

# PROCEEDINGS OF THE 2002-2003 Migrant Farmworker Stream Forums

■ 15th Annual East Coast  
Migrant Stream Forum  
Savannah, Georgia

■ 12th Annual Midwest  
Farmworker Stream Forum  
New Orleans, Louisiana

■ 12th Annual Western  
Migrant Stream Forum  
Mesa, Arizona

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Proceedings of the 2002-2003 Migrant Farmworker  
Stream Forums

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**2002-2003 Migrant Farmworker  
Stream Forums**

**15th Annual  
East Coast Migrant  
Stream Forum**

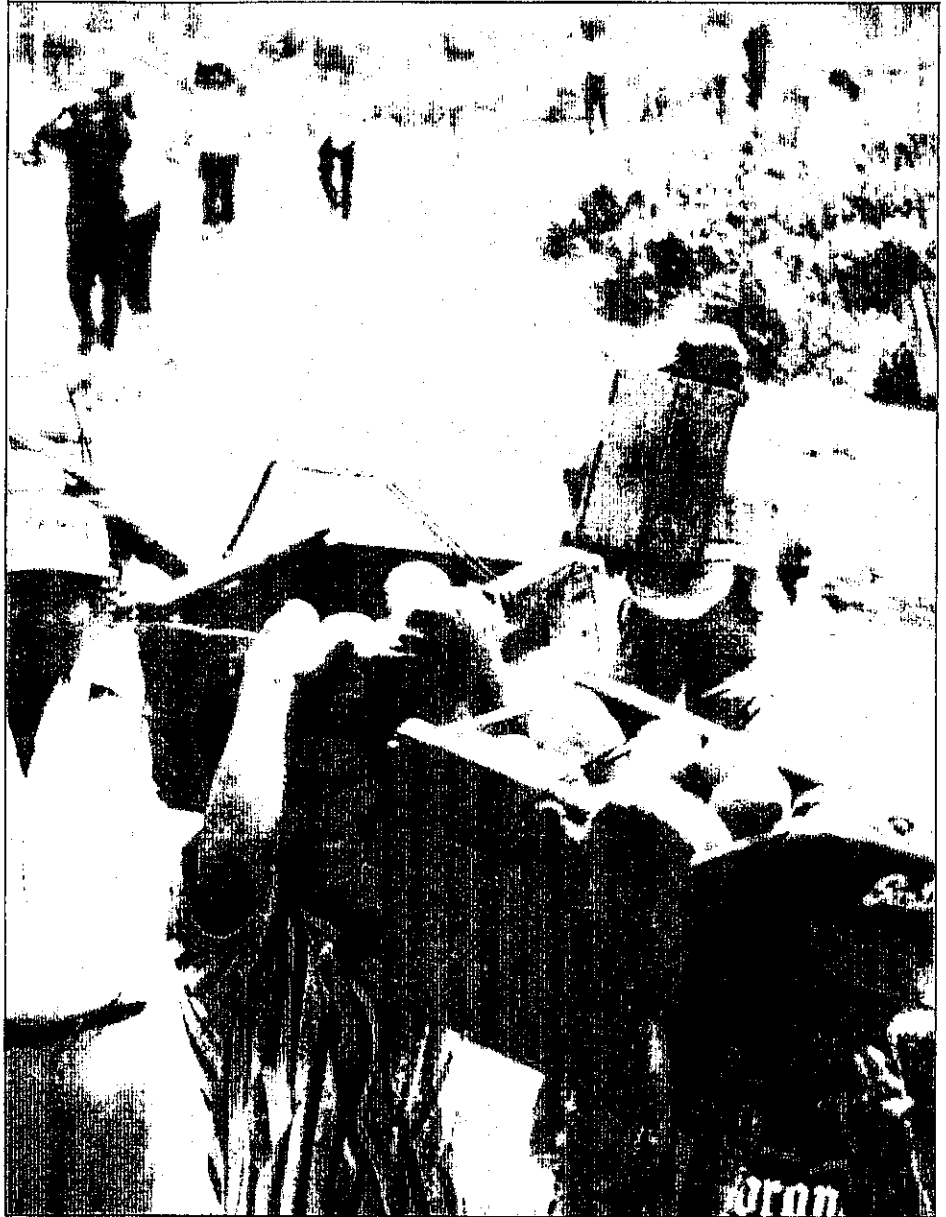
Savannah, Georgia

**12th Annual  
Midwest Farmworker  
Stream Forum**

New Orleans, Louisiana

**12th Annual  
Western Migrant  
Stream Forum**

Mesa, Arizona



# Contents

Introduction .....	4
National Sponsors .....	6

## **"Líderes: Leading the Way to Healthy Farmworker Communities", 15th Annual East Coast Migrant Stream Forum**

October 24-27, 2002 • Savannah, Georgia

Conference Overview .....	10
Session Abstracts .....	12
Participant Demographics .....	18
Conference Participants .....	19
Planning Committee .....	30
Conference Sponsors .....	31

## **"Creating a Vision for Tomorrow's Leaders," 12th Annual Midwest Farmworker Stream Forum**

November 20-23, 2002 • New Orleans, Louisiana

Conference Overview .....	34
Session Abstracts .....	36
Participant Demographics .....	48
Conference Participants .....	49
Planning Committee .....	59
Conference Sponsors .....	60

## **"Celebrating Our Past and Asegurando Nuestro Futuro," 12th Annual Western Migrant Stream Forum**

January 31-February 2, 2003 • Mesa, Arizona

Conference Overview .....	62
Session Abstracts .....	64
Participant Demographics .....	69
Conference Participants .....	70
Planning Committee .....	78
Conference Sponsors .....	79

## **Hunger and Food Insecurity among Latino Migrant and Seasonal Farmworkers in North Carolina**

Sara A. Quandt, PhD, Thomas A. Arcury, PhD, Julie Early, MS, Janeth Tapia, Jessie D. Davis

<b>2002-2003 Farmworker Stream Forum Feedback Form</b> .....	88
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# Farmworker Stream Forums

The 2002/2003 migrant stream forums were convened in the fall and winter of 2002 and 2003: the 15th annual East Coast Migrant Stream Forum in Savannah, Georgia on Oct. 24-27; the 12th annual Midwest Farmworker Stream Forum in New Orleans, LA on Nov. 20-23; and the 12th annual Western Migrant Stream Forum in Mesa, AZ on Jan. 31-Feb. 2. These proceedings offer a review of each of the forums including session abstracts, participant demographics and contact information, conference sponsors, planning committee members and conference highlights.

The 2002/2003 stream forums assembled a total of 750 regional and national participants from a wide range of organizations, agencies, and backgrounds. The three venues provided over 122 sessions in various educational tracks including, clinical, outreach, lay health, research, administration, policy, leadership, and bi-national. Continuing education credits were available in medicine, nursing, dentistry, social work and health education. These offerings addressed the critical need for professional development and training of health center staff and served as an important step in expanding access to care and improving the health status of the farmworker population. Ben Flores, former Migrant Health Branch Chief and currently the Director of the Office of Minority and Special Populations, provided direction and guidance in the three venues with his session entitled, "Growing Health Centers under the President's Health Center Initiative". This workshop provided an overview of the Presidential Initiative, the Bureau's strategic plan to address this challenge and the impact on health centers, their staff and patients. It provided a focal point for the conference planners and attendees, placing special emphasis on the 10 critical elements. These elements, as outlined below, were used in the development of workshops and as criteria for session inclusion in the Forums. Examples of workshops from the 2002/2003 Stream Forums, addressing the critical elements, are listed after each element description.

## THE 10 CRITICAL ELEMENTS\*

### IDENTIFICATION/VERIFICATION OF NEED

Health Center growth, whether in the form of new access points, expanded capacity or services expansion, must occur in the neediest areas of the Nation – particularly in communities with high numbers of underserved people. Identifying these areas of highest need will require considerable work. Existing and potential grantees must request assistance early from PCAs and PCOs as well as other agencies including State and local economic development offices, educational institutions, departments of labor and housing, etc. Although most data used to determine health care needs are geographically based, real needs are driven by characteristics of at-risk populations. Needs assessments should evaluate the various data in the context of identifying unmet need, access barriers and disparities in health outcomes.

*Conducting Needs Assessments Using Sound Research Principles, Midwest Stream Forum, 11/2002*

*Community Assessment from the Ground Up: Considering the Process in a New Way, Western Stream Forum, 2/2003*

### COMMUNITY DEVELOPMENT

Mobilizing community awareness and commitment requires a continuing effort. The development cycle may require 24 to 36 months, depending on leadership and other resources available in a community

and the readiness of the community to expand its primary care capacity. One must keep in mind that the communities with the greatest need for health care may also be lacking the resources necessary to mobilize the community. Because local problems require local solutions, leaders within the community to be served must be identified and recruited early.

*Improving Working Agricultural Communities, Western Stream Forum, 2/2003*

### BOARD DEVELOPMENT

Governance of community-based health centers is complex and demanding. Board members must, by law, be representative of the people being served. This user representation must be maintained throughout any growth and expansion efforts. In addition, board members must possess a broad base of business, finance and clinical expertise, which they can bring to bear in exercising their oversight responsibilities. Serving new populations will require representation from specific populations and cultural groups at the board level. Training of new, existing, and expanded boards will be necessary. To aid in the ongoing development of community boards, the BPHC will not only produce learning materials (manuals, videos, newsletters, etc.) but will also identify a cadre of people who will work with individual boards through workshops and on-site technical assistance.

*Building and Strengthening Health Center Board Leadership, East Coast Stream Forum, 10/2002*

*Leadership Training for Board Members, Midwest Stream Forum, 11/2002*

### WORKFORCE DEVELOPMENT

To be successful in this Initiative, health centers must develop and retain strong administrative and clinical leaders and nurture developing leaders to enable them to manage multi-site systems. It is essential that all existing and new centers develop or expand a strategic plan for retention, appropriate retraining of current staff, and recruitment of new employees. This need for additional staff will provide an opportunity to develop new and enhance existing relationships with organizations and educational institutions that can help address this need. Health Centers and PCAs should explore linkages with universities or other training institutions to provide internships not only for health professions students, but also public health, public administration, business administration and information technology students. These types of relationships can help to ensure the adequacy of the workforce into the future.

*Providing Health Care to Farmworkers through Community/Academic Partnerships, East Coast Stream Forum, 10/2002*

*The Salud Program: a Partnership for Migrant Health in Oregon, Western Stream Forum, 2/2003*

*Overview of Migrant Health: a Tool for Orientation of New Employees, Midwest Stream Forum, 11/2002*

### CAPITAL FINANCING

New health centers will require new or renovated facilities. Studies have shown that the facilities of many existing systems are in need of repair or replacement. The expansion efforts will add to this need for capital support, and will also provide an opportunity for centers to upgrade their overall technology including not only physical plant improvements, but also the equipment necessary to support effective and efficient practice



management systems. **Partnerships** should be formed early to identify resources to support the facility and equipment needs of the center. Donated space from education institutions, public housing authorities, shelters, churches and other organizations in the community should be explored.

*Community Partnerships and Farmworker Training, Western Stream Forum, 2/2003*

#### **OPERATING SYSTEMS**

*(including clinical, business, and information management systems)*

Health centers must continue to be at the forefront of emerging clinical and management solutions to provide cost-efficient and effective quality care. It is the goal of the BPHC that every Health Center adopts the **collaborative approach to disease/care management** and support, sustain, and spread it throughout the practice. Not only must we increase the number of people served in health centers, we must also demonstrate results in terms of **improved quality of care, improved health outcomes, and reduction of disparities**. To this end, developing and expanding centers must focus on establishing and maintaining strong programs for credentialing and privileging, comprehensive utilization review, and risk management. **Comprehensive quality improvement plans** must be implemented and integrated throughout the organization, with regular use of external quality evaluators, including the routine assessment of patient and staff satisfaction. Further, it is essential that health centers apply advances in technology to both administrative and clinical systems. Primary among technology needs is the establishment of comprehensive systems for the collection of clinical, financial, and management data. In addition to collecting data, centers must be able to **analyze the data** and make informed decisions based on it. Where integrated networks or shared systems exist, new efforts must be coordinated with these activities.

*Migrant Health Improvement through the Collaboratives, Western Stream Forum, 02/2003*

*Innovations in Diabetes Care through the Collaborative Model, Midwest Stream Forum, 11/2002*

*Improving Diabetes Outcomes for Farmworkers through the BPHC Disparities Collaborative, East Coast Stream Forum, 10/2002*

#### **CONTINUUM OF CARE LINKAGES**

As new health centers are developed and existing centers expand to serve additional people, attention must be focused on designing systems that maximize the quality of services and enhance access to primary, specialty and hospital services. The ultimate goal is to improve the **continuum of care** for all patients. **Relationships will need to be developed** with specialty providers, with hospitals and with other health professionals to ensure access to comprehensive care.

*Continuity of Care for Migrant Farmworkers Utilizing Computer Disks, Western Stream Forum, 2/2003*

*Providing Continuity of Care While In-stream, Midwest Stream Forum, 11/2002*

*Traveling Light: Making Health Records Portable, East Coast Stream Forum, 10/2002*

#### **LEVERAGING RESOURCES**

Currently, BPHC funds provide less than 30 percent of the total support for health centers. Yet, the Federal support of a new start activity is generally at least 50 percent and sometimes greater. As BPHC grants for health centers increase over the next 5 years, it is essential that the other sources of funds that support health centers, largely Medicaid and other

State funds, increase proportionately. This will require work on the part of each community to ensure that financial support, in addition to Federal funds, is available. This will require leveraging of **available Federal, State, local, and private resources**.

*How to Get Funded (or Not), Midwest Stream Forum, 11/2002*

#### **OUTREACH TO SPECIAL POPULATIONS**

*(homeless people, migrant farmworkers, immigrants, etc.)*

The need to address health disparities is critical and will require specially designed outreach to find and serve **hard-to-reach special populations** with health status outcomes that differ from the general population. As these groups grow and evolve through economic, demographic, and social shifts, the composition of the health center patients, staff, boards, and primary care services will change. Use of **community-based outreach workers** from the target population, who can gain the trust of special populations, and the **establishment of delivery sites tailored to enhance access to services**, (e.g. mobile units, shelters, day care centers, nutritional sites, senior centers), will be necessary to reach people who must overcome additional barriers to accessing available and appropriate services.

*Health Promotion Campaigns for Indigenous Oaxacan Farmworkers, Western Stream Forum, 2/2003*

*Integrating Outreach into the Health Center, Midwest Stream Forum, 11/2002*

*Outreach Essentials and Innovative Practices, East Coast Stream Forum, 10/2002*

#### **SERVICE DELIVERY ADAPTATIONS FOR SPECIAL POPULATIONS**

Health Center programs will need to be flexible to meet the evolving needs of special populations and develop **comprehensive systems of care** that take into account their specific language, age, cultural, housing and service needs. **Expanded use of translation and interpretation services** will be necessary in many areas. To successfully adapt services, health centers must gain insight and assistance from organizations with expertise in serving special populations. Making **population appropriate adaptations** to the service delivery system will enhance the effectiveness of health center programs. Examples of such adaptations might include: appointment policies to allow for walk-in customers; extended hours of operation that are more convenient; non-traditional services such as access to showers and washing machines; complimentary and alternative medicine services; modified waiting rooms to accommodate the elderly; and different medication dispensing practices.

*Let's Talk About Cancer: A Practical Approach, Western Stream Forum, 2/2003*

*Traditional Medicine in Mexico, Midwest Stream Forum, 11/2002*

*Promising Practices in Serving Limited English Proficient Patients, East Coast Stream Forum, 10/2002*

These critical elements provide guidance for the successful implementation of the Presidential Initiative, with a clear focus on strengthening health centers, managing quality improvement, and managing growth. The stream forums will continue to support this Initiative in creating opportunities for professional development and staff training for the enhancement of the professional growth needed to meet the expectations of the Initiative and the impact this will have in our communities. We encourage you to attend this year's forums and invite your colleagues for the following dates: East Coast Migrant Stream Forum, Oct. 23-26, 2003, Tarrytown, NY; Midwest Farmworker Stream Forum, Nov. 6-8, 2003, Houston, TX; and Western Migrant Stream Forum, Jan. 30 - Feb. 1, 2004, Seattle, WA.

*\*Excerpts from President's Initiative to Expand Health Centers, May 16, 2002*

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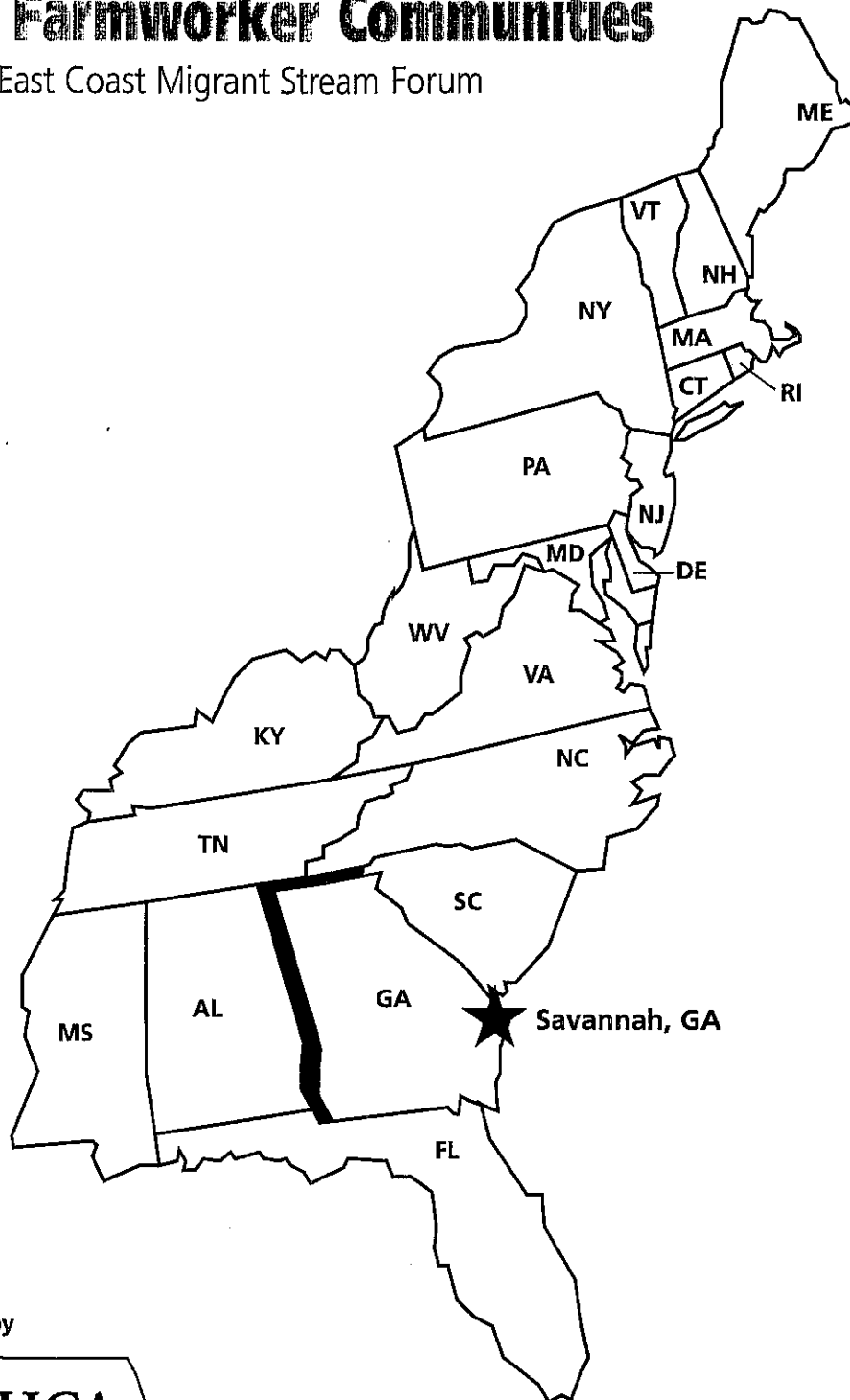
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#### **Migrant Health Centers nationwide**

# Lideres: Leading the Way to Healthy Farmworker Communities

15th Annual East Coast Migrant Stream Forum



Hosted by



North Carolina Primary  
Health Care Association





# Líderes: Leading the Way to Healthy Farmworker Communities

## 15th Annual East Coast Migrant Stream Forum

### Conference Overview

The 15th Annual East Coast Migrant Stream Forum, hosted by the North Carolina Primary Health Care Association (NCPHCA), was held in Savannah, Georgia, October 24-27, 2002. Savannah's rich history, architectural splendor, and old-fashioned Southern charm offered an ideal setting for this year's annual gathering of migrant health practitioners. For fifteen years, the East Coast Migrant Stream Forum has educated, stimulated and challenged its attendees through workshops and networking opportunities aimed at enhancing health care delivery for migrant and seasonal farmworkers living and working along the East Coast. In response to the President's Health Center Initiative to expand access to essential health care services for farmworkers, this year's Forum, "Líderes: Leading the Way to Healthy Farmworker Communities," focused on building, strengthening and equipping a diverse cadre of migrant health leaders with the knowledge and skills necessary to effectively expand health services to migrant and seasonal farmworkers. The multi-disciplinary program offered 40 educational workshops, many addressing key points of the President's Initiative, including service expansion/improvement funding opportunities for mental health, oral health, and pharmacy. New to the Forum was a series of bilingual workshops for lay health promoters on leadership development, mental health, primary eye care, HIV/AIDS, breast and cervical cancer, pesticides, and child health. The program was approved for up to 15.0 prescribed credit hours of continuing medical education credits by the American Academy of Family Physicians. The Migrant Clinicians Network (MCN) also provided continuing education credits.

