

Cultural Humility as a Lifelong Practice

by Heather Gardner, Project Manager

The commitment to providing culturally competent services is a commendable intention to respect and respond to the unique characteristics of farmworkers. These efforts are critical components of building accessible and appropriate services for all patients. Nevertheless, how does health center staff appropriately develop cultural sensitivity skills while recognizing that not one correct formula exists for understanding a patient's culture? Cultural competency cannot be reduced to learning a prescribed set of skills, traits, or beliefs. Instead, it is an *ongoing* part of development by health centers and their staff. In this article, we explore a more flexible and open approach for addressing cultural competency, as well as propose some specific techniques to try within your organization.

Cultural Competence

Cultures are ever-changing (particularly in the multicultural reality of life in the U.S.); individuals regularly identify with a variety of cultural traditions. Farmworkers are no exception. Each farmworker has their own combination of values, languages, traditions, and beliefs from their home culture, as well as those adopted from their experiences in the U.S. and beyond. However, cultural competency can create a false sense of understanding when someone assumes that the beliefs and behaviors of individuals are based on race, ethnicity, or national origin. In other words, cultural competency runs the risk of being viewed as an endpoint that can be demonstrated by mastering a set of skills or traits; rather, it should be seen as a process individuals continually learn about with patients, communities, colleagues, and themselves.¹

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Using Theater of the Oppressed Techniques in Farmworker Health Education

by Jose Blanco F., The University of Georgia

Historians argue that theater is nearly as old as humanity; humans have always found ways to share stories, celebrate our past, examine our present, and communicate our desires and views about the future. Popular Theater, a Latin American tradition, is rooted in the everyday life and concerns of a specific community, providing it with a voice for analysis and discussion using human and other easily available community resources. Popular Theater has emphasized collective processes and the analysis of social phenomena. A strong commitment to social change was



Photo courtesy of the Women's Rural Health Project in Orlando, FL

established by innovative Columbian theater groups such as La Candelaria, led by Santiago Garcia and Teatro Experimental de Cali, led by Enrique Buenaventura. Cuba's Teatro Escambray and California's Teatro Campesino (with acclaimed director Luis Valdez) have also been instrumental visionaries and early adopters of Popular Theater.

This theater's oral nature makes an ideal instrument for low literacy audiences since the information is presented in a direct and simple format based on the cultural background of the group performing. The participatory nature of Popular Theater also allows for immediate discussion of health issues and other pressing matters.

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FHSI's I ♥ Outreach Campaign

by Adam Sharma, Director of Marketing and Information Services

Outreach may be one of the most important yet misunderstood services for providing farmworkers with timely and responsive care. It is an irreplaceable contribution that enables farmworkers across the United States to seek and gain access to much needed health care and other social services. At the same time, outreach also helps ensure that farmworkers receive preventive care. Capturing the human dimension that reaches far beyond the numbers and statistics, outreach gets at the ♥ of health care and wellness.

We want to highlight why outreach is amazing, so we have asked health professionals why they ♥ outreach. Here's what they said:

"I ♥ outreach because it is not about you and me, it's about making a positive impact...Being out in the field and helping families incorporate small or big changes that consequently improve their health is just the right thing to do."

"I ♥ outreach because...an outreach worker can be as much a hero as a firefighter, policeman, or a comic book superhero."

"I ♥ outreach because outreach is the heart and soul of what we do."

"I ♥ outreach because outreach is an excellent way to help our fellow humans by bringing them the health services they need and deserve. I am very proud to be an outreach worker and of my ability to be able to help people."

"I ♥ outreach because outreach is an art, difficult to replicate, yet simple to understand. To me, outreach is a mix of equal parts of respect, caring, and love..."



