



Rural Health  
HEALTH AND HUMAN SERVICES

### Why focus on farmworkers?

Agricultural labor contributes to **\$2.4 billion** in sales to the North Carolina economy annually. Farmworkers in North Carolina earn an average of **\$11,000** per year (per "Farmworkers' Vital Contribution to North Carolina's Economy," 2012 found at <http://www.ncfarmworkers.org/>).

**Farm work** is consistently ranked among the most dangerous occupations in the United States, and farmworkers experience occupational health risks such as **pesticide exposure, heat related illness, green tobacco sickness, musculoskeletal injury, and skin and eye conditions.**

Farmworkers also suffer from chronic illnesses such as **diabetes and hypertension**, as do other low-income populations.

**Geographic and social isolation, traumatic migration experiences, discrimination, and culture shock** put farmworkers at risk for mental health problems. In our 2015 patient population, **89% of farmworkers and family members were uninsured.**

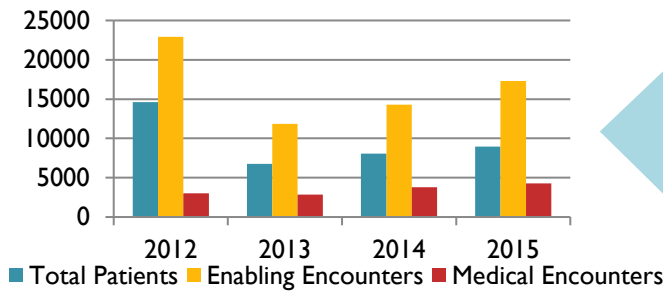
### How our contract sites serve farmworkers

Our outreach workers **FIND** farmworkers at migrant camps and in communities and **ASSESS** farmworker health issues. Outreach workers **REFER** farmworkers to primary and specialty providers, and **SUPPORT** farmworkers in getting the care they need by offering enabling services such as interpretation, transportation, and case management. At some sites, mobile medical teams **PROVIDE** medical services in the field.

Resources Provided by Sites in 2015	
Interpretation	3,709 hours
Transportation	1,087 trips
Health Education	10,813 encounters
Referrals	5,749 appointments

Outreach teams also **TEACH** farmworkers about preventative care, health care resources, and broader community resources, **LINK** farmworkers with resources in the community, and **RESPOND** to farmworker concerns by adapting programming to meet expressed needs.

### Patients and encounters

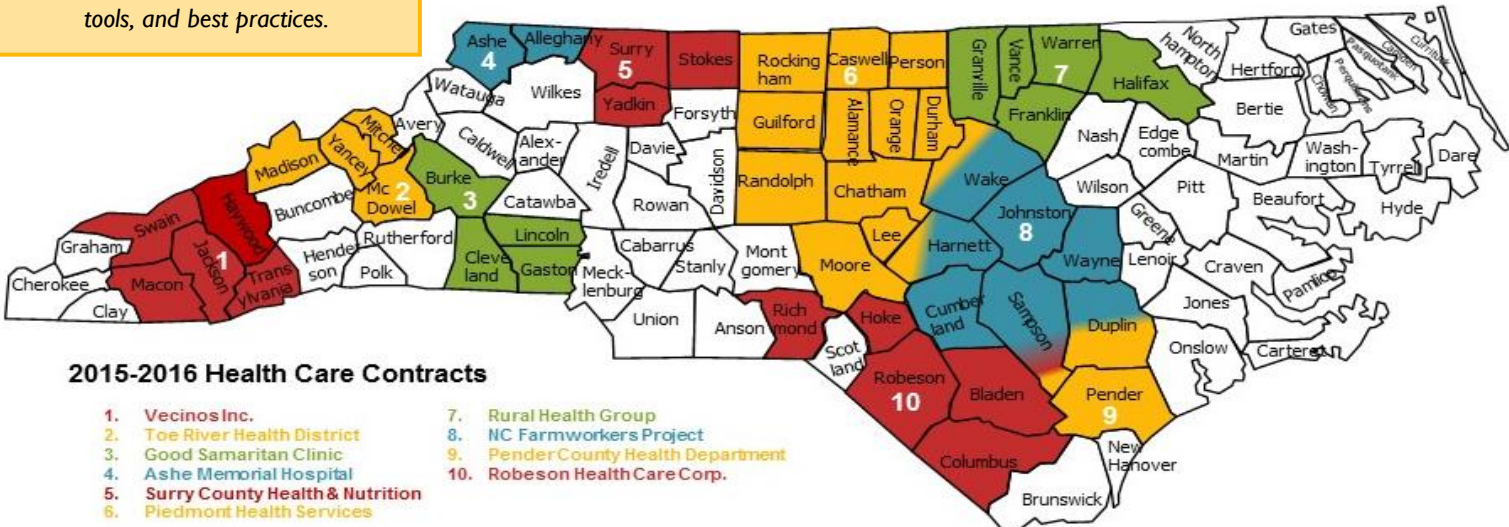


**Medical encounters** are face-to-face visits with medical professionals (doctors, nurses and other providers). **Enabling encounters** are with case managers and health educators, and include health education, health assessment interviews, referrals, follow-up care, and provision of support services such as transportation and interpretation.

