

## A Close Look at Binational Health Week

by Judy Cervantes-Connell, Project Manager

*All information reported in this article was provided by Rosario Alberro, Associate Director of the Health Initiative of the Americas.*

For the past six years, the Health Initiative of the Americas (HIA) has led Binational Health Week (BHW), a seven-day series of events benefiting underserved Latino immigrants, including tens of thousands of farmworkers across the United States. Though many migrant health professionals may already know about Binational Health Week or may have participated in previous BHW events, FHSI encourages you to learn more about how your organization can become involved.

The 2007 Binational Health Week will take place October 13-21 throughout regions of Mexico, the

United States, and Canada. It requires a full year of strategic planning for this immense mobilization of diverse constituents to converge and address the health education, promotion, and service needs of underserved Latino immigrant communities, which includes farmworkers within and outside of the United States. BHW is made possible by a partnership between HIA and the Institute for Mexicans Living Abroad, Mexico's Secretariat of Foreign Affairs

and Secretariat of Health, the Mexican Institute of Social Security, U.S. federal agencies, the U.S. – Mexico Border Health Commission, the U.S. Department of Health Services, and thousands of volunteers and community-based organizations in three Canadian provinces, 23 Mexican, and 31 U.S. States. Government agencies (federal, state, and local) and a variety of both



Photo courtesy of Health Initiative of the Americas

### Inside This Issue

A Close Look at Binational Health Week

Wrap-Up Your Outreach Season with an Evaluation Meeting

Honoring Mixtec Farmworkers Through Cultural Sensitivity Practices

Pesticide Safety Health Education Recipe

Seven Strategies to Build Outreach Staff Skills

*Continued on Page 3*

## Wrap-Up Your Outreach Season with an Evaluation Meeting

by Kristen Stoimenoff, Director of Training and Consultation

With the farmworker outreach season coming to an end, it's time to evaluate what your program accomplished this year for your clients and community. Did you meet or exceed your program goals? What are the main areas of improvement for your program? Are you on track to receive at least the same funding for your program as last year?

Thoroughly answering questions like these may seem overwhelming and cumbersome, but program evaluation is actually a straightforward exercise. You can glean valuable outreach data from internal documents such as patient charts and UDS reports. Pre-tests and post-tests also make excellent tools for gathering data to measure the efficacy of health education efforts.

Other data collection tools such as surveys, interviews, and focus groups can be employed with farmworkers, service providers, farmworker advocates, and growers to evaluate your program's effectiveness.

But perhaps the simplest outreach program evaluation activity is the end-of-season wrap-up meeting. This is your opportunity to invite every cog of the outreach engine to participate in a meeting, including outreach program staff, other clinic employees, program volunteers, board members, community partners, growers, and farmworkers. During this forum, you'll be able to determine what worked, what didn't work, and what needs to be changed for next season.

*Continued on Page 2*

## Call for Applications! Deadline: September 21, 2007

Farmworker Health Services, Inc. (FHSI) is currently accepting applications for training and technical assistance services for October - December 2007. FHSI works closely with organizations to increase farmworker access to health and social services by strengthening outreach programs and services. Many services are free of charge to organizations in California and to 330g grantees nationwide. To learn more about our work, visit: [www.farmworkerhealth.org/products.html](http://www.farmworkerhealth.org/products.html).

Contact us at (202) 347-7377 to request an application or fill-out and submit an application online at: [www.farmworkerhealth.org/requestfhsservices.html](http://www.farmworkerhealth.org/requestfhsservices.html). Applications must be received by September 21, 2007!

### Evaluation Meeting - *Continued from Page 1*

Though this isn't a new or innovative program evaluation tactic, it has proven to be quite successful. The entire migrant health program staff at Hudson River HealthCare in Peekskill, New York has held formal planning sessions at the beginning and end of their harvest season to establish annual goals. For more information, see feature in FHSI's *2006 Innovative Outreach Practices Report* at [www.farmworkerhealth.org](http://www.farmworkerhealth.org). Similarly, Eastern Shore Rural Health Services in Nassawadox, Virginia conducts a half-day "Migrant Critique" meeting at the end of each peak agricultural season where approximately 40 local farmworker-serving organizations (including the health department, hospital, church councils, and other social services agencies) attend to address their collective strengths and opportunities to improve the delivery of outreach services to local farmworkers.

