



Farmworker Health Outreach Case Management

by Kristen Stoimenoff, Project Manager

Respondents of FHSI's 2003 National Needs Assessment of Farmworker Health Care Organizations reported that case management is one of the top three activities performed by outreach workers. Moreover, they listed case management as one of the top three activities that they want outreach workers to perform in the next two years.

FHSI is currently working to update our understanding of the components and materials necessary for successful case management in an out-

reach setting and to establish a model for farmworker health outreach case management. FHSI has worked for the past three months with a nationwide core advisory group of farmworker health professionals to identify the challenges inherent in farmworker health outreach case management and to develop recommendations and processes to improve outreach workers' capacity to provide case management to farmworkers.

Farmworker Health Services, Inc. broadly defines outreach as

"the process of improving the quality of life for migrant and seasonal farmworkers by facilitating access to quality health care and social services; providing health education; bringing linguistically and culturally responsive health

Continued on Page 7



Inside this Issue

Case Management 1

Outreach Certification Program 1

Farmworkers and International Development 2

Medical Interpretation 3

FHSI Historic Timeline 3

Data Help Desk: FHSI National Needs Assessment 4

Coming Events and Activities 5

Sister Cecilia B. Abhold Recipients ... 6

Stories From the Field 6

FHSI to Launch a Certification Program for Outreach Workers

by Rita Monroy, Training Programs Manager

FHSI is responding to the need of farmworker health outreach workers from across the nation for more formal training and education in health outreach to farmworkers. A certification program for farmworker health outreach workers will be provided by FHSI beginning in July 2005. FHSI's Farmworker Health Outreach Worker Certification Program is designed for the entry-level to the experienced health outreach worker, and will emphasize a multi-disciplinary approach to delivering health care to farmworker families where outreach is used as a primary vehicle for providing access to health care.

The Certification Program is designed only for health outreach workers who are currently involved in reaching out to farmworker families and wish to obtain a more formal education and learn outreach techniques that are specific to the farmworker community. In order to be eligible for the program, a health outreach worker must be currently working with farmworkers and their families. Candidates that successfully complete all the elements of the certification program will receive a certificate that will award the designation of Certified in Farmworker Health Outreach (CFHO).

The objectives of the Certification Program are as follows:
-To raise the standards of and improve farmworker health outreach practices.
-To identify persons with demonstrated knowledge of the principles and practices of farmworker health outreach.
-To acknowledge an individual's specialized knowledge, understanding and competency to the entire farmworker health community.
-To develop the foundation for future leaders in the farmworker health field.
-To encourage qualified persons to continue a program of professional development that is

Continued on Page 2

Migrant Farmworkers as an International Development Issue

by Amanda Rives

Each farmworker has a story to tell about how he or she came to be planting and harvesting in the U.S. rather than working in his or her home country. As service providers, we often hear tales of difficult and dangerous journeys to the U.S., and all too often of supporting extended families, children left behind, poverty, and of a lack of opportunities back home.

We often don't understand how international development impacts migrant and seasonal farmworkers. However, policies formulated and implemented by the World Bank, the World Trade Organization, the U.S. Departments of State, Justice, and Commerce, the U.S. Agency for International Development, and a host of other agencies and organizations at the highest echelons of decision-making profoundly affect the individuals we serve, for better and for worse.

For example, bi-lateral trade agreements such as the North American Free Trade Agreement (NAFTA) and Central American Free Trade Agreement (CAFTA) allow growth that promotes the maquiladora industry in Mexico, Central America, and elsewhere. Maquiladoras are assembly plants located outside the United States that manufacture finished goods for export to the U.S. They are generally not owned by companies in the countries in which they are located and attempt to take advantage of low labor costs, weak regulations, and close proximity to the U.S. in order to maximize their profits. Thus, the maquiladora industry tends to pay low wages, particu-

larly in comparison to the U.S., and provide few worker protections.

