

Understanding and Identifying Alcohol Abuse & Dependency *By Liberty Ruibley, Project Manager*

Current research suggests that substance abuse, particularly alcohol use, is a topic that warrants serious consideration when working with migrant and seasonal farmworkers. According to the Migrant Clinicians Network, adult migrant men are susceptible to substance abuse due to several factors, including: poverty, stress, lack of mobility, and lack of recreational opportunities.¹ One recent study in North Carolina reported that as many as 27% of the Latino male farmworkers surveyed engage in heavy drinking, while nearly 40% may meet criteria for alcohol dependence.²

Because alcohol abuse has emerged as a major health concern in the migrant and seasonal farmworker population, outreach workers should

have a basic understanding of alcohol-related issues. It is important to recognize that not everyone who drinks alcohol experiences problems. There are people that consume alcohol in low quantities who will likely experience few or no problems as a result. However there are patterns of alcohol use that do increase a person's risk for experiencing alcohol-related problems. The following definitions have been provided to help clarify some commonly-used terms associated with patterns of drinking that may produce negative consequences. Information from the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) most frequently asked questions about alcohol is incorporated into the definitions below.

Alcohol abuse occurs when a person drinks too

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Health Initiative of the Americas: Binational Community Health Worker Exchange Program

By Judy Cervantes-Connell, Project Manager

During the summer of 2008, I accompanied seventeen American community health workers to the Health Initiative of the Americas' (HIA) weeklong Binational Community Health Worker Exchange Program in Mexico. Though I am not a community health worker, I consider myself lucky to have joined the HIA's Exchange Program. During this week-long event, I had the opportunity to improve my understanding about migrant health issues, available resources, and strategies for better serving the migrant population. This exchange program is designed to unite community health workers from Mexico and the United States. I, along with other participants of this unique exchange, left the program with:

- A thorough understanding of the Mexican health care system;
- An awareness of different socio-cultural and environmental factors that affect the health of Mexican migratory populations; and
- Opportunities for networking with Mexican-based community lay health workers.



Photo courtesy of Judith Cervantes-Connell

Adventures in Mexico City and Puebla

During this exchange program, participants were graciously hosted by local Mexican government officials; they were treated as guests of honor and enjoyed informative presentations, lunches, performances, and cultural events. Following are highlights from this year's exchange program:

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much too often. Frequently this pattern of drinking causes health consequences, legal problems, or social problems as a direct result of the individual's alcohol use. Some of the most typical consequences people experience due to alcohol abuse are related to an inability to fulfill their life obligations. For example, a person abusing alcohol may be repeatedly late or absent from work, have drinking-related medical conditions or injuries, experience relationship problems, be arrested, or cause motor-vehicle accidents.

Alcohol Dependency, or alcoholism, is present across age, gender, race, ethnicity, and socioeconomic status. Alcohol dependency is considered a chronic disease that can be treated but not cured. Developing alcohol dependency is related to several factors, including lifestyle choices and family history. An alcohol-dependent person often experiences at least some of the social, legal, and health problems outlined above, but the individual is physically dependent on alcohol as well.

- Alcohol dependency is often associated with an intense desire to drink, usually referred to as cravings.
- Once alcohol-dependent individuals begin drinking, they usually lose control of when they will stop or how many drinks they will have on any one occasion.
- Alcohol-dependent people will likely experience some form of withdrawal after they stop using alcohol, a sign of physical dependence. Symptoms of withdrawal may include nausea, sweating, shakiness, or anxiety.
- Over time, people who are alcohol dependent are likely to notice a difference in their tolerance level to alcohol. Usually, it will take more and more alcohol to achieve the same intoxicating effects.

Sometimes it can be difficult to know if a person's drinking is problematic. There are four questions that can be asked to help determine if a person's alcohol use is a cause for concern. It is recommended that a trusted person ask these questions in a private setting to encourage honest, direct answers.

The NIAAA indicates that if a person answers

"yes" to any of the following questions, an alcohol problem is possible.

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?



If a possible alcohol problem has been identified, it is best to refer the person to a professional who can assist him or her in determining the extent and need for further treatment. Find out what assistance is available in your community in advance. Have a listing of possible suggestions readily available. When approaching the farmworker, consider your timing. It is best if the person is sober and calm. Choose a safe, quiet, private setting to offer your referral information. Every situation is unique and personal discretion should be used. If there is ever any question about the best possible course of action, it is always a good idea to seek guidance from a supervisor or an addictions specialist.

