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MIGRANT HEALTH Newsline

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

Diabetes remains a common disease among Hispanics and the farmworker population. It is frequently the focus of health agencies, organizations, community educators and researchers interested in finding effective ways of managing and tracking diabetic patients. This issue of *Migrant Health Newsline* focuses on important issues, from gestational diabetes educational material and successful health center diabetes management programs to the most effective, community-based methods of diabetes education.

A Photonovel on Gestational Diabetes:

Embarazo Y Diabetes: La historia de Lucía Pregnancy and Diabetes: Lucia's Story

By Susan Auger, MSW, Melida Colindres, MPH, Sarah Verbiest, DrPH, MSW, MPH

What do obstetrical and diabetes care have in common? According to a growing number of studies, preconception, prenatal and post-partum care and education can play a vital role in diabetes prevention and management. Research suggests that the increasing prevalence of gestational diabetes, a common medical complication of pregnancy, may relate to obesity or may be a contributing factor to the rising rates of obesity and diabetes among women and their children. Health behaviors related to, nutrition and physical activity, for example, play a crucial role in managing blood sugar levels during pregnancy which can help improve outcomes for the mother and child. Appropriate diet and physical activity when continued after pregnancy have been shown to prevent or delay the onset of type 2 diabetes.

Currently at 11 million, over the next several decades, the number of Hispanic women in their childbearing years is projected to increase by 92%. Pregnant Hispanic women are at greater risk of developing gestational diabetes or having preexisting diabetes than pregnant non-Hispanic white women. Developing the healthcare system's capacity to provide quality, linguistically and culturally appropriate prenatal education and care is critical to meet the short and long-term needs of Hispanic families and our systems of care. The current economic conditions and recent policy changes make finding innovative ways to increase access to care and education even more important, especially for low-income and uninsured families.

We conducted an extensive search of existing publications and found few culturally relevant materials to educate Hispanic women on gestational diabetes. To address this gap, we developed a photonovel, which is like a comic book with photographs, using a community-based participatory process. This project was funded by a community grant from the North Carolina March of Dimes Chapter. Photonovels, or fotonovelas, are a culturally familiar format in Latin American countries

and well-suited for those with lower literacy skills. The easy-to-read story targets Hispanic women of child-bearing age and can be used for health and literacy instruction. The photonovel on gestational diabetes will be the premier novela for launching the national Teach-With-Stories (TWS) Free Publication Network.

This community-based development project involved a unique public, private, non-profit partnership with the Hispanic Immigrant Health Initiative, a local community-based hospital program, Auger Communications, and Inter-Am English & Spanish Communications. The learning objectives were derived by triangulating the information gained from focus groups with Hispanic women, an expert panel, interviews with health professional educators who work in local health departments and community health centers, and a review of existing literature and published materials. The final photonovel reflects four cycles of field-testing and revisions based on feedback from Hispanic women in the community. Health professional reviewers helped ensure the medical accuracy.

Lucia's Story focuses on the emotional impact of receiving a diagnosis of gestational diabetes. To address self-care issues with diabetes across the life span, Lucia has an aunt who had gestational diabetes and a friend who is pregnant with type 2 diabetes. The back section contains an interactive 'self-care' component. Designed to be reassuring, the story helps dispel common myths and reinforces the message that diabetes is controllable. The story supports readiness for behavior change and movement through the stages of change related to gestational diabetes self-care and post-partum care. The storyline is based on the actual experience of a Hispanic woman with gestational diabetes. The voices and experiences of other Hispanic women in the focus groups and key issues/messages identi-

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A Photonovel on Gestational Diabetes

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fied in the needs assessment process were also woven in through the dialog and other characters.

The following themes emerged as the women shared their personal experiences with gestational diabetes. First, was a lack of understanding between the different types of diabetes. Consequently, gestational diabetes was perceived to be like or automatically lead to chronic diabetes. Most of the women were well aware of diabetes because they've witnessed it and the associated problems among their family and friends with the disease. They feared they would suffer in the same way too. Diabetes, if left untreated or if it is not treated until the later stages of the disease process, can manifest as a poor quality of life, blindness, loss of limbs, or death. So

this may be a common experience and a real concern among women from poor and uninsured families.

Misinformation, particularly about insulin, was also an issue that added to the women's fear and sense of despair. Our needs assessment process confirmed this finding in the literature. For example, one specific belief was that insulin could cause diabetes-related problems for the mother and baby. This perception may be associated in part with the timing of care particularly among the poor, i.e., by the time insulin is used, diabetes is often already in its later stages.

