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MIGRANT HEALTH Newsline

News and Information from the *National Center for Farmworker Health* since 1984

A Brief History of Migrant Health Voucher Programs and Their Approach to Increase Access to Health Care for Migrant and Seasonal Farmworkers

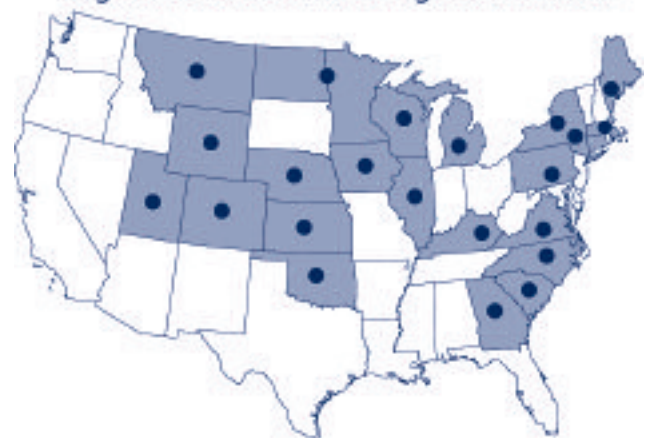
By Melissa Miles, BS and Elizabeth Freeman Lambar, MSW,MPH,
North Carolina Farmworker Health Program, ORDRHD

The Bureau of Primary Health Care (BPHC) aims to provide health care services to medically underserved individuals throughout the United States. This includes farmworkers, a group that experiences unique health care needs and faces numerous barriers to accessing quality health care services. Addressing the needs of farmworkers is particularly challenging because over one in three of farmworkers are newcomers to the U.S. (Department of Labor, 2000); and they are unfamiliar with available services and the U.S. health care system in general. Migrant Health Voucher Programs (MHVPs), one of the health care models supported by the Bureau of Primary Health Care, have been successful at addressing these unique needs and facilitating access to quality health care.

One of the first voucher programs developed, as a response to the ever-changing agricultural demands for farm labor, is in Illinois. In the early 1980's, migrant health providers in that state observed that the large, dense regions of agriculture were decreasing, which led to the closing of several migrant health centers in the area. However, there were still significant farmworker populations spread out in the area in need of services. In order to provide health care in a sustainable as well as efficient and effective manner to this population through outreach, a nurse provided care to farmworkers and developed a referral network with local private providers in the med-

ical community for referred care. As awareness of this program grew, referral relationships with providers increased and a voucher model evolved. The model proved to be flexi-

Migrant Health Voucher Programs in the US



ble enough to adapt to the changing needs of farmworkers in the region.

Since then, 22 Migrant Health Voucher Programs have developed throughout the country, operating in 19 states (see map). These programs operate within community health centers, state offices of rural health, state health department systems, and universities. They may also operate as a community-based organization. In reality, it is difficult to describe a distinct voucher model because most Migrant Health Voucher Programs utilize a combination of service delivery approaches and reimbursement mechanisms to increase access to health care for farmworkers, depending on the need and existing

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The Bureau of Primary Health Care aims to provide health care services to medically underserved individuals throughout the U.S

A Brief History of Migrant Health Voucher Programs

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resources in their particular area. However, almost all programs utilize outreach to determine patient eligibility, provide case management and health education, and a referral system for primary and specialty services. Community outreach is a crucial component to voucher programs, with Community Health Workers, Public Health Nurses, Health Educators, and Lay Health Promotores filling this role.

Voucher programs have proven to be an ideal approach to increase access to health care for migrant and seasonal farmworkers because of the flexibility that they afford and their specialization in farmworker health. MHVPs can mold to the political climate of the region, adjust to the agricultural seasons, be statewide or region-specific, and target services as needed to meet the changing needs of the farmworker population. Resources can be targeted to the locations and time periods with the most need. In some regions, a MHVP may operate in conjunction with a community health center to meet the increased health care demands during the peak agricultural season. Voucher programs also have experience in addressing the barriers to care that farmworkers face. As a result of collaborations with health departments, community health centers, and non-profit organizations, voucher programs end up leveraging a significant amount of care for migrant and seasonal farmworkers. In addition, involving private providers in meeting the needs of the farmworker population through a contractual relationship often increases their awareness of farmworkers in their community.

Because the majority of MHVP's target population are individuals who live in isolated camps spread out in rural areas, it often takes extra time and resources to reach and provide quality care. Therefore, it is essential to take into consideration who the voucher programs are serving in addition to how many patients they serve.