For more information and resources about alcohol, alcoholism, self-help support, and treatment considerations, please reference the following resources.

- National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov
- Alcoholics Anonymous: www.aa.org
- National Clearinghouse for Alcohol and Drug Information: <http://ncadi.samhsa.gov/>
- The National Drug and Alcohol Treatment Referral Routing Service: 1-800-662-HELP (4357)

1. <http://www.migrantclinician.org/print/320>
2. Grzywacz, Joseph, et al. "Alcohol Use Among Immigrant Latino Farmworkers in North Carolina." *American Journal of Industrial Medicine*. Vol. 50, Issue 8, June 2007; 617-625.

Recipients of the 2008-09 Sister Cecilia B. Abbold Award for Innovation in Outreach

lth Program, Augusta, ME

Western Stream: *Clinicas de Salud del Pueblo, Inc., Brawley, CA
and Avenal Community Health Center, Avenal, CA*

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El Herbario at the Instituto Mexicano del Seguro Social

At the *herbario*, biologist Abigail Aguilar Contreras from the Instituto Mexicano del Seguro Social provided an engaging overview about the Mexican native plant catalog project. The herbario holds records of over 15,000 native plants used by Mexicans for medicinal purposes; each record contains the plant's scientific name, medicinal properties, and cultural uses. Dr. Abigail encouraged the exchange participants to dialogue with patients at every opportunity about traditional practices: "the best way to learn about traditional medicine is to simply ask the patient." Dr. Abigail also advised lay community health workers to keep a journal about plants used by their migrant patients.

The Albergue and the Centro de Educación Nutricional in Zacapoaxtla, Puebla

Exchange participants were officially greeted by Mexican lay health workers and members of the Nahuatl community. Many were overwhelmed with emotions brought on by the warm, beautiful, and culturally rich bienvenida ceremony hosted by staff of the rural hospital and municipal government. Nahuatl women wore traditional dress and showered participants with flowers and affection, causing several U.S. health workers to lament about how most immigrants on the other side of the border are not typically treated with the same humanity and kindness.



Photo courtesy of the Instituto Mexicano de Seguro Social, Oportunidades

The exchange program participants also toured a rural hospital and a rural nutrition center called Centro de Educación Nutricional. At the center, several nutritionists shared best practices for collaborating with rural community health workers and demonstrated how to prepare traditional Mexican foods such as tacos and shrimp cocktails using the same soy commodities offered to low-income families in the program.

The group later visited the hospital's Albergue (shelter), a facility created by the Mexican government for the families of low-income patients living in remote areas of the municipality. Here, the exchange program participants learned how important it is to have family physically close to the patient. After seeing the facility's gender-specific sleeping quarters, kitchen, and common area, the staff at the Albergue emphasized that family unity is wholeheartedly embraced by the

Mexican population and deemed an essential part of a hospitalized patients' recovery.

Indigenous Midwives and a Traditional Healer in Yoanahuac, Puebla

The exchange program participants also visited a Centro de Atención Rural (rural health center) in Yoanahuac, Puebla. Here, the group met a traditional healer who shared compelling stories about how the provider includes her in patient consultations; she later led a tour of the health center's on-site herb garden and discussed the medicinal properties of plants such as rue, chamomile, and tepezcohuite. Additionally, U.S. health workers learned about how Nahuatl midwives provide outreach services in remote areas, refer patients, promote family planning, and assist with births. In many instances, the midwives are the sole point of contact for integrating a rural Mexican family into the local health care system.

Health Promotion at the Centro de Atención Rural al Adolescente

At the Unidad Médica Rural in Yoanahuac, Puebla, exchange participants toured the Centro de Atención Rural al Adolescente, one of 3,617 health promotion centers (where health education and support services are offered to youth in Mexico's rural countryside). Here, Mexican youth ages 13-16 demonstrated popular education theater and facilitated a sexual and reproductive health education bingo game for the visiting health workers. Afterwards, the exchange partici-

pants were able to ask candid questions regarding cultural perceptions of pre-marital sexual relations, family values, and health trends among youth migrating to the U.S. The group was particularly impressed with the concerted effort exhibited by this program to ensure that young U.S.-bound immigrants are equipped with information that enables them to engage in safe sexual practices. Institute officials commented that they are motivated by the fact that "50% of Mexicans living with HIV contracted the disease between the ages of 15 and 24."

