

## Chapter 1: Getting Started

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Providing services to farmworkers requires that services inside and outside the clinic be accessible and coordinated. For example, enabling services help address barriers that farmworkers face when trying to access the clinic. Programs that are community-based, culturally and linguistically appropriate, and that offer comprehensive and continuous services increase the likelihood that the farmworker patient will get needed services and not be lost to follow-up.

When instituting a farmworker health program that includes enabling services to provide care to migrant and seasonal farmworkers and their dependents at your agency, you may want to consider the following program components:

- Vision and Purpose
- Program Staff
- Core Values and Practices
- Preparing Needed Resources
- Referral Network

### ***An Effective Farmworker Health Program: Vision and Purpose***

The North Carolina Farmworker Health Program (NCFHP) recommends that program services be:

- ***Community-based***, whereas a particular community becomes both the focal point and the catalyst for the enactment and implementation of health-related policy, resulting in the provision of accessible, comprehensive, culturally pertinent and linguistically relevant health services. Also, responding to specific community needs by including mechanisms to get feedback from the farmworker population. Program staff is to spend 70% of their time out of the health clinic/community center reaching and serving farmworkers and 30% of their time tending to the administrative aspects of their work; sometimes working evening, early morning, or weekend hours.
- ***Culturally and Linguistically Appropriate***, employing staff that represent the linguistic, cultural, racial, and ethnic background of the farmworker population in the area; staff that demonstrate the ability to work with populations from diverse cultural, linguistic, and socio-economic backgrounds; and/or staff that have knowledge and experience with farmworker communities and issues.
- ***Accessible Quality Services***, providing enabling services that link farmworkers with existing health care services and, where there are limited accessible primary care services, coordinating extended hour clinics in the camps or at your center, carrying out peer review, and other continuous quality improvement (CQI) measures that address the unique needs of farmworker patients.

Staff is responsible for linking farmworker patients with clinic and other community resources and addressing issues related to the barriers and/or quality of care

Farmworkers must be included in after-hour coverage. Depending on the site, after-hour coverage can be addressed in a variety of ways. At minimum, farmworker patients must be informed of steps to take if they have health needs after hours.

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- **Comprehensive**, offering comprehensive health care for farmworker patients including the delivery of preventive, acute, and chronic care.

Preventive care includes immunizations, family planning, nutrition, well-child, dental screenings, physical exams, Pap smears, and prenatal care.

Acute care includes treatment of infectious diseases, abdominal pain, sexually transmitted infections, minor injuries, and occupational illnesses such as green tobacco sickness, contact dermatitis, and musculoskeletal strain.

Chronic care includes outpatient and follow-up care for the treatment of chronic diseases like hypertension, high cholesterol, diabetes, depression and others.

- **Continuous**, ensuring that farmworkers are not lost to follow-up after referral for specialty care or hospitalization is given and always having an accessible healthcare referral source to send farmworkers to.

A mechanism should be in place for tracking the care of the patient and for transferring records to another site or securing another provider when possible as patients prepare to migrate. Nationwide referral directories are available to assist in this process. Continuity can be achieved using a case management approach.

Hospital-based care may or may not be provided directly, but firm arrangements should be made for those requiring hospitalization. Continuous care would include involvement in discharge planning and follow-up care.

- **Documented**, to capture data about the farmworker population as well as the services rendered to them. NCFHP uses the Farmworker Health Administration System Electronic Services (FHASES), an secure web-enabled database used for management and reporting of farmworker health data. North Carolina Farmworker Health contract sites use this user-friendly system for entering and storing data regarding demographics and the services they provide to migrant and seasonal farmworkers.

### **Program Staff**

Both professional and non-professional staff may provide enabling services. NCFHP uses a nurse and case manager model to facilitate the provision of enabling services. Currently, outreach staff include licensed registered nurses, social workers, public health professionals, student interns and agency volunteers. Enabling services provided at NCFHP's contract sites include community outreach and engagement, program eligibility appraisal, health assessments, health education & promotion, delivery of medications, health-related referrals, language interpretation and transportation to and from clinic appointments, among other services.