The 15th Annual East Coast Migrant Stream Forum commenced on Thursday afternoon with concurrent intensive educational sessions: 1) Nuestrros Líderes: Promotores de Salud, 2) Outreach Essentials and Innovative Practices, 3) Participatory Research to Improve Farmworkers' Health. For others, the Forum began with an excursion to the Penn Center, on St. Helena Island, South Carolina. Founded in 1862 as the first school for freed slaves, participants learned about the history, culture, and language begun by enslaved Africans on the Sea Islands off the coast of Georgia, South Carolina, and North Florida. The tour concluded with a traditional low-country oyster roast at the home of Michael Radcliffe and Carolyn Davis, of nearby Beaufort-Jasper-Hampton Comprehensive Health Services in South Carolina. That evening, a jointly sponsored reception by Farmworker Health Services, Inc. (FHSI) & Migrant Health Promotion familiarized participants with the Camp Health Aide Program and technical assistance available

to farmworker health outreach programs. A second reception sponsored by the NY Center for Agricultural Medicine and Health-Northeast Center assembled research enthusiasts to view and discuss posters featuring current farmworker health research efforts along the east coast.

Friday morning offered excursions to the J.C. Lewis Health Center, a respite care facility serving Savannah's homeless population, and to Bland Farms in Glenville, Georgia, an onion packing plant where attendees learned about the Vidalia onion industry and the vital contribution farmworkers make to Georgia's multi-million dollar onion industry. The tour was narrated by Sandra Durrence of the Georgia Farmworker Health Program and Robert Dasher, a local farmer, who discussed farmworker demographics, common health problems among Georgia farmworkers, and health care services available.

For participants who stayed behind in Savannah, the symposium offered intensive educational sessions on 1) Building and Strengthening Health Center Board Leadership, 2) The Impact of Current Immigration Policy on Farmworkers, 3) Salud para Todos: Explorando la Salud Mental con Promotores de Salud. Later, over lunch, Migrant Health Promotion gathered a group of lay health promoters and coordinators to share their experiences in developing and implementing lay health promotion programs.

The Forum's official opening took place on Friday afternoon with local greetings from the Savannah Mayor's Office and a warm welcome from Sonya Bruton, Executive Director, and Stephanie Triantafyllou, Migrant Health Specialist of the NCPHCA. Benjamín Flores, Chief of the Migrant Health Branch, Bureau of Primary Health Care, delivered a migrant health update that offered an overview of current funding appropriations made to migrant/community health centers and challenged participants to get involved in the President's Initiative. The highlight of the opening plenary was a theatrical performance by the Traveling Caballeros, José Blanco, Guillermo Rojas and Raúl J. Vázquez-López, of Florida State University, who performed a series of short bilingual scenes to demonstrate the use of popular theater as an effective way to educate farmworkers about health issues.

Participants explored other Forum features, including an exhibit hall offering farmworker health resources and a photography exhibit, *Pizzcando Sueños: Voces de Mujeres Mexicanas Migrantes/Harvesting Dreams: Voices of Mexican Migrant Women*, presented by the Rural Women's Health Project of Gainesville, Florida. The *fotonovela* style exhibit, offered insights into the life of farmworker women living in Florida, the journey from Mexico, and the challenges faced in trying to harvest their dreams in the

U.S. The afternoon concluded with a series of educational workshops, including a Migrant Outreach Coordinator Exchange facilitated by FHSI to share challenges and strategies critical to the success of outreach programs. An evening welcome reception and dinner boat cruise on the Savannah River allowed an opportunity to reconnect with old friends, meet new ones, and celebrate successes in farmworker health.

Saturday morning began early for migrant health clinicians who gathered over breakfast to network and learn about MCN's resources available to support clinical programs. Others attended an intensive session, "Integration of Primary and Behavioral Health: A Compass and a Horizon." A full day of fun and interactive workshops followed, engaging participants in thoughtful dialogue—in Spanish and English—that explored topics aimed at improving health care delivery to migrant and seasonal farmworkers. A mid-day lunch break featured roundtable discussions, "Supporting the President's Health Center Initiative of Growth and Expansion: Know Your Resources," led by representatives of the Migrant Health Branch, Central Office Grantees, the National Advisory Council on Migrant Health, the Eastern Stream Cluster Coordinators, and other agencies to share resources available to support growth and expansion efforts.

Guest speaker and author, Rubén Martínez, opened the Saturday evening reception with a rousing recital and discussion of his book *Crossing Over: A Mexican Family on the Migrant Trail* that chronicles the epic road trip of migrants from Mexico, Central, and South America to the U.S. and the hardships and adventures that come with crossing the border. The reception continued with dinner and serenade by El Mariachi de Pepe Lopez, a seven-piece mariachi band and concluded with dancing to the rhythms of DJ Sonido Alacrán!

The closing plenary on Sunday morning featured a program and policy update by John Ruiz of the National Association of Community Health Centers, Inc., followed by FHSI's presentation of the 2002 Cecilia Abhold Award. This year's award was presented to Tony Brown, Director, Georgia Farmworker Health Program, Office of Rural Health Services, Georgia Department of

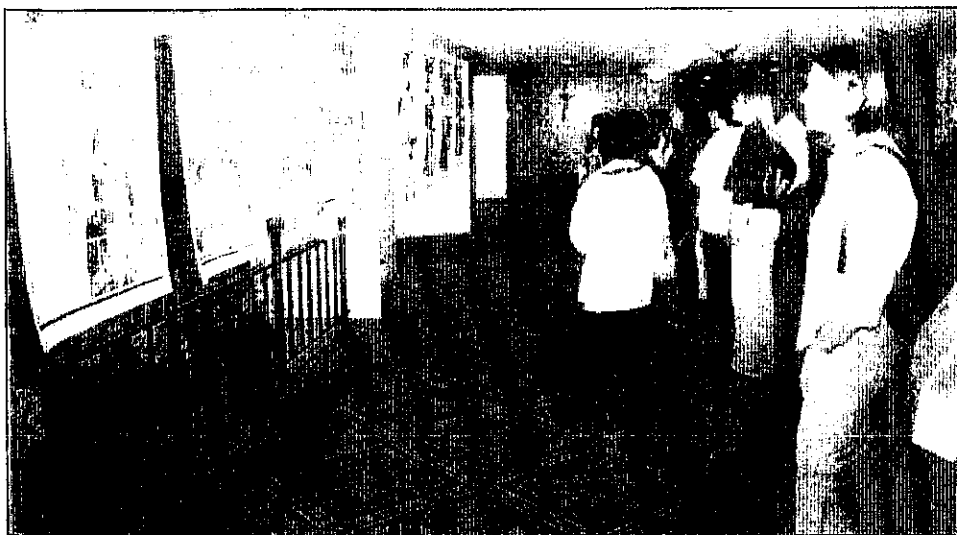
## CONFERENCE HIGHLIGHTS

- New to the Forum was a series of bilingual workshops for lay health promoters on leadership development, mental health, primary eye care, HIV/AIDS, breast and cervical cancer, pesticides, and child health.
- Ruben Martinez, author of *Crossing Over: A Mexican Family on the Migrant Trail*, opened the reception with a recital and discussion of his book.
- The closing plenary featured the presentation of the 2002 Cecilia Abhold Award to Tony Brown Director of Georgia Farmworker Health Program and closed with a performance by the Georgia Sea Island Singers.



FHSI's Executive Director, Oscar Gómez, presents the 2002 Cecilia Abhold Award to Tony Brown, Director, Georgia Farmworker Health Program, Office of Rural Health Services, Georgia Department of Community Health, for its outstanding efforts in delivering health care services to Georgia farmworkers.

Community Health, whose program was recognized for its outstanding efforts in delivering health care services to Georgia farmworkers. The conference closed with a moving performance by the Georgia Sea Island Singers, an intergenerational gospel troupe whose interactive stories, chants, and work songs celebrate the rich African-American culture, customs, and songs of the Gullah people, onetime sharecroppers who worked the land on the isolated islands off the Georgia Coast.



Participants take time to explore a 15-panel photography exhibit, *Pizcando Sueños: Voces de Mujeres Mexicanas Migrantes / Harvesting Dreams: Voices of Mexican Migrant Women*, presented by the Rural Women's Health Project of Gainesville, Florida.

## Session Abstracts

*Note to conference planners:* Workshop ratings and attendance levels are available to conference planners wishing to consider replication of these workshops at another venue.

### **Nuestros Líderes: Promotores de Salud/ Our Leaders: Lay Health Promoters**

Lay health workers are farmworker leaders who link communities with health clinics through needs assessment, outreach, health education, case management and community organizing. Presenters reviewed the key components of Migrant Health Promotion's Promotor de Salud model and the resources available to build a program. Participants were able to explore the unique qualities of lay health leadership and learn specific strategies for developing leadership skills. Former and current lay health workers shared their experiences in improving community health.

*Presenter(s):* Sharon Brown, LPN, Clinic Manager, Tri-County Community Health Center, Newton Grove, NC; Lucy Ceballos, Training Specialist, Migrant Health Promotion, Progreso, TX; Sara Skinner, MPH, Program Director, Migrant Health Promotion, Saline, MI

### **Outreach Essentials and Innovative Practices**

In this session participants gained key information and relevant insights about health education, principles of outreach data collection, making referrals and setting a realistic pace, assessing and prioritizing needs and activities, and the resources needed to conduct effective outreach to migrant and seasonal farmworkers.

*Presenter(s):* Rita Monroy, CES, Training Programs Manager, Farmworker Health Services, Inc., Washington, DC; Antoinette Tomasek, MA, Project Manager, Midwestern Region, Farmworker Health Services, Inc., Washington, DC

### **Participatory Research to Improve Farmworkers' Health**

Through a series of presentations by researcher/community partner teams from three federally-funded research projects, this kick-off research intensive illustrated the breadth of participatory research and promoted an understanding of the conduct, purpose and value of such research efforts among community and migrant health centers. Presentations focused on how the teams negotiated collaboration to maximize the benefits for all involved and to improve the health of farmworkers.

*Presenter(s):* Susan Bauer, MPH, Director of Program Development, Community Health Partnership of Illinois, Chicago, IL; Janet Ehlers, RN, MSN, Occupational Health Nurse, Division of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health, Cincinnati, OH; Victor García, PhD, Cultural Anthropologist, Assistant Director of Ethnic and Cultural Studies, Mid-Atlantic Addiction Training Institute, Indiana University of Pennsylvania, Indiana, PA; Sara A. Quandt, PhD, Professor, Wake Forest University School of Medicine, Winston-Salem, NC

### **Building and Strengthening Health Center Board Leadership**

Attendees joined board members and executive staff for an overview of the key characteristics and skills needed to be effective health center board members. Participants reviewed information about roles and responsibilities, BPHC expectations of migrant/community health centers, Health Center mission, board structure and by-laws. The presenter successfully guided the group through the development of basic skills to effectively participate in meetings, how to be an advocate, and how to represent their Health Center in the community.

*Presenter(s):* Steve Weinman, MBA, CEO, Community Health Centers Alliance, Inc., Cape Coral, FL

### **The Impact of Current Immigration Policy on Farmworkers**

Following the events of September 11, 2001, immigration policies are having an even greater impact on the immigrant population in the United States. Since most farmworkers are immigrants or have immigrant family members, understanding government immigration policies is of critical importance for health care providers and others who advocate for farmworkers. Led by legal experts, this intensive reviewed the status of current immigration policy, including ways immigrants can or cannot legalize, state and local enforcement of immigration laws, access to driver's licenses, and legal immigrants' expanded access to the Food Stamp Program as a result of the Farm Bill passed in 2002.

*Presenter(s):* Roger C. Rosenthal, JD, Executive Director, Migrant Legal Action Program, Washington, DC; Keith Talbot, JD, Supervising Attorney, Camden Regional Legal Services, Bridgeton, NJ

### **Salud para Todos: Explorando la Salud Mental con Promotores de Salud/Health for Everyone: Exploring Mental Health with Lay Health Promoters**

Hard work, fatigue, low wages, isolation from friends and family, and prejudice are daily realities for farmworkers that can lead to stress, depression, and anxiety and ultimately affect quality of life. Through discussion, role plays, and participatory activities, lay health workers were trained on how to recognize stress and mental health within farmworker communities, with emphasis on the vital role promotores can play to address mental health issues. Participants received a copy of the Salud para Todos Farmworker Community and Family Health Curriculum.

*Presenter(s):* Tori Booker, MSW, MPH, Associate Director, Migrant Health Promotion, Saline, MI; Juanita Ruiz, CFLE, MSW, Program Coordinator, InterCare, Berrien Springs, MI

### **Promotoritos: Incorporating Children's Health Education into the Lay Health Model**

During this session, designed for lay health workers and program developers, presenters introduced a simultaneous children's health education program that included games and discussion to reach Lay Health Promoter's young bilingual children with basic health topics and socially conscious messages. Through a review of the Promotoritos manual, participants explored the benefits of

children's health education, discussed class objectives, played some of the creative games used in the class, and brainstormed strategies for developing their own Promotoritos class.

Presenter(s): Randi Ewing, Community Programs Assistant, North Central Area Health Education Center, Lexington, KY; Rosa Martin, Community Programs Director, North Central Area Health Education Center, Lexington, KY

### **Taking a Stand: An Overview of Farm Labor Organizing on the East Coast**

Why do farmworkers, against such odds, continue to try to organize and form labor unions? What are farmworkers fighting for? Panelists representing agencies involved in labor organizing efforts and advocacy offered an historical overview of farmworker organizing movements on the East Coast and explained why farmworkers continue to seek the right to collectively bargain. A review of different strategies employed by labor organizers and the challenges faced, as well as responses from other labor unions and growers/agri-business were highlighted.

Presenter(s): Aspacio Alcantara, Organizer, Centro Independiente de Trabajadores Agrícolas (CITA), Brockport, NY; Lucas Benitez, Organizer, Coalition of Immokalee Workers, Immokalee, FL; Kay Embrey, Senior Extension Associate, Cornell Migrant Program, Alton, NY; Libby Manly, Program Director, Student Action with Farmworkers, Durham, NC

### **Developing New and/or Expanded Oral Health Care Services in Community Health Centers Funded by the Bureau of Primary Health Care (BPHC)**

As part of President Bush's multi-year plan to serve an additional 1,200 of the Nation's neediest communities, the BPHC will continue to expand and improve access to essential care services. The establishment of new oral health service delivery programs and expansion of existing capacity within health centers is an integral component to comprehensive primary health care programs. Participants were provided an overview of the service expansion/improvement funding opportunities for oral health new or expanded services as well as detailed information on the FY 2003 eligibility requirements, review criteria, and awarding factors for existing health center grantees.

Presenter(s): Irene Hilton, DDS, Staff Dentist, La Clínica de la Raza, Oakland, CA

### **Vaccine Preventable Diseases and Farmworkers**

Health care providers received an update on immunization throughout the lifespan highlighting issues relevant to farmworker communities such as timing and scheduling of vaccines, vaccine shortages, and rubella and varicella prevention. A preview of possibilities for the future such as the licensure of more combination vaccines was provided and access to reliable and up-to-date sources of immunization information was identified.

Presenter(s): Sharon G. Humiston, MD, MPH, FAAP, Assistant Professor of Emergency Medicine and Pediatrics, University of Rochester, Rochester, NY

### **Conducting Bi-National Health Research**

Bi-national US-Mexico research is growing in popularity and the idea of studying health status within this context is attractive to researchers, health providers, and others interested in gaining a better understanding of how, and if, migration affects health trends and behaviors observed among Mexican farmworkers. Presenters representing two bi-national research efforts described their study results and experiences conducting research across borders and emphasized the importance of documenting and addressing health consequences using bi-national teams.

Presenter(s): Victor García, PhD, Cultural Anthropologist, Assistant Director of Ethnic and Cultural Studies, Mid-Atlantic Addiction Training Institute, Indiana University of Pennsylvania, Indiana, PA; Alayne Unterberger, PhD Candidate, Department of Anthropology, University of Florida, Temple Terrace, FL

### **Integration of Primary and Behavioral Health: A Compass and a Horizon**

Quality healthcare entails addressing the behavioral health needs of patients seeking primary care services. Led by an expert in the area of behavioral health primary care service integration, participants gained an understanding of the prevalence and impact of behavioral health problems on primary care medicine, learned a new model of integrated care that is both clinically effective and cost-efficient, and the potential barriers to building integrated care programs as well as specific steps in the design and implementation process.

Presenter(s): Kirk Strosahl, PhD, Consultant, Clinical Psychologist, Mountainview Consulting Group, Inc., Moxee, WA

### **Providing Health Care to Farmworkers through Community/Academic Partnerships**

Panelists representing three community/academic partnerships illustrated how community health centers and health departments can link with health professional schools in collaboration with other community based agencies to extend the health care services provided to migrant and seasonal farmworkers through existing primary care delivery systems. Presenters discussed issues of planning, partnership, funding, student involvement, clinical mentoring, and coordination amongst others. Participants took part in small group discussions to assess the feasibility of these models for their own locality and develop an action plan.

Presenter(s): Bruce Gould, MD, Associate Dean for Primary Care, University of Connecticut School of Medicine, Farmington, CT; Cynthia Hernandez, Director, Ellenton Clinic, Division of Public Health, Ellenton, GA; Joshua Messer, Medical Student, University of Connecticut School of Medicine, Storrs, CT; Robert Stevens, Medical Student, University of Connecticut School of Medicine, Storrs, CT; Charles Taylor, MSN, FNP-C, Director, Decatur County Health Department, Bainbridge, GA; Katherine Wilson, MPH, Public Health Educator, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA; Judith Lupo Wold, PhD, RN, Visiting Scholar, Lillian Carter Center for International Nursing, Woodruff School of Nursing, Emory University, Atlanta, GA; Ryan Zengou, Medical Student, University of Connecticut School of Medicine, Storrs, CT

### **Integrating Outreach into the Community Health Center**

The need for integrated health care delivery applies not only to the greater migrant health field, but also to service delivery within the health center or health program. While looking at the health center/program infrastructure is one approach toward integration, there are aspects of service delivery that may require additional perspectives, especially when focusing on farmworkers. To demonstrate this approach, a panel of health professionals discussed departmental collaboration within the health center/program in an effort to ensure comprehensive and seamless care for farmworkers.

*Presenter(s):* Oscar C. Gomez, Executive Director, Farmworker Health Services, Inc., Washington, DC; Barbara A. Linhart, RN, MSN, Vice President, Clinical Support Services, Oak Orchard Community Health Center, Brockport, NY; Lorena Sprager, Healthy Communities Director, La Clínica del Caribeño Family Health Care Center, Hood River, OR; James Trapasso, MD, Medical Director, Hudson River Health Care, Peekskill, NY

### **Ojo! Como Cuidarse la Vista en el Campo/ Caution: How to Care for your Vision in the Field**

Using fun, interactive, and educational games and activities about eye health for farmworkers, participants learned and practiced basic first aid and prevention of eye injuries and built their skills in teaching farmworkers about the symptoms, treatment, and prevention of common eye illnesses, such as pink eye, allergies and pterygia. Handouts and teaching guides were shared with participants to support future health education efforts.

*Presenter(s):* Robin Lewy, MA, Director of Development, Rural Women's Health Project, Gainesville, FL; Sara Skinner, MPH, Program Director, Migrant Health Promotion, Saline, MI

### **Promoting Oral Health in Farmworker Communities**

Developed for health care providers, this session examined the cultural and clinical issues related to oral health and migrant populations, including dental care, diet, and common oral health issues present in migrant populations. An overview of oral health issues that need to be addressed by dentists versus those that can be addressed by medical providers was provided.

*Presenter(s):* Marc Saadia, DDS, Asociación Dental Mexicana, Mexico

### **A Guide for the Provision of Comprehensive Pharmacy Services to Migrant and Seasonal Farmworkers**

Assuring that patients have the ability to complete the full cycle of health services initiated by primary care providers has become a hallmark of high-quality primary health care systems. Access to comprehensive pharmacy services is an essential component of these systems. This is certainly true when attempting to reduce health disparities, and especially true when dealing with the unique needs of migrant and seasonal farm workers. Participants gained an understanding of what it means to provide comprehensive pharmacy services, realized the decision-making process, and identified resources available to develop and implement pharmacy services that successfully meet the needs of migrant and seasonal farm workers.

*Presenter(s):* Larry W. Pederson, RPh, CPh, Pharmacy Director, Family Medical and Dental Centers, Palatka, FL

### **Back to the Basics in Migrant Health**

Geared toward new migrant health center and program staff, participants received an introduction to the migrant/community health center movement and covered topics such as the migrant/community health center structure and funding, migrant health service delivery models, federal definitions and implications for eligibility, and available resources.

*Presenter(s):* Hilda Ochoa Bogue, RN, MS, CHES, Leadership Development Manager, National Center for Farmworker Health, Inc., Buda, TX

### **Increasing Farmworkers' Access to Health Care Services**

Finding affordable health care services is one of many barriers farmworkers face. Participants became familiar with local and national resources that could be used to improve farmworkers' access to secondary health care services. Innovative ways of finding financial assistance, specialty care services, medication assistance, and dental and vision care for patients were shared. A written list of free and low-cost health care services available throughout the country was also provided with instruction on how to utilize this resource.

*Presenter(s):* Andrea Kauffold, MD, Call for Health Program Coordinator, National Center for Farmworker Health, Inc., Buda, TX

### **Fast Food and Farmworkers**

The fast food industry has transformed American eating habits, nutrition and health, with particular impact on the poor. Fast food has also transformed farming and food production in the US and internationally. Adapting material from Fast Food Nation and other research, participants were able to explore how migrant and seasonal farmworker families are affected by the fast food economy—as workers, consumers, and patients—and how health care providers can address the attendant occupational and nutritional hazards.

*Presenter(s):* James O'Barr, MSW, Migrant Health Coordinator, Hudson River Health Care, Inc., Peekskill, NY

### **Growing Health Centers Under the President's Health Center Initiative**

The President's Health Center Initiative will allow the Bureau of Primary Health Care grantees to reach an additional six million people over the next five years that will lead to an eventual doubling of the total number of health center users. Session attendees were provided with an overview of the decision-making process within the Migrant Health Branch regarding how Migrant funds under Section 330(g) of the PHS Act are allocated in light of the goals and objectives of the BPHC's strategic plan, the Administration's Initiative to expand health centers, and the fiscal needs of the centers themselves.