For more information about the Health Initiative of the Americas' Binational Lay Community Health Worker Exchange Program, visit: http://hia.berkeley.edu/promotoras_exconf.shtml

Addressing Worksite Sexual Assault and Harassment of Indigenous Farmworkers

by Nargess Shadbeh, Farmworker Program Director,
Oregon Law Center & Cassie Caravello, Program Assistant, FHSI

Farmworkers face high risk factors for sexual assault in their work place. Workers who fear losing their job and home, and face the possibility of deportation, will hesitate to report violations of any legal provisions protecting them from sexual harassment and assault at work. Even this assumes that the workers are informed about the basic protections available to them and that they are able to operate linguistically and culturally within our systems to report such incidents in the first place.

Indigenous farmworkers, however, face a particularly high degree of risk, due to increased linguistic and cultural isolation. Our systems of health care, justice, and social services are also often unprepared to serve them. In addition, a long history of discrimination brought from Latin America has given indigenous people from remote areas of Southern Mexico or Central America the lowest status and least desirable jobs among farmworkers in the United States, making them even more susceptible to exploitation of every kind, including sexual harassment in the workplace.

A collaborative partnership based in Oregon called Proyecto en Contra de Acoso Sexual en el Campo (Project Against Workplace Sexual Assault in the Field) has an outstanding and in-depth model to address workplace sexual assault and harassment of indigenous farmworkers. The indigenous community educators are the core of the project; together they speak three indigenous languages of Mexico (Mixteco Alto, Mixteco Bajo, Triqui) as well as Spanish. This collaborative project, led by the Oregon Law Center, seeks to:

- Inform indigenous farmworkers about sexual assault and harassment in the workplace and provide them with the steps (with legal, medical, and other types of support) they can take should it occur, and
- Increase the indigenous and Latino farmworker communities' support of victims and participate in building a model to break through a variety of barriers. These barriers may include taboos on discussing sexual issues and the lack of cultural and linguistic services available through U.S. justice and health care systems.



The Proyecto's Community Educators, photo courtesy of Oregon Law Center

Set Up Strong Collaborations

The Oregon Law Center's Farmworker Program, the farmworker union PCUN, and the Virginia Garcia Memorial Health Center are partners in this project funded by the Robert Wood Johnson Foundation's Local Funding Partnership (LFP) and the Kaiser Permanente Community Fund at Northwest Health Foundation. A number of universities also participate, lending in-kind support such as nursing students and researchers. Together they are forging a model for a multidisciplinary collaboration that can be replicated in other regions.

Learn Farmworker Needs

The indigenous community educators have been vital to the success of the program since its inception. With their help over the past three years, the the Proyecto en Contra el Acoso Sexual en el Campo has conducted a series of focus groups with indigenous farmworkers to provide the project with a better understanding of



the needs of indigenous Mexican and Central American communities in Oregon regarding sexual harassment and assault.

As a result of the focus groups, the project now conducts targeted outreach, including home visits or

visitas caseras. Sexual assault is particularly difficult to discuss in indigenous farmworker communities. The project focuses on gaining support from within the communities for victims of sexual harassment or assault in the workplace. After numerous *visitas*, the project's community educators have found that not only women, but also entire families are anxious to learn about the protections offered to them under the law. For this reason, both male and female farmworkers participate in the *visitas*.

Conduct Multi-Tiered Outreach

The Project's community educators, with assistance from the project coordinator, have developed a variety of outreach activities in order to respond to the unique needs of indigenous farmworker communities, including the following:

1. Home visits, called *visitas*, are small-group conversations addressing sexual assault or sexual harassment, conducted in the home of a farmworker.
2. Radio *novelas* are multi-chapter stories about worksite sexual harassment and assault and what to do about it. They will eventually be adapted into Mixteco Alto and Bajo, and Triqui.
3. Picture *novelas* visually explain scenarios, and are a useful outreach tool for low-literacy groups.
4. 30-second radio announcements help spread the word about the issue and the project.
5. CDs with *novelas* and legal information are distributed widely to the community.

Establish Organization-Wide Protocols

The project is drafting a protocol to help a health center identify and respond to this issue. The protocol is based on the Oregon Attorney General's Sexual Assault Task Force Community Protocols for Sexual Assault Forensic Examinations. They are being adapted to respond to the specific needs of indigenous communities. The protocols will attempt to mediate the forensic need for physical evidence in a sexual assault case with the cultural considerations necessary when treating an indigenous victim. For example, a cultural belief may call for a *limpia*, or ritual cleansing, after a traumatic sexual



Community Educators broadcasting a Radio Novela, photo courtesy of Oregon Law Center

experience. Although a provider will not provide a *limpia*, understanding this cultural belief could increase the trust between the victim and provider. In addition, the protocols will include a trained patient advocate on call for providers in order to assist in addressing the cultural health beliefs of the patient.

