



INNOVATIVE *Outreach*

PRACTICES REPORT

2006

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Innovative Outreach Practices Report 2006

*Highlights from the
Delivery Systems
and Neuroimaging*



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Cover: Picking blueberries in New Jersey. Photo provided by Southern Jersey Family Medical Centers, 2005.

INTRODUCTION

Farmworker Health Services, Inc. (FHSI) is pleased to present the fifth annual *Innovative Outreach Practices Report*. Since its inception in 2002, the *Innovative Outreach Practices Report* has become a hallmark of FHSI's information services to farmworker-serving health organizations nationwide. It was designed initially in response to a growing need for improved networking and idea sharing between outreach programs across the United States, many of whom were facing common challenges in isolation without the support of a network of peers. To this day, the *Innovative Outreach Practices Report* continues to provide this valuable platform for farmworker-serving health organizations, new and old, to showcase their outreach efforts, share their ideas and best practices, and mentor other organizations seeking both inspiration and practical tools to implement strategies, programs and activities that have proven effective in the field.

According to the Kaiser Commission on Medicaid and the Uninsured, only 20% of farmworkers access care at health centers.¹ Therefore, outreach workers are often the only link to the 80% of farmworkers who do not access formal health care services. Outreach workers are also often the first to spot emerging trends within the farmworker populations they serve because of their role as frontline health center staff. In recognition of the indispensable services that they provide, we at FHSI look forward to continuing to support outreach programs in our role as an information-broker by facilitating peer-to-peer exchanges of ideas, tools and strategies in outreach practices that respond to the current realities outreach programs face in trying to reach farmworkers.

Trends in farmworker health will continue to evolve with each new edition of this report. This year, in our conversations and interactions with farmworker-serving organizations, we have learned that more and more farmworkers are entering other job sectors in the off-season and settling out permanently. We have seen an increase in indigenous language speakers doing farm work which demands a new set of cultural and linguistic skills in order to effectively address their needs. And as the Gulf Coast hurricanes of 2005 have shown us, disaster preparedness must become a part of all of our outreach strategies because so many farmworkers were unprepared for the magnitude of devastation and had great difficulty accessing post-disaster relief services.²

As you read this report, it is our hope that your organization will find models and approaches that can be implemented or adapted in your communities. We encourage your organization to contact the organizations featured in this report for guidance on how to implement these practices. As well, FHSI provides technical assistance to farmworker-serving organizations on all aspects of comprehensive outreach so we encourage you to contact us as needed. Finally, we request that you also take the time to reflect on what makes your outreach program responsive to the needs of farmworkers in your community and especially, what others can learn from the strengths of your program. The utility of this report can only be enriched by the continued contributions of those of you in the field striving daily to improve the health of farmworkers. Please consider sharing your ideas for the 2007 edition of this report.

ABOUT FARMWORKER HEALTH SERVICES, INC.

Since 1970, FHSI has been working alongside migrant and community health centers and voucher programs to provide quality, cost-effective, and meaningful health services to the men, women, and children who help deliver food to our tables everyday – our nation's farmworkers. We are proud to continue to be part of such a large and successful movement; a movement that over the past three decades has pushed for outreach services, health education, prevention strategies, and other grassroots health models in farmworker health care.

FHHSI is the oldest and most experienced farmworker-serving health organization in the nation, having grown from working in five eastern states to delivering health and social services to more than 1.5 million farmworkers in collaboration with over fifty local communities during our 30 year scope providing direct outreach services. Our growth and success is due in large part to the community health centers, primary care associations, and local and national farmworker leaders with whom we have collaborated over the years.

Since 2001, FHHSI has been offering and providing programmatic support nationally to farmworker-serving health organizations including all of the 139 330 (g) migrant and community health grantees. In addition to the essential information services that we provide, which include this report, our *OutReach to Farmworkers* newsletter and the *National Needs Assessment of Farmworker Health Care Organizations*, FHHSI provides many other technical assistance services such as on- and off-site outreach program assessments, customized consultations to address programmatic needs identified by our clients and education and training opportunities to enhance the skills of those working in farmworker outreach at the community level. We have a passion and commitment to improving the application of outreach efforts nationwide based on our long-standing belief that outreach is the key to effectively increasing farmworker access to high quality, culturally and linguistically competent health care services.

METHODS FOR COLLECTING INNOVATIVE OUTREACH PRACTICES

The innovative outreach practices featured in this report were gathered through a number of different methods, including the Sister Cecilia B. Abhold Award nomination process, a national call for innovative outreach practice submissions, and FHHSI's work with migrant and community health centers and voucher programs across the country.

Sister Cecilia B. Abhold Award Selection Process

FHHSI presented the first Sister Cecilia B. Abhold Award for excellence in outreach services in the Eastern Migrant Stream in 1991. The award is named after the founder and first Executive Director of Farmworker Health Services, Inc., at that time the East Coast Migrant Health Project, and honors her dedication to improving the health and quality of life of farmworkers in the United States. In 2001 FHHSI began presenting the award on a yearly basis in each migrant stream, honoring outstanding outreach programs in the Midwest and Western Migrant Streams as well. Award selection in each stream is determined by a committee made up of a representative from the previous year's recipient organization in that stream, two representatives from organizations in each

of the two remaining streams, and three FHHSI staff members. Selection guidelines for the Sister Cecilia B. Abhold Award can be found in Appendix A.

Nominees for the Sister Cecilia B. Abhold Award highlight the achievements of their outreach programs and the innovative ways that they have worked to improve their programs and the services they provide to farmworkers. Even though only a handful of organizations are honored with the Sister Cecilia B. Abhold Award each year, FHHSI receives many nominations from excellent programs with innovative practices; in an effort not to lose the rich information found in the nominations, the excellent practices of those organizations are often featured in the Short Takes section of this report.

Call for Submissions

Each year, Farmworker Health Services, Inc. puts out a call for submissions of innovative outreach practices to all migrant and community health centers and voucher programs and other farmworker-serving health organizations nationwide. The call for submissions is publicized through mailings, FHHSI's website, and FHHSI's newsletter, *OutReach to Farmworkers*. Selection of practices is based on the Innovative Outreach Practice Submission Guidelines, which can be found in Appendix B.

Our Work with Farmworker-Serving Health Organizations

FHHSI also collects innovative outreach practices throughout the year when visiting migrant and community health centers and voucher programs and when participating in regional and national trainings and conferences. These interactions provide FHHSI with many opportunities to learn about the innovative outreach approaches of organizations that interact with farmworkers on a regular basis. FHHSI encourages the leaders from these programs to share their knowledge and experience by submitting a practice to be featured in the report.

Special Focus: Innovative Outreach Practices with Farmworker Children

This year's *Innovative Outreach Practices Report* includes a special section highlighting innovative outreach practices with farmworker children and their families. Farmworker children are at significant risk for health problems stemming from pesticide exposure, poor nutrition, poor dental hygiene and other factors. The practices outlined in this section provide concrete ways in which health centers and other farmworker-serving organizations are conducting health outreach with farmworker children and their parents. In the coming years, FHHSI will continue to gather innovative practices to effectively target this vulnerable population and improve their overall health outcomes.

2005-2006 SISTER CECILIA B. ABHOLD AWARD RECIPIENTS

EASTERN MIGRANT STREAM

Two recipients were selected in 2005 for the Eastern Migrant Stream: Bluegrass Farmworker Health Center and Hudson River HealthCare, Inc.



An Eastern Kentucky University nursing major checks this farmworker's blood pressure at a Bluegrass Farmworker Health Center community event in central Kentucky. (Tony Reyes)

BLUEGRASS FARMWORKER HEALTH CENTER

Mission

To optimize our clients' health outcomes by providing affordable, culturally and linguistically appropriate community oriented primary care.

