HEALTH OUTREACH PARTNERS

RURAL HEALTH CARE SERVICES OUTREACH PROGRAM GRANT

FINAL

EVALUATION REPORT

FAMILY HEALTH CENTERS

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EXECUTIVE SUMMARY

In June 2007, Family Health Services (FHC), a Federally Qualified Health Center and Migrant Health Grantee, was awarded a three year Rural Health Care Services Outreach Program Grant from the Office of Rural Health Policy in order to increase access to care to farmworkers and their families in Okanogan County, WA. FHC, in partnership with Mid-Valley Hospital (MVH) and Okanogan County Public Health Department (OCPH), proposed to increase access to care for farmworkers through the implementation of a *promotor(a)* or lay health worker program, Spanish language broadcast health education segments, Spanish language childbirth education classes, and cultural competency trainings.

FHC contracted with Health Outreach Partners (HOP) to serve as the external evaluator for the Rural Health Care Services Outreach Program Grant. HOP agreed to assist in the development of the outreach and evaluation plan, provide consultation and feedback on data collection tools, collect and analyze evaluation data, as well as write evaluation reports. HOP conducted three on-site visits over the course of the grant (July 2007, December 2008, and March 2010). As a result of the first on-site visit, FHC developed the Federal Grant Outreach Workplan and the Grant Counts Tracking System. Upon conducting the second on-site visit, HOP completed a Midterm Evaluation Report, delineating five recommendations along with numerous corresponding strategies.

This Final Evaluation Report was informed by ongoing work with FHC including a review of materials as well as a third on-site visit from March 22-24, 2010. This report describes how FHC met each grant objective, the observed strengths and limitations of implementing and/or measuring each objective, and possible future directions. A conclusion section puts forth possible next steps for the entire FHC outreach program. Below is a summary of the information contained in this report according to the objectives laid out in the original Project Abstract.

Objective 1.A – *Promotor(a)* Program
At the conclusion of the grant, FHC had five outreach staff members including two *promotor(a)* positions. *Promotores* were fully integrated into the overall outreach program. Outreach staff completed 2,122 individual encounters including 835 encounters to non-patients. Of the encounters, 766 were verified migrant and seasonal farmworkers and 84% were documented as Hispanic. Overall, FHC developed and implemented a *promotor(a),* or lay health worker, program that enhanced the ability of outreach staff to establish a visible and trusted presence within the community. As a result of the resources made available by this grant combined with establishment of a dedicated and talented outreach team, FHC has created a structured outreach program that has positively impacted access to quality health care for the Latino residents of Okanogan County.

Objective 1.B – Prenatal Care
According to UDS data, FHC increased the number of women entering prenatal care in their first trimester by 10% between 2006 and 2009. The outreach team contributed by distributing information, working with community partners such as the Latino Health and Wellness Coalition and *Fuerza Latina*, and providing information at Parent Advisory Council meetings.

Objective 1.C – Maternity Support Services
Although no specific FHC Maternity Support Service (MSS) numbers were obtained, other data sources indicate that FHC served a high percentage of the pregnant women in Okanogan County including many of those eligible for MSS during 2007 and 2008. Unfortunately, due to changes at the state level, MSS was no longer a viable program for FHC and therefore was discontinued as of December 2009.

Objective 1.D – Immunization Rates
Between 2007 and 2009, FHC's rate of complete immunizations among 2-year old children or younger was on average 76%. A net increase of 2% occurred over the three year time period. Outreach staff disseminated 504 immunization brochures during the grant's first two years and presented immunization information at nine Back to School events and nine Parent Advisory Council meetings over the course of the grant period.

Objective 1.E – Childbirth Education Classes
Per the grant objective, a total of 108 childbirth education classes were to be offered to 216 migrant and seasonal farmworkers in Okanogan County. A total of 102 classes were scheduled in Okanogan, Brewster, and Tonasket over the course of the grant. Attendance was lower than hoped for despite significant marketing efforts and changes made to class offerings. Based on information gathered in individual interviews, the target population may not place a high value on structured childbirth education classes. However, it is speculated that these classes may be more utilized in the future due to the loss of MSS.

Objective 1.F – Radio Health Education
FHC aimed to develop and provide 51 ongoing Spanish-language radio health education spots for Okanogan County over the course of the grant. FHC well exceeded this goal. A total of 453 three-minute tracks were aired on either KOMW 680AM or KOZI FM during each respective radio station's Spanish-language Sunday programming. FHC staff participated as guests during approximately 21 "Healthline" radio shows aired on Wednesday mornings on KNCW FM. An estimated 10 compact discs including approximately 10 separate three-minute health information tracks were also recorded.

Objective 1.G – FarmworkerUsers
FHC made considerable strides to reach out to both former patients and new patients. According to the Marketing Report for 2007 to March 2010, 825 previously established patients returned to FHC after a year or more of not accessing services and 178 new patients identified outreach as the source of learning about FHC services. While these are not farmworker specific findings, they highlight the success of outreach efforts in bringing patients into the clinics. According to UDS data, there was not a net increase in farmworker user numbers; it is speculated that this decline is due to significant political and economic issues on local as well as national levels.

Objective 1.H – Cultural Competency Training
In 2008, MVH exceeded this objective's goal of six trainings through providing 20 cultural competency trainings. However, data were not available for the portion of the objective that indicates that 90% of FHC, MVH, OCPH and other community organization staff were to participate.

Objective 2.A – Sustainability Planning
As of March 25, 2010, a sustainability plan was not formalized, however significant strides in its development were underway. For example, potential funding sources, programmatic resources and priorities, and a plan template were discussed during a facilitated meeting with a sustainability planning technical assistance provider.

Objective 2.B – Comprehensive Review
HOP conducted three on-site visits over the course of the grant (July 2007, December 2008, and March 2010). The latter two visits resulted in midterm and final evaluation reports. In order to explore the extent to which their comprehensive review needs were met, HOP will be administering a final evaluation tool to FHC contacts after submission of this report.

HOP wants to recognize the significant growth and development of FHC's outreach program as supported by the three year Rural Health Care Services Program Grant. The report concludes with seven overarching priority areas for FHC staff to evaluate when exploring strategies to sustain outreach services at FHC. The program's development over the past three years has been remarkable, including successes at the levels of content and infrastructure. HOP has valued the opportunity to participate in the evolution of FHC's outreach program and it looks forward to many more successes among their farmworker outreach endeavors in the future.

SCOPE OF EVALUATION

Summary of Need: Family Health Centers (FHC) contacted Health Outreach Partners (formerly Farmworker Health Services, Inc.) in October 2006 to request assistance with the three-year evaluation component of their Rural Health Care Services Outreach Program Grant through The Office of Rural Health Policy. In June 2007, FHC was awarded the grant to increase access to care for migrant and seasonal farmworkers and their families through implementing a series of initiatives including: 1) a *promotor(a)* program; 2) Spanish language broadcast education segments; 3) childbirth education classes; and, 4) cultural competency training for health care providers in the community. Under the grant, FHC was expected to increase farmworker access by 10% (from 47% to 57%) by April 30, 2010. In order to support this aim, FHC developed and implemented a new farmworker outreach program.

