

Outreach Manual

A Guide for Farmworker Health Outreach Staff



Office of Rural Health and Community Care
North Carolina Department of Health and Human Services

www.ncfhp.org

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Access to health care is among the greatest hardships for migrant and seasonal farmworkers. The North Carolina Farmworker Health Program (NCFHP) within the Office of Rural Health and Community Care believes in quality health care for all.

NCFHP envisions access to quality healthcare services for migrant and seasonal farmworkers and their families in North Carolina that is comprehensive, affordable, community-based, continuous, and culturally attuned, contributing to their improved health and quality of life.

The provision of enabling services (outreach, case management, and health education services) helps identify farmworkers in the state and ensures that they have access to primary, preventive, and specialty healthcare services as well as access to health information and linkages to social service providers.

The purpose of this publication is to provide guidance to administrators, program coordinators, outreach workers, and others tasked with incorporating enabling services into their agency's health service approach.

Each chapter is divided into sections that:

- 1) define the enabling service;
- 2) describe how to carry it out;
- 3) outline the required documentation; and
- 4) list questions to consider when evaluating effectiveness.

On occasions, the reader will be referred to other chapters and/or appendices to further expand on a topic.

A significant portion of this manual was taken from the Bureau of Primary Health Care's "Community Outreach Guidance: A Strategy for Reaching Migrant and Seasonal Farmworkers" dated February 1994. In addition, content for this manual draws from expectations and experiences specific to the North Carolina Farmworker Health Program and its contract sites.

For more information about the North Carolina Farmworker Health Program or for additional copies of this publication, visit our website at www.ncfhp.org or contact us at:

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The North Carolina Farmworker Health Program (NCFHP), within the Office of Rural Health and Community Care of the North Carolina Department of Health and Human Services, is a nationally recognized Migrant Health Voucher Program funded by the Bureau of Primary Health Care, Health Resources and Services Administration (HRSA). NCFHP works with a state-wide network of community resources to improve the health of migrant and seasonal farmworkers and their families residing in North Carolina. NCFHP’s model relies heavily on an enabling services approach of linking workers with appropriate and needed services.

The Bureau of Primary Health Care (BPHC), or “The Bureau” as it will be referenced in this manual, is an office within the Health Resources and Services Administration of the US Department of Health and Human Services. The Bureau “... has its roots in the Migrant Health Act of 1962 and the Economic Opportunity Act of 1964, which established funding for the first community-based clinics that were to become today’s Health Center Program. HRSA has helped fund, staff and support a national network of health clinics serving millions of people who otherwise would have little or no access to care.” (Health Resources and Services Administration [HRSA], n.d.)

In addition to providing funds to support health centers, the Bureau provides guidance and aggregates data to promote the most effective and efficient health service delivery models.

Outreach as part of the “Enabling Services” Approach

Enabling Services, as defined by the Bureau of Primary Care: “... support and assist in the delivery of primary care services and facilitate access to care.” (Bureau of Primary Care, UDS Reporting Manual)

Enabling services are a critical component of meeting the health care needs of migrant and seasonal farmworkers. The goal is to facilitate healthcare service delivery and improve health conditions for migrant and seasonal farm worker. Enabling services have been found to increase the number of migrant and seasonal farmworkers, as well as other disenfranchised and/or hard to reach populations, that access migrant and community health centers and other agencies. They ensure linkages and communication between healthcare agencies and farmworkers and provide needed services that address the barriers farmworkers face.

Community and migrant health centers have gained substantial benefits from implementing enabling strategies to their healthcare delivery. A farmworker health program must be aware of what enabling services are needed in his/her area and seek to provide them, such as outreach, case management, patient education, translation, transportation, and other related services. Provision of these services should be monitored and documented to determine reach and effectiveness.

The North Carolina Farmworker Health Program focuses on the provision of the following enabling services to migrant and seasonal farm workers and their family members:

- Outreach
- Health Assessment/Screenings
- Case Management
- Health Education
- Other Essential Enabling Services (ie Interpretation, Transportation)

Each chapter in this manual will guide the reader on how to incorporate these services in their delivery of care to farmworker families in your service area.

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.

- **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), a 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,

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.

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.
- 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 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 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.

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 FHASES 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.

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.

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

DEFINITIONS

The North Carolina Farmworker Health Program embraces the definitions used by the Bureau of Primary Care, the US Department of Labor, and the US Department of Agriculture. These definitions can be used to determine eligibility for services.

Agricultural work refers to farming in all its practices, such as...

- The cultivation and tillage of the soil
- The production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on the land
- Any practice (including preparation and processing for market and delivery for storage or to market or to carriers for transportation to market) performed by the farmer or on a farm incident to or in conjunction with an activity previously mentioned

Agriculture includes cultivating or harvesting crops on or in the land, and/or preparing crops for market or storage. Crops include fruit and vegetable field crops, Christmas trees and wreaths, orchards, nurseries and greenhouses, harvesting of wild plants, and reforestation.

Migrant farmworkers are individuals who are required to be absent overnight from a permanent place of residence for the purpose of seeking employment in agricultural work and who have been so employed within the last 24 months. Migrant farmworkers may travel from other states "following-the-crop" or come from other countries as a guest worker with an H-2A contract or documented families.

The H-2A Agricultural Program under the U.S. Department of Labor makes available temporary visas under the H-2A Agricultural Program to allow farmers who anticipate a shortage of domestic workers, to bring non-immigrant, foreign guest workers legally to the United States to perform agricultural work for a season. North Carolina is by far the largest user of this type of temporary agricultural visa with over 8,000 H-2A workers. In 2011, the state Employment Security Commission reported 9,050 workers.

To learn more about the H-2A Agricultural Visa Program visit the US Department of Agriculture website at <http://www.usda.gov/oce/oce/labor-affairs/affairs.htm>

Seasonal farmworkers are individuals who are employed in agricultural work but do not move from their permanent residence to seek agricultural work. They may also have other sources of employment during the non-agricultural season.

Crew leaders are individuals who work independently to recruit workers from other countries or states to work as farm labor; some farmworkers come with and work for a crew leader. These individuals often serve as a middleman between the farmworker and the farmer, providing

Chapter 2: About Farmworkers

transportation, labor, housing, and other services for a fee. Crew leaders must have a license to employ farmworkers. Those found violating labor or housing regulations, if reported, will lose their license.

The North Carolina Growers Association is one of the oldest institutions to bring H-2A workers to the state. In recent years, more entities like the Growers Association are emerging to provide workers to North Carolina farmers. Migrant farmworkers who work for the same grower year after year may bring family members and friends, as the labor needs demand.

Farmworker Facts

American farmers depend upon migrant and seasonal farm workers to aid in production and harvesting of crops, which has historically been a mobile, temporary, low-wage labor workforce. The U.S. Public Health Service estimates a total of 3.5 million agricultural workers in the United States. In North Carolina, population estimates range from 100,000 to 300,000 agricultural workers, making it fifth in the nation with the largest population of migrant and seasonal farm workers according to “The Migrant and Seasonal Farmworker Enumeration Profiles Study, North Carolina” (2000) by Alice Larson.

Migrant and seasonal farmworkers contribute to North Carolina’s economy by providing affordable labor working in a variety of crops from the coast to the piedmont to the mountains.

Migrant farmworkers usually travel to and from southern and northern states within an agricultural stream. They may have their home based in one of the southern states and move north. They may also come from other states like California, Texas, and Florida and/or come from other countries such as Mexico, Guatemala and Haiti.

AGRICULTURAL STREAMS

The United States is divided into three sections to coordinate the areas of agricultural production – the western stream, the mid-western stream and the eastern stream.

The Western stream goes through California (the state which employs the most farmworkers and has the longest growing season), into Oregon and Washington.

The Mid-western stream starts in Southern Texas and goes in several directions. Those who follow harvests start in Texas, travel to the Great Lakes Region or to the Rocky Mountain area and the Northern Pacific, often looping back through the Panhandle.

The Eastern stream starts in Florida, following local crops up the coast into states such as Georgia, Virginia, Pennsylvania, New York, New Jersey, Michigan and Maine. North Carolina is part of the Eastern stream.

AGRICULTURAL SEASONS

Spring - Migrant workers begin arriving in North Carolina in the spring as early as April or May to cultivate peppers, cucumbers, and other vegetable crops in the Eastern part of the state and stay as late as November. Near the coast, migrant workers harvest strawberries starting in early April to until mid May.

Summer – Tobacco is harvested during the summer months, primarily in the Piedmont region of the state. Vegetables, including snap beans, cabbage, green peppers, cucumbers and tomatoes, are grown in some parts of the Western mountain area. Some of these crops require migrant labor for plant setting and pruning as well as harvesting. Work begins in June and may not end until September. Near coastal North Carolina, blueberries, cranberries and blackberries are picked from mid May to late July.

Fall - The apple harvest in Western North Carolina begins in late August and continues through October.

Year-round - Christmas trees are grown in the most mountainous counties in the state. Migrant and seasonal laborers do pruning and resetting of trees. This production requires as much as ten months of labor. Nursery workers who are either migrant or seasonal also qualify for services under the NC Farmworker Health Program.

DEMOGRAPHICS

There is no centralized data on farmworkers in North Carolina. Several different organizations have data about agriculture, farming, and farmworkers. Program coordinators may have to contact these organizations independently to get data about farmworkers in their area.

- **North Carolina Farmworker Health Program (NCFHP)** has data about farmworker served through their contract sites.
- **North Carolina Employment Security Commission (NCESC)** has information regarding the number of farmworkers working in North Carolina.
- **North Carolina Department of Agriculture and Consumer Services (NCDA&CS)** has data regarding agricultural work and pesticides in North Carolina.
- **North Carolina Department of Labor (NCDOL)** keeps a list of registered labor camps on their website.
- **North Carolina Growers Association (NCGA)** has a profile of H-2A guest workers.

See Appendix III: Farmworker Organizations and Websites for links to the above agencies.

Gathering accurate data on farmworkers is difficult due to their mobile lifestyle. However, many researchers have made attempts to gather and document information on farmworkers, mostly at

the national level. One such reliable source is the National Agricultural Workers Survey (NAWS) provided by the US Department of Labor. To see data from the most recent edition of NAWS, visit <http://www.doleta.gov/agworker/naws.cfm>.

Health Issues

Migrant farmworkers suffer mortality and morbidity rates greater than any other group of people in the United States. Dental disease, diabetes, high blood pressure, infant mortality, tuberculosis, invasive carcinoma, parasitic infections, and lack of childhood immunizations are health conditions that are of particular concern to the farmworker.

Mental health conditions such as depression are another concern among farmworkers that may be related to isolation, economic hardship or weather conditions which can hamper work. Some farmworkers are vulnerable to substance abuse that can be related to poverty, stress and lack of mobility or recreational opportunities.

Occupational health: According to the U.S. Department of Labor, agriculture is the third most dangerous industry in the United States. Conditions at work can result in:

- **Unintentional injuries** such as cuts, falls, burns, and back strain/musculoskeletal injury. Motor vehicular injuries are also great concern, particularly since it is one of the leading causes of death for this population. Injuries may occur while farmers are transporting workers and/or while workers are driving farm equipment.
- **Heat stress and heat stroke** from exposure to extreme temperatures and sun without access to ample and safe drinking water.
- **Contact dermatitis, respiratory problems, and eye irritation** caused by natural fungi, dusts, poisonous plants, and pesticides.
- **Dehydration, parasites and urinary tract infections** resulting from a lack of safe drinking water. Farmworkers may wash or drink from ponds or irrigation ditches contaminated by pesticides, chemical fertilizers or organic wastes. This exposes them to potentially harmful chemicals and waterborne parasites.
- **Chemical exposure** from contact with pesticides. In 1994, the Environmental Protection Agency (EPA) instituted Worker Protection Standards, designed to safeguard farmworkers from pesticides while working in the fields. For more information on Worker Protection Standards (WPS), visit the Environmental Protection Agency's (EPA) website at <http://www.epa.gov/pesticides/health/worker.htm>

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The North Carolina Farmworker Health Program focuses on providing health screenings and education on the following common health concerns for farmworkers in North Carolina:

Priority Level (Tier 1)	Secondary (Tier 2)
Crop-related illnesses such as Green Tobacco Sickness	Diabetes
Heat illness, such as sun exposure and dehydration	Domestic violence
Pesticides	Emotional Health and Well-being
HIV/AIDS and sexually transmitted diseases	Immunizations
Oral Health, particularly for children and adolescents	Motor vehicle safety
Clinic services, particularly information about and how to access	Musculoskeletal health
	Pre-conceptual and pre-natal health
	Family planning

Social Service Needs

Farmworkers and their families may experience a multitude of challenges to accessing social services that may be available to them. Many farmworkers live in poverty, earning low wages and residing in substandard housing. They may need assistance with housing, food security, childcare, legal assistance and other social services. Transportation is a need due to many farmworker families not owning a vehicle and living in isolated, remote areas. Because of the existing demands on outreach staff, they are encouraged to focus on social needs that have a direct effect on the health of farmworkers and their families. Outreach staff is encouraged to use good judgment and follow a case management plan when determining service delivery.

Farmworker Resources

Migrant Hotlines - Some national organizations host hotlines for migrant farmworkers to inform them of resources available in their area.

Program staff is encouraged to contact these hotlines to become familiar with their services and to assure their program's information is included and/or up to date.

These hotlines are:

Call for Health, 1-800-377-9968

The North Carolina Family Health Resource Line, 1-800-367-2229

Health Services- President Kennedy signed the **Migrant Health Act** into law in 1962. It was established to authorize the provision of primary and supplemental health services to migrant and seasonal farmworkers. It is funded under the Public Service Act and administered by the Bureau of Primary Health Care within the United States Department of Health and Human Services.

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Farmworkers may also be eligible of Medical Assistance Programs, such as Medicaid, Medicare, and Health Check/Health Choice. Eligibility will be dependent on their income and legal status.

Community and Migrant Health Centers are funded through the Migrant Health Program to provide comprehensive primary health care to migrant and seasonal farmworkers and their families. There are more than 100 clinic sites in 41 states and Puerto Rico. These clinics are integrated with hospitals and other health and social services existing in the area.

Rural Health Centers provide access to primary care in areas federally designated as medically underserved and/or as having shortage of health professionals. They are certified to receive funding from Medicaid, Medicare, and other medical assistance programs. These clinics may be a non-profit organization or a privately owned health center.

Migrant and/or Farmworker Voucher Programs exist at the national, state, and local levels. The overall mission is to promote the health of farmworkers and their families and to provide high quality and comprehensive care to a high risk, mobile population with unique health and social needs. These programs are evaluated to ensure well-managed systems of care with strong administrative and clinical components to increase the access and availability of primary care services. They also promote communication with other programs serving farmworkers by sharing research data on farmworker health issues and by identifying locations of health centers throughout the nation.

The North Carolina Farmworker Health program (NCFHP) is a state-level program located in the Office of Rural Health and Community Care that works with community and migrant health centers, rural health centers, health departments, and non-profits through contracts and fee-for-service reimbursement to provide health services for farmworkers in North Carolina.

Health Departments are good sources for preventive health services such as immunizations, screening and treatment of communicable diseases such as tuberculosis, family planning, WIC, breast and cervical cancer screening, and environmental health services.

Urgent Care Centers and/or Hospitals are a source for immediate care needs.

Educational Programs - Migrant Head Start and Migrant Education are programs that assist migrant families with school enrollment and academic achievement. Some schools provide ESL program for adjusting to or transitioning into the state from other countries. Community Colleges may also offer migrant families ESL and GED programs. Some community colleges provide pesticide training and certification.

Advocacy Groups - There are several organizations in the state and the nation that advocate on behalf of farmworkers on a variety of is issues, primarily for labor and housing rights. A few such organizations in North Carolina are the **Farmworker Advocacy Network** (a consortium of several

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organizations representing various sectors), **the North Carolina Justice Center, the Farm Labor Organizing Committee, and Student Action with Farmworkers.**

See Appendix III for a more comprehensive list of farmworker organizations and websites.

DEFINITION

The North Carolina Farmworker Health Program embraces the definition used by the Bureau of Primary Care, which defines outreach as...

“Case finding, education, or other services to identify potential clients and/or facilitate access/referral of clients to available services.”

OUTREACH ACTIVITIES

For the North Carolina Farmworker Health Program, outreach is an enabling service carried out by program coordinators, outreach workers, student interns, AmeriCorps members, and/or community volunteers. The primary focus of those assigned outreach activities are to go to where farmworkers live, work and congregate to inform them of available services and the way in which they can access those services. This includes scouting for farmworker camps/residencies and conducting visits at the homes or fields.