Voucher programs are particularly beneficial when:

- the density of the farmworker population does not warrant a free standing migrant health center
- the agricultural demands bring in large numbers of farmworkers for a short period of time

- there is a lack of accessible primary care sources for farmworkers

The North Carolina Farmworker Health Program (NCFHP), located within the state's Office of Rural Health, is a voucher program that provides services to migrant and seasonal farmworkers throughout North Carolina. Although there are 5 Migrant Health Centers providing care to farmworkers in the most dense agricultural regions in North Carolina, farmworkers work in all 100 counties of the state, creating un-met needs that are highly spread out and sporadic. NCFHP works in collaboration with these health centers and other health care providers to fill the health-care gaps that exist. Similar to other voucher programs, they incorporate a combination of approaches to accomplish this. Their BPHC funding supports health care contracts with 12 agencies to supplement existing services for ensuring continuous and comprehensive care, primarily through outreach. Outreach staff include bilingual/bicultural RNs, health educators and case managers who provide and link farmworkers with health care. In addition, NCFH supports farmworker health evening clinics if there are no accessible evening or weekend services available at these sites. With state appropriated funding, they support 7 dental contracts and a fee-for-service reimbursement system that pays for primary care, specialty care, pharmaceuticals, and lab and x-ray services. This combination of utilizing contracts and a FFS system allows them to respond to the specific health care needs that exist in the communities.

Migrant Health Voucher Programs have contributed to the President's Initiative of increasing access to more underserved individuals by targeting one of the hardest to reach populations. At least 5 Migrant Health Voucher Programs have received BPHC Expanded Medical Capacity grants and at least 1 has received BPHC funding for New Access Points. In addition, one community health center received a New Access Point award for a voucher program to serve a farmworker community in their service area that is particularly hard to reach due to distance and geographic barriers. Because of this growth and the aforementioned benefits of this model, voucher programs continue to significantly contribute to migrant and seasonal farmworkers' access to health care. ■

Mixtec Medicine Exhibit to Provide a Glimpse into Indigenous Culture at the 14th Annual Western Migrant Stream Forum

By Bonnie Bade, PhD and Deborah Small, MFA, California State University San Marcos; and Anne Powell, MES, Northwest Regional Primary Care Association

The Western Migrant Stream Forum, sponsored by Northwest Regional Primary Care Association, will be held January 28-30, 2005 at the DoubleTree San Diego/Mission Valley in San Diego, California. This year the conference will highlight the Mixtec Medicine project, a visual celebration of the antiquity, intelligence, and beauty of Mixtec culture and medicine of Oaxaca, Mexico. Conference participants and community members are invited to attend a mixed media presentation on the exhibit during the Welcome Reception, on the evening of Friday, January 28.

The project, which focuses on a marginalized population consisting to a large degree of undocumented farmworkers, was created by anthropologist Bonnie Bade, PhD and visual artist Deborah Small, MFA from the California State University at San Marcos. Following a slideshow preview on Friday evening at the conference, Dr. Bade and Ms. Small will be available at the Saturday evening exhibit opening to speak with guests and answer questions. Funded by the California Council for the Humanities, the Mixtec Medicine exhibition uses photographs from fieldwork as well as images from ancient Mixtec books, called codices, to illustrate the continuity of cultural knowledge from Mixtec past to present.

Mixtec History

The exhibition communicates the beauty and sophistication of pre-Hispanic Mixtec civilization by focusing on the sacred texts that document the calendar, rulers, and creation of the Mixtec people. Pre-Hispanic Mixtec civilization, comparable to ancient Mesopotamia, Greece, China and Egypt, distinguished itself by generating sophisticated forms of art, literature, architecture, religion, cosmology, and a complicated calendar based on mathematics and meticulous long-term observation of the celestial bodies. Contemporary Mixtecs still inhabit the mountains and valleys of northeastern Oaxaca as farmers, however, since the 1980's hundreds of thousands of Mixtec people have had to leave their homes in Mexico and migrate to the commercial agricultural fields and service industries of California and throughout the United States in order to make a living.

Mixtec Medicine and Diagnosis

Based on 15 years of ethnographic research with

a Mixtec healer, Don Primo Dominguez Tapia of Juxtlahuaca, the exhibit focuses on aspects of Mixtec Medicine, such as diagnostic methods, illness causation, medical treatments, medicinal plants, the community, and the medical practitioner. The Medicinal treatment theme, for example, emphasizes the use of the traditional sweatbath, called a ñi'i in Mixtec (temascal) as a post-natal practice used by Mixtec women. To illustrate the antiquity of the medicinal practice, images of sweatbaths and sweatbath preparation from contemporary Oaxaca, as well as Madera, Fresno, and Vista, are juxtaposed with images of the sweatbath that occur in the Codices Nuttall and Vindobonensis, two of the seven surviving Mixtec books now housed in Europe.