HOP Response: FHC contracted with Health Outreach Partners (HOP) to serve as an external evaluator of the outreach program. Included in the scope of services, FHSI agreed:

- To assist in the development of an outreach and evaluation plan;
- To provide consultation and feedback on data collection tools;
- To collect and conduct analyses of evaluation data; and,
- To develop evaluation reports.

Per these objectives, HOP staff Kristie McComb and Kristen Stoimenoff conducted an on-site program development consultation in July 2007. Outcomes of the visit included guidance and collaboration on a Federal Grant Outreach Work Plan and Evaluation Plan, a "Grant Counts Tracking System," and an encounter form. In October 2008, an addendum was added to the original contract to include a site visit for the purpose of informing the midterm evaluation with face-to-face interviews, site/orchard tours, and community meetings. Additionally, a consultation session provided the opportunity for a midterm Work Plan critique based on HOP and FHC reviews. HOP staff Heather Gardner and Liberty Day Ruihley conducted the midterm evaluation site visit in Okanogan, WA from December 2008. Upon returning, HOP provided grant writing resources, two models for determining farmworker status, radio program resources, and information on popular education as well as the midterm evaluation report.

The final evaluation on-site visit occurred from March 22-24, 2010. FHC staff shared evaluation documents prior to the trip. Heather Gardner and Liberty Day Ruihley conducted eleven individual interviews, participated in an orchard visit, attended a *Fuerza Latina* Coalition meeting, visited the local radio station, and provided a brief presentation to FHC's Board of Directors. HOP staff also contributed to a sustainability planning consultation session, lead by Ethan Joselow from the Georgia Health Policy Center.

Based on the information garnered from interviews and meetings, document review, and consultation sessions, HOP is presenting its findings from the final phase of the Rural Health Care Services Outreach Program Grant. Additionally, customized next steps are suggested in the "future directions" segments embedded throughout the Findings. The Conclusion addresses program-wide initiatives to examine moving forward. HOP is excited to learn about the next chapter of FHC's ongoing efforts to build a dynamic and effective outreach program.

METHODOLOGY

Since 2007, Health Outreach Partners (HOP) has served as an external evaluator of Family Health Center's (FHC) three-year Rural Health Care Services Outreach Program Grant. The final site visit was conducted from March 22-24, 2010, by Heather Gardner and Liberty Day Ruihley, Project Managers at HOP. Ms. Gardner served as project lead, while Mrs. Ruihley assisted with all interviews and program consultation activities. Data for this final evaluation were obtained from a variety of sources: 1) a document review; 2) a *Fuerza Latina* meeting; 3) a visit to the Maldenado family's orchard; 4) one-on-one interviews with FHC staff and community partners; 5) a visit to North Cascades Broadcasting offices; and, 6) a sustainability planning consultation meeting held with FHC staff and Ethan Joselow, technical assistance provider at Georgia Health Policy Center (GHPC).

The purpose of this final evaluation report is to provide FHC staff with a comprehensive assessment of progress in meeting the Federal Outreach Grant Work Plan and Evaluation Plan objectives; Future Directions sections for each objective and a Conclusion section are included to offer guidance to FHC staff in moving forward at the conclusion of the grant. The report's content is informed by the data and document review as well as HOP's Community Health Outreach Model (Appendix A) and HOP's Farmworker Outreach Program Guidelines (Appendix B). These two assessment tools set the desired standards for enhancing and improving outreach services.

Data & Document Review

As part of the document review, FHC shared several documents and data with HOP prior to the site visit. HOP requested and reviewed the following:

- Updated Federal Outreach Grant Work Plan *Familia y Salud!* and Evaluation Plan
- Uniform Data System (UDS) reports for calendar years 2006, 2007, 2008, and 2009
- Health education sessions pre/post test results
- Immunization statistics from FHC's practice management system
- Marketing Systems Report 2007-March 2010
- Third Year Grant Activity List
- Grant Counts Tracking System data (2007 - 2010)
- *Familia y Salud* Radio Program schedules (July 2008 - March 2010)
- Encounter list Excel spreadsheet
- Revised Community Health Worker job descriptions
- Consolidated sign-in sheet data

Interviews

HOP conducted ten one-on-one interviews while visiting FHC and one telephone interview post-site visit. The purpose of the interviews was to explore themes found in the document review and to acquire individual assessments on grant progress and outcomes. Although a set of questions guided the process, interviews were intended to be conversational. Questions were customized according to the position of each interviewee. Interviews ranged in duration from 30 to 90 minutes, and included the following individuals:

Final Evaluation Interviewees	
Name	**Title**
Justin Bruns	North Cascades Broadcasting, Sales
Miguel Carrera	*Promotor*
Heather Findlay	Chief Operations Officer
Orlando Gonzalez	Outreach Coordinator
Leilani Goudeau	Chronic Care Coordinator
Laura Hernandez	Outreach Worker
Cindy Menchaca	Community Health Worker
Nancy Nash	Former Cultural Resource Manager, Mid-Valley Hospital
Corina Saffel	Health Educator (Certified Lamaze Instructor)
Chris Schmidt	North Cascades Broadcasting Program Director
Paul Waterstrat	Okanogan Public Health Department Director

Meetings

During the site visit, HOP attended two meetings including the FHC Board of Directors meeting and a *Fuerza Latina* coalition meeting. The latter was planned in order to learn more about the coalition's activities and obtain feedback on FHC services; key topics of discussion included formalization of the coalition's mission and vision for the serving the area's Latino community. A total of eleven community members, three children, two outreach professionals, and three technical assistance providers were present at the coalition meeting. The Board of Directors meeting provided a forum for HOP and GHPC to highlight grant achievements and opportunities.

Debrief & Consultation

On the third day of the site visit, HOP staff and Ethan Joselow from GHPC met with Heather Findlay and Orlando Gonzalez for a three hour debrief meeting and sustainability consultation planning session in order to review and discuss the following topics:

- preliminary findings from HOP's on-site assessment;
- programmatic resources and priorities;
- sustainability planning; and,
- next steps in the evaluation process.

FINDINGS AND FUTURE DIRECTIONS

This section provides a summary of HOP's findings as derived from the aforementioned methodology. These findings serve as a snapshot of what HOP learned about FHC's progress on its Rural Health Care Services Outreach Grant objectives. The information included in this section is organized according to the ten objectives delineated in the Federal Outreach Grant Work Plan *Familia y Salud!* and Evaluation Plan. Each objective is presented according to its current status, the observed strengths and limitations of implementing and/or measuring each objective, and possible future directions.

Objective 1.A. By April 30, 2010, FHC will provide culturally and linguistically appropriate health information to 960 migrant and seasonal farmworkers where they live and other locations in their communities through the implementation of the *Familia y Salud! Promotora* Program.

Status

FHC's outreach program consists of one Outreach Program Coordinator, three Outreach Program Workers, and two *promotor(a)* positions (one *promotor(a)* position is recently vacant; however, FHC intends to fill this position). The *promotor* is fully integrated into the outreach program and provides additional support as available. Specifically, one *promotor* is located in Oroville, in the northern part of Okanogan County while another *promotor(a)* was located in Brewster and served the southern portion of the county. Because of this integration, it is not possible to isolate the work of the *promotores* for the purposes of evaluating this objective. As a result, the outreach program in its entirety will be examined in the context of this Objective.

