

reach to farmworkers

What Is It That You Do Again? *by Kate Gleason, Project Manager*

Farmworker Health Services, Inc. (FHSI) provides programmatic support to migrant and community health centers and migrant voucher programs. But what does programmatic support mean? It's a question that we here at FHSI hear fairly often, as programmatic support can mean many things,

and because FHSI does indeed provide a wide range of services to our clients. However, while we do strive to provide customized services based on the specific needs of a health center or outreach program, our services all fall into one of four categories: information services, program assessment services, consultation services, and training.

Information services: Information services include all FHSI publications and all information and materials available on FHSI's website, www.farmworkerhealth.org. The website is updated with new material on a monthly basis, and publications are made available to all 330g grantees nationwide.

Program assessment services: To varying degrees, FHSI conducts program assessment with all clients. Assessment is

conducted to ascertain client needs and strengths, as well as goals and expectations for their center or program, and for their

work with FHSI. Assessments can range from a simple survey and a planning meeting with key staff, to a four day on-site assessment in which

FHSI interviews staff, tours facilities, shadows outreach staff, and meets with farmworkers and community leaders. With each assessment, FHSI works with the

client to produce recommendations and a plan to implement them.

Consultation services: FHSI's consultation services are designed to meet the specific needs of the client based on recommendations made following the program assessment. In some cases clients want a specific consultation service or training prior to the assessment, in which case assessment results drive the focus of consultation within the requested service area. Consultation services range from support with outreach program setup and expansion, to support with needs assessment, outcome evaluation, the generation of outreach procedures and protocols, communication infrastructures, and data

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"FHSI helped add structure to our program...enabling us to reach more farmworkers and expand our programs"

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FHSI Awards Sister Cecilia B. Abhold Award to Darin M. Camarena Health Centers, Inc.

Darin M. Camarena Health Centers, Inc. in Madera, CA is this year's recipient of the 2005 Sister Cecilia B. Abhold Award for excellence in outreach services in the Western stream.

Highlights of their outreach program include: using their marketing department to design all promotional and educational materials; field testing all promotional and educational materials; an active Farmworker Advisory Committee that meets on a monthly basis and advises the Board of Directors; full integration of the outreach department into the primary care delivery system; and conducting strategic planning each year with input from community partners.



Promotoras from Darin M. Camarena

Protecting Farmworkers: Pesticide Safety

Training *by Hope Driscoll, Association of Farmworker Opportunity Programs*

Not very long ago, a friend told me about a wonderful trip she had taken to a vineyard. She said that the sun was shining and “you could pick the grapes off the vine and eat them right there.” I asked if she had washed them first and she said no,

that she hadn't even thought about it, and asked why. I told her that grapes tend to have high amounts of pesticide residues and that although a few grapes would not hurt her, she should always wash produce before eating or preparing it.

My friend's experience and reaction are not that unusual. Most Americans give little thought to the chemicals used in the cultivation of the food that we bring to our tables, or to farmworkers who harvest those crops. Every day farmworkers are exposed to toxic pesticides both in their work and often where they live. Each year physicians diagnose pesticide poisonings in 10,000 to 20,000 people—many of them farmworkers—according to estimates from the United States Environmental Protection Agency (EPA). Farmworkers, who as a group are at special risk of pesticide poisonings, need training in how to avoid exposure and protect themselves from toxic pesticides.

In 1992 the EPA recognized the need for farmworker safety education and issued the Worker Protection Standard (WPS), a national regulation enforced at the state level. The regulation requires that workers receive training on the WPS in a language they can understand and in non-technical terms before being permitted to

work with crops treated with pesticides. The training can be an oral presentation or audiovisual, and farmworkers must have the opportunity to ask questions.

Compliance with the requirements of the WPS varies widely. Some agricultural employers, especially large growers, have their own trainers on staff. Others use an EPA approved video or have established relationships with organizations that provide pesticide safety education. Many, however, provide no training at all.

There is a critical need for pesticide safety training in farmworker communities. Each year, approximately 20% of farmworkers in the United States are new to the agricultural workforce. Presumably, many new workers are unaware of pesticide safety procedures. However, even agricultural employers wishing to comply with the WPS are often ill equipped to conduct meaningful trainings due to language obstacles or lack of training experience.

