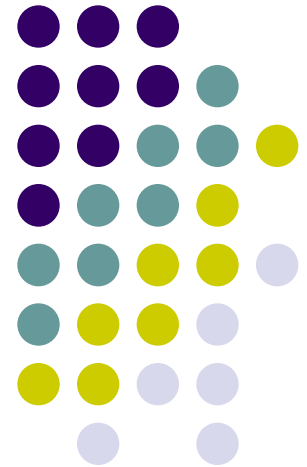
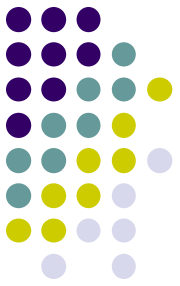


National Needs Assessment on Outreach Programs and the Farmworkers They Serve

Heather Gardner, MPH & Liberty Day Ruihley, MS
Health Outreach Partners
Midwest Farmworker Health Forum
November 20, 2009
South Padre Island, TX





Acknowledgements

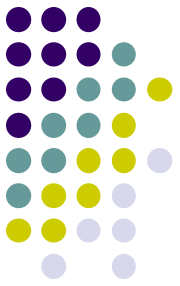
- Institutional Review Board (IRB),
Migrant Clinicians Network
- Alice Larson, Consultant,
Larson Assistance Services
- Health Outreach Partners Staff

Health Outreach Partners



- Formerly Farmworker Health Services, Inc.
- Expanded scope of work & revised mission/vision in response to rapid changes in labor sector and patient demographics
- Beneficiaries now include all under-served, low income, and vulnerable populations served by health outreach programs
- Continuing longstanding commitment farmworker community

Background



Gathered information on:

- New and emerging farmworker populations
- Outreach program trends and challenges
- Farmworker health needs and barriers to care
- Outreach funding
- Cultural competency needs

Gathered information from:

- Outreach Coordinators*
- Farmworker Parents
- Administrators*
- Outreach Staff *
- Migrant Health Field

** The majority of these participants were from migrant/community health centers.*

Project Timeline



May 2008 – February 2009

- Project design, planning, consultation, IRB proposal, development of data collection tools

October 2008 – April 2009

- Data collection

March – September 2009

- Data entry, cleaning, and analysis

October 2009 - February 2010

- Report writing and dissemination of findings

Methodology



Five methods:

1) Online Surveys with Outreach Coordinators

108/155 respondents (70% response rate)

2) Focus Groups with Migrant & Seasonal Head Start Parent Policy Council Members

3 focus groups in Spanish (34 total participants)

3) Telephone Surveys with Health Center Administrators

24/44 surveys completed (55% response rate)

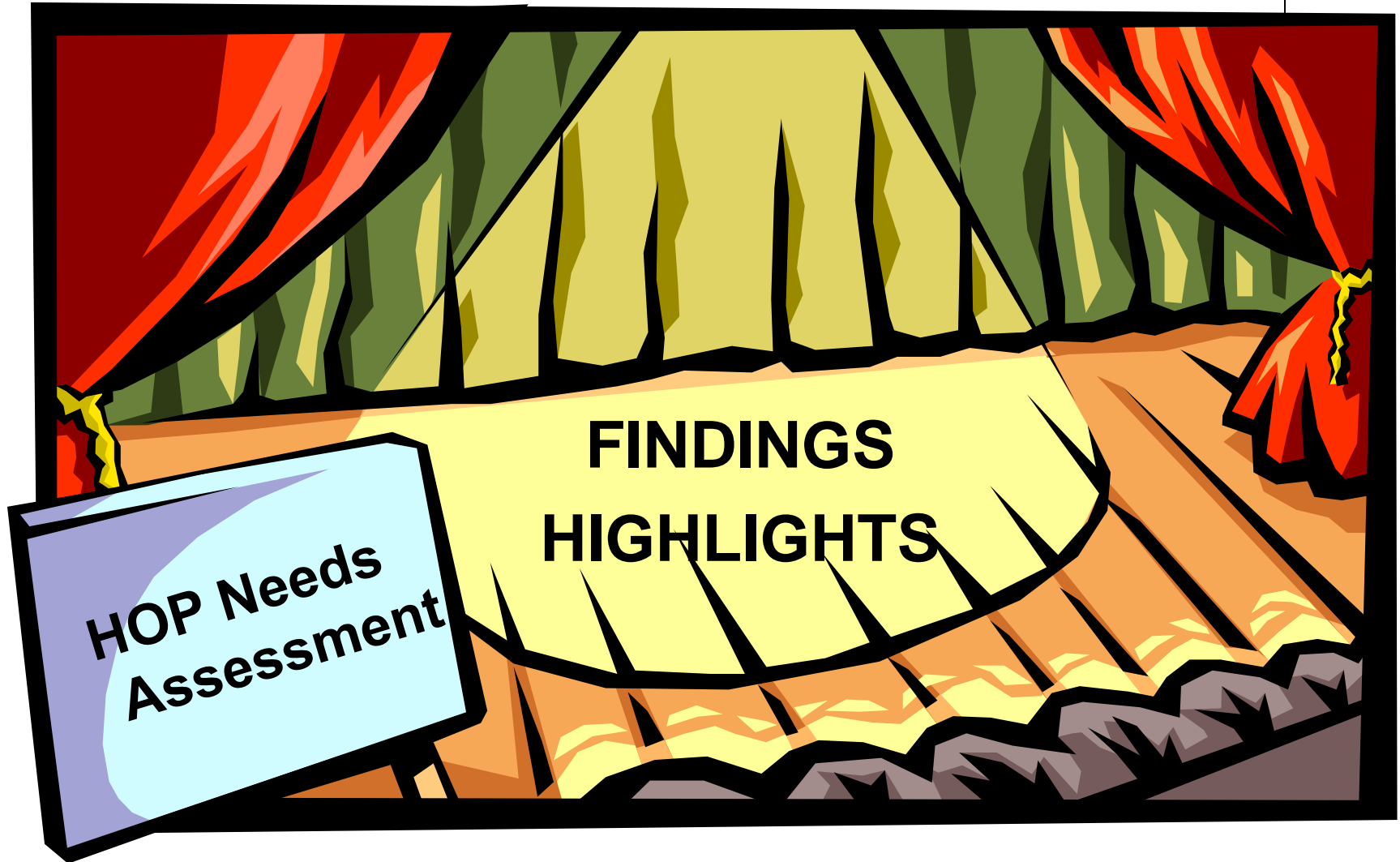
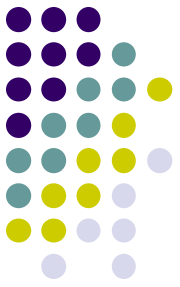
4) Community Forums with Outreach Staff

