

# **Final Progress Report Grant #1H13 SP03277-01**

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First National Farmworker Substance Abuse  
Prevention Symposium  
October 18-20, 1991  
San Diego, California

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First National Farmworker Substance Abuse  
Prevention Symposium  
October 18-20, 1991  
San Diego, California

Summary of Symposium

The National Migrant Resource Program, Inc. (NMRP), through a grant from the Office of Substance Abuse Prevention, held the First National Farmworker Substance Abuse Prevention Symposium in San Diego, California, October 18-20, 1991. This forum provided an innovative approach to creating a national plan for implementing the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* as related to alcohol and substance abuse. The *Farmworker Objectives*, originated by NMRP and the Migrant Clinicians Network with assistance from national migrant care experts, supply the foundation of a substance abuse prevention agenda for hard-to-reach, rurally isolated, high-risk, mobile, minority populations.

The nation's five million migrant and seasonal farmworkers—the majority of whom are Hispanic, Black, or Haitian—live, work, and suffer conditions which promote the use of alcohol and other substances. These conditions leave them vulnerable to the results of abuse, not the least of which is HIV infection, due to limited access to information and services.

In order to make the massive topic of farmworker substance abuse prevention more manageable, the issue was divided into nine work groups for the purposes of this Symposium:

- 1) Health Status/Contributing Factors—Perinatal;
- 2) Health Status/Contributing Factors—Adolescent;
- 3) Health Status/Contributing Factors—Adult;
- 4) Advocacy/Education/Resource Development—Perinatal;
- 5) Advocacy/Education/Resource Development—Adolescent;
- 6) Advocacy/Education/Resource Development—Adult;
- 7) Pediatric Issues;
- 8) Research/Evaluation; and
- 9) Policy/Standards/Documentation.

In advance of this Symposium, NMRRP commissioned experts in the field of substance abuse prevention to write background issue papers directed to each of these nine groups. The background papers were used as the point of origin from which symposium participants deliberated. During the Symposium, participants within each group generated a problem statement, identified needs and issues, and formed recommendations and action strategies for implementing the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000*.

## Background and Development

Prior to commissioning the background issue papers, a literature search was conducted through the Resource Center of the National Migrant Resource Program. The *American Journal of Public Health*, *Migration World* magazine, and *Public Health Reports* were among the publications reviewed for potential candidates to author papers specific to substance abuse prevention. Representatives from a number of organizations were also consulted. Alberto Mata, formerly of NIDA, Dr. Enoch Gordis, Director of NIAAA, and Juan Ramos of the NIMH were among some of the national affiliates who were contacted. In addition, Dr. Charlie Garcia, Director of the School of Medicine University of Washington, Dr. Joel Alpert, Dept. of Pediatrics, Boston City Hospital, and Directors of Health Service Programs at the University of Florida, University of South Carolina, California State, University of Colorado, and the University of Arizona were contacted for author recommendations.

Personal contacts were made as part of attending several topic-related conferences: the Rural Health Research Workshop conducted by the University of North Dakota School of Medicine, "Border Health Issues" sponsored by the Pan American Health Organization, the 13th Annual National Rural Health Association Conference, and the National Conference on Migrant and Seasonal Farmworkers. These conferences were used as an opportunity to observe the quality and depth of knowledge of presenters who conducted workshops related to substance abuse. At breakout sessions during the National Conference on Migrant and Seasonal Farmworkers, many health care providers expressed a desire for regional, topic-specific seminars and professional development courses. The Public Health Service Regions of the Western US wanted to hold the first regional meeting in the Fall of 1991. Alcohol and substance abuse, its prevention and treatment are major areas of concern in the west coast states. It was determined that to combine these forums would add a synergistic effect to both the Western Stream Forum and the National Farmworker Substance Abuse Prevention Symposium. The Planning Committee was then comprised of representatives from PHS regional offices and health providers with specific interest in substance abuse prevention. Skills building workshops were added to the agenda and provided a venue for selected delegates to address a different audience than those participating in specific work groups scheduled for the following day.

## Specific Aims

The First National Farmworker Substance Abuse Prevention Symposium is the first step in a decade-long commitment toward eliminating alcohol and substance abuse from the farmworker population. The cross-pollination of ideas achieved through the meeting of leaders of various fields not commonly assembled resulted in the identification of problems specific to the migrant and seasonal farmworker population and the creation of innovative recommendations.

