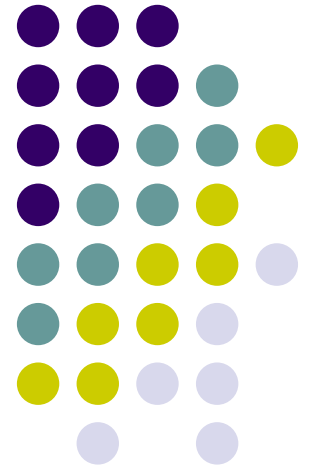
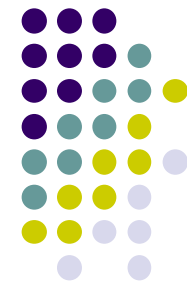


Breaking Down the Barriers: *A National Needs Assessment on Farmworker Health Outreach*

Adam Sharma and Heather Gardner
Health Outreach Partners
March 4, 2010



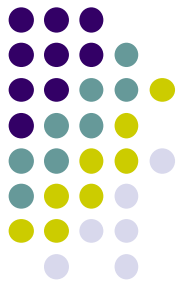
Health Outreach Partners



Priority areas

- Health Outreach and Enabling Services
- Program Planning and Development
- Needs Assessment and Evaluation Data
- Health Education and Promotion
- Community Collaboration and Coalition Building
- Cultural Competency

Background



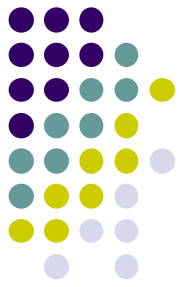
- Fourth National Needs Assessment
- Built upon past needs assessments
- First time integration of farmworker voices
- Incorporated on-line survey and community forums with frontline staff
- Contracted with a migrant health researcher for technical advising
- Fulfill need for high-quality, national data focused on farmworker outreach programs and the farmworkers they serve
- Findings help provide a snapshot of farmworker outreach and serves as a benchmark for comparing work



Acknowledgements

- Institutional Review Board (IRB),
Migrant Clinicians Network
- Alice Larson, Consultant,
Larson Assistance Services
- Participants
- Health Resources Services Administration
(HRSA)

Project Timeline



May 2008 – February 2009

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

October 2008 – April 2009

- Data collection

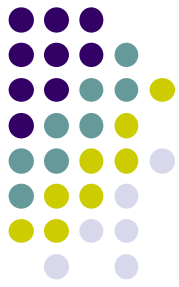
March – September 2009

- Data entry, cleaning, and analysis

October 2009 - February 2010

- Report writing and dissemination of findings

Methodology



Five methods:

1) Online Surveys with Outreach Managers

108/155 respondents (70% response rate)

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

3 focus groups in Spanish (34 total participants)

3) Telephone Surveys with Health Center Administrators

24/44 surveys completed (55% response rate)

4) Community Forums with Outreach Staff

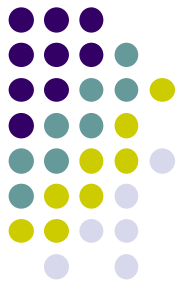
3 forums (55 total participants)

5) Existing Documents and Data

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

Methodology:

Farmworker Information

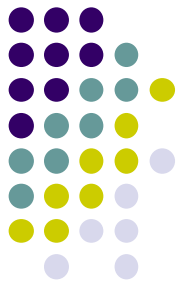


In order to provide context, HOP explored existing data sources to establish descriptive information about farmworkers, farmworker health needs, and barriers to care.

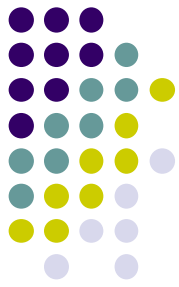
Among the sources reviewed were:

- National Agricultural Workers Survey (NAWS)
- 2008 Migrant and Seasonal Head Start Program Information Report (PIR) database
- 2007 Community Health Center Uniform Data System (UDS) results.

Methodology: Weaknesses



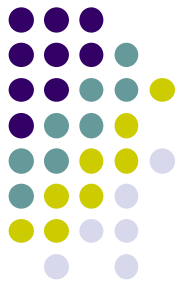
- Focus group findings reflect experiences of farmworkers who have children
- Although community forum and focus group participants were largely reflective of the intended audience, a few exceptions were noted
- Potential for differing definitions of outreach and enabling services among participants
- Telephone survey participation may be influenced by existing relationship with HOP
- All data is self-reported
- Varying degrees of experience among participants
- Seasonal considerations during data collection time frame
- Focus group respondents referred to health care at large and not necessarily specifically community/migrant health centers



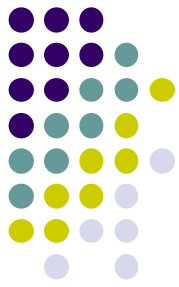
Methodology: Strengths

- Maximized community participation in study design and instrument development
- Ensured human subjects protection and confidentiality
- Implemented five methods including mix of quantitative and qualitative approaches
- Improved quality of study design by working with professional consultant
- Ensured direct participation of farmworkers through soliciting participation from Head Start Parent Policy Council

Findings Highlights: Key Topics



- Emerging Health Issues
- Barriers to Care
- Fear and Immigration
- Outreach and Enabling Service Delivery
- Cultural Competency
- Funding
- Staffing
- Data Collection



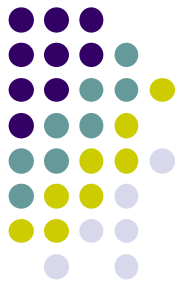
1. Emerging Health Issues

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

Among these issues are:

