Family Health/La Clinica
Wautoma, WI

1. Member Position Description
Family Health/La Clinica (FHLC) is a Community and Migrant Health Center (FQHC) located in rural central Wisconsin. This dual designation comes with a dual directive to address primary health and dental needs in the surrounding 11 county service area as well as Migrant and Seasonal Farmworkers (MSFW) across the entire state of Wisconsin. With three distinct sites—a dental and medical center in Wautoma, a dental center in Mauston, and a mobile unit that travels the state to deliver services to MSFW’s—FHLC strives to cover an expansive service area. With many leadership changes at FHLC in the past year, more speculation has taken place around the MSFW Outreach program and expanding services to better reach and serve this population. MSFW’s travel long distances, often from Texas, Mexico, and other southern states to work the Wisconsin fields and factories during the growing season. With very long and arduous workdays (often 12 hours/day, up to 7 days per week during peak production), lack of access to resources and the medical system, lack of education around healthy behaviors, and often living in poverty, this population tends to have much lower access to care and understanding of preventive health and much higher rates of chronic disease than the general population in the United States. In 2015, 3,824 MSFW’s came to work in Wisconsin.

The MSFW Outreach program has traditionally focused on providing preventive, acute, and chronic condition management services to patients working with major agriculture employers across the state. Services are delivered through a mobile health unit—a converted RV with two exam rooms and a small laboratory—that travels to the housing and/or worksites of the MSFW patients. Patients are able to have physicals, lab tests, referrals, prescriptions, vouchers, and health education provided during a visit on the mobile unit.

While these services are greatly valued by our patients, FHLC is looking to further expand reach by developing and implementing a Community Health Worker (CHW)/Promotora program. With CHW programs members of a community—typically natural leaders within a group who share the culture, lifestyle, and language of the group—are trained to provide basic health education, promote healthy living, and assist in coordinating care for those in their community. This program model is known to be effective in improving access to care, improving healthy behaviors, and increasing preventive care practices in patients. With the help of an Americorps member to assist in developing and implementing this program, FHLC would be able to connect MSFW’s with health resources that they likely would not otherwise access. Having a CHW program with workers in various places would allow FHLC to reach more areas of the state and therefore more workers. The CHW’s would be trained to provide basic health education, help workers navigate the health care system/insurance (or make a referral to someone who can help), coordinate transportation, connect with other resources (such as FoodShare or WIC), and promote health in the communities they serve. A CHW program would also promote a stronger connection between FHLC and patients we may only see 1-2 times per year at most. It would also ensure that workers have access to a trusted resource who will encourage them to seek medical attention when needed, coordinate care, and provide health education on topics of interest to the workers.

Our vision at FHLC would be to have an Americorps Member assist in the development and implementation of a CHW program, serve as a direct patient resource on MSFW Outreach Visits during the summer growing season, and perform health screenings and referrals to health centers at other agricultural sites. Given the current rebuilding process that is taking place in much of the organization, as well as the outreach program, an Americorps Member would be able to offer assistance in expanding the reach of the program that would not happen with the current staff and volunteers.

Essential responsibilities and functions of Americorps Member:
• Support conventional outreach services by working with patients to determine eligibility and connect with local resources (FoodShare, WIC, health centers, etc.)
• Develop directory of local resources relevant to the primary service areas
• Assist in developing program based on CHW model of care delivery
• Assist in recruiting, training, and supporting CHW’s
• Assist in creating plan for CHW program evaluation
• Collaborate with other agencies across the state of WI working with MSFW’s to help coordinate services and referrals
• Develop referral system where needed with agencies not already connected with FHLC
• Perform health screenings (such as weight, blood pressure, blood glucose) at various agricultural sites and provide education and referrals when appropriate
• Represent FHLC with other staff at community events involving the target population

