



# **Becoming a Leader in Migrant Health: Preparing for Health Center Board Membership**

## **TRAINING TOOLKIT**

## Acknowledgements

We would like to thank participants in focus group sessions conducted at the 2011 and 2012 Midwest Stream Farmworker Health Forums for their feedback regarding this project.

We are also grateful to the following organizations for participating in pilot testing this curriculum with their board members, advisory council members, community health workers, and agricultural worker patients:

- *Campesinos Sin Fronteras*, San Luis, AZ
- *Community Health of South Florida*, Miami, FL
- *Sunset Community Health Center*, Somerton, AZ

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**Disclaimer:**

“In this document, unless otherwise noted, the term “health center” is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC Look-Alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. It does not refer to FQHCs that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.”

# Overview

## Introduction

### The Consumer-Majority Governance Requirement

The National Center for Farmworker Health has developed this comprehensive training program to support health centers' efforts to recruit and successfully integrate migratory and seasonal agricultural workers as members of health center boards of directors. As stated in the HRSA Health Center Program Requirements (#18) for board composition, "the health center governing board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center." Specifically 51% of health centers' board of directors should directly represent the user/patient population. In the case of health centers that receive Migrant health funds, they must have agricultural workers on their boards of directors.

There are many rewards and benefits to having a true consumer-majority governance board. Having a consumer-majority board is a model of participatory governance and promotes the empowerment, development and self determination of the community. This in turn benefits the health center. The mission and funding of the organization is retained as more people are able to access its services. It assures patient-centered care and direct communication with the population being served.

Some health centers have struggled to recruit, integrate and retain agricultural workers as board members. In part this is due to many of the same challenges and barriers that prevent agricultural workers from accessing health care. Barriers such as limited education and English proficiency, lack of resources such as reliable transportation and technology, and the need for child care and other support for participation in board meetings and activities. Also, the unique nature of agricultural work with its long work hours, inflexible schedules, lack of vacation or leave time, mobility and migration poses further challenges.

Health centers that have successfully recruited agricultural worker board members have encountered another challenge in ensuring that the person is able to effectively fulfill their new role. At times health centers have accommodated for the migratory status of a board member by providing ways to remotely participate in meetings, or by allowing the person to participate only when they are back in the community for the agricultural season. However, this approach may make the effective integration and participation of that board member more difficult and retention less likely.

Health Centers have also struggled with providing adequate orientation and the necessary training that an agricultural worker board member needs. Any new board member is likely to feel intimidated and overwhelmed. But a new agricultural worker board member may feel this way even more given the barriers of limited education, language differences, lack of experience with board member role or background knowledge regarding the operations of a health center.

**Source:** U.S. Department of Health and Human Services. Health Resources and Services Administration, Bureau of Primary Health Care, Bethesda, MD. [Health Center Program Requirements](#).

## A Pre-recruitment Strategy

How can a health center confront these challenges of recruitment, orientation and integration of agricultural worker board members? Successful health centers have pursued a strategy of developing leadership and capacity for board membership in their communities. They have approached agricultural worker board recruitment as an ongoing process. This process involves educating and engaging the potential agricultural worker board candidate in a number of interactions **before re-recruitment**. This process is essential to ensuring that the potential candidate is a good match and can be successful on the board. An even better approach is to seek to identify a pool of candidates for each agricultural worker representative position you have open, not just one candidate.

Providing opportunities for community members, including agricultural workers, to become involved with your health center may be the very first step. Invite members of the agricultural worker community to help out at health fairs or other community events. Consider creating volunteer positions where the agricultural worker community can get involved. Some examples may be:

- Working with outreach staff or community health workers when reaching out to the agricultural worker community
- Assisting mobile unit staff when they go out to the field
- Supporting front office staff with bilingual tasks

These activities give your health center staff and board members the opportunity to begin the process of identifying some potential prospects for board engagement.

Another way to give community members an opportunity to demonstrate a sense of commitment and leadership is to offer some more intensive forms of involvement. These are some good options:

- Creating a short-term, **special committee** where agricultural worker input is needed for planning or problem solving a health center or community issue
- Forming a formal and ongoing **advisory board** of agricultural workers to provide feedback and suggestions on issues that affect agricultural worker patients
- Regularly holding agricultural worker **focus groups** to assess needs and gather feedback
- **Inviting** representatives of other agricultural worker service provider organizations and/or local agricultural worker advocacy groups to share their knowledge and experience regarding the population. Often times these individual are also members of the community.

These opportunities for community engagement provide a good way for a health center board to better understand the agricultural worker population needs and begin the process of grooming some candidates for future board membership.

## Training Curriculum: Overview

An approach to developing leadership and building capacity for board membership is providing an opportunity for potential agricultural worker candidates to participate in a **formal training** to learn about health center board governance. NCFH has developed this training curriculum for this purpose. It is designed to build capacity by motivating, empowering, and preparing agricultural workers and other community members to serve as health center board members. The training teaches how to become active, empowered and capable community leaders through engagement in community health issues, and how to become involved in health center governance as a member of a health center board of directors. It increases participant's understanding of community leadership and knowledge about health center leadership, including the board.

The training is divided into three lessons. *Lesson I* addresses the importance of becoming engaged in the community and the impact of taking on a leadership role on community health issues. *Lesson II* provides a broad overview of the health center system and governance, along with the varying levels of participation, including board membership. *Lesson III* tackles the important factors to consider when deciding to become a board member, including potential challenges and solutions. It also provides some practical suggestions for steps to starting the process of becoming engaged with a health center. Each lesson begins with an overview of the training and training topics.

### Identifying Participants for Training

The same components of a successful recruiting strategy for agricultural worker board members can be used to identify appropriate candidates to engage in your leadership development and board engagement process. Regardless of how it is done, it is important to have a well-defined process. Below are some strategies for identifying agricultural worker candidates in the community:

**Use your outreach and education staff.** Your outreach workers, community health educators, and field clinicians are best positioned to identify those individuals with natural leadership qualities. For example, be on the lookout for individuals who often:

- Serve as a spokesperson or advocate for other agricultural workers or for families in the community
- Step up to assist others by interpreting, providing transportation, or helping navigate the healthcare system
- Share information with the outreach team about needs or problems the population is facing

**Use your front office staff, case managers and program managers.** These staff members interact with your patients on a daily basis and may also repeatedly interact with the same patient. They are well aware of patients that tend to be vocal, express concerns or make suggestions for improvement.

**Work with your partner organizations.** Ask staff at your partner organizations to help identify board candidates from among the clients who use their services. Agricultural worker-serving organizations such as migrant head start, migrant education, legal assistance programs, and immigrant assistance programs are great examples of organizations to reach out to.

## Training Curriculum: Overview

**Advertise.** You can use the same strategies and tools used for promoting job opportunities in your health center, such as posting on a bulletin board at your clinics, on a newsletter, or on your web-site. Use every opportunity to let others know that you are on the lookout for agricultural worker leaders who can serve the community.

The qualities you want to look for in an agricultural worker board member candidate are the same qualities you seek in any other board member candidate. The most important quality is commitment and dedication. They must show interest and enthusiasm. They must realize that without the health center, many families and community members will go without health care. Also, they should have these overall qualities:

- They are honest, and people find them to be trustworthy. They are willing to ask questions and admit if they do not know something. They get along well with others and can work well in a group.
- They make the effort to do things well. They are not afraid of taking on a challenge or looking for a solution to a problem. They are able to express and defend their opinions and positions well.
- They are familiar with the problems of the community, but are also willing to listen and continually learn and understand the needs of others. They have personal views but do keep an open mind. They make decisions with care, based on information, sound principles and common sense.
- They feel strongly about changing things for the better. They have enthusiasm and a vision for the future and know how to make others see that vision.

### Follow-up and Recruitment for Board Membership

After potential candidates have been identified and have participated in some of the pre-recruitment activities described earlier, how do you move towards recruiting for board membership? Members of the Board can be assigned one or more individuals to contact and invite to participate in the recruitment process. Recruiting material should be provided such as a job description, an application, and an introductory brochure that provides information about the organization, what the roles and responsibilities of a board member job are and how the recruitment process works. A recommendation is to create a formal **recruitment orientation program** for the candidate to go through before applying for Board membership. This is the “*getting to know each other*” stage that tends to get overlooked in recruitment. This recruitment orientation program should be a comprehensive process to give the candidate a sense of what they are getting into. Some elements of this process may be:

- Touring the facility with a senior staff person and/or board member to learn about the organization.
- A short board recruitment video that elaborates on the information in the brochure.

## Training Curriculum: Overview

- Attending a board meeting to get an idea of how the board makes decisions and delegates responsibilities.
- Participating in a conversation with one or more board members just to ask and answer questions.

As candidates go through this process, they should understand that they have been invited to go through this board recruitment process due to the leadership qualities that they have demonstrated. However, it is also important to make it clear that it is a competitive process, not an automatic one. This is important so that the board does not feel “obligated” to select a candidate as a board member just because they have gone through the recruitment process.

Agricultural worker board members that are recruited after going through this process will be much better prepared and should feel more confident to take on the board member role. They should have a greater sense of comfort with members of the board and health center staff, making the integration process easier and leading to more effective participation. This is not to say that adequate orientation and training activities are no longer important. Due to the need that health centers have for a resource to provide orientation to new agricultural worker board members, NCFH is developing a low-literacy, bilingual new agricultural worker board member orientation manual as part of the board engagement and development resource described in page 6.

Regardless of whom you are seeking to recruit for your board, the leadership development and engagement process discussed here can help you achieve more effective board recruitment and integration. If the strategies and activities presented are more involved than what is needed at your health center, consider modifying this process and creating a set of activities appropriate for your needs. Remember that the investment of time and effort upfront to prepare and build capacity in your community is well worth it. It will lead to a much better group of potential candidates to work with and will ensure the ability of your health center to keep a board that is truly representative of your entire community.

We hope you enjoy this training resource and have great success in your consumer board member recruitment and retention efforts!

*The National Center for Farmworker Health*

## **Training Outline**

### **Lesson I: Participation and Leadership in Community Health**

- Community Participation and Leadership
- Leadership in Community Health

### **Lesson II: Understanding Health Center Leadership and Governance**

- Health Center Program Overview
- Health Center Governance: Board of Directors, Advisory Council and Steering Committee

### **Lesson III: Joining a Health Center Board of Directors**

- Board Member Duties, Commitments, Challenges and Solutions
- Next Steps in Joining the Board of Directors

## **Training Format and Length**

The training is set up to occur in a series of three lessons, which are intended to be presented in order. Each lesson should take approximately 1.5 to 2 hours to deliver if following suggested notes and activities. You can schedule these sessions in any way you choose—monthly, weekly, or all in one day. It is recommended that you schedule trainings to meet the needs of your community. Time is very valuable to participants so it is very important that you stay within the time guidelines. This training encourages interactive dialogue and due to the potential that the discussion can get sidetracked, it is recommended that you limit group responses to two or three respondents.

## **Training Target Audience**

This training was developed with agricultural workers as a target audience. The curriculum was field-tested in two agricultural communities in Arizona and Florida. The curriculum and toolkit materials were refined based on participants' feedback. However, please note this training is appropriate and can be easily modified to be used with other populations in your community. Anybody in your community that is a potential candidate for board recruitment can participate. It is recommended that you consider keeping the training participants to a group of no more than 15-20 participants. When doing activities that require small group work, keep participants in groups of no more than 3-5. If the group is smaller than 15, the training will also work well.

## Training Curriculum Components

The training materials consist of the following:

1. **Trainer modules.** Each lesson of the curriculum has a trainer module. Each page of the module has a thumbnail of the PowerPoint slide on the left side, and suggested notes or talking points for the trainer. The notes emphasize the key points to be addressed for each slide. There are also reminders, tips, activities, and other suggestions for the trainer.
2. **PowerPoint presentations.** Each Lesson of the curriculum has a PowerPoint presentation. To deliver this training you will need a computer, an LCD projector, and a screen or white wall. It is recommended that you provide a handout of the PowerPoint presentation to the participants.
3. **Resource section.** The resource section is located at the end of the curriculum toolkit. This is where you will find any activity instructions sheets and handouts needed for each lesson. You will also find a few recommended icebreakers that you can choose to do at the beginning of each lesson. Finally, you will find a suggested evaluation form.

## How to Use the Trainer Modules

The trainer modules include the following components to help guide the trainer:



*Thumbnail of PowerPoint slide*

### Note to Trainer:

*Blue sticky notes with instructions, suggestions or reminders to trainer*

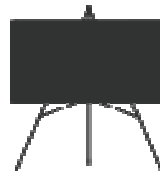
## Icons that prompt you to:



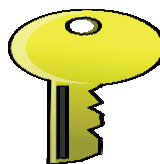
*Say/ summarize talking points*



*Ask questions, lead discussion*



*Take notes on the easel/ flip chart*



*Emphasize key points*



*Conduct an activity*

## Preparing for Training

You will need the following equipment, supplies or materials to deliver each lesson:

- LCD projector
- Laptop with PowerPoint Presentation
- PowerPoint Presentation handouts for participants
- Flipchart and easel
- Markers in a variety of colors
- Watch or clock to keep track of time
- Name tags for participants

## Tips for Trainer

- Throughout this training, the terms “Latino” and “Hispanic” will be used to refer to the group of people in the United States that come from different Latin American countries. In this curriculum, both terms are used interchangeably and are both used in the text. However, you should check with your participants at the beginning of the training to see which term they prefer be used, since some people have a strong preference for one or the other.
- Encourage participants to interact with each other and with you. Remember to ask open ended questions and to pause and give the participants time to respond to any of your discussion questions. In the trainer module, examples of possible answers to the discussion questions may be provided, but make sure you give participants ample time to give their own answers before you share the examples. If you use the examples, please make sure they are relevant to your community. Use other

examples if the ones provided are not appropriate.

- As the trainer, use your judgment to modify talking points and explain things in your own way. Certain sections of the curriculum may not apply or be relevant to your community or health center’s situation. You should skip these sections or change as needed. There are also some PowerPoint slides where data is provided. Please make sure that you update the data and/or change the data to whatever information is most relevant to your community or health center. You will see a *Note to Trainer* identifying those sections.

## Glossary of Terms

**Advisory Council:** A body of members established by the Board of Directors to serve as advisors to the organization. Commonly, health center advisory councils are established to represent the patient special population(s) served by the health center.

**Board of Directors:** A body of elected or appointed members who jointly govern or oversee the activities of a company or organization (often referred to as “the board”). Health centers are required to have a board of directors.

**BPHC:** Bureau of Primary Health Care, a department within the Health Resources and Services Administration (HRSA) that oversees the Health Center Program, among other things.

**Consumer-majority governance:** When the majority of the members of the board of directors or other governing body, is composed of individuals that represent the consumers of the services provided by the organization, such as patients of a health center.

**Community Health:** Refers to the overall health of a group of people as a whole, as measured by trends in health indicators, such as most common diseases, leading cause of death, etc.

**Leadership:** Leading guiding and or providing direction.

**Governance:** Refers to the method or system of government or management of an organization or political entity.

**Health center:** A community-based and patient-directed organization that provides health services to populations with limited access to health care, including special populations such as agricultural workers, residents of public housing, and homeless families.

**Health Center Program:** The federal program that funds and oversees health center program grantees (health centers that receive HRSA funding) by establishing program requirements and standards for service delivery.

**HRSA:** Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services that serves as the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

**Migrant Health:** An example of community health, refers to the study and practice of health and the health care of agricultural workers as a whole.

**Migrant Health Act:** Refers to the Public Health Service Act (PHS), Section 329, signed into law in 1962, which provided funding to address the health needs of migrant agricultural workers, and continues in effect today under the umbrella of the PHS, Section 330, known as the Health Center Consolidation Act.

**PHS 330:** Section of the Public Health Service Act that authorizes funding for health centers

**PHS 330g:** Section of the Public Health Service Act that authorizes funding for health centers to provide services to migratory and seasonal agricultural workers.

**Steering Committee:** A body of members established to engage in planning and provide direction to the organization, usually focused on a specific task or issue at hand.

**UDS:** Uniform Data System, the electronic system for collecting and analyzing health center data.

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# Trainer Modules



# **Becoming a Leader in Migrant Health:**

**Preparing for Health Center  
Board Membership**



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**The National Center for Farmworker Health**

## **Lesson I**

# **Participation and Leadership in Community Health**

### Note to Trainer:

Before you begin, make sure you have assembled the following equipment, supplies and materials for Lesson I:

- LCD projector
- Laptop
- Presentation handouts for participants
- Flipchart and easel
- “Parking Lot” flip chart sheet
- Markers in a variety of colors
- Watch or clock to keep track of time
- Name tags

### Instructions for Trainer:

- Welcome all participants to the training.
- Tell the participants a little about yourself and why this training is important to you. For example: *You believe strongly in helping the migrant agricultural worker community because you yourself were an agricultural worker.*
- Review basic items as needed, such as:
  - Length of session
  - Parking
  - Restrooms
  - Questions
- It is very important to review ground rules, such as:
  - Refraining from cell phone usage (including texting).
  - Respecting each other.
  - Participating actively.
- Provide name tags to participants so they can interact on a first-name basis.

### About NCFH

The National Center for Farmworker Health is a national, non-profit organization, located in Buda, Texas, dedicated to improving the health status of agricultural worker families through the provision of technical assistance, training and information services.

Promotor de Salud delivering oral health education at a health fair in Arizona



NCFH health educator training promotoras de salud



- The National Center for Farmworker Health (NCFH) is dedicated to improving the lives of agricultural workers, specifically through improving their access to quality health services.
- One of the ways that it does this is by providing advice (technical assistance), information, and training to health centers that serve agricultural workers and their families.

### Purpose of Training

- The NCFH has developed this training to prepare and empower migrant and seasonal agricultural workers to participate in the leadership and governance of health centers.
- This training will provide participants the knowledge and skills to do this.



- The purpose of this training is to empower agricultural workers, or representatives of those workers, to participate in the leadership and governance of health centers.
- Participating in the leadership could mean becoming a member of the governing body of a health center, such as the board of directors, or other type of committee or advisory council that a health center may have.
- Health centers receive money from the government of the United States to serve agricultural worker families and other community members. The government requires health centers to do certain things if they receive this funding.
- One of those requirements is that more than half (at least 51%) of the members of the health center's board of directors must be representatives of the community members served by the health center. In the case of health centers that receive funding to serve agricultural workers, they must include representatives of the agricultural worker population on their board (Program Requirement #18).
- The goal of this training is to encourage, prepare and empower agricultural workers to take this leadership role at a health center and if possible, to become a member of the board of directors.
- Through this training, we are also helping health centers meet this requirement by increasing the number of community members that are prepared and interested in becoming a board member.

### Training Learning Goals

- During this training you will learn about:
  - Community leadership and the qualities of a good leader
  - Community health and why you should get involved
  - The history of migrant health and what services health centers provide
  - The leadership of a health center (the *board of directors*) and how it works, and why there is a need for agricultural worker representation
  - What it means to be a successful board member – duties, responsibilities and commitments
  - Next steps for becoming a board member of your local health center



You will learn about several important topics through this training series.

- You will learn about community leadership and the qualities of a good leader
- You will learn about community health issues and why it is important to get involved in finding solutions to these issues to help your community
- You will learn about the history of migrant health, and how it lead to the current federal Health Center Program and what services they provide.
- You will learn about how the leadership of a health center works and about the need for agricultural worker representation on the board of directors.
- You will learn what it means to be a successful board member—the duties, responsibilities and commitments.
- You will learn about next steps for becoming a member of your local health center board of directors.