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

1. Emerging Health Issues



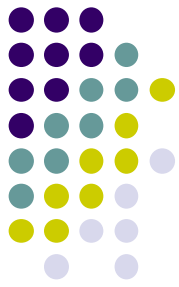
Women's Health

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

Mental Health

- *"There is anxiety in your life and it is reflected in your children's learning, it is reflected in your family, because there is not a safe place, those [circumstances] are affecting the family's mental health in general. I do not see many mental health services for farmworkers, because we are focused on physical health, on diabetes, on obesity, but we are forgetting that our mental health is being affected."*
 - Migrant & Seasonal Head Start Parent/Advocate, Focus Group Transcripts
- *"[Our] Health Center is hoping to use funding to have a higher level of trained staff out in the field to help with depression evaluations with new moms. Indicators of depression appear to be increasing with the bad economy and inability to find employment."*
 - Health Center Administrator, Telephone Survey Notes

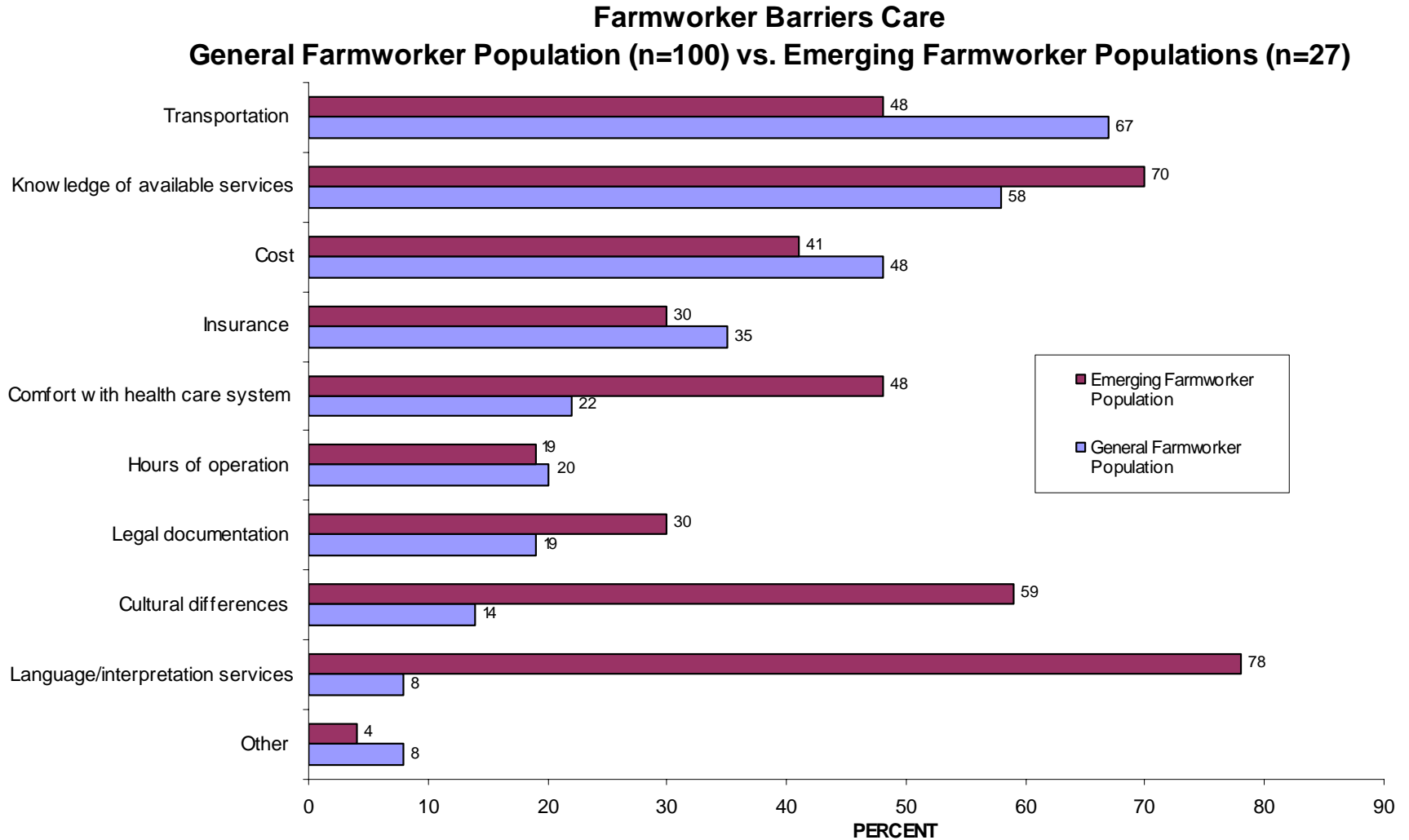
1. Emerging Health Issues



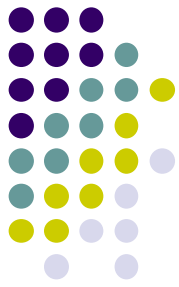
Non-pesticide related occupational hazards

- *“And we suffer heat stroke as you were saying. But we can’t say it because we bring our culture with us that if we speak out, we lose our job.”*
 - Migrant & Seasonal Head Start Parent/Advocate,
Focus Group Transcripts
- *“She was from Oaxaca. And she died of heat stroke...They didn't give her water...How is it possible that in this country a pregnant girl died because there was no water? It's an unbelievable thing. But it happens and it became public. Who knows how many more things happen in all the places where people work.”*
 - Migrant & Seasonal Head Start Parent/Advocate,
Focus Group Transcripts

2. Barriers to Care



2. Barriers to Care



Transportation

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

“It is a major difficulty getting people into the clinic from rural areas...It takes an hour and a half for some people to get to the clinic.”

- Migrant Health Professional, Community Forum Transcripts

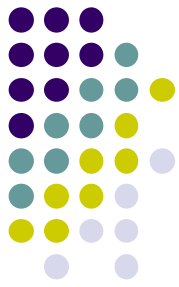
“One of our most important goals is to purchase vehicles to transport migrant farmworkers. The migrant labor camps are widespread and are long distances from the health center. Farmworkers would not obtain needed care if we didn’t bring them to the health center.”

