

Honoring Cesar Chavez and Remembering the Importance of Farmworker Advocacy in Outreach

by Judy Cervantes-Connell, Project Manager

March 31st, 2007 marks what would have been the 80th birthday of heroic farmworker advocate Cesar E. Chavez. His lifetime of commitment and service to farmworkers was underscored by his leadership in championing farmworkers rights, including fair wages and safe working conditions. Cesar Chavez represented the voice of farmworkers, always practicing peaceful, yet outspoken advocacy. During his lifetime, he organized numerous farmworker protests such as the famous 1965 Delano strike, which drew national attention to the unfair labor practices of grape growers in the San Joaquin Valley of California. In addition, Cesar Chavez's judicious advocacy effort influenced the state government in California to pass laws entitling farmworkers to benefits,



The Cesar E. Chavez Foundation
www.chavezfoundation.org TM/©2007

such as unionizing and collective bargaining agreements. He also actively participated in numerous hunger strikes, which motivated farmworkers to recommit themselves to social justice by non-violent means. While these are only a few examples of Cesar Chavez's advocacy, they illustrate the lengths to which he challenged American society to recognize the importance and dignity of farmworkers. As the United States prepares to celebrate the life of Cesar Chavez this month, there's no better time for outreach workers across the country to reflect on the important role of farmworker advocacy.

What exactly does it mean to advocate for farmworkers? While publicly supporting the rights and protection of farmworkers certainly demonstrates advocacy, it is also the compassionate practice of spotlighting farmworker patients' needs within a health care setting. Health

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If your organization asks where the farmworkers in your service area live, work, or congregate, could you answer yes with confidence? FHSI knows many outreach workers can easily draw maps to farmworker housing areas. Many outreach programs use mapping techniques during community needs assessments to identify farmworker housing, learn about farmworker transportation needs, and target prime outreach areas. With the advent of Geographic Information Systems (GIS) technology, these activities represent a mere fraction of what community mapping can do to help health centers better serve farmworkers.

Community mapping is a process of creating maps to gain a visual representation of community-specific data organized by geography. Visually presented data is powerful because: (1) it is easier to identify and analyze patterns based on location; and, (2) it provides a visual way of quickly and vividly communicating those patterns to a broad audience.¹ Community mapping can also make a case for critically needed social

services, increased or better use of outreach funding, or a refocusing of outreach activities.

The five key steps to implementing a farmworker community mapping exercise include:

1. Identify community issues and problems specific to your farmworker community (e.g., substandard housing);
2. Determine the appropriate geographical scope to be covered in the process (e.g., countywide, statewide, organizational service area);
3. Collect data (e.g., existing U.S. census data, primary research data from focus groups);
4. Create maps (e.g., maps with locations of farmworker housing and community assets such as churches, social clubs, local grocery stores, laundromats); and
5. Use maps to advocate for farmworker health and well-being by promoting a more efficient use of community resources (e.g., if your mapping project reveals a farmworker population living adjacent to

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Photo courtesy of Valley Wide Health Systems, Inc.

pesticide-laden fields, advocate for your organization to prioritize pesticide safety trainings).²

GIS represents an organized collection of computer hardware, software, data, and personnel, designed to efficiently capture, manage, analyze, and display all forms of geographically referenced information.³ Using GIS technology, health organizations can accomplish some of the following:

1. Answer farmworker-specific research questions more effectively, for instance: *Which parts of the county have the highest incidences of diabetes among farmworkers? How many farmworker housing areas have access to safe electricity sources?*

2. Organize clinical service delivery and outreach efforts, such as: *Where is the best place for the clinic to locate a satellite site? How far do farmworkers travel to receive clinical services from a Spanish-speaking provider?*

GIS does not require an organization to restart its data collection process. Much can be mined from internal sources (patient demographics, most prominent diagnoses, etc.) and external sources (birth/death rates, topographic information, etc.). By using both existing and original data, health centers can have a more comprehensive understanding of their service area.