By the end of this training, you will be ready to carefully consider becoming a board member.

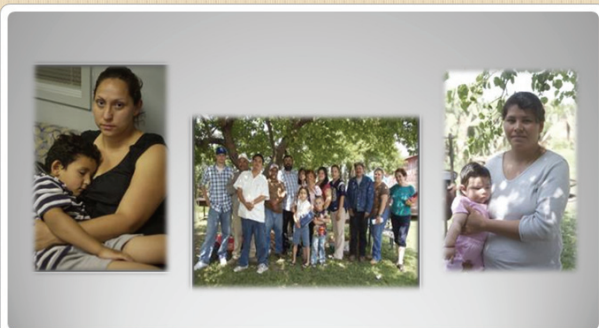
### Training Lessons

- Lesson I: Participation and Leadership in Community Health
- Lesson II: Understanding Health Center Leadership and Governance
- Lesson III: Joining a Health Center Board of Directors



This training will be presented in three lessons:

- **Lesson I** covers community participation and leadership development. You will be encouraged to become a community leader by getting engaged in community health issues. You will be asked to think about the following: how can your involvement as a leader impact yourself, your family and your community?
- **Lesson II** will address more specifically what it means to become a leader in your local Health Center. We will learn about the Health Center Program and the requirement that health center Boards of Directors include agricultural worker representation. You will be asked to think about the following: what impact would your involvement in a health center leadership role have on the quality of health care offered?
- **Lesson III** will wrap up the training series by getting into how to make the decision of becoming a member of your migrant health center Board of Directors. We will discuss the challenges and rewards of serving on the Board, and how to evaluate if you are ready to get involved. You will be asked to think about the following: what is the appropriate next step for you in the process of becoming more engaged in health center leadership?



**Lesson I:  
Participation and Leadership in  
Community Health**



We will now begin with the first lesson of this training, which focuses on community leadership and on community health.

### Lesson I: Learning Goals

- By the end of this first lesson, you will be able to:
- Explain what community participation and leadership mean to you
- Identify types of leadership opportunities and key leadership qualities
- Give examples of health issues in the Hispanic/Latino community and in the agricultural worker community
- Recognize your role in improving community health
- Describe how becoming involved with a health center makes you a community leader.



This is what you will learn in this first lesson. By the end, you will be able to:

- explain in your own words what community participation and leadership mean,
- identify types of leadership opportunities and key leadership qualities,
- give examples of health issues in the Hispanic/Latino community and in the agricultural worker community,
- recognize your role in improving community health, and
- describe how becoming involved with a health center makes you a community leader.
- This lesson begins with why community participation and leadership is one of the most important things that you can do for yourself and for those around you.
- Then, the lesson explains the various ways that you can participate in your community and make a difference.

### Note to Trainer:

Throughout this training, the terms “Latino” and “Hispanic” are used to refer to the group of people in the United States that come from different Latin American countries. In this curriculum, both terms are used interchangeably and are both used in the text. However, you should check with your participants at the beginning of the training to see which term they prefer to be used, since some people have a strong preference for one or the other.

### Defining Community

- A community is simply a group of people that may share some things or ideas in common, such as:
  - Location, neighborhood
  - Ethnicity, race, language, nationality
  - Interests, activities
  - Beliefs, values
  - Role, title, job
  - Life experiences

- What does “community” mean to you?
- Tell us something about you...

### Note to Trainer:

When asking questions, remember to focus on facilitating a discussion. Examples are provided of possible answers but make sure you give the participants ample time and encourage them to provide their own answers. If you use the examples, please make sure they are relevant to the community you are in. Use other examples if the ones provided are not appropriate.



- Let's start by talking about what “community” means.
- A community is a group of people who may share some things or ideas in common, such as beliefs and practices, activities, shared values, a type of job, or living in the same vicinity.
- There are many characteristics that people may have in common, that can create a community.



### Ask participants questions on slide and discuss:

*Examples:*

*I am....or I like...*

- a mother or a father
- a neighbor in my community
- an agricultural worker
- a member of a church
- a soccer player



*Write participant answers on flip chart paper and discuss how each of those answers represents a community that they are a part of.*



- The list we just came up with represents the various communities that you are all a part of. As you can see, it is possible to be part of many communities at once.

- 
- What makes people in a community come together more?



- There are many different things that can bring together a group of people into a community, as listed on the slide.



**Ask participants question on the slide and discuss:**

*Examples:*

- *Neighbors have to begin talking to each other about a problem on their street.*
- *A group of people discover they all want to lose weight, so they begin exercising together*

- Identifying common needs, goals or shared values makes people in a community work more closely together to address these needs, goals or shared values.



- Community members begin to interact and bond more closely with each other when there is a common need, a common goal, a common interest or a shared value.
- Identifying these common needs and desires leads people to want to get others involved and work together to change something and make a difference. As a result, community participation is more common.

### Community Participation

- The involvement of all members is key to the development of a more successful community.
- Participation means when:
  - When people see a need and they get organized and work together to address this need
  - When people voice their opinions and needs to the leadership of the community



### Key Point



Active participation from all members of a community has the power to make a community better and more successful for everybody in it. More can be achieved when community members join their efforts together.



- Studies have shown that community participation is critical to community success.
- Communities who engage their citizens and partners are able to achieve more positive results with less resources.
- Let's imagine there is a community that wants to build a neighborhood youth center but the city can't give them all the money they need to do this. An example of community participation is when a group of people dedicated to seeing this happen get organized and work together to do fundraising activities.
- Studies also show that community participation leads to better types of community development.
- For example, when people voice their opinions and get involved in community issues, community leaders are more likely to understand other people's perspectives and begin to make decisions that benefit more people in the community.
- So, the more engaged people are in the issues affecting the community as a whole, the better a community they will have in the future.



**Key Point:** Active participation from all community members has the power to make the community better and more successful for everybody in it.



- What are some examples of community participation that you've seen or been a part of?
- How did community participation help improve your community?
- What are some of the reasons that made you get involved in these community activities?



**Ask participants questions on the slide and discuss:**

*Examples of community participation:*

- Neighborhood watch activities
- Volunteering with the community festival
- Helping organize the church food bank



*Jot down notes on flip chart summarizing examples of community participation mentioned.*

*Jot down notes on flip chart summarizing the reasons mentioned.*



- People have many different reasons for being more active and involved in the community.
- Sometimes it's because there is a need for money or services, sometimes they are helping people in need, or there may be a crisis that brings people together.
- We are now going to look at some examples of ways people choose to engage in the community.

### Examples of Community Participation



#### Volunteering

Volunteers freely give time, effort and talent to a need or cause in the community.



- One way of participating or helping in the community is by doing volunteer work.
- Volunteers are the people who make community programs or projects more successful by freely giving their time, effort and talents.
- Many community efforts would not happen at all if people didn't volunteer because it would cost too much to pay everybody involved to do what they are doing.

- What are some of the organizations or projects that you have volunteered for?



#### Ask participants questions on slide and discuss:

Examples:

- Helping clean the church building
- Cooking meals for the elderly
- Donating food or helping organize the food bank
- Helping my child's teacher make copies




Use the flip chart to jot down some of the things mentioned.

## Volunteering

- Places to volunteer:
  - Community organizations
  - Religious organizations
  - Public agencies
  - Community programs
  - Community events
- Long terms vs. short term



- Volunteering is one of the easiest ways of getting involved in your community because there are so many options and ways to do it.
- As we can see in the examples you mentioned, there are opportunities to volunteer with:
  - community organizations— churches , social service agencies, YMCA
  - public agencies—schools, city parks, city government offices
  - community programs—sports, after school programs
  - community events—neighborhood festival, fundraising marathon
- Volunteering can happen as a long-term thing or as a short-term thing. Long-term means that you will volunteer in the same program or project for a long period of time (several weeks, months or years). Volunteering in the short-term means that you participate in a one-time situation, maybe just a few hours on a one-day event.
- Either way, volunteering is very valuable to the community because more projects can get done or more services can be provided with less money.

- 
- How did the organizations or programs you volunteered for benefit from your volunteer work?
  - What did you gain from volunteering?

### Benefits of Volunteering

- Gives you the opportunity to change lives, including your own
- Makes you feel needed
- Leads to learning new skills
- Helps you meet new people and may provide opportunities for future employment or other important connections



**Refer to examples of volunteering people mentioned (on flip chart), then ask participants question on slide and discuss.**



- In addition to the benefits that come to the community, there are benefits to the volunteer.
- Some benefits of volunteering are that it::
  - Gives you the opportunity to change lives including your own
  - Makes you feel needed
  - Leads to learning new skills
  - Helps you meet new people and may provide opportunities for future employment or other important connections.

### Examples of Community Participation



#### Mentoring

**A mentor is someone who is trusted and respected that becomes deeply involved in another person's life as a role-model, or to provide advice or guidance.**



- Another way to become engaged in your community is to become a mentor.
- A mentor is someone who is trusted and respected that becomes deeply involved in another person's life as a role-model, or to provide advice or guidance..
- A mentor advises, acts like a counselor and provides assistance when needed. A mentor serves as a role-model and as an example.
- The person that is mentored is called a mentee.

- **Can someone share an example of what a mentor does?**



#### **Ask participants questions on slide and discuss:**

*Examples:*

- *Guiding a young person in your community to stay in school and achieve higher educational goals*
- *Sharing your experiences and skills with someone who starts new at a job, so that they can learn from you*
- *Helping someone work through a difficult time in their lives, by sharing how you dealt with a similar situation*



- Have you ever had a mentor?
- Have you been a mentor to someone else?
- How did this relationship influence your life?
- How did this relationship influence the other person's life?



**Ask participants questions on slide and discuss.**



- A mentor can significantly influence someone else's life in a positive way.
- This will have a positive result for the community as a whole as people make better and healthier choices in their lives.
- Mentors sometimes make a greater impact if they are mentoring emerging community leaders. As they provide guidance and leadership to future leaders, they are providing leadership to the community as a whole.
- Mentoring also has personal benefits. It is a great way to increase your confidence, self-esteem, and it really gives you a sense of contributing to those around you.

### Benefits of Mentoring

- A mentor can significantly influence someone else's life in a positive way. This will have a positive result for the community as a whole as people make better and healthier choices in their lives.
- Mentors may make a greater impact if they are mentoring emerging community leaders. As they provide guidance and leadership to future leaders, they are providing leadership to the community as a whole.
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### Examples of Community Participation

#### Community Advocacy

Community advocacy is to speak on behalf of another person or a group to ensure that their rights and needs are recognized.

- Can you name some famous community advocates throughout history?



- A third way of participating or getting involved in community issues is by becoming a community advocate.
- A community advocate is someone who speaks on behalf of a person or a group to ensure that their rights and needs are recognized.



**Ask participants question on the slide.**



- Dolores Huerta and Cesar Chavez are two examples of agricultural worker advocates. Together they founded the organization that became the United Farmworkers of America. As leaders, advocates and representatives of the agricultural worker community they made sure the agricultural workers' voices were heard and their rights respected.
- An advocate is not necessarily directly affected by the problem or a member of the community, but decides to get involved to support and defend the rights of the people in that community.
- However, it is usually more effective when a community advocate is a direct member of the community.



- What are some ways that people advocate for others?
- How can advocacy lead to improvements for the whole community?



**Ask participants questions on slide and discuss:**

*Examples:*

- *Providing valuable information that can help that person defend themselves or access a service*
- *Talking to political leaders about the other person or group's needs*



- Let's talk about an example of how a parent who acted as an advocate for his child was able to bring about an improvement for the whole community:
- The father of a child that fell and broke an ankle at the front steps of the local school wrote to the school administration requesting that they fix the cracked step that made his daughter fall.
- It was not the first time that somebody had fallen on these steps, and they were in a very bad state of disrepair.
- At first he received no response, but he kept insisting by writing and emailing, calling and visiting the school administration, then community leaders and finally the local news.
- He also talked to other parents and involved them in calling, writing and demanding an action from the administration. Finally, the school fixed the front steps and now all the children and school staff going up and down those steps every day benefit from this parent's advocacy.

**Community Advocacy Example**

**A Father as a Community Advocate**



### Other Community Advocacy Examples

- Organizing a campaign to write letters to the government for community improvements
- Hosting meetings with local leaders to discuss protection issues for agricultural workers
- Bringing in representatives from organizations that provide important information for agricultural workers, about topics like health, education, legal rights, etc.



- Let's see other examples of community advocacy that are more related to the agricultural worker community:
  - Organize a campaign to write letters to the government for community improvements
  - Host meetings with local leaders to discuss protection issues for agricultural workers
  - Bring in representatives from organizations that provide important information for agricultural workers, about topics like health, education, legal rights, etc.

### Key Point



There are many ways to become involved with your community. Community participation is essential to developing healthy and successful communities as a whole, but as we have seen, it also has important benefits for the individual.




**Key Point:** *There are many ways. To become involved with your community. Community participation is essential to developing healthy and successful communities as a whole, but as we have seen, it also has important benefits for the individual.*

### Community Leadership

- It is easy to see why people who participate actively in their community often become leaders of their communities.
- Community leaders have the ability to change people's behavior or opinions, bring people together for a common cause, and improve the services that the government and other organizations provide to their community.



- Now that we have looked at several ways that people actively participate in improving their communities, it is easy to see why these people often become **leaders** of their communities.
- Community leaders have the ability to change people's behavior or opinions, bring people together for a common cause, and improve the services that the government and other organizations provide to their community.
- We will now explore good examples of community leadership and the characteristics and unique qualities of leaders.
- Leadership can mean different things to different people. Let's explore what leadership means to you

- 
- What do you think of when you hear the word “leadership”?
  - What examples do you have of leaders in your community?
  - How are these people leaders in the community?



- Leadership can mean different things to different people. Let’s explore what leadership means to you



**Ask participants questions on slide and discuss:**

*Examples of leaders*

- *Many mothers and grandmothers are leaders because they take action when their children need something.*
- *School principals are community leaders because they can reach many families with important information in case of a crisis.*
- *A priest or pastor can be a community leader when they organize their church members to stand up against an injustice.*



*Write down participants’ thoughts on leadership.*



- In general, you are a community leader if people see you as someone who they can go to for help or who will speak up for them.
- Leaders can make happen the things that the group wants. Leaders make a big difference!

### Community Leadership Example



Video clip: “La Voz Latina”



- Now we are going to look at an example of a community leader.
- How many of you know a “promotora de salud” or a community health worker? Promotores(as) can be great examples of community leaders.
- I will be showing a short video clip of a promotora explaining what she does in the community.
- I want you to pay attention and look for those qualities that makes this promotora a good community health worker and a good leader.



**SHOW VIDEO CLIP :**

**“La Voz Latina”**



- What kind of a difference did this “promotora” make in her community?
- What are some of the qualities that you think made this “promotora” a leader?



**Ask participants questions on slide and discuss.**



*Write down leadership qualities participants mention on flip chart.*



- For many people, promotores(as) are leaders because they go out of their way to help the whole community understand better health care practices.
- Many community health workers or promotores(as) start out as volunteers at health centers or as advocates for people who need help with their health needs. Eventually they take on the more formal role of becoming a trained promotor(a), but they continue to serve beyond that role.

### Key Point



**You do not need a leadership title or position to have leadership qualities and be a community leader.**



**Key Point:** *You do not need a leadership title position to have leadership qualities and be a community leader.*

## Leadership Qualities

Good leaders may have some of the following qualities:

- They are honest
- They are caring and understanding
- They are passionate and inspire others to action
- They have a vision for the future
- They can plan and make changes happen

- Can someone tell us about a leader you know that demonstrates any of these qualities?
- What other qualities do you think are important?

## Key Point

As you show leadership qualities, people are likely to follow you and look up to you regardless of your title or position, money or educational level.



- Experts in leadership tell us that these are some qualities that leaders have that make them great leaders:
- **Honesty**—Leaders are honest and admit when they are wrong. People trust leaders who are able to be honest with themselves and those around them.
- **Empathy**—Leaders seek to understand people's needs and they care enough to do something about them.
- **Passion**—Leaders are inspirational and passionate about what they believe in. In turn, they inspire and motivate those people around them to take action.
- **Visionary**—Leaders have a vision for the future. Leaders are thinking about where they are going from here and how to get there. They are able to share that vision and make others see it.
- **Competency**—Leaders show competency when they are able to accomplish what they set out to do. They are competent by taking action that is good for everyone.



**Ask participants questions on slide and discuss.**



**Key Point:** As you show leadership qualities, people are likely to follow you and look up to you regardless of your title or position, money or educational level.

### Group Activity



- Think about your community. Identify one thing that you would like to work on to make it better.
- Talk with others in your group and list all of your ideas.
- Select one thing from the list—you must agree as a group that this is the most important and first thing to start with.

### Group Activity



- Now imagine that you are looking for the best person in your community to lead this project.
- *What qualities or characteristics would you look for?*
- Talk with each other and list the ideas of everyone in the group

### Group Activity



- Pick a spokesperson to talk about what you have written down on your paper.

### Note to Trainer:

Feel free to modify this activity to meet the needs of your participants or your time constraints.



- Now we will engage in a group activity to help us think about how leaders make a difference in their communities.



### Activity 1

- Instruct everyone to get into groups of three to five people.
- Distribute a flip chart sheet to each group to record their answers to the questions on the Power-Point slide.
- Provide participants with the instructions on the slides (allow **20 minutes** for small group work).
- After participants have gone through activity, debrief each group's answers with participants.:
- Ask how the exercise made them think about what it takes to be a leader to make things happen.

### You Can Make a Difference !

- As a community leader, you can guide the direction that your community goes in and make a big difference in the way things work in your community
- One important issue you can get involved in is "community health"



- So far we have learned that there are many opportunities to participate and become engaged in community issues to make things better in the community, and that through community participation you can become a leader in the community.
- By becoming a leader, you can guide the direction that your community goes in, and make a big difference in the way things work in your community.
- **In the next part of this lesson,** we will be talking about **community health** as a specific community issue in which you can get involved and become a leader to achieve a big difference.
- We will look at an examples of community health, to better understand this concept.
- The examples we are going to see are about two communities:
  - the Hispanic/Latino community in general, and then more specifically,
  - the Hispanic/Latino agricultural worker community.

- Can someone tell us what we mean when we say "community health"?



**Ask participants questions on slide and discuss.**

### Defining Community Health



Community health refers to the “picture” of health of the entire community— what the health of that entire community looks like.




- Community health refers to the “picture” of health of the community— what the health of that entire community looks like. This health picture changes according to conditions that affect that community.
- For example, when you are driving through a neighborhood, you can develop a picture of the health of that community depending on what you see. If you see people walking and exercising and children playing actively at the park, you will think that the community is fairly healthy. You would think differently if you see youngsters drinking alcohol at the corner, or if the children are all inside playing video games, or if the only places to eat are fast food restaurants,
- In the same way, public health professionals monitor some important data or indicators, about the health of specific groups, such as the Latino or the African-American population, to see what their health looks like as a group. They monitor indicators such as cultural beliefs and practices, the environment where the community is located, the type of work that most people do in that community, and the types of health services available to that community.

- 
- Why is it important to focus on community health?

### Focusing on Community Health

- Focusing on the overall health of a community is important because it helps health professionals know which practices and behaviors everyone should do to prevent disease and ensure that the community stays healthy.
- Good community health information helps community leaders make better decisions about health care resources needed, such as clinics, hospitals, specialists, and treatment and prevention programs (such as *promotora de salud* programs).