Both of these organizations consider end-of-season wrap-up meetings to be important components of outreach programs. The meetings are an opportunity for outreach programs to be informed about how well they provided services to farmworkers, as well as for clearly laying out their upcoming year objectives. Planning this type of meeting should not be an arduous task, especially if you remember to set agenda items, maintain a schedule, and sort out logistics.

In order to achieve a well-run, successful wrap-up meeting, you should create an agenda or outline. While there's no "one size fits all" formula for holding a

successful end-of-season meeting, some basic agenda items may include: past year's performance on benchmarks and goals, perceived outreach challenges, collaboration efforts, and farmworker trends.

Another key to a successful wrap-up meeting is good facilitation. If possible, have one trained, objective individual serve as the de facto leader charged with keeping the meeting agenda on track to ensure all items are covered. Additionally, an objective third-party facilitator can help diffuse any tension that may arise when discussing emotionally charged issues such as outreach challenges or failures. If you are not able to have a trained facilitator present, consider having the outreach manager or another organization head conduct the meeting.

Finally, consider the logistics of your end-of-season wrap-up meeting. If you want farmworkers to attend, you'll probably need to schedule a time and date to fit their schedule, provide necessary interpretation services, and offer transportation. If you want to attract a large number of meeting participants, you should consider offering food, child-care, a raffle, or other incentives.

The end-of-season wrap-up meeting enables your group to work together toward one common goal. It will encourage continued collaboration around the best methods to serve farmworkers within your community. The wrap-up meeting should also provide invaluable information about the effectiveness of your outreach program and how to improve it. Good luck!



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## **Binational Health Week** - *Continued from Page 1*

public and private organizations (such as migrant/community health centers, hospitals, churches, schools, hometown associations, the media, etc.) organize regional taskforces to plan events that focus on the provision of health services for Latino immigrants.

The three main components of the 2007 Binational Health Week include: 1) health education and direct services for underserved Latinos; 2) a Binational Policy Forum on Migration and Health for policy-makers, researchers, and public health workers; and 3) an intensive media campaign. All BHW health education and direct service components are coordinated and implemented at the local level by a collaboration of consulate representatives and health commission advisors. Though BHW events may vary from locale to locale, most revolve around health fairs and workshops where Latinos are invited to attend health screenings, health education seminars, and engage in other health promotional activities, such as games and films. Additionally, Latino participants are provided healthcare referrals and health insurance options.

One of the annual highlights of BHW is the Binational Policy Forum. This year, over 400 foremost public health leaders from federal and state governments from participant countries as well as community organizations are expected to participate. They will come together in Los Angeles for three days to discuss pressing migrant health topics such as migration patterns, chronic and infectious diseases, and occupational hazards, all of which currently affect our nation's farmworkers. The ultimate goal of the Binational Policy Forum is to determine how future collaborations can address and resolve the health needs of vulnerable Latino immigrant populations.

The first Binational Health Week occurred in 2001 with only seven California counties on board. Though small in scale, the event positively influenced the lives of thousands of Latino immigrants in California. The number of BHW events hosted has practically doubled in size from year to year; in fact, 2006 marked the event's greatest turnout to date. Over 300,000 Latino immigrants (including a large percentage of farmworkers) were served in the United States and Canada alone, and over 386,000 people were reached in Mexico. Health fairs and workshops were ubiquitous throughout last year's BHW, educating immigrants about the very same health issues affecting today's domestic farmworkers such as diabetes, heart disease, HIV, and tuberculosis. Last year's unprecedented health screening



*Photo courtesy of Health Initiative of the Americas*

opportunity gave nearly 30,000 Latinos the opportunity to have their blood pressure, glucose, and body fat levels tested. These screenings provided farmworkers not only with a proper medical analysis of their individual health, but also a plan to maintain a healthy lifestyle. Both Guatemala and El Salvador held their own BHW events last year and Colombia will join the 2007 events.

