, vegetables and other agricultural products. Many farmworkers leave their permanent homes for months at a time to follow the crops. They accept jobs that cannot be filled locally and work in very isolated, rural areas. The multi-billion-dollar United States agricultural industry relies heavily on human labor—in spite of the technological advances of recent decades. Typically hired seasonally, farmworkers are essential during periods of peak production; they plant, cultivate, harvest and process the crops that become our food.



In exchange, farmworker families face job-related hazards, poor working and living conditions, long hours and isolation. They face more substantial health challenges than other groups, but have fewer resources and little or no access to health care, health education or other services. Farmworkers tend to visit health providers only in emergencies and often do not receive routine or preventative health care. Specialized services, such as substance abuse treatment, mental health services and HIV education, prevention and treatment, are almost nonexistent.

# MISSION

To strengthen the capacity of farmworker and migrant families to live healthy lives within healthy communities.



*“It’s hard work in the fields, but at the same time, it’s also good, because it’s honorable work. All that produce is going to the tables of important people, and so that is the importance of the humble farmworker...”*

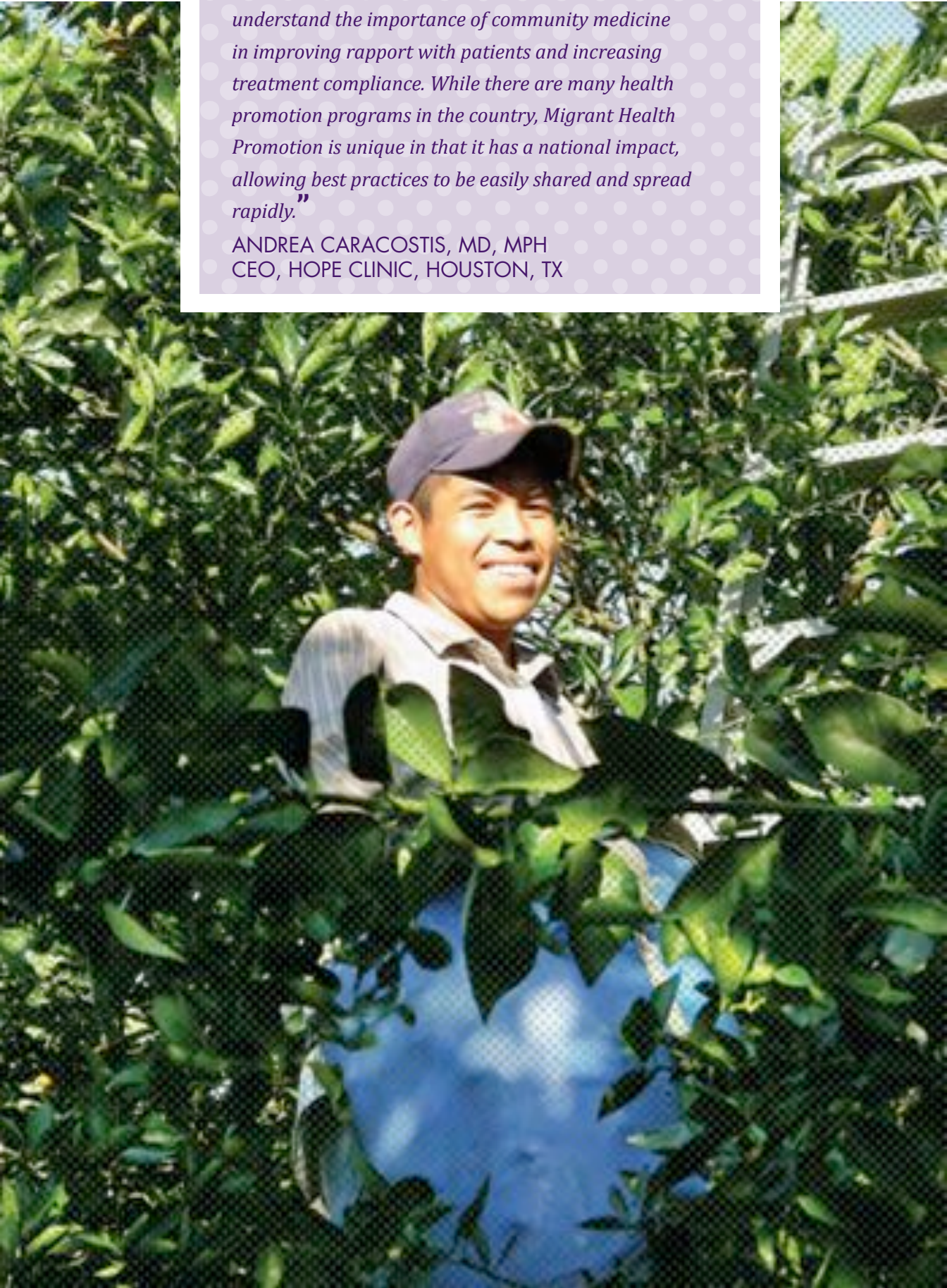
OLGA RAMIREZ,  
PROMOTORA

The National Migrant Worker Council, Inc. founds the Midwest Migrant Health Information Office (later to become Migrant Health Promotion) with funding from the United States Department of Health and Human Services' Migrant Health Program. MMHIO's goal is to improve the accessibility of health care services for migrant farmworkers in the Midwestern states, in collaboration with federally-funded migrant health clinics.