Maquiladoras most often employ women and children, who are often dependent on a job in the industry for survival. At the same time, many subsistence and small farmers from the rural areas of Latin America are pushed off their land as they find it more and more difficult to compete with cheap agricultural products from the U.S., or because their land is bought by a large farm or business. Such agricultural competition occurs in part because industrialized countries subsidize their agricultural industry, while developing countries usually do not. Such factors make it hard to earn a living wage and contribute to the motivation for family members to travel to the U.S. in order to work and support families who remain in their native countries.

However, in today's global economy, while capital and knowledge move across national borders instantaneously, the movement of labor is largely restricted. Tightened borders post 9/11 make the trafficking of human beings across borders an increasingly dangerous business. Due to these conditions, and because many people are willing to take high risks in order to enter the U.S. for the possibility of work, human trafficking is a very lucrative business as well. Higher costs have led to increased individual and familial debt for those persons being trafficked into the U.S.

International trade, global labor standards, rural agricultural development, and human trafficking are just a few of the international development issues which impact our clients. As service providers, we need to be aware of the forces

which push farmworkers to come to the U.S., as well as factors like debt and the dangers of human trafficking.

Amanda Rives is a master's student in International Development at American University, and a former Outreach Coordinator at Southern Jersey Family Medical Centers in Hammonton, NJ.

References:

(1) Peters, Enrique Dussel, Facultad de Economia, UNAM. "Recent Structural Changes in Mexico's Economy: A Preliminary Analysis of Some Sources of Mexican Migration to the United States." In *Crossings: Mexican Immigration in Interdisciplinary Perspectives*. Edited by Marcelo M. Suarez-Orozco. Cambridge, MA: Harvard University, 1998.

(2) Reyes, Belinda I., Hans P. Johnson, and Richard Van Swearingen. Holding the Line? The Effect of the Recent Border Build-up on Unauthorized Immigration. CA: Public Policy Institute of California, 2002.



Certification - Continued from Page 1

specialized in farmworker health outreach.

-To provide credibility to experienced farmworker health outreach workers and to serve as quality assurance for outreach programs.

FHSI will start receiving certification applications on July 1, 2005. For further information on the program, please contact FHSI at mail@farmworkerhealth.org.

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Interpretation: An Important Tool for Good Communication

By David Daniel, Program Associate

Anyone who knows two languages can conduct an informal interpretation. But would you trust just any person with interpreting medical instructions that affected someone's health? A properly trained medical interpreter does much more than just interpret. A medical interpreter doesn't just have knowledge of two languages; she or he is *fluent* in both. That means that she or he will be able to convey subtle differences in linguistic or cultural meanings. A properly trained medical interpreter will also be familiar with medical terminology and concepts.

Title VI of the Civil Rights Act of 1964 requires any health care provider receiving federal funding to make sure that limited English proficient (LEP) patients have meaningful access to their health services, or that patients can communicate with health service providers. One way to ensure meaningful access to health care services is to translate written documents and posted signs in the health center and/or used by staff, or use an interpreter when staff members are communicating directly with LEP patients.

In the National Standards for Culturally and Linguistically Appropriate Services in Health Care, the Department of Health and Human Services has set the standard for the most preferred method of interpretation: a bilingual staff member that speaks directly with patients in their preferred language. If such

Continued on Page 7

Celebrating 35 Years of Leadership and Innovation in Farmworker Health

As part of a year long celebration for our 35th Anniversary, FHSI would like to highlight some of our achievements over the years. FHSI will also be sponsoring events at the Western Migrant Stream Forum and the National Farmworker Health Conference ~ please check out the respective conference brochures for scheduled activities and stop by our booth to join us!

1970s

1970 Under the leadership of Sister Cecilia B. Abhold and the National Migrant Worker Council, Farmworker Health Services, Inc. (formerly East Coast Migrant Health Project) is founded.

1974 Farmworker Health Services, Inc. (FHSI) receives initial funding for the inception of the East Coast Migrant Head Start Project.

1975 FHSI pilots the East Coast Entitlement Project in conjunction with the Palm Beach County Health Department, the Florida Department of Health and Rehabilitation Services, and the U.S. Department of Health and Human Services.

1980s

1983 FHSI administers the Migrant Assurance Program, a voucher system implemented through FHSI to guarantee medical services for farmworkers from private physicians in Virginia.