3 forums (55 total participants)

5) Existing Documents and Data

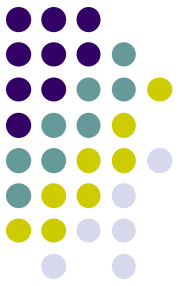
UDS, NAWS, MSHS PIR Database, past FHSI Needs Assessments

Findings Highlights

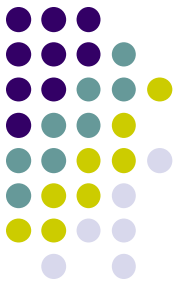


Key Topics

1. Farmworker Information
2. Emerging Health Issues
3. Transportation
4. Fear and Immigration
5. Outreach and Enabling Service Delivery
6. Cultural Competency
7. Funding
8. Staffing
9. Data Collection



1. Farmworker Information



Demographics Overview¹

- Gender: 78% are male
- Average age: 34 years old
- Highest grade level: 7th grade
- Migrant type: 67% settled, 33% migrant
- Status: 52% unauthorized, 27% citizens, and 21% other authorized

¹ U.S. Department of Labor, National Agricultural Workers Survey, 2002-2007



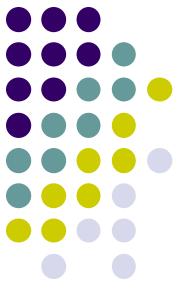
1. Farmworker Information (con't)

Indigenous Farmworker Demographics¹

- 17% of the farmworker population
- 52% of Mexicans immigrating from Pacific South region are indigenous (including Guerrero, Oaxaca, and Chiapas)
- Other considerations for FWS from Pacific South:
 - Educational attainment is lower than national average (average highest grade completed is 6th grade)
 - Mostly men (81%)

¹ U.S. Department of Labor, National Agricultural Workers Survey, 2005-2007.

2. Emerging Health Issues

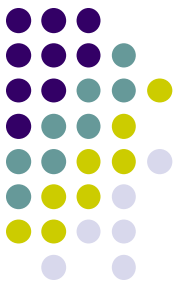


While top health issues have been consistent with previous HOP needs assessments (diabetes, dental health, and hypertension), other farmworker issues continue to emerge.

Among these issues are:

- Women's health
- Mental health and substance abuse
- Non-pesticide related occupational hazards

2. Emerging Health Issues (con't)



Women's Health

- *"Our main gap right now is lack of perinatal outreach workers; it's a position that's not funded, although we did have it funded for many years."*

- Telephone Survey Participant

Mental Health

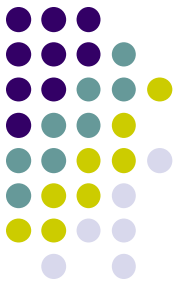
- *"There is anxiety in your life and it is reflected in your children's learning, it is reflected in your family, because there is not a safe place, those [circumstances] are affecting the family's mental health in general. I do not see many mental health services for farmworkers, because we are focused on physical health, on diabetes, on obesity, but we are forgetting that our mental health is being affected."*

- Focus Group Participant

- *"[Our] Health Center is hoping to use funding to have a higher level of trained staff out in the field to help with depression evaluations with new moms. Indicators of depression appear to be increasing with the bad economy and inability to find employment."*

- Telephone Survey Participant

2. Emerging Health Issues (con't)

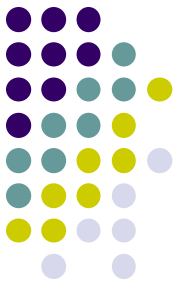


Non-pesticide related occupational hazards

- *“She was from Oaxaca. And she died of heat stroke...They didn't give her water...How is it possible that in this country a pregnant girl died because there was no water? It's an unbelievable thing. But it happens and it became public. Who knows how many more things happen in all the places where people work.”*

- Focus Group Participant

3. Transportation



- Continues to be a significant barrier to care.
- Impacted by immigration status and anti-immigration climates.
- Influenced by health centers financial restraints.

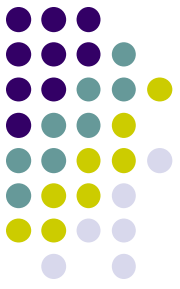
“The anti-immigration laws are very strong and it is difficult for workers to be able to access services to the hospital, even 911 or an ambulance, or any other services.”