From May 2007 to February 2010, outreach staff documented 2,122 individual encounters of which 835 were with individuals who had not previously received FHC's services (Table 1). A total of 1,774 of these individuals were identified as Hispanic (84%). Per a supplemental encounter tracking system, a minimum of 766 of these individuals were verified as migrant and seasonal farmworkers during May 2007 to May 2009. Many more encounters for that same time period were not classified (n=494). No such records were available for May 2009 to March 2010. Overall, by May 2009 FHC had reached 80% (766 of 960) of their target goal of reaching 960 migrant and seasonal farmworkers.

Table 1. Encounter Results

	5/07-4/08	5/08-4/09	5/09-2/10	Total 5/07-2/10
Total Individual Encounters	965	734	423	2,122
Non-patient Encounters	283	330	222	835

According to the Grant Counts Tracking System and the updated Federal Outreach Grant Work Plan, over the course of the grant period, the outreach program has:

1. Identified 85 orchards and 5 packing facilities;

2. Gained permission for entry into orchards and labor camps of 19 orchard owners (22% of the total identified);
3. Created and distributed *Familia y Salud!* Resource Guide;
4. Provided outreach or health education sessions at no less than 25 separate events at orchards, 12 health fairs, and 8 other locations including schools, churches, grocery stores and government agencies;
5. Conducted and documented a minimum of 62 separate group health information sessions and 15 group health education events;
6. Disseminated 9,971 pieces of informational materials on a variety of topics including but not limited to maternal health, immunizations, physical activity, obesity, diabetes, injury prevention, breast exams, cervical screenings, health insurance, access to care, alcohol and substance abuse, and HIV/STIs;
7. Organized a "Kids Back to School" campaign including outreach at 8 separate locations from August 25, 2009, to September 2, 2009, to help get children enrolled in health insurance programs;
8. Organized the "Winter Wellness" program in winter of 2008 and participated in the program during the winter of 2009; and,
9. Participated in the provision of no fewer than two "Self Management of Chronic Disease Classes" with another scheduled for April 2010, and one multiple series cooking class for diabetics (held in winter 2009).

Strengths & Limitations

- Based on Uniform Data System results, FHC showed the following *increases* in outreach and enabling service personnel during the time period between 2006 and 2009: 1.06 Full Time Equivalents (FTE) for Patient and Community Education Specialists, .78 FTEs for Outreach Workers, and 1.06 FTE Eligibility Assistance Workers. While some of these figures may reflect shifts in personnel, the result is greater capacities for outreach, education, and eligibility services. Increasing personnel in these areas addresses issues related to accessing health care and reducing barriers.

- FHC provided a variety of training opportunities for outreach staff and *promotores* in particular. These included two separate trainings provided by Migrant Health Promotion (2007 and 2009) and one training provided by National Center for Farmworker Health (2009). Interest was expressed by members of outreach staff for further training opportunities in the future.

- FHC began collecting pre/post tests for health outreach events beginning in the summer of 2009. Unfortunately, due to relocation, many of the pre/post test results were lost with the exception of results from three health education events (topics include H1N1 and sun/heat exposure). Of the three pre/post tests available, the average increase of correct answers from pre-test to post-test was 60%.

- Based on one-on-one interviews, the outreach program has had a positive impact on the community in that people are becoming more familiar with FHC and the services that are offered. The most significant improvement has been in the increased quality of the relationships with community partners, growers, and with the migrant and seasonal farmworker population. The outreach team has done a tremendous amount of work to

establish trusting relationships and create a structured system within which the Latino community can access affordable health care services.

- Since the start date of this grant, there has been an economic downturn that has resulted in loss of agricultural jobs and state budget cuts affecting health center funding. In addition to economic considerations, one of the largest orchards in Okanogan County has been subject of a recent Immigration and Customs Enforcement audit that has resulted in anywhere from 400-800 reported layoffs. Per individual on-site interviews, the migrant and seasonal farmworker community is concerned about this development and some families have decided to leave the area in search of work elsewhere.

- As noted on page 10, by May 2009 FHC had reached 80% (766 of 960) of their target goal of reaching 960 migrant and seasonal farmworkers. It appears that migrant and seasonal farmworker encounter data collected in the supplemental Excel spreadsheet were no longer collected after May 2009, almost a full year prior to the end of the grant period. As a result, it appears that FHC exceeded this goal but data does not exist to confirm this claim. However, data continued to be collected and entered into the Grant Counts Tracking System.

Future Directions

A great deal of time, energy, financial resources, and staff dedication has gone into developing a structured outreach program with a visible recognized presence within the community. Perhaps one of the greatest accomplishments achieved as a result of the Rural Health Services Grant was the establishment of this system including the addition of key personnel such as the Outreach Coordinator and the Camp Health Aides. A strong interest exists among all staff interviewed to keep the current structure and build upon the momentum of this grant regarding outreach services.

In order to maintain the current levels of services uninterrupted, FHC should consider allocating resources toward keeping an additional vehicle available to outreach staff for transport of materials and clients. In addition, FHC outreach staff are encouraged to consider continuing with the plan to fill the recently vacated *promotora* position in Brewster. Finally, a way to improve upon the existing structure is to begin consistently collecting outcomes data via pre/post tests and exploring other evaluation methods through either written or verbal questionnaires, focus groups, or other client satisfaction measures for outreach services.

Objective 1.B. By April 30, 2009, decrease the percentage of FHC women with 2nd or 3rd trimester entry into prenatal care by 10% from 85% to 75%.

Status

Based on UDS results, the percentage of women who entered prenatal care in the second and third trimesters declined by 10% over the course of four years (Table 2). More pregnant women receiving care through FHC came in for their first prenatal visit during their first trimester.

Table 2: Trimester of First Known Visit				
	2006 UDS	2007 UDS	2008 UDS	2009 UDS*
First Trimester	216	199	269	191
Second Trimester	79	59	50	42
Third Trimester	24	18	29	13
Total Pregnancies	319	276	348	246
Percentage First Visit First Trimester	68%	72%	77%	78%

*These UDS figures were estimates and as such, were not official when provided to HOP.

Outreach staff developed information on pregnancy and distributed the information to a variety of locations including schools, Parent Advisory Councils, *Fuerza Latina*, Latino Health and Wellness Coalition, Health Fairs, Okanogan County Fair, and migrant camps as reported in the Outputs section of the Federal Outreach Grant Work Plan. Also of note, based on information obtained in the Grant Count Tracking System, during the 07-08 grant year, 236 pieces of information were distributed regarding maternal health care and the Women, Infant, and Children's program.

Strengths & Limitations

- The objective language included a decrease of women entering prenatal care in the second or third trimester from 85% to 75%. HOP was unable to determine the data source including the numerator and denominator that were used to reach these percentages. Based on the UDS data provided, the percentages above do not match the percentages established in the objective.

- While outreach most likely influenced this objective positively, the extent to which outreach efforts contributed to this outcome is difficult to know at present. In the future, it will be useful to track the number of referrals given to pregnant women in the field to FHC for prenatal services.

