



CCS FARMWORKER CENTER  
CENTRO DE TRABAJADORES DEL CAMPO

## **Group Health Foundation Grant Report by the CCS Farmworker Center Lessons Learned from Community Engagement**

**Agency Mission:** Catholic Community Services and Catholic Housing Services have the mission to build better lives, stronger families and healthier communities across Western Washington. Our employees and volunteers come from many faith traditions to serve and support poor and vulnerable people through the provision of quality, integrated services and housing. Our focus is on those individuals, children, families, and communities struggling with poverty and the effects of intolerance and racism. We actively join with others to work for justice.

**CCS Farmworker Center Mission:** To create opportunities with the Farmworker community which empower Farmworkers to be a voice for their community's concerns and to inform and educate the wider community about these concerns.

**Demographic Information of the Communities We Serve:** We serve the Farmworker communities located primarily in Skagit County, Washington and occasionally we work with communities in Whatcom County. These communities have their roots in primarily Indigenous regions of Southern Mexico and Central America. In Skagit County, a large number of Farmworkers speak a first language other than Spanish, with the two primary languages being Mixteco and Triqui. Among those two languages, there are several regional variations of both languages.

### **Some Challenges and Obstacles Identified by the Indigenous Farmworker Community Which Negatively Affect Health Outcomes and Equitable Access to Community Resources:**

1. **Lack of Available and Affordable Housing** – The housing vacancy rate in Skagit County is less than 1%, causing rents that are too high for most Farmworker families. This forces families to have to pay much more than 30% of income for housing or double or triple up in housing designed for one family, creating overcrowded living situations.
2. **Lack of Opportunities for Basic Education** – Many Indigenous community members speak a first language other than Spanish. Many did not have opportunities for basic education in their countries of origin. Some are not able to communicate in Spanish, or only at a very basic level. Often, Spanish language interpretation provided is at too high a level for clear understanding of the diagnosis, especially for complex medical issues. This challenge regarding lack of understandable interpretation services is also experienced in issues with their children in the schools and in interactions with law enforcement or other government or social service agencies and organizations.
3. **Exposure to Arduous Working Conditions** – This includes long hours in the fields often in high heat conditions; lifting of fruit and vegetables harvested, and exposure to pesticides.

**How Do We Engage, Convene and Maintain Relationships with the Community?** The CCS Farmworker Center uses listening as its guiding principle. We believe that listening to the community's concerns and creating empowering ways for the community itself to address these concerns, is crucial. We do this through a variety of ways that are focused on reducing barriers/obstacles for community members including:

- **One-to-One Conversations:** Staff members take time to really understand the person and their concerns before seeking solutions. This, above all else, is what allows us to maintain a strong relationship with the community. Community members know that they are safe to share their concerns, because each time they come into the Farmworker Center, they are attended to with patience and empathy. We don't always have a solution for the person, but the person knows that we care and that we have taken the time to understand their concern. It is in these one-to-one conversations where we really learn of the day-to-day struggles, concerns, hopes and dreams of community members.
- **Community Listening Sessions:** The Farmworker Center has organized and participated in a number of community listening sessions. These sessions help to inform our staff, other area organizations and agencies, and the community at large to better understand the issues of concern in the Farmworker community.
- **Connecting People to Community Resources:** Community members benefit greatly from support in the form of orientation as to where and how community resources can be accessed. Because some organizations and agencies have more complex systems in place to access needed resources and many have limited staff that are from the Indigenous Farmworker community, Farmworker Center staff offers navigational support and accompaniment with the goal to empower the person to be able to access needed resources on their own. This navigational support encompasses issues related to health, education, housing and other issues.

We also focus on listening to the community's hopes and dreams and seek to find ways to support community members to achieve them.

**How do we Co-Design/Co-Crete Solutions with our Community?** Our primary goal is to include community members in decision-making as much as possible. After conducting listening sessions, women's empowerment circles and one-to-one conversations in order to learn what the community members themselves identified as issues, challenges, and needs, we supported the community's desire to improve their educational levels by opening a Plaza Comunitaria Adult Education Center. By listening first, then designing programming that meets those needs, we have experienced a greater level of participation and a more positive impact for the communities we serve.

The Farmworker Center also has an Advisory Committee comprised of volunteers, community partners, program participants and staff, all of whom provide input and advice on how we operate. With the majority of the Advisory Committee members being part of the community we serve, we are better able to provide the programs and services needed most.

Additionally, we regularly check-in with program participants to see if we need to make adjustments to existing programming. For example, after consulting with Plaza Comunitaria

participants, the Farmworker Center changed the start time for the Plaza classes to better accommodate the work schedules of those who have started back to work in the fields. One month after making that change, after receiving more input from participants, we consolidated classes to one day per week instead of two until the harvest season is over. By continually asking community members what works for them, we find we get a stronger commitment of participation from them. Our programs and activities are continually evolving because of this level of community input.