To reduce farmworkers' exposure to pesticides and help growers comply with the training requirements of the WPS, the Association of Farmworker Opportunity Programs (AFOP) conducts a pesticide safety education program called SAFE (Serving America's Farmworkers Everywhere). The SAFE program trains pesticide safety educators—many of whom are from farmworker families—to deliver trainings to farmworkers in over twenty agricultural communities across the nation.

SAFE pesticide safety educators train early in the morning and in the evening to best accommodate farmworkers' schedules. They train in labor camps, work sites, fields,

community centers, and migrant health centers—wherever it is convenient for farmworkers. They work with local growers, community members and health workers to reach and educate as many farmworkers as possible. Over the past ten years, the SAFE program has trained an average of over 30,000 farmworkers a year.

Outreach is only part of the success of the SAFE program. SAFE pesticide safety educators deliver high quality trainings using approved EPA curricula. They present WPS material to farmworkers in creative, interactive sessions using props, questions, incentives and feedback. Sessions are conducted in the farmworkers' native language. AFOP has also developed a special module for use with school children so that all members of farmworker families can learn how to protect themselves from pesticide exposure.

Among the dangers and hardships faced by farmworkers, pesticide exposure is a hazard that can be reduced through education and training. The SAFE program is one example of a pesticide safety education program that hopes to ensure a safer future for America's farmworkers.

Hope Driscoll is the Senior Manager of the Association of Farmworker Opportunity Programs' SAFE Program. For more information on pesticide safety training, visit www.afop.org or call (202) 828-6006.

References:

1. Environmental Protection Agency, <http://www.epa.gov/agriculture/awor.html>.
2. National Agricultural Workers Survey (NAWS), US Department of Labor, Research Report No. 8, March 2000.

SAFE program staff giving a pesticide safety training in California.

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OutReach

Conducting Health Education with Farmworkers: Quick Tips for Success

By Kristen Stoimenoff, Project Manager

The purpose of health education is to effectively share information to facilitate healthy lifestyles. This article broadly discusses the basics of preparing, conducting, and evaluating health education efforts; strategies for delivering the most effective and wide-reaching health education possible; and specific ideas for health education activities with farmworkers.

Keys to Success

Do a Needs Assessment: Your health education will not be successful if it does not meet a real need. Resources for determining health education needs include existing demographic and health status data, documents from other farmworker-serving agencies, interviews with farmworkers, key community figures or other outreach workers, and observations made by staff or community members.

Set Measurable Objectives: You need objectives to success-

fully plan health education strategies and sessions. An example of an objective might be "Farmworkers who participate in the health education activity will be able to identify three specific practices for protecting themselves from pesticide exposure."

Know the necessary background information: It's important to be well-prepared and know your topic well. However, it's also important to be prepared with information about other topics and about resources in the community. Keeping a binder with you of health education materials and community resource information can be invaluable.

Assemble an audience/meet with the client: Decide in advance who your target audience is. Are you mainly trying to reach women? men? parents? This will help to focus your session.

Select a setting: Doing health education in the camps is very



Three farmworkers in Colorado after an eye care health education activity.

popular, but also consider places like laundromats, clinics, health fairs, and other outreach-based health education settings.

Implement the activity: Health education activities should encourage participation and information sharing. Role plays, games, problem solving, and small-group discussions are some common techniques for implementing health

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Application Deadline for FHSI Services: April 15, 2005

Apply now to receive on- or off-site training and consultation services to design, expand or improve your outreach program!

FHSI is accepting applications for our July - September 2005 consultation and training period to assist you in reaching farmworkers and meeting your programmatic goals. See the article in this issue of *OutReach* for more information on FHSI services.

Don't miss this opportunity!

All 330g grantees and organizations hoping to gain 330g funding are eligible. In addition, FHSI will give special consideration to recent **New Access Point, Expanded Medical Capacity, and Service Expansion** grantees.

Please download a short application on our website at www.farmworkerhealth.org by clicking on *Access Our Services*, or contact Naomi Tein for more information at (202) 347-7377 or naomi@farmworkerhealth.org.

All applications must be received by April 15, 2005.

How to Create a More Effective Outreach Encounter Form

by Kate Gleason, Project Manager

It has been well established that outreach programs need good data collection methods. From the Uniform Data System (UDS), to program planning, to funding applications, the need for accurate, up-to-date, and complete data is clear. However, getting that data can be less straightforward, especially when it comes to outreach services.

