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MIGRANT HEALTH Newsline

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

The Health Center Program was founded on the belief that medically underserved populations can play a direct role in improving their life circumstances and health. To assure that the community-based and patient-directed integrity of the Health Center Program remains intact, Section 330 of the Public Health Service Act (PHS 330) spells out a set of governance requirements that all PHS 330 grantees must follow. While essential to preserving one of the core values of the Health Center Program, Migrant Health Center grantees face special challenges in meeting the governance requirements due to characteristics of the farmworker population such as language, literacy, and mobility, among others. This edition of *Newsline* has been developed to help Migrant Health Centers address some of the challenges around meeting PHS 330 governance requirements. Topics will include: 1) an explanation of the governance requirements; 2) common challenges for compliance, including recruitment and retention; and 3) case studies of successful Migrant Health Center boards.

Migrant Health Center Governance: How to Build and Maintain an Effective Board

By Steven D Weinman, Executive Vice-President/ Chief Operating Officer, Collier Health Services, Inc.

Now that reforming the U.S. health care delivery system is front and center on the nation's agenda, Community and Migrant Health Centers (CMHCs) are in the spotlight as never before. The question that we should be asking is "What makes the CMHC system of primary care more effective than others?" There are many potential answers to that question, but underlying them all is one central fact: CMHCs are governed primarily by the people they serve. If properly implemented, it is this unique characteristic that allows us to remain responsive to the needs of our patients.

As an absolute minimum, it is crucial that the CMHC board meet the composition requirements as defined in Section 330 of the PHS Act (42 U.S.C. 254b). This is the legislation that authorizes the existence of the health center program. Any organization which does not adhere to the requirements of this legislation risks loss of program status and funding. The relevant CMHC board composition requirements are summarized in Table 1. Some of the requirements can be waived in extreme circumstances, but in general, CMHCs must meet them.

If we assume that most CMHC boards are compliant with the Section 330 requirements, then one has to wonder why some health center boards seem to be much more effective than others. After many years of working with

boards, I have noticed that most successful boards share certain characteristics, as outlined below.

A good board member must be truly interested in, and devoted to the organization's purpose and success. One reason that health centers have been so successful is the commitment of user board members who realize that without the center, their families may have no access to health care. This can be a strong motivator. One way to "weed out" those members who may be less than dedicated is to require participation in committees, minimal unexcused absences from meetings and other significant investments of time and effort. However, migrant center boards must be cognizant of the special needs of farmworkers who migrate, and work long hours. It is imperative that board policies are migrant friendly!

Almost every great board has a pre-election screening and education process. Asking someone to join a board without understanding what is expected is a recipe for failure. A little time and effort spent up front ensures that the potential member is a good match for the organization. Some organizations have great success in forming advisory or other volunteer groups, where they can become well acquainted with someone before proposing

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Table 1
Community & Migrant Health Center Board Characteristics

Board Characteristic ¹	Funding ²
Must have between 9 & 25 Members.	C,M,CM
Members cannot be an employee or a close relative of an employee.	C,M,CM
At least 51% of members must be consumers of center services ("users").	C,M,CM
No more than 1/2 of non-consumer members can derive over 10% of income from health care industry.	C,CM
No more than 2/3 of non-consumer/patient representatives can derive over 10% of income from health care industry.	M
As a group, consumer members must represent population served by center in terms of race, ethnicity & gender.	C,M,CM
Socioeconomic status & age of consumer members should be considered (not required, suggested).	C,M,CM
Non-consumer users must have a broad range of skills, including but not limited to: finance, legal, business, health, managed care, social services, labor relations & government.	C,M,CM
Non-consumer users must be representative of community currently served by the health center.	C,M,CM
Consumer representation must be reasonably representative of populations targeted & served. Must be at least one migrant/seasonal user representative.	M,CM
51% must be migratory and/or seasonal agricultural workers (current or retired due to age or disability) and or members of their families who are served by the center.	M
¹ All characteristics required, unless otherwise noted ² Funding C = Community Health Center Funding Only. M = Migrant Health Center Funding Only CM = Both Community and Migrant Health Center Funding.	

board membership. In most cases, any personal "agendas" or other potential problems will come to light before board membership is offered.