The continued growth and prestige of Binational Health Week relies upon the dedication and energy from local coordinators and their organized taskforce. If you're interested in participating in this year's event, consult with the Health Initiative of the Americas directly (<http://www.ucop.edu/hia/>) to discover whom to contact in your local region. Even if a taskforce does not exist within close proximity, you can still help farmworkers in your service area by letting them know about the overarching themes and agendas of BHW. Also, you can always start your own taskforce. Though it may be too late to form a full taskforce for the 2007 BHW, it's never too soon to get a jumpstart on 2008! The HIA website hosts a wealth of information about how to lead a local taskforce. Though the HIA online toolkit contains templates for California efforts, these tools can be easily modified to meet your specific regional requirements.

Visit the Binational Health Week website ([www.binationalhealthweek.org](http://www.binationalhealthweek.org)) for updates, featured speakers, a calendar of events, and other information associated with BHW. Let's all remember to try and participate in the 2007 Binational Health Week (October 13-21). It's one of many ways we, as farmworker advocates, can continue to positively influence the health and well-being of immigrant Latino farmworkers and their families.

## Honoring Mixtec Farmworkers through Cultural Sensitivity Practices *by Heather Gardner, Project Manager*

Increasingly, Mixtec and other indigenous-language speakers are settling in farmworker communities throughout the U.S. By 2010, it is estimated that this group will comprise as much as 25 percent of the total farm labor force in California.<sup>1</sup> Currently, these immigrant groups present unique challenges for health and social service providers. Largely monolingual, rarely speaking Spanish and almost never English, the Mixtec are culturally divergent from the Spanish-speaking farmworker community.<sup>2</sup> This article provides an introduction to the Mixtec farmworker community, highlighting critical background information and suggested culturally sensitive practices for health and social service providers from two southern California counties that serve large Mixtec farmworker communities.

### Background

In order to develop a better understanding of the Mixtec community, it is critical to appreciate their history and culture as well as the forces that shaped their migration. Dating back about 2,000 years to the Columbian times, the Mixtec were one of the major civilizations of Mesoamerica.<sup>3</sup> Depending on their local variant language, the Mixtecs call themselves *ñuu savi*, *ñuu djau*, *ñuu davi*, *naa savi*, etc.<sup>4</sup>

Mixtec is spoken in the area of southern Mexico known as *Mixteca*. This region includes roughly half the state of Oaxaca, with some Mixtec communities extending into the neighboring states of Puebla and Guerrero. The *Mixteca* region is very mountainous with elevations ranging up to 9,000 feet.<sup>5</sup> The terrain of the region is characterized by steep slopes and has been described by environmentalists as one of the most severely eroded in the world.<sup>6</sup> This extensive soil erosion has prevented the Mixtec from sustaining their agriculture-based economy. Today, the amount of viable land needed to sustain a family's survival needs is insufficient, forcing communities to move elsewhere.<sup>7</sup>

In the 1960s, Mixtecs migrated first to north-west Mexico, then continued in a second stage of migration to the U.S., often recruited by labor contractors.<sup>8</sup> Though there is some movement into other sectors of the labor market (i.e. construc-

tion, service industry, etc.), Mixtecs in California continue to work mainly in agriculture, and often the worst jobs.<sup>8</sup> According to estimates, more than 100,000 Oaxacan immigrants live and work in California's agricultural sector.<sup>3</sup>

According to a study conducted by the California Institute for Rural Studies, many Mixtec community members are not yet confronting chronic diseases that commonly appear later in life, as they are very young and many are new families. Yet by a combination of being deprived of social and family networks, compromised working and living conditions, and poor access to health insurance, their health is placed at high risk. The article

cites alcoholism, domestic violence, and teen pregnancies as prevalent health concerns.<sup>8</sup>

Health and social service delivery systems and their staff need to respond to Mixtec patients' varied perspectives, values, and behaviors about health and well-being. Failure to understand and manage Mixtec social and cultural differences may have significant health consequences. Staff should have knowledge of the history of the Mixtec farmworker community and should consider the cultural differences relevant to the community. This knowledge could help to gain community access, develop cooperative alliances, and strengthen effective communication.