Ultimately, outreach efforts will increase the accessibility, acceptability, and appropriateness of available health services to migrant and seasonal farmworkers in the area. Outreach is considered an integral part of any healthcare system. In addition to getting farmworkers to health centers, outreach workers play key roles in connecting farmworker communities to health services. Outreach staff complement and do not replace other health center staff.

Program Coordinators, along with program staff, follow the guidelines and Healthcare Plan proposed by NCFHP for each season. They set additional goals on the number of new farmworkers and/or camps they want to reach for the season. Outreach workers are encouraged to be familiar with this count and to monitor progress made toward the desired goal set by the program.

On occasions, outreach staff may also find themselves in a situation in that they need to respond to emergency/immediate situations while visiting a farmworker residence or place of work. Outreach staff are encouraged to be trained in First Aid and CPR as well as keep a First Aid kit in their car at all times, along with a list of phone numbers for emergency contacts. Chapter 5: Responding to Health Concerns of this manual outlines protocols outreach staff can follow when responding to emergency/immediate need situations.

All outreach activities may lead toward the provision of other enabling services, such as completing a health assessment/screening, providing health education, case management, etc.

Scouting for Camps/Farmworker Recruitment

Scouting for camps, also known as case-finding or client recruitment, is a crucial first step. It entails actively seeking out farmworkers in the community, mapping their location, documenting camp information using the site register, and recording camp information onto the program’s mapping system and into FHASES. Individual Health Assessments are completed for new and existing farmworkers and family members.

The primary purpose of an outreach worker is to identify where farmworkers work or live, visit farmworker homes/fields, and promote clinic services, but they also assist with health assessments, health education, case management, interpretation, transportation, referral, service coordination, and other needed services.

Outreach workers are key persons in finding locations in the area that migrant farmworkers patronize (e.g. local grocery store). Proprietors can be asked to cooperate by passing out information about the clinic and the services offered. Bilingual notices about the clinic can also be placed on community bulletin boards, public telephones, Laundromats, etc.

Traditionally, migrant farmworkers travel in groups and often live in an old house, an old trailer, or barrack facilities located somewhere on the grower's property. Some farmworkers, especially those who work at nurseries and greenhouses, may have their own individual living arrangements, where they rent a trailer in a trailer park or a small house on some other property. The terms "camp" and "site" are used interchangeably when referring to a location where farmworkers live.

Farmworker housing is often hidden behind farms and at the end of dirt roads. Farmworkers themselves may have trouble telling you where they live, and some growers may be hesitant to share this information.

Depending upon your situation and area, and with good planning, time, patience, and some diplomacy, there are a number of ways to identify farmworker sites, such as:

- ***Review Grower Lists/Registers***

Names of growers and nurseries hiring agricultural workers in your area may be obtained by contacting the NC Department of Labor, the North Carolina Growers Association (NCGA), the NC Employment Security Commission, the County Cooperative Extension, and the County Health Department.

On occasions, these agencies have representatives assigned to the area. If available, contact the representative to introduce yourself and your program to him/her. They may be willing to accompany you to some of the sites they are familiar with. You may also check the yellow pages under farms, farm bureaus, nurseries, etc.

Note: Remember that these lists keep a record of farmer addresses in the area. Farmer addresses may be different from that of farmworkers, who may or may not live a farmer's property. Lists from the NC Department of Labor are only for registered camps and migrant housing. Lists from the NC Grower's Association are only for farmers with H2A workers.

Some outreach staff has taken it upon themselves to report any unregistered camps to the North Carolina Department of Labor. Each Program Coordinator and staff members must determine for themselves if they want to report unregistered camps and set up a method to do so. Camps may be reported anonymously.

- ***Review farmworker records from previous years***

If you are working with an established farmworker program, you may find information on farmworker camps/residencies from the program's mapping system, the previous season's site registers, and/or old client records with detailed, easy-to-read directions on how to get there. More likely, you will find several methods of documentation of varying levels of quality. Remember this when you are documenting your own outreach!

- ***Contact with your organization's clinic/program staff***

On occasions, your organization's clinic/program staff may come in contact with farmworkers that have accessed your center's services on their own. It is important to set up in advance a process for clinic staff to inform you of farmworkers in the area. You may also want to set up a relationship and/or process with your clinic's social workers, caseworkers, and/or financial assistance officers, anyone that determines eligibility for Medicaid, Medicare, and other assistance programs.

- ***Contact other agencies serving farmworkers***

It is possible that other agencies in your area conduct outreach and/or document where farmworkers work/reside. Contact agencies that may be providing services to farmworkers in your area such as the Employment Security Commission, Cooperative Extension, Telamon, the Farmworker Labor Organizing Committee, Migrant Education, Migrant Head Start, etc.

- ***Conduct visual sightings/drive-bys***

A lot of farmworker contacts are serendipitous. You will be driving along and see some farmworkers sitting outside a trailer. With some experience you will be able to spot "clues" such as work clothes hanging on a clothing line, Florida license plates, etc.

- ***Other farmworkers and/or crew leaders***

Your best sources of information are other farmworkers and crew leaders that you already know. Many times they know where other groups of farmworkers live. They may be willing to drive you to and even introduce you to them! This is a good opportunity for developing friendships and identifying leaders and potential lay health promoters. Growers may be willing for you to talk to farmworkers at the worksite, particularly about topics related to health and safety.

Home/Field Visits

Home/Field Visits refer to contact made by outreach staff with farmworkers in their place of residence or employment. A visit to a farmworker must be made with a purpose, whether it is a first visit to make a new contact, to share clinic information, and/or to conduct health assessments, or additional visits to the site to build rapport, strengthen relationships of trust, provide health

education, case management, and/or follow up. Staff must identify himself/herself by giving his/her name and that of their agency, and should state the purpose of their visit at all times.

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 will confront various camp situations. Safety precautions must be taken when visiting camps. See Outreach Safety Checklist at the end of the chapter.

When visiting a camp for the first time, outreach workers must gather basic information about the site and its residents. An outreach worker can find out approximately how many people live at the camp, and what time they usually finish working. After a brief introduction, the outreach worker can also describe the clinic services and leave fliers containing directions, clinic hours of operation, and a business card with the phone number of the outreach worker. Individual health assessments may be completed on some or all of the residents or another time may be arranged (preferably in the near future) to return to complete individual screenings and present health information.

During follow-up visits the outreach worker has greater opportunity to build trusting relationships with farmworkers. Generally, more than one visit is necessary to build rapport. It is important for the outreach worker to set aside time to talk with farmworkers and not rush through conversations or activities.

Home visits may also allow for time to conduct individual health screenings and/or for farmworkers to reveal particular health concerns. Screenings like blood pressure, vision tests, etc. may be conducted not only to provide the screening but as a kind of icebreaker and relationship builder. Follow-up visits may also provide a great opportunity for health education. Group presentations can be short and simple, or longer and in depth, depending on the topic and interest of the farmworker. Videos or other visual aids may be used.

Outreach staff must use effective interpersonal techniques, always being attentive and respectful of farmworkers and their homes. Even if an outreach worker is familiar with a farmworker family, he/she must remember to knock and wait to be invited in before entering a farmworker's home. Staff must be sensitive to the fact that they may be arriving at a time when farmworkers are preparing to sit down for a meal or are not ready to receive them. Remember to ask if it's a good to visit before continuing on with conversations, assessments, and other outreach activities.

Visiting field sites can be somewhat challenging. If this is your first initial visit, you may need to go in the early morning hours to establish contact with the crew leader. Once contact is made, you can coordinate with the crew leader a time to meet the workers in the fields before they start work. While they are waiting to go into the fields, your outreach team can use this time to do outreach or health education. This is a good method of outreach for certain crops that need to dry before they are picked like blueberries and tobacco. Workers may gather as early as 6:00 am to begin work, but may not be able to start work until 8:00 am. The outreach worker or team just needs to be flexible.

Sometimes you may have two hours for outreach and other times you will only have 30 minutes. Use the time to also network with the workers and establish new contacts that could lead to new camps or housing sites. Some general rules for conducting outreach in the fields are to be aware of no trespassing signs. The permission of the crew leader may be enough to allow you into the fields, but it would also be helpful to speak personally with the grower. Go by their office or give them a call and explain the purposes of outreach, they more than likely be understandable as long as it doesn't interfere with work.

NCFHP Program Coordinators may evaluate outreach staff by using Farmworker Feedback Surveys and/or accompanying staff on outreach. This is a requirement of all NCFHP funded sites.

Promoting Clinic Services

Outreach staff provides important information about available clinic services and how to access them. Whether encountering farmworkers for the first time and/or referring to other health or social services, outreach staff should:

- Share, in both verbal and written form, information about medical and enabling services available in their area and how to access them
- Share/post brochures, flyers, and/or posters that describe clinic services, hours, and cost to farmworkers. Contact information must be provided, preferably that of the Program Coordinator and/or outreach workers in the area. If needed, contact must be bilingual and familiar with farmworker communities. Also provide hotline numbers for “Call for Health” Toll free: 1-888-422-7352, the NC Department of Health and Human Services’ (NC DHHS) Customer Service Center at 1-800-662-7030 (English/Spanish) and other helpful resources.
- Post signs and/or information about 24-hour services and on what to do “after hours” if a medical need arises. Remember to list emergency numbers and location of urgent care centers and hospitals.
- Make presentations to other healthcare centers, social service agencies, and other community organizations about your farmworker program and clinic services. These agencies can help refer farmworkers to your program and vice versa.

As an added touch, some Program Coordinators/Outreach Workers leave camps with a folder that contains information about the clinic and its services, a map of its location, instructions on what to do in an emergency, health brochures, pictures of commonly used medications, and other helpful information. The folder is labeled with the camp's address and identification number as well as the name and number of the farmworker health program contact in the area.

Some may also provide first aid kits containing the commonly used over-the-counter medications. Area volunteers and churches may help put these together.

See Appendix II: Field Kits for a list of medications and supplies to include in the First Aid Kit.

NCFHP Outreach Safety Tips

Due to the nature of working independently in the community and camps, reasonable safety precautions should be taken. 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.
- Conduct first site visits with another individual, if possible.
- Have a plan of the places you are going to visit, how to get there, and how to get home or back to the office from the last place on your route.
- Wear appropriate dress to ensure/reflect that you are a representative of the clinic.
- Honk car horn when you arrive to a new camp.
- Keep the car door unlocked while you are out assessing the area and/or approaching residents.
- Have a reliable vehicle and know your agency's protocols regarding automobile breakdowns and accidents.
- Carry a county and/or state map at all times.
- Carry a cell phone at all times.
- Have your keys ready.
- If dark when leaving a location, have a flashlight or ask the workers to accompany you to your car.
- Leave a camp if upon arrival you find that individuals are or have been drinking, or using drugs.
- Follow your instincts. If you feel unsafe at any time, leave the area or camp.
- Child/infant car seats and use of seat belts should be required and provided by the health center for outreach use.

DOCUMENTATION

Upon identifying a new farmworker camp/residence, the outreach worker must:

- Complete a site register
- Plot the new site by using the program's existing mapping system, paper or electronic
- Add new camp/residence to NCFHP FHASHES database

When visiting farmworkers, outreach workers must make a home/field visit with a purpose and document their visit by using:

- The Individual Health Assessment
- The Enabling Encounter Form

PERFORMANCE EVALUATION

The Program Coordinator, as well as staff assigned to outreach, may use the following questions to evaluate their performance in accordance to NCFHP's expectations and standards.

- Did the number of farmworkers/new camps identified for the season meet or exceed the goal set by the site for the year?
- Does the site have at least a paper mapping system of the camps in its service area?
- Is the program's mapping system easy to use and accurate when locating farmworker camps/residences?
- Has a site register been completed for all camps plotted on the map?
- Does each complete site register have the address, directions, and map to the site?
- Did the outreach worker knock and wait to be invited inside before entering a farmworker home?
- Did the worker identify him/herself when entering a farmworker camp for the first time or when meeting a farmworker for the first time?
- Did the outreach worker ask if it's a good time to visit before proceeding with conversations and other outreach activities?
- Did the outreach worker share clinic information, informing about clinic services, location, cost, languages spoken, transportation available, and other pertinent information regarding the clinic?
- Was a brochure or flyer provided with coordinator's contact information and map/directions to the clinic?
- Was information shared about after-hours care and process for getting urgent services?
- Was an individual health assessment conducted?
- Did outreach worker follow proper protocol when managing certain health conditions needing immediate care?

- Did the outreach worker use the required form to document his/her visit to a farmworker site?
- Did the farmworker feedback survey report a satisfactory rating regarding outreach services?

DEFINITIONS

Health

NCFHP embraces the World Health Organization's definition of health, which declares that...

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Environmental Health Risks

NCFHP abides by the Bureau of Primary Care's definition which states that an assessment of environmental health risks includes...

“The detection and alleviation of unhealthful conditions associated with water supplies, sewage treatment, solid waste disposal, rodent and parasitic infestation, field sanitation, housing, and other environmental factors related to health (e.g., lead paint testing and abatement and pesticide management).”

ASSESSMENT ACTIVITIES

The Program Coordinator along with his/her outreach team and other clinic staff conduct assessments of farmworker communities in their service area. There are three types of assessments that are carried out,

- 1) Individual Health Assessment
- 2) Environmental Health Risks Assessment
- 3) Farmworker Community Assessment

Individual Health Assessments and Environmental Health Risks Assessments may result in referrals for additional services, case management, and/or health education. Each activity requires that staff keep detailed documentation and follow-up with the farmworker and/or provider to assure services were received.

Individual Health Assessments

Health assessments are documented as a component of case management and health education services. The individual health assessment form is the screening tool to use when assessing farmworker health concerns, health education interests, and/or social needs. Health assessments are usually carried out when visiting a farmworker camp for the first time but may be completed during follow up visits, especially if conditions change or new residents arrive.

There are three types of age-specific health assessments forms, the Pediatric Health Assessment (ages 0 - 11), the Adolescent Health Assessment (ages 12 - 17), and the Adult Health Assessment (ages 18 and up). Additional health screenings may also be utilized such as the Advanced Health Screening questions (for mental health, substance abuse, etc.) and the Pesticide Reporting Form if deemed necessary by the outreach staff. These forms can be downloaded from our website at www.ncfhp.org.

Chapter 4: Health Assessments

Programs that provide medical services to farmworkers that are funded through the North Carolina Farmworker Health Program may also provide additional medical services and screening at camps, including lab work, vaccinations, heart health screening, visioning screening, mental health screening, etc. Outreach staff may be able to receive training at their health centers to perform these screenings.

For more information on how to complete the health assessment and encounter forms, contact NCFHP at (919) 733-2040 and ask for a farmworker health consultant.

When conducting individual health assessments/screenings, the outreach team made up of program coordinators, outreach staff and other health professionals that visit farmworker camps will...

- Strive to secure a private location to conduct individual health assessments and/or screenings. It is generally better to screen farmworkers away from the group, to provide for more privacy and confidentiality in case there is a serious problem.
- Complete a basic health assessment using age-specific NCFHP Health Assessment forms, whether child, adolescent, or adult, as a guide to evaluate physical health, socio-economic, and health information needs of each farmworker and/or dependent.
- Probe further to responses for certain health conditions, depending on farmworker responses to the basic health assessment. Particular attention must be given to diabetes, high blood pressure, asthma, current symptoms of tuberculosis or sexually transmitted diseases, pesticide exposure, substance abuse, domestic violence, and depression.
- Make referrals, provide case management, and/or share health information to address health concerns and/or social needs identified by farmworkers. Follow-up visits are set up, as needed.
- Enter all information from health assessments and encounter forms into FHASES within two weeks of having conducted an initial contact.
- Utilize the Advanced Health Screening questions if the general health assessment form triggers a need for more information.

If the clinic has a large and established outreach program, health providers such as doctors, physician assistants, and nurses may accompany outreach staff to farmworker camps to conduct health screenings, give vaccines, and/or care for minor medical problems. Health screenings may include measure of height, weight, and body mass index (BMI); blood pressure check; HIV testing and counseling; and/or vision tests. At some sites, the outreach coordinators conduct these screenings and refer to health services. Mental health professionals may assist with substance abuse, domestic violence, and other mental health screenings.

Non-medical program coordinators and outreach staff should refrain from making clinical diagnoses and/or recommending medications to farmworkers. All outreach staff should review NCFHP's protocols with your supervisor to ensure that they are in accordance with your center's

protocols. See *Chapter 5: Responding to Farmworker Health Conditions: A Guide for Outreach Workers*.

Environmental Health Risks Assessment

Outreach staff contributes to the reduction of environmental threats to a farmworker's health by being vigilant when visiting farmworker camps.

When visiting farmworker homes/fields, the outreach worker will...