- Migrant Health Professional, Community Forum Transcripts

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

- Health Center Administrator, Telephone Survey Notes

3. Fear and Immigration



Farmworkers experience fear on many levels

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

These conditions create a barrier to care

- *“Even crossing legal, I didn’t know the rights that they had in this country when I arrived. Now there are more or less. But it is the same. And since you are not treated adequately, whether you are legal or not legal, well, you are not treated adequately. There is lot of racism.”*
 - Migrant & Seasonal Head Start Parent/Advocate, Focus Group Transcripts
- *“Farmworker are afraid of being deported and unwilling to take a chance and will forgo appointments.”*
 - Migrant Health Professional, Community Forum Transcripts
- *“They are afraid that their bosses will terminate them or call immigration on them if they miss one or two days of work.”*
 - Migrant Health Professional, Community Forum Transcripts

3. Fear and Immigration



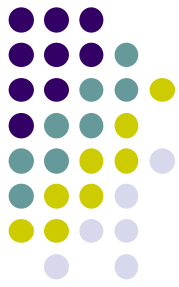
"Just because now in...a lot of the police departments and sheriff's departments are having deputies and police officers trained by ICE, and they have been given the authority to ask an individual for documentation, so they [the farmworkers] are hit with a double whammy when they are stopped. They don't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

- Migrant Health Professional, Community Forum Transcript

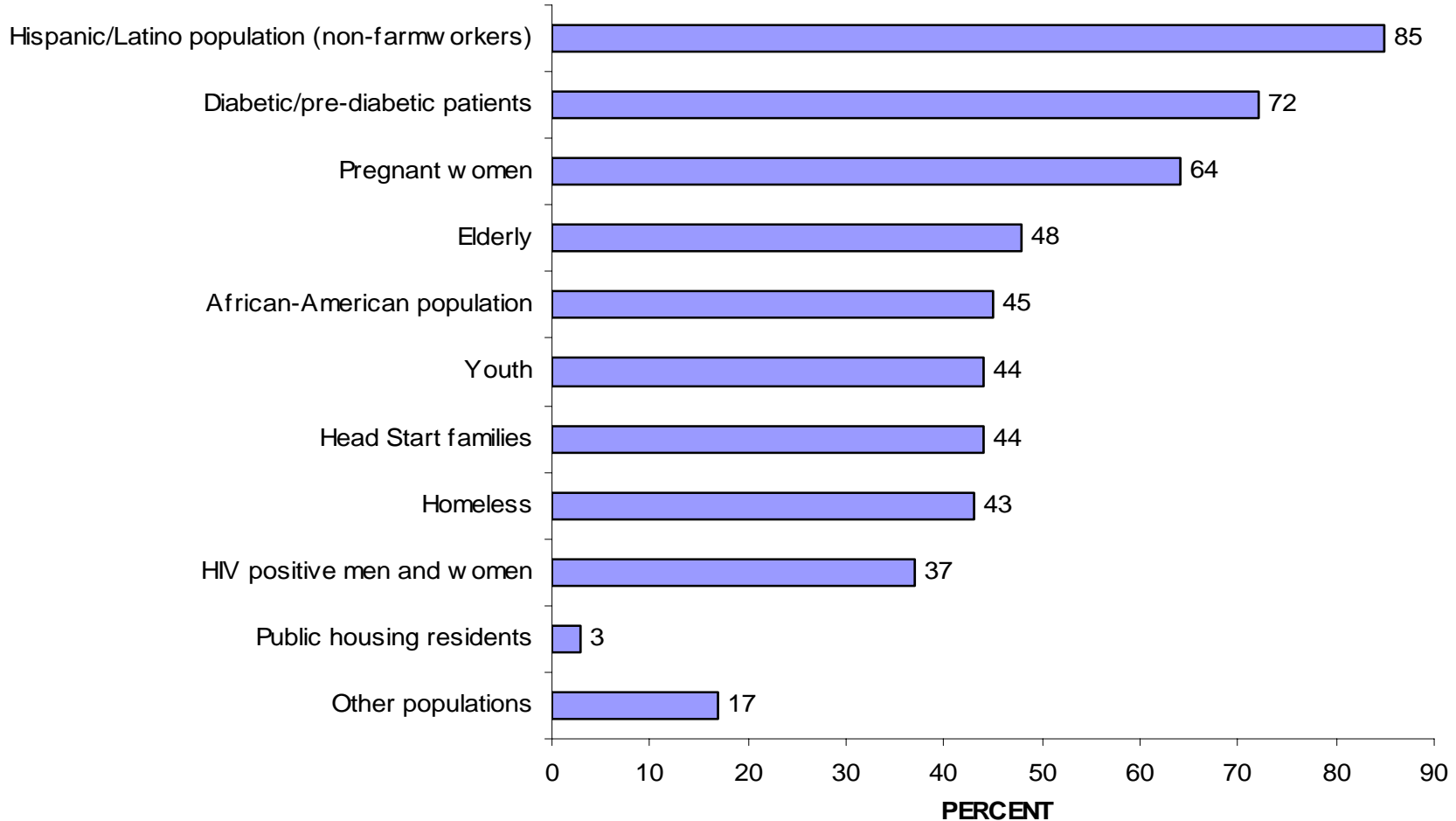
"...is one of the strictest states with respect to state laws and residency requirements. Recent immigration policies have had a chilling effect on migrant workers in...There have been raids on farm and meat packing production plants. The general sentiment in the state is that the population is not wanted.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

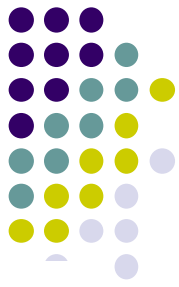
- Health Center Administrator, Telephone Survey Notes