### Culturally-Sensitive Practices to Consider with Mixtec Patients

Below are some suggestions provided largely by Sandra Young, FNP, at Las Islas Medical Group and the Mixteco/Indígena Community Organizing Project in Oxnard, California.<sup>9</sup>

1. It is important to understand that lack of eye contact does not mean disinterest or disrespect. Head nodding does not necessarily mean agreement, just acknowledgment that you have spoken.
2. Keep in mind some Mixtecs speak Spanish well; fewer speak English well. Many speak only their own language, Mixteco. Mixtec clients are often shy about admitting that they do not understand or speak Spanish well.



*Photo courtesy of Mixteco/Indígena Community Organizing Project*



Photo courtesy of Mixteco/Indígena Community Organizing Project

3. Because indigenous people are often unfamiliar with the western biomedical model and U.S. laws and customs, effective communication may involve extra time. On-site interpreters are the best way of communicating with indigenous clients. When these interpreters do not speak English, *relay interpreting* may be required, with one interpreter providing English to Spanish interpretation and another providing Spanish to Mixteco interpretation.

4. Since there are no Mixteco words for many medical and legal concepts, the interpreter should briefly discuss a concept with a client, rather than offer a direct word-for-word translation.

5. Despite inexperience with health care systems, Mixtec men are reported to be extensively involved with their families' health care. For example, it is common for husbands to accompany their wives to medical visits, and for women to defer to men, at least in initial contacts. Unfortunately, Mixtec men rarely seek medical attention for themselves.

6. Many indigenous clients have never received formal medical care in the U.S. or their native communities. It is important to remember that practices such as disrobing and examination can be very stressful for Mixtecos.

7. While there are many advantages to using interpreters in a strictly impartial, traditional capacity, there are also advantages to using health care promoters (*promotores*) who are trained to function as both advocates (helping clients to access care, assisting with paperwork, providing resources) and interpreters.

8. One study found that Oaxacan farmworkers sometimes visit a traditional healer (*Sobadora/Curandero*) for treatment and/or massages. The

study encourages local health agencies to keep the names and numbers of local, traditional healers on file. Establishing a relationship with these healers could benefit those seeking treatment for various ailments.<sup>10</sup>

### Additional Resources for Learning More About the Mixtec Community

Binational Front of Indigenous Organizations (FIOB)/ Centro Binacional Para el Desarrollo Indígena Oaxaqueño. FIOB has offices in California and Juxtahuaca, Oaxaca. To access their contact information, visit:  
[www.fiob.org/contacto.html](http://www.fiob.org/contacto.html)

Mixteco/Indígena Community Organizing Project (MICOP)  
P.O. Box 20543  
Oxnard, CA 93034  
(805) 320-0839  
[Mixteco@sbcglobal.net](mailto:Mixteco@sbcglobal.net)

*Indigenous Mexican Migrants in the United States*, Fox, J and Rivera-Salgado, University of California, San Diego 2004. See in particular *Alive and Well: Generating Alternatives to Biomedical Health Care by Mixtec Migrant Families in California* by Bonnie Bade and *Mixtecs and Zapotecs Working in California: Rural and Urban Experiences* by Felipe Lopez and David Runsten.

*Mixtec Migrants in California Agriculture, A New Cycle of Poverty*, Zabin, Kearney, Garcia, Runsten, Nagengast (1993), California Institute for Rural Studies. Available through:  
[www.cirsinc.org](http://www.cirsinc.org)

Several useful syntax and vocabulary references are available through the Summer Institute of Linguistics. Look for "Mixteco Bajo," "Juxtahuaca," "Guerrero" at:  
[www.ethnologue.com](http://www.ethnologue.com) or [www.sil.org](http://www.sil.org).

#### (Endnotes)

<sup>1</sup> Daniel, Jack et al. *Indigenous Farmworker Project: Legal Protection for California's Isolated Farmworkers*, Journal of Poverty Law and Policy, California Rural Legal Assistance, September-October 2004.

<sup>2</sup> Schroeder, Kurt et al. *The Agricultural Worker Health Study. Case Study No. 3: Oxnard & Santa Clarita Valley*, California Institute of Rural Studies, January 2003.