The National Farmworker Substance Abuse Symposium brought together representatives recognized nationally for their expertise in the fields of substance abuse prevention, education, and treatment; primary care; provision of services to farmworkers and their families; public health promotion; and public policy formation. Representatives from the Tesis Corporation and ISP Pharmaceuticals were included because of their commitment to substance abuse prevention through education, and a motivation to pursue healthy behaviors for agricultural workers.

## Selected Delegates and Facilitators

Selected delegates were chosen from nominations submitted as a result of a request for nomination letter sent to executive directors, dental directors, medical directors, and migrant contacts in migrant/community health centers across the nation. The nomination form requested that the candidate be identified by their area of expertise, their most significant contribution to the field of substance abuse prevention, and their number of years in the field. Nominees were reviewed, contacted by telephone, assigned to a group related to either an area of expertise or an area of professional interest, and invited to be a part of the consensus-building/action plan process. The background issue papers were sent to the selected delegates prior to the symposium. Invitations to participate in the symposium were sent to a variety of substance abuse prevention centers and institutes nation-wide. To maintain a balance of group number and expertise, other symposium attendees were queried at registration as to their area of specialization or professional concern, assigned to a specific work group, and instructed to read the corresponding background issue paper. Two orientation sessions were conducted: one on October 18th from 1:00 to 2:30 p.m. for authors, selected delegates, and facilitators. This orientation presented the conceptual framework of the symposium, and explained the process within which work groups would build consensus, define problem areas, and develop recommendations. Facilitators were chosen from among migrant health leadership, with demonstrated commitment to the field and possessing significant group skills. A second general orientation was conducted on Saturday morning for all symposium attendees.

## Project Goal

To design a national plan for the implementation of the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* relating to alcohol and substance

abuse which will reduce the use and negative health effects of alcohol and substance abuse among farmworkers.

## Symposium Objectives

**Objective 1:** Identify 125 individuals with expertise in the areas of substance abuse, primary care, migrant services, public health promotion, public policy formation, corporate involvement in community activity, mass media, ethical analysis, and marketing to guarantee the advancement of the *Farmworker Objectives*.

Outcome: The symposium was attended by 92 individuals from across the nation who have broad range of expertise in the areas of substance abuse prevention, treatment, research, and policy. Conference participants received thirteen credit hours of continuing medical education credit in Category I of the Physician's Recognition Award of the American Medical Association and for the Certification Program of the California Medical Association. (A list of the participants and their organizational affiliations are provided as Appendix A.)

**Objective 2:** Generate position papers on selected topics for use in work sessions and strategic planning.

Outcome: Nine background issue papers were authored by experts in the field of substance abuse, and the papers were distributed to participating experts prior to the Symposium, and to other attendees at the Symposium. (A list of the authors and copies of the background papers are provided as Appendix B).

**Objective 3:** Identify and rank order issues within each study group to be addressed.

Outcome: Ten selected experts and the corresponding background paper author deliberated in each of the nine work groups to identify problem areas and issues specific to that work group's topic, and devised recommendations to address those issues.

**Objective 4:** Develop recommendations for implementation of the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000*. (A copy of this publication is enclosed.)

Outcome: Each of the nine work groups met in individual session to discuss issues, deliberate, share ideas, and build consensus in order to develop problem statements, identify specific needs and issues, and formulate recommendations designed to address the specific features of their topic. (See work group reports immediately following each background issue paper.)

**Objective 5:** Develop a plan of action for the effective implementation of the *Farmworker Objectives* that includes leadership responsibility, funding needs, and research design.

Outcome: A comprehensive problem statement was developed to highlight the urgent needs identified by all groups, and the recommendations generated by the nine groups were incorporated into a synthesized strategic plan. (See Appendix C.)

**Objective 6:** Deliver forum findings to the offices of the Surgeon General and the Director of the US Health and Human Services.

Outcome: On October 20, 1991, a presentation of each group's problem statements, identified need areas, and recommendations were delivered before a panel of representatives comprised of the National Advisory Council on Migrant Health, the Bureau of Health Care Delivery Assistance, Department of Health and Human Services, DHHS Public Health Service Regions IX and X, the National Migrant Resource Program, Inc., and the Migrant Clinicians Network. (A list of the panel members is provided as Appendix D).