Many of the women felt devastated when they first learned that they had gestational diabetes. They spoke of feeling depressed, paralyzed, and isolated. Their awareness of people in their communities with diabetes, and diabetes-related problems, lack of resources,

along with their lack of understanding and misinformation fueled their sense of overwhelm. The difficulty of complying with standard medical recommendations for testing one's blood sugar levels given the cost of glucose strips and the reality of family incomes was raised repeatedly during the field-testing process. Health professionals also stressed the importance of dealing with the emotional and psychological dimensions and self-care recommendations for diabetes in the context of the women's lives. In the expert panel dialog, clinicians and educators reported women dropping out of the system of care or not being able to absorb diabetes education during their appointments, let alone act on it at home, until they worked through the emotional impact.

When asked what they would tell a woman who just learned that she had gestational diabetes, several women shared a common experience. When their clinicians reassured them that gestational diabetes was temporary and would go away after the pregnancy, they took this as a reason not to worry or follow through on the diet and physical activity recommendations during or after pregnancy. The women did not understand that they and their children had an increased risk of developing type 2

diabetes later in life. Also, the focus group participants did not make the connection that they could possibly prevent or delay the onset of type 2 diabetes. Two of the women learned about it during counseling after they developed type 2 diabetes but by then it was too late. Their stories became an important objective and balancing point for the photonovel, i.e., to reflect gently the potential gravity of the situation as well as the spirit of hope that a diagnosis of gestational diabetes represents.

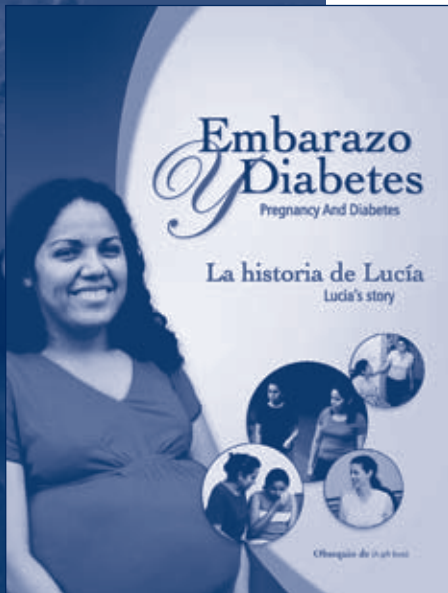
To ensure its linguistic appropriateness, the story was written in Spanish by a member of the target audience, translated in English and then back translated in Spanish. Field-testing with members of the target audience helped ensure its cultural and language appropriateness, clarity, and readability. Unique design features, such as a bilingual, side-by-side layout, numbered dialog boxes, and a glossary with words linked to the story, make this photonovel a versatile teaching tool for English and Spanish.

In a commitment to improve access to quality, culturally appropriate prenatal education and care for Hispanic families, Auger Communications, Inc. in partnership with the Center for Maternal & Infant Health at the University of North Carolina and a national community advisory board, including representation from the National Center for Farmworker Health, developed a prototype for a web-based free publication network. The research and development was funded by the National Institutes of Health through a Phase I Small Business Innovations Research (SBIR) grant from the National Center for Minority Health and Health Disparities (Grant number: 1R43MD2713-1).

Once this network is launched, organizations and individuals will be able to order full color hard copies of this photonovel over the internet. They will only pay for shipping and handling. Sponsorships and advertising will subsidize the printing. Advertising policy guidelines were developed based on feedback from the community advisory board members and interviews of healthcare administrators conducted during the Phase I study. For instance, advertising and sponsorships will be related to practical goods and services for pregnant women and their families and for people with diabetes. Advertising related to products that pregnant women and those with diabetes should avoid will not be included. In addition, placement of advertising will be kept in discreet sections, not integrated with the health content, e.g., an insert in the centerfold that can be removed.

If you'd like to distribute copies of this gestational diabetes photonovel, join the Teach-With-Stories Free Publication Network. To register or for more information, visit www.augercommunications.com. Enter the Pre-Launch Special Offer Code: LGDP8 for the opportunity to pre-order a year's supply of the photonovel while supplies last.