For more information about the Proyecto, contact Nargess Shadbeh, Farmworker Program Director at Oregon Law Center: nshadbeh@oregonlawcenter.org (503) 473-8328.

Considerations When Discussing Sexual Harassment and Assault with Indigenous Communities:

- **Language**—Mixteco Alto, Mixteco Bajo, and Triqui are among the languages spoken by the project's target community. Every attempt is made at a 'language match,' in which the community educator speaks the preferred language of the host.
- **Translation**—the words "sexual assault" or "harassment" may not exist among some indigenous communities. In this case, the community educator will explain the concept through a story or example.
- **Literacy**—many indigenous languages are no longer written in a common form. For this reason, outreach and education are provided one-on-one orally or through audio outlets such as radio and CDs.
- **Icebreakers**—because sexual assault is a sensitive topic, it is best to begin a home visit with an icebreaker, or *dinámica*, to increase the comfort of those present.
- **Bringing food**—on home visits, taking some culturally-appropriate food to the gathering can lighten the mood and increase trust and comfort.
- **Provision of childcare**—a host may feel more comfortable sharing experiences when children are out of earshot but in a safe place with supervision.
- **Knowledge of sending communities**—learning as much as possible about the dynamics, history, and customs of indigenous communities helps the community educators conduct outreach. A lot of knowledge comes from the educators' own experiences, but much is also gathered through work with the communities.
- **Cultural health beliefs**—many indigenous farmworkers have never received formal health care services, but instead trust and rely on traditional healers. Knowing and respecting such beliefs is vital to breaking barriers to care.
- **Patience, the process can take time**—sexual assault and harassment are difficult topics regardless of culture. It may take multiple visits for someone to open up.

Health Education Recipe: Medical Rights & Important Documents

By Heather Gardner, Senior Project Manager

Goal: To increase migrant farmworkers' understanding of their medical rights and the importance of keeping all important documents on hand when moving from one place to another.

Activity Objective: At least 80% of participants will be able to mention three medical rights and three key health-related documents that they need to keep with them as they travel for work.

Materials: Balloons, music, samples of important documents, plastic bag

Time: One hour

Target Audience: Migrant farmworkers (and their families)

Background Information:

One challenging issue in farmworker health is establishing continuity of care. Often, when a farmworker visits a health center with a health concern, the clinic staff will discover during triage that the patient received medical attention for the same condition at a different clinic. Since farmworkers generally move frequently, often without many belongings, it can be difficult to piece together an accurate health history. A patient may not always remember or have documentation for medications previously prescribed or what condition was diagnosed. This can present challenges for both the farmworker and the clinic staff, who must often then research where the farmworker lived previously and try to contact the facility where he or she received medical attention.

Many farmworkers travel with their families, which often include school-aged children. Due to the nature of migrant farm work, some children may attend two or more schools each school year. Certain documents are required to enroll children in school and not having them can significantly delay the school enrollment process.

Preparation: Collect sample important documents from your organization or others in the area. Where helpful, consult other staff (i.e. eligibility specialists, providers, case managers, front desk staff, etc.) for suggestions. Next, have each of the following questions written on a piece of paper; fold each one, and insert it into a deflated balloon. Inflate each balloon with one of the following questions inside:

- Do you have the right to ask for copies of services received when visiting a doctor, clinic, or health department?
- Can you ask for copies of your child's school records if you are leaving the area and you know your child will be enrolling in another school?
- Is it important to keep copies of records of any medical condition you may have or service you have received?
- Why is it important to keep copies of records of any special medical condition you may have or service you have received?
- What papers and records are important to always carry with you as you travel? Why are they important?
- Whose responsibility is it to maintain papers and records in good condition?

Activity Guidelines:

1) Introduction: Introduce the topic of medical rights and important documentation. Discuss what we mean by "medical rights" and "important documentation." Have the group brainstorm examples of important medical documents. Ask the group why they think it is important to discuss this topic.