Training and/or guidance related to different aspects of farmworker health outreach is provided by NCFHP Central Office Staff on a tri-annual basis, as well as through ongoing technical assistance.

The primary purpose of all outreach staff is to identify where farmworkers work or live, visit farmworker homes/fields, and promote clinic services. They also assist with health assessments,

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health education, case management, interpretation, transportation, referral, service coordination, and other needed services.

**The Program Coordinator** is the key contact for their agency's farmworker health program and has the primary responsibility of coordinating the provision of enabling services to farmworkers. Some program coordinators supervise staff, mainly outreach workers that provide enabling care services to farmworkers, however program coordinators also provide enabling services in addition to other duties.

Program Coordinators have the responsibility of:

- 1) Coordinating/Facilitating enabling services
- 2) Providing enabling services
- 3) Leveraging resources, whether other staff people to contribute services and/or material goods
- 4) Educating the community about farmworkers and their health concerns
- 5) Advocating for farmworkers and the issues that affect their health and quality of life
- 6) Training and Supervision outreach workers and volunteers

They may also conduct assessments of community resources and farmworker health concerns, develop program plans for the season, write grants, monitor finances, conduct focus groups, organize and carry out field and/or evening clinics, make educational presentations/in-service classes to the lay public and to professional groups, represent the clinic at meetings and conferences, and much more. Some agencies have already designated staff to carry out some of these functions and they work closely with program coordinators to administer the program.

**The Outreach Worker** is mainly responsible for finding farmworkers in their service area, conducting home/field visits and promoting clinic services. They may also assist with health assessments/screenings, group or individual health education, and case management services. A program coordinator may also be an outreach worker.

*See Appendix I: Sample Job Descriptions for Program Coordinator and Outreach Worker.*

## **Other Key Enabling Service Staff and/or Roles**

When leveraging other staff, program coordinators may also take on the role of and/or engage the following agency staff to provide services to farmworkers inside and out of the clinic:

**Health Educator**, primarily responsible for building health literacy and healthy lifestyles among farmworkers. A professional Health Educator who is experienced in working with farmworker populations and/or who is aware of farmworker issues and health concerns may share health messages, preferably by using "popular education" methods. Lay health educators, sometimes known as "promotores/as" are essential when working with farmworkers and many times are more effective than most professional health educators in reaching this population.

The North Carolina Farmworker Health Program provides staff with training on effective health education, health modules, and educational material.

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**Case Manager**, primarily responsible for the development of a client-centered action plan, works with farmworkers to address any existing health and social concerns. Professional social workers as well as other social service professionals may also conduct case management. It is recommended that social service workers have knowledge and/or experience in working with farmworker populations. Outreach workers may also assist with case management activities, particularly that of follow-up visits and/or calls.

**Interpreter/Translator** facilitates communication between farmworkers and service providers. A trained interpreter, preferably already provided by the service agency, may provide these services. On occasions, coordinators/outreach workers serve as interpreters/translators when accessing services through the referral network.

**Driver**, provides transportation services to farmworkers accessing health and social services. Preferably, the agency already has in place a mechanism for transporting clients to their services. Program coordinators and outreach workers must be aware of such a mechanism and utilize it, when needed. On occasions, program coordinators and staff have to provide transportation. Arrangements must be made with his/her employer regarding reimbursement of mileage, insurance coverage, and other related issues that arise from transporting clients.

**Advocate**, informs the development of policies and services that address farmworker issues and improve their health and quality of life. The program coordinator and outreach worker may serve as an advocate for the migrant and seasonal farmworker before the health agency, the community, or with other service providers. They may help make services more accessible and appropriate by conveying client preferences and help make clients more aware of what they can do for themselves and their families. Program coordinators and staff may also work with farmworkers and/or mobilize communities around issues that affect farmworker health and quality of life.

If a significant portion of the farmworker population has limited English proficiency, then enabling services staff, particularly the program coordinator and outreach workers, should include bilingual staff that speaks the language spoken by farmworkers in your service area. Linkages should be developed with local health professional schools (i.e. Public Health, Medicine, Nursing, Dentistry, and Social work) that may have bilingual students and students with experience working in cross-cultural settings. Students often need to complete course work in the community and can bring valuable resources to an outreach effort.