For questions on this article or its educational material, please email Susan Auger: auger@augercommunications.com



Gateway Community Health Center's Diabetes Self-Management Program

By Otila Garcia, Diabetes Self-Management Program Coordinator, Gateway Community Health Center, Laredo, TX

By implementing and integrating diabetes self-management programs and services that are culturally appropriate for the Hispanic population, Gateway Community Health Center has built a system that assists patients with diabetes in controlling their blood sugar levels over a long-term period of time. The Diabetes Self-Management* program was designed using the Chronic Care Model approach as a guide, which emphasizes the important and collective roles of individual patients, the organization and dissemination of health information, and community involvement. As a result, Gateway has found several components to be integral to the Center's diabetes self-management system of care:

- education on self-management principles
- an infrastructure that supports patient input yet provides choices regarding care
- a system of referral, follow-up and feedback
- documentation that produces integrated and high quality self-management clinical practice
- a system that recognizes and manages chronic illness-related depression
- a community-based, culturally sensitive approach (Promotores de Salud)

Promotores de Salud

A critical component of Gateway's comprehensive approach involves the integration of *Promotores de Salud* (health promoters) with diabetic patients. The *promotores* training was developed by incorporating learning from many years of experience and eight self-management principles: 1) Active Learning; 2) Goal Setting; 3) Problem Solving; 4) Knowledge; 5) Responsibility; 6) Social Support; 7) Respect; and 8) Skill building. Appropriate job descriptions, extensive competency and skills training, performance monitoring and supervision are all included as part of the *Promotores* program. Further, policies and procedures ensure coordination of effective patient care, and data collection assists in monitoring program outcomes. Specifically, the diabetes self-management training curriculum for *Promotores* includes topics on nutrition, portion control, physical activity, diabetes complications, self-monitoring, medication management, and depression.

Promotor-led interventions include a 10-week diabetes self-management course tailored to the target population, a subsequent 10-week support group that meets on a bi-weekly basis, and weekly phone follow-up and support. *Promotores* instill knowledge and skills related to blood glucose monitoring, medication management, physical activity, healthy eating and

healthy coping in the self-management courses. Goal setting and problem solving are practiced at each class and during the support groups that follow. *Promotores* also promote participatory empowerment making the learning process on diabetes management an enjoyable activity.

Dr. Armando Hinojosa, Gateway's Medical Director, wrote the following reflecting his thoughts about the self-management program and the changes it has achieved: *"With the introduction of the self-management classes here in the clinic, I've seen patients who have become empowered with information and skill. Our visits are informative and productive. I can focus on the medical problems knowing that the Promotores will be working on the education and self-management skills in the classes. Patients come in and ask me what their A1c value is, and if it is below the recommended goal. In the past, I'd spend the visit time just explaining what the test was for and what the results meant. Now, I can spend the time getting to know them as people rather than as symptoms or problems. The self-management program and the Promotores have made my life easier; I can focus my time on being a doctor."*

Program Presentations and Lessons Learned

Gateway's Diabetes Self-Management program has been selected for presentation at national conferences as a Best Practice for diabetes self-management. The focus of the presentations has been to educate others on lessons learned:

- 1) A comprehensive system of care and a team approach are essential for successful program outcomes;
- 2) Integrating a self management program into a primary care system results in high quality diabetes care;
- 3) Integrating *Promotores* (health promoters) into a health care delivery system results in more comprehensive services and better outcomes; and
- 4) A system to support patient self-management activities is necessary.

"Communities and health care systems must support patients in helping them empower and assume responsibility through self-management strategies; otherwise, we are just wasting time, money and resources" - Miguel Trevino, Jr., CEO, Gateway Community Health Center

For more information on this article, please contact Otila Garcia at otilag.gateway@tachc.org.

* The implementation of the diabetes self-management program was financially supported by grants from the Department of State Health Services, Robert Wood Johnson Foundation, Pfizer Health Solutions, Methodist Healthcare Ministries of South Texas, and Pfizer Philanthropy Alliance for a Healthy Border. ■

Observed Days

February 2010

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

February 2010

National Children's Dental Health Month
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2637
www.ada.org

March 23, 2010

National Diabetes Alert Day
American Diabetes Association
1701 North Beauregard St.
Alexandria, VA 22311
www.diabetes.org

March 29 – April 3, 2010

Farmworker Awareness Week
Student Action with Farmworkers
1317 W Pettigrew St.
Durham, NC 27705
www.saf-unite.org

NCCHCA Hosts the 22nd East

by Rosa Navarro, Director of Training and Technical Assistance

Every year since the Forum's inception in 1988, the North Carolina Community Health Center Association (NCCHCA) has proudly hosted the East Coast Migrant Stream Forum (ECMSF). This event brings together front-line migrant health professionals, clinicians, administrators and advocates from Migrant/Community Health Centers, community-based and faith-based organizations, as well as government officials from all over the country but drawing primarily from the twelve states along the East Coast. Each year, the camaraderie and excitement among participants transform this event from a typical professional conference to a big family reunion.