Background

Established through a HRSA grant in April 2001, Bluegrass Farmworker Health Center (BFHC) has grown from five to twenty staff members, including two physicians, four family nurse practitioners and three registered nurses. BFHC serves a primarily migrant and seasonal farmworker population in an eight county region in Central Kentucky: Bourbon, Clark, Fayette, Garrard, Jessamine, Madison, Scott, and Woodford counties. Spanish is the primary language of approximately 96% of BFHC clients. The BFHC Outreach Program serves as the link between the clinic and community by providing clinic leadership with constant feedback about the community's needs and satisfaction with programs. As a result, the outreach program has been instrumental in defining programming for the whole center.

INCORPORATING CLINICAL CASE MANAGEMENT INTO OUTREACH

What is the Practice?

Bluegrass Farmworker Health Center has expanded the role of outreach to include clinical case management. This transition included moving the Clinical Case Manager under the umbrella of the outreach department while training Outreach Specialists on basic clinical case management skills. By creating specific guidelines regarding the Outreach Specialist's role as case worker and incorporating home visits into clinical tracking and follow-up procedures, outreach staff are now an integral part of the clinical process. Patients who need follow-up but have not responded to phone calls and mailings receive home visits from Outreach Specialists before their case is closed. Patient compliance has greatly improved, especially among chronic disease patients.

What makes the practice innovative?

This new approach to clinical case management is unique because it expands the role of the outreach worker, a role which did not traditionally include clinical case management. It also alters the traditional context of case management given that few programs send caseworkers out of the office setting directly to where patients live. By integrating case management and outreach, BFHC has been able to minimize many barriers to care while elevating the importance of outreach to clinical staff members who now see more concrete results from outreach efforts.

TRAINING ALL OUTREACH SPECIALISTS AS MEDICAL INTERPRETERS

What is the Practice?

At Bluegrass Farmworker Health Center, all Outreach Specialists are trained in medical interpretation as part of the integrated clinical case management model. Outreach Specialists serve as interpreters and accompany all BFHC patients referred to a specialty physician. The Outreach Specialist is able to help clients navigate all aspects of the referral process from arranging transportation, to discussing payment options to scheduling follow-up visits in the home. The outcome of this effort has been better patient compliance and improved relationships between the health center and referral providers.

What makes the practice innovative?

Much like the clinical case management model, this practice has expanded the role and usefulness of outreach within the whole of the organization while also ensuring better care for patients. The specialty providers greatly appreciate the interpretation services. As a result, they have become more flexible in scheduling BFHC's patients on short notice and have become more willing to arrange lower fees and better payment plans.

REINVENTING DELIVERY OPTIONS FOR HIV/AIDS HEALTH EDUCATION

What is the Practice?

Bluegrass Farmworker Health Center began a pilot program based on the concept of "Tupperware Parties" as part of an effort to improve the effectiveness of HIV/AIDS prevention education. An Outreach Specialist makes arrangements with someone from the community to invite 6-10 friends to their home for a "party." At the gathering, the Outreach Specialist begins by providing a general information session to the entire group. Following this session, the Outreach Specialist sets up office in a separate private room where each attendee can come and speak about personal concerns. If they so desire, they may also receive an HIV test.

What makes the practice innovative?

The "Tupperware Party" model is effective because it engages people in a community setting with people that they know and trust while still respecting their need for privacy regarding a sensitive issue. These home-based health education sessions have been well received by members of the population who have tended to shy away from other types of HIV/AIDS education events that BFHC



has offered in the past. The sessions are intimate and relaxed because of the small numbers of attendees who generally already know each other. Also, by offering one-on-one consultations, confidentiality is still maintained.

A young boy gets his blood pressure checked during a Bluegrass Farmworker Health Center back-to-school rally in Lexington, Kentucky. (Erika Olsen)

EASTERN MIGRANT STREAM



Westchester County AIDS agency representatives delivering HIV/AIDS education at a Haitian farmworker camp in Putnam County, NY (Hudson River HealthCare, Inc.)

HUDSON RIVER HEALTHCARE, INC.

Mission

To increase access to comprehensive primary and preventive health care and to improve the health status of our community, especially for the underserved and vulnerable.

Background

Hudson River HealthCare, Inc., (HRHCare), a 30 year-old network of 12 migrant and community health centers, has served as the Migrant Health grantee for southeastern New York since 1989. HRHCare began as a program that served farmworkers out of one designated Migrant Health clinic, a doctor's office in a neighboring county, and a mobile van parked at a farm. It now serves approximately 5200 farmworkers in seven counties, both through direct care and a contracted care Voucher Program. HRHCare outreach staff members have been seen since the beginning as the essential link between farmworkers and the program's health care and support services. In recognition of this, outreach has always been broadly defined to include health promotion, health education, case finding, case management, transportation, advocacy efforts, interpretation and linkages to referral providers and community agencies.

BRINGING KEY STAKEHOLDERS TO THE TABLE

What is the Practice?

Hudson River HealthCare has instituted a deliberate process for setting goals for the outreach program. Formal planning sessions are held annually, pre- and post-season, and involve all Migrant Health staff, including

outreach staff working within the health centers as well as staff of the Voucher Program. Goal setting is also informed by feedback from the Community Advisory Board which consists of farmworkers, a grower, and community agency staff, and via direct visits to farms by HRHCare administrative and clinical staff. In addition, Voucher Program staff members meet monthly to do continuous planning to improve services.

What makes the practice innovative?

Hudson River HealthCare involves and engages all key stakeholders in the betterment of health for farmworkers in the area through its comprehensive and deliberate outreach goal-setting process. The implementation of this process shows a commitment to collecting ongoing and timely information from sources that have the most insight and pertinent feedback to offer to improve services to farmworkers.

CROSS-BORDER COLLABORATIVE OUTREACH EFFORTS

What is the Practice?

Hudson River HealthCare has partnered with a health department in Oaxaca, Mexico in response to the discovery of a large underground migrant population in its service area originating from Oaxaca. HRHCare signed an agreement with the Oaxacan Secretary of Health to collaborate in any way possible and arranged for some of its staff to visit the village in Oaxaca that is the home-base for farmworkers in HRHCare's service area. HRHCare tries to serve as a link by maintaining contact and sharing information with the appropriate local Mexican health departments. In several cases, HRHCare informed their Mexican health department counterparts when patients under treatment would return home so that they could continue to provide care to them upon their return.

What makes the practice innovative?

HRHCare has truly redefined the geographic limits of farmworker outreach by communicating directly with the health system in the sending state in Mexico. As a result of this initiative, HRHCare staff members are better able to understand their farmworker populations as well as increase the chance that their farmworker patients will receive follow-up care once they return home. In addition, HRHCare staff members have appreciated the opportunity to get to know their colleagues in Mexico, and to mitigate the effects of the US-Mexico border as a barrier to providing quality care.

PUTTING FARMWORKER NEEDS FIRST

What is the Practice?

Hudson River HealthCare outreach staff participated in a state-funded project with the New York Center for Agricultural Medicine entitled "Community Collaboration for Farmworker Health and Safety." This project involved farmworkers identifying health conditions affecting them on the job. When the top three preventable diseases were identified, farmworker patients received information on possible prevention and treatment strategies for each of these diseases. A prevention program was designed to address eye problems, their biggest concern, as part of the project.

What makes the practice innovative?

The process that HRHCare undertook to determine the needs of farmworkers in an occupational setting effectively demonstrates HRHCare's commitment to being accountable to farmworkers. HRHCare prioritized and incorporated farmworker input and participation in all stages of the project design and delivery. HRHCare has also illustrated how well its outreach staff is able to collaborate with other farmworker-serving organizations in order to more comprehensively address farmworker health needs.