 **Ask participants the question on slide and discuss.**



*Summarize responses on flip chart.*



- Focusing on the overall health of a community is important because it helps health professionals know which practices and behaviors everyone should do to prevent disease and ensure that the community stays healthy.
- For example, many programs exist to promote a more healthy lifestyle, like exercise programs or heart awareness programs, that can prevent illnesses like diabetes and heart disease.
- Also, with good community health information, community leaders are able to make better decisions about health care resources needed, such as clinics, hospitals, specialists, and treatment and prevention programs (like the *promotoras de salud*).
- Future generations also benefit from a focus on community health and prevention. For example, as pregnant women begin to develop healthier prenatal practices, such as taking pre-natal vitamins and keeping active during pregnancy, their babies are born healthier and are likely to continue to be healthier as they grow.

### Hispanic/Latino Health

- Leading Causes of Death for Hispanic/Latino Population in the United States, 2009
  - Cancer
  - Heart Disease
  - Unintentional Injuries
  - Stroke
  - Diabetes



- One way of measuring community health is by looking at the leading causes of death amongst members of that community or in this case, population group.
- On the slide, you see the five most common causes of death for Hispanics/Latinos in the United States in 2009: cancer, heart disease, stroke, accidents and diabetes.
- Diabetes is an example of a serious problem for the Hispanic/Latino community that many health professionals focus on because it is the cause of many other diseases and health problems. People with diabetes are more likely to have heart disease, stroke, amputations, kidney issues, and even blindness. So if we can do something to eliminate or reduce diabetes amongst the Hispanic/Latino population, we are likely to improve the overall health of this community.

- How healthy do you think your community is?
- Name some health issues that you see in your community.

### Note to Trainer:

Make sure you update the data provided in this section as needed.

Source: Kochanek KD, Xu J, Murphy SL, et al. Deaths: Final Data for 2009. National vital statistics reports; vol 60 no 3. Hyattsville, MD: National Center for Health Statistics. 2012. [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf)



**Ask participants questions on slide and discuss.**



*Ask a participant to help you take notes on flip chart of the health problems mentioned.*

### Hispanic/Latino Health

- Other Top Health Issues Among Hispanic/Latinos:

- Asthma
- Obesity
- Chagas Disease
- HIV/AIDS
- Teen Pregnancy
- Smoking & Tobacco Use
- Infant Mortality



### Key Point



It is important to know about the health problems in your communities and what may be causing them, so that you can determine how to make changes towards a healthier community.



- Another way to look at community health is to look at how common a certain health problem is amongst members of that community.
- This tells us of any new diseases or conditions that are growing in this community, and could be leading to other serious health problems. These may be different from the leading causes of death and are often more prevalent in the younger generations.
- Other common health issues among Latinos in the United States are: asthma, obesity, Chagas Disease, HIV/AIDS, teen pregnancy, smoking and tobacco use, and infant mortality.



**Key Point:** *It is important to know about the health problems in your communities and what may be causing them, so that you can determine how to make changes towards a healthier community.*



- Next we are going to talk about the conditions that affect communities and lead to many of these health problems.
- The good thing is that usually we can identify these conditions and do something about them to improve the health of the community as a whole.

Source: <http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html>

### Conditions that Affect Community Health

- Environmental
- Socioeconomic
- Lifestyle
- Access to health services



- On the slide you can see some of these conditions:
- **Environmental:** If a community has a lot of pollution due to neighboring industries, then you might see that there are problems with asthma or certain cancers.
- **Socioeconomic:** Some examples are poverty, lower levels of education, or crowded housing conditions, can affect health in many ways. For example, when many people are living together in one house, it could lead to a greater incidence of contagious diseases among everyone in that family.
- **Lifestyle:** Practices related to cooking and eating habits, physical activity levels, working and relaxation, etc. One example is the way in which many people's lives have become much more sedentary due to the use of vehicles more than walking, and watching television instead of outdoors recreation. This new lifestyle is leading to obesity and other health problems for many people.
- **Access to health care services:** Whether its preventive and primary care, or specialty care or emergency care, when community members do not have access to clinics, providers or pharmacies, the health status of the community will suffer.

• Can anyone think of a condition or situation that may be leading to some health problems in your community?

• Please share.



**Ask participants questions on slide and discuss.**

### Community Health Involvement Example



**Video clip:**  
“Creating an Urban Park in  
Santa Ana, CA”




- So now let's talk about obesity, one example of a health problem affecting the Hispanic/Latino community today, and what can be done to address this problem.
- One community in Santa Ana, California decided to address this problem by organizing together to convert an empty lot into a park so that children and other community members would have a safe place to exercise.
- These community members were able to do this by going to other members of the community who could help with creating this park.
- A group of mothers made fliers to distribute in the neighborhoods to encourage other people to get involved in convincing city officials to approve the plans for the park.
- We will now see a short video about this community.



**SHOW VIDEOCLIP :**

**“Creating an Urban Park in  
Santa Ana, CA”**

- 
- What did you notice about community participation in this video?
  - What did you notice about leadership?
  - Who was a leader? What leadership qualities did these people have?



**After the video, ask participants questions on slide and discuss.**



*Summarize responses on flip chart .*



- This video shows us one example of how people can make a difference in a community health issue either individually or as part of a group.
- Now let's look at a population that represents a part of the Hispanic/Latino community and has its unique picture of health. We are looking at the Latino agricultural worker population.



- How many of you are currently agricultural workers?
- How many have been agricultural workers at some point?
- How many are family members of a agricultural worker?

### Agricultural Worker Health

- While agricultural workers share some of the health conditions and concerns we've discussed for the Hispanic/Latino population as a whole, agricultural workers have other unique health needs due to the difficult conditions of the work.
- Often the frequency or intensity of a health problem is greater within the agricultural worker population than in the overall Hispanic/Latino population because of lack of access to care, extreme poverty and migratory nature of the work.



### Ask participants questions on slide and discuss.



- While agricultural workers who are Hispanic/Latinos share some of the health conditions and concerns we've discussed for the Hispanic/Latino population as a whole, agricultural workers have other unique health needs due to the very nature and the difficult conditions of farm work.
- Often the frequency or intensity of a health problem is greater within the agricultural worker population than in the overall Hispanic/Latino population because of many factors.
- The lack of access to care and the migratory nature of their work adds to the health problem or creates new health problems that are not as common to the Hispanic/Latino population as a whole.



- What are some of the unique *conditions* of the agricultural worker community that negatively affect agricultural worker health?
- What are the greatest *health problems* you have seen in the agricultural worker community, or experienced yourself as an agricultural worker?



**Ask participants questions on slide and discuss:**

*Examples of conditions:*

- *Having to work outdoors where there is pesticide contamination.*
- *Being a migratory worker means that there is a lot of interruption in medical care—cannot continue to see the same doctor or going to the same clinic when the agricultural season begins.*

*Examples of problems*

- *Allergies and skin problems*
- *Dehydration and heat stroke*
- *Muscle pain and arthritis*



*Make a T-chart on the flip chart and list conditions on the left and health concerns on the right side.*

### Unique Conditions Affecting Agricultural Worker Health

- Low educational level and literacy
- Poverty
- Inadequate housing
- Frequent mobility from one community to another
- Lack of hygienic conditions, such as clean and potable water
- Exposure to heat and sun
- Dangerous machinery and equipment
- Exposure to pesticides and pollution
- Repeated and frequent body movements
- Lack of sick benefits, such as time off to visit the doctor or health insurance

### Note to Trainer:

Refer to flip chart and confirm the conditions mentioned by participants.

Source: National Center for Farmworker Health (March 2013). *Farmworker Health Fact-sheet: Farmworker Occupational Health and Safety*. Retrieved from <http://www.ncfh.org/docs/fs-Occ%20Health.pdf>



- There are many different health issues that agricultural workers experience due to the nature of the work they do and the conditions in which they do the work.
- On the slide, you can see a list of some of these common conditions that affect the health of agricultural workers.
- Some conditions relate specifically to the work:
  - Frequent mobility from one community to another
  - Lack of hygienic conditions, such as clean and potable water
  - Exposure to heat and sun
  - Dangerous machinery and equipment
  - Exposure to pesticides and pollution
  - Repeated and frequent body movements
  - Lack of sick benefits, such as time off to visit the doctor or health insurance
- Other conditions are a lot like the conditions we discussed earlier for the Hispanic/Latino community, except they are more severe for this population:
  - Low level of education and literacy
  - Poverty
  - Inadequate housing



Refer to the flip chart and confirm the conditions mentioned by participants in the previous page.

### Common Health Problems among Agricultural Workers

- Dehydration, heat stroke, and pesticide exposure
- Malnutrition, anemia, and dental problems
- Allergies, dermatitis, and insect bites
- Musculoskeletal problems and arthritis
- Gastro-intestinal and urinary tract infections
- Chronic conditions: diabetes, hypertension, and tuberculosis
- Depression and alcoholism



- On this slide, you can see the most common health concerns for agricultural workers.



*Refer to the flip chart and confirm the conditions mentioned by participants in the previous page.*



- Most agricultural workers seek services and care at local health centers, which exist to address the unique needs of agricultural workers.
- Agricultural workers tend to face many challenges in accessing health care. Often, this is the only access to health care that agricultural workers have.

### Note to Trainer:

Make sure to refer to flip chart notes and confirm the health concerns mentioned by participants.

Source: National Center for Farmworker Health (March 2013). Farmworker Health Fact-sheet: Farmworker Occupational Health and Safety. Retrieved from <http://www.ncfh.org/docs/fs-Occ%20Health.pdf>

### Barriers to Access Health Care

- Lack of insurance
- Lack of health care services near agricultural areas
- Language and cultural barriers
- Work schedule



- What other barriers have you faced as an agricultural worker when trying to access health care?



- Here is a short list of some of the barriers that agricultural workers face when it comes to getting healthcare.
- A very large portion of agricultural workers do not have insurance compared to the rest of the general population.
- A lot of agricultural workers do not receive preventive services.
- There are also language and cultural barriers.




### Ask participants questions on slide and discuss.

*Examples (make sure to cover):*


- Limited income
- No sick time
- No transportation
- Work schedule very long and does not coincide with health center appointment schedule
- Fear of losing job if employer knows of illness
- Don't know where to access care




*List barriers as mentioned by participants. Make sure you include the list above.*



- What are some ways to address or eliminate some of these barriers to health care that agricultural workers face in your community?

**Key Point** 

One of the best ways to improve access to care for agricultural workers is to have good agricultural worker representation on the board of directors of your local health center.



 **Ask participants questions on slide and discuss.**



*Ask one of the participants to help you take notes on the flip chart.*



- These are all great examples of possible things to do.
- One of the best ways to address these barriers and improve access to care for agricultural workers is to support the work of health centers.
- In many communities, one of the main providers of health care and programs for community health improvement are the health centers.
- One way to show engagement and leadership in community health is by serving on the board of directors of a health center.
- Having community representatives on health center boards ensures that the concerns and needs of the community are heard and that quality health services are provided.



**Key Point:** *One of the best ways to improve access to care for farmworkers is to have good farmworker representation on the board of directors of your local health center.*

### Summary of Lesson I

- Community participation gives you the power to make a positive difference for your community and for your family.
- There are many ways to become involved in your community and through community participation you can become a community leader.
- Leaders have some important qualities that make them leaders.

### Summary of Lesson I

- Community health is one area where your leadership and participation is needed, in particular for the Hispanic/Latino and the agricultural worker community.
- There are many health needs in both of these communities, and there are barriers to access health care.
- One of the best ways of becoming a leader in community health and an advocate for your community is to join your local health center's board of directors. We will learn much more about how to do this in the next session.



- Before we conclude this first lesson, let's summarize what we've learned:
- We have learned that:
  - Community participation gives you the power to make a positive difference for your community, for yourself and for your family.
  - There are many ways to become engaged and through community participation you can become a community leader.
  - Leaders have some important qualities that make them leaders.
  - Community health is one area where your leadership and participation is needed, in particular for the Hispanic/Latino and the agricultural worker community.
  - There are many health needs in both of these communities, and there are also barriers to access health care.
  - One of the best ways of becoming a leader in community health and an advocate for your community is to join your local health center's board of directors. We will learn much more about how to do this in the next session.

### Key Point



By serving as a representative of the agricultural worker population on the board of directors of your local health center, you can be a community leader and ensure that agricultural workers can access the quality health care that they deserve.



• Any questions or final comments?

**THANK YOU FOR YOUR PARTICIPATION!**

### Note to Trainer:

Make sure you allow enough time for questions and answers. Make sure you answer any “Parking Lot” questions that you are able to answer at this time. If you are not able to answer a question, tell the participants you will research and try to find the answer to provide it at the next training session.

### Note to Trainer:

Before your participants leave, remember to:

- Ask them to complete an evaluation
- Remind them of your next meeting to continue the next part of this training (if applicable)



- The goal of this lesson has been to encourage you to get involved in community health issues and to be thinking about taking on leadership by becoming a member of your health center board of directors.
- The work that we have done today has helped set the stage for Lesson II, which will be focused on understanding the Health Center system and options for becoming more involved and serving on the health center board as a way to really affect the health of your community.
- We look forward to seeing you again soon to continue exploring the impact that you can have in your local community!



**Key Point:** *By serving as a representative on the agricultural worker population on the board of directors of your local health center, you can be a community leader and ensure that agricultural workers can access the quality health care that they deserve.*



**Conclude by asking participants if they have questions or comments.**



# **Becoming a Leader in Migrant Health:**

## **Preparing for Health Center Board Membership**



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**The National Center for Farmworker Health**

## **Lesson II:**

# **Understanding Health Center Leadership and Governance**

### Note to Trainer:

Before you begin, make sure you have assembled the following equipment, supplies and materials for Lesson II:

- LCD projector
- Laptop
- Presentation handouts for participants
- Flipchart and easel
- “Parking Lot” flip chart sheet
- Markers in a variety of colors
- Watch or clock to keep track of time
- Name tags

### Instructions to Trainer:

- Welcome back all participants to the second lesson of this training.
- Review basic items as needed, such as:
  - Length of session
  - Parking
  - Restrooms
  - Questions
- Do a brief reminder of the participation ground rules, such as:
  - Refraining from cell phone usage (including texting).
  - Respecting each other.
  - Participating actively.
- If possible (or applicable) do an icebreaker activity before beginning the lesson.
- Provide name tags to participants so they can interact on a first-name basis.

### Lesson I Review

- Community participation gives you the power to make a positive difference for your community.
- Volunteering, mentoring and community advocacy are some examples of ways to become engaged in the community.
- Through community participation and demonstrating key leadership qualities you can become a community leader.

### Lesson I Review

- Community health is an important issue where your leadership and participation is needed, especially for the Hispanic/Latino and the agricultural worker community. There are many health needs in both of these communities, and there are also barriers to access health care.
- One of the best ways of becoming a community leader is joining your local health center's board of directors.

### Note to Trainer:

Make sure to ask if anybody present is new today (if applicable). If there is a new participant you may have to provide more detail when reviewing than included here.



- Today we will be going through the second lesson of this three-part training called—*Becoming a Leader in Migrant Health: Preparing for Health Center Board Membership*.
- Before we get into Lesson II, let's start with a review of Lesson I because we discussed some concepts that are very important to what we will be learning in Lesson II.
- In the first lesson, we explored the idea that community participation gives you the power to make a positive difference for your community, for yourself and for your family.
- We learned about volunteering, mentoring and community advocacy as some examples of ways to become engaged in the community. We learned how through community participation you can become a community leader. We also discussed important qualities that leaders have.
- Then we looked at community health as one area where your leadership and participation is really needed, in particular for the Hispanic/Latino and the agricultural worker community. There are many health needs in both of these communities, and there are also many barriers to access health care.
- Finally, we learned that one of the best ways of becoming a leader and caring for the health of your community is joining your local health center's board of directors.



## Lesson II: Understanding Health Center Leadership and Governance



- Now, in Lesson II, we will learn about the primary way in which most agricultural workers access health care—the community-based health center.
- You will learn that there is an important requirement for health centers to include agricultural worker representation on their Board of Directors and that this is one of the best ways to make a big difference in the health of the community.
- That’s what this training is about—to encourage you and prepare you to become an agricultural worker representative by getting involved with the leadership of the health center, such as the Board of Directors.
- We will explore how being a board member gives you the power to truly make a difference in the health of your community.
- Throughout this lesson, you will be asked to consider: what impact would you have on the health care services offered to your community if you became a health center board member?

### Note to Trainer:

Before launching into this lesson, ask participants if they have any questions or comments from the previous lessons. Make a note of those questions that you can’t answer quickly in the “Parking Lot”.

### Lesson II Learning Goals

- Summarize the history of the Health Center Program and how it works today.
- Explain the importance of having agricultural worker representation on the health center's board of directors.
- Identify and describe three ways of getting involved in the leadership and governance of a health center—participation in the **board of directors**, the **advisory council** and the **steering committee**.
- Give examples of how the board of directors impacts the health center's operations and quality of health care services offered.



- This is what you will learn in this lesson.
- By the end of Lesson II, you will be able to:
  - Summarize the history of the health center program and how it works today;
  - Explain the importance of having agricultural worker representation on the health center's board of directors;
  - Identify and describe three ways of getting involved in the leadership and governance of a health center—participation in the **board of directors**, the **advisory council** and the **steering committee**—and,
  - Give examples of how the board of directors impacts the health center's operations and the health care services offered.

### Note to Trainer:

Before moving on to the next page, ask if any of the participants have served on a health center board or any board of directors. Make a note of who those people are so that you can refer to them as examples and call on them to share their experiences throughout the training.

## Brief History

1850's - 1880's	Immigrant workers come to the U.S. in large scale
1917	World War I - Immigration and Nationality Act <ul style="list-style-type: none"> <li>• 73,000 foreign workers imported</li> </ul>
1930's	The Dust Bowl <ul style="list-style-type: none"> <li>• Displaced farmers &amp; sharecroppers become migrants</li> </ul>
1942-47	World War II - The "Bracero Program" <ul style="list-style-type: none"> <li>• Authorized temporary visas to Mexican workers and other foreign workers to meet labor shortages</li> </ul>
1951	Public Law 78 <ul style="list-style-type: none"> <li>• Re-established the "Bracero Program"</li> </ul>

## The Bracero Act of 1942

Braceros Waiting to Enter



1942 Bracero Registration



Braceros Being Vaccinated



Braceros Waiting for Work



- Let's begin with a brief history of the migrant health movement and how Health Centers came to be.
- During the first half of the last century the number of migrating agricultural workers grew tremendously for several reasons.
- Due to the labor shortages that resulted from the first World War efforts, many foreign workers, primarily from Mexico, were brought to the U.S. to work in agriculture. The "Immigrant and Nationality Act" of 1917 made it possible for many to enter looking for work.
- Then, in the 1930s due to the economic troubles of the depression, many African American and poor white farmers and sharecroppers lost their lands and had to begin migrating to find agricultural work in the large farms that were forming across the nation.
- A new labor shortage came at the time of World War II. In 1942 the "Bracero Program" was initiated by President Roosevelt in negotiations with the president of Mexico for the importation of temporary contract laborers from Mexico. There were a series of acts of congress that formalized the program through 1967.
- More than 4.5 million Mexican agricultural workers came to the U.S. through the Bracero program. Many of these workers became migrant workers, moving from one farm to another to work.
- Let's take a look at these photos of the Braceros .

