10 Years of Innovative Practices:

A Collection of Outreach Strategies From the Field

Health Outreach Partners

HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Health Outreach Partners (HOP) is pleased to present *10 Years of Innovative Outreach Practices: A Collection of Outreach Strategies from the Field.* HOP revisited the practices featured in its *Innovative Outreach Practices Reports* over the past 10 years and chose to highlight 13 exemplary outreach practices that can be adapted and replicated in other communities.

HOP developed a detailed selection process for the practices that would be included in this publication. The process included grouping previously featured innovative outreach practices into broad categories, identifying categories with eight or more similar practices, and reviewing each practice under these categories using HOP's innovative outreach practice criteria (see page 34 for a list of these criteria). HOP identified 23 potential practices for inclusion and interviewed key contacts at each of the implementing organizations. HOP program staff reviewed the practices again, along with the updated information, to determine if they 1) continue to show positive outcomes, and 2) can be readily replicated in other communities. From the 23 practices initially selected for consideration, 13 met all inclusion criteria and are highlighted in this publication.

The types of organizations featured in this publication include Health Center Program grantees, an academic institution, a faith-based organization, and a hospital. These practices exemplify how outreach programs can serve hard-to-reach populations in innovative ways.

Health Outreach Partners hopes that the featured practices can be used as a guide and as inspiration for other organizations conducting health outreach to underserved populations. Please contact us if you would like more detail or guidance on effectively adapting the featured practices. Learn more on our website www.outreach-partners.org.

INTRODUCTION

Health Outreach Partners (HOP) is pleased to present *10 Years of Innovative Outreach Practices: A Collection of Outreach Strategies from the Field.* When the first edition of the *Innovative Outreach Practices Report (IOPR)* was published in 2002, few national avenues existed for farmworker health programs to showcase their unique outreach efforts or to network with other outreach programs. The *Innovative Outreach Practices Report* has since created this much-needed medium for communication, collaboration, and information sharing. Throughout the years, the report has offered outreach programs a national platform to share innovative outreach techniques, discover new methods for improving outreach programs, and identify emerging areas of interest within the field. Altogether, this practical, peer-to-peer resource, grounded in the day-to-day experiences of front-line staff, highlights useful and responsive interventions that can be adapted and implemented by outreach programs throughout the country.

In celebration of these successful outreach strategies, HOP revisited the practices featured in the *Innovative Outreach Practices Reports* over the past ten years, and chose to highlight 13 exemplary outreach practices that can be adapted and replicated in other communities. HOP contacted these outreach programs to update the information from their original submissions. These 13 practices provide innovative examples of how HRSA-funded Health Center Program grantees can use outreach to help meet—and exceed—their Health Center Program requirements through responsive programs that address the needs of hard-to-reach populations, such as migrant and seasonal farmworkers.

Farmworkers attending Watauga Medical Center Farmworker Health Program's music therapy sessions.

Methodology for Selecting Featured Practices

HOP developed a detailed selection process for the practices that would be included in the *10 Years of Innovative Outreach Practices: A Collection of Outreach Strategies from the Field.* First, HOP identified the types of outreach strategies that were most frequently

featured in *Innovative Outreach Practices Reports* between 2002 and 2011. HOP reviewed the 205 previously-featured innovative outreach practices and grouped them into broad categories. Categories with eight or more practices were selected for analysis; all practices within these categories were then reviewed using HOP's innovative outreach practice criteria (see page 34 for a list of these criteria). Practices that met at least three of these criteria were considered for follow up. HOP identified 23 potential practices for inclusion and interviewed key contacts at each of the implementing organizations. The interviews captured information on changes to the practices over the years, lessons learned, funding, evaluation, and recommendations for other programs that are interested in implementing the practices.

Once the interviews were completed, HOP program staff reviewed all of the practices again, along with the updated information, to determine if they 1) continue to show positive outcomes, and 2) can be readily replicated in other communities. Follow-up interviews were requested to gather further information on the logistics of implementation. From the original 23 practices initially selected for consideration, 13 met all inclusion criteria and are highlighted in this publication.

What is Included in this Publication

All original practices have been revised to reflect the most current information available. The practices are presented in alphabetical order by the name of the organization. Each practice description includes:

- A descriptive title of the practice
- The name, type, and location of the organization
- The organization's website
- Name and title of the contact person HOP interviewed
- Background and context for the practice
- Description of how the practice is implemented
- Funding source

The types of organizations featured in this publication include Health Center Program grantees, an academic institution, a faith-based organization, and a hospital. Health Center Program grantees, which include Migrant Health Voucher Programs, are organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act. Migrant Health Voucher Programs have the same requirements as all other Health Center Program grantees. However, they coordinate many preventive and primary care services through contracted providers in the community.

All of the Health Center Program grantees that are featured receive funding to target migrant and seasonal farmworkers. In this publication, they are referred to as Migrant Health Centers or Migrant Health Voucher Programs. Many also receive funding to serve other underserved communities or populations. These types of organizations are referred to as Community and Migrant Health Centers.

Farmworkers at St. Bernadette's Catholic Church.

Every health outreach program is unique and must consider its own population, location, staffing, goals, and resources before implementing a new practice. The practices highlighted in this report can be used as a guide and as inspiration for organizations conducting health outreach. The practices featured in this publication may also be adapted to meet the specific needs of different populations and communities. A key feature of the publication is the "HOP Tip." The "HOP Tips" are indicated by a light bulb and are brief implementation tips that point out additional resources. Please contact HOP if you would like more detail or guidance on effectively adapting the featured practices.

1. Reprioritizing Outreach Efforts to Respond to Emerging Food Insecurity

Migrant Health Center: Avenal Community Health Center
Avenal, California | www.avenalcommunityhealthcenter.org/
Contacts: Jennifer Smith, Community Resource Specialist and Maria Sandoval, Health Educator

In the 2009 *Innovative Outreach Practices Report,* Avenal Community Health Center (ACHC) shared a practice it had developed to respond to an urgent need to engage male farmworkers in healthcare services. Following up on this practice in 2012, HOP learned that ACHC had reprioritized its efforts to respond to a critical need for food among farmworkers in the community.