1983

*“Migrant Health Promotion provides Community Health Centers with tools on how to integrate Community Health Workers into the clinical practice. It helps clinicians understand the importance of community medicine in improving rapport with patients and increasing treatment compliance. While there are many health promotion programs in the country, Migrant Health Promotion is unique in that it has a national impact, allowing best practices to be easily shared and spread rapidly.”*

ANDREA CARACOSTIS, MD, MPH  
CEO, HOPE CLINIC, HOUSTON, TX



The Next Twenty-Five years...

At Migrant Health Promotion, we look forward to the next 25 years in anticipation that they will be as exciting and productive as our first 25 years. We know that despite our many successes, much work remains to be done in eliminating health disparities for migrant workers. Our constituents continue to face chronic illnesses such as diabetes and heart disease; occupational and environmental hazards such as pesticides and lead poisoning; and discrimination based on race, language, income, and immigration status. With these challenges in mind, Migrant Health Promotion is keeping its sleeves rolled up and its heart and head in the game.

As Executive Director, I am committed to ensuring that the agency is poised to do the best possible job for the communities we serve. To that end, we are in the process of greater program integration: that is, seeking ways to strengthen and complement each of our programs by looking at our agency’s services and resources as a whole. Our programs address a wide range of conditions—from mental health to diabetes to prenatal care to elder care. By cross-training our staff and applying resources agency-wide, we are better equipping ourselves to meet the goals of all our programs and the health needs of our communities.

Migrant Health Promotion is also exploring ways to expand our services beyond what we currently offer. Staff members are gathering data about our constituents in order to more accurately assess their current needs in a changing environment. Then the agency will consider how to best increase our services into new geographic areas and possibly into populations of migrant workers other than farmworkers.

Migrant Health Promotion’s strategic goals also include a diversification of funding sources, increased involvement in advocacy around issues affecting the health of migrant workers, and an expansion of our training and technical assistance efforts. I invite you to email me at [glawnday@migranthealth.org](mailto:glawnday@migranthealth.org) with comments or suggestions. Thank you for your support of Migrant Health Promotion and for your interest in the health of migrant farmworkers.

Gayle Lawn-Day, PhD  
Executive Director  
Migrant Health Promotion

1985

The Catholic Consortium for Migrant Health meets for the first time under its original name, Task Force on Collaboration on Migrant Health.

1987

MMHIO enters into an agreement with the Michigan Department of Public Health to implement a Camp Health Aide Program on a statewide basis.

# PEER-BASED

## INFÓRMATE (INFORM YOURSELF)

The *Infórmate* Teen Health Program provides peer-based health education to adolescents using theater, games and healthy activities focusing on developing youth leadership and the prevention of HIV/AIDS, domestic violence, substance abuse and other related issues. This

program is funded by the Avon Foundation and the Health Resources and Services Administration—Office of Minority Health (OMH).

Farmworker adolescents trained as Teen Health Aides play an active role in developing, implementing and evaluating activities in their labor camps and communities. In 2008, *Infórmate* trained 12 Teen Health Aides at three program sites in Michigan. Together, they provided 461 one-on-one education sessions to their peers and community members. They also held group health education sessions; organized Teen Health Nights

in collaboration with local health centers; provided bilingual, culturally competent health materials; and facilitated communication between health providers and farmworker youth. At one program site, the Teen Health Aides developed interactive theater performances and performed for 10 audiences over the course of the program season.

1987  
Program promotion at the national level begins. MMHIO distributes Camp Health Aide Program materials to all federally-funded migrant health clinics in an effort to promote the Camp Health Aide Program model.



## PROMOTORA COMMUNITIES PROJECT

The *Promotora* Communities Project works within community coalitions to improve the lives and health of people who have been diagnosed with diabetes and those who are at risk of developing diabetes in the Hidalgo County communities of Penitas, Mission, and Alamo. The program is funded by the Texas Department of State Health Services and strives to increase opportunities for positive behavior and lifestyle changes—particularly increased and continuing physical activity and healthy eating—that help prevent and/or manage diabetes. This year, *Promotoras* conducted 318 classes on various topics including nutrition, diabetes and physical activity. *Promotoras* also provided training on the Diabetes Empowerment Education Program at Community Health Centers across the state.



The Spanish term “*colonia*” means a community or neighborhood.

The Texas Office of the Secretary of State defines a “*colonia*” as a residential area along the Texas-Mexico border that may lack some of the most basic living necessities, such as potable water and sewer systems, electricity, paved roads, and safe and sanitary housing.

## SALUD Y SABIDURIA (HEALTH AND WISDOM)

*Promotoras* work with elders and their families to provide health education, information on medication management, and ways in which to prevent or reduce the effects of chronic disabling conditions. This program is funded by the Lower Rio Grande Valley Development Council, Area Agency on Aging.

During the 2007-2008 program year, the program served 2,093 individuals aged 60 and over in the *colonias* of Hidalgo, Cameron and Willacy Counties. The *Promotoras* and representatives of area health and social service agencies presented over 190 classes on diabetes education, medication management, fall prevention, weather-related health and safety, cholesterol, high blood pressure, eye health and many other health topics. The *Promotoras* also organized 16 local public events with free screenings and information specifically for elders.