Even though GIS has many benefits, hesitancy exists among some community-based organizations to use this technology due to financial constraints or a lack of staffing. Dr. Rene Rosenbaum, Associate Professor at Michigan State University, recently collaborated with two state agencies to analyze farmworkers' access to community health resources in relation to the proximity of farmworker residences to environmental health risks. Based on experience, he recommends community-based health organizations consider the following strategies before conducting a GIS community mapping project:

1. *Evaluate all the pros and cons of using GIS.* A community mapping project should only use GIS if the benefits outweigh the financial costs and organizational

commitment to effectively employ the technology. Ensure that GIS will enhance your organizational capabilities, not drive your community mapping efforts.

2. *Cultivate partnerships with local educational institutions that already have the financial, technical, and human resources to assist with your mapping project.*

A university/community partnership can be a win-win for everyone involved. Many under-funded health organizations are occupied with the daily demands of delivering services and cannot sustain expensive inputs for new technology. They can, however, benefit from available university resources, while simultaneously creating a real world experience for college students to develop their GIS skills. The key to any successful partnership is to define roles, timelines and expectations of each party involved.

3. *Seek grant opportunities to fund GIS use.* Because GIS is increasingly used in the health care industry, there will be a greater emphasis on bringing this technology to health organizations. However, the technology is expensive. Health organizations should consider pursuing funding opportunities to incorporate GIS into long-term organizational planning.

Some resources to consult as you build your own farmworker community mapping project using GIS are:

1. "Community mapping" Policy Link webpage:

www.policylink.org/EDTK/Mapping/default.html

2. Community Mapping, How to use it? (n.d.) retrieved January 31, 2007 from:

www.policylink.org/EDTK/Mapping/How.html

3. Community Mapping, What is it? (n.d.) Policy Link, retrieved January 31, 2007 from:

www.policylink.org/EDTK/Mapping/

4. ESRI website — the leading organization in GIS modeling and mapping technology: www.esri.com

5. Mapping Campus-Community Collaborations: Integrating Partnerships, Service Learning, Mapping and GIS, Ohio Wesleyan University webpage:

http://go.owu.edu/~jbkrygie/comgis/comgis_nitle.html

6. The Orton Family Foundation, Working with Communities, Turning Ideas Into Action:

www.cmapgallery.org/resources/default.shtml

7. Dr. Rene Rosenbaum, Associate Professor, Michigan State University's Department of Community, Agriculture, Recreation, and Resource Studies: rosenba5@carrs.msu.edu

8. What is GIS? (n.d.) ESRI, retrieved January 31, 2007 from: www.esri.com/flashmedia/whatisgis.swf

References

- ¹ Community Mapping, What is it? (n.d.) Policy Link, retrieved January 31, 2007 from:

www.policylink.org/EDTK/Mapping/

- ² Community Mapping, How to use it? (n.d.) retrieved January 31, 2007 from:

www.policylink.org/EDTK/Mapping/How.html

- ³ What is GIS? (n.d.) ESRI, retrieved January 31, 2007 from: www.esri.com/flashmedia/whatisgis.swf

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outreach workers have a professional platform to assist farmworkers in maneuvering through a complicated health care system. They can advocate for farmworker patients by speaking on their behalf during clinical visits, providing them with educational materials, or securing follow-up appointments. Additionally, effective advocacy can be as simple as building community awareness about the significant contributions of farmworkers or talking with coworkers about the nature of farmworkers' lifestyle and work. Cesar Chavez said it best when he claimed, *"The name of the game is to talk to people. If you don't talk to people, you can't get started."* By communicating with health center staff about farmworker cultures, languages, literacy levels, and lifestyles, outreach workers can cultivate an environment where clinic staff, as well as the community at large, appreciate and understand the health needs of farmworkers.

Farmworker advocacy is an essential component of farmworker outreach. Advocacy keeps the interest of farmworkers at the forefront of peoples' minds. Farmworker advocates can venture outside of the health center and provide agencies with valuable insight regarding the needs of local farmworkers. For instance, outreach workers can alert neighborhood Migrant and Seasonal Head Start and Migrant Education programs about future changes in the home life of farmworker children due to recent freezes and crop loss. Outreach workers can also advocate for farmworkers by fostering collaborative relationships with other agencies in their communities, thereby linking farmworker families with valuable services. This may entail calling local food banks or the Salvation Army to secure additional resources for farmworker families, or making referrals to soup kitchens, legal service agencies, and public health departments. While these actions may appear small, they have the potential to significantly improve the life of a farmworker family.