## Evaluation/Success/Outcome

The majority of respondents (85 percent) felt that the program met its stated objectives, that the syllabus was clear and understandable, and that the information was relevant to their clinical practice; and 90 percent stated that overall the program was very good or excellent. Ninety-percent of the respondents rated the skill building workshops good or excellent. The background issue papers provided valuable information, and the authors were particularly commended. Ninety-six percent of responses rated the substance abuse work groups good or excellent. Dr. Felipe Castro, Director of the Hispanic Resource Center at Arizona State University, delivered the keynote address and received a nearly unanimous rating of very good or excellent. The group considered Dr. Castro an inspirational speaker, and appreciated his willingness to be accessible during and after the symposium to discuss specific needs and issues.

## Future and Continuing Activities

An outcome not anticipated by this symposium, but one that has received tremendous interest is that the background issue papers and work group reports be submitted to an appropriate professional organization for publication as a journal issue or symposium proceedings. The participants expressed a desire that the resources, information, and product of the symposium be disseminated to as wide an audience as possible, including national policymakers, in order to work toward successful implementation of the plan of action. As part of an ongoing endeavor, we intend to continue to foster the communication established with symposium participants and to enlist their assistance with the implementation of the action

plan. It is anticipated that substance abuse prevention related focus groups and workshops will become an on-going part of regional and national conferences in which the National Migrant Resource Program and the Migrant Clinicians Network are involved, as a mechanism to assess needs and highlight new and successful efforts at the local level.

**Appendix A**  
**List of Participants**

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**Appendix B**  
**Background Papers**

Enclosed separately (see blue notebook)

**Appendix C**  
**Plan of Action**

# Substance Abuse Prevention in the Migrant and Seasonal Farmworker Population

## A Plan of Action for the Year 2000

The following recommendations are the results of nine work groups which convened at the National Farmworker Substance Abuse Prevention Symposium in San Diego, California on October 18-20, 1991. This forum represented an innovative approach to creating a national plan for implementing the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* as related to alcohol and substance abuse. The *Farmworker Objectives*, originated by NMRP and the Migrant Clinicians Network with assistance from national migrant care experts, supply the foundation for a substance abuse prevention agenda for hard-to-reach, rurally isolated, high-risk, mobile, minority populations.

The nation's five million migrant and seasonal farmworkers—the majority of whom are Hispanic, Black, or Haitian—live, work, and suffer conditions which promote the use of alcohol and other substances. These conditions leave them vulnerable to the results of abuse, not the least of which is HIV infection, due to limited access to information and services. The goal of the Symposium was to design a national plan for the implementation of the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000* relating to alcohol and substance abuse which would reduce the use and negative health effects of alcohol and substance abuse among farmworkers by ensuring expansion of services to farmworkers, increasing awareness of the needs and problems of this population, and creating uniformity in future program direction and development of substance abuse intervention and treatment plans for migrant health centers.

The issue of farmworker substance abuse prevention was divided for the purposes of this Symposium into nine work group topics. The work groups were:

- 1) Health Status/Contributing Factors—Perinatal;
- 2) Health Status/Contributing Factors—Adolescent;
- 3) Health Status/Contributing Factors—Adult;
- 4) Advocacy/Education/Resource Development—Perinatal;
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- 9) Policy/Standards/Documentation.

Prior to the meeting, NMRP commissioned experts in the field of substance abuse prevention to write background issue papers directed to each of these nine groups. The background papers acted as the point of origin from which conference participants deliberated to form recommendations and action strategies for implementing the *Migrant and Seasonal Farmworker Health Objectives for the Year 2000*. To complement the information provided in the background issue papers, NMRP also invited representatives from across the nation to share with the forum their many years of experience in the field of substance abuse prevention. These selected delegates provide a valuable contribution to the outcome of the conference by assisting participants in each work group to build consensus, formulate problem statements, and create action strategies and recommendations. The National Farmworker Substance Abuse Prevention Symposium brought together representatives recognized nationally for their expertise in the fields of substance abuse prevention, education, and treatment; primary care; provision of services to farmworkers and their families; public health promotion; and public policy formation.