1988

Sister Donna Zetah, OSF, initiates the Downstream Pilot Project in the Rio Grande Valley of Texas to respond to year-round needs of farmworkers.

# COMMUNITY

## WHO ARE PROMOTORES(AS)?

*Promotores* and *Promotoras* are individuals who promote health in their own communities. They provide leadership, peer education and resources to support grassroots empowerment, or *capacitación*. As members of the minority and underserved populations they serve, they are in a unique position to build on the strengths and to address the unmet health needs of those populations. *Promotores(as)* integrate information about health and the health care system into the community's culture, language and value system, thus reducing many of the barriers to health services. They also help make health care systems more responsive. With the appropriate resources, training and support, *Promotores(as)* improve health by linking their neighbors to health care and social services, by educating their peers about disease and injury prevention, by working to make available services more accessible, and by mobilizing their communities to create positive change.

Farmworkers and Hispanic health organizations, including Migrant Health Promotion, generally refer to these individuals as *Promotores(as)* or *Promotores(as) de Salud*, literally "health promoters." The most commonly used English term is Community Health Workers. At Migrant Health Promotion we also refer to these individuals as Camp Health Aides and *Colonia* Health Workers.

*"People who are Promotores(as) have a gift for service and a noble and kind heart. We think about things and take care of people. We identify with the people and the needs of the community."*

MIRIAN PEREZ,  
PROMOTORA



*Nuevas Avenidas* establishes new routes to primary, preventative, and behavioral health care for medically underserved residents of Hidalgo County, Texas. The program combines the work of the *Promotoras* with accessible and needed health care services, case management, grassroots organizing and community coordination. This program is funded by the Health Resources and Services Administration—Office of Rural Health Policy.

During the 2007-2008 program year, *Nuevas Avenidas*:

- Through 865 individual encounters, provided information on stress, child abuse, drug and alcohol abuse, domestic violence, sexual violence, family relationships, gang violence, and available local resources
- Served the three rural *colonias* of *Valle Internacional*, OT, and *Nueva Esperanza*
- Provided direct services to 142 *colonia* residents and their families
- Referred 369 people to Hope Family Medical Service for follow-up care

*"Sometimes you don't get results instantly, but you plant a seed."*  
MARISOL LUEVANO,  
PROMOTORA

*"The Promotoras report that the community is waiting for the information and is eager to learn. Large crowds gather for the mental health presentations. This is something that has never happened before with other programs the Promotoras have coordinated. The topic of mental health has really caught the community's attention. This is a new program; there hasn't been a program before where community members could talk about the way they felt. They thought that being sad or depressed was a normal state, a way of life, and was unavoidable. The health sessions made them feel like they could do something about their depression."*  
ADALINDA GAYTAN, PROGRAM COORDINATOR



## AMOR DE MADRE (MOTHER LOVE)

The *Amor de Madre* (Mother Love) *Promotoras*/Doulas provide social support and information about **perinatal health education** to at-risk women in Cameron County, Texas. In 2008 this

program was funded by the Texas State Department of Health Services, the March of Dimes, and the Texas Department of Transportation.

The word “doula” refers to a trained and experienced lay-person who provides

continuous physical, emotional and informational support to the mother before, during and just after birth; and/or provides emotional and practical support during the postpartum period. Studies have shown that when doulas attend births, labors are shorter with fewer complications and babies are healthier and breastfeed more easily. In addition, Migrant Health Promotion doulas partner with the March of Dimes to provide information on a healthy diet for mother and child through the *Comenzando Bien* curriculum. The doulas also cooperate with the Texas Department of Transportation to provide car safety tips for family transportation.

This year, the *Amor de Madre* program:

- Provided doula services to 163 women
- Contributed to a dramatic decrease in Caesarean section rates among first-time mothers (less than 8% of first-time mothers assisted by doulas gave birth by Caesarean section, compared to the 2002-2004 statistic of 44.5% of Hispanic women in Cameron County overall)
- Provided prenatal education classes to 483 individuals

Comments by program participants:

*“I would not have been able to do it without my Doula.”*

*“I felt the comfort of a mother with my Doula.”*

*“I am so grateful for my Doula.”*

*“If I only had a Doula during my first pregnancy I would have been able to have my baby vaginally instead of Caesarean.”*

The Camp Health Aide Program is a winner of the Models That Work Competition. The national Competition, sponsored by the Bureau of Primary Health Care, honors innovative, community-based programs that improve health.

1996



## CAMP HEALTH AIDE PROGRAMS (CHAP)

The Camp Health Aide Program was developed in 1985 by Migrant Health Promotion to improve access to health care in underserved populations. CHAPs train farmworker women and men as Camp Health Aides to **promote health in the camps and communities** where they live and work. Camp Health Aides receive training and educate their peers about many topics, including:

1997

The Midwest Migrant Health Information Office changes its name to Migrant Health Promotion.

- Gaining access to primary and preventative care
- Nutrition
- Immunizations for children under age five
- Prenatal care
- Breastfeeding
- Women’s health (breast and cervical exams)
- Dental health for children

In fiscal year 2008, Migrant Health Promotion operated two CHAPs in southeast Michigan:

The Food Stamp and Nutrition Education CHAP, operating at DuRussels’ Potato Farm in Manchester, Michigan, provided culturally and linguistically competent nutrition education, as well as referrals to increase access to health services. It was funded by the Washtenaw County Department of Health.