- Actively scan site for environmental risks/threats.
- Document findings in the site register.
- Inform the farmworker and/or grower of health risks/threat and discuss ways to improve conditions.
- Report suspected violations to the Department of Labor if deemed an immediate threat to the residents' health and wellbeing, including no drinking water, no working shower, raw sewage, unreasonable amounts of garbage, fire hazards, signs of rodents, and/or no heat in winter. Reports can also be made to the health department and/or to the Farm Labor Organizing Committee (FLOC).

The publication "Introduction to Migrant Housing Inspections in North Carolina" and the brochure called "A Healthy Camp" (Un Campamento Saludable) developed by the North Carolina Department of Labor are helpful tools to share with farmworkers.

Outreach staff must inform farmworkers of environmental risks/threats and how working and living conditions contribute to their health and mental well-being. Staff may help farmworkers gain skills that help them determine:

- What is the problem?
- How does it affect them?
- Where they can go for help?
- How they can learn more about how to prevent and/or handle the situation in the future?

Refer to another Agency or Provide the Service?

Since the health or environmental risk assessment may result in referrals to other agencies, additional case management, and/or health education, it is important for staff to understand the difference between giving referral information and case management.

First and foremost, program staff should have a referral network where farmworkers can be sent. Staff is encouraged to spend time, preferably during the off-season, building their referral network of individuals and agencies that can help provide services that meet the needs of farmworkers in your service area.

Your referral network may include primary care, dental, mental health, and other specialty care providers willing to serve farmworkers. The network may also include social service, day care centers, and community service organizations that would provide services directly to your farmworker patients.

Secondly, if a referral is made:

- Note the referral information on the farmworker's Health Assessment form
- Provide farmworker with information about the referral agency, contact name and number, and service that will be rendered or set up the appointment for the farmworker and/or assist with interpretation and/or transportation services, particularly if the agency the farmworker is being referred to is not accessible.
- Follow-up on the referral either with the farmworker and/or service agency, if needed

One way to identify healthcare resources in your community is to participate in a county level community assessment. Local Health Departments are the county agency responsible for community assessments.

Farmworker Community Assessment

Every two years, county health departments carry out Community Health Assessments for their service area. Community Assessments are used to provide insight on the county residents and the issues that affect their health and quality of life. Findings are used to inform delivery of health services and to inform the development of health programs. For more information about Community Health Assessment, visit the website for the State Center for Health Statistics at <http://www.schs.state.nc.us/SCHS/about/chai.html>.

Program Coordinators are encouraged to contact the person in charge of the community assessment to participate in the assessment process and/or share information about farmworkers for inclusion in the document.

In addition to collaborating with local health departments, program coordinators and staff may find it beneficial to conduct their own assessment of the farmworker community in their service area. This assessment may be done during the off-season, but may also be conducted throughout peak-season, depending on the type of information being gathered.

A Farmworker Community Assessment may include the following:

- A **geographic description** of your service area to include maps and a description of land features, commercial locations, major employers, schools, churches, health facilities, and other key entities.
- **Demographic information** of farmworkers to include population count, population composition regarding race, ethnicity, gender, age, marital status, languages spoken, housing conditions, employment patterns, migration patterns, educational level, and socio-economic status

Chapter 4: Health Assessments

- **Health conditions** to include top health concerns, social needs, mental health issues, common chronic conditions, morbidity and mortality rates, health services utilized most during the season, etc.
- **Social, economic, and political characteristics** informing on farmworker daily living conditions, agricultural trends, the political environment and /or agendas affecting farmworkers in your area,
- **Directory of community resources** to include healthcare and social support resources that may already or have the possibility of participating in your referral network. Include information about the type of services rendered, level of accessibility and affordability, language capacity, transportation services, etc. The directory may also include area civic groups, churches, non-profit service agencies, farmworker advocacy groups, etc.
- **Documentation of farmworker experiences** as a result of satisfaction surveys, feedback forms, focus group sessions, provider reports, staff observations, community forum, and farmworker testimonials.
- **Recommendations** to inform service agencies and/or agency action plans for the season.

A farmworker community assessment can be simple or complex. Consider the resources available in terms of labor and time. A simple design can take two to four weeks and use one to three people. A quality needs assessment can be performed with limited resources. Inform health center staff of your goal and describe your purpose. They may offer assistance or refer you to a specific agency, committee, or college for help and ideas. Once you have determined the number of people committed to the task, set up a time frame. Avoid spending so much time on the assessment that not enough time is left for the outreach program itself.

National statistics and data from farmworker studies in various parts of the country may also be of interest for your description of general trends in migrant health. The National Center for Farmworker Health (www.ncfh.org) and the Migrant Clinician's Network (www.migrantclinician.org) have publications available on their websites regarding migrant health conditions. While these studies can provide important information, they may not reflect the precise health needs of farmworkers in your area.

DOCUMENTATION

When conducting individual health assessments, the program manager, outreach staff, and/or medical personnel must ...

- Complete an age-specific individual health assessment form for each farmworker
- Enter information from health assessments and encounter form into **FHASES within two weeks of initial contact**
- Document findings from environmental scan in the site register
- Maintain an updated list/directory of referral network

PERFORMANCE EVALUATION

The Program Coordinator, as well as staff assigned to outreach, may use the following questions to evaluate their performance in accordance to NCFHP's expectations and standards.

- Was an age appropriate health assessment form completed for each farmworker and/or his/her dependents?
- Were health education interests assessed?
- Were question(s) related to socio-economic needs asked?
- Were all questions completed for individual health assessment?
- Were environmental risks noted, if present? Was action taken?
- Did the # of user or encounters meet/or exceed the user encounter goal set with NCFHP?
- Was general statement made to clients regarding importance of privacy to discuss farmworker needs/concerns?
- Has the information from the health assessment and enabling encounter form been entered into FHASES within 2 weeks of encounter?

**Outreach Manual Chapter 5:
Responding to Health Conditions for Farmworkers -
A Guide for Outreach Workers**

North Carolina Farmworker Health Program
Office of Rural Health and Community Care
Updated 2010

How to Use this Guide

This guide has been developed with the purpose of providing protocols and procedures that outreach staff can follow when responding to specific health conditions and illnesses experienced by migrant and seasonal farmworkers. Many lack access to care due to multiple barriers, and their nursing or outreach visit may be their only contact with the health system, for major and minor illness care.

The guide can also assist outreach staff in conducting health assessments, providing health education, and/or responding to immediate adverse health events, such as an asthma attack, heart attack, etc. It lists the typical symptoms of common problems, the danger signs that suggest the need for immediate medical attention, useful over-the-counter treatments, and self-care techniques.

Since some outreach workers are not medically trained, they should refrain from diagnosing a condition and/or providing medical care. Make sure you know who you can call if you have questions or problems arise. One good resource for outreach workers are nurses.

Registered nurses (RNs), in particular, are trained to make nursing assessments and to follow orders appropriate to those assessments. RNs can provide basic health advice concerning self-care and the appropriate use of over-the-counter (OTC) medication to treat common symptoms experienced by farmworkers. They also can assess the farmworker to determine if consultation or referral is indicated.

Please review the guide with your supervisor to assure they are in accordance with your center's policies and procedures. Some programs do allow outreach workers to distribute anti-fungal creams for self-identified fungal infections, 1% hydrocortisone cream for itchy rashes related to tobacco harvesting, and medications such as Dramamine for green tobacco sickness prevention and treatment. Some allow distribution of first aid kits with health education. Other programs restrict this activity.

Remember to always follow your agency policies on how to respond to health conditions in your area.

For more information and/or questions regarding these guidelines, please contact:

NCFHP's Medical Director
North Carolina Farmworker Health Program
2009 Mail Service Center
Raleigh, NC 27699
(919) 733-2040

Summary of North Carolina Regulations Regarding Recommendation and Dispensing of Medications

Medical assistants and others who work for a physician and do not have independent licensing boards are covered under the medical practice act. Physicians may delegate “to a qualified person any acts, tasks, and functions that are otherwise permitted by law or established by custom.” This person is then functioning as an extension of the physician, who is liable for their actions. (Medical Practice Act 90-18)

This regulation can be used to allow outreach workers to give out first aid kits (and possibly other OTC medications, for example Miconazole cream for athlete's foot) if this activity is delegated by a physician. The physician and the outreach worker must have a close working relationship, and the physician must be sure the outreach worker has appropriate training. Outreach workers can educate farmworkers about the use of first aid kit items, and teach them how to prevent and treat common ailments and discomforts experienced by farmworkers.

Outreach workers who are not licensed as nurse practitioners, physician assistants, or physicians should avoid “practicing medicine”, which involves diagnosing, treating or prescribing for a specific medical condition in a specific farmworker. Practicing medicine without a license is a Class 1 misdemeanor (Medical Practice Act 90-18).

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The Health Assessment

When outreach staff comes into contact with farmworker families, a health assessment must be conducted for each person, including women, children and adolescents.

As an outreach worker conducts the health assessment using the appropriate health assessment form, he/she may learn of health conditions that farmworkers are experiencing. Some of these health conditions may need immediate attention and others may simply require health education. Some conditions may be reported by the farmworker. Other conditions may be observed by the outreach worker.

On occasions, the outreach workers need to gather more information on certain health conditions and ask more probing questions. See the Advanced Health Screening Questions section of this guide for a list of such questions according to the health condition.

When assessing a farmworker with a health concern and/or responding to an adverse health event, it's good practice to:

1. Always use precautions (latex gloves, mouth guards used for mouth-to-mouth resuscitation, etc) to avoid coming into contact with any bodily fluids, such as blood, saliva, stool, etc.
2. Ask about allergies and current medications.
3. Ask about current medical problems. If the farmworker has kidney failure, consult a medical provider prior to recommending any oral medications such as ibuprofen. If HIV, diabetes, asthma or heart disease, consult provider immediately for any infection, respiratory symptom, or chest discomfort.
4. Ask women about the possibility of pregnancy, or if they are breastfeeding.
5. If the farmworker has symptoms of cough and fever lasting over 3 week, they may have tuberculosis. Whenever possible, work outdoors. If you must be indoors or in a car, wear a TB mask, if available. If you do not have a TB mask, then both you and the farmworker should wear a surgical mask and minimize the time you spend together in an enclosed area.
6. If the farmworker appears ill or if you are concerned about their symptoms, recommend or arrange for further evaluation.

When a health event occurs that needs immediate emergency care, the outreach worker must not hesitate in calling 911.

When to Call 911



If you come upon an emergency, follow the 3 steps:

- ✓ Check the scene and the victim
- ✓ Call 911
- ✓ Care for the victim.

Call 911 for an ambulance if a person or Farmworker has the following symptoms and no medical providers are available to assist in the evaluation.

- Unconsciousness, confusion, or decreased level of consciousness
- Severe trouble breathing or abnormal breathing
- Persistent pain or pressure in the chest
- Pain or pressure in the abdomen that does not go away
- Vomiting or passing blood
- Seizures which are unusual for the Farmworker, severe headache, or slurred speech
- Sudden onset of weakness in part of the body
- Injuries to the head, neck, or back
- Poisoning: if the Farmworker is not having any symptoms, you may call poison control first at 1-800-848-6946. Obtain all information about the poison, including the bottle, label, and any remains of the material in question.

→Be prepared to give your location, telephone number, your name, and a description of the problem. Follow instructions given by the dispatcher. Do not hang up first. They will tell you when to hang up.

While you wait, do the following:

- Assure the safety of the Farmworker, bystanders, and staff
- Clear a passageway for emergency vehicles
- Administer CPR or first aid if they are needed and you are trained to do so.

⇒**Special Situations**

If a person or Farmworker is suicidal, keep talking to them while another staff member calls 911.

If they are on the telephone, attempt to obtain their address and telephone number. If you are unsuccessful in getting this information before the Farmworker hangs up, call the telephone operator immediately to obtain the telephone number. Then call 911 with all the information.

If a person or Farmworker threatens to become violent (intends to harm you or someone else), notify your supervisor and attempt to clear non-essential persons from the area immediately. If you are in danger, leave the area and call 911. If you are not in imminent danger, try to calm the Farmworker while another staff member calls 911.

Call 911 for fires, explosions, presence of poisonous gas, and any other emergencies.

Call 911 if you see any signs of suspicious or toxic materials; “meth lab” odor or emissions.

Remember the First Aid Kit!

It is recommended that outreach staff have a First Aid Kit with them at all times or in their car. Outreach staff may also deliver first aid kits containing the commonly used over the counter (OTC) medications to farmworker camps. This activity can be combined with the provision of health education on how to treat common health conditions farmworkers experience. As this activity is not to be connected to an individual farmworker’s diagnosis and treatment, most programs are comfortable with this being done by outreach workers.

There are many ways in which outreach staff can obtain medications for first aid kits. If you decide to purchase items, health departments and community health centers can receive public health pricing when ordering medications. Pharmaceutical representatives will often supply free Tylenol, Advil, and cough syrups in sample-sized packages. Many churches (youth, women or auxiliary groups), volunteer groups, and other agencies will assemble first aid kits for you to distribute.

If there are children in the camp, you need to take extra precautions. Ensure medications are in child-resistant containers, and instruct farmworkers to keep the first aid kit out of the reach of children. You may want to return with a cabinet child-proofing device if they do not have one.

See Appendix II: Field Kits for a list of medications and items to include in your kit.

Protocols and Procedures for Specific Health Conditions

(In alphabetical order)

ALLERGIC REACTIONS

ASSESSMENT:

Farmworker-reports

The Farmworker is exposed to something (a vaccine, a medication, an insect sting), and develops any of the following symptoms within the next hour:

- trouble breathing
- feeling of tightness in the chest or throat
- swelling of the face, neck, and tongue
- rash, hives, dizziness, or confusion

You Observe:

Farmworker may develop a rash, facial swelling, wheezing, inability to breathe, tachycardia, or hypotension.

RESPONSE:

1. **Call 911 immediately** and tell them you have a Farmworker with a severe allergic reaction who may need epinephrine. This is a medical emergency!
2. Medical regimen: If a First Aid Kit is available containing epinephrine, help him or her to use it according to instructions.
3. Monitor vital signs (pulse, breathing, blood pressure) until EMS arrives

FOLLOW-UP:

1. As directed by medical provider.
2. Educate about avoidance of allergens and use of prescribed medications.
3. Educate in use of epinephrine kit if prescribed.

Source: [First Aid Fast](#), by the American Red Cross

ASSESSMENT:** Farmworker Reports**

Farmworker reports a history of asthma in themselves or their children

RESPONSE:

1. Ask the following questions:
 - Do they use medications every day? If so, what medications?
 - Do they wheeze or feel short of breath every day, even while taking medications?
 - If they feel well, will they run out of medications before the end of the season?

2. Arrange a medical visit for all people with asthma who need daily medications or who have symptoms more than twice a week unless they refuse:
 - Within 1 month if they have enough medication and are feeling well
 - As soon as possible if they do not meet the criteria above.

3. Remind them to take all medication and packaging with them to each clinic visit.
 - The packaging is particularly important if the medication is from another country, as it may contain the generic names and doses of the medication.
 - A review of the actual inhalers and medication bottles allows the provider to check for duplicate and missing medication, to see how many refills remain for each medication, and to see when the bottle was last refilled to tell them how often the Farmworker is using their medication.

If the farmworker will run out of medication, try to obtain a refill for them **before** the clinic visit.

Make sure they receive a flu and H1N1 (if applicable) shot between October and February!

 You Observe

If a farmworker with asthma complains of shortness of breath that lasts more than 15 minutes and does not respond to their medication while you are seeing them, help them see a doctor right away. They may be having an asthma attack. Asthma attacks can kill, and are much easier to treat if caught early.

RESPONSE:

Call 911 immediately and tell them you have a farmworker that is having an asthma attack. This is a medical emergency!

 Self-care:

- Do not smoke, and stay away from tobacco and other types of smoke.
- Minimize exposure to dust, pollen, animal dander, chemicals, and anything that makes them wheeze or feel short of breath.
- Practice good hygiene and frequent hand washing to avoid colds and flu.

ASSESSMENT:** Farmworker Reports**

Farmworker reports pain in lower or upper back after working in fields. Usually better when lying down, worse when sitting or standing for long time periods.

 You Observe

Look for abnormal gait, slowed or painful movements

RESPONSE

1. Call provider/ urgent visit if: fever, leg weakness, leg numbness, problems with (inability to control) bladder or bowels, acute injury involving force (fall, car accident, farm accident). Advise a routine clinic visit if Farmworker requests or if there is moderate discomfort.
2. Medical regimen:
 - Ibuprofen 200 mg 2 tablets every 4 hours if no contraindications (contraindications include ulcer/gastritis/esophagitis; pregnancy; allergy to aspirin, ibuprofen, or NSAIDs)
 - If contraindications, use acetaminophen in available dosage strength
 - Acetaminophen 325 mg 2 tablets every 4 hours
 - Acetaminophen 500 mg 2 tablets every 6 hours
 - In addition, Farmworker may apply analgesic balm/cream every 4 hours as needed.
3. Follow-up with clinic/provider if not better in 2 weeks. Instruct Farmworker to call or see provider urgently if fever, leg weakness, leg numbness, or problems with bladder or bowel occur.