*Presenter(s):* Nora Lynn Buluran, MHS, Public Health Analyst, Migrant Health Branch, Division of Community and Migrant Health, Bureau of Primary Health Care, Bethesda, MD

### **Improving Diabetes Outcomes for Farmworkers through the Bureau of Primary Health Care Health (BPHC) Disparities Collaborative**

Since 1999, the BPHC has embarked on an extensive campaign to change the way chronic disease care is provided in migrant/community health centers. As of July, 2002 approximately 500 health centers have been involved in one or more of the Health Disparities Collaborative which include: Diabetes, Cardiovascular, Asthma, Depression, Cancer, HIV and soon to be started Prevention. Presenters provided an overview of the Collaborative chronic care model, and the tools available to apply the model in the setting of a migrant health center. Community health center representatives described their experiences participating in the Collaborative and reported on some of the clinical outcomes of their involvement.

*Presenter(s):* Mary Englerth, PA-C, MA, Keystone Community Health Center, Chambersburg, PA; Venkat Prasad, MD, Medical Director, Tri-County Community Health Center, Newton Grove, NC; Ed Zuroweste, MD, Medical Director, Migrant Clinicians Network, State College, PA

### **Cultivando la Salud: An Interactive Breast and Cervical Cancer Training for Promotores**

Participants learned ways to provide effective breast and cervical cancer education to Latina farmworkers with an emphasis on farmworker women 50 years of age and older. Presenters were able to share various culturally appropriate educational tools and bilingual program materials that encourage Latina women to get screened for breast and cervical cancer. Several units of the curriculum were sampled and a number of educational toolboxes were awarded.

*Presenter(s):* Monica Saavadra-Embesi, CHES, Health Education Specialist, National Center for Farmworker Health, Inc., Buda, TX

### **Research Findings on Environmental Health Exposures in Farmworker Housing**

Farmworker housing is frequently substandard and beyond the control of workers. In addition to sharing research findings from environmental assessments conducted on two toxicants, pesticides and lead, a series of presentations were used to review research on communicating environmental risk findings to farmworkers and the need to expand pesticide research and intervention to include other household environmental risks such as pest management.

*Presenter(s):* Thomas A. Arcury, PhD, Professor, Department of Family & Community Medicine, Wake Forest University School of Medicine, Winston-Salem, NC; Alicia Doran, BA, Research Assistant, Department of Family & Community Medicine, Wake Forest University School of Medicine, Winston-Salem, NC; Julie Early, MS, Research Associate, Department of Family & Community Medicine, Wake Forest University School of Medicine, Winston-Salem, NC; Sara A. Quandt, PhD, Professor, Department of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, NC; Pamela Rao, PhD, Department of Family & Community Medicine, Wake Forest University School of Medicine, Winston-Salem, NC

### **Grand Rounds: Clinical Case Studies in Migrant Health**

Clinicians serving farmworker patients are often faced with uniquely challenging cases not seen in the general population. This interactive session presented clinicians with a series of case studies that have been presented in health center and outreach settings that cover a range of subjects including diabetes, green tobacco sickness and tuberculosis. The presenters also reviewed current diagnostic and treatment protocols with emphasis on the special challenges of treating a mobile population.

*Presenter(s):* Mir Ali, MD, Pediatrician, Brownsville Community Health Clinic, Brownsville, TX; Dino William Ramzi, MD, Assistant Professor, Emory Family Practice Residency Program, Department of Family and Preventive Medicine, Atlanta, GA; Ed Zuroweste, MD, Medical Director, Migrant Clinicians Network, State College, PA

### **Conducting Community Needs Assessments to Verify Need and Plan Programs**

Identification and verification of patient need is presented in the Presidential Initiative as an essential mechanism in addressing issues of accountability and relevancy of services. The assessment of need is one of the foundation pieces for direction and program planning or programmatic activities, whether it is an informal farmworker camp assessment for health education or formal community needs assessment for organizational planning. Through interactive exercises, participants identified the types and levels of needs assessments, strategies for data collection, and how to develop, implement and apply community needs assessment results.

*Presenter(s):* Josh Kefauver, MSPH, Project Manager, Eastern Region, Farmworker Health Services, Inc., Washington, DC; Alice Larson, Principal, Larson Assistance Services, Vashon Island, WA; Lorena Sprager, Healthy Communities Director, La Clínica del Caribe Family Health Care Center, Hood River, OR

### **Understanding and Preparing for the Health Insurance Portability and Accountability Act (HIPAA)**

Increasing use of electronic media and the Internet to transmit patient health care information is addressed in the Health Insurance Portability and Accountability Act (HIPAA). The legislation establishes standards that all health providers must address including being in compliance by dates set in the final rules for electronic transactions, uses and disclosures of confidential patient health information, and soon to be published security measures. Presenters gave an overview of the administrative simplification requirements as set by the Department of Health and Human Services and encouraged an in-depth discussion of medical records' privacy standards.

*Presenter(s):* John Ruiz, MBA, Assistant Director, Department of Systems Development and Policy Administration, National Association of Community Health Centers, Inc., Bethesda, MD; Doug Smith, MBA, CEO/CIO, Community Partners Healthnet and CEO, Greene County Health Care, Inc., Snow Hill, NC

### **Traveling Light: Making Health Records Portable**

How can we achieve continuity of care for a mobile population? Participants explored the history of hand-held and transmittable farmworker health records while learning what projects are available right now, and how they might work in their health care setting.

*Presenter(s):* Dawn S. Burt, RN, MPH, Migrant Health Coordinator, North Carolina Primary Health Care Association, Cary, NC

### **Reducing the Risk of Pesticide Exposure by Educating Farmworkers Using Promotores**

Often farmworker families lack knowledge of the potential health consequences from exposures to pesticides at work or at home nor do they know practical ways to reduce or eliminate these exposures. This workshop introduced the four-part curriculum designed to train promotores on recognizing and reducing exposure to pesticides, unsafe drinking water, contaminated soil, lead, and air pollutants by adopting practical preventive strategies.

*Presenter(s):* Virginia Ruiz, JD, Staff Attorney, Farmworker Justice Fund, Inc., Washington, DC

### **Steppin' Up and Speaking Out in a Multicultural Environment**

The ability to communicate needs, perceptions and feelings clearly and directly is vital to effective problem-solving, dynamic leadership and the functioning of a healthy team, especially in times of change. Yet how does a person "assert" oneself with others who may come from a culture where using "I" statements, direct confrontation or questioning "authority" is considered disrespectful and/or aggressive? Participants explored what it means to "communicate assertively" in a multicultural environment. In a series of hands-on exercises, participants experienced the differences between aggressive, passive and "centered" ways of relating and advocating for your intent/vision in a group.

*Presenter(s):* Susan J. Auger, MSW, President, Aprendo Press, Chapel Hill, NC

### **National Strategies for Health Care Providers: Pesticides Initiative**

The presenter introduced the Pesticides and National Strategies for Health Care Providers Initiative created by the National Environmental Education & Training Foundation, in partnership with the US Environmental Protection Agency, the US Departments of Health and Human Services, Agriculture and Labor, and in collaboration with a wide range of stakeholders. The Initiative's focus is to improve the recognition, diagnosis, management and prevention of adverse effects from pesticide exposures. This session illustrated how effective implementation of the Initiative will lead to health improvements in farmworker communities.

*Presenter(s):* Leyla Erk McCurdy, Senior Director, Health and Environment Programs, The National Environmental Education & Training Foundation, Washington, DC

### **The Health Status and Injury Experience of Farmworkers**

Researchers presented new findings from approximately 7,300 interviews with migrant and seasonal crop workers that were completed in fiscal years 1999 and 2000 by the Department of Labor's National Agricultural Workers Survey (NAWS). Farmworker demographics presented included information about distinct groups of crop workers with differing health needs such as eastern stream workers, newcomers, migrants, seasonal, families and men living alone.

*Presenter(s):* Daniel Carroll, MS, Technical Representative, US Department of Labor, Washington, DC; Andrea Steege, MPH, Epidemiologist, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Cincinnati, OH

### **Expanding Networks: Assuring Health Care Access for Farmworkers**

Leadership from two East Coast Networks held a discussion on why and how these formal collaborations came into existence, shared pertinent demographic background and explained how farmworkers are impacted by the development of such networks. Panelists reviewed some of the opportunities and challenges inherent as Networks mature with an emphasis on services for migrant and seasonal farmworkers.

*Presenter(s):* J. Michael Baker, MPH, Executive Director, Tri-County Community Health Center, Newton Grove, NC; Steve Weinman, MBA, CEO, Community Health Centers Alliance, Inc., Cape Coral, FL

### **Preventing HIV/AIDS in Migrant Communities through Lay Health Promotion Programs**

Everyday migrant and seasonal farmworkers find themselves increasingly being infected with HIV. Case studies have shown seroprevalence rates from 5% in Florida to 13% in South Carolina. A study realized in Michoacan Mexico found that 1/3 of HIV positive individuals had worked in the United States. In reviewing these statistics, the need for educating the farmworker community about the risks of HIV/AIDS is clearly defined. Presenters described the work being accomplished by lay health programs to educate farmworkers about the risk of HIV/AIDS.

*Presenter(s):* Rossana Cardoso, MPH, Capacity Building Assistance Coordinator, Farmworker Justice Fund, Inc., Washington, DC; Rena Meyer, Health and Safety Administrator, Rural Opportunities, Inc., Monticello, NY



### **Lessons Learned: Domestic Violence in the Franklin Farmworker Population**

Migrant farmworkers face barriers to prevention and intervention services that magnify the effects of intimate partner violence. Presenters highlighted specific social, cultural and economic barriers faced by migrant farmworkers and outlined current peer-led strategies to prevent domestic violence in the migrant community. Available tools and lessons learned about domestic violence program implementation and evaluation were shared.

*Presenter(s):* Stephanie Freedman, MSPH, Program Director, Domestic Violence Programs, Migrant Clinicians Network, Austin, TX; Candace Kugel, CRNP, CNM, MS, Clinical Specialist, Advisor to Migrant Clinicians Network on Domestic Violence Programs, State College, PA

### **Pizcando Sueños: Voces de Mujeres Mexicanas Migrantes/Harvesting Dreams: Voices of Mexican Migrant Women**

The Pizcando Sueños project, a compilation of women's stories, gives voice to Mexican migrant women living in Florida. Through a participatory exploration of a photographic exhibit and stories in their popular format, participants gained an understanding of the women's journey from Mexico and learned important insights about domestic violence, teen pregnancy, and the delicate communication between mothers and daughters. Presenters described the project's protocol, creative process and the reception of the stories in both the women's Florida communities and Mexican sending communities and how the stories could be used as a tool for women's discussion groups and to inform others about the issues faced by migrant women.

*Presenter(s):* Fabiola del Castillo, Visiting Researcher, Escuela Nacional de Antropología e Historia, Mexico City, Mexico; Robin G. Lewy, MA, Director of Development, Rural Women's Health Project, Gainesville, FL; Fran Ricardo, Project Coordinator, Rural Women's Health Project, Gainesville, FL

### **The Power to Serve: Building Motivation and Sustaining Action in the Workplace**

At any time when working in migrant health, have you asked yourself, "Is what we are doing worthwhile?" "Why is it worth doing?" "Why does it matter that we do it?" Through group dialogue, and structured conversation, conference attendees discussed common experiences and shared reflections in such a way that they learned from, and taught each other to integrate work with other demands and to broaden understanding of the quality of life at work.

*Presenter(s):* Randy C. Williams, President, Partners on Purpose, Inc., McKinney, TX

### **Promising Practices in Serving Limited English Proficient (LEP) Patients**

Culturally and linguistically competent health services are critically important for populations such as migrant and seasonal farmworkers. Recently, the Office of Civil Rights has issued guidelines for the provision of services to Limited English Proficient (LEP) patients. The presenter provided background on health centers' legal obligations under Title VI of the Civil Rights Act on serving LEP patients. Practices and resources for health care providers to develop culturally and linguistically appropriate systems were highlighted. State and national advocacy efforts to improve cultural and linguistic services were also discussed.

*Presenter(s):* Elia V. Gallardo, Esq., Deputy Director of Policy, California Primary Care Association, Sacramento, CA

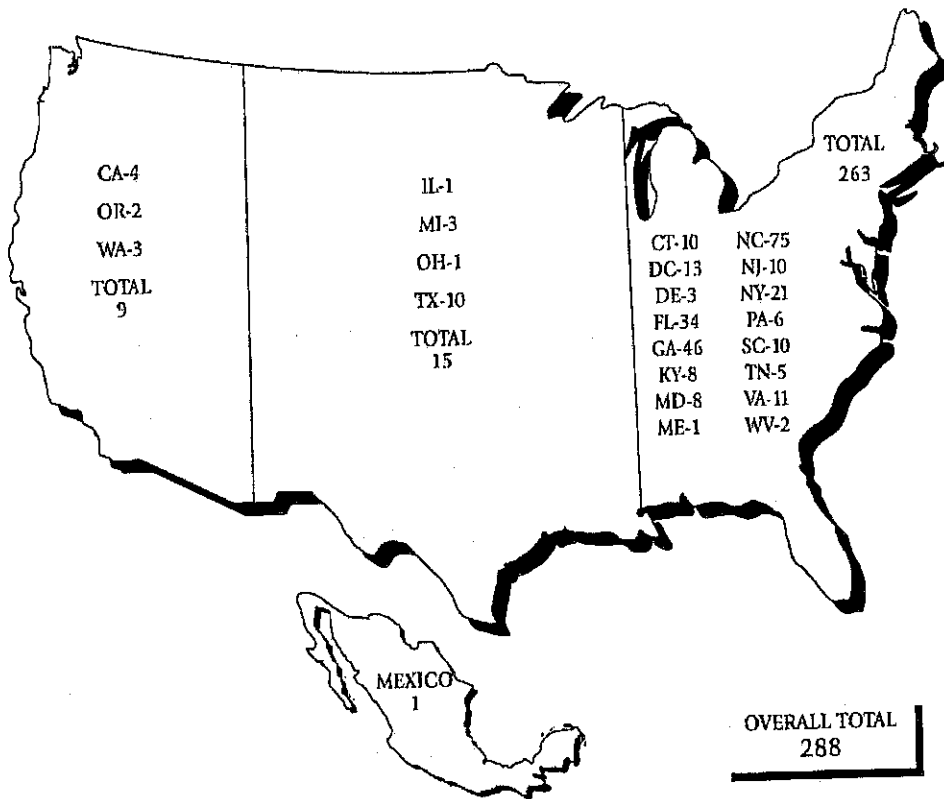
### **Growing Occupational Health and Safety Research in New Directions**

Through a series of presentations, panelists described a variety of innovative approaches to conducting occupational safety and health research and resulting interventions. Presentations representing programs in New York, Pennsylvania, New Jersey, Massachusetts, Connecticut and Maryland included topics such as measuring occupational injury and illness rates, orchard ergonomics, geo-spatial mapping of farmworker health services, and assessing the magnitude and growth rate of farmworkers employed in Northeast dairies. Presenters shared how health center participation in research efforts can work to increase enrollment at migrant health centers and assist in planning future outreach, education and prevention efforts directed at farmworker populations.

*Presenter(s):* Julie Sorensen, Multi-state Occupational Injury and Illness Study Coordinator, NYCAMH, Cooperstown, NY; Lori Talbot, MD, Previous Medical Director of CHC, NYCAMH, Cooperstown, NY; Lynae Hawkes, Intervention Development Program Coordinator, NYCAMH, Cooperstown, NY; Chris Mason, NEC Ergonomic Study Coordinator, NYCAMH, Cooperstown, NY



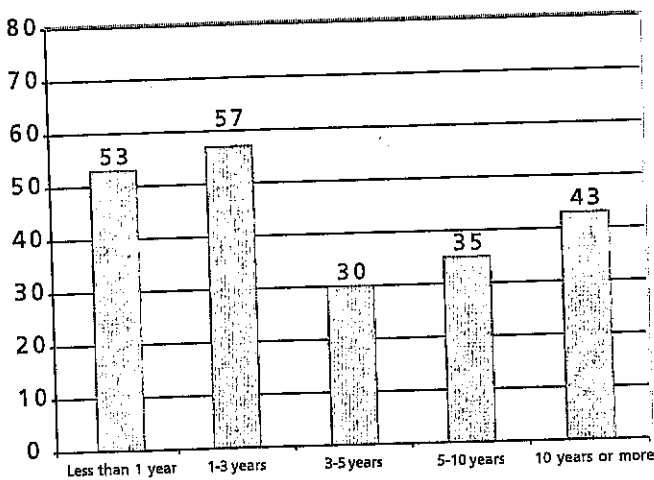
# Participant Demographics



## PROFESSION/OCCUPATION N = 288

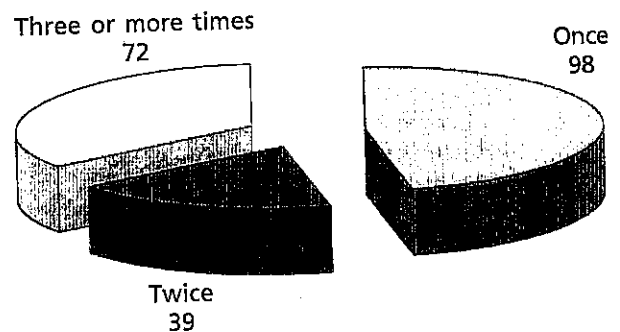
Occupation	Participants
Allied Health Provider	1
Board Member	1
Clinical Director	8
Consultant	10
Dental Director	1
Dentist	0
Executive Director	17
Farmworker	3
Health Educator	25
M/CHC Board Member	2
Medical Director	2
Migrant Ed Rep	7
Nurse	23
Nurse Practitioner	13
Outreach Lay Health	50
Physician	8
Physician Assistant	0
Researcher	17
Social Worker	5
State/Federal Employee	5
Student	9
Other	56
Unknown	25
<b>Total</b>	<b>288</b>

## Years in Migrant Health N = 288



\* 70 participants did not respond

## Previously Attended Forums N = 288



\* 79 participants did not respond

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# Creating a Vision for Tomorrow's Leaders

12th Annual Midwest Farmworker Stream Forum



Hosted by



National Center  
for Farmworker Health, Inc.



# Creating a Vision for Tomorrow's Leaders

## 12th Annual Midwest Farmworker Stream Forum

### Conference Overview

The 12th Annual Midwest Farmworker Stream Forum, *Creating a Vision for Tomorrow's Leaders*, hosted by the National Center for Farmworker Health (NCFH), was held in the original city of jazz, New Orleans, Louisiana, November 20-23, 2002. During this four-day event, about 300 professionals from multiple migrant health disciplines, non-profits and government agencies descended upon the Crescent City in search of quality workshops, valuable networking opportunities, and a chance to sample some famous Creole cuisine.

The week began with four powerful intensive training sessions. Two research-focused workshops provided attendees with a window into the dynamics of participatory research, needs assessments, enumeration, and pilot studies. Participants were introduced to the intricacies of farm labor research at its best, and the critical steps that are required for successful studies. The third intensive workshop used the Bureau of Primary Health Care (BPHC) Diabetes Collaborative Model to highlight best practices, program planning, implementation skills, and training tools for use when working with Promotoras. Mr. Javier Carrillo, MPH, from Kaweah Delta Healthcare District shared his expertise in this area using the "Por Nuestra Salud" Diabetes Community Intervention Project currently underway in Visalia, California.

Attendees were also presented with the unique opportunity of participating in an energetic workshop designed for all audiences regardless of discipline or profession. "Power to Serve: Building Motivation and Sustaining Action in the Workplace" is an in-depth skills building workshop that assists participants in identifying

their primary motivation(s) and instructs participants on how to use that knowledge as a focal point to maintain a balanced personal and professional life.

As the first day came to a close, attendees were invited to join NCFH for the Annual Welcome Reception where ten institutions highlighted their programs and/or projects through poster presentations. Stephen A. Olenchock, Ph.D., Senior Scientist for Agricultural Research, Office of the Director, NIOSH, was the Master of Ceremonies for the evening and guided us through the ten posters with a brief description of each.

The second day of the conference was a fruitful experience for everyone! Five tracks paved the way this year for an invigorating itinerary of quality workshops. The Bi-national track, a newly formed track, embraced the international significance of continuity across the border by partnering Mexican national speakers with U.S. presenters to provide attendees a glimpse at the diversity and similarities in assisting farmworker families from each country. Leadership Development track contributed its own distinctive workshops that began with essential training in professional skills (i.e., "Group Facilitation: Skills Building for Effective Leadership", and "Situational Leadership"), and moved into the use of those skills bringing about new and seamless changes (i.e., "Integrating Outreach into the Health Centers", "Advances in Promotora Occupations"). The Lay Health/Outreach track provided an outstanding display of educational workshops that included a time workshop on the critical role of Promotoras in child abuse prevention work. The Clinical track made its mark with high quality sessions like "Traditional Medicine in Mexico", "Pharmaceutical Access for Farmworkers", and "Integration of



Keynote Speaker  
Jerry Tello, Director  
of the National  
Latino Fatherhood  
and Family Institute,  
enthusiastically  
addresses attendees  
at the Opening  
Plenary.

Bobbi Ryder,  
NCFH CEO,  
welcomes  
attendees.



*Behavioral Health & Primary Care* to name just a few. The Research track successfully maintained a multi-focus with topics ranging from clinical to technical advances, and bi-national models. It achieved a new level of presentation this year with moderators perfectly matched to presenters in order to add a dynamic ebb and flow in discussion. And not to leave out those topics that deserve a track of their own, a Hot Topics hour was included within the first day's sessions to provide all attendees the opportunity to experience workshops that currently sit at the cusp of the collar in migrant health. Participants were also given the opportunity to request continuing education credits in the following fields: Medicine, Nursing, Dental, Social Work, and Health Education.