4. Outreach and Enabling Services Delivery



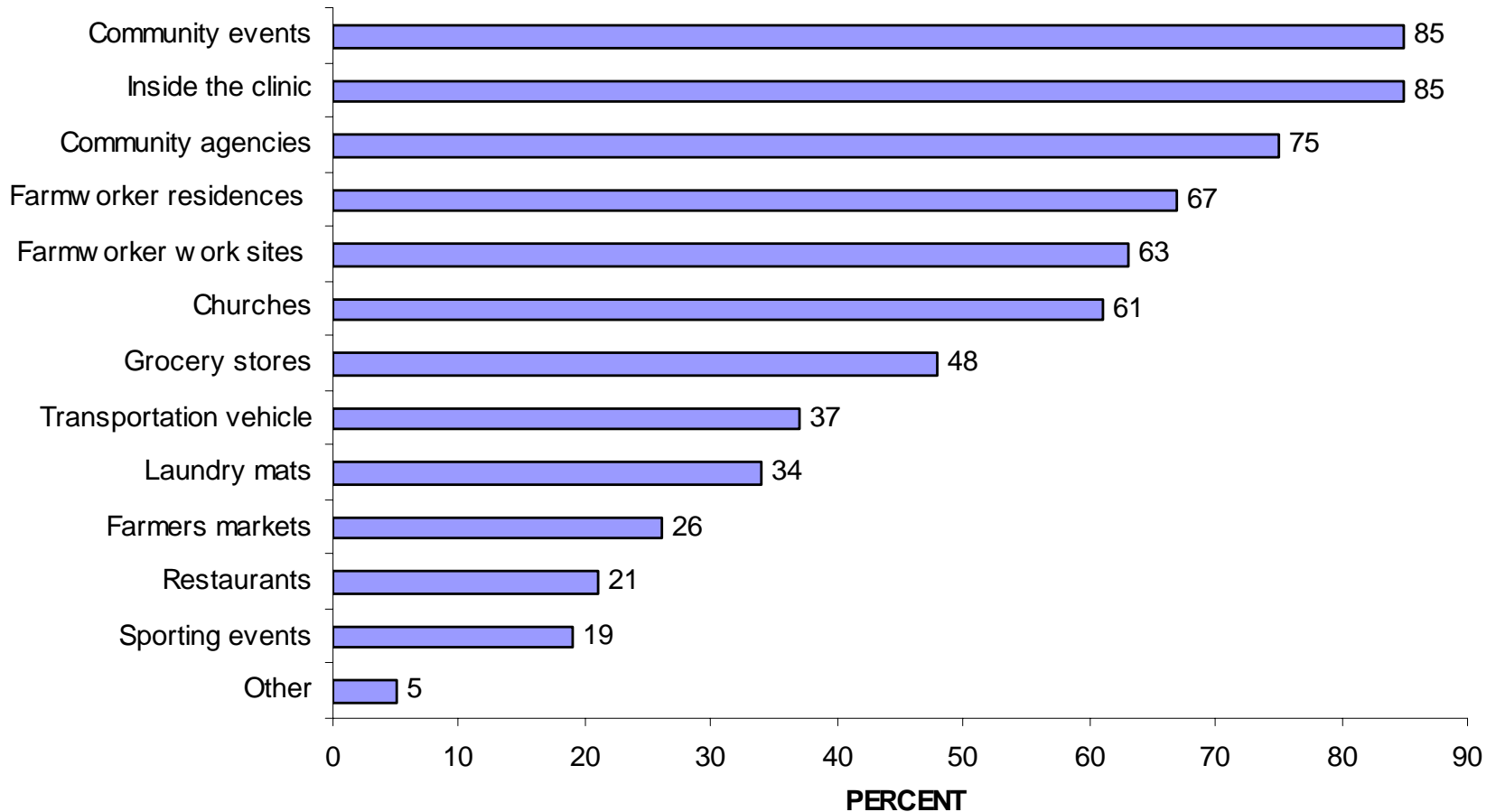
**Other Populations Served by Outreach & Enabling Services
(n=86)**





4. Outreach and Enabling Services Delivery

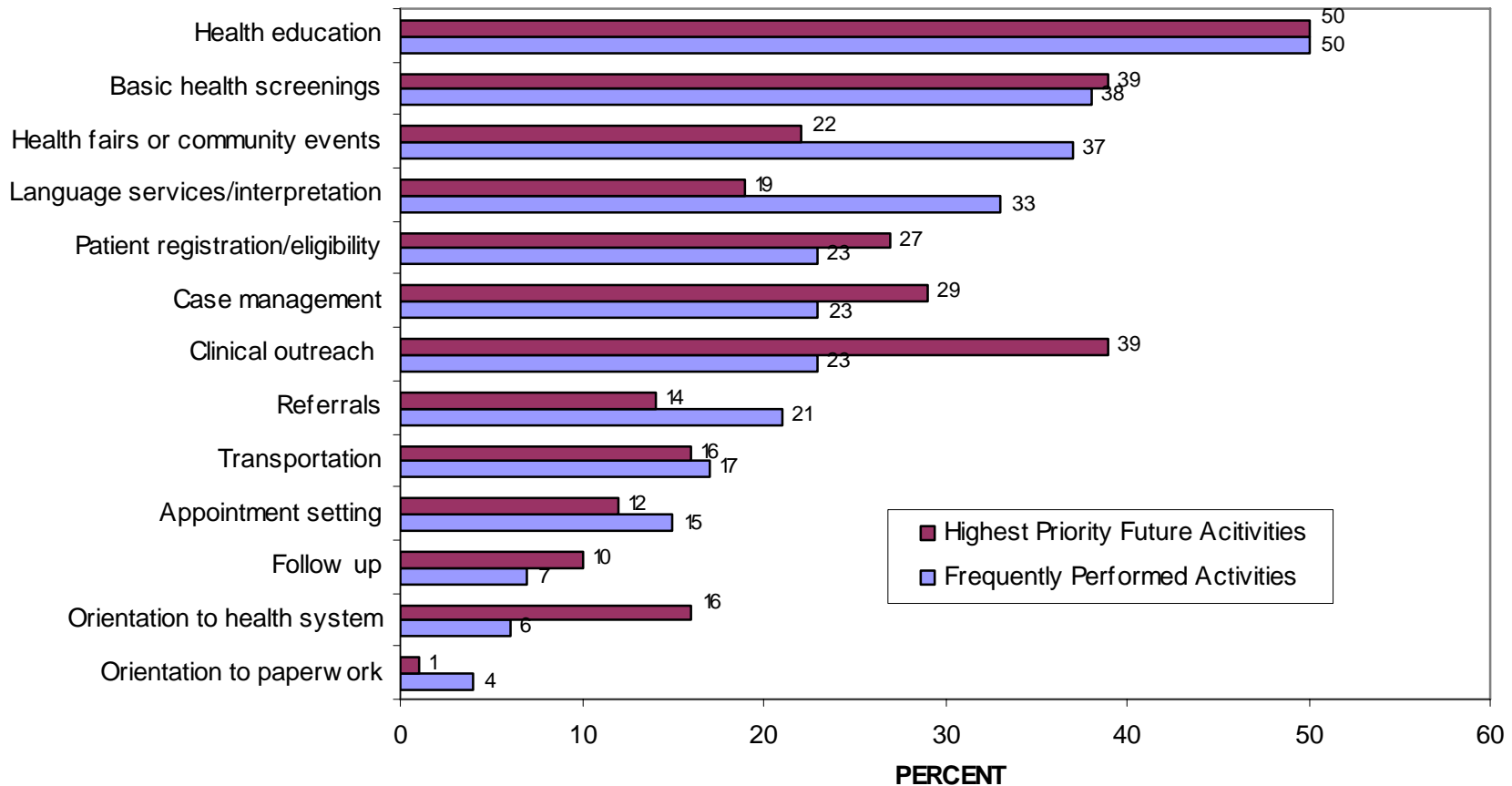
Locations for Providing Outreach & Enabling Services (n=100)