A second Camp Health Aide Program emphasized tobacco awareness and cessation in migrant labor camps in Monroe and Lenawee Counties in southeast Michigan. It was funded by the Michigan Department of Community Health.

## VENTANILLAS DE SALUD (HEALTH WINDOWS)

*Ventanillas de Salud* (Health Windows) provides **bilingual health education and advocacy to Mexicans**, while helping them take advantage of the services provided by the Mexican government through the Mexican Consulate in McAllen, Texas. This program is funded by the Mexican Consulate.

*Ventanillas de Salud Promotoras* act as liaisons between area residents and local health and social services. Working in the Mexican Consulate, they sponsor activities such as routine screenings, help people with applications for assistance, and coordinate the services of providers at the Consulate. The program began in 2006 and continues today serving over 25,000 individuals in the first nine months of 2008. *Ventanillas de Salud Promotoras* are active participants in special events, health fairs, and a mobile consulate.

1999

In the Rio Grande Valley, Migrant Health Promotion leads the CDC-funded REACH *Promotora* Community Coalition in developing a plan to reduce the impact of diabetes.

*“I am the type of person who wants to help people and be there [for them. I like] that they can depend on me.”*

*“I always like the trainings... The first time that I heard about the food pyramid, I didn’t know anything about it. In Migrant Health Promotion’s [training], I heard about it for the first time.”*

*“Because people know me as a Camp Health Aide, I feel like I’m somebody.”*

– 2008 CAMP HEALTH AIDES

# ADVOCACY

## GLORIA STEINEM WOMEN OF VISION AWARD

### LA VOZ LATINA (LATINA VOICE IN GOVERNMENT)

*La Voz Latina* equips women in the *colonias* of the Rio Grande Valley of Texas with reproductive health education, leadership skills and advocacy training necessary to make policy changes.

This program is funded by the Ms. Foundation and the Women’s Clinic of South Texas.

*La Voz Latina* develops dozens of new community leaders in multiple *colonias* each year and advances its advocacy agenda through meetings with elected officials on local, state, and national levels. *La Voz Latina* has formed the *Red Local Latina de Abogacia* (Local Latina Advocacy Network), which focuses on women’s reproductive health and other related issues and includes collaborating agencies such as *Mujeres Unidas*, Planned Parenthood, University of Texas Medical Branch, and Texas A&M University *Colonias* Project.



Strategies employed by *La Voz Latina* staff include door-to-door visits, community and coalition meetings, marches, visits with elected officials, trainings for community leaders, advocacy trips to the state capital, health fairs, the establishment of new public transportation routes, media advocacy, and networking with national women’s organizations. During the 2007-2008 program year, *La Voz Latina* staff and a community leader traveled to Washington DC for the National Advocacy Weekend sponsored by the National Latina Institute for Reproductive Health. There they joined grassroots activists from around the country for trainings and legislative visits.

1999

Migrant Health Promotion launches the new *Salud Para Todos* (Health for All) Farmworker Community and Family Health Program to train and support *Promotoras* addressing substance abuse and social and mental health problems in their communities.

Lucy C. Félix, Program Coordinator of *La Voz Latina*, was selected by the Ms. Foundation for Women as one of three Gloria Steinem Award winners in 2008. Gloria Award winners are chosen annually by the Ms. Foundation for their commitment to and achievements in the areas of social justice and women’s leadership.

Lucy and co-worker Maria C. Treviño attended the 20th Annual Gloria Awards: A National Salute to Women of Vision on May 21, 2008, at The Mandarin Oriental Hotel in New York City. Among those presenting the awards were Dolores Huerta, co-founder of the United Farm Workers Union, and Emmy- and Tony- award-winning actress Blythe Danner.

“Lucy Félix is an extraordinary leader whose commitment to reproductive justice for migrant farmworking women is an inspiration to us all,” said Sara K. Gould, President and CEO of the Ms. Foundation for Women. “We are honored to recognize Lucy with a 2008 Women of Vision Award for her community-building and advocacy work with Migrant Health Promotion’s *La Voz Latina*.

*“I consider myself a member of La Voz Latina. I feel that we address many important issues for women every day. We learned that everyone has rights to a better life and we struggle together for that cause.”*

ALMA RAMOS,  
COMMUNITY MEMBER



Dolores Huerta, Lucy Félix and Maria Treviño

Through her strength, courage and leadership, Lucy shows us what is possible when you not only envision social change, but ignite it each and every day.”

Originally from Matamoras, Tamaulipas, Mexico, Lucy is a social worker by training. She moved to Brownsville, Texas, in 1997. In 2000 she began working as a *Promotora*, going door to door, organizing communities, and informing people about health matters.

1999

The *Infórmate* Teen Theater Troupe is launched at Chase Farms (Walkerville, MI). The troupe performs skits on substance abuse and related topics at over 20 sites, including the Midwest Farmworker Stream Forum.

*“I am a La Voz Latina leader and I am very happy with this program because it taught me the importance and well-being of women’s reproductive health care. The program gave me the confidence to speak on the radio and to speak with local representatives and to explain to them what our community needs to improve health.”*

MARIA S. SALINAS,  
COMMUNITY MEMBER

# NATIONAL

## NUESTRO FUTURO (OUR FUTURE)

### NATIONAL CAPACITY-BUILDING ASSISTANCE (CBA)

The CBA Program provides assistance to Migrant and Community Health Centers and other organizations to establish and maintain *Promotor(a)* programs using Migrant Health Promotion's experience and resources. This program is funded by the Health Resources and Services Administration—Bureau of Primary Health Care (BPHC).