In the spring of 2009, the water supply to the San Joaquin valley was reduced. As a result, crop production diminished and many farmworkers lost jobs in the area. ACHC's CEO noticed farmworkers looking in dumpsters for food. In response, he began collecting food to give to those in need at the health center and asked employees to set up meetings with local groups that had existing food programs. ACHC collaborated with the Family Resource Center, a local church, and the USDA Food Commodities Distribution Program to provide food at times during the month where there was a gap in services.

In June 2009, ACHC joined the Community Food Bank of Fresno and began distributing fresh fruits, vegetables, canned goods, beans and rice to farmworkers about once a month. Initially, ACHC set up food distribution sites where farmworkers would come and wait in line for the food. Over time, they collected the names and contact information of farmworkers. They set up 15 minute blocks of time throughout the day when 30 individuals at once would come to pick up food. Volunteers called farmworkers a week in advance to let them know what time to come. ACHC put up flyers around the community to promote the events. Community awareness of the project increased after a local newspaper profiled the food distribution program. Over 800 farmworkers received food from ACHC just on the first day of the program.

The first distribution was staffed by 30 health center employees, who helped transport, pack, and distribute the food. After the initial launch, only about four staff members were needed on a regular basis since ACHC successfully recruited 20 to 25 additional volunteers for each distribution. ACHC recruited volunteers that

included students at a local adult school, a board member, Girls Scouts, and teens in need of community service hours. During the final Thanksgiving-related food distribution event in 2011, the Community Food Bank donated 30-35 pounds of food per family.

Avenal staff handing food to a family during Avenal's first food distribution on June 16, 2009.

After the number of unemployed farmworkers in ACHC's service area decreased and the need for free food declined with the return of rain to the valley, ACHC again reprioritized its outreach activities. ACHC decided to expand on its experience with food security issues and take measures to ensure more long-term food sustainability for farmworkers. The health center secured funding from the Tides Foundation and the California Endowment to invest in community gardening and Aquaponic gardening systems. ACHC's goal is to reduce reliance on food programs, educate and empower the community, and provide supplies for gardening. Through this program, ACHC will train six families on Aquaponic gardening. These families will also receive complete Aquaponic systems, fish, seeds, potting mixture, and net pots.

ACHC funded the food distribution program using a combination of sources including the county government and United Way. In addition to funding, ACHC received supplies from the Community Food Bank, including donated boxes of food and frozen chicken during the holidays.

HOP Tip: Plan ahead and be prepared when starting new projects like food distribution programs or gardening projects. Identify existing resources and consider involving volunteers. For more tips on getting started, see the chapter on "Maximizing Your Resources" in HOP's Outreach Reference Manual www.outreach-partners.org/resources/orm.

2. Integrated Clinical Outreach Model Includes Oral Health Services

Community and Migrant Health Center: Clínica de Salud del Valle de Salinas

Salinas, California | www.csvs.org

Contact: Erick Lopez, Outreach Coordinator

In the 2003 *Innovative Outreach Practices Report,* HOP featured an integrated clinical outreach model at Clínica de Salud del Valle de Salinas (Clínica de Salud). Clínica de Salud developed the model based on a county community health survey that identified dental health services as a significant need in the farmworker community. Through this expanded clinical outreach model, farmworkers and their families receive much-needed oral health care in addition to other preventive health services in the fields, at schools, and during community events.

Three full-time outreach staff members (an outreach coordinator, a medical assistant, and a dental assistant) provide health education classes, chronic disease management, oral health screenings, and vaccinations in outreach settings. They also schedule follow-up appointments at the health center and provide information about the sliding fee scale. The outreach coordinator coordinates with local employers, schools, and other community organizations to schedule outreach events. The coordinator sometimes attends larger events to help manage them. When needed, other clinic-based staff members who have experience conducting outreach assist.

Clínica de Salud had learned that the younger farmworker population has many barriers to oral health, including a lack of awareness about the importance of dental care and the cost of services. By adding oral health education and free dental screenings to their other clinical outreach activities, the program has been able to provide more services to more patients and promote the health center's services in the community.

"We try to emphasize the importance of dental health and how it relates back to overall health."

The program carries out about 20 outreach events per month. In 2011, the program participated in over 30 community health fairs. In a special effort to provide Diphtheria, Tetanus and Pertussis (TDaP) vaccinations, the program also held 27 TDaP vaccination clinics in local schools and provided the vaccine to 1242 children.

Clínica de Salud conducting outreach and health screenings in a field.

Additionally, using a small mobile clinic, the program provided 470 retinal screenings for diabetic patients. Staff members conduct pre- and post-test surveys for each health education session and document all screenings, vaccinations, and other outreach activities for the purposes of evaluation and reporting. The biggest change in the practice over the years has been the use of technology. For example, the medical and dental assistants now use laptops that allow for easy, on the spot scheduling of appointments.

The outreach activities described above are partially funded by revenue generated from fee-for-service payments and insurance reimbursements.

HOP Tip: Outreach plans provide a strong foundation for a successful program. Community maps and outreach calendars can be important planning tools. See HOP's Outreach Reference Manual for more tips on planning for outreach programs www.outreach-partners.org/resources/orm and HOP's Outreach Connection article for how to create a community map www.outreach-partners.org/resources/outreachconnection/40.

3. Increasing Access through Patient Benefits Outreach

Community and Migrant Health Center: Columbia Basin Health Association

Othello, Washington | www.cbha.org

Contact: Leo Gaeta, Program Director

People with health insurance are better able to access health care than those without. Few farmworkers in Columbia Basin Health Association's (CBHA) service area have employer-provided health insurance, and many are not aware of their eligibility for public health insurance benefits. To address this need, CBHA established a Patient Benefits Program within their outreach department. The program assists farmworkers and other underserved populations in determining their eligibility and helping them apply for public health insurance programs. CBHA integrated an outreach approach into the program to also help individuals that are not health center patients apply for public health insurance.

The Patient Benefits Program provides one-on-one application assistance to those accessing services at the health center. After patients are directed to the program by a receptionist, patient eligibility for programs like Medicaid and Supplemental Security Income is determined by speaking with a patient benefits navigator and using a standard screening form. The patient benefits navigator helps the individual to enroll or re-enroll if eligible by explaining the process and giving them directions to where they can enroll. If the individual wants to apply and is eligible for the health center's reduced fee program, the patient benefits navigator helps them complete the needed paper work.