FHSI inaugurated the "I ♥ Outreach" campaign at the 2007 East Coast Migrant Stream Forum and continued it during the 2008 Western Migrant Stream Forum. With this simple expression, FHSI wishes to emphasize and promote outreach as a critical component to ensuring appropriate and effective health and social care to farmworkers. As attendees of both stream forums can attest, our campaign was a resounding success! FHSI CEO Oscar Gomez delivered an invigorating and rousing plenary speech, then distributed "I ♥ Outreach" wristbands as a way to unify the many outreach supporters. By the end, attendees were chanting "OUTREACH!" with vigor and excitement.

There was one unexpected and important impact of FHSI's "I ♥ Outreach" campaign. We found that it helped validate outreach staff as health center professionals; unquestionably, outreach staff throughout the country are playing an integral role in the health and wellbeing of migrant and seasonal farmworkers. Twenty percent of the farmworkers in the United States currently access care at our nation's community health centers (Kaiser Commission on Medicaid and the Uninsured). At FHSI, we wholeheartedly believe that outreach is the key to extending access to the other 80% of farmworkers who are not receiving health care in America.

Want a free I ♥ Outreach Wristband?

Be part of this remarkable campaign! Visit our website at www.farmworkerhealth.org and click on "I ♥ Outreach." Tell us why you ♥ Outreach and we'll send you a free "I ♥ Outreach" wristband.

I ♥ Outreach

OutReach® is a publication of Farmworker Health Services, Inc. made possible through funding from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services. The opinions expressed within do not necessarily reflect the position of FHSI, BPHC/HRSA/DHHS, or any agency of the federal government.

Cultural Humility *Continued from Page 1*

Individuals and organizations alike need to recognize cultural competence as an ongoing process that takes time, effort, active awareness, and practice. Framing cultural competency as a broader, ongoing process that stretches beyond static definitions of culture is referred to as cultural humility.

Linda Hunt, professor of Anthropology at Michigan State University, explains cultural competence as "... not requiring mastery of lists of 'different' or peculiar beliefs and behaviors supposedly pertaining to certain groups of patients. Rather, the provider [or outreach worker] is encouraged to develop a respectful partnership with each patient through patient-focused interviewing, exploring similarities and differences between his own and each patient's priorities, goals, and capacities."²

When exploring cultural issues, the emphasis begins with recognizing *cultural difference*. Identifying differences involves putting the staff person's and the farmworker's perspectives side-by-side. Practicing cultural humility requires less emphasis on knowledge and a greater focus on fostering self-awareness, interpersonal sensitivity, an attitude of openness, and learning from the differences.³

Essential Concepts of Culture and Health Care

When addressing culture in health care settings, take into account the following essential concepts:⁴

1. Cultures constantly change and evolve as they come into contact with one another.
2. Culture is *not* identical with race and ethnicity.
3. People are shaped by belonging to multiple cultural groups.
4. Cultural issues shape *staff/provider* attitudes, expectations, and responses as much as those of *patients*.
5. *Every* patient-provider encounter can productively be approached as a cross-cultural encounter.
6. Culture is *not* a "complication" of health care.

Practicing Cultural Humility

Cultural humility can be practiced in a variety of ways. For starters, staff can listen to patients express their experiences with the health center. Focus groups or patient interviews conducted can involve a few open-ended questions about their experience accessing health services. Instead of assuming that culture may interfere with effective utilization of services, assume that patients want care and may have problems ac-

cessing it. Once staff understands the concerns of patients, they can decide what changes to make and how to make them.⁵

Hold small group conversations in which each participant recounts an event that made them aware they were *different* from others in the situation. Explore similar themes across groups (common ones might be feelings of fear, vulnerability, anger, confusion). Lastly, have participants draw analogies to their professional role at your organization.⁶

Providers and outreach staff can practice patient-focused interviewing techniques. Patient-focused interviewing uses a less controlling, less authoritative style that signals to patients that the practitioner values the patient's agenda and perspectives, both medical and nonmedical. Role-play patient-focused interviewing techniques.⁷



Photo courtesy of Eastern Shore Rural Health Center

Organize a panel presentation in which panelists describe their beliefs or values and the effect on health care decision making. Have volunteers present their own experience, and then facilitate a brief question and answer period. These volunteers can be patients or health center staff. Staff could speak about their own

experience in discovering a difference they had with a patient encounter.