Hudson River HealthCare, Inc. outreach worker Olga Braccero meeting with a worker in an apple farm camp in Ulster County, mid-Hudson Valley, NY.

MIDWEST MIGRANT STREAM

INTERCARE COMMUNITY HEALTH NETWORK

Mission

It is InterCare Community Health Network's mission to improve individual health by providing high quality, comprehensive community-based primary health care services.

Background

InterCare Community Health Network (ICHN) began in 1972 as a non-profit organization serving three counties located in western/southwestern Michigan: Berrien, Cass and Van Buren counties. ICHN, formerly BCV Health Services, was formed as a cooperative effort among several health organizations and individuals who shared a vision of bringing comprehensive high quality health care to those in need. Through its many years of expansion, ICHN has maintained a commitment to the diversity of communities within its service area as well as its connectedness to the people it serves. ICHN now serves approximately 40,000 community residents of which approximately 10,000 are migrant farmworkers. ICHN currently provides outreach services in five counties at five different sites plus in several other neighboring counties at a subcontracted migrant site. ICHN's outreach program has developed an integrated model of service delivery to respond to a shortage of outreach nurses in the area using outreach nurses, Community Health Promoters (CHPs) and Camp Health Aides (CHAs).

COMMUNITY HEALTH PROMOTERS ENHANCING OUTREACH SERVICES

What is the Practice?

InterCare Community Health Network has trained a cadre of skilled bilingual Community Health Promoters to provide crucial information to newly-arrived farmworkers regarding benefits, resources and specific details about ICHN's services. The CHPs have also provided key support to outreach nurses by setting up schedules for nursing outreach, serving as interpreters during outreach visits, facilitating appointment-setting, transporting farmworkers to services, tracking outreach activities in ICHN's management information system and locating farmworkers with limited contact information.

What makes the practice innovative?

By training CHPs to provide education and information, ICHN has responded effectively to the lack of outreach nurses in the area and the need to effectively facilitate farmworkers' interactions with the health system. The outreach nurses are specifically trained to provide clinical services while the CHPs are trained to provide crucial enabling services that encourage farmworkers to seek and access care. With this model, each group is able to maximize the services that it can offer farmworkers. As a result, outreach nurses and CHPs are able to reach many more farmworkers during their camp visits and provide a higher quality of care overall.

CAMP HEALTH AIDES CLOSING THE LOOP IN OUTREACH

What is the Practice?

InterCare Community Health Network has implemented three Camp Health Aide programs at three health center sites. Twenty farmworker men and women were recruited as volunteer lay health advocates in their respective camps and trained in vital signs, first aid and CPR. In the camps, they have facilitated early and continuous prenatal care of pregnant women in the camps, encouraged annual well woman care, assessed the immunization status of children, provided minor health care, referred patients to ICHN for care, translated documents, facilitated interventions by human service agencies, and have taught a variety of classes.

What makes the practice innovative?

Camp Health Aides have greatly increased farmworker participation in camp-setting outreach activities. In the past, a nurse and outreach worker would go door-to-door in a camp searching for patients but only see a few families using this approach. CHAs have streamlined the scheduling process for camp visits by informing nurses and CHPs of the farmworkers' schedules; in turn, CHAs inform farmworkers when the nurse and CHP will arrive to hold camp clinics. Because of CHA involvement, the farmworkers are more receptive to the health center staff and the nurses no longer worry about a lack of patients to see during their camp clinic visits.

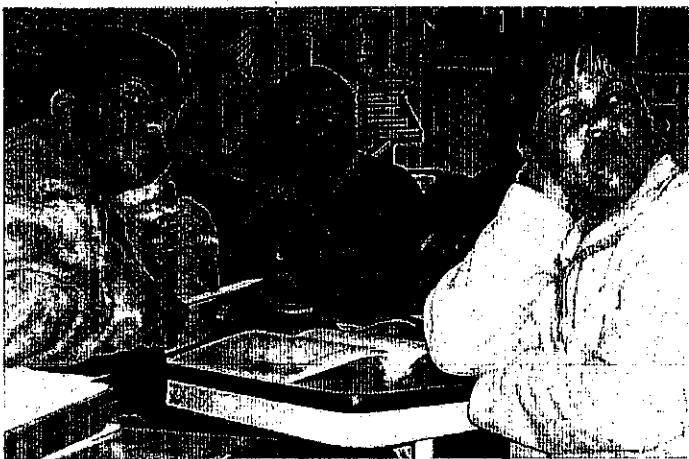
PRE-SEASON ORIENTATION FOR HEALTH CENTER STAFF

What is the Practice?

Last year, InterCare Community Health Network conducted a pre-season orientation at each of the health centers to familiarize staff with the scope of the outreach programs and how to utilize outreach workers as an extension of the primary care services delivered on site. An outreach encounter form was introduced to health center staff as a tool for referrals to/from the health center and procedures for efficiently calling in appointments were established.

What makes the practice innovative?

Conducting a pre-season orientation with all health center staff is an effective tool for integrating outreach into the rest of the organization and clarifying the role of outreach in delivering health care services. Health center employees are now more aware of the purpose of outreach and the key outreach services provided to farmworkers. As a result, staff members have become more open to scheduling appointments requested by outreach workers when they call in from the outdoor camp clinics.



Farmworker parents attending Quincy Community Health Center-sponsored diabetes class during Bi National Health Week in Quincy, Washington.

WESTERN MIGRANT STREAM

QUINCY COMMUNITY HEALTH CENTER, MOSES LAKE COMMUNITY HEALTH CENTER

Mission

Quincy Community Health Center is committed to providing high quality, compassionate, and comprehensive primary health services for the entire family, with a special focus on the underserved and migrant farmworkers in our community.

Background

Moses Lake Community Health Center was established twenty-five years ago to address primary health care needs among migrant and seasonal farmworkers in Washington State. Currently, Quincy Community Health Center (QCHC), a satellite site of Moses Lake Community Health Center (MLCHC) established in October of 2002, along with its parent organization are among only a few organizations in Central Grant County serving a culturally and linguistically diverse low-income population regardless of patients' ability to pay. Central Grant County where MLCHC/QCHC operate is a federally designated Medically Underserved Area with Primary, Mental Health and Dental Health Professional Shortage Area designations. The structure of QCHC's outreach program instituted in February of 2004, utilizes a Health Promoter model based on the Popular Education philosophy to deliver health prevention education.

WHERE HEALTH AND COMMUNITY EDUCATION MEET

What is the Practice?

Last year, Quincy Community Health Center (QCHC) was instrumental in organizing and carrying out a migrant parent leadership conference sponsored by the Educational Service District entitled "United, Educated and Success." The program was guided by the desires and concerns of migrant farmworker parents. Nine of the sixteen speakers at the conference were related to QCHC's health promoter program. Several of the speakers were clinicians and all discussed many traditionally touchy subjects: sexual health, mental health and drug and alcohol use.

What makes the practice innovative?

This collaborative effort with the school district allowed QCHC to serve the whole family and for the clinic to become more fully integrated in the community. QCHC's health promoters were chosen because of their status as leaders within the Latino/farmworker community. Their involvement in the conference helped to draw out the issues of most importance to the farmworker community. Since the event, QCHC has become a place where professional and non-traditional partners have been able to capitalize on the expertise of the health promoters and bicultural staff.

INVOLVING YOUTH IN OUTREACH: PARTNERING WITH A LOCAL HIGH SCHOOL

What is the Practice?

