



Regional Migrant Health Coordinators

By James O'Barr, Hudson River Healthcare Centers and
Erin Sologaistoa, Florida Association of Community Health Centers

In an article published in 2007, Migrant Health Newsline readers were introduced to the seven Regional Migrant Health Coordinators, and their role in the states whose Migrant Health programs they serve. Now, as we go forward into the era of the Affordable Care Act and its implications for the Community Health Center movement and for migrant and seasonal farmworkers, we offer an update, and an opportunity to meet the new Coordinators who have joined host organizations since we ran the original piece.

The history of the Regional Migrant Health Coordinators is not a long one, but it has already gone through a number of chapters. In 1992, when regional coordination of migrant health services was first imagined, it was seen as a function of three BPHC Regional Offices (Atlanta, Denver, San Francisco), so that there would be at least one knowledgeable Bureau person in each of the traditional Migrant Streams with responsibility for raising the visibility of farmworkers and their health care needs, providing technical assistance to migrant health programs, and educating HHS Regional and Central Office staff on the particulars and peculiarities of migrant health service delivery. After two years, the Bureau decided that a better idea would be to offer funding for an experienced migrant health professional to an organization in each Stream with a demonstrated commitment to farmworkers. And so it was that the North Carolina Primary Health Care Association (the Eastern Stream), the National Center for Farmworker Health (the Midwest Stream), and the Northwest Regional Primary Care Association (the Western Stream), became home to the Stream Coordinators. However, it soon became apparent that a Stream was too wide for one Coordinator—too many states, too large a service area—and that the grants would best be awarded to State PCA's on a regional or cluster-of-states basis.

Regional Coordinator positions were subsequently funded in North Carolina (Mid-Atlantic Region), Arizona (Southwest Region), and California. With the advent of the Presidential Initiative in 2001, additional Coordinators were brought on in New York (Northeast Region), Florida (Southeast Region), and Oregon. At the same time, the National Center for Farmworker Health (NCFH) was asked to facilitate communication, and to provide orientation and training of all Coordinators.

Implementation of Phase I of the Presidential Initiative shifted the Coordinators' role to the development and funding of New Access Points and Service Expansion projects to provide health care access to unserved and underserved farmworker populations. In Phase II, the priority became assuring the quality of services for farmworkers in existing health centers and programs.

Today is the age of the Affordable Care Act, and it brings the unprecedented expansion of the Community Health Center program, with an \$11 billion, five year investment in new health centers, expanded capacity in existing health centers, and an expected doubling of current patient capacity by 2015. The roles played by the Coordinators are bound to be critical to the success of the Affordable Care Act as it affects farmworkers and those who provide their care.

New Faces

Although two of the traditional Migrant Streams are well covered, no Regional Coordinator was assigned to work in the Midwest for some time. That changed earlier this year when the Texas Association of Community Health Centers (TACHC) was funded to create a South Midwest Regional Migrant Health Coordinator for the states of

INSIDE

- Resources for
Migrant Specific
Technical Assistance6
- Observed Days6
- Javier and His
Struggle to Walk
Again7
- Farmworker News*
Special Issue8

Regional Migrant Health Coordinators

continued from page 1

“The roles played by the Coordinators are bound to be critical to the success of the Affordable Care Act as it affects farmworkers and those who provide their care.”

Texas, Oklahoma, Louisiana, and Arkansas. Sonia Lara, who had previously served as TACHC's Outreach Coordinator (and before that, as a legislative assistant and chief of staff in the Texas House of Representatives for seven years), became the newest Regional Coordinator in April



Sonia Lara

2010. In addition to providing training and technical assistance, and assisting in program development and performance improvement with the region's migrant health centers, Sonia is also the point person for the Texas Migrant Care Network, the nation's first Medicaid portability program, allowing Texas migrant families to take their Medicaid coverage with them while working in other states.