Serving as the pinnacle event of the week, was the Opening Plenary. Bobbi Ryder, NCFH CEO, gave a generous and warm welcome to all the conference attendees and graciously introduced the main speakers. First to take the stage was Mr. Jerry Tello, MA, Director of the National Latino Fatherhood and Family Institute, who provided an intimate view of the family in farm labor. The attendees listened enraptured by the storytelling and were laughing and crying at his oration of the strength and honor that grows in these farm labor families who work tirelessly to provide just the essentials of life each day. Following his lead was Mr. Ruben Jose King-Shaw, Jr., MS, MBA, Deputy Director and Chief Operating Officer for the Centers for Medicare & Medicaid Services (CMS). Mr. King-Shaw was eloquent in speech as he defined for attendees the outlook for Medicaid and SCHIP programs as they impacted the migrant population. Both gentlemen foreshadowed what attendees were soon to discover, the 12th Annual Midwest Farmworker Stream Forum was a conference brimming with diversity in subject and exceptional quality in presentation.

Alongside the multitude of sessions, wall-to-wall exhibitors filled the ballroom where attendees had the opportunity to collect materials from each table and gather information to take home. Among those organizations new to exhibit at the Midwest Farmworker Stream Forum were: the March of Dimes, National Institute for Farm Safety, Directo, Centers for Medicare & Medicaid Services, and the National Institute of Occupational Health and Safety. Also on display were portions of the lifetime collection of Helen Johnston's migrant health artifacts entitled "A Century of Migrant Health." History was transformed into an interactive timeline for participants to visually re-visit the turning points that made a difference in farm labor.

To add to the exhibit room variety, NCFH displayed their gallery of commemorative artwork from the past two decades. Attendees were able to visit the world of the farmworker as portrayed through the hands of artists from across the nation. Each piece was available for sale as a poster and proceeds went to support the Migrant Health Scholarship Program and the Call for Health Program.

As the week continued, there were plenty of national and international networking opportunities for conference attendees to encounter. A few of these occasions were: the Bi-national Brunch; the special SCHIP/Medicaid meeting focusing on state models to increase farmworker participation in these safety net programs; the

## CONFERENCE HIGHLIGHTS

- Mr. Ruben King-Shaw, Deputy Director and Chief Operating Officer for the Centers for Medicare & Medicaid Services, was eloquent in speech as he defined the outlook for Medicaid and SCHIP.
- The newly inaugurated Bi-national track embraced the international significance of continuity across the border by partnering Mexican national speakers with U.S. presenters.
- Attendees joined NCFH for the Annual Welcome Reception where ten institutions highlighted their programs and/or projects through poster presentations.

Migrant Health Promotion and Farmworker Health Services, Inc. Reception; the Migrant Clinician's Network Breakout Meeting; the Voucher Program Meeting; the Texas Association of Community Health Centers focus groups with providers from various states; the Promotora Program Coordinator Luncheon; and the film screening of the documentary entitled, *La Boda*. NCFH sponsored an evening reception with generous helpings of Louisiana's hottest food, and coolest jazz. Masks, beads, and boas made for an enchanted evening, reminiscent of the best of Mardi Gras.

Rounding out the week's activities was the Luncheon Plenary held on Saturday. Oscar Gomez, Executive Director, FHSI, awarded the Cecilia Abhold Award to Sunrise Community Health Center from Greeley, Colorado. Sandy Hoyman accepted the award on behalf of the center. Benjamín Flores, BPHC, HRSA, was next to take the stage and introduce special guest, Lic. Mario Riestra Venegas, Coordinación Nacional de Las Oficinas Estatales de Atención, México, who honored the group with an eloquent address on the valuable and symbiotic relationship held between Mexico and the United States. Mr. Riestra Venegas was direct in speech when describing the advantages and disadvantages both countries encounter from the labor provided by Mexican residents in the U.S. agricultural industry. The conference concluded with resounding applause for Mr. Riestra Venegas, whose insights on the Mexican perspective of farmworkers was invaluable to all present.

Ruben King-Shaw, Jr., Deputy Director and Chief Operating Officer for the Centers for Medicare & Medicaid Services DHHS, and Benjamin Flores, Chief, Migrant Health Branch, BPHC, visit the NCFH exhibit booth.



## Session Abstracts

*Note to conference planners:* Workshop ratings and attendance levels are available to conference planners wishing to consider replication of these workshops at another venue.

### **PARTICIPATORY RESEARCH: INVOLVING COMMUNITY BASED PARTNERS**

#### **Design, Implementation, and Evaluation of Cultivando la Salud – Participatory Research in Action**

This intensive focused on a description and discussion of the Cultivando la Salud (CLS) Program: a breast and cervical cancer early detection program for migrant and seasonal farm worker women. This project included the systematic planning, implementation and evaluation of a community-based intervention program using promotoras to deliver messages to farm worker women about breast and cervical cancer screening. The program was evaluated using an experimental trial employing both intervention and comparison communities. All phases of the project were guided by principles of participatory research. The CLS team discussed how it initiated and maintained collaboration from clinic staff, promotoras, community members, and an advisory group. They covered discussions about various program phases and lessons learned at each phase. Topics included: systematic program planning, gathering new data through qualitative and quantitative methodologies, working with clinics, obtaining clinic and community buy-in, involving community members at all levels of development, and needs for future research.

*Presenter(s):* Maria Fernandez, PhD, Guillermo Tortolero-Luna, MD, PhD, Alicia Gonzales, MSSW

#### **Bi-national Collaborative Health Research – Lessons & Successes**

The second portion of this research intensive focused on the nuts and bolts of setting up binational research with migrant farmworker populations. It built on the lessons learned in several binational health research projects and community interventions. The session focused on the project participants, community members, academics, and health professionals on both sides of the U. S. -Mexico border. Speakers began by looking at how to negotiate acceptable goals and objectives among the various players. They then examined how differences in power among the various participants influence the process—including a discussion of ethics and building relationships of trust and then used examples from binational research both along the U.S.-Mexico Border and in the interiors of the two countries to highlight important steps that need to be taken in order to successfully carry out participatory research in this complex setting.

*Presenter(s):* Elizabeth Cartwright, RN, PhD, Gilda Salazar, MA

### **CONDUCTING NEEDS ASSESSMENT USING SOUND RESEARCH PRINCIPLES**

#### **Community Assessment from the Ground Up – Considering the Process in a New Way**

Community assessments are often documents written at the last minute and only because they are required by a funding source. If looked at in a different light, they can become a wonderful tool for planning services, involving everyone in the organization and outreaching into the community. The East Coast Migrant Head Start Project, providing Migrant Head Start assistance in 13 states through a network of 27 grantees, has revised its Community Assessment procedures in a way that might be adapted for Migrant Health Centers and other organizations assisting farmworkers.

This new process was built around the ideas of: (1) making better use of data already gathered by the organization, (2) using existing informal networks to collect the most current information, (3) seeking community input in a manner that doubles as an outreach effort and (4) involving everyone affiliated with the organization (staff, clients, board members) in the process.

The workshop presented the redesigned Community Assessment process and pilot test implementation results. Successes and challenges, particularly from the viewpoint of frontline staff, were presented. Some study findings were also shown including the results of migration pattern information for enrolled Migrant Head Start Families. The replication implications of this process and the value of the results for Migrant Health Centers were discussed with the audience.

*Presenter(s):* Alice C. Larson, PhD, Jeffery Lovelace

#### **Enumerating Farmworkers to Assess their Health Needs and the Local Health Service Network**

Knowing the number and distribution of migrant and seasonal farmworkers at the county level is indispensable information to plan, develop and evaluate local health care service delivery and utilization. An enumeration study of the migrant and seasonal farmworker population was conducted in Oceana County, Michigan, as part of a health needs assessment of the population and an evaluation of the effectiveness of the local health care network. Session presenters used the research project to engage session participants in group discussions and exercises to show them how the enumeration study of the migrant and seasonal farmworkers was conducted and how the information was used in needs assessment and program evaluation. At the end of this session, participants were able to 1) identify the steps, sources of information, and other factors necessary to conduct a farmworker enumeration study at the county level; 2) recognize the type of information that is generated from an enumeration study and how it is used in conducting a health needs assessment of the farmworker population; and 3) utilize enumeration study and needs assessment information to systematically assess the effectiveness of the local health service network and program

*Presenter(s):* Rene Rosenbaum, PhD

**A Pilot Study of the Health Related Needs of Migrant and Seasonal Workers in Texas**

A great majority of migrant and seasonal farmworkers work and live in isolated and unsanitary conditions, with exposure to a variety of agricultural toxins, placing them at greater risk for health problems (Camacho & de la Garza, 2002). These farmworkers also have very limited access to health care services that could prevent more serious illnesses or provide effective disease management. These factors, combined with the barriers of poverty, language, culture differences, logistics, and low perceptions of risk, result in many serious health problems among this workforce which could be avoided through appropriate preventive measures (Bechtel, Davidhizar, & Spurlock, 2000). In this presentation, the development of a pilot study for the comprehensive assessment of health risks and health-related issues of migrant and seasonal workers in Cherokee County, Texas was discussed, including community collaboration-building, use of qualitative and quantitative needs assessment methodology, development of an effective needs assessment instrument, and appropriate approaches for overcoming barriers to gathering valid data from this hard-to-reach workforce.

*Presenter(s):* Robin Rager, PhD, Eva Doyle, PhD, CHES, Denise Bates, MS, RRT, CHES

**Diabetes Collaborative – A Plan for Program Planners and Promotoras**

The first part of this presentation was to share best practices used to motivate someone to make behavior changes to control diabetes, program successes and the importance of partnerships. Participants in this session had the opportunity to learn the skills to structure and develop program planning and implementation for a Promotora program. Participants had the opportunity to learn about the Promotoras de Salud model as an effective approach in assisting Diabetes Type 2 migrant farmworker patients. The second part of the session covered general information about the history of the "Por Nuestra Salud" Diabetes Community Intervention Project, including how it was created; what type of training should Promotoras have; training curriculum, internal and external challenges that Promotoras face; evaluation and evaluation tools to measure program successes; establishing walking clubs; nutrition and healthier eating to help control sugar levels; and community input to assess barriers and challenges to diabetes care.

*Presenter(s):* Javier Carrillo, MPH

**Power To Serve: Building Motivation and Sustaining Action in the Workplace**

Having relevant knowledge and appropriate skills is no longer enough. Today's workplace requires that we have the courage and desire to engage what we know and are capable of achieving with the highest degree of effectiveness. When workers sense that they belong in the workplace community, participate in a significant endeavor, and contribute to something larger than their own well being, they will serve their fellow workers as they maximize their own productivity. When this occurs, the workplace is transformed, work becomes deeply meaningful, and workers become intensely loyal to the organization within which they work and serve. This presentation was designed to assist attendees identify their goals and integrate work, family and community into their lives.

*Presenter(s):* Randy C. Williams

**Child Maltreatment: Awareness and Recognition- The Role of the Lay Health Promoter in Working and Supporting Families and their Children**

Child maltreatment (abuse and neglect) laws have only existed in the United States for less than 40 years. Prior to this time, children were commonly viewed as property of their parents and criminal laws did not intrude into family issues. Most states require reporting of suspicion of child maltreatment. The goal of these reports is to assure child safety; usually this means offering support to families in stress.

This workshop provided a historical perspective regarding child maltreatment and provided an overview of the differing manifestations of maltreatment. Basic skills in the recognition of child abuse and neglect were reviewed. The issue of societal and legally acceptable physical punishment were discussed, as well as factors, which raise the episode to child abuse. The reporting process of suspected child maltreatment was discussed, as well as the potential court process that can occur. Lastly, some thoughts about preventing child maltreatment were presented.

*Presenter(s):* Walter F. Lambert, MD

**Integration of Behavioral Health & Primary Care: A Compass and a Horizon**

Increasingly primary care systems are attempting to integrate behavioral health services in response to the need to improve quality of care, control psychosocial drivers of healthcare use and to increase consumer satisfaction with services. While the move toward integration offers an unparalleled opportunity to improve quality and reduce medical costs, there are many complex issues that need to be understood and resolved if the integration mission is to succeed. Participants in this introductory workshop were exposed to health services, epidemiological and clinical research that reveals the need for and potential benefits of, integration. A major issue to be addressed is that behavioral health primary care integration is not a single entity, but rather a diverse set of strategies. Participants learned about different models of integrating behavioral health services and parameters for

evaluating the strengths and weaknesses of each approach. The workshop introduced a population care framework for analyzing the demand of different types of integrated services. Horizontal and vertical integration programs were described and differentiated using population care principles. Participants learned about existing horizontal and vertical integration programs, as well as data pertaining to the clinical and cost effectiveness of such programs. Participants learned the key characteristics of the Primary Behavioral Health Model, which is now designated as the BPHC preferred model of integrated behavioral health care. An in depth review of some of the seminal research in this area helped attendees appreciate the significant evidence that supports this new model of integrated care. The overall emphasis of the workshop was to help attendees appreciate the nuances of creating effective primary care behavioral health programs, while generating realistic integration strategies for both urban and rural healthcare settings.

*Presenter(s):* Patricia Robinson, PhD

### **Group Facilitation: Skills Building for Effective Leadership**

In order to manage growth, health centers need to have in place highly effective management teams that are able to deliver results. This workshop was designed to help participants acquire skills and tools to facilitate small groups, conduct effective meetings, create action plans and implement actions to obtain results. During the workshop, three methods and techniques of leading successful participatory meetings, that will produce results, were demonstrated. Those methods were the Focus Discussion Method, Card-storming, Prioritizing and Action Planning.

Throughout the session, the Instructor first demonstrated a method using a "timely topic" of the participants' interest and then the participants in small teams practiced the method. The Instructor reviewed the key steps and shared hints for success. Then the Instructor demonstrated another method, again followed by team practice. By the end of the session, all participants had the opportunity to demonstrate their skills, discuss what worked and how they may apply the methods in their individual work places.

*Presenter(s):* Cynthia N. Vance, BA, MS

### **La Cultura Cura**

The workshop explored the cultural strengths that exist and that can be drawn upon and utilized for effective outreach and health education in communities. Attendees gained an increased understanding and appreciation for the cultural resiliency factors that exist in families, and were able to differentiate between true positive cultural factors and oppressive false cultural issues. Participants gained a greater understanding of the role that both fathers and mothers play in the health and development of children and families.

*Presenter(s):* Jerry Tello, MA

## **CLINICAL PRIORITIES: APPLIED RESEARCH**

### **Attitudes & Behaviors of Hispanic Workers Towards Self-Management of their Diabetes**

Poor attitudes and behavioral choices along with an inadequate knowledge level of diabetes increase the individual's risks for serious complications. This session presented a descriptive quantitative study examining the attitudes and behaviors of Hispanic migrant farmworkers with diabetes. The study was conducted in eleven seasonal nurse-managed health centers in the upper Midwest. The sample consisted of 127 migrant farm worker who completed the Diabetes Attitudes and Behaviors Questionnaire.

*Presenter(s):* Loretta Heuer, RN, PhD

### **Immunization Assessments of Migrant Children in Michigan**

Immunization coverage levels have long been used as a measurement of the general health status of populations of children. However, few projects have measured, much less published, immunization levels of migrant children. In this presentation, the presenter discussed the results of a project that measured immunization levels of all one-year-old and two year old children seen in all sites of the four Migrant Health Centers in Michigan over a five-year period. The data was also analyzed to define the immunization problem areas specific to migrant children.

*Presenter(s):* Carolee Besteman, RN, MS

### **A Comprehensive Assessment of Dental Decay in Southern Illinois Migrant & Seasonal Farmworkers and Families**

While the prevalence of dental decay has decreased in recent years it remains a significant health concern among low socioeconomic groups. Migrant farmworkers are one group at particular risk. The Southern Illinois Farmworker Health Center has been offering dental services to migrant farmworkers and their families for approximately twenty years. All dental records from this period were reviewed and total decay experience was recorded. In this presentation, results from this sample, which were compared to data from the National Health and Nutrition Examination Survey III indicated that untreated decay was significantly higher among migrant farmworkers than both the general and Mexican-American populations. Findings support the Healthy People 2010 objective calling for more integration of oral health services into existing migrant health programs.

*Presenter(s):* Sherri Lukes, RDH, MS

### **A Guide For The Provision of Comprehensive Pharmacy Services to Migrant and Seasonal Farmworkers**

Assuring that patients have the ability to complete the full cycle of health services initiated by their primary care providers has become a hallmark of high-quality primary health care systems. And, access to comprehensive pharmacy services is an essential component of these systems. This is certainly true when attempting to reduce health disparities, and especially true when dealing with unique needs of migrant and seasonal farm workers. The goal of this session was to provide the attendee with information, structure, and resources to enable the development of a program that will successfully meet the pharmacy needs of seasonal and migrant farm workers.

*Presenter(s):* Larry Pederson, RPh, CPh

### **Mexican Migration and Implications for Migrant Health Delivery**

Using the current Puebla and New York Initiative, the presentation illustrated current Bi-National efforts between Mexico and the United States in the health care arena. This session explored how to build bi-national relationships and how to create opportunities to improve farmworker access to health care and continuity of care through mutual understanding of cultural and national distinctions. The following topics were addressed:

- Mexican migration to New York
- How to build a bi-national relationship
- New York - Puebla Initiative
- Systems and treatment differences in both countries
- Resources and obstacles for the provision of continuity of care

*Presenter(s):* Mario Riestra Venegas, Anne Nolan, MPH

### **Pharmaceutical Access for Farmworkers and the Underserved Population**

Improved medication access is a critical link to improving the health of farmworkers and other people with limited incomes. Medications are some of the best tools we have for prevention and treatment. The correct prescription, dispensation and administration are crucial. Pharmaceutical access programs are often difficult to understand and their application forms can be tedious and time consuming. This session helped health care providers, social workers, lay health workers and outreach workers identify ways to improve access to pharmaceuticals and presented how to navigate the system.

*Presenter(s):* Andrea Kauffold

### **Developing New and /or Expanded Oral Health Care Services in Community Health Centers**

As part of President Bush's multi-year plan to serve an additional 1,200 of the nation's neediest communities, the BPHC will continue to expand and improve access to essential health care services. The establishment of new oral health service delivery programs and expansion of existing capacity within health centers is an integral component to comprehensive primary health care programs. The availability of these essential services will enhance the ability of health centers to provide basic primary care and will result in an increase of users at existing grantee sites.

This presentation provided an overview of the BPHC's service expansion/improvement funding opportunities for oral health new or expanded services and detailed information on the FY 2003 eligibility requirements, review criteria, and awarding factors for existing health center grantees. It presented strategies to effectively assess the needs and oral health status in communities served by health centers. It described how to develop successful programs to address oral health care needs and expand access in those communities. It also demonstrated how to develop a financial plan necessary to develop and sustain a fiscally viable and productive oral health care program.

*Presenter(s):* Becky Demers, Sharon Gallop

### **Michigan's Plan of Action for Improving the Health of Migrant & Seasonal Farmworkers**

In 2001, the Michigan Primary Care Association launched an initiative to focus efforts to improving the health of migrant and seasonal farmworkers (MSFW) in Michigan. The initiative is guided by an interagency coalition comprised of people concerned about the health of MSFWs. This session presented the process used to develop the coalition's Plan of Action for Improving the Health of Migrant and Seasonal Farmworkers, a report summarizing the major health concerns, health resources currently available, and a plan of action. Participants also discussed the project's implementation phase and how the coalition is emerging. Michigan's plan focuses on increasing access to health care, increasing access to publicly funded health insurance programs, addressing continuity of care, developing a cultural & linguistic responsiveness improvement strategy, decreasing adverse health outcomes from environmental and occupational causes, developing a comprehensive approach to outreach & eligibility, and elevating the status of MSFWs in policy discussions.

*Presenter(s):* Carol Parker Lee, MPH

## **Providing Continuity of Care While In-Stream**

This session provided participants with an overview of the Texas Migrant Care Network (MCN) and shared strategies used to ensure the provision of comprehensive health care services to migrant children while in-stream with their families that can be replicated in other states. This program was developed in partnership with the Texas Health and Human Services Commission, the Texas Association of Community Health Centers and the National Center for Farmworker Health.

The MCN is a statewide pilot to establish a Preferred Provider Organization (PPO) and to develop a multi-state outreach infrastructure targeting both migrant families and health care providers. Although the Texas Medicaid and CHIP program has always covered medical services provided to eligible clients while out-of-state, in the past many migrant families have not been aware of this policy and/or have been unable to access health care services while in-stream. It has also been difficult for health care providers to obtain reimbursement from the Texas Medicaid and CHIP programs resulting in a limited number of providers willing or able to provide health care services to migrant children from Texas.

The pilot program will establish a 1-800 number for migrant farmworker families to call while in-stream to locate the nearest health care provider enrolled in the network to provide health care services. Additionally, a 1-800 for providers will also be established to answer questions and provide assistance to them in enrolling in the network as well as assisting them in getting reimbursed from the Texas Medicaid and CHIP programs. This session offered Primary Care Associations and health care providers the opportunity to become partners in this effort and actually enroll in the Texas Migrant Care Network.

*Presenter(s):* Jana Blasi, MPA; Carolee Besteman, RN

## **AN UPDATE ON POLICY RELATED TO FARMWORKERS**

### **Increasing Farmworkers' Access to Workers Compensation Benefits**

With shrinking budgets, community and migrant health centers need to consider all available revenue streams. One source of funding, which has historically been underutilized, is the state workers compensation system. Workers compensation benefits are all the more important in the era of welfare reform, because in most states workers are eligible for workers compensation benefits regardless of their immigration status.

One barrier to increased utilization of the workers compensation system is its complexity. This workshop presented information to increase clinicians' understanding of the workers compensation system so they can better help their patients gain access and full benefits from the state workers compensation system in their area.

Farmworker eligibility for workers compensation benefits varies considerably from state to state. For example, only 12 states (Arizona, California, Colorado, Connecticut, Hawaii, Idaho,

Massachusetts, Montana, New Hampshire, New Jersey, Ohio, and Oregon) provide the same workers compensation coverage for agricultural workers as for other employees. Thirteen states provide no mandatory coverage for farmworkers (Alabama, Arkansas, Indiana, Kansas, Kentucky, Mississippi, Nebraska, Nevada, New Mexico, North Dakota, Rhode Island, South Carolina, and Tennessee). The remaining jurisdictions provide partial protection. Where there is partial coverage, some states, like Florida and Maryland, exempt only very small farms from the program and others, like Maine, exclude from benefits all those who do not work year round.