Additionally, CBHA conducts outreach in the farmworker community to those who might not seek care because of their insurance status. Two staff members from the Patient Benefits Program routinely conduct patient benefits education outreach by going door to door at migrant camps. The program also collaborates with migrant day care programs to reach out to parents. In addition to CBHA's local efforts, the supervisor of the program participates in an advisory group for Basic Health, Washington State's subsidized health insurance program, in order to advocate for farmworkers' unique needs.

Because health insurance plans change quickly, CBHA understands the need to be flexible and adapt to changes. To stay up-to-date, program staff members attend webinars offered by Washington State Medicaid, participate in conferences hosted by agencies such as the Washington State Department of Social and Health Services, and subscribe to the State Medicaid listserv. As a result of their efforts, CBHA

estimates that about 800 patients per year are connected to health insurance. Approximately another 1,200 are connected to care through their reduced-fee program.

CBHA uses feedback from monthly health center consumer satisfaction surveys to evaluate their outreach efforts. For example, the program discovered many patients did not understand what "reduced fee" meant when paying for services. When providing assistance, patient benefits navigators now explain that "reduced fee" means patients can pay based on their income.

Outreach worker delivers eligibility and enrollment information.

CBHA recommends sending one or two staff to a training offered by state health insurance agencies to learn about the most effective ways to provide patient benefits services. These staff can then train other staff members at the health center.

Eligibility assistance through the Patient Benefits Program is one of the enabling services that CBHA provides as a Health Center Program Grantee. Although some up-front costs were initially incurred in the form of staff wages, time, and office space, CBHA has saved money by increasing reimbursable visits to the health center. The health center estimates about $320,000 is grossed per year from the program.

HOP Tip: HOP has developed three key resources for outreach programs related to public benefits outreach.

1. "Making the Most of Public Health Insurance Benefits: Getting Eligible Individuals and Families Enrolled and Connecting them to Care." www.outreach-partners.org/resources/outreachconnection/32.

2. "Connecting Eligible Immigrant Families to Health Coverage and Care: Key Lessons from Outreach and Enrollment Workers." www.kff.org/medicaid/upload/Connecting-Eligible-Immigrant-Families-to-Health-Coverage-and-Care-Key-Lessons-from-Outreach-and-Enrollment-Workers-full-report-pdf.pdf.

3. HOP provides intensive training on public benefits outreach and has developed a training of trainers curriculum for outreach staff.

4. Cine Comunitario: Using a Community Empowerment Model to Address Trauma

Community and Migrant Health Center: Community Health Centers of the Central Coast

Nipomo, CA | www.communityhealthcenters.org

Contact: Noemi Velasquez, Community Outreach Coordinator

Many farmworkers suffer from trauma as a result of being displaced from their home countries, facing violence and abuse when migrating, and living in poverty in the United States. Despite this widespread problem, mental health issues are often not discussed, and services are not widely available to the farmworker community. Thus, Community Health Centers of the Central Coast Inc. (CHCCC) worked with local community organizers to create *Cine Comunitario,* a community film project to promote emotional health and facilitate community empowerment. This practice was featured in HOP's *2010 Innovative Outreach Practices Report.*

CHCCC modeled *Cine Comunitario* after life on Mexican ranches, where families would gather to watch a TV powered by a truck battery. One to two times per month, CHCCC projected films on a wall in a local church parking lot. About 30 to 50 families would come together on a Saturday night to watch the films. Many of the films focused on politics, military presence, and economics in Oaxaca, Mexico because these issues have affected local families. At the end of the film, a community organizer or *promotora* created a safe, open space for farmworkers to share their own experiences and responses to the films. This open space encouraged them to talk about their shared experiences and to find solutions to problems as a community.

At each event, CHCCC's outreach coordinator set up a table to provide healthy snacks and share information about food distribution and health screening services. As she gained the trust of the families, they began to approach her about their medical, dental, and mental health concerns. The outreach coordinator also invited teachers, organizers, and other service providers to the events. This effort raised awareness among service providers about immigrants' experiences and increased their compassion for and understanding of the farmworker community. CHCCC has found that *Cine Comunitario* builds trust and mutual respect among farmworkers and the health center staff.

The success of *Cine Comunitario* was a result of strong community collaboration. The pastor from a local church allowed them to use the church's parking lot,

microphone, and a public address (PA) system. A city council member provided the laptop and projector. Local youth volunteered their time to run the technology. CHCCC obtained the films through its relationships with indigenous groups and a filmmaker who produces documentaries about indigenous people, immigrants, and communities of color in the U.S. and in Mexico.

Dalia Garcia (pictured) speaks about the struggles in Oaxaca.

The first-generation, Mixtec youth who helped organize film showings in the early stages of *Cine Comunitario* felt so empowered by the experience that they have become the leaders of the project. Now in college, these young adults have started a student group called CE'ENI (Colectivo Educativo Estudiantil Naciones Indigenas). CE'ENI leads *Cine Comunitario* at local community colleges. The CHCCC outreach coordinator is an advisor for the group. CHCCC promotes the events and provides transportation so farmworker families can still attend. A new outcome of screening films at local colleges is that it exposes farmworker families to the college environment, which may inspire the next generation to seek higher learning opportunities.

Cine Comunitario is funded through grants from local private foundations who promote social change. The practice qualifies for diverse funding sources because it deals with both health and social change.

"We were able to empower farmworking, indigenous youth to form their own collective and be able to carry out this practice. It's awesome because when we are able to pass it on like that, it's even more effective."

5. Destigmatizing HIV and Syphilis Testing Through an Integrated Testing Outreach Strategy

Community and Migrant Health Center: CommWell Health (Formerly Tri-County Community Health Center)

Newton Grove, NC | www.commwellhealth.org

Contact: Chris Vann, Vice President of Development and Analytics

In the 2007 *Innovative Outreach Practices Report,* HOP featured an integrated clinical outreach model at CommWell Health. In response to a sharp rise in new syphilis and HIV cases among Latinos and African Americans in the region, CommWell had received a grant from the Centers for Disease Control and Prevention (CDC) to perform HIV and syphilis tests where farmworkers live and work. CommWell developed an outreach model aimed at reducing stigma as a barrier to sexually transmitted infection (STI) testing. Testing was offered at outreach events where farmworkers were receiving other routine tests such as cholesterol, glucose, and blood pressure screenings.