### Migrant Health Act of 1962



Authorized federal funds to provide preventive and primary health care services to the migrant and seasonal agricultural worker population through the creation of “Migrant Health Centers”. The success of these health centers led to the funding of more types of health centers to serve other groups of people with health care needs.



- In 1960 a CBS news documentary titled “Harvest of Shame” that aired in national television highlighted the terrible conditions that migrant agricultural workers were working and living in. It focused on housing, education and health issues. This awareness led to a major outcry from people who demanded that something be done to alleviate these conditions.
- Then, in 1962, the U.S. Congress authorized the Public Health Service Act, Section 329, known as the ***Migrant Health Act***, to address the health needs of this population. It was signed into law by President John F. Kennedy.
- The Migrant Health Act authorized federal funds to provide preventive and primary health care services to the migrant agricultural worker population through the creation of local “Migrant Health Centers”.
- The “Migrant Health Centers” were so successful in their mission that in 1965 Congress passed the Community Health Act to fund more types of health centers to serve other population groups that needed more access to health care. Some of these health center serve people experiencing homelessness, public housing residents, people in very rural communities, etc.

### The Health Center Consolidation Act of 1996



Brought together the funding for several types of health centers that serve different populations under a single federal program, the Health Center Program.

### Key Point



Since the Migrant Health Act was passed in 1962 health centers have delivered preventive and primary health care services to the migrant and seasonal agricultural worker population.



### Note to Trainer:

The Health Center Program is part of the Bureau of Primary Health Care, in the Health Resources and Services administration in the U.S. Department of Health and Human Services. You can find more information and the most recent data about the federal Health Center Program at: <http://bphc.hrsa.gov/>



- Then in 1996, under President Clinton, the U.S. Congress approved the ***Health Center Consolidation Act***, which brought together the funding for several types of health centers that serve different populations under the umbrella of one federal program.
- This program is currently called the Health Center Program and it is under the U.S. Department of Health and Human Services.



**Key Point:** Since the Migrant Health Act was passed in 1962 health centers have delivered preventive and primary health care services to the migrant and seasonal agricultural worker population.



- Can you name a health center in your community?
- If you are or have been a health center patient...
  - what are some things you like about your health center?
  - what are some things you don't like as much?
  - is there anything you would change about your health center to make it a better service for the community?



**Ask participants questions on the slide and discuss.**



*Write on flip chart the names of the health centers mentioned. Also take notes on the positive and negative experiences, and things participants would change..*



- Thank you for sharing. We will be talking later on in this lesson about how you do have the opportunity to get involved and make changes in how your health center does things.

### **Note to Trainer:**

When asking questions, remember to focus on facilitating a discussion. Examples are provided of possible answers but make sure you give the participants ample time and encourage them to provide their own answers. If you use the examples, please make sure they are relevant to the community you are in. Use other examples if the ones provided are not appropriate.

### What is a Health Center?

- A health center is a community-based and patient-directed, non-profit organization that receives federal funding to serve populations with limited access to health care.



### Defining a Health Center

- Community-based and patient-directed means that health centers are guided by the needs, concerns and opinions of the patients who use the services of the center. This happens by having patients represented on the board of directors.
- Non-profit organization means that health centers are mission oriented and their main goal is to provide a service, not to generate a profit. Health center funding comes from the federal government, private donations, and from the fees patients are charged for services.



- So, how is a health center defined?
- A health center is a community-based and patient-directed, non-profit organization that serves populations with limited access to health care.
- Basically, health centers provide medical services to people who normally have a very difficult time getting health care for a variety of reasons.
- Being patient-directed means that health centers are guided by the needs, concerns and opinions of the patients who use the services of the center.
- To make this happen, patients are represented on the board of directors and in other health center governance groups. We will be talking much more about this in the rest of this lesson.
- Health centers are also non-profit organizations, meaning they do not function as a business trying to make money, but rather as an organization providing a service.
- Funding for health centers comes from the federal government (Health Center Program), private donations, and from the fees that patients are charged for the services offered.

### What is the Health Center's Mission?

- To provide quality health care to:
  - People who don't have a lot of money
  - People who don't have insurance
  - People of racial and ethnic minority groups
  - People who are limited in their knowledge of English
  - People who are agricultural workers, homeless, or public housing residents.

However, anyone can be a patient of a health center.



- The mission of a health center is to provide medical care to people who have difficulty getting care, such as people who:
  - don't have a lot of money,
  - don't have insurance,
  - are racial and ethnic minorities, or are limited in their knowledge of English,
  - are of special populations, such as agricultural workers, the homeless and residents of public housing.
- We will be talking much more in the next few slides about these “special populations” and how health centers serve them, especially agricultural workers.
- Now is a good time to clarify that although it is the intent of the Health Center Program to reach these groups of people and make sure they get health care, anyone can get care at a health center.
- A health center is open to anyone just like any other doctor's office. In fact, many people choose a health center as their provider of choice over other private clinics or doctor's offices because the quality of care can be as good or better than any other practice.

### Paying for Health Center Services

- Health centers are only partially supported by federal money and their services are not free.
- Patients that have medical insurance, including Medicaid and Medicare, pay co-pays or fees according to their insurance provider.
- Patients that don't have insurance, pay fees depending on a "sliding fee scale" that shows how much a patient will pay based on family income.



- Another important clarification is that health centers are only partially supported by federal money and their services are not free. On average, HRSA contributes 25 cents per each dollar health centers spend in providing care.
- Patients that have medical insurance, including Medicaid and Medicare recipients, pay co-pays or fees according to their insurance provider.
- Patients that don't have insurance, pay fees depending on their ability to pay according to a "sliding fee scale" that health centers are required to establish. A "sliding fee scale" shows how much a patient will pay based on family income.
- Health centers' sliding fee scales are based on the federal poverty level. Patients who have an income below twice the federal poverty level, pay fees according on their income. The fee could even be zero for some patients depending on income. Patients that have an income greater than twice the federal poverty level, pay the highest fee on the fee scale used by the Center.

### Note to Trainer:

This section (pages 12-18) covers health center data and technical information about how health centers work. This information is important for potential board members to understand; however, you may want to omit this section or simplify depending on your participants' needs and the time you have available.

### Sliding Fee Scale (SFS)

Poverty Level	100%	125%	150%	175%	200%	>200%
Family size	No Payment or Nominal Fee	Pay 20%	Pay 40%	Pay 60%	Pay 80%	Pay 100%
1	\$11,670	\$14,588	\$17,505	\$20,423	\$23,340	\$23,341
2	\$15,730	\$19,663	\$23,595	\$27,528	\$31,460	\$31,461
3	\$19,790	\$24,738	\$29,685	\$34,633	\$39,580	\$39,581
4	\$23,850	\$29,813	\$35,775	\$41,738	\$47,700	\$47,701
5	\$27,910	\$34,888	\$41,865	\$48,843	\$55,820	\$55,821

Based on 2014 MHS Poverty Guidelines



- Let's look at an example of how a sliding fee scale works:
  - Poverty indicators for the year 2014 show that for a family of 4, the federal poverty level is an annual income of \$23,850. So twice the poverty level would be \$47,700.
  - A family of 4 that has an annual income of \$40,000 (below twice the poverty level) would pay the fee indicated by the fee scale for that income level. Another family of 4 that earns \$30,000 will pay an even lower fee according to the fee scale.
  - A family of 4 with an annual income of \$55,000 (higher than twice the poverty level) would pay the highest fee on the scale. Another family with an income of \$70,000 would also pay the same fee as the family that earns \$55,000—the highest fee on the fee scale.

### Note to trainer:

Make sure you update the data provided in this section as needed.

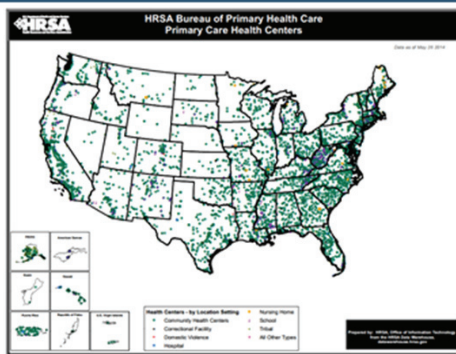
### Health Center Program 2012 National Data

- 1,198 health centers
- 8,900+ service sites (clinics)
- 21,100,000 patients served
  - 24% children under 12 yrs. old
  - 7% seniors 65 and older
  - 93% below twice the poverty level
  - 36.0% uninsured, 40.8% receive Medicaid
- 148,000 staff employed
  - 10,400 physicians
  - 7,500 nurse practitioners, physician assistants, certified nurse midwives, etc.



Source: 2012 Uniform Data System (UDS), Bureau of Primary Health Care, Health Resources and Services Administration. Retrieved from: <http://bphc.hrsa.gov/healthcenterdatastatistics/index.html>

### Map of Health Centers



### Note to Trainer:

Make sure you update the data provided in this section as needed.

You can cover this data quickly if you do not have much time.

**Source:** 2012 Uniform Data System (UDS), Bureau of Primary Health Care, Health Resources and Services Administration. Retrieved from: <http://bphc.hrsa.gov/healthcenterdatastatistics/index.html>



- Now let's take a look at the most recently available data for the Health Center Program at the national level.
- In 2012, there were nearly 1,200 health centers across the country with more than 8,900 delivery sites or clinics.
- They served more than 21 million patients across the country. Approximately 23% were children (under age 12) and about 7% were seniors 65 and older.
- The vast majority (93%) were considered poor (with incomes below twice the level that is considered poverty as defined by the federal government). Also the majority of the patients served (77%) were people without insurance or insured by Medicaid, the government's insurance for the very poor.
- Health centers are an important source of health care for the country's neediest population, but are also a significant source of employment. Nearly 150,000 people were employed in 2012, including 10,400 medical doctors and 7,500 other health care professionals.
- Next we will see a map that shows where health centers are located across the country. They are in every state, and in every territory, including Puerto Rico, the Virgin Islands and Guam.

### Health Center Special Populations

- Some health centers receive funding designated to serve “special populations”.
- Number of health centers receiving special population designated funds in 2012
  - Migrant and seasonal agricultural population - 166
  - Homeless population - 246
  - Residents of public housing - 76

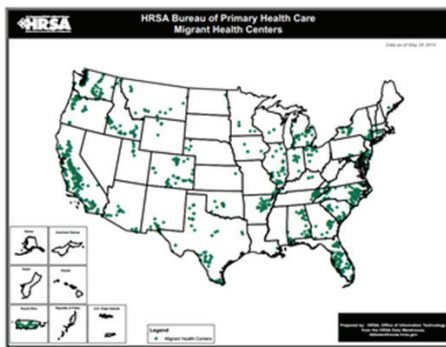
### Health Center Special Populations

- It is common for a single health center to receive funds to serve more than one population type.
- Most health centers will have more than one site where services are delivered. Some have mobile sites that go into fields; others have sites in schools, public housing, or other facilities like county health departments.



- The Health Center Program offers funding to health centers designated to serve several “special populations”.
- The “special populations” are:
  - migrant and seasonal agricultural population,
  - the homeless population , and
  - residents of public housing.
- It is common for a single health center to receive funds to serve more than one population type. For example, a health center may receive funds to serve the general population and the agricultural worker population
- Most health centers will have more than one site where services are delivered. Some have mobile sites that go into fields or other locations where the population can be found. Others have sites in school, public housing or other facilities like county health departments.
- In this next slide we can see how many of health centers received “special population” funding in 2012:
  - 166 received Migrant funds,
  - 246 received Homeless funds
  - 76 received Public Housing funds.

### Map of Migrant Health Centers



- Here is a map that shows the location of the health centers that receive migrant health funds nationwide.
- For the rest of this training we will be focusing mainly on those health centers that receive Migrant Health funds, since the vast majority of agricultural workers are served by those health centers.

### Key Point



There are nearly 1,200 health centers with more than 8,900 sites serving the country's most vulnerable populations, including 166 health centers that receive Migrant Health funding to serve agricultural workers.

### Note to trainer:

Make sure you update the data provided in this section as needed.



**Key Point:** *There are nearly 1,200 health centers with more than 8,900 sites serving the country's most vulnerable populations, including 166 health centers that receive Migrant Health funds to serve agricultural workers.*

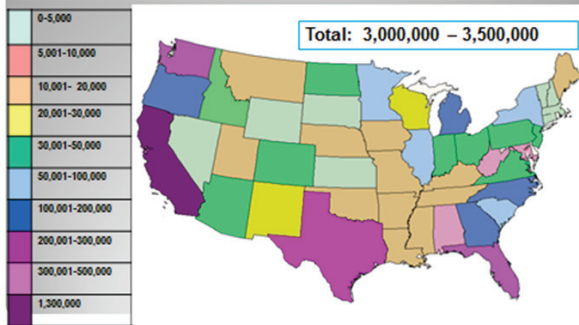
- Who knows how many agricultural workers (and family members) there are in the United States?

3,000,000 – 3,500,000

- Who knows which state has the most agricultural workers?

California

### Agricultural Workers by State



Alice Larson, Extension Studies 1993, 2000, 2008



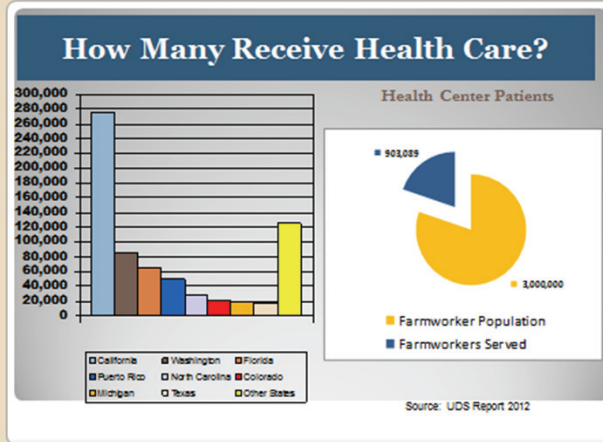
- Now, let's take a little quiz...



**Ask participants questions on the slide, then click to reveal hidden answers.**



- Here is a map that shows how agricultural workers, both migrant and seasonal, are distributed across the United States. As you can see California has by far the greatest number, more than 1.3 million, followed by Texas, Washington, and Florida.
- This number includes the family members of agricultural workers.
- Migrant agricultural workers are those that have to move and establish a temporary new home to do agricultural work.
- Seasonal agricultural workers are those that live near enough to where they work that they do not have to establish a temporary new home to work in agriculture.



- So, now let's look at how many of the 3 - 3.5 million workers (and their dependents) in the United States are receiving health care through the health center program.
- The slide shows that 903,089 migrant and seasonal agricultural workers, used the services of a health center in 2012. This number includes the dependents (family members) of agricultural workers, since they are eligible to receive services as part of the agricultural worker "special population".
- This only represents about one-third of the total number of agricultural workers and their dependents in the nation, if we use the lower estimate of 3 million.
- We know from many health data sources that most agricultural workers are not receiving the health care they need because of many reasons, like we talked about in Lesson I.
- It is very likely that if they are not getting care at a health centers they are not getting care at any other primary health care facility. Instead, we know that many agricultural workers tend to seek care only in emergency situations.

### Key Point



Promoting the services of health centers is needed so that more agricultural workers can access care.



### Note to trainer:

Make sure you update the data provided in this section as needed.



**Key Point:** Promoting the services of health centers is needed so that more agricultural workers can access care.

### Health Center Program Requirements



- We have spent the first half of this lesson learning about the history of the Migrant Health Act. We've learned the basics about the federal Health Center Program, and we've looked at some current data about health centers.
- Now we will turn to talking about some key requirements that all health centers have to follow.
- One of these requirements is the focus of this training series—that health centers have agricultural worker representation on their board of directors.
- We will look in more detail at why this requirement exists and what opportunities it provides the agricultural worker for developing community leadership.

### Health Center Required Services

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Ancillary services



- These are the services that the federal government requires that all health centers provide:
  - Primary health services
    - Family medicine
    - Diagnostic services such as x-rays and lab tests
    - Prenatal care
    - Pediatrics
    - Dental care
  - Preventive health services
    - Immunizations
    - Education
    - Screenings
  - Emergency services, Specialty care , and Hospitalization
  - Pharmacy services
  - Ancillary/Enabling services
- Health centers are required to provide the following services, either on-site or by formal referral arrangements with other service providers such as private doctors, hospitals, laboratories and radiology providers, other health centers, etc.
- **The ancillary services**, also called enabling or secondary services, are very important because they offer patients more access to the health services that the center provides. Without these services, many special populations, such as agricultural workers, would not be able to make use of the center's services.

### Health Center Ancillary Services



- If you are a health center patient, what special services does your health center provide to patients that are agricultural workers?



- On the slide you can see the typical ancillary services offered by health centers:
  - Outreach
  - Transportation
  - Follow-up
  - Case management
  - Screening
  - Coordination of care
  - Translation/Interpretation
  - Health Promotion
- Many of these services may be offered by other types of health centers also, not only in health centers, but it has been found that the availability of these services is particularly important so that agricultural workers can access the services of the health center.



#### Ask participants questions on the slide and discuss:

##### Examples:

- *Transportation from the fields to the clinic for appointments*
- *Mobile dental clinic that goes out to the fields*
- *Translation to English*
- *Assistance for applying to health insurance*



*Take notes on flip chart of examples given.*

### Key Point



It is very important for agricultural workers to identify themselves when they first visit a health center, so they can receive any services that may be available for agricultural workers.



- It is very important that all agricultural workers, both seasonal and migrant, tell the staff at any health center that they visit for the first time about their status as agricultural workers.
- Even if the health center's name does not say it is a "Migrant" health center, the health center may have funds for migrant health services, but the health center must know if the patient is an agricultural worker.
- Health centers often have questions in their patient registration forms to identify agricultural workers and their family members. It is important for agricultural workers to know they should answer these questions. The health center may have special services for agricultural workers.
- This will also help the health center to keep a better count of the agricultural worker population in its community, which will allow the health center to apply for more funds to provide migrant health services.
- If agricultural workers do not identify themselves, the health center could lose funds believing that there are not as many agricultural workers in the community.

### Note to Trainer:

Make sure you find out what special services, if any, your local health center offers to agricultural workers.



**Key Point:** *It is very important for agricultural workers to identify themselves when they first visit a health center, so they can receive any services that may be available for agricultural workers.*

### Health Center Program Fundamentals

#### Health Centers must do the following:

- Provide services to the neediest populations
- *Have a governing board in which the majority of the members are users of the health center services and belong to the community*
- Provide comprehensive, culturally appropriate services
- Provide services regardless of the patient's ability to pay
- Assure quality care and improved health outcomes



- The federal government has established core program fundamentals that all health centers must follow. You can see them on the slide:
  - Provide services to the neediest populations.
  - Have a governing board in which the majority of members are users of the health center services and belong to the community.
  - Provide comprehensive, culturally appropriate services
  - Provide services regardless of the patient's ability to pay
  - Assure quality care and improved health outcomes
- All of these requirements are important but for our training series we are focusing on the second bullet: *have a governing board in which the majority of the members are users of the health center services and belong to the community.*

**Source:** HRSA Health Center Program Requirements. Retrieved from: <http://bphc.hrsa.gov/about/requirements/index.html>

### Health Center Board Composition

- The board must be made up of community members, and the majority of those members must be patients or family members of patients of the health center.
- This means that **more than half** of the board must be made up of members who are:
  - currently registered patients of the health center, and
  - represent the community that the health center serves in terms of demographic factors.
- The other board members must be community members who bring other necessary expertise and skills.