In addition to our 10 funded sites, 11 Migrant Health Centers also serve farmworkers across the state. We collaborate to share research findings, tools, and best practices.

**"The North Carolina Farmworker Health Program is a vital component to the state of North Carolina's safety net. Without the support that the North Carolina Farmworker Health Program provides, our state's most vulnerable and underserved population would never gain access to healthcare services."**

Nathan Dollar, Former Outreach Coordinator, Vecinos Inc, and current Board Member



\*Data is from 2015 calendar year.



### How our office supports our contract sites

The North Carolina Farmworker Health Program (NCFHP) provides **FUNDING** for outreach workers at contract sites to coordinate and carry out enabling services. At some sites, we also fund medical services. The central office provides **TRAINING** for our partners, disseminating **BEST PRACTICES** for outreach, patient care, advocacy, and community building.

**MONITORING AND EVALUATION** of site processes and outcomes is managed by the central office, which guides program **STRATEGY DEVELOPMENT** as well as **CONTINUOUS QUALITY IMPROVEMENT** processes for medical and enabling indicators.

The central office also provides **TECHNICAL ASSISTANCE** on topics such as data management, health education resources, compliance with patient confidentiality protocols (HIPAA), regional partnerships, and quality of care. Our team also collaborates with local universities and community organizations to facilitate training, placement, and support of **VOLUNTEERS and INTERNS**.

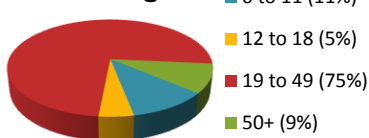
### Our 2015 patient population

We serve **migrant farmworkers**, who have traveled within the last two years to find agricultural work (both within the U.S. and from outside the U.S.).

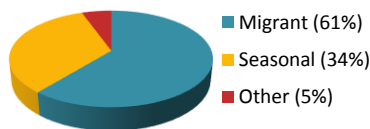
We also serve **seasonal farmworkers**, who maintain a permanent residence, and work in agriculture on a seasonal basis.

**Farmworker families**, including spouses and children of farmworkers, are served by the program.

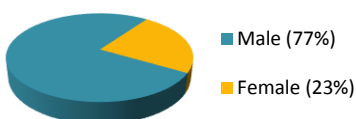
#### Patient Age



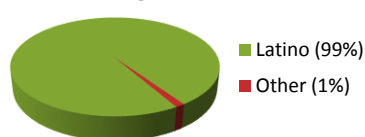
#### Type of Work



#### Patient Gender



#### Ethnicity

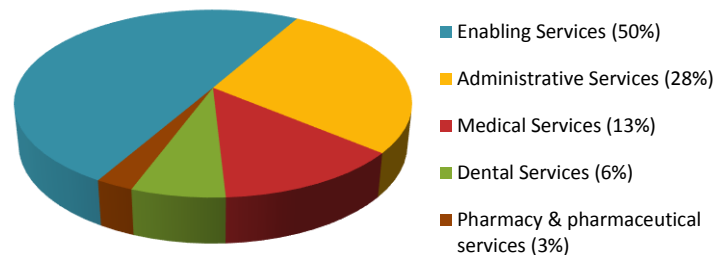


For more information visit [www.ncfhp.org](http://www.ncfhp.org).

### 2015 cost of care

Our program strives for **COST EFFICIENT CARE** by working with the strong rural health care network in North Carolina. Our sites are housed in county health departments, hospitals, community health centers, and non-profit agencies, allowing us to **LEVERAGE EXISTING RESOURCES** such as facilities and support staff. In this way we are able to **TARGET FUNDING** to our core activities: assessing migrant and seasonal farmworkers and linking them with health care services.

#### 2015 program expenditures



Average cost per patient	<b>\$317.13</b>
Average cost per medical encounter	<b>\$87.05</b>
Average cost per enabling encounter	<b>\$81.77</b>

### Prescription assistance program

The 340B drug pricing program is a federal program that allows designated healthcare entities to purchase drugs at a discounted rate. NCFHP has been a member of the 340B program since 2008. In 2015, through partnerships with local pharmacies and health contract sites across the state, NCFHP spent approximately \$41,155 for medications that would normally cost an estimated \$507,585, **saving \$466,430** in prescription reimbursement expense, while maintaining an affordable co-pay of \$4 per prescription for farmworkers.

**Program Director:** Elizabeth Freeman Lambar, MSW, MPH  
**340B Drug Pricing Specialist:** Zoë Cummings, MSW, MPH, CHES  
**Farmworker Health Specialist:** Mary Johnson Rockers, MSW  
**Farmworker Health Specialist:** Allison Lipscomb, MPH  
**Farmworker Health Specialist:** Ann Watson, MSW  
**Medical Director:** Gayle Thomas, MD  
**Program Assistant:** Teresa Turner, BBA

\*Data is from 2015 calendar year.