4. Outreach and Enabling Services Delivery



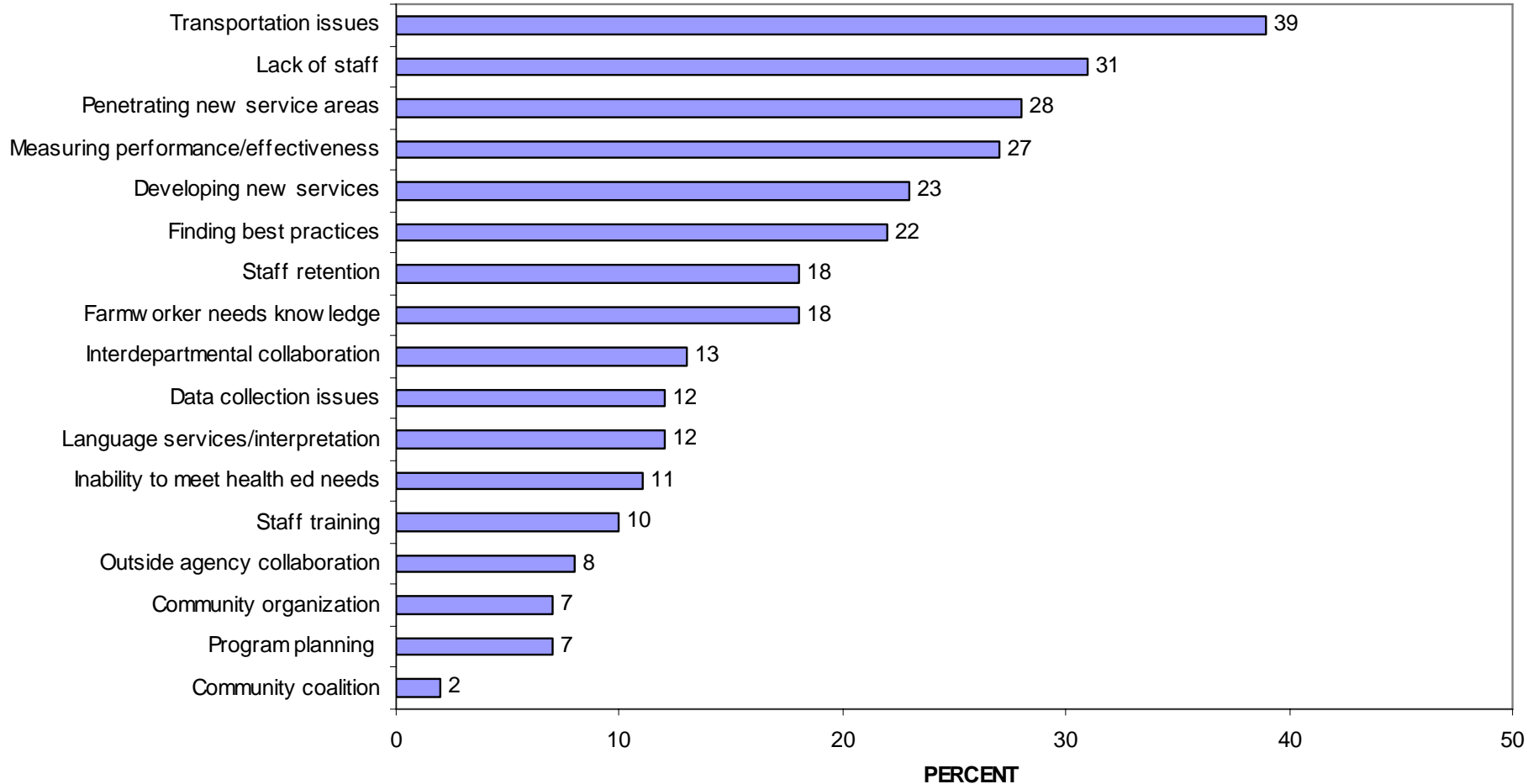
Most Frequently Performed Outreach Activities (n=100) & Outreach Activities of Highest Priority in Next Two Years (n=99)