Future Directions

Continuing to incorporate prenatal health information and education into the work of outreach will be increasingly important due to the loss of FHC's Maternal Support Services program. Additional methods to measure the full impact of health education and other informational material distribution on prenatal health may be helpful when measuring future impact. As an example, pre/post tests for any health educational sessions could be instituted to help measure changes in knowledge or beliefs.

Objective 1.C. By April 30, 2008, increase the FHC prenatal patients receiving Maternity Support Services by 10% from 80% to 90%.

Status

During the grant period, FHC served a high percentage of the pregnant women including many of those eligible for Maternity Support Services in Okanogan County. In 2007, outreach staff distributed maternal health and Women, Infant, and Children (WIC) information to 236 community members. According to information obtained from the State of Washington First Steps Database, during this same time FHC provided medical care to 319 pregnant women, 59% of all pregnant women in Okanogan County in 2007 (n=537). A total of 392 women were Medicaid eligible that year and 260 received Maternity Support Services (MSS), otherwise known as First Steps.

In 2008, FHC provided medical care to 348 pregnant women (61% of the total number of pregnant women in Okanogan County for that year) and approximately 246 pregnant women in 2009. During this time, cooperating agencies including FHC, Okanogan County Public Health, Okanogan Family Planning, and CareNet developed a referral system for MSS. Agency information is uniformly distributed in *"Familia y Salud"* Resource Guide.

Unfortunately due to a dramatic drop in state revenue resulting in cuts to services at the state level, the program went through a series of changes. These changes lowered the reimbursement rate and altered eligibility criteria in such a way that it made First Steps no longer a viable program for FHC. As of December 12, 2009, FHC discontinued its First Steps Program.

Strengths & Limitations

- FHC data on pregnant women accessing MMS through FHC were not obtained. HOP is unaware of the data source(s) used to establish the percentages outlined in the objective above. Therefore, it was not possible to fully address the extent to which FHC fulfilled this objective.

- First Steps, as it existed until July, 2009, consisted of preventative health services focusing on helping low-income women have a health and successful pregnancy. A team consisting of a registered dietician, a community health nurse, and a behavioral health specialist were available to provide tailored interventions based on individual client needs. These services were easily accessible as they were provided in clinic and could correspond to medical visits.

- Based on individual interviews, the loss of First Steps was seen as having a significant impact on the quality of care available to pregnant women in Okanogan County.

- FHC was able to fold vital staff from the First Steps into other positions within the organization; therefore, there was minimal loss to institutional knowledge. Former First Step staff members are a resource to the organization as FHC attempts to fill the gaps left by the loss of MSS.

- FHC did not collect data to indicate the satisfaction level of those patients receiving care through the First Steps Program. However, the program was widely used and was well regarded as evidenced in comments from FHC staff interviewees.

Future Directions

Unfortunately, due to the program's discontinuation based on state-level reduction of services, Maternity Support Services was unable to be sustained. However, there are aspects of the system worked well with the client base including the ease of access for these services. The support services offered were provided in the same location as the medical services and did not require a great deal of additional effort on the part of the client. Should funding become available, reinstituting prenatal support services is advisable.

Objective 1.D. Increase the percentage of children, 18-24 months, who are fully immunized from 84% to 90% in 2007/08 and maintain this level in 2008.

Status

Between 2007 and 2009, FHC's rate of complete immunizations among children 2-years old or younger was on average 76% (Table 3). A 6% increase took place between 2007 and 2008 and then dropped by 4% between 2008 and 2009. However, a net increase of 2% occurred over the three year period.

Table 3. Percentage of 2-Year-Old FHC Patients with Complete Immunizations		
2007	**2008**	**2009**
73%	79%	75%
Data Source: Health Care Plan data extracted by Lois Hale at FHC on March 16, 2010.		

Although fluctuation did exist in the immunization rate, FHC's outreach staff consistently distributed immunization information during the grant's first and second years. According to the Grants Counts Tracking System, 378 brochures (available in English and Spanish) were distributed in 2007-08 whereas 126 were made available in 2008-09. This information was shared at nine Back to School events and nine Parent Advisory Council (PAC) meetings, as reported in the work plan. Many times, vaccine promotion was conducted in the context of promoting insurance information.

Strengths & Limitations

- Promoting vaccination and other child health related topics at health fairs, Back to School nights, and PAC meetings were effective venues for disseminating this information. However, it is unclear the extent to which additional health education efforts accompany the dissemination of these brochures.

- According to one interviewee, it was difficult to measure outreach's influence on FHC's immunization rate. Currently, there is no mechanism in place to track the number of immunization patients captured through outreach activities.

- Objective 1.D. includes a baseline statistic of 84% immunization coverage. However, when compared with 2007-08 data represented in Table 3 there is a difference of 5-11%. The source of the percentiles in the Objective are unknown and inconsistent with findings presented in Table 3.

Future Directions

FHC has clearly made strides in promoting vaccination information at PAC meetings and Back to School events. It is a topic that is already addressed in the context of other critical child health information like insurance and enrollment. There is an opportunity to develop fun and engaging health education modules that incorporate all these topics. In planning them, it could be fascinating to consider one-on-one or small group-level activities. Additionally, exploring new ways to capture outcomes associated with this information sharing could yield invaluable information about parents

intending to take their child to FHC for vaccinations or children that were immunized at a vaccination campaign event.

Objective 1.E. By April 30, 2010, develop and provide 108 childbirth education classes for 216 MSFWs in Okanogan County.

Status

FHC in conjunction with MVH hired and trained a bilingual Lamaze instructor to offer 108 classes or 18 series of classes of Spanish-language childbirth education classes in Okanogan County. Beginning in August 2007 through March 2010 a combined total of 17 class series were scheduled in Okanogan, Brewster, and Tonasket. To date, three couples have completed the series with an additional three couples attending but not completing. A class series with three people was in progress at the time of the HOP site visit. Despite significant efforts to recruit participants, FHC was unable to reach this objective.

FHC promoted the class through radio segments and newspaper ads and marketed the class to doctors, WIC offices, and fellow coworkers at FHC. Based on the low attendance numbers, the classes were offered at different times, different days, and different locations. A few reported barriers included transportation home from evening classes and, possibly, childcare although the class was intended mostly for first time births.

Strengths & Limitations

- Based on information obtained in one-on-one interviews, the classes were marketed sufficiently and numerous adjustments were made to try to make the class more attractive. Despite these efforts the classes were not well attended. The most frequent reason cited was lack of interest. The target population reportedly does not appear to place high priority on childbirth education classes as, culturally, childbirth is seen as naturally occurring everyday with little need for additional coaching or education. Additionally, some women who are candidates for the class come from areas of Mexico where this type of formatted class is not available and is, therefore, unfamiliar.

- FHC has placed a priority on offering childbirth education in light of the loss of the First Steps program. There is a commitment to work with the Lamaze instructor and the outreach program including the *promotores(as)* to continue to promote this service. The most recently offered class did have several attendees. There is some speculation that the loss of First Steps will have an affect on the utilization of this service moving forward.