Based on the evolving needs of the farmworker community, CommWell has expanded their integrated outreach services over the years. As a result, HIV and syphilis screenings have become a part of a broad package of services that also includes Hepatitis C testing and screenings for mental health, substance abuse, oral health, and vision. A patient can access all of these services at any outreach event. Nurses and phlebotomists staff the events and are joined by a dental hygienist at times. They follow published clinical guidelines and provide referrals to the health center when needed. Test results and follow-up counseling are provided in a private room or in a mobile health unit if a private room is not available. CommWell has a protocol when a patient tests positive for HIV or syphilis. This protocol includes contacting the medical case manager for a new patient visit, ordering lab work, and offering counseling, partner notification, and support through a peer advocate or licensed clinical social worker. CommWell provides these services at farms, camps,

"You have to think about the future as far as sustainability. It's a huge investment to make. You develop a lot of relationships with individuals and organizations that come to rely on you. You want to be able to deliver that service."

Outreach worker provides screening to farmworkers.

fairs, substance abuse centers, flea markets, soccer games, and *tiendas*. Recently, the program began screenings in a large pork processing plant with the support of the plant's management.

CommWell's outreach services play an important role in ensuring access to health care for the farmworker population. Before integrating these services, CommWell found that interest for HIV and syphilis testing was very low despite the availability of these services. Since integrating STI testing with other services, the number of farmworkers willing to get tested increased by 60%. Furthermore, the integrated testing has allowed CommWell to identify farmworkers at high risk for other health issues such as high cholesterol, high blood pressure, diabetes, and substance abuse. These patients are now connected with relevant prevention and treatment services. CommWell staff members arrange follow-up appointments and provide transportation when needed. A new electronic health record system allows outreach staff to create medical records, schedule future appointments, and coordinate transportation for patients while in the field.

CommWell compares the number and geographic span of the screenings each year to annual goals in order to evaluate its success. They also look at health status and quality of life trends over time. CommWell's Director of Quality and Risk Management oversees clinical evaluation and monitors a series of performance indicators on a monthly basis to see where the practice can be improved.

The outreach activities described above were initially funded by the CDC and are now funded by Part C of the Ryan White HIV/AIDS Program.

6. Using Telehealth to Increase Access to Pediatric Dental Care

Community and Migrant Health Center | Migrant Health Voucher Program: Finger Lakes Migrant Health Care Project
Geneva, New York | www.flhealth.org
Contact: Beverly Sirvent, Migrant Program Director

Like many rural areas, there is a lack of pediatric dentists practicing in the Finger Lakes Migrant Health Care Project (FLMHCP) service area. This gap in service makes transportation and travel time a barrier for migrant children needing oral health care. Clinical outreach is one way to ensure care for underserved populations. In 2008, HOP published an innovative outreach practice by FLMHCP that included telehealth as part of a collaborative dental health project, which enables access to pediatric dental care among farmworker children.

Through this practice, FLMHP conducts clinical outreach to screen children for cavities at day care sites by partnering with Migrant and Seasonal Head Start (MSHS) programs. A dentist, dental hygienist, and dental assistant go to each MSHS location twice a year with a portable x-ray machine to identify children ages six months to five years with cavities and to provide cleanings. FLMHCP sends a notice to families about the screenings along with a consent form for parents to sign prior to the screenings. After, FLMHCP sends a letter to the parents of children with cavities, referring them to a pediatric dentistry specialist. A case manager contacts the child's parents to answer questions about insurance, create an electronic medical record (EMR), and coordinate the transportation logistics of each visit.

The off-site specialist accesses the child's record using the EMR system to review the child's medical history before each consultation appointment. To reduce the amount of travel needed for such visits, FLMHP offers virtual visits at their own health center sites with off-site specialists using a Tandberg telehealth unit, an intra-oral camera, and a high-definition camera. The visit is conducted just as if the specialist were in the room with the patient. A dental hygienist operates the intra-oral camera, allowing the specialist to see inside the child's mouth. When the cavity has to be physically filled, the child, the child's family, and a case manager from FLMHP travel together to the specialist.

Through this practice, the percentage of children at FLMHCP completing the course of treatment for cavities has increased from 15% to 95%. Between 2010 and 2012, FLMHCP performed 102 telehealth dental consults on children. Also, FLMHCP's

case managers have increased their efficiency. Case managers do not need to spend as much time accompanying each family to appointments with far-away pediatric dental specialists. On average, case managers save 79 travel miles and 90 minutes per telehealth visit.

Osbelia Jimenez (RN for FLMHCP) performing regular screenings of migrant patient during a home In-Camp visit.

A United States Department of Agriculture (USDA) grant originally funded this practice. This grant supported FLMHCP in purchasing the Tandberg telehealth unit, an intra-oral camera, and a high-definition camera. Since the children with cavities are technically patients of the pediatric dental specialists, the specialists bill the child's insurance for reimbursement. Though this practice does not generate revenue for the health center, it does decrease the number of more complicated and serious dental health issues seen in their patients. FLMHCP recommends thoroughly researching telehealth equipment before making any purchases. FLMHCP talked with Eastman Institute for Oral Health and the Teleatrics program at University of Rochester Medical Center (URMC) in order to select the equipment that would meet their needs.

HOP Tip: Visit www.hrsa.gov/ruralhealth/about/telehealth for a Telehealth Toolbox and grant opportunities.

7. Ensuring a Responsive Outreach Program through Needs Assessment and Evaluation

Community and Migrant Health Center: Greene County Health Care, Inc.

