



NATIONAL ASSOCIATION OF  
Community Health Centers

## Enabling Services Case Study: A Focus on Field-Based Services

# North Carolina Farmworker Health Program



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Office of Rural Health

## Introduction

In collaboration with community partners throughout the state, the North Carolina Farmworker Health Program (NCFHP) provides and leverages a wide range of enabling and health care services to migrant and seasonal farmworkers and their families. As a statewide Migrant Health Voucher Program, NCFHP supports access to primary and preventive care, dental services, and behavioral health services for this vulnerable population. The program is administered by the North Carolina Office of Rural Health within the North Carolina Department of Health and Human Services (NC DHH).

Enabling services are at the heart of NCFHP's model. Case management, outreach, and health education are core to NCFHP, since these services have proven to be essential in linking farmworkers to care and contributing to positive health outcomes. NCFHP supports eight different local organizations to engage and serve farmworkers and their families in their regions and has additional contracts for supplemental services such as medical providers, dental and behavioral health services, and interns and fellows.

The program targets farmworkers who live in North Carolina year-round but work in agriculture seasonally, as well as migrant farmworkers who live and work in the state on a temporary basis. NCFHP currently serves 56 counties throughout the state, focusing on agricultural areas that are geographically isolated where farmworkers have limited or no access to health care services. Utilizing culturally appropriate enabling services, NCFHP is helping address the barriers farmworkers and their families face in improving and maintaining health.

## Health Needs of Migrant and Seasonal Farmworkers

In terms of health needs, farmworkers are an extremely vulnerable population. Agricultural labor usually entails extreme physical exertion, environmental exposure, and other workplace hazards. Farmworkers are at higher risk of both workplace injuries such as heat stroke, falls, musculoskeletal conditions, pesticide exposure, and chronic illnesses like diabetes, hypertension, and asthma. Untreated behavioral health conditions like depression and anxiety, and unmet dental needs are also common in North Carolina's farmworker communities.<sup>1</sup>

At the same time, seasonal and migratory farmworkers face heightened barriers in accessing care to address these conditions. Language barriers, transportation, cost of care, lack of health insurance, long work hours, unavailability of sick time, discrimination, and geographic and social isolation all contribute to poor health outcomes for the population. Other social determinants also impact the health of farmworkers, including sub-standard living conditions, housing instability, education and literacy levels, and access to food.<sup>2</sup>

### **NCFHP AT-A-GLANCE**

Number Served Annually: 9,675

Number of FTEs Providing Enabling Services in 2018:  
32

Locations: 8 sites with reach into 56 counties

Geography: Agricultural areas

Service Area: North Carolina



## Types of Enabling Services Provided

By design, NCFHP allows for flexibility in staffing and service types for each of its eight sites in order to meet the unique needs of the specific communities and areas served. A common component for all eight sites is deployment of an Outreach Team comprised of outreach workers and an outreach coordinator who provide field-based services.

Core enabling services include:

- Home and migrant camp visits
- Health assessments and screenings
- Case management and care coordination
- Linkage to community resources and benefits
- Transportation
- Interpretation
- Referrals
- Health education

The majority of enabling services provided through the program are field-based. Outreach occurs in the evenings, often until 10:00 p.m. or later, taking into account farmworkers' long work days. Daytime work is focused on follow-up. Building relationships and trust is core to NCFHP's outreach model. Sites are encouraged to hire bi-lingual and bi-cultural outreach staff who reflect the population served. Outreach teams employ a patient and family-centered approach where the needs of individuals and of the entire family are assessed and addressed.

The service delivery approaches vary by site depending on the needs of the population and the availability of accessible services. Farmworker health teams are interdisciplinary in composition. They are led by enabling staff (outreach workers) and can include nurses, doctors, and providers of other disciplines. These health teams coordinate and facilitate evening and weekend clinics during peak season, as well as mobile medical clinics, including physical therapy and behavioral health telemedicine services. Three of the eight sites have mobile medical units and others often bring providers and other health care teams out to the field to respond to needs among the more remote and hard to reach areas. In addition to increasing access to care, the enabling staff, as part of the care team, also serve to help ensure that services are integrated and care is coordinated.

## Workforce and Infrastructure

To build capacity and support the success of each site, NCFHP provides training, technical assistance, dissemination of best practices, and professional development opportunities for contract site staff. Key to this approach has been a focus on supporting the outreach workers providing direct services. The more isolated outreach workers feel, the greater the risk of burnout and turnover. To address this, NCFHP supports farmworker health outreach coordinators at each site to lead the outreach team on the ground. NCFHP encourages the outreach coordinators and their local supervisors to work together to integrate the enabling team and their services within the agency.