 Self-care:

Educate on proper lifting techniques, body mechanics, and use of heat or ice, back exercises.

CHEST PAIN

Chest pain can be the first and only sign of a heart attack, and must be taken seriously. Many Farmworkers will need to go to the Emergency Room via ambulance, because it is difficult to rule out heart attack, pulmonary embolism, or other severe pathology in the field.

ASSESSMENT:

① Farmworker Reports

Chest pain right now

RESPONSE:

- Call 911 right away for most Farmworkers who have chest pain while you are seeing them, especially for men > 40 and women > 50

① Farmworker Reports

Recent chest pain which is not there anymore, especially if they had shortness of breath, dizziness, sweating or nausea with the pain

RESPONSE:

- ER visit right away
 - Recent, new onset chest pain require an ER visit unless they have obvious chest wall tenderness, pain is reproduced by a single movement of the arm, OR you consult a provider and they advise otherwise

① Farmworker Reports

Young age, with good general health
Very brief – moments to minutes – chest pain
Pain mostly when they move their arms or their body
Pain is increased when they push on their chest wall
No shortness of breath, dizziness, radiation to arm or jaw, sweats, or nausea

RESPONSE:

- Refer to clinic visit

DENTAL PAIN

ASSESSMENT:

 Farmworker Reports

Farmworker complains of pain in teeth or jaw.

 You Observe

Swelling or fever may be present, indicating active infection.

RESPONSE:

1. Urgent visit to dentist if swelling of jaw, pus or swelling visible around tooth line, fever, or severe pain. If not dentist available, a medical provider can prescribe antibiotics for the infection.
Refer to routine dental visit if mild or moderate pain.
2. Medical regimen pending dental visit (choose one):
 - Ibuprofen 200 mg 2 tablets every 4 hours if no contraindications (Contraindications include ulcer/gastritis/esophagitis; pregnancy; allergy to aspirin, ibuprofen, or NSAIDs)
 - If contraindications, use acetaminophen in available dosage strength
 - Acetaminophen 325 mg 2 tablets every 4 hours
 - Acetaminophen 500 mg 2 tablets every 6 hours
3. Follow-up: return to dentist if pain persists more than a week after visit.

 Self-care

Frequent mouth rinses with warm salt water, or with hydrogen peroxide mixed with water in a 1:4 ratio.
Warm compresses to jaw.

Get dental care at least once a year. This includes: a dental exam, dental varnish application (for children), and dental health education.

DIABETES

ASSESSMENT:

 **Farmworker Reports**

Farmworker reports that he/she has diabetes.

RESPONSE:

1. Ask the following questions:
 - Do they have symptoms of diabetes, like excessive thirst, frequent urination, blurred vision, and fatigue?
 - Are they checking their blood sugar, and what levels they are obtaining?
Goal blood sugar: fasting blood sugar < 120; 2 hours after eating blood sugar <140
 - Are they taking any medications, and will they need more before the end of the season?
 - Are they having symptoms of hypoglycemia or low blood sugar? (hungry, shaky, sweaty, dizzy, nervous, sleepy, confused, weak, or difficulty speaking)
2. Test their blood sugar if you are able to do so or make referral to testing site.
3. Arrange a medical visit for all people with diabetes so they can have their tetanus shot and pneumococcal vaccine, blood work, and other examinations:
 - Within 1 month if they have enough medication, are feeling well, and blood glucose is < 200.
 - As soon as possible if they do not meet the criteria above.
4. Remind them to take all medication, bottles, and packaging with them to each clinic visit.
 - The packaging is particularly important if the medication is from another country, as it may contain the generic names and doses of the medication.
 - A review of the actual medication bottles allows the provider to check for duplicate and missing medication, to see how many refills remain for each medication, and to see when the bottle was last refilled as a gauge of medication adherence.

It is very important for the Farmworker to take all medications on the day of their clinic visit, so that the provider can determine if the dose is correct. If the Farmworker will run out of medication, try to obtain a refill for them **before** the clinic visit. Help them get a flu shot every fall.

 **You Observe**

If a farmworker with diabetes complains of chest pain or shortness of breath lasting more than 15 minutes while you are seeing them, call 911. They may be having a heart attack.

If they have nausea, vomiting, dizziness, weakness, or extreme fatigue, help them see a doctor immediately.

 **Self-care**

- Avoid concentrated sweets (sodas, sweet tea, fruit juice and fruit drinks, candy, desserts), fatty or greasy foods, and alcoholic beverages. Eat high fiber foods like vegetables, whole grains, and up to 2 fruits per day. Drink water, 1% or skim milk, or diet drinks.
- Exercise for 30 minutes 5 times a week
- Reduce their weight by at least 10 pounds if overweight, or ideally to a body mass index of 24 or less.
- Check feet for sores or lesions every day. Eye exam or retinal screen annually.

DIARRHEA

ASSESSMENT:** Farmworker Reports**

Four or more loose stools daily; often associated with nausea, vomiting, abdominal cramps, and fever.

 You Observe

Farmworker with mild diarrhea will look healthy. Farmworker with severe diarrhea may have findings listed below.

RESPONSE:

1. Call provider or arrange urgent visit if:
 - Vomiting or fever over 100.4°F lasts more than one day
 - Over ten stools per day
 - Black or bloody stool
 - Severe abdominal pain
 - Signs or symptoms of dehydration (dry lips/mouth, dizziness, urination less than once every 8 hours, loose skin, sunken eyes, fallen fontanelle).

Routine visit if Farmworker requests or diarrhea lasts more than one week.

2. Medical regimen:
 - Small frequent sips of clear fluids: Oral Rehydration Solution (ORS) is ideal [recipe, packets, or ready-made (Pedialyte and others)]. Diluted sports drinks or fruit juice, flat Coke or ginger ale, tea, and broth may be used if symptoms are mild.
 - Bland solid foods as tolerated for children and adults (bananas, rice, applesauce, toast, crackers, tortilla, potatoes). Advance quickly to normal diet once vomiting stops.
 - Babies may continue breast-feeding. They may also take formula as tolerated.
 - Acetaminophen in available dosage strength as needed for fever over 100.4 °F.
 - Acetaminophen 325 mg 2 tablets every 4 hours
 - Acetaminophen 500 mg 2 tablets every 6 hours
3. Follow-up:

Refer to clinic/provider if diarrhea not resolved in two weeks. See provider urgently if any of the following symptoms develop: vomiting or fever over 100.4 °F lasting more than one day; black or bloody stool; severe abdominal pain or tenderness; signs or symptoms of dehydration.

 Self-care

Teach signs and symptoms of dehydration (dry mouth, dizziness, urination less than once every 8 hours, loose skin, sunken eyes, fallen fontanelle) – seek medical care immediately if these occur.

Advise frequent handwashing after each trip to the toilet or diaper change, and before and after eating or food preparation. Check kitchen for sanitation concerns such as mayonnaise in the cabinet rather than the refrigerator, food left out on the counter overnight, etc.

ORS Recipe: 1 liter clean water
(Where There 2 level tablespoons sugar
Is No Doctor) ¼ teaspoon salt and ¼ teaspoon baking soda (½ teaspoon salt if no baking soda available)
½ cup orange juice or mashed banana for flavor

Taste to make sure it is no more salty than tears, then drink sips every 5 minutes until urinating normally.

FEVER

YOU WILL NEED TO CONSULT WITH A HEALTH CARE PROVIDER IF YOU SEE A FARMWORKER WITH FEVER IN THE FIELD. ASK THE QUESTIONS BELOW AND MEASURE THEIR TEMPERATURE BEFORE CALLING.

Background information: North Carolina has the highest incidence of Rocky Mountain spotted fever in the country. This tick-borne rickettsial illness can be deadly, and presents with fever, headache, and body aches. In general, these symptoms during times of year when ticks are present require referral to a health care provider. The usual treatment is with doxycycline unless contraindicated.

Some people with fever have a mild viral infection that will go away on its own, while others have a life-threatening illness.

ASSESSMENT:

Farmworker Reports

Farmworker reports fever

You Observe

Measure farmworker's temperature

RESPONSE:

1. Find out how high the temperature has gone and how long the person has had fever. Many people say they have fever, when actually they are experiencing headache, hot flashes, or any of a number of other symptoms.
2. Ask about associated symptoms such as headache, sore throat, cough, pain with urination, rash, abdominal pain. Ask what medications they have taken already (antibiotics, acetaminophen or Tylenol, ibuprofen or Advil, etc.)

Call the Ambulance if...

- fever + headache + stiff neck
- confusion, weakness, farmworker looks very ill
- shortness of breath
- blood pressure less than 90 systolic in an adult with fever

Send to Emergency Room if...

- Infant < 3 months with fever unless caused by vaccine
- Farmworker looks moderately ill or has symptoms and cannot go to clinic
- Temperature T 105 °F or higher

Arrange urgent medical visit if

- Infant or child with T 104 °F
- Ill-appearing person of any age with T 100.4 °F or higher
- Most people with fever lasting more than 2 days should see a doctor

Self-care

Gentle hydration, offer food as tolerated, acetaminophen or ibuprofen as needed, cooling baths or cool compresses. Do not bathe children in alcohol, and do not give aspirin.

FAINTING

ASSESSMENT:

 **You Observe**

Farmworker loses consciousness.

RESPONSE:

1. Elevate legs, loosen clothing
2. Check if person is breathing and has a pulse. If no pulse or respiration, call 911 immediately and if trained, start CPR.
3. Give nothing to eat or drink until fully awake and nausea resolved
4. When awake, then assess need for further medical care
 - Ask about chest pain, shortness of breath, severe headache, focal weakness, head injury, heat illness, etc., and refer to ER if appropriate
 - If seizure activity is observed, follow seizure protocol
 - Older farmworkers should be checked by a medical provider

If ER visit or 911 not needed, farmworker should rest in shady area and drink fluids until fully recovered.

If diabetic, check blood sugar if possible.

(Loss of consciousness symptoms can appear similar for severe low and high sugar)

If glucose 70 or below, or if cannot check blood sugar, give a “quick fix” food right away

- 2 or 3 glucose tablets
- ½ cup of any fruit juice or regular soft drink
- 1 cup of milk
- 5 or 6 pieces of hard candy
- 1 or 2 teaspoons of sugar or honey
- 1-2 packets of pancake syrup

GREEN TOBACCO SICKNESS

Explain the symptoms of Green Tobacco Sickness (GTS) to Farmworkers, and the ways they can keep themselves from becoming ill – see Health Education Module.

ASSESSMENT:

Farmworker Reports

Farmworkers will complain of nausea, vomiting, dizziness, weakness, or headache after working in tobacco.

RESPONSE:

1. Have the farmworker shower and change clothes before going to clinic or seeking medical care if possible. This removes the nicotine from their skin so they do not continue getting worse.
2. Call provider or arrange urgent visit if farmworker has fever or bloody vomit, symptoms last longer than 2 days, or farmworker is very weak, dizzy, or seems very ill or uncomfortable.
3. If there is any concern about pesticide exposure, follow pesticide protocol.
4. If mild symptoms, set up routine visit if farmworker requests.
5. Medical regimens:
 - Dimenhydrinate (Dramamine) 25 mg: 1 – 2 tablets every 6 hours
 - Meclizine (Bonine) 25 mg: 1 – 2 tablets every 6 hours
 - Diphenhydramine (Benadryl) 25 mg: 1 – 2 tablets every 6 hours

Consult with your medical director to choose a preventive medication to recommend. All three are available over the counter, and some programs allow outreach staff to distribute a small supply of the chosen medication to farmworkers. Warn farmworker the medication will cause drowsiness.

4. Follow-up with clinic/provider if not improved in 2 days.

Self-care

Advise gentle hydration, rest. Counsel farmworker on measures to prevent GTS in the future, such as avoiding contact with wet tobacco, use of raincoat or long-sleeved shirt which is changed after the tobacco dries, and taking a cool shower as soon as possible after working.

Those severely affected, who will not be driving or operating machinery, can be advised to take one tablet of their treatment medication prior to exposure, with a repeat dose immediately after work.

See Health Module on Green Tobacco Sickness for more information and health education tips.

HEADACHE

Headaches are a common symptom, but occasionally are a sign of serious illness such as stroke, brain tumors, or meningitis or other infections. Pesticide exposure, heat illness, and green tobacco sickness all cause headaches. Alcohol and caffeine withdrawal also can cause headaches. The following information can be given as health education if farmworkers bring up this subject. Danger signs and referral guidelines are listed below.

Tension type headaches cause mild to moderate band-like or squeezing pain in the temples and forehead, and are common with stress, exposure to sunlight, missed meals, or awkward postures.

Migraine type headaches may be pounding, and often are associated with nausea, sensitivity to light or sound, and visual symptoms. People often go to bed with a migraine, and feel better when they wake up.

ASSESSMENT:

Farmworker Reports

Danger signs:

- Weakness or numbness in part of the body
- Difficulty seeing, talking, swallowing, or walking
- “This is the worst headache of their life”.
- Fever, facial pain, rash, confusion, or stiff neck are present

You Observe

- Farmworker looks sick, like they have any of the above listed symptoms but are unable to say so.

RESPONSE:

1. Call provider or arrange emergency room visit
2. Arrange clinic visit if Farmworker has frequent or worsening headaches, if headache has lasted more than 2 days, if pain is worse with coughing or sneezing, if Farmworker requests, or if headache is not getting better with over the counter treatment.
3. Medical regimen (choose one with medical director):
 - Ibuprofen 200 mg 2 tablets every 4 hours if no contraindications (contraindications include ulcer/gastritis/esophagitis; pregnancy; allergy to aspirin, ibuprofen, or NSAIDs)
 - If contraindications, use acetaminophen in available dosage strength
 - Acetaminophen 325 mg 2 tablets every 4 hrs (contraindications include liver disease/failure)
 - Acetaminophen 500 mg 2 tablets every 6 hours
4. Follow-up to clinic/provider if headaches worsen or do not resolve in 2 days, or if fever, rash, stiff neck, or facial pain develop

Self-care

Farmworkers with mild, ordinary headaches may take over-the-counter pain medications as listed in the First Aid Kit Protocol. They should not take these more than 3 days per week.

Many people can reduce the number of headaches they have with adequate rest, increased fluid intake, reduction of caffeine and alcohol intake, use of sunglasses when outdoors, regular schedule for meals and sleep, eating breakfast, massage of neck and shoulders.

HEAT CRAMPS

ASSESSMENT:

Farmworker Reports

Painful muscle spasms, usually in the legs and abdomen

You Observe

Normal temperature and vital signs

RESPONSE:

1. Begin self-care immediately. Do not give salt tablets. Seek medical attention if heat cramps do not resolve in one hour.

2. Follow-up:

Instruct in adequate hydration and rest periods. If Farmworker has been working in heat less than two weeks, need extra breaks until acclimatization takes place.

Self-care

- Have person rest in a cool place.
- Give water or a commercial sports drink (many Latinos prefer cool drinks to ice-cold drinks when they are hot and sweaty).
- Lightly stretch and gently massage the muscle.

HEAT ILLNESS

NEVER LEAVE A VICTIM OF HEAT ILLNESS ALONE, AS THEY MAY BECOME CONFUSED, WANDER AWAY, OR EVEN DIE. DETERMINE STAGE OF HEAT ILLNESS AS DESCRIBED BELOW.

EARLY STAGE - HEAT EXHAUSTION

ASSESSMENT:

Farmworker Reports

Headache, nausea, dizziness, weakness, and exhaustion

You Observe

Cool, moist, pale or flushed skin

Heavy sweating

RESPONSE:

1. If vomiting or loss of consciousness, call 911.
2. Use the buddy system – never leave victim alone!
3. Move to shade
4. Fluids orally if conscious and not vomiting
5. Fan
6. Loosen or remove clothing
7. Cold water, wet towels, ice to skin
8. Massage arms and legs
9. Do not give salt tablets.

Follow-up:

If Farmworker recovers quickly, instruct in adequate hydration and rest periods. If Farmworker has been working in heat less than two weeks, need extra breaks until acclimatization takes place.

If Farmworker does not recover quickly, call 911.