One way to almost ensure that you will not have the opportunity to recruit effective board members is to wait until you need them in a hurry. This is one of the problems with specifying an exact number of board members. If the bylaws specify 12 members, as soon as one leaves for any reason, the organization is out of compliance. A better strategy is to allow a range. For example, if the bylaws require between 10 and 15 members, you can start recruiting when you get down to 12, allowing some "wiggle room". Another related recipe for disaster is to have many board members rotate off at once. Most successful boards stagger their board terms evenly. Thus, if terms are 3 years, it would be

ideal to have 1/3 of the members' terms end each year. When members leave mid-term, this timing can be maintained by allowing a new board member to finish serving out the old member's term before beginning a new one on schedule.

Even the best board needs attention to remain effective and engaged. Most great boards provide regular training for members, as well as opportunities to attend conferences and other appropriate events. Organizations such as NCFH can be wonderful resources for board development and maintenance. With proper planning and effort, the health center board can make the leap from statutory requirement to valuable asset of the health center.

For more information on this article, please contact Steven D. Weinman, at adweinman@yahoo.com.

Building and Sustaining an Engaged Farmworker Majority Board of Directors: Challenges, Opportunities, Rewards

by Susan Bauer, MA, MPH, Executive Director, Community Health Partnership of Illinois

Those who know the joys and challenges of providing health care to migrant farmworkers are innovators when it comes to meeting the complex health care needs of their patients. Similarly, to fulfill both the letter and spirit of Bureau of Primary Health Care (BPHC) board requirements, migrant health centers need to employ innovative practices that support meaningful farmworker participation on health center governing boards. In so doing, farmworker board member recruitment and retention becomes more than simply a way to comply with a federal requirement; it is a means of fostering leadership development within the farmworker population, which confers long term benefits to our migrant health centers and to the communities of agricultural workers and families we serve.

Challenges to Board Participation for Migrant Farmworkers

Recently, I had the pleasure of visiting a newly renovated community health center in a county adjacent to our service area. After touring the clinic, my friend and fellow CEO asked, "How does Community Health Partnership (CHP) manage to recruit farmworker patients to serve on your board? We have invited at least five Latino community members to join our board, but only one ever made it to a meeting, and she never showed up again after that."

The challenges to board participation for both rural Latinos and farmworkers largely mirror those that prevent our patients from accessing health care. Unpredictable work schedules, a lack of reliable transportation, limited English proficiency to digest grant proposals, financial reports and contracts render governing board service all but impossible for many farmworkers. Even when these obstacles are mitigated or overcome, fulfilling all of the fiduciary responsibilities of serving on a health center governing board can be a daunting proposition, particularly for immigrant farmworkers who may be less familiar with health care, legal and regulatory systems in the U.S.

Trust also may be a challenge to recruiting board members. As a result of the current economic downturn and the accompanying rise in anti-immigrant sentiment and govern-

ment policies, agricultural workers report feeling more vulnerable than ever, and are increasingly reluctant to seek out health care, much less volunteer to serve on a health center board of directors. Finally, many migrant health programs serve farmworkers throughout a large geographic area, which means that board members must sacrifice precious work hours or family time to travel long distances to attend monthly meetings.

So what can we do to assure that the farmworkers and families we serve have a strong voice in the form of a patient majority board of directors?

