The Farmworker Health Network (FHN) is comprised of six National Cooperative Agreements in migrant health funded through the U.S. Department of Health and Human Services (HHS) to provide training and technical assistance to current and potential Health Centers. The FHN is committed to supporting the development of leadership within community and migrant health centers and increasing access to care for the migratory and seasonal agricultural worker (MSAW) population. We function as a trusted resource for health center staff and boards, helping them to fulfill their capacity-building needs. We also help them to incorporate service delivery options that are designed to enhance care to MSAWs and their families. FHN members collaborate as a team to address health center needs and bring multiple areas of expertise to bear in problem-solving. The FHN works to provide high quality, relevant training and technical assistance to health care providers of MSAW populations through the articulation of issues; analysis and comment on proposed policy and procedural documents; dissemination of population-specific information; and provision of technical assistance services to address the need for information, training, and education. Attached are key resources from each of the FHN members that highlight best practices and field-tested models.
FJ develops resources for agricultural workers on a variety of topics to increase their understanding of the U.S. health care system and to prevent injury and illness. These resources include information on health centers, health insurance, skin cancer, and emergency preparedness. The resources are available in English, Spanish, and Haitian Creole.

**Transportation and Health Access: A Quality Improvement Toolkit**

The toolkit is an easy-to-use, practical guide to assist health centers with assessing the scope of the problem and finding solutions to missed medical appointments due to transportation barriers. The toolkit guides the user through the two key phases of the quality improvement process: Needs Assessment and Plan-Do-Check-Act (PDCA) cycle, a continuous quality improvement process. Each section contains an overview of the concepts and sample tools. The tools are designed to be a starting point, and can be customized as needed to align with the specific context and resources of each health center.

**Self-Care: Taking Care of Ourselves So We Can Take Care of Others**

Outreach programs support health centers to provide quality and responsive services to underserved communities by connecting to individuals where they live, work, and spend time. However, this level of access to and trust with the community can be challenging and overwhelming. HOP supports practicing self-care as an effective way for individuals and health centers to foster a healthy work-life balance. With input solicited from outreach workers across the country, HOP developed this resource to support staff health and well-being and help health centers recruit, motivate, support, and retain staff.

**Outreach Reference Manual**

HOP’s Outreach Reference Manual is a comprehensive reference for outreach programs designed to improve program effectiveness and sustainability. The information included is not just relevant for outreach, but for everyone working to improve health care access in the community. The most recent chapter is The Role of Outreach in Care Coordination which makes the case for integrating outreach workers into care coordination teams and shares examples of how health centers can accomplish this. Other recent chapters include the topics Program Planning and Evaluation, and Clinical Outreach.
**Performance Management and Governance Tool Kit**

The Performance Management and Governance Tool Kit provides health centers with a large collection of example policies & procedures, forms, templates, and other supportive documents designed to help health centers reach program expectations. The tool kit includes topics such as sliding fee scales, assessing patient satisfaction, verifying patient MSAW status, community needs assessments, and emergency preparedness. New items are added regularly, and health centers can suggest new resource ideas.

**Clinical Performance Measure Tools for Health Centers**

Health centers are required to adhere to specific clinical performance measures. Sometimes it is hard for a patient to understand why they are being asked so many questions during their office visit. NCFH has created a set of tools to educate patients on what health centers mean by quality health care. Along with an introductory tool, there are specific clinical topics that are addressed such as the Pap Test, A1C and more.

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**Becoming a Leader in Migrant Health: Preparing for Health Center Board Membership**

This training toolkit was developed by NCFH to increase the recruitment, orientation and successful integration of agricultural workers and other health center consumers into health center boards. It is designed to help health centers build capacity among patients and community members for board membership. This unique resource also includes a leadership development component based on the needs of agricultural workers and other special populations. The toolkit includes all content, instructions and materials needed to be able to conduct this training in your community.

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Click the title of each paragraph to visit the corresponding link!
Promotor(a) Program Implementation Guide

MHP Salud’s Promotor(a) Program Implementation Guide is a resource for migrant and community health centers that have an interest in creating a program based on the Promotor(a) de Salud model. Each part of this Guide is an informational tool designed to aid in the implementation of the program. The Guide both describes the steps involved in developing each component of a program and offers tools that assist with implementing that component.

Community Health Workers and Diabetes Interventions

MHP Salud’s CHWs and Diabetes Interventions bundle is a resource for health centers that have an interest in addressing diabetes prevention and management in their health centers and communities through a CHW intervention.

The first resource, titled “Community Health Workers & Diabetes: A Resource for Program Managers and Administrators” has been developed for CHW Program Managers and Stakeholders to understand various models and curricula available for implementing a CHW-led intervention targeting diabetes in a health center or community setting.

The second resource, titled “Understanding and Addressing Diabetes in Your Community: A Quick Guide for CHWs” was developed to provide CHWs a resource for understanding the basics of the condition in language that is easily understandable by the individuals and communities they serve.

Clinical Education in Migrant Health

MCN is committed to providing high-quality continuing education to health care providers serving MSAWs and other underserved populations. MCN’s comprehensive clinical education program helps to develop excellence in practice, clinical leadership, and the dissemination of best models and practices. To best serve individual needs, MCN has devised an array of educational services that can be tailored to clinicians’ unique requirements. Come explore what we have to offer.

Continuity of Care for Mobile Patients

MCN’s Health Network addresses the unique challenge of mobility by creating a system that not only allows clinicians to follow up with their patients, but ensures that patients can have appropriate continuity of care. Health Network provides critical patient navigation, bridge case management, medical records transfer, resource identification and evaluation, referral, and education for mobile patients requiring care for ANY health care issue.

Streamline Quarterly Clinical Publication

Streamline is MCN’s quarterly clinical publication providing information and resources to frontline clinicians working with mobile underserved populations. We have past issues going back to 2001 available for you to download free of charge.