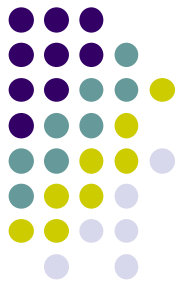
4. Outreach and Enabling Service Delivery



Most Prominent Challenges in Providing Outreach & Enabling Services (n=99)

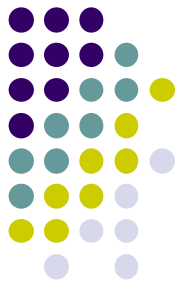


5. Cultural Competency



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

5. Cultural Competency



Language Considerations

- 78% of MSFW patients served at M/CHCs prefer to be served in a language other than English¹ (n=770,402)
- 3 of 4 online survey respondents indicated that they had the capacity to provide services to farmworkers in their preferred language *all the time*; 1 of 4 indicated they had this capacity *sometimes* (n=93).
- Even if the capacity exists, how is it experienced?
“ . . . if not for fear of the language, too. Because we have to know that there are clinics where you go and ask them, ‘Do you speak Spanish?’ ‘Oh, no. One moment.’ And they leave you waiting there a ton of time. Or if not, they put you with a machine. A machine! Even though there is a person on the other end of the line, you don’t feel the same confianza as when there is a translator in front of you.”
 - Migrant and Seasonal Head Start Parent/Advocate,
Focus Group Transcripts

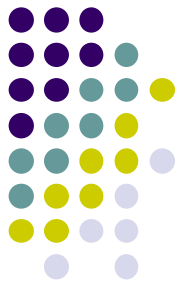
¹ Uniform Data System, Migrant Health Roll-up Report, 2007

6. Funding*



- Average cost of providing outreach and enabling services was 1.3 million dollars for each of the 147 CHCs receiving Migrant Health Grants.
- Outreach and enabling services costs accounted for 10% of all financial costs.
- On average it cost \$55.00 per user to provide enabling services (across all CHC users regardless of receipt of outreach and enabling services).
- Core funding to provide outreach and enabling services came from federal grants. Often additional funding received through variety of sources: state, local, foundation, program income, and donations.

6. Funding



Challenges

- Because outreach and enabling services are non-reimbursable services, the programs are largely grant dependent.

There is no way to get reimbursed for providing these services. FQHC funding is based on cost of providing direct services and anything not directly associated with a medical visit is not reimbursed. There is no way to keep outreach staff on without grant funding and this is one of the major challenges.

- Health Center Administrator, Telephone Survey Notes

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

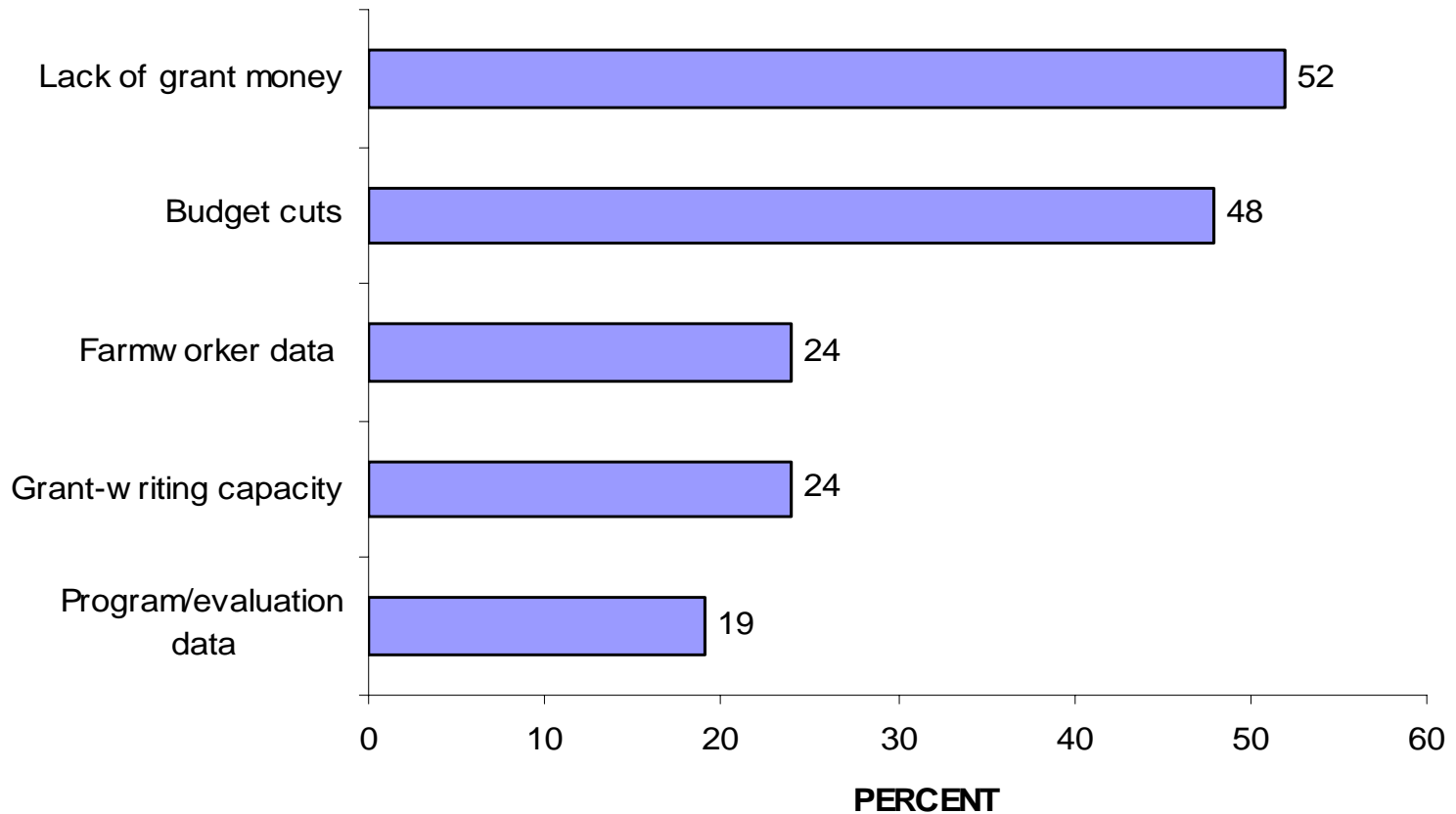
“We have to continue to reapply; if you lose funding for a year, you don’t have money to pay that staff person.”