Strategies for Migrant Health Center Board Member Recruitment and Retention

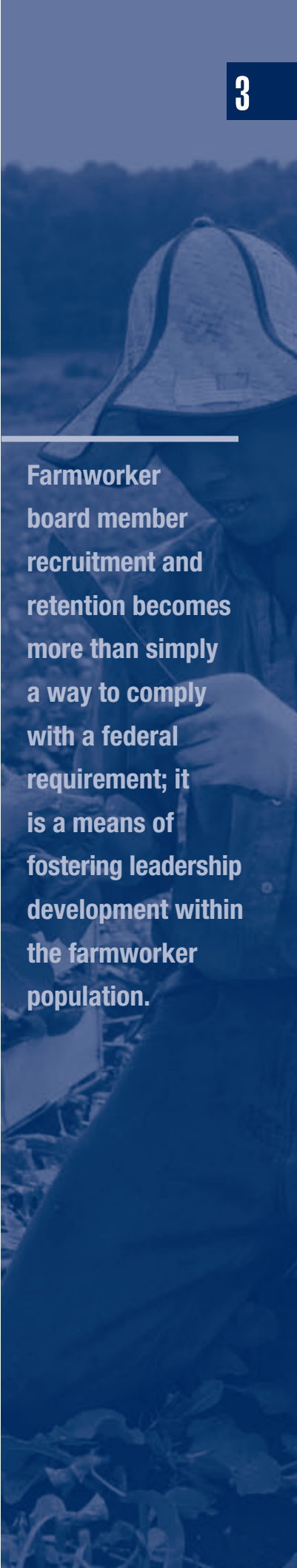
The key to farmworker board recruitment and retention in our organization has been to approach it as an ongoing program of sustainable, community leadership development. What follows are some of the principles and practices that we at Community Health Partnership and our migrant health colleagues around the country have employed over the years to create a sustainable, and successful farmworker majority board of directors.

1. Encourage Health Center Staff to Identify Board Candidates through Interactions with the Farmworker Community

One of the great gifts of community outreach is that it affords health center staff the opportunity to interact with farmworkers and families in the context of their everyday lives. By observing group dynamics, outreach workers are best positioned to identify individuals with natural leadership qualities. For example, who within a peer group or extended family serves as the spokesperson? Who steps up to assist others by interpreting what the nurse is saying? Who shares information with the outreach team regarding needs or problems that confront the workers and their families?

Recently, our CHP board of directors held a community forum in Rantoul, Illinois, a town that has seen a significant influx of migrant corn detasslers over the last several years. One of the workers in

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Farmworker board member recruitment and retention becomes more than simply a way to comply with a federal requirement; it is a means of fostering leadership development within the farmworker population.

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Some of our best board members were first patients who have come to us with suggestions to improve our patient care.

attendance spoke eloquently about her own health care needs, and those of her neighbors and coworkers. Following the meeting, our Outreach Coordinator and I approached this woman to thank her for her contributions and to invite her to attend our next board meeting as a board candidate. She joyfully agreed.

2. A Patient Concern or Complaint May Be an Opportunity to Recruit an Effective Board Member

Over the years, some of our best board members were first patients who have come to us with suggestions to improve our patient care. Last spring I received a call from a patient who had been helping a friend with transportation to see the ophthalmologist we had referred him to for additional assessment. The patient caller offered to set up an appointment for his friend at a university-based eye clinic in Chicago, where he himself had received treatment several years prior. I explained to the caller that due to HIPAA restrictions, I was not able to discuss this case in particular and encouraged him to work with the patient to set up a meeting with our case manager. However, through our conversation it became clear that this individual had a thorough knowledge of the health care system. He also happened to live in a farmworker community where we had been trying for over a year to recruit a patient board member. I proposed to him the idea of becoming a member of our governing board. Today, this patient is one of our most engaged and effective board members. I am happy to say as well that the patient in question was treated successfully at the university eye clinic.

3. Look to Community Partners and Standing Board Members to Identify Board Candidates

CHP also has had great success recruiting farmworker board members by reaching out to our partners in Migrant Head Start, Education, and Legal Assistance programs. These colleagues help identify board candidates from among the parents and clients who utilize their services. We also have had great success recruiting non-patient board members from the ranks of current and retired staff from these same migrant programs who contribute a wealth of experience and under-

standing regarding the needs of the target population.