Quincy Community Health Center collaborates closely with a project-based high school in the area, High Tech High, doing prevention education, holding community meetings and celebrations, conducting community needs assessments and spreading the word about a variety of topics. The majority of the students at the school are Latino and come from farmworker families. As one result of this partnership, a local senior developed an HIV/AIDS awareness art project that was accepted as a poster presentation at the most recent Western Migrant Stream Forum. The art project will be on display at the clinic to encourage youth research on the topic of HIV/AIDS, especially prevention.

What makes the practice innovative?

This project uses the educational system, an existing system trusted by the farmworker community to stretch limited resources. The collaboration with a local high school, whose students are children of local farmworkers, crew chiefs and growers, has given students an opportunity to get involved with local, national and bi-national health issues and participate in projects that will impact local and state health outreach models. By tapping into the leadership of farmworkers and their children, QCHC hopes to make lasting and generational changes in regards to health issues.

CREW CHIEFS AS ADVOCATES FOR HEALTH EDUCATION

What is the Practice?

Quincy Community Health Center staff and the Grant County Outreach Worker approached key crew chiefs working for local growers requesting their help in carrying out health education at their work sites. Crew chiefs in the area are required to teach certain occupational health and safety topics to farmworkers such as protective eyewear use and pesticide safety. QCHC's outreach workers offered to teach some of these topics for them during convenient "down time" at the orchards in exchange for the opportunity to teach additional health topics such as STI prevention. Many of the crew chiefs were receptive to having the extra help in teaching classes and became very engaged in the effort. Some cleaned out their sheds for the classes, some provided food and some even provided an hour's worth of pay to farmworkers who attended the sessions.

What makes the practice innovative?

QCHC is exploring and developing many innovative alliances with a wide variety of community partners. In this case, outreach workers were able to effectively engage crew chiefs by meeting some of the crew chiefs' needs as well as those of farmworkers. Outreach staff presented crew chiefs with certificates of appreciation for their collaborative efforts. This has generated interest among other crew chiefs who also want to get involved with QCHC's health education activities.



Maddie Sanchez, a key Quincy Community Health Center collaborator from Grant County Health District, delivers an HIV educational session at a migrant housing community.

SHORT TAKES

The innovative outreach practice Short Takes are divided into categories consistent with FHSI's priority areas and the Innovative Outreach Practice Submission Guidelines criteria. In many cases, innovative outreach practices fall into more than one category. For a cross-reference of the different priority areas that these practices address, please refer to the 2006 Innovative Outreach Practices At-A-Glance table in Appendix D.

HEALTH OUTREACH AND ENABLING SERVICES

Health Outreach is the process of increasing farmworkers' access to health care and decreasing health disparities by facilitating access to care, providing health education, conducting linguistically- and culturally-responsive screenings and clinical services, and increasing the community's awareness about farmworkers. Enabling Services facilitate farmworkers' access to and/or utilization of health care services, via case management, transportation services, health education, outreach and interpretation services.

JOHNSON CITY DOWNTOWN CLINIC

CONDUCTING OUTREACH FROM A VARIETY OF ANGLES

What is the practice?

Johnson City Downtown Clinic (JCDC) schedules its outreach services to fit farmworkers' schedules. JCDC offers Sunday evening migrant clinics, either at the health center or within the farmworker camps. JCDC takes good advantage of its relationship with a farmworker-friendly church in the area by making announcements at chapel services that are held specifically for farmworkers. Transportation to the health center is provided in the 15-passenger church van. When JCDC brings health services to the camps, they set up clinics in the chapel space adjacent to the migrant housing area using volunteers recruited from the nearby medical school and clinic staff members working on flex time.

What makes the practice innovative?

JCDC is reaching farmworkers in a variety of ways that respond to the special barriers farmworkers face in accessing health care. To ensure that geographic distance is no longer a barrier, JCDC brings both the clinic to the farmworkers and the farmworkers to the clinic. They also ensure that farmworkers are aware of their available clinic services by asking farm management to attach informational flyers to farmworkers' paychecks. In addition, JCDC recognized that weekday clinic hours were not appropriate for most farmworkers' schedules. By setting up Sunday evening clinics, JCDC is able to positively impact farmworkers' ability to access needed services.

COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST

SCREENINGS AND MOBILE SERVICES AS GATEWAY TO FUTURE SERVICE UTILIZATION

What is the practice?

Community Health Centers of the Central Coast's (CHCCC) Community Health Outreach Program screens 225 people on average per month for diabetes and high blood pressure at various community-based health fairs organized by CHCCC or in collaboration with other health care organizations in targeted geographic areas where services are needed most. These screenings are also conducted as one service of CHCCC's Mobile Medical Clinic in addition to the provision of limited medical services. The Mobile Medical Clinic is sent out regularly to the same key sites in areas with a large farmworker population where few health services are readily available without a means of transportation.

What makes the practice innovative?

The overarching goal of CHCCC's Community Health Outreach Program is to improve the health status of migrant and seasonal farmworkers by providing accessible medical and dental health services. By offering two major screenings for diabetes and hypertension, the outreach program has devised a cost-effective way to address key health problems in farmworker communities. CHCCC uses these large-scale screenings as a "hook" to get individuals to utilize CHCCC clinical services, whether in the mobile clinic or at one of its health centers, a few of

which have been permanently established in locations where the Medical Mobile Clinic has been stationed in the past. Finally, because CHCCC's Medical Mobile Clinic returns to the same sites every month, transportation barriers are mitigated and farmworkers are able to receive crucial follow-up visits and continuity of care.

GREATER BADEN MEDICAL SERVICES, INC.

COLLABORATING WITH A LOCAL MEXICAN GROCERY STORE

What is the practice?

Greater Baden Medical Services (GBMS) has entered into partnership with a prominent community-based Mexican grocery store, El Mercadito. The owner of the grocery store allows outreach workers to perform routine blood pressure screenings and blood sugar testing and to do case management on site. Culturally sensitive health education literature and information on access to care is readily available in the health section of the store. The store is also used as a pickup location for patients who need rides to and from their medical appointments. GBMS provides free transportation services for primary care appointments and no IDs are requested or required to board the van.



Amanda Morales receives blood sugar and pressure screenings from Vivian Lopez, RN for Greater Baden Medical Services, Inc. at El Mercadito, a local Mexican grocery store.

The store is also used as a pickup location for patients who need rides to and from their medical appointments. GBMS provides free transportation services for primary care appointments and no IDs are requested or required to board the van.

What makes the practice innovative?

The Mexican grocery store partnership has been an effective strategy because many members of the target population traditionally avoid seeking medical care due to distrust and citizenship concerns. Greater Baden chose the owner of El Mercadito because he is well respected in the community; as a result, farmworkers have felt much more comfortable accessing information and securing appointments. Outreach workers have conducted over 250 face-to-face encounters with the target population and farmworker primary care visits have increased by 30% since implementing the partnership in August of 2005.

COMMUNITY HEALTH OF SOUTH DADE, INC.

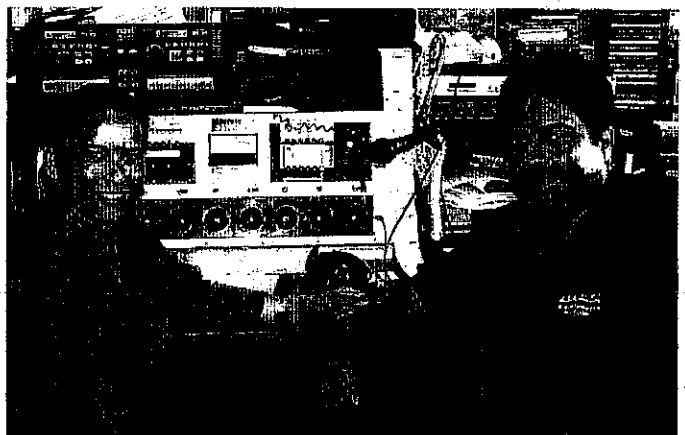
MAXIMIZING MASS MEDIA OUTLETS TO MARKET AVAILABLE SERVICES

What is the practice?