During 2007-2008, the CBA Program

- provided support to 78 Health Centers
- helped 40 Health Centers initiate new *Promotora* programs
- supported 295 *Promotores(as)* who in turn have reached over 43,000 farmworkers.

These services are provided to health centers via face-to-face and phone consultation, on-site trainings, webcasts, and health education materials. Materials developed by the CBA program are available to anyone free of charge on Migrant Health Promotion's website.

The CBA program also supports and administers a *Promotor(a)* email group which provides information and support to *Promotores(as)* and Program Coordinators. It serves as a venue for Migrant Health Promotion to promote and distribute agency materials, resources, and services.



*“As a Community and Migrant Health Center, Valley-Wide Health Systems, Inc. (VWHS) has utilized the services of Migrant Health Promotion for many years. In the 17 years that I have been at VWHS, I have called on Migrant Health Promotion's staff for guidance in the areas of health education, Promotora issues, and current popular teaching techniques. We participated as a grantee in the Salud Para Todos Mental Health Program, created and disseminated by Migrant Health Promotion, and also hosted their staff at our Western Colorado Voucher Program Sites for training and technical assistance with Promotora efforts.”*

MITCHELL GARCIA, DIRECTOR,  
FARMWORKER SERVICES AND  
HEALTH EDUCATION, VALLEY WIDE  
HEALTH SYSTEMS

During the 2007-2008 program year, *Promotoras* directly served 1,741 people through individual encounters, group sessions, and referrals. An additional 10,746 were reached through health fairs, radio presentations, and other community events. *Nuestro Futuro* distributed wristbands throughout the project area promoting folic acid.



### NO MÁS PLOMO (NO MORE LEAD)

*No Más Plomo* (No More Lead) worked for the prevention of blood-lead poisoning in selected *colonias* in Hidalgo and Cameron Counties in 2007-2008. This program was funded by the Environmental Protection Agency.

In counties positioned on the Mexico-U.S. Border, the extensive use of candies, pottery, and medicines from Mexico that contain lead make the education of *colonia* residents extremely important. Although a small, one-year program, *No Más Plomo* provided over 2,600 individual encounters and group presentations to educate residents about sources and consequences of lead poisoning and methods of lead-poisoning prevention. The program also helped residents gain access to screening and treatment for blood lead poisoning.

## MHP VISION

That farmworker and migrant families and their communities will enjoy health without barriers and will be respected, honored and rewarded equitably.



Migrant Health Promotion is honored to work with many wonderful organizations across the nation. We thank each and every one of them. Here we present a select list of our partners.

- ARISE Network (TX)
- Brownsville Community Health Center (TX)
- Cameron County Health Department (TX)
- Farmworker Health Network
- Farmworker Legal Services (MI)
- Health Delivery, Inc. (MI)
- Healthy Mothers, Healthy Babies
- HEB Grocery Stores (TX)
- Hope Family Health Center (TX)
- Interagency Migrant Services Committee (MI)
- InterCare Community Health Network (MI)
- March of Dimes
- Mexican Consulate of McAllen, TX
- Michigan Primary Care Association
- Mujeres Unidas (TX)
- National Latina Institute for Reproductive Health
- North Carolina Primary Care Association
- Northwest Michigan Health Services, Inc.
- Northwest Regional Primary Care Association
- Nuestra Clinica de Salud (TX)
- Planned Parenthood of Cameron County (TX)
- Planned Parenthood of Hidalgo County (TX)
- Santa Rosa CHRISTUS Medical Group (TX)
- Southeast Michigan Migrant Resource Council
- Southwest Michigan Migrant Resource Council
- Spina Bifida Association
- St. Marie's Clinic (TX)
- Su Clinica Familiar (TX)
- Texas A&M University Colonias Project
- Texas Association of Community Health Centers
- Tropical Texas Behavioral Health
- University of Michigan School of Public Health
- University of Michigan School of Social Work
- Valley Primary Care Network (TX)
- Women's Clinic of South Texas

# PARTNERS

*“MHP is especially responsive whenever I need assistance. They almost always have the information I need or can quickly put me in touch with the right people. The staff are always polite and quick to respond to my questions. I feel like they understand our program and provide assistance/make suggestions based on the relationship between our two organizations. They have also done a great job in putting us in touch with other organizations doing similar work as ours. I also really love that I can access health education materials and publications on [their] website. It is such a huge resource for the Camp Health Aides and the Maine Migrant Health Program (MMHP).”*

**BLAIRE A. SIEFKEN,  
MAINE MIGRANT HEALTH PROGRAM**


**2002** Migrant Health Promotion establishes a Children's Health Coalition in the Rio Grande Valley of Texas. In August, the Coalition's Back-to-School Campaign reaches over 1,000 families with information and assistance on utilizing public health insurance programs for low-income children.

# CONSORTIUM

## CATHOLIC CONSORTIUM FOR MIGRANT HEALTH (CCMH)

The mission of the Catholic Consortium for Migrant Health is to support programs developed and implemented by Migrant Health Promotion. Grounded in principles of social justice and social accountability, CCMH seeks to promote recognition of migrant farm worker health issues at the state, regional and national levels by supporting improved access to health care and by advocating for appropriate health care delivery models as well as for culturally and gender sensitive health education for farm workers (CCMH; March 31, 1994).