<sup>3</sup> Young, Sandra. Mixteco/Indígena Community Organizing Project Board President and FNP at Las Islas Medical Group, Oxnard, CA. PowerPoint presentation notes, 2007.

<sup>4</sup> Mixtec information: <http://en.wikipedia.org/wiki/Mixtec>, accessed May 22, 2007.

<sup>5</sup> Zabin, Carol et al. *Mixtec Migrants in California Agriculture: A New Cycle of Poverty*, California Institute of Rural Studies, May 1993.

<sup>6</sup> Young, Sandra. Mixteco/Indígena Community Organizing Project Board President and FNP at Las Islas Medical Group, Oxnard, CA. PowerPoint presentation notes, 2007.

<sup>7</sup> Schroeder, Kurt et al. *The Agricultural Worker Health Study. Case Study No. 3: Oxnard & Santa Clarita Valley*, California Institute of Rural Studies, January 2003.

<sup>8</sup> Young, Sandra and Mixteco/Indígena Community Organizing Project. *Suggested Content for Enhancing Cultural Competency Among Health Care Providers* [handout]. October 2005.

<sup>9</sup> Cárdenas, Eric. *Portrait of a Laborer: Indigenous Farmworkers in Santa Barbara County*. Central Coast Environmental Health Project, Summer 2006.

## Pesticide Safety Health Education Recipe from FHSI's *Magic Trunk!*

by Kristie McComb, Project Manager

Welcome to FHSI's Health Education Magic Trunk. Below, you'll discover interactive health education activities designed specifically to help increase farmworkers' knowledge about a variety of health issues. All activities adhere to standard adult and health education principles.

**Goal:** Protect farmworker families, especially children, from pesticides.

**Activity Objective:** 80% of participants will agree to adopt at least one tip to prevent pesticide exposure in their homes.

**Materials:** 15-20 plastic eggs, paper, pen, plastic grocery bags, prizes (stickers, small trinket, etc.)

**Time Required:** Preparation-15 minutes, Activity-45 minutes

**Target Audience:** Farmworker families (including children)

### Prevention Tips:

- Remove work clothes/shoes outside of the home.
- Avoid washing all non-work clothes with clothes worn in the field.
- Immediately bathe after working in the fields.
- Close all windows on pesticide spraying days.
- Thoroughly wash fruits and vegetables before serving them to family members.
- Discard used pesticide containers and/or store the containers out of children's reach.
- Teach children to avoid any container with the skull and crossbones symbol.



**Preparation:** Stuff plastic eggs with slips of paper (and a prize!) that have true/false statements or questions written on them related to pesticide exposure. Use the prevention tips listed above to develop your questions/statements. Examples:

- T/F: I bathe immediately when I come home from working in the fields.
- Q: Do you wash all of your family's clothes together?
- T/F: We have a place outside of the house to remove and store our field clothes until they can be washed.
- Q: Are there any empty pesticide containers in your home that you use for storage?
- T/F: We wash all fruits and vegetables brought in from the fields before eating them.

### Activity Guidelines:

- 1) Hide the eggs at the health education site.
- 2) Explain to participants the proper practices for preventing pesticide exposure in the home.
- 3) Give each child a plastic grocery bag to collect eggs. Ask them to find as many eggs as possible within five minutes.
- 4) While the children are searching, discuss with the adults why pesticide exposure prevention is so important. Key points include:
  - Long-term exposure to low levels of pesticides can cause birth defects, cancer, and sterility.
  - Infants and children are more susceptible to pesticides than adults because their bodies cannot efficiently eliminate chemicals, their organs are still developing, and they have a longer lifetime to develop health complications after an exposure.
- 5) Once the hunt is complete, the children will bring their eggs to you. Open each egg, give the child their prize and read the paper aloud.
- 6) The questions/statements may put participants on the spot. Tell them the purpose of this activity is not to criticize, but to learn how to keep their families safe.
- 7) Discuss each question thoroughly. Ask participants which strategies they currently employ. Talk about the challenges faced. Encourage participants to share their own strategies and tips with their peers.
- 8) When finished opening all of the eggs, review the strategies outlined again and answer any questions.