Community Health of South Dade, Inc. (CHI) uses all available channels to publicize their services. CHI appears on TV, radio, and in the local newspaper regularly. CHI representatives speak on Radio RCH, a Haitian weekly radio program and appear on Cable Tap TV, a Community Television Access Project sponsored by Miami Dade Community College promoting health awareness and education to over 500,000 viewers. Available CHI services are featured in the Farm Bureau newsletter and the South Dade bi-weekly newsletter for local growers in the area.

What makes the practice innovative?

Community Health of South Dade, Inc.'s comprehensive marketing strategy is notable because it uses a variety of media outlets to reach farmworkers, a traditionally hard-to-reach population. CHI targets both farmworkers and the growers who employ farmworkers to share information on CHI's services thus increasing the probability that farmworkers will learn about available resources in their area.



Similar to Community Health of South Dade's radio broadcasts on the Haitian radio station, Radio RCH, Bluegrass Farmworker Health Center's Rafael Lopez visits Radio Vida each Tuesday to broadcast health education and promotion in Spanish to the Central Kentucky community.

LA CLINICA DE FAMILIA, INC.

USING TECHNOLOGY TO FACILITATE MEDICAID APPLICATION PROCESS FOR FARMWORKER CHILDREN

What is the practice?

La Clinica de Familia, Inc. (LCDF) Health Promoter Program equips its health promoters with digital cameras and portable scanners to assist in the process of registering farmworker children for Medicaid benefits. The health promoters carry this equipment with them during their home-based care visits and make copies of all key documents necessary for Medicaid applications. They then take the copied information back to health center and submit the applications for the farmworker families in order to expedite their access to financial coverage of health care for their children.

What makes the practice innovative?

The scanning service offered during home visits has greatly increased the volume of children getting registered for Medicaid and has freed up the health promoters' time to do other outreach activities because they no longer go back and forth between clinic and farmworkers' homes with Medicaid application documents. Farmworker families no longer have to miss work to apply for Medicaid nor do they have to worry about losing or damaging critical documents by carrying them around. When farmworkers return to the area after migrating, they only have to provide income verification to get their children reinstated with Medicaid since copies of their documents are on file at the health center.

FAMILY HEALTH SERVICES

ADDRESSING MORE THAN FARMWORKERS' HEALTH NEEDS

What is the practice?

Family Health Services (FHS) employs a Community Services Coordinator (CSC) to assist farmworker patients at FHS's eight sites, including its mobile unit. The patients referred to the CSC for case management are primarily individuals with needs outside of the scope of medical, dental or behavioral health treatment, such as financial assistance, employment, services for the elderly and Medicaid. The CSC travels to each site on a weekly basis to obtain referrals and to contact patients by phone or in person. Patients are provided with information on community resources, what verification or documentation they will need to provide to successfully receive help, and instructions on how to make appropriate appointments. The CSC thoroughly documents her interaction with each patient

and this information is then routed to the referring provider and the patient's medical record.

What makes the practice innovative?

Family Health Services makes a point not to limit services to farmworkers because their needs are so unique and FHS wants to be as responsive as possible. The role of the Community Services Coordinator at FHS expands the reach of case management beyond the health center's services. The CSC keeps abreast of all available programs and resources in the communities where FHS operates, to ensure that patients receive comprehensive and detailed information on different types of assistance. The CSC's services are so well known that she is often contacted for assistance by individuals who are not yet patients at FHS but who have heard of her services through friends and family. If they so desire, these individuals have the opportunity to establish patient care at FHS in addition to receiving information about community resources and services.

MENDOCINO COMMUNITY HEALTH CLINIC, INC.

REAPING THE BENEFITS OF A FARMWORKER COALITION

What is the practice?

Mendocino Community Health Clinic (MCHC), which began its farmworker outreach program in late 2004, noted quickly a significant gap in communication and integration of the various farmworker service providers in the community. As a result, MCHC established the Agricultural Workers Integrated Services for Health (AWISH) committee structure. This committee brings together representatives of all organizations that have service to the agricultural working population as part of their mission. This coalition has provided a comprehensive structure for county-wide health fair planning and has resulted in greater collaboration in creating a successful health fair event during Bi-National Health Week.

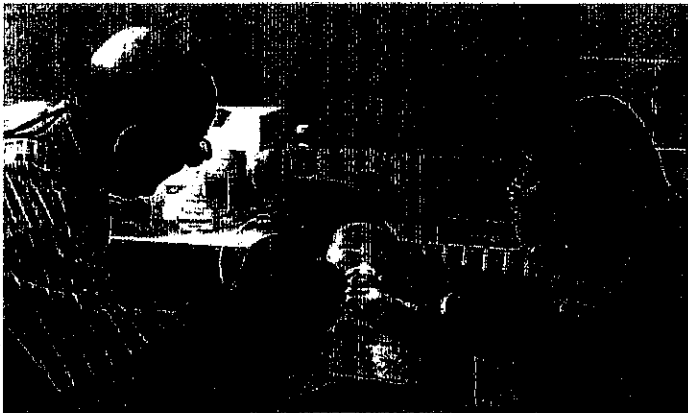
What makes the practice innovative?

The formation of AWISH is the first time that a coordinated effort has been organized to focus specifically and comprehensively on the health needs of the farmworker population in the area. Surprising new facts and trends have been brought to light through this collaborative effort. For instance, one organization in the coalition discovered a much younger farmworker population than had been previously noted. This new group of younger farmworkers demands a different health education strategy and a focus on health problems unique to adolescents. Without the formation of AWISH, this information might not otherwise have been revealed to the larger farmworker-serving community.

HEALTH EDUCATION AND PREVENTION STRATEGIES

Health Education and Prevention Strategies are core services for the provision of holistic and comprehensive health care to farmworkers that include activities, materials or information aiming to facilitate healthier lifestyles among farmworkers and their families. It is through effective, relevant health education and prevention strategies that we enable farmworkers to become equal partners in their health care.

CHOPTANK COMMUNITY HEALTH SYSTEM, INC.



Screening dentist for Choptank Community Health System, Inc. examines the mouth of this preschooler, using an instrument he gave the child to hold earlier to get him accustomed to the equipment before the exam began.

HATS OFF TO FARMWORKERS IN THE FIELDS

What is the practice?

Choptank Community Health System, Inc. Migrant Health Program (CCHS-MHP) outreach staff work together to identify strategies to contribute to improved health conditions for farmworkers. In 2005, CCHS-MHP prioritized the availability of clean cool drinking water, sunscreen and head coverings at the worksite as the top three priorities. Drinking water is generally provided to farmworkers by employers and CCHS-MHP was able to secure sunscreen from Queen Anne's County Health Department. To acquire a sufficient number of head coverings, an email was sent to friends and colleagues to donate new or used hats to the "Hat Project" for distribution to farmworkers throughout the season. Within a short time, hats had arrived from nine states in the United States and Canada including many donations from within Maryland.

What makes the practice innovative?

This project was initiated by the outreach staff that interacts directly with the migrant farmworkers in the area and understands the needs of farmworkers. The project effectively used a wide network of people whose contributions, large and small, made a real difference in the health of farmworkers. Other staff members of CCHS and partnering agencies in the area were very receptive to the Hat Project, providing good exposure for the Migrant Health Program. The project was easily incorporated into CCHS-MHP's everyday operations and will be repeated again this year.



A farmworker protects himself from sun and pesticide exposure by wearing both a hat and safety goggles.