LATE STAGE - HEAT STROKE

ASSESSMENT:

Farmworker Reports

Vomiting, weakness, dizziness, confusion, loss of consciousness

You Observe

Red, hot dry skin, elevated temperature if measured (rectal or tympanic most accurate), rapid pulse and respiration, changes in level of consciousness

RESPONSE:

1. Activate EMS. This is a medical emergency! Call 911
2. Medical action: Give intravenous fluids if available. Do not give salt tablets.
3. Nursing actions:
 - Move person to a cool place, air-conditioned if possible
 - Loosen tight clothing
 - Remove perspiration-soaked clothing
 - Apply cool, wet cloths to the skin
 - Place ice or cold packs on wrists, groin, neck, and armpits
 - Fan the person
 - If conscious and not vomiting, give cool water to drink
 - Place person on side if decreased level of consciousness
 - Continue to check breathing and pulse

4. Follow-up:

After Farmworker discharged from emergency room/hospital, instruct in adequate hydration and rest periods. If Farmworker has been working in heat less than two weeks, need extra breaks until acclimatization takes place.

HIGH BLOOD PRESSURE

ASSESSMENT:

i Farmworker Reports

Symptoms that include severe headaches, chest pain, shortness of breath, swelling of the feet and legs and/or if a farmworker does not have symptoms but has blood pressure of greater than 240/140

RESPONSE:

- Refer to emergency room immediately

Farmworker complains of chest pain or shortness of breath lasting more than 15 minutes while you are seeing them

RESPONSE:

- Call 911 immediately. They may be having a heart attack.

👁 You Observe

When taking blood pressure, you find the following:

Systolic BP mm Hg	Diastolic BP mm Hg	Blood Pressure is categorized as....	Referral
< 120 and	<80	Normal	No referral needed, recheck in 2 years
120 – 139 or	80-89	Prehypertension	Lifestyle counseling; No referral needed, recheck in 1 year
140 - 159 or	90-99	Stage 1 hypertension	May repeat in 1 week, and refer if BP still elevated, -OR- Refer to clinic within 1 month Lifestyle counseling
≥ 160 or	≥ 100	Stage 2 hypertension	Refer to clinic within one week or less if farmworker has no symptoms but has BP > 180/110. Refer to clinic within three weeks if farmworker has no symptoms but has BP > 160/100.

RESPONSE:

1. Give a written record of BP, ask them to show it to their health care provider at their clinic visit, and to tell their health care provider if:
 - BP is above 140/90 when taking their medication correctly
 - BP is over 160/100 at any time

- They are having symptoms of headache, difficulty breathing, or chest discomfort..
2. **Remind them to take all medication bottles or boxes with them to each clinic visit.** The packaging is particularly important if the medication is from another country, as it may contain the generic names and doses of the medication. A review of the actual medication bottles allows the provider to check for duplicate and missing medication, to see how many refills remain for each medication, and to see when the bottle was last refilled as a gauge of medication adherence.
 3. Try to obtain a refill for them **before** the clinic visit, if the farmworker will run out of medication.

Self-care

Share healthy lifestyle information with ALL hypertensive and pre-hypertensive farmworkers.

- Stop non-prescribed medications that can cause high blood pressure – many cold and sinus remedies, many weight loss pills and supplements, many energy drinks such as Red Bull, drugs of abuse such as cocaine, methamphetamine, and anabolic steroids.
- See your doctor to talk about use of prescribed medications that can cause high blood pressure – such as birth control pills or nonsteroidal anti-inflammatory medications like ibuprofen or naproxen. Bring your blood pressure card.
- Don't smoke cigarettes or use any tobacco product
- Lose weight if you're overweight. (Desirable Body Mass Index = 18.5 - 24.9)
- Exercise regularly – 30 minutes per day on days not spent working in the fields
- Eat a healthy diet that includes lots of fruits, vegetables, nuts, beans, and low-fat dairy products
- Limit your salt intake – sodium intake should be less than 2,400 mg per day
- Limit alcohol to no more than 2 drinks on any given day for men, 1 drink per day for women
- Limit caffeine intake
- Try relaxation techniques

See Health Module on Hypertension for more information and health education tips.

PESTICIDE EXPOSURE

ASSESSMENT:

Farmworker Reports

Farmworker reports exposure to pesticides during this agricultural season – drift, overspray, exposure to plants with obvious residue, entry into field before the end of the re-entry interval, household exposure, or other.

You Observe

Farmworker is experiencing difficulty breathing, decreased level of consciousness, or severe vomiting or dizziness.

RESPONSE:

Assess presence or absence of symptoms and attempt to determine when exposure occurred. If exposure occurred less than one week ago or symptoms are apparent, follow the steps below. If exposure occurred over one week ago and farmworker is not currently experiencing symptoms, gather information using the Pesticide Exposure Report Form and file with NCDA (NC Department of Agriculture) using instructions below. In October of 2006, health care providers may be required to start reporting pesticide illness and injury to the State Department of Health or to the North Carolina Poison Control Center.

1. If life-threatening symptoms – severe vomiting or dizziness, difficulties with breathing, abnormal level of consciousness – call 911 and warn them of the presence of hazardous chemicals. While waiting for EMS:
 - Start decontamination, taking care to protect yourself from contact with chemicals.
 - Pesticide on skin:*
 - remove clothes
 - wash with water immediately if soap or shower not available
 - shower and shampoo with lots of soap and water as soon as possible
 - put on clean clothes
 - Pesticide on clothes:*
 - discard heavily contaminated items
 - wash lightly contaminated items separately from other laundry
 - Pesticide in eyes:*
 - rinse eyes with water for 15 minutes
 - Use Neoprene or polyurethane gloves and cover your clothing to avoid exposure to yourself. Place all contaminated clothing and materials in plastic bags and seal them so

the chemical does not continue to evaporate into the air. When you are finished assisting the farmworker, wash all exposed skin thoroughly with soap and water, and shower and change clothing as soon as possible.

- Obtain pesticide label if possible, or the MSDS or the name of the chemical
- Determine if other workers or family members are affected
- File report with NCDA
- Provide health education if appropriate

2. If a farmworker is not severely ill, ask specifically about typical pesticide symptoms

Classic organophosphate pesticide symptoms are:

- Dizziness
- Nausea, vomiting, diarrhea
- Blurred vision
- Difficulty breathing, tightness in chest
- Headache
- Muscle cramps
- Drooling, tearing
- Unconsciousness
- Pinpoint pupils

Classic irritant pesticide symptoms are:

- Skin rash
- Eye or throat irritation

If symptoms are present but not life-threatening, ask the Farmworker to decontaminate immediately using procedures described above.

- Obtain pesticide label if possible, or the name of the chemical, and follow any instructions
- Determine if other workers or family members are affected
- Call Poison Control 1-800-848-6946 for further advice
- File report with NCDA

3. If symptoms are not present but exposure has occurred recently:

- Decontaminate as above
- Obtain pesticide label if possible, or the name of the chemical, and follow any instructions
- Determine if other workers or family members were exposed
- File report with NCDA
- Provide health education

How to file a report:

- Complete Pesticide Exposure Report Form if this is an agricultural exposure occurring in North Carolina during the current agricultural season (though they will accept reports up to three years after the incident)

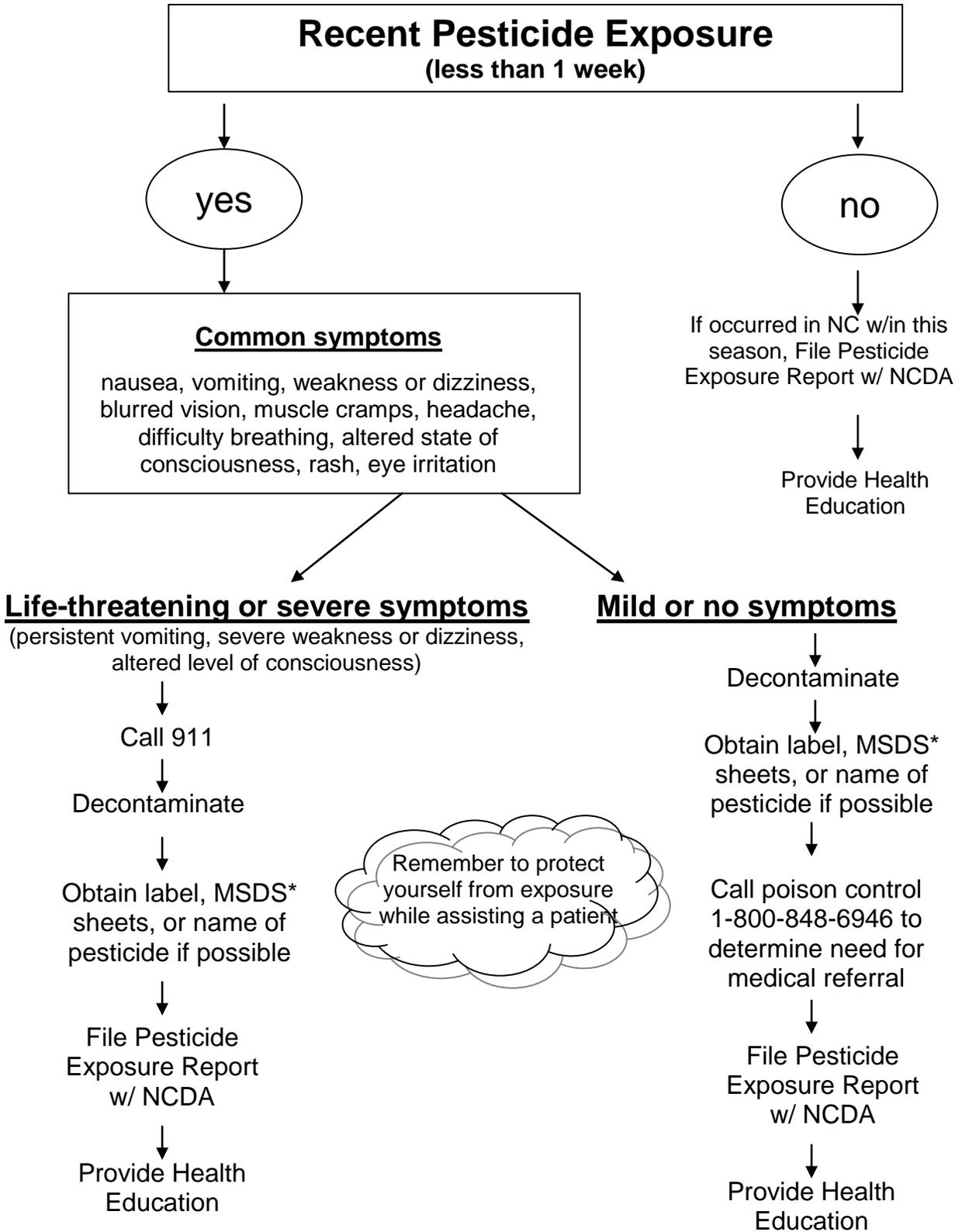
- Ask the farmworker if you may include his/her name and contact information on the report. The form may be completed anonymously, but this is less effective.
- Submit report to NCDA (NC Department of Agriculture) unless the farmworker asks you not to do so
- You may report over the telephone at 919-733-3556, or fax to 919-733-3556
- NCDA is required to assess the workplace within 24 hours.

Other resources:

Pesticide Drift Hotline will provide further advice and support: 1-877-NO-DRIFT (1-877-663-7438)

Self-care

Provide health education as described in Health Education Module on pesticides.



*Material Safety Data Sheets

Pesticide Exposure Report Form

File report with NCDA if exposure occurred this calendar year in North Carolina

1. Describe the pesticide exposure: _____

Examples (if event occurred when not wearing appropriate Personal Protective Equipment):

- Being sprayed with pesticides, or feeling drift on skin
- Working in an area while it is being sprayed (field, greenhouse, building)
- Entering an area before the completion of the Restricted Entry Interval after it has been sprayed with pesticides
- Entering an area while the "Danger, Do Not Enter" sign is still posted
- Entering an area while the plants are still wet with pesticides
- Direct contact with pesticides while mixing/loading/transporting/applying
- Direct contact with pesticides while repairing equipment used in pesticide application

2. When did the exposure occur? (Include date and time if possible) _____

3. Where did the exposure occur? (Provide specific information about location of field, greenhouse, or building) _____

4. Did you suffer any symptoms after the exposure? (Circle any symptoms reported)

- Dizziness, nausea and vomiting, blurred vision, chest tightness, headache, muscle cramps, drooling, loss of consciousness, skin rash, eye or throat irritation, other: _____

- Did you see a doctor? Please give name and address of doctor: _____

- Are you having any symptoms now? If so, list: _____

5. What pesticide(s) were you exposed to? (Name(s), how it was applied, crop or other target if known) _____

6. Grower name and contact information: _____

Send to:

North Carolina Department of Agriculture
FAX number: 919-733-9796
Telephone number: 919-733-3556

For further support:

Pesticide Drift Hotline
1-877-NO-DRIFT (1-877-663-7438)

Contact information (You may file anonymously, but this may decrease effectiveness):

Name of person filing report: _____

Name(s) of exposed persons: _____

Contact information: _____

Date of Report: _____

3/2/06

RASH ON BODY

Rash is often a symptom of other illnesses.

- If farmworker is taking any medications, contact provider to ask if rash could be due to a medication allergy.
- If farmworker feels systemically ill or has significant symptoms in addition to rash, contact provider or arrange urgent visit.
- If the farmworker might have scabies, chickenpox, rubella, measles, or any other contagious condition, check with the provider's office or emergency room before bringing the farmworker into the building. Often the farmworker needs to go directly into an exam room to avoid exposing other clinic patients.
- Rubella, measles, and syphilis both cause a red rash, chickenpox causes a rash composed of small blisters at varying stages, and shingles cause a rash which concentrates in one area of the body, with lesions following a dermatome.

ASSESSMENT:

These findings suggest **SKIN INFECTION**:

- Red, warm, tender, or swollen areas of skin
- Red streaks traveling away from the affected area
- Insect bite or wound preceding the onset of redness and pain
- Fever or chills – check temperature

RESPONSE:

1. If cellulitis is suspected, the Farmworker must see a provider right away.
2. Warm compresses and soaks can be used while waiting for the Farmworker to be seen.
3. Td vaccine should be updated in Farmworkers with cellulitis.

These findings suggest **CONTACT DERMATITIS OR ALLERGIC REACTION**:

- Itchy red rash on parts of the body that are not covered by clothing
- Rash may be made up of tiny blisters

RESPONSE:

1. Call provider or arrange urgent visit to rule out infection if there is fever, pain, or swelling
2. Arrange urgent visit for involvement of face, hands, or genitals; involvement of large areas of the body, or Farmworker distress or discomfort

Self-care

For contact dermatitis:

- Cool compresses to affected areas, followed by Calamine lotion or hydrocortisone 1 % cream up to every 4 hours as needed.
- Diphenhydramine 25 mg 1-2 tablets every 4 hours as needed for itching. Caution Farmworker to avoid driving or heavy machinery, as the medication will cause drowsiness. Loratidine 10 mg once daily may also be used.
- Recommend mild soap such as Dove, Tone, or Caress, and advise Farmworker to avoid scratching.
- Counsel on use of protective clothing to prevent further episodes.
- If rash is arranged in streaks and poison ivy is suspected, educate about the appearance of the plant, the importance of avoiding it, and washing with soap and water immediately touching it.

RASH ON FEET

ASSESSMENT:

Farmworker Reports

Farmworker reports itchy, scaly, peeling rash and itching on feet, especially between the toes. These findings suggest ATHLETE'S FOOT.

RESPONSE:

Arrange clinic visit within 12 hours or call medical provider if fever, severe redness, pain, or swelling are present. If rash does not improve in two weeks, see a provider and bring the tube of cream they have been using.

Self-care

Purchase one of these creams over the counter, and apply twice a day to clean, dry feet.

- Miconazole 2%,
- Clotrimazole 1%
- Tolnaftate 1%
- Lamisil 1%

Wash feet daily, dry thoroughly between toes, and leave feet open to air when possible.

Wear flip-flops or shower shoes in the shower.

RASH IN GROIN

ASSESSMENT:

📌 Farmworker Reports

Farmworker complains of red, scaly, itchy rash in the groin area (skin fold between inner thigh and body). These findings suggest JOCK ITCH / TINEA CRURIS

RESPONSE:

1. Arrange medical visit if Farmworker complains of rash, ulcer, or sores on penis or scrotum, or if he has fever, pain with urination or pus or discharge from the penis.
2. Arrange visit if Farmworker requests, if there has been a possible STD exposure, if Farmworker is concerned about STDs, or if the Farmworker is vague about where and what his problem is.
3. Arrange a visit if self-care has not resolved the problem; remind him to bring the tube of medicine he has been using to the office visit.
4. Farmworkers with severe tinea cruris should be checked for diabetes.