Snow Hill, North Carolina | www.greenecountyhealthcare.com

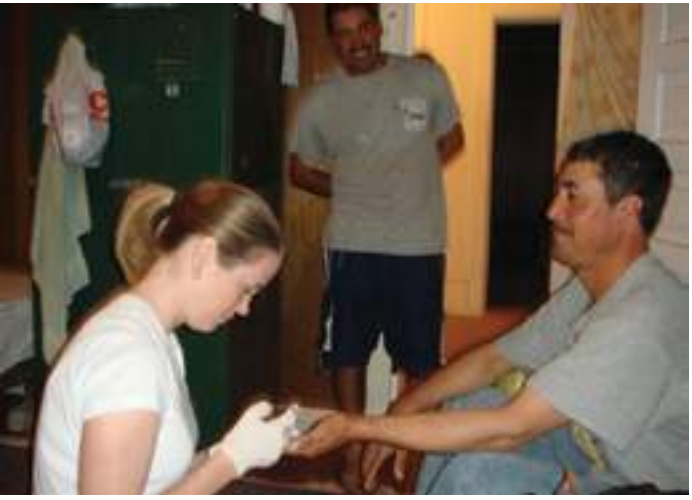
Contact: Steve Davis, Director of Outreach Services

In the *2004 Innovative Outreach Practices Report,* HOP described how the outreach program at Green County Health Care (GCHC) responds to the health needs of farmworkers. The program assesses farmworker needs and evaluates its outreach services at the beginning, mid-point, and end of each harvest season. Outreach workers design outreach and health education services to adapt to the changing needs of the farmworkers they serve.

In April each year, at the beginning of the growing season, the Director of Outreach selects two camps for assessment from each area served by an outreach worker. The Director of Outreach has long-standing relationships with many of the camps and with many of the farmworkers. He has found that he is most successful in reaching farmworkers when he goes to the camps on weekday evenings. He approaches farmworkers who are gathered in groups and gets their permission to ask them about their health needs. He asks them about what topics interest them and the types of services they want and need, such as translation and transportation, and documents their answers by taking notes during the conversation. After he has completed assessments at all the selected camps, he holds a meeting with the entire outreach staff to discuss the farmworker feedback and decide how to incorporate it into GCHC's outreach services. Each year, 200-300 farmworkers participate in the needs assessment.

"You could think you are doing the best thing in the world, that you have the best outreach program, but if you're not giving farmworkers want they need and want, then you're not serving the purpose of an outreach program."

In July or August, the same process is repeated, and outreach workers adapt their health education topics and activities when changing needs are identified. GCHC does this mid-season assessment because they have found that farmworkers are more reserved and do not easily share their health needs at the beginning of the season. Also, their health needs tend to change over the course of the harvest season.



An outreach worker from Greene County Health Care providing health screenings to a farmworker.

As the relationship grows between farmworkers and outreach workers, farmworkers feel more comfortable sharing information. Flexibility, openness, and understanding play an important role in ensuring that outreach services respond to the current and changing needs of the farmworkers. One example of this responsiveness occurred when GCHC outreach workers planned to conduct an HIV prevention training but noticed upon entering the camps that several farmworkers had poison ivy. They altered their plans to include an impromptu training about poison ivy prevention and treatment.

In November, at the end of the season, either the Director of Outreach or an AmeriCorps member conducts a final evaluation. During this evaluation, the staff member asks farmworkers what services they received in the past year, how satisfied they were with the services, what services were most valuable, and what recommendations they have for improvement. Staff members discuss the findings from the evaluation to learn about how services can be improved in the coming season.

The program's team includes full-time outreach workers, part-time outreach workers, *promotoras,* and AmeriCorps members. Outreach team members are well-trained on a wide variety of health topics, which enables them to remain flexible to changing needs. Most of the team members have been with GCHC for several years and were trained by the North Carolina Farmworker Health Program, the Director of Outreach Services, other outreach workers and/or medical providers. Outreach workers also attend a number of trainings each year through the American Cancer Society, East Carolina University School of Medicine, the East Coast Migrant Stream Forum, and the National Farmworker Health Conference. Several outreach workers are also certified Worker Protection Standard (WPS) trainers through AmeriCorps or the North Carolina Department of Pesticide Division.

The above activities are funded by Migrant Health Grantee funding and help GCHC meet its requirement as a Health Center Program Grantee to understand and document the needs of its priority population.

8. Identifying and Responding to the Needs of an Emerging Farmworker Population

Migrant Health Voucher Program: Kansas Statewide Farmworker Health Program

Topeka, Kansas | www.ksfhp.org

Contact: Pat Fernandez, Regional Case Manager

In 2010, the Kansas Statewide Farmworker Health Program (KSFHP) was featured in HOP's *Innovative Outreach Practices Report* for identifying and responding to the cultural and linguistic needs of Low German-speaking Mennonites from Mexico, an emerging farmworker population in their community. This group has come to represent a significant percentage of the total number of farmworkers served by KSFHP. KSFHP conducts regular community health needs assessments to learn about this group and the general farmworker population, including identifying health needs and disparities.

KSFHP conducts a formal needs assessment every 5 years utilizing a telephone survey. The survey includes 50 select questions from the Centers for Disease Control's Behavior Risk Factor Surveillance Systems (www.cdc.gov/brfss). To collect information on the Mennonites in particular, KSFHP has hired bilingual (Low German/English) and culturally-competent health promoters. A team of staff and contractors collects, analyzes, and reports on the data from the surveys. In 2009, KSFHP attempted to contact 2382 registered adult farmworkers; 584 responded to the survey, including 269 Low German-speaking Mennonites. KSFHP also organizes 7 to 8 annual focus groups with Low German-speaking and Spanish-speaking farmworkers throughout the state to update their needs assessment and evaluate their services.

The first formal needs assessment in 2003 identified significant health needs and disparities in routine care, oral health, family planning, and behavioral health. As a result of demonstrated need, KSFHP received an Expanded Medical Capacity grant from the Health Resources and Services Administration (HRSA) to hire a full-time case manager and two part-time health promoters to address the linguistic, cultural, and health needs of Low German-speaking Mennonite farmworkers. The case manager and health promoters are critical in identifying farmworkers, screening for health needs, and providing referrals and follow up. Small group meetings provide opportunities for general support to isolated farmworkers, and six-week sessions are offered based on the chronic care self-management model to share health information.