Outreach services are often the front line of data collection and a farmworker patient's first contact with a center or program, however it can also be quite challenging to collect data in the field that satisfy all data needs and do not overburden outreach staff. Oftentimes outreach staff may ask questions that gather data that are no longer needed or that capture data in a way that is not useful for other departments. In addition, outreach staff may also have difficulty completing long encounter forms with each farmworker they see. Below are tips for making your outreach encounter form more effective and

easier to use so that you get the data you need without overburdening outreach staff.

1) Create a comprehensive form that does not ask for unnecessary information or ask for the same information in several different ways. Doing so will streamline your form significantly and ensure that all departments get the data they need from outreach encounters outside of the health center. Hold a yearly meeting with staff from all departments that use outreach data to determine what data are needed and in what format they will be most useful. Take out questions that no longer collect pertinent data.

2) Create a form that flows logically based on the procedures outreach staff follow in the field. Look at your outreach protocols and talk with staff about what would work best for them. You do not want your outreach encounter form to start with a question about country of origin if outreach workers begin conversations by asking a patient's name.

3) Consolidate data collection needs onto one or two pages. Outreach workers cannot practically work with three or four forms in the field, and a lot of paperwork can be intimidating to farmworker patients. You should be able to streamline your information to fit onto two pages with a format and font size that is easy for staff to use. If your data collection needs fill more than two pages, consider whether or not all of the data need to be collected in the field or if some things might better be gathered in the clinic.

4) Finally, check in with outreach staff about how data collection forms are working, and make adjustments accordingly. Similarly, check in with the staff who are entering and using the data to be sure they are meeting their needs as well. Keep in mind that too many changes too often can be counterproductive as well.

For more information on creating outreach encounter forms, please contact Kate Gleason at kate@farmworkerhealth.org.

Ideas for Using Your 2004 UDS Data

No doubt your center or program submitted your 2004 UDS data on February 15th, 2005. It is also likely that those involved in the submission of those data, having gotten them out the door, are not eager to revisit the experience anytime soon. However, there are several ways that the hard work that went into the collection, entry, compilation, and submission of your UDS data can be put to further use for your outreach program. Below are some ideas:

- 1) **Program Planning:** Use data to understand where your outreach program met or exceeded goals, and where it may have fallen short. Generate strategies for your upcoming season to meet all your goals.
- 2) **Improvement of Data Collection:** Review the definitions for enabling services provided in the UDS manual and be sure you are counting services correctly. As this was the first year that 330g grantees provided data for Table 5, columns B and C, now is a good time to assess those data and make adjustments as needed to improve data collection and reporting.
- 3) **Grantwriting:** Use the data you've collected for the UDS to demonstrate need and seek other funding to support your outreach program.
- 4) **Benchmarking:** In July the Bureau of Primary Health Care will release aggregated national and regional UDS data, the "National Roll-Up." These data are useful in making comparisons between your individual center or program, your region, and the nation, and also provide useful benchmarking information.

Starting a Farmworker Advisory

Committee *by Antoinette Tomasek, Director of Education and Training*

Farmworker advisory committees can be an invaluable resource for health centers and outreach programs that work with farmworkers. Advisory committees can be an important source of information and guidance on local farmworker issues, as well as a source of collaboration and support in community efforts. They are also a great way to involve the community and your patients directly in the quality of care they receive from your organization.

To establish an advisory committee, consider collaborating with those who can offer you assistance and who also benefit by doing so. Some examples of who you might consider including in your advisory committee are university staff members, researchers working on farmworker health, local agencies, departments, or community-based organizations that may work with farmworkers, and the farmworker community you are serving.

Invite a range of people from the community you are working in to participate in the advisory committee. Community members should come from varied age groups, backgrounds, and geographic areas. To include farmworkers on your advisory committee, recall that farmworkers can sometimes work up to 12-14 hours a day, seven days a week. This is not to say that you cannot include farmworkers in the advisory committee, rather that you will need to think creatively (e.g. when and where to meet) to facilitate their participation. By inviting everyday people and farmworkers to participate in the advisory com-

mittee, you get input and advice from the very people you will serve.

Explain simply and clearly why you are asking for their participation, approximately how much of their time it will take, and what you will offer to support their participation, such as a meal or snacks, childcare, or transportation. These small gestures will go a long way with farmworkers and other community members.