🔧 Self-care

- Keep the area clean and dry
- Apply anti-fungal cream twice a day to the affected area after showering and thoroughly drying the skin. These are all available for purchase over the counter.
 - Miconazole 2%
 - Clotrimazole 1%
 - Tolnaftate 1%
 - Lamisil 1%

RESPIRATORY SYMPTOMS- ALLERGIES

ASSESSMENT:

Farmworker Reports

Farmworker reports runny nose, sneezing, watery eyes, and **itching** of eyes, ears, nose, throat; often worse at certain seasons of the year.

You Observe

Clear watery discharge from eyes and nose. Farmworker does not have fever or sinus tenderness.

RESPONSE:

1. Arrange a clinic visit if Farmworker requests, if Farmworker is very symptomatic, or if over the counter treatments are not effective.
2. Call medical provider or arrange urgent visit if wheezing or shortness of breath.

Self-care

- They can try Loratidine (Claritin) 10 mg 1 tablet daily, or use with diphenhydramine (Benadryl) 25 mg 1 – 2 tablets PO every 6 hours. Caution the Farmworker not to drive or use heavy machinery while taking diphenhydramine, as this will cause drowsiness.
- They can add pseudoephedrine 30 mg 1 – 2 tablets PO every 6 hours if drowsiness results or if symptoms persist on loratidine or diphenhydramine.
- They should avoid dust, pollen, and obvious irritants. Use a mask in the field if symptoms are much worse there. If symptoms are worse in the home, look for dust or mold in the house and remove it.

RESPIRATORY SYMPTOMS- COMMON COLD

ASSESSMENT:

Farmworker Reports

Farmworker says he/she has stuffy or runny nose, sneezing, post-nasal drip, cough, cold symptoms.

RESPONSE:

Call provider or arrange urgent medical visit if Farmworker has shortness of breath, wheezing, coughing up blood, ear pain, chest pain, or looks ill.

Routine visit if Farmworker requests, if fever over 100.4 °F, if sore throat lasts more than one day, or if respiratory symptoms last longer than 2 weeks.

Self-care

- Rest, drink plenty of fluids (especially juice and broth)
- Frequent handwashing to reduce transmission to others
- Stuffy or runny nose: pseudoephedrine 30 mg, 1 –2 tablets 4 times a day. Avoid if history of high blood pressure, thyroid disease, insomnia, or severe anxiety, or if Farmworker is breastfeeding.
- Loratidine 10 mg once daily or diphenhydramine 25 mg can be taken at bedtime for these symptoms if pseudoephedrine cannot be used.
- Cough: use 1 cough drop every 2 hours, or Robitussin DM or equivalent 1 tablespoon every 4 hours. (Choice based on Farmworker choice and/or pharmacy availability.)
- Aches and pains:
 - Ibuprofen 200 mg 2 tablets every 4 hours if no contraindications (contraindications include ulcer/gastritis/esophagitis; pregnancy; allergy to aspirin, ibuprofen, or NSAIDs)
 - If contraindications, use acetaminophen in available dosage strength
 - Acetaminophen 325 mg 2 tablets every 4 hours
 - OR Acetaminophen 500 mg 2 tablets every 6 hours

ASSESSMENT:

You Observe

Farmworker is experiencing a seizure. This may include, but is not limited to, convulsions, chewing movements, difficulty talking, drooling, eyelid fluttering, eyes rolling up, falling down, foot stomping, hand waving, inability to move, incontinence, lip smacking, making incoherent noises, shaking, staring, stiffening, swallowing, sweating, teeth clenching/grinding, tongue biting, tremors, twitching movements, and breathing difficulty.

RESPONSE:

1. Keep calm. Help him/her lie down. Remove glasses and loosen tight clothing.
2. Clear the area of hard, sharp, or hot objects that could cause injury. Place something soft under the head.
3. Do not restrain the person – you cannot stop a seizure once it has begun.
4. Do not force anything between the teeth. Attempts to prevent tongue-biting can do more harm than good.
5. After the seizure, turn the person on his side to allow saliva to drain out of the mouth. Often the person will be sleepy and need to rest.
6. Do not offer anything to drink until the person is fully awake.
7. Observe – what exactly is happening and how long does it last?
8. Monitor symptoms after seizure stops

Call 911 if:

1. The person has one seizure after another without waking up.
2. The person does not stop breathing after the seizure. (It is normal to have difficulty breathing during the seizure.)
3. The person has been injured.
4. This is the person's first seizure.
5. If they have had seizures before but have a fever, severe headache, or more than one seizure in 24 hours, encourage them to seek medical attention.
6. If EMS is called, report to them exactly what you observed during the event and ask them to write it on their report, as it will be helpful to the emergency room staff.

Source: "What is Epilepsy?" by the Comprehensive Epilepsy Program of Wake Forest University School of Medicine

SUBSTANCE ABUSE: ALCOHOL

ASSESSMENT:

📌 Farmworker Reports

When conducting health assessment, the farmworker reports he/she uses alcohol and the amount of alcohol consumed is within the following range:

*Men > 14 drinks / week or > 4 drinks per occasion
 Women > 7 drinks per week or > 3 drinks per occasion*

RESPONSE:

1. Ask Advanced Screening Questions about alcohol use

CAGE

- Have you ever felt that you should **Cut Down** on your drinking? Yes No
- Have people **Annoyed** you by criticizing your drinking? Yes No
- Have you ever felt bad or **Guilty** about your drinking? Yes No
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (**Eye opener**) Yes No

Positive: 2 yes answers. If positive, refer for further assessment and treatment.

2. State, “I am concerned about your drinking and want you to cut down”, and agree on a drinking goal that falls within the following range:

*Men < 14 drinks / week or < 4 drinks per occasion;
 Women <7 drinks per week or <3 drinks per occasion.*

3. Refer to health center and/or if available, to mental health provider

✂ Self-care

- Advise women who drink to abstain if they become pregnant.
- Advise everyone not to drink and drive.

UPPER ABDOMINAL PAIN OR HEARTBURN

ASSESSMENT:

Farmworker Reports

- Gastritis or ulcer can cause discomfort or burning pain in epigastric area, which may be changed by food and temporarily improved by antacid
- "Heartburn" is a non-medical term for gastroesophageal reflux, where acid or stomach contents enter the esophagus or mouth, leading to a bitter taste in the mouth and a burning sensation in the upper abdomen and chest. This is usually worse after eating, smoking, or ingestion of sodas or caffeinated beverages.

RESPONSE:

1. Call provider or arrange urgent visit if urgent symptoms are present: vomiting, blood in emesis, black or bloody stools, constant or severe pain, any pain in low abdomen or right abdomen, pregnancy, fever, jaundice.
2. Medical regimen: liquid antacid 1 TBSP after each meal and at bedtime or 2 antacid tablets after each meal and at bedtime; if taking antibiotic check for interactions. If insufficient improvement, the following OTC medications may be recommended:
 - Prilosec 20 mg 1 tablet once daily
 - Zantac 75 mg or 150 mg 1 tablet twice daily
 - Pepcid AC 10 mg 1 tablet twice daily
3. Routine visit if Farmworker requests or if Farmworker has already tried over the counter treatment without benefit. Remind Farmworker to bring their medication to the medical visit.
4. Heart attacks can feel like indigestion. If farmworker has persistent chest discomfort, follow Chest Pain Protocol.

Self-care

- Stop all irritants, including aspirin, ibuprofen (Advil and others), anaprox or naprosyn (Aleve), NSAIDs, coffee, caffeinated sodas, alcohol, smoking, fatty foods, spicy foods, and any food that makes them feel worse.
- Eat small frequent meals
- For reflux, they should not eat or drink anything for 2 hours before bedtime, and elevate the head of the bed about 6 inches

VITAMIN REQUEST

ASSESSMENT:

📍 Farmworker Reports

Women who could become pregnant need to take a multivitamin containing folic acid 0.4 mg daily to prevent certain birth defects.

Men often request a vitamin to help with appetite loss, fatigue, or other non-specific symptoms.

👁️ You Observe

Normal

RESPONSE:

1. Call MD if Farmworker is pregnant to request prenatal vitamins.
2. Males and females that are not of child-bearing age: Instruct Farmworkers to take one tablet daily. Avoid vitamins which contain iron, unless the Farmworker is known to be anemic.
3. Women of child-bearing age should be especially encouraged to take a vitamin containing folic acid daily to prevent birth defects and to improve general health and well-being. Give literature about the importance of folic acid in promoting healthy pregnancies, and encourage her to obtain more vitamins when she finishes the supply you have given her. Be sure to document on your encounter form that you have given vitamins and shared this health information with the Farmworker.
4. Nursing actions: instruct in eating three balanced meals per day, adequate rest, adequate fluid intake for work and weather conditions.
5. Follow-up:
Women who become pregnant should contact the clinic for prenatal vitamins and prenatal care. They should continue their multivitamin until they start their prenatal vitamins.

**THANK YOU FOR HELPING PREVENT
NEURAL TUBE DEFECTS IN NORTH CAROLINA!**

WOUND CARE

ASSESSMENT:

📍 Farmworker Reports

Mild discomfort

👁️ You Observe

Burn, abrasion, or superficial laceration of skin

RESPONSE:

1. Arrange urgent medical visit if: deep or puncture wound, large or deep burn, loss of movement, strength or sensation in affected limb, severe bleeding, deformity or possible fracture, signs of infection.
 - If sutures will be needed, refer within 8 hours.
 - Splint limb deformities and refer immediately
 - Stabilize neck and back injuries and call 911.

2. Medical/nursing actions for wounds not requiring referral:
 - If active bleeding, immediately put on disposable gloves (or use thick dressing if gloves not available) and apply pressure until bleeding stops.
 - Wash hands, put on disposable gloves.
 - Wash wound with soap and water.
 - Apply antibiotic cream or ointment, then Band-Aid or gauze/roll bandage/tape as appropriate.
 - Instruct Farmworker to wash wound and re-dress daily.
 - Td (tetanus) vaccine within 48 hours if indicated

3. Follow-up: instruct Farmworker to call or come in for fever of 100.4 °F or more, redness, or pus coming from the wound or burn. Burns should be rechecked in 2 days unless extremely minor.

DEFINITIONS

The Bureau of Primary Care's definition of **case management** is ...

“Client-centered service that links clients with health care and psychosocial services to ensure timely, coordinated access to medically appropriate levels of health and support services and continuity of care.”

Y CASE MANAGEMENT ACTIVITIES

In successful farmworker health programs, enabling components work in unison to bring new patients into the healthcare system. Farmworkers are identified and located through community outreach and **scouting**. Their needs are identified through a thorough **assessment**. Case Management helps coordinate services addressing a variety of complex needs with an array of community resources. While **health education** activities provide information and build skills to help maintain patients' well being and healthy behaviors.

Case management is an essential part to the provision of enabling services since even the most well informed clients may experience barriers when trying to access health care or get lost to follow up, preventing his/her utilization of services. Some farmworkers have so many medical and social challenges that their needs cannot be addressed with one visit to a healthcare agency. Farmworkers with multiple challenges benefit most from a case management approach to care.

The primary purpose of those providing case management services is to link clients with health and social services to ensure timely, coordinated access to medical and social support services. This may be done by sharing needed information, making referrals, and/or providing direct services to farmworkers to address limited services and barriers they face.

See *Appendix IV: A Guide for Outreach Workers and Other Advocates: Special Protections and Benefits for North Carolina Farmworker Families*.

In addition to the Outreach Staff, case management activities may be provided by professional social workers, case managers, and/or by trained community volunteers. It is not recommended that lay health advisors provide case management. Non-professional staff providing case management is encouraged to complete training on case management before they provide the service.

When conducting case management, staff will ...

- Conduct assessment of the client's health and socioeconomic needs as well as personal resources or support systems that may be used to address the need
- Develop a comprehensive, individualized service plan, along with farmworker
- Coordinate services required to implement the plan
- Monitor client to assess the efficacy of the plan, with periodic re-evaluation and adaptation of the plan as necessary

Staff providing case management services can work closely with other community outreach workers to locate social support services, such as day care services, as well as to assist with the setting up appointments, providing transportation and/or helping as interpreters.

Assessment of Health and Social Needs

Social workers, case managers, outreach staff, and trained volunteers use the individual health assessment form to identify health or socio-economic needs, and support systems of farmworkers. They also use the site register when conducting an environmental scan to detect unhealthful living/working conditions.

See *Chapter 4: Health Assessment*.

Staff may also help farmworkers determine eligibility assistance. This may entail helping farmworkers complete required forms to secure access to available health, social support, and/or other assistance programs, such as Medicaid, food assistance, childcare services, etc.

Development of Service Plan

Before providing case management services, it is important that the farmworker indicate that he/she desires to receive assistance. The client should always be the person requesting and/or agreeing to receive assistance. The decision should not be made by anyone else.

Once the farmworker indicates a desire to receive case management services, the case manager should develop an individualized service plan, along with the farmworker client. The service plan is simply an agreement between you and the farmworker regarding the action to be taken to address the health and social needs identified through the individual health assessment and/or environmental scan of the farmworker camp.

Before developing the plan, the case manager should remember to ...

- **Explain Privacy and Confidentiality**

It is important to remember that staff providing case management must maintain the highest level of confidentiality. Remember to explain to farmworkers that all information is private and kept confidential.

Staff should be familiar with their agency's HIPAA rules and patient privacy policies and abide by them. It is helpful for staff to have with them copies of their agencies privacy rules to share with farmworkers, when needed. Staff should not share any information with other farmworkers and/or farmworker family members, without permission. If asked about a farmworker, the staff member should refer the person asking to the farmworker in question.

- **Help farmworkers define the problem and set priorities**

Since farmworkers often face so many challenges, it is always helpful to have him/her state and prioritize the issue/concern to be addressed. Upon doing this, discuss the need, concern, challenges, and possibilities further. Allow time to listen to the farmworker. This expresses to the farmworker that you are truly interested, and helps avoid misunderstandings and/or miscommunication. Keep a record of what you discuss in your client's record.

- **Help farmworker identify existing resources**

Supportive family members, friends, and other financial or agency resources are important to case management. The caseworker should ask about and encourage the worker to record the names of individuals and agencies that he/she feels can serve as a resource and/or support to them. The case worker can inform of other resources and support systems that may help address needs.

“Outreach workers may also want to take this opportunity to briefly address or make note of personal strengths or character traits that the individual farmworker brings to the case management process; for example, dependability, enthusiasm, bilingual abilities, etc.” (FHS Outreach Reference Manual 8/2005)

- **Share community resources with farmworker**

Discuss with farmworker potential resources available to him/her. These resources may be providers that you have as part of your local referral network. This may include staff within your own agency. If the farmworker is unfamiliar with an agency or individual you are referring them to, be sure to provide the agency’s or individual’s name, preferably written down; explain what type of services will be provided; and to give any other important information to facilitate ease of access to services.

Actively engage farmworker in the development of an action plan to meet needs; determining priorities, interventions, milestone, and timelines. Keep in mind the farmworker’s mobility patterns.

When developing the service plan with the farmworker, staff should include the following components:

- **Goals:** Have the farmworker select no more than three goals that they want to achieve to address the identified problem. Be sure to write them down and that goals are specific and feasible.
- **Action steps:** Clearly detailed action steps must follow each goal.
- **Person responsible:** Discuss and note who will be responsible for carrying out each step in the plan. This may include you, the farmworker, their family, other farmworkers, referral agencies, etc. Make sure others know they are part of the plan.
- **Mileposts and deadlines:** Talk about realistic deadlines for each step and write down dates by when tasks or assignments will be completed. Together, you may also set mileposts/indicators to help the farmworker identify whether he/she are getting closer to reaching his/her goal.

Coordination of Services

Outreach workers, by virtue of their community-based activities, are able to understand situational barriers that prevent farmworkers from accessing services. They can negotiate the health care system to accommodate farmworker needs.

As such, caseworkers provide farmworkers with client-centered services that link him/her with needed healthcare and social support services. Farmworkers should agree on and be well aware of

the problem being addressed and the services being rendered. Staff is often very involved in setting up and assuring farmworkers access to needed services.

Case managers serve as mediators between farmworkers and healthcare providers; and coordinating, and sometimes offering, needed support services such as appointment setting, transportation, interpretation services, childcare, etc.

- **Client Record**

Staff must remember to always set up a client record to document farmworker needs, action plan, and services rendered. Records must clearly document farmworker contact information and camp location.

- **Referral**

From the information gained through the health assessment and development of a service action plan, the outreach worker determines the need for referral and follow-up. When a referral source is part of a case management service plan, the referrals should be made in a timely manner and in writing with date, agency/contact name, description of service to be rendered and follow-up action or date specified, clearly noted.