Hopefully one or more of these practices will assist your organization in exploring cultural humility. This list is merely an introduction to an *ongoing* practice that honors our diverse cultural backgrounds as well as those of our farmworker patients.

(Endnotes)

^{1,7} Tervalon M, Murray-Garcia J. *Cultural humility versus cultural competence: a critical distinction in refining physician training outcomes in multicultural education*. Journal of Health Care for the Poor and Underserved. May 1998; 9, 2; page 117.

² Hunt, Linda. *Beyond cultural competence*, The Park Ridge Center for Health, Faith, and Ethics Bulletin. Issue 24. December 2001. Also available electronically: http://www.parkridgecenter.org/Page_1882.html

³ Anderson Juarez J, Marvel K et. al. *Bridging the gap: a curriculum to teach residents cultural humility*. Family Medicine. February 2006; 38, 2; page 97.

^{4,6} O'Connor, Bonnie B. *Promoting cultural competence in HIV/AIDS care*. Journal of the Association of Nurses in AIDS Care. Vol. 7, Suppl. 1, 1996.

⁵ Correspondence with Dr. Linda Hunt, Associate Professor of Anthropology, Michigan State University. Jan. 11, 2008.

Targeting Seasonal Farmworkers *by Kristie McComb, Project Manager*

Many organizations make every effort during their peak agricultural season to provide migrant farmworkers with as much care as possible during their limited time in the communities. However, many organizations don't exert the same level of effort to reach out to non-migrating, seasonal farmworkers. With the number of seasonal farmworkers on the rise, organizations will have to find new ways to continue reaching farmworkers.



Photos courtesy of the Raices Organic Home Gardening Project, coordinated by Nuestra Comunidad Sana (a program of The Next Door, Inc.)

How well does your organization reach out to seasonal farmworkers? Many organizations inadvertently neglect seasonal farmworkers because oftentimes they perceive that migrant farmworkers have more barriers to care. As one health center representative said, "The migrants are the more needy population in our area because they are only brought up for a few weeks, don't know where to go, and their lives are controlled a lot by the crew leaders."

Though it may be true that migrant farmworkers may face more acute barriers and demand a more focused and timely approach, seasonal farmworkers still face many barriers to care. Seasonal farmworkers

may have stronger social support networks and knowledge of community resources, but they still require a strong coordinated outreach approach.

If the immigration climate continues as it is today, more and more farmworkers are likely to "settle out" and become seasonal farmworkers. Many organizations are already seeing more seasonal farmworkers than migrant. In 2006, Migrant Health Centers served more seasonal farmworkers than migrant (56% vs. 44%). Given the ever-changing makeup of the farmworker population, it is important to periodically assess how much time an organization spends on outreach to migrant versus seasonal farmworkers.