For diagnosis, the exhibition examines the ancient diagnostic practice called "sacar tiempo," or "reckoning time," in which the medical practitioner performs a diagnostic procedure that involves prescribed prayer, hand gestures, and speech to learn the source of an illness that has seized an individual. This practice was also documented among the Aztec people by Ruiz de Alarcon in the early 17th century and it incorporates various pre-Hispanic concepts including the calendar and the 13 levels of the upper world.

Ritual healing and illness causation are illustrated using a case study of the healing of Carlitos, a young child in Yuchio, Oaxaca, whom Don Primo cured of "susto", an illness literally translated as fright in which the soul has left the body. The extensive knowledge of the medicinal properties of plants possessed in Mixtec medicine is demonstrated by focusing on several of the 140 medicinal plants collected by Bade and Don Primo.

Finally, the exhibition recognizes the role of the community in Mixtec medicine and culture by dedicating a significant portion of the exhibit to members of the community and images of life in the Mixteca.

For information about the Western Migrant Stream Forum, please visit www.nwrpca.org, or contact Anne Powell, apowell@nwrpca.org, 206-783-3004, ext. 16. ■





Oaxaca Cultural Training Program

Submitted by Anne K. Nolon, President/CEO, Hudson River Community Health

Community and Migrant Health Centers are known for their cultural competence. A typical migrant health center staff boasts bilingual outreach workers, interpreters, clinicians and support staff often from the very communities from which farmworkers originate. Teams would be lacking without the advice of the health promotora or Migrant Board members. Yet, few migrant health centers have gone to the extent of Hudson River Community Health (HRHCare) in tracing the origins of their patients back to Mexico and then organizing opportunities for health professionals to gain even more than cultural competence; an understanding of the health system and referral patterns necessary to improve the health care, and the information and education provided to farmworkers as they migrate country to country or state to state.

In August, ten health professionals includ-

ing two NCFH Board members, Harry Foster and Anne Nolon, traveled to Oaxaca, Mexico for the 2nd Health Professional Exchange sponsored by HRHCare, NCFH and the Oaxaca Secretary of Health. The ambitious program included visits to an urban health center and a rural health center administered by the Secretaria de Salud (SSA, the state public health department). At the urban health center in the City of Oaxaca, professionals met with the director, Dr. Niceforo Mendoza and learned about their health promotion tool, Paquete Basico, focusing on public health, family planning, well-child care, immunizations, respiratory infections, TB, hypertension, diabetes and an emphasis on community participation.

A highlight of the program was a visit with Henriqueta Contreras, a curandera who practices traditional medicine (midwife, herbalist,



Hudson River Community Health staff and Dr. Joshua Lipsman, Westchester County Department of Health Commissioner meet with La Ciénega health center doctor.

temascal, limpias), who explained her belief that ... “humans are members of the natural world — animals, plants, minerals, earth, and all living things found on earth. Illness occurs when one does not live in harmony with all these aspects.” In curanderismo there is no separation between nature and man, between the spiritual and the physical. Illness is perceived within the cultural context of the patient.

Professionals visited a rural health center in the town of La Ciénega, 45 minutes outside of the City of Oaxaca with a high percentage of its population migrating to New York’s Hudson Valley. The health center is staffed by a *pasante* (temporary) doctor who is required to provide a year of obligatory service and is responsible for the health care of the entire community. There is a strong emphasis on health education, and health promotional materials are readily available to the community.

The visitors met with staff of El Consejo Estatal para la Prevención del VIH/SIDA (COESIDA), the HIV/AIDS program, and learned that the current treatment methodology is the same as the US. There are no programmatic efforts promoting HIV testing, and the testing that is done is done through referrals. Access to the program is open to everyone; however, their capacity is very limited and services are only available in the State capital. Continuity of care for returning HIV infected migrants would be almost impossible due to the lack of resources.

The visit to el Centro de Atención al Migrante Oaxaqueño (CEAMO), the state migrant affairs office, provided the opportunity to learn of the outreach and referral efforts targeting migrant workers. CEAMO also reinforces traditions and culture and would be an ideal binational partner in devel-



Meeting with COESIDA Director, Dra. Gabriela Velázquez Rosas and staff.

oping health education, outreach and cultural programs targeting Mexican immigrants.