FARMWORKER JUSTICE FUND, INC.

COMMUNITY-LEVEL HIV PREVENTION

What is the practice?

Farmworker Justice Fund has implemented the Young Latinos Promotores (YLP) project which is a community-level HIV prevention project targeting 18-30 year old migrant men who have sex with men with HIV risk-reduction messages based on the Popular Opinion Leader model. At the suggestion and input of the YLPs, bilingual English/Spanish educational cards about STIs were developed. All YLPs were trained on how to use the education cards and rated them as their most useful health education tool. Participants who received the health education training shared that their lifestyles were never discussed in their communities or with their families, which was a cause for great stress, leading some of them to engage in high risk behaviors.

What makes the practice innovative?

The YLP project, an adaptation of an intervention originally designed for homosexual white men in bar settings, addresses the health education needs of a marginalized subset of the farmworker population: migrant young men who have sex with men. The approach was innovative because the peer health education tools were developed with direct farmworker input. The interactions with this population generated a lot of useful information about their behaviors and the challenges they face. In addition, the project ensured that all participants had the option to be tested for HIV and other STIs. Those that were infected were immediately referred for treatment at the collaborating clinic, Vista Community Clinic in Vista, California.

VALLEY FAMILY HEALTH CARE



A farmworker family receives a Christmas basket from La Familia Sana Lay Health Promoter Program as part of Valley Family Health Care's annual food drive.

USING CREATIVE SKITS TO DELIVER HEALTH EDUCATION

What is the practice?

The health promoters of Valley Family Health Care's (VFHC) La Familia Sana Lay Health Promoter Program go out to farmworker housing areas to conduct interactive health education skits on a variety of health topics. All of these promoters come directly from the communities they serve and have been taught the popular education method. Using this method, the promoters try to create a relaxing environment and present the topics in a visually interesting manner using humor to break the ice. The skits are followed by a discussion with farmworkers regarding what they have seen in the presentation. At the end of the group discussion, health promoters stay behind to speak individually with those farmworkers who want to have their questions answered privately. The health promoters also have an open door policy and farmworkers are invited to visit their offices at any time.

What makes the practice innovative?

This approach creates a fun and interactive environment for doing health education outreach and has proven effective with all age groups. The non-traditional and non-threatening manner in which the messages are delivered makes it easier for farmworkers to open up to receiving the information shared. Moreover, the facilitated follow-up discussions and the availability of the health promoters to speak to farmworkers one-on-one, just after the skits have finished or back in the lay health promoters' office, provide appropriate and varied opportunities for farmworkers to get their specific health-related questions answered.

CULTURAL COMPETENCY AND RESPONSIVENESS

Cultural Competency and Responsiveness are the cornerstones of quality, meaningful health care services, particularly for a transitory, vulnerable, and isolated population such as farmworkers. Farmworkers have very unique lifestyles and socio-economic factors that are important to understand and address in the provision of health care services.

BLUE RIDGE COMMUNITY HEALTH SERVICES, INC.

OUTREACH ORIENTATION AND FARMWORKER LIFESTYLE TOUR

What is the practice?

Blue Ridge Community Health Services, Inc. (BRCHS) provides all new employees with an outreach orientation in addition to providing cultural competency trainings annually to all staff. The outreach orientation is a cornerstone of the overall orientation to BRCHS, given the center's founding as a migrant health center. The outreach orientation session, led by the Outreach Coordinator, gives a comprehensive overview of the outreach department, farmworker-specific lifestyle issues and the history of the health center. Participants learn how BRCHS defines and conducts outreach, the difference between migrant and seasonal farmworkers and the impact of farmworkers on the local economy. Employees also tour the agricultural areas surrounding the clinic in the clinic van, visiting grower-provided farmworker housing as well as community-based housing.

What makes the practice innovative?

The outreach orientation is an effective way to create awareness and a better understanding of the lifestyle of farmworkers in the area. Some staff members have never interacted with farmworkers or been exposed to the substandard conditions in which many farmworkers live. It has also been important to introduce staff to the roots of the organization as a migrant community health center in order to emphasize BRCHS' long-standing commitment to farmworkers. The annual all-staff cultural sensitivity trainings and the new hire outreach orientation together illustrate how well the outreach department is integrated into the overall health delivery system at BRCHS.

MIGRANT HEALTH SERVICES, INC.



Marilou Gonzalez, one of Migrant Health Services Inc. Diabetes Lay Educators, takes a patient's blood pressure.

DIABETES LAY EDUCATORS ON THE MOVE

What is the practice?

Migrant Health Services, Inc. added the Diabetes Lay Educator Program as an outreach component to its diabetes program in 2000. Diabetes Lay Educators (DLE) were recruited from a pool of natural leaders within the farmworker population. The DLEs migrate with the populations they serve between Minnesota, North Dakota and Texas to foster and maintain continuity of diabetes care. They assist in the provision of direct service and health education to farmworkers, their families, peers and health care providers in each of the communities where they migrate. They also participate in research projects and contribute to the success of the overall diabetes program across three states.

What makes the practice innovative?

The DLEs are able to prevent gaps in services and education that might normally occur during migration because the DLEs come from within the communities they serve and they migrate with these same populations, even when farmworkers return to their home bases in Texas. With this truly mobile outreach model, a diabetic patient can stay with the same support group throughout the full migration loop, resulting in a unique and effective opportunity to build ongoing trusting relationships with his/her DLE. DLEs also provide crucial "insider" information on farmworker health care beliefs, practices, and cultural issues to health care providers who do not have continuous interaction with farmworkers so that they can better understand and be responsive to their migrant populations.

SOUTHERN JERSEY FAMILY MEDICAL CENTERS, INC.



Farmworkers register at the annual Mid-Season Farmworker Appreciation Festival sponsored and coordinated by Southern Jersey Family Medical Centers, Inc.

MID-SEASON FARMWORKER APPRECIATION FESTIVAL

What is the practice?

Southern Jersey Family Medical Centers, Inc. organizes an annual farmworker festival that brings together over 1000 farmworkers and provides them with a social outlet in the middle of the busy picking season. The event is advertised as an appreciation day for the hard-working efforts farmworkers contribute to the community. Community organizations such as churches donate money and time and many items such as clothes, bikes, household and spiritual materials to support the festival. They also provide fun games for the children. Medical students conduct health screenings and provide health education while social service organizations distribute information about their services. Local DJs and Mexican folkloric groups provide the entertainment at the event. The biggest draw of all is the soccer tournament, in which prizes are awarded to the winning team.

What makes the practice innovative?

Since many farmworkers suffer from depression and isolation, this event provides a much-needed opportunity for social interaction outside of the work setting. The festival sensitizes the community to the significant contributions of farmworkers while also mobilizing community members to donate their time, money and talents to express their appreciation for these contributions.

SPECIAL FOCUS: INNOVATIVE OUTREACH PRACTICES WITH FARMWORKER CHILDREN

Children are one third of our population and all of our future.
Select Panel for the Promotion of Child Health, 1981

This year, FHSI is pleased to highlight innovative outreach practices that specifically target farmworker children and their families. Of farmworkers with children, 66% migrate with their children (58% are married and 51% are parents)³, and an estimated 250,000 children migrate each year with their parents.⁴ Most health problems experienced by migrant farmworker children can be linked either directly or indirectly to the parent's occupational status, poverty, mobile lifestyle, and a lack of both insurance and comprehensive health care.⁵ The infant mortality rate among migrant and seasonal farmworkers has been estimated to be 25% higher than the national average.⁶ Despite some recent improvements, migrant children are still the most disadvantaged group among the youth in America.