The 22nd ECMSF was held from October 22nd to October 24th, 2009 at the Omni Hotel at CNN Center located in the heart of downtown Atlanta, Georgia. Participants



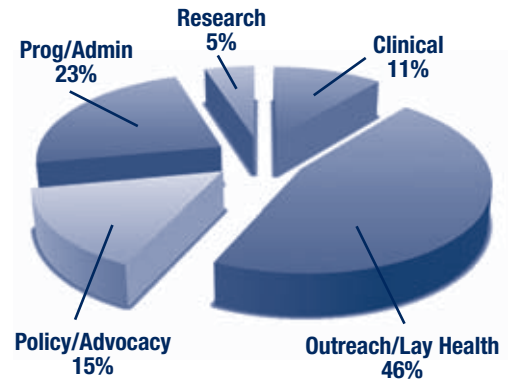
Attendees enjoy good food, drinks and networking at the welcome reception sponsored by the American Cancer Society.

were within walking distance to main attractions including the World of Coca-Cola museum and the Georgia Aquarium, the world's largest aquarium.

This year's Forum boasted over 215 participants and 26 multidisciplinary, cutting-edge workshops. Popular workshops included: ¿Qué Pasa? What is Happening with Immigration Reform?; Creating Educational Videos on a Shoestring Budget; Best Practices for Promotores de Salud HIV Prevention Programs; Spotlight on Oral Health; Development and Implementation of Health Information Technology at Migrant Health Centers; Pharmaceutical Access for MSFWs, Learning about Data Collection and Reporting; Chronic Disease Management; and Integrating Behavioral Health at Migrant Community Health Centers among others.

The Opening Plenary began with a welcome by E. Benjamin Money, CEO of the North Carolina Community Health Center

Program Content breakdown



Association, the Forum's sponsoring organization, and a local greeting by Charles F. Owens, Executive Director of the Georgia Department of Community Health, State Office of Rural Health. Participants listened to keynote presentations from two prominent experts on immigration: Dr. Timothy Dunn, Associate Professor of Sociology at Salisbury University, Salisbury, MD and author of *Blockading the Border and Human Rights: The El Paso Operation that Remade Immigration Enforcement* and Dr. David Spener, Associate Professor of Sociology and Anthropology, Trinity University, San Antonio TX, and author of *Clandestine Crossing, Migrant and Coyotes on the Texas-Mexico Border*. Drawing from their most recent ethnographic research on crossing the Mexican-U.S. border, the speakers engaged the audience with a discussion about the social and economic impact of U.S. immigration policies.

On Friday morning, the Forum featured a special Thank You Breakfast and Roundtable



Timothy Dunn and David Spener pose after their fascinating keynote address on immigration, and research on the challenges of crossing the Mexico-US border.

Coast Migrant Stream Forum

nce, North Carolina Community Health Center Association

Discussion where participants had the opportunity to network and discuss farmworker health developments with staff from the Centers for Disease Control and Prevention (CDC). There were 14 discussion tables addressing topics such as women's health, emerging infectious diseases, oral health, and environmental health and hazards. The CDC Thank You Breakfast was a huge success, with both Forum participants and CDC staff remarking on how much they learned.

The East Coast Forum also included updates from the Bureau of Primary Health Care (BPHC) and the National Association of Community Health Centers (NACHC). Dr. Marcia Gomez from BPHC highlighted the service expansion grants made available through the American Recovery and Reinvestment Act, and Mr. John Ruiz from NACHC shared updates on the direction of health care reform and the advocacy accomplishments on behalf of community health centers.

The Closing Lunch and Awards Ceremony honored several of our colleagues for their impressive work in migrant and farmworker health. E. Benjamin Money, CEO of NCCHCA, presented the 2009 Steve Shore Community Catalyst Award to Mr. Rafael Carcache from Southeast Alabama Rural Health Associates. Oscar Gomez, CEO of Health Outreach Partners, Inc., presented the 2009 Sister Cecilia B. Abhold Award to Ms. Allison Lipscomb from Appalachian Regional Health System in North Carolina. Ms. Gayle Lawn-Day, CEO, Migrant Health Promotion, Inc., presented the 2009 Golden Lantern Award to Karin Hoffman and *Promotores(as)* from Rural Medical Services, Inc.