The program also offers professional development opportunities for farmworker health teams. Site staff attend annual conferences and training where they can share best practices and lessons learned, provide peer support, and strengthen involvement of site leadership and direct service staff. NCFHP also partners with several universities to provide learning opportunities and field experiences for students from a variety of fields.

*“Trust is huge with this population. Most of the time spent by outreach workers is establishing that trust. When you spend a lot of time building a relationship it creates trust with farmworkers and reinforces our standing in the community.”*

**Allison Lipscomb, MPH , North Carolina  
Farmworker Health Program, Data Specialist**

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NCFHP supports accountability and the delivery of quality services through administrative oversight. This includes monitoring data and evaluating outcomes. To ensure that outreach staff are tracking and reporting on required metrics consistently across all sites, NCFHP utilizes one data management platform. Working with the sites, the program develops target goals for access, quality, and clinical measures.

Examples of current measures tracked and reported include:

- Annual number of patients served
- Number of enabling encounters per patient
- Number of patients receiving behavioral health services
- Percentage of patients with controlled diabetes
- Percentage of patients with controlled hypertension
- Percentage of patients who receive targeted health education

## Funding

NCFHP is fully funded by the Health Resources & Services Administration (HRSA) through their migrant health center 330(g) funding. As one of HRSA's 16 Migrant Health Voucher Programs nationwide the program has the flexibility to develop and change services as the needs in the service area or the farmworker population change. Partner agencies apply for grants annually, which provides the opportunity and flexibility to maintain responsiveness to the local needs.

*“The NCFHP is a vital component to the state of North Carolina’s safety net. Without the support that the NCFHP provides, our state’s most vulnerable and underserved population would never gain access to healthcare services.”*

**Nathan Dollar, Former  
Outreach Coordinator,  
Current NCFHP Board  
Chair**

The model also allows NCFHP to develop public-private partnerships to enhance services and institute innovative service and learning opportunities. Similar to other health centers, NCFHP is expected to comply with all HRSA requirements associated with the funds, including having a Co-Applicant Governing Board of Directors. In collaboration

with NC DHH, the board provides oversight and supports the mission of the program.

Although a sliding fee discount schedule is used for billable services, farmworkers are not charged for enabling services. Additional components of the program are supported through one-time HRSA grant opportunities or in-kind support from partner organizations.

## Policy and Market Drivers

North Carolina's agricultural industry is the largest sector of the state's economy. Agriculture contributes \$84 billion annually to the state's economy, comprising 17 percent of the state's annual income. There are more than 50,000 farms throughout the state producing a wide array of crops and commodities. North Carolina leads the nation in sweet potato and tobacco production, and is also a major producer of Christmas trees and strawberries.<sup>3</sup>

Farmworkers are the backbone of the state's agricultural economy. There are about 150,000 farmworkers who labor annually, of which 80,000 are temporary and seasonal.<sup>4</sup> North Carolina has the sixth largest farmworker population in the nation and some of the highest participation levels in the H-2A Visa Program for temporary agricultural workers.<sup>5</sup> About one in four farmworkers in North Carolina participates in the H-2A program. Although the overall farmworker population in North Carolina has decreased in recent years, the number of farmworkers participating in the H-2A Visa Program increased by 49 percent from 2014-2017.<sup>6</sup>

## Concluding Thoughts

Enabling services, both in the field and integrated into health centers' care teams, are the foundation of NCFHP's service delivery model. By working collaboratively, building relationships and addressing barriers to accessing services for migrant and seasonal farmworkers and their families, NCFHP has increased access to care for a population that faces significant health care challenges.

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## Notes

- 1 <http://www.ncfhp.org/wp-content/uploads/2019/05/NCFHP-infographic-2019.pdf>;  
<https://c.ymcdn.com/sites/www.kypca.net/resource/resmgr/imported/MH101%20Presentation%20Kentucky%20PCA.pdf>;  
<https://www.annualreviews.org/doi/full/10.1146/annurev.publhealth.27.021405.102106>
- 2 <https://c.ymcdn.com/sites/www.kypca.net/resource/resmgr/imported/MH101%20Presentation%20Kentucky%20PCA.pdf>
- 3 <https://www.ncagr.gov/stats/general/overview.htm> ; <https://www.ncfield.org/farmworker-facts/>
- 4 <http://www.ncmedicaljournal.com/content/80/2/107.full#ref-2> ; <https://saf-unite.org/content/facts-about-north-carolina-farmworkers>
- 5 Ibid.
- 6 Ibid.

## NACHC Mission Statement

*To promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.*

## For more information about this case study, contact:

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