Further west, Lisa Nieri is the Southwest Regional Coordinator for the Arizona Association of Community Health Centers (AACHC). Lisa has been a Coordinator since February of 2009, working in a service area that includes the border states of Arizona and New Mexico, as well as Utah and Nevada. In



Lisa Nieri

addition to the usual challenges of helping migrant health centers design programs that bring appropriate, culturally competent care and services to farmworkers, the politics of immigration in the region have made Lisa's role even more demanding, both in helping providers reach out to an already difficult to reach population, and serving as a bridge to potential partners in community-based organizations. However, as someone who grew up in a small, Texas – Mexico border community with a substantial migrant farmworker population, and who spent several years helping students from migrant families overcome barriers to furthering their education in the High School Equivalency Program (HEP), Lisa knows the farmworker community, and is deeply committed to their overcoming barriers to health care access.

Demanding is certainly an apt description of the task before Andie Martinez, who, as the Associate Director of Policy at the California

Primary Care Association (CPCA) since January of 2008, serves as that state's Migrant Health Coordinator. With approximately 732,000 migrant and seasonal farmworkers and 570,000 family members, California is estimated to have over 36% of the U.S. farmworker population. On the front line providing primary care to those 1.3 million men, women, and children are 26 migrant health centers (out of a total of over 800 community clinics and health centers statewide). Andie oversees the development and implementation of programs targeting, not only farmworkers, but all special populations, especially immigrants, focusing especially on cultural and linguistic competence. In addition to programmatic responsibilities, she is also charged with tracking and reviewing policy, legislative, and legal initiatives that impact special populations, including eligibility barriers, health care access, and border health concerns. When she is not doing advocacy and coalition building, and providing technical assistance to member clinics and clinic networks serving farmworkers and immigrants, Andie is responsible for policy and advocacy related to information technology.



Andie Martinez

Israel Garcia joined the North Carolina Community Health Center Association (NCCCHA) in August,

2008. As the Mid-Atlantic Regional Coordinator, Israel provides technical assistance, resource development, and training to the migrant and community health centers in the region's eight states. In addition to his efforts to strengthen the capacity of established health centers, and helping them meet HRSA's 330g program expectations, Israel assists organizations serving the farmworker population that are seeking FQHC status. As an experienced clinical social worker, Israel serves as the point person on integrated behavioral health for the PCA, and is the liaison for the NCCCHA Behavioral Health Workgroup. In addition, Israel is one of the lead planners/organizers



Israel Garcia

Regional Migrant Health Coordinators

continued from page 2

(along with former Mid-Atlantic Regional Coordinator Rosa Navarro) of the East Coast Migrant Stream Forum.

The Veterans

Before Alberto Moreno was hired as Oregon's Migrant Health Coordinator in 2002, he'd already made his mark in migrant health as founder of a health center serving farmworkers in southwest Washington. Based in the Oregon Office of Health Systems Planning, Alberto's principal focus is on seeding new Migrant Health Centers throughout the state. To date, he has been instrumental in three such start-ups, with over 3.9 million dollars leveraged on behalf of migrant and seasonal farmworkers.



Alberto Moreno

Seth Doyle joined the Northwest Regional Primary Care Association (NWRPCA) in September of 2007. As Northwest Regional Coordinator, Seth works with 24 Migrant Health grantees serving more than 100,000 farmworkers and family members annually in three states (Washington, Oregon, Idaho) with a total farmworker population of over

509,000. In addition to his responsibilities in support of migrant health centers and allied organizations, Seth has continued to work with the Washington Association of Community & Migrant Health Centers in the joint coordination of the Washington Community Health Worker Network, and has collaborated with Alberto Moreno in an effort to create a similar network in Oregon. When he is not otherwise engaged, Seth is chair of the planning committee for the Western Migrant Stream Forum.