- Focus Group Participant

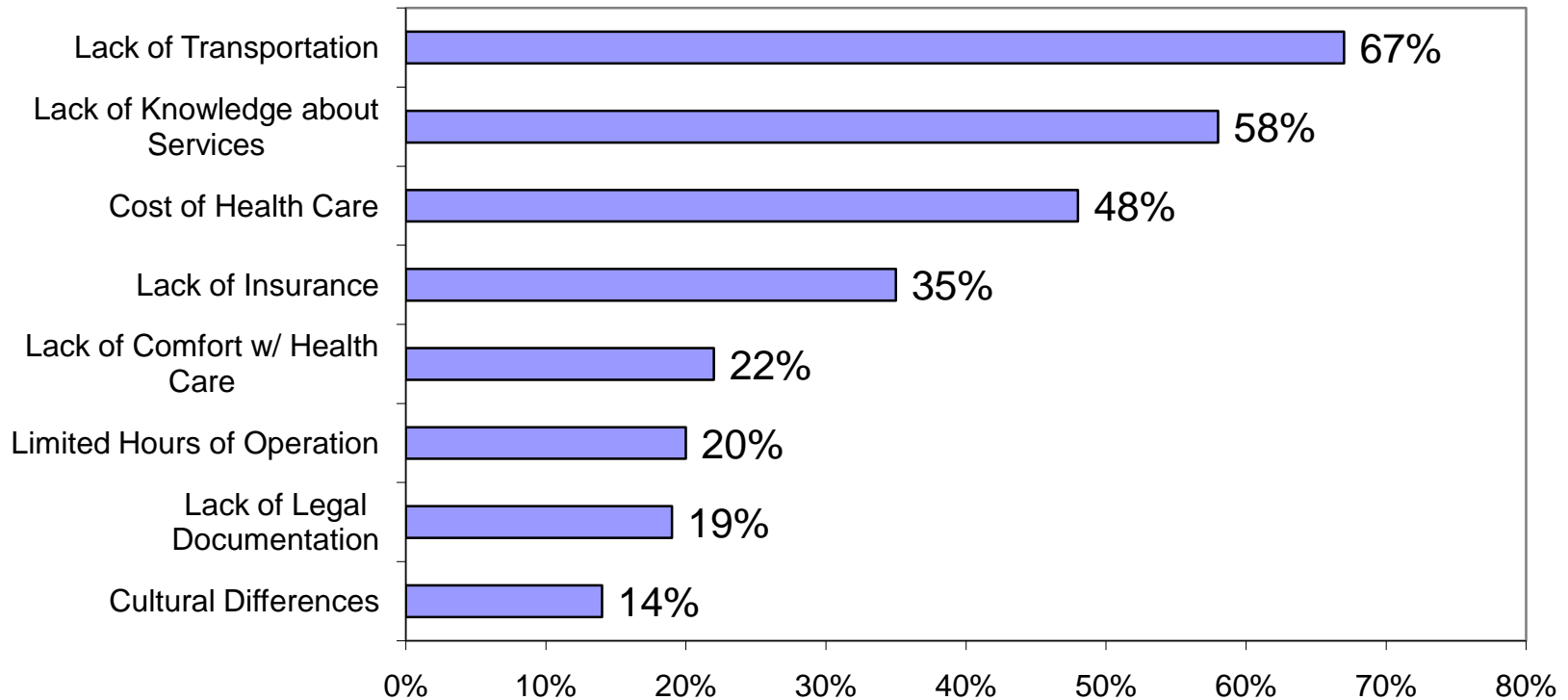
“We could never serve all the people we need to serve. These kinds of services require resources like time and transportation and you can’t just squeeze another appointment out like you could in the clinic.”

- Telephone Survey Participant

3. Transportation (con't)



**Greatest Barriers that Farmworkers Face when Accessing Care
(n=100)**



4. Fear and Immigration



Farmworkers experience fear on many levels.

- Resulting from discrimination, immigration status, and anti-immigration climate.

These conditions create a barrier to care.

- *“Even crossing legal, I didn’t know the rights that they had in this country when I arrived. Now there are more or less. But it is the same. And since you are not treated adequately, whether you are legal or not legal, well, you are not treated adequately. There is lot of racism.”*
- Focus Group Participant
- *“Farmworker are afraid of being deported and unwilling to take a chance and will forgo appointments.”*
- Community Forum Participant
- *“Tienen miedo que los patrones los corran o que les echen la migra si faltan un día o dos de trabajo.”*
- Community Forum Participant

4. Fear and Immigration (con't)



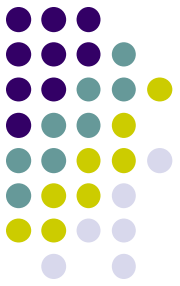
"Just because now in Georgia a lot of the police departments and sheriff's departments are having deputies and police officers trained by ICE, and they have been given the authority to ask an individual for documentation, so they [the farmworkers] are hit with a double whammy when they are stopped. They don't have a driver's license, then if they don't have legal status in the United States, they are detained and ICE is called."