### Note to Trainer:

This section (pages 24-27) covers some technical information about how health centers work. This information is important for potential board members to understand; however, you may want to omit this section or simplify depending on your participants' needs and the time you have available.

**Source:** HRSA Policy Information Notice 2014-01: Health Center Program Governance. Retrieved from: <http://bphc.hrsa.gov/policiesregulations/policies/pin201401.pdf>



- A health center governing board, which we also call the Board of Directors, must be made up of community members, and the majority of those members must also be health center patients.
- More specifically, this means that at least 51% (more than half) of the board members must be individuals who:
  - are currently registered patients of the health center, or legal guardians of a patient who is a dependent child or adult, or a legal sponsor of an immigrant; and
  - represent the community that the health center serves in terms of demographic factors, such as race, ethnicity, gender, age, etc.
- The other board members who are not representatives of the patients can be other members of the community who bring other necessary expertise and skills.
- Typically, these members are legal professionals, health professionals, small business owners, and other community leaders.

### Agricultural Worker Representation

- An agricultural worker patient representative in the board must be:
  - a current migratory or seasonal agricultural worker,
  - an “aged” or “disabled” agricultural worker (used to work in agriculture but no longer working due to age or disability),
  - an agricultural worker’s (current or retired) family member who is also a patient (spouse or adult child of agricultural worker)



- If the health center receives Migrant Health funds, it must have representation from the agricultural worker patient population.
- The agricultural worker representative can be:
  - a current migratory or seasonal agricultural worker,
  - an “aged” or “disabled” agricultural worker (used to work in agriculture but no longer working due to age or disability),
  - an agricultural worker’s (current or retired) family member who is also a patient (spouse or adult child of agricultural worker)
- If the health center received Migrant Health funds only, then more than half of the board members must represent the agricultural workers population since this is the main population receiving services.
- If the health center serves other populations in addition to the agricultural worker population, then there must be at least one agricultural worker representative on the Board, in addition to the representatives of the other populations.
- The number of representatives for each population can vary according to the size of the board and the size of the population in the community.
- As a whole, the number of members who are representatives of the patients of the health center, must add up to more than half of the members of the board.

**Source:** HRSA Policy Information Notice 2014-01: Health Center Program Governance . Retrieved from: <http://bphe.hrsa.gov/policiesregulations/policies/pin201401.pdf>

### Example: *Buena Salud Health Center*

- The Board of Directors of *Buena Salud Health Center* has 11 members.
- In addition to the agricultural worker population, this health center serves low-income families from several communities, that include a large African-American population, an equally large Hispanic/Latino population and a smaller, but significant, Vietnamese population.



- Let's consider an example to make sure we understand this.
- The Board of Directors of the Buena *Salud Health Center* has 11 members. In addition to the agricultural worker population, this health center serves low-income families from several communities, that include a large African-American population, an equally large Hispanic/Latino population and a smaller, but significant, Vietnamese population.

### Group Activity



- In your small groups, discuss these questions and fill in the blanks in your handout:
- *Of the 11 board members, how many should be:*
  - *Patient representatives?*
  - *Other community representatives?*

### Group Activity



- *Of the patient representatives, how many should be:*
  - *African American?*
  - *Hispanic/Latino?*
  - *Vietnamese?*
  - *Agricultural Worker?*

### Group Activity



- *What types of people (profession, expertise, role) would you recruit for “other community representatives”?*
- Pick a spokesperson to talk about your group’s board of directors’ composition.

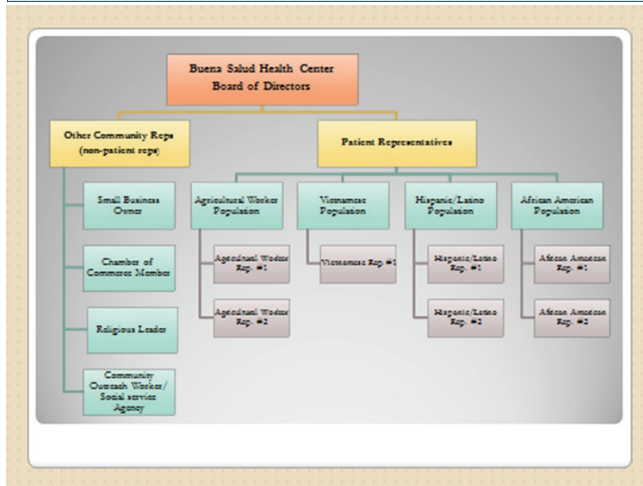
### Note to Trainer:

Feel free to modify this activity to meet the needs of your participants or



### Activity 1

- Instruct everyone to get into groups of three to five people.
- Distribute one Activity Handout per group.
- Provide participants with the instructions on the slide (allow **10 minutes** for small group work).
- After participants have gone through activity, debrief each group’s answers with participants.
- Move on to slide 38 to show the ideal composition for Buena Vista Health Centers’ Board.



- An ideal Board composition for ***Buena Salud Health Center*** would look like this:
- At least 6 members must be representatives of the various populations that the center serves: 2 African Americans, 2 Hispanic/Latino, 1 Vietnamese, and 1 or 2 agricultural workers.
- These 6 or 7 members must be current patients of the health center (or their family members) when they are recruited to become members of the Board.
- The other 4 or 5 members must be community representatives. For example, they could be: 1 local small business owner, 1 chamber of commerce representative, 1 religious leader, 1 community outreach worker or social service agency representative.



- Why do you think the requirement to have patient representatives on the board of directors exists?
- Why do you think the number of patient representatives must make up the majority of the board (or at least 51%)?



**Ask participants questions on the slide and discuss:**



*Take notes on flip chart summarizing the reasons provided.*



### The “Patient-majority” Requirement

- Makes sure the health center understands the needs and concerns of its patients and that the health services have a greater impact on the community’s health status.
- By having people that represent special populations on the board, such as agricultural workers, the health center can better respond to the specific needs of that group, even if they are the minority in that community.

- The purpose is to make sure that the health center understands the needs and concerns of its patients, and that as a result, it can provide health services that will have a greater impact on the community’s health status.
- By having people that represent special populations on the board of directors, such as agricultural workers, the health center can better respond to the specific needs of that group, even if they are the minority in that community.
- For example, the agricultural worker population can be difficult to reach due to the nature of farm work, the population’s mobility and language barriers. An agricultural worker representative on the board is especially helpful and important to understanding the population and the best ways of reaching the members of that population.

### Key Point



Having a board in which the majority of the members are patients of the health center services and belong to the community helps health centers stay responsive to the needs of its patients. It also empowers the patients and community members to have ownership and responsibility for the quality and success of the health center.



- The requirement also puts the power and control of the health center in the hands of the people who are most affected by it—the patients who are using the services.
- By being the majority, patient representatives have the power and ability to influence the board of directors to make decisions that will benefit all segments of the community.



**Key Point:** *Having a board in which the majority of the members are patients of the health center and belong to the community helps health centers stay responsive to the needs of all of its patients. It also empowers the patients and community members to have ownership and responsibility for the quality and success of the health center.*



- For those of you that have participated on a board of directors, can you tell us about that experience?
- Give an example of something you learned through that experience.
- Give an example of something that you were able to accomplish that you are proud of.

### Note to Trainer:

Encourage any participants that have board experience to share what they learned and what they were able to accomplish through this experience. Encourage participants to ask each other questions and emphasize they can learn from each other. Also emphasize that being a board member is an experience of great value and personal growth to the participant.



- However, most people do not have experience serving as a board member and this may seem like a very difficult and overwhelming task.



### Ask participants questions on the slide and discuss:



*Take notes on flip chart as participants mention things learned and things accomplished.*



- The things you have mentioned indicate how valuable the experience of being a board member can be.
- They also reinforce the critical importance of having good representation of the health center patients and community on the board.
- We can see that the benefits, to the health center and to the agricultural worker, are many.
- We want all of you that are going through this training to feel empowered and capable of taking on this great opportunity to become leaders and make a positive difference for the people in your community.



- For those of you that have never been on a board of directors...how do you feel about the possibility of joining a health center board of directors?
- What questions or concerns do you have about becoming a board member?



**Ask participants questions on the slide and discuss:**



*Take notes on flip chart summarizing how participants feel. Write any questions you are not able to answer on the Question Parking Lot.*

### Key Point



Having agricultural worker representation on its board of directors is key to making the health center more effective at reaching and serving the agricultural worker population. This training is preparing you to consider becoming that community representative on the board of directors of your local health center.

### Note to Trainer:

Ask these questions to assess how participants are feeling about board participation at this time. Acknowledge their feelings and tell them you hope they will begin to feel differently as they go through the training. If participants have questions write them on “Parking Lot” flip chart sheet. Answer any questions that are appropriate at this time, or tell them you will answer as you progress through this lesson.



**Key Point:** *Having agricultural worker representation on its board of directors is key to making the health center more effective at reaching and serving the agricultural worker population. This training is preparing you to consider becoming that community representative on the board of directors of your local health center.*

### Board of Directors



- Now we are going to learn a little more about health center governance and what to expect if you get involved.
- First, we will learn more about the **Board of Directors**...what is its role, how it functions, and how it impacts the operations of the health center.
- You will see that the Board makes a very big difference in health care services for agricultural workers and all community members.
- Please note that the information we will cover today is only an overview of everything there is to know. This is not a full board member training.
- If you ever become a board member, you will have to learn a lot more about the topics we will cover in the rest of this lesson. The good news is that health centers are required to provide proper orientation and ongoing training to new board members.
- It is also good for you to know that you won't have to learn everything right away. On average, it takes board members about one year to feel confident about their participation.

### Note to Trainer:

This section (pages 32-39) covers some technical information about how health centers work. This information is important for potential board members to understand; however, you may want to omit this section or simplify depending on your participants' needs and the time you have available.

### Defining Board of Directors

- The governing body of an organization that has full authority and oversight responsibility for that organization. The members of the board of directors are volunteers.
- It creates the rules and sets the mission of the organization.
- It decides how the organization will function and makes sure that the organization's rules are carried out.



- A Board of Directors is the governing body of an organization that takes on full authority and oversight responsibility for that organization.
- The board creates the rules and sets the direction or mission of the organization. It determines how the organization will function and makes sure that the organization's policies are carried out.
- The board of directors has full authority but also full responsibility for the organization.
- Health center boards of directors are made up of individuals who volunteer their time and energy to create a strong and effective organization for the purpose of improving the health status of their communities.
- Once again, you are participating in this training because you have shown leadership qualities and commitment to your community, and we believe you are good candidates to take on this role at your local health center.

### Why Have a Board of Directors

- It is a legal requirement—not for profit organizations must have a board, plus the government requires it for health centers.
- To govern the health center—to provide leadership as the center tries to achieve its mission.
- It is the link to the community—the board is composed mostly of patients and other community members, the board is the “voice of the community”.

### Key Point

Having a board of directors ensures that the health center is governed primarily by the people it serves.



- There are several reasons that a health center needs a board of directors.
  - First, it is a legal requirement for all non-profit organizations to have a board of directors.
  - Second, the board provides leadership and sets the direction and goals for the organization in a way that is balanced and representative of the community.
  - The administrators of the health center cannot do whatever they want—they must follow the direction and policies set by the board.
  - Third, the board serves as a direct link to the community since it is composed mostly of “users” or patients of the center.
  - Having a board of directors provides a way to distribute and balance power in the leadership of the health center.
- For these reasons, it is very important that organizations have a strong board of directors with good community representation.



**Key Point:** Having a board of directors ensures that the health center is governed primarily by the people it serves.

### Basic Duties of the Board of Directors

1. Define the mission and values of the organization
2. Set general rules for the organization in these areas:
  - Operational
  - Personnel
  - Financial
  - Quality of care
3. Protect the resources of the organization (e.g. money, building, staff, supplies)



- On the slide you see the six basic duties of any board of directors for a non-profit organization.
- First, the board votes on and adopts a mission statement and clarifies values for the organization. The board makes sure that the mission and philosophy of the organization are always clearly defined and maintained.
- Second, the board establishes the general rules for the organization. In the case of a health center, there are four areas in which the board sets overall rules:
  - operational,
  - personnel,
  - financial, and
  - quality of care.
- The board is legally responsible for all the actions of the organization. If the organization does anything illegal, owes money, or is sued, the board is the responsible party.
- Third, the board is also responsible for making sure the resources of the organization are safe and are being used efficiently and appropriately. By resources we mean the money) but also the building, the staff, supplies, etc. All actions must be carried out for the benefit of the health center and not for the gain of individuals in the board or in management.

**Source:** HRSA Governing Board Handbook, 2000. Retrieved from: [http://www.fachc.org/pdf/cd\\_Governing%20board%20handbook.pdf](http://www.fachc.org/pdf/cd_Governing%20board%20handbook.pdf)

### Basic Duties of the Board of Directors (cont.)

4. Select, evaluate and support the highest level administrator (for example, Chief Executive Officer)
5. Plan for the long range future of the organization – setting goals for the next 5 to 10 years
6. Make sure organization and board are following rules and achieving goals



- Fourth, the board alone has the duty to hire, evaluate and, if necessary, fire the highest level administrator of the organization. The relationship with the administrator must be good, positive and constructive, so that the work can move forward.
- Fifth, planning for the long range future is usually done through a strategic planning process, where the board looks into the future and sets goals that will guide the direction of the work of the health center for the next 5 to 10 year.
- Finally, the board has the responsibility to make sure that the health center and the board itself are fulfilling the goals and rules set by the board.
- These are the basic duties and within these duties there are many specific responsibilities the board has.

### Other Board Responsibilities

- Some board responsibilities have to do directly with patients and the community, such as:
  - Define the process of handling patient grievances
  - Conduct effective needs assessment to gather information from patients and community members
- The board does **NOT** have responsibility for the day-to-day operations of the health center.



- We won't be talking about all of the specific responsibilities, but there are two responsibilities we want to talk about because they relate specifically to the patients and to the community.
- The board defines how the concerns and complaints of patients and other customers of the center are going to be handled.
- The board is responsible for conducting community needs assessments routinely so that the board can make well-informed decisions related to the delivery of health care. A needs assessment gathers information from people in the community about what they see as the greatest needs they have related to health services.
- One area in which the board does NOT have responsibility is in overseeing the day-to-day operations of the health center. Board members are not to be involved in the daily management or administration of the health center.

### Board Internal Functioning

- Establish board member term (how long a board member can serve)
- Establish the meeting schedule (must meet at least once per month)
- Establish internal committees to divide up the work that has to be done
- Assure that new and current members are well-trained and well-informed
- Determine if an advisory council or steering committee is needed, and direct their purpose and mission



- The board of directors also has some internal responsibilities related to how it should function and conduct its business.
- The board is responsible to establish the board members' term of service — how much consecutive time a person can serve as a board member. Three years is an average term. There should never be a situation in which all board members are new, except at the startup of a new health center.
- The board must meet at least once a month to discuss issues related to the delivery of health center services or to engage in discussions about strategic planning.
- The board should establish internal committees that focus on different aspects of the work and divide up the work without it being too overwhelming for any one member.
- It is also important that a board provide training opportunities to board members, especially new members, to develop skills and stay well informed.
- Finally, the board decides if there is a need to create an advisory council or a steering committee, and directs the purpose, role and mission of these groups.
- We will learn more about steering committees and advisory councils later on in this lesson.

### Board Composition

- Majority of board members must be patients of the health center.
- Board members' age, gender and ethnicity must reflect the population served by the center.
- Size of board must be between 9 and 25 members.
- Chief Executive Director (or highest level administrator) may serve as a member of the board, but cannot vote.



### Key Point



The board has a lot of responsibility and authority. It is very important that the members of the board reflect the community and patient population in size, demographics, and areas of expertise that are important to fulfill the mission of the health center.



- The composition and structure of the board is established by federal requirements and other considerations.
- We have already talked about the requirement to have a patient-majority composition.
- The board must also represent the community in terms of demographic characteristics as best as possible. This means the board members' age, gender and ethnicity must mirror the population served by the center.
- Another requirement is that the board be between 9 and 25 members. The board should be big enough (but no more than 25 members) to represent all segments of the community, to include all areas of expertise needed, and to be able to complete the work without overloading any of the board members. Large health centers with more funding and programs should have boards with more members because there will be more work to do.
- The Chief Executive Officer or highest level administrator usually serves as a board member, but cannot vote.



**Key Point:** The board has a lot of responsibility and authority. It is very important that the members of the board reflect the community and patient population in size, demographics, and areas of expertise that are important to fulfill the mission of the health center.

## Advisory Council & Steering Committee



- Although the goal of this training is to get you interested and prepared for becoming a health center board member, we know that serving on a board of directors is a big commitment, and may not be something that you can do right away.
- There are some other forms of involvement in the leadership of a health center that may allow you to have a smaller involvement and work up to becoming a board member.
- We will now learn about two other types of groups that provide governance and direction to the health center—the **advisory council and the steering committee**.
- As mentioned before, these two types of groups exist if the board of directors has decided to create them and they function under the authority of the board of directors. Not all health centers have these two groups functioning actively at all times, but many do.
- Your participation in these other types of groups would also give you the opportunity to represent your agricultural worker community, and to make a difference in the health of your community.
- Both of these groups have the potential to influence decisions made by the Board.

### Note to Trainer:

The next two sections (pages 40-48) on advisory councils and steering committees are optional. If your local health center does not have advisory councils or steering committees you do not have to cover these sections and you can skip to page 49, or you can cover any portion that is relevant .

### Advisory Council

- An advisory council is set up by the board of directors to advise the health center and the board.
- Advising means to share knowledge and opinions on various issues that you know about.
- Often times an advisory council is created to represent a specific population and provide specialized expertise to help the health center better serve this population.



- Another way that you can get an introduction to health center governance is to serve as a member of an **advisory council**.
- An advisory council has the role of advising the organization and the board of directors. Advising means that you share your knowledge and opinions on various issues that you know about.
- It is common for health centers who are large and serve many different populations to set up advisory councils to represent a specific population.
- Depending on the specific role given to the advisory council, not all of its members have to be patients of the health center, like board community representatives have to be.
- The important thing is that the advisory council have members that are familiar with the population or community that they are representing, and that they know about its needs and concerns.

### Migrant Health Advisory Council

- Two main roles:
  - Help the board and staff understand the agricultural worker population so that the services provided can be more effective.
  - Look at the policies and decisions being considered by the board through the eyes of the agricultural worker, and provide recommendations based on what would be best for the agricultural worker community.



- Advisory councils are often set up to focus on the agricultural worker population and their health issues. These advisory councils are sometimes known as Migrant Health Advisory Councils.
- A migrant health advisory council typically has two main roles.
  - First, to help board members and health center staff get to know and understand the agricultural worker population so that the services provided at the health centers can be more effective.
  - For example, basic information like where agricultural workers are living can be very useful in an effort to improve outreach services or mobile clinic services.
  - The second role is to look at the policies and decisions being considered by the board through the eyes of the agricultural worker, and provide recommendations to the board based on what would be best for the agricultural worker population.