## Problems Identified by Work Groups

- *Research*—Very little research has been conducted into the underlying causes of addiction among farmworkers and roles of poverty, acculturation, diminished self esteem, and other complex factors in the development of alcohol and drug abuse patterns. Research specific to the migrant and seasonal farmworker population is difficult to conduct due to the population's mobility. Studies have shown that, for many farmworker families, the basic human needs of food, clothing, and shelter are not being adequately met. Without some understanding of how these deficiencies contribute to addiction, the issue of substance abuse among farmworkers cannot be fully addressed. In addition, firm data to support requests for funding and targeting of migrant substance abuse prevention efforts are very scarce for the migrant and seasonal farmworker population.
- *Continuity of Care*—There are no appropriate mechanisms in place to identify substance-abusing farmworkers and to track them for follow-up as they move along the migrant stream. In addition, no method currently exists to allow health centers along the stream access to up-to-date medical records on individual farmworkers. This means that health care providers may not have important information about a patient's medical history.
- *Funding and Other Resources*—Funds for mental health, including treatment and prevention programs for migrant and seasonal farmworkers are in very short supply. Where these funds are available, migrant service agencies often lack the staff, technical skills, and time to discover and apply for them. In

addition, there is a shortage of appropriately-trained, bilingual/bicultural service providers and it is difficult to attract these providers to migrant practice; the geographic and social isolation of practice in rural areas also leads to a high rate of turnover among the professionals who do choose to provide migrant health care. Finally, the existing educational resources such as curricula, audiovisual materials, and other programs for substance abuse treatment and prevention are often inappropriate for the lifestyle, educational level, native language, and cultural background of migrant farmworkers.

- *Access to Services*—Many factors combine to prevent migrant and seasonal farmworkers from using the existing services. These factors include geographical and social isolation, lack of transportation, need for child care, inability to sacrifice wages for work lost while pursuing services, cultural resistance to use of mental health services, and need for bilingual/bicultural services and service information. In addition, many farmworkers simply do not know that there are services available.
- *Appropriate Models and Services*—There is an overall lack of culturally sensitive, demographically appropriate intervention and treatment models which support the cultural heritage of migrant and seasonal farmworkers and which are realistic in terms of the capabilities of small, rural health centers.
- *Integration and Coordination of Services*—There is little coordination between migrant health care providers and existing substance abuse services. Integrated service delivery models need to incorporate communities, schools, families, and agencies at the local, state, regional, federal, and international levels. These systems and organizations must be responsive to the root causes of substance abuse, and be able to work in a cooperative and cost-effective manner. In particular, the lack of a uniform system for interstate Medicaid eligibility is a major barrier for farmworkers. State requirements may delay determination of eligibility for longer than a worker is in a particular location, and the burden of paperwork can discourage workers from applying.
- *Leadership*—The issue of substance abuse prevention and treatment suffers from the lack of cohesive leadership. This is reflected in a failure to clarify the desired outcomes of substance abuse efforts; lack of attention to and/or enforcement of federal and state standards which could improve living and working conditions for agricultural workers, thus reducing their risk for substance abuse; and lack of union/employer partnership to address prevention and treatment of substance abuse.

- *Education and Advocacy*--The migrant farmworker population exhibits a very school dropout rate starting at the fourth grade. Economic necessity and a migrating lifestyle often cause children to leave school in order to work in the fields. In addition, educational and advocacy efforts frequently fail to consider the effects of alienation and/or incomplete acculturation on farmworker mental health. Factors such as lack of appreciation for cultural values, loss of good cultural nutrition habits, language barriers, inter-generational gaps and barriers due to differences in acculturation, community resistance, and single heads of household may all contribute to overall risk for substance abuse. In addition, substance abuse prevention efforts need to harness the energy of the migrant and seasonal farmworker community itself. Education and self-help efforts with this community need to emphasize positive lifestyles, both in the community and in the work environment. Specific issues include prevention and treatment settings which inadequately incorporate traditional family values, work conditions and employer attitudes which are not conducive to a drug-free lifestyle, and the need for programs which can teach individuals at risk to envision their own futures. Such programs would incorporate self esteem enhancement, goal setting, and budgeting.

## Recommendations

### Perinatal Life Cycle

#### *Research*

- Increase understanding of the causes of maternal substance addiction by identifying risk factors for maternal substance abuse such as history of sexual abuse, rape, incest; poverty; history of substance abuse in family and significant relationships; family violence; and adolescent pregnancy. All migrant-specific research should be sensitive to gender and culture issues among migrant and seasonal farmworkers.