- Health Center Administrator, Telephone Survey Notes

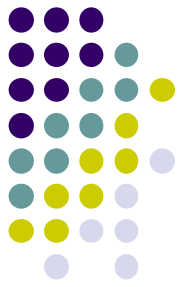
6. Funding



Challenges Confronted in Funding Outreach and Enabling Services (n=96)



6. Funding



Funding success are tied to:

- Writing quality applications based on needs data

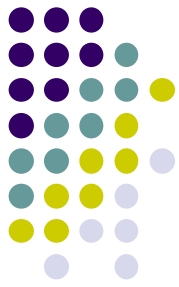
The health center has been successful with grants for the following two reasons: Writing good quality applications that are based on data...and doing a good job with grant management.

 - Health Center Administrator, Telephone Survey Notes
- Delivering on grant objectives

*“We always meet the goals that we set for out for ourselves.”
Through the health center’s evaluation practices, they’ve been able to make a case for the continued allocation of funds to support the program.*

 - Health Center Administrator, Telephone Survey Notes

6. Funding



Funding success are tied to:

- Building on established programs and being able to demonstrate positive outcomes

The organization has also built on the successes of prior programs. Their outreach program is adept at documenting work accomplished to demonstrate to funders successes had with reaching special populations.

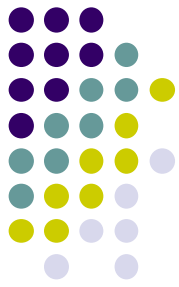
- Health Center Administrator, Telephone Survey Notes

- Developing a good reputation with funders and maximizing pre-existing relationships

The health center is performing good service; it has a great reputation for delivering good services to farmworkers. With the good reputation, funding sources follow.

- Health Center Administrator, Telephone Survey Notes

7. Staffing



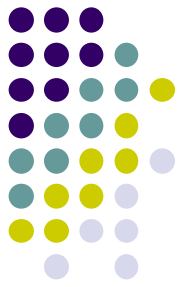
- Average of 14.6 Enabling Service Full Time Equivalent (FTE) staff
 - Including approximately 3 FTE outreach staff per each of the 147 MHG organizations.¹
- Committed staff, committed administration, and a supportive board were often recognized as components of a successful outreach and enabling service program.

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

- Health Center Administrator, Telephone Survey Notes

¹ Uniform Data System, 2007

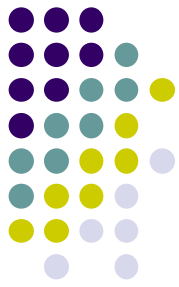
7. Staffing



Challenge: Staff Utilization

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

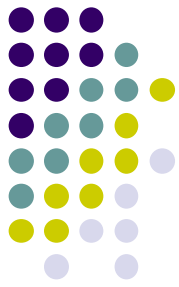
7. Staffing



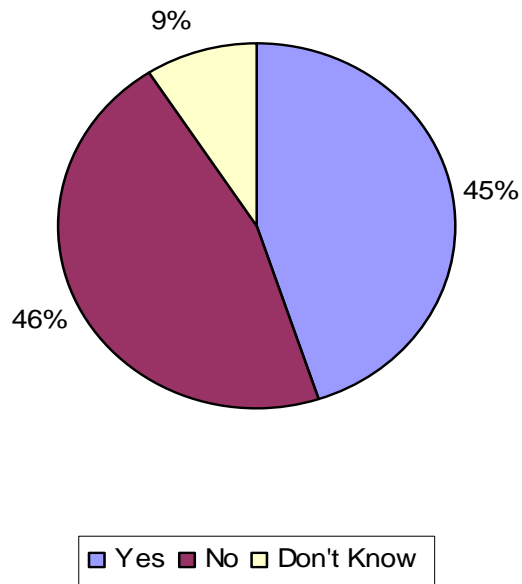
Challenge: Adequate Staffing

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

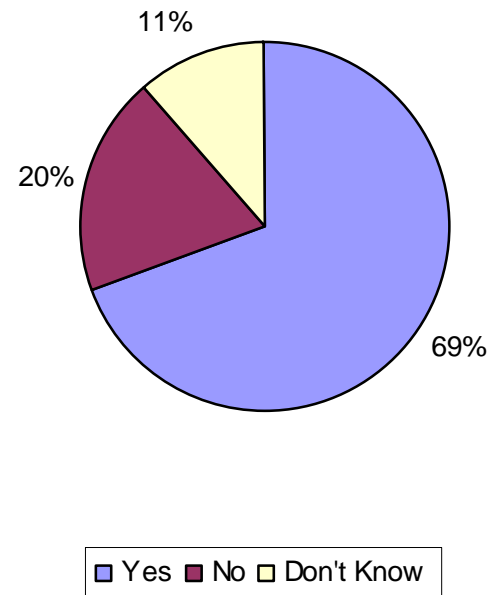
8. Data Collection



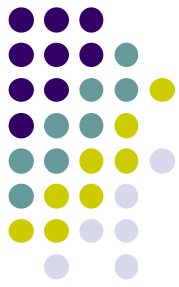
Conducted a Farmworker Needs Assessment (n=98)