The workshop addressed issues such as: eligibility requirements; types of conditions covered; timelines for filing claims and other forms; scope of benefits available; the adjudication process for disputed claims. It also focused on typical barriers impeding farmworkers' access to these benefits and the issues for advocacy, which would make this system more useful to farmworkers in Midwestern states.

*Presenter(s):* Shelly Davis, JD

### **Hot Topics in Immigration Policy**

Most farmworkers are immigrants or have immigrants in their families. Because of this, government immigration policies are of critical importance to them. Since the events of September 11, 2001, these immigration policies are having an even more significant impact on the immigrant population in the United States.

This session discussed a variety of topics including the ways immigrants can legalize (or not), state and local enforcement of immigration laws, and access to driver's licenses. The session also included expanded access by legal immigrants to the Food Stamp Program as a result of the Farm Bill passed earlier this year.

*Presenter(s):* Roger Rosenthal, JD

### **Situational Leadership: A Model for Effective Supervision and Delegation**

The success of a health center depends, in large, upon the effectiveness of its leaders. Today, more than ever, health centers are challenged to manage growth in response to the Presidential Initiative. Therefore, it is imperative that program managers, supervisors, and other members of the management team develop their leadership skills. Situational Leadership is a proven and practical model to teach leaders how to better lead their followers.

In the first half of the session, participants had the opportunity for a self-assessment of their leadership styles, to learn about leader behaviors, and to identify indicators for leadership types.

In the second half of the session, participants learned how to assess the followers' readiness level for a given task, to determine the difference between ability and willingness, adapt the leader style to optimize results, and to experience the consequences of appropriate and inappropriate leadership styles.

*Presenter(s):* Shanda Sansing, MS



## **NATIONAL AGRICULTURAL WORKERS SURVEY: INDICATORS OF HEALTH, INJURY AND HEALTH CARE UTILIZATION**

### **A Portrait of US Crop Workers – The Occupational Health & Injury Experience of US Farmworkers**

This session presented new findings from approximately 7,300 interviews with migrant and seasonal crop workers that were obtained in fiscal years 1999 and 2000 by the Department of Labor's National Agricultural Workers Survey (NAWS), in partnership with the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health. The first part of the presentation provided an overview of current farmworker demographics, focusing on information about distinct groups of workers, including foreign-born newcomers, established migrant and seasonal workers, workers with families, and those living alone. The second part focused on health indicator data, including information on musculoskeletal, respiratory and gastrointestinal problems, and access to care. The session included a review of the healthcare utilization patterns of US migrant and settled Farmworkers, and provided the preliminary findings on the occupational injury experience of youth and adults, including the types of injuries. The presentation provided attendees with a greater understanding of the basic features and limitations of the NAWS database.

*Presenter(s):* Susan Gabbard, PhD; Daniel Carroll, MS; Sherry Baron, MD, MPH; Cameron Crandall, MD; Jonathon LaValley

### **Balancing Family Health Needs and Policy Realities**

Participants learned how Promotoras move beyond traditional health education to impact the effectiveness of Medicaid/CHIP programs in Texas. They were presented with a variety of approaches that Promotoras undertake at the family, community and state/national levels to inform and enroll families in Medicaid/CHIP, and to foster effective collaborations to ensure its continuation. They learned how education, outreach, data collection, and coalition building help strengthen families, impact policy, and lead to state and national discussions of children's health care coverage.

*Presenter(s):* Graciela Camarena, Sara Skinner, MPH

### **Innovations in Diabetes Care through the Collaborative Model**

The session included an overview of the Health Disparities Collaboratives as applied to participating migrant teams; outcomes from migrant centers; case presentations; and information on Track II. Track II is an innovative program sponsored by MCN that allows case management and medical record tracking in real time for migrating patients with diabetes. Migrant centers had the opportunity to enroll their diabetic patients in Track II, as well as received a wide range of resource material on chronic illness care.

*Presenter(s):* Jennie McLaurin, MPH, MD; Loretta Heuer, RN, PhD; Carmel Drewes

## **Leadership Training for Board Members**

This workshop offered board members with the opportunity to identify and determine the characteristics and skills needed to be effective health center board members. The participants received information about their roles and responsibilities, BFHC expectation of C/MHC, Health Center mission, board structure and by-laws. The Presenter guided the group through the development of basic skills to effectively participate in meetings, be an advocate and represent their health center in the community.

*Presenter(s):* Steven D. Weinman, MBA

## **Traditional Medicine in Mexico**

México is a country rich in culture, comprised of more than 57 ethnic groups, existing with diverse approaches to illness and health beliefs depending on the collective vision of its people. Traditional medicine is the knowledge of popular medicine that has passed through experience from generation to generation and is alive in the migrant communities. The main objective of this presentation was to familiarize the health care providers of the structure of traditional medicine, its traditional nosology, and available resources.

*Presenter(s):* Abigail Aguilar Contreras, BS, MS

## **The Health Status of U.S Hired Farm Workers**

Despite a recent surge in knowledge about U.S. hired farm workers, little is known about the health of this population. No national data is available on the size of the population, mortality or morbidity data, or on chronic health indicators. Most workers are Mexican immigrant or migrant males, and two-thirds live in poverty. Fewer than one in five has health insurance, either through an employer or through government programs. This presentation reviewed what is known in the following topical areas: (1) mortality and morbidity; (2) access to health care services; (3) control of infectious diseases; (4) maternal and child care; (5) occupational health; (6) violence; and (7) chronic health indicators. It was suggested that future research seek to incorporate a minimal physical examination of all patients or subjects in order to establish baseline information for the population. Such information would be helpful in targeting interventions and measuring their effectiveness.

*Presenter(s):* Don Villarejo, PhD



### **Education for Harm Reduction – Evolution of a Training Guide**

The Hesperian Foundation publishes vital health worker training materials based on a simple notion: the root of ill-health is found in social inequity, and true public health must be based in the empowerment of people to manage their own decisions. The speaker presented how to develop educational materials that apply to diverse audiences and are based on real experiences, and demonstrated the techniques to use for educational materials that are both informative and empowering. The presentation was followed by an informal discussion of ways in which participatory training can be applied to migrant farm worker health.

*Presenter(s):* Jeff Conant, MA

### **Dentistry and the Pregnant Patient**

This presentation was a review of information for dentists who treat pregnant patients as well as medical providers who refer pregnant patients to the dentist. Participants learned to support dental health care without harm to the mother or the fetus, learned about safe medication use during pregnancy, reviewed common dental problems that arise during pregnancy, and identified a frame work of information that dentists need to know prior to initiating treatment. Case studies were also presented.

*Presenter(s):* Patrick Harris, DDS

### **Overview of Migrant Health: A Tool for Orientation of New Employees**

Now more than ever C/MHC are struggling to recruit and retain culturally competent staff and to correctly capture the number of MSFW that use their services. This workshop was intended to provide new and current health center staff with an orientation and update to the Migrant Health movement. The presenter covered:

- Community/Migrant Health Center structure
- The Migrant Health Services Delivery Models
- Introduction to the MSFW world
- MSFW definitions and implications of eligibility to received services

*Presenter(s):* Hilda Bogue, RN, MS, DHES

### **Vulnerability of the Undocumented Worker in Accessing Health Services**

The barriers in accessing health care services increase in the case of the undocumented migratory farmworker. When farmworkers enter the US illegally, they are very much aware of their situation and vulnerability, therefore they know that is in their best interest to prevent any contact with people or organizations, including health care, which may discover their undocumented status.

This presentation explored successful methods in reaching this population with the understanding that to provide health care services requires careful planning and the adaptation of activities that take into account their conditions and their mentality. One way to do this is through bi-national agreements, in which health

care plans addressing disease prevention and the delivery of health care services, can be planned and implemented in the Mexican home-based community, as well as in the recipient community in the USA. The identification of some of those communities is essential in order to establish pilot programs to work with this issue.

Regardless of the plan of action implemented, it needs to include initiatives to "document" undocumented workers with the objective of increasing their understanding that in spite of their undocumented status, their dignity and basic human rights will be recognized and respected.

*Presenter(s):* Primitivo Rodriguez Ocegüera, BA, MS; David Collins, MD

## **FARM LABOR SAFETY AND HEALTH**

### **Reducing Eye Injuries in Migrant Farmworkers**

Eye injuries and illnesses are among the most prevalent occupational health problems in agriculture. Dust and debris, allergenic agents, pokes with branches, chemical agents, UV light and wind can lead to eye trauma, eye irritation, corneal trauma, cataracts, and potentially blindness. Based on previous ethnographic work and information obtained through partnerships between farm workers, migrant advocacy organizations, and university personnel, an intervention program was devised to reduce eye injuries during the summer of 2001. The Promotores de Salud model was used to implement the intervention and to evaluate the results.

The presentation described the role of a partnership in implementing a health and safety intervention in agriculture, and explored the role of Camp Health Aides in conducting research and implementing an intervention. Presenters discussed an evaluation scheme for implementing an intervention in agriculture.

*Presenter(s):* Linda Forst, MD, MPH

### **Perceived Risk of Musculoskeletal Disorders for Youth Working on Farms**

Farm work is physically demanding and the potential risk of work-related musculoskeletal disorders (MSDs), such as back pain, carpal tunnel syndrome, elbow problems, neck or shoulder pain, is high for youth working on farms. There is little information available about the magnitude of risk of MSDs for youth working on farms, or what tasks or jobs present the highest risk.

This presentation reviewed a study where a series of eight focus groups were convened to: (1) identify task and activities performed by youth on farms with the potential for causing MSDs; (2) determine the participants perceptions about the risk for youths performing those task; and (3) determine other factors that might relate to MSDs for youth working on farms, such as possible interventions for prevention. Ten questions were posed to the eight groups about what tasks youth perform on the farm, how the work is assigned, and what risk factors are associated with the work.

*Presenter(s):* Thomas Waters, PhD, CPE; Steven Bartels

### **Assessing Occupational Injuries in Farmworkers: Rapid Assessment Techniques in Injury Epidemiology**

The session trained participants in identifying rapid assessment techniques as a way to obtain information from and with migrant farmworkers, and identified factors that affect the design of questionnaires to be used with migrant farmworkers.

Presenters used a study, which was designed to understand how to address injury and to ask questions regarding injuries in a meaningful manner for the community. In this study, Rapid Participatory Appraisal (RPA) methods were adapted for work with farmworkers in La Grulla, Texas as an example. Researchers found that there were perceived differences between types of injuries and health problems related to farm work between small children and older children. It was perceived that injuries were important for all age groups and that that younger children had less risk of injury than older children. There does not seem to be a single word or sentence that summarizes the concept of injury in either the English or Spanish language. Key words and sentences defining the construct of injury were identified. Research participants expressed that they preferred constructs separately rather than in an all-encompassing concept or multidimensional matrices. These findings are important in the development of questionnaires and allow for further integration of the research group in the community.

*Presenter(s):* Laura Freimanis-Hance, PhD; Sharon Cooper, PhD; Eva Shipp, MS

### **Familias Fuertes – A Peer Based Substance Abuse Program Targeting Migrant Farmworkers**

Community Health Partnership of Illinois (CHP) in collaboration with the AED (the Academy for Education Development) implemented a two-year pilot program funded by the US Substance Abuse and Mental Health Administration (SAMHSA) under the Family Strengthening Prevention Initiative. This unique project, based on the promotores de salud model, was designed to train farmworkers to recruit participants for and facilitate the 12 session Familias Fuertes program. The model chosen for this project, known as the Multicultural Family Strengthening Model developed by Marilyn Steele, is a highly effective, flexible program designed to allow participants to examine and deter patterns of substance abuse within the context of their own particular culture, community and family. This workshop highlighted the Family Strengthening model as it was applied to farmworker populations (including unaccompanied male workers). A video taped presentation was used to illustrate the various components of the program including community needs assessment, participant recruitment, training and supervision of farmworker facilitators and the sessions themselves.

*Presenter(s):* Susan Bauer, MA, MPH; Ramona Alvarado, CNA

### **Treating to New Targets in Type II Diabetes Mellitus**

Diabetes Mellitus Type II is the most common form of diabetes. It affects millions of people in the US, especially minorities (Hispanics and African Americans). During the past several years the American Diabetes Association has proposed different targets of control of diabetes such as fasting, blood sugars, hemoglobin A1C, lipids, and blood pressure.

Recently, new guidelines have been issued to lower the target numbers in diabetes control. However, our migrant workers have had many problems trying to keep control of their diabetes and coping with this disease, not only because of the complexity of this disease, but also because of some cultural and migratory issues.

Clinicians are often challenged with complicated situations and to provide optimal medical care, it is important to keep updated with the recommendations and treatment options that are standard care. During this presentation, there was a review of current targets in diabetes as well as medications and strategies to prevent complications.

*Presenter(s):* Gustavo Granada, MD

### **How To Get Funded (Or Not!)**

This session was designed for grant writers, community advocates and administrators considering an application for New Start or Expansion funding from the Bureau of Primary Health Care. The presenters combined their knowledge and experience as grant reviewers and writers to share information important to communities seeking funds. Participants gained knowledge as to what the common mistakes are that keep communities in need from receiving funds.

*Presenter(s):* Joni Berardino, BSN, MS; Sharon Gallop

### **Programa De Jornaleros Agrícolas**

This session presented the program of Atención a Jornaleros Agrícolas in México (PRONJAG), which seeks to contribute to the improvement of the life and working conditions of the farmworker population with the assistance of the institutions of public administration in the three levels of the government, and the coordination with farmers, farmworkers, and social services agencies working with this population.

PRONJAG makes use of research, institutional coordination and social concentration in order to plan its projects and to achieve its objectives. The basic operational method of the Program is the establishment of relationships with farmworkers through a web of social promotion programs. Once relationships have been established, farmworkers have the opportunity to express their needs and provide possible strategies to solve those needs. PRONJAG works to plan actions, seek resources and to coordinate efforts in favor of the farmworker families.

PRONJAG works in a holistic way and its actions include issues related to housing, environmental health, nutrition, health and welfare, education, culture and recreation, vocational training and productivity, legal services, etc. In particular PRONJAG develops special programs oriented to the children of the farmworkers who are one of the more vulnerable sectors of this population.

*Presenter(s):* Lourdes Sanchez Muñozhiero

## THE CHANGING NATURE OF FARMS AND FARM LABOR IN THE US

### The Changing Nature of Farms and Farm Labor in the U.S.

The decrease in the number of farms engaged in production agriculture in the U.S. reflects a consistent trend since the end of World War II. New production methods are changing how farm work is organized and are re-structuring the demands of farm labor. The unforgiving economics of modern agriculture are also having a profound effect on U.S. farm families. These trends are beginning to re-shape farm labor. There are increasingly large communities of settled, former-migrant farmworkers now working in both agriculture and non-agricultural enterprises.

This presentation described key features of the changing demographics of U.S. farms, with an emphasis on the economics of U.S. agriculture and the consequences for both family and non-family farm labor. The purpose was to stimulate a discussion regarding likely trends in migrant and former-migrant labor, the research needs these trends may suggest, and the implications for changing health care needs in this population.

*Presenter(s):* Ted Scharf, PhD; Alice Larson, PhD; Karen Gilmore, MPH; John Valosen, BS; Elizabeth Kapeller, MAHS; Chip Petrea, PhD

### NASD: Internet Accessed Farmworker Injury Prevention Tool

This presentation provided a review of the National Ag Safety Database (NASD) and its use in relation to migrant health. The NASD is a central repository of health, safety, and injury prevention materials for the agricultural community. The database was developed largely due to the lack of critical mass of experts in agricultural occupational safety and health in rural communities, the large geographical dispersion of the agricultural population, and the difficulty in quickly accessing information.

Examples of items included in NASD are OSHA and EPA Standards, extension publications, and ordering information for ag safety related videos. NASD contains training programs, posters, sample news releases, and public service announcement scripts. It includes Spanish materials. The database was developed with funding from the National Institute of Occupational Safety and Health (NIOSH) in an effort to promote the national exchange of health and safety program materials, and to promote safety and health in agriculture.

*Presenter(s):* Chip Petrea, PhD

### Outreach 101

This session provided key information for beginning outreach workers and other staff who might provide outreach (i.e. clinicians), and relevant insights for outreach veterans and migrant coordinators. Topics included: health education basics — excerpted from Farmworker Health Services, Inc.'s *Curriculum for Outreach Centered Health Education (COCHE™)*; making referrals and how to pace yourself; what to expect in the field including — safety issues, immigration issues, camp environment; resources/ tools needed for outreach; what does the UDS really mean and how can we make outreach count — principles of data collection and how to conduct a camp health assessment; and community networking.

*Presenter(s):* Antoinette Tomasek, MA; Rita Monroy, CHES

## Mexico and United States Immunization Schedules

This session explored the differences in immunization schedules between Mexico and the United States. It helped health care providers understand differences and commonalities among those vaccine schedules as well as the unique challenges faced by Bi-national migratory farmworkers. The Mexican representative presented the Mexican immunization schedule, explained the use of the "Cartilla Nacional de Vacunas", and explored the design of proposals addressing community participation among migrant and seasonal farmworkers. The American presenter discussed the United States immunization schedule, the interpretation and prediction of vaccine needs of the Mexican Nationals to meet United States school and daycare requirements, and the identification of vaccines delivered to Mexican Nationals in Mexico for which there is no US equivalent vaccine.

*Presenter(s):* Martha Angelica Garcia Aviles, MD; Celine Hanson, MD

## Stepping Up and Speaking Out in a Multicultural Environment

The ability to communicate our needs, perceptions and feelings clearly and directly is vital to effective problem-solving and the functioning of a healthy team, especially in times of change. Yet how does a person 'assert' oneself with others who may come from a culture where using "I" statements, direct confrontation or questioning "authority" is considered disrespectful and/or aggressive? In this session, participants explored what it means to "communicate assertively" in a multicultural environment. Using a series of hands-on exercises, participants experienced the differences between aggressive, passive and "centered" ways of relating and advocating for your intent/vision in a group. Through simulations, participants were able to demonstrate strategies for creating relationships with others that invite greater awareness and an honest exploration of differences and possibilities-essential skills in culturally competent communication.

*Presenter(s):* Susan Auger, MSW

## Mexico & United States: One Patient, Two Systems of Care

In the context of increased integration and for a better understanding of the structures and organization of the Mexican and the American health care systems, this presentation included the following topics:

- Mexican context (Demographic transition, its epidemiology, social and economic implications)
- Structure and financing of the Mexican health care system
- Entitlements, financing and coverage in the American Health Care System.
- Options available to clinics and migrants to obtain coverage
- Present challenges for the Mexican health care system (equity, quality and financial viability)
- Strategies, present reforms, and actions
- Areas for potential collaboration

*Presenter(s):* David Warner, PhD, MPA; Hilda Davila, BA, MS

## **PARTNERSHIPS AND COLLABORATION IN HEALTH AND SAFETY INTERVENTIONS**

### **Reducing Eye Injuries in Migrant Farmworkers: A Partnership Evaluation**

This session focused on the essential elements of a partnership in successful project development. Presenters shared their experiences with an eye injury prevention program. The basic goal of the project was to forge a true partnership among co-investigators that would best address issues related to the eye health and safety of Latino farm workers. The partnership for reducing eye injuries in Latino farm workers formally included representatives from two community-based organizations, Community Health Partnership (Illinois) and Migrant Health Promotions (Michigan) and University of Illinois School of Public Health and the Department of Agricultural Engineering at University of Illinois. Partnership activities included research design, program design and implementation, data collection, and data analysis. Representatives from the partnership organizations communicated on a regular basis, made decisions related to partnership activities through consensus, and met, as a group, annually. Formal evaluation included a questionnaire completed annually with additional information obtained from teleconference and face-to-face meeting minutes and outreach activities (including presentations).

*Presenter(s):* Chip Petrea, PhD

### **Ethnography from the Ground Up – Practical Applications and Community Collaboration**

How can ethnography serve the practical interests of clinicians and community organizations alike? As one form of qualitative methodology, ethnography has evolved from its roots in "participant observation" to develop sophisticated field methods with practical as well as theoretical applications. Ethnography is a particularly adept method for getting at information that often remains hidden from other field methods. This session (a) described how ethnographers enter and assess a field setting, and provided examples of blending ethnographic understanding with community engagement, and (b) discussed the clinical applications of ethnography as a tool for systematic discovery of what is happening in people's daily lives that may affect their ability to follow physician regimes, and (c) identified questions that a clinician might ask in creating a diagnostic work-up. Overall, the session considered the challenge of including both professional and lay members of the community in field projects at various stages of research.

*Presenter(s):* Keith Bletzer, PhD, MPH; Liz Cartwright, PhD, RN

### **Sitting on the Fence: The Successes and Challenges of Gaining Access to Farmworkers through Employers**

Addressing occupational health issues among various agricultural populations has been a challenge in southeast Louisiana. Beginning in 1999, the School of Nursing was awarded a HRSA demonstration grant to implement a model program to improve access to healthcare among the farm worker population. Working

relationships were in place with various agencies, organizations, and state departments through the work of an already established NIOSH grant targeting farm families. While acceptance of the program has been embraced by those who understand the benefit of early access to healthcare; various challenges have been faced when trying to gain access to farmworkers in the field and in agricultural related processing plants. This presentation highlighted the successes and challenges of gaining access through 1) employeres 2) migrant advocate groups and 3) agricultural professionals.