At the inauguration of Casa Puebla in the Mixteca region of Puebla, Anne Nolon and Harry Foster met Mario Riestra, Coordinator for the Puebla Office of Migrant Affairs Abroad, and Jaime Lucero, President and founder of Casa Puebla. Hudson River has developed relationships with these two agencies in order to broaden their outreach to migrants and to collaborate on referrals and health education strategies.

The group took part in Spanish immersion classes at the **Instituto Cultural de Oaxaca**. The Instituto is located in a 19th century Oaxacan estate in the heart of this colonial city, where classes are structured to fit the individual needs of each student. Students get three hours of grammar instruction and one hour of conversation. There are also opportunities to participate in cultural workshops and a language exchange program.

All participants agreed that the trip was extremely beneficial in its capacity to deepen and enrich the cultural awareness of the Mexican community, as well as to gain a greater understanding of the healthcare system and the daily lives of the patients served by C/MHCs. ■



Second from left Anne K. Nolon, CEO/President Hudson River Community Health and NCFH Board Member and third from left is Jaime Lucero, Casa Puebla



Harry Foster, CEO, Family HealthCare Network and NCFH Board Member and Mario Riestra of the Puebla Migrant Affairs Office

One of the Great Pioneers in Migrant Health – Helen L. Johnston

By Josh Shepherd

Earlier this month, migrant health lost one of its founders and greatest supporters. Helen Johnston, one of the first chiefs of the Migrant Health Program, passed away at age 96. Ms. Johnston was one of the earliest advocates for migrant health and she dedicated most of her professional life, over 30 years, to improving the lives of farmworkers nationwide. One of Helen Johnston's good friends and coworkers Helen Cavanaugh wrote the following tribute to her:

"Helen Johnston had over thirty years of professional experience with farms and farmworkers, beginning with the U.S. Farm Credit Administration, which became part of the Department of Agriculture. Her assignment was to work with Farmers' cooperatives across the country, especially in relation to health. In 1949, she transferred to the Public Health Services. By 1962, when the Migrant Health Act first became law, Johnston knew firsthand where the farmworker needs were the greatest. At that time, she had been working with the Western American Public Health Association and other advocates in crafting language for what became the Migrant Health Act. By 1968, she was Chief of the Migrant Health Program for the U.S. Community Health Services, a division of what was then the Department of Health, Education and Welfare. As Chief, she visited every important agricultural state and talked with thousands of professional health workers, farm owners and farmworkers. In 1973, she retired from government service to pursue other interests, but retained her connections with such farmworker interest groups as the East Coast Migrant Health Project (currently Farmworker Health Services), Washington,

D.C. and the National Migrant Worker Council, Michigan (sponsor of Migrant Health Promotion).

As she had been involved early with the "grassroots" federal efforts to deliver health care to farmworkers, and had the opportunity to prepare and present several congressional testimonies and reports, it was only natural for Ms. Johnston to have written a book reviewing the history of U.S. farm labor and the federal changes that occurred in relation to it. The book, "Health for the Nation's Harvesters, A History of the Migrant Health Program in its Economic and Social Setting", was published by the National Migrant Worker Council, Inc. in 1985. It is through Ms. Johnston's prodigious



Helen L. Johnston 1908 - 2004

efforts in archiving the documents recording all federal, state and community efforts regarding the delivery of health care, that it is possible to create a historical timeline for preserving the efforts of those dedicated pioneers who changed the lives of this nation's harvesters."

Several years ago, Ms. Johnston donated to the National Center for Farmworker Health Library several boxes of her personal items and documents that she had collected over the years. With those items, NCFH created a migrant health timeline display that documented the history of migrant health over the last 40 years. This display was shown at various Migrant Stream Forums and we are currently in the process of turning this display into a cd rom presentation. Ms. Johnston's book, "Health for the Nation's Harvester's" is available on loan from the National Center for Farmworker Health library. ■

Stories From Call for Health

The following case is provided by the Call for Health Program in an effort to share with Migrant Health Newsline Readers actual stories of farmworkers who have sought, or are currently seeking, help through the program. The Call for Health Program receives assistance through generous donations from both individuals and organizations across the country. Its continued success depends greatly on those individuals who read these stories and decide to make a difference. If you would like to learn more about the program, or to provide a contribution, please call (512) 312-2700 or visit our website at www.ncfh.org.

Javier's Chariot of Hope

By Anna Luna, Call for Health Assistant

In April of 2004, the Call for Health Program was contacted by a farmworker, Javier, who had suffered a traumatic work related injury that had incapacitated him. The 60 year old farmworker was on top of a loader and lost his footing due to an oil spill. As a result of his fall he suffered a back injury that required two surgeries. Despite this intervention, Javier is still unable to walk without the use of a walker, and can only walk for a few minutes at a time before he gets very tired. For fifteen years Javier and his wife had worked in the fields of Florida, but now he was in need of a wheelchair. He told us that this is very hard for him, a different life-style that he never imagined he would be facing.

