

**North Carolina Farmworker Health Program,
Office of Rural Health and Community Care
NC Department of Health and Human Services**

2010 Request for Letters of Intent for Farmworker Health Funding

Funding Focus

The North Carolina Farmworker Health Program (NCFHP), within the Office of Rural Health and Community Care (ORHCC), NC DHHS, is anticipating the receipt of federal funds to increase access to primary and preventive health care services for migrant and seasonal farmworkers (MSFWs) and their families in North Carolina.

Agencies can request funding to support one or both of the following services:

- 1) enabling services including outreach, case management, and health education and/or
- 2) medical services in regions where there are no accessible primary care services for farmworkers.

The North Carolina Farmworker Health Program

The North Carolina Farmworker Health Program works with a statewide network of service providers to improve the health of migrant and seasonal farmworkers and their families in North Carolina.

NCFHP strives to accomplish our mission by working with health professionals at rural health centers, health departments, community health centers, hospitals, and other organizations to address the health care needs of migrant and seasonal farmworkers and their families. Because of the numerous barriers that farmworkers face when in need of care, current funded sites utilize an outreach case management approach, which is coordinated by a bilingual nurse or individual with health education and/or case management experience.

NCFHP's goals include:

- increasing access to quality primary and preventive health care for migrant and seasonal farmworkers;
- reducing the health risks faced by farmworkers; and
- building the capacity of outreach staff, providers, and health care agencies to better serve MSFWs.

NCFHP uses the following definitions:

A **migrant farmworker** is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment), who has been so employed within the last 24 months, and who establishes a temporary abode for the purposes of such employment.

A **seasonal farmworker** is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who has not moved within the last 24 months.

Agriculture includes farming of the land in all its branches, including cultivation, tillage, growing, harvesting, preparation, and on-site processing for market or storage. The principal areas of agriculture in North Carolina include: tobacco, fruit and vegetables, Christmas trees, and nurseries/greenhouses. Not included in this definition are aquaculture, lumbering, poultry processing, hog farming, or cattle ranching.

Enabling services encompass a wide range of services which facilitate patient access to medical care including, but not limited to, case management, health education, interpretation, and transportation.

Outreach is an enabling service that includes the identification of potential patients and information sharing. During outreach, farmworker health outreach workers also provide health education and facilitate farmworkers' access to available services. Farmworker health outreach is generally conducted at labor camps, in patient homes, in the fields, and other locations where farmworkers congregate.

More details about the North Carolina Farmworker Health Program can be found at www.ncfhp.org.

Funding Preferences

Preference will be given to applicants based on the following criteria:

- The extent to which the applicant demonstrates a need for increased health care services for migrant and seasonal farmworkers in their community.
- The extent to which the applicant proposes to address health care gaps that the farmworker population faces in their community and/or improve the health care services provided to farmworkers.
- The total number of farmworkers and dependents in your service area.
- The proposed number of migrant and seasonal farmworkers who will be provided with primary and preventive care.
- The ability to meet program expectations outlined in this document.

Restrictions

Due to restrictions placed upon NCFHP from our primary funder, the Bureau of Primary Health Care, agencies currently receiving federal migrant health center funding (330g) will not be considered for funding.

Eligible Applicants

Health Departments

Rural Health Centers

Hospitals

Community Health Centers

Free Clinics

Non-profits

Expectations of the Applicant

Increase access to primary and preventive health care

Applicants are expected to increase access to primary and preventive health care for farmworkers. This can be achieved through the provision of enabling services that link farmworkers with existing health care services and, where there are limited accessible primary care services, through the coordination of extended hour clinics in the camps or at your agency. (Please note: community health centers are not eligible to apply for funds for primary care.)

Reduce health risks

Applicants are expected to respond to risks identified while conducting health assessments with farmworkers and their families by providing health education, direct services and/or referrals to health care when needed.

Provide quality services

Applicants should provide quality services. There is a wide range of strategies to improve the quality of services provided to migrant and seasonal farmworkers, including cultural competency trainings for clinic staff, provider education about specific illnesses and injuries that are common among farmworkers, participation in peer review, providing special services according to the Health Care Plan and other continuous quality improvement (CQI) measures that address the unique needs of farmworker patients. NCFHP offers multiple trainings for new and veteran outreach staff on providing case management and health education to farmworkers.