- Community Forum Participant

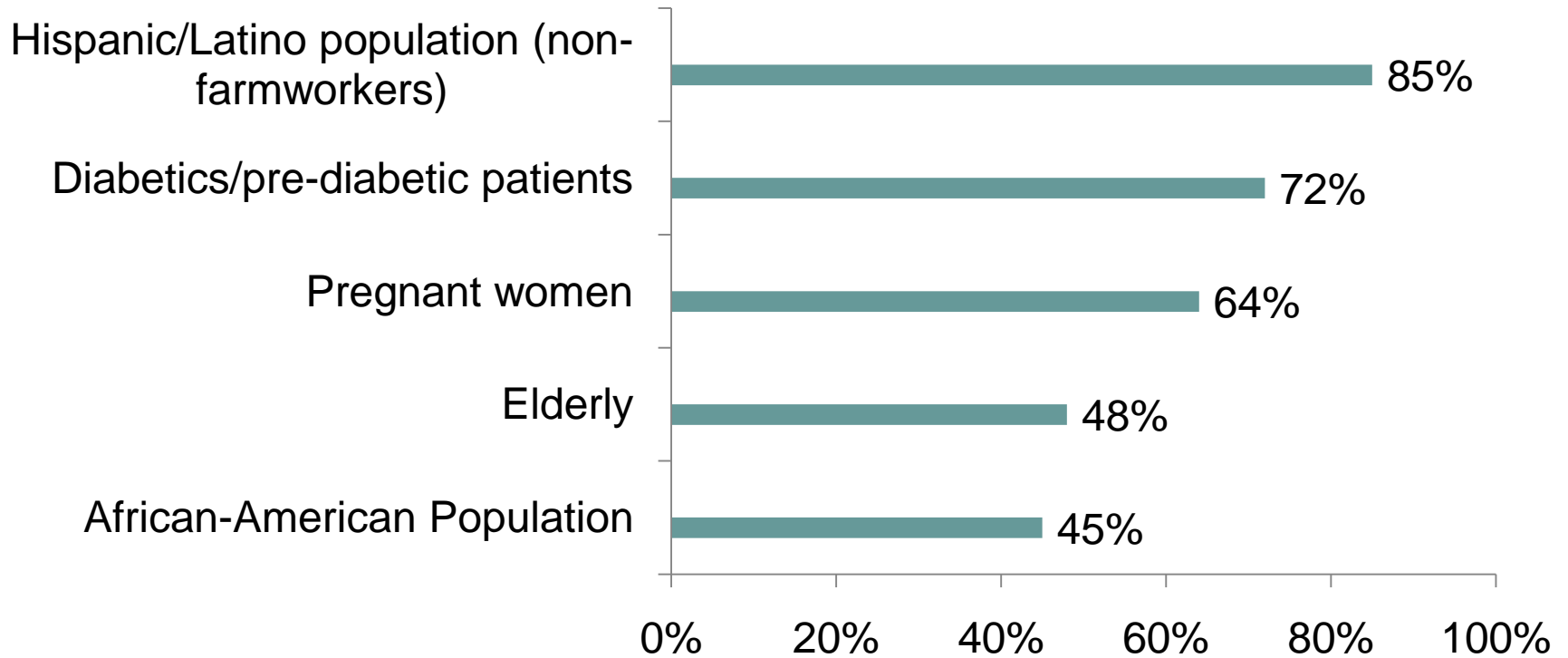
"Colorado is one of the strictest states with respect to state laws and residency requirements. Recent immigration policies have had a chilling effect on migrant workers in Colorado. There have been raids on farm and meat packing production plants. The general sentiment in the state is that the population is not wanted. As a result the health center has seen decreases in numbers over the years."

- Telephone Survey Participant

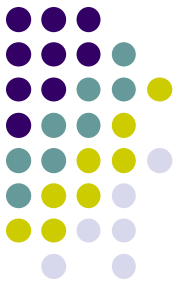
5. Outreach and Enabling Services Delivery (con't)



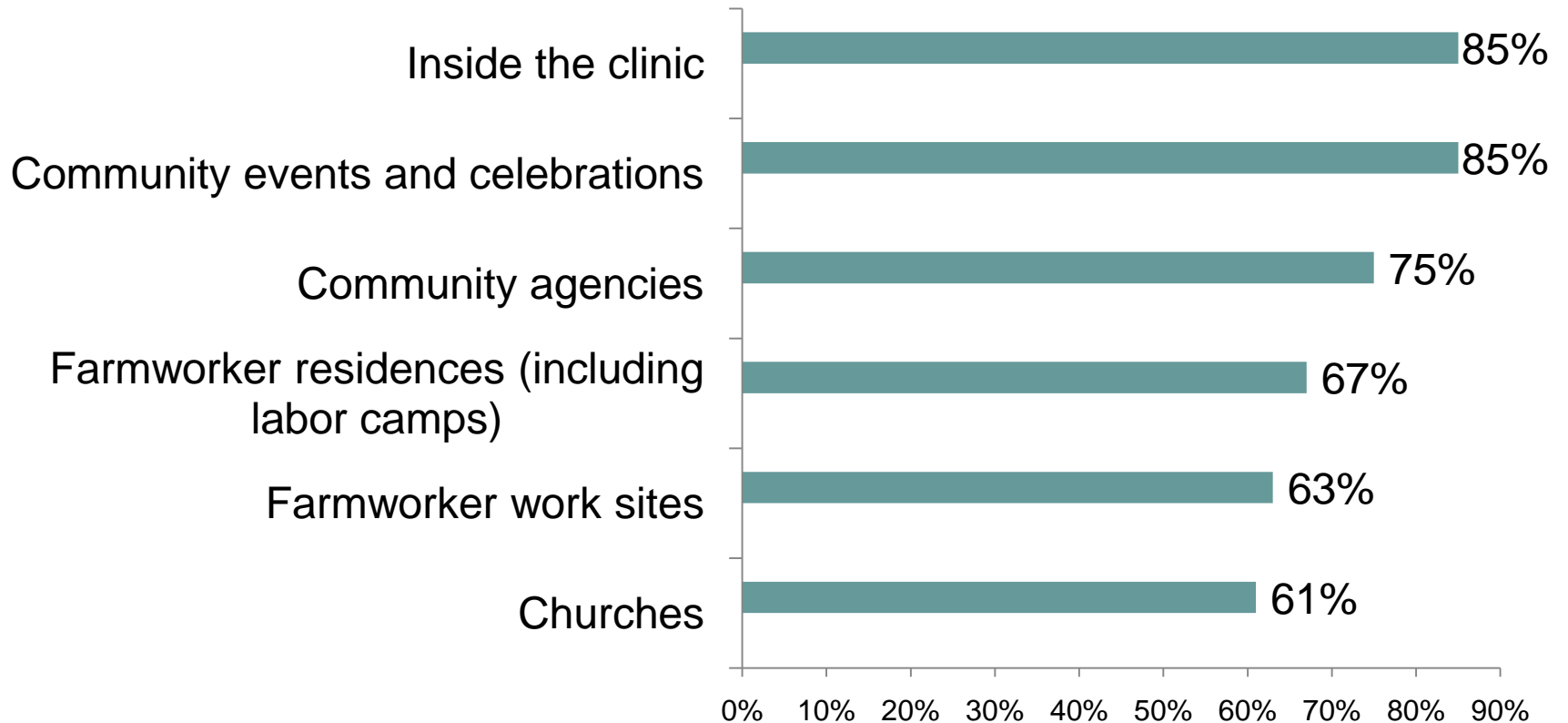
Other Populations that Benefit from Outreach and Enabling Services (n=86)