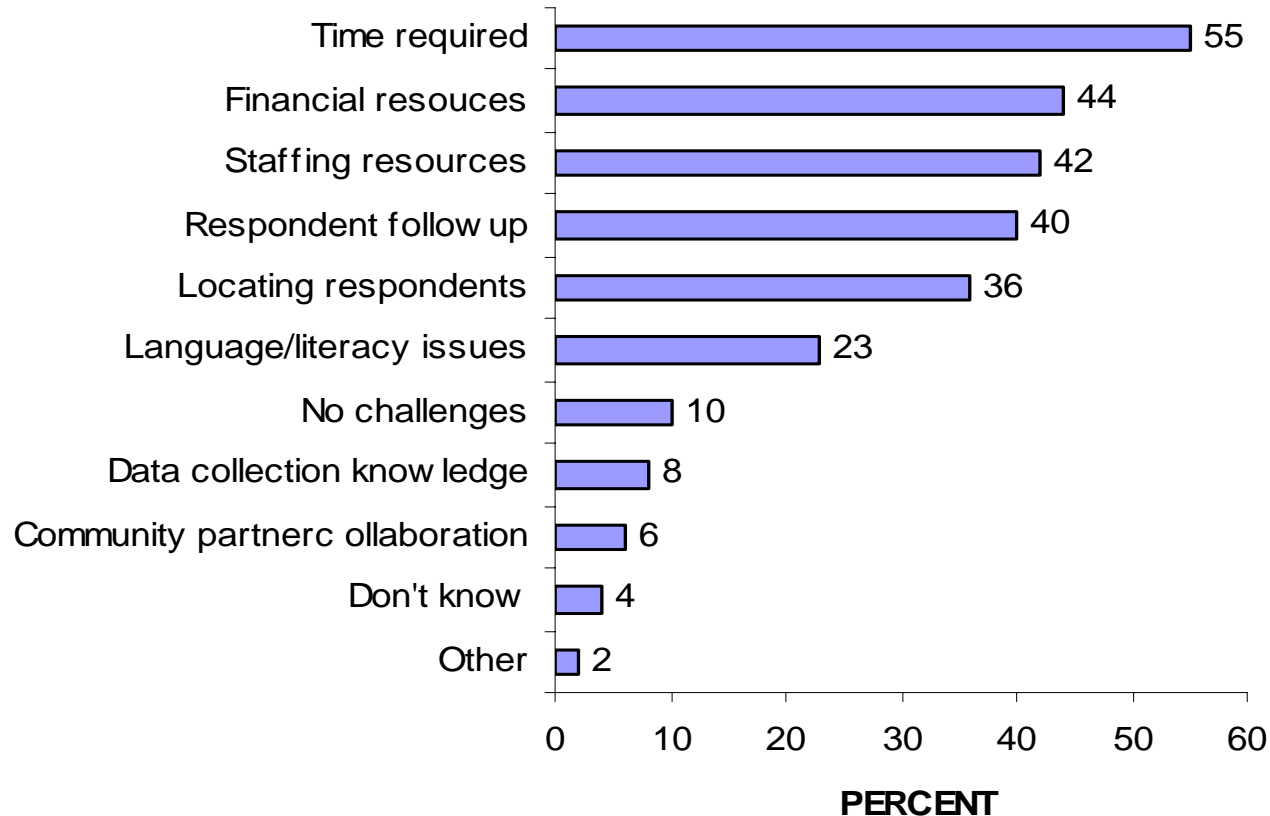
Evaluation of Effectiveness of Outreach and Enabling Services (n=97)



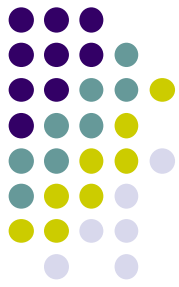
8. Data Collection: Challenges



Challenges Encountered with Gathering Information (n=95)



Possible Next Steps: Policy and Funding



- Expand outreach and enabling services funding
- Maintain priorities and implement longer funding cycles
- Ensure that data collection requirements are flexible
- Facilitate portability of Medicaid and the Children's Health Insurance Program (CHIP)
- Increase funding opportunities that address transportation as a barrier to care
- Develop Legislation that allows farmworkers to live and work in the US legally

Possible Next Steps: Communities



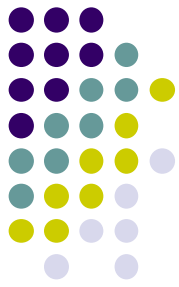
- Prioritize outreach activities outside the health center
- Use only certified medical interpreters
- Provide group education on public insurance options and health system navigation
- Apply a holistic health education model
- Collaborate with Head Start agencies to conduct needs assessments

Possible Next Steps: Communities



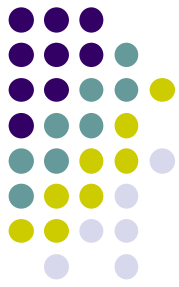
- Collect outreach and enabling service data consistently and thoroughly
- Integrate cultural competence into staff meetings, orientations, brownbag lunches, and trainings
- Provide a safe forum for farmworkers to discuss fear and anxiety that they experience
- Set up formal collaborations in your community

HOP Possible Next Steps



- Disseminate needs assessment data to pertinent policy experts
- Learn more about community collaboration and coalition building needs
- Develop new resources on cultural competence
- Develop resources that will formalize outreach data collection
- Expand training and technical assistance services to serve all underserved populations

For More Information



Comprehensive report release April 2010

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

Series of Fact Sheets (available hard copy and via website)

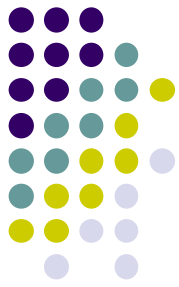
- Executive Summary
- Farmworker Voices
- Fear, Immigration Status, and Discrimination
- Farmworker Health Insurance Status
- Outreach Funding

Peer to Peer Conference Call

- Held March 4, 2010 (register online)
- Recording of call on website after this date

HOP Technical Assistance services on using data

For More Information . . .



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