*Presenter(s):* Evelyn Jimenez, BA, MA; Ann Carruth, RN, DNS

### **Whose Life Is It Anyway? Health Promotion and Education through Theatre**

Health promotion and education through theater has proven to be effective with low literacy or non-English speaking communities. Improvisatory Theater Troupes require minimal financial and material resources and can easily be organized by anyone involved in migrant health promotion. This lively and entertaining session followed the basic structure of the popular television show: "Whose Line is it Anyway?" A group of 3 or 4 actors improvised a series of scenes related to migrant health issues including: use of pesticides, sexual transmitted diseases, stress, and heat exhaustion. Other issues included domestic violence, community organization, and family communication. This was an interactive session that encouraged audience participation. All improvisations were based on suggestions and information provided by the audience. Participants received information on how to create their own "Health Theater Improvisatory Group."

*Presenter(s):* Jose Blanco, PhD; Raul Vazquez-Lopez; Guillermo Rojas

## **CLINICAL AGRICULTURAL WORKPLACE EXPOSURES, INJURIES, AND LUNG DISEASE**

### **Agricultural Workplace Exposures and Lung Disease**

Agricultural workers are at increased risk of developing lung disease due to the toxic effects of agricultural aerosols. The risk of progressive lung disease is three times higher in agricultural workers more heavily exposed to dusts at the worksite. The exposures are compounded by the fact that many migratory workers and their families, including children, may be exposed not only at the worksite but also at the housing areas since many are near the fields and other worksites. The exposures are extremely varied and include inhaled organic dusts such as molds, pollens, silica, animal danders, grain dust, mite dust, gases such as ammonia, hydrogen sulfide, and carbon monoxide from manure pits, and microorganisms and their by-products such as endotoxins. This session helped to familiarize the participants with work related exposures and the resultant lung diseases most commonly seen in agricultural workers. The occupational health history and how to use it to help diagnose occupationally related lung diseases was discussed. The session also provided guidance in the education of the migratory worker and his/her family in prevention.

*Presenter(s):* Karen Mulloy, DO, MSCH

### **Agricultural Emergencies and Injuries**

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Agriculture produces injuries and illnesses that are often predictable and severe. Some events are sudden, like trauma and toxic gas inhalation. Other injuries are chronic and subtler, like the inhalation of molds and spores. Clinicians are called upon to perform differential diagnoses and care for farmworkers who are injured and made ill by modern agricultural practices. This session educated participants in how farmworkers are injured on farms so that better diagnoses, treatments, and referrals can occur. It also provided a guide on how clinicians can work to improve prevention, first aid and EMS response to these events.

*Presenter(s):* Ted Halpin, MPA

### **Advances in Promotora Occupations: Making a Difference Where it Counts**

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Community health workers, promotoras de salud, ayudantes, doulas, and lay health educators etc., all have varying job descriptions, education, training, and roles. The term community health worker (CHW) is used to refer to all of these. Regardless of the official title, CHWs function as important links between the community, the healthcare system and public health. There is national and statewide interest in developing a CHW certification process that may permit programs to access government dollars that may be used to increase the salary, including health benefits, for CHWs. There are many concerns from CHWs and program administrators about the certification process including: What does "certification" actually mean? How long would it take? What health topics would certification include? Etc. Participants learned about national certification efforts, including Texas and New Mexico, and learned more about how participants can voice their opinion nationally and in their own state. A national perspective regarding certification for CHWs/promotores and the role of the Center for Sustainable Health Outreach in supporting and promoting CHWs/promotores was also discussed.

*Presenter(s):* Cecilia Berrios, MA; BJ Ciesielski, BA; Agnes Hinton, PhD, MS

### **Cultural Competency in Provision of Mental Health Services**

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Studies have demonstrated that Mexican farmworkers who migrate to the United States change their original consumption patterns of addictive drugs, making it more frequent and more problematic. Similarly they modify their nutrition habits and expose themselves to high-risk sexual contacts.

The uprooting from their environment and the cultural shock contribute to the existence of diverse emotional problems. This presentation reviewed the health conditions of the migrant's community of origin, the life style, beliefs and traditions. It also explored the risks and the protective factors present in the population can help in confronting the challenges of a new environment and how they can be adapted in the best possible way to preserve health.

*Presenter(s):* Victor Arriaga Weiss, PhD

### **The Basics of Skin Cancer: An Interactive Training for Promotoras**

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Skin cancer continues to be on the rise in the United States. Migrant and seasonal farmworkers are at an increased risk for skin cancer because of their extended hours of sun exposure. The Cultivando la Salud Comprehensive Cancer Curriculum is a comprehensive cancer training curriculum for promotoras, which is comprised of a variety of basic cancer modules. The training curriculum was designed to enable promotoras to deliver pertinent cancer information to migrant and seasonal farmworkers in their own communities. This interactive session highlighted the skin cancer unit of the curriculum, and provided participants with basic knowledge of skin cancer, and how the risk can be minimized through sun protection.

*Presenter(s):* Alicia Gonzales, MSSW; Monica Saavedra-Embesi, CHES

### **Strategies for the Assessment, Diagnoses, Prevention, and Treatment of Mental Health Among Migrant Farmworkers**

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This workshop addressed the topics of assessment, diagnoses, prevention, and the treatment of depression and suicide risk factors in farmworkers. The session drew upon research, and presented information in an applied manner so that audience members could take the information and put it to use. The first provided an overview (including the identification of symptoms) of anxiety, depression, and suicidal behaviors. The presenter distributed and reviewed several tools used to screen for depression and suicidality. A model for assessment, including suggestions on when and how to make referrals was discussed. Different options for prevention (e.g., Salud Para Todos program) were presented and effective techniques for psychological treatment were highlighted. Presenters discussed issues of special significance to farmworkers, i.e. stressors particular to migrant farmworkers that may lead to depression and suicidal behaviors; postpartum depression; and implications of how some farmworkers may be more receptive to seeking assistance from general health practitioners than from mental health service providers. Participants reviewed case studies in which audience members shared—for each case study—their diagnostic impressions and their thoughts concerning possible interventions for treatment.

*Presenter(s):* Joseph Hovey, PhD; Christina Magaña, PhD

### **Integrating Outreach into the Health Center**

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A commonly identified complexity within the migrant health field is the challenge to continue discovering new ways to work together to improve care for farmworker patients. This need for integrated health care delivery applies not only to the greater migrant health field, but also to service delivery within the health center or health program. In Farmworker Health Services, Inc.'s experience, all successful outreach programs have support and commitment from the medical director and administration. While looking at center/program infrastructure is one approach to address the question of integration, there are aspects of service delivery that may require additional perspectives, especially when focusing on farmworkers. This type of integration, based upon a shared, common understanding of the service environment and a mutual set of expectations regarding roles and responsibilities, cannot be created by structural integration alone.

This session promoted dialogue among participants about collaborating within the health center/program in an effort to provide comprehensive and seamless care for farmworkers. A diverse panel of professionals from the field presented to address departmental integration. The session maintained a focus on improving the effectiveness of communicating and collaborating internally to create more dynamic and successful programs of service delivery to farmworkers.

*Presenter(s):* Oscar Gomez, BA; Josh Kefauver, MSPH

### **CONTINUITY OF CARE**

#### **Vete Sano y Regresa Sano**

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This presentation explored Mexico's Vete Sano y Regresa Sano, a health program for the migrant population. The goal of the Program is to provide a framework that allows the migrant population to leave healthy, stay healthy and return healthy. Vete Sano y Regresa Sano is a program of the Modelo de Atencion Integral de Salud del Migrante (MAIS). MAIS coordinates the efforts and services of the health sector, as well as the public and private institutions to improve efficiency and decrease the duplication of services. Vete Sano y Regresa Sano targets the population that migrates within Mexico as well as those who migrate to other countries such as the United States. Vete Sano y Regresa Sano works to increase information about health care, health promotion and to encourage self-determination to seek health care.

*Presenter(s):* Juan Pablo Barragan, MD, MPH

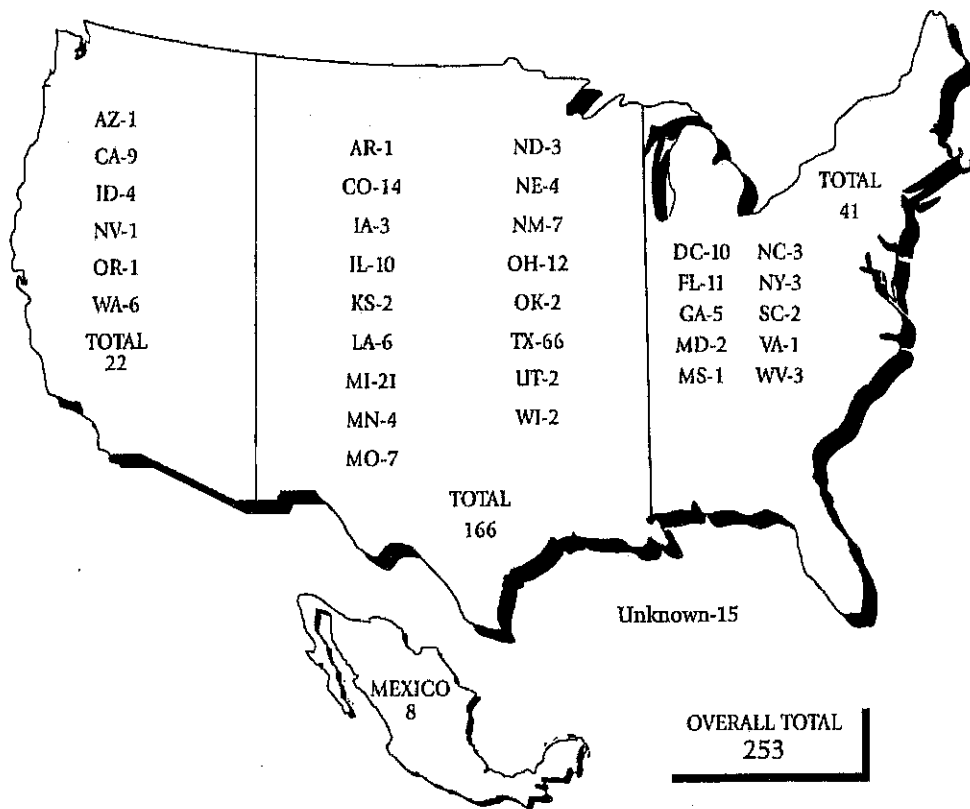
#### **Call for Health**

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This session helped health care providers, social workers, lay health workers and outreach workers understand the Call for Health program. The audience learned how the program works, and how it can be used to improve continuity of care. The presenter described other programs that collaborate with Call for Health. Participants and received Call for Health educational and promotional material.

*Presenter(s):* Andrea Kauffold

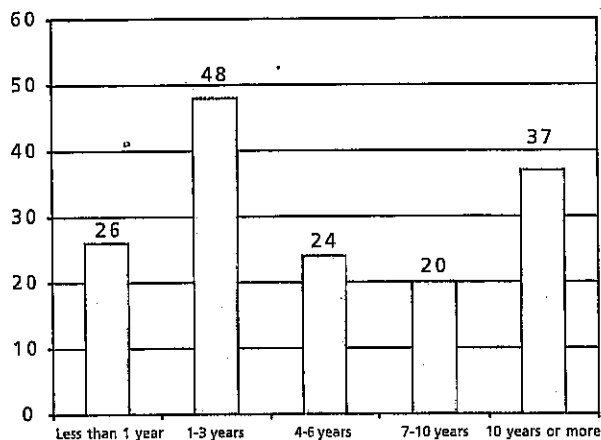
## Participant Demographics



### PROFESSION/OCCUPATION N = 253

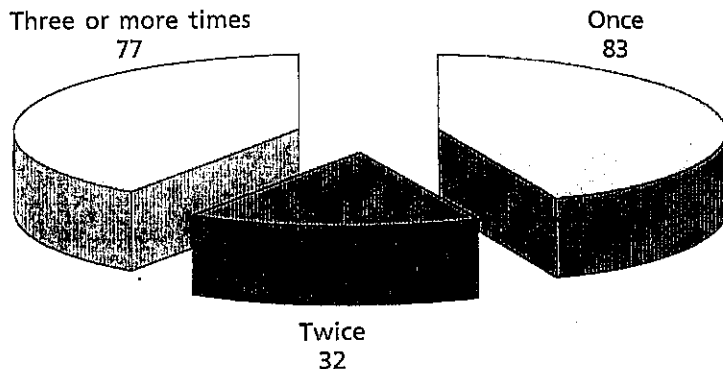
Occupation	Participants
Allied Health	3
Board Member	5
Clinical Director/Manager	7
Consultant	12
Dental Director	2
Executive Director	17
Farmworker	1
Health Educator	22
M/CHC Board Member	1
Medical Director	1
Migrant Education Representative	2
Nurse	16
Nurse Practitioner	4
Other	23
Outreach/Lay Health Worker	14
Physician	6
Physician Assistant	5
Researcher	23
Social Worker	8
State/Federal Employee	8
Student	5
Unknown	68
<b>Total</b>	<b>253</b>

**Years in Migrant Health**  
N = 253



\*98 participants did not respond

**Previously Attended Forums**  
N = 253



\* 61 participants did not respond

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# Celebrating our Past and Asegurando Nuestro Futuro

12th Annual Western Migrant Stream Forum



Hosted by

NORTHWEST  
REGIONAL  
PRIMARY CARE  
ASSOCIATION



# Celebrating our Past and Asegurando Nuestro Futuro

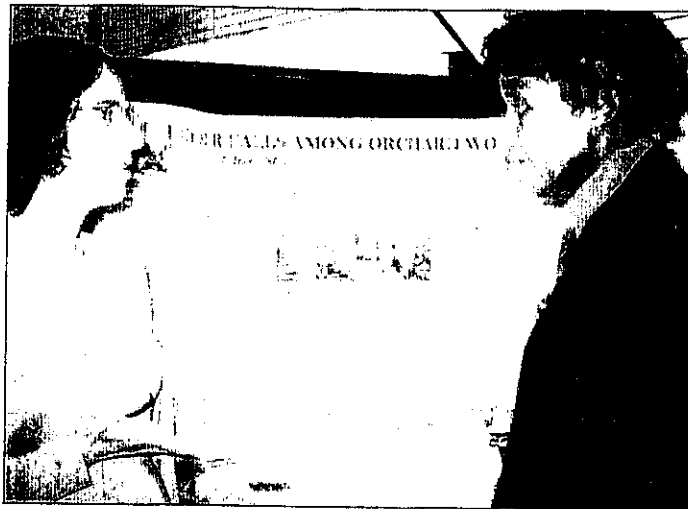
## 12th Annual Western Migrant Stream Forum

### Conference Overview

Set in the hot desert sun of Mesa, Arizona, the 12th Annual Western Migrant Stream Forum took place January 31- February 2, 2003. Produced annually by the Northwest Regional Primary Care Association, over 200 people participated in this year's forum events. With the support of the Centers for Disease Control and Prevention and many other co-sponsors, more than 60 scholarships were awarded to clinicians, board members, students, and researchers attending the forum. This year's theme, "Celebrating Our Past and Asegurando Nuestro Futuro," provided a common thread throughout the conference sessions.

The conference convened on Friday morning January 31 with five powerful intensive sessions. Yolanda Nuñez facilitated "Interactive Discussion of Farmworker History, 1960-present," which consisted of a panel of farmworkers and two videos featuring historical and recent perspectives on migrant farmworker issues and concerns. Aida Giachello's clinical intensive, "Implementing the Diabetes Empowerment Education Program (DEEP)" provided a unique opportunity for peer educators and community health promoters to receive training on diabetes self-management interventions. The health education and promotion session featured two presentations: "Integrating Outreach into the Health Center," led by Oscar Gomez, Josh Kefauver, Antoinette Tomasek, and Jill Webber; and "Let's Talk About Cancer: A Practical Approach," presented by Roberto Astorga. A panel including Faith Boucher, James Glasnapp, Jill Guernsey de Zapien, Rocio Magdeleno, and Olivia de la Rocha led the research intensive, "Evaluating Agricultural Worker Health Programs." "Assertive Communication in a Multicultural Environment," the policy intensive, was led by Susan Auger.

On Friday afternoon attendees gathered for the opening plenary session. Arizona state legislator, Debbie McCune-Davis, welcomed everyone to Arizona. Ms. McCune-Davis, also on staff at the Arizona Association of Community Health Centers, shared some of her personal experiences with migrant farmworkers. John Ruiz of the National Association of Community Health Centers gave updates on recent federal legislation affecting migrant health. Ben Flores, Chief of the Migrant Health Branch, HRSA, shared a migrant health update and details concerning the reorganization of the Health and Resources Services Administration. In addition, Thomas Kring, Division Director of the HRSA Office of Performance Review presented a Region IX update.



Karen Snyder and Ingrid Denis discuss Snyder's poster, "Ladder Falls Among Orchard Workers" at the Welcome Reception/Poster Session

The plenary also included keynote speakers, Xochital Castaneda, PhD and Norma Martinez-Rubin, MPH, CHES, Director and Assistant Director of the California-Mexico Health Initiative. They shared details on the importance of their binational program which fosters collaboration among federal, state and local institutions and community organizations in California and Mexico with the intention of improving migrant health.

Following the last round of Friday's sessions, the Welcome Reception gave participants a chance to mingle, enjoy the music of guitar group Nuevo Trio del Sol, and view their colleagues' research in a poster session that accompanied the reception. Late in the evening as the music became spicier, several brave souls took to the dance floor and rumor has it that a conga line formed.

Poster topics and displays were as follows: "Hablemos Sobre el Cancer," presented by Roberto Astorga of Fred Hutchinson Cancer Research Center; "Ladder Falls Among Orchard Workers: A Qualitative Study," shared by Karen Snyder of University of Washington's Pacific Northwest Agricultural and Safety Health Center; "Health Occupations," by Mike Taylor of Cultural Reflection; "Hands on Pesticide Handler Training," by Flor Tovar of the Washington State Dept. of Agriculture; "Learning Spanish in the Yucatan!" presented by Linda Gorey of Clinica Adelante; "Pesticide Safety," shared by Jacqueline DeCarlo of the Association

Linda Krafusur, Executive Director, Clinicas del Camino Real in Ventura, accepting the Sister Cecilia Abhold Award from Oscar Gomez, Farmworker Health Services, Inc. at the Lunch Presentation.



of Farmworker Opportunity Programs; and "Pesticide Symptom Database Demonstration," presented by Stephan Orme and Margaret Reeves of Pesticide Action Network North America.

Saturday's activities began with the Migrant Clinician's Network (MCN) Breakfast, which included a lively discussion on the conundrum of the diabetes and depression connection. Along with an organizational update, MCN shared various outreach materials such as "Aunque Sano" a comic book designed to educate parents and their children about the dangers of pesticides.

During the lunch presentation, attendees welcomed two speakers: Mary Lynch, RN, PNP, MS, MPH, University of California, San Francisco, Department of Family Healthcare Nursing, and keynote Felipe Gonzalez Castro, MSW, PhD, Arizona State University Department of Psychology. Ms. Lynch commented on the communication and public relations necessary to promote immunization and articulated the urgency for immunization in children. Dr. Castro shared a presentation on incorporating the basic elements of cultural competency while serving farmworkers inside and outside the clinic.

The Sister Cecilia Abhold Award, presented annually in each migrant stream by Farmworker Health Services, Inc, was given to Clinicas del Camino Real in Ventura, California for its outstanding farmworker outreach program. Linda Krafusur, Executive Director of the clinic, came forward to accept the award and express the gratitude of her clinic.

The raffle award, totaling over \$500, and co-presented by

## CONFERENCE HIGHLIGHTS

- Keynote presentation by Xochital Castaneda, PhD, and Norma Martinez-Rubin, MPH, CHES, on Binational Collaborations between California and Mexico
- Welcome reception partnered with the first Western Migrant Stream poster session
- 2003 Sister Cecilia Abhold Award presented to Clinicas del Camino Real in Ventura, California

promotora and former farmworker Maria Treviño, and Lee Rosenthal, both of Migrant Health Promotion, went to Campesinos Sin Fronteras, a grassroots organization empowering migrant and seasonal farmworkers in the Somerton, AZ community. Upon accepting the award, Co-Director Emma Torres elaborated on the importance of giving migrants a voice.

The forum agenda included many informative break out sessions from several subject matter tracks including Clinical, Community Partnerships, Health Education and Promotion, Policy and Advocacy, and Research and Evaluation.

Participants gathered at the Closing Plenary to share feedback, impressions, and suggestions for the next Western Migrant Stream Forum. Karen Elledge, Deputy CEO, and Wendy Nitta, Conference Planner, from NWRPCA wrapped up the conference and extended thanks to all supporters, speakers, participants and staff for all of their involvement in the 2002-03 forum.

Please mark your calendars for next year's Western Migrant Stream Forum to be held, January 30 - February 1, 2004 in Seattle, Washington. If you have any questions or suggestions, please contact Anne Powell, Farmworker Health Coordinator, at 206-783-3004 or [apowell@nwrpca.org](mailto:apowell@nwrpca.org). Visit our web site at [www.nwrpca.org](http://www.nwrpca.org) for conference updates.



Yolanda Nuñez, Maria Limous and members of Lideres Campesinas share stories at the Welcome Reception.

## Session Abstracts

*Note to conference planners:* Workshop ratings and attendance levels are available to conference planners wishing to consider replication of these workshops at another venue.

### Health Outreach to Farmworkers

#### 1) Integrating Outreach Into the Health Center

The need for integrated health care delivery applies not only to the greater migrant health field, but also to service delivery within the health center or health program. This session focused on improving the effectiveness of internal communication and collaboration, to create more dynamic service delivery programs to farmworkers.

*Presenter(s):* Oscar Gomez, Josh Kefauver, MSPH, Antoinette B. Tomasek, MA and Jill Webber, Farmworker Health Services, Inc.

#### 2) Let's Talk About Cancer: A Practical Approach

This workshop described how to produce cancer education radio shows for migrant and seasonal farmworkers. Participants learned how to implement a Spanish cancer education radio program based on information provided by the National Cancer Institute.

*Presenter(s):* Roberto Astorga, Fred Hutchinson Cancer Research Center, Cancer Information Service

### Evaluating Agricultural Worker Health Programs

This session provided an overview of evaluation strategies and lessons learned from evaluators and programs. Panelists shared their methods of assessing promotor programs, health education activities and mobile clinics.