### Candidates for Migrant Health Advisory Council

- **Candidates for advisory council members:**
  - Agricultural workers and family members
  - Service providers
  - Representative of the agricultural community
- **Not all advisory council members have to be patients of the health center.**



- Migrant health advisory council members are usually selected based on their knowledge and experience with the agricultural worker community and the local agricultural industry..
- Potential candidates for an migrant health advisory council are:
  - Agricultural workers and their family members
  - Service providers in the community that serve agricultural workers (educators, social workers, etc.), and
  - Representatives of the agricultural industry (farmers, contractors, etc.).
- As a member of an advisory council you would have the opportunity to represent community and speak up for the needs of this population.
- Now, let's see an example to understand better how the advisory council works with the board of directors.

- Can anyone remember one of the barriers we talked about in the last lesson that agricultural workers often face when trying to access health care?



**Ask participants questions on the slide:**

*Examples:*

- *Lack of reliable transportation to get to appointments*
- *Language difference and no translation available*
- *The mobility of migrant agricultural workers makes it difficult to follow a long-term treatment plan*



*Select one of the problems mentioned and write it down on the flip chart.*



- Now, imagine you are a member of the migrant health advisory council and you are concerned about this problem we have written down here.
- You know this is a serious barrier for many in the community because your neighbors, co-workers and other agricultural workers often tell you this is one of the main reasons they are not taking better care of their health.
- You want to do something about this, so you go through the procedure on the next two slides.

### Advisory Council Relationship to Board of Directors



Here you can see how the advisory council and the board of directors can work together to deal with an issue or topic:

1. You bring this topic to a council meeting for discussion with other members.
2. During this meeting, you talk about this problem and the things you think may be causing the problem, and then discuss how the health center could help to eliminate or reduce this barrier.
3. After finalizing the discussion, the council can select the best ideas (one or two ideas) that they have come up with, and turn them into proposals to take to the board of directors.
4. Based on the information, expertise and guidance that the advisory council is providing, the board can then have their own discussion on the topic, and they can create the best solution possible to the problem identified by the advisory council.
5. If board members do not feel well informed about the problem, the board will invite the council to discuss the problem with them and seek solutions. Together.

### Key Point



A migrant health advisory council provides the board more accurate information about the agricultural worker community and helps the board make decisions that have a greater impact and benefit for that community.



**Key Point:** A migrant health advisory council provides the board more accurate information about the agricultural worker community and helps the board make decisions that have a greater impact and benefit for that community.

### Steering Committee

- A steering committee is formed by the board to focus on a specific task related to the future direction and goals of the organization
- Steering committees cannot make rules, act without the support of the board, or get involved in the day-to-day operations of the health center.



- Another way to serve in the leadership of the health center is by joining a **steering committee**.
- A steering committee is formed by the board to focus on a specific task related to the future direction and goals of the organization.
- One task may be to go through some strategic planning for the organization.
- Sometimes the focus is to investigate a problem or issue and make recommendations to the board on a solution.
- Another task may be to develop plans about how to improve services to a specific group, such as agricultural workers.
- It is important to keep in mind which things a steering committee cannot do.
- Steering committees cannot make rules, act without the support of the board, and they cannot get in the way of the day to day operations of the health center.
- Remember, steering committees only have the authority that the board gives them.

### Steering Committee

- Assembled for a specific period of time - not as long a commitment as being on the advisory council or board of directors
- Members share what they know about what is happening in the community and provide input related to the future goals of the health center
- Often innovative ideas emerge which guide future projects and expand services to meet the unique needs of the agricultural worker community

### Key Point

As a steering committee member, you have the opportunity to share knowledge, provide suggestions, and support health services for the agricultural worker community.



- Usually steering committees are assembled for a specific period of time, so it is not as long a commitment as being on the advisory council or the board of directors.
- Joining a steering committee is a way to ease into taking on leadership at the health center and representing the agricultural worker community health needs.
- As a member of a steering committee, you would have the opportunity to share your knowledge about what is happening in the community and provide input related to the future goals of the health center.
- Often times, it is through the work of a steering committee that the most innovative ideas emerge. These ideas can guide future projects and expand health center services to meet the unique needs of the agricultural worker community.



**Key Point:** As a steering committee member you have the opportunity to share knowledge, provide suggestions, and help support health services for the agricultural worker community.



- How many of you think you might be interested in joining either a steering committee or an advisory council?
- What reasons do you have for wanting to serve on either a steering committee or an advisory council?



**Ask participants questions on the slide and discuss:**



*Take notes on participants' comments on their interests and reasons.*

### Key Point



Serving on an advisory council or on a steering committee is a great way to represent the agricultural worker population in the leadership of your health center, and ensure that the board always considers their needs. It may also serve as good practice and preparation for serving on the board of directors some day.



**Key Point:** *Serving on an advisory council or steering committee is a great way to represent the agricultural worker population in the leadership of your health center and ensure that the board always considers their needs. It may also serve as good practice and preparation for serving on the board of directors some day.*

### Summary of Lesson II

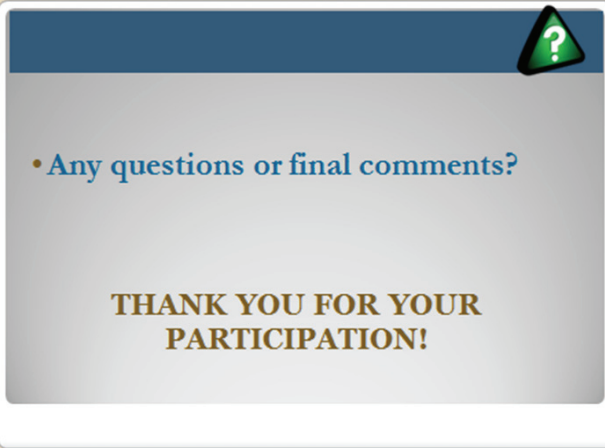
- Health centers were created to serve the nation's agricultural worker population and out of this very successful program, other types of health centers have been created to serve other groups that need access to health care.
- Health centers have a board of directors that represents the community of patients that use the services of the center. At least 51% of the members of the board must be representatives of the health center's patient populations, including migrant and seasonal agricultural workers.

### Summary of Lesson II (cont.)

- The board of directors has a very important set of responsibilities that impact the operations of the health center. Serving on the board means you can have a great influence on agricultural workers' access health care.
- Some health centers have steering committees or advisory councils that offer an opportunity to get involved in the leadership of a health center, and have some influence over the board of directors.



- Before we conclude, let's summarize what we have learned in this second lesson.
- We learned that health centers were created to serve the nation's agricultural worker population and out of this very successful program, other types of health centers have been created to serve other groups that need access to health care.
- We learned that one of the most important characteristics of community/health centers is that they are required by law to have a board of directors that represents the community that uses the services of the center. At least 51% of the board members must be representatives of the health center's patient populations, including migrant and seasonal agricultural worker.
- We also learned a little bit about the purpose, responsibilities and impact of the board of directors, and that serving on the board is one of the most powerful ways you can make a difference in the health of your community, by influencing the operations of the health center where the majority of agricultural workers access health care.
- Finally, we also learned that there are some other ways to serve in the leadership of a health center and have some influence over decisions made by the health center—participating in a steering committee or an advisory group.

- 
- Any questions or final comments?

**THANK YOU FOR YOUR PARTICIPATION!**

### Note to Trainer:

Make sure you allow enough time for questions to be asked before concluding. It is key that participants leave with all questions answered. Make sure you also answer any “Parking Lot” questions that you are able to answer at this time. If you are not able to answer a question, tell the participants you will research and try to find the answer to provide it at the next training session.

### Note to Trainer:

Before your participants leave, remember to:

- Ask them to complete an evaluation
- Remind them of your next meeting to continue the next part of this training (if applicable)



### Ask participants questions on the slide.



- In the next and final lesson of this training series, we will talk much more about how to get involved and how to become a member of one of these leadership groups of the community and health center.
- You will learn about how to make a connection with the health center and about what the process of becoming a member of the board of directors looks like.
- We will look at the challenges and barriers that typically come up when people are considering becoming part of the leadership of a health center, and what may be some solutions to these challenges.
- We will help you put into practice everything we have learned in Lessons I and II so that you can consider the possibility of serving your community in this way.
- We look forward to seeing you again in our next session to complete the third lesson of this training series.
- Thank you for your assistance and your participation!



# Becoming a Leader in Migrant Health:

Preparing for Health Center  
Board Membership



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The National Center for Farmworker Health

## Lesson 3:

# Joining a Health Center Board of Directors

### Note to Trainer:

Before you begin, make sure you have assembled the following equipment, supplies and materials for Lesson II:

- LCD projector
- Laptop
- Presentation handouts for participants
- Flipchart and easel
- “Parking Lot” flip chart sheet
- Markers in a variety of colors
- Name tags

### Instructions to Trainer:

- Welcome back all participants to the second lesson of this training.
- Review basic items as needed, such as:
  - Length of session
  - Parking
  - Restrooms
  - Questions
- Do a brief reminder of the participation ground rules, such as:
  - Refraining from cell phone usage (including texting).
  - Respecting each other.
  - Participating actively.
- If possible (or applicable) do an icebreaker activity before beginning the lesson.
- Provide name tags to participants so they can interact on a first-name basis.

### Lessons 1 and 2 Review

- Community participation gives you the power to make a positive difference in your community, for your family and for yourself.
- There are many ways to become engaged in your community. Through community participation and by demonstrating leadership qualities, you can become a community leader.
- By becoming involved in your local health center you can become a community leader in the area of community health.

### Lessons 1 and 2 Review

- Health centers have a board of directors that represents the community and the population that uses the services of the center. The majority (at least 51%) of the members of the board must be patients that use the services of the health center.
- It is very important to have agricultural workers on the board, or in an advisory council or steering committee, to represent and serve as advocates for the needs of this population.

### Note to Trainer:

Make sure to ask if anybody present is new today (if applicable). If there is a new participant you may have to provide more detail when reviewing than included here.



- Today we will be going through the third lesson of this three-part training called—*Becoming a Leader in Migrant Health: Preparing for Health Center Board Membership*.
- Before we get into Lesson III, let's start with a review of Lessons I and II. We have covered some very important concepts and learned information that we will now be applying in a more practical way.
- In Lesson I, we learned about the impact that community participation can have on yourself, your family and your community. We discussed some of the many ways to become more involved with your community and the qualities that make a community leader, regardless of title or position. We talked about how you can become a community leader by supporting improvement in your community's health through involvement in your local health center.
- In Lesson II, we learned about the history of agricultural workers in the United States and the migrant health program. We learned about health centers and how these centers are led by representatives of patients and community members. We then discussed the importance of having agricultural worker representation in the leadership of these health centers. Finally, we looked at three ways to get involved in health center leadership—by becoming a member of the **board of directors**, of an **advisory council** or of a **steering committee**.



### Note to Trainer:

Before launching into this lesson, ask participants if they have any questions or comments from the previous lessons. Make a note of those questions that you can't answer quickly in the "Parking Lot".



- Hopefully this training has motivated or encouraged you to consider serving as a member of one of these health center leadership groups.
- We also hope that as you are going through this training you are feeling a little more prepared for this role than before.
- In this lesson, we want to put the pieces together and get you thinking about making a decision to get involved in health center leadership, particularly with the board of directors.
- Lesson III is focused on the details of being a member of the board of directors. We will discuss and clarify the commitment level that board membership requires in terms of duties you must agree to fulfilling, the learning process it will require, and the time and effort you will have to dedicate.
- We will look at common barriers to joining the board, especially faced by agricultural workers, and possible solutions to these barriers.
- We will also talk about how to connect with your local health center and determine if this is the right time for you to take on this important, yet challenging role.

### Lesson 3 Learning Objectives

By the end of this lesson, you will be able to:

- Describe the benefits that come with being a board member
- Explain the commitments required from a board member in terms of duties and behaviors, learning process, and time and effort.
- Understand the basic rules of a board meeting.
- Recognize the potential challenges you may face to participating as a board member.
- Identify the possible solutions to these challenges and which solutions would work for you.
- Give examples of strategies for determining what opportunities exist to join the board, a steering committee or an advisory council.



- This is what you will learn in this lesson.
- By the end of Lesson III, you will be able to:
  - describe the benefits that come with being a member of the health center board of directors
  - explain the commitments required from a board member in terms of conduct and duties, time and effort, and the learning process, and qualities for success
  - understand the basic rules of a board meeting
  - recognize the potential challenges you may face to participating as a board member and identify the possible solutions to these challenges that may work for you
  - give examples of ways to find out what opportunities exist to join your local health center's board of directors, steering committee or advisory council

### Note to Trainer:

Before moving on to the next page, ask if any of the participants have served on a health center board or any board of directors. Make a note of who those people are so that you can refer to them as examples and call on them to share their experiences throughout the training.

### Board Membership Benefits

- Your participation as an agricultural worker representative on the health center board results in benefits to:

- the health center
- the agricultural worker community
- you (as a board member)



### Key Point



Although being a board member has personal benefits, as individuals board members have no special privileges or authority. They only have power and authority when they meet and make decisions together as a board.



- There are many benefits to being a member of the board of directors of the health center.
- In this training, we have been talking about the positive impact of your participation on the board as an agricultural worker representative.
- We know that a more representative board makes the health center more effective and more responsive to the needs of the community as a whole and to its special populations.
- We have discussed how agricultural workers benefit from having an advocate or a spokesperson that is watching out for their needs.
- For the board member, there are also benefits. As a board member you have the power to advocate on behalf of your own community and influence decisions that make a real difference in the health of your community.
- Your leadership will generate the respect from your family, friends and neighbors in the agricultural worker community, as well as from the community at large.



**Key Point:** *Although being a board member has personal benefits, as individuals board members have no special privileges or authority. They only have power and authority when they meet and make decisions together as a board of directors.*

### Board Membership Commitments

- Being a board member requires that you be committed to:
  - a set of duties
  - giving time and energy to internal and external activities, and
  - a learning process



- Being part of a board of directors means that there are several specific commitments that you must be willing to make.
- The board member is expected to meet standards of personal conduct that are higher than those usually expected of other types of volunteers.
- We want to talk about these commitments and behavior standards in this lesson because it is important that you be well aware of what this role would mean for you and your family.
- Also, we know that a board of directors will only be as effective as each of its members. If one member is not fulfilling his or her commitment to the board or is not being responsible with his or her role, the whole board will suffer. Each member must do his or her own part to the highest level possible.
- Being a board member requires you to be committed to:
  - a set of duties,
  - giving time and energy to internal and external activities, and
  - a learning process.

### Board Membership Duties

- As a board member, you commit to a set of duties:
  - The duty of care
  - The duty of loyalty
  - The duty of obedience



- Now we will look at a set of important duties that a person has as part of his/her role as a board member.
- The duties of a board member represent a set of attitudes and behaviors that he or she must be willing to accept and live by. Fulfilling these duties demonstrate that you are taking your role as a board member seriously and responsibly.
- There are three duties that we will explore. We will talk about each one. They are known by some terms that are very traditional but are still used because they express the standard of conduct and dedication that is expected of a member of a board of directors:
  - 1) the “duty of care”,
  - 2) the “duty of loyalty”, and
  - 3) the “duty of obedience”.


**Source:** HRSA Governing Board Handbook, 2000. Retrieved from: [http://www.fachc.org/pdf/cd\\_Governing%20board%20handbook.pdf](http://www.fachc.org/pdf/cd_Governing%20board%20handbook.pdf).

## The Duty of Care

- To be reasonably careful of having enough information before acting or making a decision
- If you don't know something, it is your duty to find the information and prepare yourself



- The first duty, the “duty of care”, means that each board member must be responsible and cautious when making decisions.
- A board member must not be too quick to act without having the proper information or knowledge about the issue at hand.
- This does not mean that as a board member you would never make a mistake—it means that you should be reasonably cautious to have as much information as possible when proceeding to make decisions.
- For example, if a topic is being discussed in a board meeting and you are getting close to the point of taking a vote to make a decision about the topic, but you feel like you don't have sufficient information about the issue, what should you do?
- Fulfilling the duty of care would mean that you acknowledge this publicly before taking the vote, and request that the decision be postponed as long as possible to give you more time to investigate the topic, and seek more information, advise or training.
- The goal of the duty of care is to do everything possible to be well informed to make the decisions necessary with as much preparation as possible.

- 
- Think of a situation in which you did not know much about a topic or issue but you had to make a decision about it....
  - What did you do to find the information you needed?

### Note to Trainer:

When asking questions, remember to focus on facilitating a discussion. Examples are provided of possible answers but make sure you give the participants ample time and encourage them to provide their own answers. If you use the examples, please make sure they are relevant to the community you are in. Use other examples if the ones provided are not appropriate.

**Source:** HRSA Governing Board Handbook, 2000. Retrieved from: [http://www.fachc.org/pdf/cd\\_Governing%20board%20handbook.pdf](http://www.fachc.org/pdf/cd_Governing%20board%20handbook.pdf).



**Ask participants questions on the slide and generate a discussion.**

### The Duty of Loyalty



- When making decisions, being faithful to the health center
- Putting the interests of the health center as first priority and not your personal interests
- Declaring any conflict of interests

- Can someone give me an example of using a board member position for personal gain?



- The second duty is the “duty of loyalty”. This is the fundamental duty to be faithful to the organization when making decisions.
- This means that a board member should always think about the health center first when making decisions. He must never use information obtained through his position as a board member for personal gain.
- If there is a conflict of interest, it must be disclosed. A conflict of interest is a conflict between the private interest and public obligations of a person in an official position.
- For example, if you are a board member and the owner of a restaurant, a conflict of interest would be to use your board position as a way to get an exclusive contract with the health center to provide all of its meals for staff meetings. As a business owner you would be getting an unfair advantage in the competition for this contract with other restaurants. It is not necessarily prohibited that a board member have business dealings with the health center, but you will be scrutinized closely and will have to demonstrate that your position as a board member did not facilitate in any way your ability to get this contract.
- In addition, everything that you hear or learn because you are on the board is considered to be confidential. You must not tell this information to family members, friends or others.



**Ask participants questions on the slide and generate a discussion.**

### The Duty of Obedience

- Being faithful to the mission and goals of the health center and the board of directors
- A board member can have their own opinions and express disagreement with other members, but once a board decision is made, individual members cannot act against that decision.
- The key to a strong and effective board is that all members speak with one voice.



- The last duty we will discuss is the “duty of obedience”. The board member is expected to be faithful to the “health center’s mission and goals.
- This means that any individual member may object, disagree, and voice his/her opinion during a board meeting, but once the board makes a decision together, each board member should support it.
- In fact, board members have a legal obligation to voice their own opinions about each decision and ensure that any objections to a board action are recorded in the board minutes.
- However, once the board makes a decision or sets a rule, individual board members are not permitted to act in any way that goes against that rule or board decision.
- Fulfilling the duty of obedience also means that when you are speaking as a board member, you are expressing yourself as part of a group, not as an individual. The opinions you express should be those of the board of directors as a whole, never your own personal opinion.
- The key to a strong and effective board of directors is that all members speak in agreement and with one voice.



- Can you imagine a situation in which it would be difficult to fulfill the duty of obedience?
- What things can a board member do if he/she does not agree with a decision made by the board?



**Ask participants questions on the slide and generate a discussion.**

### Key Point



Fulfilling these basic board member duties means that you must:

- Do everything possible to be well informed before voting on a decision
- Think about the health center's mission, not your own personal gain
- Support and follow the decisions, rules and actions determined by the board



### Note to Trainer:

This is a good opportunity to ask any of your participants that has experience serving on a board of directors or a similar group to share some of his/her experiences and give advice.