Seth Doyle

Erin Sologaistoa has been the Southeast Migrant Health Coordinator at the Florida Association of Community Health Centers (FACHC) since 2004. For the health centers in her region, which includes the states of Florida, Georgia, Mississippi, and Alabama, Erin provides a



Erin Sologaistoa

continued on page 4

Trainings Now Available through Videoconferencing!

NCFH is pleased to announce that the Leadership Development and Training Center has the capacity to deliver trainings through video conference. Videoconferencing is an emerging trend that uses audio and video to bring people at different sites together for training purposes. These trainings serve to strengthen and enhance health center operations by increasing the knowledge, skills, and leadership abilities of staff of all disciplines and board members. NCFH has developed a process for identifying your organization's needs and specifically tailors the training to reflect the identified areas of need. Video conference is a great way to provide training services to your health center staff, and it also saves on travel costs that are associated with on-site training. We are very excited about this new technology.

Special Request

NCFH would like to request your participation in a videoconferencing survey designed to gather information related to your health center's ability to participate in video conferencing and /or telehealth. You can access the survey through our website at www.ncfh.org. The survey is located in the news spotlight and all you have to do is click on the spotlight titled "2010 Video Conferencing Survey-Let us bring video conferencing to you!" Once you click on this, you will find the direct link to the survey. Another option is to enter the following address into your web browser: <http://www.surveymonkey.com/s/HYRGJVQ>. The survey is brief and takes about ten minutes to complete. For more information, please contact Renee Cantu at cantu@ncfh.org or at 512-312-5470.

“While the role of the Regional Migrant Health Coordinators continues to evolve, it remains grounded in the principles of service and innovation in the coordination and continuity of the highest quality of health care for those who grow and harvest our food.”

Regional Migrant Health Coordinators

continued from page 3

broad palette of services. Among the many trainings she offers are the 330 governance training for board members, with a particular focus on the unique challenges faced by migrant health centers; training in cultural competence with farmworkers and Latinos, for clinicians and front line staff; and, Migrant and Seasonal Farmworker Identification and Verification training for office staff. Like other Migrant Coordinators, she works with regional and national partners to showcase best practices and takes advantage of the training opportunities they offer, and strengthens partnerships between health centers, state and local agencies, and the communities they serve.

James O'Barr, Coordinator for the Northeast Region, is celebrating 20 years of service dedicated to the migrant health movement, initially as the director of Hudson River HealthCare's Hudson Valley Migrant Health program, and, since 2002, as the Regional Coordinator for the states of Maine, Massachusetts, Connecticut, New York, New Jersey, and Pennsylvania. In addition to providing technical assistance and support to the eight farmworker health providers in the region, James has been working with regional stakeholders involved in efforts to bring health care to farmworkers with little or no access, responding to requests for assistance from organizations and FQHC's in states without Regional Coordinators, and doing public speaking on farmworkers and community health at schools and conferences.



James O'Barr

While the role of the Regional Migrant Health Coordinators continues to evolve, it remains grounded in the principles of service and innovation in the coordination and continuity of the highest quality of health care for those who grow and harvest our food. These migrant health professionals are knowledgeable about the ebb and flow of trends, and the ever-changing dynamics at play in the areas they serve. They work in partnership with local, regional and national organizations, serving as a link for farmworker health providers and information, trainings, and resources. They have a unique understanding of the needs, service gaps, and other challenges current in

their respective regions, and can provide access to an array of resources and technical assistance with which to meet them.

Some Questions and Some Answers

The Regional Migrant Health Coordinators are an invaluable resource for migrant and community health centers, farmworker programs and communities interested in starting, expanding, or improving health programs to serve migrant and seasonal farmworkers. Are you affiliated with a health center in an agricultural area? Is your program considering starting or expanding health services for farmworkers? Could your organization do a better job of serving this population? Does your community have a large farmworker population without adequate services to meet their needs? If you answered yes to any of these questions, then consider contacting the Regional Migrant Health Coordinator in your area.