Board recruitment is an ongoing point of discussion at our monthly board meetings. CHP's standing board members recommend individuals they know through work and community whose skills and life experience help fill gaps in our existing board's expertise. For example, several years ago our board identified domestic and intimate partner violence as a growing problem in our service area. Our board secretary knew a farmworker with experience in this arena. It took us several months of phone calls and failed attempts to overcome the logistical challenges of her serving on the board, but finally we were successful, and in so doing, demonstrated to this individual that we truly valued her voice and her expertise. She officially joined our board three years ago and has proved to be an outstanding contributor to our deliberations and ambassador for CHP, encouraging her neighbors and coworkers to utilize the services offered at our nearby clinic.

4. Proactively Address Barriers that May Limit Farmworker Board Participation and Engagement

There is no magic formula for assuring farmworker participation in board meetings except to structure the business of the board in a way that best accommodates the realities of our farmworker board members. To encourage consistent board attendance, migrant health programs typically establish policies to reimburse board member expenses for travel, per diem, lost wages, and child care. Some health centers also allow board members to bring their children to meetings, providing an appropriate space and supervision for them while the board conducts business.

When to hold regularly monthly board meetings can also be challenging for migrant health programs. Most of our CHP board members travel great distances for meetings because we recruit members from throughout our service area, which includes most of northern and central Illinois. Because of the geographic dispersion of our board and their unpredictable weekday work schedules,

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our board chose to hold its monthly meeting on a Saturday at our most centrally located clinic in Kankakee, Illinois. To lessen the time burden, the board also decided to hold committee meetings immediately prior to the full board meeting.

Perhaps the greatest challenge to creating a fully engaged board of directors is helping our patient board members understand and embrace the fiduciary roles and responsibilities of a not for profit corporation, BPHC-funded governing board. The need for ongoing training and mentoring on everything from BPHC health center expectations to how to “read” a quarterly financial statement cannot be overstated. At CHP, we have found that farmworkers are less likely to have time outside of the board meeting to take advantage of board training programs. Therefore, we incorporate training into the board meetings themselves to further our board’s working understanding of the laws and regulations that govern health centers. There are also useful board training workshops and resources for this purpose, including some in Spanish and English. Please contact your state primary care association or the Farmworker Health Network partner organizations to explore training resources and opportunities for board development.

5. Help Bridge the “Digital Divide” for Farmworkers by Using Technology to Support Board Activities

Migrant health centers, particularly migrant health voucher programs that serve farmworker populations dispersed throughout large geographic areas, often are challenged to hold monthly board meetings that require members to travel long distances and give up an entire day of work to attend. Moreover, health centers that are solely funded to serve farmworkers may find it difficult to assure a quorum in the “off-season” months when migrant workers and families return to their home base state or country. To address these issues, CHP introduced conference calling several years ago as our “back-up” plan when road conditions on meeting day are too hazardous for travel. We also have a “call-in” option for board members who are unable to make the meeting in person.

Although difficult as first, our board soon became accustomed to doing business in this manner, and recently decided to schedule one board meeting per year via conference call as a cost savings measure. (Not surprisingly, they chose the January meeting as the one to conduct via conference call.)

The management team and board of Community Health Partnership of Illinois also decided to utilize part of our stimulus capital funds to purchase a video teleconference system to link all of our clinic sites and administrative office, which will enable us to hold “virtual” board meetings and realize a significant cost savings over time. Finally, our Director of Information Technology provided each of our board members with their own CHP email account and technical support to help them become more comfortable receiving and reviewing documents via email prior to full board and committee meetings.

6. Forge Positive Working Relationships Between Health Center Board and Staff

Creating opportunities for board and staff to interact in and beyond the “board room” improves board retention and effectiveness by building a sense of common purpose and cohesion within the organization. It also promotes a shared vision of how best to realize our mission by working together as a harmonious whole. Our CHP management team and clinic directors routinely attend monthly board and committee meetings. These interactions between CHP staff and board deepen the board’s understanding of operational aspects of our migrant health program, and stimulate innovations in service delivery and staff development.