Community Need and Evidence Based Strategies
• Need: MSFW’s have an especially high need for health care and health education. MSFW’s tend to have lower access to care due to lack of transportation in very rural settings, lack of understanding of the health system, low literacy, language barriers, and poverty level. This population also tends to lack access to care because of their high level of mobility; they often only seek care when they are already symptomatic. Because they often do not have an established primary care provider or understanding of their options for care, they may either decide not to receive care or use an emergency room for non-emergent situations. An Americorps Member would be able to both directly provide information to the workers to ensure they receive the necessary care and assist in developing a program that would equip CHW’s to provide the information to their peers. This population also tends to have very high rates of chronic conditions; FHLC records show that 20% of patients served through outreach services in 2015 were living with diabetes. The majority of patients served in FHLC’s outreach program in 2015 were also over the age of 50—another risk factor for chronic disease.
  o Sources:
    ▪ NCFH Farmworker Facts
    ▪ MCN Diabetes in Migrant Population
• Evidence Based Interventions: CHW programs have been successfully utilized in many settings and are endorsed by HRSA and MHP (Migrant Health Promotion) Salud. These programs show some evidence for effectiveness according to “What Works for Health: Policies and Programs to Improve Wisconsin’s Health,” with the best outcomes occurring in minority women and low-income individuals.
  o Sources:
    ▪ MHP Salud Evidence
    ▪ HRSA CHW Toolkit
    ▪ What Works For Health
• Intended outputs and outcomes of Member’s service activities and method for measuring progress toward the outcomes: The main intended outcomes include an increase in referrals to community services and primary care services. Progress will be measured by tracking the number of referrals to services, which services, county of service delivery, and the number of successful referrals.

2. Plan for Volunteer Recruitment
Volunteers to support Americorps Member activities will be recruited by promoting the opportunity in the local community and groups typically involved in volunteering, at colleges, through partner agencies, and through online avenues. Volunteers would assist the Americorps member in developing a resource
directory and utilizing the directory by performing outreach health screenings to agriculture workers and making referrals to appropriate resources (including health care at FQHC’s). Volunteers would be oriented through the standard onboarding process and provided any clinical training by qualified staff (RN) at FHLC. This would also include background on FQHC’s, needs specific to migrant health and migrant health programming, and addressing access to care. Additional training would be provided as needed. The volunteers would be primarily coordinated by the Americorps Member with the appropriate support and guidance provided by the Outreach Program Manager. The Outreach Program Manager would assess the volunteers’ competencies and readiness to participate in outreach activities. The Outreach Program Manager would also keep open communication with volunteers to ensure clear expectations and a meaningful and productive experience.

Another category of volunteers that would be utilized are the CHW’s recruited to serve a similar function within their own communities. They will promote health, provide basic health education, and make referrals to appropriate resources for MSFW’s in Wisconsin. Training for volunteers will be provided by FHLC Outreach Program Manager, other qualified staff, and outside resources such as MHP Salud as needed. CHW’s would be managed primarily by the Americorps member with additional support from the Outreach Program Manager. Volunteers will be recruited primarily through advertising with MSFW partnering agencies (such as UMOS) as they are very familiar with the target population and may be able to refer natural leaders within the community who would be interested in volunteering. FHLC will also provide information and promote the CHW program to partners, patients, and employers during the 2016 outreach season to assess interest and inform potential volunteers about the anticipated program. By using volunteers, Americorps members will be able to expand the reach of FHLC services and improve access to care and community resources.

3. Member Training & Development
Orienting an Americorps Member with FHLC, MSFW’s, and partner agencies would involve several components. Training would include the standard onboarding process at the clinic as would be performed for any employee. The onboarding process consists of site orientation and tour, review of organizational policies and procedures with opportunities to request clarification if needed, staff introductions and integration, and training around topics such as OSHA and HIPAA compliance. The Americorps Member would also be included in relevant staff meetings, staff development/training, and clinic activities. FHLC would provide training with TA offered through MHP Salud, National Center for Farmworker Health (NCFH), Farmworker Justice, Migrant Clinicians Network (MCN), and clinical training/support to properly prepare the Americorps Member to assist in developing and implementing the CHW program. Clinical training and manager support would be provided for any required clinical skills and competencies such as health screenings. Regular biweekly meetings would be scheduled between the Americorps Member and Outreach Program Manager to maintain open communication beyond informal day-to-day communications and ensure that proper support for development is provided. This will allow the Americorps Member to have an active role in her/his development and training and express if specific areas exist that require further training or support.