When referring clients to any service:

- Ensure that the person is referred to a service appropriate to meet the need.
- Ensure the person understands the problem and the service to be provided.
- Provide the person with adequate information about the agency and functions.
- Help farmworker prepare for and/or learn how to access service as well as other community resources.
- Explain the documentation needed and how long the encounter may take.
- If a language barrier is present, make sure that appropriate interpreter services are available.
- Encourage the person to ask questions of service providers and ask him/her to get back in touch with you if there is a problem.
- Ensure that transportation and/or childcare have been arranged.

- **Follow-up**

Understanding the mobile lifestyle of migrant farmworkers is paramount to addressing the issue of follow-up. Depending upon the agricultural season, farmworkers may stay for as little as two weeks in a given area. Frequently they have already left an area before test results are available.

Follow-up is often provided for a specific condition or service. When one follows-up with the farmworker or a provider, one can determine whether services were provided. Action plans are revisited often to determine progress made and/or to make modifications. Follow-up visits ensure completion of tasks and all visits are clearly documented in the client's record. Remember, if you arrange appointments, you can call to follow up.

Therefore, when providing follow-up services to farmworkers,

- Attempt to determine how long they will be in the area.
- Obtain a permanent or forwarding address.
- Assure that the farmworker understands the need for follow-up care and where to get it.
- Documentation in client record on all follow-up activities.

Staff should also remember to keep and follow-up on promises. Likewise, staff should not promise what they cannot deliver. This is crucial for maintaining farmworker trust and rapport.

Client Monitoring

Outreach staff are often the first to know of the arrival and departure of farmworkers in an area. Client monitoring and follow up is important to assure continuity of care. To assure **continuity of care**, staff may encourage farmworkers to use portable medical records or to obtain a copy of their medical record before leaving a site. Outreach workers can explain to farmworkers that by carrying their medical records, there will be less waiting and repetition of tests or examinations at the next clinic.

Client monitoring assists farmworkers in carrying out their action plans and helps remind them of goals and commitments. It is not meant to infringe on farmworker freedom of choice and/or dictate behavior. Farmworkers may change plans with the help of case managers.

When monitoring farmworker clients:

- **Check for adherence to treatment regimens**

Revisit service plans weekly to determine progress made and/or to make modifications, depending on change in need or resources. Make sure clients understand the importance of the treatment and/or service to be rendered. If the farmworker is a migrant worker and is in an area for a short amount of time, staff may help them identify a provider in the area they are

going to. If they are not familiar with their new area, staff may help them identify service providers and provide them with a contact list for available resources.

- **Communicate often with farmworkers and service providers**

Communication is key when serving as a link between farmworkers and service providers. Staff must inform farmworker of progress made toward the desired goal. He/she may share a list of things to do.

Staff must also clearly explain to farmworkers diagnosis, treatment, and/or expectations. Likewise, staff should help providers understand challenges that farmworkers face, thus serving as a farmworker advocate.

Staff must provide both farmworkers and providers with pertinent feedback, particularly that which facilitates access to and quality of care. Oftentimes, caseworkers will have to contact farmworkers and/or providers to determine if a service was rendered and whether needs were met. It is important to remember that under HIPAA rules, some agencies may be more hesitant to share client information. Measures must be put into place to facilitate information sharing, with client permission.

- **Re-evaluate and adapt plan, as needed**

As staff reviews plan and accomplishments, he/she must work with the farmworker to adapt action plans, documenting successes and revisions. It is the primary responsibility of the caseworker to see that the case is completed and that the identified need is met. Upon doing so, he/she must document the client's record, the individual health assessment and/or encounter form, and FHASES.

DOCUMENTATION

When providing case management services, staff must

- Document case management activities using the Individual Health Assessment and/or Enabling Encounter Form
- Record all follow-up visits and activities using the Enabling Encounter Form
- Enter data into FHASES

PERFORMANCE EVALUATION

The Program Coordinator, as well as staff assigned case management, may use the following questions to evaluate their performance in accordance to NCFHP's expectations and standards:

- Did worker complete an assessment of the farmworker's health and environmental risks?
- Did service plan and coordination of services correspond with assessed needs?
- Did staff clearly document all referrals, interventions and follow-up; detailing date, action, and serving agent?
- Were action steps in action plan followed?
- Did outreach staff make at least three attempts, within a two-week period, to follow-up on action plan?

DEFINITION

The North Carolina Farmworker Health Program follows the definition provided by the Bureau of Primary Care, which states that a health education encounter is a...

“...one-on-one visit between a health education provider and a patient in which the services rendered are of an educational nature relating to health matters and the appropriate use of health services.”

The health educator dialogues with the patient in an **interactive** manner to **promote knowledge** regarding health and healthy behaviors.

NCFHP acknowledges that meaningful health education is conducted with groups *as well as* individuals; in order to document a health education encounter for UDS purposes, however, a group session must also include one-on-one education in which there is an exchange of information.

Y HEALTH EDUCATION ACTIVITIES

Overview

NCFHP health education activities focus primarily on sharing health information. Health education may be provided by **outreach program staff, trained volunteers and students, professional health educators and/or lay health advisors** also known as “promotores(as)”. It may be provided at an **initial visit** or through **follow-up** home/field visits upon completion of an assessment of health education needs.

A health education encounter may be **brief**, such as a one-on-one dialogue lasting several minutes, or **programmed**, such as a longer, interactive group activity or presentation followed by individual conversations with participants.

This chapter discusses NCFHP expectations for **staff preparation and training, assessment of farmworker health needs, and planning and presenting** health education material including a section on recommended **teaching techniques**. At a glimpse, staff providing health education will:

- Complete study of core NCFHP farmworker health modules and attend required trainings.
- Conduct assessment of farmworker health knowledge, behaviors, and/or interests using the list under the “Health Education” section of the individual health assessment.
- Provide educational sessions based on findings from individual health assessments, environmental scans, and/or farmworker interest.
- Use effective teaching strategies, preferably based on popular education principles (described later in the chapter), to present health information focusing on the prevention of illness, the promotion of healthful behaviors, and on how to access and utilize needed health services.

- Share educational health material that is linguistically and culturally appropriate and reflect the reading level and, when possible, the preferred learning styles of the farmworker population being served.

Staff Preparation and Training

The ability to be an effective health educator depends in part on the educator’s familiarity with a particular subject along with confidence in his or her teaching skills. NCFHP encourages ongoing education and training of outreach staff on health education topics and techniques.

- **Self Study**

Staff may use [NCFHP Health Modules](#) as a resource for self-study. Each module focuses on a key farmworker health topic and contains a pre-and post-test (or “self assessment”) and supporting information on the health topic, as well as a sample lesson plan, activities designed to motivate and empower participants, and recommended resources. Taking the pre- and post-tests is strongly recommended.

Staff are encouraged to visit websites and/or read publications related to farmworker health. Having access to information on health concepts and related issues will help inform the knowledge base from which staff can make the appropriate referrals and determine responses to farmworker needs.

See *Appendix III: List of Farmworker Organizations and Websites*.

- **Workshops and Conferences**

Outreach staff is required to attend all trainings that pertain to them offered through NCFHP. The trainings are aimed at enhancing their knowledge of farmworker health issues and/or their teaching skills. Staff may also take advantage of trainings offered through their agency or other organizations such as education on First Aid, CPR, HIV pre- and –post counseling, child seat installation, etc. The central office team periodically surveys outreach staff to identify currently relevant and desired training topics.

Staff is encouraged to attend other state and national trainings, workshops, and conferences as well as meetings held by advocacy groups and other farmworker organizations. The National Farmworker Health Conference and the East Coast Migrant Stream Forum are two annual conferences that staff can choose from to attend in their first year of employment when the budget allows. These gatherings are opportunities for staff members to meet and learn from others who work with farmworker communities. The NCFHP website has [links](#) to several organizations who host farmworker-related conferences and meetings.

Assessment of Health Knowledge/Literacy

Before planning or conducting health education activities, staff should have a good understanding of the health and social needs of farmworker families in their service area. It can be beneficial to not only grasp the health needs but also understand the learning styles and settings most conducive to learning by area farmworkers. Some ways to assess farmworkers’ health literacy and learning preferences are to:

- **Use information gathered from individual health assessments, environmental scans and/or farmworker feedback surveys.**

NCFHP forms such as the health assessment, environmental scan and the annual farmworker feedback survey provide insight as to what health topics and methods may be most appropriate and relevant. This may be based on any health issues affecting farmworkers at that time, interests they may have, and/or observations made by the outreach worker.

- **Review site data.**

A review of data at the end of the agricultural season may also inform areas to focus on for the coming season. Statistics from the health agency, such as medical histories and common diagnosis/conditions, or research studies done in the area may help staff determine health problems that are currently experienced by farmworkers.

- **Listen to the community.**

Oftentimes the best way to identify priority health topics/issues among farmworkers is to simply listen to the community, including farmworkers and people who work with them like community leaders, healthcare providers and service agency staff. Ways to get this type of information include conducting community forums, hosting focus groups, and/or simply by talking with farmworker during visits to their homes/camps. Student interns and volunteers may be available to help facilitate a focus group in the service area.

When asking farmworkers about the health information they want to discuss, giving examples of 3 to 4 topics (found on the “Health Education” checklist on the health assessment) may provide them with a better understanding of what the program offers and may generate more topics. What is considered urgent or interesting to some is not necessarily considered the same by others. If someone does not express interest and/or if the staff member is at a loss as to what topics to share with farmworkers, then health educators are encouraged to focus on sharing information about topics identified as common health concerns among farmworkers in the state, indicated as “priority” education topics on the health assessment.

Presenting Health Information

After identifying priority health topics, an effective health educator prepares in advance to present health information, not only by studying relevant health topics but also by developing a good **plan** for engaging participants in health education sessions. Planning for health education should take into account the **size/type** of education encounter (one-on-one, brief education, or group session), the **location**, supporting **educational material**, and the teaching **approach**.

- **Size/Type of Education Encounter**

One-on-one education provides an opportunity to tailor a health education session to a person’s own reality and experience. Examples of effective one-on-one education encounters include conversations in which health information is shared, individualized goal-setting, distribution of health education material followed by discussion, and games and activities related to a health topic. The encounter should seek to build upon the knowledge and the ability of the farmworker to address his or her own health concerns. The health educator may

help them identify root causes for a condition, and/or guide them in determining steps needed to access resources to bring about healthy behaviors. Certain health topics may be considered to be more personal and private to the individual, in which case a one-on-one education encounter may be more effective and meaningful than a group session. ***One-on-one education is documented as a health education encounter*** for UDS reporting purposes.

Brief education is a one-on-one encounter that is done in a limited amount of time. The often-demanding schedules of many farmworkers and outreach staff require the ability to identify “teachable moments” when they arise, taking advantage of the time spent waiting in the clinic lobby with a patient, transporting them to and from appointments, or simply being together for a limited outreach visit. Brief education encounters, like all NCFHP-supported education, should begin with the farmworker’s experience; asking open-ended questions to get a conversation started is an important technique. Brief education should attempt to convey key messages rather than comprehensive, detailed information; it should also allow for practical goal-setting with the person. If such encounters are done ***one-on-one and fit the NCFHP definition of a health education encounter, they may be documented*** as such.

Group sessions are interactive health education sessions presented to groups. Group atmospheres often provide a fun, engaging arena for peer support, skills practice and collective goal-setting. Educational activities can include games, theater and role-plays, and oral, video or audio presentations on a health topic followed by discussion. ***Group sessions alone do not count as health education encounters*** for UDS documentation purposes; only one-on-one education that occurs during the group visit should be documented.

NCFHP recommends preparing a **lesson plan** in advance of a group session. A good lesson plan includes:

1. Learning objective(s);
2. Key points to be presented with relevant, interactive activities and allotted time for each;
3. List of required materials and/or handouts.

The lesson plan is meant to be only a guide for the health educator and is not meant to dictate or limit learning for the farmworker. Being flexible with the schedule and content of the lesson, focusing on the needs of farmworkers, and avoiding trying to cover everything there is to know about a topic in one activity are things to keep in mind when facilitating group education.

Examples of lesson plans are found in each of the NCFHP Health Modules.

- **Location**

Many people often think of health education as taking place in traditional settings like a classroom. When sharing health information with farmworkers, health educators must be open and ready to present in a variety of settings such as farmworker camps, clinic waiting rooms, health fairs, and in transit.

The following is a list and description of settings in which staff may find themselves conducting health education activities:

Farmworker camps and homes are common places for health education activities to occur, whether at a worksite or residence. Camps are a great place for group activities, and also an ideal setting for displaying posters and flyers about health topics and clinic services. It is recommended to check with the farmworker residents/family before scheduling a health education session regarding an appropriate day and time.

If an educator plans to carry out a group health education activity at a farmworker's workplace, it may be helpful to discuss plans with the farm owner to determine the best day and time to hold the session so as not to disrupt work. One should also be mindful of environmental factors and social dynamics at work that possibly affect a person's level of engagement in a health session, such as timing, space and the presence of the employer.

Waiting rooms at healthcare and other service agencies are potential spaces for health education activities. Patients are often required to wait to see providers, meaning there is an opportunity to engage individuals in conversation and learning. It's wise to find a balance between the busiest hours when there is too much commotion and the slow hours when no one is there, and to plan activities that are appropriate for everyone present regardless of age, gender etc. The agency staff should be informed of your planned activity beforehand.

Area businesses can be venues to display health education materials, clinic flyers, and/or to do demonstrations, when business owners allow them.

Health fairs are ideal settings for providing information and services to farmworkers. Services commonly provided at health fairs include dental cleaning, blood pressure checks, cholesterol screening, HIV testing, and immunizations. Outreach staff may search for health fairs that are already organized in the area, and work collaboratively with the fair organizers to make the events accessible to farmworkers. Health fairs require a significant amount of planning and work best when they are well-organized.

Any appropriate situation where you are around farmworkers provides an opportunity to share health information. Health education encounters can occur when visiting farmworker homes, transporting clients, waiting with them to be seen by a service provider, etc. Outreach staff may want to consider keeping a good supply of various-themed health education materials in the car used on outreach, for purposes of being able to conduct education "on the go."

- **Educational Materials**

Quality educational materials can help spark dialogue and reinforce messages presented through a health education session. These resources can come in the form of pamphlets, posters, games, DVD and audio recordings, props for skills demonstration and practice, and models and/or other visual aids that are culturally and linguistically appropriate. There are many, many educational materials available through various health organizations; at times it can be difficult to identify which are the most effective and appropriate for one's resource collection. NCFHP maintains a list of recommended materials, many of which have been evaluated and/or selected for their apparent success in education encounters with farmworkers and their families.

See *Appendix V: Recommended Health Education Material*

- **Approach**

NCFHP believes that meaningful and effective learning happens when there is a good rapport between the participants and the facilitator and participants are active participants in their learning. Health educators are encouraged to engage farmworkers as much as possible in determining topics to be shared as well as the methods used to present the material.

Ways to **actively engage** farmworkers in learning include:

- Inviting farmworkers to select the health topics of interest to him/her
- Sharing with him/her the importance of the topic he/she has selected
- Asking farmworker what he/she already knows about the topic
- Using creative teaching strategies to involve them in the lesson
- Challenging farmworker to apply information and/or new skill with others in the coming week
- Asking follow-up/review questions, giving assignments, and/or sharing educational material
- Providing support, praise, and encouragement to reinforce positive behavior
- Allowing time to discuss concerns, commitments and anticipated or existing challenges

When working with farmworker communities, less formal methods of educating can help break down barriers between the facilitator and participants, promoting more involvement in the lesson and following actions. The education approach should focus on the farmworker's experience and need rather than the instructor's agenda.

INSTRUCTOR FOCUSED METHODS

The teacher/outreach worker is the leader.

The teacher has all the information.

The teacher is the expert.

The teacher prepares a lecture.

The teacher tells the correct answers.

FARMWORKER FOCUSED METHODS

The outreach worker is the facilitator.

The facilitator builds on what people know.

Farmworkers contribute knowledge they have about topic.

The facilitator prepares a number of activities that promote active learning, discussion and sharing of information.

The facilitator helps farmworkers learn from each other.

Effective Teaching Principles and Methods

Popular Education

The North Carolina Farmworker Health program promotes the use of **popular education** methods when presenting health information to farmworkers. Popular education is also referred to as adult education or empowerment education.

Popular education is a form of adult education that encourages learners to examine their lives critically and take action to change social conditions.

It is "popular" in the sense of being "of the people." Popular education emerged in Latin America in the 1960s-1970s; Paulo Freire is its best-known exponent.