KSFHP utilizes special protocols for pregnant clients and clients with diabetes, matching them with a case manager or health promoter who speaks their language and provides support while they are in Kansas. Due to a lack of health information available in Low German, KSFHP also develops its own audio and visual materials. *Harvest of Health* is an audiovisual health book available in English, Spanish, and Low-German that addresses topics such as nutrition, depression, alcoholism, smoking, family planning, immigration, preventive services, and farm safety. Additionally, KSFHP designs annual health promotion calendar using both words and pictures to encourage healthy choices in an easy-to-understand format.

KSFHP outreach promoters conducting a small group meeting with Low German-speaking Mennonites.

These responsive services, combined with statewide networking and strong collaboration with local health care providers, have resulted in positive changes in health care received and healthy choices made by the Mennonite population. In 2003, 26% of the Low German-speaking Mennonite population did not get a routine check-up. This number was reduced to 2.3% by 2009. In 2003, 27% of the population reported not having good mental health. This number was reduced to 5.7% by 2009. Focus group participants attribute these positive outcomes to KSFHP's work around addressing cultural and language barriers.

The 2009 health needs assessment was funded by American Recovery and Reinvestment Act funds. The *Harvest of Health* audio book was produced with KSFHP's Migrant Health Grantee funding. The health education calendar is a special project funded by the state of Kansas.

HOP Tip: A needs assessment helps outreach programs determine and prioritize the needs of the community. This maximizes outreach efforts and the impact of health center services. For tips and tools for planning a needs assessment, see the "Conducting a Needs Assessment" HOP's Outreach Reference Manual: www.outreach-partners.org/resources/orm.

9. Proyecto Puente: A Summer Internship Program to Address Farmworker Needs

Migrant Health Center: Northwest Michigan Health Services, Inc.
Traverse City, Michigan | www.nmhsi.org
Contact: Judy Williams, Executive Director

In 2007, Northwest Michigan Health Services (NMHSI) shared a practice with HOP aimed at increasing its capacity and generating interest in farmworker health issues among a new generation of students. Specifically, NMHSI developed a summer internship program called *Proyecto Puente* for four to eight bilingual college students.

Every summer since 2006, NMHSI has recruited college interns by posting job descriptions on their website and by contacting university summer placement programs and programs that may have students interested in migrant health. For example, they have recruited interns from Michigan State University's College Assistance for Migrant Scholars Program, an education program that supports students with backgrounds in agricultural work. NMHSI pays for housing, transportation, and food during the internship.

"We started out never imagining it growing like it did. It's taken on a life of its own. We started out wondering, 'Are we meeting the needs of our target population?' So we decided we would just ask."

The interns receive training in cultural competency and lay health education prior to conducting outreach at farmworker camps. They are taught to regard the farmworkers as their best teachers and to listen to what the community truly needs. Proyecto Puente interns conduct needs assessment surveys, deliver health education, and help connect farmworkers to needed oral health, primary care, and preventive services. Interns go door-to-door and engage farmworkers in conversation about what services they need. When specific needs are identified, the interns schedule the appointments. NMHSI has found that interns can build trust easily with farmworkers because they are not perceived as professionals. Each summer, interns connect about 130 clients to services through their outreach efforts. At the end of the summer, the interns collaborate to compile a summary report for submission to the NMHSI Executive Director. The summary report includes a description of the team's projects, findings, and recommendations for future years.

Community needs data and other information collected through Proyecto Puente have had a significant impact on the services that NMHSI provides. As a result of the needs identified by its interns, NMHSI has added dental services and launched an interpretation program. NMHSI now partners with the University of Michigan Dental Program to have rotating students provide oral health services to farmworkers. The interpretation program provides interpretation 24 hours a day, 7 days a week throughout the broader community.

Proyecto Puente interns with farmworker children.

NMHSI learned the value of providing hands-on, daily supervision to college interns by having a peer coordinator who has already been through the program as an intern. The peer coordinator can act as a coach and mentor by sharing what he or she learned as an intern to help guide the newer interns. Each summer, NMHSI hires a peer coordinator to develop curriculum materials, provide day-to-day supervision of interns, and compile the data that the interns collect. Both the Medical Services Director and the Chief Operations Officer have overseen the project throughout the years.

NMHSI uses general funds to cover the cost of *Proyecto Puente*. When the project began providing oral health education, these activities became reimbursable through the state's Medicaid Program.

HOP Tip: Like all outreach program staff, interns benefit from strong leadership, clear protocols, and professional development opportunities. For more on how to hire, motivate, and retain outreach workers, see HOP's Outreach Reference Manual www.outreach-partners.org/resources/orm.

10. Using Photovoice to Raise Community Awareness about the Environmental Health Needs of Farmworkers

Community and Migrant Health Center: Quincy Community Health Center

Quincy, Washington | www.mlchc.org/quincy

Contact: Mary Jo Ybarra-Vega, Migrant Health Coordinator

In 2011, HOP published an innovative outreach practice that has raised awareness about environmental health issues affecting the farmworker community in Quincy, Washington. Quincy Community Health Center (QCHC) and Washington State University's (WSU) School of Nursing and Edward R. Murrow College of Communications partnered to conduct a needs assessment through a *Photovoice* project.

Using a community-based participatory research approach, WSU trained six *promotores* from QCHC to collect videos, pictures and audio from farmworkers in the area. Then, the *promotores* recruited families to participate in the project. They visited the families' homes to hear their stories and took photos and videos to document their living environments. The *promotores* found that most families lived in dire conditions. WSU students combined and edited the *promotores*' footage as well as the interviews with the *promotores*, the migrant health clinic coordinator, and the researchers to produce a 14-minute multimedia piece that highlighted how substandard living conditions affected the health and well-being of farmworkers and their families. *Promotores* and the participating families received gift cards for their participation in the project.

See the video:
www.youtube.com/watch?v=tC7lydSBmoI

The *Photovoice* project gave farmworkers a way to share a part of their lives and raised community awareness about the need for affordable and quality housing that promotes the health and well-being of farmworkers and their families. It also helped to mobilize community support for farmworkers in Quincy. Local schools used the final video as a learning tool, newspapers featured stories about the project, and city officials asked to partner with QCHC to conduct future needs assessments. Professors and health and social service agencies across the country have expressed interest in bringing QCHC *promotores* to their classrooms and organizations to present the project. The project

and photos are posted on YouTube and have been featured around the world.