Successful farmworker advocacy requires dedication, time, and energy. Though the effort is often-times quite challenging, the rewards are tremendous. Please do not underestimate the value of defending farmworker patient rights. Occasionally stop and reflect upon the individual farmworker, who received improved care because you took the extra step to advocate on their behalf. Or remember when you informed the front desk staff about the rigid work schedules of farmworker patients, who in turn gave superior customer service, even when the farmworker patient arrived late for their appointment. The benefits of your advocacy efforts far exceed the sacrifices. During this celebratory time, let the life and memory of Cesar Chavez inspire you to embrace your role as advocate for the farmworkers in your health center. And if you need a little more inspiration, remember those famous words still chanted today in support of farmworkers rights: *"Si Se Puede!"*

Sister Cecilia B. Abhold Award Recipients

Eastern Stream:

North Carolina Farmworker Health Program
Raleigh, North Carolina

Midwestern Stream:

Northwest Michigan Health Services, Inc.
Traverse City, Michigan

Western Stream:

Columbia Basin Health Association
Othello, Washington

Sign up for FHSI's training: *Developing, Managing, and Sustaining Farmworker Health Outreach Programs*

at the National Farmworker Health Conference

Newport Beach, California

Wednesday, May 9th, 9:00 a.m. - 5:00 p.m.

In this interactive 8-hour training, we will share strategies for planning, implementing, and evaluating outreach activities; using community resources effectively; and developing systems for long-term program sustainability.

To sign up for this training or to learn more about it, e-mail us at mail@farmworkerhealth.org.

FHSI Opens New Office in California; Relocates Executive Functions

FHSI is excited to announce the relocation of its executive function to its new Oakland, California office. FHSI continues to maintain its Washington, D.C. office of nearly 37 years.

With two office locations, FHSI is able to more effectively provide technical assistance and training services to an increased number of health delivery systems nationwide, supporting their efforts to improve farmworkers' quality of life. FHSI continues to offer its services to farmworker-serving organizations at little or no cost.

2005-2006 National Needs Assessment: Key Findings and Practical Applications

by Heather Gardner, Project Manager

In 2005 and 2006, Farmworker Health Services, Inc. (FHSD) conducted its' third biannual *National Needs Assessment of Farmworker-Serving Health Organizations*. All three assessments have responded to a documented need in the farmworker health outreach community for national data on outreach programs, service benchmarks, outreach program needs, and farmworker health. To address this need, FHSD collected data from Migrant and Community Health Centers (M/CHCs), Migrant Voucher Programs (MVPs), Migrant and Seasonal Head Start (MSHS) grantee and delegate agencies, farmworker-serving health departments, and health centers not receiving a migrant subsidy.

The assessment focused on four core areas: (1) the farmworkers and farmworker family members in respondents' service areas; (2) the outreach services offered by respondent organizations; (3) programmatic needs in performing those services; and, (4) staff perceptions of farmworker health and social service needs. This article highlights the methods and findings from the needs assessment and discusses specific strategies for applying the findings to funding efforts and outreach program planning.

Methods

The needs assessment effort utilized three primary methods – a mail survey, telephone survey, and focus group discussions – enabling both qualitative and quantitative findings. Existing secondary data sources were also used where applicable. The mail survey was completed by 42% (98 of 232) of potential respondents. FHSD conducted 30 national telephone surveys with random M/CHCs and MSHS agencies. Five focus group discussions were conducted, including three with clinical providers and two with representatives from farmworker-serving health departments; all 38 participants provided consent to have the discussions recorded and transcribed. Qualitative and quantitative data were analyzed using MAXqda2 and SPSS 11.5 respectively.

Key Findings

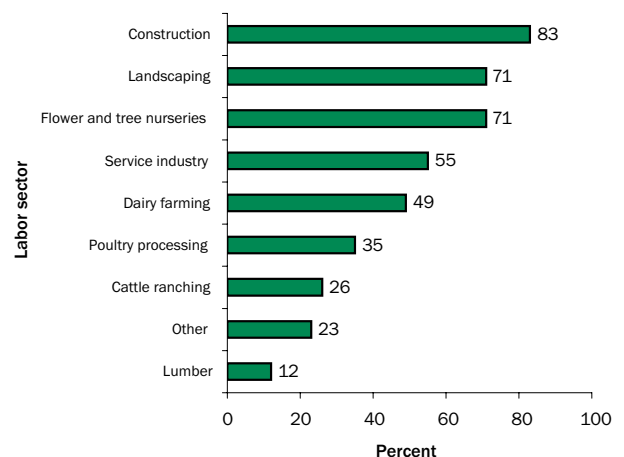
Highlighted below is a selection of quantitative findings:

- According to national 2005 UDS data, M/CHCs served an average of 5,396 users and 20,777 encounters per grantee in the 2005 calendar year.
- According to mail survey respondents, the national average for outreach dollars spent per farmworker user is \$40.66.
- During the peak season, there was a ratio of one farmworker user for every 3.3 farmworkers and one outreach worker for every 5,197 farmworkers.
- Based on a mean score, diabetes, hypertension, and dental health were the three most common health issues among farmworkers and their families.

- Mail survey respondents ranked transportation, pay scale/financial issues, and lack of knowledge of available resources as the three greatest barriers that farmworkers and farmworker family members face when accessing health care.
- Mail respondents ranked the lack of staff as the greatest challenge facing their outreach programs, followed by grant writing/securing funding, and measuring performance/effectiveness.
- Participants in the clinicians' focus group discussions and respondents to the telephone survey discussed specific changes or trends in the farmworker population; shifts out of migrant work to seasonal work and settling out were among those trends discussed in depth, illuminating the changing face of farmwork in the U.S.

Farmworker Information	Finding
Ratio of mean users to the mean farmworker population (peak season)	1 : 3.3
Ratio of mean outreach workers to mean farmworker population (peak season)	1 : 5,197
Overall ranking of most common health issues facing MSFWs	1. Diabetes 2. Hypertension 3. Dental health
Overall ranking of greatest barriers to accessing health care for MSFWs	1. Transportation 2. Pay scale/financial 3. Lack of knowledge of available resources
Overall ranking of greatest social service needs of MSFWs	1. Housing assistance 2. Transportation 3. English language instruction

Figure 1. Percent of respondents reporting farmworkers in other labor sectors (n=66)



Applying the Findings

Adopt a Recommendation: In response to the key findings, the *2005-2006 National Needs Assessment of Farmworker-Serving Health Organizations* report delineates eight recommendations directed primarily to farmworker-serving health care organizations (see pages 55-64 of the report). These recommendations address such topics as managing multiple sites, organizational integration, and health education. Organizations are encouraged to adopt a relevant recommendation by creating a task force to explore how it will be addressed or by incorporating objectives related to the recommendation into the program plan.

Align Your Program Plan with the Findings: If your organization doesn't have a program plan, develop one for outreach that is responsive to key assessment findings. Consider the following questions while creating or reviewing your plan:

- Does your program plan encompass activities for regularly assessing farmworker needs?
- Is your program plan responsive to farmworker population trends such as indigenous language speakers, settling-out, other labor sectors, or immigration issues?
- Is your program plan integrated with your organization's overall health care plan?
- Does your program plan address core health issues among the farmworker community including diabetes, hypertension, and dental health?
- Does your program plan address cultural competency?
- Does your program plan foster partnerships with other local, state, or national farmworker advocates?



Photo courtesy of Valley Wide Health Systems, Inc.

Compare the Findings to Your Health Center: Though outreach activities can be difficult to quantify, these findings may help. For example, the results indicate that outreach programs spend about \$40 per farmworker user. Given this background information, review the following questions:

- Is this figure adequate given your activities?
- Is your budget adequate and does it represent the true cost of your outreach services?
- How many outreach services are you providing beyond what's reported in the UDS?
- How many outreach workers can your budget support?
- What proportion of farmworkers in the population are you serving?

Upon reviewing these questions, consider priorities for current and future outreach activities and identify funding streams for these priority areas. Where feasible, compare the needs assessment findings to your center's existing indicators. *Please contact FHSI for a worksheet to assist you in making these comparisons.* Key indicators to consider:

- Ratio of outreach cost per encounter or user
- Ratio of outreach staff to farmworkers in the service area
- Ratio of users to farmworker population in service area
- Barriers to care

Incorporate the Findings into Proposals, Reports and Presentations: After making these comparisons, include them in grant proposals, reports, or presentations. For example, use the ratio of outreach staff to farmworkers in your service area in a needs statement of a grant, or address farmworker specific barriers to care in a presentation to community stakeholders.