*Presenter(s):* Faith Boucher, PhD, Center for Environmental Health Sciences; James Glasnapp, MPH, The Aguirre Group; Jill Guernsey de Zapien, University of Arizona Department of Public Health; Rocio Magdaleno, and Olivia de la Rocha, PhD, Puente a La Salud

### Implementing the Diabetes Empowerment Education Program (DEEP)

DEEP is a diabetes self-management education program for peer educators and community health promoters, sponsored by the CDC's Division of Diabetes Translation. This session familiarized participants with the curriculum, its objectives, design, and implementation, and provided strategies for diabetes self-management interventions.

*Presenter(s):* Aida Giachello, PhD, Midwest Latino Health Research, Training and Policy Center

### Assertive Communication in a Multicultural Environment

The ability to clearly communicate needs, perceptions and feelings is vital to the functioning of a healthy team. Participants explored what it means to communicate assertively in a multicultural environment. This session focused on examples related to staff communication and organizational dynamics, as well as client and community relations.

*Presenter(s):* Susan Auger, MSW, Auger Communications

### Interactive Discussion of Farmworker History, 1960 - Present

Participants viewed two videos, Harvest of Shame (1960) and New Harvest, Old Shame (1990), both of which examine the plight of migrant farmworkers. In a group discussion, the audience compared the historical and modern perspectives on migrant lifestyles, and addressed the issues and concerns that migrant workers and their families continue to face in the present day.

*Presenter(s):* Yolanda Nuñez, Arizona Association of Community Health Centers, Inc.

### Sexual Harassment and Farmworker Women

Líderes Campesinas performed a drama reflecting issues related to sexual harassment and sexual assault faced by farmworker women in the field and explored the need for public services. After the presentation, audience members participated in an open dialogue.

*Presenter(s):* Graciela Morales, Ramona Madero, Lucia Molina, Jesus Maria Nuñez, Virginia Ortega, Organización en California de Líderes Campesinas, Inc.

### Adolescent Farmworkers: An Emerging Work Force

It is estimated that adolescents make up seven percent of the seasonal agricultural work force in the U.S. These young workers may be at increased risk of environmental exposures encountered during their work. Over 300 adolescent farmworkers in agricultural communities throughout Oregon were interviewed between 1998 - 2002. This session reviewed the farmworkers' knowledge of pesticides, along with their agricultural work experience, and occupational health beliefs, as noted in questionnaires.

*Presenter(s):* Jennifer Scherer, MPH, Oregon Health & Science University

### Technological Advances in Farmworker Health Services

#### 1) Continuity of Care for Migrant Farmworkers Utilizing Computer Disks

This session explored how a portable medical record on disk could be utilized to improve health care for the migrant while reducing barriers to care. The contents of the disk were presented along with a brief demonstration of how it would be used in the field. Open discussion about its potential as a tool to improve health care and possibilities for its implementation on a large scale followed the presentation.

*Presenter(s):* Shirley Bayham-Hicks, FNP, Chiricahua Community Health Center

## 2) Pesticide Action Network North America's Online Pesticide Database

Pesticide-related illnesses are often misdiagnosed and underreported. This session demonstrated a new online pesticide database designed to help health care practitioners and others diagnose and report pesticide-related illnesses. The database also provides first aid and treatment-related information. Features allow searches by symptoms, crops and geographical location.

*Presenter(s):* Stephan Orme and Margaret Reeves, PhD, Pesticide Action Network North America

## Community Partnerships and Farmworker Training

Partnerships are key to effective and successful community-based training, and allow for a balanced mix of ideas, experience, skills and resources. An example of a 2002 Washington State Department of Agriculture community partnership in which 200 pesticide handlers received hands-on pesticide safety training was presented during this session.

*Presenter(s):* Flor Tovar, Washington State Department of Agriculture

## Asegurando Nuestro Futuro: President's Health Center Initiative

This session provided an overview and background of the decision-making process within the Migrant Health Branch regarding the allocation of Migrant funds under Section 330(g) of the PHS Act to accommodate the Bureau of Primary Health Care strategic plan, the Administration's initiative to expand health centers, and the fiscal needs of the centers themselves. The challenges facing the Bureau and the centers in response to the goal of increasing the number of new or expanded health center access points by 1,200 over the next five years was addressed. In addition to the background presented, the audience participated in a dialogue on meeting the challenges of serving the migrant health populations.

*Presenter(s):* Ben Flores, MPH, Migrant Health Branch, BPHC

## Integrating Primary Care and Behavioral Health Services: A Compass and a Horizon

Participants learned about an innovative model of integrated care and were exposed to health services, epidemiological and clinical research that reveals the need for, and potential benefits of, integration. A major component of the training was to address specific steps and strategies in the design and implementation of integration care programs, including financing, model of care development, training and program evaluation.

*Presenter(s):* Kirk Strosahl, PhD, Mountainview Consulting Group

## Access to Health Services: New Directions in State Policy for Comprehensive Responses to Farmworker Health Needs

The California policy report "We the People: Helping Newcomers Become Californians" was discussed. The panel of leading researchers summarized state experience in moving to implement the recommendations, and explore issues for other interested states to consider as well as innovative approaches to interagency collaboration at the local level.

*Presenter(s):* Toby Ewing, Little Hoover Commission, State of California; Edward Kissam, Aguirre International

## Juntos, Aprendemos: Training Promotoras de Salud for Success

Participants learned about intensive and ongoing training, planning, structuring a class, and using adult education principles to increase effectiveness. The workshop featured demonstrations on how to lead fun, interactive, and effective training activities for Promotoras. Copies of program tools were provided.

*Presenter(s):* María Cleo Treviño and Sara Skinner, MPH, Migrant Health Promotion

## Improving Working Agricultural Communities

For the past three and a half years, the Rural Community Assistance Corporation (RCAC) has supported partnerships that have combined services to improve agricultural working communities. The foundation for developing these plans of integrated services has been the Agricultural Worker Health and Housing Program (AWHHP), a division within RCAC. Participants explored the partnership building between service providers and agricultural workers, challenged common practices, and drew new solutions using AWHHP information collected from over 30 collaboratives.

*Presenter(s):* Heriberto Rosales, Rural Community Assistance Corporation

## Long-Term Ethnography of Farmworker Health Issues

Ethnography is a methodology that builds upon naturally occurring processes of human interaction. Ethnographers live with the people they study, participate in daily routines and special activities, and communicate in the local language. Farmworkers belong to a community that extends over a wide geographic area and share a common language of work, residence, and recreation. This session highlighted long-term farmworker ethnography by medical anthropologists who work in multiple settings in the South, Midwest, and West, as well as Mexico. Individual presentations discussed social dimensions of diabetes as a bi-national health problem; biosocial bases of disparities in health status, living conditions and medical access; improved collaboration between clinics and communities based on links between health and diverse social networks; and demonstrated the transformation and analysis of field notes on high-risk settings through coding and text management.

*Presenter(s):* Keith V. Bletzer, PhD, MPH, Arizona State University Department of Anthropology; Elizabeth Cartwright, PhD, RN, Idaho State University Department of Anthropology; Charlotte Chase, PhD, Northern Arizona University; Ann Millard, PhD, Michigan State University Department of Anthropology



## **HIV/AIDS Prevention**

### **1) Assessing the Need for HIV Prevention Services among Idaho's Latino Agricultural Workers**

This session described the results of a needs assessment conducted by the presenter. The target population for the assessment was nonmigrant agricultural workers, ages 18-40. Data was collected in several regions of Idaho through 13 key-informant interviews, 4 focus groups and 53 individual interviews. The results of the assessment were used to identify suitable HIV prevention interventions for this population.

*Presenter(s):* Allison M. Connolly, MA, MPH, Idaho Department of Health and Welfare STD/AIDS Program

### **The ¡Salud! Program: Migrant Health in Oregon**

This session featured the ¡Salud! Program, which helps Oregon Vineyard workers and their families. It is a partnership between Tuality Community Hospital, the North Willamette Valley Wine Industry, migrant health clinics, private providers and other local healthcare agencies bringing health and safety services to vineyard workers and their families. The goal of the program is to promote wellness and prevention while taking culture into consideration.

*Presenter(s):* Leda Garside, RN, Maria McCandless and Myriam Vazquez, Tuality Healthcare

### **Improving Access to Health Care Services: Office for Civil Rights Efforts**

This session highlighted OCR's national priority: reducing access barriers that immigrants face when seeking health care services and/or social benefits. Presenters discussed the policy guidance issued to improve access to services for immigrants and Limited English Proficient individuals, as well as efforts that the OCR has made to reduce those barriers.

*Presenter(s):* David Campa, MD, MPH, Golden Valley Health Centers; Michael Leoz, JD, U.S. Department of Health & Human Services, Office for Civil Rights

## **Mental Illness Outreach Models**

### **1) Assessing Mental Illness in Hispanic Farmworkers with a Low Literacy Level**

Mental health issues of Indigenous and Spanish speaking farmworkers in Idaho, Oregon and Washington were presented. Focus points included the use of screening tools for depression, Alcohol abuse, domestic violence and anxiety. An audiotape in Spanish for an 8-minute self-administered mental health screening appropriate for various literacy levels was distributed for use.

*Presenter(s):* Patricia Boiko, MD, MPH, Pacific Northwest Agricultural Safety and Health Center

### **2) ¡No estoy loco! Promoting Farmworker Behavioral Health Education and Outreach Programs**

An overview of efforts to establish a bilingual behavioral health program directed towards farmworker communities was provided. Presenters shared the educational and outreach components of the program, with attention to the challenges connected to the stigma of mental illness. Brochures, radio and newspaper ads, PSAs, and overviews of presentations that can be adapted for programs in other clinics were provided.

*Presenter(s):* Britney Lanham and Michael Benjamin, MSW, Terry Reilly Health Services

## **Cultural Competency in Health Education**

This session outlines various types of health education for minorities available at the college, vocational, and high school levels.

### **1) Teaching Farmworker Health to NP Students or Clinicians New to this Population**

This session described a University of California, San Francisco course developed by the presenter titled "Farmworker Primary Health Care." Now in its seventh year, the course is an introduction to the diverse Western Farmworker population and includes agriculturally related health problems as well as the influence of health policy and socio-cultural factors on health status.

*Presenter(s):* Barbara Hollinger RN, FNP, MSN, University of California San Francisco Department of Family Health Care Nursing

### **2) Health Occupations From School to Work**

As a result of a collaborative relationship between a high school, local health care facilities, and a regional community college, minority students are able to acquire college credit and gain practical experience through mentorships and entry-level employment in the health care industry while still in school. This session provided strategies for securing grants and scholarships to finance post-secondary education.

*Presenter(s):* Mike Taylor, MS, Cultural Reflection

## **Curanderismo: Ancestral Healing**

Curanderismo is the art of traditional healing in the Americas. Myths, stories, legends, popular sayings, poetry, and music were used to explore the fascinating charting of the body, the heart, the mind, and the soul, as practiced by traditional Latino healers. As cultural values are identified, the ability to serve the patient population becomes enhanced. This session explained the various ways in which traditional healing can be incorporated into the practice of modern health care providers.

*Presenter(s):* Roberto Dansie, Cultural Wisdom

## Community Assessment of Farmworker Needs

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### 1) Identifying and Verifying Farmworker Community Needs

This interactive session focused on developing and implementing a comprehensive needs assessment that not only addressed the needs of farmworkers visiting the health center, but also the needs of those not currently seeking care. Participants heard strategies from a community health survey of farmworkers that was used as a tool in directing future health care resources of a health center in Hood River, Oregon. Presenters shared strategies for planning the process, survey implementation and utilization of the results.

*Presenter(s):* Josh Kefauver, MSPH, Farmworker Health Services, Inc.; Lorena Sprager, Nuestra Comunidad Sana

### 2) Community Assessment From The Ground Up: Considering The Process In A New Way

Community assessments can be a tool for planning services, involving everyone in the organization, and outreach to the community. The East Coast Migrant Head Start Project, providing Migrant Head Start assistance in 13 states through a network of 27 grantees, has revised its community assessment procedures in a way that is adaptable for Migrant Health Centers and other organizations. The workshop presented the redesigned process and pilot test implementation results.

*Presenter(s):* Alice Larson, PhD, Larson Assistance Services

## Comprehensive Pharmaceutical Access

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### 1) Pharmaceutical Access for Farmworkers and the Underserved Population

Medications are some of the best tools we have for prevention and treatment. The correct prescription, dispensation and administration are crucial. Pharmaceutical access programs are often difficult to understand and their application forms can be tedious and time consuming. This session was designed to help health care providers and managers, social workers, lay health workers and outreach workers identify ways to improve access to pharmaceuticals and help them navigate the system.

*Presenter(s):* Moraima Duran and Andrea Kauffold, MD, Call for Health

### 2) A Guide for the Provision of Comprehensive Pharmacy Services to Migrant and Seasonal Farmworkers

Assuring that patients have the ability to complete the full cycle of health services initiated by their primary care providers has become a hallmark of high-quality primary health care systems. Access to comprehensive pharmacy services is an essential component of these systems. This session provided information and resources useful in developing a program that will successfully meet the pharmacy needs of migrant and seasonal farmworkers.

*Presenter(s):* Larry Pederson, RPh, CPh, Family Medical and Dental Centers

## Health Promotion Campaigns for Indigenous Oaxacan Farmworkers

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Panelists discussed the challenges faced by Mixtec and other indigenous farmworkers in accessing health care, communicating with providers, and following up on service provider recommendations. Two programs, which represented examples of best practices for providing health education to indigenous workers, were also addressed. One of the featured projects consisted of programming on a bilingual public radio station, the other highlighted the face-to-face efforts of a binational association of indigenous Oaxacan immigrants.

*Presenter(s):* Edward Kissam, the Aguirre Group; Filemon Lopez, Radio Bilingue; Leoncio Vasquez, Frente Indigena Oaxaqueno Binacional

## Sobreviviendo en Mexico Rural: Social Contexts and the Decision to Migrate

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Surviving in rural Mexico has always been challenging. A variety of social factors have impinged on rural families, making migration a frequent choice. This session focused on factors in the broader social context, including the legacy of land reform, NAFTA, and the impact of natural disasters such as the recent hurricanes on the decision to migrate and on the lives of those left at home.

*Presenter(s):* Andrea Schuman, MEd, PhD, Center for Scientific and Social Studies

## Agricultural Emergencies and Injuries

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Agriculture casualties are often predictable and severe; however, clinicians receive very little formal education in agricultural occupational injury and illness. Farm injuries and illness are compounded by the fact that first aid and Emergency Medical Service resources are often slower to react than in other industrial settings. Few farms provide "First-on-the-Scene" training for their workers, and EMS services often have to travel long-distances to reach the patient. This session educated participants on making better diagnoses, treatments, and referrals.

*Presenter(s):* Bill Campbell, University of Nebraska at Lincoln Biological Systems Engineering Department

## Hot Topics in Immigration Policy

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This session provided an overview of hot topics in the immigration area. Topics included legalization, local or state police enforcement of immigration law, driver's licenses, public benefits, and higher education. Where there are campaigns on these issues, participants learned about the goals and stakeholders of the campaigns.

*Presenter(s):* Tyler Moran, National Immigration Law Center; Roger Rosenthal, JD, Migrant Legal Action Programs

### **Migrant Health Improvement Through the Collaboratives**

The Health Disparity Collaboratives of the BPHC involve over 330 centers and more than 35,000 patients. This effort has resulted in dramatic improvements in chronic illness care as well as prevention. This session highlighted the learning and improvement models used in the Collaboratives, with emphasis on the impact to farmworkers and to migrant health care sites. Participants found out how they can be involved and what resources are available to them to improve health care outcomes.

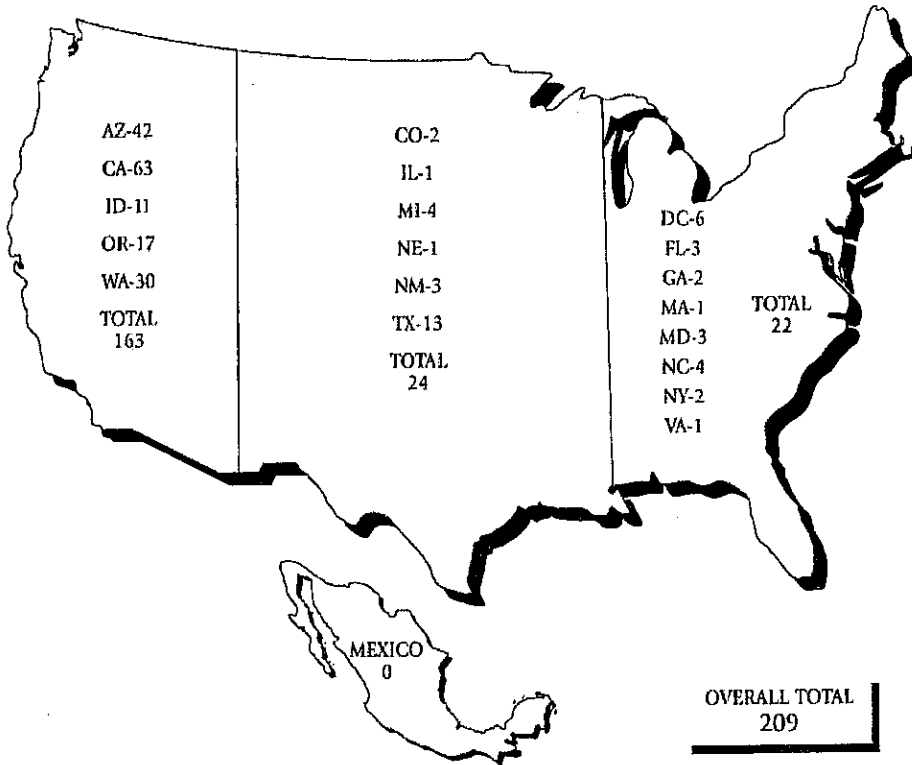
*Presenter(s):* Jennie A. McLaurin, MD, MPH, Migrant Clinicians Network

### **HIPPA Implications for Migrant Health Services**

It can be difficult to digest all the acronyms and federal mandates. This session highlighted common areas of exposure, unique compliance challenges for human services programs and practical compliance strategies.

*Presenter(s):* Linda Reeder, MBA, RN, Envision Consulting

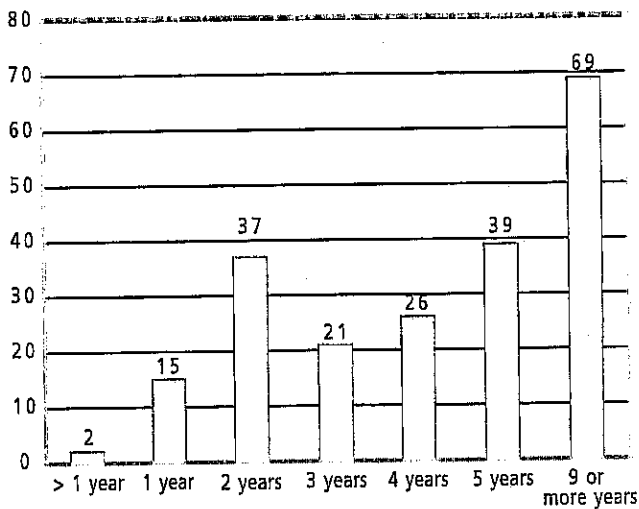
## Participant Demographics



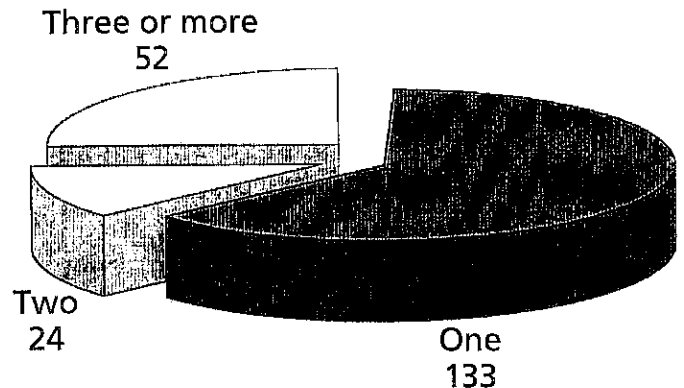
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Occupation	Participants
Allied Health	.1
Clinical Director/Manager	.13
Consultant	.8
Executive Director	.20
Government Employee	.11
Health Educator	.39
M/CHC Board Member	.6
Medical Director	.4
Migrant Education Rep	.3
Nurse	.9
Nurse Practitioner	.4
Outreach/Lay Health Worker	.31
Physician	.1
Physician Assistant	.1
Researcher	.22
Social Worker	.8
Other	.25
<b>Total</b>	<b>.209</b>

### Years in Migrant Health N = 209



### Previously Attended Forums N = 209



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# Hunger and Food Insecurity among Latino Migrant and Seasonal Farmworkers in North Carolina

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## FOOD SECURITY AS NATIONAL POLICY

**Food security:** access by all people at all times to enough food for an active healthy life. Food security includes at a minimum: (1) the ready availability of nutritionally adequate and safe foods, and (2) an assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).

**Food insecurity:** limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

**Hunger:** the uneasy or painful sensation caused by lack of food; the recurrent and involuntary lack of access to food. (Anderson, 1990)

Food security has long been considered a basic human right (United Nations, 1948). United States public policy has been directed at ensuring sufficient food, particularly for children, for the last half century. This

was reaffirmed as the US signed the Declaration of Rome at the 1996 International Food Summit, pledging to reduce by at least half the prevalence of hunger by 2010. Food security, as defined by US and international policy, is an economic concept (Bickel et al. 2000), encompassing food shortages due to lack of resources.

Since 1996, the US has focused energy on monitoring food security to detect differential access to food. As part of these efforts, a standard 18-item questionnaire to measure food security was developed that could effectively measure food security, food insecurity, and hunger across the US population (Nord et al., 2002). This instrument has been used as part of the effort to document the prevalence of food insecurity and hunger and to understanding the process by which persons become food insecure. As defined, food insecurity and hunger are understood as the result of financial constraints, not voluntary restrictions in food intake.