To get started, invite the advisory committee members to a meeting on a day and time that is convenient for them. Address any language concerns and arrange well in advance for any interpretation needs that may arise due to the make-up of the advisory committee. Language issues should not be a barrier to gaining valuable knowledge and insight from the advisory committee. At the first meeting:

- 1) Thank everyone for their concern for the health of their community.
- 2) Share information about your organization and the nature of the advisory committee, as well as what your organization wants to do with the information it learns from them.
- 3) Share the format you plan to use in the advisory committee, and orient them to when and how you anticipate conducting the committee meetings.
- 4) Create goals and objectives for the committee's work in the coming quarter, six months, or year. Doing so will keep your committee focused on action.
- 5) Assign tasks as needed to move towards reaching those objectives.

For more information on starting a farmworker advisory committee, please contact Antoinette at antoinette@farmworkerhealth.org.



Advisory committees can be an important source of information and guidance on local farmworker issues, as well as a source of collaboration.

Calendar of Upcoming Events and Activities

May 12-15th, 2005:

2005 National Farmworker Health Conference, Caribe Hotel in San Juan, Puerto Rico. For more information visit www.nachc.org.

May 12th, 2005:

Full-day training open to all conference attendees, National Farmworker Health Conference, San Juan, Puerto Rico: *Community Identification and Verification of Needs*. For information on the training and registration contact Antoinette at antoinette@farmworkerhealth.org.

April 30th, 2005:

Check your mail for FHSI's *2005 Innovative Outreach Practices Report*. The report is a great opportunity for peer to peer information sharing about outreach practices and successful outreach strategies.

June 16-18th, 2005:

5th Annual Low Income Immigrant Rights Conference, Washington, DC. For more information visit www.nilc.org.

Stories From the Field



A farmworker family in Nebraska.

Submitted by Mary S. Longoria, Migrant Health Office Coordinator, Panhandle Community Services. Panhandle Community Services is the recipient of the 2004 Sister Cecilia B. Abhold Award in the Mid-western stream.

The Panhandle Community Services (PCS) Migrant Program and its staff are dedicated and steadfast in their effort to help a diverse and underserved migrant population. Mary Castillo is an outreach worker in eastern Nebraska who exemplifies that mission. She is an asset to the program and is well respected by the clients that she serves. Mary is proud to be working for such a meaningful program.

Through outreach efforts, Mary was able to identify and offer services to a nine-year-old migrant girl who had been suffering from epileptic seizures since birth. She lives in rural Nebraska with her mother and maternal grandparents; the family migrated from Mexico and speaks only Spanish. The young girl was 4 years of age when Mary first met the family. At that time she was suffering up to five seizures a day and had never been seen by a doctor for this disorder. Mary was able to begin services for the family and helped them seek out medical care for the young girl.

The efforts were challenging as she was not a U.S. citizen, and so did not qualify for medical aid. Medical bills were escalating and her grandfather's wages were barely covering monthly expenses. Elvira Quijas, Assistant Migrant Director, worked together

with Mary and was able to enroll her into a program for Medically Handicapped Children with the state of Nebraska. PCS Migrant Health and the Children's Medically Handicapped Program were able to introduce her and her family to a neurologist in Scottsbluff, Nebraska. Once under the care of the neurologist and treatment for the seizures, the young girl was on her way to living a normal life.

Today she is still under medical care and is seizure free. She is a happy nine-year-old girl. The family reports that she enjoys school and is learning the English language. Their comments regarding Mary and the Migrant Program are, "We thank God for sending Mary to help us and for the program she works for; she is not only a good person through her job, but because she is naturally good-hearted."

What Is It That You Do Again? - Continued from Page 1

collection models, to providing facilitated planning with center or program staff.

Training: FHSI provides trainings in basic outreach skills; farmworker health outreach program coordination; conducting needs assessments; conducting outcome evaluation; cultural competency; and health education. All FHSI trainings are customized to meet client needs and often draw from several topic areas to provide participants with a range of knowledge. Clients often work with FHSI for training services only, and will receive program assessment focused on their interest in that training and the specific needs of the staff that will receive that training. Training services can also be a jumping off point for further work with FHSI in other areas of center or program need.