### ***Core Values and Practices***

When working with migrant and seasonal farmworkers and their families, it is important that program staff and medical providers abide by the following core values and practices:

#### **Confidentiality**

All farmworkers should be reassured that information they offer is confidential. Aside from being the law, confidentiality of information is maintained for the following reasons:

- It enables the center to control the disclosure of personal information through informed consent.

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- It limits access of others to sensitive information.
- It provides an assurance of privacy so farmworkers will seek help when they need it.
- It protects the individual's right of privacy.

Staff should also be familiar with and abide by their agency's HIPAA rules and regulations regarding personal client information, ensure privacy when conducting services, and provide an interpreter, if needed.

## **Cultural Awareness**

Both medical and enabling care staff should be knowledgeable and skilled in working with individuals from different cultural, racial, ethnic, and socio-economic backgrounds. Staff should participate in ongoing cultural competency trainings and seek to abide by standards set by the Office of Minority Health at the US Department of Health and Human Services regarding the provision of culturally appropriate healthcare services, CLAS. Visit their website at <http://www.omhrc.gov> and click on their Cultural Competency button on their menu and then on "National Standards".

It is recommended that an agency hire staff that represent the farmworker community in their service area and/or that they have experience working with farmworker communities and the issues they face.

## **Time Management**

Program coordinators and outreach staff must be organized in order to get the most out of a limited amount of time with the farmworkers. The following suggestions may help staff prepare in advance:

- Determine when the agricultural season begins and when to expect the arrival of workers.
- Familiarize yourself with when the farmworkers are in the fields and when they can be found at the camps (this may vary from week to week).
- Know what forms are required for receipt of services.
- Maintain a supply of forms in a convenient location.
- Fill out as much as possible the required forms prior to visiting a client.
- Up-date information on community resources.
- Identify and visit new housing or work areas.
- Combine activities that require travel in the same area.
- Carry information (handouts) on health education and community resources most frequently requested by farmworkers.
- Know the hours and flow of community services.
- Enter farmworker data into FHASES weekly, if not daily.

## **Effective Communication**

Effective communication begins with approaching individuals on a personal level. Trust and communication can be built when one finds positive and purposeful reasons to visit a camp. Avoid

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leaving a farmworker home without having meaningful interaction or exchange of dialogue with them. If someone starts to talk about their problems, you may want to encourage them to talk so that you can learn more about the issue or concern before responding. This is dependent on the situation and relationships built in your area.

Seek ways of building trust and confidence with your patients. Be clear about what you can do with and for the patient; only promise what you are sure you can deliver. If they need services that the clinic does not provide, refer them to the appropriate agency and follow up to ensure services were provided and adequately met the need. Educate them about the best ways to get needed services and how to avoid common pitfalls.

## **Collaboration**

Effective collaborations allow program staff to maximize existing resources and build a network of individuals and agencies that are aware of and able to service migrant and seasonal farm workers in the area. Collaboration helps avoid duplication of services and allows for information sharing. When a group develops a collaborative plan for serving farm workers, resources may be used more efficiently and may result in better service delivery that focuses on the farm worker community in their area.

## **Advocacy**

Advocacy may be seen as bridging the gaps in understanding that cause farmworkers to be underserved, poorly served, or even mistreated by certain groups or individuals. As a program coordinator and/or outreach worker, you are in an ideal position to educate and raise the level of awareness and acceptance.

You can advocate on many levels. Frequently just noticing a grimace or disrespectful remark and taking the opportunity to engage the person in open discussion about their attitude can open the door to better understanding. You may also advocate in your workplace by offering speakers, videos or discussions in the form of in-service presentations. In the community at large, you may be involved in media coverage or informational programs for specific groups, e.g. schools, churches, professional organizations.

Advocacy is a tough job. It is best to become familiar with existing advocacy groups and work with them to learn how to address certain issues and/or to influence change in your community.