Challenges to Serving Seasonal Farmworkers

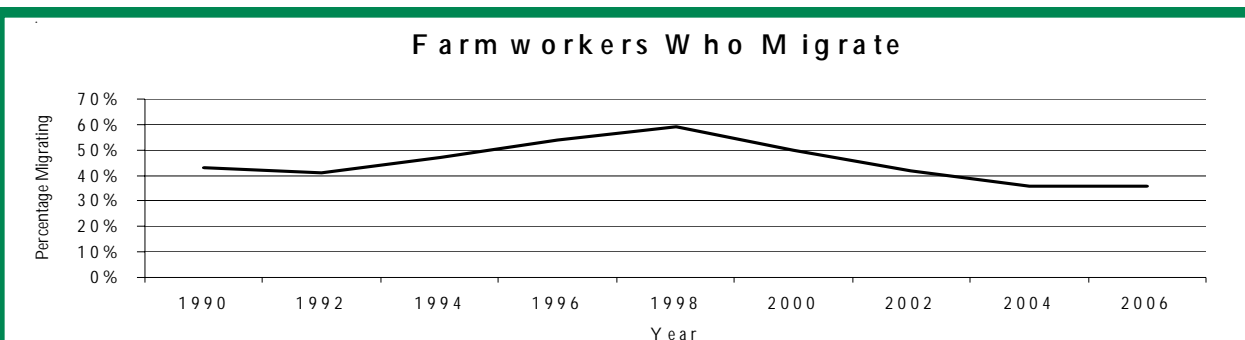
1. *Integration into the community:* With seasonal farmworkers being scattered throughout the community and not concentrated in migrant camps, it is more difficult to target and promote health services to them.

2. *Misperceptions about whether seasonal farmworkers still qualify for services:* When seasonal farmworkers settle out in communities, they may not realize that they still qualify for Migrant Health Center services even though they are not migrating. The same misperception may occur among health center staff, unaware that as long as the patient's "principal employment is in agriculture," they are still eligible for Migrant Health Center services.

3. *Farmworkers engage in other work during the off-season:* Regardless of how patients are earning a living now, patients still qualify for migrant health services if they have done farm work within the last 24 months.

Strategies for Serving Seasonal Farmworkers

1. *Develop a 4-prong approach to outreach:* 1) employer-based outreach, 2) education-based outreach, 3) faith-based outreach, and 4) housing-based outreach. Seasonal farmworkers are not as easy to find as the



For the past few years, the percentage of migrant farmworkers has declined and the percentage of seasonal farmworkers has increased.

Source: Gabbard, Susan. Aguirre Division, JBS International. "Spotting Emerging Trends in Farm Worker Demographics." Presented at Western Migrant Stream Forum. January 27, 2007. Public access data can be found at <http://www.doleta.gov/agworker/naws.cfm>.



Photos courtesy of Joel Pelayo and Maria Antonia (Toña) Sanchez, Promotores from Nuestra Comunidad Sana

migrants who are often found concentrated in migrant camps. By targeting the different ways farmworkers and their family members spend time (at work, in school, at church, and at home), more farmworkers will be reached by your outreach efforts.

2. Recruit seasonal farmworkers to serve on Board of Directors: Farmworker trends need to be understood at all levels of the organization, not just by those directly interacting with patients. A diverse Board can provide insight and perspective into the population you serve.

3. Be clear about the health resources available: No matter how sick they are, seasonal farmworkers, like migrants, will not come to the clinic if they are afraid of the bill—even if they live in the community year-round and know what services are available to them. Make it easy for them to learn about the sliding fee scale and public insurance options. Develop and distribute promotional materials about discount programs, take eligibility enrollment materials to site visits, and organize “patient benefits and eligibility only” outreach events.

4. Find innovative ways to promote your services: Though your seasonal farmworkers may already know your services exist, they might need encouragement to get them through the doors. Use all available means, traditional and creative, to let seasonal farmworkers know that you are available to provide them with affordable and comprehensive services. Organize family-oriented community events (farmworker appreciation festivals, holiday dinners, soccer tournaments), host an open house at your clinic that provides tours, or host a weekly health program via local radio stations.

5. Map out where the seasonal farmworker population lives: Since seasonal farmworkers tend to be dispersed throughout the community, you will have to be proactive about locating them. Mapping where they live, work, and play will help you identify patterns. Ultimately, this will impact the programs and strategies you use to provide outreach to the farmworkers in your area.

6. Take advantage of seasonal farmworkers being there year-round: With a year-round seasonal population, you can focus on long-term health and prevention programs. The relationship building created through your wellness activities will add to the rapport farmworkers have with your clinic. This may compel them to visit your clinic more frequently because they are more familiar with your staff and services.