The goal of popular education is to develop "people's capacity for social change through a collective problem-solving approach emphasizing participation, reflection, and critical analysis of social problems". Key characteristics of popular education are as follows: everyone teaches and learns, so leadership is shared; starting with learners' experiences and concerns; high participation; creation of new knowledge; critical reflection; connecting the local to the global; and collective action for change.

Source: ERIC Clearinghouse on Adult Career and Vocational Education Columbus OH
<http://www.ericdigests.org/1998-1/popular.htm>

When using the **popular education approach**, the health educator:

- **Starts with what is familiar and addresses needs**

The presentation or session focuses on topics farmworkers are interested in and what is relevant to their actual experience. Using recognizable words/phrases, stories, pictures, games, and role-plays of realistic situations can allow for more participation.

- **Provides new information that builds on existing knowledge, skills and capacities**

Effective health education draws on existing knowledge and skills, then helps people see what they already know, not just what they don't know. One way to determine farmworker knowledge about a topic is to ask probing questions about a particular topic. This strategy may be coupled with a visual aid.

For example, when trying to determine farmworker knowledge about pesticides, the facilitator/educator may display a small container of a common pesticide and ask....

- What do you know about this pesticide or pesticides in general?
- Do you know someone who has been exposed to pesticides?
- What happened to them?
- Do you know how they got sick?
- What do you do in the field to protect yourself from pesticide poisoning?
- What are some symptoms of pesticide poisoning?
- How can you keep yourself from getting very sick if you have been exposed?
- Are you ever hesitant to go to work because of fear of pesticide poisoning?
- What do you think can be done to stop pesticide poisoning?

These questions will encourage the sharing of ideas and personal experiences and can help identify what participants don't know and how to target the activity to their needs. The questions relate to knowledge, skill, beliefs and values and can inspire critical thinking.

Whenever possible, one should avoid complicated charts and graphs to convey new information. Simple graphics work best.

- **Is linguistically and culturally competent and respectful of diversity**

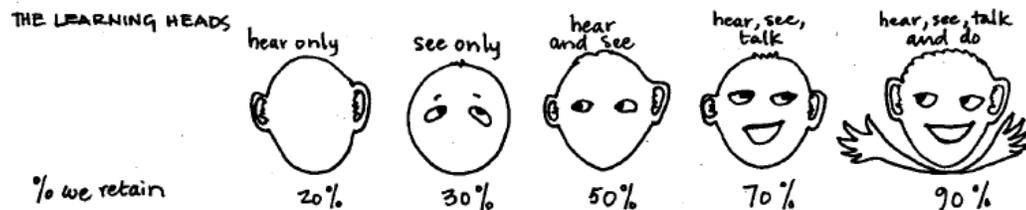
It is very important to be aware of diversity of participants' identities and experiences when facilitating health education. The educator should consider how one's language, race, ethnicity, age, gender, sexual orientation, culture, religious beliefs, socio-economic status, and/or community traditions may factor into their learning experience. The health educator must facilitate an education session in a language the participants understand. The educator should be respectful at all times, even when the opinions or behaviors are different then and/or in conflict with their own personal values and beliefs. An exception to this rule is if the educator identifies behavior that he/she feels is threatening or harming someone else in the group.

- **Provides reinforcement and helpful feedback**

Effective health educators let the participants know how they are doing in the learning process. They reinforce learning by allowing the participant to share what they have learned and by providing material that may later serve as a reminder of the session. The educator checks in throughout the educational activity to be sure the participant has grasped the concept or learned the skill, and acknowledges achievements.

- **Makes activities participatory**

Most adults learn best when they are participating in the learning. Hands-on activities that involve movement and action are best. In general, people retain more from activities where they *do* something as part of the learning process rather than just hear or see something. Participatory activities can allow participants to share information and learn from each other.



Arnold, A., Burke, B., James, C., Martin, D., Thomas, B. (1991). *Educating for a change*. Toronto: Between the Lines & Doris Marshall Institute for Education and Action.

- **Uses a variety of teaching methods**

Health education methods chosen will depend on the factors covered in lesson planning (size/type of group, location) and the learning objectives. It's recommended to have several lesson plans and activities prepared in advance, from which one can choose to use based on the circumstances. Being ready to adjust the activities is a key tactic, since an educator may learn that the needs and interests of the farmworker participants are different than expected.

The following is a list of **creative teaching activities** that can be used in farmworker health education:

Role-Play: One of the most effective ways to share information and break the ice is through role-play. It requires few props and needs little preparation. Role-play is entertaining--giving people a chance to laugh, get involved and relieve frustrations. A role-play can

communicate complicated ideas in an informal and active way. Because the participants are doing the talking, the facilitator can learn important information.

When facilitating role-plays with farmworker communities, it's best to remember to:

- Choose a key issue or event that will be addressed.
- Clearly explain the role of each participant and the use of props.
- Clearly define the start and finish of the role-play.
- Allow participants to react to the situation as they would in real life.
- Conclude role-play with a discussion prompted by questions such as: *What happened? Why did this person do such and such? What could they have done differently?*

Problem Solving Activity: Problem solving is similar to role-playing through the use of real-life situations and interactions. Problem solving can be used when role-play is not appropriate or possible (when time is short or there is too much commotion).

Using “triggers”, which may be a picture, a story, or news event, the educator presents the problem to be discussed and follows it by a series of “why?” questions to encourage participants to analyze the situation and determine the root cause of the problem. Information must be provided as to how to prevent the problem and/or how correct a situation, possibly through supplemental educational materials and a list of resource agencies in the area.

For example:

Present a picture of a farmworker suffering effects of pesticide poisoning (unconscious in the field) and ask participants what they think may have occurred. Ask the participants to help you solve the problem by answering a set of questions.

Question

Why was this person sick?

Why was he sprayed with pesticides?

Why was he in the field?

Why didn't anyone warn him?

Possible Response

He got sprayed with pesticides.

He was in the field when the spraying began.

He was working.

They don't always tell us when they spray.

The key in the example is that all the questions have answers that the farmworkers can provide and must be answered with more than just a “yes” or “no”. If the facilitator asks, “What are the symptoms of pesticide poisoning?” participants may share various answers that may lead to dialogue about pesticide exposure, effects, etc. Then a short discussion about how to prevent the problem and/or what to do in case of accidental exposure can occur, followed by distribution of materials related to pesticide safety.

Games: Simple games are also effective health education tools for people of all ages. There are several games that have been developed for use with farmworker communities that are available for purchase or order, such as pesticide bingo (See *Appendix V: Recommended Health Education Material*), but educators have long used a variety of homemade games or activities that require materials easily found at home or elsewhere. Examples include the “grab bag” and the “cabbage toss”, described below:

The “*Grab Bag*” involves a bag full of props related to a specific topic. The bag is passed around to all the participants. Each participant pulls out a prop and answers a question regarding that prop. For example, an HIV/AIDS grab bag would include a box of razors, a condom, a toothbrush, a plastic syringe, a toilet seat, a fork and picture of people having sex, etc. Each participant would tell whether using these articles could spread HIV. This kind of participation can lead to very lively, informative discussions, especially if you ask people to explain their answers.

The “*Cabbage Toss*” is a game with questions or illustrations about a topic written on paper. The first piece of paper with a question is crumpled into a ball. That ball is then wrapped with another piece of paper with a question on it, and so on, until there is a ball resembling a cabbage with several layers of questions. It is then tossed to a farmworker who takes off the first layer and answers the question on the leaf. He/she then tosses it to another worker who proceeds to answer the layer for the next leaf and so on until no more leaves of paper or questions are left. (*If using illustrations rather than written questions, for low-literacy groups, the farmworker would be asked to say how the image relates to the topic at hand.*)

Games are can be especially entertaining when done with at least three players and when there are prizes at the end of a game.

Audio/Visual Aides: Materials that appeal to people who learn best by hearing/seeing can be used in interactive ways:

Posters, pictures, felt boards and models can be used for health education. For example, when talking about nutrition, a diagram that illustrates healthy and balanced eating portions can be displayed. Participants can be asked to compile their own healthy plate using pictures (from magazines, felt, or hand-drawn) representing different food groups and portions. Participants can then describe their personal plates and discuss together how to build balanced meals and the meaning and importance of healthy eating.

Videos/DVDs are good tools for getting a discussion started, particularly those that show real life situations and experiences. Videos/DVDs are most useful when accompanied by an organized discussion before and after viewing, and sometimes during. Participants can be prompted to predict outcomes or reflect on their own experience as it relates to the film, using questions such as:

Do you think this situation in the video is realistic? Has it happened to you?

What do you think that actor is going to do? What can he/she do differently?

Do you agree with what the characters said/did?

Have you ever...(splint a broken leg, tested your blood sugar, taken a pulse) like it was done in the video? Let’s practice it.

Can anyone repeat...(symptoms, signs, modes of transmission, etc.)?

Sound recordings/CDs can be used to set the stage for discussion or as a resource participants can take with them to recall what was discussed in the session.

Staff must consider the availability of devices to play audio or video in health education sessions; if planning the session for a farmworker camp or home, staff may want to bring along their own DVD/CD players or laptop with this capacity.

Lay Health Advisor Programs

Another effective teaching method is the use of lay health advisors, sometimes called promotores(as). A lay health advisor model identifies key individuals who are viewed by the farmworker community as natural leaders with whom community members have established rapport and trust, particularly individuals who come from and represent the farmworker community in the area. These individuals can be recruited to work with program staff to impart health information to the community. They may receive training about common health issues and introduced to key contacts and/or service agencies in the area. This way, when an opportunity arises, the promotor(a) can naturally share information with farmworkers without waiting for an educational session to be planned or scheduled. They may also assist with organizing structured health education sessions. Outreach staff should provide lay health advisors with needed materials and contact information.

There are various state and national models for lay health/promotor(a) programs, including some designed for farmworker communities such as those supported by the organizations [Migrant Health Promotion](#) and [Farmworker Justice](#).

Health Education Resources

A large variety of health education resources exist for those providing educational sessions to farmworkers in North Carolina.

Farmworker and community health organizations and other organizations, including state and federal departments of health and the Centers for Disease Control and Prevention, offer materials on a variety of health topics. These educational materials can be studied by outreach staff and volunteers to learn more about topics, and/or shared with farmworkers.

For materials especially relevant and appropriate for farmworker audiences, the [NC Community Health Center Association](#) manages a regional email listserv that sends periodic news about educational resources. Additional resources including health education curricula and materials can be found through the [National Center for Farmworker Health](#)'s online library, [Health Outreach Partners](#), and [Rural Women's Health Project](#).

For a more extensive listing of resources please see *Appendix V: Recommended Health Education Material*.

Suggestions for Storing Your Materials

- **Three-ring binders** with plastic sleeves can keep pictures, diagrams, and charts protected from weather and tearing. Binders are useful for small group presentations because the images and information can be organized and easy to find.
- **Expandable files** can carry more than a binder and are better for storing large numbers of flyers, brochures, pamphlets, and a variety of forms (screening, referral, questionnaires, etc.).
- **Poster tubes**, like a 'PVC' pipe (3-4" in diameter) with a cap, can be purchased at a large hardware store. The tube helps keep posters and larger visuals protected from weather and damage.

DOCUMENTATION

Upon completing a health education session, staff will...

- Record topics of interest to farmworkers by checking off the topic listed under the Health Education section of the individual Health Assessment.
- Record topics shared with farmworkers using either the Health Assessment for new users or the Enabling Encounter form for follow-up visits.
- Enter health education topics shared with individual farmworkers into FHASES.

PERFORMANCE EVALUATION

The Program Coordinator, as well as staff assigned to outreach, may use the following questions to evaluate performance in accordance to NCFHP's expectations and standards:

- Did staff complete study of health education modules including completing the pre- and post-tests for each?
- Did the staff assess farmworkers' interests/need for health information using the health assessment form?
- Was a presentation made on at least one of NCFHP's list of core health issues affecting MSFWs?
- Was the information provided accurate?
- Were educational materials and/or handouts of available resources provided to reinforce learning?

Chapter 8: Other Essential Enabling Services

On occasions, staff members assist farmworkers and their family members with additional enabling services including:

- **Interpretation/Translation Services**, meaning services to assist individuals with language/communication barriers to obtaining and understanding needed services. NCFHP-supported staff is encouraged to complete training on the provision of interpretation/translation services. Official clinic interpreters should be trained, at a minimum, in medical terminology and confidentiality issues.

Although farmworker health program staff is not expected to act as clinic interpreters, they are often requested to provide occasional services because of their bilingual skills and cultural competency. If the outreach worker is requested to do so, he/she may enter into an agreement with his/her employer regarding the provision of this service, if it is not part of their existing job responsibilities.

- **Transportation Services** when there is no other means of transportation available to a farmworker. Transportation is an important service to assure access to services. Many farmworkers do not have cars and live and work in rural areas that have limited transportation systems. If staff does not provide the service themselves, they should make arrangements to assure the provision of transportation service for farmworkers and their families when needed. Such arrangements may be made through contractual agreements with taxi services, vouchers, volunteers, etc.

If program staff is given the task of transporting farmworkers to services, it is recommended that staff be aware of and adhere to their agency's policies regarding the transporting of clients. Staff may also want to discuss with his/her employer insurance coverage, reimbursement of mileage, and other safety matters. Staff must follow state laws about safe driving, seat belt use, and use of car seats.

Staff may also find themselves assisting with:

- **Applications for Medicaid, WIC and other social support programs.** Outreach staff may help someone complete forms to determine eligibility for programs when there are no other individuals to assist with this.
- **Food Security** by providing actual food/ meals, but not money to purchase food or meals, to farmworkers.
- **Securing Donations** of clothing, toiletries, and other needed items.
- **Child Care Assistance** by finding individuals to care for a farmworker's children during medical and other health care visits when appropriate.

Chapter 9: Data Gathering & Documentation

Program staff should document all enabling service activities. Documentation provides a history of what was done, why and by whom. This information is extremely important to the Farmworker Health Program. Program coordinators and outreach staff use health assessment and encounter forms as documentation as well as a web-based database called FCHASES.

FARMWORKER HEALTH ADMINISTRATION SYSTEM ELECTRONIC SERVICES (FCHASES)

The North Carolina Farmworker program uses an extranet database called the Farmworker Health Administration System Electronic Services, or FCHASES, to manage and report farmworker health data. This program provides a user-friendly system for entering and storing data that includes patient demographics, enabling and medical encounters, providers, and employer addresses. The data is validated according to the Uniform Data System (UDS) requirements and is used for yearly reporting to the Bureau of Primary Health Care within HRSA, our principal grantor. UDS Reports as well as additional reports can be utilized for management of data entry and patient care. Known HIPAA requirements, such as 128-bit encryption, audit logging, and user security standards have been implemented.

Record keeping is necessary as well as required for purposes of accountability. Preferably, information on forms should be reviewed, entered into the farmworker database, and filed away at the end of each day. Some programs enter their farmworker data at the end of each week. Data should be entered within two weeks of the date of the encounter.

NCFHP PROGRAM FORMS

Forms are used to document and track farmworker clients. Most health agencies have their own ways of tracking clinic patients and may or may not track outreach encounters. Tracking tools include individual health assessment forms, tabulation charts, and records placed in patient files. Many health agencies have created systems that work well for their location and their area. These systems commonly evolve from year to year.

Program Coordinators and Outreach Workers in North Carolina have developed standard forms used by NCFHP funded sites for tracking farmworkers. The purpose of the forms is to provide a simple, ready-made system for new outreach workers and a point of reference for more established programs. Copies of these forms are available free of charge by contacting the NCFHP office at (919) 733-2040.

The following forms are required for NCFHP contract sites:

- Site Register Form
- Pediatric Individual Health Assessment
- Adolescent Individual Health Assessment
- Adult Individual Health Assessment
- Medical Encounter Form
- Enabling Encounter Form

Chapter 9: Data Gathering & Documentation

A key part of the standardized tracking system is the Individual Health Assessment form. Demographic information as well as a brief health history is recorded for each individual. A checklist records topics of health education that the individual has received or has expressed interest in. Also, at the bottom of the form is a case management tool which helps outreach workers document certain common needs experienced by farmworkers and what the next steps are in order to develop a plan of action for care.

One method for organization is to combine the Site Register with the Health Assessment forms in order to create a camp folder. Care should be taken to ensure confidentiality by locking up charts/records. For each Site Register there would be several corresponding Individual Health Assessments, representing the individual farmworkers that live at the camp or site. This folder could then be updated on a yearly basis, and will provide information detailing which patients are living where, how long they will be there, where they are going and a record of their health needs and services received.

Copies of these forms should be placed in a locked permanent patient file at the clinic or farmworker program office. For farmworkers with clinic records, outreach assessments may provide important information for future clinical visits.

Appendices