Among other things, a Coordinator can help you assess the need for services in your area; evaluate your training requirements and identify resources to meet them; identify potential partners; facilitate community meetings; share information about successful farmworker health models; and disseminate information about your programs and activities. As HRSA places increased emphasis on delivering high quality health care in a cost effective manner, these dedicated individuals can assist your program in meeting its goals as they relate to the farmworker population. Below are some examples:

Program Development

- Identifying resources for conducting local needs assessments
- Assisting you in determining competitiveness for 330 funding
- Providing input and feedback on your 330 grant application

Meeting the 330 Program Expectations

- Understanding the HRSA Program Expectations as related to serving farmworkers
- Developing strategies for maintaining farmworker representation on your board
- Ensuring staff understand the HRSA definition of "farmworker" and is accurately documenting services

Performance Improvement

- Evaluating your organization's level of cultural competence with farmworkers

"Regional Migrant Health Coordinators are an invaluable resource for migrant and community health centers, farmworker programs and communities interested in starting, expanding, or improving health programs to serve migrant and seasonal farmworkers."

continued from page 4

Regional Migrant Health Coordinators

Seth Doyle
Northwest Regional Primary Care
Association
Phone (206) 783-3004 Ext. 16
Fax (206) 783-4311
Email: sdoyle@nwrpca.org
Web: <http://www.nwrpca.org>

Alberto Moreno, MSW
Migrant Health Coordinator
Department of Human Services
800 NE Oregon Street, 9th Floor
Portland, Oregon 97232
Phone (503) 381-4543
Email: Alberto.moreno@state.or.us
Web: <http://www.oregon.gov>

Andie Martinez, MPP
Sr. Policy Analyst
California Primary Care Association
1215 K Street, Suite 700
Sacramento, CA 95616
Phone: (916) 440-8170 ext.213
Fax: (916) 440-8172
Email: amartinez@cpca.org
Web: <http://www.cpcac.org>

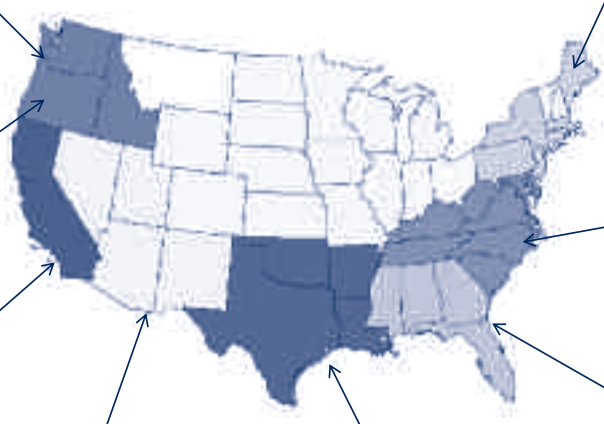
Lisa Nieri
Migrant Health Program Manager
Arizona Association of Community Health Centers
700 E. Jefferson St., Suite 100
Phoenix, AZ 85034
Phone: 602.288.7557 Fax (602) 252-3620
Email: lisan@aaahc.org
Web: www.aaahc.org

Sonia Lara
Migrant Health Coordinator
Texas Association of Community
Health Centers
5900 Southwest Parkway Building 3
Austin, TX 78735
Phone: 512-329-5959 Fax: 512-329-9189
Email: Sonial@tachc.org
Web: <http://www.tachc.org>

James O'Barr, MSW
Hudson River HealthCare Centers
1200 Brown Street
Peekskill, NY 10566
Phone (914) 734-8615
Fax (914) 734-8745
Email: jobarr@hrhcare.org
Web: <http://www.hrhcare.org/>

Israel Garcia, MSSW
Migrant Health Coordinator
Mid-Atlantic States
North Carolina Community Health Center
Association
Ph. 919-297-0066
Fax. 919-469-1263
Email: garcia@ncchca.org
Web: www.ncchca.org