1984 Through the National Migrant Worker Council, FHSI receives funding for a sister organization in the Midwest stream, marking the inception of Migrant Health Promotion. In 1989, Migrant Health Promotion spins off and self incorporates.

1987 FHSI functions as a financial conduit for the Redlands Christian Migrant Association, Associated Schools and Colleges of Optometry, and the Center for Migration Studies.

1990s

1990 FHSI conducts the Florida Freeze Project. Because of FHSI's four month emergency relief project, an additional 16,000 farmworkers receive health and social services.

1994 The National Migrant Worker Council disbands after 24 years of dedicated service to our nation's farmworkers. FHSI officially self incorporates as the lead agency.

1999 Since its inception, FHSI has expanded from 5 counties in 4 states to 90 counties in 17 states. During this time, FHSI estimates that it has served over 1.5 million farmworkers.

2000 - 2005

2000 FHSI turns 30 and initiates a transition to a technical assistance role by leveraging its direct-service experience and leadership in health outreach, health education, and prevention strategies.

2000 FHSI publishes the Curriculum for Outreach Centered Health Education (COCHE™). COCHE™ is the first and only national, comprehensive health education curriculum developed exclusively for farmworkers and with direct farmworker input.

2001 FHSI expands nationwide and extends its services to over 125 M/CHCs and MVPs.

2002 FHSI publishes the nation's first National Needs Assessment of Farmworker Health Outreach Programs.

2005 After 35 successful years, FHSI remains the most experienced national nonprofit organization dedicated exclusively to advancing farmworker health.

December 2004

Using Findings from the 2003 National Needs Assessment of Farmworker Health Care Organizations

by Naomi Tein, Operations Administrator

One of the most important aspects of any needs assessment is applying the findings in a way that benefits your organization and the population you serve. In the spring of this year, FHSI conducted the *2003 National Needs Assessment of Farmworker Health Care Organizations* based on data collected from 78 migrant/community health centers and migrant voucher programs nationwide. The report provides findings and recommendations which can be used by outreach programs to plan for the future and to assess their own work in the context of national and regional trends. Programs can apply needs assessment findings on various levels: individual, programmatic, organizational, community, and regional. The following are some mechanisms for using the findings and implementing the recommendations outlined in the *2003 National Needs Assessment of Farmworker Health Care Organizations* (findings and recommendations are also summarized on the opposite page).

Individual: As an individual, you can become educated and act to improve your own work and the work done by your outreach program and staff.

- 1) Act as an advocate for your farmworker outreach program. If, for example, your organization has not conducted a farmworker community needs assessment within the past two years, convene a planning committee at your organization, partner with community groups, and commit to conducting an assessment within the next six to eight months.
- 2) Using FHSI's needs assessment findings as a guide, learn what you

can about your own community. For example, learn about ethnicity, language, and needs in your area and use what you have learned to raise the awareness and cultural competence of staff at your organization.

Programmatic: Overall, programmatic findings in the *2003 National Needs Assessment of Farmworker Health Care Organizations* illustrate the common practices, needs, and structures of outreach programs nationwide. There are a number of strategies for making FHSI's needs assessment findings useful at the programmatic level.

- 1) Identify how your program compares to other programs within your stream by looking at indicators presented in the report. For example, look at the average staffing ratios of outreach programs in each of the migrant streams. Compare your program's information with the statistics presented in the report to inform your program planning and grant writing.
- 2) Consider how the recommendations presented in the report can best fit with your program. For example, determine the extent to which your program has met the recommendation for conduct-

ing a farmworker needs assessment in your service area, and modify or adjust the recommendation based on your program's accomplishments and unique needs.

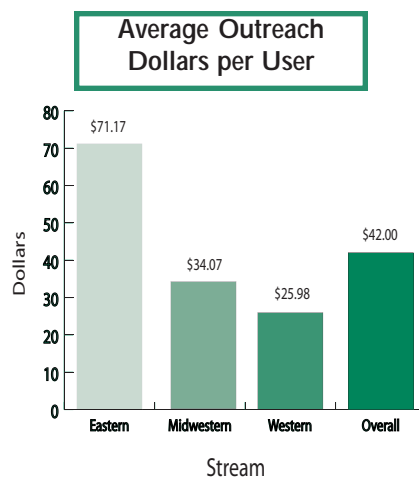
Organizational: At the organizational level, the needs assessment findings underscore the importance of outreach and organizational infrastructure elements, which impact the program and the rest of the organization.