The CCMH is presently composed of the following members:



**SISTER MAURITA SENGELAUB,  
FOUNDER, MIGRANT HEALTH PROMOTION**

Twenty Five Successful Years of Service to Migrant Farm Workers

Congratulations to all the persons who have persevered so faithfully, so earnestly, so compassionately, to serve the health needs of the migrant population over these past 25 years. We thank them and we continue to pray for them as well as all who have committed time, money, and support to them through the years. Thank you and God bless you.



**2002** Migrant Health Promotion partners with Families Forward Inc. to launch the Families Fuertes y Saludables (Strong and Healthy Families) Program. Migrating Promotores(as) offer parenting support and mental health education and support both in their home communities and in migrant labor camps.

Throughout its 25 years of existence, Migrant Health Promotion has found that U.S. immigration policy greatly influences its ability to fulfill its mission. Immigration policy and enforcement affect the health of migrant farmworkers and their access to health education and medical services, as well as the capacity of peer health educators to reach their target audience. As an organization committed to helping farmworker and migrant families to live healthy lives,

Migrant Health Promotion supports the following:

- Immigration policies that provide a reasonable and affordable path to legalization and citizenship for undocumented immigrants and demonstrate respect for family unity
- A moratorium on Immigration and Customs Enforcement (ICE) raids until humanitarian immigration reforms are adopted
- A halt to the building of a border wall
- The rejection of the proposed changes to H2A guest worker regulations and the enforcement of fair housing and wage standards for all farmworkers in the United States

To read Migrant Health Promotion’s “Guiding Principles on Immigration” in full, see [www.migranthealth.org](http://www.migranthealth.org).



Migrant Health Promotion began offering the electronic, subscriber-based MHP Immigration News in February 2008. This every-other-week news service features articles from mainstream, national, local, and alternative news sources and presents links and excerpts, without editorializing. Its purpose is to educate members of the farmworker health community about trends in immigration policy and to empower them to become involved in the immigration policy debate. Listserv members frequently submit articles for inclusion. Examples of news topics covered in 2008 include:

- Proposed policies of presidential candidates
- ICE raids, detentions, trials, and deportations
- Political vetting of immigration judges
- Conditions faced by immigrants in detention
- Effects of raids and deportations on youth
- Homeless migrant workers
- Racial profiling and harassment of documented Hispanics
- Border wall
- Farmworker working conditions
- Changes to H2A Guest Worker legislation
- Health care and undocumented workers
- Humanitarian concerns about immigration enforcement
- Speaking up for immigrants (protests, editorials, legal actions)
- Life after deportation

To subscribe to MHP Immigration News, send a message to [info@migranthealth.org](mailto:info@migranthealth.org).

**2005** The Capacity-Building Assistance Program continues to provide consultation, training, and other resources to Health Centers across the country; it produces new materials such as a program evaluation toolkit; a Webcast on *Promotor(a)* programs; and fundraising assistance guides.

## SUPPORT OUR MISSION

### DONATE ONLINE

Visit our website at [www.migranthealth.org](http://www.migranthealth.org) and click on the “Donate Now Through Network for Good” button. Save a stamp - make your gift online today – Tell your friends and family!

### SUPPORT MIGRANT HEALTH PROMOTION WHILE SHOPPING ONLINE

iGive, an online shopping service, contributes a percentage to Migrant Health Promotion every time you make online purchases via their website.

Go to iGive at [www.igive.com](http://www.igive.com). Select Migrant Health Promotion as your cause. Registration on the site is quick and easy. Search for your store and go shopping! A percentage will be donated to Migrant Health Promotion each time you shop.

*“I would like to tell what the program La Voz Latina has done for my life. I lived a life of four walls because I never left the house and I concentrated on housework, caring for my children, and serving my husband. Without any incentive to live, I had sunk into depression and felt sick. My husband had always made me feel worthless. He told me to be grateful because he married me. I believed him and lived that way for 16 years.*

*One day by the grace of God there was a community meeting of La Voz Latina. Since that day I have not missed a single meeting. On an impulse I climbed out of the pit where I had been living and came to realize that I have a voice and I have rights as a woman. With each training that [Promotora] Maria Treviño brought to us from different agencies, I learned so many things. I came out of my depression and I drove my car to my annual exam. Beyond that, I learned that as a woman I had much strength and that my voice counted.*

*Thank you to the program for inviting me to Washington DC for the training by the National Latina Institute in which they taught us how to speak with political representatives. I never in my dreams imagined myself in the Capitol, speaking with political authorities. It was a dream come true, to be in the offices of Congresspersons and Senators speaking about the importance of women’s reproductive health. To be the spokesperson for all the women who live in the Valley filled me with satisfaction.*

*Now I am a different woman, one who knows what matters. I know how to use my voice and speak and that all is due to La Voz Latina. Now I have a marvelous job. I do my housework and care for my children and my spouse but they know that I have rights. I can stand before my children with self-pride. They say that their mama is very important and my husband realizes that I cannot be marginalized and abused anymore.*

*Now I feel capable of telling women that still there is time to leave that layer of bitterness, of depression and ignorance and to come and be educated, and like me to become a woman with a voice.”*

COMMUNITY MEMBER ELVA MIRELES,  
WHO ACCOMPANIED LA VOZ LATINA STAFF TO  
THE ADVOCACY TRIP IN WASHINGTON D.C.