#### *Data Collection and Monitoring:*

- Develop and implement a short assessment tool to increase professional awareness and promote early identification of substance-abusing pregnant migrant and seasonal farmworkers. The tool could be used at outreach, neighborhood stores, labor camps, hospitals, medical offices, etc. Technical assistance should be provided to assist with research and data collection.

- Set up a national referral network for identified prenatal substance abusers through inter-agency and community resources.
- Form an interagency task force of prenatal care providers within the migrant stream to evaluate the feasibility of a prenatal record transfer system. This task force should develop a proposed system for confidential interstate medical record retrievals to assist in tracking farmworkers for follow-up. Existing systems, including the Migrant Student Record Transfer System, should be identified and evaluated for possible adaptation. Conduct a pilot study of the proposed tracking system for evaluation of effectiveness and feasibility.

*Funding and Other Resources:*

- Increase the supply of culturally-sensitive health and human service providers by recruiting bilingual/bicultural providers at all levels. Appropriate training on cultural sensitivity should be given to all providers in substance abuse certification, continuing education units, etc., and through national professional organizations. Develop resources such as education assistance and training that foster culturally competent staff.
- Increase available funding for farmworker health and substance abuse services:
  - Increase appropriations at all levels
  - Develop local and state funding strategies, especially block grants.
  - Include reviewers who have experience with farmworkers on grant review committees.
- Identify other available resources:
  - Identify available intra- and inter-agency and community resources. Evaluate these resources for effectiveness, and use the most effective resources.
  - Form a task force to further evaluate identified resources and service gaps, and develop new resources to address identified service gaps.

### *Access to Services:*

- Increase access to prenatal and perinatal health care by allocating resources and encouraging creative models for transportation, child care, and education/community outreach.
- Form a community task force to address barriers to access of existing services, set goals and objectives to meet identified access problems, and meet on a regular basis to coordinate, network, and continue process evaluation.
- Develop a directory of prenatal substance abuse services and translate it into the native language of the migrant population in each community.

### *Development of Models/Services:*

- Encourage development of programs which address self esteem and empowerment of female migrant and seasonal farmworkers.
- Develop creative demonstration models with strong evaluation components, i.e., mobile substance abuse teams, community health outreach, lay health workers. Create appropriate interventions and treatment resources, including outpatient services and halfway houses, for pregnant substance-abusing migrant workers and their infants.

### *Integration and Coordination of Services:*

- Encourage advocacy groups to coordinate efforts to work on migrant issues as a unit, developing a formal network to give the migrant population a voice and their advocacy efforts further strength. Establish coalitions among existing national substance abuse advocacy organizations to conduct cross-regional planning based on client need.
- Implement interstate Medicaid reimbursement compacts.
- Form a multi-disciplinary community consortium of health care providers, organizations, and agencies. This consortium should develop an action plan to identify available resources and service gaps.
- Expand linkages between substance abuse entities and others with access to children and families (Head Starts, schools, public health departments, day cares, etc.).

### *Leadership:*

- Education in substance use disorders should be required of policy makers and those charged with policy implementation at every level.

### *Education/Advocacy:*

- All substance abuse education efforts, including those for administrators, clinicians, and family members, should incorporate the disease model to reduce the moral stigma of substance abuse.
- Substance-abusing mothers should be educated on the dangers of substance abuse to their infants, and on caregiver competency, and families should be involved in counseling and education about risk factors to strengthen the support system for the mother.
- Enlist community leaders to participate in activities that promote alternatives to substance use and change group norms. This should include male role models, clergy, and recovering role models.
- Support grassroots recovery organizations and facilitation of key family member involvement (AA, NA, Alanon). Develop an aggressive outreach program, including a mass media component, to create public awareness, incorporate use of lay community workers, and inform and educate the target population about prenatal substance abuse.

## Adolescent Life Cycle

### *Research:*

- Establish a task force to gather existing research on acculturation issues and to develop proposals to expand our understanding of 1) a cross-cultural definition of adolescence, 2) the interaction of inter-generational conflict and cross-cultural conflict, and 3) family dynamics/roles in the acculturation process.

### *Data Collection and Monitoring:*

- Establish a National Clearinghouse on Farmworker Issues to collect and disseminate research on farmworkers' identified needs, and to establish a system for providing continuity of information and care for migrant farmworkers.