The practices presented here outline some ways in which farmworker-serving health organizations are making farmworker children a priority in their day-to-day health outreach activities and efforts.

LA CLÍNICA DE BALDWIN



A newcomer to farmworker health, La Clínica de Baldwin is located in Foley, Alabama.

"THE IMPORTANCE OF THE FATHER" PARENTING CLASSES

What is the practice?

La Clínica de Baldwin collaborates with La Casa de Amigos, a local Migrant Head Start agency, to offer *La Importancia del Padre* parenting classes, the purpose of which is to strengthen the image of fathers and foster a positive impact on their families' health. Quarterly, male clients with children are targeted to attend a one-hour class in the evening at La Clínica de Baldwin. Refreshments are provided and various topics related to health and the family are presented in a positive manner, displaying sensitivity to the "machismo" of Latin culture.

What makes the practice innovative?

This interagency collaboration combines the strength of many professionals and disciplines resulting in a high quality learning outreach activity for migrant workers. By combining the collective knowledge of the two organizations about Latino culture, La Clínica de Baldwin is able to provide health education in a culturally sensitive manner. La Clínica hopes that families will be emboldened to practice healthy lifestyles as a result of targeting migrant fathers with positive health messages.

DARIN M. CAMARENA HEALTH CENTERS, INC.

COMBINING LITERACY AND NUTRITION EDUCATION FOR FARMWORKER CHILDREN

What is the practice?

Darin M. Camarena Health Centers, Inc. (DMCHC) is one of over 2,200 clinics and hospitals nationwide partnering with Reading Is Fundamental, Inc. and the Reach Out and Read® (ROR) program. Children are provided with age, culture and language appropriate books at their wellness check-ups and health promoters read aloud to children in health center waiting rooms, modeling reading techniques for parents. DMCHC also conducts home visits with farmworker families where they speak to families about the importance and benefits of reading aloud to children. The health promoters also promote good nutrition through "Darin's Eat and Read Club" where both parents and children are invited to the health center every 3rd Friday of the month for fun reading and nutritional promotion activities.

What makes this practice innovative?

By reading and modeling story-telling to children, DMCHC staff members are introducing the activities of reading and story-telling to both children and parents, regardless of a



Farmworker children looking at books in the waiting room of Quincy Community Health Center as part of their Reach Out and Read® program.

parent's ability to read. This program helps children to improve motor skills by encouraging them to become more comfortable with holding and manipulating books. It also allows physicians and staff to assess whether or not an individual child's cognitive and motor skills are up to par. The ROR program provides health education messages through books with specific health themes (Vegetable Garden, Everyone Eats Rice, and the Cheerios Counting Book) and through the nutrition education sessions conducted during Darin's Eat and Read Club. Lastly, having parents involved in health education sessions with their children encourages the children to make smart nutritional choices in the future.

FARMWORKER HEALTH SERVICES, INC.

COCHECITO: A CURRICULUM FOR OUTREACH-CENTERED HEALTH EDUCATION FOR FARMWORKER CHILDREN

What is the practice?

Farmworker Health Services, Inc. has developed a comprehensive outreach services model and health education curriculum for community-based health care agencies to reach farmworker children ages 0-5 with funding from the Baxter International Foundation. *COCHECITO* has been pilot-tested with outreach workers and health educators from migrant/community health centers and Migrant and Seasonal Head Start program staff in Florida and California. The backbone of this curriculum is grounded in best practices in early childhood development and education. Its application has been designed for use in all settings where outreach-centered health education occurs with farmworker children and families.

What makes this practice innovative?

To date, there are very few resources specifically targeted at delivering outreach-centered health education to young farmworker children (ages 0-5 years) and their families.

The *COCHECITO* curriculum responds to this lack of farmworker child training and educational material.

Some of the best practices highlighted in *COCHECITO* as key points to consider when planning health outreach with farmworker children include but are not limited to the following:

- Involve parents in every step of the process because the most effective health education with farmworker children involves parents.
- Make sure that your health education is "developmentally appropriate," applying what you know broadly about child development and learning and, specifically about the interests and needs of individual children, and about the social and cultural contexts in which your farmworker children live.
- Design health education opportunities that prepare, enable and reinforce the adoption of healthy behaviors.
- Plan health educational sessions with farmworker children that address health, safety and physical education goals to extend the children's knowledge of themselves, those around them and their world.
- Create an effective learning environment for farmworker children where they feel well cared for and safe.

In keeping with FHSI's training philosophy, *COCHECITO* provides many opportunities over the course of two days for participants to share their prior experiences teaching farmworker children and their parents and while practicing the application of new information acquired in the training.

For more information on *COCHECITO*, please contact Antoinette B. Tomasek, FHSI's Director of Education and Training, antoinette@farmworkerhealth.org.

References

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- ²Sologaitoa, Erin, Southeast Migrant Health Coordinator, Florida Association of Community Health Centers. "The Effects of Natural Disasters on Farmworkers," *OutReach to Farmworkers* newsletter, Vol.5, Issue 2, March 2006.
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- ⁶National Migrant Resource Program, Inc. Fact Sheet: Maternal/Child Health, 1999.

APPENDICES

Appendix A: Sister Cecilia B. Abhold Award Description and Guidelines

Appendix B: Innovative Outreach Practice Guidelines for Submission

Appendix C: List of Definitions of Terms Used in the Publication

Appendix D: 2006 Innovative Outreach Practices At-A-Glance

Appendix E: Contact Information for Organizations Featured in Report

APPENDIX A: SISTER CECILIA B. ABHOLD AWARD DESCRIPTION AND GUIDELINES

Background

Sister Cecilia B. Abhold was the first Executive Director for Farmworker Health Services, Inc. (FHSI). During her 20-year leadership, FHSI estimates providing health services to nearly 1.1 million farmworkers. Until her passing in May 2000, she remained a strong and integral part of FHSI's avowed dedication, innovation, and hands-on commitment to improving the quality of life of our nation's farmworkers.

In her honor, FHSI presents the Sister Cecilia B. Abhold Award to a Migrant/Community Health Center or Migrant Health (Voucher) Program in each Migrant Stream. The recipient of the award for each stream is announced and presented with an award before their peers annually at the coinciding Migrant Stream Forum.

Eligibility

Migrant/Community Health Centers and Migrant Health (Voucher) Programs providing health outreach services to migrant and seasonal farmworker (MSFW) populations are eligible. Each center/program may only be nominated for the award within its own migrant stream. An Award recipient center/program cannot be nominated again until two years after receiving the award (i.e. must skip one nomination period).

The Selection Committee

The Selection Committee consists of six members: three FHSI employees, and three external members of the migrant health community. The Selection Committee will use the following guidelines to determine the award recipient.

Selection Guidelines

The Selection Committee will choose from the nominations submitted to FHSI. The recipient of the Sister Cecilia B. Abhold Award will demonstrate the following commitments/activities:

- Delivers linguistically and culturally responsive health care to farmworkers,
- Recognizes that an outreach program is an essential component of health care delivery for farmworkers,
- Creates relationships with and utilizes other services in the community that increase and improve the services provided to farmworkers,
- Incorporates and values farmworkers' input, accountability, and participation,
- Integrates the FHOP with the health center to meet the basic health care needs of the farmworker population.

Nomination

A nomination for the Sister Cecilia B. Abhold Award can be made by:

- a direct contact or employee of the health center/program;
- a peer health center/program; or
- the health center/program itself. FHSI encourages health centers/programs to nominate themselves, as they have the best understanding of how their outreach program operates.

APPENDIX B: INNOVATIVE OUTREACH PRACTICE GUIDELINES FOR SUBMISSION

FARMWORKER HEALTH SERVICES, INC.