Provide comprehensive care

- Applicants should offer comprehensive health care for migrant and seasonal farmworker patients including the delivery of preventive, acute, and chronic care.
 - Preventive care includes immunizations, family planning, nutrition, well-child care, dental screenings and varnish, physical exams, Pap smears, and prenatal care.
 - Acute care includes treatment of infectious diseases, abdominal pain, sexually transmitted infections, minor injuries, and occupational illnesses such as green tobacco sickness, contact dermatitis, and musculoskeletal strain.
 - Chronic care includes outpatient and follow-up care for the treatment of chronic diseases like hypertension, diabetes, and depression.
- NCFHP is required by our principal funder, the Bureau of Primary Health Care, HRSA, to have a health care plan. NCFHP's Health Care Plan includes special initiatives which are carried out by funded agencies to target or improve primary and preventive services relevant to farmworker health concerns in North Carolina.

Provide continuous care

- Applicants should provide continuous care for farmworkers to ensure that they will not be lost to follow-up after referral for specialty care or hospitalization. NCFHP uses a case management approach to manage health and/or social conditions affecting farmworker families including assessment, care plan, referral and follow-up services. The responsibility for continuous care remains with the grantee as long as the farmworker patient resides in the service area of the grantee. A mechanism should be in place for tracking the care of the patient and for transferring records to another site or securing another provider when possible as patients prepare to migrate. Nationwide referral directories are available to assist in this process and tracking programs through the Migrant Clinicians Network.
- Farmworkers must be included in after-hour coverage. Depending on the site, after-hour coverage can be addressed in a variety of ways. At minimum, farmworker patients must be informed of steps to take if they have health needs after hours.

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

Demonstrate a familiarity with the farmworker population in your service area and their need for additional services, as well as have the ability to provide or leverage the proposed services for farmworkers, and a commitment to increasing access to health care for farmworkers.

Develop a plan to fill the gaps in accessing health care that farmworkers face and improve health care services that farmworkers receive.

Focus on the target population

One hundred percent of NCFHP funds are to be used providing services to agricultural farmworkers and their dependents.

Bilingual/bi-cultural staff

Depending on the demographic make-up of your farmworker population, contract sites are encouraged to either employ staff that represent the cultural, racial, ethnic background, and language of the farmworker population in their area or demonstrate efforts toward acquiring knowledge and skills needed to provide culturally-appropriate services to the population.

Evening/weekend hours

Farmworkers will be able to access primary care during evening or weekend hours.

Cost of services

A sliding scale fee (or minimal charge) will be utilized for determining the fee for clinical services provided to migrant and seasonal farmworkers.

Data management

Health care contract sites must utilize NCFHP's customized outreach forms as specified (Adult, Adolescent and Pediatric Health Assessments, Enabling Encounter forms, and the Site Register). In addition, contract sites must use FHASES, a customized software package, to assist with reporting required data elements of the Uniform Data System (UDS), which is a federal set of data required of all migrant health grantees. NCFHP will provide the package, training, and support to all grantees. Sites are expected to stay up-to-date with inputting their data into FHASES.

Timely submission of reports and data

Health care contract sites are expected to submit all required paperwork on time.

Weekly

- Data entry into FHASES

Monthly

- Expenditure reports of contract funds by line item

Once or twice yearly

- Results of goals and objectives
- Farmworker Feedback Surveys
- UDS-related data (in-kind, provider FTEs, etc.)
- Credential information for new providers contracted to serve FW patients (within 1 wk. of starting services)
- Enabling Peer Review Audit
- Medical Chart Audit, Diabetes Chart Audit (medical sites only)

- End of Year reports required for all recipients of state grants
- Quality Control Questionnaire required for all recipients of state grants

Typical Grant Awards

Grant awards generally range from \$50,000 to \$100,000 depending upon the needs and resources in the particular region.

Grant Period

Grant awards support work for one year. NCFHP aims to support agencies for a longer term if the applicant meets the grant expectations and if there are available funds.

Application Process

Farmworker health funding for new applicants involves a two step process beginning with a Letter of Intent. Those interested in applying should submit a Letter of Intent to Elizabeth Freeman Lambar at elizabeth.freeman@dhhs.nc.gov by February 5th, 2010. Based on the Letter of Intent and the availability of funds, invitations will be extended to those selected to submit a proposal by March 5, 2010.

Contact Information

For more information about this Request for Letters of Intent, please contact:

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