CHP also holds several events each year that all of our staff and board attend, including our three-day all staff and board retreat at Starved Rock State Park, our annual summer family picnic that celebrates the contributions of our *promotores de salud*, and our staff appreciation Harvest Celebration, which was held this year at Brookfield Zoo. These gatherings take place in a more informal, relaxed atmosphere with time for socializing and team building, which affords

Observed Days

January 2010
Cervical Health Awareness Month
 National Cervical Cancer Coalition
 6520 Platt Ave. #693
 (800) 685-5531
www.nccc-online.org

January 2010
Glaucoma Awareness Month
 Glaucoma Research Foundation
 251 Post Street, Suite 600
 San Francisco, CA 94108
 (800) 826-6693
www.glaucoma.org

February 2010
American Heart Month
 American Heart Association
 7272 Greenville Avenue
 Dallas, TX 75231
 1-800-AHA-USA-1
www.americanheart.org

February 2010
Children’s Dental Health Month
 American Dental Association
 211 East Chicago Ave.
 Chicago, IL 60611
www.ada.org

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Calendar

January 25 – 27, 2010

The National Rural Health Association will be hosting the 21st Annual Rural Health Policy Institute in Washington, DC. For more information, visit www.ruralhealthweb.org.

February 10-11, 2010

The National Advisory Council on Migrant Health meeting, February 10-11, 2010 in conjunction with the Western Migrant Stream Forum in Seattle, WA. The meeting will include a Public Hearing on February 11, from 9:00 – 12:00 p.m.

February 12-14, 2010

The Northwest Regional Primary Care Association will be hosting the Western Migrant Stream Forum in Seattle, WA. For more information, visit www.nwrpca.org.

March 25 – 28, 2010

The National Hispanic Medical Association will be hosting The 14th Annual Conference, *Health Care Transformation to Expand Prevention and Health Promotion for Hispanic Communities*, in Washington, DC. For more information, visit www.nhmamd.org.

board and staff the chance to get to know one another, and to deepen their appreciation of the special role each individual within our organization plays in furthering our mission and goals.

7. *Acknowledge and Celebrate The Contributions of Board Members and Their Families*

Making the commitment to serve on a health center governing board - to attend monthly board and committee meetings, read and digest stacks of reports, proposals and financial statements, and function as the eyes, ears and voice of their community - represents a considerable sacrifice both for our farmworker board members and for their families. To attend our Saturday board meetings, CHP's board members often must forego a child's soccer game, a relative's birthday celebration, or simply a precious day home with family. We try to express our gratitude to our board for their service at each and every board meeting, but we also acknowledge their contributions formally every year at our Staff-Board Retreat in a ceremony attended by our entire CHP staff, as well as some of our retired "founding fathers and mothers," and many community partners. Finally, each December we hold a holiday Appreciation Luncheon for our board

members and their families to formally acknowledge our board's contributions and sacrifices, and their families' as well, for it is because of their families' loving support that the nine men and women who serve as our governing board are able to dedicate themselves to making our migrant health program the best it can be.

Rewards of Farmworker Board Participation

Recruiting and maintaining a farmworker patient-majority board of directors poses substantial challenges for any migrant health program. But in spite of what may appear at times to be insurmountable hurdles to farmworker participation in health center governance, the patients who serve on our board and that of the other 156 federally-funded migrant health programs throughout this nation assure that our programs and services are responsive to the ever changing needs of the farmworkers and families we serve. These dedicated men and women contribute immeasurably to our programs with their heartfelt insight into the lived reality of migrant and seasonal farmworkers, and their steadfast commitment to quality, affordable, and accessible health care with dignity for all.

For more information or questions on this article, please contact Susan Bauer at sbauer@chpofil.org.