### *Funding and Other Resources.*

- Increase available resources through the use of lay health workers. Provide funding for lay health workers in base grants, and conduct research to prove that lay health workers are cost-effective and to identify effective prevention strategies specific to the migrant population. Evaluation for such strategies should be outcome-based in order to show behavior change.
- Identify models of community development programs to promote community buy-in and implementation.
- Strengthen social support for the migrant population by funding advocates, especially for new arrivals.
- Develop access and market educational media programs (about family health, adolescent drug use, developmental changes, etc.) which are linguistically and culturally appropriate, to provide for stream continuity. Some programs should be developed and/or reviewed by adolescents.

### *Access to Services:*

- Provide transportation by collaborating with other organizations to share use of vehicles (i.e., community clinics, vans, etc.). Identify existing community resources (e.g., get businesses to donate money for vehicles).
- Provide mobile health clinics.
- Provide technical assistance for outreach workers and for grant writing.

### *Development of Models/Services:*

- Develop appropriate interventions (health promotion/substance abuse prevention, screening, early detection) and treatment models for migrant farmworker youth.

*Integration and Coordination of Services:*

- Provide funding for multi-disciplinary demonstration projects for adolescents. These projects would involve community, schools, health centers and private sector working together. Projects should be developed with input from adolescents, and successful projects should be marketed to other areas.

*Leadership:*

- Encourage Latinos to participate in local government and school boards.

*Education/Advocacy:*

- Implement the following drop-out strategies:
  - Involve parents.
  - Create bilingual programs which are effective in both first and second language instruction.
  - Make housing and employment services available for students.
  - Find creative ways to involve colleges/universities with migrant youth.
  - Support junior high students' need for an advisor/counselor.
  - Provide comprehensive health education, including substance abuse education, for youth.
- Promote cultural pride, decrease alienation, and encourage acculturation through bilingually-conducted, community-based programs where families can come together for drug-free activities (e.g., dances, folklore, music, murals, food). Advertise these activities through health fairs, church organizations, fund-raising activities, soccer league, and family support groups.
- Teach adolescents to envision a future for themselves. Use the California Mini-Corps model to reach out to the migrant population via role models for the students. Advocate for bilingualism as an positive factor in career, future, and goal setting. Promote Latino clubs in schools, and involve community businesses in prevention.

## Adult Life Cycle

### *Data Collection and Monitoring:*

- Conduct a national needs assessment:
  - Develop a standard protocol for collection of farmworker substance abuse data, and institute mandates for reporting of farmworker substance abuse data.
  - Administer the assessment through migrant health centers and other grantees.
  - Coordinate data from other resources contacted by migrant and seasonal farmworkers such as schools, mental health centers, law enforcement.
  - Use a central clearinghouse to collect and analyze data.

### *Funding and Other Resources:*

- Initiate OSAP and OTI development of funding targeted development of mental health/substance abuse initiatives, coordinated medical services, and demonstration programs for farmworker substance abuse treatment and prevention.
- Enhance funding specifically aimed at providing HIV and AIDS education (in appropriate languages and educational attainment levels) which are sensitive to farmworker cultural issues.
- Explore funding opportunities, both public and private, for research based on information that emerges from farmworker testimony.

### *Access to Services:*

- Develop a directory of substance abuse resources for distribution to farmworkers, with the information structured in Spanish at an elementary reading level. This directory should be updated every 1-3 years.

- Establish national toll-free consumer numbers with bilingual personnel for migrant and seasonal farmworkers for direct referral to national and regional resources.
- Insure that substance abuse information developed for migrant and seasonal farmworkers (i.e., through NIMH, clearinghouses, OSAP, etc.) is uniformly and consistently provided to agencies which have contact with farmworkers (e.g., migrant health centers, mental health agencies, law enforcement, income assistance/social service providers, schools, etc.).

*Integration and Coordination of Services:*

- Institute reciprocity between states for Medicaid coverage
- Incorporate and/or develop mental health/substance abuse services within migrant health centers.

*Leadership.*

- The National Advisory Council for Migrant Health and a network of migrant service providers should develop opportunities for migrant and seasonal farmworkers to identify the chronic, unabated problems which affect their own lives. These opportunities should be publicized through bilingual radio advertisement of when and where sessions are to be held, and greater person-to-person contact should be used in inviting participants. Such sessions should be held in ways which allow farmworkers to attend.
- Communities should be encouraged to use the “percolate up” model, and funding should be provided for initiatives which use this model. This should include a requirement that feedback be returned to a central clearinghouse, and that each program have a strong evaluation component to guide and justify future efforts.
- Technical assistance and funding should be provided to develop individual programs such as regional detox centers or brief risk intervention training for providers.
- The National Advisory Council should continue take a lead role because it has done the introductory work, and should seek to expand its logical, emerging, and non-traditional alliances.