Future Directions

Childbirth education and maternal health are a critical need within Okanogan especially in light of recent program cuts. In order to maximize the childbirth educator's knowledge base, build interest in the classes, and fill a gap left by the loss of Maternity Support Services, FHC may consider further incorporation of the childbirth educator into the outreach program. Specifically, outreach workers and *promotores(as)* could consistently provide basic messages regarding maternal health, prenatal care, and childbirth education during outreach events. Training of the outreach workers and *promotores(as)* as well as crafting of key messages could be overseen by the childbirth educator.

In order to understand the barriers to class attendance, FHC could actively seek input from the target community through of discussions, focus groups, or brief surveys. In addition to finding out more about the barriers, more information could be obtained about possible solutions or ways in which to boost attendance and make the classes relevant to those couples who are eligible. FHC could consider engaging partners such as *Fuerza Latina* or other community elders in the promotion of the classes as well.

Objective 1.F. By April 30, 2010, develop and provide 51 ongoing Spanish-language radio health education spots for Okanogan County.

Status

FHC not only met but exceeded the target number of 51 radio health education spots in Objective 1.F. Beginning July 2008, FHC contracted with North Cascades Broadcasting to air three three-minute radio segments on health related topics each Sunday during the "La Hispana" Spanish-language radio program from 1pm to 4pm on Chanel KOMW 680AM. In addition, FHC and other consortium members delivered a Wednesday talk show, "Healthline," aired in English (with Spanish translation provided by FHC) on KNCW FM from 8:05am to 9am. The geographic area covered by North Cascades Broadcasting reaches Republic in the east, the Methow River in the west, Orville in the north, and Chelan in the south. Chelan is where they most likely picked up the greatest number of listeners outside of Okanogan County. Estimated listenership on any given Sunday during "La Hispana" is between 10,000 to 20,000 people. The "Healthline" show is simulcast on two English language FM stations with an estimated listenership of approximately 40,000 people.

From July 2008 to December 2009, a total of 237 three-minute segments aired on Sundays (three segments per Sunday) and FHC participated in 21 "Healthline" radio segments with North Cascades Broadcasting (one per month beginning July 2008 and ending March 2010). All three-minute segments were recorded and burned to compact discs that were provided to FHC for later use. There was an estimated 10 compact discs including approximately 10 separate recorded three minute health information tracks recorded on each. FHC has utilized select segments to supplement health education sessions at camps.

In addition to the North Cascades Broadcasting contract, FHC contracted with KOZI FM beginning in 2008 to expand airing the three minutes segments to the "Español" program aired from 4:00 pm to 10:00 pm covering the Chelan, Manson, Pateros, Methow Valley, Brewster and Bridgeport areas. From July 18, 2008, to September 6, 2009, three three-minute segments were aired every Sunday. After September 6th until the end of March 2010, three three-minute segments aired two Sundays a month. A total of 216 three-minute segments aired at KOZI from July 2008 to March 2010.

Based on information obtained in the FHC Marketing Report for the time period of 2007 to March 2010, 29 patients identified the radio as their source for finding out about FHC services at intake.

Strengths & Limitation

- The "Healthline" program held on Wednesdays allows listeners to call in with questions. North Cascades Broadcasting staff reported receiving calls both during and after the shows. There was typically a staff member that can addressed the calls in Spanish as well. Also,

outreach staff reported individuals call in to the health center on occasion to ask further questions.

- FHC has recorded all the three-minute segments and will have those available for future use. A wide variety of health topics are recorded including, for example, information on diabetes, ladder safety, pesticide exposure, high blood pressure, health eating, and skin cancer prevention to name a few.

Future Directions
FHC is well positioned to reinstitute the radio segments if or when additional funding becomes available. As discussed during the sustainability consultation, one possibility for such future funding is merchant sponsorship. Other creative ways to use these recorded spots may also be explored such as use during health education sessions, during transportation times, or as a hold message.

In order to build a stronger evidence base for the effectiveness of the radio spots, outreach staff could: 1) include expected outcomes and outcome measures in the initial work plan; 2) incorporate questions regarding reach and listenership into other outreach events and activities; 3) hold focus groups to review the content of the recorded radio spots using only those that have positive feedback and send the correct target message in future efforts; or, 4) prioritize the use of radio spots according to topics identified as important by community needs assessment results or topics of greatest interest to the target population.

Objective 1.G. By April 30, 2010, increase the percentage of MSFWs seen at FHC, from 47% to 57%, an increase of 1,133 people total.

Status
Based on Table 4, there was over a 10% decrease in the percentage of farmworker users between 2006 and 2009. However, multiple factors need to be considered when reviewing this objective.

Table 4: FHC's Migrant & Seasonal Farmworker Users

	2006 UDS	2007 UDS	2008 UDS	2009 UDS*
Migrant Farmworker Users	579	710	753	853
Seasonal Farmworker Users	5,173	4,320	3,770	3,687
Total MSFW Users	5,752	5,030	4,523	4,540
Total FHC Users	12,049	12,337	12,252	12,284
% of Users classified as MSFWs	**47.7%**	**40.7%**	**36.6%**	**36.9%**

*These figures are based on estimates and are not official.

The outreach program was given two roles in assisting FHC reach this objective. First, outreach was to provide education on available medical, dental, and other services available at FHC. Outreach staff logged 2,122 individual encounters over the course of the grant, created a *Familia y Salud!* Resource guide, and worked regularly with community partners such as the Latino Health and Wellness Coalition and *Fuerza Latina* to promote FHC services.

In addition to providing education, the outreach program was charged with facilitating access to medical care through the provision of 96 monthly referrals to FHC clinics in Brewster, Okanogan,

and Tonasket in April through October 2008 and 2009. Information regarding referrals made to FHC, however, was not among the data provided to HOP. It is important to note that a byline was added to the Grant Counts Tracking system under "Information and Referrals to Social Service" data collection section that indicated "individuals were also instructed on how to properly schedule medical appointments at FHC." Outreach staff provided a minimum of 926 referrals to social services from May 2007-March 2010 according to this tracking system. It may be deduced then that all 926 social service referrals were accompanied by information regarding appointment scheduling at FHC. It is, however, unknown definitively whether or not outreach met the established 96 monthly referrals for the time periods designated during the years 2008 and 2009.

One potential indicator of the success of outreach efforts in establishing users may be found in the marketing reports. Specifically, in order to gauge the effectiveness of various marketing approaches, new FHC patients are asked how they learned about services. According to the Marketing Report (2007-2010), 825 previously established patients returning to FHC after a year or more of not accessing services and 178 new patients identified outreach as the source of learning about FHC services. For patients without a history of visiting FHC within the last year that were asked to indicate the source of learning about FHC services (n=4480), outreach was identified among 22% of incoming patients for this time period (n=1003). Although this does not speak specifically to new farmworker users, it does speak to the overall success of outreach in facilitating access to services at FHC.

Strengths & Limitations

- As noted in the Strengths & Limitations section of Objective 1.A., there were multiple economic factors that influenced the local economy. These factors affected the number of available jobs, the political climate, and local and state resources available to community health centers. For example, if some farmworkers chose to the leave the area in order to search for work elsewhere, it may affect the size of the farmworker population in the area which may, in turn, affect user numbers. Another example includes the farmworkers' comfort level in seeking services due to a general increase of fear due to ICE audits. Farmworkers may be less likely to seek assistance if they do not perceive the community to be a safe place in which to interact. While the full impact of these factors is not known, it is important to understand the potential implications when reviewing FHC's ability to meet grant objectives.