Erin Kay Sologaitoa, MS
Florida Association of
Community Health Centers
203 Governors Square Blvd., Suite 202
Tallahassee, FL 32301
Phone (850) 942-1822
Fax (850) 942-9902
Email: erin@fachc.org
Web: <http://www.fachc.org>



NCFH: April 2010

- Identifying different models of ensuring language access for non-English speakers
- Understanding clinical issues of particular concern to this population
- Exploring models for maintaining financial viability while serving the uninsured
- Developing and maintaining effective outreach programs

To identify and contact the Migrant Health Coordinator in your area, please refer to the provided map. For those states without a Regional Coordinator, please feel free to contact Hilda Ochoa Bogue at the National Center for Farmworker Health. She can be reached at (512) 312-5454 or bogue@ncfh.org

The Epilepsy Foundation of America® is the national voluntary agency dedicated solely to the welfare of the almost 3 million people with epilepsy in the U.S. and their families. The organization works to ensure that people with seizures are able to participate in all life experiences; to improve how people with epilepsy are perceived, accepted and valued in society; and to promote research for a cure. In addition to programs conducted at the national level, epilepsy clients throughout the United States are served by more than 50 Epilepsy Foundation affiliates around the country.



Typical of the Foundation's national programs are its Jeanne A. Carpenter Epilepsy Legal Defense Fund, the H.O.P.E. (Helping Other People with Epilepsy) Mentoring Program, a Public Policy Institute, Seniors' and Women's Health Initiatives, the Kids Speak Up! advocacy program, a school personnel training program, outreach to youth and to the Hispanic community, employment programs and a research grants program. Services commonly provided in local communities are information and referral, counseling, patient and family advocacy, school and community education, support groups and camps for children.

As part of its outreach activities, The Epilepsy Resource Center at the Epilepsy Foundation collaborates with the National Center for Farmworker Health (NCFH) to manage the Spanish toll-free line.

The Epilepsy Foundation's web site, www.epilepsyfoundation.org, offers the most comprehensive, medically approved consumer information about epilepsy and seizures on the Internet and is the trusted source for millions of people who seek reliable information about epilepsy. To contact Epilepsy's information and referral hotline, please call 800-332-1000 or 866-748-8008 for Spanish.

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

**20th Annual
Midwest Stream
Farmworker
Health Forum**

**Farmworker
Health:
20 Years of
Service and
Partnerships**

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

**November 18-20, 2010
Sheraton Austin Hotel
at the Capitol
Austin, TX**

Resources for Migrant Specific Technical Assistance

By Hilda Ochoa Bogue, Resource Development/ Policy Analysis Manager, NCFH

Observed Days

September 1-30, 2010 National Cholesterol Education Month

National Heart, Lung, and Blood
Institute Health Information Center
P.O. Box 30105
Bethesda, MD 20824
hp2010.nhlbi.nih.gov/cholmonth/

September 19-25, 2010 National Farm Safety and Health Week

National Education Center for
Agricultural Safety
10250 Sundown Rd.
Peosta, IA 52068
www.nsc.org/necas

October 1-31, 2010 National Eye Injury Prevention Month

American Academy of Ophthalmology
PO Box 7424
San Francisco, CA 94120
www.geteyesmart.org

October 15, 2010 National Latino AIDS Awareness Day

Latino Commission on AIDS
24 West 25th St., 9th Floor
New York, NY 10010
www.nlaad.org

The recent enactment of the Affordable Care Act and the dedicated funding for the expansion of the nation's primary health care system provides an unprecedented opportunity for Federally-Qualified Health Centers (FQHC) to expand their capacity to provide comprehensive primary health care services to an increasing number of people in need, including migratory and seasonal agricultural farmworkers. In early August, the Health Resources and Service Administration (HRSA) announced its first funding opportunity for Fiscal Budget 2011. The funding will support New Access Points (NAP) in approximately 350 communities. New announcements for Expanding Medical Capacity (EMC) and Service Expansion (SE) are also expected.