5. Outreach and Enabling Services Delivery (con't)



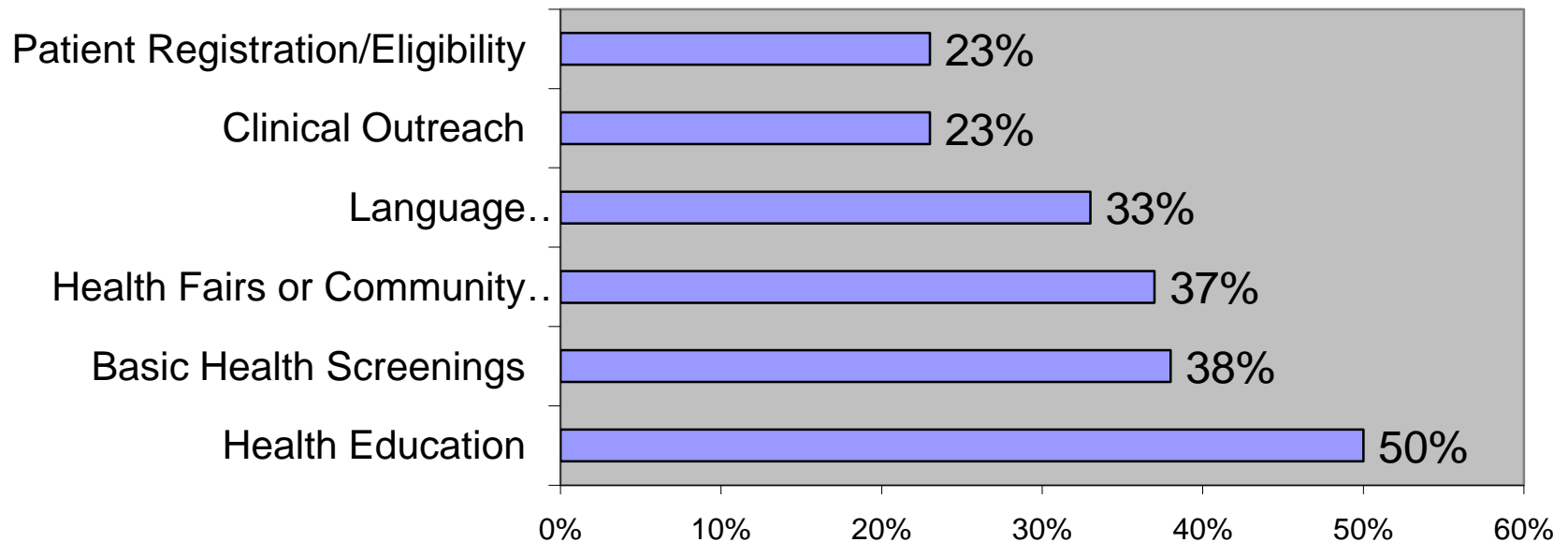
Outreach & Enabling Services Locations (n=100)



5. Outreach and Enabling Services Delivery



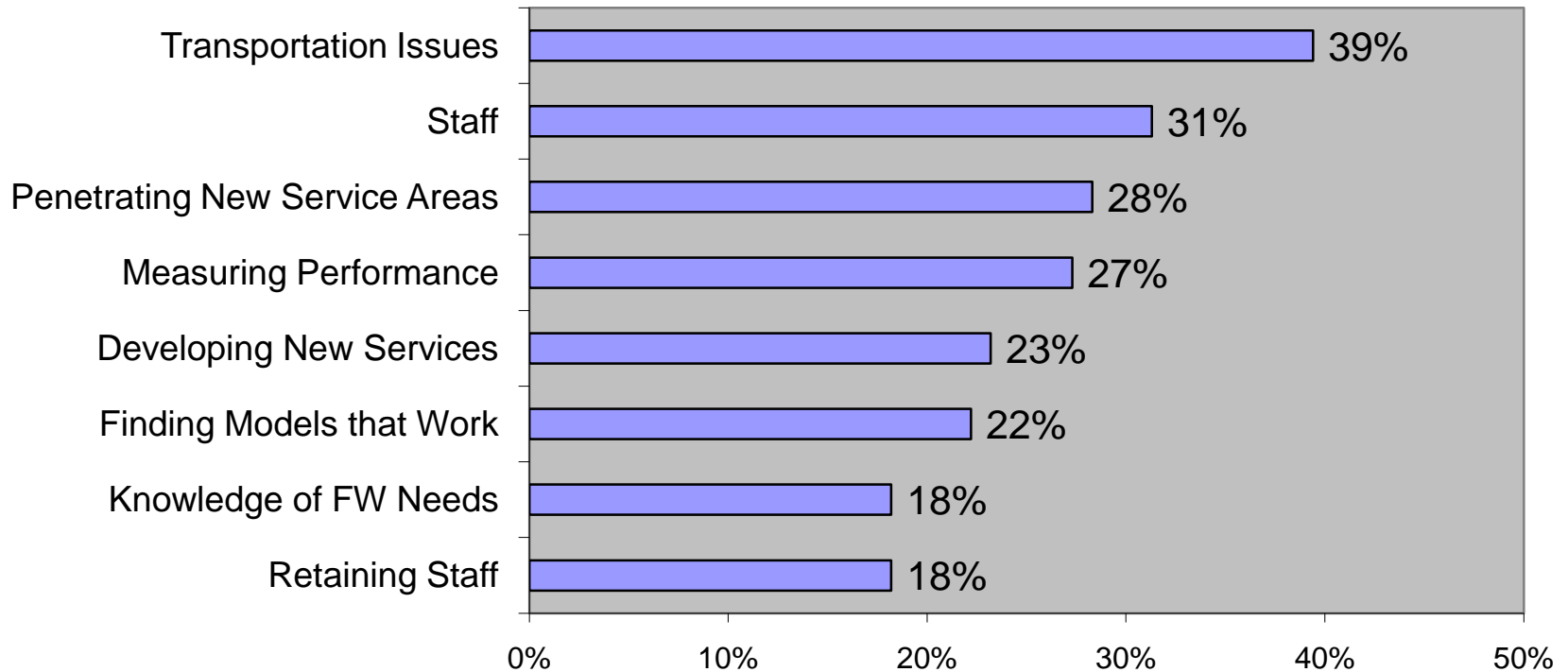
Most Frequently Performed Outreach and Enabling Services (n=100)