Two Quincy promotoras, LupeCortes (left) and Cristian Ramon (right) taking pictures as part of the PhotoVoice project.

The project demonstrated how local collaborations can support the success of a community-based project. Both QCHC's migrant health coordinator and the students and professors at WSU leveraged the resources of their respective institutions, either through staffing, funding, or expertise. A professor from WSU wrote the two grant proposals that funded the initial project and the video production. QCHC supported the effort through their *promotores* who helped gain access to the farmworker community. Through this collaboration with WSU, some *promotores* have become interested in entering the medical field. They have also gained experience and established relationships with members of the university.

Photovoice is an innovative way to reach a broader audience and engage community members. The use of new technology resonated with young people in Quincy and motivated students and promotores to become involved with the project. Photos are very powerful storytelling tools and can be particularly useful when connecting with individuals with lower literacy levels.

This *Photovoice* project was funded by the WSU Spokane Faculty Seed Grant Program.

HOP Tip: *Photovoice* is a powerful tool for needs assessment, evaluation, research, and social change. To learn more about the *Photovoice* project, see this manual www.pwhce.ca/photovoice/pdf/Photovoice_Manual.pdf.

11. First Aid Training for Medical Emergencies in Rural Areas

Academic Institution: Southeastern Louisiana University School of Nursing
Baton Rouge, LA | www.selu.edu
Contact: Ann Carruth, Professor

HOP first published this practice from the Southeast Louisiana School of Nursing (SELU) in its 2011 Innovative Outreach Practices Report. Through a grant from the National Institute for Occupational Health and Safety (NIOSH), SELU had assessed the health needs and concerns of farmworker women and identified first aid training as a primary health need in the community. In 2007, SELU partnered with the National Center for Farmworker Health (NCFH) to conduct eight focus groups to identify specific first aid training needs of farmworkers.

The groups were held primarily in Spanish with a total of 65 farmworkers and 18 *promotoras* from local health centers. During these focus groups, participants identified pesticide poisoning treatment, heat and sun exposure, and frequent injuries as first aid training needs. They also identified preferred learning styles and training formats for farmworkers.

"Although we may like to think so, we are not the experts in everything. Collaborating with your priority community is key."

SELU and interested focus group participants worked together to develop a train-the-trainer first aid curriculum based on the focus group findings. They designed the curriculum for nursing students to train teens from farmworker families. Nursing professors and professionals from the emergency medical field wrote the curriculum and focus group participants reviewed it. Participants provided feedback, especially surrounding case studies used to demonstrate first-aid techniques. This process helped to ensure the information was culturally relevant.

In 2010, college-level nursing students from SELU trained 27 high school students from farmworker families using the curriculum. A nursing professor provided Spanish interpretation. The 27 high school students then trained their peers on first aid. SELU evaluated the effectiveness of the curriculum and training model and found that those who received peer training had high levels of first aid knowledge

Nursing student works with farmworker family to deliver first-aid training.

and were better at showing what they would do in an emergency situation than those who received no peer training. SELU also conducted a focus group with the peer trainer high school students after they had provided the training to their peers. They found that peer training bolstered confidence in teaching, confirmed that teens enjoyed learning from other teens, and fostered pride in team work. These results were published in *The Journal of School Health,* a peer-reviewed scholarly journal. The curriculum is now used as the core of a nursing school course designed to build the capacity of both students and farmworker families. At the start of the course, nursing students learn the importance of cultural humility and popular education techniques, such as storytelling. This helps students develop their ability to convey complex health information in a clear and simple manner. The students then coordinate with Migrant Head Start (MHS) programs, local high schools, and churches to deliver a first aid training for teens and parents. Working with MHS programs, schools, and churches helps to build community buy-in and trust.

Initially, SELU received funding from NIOSH to support curriculum development and the trainings. Trainings are now funded by lab fees from students that enroll in the course. Academic enhancement funds from SELU also support the administration of the course.

HOP Tip: Anyone can purchase SELU's curriculum to train farmworkers for medical emergencies. Visit www.agrisafe.org/store-front/education-material to access the First Aid for Rural Medical Emergencies (F.A.R.M.E) curriculum.

12. Ensuring Continuity of Health Care through ID Cards for Farmworkers

Faith-based Organization: St. Bernadette Catholic Church
Fuquay Varina, NC | www.st-bernadettechurch.org
Contact: Nancy Hagan, Director of Social Outreach

In 2007, St. Bernadette Catholic Church was featured in HOP's *Innovative Outreach Practices Report* for providing farmworkers with ID cards to ensure their continuity of health care. The church developed this practice when they found that many of the farmworkers who used their volunteer-run Sunday evening clinic were unable to provide sufficient information about where they lived. In St. Bernadette's service area, the 35 to 40 farmworker camps are often unnamed or referred to by many different names. Without a clear understanding of where farmworkers lived, it was difficult for the church's health outreach workers to follow up with them. To address this problem, St. Bernadette's farmworker program began to use consistent names for the camps that both providers and farmworkers understood. They also began to provide ID cards as a way to easily identify farmworkers and their personal information during appointments and follow up.

"There are so many barriers to access from both sides—for outreach workers and advocates to farmworkers and vice-versa from farmworkers to the larger system of advocacy and health care. A card like this helps bridge that."

The ID card contains important contact and health information. One side of the card is for health care providers and includes the patient's name, date of birth, residing camp, date of issue, and instructions to access the patient's medical records. H2A workers provide their passport to complete the intake process. Other farmworkers self-report and work with a volunteer to ensure that the information provided is accurate. The reverse side of the card is for the patient and includes emergency phone numbers, St. Bernadette's phone number, and instructions in Spanish explaining the purpose of the card.

Bilingual volunteer outreach workers, who are health care workers or farmworkers themselves, collect information about farmworkers to create ID cards at the church or camps. Another volunteer prints, laminates, and distributes the cards to the farmworkers the following week at the church or directly to the camps. Since its

inception, St. Bernadette's program has printed and distributed over 1,000 ID cards. They print 5 to 30 cards a week depending on the point in the growing season.

Farmworkers at St. Bernadette Catholic Church.