**Key Point:** *The board member has three basic duties : 1) doing everything possible to be well informed before voting on a decision, 2) always thinking about the health center's mission and goals and not personal gain, and 3) supporting and following the decisions, rules and actions that have already been decided upon by the board of directors.*

### Board Membership Time and Energy

- Board members must give time and energy to:
  - ❖ Internal Activities
    - Meetings
    - Committee work
  - ❖ External Activities
    - Community events
    - Health Center events
    - Fundraising events



- A second important type of commitment that you must be prepared for is the **time and energy** that it takes to participate in all activities required from a health center board member.
- If you commit to board membership, you must have the time to participate in internal activities such as board meetings and board committee work.
- In addition to the internal activities, you will have to dedicate time to external activities that will be expected of you, such as community events, health center events and fundraising events.
- Clearly, board membership would take away some time from your personal and family life, but as we have discussed, there are rewards to this work that will benefit your community and future generations.
- We will look more closely at board meetings in the next few slides because board meetings are at the heart of how the board does its work.

## Board Meetings

- **During board meetings you will:**

- Set policy and keep on top of operational issues
- Listen to reports from CEO, CFO, Medical Director and at times other senior staff
- Make decisions through formal procedures that require quorum (enough members to be present to make a decision).



- By far the biggest internal time commitment will be attending and preparing for board meetings.
- The federal government requires that a health center board of directors meet at least once per month, but health centers can establish meetings more often than that.
- It is through meetings that almost all of the boards' work is done, such as establishing rules, listening to reports from the health center management staff, and making decisions.
- This is the time when board members hear reports on the various aspects of the health center. It is important to receive these reports to make well-informed decisions.
- Attending the meetings is very important also because this is where decisions will be made through a voting process and other formal procedures that require there to be "quorum" (when sufficient members are present at the meeting) and procedure can continue).
- Board meetings generally last about two hours, but sometimes they can be longer depending on the work that has to be done.

### Board Meeting Rules

- Most board meetings follow “*Roberts Rules of Order*”, a specific process for conducting the meeting and making decisions.
- To bring up an idea or propose something at a board meeting, the board member must make a “motion” – a formal request for the board to take action. Then, a specific process is used to discuss, debate, and vote on the motion.



- Usually, board meetings follow essentially the same very specific process every time.
- This specific process, or rules for conducting the meeting, is known as “*Robert’s Rules of Order*.” It will be important to understand and follow these procedures to make sure the meeting moves forward.
- The most important thing to know about *Robert’s Rules of Order* is that to bring up an idea for consideration during a board meeting, the board member must make a “motion” — a formal request for the board to take action.
- Then, in order for the board to consider the motion, at least one other board member must express support for discussing the idea by “seconding” the motion. Time is allowed then to discuss, clarify, and debate the motion, and finally, a decision on the motion is made through a vote (the choices are yes, no or not voting).
- You do not need to know a lot about *Robert’s Rules of Order* right now...if you decide to become a board member, you will have the opportunity to learn this process in your new board member orientation.
- If you have ever served on your child’s school Parent-Teacher Association (PTA), or observed a school board meeting, some of these rules will be familiar to you.

### Board Meeting Rules (cont.)

- Every member has the right to discuss issues and to agree/disagree with the discussion during the meeting.
- After a decision has been made, all members must support the decision even if they disagree with aspects of that decision.
- Board members must agree to live with the decision, support it, and not do anything that acts against it.



- Because board meetings are so important, let's review some of the basic rules for how board meetings are conducted.
- Every member has the right to discuss issues and to agree or disagree with the discussion during the meeting.
- However, remember what we talked about as the duty of obedience—after a decision has been made, all members must support the decision even if they disagree with aspects of that decision.
- Board members must agree to live with the decision, support it, and not do anything that acts against it.

### Board Committee Work

- Board members are expected to serve in at least one committee.
- Committees are set up to divide the work of researching, studying and developing recommendations on complex issues.
- Committees have no authority or power to make decisions – they must report to the board and a vote by the whole board is required.
- Committees usually meet outside of general board meeting times.



- Another internal activity is the committee work that comes with being part of a board. The issues a health center board deals with are complicated and urgent, so the work is usually divided up into committees, and board members are assigned to the committees.
- Committees are usually set up to research, study and develop recommendations about a complex issue. The committee will then report to the board, and a vote by the whole board is required to make a decision or set policy.
- Board members are usually expected to serve in at least one committee, but it could be two or three, if the board has a limited number of members.
- Committee work gives the individual board member the opportunity to share expertise or knowledge about an issue, or to learn in depth about an issue.
- These committees usually meet outside of general board meeting times, so this is an additional time commitment.

## Board Leadership

- Typically includes the following positions (officers):

- Chairperson
- Vice-chair
- Secretary
- Treasurer



- If you've had experience with any of these positions in another organization, please tell the group about your experience



- There are also leadership positions on the board. These positions are elected by the members. After you have been on the board for some time, you have the opportunity to apply.
- Typically a board has the following leadership positions or officers:
  - **Chairperson:** spokesperson for the board and responsible for keeping the board organized and moving forward, setting rules for internal discipline, and helping the group make sound decisions.
  - **Vice chair:** responsible for serving as a back-up to the chairperson and takes over when the term of the Chair expires. May also get special assignments, such as leading committees or special activities.
  - **Secretary:** responsible for making sure that adequate documentation of board activity are kept, including the review of meeting notes for accuracy and bringing to the board for approval at the following meeting.
  - **Treasurer:** is responsible for making sure that adequate financial records are kept, that accurate and timely financial reports are delivered to the board and that the center's finances are audited annually.



**Ask participants questions on the slide.**

### Board External Activities

- As a board member, external relations are also important and you will have to dedicate time and energy to:
  - community events
  - health center events
  - fundraising activities



### Key Point



As a board member, you will have to dedicate your time and energy to the activities of the board, both internal and external.



Now let's talk about the external activities

- As a board member, community relations are also very important. You will have to dedicate time and energy to: community, health center, and fundraising activities.
- It is very important to maintain ongoing relationships with people from the community as well as health and social service organizations and providers within your geographical area.
- As a board member, you will probably be invited to attend community events often, and it may be necessary that you go to some of them in order to stay connected to the community and build that relationship.
- As a board member, your presence will also be expected at health center functions, especially when they relate to the community. At these functions, you will interact with health center staff.
- Finally, as a board member, it is important that you know who provides funds to the health center, the basic rules they establish for use of their funds, what could happen to the health center if there are changes in funding and how to educate and inform health center funders.
- Fundraising events will also demand some of your time and energy.



**Key Point:** As a board member you will have to dedicate your time and energy to the activities of the board, both internal and external.

### Board Membership Learning Process

As a board member, you commit to a learning process:

- Participate in new member orientation, ongoing training and conference opportunities.
- Read ahead and prepare for meetings on your own time.
- Take the time to research and learn on your own about topics and issues that are new to you.
- Understand that the learning process takes time and feeling intimidated or uncomfortable at first is normal.



- Finally, let's talk about a third important commitment that a board member must be willing to make. It is a commitment to the **learning process**.
- To be a good board member you must be willing to put the energy required to learn everything you will need to know to be a good board member. You must take responsibility for your own growth and development.
- Through this training series, you have gained an overview about the role and purpose of the board of directors. That gives you a great advantage over people who join the board without this background information.
- But there will be much more to learn and understand as a board member. As we saw in Lesson II, the board's role is complex with very important responsibilities related to the health center's operations, management and staff, financial decisions.
- This means that as you serve on the board there will be new issues constantly coming up that will require taking the time to study and understand them. Keep in mind this is a learning process.

### Key Point



Being a board member will require you to study and learn about many things that will be new to you, but the learning process will be an important part of your growth and development as a community leader.



- For example, one of the main tasks required is to read and review in detail the agenda for each meeting ahead of time so you can be well –prepared to participate and contribute to the conversation.
- Another task is making the commitment to participate in orientation, training and board development opportunities. For example, if there are opportunities to attend conferences and training sessions from organizations in community health, such as NCFH, or other board management organizations, it will be very important to attend.
- On the other hand, it is important to make clear that it is not expected that you will learn everything right away. It is understood that this is a process that will take some time. It is possible that you will feel uncomfortable for a while as you are learning what is necessary.
- Other board members have said that it can take about a year for a new board member to feel comfortable enough to participate fully.



**Key Point:** *Being a board member requires you to study and learn about many things that will be new to you, but this learning process will be an important part of your growth and development as a community leader.*



- As you think about serving on the board of directors, what are some barriers or challenges that you would face at this time?
- Let's list other barriers or challenges that health center patients, especially agricultural workers, would probably encounter if asked to serve on the board of directors.



- We know that you have participated in three training sessions about this topic because you are committed to making a difference and improving things for your community.
- So the reasons for joining a health center board as an agricultural worker representative are very compelling and we hope you agree.
- However, we know there may be challenges or barriers for you as you think about making this commitment.
- Let's talk about these challenges and their potential solutions.



**Ask participants questions on the slide and generate a discussion.**

*Examples:*

- *My work schedule is unpredictable, so I can't count on always being able to attend meetings.*
- *I don't have reliable transportation to get to meetings.*
- *My English is not good enough to participate in the meetings.*
- *I don't feel I have the time to do this.*



*Ask a participant to help you take notes on flip chart. Make sure he/she is listing each of the challenges as they are mentioned by participants.*

## Board Membership Challenges

### Work Related

- Unpredictable work schedules and lack of flexibility to plan for board meeting attendance.
- If migratory worker, mobility means that it will be difficult to attend meetings and fulfill role/responsibilities year-round.
- Lack of vacation time benefits by most agricultural employers means a loss of income if meeting time gets into work schedule time.



- From our work with health centers, we have learned about the barriers or challenges many agricultural workers face when considering board participation, including many of the ones you have mentioned.
- To help us think further about these challenges we have them listed here by categories. Let's summarize:
- We think some challenges fit under a category of **Work Related:**
  - Unpredictable work schedules make it difficult to attend meetings.
  - It is difficult for the migratory worker to attend meetings and fulfill the board member role year-round.
  - Most farm workers do not get for time off (vacation) to participate in board activities such as retreats or conferences.

### **Note to Trainer:**

As you discuss slides 28-30 make sure you refer to list on flip chart and confirm the barriers that participants had already mentioned. Identify which of those barriers fit into this category. Spend more time on any barriers listed in PowerPoint that had NOT been mentioned by participants. Also identify any barriers mentioned by participants that fit into this category that are not on PowerPoint slide.

### Board Membership Challenges

#### Time and Resources

- Lack of reliable transportation to attend meetings and other board activities.
- Need for child care during meeting times and other board functions.
- If geographic region is large, may have to travel long distances to attend a meeting.
- Investment of time and effort required may not be possible due to personal commitments.



- These challenges fit under the **Time and Resources** category:
  - Lack of reliable transportation to attend meetings and other board activities.
  - Need for child care during meeting time and other board functions.
  - If geographic region is large, may have to travel long distances to attend a meeting.
  - Investment of time and effort required may not be possible due to personal commitments.

### Board Membership Challenges

#### Personal and Cultural

- Limited English proficiency to communicate in meetings and to handle complex documents.
- Feelings of inadequacy, intimidation, or lack of experience or preparation for the task.
- Fear and lack of trust due to current anti-immigrant environment—immigrant agricultural workers reluctant to put themselves in a vulnerable, public position

### Board Membership Challenges

#### Personal and Cultural (cont.)

- Advocacy and public expression of opinions may be foreign to the culture of many agricultural workers.
- Family and cultural beliefs may limit the participation of women and young people – idea that a public leadership role is not appropriate.



- The following challenges fit under the **Personal and Cultural** category:
  - Limited English literacy to communicate in meetings and to handle complex documents.
  - Lack of experience or preparation for the task.
  - Fear and lack of trust due to current anti-immigrant environment—immigrant agricultural workers may be reluctant to put themselves in a vulnerable, public position.
  - Public expression of opinions may be uncomfortable for many agricultural workers.
  - Cultural beliefs may limit the participation of women and/or young people due to the idea that a public leadership role is not appropriate.

### Activity Instructions



- On your handout, look at the challenges that are listed under your assigned category.
- Look at the list of challenges generated by participants and add any challenges mentioned that fit in your assigned category that is **NOT** already listed on the handout.
- As a group, think about possible solutions to one or more of the challenges in your category. Try to come up with as many ideas as you can but keep them related to the category of challenges assigned to your group.

### Activity Instructions (cont.)



- As a group, think about possible solutions to the challenges in your category. Try to come up with as many ideas as you can but keep them related to the category of challenges assigned to your group.
- Select a group member to write your ideas with a marker on your sheet. You may get another sheet if you need more space.
- Select another group member to prepare to share your ideas with the large group.

### Note to Trainer:

Feel free to modify this activity to meet the needs of your participants or your time constraints.



- Now we will engage in a group activity to help us think about possible solutions to these challenges.



### Activity 1

- Divide participants into three groups.
- Distribute a flip chart sheet to each group.
- Provide participants with the instructions on the slide (allow **20 minutes** for small group work)
- Ask each group's spokesperson to briefly share the solutions they came up with.

### Challenges and Solutions

- These challenges are real and the solutions mentioned may not work for everyone.
- It may not be the right time for you to become a board member due to temporary challenges or other commitments at the time
- If becoming a board member is not possible, you can get involved in something less demanding, like becoming a member of an advisory council, or just get involved by volunteering for a time.

### Key Point



Any involvement in the leadership of a health center gives you the opportunity to represent your community and make a difference in the health of your community.



- As a result of the activity, you can see that although there are many challenges, there are also many possible solutions.
- However, these challenges are real and the solutions mentioned may not work for everyone. It may not be the right time to get engaged as a board member due to temporary challenges or other commitments at the time.
- If becoming a board member is too overwhelming or not possible at the time, you may want to consider getting involved in something less demanding, like an advisory body or a steering committee. These groups have the potential to influence the decisions made by the Board.
- Or maybe you just want to start out in a temporary volunteer role that doesn't take a lot of time or that is for a short time period.
- As mentioned before in this training series, it is good to become involved even in small ways to begin the process of developing your skills and capacity for leadership.



**Key Point:** Any involvement in the leadership or governance of a health center gives you the opportunity to represent your community, and make a difference in the health of your community.

### How to Get Involved?

- Generally health centers are eager to welcome a new board member to represent a special population, like agricultural workers
- Find out if there are any open positions in the steering committee, advisory council or board of directors by asking at the front desk or administration area. Let them know you are interested.
- A community member, board member or health center employee may suggest you as a potential candidate.



- So, how do you become involved in a steering committee, advisory council or on the board of directors?
- Generally, health centers will be eager to welcome a new member who represents a special population, like agricultural workers.
- However, not all health centers have advisory councils or steering committees, and even if they did, there isn't always a position open. There won't always be a board of directors' position available either, but positions do open up often so it is important to watch out for them.
- One way to find out if there is an open position is to ask at the front desk or the administration building. Also looking in the bulletin board that is usually found in the administration area.
- Do not be surprised if a member of the board or administration may come to you asking if you would like to serve in one of these groups. Health centers are always looking for patients that demonstrate interest in being involved.
- So if you get involved with the health center, even in small things like volunteering, assisting others, or even by bringing up a complaint or a concern to the administration in a positive way, you may be seen as a good candidate to get involved in these governance groups.

### Approaching the Health Center

- Talk to the CEO or another administrator to find out if there are any steering committee, advisory council or board of directors positions available and to discuss your interest.
- Express your interest even if there isn't a position available.
- If you have a concern or complaint, approach the health center administration and voice this through the proper mechanism. This can serve as an introduction.



- Now that we have talked about the commitment that board engagement represents, and the challenges to board participation and some solutions, we are ready to talk about how to go about getting involved and joining the board, steering committee or advisory body.
- The first step is to find out if there is an open board position. Most health centers usually advertise open board positions in local newspapers, through local community groups or in bulletin boards in their building(s).
- If you are more interested in an advisory council position or steering committee position, you will have to find out what the health center may have available.
- It is a good idea to make an appointment to talk to the CEO or another administrator about your interest and discuss the position. You should do this to express your interest even if there isn't an advertised position because sometimes the health center hasn't had a chance to advertise but may be searching for a representative of the agricultural worker community. It is most likely the case that they will gladly welcome your involvement.
- Sometimes a member of the community may recommend you as a good candidate for a board position.
- If you have a concern or complaint, approach the health center administration and voice this through the proper mechanism. This can serve as an introduction.

### Process to Join

- If there is an open position, you may have to:
  - Fill out a brief application
  - Go through an interview with the board
- If you need assistance with the application, contact a staff member in the administration department.
- Don't be intimidated or scared of the interview – the purpose is to get to know you and get a feel for your level of commitment.
- You may be asked to participate in a steering committee or advisory group if a board position is not available or if they have this as a requirement to board membership.



- In the case that a board position is available, health centers will have an application for joining the board and these are located in the administration department.
- Once you have one of these applications take care to complete it as well as possible. If you need assistance, contact a staff member in the health center's administration department.
- Once you submit your application, the board will review it. You may then be contacted for an interview with the board to talk about your interest in serving at the health center.
- Don't be discouraged or intimidated by the application process. The purpose is to get to know you and get a feel for your level of commitment.
- The board may come back to you and ask you to participate in a steering committee or advisory group if there is no board position available or if they have this as a requirement to board membership.

### Activity Instructions




- In your pairs, use the handouts to come up with three good questions to ask if you were interviewing someone to become a board member. Think of the board responsibilities we have talked about, the qualities of a good board member, and the commitments board membership requires.
- Select one person to be the candidate and the other person will be the current board member who asks the questions and the candidate answers.
- Now, switch roles and go through the interview one more time.



- As a final activity, let's do some role playing as a way to practice and apply everything you've learned in this training. In this activity you will pretend you are interviewing each other for a board position.



- 
- After going through this training, how do you feel now about taking on more community leadership?
  - How do you feel about engaging in the leadership of your local health center?

### Activity 2

- Divide participants into pairs.
- Distribute the sample board member job description handout to each participant.
- Provide participants with the instructions on the slide (allow **30 minutes** for group work)
- Debrief the activity by asking participants how they felt going through the interview process. Answer any questions.



**Ask participants questions on the slide and generate a discussion.**

### Summary of Lesson III

- Health centers were created to serve the nation's agricultural worker population and out of this very successful program, other types of health centers have been created to serve other groups that need access to health care.
- One of the most important characteristics of health centers is that they are required to have a board of directors that represents the community that uses the services of the center. At least 51% of the board members must be representatives of the health center's patient populations, including migrant and seasonal agricultural workers.

### Summary of Lesson III

- The board of directors has a very important set of responsibilities that impact the operations of the health center. Serving on the board means you can have a great influence on agricultural workers' access to health care.
- Some health centers have steering committees or advisory councils that offer an opportunity to get involved in the leadership of a health center, and have some influence over the board of directors.



- Let's summarize what we've learned:
- Health centers were created to serve the nation's agricultural worker population and out of this very successful program, other types of health centers have been created to serve other groups that need access to health care.
- One of the most important characteristics of health centers is that they are required to have a board of directors that represents the community that uses the services of the center. At least 51% of the board members must be representatives of the health center's patient populations, including migrant and seasonal agricultural workers.
- The board of directors has a very important set of responsibilities that impact the operations of the health center. Serving on the board means you can have a great influence on agricultural workers' access to health care.
- Some health centers have steering committees or advisory councils that offer an opportunity to get involved in the leadership of a health center, and have some influence over the board of directors.