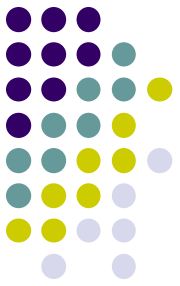
5. Outreach and Enabling Service Delivery



Most Prominent Challenges to Organizations in Providing Outreach and Enabling Services, Besides Funding (n=99)



6. Cultural Competency



- There was an overwhelming interest among persons participating in the focus group and community forums to strengthen M/CHC staff's understanding of farmworker cultures.
 - *[It is important] to provide education and do like what they called in-reach, earlier in terms of trying to train the front office and do a cultural competency training for the people of the organization...*
- Top three online survey responses to how to strengthen approach to providing culturally responsive services to farmworkers and their families: 1) occasional cultural competency training, (38%); 2) awareness recognition of folk beliefs, (32%); 3) a cultural competency plan,(30%) (n=93).



6. Cultural Competency (con't)

Language Considerations

- 78% of MSFW patients served at M/CHCs prefer to be served in a language other than English¹ (n=770,402)
- Outreach staff are pulled to provide interpretation, implicating the amount of time they have to work outside the clinic setting.

“We get so caught up in the clinic environment [providing interpretation services], and it takes away my time from doing what I’m supposed to, which is being out in the field with the migrant and seasonal workers, and it’s a big problem.”

- Community Forum Participant

¹ Uniform Data System, Migrant Health Roll-up Report, 2007

6. Cultural Competency (con't)

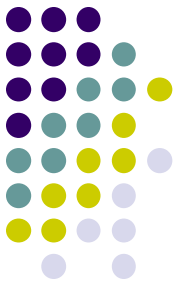


- 3 of 4 online survey respondents indicated that they had the capacity to provide services to farmworkers in their preferred language *all the time*; 1 of 4 indicated they had this capacity *sometimes* (n=93).
- Even if the capacity exists, how is it experienced?

“ . . . if not for fear of the language, too. Because we have to know that there are clinics where you go and ask them, ‘Do you speak Spanish?’ ‘Oh, no. One moment.’ And they leave you waiting there a ton of time. Or if not, they put you with a machine. A machine! Even though there is a person on the other end of the line, you don’t feel the same confianza as when there is a translator in front of you.”

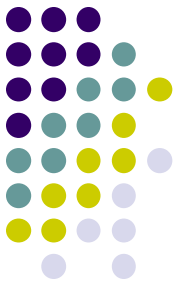
- Focus Group Participant

7. Funding*



- Average cost of providing outreach and enabling services was \$1,303,603.63 for each of the 147 CHCs receiving Migrant Health Grants.
- Outreach and enabling services costs accounted for 10% of all financial costs.
- On average it cost \$55.00 per user to provide enabling services (across all CHC users regardless of receipt of outreach and enabling services).
- Core funding to provide outreach and enabling services came from federal grants. Often additional funding received through variety of sources: state, local, foundation, program funds, and donations.

7. Funding (con't)



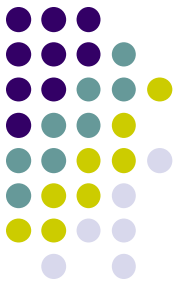
Challenges

- Because outreach and enabling services are non-reimbursable services, the programs are largely grant dependent.
- According to administrators, there is a “limited time horizon” for grant funding. If programs are not supported by grants, then there is a possibility they will be eliminated unless the CHC can absorb the cost of providing outreach and enabling services out of program funds.

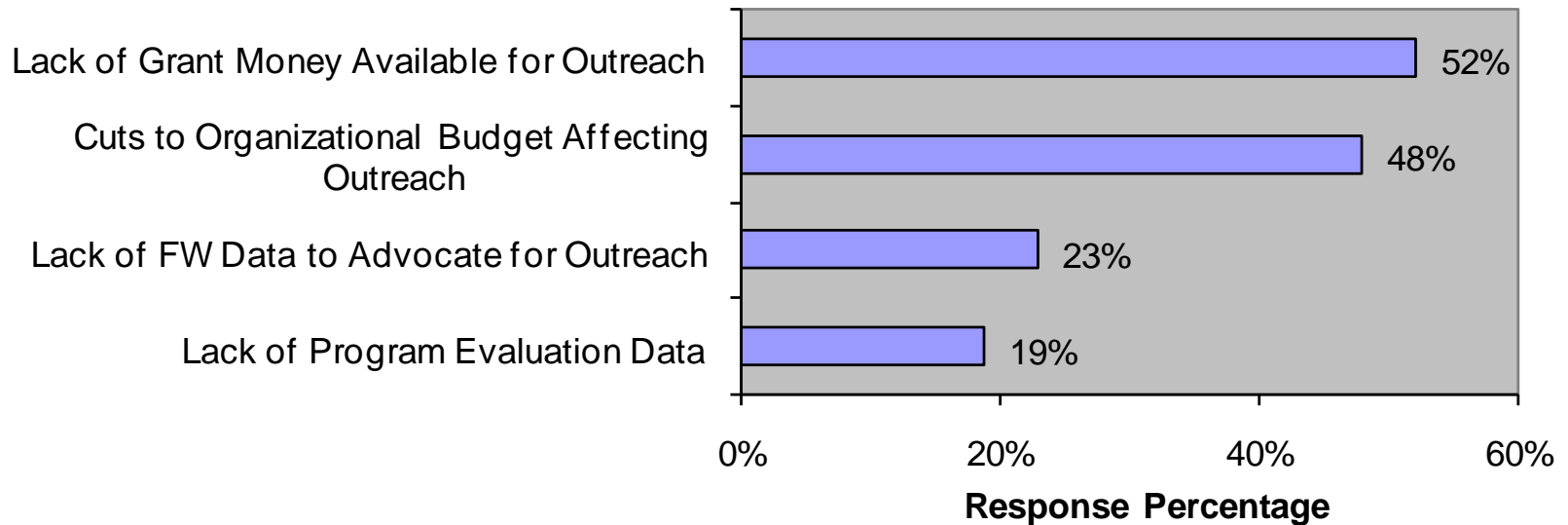
“...this is a challenge, as it’s difficult to sustain an outreach and enabling services program in this way.”