- 1) Share the *2003 National Needs Assessment of Farmworker Health Care Organizations* with other departments in your organization, and keep staff outside the outreach program informed about how you are using the findings and recommendations presented in the report. By doing so you will educate other staff about farmworker issues and the outreach program, as well as improve communication structures between departments.

- 2) In making decisions about implementing any of the recommendations presented in the report, or acting on the assessment's findings, make sure that your outreach plan and activities are consistent with your organization's mission and general health care plan.

Community: It takes a community, not just one health care organization, to meet complex farmworker needs. As the needs assessment findings highlight, some of the most common farmworker needs -housing and transportation- are not necessarily provided directly by health care organizations.

- 1) While some social service needs may be provided indirectly through the health center or out-



reach program, more often outreach staff address these types of farmworker needs through case management referrals to community agencies. Assess your own organization's process for addressing these types of needs and make improvements where needed by expanding referrals and collaboration with other agencies.

2) If there is no farmworker coalition in your community, the needs assessment findings give you an idea of the types of agencies to convene as a coalition. If there is a coalition, consider using the findings for grantwriting purposes to expand the coalition's activities.

Regional: Sharing best practices is a great way to improve farmworker health outreach programs and improve services for farmworkers. At the regional level, farmworker-serving health care organizations can start or continue a dialogue with each other about the status of outreach programs in their area.

1) Do the needs assessment's regional findings represent desired benchmarks in your stream? Work with other centers and programs in your area to determine how programs within the region can raise the level, quality, and consistency of services provided.

2) The needs assessment findings can also be a catalyst for regional organizing and information exchanges among organizations in your region. Use the findings to suggest areas to focus on, making sure to check-in with each other and get a current idea of your region's needs.

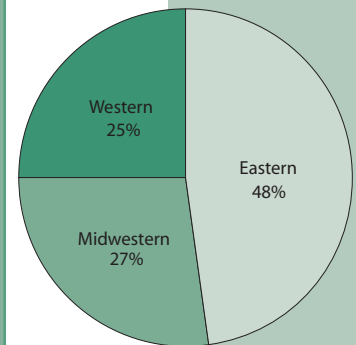
To receive a copy of the *2003 National Needs Assessment of Farmworker Health Care Organizations*, or for more information on findings or recommendations, contact Kate Gleason at kate@farmworkerhealth.org.

Key Findings and Recommendations from the 2003 National Needs Assessment of Farmworker Health Care Organizations

Results based on 2003 data from 78 migrant/community health centers and migrant voucher programs.

- 1) If you have never done so or have not done so in the past several years, conduct a needs assessment of the farmworker population in your community. Only one third of respondents had conducted a needs assessment in the past year.
- 2) Assess the strengths of your farmworker outreach program and build on them. Respondents most commonly cited staff as the most important element in the success of their programs. Therefore, make full use of outreach staff as advocates for the farmworker community and use outreach staff input when planning in order to most appropriately meet farmworker needs.
- 3) Increase program infrastructure elements in your outreach program. One in two respondent outreach programs does not use a plan for providing outreach services. One third do not have protocols for the delivery of outreach.
- 4) Outreach programs should consider multiple strategies to provide services that are in balance with the ever-changing racial, ethnic, and linguistic makeup of farmworkers in their service areas.
- 5) Increase formal collaboration between outreach and other health system departments. Respondents' outreach programs were likely to collaborate with the medical staff, however collaboration with other departments varied.
- 6) Outreach programs should take full advantage of partnering and networking with other area agencies in order to advocate for farmworkers, improve referral networks, and close gaps in services. Respondents noted that farmworkers' greatest social service needs and barriers to care -housing and transportation- are needs most often met outside of the health center setting. Such a reality makes collaboration vital to meeting farmworker needs.
- 7) Seek to institutionalize cultural competence, including increasing the availability of staff who speak area farmworker languages. Respondents reported varied numbers of staff receiving cultural competency training, with clinical outreach workers, community health workers, and transportation workers being least likely to receive training. Reported staff language abilities often did not meet reported population language needs.