INNOVATIVE OUTREACH PRACTICE GUIDELINES FOR SUBMISSION

Farmworker health care organizations across the country want to learn about ways to:

- Increase farmworkers' access to health care services,
- Decrease health disparities, and
- Deliver culturally competent care.

Does your health program promote innovative strategies that others can learn from?

How will Farmworker Health Services, Inc. (FHSI) use my submission?

We want to hear about the great work you are doing and share your ideas with others! Since 1970, FHSI has been the leading organization for the promotion, delivery, and enhancement of health outreach and prevention strategies for farmworkers and their families. In our efforts to enhance outreach and prevention strategies nationwide, FHSI has implemented a peer-to-peer learning process to move innovative outreach practices beyond the boundaries of individual communities. The goal of sharing these practices is to provide examples of what works in serving farmworkers. In spring of 2006, FHSI will share newly-submitted practices in our annual Innovative Outreach Practices Report.

What types of practices should I share?

FHSI has identified practices common to effective outreach programs. We are especially interested in sharing practices that fall into the following areas:

Health Outreach and Enabling Services are essential components of health delivery systems in an effort to increase access to care and reduce health disparities for farmworkers and their families.

Health Education and Prevention Strategies are core services for the provision of holistic and comprehensive health care to farmworkers. It is through effective, relevant health education and prevention strategies that we enable farmworkers to become equal partners in their health care.

Cultural Competency and Responsiveness are the cornerstones of quality, meaningful health care services, particularly for a transitory, vulnerable, and isolated population such as farmworkers. Farmworkers have very unique lifestyles and socio-economic factors that are important to understand and address in the provision of health care services.

Health Data and Outcome Measures are integral tools for continually understanding and capturing farmworker needs, barriers, and practices. They are also essential tools for health program planning, development, and evaluation in order to track, respond to, and meet the ongoing, changing, complex needs of farmworkers.

What makes a practice innovative?

FHSI knows that much of what you do is innovative! An innovative practice may...

- Utilize center or community resources in a particularly new or effective way;
- Address a new or emerging issue among farmworkers;
- Improve on a previous practice;
- Take a new approach to providing outreach or health services to farmworkers.

Submit an Innovative Outreach Practice today! Your program will also be considered for the Sister Cecilia B. Abhold Award for excellence in farmworker health outreach services.

APPENDIX C: LIST OF DEFINITIONS OF TERMS USED IN THE PUBLICATION

Cultural competency: a level of services or individual ability that takes into account farmworker-specific language, culture, and background in addressing potential barriers to health access, health utilization, and the delivery of health services.

Cultural responsiveness: an approach to farmworker needs, concerns, and requests for health services that demonstrates cultural competency, and customizes services and activities specific to farmworker culture, language, and customs.

Enabling services: services that facilitate farmworkers' access to and/or utilization of health care services, such as case management, transportation, health education, outreach, and interpretation.

Farmworker health outreach program: any activities, services, or programs that a health organization uses to reach farmworkers.

Health data: information from or about farmworkers that describes health needs, conditions, and resources.

Health education: any activity, material, or information that aims to facilitate healthier lifestyles among farmworkers and their families. Health education content may be preventative or address farmworkers' health conditions or concerns.

Health outreach: the process of increasing farmworkers' health access and decreasing health disparities by facilitating access to care, providing health education, conducting linguistically- and culturally-responsive screening and clinical services, increasing the community's awareness about farmworkers, and helping farmworkers become equal partners in their health care.

Innovative outreach practice: a method for providing services to and/or reaching farmworkers that introduces a new way of addressing farmworker health challenges or issues and is relevant to farmworkers. Ideally, these methods also promote collaboration with farmworkers, other organization staff, and the community-at-large.

Migrant/Community Health Center: an entity funded under section-330 of the 1996 Health Center Consolidation Act that serves a population that is medically underserved, and/or a special medically underserved population comprised of migratory and seasonal agricultural workers.

Migrant Voucher Program: an entity that serves a special medically underserved population comprised of migratory and seasonal agricultural workers through the provision of vouchers for primary care and specialty services.

Outcome measures: tools or methods for exploring the effects on farmworkers, the organization, and the community-at-large of an outreach program or activity.

Peer-to-peer learning: exchanging experiences, information, and ideas among farmworker health individuals or organizations in order to improve health outreach services, activities, and strategies for increasing farmworkers' access to health care services and decreasing health disparities.

Prevention strategies: efforts geared toward decreasing the risk or complications of disease or illness, and at maximizing wellness.

APPENDIX D: 2006 INNOVATIVE OUTREACH PRACTICES AT-A-GLANCE

Though each of the practices is categorized in the report, many of them actually address more than one FHSI priority area. This table provides a list of the practices and the various areas they address as your health center considers implementing new strategies for reaching your farmworker population. For innovative outreach practices that deal specifically with farmworker children, see pages 16-17.

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APPENDIX E: CONTACT INFORMATION FOR ORGANIZATIONS FEATURED IN REPORT

Bluegrass Farmworker Health Center (pg. 4)

126 Cisco Road • Lexington, KY 40504
Contact Name: Ruth Brown, *Outreach Coordinator*
Phone: 859-259-2635
Email: ruth.brown@eku.edu

Blue Ridge Community Health Services, Inc. (pg. 14)

PO Box 5151 • Hendersonville, NC 28793
Contact Name: Daniel Benavides, *Outreach Coordinator*
Phone: 828-696-8264, ext. 2426
Email: dbenavid@brchs.com

Choptank Community Health System, Inc. (pg. 13)

301 Randolph Street • Denton, MD 21629
Contact Name: Sue Brenchley, *Community Based Program Manager*
Phone: 410-479-4306, x 5019
Email: sbrenchley@choptankhealth.com

Community Health Centers of the Central Coast (pg. 10)

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Community Health of South Dade, Inc. (pg. 11)

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Darin M. Camarena Health Centers, Inc. (pg. 16)

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Family Health Services (pg. 12)

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Farmworker Justice Fund, Inc. (pg. 13)

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Greater Baden Medical Services, Inc. (pg. 11)

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Hudson River HealthCare, Inc. (pg. 5)

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InterCare Community Health Network (pg. 7)

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Johnson City Downtown Clinic (pg. 10)

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La Clinica de Baldwin (pg. 16)

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La Clinica de Familia, Inc., Promotora Program (pg. 12)

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Mendocino Community Health Clinic, Inc. (pg. 12)

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Migrant Health Services, Inc. (pg. 15)

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Quincy Community Health Center (pg. 8)

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Southern Jersey Family Medical Centers, Inc. (pg. 15)

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Valley Family Health Care, La Familia Sana Lay Health Promoter Program (pg. 14)

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FARMWORKER HEALTH SERVICES, INC.

To increase farmworker access to culturally competent care while reducing health disparities, FHSI can support your organization in the following ways via our consultation services and educational/training opportunities. We can assist your organization to:

- Adapt your outreach and enabling services (including EMC & NAP grantees)
- Manage multiple outreach delivery sites
- Identify strategies to obtain private funding
- Maximize local community resources and partnerships
- Create innovative outreach models of care

We provide our comprehensive technical assistance services to all interested farmworker-serving health organizations. Services for 330 (g) grantees are provided at minimal or no cost.

2007 INNOVATIVE OUTREACH PRACTICES REPORT SUBMISSION

As you read this report, it is our hope that your organization will find models and approaches that can be implemented or adapted in your communities. We request that you also take the time to reflect on what makes your outreach program responsive to the needs of farmworkers in your community and especially, what others can learn from the strengths of your program. The utility of this report can only be enriched by the continued contributions of those of you in the field striving daily to improve the health of farmworkers.

Please consider sharing your ideas for the 2007 edition of this report.



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