- Telephone Survey Participant

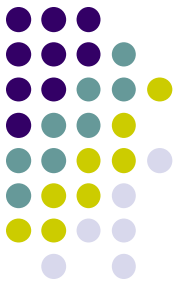
7. Funding (con't)



Outreach and Enabling Services Funding Challenges (n=96)



8. Staffing



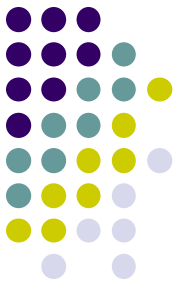
- Average of 14.6 Enabling Service Full Time Equivalent (FTE) staff including 3.06 FTE outreach staff per each of the 147 MHG organizations.¹
- Committed staff, committed administration, and a supportive board were often recognized as components of a successful outreach and enabling service program.

“We wouldn’t be able to do what we do without a staff that’s committed to the mission, from doctors to administration to outreach.”

- Telephone Survey Participant

¹ Uniform Data System, Migrant Health Roll-up Report, 2007

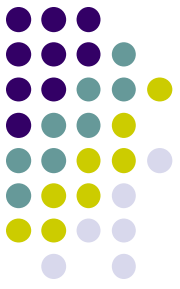
8. Staffing (con't)



Challenge: Adequate Staff

- Respondents reported “staff” to be the second (31%) most prevalent challenge to organizations providing outreach and enabling services (n=99).
- Online survey participants were asked what challenges are encountered with gathering information needed to support their outreach program. 55% responded with “time required” and 42% responded with “lack of staffing resources” (n=95).

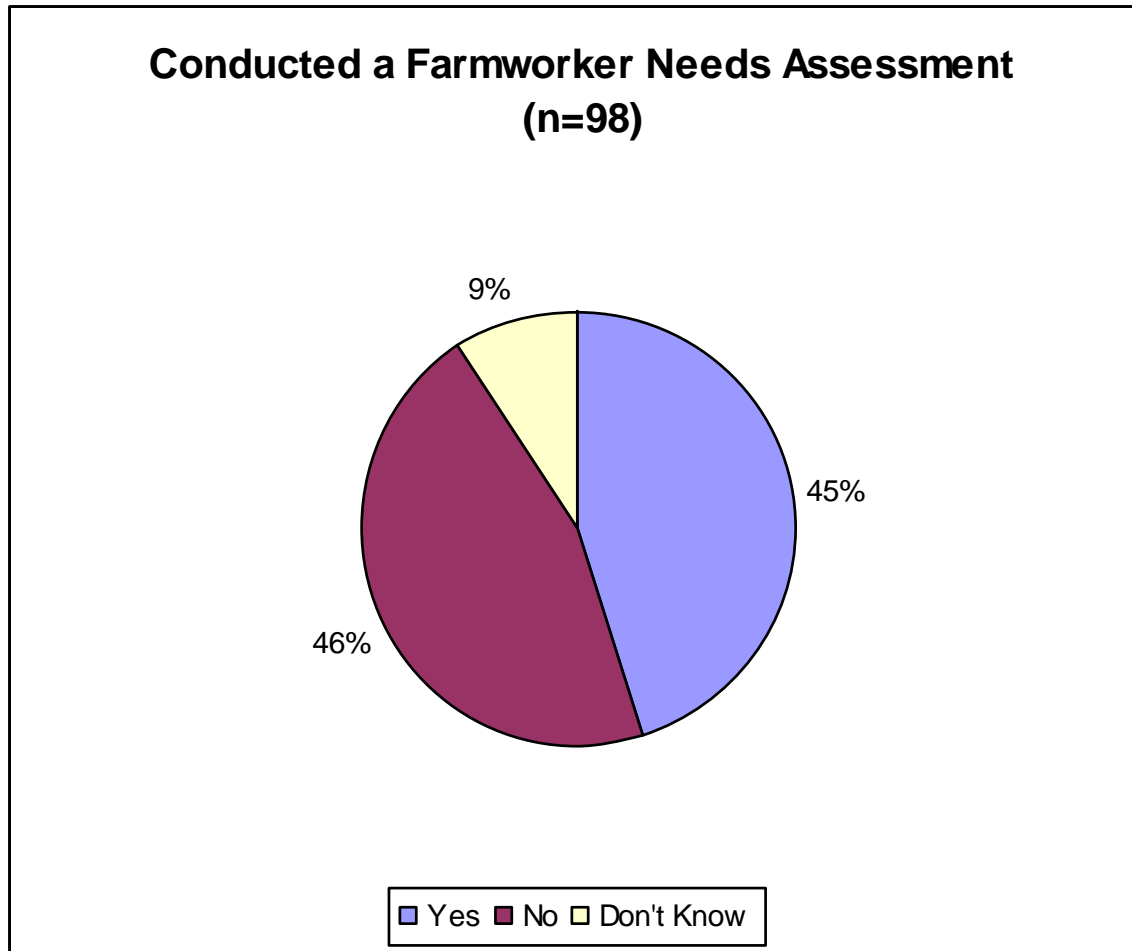
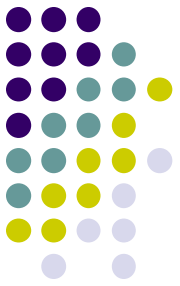
8. Staffing (con't)