Contact FHSI: Would your organization like assistance with putting these applications into practice? Let us know! FHSI would be delighted to customize these strategies in partnership with your organization. For more information and to receive a copy of the report, please contact Heather Gardner at heather@farmworkerhealth.org.

Program Guidelines	Finding
Is your organization providing cultural competency training?	82% (58 of 71) of respondent organizations are providing cultural competency training
Is your organization currently using a written farmworker outreach plan?	55% (34 of 61) of respondent organizations are currently using a written outreach plan
Has your organization conducted a farmworker community needs assessment in 2005?	32% (22 of 68) of respondent organizations conducted a farmworker community needs assessment in 2005
Does your organization have a farmworker coalition in your community?	58% (40 of 69) of respondent organizations have a farmworker coalition

Diabetes Health Education Recipe from FHSI's *Magic Trunk!*

by Kristen Stoimenoff, Director of Training and Consultation

Welcome to FHSI's Health Education Magic Trunk, a new recurring column within each edition of the OutReach newsletter. Below, you'll discover health education interactive activities presented in an easy-to-use format, designed specifically to help increase farmworkers' knowledge about a variety of health issues. All activities adhere to standard current adult and health education principles.

Goal: Improve diabetes prevention and management in the farmworker population.

Activity Objective: 90% of farmworkers who participate in this activity will be able to name three risk factors for diabetes and describe three ways to prevent or manage diabetes.

Materials Necessary: You will need pictures depicting risk factors and diabetes prevention/management techniques. You can use magazine pictures, photographs, clip art, or draw them yourself. Some suggestions:

- | | | | | |
|-----------------------|-----------------------|----------------------|---------------------|-----------------------|
| • Bathroom Scale | • Junk Food/Fast Food | • Healthy Foods | • Healthy Beverages | • Unhealthy Beverages |
| • People Walking | - Potato Chips | - Fruit & Vegetables | - Milk | - Soda |
| • People Watching TV | - Candy Bars | - Whole Grain Breads | - Water | - Beer |
| • A Farmworker Family | - Fried Foods | - Chicken/ Fish | | |

Time Required: 30 minutes

Content of Activity:

- 1) Let participants know that you're going to be talking about diabetes. First, ask if anyone in the group has heard of diabetes. Then ask those participants who have heard of it to describe what they know.
- 2) Inquire if anyone in the group knows a person with diabetes. Find out what they know about health problems that occur as a result of diabetes and/or how people can manage it. Be sure to address myths associated with the disease.
- 3) Explain that this serious illness occurs because the body cannot make enough or properly use insulin, a hormone that helps glucose enter the cells of our bodies. This results in having too much sugar in the blood and can lead to serious health complications, even death.
- 4) Describe some of the complications associated with diabetes – draw on what members of the group already know. Some complications include: heart disease, kidney disease, blindness, poor circulation, and gum disease.
- 5) Describe the risk factors for diabetes, including: older age, having a family history of diabetes, being overweight or obese, having had diabetes while pregnant (gestational diabetes), high blood pressure, physical inactivity, and race/ethnicity (e.g. Latinos and African Americans have a higher risk for developing diabetes).
- 6) Explain the importance of having a blood glucose test.
- 7) Explain to participants that lifestyle choices help prevent or manage diabetes. Some guidelines for the prevention or management of diabetes include: making healthier food choices (limit salt, fat, and sugar intake), maintaining a healthy weight, and being physically active. Diabetics need to have regular blood sugar tests and may also require medication.
- 8) Divide the pictures and hand out one to each participant. Explain that some of the pictures show a risk factor for diabetes while others show a way to prevent or control it. First, ask participants to decide whether their picture depicts a risk factor or a healthy behavior; then have them find the partner who has the opposite picture. For example, someone with a picture of a pizza should pair up with someone with a picture of fish. Each pair should take a few minutes to discuss the significance of their pictures.
- 9) Have the group reconvene. Ask each pair to show their pictures to every one else and discuss the significance of each picture. Be sure to clarify points that are unclear.