As is customary at every ECMSEF, participants delighted in dinner entertainment on the last night of the conference. This year participants had the opportunity to witness a touching performance entitled, "Line in the Sand," which was written by a group of actors and writers from Catholic Relief Services and performed by a group from The University of Georgia. The performance used the power of theater to convey stories of people affected by U.S./Mexico border migration. The play left the audience with a compelling reminder of the major purpose of the work in migrant health: "people are suffering, pay attention, and do something."

In an effort to continually improve the quality of ECMSEF, this year the NCCHCA started to implement a "Tracking to Success"



CDC staff engages participants in conversation about specific health topics and programs while requesting feedback from a front-line view.

(TTS) process. The process tracks knowledge and skills acquired at the Forum as well as its implementation at participant's programs. This year based on 224 responses, approximately 98% of participants reported that they would remember something from the workshop they attended, and approximately 85% of those reported that they would try something new as a result of their knowledge and skill acquired at the workshop they attended. The follow up phase will reveal the actual implementation and we are hopeful that the knowledge participants gained during the ECMSEF will have a lasting impact on their organizations.

The North Carolina Community Health Center Association invites you to attend the 23rd East Coast Migrant Stream Forum at the Charleston Marriott Hotel in Charleston, SC on October 21-23, 2010. For more information, visit www.ncchca.org. ■



Ms. Gayle Lawn-Day, CEO, Migrant Health Promotion, Inc., presents the 2009 Golden Lantern Award to Rural Medical Services, Inc in Tennessee.

Diabetes Research, Educational Material and Organizations

by Erika Garcia, Resource Center Specialist, NCFH

Calendar

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 9:00am – 12:00pm

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.

May 3-4, 2010

The National Advisory Council on Migrant Health meeting, May 3-4, 2010 preceding the National Farmworker Conference in San Diego, CA.

May 5-7, 2010

The National Association of Community Health Centers will be hosting the National Farmworker Health Conference, *The Future of the Health Care Home*, in San Diego, CA. For more information, please visit www.nachc.org

Because diabetes persists as a common condition among the migrant and seasonal farmworker community, The National Center for Farmworker Health Library and Resource Center is frequently adding the newest farmworker diabetes research information and educational materials. The following are materials available through our website on farmworkers and diabetes and includes research on diabetes, diabetes educational material and organizations interested in furthering the awareness of diabetes in Spanish-speaking communities.

CoDE: Community Diabetes Education for Uninsured Mexican Americans

by Dan Culica et. al., published in 2007.

This article investigates the effectiveness of low-cost, self-sustaining and community-based programs in tracking and managing diabetes among Mexican Americans. The study concludes that over a one year period, educators of the CoDE program helped drastically improve the methods by which various diabetics tracked and managed their sugar levels. Researchers attribute the success of programs such as the CoDE to them being conducted by culturally appropriate educators, are accepted by diabetic individuals of the Mexican-American community and are low-cost.

The Perceptions of Diabetes by Lay Educators Working with Migrant Farmworkers

by Loretta Heuer et. al., published in 2004.

Because lay health educators have been a very successful method for health education among the migrant and farmworker population, this article tracks those experiences of lay educators in response to diabetes migrant education. Researchers identified four common themes among lay health educators that are beneficial when educating the migrant population: their understanding of the farmworker lifestyle, self-managing diabetes when traveling, the important roles of diabetes lay health educators, and the difficulty in access to health care services. The article stresses that because lay health educators are important for the education of the migrant farmworker population, they remain a critical component of health care education programs.

4 Pasos para Controlar su Diabetes por Vida

by the National Diabetes Education Program in 2004.

This full-color, Spanish-language educational

booklet explains what diabetes is, how to control and monitor it and stresses the importance of routine medical care with respect to diabetes tracking. It also lists positive behaviors and lifestyle changes that assist in blood sugar control such as diet, exercise and following doctors' orders for your diabetic medications. The booklet also contains an important checklist for diabetics, space for note-taking and a journal for tracking your sugar level.

Diabetes, Enfermedades al Corazón y Ataques al Cerebro by the American Heart Association, published in 2003.

Along with giving information on what diabetes is, this Spanish-language pamphlet discusses how diabetes can further complicate and increase other health risks such as heart attack and stroke. Further, the pamphlet describes the threats of diabetes such as death, the increased risk of high blood pressure and the threat of obesity. Other effective methods of managing diabetes include avoiding alcohol consumption, implementing healthier ways to manage your stress levels, and adopting new, controlled ways to increase your exercise and activity level.