Needs Assessment Respondents by Stream



Upcoming Events and FHSI Activities

December 9-10, 2004: Needs Assessment and Outcome Evaluation Training at Shenendoah Valley Medical Systems, Martinsburg, WV.

January 7th, 2005: Deadline for submitting nominations for the Western Stream Sister Cecilia B. Abhold Award. Info at mail@farmworkerhealth.org

January 15th, 2005: Check your mail for a submission form to have your outreach program featured in FHSI's *2005 Innovative Outreach Practices Report*, coming out this April!

January 27-29, 2005: Western Migrant Stream Forum, San Diego, CA. Call (206) 783-3004, ext. 16 for more information.

Stories From the Field



Farmworkers harvesting sweet potatoes in North Carolina.

Submitted by Steve Davis, Director of Outreach Services, Greene County Health Care, Inc. Greene County Health Care, Inc. is the recipient of the 2004 Sister Cecilia B. Abhold Award in the Eastern Stream.

It was the middle of July and about 95 degrees when I stumbled upon a very sick migrant farmworker out in the middle of nowhere in a very rural part of eastern North Carolina. She was barely conscious and could hardly get to her feet. I immediately took the woman to a medical center in Snow Hill. Upon her arrival, she was given an IV due to extreme dehydration. Then the tests began.... After starting to come around she told us she was 23 years old and had just arrived in North Carolina two days before, after a very long and hard trip across the country. She said she had lost about 20 pounds in the past 3 weeks, but did not know why. She was vomiting and had had diarrhea for the past 10 days. When she arrived at our clinic she only weighed 90 pounds and looked as though she was very close to death.

One week after her first visit to our clinic she was told she was HIV positive. As you can imagine, this was devastating news for her. Fortunately, our clinic has a program for HIV positive patients and we were able to give her the counseling she needed and will continue to need in the future. Our outreach workers serve as her case managers and make sure she gets to all her appointments on time, as well as make sure that she is receiving the medicine she needs. The HIV program at the clinic is able to help her purchase

her medications each month, which usually cost about \$1,000. We are currently in the process of trying to locate year-round work for her, as it will be better for her to stay in one place for a while until she learns how to best manage her illness.

I was taking her home from an appointment the other day and she looked at me with tears in her eyes and thanked me for showing up that day and "saving her life". I think this is a very good example of how important an outreach program is when it comes to serving migrant and seasonal farmworkers throughout the United States. I told her I was just doing my job, but I can honestly say I will never forget her and I will never forget the way it made me feel in my heart to know I had helped her in a time of need. This is something that my staff and I get to experience everyday and we are very lucky to work at a clinic like Greene County Health Care, Inc. that supports and understands the importance of outreach.

As for this young lady, she currently weighs 120 pounds and works side-by-side with men in the fields and never complains or asks "why me?" She understands the importance of living one day at a time and she understands that, "Cada día que tengo aquí es un regalo de dios" which means "every day I have here is a gift from God". I am amazed at her courage and strength, and know that everyone on our staff that has come in contact with her has learned from her and now looks at life a little differently. She has reminded us that just when you think you are the teacher, you discover that you are still the student, and are reminded that one is never too old or too wise to learn from another human being.

FHSI Awards Sister Cecilia B. Abhold Award to Greene County Health Care, Inc.

Greene County Health Care, Inc. in Snow Hill, North Carolina is this year's recipient of the 2004 Sister Cecilia B. Abhold Award in the Eastern Stream for excellence in outreach services.

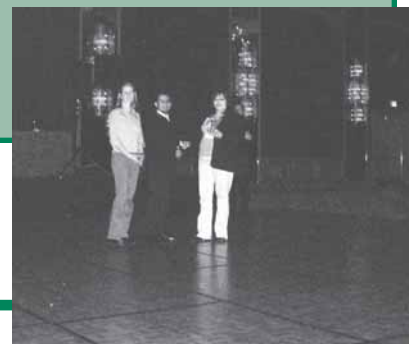
Highlights of their outreach program include: increasing farmworker users by 8,000 over the past five years, adapting services to an emerging Thai population, using clinicians in the field, and conducting community needs assessments each year.