Farmworkers can use the phone numbers listed on their cards to request appointments or discuss health concerns without having to wait for outreach workers to visit camps. The ID cards have reduced miscommunication around basic personal information. The cards serve as the only form of identification for many farmworkers and are used for a variety of purposes, including access to additional services.

A full-time Director of Social Outreach and volunteers staff St. Bernadette's farmworker ID card program. The same volunteer has done the ID card printing and laminating for the past four years. All outreach workers receive an overview of the program and a basic training on how to use the ID card intake forms. Outreach conducted at farmworker camps is supervised by the Director of Social Outreach. The practice is funded by collaborations and donations from the community. Local businesses donate supplies such as laminating machines and paper for card production.

St. Bernadette had learned that both outreach workers and farmworkers face challenges in reaching each other. By providing identification and a way to follow-up with farmworkers, the ID cards help to improve communication. This simple and low-cost intervention increases access to care, improves recordkeeping for the program, and empowers farmworkers to take action in their own health care.

HOP Tip: Hudson River HealthCare, Inc. is a Community and Migrant Health Center that also creates identification cards for its patients. Read about their practice in the 2011 *Innovative Outreach Practices Report* by visiting: www.outreach-partners.org/resources/iop.

13. Music Therapy Responds to the Mental Health Needs of Farmworkers

Hospital: Watauga Medical Center
Boone, North Carolina | www.apprhs.org/watauga-medical-center
Contact: Allison Lipscomb, Program Director

In 2007, the Watauga Medical Center's Farmworker Health Program was featured in HOP's *Innovative Outreach Practices Report* for its innovative approach to addressing farmworkers' mental health needs. In response to a high number of clinic visits related to symptoms of depression, anxiety, and alcohol abuse, the Farmworker Health Program collaborated with a graduate student in the counseling department at Appalachian State University to conduct a community mental health assessment. Focus groups were held at two large farmworker camps, with a total of 17 farmworkers participating. Focus group participants received sports equipment and Spanish reading materials as incentives. The purpose of the assessment was to understand:

- Cultural perceptions of mental health
- Experiences of stress around money, migration, and culture
- Ways to manage stress
- Kinds of support farmworkers would like
- Farmworkers' perceptions of mental health services

The findings from the assessment revealed that farmworkers experience boredom and anxiety around separation from family, dealing with roommates, worrying about money, and dealing with language and cultural barriers. They reported that traditional talk therapy is not popular due to cultural stigma around using mental health services. The program found that the farmworkers preferred group-based learning activities and emotional support from people they already knew. In response, the Farmworker Health Program partnered with a music therapist from Appalachian State University in 2009 and 2010 to develop an innovative music therapy program to reduce stress among farmworkers.

The program took place at 10 farmworker camps. Over 50 farmworkers attended. Small groups in each camp met weekly for 6 to 10 weeks. To reduce stigma, the small-group sessions were called group music lessons. The university and community members donated guitars, keyboards, or accordions. Farmworkers chose which instrument and popular songs they wanted to learn from their regions in Mexico.

They also learned group improvisation, songwriting, and lyric analysis. This helped them form stronger relationships with their peers and connect to their culture through music. Sessions were conducted by a board-certified music therapist who was also conducting research as a part of her master's and doctoral work. One to two research aides assisted per camp.

Farmworkers working in a field of Christmas trees. Many farmworkers pictured participated in Watauga's needs assessment.

The Farmworker Health Program has found that music therapy addresses farmworkers' mental health needs in a culturally appropriate and desired way. Outcomes of the music therapy sessions included a decrease in anxiety, depression, and social isolation among the individuals involved. The farmworkers with the highest levels of participation and engagement in the program had the most positive outcomes.

As a migrant health voucher site, Watauga Medical Center receives funding to provide basic outreach services. The needs assessment and music therapy program were made possible with help from graduate student interns and a volunteer music therapist.

HOP Tip: For more information about music therapy for farmworkers or assistance developing a music therapy program in your area, contact Melody Schwantes:

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Hayes School of Music
Appalachian State University
Boone, NC 28607
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More about Innovative Outreach Practices

How Can I Learn About Other Outreach Practices?

In an effort to create a central location for innovative ideas for outreach, HOP maintains an electronic database of the practices we have published over the past ten years. Learn about how to access this database online at www.outreach-partners.org/resources/iop. The practices are indexed by category. Whenever you are seeking a fresh approach to outreach, please visit our website for guidance and inspiration!

How Can My Organization Be Featured in the Future?

HOP's goal is to promote effective outreach strategies among community-based health organizations serving low-income, vulnerable, and underserved populations. HOP encourages you not only to gather ideas from this report, but also to reflect on what makes your outreach program innovative and share your unique approaches, projects, and ideas with your peers. HOP will continue to collect practices that meet the innovative outreach practice criteria and will publish them on a regular basis. Check our website www.outreach-partners.org for future opportunities to submit your innovative outreach practice.

HOP considers outreach practices innovative when they accomplish one or more of the following Innovative Outreach Practice Criteria in a new or interesting way:

- Overcome barriers facing low-income and underserved populations
- Maximize resources in order to extend services
- Partner with others in the community
- Engage and empower low-income and underserved populations
- Collect and use data
- Reach out to an emerging population
- Address an emerging issue among low-income and underserved populations

About Health Outreach Partners

Since 1970, Health Outreach Partners (HOP) has been the leading organization for the promotion, delivery, and enhancement of health outreach and enabling services to underserved populations, including farmworkers and their families. The mission of Health Outreach Partners is to build strong, effective, and sustainable grassroots health models by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable, and underserved populations. HOP's vision is a country in which all people are valued and in which equal access to quality health care is available to everyone, thus enriching our collective wellbeing.

HOP focuses on six priority areas that aim to increase access to care, quality of health services, and organizational sustainability:

- Health Outreach and Enabling Services
- Program Planning and Development
- Needs Assessment and Evaluation Data
- Health Education and Promotion
- Community Collaboration and Coalition Building
- Cultural Competency

HOP provides consultation, training, and information services to enhance community-based organizations' outreach services delivery. Contact us to see how we can help build your program's capacity in serving low-income, vulnerable, and underserved populations. Learn more at our website www.outreach-partners.org.


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