- FHC established during HOP's midterm site visit that their intake staff may not have been consistently and uniformly obtaining migrant and seasonal farmworker status information. The percentages above may not, therefore, be an accurate representation of the actual number of farmworkers receiving services at FHC for this time period. FHC took steps including additional training provided by National Center for Farmworker Health in the fall of 2009 to help correct this issue. However, the full impact of this training may not be evident until the 2010 UDS is reported.

- One limitation of this objective is that providing education and referrals through outreach may or may not result in an increase in percentages of farmworker users who access services at FHC.

Future Directions
In moving forward many of the future directions applicable to Objective 1.A. apply here including maintaining the momentum the outreach program has created through the rural health grant opportunity, maintaining an extra vehicle to assist in carrying out outreach work, filling the vacant promotora position, and increasing the evaluation practices to capture the impact of outreach work. An additional step may be to include a mechanism to collect data on referrals made by outreach to FHC clinics. All of these steps may result in an increased access to FHC services for future farmworker populations. Increased access may result in increased farmworker user numbers depending on other factors such as those mentioned above.

Objective 1.H. By April 30, 2010, develop and implement six cultural competency trainings for 90% of the health care employees for FHC, MVH, and OCPH and for other community organizations, as requested.

Status
According to the Federal Grant Outreach Work Plan (midterm evaluation version), MVH has exceeded the number of trainings through providing sixteen "Building Bridges" cultural competency trainings in 2008. Additionally, 56 participants attended one of four trainings offered in 2009. Objective I.H. also indicates that 90% of employees at FHC, MVH, OCPH and other community organizations shall participate. Data were not available to confirm this portion of the objective. No further activity took place regarding Objective 1.H. after the MVH lead left her current position at the organization in September 2009. A replacement was not identified due to the overall reported success in reaching the objective.

Strengths & Limitations

- Positive comments were shared about the outcomes of the cultural competency trainings. For example, one interviewee commented that the trainings have cultivated, "a stronger community and a community that understands each other better." Overall successes mentioned included: 1) fostering awareness of a need to understand each other regardless of ethnicity; and, 2) understanding that each community member is impacted by culture. However, documentation from training participants was not available on outcomes or feedback.

- Although anecdotal information was provided, basic documentation regarding training content and participants was not available. For example, HOP was unable to acquire a written training agenda, a sample training description, or percentiles of staff participating.

- Customer service was identified as a need, particularly among front desk staff, during some interviews with FHC staff. Although not explicitly linked to cultural competency, the two topics are related and can support each other.

Future Directions
Cultural competency remains a priority issue for interviewed leaders in Okanogan County. FHC can explore identifying informal and low-cost strategies for maintaining a commitment to fostering these skills and attitudes among staff. For example, new staff orientation protocols can encompass shadowing outreach activities at area farmworker housing or worksites. FHC outreach staff can

also develop cultural competency modules that can be delivered to all staff. Additionally, administration will need to revisit training opportunities that will support the customer service skills development, reportedly needed among front desk staff.

Objective 2.A. By April 30, 2010, FHC will develop and implement a sustainability plan for the Consortium work.

Status

Per mandates of The Office of Rural Health Policy, Goal 2 of FHC's Federal Outreach Grant Work Plan and Evaluation Plan focuses on the sustainability of health promotion activities for Latino and farmworker communities in the service area. This commitment to maintaining core components of the outreach plan was strongly reinforced among FHC's interviewees. As of March 25, 2010, a sustainability plan was not formalized however significant strides in its development were underway. Specifically, on the final day of the site visit, the Georgia Health Policy Center's technical assistance lead on sustainability initiatives conducted a facilitated discussion about potential funding sources, programmatic resources and priorities, and a sustainability planning template. This recent discussion represents a continuum of activities that characterize FHC's ongoing dedication to funding outreach services. For example, since HOP's Midterm Evaluation Report, FHC has acquired Expanded Medical Capacity Grant funding (2009), conducted four consultation calls with the Georgia Health Policy Center, and implemented outreach data collection practices that will support efforts to acquire new funding.

Strengths & Limitations

- Data create an invaluable evidence base for soliciting funds. Although information from outcomes measures was limited, FHC staff made tremendous strides in both establishing and implementing a data collection system for tracking outreach process measures. The Grants Counts Tracking System results will be a critical resource for future grant applications.

- In the Project Abstract, FHC delineated eight sustainability strategies, including replicability. For example, FHC recorded many radio programs enabling usage of this material well beyond the end of the grant cycle; on the other hand, the intended development of a cultural competency curricula was not evident. Overall, replicability efforts were inconsistent across different parts of the grant.

- FHC has strong community partnerships through the Latino Health & Wellness Coalition and *Fuerza Latina*. These partnerships represent new opportunities for collaborative funding with the potential to tap other funding sources. One interviewee indicated a clear intention to write FHC into an upcoming grant.

- FHC has a host of critical staffing resources to support sustainability initiatives. The health center employs a grant writer to investigate potential funding opportunities. Also, the Georgia Health Policy Center's input on sustainability has been an ongoing source insight and resources.

Future Directions
Before FHC intends to leverage funding beyond the Rural Health Care Services Outreach Program Grant, completing the sustainability plan will be imperative. It behooves FHC staff to clearly identify programmatic priority areas for the next three years and then, identify funding sources that meet these needs. Refining existing process measures will be essential whereas fostering new practices to monitor outcomes will be an exciting growth area. This transition in funding provides FHC with a unique opportunity to take a fresh look at innovative approaches to outreach initiatives. It may also present a "window" to include new stakeholders in the development of the program including, for example, members of the Latino Health & Wellness Coalition.

Objective 2.B. By April 30, 2010, complete a comprehensive review of all aspects of this Program, including the management of the Program, communication between consortium members and "what worked and what needed improvement -- and how."

Status
FHC contracted with HOP to serve as the external evaluator of the Rural Health Care Services Outreach Program Grant through The Office of Rural Health Policy. As a result, HOP conducted three on-site visits over the course of the grant (July 2007, December 2008, and March 2010).

In July 2007, HOP staff conducted an on-site program development consultation. Outcomes of the visit included guidance and collaboration on a Federal Grant Outreach Work Plan & Evaluation Plan, a Grants Counts Tracking System, and an encounter form. A midterm evaluation was conducted in December 2008; a midterm evaluation plan was discussed with FHC staff, and program documents were reviewed by HOP staff before the trip. In January 2009, a midterm evaluation report was provided to FHC staff.

In January 2010, HOP distributed a comprehensive final evaluation plan and discussed its content with FHC staff. Final evaluation data and materials were shared with HOP and a concluding site visit occurred in March 2010. This report presents evaluation findings from the final half of the Rural Health Care Services Outreach Program Grant as well as suggested priority areas for continuing to build a dynamic and effective outreach program.

Strengths & Limitations
- The continuity of work between FHC and HOP over the past 3 years has been exceptional. From an evaluator's perspective, it has been an invaluable opportunity to not only support the development of the program's infrastructure but to also examine and lend assistance to FHC as it has strived to meet its stated objectives.