Consider the following wellness activities that have been implemented at various health centers around the United States:

- Establish a collaborative partnership with the local gym to provide discounted memberships to seasonal farmworker families. Provide gym orientations to the families in the language they prefer.

- Start a community garden. This can be done on a plot of communal land or you can teach farmworkers about container gardening, which can be done in their yards and on their porches.

- Offer healthy cooking and nutrition classes in conjunction with gardening programs. Teach farmworkers and their families about the nutritive value of foods and how to prepare the foods they like in a healthy manner.

- Organize parenting classes, some targeting women and some targeting men, to embolden families to practice healthy lifestyles. “The Importance of the Father” is a class offered at a health center in Alabama; it teaches men parenting skills and imparts important health messages for the entire family.

- Set up an “Eat and Read” club where farmworker parents and children are invited to the clinic once a month for fun reading and health promotion activities.

Seasonal farmworker numbers are expected to grow. As you plan your upcoming activities, decide which outreach activities would be most effective for reaching each population effectively. You may be surprised by the new opportunities available when working with non-migrant, seasonal farmworkers.

Many ideas discussed in this article come from FHSI’s Innovative Outreach Practices Database. Visit <http://farmworkerhealth.org/iopr.html> to learn more. Or, contact FHSI for additional resources and information on how to serve seasonal farmworkers.

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

by Judy Cervantes-Connell, Project Manager

Welcome to FHSI's Health Education Magic Trunk. Below, you'll discover an interactive health education activity designed specifically to help increase farmworkers' knowledge about a health issue. The activity adheres to standard adult and health education principles.

Goal: Prevent heat stress among farmworkers.

Activity Objective: At least 80% of the participants will be able to 1) identify two symptoms of heat stress and 2) understand how to prevent it.

Background Information on Heat Stress:

- Heat stress occurs when the body generates more heat than it releases. It can also occur when the body temperature elevates from extremely hot temperatures.
- Symptoms of heat stress may include: fatigue, loss of coordination and concentration, irritability, muscle pain/cramping, blurry vision, headache, dizziness, nausea, and unconsciousness.
- If farmworkers experience heat stress symptoms, advise them to tell their supervisor as soon as possible, immediately seek shade, rest, and drink fluids.

Prevention Tips:

- Drink plenty of water! Remember to constantly replenish your body with water as you sweat.
- Don't drink liquids containing alcohol, caffeine, or large amounts of sugar.
- Wear sun-protective clothing like a hat and long sleeves.
- Use sunscreen! Reapply when necessary.
- Rest in the shade or a cool place.
- Work at a steady pace; don't overexert yourself.

Materials: Flip chart paper, markers, large duffel bag containing the following: sun hat, sunscreen, water jug, empty bottle of a sports drink, sunglasses, and long-sleeve cotton shirt.

Time Required: 25 minutes

Target Audience: Farmworkers of all ages, especially those who work in fields

Preparation: Prepare bag of props. Using two separate pieces of flip chart paper, draw one large stick figure on each piece. Write the following title at the top of each piece of paper: "My friend _____ is prepared for a hot day in the field."

Activity Guidelines:

- 1) Introduce the topic of heat stress; review background information and prevention tips.
- 2) Ask participants to share practices they typically use to prevent heat stress. Then take each item out of the bag of props one at a time, explaining how it helps prevent heat stress.
- 3) Explain to participants that they will work in small groups on a special activity.
- 4) Divide the group into two subgroups. Distribute flip chart paper with the stick figure image and markers to each group.
- 5) Read the following: A very good friend has recently arrived in your area to work in the fields harvesting tomatoes. The temperature in your area is known to exceed 110 degrees during the tomato harvesting season. Your friend is new to the United States and has never worked in the fields or in very hot weather. As a group, you will have five minutes to prepare your friend for working in intense heat. Using your marker, draw and/or write items that will help them prevent heat stress.
- 6) Reconvene the group. Ask each group to present their image and discuss how they prepared their friend for working in hot weather.
- 7) Answer any questions participants may have and reinforce prevention tips.