2) Balloon Activity: Inform participants to create a circle and explain the activity to the group. Give one balloon to one participant. When you turn on the music, participants are to pass the balloon around the circle. When the music stops, whoever has the balloon has to pop it and read the question inside (please be sensitive to reading skills – if needed, recruit other participants to read the question or facilitator can read questions). Encourage the participant to answer the question with assistance from other participants. Continue accordingly with each of the balloons/questions.

3) Discuss Sample Documents: Place a sampling of documents on a table and have participants select which ones are important and explain why. Draw on participants' experiences with these documents.

4) Discuss Document Storage: Ask the group how they store their documents; where possible, find out how their approach is or is not working for them. Share other samples you have seen from your outreach experience (i.e. plastic bags, portable file holders, etc.).

5) Review Medical Rights Related to Record Keeping: Review essential medical rights with the group, including topics such as privacy considerations and accessing health records.

6) Q & A and Closure: Invite the participants to ask you or each other any questions. Thank participants for their contributions and insights.

Suggested Evaluation Technique:

Using the questions for the balloon activity, consider the following:

- For yes/no questions – Have participants stand-up if they agree ("yes"); if no, they remain seated.
- For open-ended questions – Have individual participants respond to each question.



Texas Migrant Care Network: Ensuring Medicaid Portability

By Jana Blasi, Deputy Director, Texas Association of Community Health Centers

Are you serving migrant patients enrolled in Texas Medicaid? Do you want to get reimbursed for the services you are providing to these patients? The Texas Migrant Care Network is a program that enables health centers outside of Texas to be reimbursed from Texas Medicaid.

So often, migrant families find it too difficult to enroll in various state Medicaid programs while they are temporarily out of state for work. Health centers must either spend valuable time enrolling migrants in their own state's Medicaid program or simply not get reimbursed for services provided. This new program eliminates the cumbersome process for Texas migrant patients to sign out of Texas Medicaid and enroll in another state's Medicaid program.

In order to improve the continuity of care provided to Texas migrant families, the Texas Medicaid Agency created a nationwide network of providers, the Texas Migrant Care Network. In this network, out-of-state providers are enrolled as Texas Medicaid providers and can bill for the provision of care to Texas migrants enrolled in Medicaid.

Barriers to Care

Texas migrant families that attempt to enroll in different state Medicaid programs each time they enter a new state for work purposes often encounter serious barriers that cause delays in coverage and result in limited access to health care services. Barriers include:

- Lengthy, confusing, and time-consuming enrollment processes;
- Lack of necessary documents and verifications needed to enroll in other states' Medicaid programs;
- Difficulty meeting state residency requirements, since migrants are there on a temporary basis.

Thus, the vast majority of the migrant families from Texas accessing services at out-of-state health centers are treated as uninsured and health centers are not getting reimbursed from Medicaid.



What you can do to support the Texas Migrant Care Network:

- Figure out how many Texas migrants are in your area at peak season. If the number is significant, learn more about this innovative network by visiting www.tachc.org/Programs/TMCN/Overview.asp or www.farmworkerhealth.org/txmigrantcarenetwork.html. There, you can listen to or watch webinars and access other related resources.
- Help us grow into a comprehensive network by either enrolling your health center or spreading the word to primary care providers serving Texas migrants.
- Adjust your messaging to farmworkers and social service agencies. For decades, staff have been educating migrants to sign out of Medicaid before they leave the state. With this new program, Texas migrants should *keep* their Texas Medicaid if they are traveling to a place that has a Texas Migrant Care Network provider. The websites above have a downloadable poster you can hang up in your center.

Solutions to Barriers

To eliminate some of these barriers, the Texas Association of Community Health Centers (TACHC) at the direction of the Texas Health and Human Services Commission are working in tandem to target migrant health care providers and enroll them as providers in Texas Medicaid. Further, TACHC and other organizations are working to identify and assist eligible farmworkers with enrollment in and the maintenance of their Medicaid coverage while in and out of state. Once the out-of-state provider networks are developed, migrant families enrolled in Texas Medicaid will be able to access information regarding locations and services offered by out-of-state Texas Medicaid providers.

In addition to improving access to critical primary and preventative health care services for Texas migrant families, participation in the Texas Migrant Care Network is also extremely beneficial to health centers who are currently serving migrant families from Texas. Health centers enrolled in this network will be reimbursed their Prospective Payment System (PPS) rate to cover their costs of providing Medicaid services to Texas migrants.

The Texas Migrant Care Network benefits everyone serving Texas migrants! Please contact us soon to help you enroll in this breakthrough program.

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