Data for 2000 show that 10.5% of all households in the United States are food insecure. This includes 16.2% of households with children under 18, and 7.3% of households with no children. 21.4% of the Hispanic population is food insecure, which is over two times the national percentage (Nord et al., 2002).

More targeted studies of at-risk populations have found substantially higher rates of food insecurity. Matheson et al. (2002) surveyed a predominantly Hispanic group of fifth graders and found 35.0% food

insecure, with 24.4% food insecure without hunger, 8.9% insecure with moderate hunger, and 1.6% insecure with severe hunger. They also found a significant relationship between food insecurity and low body mass index. In a study of 600 Latino, Vietnamese and Cambodian immigrants, Kasper et al. (2000) found that 40% were food insecure without hunger, 27% were food insecure with moderate hunger, and 14% food insecure with severe hunger. This rate of food insecurity is almost eight times that of the general population (Nord et al., 2002).

## FOCUSING ON FARMWORKERS

This paper reports data on food security among one vulnerable population: migrant and seasonal farmworkers and their families. There are an estimated 4.2 million farmworkers and their dependents in the US. Most are foreign-born and from Mexico (HRSA, 1990; Mehta et al., 2000). Ironically, while farmworkers play an essential role in the production of most of the fruits and vegetables in the US, most have incomes that are low and precarious enough that they are at risk of food insecurity. There is only one published study of farmworker nutritional status and dietary intake (Kowalski et al., 1999) and one study of childhood food security which reports that 38% of the children studied had a "family in agricultural work" (Kaiser et al. 2002). However, there is no published assessment of food security focusing on farmworkers.

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The goal of this report is to provide baseline information on food security among farmworkers in North Carolina. Using recently obtained data, three questions are addressed:

- How prevalent are different levels of food security among farmworkers?
- What predicts which farmworker households are food-insecure?
- How do farmworkers cope with food insecurity?

#### FARMWORKERS IN NORTH CAROLINA

The farmworker population in North Carolina is estimated at 100,000 workers and their dependents (Larson 2000), though many consider this a low estimate, as it enumerates jobs, not the total number of workers who fill them. Until 15 years ago this population was African American and white. Today its ethnic composition mirrors the national trend (Mehta et al., 2000; NC Employment Security Commission, 1995). Most workers are Latino, primarily from Mexico, but the population also includes individuals from Puerto Rico and the countries of Central America. Initially most workers were unaccompanied men. Increasingly, their families are joining them and establishing residence in the United States. Workers are employed in the production of a variety of crops, including green peppers, tobacco, cucumbers, sweet potatoes, apples, and Christmas trees.

Farmworkers in North Carolina differ from those in other areas of the country. North Carolina farmworkers are not unionized. Because of the recent demographic changes, advocacy organizations to serve them are fairly new; and there are no established Hispanic receiving communities that farmworkers find in other areas of the US. Many workers come directly from southern Mexico, rather than from Florida and Texas as part of the established migrant streams. A significant proportion of workers now coming to North Carolina speak one of the Indian languages of Mexico, not Spanish, as a first language.

A small but important proportion, perhaps 5 to 10% of migrant workers, comes directly to North Carolina from Mexico on work contracts as part of the H2A visa program. North Carolina recruits more H2A workers than any other state (Arcury et al., 2001). According to the rules of the H2A visa program, H2A workers

come without families and are obligated to work only for the grower hiring them or return to Mexico. In reality, a number of them have families who come independently and remain year round, while the men travel back and forth on the H2A program. These characteristics of farmworkers in North Carolina make it a different – and perhaps more vulnerable – farmworker population than those in California, Florida, and other states with more established Latino receiving communities and farmworker services.

#### METHODS

This study was conducted as part of a larger project, *Casa y Campo*, which is a 4-year effort funded by the National Institute on Occupational Safety and Health that brings together environmental health scientists, health care providers, and farmworkers to reduce pesticide exposure and adverse health effects of pesticide exposure among farmworkers, and to address other health issues of concern to the farmworker community.

**Sampling and Recruitment:** Households were recruited in a five-county area of central North Carolina, including Duplin, Harnett, Johnston, Sampson, and Wake Counties. This region has the state's greatest concentration of migrant and seasonal farmworkers. To be eligible, the household had to have at least one adult resident who had done paid farm work in the past 12 months. The sampling plan called for 50 households with at least one child under the age of 6 present; the remainder could be made up of adults or adults plus older children. In the absence of a census listing of all eligible farmworkers, a site-based sampling method was used to recruit a representative sample (Arcury & Quandt, 1999). Briefly, such an approach reasons that every resident of a household is a member of at least one group, or "site." Sites can include, but are not limited to: trailer parks, migrant camps, sports teams, church congregations, schools, business clientele, work groups, or patients of a clinic. If sites that vary across characteristics of the community (e.g., having children vs. not having children; in town vs. rural) are chosen and respondents are selected from a variety of sites, the resulting sample should reflect the variability in the com-

munity.

Project staff compiled a list of sites in the study counties. Individuals at the sites were approached for participation. Respondents were recruited at 22 sites, including farm labor camps, trailer parks, individual homes, churches, Migrant Head Start programs, and laundromats. Interviewers explained the purpose of the study, the study procedures, and the risks and benefits of the study. They stated that the respondent would receive a small gift at the end of the interview. Those with children received booklets on household lead exposure and a picture book for their child; those without children received a hat with a safety logo. The interviewers answered any questions of the farmworker and asked for consent to proceed with the interview. The respondent was given an information sheet in Spanish with the same information on it that had been reviewed orally. This sheet contained the contact information for the Wake Forest University School of Medicine Institutional Review Board (WFUSM-IRB). This procedure for obtaining informed consent was approved by the WFUSM-IRB.

**Data Collection:** Data were collected in face-to-face interviews conducted by three interviewers. Two were college students employed as summer interns by Student Action for Farmworkers (SAF), a non-profit organization that places bilingual college students, many of whom are children of farmworkers, in agencies serving farmworkers in North and South Carolina. The third was a bilingual staff member of the North Carolina Farmworkers' Project (NCFP), a non-profit advocacy and service organization that assists farmworkers. NCFP and SAF have been partners in several health-related projects with Wake Forest University School of Medicine, including *Casa y Campo*. All interviewers were native Spanish speakers.

Food security was measured by the Food Security Core-Module Questionnaire, which has been developed and tested by USDA (Bickel et al., 2000). This classifies households as food secure, food insecure without hunger, food insecure with moderate hunger, and food insecure with severe hunger. In this study, a Spanish translation was used. This version of the module has been developed by Harrison and col-

leagues (2003); it is intended to be valid across different Hispanic populations. The developmental process included word-by-word comparisons of existing Spanish translations, focus group interviews with groups of native speakers (Cuban, Puerto Rican, Mexican), and translation followed by back translation.

Data were also collected on: (1) predictors of food security (household composition, place of origin, employment, education); (2) the availability of food-related facilities and resources (presence/absence of working refrigerator and stove, gardening and hunting, transportation); and (3) the use of food-related services (food stamps, food pantries, WIC [Women, Infants, and Children Program], Migrant Head Start).

**Data Analysis:** Data from questionnaires were entered into an EpiInfo (version 6.0; CDC, Atlanta, GA) database and converted to an SPSS (version 11.0; SPSS, Inc., Chicago, IL) data set for analysis. To calculate the prevalence of food insecurity, data from the core food security module were analyzed per Bickel et al. (2000) to divide households into four categories of food security: food secure, food insecure without hunger, food insecure with moderate hunger, and food insecure with severe hunger. Bivariate relationships with predictors were assessed using analysis of variance or contingency table analysis, as appropriate.

**FINDINGS**

**Description of the sample:** The sample was divided into households with children present (n=55) and households without children present (n=47) (Table 1). In the cases where children were present the respondent was usually a female (80.0%). Otherwise, the respondent was almost always a male member of the household (97.9%). Over 90% of both respondent groups were born in Mexico. Most were currently working on farms in the US (with children=78.2%; without children=97.9%). Respondents from households without children had higher levels of educational attainment, with over two-thirds having attended secondary school or beyond. In contrast, nearly two-thirds of the respondents from households with children had attended only primary school or had no

**Table 1.**  
**Respondent, children, and overall household characteristics, by child presence**

	Households with children present N=55	Households without children present N=47
<b>Respondent</b>		
Female, %	80.0	2.1
Age (years), mean ± SD	29.7 ± 8.7	31.7 ± 8.0
<b>Birthplace, %</b>		
Mexico	94.5	97.9
United States	5.5	—
Guatemala	—	2.1
<b>Highest level of education, %</b>		
never attended	3.8	—
primary	58.5	33.3
secondary	32.1	60.0
preparatory	5.7	4.4
college	—	2.2
<b>Occupation, %</b>		
farmworker	78.2	97.9
construction/carpentry	3.6	2.1
factory	1.8	—
other	5.5	—
homemaker or unemployed	10.9	—
Time in the US (months), median	72.0	14.0
<b>Children</b>		
# present in household mean ± SD	2.6 ± 1.2	—
Age (years), mean ± SD	5.3 ± 2.9	—
<b>Household</b>		
# household members, mean ± SD	6.0 ± 1.7	3.3 ± 2.0
# household members working, mean ± SD	2.9 ± 1.4	3.1 ± 2.0

formal schooling at all, probably reflecting gender differences in respondents.

In households with children, the number present ranged from 1 to 5, with a mean (± standard deviation) of 2.6 (± 1.2). The age of children ranged from less than 1 year to 17 years, with a mean age of 5.3 years (± 2.9).

The mean household size was larger when children were present, ranging from 3 to 11, with a mean of 6.0 (±1.7). Households without children present ranged in size from 1 to 6, with a mean of 3.3 (±2.0). Despite this larger number of household members, there was no difference in the number of household mem-

bers holding jobs when children were present. Respondents from households with children had generally been in the US longer, almost 60 months longer than the median time spent in the US for households without children. Over half the households with children sampled were located in Sampson County, while the biggest portion (42.6%) of non-children households was sampled from Wake County.

**Prevalence of food security:** Taken as a whole, 47% of the sample was food insecure, including 10 (9.8%) households with moderate hunger and 5 (4.9%) households with severe hunger (Table 2). Households

**Table 2.**  
**Number and proportion of households in each food security category**

	Household with children present, N (%)	Households without children present, N (%)	All households, N (%)
Food secure	24 (43.6)	30 (63.8)	54 (52.9)
Food insecure without hunger	23 (41.8)	10 (21.3)	33 (32.4)
Food insecure with hunger (moderate)	5 (9.1)	5 (10.6)	10 (9.8)
Food insecure with hunger (severe)	3 (5.5)	2 (4.3)	5 (4.9)

with children had a higher prevalence for food insecurity than those without children (56.4% vs. 36.2%). The percentage of households classified as food insecure without hunger is almost twice as great with the presence of children (41.8% vs. 21.3%). There were no differences based on the presence of children in the number of households categorized as food insecure with hunger (moderate and severe).

**Bivariate predictors of food security:**

Table 3 compares possible predictors of food security in households with and without children. There were no significant differences across food security categories for either group in several measures of household composition, including, total number of household residents, number of working adults, number of children, and age of children.

In households with children, the level of education of the respondent (almost always the mother) was significantly related to food insecurity. 70% of households in which the respondent had a primary education or less reported food insecurity, compared with only 40% in households in which the respondent had a secondary or higher education level ( $\chi^2 = 4.523$ ;  $p = .033$ ). There was no relationship between food security and education level of the respondent in households with no children ( $\chi^2 = .194$ ;  $p = .660$ ). Other possible predictors of food security (presence of working stove and refrigerator and access to a vehicle) did not vary across the sample (data not shown)

**Food resources and food security:** Table 4 indicates that most families with children used grocery stores for the majority of their food purchases. Those without children used a wider variety of stores, including tiendas and convenience stores. There were no significant differences between food secure and food insecure households in these variables.

Families with children use a variety of government-sponsored nutrition services, most of which are unavailable to families without children. WIC and free or reduced price school lunch were the most commonly used. School lunch was not associated with food security. WIC coupons were more frequently used in food insecure families; the association approached

**Table 3.**  
**Comparison of predictors of food security, by levels of food security**

	Food secure (mean ± SD)	Food insecure without hunger (mean ± SD)	Food insecure with hunger (mean ± SD)	F	Sig.
<b>Households with children</b> n=24 n=23 n=8					
# of household members	5.9 ± 2.1	6.0 ± 1.5	6.0 ± 1.5	1.163	.342
# of adults working	3.0 ± 1.5	2.9 ± 1.4	2.3 ± 1.2	1.119	.363
# children in household	2.6 ± 1.3	2.7 ± 1.1	2.4 ± 1.2	.800	.531
Mean age of children	6.1 ± 2.7	4.9 ± 3.3	3.8 ± 1.9	1.598	.119
<b>Households without children</b> n=30 n=10 n=7					
# of household members	3.2 ± 2.0	3.3 ± 2.5	3.9 ± 2.0	.465	.800
# of adults working	3.2 ± 2.0	2.9 ± 2.5	3.9 ± 2.0	.435	.821

**Table 4.**  
**Description of food resources used by farmworker families (N [%] using sources)**

Food source	WITH CHILDREN		WITHOUT CHILDREN	
	Food secure n=24	Food insecure n=31	Food secure n=30	Food insecure n=17
<b>Purchased food</b>				
Grocery store	24 (100.0)	29 (93.5)	23 (76.7)	14 (82.4)
Convenience store	-	1 (3.2)	2 (6.7)	2 (11.8)
Tienda	-	1 (3.2)	4 (13.3)	1 (5.9)
Farmhouse	-	-	1 (3.3)	-
<b>Food programs</b>				
Food Stamps	5 (20.8)	6 (19.4)	-	1 (100.0)
WIC Coupons	11 (45.8)	22 (71.0)	na	na
Migrant Head Start	15 (62.5)	14 (45.2)	na	na
Free school lunch	17 (70.8)	17 (54.8)	na	na
Food pantry, church	6 (25.0)	7 (22.3)	15 (50.0)	10 (58.8)
<b>Food production</b>				
Wild game or fish	14 (63.6)	8 (25.8)	22 (73.3)	11 (64.7)
Garden	8 (42.1)	11 (35.5)	15 (50.0)	6 (35.3)

significance ( $\chi^2 = 3.56$ ;  $p = .059$ ). Food pantries, churches, and other community agencies were used by more families without children than with children. There was no association between use of these sources and food security.

Wild game or fish was consumed by 70% of families without children and 40% of those with children. This was associated with greater food security in the total sample ( $\chi^2 = 7.502$ ;  $p = .006$ ) and among those with children ( $\chi^2 = 5.963$ ;  $p = .015$ ). Gardening was practiced by about 40% of each group, but was not associated with food security.

**INTERPRETATION**

At 47.1%, food insecurity is highly prevalent among Latino migrant farmworkers, and more so when farmworkers are supporting children in their household. Compared to national statistics, food inse-

curity is over four times as common in this sample of farmworkers as in the general U.S. population (Figure 1). Farmworker households without children are over three times more likely to be food insecure as the general population; households with children are five times more likely (Nord et al., 2002). These levels are not as high as has been reported for Latino and Asian migrants in California, Texas, and Illinois (Kasper et al., 2000), but higher than levels found in Hispanic households with children in California (Matheson, 2002). However, all three studies report levels significantly higher than national levels of food insecurity. Thus, food insecurity is extremely high among Latino farmworkers in North Carolina. Their ability to obtain sufficient food for their households is uncertain, and a significant number experience hunger.

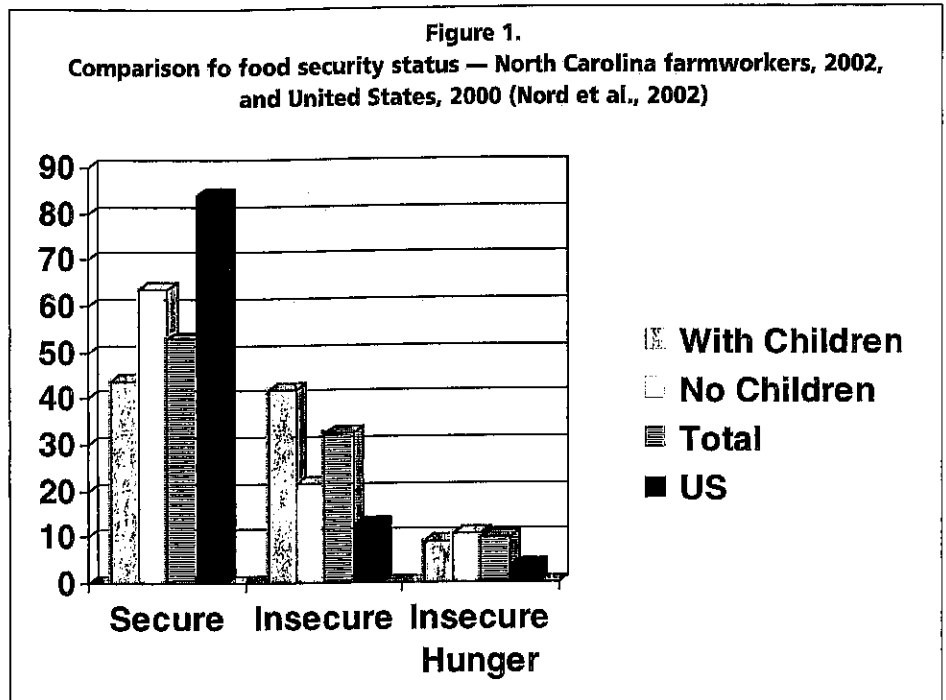
Recent assessment of progress toward

the national goal of reducing food security by half by 2010 indicates that progress has been encouraging (Nord & Andrews, 2002). If present trends continue, the goal should be met. However, the likelihood of the trend continuing is low, as most of the national gains in the late 1990s were due to improvements in income due to strong economic growth. Without renewed economic growth and attention to policies that affect income among the most vulnerable portion of the US population such as farmworkers, further gains in food security are in doubt.

This study examined a variety of predictors for food security. One significant predictor was the education level of the respondent in households with children, which was usually a woman. This supports worldwide findings of maternal education as a predictor of child health, (Desai & Alva, 1998). While it is tempting to think that maternal education may mean that better educated mothers know more about feeding their children, the relationship is likely to be more complex. In international studies, maternal education generally seems to be a proxy for income and access to services. That is, better educated mothers are able to earn more money and therefore provide better for their children. In addition, they tend to marry better educated men who, likewise, have greater earning potential.

There were few clear predictors for food insecurity with these data. This may be because the sample population was fairly homogenous on some predictor variables (e.g. access to a vehicle, having working cooking facilities). We were also unable to assess economic resources with measures such as household income and employment history. Economic variables are usually the best predictors of food security, though there is likely to be considerable homogeneity in such factors among farmworkers. Also, the food security data are based on reports of circumstances for the past twelve months. Because food insecurity may be quite seasonal, due to fluctuations in income and availability of garden produce, predictors of farmworker family food security status may need to be assessed seasonally as well.

Coping strategies included a high use of government services among households



with children. This may be an overestimate of farmworker dependence on services because part of the sample was recruited through Migrant Head Start programs. However, it may also represent the successful efforts of North Carolina services providers to make nutrition services available to immigrant families. In contrast, households without children used emergency food sources to supplement household food: food pantries, church services, and community agencies. Gardens and wild meat and fish were also found in a large number of farmworker households. These alternate sources of food may represent a part of rural foodways traditional to Mexico. Many farmworkers practice subsistence farming in Mexico, or work as farm laborers there. The use of wild game was associated with food security in household without children.

Limitations to this study include small sample size and a non-random sample. With no census of the Latino migrant and seasonal farmworkers in North Carolina, a random sample was not possible. Instead, site-based sampling was used to obtain a diverse group, and respondents were picked from 22 different sites. Such a strategy is necessary in this and other hard to reach populations (Faugier & Sargeant, 1997; Muhib et al., 2001). The study area had experienced drought conditions during

the year of data collection. This may have produced greater food insecurity, by reducing the availability of farm employment opportunities and by lowering household garden yields. An additional limitation was the inability to statistically separate the effects of different predictors of food insecurity in the two samples. The sample of households without children was largely men in the US alone and most likely forming temporary households, in contrast to the sample with children that was likely composed of more permanent households.

Despite these limitations the study is significant. This is the first study on food security among farmworkers, a vulnerable population. Our findings, while not unexpected, demonstrate a high level of food insecurity for this group. Our use of the USDA's established food security measurement makes our findings comparable to national data and to other focused studies. This study provides basic data that can be useful in documenting the need for developing interventions and for changes in policy.

**RECOMMENDATIONS**

Those responsible for producing the abundant food available to most Americans should not have to suffer hunger and worry about whether their children will have enough to eat. Food insecurity and

hunger, as it is defined in policy, is due to insufficient economic resources (Bickel et al. 2000). Farmworkers are poor. While alleviating this poverty requires long-term economic change in the production of food, there are several steps that should be instituted to help protect farmworkers from the effects of food insecurity in the short term.

- Growers should be aware that a significant number of workers experience food insecurity, often in slack periods in the agricultural cycle. Food assistance to these workers would be expected to help ensure an available and capable work force during peak periods of work.
- Health and social service providers need to explore ways to pro-

vide access to food when needed by farmworker families in their communities. Because food insecurity can result in compromised food choices of filling, but non-nutritious food, access to higher quality food may help prevent future health problems like obesity.

- Emergency food pantries run by churches and other agencies should implement outreach efforts to farmworkers.
- Agencies that serve the farmworker community should consider assisting the community to establish food cooperatives or food banks. Private foundation funds should be sought to help establish a food cooperative and food bank until they can become self-sufficient.

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# 2002-2003 Farmworker Stream Forum Feedback Form

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For what purpose(s) do you currently use the Farmworker Stream Forum Proceedings?

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In addition to the current use, what would you like to be able to use the Farmworker Stream Forum Proceedings for?

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What information did you find most helpful in the 2002-2003 Farmworker Stream Forum Proceedings?

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