Evaluation: After the session, ask each participant to share some symptoms of heat stress and at least one tip for preventing it.

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

US Department of
Labor-OSHA
<http://www.osha.gov>

Center for Disease Control and Prevention
Extreme Heat: A Prevention Guide
<http://www.bt.cdc.gov/disasters/extremeheat>

UC Agricultural and Natural
Resources Information and Outreach
<http://news.ucanr.org>

Theater of the Oppressed *Continued from page 1*

Augusto Boal, a Brazilian theater director, created several Popular Theater techniques that he referred to as "Theatre of the Oppressed." Boal's "Theatre of the Oppressed" methods offer a number of possible approaches for using theater in health education sessions with farmworker populations.

Boal's approach is based on Paulo Freire's *Pedagogy of the Oppressed*, a theory that uses problem-solving exercises aimed to develop critical awareness and empower individuals and communities. Following are descriptions for some "Theater of the Oppressed" techniques that can be used to discuss a number of health related issues with low-literacy populations such as farmworkers.

Collage Theater:

In this technique, actors use an original text (such as Biblical stories, fairy tales, national legends, and folk tales) to create an improvisation that provides the audience with relevant information. Sources that are well known and respected by the community provide excellent material. *Little Red Riding*



Photo courtesy of Jose Blanco F.

Hood, for instance, can be told as a cautionary tale on alcohol abuse or child kidnapping.

Forum Theater:

In this form of theater, the spectator is allowed to stop the action of the play or improvisation at any time in order to suggest ideas for the performance, or even to take over any actor's part. This is a very useful technique that encourages audience members to become involved in the discussion of issues such as STD prevention, pesticide use, nutrition, etc.

Newspaper Theater:

This technique aims to "popularize" the means of communication. The group works on transforming the news into dramatic material using different techniques: alterna-

tive headline reading, representing the action while it is read, improvisation based on the news, representation of stories related to the news, etc. Health related news, for instance, may be presented from the farmworker perspective and in a context related directly to them.

Fotonovela:

Fotonovelas, highly popular in Latin America, employ images and words to tell romance stories. They have been widely used in farmworker education and provide excellent material for improvisation. Fotonovelas can also be used to study a characters' health behavior and act out skits exploring alternatives, or even devise a "health plan" to improve their condition.

Breaking of Oppression:

In this case, a participant reenacts a moment in which he or she felt oppressed or faced a difficult decision.

Possible improvisations and role-play topics include: dealing with safe sex, poor nutrition habits, and lack of care and concern in specific health situations. Other useful approaches are improvisations with

"role-reversal" where a doctor, for instance, plays the role of a patient in order to experience "stepping in someone else's shoes."

"Theater of the Oppressed" techniques increase awareness of the greater social context, and can be used to motivate community organization and empowerment while simultaneously increasing an individual's sense of worth and purpose. The "Theater of the Oppressed" techniques discussed above provide effective tools for health promotion and disease prevention. Collaboration with health professionals is, however, essential to guarantee accurate medical information is always provided both during and after any performance.

Peer-to-Peer Conference Calls

This spring, FHSI will be hosting three Peer-to-Peer Conference Calls open to anyone interested in improving outreach services to farmworkers.

Topics to be discussed include: Transportation Models, Clinical Outreach, and Outreach to Indigenous Farmworkers. Visit www.farmworkerhealth.org in the near future for scheduling information.

Sister Cecilia B. Abhold Award Recipients 2007-2008

Eastern Stream:

Finger Lakes Migrant Health Care Project, Inc.
Penn Yan, NY

Midwestern Stream:

Migrant Health Service, Inc.
Moorhead, MN

Western Stream:

Community Health Centers of the Central Coast
Nipomo, CA

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