**How Have We Addressed Systemic Inequities that Affect Health?** Because our mission is focused on empowerment, we have made it a priority to identify opportunities for the community members to engage at a local, state and federal level on issues affecting the community. While not all of our activities have a direct correlation to health, they do offer the opportunity to be a voice for their community in places where many have never had their voices heard such as meetings with state and federal legislators or city and county government officials).

Below are a few examples of how the Farmworker Center has organized engagement by Farmworker community members on issues that affect health:

- 1. Participation in the Population Health Trust's Community Health Forums** – The Farmworker Center organized community members to attend two of the PHT's Community Health Forums to identify Skagit County's health priorities.
- 2. Affordable Housing Advocacy** – The Farmworker Center regularly organizes community members to attend city and county meetings when affordable housing is on the agenda. Some community members only feel comfortable to sit in the audience while others provide testimony at city council and other meetings. Most had never attended these types of meetings before.
- 3. Educational Empowerment** – Access to basic education was one of the most urgent needs identified by the community. In response, the Farmworker Center opened the Plaza Comunitaria Adult Education Center in collaboration with the Mexican Consulate, Skagit Valley College and other community partners. Community members can learn basic Spanish literacy, basic computer skills and earn their primary and secondary education certificates from the government of Mexico. In administering the placement exams for the Plaza, approximately  $\frac{3}{4}$  of the adults tested at the basic level, meaning they were unable to read or answer any of the questions on the exam.
- 4. Legislative Advocacy Days** – Twice per year, the Farmworker Center helps organize Farmworker community members to participate in Legislative Advocacy events in Olympia. Participants have an opportunity to speak on behalf of their community on a variety of health and housing issues.

**What has Made Us Successful and How has our Organizational Structure Changed?** The Farmworker Center's success has been rooted in five primary areas:

1. Having clarity about our mission and ensuring that the Farmworker Center recruits staff and volunteers who understand and embrace the mission.
2. Providing the opportunities that empower staff, volunteers and participants to use their gifts and skills for the good of the community.

3. Hiring staff and inviting volunteers who can work together as a team to best serve the community. The Farmworker Center has tried to identify people with complimentary gifts and skills. While some are good at computers, others are stronger at outreach. While some love to work with children, others value working with adults. The more complimentary the gifts are that each person brings to the team, the better we have been able to serve the community.
4. Engaging in a process of mutual mentorship. Mentoring staff and volunteers who may not have had opportunities for diverse professional experiences and allowing staff and volunteers to provide the cultural mentorship that empowers the agency to better serve the community.
5. Holding regular check-in sessions with staff and volunteers regarding how things are going and to identify if course corrections are needed. The staff also holds regular post-event debrief sessions to evaluate successes and identify challenges.

Our organizational structure has changed in the sense that we recognize that we do not have all the answers for the community and in fact, some of the answers we might have had, did not work that well for the community. We have found that if we listen closely to what the community shares as concerns or needs, we will be in a better position to respond with solutions that better address those concerns. At the Farmworker Center, the community informs decisions about programming and services which has created a more equitable and mutual partnership.

**What Have Been our Significant Challenges, Obstacles and Missteps?** Because a large number of the Farmworkers we serve have roots in the Indigenous regions of Mexico we had to rethink how we could work within this community in ways that respect and honor this cultural diversity. For our organization, that meant:

1. We learned quickly that we could not operate as though we were serving what is typically referred to as the “Latino community”. Many Indigenous peoples from Mexico and Central America do not consider themselves as Latino or Hispanic. Our initial challenge came with the recognition that we would not be effective, nor would we gain the trust of the primarily Indigenous community members by operating as though they were Latinos.
2. From an institutional perspective, we knew we needed to hire staff from the Farmworker community, however hiring staff from the community meant that we might have to let go of some norms that are common place in hiring practices, especially in larger agencies and organizations. For example:
  - a. Requiring a bachelor’s degree, associate’s degree or even a high school diploma will exclude many capable candidates who bring the much-needed cultural competence and community knowledge that the agency needs to understand how to best serve the community. While community members may not have had the opportunity to have what we might consider “professional work experiences”, they have a wealth of cultural knowledge and language skills that are critically needed to address the concerns and provide the programming identified by the community.
  - b. Requiring a driver’s license may exclude some strong candidates as well. Some Farmworker community members do not have a driver’s license for a variety of reasons. While it may be inconvenient at times for an agency, most in the community are accustomed to getting around with the help of family. With clear expectations and policies regarding employees without a valid driver’s license, it is possible to hire

very effective community members who will successfully rely on family and friends to get them to work and off-site events and activities.