Evaluation of the Activity:

Prepare a series of true/false statements that relate to risk factors for diabetes and methods for preventing or managing the disease. Example: "People with long hair are more likely to have diabetes." "Walking for 30 minutes a day, five days a week can help prevent or control diabetes." For each statement, ask participants who agree to step forward. Note the number of people who step forward at the appropriate time.

Final Note: Be sure to discuss the content of this activity with your medical director or health education specialist to be sure you are emphasizing the most important and accurate information about diabetes.

For additional information regarding diabetes, please refer to the following web sites:

American Diabetes Association
www.diabetes.org

Center for Disease Control
www.cdc.gov/diabetes/

WebMD Diabetes Health Center
www.webmd.com

Building a Farmworker Coalition

by Anna Spencer, Outreach Director, Kinston Community Health Center, Inc.

In eastern North Carolina, there is a group of committed people devoted to improving the lives of migrant and seasonal farmworkers: the Migrant Education Outreach Cooperative (MEOC). Our coalition is comprised of local education, health, childcare, and social services organizations. Each month, we work together to identify the needs of migrant and seasonal farmworkers throughout our service area. By leveraging each other's strengths, our coalition can more effectively improve the quality of life for farmworkers and their families.

I'm currently the Outreach Director at Kinston Community Health, Inc, a mid-sized health center located a few hours from the Raleigh-Durham-Chapel Hill area. Together with my colleague Melissa Bailey, Migrant Recruiter for Lenoir County Schools, we realized that many local organizations performed outreach and provided services to farmworkers within our eastern North Carolina service area; yet very few of these organizations successfully collaborated or communicated with each other about their own outreach work, successes, or challenges. To maximize community-wide resources, strategically plan local outreach efforts, and share valuable insight regarding farmworker populations, we formed the MEOC coalition.

MEOC originally sought to increase communication among all our local organizations serving migrant and seasonal farmworkers. We developed a systematic communication platform to discuss topics like farmworker housing, health, education, and social service needs. We also wanted to share information about our respective programmatic activities such as health fair attendance, outreach efforts at labor camps, and individual health assessment activities. With all local farmworker-serving organizations communicating more openly, MEOC operates as a valuable resource for troubleshooting outreach challenges.

Recruiting MEOC participants was easy. We initially identified contacts from farmworker-serving organizations, then emailed local health centers, school districts, hospitals, Head Start programs, and a variety of childcare organizations about our intent to form this coalition. Once we garnered enough interest, we held our first meeting. Since that time, our coalition has grown and currently includes: a community college, the North Carolina Department of Health and Human Services, and outreach coordinators from neighboring health and social services departments.

From collaborating on joint outreach activities to serving as resources for referrals for one another, the benefits of MEOC membership are many. For example, a MEOC member operating a mobile mammography van will schedule joint outreach activities with other MEOC members. While farmworkers wait to receive mammograms from the mobile van, other MEOC members will provide the patient with social

service and migrant education information. Another firsthand example of how a coalition benefits from farmworker-serving health organizations includes collaboration with a neighboring community health center. As a result of working with a community health center, MEOC members visit neighboring labor camps with health providers, attend special trainings, and seek assistance for securing cultural diversity trainings for their respective organizations.



Photo courtesy of Kinston Community Health Center, Inc.

Because communicating effectively among such a large membership can prove problematic, MEOC maintains a blog to facilitate messages between all of the different organizations. This is an effective way to exchange information, conserve resources, and avoid duplicating our work. MEOC members can post information regarding labor camp locations, case management services, transportation issues, and more. Additionally, the blog includes MEOC meeting minutes, contact information for growers and crew leaders, agency information and qualifications for obtaining their services, and joint outreach availability dates. We also use the blog to help farmworker families obtain additional resources. Recently, a MEOC member encountered a local farmworker family whose home burned down and was in dire need of clothing, food, furniture, and housing. He posted a message about the farmworker family on the blog, and within a couple of days, our members graciously responded, offering assistance to the family. To view our MEOC blog, visit: <http://webevent.lenoir.k12.nc.us>.

We strongly urge all community health centers across the United States to seek out community partnerships and start or join a coalition. If you do establish a new coalition, remember to talk with partners that may have previously helped you, or vice versa. Try to recruit members who can devote time to actively participate in the coalition. To learn more about this coalition and lessons learned, contact Anna Spencer at aspencer@kinstonhealth.org.

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