### Note to Trainer:

Make sure you allow enough time for questions to be asked before concluding. It is key that participants leave with all questions answered. Make sure you also answer any “Parking Lot” questions that you are able to answer at this time. If you are not able to answer a question, tell the participants you will research and try to find the answer and provide it via email.

### Note to Trainer:

Before your participants leave, remember to ask them to complete an evaluation. Also, if possible don’t rush to leave once you complete the training—it is very likely that some participants will have questions they did not ask in front of the group and will want you to answer individually.



- We have come to the end of this training curriculum.
- Thank you for all of your time in this session and the previous two sessions as well.
- We are very excited to have completed this training with you and hope that you found it informative and inspiring.
- We hope we have achieved our goal of motivating you and preparing you to get involved in improving your community’s health by joining the leadership of your local health center.
- We look forward to receiving your evaluations and wish you luck as you become the community leaders and agricultural worker advocates that you all have the potential to be!

# Trainer Resources

# Activity Instruction Sheets

## Lesson I: Activity 1

### Leadership

#### What You Need

- Flip chart sheets

#### Timing: 20 minutes

5 min: instructions

10 min: group work

5 min: debrief

#### Instructions

- Instruct everyone to get into groups of three to five people.
- Distribute a flip chart sheet to each group to record their answers to the questions on the PowerPoint slide.
- Provide participants with these instructions:
  - **Think about your community. Identify one thing that you would like to work on to make it better.**
  - **Talk with others in your group and list all of your ideas.**
  - **Select one thing from the list—you must agree as a group that this is the most important and first thing to start with.**
  - **Now imagine that you are looking for the best person in your community to lead this project...**
    - ***What qualities or characteristics would you look for?***
  - **Talk with each other and list the ideas of everyone in the group.**
  - **Pick a spokesperson to talk about what you have written down on your paper.**
- After participants have gone through the activity, debrief each group's answers with participants. Ask how the exercise made them think about what it takes to be a leader to make things happen.

## Lesson 2: Activity 1

### Board Composition

#### What You Need

- Copies of Lesson 2: Handout 1

#### Timing: 25 minutes

5 min: instructions

10 min: group work

10 min: debrief

#### Instructions

- Instruct everyone to get into groups of three to five people.
- Distribute one Activity Handout per group.
- Provide participants with these instructions:
  - **In your small groups, discuss these questions and fill in the blanks in your handout:**
    - **Of the 11 board members, how many should be:**
      - Patient representatives?
      - Other community representatives?
    - **Of the patient representatives, how many should be African American?**
      - Hispanic/Latino?
      - Vietnamese?
      - Agricultural Worker?
    - **What types of people (profession, expertise, role) would you recruit for “other community representatives”?**
  - **Pick a spokesperson to talk about your group’s board composition.**
- After participants have gone through the activity, debrief each group’s answers with participants.
- Show the “ideal composition” for Buena Vista Health Center’s Board of Directors.

## Lesson 3: Activity 1

### Board Membership Challenges and Solutions

#### What You Need

- Copies of Lesson 3: Handout 1
- Flip chart sheets
- Markers

#### Timing: 40 minutes

5 min: instructions

20 min: group work

15 min: debrief

#### Instructions

- Divide participants into three groups.
- Give each group a flip chart sheet.
- Distribute Lesson 3: Handout 1 to each group
- Assign a challenge category to each group.
- Provide participants with these instructions
  - **On your handout, look at the challenges that are listed under your assigned category. Look at the list of challenges generated by participants and add any challenges mentioned that fit in your assigned category that is NOT already listed on the handout.**
  - **As a group, think about possible solutions to one or more of the challenges in your category. Try to come up with as many ideas as you can but keep them related to the category of challenges assigned to your group.**
  - **Select a group member to write your ideas with a marker on your sheet. You may get another sheet if you need more space.**
  - **Select another group member to prepare to share your ideas with the large group.**
- Ask each group's spokesperson to briefly share the solutions they came up with and discuss.

## Lesson 3: Activity 2

### Interview Role Play

#### What You Need

- Copies of Lesson 3: Handout 2
- Copies of Lesson 3: Handout 3

#### Timing: 35 minutes

5 min: instructions

20 min: group work

10 min: debrief

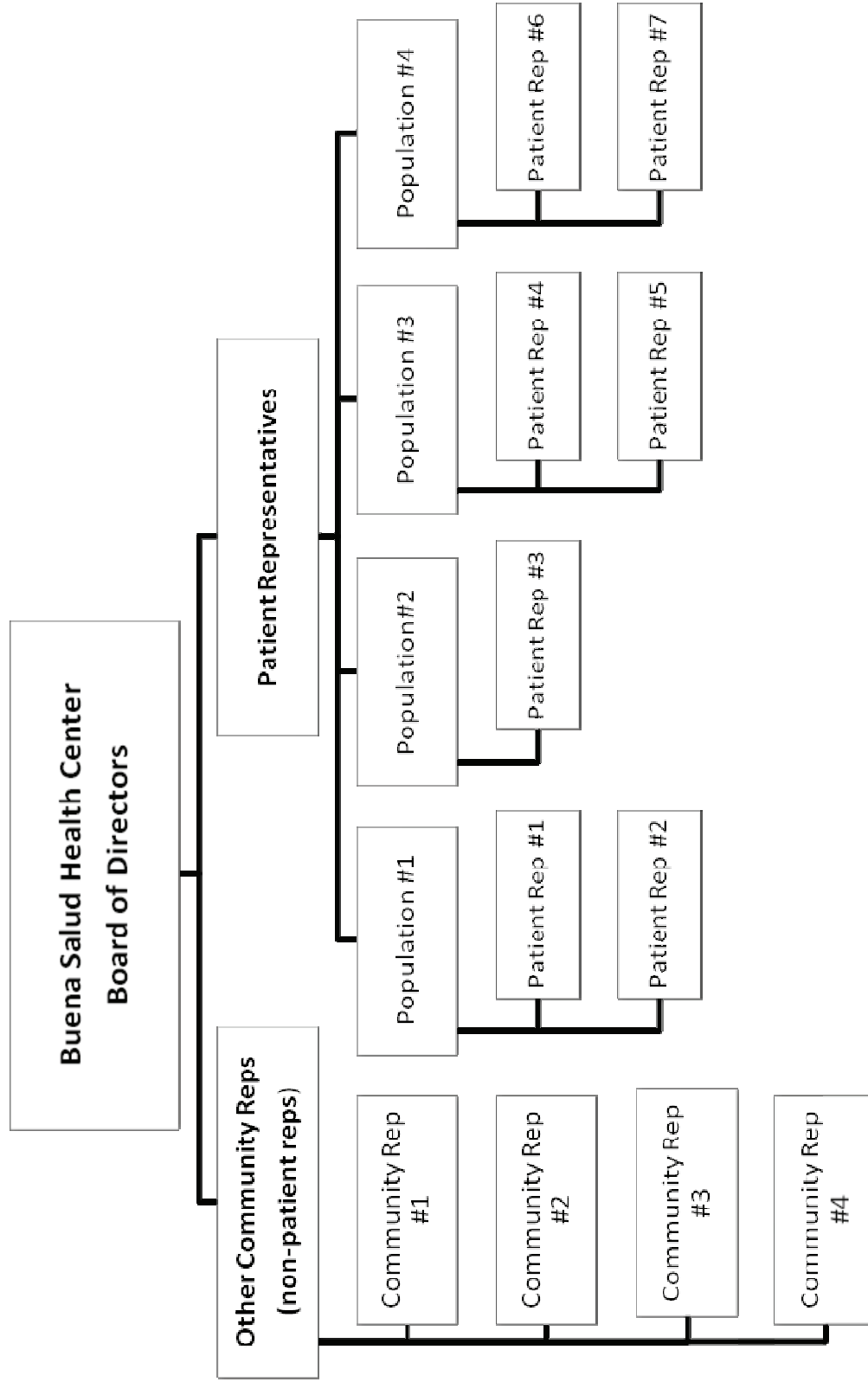
#### Instructions

- Divide participants into pairs.
- Distribute Lesson 3: Handout 2 and Lesson 3: Handout 3 to each participant.
- Provide participants with these instructions :
  - **In your pairs, spend 10 minutes to come up with three good questions to ask if you were interviewing someone to become a board member. Think of the board responsibilities we have talked about, the qualities of a good board member, and the commitments board membership requires.**
  - **Select one person to be the candidate and the other person will be the current board member who asks the questions and the candidate answers. Practice for 10 minutes.**
  - **Now, switch roles and go through the interview one more time. Practice for another 10 minutes.**
- Debrief the activity by asking participants how they felt going through the interview process. Answer any questions.

# Participant Handouts

## Lesson 2: Handout 1

### Board Composition



## **Lesson 3: Handout 1**

### **Board Membership Challenges and Barriers Common to Agricultural Workers**

#### **Work Related**

- Unpredictable work schedules make it difficult to attend meetings.
- It is difficult for the migratory worker to attend meetings and fulfill the board member role year-round.
- Most agricultural workers do not get time off (vacation) to participate in board activities such as retreats or conferences.

#### **Time and Resources**

- Lack of reliable transportation to attend meetings and other board activities.
- Need for child care during meeting time and other board functions.
- If geographic region is large, may have to travel long distances to attend a meeting.
- Investment of time and effort required may not be possible due to personal commitments.

#### **Personal and Cultural**

- Limited English literacy to communicate in meetings and to handle complex documents.
- Lack of experience or preparation for the task.
- Fear and lack of trust due to current anti-immigrant environment—immigrant agricultural workers may be reluctant to put themselves in a vulnerable, public position.
- Public expression of opinions may be uncomfortable for many agricultural workers.
- Cultural beliefs may limit the participation of women and/or young people due to the idea that a public leadership role is not appropriate.

## **Lesson 3: Handout 2**

### **Board Duties and Responsibilities**

#### **Six Main Responsibilities of the Board of Directors**

1. Define the mission and values of the organization
2. Set general rules for the organization in these areas:
  - a. Operational
  - b. Personnel
  - c. Financial
  - d. Quality of care
3. Protect the resources of the organization (e.g. money, building, staff, supplies)
4. Select, evaluate and support the highest level administrator (Chief Executive Officer)
5. Plan for the long range future of the organization -setting goals for the next 5 to 10 years
6. Make sure the organization and the board are following rules and achieving goals

#### **Commitments of the Board Member**

##### **1. A set of duties**

- The “duty of care”
  - being responsible and cautious when making decisions
  - doing everything possible to be well informed before voting on a decision
- The "duty of loyalty"
  - being faithful to the organization's mission when making decisions
  - always thinking about the health center's mission and goals and not personal gain
- The "duty of obedience"
  - supporting and following the decisions, rules and actions that the board has already decided on

##### **2. Giving time and energy to internal and external activities**

- Internal Activities
  - Meetings
  - Committee work
- External Activities
  - Community events
  - Health Center events
  - Fundraising events

##### **3. Commitment to a learning process**

- Participate in new member orientation, ongoing training and conference opportunities.
- Read ahead and prepare for meetings on your own time.
- Take the time to research and learn on your own about topics and issues that are new to you.
- Understand that the learning process takes time and feeling intimidated or uncomfortable for some time is normal.

## Lesson 3: Handout 3

### ***Buena Salud Health Center*** **Board Membership Application**

**Mission Statement:** *Buena Salud Health Services* makes high quality, culturally appropriate, primary medical and dental care, behavioral health and social services affordable and accessible to the people of the Buena Salud community.

*Buena Salud HC* strives to ensure that the whole community of patients is represented on the Board. Therefore, we ask that you complete all of the following information.

Name:	Date:
Address:	Clinic used:
Daytime Phone:	Evening Phone:
Other Phone:	Email:

What is your ethnicity? \_\_\_\_\_

Are you \_\_\_\_ Male or \_\_\_\_ Female?

What is your occupation? \_\_\_\_\_

Answer **Yes** or **No** to the following questions:

Yes    No

\_\_\_\_    \_\_\_\_    Are you a patient with *Buena Salud HC*?

\_\_\_\_    \_\_\_\_    Are other members of your immediate family employed by *Buena Salud HC*?

\_\_\_\_    \_\_\_\_    Have you or any member of your household been employed in agriculture in the last 24 months?

\_\_\_\_    \_\_\_\_    Can you make the time commitment to attend the monthly Board meetings, serve on one or more committees/task forces, and attend an occasional out of town conference?

\_\_\_\_    \_\_\_\_    Are you presently serving on other boards? If so, where?

SAMPLE Board Membership Application  
Adapted from HRSA Governing Board Handbook, 2000

**Lesson 3: Handout 3, p. 1**

*Becoming a Leader in Migrant Health: Preparing for Health Center Board Membership*, © NCFH, 2014

## Lesson 3: Handout 3

### ***Buena Salud Health Center*** **Board Membership Application**

Do you have health insurance?

If so what type: ☐ Private ☐ Medicaid ☐ Medicare ☐ Other: \_\_\_\_\_

If you become a Board Member, what age demographic(s) of the community would you be representing?

☐ Children (0-12) ☐ Adolescents (13-19)

☐ Adults (20-24) ☐ Adults (35-54)

☐ Senior (55-64) ☐ Elderly (65+)

Please tell us briefly why you would like to serve on the *Buena Salud HC Board*:

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## Lesson 3: Handout 3

### ***Buena Salud Health Center Board Member Job Description***

#### DUTIES AND RESPONSIBILITIES OF INDIVIDUAL BOARD MEMBERS

- To put the interest of the health center above any personal or other business interest
- To maintain the confidentiality of board information
- To attend board meetings regularly and participate actively
- To serve on at least one committee
- To review information and data provided to the board and make informed decisions
- To exercise reasonable judgment in the conduct of board business
- To participate actively in board issues by critiquing reports and providing innovative solutions to problems
- To assure that the needs and interests of the community are represented in plans and decisions regarding services to be offered by the health center

#### REQUIRED KNOWLEDGE AND SKILLS OF INDIVIDUAL BOARD MEMBERS

- Understanding of the concept and operation of a health center
- Ability to read and understand standard financial statements
- Ability to work with others on the board and in a community setting
- Understanding and willingness to learn about the populations served
- Training and/or experience in one or more of the following areas is desirable:
  - Management (health care delivery, financial management, employee relations)
  - Community affairs
  - Marketing/public relations
  - Law/public policy

SAMPLE Board Membership Application  
Adapted from HRSA Governing Board Handbook, 2000

Lesson 3: Handout 3, p. 3

*Becoming a Leader in Migrant Health: Preparing for Health Center Board Membership*, © NCFH, 2014

# Icebreakers and Energizers

## Draw Your Introduction

### Purpose

This is a fun icebreaker to use at the beginning of any training. The trainer as well as the participants can use this exercise to introduce themselves to the group.

### Objective

**A fun way for a group of strangers to get to know more about each other.**

### What You Need?

- A sheet of flipchart paper for each participant.
- A number of colored marker pens for each participant.

**Blue tack or pins for attaching the sheets to a wall or a flipchart.**

### Setup

- Hand out a sheet of paper and a number of colored pens to each participant.
- Explain that participants have 7 minutes to prepare a presentation. In the presentation they should use a drawing to introduce themselves to the group.
- Participants should write their name (or what they like to be called) on top of the sheet.

What they draw on the sheet should answer the following questions:

**What is your job?**

**What is your main hobby?**

**Are you married, living with a partner or single?**

**How many siblings do you have?**

- After 10 minutes, ask the participants to stop and collect all the sheets.
- Ask a volunteer to come up, find their sheet, which is out of view of everyone, and stick their sheet on a wall or flipchart for everyone to see.
- The group has 30 seconds to a minute to look at it (usually with lots of laugh) before the participant can explain the drawing.

**Repeat this until all participants have presented their drawings.**

### Timing

Explaining the Test: 5 minutes.

Activity: 7 minutes drawing + 10 minutes presentations = 17 minutes

Group Feedback: 10 minutes

## Pick and Share

### Purpose

In this exercise participants are encouraged to share something about themselves with others in an entertaining way which keeps the atmosphere light.

### Objective

Participants share an interesting thing about themselves to others.

### What You Need

- A number of Tokens that you can distribute to participants.
- These can be anything as long as they are small and you can have many of them. Examples are:
  - Small plastic shapes
  - Small plastic animals
  - Small glass balls
  - You can even use large dry beans or similar if you are really short of materials!

**You need at least three per person plus 10.**

### Setup

- Put all the objects in a bowl at the center of the table.
- Ask the participants to pick as many objects as they like from this bowl. Unfortunately you can't explain what this is for.
- Once everyone has picked their objects, declare the following with a smile on your face! Ask the participants to introduce themselves one by one and then say something interesting about themselves per each object they picked.
- Of course, those who were greedy to pick more objects will be amused and there will be lots of laughter.

**Continue until everyone has delivered their part.**

### Timing

Explaining the Test: 5 minutes.

Activity: 15 minutes (depends on the number of participants)

## **Tied up in Knots**

### **Purpose**

This is an entertaining physical exercise which engages participants physically and mentally. This activity can be used as an ice breaker at the start of the session.

### **Objective**

Participants are asked to untie knots in a long rope.

### **What You Need**

**A long rope (at least 2 meters) with 3 or 4 knots for each pair.**

### **Setup**

- Divide the participants into pairs.
- Give one rope to each pair, each person in the pair should hold one end of the rope.

**Instruct participants to untie the knots in the rope without letting go of their end of the rope as quickly as they can.**

### **Timing**

Explaining the Test: 5 minutes.

Activity: 15 minutes

Group Feedback: 10 minutes.

### **Discussion**

Ask the participants how they approached the problem. Did they have to switch strategies? How quickly did they realize that a solution will not work? How receptive were they to the opinion of their team mates?

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Explaining the Test: 5 minutes.

Activity: 15 minutes

Group Feedback: 10 minutes.

### **Discussion**

Ask the participants how they approached the problem. Did they have to switch strategies? How quickly did they realize that a solution will not work? How receptive were they to the opinion of their team mates?

# Evaluation Form

## Training Evaluation Form

**Lesson:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Presenter(s):** \_\_\_\_\_

*Your thoughtful response is valuable in planning future training lessons. Please mark your responses using the following scale and add additional written comments in the space provided below. Thanks!*

Presenter (s)					
Rate the following from 1 to 5, where:	1=Strongly Disagree			5=Strongly Agree	
	1	2	3	4	5
The presenter(s) demonstrated knowledge of material.					
The presenter(s) were prepared and organized					
The presentation style facilitated learning & encouraged audience participation.					
<b>Comments about the presenter(s):</b>					

Training Content					
Rate the following from 1 to 5, where:	1=Strongly Disagree			5=Strongly Agree	
	1	2	3	4	5
This training session has helped me learn and understand the topics covered.					
This training has helped me understand why agricultural worker representation is needed on the board of directors.					
The activities done during the training helped me learn better.					
<b>Comments about the content:</b>					

Training Evaluation, p. 1

## Training Evaluation Form

Logistics and Facilities					
Rate the following from 1 to 5, where:      1=Strongly Disagree      5=Strongly Agree					
	1	2	3	4	5
The time allocated for this training session was adequate.					
The Facilities were comfortable and adequate.					
The setup of the room helped me learn better.					
Comments about logistics and facilities:					

What did you like most about the training sessions?

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What did you like least about the training session?

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Please share any thoughts you have about how the training session can be improved?

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**Thank you for your participation and feedback!**

Training Evaluation, p. 2