2006

The innovative *Amor de Madre* (Mother Love) Program in Cameron County, Texas begins in January, 2006. *Promotora* Doulas (trained childbirth attendants) provide interactive perinatal health education classes, Doula care, improved access to health services and extensive case management.

## MAJOR FUNDING SOURCES IN 2008

## PROGRAM FUNDED

## AMOUNT

Texas Department of State Health Services,  
Title V Population-Based Services

*Amor de Madre*

\$241,069

Health Resources and Services  
Administration, Centers for Disease  
Control and Prevention

*Nuestro Futuro*

\$225,000

Health Resources and Services  
Administration, Office of Minority Health

*Infórmate Teen  
Health*

\$175,000

United States Environmental Protection  
Agency, Region 6, US-Mexico Border 2012  
Program

*No Más Plomo*

\$99,157

Catholic Consortium for Migrant Health

General support

\$97,500

Texas Department of State Health Services

*Promotora Community  
Project*

\$80,000

Lower Rio Grande Valley Development  
Council, Area Agency on Aging

*Salud y Sabiduría*

\$81,571

Ms. Foundation for Women

*La Voz Latina*

\$50,000

Avon Foundation, Speak Out Against  
Domestic Violence

*Infórmate Teen  
Health*

\$49,997

Health Resources and Services  
Administration, Bureau of Primary  
Health Care

Capacity-Building  
Assistance

\$421,000

Health Resources and Services  
Administration, Office of Rural Health  
Policy

*Nuevas Avenidas*

\$125,000

### Additional funding received from:

March of Dimes, Texas Chapter, Birth Defects Foundation  
Michigan Department of Community Health, Tobacco Section  
The Consulate of Mexico, Institute of Mexicans Abroad (IME)  
University of Texas Health Science Center at Houston  
University of Texas Health Science Center at San Antonio  
Washtenaw County Public Health  
Women’s Clinic of South Texas

Migrant Health Promotion’s Fiscal Year 07-08 budget was \$2.25 million. The specifics of this year or previous years’ financials can be found on our 990 forms available on-line through [www.guidestar.org](http://www.guidestar.org) or by e-mailing the Executive Director at [glawnday@migranthealth.org](mailto:glawnday@migranthealth.org).

2006

The innovative *Nuevas Avenidas* Program is launched—the first program in the Lower Rio Grande Valley to integrate primary, preventative and behavioral health care for insured and uninsured community members.

## BOARD MEMBERS

### RODOLFO (RUDY) SANCHEZ, JD Board President

Texas Rio Grande Legal Aid, Inc. – Attorney

Rodolfo “Rudy” Sanchez is a 1983 graduate of Brown University and a 1989 graduate of the University Of Texas School Of Law. Rudy has been employed at Texas Rio Grande Legal Aid (“TRLA,” formerly known as Texas Rural Legal Aid) since his graduation from law school. Rudy carries an active case load and he currently serves as Director of the TRLA Farmworker Division, as Coordinator of the TRLA Employment Group, and as manager of the TRLA Branch office in Weslaco, Texas. TRLA provides free civil legal services to low-income people in a 68-county area of South, Central, and West Texas and to migrant farmworkers who travel or work throughout the country. Rudy has been a speaker at various farmworker law and poverty law seminars. Rudy also previously served for several years on the State Bar of Texas Agricultural Law Committee.

### CRISTINA RAMOS, Board Vice-President

Promotora and former farmworker

Intercare Community Health Network

National Advisory Committee for Migrant Health

The immediate past Board President of Migrant Health Promotion, Cristina Ramos has been a *Promotora* for 19 years in Michigan and Texas. She served as a Camp Health Aide for four years and a Camp Health Aide Coordinator for six years. Currently she is an Outreach Coordinator for Intercare Community Health Network in Bangor, Michigan. Along with her family, Cristina migrated to Michigan for over 36 years. She is on the National Farmworker Advisory Council as the Representative of the State of Texas, serving her second year of a four-year term.

### AMY GREENHOE, CPA, Board Treasurer

Trinity Health – Accounting

Amy Greenhoe serves as Manager of Audit Services for Trinity Health, the fourth largest Catholic healthcare system in the United States. She holds an undergraduate degree in Medical Technology and a M.S. in Professional Accountancy from Walsh College and has 18 years of healthcare finance/auditing experience. She is a Certified Public Accountant and a Certified Internal Auditor. Amy has conducted extensive training and auditing of federal grants while at Trinity Health.

### ANDREA CARACOSTIS, MD, MPH

Hope Clinic, Houston Texas – Chief Executive Officer

Dr. Caracostis received her medical degree from the Universidad Mayor de San Andres Medical School in La Paz, Bolivia, and her Master of Public Health degree from Texas A & M University. She has ten years of experience with Community Health Centers as both a clinician and a technical assistant, working to improve access to care for underserved populations. She has worked as an independent consultant with the Migrant Clinicians Network and the National Cancer Institute and as a grant reviewer for federal health agencies. Andrea has also served as a faculty member for the National Health Disparities Collaborative and has led the clinical task force in developing a National Strategic Plan in Migrant Health. She is currently the Chief Executive Officer of HOPE Clinic in Houston, Texas.