La Diabetes: Una Historia acerca de Rosa y su Familia by the Channing Bete Company in 2005.

This full-color fotonovela tells the story of how Rosa and her family learn and cope with Rosa's newly-diagnosed diabetes. Rosa's family helps her control her sugar levels by eating healthier, exercising and routinely tracking her sugar levels. Written in Spanish, the fotonovela also includes a summary on what to do if you think you suffer from diabetes and also includes contact information for the American Diabetes Association which is available in Spanish.

The American Diabetes Association en Español

The American Diabetes Association website is available in Spanish for those seeking material and information for the Spanish-speaking farmworker population. The website contains information such as educational material and information on diabetes, nutrition and healthy recipes for diabetics, and even includes a section for parents of children diagnosed with

Resources at Your Fingertips: Helping You Help Your Patients

by: Moraima Duran, Program Services Coordinator

Patient assistance programs (PAPs) are run by pharmaceutical companies to provide free or low cost medications to people who are unable to pay for their prescriptions. These programs may also be called indigent drug programs, charitable drug programs or medication assistance programs. The most prescribed drugs can be found in these PAPs. All of the major drug companies do have patient assistance programs, but every company has different eligibility and application requirements.

In mid September of 2009, the Call for Health (CFH) program received a phone call from a migrant health center's outreach worker inquiring about financial assistance for a 58 year old farmworker patient named Roberto. Roberto had been diagnosed with Type 1 diabetes after having gone to the health center with symptoms of fatigue, thirst, and blurry vision.

Roberto and his wife are originally from Texas and for many years now have migrated to Minnesota to work in agriculture. Recently, Roberto has become the sole provider for the family. His wife suffered a back injury last year and is now unable to work. The health center outreach worker informed the CFH Specialist that Roberto is in need of financial assistance for medication (insulin) for his Type 1 diabetes. He applied for Medicaid in both TX and MN but was denied because he did not meet the necessary requirements. The Specialist asked if they had inquired into any Prescription Assistance Programs (PAPs) that might be available to Roberto. He is a

U.S. citizen, has a social security number and falls within the Federal Poverty Guidelines. The Specialist provided several PAP resources from the CFH program for the outreach worker to research. Because of his immediate medical needs, CFH agreed to assist with a one-month supply of insulin at a cost of \$95.

Six weeks later, the Specialist received a follow-up phone call from the outreach worker informing CFH that they had successfully located a PAP online. Roberto met all the requirements and would be provided the medication at no cost to him, however, it could take anywhere from 2 days to 6 weeks for medication to arrive after approval for participation in the program. CFH then assisted him a second time towards the cost of his immediate medication needs. ■

The Call for Health Program maintains a database of resources that cover various health topics and social services which are made available to all callers. For more information contact Call for Health at 1-800-377-9968.

Diabetes Research, Educational Material and Organizations

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juvenile diabetes. The website also encourages people to visit their Spanish-language information hotline.

<http://www.diabetes.org/espanol/>

American Association of Diabetes Educators

This organization brings together healthcare professionals from across the country interested in the effective management and tracking of diabetes and related conditions. The website has information available on the different members of the organizations, contact information for chapters located in numerous

states across the U.S., annual reports on diabetes and education and finding a diabetes educator in your state. The website also hosts various educational material and publications, most available in Spanish, to assist in diabetes education among Spanish-speaking communities.

<http://www.diabeteseducator.org/>

If you have questions on this material or the NCFH Library and Resource Center, please contact Erika Garcia at (512) 312- 5464 or via email at garcia@ncfh.org.

The Call for Health Program would like to thank the following individuals and organizations for their generous contributions from January - December, 2009.

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Consumer Reports News

Change Service Requested

As consumers become increasingly involved in their own health decisions, they are turning to the Web for answers to their individual questions. This means they need unbiased, accurate, evidence-based information to compare their options and to make appropriate choices for themselves and their families. Informed choices lead to better health outcomes, lower costs, and improved value. In response to this need, Consumer Reports launched ConsumerReportsHealth.org. ConsumerReportsHealth.org offers Consumers Union's rich array of research and recommendations about health care and healthy living in one continuously updated website.

A Spanish language version of ConsumerReportsHealth.org is also available. Consumer Reports Health En Espanol offers a number of articles addressing such topics as:

- Vida Sana (Healthy Living)
- Condiciones y Tratamientos (Conditions & Treatments)
- Medicamentos (Prescription Drugs)
- Seguros (Insurance)

To access this website, go to <http://espanol.consumerreports.org/salud/salud.html>. ■