It is estimated that more than 3 million migratory and seasonal farmworkers live and work in mostly rural and underserved communities across the country. The living and working conditions of the farmworker population require that organizations planning to compete for those funds have a general understanding of socio-demographic barriers to access care, be knowledgeable of requirements for the migrant health program, and be ready to design culturally and linguistically competent service delivery programs to meet those needs. To successfully compete for those funds, applicant organizations need, among other things:

- Good documentation of the target population, their number and the need for services;
- An understanding of the farmworker population and their barriers to access care;
- Careful designing of the service delivery model;
- To understand best practices for delivering culturally and linguistically competent clinical and enabling services;
- To determine the best clinical protocols for the selected population;
- To establish collaboration with existing health care, education, and social services organizations;
- To build the administrative and governance infrastructure;
- To plan for financial stability and technological infrastructure and sustainability;
- and
- To plan for staff and provider recruitment,

training and retention.

Although establishing and maintaining a migrant health program is an overwhelming task, interested organizations and health centers are not alone. *The Farmworker Health Network (FHN)* is an excellent resource. It is a well established network of national and state organizations partially funded through cooperative agreements by the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) to support current and future migrant health grantees.

The *Farmworker Health Network* is committed to support current and potential Migrant Health Center Programs with leadership development, capacity building and enhancement of service delivery. The FHN is formed by the following six organizations. Each of these have different expertise to support organizations in their effort to expand migrant health programs.

Farmworker Justice (FJ): Based in Washington D.C., FJ provides capacity building assistance and training to migrant health programs on occupational/environmental health, HIV/AIDS, and other health-related issues. To access these services, please contact Virginia Ruiz at vruiz@farmworkerjustice.org.

Health Outreach Partners (HOP): Based in Oakland, California, HOP provides technical assistance and training to plan, implement, expand, and evaluate health centers' outreach activities. For information about these services, contact Oscar Gomez at oscar@outreach-partners.org.

Migrant Clinicians Network (MCN): Based in Austin, Texas, MCN provides technical assistance to health centers in a variety of clinical issues, clinical systems, and orientation and training for health care providers. To seek these services, please contact Karen Mountain at kmountain@migrantclinician.org.

Migrant Health Promotion (MHP): Based in Weslaco, Texas, MHP provides technical assistance and training to health centers to plan, implement, expand, and evaluate Camp Health Aide (Promotores de Salud) programs. To access these services, please contact Gayle A. Lawn-Day at glawnday@migranthealth.org.

National Association of Community Health Centers (NACHC): Based in Washington, D.C.,

Javier and His Struggle to Walk Again

By Moraima Duran, Call for Health Specialist, NCFH

People with disabilities face many obstacles that affect their daily lives. Their struggle with their physical condition is a difficult barrier to overcome; it is often times plagued by the inability to afford medical equipment that allows the patient to continue leading a healthy life. Call for Health was contacted by a farm worker, Javier, who had suffered a traumatic work related injury that had incapacitated him. The 60 year old farmworker was on top of a loader and lost his footing due to an oil spill. For fifteen years, Javier had worked in the fields of Florida, but due to his fall, he was no longer able to walk and was in critical need of a wheelchair. Javier's family was also struggling to help him with his immediate needs as well as his frequent doctor's visits.

A community health clinic in Florida was able to financially assist Javier with his doctor's visits and medications, but the patient was responsible for finding access to a wheelchair. At this point, the Migrant Education Hotline referred Javier to the Call for Health

Program for assistance. While the patient began his physical therapy sessions, CFH began a search for resources. We were able to locate a non-profit organization called Chariots of Hope. This organization specializes in granting wheelchairs to patients in financial need. Chariots of Hope has collected over 500 used wheelchairs and repaired them to working condition through donations. The wheelchairs are then distributed directly to the patients.