CALL FOR HEALTH

**America's Voice for Farmworker Health —
A Free Phone Call Away.**

Information on Health Services for Farmworkers

**Una Voz Para la Salud —
Con Solo Llamar... y es Gratis**

Información de Servicios de Salud para los Trabajadores del Campo

9:00 a.m.–5:00 p.m. Hora del Centro/Central Time

1-800-377-9968

Call for Health and the Children's Fund

by Moraima Duran, Program Services Coordinator, NCFH

The Call for Health Program is a health information and referral service, accessed through a national toll-free hotline that helps farmworkers find affordable healthcare by making referrals to local providers, providing translation and health education, and most importantly, negotiating rates with providers and providing financial assistance to pay for healthcare when other resources are unavailable. For many of our callers, the Call for Health Program is the only option for health-care access and is the bridge to a better, healthier life.

This program depends on private donations to help farmworkers nationwide who are in critical need of healthcare services. We are currently seeking your support to supplement our Children's Fund which is critically low. In the midst of the flu season and the slow migration "home," our assistance will be in very high demand. Please consider a monetary donation. Each donation of \$100 or more will earn a complimentary NCFH artwork poster of their choice.

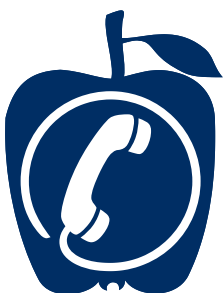
Thank you for your support.

SAMPLE CASES



When we moved to Michigan my child got sick. I didn't know the area so I called *Call for Health*. They helped me find a clinic close by and I was able to take my son to see the doctor the next day."

Rosa



To read how the *Call for Health* Program has assisted farmworkers and their families or to read a story sent to us, please visit our website at www.ncfh.org and "click" on Call for Health.

- ▶ \$174 towards medication costs for a 9 year old child with asthma, family working in ND. Child has TX Medicaid but is not accepted in ND.
- ▶ \$600 towards physical therapy for a 15 year old child from FL who suffered a severe brain injury due to an auto accident.
- ▶ \$149.58 towards medication costs for a 6 year old child from MI diagnosed with H1N1 while visiting family in Texas.
- ▶ \$1500 towards eye surgery for a 10 year old child from TX diagnosed with cataracts. Child suffered an accident while playing at home and taken to the ER. Cataracts were detected through testing done for his injuries.



Call for Health Coffee Mugs!

Support the Call for Health Program this Holiday Season by purchasing a beautiful, art-print coffee mug.

The mug features a full-color print of our popular 2002 artwork, *De la Tierra*.

The proceeds from your purchase go towards assisting farmworker families with their healthcare needs.

Available for **\$12 each or 2 for \$20, plus shipping**
Get yours today!

To order your Call for Health Mugs, please contact Erika Garcia at garcia@ncfh.org

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Consumer Reports News



NATIONAL CENTER FOR FARMWORKER HEALTH, INC.

1770 FM 967 • Buda, TX 78610

Change Service Requested

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PAID
Austin, Texas
Permit No. 811

Spanish-Language Resources Available from Consumer Reports:

Consumer Reports Best Buy Drugs en Español

The mission of the Consumer Reports Best Buy Drugs project is to provide consumers and their providers with information to help guide prescription drug choices—based on effectiveness, a drug's track record, safety and price. The project aims to improve access to needed medicines for tens of millions of Americans—because many consumers and providers may not be aware of proven and affordable alternatives. Consumer Reports Best Buy Drugs information is now available in Spanish. Spanish-language versions of drug reports, categorized by drug class, may be accessed at <http://www.consumerreports.org/health/best-buy-drugs/reports-spanish.htm>.

Spanish-Language Medical Expert Contributor

Introducing Dr. Jose Luis Mosquera

Jose Luis Mosquera, MD is one of the medical expert contributors to Consumer Reports' Spanish language projects. Dr. Mosquera has served the Hispanic community for more than 20 years. Dr. Mosquera's videos and articles in Spanish are available online and may be a useful tool to you for use with your patients. To view Dr. Mosquera's latest Spanish-language article, entitled, "Las cinco Ps importantes para sobrellevar la influenza H1N1 (gripe porcina)," go to <http://espanol.consumerreports.org/las-cinco-ps-importantes-para-sobrellevar-la-influenza-hini-gripe-porcina.html>.

Source: Consumer Reports Best Buy Drugs