### Evaluation:

After the session is over, ask participants to incorporate at least one strategy. Have them state which practice(s) will be implemented. Note how many participants agree to add one more strategy. If possible, visit these same families in a month to see if they have adopted the practice(s). Use this visit to reinforce the original message.

### For additional information regarding pesticides, please refer to the following websites:

Pesticide Education Center  
<http://www.pesticides.org>

Pesticide Education  
<http://www.pested.psu.edu/>

U.S. Environmental Protection Agency  
<http://www.epa.gov/pesticides/>

## Seven Simple and Inexpensive Strategies to Build Outreach Staff Skills

by Adam Sharma, Director of Marketing and Information Services

As many outreach programs are winding down after the peak season, now is the best time to focus on professional development. Below are some ideas for how to continue building your team's skills and aptitude for serving the farmworker community. These seven educational opportunities will keep your staff motivated and learning, but at the same time won't break your budget!

- 1) **Schedule Meetings with Social Service Agencies.** It's important for outreach staff to continually educate themselves about eligibility requirements, application processes, and strategies for helping farmworkers receive social services. When staff isn't busy, encourage them to meet with agencies to further their knowledge of farmworker-serving programs, establish referral processes, and explore the possibility for collaborating on a project.
- 2) **Host Brown Bag Lunch Presentations with Clinicians.** Clinicians have formal training on specific health topics, prevention strategies, and treatment possibilities. Capitalize on clinicians' knowledge by inviting them to speak during lunch on specific health topics affecting farmworkers in your area. By having a thorough understanding of these health topics, your outreach staff will be better able to identify health conditions, recommend health prevention tips, and conduct effective case-management.
- 3) **Host a Mini-Retreat with a Mental Health Counselor.** Ask a mental health professional to facilitate a retreat for outreach staff to teach them about mental health issues, basic coping skills, and treatment referrals for mental health issues plaguing farmworkers, like substance abuse, depression, and domestic violence. An increased understanding of mental health illnesses and how to prevent/manage illnesses is just another easy way to improve health outreach services to farmworkers.
- 4) **Involve Outreach Staff in Evaluating Program Activities.** Program evaluation is a key component to every outreach program and requires full participation by everyone on your outreach team. Involve your staff in not just data collection, but all facets of program evaluation including compiling, cleaning, and analyzing the data. This will help

staff understand the importance of program evaluation to determine final outcomes.

- 5) **Involve Outreach Staff in Grant Writing.** Outreach programs ranked "grant writing" as the number one area of programmatic need in FHSI's 2005-06 *National Needs Assessment Survey*. So why not enlist the help of your outreach staff during the low season? Outreach staff generally possess the most knowledge about your organization's outreach program and can have a lot to offer to a successful grant application. If outreach staff has limited grant writing experience, ask them to focus on grants less than \$10,000, as they are oftentimes less complicated. To find grant opportunities, check out [www.foundationcenter.org](http://www.foundationcenter.org).
- 6) **Take Advantage of National Technical Assistance Providers.** The following six organizations provide training and resources to organizations like yours. Visit their web sites to learn how they can satisfy your education and training needs. Also check out your state's primary care association to see if there's a conference or other educational opportunity occurring in your area.
  - Farmworker Health Services, Inc. ([farmworkerhealth.org](http://farmworkerhealth.org))
  - Farmworker Justice ([fwjustice.org](http://fwjustice.org))
  - Migrant Clinicians Network ([migrantclinician.org](http://migrantclinician.org))
  - Migrant Health Promotion ([migranthealth.org](http://migranthealth.org))
  - National Association of Community Health Centers ([nachc.com](http://nachc.com))
  - National Center for Farmworker Health ([ncfh.org](http://ncfh.org))
- 7) **Now It's Your Turn! Invite Outreach Staff to Educate the Community.** Have your outreach staff facilitate educational workshops on topics such as farmworker sensitivity, the role of outreach, and the importance of community engagement for fulfilling the needs of underserved farmworkers. These workshops will strengthen your outreach team's communication skills while increasing awareness of farmworkers in your community. Workshop attendees may include: local officials, social service providers, religious groups, and even other departments within your organization.

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