FHSI's clients perhaps speak best to the scope and benefits of FHSI's services. Daniel Benavides, Outreach Coordinator at Blue Ridge Community Health Services, Inc. (BRCHS) in North Carolina, along with other BRCHS staff, has been working with FHSI over the past year. He had this to say about FHSI services: "FHSI helped add structure to our program by providing much needed feedback and assessment of our current efforts and how to better utilize those efforts more efficiently, enabling us to reach more farmworkers and to expand our programs." Loretta Williams, also from BRCHS, reported: "One of the biggest advantages of working with FHSI was to give our whole organization an overview of the relationship between all departments and the outreach program. We're all interconnected, and now very aware of our

roles in helping farmworkers to access the care they need."



Participants at FHSI's Basic Skills for Outreach Workers and Outreach Coordinators training at the 2004 East Coast Migrant Stream Forum in St. Petersburg.

Most of FHSI's services are free of financial charge to 330g grantees. To apply to work with FHSI, look for the *Call for Applications* on page 3 of this issue, or visit us at www.farmworkerhealth.org.

Health Education Tips for Success - Continued from Page 3

education with farmworkers.

Evaluate: To find out how effective your health education activities are, try some simple pre- and post-testing. These do not have to be written tests. You can assess pre- and post- activity knowledge, attitudes, or intentions, and even behavior through a show of hands or another informal activity.

Health Education Ideas

Carol McCormick, Outreach Coordinator at Columbia Valley Community Health (CVCH), shared strategies for ensuring that health education with farmworkers is relevant, timely, and culturally appropriate. Health education presentations at CVCH are informed by focus groups with farmworkers. On the day of the presentation, staff go out early, spread across the camp, and knock on doors to personally invite people to the session. CVCH also uses community resources to help attract participants to health education sessions, bringing copies of the local Spanish language newspapers to the sessions and a

dozen tortillas for each participant (donated by a local *tienda*). The sessions are held in the camps' central eating areas and usually attract 65-85 participants. In spite of their large size, sessions are interactive and participants have the opportunity to ask questions in the group or privately following the session.

Cherie Stauffer, Migrant Outreach and Health Education Manager at Southern Jersey Family

Medical Centers, Inc., (SJFMC) shared some of the innovative health education techniques that are used by her center. A health education game used to talk about the modes of HIV transmission is called SIDA/NODA. SIDA is the Spanish acronym for AIDS, and SIDA/NODA means essentially, "Yes, gives" and "No, doesn't give" AIDS. The health educator puts up a piece of paper with two columns, one with the heading "SIDA" and one with the heading

tions and then facilitates a discussion on modes of transmission, condom use, and other ways of protecting oneself from HIV and AIDS.

Another health education game used by SJFMC focuses on sun safety. The health educator opens the activity by showing a poster of a person working in the sun wearing shorts and drinking a can of beer. The health educator asks about specific ways that farmworkers can protect them-

selves when working in the sun. Cut-out pictures of a shirt, pants, hat, sunglasses, water, and a sports drink are available for the activity. Each time a participant names one of these methods, the health educator hands the picture to that person and asks him/her to put it on the person in the poster.

For more information on health education or to inquire about FHSI's

Curriculum for Outreach Centered Health Education (COCHE), contact Kristen at kristen@farmworkerhealth.org.

Special thanks to Carol McCormick of Columbia Valley Health Services and Cherie Stauffer of Southern Jersey Family Medical Centers for contributing to this article. The SIDA/NODA and sun safety activities were developed by Amanda Rives.



An outreach worker at Southern Jersey Family Medical Centers, Inc. conducting the SIDA/NODA activity. The game is used to talk with farmworkers about modes of HIV transmission. SIDA is the Spanish acronym for AIDS, and SIDA/NODA literally means, "Yes, gives," and "No, doesn't give" AIDS.

"NODA." Participants discuss what they know and believe about how someone can contract HIV, the virus that causes AIDS. They are asked to place cut-out drawings depicting actual and false modes of transmission (e.g., kissing, sharing needles, shaking hands) in the appropriate column. After all of the pictures have been placed in the two columns, the health educator makes any necessary correc-

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This publication is made possible through funding from the Bureau of Primary Health Care, Health Resources and Services Administration, US Department of Health and Human Services.

OutReach® is a quarterly publication of Farmworker Health Services, Inc. The opinions expressed within do not necessarily reflect the position of FHSI, BPHC/HRSA/DHHS, or any agency of the federal government.



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