## **Safety**

The visit to a farmworker camp will reveal much about the camp residents and the living situation. Camp residents may be all young Mexican males, or they may be a couple of local workers. A single family may return to the same small farm every year, or a crew of thirty men may live in barracks, or they may be different individuals each season. An outreach worker may encounter a variety of camp situations. Safety precautions must be taken when visiting camps.

Due to the nature of working independently in the community, reasonable safety precautions must be taken. Ideally, a new community outreach worker should accompany a seasoned outreach

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worker during the first few camp visits until he/she feel familiar with the area and comfortable going out on his/her own. It is advised that staff conducting outreach and/or other needed services outside the clinic consider the following safety precautions:

- Review the health center's safety policy. It may include prohibitions against working or traveling alone or after dark.
- Let your supervisor or other co-workers know where you are going or area you plan to visit.
- Have a reliable vehicle and know what your agencies protocols are regarding automobile breakdowns.
- Carry a county and/or state map in your car at all times.
- Attempt to obtain accurate directions from the clinic, migrant family, crew leader, or grower before making a camp visit.
- Carry a cell phone and a list of helpful phone number with you at all times.
- Wear appropriate dress or follow your health center's dress code.
- Follow your instincts - if you feel unsafe at any time, leave the area immediately.
- Leave a camp or house immediately if you notice that workers are drinking or using drugs.
- Use of seat belts and child/infant car seats when transporting for outreach purposes.

### ***Preparing Needed Resources***

Whether one is starting a program for the first time or reopening for the season, the program coordinator and staff may consider preparing the following resources when setting up their farmworker health program:

- ✓ Office, Equipment, and Supplies
- ✓ Recordkeeping
- ✓ Camp Records
- ✓ Mapping System
- ✓ Field Kits
- ✓ Health Education Material

### **Office, Equipment, and Supplies**

Ample office space should be provided to outreach staff, as needed, whether the agency's farmworker health program operates year-round or on a seasonal basis. The agency must consider size of staff during the season. Although outreach staff spends most of its time outside the office, workstations must be made available.

Program staff needs office furniture, at least a desktop computer or laptop, a locked file cabinet to keep client records, a storage closet, phone and mobile service, internet access, and any other supplies or equipment required to administer the program. Clinic sites are required to use additional supplies and equipment.

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## **Recordkeeping**

Medical records are kept by the agency on each farmworker who receives clinical services. Some sites use a coding mechanism to flag a medical chart as that of a migrant and/or seasonal farmworker.

Enabling care records, such as health assessment and case management notes, are kept by the program coordinator for each farmworker client he or she has had a face-to-face encounter with.

Farmworker information as well as medical and enabling encounters should be entered into FHASHES within two weeks of the initial encounter.

Contract sites must abide by their agency's policies regarding HIPAA. Information about HIPAA standards is available at <http://www.dhhs.gov/ocr/hipaa/>. Summaries of the rules are also available in other languages, Spanish, Vietnamese, Russian, etc.

## **Camp Records**

Over the years, farmworker programs have used a variety of techniques to record individual camp/site information. Some used a system of index cards with printed directions. Other programs used a single form to list the farmworker residents, services provided, and directions to the camp. No matter what method was used in the past, NCFHP contract sites are required to use the site register to document camp information.

The site register is designed to organize important information about farmworker camps. There are spaces for addresses, phone numbers, grower's name, and camp identifiers. A large space is left open under the word "Location" so that detailed directions, maps, and/or sketches can be filled in. The names of the farmworkers residing at that camp can be written under "Residents". Findings from your environmental scan are documented in the box provided. Other helpful information about the site, such as "women and young children", "look out for the dog," or "return within two weeks" can be listed in the "Notes/Follow-up" section.

## **Mapping System**

The program coordinator must determine the best way to map out where farmworkers work/reside in relation to their clinic. Some contract sites use the traditional wall map and tacks to identify camps while others use specialized software and satellite mapping to document where farmworkers are located.

Large county maps can be obtained from the NC Department of Transportation for a small fee. The maps provide a general visual overview of your area. The large visual display is useful for seeing clusters of sites and for locating places where outreach needs to be done. Also, if a farmworker is in the clinic and is having trouble describing where they live, they may be able to show you on the map.