A local community health center was able to financially assist Javier with his doctor's visits and medications, but he needed financial assistance acquiring a wheelchair because the clinic did not provide funding for this. Javier called the Migrant Education Hotline and was referred to the Call for Health program for assistance. We began our search for Javier's wheelchair and we were able to locate a non-profit organization called Chariots of Hope. This organization specializes in granting wheelchairs to patients in financial need. Chariots of Hope has collected over 500 used wheelchairs and repaired them to working condition through donations. The wheelchairs are then distributed directly to the patient. The Call for Health Specialist helped complete the online application for Javier, which included a few questions like his height and weight in order to fit him to the appropriate wheelchair. In less than four weeks, the wheelchair was delivered to his doorstep. It was a hassle free process that helped expedite Javier's need. Without the wheelchair his road

to recovery would have been significantly more difficult for him and his family.

Javier later informed Call for Health that he was able to maneuver around his home with ease and that he was very grateful for the assistance he had received through the Call for Health Program and Chariots of Hope.

Editor's Note: People with disabilities face many obstacles that affect their daily lives. Their struggle with their physical condition is a difficult barrier to overcome; it is often times plagued by the inability to afford medical equipment that would allow a patient to continue leading a healthy life. As farm labor is one of the most hazardous occupations in the U.S., farmworkers face a greater risk of injury. The inability to afford medical equipment is almost a certainty with this occupation; therefore, we applaud programs such as Chariots of Hope that provide their services to these farmworker families who more than deserve the assistance. ■



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Information on Health Services for Farmworkers

**Una Voz Para la Salud —
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Información de Servicios de Salud
para los Trabajadores del Campo

9:00 a.m.–5:00 p.m.

Hora del Centro/Central Time

Calendar

December 1-3

California State Rural Health Association Annual Meeting
1020 10th Street, Sacramento, CA 95814, Phone/Fax: 916-930-9330
email csrha@csrha.org or visit, <http://www.csrha.org/> for more information.

December 1-3

Rural Health Association of Tennessee Annual Conference
PO Box 160589, Nashville, TN 37216
For more information, phone (615) 907-9707 or visit <http://www.rhat.org>

December 5-7, 2004

Annual Midwest Regional Primary Health Care Conference
Hyatt Regency Crown Center, Kansas City, MO. For more information, please contact Pam George at (517) 381-8000 ext. 212, or visit <http://www.mPCA.net>.

January 28-30, 2005

Annual Western Migrant Stream Forum to be held at the Double Tree San Diego/Mission Valley in San Diego, California. For more information visit www.nwrPCA.org or contact Anne Powell at apowell@nwrPCA.org

January 31-February 4, 2005

National Head Start Hispanic Institute
Albuquerque, New Mexico, for more information, contact Veronica Coon at (703) 243-0495 or vcoon@pal-tech.com



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Did You Know?

September 2004 Agricultural Immigration Legislation Policy Brief from Farmworker Justice Fund, Inc.

Recently released, the September 2004 brief summarizes pending proposals on immigration policy regarding migrant and seasonal farmworkers including "AgJOBS," and three other farmworker immigration bills, the President's proposal on immigration, and explains guest-worker programs.

What is the Agricultural Jobs, Opportunity, Benefits, and Security Act of 2003 (AgJOBS, S. 1645, H.R. 3142)? A legislative proposal which represents a compromise among farmworkers, employers and advocates including the United Farm Workers, National Council of La Raza, National Council of Agricultural Employers, etc.

Why is it important? The compromise, reached after years of conflict on farmworker immigration policy, outlines two major advances: (1) a legalization program enabling undocumented farmworkers and H2-A guestworkers who have been working in American agriculture to obtain temporary immigration status and gain permanent immigration status upon completing a multi-year agricultural work requirement. Spouses and children can become immigrants once the farmworker becomes a permanent resident immigrant, and (2) revisions to the H-2A agricultural guestworker program that streamline the employer's application process, modify the wage-setting process, create incentives for employers to negotiate with labor unions, and give the guestworkers the right to enforce their H-2A rights in federal court.

To view a Policy Brief on current farmworker immigration policy, please visit Farmworker Justice Fund, Inc.'s website: www.fwjjustice.org.

(Source: FJF Legislative News, <http://www.fwjjustice.org/LEGISLAT.HTM>)