### MIKE DURUSSEL

Farm Owner

National Advisory Committee for Migrant Health

Mike DuRussel is an owner of DuRussels’ Potato Farms, located near Manchester, Michigan. The farm grows over 20 different crops on approximately 2,000 acres. The family-run business has been selling to grocery chains like Spartan and Meijer for more than ten years, and is a select supplier for the Campbell’s Soup Company. The business employs between 80 to 100 migrant workers each year between May and October, in addition to year-round local workers. Mike has represented Migrant Health Promotion on the National Farmworker Advisory Board of the Health Resources and Services Administration—Bureau of Primary Health since 2007. He has also served on various commissions and local boards over the years and is currently Chair of the Washtenaw County Community Action Board.

### MITCHELL GARCIA

Valley Wide Health Systems

Director, Farmworker Health Services

Mitchell Garcia is a native of the San Luis Valley and life-long resident of the state of Colorado. He spent the early part of his career working in the private insurance industry and the past 17 years working in community health. Currently he serves as the Farmworker Services and Health Education Director at Valley-Wide Health Systems, Inc. He has participated in various state and national forums on rural public policy such as the 2008 Blue Ribbon Commission on Health Care Reform, Vulnerable Populations Task Force. He also completed the Bighorn Leadership Development Fellowship on Rural Health Policy.

2007

Migrant Health Promotion welcomes its new Executive Director, Dr. Gayle A. Lawn-Day.

## BOARD MEMBERS

### MAGDALENA HERNANDEZ

Promotora and former farmworker

Magdalena Hernandez is certified as a *Promotora* by the state of Ohio and has worked as a *Promotora* for 12 years. During the months of April to October she serves as Field Service Specialist for Rural Opportunities, Inc. In that capacity she performs outreach, assists with transportation and language translation, and conducts health education in migrant farmworker camps and rural communities across Ohio. Magdalena and her family have migrated for over 30 years.

### MOIRA KENNY, RSM

Texas Civil Rights Project/United Farm Workers

Labor/Civil Rights Advocacy

Sister Moira Kenny is a member of the Institute of the Sisters of Mercy. She holds a Masters degree in Communications/Public Relations from Ball State University in Indiana and served as the Communications Director of the Sisters of Mercy of Cincinnati for four years. She has been the paralegal/legal manager of the South Texas Civil Rights Project since 1992. Prior to this, she was supervisor of the documents department at the Christic Institute, a public interest law office in Washington, DC. Recipient of the 2004 Cunningham Award (national peace and justice award of the Sisters of Mercy), Moira is actively involved in local and national justice issues.

### GAYLE LAWN-DAY, PhD, Board Secretary

Migrant Health Promotion – Executive Director

Gayle Lawn-Day, Migrant Health Promotion’s Executive Director, brings significant administrative experience to the organization. As a former Executive Vice President, Provost, Chief Operations Officer, and Chief Financial Officer of various institutions of higher education, her experience managing complex organizations, multi-dimensional budgets, and developing and implementing long-range planning are key organizational assets. She received her PhD in Public Policy and Research Methodology and an MPA in Public Finance and Budgeting from the University of Oklahoma. She holds a BS in Business Administration from Michigan Technological University.

### DORA MEJIA

Promotora and former farmworker

Migrating her entire life, Dora Mejia has been a *Promotra* for over 17 years. As a farmworker for over 38 years, she migrated to West Texas, Tennessee, Florida, Ohio, Michigan, and finally Indiana. She has been a Camp Health Aide for Migrant Health Promotion and a member of the Texas Migrant Council. For over 20 years she has been involved with the Edgewood Community School as a Bilingual Assistant and has taken part in the Summer Migrant School Program and Fall Migrant School Program.

### JUNE GRUBE ROBINSON, MPH

Housing Consortium of Everett and Snohomish County – Executive Director

June Grube Robinson, MPH, has worked with community health workers and community health programs for over twenty years. She is currently the Executive Director of the Housing Consortium of Everett and Snohomish County, an advocacy organization for affordable housing in Washington state. Previously, June served in a leadership position at the Community Health Center of Snohomish County. She was also a Program Director at Migrant Health Promotion, where she helped lead the organization to national prominence. She previously worked internationally with Community Health Workers as a Peace Corps Volunteer in Jamaica. June received a Masters in Public Health degree from the University of Michigan and she and her family currently live in Everett, Washington.

### JOSÉ SOTO

Driscoll Children’s Hospital

Executive Director, Rio Grande Valley Clinics

José Soto is the Executive Director of the Rio Grande Clinics for Driscoll Children’s Hospital in the Rio Grande Valley of Southern Texas. He has over 30 years of experience with governing boards of nonprofit organizations, having served on the board of directors of six organizations in the Rio Grande Valley. José has also served as CEO of three health care corporations.

*La Voz Latina* Program Coordinator Lucy Ceballos Félix receives a Gloria Award from the Ms. Foundation as a ‘Woman of Vision’ whose “. . . commitment to women’s full participation in all aspects of society brings us closer to our vision of a just and inclusive democracy.” Launched in 2001, *La Voz Latina* promotes reproductive health education and rights in the Lower Rio Grande Valley.

2008