### **What Changes Give us Hope?**

1. The positive role model that Farmworker Center staff members are for the Farmworker community. One staff member began employment with a high school diploma and next year will graduate with a Bachelor's degree in Human Services. Another staff member began employment without a high school diploma and next year will graduate with an Associate's Degree in Human Services. They have both become strong leaders in the Farmworker community and demonstrate what is possible to achieve when opportunities are available.
2. The Farmworker Center has developed strong collaborative relationships with many community partners with common values of empowerment through education. We believe that this creates a stronger, interconnected web of resources for the community.
3. Seeing community members taking roles of leadership in the community and in helping the Farmworker Center to continue to be a trusted resource for the community.

**Voices From the Community:** As an organization whose mission is to empower Farmworkers to be the voice for their community, we close this report sharing the experiences of two women who faced serious health issues. These women agreed to share their stories to help health care professionals and others to decrease these challenges in the future.

#### **Guadalupe (Pseudonym)**

**Gender:** Female    **Age:** 46    **First Language:** Mixteco    **Education:** No formal schooling

**Number in family:** 14    **Current Housing:** 3 BR apartment    **Number living in housing:** 12

Guadalupe has lived in the Skagit County for 10 years. She is a 46 year old, Indigenous woman from Oaxaca, Mexico. She and her husband are both Farmworkers. She shared an incident that was a negative and traumatic experience seeking medical care when she was pregnant with her 15<sup>th</sup> child. She had gone to her doctor for a regular check-up, but by the end of that day she had started bleeding and later found out she had a miscarriage. This left her scared and she did not want to seek medical care during her following pregnancy because she felt that she might lose another baby. She also shared that on the day of her appointment, the person who was interpreting said that the doctor said that it was not good to have so many kids just to receive government assistance and she should have surgery to prevent any future pregnancies. Her response to them was that she was not receiving assistance from the government and that she and her husband were both working to support their family. She used this clinic because it was the only one she knew of and it was close to her home.

On her most recent pregnancy, she learned through a local social service provider of another clinic that provides pregnancy care. The previous clinic staff tried to persuade her not to switch clinics, telling her that the new clinic did not have any Spanish speaking staff. She found upon visiting the new clinic that despite the language barrier, the wait time to receive services was shorter compared to the previous clinic and it was her experience that she received a better quality of care in this clinic.

Guadalupe's family has access to state medical insurance because they have legal status, but when they didn't have medical insurance they paid out of pocket for the medical services they needed. She shared that it is difficult for people to seek medical care because the wait time to receive services is too long, (with and without appointment) and the cost of it is too expensive. For Guadalupe, long wait times in the clinics equate to lost wages in the field.

**Important health observations:** Guadalupe usually went to most of her doctor appointments during her most recent pregnancy without an interpreter; she usually goes back to work in the fields within 45 days after giving birth; after she gave birth, she returned to the first clinic for her medical needs because they help her fill out the paper work to renew her medical insurance.

### **Araceli (Pseudonym)**

**Gender:** Female    **Age:** 22    **First Language:** Triqui    **Education:** Completed High School

**Number in family:** 3    **Current Housing:** 2 BR trailer    **Number living in housing:** 5

Araceli has lived in the Skagit County for 2 years. She is a 22 year old, Indigenous woman from Oaxaca, Mexico. She and her husband are Farmworkers. During the harvest season (June to October), they and their two year old son must share farm-provided housing (a two-bedroom single-wide trailer) with two other non-familial adult Farmworkers.

During her pregnancy, Araceli was told by the clinic where she was receiving prenatal care that they could also assist her with a car seat and diapers. Even though she filled out all the required paper work they asked for, she did not receive the promised assistance.

As a baby, Araceli's son was diagnosed with heart murmurs. She said that the doctors told her that it was most likely due to her travelling to the U.S. while she was four months pregnant. Her son had surgery to fix this heart problem in Seattle. This presented the challenge of increased cost for gas and lost wages for the many scheduled pre/post-surgery medical appointments.

Araceli is undocumented and does not have access to health insurance for herself or her husband. This prevents them from seeking medical care when needed because the services as well as the medicine are too expensive. She faces challenges with her son's current pediatrician because there are always long wait times for appointments, usually at least one month, to be seen. When she has an emergency or when she can't get in to her son's doctor soon enough, she takes him to the emergency room where the receptionists usually don't speak Spanish or Triqui. It's difficult to explain the reason for the visit without interpretation services. She shared that she would like to have a different pediatrician for her son but she doesn't know how to find a new doctor.

**Important Health Observations:** Araceli identified challenges of not receiving a thorough explanation of the diagnosis; having to go to different sites to get tests done; not knowing of other clinics that accept the insurance her son has; long waits at clinics in order to be seen by the doctor even with an appointment; long wait times at clinics causing more lost wages.

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