- The final evaluation has focused primarily on the ten core objectives delineated in the grant. Characteristics like communication between consortium partners were examined in less depth than in the midterm evaluation process. This can partly be attributed to a job change among an active consortium member that was formerly at MVH.

- HOP appreciated the periodic coordination of technical assistance efforts with the GHPC. For example, the collaborative approach to the on-site visit appeared to support FHC in making a comprehensive transition between the grant and new funding opportunities.

HOP's focus was on evaluating FHC's accomplishments over the past three years whereas GHPC's concentration was on how to apply these "lessons learned" to future funding opportunities.

- Some objectives in the Federal Grant Outreach Work Plan & Evaluation Plan are not written in an outreach-specific fashion. For example, Objective 1.G. mentions increasing the percentage of farmworkers seen at FHC, from 47% to 57%. Although corresponding activities typically include an outreach staff role(s), it is suggested that measuring progress of objectives written specifically for the outreach program is clearer for staff or an evaluation team. HOP advocates for identifying the health care plan objective for which each outreach objective is responsive.

Future Directions

HOP looks forward to meeting with FHC staff to discuss the content and conclusions delineated in this report. HOP anticipates ongoing developments with FHC's sustainability plan and as such, has designed this report to complement that process. The "Future Directions" and "Conclusions" sections in particular can be consulted when considering content for the new plan. In order to explore the extent to which their comprehensive review needs were met, HOP will be administering a final evaluation tool to FHC contacts after submission of this report. Overall, HOP anticipates working closely with FHC through the end of the grant period and beyond, if helpful, to support sustainability planning efforts.

CONCLUSIONS

HOP wants to recognize the remarkable growth and development of FHC's outreach program as supported by the three year Rural Health Care Services Program Grant. This report represents the culmination of HOP's grant evaluator role through highlighting the progress and limitations associated with each of FHC's Federal Outreach Grant Work Plan *Familia y Salud!* and Evaluation Plan objectives. The Findings & Future Directions section identifies the status of each of the ten objectives and includes suggested considerations for each one moving forward. However, independent of any one objective, HOP concludes here with seven overarching priority areas for FHC staff to evaluate when exploring strategies to sustain outreach services at FHC.

- **Planning and Objectives:** HOP supports and strongly advocates for FHC's ongoing efforts to create a sustainability plan that is driven by their programmatic vision for the next three years. Developing a plan that clearly defines programmatic priorities, estimated resources needed to deliver them, potential funding sources that support these aims, and staff responsibilities, will serve to systematically direct funding solicitation efforts. When establishing outreach priorities, consider defining outreach-centered objectives that can be incorporated into a comprehensive Outreach & Promotor(a) Program Plan. For example, if the health care plan includes a target goal about diabetes, the corresponding outreach objective may state how outreach staff will address diabetes through the delivery of 15 diabetes health education sessions to 75 farmworkers at their worksites.

- **Midterm Evaluation Report:** Although submitted in January 2009, HOP's Midterm Evaluation Report remains a relevant and timely reference for FHC's upcoming planning needs. For example, the report delineates five recommendations including: 1) Refine the planning and delivery of core outreach activities; 2) Build upon data collection practices designed to assess and evaluate outreach activities; 3) Integrate the outreach program into the FHC health system by increasing interdepartmental cooperation, collaboration, and understanding of the purpose and goals of the outreach program; 4) Add more structure to collaborative relationships; and, 5) Formalize consortium's approach to sustainability through the development of sustainability plan. The report's strategies serve as a "menu" of possibilities – a number of which FHC has implemented already. FHC staff are encouraged to review this content and collectively prioritize 3-5 strategies to incorporate in the new program plan.

- **Communication:** Based on feedback from the midterm and final evaluation, there is a need for regular (potentially monthly) meetings with FHC outreach staff including the Outreach Coordinator, Outreach Workers, and *promotores.* Outreach staff are invited to seriously consider involving representatives from clinical staff for troubleshooting issues related to HIPAA, health education, health fairs, and outreach protocols. These working meetings become an opportune format to address outreach scheduling, implementation needs/issues, training needs, and other observations about farmworker health issues or the local political climate. Additionally, they provide a space to solicit outreach staff feedback in new program planning documents.

- **Data Collection:** FHC has made tremendous strides in establishing systems to collect data on outreach process indicators. For example, the Grants Counts Tracking System has been used to document numerous indicators including encounter information and social service referrals. With potential new funding sources in the future, FHC may need to revise the System to ensure that the data collected are data that are needed for new funding sources. This may also be an opportune time to make sure that the data collection needs are not duplicated and to bolster outcomes data collection efforts like pre/post tests.

- **Needs Assessment Activities:** As part of data collection efforts, FHC may wish to incorporate measures intended to capture information about farmworker needs. These results create a strong evidence base for soliciting funding and informing programmatic priorities for outreach.

- **Outreach Vehicle:** Outreach transportation is a complex and costly consideration for community health centers nationwide. However, for budgetary reasons, it was indicated that FHC's outreach program may need to discontinue usage of their outreach van. FHC staff are encouraged to re-evaluate this decision as the vehicle is integral to outreach staff's ability to be responsive to community needs and enables their involvement at numerous outreach events at PAC meetings, Back to School events, health fairs, farmworker work sites and beyond.

- **Professional Development Opportunities:** Some interviewees enthusiastically commented on their appreciation for training opportunities provided through grant funds and requested that further opportunities be available in the future. Possible training topics mentioned included: customer service skills, cultural sensitivity, and health topics or skills to be applied by *promotores*. Additionally, attendance at conferences was received positively, allowing staff the opportunity to network with the broader community of migrant health professionals.

HOP is very enthusiastic about FHC's farmworker outreach initiatives. The program's development over the past three years has been remarkable, including both programmatic and infrastructural successes. For example, FHC established an entire *promotores* program while also instituting data collection mechanisms, and securing a very talented team of outreach staff. HOP has appreciated the opportunity to participate in the evolution of FHC's outreach program and it looks forward to many more successes among their farmworker outreach endeavors in the future.