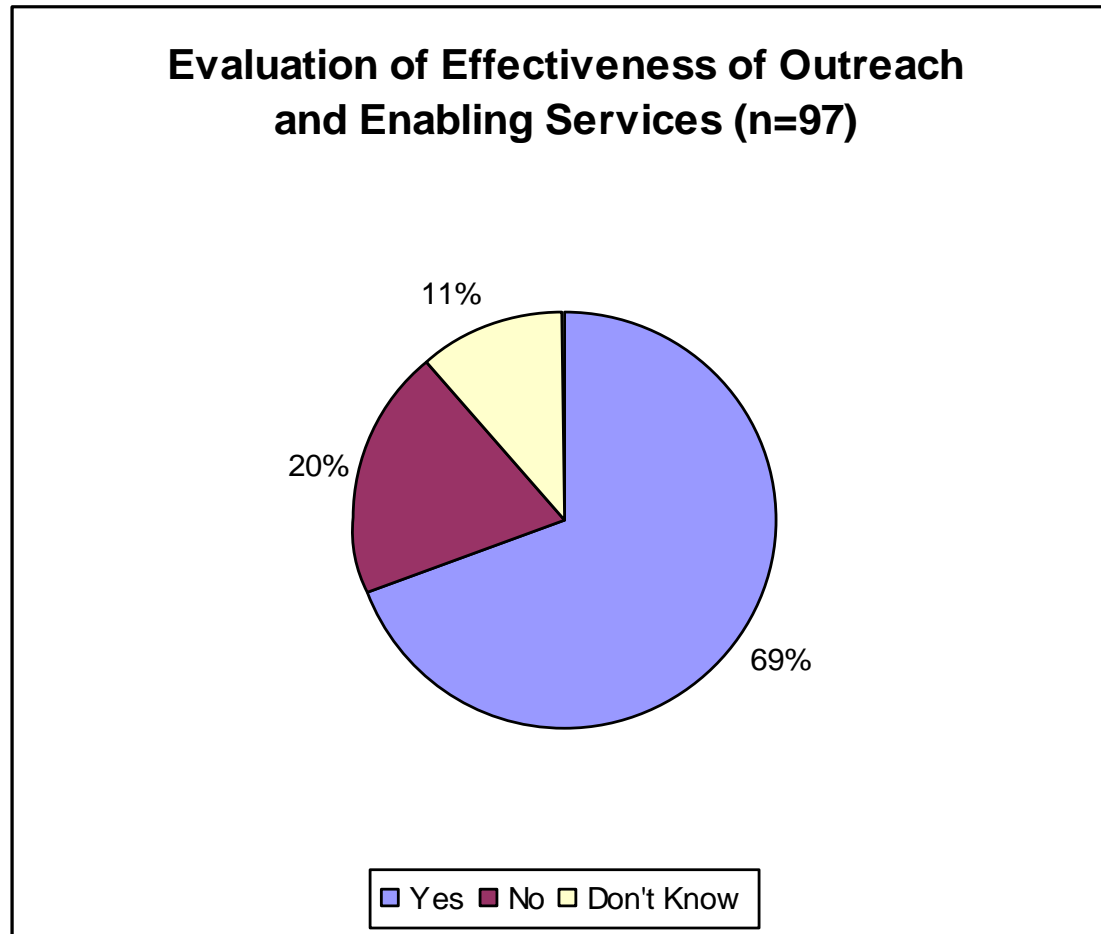
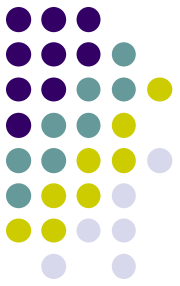
Challenge: Staff Utilization

- *“Being an outreach worker at the clinic, I’m tied up with other projects.”*
 - Community Forum Participant
- *“We get caught up in the clinic environment, and it takes away my time from doing what I’m supposed to, which is being out in the field with the migrant and seasonal workers, and it’s a big problem.”*
 - Community Forum Participant
- *“I think one of the challenges is that you hire outreach workers, but because they are bilingual, the organizations start using them in the center as the translator, and you translate for the Medicaid person, you translate for the doctors, and then you’re caught up in the office.”*
 - Community Forum Participant

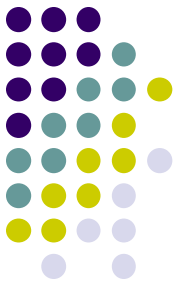
9. Data Collection: Needs Assessment



9. Data Collection (con't): Outcome Evaluation



9. Data Collection (con't):



Funding success are tied to:

- Writing quality applications based on needs data
- Building on established programs and being able to demonstrate positive outcomes
 - “It’s difficult to solicit funds if you can’t demonstrate that you’ve had successes.”*
 - Telephone Survey Participant
- Delivering on grant objectives
- Developing a good reputation with funders and maximizing pre-existing relationships

Deliverables



1) Comprehensive report release February 2010

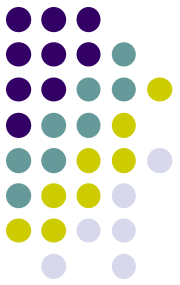
- Recommendations to be incorporated
- To be made available via website

2) Stream Forum presentations

3) Series of Fact Sheets expanding on topics found in the report

- Hard copy and available via website

For More Information . . .



Please contact us at:

Health Outreach Partners
405 14th Street, Suite 909
Oakland, CA 94612
(510) 268-0091

www.outreach-partners.org