The Call for Health specialist completed the online application for Javier and in less than four weeks the wheelchair was received at the patient's doorstep. It was a hassle free, "no questions asked" process that helped to expedite Javier's recovery. Without the wheelchair, Javier's recovery would have been a heavier burden on him and his family.

The patient later informed CFH that he is now able to move around his home with ease, and he is very grateful for the assistance that he received through the Call for Health Program and Chariots of Hope. ■

Resources for Migrant Specific Technical Assistance

continued from page 6

NACHC provides health centers with technical assistance and training on issues related to funding, governance, workforce, finance, and Information Technology. To inquire about these services, please contact John Ruiz at jruiz@nachc.org.

National Center for Farmworker Health (NCFH): Located in Buda, TX, NCFH provides health centers with information about the farmworker population, training and technical assistance in the areas of program manage-

ment and governance. To access these services, please contact *Sylvia Partida* at partida@ncfh.org.

The eight Regional Migrant Health Coordinators (RMHC) are also invaluable resources for existing migrant health programs, health centers, and other farmworker providers. To learn more about the coordinators, please visit the article titled Regional Migrant Health Coordinators in this issue. ■

Calendar

September 10-14, 2010

The National Association of Community Health Centers will be hosting its 2010 Community Health Institute (CHI) & EXPO in Dallas, TX. For further information, please visit www.nachc.org.

September 23-25, 2010

The Migrant Clinicians Network will be hosting its National Summit of Clinicians for Healthcare Justice in Washington, DC. For more information, please visit www.allclinicians.org.

October 19-20, 2010

The National Advisory Council on Migrant Health will host its meeting in conjunction with the East Coast Stream Forum in Charleston, South Carolina.

October 21-23, 2010

The North Carolina Community Health Center Association will be hosting its 23rd East Coast Migrant Stream Forum in Charleston, South Carolina. For more information, please visit www.ncchca.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

Migrant Health Newsline is a bi-monthly publication of the National Center for Farmworker Health, Inc. The opinions expressed herein do not necessarily reflect the position or policy of NCFH, BPHC/HRSA/DHHS, or any agency of the federal government. NCFH is pleased to provide Newsline at no charge to our readers throughout the country, and we encourage readers to submit articles and comments for review or publication. We encourage reproduction and distribution of this newsletter. Please feel free to make additional copies. Information about NCFH can be found on the World Wide Web at <http://www.ncfh.org> or call (512) 312-2700.

Harry Foster

*Chair, NCFH Board of Directors,
Chief Executive Officer
Family Healthcare Network
Visalia, California*

E. Roberta Ryder

President and CEO

Josh Shepherd

Editor

Erika Garcia

Assistant Newsline Editor

This publication was made possible through grant number U31CS00230 from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Some or all photography courtesy of Alan Pogue ©.



NATIONAL CENTER FOR FARMWORKER HEALTH, INC.

1770 FM 967 • Buda, TX 78610

Change Service Requested

Non-Profit Org.
U.S. Postage
PAID
Austin, Texas
Permit No. 811

Farmworker News Special Issue

As part of our continued partnership with Consumer Reports Best Buy Drugs (CRBBD), NCFH has produced a special issue of our bilingual, culturally appropriate, and low literacy Farmworker News publication. This special issue will include topics to assist your patients in making informed decisions related to their prescription drug purchases. Please keep your eyes out for this issue which should be arriving at your health centers on or about September 15th.

The Farmworker News special issue will also be available for download at this same time at <http://www.ncfh.org/index.php?pid=80>. To order additional paper copies, please e-mail your request to arredondo@ncfh.org.

For more information on Consumer Reports Best Buy drugs please visit:

<http://www.consumerreports.org/health/best-buy-drugs/index.htm>

To receive CRBBD's email newsletter with the latest guidance for consumers related to prescription drugs, please go to: www.bestbuydrugs.org/enews/ncfh610.htm