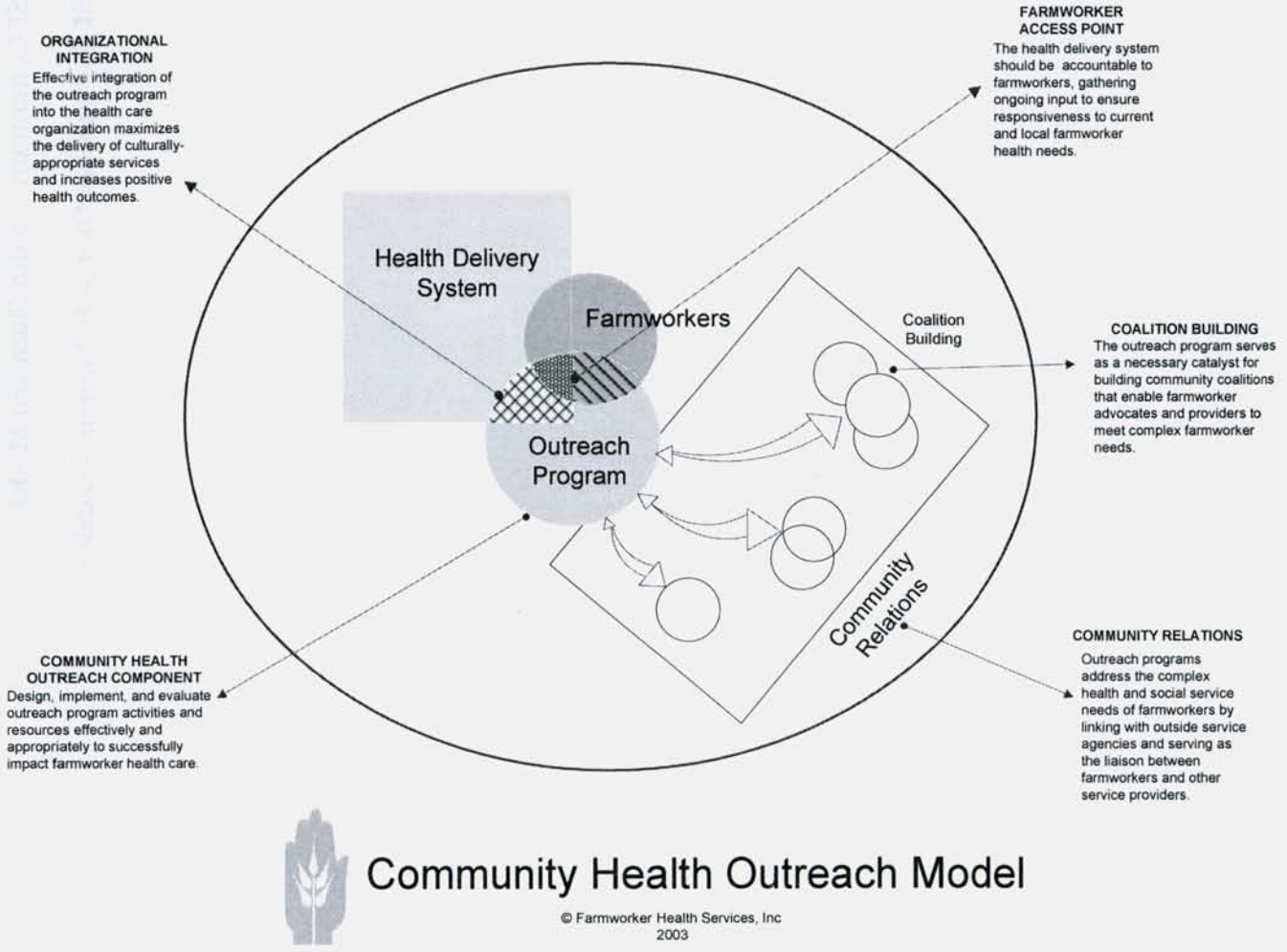
APPENDICES

Appendix A: FHSI Community Health Outreach Model

Appendix B: FHSI Farmworker Outreach Program Guidelines

APPENDIX A

FARMWORKER HEALTH SERVICES, INC. COMMUNITY HEALTH OUTREACH MODEL



Community Health Outreach Model

APPENDIX B

Farmworker Outreach Program Guidelines

National Review Panel

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PLEASE NOTE

The Farmworker Outreach Guidelines were created by a national review panel; comprised of professionals working in the migrant health field and serving farmworkers in various capacities. Farmworker Health Services, Inc. presents The Farmworker Outreach Program Guidelines as suggested strategies for the delivery of outreach services to migrant and seasonal farmworkers. In addition to the input provided by review panel members, the guidelines were created based on the expertise and experience of Farmworker Health Services, Inc. in the area of farmworker outreach. Readers of this document are encouraged to contact the Bureau of Primary Health Care/ Migrant Health Branch for specific information regarding the critical elements of an outreach program.

Guideline One

The Farmworker Outreach Program will serve as a liaison between the migrant/seasonal farmworker (MSFW) population and health/social service delivery systems.

Actions

Inform and/or educate MSFW about health/social services available to them and how to access them.

Identify access barriers to health/social services

Communicate pertinent information obtained in the outreach setting to providers within the clinical setting.

Facilitate access/communication between MSFW and health/social service agencies in the local health delivery system

Establish a relationship between the MSFW population and the local community in which they live and work.

Assist MSFW with access to services for continuity of care throughout the migration.

Guideline Two

The Farmworker Outreach Program will share health information and provide health education services that are based on teaching methods which have demonstrated effectiveness with the MSFW population. This includes consideration for ethnic and MSFW cultural, educational, linguistic, and literacy factors.

Actions

Identify risk factors for communicable and environmental diseases, occupational illnesses and injuries.

Assess health education needs as identified by MSFW population.

Promote healthy behaviors, prevention of illness, and early detection of acute illnesses.

Play a key role in helping MSFW manage chronic illnesses and become partners in their care.

Implement FHSI's COCHE™ (Curriculum for Outreach-Centered Health Education).

Disseminate information to increase MSFW access to health education.

Guideline Three

The Farmworker Outreach Program will take the lead in coordinating primary health care for the MSFW population and facilitate access to social services as necessary.

Actions

Provide initial/basic screenings.

Determine and prioritize MSFW needs.

Make referrals, based on needs, to all members of the health/social delivery system.

Conduct ongoing follow-up activity to monitor client status, and to provide support, coordination, and continuity of care.

Track outcomes of interagency referrals.

Guideline Four

The Farmworker Outreach Program will take the lead in coordinating basic counseling and mental health support for the MSFW population.

Actions

Facilitate /Coordinate referrals to mental health services and programs as appropriate

Provide encouragement and support

Facilitate the development of MSFW support groups to promote mental health education and encouragement by peers

Promote self care management activities

Guideline Five

The Farmworker Outreach Program will advocate on behalf of the individual and the MSFW population.

Actions

Document and communicate unique health conditions, beliefs, practices, behaviors, and other issues impacting the health and well-being of the MSFW at the local, state and national levels

Evaluate current health/social service delivery systems and make suggestions for improving access for the MSFW client

Assist with the development and improvement of information systems to document MSFW experiences, health outcomes, and continuity of care

Identify new MSFW population trends and specific interventions to address them

Educate the community at large of the unique contributions made by the MSFW

Guideline Six

The Farmworker Outreach Program will include a clinical component to meet the basic health care needs of the MSFW population.

Actions

Gather general health information to include specific aspects: culture, occupation, environment, behaviors, and migration

Coordinate clinical outreach with nurses, mid-level providers, physicians, dentists, and dental hygienists

Organize outreach settings where clinical services can be provided: migrant camps, health fairs, migrant daycare facilities, schools, and mobile units

Assist clinicians in the provision of basic health screenings and preventative care for conditions which the MSFW may be at high risk

Provide/coordinate activities for follow-up care as needed by MSFW clients

Guideline Seven

The Farmworker Outreach Program will develop community networking and collaboration through outreach efforts.

Actions

Conduct Marketing/Community relations for health center/voucher programs/health delivery system

Create community awareness about farmworker lifestyles, contributions, and needs

Lead in the coordination of health outreach services to farmworkers in the local health delivery system

Promote and/or coordinate large-scale events such as health fairs, etc.