FHSI Awards Sister Cecilia B. Abhold Award to Panhandle Community Services

Panhandle Community Services in Gering, Nebraska is this year's recipient of the 2004 Sister Cecilia B. Abhold Award in the Midwestern Stream for excellence in outreach services.

Highlights of their outreach program include: using medically trained translators to review all farmworker materials, employing bilingual management, medical, and outreach staff, and conducting the Southwest Nebraska Migrant Study in 2003.



Case Management - Continued from Page 1

care to farmworkers; helping farmworkers to become equal partners in their health care; and increasing the community's awareness of farmworkers and farmworker issues."

Based on research and experience, the core advisory group used the following definition in developing a model for outreach case management: "Case management is an outcomes-focused coordination of services which includes assessment of a wide range of needs, service referrals, follow-up and monitoring. Case management requires participation from everyone involved with service provision, connections with formal and informal networks, and culturally competent practices. The outreach case manager manages the interface between the farmworker and health care community."

The case management process should involve the following:

- 1) an initial assessment to identify the farmworker's strengths, resources, problem areas, services needed, and a screening for physical and mental health problems;
- 2) a care plan, developed in collaboration with the farmworker, which outlines desired outcomes and the tasks necessary to achieve them;
- 3) service provision, which may include referrals and follow-up, assistance in completing requests for public assistance, consultations with specialists, family meetings, or other services; and
- 4) monitoring and follow-up.

Cultural competence is very important for effective case management, as respect and understanding will facilitate clear communication and clarify patient needs and goals. Excellent listening skills are also important because these skills can help out-

reach workers uncover a farmworker's "complete message." Finally, strong community partnerships and awareness of local resources will facilitate the case management process and enhance the impact of case management services.

There are differences in the training, approach, and resource base of outreach workers and full-time case managers in health centers and voucher programs across the country. Each center or program should determine the extent to which case management will be a priority of the farmworker health outreach program, and develop clear protocols and training procedures for outreach staff members engaged in case management.

For more information on case management in farmworker health outreach, please contact Kristen Stoimenoff at kristen@farmworkerhealth.org.

Interpretation - continued from page 3

a staff member is not available, interpretation by other staff or by a contracted medical interpreter is the next best choice. As a last resort, a telephone interpreter service may be used (Standard 4, Final Report, HHS, March 2001). Family members, friends, and other non-staff members should *not* be used to translate between staff and LEP patients. If, after being told that a free interpreter is available, the patient still chooses a family member or friend, staff can suggest that a contracted medical interpreter still be present (Standard 6, Final Report, HHS, March 2001).

In addition to the national standards, recent research gives even more reasons to use medical interpreters over non-staff or untrained interpreters. A study of pediatric encounters found that mistakes in

medical interpretation occurred an average of 31 times per clinical encounter and that most of the errors had potential clinical consequences (Pediatrics, Vol.111, No.1 January 2003). The study showed that non-health provider interpreters, i.e. family or friends, were much more likely to make mistakes with potential clinical consequences.

Here are a few tips for interpreting or for using an interpreter:

- If you must use a family member or friend of the patient, avoid using children or members of the opposite sex.

- Interpreters should encourage providers who they are interpreting for to speak directly to the patient. The patient will then know that the provider is speaking *to* them, and not *about* them.

- Avoid technical language and abbreviations unless it is clear that the farmworker patient understands and uses them. For example, instead of "PPD" or "meds," try using "tuberculosis skin test" or "medicines."

- For better accuracy, use shorter units of speech, rather than longer, involved groups of sentences.

- Make sure that important information is repeated. Check to see if the patient understands by asking simple questions that require more than a yes or no answer.

To learn more about how your organization can prepare for these encounters, please contact FHSI at mail@farmworkerhealth.org.

Visit us on the Web at
www.farmworkerhealth.org

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