Some programs put more information on their wall maps, such as camp identification numbers, different markers to identify workers either as migrant, seasonal farmworkers, or H2A, and flags for multiple camps employed by one grower.



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Staff is encouraged to use the method that works best for them, keeping in mind that maps must be accessible to other staff serving farmworkers in their area. If sites use computerized maps, the maps must be accessible to medical and enabling services staff at the center and staff must be trained on how to access and use the technology. At minimum, each site must have a wall map.

## **Field Kits**

There are three types of kits that outreach staff should consider keeping with them at all times:

- 1) First Aid Kit should be kept in the car
- 2) Outreach Kit to help keep items on hand when interacting with farmworkers
- 3) Medical Kits hold items needed to provide medical care at camps

These kits must be maintained and restocked frequently to ensure they are up-to-date and that there is enough supply on hand.

See *Appendix II: Field Kits for a list of suggested items to include in kits.*

## **Health Education Material**

NCFHP provides staff with health modules and lists of health education material that sites can order to provide health information to migrant and seasonal farmworkers. Health modules and materials regarding the core farmworker health topics should be kept in outreach worker cars at all times. These materials may be kept in portable filing bins and other sturdy, water resistant boxes.

Avoid keeping compact discs and/or DVDs in the car for extended periods of time since the heat may damage them. Take them with you when you anticipate conducting a health education session at a camp. Consider investing in a portable DVD/CD player.

NCFHP orders some supplies for program staff, particularly those that require bulk order or that must be requested by a state agency. Sites are encouraged to find educational material they find most relevant for farmworkers in their area. NCFHP provides a list of health education material sites can order without the help of the office; some materials are free of charge.

## ***Provider Referral Network***

Program staff may take advantage of the off-season to focus on building the provider referral network; particularly focusing on recruiting primary care, dental, mental health, and other specialty care providers willing to serve farmworkers. Presentations may also be made to social service organizations, churches, and other key service providers.

Program staff may refer farmworkers their referral network participants as a result of assessment findings and/or case management activities. It is important that all referrals be followed up to assure the farmworker accessed services and to get their feedback regarding the service provided.

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Program staff is encouraged to recognize the efforts of other agencies providing services to farmworkers and to demonstrate appreciation for their support, particularly support given by non-profit service organizations, churches, and volunteers.

### ***Referral network providers may include:***

- Primary care providers for children, women, and adults, to include agencies such as Health Departments, Hospitals, Rural Health Centers, Community/Migrant Health Centers, obstetric care providers, etc.
- Specialty care network providers to refer farmworkers to, including cardiologist, dermatologist, general surgery, neurology, orthopedics, ophthalmology, podiatry, urology, mental health and substance abuse specialists, etc.
- Social service agencies for eligibility assistance or Medicaid, NC Health Choice, WIC, food stamps, etc. and/or social support services, such as non-profit community service organizations
- Legal services offices like NC Legal Aid, the North Carolina Justice Center, and others
- Employment and/or workforce training agencies, such as Department of Labor, Employment Security Commission, etc.
- Day care centers and/or early childhood education programs like Smart Start or More at Four
- Migrant Head Start, Migrant Education, and ESL or GED programs at community college
- Farmworker unions, state or local farmworker councils
- Community service organizations, such as Hispanic/Latino centers
- Churches

### ***Your provider referral network directory may include the following information for each agency:***

- Agency category
- Agency name
- Location and contact information, including staff/contact names
- Days and hours of operation
- Services offered and cost of services
- Language support and/or interpretation services
- Any special comments
- Date you last updated information and/or made contact

### ***When building your referral network,***

- Share information about farmworkers in your service area to include challenges, needs, existing resources, successes, etc.
- Discuss how reaching out to / assisting farmworkers will benefit them and the greater community
- Share ways in which the agency/organization can reach out to and/or serve farmworkers in their area, such as providing services, making donations, holding festivals, etc
- Invite agency representatives to accompany you to outreach and meet farmworker families
- Describe how you help them reach this population and services available through your clinic/center