## Research/Evaluation

### *Research:*

- Reduce the difficulty of conducting research on the farmworker population and in determining and formulating research questions through the following:
  - Provide training in applied epidemiology as it pertains to programmatic needs.
  - Establish more linkages between academia and service providers.
  - Identify and develop a list of researchers who are bilingual, bicultural, and culturally sensitive.
  - Advocate for the development and use of methodologies that take into account the special characteristics of the migrant and seasonal population.
  - Undertake an initial survey of providers (such as a research NIDA service survey, with the category Migrant added) with topical questions that, at a minimum, ask what languages services are provided in, percentage of clientele needing and being provided substance abuse services, referrals needed, and data collected.
- Identify and tap into new funding resources (e.g., NIDA, Office of Migrant Health, Office of Minority Health, NIMH) and informational resources (HANES, National Child Welfare League, Bureau of Census, law enforcement agencies). Develop a national professional network of organizations providing services to farmworkers and which could be used for collecting and transferring data.
- Encourage researchers to include research on farmworkers (RADAR, NIDA, Office of Migrant Health, NIH, and CDC).
- Develop a common definition of migrant and seasonal farmworkers across all programs which provide services to this population.

*Access to Services:*

- Distribute existing directories of available services to migrant and seasonal farmworkers.

*Leadership:*

- The Office of Migrant Health and the National Advisory Council on Migrant Health should provide leadership in achieving recommendations pertaining to research and evaluation. Both groups should establish written agreements with federal and state agencies to enhance efforts on farmworkers' behalf.

**Policy/Standards/Documentation**

*Research:*

- Federal agencies should provide funding for research that defines patterns, causes and scope of substance use/abuse; effectiveness of strategies; common data collection and evaluation tools; and model programs for migrant and seasonal farmworkers.

*Funding and Other Resources:*

- Increase congressional appropriations for substance abuse prevention and treatment. Establish substance abuse prevention and treatment programs as a funding priority for federal agencies, and work in a proactive manner with constituency and federal agencies to target funds in migrant and seasonal farmworker communities, including provision of technical assistance in grantsmanship.

*Integration and Coordination of Services:*

- Increase interagency coordination through a variety of levels of coalitions, including 1) federal Health and Human Service agencies, Department of Justice, and Health Care Financing Administration, 2) state and local level agencies, such as substance abuse programs, state health/human service departments, county clinics, schools, and local governments, 3) regional (stream) coordination of migrant clinics and prevention/treatment providers, 4) higher education and professional training institutions to develop relevant substance abuse curricula, and 5) coordination at the international level.

*Education/Advocacy:*

- Create incentives for employees to create a drug-free working place by extension of the Drug-Free Workplace Act to the farmworker environment, enforcement of hazardous communications and Occupational Safety and Health Act, and union-employer-insurer partnerships.
  
- Social service organizations should promote and incorporate positive lifestyles, traditional cultural values and self-esteem development into substance abuse treatment and prevention. In addition, steps should be taken to make migrant and seasonal farmworkers full partners in local communities, including programs in the schools, community organizations, and local coalitions.

**Appendix D**  
**List of Panel Members**

## Panel of National Representatives Who Received Group Recommendations at Symposium

Gilberto Alaniz, Director of Operations, National Advisory Council on Migrant Health

Enrique Carter, MD, Regional Clinical Coordinator, Public Health Service Region IX, U.S. Department of Health and Human Services

Ana Maria Puente, BSN, Public Health Service, Bureau of Health Care Delivery and Assistance, Office of Migrant Health; also representing U.S. Department of Health and Human Services

Lucina Siguenza, Regional Program Consultant, Public Health Service Region X, U.S. Department of Health and Human Services

Richard Rysdam, MD, Regional Clinical Coordinator, Public Health Service Region X, U.S. Department of Health and Human Services

Karen Mountain, RN, MSN, Deputy Director, National Migrant Resource Program, Inc.

Ed Zuroweste, MD, Chair, Migrant Clinicians Network